

## 2025 CSF Medical Premium Contribution Rates: EE Only, EE+1, EE+2 or More

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
	You Pay	Employer Pays	You Pay	Employer Pays	TRIO HMO	ACCESS+ HMO	PPO			
<i>Auto Machinists Loc. 1414, Building Inspectors, Consolidated Crafts<sup>1</sup>, 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. &amp; Pipefitters Loc. 38, Police Officers Assoc. POA, SEIU Local 1021 Para., Sheriff Mgrs. &amp; 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, 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</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.57	\$339.70	\$28.48	\$378.31	\$31.98	\$424.82	\$37.60	\$499.59	\$182.80	\$499.59
Employee +1	\$51.01	\$677.69	\$56.82	\$754.93	\$63.82	\$847.93	\$75.08	\$997.46	\$326.19	\$997.46
Employee +2 or more	\$175.16	\$855.18	\$195.13	\$952.72	\$219.19	\$1,070.17	\$257.87	\$1,259.02	\$611.38	\$1,259.02
<i>SEIU Loc. 1021 Misc., SEIU Loc. 1021 Svc. Crit.</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	\$365.27	\$0.00	\$406.79	\$0.00	\$456.80	\$0.00	\$537.19	\$0.00	\$682.39
Employee +1	\$29.15	\$699.55	\$32.47	\$779.28	\$36.47	\$875.28	\$42.90	\$1,029.64	\$294.01	\$1,029.64
Employee +2 or more	\$175.16	\$855.18	\$195.13	\$952.72	\$219.19	\$1,070.17	\$257.87	\$1,259.02	\$611.38	\$1,259.02
<i>SEIU Loc. 1021 Staff Nurses, Teamsters 856, Sup. Nurses</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	\$365.27	\$0.00	\$406.79	\$45.68	\$411.12	\$53.72	\$483.47	\$198.92	\$483.47
Employee +1	\$36.43	\$692.27	\$81.17	\$730.58	\$91.17	\$820.58	\$107.25	\$965.29	\$595.92	\$727.73
Employee +2 or more	\$51.52	\$978.82	\$114.78	\$1,033.07	\$128.94	\$1,160.42	\$151.69	\$1,365.20	\$869.29	\$1,001.11
<i>Lab. Intl. Union Loc. 261</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.57	\$339.70	\$28.48	\$378.31	\$31.98	\$424.82	\$37.60	\$499.59	\$182.80	\$499.59
Employee +1	\$51.01	\$677.69	\$56.82	\$754.93	\$63.82	\$847.93	\$75.08	\$997.46	\$326.19	\$997.46
Employee +2 or more	\$123.64	\$906.70	\$137.74	\$1,010.11	\$154.72	\$1,134.64	\$182.03	\$1,334.86	\$535.54	\$1,334.86
<i>SEIU Loc. 1021 Per Diem Nurses</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$365.27	\$0.00	\$406.79	\$0.00	\$456.80	\$0.00	\$537.19	\$0.00	\$682.39	\$0.00
Employee +1	\$728.70	\$0.00	\$811.75	\$0.00	\$911.75	\$0.00	\$1,072.54	\$0.00	\$1,323.65	\$0.00
Employee +2 or more	\$1,030.34	\$0.00	\$1,147.85	\$0.00	\$1,289.36	\$0.00	\$1,516.89	\$0.00	\$1,870.40	\$0.00
<i>Painters, SFCWU</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	\$365.27	\$0.00	\$406.79	\$45.68	\$411.12	\$53.72	\$483.47	\$198.92	\$483.47
Employee +1	\$0.00	\$728.70	\$0.00	\$811.75	\$49.70	\$862.05	\$130.09	\$942.45	\$360.75	\$962.90
Employee +2 or more	\$109.27	\$921.07	\$185.26	\$962.59	\$326.46	\$962.90	\$553.99	\$962.90	\$907.50	\$962.90
<i>Commissioners</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	\$365.27	\$0.00	\$406.79	\$49.70	\$407.10	\$130.09	\$407.10	\$275.29	\$407.10
Employee +1	\$363.43	\$365.27	\$404.96	\$406.79	\$504.65	\$407.10	\$665.44	\$407.10	\$916.55	\$407.10
Employee +2 or more	\$665.07	\$365.27	\$741.06	\$406.79	\$882.26	\$407.10	\$1,109.79	\$407.10	\$1,463.30	\$407.10

<sup>1</sup>Consolidated 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.

