

City of San José
Office of Retirement Services

2023 Member + Spouse Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees: Kaiser \$3,000 High Deductible							MB + SP/DP: 1084.72	Police & Fire Members Only Medicare Part B Rmbrsmt. **
Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP	Retiree Pays	Fund Pays	Total Monthly Premium			
Kaiser Permanente Plans (California Only)								
1	\$3,000 High Deductible HMO*	MB + SP/DP	KHDHP	0.00	1,084.72	1,084.72		
2	Medicare Split: Sr. Advantage/\$3,000 High Deductible HMO*	MB(M) + SP/DP	A1HDHP	0.00	1,084.72	774.65	310.07	
3		MB + SP/DP(M)	A1-aHDHP	0.00	1,084.72	774.65	310.07	
4	\$1,500 Deductible HMO	MB + SP/DP	KDHMO	202.70	1,084.72	1,287.42		
5	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + SP/DP	A1DHMO	0.00	1,084.72	875.99	208.73	
6		MB + SP/DP(M)	A1-aDHMO	0.00	1,084.72	876.01	208.71	
7	\$25 Copay HMO	MB + SP/DP	K	487.58	1,084.72	1,572.30		
8	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + SP/DP	A1	0.00	1,084.72	1,018.43	66.29	
9		MB + SP/DP(M)	A1-a	0.00	1,084.72	1,018.45	66.27	
10	Medicare Sr. Advantage Plan	MB(M) + SP/DP(M)	A2	0.00	1,084.72	464.58	620.14	
Anthem HMO Plans (California Only)								
11	\$20 Copay <u>Traditional</u> HMO	MB + SP/DP	ZMSP	840.70	1,084.72	1,925.42		
12	\$20 Copay <u>Select</u> HMO	MB + SP/DP	IMSP	590.16	1,084.72	1,674.88		
13	\$1,500 Deductible <u>Select</u> HMO	MB + SP/DP	JMSP	206.60	1,084.72	1,291.32		
14	Medicare Advantage HMO	MB (M) + SP/DP(M)	KMSP	0.00	1,084.72	889.06	195.66	
15	Medicare Split: Advantage HMO & \$20 Copay <u>Traditional</u> HMO	MB (M) + SP/DP	Z11MSP	322.53	1,084.72	1,407.25		
16		MB + SP/DP (M)	Z12MSP	235.01	1,084.72	1,319.73		
17	Medicare Split: Advantage HMO & \$20 Copay <u>Select</u> HMO	MB(M) + SP/DP	LMSP	197.25	1,084.72	1,281.97		
18		MB + SP/DP(M)	MMSP	121.13	1,084.72	1,205.85		
19	Medicare Split: Advantage HMO & \$1500 Deductible <u>Select</u> HMO	MB(M) + SP/DP	NMSP	5.45	1,084.72	1,090.17		
20		MB + SP/DP(M)	OMSP	0.00	1,084.72	1,031.47	53.25	
Anthem PPO Plans (Nationwide)								
21	\$2,500 High Deductible <u>Classic</u> PPO*	MB + SP/DP	PMSP	1,861.18	1,084.72	2,945.90		
22	\$100 Deductible <u>Select</u> PPO	MB + SP/DP	QMSP	3,697.26	1,084.72	4,781.98		
23	\$100 Deductible <u>Classic</u> PPO	MB + SP/DP	RMSP	4,029.74	1,084.72	5,114.46		
24	Medicare Advantage PPO	MB(M) + SP/DP(M)	SMSP	0.00	1,084.72	975.62	109.10	
25	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M) + SP/DP	TMSP	1,794.07	1,084.72	2,878.79		
26		MB + SP/DP(M)	UMSP	1,576.69	1,084.72	2,661.41		
27	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M) + SP/DP	VMSP	1,960.31	1,084.72	3,045.03		
28		MB + SP/DP(M)	WMSP	1,727.83	1,084.72	2,812.55		
29	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible <u>Classic</u> PPO*	MB(M) + SP/DP	XMSP	876.05	1,084.72	1,960.77		
30		MB + SP/DP(M)	YMSP	742.13	1,084.72	1,826.85		
In-Lieu Credit Program Monthly In-Lieu Credit								
Medical In-Lieu (In Lieu credits have no cash value)		MB + SP/DP	MSIL	271.18				
Dental In-Lieu (In Lieu credits have no cash value)		MB + SP/DP	DMSIL	12.17				
Coverage 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 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.					