

City of San José
Office of Retirement Services
2021 Member Only Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:							Police & Fire Members Only Medicare Part B Rmbrsmt.**
Kaiser \$3,000 High Deductible			Member Only: 514.34				
Providers & Plans	Coverage Level	Plan Codes MB Only	Retiree Pays	Fund Pays	Total Monthly Premium		
Kaiser Permanente Plans (California Only)							Group # 887 & 230179
A	\$3,000 High Deductible HMO*	MB	SHDHP	0.00	514.34	514.34	0.00
B	\$1,500 Deductible HMO	MB	SDHMO	96.10	514.34	610.44	0.00
C	\$25 Copay HMO	MB	S	231.18	514.34	745.52	0.00
D	Medicare Senior Advantage	MB (M)	A	0.00	514.34	262.90	251.44
Anthem HMO Plans (California Only)							
E	\$20 Copay <u>Select</u> HMO	MB	EMB	210.48	514.34	724.82	
F	\$1,500 Deductible <u>Select</u> HMO	MB	FMB	44.46	514.34	558.80	
G	Medicare Advantage HMO	MB	GMB	0.00	514.34	425.71	88.63
Anthem PPO Plans (Nationwide)							
H	\$100 Deductible <u>Classic</u> PPO	MB	HMB	1,183.22	514.34	1697.56	
I	\$100 Deductible <u>Select</u> PPO	MB	IMB	1,072.88	514.34	1587.22	
J	\$2,500 High Deductible <u>Classic</u> PPO*	MB	JMB	463.46	514.34	977.80	
K	Medicare Advantage PPO	MB (M)	KMB	0.00	514.34	480.04	34.30
In-Lieu Credit Program							Monthly In-Lieu Credit
Medical In-Lieu (In Lieu Credits have no cash value)		MB	SIL	128.59			
Dental In-Lieu (In Lieu credits have no cash value)		MB	DSIL	6.11			
Coverage Abbreviations: (M) = Medicare MB = Member/Survivor SP = Spouse DP = Domestic Partner CH = Child(ren) * Health Savings Account (H.S.A.) compatible			**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.				