

City of San José
Office of Retirement Services

2026 Member + Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees: \$3,000 Kaiser High Deductible HMO						MB + CH:	\$1,234.72	Police & Fire Only: Medicare Part B Rmbrsmt.**
Providers & Plans		Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
Kaiser Permanente Plans <i>(California Only)</i>		Group # 887 & 230179						
1	\$3,000 High Deductible HMO*	MB + CH	KCHHDHP	\$0.00	\$1,234.72	\$1,234.72		
2	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + CH	A1-bHDHP	\$0.00	\$1,234.72	\$861.04	373.68	
3	\$1,500 Deductible HMO	MB + CH	KCHDHMO	\$230.76	\$1,234.72	\$1,465.48		
4	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	\$0.00	\$1,234.72	\$959.95	274.77	
5	\$25 Copay HMO	MB + CH	KCH	\$555.02	\$1,234.72	\$1,789.74		
6	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	\$0.00	\$1,234.72	\$1,098.91	135.81	
7	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	\$0.00	\$1,234.72	\$663.76	570.96	
Anthem HMO Plans <i>(California Only)</i>								
8	\$20 Copay <u>Traditional</u> HMO	MB + CH	ZMCH	\$849.02	\$1,234.72	\$2,083.74		
9	\$20 Copay <u>Select</u> HMO	MB + CH	HMCH	\$577.86	\$1,234.72	\$1,812.58		
10	\$1,500 Deductible <u>Select</u> HMO	MB + CH	IMCH	\$162.70	\$1,234.72	\$1,397.42		
11	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Traditional</u> HMO	MB(M)+CH	Z20MCH	\$1,923.28	\$1,234.72	\$3,158.00		
12		MB+CH(M)	Z21MCH	\$661.48	\$1,234.72	\$1,896.20		
13	Medicare Split: Medicare Advantage PPO 75 & \$20 Copay <u>Traditional</u> HMO	MB(M)+CH	Z20MCH75	\$1,896.04	\$1,234.72	\$3,130.76		
14		MB+CH(M)	Z21MCH75	\$634.24	\$1,234.72	\$1,868.96		
15	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Select</u> HMO	MB(M)+CH	K1MCH	\$1,608.53	\$1,234.72	\$2,843.25		
16		MB+CH(M)	L1MCH	\$510.88	\$1,234.72	\$1,745.60		
17	Medicare Split: Medicare Advantage PPO 75 & \$20 Copay <u>Select</u> HMO	MB(M)+CH	K1MCH75	\$1,581.29	\$1,234.72	\$2,816.01		
18		MB+CH(M)	L1MCH75	\$483.64	\$1,234.72	\$1,718.36		
19	Medicare Split: Medicare Advantage PPO & \$1500 Deductible <u>Select</u> HMO	MB(M)+CH	M1MCH	\$1,126.42	\$1,234.72	\$2,361.14		
20		MB+CH(M)	N1MCH	\$280.20	\$1,234.72	\$1,514.92		
21	Medicare Split: Medicare Advantage PPO 75 & \$1500 Deductible <u>Select</u> HMO	MB(M)+CH	M1MCH75	\$1,099.18	\$1,234.72	\$2,333.90		
22		MB+CH(M)	N1MCH75	\$252.96	\$1,234.72	\$1,487.68		

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Anthem PPO Plans <i>(Nationwide)</i>								
23	\$100 Deductible <u>Select</u> PPO	MB + CH	OMCH	\$3,853.56	\$1,234.72	\$5,088.28		
24	\$100 Deductible <u>Classic</u> PPO	MB + CH	PMCH	\$4,207.30	\$1,234.72	\$5,442.02		
25	\$2,500 High Deductible <u>Classic</u> PPO*	MB + CH	QMCH	\$1,899.88	\$1,234.72	\$3,134.60		
26	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	\$242.44	\$1,234.72	\$1,477.16		
27	Medicare Advantage PPO 75	MB(M) + CH(M)	RMCH75	\$187.96	\$1,234.72	\$1,422.68		
28	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+CH	SMCH	\$5,411.87	\$1,234.72	\$6,646.59		
29		MB+CH(M)	TMCH	\$2,330.66	\$1,234.72	\$3,565.38		
30	Medicare Split: Medicare Advantage PPO 75 & \$100 Deductible <u>Select</u> PPO	MB(M)+CH	SMCH75	\$5,384.63	\$1,234.72	\$6,619.35		
31		MB+CH(M)	TMCH75	\$2,303.42	\$1,234.72	\$3,538.14		
32	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+CH	UMCH	\$5,822.69	\$1,234.72	\$7,057.41		
33		MB+CH(M)	VMCH	\$2,527.22	\$1,234.72	\$3,761.94		
34	Medicare Split: Medicare Advantage PPO 75 & \$100 Deductible <u>Classic</u> PPO	MB(M)+CH	UMCH75	\$5,795.45	\$1,234.72	\$7,030.17		
35		MB+CH(M)	VMCH75	\$2,499.98	\$1,234.72	\$3,734.70		
36	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible <u>Classic</u> PPO*	MB(M)+CH	WMCH	\$3,143.50	\$1,234.72	\$4,378.22		
37		MB+CH(M)	XMCH	\$1,245.32	\$1,234.72	\$2,480.04		
38	Medicare Split: Medicare Advantage PPO 75 & \$2,500 Deductible <u>Classic</u> PPO*	MB(M)+CH	WMCH75	\$3,116.26	\$1,234.72	\$4,350.98		
39		MB+CH(M)	XMCH75	\$1,218.08	\$1,234.72	\$2,452.80		
In-Lieu Credit Program								
Medical In-Lieu <i>(In-Lieu credits have no cash value)</i>		MB + CH	MCIL	308.68				
Dental In-Lieu <i>(In-Lieu credits have no cash value)</i>		MB + CH	DMCIL	10.69				
Coverage Abbreviations: (M) = Medicare MB = Member or Survivor SP = Spouse DP = Domestic Partner CH = Child(ren)			**Police & Fire Retirees are eligible to receive Medicare Part B reimbursement if enrolled in a medicare plan where the Total Monthly Premium amount is lower than the Lowest Cost Plan subsidy amount. * <i>Health Savings Account (H.S.A.) Compatible</i>					