

City of San José  
Office of Retirement Services  
**2025 Member + Spouse Monthly Retiree Rates**

Lowest Cost Plan Available to Active Employees: \$3,000 Kaiser High Deductible HMO						MB + SP/DP: \$ 1,275.48	Police & Fire Members Only Medicare Part B Rmbrsmnt.**
Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP	Retiree Pays	Fund Pays	Total Monthly Premium		
<b>Kaiser Permanente Plans (California Only)</b>							
1	\$3,000 High Deductible HMO *	MB + SP/DP	KHDHP	0.00	1,275.48	1,275.48	
2	Medicare Split: Sr. Advantage/\$3,000 High Deductible HMO*	MB(M) + SP/DP	A1HDHP	0.00	1,275.48	931.76	343.72
3		MB + SP/DP(M)	A1-aHDHP	0.00	1,275.48	931.76	343.72
4	\$1,500 Deductible HMO	MB + SP/DP	KDHMO	238.40	1,275.48	1,513.88	
5	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + SP/DP	A1DHMO	0.00	1,275.48	1,050.96	224.52
6		MB + SP/DP(M)	A1-aDHMO	0.00	1,275.48	1,050.96	224.52
7	\$25 Copay HMO	MB + SP/DP	K	573.36	1,275.48	1,848.84	
8	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + SP/DP	A1	0.00	1,275.48	1,218.44	57.04
9		MB + SP/DP(M)	A1-a	0.00	1,275.48	1,218.44	57.04
10	Medicare Sr. Advantage \$25 Copay HMO plan	MB(M) + SP/DP(M)	A2	0.00	1,275.48	588.04	687.44
<b>Anthem HMO Plans (California Only)</b>							
11	\$20 Copay <u>Traditional</u> HMO	MB + SP/DP	ZMSP	1,221.32	1,275.48	2,496.80	
12	\$20 Copay <u>Select</u> HMO	MB + SP/DP	IMSP	896.42	1,275.48	2,171.90	
13	\$1,500 Deductible <u>Select</u> HMO	MB + SP/DP	JMSP	399.04	1,275.48	1,674.52	
14	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Traditional</u> HMO	MB (M) + SP/DP	Z18MSP	520.61	1,275.48	1,796.09	
15		MB + SP/DP (M)	Z19MSP	407.13	1,275.48	1,682.61	
16	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Select</u> HMO	MB(M) + SP/DP	L1MSP	358.17	1,275.48	1,633.65	
17		MB + SP/DP(M)	M1MSP	259.47	1,275.48	1,534.95	
18	Medicare Split: Medicare Advantage PPO & \$1500 Deductible <u>Select</u> HMO	MB(M) + SP/DP	N1MSP	109.43	1,275.48	1,384.91	
19		MB + SP/DP(M)	O1MSP	33.33	1,275.48	1,308.81	
<b>Anthem PPO Plans (Nationwide)</b>							
20	\$2,500 High Deductible <u>Classic</u> PPO*	MB + SP/DP	PMSP	2,544.62	1,275.48	3,820.10	
21	\$100 Deductible <u>Select</u> PPO	MB + SP/DP	QMSP	4,925.56	1,275.48	6,201.04	
22	\$100 Deductible <u>Classic</u> PPO	MB + SP/DP	RMSP	5,356.70	1,275.48	6,632.18	
23	Medicare Advantage PPO	MB(M) + SP/DP(M)	SMSP	0.00	1,275.48	1,095.38	180.10
24	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M) + SP/DP	TMSP	2,372.73	1,275.48	3,648.21	
25		MB + SP/DP(M)	UMSP	2,090.83	1,275.48	3,366.31	
26	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M) + SP/DP	VMSP	2,588.30	1,275.48	3,863.78	
27		MB + SP/DP(M)	WMSP	2,286.83	1,275.48	3,562.31	
28	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible <u>Classic</u> PPO*	MB(M) + SP/DP	XMSP	1,182.27	1,275.48	2,457.75	
29		MB + SP/DP(M)	YMSP	1,008.63	1,275.48	2,284.11	
<b>In-Lieu Credit Program</b>				<b>Monthly In-Lieu Credit</b>			
Medical In-Lieu (In Lieu credits have no cash value)		MB + SP/DP	MSIL	318.87			
Dental In-Lieu (In Lieu credits have no cash value)		MB + SP/DP	DMSIL	12.21			
<b>Coverage Abbreviations:</b> (M) = Medicare MB = Member or Survivor SP = Spouse DP = Domestic Partner CH = Child(ren) * Health Savings Account (H.S.A.) Compatible			**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.				