



SAN FRANCISCO
HEALTH SERVICE SYSTEM

San Francisco Unified School District 2020 Health Benefits



What's New for 2020

Medical and Vision Contributions Changing

Premiums for the following plans will increase in 2020: UHC PPO (City Plan); Blue Shield of California Trio HMO and Access+ HMO; Kaiser Permanente HMO; and VSP Premier. **See pages 15 and 29-31** for more information.

Review rates for your bargaining unit at sfhss.org before making your Open Enrollment elections.

CPMC Medical Center Now Part of Blue Shield of CA's Trio HMO Network

Trio HMO's network for SFHSS's Brown and Toland medical group members now includes California Pacific Medical Center (CPMC). This exclusive arrangement expands access to the new 1101 Van Ness, Davies and Mission Bernal campuses only.

2020 Benefit Enhancements for Blue Shield of CA's Trio HMO and Access+ HMO Plans

Blue Shield of California's Trio HMO and Access+ HMO plans now offer members the ability to receive, from participating retail pharmacies, certain no-cost vaccinations, including influenza (flu), HPV, pneumonia, meningitis, Tdap booster and shingles.

New for 2020, Blue Shield of California Trio HMO and Access+ HMO members will have the option to receive nutritional counseling visits without a specific medical diagnosis.

If you enroll in the Blue Shield Trio HMO, you will also receive: \$0 Rx delivery through *HEAL* home visits; three to six months of meal delivery through *Lifespring* for members who are recovering from serious illness; and non-emergency transport through *HEAL*.

UHC PPO (City Plan) Reducing In-Network Family Out-of-Pocket Maximum

UHC PPO (City Plan) will offer a lower in-network Family Out-of-Pocket Maximum in 2020 to better align with other plans offered by SFHSS. This will reduce the in-network Family Out-of-Pocket Maximum from \$12,700 to \$7,500 (twice the amount of the individual in-network Out-of-Pocket Maximum). **See page 12.**

Kaiser Permanente Fertility Services Share of Cost Increase

Effective January 1, 2020, Kaiser Permanente has set the member share of costs for all infertility treatment services to a 50% coinsurance, to align with other plans. **See page 13.**

Best Doctors Discontinued as of December 31, 2019

The Health Service Board has elected to not renew the contract with Best Doctors for 2020. Please be aware that the second medical opinion benefit is available through all our health plans. For more information on obtaining a second medical opinion, please refer to your Evidence of Coverage or contact your selected health plan.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible. Dependent eligibility may be audited by SFHSS at any time.

Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current.

Acceptable documentation may include, but is not limited to, current federal tax returns and other documentation that demonstrates cohabitation or financial interdependency.

Enrollment of a dependent who does not meet the plan's eligibility requirements as stated in SFHSS Rules and enrollment materials, or failure to disenroll when a dependent becomes ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud.

If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided. Dependents can be dropped during open enrollment without penalty. **See page 5.**



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This Guide provides an overview of the San Francisco Health Service System Rules, as approved by the Health Service Board. Rules can be found at [sfhss.org](https://www.sfhss.org) or request a copy at **(628) 652-4700**.



Executive Director's Message

Welcome to eBenefits: The World of Self-Service Enrollment



Over the past two years, the team at San Francisco Health Service System (SFHSS) has successfully developed a straightforward self-service Open Enrollment system for our members called **eBenefits**. This system simplifies Open Enrollment with a convenient, on-line, and fully secure benefits election process, available to you twenty-four hours a day, throughout the entire month of October.

With **eBenefits**, SFHSS can dedicate more time to helping our members directly during Open Enrollment, whether by phone, email, or in-person at both 1145 Market Street and during our many on-site Open Enrollment events throughout the City.

As in previous years, to further assist you with your enrollment choices this October, the SFHSS team has carefully constructed your 2020 Benefits Guide. We ask you to please keep this Guide as a reference, both during and after Open Enrollment. At SFHSS, we remain committed to ensuring quality healthcare benefits and providing a seamless enrollment experience for all our members.

If at any time you find that you, or a fellow SFHSS member, has questions or concerns about Open Enrollment or your benefits, please do not hesitate to call us so that we may assist you. At all times, and as described in the SFHSS Strategic Plan, we are here for you, striving to:

- Provide quality, **affordable and sustainable** health care
- Reduce the **complexity and fragmentation** of the healthcare system
- **Engage and support** our members in using benefits
- Provide **choice and flexibility** in our product offerings
- Support the **whole person health** and **well-being**

We appreciate and value hearing directly from our members. As always, we are here to answer any questions or concerns you may have. We encourage you to share your stories with us of how you benefit from the healthcare services you receive and the extensive healthcare networks available to you as well.

We thank you for your support of our team and SFHSS, and look forward to seeing you or hearing from you at Open Enrollment.

Abbie Yant, RN, MA
Executive Director

Enrolling in Health Benefits

Learn more about your health benefits by reading this Benefits Guide.



I am so grateful for my benefits, me and my husband and my son have great health care. I don't ever have to worry about it."

