

2018 Medical Premiums: Retiree or Survivor of Retiree Without Medicare Residing in California

RETIRES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2018 Monthly Medical Premiums	Blue Shield of California				Kaiser Permanente HMO		UHC City Plan PPO	
	Trio HMO		Access+ HMO		City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost				
Retiree/Survivor Only	\$1,601.54	\$29.44	\$1,750.74	\$70.44	\$1,229.20	\$0	\$1,072.43	\$117.64
Retiree/Survivor +1 Dependent with no Medicare	\$1,967.37	\$395.26	\$2,159.21	\$478.92	\$1,533.78	\$304.57	\$1,642.37	\$687.58
Retiree/Survivor +2 or More Dependents with no Medicare	\$1,967.37	\$979.28	\$2,159.21	\$1,131.01	\$1,533.78	\$810.17	\$1,642.37	\$1,535.76
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$1,790.61	\$218.50	\$1,939.81	\$259.50	\$1,418.88	\$189.68	\$1,261.50	\$306.70
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$1,790.61	\$802.52	\$1,939.81	\$911.59	\$1,418.88	\$695.28	\$1,261.50	\$1,154.88

RETIRES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009 WITH MORE THAN 5 AND LESS THAN 10 YEARS OF SERVICE

2018 Monthly Medical Premiums	Blue Shield of California				Kaiser Permanente HMO		UHC City Plan PPO	
	Trio HMO		Access+ HMO		City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost				
Retiree/Survivor Only	\$0	\$1,630.98	\$0	\$1,821.18	\$0	\$1,229.20	\$0	\$1,190.07
Retiree/Survivor +1 Dependent with no Medicare	\$0	\$2,362.63	\$0	\$2,638.13	\$0	\$1,838.35	\$0	\$2,329.95
Retiree/Survivor +2 or More Dependents with no Medicare	\$0	\$2,946.65	\$0	\$3,290.22	\$0	\$2,343.95	\$0	\$3,178.13
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$0	\$2,009.11	\$0	\$2,199.31	\$0	\$1,608.56	\$0	\$1,568.20
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$0	\$2,593.13	\$0	\$2,851.40	\$0	\$2,114.16	\$0	\$2,416.38

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.

2018 Medical Premiums: Retiree or Survivor of Retiree With Medicare Part A & Part B Residing in California

RETIREES HIRED BEFORE JANUARY 9, 2009

2018 Monthly Medical Premiums	Kaiser Permanente HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non Medicare Dependents in Blue Shield of California Trio HMO		UHC Medicare Advantage PPO with Non Medicare Dependents in Blue Shield of California Access+ HMO	
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost
Retiree/Survivor Only	\$383.74	\$0	\$382.51	\$0	\$382.51	\$0	\$382.51	\$0
Retiree/Survivor +1 Dependent with no Medicare	\$688.32	\$304.57	\$952.45	\$569.94	\$748.34	\$365.82	\$790.98	\$408.48
Retiree/Survivor +2 or More Dependents with no Medicare	\$688.32	\$810.17	\$952.45	\$1,418.12	\$748.34	\$949.84	\$790.98	\$1,060.57
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$573.42	\$189.68	\$571.58	\$189.06	-	-	-	-
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$573.42	\$695.28	\$571.58	\$1,037.24	\$571.58	\$773.08	\$571.58	\$841.15

RETIREES HIRED AFTER JANUARY 9, 2009 WITH MORE THAN 5 AND LESS THAN 10 YEARS OF SERVICE

2018 Monthly Medical Premiums	Kaiser Permanente HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non Medicare Dependents in Blue Shield of California Trio HMO		UHC Medicare Advantage PPO with Non Medicare Dependents in Blue Shield of California Access+ HMO	
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost
Retiree/Survivor Only	\$0	\$383.74	\$0	\$382.51	\$0	\$382.51	\$0	\$382.51
Retiree/Survivor +1 Dependent with no Medicare	\$0	\$992.89	\$0	\$1,522.39	\$0	\$1,114.16	\$0	\$1,199.46
Retiree/Survivor +2 or More Dependents with no Medicare	\$0	\$1,498.49	\$0	\$2,370.57	\$0	\$1,698.18	\$0	\$1,851.55
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$0	\$763.10	\$0	\$760.64	-	-	-	-
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$0	\$1,268.70	\$0	\$1,608.82	\$0	\$1,344.66	\$0	\$1,412.73

