



Small Group Monthly Rates

(Effective 01/01/2023)

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	\$96.57	\$88.59	\$82.38	\$72.63
15	\$105.16	\$96.46	\$89.71	\$79.09
16	\$108.44	\$99.47	\$92.51	\$81.55
17	\$111.72	\$102.48	\$95.31	\$84.02
18	\$115.26	\$105.73	\$98.32	\$86.68
19	\$118.79	\$108.97	\$101.34	\$89.34
20	\$122.45	\$112.33	\$104.46	\$92.09
21	\$126.24	\$115.80	\$107.69	\$94.94
22	\$126.24	\$115.80	\$107.69	\$94.94
23	\$126.24	\$115.80	\$107.69	\$94.94
24	\$126.24	\$115.80	\$107.69	\$94.94
25	\$126.74	\$116.26	\$108.12	\$95.32
26	\$129.27	\$118.58	\$110.27	\$97.22
27	\$132.30	\$121.36	\$112.86	\$99.50
28	\$137.22	\$125.87	\$117.06	\$103.20
29	\$141.26	\$129.58	\$120.51	\$106.24
30	\$143.28	\$131.43	\$122.23	\$107.76
31	\$146.31	\$134.21	\$124.81	\$110.04
32	\$149.34	\$136.99	\$127.40	\$112.31
33	\$151.24	\$138.73	\$129.01	\$113.74
34	\$153.26	\$140.58	\$130.74	\$115.26
35	\$154.27	\$141.51	\$131.60	\$116.02
36	\$155.28	\$142.43	\$132.46	\$116.78
37	\$156.29	\$143.36	\$133.32	\$117.54
38	\$157.30	\$144.29	\$134.18	\$118.30
39	\$159.31	\$146.14	\$135.90	\$119.81
40	\$161.33	\$147.99	\$137.63	\$121.33
41	\$164.36	\$150.77	\$140.21	\$123.61
42	\$167.27	\$153.44	\$142.69	\$125.80
43	\$171.31	\$157.14	\$146.14	\$128.83
44	\$176.36	\$161.77	\$150.44	\$132.63
45	\$182.29	\$167.22	\$155.50	\$137.09
46	\$189.36	\$173.70	\$161.54	\$142.41
47	\$197.31	\$181.00	\$168.32	\$148.39
48	\$206.40	\$189.33	\$176.07	\$155.23
49	\$215.37	\$197.55	\$183.72	\$161.97
50	\$225.46	\$206.82	\$192.33	\$169.56
51	\$235.44	\$215.97	\$200.84	\$177.06
52	\$246.42	\$226.04	\$210.21	\$185.32
53	\$257.53	\$236.23	\$219.69	\$193.68
54	\$269.52	\$247.23	\$229.92	\$202.70
55	\$281.52	\$258.23	\$240.15	\$211.72
56	\$294.52	\$270.16	\$251.24	\$221.50
57	\$307.65	\$282.20	\$262.44	\$231.37
58	\$321.66	\$295.06	\$274.39	\$241.91
59	\$328.60	\$301.43	\$280.32	\$247.13
60	\$342.62	\$314.28	\$292.27	\$257.67
61	\$354.73	\$325.40	\$302.61	\$266.78
62	\$362.69	\$332.69	\$309.39	\$272.76
63	\$372.66	\$341.84	\$317.90	\$280.26
64+	\$378.72	\$347.40	\$323.07	\$284.82

*Age as of Effective Date of Group Agreement

**Includes Pediatric Dental and Vision Coverage