

2023 Medical & VSP Premier Premium Contribution Rates: Employee Only (Biweekly)

CITY & COUNTY OF SF	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Auto Machinists Loc. 1414 Building Inspectors Consolidated Crafts ¹ DA Investigators Assoc. Dep. Prob. Ofcrs. Assoc. Dep. Sheriffs Assoc. 12A Elec. Workers Local 6 Firefighters Local 798 IFPTE Local 21 Instit. Police Ofcrs. Assoc. Mun. Attys. Assoc. MAA Operating Engineers Loc. 3 Phys. and Dentists UAPD Plum. & Pipefitters Loc. 38 Police Officers Assoc. POA SEIU Local 1021 Para. Sheriff Mgrs. & Sups. 12B Stationary Eng. Local 39 Sup. Probation Officers Team. Loc. 856 Multi-Unit TWU Local 200 SEAM TWU 250-A Auto Svc 7410 TWU 250-A Multi-Unit Lab. Intl. Union Loc. 261	\$330.63	\$24.88	\$369.25	\$27.79	\$401.70	\$30.23	\$319.19	\$24.02	\$401.70	\$260.82
Painters, SFCWU	\$355.51	\$0	\$360.35	\$36.69	\$388.74	\$43.19	\$343.21	\$0	\$388.74	\$273.78
SEIU Loc. 1021 Misc.	\$355.51	\$0	\$397.04	\$0	\$431.93	\$0	\$343.21	\$0	\$662.52	\$0
SEIU Loc. 1021 Staff Nurs.	\$355.51	\$0	\$360.35	\$36.69	\$388.74	\$43.19	\$343.21	\$0	\$388.74	\$273.78
SEIU Local 1021 Per Diem Nurses.	\$0	\$355.51	\$0	\$397.04	\$0	\$431.93	\$0	\$343.21	\$0	\$662.52
Teamsters 856, Sup. Nurs.	\$355.51	\$0	\$360.35	\$36.69	\$388.74	\$43.19	\$343.21	\$0	\$388.74	\$273.78
MTA SVC CRITICAL EMPL.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Auto Mach. Loc. 1414 Electrical Workers Local 6 TWU Local 200 TWU 250-A Tran. Op. 9163 TWU 250-A Fare Ins. 9132 TWU 250-A Aut. Wk. 7410	\$330.63	\$24.88	\$369.25	\$27.79	\$401.70	\$30.23	\$319.19	\$24.02	\$401.70	\$260.82
SEIU Loc. 1021 Svc. Crit.	\$355.51	\$0	\$397.04	\$0	\$431.93	\$0	\$343.21	\$0	\$662.52	\$0
COMMISSIONERS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
VSP Premier										
ALL MEMBERS	You Pay									
	\$5.34									

Rates

¹Consolidated Crafts includes: Bricklayers Local 3, Hod Carriers of Linua Local 261, Carpenters Local 22, Carpet, Linoleum Workers, Local 12, Cement Masons Local 580, Glaziers Local 718, Ironworkers Local 377, Pile Drivers Local 34, Plasterers Local 66, Roofers Local 40, Sheet Metal Workers Local 104, Theatrical Stage Employees Local 16, Teamsters Local 853.

2023 Medical & VSP Premier Premium Contribution Rates: Employee +1 (Biweekly)

Rates

CITY & COUNTY OF SF	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Auto Machinists Loc. 1414 Building Inspectors Consolidated Crafts ¹ DA Investigators Assoc. Dep. Prob. Ofcrs. Assoc. Dep. Sheriffs Assoc. 12A Elec. Workers Local 6 Firefighters Local 798 IFPTE Local 21 Instit. Police Ofcrs. Assoc. Mun. Attys. Assoc. MAA Operating Engineers Loc. 3 Phys. and Dentists UAPD Plum. & Pipefitters Loc. 38 Police Officers Assoc. POA SEIU Local 1021 Para. Sheriff Mgrs. & Sups. 12B Stationary Eng. Local 39 Sup. Probation Officers Team. Loc. 856 Multi-Unit TWU Local 200 SEAM TWU 250-A Auto Svc 7410 TWU 250-A Multi-Unit Lab. Intl. Union Loc. 261	\$659.98	\$49.67	\$737.22	\$55.49	\$802.12	\$60.37	\$637.09	\$47.95	\$802.12	\$483.17
Painters, SFCWU	\$709.65	\$0	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0	\$829.51	\$455.78
SEIU Loc. 1021 Misc.	\$681.27	\$28.38	\$761.00	\$31.71	\$827.99	\$34.50	\$657.64	\$27.40	\$827.99	\$457.30
SEIU Loc. 1021 Staff Nurs.	\$638.69	\$70.96	\$713.44	\$79.27	\$776.24	\$86.25	\$650.79	\$34.25	\$671.74	\$613.55
SEIU Local 1021 Per Diem Nurses	\$0	\$709.65	\$0	\$792.71	\$0	\$862.49	\$0	\$685.04	\$0	\$1,285.29
Teamsters 856, Sup. Nurs.	\$638.69	\$70.96	\$713.44	\$79.27	\$776.24	\$86.25	\$650.79	\$34.25	\$671.74	\$613.55
MTA SVC CRITICAL EMPL.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Auto Mach. Loc. 1414 Electrical Workers Local 6 TWU Local 200 TWU 250-A Tran. Op. 9163 TWU 250-A Fare Ins. 9132 TWU 250-A Aut. Wk. 7410	\$659.98	\$49.67	\$737.32	\$55.49	\$802.12	\$60.37	\$637.09	\$47.95	\$802.12	\$483.17
SEIU Loc. 1021 Svc. Crit.	\$681.27	\$28.38	\$761.00	\$31.71	\$827.99	\$34.50	\$657.64	\$27.40	\$827.99	\$457.30
COMMISSIONERS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
	\$355.51	\$354.14	\$360.35	\$432.36	\$360.35	\$502.14	\$343.21	\$341.83	\$360.35	\$924.94
VSP Premier										
ALL MEMBERS	You Pay									
	\$8.12									

¹Consolidated Crafts includes: Bricklayers Local 3, Hod Carriers of Linua Local 261, Carpenters Local 22, Carpet, Linoleum Workers, Local 12, Cement Masons Local 580, Glaziers Local 718, Ironworkers Local 377, Pile Drivers Local 34, Plasterers Local 66, Roofers Local 40, Sheet Metal Workers Local 104, Theatrical Stage Employees Local 16, Teamsters Local 853.

