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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>	\$428.49	\$420.09	\$415.52
15 <sup>1</sup>	\$465.31	\$456.16	\$451.19
16 <sup>1</sup>	\$479.39	\$469.95	\$464.82
17 <sup>1</sup>	\$493.47	\$483.75	\$478.46
18 <sup>1</sup>	\$508.63	\$498.60	\$493.15
19	\$509.52	\$499.18	\$493.56
20	\$525.22	\$514.57	\$508.78
21	\$541.47	\$530.48	\$524.51
22	\$541.47	\$530.48	\$524.51
23	\$541.47	\$530.48	\$524.51
24	\$541.47	\$530.48	\$524.51
25	\$543.63	\$532.60	\$526.61
26	\$554.46	\$543.21	\$537.10
27	\$567.46	\$555.95	\$549.69
28	\$588.57	\$576.63	\$570.14
29	\$605.90	\$593.61	\$586.93
30	\$614.57	\$602.10	\$595.32
31	\$627.56	\$614.83	\$607.91
32	\$640.56	\$627.56	\$620.50
33	\$648.68	\$635.52	\$628.36
34	\$657.34	\$644.01	\$636.76
35	\$661.67	\$648.25	\$640.95
36	\$666.00	\$652.49	\$645.15
37	\$670.34	\$656.74	\$649.34
38	\$674.67	\$660.98	\$653.54
39	\$683.33	\$669.47	\$661.93
40	\$691.99	\$677.96	\$670.32
41	\$704.99	\$690.69	\$682.91
42	\$717.44	\$702.89	\$694.98
43	\$734.77	\$719.86	\$711.76
44	\$756.43	\$741.08	\$732.74
45	\$781.88	\$766.02	\$757.39
46	\$812.20	\$795.72	\$786.77
47	\$846.31	\$829.14	\$819.81
48	\$885.30	\$867.34	\$857.58
49	\$923.74	\$905.00	\$894.82
50	\$967.06	\$947.44	\$936.78
51	\$1,009.84	\$989.35	\$978.21
52	\$1,056.94	\$1,035.50	\$1,023.85
53	\$1,104.59	\$1,082.18	\$1,070.00
54	\$1,156.03	\$1,132.58	\$1,119.83
55	\$1,207.47	\$1,182.98	\$1,169.66
56	\$1,263.24	\$1,237.61	\$1,223.68
57	\$1,319.56	\$1,292.78	\$1,278.23
58	\$1,379.66	\$1,351.67	\$1,336.45
59	\$1,409.44	\$1,380.84	\$1,365.30
60	\$1,469.54	\$1,439.73	\$1,423.52
61	\$1,521.52	\$1,490.65	\$1,473.88
62	\$1,555.64	\$1,524.08	\$1,506.92
63	\$1,598.41	\$1,565.98	\$1,548.36
64+	\$1,624.41	\$1,591.44	\$1,573.53

<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>	\$398.03	\$386.53	\$368.84	\$338.11	\$340.50
15 <sup>1</sup>	\$432.15	\$419.62	\$400.36	\$366.89	\$369.50
16 <sup>1</sup>	\$445.19	\$432.28	\$412.41	\$377.90	\$380.59
17 <sup>1</sup>	\$458.23	\$444.93	\$424.46	\$388.90	\$391.67
18 <sup>1</sup>	\$472.28	\$458.55	\$437.44	\$400.76	\$403.61
19	\$472.05	\$457.91	\$436.14	\$398.34	\$401.29
20	\$486.60	\$472.02	\$449.58	\$410.62	\$413.65
21	\$501.65	\$486.62	\$463.49	\$423.31	\$426.45
22	\$501.65	\$486.62	\$463.49	\$423.31	\$426.45
23	\$501.65	\$486.62	\$463.49	\$423.31	\$426.45
24	\$501.65	\$486.62	\$463.49	\$423.31	\$426.45
