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## Medical plan rates with infertility benefits

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For effective dates January 1-December 1, 2024

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### Benefits

#### 50% coinsurance, no annual maximum

- Services for diagnosis and treatment of infertility
- Artificial insemination
- Services for gamete intrafallopian transfer (GIFT), limited to 1 treatment cycle per lifetime
- Benefits aren't subject to deductible and don't accrue to the out-of-pocket maximum, except for High Deductible Health Plans (HDHPs)

### Exclusions

- Services to reverse voluntary, surgically induced infertility
- All other services related to conception by artificial means (except for GIFT), such as:
  - In vitro fertilization (IVF)
  - Zygote intrafallopian transfer (ZIFT)
  - Ovum transplants
  - Procurement and storage of semen and eggs

### Underwriting guidelines

- Minimum of 20 eligible employees.
- Kaiser Permanente is the sole carrier.
- Benefits will be added to all ACA-compliant HMO plans offered.

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## Plan rates

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For effective dates January 1–December 1, 2024

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### Rating policy for small group metal plans

Metal plan rates are calculated using 2 factors – rating area and member age.

#### ■ Rate areas

- Businesses located in California: rates are based on the business’s verified physical address (ZIP+4 and county).
- Businesses located outside of California are assigned to rating area 4.
- When a group is located outside the Kaiser Permanente service area, then only employees living in the service area are eligible to enroll based on their home address (ZIP+4 and county).

- **Member age** – Rates are calculated by the age of each covered member on the plan’s effective date.

This includes:

- Your employee
- Employee’s spouse or domestic partner
- A family will pay a premium per child up to 3 of the oldest children under age 21, each additional child after the third will be \$0.
- A premium will apply to every age from 21-26.

### Child dental coverage

Child dental services is one of the essential health benefits required to be provided to dependents under 19 years old when enrolled in ACA-compliant metal medical plan(s). When these dependents enroll in your selected HMO medical plan(s), they will be enrolled in a separate child dental benefit underwritten by Delta Dental of California with services provided through the DeltaCare® USA network. When dependents enroll in your selected PPO medical plans, they will receive child dental PPO benefits as part of their coverage and not as a separate plan and with services provided through the Delta Dental PPO network.

### What does “Alt” mean?

ALT denotes Kaiser Permanente designed plans which includes chiropractic and acupuncture benefits (except for the Gold 80 HDHP HMO 1750/15% plan). These plans are different from the standard plans and offered at Covered California for Small Business and CaliforniaChoice®.

## Small Business medical plan rates with infertility benefits

Age on 2024 effective date	Platinum 90 HMO 0/10 + Child Dental Alt INF	Platinum 90 HMO 0/20 + Child Dental INF	Platinum 90 HMO 250/30 + Child Dental Alt INF
0-14 <sup>1</sup>	\$359.62	\$352.62	\$348.81
15 <sup>1</sup>	\$390.32	\$382.69	\$378.54
16 <sup>1</sup>	\$402.06	\$394.19	\$389.91
17 <sup>1</sup>	\$413.79	\$405.69	\$401.28
18 <sup>1</sup>	\$426.43	\$418.07	\$413.53
19	\$424.80	\$416.19	\$411.50
20	\$437.90	\$429.01	\$424.18
21	\$451.44	\$442.28	\$437.30
22	\$451.44	\$442.28	\$437.30
23	\$451.44	\$442.28	\$437.30
24	\$451.44	\$442.28	\$437.30
25	\$453.25	\$444.05	\$439.05
26	\$462.27	\$452.90	\$447.80
27	\$473.11	\$463.51	\$458.29
28	\$490.72	\$480.76	\$475.35
29	\$505.16	\$494.91	\$489.34
30	\$512.38	\$501.99	\$496.34
31	\$523.22	\$512.60	\$506.83
32	\$534.05	\$523.22	\$517.33
33	\$540.82	\$529.85	\$523.89
34	\$548.05	\$536.93	\$530.89
35	\$551.66	\$540.47	\$534.38
36	\$555.27	\$544.01	\$537.88
37	\$558.88	\$547.54	\$541.38
38	\$562.49	\$551.08	\$544.88
39	\$569.72	\$558.16	\$551.88
40	\$576.94	\$565.24	\$558.87
41	\$587.77	\$575.85	\$569.37
42	\$598.16	\$586.02	\$579.43
43	\$612.60	\$600.18	\$593.42
44	\$630.66	\$617.87	\$610.91
45	\$651.88	\$638.65	\$631.47
46	\$677.16	\$663.42	\$655.95
47	\$705.60	\$691.29	\$683.50
48	\$738.10	\$723.13	\$714.99
49	\$770.16	\$754.53	\$746.04
50	\$806.27	\$789.91	\$781.02
51	\$841.94	\$824.85	\$815.57
52	\$881.21	\$863.33	\$853.62
53	\$920.94	\$902.25	\$892.10
54	\$963.82	\$944.27	\$933.64
55	\$1,006.71	\$986.29	\$975.19
56	\$1,053.21	\$1,031.84	\$1,020.23
57	\$1,100.16	\$1,077.84	\$1,065.71
58	\$1,150.27	\$1,126.93	\$1,114.25
59	\$1,175.10	\$1,151.26	\$1,138.30
60	\$1,225.21	\$1,200.35	\$1,186.84
61	\$1,268.55	\$1,242.81	\$1,228.82
62	\$1,296.99	\$1,270.67	\$1,256.37
63	\$1,332.65	\$1,305.61	\$1,290.92
64+	\$1,354.32	\$1,326.84	\$1,311.90

