

City of San José
Office of Retirement Services
2023 Member + Spouse/DP + Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:							Amount Available for P&F Members Medicare Part B Rmbrsmnt.**
Kaiser \$3,000 High Deductible					MB+SP/DP+CH:	1,627.08	
Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
Kaiser Permanente Plans (California Only)							MSPCH
Group # 887 & 230179							
1	\$3,000 High Deductible HMO*	MB + SP/DP + CH	KFMHDHP	0.00	1,627.08	1,627.08	
2	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB + SP/DP(M) + CH	A3-aHDHP	0.00	1,627.08	1,317.01	310.07
3		MB(M) + SP/DP + CH	A3-CHDHP	0.00	1,627.08	1,317.01	310.07
4		MB(M) + SP/DP(M) + CH	A3-eHDHP	0.00	1,627.08	1,006.94	620.14
5	\$1,500 Deductible HMO	MB + SP/DP + CH	KFMDHMO	304.06	1,627.08	1,931.14	
6	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB + SP/DP(M) + CH	A3-aDHMO	0.00	1,627.08	1,519.73	107.35
7		MB(M) + SP/DP + CH	A3-cDHMO	0.00	1,627.08	1,519.71	107.37
8		MB(M) + SP/DP(M) + CH	A3-eDHMO	0.00	1,627.08	1,108.30	518.78
9	\$25 Copay HMO	MB + SP/DP + CH	KFM	731.38	1,627.08	2,358.46	
10	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB + SP/DP(M) + CH	A3-a	177.53	1,627.08	1,804.61	
11		MB(M) + SP/DP + CH	A3-c	177.51	1,627.08	1,804.59	
12		MB(M) + SP/DP(M) + CH	A3-e	0.00	1,627.08	1,250.74	376.34
13	Medicare Sr. Advantage	MB(M) + SP/DP(M) + CH(M)	A3-b	0.00	1,627.08	696.87	930.21
Anthem HMO Plans (California Only)							
14	\$20 Copay Traditional HMO	MB + SP/DP + CH	Z10MSPCH	1,086.02	1,627.08	2,713.10	
15	\$20 Copay Select HMO	MB + SP/DP + CH	NMSPCH	732.96	1,627.08	2,360.04	
16	\$1,500 Deductible Select HMO	MB + SP/DP + CH	OMSPCH	192.50	1,627.08	1,819.58	
17	Medicare Advantage HMO	MB (M)+SP/DP(M)+CH (M)	PMSPCH	0.00	1,627.08	1,333.59	293.49
18	Medicare Split: Medicare Advantage HMO & \$20 Copay Traditional HMO	MB (M) + SP/DP(M)+ CH	Z15MSPCH	224.70	1,627.08	1,851.78	
19		MB (M) + SP/DP + CH	Z16MSPCH	655.35	1,627.08	2,282.43	
20		M + SP/DP(M) + CH	Z17MSPCH	392.83	1,627.08	2,019.91	
21	Medicare Split: Medicare Advantage HMO & \$20 Copay Select HMO	MB (M) + SP/DP(M) + CH	QMSPCH	99.42	1,627.08	1,726.50	
22		MB (M) + SP/DP + CH	RMSPCH	416.19	1,627.08	2,043.27	
23		MB + SP/DP(M) + CH	SMSPCH	187.83	1,627.08	1,814.91	
24	Medicare Split: Medicare Advantage HMO & \$1500 Deductible Select HMO	MB (M) + SP/DP(M) + CH	TMSPCH	0.00	1,627.08	1,534.70	92.38
25		MB (M) + SP/DP + CH	UMSPCH	50.05	1,627.08	1,677.13	
26		MB + SP/DP(M) + CH	VMSPCH	0.00	1,627.08	1,501.03	126.05
Anthem PPO Plans (Nationwide)							
27	\$100 Deductible Select PPO	MB + SP/DP + CH	WMSPCH	5,111.20	1,627.08	6,738.28	
28	\$100 Deductible Classic PPO	MB + SP/DP + CH	XMSPCH	5,579.62	1,627.08	7,206.70	
29	\$2,500 Deductible Classic PPO*	MB + SP/DP + CH	YMSPCH	2,524.00	1,627.08	4,151.08	
30	Medicare Advantage PPO	MB(M) + SP/DP(M)+CH (M)	ZMSPCH	0.00	1,627.08	1,463.43	163.65
31	Medicare Split: Medicare Advantage PPO & \$100 Deductible Select PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH	1,739.52	1,627.08	3,366.60	
32		MB(M) + SP/DP + CH	Z2MSPCH	3,425.35	1,627.08	5,052.43	
33		MB +SP/DP(M)+CH	Z3MSPCH	2,773.25	1,627.08	4,400.33	
34	Medicare Split: Medicare Advantage PPO & \$100 Deductible Classic PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH	1,905.76	1,627.08	3,532.84	
35		MB(M) + SP/DP + CH	Z5MSPCH	3,742.69	1,627.08	5,369.77	
36		MB +SP/DP(M)+CH	Z6MSPCH	3,045.25	1,627.08	4,672.33	
37	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible Classic PPO*	MB(M)+SP/DP(M)+CH	Z7MSPCH	821.50	1,627.08	2,448.58	
38		MB(M) + SP/DP + CH	Z8MSPCH	1,672.77	1,627.08	3,299.85	
39		MB +SP/DP(M)+CH	Z9MSPCH	1,271.01	1,627.08	2,898.09	
In-Lieu Credit Program							Monthly In-Lieu Credit
Medical In-Lieu (In-lieu credits have no cash value)		MB + SP/DP + CH	FIL	406.77			
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.				