Christina Huizar
School Teacher
San Francisco Unified School District
Started 1994

- 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.
- **All new and rehired employees, who are eligible for benefits, must enroll in their health benefits within 30 calendar days from their hire date.** If you do not enroll **within this 30-day period**, you can only apply for health benefits during the next Open Enrollment period or **within 30 days** of a qualifying event (see pages 7-8).
- To enroll in health benefits with San Francisco Health Service System (SFHSS), submit a completed **San Francisco Unified School District Enrollment Application Form** and required eligibility documentation to SFHSS within the **30-day deadline**. Submit *copies* (not originals) of your eligibility documentation (e.g. certified marriage certificates, domestic partner certifications and children's birth certificates).
Forms and eligibility documentation can be submitted by mail, fax or in-person during normal business hours. See *Key Contacts* on page 33 for our location, hours and fax number.
- **Employee premium contributions are deducted from paychecks biweekly or monthly** (depending on your paycheck schedule). Be sure to review your paycheck to verify that the correct employee premium contribution is being deducted. Premiums for 2020 are listed on pages 15 and 29-31.
- **Outside of a qualifying event, Open Enrollment is your annual opportunity to change your benefit elections.** Open Enrollment takes place every October 1-31. Changes made during Open Enrollment are effective the following January 1st. **This is also your opportunity to drop ineligible dependents without being charged a penalty.**
- For information about *additional benefits* that are available to you and administered directly by SFUSD, see page 17 or visit sfusd.edu/en/employment/salary-and-benefits.html.



Eligibility

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

Member Eligibility

The following persons are eligible to participate in SFHSS benefits:

- All regularly scheduled provisional or temporary exempt employees of the San Francisco Unified School District (“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 and Domestic Partners

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 during the Open Enrollment period in October.

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 for coverage.

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 SFHSS’ required deadlines.





Adult Disabled Children

To qualify a dependent disabled adult child (“Adult Child”), the adult child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with disability after turning 26, *and* meet each of the following criteria:

1. Disabled Adult Child is enrolled in a San Francisco Health Service System medical plan on their 26th birthday; *and*
2. Adult Child has met the requirements of being an eligible dependent child under SFHSS member Rules Section B.3 before turning 26; *and*
3. Adult Child must have been physically or mentally disabled on the date coverage would have otherwise terminated due to age (turning 26), 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 their economic support, *and* is declared as an exemption on member’s federal income tax return;
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. An Adult Child who qualifies for Medicare due to a disability is required to enroll in Medicare (see SFHSS Member Rules Section J). Members must notify SFHSS of the Adult Child’s eligibility for Medicare, as well as the Adult Child’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 every 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 stated in **6.** **within 30 days** of 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. A member or dependent with ESRD may be prohibited from changing medical plan enrollment.

Medicare Enrollment Requirements Upon Retirement

Retirees and dependents who are eligible for Medicare must already be enrolled in Medicare Part A and Part B 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. Medicare applications placed with Social Security can take three months to process.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible. Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent’s relationship with the employee or retiree is current. Acceptable documentation may include, but is not limited to, current federal tax returns and other documentation that demonstrates cohabitation or financial interdependency. Enrollment of a dependent who does not meet the plan’s eligibility requirements as stated in SFHSS Rules and enrollment materials, or failure to disenroll when a dependent becomes ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent’s health premiums and any medical service provided. Dependents can be dropped during open enrollment without penalty.



Temporary Employee Eligibility

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.

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



Changing Benefit Elections: Qualifying Events

You may change health benefits elections outside of Open Enrollment if you have a qualifying event.

To change benefit elections, you must have a **qualifying event**. **Submit your SFUSD Enrollment Application Form and all required documentation no later than 30 calendar days after the qualifying event occurs.** Below is a list of **qualifying events** that allow changes to benefit elections outside of the Open Enrollment period.

New Spouse or Domestic Partnership

To enroll a new spouse or domestic partner and eligible children of spouse or domestic partner, submit a completed **SFUSD Enrollment Application Form**, a copy of certified marriage certificate or certificate of domestic partnership and birth certificate for each child **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 enrolling family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following approval.

Newborn or Newly Adopted Child

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

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 and processed, 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, all coverage for enrolled dependents will also be waived.

After all required documentation (proof of coverage must be on letterhead) is submitted, 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 of your plan's service area, you can enroll in an SFHSS plan that offers service where your new address is located. Coverage will be effective the first day of the coverage period following receipt and approval of required documentation.



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



Death of a Dependent

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

Death of a Member

In the event of a member's death, the **surviving dependent** or **survivor's designee** should contact SFHSS to obtain information about eligibility for survivor health benefits.

Upon notification, SFHSS will mail instructions to the spouse or partner, including a list of required documentation 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 the Open Enrollment period to enroll.

