

2024 CSF Medical Premium Contribution Rates: EE Only, EE+1, EE+2 or More

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
	You Pay	Employer Pays	You Pay	Employer Pays	TRIO HMO	ACCESS+ HMO	PPO			
<i>Auto Machinists Loc. 1414, Building Inspectors, Consolidated Crafts¹, DA Investigators Assoc., Dep. Prob. Ofcrs. Assoc., Dep. Sheriffs Assoc. 12A, Elec. Workers Local 6, Firefighters Local 798, IFPTE Local 21, Instit. Police Ofcrs. Assoc., Mun. Attys. Assoc. MAA, Operating Engineers Loc. 3, Phys. and Dentists UAPD, Plum. & Pipefitters Loc. 38, Police Officers Assoc. POA, SEIU Local 1021 Para., Sheriff Mgrs. & Sups. 12B, Stationary Eng. Local 39, Sup. Probation Officers, Team. Loc. 856 Multi-Unit, TWU Local 200 SEAM, TWU 250-A Auto Svc 7410, TWU 250-A Multi-Unit, Auto Mach. Loc. 1414, Electrical Workers Local 6, TWU Local 200, TWU 250-A Tran. Op. 9163, TWU 250-A Fare Ins. 9132, TWU 250-A Aut. Wk. 7410</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.80	\$342.75	\$27.00	\$358.69	\$28.58	\$379.74	\$34.58	\$459.43	\$214.12	\$459.43
Employee +1	\$51.50	\$684.23	\$53.90	\$716.10	\$57.07	\$758.19	\$69.07	\$917.58	\$389.36	\$917.58
Employee +2 or more	\$176.88	\$863.59	\$185.13	\$903.85	\$196.02	\$957.01	\$237.24	\$1,158.31	\$688.66	\$1,158.31
SEIU Loc. 1021 Misc., SEIU Loc. 1021 Svc. Crit.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$29.43	\$706.30	\$30.80	\$739.20	\$32.61	\$782.65	\$39.47	\$947.18	\$359.76	\$947.18
Employee +2 or more	\$176.88	\$863.59	\$185.13	\$903.85	\$196.02	\$957.01	\$237.24	\$1,158.31	\$688.66	\$1,158.31
SEIU Loc. 1021 Staff Nurses, Teamsters 856, Sup. Nurses										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$49.40	\$444.61	\$228.94	\$444.61
Employee +1	\$36.79	\$698.94	\$77.00	\$693.00	\$81.53	\$733.73	\$98.66	\$887.99	\$618.31	\$688.63
Employee +2 or more	\$52.02	\$988.45	\$108.90	\$980.08	\$115.30	\$1,037.73	\$139.55	\$1,256.00	\$888.33	\$958.64
Lab. Intl. Union Loc. 261										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$25.80	\$342.75	\$27.00	\$358.69	\$28.58	\$379.74	\$34.58	\$459.43	\$214.12	\$459.43
Employee +1	\$51.50	\$684.23	\$53.90	\$716.10	\$57.07	\$758.19	\$69.07	\$917.58	\$389.36	\$917.58
Employee +2 or more	\$124.86	\$915.61	\$130.68	\$958.30	\$138.36	\$1,014.67	\$167.47	\$1,228.08	\$618.89	\$1,228.08
SEIU Loc. 1021 Per Diem Nurses										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55	\$0.00
Employee +1	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94	\$0.00
Employee +2 or more	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,135.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97	\$0.00
Painters, SFCWU										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$49.40	\$444.61	\$228.94	\$444.61
Employee +1	\$0.00	\$735.73	\$13.76	\$756.24	\$36.39	\$778.87	\$122.08	\$864.57	\$407.54	\$899.40
Employee +2 or more	\$144.45	\$896.02	\$189.58	\$899.40	\$253.63	\$899.40	\$496.15	\$899.40	\$947.57	\$899.40
Commissioners										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$367.18	\$368.55	\$398.07	\$371.93	\$443.33	\$371.93	\$614.72	\$371.93	\$935.01	\$371.93
Employee +2 or more	\$671.92	\$368.55	\$717.05	\$371.93	\$781.10	\$371.93	\$1,023.62	\$371.93	\$1,475.04	\$371.93

¹Consolidated Crafts includes: Bricklayers Local 3, Hod Carriers of Linua Local 261, Carpenters Local 22, Carpet, Linoleum Workers, Local 12, Cement Masons Local 580, Glaziers Local 718, Ironworkers Local 377, Pile Drivers Local 34, Plasterers Local 66, Roofers Local 40, Sheet Metal Workers Local 104, Theatrical Stage Employees Local 16, Teamsters Local 853.

