2024 Health Benefits Guide

SAN FRANCISCO
HEALTH SERVICE SYSTEM

CITY AND COUNTY OF SAN FRANCISCO

Highlights for 2024

Medical and Dental

- Are you pregnant or planning to grow your family? **Blue Shield of California Trio HMO, Access+ HMO** and **PPO** plans now offer additional support for every mom and baby through the new *Mahmee*, a pregnancy and post-partum care program. A team of nurses, doulas, lactation consultants and care coordinators will advocate for you during pregnancy, labor, and postpartum, assisting with birth plans, resources, and birthing techniques. All at no extra cost to you. Sign up today as spots are limited. To sign-up, visit **mahmee.com/bsc**.

- **Blue Shield of California Access+ HMO, Trio HMO,** and **PPO** plan members can now receive up to a 90-day supply of maintenance medication through the Blue Shield "Rx90 Program". Members may receive extended supplies of their maintenance drugs from any Blue Shield Retail network pharmacy. Under this Rx90 program, you will be responsible to pay one applicable payment for each 30-day supply dispensed.

- **Kaiser Permanente** members can get non-emergency care at our new Urgent Care Clinic in the Geary Medical Office Building located at 2238 Geary Blvd., 1st Floor Lobby.

- **Delta Dental's** *SmileWay Wellness* benefits allows for additional gum and teeth cleanings if you have any of these conditions: Amyotrophic lateral sclerosis (ALS), cancer, chronic kidney disease, diabetes, heart disease, HIV/AIDS, Huntington's disease, joint replacement, Lupus, Opioid misuse and addiction, Parkinson's disease, Sjögren's syndrome, and stroke. Take advantage of the expanded benefits and safeguard your oral health. Visit **deltadentalins.com/ccsf** to learn more.

Flexible Spending Accounts

- You may set aside up to $3,050 on a pre-tax basis for your 2024 Healthcare FSA account. The new carryover amount for 2024 funds will be a minimum of $10 and maximum of $610 into the 2025 plan year. The maximum contribution for Dependent Care FSA remains the same, at $5,000 for plan year 2024 with no carryover into the following year.

Well-Being

- Visit **sfhss.org/events** regularly to sign up for exercise classes and new Well-Being programs.
- Get Your Flu Shot: You can get your flu shot through your health plan. For more information on flu prevention go to **sfhss.org/well-being/flu-prevention**.

Executive Director's Message

Ever since the *Great Resignation*, I've been changing my expectations for customer service at restaurants, grocery stores, coffee shops, clothing stores, banks—everywhere. I sometimes bring a book to read while I wait because they might be short-staffed, and I expect that my server may not know everything on the menu because they are still getting trained.

The service industry is not alone. Our healthcare industry is also experiencing a staffing shortage of skilled medical professionals who could treat our needs. Before the pandemic, I was able to call my Primary Care Physician's (PCP) office and make an appointment to see them in the next two to three weeks. Now, I get directed to Urgent Care, if warranted, or wait more than a few weeks to get an appointment. Many doctors are not accepting new patients, because their practices are full and they want to maintain the quality of care for their existing patients. If you're looking for a new Primary Care Physician, it can take up to six months to get an appointment for a new patient visit.

In this post-pandemic world, we need a new strategy to manage our health. We must become *Proactive Patients*. Proactive Patients work with their doctor's front desk staff to understand their scheduling procedure. Some offices limit scheduling appointments to one or two months out. Other offices won't let you schedule your annual wellness exam until a full 12 months have passed. Make friends with the front desk team and figure out when you should call or go online to schedule an appointment, then put a reminder on your calendar.

Proactive Patients plan ahead like they would for a birthday party or vacation, so they can get the best available dates and times that work with their schedule. Whether your department has a busy season, or your child has their school and break schedule, you're always working around a schedule. Even retirees plan their trips around their children's or grandchildren's schedules or based on weather, special events, or the season. Advanced planning for your healthcare appointments is key. Couple that with a healthy dose of flexibility and patience and you've got a winning strategy to maximize your benefits as a *Proactive Patient*. Your health and your family's health are worth the extra effort.

I apply this strategy to all my customer service encounters. When I call customer service, I write down my reason and questions first. Then I make good use of my time on hold by doing something productive like folding laundry or baking cookies. A little planning and a shift in expectations can make a world of difference.

Be well,

Abbie Yant, RN, MA

Step-by-Step Enrollment Guide

STEP 1: Are you a new hire or do you have a Qualifying Life Event where you need to enroll or update your benefits?

- If **YES**, go to **Steps 2 through 8** on how to make changes.
- If **NO**, the next time you can change your benefits is during Open Enrollment in October.

STEP 2: Do you need to add or drop a dependent? Review Dependent Eligibility on page 5 or online at **sfhss.org/eligibility-rules**

- If **NO**, proceed to **Step 3**.
- If **YES,** complete the ***Review Dependents*** section in ***eBenefits*** to add dependents or edit existing dependents.
- Submit the appropriate documentation to add or drop a dependent.

STEP 3: Would you like to set aside pre-tax dollars for a Healthcare and/or Dependent Care Flexible Spending Account (FSA)? FSAs allow you to pay for eligible healthcare or dependent care expenses with pre-tax dollars. Learn about your FSA options and rules on page 18.

- If **YES**, determine how much you would like to set aside.
- In ***eBenefits***, complete the ***Choose a Flexible Spending Account*** page.
- If **NO**, please review **Step 4**.

STEP 4: Enroll or make changes to your Medical Plan Benefits.

- Review the which Medical Plans are available in your area on page 7.
- Compare Provider Medical Groups available by HMO plans on page 8.
- Review the Rates for available plans in your area on pages 11 to 12.
- Select your plan and complete ***Choose a Medical Plan*** page in ***eBenefits***.
- If you are interested in an HMO plan, we encourage you to call the health plan and check the availability of Primary Care Physicians (PCP) that are accepting new patients in your area. You will be auto-assigned a PCP, but can change your PCP to another provider at anytime if you are not satisfied.

STEP 5: Enroll or make changes to your Vision Benefits.

- Review the Vision Plan Options and Rates on page 13 and 14.
- You must be enrolled in a medical plan to receive vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage be enrolled in the VSP Premier Plan.
- In ***eBenefits***, complete the ***Enroll in a Vision Premier Plan*** page.

STEP 6: Enroll or make changes to your Dental Benefits.

- Review your Dental Plan Options and associated costs on pages 15 to 16.
- In ***eBenefits***, complete the *Enroll in a Dental Plan* page.

STEP 7: Are you interested in Voluntary Benefits that could protect your savings from an injury or illness?

- Go to page 21 of the guide to review the different Voluntary Benefits.

Contact **Workterra** at **(866) 528-5360** or enroll online. To access the **Workterra** application, go to **https://myapps.sfgov.org** and click on the **Workterra** tile where you can self-enroll, dis-enroll, or confirm any existing elections.

STEP 8: Complete your enrollment by making your elections online through ***eBenefits***. Be sure to click **Save and Continue** through each screen. You must click **Submit** at the end or your enrollment will not be complete.

To get started go to **sfhss.org/how-to-enroll**. If you are unable to enroll online, you can also fax, mail, or drop off your completed Enrollment Application form and documentation to San Francisco Health Service System (SFHSS).

You can download an Enrollment Application form at:

sfhss.org/benefits/city-and-county
sfhss.org/benefits/superior-court
sfhss.org/benefits/mea

Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103**, and our fax number is **(628) 652-4701**.

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This Guide provides a summary of the San Francisco Health Service System Rules (SFHSS Rules), as approved by the Health Service Board. In the event of a conflict or inconsistency between this summary and the SFHSS Rules, the terms and requirements of the SFHSS rules shall apply. SFHSS Rules can be found at **sfhss.org/san-francisco-health-service-system-member-rules** or request a copy by calling **(628) 652-4700**.

Eligibility

Member Eligibility

The following City & County employees are eligible to participate in San Francisco Health Service System (SFHSS) benefits as defined under Section A of the SFHSS Rules:

- Full-Time and part-time employees scheduled to work at least 20 hours or more per week with the City and County of San Francisco and San Francisco Superior Court.
- Temporary exempt and/or "as needed" employees, or part-time employees, whose scheduled work is less than 20 hours per week are eligible after they have worked more than 1,040 hours in any consecutive 12-month period.
- Elected Officials and designated board and commission members *during* their time in service to the City and County of San Francisco as defined in San Francisco Administrative Code Section 16.700(c).

Dependent Eligibility

The following dependents may be eligible for SFHSS benefits as defined under Section B of the SFHSS Rules:

Spouse or Registered Domestic Partner

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership certification.

A spouse who is eligible for Medicare and covered on an employee's medical plan is *not* required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is *required* to enroll in Medicare.

Natural Children, Stepchildren, Adopted Children

To be eligible for health coverage, a child must be under the age of 26 and one of the following:

1. Natural born child of the enrolled member,
2. Legally adopted child of, or a child placed for adoption with the enrolled member, or
3. A stepchild, who is a natural, legally adopted or placed for adoption of the member's enrolled spouse or registered domestic partner.

Coverage ends at the end of the pay-period in which the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, or a **Qualifying Life Event**.

Legal Guardianship and Court Ordered Children

See SFHSS Rules Sections B.3.b and B.3.c for more information.

Adult Disabled Children

To qualify a dependent as a disabled adult child ("Adult Child"), the Adult Child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with disability after turning 26, *and* meet all criteria listed in the SFHSS Rules.

Medicare Enrollment Requirements for Dependents of Active Employees

SFHSS Rules require Medicare eligible registered domestic partners and, dependents who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A, if eligible, and enroll and pay for the premiums for Medicare Part B.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible.

Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current. Acceptable documentation may include current federal tax returns in addition to other documentation that demonstrates cohabitation or financial interdependency. Enrollment of a dependent who does not meet the plan's eligibility requirements as stated in SFHSS Rules will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided.

Medical Plan Options

SFHSS offers a variety of medical plan options to allow you to select the plan that provides the right coverage at the right cost for you and your covered family members to remain healthy and productive. SFHSS offers four Health Maintenance Organization (HMO) plans and one Preferred Provider Organization (PPO) plan.

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers working closely together to help coordinate your care. You select a Primary Care Physician (PCP) who will coordinate all non-emergency care and services including access to certain specialists, programs and treatments that are in the same medical group or network. You must live or work in a ZIP code serviced by the plan to enroll.

Under these plans, there is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount known as a "co-payment".

