

2025 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		TRIO HMO		BLUE SHIELD OF CALIFORNIA ACCESS+ HMO		PPO	
CLASSIFIED YEAR-ROUND EMPLOYEES <i>Consolidated Crafts¹, Electric Workers Local 6, Stationary Engrs Local 39, Laborers, Local 261</i>										
Biweekly - 26 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$0.00	\$728.70	\$0.00	\$811.75	\$49.70	\$862.05	\$130.09	\$942.45	\$360.75	\$962.90
Employee +2	\$109.27	\$921.07	\$185.26	\$962.59	\$326.46	\$962.90	\$553.99	\$962.90	\$907.50	\$962.90
CLASSIFIED YEAR-ROUND EMPLOYEES <i>SEIU Local 1021, Board Designated Confidential or Unrep.</i>										
Biweekly - 26 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$0.00	\$728.70	\$0.00	\$811.75	\$49.70	\$862.05	\$130.09	\$942.45	\$360.75	\$962.90
Employee +2	\$109.27	\$921.07	\$185.26	\$962.59	\$326.46	\$962.90	\$553.99	\$962.90	\$907.50	\$962.90
CLASSIFIED YEAR-ROUND EMPLOYEES <i>Board Designated Managerial</i>										
Biweekly - 26 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$260.17	\$468.53	\$301.70	\$510.05	\$401.39	\$510.36	\$562.18	\$510.36	\$813.29	\$510.36
Employee +2	\$538.74	\$491.60	\$614.73	\$533.12	\$755.93	\$533.43	\$983.46	\$533.43	\$1,336.97	\$533.43
CLASSIFIED YEAR-ROUND EMPLOYEES <i>UESF Monthly to Bi-weekly Employees, UESF Paraeducators (Year-round)</i>										
Biweekly - 26 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$214.02	\$514.68	\$255.55	\$556.20	\$355.24	\$556.51	\$516.03	\$556.51	\$767.14	\$556.51
Employee +2	\$434.89	\$595.45	\$510.88	\$636.97	\$652.08	\$637.28	\$879.61	\$637.28	\$1,233.12	\$637.28
CLASSIFIED YEAR-ROUND EMPLOYEES <i>IFPTE Local 21</i>										
Biweekly - 26 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$259.58	\$469.12	\$301.11	\$510.64	\$400.80	\$510.95	\$561.59	\$510.95	\$812.70	\$510.95
Employee +2	\$506.30	\$524.04	\$582.29	\$565.56	\$723.49	\$565.87	\$951.02	\$565.87	\$1,304.53	\$565.87
CLASSIFIED YEAR-ROUND EMPLOYEES <i>UESF 15–19 hours Paraeducators</i>										
Biweekly - 26 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only			\$101.70	\$305.09						
Employee +1										
Employee +2										

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

Please note that access to plan options for some employees may be limited based on SFUSD's implementation of the Affordable Care Act in 2017. If you are impacted, you will receive separate communication in advance of Open Enrollment.