25	\$503.66	\$488.56	\$465.34	\$425.01	\$428.15
26	\$513.69	\$498.30	\$474.61	\$433.47	\$436.68
27	\$525.73	\$509.98	\$485.74	\$443.63	\$446.92
28	\$545.29	\$528.95	\$503.81	\$460.14	\$463.55
29	\$561.35	\$544.53	\$518.64	\$473.69	\$477.19
30	\$569.37	\$552.31	\$526.06	\$480.46	\$484.02
31	\$581.41	\$563.99	\$537.18	\$490.62	\$494.25
32	\$593.45	\$575.67	\$548.31	\$500.78	\$504.49
33	\$600.98	\$582.97	\$555.26	\$507.13	\$510.88
34	\$609.00	\$590.75	\$562.68	\$513.90	\$517.71
35	\$613.02	\$594.65	\$566.38	\$517.29	\$521.12
36	\$617.03	\$598.54	\$570.09	\$520.68	\$524.53
37	\$621.04	\$602.43	\$573.80	\$524.06	\$527.94
38	\$625.06	\$606.33	\$577.51	\$527.45	\$531.35
39	\$633.08	\$614.11	\$584.92	\$534.22	\$538.17
40	\$641.11	\$621.90	\$592.34	\$541.00	\$545.00
41	\$653.15	\$633.58	\$603.46	\$551.16	\$555.23
42	\$664.69	\$644.77	\$614.12	\$560.89	\$565.04
43	\$680.74	\$660.34	\$628.95	\$574.44	\$578.69
44	\$700.81	\$679.81	\$647.49	\$591.37	\$595.74
45	\$724.38	\$702.68	\$669.28	\$611.27	\$615.79
46	\$752.48	\$729.93	\$695.23	\$634.97	\$639.67
47	\$784.08	\$760.58	\$724.43	\$661.64	\$666.53
48	\$820.20	\$795.62	\$757.80	\$692.12	\$697.24
49	\$855.82	\$830.17	\$790.71	\$722.17	\$727.52
50	\$895.95	\$869.10	\$827.79	\$756.04	\$761.63
51	\$935.58	\$907.54	\$864.41	\$789.48	\$795.32
52	\$979.22	\$949.88	\$904.73	\$826.31	\$832.42
53	\$1,023.37	\$992.70	\$945.52	\$863.56	\$869.95
54	\$1,071.03	\$1,038.93	\$989.55	\$903.78	\$910.46
55	\$1,118.68	\$1,085.16	\$1,033.58	\$943.99	\$950.97
56	\$1,170.35	\$1,135.28	\$1,081.32	\$987.59	\$994.90
57	\$1,222.52	\$1,185.89	\$1,129.52	\$1,031.62	\$1,039.25
58	\$1,278.21	\$1,239.90	\$1,180.97	\$1,078.61	\$1,086.58
59	\$1,305.80	\$1,266.67	\$1,206.46	\$1,101.89	\$1,110.04
60	\$1,361.48	\$1,320.68	\$1,257.91	\$1,148.88	\$1,157.37
61	\$1,409.64	\$1,367.40	\$1,302.40	\$1,189.51	\$1,198.31
62	\$1,441.24	\$1,398.05	\$1,331.60	\$1,216.18	\$1,225.18
63	\$1,480.87	\$1,436.50	\$1,368.22	\$1,249.62	\$1,258.87
64+	\$1,504.95	\$1,459.86	\$1,390.47	\$1,269.93	\$1,279.35

<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>	\$322.40	\$316.58	\$320.48	\$306.60	\$297.36
15 <sup>1</sup>	\$349.79	\$343.45	\$347.69	\$332.58	\$322.52
16 <sup>1</sup>	\$360.26	\$353.73	\$358.10	\$342.52	\$332.14
17 <sup>1</sup>	\$370.73	\$364.00	\$368.51	\$352.46	\$341.76
18 <sup>1</sup>	\$382.01	\$375.07	\$379.72	\$363.15	\$352.12
19	\$379.02	\$371.86	\$376.65	\$359.58	\$348.21