2023 Medical & VSP Premier Premium Contribution Rates: Employee +2 or More (Biweekly)

CITY & COUNTY OF SF	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Auto Machinists Loc. 1414 Building Inspectors Consolidated Crafts ¹ DA Investigators Assoc. Dep. Prob. Ofcrs. Assoc. Dep. Sheriffs Assoc. 12A Elec. Workers Local 6 Firefighters Local 798 IFPTE Local 21 Instit. Police Ofcrs. Assoc. Mun. Attys. Assoc. MAA Operating Engineers Loc. 3 Phys. and Dentists UAPD Plum. & Pipefitters Loc. 38 Police Officers Assoc. POA SEIU Local 1021 Para. Sheriff Mgrs. & Sups. 12B Stationary Eng. Local 39 Sup. Probation Officers Team. Loc. 856 Multi-Unit TWU Local 200 SEAM TWU 250-A Auto Svc 7410 TWU 250-A Multi-Unit	\$832.97	\$170.61	\$930.52	\$190.59	\$1,012.48	\$207.37	\$804.07	\$164.68	\$1,012.48	\$803.81
Lab. Intl. Union Loc. 261	\$883.15	\$120.43	\$986.58	\$134.53	\$1,073.47	\$146.38	\$852.50	\$116.25	\$1,073.47	\$742.82
Painters, SFCWU	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
SEIU Loc. 1021 Misc.	\$832.97	\$170.61	\$930.52	\$190.59	\$1,012.48	\$207.37	\$804.07	\$164.68	\$1,012.48	\$803.81
SEIU Loc. 1021 Staff Nurs.	\$903.22	\$100.36	\$1,009.00	\$112.11	\$1,097.87	\$121.98	\$920.31	\$48.44	\$937.24	\$879.05
SEIU Local 1021 Per Diem Nurses	\$0	\$1,003.58	\$0	\$1,121.11	\$0	\$1,219.85	\$0	\$968.75	\$0	\$1,816.29
Teamsters 856, Sup. Nurs.	\$903.22	\$100.36	\$1,009.00	\$112.11	\$1,097.87	\$121.98	\$920.31	\$48.44	\$937.24	\$879.05
MTA SVC CRITICAL EMPL.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Auto Mach. Loc. 1414 Electrical Workers Local 6 TWU Local 200 TWU 250-A Tran. Op. 9163 TWU 250-A Fare Ins. 9132 TWU 250-A Aut. Wk. 7410	\$832.97	\$170.61	\$930.52	\$190.59	\$1,012.48	\$207.37	\$804.07	\$164.68	\$1,012.48	\$803.81
SEIU Loc. 1021 Svc. Crit.	\$832.97	\$170.61	\$930.52	\$190.59	\$1,012.48	\$207.37	\$804.07	\$164.68	\$1,012.48	\$803.81
COMMISSIONERS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
	\$355.51	\$648.07	\$360.35	\$760.76	\$360.35	\$859.50	\$343.21	\$625.54	\$360.35	\$1,455.94
VSP Premier										
ALL MEMBERS	You Pay									
	\$16.64									

Rates

¹Consolidated Crafts includes: Bricklayers Local 3, Hod Carriers of Linua Local 261, Carpenters Local 22, Carpet, Linoleum Workers, Local 12, Cement Masons Local 580, Glaziers Local 718, Ironworkers Local 377, Pile Drivers Local 34, Plasterers Local 66, Roofers Local 40, Sheet Metal Workers Local 104, Theatrical Stage Employees Local 16, Teamsters Local 853.



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 and Walmart/Sam's Club \$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 and Walmart/Sam's Club 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					
Essential Medical Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)	\$5 co-pay	\$5 co-pay					
Lightcare	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. Anti-reflective and UV coatings fully covered.	\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered.					
Vision Care Premium Rates	VSP Basic Plan	VSP Premier Contribution (Biweekly)					
	Included with your medical premium.	Employee Only \$5.34 Employee + 1 Dependent \$8.12 Employee + Family \$16.64					
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.

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)

	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$23.93	\$2.31	\$12.22	\$0	\$11.53	\$0
Employee +1 Dependent	\$50.49	\$4.62	\$20.16	\$0	\$19.05	\$0
Employee +2 or More Dependents	\$71.80	\$6.92	\$29.82	\$0	\$28.16	\$0
MTA SVC. CRITICAL EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$23.93	\$2.31	\$12.22	\$0	\$11.53	\$0
Employee +1 Dependent	\$50.49	\$4.62	\$20.16	\$0	\$19.05	\$0
Employee +2 or More Dependents	\$71.80	\$6.92	\$29.82	\$0	\$28.16	\$0
COMMISSIONERS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$0.00	\$26.24	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1 Dependent	\$0.00	\$55.11	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More Dependents	\$0.00	\$78.72	\$0.00	\$29.82	\$0.00	\$28.16

All unions (except SEIU Local 1021 Staff Nurses) pay the employee share of dental premiums. Commissioners appointed or elected after 2002 pay both employer and employee share of dental premiums as indicated.

