

City of San José Office of Retirement Services  
2021 Member + Spouse/DP + Child(ren) Monthly Retiree Rates

Lowest Cost Plan Available to Active Employees:							Amount Available for P&F Members Medicare Part B Rmbrsmt.*
Kaiser \$3,000 High Deductible						MB+SP/DP+CH: 1543.02	
Providers & Plans	Coverage Type	Plan Codes for MB+SP/DP+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
<b>Kaiser Permanente Plans (California Only)</b>							<b>Group # 887 &amp; 230179</b>
<b>Group # 887 &amp; 230179</b>							<b>MSPPCH</b>
A	\$3,000 High Deductible HMO*	MB + SP/DP + CH	KFMHDHP	0.00	1,543.02	1,543.02	
B	Medicare Split: Sr. Advantage & \$3,000 High Deductible HMO*	MB + SP/DP(M) + CH	A3-aHDHP	0.00	1,543.02	1,291.58	251.44
C		MB(M) + SP/DP + CH	A3-cHDHP	0.00	1,543.02	1,291.58	251.44
D		MB(M) + SP/DP(M) + CH	A3-eHDHP	0.00	1,543.02	1,040.14	502.88
E	\$1,500 Deductible HMO	MB + SP/DP + CH	KFMDHMO	288.30	1,543.02	1,831.32	0.00
F	Medicare Split: Sr. Advantage & \$1,500 Deductible HMO	MB + SP/DP(M) + CH	A3-aDHMO	0.00	1,543.02	1,483.78	59.24
G		MB(M) + SP/DP + CH	A3-cDHMO	0.00	1,543.02	1,483.78	59.24
H		MB(M) + SP/DP(M) + CH	A3-eDHMO	0.00	1,543.02	1,136.24	406.78
I	\$25 Copay HMO	MB + SP/DP + CH	KFM	693.54	1,543.02	2,236.56	0.00
J	Medicare Split: Sr. Advantage & \$25 Copay HMO	MB + SP/DP(M) + CH	A3-a	210.92	1,543.02	1,753.94	0.00
K		MB(M) + SP/DP + CH	A3-c	210.92	1,543.02	1,753.94	0.00
L		MB(M) + SP/DP(M) + CH	A3-e	0.00	1,543.02	1,271.32	271.70
M	Medicare Sr. Advantage	MB(M) + SP/DP(M) + CH(M)	A3-b	0.00	1,543.02	788.70	754.32
<b>Anthem HMO Plans (California Only)</b>							
N	\$20 Copay <u>Select</u> HMO	MB + SP/DP + CH	NMSPCH	703.88	1,543.02	2,246.90	0.00
O	\$1,500 Deductible <u>Select</u> HMO	MB + SP/DP + CH	OMSPCH	189.32	1,543.02	1,732.34	0.00
P	Medicare Advantage HMO	MB (M)+SP/DP(M)+CH (M)	PMSPCH	0.00	1,543.02	1,277.13	265.89
Q	Medicare Split: Medicare Advantage HMO & \$20 Copay <u>Select</u> HMO	MB (M) + SP/DP(M) + CH	QMSPCH	105.70	1,543.02	1,648.72	0.00
R		MB (M) + SP/DP + CH	RMSPCH	404.79	1,543.02	1,947.81	0.00
S		MB + SP/DP(M) + CH	SMSPCH	187.37	1,543.02	1,730.39	0.00
T	Medicare Split: Medicare Advantage HMO & \$1500 Deductible <u>Select</u> HMO	MB (M) + SP/DP(M) + CH	TMSPCH	0.00	1,543.02	1,466.12	76.90
U		MB (M) + SP/DP + CH	UMSPCH	56.21	1,543.02	1,599.23	0.00
V		MB + SP/DP(M) + CH	VMSPCH	0.00	1,543.02	1,431.57	111.45
<b>Anthem PPO Plans (Nationwide)</b>							
W	\$100 Deductible <u>Select</u> PPO	MB + SP/DP + CH	WMSPCH	3,377.40	1,543.02	4,920.42	0.00
X	\$100 Deductible <u>Classic</u> PPO	MB + SP/DP + CH	XMSPCH	3,719.46	1,543.02	5,262.48	0.00
Y	\$2,500 Deductible <u>Classic</u> PPO*	MB + SP/DP + CH	YMSPCH	1,488.18	1,543.02	3,031.20	0.00
Z	Medicare Advantage PPO	MB(M) + SP/DP(M)+CH (M)	ZMSPCH	0.00	1,543.02	1,440.12	102.90
Z1	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Select</u> PPO	MB(M)+SP/DP(M)+CH	Z1MSPCH	1,163.00	1,543.02	2,706.02	0.00
Z2		MB(M) + SP/DP + CH	Z2MSPCH	2,270.20	1,543.02	3,813.22	0.00
Z3		MB + SP/DP(M)+CH	Z3MSPCH	1,794.02	1,543.02	3,337.04	0.00
Z4	Medicare Split: Medicare Advantage PPO & \$100 Deductible <u>Classic</u> PPO	MB(M)+SP/DP(M)+CH	Z4MSPCH	1,284.40	1,543.02	2,827.42	0.00
Z5		MB(M) + SP/DP + CH	Z5MSPCH	2,501.94	1,543.02	4,044.96	0.00
Z6		MB + SP/DP(M)+CH	Z6MSPCH	1,992.64	1,543.02	3,535.66	0.00
Z7	Medicare Split: Medicare Advantage PPO & \$2,500 High Deductible <u>Classic</u> PPO*	MB(M)+SP/DP(M)+CH	Z7MSPCH	492.64	1,543.02	2,035.66	0.00
Z8		MB(M) + SP/DP + CH	Z8MSPCH	990.44	1,543.02	2,533.46	0.00
Z9		MB + SP/DP(M)+CH	Z9MSPCH	697.06	1,543.02	2,240.08	0.00
<b>In-Lieu Credit Program</b>							
<b>Monthly In-Lieu Credit</b>							
Medical In-Lieu (In-lieu credits have no cash value)		MB + SP/DP + CH	FIL	385.76			
Dental In-Lieu (In-Lieu credits have no cash value)		MB + SP/DP + CH	DFIL	18.33			
<b>Coverage Type Abbreviations:</b>			**Police & Fire Retirees are eligible to receive a credit for their monthly Medicare Part B premium when their current plan premiums cost the Fund less than the maximum monthly contribution. The Member is eligible to receive reimbursement based on the difference between the maximum contribution amount and the actual monthly premium.				
(M) = Medicare							
MB = Member or Survivor							
SP = Spouse							
DP = Domestic Partner							
CH = Child(ren)							
* Health Savings Account (H.S.A.) Compatible							