Responsibility for Premium Contributions

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





Medical Plan Options

These medical plan options are available to 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, access service through your Primary Care Physician (PCP) or an affiliated urgent care center. There is no deductible before accessing your benefits. Most services are available for a fixed dollar amount (co-payment). SFHSS offers the following HMO medical plans:

- Trio HMO - Blue Shield of California
- Access+ HMO - Blue Shield of California
- 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 however, out-of-network providers cost more. You are not assigned to a Primary Care Physician (PCP), giving you more responsibility for coordinating your care. Compared to an HMO, enrolling in a PPO usually results in higher out-of-pocket costs. Like HMO plans, PPOs have maximum out-of-pocket expenses. You must pay a plan year deductible. You also pay a coinsurance percentage each time you access service. Because UnitedHealthcare PPO (City Plan) 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:

- UnitedHealthcare PPO (City Plan)
 - 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 work start date. Submit a completed **SFUSD Enrollment Application Form** and required eligibility documentation to SFHSS.

If you do not enroll by the required deadline, you will only be able to enroll in benefits during the next Open Enrollment period or in the event of a **qualifying event** (see pages 7-8).

Coverage will start the first day of the coverage period after eligibility is approved. Once enrolled, you must pay all required employee premium contributions.

SFHSS does not guarantee the continued participation of any particular doctor, hospital or medical group in any medical plan.

You cannot change your benefit elections because a doctor, hospital or medical group chooses not to participate. You will be assigned or must select another provider (individuals with End Stage Renal Disease may be prohibited from changing plans).



Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions in effect during the plan year.



If there are any discrepancies between the information provided in this Guide and the plan's EOC, the plan's EOC shall prevail. Download EOCs at sfhss.org.

Medical Plan Service Areas

County	Kaiser Permanente HMO	Trio HMO (Blue Shield of CA)	Access+ HMO (Blue Shield of CA)	UHC PPO (City Plan)
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 HMO and Kaiser Permanente HMO: 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 of California’s **Trio HMO**, call **(855) 747-5800**. For Blue Shield of California’s **Access+ HMO**, call **(855) 256-9404**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

UnitedHealthcare PPO (City Plan): No Service Area Limits

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

UnitedHealthcare PPO

Members who lack geographic access to other medical plans offered by SFHSS (e.g. Blue Shield of California’s Trio HMO, Access+ HMO or Kaiser Permanente HMO) are eligible to enroll in **UnitedHealthcare PPO** with lower premiums.



Change of Address? Contact SFHSS (628) 652-4700

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 elections result in non-payment of claims for services rendered.



Selecting Your Medical Plan

	Trio HMO & Access+ HMO (Blue Shield of CA)	Kaiser Permanente HMO	UHC PPO (City Plan)
Must I select a Primary Care Physician (PCP)?	You can choose your PCP after you enroll, or the plan will assign one for you.	You can choose your PCP after you enroll, or the plan will assign for you.	No PCP – you have more responsibility for coordinating your care.
Can I change my PCP during the plan year?	Yes, monthly	Yes, anytime.	No PCPs.
Am I required to use the plan's contracted network of service providers?	Yes. Services must be received from the network of service providers.	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	KP: (800) 464-4000 my.kp.org/ccsf	UHC: (866) 282-0125 welcometouhc.com/sfhss



Medical Plans

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

	BLUE SHIELD of CA HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	UNITEDHEALTHCARE PPO	
Choice of Physician	Primary Care Physician assignment required.	Primary Care Physician assignment required.	KP 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 \$7,500 per family	\$7,500 per individual
General Care and Urgent Care					
Annual Physical; Well Woman Exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor 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

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	UNITEDHEALTHCARE PPO	
				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



Vision Plans

Members and dependents enrolled in a medical plan are automatically enrolled in basic vision benefits.

Vision Plan Benefits

SFHSS members and dependents enrolled in a medical plan automatically receive vision coverage through VSP Vision Care. You may go to a VSP network or non-network provider. Visit vsp.com for a complete list of network providers.

Accessing Your Vision Benefits

No ID cards are issued for the vision plan. To receive services from a network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment. VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

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

Basic Vision Plan Limits and Exclusions

- One set of contacts or eyeglass lenses every other calendar year unless enrolled in the VSP Premier Plan. If examination reveals prescription change of 0.50 diopter or more after 12 months, replacement lenses are covered.
- Eligible dependent children are covered in full for polycarbonate prescription lenses.
- Cosmetic extras, including progressive, tinted or oversize lenses, cost more.

Expenses Not Covered by Plan

- Orthoptics and any associated supplemental testing, plano (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished under this plan that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Primary eye care as described on page 15).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

VSP Basic and Premier Vision Plans

You now have a choice. As a new hire or during Open Enrollment, you can remain in the VSP Basic Plan or enroll in the VSP Premier Plan for enhanced benefits. See page 15 for more details.

Computer Vision Care Benefit (VDT)

Some union contracts provide employer-paid computer vision (VDT) benefits. Coverage includes an annual computer vision exam, \$75 in-network retail frame allowance every 24 months and single vision, bifocal, and trifocal lenses.

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers and discounts 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.



