

2026 CSF Medical Premium Contribution Rates: EE Only, EE+1, EE+2 or More

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
Auto Machinists Loc. 1414, Building Inspectors, Consolidated Crafts ¹ , 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. & Pipefitters Loc. 38, Police Officers Assoc. POA, SEIU Local 1021 Para., Sheriff Mgrs. & 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										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.52	\$339.05	\$31.32	\$416.20	\$34.94	\$464.15	\$40.88	\$543.14	\$143.19	\$543.14
Employee +1	\$50.84	\$675.54	\$62.46	\$829.81	\$69.68	\$925.74	\$81.56	\$1,083.71	\$246.83	\$1,083.71
Employee +2 or more	\$174.54	\$852.14	\$214.44	\$1,046.97	\$239.25	\$1,168.12	\$280.11	\$1,367.61	\$512.18	\$1,367.61
SEIU Loc. 1021 Misc., SEIU Loc. 1021 Svc. Crit.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$0.00	\$447.52	\$0.00	\$499.09	\$0.00	\$584.02	\$0.00	\$686.33
Employee +1	\$29.05	\$697.33	\$35.69	\$856.58	\$39.82	\$955.60	\$46.61	\$1,118.66	\$211.88	\$1,118.66
Employee +2 or more	\$174.54	\$852.14	\$214.44	\$1,046.97	\$239.25	\$1,168.12	\$280.11	\$1,367.61	\$512.18	\$1,367.61
SEIU Loc. 1021 Staff Nurses, Teamsters 856, Sup. Nurses										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$49.91	\$449.18	\$58.40	\$525.62	\$160.71	\$525.62
Employee +1	\$36.32	\$690.06	\$89.23	\$803.04	\$99.54	\$895.88	\$116.53	\$1,048.74	\$573.60	\$756.94
Employee +2 or more	\$51.33	\$975.35	\$126.14	\$1,135.27	\$140.74	\$1,266.63	\$164.77	\$1,482.95	\$848.23	\$1,031.56
Lab. Intl. Union Loc. 261										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.52	\$339.05	\$31.32	\$416.20	\$34.94	\$464.15	\$40.88	\$543.14	\$143.19	\$543.14
Employee +1	\$50.84	\$675.54	\$62.46	\$829.81	\$69.68	\$925.74	\$81.56	\$1,083.71	\$246.83	\$1,083.71
Employee +2 or more	\$123.20	\$903.48	\$151.37	\$1,110.04	\$168.88	\$1,238.49	\$197.73	\$1,449.99	\$429.80	\$1,449.99
SEIU Loc. 1021 Per Diem Nurses										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$364.57	\$0.00	\$447.52	\$0.00	\$499.09	\$0.00	\$584.02	\$0.00	\$686.33	\$0.00
Employee +1	\$726.38	\$0.00	\$892.27	\$0.00	\$995.42	\$0.00	\$1,165.27	\$0.00	\$1,330.54	\$0.00
Employee +2 or more	\$1,026.68	\$0.00	\$1,261.41	\$0.00	\$1,407.37	\$0.00	\$1,647.72	\$0.00	\$1,879.79	\$0.00
Painters, SFCWU										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$49.91	\$449.18	\$58.40	\$525.62	\$160.71	\$525.62
Employee +1	\$0.00	\$726.38	\$12.69	\$879.58	\$64.25	\$931.17	\$149.19	\$1,016.08	\$285.29	\$1,045.25
Employee +2 or more	\$51.69	\$974.99	\$216.16	\$1,045.25	\$362.12	\$1,045.25	\$602.47	\$1,045.25	\$834.54	\$1,045.25
Commissioners										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83
Employee +1	\$361.81	\$364.57	\$457.44	\$434.83	\$560.59	\$434.83	\$730.44	\$434.83	\$895.71	\$434.83
Employee +2 or more	\$662.11	\$364.57	\$826.58	\$434.83	\$972.54	\$434.83	\$1,212.89	\$434.83	\$1,444.96	\$434.83

¹Consolidated 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.

