

Small Business medical plan rates

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 [†]	\$144.80	\$145.33	\$187.07	\$194.73	\$174.82
19-20	\$130.81	\$131.34	\$173.08	\$180.74	\$160.83
21	\$206.00	\$206.84	\$272.56	\$284.63	\$253.27
22	\$206.00	\$206.84	\$272.56	\$284.63	\$253.27
23	\$206.00	\$206.84	\$272.56	\$284.63	\$253.27
24	\$206.00	\$206.84	\$272.56	\$284.63	\$253.27
25	\$206.83	\$207.67	\$273.65	\$285.77	\$254.29
26	\$210.95	\$211.80	\$279.10	\$291.46	\$259.35
27	\$215.89	\$216.77	\$285.64	\$298.29	\$265.43
28	\$223.93	\$224.83	\$296.27	\$309.39	\$275.31
29	\$230.52	\$231.45	\$305.00	\$318.50	\$283.41
30	\$233.81	\$234.76	\$309.36	\$323.05	\$287.46
31	\$238.76	\$239.73	\$315.90	\$329.89	\$293.54
32	\$243.70	\$244.69	\$322.44	\$336.72	\$299.62
33	\$246.79	\$247.79	\$326.53	\$340.99	\$303.42
34	\$250.09	\$251.10	\$330.89	\$345.54	\$307.47
35	\$251.74	\$252.76	\$333.07	\$347.82	\$309.50
36	\$253.38	\$254.41	\$335.25	\$350.09	\$311.53
37	\$255.03	\$256.07	\$337.43	\$352.37	\$313.55
38	\$256.68	\$257.72	\$339.61	\$354.65	\$315.58
39	\$259.98	\$261.03	\$343.97	\$359.20	\$319.63
40	\$263.27	\$264.34	\$348.33	\$363.76	\$323.68
41	\$268.22	\$269.31	\$354.87	\$370.59	\$329.76
42	\$272.95	\$274.06	\$361.14	\$377.13	\$335.59
43	\$279.55	\$280.68	\$369.86	\$386.24	\$343.69
44	\$287.79	\$288.96	\$380.77	\$397.63	\$353.82
45	\$297.47	\$298.68	\$393.58	\$411.00	\$365.73
46	\$309.00	\$310.26	\$408.84	\$426.94	\$379.91
47	\$321.98	\$323.29	\$426.01	\$444.88	\$395.87
48	\$336.82	\$338.18	\$445.64	\$465.37	\$414.10
49	\$351.44	\$352.87	\$464.99	\$485.58	\$432.08
50	\$367.92	\$369.42	\$486.79	\$508.35	\$452.35
51	\$384.20	\$385.76	\$508.33	\$530.83	\$472.35
52	\$402.12	\$403.75	\$532.04	\$555.60	\$494.39
53	\$420.25	\$421.95	\$556.02	\$580.64	\$516.68
54	\$439.82	\$441.60	\$581.92	\$607.68	\$540.74
55	\$459.39	\$461.25	\$607.81	\$634.72	\$564.80
56	\$480.61	\$482.56	\$635.88	\$664.04	\$590.89
57	\$502.03	\$504.07	\$664.23	\$693.64	\$617.23
58	\$524.90	\$527.03	\$694.48	\$725.24	\$645.34
59	\$536.23	\$538.40	\$709.48	\$740.89	\$659.27
60	\$559.09	\$561.36	\$739.73	\$772.48	\$687.38
61	\$578.87	\$581.22	\$765.90	\$799.81	\$711.70
62	\$591.85	\$594.25	\$783.07	\$817.74	\$727.65
63	\$608.12	\$610.59	\$804.60	\$840.23	\$747.66
64+	\$618.00	\$620.52	\$817.68	\$853.89	\$759.81

[†]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.