Vision Plan Benefits-at-a-Glance

Covered Services	VSP Basic ¹	VSP Premier		
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year		
Single Vision Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year		
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year		
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year		
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year		
Premium Progressive Lenses	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year		
Custom Progressive Lenses	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year		
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year		
Premium Anti-Reflective Coating	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year		
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year		
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year		
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$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 ²	\$250 allowance every calendar year		
Contact Lens Exam	Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every other 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		
VSP Premier Contribution				
Biweekly (26 Pay Periods)	Monthly (12 months)	22 Pay Periods³	23 Pay Periods³	24 Pay Periods³
E Only \$4.58 E + 1 Dep. \$6.91 E + 2 or more \$14.34	E Only \$9.93 E + 1 Dep. \$14.98 E + 2 or more \$31.06	E Only \$6.11 \$4.58 E + 1 Dep. \$9.22 \$6.91 E + 2 or more \$19.11 \$14.34	E Only \$5.64 \$4.58 E + 1 Dep. \$8.51 \$6.91 E + 2 or more \$17.64 \$14.34	E Only \$5.24 \$4.58 E + 1 Dep. \$7.90 \$6.91 E + 2 or more \$16.38 \$14.34
Your Coverage with Out-of-Network Providers				
Visit vsp.com if you plan to see a provider other than a VSP network provider.				
Exam Up to \$50 Frame Up to \$70	Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65	Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85	Contacts Up to \$105	

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

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

³Employees with 22, 23 and 24 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

IFPTE Local 21, SEIU 1021 and miscellaneous unrepresented employees are also eligible for VDT Computer VisionCare benefits. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



SFUSD Provides Your Dental Benefits

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

SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by the SFUSD Benefits Office. To download an enrollment application visit sfusd.edu, *Employee Resources* then *Salary and Benefits*. SFUSD pays 100% of dental plan premium contributions. SFUSD dental eligibility guidelines are:

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

Delta Dental PPO: Principal Benefits and Covered Services

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

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

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



Additional SFUSD Benefits

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 \$2,700 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 2020. Budget conservatively. Based on new federal law, you may roll forward up to \$500 in unused funds in your Healthcare FSA year over year.

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](https://www.irs.gov/pub/irs-pdf/p502.pdf)
- [irs.gov/pub/irs-pdf/p503.pdf](https://www.irs.gov/pub/irs-pdf/p503.pdf)

Note: with an 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 the SFUSD Benefits Office at **(415) 241-6101** for a list of additional voluntary supplemental benefit programs available through SFUSD.





Preventive Care: Staying Healthy for FREE

Most of the top causes of death in the U.S. are potentially preventable through lifestyle changes and *proactive* healthcare services.¹



Preventive Care services are 100% covered, no co-pays or deductibles.

Get the recommended *preventive care* services. Make healthy lifestyle choices for good health and well-being to prevent disease, illnesses, and other health concerns.

For more information about your benefits, contact **SFHSS** at **(628) 652-4700** or toll-free at **(800) 541-2266**.

Getting Started – Schedule Your Appointment Today

Vaccinations <ul style="list-style-type: none"> ■ Flu ■ Measles ■ Shingles ■ Hepatitis B ■ Pneumonia ■ Polio ■ Chicken Pox 	Annual/ As Per Physicians Recommendation	Kaiser Permanente HMO: (800) 464-4000 Blue Shield of California <ul style="list-style-type: none"> ■ Trio HMO: (855) 747-5800 ■ Access+ HMO: (855) 256-9404 UnitedHealthcare PPO (City Plan): (866) 282-0125
Wellness Checks <ul style="list-style-type: none"> ■ Blood Pressure ■ Diabetes ■ Cholesterol ■ Well-Women ■ Well-Men ■ Well-Baby ■ Well-Child 		
Cancer Screenings <ul style="list-style-type: none"> ■ Mammograms ■ Colonoscopy 		
Eye Exam	Annual	VSP Vision Care: (800) 877-7195
Dental Exam and Cleaning	Every 6 Months	Contact Your Delta Dental Provider (<i>dental benefits are administered through the SFUSD Benefits Office</i>)

¹ <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>



Mental Health and Substance Abuse Benefits

Health Plans: Mental Health, Well-Being and Substance Abuse Benefits¹

Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO (City Plan)
Mental Health and Substance Abuse		
Call (800) 464-4000 to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.	Call (877) 263-9952 to find a provider and schedule an appointment.	Call (866) 282-0125 to make an appointment. To find providers online go to liveandworkwell.com or welcometouhc.com/sfhss Telemental Health: Services are available with participating partners.
Mental Well-Being Services		
<p>Classes and Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth for more information.</p> <p>Health/Wellness Coaching: Call (866) 862-4295 to make an appointment for a Wellness Coach to contact you.</p>	<p>Counseling and Consultation: <i>LifeReferrals</i> is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals.</p>	Call the Confidential 24/7 Helpline at (866) 282-0125 .

Employee Assistance Program (EAP)

EAP, staffed by licensed therapists, provides confidential, voluntary and free mental health services to all employees and immediate adult family members. **Please contact EAP if you have a difficulty accessing Mental Health or Substance Abuse services.** Visit us at sfhss.org/eap.