2025 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
PRE-K and K-12 SCHOOL TERM EMPLOYEES UESF and USP K-12 Paraed. - Aug.-Dec.										
Biweekly - 21 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$214.02	\$514.68	\$255.55	\$556.20	\$355.24	\$556.51	\$516.03	\$556.51	\$767.14	\$556.51
Employee +2	\$434.89	\$595.45	\$510.88	\$636.97	\$652.08	\$637.28	\$879.61	\$637.28	\$1,233.12	\$637.28
PRE-K and K-12 SCHOOL TERM EMPLOYEES UESF and USP K-12 Paraed. - Jan.-Jun.²										
Biweekly - 21 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only	\$0.00	\$531.30	\$0.00	\$591.69	\$72.29	\$592.15	\$189.22	\$592.15	\$400.42	\$592.15
Employee +1	\$311.30	\$748.63	\$371.71	\$809.02	\$516.71	\$809.47	\$750.59	\$809.47	\$1,115.84	\$809.47
Employee +2	\$632.57	\$866.11	\$743.10	\$926.50	\$948.48	\$926.95	\$1,279.43	\$926.95	\$1,793.63	\$926.95
K-12 SCHOOL TERM EMPLOYEES SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week - Aug.-Dec.										
Biweekly - 21 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only			\$0.00	\$406.79						
Employee +1										
Employee +2										
K-12 SCHOOL TERM EMPLOYEES SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week - Jan.-Jun.²										
Biweekly - 21 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only			\$0.00	\$591.69						
Employee +1										
Employee +2										
K-12 SCHOOL TERM EMPLOYEES SEIU Loc. 1021 K-12 Class. - Aug.-Dec.										
Biweekly - 21 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD 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	\$0.00	\$728.70	\$0.00	\$811.75	\$49.70	\$862.05	\$130.09	\$942.45	\$360.75	\$962.90
Employee +2	\$109.27	\$921.07	\$185.26	\$962.59	\$326.46	\$962.90	\$553.99	\$962.90	\$907.50	\$962.90
K-12 SCHOOL TERM EMPLOYEES SEIU Loc. 1021 K-12 Class. - Jan.-Jun.²										
Biweekly - 21 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only	\$0.00	\$531.30	\$0.00	\$591.69	\$72.29	\$592.15	\$189.22	\$592.15	\$400.42	\$592.15
Employee +1	\$0.00	\$1,059.93	\$0.00	\$1,180.73	\$72.29	\$1,253.89	\$189.22	\$1,370.84	\$524.73	\$1,400.58
Employee +2	\$158.94	\$1,339.74	\$269.47	\$1,400.13	\$474.85	\$1,400.58	\$805.80	\$1,400.58	\$1,320.00	\$1,400.58

² Rates are higher from January through June to fund coverage during the summer months.

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2025 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA							
			TRIO HMO	ACCESS+ HMO	PPO					
CERTIFICATED EMPLOYEES UESF Certificated Personnel, UESF Substitute Teachers (Prop A) – Aug.-Dec.										
Monthly - 11 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only	\$0.00	\$791.41	\$0.00	\$881.38	\$107.67	\$882.05	\$281.86	\$882.05	\$596.45	\$882.05
Employee +1	\$463.72	\$1,115.13	\$553.68	\$1,205.10	\$769.70	\$1,205.77	\$1,118.07	\$1,205.77	\$1,662.14	\$1,205.77
Employee +2	\$942.27	\$1,290.13	\$1,106.90	\$1,380.10	\$1,412.86	\$1,380.77	\$1,905.83	\$1,380.77	\$2,671.76	\$1,380.77
CERTIFICATED EMPLOYEES UESF Certificated Personnel, UESF Substitute Teachers (Prop A) – Jan.-Jun.										
Monthly - 11 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only	\$0.00	\$923.31	\$0.00	\$1,028.27	\$125.62	\$1,029.06	\$328.84	\$1,029.06	\$695.86	\$1,029.06
Employee +1	\$541.01	\$1,300.98	\$645.96	\$1,405.95	\$897.98	\$1,406.73	\$1,304.42	\$1,406.73	\$1,939.16	\$1,406.73
Employee +2	\$1,099.32	\$1,505.15	\$1,291.39	\$1,610.11	\$1,648.34	\$1,610.90	\$2,223.47	\$1,610.90	\$3,117.05	\$1,610.90
CERTIFICATED EMPLOYEES UASF Local 3 Admins., Board of Educators (BOE), Sup's Cabinet, Certificated Unrep. Mgmt. – Aug.-Dec.										
Monthly - 11 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only	\$0.00	\$791.41	\$0.00	\$881.38	\$107.67	\$882.05	\$281.86	\$882.05	\$596.45	\$882.05
Employee +1	\$563.72	\$1,015.13	\$653.68	\$1,105.10	\$869.70	\$1,105.77	\$1,218.07	\$1,105.77	\$1,762.14	\$1,105.77
Employee +2	\$1,167.27	\$1,065.13	\$1,331.90	\$1,155.10	\$1,637.86	\$1,155.77	\$2,130.83	\$1,155.77	\$2,896.76	\$1,155.77
CERTIFICATED EMPLOYEES UASF Local 3 Admins., Board of Educators (BOE), Sup's Cabinet, Certificated Unrep. Mgmt. – Jan.-Jun.										
Monthly - 11 Pay Period Deductions	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays
Employee Only	\$0.00	\$923.31	\$0.00	\$1,028.27	\$125.62	\$1,029.06	\$328.84	\$1,029.06	\$695.86	\$1,029.06
Employee +1	\$657.68	\$1,184.32	\$762.63	\$1,289.28	\$1,014.65	\$1,290.07	\$1,421.08	\$1,290.07	\$2,055.83	\$1,290.07
Employee +2	\$1,361.82	\$1,242.65	\$1,553.89	\$1,347.61	\$1,910.84	\$1,348.40	\$2,485.97	\$1,348.40	\$3,379.55	\$1,348.40

