

City of San José  
Office of Retirement Services  
**2026 Member + Spouse/DP + Child(ren) Monthly Retiree Rates**

Lowest Cost Plan Available to Active Employees: \$3,000 Kaiser High Deductible HMO							Amount Available for P&F Members Medicare Part B Rmbrsmt.**
MB+SP/DP+CH: \$2,116.62							
Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
<b>Kaiser Permanente Plans (California Only)</b>							<b>Group # 887 &amp; 230179</b>
1 \$3,000 High Deductible HMO*	MB + SP/DP + CH	KFMHDHP	\$0.00	\$2,116.62	\$2,116.62		
2	MB + SP/DP(M) + CH	A3-aHDHP	\$0.00	\$2,116.62	\$1,742.98		373.64
3 Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + SP/DP + CH	A3-cHDHP	\$0.00	\$2,116.62	\$1,742.98		373.64
4	MB(M) + SP/DP(M) + CH	A3-eHDHP	\$0.00	\$2,116.62	\$1,369.31		747.31
5 \$1,500 Deductible HMO	MB + SP/DP + CH	KFMDHMO	\$395.58	\$2,116.62	\$2,512.20		
6	MB + SP/DP(M) + CH	A3-aDHMO	\$0.00	\$2,116.62	\$2,006.74		109.88
7 Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + SP/DP + CH	A3-cDHMO	\$0.00	\$2,116.62	\$2,006.74		109.88
8	MB(M) + SP/DP(M) + CH	A3-eDHMO	\$0.00	\$2,116.62	\$1,501.19		615.43
9 \$25 Copay HMO	MB + SP/DP + CH	KFM	\$951.48	\$2,116.62	\$3,068.10		
10 Medicare Split: Sr. Advantage & \$25 Copay HMO	MB + SP/DP(M) + CH	A3-a	\$260.68	\$2,116.62	\$2,377.30		
11	MB(M) + SP/DP + CH	A3-c	\$260.68	\$2,116.62	\$2,377.30		
12	MB(M) + SP/DP(M) + CH	A3-e	\$0.00	\$2,116.62	\$1,686.47		430.15
13 Medicare Sr. Advantage	MB(M) + SP/DP(M) + CH(M)	A3-b	\$0.00	\$2,116.62	\$995.64		1120.98
<b>Anthem HMO Plans (California Only)</b>							
14 \$20 Copay <u>Traditional</u> HMO	MB + SP/DP + CH	Z10MSPCH	\$1,471.96	\$2,116.62	\$3,588.58		
15 \$20 Copay <u>Select</u> HMO	MB + SP/DP + CH	NMSPCH	\$1,004.98	\$2,116.62	\$3,121.60		
16 \$1,500 Deductible <u>Select</u> HMO	MB + SP/DP + CH	OMSPCH	\$290.12	\$2,116.62	\$2,406.74		
17	MB (M) + SP/DP(M)+ CH	Z22MSPCH	\$1,779.96	\$2,116.62	\$3,896.58		
18 Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Traditional</u> HMO	MB (M) +SP/DP + CH	Z23MSPCH	\$1,041.38	\$2,116.62	\$3,158.00		
19	M + SP/DP(M) + CH	Z24MSPCH	\$705.70	\$2,116.62	\$2,822.32		
20	MB (M) + SP/DP(M) + CH	Z22MSPCH75	\$1,725.48	\$2,116.62	\$3,842.10		
21 Medicare Split: Medicare Advantage PPO 75 & \$20 Copay <u>Traditional</u> HMO	MB (M) + SP/DP + CH	Z23MSPCH75	\$1,014.14	\$2,116.62	\$3,130.76		
22	MB + SP/DP(M) + CH	Z24MSPCH75	\$678.46	\$2,116.62	\$2,795.08		
23	MB (M) + SP/DP(M) + CH	Q1MSPCH	\$1,465.21	\$2,116.62	\$3,581.83		
24 Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Select</u> HMO	MB (M) + SP/DP + CH	R1MSPCH	\$726.63	\$2,116.62	\$2,843.25		
25	MB + SP/DP(M) + CH	S1MSPCH	\$434.54	\$2,116.62	\$2,551.16		
26	MB (M) + SP/DP(M) + CH	Q1MSPCH75	\$1,410.73	\$2,116.62	\$3,527.35		
27 Medicare Split: Medicare Advantage PPO 75 & \$20 Copay <u>Select</u> HMO	MB (M) + SP/DP + CH	R1MSPCH75	\$699.39	\$2,116.62	\$2,816.01		
28	MB + SP/DP(M) + CH	S1MSPCH75	\$407.30	\$2,116.62	\$2,523.92		
29	MB (M) + SP/DP(M)+ CH	T1MSPCH	\$983.10	\$2,116.62	\$3,099.72		
30 Medicare Split: Medicare Advantage PPO & \$1,500 Deductible <u>Select</u> HMO	MB (M) + SP/DP + CH	U1MSPCH	\$244.52	\$2,116.62	\$2,361.14		
31	MB + SP/DP(M) + CH	V1MSPCH	\$19.38	\$2,116.62	\$2,136.00		
32	MB (M) + SP/DP(M)+ CH	T1MSPCH75	\$928.62	\$2,116.62	\$3,045.24		
33 Medicare Split: Medicare Advantage PPO 75 & \$1,500 Deductible <u>Select</u> HMO	MB (M) + SP/DP + CH	U1MSPCH75	\$217.28	\$2,116.62	\$2,333.90		
34	MB + SP/DP(M) + CH	V1MSPCH75	\$0.00	\$2,116.62	\$2,108.76		

