



## 2020 Medical Premiums: Retiree or Survivor without Medicare (California)

### Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Blue Shield of California				Kaiser Permanente HMO		UHC PPO (City Plan)		UHC PPO (No HMO Available)	
	Trio HMO		Access+ HMO		City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
	City Pays	You Pay	City Pays	You Pay						
Retiree/Survivor Only	\$1,714.80	\$23.87	\$1,966.24	\$92.98	\$1,295.75	\$0	\$1,271.25	\$239.59	\$1,417.86	\$92.98
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$2,105.19	\$414.25	\$2,428.51	\$555.24	\$1,617.12	\$321.37	\$1,715.85	\$684.20	\$1,862.47	\$537.58
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$2,105.19	\$1,037.48	\$2,428.51	\$1,293.21	\$1,617.12	\$854.85	\$1,715.85	\$1,369.33	\$1,862.47	\$1,222.71
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$1,934.22	\$243.29	\$2,185.66	\$312.40	\$1,480.62	\$184.86	\$1,490.67	\$459.01	\$1,637.28	\$312.40
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,934.22	\$866.52	\$2,185.66	\$1,050.37	\$1,480.62	\$718.34	\$1,490.67	\$1,144.14	\$1,637.28	\$997.53

### Retirees hired AFTER January 9, 2009<sup>1</sup> with at least 10 years but less than 15 years of service

Medical Premiums (Monthly)	Blue Shield of California				Kaiser Permanente HMO		UHC PPO (City Plan)		UHC PPO (No HMO Available)	
	Trio HMO		Access+ HMO		City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
	City Pays	You Pay	City Pays	You Pay						
Retiree/Survivor Only	\$857.40	\$881.27	\$983.12	\$1,076.10	\$647.88	\$647.87	\$635.63	\$875.21	\$708.93	\$801.91
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$1,052.60	\$1,466.84	\$1,214.26	\$1,769.49	\$808.56	\$1,129.93	\$857.93	\$1,542.12	\$931.24	\$1,468.81
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$1,052.60	\$2,090.07	\$1,214.26	\$2,507.46	\$808.56	\$1,663.41	\$857.93	\$2,227.25	\$931.24	\$2,153.94
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$967.11	\$1,210.40	\$1,092.83	\$1,405.23	\$740.31	\$925.17	\$745.34	\$1,204.34	\$818.64	\$1,131.04
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$967.11	\$1,833.63	\$1,092.83	\$2,143.20	\$740.31	\$1,458.65	\$745.34	\$1,889.47	\$818.64	\$1,816.17

<sup>1</sup>Retirees 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.



## 2020 Medical Premiums: Retiree or Survivor *without* Medicare (Outside of California)

### Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Kaiser Permanente HMO						UHC PPO (No HMO Available)	
	Northwest		Washington		Hawaii		City Pays	You Pay
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay		
Retiree/Survivor Only	\$1,274.88	\$0	\$1,376.39	\$0	\$942.31	\$0	\$1,417.86	\$92.98
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$1,910.84	\$635.95	\$2,063.10	\$686.71	\$1,411.97	\$469.66	\$1,862.47	\$537.58
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$1,910.84	\$1,691.61	\$2,063.10	\$1,826.63	\$1,411.97	\$1,249.29	\$1,862.47	\$1,222.71
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$1,485.79	\$210.91	\$1,541.08	\$164.68	\$1,128.30	\$185.99	\$1,637.28	\$312.40
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non- Medicare Dependent(s)	\$1,485.79	\$1,266.57	\$1,541.08	\$1,304.60	\$1,128.30	\$965.62	\$1,637.28	\$997.53

### Retirees hired AFTER January 9, 2009<sup>1</sup> with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente HMO						UHC PPO (No HMO Available)	
	Northwest		Washington		Hawaii		City Pays	You Pay
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay		
Retiree/Survivor Only	\$637.44	\$637.44	\$688.20	\$688.19	\$471.16	\$471.15	\$708.93	\$801.91
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$955.42	\$1,591.37	\$1,031.55	\$1,718.26	\$705.99	\$1,175.64	\$931.24	\$1,468.81
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$955.42	\$2,647.03	\$1,031.55	\$2,858.18	\$705.99	\$1,955.27	\$931.24	\$2,153.94
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$742.90	\$953.80	\$770.54	\$935.22	\$564.15	\$750.14	\$818.64	\$1,131.04
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non- Medicare Dependent(s)	\$742.90	\$2,009.46	\$770.54	\$2,075.14	\$564.15	\$1,529.77	\$818.64	\$1,816.17

<sup>1</sup>Retirees 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.



# 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 <sup>2</sup>	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
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## Vision Care Premium Rates

	VSP Basic Plan	Retiree/Survivor Monthly Contribution
	Included with your medical premium.	<b>Retiree/Survivor Only \$9.93</b> <b>Retiree/Survivor + 1 Dependent \$14.98</b> <b>Retiree/Survivor + Family \$31.06</b>

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) 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.

In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail.



# Dental Plans

Dental benefits are a valuable part of your healthcare coverage and fundamental to your overall good health.

## PPO Dental Plans

A PPO dental plan allows you to visit any in-network or out-of-network dentist. The plan pays higher benefits (i.e. you pay less) when you go to an in-network PPO dentist.

SFHSS offers the following PPO dental plan:

- Delta Dental PPO

### Save Money By Choosing PPO Dentists

Delta Dental PPO has two different networks. Ask your dentist if they are a Delta Dental PPO network or a Premier network dentist. Both networks are held to the same quality standards. Choosing a PPO dentist will cost less.

You can also choose a dentist outside of the PPO and Premier networks. However, services may be covered at a lower percentage, so you pay more. Payment is based on reasonable and customary fees for the area.

Ask your Delta Dental dentist about costs *before* receiving services. You can request a pre-treatment estimate of costs before you receive care.

## DHMO Dental Plans

Similar to medical HMOs, Dental Health Maintenance Organization (DHMO) plans require that you receive all of your dental care from within a network of participating dental offices. These networks are generally smaller than dental PPO networks.

Before you elect a DHMO plan, make sure that the plan’s network includes the dentist of your choice.

Under these plans, services are covered either at no cost or a fixed co-pay. Out-of-pocket costs for these plans are generally lower than PPO plans.

SFHSS offers the following DHMO plans:

- DeltaCare USA DHMO
- UnitedHealthcare Dental DHMO

### Delta Dental SmileWay

Delta Dental PPO’s **SmileWay** program features 100% coverage for one annual periodontal scaling and root planing procedure and an increased number of teeth cleaning or periodontal maintenance services for members with specific chronic conditions. To enroll, call Delta Dental PPO directly at **(888) 335-8227**.

## 2020 Dental Premiums: All Retirees (and Survivors)

2020 MONTHLY DENTAL PREMIUMS	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree Only	\$0	\$45.77	\$0	\$32.85	\$0	\$16.47
Retiree +1 Dependent	\$0	\$91.04	\$0	\$54.21	\$0	\$27.20
Retiree +2 or More Dependents	\$0	\$135.88	\$0	\$80.19	\$0	\$40.22