

City of San José
Office of Retirement Services
2022 VEBA Member Monthly Retiree Rates

Provider/Plan	Coverage Type	Plan Codes	Retiree Pays
Kaiser Permanente VEBA Plans (California Only) Group # 606031			
VEBA \$25 Copay HMO			
A	M Only	VA	1,296.94
B	M + SP/DP	VB	2,593.88
C	M + CH	VC	2,269.66
D	M + SP/DP + CH	VD	3,890.84
Medicare Split: VEBA Sr. Advantage* /VEBA \$25 Co-Pay HMO			
E	M(M) + SP/DP	VE	1,579.04
F	M + SP/DP (M)	VF	1,579.04
G	M (M) + CH	VG	1,254.82
H	M (M) + SP/DP (M) + CH	VH	1,861.16
I	M (M) +SP/DP+ CH	VI	2,876.00
J	M + SP/DP (M) + CH	VJ	2,876.00
Medicare VEBA Sr. Advantage* Plan			
K	M(M) Only	VK	282.10
L	M(M) + SP/DP(M)	VL	564.20
M	M (M) + CH (M)	VM	564.20
Anthem VEBA Plans (Nationwide)			
VEBA \$2,500 High Deductible <u>Classic</u> PPO			
N	M Only	VN	2,327.13
O	M + SP/DP	VO	5,119.77
P	M + CH	VP	4,188.88
Q	M + SP/DP + CH	VQ	7,214.23
Medicare Split: VEBA Medicare Advantage* PPO & VEBA \$2,500 High Deductible <u>Classic</u> PPO			
R	M(M) + SP/DP	VR	3,024.94
S	M + SP/DP (M)	VS	2,792.19
T	M (M) + CH	VT	3,024.94
U	M (M) + SP/DP (M) + CH	VU	3,490.00
V	M (M) +SP/DP+ CH	VV	5,352.16
W	M + SP/DP (M) + CH	VW	4,653.94
VEBA Medicare Advantage* PPO Plan			
X	M(M) Only	VX	465.06
Y	M(M) + SP/DP(M)	VY	930.12
Z	M (M) + CH (M)	VZ	930.12
Delta Dental VEBA HMO (California Only)			
Delta Care VEBA HMO			
	M Only	VDENTAL4	18.16
	M + SP/DP	VDENTALSP	36.33
	M + CH	VDENTAL4CH	39.34
	M + SP/DP + CH	VDENTALFM	62.36
Coverage Abbreviations:			
M = Member or Survivor			
SP = Spouse			
DP = Domestic Partner			
CH = Child(ren)			
(M) = Medicare			
* Enrollment in VEBA Medicare Plans requires proof of enrollment in <u>both</u> Medicare parts A&B			