
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†	\$449.20	\$440.38	\$435.58
15†	\$487.86	\$478.26	\$473.03
16†	\$502.65	\$492.74	\$487.35
17†	\$517.43	\$507.22	\$501.67
18†	\$533.35	\$522.82	\$517.09
19	\$535.00	\$524.14	\$518.24
20	\$551.48	\$540.30	\$534.21
21	\$568.54	\$557.01	\$550.74
22	\$568.54	\$557.01	\$550.74
23	\$568.54	\$557.01	\$550.74
24	\$568.54	\$557.01	\$550.74
25	\$570.81	\$559.23	\$552.94
26	\$582.19	\$570.37	\$563.95
27	\$595.83	\$583.74	\$577.17
28	\$618.00	\$605.47	\$598.65
29	\$636.20	\$623.29	\$616.27
30	\$645.29	\$632.20	\$625.09
31	\$658.94	\$645.57	\$638.30
32	\$672.58	\$658.94	\$651.52
33	\$681.11	\$667.29	\$659.78
34	\$690.21	\$676.21	\$668.59
35	\$694.76	\$680.66	\$673.00
36	\$699.30	\$685.12	\$677.41
37	\$703.85	\$689.57	\$681.81
38	\$708.40	\$694.03	\$686.22
39	\$717.50	\$702.94	\$695.03
40	\$726.59	\$711.85	\$703.84
41	\$740.24	\$725.22	\$717.06
42	\$753.32	\$738.03	\$729.73
43	\$771.51	\$755.86	\$747.35
44	\$794.25	\$778.14	\$769.38
45	\$820.97	\$804.32	\$795.26
46	\$852.81	\$835.51	\$826.10
47	\$888.63	\$870.60	\$860.80
48	\$929.56	\$910.71	\$900.45
49	\$969.93	\$950.25	\$939.56
50	\$1,015.41	\$994.81	\$983.62
51	\$1,060.33	\$1,038.82	\$1,027.12
52	\$1,109.79	\$1,087.28	\$1,075.04
53	\$1,159.82	\$1,136.29	\$1,123.50
54	\$1,213.83	\$1,189.21	\$1,175.82
55	\$1,267.85	\$1,242.12	\$1,228.14
56	\$1,326.40	\$1,299.50	\$1,284.87
57	\$1,385.53	\$1,357.42	\$1,342.14
58	\$1,448.64	\$1,419.25	\$1,403.28
59	\$1,479.91	\$1,449.89	\$1,433.57
60	\$1,543.02	\$1,511.71	\$1,494.70
61	\$1,597.60	\$1,565.19	\$1,547.57
62	\$1,633.42	\$1,600.28	\$1,582.27
63	\$1,678.33	\$1,644.28	\$1,625.77
64+	\$1,705.62	\$1,671.03	\$1,652.22

