

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

Lowest Cost Plan Available to Active Employees: Kaiser \$3,000 High Deductible						MB + CH: 895.96	Police & Fire Only: Medicare Part B Rmbrsmnt.**
Providers & Plans	Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
Kaiser Permanente Plans (California Only)						Group # 887 & 230179	
A	\$3,000 High Deductible HMO*	MB + CH	KCHHDHP	0.00	895.96	895.96	
B	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + CH	A1-bHDHP	0.00	895.96	644.90	251.06
C	\$1,500 Deductible HMO	MB + CH	KCHDHMO	167.44	895.96	1,063.40	
D	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	0.00	895.96	716.66	179.30
E	\$25 Copay HMO	MB + CH	KCH	402.74	895.96	1,298.70	
F	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	0.00	895.96	817.50	78.46
G	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	0.00	895.96	521.84	374.12
Anthem HMO Plans (California Only)							
	\$20 Copay <u>Traditional</u> HMO (NEW Pilot Plan)	MB + CH	ZMCH	472.98	895.96	1,368.94	
H	\$20 Copay <u>Select</u> HMO	MB + CH	HMCH	294.84	895.96	1,190.80	
I	\$1,500 Deductible <u>Select</u> HMO	MB + CH	IMCH	226.14	895.96	1,122.10	
J	Medicare Advantage HMO	MB(M) + CH (M)	JMCH	0.00	895.96	847.52	48.44
	Medicare Advantage HMO & \$20 Copay <u>Traditional</u> HMO	MB(M)+CH MB+CH(M)	Z13MCH Z14MCH	364.36 288.32	895.96 895.96	1,260.32 1,184.28	
K	Medicare Split: Advantage HMO & \$20 Copay <u>Select</u> HMO	MB(M)+CH MB+CH(M)	KMCH LMCH	255.50 189.34	895.96 895.96	1,151.46 1,085.30	
L	Medicare Split: Advantage HMO / \$1500 Deductible <u>Select</u> HMO	MB(M)+CH MB+CH(M)	MMCH NMCH	88.84 37.82	895.96 895.96	984.80 933.78	
Anthem PPO Plans (Nationwide)							
O	\$100 Deductible <u>Select</u> PPO	MB + CH	OMCH	2,503.86	895.96	3,399.82	
P	\$100 Deductible <u>Classic</u> PPO	MB + CH	PMCH	2,740.22	895.96	3,636.18	
Q	\$2,500 High Deductible <u>Classic</u> PPO*	MB + CH	QMCH	1,198.48	895.96	2,094.44	
R	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	34.16	895.96	930.12	
S	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+CH MB+CH(M)	SMCH TMCH	1,646.76 1,457.88	895.96 895.96	2,542.72 2,353.84	
T	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+CH MB+CH(M)	UMCH VMCH	1,651.76 1,589.20	895.96 895.96	2,547.72 2,485.16	
U	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible <u>Classic</u> PPO*	MB(M)+CH MB+CH(M)	WMCH XMCH	849.04 732.68	895.96 895.96	1,745.00 1,628.64	
In-Lieu Credit Program						Monthly In-Lieu Credit	
	Medical In-Lieu (In-Lieu credits have no cash value)	MB + CH	MILC	223.99			
	Dental In-Lieu (In-Lieu credits have no cash value)	MB + CH	DILC	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.				