

2025 Kaiser Hawaii and Kaiser Northwest Plans Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees				Fund Pays		
\$3,000 Kaiser High Deductible HMO			Member Only	637.74		
\$3,000 Kaiser High Deductible HMO			Member + Spouse/DP	1275.48		
\$3,000 Kaiser High Deductible HMO			Member + Child	1116.06		
\$3,000 Kaiser High Deductible HMO			Member+Spouse+Child(ren)	1913.22		
Provider & Plan	Coverage Type	Plan Code	Retiree Pays	Fund Pays	Total Monthly Premium	For Police & Fire Members Only Medicare Part B Rmbrsmt.**
Kaiser Hawaii Plans			<i>Group #34631-10</i>			
\$15 HMO Copay	MB Only	S (HI)	360.76	637.74	998.50	
	MB + SP or DP or CH	K (HI)	721.52	1,275.48	1,997.00	
Medicare Sr. Advantage*	MB + SP/DP + CH	K+ (HI)	1,082.28	1,913.22	2,995.50	
	MB(M)	A (HI)	0.00	637.74	371.86	265.88
Medicare Split*: Sr. Advantage/\$15 Copay	MB(M) + SP/DP/CH (M)	A2 (HI)	0.00	1,275.48	743.72	531.76
	MB(M) + SP/DP	A1 (HI)	94.88	1,275.48	1,370.36	
	MB + SP/DP(M)	A1-a (HI)	94.88	1,275.48	1,370.36	
	MB(M)+SP/DP(M)+CH	A2+(HI)	0.00	1,913.22	1,742.22	171.00
Kaiser Northwest Plans			<i>Select Coverage Area, must reside in a covered Zip Code.</i>			
\$25 Copay HMO	MB Only	S (NW)	644.72	637.74	1,282.46	637.74
	MB + SP/DP/CH	K (NW)	1,289.44	1,275.48	2,564.92	1,275.48
Medicare Sr. Advantage*	MB + SP/DP + CH	K+ (NW)	1,934.16	1,913.22	3,847.38	1,913.22
	MB(M)	A (NW)	0.00	637.74	391.98	245.76
Medicare Split*: Sr. Advantage & \$25 Copay HMO	MB(M) + SP/DP/CH (M)	A2 (NW)	0.00	1,275.48	783.96	491.52
	MB(M) + SP/DP	A1 (NW)	398.96	1,275.48	1,674.44	
	MB + SP/DP(M)	A1-a (NW)	398.96	1,275.48	1,674.44	
In-Lieu Credit Program			Monthly In-Lieu Credit Amount			
Medical In-Lieu Member Only		SIL	159.44			
Medical In-Lieu Member +Spouse/Domestic Partner		MSIL	318.87			
Medical In-Lieu Member +Child(ren)		MCIL	279.02			
Medical In-Lieu Member+Spouse/Domestic Partner+ Child(ren)		FIL	478.31			
Dental In-Lieu Member Only		DSIL	6.11			
Dental In-Lieu Member +Spouse/Domestic Partner		DMSIL	12.17			
Dental In-Lieu Member +Child(ren)		DMCIL	10.69			
Dental In-Lieu Member+Spouse/Domestic Partner+ Child(ren)		DFIL	18.33			
<i>In-Lieu credits have no cash value.</i>						
Coverage Abbreviations: (M)= Medicare MB = Member or Survivor SP = Spouse DP = Domestic Partner CH = Child(ren) * Enrollment in Kaiser NW and HI Medicare Plans requires proof of enrollment in both Medicare parts A&B			**Police & Fire Retirees are eligible to receive a credit for their monthly Medicare Part B premium when their current plan premiums cost the Fund less than the maximum monthly contribution. The Member is eligible to receive reimbursement based on the difference between the maximum contribution amount and the actual monthly premium.			