

SAN FRANCISCO
HEALTH SERVICE SYSTEM

RETIREEES

A photograph of an older man and woman jogging together in a park. The man is in the foreground, wearing a light blue t-shirt, and the woman is slightly behind him, wearing a black top and a light-colored jacket. They are both smiling and looking towards the right. The background is a lush green park with trees and sunlight filtering through the leaves.

2026



HEALTH BENEFITS GUIDE



Executive Director's Message



Your 2026 San Francisco Health Service System (SFHSS) benefits are here!

After your initial New Retiree enrollment period, Open Enrollment is your annual opportunity to make changes to your health benefits.

For Plan Year 2026, Open Enrollment will take place from October 1 to October 24, 2025. During this period, you can:

- Review your current medical, dental, vision, and other benefit elections.
- Compare plan options and make changes to your coverage.
- Update your beneficiaries.
- Enroll in or waive coverage.

To access your benefits information and complete your enrollment, please visit sfhss.org/how-to-enroll.

You can also find helpful resources, including plan summaries and FAQs, on the site.

If you have any questions, please don't hesitate to contact SFHSS Member Services at **(628) 652-4700**.

I encourage you to take advantage of this important annual opportunity to ensure you have the benefits that best meet your needs.

In good health,

Rey Guillen



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This Guide provides a summary of the San Francisco Health Service System benefits. For eligibility requirements, please refer to SFHSS Rules at sfhss.org/san-francisco-health-service-system-member-rules or request a copy by calling **(628) 652-4700**.



How to Enroll Online

Retirees can enroll in or make changes to their health benefits online for Open Enrollment or a Qualifying Life Event through **SF My Hub**.

Important: If you have not previously registered for an account, go to sfhss.org/how-to-enroll and then click on **Register Your Account** (one-time only) link and follow the instructions. You will need your **DSW** or **Employee ID Number**, which is located at the top right section of your Open Enrollment letter or by calling SFHSS Member Services.

STEP 1

- Go to sfhss.org/how-to-enroll. Click on the  **SF My Hub** icon on the top left of the web page.

STEP 2

- Enter your **DSW** or **Employee ID Number** and **Password**. Click **Agree & Sign In**.

STEP 3

- Complete the **Security Verification** and click **Verify**.

STEP 4

- Click on the **My Health Benefits** tile, then click on the **Open Enrollment** or **Life Events** tile (for qualifying changes) and follow the directions on the web page.

Helpful Resources and Support

For detailed instructions on enrolling or making changes to your benefits, visit sfhss.org/how-to-enroll and click on [How to Enroll Manual: Qualifying Life Event for Retirees](#).

Technical Support – Call the **Department of Technology Help Desk** at **(628) 652-5000**, available Monday through Friday, 7:30 a.m. to 5:00 p.m.

For other questions visit sfhss.org/contact-us.



Eligibility

The following rules govern retiree and dependent eligibility for SFHSS health coverage.

Retiree Member Eligibility

- A member must meet age and minimum service requirements *and* have been enrolled in SFHSS health benefits at some time during active employment to be eligible for retiree health coverage. SFHSS calculates service eligibility and requirements vary based on the date hired.
- **If the member was hired on or before January 9, 2009, then the member must have at least (5) years of credited service to be eligible for retiree health benefits when they retire.**

If the member was hired on or after January 10, 2009, different premium contribution rates apply based on eligibility and years of credited service. In addition, the member must retire within 180 days of separation from employment to be eligible for retiree health benefits.

- **With at least 5 years** but *less than 10 years* of credited service, the retiree member must pay the full premium rate and does not receive any employer premium contribution.
- **With at least 10 years** but *less than 15 years* of credited service, the retiree will receive 50% of the total employer premium contribution.
- **With at least 15 years** but *less than 20 years* of credited service, the retiree will receive 75% of the total employer premium contribution.
- **With 20 or more years of credited service**, or disability retirement, the retiree will receive 100% of the total employer premium contribution.

If the member separated from service with a City employer before June 30, 2001 and retired after January 6, 2012, the member will receive 100% of the employer premium contribution as defined by the City Charter. There will be no employer premium contribution for dependents.

If a retiree chooses to take a lump sum pension distribution, retiree health premium contributions will not be subsidized and the retiree will be responsible for the full cost of the premiums.

Newly eligible retirees must enroll in retiree medical and/or dental coverage within 30 days of their effective retirement date.

To enroll, submit a completed Enrollment Application form and copies of your required eligibility documentation and retirement system paperwork by fax or mail. To download an Enrollment Application form, visit sfhss.org/benefits/retirees-with-medicare or sfhss.org/benefits/retirees-without-medicare.

- Members eligible for Medicare at the time of retirement must also provide proof of Medicare enrollment. **Medicare applications take three to four months to process**, so plan ahead before your 65th birthday. **If you fail to meet required deadlines, you must wait until the next Open Enrollment period to enroll in benefits.**
- New retiree coverage will take effect on the first day of the month following the retirement effective date. Depending on your retirement date, there can be a gap between when your employee coverage ends and retiree coverage begins. **Setting a retirement date at the end of the month will help avoid a gap in your coverage.**
- If you are planning to waive your retiree health benefits, we strongly recommend you provide your retirement paperwork to SFHSS, so that we have it on file for you to enroll in the future.

Dependent Eligibility

The following dependents may be eligible as defined under Section B in the SFHSS Rules:

Spouse or Registered Domestic Partner

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership certification. **A Medicare-eligible spouse or domestic partner who is covered on a retiree's medical plan is required to enroll in Medicare Part A (premium free) and Part B (regardless of premium).**



Eligibility

The following rules govern retiree and dependent eligibility for SFHSS health coverage.

Natural Children, Stepchildren, Adopted Children

To be eligible for health coverage, a child must be under the age of 26 and one of the following:

1. Natural born child of the enrolled member,
2. Legally adopted child of, or a child placed for adoption with the enrolled member, or
3. A stepchild, who is a natural, legally adopted or placed for adoption of the member's enrolled spouse or registered domestic partner.

Coverage ends at the end of the pay-period in which the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, or a **Qualifying Life Event**.

Legal Guardianships and Court-Ordered Children

See **SFHSS Rules Sections B.3.b-c.** for more information.

Adult Disabled Children

To qualify a disabled adult child ("Adult Child") as a dependent, the Adult Child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with the disability after turning 26, *and* meet all criteria listed in the SFHSS Rules.

Medicare Enrollment Requirements for Dependents of Active Employees

SFHSS Rules require Medicare-eligible registered domestic partners and dependents who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A, if eligible, and enroll and pay for the premiums for Medicare Part B.

Survivors of Members

A surviving spouse or domestic partner may be eligible for SFHSS health benefits in accordance with **SFHSS Rule B.4.c-d.**

For eligibility requirements, please refer to SFHSS Rules at sfhss.org/san-francisco-health-service-system-member-rules or request a copy by calling (628) 652-4700.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible.

Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current. Acceptable documentation may include current federal tax returns in addition to other documentation that demonstrates cohabitation or financial interdependency.

Enrollment of a dependent who does not meet the eligibility requirements as stated in SFHSS Rules will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided.

