

City of San José
Retirement Services Department

**2010 Non-Medicare
Monthly Retiree Rates**

Lowest Cost Health Plan Available to Active Employees:		Kaiser Family: 1,205.20		Kaiser Single: 484.06	
Provider	Coverage	Plan Code Write this code in the box provided on your Open Enrollment Form	Retiree Pays	Fund Pays	Total Monthly Premium
Kaiser Traditional Plan (California)					
Group#: 887-21 (Northern)	Single (Retiree or Survivor)	S	0.00	484.06	484.06
Group#: 230179 (Southern)	Family	K	0.00	1,205.20	1,205.20
Kaiser - Traditional Plan (Hawaii)					
Group#: 34631/10	Single (Retiree or Survivor)	S (HI)	57.62	484.06	541.68
	Family 2 Party	K (HI)	0.00	1,083.36	1,083.36
	Family 3+	K+ (HI)	419.84	1,205.20	1,625.04
Kaiser - Traditional Plan (Northwest)					
Group#: 4189-001	Single (Retiree or Survivor)	S (NW)	383.64	484.06	867.70
	Family 2 Party	K (NW)	530.20	1,205.20	1,735.40
	Family 3+	K+ (NW)	1,397.89	1,205.20	2,603.09
Blue Shield HMO (California)					
Group#: H11756	Single HMO (Retiree or Survivor)	VS	56.14	484.06	540.20
	Family HMO	VF	182.52	1,205.20	1,387.72
Blue Shield POS (California)					
Group#: MH0161	Single POS (Retiree or Survivor)	X	265.96	484.06	750.02
	Family POS	Y	722.28	1,205.20	1,927.48
Blue Shield PPO					
Group#: 975567	Single PPO (Retiree or Survivor)	U	265.96	484.06	750.02
	Family PPO	B	722.28	1,205.20	1,927.48