

City of San José
Office of Retirement Services
2023 Member+Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees: Kaiser \$3,000 High Deductible							MB + CH:	949.12	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	\$3,000 High Deductible HMO*	MB + CH	KCHHDHP	0.00	949.12	949.12			
2	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + CH	A1-bHDHP	0.00	949.12	639.05	310.07		
3	\$1,500 Deductible HMO	MB + CH	KCHDHMO	177.38	949.12	1,126.50			
4	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	0.00	949.12	715.07	234.05		
5	\$25 Copay HMO	MB + CH	KCH	426.64	949.12	1,375.76			
6	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	0.00	949.12	821.89	127.23		
7	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	0.00	949.12	464.58	484.54		
Anthem HMO Plans (California Only)									
8	\$20 Copay Traditional HMO	MB + CH	ZMCH	626.26	949.12	1,575.38			
9	\$20 Copay Select HMO	MB + CH	HMCH	421.26	949.12	1,370.38			
10	\$1,500 Deductible Select HMO	MB + CH	IMCH	107.38	949.12	1,056.50			
11	Medicare Advantage HMO	MB(M) + CH (M)	JMCH	0.00	949.12	889.06	60.06		
12	Medicare Advantage HMO & \$20 Copay Traditional HMO	MB(M)+CH	Z13MCH	458.13	949.12	1,407.25			
13		MB+CH(M)	Z14MCH	370.61	949.12	1,319.73			
15	Medicare Split: Advantage HMO & \$20 Copay Select HMO	MB(M)+CH	KMCH	332.85	949.12	1,281.97			
16		MB+CH(M)	LMCH	256.73	949.12	1,205.85			
17	Medicare Split: Advantage HMO / \$1500 Deductible Select HMO	MB(M)+CH	MMCH	141.05	949.12	1,090.17			
18		MB+CH(M)	NMCH	82.35	949.12	1,031.47			
Anthem PPO Plans (Nationwide)									
19	\$100 Deductible Select PPO	MB + CH	OMCH	2,963.40	949.12	3,912.52			
20	\$100 Deductible Classic PPO	MB + CH	PMCH	3,235.40	949.12	4,184.52			
21	\$2,500 High Deductible Classic PPO*	MB + CH	QMCH	1,461.16	949.12	2,410.28			
22	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	26.50	949.12	975.62			
23	Medicare Split: Medicare Advantage PPO & \$100 Deductible Select PPO	MB(M)+CH	SMCH	1,929.67	949.12	2,878.79			
24		MB+CH(M)	TMCH	1,712.29	949.12	2,661.41			
25	Medicare Split: Medicare Advantage PPO & \$100 Deductible Classic PPO	MB(M)+CH	UMCH	2,095.91	949.12	3,045.03			
26		MB+CH(M)	VMCH	1,863.43	949.12	2,812.55			
27	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible Classic PPO*	MB(M)+CH	WMCH	1,011.65	949.12	1,960.77			
28		MB+CH(M)	XMCH	877.73	949.12	1,826.85			
In-Lieu Credit Program							Monthly In-Lieu Credit		
Medical In-Lieu (In-Lieu credits have no cash value)		MB + CH	MCIL	237.28					
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									