

City of San José
Department of Retirement Services

**2012 Non-Medicare
Monthly Retiree Rates**

Lowest Cost Plan Available to Active Employees:		Kaiser Family:		Kaiser Single:	
		1,323.66		531.58	
Provider	Coverage	Plan Code Write this code in the box provided on the Enrollment Form	Retiree Pays	Fund Pays	Total Monthly Premium
Kaiser Traditional Plan (California)					
GROUP#s:					
887-26 (Northern CA)	Single (Retiree or Survivor)	S	0.00	531.58	531.58
887-98 (Survivor)	Family	K	0.00	1,323.66	1,323.66
230179-100 (Southern CA)					
230179-98 (Southern CA Survivor)					
Blue Shield HMO Plan (California)					
Group# H12020	Single HMO (Retiree or Survivor)	VS	43.24	531.58	574.82
	Family HMO	VF	152.94	1,323.66	1,476.60
Blue Shield POS Plan (California)					
Group# MH0241	Single POS (Retiree or Survivor)	X	205.20	531.58	736.78
	Family POS	Y	569.82	1,323.66	1,893.48
Blue Shield PPO Plan (California and Out-of-State)					
Group# 975993	Single PPO (Retiree or Survivor)	U	205.20	531.58	736.78
	Family PPO	B	569.82	1,323.66	1,893.48

Coverage Abbreviations:

MB = Member	SH = UHC Group Medicare Advantage (previously Secured Horizons)
SP = Spouse	SHS = PacifiCare Sr. Supplement Plan F
CH = Child(ren)	SA = Kaiser Permanente Sr. Advantage
M = Medicare	NSA = Non-Sr. Advantage (Traditional Plan)
	MOA = Kaiser Medicare Out-of-Area Plan

*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.