
Medical plans rates with infertility benefits

Kaiser Permanente for small businesses ■ For effective dates January 1–December 1, 2022

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.

Rate rules for metal plans

Understand the way rates are set in the small group market. You'll use these factors to calculate rates for your metal plans:

- **Rate areas** – There are 19 geographical rate areas.
 - The rating areas for metal plans are assigned based on the employer's physical, authenticated address and defined using county boundaries (5-digit ZIP code + county), regardless if a group is located outside the Kaiser Permanente service area in California.
 - If a group is located out of state, then rating area 4 is assigned. When a group is located outside the Kaiser Permanente service area in California or out of state, then only employees living in the service area are eligible to enroll based on their home ZIP code + county.
- **Individual age categories** – 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 maximum of 3 children under the age of 21 (additional children under 21 are covered at no additional cost)
 - All adult children ages 21 to 25, including those in school or living at home

What's included with child dental coverage?

Child dental services is one of the essential health benefits required to be provided in conjunction with Affordable Care Act (ACA)-compliant medical plans. Employees and their dependents enrolled in an ACA-compliant HMO medical plan will also be enrolled in a separate child dental plan based on their level of coverage and underwritten by Delta Dental of California.

PPO medical plan members enrolled in any of our ACA-compliant plans receive child dental PPO benefits as part of their medical coverage and not as a separate plan.

Child dental services apply to all members under 19 years old who are on an ACA-compliant plan.

**Small Business medical plan rates
with infertility benefits**

Age on 2022 effective date	Platinum 90 HMO 0/10* + Child Dental Alt INF	Platinum 90 HMO 0/20* + Child Dental INF
0-14†	\$323.26	\$317.81
15†	\$350.76	\$344.81
16†	\$361.27	\$355.14
17†	\$371.78	\$365.46
18†	\$383.10	\$376.58
19	\$380.43	\$373.71
20	\$392.15	\$385.23
21	\$404.28	\$397.15
22	\$404.28	\$397.15
23	\$404.28	\$397.15
24	\$404.28	\$397.15
25	\$405.90	\$398.73
26	\$413.98	\$406.68
27	\$423.69	\$416.21
28	\$439.45	\$431.70
29	\$452.39	\$444.41
30	\$458.86	\$450.76
31	\$468.56	\$460.29
32	\$478.26	\$469.82
33	\$484.33	\$475.78
34	\$490.80	\$482.13
35	\$494.03	\$485.31
36	\$497.27	\$488.49
37	\$500.50	\$491.67
38	\$503.73	\$494.84
39	\$510.20	\$501.20
40	\$516.67	\$507.55
41	\$526.37	\$517.08
42	\$535.67	\$526.22
43	\$548.61	\$538.93
44	\$564.78	\$554.81
45	\$583.78	\$573.48
46	\$606.42	\$595.72
47	\$631.89	\$620.74
48	\$661.00	\$649.33
49	\$689.70	\$677.53
50	\$722.05	\$709.30
51	\$753.98	\$740.68
52	\$789.16	\$775.23
53	\$824.73	\$810.18
54	\$863.14	\$847.91
55	\$901.55	\$885.63
56	\$943.19	\$926.54
57	\$985.23	\$967.84
58	\$1,030.11	\$1,011.93
59	\$1,052.34	\$1,033.77
60	\$1,097.22	\$1,077.85
61	\$1,136.03	\$1,115.98
62	\$1,161.50	\$1,141.00
63	\$1,193.44	\$1,172.37
64+	\$1,212.84	\$1,191.45

†HMO 0-14, 15, 16, 17, 18 age rates include the cost of \$13.99 for child dental coverage.

