
Medical plan rates with infertility benefits

For effective dates January 1-December 1, 2024

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.

Plan rates

For effective dates January 1–December 1, 2024

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 ¹	\$369.98	\$362.77	\$358.84
15 ¹	\$401.60	\$393.74	\$389.47
16 ¹	\$413.69	\$405.59	\$401.18
17 ¹	\$425.78	\$417.43	\$412.89
18 ¹	\$438.80	\$430.19	\$425.51
19	\$437.55	\$428.67	\$423.85
20	\$451.03	\$441.88	\$436.91
21	\$464.98	\$455.55	\$450.42
22	\$464.98	\$455.55	\$450.42
23	\$464.98	\$455.55	\$450.42
24	\$464.98	\$455.55	\$450.42
25	\$466.84	\$457.37	\$452.22
26	\$476.14	\$466.48	\$461.23
27	\$487.30	\$477.42	\$472.04
28	\$505.44	\$495.18	\$489.61
29	\$520.32	\$509.76	\$504.02
30	\$527.76	\$517.05	\$511.23
31	\$538.92	\$527.98	\$522.04
32	\$550.07	\$538.92	\$532.85
33	\$557.05	\$545.75	\$539.61
34	\$564.49	\$553.04	\$546.81
35	\$568.21	\$556.68	\$550.42
36	\$571.93	\$560.33	\$554.02
37	\$575.65	\$563.97	\$557.62
38	\$579.37	\$567.61	\$561.23
39	\$586.81	\$574.90	\$568.43
40	\$594.25	\$582.19	\$575.64
41	\$605.41	\$593.13	\$586.45
42	\$616.10	\$603.60	\$596.81
43	\$630.98	\$618.18	\$611.22
44	\$649.58	\$636.40	\$629.24
45	\$671.44	\$657.81	\$650.41
46	\$697.47	\$683.32	\$675.63
47	\$726.77	\$712.02	\$704.01
48	\$760.25	\$744.82	\$736.44
49	\$793.26	\$777.17	\$768.42
50	\$830.46	\$813.61	\$804.45
51	\$867.19	\$849.60	\$840.04
52	\$907.65	\$889.23	\$879.22
53	\$948.57	\$929.32	\$918.86
54	\$992.74	\$972.60	\$961.65
55	\$1,036.91	\$1,015.88	\$1,004.44
56	\$1,084.81	\$1,062.80	\$1,050.83
57	\$1,133.16	\$1,110.17	\$1,097.68
58	\$1,184.78	\$1,160.74	\$1,147.68
59	\$1,210.35	\$1,185.80	\$1,172.45
60	\$1,261.96	\$1,236.36	\$1,222.45
61	\$1,306.60	\$1,280.09	\$1,265.69
62	\$1,335.90	\$1,308.79	\$1,294.06
63	\$1,372.63	\$1,344.78	\$1,329.65
64+	\$1,394.94	\$1,366.65	\$1,351.26

