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## 2007-08 ACTIVE *City & County of San Francisco* EMPLOYEES *Health Benefits Guide*

### Do you need to submit an Open Enrollment Application to the Health Service System by the **April 27 deadline?**

**YES** if any **ONE** of the following applies to you:

- ➔ You are currently enrolled in the Health Net HMO.
- ➔ You want to enroll or re-enroll in a flexible spending account.
- ➔ You want to delete a dependent from your healthcare coverage.
- ➔ You want to add a dependent to your healthcare coverage.
- ➔ You want to elect a different medical/dental plan.

**NO** if the following applies to you.

You are not a Health Net member or enrolled in a flexible spending account, and you don't want to make any changes to your current benefits elections.

## Key Contact Information

### *Health Service System*

#### **Health Service System Member Services**

1145 Market Street, Suite 200  
 San Francisco, CA 94103  
 (Between 7th and 8th Streets — Civic Center Muni/BART Station)  
 (415) 554-1750; (800) 541-2266 (outside 415 area code)  
 Fax: (415) 554-1752 [www.myhss.org](http://www.myhss.org)

### *Medical Plans*

#### **City Health Plan** (administered by UnitedHealthcare)

Tel: (866) 282-0125  
 Group No. 705287  
[www.myuhc.com](http://www.myuhc.com)

#### **Blue Shield of California**

Tel: (800) 424-6521  
 Group No. H11054  
[www.mylifepath.com](http://www.mylifepath.com)

#### **Kaiser Foundation Health Plan, Inc.**

Tel: (800) 464-4000  
 Group No. 888  
[www.members.kp.org](http://www.members.kp.org)

#### **PacifiCare**

Tel: (800) 624-8822  
 Group No.: 240803  
[www.pacificare.com](http://www.pacificare.com)

### *Dental Plans*

#### **Delta Dental**

Tel: (888) 335-8227  
 (800) 4-AREA-DR (referrals to Delta dentists)  
 Group No. 9502-0003  
[www.deltadentalca.org](http://www.deltadentalca.org)

#### **DeltaCare USA Dental** (Formerly PMI)

Tel: (800) 422-4234  
 Group No. 01797-0001  
[www.deltadentalca.org](http://www.deltadentalca.org)

#### **Pacific Union Dental**

Tel: (800) 999-3367  
 (925) 363-6000  
 Group No. 94227  
[www.pacificuniondental.com](http://www.pacificuniondental.com)

### *Vision Plan*

#### **Vision Service Plan** (VSP)

Tel: (800) 877-7195  
 Group No. 12145878  
[www.vsp.com](http://www.vsp.com)

### *Healthcare and Dependent Care Flexible Spending Accounts*

#### **Fringe Benefits Management Company** (FBMC)

Tel: (800) 342-8017 Customer Service M-F 7am – 7pm  
 (800) 865-3262 Automated Interactive Benefits 24 hrs  
[www.myfbmc.com](http://www.myfbmc.com)

## Dear Member:

Welcome to open enrollment for the 2007-2008 plan year. This year, our theme at Health Service System has been “new,” because your Health Service Board and staff of the Health Service System have been hard at work on a series of improvements to make your health coverage choices better and more affordable.

### *New Member Guides*

We hope you like your new member guide, which has been completely redesigned for this year. We wanted to make the guides easier to use (and more appealing to look at). Please take the time to read over your guide, as important notices will appear throughout to help you make better informed, more confident decisions about your medical, dental and other benefit choices.

### *New Mix of Medical Plans*

This year, the Health Service Board conducted a rigorous RFP (or request for proposal) process to make sure members were offered medical plans delivering the best coverage for the lowest cost. As a result, PacifiCare and Blue Shield were able to offer a better value, and Health Net was discontinued. The good news is that Health Net members (and all members) now have the option of choosing a plan that will likely offer them access to the same providers for a lower cost.

### *Improved Information and Communications*

As mentioned earlier, one of our goals for this year’s open enrollment was to help you better prepare to make confident benefit choices. Some of the ways we have done this include:

- Posters in your work area and flyers in your pay check (or payroll advice)
- A special open enrollment section on our web site, myhss.org.
- E-mail updates for members who visit myhss.org and sign up for “E-Updates”

And, for the second week (April 9-13) of on-site open enrollment in the HSS Market Street office, representatives from our medical, dental, and vision plans will be present to answer your questions.