A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE

Small Business medical plan rates

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 [†]	\$221.98	\$220.36	\$208.46	\$246.81	\$243.69
19-20	\$207.99	\$206.37	\$194.47	\$232.82	\$229.70
21	\$327.54	\$324.99	\$306.26	\$366.64	\$361.73
22	\$327.54	\$324.99	\$306.26	\$366.64	\$361.73
23	\$327.54	\$324.99	\$306.26	\$366.64	\$361.73
24	\$327.54	\$324.99	\$306.26	\$366.64	\$361.73
25	\$328.85	\$326.29	\$307.48	\$368.11	\$363.18
26	\$335.40	\$332.79	\$313.61	\$375.44	\$370.42
27	\$343.26	\$340.59	\$320.96	\$384.24	\$379.10
28	\$356.03	\$353.26	\$332.90	\$398.54	\$393.21
29	\$366.52	\$363.66	\$342.70	\$410.27	\$404.78
30	\$371.76	\$368.86	\$347.60	\$416.14	\$410.57
31	\$379.62	\$376.66	\$354.95	\$424.94	\$419.25
32	\$387.48	\$384.46	\$362.30	\$433.74	\$427.93
33	\$392.39	\$389.34	\$366.90	\$439.24	\$433.36
34	\$397.63	\$394.53	\$371.80	\$445.10	\$439.15
35	\$400.25	\$397.13	\$374.25	\$448.04	\$442.04
36	\$402.87	\$399.73	\$376.70	\$450.97	\$444.93
37	\$405.49	\$402.33	\$379.15	\$453.90	\$447.83
38	\$408.11	\$404.93	\$381.60	\$456.84	\$450.72
39	\$413.35	\$410.13	\$386.50	\$462.70	\$456.51
40	\$418.59	\$415.33	\$391.40	\$468.57	\$462.30
41	\$426.46	\$423.13	\$398.75	\$477.37	\$470.98
42	\$433.99	\$430.61	\$405.79	\$485.80	\$479.30
43	\$444.47	\$441.01	\$415.59	\$497.53	\$490.87
44	\$457.57	\$454.01	\$427.84	\$512.20	\$505.34
45	\$472.97	\$469.28	\$442.23	\$529.43	\$522.34
46	\$491.31	\$487.48	\$459.38	\$549.96	\$542.60
47	\$511.94	\$507.96	\$478.68	\$573.06	\$565.39
48	\$535.53	\$531.35	\$500.73	\$599.46	\$591.44
49	\$558.78	\$554.43	\$522.47	\$625.49	\$617.12
50	\$584.98	\$580.43	\$546.97	\$654.82	\$646.06
51	\$610.86	\$606.10	\$571.17	\$683.79	\$674.64
52	\$639.36	\$634.38	\$597.81	\$715.69	\$706.11
53	\$668.18	\$662.97	\$624.76	\$747.95	\$737.94
54	\$699.30	\$693.85	\$653.86	\$782.78	\$772.30
55	\$730.41	\$724.72	\$682.95	\$817.61	\$806.67
56	\$764.15	\$758.20	\$714.50	\$855.38	\$843.93
57	\$798.21	\$791.99	\$746.35	\$893.51	\$881.55
58	\$834.57	\$828.07	\$780.34	\$934.21	\$921.70
59	\$852.58	\$845.94	\$797.19	\$954.37	\$941.60
60	\$888.94	\$882.02	\$831.18	\$995.07	\$981.75
61	\$920.38	\$913.21	\$860.58	\$1,030.27	\$1,016.47
62	\$941.02	\$933.69	\$879.87	\$1,053.36	\$1,039.26
63	\$966.89	\$959.36	\$904.07	\$1,082.33	\$1,067.84
64+	\$982.62	\$974.97	\$918.78	\$1,099.92	\$1,085.19

[†]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.

A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE

Small Business medical plan rates

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 [†]	\$151.69	\$152.25	\$196.18	\$204.24	\$183.28
19-20	\$137.70	\$138.26	\$182.19	\$190.25	\$169.29
21	\$216.85	\$217.73	\$286.91	\$299.61	\$266.60
22	\$216.85	\$217.73	\$286.91	\$299.61	\$266.60
23	\$216.85	\$217.73	\$286.91	\$299.61	\$266.60
24	\$216.85	\$217.73	\$286.91	\$299.61	\$266.60
25	\$217.71	\$218.60	\$288.05	\$300.81	\$267.67
26	\$222.05	\$222.95	\$293.79	\$306.80	\$273.00
27	\$227.25	\$228.18	\$300.68	\$313.99	\$279.40
28	\$235.71	\$236.67	\$311.87	\$325.68	\$289.80
29	\$242.65	\$243.64	\$321.05	\$335.26	\$298.33
30	\$246.12	\$247.12	\$325.64	\$340.06	\$302.59
31	\$251.32	\$252.34	\$332.52	\$347.25	\$308.99
32	\$256.53	\$257.57	\$339.41	\$354.44	\$315.39
33	\$259.78	\$260.84	\$343.71	\$358.93	\$319.39
34	\$263.25	\$264.32	\$348.30	\$363.73	\$323.66
35	\$264.99	\$266.06	\$350.60	\$366.12	\$325.79
36	\$266.72	\$267.80	\$352.89	\$368.52	\$327.92
37	\$268.45	\$269.55	\$355.19	\$370.92	\$330.05
38	\$270.19	\$271.29	\$357.48	\$373.31	\$332.19
39	\$273.66	\$274.77	\$362.08	\$378.11	\$336.45
40	\$277.13	\$278.25	\$366.67	\$382.90	\$340.72
41	\$282.33	\$283.48	\$373.55	\$390.09	\$347.12
42	\$287.32	\$288.49	\$380.15	\$396.98	\$353.25
43	\$294.26	\$295.45	\$389.33	\$406.57	\$361.78
44	\$302.93	\$304.16	\$400.81	\$418.55	\$372.44
45	\$313.12	\$314.40	\$414.29	\$432.64	\$384.97
46	\$325.27	\$326.59	\$430.36	\$449.41	\$399.90
47	\$338.93	\$340.31	\$448.43	\$468.29	\$416.70
48	\$354.54	\$355.98	\$469.09	\$489.86	\$435.90
49	\$369.94	\$371.44	\$489.46	\$511.13	\$454.82
50	\$387.29	\$388.86	\$512.41	\$535.10	\$476.15
51	\$404.42	\$406.06	\$535.08	\$558.77	\$497.21
52	\$423.28	\$425.00	\$560.04	\$584.84	\$520.41
53	\$442.36	\$444.16	\$585.29	\$611.20	\$543.87
54	\$462.96	\$464.85	\$612.54	\$639.67	\$569.20
55	\$483.57	\$485.53	\$639.80	\$668.13	\$594.52
56	\$505.90	\$507.96	\$669.35	\$698.99	\$621.98
57	\$528.45	\$530.60	\$699.19	\$730.15	\$649.71
58	\$552.52	\$554.77	\$731.04	\$763.41	\$679.30
59	\$564.45	\$566.74	\$746.82	\$779.88	\$693.97
60	\$588.52	\$590.91	\$778.66	\$813.14	\$723.56
61	\$609.34	\$611.81	\$806.21	\$841.90	\$749.15
62	\$623.00	\$625.53	\$824.28	\$860.78	\$765.95
63	\$640.13	\$642.73	\$846.95	\$884.45	\$787.01
64+	\$650.55	\$653.19	\$860.73	\$898.83	\$799.80

