

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

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

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.

2025 MEA & Courts Medical Premium Contribution Rates: EE Only, EE+1, EE+2

| | HEALTH NET CANOPYCARE HMO | | KAISER PERMANENTE HMO | | BLUE SHIELD OF CALIFORNIA | | | | | |
|--|---------------------------|---------------|-----------------------|---------------|---------------------------|---------------|-------------|---------------|------------|---------------|
| | | | | | TRIO HMO | | ACCESS+ HMO | | PPO | |
| <i>MEA Misc., Unrep. Managers, Unrep. Employees, Elected Officials, MEA – Fire, MEA – Police, MEA MTA, MTA Unrep. Managers</i> | | | | | | | | | | |
| | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only | \$0.00 | \$365.27 | \$0.00 | \$406.79 | \$49.70 | \$407.10 | \$130.09 | \$407.10 | \$275.29 | \$407.10 |
| Employee +1 | \$363.43 | \$365.27 | \$404.96 | \$406.79 | \$504.65 | \$407.10 | \$665.44 | \$407.10 | \$916.55 | \$407.10 |
| Employee +2 or More | \$1,030.34 | \$0.00 | \$1,147.85 | \$0.00 | \$1,289.36 | \$0.00 | \$1,516.89 | \$0.00 | \$1,870.40 | \$0.00 |
| <i>Sup. Ct. Employees Loc. 21, Sup. Ct. Employees Loc. 1021, Sup. Ct. Reporters, Sup. Ct. Staff Attys., Sup. Ct. Interpreters, Sup. Ct. Unrep. Prof.</i> | | | | | | | | | | |
| | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only | \$0.00 | \$365.27 | \$0.00 | \$406.79 | \$0.00 | \$456.80 | \$0.00 | \$537.19 | \$0.00 | \$682.39 |
| Employee +1 | \$0.00 | \$728.70 | \$0.00 | \$811.75 | \$0.00 | \$911.75 | \$0.00 | \$1,072.54 | \$0.00 | \$1,323.65 |
| Employee +2 or More | \$0.00 | \$1,030.34 | \$0.00 | \$1,147.85 | \$0.00 | \$1,289.36 | \$26.89 | \$1,490.00 | \$380.40 | \$1,490.00 |
| <i>MEA Courts; Superior Courts MEA, Sup. Ct. Unrep. Managers, Court Duty Officer, Courts Comm. Assoc.</i> | | | | | | | | | | |
| | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only | \$365.27 | \$0.00 | \$406.79 | \$0.00 | \$456.80 | \$0.00 | \$537.19 | \$0.00 | \$682.39 | \$0.00 |
| Employee +1 | \$728.70 | \$0.00 | \$811.75 | \$0.00 | \$911.75 | \$0.00 | \$1,072.54 | \$0.00 | \$1,323.65 | \$0.00 |
| Employee +2 or More | \$1,030.34 | \$0.00 | \$1,147.85 | \$0.00 | \$1,289.36 | \$0.00 | \$1,516.89 | \$0.00 | \$1,870.40 | \$0.00 |
| <i>Sup. Ct. Judges</i> | | | | | | | | | | |
| | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only | \$0.00 | \$365.27 | \$0.00 | \$406.79 | \$0.00 | \$456.80 | \$0.00 | \$537.19 | \$0.00 | \$682.39 |
| Employee +1 | \$0.00 | \$728.70 | \$0.00 | \$811.75 | \$0.00 | \$911.75 | \$0.00 | \$1,072.54 | \$0.00 | \$1,323.65 |
| Employee +2 or More | \$0.00 | \$1,030.34 | \$0.00 | \$1,147.85 | \$0.00 | \$1,289.36 | \$0.00 | \$1,516.89 | \$0.00 | \$1,870.40 |
| <i>Sup. Ct. Staff Attys. Cashback</i> | | | | | | | | | | |
| | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only | \$0.00 | \$365.27 | \$0.00 | \$406.79 | \$0.00 | \$456.80 | \$0.00 | \$537.19 | \$0.00 | \$682.39 |
| Employee +1 | \$0.00 | \$728.70 | \$0.00 | \$811.75 | \$0.00 | \$911.75 | \$0.00 | \$1,072.54 | \$0.00 | \$1,323.65 |
| Employee +2 or More | \$0.00 | \$1,030.34 | \$0.00 | \$1,147.85 | \$0.00 | \$1,289.36 | \$123.81 | \$1,393.08 | \$477.32 | \$1,393.08 |