20	\$390.70	\$383.32	\$388.26	\$370.67	\$358.94
21	\$402.78	\$395.18	\$400.27	\$382.13	\$370.05
22	\$402.78	\$395.18	\$400.27	\$382.13	\$370.05
23	\$402.78	\$395.18	\$400.27	\$382.13	\$370.05
24	\$402.78	\$395.18	\$400.27	\$382.13	\$370.05
25	\$404.40	\$396.76	\$401.87	\$383.66	\$371.53
26	\$412.45	\$404.66	\$409.88	\$391.30	\$378.93
27	\$422.12	\$414.15	\$419.48	\$400.47	\$387.81
28	\$437.83	\$429.56	\$435.09	\$415.38	\$402.24
29	\$450.72	\$442.20	\$447.90	\$427.60	\$414.08
30	\$457.16	\$448.53	\$454.31	\$433.72	\$420.00
31	\$466.83	\$458.01	\$463.91	\$442.89	\$428.88
32	\$476.49	\$467.49	\$473.52	\$452.06	\$437.76
33	\$482.54	\$473.42	\$479.52	\$457.79	\$443.32
34	\$488.98	\$479.74	\$485.93	\$463.91	\$449.24
35	\$492.20	\$482.91	\$489.13	\$466.96	\$452.20
36	\$495.42	\$486.07	\$492.33	\$470.02	\$455.16
37	\$498.65	\$489.23	\$495.53	\$473.08	\$458.12
38	\$501.87	\$492.39	\$498.74	\$476.13	\$461.08
39	\$508.31	\$498.71	\$505.14	\$482.25	\$467.00
40	\$514.76	\$505.04	\$511.54	\$488.36	\$472.92
41	\$524.43	\$514.52	\$521.15	\$497.53	\$481.80
42	\$533.69	\$523.61	\$530.36	\$506.32	\$490.31
43	\$546.58	\$536.25	\$543.17	\$518.55	\$502.15
44	\$562.69	\$552.06	\$559.18	\$533.84	\$516.95
45	\$581.62	\$570.64	\$577.99	\$551.80	\$534.35
46	\$604.18	\$592.77	\$600.40	\$573.20	\$555.07
47	\$629.55	\$617.66	\$625.62	\$597.27	\$578.38
48	\$658.55	\$646.11	\$654.44	\$624.78	\$605.03
49	\$687.15	\$674.17	\$682.86	\$651.91	\$631.30
50	\$719.37	\$705.79	\$714.88	\$682.48	\$660.90
51	\$751.19	\$737.00	\$746.50	\$712.67	\$690.14
52	\$786.23	\$771.39	\$781.33	\$745.92	\$722.33
53	\$821.68	\$806.16	\$816.55	\$779.55	\$754.89
54	\$859.94	\$843.70	\$854.58	\$815.85	\$790.05
55	\$898.21	\$881.24	\$892.60	\$852.15	\$825.20
56	\$939.70	\$921.95	\$933.83	\$891.51	\$863.32
57	\$981.59	\$963.05	\$975.46	\$931.25	\$901.80
58	\$1,026.29	\$1,006.91	\$1,019.89	\$973.67	\$942.88
59	\$1,048.45	\$1,028.65	\$1,041.90	\$994.68	\$963.23
60	\$1,093.16	\$1,072.51	\$1,086.33	\$1,037.10	\$1,004.31
61	\$1,131.82	\$1,110.45	\$1,124.76	\$1,073.79	\$1,039.83
62	\$1,157.20	\$1,135.34	\$1,149.97	\$1,097.86	\$1,063.14
63	\$1,189.02	\$1,166.56	\$1,181.60	\$1,128.05	\$1,092.38
64+	\$1,208.34	\$1,185.54	\$1,200.81	\$1,146.39	\$1,110.15

<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>	\$273.28	\$278.97	\$272.61
15 <sup>1</sup>	\$296.31	\$302.50	\$295.57
16 <sup>1</sup>	\$305.11	\$311.50	\$304.35
17 <sup>1</sup>	\$313.91	\$320.49	\$313.13