¹HMO 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 ¹	\$343.83	\$333.95	\$318.76	\$292.36	\$294.42
15 ¹	\$373.12	\$362.37	\$345.82	\$317.08	\$319.32
16 ¹	\$384.32	\$373.23	\$356.17	\$326.53	\$328.84
17 ¹	\$395.52	\$384.10	\$366.52	\$335.99	\$338.36
18 ¹	\$407.58	\$395.80	\$377.66	\$346.16	\$348.62
19	\$405.37	\$393.23	\$374.54	\$342.07	\$344.60
20	\$417.87	\$405.35	\$386.08	\$352.61	\$355.22
21	\$430.79	\$417.88	\$398.02	\$363.52	\$366.21
22	\$430.79	\$417.88	\$398.02	\$363.52	\$366.21
23	\$430.79	\$417.88	\$398.02	\$363.52	\$366.21
24	\$430.79	\$417.88	\$398.02	\$363.52	\$366.21
25	\$432.51	\$419.55	\$399.61	\$364.97	\$367.67
26	\$441.13	\$427.91	\$407.57	\$372.24	\$375.00
27	\$451.47	\$437.94	\$417.12	\$380.97	\$383.79
28	\$468.27	\$454.24	\$432.65	\$395.15	\$398.07
29	\$482.06	\$467.61	\$445.38	\$406.78	\$409.79
30	\$488.95	\$474.30	\$451.75	\$412.59	\$415.65
31	\$499.29	\$484.32	\$461.30	\$421.32	\$424.44
32	\$509.63	\$494.35	\$470.86	\$430.04	\$433.22
33	\$516.09	\$500.62	\$476.83	\$435.50	\$438.72
34	\$522.98	\$507.31	\$483.20	\$441.31	\$444.58
35	\$526.43	\$510.65	\$486.38	\$444.22	\$447.51
36	\$529.87	\$513.99	\$489.56	\$447.13	\$450.44
37	\$533.32	\$517.34	\$492.75	\$450.04	\$453.37
38	\$536.77	\$520.68	\$495.93	\$452.95	\$456.30
39	\$543.66	\$527.37	\$502.30	\$458.76	\$462.16
40	\$550.55	\$534.05	\$508.67	\$464.58	\$468.01
41	\$560.89	\$544.08	\$518.22	\$473.30	\$476.80
42	\$570.80	\$553.69	\$527.38	\$481.66	\$485.23
43	\$584.58	\$567.07	\$540.11	\$493.30	\$496.95
44	\$601.82	\$583.78	\$556.03	\$507.84	\$511.59
45	\$622.06	\$603.42	\$574.74	\$524.92	\$528.81
46	\$646.19	\$626.82	\$597.03	\$545.28	\$549.31
47	\$673.33	\$653.15	\$622.10	\$568.18	\$572.38
48	\$704.34	\$683.24	\$650.76	\$594.35	\$598.75
49	\$734.93	\$712.91	\$679.02	\$620.16	\$624.75
50	\$769.39	\$746.34	\$710.86	\$649.25	\$654.05
51	\$803.43	\$779.35	\$742.31	\$677.96	\$682.98
52	\$840.90	\$815.71	\$776.93	\$709.59	\$714.84
53	\$878.81	\$852.48	\$811.96	\$741.58	\$747.07
54	\$919.74	\$892.18	\$849.77	\$776.11	\$781.86
55	\$960.66	\$931.88	\$887.58	\$810.65	\$816.65
56	\$1,005.04	\$974.92	\$928.58	\$848.09	\$854.37
57	\$1,049.84	\$1,018.38	\$969.97	\$885.90	\$892.45
58	\$1,097.66	\$1,064.76	\$1,014.15	\$926.25	\$933.10
59	\$1,121.35	\$1,087.75	\$1,036.05	\$946.24	\$953.24
60	\$1,169.17	\$1,134.13	\$1,080.23	\$986.59	\$993.89
61	\$1,210.52	\$1,174.25	\$1,118.44	\$1,021.49	\$1,029.05
62	\$1,237.66	\$1,200.57	\$1,143.51	\$1,044.39	\$1,052.12
63	\$1,271.70	\$1,233.59	\$1,174.95	\$1,073.11	\$1,081.05
64+	\$1,292.37	\$1,253.64	\$1,194.06	\$1,090.56	\$1,098.63