†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 ¹	\$417.22	\$405.15	\$386.57	\$354.30	\$356.81
15 ¹	\$453.04	\$439.89	\$419.66	\$384.52	\$387.26
16 ¹	\$466.73	\$453.18	\$432.31	\$396.08	\$398.90
17 ¹	\$480.43	\$466.46	\$444.97	\$407.63	\$410.54
18 ¹	\$495.18	\$480.77	\$458.59	\$420.08	\$423.08
19	\$495.66	\$480.80	\$457.95	\$418.26	\$421.35
20	\$510.93	\$495.62	\$472.06	\$431.15	\$434.33
21	\$526.73	\$510.95	\$486.66	\$444.48	\$447.77
22	\$526.73	\$510.95	\$486.66	\$444.48	\$447.77
23	\$526.73	\$510.95	\$486.66	\$444.48	\$447.77
24	\$526.73	\$510.95	\$486.66	\$444.48	\$447.77
25	\$528.84	\$512.99	\$488.61	\$446.26	\$449.56
26	\$539.38	\$523.21	\$498.34	\$455.15	\$458.51
27	\$552.02	\$535.47	\$510.02	\$465.82	\$469.26
28	\$572.56	\$555.40	\$529.00	\$483.15	\$486.72
29	\$589.41	\$571.75	\$544.58	\$497.37	\$501.05
30	\$597.84	\$579.93	\$552.36	\$504.49	\$508.22
31	\$610.48	\$592.19	\$564.04	\$515.15	\$518.96
32	\$623.13	\$604.45	\$575.72	\$525.82	\$529.71
33	\$631.03	\$612.12	\$583.02	\$532.49	\$536.43
34	\$639.45	\$620.29	\$590.81	\$539.60	\$543.59
35	\$643.67	\$624.38	\$594.70	\$543.15	\$547.17
36	\$647.88	\$628.47	\$598.60	\$546.71	\$550.75
37	\$652.10	\$632.56	\$602.49	\$550.27	\$554.34
38	\$656.31	\$636.64	\$606.38	\$553.82	\$557.92
39	\$664.74	\$644.82	\$614.17	\$560.93	\$565.08
40	\$673.17	\$652.99	\$621.96	\$568.05	\$572.25
41	\$685.81	\$665.26	\$633.64	\$578.71	\$582.99
42	\$697.92	\$677.01	\$644.83	\$588.94	\$593.29
43	\$714.78	\$693.36	\$660.40	\$603.16	\$607.62
44	\$735.85	\$713.80	\$679.87	\$620.94	\$625.53
45	\$760.60	\$737.81	\$702.74	\$641.83	\$646.58
46	\$790.10	\$766.42	\$730.00	\$666.72	\$671.65
47	\$823.28	\$798.61	\$760.66	\$694.72	\$699.86
48	\$861.21	\$835.40	\$795.70	\$726.73	\$732.10
49	\$898.61	\$871.68	\$830.25	\$758.28	\$763.89
50	\$940.75	\$912.56	\$869.18	\$793.84	\$799.71
51	\$982.36	\$952.92	\$907.63	\$828.96	\$835.09
52	\$1,028.18	\$997.37	\$949.97	\$867.63	\$874.04
53	\$1,074.54	\$1,042.34	\$992.79	\$906.74	\$913.45
54	\$1,124.58	\$1,090.88	\$1,039.03	\$948.97	\$955.98
55	\$1,174.62	\$1,139.42	\$1,085.26	\$991.19	\$998.52
56	\$1,228.87	\$1,192.04	\$1,135.39	\$1,036.97	\$1,044.64
57	\$1,283.65	\$1,245.18	\$1,186.00	\$1,083.20	\$1,091.21
58	\$1,342.12	\$1,301.90	\$1,240.02	\$1,132.54	\$1,140.91
59	\$1,371.09	\$1,330.00	\$1,266.79	\$1,156.98	\$1,165.54
60	\$1,429.56	\$1,386.72	\$1,320.81	\$1,206.32	\$1,215.24
61	\$1,480.12	\$1,435.77	\$1,367.53	\$1,248.99	\$1,258.23
62	\$1,513.31	\$1,467.96	\$1,398.18	\$1,276.99	\$1,286.44
63	\$1,554.92	\$1,508.32	\$1,436.63	\$1,312.11	\$1,321.81
64+	\$1,580.19	\$1,532.85	\$1,459.98	\$1,333.44	\$1,343.31

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	\$337.81	\$331.70	\$335.79	\$321.22	\$311.51
15 ¹	\$366.57	\$359.91	\$364.37	\$348.50	\$337.93
16 ¹	\$377.56	\$370.70	\$375.29	\$358.93	\$348.03
17 ¹	\$388.56	\$381.49	\$386.22	\$369.36	\$358.14
18 ¹	\$400.40	\$393.11	\$397.99	\$380.60	\$369.01
19	\$397.97	\$390.45	\$395.49	\$377.56	\$365.62
20	\$410.24	\$402.49	\$407.67	\$389.20	\$376.89
21	\$422.92	\$414.94	\$420.28	\$401.24	\$388.55
22	\$422.92	\$414.94	\$420.28	\$401.24	\$388.55
23	\$422.92	\$414.94	\$420.28	\$401.24	\$388.55
24	\$422.92	\$414.94	\$420.28	\$401.24	\$388.55
25	\$424.62	\$416.60	\$421.96	\$402.84	\$390.10
26	\$433.07	\$424.89	\$430.37	\$410.87	\$397.87
27	\$443.22	\$434.85	\$440.46	\$420.50	\$407.20
28	\$459.72	\$451.04	\$456.85	\$436.14	\$422.35
29	\$473.25	\$464.31	\$470.30	\$448.98	\$434.79
30	\$480.02	\$470.95	\$477.02	\$455.40	\$441.00
31	\$490.17	\$480.91	\$487.11	\$465.03	\$450.33
32	\$500.32	\$490.87	\$497.19	\$474.66	\$459.65
33	\$506.66	\$497.09	\$503.50	\$480.68	\$465.48
34	\$513.43	\$503.73	\$510.22	\$487.10	\$471.70
35	\$516.81	\$507.05	\$513.59	\$490.31	\$474.81
36	\$520.20	\$510.37	\$516.95	\$493.52	\$477.91
37	\$523.58	\$513.69	\$520.31	\$496.73	\$481.02
38	\$526.96	\$517.01	\$523.67	\$499.94	\$484.13
39	\$533.73	\$523.65	\$530.40	\$506.36	\$490.35
40	\$540.50	\$530.29	\$537.12	\$512.78	\$496.56
41	\$550.65	\$540.25	\$547.21	\$522.41	\$505.89
42	\$560.37	\$549.79	\$556.88	\$531.64	\$514.83
43	\$573.91	\$563.07	\$570.32	\$544.48	\$527.26
44	\$590.82	\$579.67	\$587.14	\$560.53	\$542.80
45	\$610.70	\$599.17	\$606.89	\$579.39	\$561.06
46	\$634.39	\$622.40	\$630.42	\$601.85	\$582.82
47	\$661.03	\$648.54	\$656.90	\$627.13	\$607.30
48	\$691.48	\$678.42	\$687.16	\$656.02	\$635.28
49	\$721.51	\$707.88	\$717.00	\$684.51	\$662.86
50	\$755.34	\$741.08	\$750.63	\$716.61	\$693.95
51	\$788.75	\$773.85	\$783.83	\$748.31	\$724.64
52	\$825.55	\$809.95	\$820.39	\$783.21	\$758.45
53	\$862.76	\$846.47	\$857.38	\$818.52	\$792.64
54	\$902.94	\$885.89	\$897.30	\$856.64	\$829.55
55	\$943.12	\$925.31	\$937.23	\$894.76	\$866.46
56	\$986.68	\$968.04	\$980.52	\$936.09	\$906.48
57	\$1,030.66	\$1,011.20	\$1,024.23	\$977.81	\$946.89
58	\$1,077.61	\$1,057.26	\$1,070.88	\$1,022.35	\$990.02
59	\$1,100.87	\$1,080.08	\$1,094.00	\$1,044.42	\$1,011.39
60	\$1,147.81	\$1,126.14	\$1,140.65	\$1,088.96	\$1,054.52
61	\$1,188.42	\$1,165.97	\$1,181.00	\$1,127.47	\$1,091.82
62	\$1,215.06	\$1,192.11	\$1,207.47	\$1,152.75	\$1,116.30
63	\$1,248.47	\$1,224.89	\$1,240.68	\$1,184.45	\$1,146.99
64+	\$1,268.76	\$1,244.82	\$1,260.84	\$1,203.72	\$1,165.65