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA), enacted in 1986, allows retirees and their covered dependents, to elect temporary extension of healthcare and dental coverage in certain instances where coverage would otherwise end. These include:

- Children who are aging out of SFHSS coverage,
- Retiree's spouse, domestic partner, or stepchildren who are losing SFHSS coverage due to legal separation, divorce, or dissolution of partnership,
- Covered dependents who are not eligible for survivor benefits and are losing SFHSS coverage due to the death of an SFHSS member, *and*
- New retirees who opt to enroll in COBRA dental coverage when they first lose active employee dental benefits

For more information about COBRA, visit sfhss.org/benefits/cobra.



Medical Plan Options: Retiree or Survivor *without* Medicare

SFHSS offers a variety of medical plan options to allow you to select the plan that provides the right coverage at the right cost for you and your covered family members to remain healthy and productive. SFHSS offers four Health Maintenance Organization (HMO) plans and one Preferred Provider Organization (PPO) plan. For more information, visit:

sfhss.org/benefits/retirees-without-medicare

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals, and other healthcare providers working closely together to help coordinate your care. A Primary Care Physician (PCP) must be designated to coordinate all non-emergency care and services including access to certain specialists, programs and treatments that are in the same medical group or network. You must live or work in a ZIP code serviced by the plan to enroll.

Under these plans, there is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount known as a "copayment." SFHSS offers the following HMO medical plans:

- **Health Net CanopyCare HMO:** A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents. Includes access to their "Alliance Referral Program", which provides members with access to specialists from participating Canopy Health Medical Groups.
- **Kaiser Permanente HMO:** Utilizing an integrated care model, Kaiser Permanente provides care through its own doctors and facilities, including inpatient and outpatient settings, pharmacy, lab, imaging, and other ancillary services.
- **Blue Shield of California Trio HMO:** A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents.
- **Blue Shield of California Access+ HMO:** A broad network HMO plan with access to many of the Bay Area's medical groups. The plan includes the ability for members to self-refer themselves to certain specialists.

Preferred Provider Organization (PPO)

A PPO is a medical plan that provides access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers. You pay less when you seek services from preferred providers. However, the plan allows you the option of seeing non-preferred providers but requires you to pay a higher percentage of the bill.

Generally, when compared to HMO medical plans, PPOs usually result in higher out-of-pocket costs and a deductible will apply to many services. Instead of having a fixed co-pay for medical services, your cost share may vary as a percentage of what the provider charges, as a percentage of the provider's charge, called "coinsurance." You will need to pay your plan year deductible prior to paying your coinsurance for the applicable service.

SFHSS offers the following PPO plan:

■ Blue Shield of California PPO

Retirees and dependents may select Health Net CanopyCare HMO, Kaiser Permanente HMO, Blue Shield of California Trio or Access+ HMO plans if they meet the following criteria:

- Member and covered dependent must *not* be eligible for Medicare (with the exception of Kaiser Permanente HMO where the Medicare eligible person may enroll in KPSA HMO).
- Must live in a plan service area.
- Members may have access to in-network preferred providers in the United States and its territories. Members who live outside the United States can access covered medical services at out-of-network rates with a special process for filing claims.

Service Areas for Retirees *without* Medicare

County	Health Net	Kaiser Perm. (CA)	Blue Shield of California			County	Health Net	Kaiser Perm. (CA)	Blue Shield of California		
	CanopyCare HMO Non-Medicare HMO	Traditional Non-Medicare HMO	Trio+ HMO Non-Medicare HMO	Access+ HMO Non-Medicare HMO	PPO Non-Medicare PPO		CanopyCare HMO Non-Medicare HMO	Traditional Non-Medicare HMO	Trio+ HMO Non-Medicare HMO	Access+ HMO Non-Medicare HMO	PPO Non-Medicare PPO
Alameda	■	■	■	■	■	Orange		■	■	■	■
Alpine					■	Placer		○	○	○	■
Amador		○			■	Plumas					■
Butte				■	■	Riverside		○	○	■	■
Calaveras					■	Sacramento		■	○	■	■
Colusa					■	San Benito					■
Contra Costa	■	■	■	■	■	San Bernardino		○	○	■	■
Del Norte					■	San Diego		○	○	○	■
El Dorado		○	○	○	■	San Francisco	■	■	■	■	■
Fresno		○	○	■	■	San Joaquin		■	■	■	■
Glenn					■	San Luis Obispo			○	■	■
Humboldt					■	San Mateo	■	■	■	■	■
Imperial		○		■	■	Santa Barbara			○	■	■
Inyo					■	Santa Clara	■	○	■	■	■
Kern		○	○	○	■	Santa Cruz	■	○	■	■	■
Kings		○	○	■	■	Shasta					■
Lake					■	Sierra					■
Lassen					■	Siskiyou					■
Los Angeles		○	○	■	■	Solano	○	■	○	■	■
Madera		○		■	■	Sonoma	○	○		■	■
Marin	■	■	○	■	■	Stanislaus		■	○	■	■
Mariposa		○			■	Sutter		○			■
Mendocino					■	Tehama					■
Merced				■	■	Trinity					■
Modoc					■	Tulare		○	○	■	■
Mono					■	Tuolumne					■
Monterey		○	○	○	■	Ventura		○	○	■	■
Napa	■	■			■	Yolo		○	○	■	■
Nevada			○	○	■	Yuba		○			■
						Outside CA		◆			■

- Available in this county
- Available in some ZIP codes
- ◆ OR, WA, HI

Blue Shield of California PPO at Lower Rates:

Non-Medicare members and their non-Medicare dependents who lack geographic access to both SFHSS's Kaiser Permanente HMO and Blue Shield of California Access+ HMO are eligible to enroll in **Blue Shield of California PPO** with lower premiums.



2026 Medical Plans for Retirees or Dependents *without* Medicare

	HEALTH NET CanopyCare HMO	KAISER PERMANENTE Traditional HMO (California)
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum (Medical)	No Deductible Annual out-of-pocket maximum \$2,000/individual; \$4,000/family	No Deductible Annual out-of-pocket maximum \$1,500/individual; \$3,000/family
PREVENTIVE CARE		
Routine Physical	No charge	No charge
Most Immunizations and Inoculations	No charge	No charge
Well Woman Exam and Family Planning	No charge	No charge
Routine Pre/Post-Partum Care	No charge	No charge visits limited; see EOC
PHYSICIAN AND OTHER PROVIDER CARE		
Office and Home Visits	\$25 co-pay	\$20 co-pay
Inpatient Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply
Pharmacy: Non-Formulary Drugs	\$50 co-pay 30-day supply	Only if authorized by a Kaiser Physician
Mail Order: Generic Drugs	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply
Mail Order: Brand-Name Drugs	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply
Mail Order: Non-Formulary Drugs	\$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician
Specialty Drugs	20% coinsurance up to \$100 per prescription, 30-day supply	20% coinsurance up to \$100 per prescription, 30-day supply
OUTPATIENT SERVICES		
Diagnostic X-ray and Laboratory	No charge	No charge
EMERGENCY		
Hospital Emergency Room	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized
Urgent Care Facility	\$25 co-pay in-network and out-of-network	\$20 co-pay
HOSPITAL/SURGERY		
Inpatient	\$200 co-pay per admission	\$100 co-pay per admission
Outpatient	\$100 co-pay per surgery	\$35 co-pay



