

Small Business medical plan rates

Age on 2018 effective date	Bronze 60 HMO 6300/75* + Child Dental	Bronze 60 HDHP HMO 4800/40%* + Child Dental	Bronze 60 PPO 6300/75 + Child Dental	Silver 70 HMO 1000/50* + Child Dental Alt	Silver 70 HMO 2000/45* + Child Dental	Silver 70 HDHP HMO 2000/20%* + Child Dental	Silver 70 PPO 2000/45 + Child Dental
0-14†	\$195.79	\$194.83	\$304.29	\$248.90	\$260.88	\$232.18	\$431.81
15†	\$211.95	\$210.90	\$331.34	\$269.78	\$282.83	\$251.58	\$470.19
16†	\$218.13	\$217.05	\$341.68	\$277.76	\$291.22	\$258.99	\$484.86
17†	\$224.31	\$223.20	\$352.02	\$285.75	\$299.61	\$266.41	\$499.54
18†	\$230.97	\$229.81	\$363.16	\$294.34	\$308.64	\$274.40	\$515.34
19	\$223.63	\$222.44	\$374.29	\$288.95	\$303.69	\$268.39	\$531.15
20	\$230.52	\$229.30	\$385.83	\$297.86	\$313.05	\$276.66	\$547.52
21	\$237.65	\$236.39	\$397.76	\$307.07	\$322.73	\$285.22	\$564.45
22	\$237.65	\$236.39	\$397.76	\$307.07	\$322.73	\$285.22	\$564.45
23	\$237.65	\$236.39	\$397.76	\$307.07	\$322.73	\$285.22	\$564.45
24	\$237.65	\$236.39	\$397.76	\$307.07	\$322.73	\$285.22	\$564.45
25	\$238.60	\$237.34	\$399.35	\$308.30	\$324.02	\$286.36	\$566.71
26	\$243.36	\$242.06	\$407.31	\$314.44	\$330.48	\$292.07	\$578.00
27	\$249.06	\$247.74	\$416.86	\$321.81	\$338.22	\$298.91	\$591.55
28	\$258.33	\$256.96	\$432.37	\$333.79	\$350.81	\$310.03	\$613.56
29	\$265.93	\$264.52	\$445.10	\$343.61	\$361.14	\$319.16	\$631.62
30	\$269.74	\$268.30	\$451.46	\$348.52	\$366.30	\$323.73	\$640.65
31	\$275.44	\$273.98	\$461.01	\$355.89	\$374.05	\$330.57	\$654.20
32	\$281.14	\$279.65	\$470.55	\$363.26	\$381.79	\$337.42	\$667.75
33	\$284.71	\$283.20	\$476.52	\$367.87	\$386.63	\$341.69	\$676.21
34	\$288.51	\$286.98	\$482.88	\$372.78	\$391.80	\$346.26	\$685.24
35	\$290.41	\$288.87	\$486.07	\$375.24	\$394.38	\$348.54	\$689.76
36	\$292.31	\$290.76	\$489.25	\$377.70	\$396.96	\$350.82	\$694.28
37	\$294.21	\$292.65	\$492.43	\$380.15	\$399.54	\$353.10	\$698.79
38	\$296.12	\$294.54	\$495.61	\$382.61	\$402.12	\$355.39	\$703.31
39	\$299.92	\$298.32	\$501.98	\$387.52	\$407.29	\$359.95	\$712.34
40	\$303.72	\$302.11	\$508.34	\$392.44	\$412.45	\$364.51	\$721.37
41	\$309.42	\$307.78	\$517.89	\$399.81	\$420.20	\$371.36	\$734.92
42	\$314.89	\$313.22	\$527.04	\$406.87	\$427.62	\$377.92	\$747.90
43	\$322.49	\$320.78	\$539.76	\$416.69	\$437.95	\$387.04	\$765.96
44	\$332.00	\$330.24	\$555.67	\$428.98	\$450.86	\$398.45	\$788.54
45	\$343.17	\$341.35	\$574.37	\$443.41	\$466.02	\$411.86	\$815.07
46	\$356.48	\$354.59	\$596.64	\$460.61	\$484.10	\$427.83	\$846.68
47	\$371.45	\$369.48	\$621.70	\$479.95	\$504.43	\$445.80	\$882.24
48	\$388.56	\$386.50	\$650.34	\$502.06	\$527.67	\$466.34	\$922.88
49	\$405.44	\$403.28	\$678.58	\$523.86	\$550.58	\$486.59	\$962.95
50	\$424.45	\$422.19	\$710.40	\$548.43	\$576.40	\$509.40	\$1,008.11
51	\$443.22	\$440.87	\$741.83	\$572.69	\$601.89	\$531.94	\$1,052.70
52	\$463.90	\$461.43	\$776.43	\$599.40	\$629.97	\$556.75	\$1,101.81
53	\$484.81	\$482.24	\$811.44	\$626.42	\$658.37	\$581.85	\$1,151.48
54	\$507.39	\$504.69	\$849.22	\$655.59	\$689.03	\$608.95	\$1,205.10
55	\$529.97	\$527.15	\$887.01	\$684.77	\$719.69	\$636.04	\$1,258.73
56	\$554.44	\$551.50	\$927.98	\$716.39	\$752.93	\$665.42	\$1,316.87
57	\$579.16	\$576.08	\$969.35	\$748.33	\$786.50	\$695.08	\$1,375.57
58	\$605.54	\$602.32	\$1,013.50	\$782.41	\$822.32	\$726.74	\$1,438.22
59	\$618.61	\$615.32	\$1,035.38	\$799.30	\$840.07	\$742.43	\$1,469.27
60	\$644.99	\$641.56	\$1,079.53	\$833.39	\$875.89	\$774.09	\$1,531.92
61	\$667.80	\$664.26	\$1,117.71	\$862.87	\$906.88	\$801.47	\$1,586.11
62	\$682.78	\$679.15	\$1,142.77	\$882.21	\$927.21	\$819.44	\$1,621.67
63	\$701.55	\$697.82	\$1,174.20	\$906.47	\$952.70	\$841.97	\$1,666.26
64+	\$712.95	\$709.17	\$1,193.28	\$921.21	\$968.19	\$855.66	\$1,693.35