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	\$286.24	\$292.21	\$285.52
15 ¹	\$310.41	\$316.91	\$309.64
16 ¹	\$319.65	\$326.36	\$318.86
17 ¹	\$328.90	\$335.81	\$328.07
18 ¹	\$338.85	\$345.98	\$338.00
19	\$334.53	\$341.88	\$333.66
20	\$344.84	\$352.42	\$343.94
21	\$355.51	\$363.32	\$354.58
22	\$355.51	\$363.32	\$354.58
23	\$355.51	\$363.32	\$354.58
24	\$355.51	\$363.32	\$354.58
25	\$356.93	\$364.77	\$356.00
26	\$364.04	\$372.04	\$363.09
27	\$372.57	\$380.76	\$371.60
28	\$386.44	\$394.93	\$385.43
29	\$397.82	\$406.55	\$396.78
30	\$403.50	\$412.36	\$402.45
31	\$412.04	\$421.08	\$410.96
32	\$420.57	\$429.80	\$419.47
33	\$425.90	\$435.25	\$424.79
34	\$431.59	\$441.07	\$430.46
35	\$434.43	\$443.97	\$433.30
36	\$437.28	\$446.88	\$436.14
37	\$440.12	\$449.79	\$438.97
38	\$442.97	\$452.69	\$441.81
39	\$448.65	\$458.51	\$447.48
40	\$454.34	\$464.32	\$453.16
41	\$462.87	\$473.04	\$461.67
42	\$471.05	\$481.40	\$469.82
43	\$482.43	\$493.02	\$481.17
44	\$496.65	\$507.55	\$495.35
45	\$513.36	\$524.63	\$512.02
46	\$533.26	\$544.98	\$531.87
47	\$555.66	\$567.86	\$554.21
48	\$581.26	\$594.02	\$579.74
49	\$606.50	\$619.82	\$604.92
50	\$634.94	\$648.88	\$633.28
51	\$663.03	\$677.59	\$661.29
52	\$693.96	\$709.19	\$692.14
53	\$725.24	\$741.17	\$723.35
54	\$759.01	\$775.68	\$757.03
55	\$792.79	\$810.20	\$790.72
56	\$829.40	\$847.62	\$827.24
57	\$866.38	\$885.40	\$864.12
58	\$905.84	\$925.73	\$903.47
59	\$925.39	\$945.71	\$922.98
60	\$964.85	\$986.04	\$962.33
61	\$998.98	\$1,020.92	\$996.37
62	\$1,021.38	\$1,043.81	\$1,018.71
63	\$1,049.47	\$1,072.51	\$1,046.72
64+	\$1,066.53	\$1,089.96	\$1,063.74

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 4, 8

County	Rate Area	County + ZIP code combinations in Kaiser Permanente service area									
San Francisco	4	94102-05	94114-34	94139-47	94158-61	94172	94188				
		94107-12	94137	94151	94163-64	94177					
Out of State	4										
San Mateo	8	94002	94010-11	94025-28	94037-38	94060-66	94074	94083	94303	94497	
		94005	94014-21	94030	94044	94070	94080	94128	94401-04		