2026 Medical Plans for Retirees or Dependents without Medicare

	BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO	BLUE SHIELD OF CALIFORNIA PPO In-Network or Out-of-Area	Out-of-Network
DEDUCTIBLES			
Deductible and Out-of-Pocket Maximum (Medical)	No Deductible Annual out-of-pocket max \$2,000/individual; \$4,000/family	\$250 Deductible Retiree only \$500 Deductible + 1 \$750 Deductible + 2 or more Annual out-of-pocket max \$3,750/person; \$7,500/family	\$500 Deductible Retiree only \$1,000 Deductible + 1 \$1,500 Deductible + 2 or more Annual out-of-pocket max \$7,500/person
PREVENTIVE CARE			
Routine Physical	No charge	100% covered no deductible	50% covered after deductible
Most Immunizations and Inoculations	No charge	100% covered no deductible	100% covered no deductible
Well Woman Exam and Family Planning	No charge	100% covered no deductible	50% covered after deductible
Routine Pre/Post-Partum Care	No charge visits limited; see EOC	85% covered after deductible	50% covered after deductible
PHYSICIAN AND OTHER PROVIDER CARE			
Office and Home Visits	\$25 co-pay	85% covered after deductible	50% covered after deductible
Inpatient Hospital Visits	No charge	85% covered after deductible	50% covered after deductible
PRESCRIPTION DRUGS			
Pharmacy: Generic Drugs	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% coinsurance; 30-day supply
Pharmacy: Brand-Name Drugs	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% coinsurance; 30-day supply
Pharmacy: Non-Formulary Drugs	\$50 co-pay 90-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% coinsurance; 30-day supply
Mail Order: Generic Drugs	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name Drugs	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary Drugs	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Not covered
Specialty Drugs	20% coinsurance up to \$100 per prescription, 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% coinsurance; 30-day supply
OUTPATIENT SERVICES			
Diagnostic X-ray and Laboratory	No charge	85% covered after deductible	50% covered after deductible; prior notification
EMERGENCY			
Hospital Emergency Room	\$100 co-pay waived if hospitalized	85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible
Urgent Care Facility	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible
HOSPITAL/SURGERY			
Inpatient	\$200 co-pay; per admission	85% covered after deductible; notification required	50% covered after deductible; notification required
Outpatient	\$100 co-pay per surgery	85% covered after deductible	50% covered after deductible



2026 Medical Plans for Retirees or Dependents *without* Medicare

	HEALTH NET CanopyCare HMO	KAISER PERMANENTE Traditional HMO (California)
REHABILITATIVE		
Physical/Occupational Therapy	\$25 co-pay per visit	\$20 co-pay authorization required
Acupuncture/Chiropractic	\$15 co-pay 30 visits, of each type, max per plan year; ASH network	\$15 co-pay 30 visits combined acupuncture or chiro. max per plan year; ASH network
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge	No charge as authorized by PCP according to formulary
Diabetic Monitoring Supplies	No charge based upon allowed charges	No charge see EOC
Prosthetics/Orthotics	No charge when medically necessary	No charge when medically necessary
Hearing Aids	Evaluation no charge up to \$5,000 combined for both ears, every 36 months	Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each
MENTAL HEALTH		
Inpatient Hospitalization	\$200 co-pay per admission	\$100 co-pay per admission
Outpatient Treatment	\$25 co-pay non-severe and severe	\$10 co-pay group \$20 co-pay individual
Inpatient Detox	\$200 co-pay per admission	\$100 co-pay per admission
Residential Rehabilitation	\$200 co-pay per admission	\$100 co-pay per admission; physician approval required
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days/year	No charge up to 100 days/year
Hospice	No charge authorization required	No charge when medically necessary
OUTSIDE SERVICE AREA		
Care Access and Limitations	Urgent care \$25 co-pay	Only emergency services before condition permits transfer to Kaiser facility; co-pays apply



2026 Medical Plans for Retirees or Dependents *without Medicare*

	BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO	BLUE SHIELD OF CALIFORNIA PPO In-Network or Out-of-Area	Out-of-Network
REHABILITATIVE			
Physical/Occupational Therapy	\$25 co-pay per visit	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/Chiropractic	\$15 co-pay 30 visits, of each type, max per plan year; ASH network	50% covered after deductible; \$1,000 max/year	50% covered after deductible; \$1,000 max/year
GENDER DYSPHORIA			
Office Visits and Outpatient Surgery	Co-pays apply authorization required	85% covered after deductible; notification required	50% covered after deductible; notification required
DURABLE MEDICAL EQUIPMENT			
Home Medical Equipment	No Charge	85% covered after deductible; notification required	50% covered after deductible; notification required
Diabetic Monitoring Supplies	No Charge based upon allowed charges	Co-pays apply see pharmacy benefits	Co-pays apply see pharmacy benefits
Prosthetics/Orthotics	No Charge when medically necessary	85% covered after deductible; when medically necessary; notification required	50% covered after deductible; when medically necessary; notification required
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each	85% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each	50% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each
MENTAL HEALTH			
Inpatient Hospitalization	\$200 co-pay per admission	85% covered after deductible; notification required	50% covered after deductible; notification required
Outpatient Treatment	\$25 co-pay non-severe and severe	85% covered after deductible; notification required	50% covered after deductible; notification required
Inpatient Detox	\$200 co-pay per admission	85% covered after deductible; notification required	50% covered after deductible; notification required
Residential Rehabilitation	\$200 co-pay per admission	85% covered after deductible; authorization required	50% covered after deductible; authorization required
EXTENDED & END-OF-LIFE CARE			
Skilled Nursing Facility	No charge up to 100 days/year	85% covered after deductible; up to 120 days/year; notification required; custodial care not covered	50% covered after deductible; up to 120 days/year; notification required; custodial care not covered
Hospice	No charge authorization required	85% covered after deductible; authorization required	50% covered after deductible; authorization required
OUTSIDE SERVICE AREA			
Care Access and Limitations	Urgent care \$50 co-pay guest membership benefits for college students in some areas	Coverage worldwide. In-network and out-of-network percentages and co-pays apply	Coverage worldwide. In-network and out-of-network percentages and co-pays apply

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at [sfhss.org](https://www.sfhss.org).



2026 Medical Premiums: Retiree or Survivor *without* Medicare (California)

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

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California					
					Trio HMO		Access+ HMO		PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$0.00	\$1,818.52	\$13.74	\$1,933.46	\$69.61	\$2,424.84	\$161.61	\$2,759.58	\$272.44	\$1,729.10
Retiree/Survivor +1 Dep w/out Medicare	\$407.56	\$2,226.08	\$495.56	\$2,415.28	\$628.74	\$2,983.98	\$816.44	\$3,414.40	\$722.91	\$2,179.56
Retiree/Survivor +2 or More Deps w/out Med.	\$1,058.19	\$2,226.08	\$1,295.36	\$2,415.28	\$1,521.27	\$2,983.98	\$1,861.72	\$3,414.40	\$1,442.19	\$2,179.56
Retiree/Survivor +1 Dep w/Medicare Parts A&B	N/A	N/A	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
			\$207.55	\$2,127.28	\$350.90	\$2,706.13	\$442.90	\$3,040.87	\$553.73	\$2,010.39
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	\$1,007.35	\$2,127.28	\$1,243.43	\$2,706.13	\$1,488.18	\$3,040.87	\$1,273.01	\$2,010.39

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

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California					
					Trio HMO		Access+ HMO		PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$454.63	\$1,363.89	\$497.10	\$1,450.10	\$675.82	\$1,818.63	\$851.50	\$2,069.69	\$704.71	\$1,296.83
Retiree/Survivor +1 Dep w/out Medicare	\$964.08	\$1,669.56	\$1,099.38	\$1,811.46	\$1,374.73	\$2,237.99	\$1,670.04	\$2,560.80	\$1,267.80	\$1,634.67
Retiree/Survivor +2 or More Deps w/out Med.	\$1,614.71	\$1,669.56	\$1,899.18	\$1,811.46	\$2,267.26	\$2,237.99	\$2,715.32	\$2,560.80	\$1,987.08	\$1,634.67
Retiree/Survivor +1 Dep w/Medicare Parts A&B	N/A	N/A	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
			\$739.37	\$1,595.46	\$1,027.43	\$2,029.60	\$1,203.12	\$2,280.65	\$1,056.33	\$1,507.79
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	\$1,539.17	\$1,595.46	\$1,919.96	\$2,029.60	\$2,248.40	\$2,280.65	\$1,775.61	\$1,507.79

Required premium contributions for Retirees or Survivors, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover the premium amount, payment instructions are available at <https://sfhss.org/how-make-payment>.



