

City of San José
Office of Retirement Services
2023 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			
A	M Only	VA	1,296.94
B	M + SP/DP	VB	2,593.88
C	M + CH	VC	2,269.66
D	M + SP/DP + CH	VD	3,890.84
Medicare Split: VEBA Sr. Advantage* /VEBA \$25 Co-Pay HMO			
E	M(M) + SP/DP	VE	1,530.40
F	M + SP/DP (M)	VF	1,530.40
G	M (M) + CH	VG	1,206.18
H	M (M) + SP/DP (M) + CH	VH	1,763.88
I	M (M) +SP/DP+ CH	VI	2,827.36
J	M + SP/DP (M) + CH	VJ	2,827.36
Medicare VEBA Sr. Advantage* Plan			
K	M(M) Only	VK	233.46
L	M(M) + SP/DP(M)	VL	466.92
M	M (M) + CH (M)	VM	700.38
Anthem VEBA Plans <i>(Nationwide)</i>			
VEBA \$2,500 High Deductible <u>Classic</u> PPO			
N	M Only	VN	2,678.06
O	M + SP/DP	VO	5,891.84
P	M + CH	VP	4,820.56
Q	M + SP/DP + CH	VQ	8,302.14
Medicare Split: VEBA Medicare Advantage* PPO & VEBA \$2,500 High Deductible <u>Classic</u> PPO			
R	M(M) + SP/DP	VR	3,433.71
S	M + SP/DP (M)	VS	3,165.87
T	M (M) + CH	VT	3,433.71
U	M (M) + SP/DP (M) + CH	VU	3,921.52
V	M (M) +SP/DP+ CH	VV	6,111.89
W	M + SP/DP (M) + CH	VW	5,308.37
VEBA Medicare Advantage* PPO Plan			
X	M(M) Only	VX	487.81
Y	M(M) + SP/DP(M)	VY	975.62
Z	M (M) + CH (M)	VZ	975.62
Delta Dental VEBA HMO <i>(California Only)</i>			
Delta Care VEBA HMO			
	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)			
(M) = Medicare			
* Enrollment in VEBA Medicare Plans requires proof of enrollment in <u>both</u> Medicare parts A&B			