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Small Business medical plan rates

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 [†]	\$232.92	\$231.22	\$218.70	\$259.06	\$255.78
19-20	\$218.93	\$217.23	\$204.71	\$245.07	\$241.79
21	\$344.78	\$342.09	\$322.38	\$385.94	\$380.77
22	\$344.78	\$342.09	\$322.38	\$385.94	\$380.77
23	\$344.78	\$342.09	\$322.38	\$385.94	\$380.77
24	\$344.78	\$342.09	\$322.38	\$385.94	\$380.77
25	\$346.16	\$343.46	\$323.66	\$387.48	\$382.30
26	\$353.05	\$350.30	\$330.11	\$395.20	\$389.91
27	\$361.33	\$358.51	\$337.85	\$404.46	\$399.05
28	\$374.77	\$371.85	\$350.42	\$419.52	\$413.90
29	\$385.81	\$382.80	\$360.74	\$431.87	\$426.09
30	\$391.32	\$388.27	\$365.90	\$438.04	\$432.18
31	\$399.60	\$396.48	\$373.63	\$447.30	\$441.32
32	\$407.87	\$404.70	\$381.37	\$456.57	\$450.45
33	\$413.04	\$409.83	\$386.21	\$462.36	\$456.17
34	\$418.56	\$415.30	\$391.36	\$468.53	\$462.26
35	\$421.32	\$418.04	\$393.94	\$471.62	\$465.31
36	\$424.08	\$420.77	\$396.52	\$474.71	\$468.35
37	\$426.83	\$423.51	\$399.10	\$477.79	\$471.40
38	\$429.59	\$426.25	\$401.68	\$480.88	\$474.44
39	\$435.11	\$431.72	\$406.84	\$487.06	\$480.54
40	\$440.63	\$437.19	\$412.00	\$493.23	\$486.63
41	\$448.90	\$445.40	\$419.73	\$502.49	\$495.77
42	\$456.83	\$453.27	\$427.15	\$511.37	\$504.52
43	\$467.86	\$464.22	\$437.46	\$523.72	\$516.71
44	\$481.65	\$477.90	\$450.36	\$539.16	\$531.94
45	\$497.86	\$493.98	\$465.51	\$557.30	\$549.84
46	\$517.17	\$513.14	\$483.56	\$578.91	\$571.16
47	\$538.89	\$534.69	\$503.87	\$603.22	\$595.15
48	\$563.71	\$559.32	\$527.08	\$631.01	\$622.56
49	\$588.19	\$583.61	\$549.97	\$658.41	\$649.60
50	\$615.77	\$610.98	\$575.76	\$689.29	\$680.06
51	\$643.01	\$638.00	\$601.23	\$719.78	\$710.14
52	\$673.01	\$667.76	\$629.28	\$753.35	\$743.27
53	\$703.35	\$697.87	\$657.65	\$787.32	\$776.78
54	\$736.10	\$730.37	\$688.27	\$823.98	\$812.95
55	\$768.85	\$762.87	\$718.90	\$860.65	\$849.12
56	\$804.37	\$798.10	\$752.10	\$900.40	\$888.34
57	\$840.22	\$833.68	\$785.63	\$940.53	\$927.94
58	\$878.49	\$871.65	\$821.41	\$983.37	\$970.21
59	\$897.46	\$890.47	\$839.14	\$1,004.60	\$991.15
60	\$935.73	\$928.44	\$874.93	\$1,047.44	\$1,033.42
61	\$968.82	\$961.28	\$905.87	\$1,084.49	\$1,069.97
62	\$990.55	\$982.83	\$926.18	\$1,108.80	\$1,093.96
63	\$1,017.78	\$1,009.86	\$951.65	\$1,139.29	\$1,124.04
64+	\$1,034.34	\$1,026.27	\$967.14	\$1,157.82	\$1,142.31

