

3. Identify the Premiums for each Member for each *EOC* and contract option based on the age of the Subscriber and the family role type of each Member:
 - Premiums for coverage issued under this *Agreement* appear in the Premium tables below .
 - If Ancillary Coverage has been issued under a separate contract and Premiums for that coverage are not listed in the Premium tables below , refer to that contract for Premiums. This Ancillary Coverage is part of the contract. options selected by Group, and Group submits payment for this Ancillary Coverage as part of Full Premium.
4. Add the amount of Premiums for each Member together to arrive at the total, Full Premiums required for the Family.

Rate rules for metal tier coverage and Medicare coverage secondary to metal tier coverage

To calculate the amount of Full Premiums that apply to a Family (a Subscriber and all of their Dependents):

1. Determine the Medicare status of each Member.
2. Determine the coverage (*EOCs* and contract options) that apply to each Member in the Family (for example, “Bronze 5000/60” or “Kaiser Permanente Senior Advantage Medicare Secondary Payer Plan,” and any Ancillary Coverage).
3. Determine the age of each Member of the Family as of the contract effective date.
4. Identify the Premiums for each Member for each *EOC* and contract option (including contract options issued through a separate contract) based on the age of each Member and Medicare status of each Member. For Dependent children under age 26, the following applies:
 - Premiums for coverage issued under this Agreement appears in the Premium tables below .
 - If Ancillary Coverage has been issued under a separate contract and Premiums for that coverage are not listed in the Premium tables below , refer to that contract for Premiums. This Ancillary Coverage is part of the contract. options selected by Group, and Group submits payment for this Ancillary Coverage as part of Full Premium.
 - For children under age 21, include Premiums for no more than three children (additional Dependent children under age 21 are covered at no additional Premium).
 - For children age 21 to 25, include Premiums for all children.
5. Identify the Premiums for each Member for Ancillary Coverage, if applicable, as described under “Rate rules for grandfathered and Ancillary Coverage” above.
6. Add the amount of Premiums for each Member together, including Premiums for Ancillary Coverage, to arrive at the total, Full Premiums required for the Family.

Monthly Premiums for Kaiser Permanente for Small Business — EOC # 1

Kaiser Permanente Silver 70 HDHP HMO 2500/20% + Child Dental

Member Age	Premiums	Member Age	Premiums	Member Age	Premiums	Member Age	Premiums
14 and under	\$234.54	27	\$302.14	40	\$368.45	53	\$588.14
15	\$254.15	28	\$313.39	41	\$375.37	54	\$615.53
16	\$261.64	29	\$322.61	42	\$382.00	55	\$642.92
17	\$269.14	30	\$327.23	43	\$391.23	56	\$672.61
18	\$277.21	31	\$334.14	44	\$402.76	57	\$702.60
19	\$271.29	32	\$341.06	45	\$416.31	58	\$734.60
20	\$279.66	33	\$345.39	46	\$432.46	59	\$750.46
21	\$288.30	34	\$350.00	47	\$450.62	60	\$782.46
22	\$288.30	35	\$352.31	48	\$471.38	61	\$810.14
23	\$288.30	36	\$354.61	49	\$491.85	62	\$828.30
24	\$288.30	37	\$356.92	50	\$514.91	63	\$851.07
25	\$289.46	38	\$359.23	51	\$537.69	64 and over	\$864.90
26	\$295.22	39	\$363.84	52	\$562.77		

Rate id:29293

COBRA and Cal-COBRA premium charge

For each Subscriber for whom Health Plan bills directly for group continuation coverage under COBRA or Cal-COBRA, add a billing charge of \$2.00.



ANALYZER INTERNATIONAL INC

Group ID: 331407

Contract: 1 Version: 23 Effective: 10/1/21–9/30/22

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