2018 Medical Premiums: Retiree or Survivor of Retiree Without Medicare Residing Outside of California

RETIREES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2018 Monthly Medical Premiums	Kaiser Permanente HMO						UHC City Plan PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$1,384.01	\$0	\$1,232.56	\$0	\$845.18	\$0	\$1,072.43	\$117.64
Retiree/Survivor +1 Dependent with no Medicare	\$2,073.83	\$689.81	\$1,846.65	\$614.09	\$1,265.58	\$420.39	\$1,642.37	\$687.58
Retiree/Survivor +2 or More Dependents with no Medicare	\$2,073.83	\$1,834.89	\$1,846.65	\$1,633.47	\$1,265.58	\$1,118.24	\$1,642.37	\$1,535.76
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$1,577.43	\$193.41	\$1,429.13	\$196.57	\$1,022.51	\$177.32	\$1,261.50	\$306.70
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$1,577.43	\$1,455.42	\$1,429.13	\$1,215.95	\$1,022.51	\$946.30	\$1,261.50	\$1,154.88

RETIREES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009 WITH MORE THAN 5 AND LESS THAN 10 YEARS OF SERVICE

2018 Monthly Medical Premiums	Kaiser Permanente HMO						UHC City Plan PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$0	\$1,384.01	\$0	\$1,232.56	\$0	\$845.18	\$0	\$1,190.07
Retiree/Survivor +1 Dependent with no Medicare	\$0	\$2,763.64	\$0	\$2,460.74	\$0	\$1,685.97	\$0	\$2,329.95
Retiree/Survivor +2 or More Dependents with no Medicare	\$0	\$3,908.72	\$0	\$3,480.12	\$0	\$2,383.82	\$0	\$3,178.13
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$0	\$1,770.84	\$0	\$1,625.70	\$0	\$1,199.83	\$0	\$1,568.20
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$0	\$3,032.85	\$0	\$2,645.08	\$0	\$1,968.81	\$0	\$2,416.38

2018 Medical Premiums: Retiree or Survivor of Retiree With Medicare Part A and Part B Residing Outside of California

RETIREES OR SURVIVORS OF RETIREES HIRED BEFORE JANUARY 9, 2009

2018 Monthly Medical Premiums	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$391.21	\$0	\$397.52	\$0	\$359.03	\$0	\$382.51	\$0
Retiree/Survivor +1 Dependent with no Medicare	\$1,081.03	\$689.81	\$1,011.61	\$614.09	\$779.44	\$420.39	\$952.45	\$569.94
Retiree/Survivor +2 or More Dependents with no Medicare	\$1,081.03	\$1,834.89	\$1,011.61	\$1,633.47	\$779.44	\$1,189.37	\$952.45	\$1,418.12
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$584.63	\$193.41	\$594.09	\$196.57	\$536.36	\$177.32	\$571.58	\$189.06
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$584.63	\$1,455.42	\$594.09	\$1,215.95	\$536.36	\$1,017.43	\$571.58	\$1,037.24

RETIREES OR SURVIVORS OF RETIREES HIRED AFTER JANUARY 9, 2009 WITH MORE THAN 5 AND LESS THAN 10 YEARS OF SERVICE

2018 Monthly Medical Premiums	Kaiser Permanente Senior Advantage						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii		City Contribution	Retiree/ Survivor Cost
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost		
Retiree/Survivor Only	\$0	\$391.21	\$0	\$397.52	\$0	\$359.03	\$0	\$382.51
Retiree/Survivor +1 Dependent with no Medicare	\$0	\$1,770.84	\$0	\$1,625.70	\$0	\$1,199.83	\$0	\$1,522.39
Retiree/Survivor +2 or More Dependents with no Medicare	\$0	\$2,915.92	\$0	\$2,645.08	\$0	\$1,968.81	\$0	\$2,370.57
Retiree/Survivor +1 Dependent with Medicare Part A and Part B	\$0	\$778.04	\$0	\$790.66	\$0	\$713.68	\$0	\$760.64
Retiree/Survivor +1 Dependent with Medicare Part A and B +1 or more Dependents	\$0	\$2,040.05	\$0	\$1,810.04	\$0	\$1,553.79	\$0	\$1,608.82

2018 Dental Premiums: All Retirees / Survivors

2018 Monthly Dental Premiums	Delta Dental PPO		DeltaCare USA DMO		UnitedHealthcare Dental DMO	
	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost	City Contribution	Retiree/ Survivor Cost
Retiree/Survivor Only	\$0	\$45.77	\$0	\$32.85	\$0	\$16.47
Retiree/Survivor +1 Dependent	\$0	\$91.04	\$0	\$54.21	\$0	\$27.20
Retiree/Survivor +2 or More Dependents	\$0	\$135.88	\$0	\$80.19	\$0	\$40.22

2018 VSP Premier Premiums: All Retirees / Survivors

	2018 Monthly Vision Premiums
Retiree/Survivor Only	\$10.86
Retiree/Survivor +1 Dependent	\$15.54
Retiree/Survivor +2 or More Dependents	\$30.82