SFHSS offers the following HMO medical plans:

- **Health Net CanopyCare HMO:**
  A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents. Includes access to their "Alliance Referral Program", which provides members with access to specialists from all participating Canopy Health Medical Groups.
- **Kaiser Permanente HMO:**
  Utilizing an integrated-care model, Kaiser Permanente provides care through their own doctors and facilities, including inpatient and outpatient settings, pharmacy, lab, imaging, and other ancillary services.
- **Blue Shield of California Trio HMO:**
  A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents.
- **Blue Shield of California Access+ HMO:**
  A broad network HMO plan with access to many of the Bay Area's medical groups. The plan includes the ability for members to self-refer themselves to certain specialists.

Preferred Provider Organization (PPO)

A PPO is a medical plan that provides access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers. You pay less when you to seek services from preferred providers. However, the plan allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill.

Generally, when compared to HMO medical plans, PPOs usually result in higher out-of-pocket costs and a deductible will apply to many services. Instead of having a fixed co-pay for medical services, your cost share may vary as a percentage of what the provider charges, known as a “coinsurance”. You will need to pay your plan year deductible prior to paying your coinsurance for the applicable service.

SFHSS offers the following PPO plan:

- **Blue Shield of California PPO**

How To Enroll in Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan **within 30 calendar days** of their hire date. SFHSS members may enroll online using ***eBenefits*** (go to **sfhss.org/how-to-enroll** to get started) or by completing and submitting an **Enrollment Application form** by fax or mail, along with required eligibility documentation.

If you do not enroll by the deadline, your next opportunity to enroll in benefits is during the next Open Enrollment for coverage the following plan year, or if a **Qualifying Life Event** occurs.

Coverage following a **Qualifying Life Event** will start the first day of the coverage period following receipt and approval of required eligibility documentation.

Medical Plan Service Areas

County	Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ HMO	Blue Shield of CA PPO
Alameda	■	■	■	■	■
Contra Costa	■	■	■	■	■
Marin	■	■	○	■	■
Napa	■	■			■
Sacramento		■	○	■	■
San Francisco	■	■	■	■	■
San Joaquin		■	■	■	■
San Mateo	■	■	■	■	■
Santa Clara	■	○	■	■	■
Santa Cruz	■	■	■	■	■
Solano	○	■	○	■	■
Sonoma	○	○		■	■
Stanislaus		■	○	■	■
Tuolumne					■
Outside of CA	Urgent/ER Care Only	Urgent/ER Care Only	Urgent/ER Care Only	Urgent/ER Care Only	No Service Area Limits

■ Available in this county
○ Available in some ZIP codes; verify your ZIP code with the plan to confirm availability

Blue Shield of California HMO, Health Net CanopyCare HMO, and Kaiser Permanente HMO: Service Area Limits

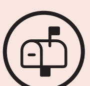
You must reside or work in a ZIP code serviced by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you. For **Blue Shield of California's Trio HMO**, call **(855) 747-5800**. For **Blue Shield of California's Access+ HMO**, call **(855) 747-5800**. For **Health Net CanopyCare HMO**, call **(833) 448-2042**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

Blue Shield of California PPO: No Service Area Limits

Blue Shield of California PPO, does not have any service area requirements. If you have questions, contact **Blue Shield of California PPO** at **(866) 336-0711**.

Blue Shield of California PPO at Lower Rates:

Members who lack geographic access to both SFHSS' Kaiser Permanente HMO and the Blue Shield of California Access+ are eligible to enroll in **Blue Shield of California PPO** with lower premiums.



Did you know that if you move, you may have to enroll in a new medical plan that provides coverage in your new service area? Avoid loss of coverage by **updating your address in the Employee Portal at** myapps.sfgov.org. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.

HMO Plans Comparison Chart of In-Network Medical Groups and Hospitals

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD OF CALIFORNIA	
		TRIO HMO	ACCESS+ HMO
Provider Medical Group/IPA			
Brown and Toland Medical Group	No	Yes	Yes
Dignity Physicians Medical Group	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)
Hill Physicians Medical Group	Yes	Yes	Yes
John Muir Physician Network	Yes	Yes	Yes
MarinHealth	Yes	No	No
Santa Clara Physician Network (SCCIPA)	Yes	Yes	Yes
Sutter Palo Alto Medical Foundation Physicians	No	No	Yes
Hospitals			
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes	Yes	Yes
El Camino Hospital	No	Yes	Yes
Good Samaritan Hospital	Yes	Santa Clara and LA Counties Only	Yes
San Jose Regional Medical Center	Yes	Yes	Yes
San Ramon Regional Medical Center	Yes	Yes	Yes
Santa Clara Valley Medical Center	No	Yes	Yes
Stanford Hospitals and Clinics	No	Yes	Yes
Sutter Alta Bates Summit Medical Center	No	Yes	Yes
Sutter Eden Medical Center	No	Yes	Yes
Sutter California Pacific Medical Center (CPMC)	No	Yes (only w/ Brown and Toland IPA)	Yes
UCSF Benioff Children's Hospital	Yes	Yes	Yes
UCSF Sonoma Valley Hospital	Yes	Yes	Yes
UCSF Medical Center	Yes	Yes	Yes
Washington Hospital	Yes	Yes	Yes
Zuckerberg San Francisco General Hospital	Yes	No	No

Disclaimer: The information contained in this IPA Comparison Chart is subject to change. For a complete list of the most current Provider Medical Groups and Hospitals available to you, please contact your health plan directly.

Medical Plans

This chart provides a summary of benefits only. In any instance where information in this chart or Guide conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For a detailed description of benefits and exclusions, please review your plan's EOC. EOCs are available for download at **sfhss.org**.

	HEALTH NET CANOPYCARE HMO	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA HMO		BLUE SHIELD OF CALIFORNIA PPO	
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO	
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	PCP assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
					IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Deductible	No deductible	No deductible	No deductible		$250 employee only $500 +1 $750 +2 or more	$500 employee only $1,000 +1 $1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	$2,000 per individual $4,000 per family	$1,500 per individual $3,000 per family	$2,000 per individual $4,000 per family		$3,750 per individual $7,500 per family	$7,500 per individual
General Care and Urgent Care						
Annual Physical; Well Woman Exam	No charge	No charge	No charge		100% covered no deductible	50% covered after deductible
Doctor Office Visit	$25 co-pay	$20 co-pay	$25 co-pay		85% covered after deductible	50% covered after deductible
Urgent Care Visit	$25 co-pay in-network and out-of-network	$20 co-pay	$25 co-pay in-network		85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge	No charge		100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge	No charge		100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	No charge	No charge		85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
Prescription Drugs						
Pharmacy: Generic	$10 co-pay 30-day supply	$5 co-pay 30-day supply	$10 co-pay 30-day supply		$10 co-pay 30-day supply	$10 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Brand-Name	$25 co-pay 30-day supply	$15 co-pay 30-day supply	$25 co-pay 30-day supply		$25 co-pay 30-day supply	$25 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Non-Formulary	$50 co-pay 30-day supply	Only if authorized by a Kaiser Physician	$50 co-pay 30-day supply		$50 co-pay 30-day supply	$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	$20 co-pay 90-day supply	$10 co-pay 100-day supply	$20 co-pay 90-day supply		$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	$50 co-pay 90-day supply	$30 co-pay 100-day supply	$50 co-pay 90-day supply		$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician	$100 co-pay 90-day supply		$100 co-pay 90-day supply	Not covered
Specialty	20% up to $100 co-pay; 30-day supply	20% up to $100 co-pay; 30-day supply	20% up to $100 co-pay; 30-day supply		$50 co-pay 30-day supply	$50 co-pay, plus 50% Coinsurance; 30-day supply

	HEALTH NET CANOPYCARE HMO	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA HMO		BLUE SHIELD OF CALIFORNIA PPO	
	CANOPYCARE HMO	TRADITONAL HMO	TRIO HMO	ACCESS+ HMO	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient						
Hospital Outpatient	$100 co-pay per surgery	$35 co-pay	$100 co-pay per surgery		85% covered after deductible	50% covered after deductible
Hospital Inpatient	$200 co-pay per admission	$100 co-pay per admission	$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital Emergency Room	$100 co-pay waived if hospitalized	$100 co-pay waived if hospitalized	$100 co-pay waived if hospitalized		85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
Skilled Nursing Facility	No charge 100 days per plan year	No charge 100 days per benefit period	No charge 100 days per plan year		85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization req.	No charge when medically necessary	No charge authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility						
Hospital or Birthing Center	$200 co-pay per admission	$100 co-pay per admission	$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC		50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Use Disorder						
Outpatient Treatment	$25 co-pay non-severe and severe	$10 co-pay group $20 co-pay individual	$25 co-pay non-severe and severe		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	$200 co-pay per admission	$100 co-pay per admission	$200 co-pay per admission		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other						
Hearing Aids 1 aid per ear every 36 months; evaluation no charge	Up to $5,000, combined for both ears, every 36 months; no charge for evaluation	Up to $2,500 per ear, every 36 months; no evaluation charge	Up to $2,500 per ear, every 36 months; no charge for evaluation		85% covered after deductible; up to $2,500 per ear, every 36 months	50% covered after deductible; up to $2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	No charge as authorized by PCP	No charge as authorized by PCP		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	$25 co-pay	$20 co-pay authorization required	$25 co-pay		85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/ Chiropractic	$15 co-pay 30 visits max for each per plan year; ASH network	$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/ year; ASH network	$15 co-pay 30 visits max for each per plan year; ASH network		50% covered after deductible; $1,000 max per plan year	50% covered after deductible; $1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required	Co-pays apply authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification

2024 CSF Medical Premium Contribution Rates: EE Only, EE+1, EE+2 or More

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
Auto Machinists Loc. 1414, Building Inspectors, Consolidated Crafts[1], 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										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$25.80	$342.75	$27.00	$358.69	$28.58	$379.74	$34.58	$459.43	$214.12	$459.43
Employee +1	$51.50	$684.23	$53.90	$716.10	$57.07	$758.19	$69.07	$917.58	$389.36	$917.58
Employee +2 or more	$176.88	$863.59	$185.13	$903.85	$196.02	$957.01	$237.24	$1,158.31	$688.66	$1,158.31
SEIU Loc. 1021 Misc., SEIU Loc. 1021 Svc. Crit.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$0.00	$385.69	$0.00	$408.32	$0.00	$494.01	$0.00	$673.55
Employee +1	$29.43	$706.30	$30.80	$739.20	$32.61	$782.65	$39.47	$947.18	$359.76	$947.18
Employee +2 or more	$176.88	$863.59	$185.13	$903.85	$196.02	$957.01	$237.24	$1,158.31	$688.66	$1,158.31
SEIU Loc. 1021 Staff Nurses, Teamsters 856, Sup. Nurses										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$13.76	$371.93	$36.39	$371.93	$49.40	$444.61	$228.94	$444.61
Employee +1	$36.79	$698.94	$77.00	$693.00	$81.53	$733.73	$98.66	$887.99	$618.31	$688.63
Employee +2 or more	$52.02	$988.45	$108.90	$980.08	$115.30	$1,037.73	$139.55	$1,256.00	$888.33	$958.64
Lab. Intl. Union Loc. 261										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$25.80	$342.75	$27.00	$358.69	$28.58	$379.74	$34.58	$459.43	$214.12	$459.43
Employee +1	$51.50	$684.23	$53.90	$716.10	$57.07	$758.19	$69.07	$917.58	$389.36	$917.58
Employee +2 or more	$124.86	$915.61	$130.68	$958.30	$138.36	$1,014.67	$167.47	$1,228.08	$618.89	$1,228.08
SEIU Loc. 1021 Per Diem Nurses										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$368.55	$0.00	$385.69	$0.00	$408.32	$0.00	$494.01	$0.00	$673.55	$0.00
Employee +1	$735.73	$0.00	$770.00	$0.00	$815.26	$0.00	$986.65	$0.00	$1,306.94	$0.00
Employee +2 or more	$1,040.47	$0.00	$1,088.98	$0.00	$1,135.03	$0.00	$1,395.55	$0.00	$1,846.97	$0.00
Painters, SFCWU										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$13.76	$371.93	$36.39	$371.93	$49.40	$444.61	$228.94	$444.61
Employee +1	$0.00	$735.73	$13.76	$756.24	$36.39	$778.87	$122.08	$864.57	$407.54	$899.40
Employee +2 or more	$144.45	$896.02	$189.58	$899.40	$253.63	$899.40	$496.15	$899.40	$947.57	$899.40
Commissioners										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$13.76	$371.93	$36.39	$371.93	$122.08	$371.93	$301.62	$371.93
Employee +1	$367.18	$368.55	$398.07	$371.93	$443.33	$371.93	$614.72	$371.93	$935.01	$371.93
Employee +2 or more	$671.92	$368.55	$717.05	$371.93	$781.10	$371.93	$1,023.62	$371.93	$1,475.04	$371.93

[1]Consolidated 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.

2024 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		BLUE SHIELD OF CALIFORNIA ACCESS+ HMO		BLUE SHIELD OF CALIFORNIA PPO	
MEA Misc., Unrep. Managers, Unrep. Employees, Elected Officials, MEA – Fire, MEA – Police, MEA MTA, MTA Unrep. Managers										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$13.76	$371.93	$36.39	$371.93	$122.08	$371.93	$301.62	$371.93
Employee +1	$367.18	$368.55	$398.07	$371.93	$443.33	$371.93	$614.72	$371.93	$935.01	$371.93
Employee +2 or More	$1,040.47	$0.00	$1,088.98	$0.00	$1,153.03	$0.00	$1,395.55	$0.00	$1,846.97	$0.00
Sup. Ct. Employees Loc. 21, Sup. Ct. Employees Loc. 1021, Sup. Ct. Reporters, Sup. Ct. Staff Attys., Sup. Ct. Interpreters, Sup. Ct. Unrep. Prof.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$0.00	$385.69	$0.00	$408.32	$0.00	$494.01	$0.00	$673.55
Employee +1	$0.00	$735.73	$0.00	$770.00	$0.00	$815.26	$0.00	$986.65	$0.00	$1,306.94
Employee +2 or More	$0.00	$1,040.47	$0.00	$1,088.98	$0.00	$1,153.03	$0.00	$1,395.55	$441.97	$1,405.00
MEA Courts; Superior Courts MEA, Sup. Ct. Unrep. Managers, Court Duty Officer, Courts Comm. Assoc.										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$368.55	$0.00	$385.69	$0.00	$408.32	$0.00	$494.01	$0.00	$673.55	$0.00
Employee +1	$735.73	$0.00	$770.00	$0.00	$815.26	$0.00	$986.65	$0.00	$1,306.94	$0.00
Employee +2 or More	$1,040.47	$0.00	$1,088.98	$0.00	$1,153.03	$0.00	$1,395.55	$0.00	$1,846.97	$0.00
Sup. Ct. Judges										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$0.00	$385.69	$0.00	$408.32	$0.00	$494.01	$0.00	$673.55
Employee +1	$0.00	$735.73	$0.00	$770.00	$0.00	$815.26	$0.00	$986.65	$0.00	$1,306.94
Employee +2 or More	$0.00	$1,040.47	$0.00	$1,088.98	$0.00	$1,153.03	$0.00	$1,395.55	$0.00	$1,846.97
Sup. Ct. Staff Attys. Cashback										
	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$0.00	$385.69	$0.00	$408.32	$0.00	$494.01	$0.00	$673.55
Employee +1	$0.00	$735.73	$0.00	$770.00	$0.00	$815.26	$0.00	$986.65	$0.00	$1,306.94
Employee +2 or More	$0.00	$1,040.47	$0.00	$1,088.98	$0.00	$1,153.03	$87.47	$1,308.08	$538.89	$1,308.08

Vision Plan Options

SFHSS offers two vision plans for members and dependents who are enrolled in a SFHSS medical plan. Vision coverage is provided through Vision Service Plan (VSP).

Vision Service Plan - Basic

The VSP Basic Plan is included with enrollment in all SFHSS medical plans. Members are eligible to a vision exam once a year, and either one set of contacts or a pair of eyeglasses frame/lenses every other calendar year. Eligible dependent children are covered in full for polycarbonate prescription lenses.

Vision Service Plan - Premier

Members may buy-up to the VSP Premier Plan that includes coverage for a new pair of eyeglass frame and lenses or contacts every plan year. The VSP Premier Plan provides a higher allowance for a frame and lenses or contacts. If a member buys up to VSP Premier Plan, and member's dependents will also be enrolled in the VSP Premier Plan.

Accessing Your Vision Benefits

You may go to a VSP in-network or out-of-network provider. In-network providers now include Walmart Vision and Sam's Club. Visit **www.vsp.com** for complete list of network providers.

To receive services from an in-network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment.

VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

If you receive services from a network provider *without* prior authorization or obtain services from an out-of-network provider (including Kaiser Permanente), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement.

Compare the costs of out-of-network services to in-network costs before choosing. Download claim forms at **www.vsp.com**.

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plain (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Essential Medical Eye Care).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

For more information, please review the Evidence of Coverage at **https://sfhss.org/vsp-vision-plans**

VSP Computer VisionCare Benefit

Some union contracts provide employer-paid computer vision benefits. Coverage includes an annual computer vision exam, $75 in-network retail frame allowance every 24 months and single vision, bifocal, and trifocal lenses. You can also add anti-reflective or UV coating at no additional cost.

VSP LightCare

Both Basic and Premier plans now include VSP LightCare. Members can choose to use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses.

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers, discounts and rebates on popular contact lenses.

VSP also provides savings on **hearing aids** through **TruHearing®** for members, their covered dependents and extended family including parents and grandparents.

No Medical Plan = No Vision Benefits

If you do not enroll in a medical plan, you and your dependents cannot enroll in VSP Vision Care plans offered through SFHSS.

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 **Lined Bifocal Lenses** **Lined Trifocal Lenses**	$25 co-pay every other calendar year[2] $25 co-pay every other calendar year[2] $25 co-pay every other calendar year[2]	$0 every calendar year $0 every calendar year $0 every calendar year
Standard Progressive Lenses **Premium Progressive Lenses** **Custom Progressive Lenses**	100% coverage every other calendar year $95–$105 co-pay every other calendar year $150–$175 co-pay every other calendar year	100% coverage every calendar year $25 co-pay every calendar year $25 co-pay every calendar year
Standard Anti-Reflective Coating **Premium Anti-Reflective Coating** **Custom Anti-Reflective Coating**	$41 co-pay every other calendar year $58–$69 co-pay every other calendar year $85 co-pay every other calendar year	$25 co-pay every calendar year $25 co-pay every 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 $80 allowance use at Costco and Walmart/Sam's Club $25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	$300 allowance for a wide selection of frames $320 allowance for featured frames $165 allowance at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year
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. Anti-reflective and UV coatings fully covered.	$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. Anti-reflective and UV coatings fully covered.

Vision Care Rates	Vision Service Plan - Basic	VSP - Premier Buy Up (Biweekly)
	Included with your medical premium.	**Employee Only $5.34** **Employee + 1 Dependent $8.12** **Employee + Family $16.64**

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		

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

[2]Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters.

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 Plan Options

Dental Plan Benefits

SFHSS offers three dental plan options for our members to choose from. Two are Dental Health Maintenance Organization (DHMO) plans and one is a Dental Preferred Provider Organization (DPPO) plan.

DHMO Dental Plans

Similar to medical HMOs, Dental Health Maintenance Organization (DHMO) plans require you to receive all of your dental care from their network of participating dental providers. These networks are smaller than dental PPO networks

Before you elect a DHMO plan, make sure the plan's network includes your chosen dentist, and that dentist is accepting new patients.

Under DHMO plans, services are covered either at no cost or with a fixed co-pay. Out-of-pocket costs for these plans are generally lower than PPO plans.

SFHSS offers the following DHMO dental plans:

- **DeltaCare USA DHMO**
- **UnitedHealthcare Dental DHMO**

PPO Dental Plan

A PPO dental plan allows you the flexibility to visit any in-network or out-of-network dentist. The plan covers a higher percentage of the costs for covered services when you go to an in-network PPO dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service.

SFHSS offers the following dental PPO plan:

Delta Dental PPO Plus Premier

Delta Dental PPO Plus Premier has two different networks. Ask your dentist if they participate in the Delta Dental PPO or Premier network. You will pay a higher co-insurance when you visit a Premier provider versus a PPO provider. When you use Delta Dental's network dentists, you are only responsible for the deductible and co-insurance, within applicable benefit maximums. Delta Dental's network dentists are not allowed to charge you more for covered services beyond the negotiated rates.

You may also visit an out-of-network dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service. This is known as a balance billing.

If you want to know what you are responsible for paying, please ask your dentist for a pre-treatment estimate before receiving covered services.

Dental Plan Quick Comparison

	Delta Dental PPO Plus Premier	DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Can I receive services from any dentist?	Yes. You can use any dental provider. You pay less when you choose an in-network provider.	No. All services must be received from your assigned contracted network dentist.	No. All services must be received by an in-network dentist.
Do I need a referral for specialty care?	No.	Yes.	Yes.
Will I pay a flat rate for most services?	No. You pay a percentage of allowed charges.	Yes.	Yes.
Do I need to live in the plan's service area to enroll?	No.	Yes. You must live in this plan's service area.	Yes. You must live in this plan's service area.

