



# 2023 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) enrolled in					
			UHC Doctors Plan EPO		UHC Select Network EPO		UHC Non-Medicare PPO	
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	\$311.15	\$0	\$454.37	\$0	\$454.37	\$0	\$454.37	\$0
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$681.47	\$370.32	\$900.09	\$445.72	\$939.40	\$485.03	\$889.90	\$435.54
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$681.47	\$985.03	\$900.09	\$1,157.22	\$939.40	\$1,259.30	\$889.90	\$1,130.99
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$465.24	\$154.08	\$680.07	\$225.69	\$680.07	\$225.69	\$680.07	\$225.69
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$465.24	\$768.79	\$680.07	\$937.19	\$680.07	\$999.96	\$680.07	\$921.14

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 Senior Advantage HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in					
			UHC Doctors Plan EPO		UHC Select Network EPO		UHC Non-Medicare PPO	
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	\$155.58	\$155.57	\$227.19	\$227.18	\$227.19	\$227.18	\$227.19	\$227.18
Retiree/Survivor +1 Dependent <i>without</i> Medicare	\$340.74	\$711.05	\$450.05	\$895.76	\$469.70	\$954.73	\$444.95	\$880.49
Retiree/Survivor +2 or More Dependents <i>without</i> Medicare	\$340.74	\$1,325.76	\$450.05	\$1,607.26	\$469.70	\$1,729.00	\$444.95	\$1,575.94
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	\$232.62	\$386.70	\$340.04	\$565.72	\$340.04	\$565.72	\$340.04	\$565.72
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$232.62	\$1,001.41	\$340.04	\$1,277.22	\$340.04	\$1,339.99	\$340.04	\$1,261.17

<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.

Rates



# 2023 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 w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO	
	Northwest		Washington		Hawaii		City Pays	You Pay
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay		
Retiree/Survivor Only	\$435.77	\$0	\$308.93	\$0	\$348.96	\$0	\$454.37	\$0
Retiree/Survivor +1 Dep <i>w/out</i> Medicare	\$982.73	\$546.95	\$1,130.22	\$821.29	\$776.44	\$427.47	\$889.90	\$435.54
Retiree/Survivor +2 or More Deps <i>w/out</i> Med.	\$982.73	\$1,454.86	\$1,130.22	\$2,184.60	\$776.44	\$1,137.07	\$889.90	\$1,130.99
Retiree/Survivor +1 Dep <i>w</i> Medicare Parts A&B	\$652.17	\$216.39	\$461.91	\$152.97	\$521.95	\$172.99	\$680.07	\$225.69
Retiree/Survivor +1 Dep <i>w</i> Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$652.17	\$1,124.30	\$461.91	\$1,516.28	\$521.95	\$882.59	\$680.07	\$921.14

Rates

## 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 Senior Advantage HMO						UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO	
	Northwest		Washington		Hawaii		City Pays	You Pay
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay		
Retiree/Survivor Only	\$217.89	\$217.88	\$154.47	\$154.46	\$174.48	\$174.48	\$227.19	\$227.18
Retiree/Survivor +1 Dep <i>w/out</i> Medicare	\$491.37	\$1,038.31	\$565.11	\$1,386.40	\$388.22	\$815.69	\$444.95	\$880.49
Retiree/Survivor +2 or More Deps <i>w/out</i> Med.	\$491.37	\$1,946.22	\$565.11	\$2,749.71	\$388.22	\$1,525.29	\$444.95	\$1,575.94
Retiree/Survivor +1 Dep <i>w</i> Medicare Parts A&B	\$326.09	\$542.47	\$230.96	\$383.92	\$260.98	\$433.96	\$340.04	\$565.72
Retiree/Survivor +1 Dep <i>w</i> Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$326.09	\$1,450.38	\$230.96	\$1,747.23	\$260.98	\$1,143.56	\$340.04	\$1,261.17

<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 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
<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>Essential Medical Eye Care</b> ( <i>for the treatment of urgent or acute ocular conditions</i> )	\$5 co-pay	\$5 co-pay
<b>Lightcare</b>	\$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.
<b>Vision Care Premium Rates</b>	<b>VSP Basic Plan</b>	<b>Retiree/Survivor Monthly Contribution</b>
	Included with your medical premium.	<b>Retiree/Survivor Only \$11.56</b> <b>Retiree/Survivor + 1 Dependent \$17.59</b> <b>Retiree/Survivor + Family \$36.06</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 (EOC), the plan's EOC shall prevail.



# Dental Plans

Dental benefits are a valuable and fundamental part of 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 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.

## 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**.

## 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**

## 2023 Dental Premiums: All Retirees and Survivors

2023 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	\$49.26	\$0	\$29.52	\$0	\$14.38
Retiree +1 Dependent	\$0	\$97.97	\$0	\$48.71	\$0	\$23.74
Retiree +2 or More Dependents	\$0	\$146.22	\$0	\$72.05	\$0	\$35.11