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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>	\$407.78	\$399.80	\$395.46
15 <sup>1</sup>	\$442.76	\$434.07	\$429.34
16 <sup>1</sup>	\$456.13	\$447.17	\$442.30
17 <sup>1</sup>	\$469.51	\$460.27	\$455.25
18 <sup>1</sup>	\$483.91	\$474.38	\$469.20
19	\$484.04	\$474.22	\$468.89
20	\$498.96	\$488.84	\$483.34
21	\$514.39	\$503.96	\$498.29
22	\$514.39	\$503.96	\$498.29
23	\$514.39	\$503.96	\$498.29
24	\$514.39	\$503.96	\$498.29
25	\$516.45	\$505.97	\$500.28
26	\$526.74	\$516.05	\$510.24
27	\$539.08	\$528.15	\$522.20
28	\$559.15	\$547.80	\$541.64
29	\$575.61	\$563.93	\$557.58
30	\$583.84	\$571.99	\$565.55
31	\$596.18	\$584.09	\$577.51
32	\$608.53	\$596.18	\$589.47
33	\$616.24	\$603.74	\$596.95
34	\$624.47	\$611.81	\$604.92
35	\$628.59	\$615.84	\$608.90
36	\$632.70	\$619.87	\$612.89
37	\$636.82	\$623.90	\$616.88
38	\$640.93	\$627.93	\$620.86
39	\$649.16	\$635.99	\$628.84
40	\$657.40	\$644.06	\$636.81
41	\$669.74	\$656.15	\$648.77
42	\$681.57	\$667.74	\$660.23
43	\$698.03	\$683.87	\$676.17
44	\$718.61	\$704.03	\$696.10
45	\$742.78	\$727.72	\$719.52
46	\$771.59	\$755.94	\$747.43
47	\$804.00	\$787.69	\$778.82
48	\$841.03	\$823.97	\$814.70
49	\$877.56	\$859.75	\$850.07
50	\$918.71	\$900.07	\$889.94
51	\$959.34	\$939.88	\$929.30
52	\$1,004.10	\$983.73	\$972.65
53	\$1,049.36	\$1,028.07	\$1,016.50
54	\$1,098.23	\$1,075.95	\$1,063.84
55	\$1,147.10	\$1,123.83	\$1,111.18
56	\$1,200.08	\$1,175.73	\$1,162.50
57	\$1,253.58	\$1,228.15	\$1,214.32
58	\$1,310.68	\$1,284.08	\$1,269.63
59	\$1,338.97	\$1,311.80	\$1,297.04
60	\$1,396.06	\$1,367.74	\$1,352.35
61	\$1,445.45	\$1,416.12	\$1,400.18
62	\$1,477.85	\$1,447.87	\$1,431.57
63	\$1,518.49	\$1,487.68	\$1,470.94
64+	\$1,543.17	\$1,511.88	\$1,494.87

<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>	\$378.84	\$367.92	\$351.11	\$321.91	\$324.19
15 <sup>1</sup>	\$411.25	\$399.36	\$381.05	\$349.26	\$351.74
16 <sup>1</sup>	\$423.64	\$411.37	\$392.50	\$359.72	\$362.27
17 <sup>1</sup>	\$436.03	\$423.39	\$403.95	\$370.17	\$372.80
18 <sup>1</sup>	\$449.38	\$436.34	\$416.28	\$381.43	\$384.15
19	\$448.45	\$435.01	\$414.34	378.42	\$381.22
20	\$462.27	\$448.42	\$427.11	\$390.08	\$392.97
21	\$476.57	\$462.29	\$440.31	\$402.15	\$405.12
22	\$476.57	\$462.29	\$440.31	\$402.15	\$405.12
23	\$476.57	\$462.29	\$440.31	\$402.15	\$405.12
24	\$476.57	\$462.29	\$440.31	\$402.15	\$405.12
25	\$478.47	\$464.14	\$442.08	\$403.76	\$406.74
26	\$488.01	\$473.38	\$450.88	\$411.80	\$414.85
27	\$499.44	\$484.48	\$461.45	\$421.45	\$424.57