As always, our objective at open enrollment is to help you make the best decisions for you and your dependents—ones that you’ll be satisfied with for the duration of the plan year. We hope the improvements your Health Service Board and staff of the Health Service System have worked on so hard this year help everyone achieve that goal.

Best Regards,

*Karen Breslin*



**Karen Breslin**  
President  
Health Service Board

### **Health Service Board**

Karen Breslin, President  
James Deignan, Vice President  
Scott Heldfond, Commissioner  
Sharon Johnson, Commissioner  
Mitch Katz, M.D., Commissioner  
Claire Zvanski, Commissioner  
Sean Elsbernd, Supervisor

### **Health Service System**

Bart Duncan, Director  
Jeffrey Hildebrant, Assistant Director  
Tess Navarro, Chief Financial Officer

## NOTICE OF THE CITY AND COUNTY OF SAN FRANCISCO HEALTH SERVICE SYSTEM PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.  
USE AND DISCLOSURE OF HEALTH INFORMATION**

The City & County of San Francisco Health Service System (the “Health Service System”) may use your health information, that is, information that constitutes Protected Health Information (PHI) as defined in the Privacy Rule of the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), for purposes of making or obtaining payment for your care and conducting health care operations. The Health Service System has established a policy to guard against unnecessary disclosure of your health information.

**▶ THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSE FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED:**

### TO MAKE OR OBTAIN PAYMENT

The Health Service System may use or disclose your health information to make payment to or collect payment from third parties, such as other health plans or providers, for the care you receive. For example, the City Health Plan may provide information regarding your coverage or health care treatment to other health plans to coordinate payment of benefits.

### TO CONDUCT HEALTH CARE OPERATIONS

The Health Service System may use or disclose health information for its own operations to facilitate administration and as necessary to provide coverage and services to all Health Service System members. A health care operation includes such activities as:

- Quality assessment and improvement activities.
- Activities designed to improve health or reduce health care costs.
- Clinical guidelines and protocol development, case management and care coordination.
- Contacting health care providers and participants with information about treatment alternatives and other related functions.
- Health care professional competence or qualifications review and performance evaluation.
- Accreditation, certification, licensing or credentialing activities.
- Underwriting, premium rating or related functions to create, renew or replace health insurance or health benefits.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of City Health Plan, including customer service and resolution of internal grievances.

For example, the Health Service System may use your health information to conduct case management, quality improvement and utilization review

and provider credentialing activities or to engage in customer service and grievance resolution activities.

**For Treatment Alternatives.** The Health Service System may use and disclose your health information to tell you about or recommend treatment options or alternatives that may be of interest to you.

**For Distribution of Health-Related Benefits and Services.** The Health Service System may use or disclose your health information to provide to you information on health-related benefits and services that may be of interest to you.

**For Disclosure to the Plan Actuaries.** The Health Service System may provide summary health information to the plan sponsor, may solicit premium bids from other health plans or modify, amend or terminate the plan.

**When Legally Required.** The Health Service System will disclose your health information when it is required to do so by any federal, state or local law.

**To Conduct Health Oversight Activities.** The Health Service System may disclose your health information to a health oversight agency for authorized activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Health Service System, however, may not disclose your health information if you are the subject of an investigation and the investigation does not arise out of or is not directly related to your receipt of health care or public benefits.

**In Connection With Judicial and Administrative Proceedings.** As permitted or required by state law, the Health Service System may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Health Service System makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

**For Law Enforcement Purposes.** As permitted or required by state law, the Health Service System may disclose your health information to a law enforcement official for certain law enforcement purposes, but not limited to, if the Health Service System has a suspicion that your death was the result of criminal conduct or in an emergency to report a crime.

**In the Event of a Serious Threat to Health or Safety.** The Health Service System may, consistent with applicable law and ethical standards of conduct, disclose your health information if the Health Service System, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

**For Specified Government Functions.** In certain circumstances, federal regulations may require the Health Service System to use or disclose your health information to facilitate specified government functions related to the military and veterans, national security and intelligence activities, protective services for the president and others, Medicare and other similar entities and correctional institutions and inmates.

**For Worker's Compensation.** The Health Service System may release your health information to the extent necessary to comply with laws related to worker's compensation or similar programs.

## ▶ AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than as related above, the Health Service System will not disclose your health information other than with your written authorization. If you authorize the Health Service System to use or disclose your health information, you may revoke that authorization in writing at any time.