Individual Services	Organizational Services
<ul style="list-style-type: none"> ■ Short Term solution focused counseling for individuals and couples ■ Assessments and referrals ■ Consultations and coaching 	<ul style="list-style-type: none"> ■ Management Consultation and Coaching ■ Mediation and Conflict Resolution ■ Critical Incident Response ■ Non-Violent Crisis Intervention Training ■ Workshops and Training

EAP Appointments are available Monday through Friday 8:00am-5:00pm. Call (628) 652-4600 or toll-free (800) 795-2351 to schedule an appointment.

¹As a result of mental health parity law, there is no yearly, or lifetime dollar amounts for mental health benefits. Please contact EAP if you have difficulty accessing mental health or substance abuse services through your health plan.



Health Benefits During a Leave of Absence

You must immediately notify SFHSS of any leave of absence.

Type of Leave	Health Benefits Eligibility
<p>Family and Medical Leave (FMLA)</p> <p>Workers' Compensation Leave</p> <p>Family Care Leave</p> <p>Military Leave</p> <p>Leave for Employment as an Employee Organization Officer or Representative</p>	<p>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.</p> <p>You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.</p>
<p>Educational Leave</p> <p>Personal Leave</p> <p>Personal Leave following</p> <p>Family Care Leave</p>	<p>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.</p> <p>Notify SFHSS as soon as your leave begins – within 30 days. You may elect to continue or waiver 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 at (628) 652-4700.</p>

Health Benefits During a Leave of Absence

- 1. 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. Please refer to the section titled “Your Responsibilities” below.
- 2. 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 documents required for an approved leave. Human Resources will also provide SFHSS with important information about your leave.
- 3. Contact SFHSS As Soon As Your Leave Begins.** Based on your leave type, and if applicable, you may be required to pay premium contributions directly to SFHSS while you are on leave. SFUSD’s *Benefits and Leaves Office* will notify you of your leave type and applicable premium contributions by mail upon approval of your leave. You may choose to continue or waive health coverage while on leave by contacting SFHSS. Additionally, failure to pay applicable premiums will result in termination of your health benefits.
- 4. When leave ends, contact SFHSS to Verify Status of Your Health Benefits within 30 days of Your Return to Work (unpaid leaves only).** If you were required to pay a premium contribution to SFHSS directly and did so while on leave, please contact SFUSD’s Benefits and Leaves office to ensure your premium contributions via paycheck deduction are reinstated. If you were required to pay a premium contribution to SFHSS because you were on an unpaid leave and waived health benefits or coverage was terminated for non-payment of premium, please contact SFHSS directly to reinstate health benefits.

Questions? Contact us at **(628) 652-4700.**



COBRA and Covered California

COBRA

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.

COBRA Notification and Election Time Limits

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

If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or aging out, the employee or dependent must notify P&A Group **within 30 days** of the qualifying event and request COBRA enrollment information.

Paying for COBRA

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

Duration of COBRA Continuation Coverage

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

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

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

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.



Transition to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

The transition of your health benefits from an active employee to a retirement status does *not* happen automatically. For Administrative, Certificated and Paraeducator positions, retiree health benefits eligibility criteria are determined by your respective bargaining unit. Retirement next steps and instructions are available at sfusd.edu and via SFUSD's online bulletin system, **Oasis**. Classified Civil Service employees are required to contact San Francisco Employees' Retirement System (SFERS) and SFHSS prior to retirement to determine eligibility and next steps. Both offices are located at 1145 Market Street.

If eligible, you must elect to continue retiree health coverage by submitting the retiree enrollment form and supporting documents to SFHSS **within three months** of your retirement date. 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 **(628) 652-4700** 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*.

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.

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 26 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.

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 within three months of your retirement date 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 and Domestic Partner Medicare Enrollment

A married 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.

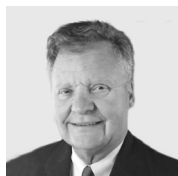
A registered domestic partner of an employee who is eligible for Medicare must be enrolled in Medicare to qualify for SFHSS medical coverage. The federal government charges a premium for Medicare Part B and in some cases, for Part D. All Medicare premium payments must be paid to maintain continuous Medicare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



Health Service Board Achievements



Karen Breslin
President
Elected Retiree



Stephen Follansbee, M.D.
VP, Appointed by
Former Mayor Lee



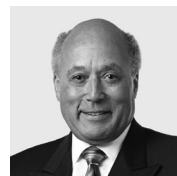
Chris Canning
Elected by SFHSS
Membership



Mary Hao
Appointed by
Mayor Breed



Wilfredo Lim
Elected by SFHSS
Membership



Randy Scott
Appointed by
Controller's Office

Health Service Board Elections

The Board Secretary and the SFHSS Leadership team planned an election for two Board Commission Seats throughout the months of October-March. By March 27, three of the five eligible nominated candidates officially withdrew their names from the Election – leaving two viable candidates. Under Administrative Code Section 16.553, if there are no competing candidates for an open seat, then the Department of Elections is no longer required to hold an election, and the eligible candidate will be declared to be a member of the Board. Two viable candidates assumed the two open seats on May 15, 2019: Commissioner Karen Breslin, a Health Service Board Commissioner incumbent and active SFHSS member, Chris Canning.

