



# Medical Premium Contribution Rates (Biweekly)

## 2020 Medical Premium Contribution Rates: Employee Only (Biweekly)

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE		UHC PPO	
	TRIO HMO		ACCESS+ HMO		HMO		(City Plan)	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Superior Court Employees Local 21								
Superior Court Employees Local 1021								
Superior Court Judges								
Superior Court Reporters	\$347.84	\$0.00	\$411.63	\$0.00	\$298.02	\$0.00	\$546.97	\$0.00
Superior Court Staff Attorneys								
Superior Court Staff Attorneys Cash Back <sup>1</sup>								
Superior Court Interpreters								
Superior Court Unrepresented Professionals								

## 2020 Medical Premium Contribution Rates: Employee +1 (Biweekly)

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE		UHC PPO	
	TRIO HMO		ACCESS+ HMO		HMO		(City Plan)	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Superior Court Employees Local 21								
Superior Court Employees Local 1021								
Superior Court Judges							\$1,059.23	\$0.00
Superior Court Reporters	\$694.40	\$0.00	\$821.99	\$0.00	\$594.67	\$0.00		
Superior Court Staff Attorneys								
Superior Court Staff Attorneys Cash Back <sup>1</sup>							\$1,040.08	\$19.95
Superior Court Interpreters								
Superior Court Unrepresented Professionals							\$1,059.23	\$0.00

## 2020 Medical Premium Contribution Rates: Employee +2 or more (Biweekly)

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE		UHC PPO	
	TRIO HMO		ACCESS+ HMO		HMO		(City Plan)	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Superior Court Employees Local 21								
Superior Court Employees Local 1021								
Superior Court Judges			\$1,137.00	\$25.56			\$1,137.00	\$354.79
Superior Court Reporters	\$982.02	\$0.00			\$840.88	\$0.00		
Superior Court Staff Attorneys								
Superior Court Staff Attorneys Cash Back <sup>1</sup>			\$1,040.08	\$122.48			\$1,040.08	\$451.71
Superior Court Interpreters								
Superior Court Unrepresented Professionals			\$1,137.00	\$25.56			\$1,137.00	\$354.79

<sup>1</sup>Attorneys with enrolled dependents who wish to elect the cashback rate must complete additional forms. Contact SFHSS for details.



# Vision Plan Benefits-at-a-Glance

Covered Services	VSP Basic <sup>1</sup>	VSP Premier
<b>Well Vision Exam</b>	\$10 co-pay every calendar year	\$10 co-pay every calendar year
<b>Single Vision Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Bifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Trifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Standard Progressive Lenses</b>	100% coverage every other calendar year	100% coverage every calendar year
<b>Premium Progressive Lenses</b>	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Progressive Lenses</b>	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Standard Anti-Reflective Coating</b>	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Premium Anti-Reflective Coating</b>	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Anti-Reflective Coating</b>	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Scratch-Resistant Coating</b>	Fully covered every other calendar year	Fully Covered every calendar year
<b>Frames</b>	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco® \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
<b>Contacts</b> ( <i>instead of glasses</i> )	\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year
<b>Contact Lens Exam</b>	Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every calendar year
<b>Primary Eye Care</b> ( <i>for the treatment of urgent or acute ocular conditions</i> )	\$5 co-pay	\$5 co-pay

Vision Care Discounts		
<b>Laser Vision Correction</b>	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
Vision Care Premium Rates	VSP Basic Plan	VSP Premier Contribution (Biweekly)
	Included in your medical premium.	<b>Employee Only \$4.58</b> <b>Employee + 1 Dependent \$6.91</b> <b>Employee + Family \$14.34</b>

Your Coverage with Out-of-Network Providers						
Visit <a href="http://vsp.com">vsp.com</a> if you plan to see a provider other than a VSP network provider.						
<b>Exam</b>	Up to \$50	<b>Single Vision Lenses</b>	Up to \$45	<b>Lined Trifocal Lenses</b>	Up to \$85	<b>Contacts</b> Up to \$105
<b>Frame</b>	Up to \$70	<b>Lined Bifocal Lenses</b>	Up to \$65	<b>Progressive Lenses</b>	Up to \$85	

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium.

<sup>2</sup>Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters.

IFPTE Local 21, SEIU 1021 and miscellaneous unrepresented employees are also eligible for VDT Computer VisionCare benefits. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



# Dental Premium Contribution Rates (Biweekly)

SUPERIOR COURT OF SAN FRANCISCO	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$26.44	\$0	\$12.44	\$0	\$13.21	\$0
Employee + 1 Dependent	\$55.51	\$0	\$20.52	\$0	\$21.82	\$0
Employee + 2 or More Dependents	\$79.31	\$0	\$30.35	\$0	\$32.26	\$0