Please note that access to plan options for some employees may be limited based on SFUSD's implementation of the Affordable Care Act in 2017. If you are impacted, you will receive separate communication in advance of Open Enrollment.



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 (instead of glasses)	\$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 (for the treatment of urgent or acute ocular conditions)	\$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.
VSP Premier Contribution		
Biweekly (26 Pay Periods)	Biweekly (21 Pay Periods ³)	Monthly (11 Pay Periods ³)
E Only \$5.48 E + 1 Dep. \$8.36 E + 2 or more \$17.09	E Only \$7.97 \$5.48 E +1 Dep. \$12.16 \$8.36 E +2 or more \$24.85 \$17.09	E Only \$13.85 \$11.87 E + 1 Dep. \$21.13 \$18.11 E + 2 or more \$43.19 \$37.02
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 Frame Up to \$70	Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65	Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85 Contacts Up to \$105

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.³Employees with 11 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



SFUSD Provides Your Dental Benefits

Contact SFUSD for information about enrolling in dental benefits for eligible employees and family members.

SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by the **SFUSD Benefits Office**. To enroll, log into your EMPowerSF profile and review your active enrollments under the benefits tab. Please note you will need to ensure that all dependents are listed under the dependents section of your profile first. SFUSD pays 100% of dental plan premium contributions. SFUSD dental eligibility guidelines are:

- Active or permanent SFUSD employees whose normal workweek at enrollment is at least 20 hours.
- Active SFUSD employees appointed to full-time permanent exempt positions.
- Provisional (temporary) SFUSD employees after 1,040 hours of continuous service whose normal workweek at enrollment is at least 20 hours.
- Spouse, registered domestic partner, and unmarried children up to age 26 who meet SFUSD eligibility requirements.

Delta Dental PPO: Principal Benefits and Covered Services

Most SFUSD dental benefits are covered at 70% the first year of qualifying employment, 80% the second year, 90% the third year and 100% the fourth year, provided the employee and each covered dependent uses the dental coverage at least once a year *and* remains enrolled with no break in coverage. Please note that Delta Dental PPO does not issue ID cards, to print temporary ID cards or review your benefits, access www.deltadentalins.com.

	In-Network PPO Dentist Lowest cost (fixed fees for all dentists in-network)	Premier Dentist Contracted fees vary for each dentist	Out-of-Network Dentist Uncontracted (fees vary for each dentist)
Diagnostic and Preventive Care Oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year 	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year 	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year In addition to %, you pay out-of-pocket for any fees above reasonable and customary.
Basic Benefits Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants			
Crowns and Cast Restorations			
Prosthodontic Benefits Bridges, partial dentures, full dentures, implants	50%–70% based on employee classification and labor affiliation.	50%–70% based on employee classification and labor affiliation.	
Orthodontic Benefits Dependent children to age 25 only	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person). 	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person). 	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> ■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person).
Dental Accident Benefits			

Maximum benefit payable in a calendar year for in-Network PPO is \$2,000 (Local 1021 and Classified Managers) or \$1,500 for Premier (Local 21 and monthly and paraeducator employees). This is a general summary only. Contact the SFUSD Benefits Office for more information. Please refer to your plan's EOC for details about covered services, limitations and exclusions.