

City of San José
Office of Retirement Services

2025 Member Only Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:						Member Only: \$ 637.74	
\$3,000 Kaiser High Deductible HMO							
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	637.74	637.74	
2	\$1,500 Deductible HMO	MB	SDHMO	119.20	637.74	756.94	
3	\$25 Copay HMO	MB	S	286.68	637.74	924.42	
4	Medicare Senior Advantage	MB (M)	A	0.00	637.74	294.02	343.72
Anthem HMO Plans (California Only)							
5	\$20 Copay <u>Traditional</u> HMO	MB	ZMB	497.18	637.74	1134.92	
6	\$20 Copay <u>Select</u> HMO	MB	EMB	349.52	637.74	987.26	
7	\$1,500 Deductible <u>Select</u> HMO	MB	FMB	123.38	637.74	761.12	
Anthem PPO Plans (Nationwide)							
8	\$100 Deductible <u>Classic</u> PPO	MB	HMB	2376.88	637.74	3,014.62	
9	\$100 Deductible <u>Select</u> PPO	MB	IMB	2180.88	637.74	2,818.62	
10	\$2,500 High Deductible <u>Classic</u> PPO*	MB	JMB	1098.68	637.74	1,736.42	
11	Medicare Advantage PPO	MB (M)	KMB	0.00	637.74	547.69	90.05
In-Lieu Credit Program						Monthly In-Lieu Credit	
Medical In-Lieu <i>(In Lieu Credits have no cash value)</i>		MB	SIL	159.44			
Dental In-Lieu <i>(In Lieu credits have no cash value)</i>		MB	DSIL	6.11			
Coverage Abbreviations:			**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/Survivor							
SP = Spouse							
DP = Domestic Partner							
CH = Child(ren)							
* <i>Health Savings Account (H.S.A.) compatible</i>							