



# 2024 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 |           | UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in |           |                        |            |  |           |
|--|---|-----------|---|-----------|------------------------|------------|--|-----------|
|  |   |           | UHC Doctors Plan EPO  |           | UHC Select Network EPO |            | UHC Non-Medicare PPO   |           |
|  | You Pay   | City Pays | You Pay   | City Pays | You Pay                | City Pays  | You Pay  | City Pays |
| Retiree/Survivor Only  | \$0.00  | \$329.98  | \$0.00  | \$521.46  | \$0.00                 | \$521.46   | \$0.00   | \$521.46  |
| Retiree/Survivor +1 Dependent without Medicare   | \$416.34  | \$746.32  | \$458.42  | \$979.89  | \$554.98               | \$1,076.44 | \$442.91   | \$964.38  |
| Retiree/Survivor +2 or More Dependents without Medicare                                    | \$1,107.45  | \$746.32  | \$1,190.21  | \$979.89  | \$1,440.90             | \$1,076.44 | \$1,150.16   | \$964.38  |
| Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B                               | \$163.50  | \$493.48  | N/A   | N/A       | N/A                    | N/A        | Medicare Dependents will be enrolled in UHC Medicare Advantage PPO |           |
|  |   |           |   |           |                        |            | \$259.24   | \$780.70  |
| Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s) | \$854.61  | \$493.48  | \$991.03  | \$780.70  | \$1,145.16             | \$780.70   | \$966.49   | \$780.70  |

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 |           | UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in |           |                        |           |  |           |
|--|---|-----------|---|-----------|------------------------|-----------|--|-----------|
|  |   |           | UHC Doctors Plan EPO  |           | UHC Select Network EPO |           | UHC Non-Medicare PPO   |           |
|  | You Pay   | City Pays | You Pay   | City Pays | You Pay                | City Pays | You Pay  | City Pays |
| Retiree/Survivor Only  | \$82.49   | \$247.49  | \$130.36  | \$391.10  | \$130.36               | \$391.10  | \$130.36   | \$391.10  |
| Retiree/Survivor +1 Dependent without Medicare   | \$602.92  | \$559.74  | \$703.39  | \$734.92  | \$824.09               | \$807.33  | \$684.00   | \$723.29  |
| Retiree/Survivor +2 or More Dependents without Medicare                                    | \$1,294.03  | \$559.74  | \$1,435.18  | \$734.92  | \$1,710.01             | \$807.33  | \$1,391.25   | \$723.29  |
| Retiree/Survivor +1 Dependent <i>with</i> Medicare Parts A&B                               | \$286.87  | \$370.11  | N/A   | N/A       | N/A                    | N/A       | Medicare Dependents will be enrolled in UHC Medicare Advantage PPO |           |
|  |   |           |   |           |                        |           | \$454.41   | \$585.53  |
| Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s) | \$977.98  | \$370.11  | \$1,186.20  | \$585.53  | \$1,340.33             | \$585.53  | \$1,161.66   | \$585.53  |

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.



# 2024 Medical Premiums: Retiree or Survivor *with Medicare Part A and Part B (California)*

Retirees hired **AFTER January 9, 2009<sup>1</sup>** 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 |           | UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in |           |                        |           |  |           |
|--|---|-----------|---|-----------|------------------------|-----------|--|-----------|
|  |   |           | UHC Doctors Plan EPO  |           | UHC Select Network EPO |           | UHC Non-Medicare PPO   |           |
|  | You Pay   | City Pays | You Pay   | City Pays | You Pay                | City Pays | You Pay  | City Pays |
| Retiree/Survivor Only  | \$164.99  | \$164.99  | \$260.73  | \$260.73  | \$260.73               | \$260.73  | \$260.73   | \$260.73  |
| Retiree/Survivor +1 Dependent without Medicare   | \$789.50  | \$373.16  | \$948.36  | \$489.95  | \$1,093.20             | \$538.22  | \$925.10   | \$482.19  |
| Retiree/Survivor +2 or More Dependents without Medicare                                    | \$1,480.61  | \$373.16  | \$1,680.15  | \$489.95  | \$1,979.12             | \$538.22  | \$1,632.35   | \$482.19  |
| Retiree/Survivor +1 Dependent <i>with Medicare Parts A&amp;B</i>                           | \$410.24  | \$246.74  | N/A   | N/A       | N/A                    | N/A       | Medicare Dependents will be enrolled in UHC Medicare Advantage PPO<br>\$649.59      \$390.35 |           |
| Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s) | \$1,101.35  | \$246.74  | \$1,381.38  | \$390.35  | \$1,535.51             | \$390.35  | \$1,356.84   | \$390.35  |

