

City of San José
Office of Retirement Services
2024 Member+Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees: \$3,200 Kaiser High Deductible HMO							MB + CH:	\$ 1,044.46	Police & Fire Only: Medicare Part B Rmbrsmt.**	
Providers & Plans	Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium					
Kaiser Permanente Plans (California Only)							Group # 887 & 230179			
1	\$3,200 High Deductible HMO*	MB + CH	KCHHDHP	0.00	1,044.46	1,044.46				
2	Medicare Split: Sr. Advantage & \$3,200 High Deductible HMO*	MB(M) + CH	A1-bHDHP	0.00	1,044.46	717.71	326.75			
3	\$1,500 Deductible HMO	MB + CH	KCHDHMO	195.20	1,044.46	1,239.66				
4	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	0.00	1,044.46	801.37	243.09			
5	\$25 Copay HMO	MB + CH	KCH	469.48	1,044.46	1,513.94				
6	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	0.00	1,044.46	918.91	125.55			
7	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	0.00	1,044.46	540.18	504.28			
Anthem HMO Plans (California Only)										
8	\$20 Copay <u>Traditional</u> HMO	MB + CH	ZMCH	901.14	1,044.46	1,945.60				
9	\$20 Copay <u>Select</u> HMO	MB + CH	HMCH	647.96	1,044.46	1,692.42				
10	\$1,500 Deductible <u>Select</u> HMO	MB + CH	IMCH	260.32	1,044.46	1,304.78				
11	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Traditional</u> HMO	MB(M)+CH	Z20MCH	647.19	1,044.46	1,691.65				
12		MB+CH(M)	Z21MCH	539.11	1,044.46	1,583.57				
13	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Select</u> HMO	MB(M)+CH	K1MCH	492.47	1,044.46	1,536.93				
14		MB+CH(M)	L1MCH	398.47	1,044.46	1,442.93				
15	Medicare Split: Medicare Advantage PPO / \$1500 Deductible <u>Select</u> HMO	MB(M)+CH	M1MCH	255.59	1,044.46	1,300.05				
16		MB+CH(M)	N1MCH	183.11	1,044.46	1,227.57				
Anthem PPO Plans (Nationwide)										
17	\$100 Deductible <u>Select</u> PPO	MB + CH	OMCH	3,787.50	1,044.46	4,831.96				
18	\$100 Deductible <u>Classic</u> PPO	MB + CH	PMCH	4,123.42	1,044.46	5,167.88				
19	\$2,500 High Deductible <u>Classic</u> PPO*	MB + CH	QMCH	1,932.24	1,044.46	2,976.70				
20	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	0.00	1,044.46	1,005.38	39.08			
21	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+CH	SMCH	2,411.09	1,044.46	3,455.55				
22		MB+CH(M)	TMCH	2,142.63	1,044.46	3,187.09				
23	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+CH	UMCH	2,616.39	1,044.46	3,660.85				
24		MB+CH(M)	VMCH	2,329.29	1,044.46	3,373.75				
25	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible <u>Classic</u> PPO*	MB(M)+CH	WMCH	1,277.33	1,044.46	2,321.79				
26		MB+CH(M)	XMCH	1,111.95	1,044.46	2,156.41				
In-Lieu Credit Program										
			Monthly In-Lieu Credit							
Medical In-Lieu (In-Lieu credits have no cash value)		MB + CH	MCIL	261.12						
Dental In-Lieu (In-Lieu credits have no cash value)		MB + CH	DMCIL	10.69						
Coverage Abbreviations:			**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.							
(M) = Medicare										
MB = Member or Survivor										
SP = Spouse										
DP = Domestic Partner										
CH = Child(ren)										
* Health Savings Account (H.S.A.) Compatible										