18 <sup>1</sup>	\$323.39	\$330.18	\$322.59
19	\$318.60	\$325.60	\$317.77
20	\$328.42	\$335.64	\$327.57
21	\$338.58	\$346.02	\$337.70
22	\$338.58	\$346.02	\$337.70
23	\$338.58	\$346.02	\$337.70
24	\$338.58	\$346.02	\$337.70
25	\$339.94	\$347.40	\$339.05
26	\$346.71	\$354.32	\$345.80
27	\$354.83	\$362.62	\$353.91
28	\$368.04	\$376.12	\$367.08
29	\$378.87	\$387.19	\$377.88
30	\$384.29	\$392.73	\$383.29
31	\$392.42	\$401.03	\$391.39
32	\$400.54	\$409.34	\$399.50
33	\$405.62	\$414.53	\$404.56
34	\$411.04	\$420.06	\$409.96
35	\$413.75	\$422.83	\$412.67
36	\$416.45	\$425.60	\$415.37
37	\$419.16	\$428.37	\$418.07
38	\$421.87	\$431.14	\$420.77
39	\$427.29	\$436.67	\$426.17
40	\$432.71	\$442.21	\$431.58
41	\$440.83	\$450.51	\$439.68
42	\$448.62	\$458.47	\$447.45
43	\$459.45	\$469.54	\$458.25
44	\$473.00	\$483.38	\$471.76
45	\$488.91	\$499.65	\$487.63
46	\$507.87	\$519.02	\$506.55
47	\$529.20	\$540.82	\$527.82
48	\$553.58	\$565.74	\$552.13
49	\$577.62	\$590.30	\$576.11
50	\$604.71	\$617.98	\$603.13
51	\$631.45	\$645.32	\$629.80
52	\$660.91	\$675.42	\$659.18
53	\$690.71	\$705.87	\$688.90
54	\$722.87	\$738.74	\$720.98
55	\$755.04	\$771.62	\$753.06
56	\$789.91	\$807.26	\$787.85
57	\$825.12	\$843.24	\$822.97
58	\$862.70	\$881.65	\$860.45
59	\$881.33	\$900.68	\$879.02
60	\$918.91	\$939.09	\$916.51
61	\$951.41	\$972.31	\$948.93
62	\$972.74	\$994.10	\$970.20
63	\$999.49	\$1,021.44	\$996.88
64+	\$1,015.74	\$1,038.06	\$1,013.10

<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 2, 6**

<b>County</b>	<b>Rate Area</b>	<b>County + ZIP code combinations in Kaiser Permanente service area</b>									
<b>Marin</b>	<b>2</b>	94901	94912-15	94924-25	94933	94945-50	94956-57	94963-66	94973-74		
		94903-04	94920	94929-30	94937-42	94952	94960	94970-71	94976-79		
<b>Napa</b>	<b>2</b>	94503	94515	94562	94573-74	94581	95476				
		94508	94558-59	94567	94576	94599					
<b>Solano</b>	<b>2</b>	94503	94512	94571	94589-92	95618	95625	95690	95696		
		94510	94533-35	94585	95616	95620	95687-88	95694			
<b>Sonoma</b>	<b>2</b>	94515	94931	94975	95409	95421	95433	95441-42	95448	95462	95476
		94922-23	94951-55	94999	95416	95425	95436	95444	95450	95465	95486-87
		94926-28	94972	95401-07	95419	95430-31	95439	95446	95452	95471-73	95492
<b>Alameda</b>	<b>6</b>	94501-02	94536-46	94557	94568	94601-15	94659-62	94712	95391		
		94505	94550-52	94560	94577-80	94617-24	94666	94720			
		94514	94555	94566	94586-88	94649	94701-10	95377			