28	\$518.03	\$502.51	\$478.62	\$437.14	\$440.37
29	\$533.28	\$517.30	\$492.71	\$450.00	\$453.33
30	\$540.91	\$524.70	\$499.76	\$456.44	\$459.82
31	\$552.34	\$535.79	\$510.32	\$466.09	\$469.54
32	\$563.78	\$546.89	\$520.89	\$475.74	\$479.26
33	\$570.93	\$553.82	\$527.50	\$481.77	\$485.34
34	\$578.55	\$561.22	\$534.54	\$488.21	\$491.82
35	\$582.37	\$564.92	\$538.06	\$491.43	\$495.06
36	\$586.18	\$568.61	\$541.59	\$494.64	\$498.30
37	\$589.99	\$572.31	\$545.11	\$497.86	\$501.54
38	\$593.80	\$576.01	\$548.63	\$501.08	\$504.78
39	\$601.43	\$583.41	\$555.68	\$507.51	\$511.27
40	\$609.05	\$590.80	\$562.72	\$513.95	\$517.75
41	\$620.49	\$601.90	\$573.29	\$523.60	\$527.47
42	\$631.45	\$612.53	\$583.42	\$532.85	\$536.79
43	\$646.70	\$627.32	\$597.51	\$545.72	\$549.75
44	\$665.77	\$645.82	\$615.12	\$561.80	\$565.96
45	\$688.16	\$667.54	\$635.81	\$580.70	\$585.00
46	\$714.85	\$693.43	\$660.47	\$603.22	\$607.69
47	\$744.88	\$722.56	\$688.21	\$628.56	\$633.21
48	\$779.19	\$755.84	\$719.91	\$657.51	\$662.38
49	\$813.03	\$788.66	\$751.18	\$686.07	\$691.14
50	\$851.15	\$825.65	\$786.40	\$718.24	\$723.55
51	\$888.80	\$862.17	\$821.19	\$750.01	\$755.56
52	\$930.26	\$902.38	\$859.49	\$784.99	\$790.80
53	\$972.20	\$943.07	\$898.24	\$820.38	\$826.45
54	\$1,017.47	\$986.98	\$940.07	\$858.59	\$864.94
55	\$1,062.75	\$1,030.90	\$981.90	\$896.79	\$903.43
56	\$1,111.83	\$1,078.52	\$1,027.25	\$938.21	\$945.15
57	\$1,161.40	\$1,126.59	\$1,073.05	\$980.04	\$987.29
58	\$1,214.30	\$1,177.91	\$1,121.92	\$1,024.68	\$1,032.25
59	\$1,240.51	\$1,203.33	\$1,146.14	\$1,046.79	\$1,054.54
60	\$1,293.41	\$1,254.65	\$1,195.01	\$1,091.43	\$1,099.50
61	\$1,339.16	\$1,299.03	\$1,237.28	\$1,130.04	\$1,138.40
62	\$1,369.18	\$1,328.15	\$1,265.02	\$1,155.37	\$1,163.92
63	\$1,406.83	\$1,364.67	\$1,299.81	\$1,187.14	\$1,195.92
64+	\$1,429.71	\$1,386.87	\$1,320.93	\$1,206.45	\$1,215.36

<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>	\$306.99	\$301.46	\$305.17	\$291.98	\$283.20
15 <sup>1</sup>	\$333.01	\$326.99	\$331.02	\$316.67	\$307.11
16 <sup>1</sup>	\$342.96	\$336.75	\$340.91	\$326.11	\$316.25
17 <sup>1</sup>	\$352.91	\$346.51	\$350.80	\$335.55	\$325.39
18 <sup>1</sup>	\$363.62	\$357.03	\$361.44	\$345.71	\$335.23
19	\$360.07	\$353.27	\$357.82	\$341.61	\$330.80
20	\$371.17	\$364.16	\$368.85	\$352.13	\$341.00
21	\$382.65	\$375.42	\$380.26	\$363.02	\$351.54
22	\$382.65	\$375.42	\$380.26	\$363.02	\$351.54
23	\$382.65	\$375.42	\$380.26	\$363.02	\$351.54
24	\$382.65	\$375.42	\$380.26	\$363.02	\$351.54
25	\$384.18	\$376.92	\$381.78	\$364.48	\$352.95