## ▶ YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Health Service System maintains:

**Right to Request Restrictions.** You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on the Health Service System's disclosure of your health information to someone involved in the payment of your care. However, the Health Service System is not required to agree to your request. If you wish to make a request for restrictions, please send your written request to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

**Right to Receive Confidential Communications.** You have the right to request that the Health Service System communicate with you in a certain way if you feel the disclosure of your health information could endanger you. For example, you may ask that the Health Service System only communicate with you at a certain telephone number or by email. The Health Service System will make every attempt to honor your reasonable requests for confidential communications. If you wish to receive confidential communications, please send your written request to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

**Right to Inspect and Copy Your Health Information.** You have the right to inspect and copy your health information. A written request to inspect and copy records containing your health information must be sent to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

If you request a copy of your health information, the Health Service System may charge a reasonable fee for copying, assembling costs and postage, if applicable, associated with your request.

**Right to Amend Your Health Information.** If you believe that your health information records are inaccurate or incomplete, you may request that the Health Service System amend the records. The request may be made as long as the information is maintained by the Health Service System. A request for an amendment of records must be made in writing to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

The Health Service System may deny the request if it does not include a reason to support the amendment. The request may be denied if your health information records were not created by the Health Service System, if the health information you are requesting to amend is not part of the Health Service System's records, if the health information you wish to amend falls within an exception to the health information you are permitted to inspect and copy or if the Health Service System determines the records containing your health information are accurate and complete.

**Right to an Accounting.** You have the right to request a list of disclosures of your health information made by the Health Service System for any reason other than for treatment, payment or health operations. The request must be made in writing to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

The request should specify the time period for which you are requesting the information, but may not start earlier than April 14, 2003. Accounting requests may not be made for periods of time going back more than six (6) years. The Health Service System will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee. The Health Service System will inform you in advance of the fee, if applicable.

**Right to a Paper Copy of this Notice.** You have a right to request and receive a paper copy of this Notice at any time, even if you have received this Notice previously or agreed to receive the Notice electronically. To obtain a paper copy, please send your written request to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

You also may obtain a copy of the current version of this notice from the Health Service System Web site at [www.myhss.org](http://www.myhss.org).

### DUTIES OF HEALTH PLAN

The Health Service System is required by law to maintain the privacy of your health information as set forth in this Notice and to provide to you this Notice of its duties and privacy practices. The Health Service System reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all health information that it maintains. If the Health Service System changes its policies and procedures, a revised copy of this Notice will be provided to you within 60 days of the change. You have the right to express complaints to the Health Service System and to the Secretary of the Department of Health and Human Services if you believe that your privacy rights have been violated. Any complaints to the Health Service System should be made in writing to:

Health Service System  
1145 Market Street, Suite 200  
San Francisco, CA 94103  
Attn: Privacy Officer

The Health Service System encourages you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

### EFFECTIVE DATE

Original effective date: April 14, 2003

Revised: January 1, 2007

# Eligibility

## Member Eligibility

The following employees are eligible for health care coverage administered by the Health Service System:

- All permanent employees of the City and County of San Francisco whose normal work week is not less than twenty (20) hours;
- All regularly scheduled provisional employees of the City and County of San Francisco whose normal work week is not less than twenty (20) hours;
- All other employees of the City and County of San Francisco including temporary exempt “as needed” employees, who have worked more than one thousand and forty hours (1040) in any consecutive twelve (12) month period and whose normal work week is not less than twenty (20) hours.

## Dependent Eligibility

The following dependents of an enrolled member may be eligible for health care coverage administered by the Health Service System:

- Your legal spouse or domestic partner. Please note that a spouse from whom you have been granted a final dissolution of marriage or from whom you are legally separated, or a domestic partner from whom you dissolve your domestic partnership, are not eligible.

You’ll be required to provide proof of marriage or domestic partnership when enrolling a spouse or domestic partner.

- Unmarried children from birth to age twenty-five (25) who 1) aren’t married ; 2) don’t work full time; 3) continue to reside in the home, except for full-time

students and children living with a divorced spouse; and 4) are declared as an exemption on your federal income tax return.

Children include your natural child, step-child (as long as you’re married to the natural parent), a legally adopted child, a child under legal guardianship and a natural or legally adopted child of an eligible domestic partner. Legal documentation is required for adoptions and guardianships.