Dental Plan Benefits-at-a-Glance

	Delta Dental PPO Plus Premier			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists.			DeltaCare USA **network only**	UHC Dental **network only**
Deductible	None			None	None
Plan Year Maximum	$2,500 per person, per calendar year, excluding orthodontia benefits, diagnostic and preventive services (i.e. cleanings, exams and/or x-rays).			None	None
Covered Services	**PPO Dentists**	**Premier Dentists**	**Out-of-Network**	**In-Network Only**	**In-Network Only**
Cleanings[1] and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	100% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	80% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	100% covered some limitations apply	100% covered
Extractions	90% covered	80% covered	60% covered	100% covered	100% covered
Fillings	90% covered	80% covered	60% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Crowns	90% covered	80% covered	50% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Dentures, Pontics, and Bridges	50% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply
Endodontic/ Root Canals	90% covered	80% covered	60% covered	100% covered excluding the final restoration	100% covered
Oral Surgery	90% covered	80% covered	60% covered	100% covered authorization required	100% covered
Implants	50% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	50% covered child $2,500 lifetime max; adult $2,500 lifetime max.	50% covered child $2,000 lifetime max; adult $2,000 lifetime max.	50% covered child $1,500 lifetime max; adult $1,500 lifetime max.	Employee pays: $1,600/child $1,800/adult $350 startup fee; limitations apply	Employee pays: $1,250/child $1,250/adult $350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	$100 co-pay	100% covered

[1] Members with chronic conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis and stroke) may receive up to 4 cleanings per year, through the ***SmileWay Wellness*** program (Calendar Year Benefit Maximum does not apply). In any instance where information in this chart conflicts with a 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	$22.12	$0.00	$12.22	$0.00	$11.53
Employee +1	$4.62	$46.68	$0.00	$20.16	$0.00	$19.05
Employee +2 or More	$6.92	$66.37	$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	$24.43	$0.00	$12.22	$0.00	$11.53
Employee +1	$0.00	$51.30	$0.00	$20.16	$0.00	$19.05
Employee +2 or More	$0.00	$73.29	$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	$24.43	$0.00	$12.22	$0.00	$11.53	$0.00
Employee +1	$51.30	$0.00	$20.16	$0.00	$19.05	$0.00
Employee +2 or More	$73.29	$0.00	$29.82	$0.00	$28.16	$0.00

Flexible Spending Accounts (FSAs)

IRS rules require annual enrollment in Flexible Spending Account(s) during Open Enrollment if you want to continue this benefit for the next plan year. If you do not re-enroll, your FSA will terminate at the end of the current plan year.

There are two types of FSA accounts offered by the San Francisco Health Service System (SFHSS). The Health Care FSA (HCFSA) covers common medical expenses for members and their dependents, such as, co-payments, prescription drugs and certain over-the-counter products. The Dependent Care FSA (DCFSA), which covers childcare and care for elderly family members who are incapable of self-care. HCFSA is designed to allow members to pay for medical expenses not covered by health insurance on a pre-tax basis. DCFSA is designed to allow members to pay for childcare or adult dependent care expenses on a pre-tax basis. SFHSS FSA accounts are administered by the P&A Group.

Health Care FSA (HCFSA)

- You may set aside between $250 and $3,050 in pre-tax dollars for the 2024 plan year. The full annual amount is available after the first contribution has been deducted. Deductions will be taken biweekly from your paycheck.
- P&A will issue a debit card for you to use to make spending your FSA easier. You can also submit a claim for reimbursement via smartphone app, online, fax, or mail. For a complete list of eligible healthcare expenses, visit **padmin.com/participants/reimbursement-accounts/health-fsa**.
- At the end of the plan year, unclaimed funds of a minimum of $10 and a maximum of $610 in the Health Care FSA may **carryover** into the next plan year for one year. Any unclaimed funds of less than $10 and more than $610 will be forfeited. **There are no exceptions.**[1]

[1]Per IRS rules, you forfeit all funds remaining in an FSA by the end of the claim filing period unless covered by the Health Care FSA Carryover provision.

2023 FSA expense reimbursement claims must be submitted to P&A Group by March 31, 2024, 11:59pm PST. Contact **P&A Group** at **(800) 688-2611**, M–F, 5:30am to 7pm PST or visit **padmin.com**.

Dependent Care Assistance FSA (DCFSA)

You pay for qualified childcare and/or dependent care expenses with pre-tax dollars, which can reduce your overall taxable income.

Eligible dependents include:

- Children under the age of 13,
- A spouse who is unable to work and take care for themselves, and
- An adult-dependent who is unable to take care for themselves *and* for whom you claim the 'dependent exemption' on your taxes.

DCFSA is a "pay as you go" account where you must have enough funds in your account before you submit your claim for reimbursement. Eligible expenses include certified nursery schools, after school programs, children's daycare, day camps, caregiver for a dependent. DCFSA expenses must be incurred to enable you (and, if married, your spouse) to work.

You can only change your election if you have a qualifying life event or a change in dependent care expenses. For a complete list of eligible dependent care expenses, visit **padmin.com/participants/reimbursement-accounts/dependent-care-assistance-account**.

- You may set aside between $250 and $5,000 pre-tax per household for the plan year ($2,500 each if you are married filing separate federal tax returns). Deductions will be taken biweekly from your paycheck.
- **Funds cannot be used for dependent medical, dental, or vision expenses.**
- Reimbursement claims can be submitted to P&A Group by mail, online, or smartphone app.
- If you or your spouse were providing care and then return to work, you may enroll or increase your DCFSA election. If you were previously using dependent care elections and you or your spouse now work from home, you may decrease your election or cancel future paycheck deductions. **There are no refunds for canceling or reducing elections.**
- **Unlike a HCFSA, there is no Carryover option with DCFSA.** Expenses and services need to be incurred in the same plan year or the funds will be forfeited. **There are no exceptions.**

Flex Credits for MEA

Members of the Municipal Executives Association (MEA) receive a *Management Cafeteria Plan* that provides flexible credits. The amount of flexible credits vary based on the medical plan and coverage tier the MEA member is enrolled in. Enrollment in health benefits is not required in order to receive the flexible credits. These credits can be applied towards both pre-tax health benefits and post-tax benefits such as voluntary benefits. You may choose any combination to fit your needs and budget. If the premium contributions for your benefit choices cost more than your flex credits, you pay the balance from your salary. If your benefits choices cost less than your available flex credits, you will receive cashback as taxable, non-pensionable earnings in your paycheck.

Pre-Tax Flex Benefit Options

The benefits listed below are paid pre-tax for an enrolled employee, spouse, children and stepchildren. These benefits are paid post-tax for an enrolled domestic partner and the children of a domestic partner.

	EOI Required
Medical and Dental Premium Contributions	**No**
Health Care Flexible Spending Account P&A Group	**No**
Dependent Care Assistance Flexible Spending Account P&A Group	**No**

Taxable Flex Benefit Options

	EOI Required
Accident Insurance MetLife	**No**
Short-Term Disability Insurance Manhattan Life	**No -** Up to $3,000/Month **Yes -** Above $3,000/Month
Long-Term Care Insurance John Hancock, MetLife, Mass Mutual, Mutual of Omaha	**Yes**
Pet Insurance Pets Best	**No**
Group Legal Plan LegalShield	**No**
Critical Illness MetLife	**No**
Supplemental Group Term-Life Insurance and Accidental Death & Disability Insurance (AD&D) The Hartford	**Yes**[2]
Lifetime Benefit Group Term Life Insurance with Accelerated Death Benefit for Long-Term Care Combined/Chubb	**Yes**[1]
Identity Protection Benefits Plus Allstate Identity Protection	**No**

Evidence of Insurability (EOI)

Some voluntary benefits require additional information from the applicant before enrollment can be completed. This may include medical evidence. The insurer will contact you if specific records are required. It is your responsibility to provide all requested documentation. Enrollment may be denied by the insurer. In 2024, no payroll deductions will be taken until enrollment is approved by insurer(s). If approved, there may be a catch-up payroll deduction retroactive to the effective date of your policy. If denied coverage, no premiums for that benefit will be deducted from your paycheck.

To access the **Workterra** application, go to **myapps.sfgov.org** and click on the **Workterra** tile where you can **self-enroll, dis-enroll**, or **confirm any existing elections**. For enrollment assistance call **Workterra (866) 528-5360**. For questions about existing premiums or payments during a leave of absence, please call **Workterra Customer Service** at **(888) 604-3771**.

[1] Evidence of Insurability (EOI) is not required for new hires or newly eligible employees. [2] Evidence of Insurability (EOI) is not required for new hires or newly eligible employees, for up to $100,000 Supplemental life/AD&D insurance.

Using MEA Flex Credits

2024 Dollar Value of Flex Credits (Biweekly)

	EMPLOYEE ONLY	EMPLOYEE +1	EMPLOYEE +2 OR MORE				
			Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of California		
					Trio HMO	Access+ HMO	PPO
CITY AND COUNTY OF SF							
MEA Miscellaneous Unrep. Managers Unrep. Employees MEA Fire and Police	$457.14	$527.47	$863.59	$903.85	$957.01	$1,158.31	$1,158.31
MTA							
MEA Unrep. Managers	$457.14	$527.47	$863.59	$903.85	$957.01	$1,158.31	$1,158.31
SUPERIOR COURT OF SF							
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	$1,405.00	$1,405.00	$1,405.00	$1,405.00	$1,405.00	$1,405.00	$1,405.00

Eligible Municipal Executives Association employees of the City and County of San Francisco, Superior Court of California, County of San Francisco may apply these Flex Credits to a variety of benefit options, including payment of employee medical, vision or dental premium contributions or voluntary benefits.

Voluntary Benefits

SFHSS negotiates group discounted rates for voluntary benefits, which are additional insurance plans that offer financial protection for you and your family.