**Small Business medical plan rates
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Age on 2022 effective date	Gold 80 HMO 0/30* + 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 1600/15%* + Child Dental Alt INF	Gold 80 HRA HMO 2250/35 + Child Dental INF
0-14†	\$303.85	\$288.51	\$272.98	\$253.99	\$257.23
15†	\$329.62	\$312.92	\$296.01	\$275.32	\$278.85
16†	\$339.47	\$322.25	\$304.81	\$283.48	\$287.11
17†	\$349.32	\$331.58	\$313.61	\$291.64	\$295.38
18†	\$359.93	\$341.62	\$323.09	\$300.42	\$304.28
19	\$356.55	\$337.68	\$318.58	\$295.22	\$299.20
20	\$367.54	\$348.09	\$328.40	\$304.32	\$308.42
21	\$378.90	\$358.85	\$338.55	\$313.73	\$317.96
22	\$378.90	\$358.85	\$338.55	\$313.73	\$317.96
23	\$378.90	\$358.85	\$338.55	\$313.73	\$317.96
24	\$378.90	\$358.85	\$338.55	\$313.73	\$317.96
25	\$380.42	\$360.29	\$339.91	\$314.98	\$319.23
26	\$388.00	\$367.47	\$346.68	\$321.26	\$325.59
27	\$397.09	\$376.08	\$354.80	\$328.79	\$333.22
28	\$411.87	\$390.07	\$368.01	\$341.02	\$345.62
29	\$423.99	\$401.56	\$378.84	\$351.06	\$355.79
30	\$430.06	\$407.30	\$384.26	\$356.08	\$360.88
31	\$439.15	\$415.91	\$392.38	\$363.61	\$368.51
32	\$448.24	\$424.52	\$400.51	\$371.14	\$376.14
33	\$453.93	\$429.91	\$405.59	\$375.85	\$380.91
34	\$459.99	\$435.65	\$411.00	\$380.86	\$386.00
35	\$463.02	\$438.52	\$413.71	\$383.37	\$388.54
36	\$466.05	\$441.39	\$416.42	\$385.88	\$391.09
37	\$469.08	\$444.26	\$419.13	\$388.39	\$393.63
38	\$472.11	\$447.13	\$421.84	\$390.90	\$396.17
39	\$478.18	\$452.87	\$427.25	\$395.92	\$401.26
40	\$484.24	\$458.62	\$432.67	\$400.94	\$406.35
41	\$493.33	\$467.23	\$440.80	\$408.47	\$413.98
42	\$502.05	\$475.48	\$448.58	\$415.69	\$421.29
43	\$514.17	\$486.97	\$459.42	\$425.73	\$431.47
44	\$529.33	\$501.32	\$472.96	\$438.28	\$444.18
45	\$547.14	\$518.19	\$488.87	\$453.02	\$459.13
46	\$568.36	\$538.28	\$507.83	\$470.59	\$476.93
47	\$592.23	\$560.89	\$529.16	\$490.36	\$496.97
48	\$619.51	\$586.73	\$553.54	\$512.94	\$519.86
49	\$646.41	\$612.21	\$577.57	\$535.22	\$542.43
50	\$676.72	\$640.91	\$604.66	\$560.32	\$567.87
51	\$706.66	\$669.26	\$631.40	\$585.10	\$592.99
52	\$739.62	\$700.48	\$660.86	\$612.40	\$620.65
53	\$772.96	\$732.06	\$690.65	\$640.00	\$648.63
54	\$808.96	\$766.15	\$722.81	\$669.81	\$678.84
55	\$844.96	\$800.25	\$754.97	\$699.61	\$709.04
56	\$883.98	\$837.21	\$789.85	\$731.93	\$741.79
57	\$923.39	\$874.53	\$825.06	\$764.55	\$774.86
58	\$965.45	\$914.36	\$862.63	\$799.38	\$810.15
59	\$986.29	\$934.10	\$881.26	\$816.63	\$827.64
60	\$1,028.35	\$973.93	\$918.83	\$851.46	\$862.93
61	\$1,064.72	\$1,008.38	\$951.34	\$881.57	\$893.46
62	\$1,088.59	\$1,030.99	\$972.66	\$901.34	\$913.49
63	\$1,118.52	\$1,059.34	\$999.41	\$926.12	\$938.61
64+	\$1,136.70	\$1,076.55	\$1,015.65	\$941.19	\$953.88

