

2024 Kaiser Hawaii and Kaiser Northwest Plans Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees				Fund Pays		
\$3,200 Kaiser High Deductible HMO		Member Only	596.84			
\$3,200 Kaiser High Deductible HMO		Member + Spouse/DP	1193.68			
\$3,200 Kaiser High Deductible HMO		Member + Child(ren)	1044.46			
\$3,200 Kaiser High Deductible HMO		Member + Spouse+Child(ren)	1790.52			
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				Group #34631-10		
\$15 HMO Copay	MB Only	S (HI)	355.62	596.84	952.46	
	MB + SP or DP or CH	K (HI)	708.01	1,193.68	1,901.69	
Medicare Sr. Advantage*	MB + SP/DP + CH	K+ (HI)	1,060.30	1,790.52	2,850.82	
	MB(M)	A (HI)	0.00	596.84	385.55	211.29
Medicare Split*: Sr. Advantage/\$15 Copay	MB(M) + SP/DP/CH (M)	A2 (HI)	0.00	1,193.68	771.10	422.58
	MB(M) + SP/DP	A1 (HI)	144.33	1,193.68	1,338.01	
	MB + SP/DP(M)	A1-a (HI)	144.33	1,193.68	1,338.01	
	MB(M)+SP/DP(M)+CH	A2+(HI)	0.00	1,790.52	1,723.56	66.96
Kaiser Northwest Plans				Select Coverage Area, must reside in a covered Zip Code.		
\$25 Copay HMO	MB Only	S (NW)	616.69	596.84	1,213.53	
	MB + SP/DP	K (NW)	1,233.39	1,193.68	2,427.07	
Medicare Sr. Advantage*	MB + SP/DP + CH	K+ (NW)	1,849.96	1,790.52	3,640.48	
	MB(M)	A (NW)	0.00	596.84	407.08	189.76
Medicare Split*: Sr. Advantage & \$25 Copay HMO	MB(M) + SP/DP/CH (M)	A2 (NW)	0.00	1,193.68	814.16	379.52
	MB(M) + SP/DP	A1 (NW)	426.93	1,193.68	1,620.61	
	MB + SP/DP(M)	A1-a (NW)	426.93	1,193.68	1,620.61	
In-Lieu Credit Program				Monthly In-Lieu Credit Amount		
Medical In-Lieu Member Only		SIL	149.21			
Medical In-Lieu Member +Spouse/Domestic Partner		MSIL	298.42			
Medical In-Lieu Member +Child(ren)		MCIL	261.12			
Medical In-Lieu Member+Spouse/Domestic Partner+ Child(ren)		FIL	447.63			
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.			