- A child 1) living with you in a parent-child relationship who is economically dependent upon you for support; 2) is 18 years of age or younger; 3) isn’t married; and 4) is declared as an exemption on your federal income tax return. A copy of your federal income tax return may be required each year.
- A child who is covered by National Medical Support Notice (Court Order) will be covered to age 19.
- A child who 1) is over the age of 19; 2) is unmarried; 3) is incapable of self-sustaining employment due to physical handicap or mental retardation that existed prior to the child’s attainment of age 25; 4) permanently resides with the employee/retired member; dependent on the member for substantially all of his/her economic support; 5) has been a dependent in a medical plan administered by the Health Service System on a continuous basis; and 6) was enrolled prior to child’s nineteenth (19) birthday.

Eligibility may continue by the filing of acceptable medical evidence with the Health Service System at least sixty (60) days prior to the attainment of age twenty-five (25) and annually thereafter.

# Enrollment

## ▶ ANNUAL OPEN ENROLLMENT

During the annual Open Enrollment period, all eligible employees will receive important information regarding their rights and responsibilities for electing health care coverage or making changes to current coverage elections. You must submit a completed enrollment application and all required documentation prior to the Open Enrollment deadline. Enrollment/change requests received after the Open Enrollment deadline will not be processed.

During the annual Open Enrollment you may:

- Continue your current benefit elections for the next Plan Year
- Choose a different medical and/or dental plan
- Add or drop eligible dependents to/from coverage
- Enroll or re-enroll in the Health Care and/or Dependent Care Flexible Spending Accounts.

**Important: You must re-enroll in the Health Care and/or Dependent Care Flexible Spending Account(s) each year if you wish to contribute pre-tax dollars to one or both of these accounts after July 1st.**

The coverage you elect during the annual Open Enrollment period will be in effect on July 1st of each year and continue through June 30th of the following year, provided you and your dependents remain eligible. Until you receive your medical plan identification card, you should use the group identification numbers listed in the Key Contact Information section of this guide.

## IMPORTANT NOTICE

HSS members and their dependents may not be enrolled in two HSS administered medical or dental plans at the same time. For those members who do submit dual enrollment elections, HSS will eliminate dual coverage as follow:

- For any member who is covered both as a member and as the dependent of another member: Coverage as a dependent will be terminated.
- For dependents who are covered by two different members: The dependent(s) will be covered by the member who covered the dependent(s) first.

## ▶ NEW EMPLOYEES

New employees must enroll in an available medical and/or dental plan within thirty (30) days of their initial appointment or within thirty (30) days of meeting the eligibility requirements for coverage. Coverage will be effective on the first day of the pay period following the eligibility date provided the Health Service System receives your completed enrollment application and any required documentation.

If you don't enroll within your initial 30-day enrollment period, you must wait until 1) the next annual Open Enrollment period; or 2) you have a qualifying change in family status.\*

*\*See Qualifying Change in Family Status information later in this section for details.*

## ▶ DEPENDENTS

Eligible dependents, as defined in the Eligibility section of this guide must be enrolled 1) during your initial enrollment period as described above; 2) during the annual Open Enrollment period; or 3) within thirty (30) days of a qualifying change in family status.

Coverage for eligible dependents added during initial enrollment will become effective the same day as the employee unless the dependent is confined in a hos-

pital in which case coverage will be in effect on the date the dependent is released from the hospital.

**Important: Coverage for enrolled dependents may be terminated within thirty (30) days of a qualifying change in family status or during the annual Open Enrollment period for a coverage termination date of the following July 1.**

### ▶ QUALIFYING CHANGE IN FAMILY STATUS

A qualifying change in family status is a change in your family situation, as defined by IRS guidelines, which allows you to make certain changes to your benefit elections. A qualifying change in family status may include, but is not limited to:

- **Marriage.** You may enroll your spouse, and his/her eligible child(ren), by submitting a completed enrollment application form and a copy of your marriage license/birth certificate to the Health Service System within thirty (30) days of your marriage. Coverage for your spouse and any eligible child(ren) will be effective on the date of marriage, provided you meet the enrollment deadline and documentation requirements stated above.
- **Domestic Partnership.** You may enroll your domestic partner, and your domestic partner's child(ren), within thirty (30) days of the declaration of domestic partnership, by submitting a 1) completed enrollment application; 2) Certificate of Domestic Partnership showing that a domestic partnership has been processed and that the declaration was either filed with the San Francisco County Clerk's Office or notarized by a notary public or other satisfactory legal evidence of domestic partnership that is valid and binding in another jurisdiction; and 3) copy of the birth certificate for any enrolled child. Coverage for your domestic partner and your domestic partner's child(ren) will be effective on the date of declaration of the domestic partnership, provided you meet the enrollment deadline and documentation requirements stated above.