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates with infertility benefits

Age on 2024 effective date	Gold 80 HMO 0/35 + Child Dental Alt INF	Gold 80 HMO 250/35 + Child Dental INF	Gold 80 HMO 1000/40 + Child Dental Alt INF	Gold 80 HDHP HMO 1750/15% + Child Dental Alt INF	Gold 80 HRA HMO 2250/35 + Child Dental INF
0-14 <sup>1</sup>	\$334.23	\$324.64	\$309.89	\$284.26	\$286.26
15 <sup>1</sup>	\$362.67	\$352.23	\$336.16	\$308.26	\$310.44
16 <sup>1</sup>	\$373.54	\$362.78	\$346.21	\$317.44	\$319.68
17 <sup>1</sup>	\$384.42	\$373.32	\$356.26	\$326.61	\$328.93
18 <sup>1</sup>	\$396.13	\$384.68	\$367.08	\$336.50	\$338.88
19	\$393.57	\$381.77	\$363.63	\$332.11	\$334.57
20	\$405.70	\$393.54	\$374.83	\$342.34	\$344.88
21	\$418.24	\$405.71	\$386.43	\$352.93	\$355.54
22	\$418.24	\$405.71	\$386.43	\$352.93	\$355.54
23	\$418.24	\$405.71	\$386.43	\$352.93	\$355.54
24	\$418.24	\$405.71	\$386.43	\$352.93	\$355.54
25	\$419.92	\$407.33	\$387.97	\$354.34	\$356.96
26	\$428.28	\$415.45	\$395.70	\$361.40	\$364.08
27	\$438.32	\$425.18	\$404.98	\$369.87	\$372.61
28	\$454.63	\$441.01	\$420.05	\$383.64	\$386.47
29	\$468.01	\$453.99	\$432.41	\$394.93	\$397.85
30	\$474.71	\$460.48	\$438.59	\$400.58	\$403.54
31	\$484.74	\$470.22	\$447.87	\$409.05	\$412.07
32	\$494.78	\$479.96	\$457.14	\$417.52	\$420.61
33	\$501.06	\$486.04	\$462.94	\$422.81	\$425.94
34	\$507.75	\$492.53	\$469.12	\$428.46	\$431.63
35	\$511.09	\$495.78	\$472.21	\$431.28	\$434.47
36	\$514.44	\$499.02	\$475.31	\$434.11	\$437.32
37	\$517.79	\$502.27	\$478.40	\$436.93	\$440.16
38	\$521.13	\$505.52	\$481.49	\$439.75	\$443.01
39	\$527.82	\$512.01	\$487.67	\$445.40	\$448.69
40	\$534.52	\$518.50	\$493.85	\$451.05	\$454.38
41	\$544.55	\$528.23	\$503.13	\$459.52	\$462.92
42	\$554.17	\$537.57	\$512.02	\$467.63	\$471.09
43	\$567.56	\$550.55	\$524.38	\$478.93	\$482.47
44	\$584.29	\$566.78	\$539.84	\$493.05	\$496.69
45	\$603.94	\$585.85	\$558.00	\$509.63	\$513.40
46	\$627.37	\$608.57	\$579.64	\$529.40	\$533.31
47	\$653.72	\$634.13	\$603.99	\$551.63	\$555.71
48	\$683.83	\$663.34	\$631.81	\$577.04	\$581.31
49	\$713.52	\$692.14	\$659.24	\$602.10	\$606.56
50	\$746.98	\$724.60	\$690.16	\$630.34	\$635.00
51	\$780.02	\$756.65	\$720.69	\$658.22	\$663.09
52	\$816.41	\$791.95	\$754.31	\$688.92	\$694.02
53	\$853.22	\$827.65	\$788.31	\$719.98	\$725.31
54	\$892.95	\$866.19	\$825.02	\$753.51	\$759.08
55	\$932.68	\$904.73	\$861.73	\$787.04	\$792.86
56	\$975.76	\$946.52	\$901.53	\$823.39	\$829.48
57	\$1,019.26	\$988.72	\$941.72	\$860.09	\$866.46
58	\$1,065.69	\$1,033.75	\$984.62	\$899.27	\$905.92
59	\$1,088.69	\$1,056.06	\$1,005.87	\$918.68	\$925.48
60	\$1,135.11	\$1,101.10	\$1,048.76	\$957.86	\$964.94
61	\$1,175.27	\$1,140.05	\$1,085.86	\$991.74	\$999.07
62	\$1,201.61	\$1,165.61	\$1,110.20	\$1,013.97	\$1,021.47
63	\$1,234.66	\$1,197.66	\$1,140.73	\$1,041.85	\$1,049.56
64+	\$1,254.72	\$1,217.13	\$1,159.29	\$1,058.79	\$1,066.62

