

2024 MEA & Courts Medical Premium Contribution Rates: EE Only, EE+1, EE+2

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
<i>MEA Misc., Unrep. Managers, Unrep. Employees, Elected Officials, MEA – Fire, MEA – Police, MEA MTA, MTA Unrep. Managers</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$367.18	\$368.55	\$398.07	\$371.93	\$443.33	\$371.93	\$614.72	\$371.93	\$935.01	\$371.93
Employee +2 or More	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97	\$0.00
<i>Sup. Ct. Employees Loc. 21, Sup. Ct. Employees Loc. 1021, Sup. Ct. Reporters, Sup. Ct. Staff Attys., Sup. Ct. Interpreters, Sup. Ct. Unrep. Prof.</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$0.00	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94
Employee +2 or More	\$0.00	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$441.97	\$1,405.00
<i>MEA Courts; Superior Courts MEA, Sup. Ct. Unrep. Managers, Court Duty Officer, Courts Comm. Assoc.</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55	\$0.00
Employee +1	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94	\$0.00
Employee +2 or More	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97	\$0.00
<i>Sup. Ct. Judges</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$0.00	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94
Employee +2 or More	\$0.00	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97
<i>Sup. Ct. Staff Attys. Cashback</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$0.00	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94
Employee +2 or More	\$0.00	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$87.47	\$1,308.08	\$538.89	\$1,308.08



Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic ¹	Vision Service Plan - 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.	\$300 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 Rates	Vision Service Plan - Basic	VSP - Premier Buy Up (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
Frame	Up to \$70	Lined Bifocal Lenses Up to \$65
		Lined Trifocal Lenses Up to \$85
		Progressive Lenses Up to \$85
		Contacts Up to \$105

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.

You may also be eligible for "computer glasses" through the Video Terminal Display/Computer Vision Care benefit. Please review your MOU. 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 PLUS PREMIER		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES, MEA						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$2.31	\$22.12	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$4.62	\$46.68	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$6.92	\$66.37	\$0.00	\$29.82	\$0.00	\$28.16

COMMISSIONERS PRE 2002 APPOINTMENT						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$24.43	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$0.00	\$51.30	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$0.00	\$73.29	\$0.00	\$29.82	\$0.00	\$28.16

COMMISSIONERS POST 2002 APPOINTMENT						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$24.43	\$0.00	\$12.22	\$0.00	\$11.53	\$0.00
Employee +1	\$51.30	\$0.00	\$20.16	\$0.00	\$19.05	\$0.00
Employee +2 or More	\$73.29	\$0.00	\$29.82	\$0.00	\$28.16	\$0.00

SUPERIOR COURT OF SAN FRANCISCO & SUPERIOR COURT MEA						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$24.43	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$0.00	\$51.30	\$0.00	\$20.16	\$0.00	\$19.05
Employee + 2 or More	\$0.00	\$73.29	\$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.