

2025 Member+Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees: \$3,000 Kaiser High Deductible HMO						MB + CH:	\$ 1,116.06	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	1,116.06	1,116.06		
2	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + CH	A1-bHDHP	0.00	1,116.06	772.34	343.72	
3	\$1,500 Deductible HMO	MB + CH	KCHDHMO	208.60	1,116.06	1,324.66		
4	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	0.00	1,116.06	861.74	254.32	
5	\$25 Copay HMO	MB + CH	KCH	501.68	1,116.06	1,617.74		
6	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	0.00	1,116.06	987.34	128.72	
7	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	0.00	1,116.06	588.04	528.02	
Anthem HMO Plans (California Only)						547.69		
8	\$20 Copay <u>Traditional</u> HMO	MB + CH	ZMCH	926.82	1,116.06	2,042.88		
9	\$20 Copay <u>Select</u> HMO	MB + CH	HMCH	660.98	1,116.06	1,777.04		
10	\$1,500 Deductible <u>Select</u> HMO	MB + CH	IMCH	253.96	1,116.06	1,370.02		
11	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Traditional</u> HMO	MB(M)+CH	Z20MCH	680.03	1,116.06	1,796.09		
12		MB+CH(M)	Z21MCH	566.55	1,116.06	1,682.61		
13	Medicare Split: Medicare Advantage PPO & \$20 Copay <u>Select</u> HMO	MB(M)+CH	K1MCH	517.58	1,116.06	1,633.64		
14		MB+CH(M)	L1MCH	418.89	1,116.06	1,534.95		
15	Medicare Split: Medicare Advantage PPO / \$1500 Deductible <u>Select</u> HMO	MB(M)+CH	M1MCH	268.89	1,116.06	1,384.95		
16		MB+CH(M)	N1MCH	192.75	1,116.06	1,308.81		
Anthem PPO Plans (Nationwide)								
17	\$100 Deductible <u>Select</u> PPO	MB + CH	OMCH	3,957.50	1,116.06	5,073.56		
18	\$100 Deductible <u>Classic</u> PPO	MB + CH	PMCH	4,310.22	1,116.06	5,426.28		
19	\$2,500 High Deductible <u>Classic</u> PPO*	MB + CH	QMCH	2,009.48	1,116.06	3,125.54		
20	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	0.00	1,116.06	1,095.38	20.68	
21	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+CH	SMCH	2,532.15	1,116.06	3,648.21		
22		MB+CH(M)	TMCH	2,250.25	1,116.06	3,366.31		
23	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+CH	UMCH	2,747.72	1,116.06	3,863.78		
24		MB+CH(M)	VMCH	2,446.25	1,116.06	3,562.31		
25	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible <u>Classic</u> PPO*	MB(M)+CH	WMCH	1,341.69	1,116.06	2,457.75		
26		MB+CH(M)	XMCH	1,168.05	1,116.06	2,284.11		
In-Lieu Credit Program						Monthly In-Lieu Credit		
Medical In-Lieu (In-Lieu credits have no cash value)		MB + CH	MCIL			279.02		
Dental In-Lieu (In-Lieu credits have no cash value)		MB + CH	DMCIL			10.69		
Coverage Abbreviations: (M) = Medicare MB = Member or Survivor SP = Spouse DP = Domestic Partner CH = Child(ren) * Health Savings Account (H.S.A.) Compatible			**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.					