2026 Medical Premiums: Retiree or Survivor *without* Medicare (California)

Retirees hired AFTER January 9, 2009¹ with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California					
					Trio HMO		Access+ HMO		PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$909.26	\$909.26	\$980.47	\$966.73	\$1,282.03	\$1,212.42	\$1,541.40	\$1,379.79	\$1,136.99	\$864.55
Retiree/Survivor +1 Dep w/out Medicare	\$1,520.60	\$1,113.04	\$1,703.20	\$1,207.64	\$2,120.73	\$1,491.99	\$2,523.64	\$1,707.20	\$1,812.69	\$1,089.78
Retiree/Survivor +2 or More Deps w/out Med.	\$2,171.23	\$1,113.04	\$2,503.00	\$1,207.64	\$3,013.26	\$1,491.99	\$3,568.92	\$1,707.20	\$2,531.97	\$1,089.78
Retiree/Survivor +1 Dep w/Medicare Parts A&B	N/A	N/A	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
			\$1,271.19	\$1,063.64	\$1,703.96	\$1,353.07	\$1,963.33	\$1,520.44	\$1,558.92	\$1,005.20
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	\$2,070.99	\$1,063.64	\$2,596.49	\$1,353.07	\$3,008.61	\$1,520.44	\$2,278.20	\$1,005.20

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

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California					
					Trio HMO		Access+ HMO		PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	\$1,818.52	\$0.00	\$1,947.20	\$0.00	\$2,494.45	\$0.00	\$2,921.19	\$0.00	\$2,001.54	\$0.00
Retiree/Survivor +1 Dep w/out Medicare	\$2,633.64	\$0.00	\$2,910.84	\$0.00	\$3,612.72	\$0.00	\$4,230.84	\$0.00	\$2,902.47	\$0.00
Retiree/Survivor +2 or More Deps w/out Med.	\$3,284.27	\$0.00	\$3,710.64	\$0.00	\$4,505.25	\$0.00	\$5,276.12	\$0.00	\$3,621.75	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B	N/A	N/A	Medicare Dependents will be enrolled in Kaiser Senior Advantage HMO		Medicare Dependents will be enrolled in Blue Shield Medicare PPO					
			\$2,334.83	\$0.00	\$3,057.03	\$0.00	\$3,483.77	\$0.00	\$2,564.12	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	\$3,134.63	\$0.00	\$3,949.56	\$0.00	\$4,529.05	\$0.00	\$3,283.40	\$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.



2026 Medical Premiums: Retiree or Survivor *without* Medicare (Outside of California)

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

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA 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	\$1,377.65	\$0.00	\$1,617.52	\$0.00	\$1,076.41	\$161.61	\$1,839.93
Retiree/Survivor +1 Dep w/out Medicare	\$685.83	\$2,063.49	\$805.77	\$2,423.29	\$535.21	\$1,611.63	\$612.08	\$2,290.39
Retiree/Survivor +2 or More Deps w/out Med.	\$1,824.31	\$2,063.49	\$2,143.33	\$2,423.29	\$1,423.65	\$1,611.63	\$1,331.36	\$2,290.39
Retiree/Survivor +1 Dep w/Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Permanente Senior Advantage HMO						Medicare Dependents will be enrolled in Blue Shield Medicare PPO	
	\$253.81	\$1,631.47	\$213.45	\$1,830.98	\$166.32	\$1,242.73	\$442.90	\$2,121.22
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,392.29	\$1,631.47	\$1,551.01	\$1,830.98	\$1,054.76	\$1,242.73	\$1,162.18	\$2,121.22

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

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$344.41	\$1,033.24	\$404.38	\$1,213.14	\$269.10	\$807.31	\$621.59	\$1,379.95
Retiree/Survivor +1 Dep w/out Medicare	\$1,201.70	\$1,547.62	\$1,411.59	\$1,817.47	\$938.12	\$1,208.72	\$1,184.68	\$1,717.79
Retiree/Survivor +2 or More Deps w/out Med.	\$2,340.18	\$1,547.62	\$2,749.15	\$1,817.47	\$1,826.56	\$1,208.72	\$1,903.96	\$1,717.79
Retiree/Survivor +1 Dep w/Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Permanente Senior Advantage HMO						Medicare Dependents will be enrolled in Blue Shield Medicare PPO	
	\$661.68	\$1,223.60	\$671.19	\$1,373.24	\$477.00	\$932.05	\$973.20	\$1,590.92
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,800.16	\$1,223.60	\$2,008.75	\$1,373.24	\$1,365.44	\$932.05	\$1,692.48	\$1,590.92

Required premium contributions for Retirees or Survivors, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover the premium amount, payment instructions are available at <https://sfhss.org/how-make-payment>.



2026 Medical Premiums: Retiree or Survivor *without* Medicare (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 HMO						Blue Shield of CA PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$688.82	\$688.83	\$808.76	\$808.76	\$538.20	\$538.21	\$1,081.57	\$919.97
Retiree/Survivor +1 Dep w/out Medicare	\$1,717.57	\$1,031.75	\$2,017.41	\$1,211.65	\$1,341.02	\$805.82	\$1,757.27	\$1,145.20
Retiree/Survivor +2 or More Deps w/out Med.	\$2,856.05	\$1,031.75	\$3,354.97	\$1,211.65	\$2,229.46	\$805.82	\$2,476.55	\$1,145.20
Retiree/Survivor +1 Dep w/Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Permanente Senior Advantage HMO						Medicare Dependents will be enrolled in Blue Shield Medicare PPO	
	\$1,069.54	\$815.74	\$1,128.94	\$915.49	\$787.68	\$621.37	\$1,503.51	\$1,060.61
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$2,208.02	\$815.74	\$2,466.50	\$915.49	\$1,676.12	\$621.37	\$2,222.79	\$1,060.61

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

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO	
	Northwest		Washington		Hawaii		You Pay	City Pays
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays		
Retiree/Survivor Only	\$1,377.65	\$0.00	\$1,617.52	\$0.00	\$1,076.41	\$0.00	\$2,001.54	\$0.00
Retiree/Survivor +1 Dep w/out Medicare	\$2,749.32	\$0.00	\$3,229.06	\$0.00	\$2,146.84	\$0.00	\$2,902.47	\$0.00
Retiree/Survivor +2 or More Deps w/out Med.	\$3,887.80	\$0.00	\$4,566.62	\$0.00	\$3,035.28	\$0.00	\$3,621.75	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B	Medicare Dependents will be enrolled in Kaiser Permanente Senior Advantage HMO						Medicare Dependents will be enrolled in Blue Shield Medicare PPO	
	\$1,885.28	\$0.00	\$2,044.43	\$0.00	\$1,409.05	\$0.00	\$2,564.12	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$3,023.76	\$0.00	\$3,381.99	\$0.00	\$2,297.49	\$0.00	\$3,283.40	\$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.



