

Unified School District

2019
HEALTH BENEFITS



What's New and Available for 2019

2019 Medical and VSP Premier Plan Premium Contributions are Changing. City Plan PPO Co-Pays for Prescription Drugs and Out-of-Network Deductibles Have Increased

Review the rates for your bargaining unit at sfhss.org before making your Open Enrollment elections. City Plan PPO co-pays for prescription drugs have increased along with deductibles for out-of-network services. See pages 12-16 and 19 for more details.

Blue Shield of California's Trio HMO Plan Offers Concierge Support for Members

The Trio HMO Plan, now in its second year, provides the exact same benefits and plan design as the Access+ HMO, with lower premium contributions, and access to many of the same hospitals and physicians. If you are a current Access+ HMO enrollee, but your doctors are in the Trio Network, you may choose to select a lower premium contribution for the exact same benefits. Please call the dedicated Trio HMO Concierge line at (855) 747-5800 or visit blueshieldca.com/sfhss.

New and Existing Blue Shield Trio HMO Members Eligible for Sun Basket Custom Home Meals Delivery

Starting in January, new and currently enrolled Trio HMO members will be eligible to receive a two-week complimentary subscription to Sun Basket (sunbasket.com) for custom home delivered meals. Sun Basket is a healthy meal-kit service that delivers organic, sustainable ingredients and easy recipes for cooking at home. Includes three customizable meals a week for two people, over the two-week period. To qualify, Trio HMO enrollees need complete their annual preventive care visit within the first 90 days of enrollment. Existing Trio members can provide proof of a completed annual preventive care visit within the previous nine months.

VSP Vision Offers 100% Coverage for Standard Progressive Lenses

VSP Basic and Premier Plans are now offering 100% coverage (no co-pay) for standard progressive lenses. Additionally, if you are enrolled in the VSP Premier Plan, your co-pay for premium progressive lenses and custom progressive lenses will be \$25. Basic Plan co-pays for premium and custom progressive lenses will not change. Pages 18-19.

Remember to Check that Your Dependents are Still Eligible for Benefits

As stated in the San Francisco Health Service System Rules, dependent eligibility may be audited by SFHSS and proof of dependent eligibility may be required at any time. Failure to furnish such proof within thirty (30) days after a request shall result in termination of coverage. The enrollment of a dependent who does not meet eligibility requirements, or the failure to disenroll a dependent when they become ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud.

SFUSD Employees

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Executive Director's Message

The Greater Good is a Healthier You



Administering benefits for over 120,000 active employees, retirees and their dependents is both a privilege and an undertaking. We are currently in an environment where health care is impacted by advancing technologies that are emerging at record speeds, in the face of ever-changing political and social divisions.

Our job is to navigate these waters on your behalf, while ensuring you receive comprehensive, quality benefits at the most competitive rates. Our approach to providing benefits is holistic, inclusive and aimed at offering cost-effective options that meet all your needs throughout your life.

For these reasons, we are committed to focusing on preventive health benefits and measures that empower each of you to take action and do your part to maintain your good health and well-being.

As you make your benefit selections this year, please consider taking advantage of all the preventive and annual care benefits available under your selected plans. Don't wait to use your benefits until you are ill.

We personally collaborate with health care providers, through our contracted health plans, to ensure that you are provided with benefits that support preventive health care. When you do your part, your provider can help you catch issues early and help you manage health concerns before they become serious. Schedule your annual check-ups, dental cleanings and exams in a timely manner.

Each medical and dental plan features its own annual check-up benefits, of which you should take advantage. In addition to maintaining your good health, you are supporting us in our mission to maintain quality-affordable health care by managing your own health. We all have a role to play. The choices you make today have a direct impact on the health care costs that you and your fellow employees will pay down the road.

We are steadfastly committed to providing benefits and programs that support your total health and well-being. We do this on several fronts: Supporting your physical health by providing you with a variety of health plan options to meet your needs as well as well-being services that promote healthy lifestyles. Supporting your mental health through our mental health benefits with our health plans, and our Employee Assistance Program (EAP), which offers counseling and coaching services to all active members and their immediate family members, allowing them to meet confidentially with licensed therapists about personal or professional matters.

I invite you to make 2019 the year that you engage in your lifelong journey of preventive health practices. Please explore our 2019 Benefits Guide to learn about all the ways you can maintain a healthier you in 2019 and the years to come!

Abbie Yant, RN, MA
Executive Director

How to Enroll in Health Benefits

- Learn about your health benefits options by reading this Benefits Guide and visiting sfhss.org. You may also visit sfusd.edu/salary-and-benefits.html for information on additional benefits.
- Eligible new and rehired employees must enroll in health coverage **within 30 calendar days from their hire date**. If you do not enroll within this 30-day period, you can only apply for benefits during the next Open Enrollment or within 30 days of a qualifying event, such as losing other coverage. See page 7 for more information about qualifying events.
- For new and rehired benefits eligible employees, enrollment applications are included in the InformedK12 benefits packet. Please submit your benefits packet, via the InformedK12 platform and attach any required eligibility documentation by the **30-day deadline**. Submit copies, not originals, of eligibility documentation such as a marriage certificate, domestic partner certification and children's birth certificates.
- Employee premium contributions are deducted from paychecks biweekly. Review your paycheck to verify that the correct employee premium contribution is being deducted. The 2019 premiums are listed on pages 14-16 and 19.
- October Open Enrollment is your annual opportunity to change benefit elections without any qualifying events. Changes made during October Open Enrollment are effective the following January 1st. It is also your opportunity to drop ineligible dependents without being charged a penalty.
- Questions about health benefits, premium contributions or eligibility documentation? **Call (415) 554-1750**.



Eligibility

The following rules govern which employees and dependents may be eligible for SFHSS health coverage.

Member Eligibility

The following are eligible to participate in the San Francisco Health Service System as members:

- All regularly scheduled provisional or temporary exempt employees of the SFUSD whose normal scheduled work week at date of hire is not less than 20 hours.
- All other employees of the SFUSD, including “as needed” intermittent or substitute temporary/ temporary exempt employees, who have worked at least 20 hours a week in a consecutive 12 month period may be eligible under the Affordable Care Act.
- All members of the SF Board of Education boards during their time in service to the San Francisco Unified School District.
- All other employees who are deemed “full-time employees” under the shared responsibility provision of the federal Patient Protection and Affordability Care Act (Section 4980H).



Dependent Eligibility Spouse or 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. A spouse or registered domestic partner can also be added to a member's coverage during Open Enrollment.

A spouse 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

A member's natural child, stepchild, adopted child (including a child placed for adoption) and the natural or adopted child of a member's enrolled domestic partner are eligible for coverage up to 26 years of age.

Coverage terminates at the end of the coverage period in which the child turns 26. Eligibility documentation is required upon initial enrollment.

Legal Guardianships and Court-Ordered Children

Children under 19 years of age placed under the legal guardianship of an enrolled member, a member's spouse, or domestic partner are eligible.

If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19. Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide SFHSS with proof of guardianship, court order, or decree by required deadlines.

Eligibility

Adult Disabled Children

To qualify a dependent disabled 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 each of the following criteria:

1. Disabled adult child (“Adult Child”) is enrolled in a San Francisco Health Service System medical plan on the his or her 26th birthday; and
2. Adult Child has met the requirements of being an eligible dependent child in SFHSS Member Rules Section B.3 before turning 26.
3. Adult Child must have been physically or mentally disabled on the date coverage would have otherwise terminated due to age, i.e. turning 26 years old, and continue to be disabled from age 26 on; and
4. Adult child is incapable of self-sustaining employment due to the physical or mental disability; and
5. Adult Child is dependent on SFHSS Member for substantially all of his or her economic support, and is declared as an exemption on the Member’s federal income tax;
6. Member is required to comply with their enrolled medical plan’s disabled dependent certification process and recertification process every year thereafter or upon request.
7. All enrolled dependents, including an Adult Child, who qualify for Medicare due to a disability are required to enroll in Medicare (see SFHSS Member Rules Section J). Members must notify SFHSS of any dependent’s eligibility for Medicare, as well as any dependent’s subsequent enrollment in Medicare.
8. To maintain ongoing eligibility after the Adult Child has been enrolled, the Member must re-enroll the Adult Child with SFHSS each year and must ensure that he or she remains continuously enrolled Medicare (if eligible) without interruption.
9. A newly hired employee who adds an eligible dependent Adult Child, who is age 26 or older, must meet all requirements listed, except (1) and (2) above and comply with their enrolled medical plan’s disabled dependent certification process specified in (6) within (30) days of employee hire date.

Medicare Enrollment Requirements for Dependents

SFHSS Rules require domestic partners, dependents with End Stage Renal Disease (ESRD) and children who have received Social Security insurance for more than 24 months to enroll in premium-free Medicare Part A and in Part B. Medicare coverage begins 30 months after disability application. Note that a member or dependent with ESRD may be prohibited from changing medical plan enrollment.

Medicare Enrollment Requirements When You Retire

Retirees and dependents who are eligible for Medicare must have Medicare Part A and Part B in effect when retiring. Proof of Medicare coverage is required by SFHSS before any Medicare-eligible individual can be enrolled in retiree health coverage. Failure to enroll in Medicare when first eligible may also result in a late-enrollment penalty from Medicare. The Medicare application process at Social Security often takes three months.

Penalties for Failing to Disenroll Ineligible Dependents

Members must notify SFHSS within 30 days and cancel coverage for a dependent who becomes ineligible. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependents’ health premiums and any medical service provided. October Open Enrollment is the only time to drop ineligible dependents without a penalty.