**Important: When you elect coverage for your domestic partner (and any dependent(s) of your domestic partner), you will be taxed on the value of the City and County of San Francisco's contribution toward the cost of a healthcare coverage for these dependents, pursuant to Internal Revenue Service guidelines. This is referred to as imputed income.**

- **Birth or Adoption of a Child.** You may enroll your newborn child within thirty (30) days of the date of birth by submitting a completed enrollment application and certificate of birth to the Health Service System. Coverage will be in effect on the child's date of birth provided you meet the submission deadline and documentation requirements listed. An adopted child may be enrolled within thirty (30) days of commencement of physical custody of the child. An adopted child's coverage will be in effect on the date of commencement of physical custody, provided you meet the deadline and documentation requirements listed.
- **Loss of Other Coverage.** You may enroll a qualified dependent that loses health care coverage elsewhere by submitting a completed enrollment application and proof of the loss of coverage within thirty (30) days of the date of loss. The effective date of coverage will be the first day of the pay period following the date HSS receives a completed enrollment application and any required documentation.
- **Obtaining Other Coverage.** If you or a covered dependent obtain health care coverage elsewhere, you may cancel your coverage or that of your dependent by submitting a completed enrollment application and proof of the other coverage within thirty (30) days of the effective date of the other coverage. Coverage(s) will cease on the last day of the pay period in which HSS receives a completed change application and required documentation.

- **Divorce, Legal Separation, Dissolution of Domestic Partnership or Death.** You may cancel coverage(s) for your spouse/domestic partner and his/her child(ren) within thirty (30) days of your divorce, legal separation or dissolution of domestic partnership by submitting an enrollment application form and a copy of your final divorce decree, legal separation papers which have been filed with the County Clerk, the dissolution document issued by the County Clerk or death certificate.

Except for death, coverage will cease on the last day of the pay period in which the applicable event occurred provided you meet the notification and documentation requirements stated above.

- **Ineligibility.** Dependent(s) should be cancelled from your coverage once they become ineligible. Please refer to Dependent Eligibility on page 7. If a dependent doesn't meet any one of the criteria for eligibility, you must cancel his/her coverage immediately.

**Important: All change requests must be on account of and consistent with the change in your family status. Contact HSS Member Services for more information.**

## Medical Plan Options

The medical plan options described below are available to active City and County of San Francisco employees and their eligible dependents. Required medical plan premiums, if any, will be deducted from your bi-weekly paycheck on a pre-tax basis, where applicable.

### City Health Plan PPO

City Health Plan is a Preferred Provider Organization (PPO). A PPO is a medical plan that gives you freedom of choice between PPO providers who offer their services at discounted rates, and non-PPO providers.

When you obtain care from a PPO provider, the plan pays higher benefits, up to 85% after the required deductible, and your out-of-pocket expenses are less. When you use a PPO provider, he/she will submit claims on your behalf.

If you obtain care from a non-PPO provider, the plan pays lower benefits and you may be required to pay for services directly to the provider and submit your own claims to the plan.

You must pay the applicable deductible each Plan Year for most services before this plan will pay benefits. After your deductible requirement has been met, you'll pay a percentage of the cost of services provided.

Refer to the Plan Document for a detailed list of covered expenses, exclusions and limitations under this plan.

### Blue Shield of California HMO

Blue Shield of California is a Health Maintenance Organization (HMO). An HMO is a medical plan that requires you to receive all of your care from contracted health care providers. Services are provided by a primary care physician who treats you or, when necessary, refers you to other doctors within the HMO network. Most services are covered at 100% after you pay the applicable copayment.

Refer to the applicable Blue Shield Evidence of Coverage for a detailed list of covered services, exclusions and limitations.

### Kaiser Permanente HMO

Under the Kaiser Permanente HMO plan, you're required to receive all of your care through an integrated system of participating physicians, hospitals and other health care providers. You have access to full-service medical care. You must use plan providers at Kaiser Permanente facilities to be covered. Most services are covered at 100% after you pay the applicable copayment.

Refer to the applicable Kaiser Permanente Evidence of Coverage for a detailed list of covered services, exclusions and limitations

### PacifiCare HMO

PacifiCare is a Health Maintenance Organization (HMO). You're required to select a primary care physician who is contracted with PacifiCare and who is primarily responsible for the coordination of your healthcare services. Your primary care physician will seek authorization for any referrals to a PacifiCare contracted specialist, as well as initiate any necessary hospital services. Most services are covered at 100% after you pay the applicable copayment.