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Small Business medical plan rates

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 [†]	\$158.57	\$159.16	\$205.28	\$213.75	\$191.75
19-20	\$144.58	\$145.17	\$191.29	\$199.76	\$177.76
21	\$227.69	\$228.61	\$301.25	\$314.59	\$279.93
22	\$227.69	\$228.61	\$301.25	\$314.59	\$279.93
23	\$227.69	\$228.61	\$301.25	\$314.59	\$279.93
24	\$227.69	\$228.61	\$301.25	\$314.59	\$279.93
25	\$228.60	\$229.53	\$302.46	\$315.85	\$281.05
26	\$233.15	\$234.10	\$308.48	\$322.14	\$286.65
27	\$238.62	\$239.59	\$315.71	\$329.69	\$293.37
28	\$247.50	\$248.50	\$327.46	\$341.96	\$304.29
29	\$254.78	\$255.82	\$337.10	\$352.03	\$313.25
30	\$258.43	\$259.48	\$341.92	\$357.06	\$317.72
31	\$263.89	\$264.96	\$349.15	\$364.61	\$324.44
32	\$269.35	\$270.45	\$356.38	\$372.16	\$331.16
33	\$272.77	\$273.88	\$360.90	\$376.88	\$335.36
34	\$276.41	\$277.54	\$365.72	\$381.91	\$339.84
35	\$278.23	\$279.36	\$368.13	\$384.43	\$342.08
36	\$280.06	\$281.19	\$370.54	\$386.95	\$344.32
37	\$281.88	\$283.02	\$372.95	\$389.46	\$346.56
38	\$283.70	\$284.85	\$375.36	\$391.98	\$348.80
39	\$287.34	\$288.51	\$380.18	\$397.01	\$353.28
40	\$290.98	\$292.17	\$385.00	\$402.05	\$357.75
41	\$296.45	\$297.65	\$392.23	\$409.60	\$364.47
42	\$301.69	\$302.91	\$399.16	\$416.83	\$370.91
43	\$308.97	\$310.23	\$408.80	\$426.90	\$379.87
44	\$318.08	\$319.37	\$420.85	\$439.48	\$391.07
45	\$328.78	\$330.12	\$435.01	\$454.27	\$404.22
46	\$341.53	\$342.92	\$451.88	\$471.89	\$419.90
47	\$355.88	\$357.32	\$470.86	\$491.70	\$437.54
48	\$372.27	\$373.78	\$492.55	\$514.36	\$457.69
49	\$388.44	\$390.01	\$513.93	\$536.69	\$477.57
50	\$406.65	\$408.30	\$538.03	\$561.86	\$499.96
51	\$424.64	\$426.36	\$561.83	\$586.71	\$522.08
52	\$444.45	\$446.25	\$588.04	\$614.08	\$546.43
53	\$464.48	\$466.37	\$614.55	\$641.76	\$571.06
54	\$486.11	\$488.09	\$643.17	\$671.65	\$597.66
55	\$507.74	\$509.81	\$671.79	\$701.54	\$624.25
56	\$531.20	\$533.35	\$702.82	\$733.94	\$653.08
57	\$554.87	\$557.13	\$734.15	\$766.66	\$682.20
58	\$580.15	\$582.50	\$767.59	\$801.58	\$713.27
59	\$592.67	\$595.08	\$784.16	\$818.88	\$728.67
60	\$617.94	\$620.45	\$817.60	\$853.80	\$759.74
61	\$639.80	\$642.40	\$846.52	\$884.00	\$786.61
62	\$654.15	\$656.80	\$865.49	\$903.82	\$804.25
63	\$672.13	\$674.86	\$889.29	\$928.67	\$826.36
64+	\$683.07	\$685.83	\$903.75	\$943.77	\$839.79

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Small Business medical plan rates

