

City of San José
Office of Retirement Services
2026 VEBA Member Monthly Retiree Rates

Provider/Plan	Coverage Type	Plan Codes	Retiree Pays
Kaiser Permanente VEBA Plans <i>(California Only)</i> Group # 606031			
VEBA \$25 Copay HMO			2026 RATES
A	M Only	VA	\$1,533.90
B	M + SP/DP	VB	\$3,067.80
C	M + CH	VC	\$2,684.32
D	M + SP/DP + CH	VD	\$4,601.70
Anthem VEBA Plans <i>(Nationwide)</i>			
VEBA \$2,500 High Deductible Classic PPO			2026 RATES
N	M Only	VN	\$3,482.86
O	M + SP/DP	VO	\$7,662.40
P	M + CH	VP	\$6,269.22
Q	M + SP/DP + CH	VQ	\$10,797.02
Delta Dental VEBA HMO <i>(California Only)</i>			
Delta Care VEBA HMO			2026 RATES
	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)			