

City of San José
Office of Retirement Services
2025 VEBA Member Monthly Retiree Rates

Provider/Plan	Coverage Type	Plan Codes	Retiree Pays
Kaiser Permanente VEBA Plans (California Only) Group # 606031			
VEBA \$25 Copay HMO			
A	M Only	VA	1,529.26
B	M + SP/DP	VB	3,058.52
C	M + CH	VC	2,676.22
D	M + SP/DP + CH	VD	4,587.78
Medicare Split: VEBA Sr. Advantage* /VEBA \$25 Co-Pay HMO			
E	M(M) + SP/DP	VE	1,826.54
F	M + SP/DP (M)	VF	1,826.54
G	M (M) + CH	VG	1,444.24
H	M (M) + SP/DP (M) + CH	VH	2,123.82
I	M (M) +SP/DP+ CH	VI	3,355.80
J	M + SP/DP (M) + CH	VJ	3,355.80
Medicare VEBA Sr. Advantage* Plan			
K	M(M) Only	VK	\$297.28
L	M(M) + SP/DP(M)	VL	594.56
M	M (M) + CH (M)	VM	594.56
Anthem VEBA Plans (Nationwide)			
VEBA \$2,500 High Deductible Classic PPO			2025 RATES
N	M Only	VN	3,472.78
O	M + SP/DP	VO	7,640.24
P	M + CH	VP	6,251.08
Q	M + SP/DP + CH	VQ	10,765.80
Medicare Split: VEBA Medicare Advantage* PPO & VEBA \$2,500 High Deductible Classic PPO			
R	M(M) + SP/DP	VR	4,367.81
S	M + SP/DP (M)	VS	4,020.47
T	M (M) + CH	VT	4,367.81
U	M (M) + SP/DP (M) + CH	VU	4,915.50
V	M (M) +SP/DP+ CH	VV	7,840.71
W	M + SP/DP (M) + CH	VW	6,798.77
VEBA Medicare Advantage* PPO Plan			
X	M(M) Only	VX	547.69
Y	M(M) + SP/DP(M)	VY	1,095.38
Z	M (M) + CH (M)	VZ	1,095.38
Delta Dental VEBA HMO (California Only)			
Delta Care VEBA HMO			
	M Only	VDENTAL4	\$18.16
	M + SP/DP	VDENTALSP	\$36.33
	M + CH	VDENTAL4CH	\$39.34
	M + SP/DP + CH	VDENTALFM	\$62.36
Coverage Abbreviations:			
M = Member or Survivor			
SP = Spouse			
DP = Domestic Partner			
CH = Child(ren)			
(M) = Medicare			
* Enrollment in VEBA Medicare Plans requires proof of enrollment in <u>both</u> Medicare parts A&B			