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

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Age on 2022 effective date	Silver 70 HMO 1650/55* + Child Dental Alt INF	Silver 70 HMO 2100/55* + Child Dental Alt INF	Silver 70 HMO 2250/55* + Child Dental INF	Silver 70 HMO 2600/55* + Child Dental Alt INF	Silver 70 HDHP HMO 2500/20%* + Child Dental INF
0-14†	\$247.48	\$243.34	\$245.72	\$240.21	\$230.71
15†	\$268.23	\$263.73	\$266.32	\$260.32	\$249.97
16†	\$276.17	\$271.53	\$274.20	\$268.01	\$257.33
17†	\$284.10	\$279.32	\$282.07	\$275.69	\$264.70
18†	\$292.65	\$287.72	\$290.55	\$283.97	\$272.63
19	\$287.20	\$282.12	\$285.05	\$278.26	\$266.57
20	\$296.05	\$290.81	\$293.83	\$286.84	\$274.79
21	\$305.21	\$299.81	\$302.92	\$295.71	\$283.29
22	\$305.21	\$299.81	\$302.92	\$295.71	\$283.29
23	\$305.21	\$299.81	\$302.92	\$295.71	\$283.29
24	\$305.21	\$299.81	\$302.92	\$295.71	\$283.29
25	\$306.43	\$301.01	\$304.13	\$296.89	\$284.42
26	\$312.54	\$307.00	\$310.19	\$302.81	\$290.09
27	\$319.86	\$314.20	\$317.46	\$309.91	\$296.89
28	\$331.76	\$325.89	\$329.27	\$321.44	\$307.93
29	\$341.53	\$335.49	\$338.97	\$330.90	\$317.00
30	\$346.41	\$340.28	\$343.81	\$335.63	\$321.53
31	\$353.74	\$347.48	\$351.08	\$342.73	\$328.33
32	\$361.06	\$354.67	\$358.35	\$349.83	\$335.13
33	\$365.64	\$359.17	\$362.90	\$354.26	\$339.38
34	\$370.53	\$363.97	\$367.74	\$358.99	\$343.91
35	\$372.97	\$366.37	\$370.17	\$361.36	\$346.18
36	\$375.41	\$368.76	\$372.59	\$363.72	\$348.44
37	\$377.85	\$371.16	\$375.01	\$366.09	\$350.71
38	\$380.29	\$373.56	\$377.44	\$368.46	\$352.98
39	\$385.18	\$378.36	\$382.28	\$373.19	\$357.51
40	\$390.06	\$383.16	\$387.13	\$377.92	\$362.04
41	\$397.38	\$390.35	\$394.40	\$385.02	\$368.84
42	\$404.40	\$397.25	\$401.37	\$391.82	\$375.36
43	\$414.17	\$406.84	\$411.06	\$401.28	\$384.42
44	\$426.38	\$418.83	\$423.18	\$413.11	\$395.75
45	\$440.72	\$432.92	\$437.41	\$427.01	\$409.07
46	\$457.82	\$449.71	\$454.38	\$443.57	\$424.93
47	\$477.04	\$468.60	\$473.46	\$462.20	\$442.78
48	\$499.02	\$490.19	\$495.27	\$483.49	\$463.18
49	\$520.69	\$511.47	\$516.78	\$504.48	\$483.29
50	\$545.11	\$535.46	\$541.01	\$528.14	\$505.95
51	\$569.22	\$559.14	\$564.94	\$551.50	\$528.33
52	\$595.77	\$585.23	\$591.30	\$577.23	\$552.98
53	\$622.63	\$611.61	\$617.95	\$603.25	\$577.91
54	\$651.63	\$640.09	\$646.73	\$631.34	\$604.82
55	\$680.62	\$668.57	\$675.51	\$659.44	\$631.73
56	\$712.06	\$699.45	\$706.71	\$689.89	\$660.91
57	\$743.80	\$730.63	\$738.21	\$720.65	\$690.37
58	\$777.68	\$763.91	\$771.84	\$753.47	\$721.82
59	\$794.46	\$780.40	\$788.50	\$769.74	\$737.40
60	\$828.34	\$813.68	\$822.12	\$802.56	\$768.84
61	\$857.64	\$842.46	\$851.20	\$830.95	\$796.04
62	\$876.87	\$861.35	\$870.28	\$849.58	\$813.89
63	\$900.98	\$885.03	\$894.21	\$872.94	\$836.27
64+	\$915.63	\$899.43	\$908.76	\$887.13	\$849.87