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates with infertility benefits

Age on 2024 effective date	Silver 70 HMO 1900/65 + Child Dental Alt INF	Silver 70 HMO 2300/65 + Child Dental Alt INF	Silver 70 HMO 2500/55 + Child Dental INF	Silver 70 HMO 2950/65 + Child Dental Alt INF	Silver 70 HDHP HMO 2850/25% + Child Dental INF
0-14 <sup>1</sup>	\$271.17	\$266.32	\$269.56	\$258.00	\$250.29
15 <sup>1</sup>	\$294.00	\$288.72	\$292.26	\$279.66	\$271.27
16 <sup>1</sup>	\$302.74	\$297.29	\$300.93	\$287.94	\$279.29
17 <sup>1</sup>	\$311.47	\$305.85	\$309.61	\$296.23	\$287.31
18 <sup>1</sup>	\$320.87	\$315.08	\$318.96	\$305.15	\$295.95
19	\$316.00	\$310.03	\$314.03	\$299.80	\$290.32
20	\$325.74	\$319.59	\$323.71	\$309.04	\$299.26
21	\$335.82	\$329.47	\$333.72	\$318.60	\$308.52
22	\$335.82	\$329.47	\$333.72	\$318.60	\$308.52
23	\$335.82	\$329.47	\$333.72	\$318.60	\$308.52
24	\$335.82	\$329.47	\$333.72	\$318.60	\$308.52
25	\$337.16	\$330.79	\$335.05	\$319.87	\$309.75
26	\$343.87	\$337.38	\$341.73	\$326.24	\$315.92
27	\$351.93	\$345.29	\$349.74	\$333.89	\$323.33
28	\$365.03	\$358.14	\$362.75	\$346.31	\$335.36
29	\$375.78	\$368.68	\$373.43	\$356.51	\$345.23
30	\$381.15	\$373.95	\$378.77	\$361.61	\$350.17
31	\$389.21	\$381.86	\$386.78	\$369.25	\$357.57
32	\$397.27	\$389.77	\$394.79	\$376.90	\$364.98
33	\$402.31	\$394.71	\$399.79	\$381.68	\$369.61
34	\$407.68	\$399.98	\$405.13	\$386.77	\$374.54
35	\$410.37	\$402.62	\$407.80	\$389.32	\$377.01
36	\$413.05	\$405.25	\$410.47	\$391.87	\$379.48
37	\$415.74	\$407.89	\$413.14	\$394.42	\$381.95
38	\$418.43	\$410.52	\$415.81	\$396.97	\$384.42
39	\$423.80	\$415.79	\$421.15	\$402.07	\$389.35
40	\$429.17	\$421.07	\$426.49	\$407.16	\$394.29
41	\$437.23	\$428.97	\$434.50	\$414.81	\$401.69
42	\$444.96	\$436.55	\$442.18	\$422.14	\$408.79
43	\$455.70	\$447.09	\$452.86	\$432.33	\$418.66
44	\$469.13	\$460.27	\$466.20	\$445.08	\$431.00
45	\$484.92	\$475.76	\$481.89	\$460.05	\$445.50
46	\$503.72	\$494.21	\$500.58	\$477.89	\$462.78
47	\$524.88	\$514.97	\$521.60	\$497.96	\$482.22
48	\$549.06	\$538.69	\$545.63	\$520.90	\$504.43
49	\$572.90	\$562.08	\$569.32	\$543.52	\$526.34
50	\$599.77	\$588.44	\$596.02	\$569.01	\$551.02
51	\$626.30	\$614.47	\$622.39	\$594.18	\$575.39
52	\$655.51	\$643.13	\$651.42	\$621.90	\$602.23
53	\$685.06	\$672.12	\$680.79	\$649.93	\$629.38
54	\$716.97	\$703.42	\$712.49	\$680.20	\$658.69
55	\$748.87	\$734.72	\$744.19	\$710.47	\$688.00
56	\$783.46	\$768.66	\$778.57	\$743.28	\$719.78
57	\$818.38	\$802.92	\$813.27	\$776.42	\$751.86
58	\$855.66	\$839.50	\$850.31	\$811.78	\$786.11
59	\$874.13	\$857.62	\$868.67	\$829.30	\$803.08
60	\$911.40	\$894.19	\$905.71	\$864.67	\$837.32
61	\$943.64	\$925.82	\$937.75	\$895.25	\$866.94
62	\$964.80	\$946.57	\$958.77	\$915.32	\$886.38
63	\$991.33	\$972.60	\$985.14	\$940.49	\$910.75
64+	\$1,007.46	\$988.41	\$1,001.16	\$955.80	\$925.56

