

## Northern California

# 2022 Medical Plan Rates

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

<b>Regular and fixed term full-time employees</b>	<b>You</b>	<b>You + spouse<sup>1</sup></b>	<b>You + children</b>	<b>You + spouse<sup>1</sup> + children</b>
<b>Based on annual eligible compensation of less than \$45,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$58.26	\$150.42	\$108.66	\$187.74
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$28.68	\$88.38	\$55.50	\$101.94
Higher Use Plan with HSA <sup>2</sup>	\$55.92	\$145.44	\$104.46	\$180.78
Health Maintenance Organization (HMO) — Kaiser Northern California	\$28.20	\$87.00	\$54.60	\$100.26
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$25.14	\$77.64	\$48.72	\$89.52
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$81.78	\$208.62	\$152.16	\$261.78
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$42.24	\$125.70	\$81.06	\$147.12
Higher Use Plan with HSA <sup>2</sup>	\$78.60	\$201.90	\$146.46	\$252.36
Health Maintenance Organization (HMO) — Kaiser Northern California	\$41.70	\$124.20	\$80.10	\$145.38
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$37.26	\$110.88	\$71.52	\$129.78
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$102.30	\$257.46	\$189.84	\$325.08
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$55.38	\$159.42	\$105.66	\$189.36
Higher Use Plan with HSA <sup>2</sup>	\$98.52	\$249.60	\$183.12	\$313.98
Health Maintenance Organization (HMO) — Kaiser Northern California	\$54.84	\$157.92	\$104.64	\$187.56
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$48.96	\$141.00	\$93.48	\$167.52

<sup>1</sup> Includes domestic partner. <sup>2</sup> Includes Out of Area coverage.

## Regular and fixed term part-time employees

	You	You + spouse <sup>1</sup>	You + children	You + spouse <sup>1</sup> + children
<b>Based on annual eligible compensation of less than \$45,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$76.92	\$186.84	\$141.90	\$240.00
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$37.32	\$124.80	\$88.68	\$154.20
Higher Use Plan with HSA <sup>2</sup>	\$74.58	\$181.86	\$137.64	\$233.04
Health Maintenance Organization (HMO) — Kaiser Northern California	\$36.84	\$97.08	\$69.00	\$120.00
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$32.88	\$86.70	\$61.62	\$107.10
<b>Based on annual eligible compensation of \$45,000 – \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$106.32	\$256.38	\$195.84	\$330.48
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$66.66	\$173.58	\$124.68	\$215.82
Higher Use Plan with HSA <sup>2</sup>	\$103.14	\$249.78	\$190.14	\$321.12
Health Maintenance Organization (HMO) — Kaiser Northern California	\$66.24	\$172.26	\$123.78	\$214.20
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$59.16	\$153.78	\$110.52	\$191.28
<b>Based on annual eligible compensation of more than \$100,000</b>				
Copay Plan with Health Reimbursement Account (HRA) <sup>2</sup>	\$130.80	\$313.08	\$240.48	\$404.82
Lower Use Plan with Health Savings Account (HSA) <sup>2</sup>	\$83.88	\$214.92	\$156.36	\$269.22
Higher Use Plan with HSA <sup>2</sup>	\$126.96	\$305.16	\$233.76	\$393.78
Health Maintenance Organization (HMO) — Kaiser Northern California	\$83.34	\$213.54	\$155.40	\$267.48
High-Deductible Health Plan (HDHP) — Kaiser Northern California	\$74.40	\$190.68	\$138.72	\$238.80

<sup>1</sup> Includes domestic partner. <sup>2</sup> Includes Out of Area coverage.

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If you have an outstanding balance that is past due, an additional contribution of up to the same per-pay-period amount as your current coverage will be deducted from your pay until your outstanding past-due balance is zero. If you are no longer enrolled in coverage, a flat amount of up to \$125 per pay period will be deducted from your pay until your outstanding past-due balance is zero. If you are on a leave of absence, you may be billed directly. For more information, see Chapter 1 and Appendix D of the *Benefits Book*.