



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 months)	9 Months	21 Pay Periods	22 Pay Periods ³	23 Pay Periods ³	24 Pay Periods ³
E Only \$4.85 E + 1 Dep. \$7.35 E + 2 or more \$15.13	E Only \$10.50 E + 1 Dep. \$15.92 E + 2 or more \$32.79	E Only \$16.80 E + 1 Dep. \$25.47 E + 2 or more \$52.46	E Only \$7.05 E + 1 Dep. \$10.69 E + 2 or more \$22.01	E Only \$6.46 E + 1 Dep. \$9.80 E + 2 or more \$20.18	E Only \$5.96 E + 1 Dep. \$9.04 E + 2 or more \$18.63	E Only \$5.54 E + 1 Dep. \$8.40 E + 2 or more \$17.30

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	Contacts Up to \$105
Frame Up to \$70	Lined Bifocal Lenses Up to \$65	Progressive Lenses Up to \$85	

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 22, 23 and 24 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.



SFUSD Provides Your Dental Benefits

Contact SFUSD for information about enrolling in dental benefits for eligible employees and family members.

SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by the SFUSD Benefits Office. To download an enrollment application, log into the SFUSD **Employee intranet** at sfusd.edu or visit sfusd.edu/join-sfusd/salary-benefits.

SFUSD pays 100% of dental plan premium contributions. SFUSD dental eligibility guidelines are:

- Active or permanent SFUSD employees whose normal workweek at enrollment is at least 20 hours;
- Active SFUSD employees appointed to full-time permanent exempt positions;
- Provisional (temporary) SFUSD employees after 1,040 hours of continuous service whose normal workweek at enrollment is at least 20 hours.
- Spouse, registered domestic partner, and unmarried children up to age 26 who meet SFUSD eligibility requirements.

Delta Dental PPO: Principal Benefits and Covered Services

Most SFUSD dental benefits are covered at 70% the first year of qualifying employment, 80% the second year, 90% the third year and 100% the fourth year, provided the employee and each covered dependent uses the dental coverage at least once a year *and* remains enrolled with no break in coverage. Please note that Delta Dental PPO does not issue ID cards.

	In-Network PPO Dentist Lowest cost (fixed fees for all dentists in-network)	Premier Dentist Contracted fees vary for each dentist	Out-of-Network Dentist Uncontracted (fees vary for each dentist)
Diagnostic and Preventive Care Oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year 	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year 	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year
Basic Benefits Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants			In addition to %, you pay out-of-pocket for any fees above reasonable and customary.
Crowns and Cast Restorations			
Prosthetic Benefits Bridges, partial dentures, full dentures, implants	50%–70% based on employee classification and labor affiliation	50%–70% based on employee classification and labor affiliation	
Orthodontic Benefits Dependent children to age 25 only	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 50% (\$750 lifetime max per person) 	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 50% (\$750 lifetime max per person) 	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> ■ 50% (\$750 lifetime max per person)
Dental Accident Benefits			

Maximum benefit payable in a calendar year for in-Network PPO is \$2,000 (Local 1021 and Classified Managers) or \$1,500 for Premier (Local 21 and monthly and paraeducator employees). This is a general summary only. Contact the SFUSD Benefits Office for more information. Please refer to your plan's EOC for details about covered services, limitations and exclusions.

2021 Medical Premium Contribution Rates: Employee Only

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.64	\$232.63
Classified Unrepresented								
Classified Unrepresented Managerial	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
IFPTE Local 21	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF Paraeducators (Year-round)								
UESF 15–19 hours Paraeducators					\$236.24	\$78.75		
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF and USP K-12 Paraeducators January–June ²	\$448.73	\$44.08	\$448.73	\$119.71	\$419.99	\$0.00	\$448.73	\$350.29
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$366.64	\$232.63
SEIU Local 1021 K-12 Classified January–June ²	\$414.22	\$40.69	\$414.22	\$110.50	\$387.68	\$0.00	\$451.25	\$286.31
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December					\$314.99	\$0.00		
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June ²					\$387.68	\$0.00		
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF and USP Paraeducators January–June ²	\$384.63	\$37.78	\$384.63	\$102.61	\$359.99	\$0.00	\$384.63	\$300.25
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)								
Superintendent's Cabinet	\$729.19	\$71.64	\$729.19	\$194.52	\$682.48	\$0.00	\$729.19	\$569.23
Certificated Unrepresented Management								
UESF Certificated Personnel								
UESF Substitute Teachers (Prop A)								

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

² Rates are higher from January through June to fund coverage during the summer months. See pages 25-28 for Health Coverage Calendars.

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2021 Medical Premium Contribution Rates: Employee +1

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
IFPTE Local 21	\$440.40	\$297.40	\$440.40	\$410.82	\$418.84	\$209.77	\$440.40	\$721.70
UESF Paraeducators (Year-round)	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF 15–19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF and USP K-12 Paraeducators January–June ²	\$617.17	\$366.56	\$617.17	\$517.79	\$588.43	\$249.72	\$617.17	\$932.29
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
SEIU Local 1021 K-12 Classified January–June ²	\$867.37	\$40.69	\$937.16	\$110.50	\$773.67	\$0.00	\$943.98	\$486.30
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June ²								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF and USP Paraeducators January–June ²	\$529.01	\$314.19	\$529.01	\$443.82	\$504.37	\$214.05	\$529.01	\$799.11
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)	\$952.91	\$645.64	\$952.91	\$891.40	\$906.20	\$455.78	\$952.91	\$1,564.97
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certified Personnel	\$1,002.91	\$595.64	\$1,002.91	\$841.40	\$956.20	\$405.78	\$1,002.91	\$1,564.97
UESF Substitute Teachers (Prop A)								

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

² Rates are higher from January through June to fund coverage during the summer months. See pages 25-28 for Health Coverage Calendars.

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2021 Medical Premium Contribution Rates: Employee +2 or More

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹ Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
SEIU Local 1021 Board Designated Confidential or Unrepresented Board Designated Managerial	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
IFPTE Local 21 UESF Paraeducators (Year-round)	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF 15-19 hours Paraeducators	\$495.32	\$548.07	\$495.32	\$708.57	\$473.76	\$415.14	\$495.32	\$1,146.66
	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 22 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August-December	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF and USP K-12 Paraeducators January-June ²	\$678.72	\$712.47	\$678.72	\$926.47	\$649.97	\$535.23	\$678.72	\$1,510.59
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 23 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August-December	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
SEIU Local 1021 K-12 Classified January-June ²	\$943.98	\$340.20	\$943.98	\$537.74	\$917.44	\$176.59	\$943.98	\$1,076.92
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June ²								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 24 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August-December	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF and USP Paraeducators January-June ²	\$581.76	\$610.69	\$581.76	\$794.11	\$557.12	\$458.77	\$581.76	\$1,294.79
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Monthly - 12 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	\$1,002.91	\$1,257.76	\$1,002.91	\$1,605.52	\$956.20	\$969.75	\$1,002.91	\$2,554.72
UESF Certificated Personnel UESF Substitute Teachers (Prop A)	\$1,102.91	\$1,157.76	\$1,102.91	\$1,505.52	\$1,056.20	\$869.75	\$1,102.91	\$2,454.72

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

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