



2020 Medical Premium Contributions

BIWEEKLY 26 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	You Pay	Employer Pays	You Pay
BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$325.81	\$22.03	\$380.38	\$31.25	\$298.02	\$0.00	\$325.81	\$221.16
Employee +1	\$555.86	\$138.54	\$658.00	\$163.99	\$491.56	\$103.11	\$538.09	\$521.14
Employee +2 or more	\$664.04	\$317.98	\$786.12	\$376.44	\$555.65	\$285.23	\$610.29	\$881.50

BIWEEKLY 26 PAY PERIODS

SEIU 1021 and SFBCTU	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$325.81	\$22.03	\$385.53	\$26.10	\$298.02	\$0.00	\$350.36	\$196.61
Employee +1	\$528.78	\$165.62	\$628.62	\$193.37	\$467.21	\$127.46	\$610.43	\$448.80
Employee +2 or more	\$626.47	\$355.55	\$747.38	\$415.18	\$527.98	\$312.90	\$905.56	\$586.23

SFBCTU 2020 medical rate contributions made by employee may increase.

BIWEEKLY 26 PAY PERIODS

CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES and STATIONARY ENGINEERS LOCAL 39

	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$325.81	\$22.03	\$384.95	\$26.68	\$298.02	\$0.00	\$330.69	\$216.28
Employee +1	\$527.32	\$167.08	\$624.22	\$197.77	\$459.92	\$134.75	\$565.21	\$494.02
Employee +2 or more	\$623.29	\$358.73	\$737.88	\$424.68	\$509.99	\$330.89	\$844.96	\$646.83

BIWEEKLY 21 PAY PERIODS

SEIU 1021 and SFBCTU

EMPLOYEE ONLY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
December 28 – May 29	\$473.91	\$32.04	\$560.77	\$37.96	\$433.48	\$0.00	\$509.61	\$285.98
August 8 – December 25	\$325.81	\$22.03	\$385.53	\$26.10	\$298.02	\$0.00	\$350.36	\$196.61
EMPLOYEE +1								
December 28 – May 29	\$769.13	\$240.90	\$914.36	\$281.27	\$679.58	\$185.40	\$887.90	\$652.80
August 8 – December 25	\$528.78	\$165.62	\$628.62	\$193.37	\$467.21	\$127.46	\$610.43	\$448.80
EMPLOYEE +2 OR MORE								
December 28 – May 29	\$911.23	\$517.16	\$1,087.10	\$603.90	\$767.97	\$455.13	\$1,317.18	\$852.70
August 8 – December 25	\$626.47	\$355.55	\$747.38	\$415.18	\$527.98	\$312.90	\$905.56	\$586.23

SFBCTU 2020 medical rate contributions made by employee may increase.

BIWEEKLY 21 PAY PERIODS

CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES and STATIONARY ENGINEERS LOCAL 39

	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
December 28 – May 29	\$473.16	\$32.79	\$559.93	\$38.81	\$433.48	\$0.00	\$481.00	\$314.59
August 8 – December 25	\$325.30	\$22.54	\$384.95	\$26.68	\$298.02	\$0.00	\$330.69	\$216.28
EMPLOYEE +1								
December 28 – May 29	\$767.01	\$243.03	\$907.96	\$287.67	\$668.97	\$196.00	\$822.12	\$718.57
August 8 – December 25	\$527.32	\$167.08	\$624.22	\$197.77	\$459.92	\$134.75	\$565.21	\$494.02
EMPLOYEE +2 OR MORE								
December 28 – May 29	\$906.60	\$521.79	\$1,073.28	\$617.72	\$741.80	\$481.29	\$1,229.03	\$940.84
August 8 – December 25	\$623.29	\$358.73	\$737.88	\$424.68	\$509.99	\$330.89	\$844.96	\$646.83

SEIU 1021 & SFBCTU. January to May deductions (11 pay periods) include a 1.454 rate to pre-pay premiums for the summer coverage period.



2020 Medical Premium Contributions

MONTHLY 12 PAY PERIODS

FACULTY	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$705.92	\$47.74	\$824.10	\$67.78	\$645.71	\$0.00	\$705.92	\$479.19
Employee +1	\$1,224.24	\$280.29	\$1,449.19	\$331.79	\$1,103.61	\$184.84	\$1,189.96	\$1,105.05
Employee +2 or more	\$1,489.40	\$638.32	\$1,763.22	\$755.67	\$1,267.21	\$554.69	\$1,389.85	\$1,842.36

MONTHLY 12 PAY PERIODS

ACADEMIC ADMINISTRATORS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$705.92	\$47.74	\$824.10	\$67.78	\$645.71	\$0.00	\$705.92	\$479.19
Employee +1	\$1,204.37	\$300.16	\$1,425.68	\$355.30	\$1,065.04	\$223.41	\$1,165.64	\$1,129.37
Employee +2 or more	\$1,438.77	\$688.95	\$1,703.27	\$815.62	\$1,203.91	\$617.99	\$1,322.30	\$1,909.91

MONTHLY 9 PAY PERIODS

PART-TIME FACULTY EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
January 1 – May 31	\$1,129.47	\$76.38	\$1,318.56	\$108.45	\$1,033.14	\$0.00	\$1,129.47	\$766.70
September 1 – December 31	\$705.92	\$47.74	\$824.10	\$67.78	\$645.71	\$0.00	\$705.92	\$479.19
EMPLOYEE +1								
January 1 – May 31	\$1,958.78	\$448.46	\$2,318.70	\$530.86	\$1,765.78	\$295.74	\$1,903.94	\$1,768.08
September 1 – December 31	\$1,224.24	\$280.29	\$1,449.19	\$331.79	\$1,103.61	\$184.84	\$1,189.96	\$1,105.05
EMPLOYEE +2 OR MORE								
January 1 – May 31	\$2,383.04	\$1,021.31	\$2,821.15	\$1,209.07	\$2,027.54	\$887.50	\$2,223.76	\$2,947.78
September 1 – December 31	\$1,489.40	\$638.32	\$1,763.22	\$755.67	\$1,267.21	\$554.69	\$1,389.85	\$1,842.36

Part-time Faculty Employees January to May deductions (5 pay periods) include a 1.60 rate to pre pay premiums for the summer coverage period.





Vision Plan Benefits-at-a-Glance

Covered Services	VSP Basic ¹	VSP Premier
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year
Single Vision Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Progressive Lenses	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
Premium Anti-Reflective Coating	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year
Frames	\$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
Contacts (<i>instead of glasses</i>)	\$150 allowance every other calendar year ²	\$250 allowance every calendar year
Contact Lens Exam	Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every other calendar year
Primary Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)	\$5 co-pay	\$5 co-pay
Vision Care Discounts		
Laser Vision Correction	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

VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods ³	21 Pay Periods ³
E Only \$4.58	E Only \$9.93	E Only \$15.89 \$9.93	E Only \$6.67 \$4.58
E + 1 Dep. \$6.91	E + 1 Dep. \$14.98	E +1 Dep. \$23.97 \$14.98	E +1 Dep. \$10.06 \$6.91
E + 2 or more \$14.34	E + 2 or more \$31.06	E +2 or more \$49.70 \$31.06	E +2 or more \$20.85 \$14.34

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

¹VSP Basic Plan coverage is included with your medical premium.

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

³Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

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.