†HMO 0–14, 15, 16, 17, 18 age rates include the cost of \$13.99 for child dental coverage. PPO plans include the cost of child dental coverage in the overall rate.

Rate Area for Metal Plans: **NGF 7** Renewal Date: **December 1, 2018**
 Rate Area for Nonmetal Plans: **GF 1** Customer ID: **38331**

Your Kaiser Permanente Grandfathered (Nonmetal) Medical Plan Rates

Rates for your group's metal plans are found in the Medical Plan Rates section of this booklet.

Medical rate area: **1**
 Renewal RAF: **1.00**

\$15 Copay				
Age	EE only	EE+S	EE+C	EE+S+C
<30	\$413	\$1,153	\$1,134	\$1,604
30-39	\$456	\$1,239	\$1,165	\$1,773
40-49	\$588	\$1,353	\$1,117	\$1,786
50-54	\$766	\$1,592	\$1,263	\$2,035
55-59	\$968	\$2,032	\$1,447	\$2,337
60-64	\$1,193	\$2,266	\$1,596	\$2,645
65+	\$1,353	\$2,924	\$2,034	\$3,214

\$30 Copay				
Age	EE only	EE+S	EE+C	EE+S+C
<30	\$350	\$977	\$961	\$1,360
30-39	\$387	\$1,051	\$988	\$1,504
40-49	\$499	\$1,148	\$948	\$1,515
50-54	\$649	\$1,349	\$1,070	\$1,724
55-59	\$820	\$1,722	\$1,226	\$1,981
60-64	\$1,012	\$1,922	\$1,353	\$2,244
65+	\$1,147	\$2,479	\$1,724	\$2,725

<p>Employee/Dependent Codes</p> <p>Rates are based on employee/subscriber age</p>	<p>EE only = eligible employee only (subscriber) EE + S = eligible employee plus spouse (subscriber and spouse) EE + C = eligible employee plus child(ren) (subscriber and child[ren] without spouse) EE + S + C = eligible employee plus spouse and child(ren) (subscriber and spouse and child[ren])</p>
---	---