

2021 Member+Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:							Police & Fire Only: Medicare Part B Rmbrsmt.*
Kaiser \$3,000 High Deductible						MB + CH: 900.10	
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	900.10	900.10	
B	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB(M) + CH	A1-bHDHP	0.00	900.10	648.66	251.44
C	\$1,500 Deductible HMO	MB + CH	KCHDHMO	168.18	900.10	1,068.28	
D	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB(M) + CH	A1-bDHMO	0.00	900.10	720.74	179.36
E	\$25 Copay HMO	MB + CH	KCH	404.54	900.10	1,304.64	
F	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB(M) + CH	A1-b	0.00	900.10	822.02	78.08
G	Medicare Sr. Advantage Plan	MB(M) + CH(M)	A2CH	0.00	900.10	525.80	374.30
Anthem HMO Plans (California Only)							
H	\$20 Copay <u>Select</u> HMO	MB + CH	HMCH	404.58	900.10	1,304.68	
I	\$1,500 Deductible <u>Select</u> HMO	MB + CH	IMCH	105.76	900.10	1,005.86	
J	Medicare Advantage HMO	MB(M) + CH (M)	JMCH	0.00	900.10	851.42	48.68
K	Medicare Split: Advantage HMO & \$20 Copay <u>Select</u> HMO	MB(M)+CH	KMCH	322.91	900.10	1,223.01	
L		MB+CH(M)	LMCH	250.43	900.10	1,150.53	
M	Medicare Split: Advantage HMO / \$1500 Deductible <u>Select</u> HMO	MB(M)+CH	MMCH	140.31	900.10	1,040.41	
N		MB+CH(M)	NMCH	84.41	900.10	984.51	
Anthem PPO Plans (Nationwide)							
O	\$100 Deductible <u>Select</u> PPO	MB + CH	OMCH	1,956.90	900.10	2,857.00	
P	\$100 Deductible <u>Classic</u> PPO	MB + CH	PMCH	2,155.52	900.10	3,055.62	
Q	\$2,500 High Deductible <u>Classic</u> PPO*	MB + CH	QMCH	859.94	900.10	1,760.04	
R	Medicare Advantage PPO	MB(M) + CH(M)	RMCH	59.98	900.10	960.08	
S	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+CH	SMCH	1,325.88	900.10	2,225.98	
T		MB+CH(M)	TMCH	1,167.16	900.10	2,067.26	
U	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+CH	UMCH	1,447.28	900.10	2,347.38	
V		MB+CH(M)	VMCH	1,277.50	900.10	2,177.60	
W	Medicare Split: Medicare Advantage PPO & \$2,500 Deductible <u>Classic</u> PPO*	MB(M)+CH	WMCH	655.52	900.10	1,555.62	
X		MB+CH(M)	XMCH	557.74	900.10	1,457.84	
In-Lieu Credit Program							Monthly In-Lieu Credit
Medical In-Lieu (In-Lieu credits have no cash value)		MB + CH	MCIL	225.03			
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.				