Temporary Employee Eligibility

Take note of this important information for temporary teachers, speech therapists, psychologists, nurses, substitutes and other SFUSD temporary employees.

Temporary Certificated Employees

Temporary certificated employees with contracts that end June 30 are as follows:

- Emergency Teachers (ETs)
- Categorical Teachers (CTCs)
- University Interns (ITs)

If you are a Temporary Certificated employee whose contract ends on June 30, your last day of coverage will be June 30.

If you are a temporary teacher whose contract ends prior to June 30, your last day of coverage will be the last day of the month in which employment terminates.

Temporary School-Term Biweekly Employees

Temporary School-Term Biweekly employees include but are not limited to:

- Clerical Workers
- Paraeducators
- Security Aides

If you are a Temporary School-Term Biweekly employee coverage will end on the last day of the pay period in which your employment is concluded.

Eligible Temporary Exempt Employees

As needed intermittent or substitute temporary/temporary exempt employees who have worked at least 20 hours a week in a consecutive 12-month period typically become eligible to enroll in medical and dental benefits. The determination of eligibility is made by the SFUSD Benefits Office. Documentation is required.

Options for Maintaining Coverage

Covered California: The state health insurance exchange, created under the federal Patient Protection and Affordable Care Act, allows you to compare and shop for health insurance. In some cases, you may qualify for Medi-Cal, tax credits and other assistance to make health insurance more affordable. Call (888) 975-1142 or visit coveredca.com.

COBRA: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) enacted in 1986 allows employees and their covered dependents to elect temporary extension of healthcare coverage in certain instances where coverage would end. The COBRA administrator will notify you of the opportunity to elect COBRA coverage. You have 60 days from the notification date to complete COBRA enrollment. With COBRA you pay the full cost of premiums.

Individual Coverage: You may be able to purchase individual health coverage from your healthcare plan or other insurers. Contact plans directly for details and costs. All employees and dependents who were covered under an SFHSS-administered medical plan are entitled to a certificate showing evidence of prior health coverage.

Rehired in the Fall?

If you are rehired in the fall with an eligible SFUSD assignment, you must re-enroll for healthcare benefits through SFHSS and SFUSD within 30 calendar days of your rehire date.

Changing Benefit Elections: Qualifying Events

You may change health benefit elections outside of Open Enrollment if there is a qualifying event.

To change benefit elections, you must complete the election change process, including the submission of all required documentation, no later than 30 calendar days after the qualifying event occurs.

If the election change process is not completed **within 30 days** of the date of the qualifying event, you must wait until the next Open Enrollment to make the change. Note that individuals with End Stage Renal Disease may be prohibited from changing medical plans. Below are the qualifying events that allow you to change your benefit elections.

New Spouse or Domestic Partnership

To enroll a new spouse or domestic partner and eligible children of a spouse or partner in San Francisco Health Service System (SFHSS) healthcare coverage, submit a completed SFHSS enrollment application, a copy of a certified marriage certificate or certificate of domestic partnership and a birth certificate for each child to SFHSS **within 30 days** of the legal date of the marriage or partnership. Certificates of domestic partnership must be issued in the United States.

A Social Security number must be provided for each of the family members being enrolled. Proof of Medicare enrollment is also required for a domestic partner who is Medicare-eligible due to age or disability.

Coverage for your spouse or domestic partner will be effective the first day of the coverage period following the submission of the required application and documentation.

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child will be effective on the child's date of birth. Coverage for an enrolled adopted child will be effective on the date the child is placed.

A Social Security number must be provided within six months of the date of birth or adoption, or your child's coverage may be terminated.

Legal Guardianship or Court Order

Coverage for a child under legal guardianship or court order shall begin upon effective date of guardianship or court order is submitted by the **30-day deadline**. Coverage for a dependent per a court order will be effective the date of court order, if all documentation is submitted to SFHSS by the 30-day deadline.

Divorce, Separation, Dissolution, Annulment

Coverage for an ex-spouse, domestic partner and stepchildren will terminate on the last day of the coverage period in which they occurred, provided you complete disenrollment **within 30 days**.

Failure to notify SFHSS can result in significant financial penalties equal to the total cost of benefits and services provided for any ineligible dependents.

Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other health care coverage may enroll in SFHSS benefits. Once required documentation is submitted, SFHSS coverage will be effective on the first day of the next coverage period.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage. If you waive coverage for yourself, coverage for all your enrolled dependents will also be waived.

After all required documentation (proof of coverage must be on letterhead) is submitted, SFHSS coverage will terminate on the last day of the coverage period.

Moving Out of Your Plan's Service Area

If you move your residence to a location outside your health plan's service area, you must enroll in a different SFHSS plan that offers service based on your new address. Coverage under the new plan will be effective the first day of the coverage period following receipt of required documentation.

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 date of death.

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.

After being notified of a member's death, SFHSS will send instructions to the spouse or partner, including a list of documentation required for enrolling in surviving dependent health coverage.

A surviving spouse or partner who is not enrolled on the deceased member's health plan at the time of the member's death may be eligible for coverage, but must wait until Open Enrollment to enroll.

Responsibility for Premium Contributions

Change in coverage due to a qualifying event may change premium contributions. Review your paycheck to make sure premium deductions are correct. If the premium deduction is incorrect, contact SFUSD's benefits and leaves office. You must pay any premiums that are owed. Unpaid premium contributions will result in termination of coverage.



The San Francisco Health Service System Provides You With Several Medical Plan Options

These medical plan options are available to employee members and eligible dependents.

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. For non-emergency care, you access service through your PCP (Primary Care Physician) or an affiliated urgent care center. You do not pay a deductible before accessing benefits and co-pays at the point of service are set at a contracted rate. This helps to limit out-of-pocket costs. SFHSS offers the following HMO plans:

- Blue Shield of California Trio HMO
- Blue Shield of California Access+ HMO
- Kaiser Permanente HMO

Preferred Provider Organization (PPO)

A PPO is a medical plan that offers benefits through in-network and out-of-network healthcare providers. PPOs allow for a greater selection of providers. (Out-of-network providers will cost you more). You are not assigned to a Primary Care Physician, so you have more responsibility for coordinating your care. Compared to an HMO, enrolling in a PPO usually results in higher out-of-pocket costs. Like the HMO plans, the PPO has an out-of-pocket limit. You must pay a plan year deductible. You also pay a coinsurance percentage each time you access service. Because the City Plan PPO is a self-insured plan, individual premiums are determined by the total cost of services used by the plan's group of participants. SFHSS offers the following PPO plan:

- City Plan PPO
 - UnitedHealthcare Select Plus
for *California Members*
 - UnitedHealthcare Choice Plus
for *non-California Members*

How To Enroll In Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan within 30 calendar days of their start work date. Submit a completed enrollment application and eligibility documentation to SFHSS. If you do not enroll by required deadlines, you can only apply during Open Enrollment or due to a qualifying event. Coverage will start the first day of the coverage period after eligibility has been approved by SFHSS. Verify the date coverage will start with SFHSS when you enroll. Once enrolled, you must pay all required employee premium contributions. Review your paycheck to make sure correct deductions are being taken.

SFHSS does not guarantee the continued participation of any particular doctor, hospital or medical group in a medical plan. You cannot change your benefit elections because a doctor, hospital or medical group chooses not to participate. You will be assigned or required to select another provider.

An enrolled individual with End Stage Renal Disease may be prohibited by federal Medicare rules from changing health plans.

The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions in effect for each plan from January to December 2019. Review your EOC for plan details. If any discrepancy exists between the information provided in this guide and the EOC, the EOC will prevail. Download plan EOCs at sfhss.org.

Medical Plan Service Areas

County	Kaiser Permanente HMO	Blue Shield Access+ HMO	Blue Shield Trio HMO	City Plan PPO
Alameda	■	■	■	■
Contra Costa	■	■	■	■
Marin	■	■	○	■
Napa	○			■
Sacramento	■	■	○	■
San Francisco	■	■	■	■
San Joaquin	■	■	■	■
San Mateo	■	■	■	■
Santa Clara	○	■	■	■
Santa Cruz	■	■	■	■
Solano	■	■	○	■
Sonoma	○	■		■
Stanislaus	■	■	○	■
Tuolumne				■
Outside of California	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 and Kaiser Permanente: Service Area Limits

You must reside 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 Trio HMO call (855) 747-5800. For Blue Shield of California Access+ HMO call (855) 256-9404. For Kaiser Permanente call (800) 464-4000.

City Plan PPO: No Service Area Limits

City Plan, administered by UnitedHealthcare, does not have any service area requirements. If you have questions contact UnitedHealthcare at (866) 282-0125.

City Plan PPO: (HMO Choice Not Available)

Members who lack geographic access to other plans offered by SFHSS (Blue Shield of California or Kaiser Permanente) are eligible to enroll in City Plan–Choice Not Available with lower premiums.

Change of Address: Notify SFHSS

If you move out of the service area covered by your plan, you must elect an alternate medical plan that provides coverage in your area. Failure to change your health benefit elections may result in the non-payment of claims for services received. Contact the San Francisco Health Service System at (415) 554-1750 to update your information and review plan options if you are changing your address.