Medical Plan Options: Retiree or Survivor *with Medicare*

Retirees with at least one person, the retiree or dependent, who is Medicare-eligible, may enroll in the following health plans. For more information, visit: sfhss.org/benefits/retirees-with-medicare.

Kaiser Permanente Senior Advantage HMO *(Medicare Advantage HMO)*

- Must be enrolled in Medicare Part B
- Must live in a Plan Service Area
- Primary Care Physician required

The Medicare-eligible individual (retiree or dependent) will be enrolled in the Kaiser Permanente Senior Advantage HMO. Non-Medicare eligible members must select Kaiser Permanente HMO.

Blue Shield Medicare PPO *(Medicare Advantage PPO)*

- Must be enrolled in Medicare Part B
- Can live anywhere in the USA and the District of Columbia
- Can obtain service from any participating Medicare provider in the USA and the District of Columbia

The Medicare-eligible individual (retiree or dependent) will be enrolled in the Blue Shield of California MAPD-PPO. Non-Medicare eligible members may choose from the following health plans:

- **Blue Shield of California Trio HMO** *(Must reside in eligible S.F. Bay Area zip codes)*
- **Blue Shield of California Access+ HMO** *(CA Only)*
- **Blue Shield of California PPO**

Unlike traditional PPO plans, for most services offered through the **Blue Shield Medicare PPO** plan, members will be responsible for co-pays, versus a coinsurance percentage. Additionally, receiving services from out-of-network providers will not cost you more. Although selecting a Primary Care Physician is not required under the **Blue Shield Medicare PPO** Plan, you may choose to select one to assist with the management of your care.

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between this Guide and the EOC, the EOC shall prevail. EOCs are available for download at sfhss.org.

Service Areas for Retirees *with* Medicare

County	Kaiser Permanente (California)	Blue Shield of California	County	Kaiser Permanente (California)	Blue Shield of California
	Senior Advantage HMO	Medicare PPO		Senior Advantage HMO	Medicare PPO
Alameda	■	■	Orange	■	■
Alpine		■	Placer	○	■
Amador	○	■	Plumas		■
Butte		■	Riverside	○	■
Calaveras		■	Sacramento	■	■
Colusa		■	San Benito		■
Contra Costa	■	■	San Bernardino	○	■
Del Norte		■	San Diego	○	■
El Dorado	○	■	San Francisco	■	■
Fresno	○	■	San Joaquin	■	■
Glenn		■	San Luis Obispo		■
Humboldt		■	San Mateo	■	■
Imperial		■	Santa Barbara		■
Inyo		■	Santa Clara	○	■
Kern	○	■	Santa Cruz	■	■
Kings	○	■	Shasta		■
Lake		■	Sierra		■
Lassen		■	Siskiyou		■
Los Angeles	○	■	Solano	■	■
Madera	○	■	Sonoma	○	■
Marin	■	■	Stanislaus	■	■
Mariposa	○	■	Sutter	○	■
Mendocino		■	Tehama		■
Merced		■	Trinity		■
Modoc		■	Tulare	○	■
Mono		■	Tuolumne		■
Monterey		■	Ventura	○	■
Napa	■	■	Yolo	○	■
Nevada		■	Yuba	○	■
			Outside CA	◆	▲

■ Available in this county

○ Available in some ZIP codes

◆ OR, WA, HI

▲ Service area includes all 50 States and U.S. Territories



Did you know that if you move, you may have to enroll in a new medical plan that provides coverage in your new service area? Avoid loss of coverage by **updating your address in SF My Hub** by clicking on the icon at sfhss.org/how-to-enroll. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.



2026 Medical Plans for Retirees or Dependents with Medicare

	KAISER PERMANENTE Senior Advantage HMO (California)	BLUE SHIELD OF CALIFORNIA Medicare PPO
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum \$1,000/individual	No Deductible Annual out-of-pocket maximum \$3,750/individual
PREVENTIVE CARE		
Routine Physical	No charge	\$0 co-pay
Immunizations and Inoculations	No charge	\$0 co-pay if covered under Part B
Well Woman Exam and Family Planning	No charge	\$0 co-pay
Routine Pre/Post-Partum Care	No charge visits limited; see EOC	Cost share per type and location of service
PHYSICIAN AND PROVIDER CARE		
Office and Home Visits	\$20 co-pay	\$5 co-pay PCP; \$15 co-pay specialist
Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs (Tier 1)	\$5 co-pay 30-day supply	\$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs (Tier 2)	\$15 co-pay 30-day supply	\$20 co-pay 30-day supply
Pharmacy: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	\$45 co-pay 30-day supply
Mail/Home Delivery: Generic Drugs (Tier 1)	\$10 co-pay 100-day supply	\$10 co-pay 100-day supply
Mail/Home Delivery: Brand-Name Drugs (Tier 2)	\$30 co-pay 100-day supply	\$40 co-pay 100-day supply
Mail/Home Delivery: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	\$90 co-pay 100-day supply
Specialty Drugs (Tier 4)	20% coinsurance up to \$100 per prescription, 30-day supply	\$20 co-pay retail pharmacy up to 30-day supply; \$40 co-pay mail/home delivery pharmacy up to 90-day supply
OUTPATIENT SERVICES		
X-ray and Laboratory	No charge	\$0 co-pay
EMERGENCY		
Hospital Emergency Room	\$50 co-pay waived if hospitalized	\$65 co-pay waived if admitted to the hospital within 24 hours
Urgent Care Facility	\$20 co-pay	\$20 co-pay waived if admitted to the hospital within 24 hours
HOSPITAL/SURGERY		
Inpatient	\$100 co-pay per admission	\$150 co-pay per admission
Outpatient	\$35 co-pay	\$100 co-pay



2026 Medical Plans for Retirees or Dependents with Medicare

	KAISER PERMANENTE Senior Advantage HMO (California)	BLUE SHIELD OF CALIFORNIA Medicare PPO
REHABILITATIVE		
Physical/Occupational Therapy	\$20 co-pay authorization required	\$20 co-pay
Acupuncture/Chiropractic	\$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network	\$15 co-pay 24 visits of each max per plan year; ASH network
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge as authorized by PCP according to formulary	\$15 co-pay
Prosthetics/Orthotics	No charge when medically necessary	\$15 co-pay
Diabetic Monitoring Supplies	No charge see EOC	\$0 co-pay limited to certain brands; \$15 copay for Continuous Glucose Monitors and Supplies
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each	Evaluation no charge \$5,000 allowance for hearing aid(s), combined for both ears, every 36 months
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Inpatient Hospitalization	\$100 co-pay per admission	\$150 co-pay per admission
Outpatient Treatment	\$10 co-pay group \$20 co-pay individual	\$5 co-pay group \$15 co-pay individual
Inpatient Detox	\$100 co-pay per admission	\$150 co-pay per admission
Residential Rehabilitation	\$100 co-pay per admission; physician approval required	\$150 co-pay per admission
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days per year	No charge up to 100 days/benefit period; no custodial care
Hospice	No charge when medically necessary	Covered by Original Medicare
POST-DISCHARGE SUPPORT AND ROUTINE TRANSPORTATION		
Post Discharge Meal Delivery	\$0 co-pay up to three meals per day in a consecutive four-week period, once per calendar year	\$0 co-pay for 30 meals; 16 snacks, per discharge
Routine Transportation	\$0 co-pay for up to 24 one-way trips (50 miles per trip) per calendar year	\$0 co-pay for 24 one-way trips to see a provider or pharmacy



