

City of San José
Office of Retirement Services
2023 Member Only Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:							
Kaiser \$3,000 High Deductible HMO					Member Only:	542.36	
Providers & Plans	Coverage Type	Plan Codes MB Only	Retiree Pays	Fund Pays	Total Monthly Premium	Police & Fire Members Only Medicare Part B Rmbrsmt.**	
Kaiser Permanente Plans (California Only)						Group # 887 & 230179	
1	\$3,000 High Deductible HMO*	MB	SHDHP	0.00	542.36	542.36	
2	\$1,500 Deductible HMO	MB	SDHMO	101.36	542.36	643.72	
3	\$25 Copay HMO	MB	S	243.80	542.36	786.16	
4	Medicare Senior Advantage	MB (M)	A	0.00	542.36	232.29	310.07
Anthem HMO Plans (California Only)							
5	\$20 Copay <u>Traditional</u> HMO	MB	ZMB	332.84	542.36	875.20	
6	\$20 Copay <u>Select</u> HMO	MB	EMB	218.96	542.36	761.32	
7	\$1,500 Deductible <u>Select</u> HMO	MB	FMB	44.58	542.36	586.94	
8	Medicare Advantage HMO	MB	GMB	0.00	542.36	444.53	97.83
Anthem PPO Plans (Nationwide)							
9	\$100 Deductible <u>Classic</u> PPO	MB	HMB	1,782.38	542.36	2,324.74	
10	\$100 Deductible <u>Select</u> PPO	MB	IMB	1,631.24	542.36	2,173.60	
11	\$2,500 High Deductible <u>Classic</u> PPO*	MB	JMB	796.68	542.36	1,339.04	
12	Medicare Advantage PPO	MB (M)	KMB	0.00	542.36	487.81	54.55
In-Lieu Credit Program						Monthly In-Lieu Credit	
Medical In-Lieu (In Lieu Credits have no cash value)		MB	SIL	135.59			
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.				