

Retired Employees Plan Year 2010-2011

Rates: Retiree Not Eligible for Medicare

Monthly Contributions Effective July 1, 2010 - June 30, 2011

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	1,257.90	60.44	963.17	4.42	842.49	226.90
Retiree + 1 Dependent with no Medicare	1,554.27	356.80	1,203.47	244.72	1,356.54	740.95
Retiree + 2 or More Dependents with no Medicare	1,554.27	848.75	1,203.47	643.61	1,356.54	1,471.71
Retiree + 1 Dependent with Medicare Part A Only	1,554.27	356.80	X	X	1,303.93	688.34
Retiree + 1 Dependent with Medicare Part B Only	1,554.27	356.80	1,203.47	244.72 Δ	1,085.20	469.61
Retiree + 1 Dependent with Medicare Part A and Part B	1,449.31	251.84	1,136.15	177.39	1,009.40	393.80
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	1,554.27	848.74	X	X	1,303.93	1,419.10
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	1,554.27	848.74	X	X	1,085.20	1,200.37
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	1,449.31	743.78	1,136.15	576.34	1,009.40	1,124.56

X = Not available. Dependents must be enrolled in Medicare Part A and B to be eligible.

Δ = New enrollees not allowed.

Monthly Contributions Effective July 1, 2010 - June 30, 2011

DENTAL	DELTA DENTAL		PACIFIC UNION DENTAL		DELTACARE USA	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	39.87	0	16.47	0	31.70
Retiree + 1 Dependent	0	79.80	0	27.20	0	52.31
Retiree + 2 or More Dependents	0	120.54	0	40.22	0	77.37

All rates that appear in this Benefits Guide are subject to final approval by the San Francisco Board of Supervisors.

Rates: Retiree Eligible for Medicare Part A & Part B

Monthly Contributions Effective July 1, 2010 - June 30, 2011

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	383.84	0	346.99	0	367.88	0
Retiree + 1 Dependent with no Medicare	680.21	296.36	587.29	240.30	881.93	514.05
Retiree + 2 or More Dependents with no Medicare	680.21	788.31	587.29	639.19	881.93	1,244.81
Retiree + 1 Dependent with Medicare Part A Only	680.21	296.36	X	X	829.32	461.44
Retiree + 1 Dependent with Medicare Part B Only	680.21	296.36	X	X	610.59	242.71
Retiree + 1 Dependent with Medicare Part A and B	575.25	191.40	519.97	172.97	534.79	166.90
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	680.21	788.30	X	X	829.32	1,192.20
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	680.21	788.30	X	X	610.59	973.47
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	575.25	683.34	519.97	571.92	534.79	897.66

X = Not available. Dependents must be enrolled in Medicare Part A and B to be eligible.

Monthly Contributions Effective July 1, 2010 - June 30, 2011

DENTAL	DELTA DENTAL		PACIFIC UNION DENTAL		DELTACARE USA	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	39.87	0	16.47	0	31.70
Retiree + 1 Dependent	0	79.80	0	27.20	0	52.31
Retiree + 2 or More Dependents	0	120.54	0	40.22	0	77.37

Rates: Retiree Eligible for Medicare Part A Only

Monthly Contributions Effective July 1, 2010 - June 30, 2011

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	1,257.90	60.44	X	X	737.31	226.90
Retiree + 1 Dependent with no Medicare	1,554.27	356.80	X	X	1,251.36	740.95
Retiree + 2 or More Dependents with no Medicare	1,554.27	848.75	X	X	1,251.36	1,471.71
Retiree + 1 Dependent with Medicare Part A Only	1,554.27	356.80	X	X	1,198.75	688.34
Retiree + 1 Dependent with Medicare Part B Only	1,554.27	356.80	X	X	980.02	469.61
Retiree + 1 Dependent with Medicare Part A and B	1,449.31	251.85	X	X	904.22	393.80
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	1,554.27	848.74	X	X	1,198.75	1,419.10
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	1,554.27	848.74	X	X	980.02	1,200.37
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	1,449.31	743.78	X	X	904.22	1,124.57

X = Not available. Retiree and/or dependents must be enrolled in Medicare Part A and B to be eligible.

