

2019 Medical Premiums: Retiree or Survivor of Retiree Without Medicare Residing in California

RETIRES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2019 Monthly Medical Premiums	Blue Shield of California				Kaiser Permanente HMO	UHC City Plan PPO		UHC City Plan (Choice Not Available)		
	Trio HMO		Access+ HMO			City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost						
Retiree/Survivor Only	\$1,684.49	\$37.78	\$1,911.82	\$100.26	\$1,225.27	\$0	\$1,085.27	\$202.61	\$1,187.62	\$100.26
Retiree/Survivor +1 Dependent with no Medicare	\$2,070.89	\$424.18	\$2,363.20	\$551.65	\$1,528.94	\$303.66	\$1,590.07	\$707.41	\$1,692.42	\$605.06
Retiree/Survivor +2 or More Dependents with no Medicare	\$2,070.89	\$1,041.07	\$2,363.20	\$1,272.27	\$1,528.94	\$807.74	\$1,590.07	\$1,470.21	\$1,692.42	\$1,367.86
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$1,872.32	\$225.60	\$2,099.65	\$288.08	\$1,390.20	\$164.93	\$1,273.10	\$390.43	\$1,375.45	\$288.08
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$1,872.32	\$842.49	\$2,099.65	\$1,008.70	\$1,390.20	\$669.01	\$1,273.10	\$1,153.23	\$1,375.45	\$1,050.88

RETIRES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009¹ WITH 10 AND LESS THAN 15 YEARS OF SERVICE

2019 Monthly Medical Premiums	Blue Shield of California				Kaiser Permanente HMO	UHC City Plan PPO		UHC City Plan (Choice Not Available)		
	Trio HMO		Access+ HMO			City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost						
Retiree/Survivor Only	\$842.25	\$880.02	\$955.91	\$1,056.17	\$612.64	\$612.63	\$542.64	\$745.24	\$593.81	\$694.07
Retiree/Survivor +1 Dependent with no Medicare	\$1,035.45	\$1,459.62	\$1,181.60	\$1,733.25	\$764.47	\$1,068.13	\$795.04	\$1,502.44	\$846.21	\$1,451.27
Retiree/Survivor +2 or More Dependents with no Medicare	\$1,035.45	\$2,076.51	\$1,181.60	\$2,453.87	\$764.47	\$1,572.21	\$795.04	\$2,265.24	\$846.21	\$2,214.07
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$936.16	\$1,161.76	\$1,049.83	\$1,337.90	\$695.10	\$860.03	\$636.55	\$1,026.98	\$687.73	\$975.80
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$936.16	\$1,778.65	\$1,049.83	\$2,058.52	\$695.10	\$1,364.11	\$636.55	\$1,789.78	\$687.73	\$1,738.60

¹Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no city contribution and must pay the full premium rate.

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

2019 Medical Premiums: Retiree or Survivor of Retiree With Medicare Part A and Part B Residing in California

RETIREES HIRED BEFORE JANUARY 9, 2009

2019 Monthly Medical Premiums	Kaiser Permanente HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Trio HMO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Access+ HMO	
	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost
Retiree/Survivor Only	\$333.99	\$0	\$379.78	\$0	\$379.78	\$0	\$379.78	\$0
Retiree/Survivor +1 Dependent with no Medicare	\$637.66	\$303.66	\$884.58	\$504.80	\$766.18	\$386.40	\$831.16	\$451.39
Retiree/Survivor +2 or More Dependents with no Medicare	\$637.66	\$807.74	\$884.58	\$1,267.60	\$766.18	\$1,003.29	\$831.16	\$1,172.01
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$498.92	\$164.93	\$567.61	\$187.82	\$567.61	\$187.82	\$567.61	\$187.82
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$498.92	\$669.01	\$567.61	\$950.62	\$567.61	\$804.71	\$567.61	\$908.44

RETIREES HIRED AFTER JANUARY 9, 2009¹ WITH 10 AND LESS THAN 15 YEARS OF SERVICE

2019 Monthly Medical Premiums	Kaiser Permanente HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Trio HMO		UHC Medicare Advantage PPO with Non-Medicare Dependents in Blue Shield of CA Access+ HMO	
	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost	City Contribution	Retiree/Survivor Cost
Retiree/Survivor Only	\$167.00	\$166.99	\$189.89	\$189.88	\$189.89	\$189.89	\$189.89	\$189.89
Retiree/Survivor +1 Dependent with no Medicare	\$318.83	\$622.49	\$442.29	\$947.09	\$383.09	\$769.49	\$415.58	\$866.97
Retiree/Survivor +2 or More Dependents with no Medicare	\$318.83	\$1,126.57	\$442.29	\$1,709.89	\$383.09	\$1,386.38	\$415.58	\$1,587.59
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$249.46	\$414.39	\$283.81	\$471.62	\$283.81	\$471.62	\$283.81	\$471.62
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$249.46	\$918.47	\$283.81	\$1,234.42	\$283.81	\$1,088.51	\$283.81	\$1,192.24

¹Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no city contribution and must pay the full premium rate.