Vision Plan Benefits-at-a-Glance

| Covered Services | Vision Service Plan - Basic ¹ | Vision Service Plan - Premier | | | | | |
|---|--|---|------------|------------------------------|------------|-----------------|-------------|
| Well Vision Exam | \$10 co-pay every calendar year | \$10 co-pay every calendar year | | | | | |
| Single Vision Lenses | \$25 co-pay every other calendar year ² | \$0 every calendar year | | | | | |
| Lined Bifocal Lenses | \$25 co-pay every other calendar year ² | \$0 every calendar year | | | | | |
| Lined Trifocal Lenses | \$25 co-pay every other calendar year ² | \$0 every calendar year | | | | | |
| Standard Progressive Lenses | 100% coverage every other calendar year | 100% coverage every calendar year | | | | | |
| Premium Progressive Lenses | \$95–\$105 co-pay every other calendar year | \$25 co-pay every calendar year | | | | | |
| Custom Progressive Lenses | \$150–\$175 co-pay every other calendar year | \$25 co-pay every calendar year | | | | | |
| Standard Anti-Reflective Coating | \$41 co-pay every other calendar year | \$25 co-pay every calendar year | | | | | |
| Premium Anti-Reflective Coating | \$58–\$69 co-pay every other calendar year | \$25 co-pay every calendar year | | | | | |
| Custom Anti-Reflective Coating | \$85 co-pay every other calendar year | \$25 co-pay every calendar year | | | | | |
| Scratch-Resistant Coating | Fully covered every other calendar year | Fully Covered every calendar year | | | | | |
| Frames | \$150 allowance for a wide selection of frames. \$170 allowance for featured frames; 20% savings on amount over the allowance; every other calendar year. \$80 allowance use at Costco and Walmart/ Sam's Club. \$25 co-pay applies. | \$300 allowance for a wide selection of frames. \$320 allowance for featured frame; 20% savings on the amount over your allowance every calendar year. \$165 allowance use at Costco and Walmart/ Sam's Club. No additional co-pay. | | | | | |
| Contacts (<i>instead of glasses</i>) | \$150 allowance every other calendar year ² | \$250 allowance every calendar year | | | | | |
| Contact Lens Exam | Up to \$60 co-pay every other calendar year ² | Up to \$60 co-pay every calendar year | | | | | |
| Essential Medical Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>) | \$5 co-pay | \$5 co-pay | | | | | |
| Lightcare | \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. | \$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. | | | | | |
| Vision Care Rates | Vision Service Plan - Basic | VSP - Premier Buy Up (Biweekly) | | | | | |
| | Included with your medical premium. | Employee Only \$5.48 Employee + 1 Dependent \$8.36 Employee + Family \$17.09 | | | | | |
| Your Coverage with Out-of-Network Providers | | | | | | | |
| Visit vsp.com if you plan to see a provider other than a VSP network provider. | | | | | | | |
| Exam | Up to \$50 | Single Vision Lenses | Up to \$45 | Lined Trifocal Lenses | Up to \$85 | Contacts | Up to \$105 |
| Frame | Up to \$70 | Lined Bifocal Lenses | Up to \$65 | Progressive Lenses | Up to \$85 | | |

¹VSP Basic Plan coverage is included with your medical premium.

²Under the VSP Basic plan, new lenses may be covered the next year if Rx change is no less than a +/- 0.50 diopter power.

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



Dental Premium Contribution Rates (Biweekly)

| | DELTA DENTAL PPO PLUS PREMIER | | DELTACARE USA DHMO | | UNITEDHEALTHCARE DENTAL DHMO | |
|--|-------------------------------|---------------|--------------------|---------------|------------------------------|---------------|
| CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES, MEA | | | | | | |
| | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only | \$2.31 | \$23.58 | \$0.00 | \$12.22 | \$0.00 | \$11.53 |
| Employee +1 | \$4.62 | \$49.75 | \$0.00 | \$20.16 | \$0.00 | \$19.05 |
| Employee +2 or More | \$6.92 | \$70.76 | \$0.00 | \$29.82 | \$0.00 | \$28.16 |

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

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