
Small business ACA-compliant HMO medical plans with infertility benefits

For effective dates January 1–June 1, 2017

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.

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

Age on 2017 effective date	Bronze 60 HMO 6300/75* + Child Dental	Bronze 60 HDHP HMO 4800/40%* + 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
0–18 [†]	\$160.77	\$161.33	\$205.26	\$213.33	\$192.37
19–20	\$146.78	\$147.34	\$191.27	\$199.34	\$178.38
21	\$231.16	\$232.04	\$301.22	\$313.92	\$280.91
22	\$231.16	\$232.04	\$301.22	\$313.92	\$280.91
23	\$231.16	\$232.04	\$301.22	\$313.92	\$280.91
24	\$231.16	\$232.04	\$301.22	\$313.92	\$280.91
25	\$232.08	\$232.97	\$302.42	\$315.18	\$282.04
26	\$236.70	\$237.61	\$308.45	\$321.45	\$287.66
27	\$242.25	\$243.18	\$315.68	\$328.99	\$294.40
28	\$251.27	\$252.22	\$327.42	\$341.23	\$305.35
29	\$258.66	\$259.65	\$337.06	\$351.28	\$314.34
30	\$262.36	\$263.36	\$341.88	\$356.30	\$318.84
31	\$267.91	\$268.93	\$349.11	\$363.83	\$325.58
32	\$273.46	\$274.50	\$356.34	\$371.37	\$332.32
33	\$276.93	\$277.98	\$360.86	\$376.08	\$336.53
34	\$280.62	\$281.69	\$365.68	\$381.10	\$341.03
35	\$282.47	\$283.55	\$368.09	\$383.61	\$343.28
36	\$284.32	\$285.41	\$370.50	\$386.12	\$345.52
37	\$286.17	\$287.26	\$372.91	\$388.63	\$347.77
38	\$288.02	\$289.12	\$375.32	\$391.15	\$350.02
39	\$291.72	\$292.83	\$380.14	\$396.17	\$354.51
40	\$295.42	\$296.54	\$384.96	\$401.19	\$359.01
41	\$300.97	\$302.11	\$392.18	\$408.72	\$365.75
42	\$306.28	\$307.45	\$399.11	\$415.95	\$372.21
43	\$313.68	\$314.87	\$408.75	\$425.99	\$381.20
44	\$322.93	\$324.16	\$420.80	\$438.55	\$392.44
45	\$333.79	\$335.06	\$434.96	\$453.30	\$405.64
46	\$346.73	\$348.06	\$451.83	\$470.88	\$421.37
47	\$361.30	\$362.67	\$470.80	\$490.66	\$439.07
48	\$377.94	\$379.38	\$492.49	\$513.26	\$459.29
49	\$394.35	\$395.86	\$513.88	\$535.55	\$479.24
50	\$412.85	\$414.42	\$537.97	\$560.66	\$501.71
51	\$431.11	\$432.75	\$561.77	\$585.46	\$523.90
52	\$451.22	\$452.94	\$587.98	\$612.77	\$548.34
53	\$471.56	\$473.36	\$614.48	\$640.40	\$573.06
54	\$493.52	\$495.40	\$643.10	\$670.22	\$599.75
55	\$515.48	\$517.44	\$671.71	\$700.04	\$626.44
56	\$539.29	\$541.34	\$702.74	\$732.38	\$655.37
57	\$563.33	\$565.47	\$734.07	\$765.02	\$684.59
58	\$588.99	\$591.23	\$767.50	\$799.87	\$715.77
59	\$601.70	\$603.99	\$784.07	\$817.14	\$731.22
60	\$627.36	\$629.75	\$817.50	\$851.98	\$762.40
61	\$649.55	\$652.02	\$846.42	\$882.12	\$789.37
62	\$664.11	\$666.64	\$865.40	\$901.89	\$807.07
63	\$682.37	\$684.97	\$889.19	\$926.69	\$829.26
64+	\$693.48	\$696.12	\$903.66	\$941.76	\$842.73

[†]HMO 0–18 rates include the cost of \$13.99 for child dental coverage. PPO plans include the cost of child dental coverage in the overall rate.