2019 Medical Premiums: Retiree or Survivor of Retiree Without Medicare Residing Outside of California

RETIREES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2019 Monthly Medical Premiums	Kaiser Permanente HMO						City Plan PPO Choice Not Available	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$1,335.93	\$0	\$1,330.59	\$0	\$969.81	\$0	\$1,187.62	\$100.26
Retiree/Survivor +1 Dependent with no Medicare	\$2,001.83	\$665.89	\$1,993.83	\$663.23	\$1,452.65	\$482.83	\$1,692.42	\$605.06
Retiree/Survivor +2 or More Dependents with no Medicare	\$2,001.83	\$1,771.27	\$1,993.83	\$1,764.19	\$1,452.65	\$1,284.33	\$1,692.42	\$1,367.86
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$1,535.64	\$199.71	\$1,490.54	\$159.94	\$1,155.80	\$185.99	\$1,375.45	\$288.08
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$1,535.64	\$1,305.09	\$1,490.54	\$1,260.90	\$1,155.80	\$987.49	\$1,375.45	\$1,050.88

RETIREES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009¹ WITH 10 AND LESS THAN 15 YEARS OF SERVICE

2019 Monthly Medical Premiums	Kaiser Permanente HMO						City Plan PPO Choice Not Available	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$667.97	\$667.96	\$665.30	\$665.29	\$484.91	\$484.90	\$593.81	\$694.07
Retiree/Survivor +1 Dependent with no Medicare	\$1,000.92	\$1,666.80	\$996.92	\$1,660.14	\$726.33	\$1,209.15	\$846.21	\$1,451.27
Retiree/Survivor +2 or More Dependents with no Medicare	\$1,000.92	\$2,772.18	\$996.92	\$2,761.10	\$726.33	\$2,010.65	\$846.21	\$2,214.07
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$767.82	\$967.53	\$745.27	\$905.21	\$577.90	\$763.89	\$687.73	\$975.80
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$767.82	\$2,072.91	\$745.27	\$2,006.17	\$577.90	\$1,565.39	\$687.73	\$1,738.60

¹Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no city contribution and must pay the full premium rate.

2019 Medical Premiums: Retiree or Survivor of Retiree With Medicare Part A and Part B Residing Outside of California

RETIREES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2019 Monthly Medical Premiums	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$403.55	\$0	\$324.02	\$0	\$376.11	\$0	\$379.78	\$0
Retiree/Survivor +1 Dependent with no Medicare	\$1,069.45	\$665.89	\$987.26	\$663.23	\$858.95	\$482.83	\$884.58	\$504.80
Retiree/Survivor +2 or More Dependents with no Medicare	\$1,069.45	\$1,771.27	\$987.26	\$1,764.19	\$858.95	\$1,284.33	\$884.58	\$1,267.60
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$603.26	\$199.71	\$483.97	\$159.94	\$562.10	\$185.99	\$567.61	\$187.82
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$603.26	\$1,305.09	\$483.97	\$1,260.90	\$562.10	\$987.49	\$567.61	\$950.62

RETIREES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009¹ WITH 10 AND LESS THAN 15 YEARS OF SERVICE

2019 Monthly Medical Premiums	Kaiser Permanente Senior Advantage						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$201.78	\$201.77	\$162.01	\$162.01	\$188.06	\$188.05	\$189.89	\$189.89
Retiree/Survivor +1 Dependent with no Medicare	\$534.73	\$1,200.61	\$493.63	\$1,156.86	\$429.48	\$912.30	\$442.29	\$947.09
Retiree/Survivor +2 or More Dependents with no Medicare	\$534.73	\$2,305.99	\$493.63	\$2,257.82	\$429.48	\$1,713.80	\$442.29	\$1,709.89
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$301.63	\$501.34	\$241.99	\$401.92	\$281.05	\$467.04	\$283.81	\$471.62
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$301.63	\$1,606.72	\$241.99	\$1,502.88	\$281.05	\$1,268.54	\$283.81	\$1,234.42

¹Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no city contribution and must pay the full premium rate.

2019 Biweekly Dental Premium Contribution Rates

CITY & COUNTY OF SAN FRANCISCO and MTA

EMPLOYEE ONLY	DELTA DENTAL		DELTACARE USA		UNITEDHEALTHCARE DENTAL	
	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	\$25.60	\$2.31	\$12.44	\$0	\$12.83	\$0
Employee +1	\$54.00	\$4.62	\$20.52	\$0	\$21.18	\$0
Employee +2 or more	\$76.82	\$6.92	\$30.35	\$0	\$31.32	\$0

SUPERIOR COURT

EMPLOYEE ONLY	DELTA DENTAL		DELTACARE USA		UNITEDHEALTHCARE DENTAL	
	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	\$27.91	\$0	\$12.44	\$0	\$12.83	\$0
Employee +1	\$58.62	\$0	\$20.52	\$0	\$21.18	\$0
Employee +2 or more	\$83.74	\$0	\$30.35	\$0	\$31.32	\$0

Eligible employees of the City and County of San Francisco and Superior Court may apply these flex credit dollars to a variety of benefit options, including payment of employee medical and dental premium contributions. The amount of flex credits for employees +2 or more has been increased to reflect the City's commitment to ensuring affordable health coverage for families. For more information about Flex Credits see pages 20-21.