26	\$391.83	\$384.43	\$389.38	\$371.74	\$359.98
27	\$401.01	\$393.44	\$398.51	\$380.45	\$368.42
28	\$415.94	\$408.08	\$413.34	\$394.61	\$382.13
29	\$428.18	\$420.09	\$425.51	\$406.22	\$393.38
30	\$434.30	\$426.10	\$431.59	\$412.03	\$399.00
31	\$443.49	\$435.11	\$440.72	\$420.74	\$407.44
32	\$452.67	\$444.12	\$449.84	\$429.46	\$415.88
33	\$458.41	\$449.75	\$455.55	\$434.90	\$421.15
34	\$464.53	\$455.76	\$461.63	\$440.71	\$426.77
35	\$467.59	\$458.76	\$464.67	\$443.61	\$429.59
36	\$470.65	\$461.76	\$467.72	\$446.52	\$432.40
37	\$473.71	\$464.77	\$470.76	\$449.42	\$435.21
38	\$476.78	\$467.77	\$473.80	\$452.33	\$438.02
39	\$482.90	\$473.78	\$479.88	\$458.14	\$443.65
40	\$489.02	\$479.78	\$485.97	\$463.94	\$449.27
41	\$498.20	\$488.79	\$495.09	\$472.66	\$457.71
42	\$507.00	\$497.43	\$503.84	\$481.01	\$465.80
43	\$519.25	\$509.44	\$516.01	\$492.62	\$477.04
44	\$534.56	\$524.46	\$531.22	\$507.14	\$491.11
45	\$552.54	\$542.10	\$549.09	\$524.21	\$507.63
46	\$573.97	\$563.13	\$570.38	\$544.54	\$527.32
47	\$598.07	\$586.78	\$594.34	\$567.41	\$549.46
48	\$625.62	\$613.81	\$621.72	\$593.54	\$574.77
49	\$652.79	\$640.46	\$648.72	\$619.32	\$599.73
50	\$683.40	\$670.50	\$679.14	\$648.36	\$627.86
51	\$713.63	\$700.15	\$709.18	\$677.04	\$655.63
52	\$746.92	\$732.82	\$742.26	\$708.62	\$686.21
53	\$780.60	\$765.85	\$775.72	\$740.57	\$717.15
54	\$816.95	\$801.52	\$811.85	\$775.06	\$750.55
55	\$853.30	\$837.18	\$847.97	\$809.54	\$783.94
56	\$892.71	\$875.85	\$887.14	\$846.93	\$820.15
57	\$932.51	\$914.89	\$926.68	\$884.69	\$856.71
58	\$974.98	\$956.56	\$968.89	\$924.98	\$895.73
59	\$996.03	\$977.21	\$989.81	\$944.95	\$915.07
60	\$1,038.50	\$1,018.88	\$1,032.02	\$985.25	\$954.09
61	\$1,075.23	\$1,054.92	\$1,068.52	\$1,020.10	\$987.84
62	\$1,099.34	\$1,078.58	\$1,092.48	\$1,042.97	\$1,009.99
63	\$1,129.57	\$1,108.23	\$1,122.52	\$1,071.65	\$1,037.76
64+	\$1,147.95	\$1,126.26	\$1,140.78	\$1,089.06	\$1,054.62

<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	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>	\$260.33	\$265.74	\$259.69
15 <sup>1</sup>	\$282.21	\$288.09	\$281.51
16 <sup>1</sup>	\$290.57	\$296.64	\$289.85
17 <sup>1</sup>	\$298.93	\$305.18	\$298.19
18 <sup>1</sup>	\$307.94	\$314.39	\$307.17
19	\$302.67	\$309.32	\$301.88
20	\$312.00	\$318.85	\$311.19
21	\$321.65	\$328.72	\$320.81
22	\$321.65	\$328.72	\$320.81
23	\$321.65	\$328.72	\$320.81
24	\$321.65	\$328.72	\$320.81
25	\$322.94	\$330.03	\$322.10
26	\$329.37	\$336.60	\$328.51
27	\$337.09	\$344.49	\$336.21
28	\$349.64	\$357.31	\$348.72
29	\$359.93	\$367.83	\$358.99