Retirees hired **AFTER January 9, 2009<sup>1</sup>** 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 |           | UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in |           |                        |           |  |           |
|--|---|-----------|---|-----------|------------------------|-----------|--|-----------|
|  |   |           | UHC Doctors Plan EPO  |           | UHC Select Network EPO |           | UHC Non-Medicare PPO   |           |
|  | You Pay   | City Pays | You Pay   | City Pays | You Pay                | City Pays | You Pay  | City Pays |
| Retiree/Survivor Only  | \$329.98  | \$0.00    | \$521.46  | \$0.00    | \$521.46               | \$0.00    | \$521.46   | \$0.00    |
| Retiree/Survivor +1 Dependent without Medicare   | \$1,162.66  | \$0.00    | \$1,438.31  | \$0.00    | \$1,631.42             | \$0.00    | \$1,407.29   | \$0.00    |
| Retiree/Survivor +2 or More Dependents without Medicare                                    | \$1,853.77  | \$0.00    | \$2,170.10  | \$0.00    | \$2,517.34             | \$0.00    | \$2,114.54   | \$0.00    |
| Retiree/Survivor +1 Dependent <i>with Medicare Parts A&amp;B</i>                           | \$656.98  | \$0.00    | N/A   | N/A       | N/A                    | N/A       | Medicare Dependents will be enrolled in UHC Medicare Advantage PPO<br>\$1,039.94      \$0.00 |           |
| Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s) | \$1,348.09  | \$0.00    | \$1,771.73  | \$0.00    | \$1,925.86             | \$0.00    | \$1,747.19   | \$0.00    |

<sup>1</sup>Retirees 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.



# 2024 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 |            |            |            |            |           | UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-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                                 | \$466.88   | \$0.00     | \$324.40   | \$0.00     | \$352.00  | \$0.00   | \$521.46  |
| Retiree/Survivor +1 Dep w/out Medicare                                      | \$600.82                               | \$1,067.71 | \$821.29   | \$1,145.69 | \$458.66   | \$810.67  | \$442.92   | \$964.37  |
| Retiree/Survivor +2 or More Deps w/out Med.                                 | \$1,598.18                             | \$1,067.71 | \$2,184.60 | \$1,145.69 | \$1,220.02 | \$810.67  | \$1,150.17   | \$964.37  |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B                                | \$231.95                               | \$698.83   | \$160.71   | \$485.11   | \$174.51   | \$526.51  | \$259.24   | \$780.70  |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s) | \$1,229.31                             | \$698.83   | \$1,524.02 | \$485.11   | \$935.87   | \$526.51  | \$966.49   | \$780.70  |

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 |           |            |           |            |           | UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO |           |
|---|--|-----------|------------|-----------|------------|-----------|--|-----------|
|   | Northwest                              |           | Washington |           | Hawaii     |           | You Pay  | City Pays |
|   | You Pay                                | City Pays | You Pay    | City Pays | You Pay    | City Pays |  |           |
| Retiree/Survivor Only   | \$116.72                               | \$350.16  | \$81.10    | \$243.30  | \$88.00    | \$264.00  | \$130.36   | \$391.10  |
| Retiree/Survivor +1 Dep w/out Medicare                                      | \$867.75                               | \$800.78  | \$1,107.71 | \$859.27  | \$661.33   | \$608.00  | \$684.01   | \$723.28  |
| Retiree/Survivor +2 or More Deps w/out Med.                                 | \$1,865.11                             | \$800.78  | \$2,471.02 | \$859.27  | \$1,422.69 | \$608.00  | \$1,391.26   | \$723.28  |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B                                | \$406.66                               | \$524.12  | \$281.99   | \$363.83  | \$306.14   | \$394.88  | \$454.41   | \$585.53  |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s) | \$1,404.02                             | \$524.12  | \$1,645.30 | \$363.83  | \$1,067.50 | \$394.88  | \$1,161.66   | \$585.53  |

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.



# 2024 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

Retirees hired AFTER January 9, 2009<sup>1</sup> with *at least* 10 years but *less than* 15 years of service