- In most cases, policies are offered on a guaranteed issue basis so no medical history or exam required
- Discounted group premium rates
- Enrollment is optional - if you enroll, premiums are paid by *post-tax* payroll deductions

Chubb Lifetime Benefit Term Insurance with Accelerated Death Benefit for Long-Term Care.
This term life insurance plan is available to newly hired and newly eligible employees on a guarantee issue basis - no medical qualifications. Death benefits and premiums at time of issue are guaranteed for life. When employees need long-term care, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. The benefit is equal to the greater of 4% of your death benefit per month or $50 per day while you are living, for up to 25 months. Premiums are waived while this benefit is being paid. *Available to employees and eligible dependents.*

Auto and Home Insurance from top companies.
BenefitHub provides access to many of the top-rated auto and home insurance companies for you to shop for discounted rates. To access BenefitHub please visit **workterravoluntarybenefits.benefithub.com** Please use *Employee Referral Code: AU2HGZ.*

Manhattan Life Supplemental Short-Term Disability Insurance replaces part of your income if you can't work due to a covered illness or injury, for non-occupational disabilities. It provides income in addition to California State Disability payments and can help you and your family meet financial obligations until you get back to work. *Available to employees only.*

MetLife Accident Insurance covers a wide variety of non-occupational accidental injuries, including broken bones, dislocations, second/third degree burns and medical services and treatments related to accidental injuries. *Available to employees and eligible dependents.*

MetLife Critical Illness Insurance will pay you a lump sum benefit up to $50,000 if you are diagnosed with a covered disease or condition, including cancer, heart attack, stroke, kidney failure, Alzheimer's, and more than 30 more illnesses—including benefits for COVID-19. Critical Illness Insurance can ease the financial stress of facing a life-threatening illness. This benefit can help pay for out-of-pocket medical costs, assist with living expenses, or anything else you choose. A $100 annual Health Screening Benefit is also available for each participant. *Available to employees and eligible dependents.*

Allstate Identity Protection will replace LifeLock Identity Theft Protection to deliver a powerful new approach to online privacy with unique tools and proactive monitoring that help you see your personal data, manage it with real time alerts, and protect your identity. A $1 million insurance policy covers any of your associated out-of-pocket costs and losses. *Available to employees and eligible dependents.*

LegalShield Legal Plan allows you to speak with a lawyer on any personal legal matter without high hourly costs. Includes letters or calls made on your behalf, review of small contracts and documents, IRS audit support, assistance with preparing wills, living wills, and healthcare power of attorney. 24/7 emergency access is available for covered situations. Optional identity theft plan. *Available to employees and eligible dependents.*

The Hartford Group Term Life Insurance provides a lump sum benefit to your designated beneficiary upon death of insured. The insurance payout can be used for anything—from funeral expenses to mortgage payments or college tuition—to help your loved ones move forward and shield them from the loss of your income. Completion of an application during Open Enrollment with evidence of insurability (i.e. medical history questions) may be required for coverage. Higher policy amounts are available and require additional medical certification. *Available to employees and eligible dependents.*

Pets Best Pet Insurance can reimburse you for vet bills when your cat or dog is sick or injured with a covered condition. Use any licensed veterinarian, pay your bill, then submit a claim for reimbursement. Choose coverage tiers from 70% to 90% with deductibles from $50 to $1,000. *Available to employees only.*

New Hire Consultations with **Workterra** can be made by logging into **ccsfvb.com** or calling **(866) 528-5360**.

To access the **Workterra** application, go to **https://myapps.sfgov.org** and click on the **Workterra** tile where you can **self-enroll, dis-enroll,** or **confirm any existing elections.**

For questions about existing premiums or payments during a leave of absence, please call **Workterra Customer Service** at **(888) 604-3771.**

Mental Health and Substance Use Disorder

Employee Assistance Program (EAP) – We're Here For You

Guidance Consultants are available 24/7 for confidential assessment and referral. SFHSS EAP Counselors are available Monday through Friday, 8am to 5pm for confidential counseling and consultation. If you think you need help, call **(628) 652-4600**. Visit us at **sfhss.org/eap.**

Individual Services	Organizational Services
▪ Short Term solution focused counseling for individuals and couples ▪ Assessment and Referrals ▪ Consultation and Coaching ▪ Mental Health benefit advocacy and navigation	▪ Management Consultation and Coaching ▪ Employee Mediation ▪ Critical Incident Response ▪ Workshops and Training

Health Plans: Mental Health[1], Well-Being and Substance Use Disorder[1]

Please contact an SFHSS EAP counselor if you are having difficulty accessing mental health or substance use disorder services through your health plan.

Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA HMO and Blue Shield of CA PPO
Mental Health and Substance Use Disorder		
Call **Health Net Behavioral Health** at **(833) 996-2567** to obtain referrals for mental health and substance use disorder treatment services. You can also access outpatient providers through the website at **healthnet.com/sfhss**. No authorization is required for psychotherapy or medication support services.	Call **(800) 464-4000** to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist. **Headspace Care** offers on-demand, confidential mental healthcare through coaching. Members get a free 90-daysubscription every 12 month period and is only accessible via a mobile platform. Register at **kp.org/selfcareapps**	**Trio HMO and Access+ HMO:** Call **(877) 263-9952** to find a provider and schedule an appointment with *Blue Shield's Mental Health Service Administrator.* **PPO:** Call **(866) 336-0711** to access mental health services. **Headspace Care** offers on-demand, confidential mental health coaching and self-guided activities. Video therapy & psychiatry sessions available for a co-pay.
Mental and Emotional Well-Being Services and Resources		
If you have questions about additional wellness resources call Health Net Behavorial Health at **(833) 996-2567** to learn more. **Apps:** Members can access self-care apps and tools such as *myStrength* and *Unwind* at **healthnet.com/sfhss**.	**Classes and Support Groups:** Contact your local Kaiser Permanente facility for a calendar or visit **kp.org/mentalhealth**. **Health/Wellness Coaching:** Call **(866) 862-4295** to make an appointment with a Wellness Coach. **Apps:** Members can access self-care apps, *Calm* and *myStrength*, through **kp.org/selfcareapps**.	**Counseling and Consultation:** *LifeReferrals* is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals. To speak with a *LifeReferrals* coach, please call **(800) 985-2405**, or visit the website **lifereferrals.com**. **Apps:** Members can access self-care apps and tools such as *Headspace* and *Insight Timer* at **wellvolution.com**.

[1]As a result of mental health parity law, there is no yearly or lifetime dollar amounts for mental health and substance use disorder.

Benefits During Leave of Absence

There are times when you may need to take a leave of absence from work. Please follow these steps to ensure your benefits remain available to you.

1. The moment you need to take a leave of absence from work, you must notify your department HR representative *and* your supervisor.

2. Your department HR representative will let you know about the various options available for your leave request and there may be additional documentation that you will need to provide to get your leave approved.

3. Once your leave is approved, confirm with your HR representative that it's in the system, so you can contact SFHSS to process your benefits for your leave.

Types of Leave ***with*** Employer Subsidy of Health Benefits and Eligibility	
Family and Medical Leave (FMLA) **Workers' Compensation Leave** **Family Care Leave** **Military Leave**	**You must notify SFHSS as soon as your leave is approved – within 30 days of your leave approval.** Depending on your type of leave, you may or may not have employer-subsidized benefits. You may elect to continue your current benefits or waive coverage for the duration of your approved leave of absence.
Personal Leave following Family Care Leave	If you elected to continue your SFHSS benefits for an approved Family Care Leave that lasts beyond 12 weeks and you received DHR approval to extend your leave as a Personal Leave Following Family Care Leave, your premiums will no longer have an employer subsidy. Therefore, you have the option to either elect to continue SFHSS benefits by paying 100% of the premiums (employee and employer share) for yourself and any enrolled dependents or waive health coverage for the remainder of your approved Personal Leave by contacting SFHSS. If your leave is unapproved, your health benefits will be terminated after two months of non-payment.
Types of Leave *without* Employer Subsidy of Health Benefits and Eligibility	
Educational Leave **Personal Leave** **Leave for Employment as an Employee Organization Officer or Representative**	**You must notify SFHSS immediately upon return to work** to resume payroll deductions for health premiums or reinstate your coverage after a leave.

Health Benefits During a Leave of Absence

Health Care FSA

During an unpaid leave, no FSA payroll deductions can be taken.

You may suspend your **Health Care FSA** if you notify SFHSS at the start of your leave. Accounts that remain unpaid for two consecutive pay periods will be suspended retroactively to the first missed pay period. Your **Health Care FSA** will be reinstated once you return to work.

Your payroll deductions will be increased and spread proportionally over the remaining pay periods in the plan year.

Dependent Care Assistance FSA

A Dependent Care Assistance FSA must be suspended while you are on leave. Claims incurred during leave are not reimbursable.

To reinstate, you must notify SFHSS **within 30 days** of your return to work. You may reinstate the original biweekly Dependent Care FSA deduction amount, or you can increase biweekly deductions for the plan year. If you increase deductions, total Dependent Care FSA contributions for the year must equal and cannot exceed, the amount designated during Open Enrollment.

If you do not notify SFHSS **within 30 days** of your return to work to request reinstatement of your Dependent Care FSA payroll deduction, the Dependent Care FSA will be canceled for the remainder of the plan year. **There are no exceptions.**

Group Life Insurance

If you go on an approved leave due to illness or injury, employer-paid group life coverage continues for up to 12 months. For other types of leave, group life coverage ends the last day of the month after the month in which your leave begins. Group life insurance resumes the first day of the coverage period after you officially return to work.

Long-Term Disability (LTD) Insurance

If you go on an approved leave, employer-paid long-term disability coverage continues for up to 12 months. For an unapproved leave, LTD coverage ends the last day of the month after the month in which your leave begins. LTD coverage resumes the first day of the coverage period after you officially return to work.

Domestic Partner Imputed Income

If you have an IRS dependent domestic partner enrolled in your health coverage while you are on unpaid leave, you will have a catch-up payroll deduction for taxation related to imputed income, when you return from a leave of absence.

LTD Insurance & Bargaining Units Chart

Employer-Paid Long-Term Disability Insurance

Some union contracts provide Long-Term Disability (LTD) Insurance. A long-term disability is an illness or injury that prevents you from working for an extended period of time. LTD insurance may replace part of your lost income by paying you directly on a monthly basis. LTD payments will be reduced if you qualify for other sources of income, such as workers' compensation or state disability benefits. LTD coverage begins the first of the month following date of hire. For complete eligibility requirements, call Hartford at **(888) 301-5615.**

Absence from Work and LTD Coverage

If you are not actively at work due to illness or injury, LTD coverage continues for 12 months from the start of your approved medical leave. If your coverage terminates during a period of disability, which began while you had coverage, benefits will be available as long as your period of disability continues. **Make sure your portion of benefit premiums are paid.**

Returning to Work

LTD programs can help you get back on the job when it's medically safe for you to do so. You may be able to return to work part-time, or work at a different type of job. If you qualify, LTD can continue paying a portion of your benefits.

If You Become Disabled

If you become disabled, and you are eligible for long-term disability insurance through The Hartford, notify The Hartford of your disability as soon as possible by calling **(888) 301-5615**.

Within 30 days after the date of your disability, you should begin filing a long-term disability insurance claim with The Hartford.

The Hartford will work with your doctor to certify that your illness or injury will keep you away from your job.

For more information about Long-Term Disability Insurance, visit **sfhss.org/long-term-disability-insurance**.

