

City of San José
Office of Retirement Services

**2018 Member + Child(ren)
Monthly Retiree Rates
Non-Medicare and Medicare Plans**

Lowest Cost Plan Available to Active Employees:				**NEW**			Amount Available for P&F Member's Medicare Part B	
Provider/Plan	Group #	Coverage Type	Plan Codes for MB+CH	Retiree Pays	Fund Pays	Total Monthly Premium		
Kaiser Permanente Plans (Available in California only)								
HDHP PLAN w & wo HSA	887 (NCal) 230179 (SCal)	MB(HDHP) + CH(HDHP)	KCHHDHP	0.00	716.98	716.98	103.42 ←	
Split KPSA/HDHP Plans		MB(SA) + CH(HDHP)	KCHHSA	0.00	716.98	716.98		
			A1-bHDHP	0.00	613.56	613.56		
Deductible HMO (DHMO) Plan		MB(NSA) +CH(NSA)	KCHDHMO	133.94	716.98	850.92	104.42 ←	
KPSA Plan		MB(SA) + CH(SA)	A2DHMO	0.00	612.56	612.56		
Split KPSA/DHMO Plans		MB(SA) + CH(NSA)	A1-bDHMO	0.00	670.96	670.96		46.02 ←
\$25 HMO Plan		MB(NSA) + CH(NSA)	KCH	322.24	716.98	1,039.22		104.42 ←
KPSA Plan		MB(SA) + CH(SA)	A2	0.00	612.56	612.56		
Split KPSA/\$25 HMO Plans		MB(SA) + CH(NSA)	A1-b	34.68	716.98	751.66		
Sutter Health Plus HMO Plans (Available in California only)								
Deductible HMO Plan	777000	MB + CH (DHMO)	CCHDHMO	181.86	716.98	898.84		
\$20 HMO Plan		MB + CH (25HMO)	CCH	380.68	716.98	1,097.66		
Blue Shield of California HMO Plan (Available in California only)								
Medicare HMO Plan	W0051445	MB(MHMO) + CH(MHMO)	YF2CH	488.14	716.98	1,205.12		
Blue Shield and Sutter Split Plans (Available in California only)								
Split Med HMO/Sutter DHMO Plan		MB(BSC) + CH(SDHMO)	See BSC/SHP Rate Sheet on Page 5					
Split Med HMO/Sutter HMO Plan		MB(BSC) + CH(SHMO)	See BSC/SHP Rate Sheet on Page 5					
Blue Shield PPO Plans (Available Nationwide)								
\$25 PPO Plan (Nationwide)	W0051445	MB + CH (25PPO)	BCH	1,215.28	716.98	1,932.26		
Medicare PPO Plan		MB(MPPO) + CH(MPPO)	ZF2CH	340.16	716.98	1,057.14		
Split Med PPO/\$25 PPO Plan		MB(MPPO) + CH(25PPO)	ZHPPO	639.71	716.98	1,356.69		
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					