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 [†]	\$243.87	\$242.08	\$228.93	\$271.32	\$267.87
19-20	\$229.88	\$228.09	\$214.94	\$257.33	\$253.88
21	\$362.02	\$359.20	\$338.49	\$405.24	\$399.81
22	\$362.02	\$359.20	\$338.49	\$405.24	\$399.81
23	\$362.02	\$359.20	\$338.49	\$405.24	\$399.81
24	\$362.02	\$359.20	\$338.49	\$405.24	\$399.81
25	\$363.46	\$360.63	\$339.85	\$406.86	\$401.41
26	\$370.70	\$367.82	\$346.62	\$414.96	\$409.41
27	\$379.39	\$376.44	\$354.74	\$424.69	\$419.00
28	\$393.51	\$390.45	\$367.94	\$440.49	\$434.60
29	\$405.10	\$401.94	\$378.77	\$453.46	\$447.39
30	\$410.89	\$407.69	\$384.19	\$459.94	\$453.79
31	\$419.58	\$416.31	\$392.31	\$469.67	\$463.38
32	\$428.27	\$424.93	\$400.44	\$479.39	\$472.98
33	\$433.70	\$430.32	\$405.52	\$485.47	\$478.97
34	\$439.49	\$436.06	\$410.93	\$491.96	\$485.37
35	\$442.38	\$438.94	\$413.64	\$495.20	\$488.57
36	\$445.28	\$441.81	\$416.35	\$498.44	\$491.77
37	\$448.18	\$444.69	\$419.06	\$501.68	\$494.97
38	\$451.07	\$447.56	\$421.76	\$504.92	\$498.17
39	\$456.86	\$453.31	\$427.18	\$511.41	\$504.56
40	\$462.66	\$459.05	\$432.60	\$517.89	\$510.96
41	\$471.35	\$467.67	\$440.72	\$527.62	\$520.56
42	\$479.67	\$475.94	\$448.50	\$536.94	\$529.75
43	\$491.26	\$487.43	\$459.34	\$549.91	\$542.54
44	\$505.74	\$501.80	\$472.88	\$566.12	\$558.54
45	\$522.75	\$518.68	\$488.79	\$585.16	\$577.33
46	\$543.02	\$538.80	\$507.74	\$607.85	\$599.72
47	\$565.83	\$561.42	\$529.07	\$633.38	\$624.91
48	\$591.90	\$587.29	\$553.44	\$662.56	\$653.69
49	\$617.60	\$612.79	\$577.47	\$691.33	\$682.08
50	\$646.56	\$641.53	\$604.55	\$723.75	\$714.06
51	\$675.16	\$669.90	\$631.29	\$755.77	\$745.65
52	\$706.66	\$701.15	\$660.74	\$791.02	\$780.43
53	\$738.51	\$732.76	\$690.53	\$826.68	\$815.62
54	\$772.91	\$766.89	\$722.68	\$865.18	\$853.60
55	\$807.30	\$801.01	\$754.84	\$903.68	\$891.58
56	\$844.58	\$838.01	\$789.71	\$945.42	\$932.76
57	\$882.23	\$875.36	\$824.91	\$987.56	\$974.34
58	\$922.42	\$915.23	\$862.48	\$1,032.54	\$1,018.72
59	\$942.33	\$934.99	\$881.10	\$1,054.83	\$1,040.71
60	\$982.51	\$974.86	\$918.67	\$1,099.81	\$1,085.09
61	\$1,017.27	\$1,009.34	\$951.17	\$1,138.71	\$1,123.47
62	\$1,040.07	\$1,031.97	\$972.49	\$1,164.24	\$1,148.66
63	\$1,068.67	\$1,060.35	\$999.23	\$1,196.26	\$1,180.25
64+	\$1,086.06	\$1,077.60	\$1,015.47	\$1,215.72	\$1,199.43

[†]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.