Choosing Your Medical Plan

	Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	City Plan PPO
Must I select a PCP–Primary Care Physician?	You can choose your PCP after you enroll, or Blue Shield will assign.	You can choose your PCP after you enroll, or Kaiser Permanente will assign.	No PCP– you have more responsibility for coordinating care.
Can I change my PCP during the plan year?	Yes, monthly	Yes, anytime.	
Am I required to use the plan’s contracted network of service providers?	Yes. Services must be received from the contracted network.	Yes. Services must be received from Kaiser Permanente.	No, but out-of-network providers will cost you more.
Is access to hospitals and specialists determined by medical group assignment?	Yes. PCP referrals to specialists and hospitals will be determined by medical group affiliation.	Yes. All services must be received from a Kaiser facility.	No
Do I have to pay an annual deductible	No	No	Yes
Do I have to file claim forms?	No	No	Only if you use an out-of-network provider
How do I get more information about the plan?	Trio HMO: (855) 747-5800 blueshieldca.com/sites/imce/trio.sp Access+ HMO: (855) 256-9404 blueshieldca.com/sites/sfhss	(800) 464-4000 my.kp.org/ccsf	(866) 282-0125 welcometouhc.com/sfhss

2019 Medical Plans

To enroll in Kaiser Permanente or Blue Shield of California, you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. City Plan (UHC) PPO does not have service area requirements.

This chart provides a summary of benefits. In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail. For a detailed description of benefits and exclusions for each plan, please review each plan's Evidence of Coverage (EOC), available on sfhss.org.

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL PLAN	UNITEDHEALTHCARE	
Choice of Physician	Primary Physician assignment required.	Primary Physician assignment required.	Kaiser network only. Primary Care Physician 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.	
Deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
				\$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	\$3,750 per individual \$12,700 per family	\$7,500 per individual
General Care and Urgent Care					
Routine Physical; Well Woman Exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor's Office Visit	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
Family Planning	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge		No charge	100% covered no deductible	50% covered after deductible
Lab and X-ray	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	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	50% covered after \$5 co-pay; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply		\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	50% covered after \$20 co-pay; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply		Physician authorized only	\$50 co-pay 30-day supply	50% covered after \$45 co-pay; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply		\$10 co-pay 100-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	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply		Physician authorized only	\$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	Same as 30-day above limitations apply; see EOC	Same as 30-day above limitations apply; see EOC

2019 Medical Plans

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL PLAN IN-NETWORK ONLY	UNITEDHEALTHCARE	
				IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient					
Hospital Outpatient	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
Hospital Inpatient	\$200 co-pay per admission		\$100 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	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	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 required		No charge when medically necessary	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	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	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	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 after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse					
Outpatient Treatment	\$25 co-pay non-severe and severe		\$10 co-pay group \$20 co-pay individual	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	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 \$2,500 each		Up to \$2,500 each	85% covered after deductible; up to \$2,500 each	50% covered after deductible; up to \$2,500 each
Medical Equipment, Prosthetics and Orthotics	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	85% covered after deductible; 60 visits max per plan year	50% covered after deductible; 60 visits max per plan year
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	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	85% covered after deductible; prior notification	50% covered after deductible; prior notification

SFUSD Medical Premium Contributions 2019 (Employee Only)

CLASSIFIED YEAR ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Biweekly, 26 Pay Period Deductions								
Consolidated Crafts ¹								
Electric Workers Local 6	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$310.19	\$187.03
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$340.28	\$156.94
Classified Unrepresented								
Classified Unrepresented Managerial	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$310.19	\$187.03
IFPTE Local 21	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$310.19	\$187.03
UESF Paraeducators (Year round)								
UESF 15–19 hours Paraeducators					\$211.66	\$70.55		
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Biweekly - 21 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UESF and USP K-12 Paraeducators August–December	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$310.19	\$187.03
UESF and USP K-12 Paraeducators January–June ²	\$413.59	\$46.51	\$413.59	\$123.40	\$376.28	\$0	\$413.59	\$249.37
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Biweekly - 22 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
SEIU Local 1021 K-12 Classified August–December	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$340.28	\$156.94
SEIU Local 1021 K-12 Classified January–June ²	\$413.59	\$46.51	\$413.59	\$123.40	\$376.28	\$0	\$453.71	\$209.25
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December					\$282.21	\$0		
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June ²					\$376.28	\$0		
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Biweekly, 23 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UESF and USP Paraeducators August–December	\$310.19	\$34.88	\$310.19	\$92.55	\$282.21	\$0	\$310.19	\$187.03
UESF and USP Paraeducators January–June ²	\$381.77	\$42.93	\$381.77	\$113.91	\$347.34	\$0	\$381.77	\$230.19
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Monthly, 12 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UASF Local 3 Administrators								
Board of Educators (BOE)								
Superintendent's Cabinet	\$672.08	\$75.57	\$672.08	\$200.53	\$611.45	\$0	\$672.08	\$405.23
Certificated Unrepresented Management								
UESF Certificated Personnel								
UESF Substitute Teachers (Prop A)								

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

² Rates are higher from January through June to fund coverage during the summer months. See pages 30-33 for calendars.

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

SFUSD Medical Premium Contributions 2019 (Employee Plus One)

CLASSIFIED YEAR ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Biweekly, 26 Pay Period Deductions								
Consolidated Crafts ¹								
Electric Workers Local 6	\$653.48	\$34.88	\$694.90	\$108.82	\$562.51	\$0	\$694.90	\$267.36
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$653.48	\$34.88	\$694.90	\$108.82	\$562.51	\$0	\$694.90	\$267.36
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$436.52	\$251.84	\$436.52	\$367.20	\$408.54	\$153.97	\$436.52	\$525.74
IFPTE Local 21	\$414.04	\$274.32	\$414.04	\$389.68	\$386.05	\$176.46	\$414.04	\$548.22
UESF Paraeducators (Year round)	\$436.52	\$251.84	\$436.52	\$367.20	\$408.54	\$153.97	\$436.52	\$525.74
UESF 15-19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Biweekly - 21 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UESF and USP K-12 Paraeducators August-December	\$436.52	\$251.84	\$436.52	\$367.20	\$408.54	\$153.97	\$436.52	\$525.74
UESF and USP K-12 Paraeducators January-June ²	\$582.03	\$355.79	\$582.03	\$489.60	\$544.72	\$205.29	\$582.03	\$700.99
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Biweekly - 22 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
SEIU Local 1021 K-12 Classified August-December	\$653.48	\$34.88	\$694.90	\$108.82	\$562.51	\$0	\$694.90	\$267.36
SEIU Local 1021 K-12 Classified January-June ²	\$871.31	\$46.51	\$926.53	\$145.09	\$750.01	\$0	\$926.53	\$356.48
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June ²								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Biweekly, 23 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UESF and USP Paraeducators August-December	\$436.52	\$251.84	\$436.52	\$367.20	\$408.54	\$153.97	\$436.52	\$525.74
UESF and USP Paraeducators January-June ²	\$537.26	\$309.96	\$537.26	\$451.94	\$502.82	\$189.50	\$537.26	\$647.06
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
Monthly, 12 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UASF Local 3 Administrators								
Board of Educators (BOE)	\$895.80	\$595.65	\$895.80	\$845.59	\$835.17	\$383.60	\$895.80	\$1,189.10
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certified Personnel	\$945.80	\$545.65	\$945.80	\$795.59	\$885.17	\$333.60	\$945.80	\$1,139.10
UESF Substitute Teachers (Prop A)								

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

² Rates are higher from January through June to fund coverage during the summer months. See pages 30-33 for calendars.

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

SFUSD Medical Premium Contributions 2019 (Employee Plus Two or More)

CLASSIFIED YEAR ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
Biweekly, 26 Pay Period Deductions								
Consolidated Crafts ¹								
Electric Workers Local 6	\$694.90	\$278.41	\$694.90	\$441.64	\$666.92	\$128.24	\$694.90	\$657.12
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$694.90	\$278.41	\$694.90	\$441.64	\$666.92	\$128.24	\$694.90	\$657.12
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$482.68	\$490.63	\$482.68	\$653.86	\$454.69	\$340.47	\$482.68	\$869.34
IFPTE Local 21	\$468.96	\$504.35	\$468.96	\$667.58	\$440.98	\$354.18	\$468.96	\$883.06
UESF Paraeducators (Year round)	\$482.68	\$490.63	\$482.68	\$653.86	\$454.69	\$340.47	\$482.68	\$869.34
UESF 15-19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
Biweekly - 21 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UESF and USP K-12 Paraeducators August-December	\$482.68	\$490.63	\$482.68	\$653.86	\$454.69	\$340.47	\$482.68	\$869.34
UESF and USP K-12 Paraeducators January-June ²	\$643.57	\$654.17	\$643.57	\$871.81	\$606.25	\$453.96	\$643.57	\$1,159.12
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
Biweekly - 22 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
SEIU Local 1021 K-12 Classified August-December	\$694.90	\$278.41	\$694.90	\$441.64	\$666.92	\$128.24	\$694.90	\$657.12
SEIU Local 1021 K-12 Classified January-June ²	\$926.53	\$371.21	\$926.53	\$588.85	\$889.23	\$170.99	\$926.53	\$876.16
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June ²								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
Biweekly, 23 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UESF and USP Paraeducators August-December	\$482.68	\$490.63	\$482.68	\$653.86	\$454.69	\$340.47	\$482.68	\$869.34
UESF and USP Paraeducators January-June ²	\$594.07	\$603.85	\$594.07	\$804.75	\$559.62	\$419.04	\$594.07	\$1,069.96
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO (UHC)	
	TRIO HMO		ACCESS+ HMO		Employer Pays	Employee Pays	Employer Pays	Employee Pays
Monthly, 12 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays				
UASF Local 3 Administrators								
Board of Educators (BOE)	\$945.80	\$1,163.04	\$945.80	\$1,516.70	\$885.17	\$837.66	\$945.80	\$1,983.57
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certificated Personnel	\$1,045.80	\$1,063.04	\$1,045.80	\$1,416.70	\$985.17	\$737.66	\$1,045.80	\$1,883.57
UESF Substitute Teachers (Prop A)								

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

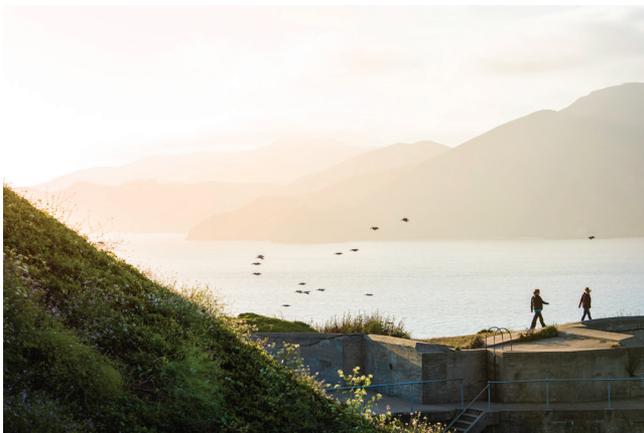
² Rates are higher from January through June to fund coverage during the summer months. See pages 30-33 for calendars.