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Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
Anthem PPO Plans (Nationwide)							
35	\$100 Deductible Select PPO	MB + SP/DP + CH	WMSPCH	\$6,646.60	\$2,116.62	\$8,763.22	
36	\$100 Deductible <u>Classic</u> PPO	MB + SP/DP + CH	XMSPCH	\$7,255.78	\$2,116.62	\$9,372.40	
37	\$2,500 Deductible <u>Classic</u> PPO*	MB + SP/DP + CH	YMSPCH	\$3,281.92	\$2,116.62	\$5,398.54	
38	Medicare Advantage PPO	MB(M) + SP/DP(M)+CH (M)	ZMSPCH	\$99.12	\$2,116.62	\$2,215.74	
39	Medicare Advantage PPO 75	MB(M) + SP/DP(M)+CH (M)	ZMSPCH75	\$17.40	\$2,116.62	\$2,134.02	
40	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH	\$5,268.55	\$2,116.62	\$7,385.17	
41		MB(M) + SP/DP + CH	Z2MSPCH	\$4,529.97	\$2,116.62	\$6,646.59	
42		MB +SP/DP(M)+CH	Z3MSPCH	\$3,710.24	\$2,116.62	\$5,826.86	
43	Medicare Split: Medicare Advantage PPO 75 & \$100 Deductible <u>Select</u> PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH75	\$5,214.07	\$2,116.62	\$7,330.69	
44		MB(M) + SP/DP + CH	Z2MSPCH75	\$4,502.73	\$2,116.62	\$6,619.35	
45		MB +SP/DP(M)+CH	Z3MSPCH75	\$3,683.00	\$2,116.62	\$5,799.62	
46	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH	\$5,679.37	\$2,116.62	\$7,795.99	
47		MB(M) + SP/DP + CH	Z5MSPCH	\$4,940.79	\$2,116.62	\$7,057.41	
48		MB +SP/DP(M)+CH	Z6MSPCH	\$4,063.98	\$2,116.62	\$6,180.60	
49	Medicare Split: Medicare Advantage PPO 75 & \$100 Deductible <u>Classic</u> PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH75	\$5,624.89	\$2,116.62	\$7,741.51	
50		MB(M) + SP/DP + CH	Z5MSPCH75	\$4,913.55	\$2,116.62	\$7,030.17	
51		MB +SP/DP(M)+CH	Z6MSPCH75	\$4,036.74	\$2,116.62	\$6,153.36	
52	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible <u>Classic</u> PPO*	MB(M)+SP/DP(M)+CH	Z7MSPCH	\$3,000.18	\$2,116.62	\$5,116.80	
53		MB(M) + SP/DP + CH	Z8MSPCH	\$2,261.60	\$2,116.62	\$4,378.22	
54		MB +SP/DP(M)+CH	Z9MSPCH	\$1,756.56	\$2,116.62	\$3,873.18	
55	Medicare Split: Medicare Advantae PPO 75 & 2,500 Deductible <u>Classic</u> PPO	MB(M)+SP/DP(M)+CH	Z7MSPCH75	\$2,945.70	\$2,116.62	\$5,062.32	
56		MB(M) + SP/DP + CH	Z8MSPCH75	\$2,234.36	\$2,116.62	\$4,350.98	
57		MB +SP/DP(M)+CH	Z9MSPCH75	\$1,756.56	\$2,116.62	\$3,873.18	
In-Lieu Credit Program							
Medical In-Lieu (In-lieu credits have no cash value)		MB + SP/DP + CH	FIL	Monthly In-Lieu Credit			
Dental In-Lieu (In-Lieu credits have no cash value)		MB + SP/DP + CH	DFIL	529.16			
				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							