Health Service Board Commissioner Appointment

At the June 13th Health Service Board meeting, the Health Service Board had the full Board seated. Commissioner Mary Hao was appointed to the Board by Mayor Breed to serve a five-year term and attended her first meeting in May 2019. Commissioner Chris Canning, elected by SFHSS membership, assumed his Board seat to serve his five-year term beginning May 2019. SFHSS Leadership conducted a new Commissioner orientation in April 2019. This comprehensive on-boarding process introduced the newly seated members to SFHSS departments and roles, the Health Service Board Commissioner role as a governing body, the Rates and Benefits Cycle, over all Board responsibilities, and reviewed member benefits.

Health Service Board Education

The Health Service Board completed a Special Meeting in July 2019 focusing on the Healthcare Marketplace. The presentation covered a wide range of health benefit design and contracting strategies. The Board reviewed different health system models and discussed possible options of health system models for future health care plans. The education session covered the current pharmacy landscape and trends during the April meeting. At the July meeting, the Board reviewed developments in prescription drug tiering, generic drug pricing shifts, and pharmacy benefit managers' impact on current drug re-tiering practices.

Board Approval on Benefit and Plan Enhancements: Blue Shield of California Trio and Access+ HMO Plans

Approved access for Blue Shield members to receive an array of vaccines from participating pharmacies without a prescription from their primary care providers. Approved access for Blue Shield members to receive nutritional counseling sessions without a medical diagnosis.

Kaiser Permanente Medicare Advantage Plan

Approved a transportation benefit for members that will be available utilizing these provisions: non-medical transportation, up to 24 one-way trips for routine or post-discharge needs (50 mile distance limit per trip).

VSP Basic & Premier Vision Plans

Approved 0% rate increase for the Basic plan.

Delta Dental PPO

Approved a 5.3% rate decrease for self-funded plan.

Delta Dental PPO for Retirees

Approved a PPO network design change to increase plan-paid coinsurance, for services provided by Delta Dental PPO providers, currently covered at 50%, to 60%—including crown, denture, pontic, bridge, and endodontic/root canal services. For Premier and out-of-network providers, the co-insurance coverage shall remain unchanged at 50%. Approved the Premier network and out-of-network design change to increase individual member deductible for services (excluding diagnostic and preventive care) from \$50 to \$75 annually. No change to the family deductible of \$150.

UHC PPO (City Plan)

Approved a reduction of in-network Family Out-of-Pocket Maximum from \$12,700, to twice the amount of the individual in-network Out-of-Pocket Maximum, \$7,500.

Life Insurance and Long-Term Disability

Approved an aggregate 12% rate decrease for Basic Life, LTD, and Supplemental Life Insurance. Approved 0% rate increase for Child Life Insurance, AD&D insurance.



Legal Notices

Summary of Benefits and Coverage (SBCs)

The Affordable Care Act requires each insurer provide a standardized summary of benefits and coverage to assist people in comparing medical plans. Federally mandated SBCs are available online at [sfhss.org](https://www.sfhss.org).

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA).

Other than the uses listed below, SFHSS will not disclose your health information without your written authorization:

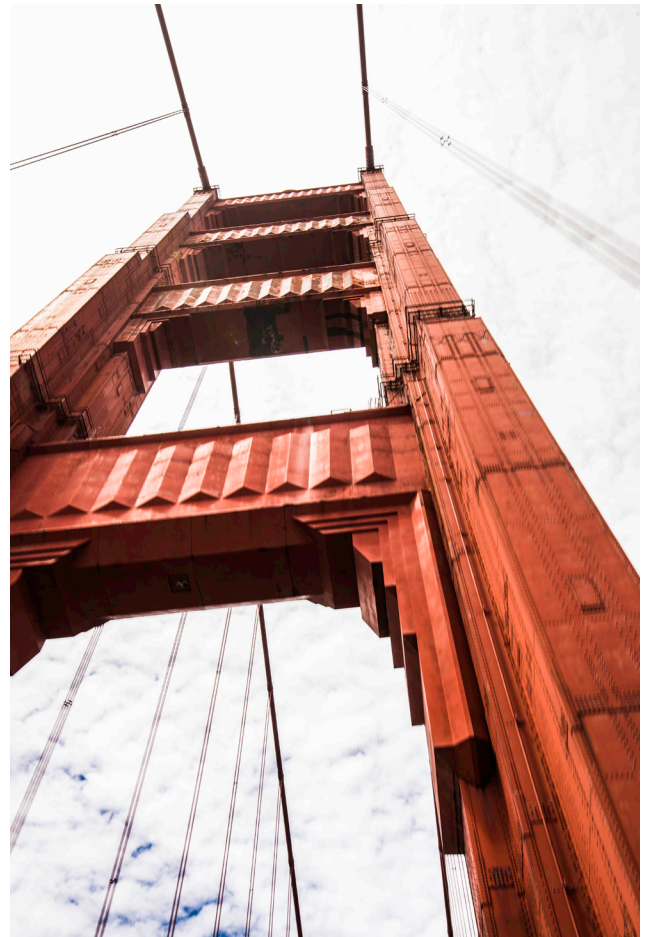
- To make or obtain payments from plan vendors contracted with SFHSS
- To facilitate administration of health insurance coverage and services for SFHSS members
- To assist actuaries in making projections and soliciting premium bids from health plans
- To provide you with information about health benefits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

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

You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated. Any privacy complaints made to SFHSS should be made in writing.