¹HMO 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 ¹	\$278.88	\$273.88	\$277.22	\$265.31	\$257.37
15 ¹	\$302.40	\$296.95	\$300.60	\$287.62	\$278.98
16 ¹	\$311.39	\$305.78	\$309.53	\$296.15	\$287.24
17 ¹	\$320.38	\$314.60	\$318.47	\$304.69	\$295.50
18 ¹	\$330.07	\$324.10	\$328.10	\$313.87	\$304.40
19	\$325.48	\$319.33	\$323.45	\$308.79	\$299.03
20	\$335.51	\$329.18	\$333.42	\$318.31	\$308.24
21	\$345.89	\$339.36	\$343.73	\$328.15	\$317.78
22	\$345.89	\$339.36	\$343.73	\$328.15	\$317.78
23	\$345.89	\$339.36	\$343.73	\$328.15	\$317.78
24	\$345.89	\$339.36	\$343.73	\$328.15	\$317.78
25	\$347.27	\$340.71	\$345.11	\$329.47	\$319.05
26	\$354.19	\$347.50	\$351.98	\$336.03	\$325.40
27	\$362.49	\$355.65	\$360.23	\$343.90	\$333.03
28	\$375.98	\$368.88	\$373.63	\$356.70	\$345.42
29	\$387.05	\$379.74	\$384.63	\$367.20	\$355.59
30	\$392.58	\$385.17	\$390.13	\$372.45	\$360.68
31	\$400.89	\$393.31	\$398.38	\$380.33	\$368.30
32	\$409.19	\$401.46	\$406.63	\$388.20	\$375.93
33	\$414.38	\$406.55	\$411.79	\$393.13	\$380.70
34	\$419.91	\$411.98	\$417.29	\$398.38	\$385.78
35	\$422.68	\$414.69	\$420.04	\$401.00	\$388.32
36	\$425.44	\$417.41	\$422.79	\$403.63	\$390.86
37	\$428.21	\$420.12	\$425.54	\$406.25	\$393.41
38	\$430.98	\$422.84	\$428.29	\$408.88	\$395.95
39	\$436.51	\$428.27	\$433.79	\$414.13	\$401.03
40	\$442.05	\$433.70	\$439.29	\$419.38	\$406.12
41	\$450.35	\$441.84	\$447.54	\$427.26	\$413.74
42	\$458.30	\$449.65	\$455.44	\$434.80	\$421.05
43	\$469.37	\$460.51	\$466.44	\$445.30	\$431.22
44	\$483.21	\$474.08	\$480.19	\$458.43	\$443.93
45	\$499.46	\$490.03	\$496.35	\$473.85	\$458.87
46	\$518.83	\$509.04	\$515.60	\$492.23	\$476.66
47	\$540.63	\$530.41	\$537.25	\$512.90	\$496.68
48	\$565.53	\$554.85	\$562.00	\$536.53	\$519.56
49	\$590.09	\$578.94	\$586.40	\$559.83	\$542.13
50	\$617.76	\$606.09	\$613.90	\$586.08	\$567.55
51	\$645.08	\$632.90	\$641.06	\$612.01	\$592.65
52	\$675.18	\$662.42	\$670.96	\$640.55	\$620.30
53	\$705.61	\$692.29	\$701.21	\$669.43	\$648.26
54	\$738.47	\$724.53	\$733.86	\$700.61	\$678.45
55	\$771.33	\$756.77	\$766.52	\$731.78	\$708.64
56	\$806.96	\$791.72	\$801.92	\$765.58	\$741.37
57	\$842.93	\$827.01	\$837.67	\$799.71	\$774.42
58	\$881.33	\$864.68	\$875.82	\$836.13	\$809.69
59	\$900.35	\$883.35	\$894.73	\$854.18	\$827.17
60	\$938.74	\$921.01	\$932.88	\$890.61	\$862.44
61	\$971.95	\$953.59	\$965.88	\$922.11	\$892.95
62	\$993.74	\$974.97	\$987.54	\$942.78	\$912.97
63	\$1,021.07	\$1,001.78	\$1,014.69	\$968.71	\$938.07
64+	\$1,037.67	\$1,018.08	\$1,031.19	\$984.45	\$953.34