2026 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	\$393.61	\$0.00	\$568.56	\$0.00	\$568.56	\$0.00	\$568.56
Retiree/Survivor +1 Dependent without Medicare	\$481.82	\$875.43	\$559.13	\$1,127.70	\$654.83	\$1,223.38	\$450.47	\$1,019.02
Retiree/Survivor +2 or More Dependents without Medicare	\$1,281.62	\$875.43	\$1,451.66	\$1,127.70	\$1,700.11	\$1,223.38	\$1,169.75	\$1,019.02
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					
	\$193.81	\$587.43	\$281.29	\$849.85	\$281.29	\$849.85	\$281.29	\$849.85
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$993.61	\$587.43	\$1,173.82	\$849.85	\$1,326.57	\$849.85	\$1,000.57	\$849.85

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	\$98.40	\$295.21	\$142.14	\$426.42	\$142.14	\$426.42	\$142.14	\$426.42
Retiree/Survivor +1 Dependent without Medicare	\$700.68	\$656.57	\$841.05	\$845.78	\$960.67	\$917.54	\$705.22	\$764.27
Retiree/Survivor +2 or More Dependents without Medicare	\$1,500.48	\$656.57	\$1,733.58	\$845.78	\$2,005.95	\$917.54	\$1,424.50	\$764.27
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					
	\$340.67	\$440.57	\$493.75	\$637.39	\$493.75	\$637.39	\$493.75	\$637.39
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,140.47	\$440.57	\$1,386.28	\$637.39	\$1,539.03	\$637.39	\$1,213.03	\$637.39

Required premium contributions for Retirees or Survivors, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover the premium amount, payment instructions are available at <https://sfhss.org/how-make-payment>.



2026 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	\$196.80	\$196.81	\$284.28	\$284.28	\$284.28	\$284.28	\$284.28	\$284.28
Retiree/Survivor +1 Dependent without Medicare	\$919.53	\$437.72	\$1,122.98	\$563.85	\$1,266.52	\$611.69	\$959.98	\$509.51
Retiree/Survivor +2 or More Dependents without Medicare	\$1,719.33	\$437.72	\$2,015.51	\$563.85	\$2,311.80	\$611.69	\$1,679.26	\$509.51
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					
	\$487.52	\$293.72	\$706.21	\$424.93	\$706.21	\$424.93	\$706.21	\$424.93
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,287.32	\$293.72	\$1,598.74	\$424.93	\$1,751.49	\$424.93	\$1,425.49	\$424.93

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	\$393.61	\$0.00	\$568.56	\$0.00	\$568.56	\$0.00	\$568.56	\$0.00
Retiree/Survivor +1 Dependent without Medicare	\$1,357.25	\$0.00	\$1,686.83	\$0.00	\$1,878.21	\$0.00	\$1,469.49	\$0.00
Retiree/Survivor +2 or More Dependents without Medicare	\$2,157.05	\$0.00	\$2,579.36	\$0.00	\$2,923.49	\$0.00	\$2,188.77	\$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					
	\$781.24	\$0.00	\$1,131.14	\$0.00	\$1,131.14	\$0.00	\$1,131.14	\$0.00
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	\$1,581.04	\$0.00	\$2,023.67	\$0.00	\$2,176.42	\$0.00	\$1,850.42	\$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.



2026 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	\$513.61	\$0.00	\$432.89	\$0.00	\$338.62	\$0.00	\$568.56
Retiree/Survivor +1 Dep w/out Medicare	\$685.83	\$1,199.45	\$805.77	\$1,238.66	\$535.21	\$873.84	\$450.47	\$1,019.02
Retiree/Survivor +2 or More Deps w/out Med.	\$1,824.31	\$1,199.45	\$2,143.33	\$1,238.66	\$1,423.65	\$873.84	\$1,169.75	\$1,019.02
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$253.81	\$767.43	\$213.45	\$646.35	\$166.32	\$504.94	\$281.29	\$849.85
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,392.29	\$767.43	\$1,551.01	\$646.35	\$1,054.76	\$504.94	\$1,000.57	\$849.85

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	\$128.40	\$385.21	\$108.22	\$324.67	\$84.65	\$253.97	\$142.14	\$426.42
Retiree/Survivor +1 Dep w/out Medicare	\$985.69	\$899.59	\$1,115.43	\$929.00	\$753.67	\$655.38	\$705.22	\$764.27
Retiree/Survivor +2 or More Deps w/out Med.	\$2,124.17	\$899.59	\$2,452.99	\$929.00	\$1,642.11	\$655.38	\$1,424.50	\$764.27
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$445.67	\$575.57	\$375.04	\$484.76	\$292.55	\$378.71	\$493.75	\$637.39
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,584.15	\$575.57	\$1,712.60	\$484.76	\$1,180.99	\$378.71	\$1,213.03	\$637.39

Required premium contributions for Retirees or Survivors, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover the premium amount, payment instructions are available at <https://sfhss.org/how-make-payment>.



2026 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	\$256.80	\$256.81	\$216.44	\$216.45	\$169.31	\$169.31	\$284.28	\$284.28
Retiree/Survivor +1 Dep w/out Medicare	\$1,285.55	\$599.73	\$1,425.10	\$619.33	\$972.13	\$436.92	\$959.98	\$509.51
Retiree/Survivor +2 or More Deps w/out Med.	\$2,424.03	\$599.73	\$2,762.66	\$619.33	\$1,860.57	\$436.92	\$1,679.26	\$509.51
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$637.52	\$383.72	\$536.62	\$323.18	\$418.79	\$252.47	\$706.21	\$424.93
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$1,776.00	\$383.72	\$1,874.18	\$323.18	\$1,307.23	\$252.47	\$1,425.49	\$424.93

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	\$513.61	\$0.00	\$432.89	\$0.00	\$338.62	\$0.00	\$568.56	\$0.00
Retiree/Survivor +1 Dep w/out Medicare	\$1,885.28	\$0.00	\$2,044.43	\$0.00	\$1,409.05	\$0.00	\$1,469.49	\$0.00
Retiree/Survivor +2 or More Deps w/out Med.	\$3,023.76	\$0.00	\$3,381.99	\$0.00	\$2,297.49	\$0.00	\$2,188.77	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B	\$1,021.24	\$0.00	\$859.80	\$0.00	\$671.26	\$0.00	\$1,131.14	\$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	\$2,159.72	\$0.00	\$2,197.36	\$0.00	\$1,559.70	\$0.00	\$1,850.42	\$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.



Medicare Information

SFHSS requires all retirees and dependents who are eligible for Medicare to enroll in Medicare Part A and Part B.

The Social Security Administration (SSA) is the federal agency responsible for Medicare eligibility, enrollment, and premiums. Start by downloading the *Medicare and You* handbook at [medicare.gov](https://www.medicare.gov).

