

Retiree SISC Management 2021-2022 Rates

Vision \$347.52

Incentive \$1,126.80 PPO

Dental \$1,608.60

Annual Cap \$21,655

PPO Dental/Implants
\$1,704.36

Monthly Cap

\$1,804.58

HMO 10, 5/20- 57AMUJ Incentive Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 1,003.00	\$ 12,036.00	\$ 13,510.32	
2 Party	\$ 1,950.00	\$ 23,400.00	\$ 24,874.32	\$ 268.28
Family	\$ 2,728.00	\$ 32,736.00	\$ 34,210.32	\$ 1,046.28
HMO 10, 5/20- 57MUJ PPO Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 1,003.00	\$ 12,036.00	\$ 13,992.12	
2 Party	\$ 1,950.00	\$ 23,400.00	\$ 25,356.12	\$ 308.43
Family	\$ 2,728.00	\$ 32,736.00	\$ 34,692.12	\$ 1,086.43
HMO 10, 5/20- 57MUJ PPO Dental Implants & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 1,003.00	\$ 12,036.00	\$ 14,087.88	
2 Party	\$ 1,950.00	\$ 23,400.00	\$ 25,451.88	\$ 316.41
Family	\$ 2,728.00	\$ 32,736.00	\$ 34,787.88	\$ 1,094.41
231876-0020RMN Kaiser HMO \$0 OV, 5 RX / Incentive Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 992.00	\$ 11,904.00	\$ 13,378.32	
2 Party	\$ 1,983.00	\$ 23,796.00	\$ 25,270.32	\$ 301.28
Family	\$ 2,676.00	\$ 32,112.00	\$ 33,586.32	\$ 994.28
231876-0020RMN Kaiser HMO \$0 OV, 5 RX / PPO Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 992.00	\$ 11,904.00	\$ 13,860.12	
2 Party	\$ 1,983.00	\$ 23,796.00	\$ 25,752.12	\$ 341.43
Family	\$ 2,676.00	\$ 32,112.00	\$ 34,068.12	\$ 1,034.43
231876-0020RMN Kaiser HMO \$0 OV, 5 RX / PPO Dental Implants & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 992.00	\$ 11,904.00	\$ 13,955.88	
2 Party	\$ 1,983.00	\$ 23,796.00	\$ 25,847.88	\$ 349.41
Family	\$ 2,676.00	\$ 32,112.00	\$ 34,163.88	\$ 1,042.41
231876-0020RMN_1WM Kaiser HMO \$0 OV, 5 RX / Incentive Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 193.00	\$ 2,316.00	\$ 3,790.32	
2 Party	\$ 1,185.00	\$ 14,220.00	\$ 15,694.32	
Family	\$ 1,878.00	\$ 22,536.00	\$ 24,010.32	\$ 196.28

Without Vision Without Dental Medical only

NO ORTHODONTIST

\$ 239.32 \$ 174.38 \$ 145.42
\$ 1,017.32 \$ 952.38 \$ 923.42

ORTHODONTIST

ORTHODONTIST & Dental Implants

NO ORTHODONTIST

ORTHODONTIST

ORTHODONTIST & Dental Implants

NO ORTHODONTIST

231876-0020RMN_1WM Kaiser HMO \$0 OV, 5 RX / PPO Dental & Vision				
	Monthly Rates	Annual Rates	PPO Dental & Vision	Monthly Overage
Single	\$ 193.00	\$ 2,316.00	\$ 4,272.12	
2 Party	\$ 1,185.00	\$ 14,220.00	\$ 16,176.12	
Family	\$ 1,878.00	\$ 22,536.00	\$ 24,492.12	\$ 236.43
231876-0020RMN_1WM Kaiser HMO \$0 OV, 5 RX / PPO Dental Implants & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 193.00	\$ 2,316.00	\$ 4,367.88	
2 Party	\$ 1,185.00	\$ 14,220.00	\$ 16,271.88	
Family	\$ 1,878.00	\$ 22,536.00	\$ 24,587.88	\$ 244.41
PPO 90 20, 5/20 RX - Incentive Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 980.00	\$ 11,760.00	\$ 13,234.32	
2 Party	\$ 1,913.00	\$ 22,956.00	\$ 24,430.32	\$ 231.28
Family	\$ 2,685.00	\$ 32,220.00	\$ 33,694.32	\$ 1,003.28
PPO 90 20, 5/20 RX - PPO Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 980.00	\$ 11,760.00	\$ 13,716.12	
2 Party	\$ 1,913.00	\$ 22,956.00	\$ 24,912.12	\$ 271.43
Family	\$ 2,685.00	\$ 32,220.00	\$ 34,176.12	\$ 1,043.43
PPO 90 20, 5/20 RX - PPO Dental Implants & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 980.00	\$ 11,760.00	\$ 13,811.88	
2 Party	\$ 1,913.00	\$ 22,956.00	\$ 25,007.88	\$ 279.41
Family	\$ 2,685.00	\$ 32,220.00	\$ 34,271.88	\$ 1,051.41
PPO 100 - Incentive Dental & Vision Incentive Dental & Vision				
	Monthly Rates	Annual Rates		Monthly Overage
Single	\$ 1,143.00	\$ 13,716.00	\$ 15,190.32	
2 Party	\$ 2,240.00	\$ 26,880.00	\$ 28,354.32	\$ 558.28
Family	\$ 3,151.00	\$ 37,812.00	\$ 39,286.32	\$ 1,469.28
PPO 100 - PPO Dental & Vision				
	Monthly Rates	Annual Rates	PPO Dental & Vision	Monthly Overage
Single	\$ 1,143.00	\$ 13,716.00	\$ 15,672.12	
2 Party	\$ 2,240.00	\$ 26,880.00	\$ 28,836.12	\$ 598.43
Family	\$ 3,151.00	\$ 37,812.00	\$ 39,768.12	\$ 1,509.43
PPO 100 - PPO Dental Implants & Vision				
	Monthly Rates	Annual Rates	PPO Dental & Vision	Monthly Overage
Single	\$ 1,143.00	\$ 13,716.00	\$ 15,767.88	
2 Party	\$ 2,240.00	\$ 26,880.00	\$ 28,931.88	\$ 606.41
Family	\$ 3,151.00	\$ 37,812.00	\$ 39,863.88	\$ 1,517.41

ORTHODONTIST

ORTHODONTIST & Dental Implants

NO ORTHODONTIST

ORTHODONTIST

ORTHODONTIST & Dental Implants

NO ORTHODONTIST

ORTHODONTIST

ORTHODONTIST & Dental Implants