

Rates: Retiree Not Eligible for Medicare

MONTHLY CONTRIBUTIONS EFFECTIVE JULY 1, 2011 - JUNE 30, 2012

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY HEALTH PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	1,265.71	42.73	1,014.23	0.64	984.26	303.46
Retiree + 1 Dependent with no Medicare	1,559.92	336.93	1,266.33	252.74	1,606.56	925.75
Retiree + 2 or More Dependents with no Medicare	1,559.92	825.29	1,266.33	671.23	1,606.56	1,802.84
Retiree + 1 Dependent with Medicare Part A Only	1,559.92	336.93	1,266.33	252.74	1,525.54	844.73
Retiree + 1 Dependent with Medicare Part B Only	1,559.92	336.93	1,266.33	252.74	1,240.99	560.18
Retiree + 1 Dependent with Medicare Part A and Part B	1,454.61	231.62	1,191.29	177.69	1,158.15	477.34
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	1,559.92	825.29	1,266.33	671.23	1,525.54	1,721.82
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	1,559.92	825.29	1,266.33	671.23	1,240.99	1,437.27
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	1,454.61	719.98	1,191.29	596.18	1,158.15	1,354.43

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 above 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, 2011 - JUNE 30, 2012

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY HEALTH PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	378.81	0	355.13	0	381.89	0
Retiree + 1 Dependent with no Medicare	673.02	294.20	607.23	252.10	1,004.19	622.29
Retiree + 2 or More Dependents with no Medicare	673.02	782.56	607.23	670.59	1,004.19	1,499.38
Retiree + 1 Dependent with Medicare Part A Only	673.02	294.20	607.23	252.10	923.17	541.27
Retiree + 1 Dependent with Medicare Part B Only	673.02	294.20	607.23	252.10	638.62	256.72
Retiree + 1 Dependent with Medicare Part A and Part B	567.71	188.89	532.19	177.05	555.78	173.88
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	673.02	782.56	607.23	670.59	923.17	1,418.36
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	673.02	782.56	607.23	670.59	638.62	1,133.81
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	567.71	677.25	532.19	595.54	555.78	1,050.97

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

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Rates: Retiree Eligible for Medicare Part A Only

MONTHLY CONTRIBUTIONS EFFECTIVE JULY 1, 2011 - JUNE 30, 2012

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY HEALTH PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	1,265.71	42.73	1,014.23	0.64	822.17	303.46
Retiree + 1 Dependent with no Medicare	1,559.92	336.93	1,266.33	252.74	1,444.47	925.75
Retiree + 2 or More Dependents with no Medicare	1,559.92	825.29	1,266.33	671.23	1,444.47	1,802.84
Retiree + 1 Dependent with Medicare Part A Only	1,559.92	336.93	1,266.33	252.74	1,363.45	844.73
Retiree + 1 Dependent with Medicare Part B Only	1,559.92	336.93	1,266.33	252.74	1,078.90	560.18
Retiree + 1 Dependent with Medicare Part A and Part B	1,454.61	231.62	1,191.29	177.69	996.06	477.34
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	1,559.92	825.29	1,266.33	671.23	1,363.45	1,721.82
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	1,559.92	825.29	1,266.33	671.23	1,078.90	1,437.27
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	1,454.61	719.98	1,191.29	596.18	996.06	1,354.43

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

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Rates: Retiree Eligible for Medicare Part B Only

MONTHLY CONTRIBUTIONS EFFECTIVE JULY 1, 2011 - JUNE 30, 2012

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY HEALTH PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Retiree Only	1,308.44	0	1,014.87	0.00	556.67	0
Retiree + 1 Dependent with no Medicare	1,602.65	294.20	1,266.97	252.10	1,178.97	622.29
Retiree + 2 or More Dependents with no Medicare	1,602.65	782.56	1,266.97	670.59	1,178.97	1,499.38
Retiree + 1 Dependent with Medicare Part A Only	1,602.65	294.20	1,266.97	252.10	1,097.95	541.27
Retiree + 1 Dependent with Medicare Part B Only	1,602.65	294.20	1,266.97	252.10	813.40	256.72
Retiree + 1 Dependent with Medicare Part A and Part B	1,497.34	188.89	1,191.93	177.05	730.56	173.88
Retiree + 1 Dependent with Medicare Part A Only + 1 or more Dependents	1,602.65	782.56	1,266.97	670.59	1,097.95	1,418.36
Retiree + 1 Dependent with Medicare Part B Only + 1 or more Dependents	1,602.65	782.56	1,266.97	670.59	813.40	1,133.82
Retiree + 1 Dependent with Medicare Part A and B + 1 or more Dependents	1,497.34	677.25	1,191.93	595.54	730.56	1,050.97

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

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Rates: Eligible Surviving Spouse/Domestic Partner

MONTHLY CONTRIBUTIONS EFFECTIVE JULY 1, 2011 - JUNE 30, 2012

MEDICAL	BLUE SHIELD HMO		KAISER HMO		CITY HEALTH PLAN PPO	
	City Pays	Retiree Pays	City Pays	Retiree Pays	City Pays	Retiree Pays
Survivor Not Eligible for Medicare	1,265.71	42.73	1,014.23	0.64	984.26	303.46
Survivor + 1 Dependent with no Medicare	1,265.71	631.14	1,014.23	504.84	984.26	1,548.05
Survivor + 1 Dependent with Medicare Part A and Part B	1,265.71	420.52	1,014.23	354.75	984.26	651.23
Survivor + 2 or More Dependents with no Medicare	1,265.71	1,119.50	1,014.23	923.33	984.26	2,425.14
	BLUE SHIELD HMO		KAISER HMO		CITY HEALTH PLAN PPO	
Survivor with Medicare Part A and B	378.81	0	355.13	0	381.89	0
Survivor with Medicare A&B + 1 Dependent with no Medicare	378.81	588.41	355.13	504.20	381.89	1,244.59
Survivor with Medicare A&B + 1 Dependent with Medicare A&B	378.81	377.79	355.13	354.11	381.89	347.77
Survivor with Medicare A&B + 2 or more Dependents with no Medicare	378.81	1,076.77	355.13	922.69	381.89	2,121.68

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

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