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** *(California Only)* *Group # 606031* | | | |
| **VEBA $25 Copay HMO** | | | **2026 RATES** |
| **A** | M Only | VA | **$1,533.90** |
| **Anthem VEBA Plans** *(Nationwide)* | | | |
| **VEBA $2,500 High Deductible Classic PPO** | | | **2026 RATES** |
| **N** | M Only | VN | **$3,482.86** |
| **Delta Dental VEBA HMO** *(California Only)* | | | |
| **Delta Care VEBA HMO** | | | **2026 RATES** |
| | M Only | VDENTAL4 | **$18.16** |

***All VEBA Health Insurance Plans Will Cease Once the Member Reaches Medicare Age (65)**