Refer to the applicable PacifiCare Evidence of Coverage for a detailed list of covered services, exclusions and limitations.

**Important: To participate in an available HMO plan, you must live in a one of the zip code service areas served by that HMO. Please refer to the Medical Plan Service Areas chart on the next page of this guide for details.**

# Medical Plan Service Areas

■ = Available in this county

○ = Available in some zip codes; verify your zip code with the plan to confirm availability

## MEDICAL PLANS

County	City Health Plan	Blue Shield	Kaiser	PacifiCare
Alameda	■	■	■	■
Alpine	■			
Amador	■		○	
Butte	■	■		
Calaveras	■			
Colusa	■			
Contra Costa	■	■	■	■
El Dorado	■	○	○	○
Fresno	■	■	○	■
Glenn	■			
Lake	■			
Lassen	■			
Madera	■	■	○	○
Marin	■	■	■	○
Mariposa	■		○	
Mendocino	■			
Merced	■	■		■
Mono	■			
Monterey	■			
Napa	■		○	

### Medical Plan Services Areas Continued

■ = Available in this county

○ = Available in some zip codes; verify your zip code with the plan to confirm availability

MEDICAL PLANS

County	City Health Plan	Blue Shield	Kaiser	PacifiCare
Nevada	■	○		○
Placer	■	○	○	○
Plumas	■			
Sacramento	■	■	■	■
San Benito	■			
San Francisco	■	■	■	■
San Joaquin	■	■	■	■
San Mateo	■	■	■	■
Santa Barbara	■	■		■
Santa Clara	■	■	○	■
Santa Cruz	■	■		■
Sierra	■			
Solano	■	■	■	■
Sonoma	■	■	○	■
Stanislaus	■	■	■	■
Sutter	■		○	
Tuolumne	■			
Yolo	■	■	○	■
Yuba	■		○	
Outside of Area	■	Emergency/ Urgent Care Only	Emergency/ Urgent Care Only	Emergency/ Urgent Care Only

## Dental Plan Options

The dental plan options described below are available to active City & County of San Francisco employees and their eligible dependents. See the Dental Plan Comparison chart on the next page for details of each of the dental plan options.

### ▶ DELTA DENTAL PLAN

Delta Dental Plan provides three options for selecting a dental provider. Each option provides coverage for the same types of services, but at different benefit levels.

- **Delta Dental PPO Plan.** For the lowest out-of-pocket expense, you can visit a PPO network provider. PPO level benefits are available from more than 13,000 PPO offices in California. Significant cost savings are available when visiting a dentist in the PPO network through negotiated lower fees on services.
- **DeltaPremier.** Considerable savings are also available when using a DeltaPremier provider. Your out-of-pocket expense may be greater than when using a PPO provider.
- **Non-Delta Dental Providers.** You may elect to receive services from any licensed dental provider. Providers who don't participate in the Delta Dental network generally charge fees that are higher than those charged by providers who participate in the network, resulting in higher out-of-pocket costs to you.

### ▶ DELTACARE USA DENTAL PLAN (Formerly PMI Dental Plan)

DeltaCare USA Dental Plan is a managed dental care plan. If you enroll in this plan, you must receive all services from dentists affiliated with DeltaCare USA. Dental services are provided by a primary care dentist who treats you or, when necessary, refers you to other dentists within the plan's network. Generally, you pay only a copayment for services. Preauthorization from the plan is required for major services.

### ▶ PACIFIC UNION DENTAL PLAN

Pacific Union Dental Plan is a managed dental care plan. If you enroll in this plan, you must receive all care from dentists affiliated with Pacific Union Dental. Dental services are provided by a primary care dentist who treats you or, when necessary, refers you to other dentists within the plan's network. Generally, you pay only a copayment for services. Preauthorization from the plan is required for major services.

**Important: To elect coverage in the DeltaCare USA or Pacific Union Dental Plans, you must live in a service area served by the dental plan. Please refer to the Dental Plan Service Areas chart on page 17 for details.**

## Dental Plan Comparison

The chart below is a brief summary of available dental plan options. If any discrepancy exists between the information in this chart and the official Plan Documents, the official Plan Documents will govern.

