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			MB+SP/DP+CH:		$2,116.62	Amount Available for P&F Members Medicare Part B Rmbrsmt.**
	Providers & Plans	**Coverage Type**	**Plan Codes for MB+SP/DP+CH**	**Retiree Pays**	**Fund Pays**	**Total Monthly Premium**	
	Kaiser Permanente Plans ***(California Only)***		***Group # 887 & 230179***				
1	**$3,000 High Deductible HMO***	MB + SP/DP + CH	KFMHDHP	**$0.00**	$2,116.62	$2,116.62	
2	**Medicare Split: Sr. Advantage & $3,000 High Deductible HMO***	MB + SP/DP(M) + CH	A3-aHDHP	**$0.00**	$2,116.62	$1,742.98	373.64
3		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	**Medicare Split: Sr. Advantage & $1,500 Deductible HMO**	MB + SP/DP(M) + CH	A3-aDHMO	**$0.00**	$2,116.62	$2,006.74	109.88
7		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
	Anthem HMO Plans ***(California Only)***						
14	**$20 Copay Traditional HMO**	MB + SP/DP + CH	Z10MSPCH	**$1,471.96**	$2,116.62	$3,588.58	
15	**$20 Copay Select HMO**	MB + SP/DP + CH	NMSPCH	**$1,004.98**	$2,116.62	$3,121.60	
16	**$1,500 Deductible Select HMO**	MB + SP/DP + CH	OMSPCH	**$290.12**	$2,116.62	$2,406.74	
17	**Medicare Split: Medicare Advantage PPO & $20 Copay Traditional HMO**	MB (M) + SP/DP(M)+ CH	Z22MSPCH	**$633.92**	$2,116.62	$2,750.54	
18		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	**Medicare Split: Medicare Advantage PPO 75 & $20 Copay Tranditional HMO**	MB (M) + SP/DP(M) + CH	Z22MSPCH75	**$579.44**	$2,116.62	$2,696.06	
21		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	**Medicare Split: Medicare Advantage PPO & $20 Copay Select HMO**	MB (M) + SP/DP(M) + CH	Q1MSPCH	**$468.26**	$2,116.62	$2,584.88	
24		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	**Medicare Split: Medicare Advantage PPO 75 & $20 Copay Select HMO**	MB (M) + SP/DP(M) + CH	Q1MSPCH75	**$413.78**	$2,116.62	$2,530.40	
27		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	**Medicare Split: Medicare Advantage PPO & $1,500 Deductible Select HMO**	MB (M) + SP/DP(M)+ CH	T1MSPCH	**$214.52**	$2,116.62	$2,331.14	
30		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	**Medicare Split: Medicare Advantage PPO 75 & $1,500 Deductible Select HMO**	MB (M) + SP/DP(M)+ CH	T1MSPCH75	**$160.04**	$2,116.62	$2,276.66	
33		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 Classic PPO**	MB + SP/DP + CH	XMSPCH	**$7,255.78**	$2,116.62	$9,372.40	
37	**$2,500 Deductible Classic 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 Select PPO**	MB(M)+SP/DP(M)+CH	Z1MSPCH	**$2,470.02**	$2,116.62	$4,586.64	
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 Select PPO**	MB(M)+SP/DP(M)+CH	Z1MSPCH75	**$2,415.54**	$2,116.62	$4,532.16	
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 Classic PPO**	MB(M)+SP/DP(M)+CH	Z4MSPCH	**$2,686.24**	$2,116.62	$4,802.86	
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 Classic PPO**	MB(M)+SP/DP(M)+CH	Z4MSPCH75	**$2,631.76**	$2,116.62	$4,748.38	
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 Classic PPO***	MB(M)+SP/DP(M)+CH	Z7MSPCH	**$1,276.14**	$2,116.62	$3,392.76	
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 Classic PPO**	MB(M)+SP/DP(M)+CH	Z7MSPCH75	**$1,221.66**	$2,116.62	$3,338.28	
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			**Monthly In-Lieu Credit**			
	Medical In-Lieu *(In-lieu credits have no cash value)*	MB + SP/DP + CH	FIL	**529.16**			
	Dental In-Lieu *(In-Lieu credits have no cash value)*	MB + SP/DP + CH	DFIL	**18.33**			

Coverage Type 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 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.