

City of San José
Office of Retirement Services

2026 VEBA Member Monthly Retiree Rates

Provider/Plan	Coverage Type	Plan Codes	Retiree Pays
Kaiser Permanente VEBA Plans <i>(California Only)</i> Group # 606031			
VEBA \$25 Copay HMO			
A	M Only	VA	\$1,533.90
B	M + SP/DP	VB	\$3,067.80
C	M + CH	VC	\$2,684.32
D	M + SP/DP + CH	VD	\$4,601.70
Medicare Split: VEBA Sr. Advantage* /VEBA \$25 Co-Pay HMO			
E	M(M) + SP/DP	VE	\$1,858.32
F	M + SP/DP (M)	VF	\$1,858.32
G	M (M) + CH	VG	\$1,474.84
H	M (M) + SP/DP (M) + CH	VH	\$2,182.74
I	M (M) +SP/DP+ CH	VI	\$3,392.22
J	M + SP/DP (M) + CH	VJ	\$3,392.22
Medicare VEBA Sr. Advantage* Plan			
K	M(M) Only	VK	\$324.42
L	M(M) + SP/DP(M)	VL	\$648.84
M	M (M) + CH (M)	VM	\$648.84
Anthem VEBA Plans <i>(Nationwide)</i>			
VEBA \$2,500 High Deductible <u>Classic</u> PPO			2026 RATES
N	M Only	VN	\$3,482.86
O	M + SP/DP	VO	\$7,662.40
P	M + CH	VP	\$6,269.22
Q	M + SP/DP + CH	VQ	\$10,797.02
Medicare Split: VEBA Medicare Advantage* PPO & VEBA \$2,500 High Deductible <u>Classic</u> PPO			
R	M(M) + SP/DP	VR	\$4,378.87
S	M + SP/DP (M)	VS	\$4,030.55
T	M (M) + CH	VT	\$7,861.87
U	M (M) + SP/DP (M) + CH	VU	\$8,409.56
V	M (M) +SP/DP+ CH	VV	\$7,861.87
W	M + SP/DP (M) + CH	VW	\$6,816.91
VEBA Medicare Advantage* PPO Plan			
X	M(M) Only	VX	\$547.69
Y	M(M) + SP/DP(M)	VY	\$1,095.38
Z	M (M) + CH (M)	VZ	\$1,095.38
Delta Dental VEBA HMO <i>(California Only)</i>			
Delta Care VEBA HMO			
	M Only	VDENTAL4	\$18.16
	M + SP/DP	VDENTALSP	\$36.33
	M + CH	VDENTAL4CH	\$39.34
	M + SP/DP + CH	VDENTALFM	\$62.36
Coverage Abbreviations: M = Member or Survivor SP = Spouse: J rates would apply DP = Domestic Partner CH = Child(ren): K rates would apply (M) = Medicare * Enrollment in VEBA Medicare Plans requires proof of enrollment in <u>both</u> Medicare parts A&B			