

## Municipal Executives

## 2023 Medical Premium Contribution Rates (Biweekly)

EMPLOYEE ONLY	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CA TRIO HMO		BLUE SHIELD OF CA ACCESS+ HMO		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
CITY & COUNTY OF SF										
MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
MTA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA MTA Unrep. Managers	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$0	\$355.51	\$0	\$397.04	\$0	\$431.93	\$0	\$343.21	\$0	\$662.52
EMPLOYEE +1	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CA TRIO HMO		BLUE SHIELD OF CA ACCESS+ HMO		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
CITY & COUNTY OF SF										
MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police	\$355.51	\$354.14	\$360.35	\$432.36	\$360.35	\$502.14	\$343.21	\$341.83	\$360.35	\$924.94
MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA MTA Unrep. Managers	\$355.51	\$354.14	\$360.35	\$432.36	\$360.35	\$502.14	\$343.21	\$341.83	\$360.35	\$924.94
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$0	\$709.65	\$0	\$792.71	\$0	\$862.49	\$0	\$685.04	\$0	\$1,285.29
EMPLOYEE +2 OR MORE	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CA TRIO HMO		BLUE SHIELD OF CA ACCESS+ HMO		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
CITY & COUNTY OF SF										
MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police	\$0	\$1,003.58	\$0	\$1,121.11	\$0	\$1,219.85	\$0	\$968.75	\$0	\$1,816.29
MTA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA MTA Unrep. Managers	\$0	\$1,003.58	\$0	\$1,121.11	\$0	\$1,219.85	\$0	\$968.75	\$0	\$1,816.29
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$0	\$1,003.58	\$0	\$1,121.11	\$0	\$1,219.85	\$0	\$968.75	\$0	\$1,816.29



# Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic <sup>1</sup>		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 <sup>2</sup>		\$0 every calendar year			
Lined Bifocal Lenses		\$25 co-pay every other calendar year <sup>2</sup>		\$0 every calendar year			
Lined Trifocal Lenses		\$25 co-pay every other calendar year <sup>2</sup>		\$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 use 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 <sup>2</sup>		\$250 allowance every calendar year			
Contact Lens Exam		Up to \$60 co-pay every other calendar year <sup>2</sup>		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 <a href="https://www.vsp.com">vsp.com</a> if you plan to see a provider other than a VSP network provider.							
Exam Frame	Up to \$50 Up to \$70	Single Vision Lenses Lined Bifocal Lenses	Up to \$45 Up to \$65	Lined Trifocal Lenses Progressive Lenses	Up to \$85 Up to \$85	Contacts	Up to \$105

<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.

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	
CCSF & MTA MEA	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

SUPERIOR COURT MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$26.24	\$0	\$12.22	\$0	\$11.53	\$0
Employee +1 Dependent	\$55.11	\$0	\$20.16	\$0	\$19.05	\$0
Employee +2 or More Dependents	\$78.72	\$0	\$29.82	\$0	\$28.16	\$0





# Flex Benefits

## 2023 Dollar Value of Flex Credits (Biweekly)

CITY AND COUNTY OF SF	EMPLOYEE ONLY	EMPLOYEE +1	EMPLOYEE +2 OR MORE				
			Health Net CanopyCare HMO	Blue Shield of California		Kaiser Permanente HMO	Blue Shield of California PPO
				Trio HMO	Access+ HMO		
MEA Miscellaneous Unrep. Managers Unrep. Employees MEA Fire and Police	\$406.60	\$469.16	\$832.97	\$930.52	\$1,012.48	\$804.07	\$1,012.48
MTA							
MEA Unrep. Managers	\$406.60	\$469.16	\$832.97	\$930.52	\$1,012.48	\$804.07	\$1,012.48
SUPERIOR COURT OF SF							
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$1,325.00	\$1,325.00	\$1,325.00	\$1,325.00	\$1,325.00	\$1,325.00	\$1,325.00

Eligible employees of the City and County of San Francisco and Superior Court of San Francisco may apply these Flex Credit dollars to a variety of benefit options, including payment of employee medical and dental premium contributions. The amount of Flex Credits for employees +2 or more has been increased to reflect the City's commitment to ensuring affordable health coverage for families.

### How Flex Benefits Work

The City and County of San Francisco provides qualifying employees with Flex Credits, which can be spent on a variety of *pre-tax and post-tax* benefit options, paid via payroll deduction. If the premium contributions for your benefit choices cost more than your flex credits, you pay the balance from salary. If your benefits choices cost less than flex credits, you will receive cash back as taxable, non-pensionable earnings in your paycheck.

### \$150,000 Group Term-Life Insurance

A \$150,000 Group Term-Life Insurance policy is also provided at no cost to employees who are eligible for flex credit benefits. You are responsible for keeping your designated beneficiaries up-to-date.

### New Hires

Flex benefit enrollment is handled by **WORKTERRA**, after the employee has been enrolled by SFHSS in benefits. Flex credit benefit choices with **WORKTERRA** must be made within 30 days of a new hire's start work date.

If a new hire does not enroll with **WORKTERRA** by required deadlines, payroll deductions will *automatically* be taken for any medical, dental and vision employee premium contributions. Flex credit dollars that remain after paying these premiums are paid as taxable, non-pensionable earnings.

### New Hire Consultation

To make a New Hire consultation appointment with **WORKTERRA**, log into [ccsfvb.com](https://ccsfvb.com) or call (866) 528-5360.

### Flex Credit Benefit Options (Except FSAs) Will Roll Forward in 2023

If you are not making any changes to benefit selections, you do not need to contact **WORKTERRA** during Open Enrollment. Your current benefit elections (except FSAs) will roll forward in 2023.

### Qualifying Life Event Changes

Members may reallocate flex credits outside of Open Enrollment if there is a Qualifying Life Event.

### Leaves of Absence

If you are going on an unpaid leave of absence, you are responsible for making premium payments for your benefits while no payroll deductions are taken.