This is a summary of a legal notice that details SFHSS privacy policy. The full legal notice of our privacy policy is available at [sfhss.org/sfhss-privacy-policy-and-forms](https://www.sfhss.org/sfhss-privacy-policy-and-forms).

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





2020 Health Coverage Calendars

SFUSD BIWEEKLY EMPLOYEES (26 WEEKS)

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

Employee premium contributions are deducted from paychecks biweekly, for a total of 26 payroll deductions for the 2020 plan year.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a Leave of Absence.



2020 Health Coverage Calendars

UESF K-12 PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (22 WEEKS)

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

Employee premium contributions are deducted from paychecks biweekly, for a total of 22 payroll deductions for the 2020 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during summer break. During summer break, when no paychecks are received, 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 previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a Leave of Absence.



2020 Health Coverage Calendars

UESF PRE-K PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (24 WEEKS)

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

Employee premium contributions are deducted from paychecks biweekly, for a total of 24 payroll deductions for the 2020 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during summer break. During summer break with no paycheck are received, 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 previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 or more information about maintaining health coverage during a Leave of Absence.



2020 Health Coverage Calendars

SFUSD MONTHLY EMPLOYEES (12 MONTHS)

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

Employee premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions for the 2020 plan year.

SEIU LOCAL 1021 SCHOOL TERM EMPLOYEES (23 WEEKS)

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

Employee premium contributions are deducted from paychecks monthly, for a total of 23 payroll deductions for the 2020 plan year.

2020 Medical Premium Contribution Rates: Employee Only

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$325.81	\$221.16
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$355.90	\$191.07
Classified Unrepresented								
Classified Unrepresented Managerial	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$325.81	\$221.16
IFPTE Local 21	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$325.81	\$221.16
UESF Paraeducators (Year-round)								
UESF 15–19 hours Paraeducators					\$223.52	\$74.50		
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$325.81	\$221.16
UESF and USP K-12 Paraeducators January–June ²	\$434.41	\$29.37	\$434.41	\$114.43	\$397.36	\$0	\$434.41	\$294.88
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$355.90	\$191.07
SEIU Local 1021 K-12 Classified January–June ²	\$401.00	\$27.11	\$401.00	\$105.62	\$366.79	\$0	\$438.03	\$235.16
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December					\$298.02	\$0		
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June ²					\$366.79	\$0		
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$325.81	\$22.03	\$325.81	\$85.82	\$298.02	\$0	\$325.81	\$221.16
UESF and USP Paraeducators January–June ²	\$372.35	\$25.18	\$372.35	\$98.08	\$340.59	\$0	\$372.35	\$252.75
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)								
Superintendent's Cabinet	\$705.92	\$47.74	\$705.92	\$185.96	\$645.71	\$0	\$705.92	\$479.19
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 25-28 for Health Coverage 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.

2020 Medical Premium Contribution Rates: Employee +1

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$672.37	\$22.03	\$732.95	\$89.04	\$594.67	\$0	\$732.95	\$326.28
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$672.37	\$22.03	\$732.95	\$89.04	\$594.67	\$0	\$732.95	\$326.28
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$452.14	\$242.26	\$452.14	\$369.85	\$424.35	\$170.32	\$452.14	\$607.09
IFPTE Local 21	\$429.66	\$264.74	\$429.66	\$392.33	\$401.87	\$192.80	\$429.66	\$629.57
UESF Paraeducators (Year-round)	\$452.14	\$242.26	\$452.14	\$369.85	\$424.35	\$170.32	\$452.14	\$607.09
UESF 15–19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$452.14	\$242.26	\$452.14	\$369.85	\$424.35	\$170.32	\$452.14	\$607.09
UESF and USP K-12 Paraeducators January–June ²	\$602.85	\$323.01	\$602.85	\$493.13	\$565.80	\$227.09	\$602.85	\$809.45
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$672.37	\$22.03	\$732.95	\$89.04	\$594.67	\$0	\$732.95	\$326.28
SEIU Local 1021 K-12 Classified January–June ²	\$827.53	\$27.11	\$902.09	\$109.59	\$731.90	\$0	\$902.09	\$401.58
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		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$452.14	\$242.26	\$452.14	\$369.85	\$424.35	\$170.32	\$452.14	\$607.09
UESF and USP Paraeducators January–June ²	\$516.73	\$276.87	\$516.73	\$422.69	\$484.97	\$194.65	\$516.73	\$693.82
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)	\$929.64	\$574.89	\$929.64	\$851.34	\$869.43	\$419.02	\$929.64	\$1,365.37
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certified Personnel	\$929.64	\$524.89	\$979.64	\$801.34	\$919.43	\$369.02	\$979.64	\$1,315.37
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 25-28 for Health Coverage 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.