A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE

Small Business medical plan rates

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 [†]	\$155.82	\$156.39	\$201.64	\$209.95	\$188.36
19-20	\$141.83	\$142.40	\$187.65	\$195.96	\$174.37
21	\$223.35	\$224.26	\$295.51	\$308.60	\$274.60
22	\$223.35	\$224.26	\$295.51	\$308.60	\$274.60
23	\$223.35	\$224.26	\$295.51	\$308.60	\$274.60
24	\$223.35	\$224.26	\$295.51	\$308.60	\$274.60
25	\$224.24	\$225.16	\$296.70	\$309.83	\$275.70
26	\$228.71	\$229.64	\$302.61	\$316.00	\$281.19
27	\$234.07	\$235.02	\$309.70	\$323.41	\$287.78
28	\$242.78	\$243.77	\$321.22	\$335.45	\$298.49
29	\$249.93	\$250.94	\$330.68	\$345.32	\$307.28
30	\$253.50	\$254.53	\$335.41	\$350.26	\$311.67
31	\$258.86	\$259.92	\$342.50	\$357.67	\$318.26
32	\$264.22	\$265.30	\$349.59	\$365.07	\$324.85
33	\$267.57	\$268.66	\$354.02	\$369.70	\$328.97
34	\$271.15	\$272.25	\$358.75	\$374.64	\$333.37
35	\$272.93	\$274.04	\$361.12	\$377.11	\$335.56
36	\$274.72	\$275.84	\$363.48	\$379.58	\$337.76
37	\$276.51	\$277.63	\$365.85	\$382.04	\$339.96
38	\$278.30	\$279.43	\$368.21	\$384.51	\$342.15
39	\$281.87	\$283.01	\$372.94	\$389.45	\$346.55
40	\$285.44	\$286.60	\$377.67	\$394.39	\$350.94
41	\$290.80	\$291.98	\$384.76	\$401.79	\$357.53
42	\$295.94	\$297.14	\$391.55	\$408.89	\$363.85
43	\$303.09	\$304.32	\$401.01	\$418.77	\$372.63
44	\$312.02	\$313.29	\$412.83	\$431.11	\$383.62
45	\$322.52	\$323.83	\$426.72	\$445.62	\$396.52
46	\$335.03	\$336.39	\$443.27	\$462.90	\$411.90
47	\$349.10	\$350.52	\$461.89	\$482.34	\$429.20
48	\$365.18	\$366.66	\$483.16	\$504.56	\$448.97
49	\$381.04	\$382.58	\$504.15	\$526.47	\$468.47
50	\$398.90	\$400.52	\$527.79	\$551.16	\$490.44
51	\$416.55	\$418.24	\$551.13	\$575.54	\$512.13
52	\$435.98	\$437.75	\$576.84	\$602.38	\$536.02
53	\$455.64	\$457.49	\$602.85	\$629.54	\$560.19
54	\$476.85	\$478.79	\$630.92	\$658.86	\$586.27
55	\$498.07	\$500.10	\$658.99	\$688.17	\$612.36
56	\$521.08	\$523.19	\$689.43	\$719.96	\$640.64
57	\$544.31	\$546.52	\$720.17	\$752.05	\$669.20
58	\$569.10	\$571.41	\$752.97	\$786.31	\$699.68
59	\$581.38	\$583.74	\$769.22	\$803.28	\$714.79
60	\$606.17	\$608.64	\$802.02	\$837.54	\$745.27
61	\$627.62	\$630.17	\$830.39	\$867.16	\$771.63
62	\$641.69	\$644.29	\$849.01	\$886.60	\$788.93
63	\$659.33	\$662.01	\$872.35	\$910.98	\$810.62
64+	\$670.05	\$672.78	\$886.53	\$925.80	\$823.80

[†]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.

A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE

Small Business medical plan rates

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 [†]	\$239.49	\$237.74	\$224.84	\$266.41	\$263.03
19-20	\$225.50	\$223.75	\$210.85	\$252.42	\$249.04
21	\$355.12	\$352.35	\$332.05	\$397.52	\$392.20
22	\$355.12	\$352.35	\$332.05	\$397.52	\$392.20
23	\$355.12	\$352.35	\$332.05	\$397.52	\$392.20
24	\$355.12	\$352.35	\$332.05	\$397.52	\$392.20
25	\$356.54	\$353.76	\$333.37	\$399.11	\$393.77
26	\$363.64	\$360.81	\$340.02	\$407.06	\$401.61
27	\$372.17	\$369.27	\$347.98	\$416.60	\$411.02
28	\$386.02	\$383.01	\$360.93	\$432.10	\$426.32
29	\$397.38	\$394.29	\$371.56	\$444.82	\$438.87
30	\$403.06	\$399.92	\$376.87	\$451.18	\$445.14
31	\$411.59	\$408.38	\$384.84	\$460.72	\$454.56
32	\$420.11	\$416.84	\$392.81	\$470.26	\$463.97
33	\$425.43	\$422.12	\$397.79	\$476.23	\$469.85
34	\$431.12	\$427.76	\$403.10	\$482.59	\$476.13
35	\$433.96	\$430.58	\$405.76	\$485.77	\$479.26
36	\$436.80	\$433.40	\$408.42	\$488.95	\$482.40
37	\$439.64	\$436.22	\$411.07	\$492.13	\$485.54
38	\$442.48	\$439.03	\$413.73	\$495.31	\$488.68
39	\$448.16	\$444.67	\$419.04	\$501.67	\$494.95
40	\$453.84	\$450.31	\$424.36	\$508.03	\$501.23
41	\$462.37	\$458.77	\$432.32	\$517.57	\$510.64
42	\$470.54	\$466.87	\$439.96	\$526.71	\$519.66
43	\$481.90	\$478.15	\$450.59	\$539.43	\$532.21
44	\$496.10	\$492.24	\$463.87	\$555.33	\$547.90
45	\$512.79	\$508.80	\$479.48	\$574.02	\$566.33
46	\$532.68	\$528.53	\$498.07	\$596.28	\$588.29
47	\$555.05	\$550.73	\$518.99	\$621.32	\$613.00
48	\$580.62	\$576.10	\$542.90	\$649.94	\$641.24
49	\$605.84	\$601.12	\$566.47	\$678.17	\$669.09
50	\$634.25	\$629.31	\$593.04	\$709.97	\$700.46
51	\$662.30	\$657.14	\$619.27	\$741.37	\$731.45
52	\$693.20	\$687.80	\$648.15	\$775.95	\$765.57
53	\$724.45	\$718.80	\$677.37	\$810.94	\$800.08
54	\$758.18	\$752.28	\$708.92	\$848.70	\$837.34
55	\$791.92	\$785.75	\$740.46	\$886.46	\$874.60
56	\$828.50	\$822.04	\$774.66	\$927.41	\$914.99
57	\$865.43	\$858.69	\$809.20	\$968.75	\$955.78
58	\$904.85	\$897.80	\$846.05	\$1,012.88	\$999.32
59	\$924.38	\$917.18	\$864.32	\$1,034.74	\$1,020.89
60	\$963.80	\$956.29	\$901.17	\$1,078.86	\$1,064.42
61	\$997.89	\$990.12	\$933.05	\$1,117.03	\$1,102.07
62	\$1,020.26	\$1,012.32	\$953.97	\$1,142.07	\$1,126.78
63	\$1,048.32	\$1,040.15	\$980.20	\$1,173.47	\$1,157.76
64+	\$1,065.36	\$1,057.05	\$996.15	\$1,192.56	\$1,176.60