Medicare is a federal health insurance program administered by the **Centers for Medicare and Medicaid Services** ([cms.gov](https://www.cms.gov)) for people age 65 years or older, or under 65 with any Social Security-qualified disabilities.

The different parts of Medicare help cover specific types of services:

- **Medicare Part A:** Hospital Insurance
- **Medicare Part B:** Medical Insurance
- **Medicare Part D:** Prescription Drug Coverage

SFHSS Rules require all eligible retired members and covered eligible dependents to enroll in Medicare Part A and Part B. Failure to enroll in Medicare by the required deadlines may result in penalties being assessed by SSA and change or loss of medical coverage with the San Francisco Health Service System.

Medicare Part A: Hospital Insurance

Medicare Part A helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (but not custodial or long-term care). It also helps cover hospice care and some home healthcare.

You are eligible for premium-free Medicare Part A if you are age 65 or older and have worked and contributed to Social Security for at least 10 years (40 quarters). You may also qualify for Medicare Part A through a current, former, or deceased spouse, have End Stage Renal Disease or a Social Security-qualified disability.

If you are under age 65 with a qualifying disability, Medicare coverage generally starts 24 to 30 months following eligibility. If you have questions about your eligibility for premium-free Medicare Part A, contact the **Social Security Administration (SSA)** at **(800) 772-1213**.

Medicare Part B: Medical Insurance

SFHSS rules require that all retired members and their dependents enroll in Medicare Part B as soon as they are eligible. Medicare Part B helps cover the cost of doctor and outpatient medical services. Most people pay a monthly premium to the federal government for Part B. The Medicare Part B monthly premium, which is based on your income per CMS regulations, is usually deducted from your Social Security check. If your income decreases after you enroll in Part B, you may be eligible for a Part B premium reduction. For information on Medicare Part B premiums or to request a Part B premium reduction, contact the Social Security Administration. If you do not enroll in Medicare Part B when you first become eligible, your Part B premium will be higher and penalties may be charged when you do enroll. This higher premium and/or penalty will continue for the entire time you are enrolled in Medicare.

Medicare Part D: Prescription Drug Insurance

There are two types of Medicare Part D prescription plans: *individual* and *group*. Individual Part D prescription drug coverage is purchased directly by an individual from an insurer or pharmacy.

SFHSS members are automatically enrolled in group prescription drug coverage under Medicare Part D when they enroll in any Medicare plan offered through SFHSS. Therefore, SFHSS members should not enroll in any individual Medicare Part D plan because SFHSS medical plans include enhanced group Medicare Part D prescription drug coverage.



All SFHSS members are required to enroll in Medicare as soon as they become eligible or face penalties.



If you are enrolled in Medicare, do not enroll in any outside Part D plans. Prescription benefits are already included in your SFHSS medical plan. Doing so will terminate your coverage.



Retirees Traveling or Living Outside of the United States Temporarily or Permanently

For Medicare and Non-Medicare Members

Traveling Outside of Your Plan's Service Area

Most SFHSS health plans will cover part of your urgent or emergency services while traveling outside of the United States. Contact your health plan to learn about what is covered and how billing or reimbursements work before traveling outside of the United States.

- **Blue Shield of California PPO** plan offers coverage for out-of-network covered services, at a higher share of cost.
- **Kaiser Permanente HMO** and **Kaiser Permanente Senior Advantage HMO** plan members, please visit kp.org/travel for information about getting care away from home.

In most cases, Medicare does *not* provide coverage for healthcare services obtained outside of the United States. For more information visit: medicare.gov/coverage/travel-outside-the-u.s.

Medicare Enrollment is Required for Retirees Traveling or Residing Temporarily Outside of the United States

To ensure continued healthcare coverage when you return to the United States, **you must maintain your Medicare Part B and Part D enrollment while you are out of the country.** If you choose to cancel your Medicare Part B and/or Part D, or if you are dropped because you have not paid Medicare premiums, you may have a penalty assessed by Social Security, when you re-enroll. **Failure to maintain continuous enrollment in Medicare will also disrupt the coverage you have through SFHSS.**

Retirees Residing Permanently Outside of the United States

Non-Medicare retirees (under age 65) retirees who reside *permanently* outside of the United States and U.S. Territories must either enroll in the **Blue Shield of CA PPO Out-of-Area** plan or waive San Francisco Health Service System coverage.

Medicare enrollment is not required for retired members over 65 residing outside of the United States (foreign residents). However, healthcare services within the United States will not be covered for foreign residents who are not enrolled in Medicare.

Members who choose to not enroll in Medicare must complete an SFHSS form certifying that they are waiving Medicare enrollment and waiving health coverage within the United States.

If you are currently enrolled in a Medicare plan offered through SFHSS, and you are planning to move outside of the United States, you must contact SFHSS Member Services at **(628) 652-4700** for information on other health plan options that may be available to you which are different than those available in the United States.



Before you drop Medicare, read this!

Before you disenroll in Medicare, the federal government may charge you significant penalties if you disenroll from Medicare and decide to re-enroll in the future.



Vision Plan Options

Retirees and dependents enrolled in a medical plan are automatically enrolled in vision benefits.

SFHSS offers two vision plans for members and dependents who are enrolled in a SFHSS medical plan. Vision coverage is provided through Vision Service Plan (VSP). For more information, visit: sfhss.org/benefits/retirees.

Vision Service Plan - Basic

The VSP Basic Plan is included with enrollment in all SFHSS medical plans. Members are eligible to a vision exam once a year, and either one set of contacts or a pair of eyeglasses frames/lenses every other calendar year. Eligible dependent children are covered in full for polycarbonate prescription lenses.

Vision Service Plan - Premier

Members may buy-up to the VSP Premier Plan that includes coverage for either one set of contacts or a pair of eyeglasses frames/lenses every calendar year. The VSP Premier Plan provides a higher allowance for a frame and lenses or contacts. If a member buys up to the VSP Premier Plan, members' dependents will also be enrolled in the VSP Premier Plan.

Accessing Your Vision Benefits

You may go to a VSP in-network or out-of-network provider. In-network providers include Walmart Vision, and Sam's Club. Visit www.vsp.com for a complete list of network providers.

To receive services from an in-network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment.

VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

If you receive services from a network provider *without* prior authorization or obtain services from an out-of-network provider (including Kaiser Permanente), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement.

Compare the costs of out-of-network services to in-network costs before choosing. You can submit a claim for reimbursement online from your VSP member account or by contacting VSP Member Services at **(800) 877-7195** and requesting a claim or reimbursement form.

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plain (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Essential Medical Eye Care).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

For more information, please review the Evidence of Coverage at sfhss.org/vsp-vision-plans

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers, discounts and rebates on popular contact lenses.

VSP also provides savings on **hearing aids** through **TruHearing®** for members, their covered dependents and extended family including parents and grandparents.

No Medical Plan = No Vision Benefits

If you do not enroll in a medical plan, you and your dependents cannot enroll in VSP Vision Care plans offered through SFHSS. Member and their dependents must elect the same Vision Plan option.



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; \$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 frames; 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	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 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.

