

City of San José  
Office of Retirement Services

**2024 Member + Spouse/DP + Child(ren) Monthly Retiree Rates**

Lowest Cost Plan Available to Active Employees:						Amount Available for P&F Members Medicare Part B Rmbrsmt.**	
					\$ 1,790.52		
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	\$3,200 High Deductible HMO*	MB + SP/DP + CH	KFMHDHP	0.00	1,790.52	1,790.52	
2	Medicare Split: Sr. Advantage & \$3,200 High Deductible HMO*	MB + SP/DP(M) + CH	A3-aHDHP	0.00	1,790.52	1,463.77	326.75
3		MB(M) + SP/DP + CH	A3-cHDHP	0.00	1,790.52	1,463.77	326.75
4		MB(M) + SP/DP(M) + CH	A3-eHDHP	0.00	1,790.52	1,137.02	653.50
5	\$1,500 Deductible HMO	MB + SP/DP + CH	KFMDHMO	334.60	1,790.52	2,125.12	
6	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB + SP/DP(M) + CH	A3-aDHMO	0.00	1,790.52	1,686.85	103.67
7		MB(M) + SP/DP + CH	A3-cDHMO	0.00	1,790.52	1,686.83	103.69
8		MB(M) + SP/DP(M) + CH	A3-eDHMO	0.00	1,790.52	1,248.56	541.96
9	\$25 Copay HMO	MB + SP/DP + CH	KFM	804.82	1,790.52	2,595.34	
10	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB + SP/DP(M) + CH	A3-a	209.81	1,790.52	2,000.33	
11		MB(M) + SP/DP + CH	A3-c	209.79	1,790.52	2,000.31	
12		MB(M) + SP/DP(M) + CH	A3-e	0.00	1,790.52	1,405.30	385.22
13	Medicare Sr. Advantage	MB(M) + SP/DP(M) + CH(M)	A3-b	0.00	1,790.52	810.27	980.25
Anthem HMO Plans (California Only)							
14	\$20 Copay Traditional HMO	MB + SP/DP + CH	Z10MSPCH	1,560.16	1,790.52	3,350.68	
15	\$20 Copay Select HMO	MB + SP/DP + CH	NMSPCH	1,124.12	1,790.52	2,914.64	
16	\$1,500 Deductible Select HMO	MB + SP/DP + CH	OMSPCH	456.66	1,790.52	2,247.18	
17	Medicare Split: Medicare Advantage PPO & \$20 Copay Traditional HMO	MB (M) + SP/DP(M)+ CH	Z22MSPCH	403.82	1,790.52	2,194.34	
18		MB (M) +SP/DP + CH	Z23MSPCH	981.97	1,790.52	2,772.49	
19		M + SP/DP(M) + CH	Z24MSPCH	657.77	1,790.52	2,448.29	
20	Medicare Split: Medicare Advantage PPO & \$20 Copay Select HMO	MB (M) + SP/DP(M) + CH	Q1MSPCH	249.10	1,790.52	2,039.62	
21		MB (M) + SP/DP + CH	R1MSPCH	686.61	1,790.52	2,477.13	
22		MB + SP/DP(M) + CH	S1MSPCH	404.59	1,790.52	2,195.11	
23	Medicare Split: Medicare Advantage PPO & \$1500 Deductible Select HMO	MB (M) + SP/DP(M)+ CH	T1MSPCH	12.22	1,790.52	1,802.74	
24		MB (M) + SP/DP + CH	U1MSPCH	234.43	1,790.52	2,024.95	
25		MB + SP/DP(M) + CH	V1MSPCH	16.95	1,790.52	1,807.47	
Anthem PPO Plans (Nationwide)							
26	\$100 Deductible Select PPO	MB + SP/DP + CH	WMSPCH	6,531.26	1,790.52	8,321.78	
27	\$100 Deductible Classic PPO	MB + SP/DP + CH	XMSPCH	7,109.76	1,790.52	8,900.28	
28	\$2,500 Deductible Classic PPO*	MB + SP/DP + CH	YMSPCH	3,336.06	1,790.52	5,126.58	
29	Medicare Advantage PPO	MB(M) + SP/DP(M)+CH (M)	ZMSPCH	0.00	1,790.52	1,508.07	282.45
30	Medicare Split: Medicare Advantage PPO & \$100 Deductible Select PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH	2,167.72	1,790.52	3,958.24	
31		MB(M) + SP/DP + CH	Z2MSPCH	4,349.47	1,790.52	6,139.99	
32		MB +SP/DP(M)+CH	Z3MSPCH	3,544.13	1,790.52	5,334.65	
33	Medicare Split: Medicare Advantage PPO & \$100 Deductible Classic PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH	2,373.02	1,790.52	4,163.54	
34		MB(M) + SP/DP + CH	Z5MSPCH	4,741.39	1,790.52	6,531.91	
35		MB +SP/DP(M)+CH	Z6MSPCH	3,880.05	1,790.52	5,670.57	
36	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible Classic PPO*	MB(M)+SP/DP(M)+CH	Z7MSPCH	1,033.96	1,790.52	2,824.48	
37		MB(M) + SP/DP + CH	Z8MSPCH	2,185.03	1,790.52	3,975.55	
38		MB +SP/DP(M)+CH	Z9MSPCH	1,688.87	1,790.52	3,479.39	
In-Lieu Credit Program			Monthly In-Lieu Credit				
Medical In-Lieu (In-lieu credits have no cash value)		MB + SP/DP + CH	FIL	447.63			
Dental In-Lieu (In-Lieu credits have no cash value)		MB + SP/DP + CH	DFIL	18.33			
<b>Coverage Type Abbreviations:</b>			**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							