Bargaining Units Covered by LTD

180-day elimination period; up to 60% of monthly base earnings; $5,000 monthly maximum:

Auto Machinists Local 1414	Iron Workers Local 377	Sheet Metal Workers Local 104
Brick Layers Local 3	Laborers Int. Local 261	Stationary Engineers Local 39
Building Inspectors	Operating Engineers Local 3	Supvr. Registered Nurses Local
Carpenters Local 22	Painters Local 4	Superior Court Clerical/Technical
Carpet, Linoleum, Soft Tile Local 12	Pile Drivers Local 34 Plasterers Local 66	Superior Court SEIU Local 1021
CCSF Unrepresented Employees	Plumbers and Pipefitters Local 38	Teamsters Local 853
Cement Masons Local 300	Roofers Local 40	Teamsters Local 856
Electrical Workers Local 6	SEIU Local 1021 Miscellaneous	Theatrical Stage Local 16
Glaziers Local 718	SEIU Local 1021 Staff Nurses	TWU Local 200 SEAM
Hod Carriers of LIUNA Local 261		TWU Local 250A (7410, 9132)

90-day elimination period; up to 66.6667% of monthly base earnings; $7,500 monthly maximum:

IFTPE Local 21 Municipal Attorneys Association Municipal Executives Association[1] UAPD 8CC 17, 18 Superior Court Attorneys Local 21: (311C, 312C, 316C) Superior Court Reporters Local 21	Superior Court Professional Classes Local 21: (353C, 354C, 355C, 372C, 375C, 0648, 0649, 0655, 0676, 476C, 479C, 495C) Superior Court Unrepresented Professional Classes: (315C, 351C, 352C, 370C, 373C, 374C, 376C, 377C, 378C)

[1]Fire and Police employees represented by MEA may voluntarily elect long-term disability insurance, using flexible-credits.

If your bargaining unit is not listed above, you may not be eligible for LTD benefits. This is a general summary.
For LTD coverage details, visit **sfhss.org/long-term-disability-insurance** or call The Hartford at **(888) 301-5615**.

Employer-Paid Group Life Insurance

Some union contracts provide employer-paid life insurance.

Employer-Paid Group Life Insurance

Life insurance offers your loved ones basic financial protection if you die. It can help pay your final expenses or help those you leave behind pay bills, like a mortgage or college tuition.

You are eligible for employer-paid life insurance if you:

- Have a union contract that provides for employer-paid life insurance coverage; and
- Are actively at work
- Coverage begins the first day of the month following your date of hire

Life Insurance Beneficiaries

A beneficiary is the person or entity who receives the life insurance payment when the insured dies. **It is your responsibility to keep your beneficiary designations current.** You may designate multiple beneficiaries.

To update your beneficiary designations, go to sfhss.org/group-life-insurance. Download and complete the Life Insurance Beneficiary Form and return it to SFHSS.

Leaves of Absence

If you are not actively at work due to illness, injury, temporary layoff, personal leave, family care leave, administrative leave (for non-medical reasons), or through paid-furlough, your life insurance coverage will continue for 12 months from the start of your absence. After six months, you may qualify for a Waiver of Premium, which will allow for the further extension of your life insurance benefits (Permanent and Total Disability Benefit); however, you *must* provide The Hartford with a written notice of claim for this extended benefit within the 12-month coverage period. Call SFHSS at **(628) 652-4700** for information about how a Leave of Absence can impact your life insurance coverage.

Life Insurance Benefits Change Over Time

When you reach age 65, your benefits will drop to 65% of the original coverage amount. At age 70, your benefits will drop to 50%. At age 75, your benefits will drop to 30%.

Facing a Terminal Illness - The Hartford Life Essentials

The Hartford Life offers value added services at no additional cost including legal assistance for preparation of a living will or power of attorney, funeral planning and phone counseling with a licensed social worker. Visit **thehartford.com/employee-benefits/value-added-services**.

Portability and Conversion

If you leave your job or otherwise lose eligibility, you may be able to continue your Group Life Insurance to an individual policy, with premiums paid by you. Please contact SFHSS if you wish to continue your group life insurance.

This is a general summary. For a complete list of bargaining units with Group Life Insurance benefits and to view plan documents, go to **sfhss.org/group-life-insurance** or call The Hartford at **(888) 301-5615 or (888) 755-1503**.

Group Life Insurance Bargaining Units Chart

Outline of Life Insurance Plan Basics

Outline of Life Insurance Plan Basics	
Bargaining Unit[1]	**Coverage**
Municipal Attorneys Association Municipal Executives Association[2] Superior Court of San Francisco Commissioners Association Superior Court of San Francisco Municipal Executives Association Superior Court of San Francisco Unrepresented Managers	$150,000
Superior Court Attorneys 311C, 312C, 316C	$125,000
American Physicians & Dentists Auto. Machinists Local 1414 Building Inspectors 930 CCSF Unrepresented Employees Craft Coalition Deputy Probation Officers Electrical Workers Local 6 IFPTE Local 21 Laborers International Union Local 261 Painters Local 4 SEIU Local 1021 SEIU Local 1021 Staff Nurses Stationary Engineers Local 39 Superior Court Local 21 Superior Court Misc. Unrepresented Superior Court Reporters Superior Court SEIU Local 1021 Superior Court Interpreters Teamsters Local 856 Multi-Unit TWU Local 200 SEAM TWU Local 250-A (7410) Auto Svc. Workers TWU Local 250-A Multi-Unit Union of Plumbers Local 38	$50,000

[1]If your bargaining unit or unrepresented classes is not listed above, you do not have employer-paid group life insurance.
[2]Fire and Police employees represented by MEA have other life insurance benefits.

This is a general summary. For a complete list of bargaining units with Group Life Insurance benefits and to view plan documents, go to **sfhss.org/group-life-insurance** or call The Hartford at **(888) 301-5615 or (888) 755-1503**.

Well-Being Programs

Take advantage of FREE and low-cost programs to help you flourish. SFHSS resources and offerings are FREE for all City of San Francisco, Unified School District, City College and Superior Court of San Francisco active employees and their family members. For the full list of events and offerings visit **sfhss.org/events**.

Offerings	
Group Exercise	Move more and feel better - Find a group exercise class that interests you.
Health Education Workshops and Seminars/Webinars	Receive tips and tools while you dive into topics such as healthy sleep, resiliency, mindfulness, goal setting and more.
Healthy Habits Program	Are you having difficulties managing your weight? Engage in a 10-week program that offers real-world strategies and solutions to help you maintain a healthy weight.
Emotional Well-Being Resources	Visit **sfhss.crediblemind.com** to learn new skills, gain insights into your mental health, take a mental health assessment, and access an extensive library of self-help resources, all focused on mental health and well-being.

Gym Discounts* may be available, visit **sfhss.org/usingyourbenefits/employees/fitnessresources/discounts** for details. Your Health Plan also offers a variety of classes, tools and discounts to support your well-being*. For more information visit **sfhss.org/using-your-benefits/using-your-benefits-employees**.

Offerings	Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of California HMOs and PPO
Weight Management, Healthy Eating and Nutrition Services	Online and Health Coaching Programs: ■ Nutrition ■ Exercise RealAge Programs: ■ Boost Your Diet ■ Move More	■ Healthy Weight Program ■ Nutrition Consultations ■ Wellness Coaching ■ Total Health Assessment ■ Classes ■ Health Recipe Library	■ **Wellvolution.com** offers digital and in-person programs for weight loss, preventing/ treating diabetes, quitting smoking, lowering stress, and more.
Tobacco Cessation	■ Tobacco Cessation Coaching Program ■ Craving to Quit	■ Coaching ■ Total Health Assessment	■ **Wellvolution.com**
Diabetes Prevention	■ Diabetes Prevention Program	■ Wellness Coaching ■ Healthy Weight Program ■ Classes	■ **Wellvolution.com**
Pregnancy and Lactation	■ Educational resources, classes & support groups	■ Classes and Support Groups	■ Prenatal Program – educational resources
	■ Free Pump and Lactation Support		
Acupuncture and Chiropractic	■ 30 visits for Acupuncture and 30 visits Chiropractic care each plan year ■ ChooseHealthy Discount Program for discounts on additional visits after initial 30 visits	■ 30 visits/year combined for Acupuncture and Chiropractic care ■ ChooseHealthy Discount Program for additional visits after initial 30	■ BSC HMOs: 30 visits for Acupuncture and 30 visits Chiropractic care each plan year ■ BSC PPO: Acupuncture Services: Up to $1,000 maximum per Member, per Calendar Year ■ Chiropractic Services: Up to $1,000 maximum per Member, per Calendar Year ■ Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30
Discounts	Hearing screenings, hearing aids, weight loss programs, Active&Fit Direct	Active&Fit Direct	4 Gym Discount Program**: starting at $19/mo and a one time enrollment fee of $19. *Fitness Your Way by Tivity* offers monthly membership from $10 up to $99/mo. **fitnessyourway.tivityhealth.com/bsc**

*Some fees may apply. **For members age 18 and over.

Qualifying Life Events Allow You to Change Your Existing Benefits Within 30 Days Outside of Open Enrollment

Certain life events count as a **Qualifying Life Event** where you can modify your benefit elections. Submit your elections and upload all required documentation online using ***eBenefits***, which you can access under ***Employee Links*** on the City's Employee Portal. Visit **sfhss.org/how-to-enroll** to get started.
Your elections and documents are due no later than 30 calendar days after the qualifying event occurs.

New Spouse or Domestic Partnership

You may enroll a new spouse or domestic partner and eligible children of the spouse or domestic partner to your current benefits through ***eBenefits*** via the San Francisco Employee Portal.

Visit **sfhss.org/how-to-enroll** to get started. Be sure to upload copies of your certified marriage certificate, certificate of domestic partnership and birth certificate for each child. You must add your new dependents and submit copies of the required documents **within 30 days** of the legal date of the marriage or partnership through ***eBenefits*** or via fax or mail by completing an application form. Certificates of domestic partnership must be issued in the United States. A Social Security number must be provided for each new family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following receipt and approval of required documentation.

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child's date of birth. Your election and required documents must be submitted **within 30 days** of the birth or date of legal adoption. Coverage for an enrolled adopted child will be effective on the date the child is placed.

SFHSS provides a one-time benefit reimbursement of up to $15,000 to an eligible employee or eligible retiree for qualified expenses incurred from an eligible adoption or eligible surrogacy. For more details, visit **sfhss.org/surrogacy-and-adoption**.

A Social Security number must be provided to SFHSS **within six months** of the date of birth or adoption, or your child's coverage may be terminated. Use ***eBenefits*** to submit documentation and enroll online.

Legal Guardianship or Court Order

A dependent may be added to your existing benefits if it is required by court order. Coverage for a dependent under legal guardianship or court order shall be effective the date of the court order, if all documentation is submitted to SFHSS by the **30-day deadline**. Use ***eBenefits*** to submit documentation and enroll online.

Divorce, Separation, Dissolution, Annulment

A member must **immediately** notify SFHSS and provide documentation in writing when the legal separation, divorce, final dissolution of marriage, or termination of domestic partnership has been granted. Coverage of an ex-spouse, stepchildren, domestic partner and children of domestic partner will terminate on the last day of the coverage period of the event date. Use ***eBenefits*** to submit documentation and dis-enroll any former dependent(s) online.

Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other health care coverage may enroll **within 30 days** in SFHSS benefits. Once required proof of loss of other health coverage documentation is submitted to and processed by SFHSS, coverage will be effective on the first day of the next coverage period. Use ***eBenefits*** to submit documentation and enroll online.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage by providing proof of alternate coverage on official letterhead **within 30 days** of the event. If you waive coverage, all coverage for enrolled dependents will also be waived. After submitting the required documentation, your SFHSS coverage will terminate on the last day of the coverage period. Use ***eBenefits*** to submit documentation and update your elections online.

Moving Out of Your Plan's Service Area

If you move your residence to a location outside of your plan's service area, you can enroll in an SFHSS plan that offers service where your new address is located. Coverage will be effective the first day of the coverage period following receipt and approval of required documentation. Please note that if your new residence remains within your current SFHSS plan's service area, you cannot enroll in a different SFHSS plan, as a result of the change in residence.

Death of a Dependent

In the event of the death of a dependent, notify SFHSS as soon as possible and submit a copy of the death certificate **within 30 days** of the death to disenroll the deceased dependent.

Death of a Member

In the event of a member's death, the **surviving dependent** or **survivor's designee** should contact SFHSS to obtain information about eligibility for survivor health benefits. Upon notification, SFHSS will mail instructions to the spouse or partner, including a list of required documents for enrolling in surviving dependent health coverage. If the deceased member qualifies for retiree benefits, the **surviving dependent** may be eligible to continue existing benefits or will have to take COBRA. A surviving spouse or partner who is not enrolled in the deceased member's health plan at the time of the member's death may be eligible for coverage, but must wait until the Open Enrollment period to enroll.

Changing FSA Contributions

Per IRS regulations, some qualifying events may allow you to initiate or modify your Flexible Spending Account (FSA) contributions. Contact SFHSS at **(628) 652-4700** or visit **padmin.com**.

Responsibility for Premium Contributions

Changes in coverage due to a qualifying event may change premium contributions. **Review your paycheck to make sure premium deductions are correct. If your premium deduction is incorrect, contact SFHSS.** You must pay any premiums that are owed. Unpaid premium contributions will result in the termination of coverage.

Failure to notify SFHSS of your dependent(s) ineligibility can result in significant financial penalties equal to the total cost of benefits and services provided to ineligible dependent(s).

COBRA, Covered California, and Holdover

COBRA

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees without holdover rights, or whose holdover rights have ended, may be eligible to continue medical, dental and vision coverage for themselves and eligible dependents at the employee's expense. Current year FSAs (Flexible Spending Accounts) may also be COBRA-eligible. For Cobra information, visit **padmin.com** or call **(800) 688-2611**.

Employees may elect to continue healthcare coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment (except for gross misconduct)
- Hours of employment reduced, making employee ineligible for employer health coverage

Covered spouses or domestic partners may also elect to be covered under COBRA if coverage loss is due to:

- Voluntary or involuntary termination of the employee's employment (except for misconduct)
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Covered dependent children may elect COBRA coverage if healthcare coverage is lost due to:

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of the employee employment (except for misconduct)
- Hours of employment reduced, making the employee ineligible for employer health coverage
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

COBRA Notification and Election Time Limits

If an employee and any enrolled dependents lose SFHSS coverage due to separation from employment, P&A Group will notify the employee of the opportunity to elect COBRA coverage. The employee or dependent has **60 days** from the COBRA notification date to complete enrollment and continue coverage. Coverage will be retroactive to the date of the COBRA-qualifying event, so there is no break in coverage. Employee coverage ends on the last day of the coverage period in which employment terminates. However, if the termination date falls on the first day of the coverage period, coverage ends that same day. If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or aging out, the employee or dependent must notify P&A Group **within 30 days** of the qualifying event and request COBRA enrollment information.

Paying for COBRA

It is the responsibility of covered individuals enrolled in COBRA to pay required healthcare premium payments directly to P&A Group. **COBRA premiums are not subsidized by the employer.**

Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

Duration of COBRA Continuation Coverage

COBRA coverage is generally available for a maximum of 18 months. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a coverage extension for up to 36 months. Employees and dependents who are eligible for less than 36 months of federal COBRA may also be eligible for Cal-COBRA. Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Employees who are disabled on the date of their qualifying event, or any time during the first 60 days of COBRA coverage, are eligible for 29 months of coverage. Beginning the 19th month of coverage, the cost will rise to 150% of group rate.

2024 Monthly COBRA Premium Rates

Health Net CanopyCare HMO	
Employee Only	$814.49
Employee +1	$1,625.95
Employee +2 or More	$2,299.44
Kaiser Permanente HMO	
Employee Only	$852.37
Employee +1	$1,701.71
Employee +2 or More	$2,406.64
Blue Shield of California Trio HMO	
Employee Only	$902.38
Employee +1	$1,801.73
Employee +2 or More	$2,548.70
Blue Shield of California Access+ HMO	
Employee Only	$1,091.77
Employee +1	$2,180.49
Employee +2 or More	$3,084.16
Blue Shield of California PPO	
Employee Only	$1,488.54
Employee +1	$2,888.34
Employee +2 or More	$4,081.81
Delta Dental PPO	
Employee Only	$53.99
Employee +1	$113.38
Employee +2 or More	$161.97
DeltaCare USA DHMO	
Employee Only	$27.01
Employee +1	$44.55
Employee +2 or More	$65.90
UnitedHealthcare Dental DHMO	
Employee Only	$25.49
Employee +1	$42.10
Employee +2 or More	$62.24
VSP Premier	
Employee Only	$11.79
Employee +1	$17.94
Employee +2 or More	$36.78

Flexible Spending Accounts and COBRA

To continue FSA benefits under COBRA, year-to-date FSA contributions must exceed year-to-date claims as of your employment termination date. To keep your FSA open, apply under COBRA and continue making the biweekly contribution plus a 2% administrative charge. COBRA Flexible Spending Account contributions are post-tax.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan
- You fail to pay the premium required under the plan within the grace period
- The applicable COBRA period ends

Covered California: Alternative to COBRA

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California.

In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable.

For information about Covered California health plans, call **(800) 300-1506** or visit **coveredca.com**.

Holdover Rights

Employees who are placed on a holdover roster may be eligible to continue SFHSS medical, dental and vision coverage for themselves and covered dependents. Eligibility requirements include:

1. Employees must certify annually that they are unable to obtain other health coverage.
2. Holdover premium contributions must be paid by the due date listed on the Health Coverage Calendar. Rates may increase each plan year.

2024 Health Coverage Calendar

Work Dates	Pay Date	Coverage Period
December 23, 2023 - January 05, 2024	January 16, 2024	December 23, 2023 - January 05, 2024
January 06, 2024 - January 19, 2024	January 30, 2024	January 06, 2024 - January 19, 2024
January 20, 2024 - February 02, 2024	February 13, 2024	January 20, 2024 - February 02, 2024
February 03, 2024 - February 16, 2024	February 27, 2024	February 03, 2024 - February 16, 2024
February 17, 2024 - March 01, 2024	March 12, 2024	February 17, 2024 - March 01, 2024
March 02, 2024 - March 15, 2024	March 26, 2024	March 02, 2024 - March 15, 2024
March 16, 2024 - March 29, 2024	April 09, 2024	March 16, 2024 - March 29, 2024
March 30, 2024 - April 12, 2024	April 23, 2024	March 30, 2024 - April 12, 2024
April 13, 2024 - April 26, 2024	May 07, 2024	April 13, 2024 - April 26, 2024
April 27, 2024 - May 10, 2024	May 21, 2024	April 27, 2024 - May 10, 2024
May 11, 2024 - May 24, 2024	June 04, 2024	May 11, 2024 - May 24, 2024
May 25, 2024 - June 07, 2024	June 18, 2024	May 25, 2024 - June 07, 2024
June 08, 2024 - June 21, 2024	July 02, 2024	June 08, 2024 - June 21, 2024
June 22, 2024 - July 05, 2024	July 16, 2024	June 22, 2024 - July 05, 2024
July 06, 2024 - July 19, 2024	July 30, 2024	July 06, 2024 - July 19, 2024
July 20, 2024 - August 02, 2024	August 13, 2024	July 20, 2024 - August 02, 2024
August 03, 2024 - August 16, 2024	August 27, 2024	August 03, 2024 - August 16, 2024
August 17, 2024 - August 30, 2024	September 10, 2024	August 17, 2024 - August 30, 2024
August 31, 2024 - September 13, 2024	September 24, 2024	August 31, 2024 - September 13, 2024
September 14, 2024 - September 27, 2024	October 08, 2024	September 14, 2024 - September 27, 2024
September 28, 2024 - October 11, 2024	October 22, 2024	September 28, 2024 - October 11, 2024
October 12, 2024 - October 25, 2024	November 05, 2024	October 12, 2024 - October 25, 2024
October 26, 2024 - November 08, 2024	November 19, 2024	October 26, 2024 - November 08, 2024
November 09, 2024 - November 22, 2024	December 03, 2024	November 09, 2024 - November 22, 2024
November 23, 2024 - December 06, 2024	December 17, 2024	November 23, 2024 - December 06, 2024
December 07, 2024 - December 20, 2024	December 31, 2024	December 07, 2024 - December 20, 2024

New Hires: Health Coverage Does Not Begin On Work Start Date

You have **30 days from your work start date** to enroll in health benefits. If you enroll within the **30-day deadline**, coverage will begin on the first day of the coverage period following your work start date.

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2024 tax year.

If you take an approved unpaid Leave of Absence, you must arrange to make premium payments that were previously deducted from your paycheck, directly to SFHSS. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

Randy Scott
President
Appointed by
Controller's Office

Mary Hao
Vice-President
Appointed by
Mayor Breed

Karen Breslin
Elected by SFHSS
Membership

Chris Canning
Elected by SFHSS
Membership

Matt Dorsey
Appointed by the
Board of Supervisors

Stephen Follansbee, M.D.
Appointed by
Mayor Breed

Claire Zvanski
Elected by SFHSS
Membership

Health Service Board Achievements

All Health Service Board accomplishments are presented at the Health Service System monthly public meetings. Board meetings are held in San Francisco City Hall and publicly broadcast with the support of SFGov TV and online via the WebEx platform. Regular Board meeting recording archives are available on the SFGovTV Health Service Board meeting webpage.