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

Preventive Care

If Everyone in the United States Received Recommended Clinical Preventive Care, We Could Save 100,000 Lives Each Year¹

Most preventive care services are covered 100%, at no cost to you. Preventive care services include regular checkups, screenings, vaccinations and healthy lifestyle programs. Preventive care and healthy lifestyle choices are small steps that can improve your well-being. With appropriate preventive care, you may avoid or delay the onset of a condition. An early diagnosis may increase the probability that treatment will be effective. Members who receive appropriate preventive care also help our entire health benefits system to manage costs for current and future members, particularly as we transition from active employees to retirees.



Get Started With Your Preventive Care

1. Go to [cdc.gov/prevention](https://www.cdc.gov/prevention) to receive a personalized list of recommended preventive care.
2. Contact your health care provider to schedule your preventive care and learn about services they offer to help you live a healthy lifestyle. **Also, don't forget to take care of your teeth and eyes with routine dental and vision checkups.**
3. Explore new ways of managing stress, eating healthy, managing your weight and adopting healthy behaviors that support your total good health and well-being. See [sfhss.org/well-being](https://www.sfhss.org/well-being) for programs and information available to you as an SFHSS member.

Tobacco Cessation Resources

Blue Shield Trio HMO and Access+ HMO

QuitNet

QuitNet offers a dynamic tobacco cessation program with daily email or text support. To get started with QuitNet, login to mywellvolution.com and click on the QuickNet program.

QuitNet is based on the latest science and best practices to help people overcome their addiction to tobacco.

QuitNet combines many intervention methods, including online and mobile support from experts and peers, phone-based coaching from a tobacco treatment specialist, personalized email and text support, and pharmaceutical quit aids.

Kaiser Permanente HMO

You may be eligible to receive tobacco cessation medications at your drug-benefit co-payment price with a prescription from your doctor.

Kaiser Permanente also offers face-to-face individual tobacco cessation counseling or classes, or sign up online for a Freedom from Tobacco class at a location near you at kp.org.

Breathe is an online personalized program which supports you as you explore why it's hard to quit smoking, offering tips and advice to help you give up the habit. Go to kp.org/breathe to get started.

UnitedHealthcare City Plan PPO

UnitedHealthcare (UHC) covers smoking cessation prescriptions from an in-network pharmacy, at no cost to member, as preventive.

Online tools: liveandworkwell.com also includes a tobacco cessation website where members can view a list of resources and support ideas.

Once you login, click on "Mind and Body," where you will find self-management tools for smoking cessation, assessments and screeners and cost estimators demonstrating the money that could be saved by quitting smoking.

Face-to-face: If you use tobacco, we cover two counseling quit attempts within a 12-month period as a preventive service with no cost to you.

¹<https://www.cdc.gov/prevention/index.html>

2019 Vision Plan Benefits

All SFHSS members and dependents who are enrolled in an SFHSS medical plan are automatically enrolled in basic vision plan benefits.

Vision Plan Benefits

SFHSS members and dependents enrolled in a medical plan administered by SFHSS have vision coverage through VSP Vision Care. You may use a VSP Vision Care network doctor or a non-VSP doctor. To locate a VSP network doctor visit vsp.com or contact Member Services at (800) 877-7195.

Accessing Your Vision Benefits

No ID cards are issued for the vision plan. To receive service from a VSP Vision Care network doctor, contact the doctor, identify yourself as a VSP Vision Care member and make an appointment. VSP Vision Care will provide benefit authorization to the doctor. Services must be received prior to the benefit authorization expiration date.

If you receive services from a VSP Vision Care network doctor without prior authorization, or obtain services from a vision care service provider outside of the VSP Vision Care network (including Kaiser Permanente), you are responsible for payment in full to the provider. You may then submit an itemized bill directly to VSP Vision Care for partial reimbursement. Compare the costs of out-of-network vision services to VSP Vision Care in-network costs before choosing.

Vision Plan Limits and Exclusions

- One set of contacts or eyeglass lenses every 24 months, per last date of service. If examination reveals prescription change of 0.50 diopter or more after 12 months, replacement lenses covered.
- Eligible dependent children are covered in full for polycarbonate prescription lenses.
- Cosmetic extras, including progressive, tinted or oversize lenses, will cost you more.

Vision Plan Expenses Not Covered

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

VSP Basic and Premier Vision Plans

You now have choices—as a new hire or during open enrollment you can stay enrolled in the Basic Plan or choose the Premier Plan for enhanced benefits, such as a \$300 allowance on frames or a \$250 allowance on contacts lenses every calendar year. Anti-reflective are covered in full with a \$25 copay for each. Starting on July 1, 2018, standard progressive lenses will be covered at 100%, with co-pays for premium and custom progressive lenses. See page 19 for details.

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers and discounts, including an extra \$20 on featured frame brands, and rebates on popular contact lenses. VSP also provides savings on hearing aids through TruHearing® for you, 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 access VSP Vision Care benefits.

2019 Vision Plan Benefits-at-a-Glance

Covered Services	Basic	Premier
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year
Single Vision Lenses	\$25 co-pay every other calendar year ¹	\$0 every calendar year
Lined Bifocal Lenses	\$25 co-pay every other calendar year ¹	\$0 every calendar year
Lined Trifocal Lenses	\$25 co-pay every other calendar year ¹	\$0 every calendar year
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Progressive Lenses	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
Premium Anti-Reflective Coating	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco® \$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® 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 ¹	\$250 allowance every calendar year
Contact Lens Exam	Up to \$60 co-pay fitting and evaluation exam covered; every other calendar year ¹	Up to \$60 co-pay every calendar year
Primary Eye Care (for the treatment of urgent or acute ocular conditions)	\$5 co-pay	\$5 co-pay
Vision Care Discounts		
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
Employee Contribution		Employee Biweekly Contribution²
Included in medical premium		Employee Only \$4.32 Employee + 1 Dependent \$6.48 Employee + Family \$13.53

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, 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 With the Basic Plan, new eyeglass lenses may be covered the next year if Rx change is more than .50 diopters. Based on your last date of service.

² For other pay schedules, please visit sfhss.org or call (415) 554-1750.

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

SFUSD Provides Your Dental Benefits

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

SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by SFUSD Benefits Office. To download an enrollment application visit Salary and Benefits at sfusd.edu. SFUSD pays 100% of the dental plan premium contribution. SFUSD dental eligibility guidelines:

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

Delta Dental PPO: Principal Benefits And Covered Services

Most SFUSD Dental Benefits are covered at 70% the first year of qualifying employment, 80% the second, 90% the third and 100% the fourth year, provided the employee and each covered dependents uses the dental coverage at least once a year and remains enrolled with no break in coverage. Dental Dental PPO does not issue ID cards.

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

Maximum benefit payable in a calendar year for in-Network PPO is \$2,000.00 (Local 1021 and Classified Managers) or \$1,500 for Premier (Local 21 and monthly and paraeducator employees). This is a general summary only. Contact the SFUSD Benefits Office for more information. You should also refer to your plan contract for details about covered services, limitations and exclusions. **Delta Dental PPO does not issue ID cards.**

Other Benefits Administered by SFUSD

Flexible Spending Accounts

Flexible Spending Account enrollment is handled by the SFUSD Benefits Office. FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both. Once enrolled, you set aside money pre-tax via payroll deduction to fund your FSA accounts. To receive FSA reimbursements you must submit documentation to plan administrator WageWorks by required deadlines. For more information visit wageworks.com.

A Healthcare FSA allows each employee to pay for up to \$2,650 per year in qualifying medical expenses pre-tax. Qualifying expenses include medical, pharmacy, dental and vision co-pays and deductibles for the enrolled employee and eligible dependents.

A Dependent Care FSA can help pay pre-tax for qualifying dependent care expenses up to \$5,000 per household per year. Qualifying expenses include certified day care, pre-school and elder care. Children in day care must be under age 13.