2026 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	
MEA Misc., Unrep. Managers, Unrep. Employees, Elected Officials, MEA – Fire, MEA – Police, MEA MTA, MTA Unrep. Managers										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83
Employee +1	\$361.81	\$364.57	\$457.44	\$434.83	\$560.59	\$434.83	\$730.44	\$434.83	\$895.71	\$434.83
Employee +2 or More	\$1,026.68	\$0.00	\$1,261.41	\$0.00	\$1,407.37	\$0.00	\$1,647.72	\$0.00	\$1,879.79	\$0.00
Sup. Ct. Employees Loc. 21, Sup. Ct. Employees Loc. 1021, Sup. Ct. Reporters, Sup. Ct. Staff Attys., Sup. Ct. Interpreters, Sup. Ct. Unrep. Prof.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$0.00	\$447.52	\$0.00	\$499.09	\$0.00	\$584.02	\$0.00	\$686.33
Employee +1	\$0.00	\$726.38	\$0.00	\$892.27	\$0.00	\$995.42	\$0.00	\$1,165.27	\$0.00	\$1,330.54
Employee +2 or More	\$0.00	\$1,026.68	\$0.00	\$1,261.41	\$0.00	\$1,407.37	\$82.72	\$1,565.00	\$314.79	\$1,565.00
MEA Courts; Superior Courts MEA, Sup. Ct. Unrep. Managers, Court Duty Officer, Courts Comm. Assoc.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$364.57	\$0.00	\$447.52	\$0.00	\$499.09	\$0.00	\$584.02	\$0.00	\$686.33	\$0.00
Employee +1	\$726.38	\$0.00	\$892.27	\$0.00	\$995.42	\$0.00	\$1,165.27	\$0.00	\$1,330.54	\$0.00
Employee +2 or More	\$1,026.68	\$0.00	\$1,261.41	\$0.00	\$1,407.37	\$0.00	\$1,647.72	\$0.00	\$1,879.79	\$0.00
Sup. Ct. Judges										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$0.00	\$447.52	\$0.00	\$499.09	\$0.00	\$584.02	\$0.00	\$686.33
Employee +1	\$0.00	\$726.38	\$0.00	\$892.27	\$0.00	\$995.42	\$0.00	\$1,165.27	\$0.00	\$1,330.54
Employee +2 or More	\$0.00	\$1,026.68	\$0.00	\$1,261.41	\$0.00	\$1,407.37	\$0.00	\$1,647.72	\$0.00	\$1,879.79
Sup. Ct. Staff Attys. Cashback										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$0.00	\$447.52	\$0.00	\$499.09	\$0.00	\$584.02	\$0.00	\$686.33
Employee +1	\$0.00	\$726.38	\$0.00	\$892.27	\$0.00	\$995.42	\$0.00	\$1,165.27	\$0.00	\$1,330.54
Employee +2 or More	\$0.00	\$1,026.68	\$0.00	\$1,261.41	\$0.00	\$1,407.37	\$179.64	\$1,468.08	\$411.71	\$1,468.08



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; 20% savings on amount over the allowance; \$80 allowance at Costco and Walmart/Sam's Club; \$25 co-pay applies; Every other calendar year.		\$300 allowance for a wide selection of frames. \$320 allowance for featured frame; 20% savings on the amount over your allowance; \$165 allowance at Costco and Walmart/Sam's Club; No additional co-pay; 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.		\$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		Vision Service Plan - Basic		VSP - Premier Buy Up (Biweekly)			
		Included with your medical premium.		Employee Only \$5.48 Employee + 1 Dependent \$8.36 Employee + Family \$17.09			
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.

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	\$26.79	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$4.62	\$56.49	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$6.92	\$80.38	\$0.00	\$29.82	\$0.00	\$28.16

COMMISSIONERS PRE 2002 APPOINTMENT, SUPERIOR COURT OF SAN FRANCISCO, SUPERIOR COURT MEA, SFCTA						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$29.10	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$0.00	\$61.11	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$0.00	\$87.30	\$0.00	\$29.82	\$0.00	\$28.16

COMMISSIONERS POST 2002 APPOINTMENT, SEIU LOCAL 21 STAFF NURSES						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$29.10	\$0.00	\$12.22	\$0.00	\$11.53	\$0.00
Employee +1	\$61.11	\$0.00	\$20.16	\$0.00	\$19.05	\$0.00
Employee +2 or More	\$87.30	\$0.00	\$29.82	\$0.00	\$28.16	\$0.00



Flex Credits for MEA

Members of the Municipal Executives Association (MEA) receive a *Management Cafeteria Plan* that provides flexible credits. The amount of flexible credits varies based on the medical plan and coverage tier the MEA member is enrolled in. Enrollment in health benefits is not required in order to receive the flexible credits. These credits can be applied toward both pre-tax health benefits and post-tax benefits such as voluntary benefits. You may choose any combination to fit your needs and budget. If the premium contributions for your benefit choices cost more than your flex credits, you pay the balance from your salary. If your benefits choices cost less than your available flex credits, you will receive cashback as taxable, non-pensionable earnings in your paycheck.

2026 MEA Flex Credits (Biweekly)							
	EMPLOYEE ONLY	EMPLOYEE +1	EMPLOYEE +2 OR MORE				
			Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of California		
					Trio HMO	Access+ HMO	PPO
CITY AND COUNTY OF SAN FRANCISCO							
MEA Miscellaneous Unrep. Managers	\$529.03	\$610.42	\$852.14	\$1,046.97	\$1,168.12	\$1,367.61	\$1,367.61
MEA Fire and Police							
MUNICIPAL TRANSPORTATION AGENCY (MTA)							
MEA Unrep. Managers	\$529.03	\$610.42	\$852.14	\$1,046.97	\$1,168.12	\$1,367.61	\$1,367.61
SUPERIOR COURT OF SAN FRANCISCO							
MEA Unrep. Managers	\$1,565.00	\$1,565.00	\$1,565.00	\$1,565.00	\$1,565.00	\$1,565.00	\$1,565.00
Court Duty Officer							
Courts Comm. Assoc.							

Eligible Municipal Executives Association employees of the City and County of San Francisco, Superior Court of California, County of San Francisco may apply these Flex Credits to a variety of benefit options, including payment of employee medical, vision or dental premium contributions or voluntary benefits.