Monthly Contributions Effective July 1, 2010 - June 30, 2011

DENTAL	DELTA DENTAL		PACIFIC UNION DENTAL		DELTACARE USA	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	39.87	0	16.47	0	31.70
Retiree + 1 Dependent	0	79.80	0	27.20	0	52.31
Retiree + 2 or More Dependents	0	120.54	0	40.22	0	77.37

Rates: Retiree Eligible for Medicare Part B Only

Monthly Contributions Effective July 1, 2010 - June 30, 2011

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	1,318.34	0	967.59	0 [△]	526.63	0
Retiree + 1 Dependent with no Medicare	1,614.71	296.36	1,207.89	240.30	1,040.68	514.05
Retiree + 2 or More Dependents with no Medicare	1,614.71	788.31	1,207.89	639.25	1,040.68	1,244.81
Retiree + 1 Dependent with Medicare Part A Only	1,614.71	296.36	X	X	988.07	461.44
Retiree + 1 Dependent with Medicare Part B Only	1,614.71	296.36	1,207.89	240.30 [△]	769.34	242.71
Retiree + 1 Dependent with Medicare Part A and B	1,509.75	191.40	1,140.57	172.97	693.54	166.91
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	1,614.71	788.30	X	X	988.07	1,192.20
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	1,614.71	788.30	1,207.89	639.25 [△]	769.34	973.47
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	1,509.75	683.34	1,159.00	590.35	693.54	897.67

X = Not available. Retiree and/or dependents must be enrolled in Medicare Part A and B to be eligible.

△ = New enrollees not allowed.

Monthly Contributions Effective July 1, 2010 - June 30, 2011

DENTAL	DELTA DENTAL		PACIFIC UNION DENTAL		DELTACARE USA	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	39.87	0	16.47	0	31.70
Retiree + 1 Dependent	0	79.80	0	27.20	0	52.31
Retiree + 2 or More Dependents	0	120.54	0	40.22	0	77.37

Rates: Eligible Surviving Spouse/Domestic Partner

Monthly Contributions Effective July 1, 2010 - June 30, 2011

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Survivor Not Eligible for Medicare	1,257.90	60.44	963.17	4.42	842.49	226.90
Survivor + 1 Dependent with no Medicare	1,257.90	653.17	963.17	485.07	842.49	1,255.00
Survivor + 1 Dependent with Medicare Part A and Part B	1,257.90	443.24	963.17	350.37	842.49	560.71
Survivor + 2 or More Dependents with no Medicare	1,257.90	1,145.11	963.17	884.02	842.49	1,985.76
	BLUE SHIELD HMO		KAISER HMO		CITY PLAN PPO	
Survivor with Medicare Part A and B	383.84	0	346.99	0.00	367.88	0
Survivor with Medicare A&B + 1 Dependent with no Medicare	383.84	592.73	346.99	480.65	367.88	1,028.10
Survivor with Medicare A&B + 1 Dependent with Medicare A&B	383.84	382.81	346.99	345.95	367.88	333.81
Survivor with Medicare A&B + 2 or more Dependents with no Medicare	383.84	1,084.67	346.99	879.60	367.88	1,758.56

The rates above apply to eligible survivors who receive a monthly survivor's pension from a participating retirement system.

Monthly Contributions Effective July 1, 2010 - June 30, 2011

DENTAL	DELTA DENTAL		PACIFIC UNION DENTAL		DELTACARE USA	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	0	39.87	0	16.47	0	31.70
Retiree + 1 Dependent	0	79.80	0	27.20	0	52.31
Retiree + 2 or More Dependents	0	120.54	0	40.22	0	77.37