[†]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.

A SEPERATE \$20.00 MONTHLY ADMINISTRATION FEE WILL BE ADDED TO CALCULATE YOUR TOTAL MONTHLY RATE

Small Business medical plan rates

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 [†]	\$137.92	\$138.42	\$177.96	\$185.22	\$166.35
19-20	\$123.93	\$124.43	\$163.97	\$171.23	\$152.36
21	\$195.16	\$195.95	\$258.22	\$269.65	\$239.94
22	\$195.16	\$195.95	\$258.22	\$269.65	\$239.94
23	\$195.16	\$195.95	\$258.22	\$269.65	\$239.94
24	\$195.16	\$195.95	\$258.22	\$269.65	\$239.94
25	\$195.94	\$196.74	\$259.25	\$270.73	\$240.90
26	\$199.84	\$200.66	\$264.41	\$276.12	\$245.70
27	\$204.53	\$205.36	\$270.61	\$282.59	\$251.46
28	\$212.14	\$213.00	\$280.68	\$293.11	\$260.82
29	\$218.39	\$219.27	\$288.94	\$301.74	\$268.50
30	\$221.51	\$222.41	\$293.07	\$306.05	\$272.33
31	\$226.19	\$227.11	\$299.27	\$312.52	\$278.09
32	\$230.88	\$231.81	\$305.47	\$318.99	\$283.85
33	\$233.80	\$234.75	\$309.34	\$323.04	\$287.45
34	\$236.93	\$237.89	\$313.47	\$327.35	\$291.29
35	\$238.49	\$239.46	\$315.54	\$329.51	\$293.21
36	\$240.05	\$241.02	\$317.60	\$331.67	\$295.13
37	\$241.61	\$242.59	\$319.67	\$333.83	\$297.05
38	\$243.17	\$244.16	\$321.74	\$335.98	\$298.97
39	\$246.29	\$247.29	\$325.87	\$340.30	\$302.81
40	\$249.42	\$250.43	\$330.00	\$344.61	\$306.65
41	\$254.10	\$255.13	\$336.20	\$351.08	\$312.41
42	\$258.59	\$259.64	\$342.14	\$357.28	\$317.92
43	\$264.83	\$265.91	\$350.40	\$365.91	\$325.60
44	\$272.64	\$273.75	\$360.73	\$376.70	\$335.20
45	\$281.81	\$282.96	\$372.86	\$389.37	\$346.48
46	\$292.74	\$293.93	\$387.32	\$404.47	\$359.91
47	\$305.04	\$306.28	\$403.59	\$421.46	\$375.03
48	\$319.09	\$320.38	\$422.18	\$440.88	\$392.31
49	\$332.94	\$334.30	\$440.52	\$460.02	\$409.34
50	\$348.56	\$349.97	\$461.17	\$481.59	\$428.54
51	\$363.98	\$365.45	\$481.57	\$502.89	\$447.49
52	\$380.95	\$382.50	\$504.04	\$526.35	\$468.37
53	\$398.13	\$399.75	\$526.76	\$550.08	\$489.48
54	\$416.67	\$418.36	\$551.29	\$575.70	\$512.28
55	\$435.21	\$436.98	\$575.82	\$601.32	\$535.07
56	\$455.31	\$457.16	\$602.42	\$629.09	\$559.79
57	\$475.61	\$477.54	\$629.27	\$657.13	\$584.74
58	\$497.27	\$499.29	\$657.93	\$687.07	\$611.37
59	\$508.00	\$510.07	\$672.13	\$701.90	\$624.57
60	\$529.67	\$531.82	\$700.80	\$731.83	\$651.20
61	\$548.40	\$550.63	\$725.59	\$757.71	\$674.24
62	\$560.70	\$562.97	\$741.85	\$774.70	\$689.36
63	\$576.11	\$578.46	\$762.25	\$796.00	\$708.31
64+	\$585.48	\$587.85	\$774.66	\$808.95	\$719.82

