

City of San José
Office of Retirement Services
2022 Member + Spouse/DP + Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:						Amount Available for P&F Members Medicare Part B Rmbrsmt.**
Kaiser \$3,000 High Deductible					MB+SP/DP+CH:	
Providers & Plans		Coverage Type	Plan Codes for MB+SP/DP+CH	Retiree Pays	Fund Pays	Total Monthly Premium
Kaiser Permanente Plans (California Only)						MSPCH
Group # 887 & 230179						
A	\$3,000 High Deductible HMO*	MB + SP/DP + CH	KFMHDHP	0.00	1,535.94	1,535.94
B	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB + SP/DP(M) + CH	A3-aHDHP	0.00	1,535.94	1,284.88
C		MB(M) + SP/DP + CH	A3-cHDHP	0.00	1,535.94	1,284.88
D	\$3,000 High Deductible HMO*	MB(M) + SP/DP(M) + CH	A3-eHDHP	0.00	1,535.94	1,033.82
E		\$1,500 Deductible HMO	MB + SP/DP + CH	KFMDHMO	287.04	1,535.94
F	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB + SP/DP(M) + CH	A3-aDHMO	0.00	1,535.94	1,476.24
G		MB(M) + SP/DP + CH	A3-cDHMO	0.00	1,535.94	1,476.24
H	\$1,500 Deductible HMO	MB(M) + SP/DP(M) + CH	A3-eDHMO	0.00	1,535.94	1,129.50
I		\$25 Copay HMO	MB + SP/DP + CH	KFM	690.42	1,535.94
J	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB + SP/DP(M) + CH	A3-a	209.22	1,535.94	1,745.16
K		MB(M) + SP/DP + CH	A3-c	209.22	1,535.94	1,745.16
L	\$25 Copay HMO	MB(M) + SP/DP(M) + CH	A3-e	0.00	1,535.94	1,263.96
M		Medicare Sr. Advantage	MB(M) + SP/DP(M) + CH(M)	A3-b	0.00	1,535.94
Anthem HMO Plans (California Only)						
\$20 Copay Traditional HMO (NEW Pilot Plan)		MB + SP/DP + CH	Z10MSPCH	821.64	1,535.94	2,357.58
N	\$20 Copay Select HMO	MB + SP/DP + CH	NMSPCH	514.84	1,535.94	2,050.78
O	\$1,500 Deductible Select HMO	MB + SP/DP + CH	OMSPCH	45.20	1,535.94	1,581.14
P	Medicare Advantage HMO	MB (M)+SP/DP(M)+CH (M)	PMSPCH	0.00	1,535.94	1,271.28
Q	Medicare Split: Medicare Advantage HMO & \$20 Copay Select HMO	MB (M) + SP/DP(M)+ CH	QMSPCH	39.28	1,535.94	1,575.22
R		MB (M) + SP/DP+ CH	RMSPCH	277.06	1,535.94	1,813.00
S	Medicare Split: Medicare Advantage HMO & \$1500 Deductible Select HMO	MB + SP/DP(M) + CH	SMSPCH	78.62	1,535.94	1,614.56
T		MB (M) + SP/DP(M)+ CH	TMSPCH	0.00	1,535.94	1,408.56
U	\$1500 Deductible Select HMO	MB (M) + SP/DP+ CH	UMSPCH	0.00	1,535.94	1,494.84
V		MB + SP/DP(M)+ CH	VMSPCH	0.00	1,535.94	1,341.82
Anthem PPO Plans (Nationwide)						
W	\$100 Deductible Select PPO	MB + SP/DP + CH	WMSPCH	4,319.36	1,535.94	5,855.30
X	\$100 Deductible Classic PPO	MB + SP/DP + CH	XMSPCH	4,726.40	1,535.94	6,262.34
Y	\$2,500 Deductible Classic PPO*	MB + SP/DP + CH	YMSPCH	2,071.18	1,535.94	3,607.12
Z	Medicare Advantage PPO	MB(M) + SP/DP(M)+CH (M)	ZMSPCH	0.00	1,535.94	1,395.18
Z1	Medicare Split: Medicare Advantage PPO & \$100 Deductible Select PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH	1,471.84	1,535.94	3,007.78
Z2		MB(M) + SP/DP + CH	Z2MSPCH	2,895.11	1,535.94	4,431.05
Z3	\$100 Deductible Select PPO	MB +SP/DP(M)+CH	Z3MSPCH	2,328.20	1,535.94	3,864.14
Z4		Medicare Split: Medicare Advantage PPO & \$100 Deductible Classic PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH	1,616.30	1,535.94
Z5	\$100 Deductible Classic PPO	MB(M) + SP/DP + CH	Z5MSPCH	3,171.36	1,535.94	4,707.30
Z6		MB +SP/DP(M)+CH	Z6MSPCH	2,565.30	1,535.94	4,101.24
Z7	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible Classic PPO*	MB(M)+SP/DP(M)+CH	Z7MSPCH	674.12	1,535.94	2,210.06
Z8		MB(M) + SP/DP + CH	Z8MSPCH	1,372.68	1,535.94	2,908.62
Z9	\$2,500 High Deductible Classic PPO*	MB +SP/DP(M)+CH	Z9MSPCH	1,023.56	1,535.94	2,559.50
In-Lieu Credit Program						
Medical In-Lieu (In-lieu credits have no cash value)			HILF	383.99		
Dental In-Lieu (In-Lieu credits have no cash value)			DILF	18.33		
Coverage Type Abbreviations:			**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.			
(M) = Medicare						
MB = Member or Survivor						
SP = Spouse						
DP = Domestic Partner						
CH = Child(ren)						
* Health Savings Account (H.S.A.) Compatible						