

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:	
Providers & Plans		Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium	Police & Fire Only: Medicare Part B Rmbrsmt.**
Kaiser Permanente Plans (California Only)		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 (California Only)							
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	\$777.24	\$1,234.72	\$2,011.96	
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	\$750.00	\$1,234.72	\$1,984.72	
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	\$611.58	\$1,234.72	\$1,846.30	
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	\$584.34	\$1,234.72	\$1,819.06	
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	\$357.84	\$1,234.72	\$1,592.56	
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	\$330.60	\$1,234.72	\$1,565.32	
22		MB+CH(M)	N1MCH75	\$252.96	\$1,234.72	\$1,487.68	

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Providers & Plans		Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
Anthem PPO Plans (Nationwide)								
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	\$2,613.34	\$1,234.72	\$3,848.06		
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	\$2,586.10	\$1,234.72	\$3,820.82		
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	\$2,829.56	\$1,234.72	\$4,064.28		
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	\$2,802.32	\$1,234.72	\$4,037.04		
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	\$1,419.46	\$1,234.72	\$2,654.18		
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	\$1,392.22	\$1,234.72	\$2,626.94		
39		MB+CH(M)	XMCH75	\$1,218.08	\$1,234.72	\$2,452.80		
In-Lieu Credit Program								
Medical In-Lieu (In-Lieu credits have no cash value)		MB + CH	MCIL	308.68				
Dental In-Lieu (In-Lieu credits have no cash value)		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. * Health Savings Account (H.S.A.) Compatible					