

**City of San José
Office of Retirement Services**

**2017 Member Only
Monthly Retiree Rates
Non-Medicare and Medicare Plans**

Lowest Cost Plan Available to Active Employees:			Kaiser DHMO Member: 490.20				Amount Available for P&F Members Medicare Part B Rmbrsmt.*
Provider/Plan	Group #	Coverage Type	Plan Codes for Member Only	Retiree Pays	Fund Pays	Total Monthly Premium	
Kaiser Permanente Plans <i>(Available in California only)</i>							
Deductible HMO (DHMO) Plan	887 (NCal) 230179 (SCal)	MB - Retiree or Survivor	SDHMO	0.00	490.20	490.20	
KPSA		MB(SA) - Retiree or Survivor	ADHMO	0.00	289.12	289.12	201.08 ←
\$25 HMO Plan		MB - Retiree or Survivor	S	108.46	490.20	598.66	
KPSA		MB(SA) - Retiree or Survivor	A	0.00	289.12	289.12	201.08 ←
NEW Sutter Health Plus HMO Plans <i>(Available in California only)</i>							
Deductible HMO Plan	777000	MB - Retiree or Survivor	CHMO	23.42	490.20	513.62	
\$25 HMOPlan		MB - Retiree or Survivor	C	137.06	490.20	627.26	
Blue Shield of California Medicare HMO Plans <i>(Available in California only)</i>							
Medicare HMO Plan	W0051445	MB(MHMO) - Retiree or Survivor	YM1	108.62	490.20	598.82	
Blue Shield PPO Plans <i>(Available Nationwide)</i>							
\$25 PPO Plan (Nationwide)	W0051445	MB - Retiree or Survivor	U	513.56	490.20	1,003.76	
Medicare PPO Plan		MB(MPPO) - Retiree or Survivor	ZM	19.01	490.20	509.21	
Coverage Abbreviations:							
MB = Member		SA = Kaiser Permanente Sr. Advantage (KPSA)		*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.			
SP = Spouse		NSA = Non-Sr. Advantage (Traditional Plan)					
DP = Domestic Partner		M = Medicare					
CH = Child(ren)							