



2022 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (California)

Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) in Blue Shield HMO				UHC Medicare Advantage PPO with Non-Medicare Dependent(s) in UHC Companion Plan	
			Blue Shield of CA Trio HMO		Blue Shield of CA Access+ HMO			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	\$316.71	\$0	\$434.17	\$0	\$434.17	\$0	\$434.17	\$0
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$673.21	\$356.49	\$857.34	\$423.17	\$916.90	\$482.74	\$837.42	\$403.25
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$673.21	\$948.26	\$857.34	\$1,098.69	\$916.90	\$1,253.36	\$837.42	\$1,047.14
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$473.58	\$156.86	\$649.77	\$215.59	\$649.77	\$215.59	\$649.77	\$215.59
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$473.58	\$748.63	\$649.77	\$891.11	\$649.77	\$986.21	\$649.77	\$859.48

Retirees hired AFTER January 9, 2009¹ with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) in Blue Shield HMO				UHC Medicare Advantage PPO with Non-Medicare Dependent(s) in UHC Companion Plan	
			Blue Shield of CA Trio HMO		Blue Shield of CA Access+ HMO			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	\$158.36	\$158.35	\$217.09	\$217.08	\$217.09	\$217.08	\$217.09	\$217.08
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$336.61	\$693.09	\$428.67	\$851.84	\$458.45	\$941.19	\$418.71	\$821.96
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$336.61	\$1,284.86	\$428.67	\$1,527.36	\$458.45	\$1,711.81	\$418.71	\$1,465.85
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$236.79	\$393.65	\$324.89	\$540.47	\$324.89	\$540.47	\$324.89	\$540.47
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$236.79	\$985.42	\$324.89	\$1,215.99	\$324.89	\$1,311.09	\$324.89	\$1,184.36

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.



2022 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO with Non-Medicare Dependent(s) in UHC Companion Plan	
	Northwest		Washington		Hawaii			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	\$427.17	\$0	\$308.73	\$0	\$366.35	\$0	\$434.17	\$0
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$1,002.70	\$575.53	\$1,088.75	\$780.01	\$793.73	\$427.37	\$837.42	\$403.25
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$1,002.70	\$1,530.88	\$1,088.75	\$2,074.83	\$793.73	\$1,136.81	\$837.42	\$1,047.14
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$639.27	\$212.09	\$461.61	\$152.87	\$548.04	\$181.68	\$649.77	\$215.59
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$639.27	\$1,167.44	\$461.61	\$1,447.69	\$548.04	\$891.12	\$649.77	\$859.48

Retirees hired AFTER January 9, 2009¹ with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO with Non-Medicare Dependent(s) in UHC Companion Plan	
	Northwest		Washington		Hawaii			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	\$213.59	\$213.58	\$154.37	\$154.36	\$183.18	\$183.17	\$217.09	\$217.08
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$501.35	\$1,076.88	\$544.38	\$1,324.38	\$396.87	\$824.23	\$418.71	\$821.96
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$501.35	\$2,032.23	\$544.38	\$2,619.20	\$396.87	\$1,533.67	\$418.71	\$1,465.85
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$319.64	\$531.72	\$230.81	\$383.67	\$274.02	\$455.70	\$324.89	\$540.47
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$319.64	\$1,487.07	\$230.81	\$1,678.49	\$274.02	\$1,165.14	\$324.89	\$1,184.36

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.



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 ²	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 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
Vision Care Premium Rates	VSP Basic Plan	Retiree/Survivor Monthly Contribution
	Included with your medical premium.	Retiree/Survivor Only \$10.50 Retiree/Survivor + 1 Dependent \$15.92 Retiree/Survivor + Family \$32.79

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.

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 Network PPO Dentists

Delta Dental PPO has two different networks. Ask your dentist if they are a Delta Dental PPO network or Premier network dentist. When you use Delta Dental's network dentists, you are only responsible to pay your cost-share for covered services (i.e. deductible and co-insurance, within applicable benefit maximums). Delta Dental's network dentists are not allowed to charge you more for covered services beyond the negotiated rates and fees (Balance Billing), and your applicable cost-share. If you believe a Network Provider has charged you more, please call Delta Dental using the telephone numbers indicated under **Key Contacts** this guide. If you want to know what you are responsible for paying, please ask your Delta Dental dentist for a pre-treatment estimate before receiving covered services. You can also choose a dentist outside of the PPO and Premier networks. Covered service received by Non-Delta Dental dentists will cost you more, and you may be subject to Balance Billing.

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 PPO Support for Chronic Conditions

Delta Dental PPO's **SmileWay** program features 100% coverage for one annual periodontal scaling and root planing procedure and four of the following (any combination) per calendar or contract year: teeth cleaning and/or periodontal maintenance services for members with specific chronic conditions. Calendar Year Benefit Maximums and Deductibles do not apply. To enroll, call Delta Dental PPO directly at **(888) 335-8227**.

2022 Dental Premiums: All Retirees (and Survivors)

2022 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	\$45.73	\$0	\$32.22	\$0	\$14.38
Retiree +1 Dependent	\$0	\$90.96	\$0	\$53.17	\$0	\$23.74
Retiree +2 or More Dependents	\$0	\$135.75	\$0	\$78.65	\$0	\$35.11