

City of San José
Office of Retirement Services

**2018 Kaiser Hawaii and Northwest Plans
Monthly Retiree Rates**

Lowest Cost Plan Available to Active Employees:		Kaiser HDHP (w or wo H.S.A.) MB: 409.70		Kaiser HDHP (w or wo H.S.A.) MB+SP/DP: 819.40		KP HDHP (w or wo H.S.A.) MB+SP/DP+CH: 1229.10	
Provider/Plan	Group #	Coverage Type	Plan Code	Retiree Pays	Fund Pays	Total Monthly Premium	Amount Available for P&F Members Medicare Part B Rmbrsmt. *
Kaiser Hawaii Plans							
\$15 HMO Plan	34631-10	MB - Retiree or Survivor	S (HI)	508.76	409.70	918.46	
		MB + SP/DP/CH	K (HI)	1,014.36	819.40	1,833.76	
		MB + SP/DP + CH	K+ (HI)	1,519.94	1,229.10	2,749.04	
KPSA Plans	34631-10	MB(SA) - Retiree or Survivor	A (HI)	0.00	377.84	377.84	31.86 ←
		MB(SA) + SP/DP/CH(SA)	A2 (HI)	0.00	755.68	755.68	63.72 ←
Split KPSA/\$15 HMO Plan	34631-10	MB(SA) + SP/DP(NSA)	A1 (HI)	476.90	819.40	1,296.30	
		MB(NSA) + SP/DP(SA)	A1-a (HI)	476.90	819.40	1,296.30	
		MB(NSA) + SP/DP(SA) + CH(NSA)	A3-a (HI)	982.49	1,229.10	2,211.59	
		MB(SA) + SP/DP(NSA) + CH(NSA)	A3-c (HI)	982.49	1,229.10	2,211.59	
		MB(SA) + SP/DP(SA) + CH(NSA)	A3-e (HI)	445.04	1,229.10	1,674.14	

Lowest Cost Plan Available to Active Employees:		Kaiser HDHP (w or wo H.S.A.) MB: 409.70		Kaiser HDHP (w or wo H.S.A.) MB+SP/DP: 819.40		KP HDHP (w or wo H.S.A.) MB+SP/DP+CH: 1229.10	
Provider/Plan	Group #	Coverage Type	Plan Code	Retiree Pays	Fund Pays	Total Monthly Premium	Available for P&F Members Medicare Part B Rmbrsmt. *
Kaiser Northwest Plans							
\$25 HMO Plans	4189-001	MB - Retiree or Survivor	S (NW)	577.20	409.70	986.90	
		MB + SP/DP/CH	K (NW)	1,154.40	819.40	1,973.80	
		MB + SP/DP + CH	K+ (NW)	1,731.54	1,229.10	2,960.64	
KPSA Plans	4189-001	MB(SA) - Retiree or Survivor	A (NW)	0.00	337.98	337.98	71.72 ←
		MB(SA) + SP/DP/CH(SA)	A2 (NW)	0.00	675.96	675.96	143.44 ←
Split KPSA/\$25 HMO Plan	4189-001	MB(SA)+SP/DP(NSA)	A1 (NW)	505.48	819.40	1,324.88	
		MB(NSA)+SP/DP(SA)	A1-a(NW)	505.48	819.40	1,324.88	

Coverage Abbreviations:		*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.
MB = Member	SA = Kaiser Permanente Sr. Advantage (KPSA)	
SP = Spouse	NSA = Non-Sr. Advantage (Traditional Plan)	
DP = Domestic Partner	M = Medicare	
CH = Child(ren)		