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 Rmbrsmt.**
	Providers & Plans	**Coverage Type**	**Plan Codes for MB+SP/DP**	**Retiree Pays**	Fund Pays	**Total Monthly Premium**	
	Kaiser Permanente Plans *(California Only)*						
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
	Anthem HMO Plans *(California Only)*						
11	**$20 Copay Traditional HMO**	MB + SP/DP	ZMSP	**1,221.32**	1,275.48	2,496.80	
12	**$20 Copay Select HMO**	MB + SP/DP	IMSP	**896.42**	1,275.48	2,171.90	
13	**$1,500 Deductible Select HMO**	MB + SP/DP	JMSP	**399.04**	1,275.48	1,674.52	
14	**Medicare Split: Medicare Advantage PPO & $20 Copay**	MB (M) + SP/DP	Z18MSP	**520.61**	1,275.48	1,796.09	
15	**Traditional HMO**	MB + SP/DP (M)	Z19MSP	**407.13**	1,275.48	1,682.61	
16	**Medicare Split: Medicare Advantage PPO & $20 Copay Select 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**	MB(M) + SP/DP	N1MSP	**109.43**	1,275.48	1,384.91	
19	**Select HMO**	MB + SP/DP(M)	O1MSP	**33.33**	1,275.48	1,308.81	
	Anthem PPO Plans *(Nationwide)*						
20	**$2,500 High Deductible Classic PPO***	MB + SP/DP	PMSP	**2,544.62**	1,275.48	3,820.10	
21	**$100 Deductible Select PPO**	MB + SP/DP	QMSP	**4,925.56**	1,275.48	6,201.04	
22	**$100 Deductible Classic 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**	MB(M) + SP/DP	TMSP	**2,372.73**	1,275.48	3,648.21	
25	**Select PPO**	MB + SP/DP(M)	UMSP	**2,090.83**	1,275.48	3,366.31	
26	**Medicare Split: Medicare Advantage PPO & $100 Deductible**	MB(M) + SP/DP	VMSP	**2,588.30**	1,275.48	3,863.78	
27	**Classic PPO**	MB + SP/DP(M)	WMSP	**2,286.83**	1,275.48	3,562.31	
28	**Medicare Split: Medicare Advantage PPO & $2,500 High Deductible**	MB(M) + SP/DP	XMSP	**1,182.27**	1,275.48	2,457.75	
29	**Classic PPO***	MB + SP/DP(M)	YMSP	**1,008.63**	1,275.48	2,284.11	
	In-Lieu Credit Program			**Monthly In-Lieu Credit**			
	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	**12.17**			

Coverage Abbreviations:

(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.