¹HMO 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 ¹	\$236.70	\$241.58	\$236.12
15 ¹	\$256.47	\$261.79	\$255.84
16 ¹	\$264.03	\$269.51	\$263.38
17 ¹	\$271.59	\$277.24	\$270.92
18 ¹	\$279.73	\$285.56	\$279.04
19	\$273.60	\$279.61	\$272.89
20	\$282.03	\$288.23	\$281.30
21	\$290.76	\$297.14	\$290.00
22	\$290.76	\$297.14	\$290.00
23	\$290.76	\$297.14	\$290.00
24	\$290.76	\$297.14	\$290.00
25	\$291.92	\$298.33	\$291.16
26	\$297.73	\$304.27	\$296.96
27	\$304.71	\$311.40	\$303.92
28	\$316.05	\$322.99	\$315.23
29	\$325.36	\$332.50	\$324.51
30	\$330.01	\$337.25	\$329.15
31	\$336.99	\$344.39	\$336.11
32	\$343.96	\$351.52	\$343.07
33	\$348.32	\$355.97	\$347.42
34	\$352.98	\$360.73	\$352.06
35	\$355.30	\$363.11	\$354.37
36	\$357.63	\$365.48	\$356.69
37	\$359.95	\$367.86	\$359.01
38	\$362.28	\$370.24	\$361.33
39	\$366.93	\$374.99	\$365.97
40	\$371.59	\$379.75	\$370.61
41	\$378.56	\$386.88	\$377.57
42	\$385.25	\$393.71	\$384.24
43	\$394.55	\$403.22	\$393.52
44	\$406.18	\$415.10	\$405.12
45	\$419.85	\$429.07	\$418.75
46	\$436.13	\$445.71	\$434.99
47	\$454.45	\$464.43	\$453.26
48	\$475.38	\$485.82	\$474.14
49	\$496.03	\$506.92	\$494.73
50	\$519.29	\$530.69	\$517.93
51	\$542.26	\$554.17	\$540.84
52	\$567.55	\$580.02	\$566.07
53	\$593.14	\$606.17	\$591.59
54	\$620.76	\$634.39	\$619.14
55	\$648.38	\$662.62	\$646.69
56	\$678.33	\$693.23	\$676.56
57	\$708.57	\$724.13	\$706.72
58	\$740.84	\$757.11	\$738.91
59	\$756.84	\$773.46	\$754.86
60	\$789.11	\$806.44	\$787.05
61	\$817.02	\$834.96	\$814.89
62	\$835.34	\$853.68	\$833.16
63	\$858.31	\$877.16	\$856.07
64+	\$872.28	\$891.42	\$870.00

¹HMO 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 13, 14, 17, 19

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area									
Imperial	13	92274-75									
Inyo	13										
Mono	13										
Kern	14	93203	93220	93238	93249-52	93276	93287	93380	93504-05	93536	
		93205-06	93222	93240-41	93263	93280	93301-09	93383-90	93518-19	93560-61	
		93215-16	93224-26	93243	93268	93285	93311-14	93501-02	93531	93581	
Riverside	17	91752	92220	92240-41	92260-64	92282	92399	92521-22	92551-57	92581-87	92860
		92028	92223	92247-48	92270	92320	92501-09	92530-32	92562-64	92589-93	92877-83
		92201-03	92230	92253-55	92274	92324	92513-14	92543-46	92567	92595-96	
		92210-11	92234-36	92258	92276	92373	92516-19	92548	92570-72	92599	
San Bernardino	17	91701	91743	92252	92305	92329	92350	92371-78	92399	92418	
		91708-10	91758-59	92256	92307-08	92331	92352	92382	92401-08	92423	
		91729-30	91761-64	92268	92313-18	92333-37	92354	92385-86	92410-11	92427	
		91737	91766	92277-78	92321-22	92339-41	92357-59	92391-95	92413	92880	
		91739	91784-86	92284-86	92324-25	92344-46	92369	92397	92415		
San Diego	19	91901-03	91941-46	92003	92037-40	92064-65	92081-86	92126-32	92149-50	92182	
		91908-17	91950-51	92007-11	92046	92067-69	92088	92134-40	92152-55	92186-87	
		91921	91962-63	92013-14	92049	92071-72	92091-93	92142-43	92158-61	92191-93	
		91931-33	91976-80	92018-30	92051-52	92074-75	92096	92145	92163	92195-99	
		91935	91987	92033	92054-61	92078-79	92101-24	92147	92165-79		