

2025 Member + Spouse/DP + Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees: \$3,000 Kaiser High Deductible HMO						MB+SP/DP+CH:	\$ 1,913.22	Amount Available for P&F Members Medicare Part B Rmbrsmt.**
Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP+CH	Retiree Pays	Fund Pays	Total Monthly Premium			
Kaiser Permanente Plans (California Only)						Group # 887 & 230179		
1	\$3,000 High Deductible HMO*	MB + SP/DP + CH	KFMHDHP	0.00	1,913.22	1,913.22		
2	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB + SP/DP(M) + CH	A3-aHDHP	0.00	1,913.22	1,569.50	343.72	
3		MB(M) + SP/DP + CH	A3-cHDHP	0.00	1,913.22	1,569.50	343.72	
4		MB(M) + SP/DP(M) + CH	A3-eHDHP	0.00	1,913.22	1,225.78	687.44	
5	\$1,500 Deductible HMO	MB + SP/DP + CH	KFMDHMO	357.60	1,913.22	2,270.82		
6	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB + SP/DP(M) + CH	A3-aDHMO	229.64	1,913.22	2,142.86		
7		MB(M) + SP/DP + CH	A3-cDHMO	229.64	1,913.22	2,142.86		
8		MB(M) + SP/DP(M) + CH	A3-eDHMO	0.00	1,913.22	1,512.46	400.76	
9	\$25 Copay HMO	MB + SP/DP + CH	KFM	860.04	1,913.22	2,773.26		
10	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB + SP/DP(M) + CH	A3-a	229.64	1,913.22	2,142.86		
11		MB(M) + SP/DP + CH	A3-c	229.64	1,913.22	2,142.86		
12		MB(M) + SP/DP(M) + CH	A3-e	0.00	1,913.22	1,512.46	400.76	
13	Medicare Sr. Advantage	MB(M) + SP/DP(M) + CH(M)	A3-b	0.00	1,913.22	882.06	1031.16	
Anthem HMO Plans (California Only)								
14	\$20 Copay Traditional HMO	MB + SP/DP + CH	Z10MSPCH	1,605.00	1,913.22	3,518.22		
15	\$20 Copay Select HMO	MB + SP/DP + CH	NMSPCH	1,147.16	1,913.22	3,060.38		
16	\$1,500 Deductible Select HMO	MB + SP/DP + CH	OMSPCH	446.32	1,913.22	2,359.54		
17	Medicare Split: Medicare Advantage PPO & \$20 Copay Traditional HMO	MB (M) + SP/DP(M)+ CH	Z22MSPCH	430.56	1,913.22	2,343.78		
18		MB (M) + SP/DP + CH	Z23MSPCH	1,017.77	1,913.22	2,930.99		
19		M + SP/DP(M) + CH	Z24MSPCH	677.35	1,913.22	2,590.57		
20	Medicare Split: Medicare Advantage PPO & \$20 Copay Select HMO	MB (M) + SP/DP(M) + CH	Q1MSPCH	268.12	1,913.22	2,181.34		
21		MB (M) + SP/DP + CH	R1MSPCH	707.63	1,913.22	2,620.85		
22		MB + SP/DP(M) + CH	S1MSPCH	411.51	1,913.22	2,324.73		
23	Medicare Split: Medicare Advantage PPO & \$1500 Deductible Select HMO	MB (M) + SP/DP(M)+ CH	T1MSPCH	19.38	1,913.22	1,932.60		
24		MB (M) + SP/DP + CH	U1MSPCH	232.85	1,913.22	2,146.07		
25		MB + SP/DP(M) + CH	V1MSPCH	4.49	1,913.22	1,917.71		
Anthem PPO Plans (Nationwide)								
26	\$100 Deductible Select PPO	MB + SP/DP + CH	WMSPCH	6,824.66	1,913.22	8,737.88		
27	\$100 Deductible Classic PPO	MB + SP/DP + CH	XMSPCH	7,432.08	1,913.22	9,345.30		
28	\$2,500 Deductible Classic PPO*	MB + SP/DP + CH	YMSPCH	3,469.70	1,913.22	5,382.92		
29	Medicare Advantage PPO	MB(M) + SP/DP(M)+CH (M)	ZMSPCH	0.00	1,913.22	1,643.07	270.15	
30	Medicare Split: Medicare Advantage PPO & \$100 Deductible Select PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH	2,282.66	1,913.22	4,195.88		
31		MB(M) + SP/DP + CH	Z2MSPCH	4,553.63	1,913.22	6,466.85		
32		MB + SP/DP(M)+CH	Z3MSPCH	3,708.03	1,913.22	5,621.25		
33	Medicare Split: Medicare Advantage PPO & \$100 Deductible Classic PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH	2,498.22	1,913.22	4,411.44		
34		MB(M) + SP/DP + CH	Z5MSPCH	4,965.15	1,913.22	6,878.37		
35		MB + SP/DP(M)+CH	Z6MSPCH	4,060.75	1,913.22	5,973.97		
36	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible Classic PPO*	MB(M)+SP/DP(M)+CH	Z7MSPCH	1,092.22	1,913.22	3,005.44		
37		MB(M) + SP/DP + CH	Z8MSPCH	2,280.97	1,913.22	4,194.19		
38		MB + SP/DP(M)+CH	Z9MSPCH	1,760.01	1,913.22	3,673.23		
In-Lieu Credit Program						Monthly In-Lieu Credit		
Medical In-Lieu (In-lieu credits have no cash value)		MB + SP/DP + CH	FIL	478.31				
Dental In-Lieu (In-Lieu credits have no cash value)		MB + SP/DP + CH	DFIL	18.33				
Coverage Type 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.					
(M) = Medicare								
MB = Member or Survivor								
SP = Spouse								
DP = Domestic Partner								
CH = Child(ren)								
* Health Savings Account (H.S.A.) Compatible								