2020 Medical Premium Contribution Rates: Employee +2 or More

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹ Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261	\$732.95	\$249.07	\$732.95	\$429.61	\$705.16	\$135.72	\$732.95	\$758.84
SEIU Local 1021 Board Designated Confidential or Unrepresented Board Designated Managerial	\$732.95	\$249.07	\$732.95	\$429.61	\$705.16	\$135.72	\$732.95	\$758.84
IFPTE Local 21	\$498.30	\$483.72	\$498.30	\$664.26	\$470.51	\$370.37	\$498.30	\$993.49
UESF Paraeducators (Year-round)	\$484.58	\$497.44	\$484.58	\$677.98	\$456.79	\$384.09	\$484.58	\$1,007.21
UESF 15–19 hours Paraeducators	\$498.30	\$483.72	\$498.30	\$664.26	\$470.51	\$370.37	\$498.30	\$993.49
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$498.30	\$483.72	\$498.30	\$664.26	\$470.51	\$370.37	\$498.30	\$993.49
UESF and USP K-12 Paraeducators January–June ²	\$664.40	\$644.96	\$664.40	\$885.68	\$627.35	\$493.83	\$664.40	\$1,324.65
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$732.95	\$249.07	\$732.95	\$429.61	\$705.16	\$135.72	\$732.95	\$758.84
SEIU Local 1021 K-12 Classified January–June ²	\$902.09	\$306.55	\$902.09	\$528.75	\$867.89	\$167.04	\$902.09	\$933.96
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		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$498.30	\$483.72	\$498.30	\$664.26	\$470.51	\$370.37	\$498.30	\$993.49
UESF and USP Paraeducators January–June ²	\$569.49	\$552.82	\$569.49	\$759.15	\$537.73	\$423.28	\$569.49	\$1,135.42
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	\$979.64	\$1,148.08	\$979.64	\$1,539.25	\$919.43	\$902.47	\$979.64	\$2,252.57
UESF Certificated Personnel UESF Substitute Teachers (Prop A)	\$1,079.64	\$1,048.08	\$1,079.64	\$1,439.25	\$1,019.43	\$802.47	\$1,079.64	\$2,152.57

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 25-28 for Health Coverage 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.



Nurseline, Urgent Care, Telemedicine, and Online Services

24/7 Nurse Line

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

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 or inconvenient to see your regular provider *and* you need prompt attention for an illness or injury that is not life-threatening. Urgent care centers offer the convenience of same-day appointments and walk-in service.

Telemedicine

- ### UnitedHealthcare PPO (City Plan) Members

A video or virtual visit is an appointment with a telemedicine doctor that is done using the camera on your mobile device or computer.

- ### Blue Shield of California Members (Trio HMO and Access+ HMO)

Access board-certified doctors 24/7/365 by phone or video through teladoc.com/bsc

- ### Kaiser Permanente

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

Go Online

Email your doctor, access your records, and renew your prescriptions.

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	UnitedHealthcare PPO (City Plan)
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 <i>Teladoc's</i> U.S. board-certified doctors 24/7/365 to resolve non-emergency medical issues by phone or video consult. Visit teladoc.com/bsc or call (800) 835-2362.	When scheduling an appointment in person or through the <i>Appointment and Advice line</i> (866) 454-8855, ask if a video visit is right for your symptoms.	Members can access Virtual Visits by registering at myuhc.com or by accessing the <i>health4me</i> app, under <i>Menu – Find and Price Care</i> . Costs are the same as an office visit.



Key Contacts

SFUSD Benefits Office

555 Franklin Street, 2nd Floor
San Francisco, CA 94102
Tel: (415) 241-6101
Fax: (415) 241-6375
benefits@sfusd.edu
sfusd.edu

SFHSS

1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4700
Toll Free: (800) 541-2266 Fax: (628) 652-4701
sfhss.org

Hours: Mondays, Tuesdays, Wednesdays and Fridays from 9:00am to 12pm 1pm to 5pm and Thursdays from 10:00am to 12pm and 1pm to 5pm.

Well-Being

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (628) 652-4650
wellbeing@sfgov.org
sfhss.org/well-being

Health Service Board

Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4719
Fax: (628) 652-4702
health.service.board@sfgov.org
sfhss.org

MEDICAL PLANS

Trio HMO
Blue Shield of California
(855) 747-5800
blueshieldca.com/sites/imce/trio.sp
Group W0051448

Access+ HMO
Blue Shield of California
(855) 256-9404
blueshieldca.com/sfhss
Group W0051448

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

UnitedHealthcare PPO (City Plan)
(866) 282-0125
welcometouhc.com/sfhss
Group 752103

DENTAL & VISION PLANS

Dental enrollment is administered through the SFUSD Benefits Office.

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

FSA

FSA enrollment is administered through the SFUSD Benefits Office.

WageWorks (FSA)
(877) 924-3967
wageworks.com

COBRA

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

LTD & GROUP LIFE

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

OTHER AGENCIES

Pension Benefits

SFERS
Employees' Retirement System
(415) 487-7000
mysfers.org

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

CalSTRS
(800) 228-5453
calstrs.org

Health Insurance Exchange

Covered California
(888) 975-1142
coveredca.com



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