2024 MEA & Courts Medical Premium Contribution Rates: EE Only, EE+1, EE+2

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
<i>MEA Misc., Unrep. Managers, Unrep. Employees, Elected Officials, MEA – Fire, MEA – Police, MEA MTA, MTA Unrep. Managers</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$367.18	\$368.55	\$398.07	\$371.93	\$443.33	\$371.93	\$614.72	\$371.93	\$935.01	\$371.93
Employee +2 or More	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97	\$0.00
<i>Sup. Ct. Employees Loc. 21, Sup. Ct. Employees Loc. 1021, Sup. Ct. Reporters, Sup. Ct. Staff Attys., Sup. Ct. Interpreters, Sup. Ct. Unrep. Prof.</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$0.00	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94
Employee +2 or More	\$0.00	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$441.97	\$1,405.00
<i>MEA Courts; Superior Courts MEA, Sup. Ct. Unrep. Managers, Court Duty Officer, Courts Comm. Assoc.</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55	\$0.00
Employee +1	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94	\$0.00
Employee +2 or More	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97	\$0.00
<i>Sup. Ct. Judges</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$0.00	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94
Employee +2 or More	\$0.00	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$0.00	\$1,395.55	\$0.00	\$1,846.97
<i>Sup. Ct. Staff Attys. Cashback</i>										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$368.55	\$0.00	\$385.69	\$0.00	\$408.32	\$0.00	\$494.01	\$0.00	\$673.55
Employee +1	\$0.00	\$735.73	\$0.00	\$770.00	\$0.00	\$815.26	\$0.00	\$986.65	\$0.00	\$1,306.94
Employee +2 or More	\$0.00	\$1,040.47	\$0.00	\$1,088.98	\$0.00	\$1,153.03	\$87.47	\$1,308.08	\$538.89	\$1,308.08



Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic ¹	Vision Service Plan - Premier					
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year					
Single Vision Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year					
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year					
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year					
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year					
Premium Progressive Lenses	\$95-\$105 co-pay every other calendar year	\$25 co-pay every calendar year					
Custom Progressive Lenses	\$150-\$175 co-pay every other calendar year	\$25 co-pay every calendar year					
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year					
Premium Anti-Reflective Coating	\$58-\$69 co-pay every other calendar year	\$25 co-pay every calendar year					
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year					
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year					
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco and Walmart/Sam's Club \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year					
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. Anti-reflective and UV coatings fully covered.	\$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered.					
Vision Care Rates	Vision Service Plan - Basic	VSP - Premier Buy Up (Biweekly)					
	Included with your medical premium.	Employee Only \$5.34 Employee + 1 Dependent \$8.12 Employee + Family \$16.64					
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 more than .50 diopters.

You may also be eligible for "computer glasses" through the Video Terminal Display/Computer Vision Care benefit. Please review your MOU. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Dental Premium Contribution Rates (Biweekly)

	DELTA DENTAL PPO PLUS PREMIER		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES, MEA						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$2.31	\$22.12	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$4.62	\$46.68	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$6.92	\$66.37	\$0.00	\$29.82	\$0.00	\$28.16

COMMISSIONERS PRE 2002 APPOINTMENT						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$24.43	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$0.00	\$51.30	\$0.00	\$20.16	\$0.00	\$19.05
Employee +2 or More	\$0.00	\$73.29	\$0.00	\$29.82	\$0.00	\$28.16

COMMISSIONERS POST 2002 APPOINTMENT						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$24.43	\$0.00	\$12.22	\$0.00	\$11.53	\$0.00
Employee +1	\$51.30	\$0.00	\$20.16	\$0.00	\$19.05	\$0.00
Employee +2 or More	\$73.29	\$0.00	\$29.82	\$0.00	\$28.16	\$0.00

SUPERIOR COURT OF SAN FRANCISCO & SUPERIOR COURT MEA						
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$24.43	\$0.00	\$12.22	\$0.00	\$11.53
Employee +1	\$0.00	\$51.30	\$0.00	\$20.16	\$0.00	\$19.05
Employee + 2 or More	\$0.00	\$73.29	\$0.00	\$29.82	\$0.00	\$28.16

All unions (except SEIU Local 1021 Staff Nurses) pay the employee share of dental premiums. Commissioners appointed or elected after 2002 pay both employer and employee share of dental premiums as indicated.