City of San José Office of Retirement Services

2026 Member Only Monthly Retiree Rates

	Lowest Cost Plan Available to Active Employees: §3,000 Kaiser High Deductible HMO Member Only					\$705.54	
	Providers & Plans	Coverage Type	Plan Codes MB Only	Retiree Pays	Fund Pays	Total Monthly Premium	Police &Fire Members Only Medicare Part B Rmbrsmt.**
	Kaiser Permanente Plans (California Only)	Group # 887 & 230179					
1	\$3,000 High Deductible HMO	MB	SHDHP	\$0.00	\$705.54	\$705.54	
2	\$1,500 Deductible HMO	МВ	SDHMO	\$131.86	\$705.54	\$837.40	
3	\$25 Copay HMO	MB	S	\$317.16	\$705.54	\$1,022.70	
4	Medicare Senior Advantage	MB (M)	A	\$0.00	\$705.54	\$331.88	373.66
	Anthem HMO Plans (California Only)						
5	\$20 Copay <u>Traditional</u> HMO	MB	ZMB	\$452.08	\$705.54	\$1,157.62	
6	\$20 Copay <u>Select</u> HMO	МВ	EMB	\$301.48	\$705.54	\$1,007.02	
7	\$1,500 Deductible <u>Select</u> HMO	МВ	FMB	\$70.80	\$705.54	\$776.34	
	Anthem PPO Plans (Nationwide)						
8	\$100 Deductible <u>Classic</u> PPO	MB	HMB	\$2,317.82	\$705.54	\$3,023.36	
9	\$100 Deductible <u>Select</u> PPO	МВ	IMB	\$2,121.26	\$705.54	\$2,826.80	
10	\$2,500 High Deductible <u>Classic</u> PPO*	МВ	JMB	\$1,035.92	\$705.54	\$1,741.46	
11	Medicare Advantage PPO	MB (M)	KMB	\$33.04	\$705.54	\$738.58	
12	Medicare Advantage PPO 75	MB (M)	KMB75	\$5.80	\$705.54	\$711.34	
	In-Lieu Credit Program		Monthly In-Lieu Credit				
	Medical In-Lieu (In Lieu Credits have no cash value)	MB	SIL				
	Dental In-Lieu (In Lieu credits have no cash value)	MB	DSIL	6.11			
	Coverage Abbreviations: (M) = Medicare MB = Member/Survivor SP = Spouse DP = Domestic Partner CH = Child(ren)	**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. * Health Savings Account (H.S.A.) compatible					