## 2025 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	\$365.27	\$0.00	\$406.79	\$49.70	\$407.10	\$130.09	\$407.10	\$275.29	\$407.10
Employee +1	\$363.43	\$365.27	\$404.96	\$406.79	\$504.65	\$407.10	\$665.44	\$407.10	\$916.55	\$407.10
Employee +2 or More	\$1,030.34	\$0.00	\$1,147.85	\$0.00	\$1,289.36	\$0.00	\$1,516.89	\$0.00	\$1,870.40	\$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	\$365.27	\$0.00	\$406.79	\$0.00	\$456.80	\$0.00	\$537.19	\$0.00	\$682.39
Employee +1	\$0.00	\$728.70	\$0.00	\$811.75	\$0.00	\$911.75	\$0.00	\$1,072.54	\$0.00	\$1,323.65
Employee +2 or More	\$0.00	\$1,030.34	\$0.00	\$1,147.85	\$0.00	\$1,289.36	\$26.89	\$1,490.00	\$380.40	\$1,490.00
<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	\$365.27	\$0.00	\$406.79	\$0.00	\$456.80	\$0.00	\$537.19	\$0.00	\$682.39	\$0.00
Employee +1	\$728.70	\$0.00	\$811.75	\$0.00	\$911.75	\$0.00	\$1,072.54	\$0.00	\$1,323.65	\$0.00
Employee +2 or More	\$1,030.34	\$0.00	\$1,147.85	\$0.00	\$1,289.36	\$0.00	\$1,516.89	\$0.00	\$1,870.40	\$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	\$365.27	\$0.00	\$406.79	\$0.00	\$456.80	\$0.00	\$537.19	\$0.00	\$682.39
Employee +1	\$0.00	\$728.70	\$0.00	\$811.75	\$0.00	\$911.75	\$0.00	\$1,072.54	\$0.00	\$1,323.65
Employee +2 or More	\$0.00	\$1,030.34	\$0.00	\$1,147.85	\$0.00	\$1,289.36	\$0.00	\$1,516.89	\$0.00	\$1,870.40
<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	\$365.27	\$0.00	\$406.79	\$0.00	\$456.80	\$0.00	\$537.19	\$0.00	\$682.39
Employee +1	\$0.00	\$728.70	\$0.00	\$811.75	\$0.00	\$911.75	\$0.00	\$1,072.54	\$0.00	\$1,323.65
Employee +2 or More	\$0.00	\$1,030.34	\$0.00	\$1,147.85	\$0.00	\$1,289.36	\$123.81	\$1,393.08	\$477.32	\$1,393.08



# Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic <sup>1</sup>	Vision Service Plan - 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	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 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.	\$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.	<b>Employee Only \$5.48</b> <b>Employee + 1 Dependent \$8.36</b> <b>Employee + Family \$17.09</b>					
Your Coverage with Out-of-Network Providers							
Visit <a href="http://vsp.com">vsp.com</a> 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.

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	
<b>CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES, MEA</b>						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$2.31	\$23.58	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$4.62	\$49.75	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$6.92	\$70.76	\$0.00	\$29.82	\$0.00	\$28.16

<b>COMMISSIONERS PRE 2002 APPOINTMENT, SUPERIOR COURT OF SAN FRANCISCO, SUPERIOR COURT MEA, SFCTA</b>						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$25.89	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$0.00	\$54.37	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$0.00	\$77.68	\$0.00	\$29.82	\$0.00	\$28.16

<b>COMMISSIONERS POST 2002 APPOINTMENT, SEIU LOCAL 21 STAFF NURSES</b>						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.89	\$0.00	\$12.22	\$0.00	\$11.53	\$0.00
Employee +1	\$54.37	\$0.00	\$20.16	\$0.00	\$19.05	\$0.00
Employee +2 or More	\$77.68	\$0.00	\$29.82	\$0.00	\$28.16	\$0.00