

City of San José
Office of Retirement Services
2026 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		\$705.54		
\$3,000 Kaiser High Deductible HMO		\$3,000 Kaiser High Deductible		\$1,411.08		
\$3,000 Kaiser High Deductible HMO		\$3,000 Kaiser High Deductible		\$1,234.72		
\$3,000 Kaiser High Deductible HMO		\$3,000 Kaiser High Deductible		\$2,116.62		
Providers & 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)	\$354.06	\$705.54	\$1,059.60	
	MB + SP or DP or CH	K (HI)	\$708.12	\$1,411.08	\$2,119.20	
	MB + SP/DP + CH	K+ (HI)	\$1,062.18	\$2,116.62	\$3,178.80	
Medicare Sr. Advantage*	MB(M)	A (HI)	\$0.00	\$705.54	\$369.89	335.65
	MB(M) + SP/DP/CH (M)	A2 (HI)	\$0.00	\$1,411.08	\$739.78	671.30
Medicare Split*: Sr. Advantage/\$15 Copay HMO	MB(M) + SP/DP	A1 (HI)	\$18.41	\$1,411.08	\$1,429.49	
	MB + SP/DP(M)	A1-a (HI)	\$18.41	\$1,411.08	\$1,429.49	
	MB(M)+SP/DP(M) +CH	A2+(HI)	\$0.00	\$2,116.62	\$1,799.38	317.24
Kaiser Northwest Plans		<i>Select Coverage Area, must reside in a covered Zip Code.</i>				
\$25 Copay HMO	MB Only	S (NW)	\$762.86	\$705.54	\$1,468.40	
	MB + SP/DP/CH	K (NW)	\$1,525.72	\$1,411.08	\$2,936.80	
	MB + SP/DP + CH	K+ (NW)	\$2,288.58	\$2,116.62	\$4,405.20	
Medicare Sr. Advantage*	MB(M)	A (NW)	\$0.00	\$705.54	\$417.36	288.18
	MB(M) + SP/DP/CH (M)	A2 (NW)	\$0.00	\$1,411.08	\$834.72	576.36
Medicare Split*: Sr. Advantage & \$25 Copay HMO	MB(M) + SP/DP	A1 (NW)	\$474.68	\$1,411.08	\$1,885.76	
	MB + SP/DP(M)	A1-a (NW)	\$474.68	\$1,411.08	\$1,885.76	

City of San José
Office of Retirement Services
2026 Kaiser Hawaii and Kaiser Northwest Plans Monthly Retiree Rates

In-Lieu Credit Program		Monthly In-Lieu Credit Amount
Medical In-Lieu Member Only	SIL	176.39
Medical In-Lieu Member +Spouse/Domestic Partner	MSIL	352.77
Medical In-Lieu Member +Child(ren)	MCIL	308.68
Medical In-Lieu Member+Spouse/Domestic Partner+ Child(ren)	FIL	529.16
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.	