



2025 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (California)

Retirees hired **BEFORE** January 9, 2009 or with *at least* 20 years of service or more

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		Blue Shield Medicare PPO with Non-Medicare Dependent(s) enrolled in					
			Blue Shield of CA Trio HMO		Blue Shield of CA Access+HMO		Blue Shield of CA Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$0.00	\$358.90	\$0.00	\$542.52	\$0.00	\$542.52	\$0.00	\$542.52
Retiree/Survivor +1 Dependent without Medicare	\$438.70	\$797.60	\$512.52	\$1,055.03	\$603.10	\$1,145.62	\$448.42	\$990.93
Retiree/Survivor +2 or More Dependents without Medicare	\$1,166.92	\$797.60	\$1,330.66	\$1,055.03	\$1,565.84	\$1,145.62	\$1,164.44	\$990.93
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
	\$177.46	\$536.36	\$269.27	\$811.79	\$269.27	\$811.79	\$269.27	\$811.79
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$905.68	\$536.36	\$1,087.41	\$811.79	\$1,232.01	\$811.79	\$985.29	\$811.79

Retirees hired **AFTER** January 9, 2009 with *at least* 15 years and *less than* 20 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		Blue Shield Medicare PPO with Non-Medicare Dependent(s) enrolled in					
			Blue Shield of CA Trio HMO		Blue Shield of CA Access+HMO		Blue Shield of CA Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$89.72	\$269.18	\$135.63	\$406.89	\$135.63	\$406.89	\$135.63	\$406.89
Retiree/Survivor +1 Dependent without Medicare	\$638.10	\$598.20	\$776.28	\$791.27	\$889.50	\$859.22	\$696.15	\$743.20
Retiree/Survivor +2 or More Dependents without Medicare	\$1,366.32	\$598.20	\$1,594.42	\$791.27	\$1,852.24	\$859.22	\$1,412.17	\$743.20
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
	\$311.55	\$402.27	\$472.22	\$608.84	\$472.22	\$608.84	\$472.22	\$608.84
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,039.77	\$402.27	\$1,290.36	\$608.84	\$1,434.96	\$608.84	\$1,188.24	\$608.84

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the directions for making payments can be found at <https://sfhss.org/how-to-make-payment>.



2025 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (California)

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 with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		Blue Shield Medicare PPO with Non-Medicare Dependent(s) enrolled in					
			Blue Shield of CA Trio HMO		Blue Shield of CA Access+HMO		Blue Shield of CA Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$179.45	\$179.45	\$271.26	\$271.26	\$271.26	\$271.26	\$271.26	\$271.26
Retiree/Survivor +1 Dependent without Medicare	\$837.50	\$398.80	\$1,040.03	\$527.52	\$1,175.91	\$572.81	\$943.88	\$495.47
Retiree/Survivor +2 or More Dependents without Medicare	\$1,565.72	\$398.80	\$1,858.17	\$527.52	\$2,138.65	\$572.81	\$1,659.90	\$495.47
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
	\$445.64	\$268.18	\$675.17	\$405.90	\$675.16	\$405.90	\$675.16	\$405.90
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,173.86	\$268.18	\$1,493.30	\$405.90	\$1,637.90	\$405.90	\$1,391.18	\$405.90

Retirees hired **AFTER** January 9, 2009¹ with *at least 5 years and less than 10 years of service*

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		Blue Shield Medicare PPO with Non-Medicare Dependent(s) enrolled in					
			Blue Shield of CA Trio HMO		Blue Shield of CA Access+HMO		Blue Shield of CA Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$358.90	\$0.00	\$542.52	\$0.00	\$542.52	\$0.00	\$542.52	\$0.00
Retiree/Survivor +1 Dependent without Medicare	\$1,236.30	\$0.00	\$1,567.55	\$0.00	\$1,748.72	\$0.00	\$1,439.35	\$0.00
Retiree/Survivor +2 or More Dependents without Medicare	\$1,964.52	\$0.00	\$2,385.69	\$0.00	\$2,711.46	\$0.00	\$2,155.37	\$0.00
Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
	\$713.82	\$0.00	\$1,081.06	\$0.00	\$1,081.06	\$0.00	\$1,081.06	\$0.00
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,442.04	\$0.00	\$1,899.20	\$0.00	\$2,043.80	\$0.00	\$1,797.08	\$0.00

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.



2025 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

Retirees hired **BEFORE** January 9, 2009 or with *at least* 20 years of service or more

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						Blue Shield Medicare PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$0.00	\$477.81	\$0.00	\$372.58	\$0.00	\$340.88	\$0.00	\$542.52
Retiree/Survivor +1 Dep w/out Medicare	\$659.18	\$1,137.00	\$845.86	\$1,218.45	\$508.10	\$848.99	\$448.41	\$990.94
Retiree/Survivor +2 or More Deps w/out Med.	\$1,753.40	\$1,137.00	\$2,249.97	\$1,218.45	\$1,351.53	\$848.99	\$1,164.43	\$990.94
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$236.91	\$714.73	\$184.30	\$556.88	\$168.45	\$509.33	\$269.27	\$811.79
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,331.13	\$714.73	\$1,588.41	\$556.88	\$1,011.88	\$509.33	\$985.29	\$811.79

