

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

Lowest Cost Plan Available to Active Employees:							Police & Fire Only: Medicare Part B Rmbrsmt.**
Kaiser \$3,000 High Deductible				MB + CH:		949.12	
Providers & Plans		Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium	
<b>Kaiser Permanente Plans (California Only)</b>							<b>Group # 887 &amp; 230179</b>
1	\$3,000 High Deductible HMO*	MB + CH	KCHHDHP	0.00	949.12	949.12	
2	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + CH	A1-bHDHP	0.00	949.12	639.05	310.07
3	\$1,500 Deductible HMO	MB + CH	KCHDHMO	177.38	949.12	1,126.50	
4	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	0.00	949.12	715.07	234.05
5	\$25 Copay HMO	MB + CH	KCH	426.64	949.12	1,375.76	
6	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	0.00	949.12	821.89	127.23
7	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	0.00	949.12	464.58	484.54
<b>Anthem HMO Plans (California Only)</b>							
8	\$20 Copay Traditional HMO	MB + CH	ZMCH	626.26	949.12	1,575.38	
9	\$20 Copay Select HMO	MB + CH	HMCH	421.26	949.12	1,370.38	
10	\$1,500 Deductible Select HMO	MB + CH	IMCH	107.38	949.12	1,056.50	
11	Medicare Advantage HMO	MB(M) + CH (M)	JMCH	0.00	949.12	889.06	60.06
12	Medicare Advantage HMO & \$20 Copay Traditional HMO	MB(M)+CH	Z13MCH	458.13	949.12	1,407.25	
13		MB+CH(M)	Z14MCH	370.61	949.12	1,319.73	
15	Medicare Split: Advantage HMO & \$20 Copay Select HMO	MB(M)+CH	KMCH	332.85	949.12	1,281.97	
16		MB+CH(M)	LMCH	256.73	949.12	1,205.85	
17	Medicare Split: Advantage HMO / \$1500 Deductible Select HMO	MB(M)+CH	MMCH	141.05	949.12	1,090.17	
18		MB+CH(M)	NMCH	82.35	949.12	1,031.47	
<b>Anthem PPO Plans (Nationwide)</b>							
19	\$100 Deductible Select PPO	MB + CH	OMCH	2,963.40	949.12	3,912.52	
20	\$100 Deductible Classic PPO	MB + CH	PMCH	3,235.40	949.12	4,184.52	
21	\$2,500 High Deductible Classic PPO*	MB + CH	QMCH	1,461.16	949.12	2,410.28	
22	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	26.50	949.12	975.62	
23	Medicare Split: Medicare Advantage PPO & \$100 Deductible Select PPO	MB(M)+CH	SMCH	1,929.67	949.12	2,878.79	
24		MB+CH(M)	TMCH	1,712.29	949.12	2,661.41	
25	Medicare Split: Medicare Advantage PPO & \$100 Deductible Classic PPO	MB(M)+CH	UMCH	2,095.91	949.12	3,045.03	
26		MB+CH(M)	VMCH	1,863.43	949.12	2,812.55	
27	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible Classic PPO*	MB(M)+CH	WMCH	1,011.65	949.12	1,960.77	
28		MB+CH(M)	XMCH	877.73	949.12	1,826.85	
<b>In-Lieu Credit Program</b>				<b>Monthly In-Lieu Credit</b>			
Medical In-Lieu (In-Lieu credits have no cash value)		MB + CH	MCIL	237.28			
Dental In-Lieu (In-Lieu credits have no cash value)		MB + CH	DMCIL	10.69			
<b>Coverage Abbreviations:</b> (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 Medicare Part B reimbursement if enrolled in a medicare plan where the Total Monthly Premium amount is lower than the Lowest Cost Plan subsidy amount.				