



## Small Group Monthly Rates

(Effective 01/01/2024)

Age*	P5 Platinum HMO Plan (P5)**	P10 Platinum HMO Plan (P10)**	Platinum 90 HMO 0/20 INF Plan (PM90)**	Gold 80 HMO 250/35 INF Plan (GM80)**
0-14	\$99.56	\$93.11	\$89.39	\$78.00
15	\$108.41	\$101.38	\$97.34	\$84.93
16	\$111.80	\$104.55	\$100.37	\$87.58
17	\$115.18	\$107.71	\$103.41	\$90.23
18	\$118.83	\$111.12	\$106.68	\$93.09
19	\$122.47	\$114.53	\$109.96	\$95.94
20	\$126.25	\$118.06	\$113.34	\$98.90
21	\$130.15	\$121.71	\$116.85	\$101.96
22	\$130.15	\$121.71	\$116.85	\$101.96
23	\$130.15	\$121.71	\$116.85	\$101.96
24	\$130.15	\$121.71	\$116.85	\$101.96
25	\$130.67	\$122.20	\$117.32	\$102.37
26	\$133.27	\$124.63	\$119.65	\$104.41
27	\$136.40	\$127.55	\$122.46	\$106.85
28	\$141.47	\$132.30	\$127.02	\$110.83
29	\$145.64	\$136.19	\$130.76	\$114.09
30	\$147.72	\$138.14	\$132.62	\$115.72
31	\$150.84	\$141.06	\$135.43	\$118.17
32	\$153.97	\$143.98	\$138.23	\$120.62
33	\$155.92	\$145.81	\$139.99	\$122.15
34	\$158.00	\$147.76	\$141.86	\$123.78
35	\$159.04	\$148.73	\$142.79	\$124.60
36	\$160.08	\$149.70	\$143.73	\$125.41
37	\$161.13	\$150.68	\$144.66	\$126.23
38	\$162.17	\$151.65	\$145.60	\$127.04
39	\$164.25	\$153.60	\$147.46	\$128.67
40	\$166.33	\$155.55	\$149.33	\$130.30
41	\$169.46	\$158.47	\$152.14	\$132.75
42	\$172.45	\$161.27	\$154.83	\$135.10
43	\$176.61	\$165.16	\$158.57	\$138.36
44	\$181.82	\$170.03	\$163.24	\$142.44
45	\$187.94	\$175.75	\$168.73	\$147.23
46	\$195.23	\$182.57	\$175.28	\$152.94
47	\$203.42	\$190.23	\$182.64	\$159.36
48	\$212.80	\$199.00	\$191.05	\$166.70
49	\$222.04	\$207.64	\$199.35	\$173.94
50	\$232.45	\$217.37	\$208.69	\$182.10
51	\$242.73	\$226.99	\$217.93	\$190.16
52	\$254.05	\$237.58	\$228.09	\$199.03
53	\$265.51	\$248.29	\$238.37	\$208.00
54	\$277.87	\$259.85	\$249.47	\$217.68
55	\$290.23	\$271.41	\$260.58	\$227.37
56	\$303.64	\$283.95	\$272.61	\$237.87
57	\$317.18	\$296.61	\$284.76	\$248.48
58	\$331.62	\$310.12	\$297.73	\$259.79
59	\$338.78	\$316.81	\$304.16	\$265.40
60	\$353.23	\$330.32	\$317.13	\$276.72
61	\$365.72	\$342.01	\$328.35	\$286.51
62	\$373.92	\$349.67	\$335.71	\$292.93
63	\$384.20	\$359.29	\$344.94	\$300.99
64+	\$390.45	\$365.13	\$350.55	\$305.88

\*Age as of Effective Date of Group Agreement

\*\*Includes Pediatric Dental and Vision Coverage