

City of San José
Office of Retirement Services
2022 Kaiser Hawaii and Kaiser Northwest Plans Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees				Fund Pays		
Kaiser \$3,000 High Deductible		Member Only	510.02			
Kaiser \$3,000 High Deductible		Member + Child	895.96			
Kaiser \$3,000 High Deductible		Member + Spouse/DP	1023.96			
Kaiser \$3,000 High Deductible		Member + Spouse+Child(ren)	1535.94			
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)	393.77	510.02	903.79	
	MB + SP or DP or CH	K (HI)	780.53	1,023.96	1,804.49	
	MB + SP/DP + CH	K+ (HI)	1,169.18	1,535.94	2,705.12	
Medicare Sr. Advantage	MB(M)	A (HI)	0.00	510.02	394.85	115.17
	MB(M) + SP/DP/CH (M)	A2 (HI)	0.00	1,023.96	789.70	234.26
Medicare Split: Sr. Advantage/\$15 Copay HMO	MB(M) + SP/DP	A1 (HI)	274.68	1,023.96	1,298.64	
	MB + SP/DP(M)	A1-a (HI)	274.68	1,023.96	1,298.64	
	MB(M)+SP/DP(M)+CH	A2+(HI)	157.55	1,535.94	1,693.49	
Kaiser Northwest Plans				<i>Group # 4189-001</i>		
<i>Select Coverage Area, must reside in a covered Zip Code.</i>						
\$25 Copay HMO	MB Only	S (NW)	622.44	510.02	1,132.46	
	MB + SP/DP/CH	K (NW)	1,240.96	1,023.96	2,264.92	
	MB + SP/DP + CH	K+ (NW)	1,861.33	1,535.94	3,397.27	
Medicare Sr. Advantage	MB(M)	A (NW)	0.00	510.02	406.94	103.08
	MB(M) + SP/DP/CH (M)	A2 (NW)	0.00	1,023.96	813.88	210.08
Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + SP/DP	A1 (NW)	515.44	1,023.96	1,539.40	
	MB + SP/DP(M)	A1-a (NW)	515.44	1,023.96	1,539.40	
In-Lieu Credit Program				Monthly In-Lieu Credit Amount		
Medical In-Lieu Member Only		SIL	127.51			
Medical In-Lieu Member +Spouse/Domestic Partner		MSIL	255.99			
Medical In-Lieu Member +Child(ren)		MCIL	223.99			
Medical In-Lieu Member+Spouse/Domestic Partner+ Child(ren)		FIL	383.99			
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)			**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.			