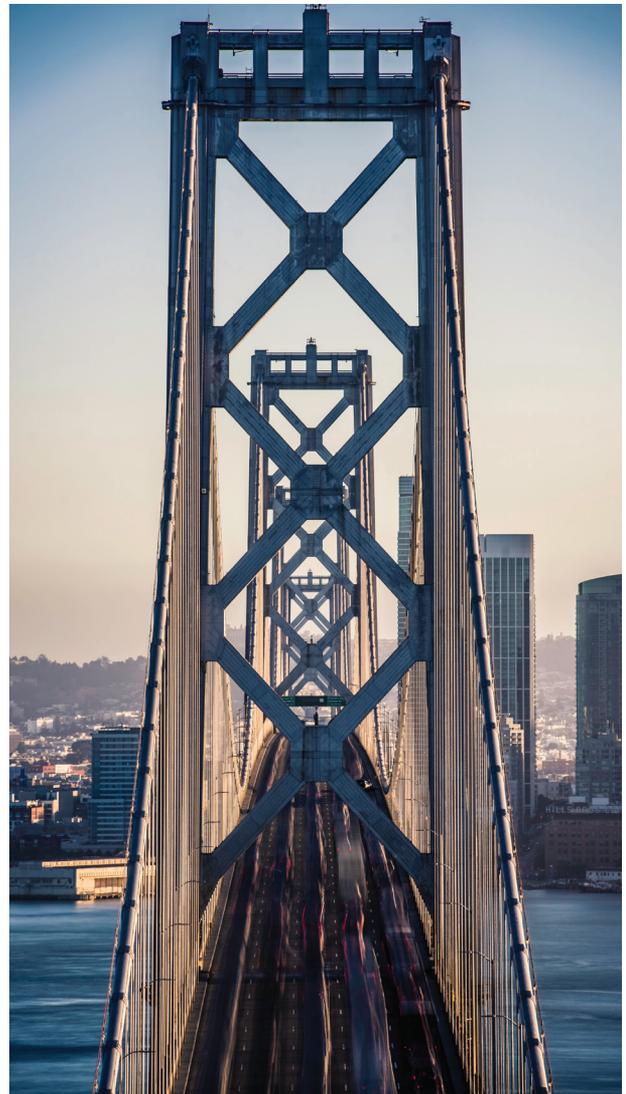
Before enrolling in your FSA, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2019. Budget conservatively. Based on new federal law, you may roll forward up to \$500 in unused funds in your Healthcare FSA year over year. But any unreimbursed funds in excess of \$500 are forfeited at the end of the plan year and cannot be returned to you. Dependent Care FSA does not qualify for rollover. FSA expenses must meet Internal Revenue Service criteria:

- irs.gov/pub/irs-pdf/p502.pdf
- irs.gov/pub/irs-pdf/p503.pdf

Note: with a FSA your taxable income will be reduced for Social Security purposes so there may be a corresponding reduction in Social Security benefits.

Additional Voluntary Supplemental Benefits

Refer to the SFUSD website at sfusd.edu or call SFUSD at (415) 241-6101 for a list of additional voluntary supplemental benefit programs available through SFUSD.



Mental Health and Substance Abuse Benefits

As a result of federal mental health parity law, there is no yearly or lifetime dollar limit for essential mental health benefits. Additionally, deductibles, co-payments, coinsurance, out-of-pocket limits, number of days or visits covered and any pre-authorization of treatment must be the same for mental health and medical/surgical services. Employees can also access the SFHSS Employee Assistance Program (EAP) at (415) 554-0610 (see below). For urgent mental health issues, call 911 or go to the closest emergency department.

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	UnitedHealthcare City Plan PPO
Mental Health and Substance Abuse Services		
<p>Call (877) 263-9952 to find a provider and schedule an appointment.</p>	<p>Call (800) 464-4000 to make an appointment or contact your Primary Care Physician or call (415) 833-2292.</p> <p>You don't need a referral to see a therapist. Make an appointment to see a therapist, without referral, through your Primary Care Physician.</p>	<p>Call (866) 282-0125 to make an appointment.</p> <p>Telemental Health: Services are available with participating providers. To find providers online, go to liveandworkwell.com or welcometouhc.com/sfhss.</p>
Mental Well Being Services		
<p>Counseling and Consultation: <i>LifeReferrals</i> is available with no co-payment. Topics include relationship problems, stress, grief, and community referrals. Legal and identity theft consultations also available. Call (800) 985-2405, 24/7.</p> <p>Online Coaching: Take well-being one day at a time with the <i>DailyChallenge</i> at mywellvolution.com.</p>	<p>Classes, Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth for more information. There are no co-payments for attending classes and support groups.</p> <p>Telephone/Online Coaching: Call (866) 862-4295 or visit kp.org and search for <i>HealthMedia Relax</i>.</p>	<p>Call the <i>Confidential Help line 24/7</i> at (866) 282-0125.</p> <p>Telemental Health: Services are available with participating providers. To find providers online, go to liveandworkwell.com or welcometouhc.com/sfhss.</p> <p>Mental Health Providers and Online resources can be found at liveandworkwell.com.</p> <p>Members can also link to this directly from their myuhc.com profile.</p>

Free, Confidential Counseling, and More through the SFHSS Employee Assistance Program (EAP)

EAP provides confidential, voluntary, free mental health services to all employees and immediate family members. EAP is staffed by licensed therapists. Services include:

- Short-term, solution-focused counseling for individual, couples, and families
- Critical incident debriefing and trauma response
- Mediation and conflict resolution

Appointments are available Monday through Friday, from 9:00am-5:00pm, call (415) 554-0610.

Resources and referral EAP services are confidential in accordance with state and federal law.

Best Doctors: Expert Medical Case Review

Expert physicians provide free and confidential case review when you or a family member faces any important medical decision.

Get an in-depth medical review by a world-renowned expert when concerned about a medical service or treatment plan. Consider using Best Doctors if you or a family member needs to:

- Confirm a diagnosis
- Decide if a recommended surgery is necessary
- Review a recommended treatment plan for a life-threatening illness like cancer or heart disease
- Learn more about a prescribed medication or medication interactions
- Evaluate options for treating chronic joint pain or back pain
- Manage a complex chronic condition, or multiple conditions

The Best Doctors benefit includes:

In-Depth Medical Case Review

At your request, Best Doctors collects and reviews your medical records, including images and tests. Expert physicians review your information and you receive a detailed report and a confidential recommendation about your diagnosis and treatment plan. Best Doctors will discuss this report with you and with your treating physician if you request it. This service helps you make the treatment decisions that are right for you.

Ask the Expert

If you have a basic question about a diagnosis or treatment options, you can obtain personalized guidance from a physician with specific expertise.

Critical Care

If you or your dependent family member is admitted to an emergency room with a traumatic injury requiring critical care or neonatal unit for an acute medical event, Best Doctors' emergency medical experts can provide early intervention along with your treating medical team. A nurse will be sent within two hours to review your care and coordinate with the Best Doctors' expert if needed to help make critical decisions.

Find a Doctor

Best Doctors can locate an in-network physician using their network of medical experts.

Medical Records eSummary

Best Doctors can collect and organize all your medical records along with a personal health summary from a Best Doctor and provide them to you on an easy-to-access USB drive.

Contact Best Doctors: To get started, call Best Doctors at (866) 904-0910, M-F, 5am-6pm PST, or visit members.bestdoctors.com. You will be assigned a Best Doctors clinician to help you through the process and to select the best option for you. With your permission, Best Doctors will gather and review your medical records, including images, lab results and pathology slides to make their recommendations.

You Must Notify the San Francisco Health Service System of Any Leave of Absence

Type of Leave	Health Benefits Eligibility
Family and Medical Leave (FMLA) Workers' Compensation Leave Family Care Leave Military Leave Leave for Employment as an Employee Organization Officer or Representative	Notify the San Francisco Health Service System (SFHSS) as soon as your leave begins – within 30 days. You may elect to continue or waive coverage for the duration of your approved leave of absence. You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.
Personal Leave Personal Leave Following Family Care Leave Educational Leave	Employees on approved unpaid <i>Leave of Absence</i> , including but not limited to personal and educational leaves, must pay the total cost of health coverage for yourself and any enrolled dependents. This includes your premium contribution plus your employer's premium contribution. Notify SFHSS as soon as your leave begins – within 30 days. You may elect to continue or waive health coverage for the duration of your approved leave of absence. You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.

Your Responsibilities

Notify your supervisor and your Department's Human Resources Benefits and Leaves Office prior to your leave.

If your leave is due to an unexpected emergency contact your HR office as soon as possible. Human Resources will help you understand the process and documentation required for an approved leave. Human Resources will also provide SFHSS with important information about your leave. Contact SFHSS for details.

Contact the San Francisco Health Service System as soon as your leave begins—within 30 days. You may choose to continue or waive health coverage while on leave. If you continue coverage, you must pay employee premium contributions while you are on leave. If premium payments are not deducted from your paycheck while you are on leave you must pay SFHSS directly. Failure to do so will result in termination of your health benefits.

When leave ends, contact the San Francisco Health Service System to reinstate your benefits immediately and **within 30 days of return to work.** If you continued your health coverage while on an unpaid leave, you must request that SFHSS resume health premium payroll deductions. If coverage was waived or terminated while you were on leave, you must request that SFHSS reinstate your benefits and resume your payroll deductions.

Health Benefits During a Paid or Unpaid Leave of Absence

Medical and Vision

While you are on an unpaid leave, premiums for health coverage cannot be deducted from your paycheck. To maintain coverage, you must pay premium contributions directly to SFHSS. Contact SFHSS **within 30 days** of when leave begins to either waive coverage or arrange for payment of premiums. Failure to do so can result in the termination of your health benefits, which may not be reinstated until you return to work or during Open Enrollment. When you return to work, contact SFHSS immediately (**within 30 days**) to request that health premium payroll deductions be returned to active status.

Domestic Partner Imputed Income

If you have a domestic partner enrolled on 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 leave.

Questions About Health Benefits During a Leave

If you have questions about health benefits during a leave of absence call SFHSS at (415) 554-1750.