†HMO 0-14, 15, 16, 17, 18 age rates include the cost of \$13.99 for child dental coverage.

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Age on 2022 effective date	Bronze 60 HMO 5400/60* + Child Dental Alt INF	Bronze 60 HMO 6300/65* + Child Dental INF	Bronze 60 HDHP HMO 7000/0* + Child Dental INF
0-14†	\$210.60	\$214.26	\$202.93
15†	\$228.07	\$232.06	\$219.73
16†	\$234.75	\$238.87	\$226.15
17†	\$241.44	\$245.67	\$232.57
18†	\$248.63	\$253.00	\$239.49
19	\$241.84	\$246.34	\$232.41
20	\$249.29	\$253.93	\$239.58
21	\$257.00	\$261.79	\$246.99
22	\$257.00	\$261.79	\$246.99
23	\$257.00	\$261.79	\$246.99
24	\$257.00	\$261.79	\$246.99
25	\$258.03	\$262.84	\$247.97
26	\$263.17	\$268.07	\$252.91
27	\$269.34	\$274.35	\$258.84
28	\$279.36	\$284.56	\$268.47
29	\$287.59	\$292.94	\$276.38
30	\$291.70	\$297.13	\$280.33
31	\$297.87	\$303.41	\$286.26
32	\$304.03	\$309.70	\$292.18
33	\$307.89	\$313.62	\$295.89
34	\$312.00	\$317.81	\$299.84
35	\$314.06	\$319.91	\$301.82
36	\$316.11	\$322.00	\$303.79
37	\$318.17	\$324.09	\$305.77
38	\$320.22	\$326.19	\$307.74
39	\$324.34	\$330.38	\$311.70
40	\$328.45	\$334.57	\$315.65
41	\$334.62	\$340.85	\$321.58
42	\$340.53	\$346.87	\$327.26
43	\$348.75	\$355.25	\$335.16
44	\$359.03	\$365.72	\$345.04
45	\$371.11	\$378.02	\$356.65
46	\$385.50	\$392.68	\$370.48
47	\$401.69	\$409.18	\$386.04
48	\$420.20	\$428.02	\$403.82
49	\$438.45	\$446.61	\$421.36
50	\$459.01	\$467.55	\$441.12
51	\$479.31	\$488.24	\$460.63
52	\$501.67	\$511.01	\$482.12
53	\$524.28	\$534.05	\$503.85
54	\$548.70	\$558.92	\$527.31
55	\$573.12	\$583.79	\$550.78
56	\$599.59	\$610.75	\$576.22
57	\$626.31	\$637.98	\$601.90
58	\$654.84	\$667.04	\$629.32
59	\$668.98	\$681.43	\$642.90
60	\$697.50	\$710.49	\$670.32
61	\$722.18	\$735.62	\$694.03
62	\$738.37	\$752.12	\$709.59
63	\$758.67	\$772.80	\$729.10
64+	\$771.00	\$785.37	\$740.97

†HMO 0–14, 15, 16, 17, 18 age rates include the cost of \$13.99 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		