2026 Dental Premiums: All Retirees and Survivors

2026 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	\$52.29	\$0.00	\$32.22	\$0.00	\$14.38	\$0.00
Retiree +1 Dependent	\$103.97	\$0.00	\$53.17	\$0.00	\$23.74	\$0.00
Retiree +2 or More Dependents	\$155.16	\$0.00	\$78.65	\$0.00	\$35.11	\$0.00



Dental Plan Benefits-at-a-Glance

	Delta Dental PPO			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists.			DeltaCare USA network only	UHC Dental network only
Deductible	\$50 per person; \$100 for family for Premier and out-of-network services, excluding diagnostic and preventive care.			None	None
Plan Year Maximum	\$1,250 per person; Per calendar year, excluding orthodontia benefits, diagnostic and preventive care (i.e. cleanings, exams and/or x-rays).			None	None
Covered Services	PPO Dentists	Premier Dentists	Out-of-Network	In-Network Only	In-Network Only
Cleanings¹ and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth or panoramic 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered full mouth or panoramic 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	80% covered full mouth or panoramic 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered some limitations apply	100% covered some limitations apply
Extractions	80% covered	80% covered	80% covered	100% covered	\$5-\$25 co-pay
Fillings	80% covered	80% covered	80% covered	100% covered limitations apply to resin materials	\$5-\$25 co-pay
Crowns	60% covered	50% covered	50% covered	100% covered limitations apply to resin materials	Co-pay Variable, up to \$100, Limitations Apply
Dentures, Pontics, and Bridges	60% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	Co-pay Variable, up to \$140, Limitations Apply
Endodontic/ Root Canals	60% covered	50% covered	50% covered	100% covered excluding the final restoration	Co-pay Variable, up to \$60, Limitations Apply
Oral Surgery	80% covered	80% covered	80% covered	100% covered authorization required	Co-pay Variable
Implants	60% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	Not Covered	Not Covered	Not Covered	Member pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply	Member pays: \$2,000/child \$2,000/adult \$350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	\$100 co-pay	100% covered

¹Members with Chronic Conditions (cardiovascular (heart) disease; diabetes; cerebrovascular disease (stroke); HIV/AIDS; rheumatoid arthritis; chronic kidney disease; Sjogren's syndrome; lupus; Parkinson's disease; amyotrophic lateral sclerosis; Huntington's disease; opioid misuse and addiction; joint replacement; and cancer) may receive up to 4 cleanings per year through the **SmileWay® Wellness Benefits** program (Calendar Year Benefit Maximums do not apply). In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Well-Being and Mental Health Benefits

Your health plan offers many **free or low-cost** benefits to support preventive care, healthy living, mental health, and overall well-being. For more information, visit sfhss.org/using-your-benefits/using-your-benefits-retirees.

Your Health Plan Offerings	Annual Preventive Care Offerings
<p>Find the right service and care you need:</p> <ul style="list-style-type: none"> ■ Acupuncture ■ Chiropractic care ■ Diabetes Prevention ■ Gender Affirming Care ■ Gym Discounts ■ Healthy Eating & Nutrition ■ Lifestyle Coaching ■ Mental Health & Substance Use Disorder Benefits* ■ Pregnancy & Lactation ■ Tobacco Cessation ■ Weight Management Programs 	<p>Don't forget your Annual Preventive Care Exams!</p> <ul style="list-style-type: none"> ■ Annual Physical provided by your PCP ■ Annual Well Vision Exam ■ Cancer Screenings recommended by your PCP ■ Dental Exam and Cleaning Every 6 Months <ul style="list-style-type: none"> ■ Limit of two (2) dental exams and; ■ Two (2) cleanings per calendar year ■ Vaccinations recommended by your PCP ■ Well-Check provided by your PCP ■ Well-Women Exam provided by your PCP

*As a result of the mental health parity law, there is no yearly or lifetime dollar amounts for Mental Health and Substance Abuse services.



Mental Health and Substance Abuse Services

Your health plan offers many **free or low-cost** benefits to support you and your mental health, and get you help with substance abuse. For more information, visit sfhss.org/using-your-benefits/using-your-benefits-retirees/mental-health.

For urgent Mental Health issues, members should call **911** or go to the nearest hospital emergency room.



Key Contacts

SFHSS

1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4700
Fax: (628) 652-4701
sfhss.org

SFHSS Telephone Hours

Monday, Tuesday, Wednesday,
and Friday: 9 a.m. to Noon and
1 p.m. to 5 p.m.

Thursday: 10 a.m. to Noon and
1 p.m. to 5 p.m.

Update Your Information

For changes in address, family
status, new hires, and more
please visit sfhss.org/contact-us

Well-Being

1145 Market Street, 2nd floor
San Francisco, CA 94103
Tel: (628) 652-4650
Fax: (628) 652-4601
well-being@sfgov.org
sfhss.org/well-being

Health Service Board

Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4646
Fax: (628) 652-4702
health.service.board@sfgov.org
sfhss.org/health-service-board

PENSION BENEFITS

SFERS

Employees' Retirement System
Tel: (415) 487-7000
Toll Free: (888) 849-0777
mysfers.org

CalPERS

(888) 225-7377
calpers.ca.gov

CalSTRS

(800) 228-5453
calstrs.com

PARS

(800) 540-6369
pars.org

NON-MEDICARE PLANS

Health Net CanopyCare HMO
(833) 448-2042
healthnet.com/sfhss
Group G0727A

Kaiser Permanente Traditional HMO
choose.kp.org/sfhss

In CA: (800) 464-4000
North CA - Group 888
South CA - Group 231003

In NW: (800) 813-2000
Group 21227

In WA: (206) 630-4636
Group 25512

In HI: (800) 966-5955
Group 10119

Blue Shield of California
Trio HMO
(800) 357-1901
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California
Access+ HMO
(800) 357-1901
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California
PPO (Non-Medicare)
(888) 499-5532
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California
MAPD PPO (Medicare)
(800) 370-8852
blueshieldca.com/sfhss
Group W0051448

MEDICARE ADVANTAGE PLANS

Blue Shield Medicare PPO
(800) 370-8852
blueshieldca.com/sfhss
Group W0051448

Kaiser Permanente Senior
Advantage HMO
choose.kp.org/sfhss

In CA: (800) 443-0815
North CA - Group 888
South CA - Group 231003

MEDICARE ADVANTAGE PLANS

Kaiser Permanente Sr. Advantage HMO
choose.kp.org/sfhss

In NW: (877) 852-5081
Group 21227

In WA: (206) 630-4600
Group 25512

In HI: (877) 852-5081
Group 10119

MEDICARE ADVANTAGE FITNESS PLANS

SilverSneakers
(Blue Shield Medicare PPO)
(888) 423-4632
silversneakers.com

One Pass Program
(Kaiser Senior Advantage HMO)
(877) 614-0618
youronepass.com

DENTAL AND VISION PLANS

Delta Dental PPO
(888) 335-8227
deltadentalins.com/ccsf
Group 01673

DeltaCare USA DHMO
(800) 422-4234
deltadentalins.com/ccsf
Group 71797

UHC Dental DHMO
(800) 999-3367
www.whyuhc.com/sfhss
Group 275550

VSP Vision Care
(800) 877-7195
www.vsp.com
Group 12145878

OTHER AGENCIES

Social Security
Medicare Enrollment
(800) 772-1213
(800) 325-0778 (TTY)
ssa.gov

Medicare
(800) 633-4227
(877) 486-2048 (TTY)
medicare.gov

Health Insurance Exchange
Covered California
(800) 300-1506
coveredca.com



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