Transition to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

The transition of health benefits from active to retiree status does not happen automatically. If eligible, you must elect to continue retiree health coverage by submitting the retiree enrollment form and supporting documents to SFHSS. **Contact SFHSS three months before your retirement date** to learn about enrolling in retiree benefits. You are required to notify SFHSS of your retirement, even if you are not planning to elect SFHSS coverage on your retirement date.

A retiree must have been a member of SFHSS at some time during his or her active employment in order to be eligible for retiree health benefits. Other restrictions may apply.

Depending on your retirement date, there can be a gap between when active employee coverage ends and retiree coverage begins. Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage. Call SFHSS at (415) 554-1750 to review your options before deciding on your retirement date.

Medicare Enrollment Required for Medicare-eligible Retirees and Dependents

All retirees and dependents who are Medicare-eligible due to age or disability are required to enroll. Failure of a retired member or dependent to enroll in Medicare when eligible will result in penalties, limitations in retiree member coverage and the termination of retiree dependent coverage. Processing of Medicare eligibility takes at least three months.

Retiree Premium Contributions

If you choose to continue medical and/or dental coverage through SFHSS after you retire, your retiree premium contribution may be higher than your active employee contributions. As a retired member, you will also be required to pay for dental coverage. Costs will depend on your plan choices, number of dependents covered and your Medicare status. Health premium contributions will be taken from your pension check. If monthly premium contributions are greater than your pension check, you must contact SFHSS to make payment arrangements. Premium rates are subject to change every plan year.

Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

If you choose to take a lump-sum pension distribution, your retiree healthcare premium contributions will be unsubsidized and you will pay the full cost.

Active Employee Medicare Enrollment

If you are working and eligible for SFHSS health coverage at age 65 or older, you are not required to enroll in Medicare. Even though it is not required, you are eligible for Medicare at age 65 and can enroll if you choose. Some employees over age 65 choose to enroll in premium-free Medicare Part A while they are still working. If you enroll in Part A, you must contact the Social Security Administration and enroll in Medicare Part B three months before you retire or otherwise leave City employment. If you are over age 65 and not enrolled in both Medicare Part A and Part B upon retirement, you may be charged penalties by the federal government and you will be enrolled in City Plan 20.

Married Spouse Medicare Enrollment

A spouse covered on an active employee's SFHSS plan is not required to enroll in Medicare until you retire. A Medicare-eligible spouse must have enrolled in Medicare to be covered on a retiree's health plan.

Domestic Partner Medicare Enrollment

A registered domestic partner of an employee who is eligible for Medicare must be enrolled in Medicare to qualify for SFHSS medical coverage. The federal government charges a premium for Medicare Part B and in some cases, for Part D. All Medicare premium payments must be paid to maintain continuous Medicare enrollment. A domestic partner who fails to enroll in Medicare Part B when first eligible may be charged Medicare late enrollment penalties.

Contact the Employee Assistance Program

Contact EAP at (800) 795-2351 before your retirement date to plan for a meaningful retirement. Address any emotional or psychological changes and make your retirement years be the best they can be.

COBRA and Covered California

The COBRA Administrator for SFHSS benefits is the P&A Group. Please visit padmin.com or call (800) 688-2611 for more information.

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees and covered dependents to elect a temporary extension of health coverage in certain instances where coverage would end. These include:

- Children who are aging out of SFHSS coverage.
- Employee's spouse, domestic partner or stepchildren who are losing SFHSS coverage due to legal separation, divorce or dissolution of partnership.
- Covered dependents who are not eligible for survivor benefits and are losing SFHSS coverage due to the death of an SFHSS member.
- New retirees who opt to enroll in COBRA dental coverage when they first lose active employee dental benefits.

Time Limits for COBRA Elections

The COBRA administrator will notify you of the opportunity to elect COBRA coverage. You have 60 days from the notification date to complete COBRA enrollment. Coverage will be retroactive to the date of the COBRA qualifying event, so there is no break in coverage. While covered under COBRA, you have 30 days to add newly eligible dependents (spouse, domestic partner, newborn or adopted child) to COBRA coverage, based on the date of the qualifying event (marriage, partnership, birth, adoption).

In the case of a dependent losing coverage (due to divorce or aging out of a plan) the employee or dependent must notify the COBRA Administrator within 30 days of the qualifying event. Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

Duration of COBRA Continuation Coverage

Group 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.

COBRA enrollees who are disabled on the date of their qualifying event, or at 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 percent of the group rate. Retirees and dependents who are eligible for less than 36 months of federal COBRA may be eligible for Cal-COBRA. Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan if no pre-existing condition limitation under the new plan applies to the covered individual.
- You fail to pay the premium required under the plan within the grace period.
- The applicable COBRA period ends.

Paying for COBRA

Once COBRA continuation coverage is elected, it is the responsibility of the covered individuals to remit the required healthcare premium payments directly to the COBRA administrator. For COBRA rate information, visit sfhss.org or contact SFHSS.

COBRA Continuation Coverage Alternatives

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 (888) 975-1142 or visit coveredca.com.

As an alternative to COBRA continuation coverage, you may be able to purchase individual health coverage from your healthcare plan or other insurers. Contact plans directly for details and costs.

Employees and dependents who were covered under an SFHSS-administered health plan are entitled to a certificate showing evidence of prior coverage.

Health Service Board Achievements



Karen Breslin
President
Elected

Stephen
Follansbee, MD
Vice President
Appointee

Sharon Ferrigno
Elected
Retiree

Wilfredo Lim
Elected
Employee

Rafael
Mandelman
Board of
Supervisors

Randy Scott
Appointee
Commissioner

Steps to Improve and Maintain Affordable Benefits:

1. Through the Health Service Board Education Policy, the Board continues to be fully committed to being knowledgeable and apply understanding to business principles and practices of the San Francisco Health Service System and the Health System Trust.
2. Recruit and hire a new Executive Director for San Francisco Health Service System.

Benefit Additions:

The Health Service Board approved the following plan enhancements and benefits for 2019:

VSP Basic and Premier Vision Plans

- Approved 100% coverage for standard progressive lenses for both Basic and Premier Vision Plan members.

Delta Dental PPO for City and County of San Francisco

- Approved SmileWay program allowing members diagnosed with chronic health conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis and/or stroke) 100% coverage for one annual periodontal scaling and root planing procedure and up to four (any combination) teeth cleaning or periodontal maintenance services per year.
- Approved Adult orthodontic lifetime maximum increase by \$1,000 in each provider tier category (to match child orthodontia maximum levels).
- Approved removal of six-month waiting period for prosthodontic and orthodontic coverage.
- Approved Cost Estimator Tool providing members the ability to model the estimated cost of specific dental services in advance and will suggest as an option, alternative, less-costly providers.
- Approved Accident Benefit Rider or additional coverage for dental services for conditions caused directly or independently of all other causes by external, violent, and accidental means.

City Plan PPO

- Approved new “City Plan PPO—HMO Choices Not Available” option providing lower member contributions for those who lack geographic access to other medical plans offered by SFHSS.
- Approved a provider re-contracting initiative increasing average discounts for provider services, without any change in provider composition of the PPO network.

UnitedHealthcare Medicare Advantage PPO

- Approved preferred diabetic supplies program.
- Approved reduction to member co-payments for kidney dialysis, urgent care and certain therapy services.
- Approved change to prescription drug formulary to better align with Medicare standards.
- Approved the Select Plus network for all California membership allowing for increased average network discounts for provider services allowing for greater discounts with no network disruption to the PPO network.
- Approved post-discharge meal delivery, care-related transportation (post-discharge and routine transportation), and nutritional counseling benefits.

Legal Notices About Health Benefits

Notice of Medicare Part D Creditable Coverage

If you are Medicare-eligible and enrolled in a medical plan through the San Francisco Health Service System (SFHSS), your prescription drug coverage is better than the standard level of coverage set by the federal government under Medicare Part D. This qualifies as creditable coverage under Medicare Part D.

You only need to worry about this if in the future you or a Medicare-eligible dependent terminates or loses medical coverage administered through SFHSS. At that point this evidence of creditable coverage will prevent you from incurring penalties charged by the federal government for late enrollment in Medicare Part D. You must enroll in Medicare Part D no more than 62 days after your coverage through SFHSS terminates. Anyone who fails to act within that time period will incur a late enrollment penalty of at least 1% per month for each month after May 15, 2006 that the person did not have creditable coverage or enrollment in Part D.

For example, if 19 months passed between the time a person terminated creditable coverage with the SFHSS and enrollment in Medicare Part D, that person's Medicare Part D premium would always be at least 19% higher than what most other people pay. That person might also be required to wait until the following November when the federal government conducts Open Enrollment for Medicare in order to sign up for Medicare Part D prescription coverage.

If a person loses creditable prescription drug coverage through no fault of his or her own, that person may also be eligible for a Special Enrollment Period (SEP) to join a Medicare drug plan.

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 is available at sfhss.org.

You may also contact SFHSS to request a written copy of the full legal notice.