Continued Hybrid Meetings

The Governor announced that the statewide emergency declared on March 4th, 2020, ended on February 28th, 2023. Beginning March 1st, 2023, the statewide emergency ended and the Mayor's Office terminated the San Francisco emergency orders regarding public meetings While not required by State or Local public meeting laws, policy bodies were advised to provide additional time-limited remote public comment for members of the public who are not requesting accommodation under Federal ADA laws. The Health Service Board decided to continue a hybrid meeting format recognizing that an additional time-limit allowance for public comment facilitates public and member engagement.

Updated Policies and Procedures

The Governance Committee initiated a policy review in December 2022 and the full Board approved updates to Health Service Board Governance Policies and Terms of Reference on January 12, 2023. The Board unanimously re-elected Randolph Scott as Health Service Board President and Mary Hao as Health Service Board Vice President to serve July 2023-June 2024. The Board completed its annual self-evaluation in December 2022 having worked with the Health Service Board Governance Committee to review the results and prepare the final report which was presented to and approved by the full Board at the March 9, 2023, regular meeting. The Board completed the Annual Employee Performance Evaluation on March 23, 2023.

Board Education

The Board completed training on Health Insurance Portability and Accountability Act (HIPAA), Health Plan Design as well as Transgender 101: Strengthen Your Commitment to Inclusion. The Board also reviewed two presentations on Healthcare Cost Influencers and Trends during the February-June Rates and Benefits cycle.

The full Board approved the Health Service Board Education Plan 2023-2025 to align with the San Francisco Health Service System Strategic Plan. Health Service Board goals include 1. Fiduciary Duty, 2. Health and Welfare Plan Design and Funding, 3. Benefits Administration, 4. General Provisions on Governance, Legislative and Regulatory Changes, Actuary Services, and Required City-Wide Commissioner Training.

Health Service Board Approval on 2024 Plan Year Benefit and Plan Enhancements

The Board monitored the healthcare costs and trends throughout the annual rates and benefits approval cycle and approved the rates and benefits below. Ultimately rates did increase across plans. Several cost trends drove increased rate renewals: healthcare labor cost growth-outpacing inflation, ongoing COVID-19 expense impacts, behavioral health impacts, pharmaceutical impacts, and reduction of federal government payments for Medicare Advantage plans.

A 10.38% aggregate projected increase cost for medical, vision, dental, life insurance and long-term disability insurance.

A rate increase of 3.7% for Health Net CanopyCare HMO.

A rate increase of 12.5% for Kaiser HMO for Actives and Early Retirees.

A rate increase of 6.3% for Kaiser HMO Multi-Region for Early Retirees-across WA/NW/HI.

A rate increase of 4.5% for Kaiser HMO Multi-Region for Medicare Retirees-across WA/NW/HI.

A rate increase of 6.2% for Kaiser Medicare Senior Advantage.

A rate increase of 2.9% for BSC Trio.

A rate increase of 14.4% for BSC Access+.

A rate increase of 1.7% for BSC PPO.

A rate increase of 15.0% for UHC Medicare Advantage PPO.

A rate decrease of 6.9% for Delta Dental PPO for actives.

A rate increase of 2.0% for Delta Dental PPO for retirees.

No change for UHC Fully Insured Dental HMO for actives.

No change for UHC Dental HMO for retirees.

No change for DeltaCare USA Fully Insured Dental HMO for actives.

A rate increase of 9.1% for DeltaCare USA HMO for retirees.

No change for VSP Basic Plan, VSP Premier Plan, and Computer Vision Care for actives and retirees.

No change for The Hartford life insurance, AD&D, and long-term disability plans for actives.

Legal Notices

Summary of Benefits and Coverage (SBCs)

The Affordable Care Act requires each insurer provide a standardized summary of benefits and coverage to assist people in comparing medical plans. Federally mandated SBCs are available online at **sfhss.org**.

Infertility Services

Whether you're starting a family now or in the future, SFHSS has infertility treatment coverage available to all members regardless of age, race, relationship status, or sexual orientation on all non-Medicare medical plans. Members must first consult their obstetrician or gynecologist to develop a plan to move forward with obtaining these benefits.

Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 requires that your medical plan provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact your medical plan for details.

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA). Other than the uses listed below, SFHSS will not disclose your health information without your written authorization:

- To make or obtain payments from plan vendors contracted with SFHSS
- To facilitate administration of health insurance coverage and services for SFHSS members
- To assist actuaries in making projections and soliciting premium bids from health plans
- To provide you with information about health benefits and services
- When legally required to disclose information by federal, state, or local law (including Worker's Compensation regulations), law enforcement investigating a crime, and a court order or subpoena
- To prevent a serious or imminent threat to individual or public health and safety

If you authorize SFHSS to disclose your health information, you may revoke that authorization in writing at any time.

You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated.

Any privacy complaints made to SFHSS should be made in writing. This is a summary of a legal notice that details SFHSS privacy policy.

The full legal notice of our privacy policy is available at **sfhss.org/sfhss-privacy-policy-and-forms**. You may also contact SFHSS to request a written copy of the full legal notice.

Patient Protection Provider Choice Notice

Participating SFHSS HMO plans require the designation of a primary care provider (PCP).

You have the right to designate any primary care provider who participates in the health plan's network and who is available to accept you or your family members.

Until you make a PCP designation, the HMO insurance provider you elect may designate one for you.

For information on how to select a PCP, and for a list of the participating PCPs, contact your health plan or visit their website.

For children, you may designate a pediatrician as the PCP. You do not need prior authorization from your health plan or from any other person (including your PCP) in order to obtain access to obstetrical or gynecological care from a health care professional within your PCP's medical group who specializes in obstetrics or gynecology.

The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the number on the back of your insurance card, or visit:

- **healthnet.com/sfhss**
- **my.kp.org/ccsf**
- **blueshieldca.com/sfhss**

Children's Health Insurance Program (CHIP), Premium Assistance Under Medicaid Notice, and HIPAA Special Enrollment Notice

Medicaid or Children's Health Insurance Program (CHIP)

If you or your children are eligible for **Medicaid** or **CHIP** benefits and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their **Medicaid** or **CHIP** programs. If you or your children aren't eligible for **Medicaid** or **CHIP**, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in **Medicaid** or **CHIP**, contact your State **Medicaid** or **CHIP** office to find out if premium assistance is available.

For a complete list and contact information of states participating in the **CHIP** and **Medicaid Assistance** program, visit **sfhss.org/CHIP**.

If you or your dependents are NOT currently enrolled in **Medicaid** or **CHIP**, and you think you or any of your dependents might be eligible for either of these programs, contact your State **Medicaid** or **CHIP** office or dial **(877) 543-7669** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under **Medicaid** or **CHIP**, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a *special enrollment opportunity*, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **(866) 444-3272**.

To see if any other states have added a premium assistance program or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

California Medicaid Contact Information

Health Insurance Premium Payment (HIPP) Program
https://dhcs.ca.gov/hipp
Phone: **(916) 445-8322**
Fax: **(916) 440-5676**
Email: **hipp@dhcs.ca.gov**

Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment **within 30 days** after you or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact SFHSS at **(628) 652-4700**.

Medicare Creditable Coverage

Medicare Part D Prescription Drug Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with San Francisco Health Service System (SFHSS) and about your options under Medicare's prescription drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SFHSS has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug Plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan, your SFHSS coverage will be affected. Benefits will not be coordinated with a Medicare Part D plan. If you do decide to join a Medicare drug plan and drop your SFHSS prescription drug coverage, be aware that you may not be able to get this coverage back (does not apply to active employees or dependents).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with SFHSS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following Open Enrollment period in October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact SFHSS at **(628) 652-4700** for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through SFHSS changes. You also may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If Medicare-eligible, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit **medicare.gov** or call your **State Health Insurance Assistance Program** (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. They can be reached at **(800) MEDICARE (800-633-4227)**. TTY users should call **(877) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit Social Security at **ssa.gov** or call **(800) 772-1213. (TTY: (800) 325-0778)**.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty). Visit **sfhss.org/creditable-coverage** for more details.

Key Contacts

SFHSS
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4700
Fax: (628) 652-4701
sfhss.org

SFHSS Telephone Hours
Monday, Tuesday, Wednesday, and Friday: 9 a.m. to Noon and 1 p.m. to 5 p.m.

Thursday: 10 a.m. to Noon and 1 p.m. to 5 p.m.

Online Consultations
For change in family status, new hires, or retiree consultations, visit **sfhss.org/contact-us**

Well-Being
1145 Market Street
San Francisco, CA 94103
Tel: (628) 652-4650
Fax: (628) 652-4601
wellbeing@sfgov.org
sfhss.org/well-being

Employee Assistance Program
1145 Market Street
San Francisco, CA 94103
Tel: (628) 652-4600 - 24/7
Fax: (628) 652-4601
eap@sfgov.org
sfhss.org/eap

Health Service Board
Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4646
Fax: (628) 652-4702
health.service.board@sfgov.org
sfhss.org/health-service-board

CCSF PAYMENT PORTAL

To make health premium payments online, visit the **City and County of San Francisco Payment Portal**:
sfhss.org/how-make-payment

MEDICAL PLANS

Health Net CanopyCare HMO
(833) 448-2042
healthnet.com/sfhss
Group G0727A

Kaiser Permanente HMO
(800) 464-4000
my.kp.org/ccsf
Group 888 (North CA)
Group 231003 (South CA)

Blue Shield of California Trio HMO
(855) 747-5800
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California Access+ HMO
(855) 747-5800
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California PPO
(866) 336-0711
blueshieldca.com/sfhss
Group W0072990

DENTAL & VISION PLANS

Delta Dental PPO
(888) 335-8227
deltadentalins.com/ccsf
Group 09502-00003

DeltaCare USA DHMO
(800) 422-4234
deltadentalins.com/ccsf
Group 71797-00001

UHC Dental DHMO
(800) 999-3367
whyuhc.com/sfhss
Group 275550

VSP Vision Care
(800) 877-7195
www.vsp.com
Group 12145878

FSAs & COBRA

P&A Group
(800) 688-2611
padmin.com

VOLUNTARY BENEFITS

WORKTERRA Enrollment Services
(866) 528-5360
ccsfvb.com

WORKTERRA Customer Service
(888) 604-3771

LTD & GROUP LIFE INS.

The Hartford Long-Term Disability
(888) 301-5615
abilityadvantage.thehartford.com
Group 804927

The Hartford Group Life Insurance
(888) 563-1124 or (888) 755-1503
thehartford.com/employee-benefits/value-added-services

OTHER AGENCIES

Pension Benefits
SFERS
Employees' Retirement System
Tel: (415) 487-7000
Toll Free: (888) 849-0777
mysfers.org

CalPERS
(888) 225-7377
calpers.ca.gov

CalSTRS
(800) 228-5453
calstrs.com

PARS
(800) 540-6369
pars.org

Health Insurance Exchange
Covered California
(800) 300-1506
coveredca.com

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