

City of San José
Office of Retirement Services

**2017 Member + Spouse/Domestic Partner
Monthly Retiree Rates
Non-Medicare and Medicare Plans**

Lowest Cost Plan Available to Active Employees:			Kaiser DHMO MB + SP/DP: 980.40				Amount Available for P&F Members Medicare Part B Rmbrsmt.*
Provider/Plan	Group #	Coverage Type	Plan Codes for MB+SP/DP	Retiree Pays	Fund Pays	Total Monthly Premium	
Kaiser Permanente Plans (Available in California only)							
Deductible HMO (DHMO) Plan	887 (NCal) 230179 (SCal)	MB + SP/DP (NSA)	KDHMO	0.00	980.40	980.40	
KPSA Plan		MB(SA) + SP/DP(SA)	A2DHMO	0.00	578.24	578.24	402.16 ←
Split KPSA/DHMO Plans		MB(SA) + SP/DP(NSA)	A1DHMO	0.00	779.32	779.32	201.08 ←
		MB(NSA) + SP/DP(SA)	A1-aDHMO	0.00	779.32	779.32	201.08 ←
\$25 HMO Plan		MB + SP/DP (NSA)	K	216.92	980.40	1,197.32	
KPSA Plan		MB(SA) + SP/DP(SA)	A2	0.00	578.24	578.24	402.16 ←
Split KPSA/HMO Plans		MB(SA) + SP/DP(NSA)	A1	0.00	887.78	887.78	92.62 ←
		MB(NSA) + SP/DP(SA)	A1-a	0.00	887.78	887.78	92.62 ←
NEW Sutter Health Plus HMO Plans (Available in California only)							
Deductible HMO Plan (CA)	777000	MB + SP/DP (DHMO)	CSPDHMO	46.82	980.40	1,027.22	
\$25 HMO (CA)		MB + SP/DP (25HMO)	CSP	274.12	980.40	1,254.52	
Blue Shield of California HMO Plans (Available in California only)							
Medicare HMO Plan	W0051445	MB(MHMO) + SP/DP(MHMO)	YF2	217.24	980.40	1,197.64	
Blue Shield and Sutter Split Plans (Available in California only)							
Split Med HMO/Sutter DHMO Plan	777000	MB(BSC) + SP(SDHMO)	See BSC/SHP Rate Sheet on Page 5				
Split Med HMO/Sutter HMO Plan		MB(BSC) + SP(SHMO)	See BSC/SHP Rate Sheet on Page 5				
Blue Shield PPO Plans (Available Nationwide)							
\$25 PPO Plan (Nationwide)	W0051445	MB + SP/DP PPO	B	1,027.10	980.40	2,007.50	
Medicare PPO Plan		MB(MPPO) + SP/DP(MPPO)	ZF2	38.02	980.40	1,018.42	
Split Med PPO/\$25 PPO Plans		MB(MPPO) + SP/DP(25PPO)	ZAPPO	532.57	980.40	1,512.97	
		MB(25PPO) + SP/DP(MPPO)	ZBPPO	532.57	980.40	1,512.97	
Coverage Abbreviations:			*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.				
MB = Member SP = Spouse DP = Domestic Partner CH = Child(ren)			SA = Kaiser Permanente Sr. Advantage (KPSA) NSA = Non-Sr. Advantage (Traditional Plan) M = Medicare				