TYPE OF SERVICE	DELTA DENTAL		DELTACARE USA	PACIFIC UNION
	Delta PPO Option	DeltaPremier & Non-Delta Providers*		
Cleanings and Exam	100% Limit 2x per Plan Year	100% Limit 2x per Plan Year	100% Limit once every 6 months	100% Limit once every 6 months
X-rays	100%	100%	100%	100%
Extractions	90%	80%	100%	100%
Fillings	90%	80%	100%	100%
Crowns	90%	80%	100%	100%
Dentures, Pontics and Bridges	50%	50%	No charge Full and partial dentures once every 5 years; Fixed bridgework; certain limitations apply	No charge Full and partial dentures once every 5 years; Fixed bridgework; certain limitations apply
Root Canals	90%	80%	100%	100%
Orthodontia	Covered for adults and children at 50% up to a maximum of \$2,500 lifetime	Covered for adults and children at 50% up to a maximum of \$2,500 lifetime	\$1660 per case to age 19; \$1880 charge per case age 19 or older; \$350 start-up fee  Other limitations apply	\$1600 per case to age 19; \$1800 charge per case age 19 or older; \$350 start-up fee  Other limitations apply
Annual Maximum	\$2,500 per person per Plan Year excluding ortho benefits	\$2,500 per person per Plan Year excluding ortho benefits	None	None
Waiting Period	6 months for dentures, pontics, bridges, and orthodontia for new enrollees	6 months for dentures, pontics, bridges, and orthodontia for new enrollees	None	None

\* Benefits are based on Reasonable and Customary charges for non-Delta Providers

## Dental Plan Service Areas

■ = Available in this county

County	Delta Dental	DeltaCare USA	Pacific Union
Alameda	■	■	■
Alpine	■		
Amador	■		
Butte	■	■	■
Calaveras	■		
Colusa	■	■	■
Contra Costa	■	■	■
El Dorado	■	■	■
Glenn	■		
Lake	■	■	
Madera	■	■	■
Marin	■	■	■
Mariposa	■		
Mendocino	■	■	■
Merced	■	■	■
Mono	■		
Monterey	■	■	■
Napa	■	■	■
Nevada	■		

If you don't see your County listed, contact the dental plan for enrollment eligibility information

**Dental Plan Services Areas Continued**

■ = Available in this county

County	Delta Dental	DeltaCare USA	Pacific Union
Placer	■	■	■
Plumas	■		
Sacramento	■	■	■
San Benito	■		■
San Francisco	■	■	■
San Joaquin	■	■	■
San Mateo	■	■	■
Santa Clara	■	■	■
Santa Cruz	■	■	■
Sierra	■		
Siskiyou	■	■	■
Solano	■	■	■
Sonoma	■	■	■
Stanislaus	■	■	■
Sutter	■	■	
Tuolumne	■		
Yolo	■	■	
Yuba	■	■	
Outside of Area	■		

If you don't see your County listed, contact the dental plan for enrollment eligibility information

## Vision Plan

The City & County of San Francisco offers all members and their eligible dependent(s) that enroll in the City Health Plan, Blue Shield HMO, Kaiser HMO or PacifiCare HMO a vision plan that is administered by Vision Service Plan (VSP).

**If you don't enroll in an available medical plan option, you won't have vision plan coverage.**

The vision plan provides you and your eligible dependents with one eye exam every 12 months when using a VSP network doctor. The vision plan also helps you and your eligible dependents cover the cost of eyewear, such as glasses or contacts.

Under the vision plan, you have the choice of using a VSP network doctor or a non-VSP provider. It is to your advantage to use a VSP network doctor because covered services are provided to you at a higher benefit and you will have lower out-of-pocket costs.

**You can find a VSP network doctor in your area by visiting [www.vsp.com](http://www.vsp.com) or contacting VSP Member Services at (800) 877-7195.** When you wish to receive services from a VSP network doctor, simply contact the doctor and make your appointment. VSP will then provide benefit authorization to the doctor. There are no ID cards issued for the vision plan.

TYPE OF SERVICE	VSP NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT
Vision Exam	Covered in full every 12 months <sup>1</sup> after the \$10 co-pay	Up to \$40 every 12 months <sup>1</sup> after the \$10 co-pay
Single Vision Lenses	Covered in full once every 24 months <sup>1</sup> after the \$25 co-pay	Up to \$45 every 24 months <sup>1</sup> after the \$25 co-pay
Lined Bifocal Lenses	Covered in full once every 24 months <sup>1</sup> after the \$25 co-pay	Up to \$65 once every 24 months <sup>1</sup> after the \$25 co-pay
Lined Trifocal Lenses	Covered in full once every 24 months <sup>1</sup> after the \$25 co-pay	Up to \$85 once every 24 months <sup>1</sup> after the \$25 co-pay
Frames <i>Note: Single co-pay of \$25 applies to both frames and lenses</i>	Covered up to \$130 once every 24 months <sup>1</sup> after the \$25 co-pay	Up to \$55 once every 24 months <sup>1</sup> after the \$25 co-pay
Contact Lenses	Covered up to \$150 <sup>2</sup> once every 24 months <sup>1</sup> in lieu of frames/lenses; no co-pay	Covered up to \$105 <sup>2</sup> once every 24 months <sup>1</sup> in lieu of frames/lenses; no co-pay

