

City of San José  
Office of Retirement Services  
**2023 Member Only Monthly Retiree Rates**

| Lowest Cost Plan Available to Active Employees:   |   |                    |  |                 |                       |   |        |
|---|---|--------------------|--|-----------------|-----------------------|---|--------|
| Kaiser \$3,000 High Deductible HMO  |   |                    |  |                 | <b>Member Only:</b>   | <b>542.36</b>   |        |
| Providers & Plans   | Coverage Type                               | Plan Codes MB Only | Retiree Pays   | Fund Pays       | Total Monthly Premium | Police & Fire Members Only Medicare Part B Rmbrsmt.** |        |
| <b>Kaiser Permanente Plans (California Only)</b>  |   |                    |  |                 |                       | <b>Group # 887 &amp; 230179</b>                       |        |
| 1   | \$3,000 High Deductible HMO*                | MB                 | SHDHP  | <b>0.00</b>     | 542.36                | 542.36  |        |
| 2   | \$1,500 Deductible HMO                      | MB                 | SDHMO  | <b>101.36</b>   | 542.36                | 643.72  |        |
| 3   | \$25 Copay HMO                              | MB                 | S  | <b>243.80</b>   | 542.36                | 786.16  |        |
| 4   | Medicare Senior Advantage                   | MB (M)             | A  | <b>0.00</b>     | 542.36                | 232.29  | 310.07 |
| <b>Anthem HMO Plans (California Only)</b>   |   |                    |  |                 |                       |   |        |
| 5   | \$20 Copay <u>Traditional</u> HMO           | MB                 | ZMB  | <b>332.84</b>   | 542.36                | 875.20  |        |
| 6   | \$20 Copay <u>Select</u> HMO                | MB                 | EMB  | <b>218.96</b>   | 542.36                | 761.32  |        |
| 7   | \$1,500 Deductible <u>Select</u> HMO        | MB                 | FMB  | <b>44.58</b>    | 542.36                | 586.94  |        |
| 8   | Medicare Advantage HMO                      | MB                 | GMB  | <b>0.00</b>     | 542.36                | 444.53  | 97.83  |
| <b>Anthem PPO Plans (Nationwide)</b>  |   |                    |  |                 |                       |   |        |
| 9   | \$100 Deductible <u>Classic</u> PPO         | MB                 | HMB  | <b>1,782.38</b> | 542.36                | 2,324.74  |        |
| 10  | \$100 Deductible <u>Select</u> PPO          | MB                 | IMB  | <b>1,631.24</b> | 542.36                | 2,173.60  |        |
| 11  | \$2,500 High Deductible <u>Classic</u> PPO* | MB                 | JMB  | <b>796.68</b>   | 542.36                | 1,339.04  |        |
| 12  | Medicare Advantage PPO                      | MB (M)             | KMB  | <b>0.00</b>     | 542.36                | 487.81  | 54.55  |
| <b>In-Lieu Credit Program</b>   |   |                    |  |                 |                       | <b>Monthly In-Lieu Credit</b>                         |        |
| Medical In-Lieu (In Lieu Credits have no cash value)  |   | MB                 | SIL  | <b>135.59</b>   |                       |   |        |
| Dental In-Lieu (In Lieu credits have no cash value)   |   | MB                 | DSIL   | <b>6.11</b>     |                       |   |        |
| <b>Coverage Abbreviations:</b><br>(M) = Medicare<br>MB = Member/Survivor<br>SP = Spouse<br>DP = Domestic Partner<br>CH = Child(ren)<br><br>* 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. |                 |                       |   |        |