30	\$365.07	\$373.09	\$364.12
31	\$372.79	\$380.98	\$371.82
32	\$380.51	\$388.87	\$379.52
33	\$385.34	\$393.80	\$384.33
34	\$390.49	\$399.06	\$389.47
35	\$393.06	\$401.69	\$392.03
36	\$395.63	\$404.32	\$394.60
37	\$398.21	\$406.95	\$397.17
38	\$400.78	\$409.58	\$399.73
39	\$405.92	\$414.84	\$404.86
40	\$411.07	\$420.10	\$410.00
41	\$418.79	\$427.99	\$417.70
42	\$426.19	\$435.55	\$425.08
43	\$436.48	\$446.07	\$435.34
44	\$449.35	\$459.22	\$448.17
45	\$464.47	\$474.67	\$463.25
46	\$482.48	\$493.07	\$481.22
47	\$502.74	\$513.78	\$501.43
48	\$525.90	\$537.45	\$524.53
49	\$548.74	\$560.79	\$547.31
50	\$574.47	\$587.09	\$572.97
51	\$599.88	\$613.05	\$598.31
52	\$627.86	\$641.65	\$626.22
53	\$656.17	\$670.58	\$654.46
54	\$686.73	\$701.81	\$684.93
55	\$717.28	\$733.04	\$715.41
56	\$750.41	\$766.89	\$748.45
57	\$783.87	\$801.08	\$781.82
58	\$819.57	\$837.57	\$817.43
59	\$837.26	\$855.65	\$835.07
60	\$872.96	\$892.13	\$870.68
61	\$903.84	\$923.69	\$901.48
62	\$924.11	\$944.40	\$921.69
63	\$949.52	\$970.37	\$947.04
64+	\$964.95	\$986.16	\$962.43

<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 Areas 1, 3, 5

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area									
Alpine	1										
Amador	1	95640	95669								
Butte	1										
Calaveras	1										
Colusa	1										
Del Norte	1										
Glenn	1										
Humboldt	1										
Lake	1										
Lassen	1										
Mendocino	1										
Modoc	1										
Nevada	1										
Plumas	1										
Shasta	1										
Sierra	1										
Siskiyou	1										
Sutter	1	95626	95645	95659	95668	95674	95676	95692	95837		
Tehama	1										
Trinity	1										
Tuolumne	1										
Yuba	1	95692	95903	95961							
El Dorado	3	95613-14	95619	95623	95633-35	95651	95664	95667	95672	95682	95762
Placer	3	95602-04	95626	95650	95661	95668	95681	95722	95746-47		
		95610	95648	95658	95663	95677-78	95703	95736	95765		
Sacramento	3	94203-09	94244	94267-69	94293-98	95626	95652	95678	95757-59	95864-67	
		94211	94247-50	94271	94571	95628	95655	95680	95763	95894	
		94229-30	94252	94273-74	95608-11	95630	95660	95683	95811-38	95899	
		94232	94254	94277-80	95615	95632	95662	95690	95840-43		
		94234-37	94256-59	94282-85	95621	95638-39	95670-71	95693	95851-53		
94239-40	94261-63	94287-91	95624	95641	95673	95741-42	95860				
Yolo	3	95605	95607	95612	95615-18	95645	95691	95694-95	95697-98	95776	95798-99
Contra Costa	5	94505-07	94511	94516-31	94551	94556	94563-65	94572	94582-83	94706-08	94820
		94509	94513-14	94547-49	94553	94561	94569-70	94575	94595-98	94801-08	94850