Retirees hired **AFTER** January 9, 2009 with *at least* 15 years and *less than* 20 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						Blue Shield Medicare PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$119.45	\$358.36	\$93.14	\$279.44	\$85.22	\$255.66	\$135.63	\$406.89
Retiree/Survivor +1 Dep w/out Medicare	\$943.43	\$852.75	\$1,150.47	\$913.84	\$720.35	\$636.74	\$696.14	\$743.21
Retiree/Survivor +2 or More Deps w/out Med.	\$2,037.65	\$852.75	\$2,554.58	\$913.84	\$1,563.78	\$636.74	\$1,412.16	\$743.21
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$415.59	\$536.05	\$323.52	\$417.66	\$295.78	\$382.00	\$472.22	\$608.84
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,509.81	\$536.05	\$1,727.63	\$417.66	\$1,139.21	\$382.00	\$1,188.24	\$608.84

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the directions for making payments can be found at <https://sfhss.org/how-to-make-payment>.



2025 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

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						Blue Shield Medicare PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$238.90	\$238.91	\$186.29	\$186.29	\$170.44	\$170.44	\$271.26	\$271.26
Retiree/Survivor +1 Dep w/out Medicare	\$1,227.68	\$568.50	\$1,455.08	\$609.23	\$932.59	\$424.50	\$943.88	\$495.47
Retiree/Survivor +2 or More Deps w/out Med.	\$2,321.90	\$568.50	\$2,859.19	\$609.23	\$1,776.02	\$424.50	\$1,659.90	\$495.47
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$594.27	\$357.37	\$462.74	\$278.44	\$423.11	\$254.67	\$675.16	\$405.90
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,688.49	\$357.37	\$1,866.85	\$278.44	\$1,266.54	\$254.67	\$1,391.18	\$405.90

Retirees hired AFTER January 9, 2009¹ with *at least 5 years and less than 10 years of service*

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						Blue Shield Medicare PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$477.81	\$0.00	\$372.58	\$0.00	\$340.88	\$0.00	\$542.52	\$0.00
Retiree/Survivor +1 Dep w/out Medicare	\$1,796.18	\$0.00	\$2,064.31	\$0.00	\$1,357.09	\$0.00	\$1,439.35	\$0.00
Retiree/Survivor +2 or More Deps w/out Med.	\$2,890.40	\$0.00	\$3,468.42	\$0.00	\$2,200.52	\$0.00	\$2,155.37	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$951.64	\$0.00	\$741.18	\$0.00	\$677.78	\$0.00	\$1,081.06	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$2,045.86	\$0.00	\$2,145.29	\$0.00	\$1,521.21	\$0.00	\$1,797.08	\$0.00

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	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 ²	Fully Covered every calendar year
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames; 20% savings on amount the allowance; every other calendar year. \$80 allowance use at Costco and Walmart/Sam's Club \$25 co-pay applies	\$300 allowance for a wide selection of frames \$320 allowance for featured frames; 20% savings on the amount over your allowance every other year \$165 allowance use at Costco and Walmart/Sam's Club No additional co-pay
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.	\$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.

Vision Care Rates	VSP Service Plan - Basic	Retiree/Survivor Monthly Contribution
	Included with your medical premium.	Retiree/Survivor Only \$11.87 Retiree/Survivor + 1 Dependent \$18.11 Retiree/Survivor + Family \$37.02

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 no less than a +/- 0.50 diopter power.

In the instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.

Dental Plan Options

Dental Plan Benefits

SFHSS offers three dental plan options for our members to choose from. Two are Dental Health Maintenance Organization (DHMO) plans and they are administered by Delta Dental and UnitedHealthcare. We offer one Dental Preferred Provider Organization (DPPO) plan administered by Delta Dental.

DHMO Dental Plans

Similar to medical HMOs, Dental Health Maintenance Organization (DHMO) plans require you to receive all of your dental care from their network of participating dental providers. These networks are smaller than dental PPO networks

Before you elect a DHMO plan, make sure the plan’s network includes your preferred dentist, and confirm that the dentist is accepting new patients.

Under DHMO plans, services are covered either at no cost or with a fixed co-pay. Out-of-pocket costs for these plans are generally lower than PPO plans.

SFHSS offers the following DHMO dental plans:

- **DeltaCare USA DHMO**
- **UnitedHealthcare Dental DHMO**

PPO Dental Plans

A PPO dental plan allows you the flexibility to visit any in-network or out-of-network dentist. The plan covers a higher percentage of the costs for covered services when you go to an in-network PPO dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service.

SFHSS offers the following dental PPO plan:

Delta Dental PPO Plus Premier

Delta Dental PPO Plus Premier has two different networks. Ask your dentist if they participate in the Delta Dental PPO or Premier network. You will pay a higher co-insurance when you visit a Premier provider versus a PPO provider. When you use Delta Dental's network dentists, you are only responsible for the 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.

You may also visit an out-of-network dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service. This is known as a balance billing.



If you want to know what you are responsible for paying, please ask your dentist for a pre-treatment estimate before receiving covered services.

2025 Dental Premiums: All Retirees and Survivors

2025 MONTHLY DENTAL PREMIUMS	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree Only	\$51.26	\$0.00	\$32.22	\$0.00	\$14.38	\$0.00
Retiree +1 Dependent	\$101.93	\$0.00	\$53.17	\$0.00	\$23.74	\$0.00
Retiree +2 or More Dependents	\$152.12	\$0.00	\$78.65	\$0.00	\$35.11	\$0.00