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

Age on 2017 effective date	Gold 80 HMO 0/30* + Child Dental	Gold 80 HMO 500/35* + Child Dental Alt	Gold 80 HRA HMO 2000/30 + Child Dental	Platinum 90 HMO 0/10* + Child Dental Alt	Platinum 90 HMO 0/15* + Child Dental
0–18 [†]	\$242.01	\$240.31	\$227.79	\$268.15	\$264.87
19–20	\$228.02	\$226.32	\$213.80	\$254.16	\$250.88
21	\$359.09	\$356.40	\$336.69	\$400.25	\$395.08
22	\$359.09	\$356.40	\$336.69	\$400.25	\$395.08
23	\$359.09	\$356.40	\$336.69	\$400.25	\$395.08
24	\$359.09	\$356.40	\$336.69	\$400.25	\$395.08
25	\$360.52	\$357.83	\$338.03	\$401.85	\$396.66
26	\$367.71	\$364.96	\$344.77	\$409.86	\$404.57
27	\$376.32	\$373.51	\$352.85	\$419.46	\$414.05
28	\$390.33	\$387.41	\$365.98	\$435.07	\$429.46
29	\$401.82	\$398.82	\$376.75	\$447.88	\$442.10
30	\$407.57	\$404.52	\$382.14	\$454.28	\$448.42
31	\$416.18	\$413.07	\$390.22	\$463.89	\$457.90
32	\$424.80	\$421.62	\$398.30	\$473.50	\$467.38
33	\$430.19	\$426.97	\$403.35	\$479.50	\$473.31
34	\$435.93	\$432.67	\$408.74	\$485.90	\$479.63
35	\$438.81	\$435.52	\$411.43	\$489.11	\$482.79
36	\$441.68	\$438.38	\$414.12	\$492.31	\$485.95
37	\$444.55	\$441.23	\$416.82	\$495.51	\$489.11
38	\$447.42	\$444.08	\$419.51	\$498.71	\$492.28
39	\$453.17	\$449.78	\$424.90	\$505.12	\$498.60
40	\$458.92	\$455.48	\$430.29	\$511.52	\$504.92
41	\$467.53	\$464.04	\$438.37	\$521.13	\$514.40
42	\$475.79	\$472.23	\$446.11	\$530.33	\$523.49
43	\$487.28	\$483.64	\$456.88	\$543.14	\$536.13
44	\$501.65	\$497.90	\$470.35	\$559.15	\$551.93
45	\$518.52	\$514.65	\$486.18	\$577.96	\$570.50
46	\$538.63	\$534.60	\$505.03	\$600.38	\$592.63
47	\$561.26	\$557.06	\$526.24	\$625.59	\$617.52
48	\$587.11	\$582.72	\$550.48	\$654.41	\$645.96
49	\$612.61	\$608.02	\$574.39	\$682.83	\$674.01
50	\$641.33	\$636.54	\$601.32	\$714.85	\$705.62
51	\$669.70	\$664.69	\$627.92	\$746.47	\$736.83
52	\$700.94	\$695.70	\$657.21	\$781.29	\$771.20
53	\$732.54	\$727.06	\$686.84	\$816.51	\$805.97
54	\$766.65	\$760.92	\$718.83	\$854.54	\$843.51
55	\$800.77	\$794.78	\$750.81	\$892.56	\$881.04
56	\$837.75	\$831.49	\$785.49	\$933.78	\$921.73
57	\$875.10	\$868.55	\$820.50	\$975.41	\$962.82
58	\$914.96	\$908.12	\$857.88	\$1,019.84	\$1,006.68
59	\$934.71	\$927.72	\$876.39	\$1,041.85	\$1,028.40
60	\$974.57	\$967.28	\$913.77	\$1,086.28	\$1,072.26
61	\$1,009.04	\$1,001.49	\$946.09	\$1,124.70	\$1,110.19
62	\$1,031.66	\$1,023.95	\$967.30	\$1,149.92	\$1,135.08
63	\$1,060.03	\$1,052.10	\$993.90	\$1,181.54	\$1,166.29
64+	\$1,077.27	\$1,069.20	\$1,010.07	\$1,200.75	\$1,185.24

[†]HMO 0–18 rates include the cost of \$13.99 for child dental coverage. PPO plans include the cost of child dental coverage in the overall rate.

Below is a listing of all ZIP codes within Rate Areas 7, 9

County	Rate Area										
Santa Clara	7	94022-24	94301-06	95008-09	95026	95044	95076	95108-13	95150-61	95190-94	
		94035	94309	95011	95030-33	95046	95101	95115-36	95164	95196	
		94039-43	94550	95013-15	95035-38	95050-56	95103	95138-41	95170		
		94085-89	95002	95020-21	95042	95070-71	95106	95148	95172-73		
Monterey	9										
San Benito	9										
Santa Cruz	9	95001	95003	95005-07	95010	95017-19	95033	95041	95060-67	95073	95076-77