2019 Health Coverage Calendars

SFUSD BIWEEKLY EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 26, 2018–January 8, 2019	January 16, 2019	December 26, 2018–January 8, 2019
January 9, 2019–January 22, 2019	January 30, 2019	January 9, 2019–January 22, 2019
January 23, 2019–February 5, 2019	February 13, 2019	January 23, 2019–February 5, 2019
February 6, 2019–February 19, 2019	February 27, 2019	February 6, 2019–February 19, 2019
February 20, 2019–March 5, 2019	March 13, 2019	February 20, 2019–March 5, 2019
March 6, 2019–March 19, 2019	March 27, 2019	March 6, 2019–March 19, 2019
March 20, 2019–April 2, 2019	April 10, 2019	March 20, 2019–April 2, 2019
April 3, 2019–April 16, 2019	April 24, 2019	April 3, 2019–April 16, 2019
April 17, 2019–April 30, 2019	May 8, 2019	April 17, 2019–April 30, 2019
May 1, 2019–May 14, 2019	May 22, 2019	May 1, 2019–May 14, 2019
May 15, 2019–May 28, 2019	June 5, 2019	May 15, 2019–May 28, 2019
May 29, 2019–June 11, 2019	June 19, 2019	May 29, 2019–June 11, 2019
June 12, 2019–June 30, 2019	July 3, 2019	June 12, 2019–June 30, 2019
July 1, 2019–July 9, 2019	July 17, 2019	July 1, 2019–July 9, 2019
July 10, 2019–July 23, 2019	July 31, 2019	July 10, 2019–July 23, 2019
July 24, 2019–August 6, 2019	August 14, 2019	July 24, 2019–August 6, 2019
August 7, 2019–August 20, 2019	August 28, 2019	August 7, 2019–August 20, 2019
August 21, 2019–September 3, 2019	September 11, 2019	August 21, 2019–September 3, 2019
September 4, 2019–September 17, 2019	September 25, 2019	September 4, 2019–September 17, 2019
September 18, 2019–October 1, 2019	October 9, 2019	September 18, 2019–October 1, 2019
October 2, 2019–October 15, 2019	October 23, 2019	October 2, 2019–October 15, 2019
October 16, 2019–October 29, 2019	November 6, 2019	October 16, 2019–October 29, 2019
October 30, 2019–November 12, 2019	November 20, 2019	October 30, 2019–November 12, 2019
November 13, 2019–November 26, 2019	December 4, 2019	November 13, 2019–November 26, 2019
November 27, 2019–December 10, 2019	December 18, 2019	November 27, 2019–December 10, 2019
December 11, 2019–December 24, 2019	January 2, 2020	December 11, 2019–December 24, 2019

Employee premium contributions are deducted from paychecks biweekly, for a total of 26 payroll deductions for the 2019 plan year.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 24-25 for more information about maintaining health coverage during a leave of absence.

2019 Health Coverage Calendars

UESF K-12 PARAEDUCATORS SCHOOL TERM EMPLOYEES SEIU LOCAL 1021 SCHOOL TERM EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 26, 2018–January 8, 2019	January 16, 2019	December 26, 2018–January 8, 2019
January 9, 2019–January 22, 2019	January 30, 2019	January 9, 2019–January 22, 2019
January 23, 2019–February 5, 2019	February 13, 2019	January 23, 2019–February 5, 2019
February 6, 2019–February 19, 2019	February 27, 2019	February 6, 2019–February 19, 2019
February 20, 2019–March 5, 2019	March 13, 2019	February 20, 2019–March 5, 2019
March 6, 2019–March 19, 2019	March 27, 2019	March 6, 2019–March 19, 2019
March 20, 2019–April 2, 2019	April 10, 2019	March 20, 2019–April 2, 2019
April 3, 2019–April 16, 2019	April 24, 2019	April 3, 2019–April 16, 2019
April 17, 2019–April 30, 2019	May 8, 2019	April 17, 2019–April 30, 2019
May 1, 2019–May 14, 2019	May 22, 2019	May 1, 2019–May 14, 2019
May 15, 2019–May 28, 2019	June 5, 2019	May 15, 2019–May 28, 2019
May 29, 2019–June 11, 2019	June 19, 2019	May 29, 2019–June 11, 2019
	July 3, 2019	
<i>Summer Break off from regular work</i>	July 17, 2019	<i>Summer Coverage Period extra payroll deductions taken January to June pre-pay this summer coverage period</i>
	July 31, 2019	
	August 14, 2019	
August 7, 2019–August 20, 2019	August 28, 2019	August 7, 2019–August 20, 2019
August 21, 2019–September 3, 2019	September 11, 2019	August 21, 2019–September 3, 2019
September 4, 2019–September 17, 2019	September 25, 2019	September 4, 2019–September 17, 2019
September 18, 2019–October 1, 2019	October 9, 2019	September 18, 2019–October 1, 2019
October 2, 2019–October 15, 2019	October 23, 2019	October 2, 2019–October 15, 2019
October 16, 2019–October 29, 2019	November 6, 2019	October 16, 2019–October 29, 2019
October 30, 2019–November 12, 2019	November 20, 2019	October 30, 2019–November 12, 2019
November 13, 2019–November 26, 2019	December 4, 2019	November 13, 2019–November 26, 2019
November 27, 2019–December 10, 2019	December 18, 2019	November 27, 2019–December 10, 2019
December 11, 2019–December 24, 2019	January 2, 2020	December 11, 2019–December 24, 2019

Employee premium contributions are deducted from paychecks biweekly, for a total of 22 payroll deductions for the 2019 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer months. During summer months with no paycheck, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 24-25 for more information about maintaining health coverage during a leave of absence.

2019 Health Coverage Calendars

UESF PRE-K PARAEDUCATORS SCHOOL TERM EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 26, 2018–January 8, 2019	January 16, 2019	December 26, 2018–January 8, 2019
January 9, 2019–January 22, 2019	January 30, 2019	January 9, 2019–January 22, 2019
January 23, 2019–February 5, 2019	February 13, 2019	January 23, 2019–February 5, 2019
February 6, 2019–February 19, 2019	February 27, 2019	February 6, 2019–February 19, 2019
February 20, 2019–March 5, 2019	March 13, 2019	February 20, 2019–March 5, 2019
March 6, 2019–March 19, 2019	March 27, 2019	March 6, 2019–March 19, 2019
March 20, 2019–April 2, 2019	April 10, 2019	March 20, 2019–April 2, 2019
April 3, 2019–April 16, 2019	April 24, 2019	April 3, 2019–April 16, 2019
April 17, 2019–April 30, 2019	May 8, 2019	April 17, 2019–April 30, 2019
May 1, 2019–May 14, 2019	May 22, 2019	May 1, 2019–May 14, 2019
May 15, 2019–May 28, 2019	June 5, 2019	May 15, 2019–May 28, 2019
May 29, 2019–June 11, 2019	June 19, 2019	May 29, 2019–June 11, 2019
June 12, 2019–June 30, 2019	July 3, 2019	June 12, 2019–June 30, 2019
<i>Summer Break off from regular work</i>	July 17, 2019 July 31, 2019 August 14, 2019	<i>Summer Coverage Period extra payroll deductions taken January to June pre-pay this summer coverage period</i>
August 7, 2019–August 20, 2019	August 28, 2019	August 7, 2019–August 20, 2019
August 21, 2019–September 3, 2019	September 11, 2019	August 21, 2019–September 3, 2019
September 4, 2019–September 17, 2019	September 25, 2019	September 4, 2019–September 17, 2019
September 18, 2019–October 1, 2019	October 9, 2019	September 18, 2019–October 1, 2019
October 2, 2019–October 15, 2019	October 23, 2019	October 2, 2019–October 15, 2019
October 16, 2019–October 29, 2019	November 6, 2019	October 16, 2019–October 29, 2019
October 30, 2019–November 12, 2019	November 20, 2019	October 30, 2019–November 12, 2019
November 13, 2019–November 26, 2019	December 4, 2019	November 13, 2019–November 26, 2019
November 27, 2019–December 10, 2019	December 18, 2019	November 27, 2019–December 10, 2019
December 11, 2019–December 24, 2019	January 2, 2020	December 11, 2019–December 24, 2019

Employee premium contributions are deducted from paychecks biweekly, for a total of 23 payroll deductions for the 2019 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer months. During summer months with no paycheck, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 24-25 or more information about maintaining health coverage during a leave of absence.

2019 Health Coverage Calendars

SFUSD MONTHLY EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 21, 2018–January 20, 2019	January 31, 2019	January 1, 2019–January 31, 2019
January 21, 2019–February 20, 2019	February 28, 2019	February 1, 2019–February 28, 2019
February 21, 2019–March 20, 2019	March 29, 2019	March 1, 2019–March 31, 2019
March 21, 2019–April 20, 2019	April 30, 2019	April 1, 2019–April 30, 2019
April 21, 2019–May 20, 2019	May 31, 2019	May 1, 2019–May 31, 2019
May 21, 2019–June 20, 2019	June 28, 2019	June 1, 2019–June 30, 2019
June 21, 2019–July 20, 2019	July 31, 2019	July 1, 2019–July 31, 2019
July 21, 2019–August 20, 2019	August 30, 2019	August 1, 2019–August 31, 2019
August 21, 2019–September 20, 2019	September 30, 2019	September 1, 2019–September 30, 2019
September 21, 2019–October 20, 2019	October 31, 2019	October 1, 2019–October 31, 2019
October 21, 2019–November 20, 2019	December 2, 2019	November 1, 2019–November 30, 2019
November 21, 2019–December 20, 2019	January 2, 2020	December 1, 2019–December 31, 2019

Employee premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions for the 2019 plan year.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 24-25 for more information about maintaining health coverage during a leave.

Glossary of Healthcare Terms

Accountable Care Organization

A payment and healthcare delivery model that aligns medical group reimbursements with meeting coordinating care and quality and cost targets. Also called ACO.

Ambulatory Care

Care provided in outpatient setting.

Benefits Coverage Period

Dates when your health insurance coverage begins and ends.

Brand-Name Drug

FDA-approved prescription drugs marketed under a specific brand name by the manufacturer.

