



Small Group Monthly Rates

(Effective 01/01/2025)

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	\$95.44	\$94.75	\$85.02
15	\$108.41	\$103.93	\$103.17	\$92.58
16	\$111.80	\$107.17	\$106.39	\$95.47
17	\$115.18	\$110.41	\$109.61	\$98.36
18	\$118.83	\$113.91	\$113.08	\$101.47
19	\$122.47	\$117.40	\$116.54	\$104.58
20	\$126.25	\$121.02	\$120.13	\$107.81
21	\$130.15	\$124.76	\$123.85	\$111.14
22	\$130.15	\$124.76	\$123.85	\$111.14
23	\$130.15	\$124.76	\$123.85	\$111.14
24	\$130.15	\$124.76	\$123.85	\$111.14
25	\$130.67	\$125.26	\$124.35	\$111.58
26	\$133.27	\$127.75	\$126.82	\$113.81
27	\$136.40	\$130.75	\$129.79	\$116.47
28	\$141.47	\$135.61	\$134.62	\$120.81
29	\$145.64	\$139.61	\$138.59	\$124.37
30	\$147.72	\$141.60	\$140.57	\$126.14
31	\$150.84	\$144.60	\$143.54	\$128.81
32	\$153.97	\$147.59	\$146.51	\$131.48
33	\$155.92	\$149.46	\$148.37	\$133.15
34	\$158.00	\$151.46	\$150.35	\$134.92
35	\$159.04	\$152.46	\$151.34	\$135.81
36	\$160.08	\$153.45	\$152.34	\$136.70
37	\$161.13	\$154.45	\$153.33	\$137.59
38	\$162.17	\$155.45	\$154.32	\$138.48
39	\$164.25	\$157.45	\$156.30	\$140.26
40	\$166.33	\$159.44	\$158.28	\$142.04
41	\$169.46	\$162.44	\$161.25	\$144.70
42	\$172.45	\$165.31	\$164.10	\$147.26
43	\$176.61	\$169.30	\$168.06	\$150.82
44	\$181.82	\$174.29	\$173.02	\$155.26
45	\$187.94	\$180.15	\$178.84	\$160.49
46	\$195.23	\$187.14	\$185.78	\$166.71
47	\$203.42	\$195.00	\$193.58	\$173.71
48	\$212.80	\$203.98	\$202.49	\$181.71
49	\$222.04	\$212.84	\$211.29	\$189.60
50	\$232.45	\$222.82	\$221.20	\$198.50
51	\$242.73	\$232.68	\$230.98	\$207.28
52	\$254.05	\$243.53	\$241.76	\$216.95
53	\$265.51	\$254.51	\$252.65	\$226.73
54	\$277.87	\$266.36	\$264.42	\$237.28
55	\$290.23	\$278.21	\$276.19	\$247.84
56	\$303.64	\$291.07	\$288.94	\$259.29
57	\$317.18	\$304.04	\$301.82	\$270.85
58	\$331.62	\$317.89	\$315.57	\$283.18
59	\$338.78	\$324.75	\$322.38	\$289.30
60	\$353.23	\$338.60	\$336.13	\$301.63
61	\$365.72	\$350.58	\$348.02	\$312.30
62	\$373.92	\$358.44	\$355.82	\$319.31
63	\$384.20	\$368.29	\$365.61	\$328.09
64+	\$390.45	\$374.28	\$371.55	\$333.42

*Age as of Effective Date of Group Agreement

**Includes Pediatric Dental and Vision Coverage