[†]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

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 [†]	\$211.03	\$209.50	\$198.23	\$234.55	\$231.60
19-20	\$197.04	\$195.51	\$184.24	\$220.56	\$217.61
21	\$310.30	\$307.88	\$290.14	\$347.35	\$342.70
22	\$310.30	\$307.88	\$290.14	\$347.35	\$342.70
23	\$310.30	\$307.88	\$290.14	\$347.35	\$342.70
24	\$310.30	\$307.88	\$290.14	\$347.35	\$342.70
25	\$311.54	\$309.11	\$291.30	\$348.74	\$344.07
26	\$317.75	\$315.27	\$297.10	\$355.68	\$350.92
27	\$325.19	\$322.66	\$304.06	\$364.02	\$359.15
28	\$337.30	\$334.67	\$315.38	\$377.56	\$372.51
29	\$347.23	\$344.52	\$324.66	\$388.68	\$383.48
30	\$352.19	\$349.45	\$329.31	\$394.24	\$388.96
31	\$359.64	\$356.84	\$336.27	\$402.57	\$397.18
32	\$367.08	\$364.23	\$343.23	\$410.91	\$405.41
33	\$371.74	\$368.84	\$347.58	\$416.12	\$410.55
34	\$376.70	\$373.77	\$352.23	\$421.68	\$416.03
35	\$379.19	\$376.23	\$354.55	\$424.46	\$418.77
36	\$381.67	\$378.70	\$356.87	\$427.24	\$421.52
37	\$384.15	\$381.16	\$359.19	\$430.01	\$424.26
38	\$386.63	\$383.62	\$361.51	\$432.79	\$427.00
39	\$391.60	\$388.55	\$366.15	\$438.35	\$432.48
40	\$396.56	\$393.47	\$370.80	\$443.91	\$437.97
41	\$404.01	\$400.86	\$377.76	\$452.24	\$446.19
42	\$411.15	\$407.94	\$384.43	\$460.23	\$454.07
43	\$421.08	\$417.80	\$393.72	\$471.35	\$465.04
44	\$433.49	\$430.11	\$405.32	\$485.24	\$478.75
45	\$448.07	\$444.58	\$418.96	\$501.57	\$494.85
46	\$465.45	\$461.82	\$435.21	\$521.02	\$514.04
47	\$485.00	\$481.22	\$453.49	\$542.90	\$535.63
48	\$507.34	\$503.39	\$474.38	\$567.91	\$560.31
49	\$529.37	\$525.25	\$494.97	\$592.57	\$584.64
50	\$554.20	\$549.88	\$518.19	\$620.36	\$612.06
51	\$578.71	\$574.20	\$541.11	\$647.80	\$639.13
52	\$605.71	\$600.99	\$566.35	\$678.02	\$668.94
53	\$633.01	\$628.08	\$591.88	\$708.59	\$699.10
54	\$662.49	\$657.33	\$619.44	\$741.58	\$731.66
55	\$691.97	\$686.58	\$647.01	\$774.58	\$764.21
56	\$723.93	\$718.29	\$676.89	\$810.36	\$799.51
57	\$756.20	\$750.31	\$707.07	\$846.48	\$835.15
58	\$790.64	\$784.49	\$739.27	\$885.04	\$873.19
59	\$807.71	\$801.42	\$755.23	\$904.14	\$892.04
60	\$842.15	\$835.59	\$787.43	\$942.70	\$930.08
61	\$871.94	\$865.15	\$815.29	\$976.04	\$962.98
62	\$891.49	\$884.55	\$833.57	\$997.92	\$984.57
63	\$916.00	\$908.87	\$856.49	\$1,025.36	\$1,011.64
64+	\$930.90	\$923.64	\$870.42	\$1,042.05	\$1,028.10

[†]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.