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

## Small Business medical plan rates with infertility benefits

Age on 2024 effective date	Bronze 60 HMO 5400/60 + Child Dental Alt INF	Bronze 60 HMO 6300/60 + Child Dental INF	Bronze 60 HDHP HMO 7050/0 + Child Dental INF
0-14 <sup>1</sup>	\$230.22	\$234.96	\$229.66
15 <sup>1</sup>	\$249.41	\$254.58	\$248.80
16 <sup>1</sup>	\$256.75	\$262.08	\$256.12
17 <sup>1</sup>	\$264.09	\$269.58	\$263.44
18 <sup>1</sup>	\$272.00	\$277.66	\$271.32
19	\$265.63	\$271.46	\$264.94
20	\$273.82	\$279.83	\$273.10
21	\$282.29	\$288.49	\$281.55
22	\$282.29	\$288.49	\$281.55
23	\$282.29	\$288.49	\$281.55
24	\$282.29	\$288.49	\$281.55
25	\$283.42	\$289.64	\$282.68
26	\$289.06	\$295.41	\$288.31
27	\$295.84	\$302.33	\$295.06
28	\$306.85	\$313.58	\$306.04
29	\$315.88	\$322.82	\$315.05
30	\$320.40	\$327.43	\$319.56
31	\$327.17	\$334.35	\$326.32
32	\$333.95	\$341.28	\$333.07
33	\$338.18	\$345.61	\$337.30
34	\$342.70	\$350.22	\$341.80
35	\$344.95	\$352.53	\$344.05
36	\$347.21	\$354.84	\$346.31
37	\$349.47	\$357.15	\$348.56
38	\$351.73	\$359.45	\$350.81
39	\$356.25	\$364.07	\$355.32
40	\$360.76	\$368.68	\$359.82
41	\$367.54	\$375.61	\$366.58
42	\$374.03	\$382.24	\$373.05
43	\$383.06	\$391.47	\$382.06
44	\$394.35	\$403.01	\$393.32
45	\$407.62	\$416.57	\$406.56
46	\$423.43	\$432.73	\$422.32
47	\$441.21	\$450.90	\$440.06
48	\$461.54	\$471.67	\$460.33
49	\$481.58	\$492.16	\$480.32
50	\$504.16	\$515.24	\$502.85
51	\$526.46	\$538.03	\$525.09
52	\$551.02	\$563.12	\$549.58
53	\$575.86	\$588.51	\$574.36
54	\$602.68	\$615.92	\$601.11
55	\$629.50	\$643.32	\$627.86
56	\$658.57	\$673.04	\$656.85
57	\$687.93	\$703.04	\$686.14
58	\$719.27	\$735.06	\$717.39
59	\$734.79	\$750.93	\$732.87
60	\$766.13	\$782.95	\$764.13
61	\$793.23	\$810.64	\$791.15
62	\$811.01	\$828.82	\$808.89
63	\$833.31	\$851.61	\$831.13
64+	\$846.87	\$865.47	\$844.65

<sup>1</sup>HMO 0-14, 15, 16, 17 and 18 age rates include the cost of \$14.27 for Child Dental coverage.

**Below is a listing of all ZIP codes within Rate Area 15**

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area										
<b>Los Angeles 906-912, 915, 917, 918, 935</b>	<b>15</b>	90601-10	90710-17	90840	91016-17	91114-18	91214	91711	91775-76	93534-36	93599	
		90623	90723	90842	91020-21	91121	91221-22	91714-16	91778	93539		
		90630-31	90731-34	90844	91023-25	91123-26	91224-26	91722-24	91780	93543-44		
		90637-40	90744-49	90846-48	91030-31	91129	91501-08	91731-35	91788-93	93550-53		
		90650-52	90755	90853	91040-43	91182	91510	91740-41	91801-04	93560		
		90660-62	90801-10	90895	91046	91184-85	91521-23	91744-50	91896	93563		
		90670-71	90813-15	91001	91066	91188-89	91526	91754-56	91899	93584		
		90701-03	90822	91003	91077	91199	91702	91759	93510	93586		
		90706-07	90831-33	91006-12	91101-10	91201-10	91706	91765-73	93532	93590-91		