

City of San José
Office of Retirement Services

2026 Dental and Vision Monthly Retiree Rates

Providers & Plans	Coverage Type	Plan Codes	Retiree Pays	Fund Pays	Total Monthly Premium
Delta Dental PPO			<i>Group # 2584</i>		
Member Only	MB	DENTAL1	0.00	50.88	50.88
Member plus Spouse/DP	MB+SP/DP	DENTAL1SP	0.00	111.92	111.92
Member plus Child(ren)	MB+CH	DENTAL1CH	0.00	122.12	122.12
Member plus Spouse/DP plus Child(ren)	MB+SP/DP+CH	DENTAL1FM	0.00	157.72	157.72
DeltaCare HMO			<i>Group # 5643</i>		
Member Only	MB	DENTAL4	0.00	24.44	24.44
Member plus Spouse/DP	MB+SP/DP	DENTAL4SP	0.00	48.86	48.86
Member plus Child(ren)	MB+CH	DENTAL4CH	0.00	42.74	42.74
Member plus Spouse/DP plus Child(ren)	MB+SP/DP+CH	DENTAL4FM	0.00	73.30	73.30
In-Lieu Credit Program			Monthly In-Lieu Credit		
Dental In-Lieu <i>(In Lieu credits have no cash value)</i>	MB	DSIL	6.11		
	MB+SP/DP	DMSIL	12.21		
	MB+CH	DMCIL	10.69		
	MB+SP/DP+CH	DFIL	18.33		
Vision Service Plan (VSP) Choice Plan			<i>Group # 12112926</i>		
Member Only	MB	SC	12.04		
Member plus 1 Dependent	M+1	F+C	17.18		
Member plus Family	M+2+	FC	30.80		
Coverage Abbreviations:					
MB = Member/Survivor					
SP = Spouse					
DP = Domestic Partner					
CH = Child(ren)					