| Medical Premiums (Monthly)  | Kaiser Permanente Senior Advantage HMO |           |            |           |            |           | UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO |           |
|---|--|-----------|------------|-----------|------------|-----------|--|-----------|
|   | Northwest                              |           | Washington |           | Hawaii     |           | You Pay  | City Pays |
|   | You Pay                                | City Pays | You Pay    | City Pays | You Pay    | City Pays |  |           |
| Retiree/Survivor Only   | \$233.44                               | \$233.44  | \$162.20   | \$162.20  | \$176.00   | \$176.00  | \$260.73   | \$260.73  |
| Retiree/Survivor +1 Dep w/out Medicare                                      | \$1,134.68                             | \$533.86  | \$1,394.13 | \$572.85  | \$863.99   | \$405.34  | \$925.10   | \$482.19  |
| Retiree/Survivor +2 or More Deps w/out Med.                                 | \$2,132.03                             | \$533.86  | \$2,757.44 | \$572.85  | \$1,625.35 | \$405.34  | \$1,632.35   | \$482.19  |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B                                | \$581.36                               | \$349.42  | \$403.26   | \$242.56  | \$437.76   | \$263.26  | \$649.59   | \$390.35  |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s) | \$1,578.72                             | \$349.42  | \$1,766.57 | \$242.56  | \$1,199.12 | \$263.26  | \$1,356.84   | \$390.35  |

Retirees hired AFTER January 9, 2009<sup>1</sup> with *at least* 5 years and *less than* 10 years of service

| Medical Premiums (Monthly)  | Kaiser Permanente Senior Advantage HMO |           |            |           |            |           | UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO |           |
|---|--|-----------|------------|-----------|------------|-----------|--|-----------|
|   | Northwest                              |           | Washington |           | Hawaii     |           | You Pay  | City Pays |
|   | You Pay                                | City Pays | You Pay    | City Pays | You Pay    | City Pays |  |           |
| Retiree/Survivor Only   | \$466.88                               | \$0.00    | \$324.40   | \$0.00    | \$352.00   | \$0.00    | \$521.46   | \$0.00    |
| Retiree/Survivor +1 Dep w/out Medicare                                      | \$1,668.53                             | \$0.00    | \$1,966.98 | \$0.00    | \$1,269.33 | \$0.00    | \$1,407.29   | \$0.00    |
| Retiree/Survivor +2 or More Deps w/out Med.                                 | \$2,665.89                             | \$0.00    | \$3,330.29 | \$0.00    | \$2,030.69 | \$0.00    | \$2,114.54   | \$0.00    |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B                                | \$930.78                               | \$0.00    | \$645.82   | \$0.00    | \$701.02   | \$0.00    | \$1,039.94   | \$0.00    |
| Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s) | \$1,928.14                             | \$0.00    | \$2,009.13 | \$0.00    | \$1,462.38 | \$0.00    | \$1,747.19   | \$0.00    |

<sup>1</sup>Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.



# Vision Plan Benefits-at-a-Glance

| Covered Services  | Vision Service Plan - Basic <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 <sup>2</sup>  | Fully Covered every calendar year   |            |                              |            |                 |             |
| <b>Frames</b>   | \$150 allowance for a wide selection of frames<br>\$170 allowance for featured frames<br>\$80 allowance use at Costco and Walmart/Sam's Club<br>\$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year        | \$300 allowance for a wide selection of frames<br>\$320 allowance for featured frames<br>\$165 allowance use at Costco and Walmart/Sam's Club<br>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><br>( <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. |            |                              |            |                 |             |
| <b>Vision Care Rates</b>  | <b>VSP Service Plan - Basic</b>   | <b>Retiree/Survivor Monthly Contribution</b>  |            |                              |            |                 |             |
|   | Included with your medical premium.   | <b>Retiree/Survivor Only \$11.56</b><br><b>Retiree/Survivor + 1 Dependent \$17.59</b><br><b>Retiree/Survivor + Family \$36.06</b>   |            |                              |            |                 |             |
| <b>Your Coverage with Out-of-Network Providers</b>  |   |   |            |                              |            |                 |             |
| 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.

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

# Dental Plan Options

## Dental Plan Benefits

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

### DHMO Dental Plans

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

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

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

SFHSS offers the following DHMO dental plans:

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

### PPO Dental Plans


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

SFHSS offers the following dental PPO plan:

### Delta Dental PPO Plus Premier

Delta Dental PPO Plus Premier has two different networks. Ask your dentist if they participate in the Delta Dental PPO or Premier network. You will pay a higher co-insurance when you visit a Premier provider versus a PPO provider. When you use Delta Dental's network dentists, you are only responsible for the deductible and co-insurance, within applicable benefit maximums. Delta Dental's network dentists are not allowed to charge you more for covered services beyond the negotiated rates.

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

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

## 2024 Dental Premiums: All Retirees and Survivors

| 2024 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                  | \$50.25          | \$0.00    | \$32.22            | \$0.00    | \$14.38                      | \$0.00    |
| Retiree +1 Dependent          | \$99.93          | \$0.00    | \$53.17            | \$0.00    | \$23.74                      | \$0.00    |
| Retiree +2 or More Dependents | \$149.14         | \$0.00    | \$78.65            | \$0.00    | \$35.11                      | \$0.00    |