COBRA

This federal law allows employees and dependents who are enrolled in an employer-sponsored plan to temporarily continue receiving health coverage after certain qualifying events like termination or divorce.

Co-Insurance

Co-insurance refers to the amount of money that a member is required to pay for healthcare services, after any required deductible has been paid. Co-insurance is specified by a percentage. For example, the employee pays 15% toward the charges for a covered service and the insurance company pays 85%.

Co-Pay

The fee you pay each time you utilize a healthcare service or fill a prescription.

Covered California

California state health insurance exchange where people can purchase affordable insurance if they lose coverage: coveredca.com.

Deductible

The specified amount you must pay for healthcare in a plan year before the plan will begin to cover all or a portion of your costs. Some plans have no deductible.

Dependent

A family member who meets the eligibility criteria established by SFHSS for health plan enrollment.

Dental Maintenance Organization (DMO)

Entity that provides dental services through a limited network. DMO participants only obtain service from network dentists and need pre-approval from a primary care dentist before seeing a specialist.

Effective Date

The calendar date your healthcare coverage begins. You are not covered until the effective date.

Employee Premium Contribution

The amount you must pay toward health plan premiums.

Employer Premium Contribution

The amount your employer pays toward health plan premiums.

Employer-Subsidized Benefits

Benefits that are paid for, all or in part, with money contributed by the employer.

Enrollee

Individual enrolled in a health plan.

Explanation of Benefits (EOB)

Written, formal statement sent to PPO enrollees listing the services provided, amounts paid and costs billed by the health plan.

Evidence of Coverage (EOC)

The Evidence of Coverage is a legal document that gives details about plan benefits, exclusions and how to get the care you need. It explains your rights, benefits and responsibilities as a member of your plan and the plan providers' responsibilities to you. EOCs are available on sfhss.org.

Exclusions

The list of conditions, injuries, or treatments that are not covered under your health insurance policy. Exclusions are listed in the Evidence of Coverage.

Flexible Spending Account (FSA)

An account that you contribute to pre-tax, which reimburses you for qualified healthcare and dependent care expenses.

Formulary

A comprehensive list of prescription drugs that are covered by a medical plan. The formulary is designed to assist physicians in prescribing drugs that are medically necessary and cost-effective. The formulary is updated periodically.

Generic Drug

FDA-approved therapeutic equivalent to a brand-name prescription drug, containing the same active ingredient and costing less than the brand-name drug.

Health Maintenance Organization (HMO)

An entity that provides health services through a closed network. Unlike PPOs, HMOs either employ their own staff or contract with specific groups of providers. HMO participants typically need pre-approval from a primary care provider before seeing a specialist.

Imputed Income

IRS regulations require that the value of non-cash compensation, including employer contribution toward health premiums for an employee's domestic partner, be reported as taxable income on federal tax returns.

In-Network

Providers or facilities that contract with a health plan to provide services at pre-negotiated fees. Enrollees usually pay less when using an in-network provider.

In-Patient

Services that are provided in a hospital and require admission and an overnight stay.

Medical Group

An independent group of physicians and other healthcare providers that contract to provide services to members of an HMO.

Member

An employee or retiree designated as the primary plan subscriber, per SFHSS rules.

Non-Formulary Drug

A drug that is not on the insurer's list of approved medications. Can only be prescribed with a physician's special authorization.

Open Enrollment

A period of time when you can change your health benefit elections without a qualifying event.

Out-of-Area

A location outside the geographic area covered by a health plan's network of providers.

Out-of-Network

Providers or facilities that are not in your health plan's provider network. Some plans do not cover out-of-network services. Others charge a higher co-insurance.

Out-of-Pocket Costs

The actual costs you pay—including premiums, co-payments and deductibles—for your healthcare.

Out-of-Pocket Maximum

The highest total amount you will spend in a year on out-of-pocket medical costs. Once you reach out-of-pocket maximum, your plan pays 100% of covered service costs.

Out-Patient

Services that are provided in a clinic or doctor's office and do not require overnight admission to the hospital.

Preferred Provider Organization (PPO)

Provides in-network services to subscribers at negotiated rates, but allows subscribers to seek service from out-of-network providers, often at a higher cost.

Premium Contributions

The amount charged by an insurer for healthcare coverage. This cost is usually shared by employer and employee.

Primary Care Physician (PCP)

Doctor (or nurse practitioner) who coordinates all your medical care. HMOs require all plan participants to be assigned to a PCP.

Privacy

SFHSS complies with federal and state laws that protect personal health information. For details visit: sfhss.org/health_service_board/privacy_policy.html

Qualifying Event

A life event that allows you to make a change in your benefit elections outside Open Enrollment. Includes marriage, domestic partnership, separation, divorce or dissolution of partnership, birth or adoption of a child, death of a dependent, obtaining or losing other health coverage.

Reasonable and Customary

The average fee charged by a particular type of healthcare practitioner within a geographic area. Often used by medical plans as the amount of money they will pay for a specific test or procedure. If the fees are higher than the approved amount, the individual receiving the service is responsible for paying the difference.

Same Day Surgery

Surgery procedures performed at an ambulatory care center or in-patient hospital without an admission or over night stay.

Specialty Drug

New types of drugs to treat specific illnesses.

Nurseline, Urgent Care, Telemedicine, Online Resources

Get care how and when you need it. Medical care is getting more convenient. Save yourself time and money by using these different services.

24/7 Nurse Line

Call a free nurse advice line and speak to a registered nurse. Get answers to your questions about health problems, illness or injury. The nurse can also help you decide if you need routine, urgent or emergency service.

Urgent Care

Sometimes you need medical care quickly, but a trip to the emergency room isn't necessary. Visit an urgent care center when it is after hours for your regular provider and you need prompt attention for an illness or injury that is not life-threatening. Urgent care offers the convenience of same-day appointments and walk-in service.

Telemedicine

City Plan Members: A video or virtual visit is an appointment with a telemedicine doctor that is done through the camera on your mobile device or computer.

Blue Shield Members (Trio HMO and Access+ HMO): Access board-certified doctors 24/7/365 by phone or video through teladoc.com/bsc.

Kaiser Permanente: Access by video through: mydoctor.kaiserpermanente.org/ncal/videovisit/#.

Go Online

Email your doctor, access your records online, or renew your prescriptions.

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	City Plan PPO
24/7 Nurseline		
Trio HMO: (877) 304-0504 Access+ HMO: (877) 304-0504	Nurse Advice 24/7 (866) 454-8855	Nurseline 24/7 (800) 846-4678
Urgent After Hours Care		
Trio HMO: (855) 747-5800 blueshieldca.com/sites/imce/trio.sp Access+ HMO: (855) 256-9404 blueshieldca.com/sfhss	(866) 454-8855 my.kp.org/ccsf	(866) 282-0125 welcometouhc.com/sfhss
Telemedicine		
Blue Shield members can access Teladoc's U.S. board-certified doctors 24/7/365 to resolve many non-emergency medical issues through phone or video consults. Visit teladoc.com/bsc or call (800) 835-2362.	When scheduling an appointment in person or through the Appointment and Advice line (866) 454-8855, ask if a video visit is right for your symptoms. You may be offered a video visit.	Members can access Virtual Visits by registering on myuhc.com , tab on the right, or by accessing <i>health4me</i> app, under <i>Menu – Find and Price Care</i> . Costs are the same as an office visit.

Key Contact Information

San Francisco Health Service System

1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (415) 554-1750
Toll Free: (800) 541-2266
Fax: (415) 554-1721
website: sfhss.org

Well-Being

1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (415) 554-0643
email: wellbeing@sfgov.org

Employee Assistance Program

Tel: (415) 554-0610

SFUSD Benefits

555 Franklin Street, 2nd Floor
Tel: (415) 241-6101
Fax: (415) 241-6375
email: benefits@sfusd.edu
website: sfusd.edu

MEDICAL and VISION PLANS

Blue Shield of California	Trio HMO: (855) 747-5800 Access+ HMO: (855) 256-9404	Trio HMO: blueshieldca.com/sites/imce/trio.sp Access+ HMO: blueshieldca.com	Group W0051448 (Trio HMO and Access+ HMO)
Kaiser Permanente	(800) 464-4000	my.kp.org/ccsf	Group 888 (North CA) Group 231003 (South CA)
City Plan PPO UnitedHealthcare	(866) 282-0125	welcometouhc.com/sfhss	Group 752103
VSP Vision Care	(800) 877-7195	vsp.com	Group 12145878

DENTAL PLAN

Delta Dental PPO Dental enrollment is administered through the SFUSD Benefits Office	(888) 335-8227	deltadentalins.com	Group 652-0011 (monthly) Group 652-0016 (biweekly) Group 652-0012 (paraeducators)
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WAGEWORKS and COBRA

WageWorks FSA enrollment is administered through the SFUSD Benefits Office	(877) 924-3967	wageworks.com	
P&A Group COBRA	(800) 688-2611	padmin.com	

SECOND MEDICAL OPINION

Best Doctors	(866) 904-0910	members.bestdoctors.com	
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LONG-TERM DISABILITY (LTD) and GROUP LIFE

LTD and Group Life Insurance are administered through the SFUSD benefits office.
Please refer to the SFUSD website for more information.

Aetna Group Life	(800) 523-5065	www.aetnadisability.com/login.aspx	To initiate a claim, contact SFHSS at (415) 554-1750
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OTHER AGENCIES

CalSTRS	(800) 228-5453	calstrs.org	Pension Benefits
SFERS Employees' Retirement System	(415) 487-7000	mysfers.org	Pension Benefits
Covered California	(888) 975-1142	coveredca.com	Health Insurance Exchange

