



City and County of San Francisco
 London N. Breed
 Mayor

San Francisco Department of Public Health
 Grant Colfax, MD
 Director of Health

San Francisco Health Care Accountability Ordinance (HCAO) Minimum Standards – Effective January 1, 2025

The following minimum standards are effective January 1, 2025. Health plans deemed compliant with the HCAO must either:

- (1) Meet all 16 minimum standards as described below, **OR**
- (2) Be a gold- and platinum-level plan written in California (or actuarial value of at least 76%), where:
 - A. the employer covers 100 percent of both the plan premium and medical services deductible. Employers may use any health savings/reimbursement product that supports coverage of the medical deductible; and
 - B. the plan covers all required covered services minimum standards (5, 8-16).

Note that the requirements under the HCAO are distinct from the Healthy Airport Ordinance (HAO). More information on the HAO can be found here: sf.gov/information/understanding-healthy-airport-ordinance

Benefit Requirement	Minimum Standard
1. Premium Contribution	Employer pays 100 percent.
2. Annual OOP Maximum	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • Employer must cover in-network out-of-pocket expenses up to 50 percent of plan’s annual out-of-pocket maximum. These expenses must be covered on a first-dollar basis. • Employers may use any health savings or reimbursement product that supports compliance with this minimum standard. • OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.). • The plan’s out of pocket maximum cannot exceed the Federal out-of-pocket limit for a self-only coverage plan during the plan’s effective date. In 2025, the limit is \$9,200. <p><u>Out-of-Network:</u> Not specified.</p>
3. Medical Deductible	<ul style="list-style-type: none"> • <u>In-Network:</u> \$3,000 maximum. • <u>Out-of-Network:</u> Not specified.
4. Prescription Drug Deductible	<ul style="list-style-type: none"> • <u>In-Network:</u> \$400 maximum. • <u>Out-of-Network:</u> Not specified.
5. Prescription Drug Coverage	<ul style="list-style-type: none"> • Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	<ul style="list-style-type: none"> • <u>In-Network:</u> 55 percent/ 44 percent. • <u>Out-of-Network:</u> 50 percent/50 percent.

Benefit Requirement	Minimum Standard
7. Copayment for Primary Care Provider Visits	<ul style="list-style-type: none"> • <u>In-Network</u>: \$65 per visit. When coinsurance is applied See Benefit Requirement #6. • <u>Out-of-Network</u>: Not specified.
8. Preventive & Wellness Services	<ul style="list-style-type: none"> • <u>In-Network</u>: Provided at no cost, per ACA rules. • <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements. <p>These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of preventive services that are required.</p>
9. Pre/Post-Natal Care	<ul style="list-style-type: none"> • <u>In-Network</u>: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules. • <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements. <p>These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of pre- and post-natal services that are required.</p>
10. Ambulatory Patient Services (Outpatient Care)	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: <ul style="list-style-type: none"> ○ Primary Care Provider: See Benefit Requirement #7. ○ Specialty visits: Not specified.
11. Hospitalization	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
12. Mental Health & Substance Use Disorder Services, including Behavioral Health	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
13. Rehabilitative & Habilitative Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
14. Laboratory Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
15. Emergency Room Services & Ambulance	<ul style="list-style-type: none"> • Limited to treatment of medical emergencies. The in-network deductible, copayment, and coinsurance also apply to emergency services received from an out-of-network provider.
16. Other Services	<ul style="list-style-type: none"> • The full set of covered benefits is defined by the California EHB Benchmark plan.