<sup>1</sup>Based on your last date of service

<sup>2</sup>The allowance will apply toward the contact lens fitting and evaluation exam, and contacts.

**Benefit Authorization**

When you make an appointment with a VSP network doctor, the doctor will obtain benefit authorization directly from VSP. Services must be received prior to the benefit authorization expiration date. You pay only the applicable copayment(s), if any, to a VSP network doctor for services covered by the Plan. VSP will pay the doctor directly for the remainder of eligible charges. If you receive services from a VSP network doctor without benefit authorization or obtain services from an out-of-network provider, you are responsible for payment in full to the provider and then submitting an itemized bill directly to VSP for partial reimbursement. A claim form can be obtained by accessing the VSP Web site at [www.vsp.com](http://www.vsp.com).

**Plan Limits and Exclusions**

- The vision plan covers one set of contacts or eye-glass lenses every 24 months.
- If you choose contact lenses, you'll be eligible for a frame 24 months after the last date of obtaining the contacts lenses. This rule also applies to your eligible dependents.
- Cosmetic extras such as progressive lenses, tinted lenses or oversize lenses will cost you extra. If you use a VSP network doctor, you'll pay the VSP discounted price for these cosmetic extras. If you're using an out-of-network provider, you'll pay the retail price.
- The vision plan is designed to cover visual needs rather than cosmetic materials. If you select any of the following extras, the plan will pay the basic cost of the allowed lenses, and you'll be responsible for any additional cost for the options, unless the extra is defined in the Schedule of Benefits.
  - Blended lenses
  - Contact lenses (except as noted in the Schedule of Benefits)
  - Oversize lenses
  - Photochromic and tinted lenses
  - Progressive multi-focal lenses
  - The coating of the lens or lenses, except scratch resistant coatings
  - The laminating of the lens or lenses
  - A frame that costs more than the Plan allowance
  - Certain limitations on low vision care
  - Cosmetic lenses
  - Optional cosmetic processes
  - UV (ultraviolet) protected lenses

**Vision Expenses Not Covered**

- Orthoptics or vision training and any associated supplemental testing, plano (non-prescription) lenses or two pairs of glasses in lieu of bifocals
- Replacement of lenses or frames furnished under this plan that are lost or broken, except at the normal intervals
- Medical or surgical treatment of the eyes
- Costs for securing materials such as lenses and a frame under the vision plan
- Corrective vision treatment such as, but not limited to, RK and PRK laser surgery. (You may be eligible for discounts when services are provided by a VSP network doctor. To inquire about discounts, call VSP).

## Flexible Spending Accounts (FSAs)

### What is a Flexible Spending Account?

Fringe Benefits Management Company (FBMC) administers IRS-approved tax-favored Flexible Spending Accounts (FSAs) for eligible City and County of San Francisco employees to help stretch your medical expense and dependent care expense dollars.

### Flexible Spending Accounts feature:

- IRS-approved reimbursement of eligible expenses tax free
- per-pay-period deposits from your pre-tax salary
- savings on income and Social Security taxes
- security of paying anticipated expenses with your FSA

### Is an FSA right for me?

If you spend money on recurring eligible expenses during the Plan Year, you may save money by paying for them with an FSA. A portion of your salary is deposited into your FSA each pay period.

- You decide the amount you want deposited each pay period, within specified limits.
- You're reimbursed for eligible expenses before income and Social Security taxes are deducted.
- You save income and Social Security taxes each time you receive wages.
- Determine your potential savings with a Tax Savings Analysis. Click on the "Tax Calculator" link at [www.myfbmc.com](http://www.myfbmc.com).

### What types of FSAs are available?

Eligible employees may enroll in a Health Care FSA as well as a Dependent Care FSA. If you incur both types of expenses during a Plan Year, you can establish both types of FSAs.

### Health Care FSAs

Medical expenses not covered by your insurance plan may be eligible for reimbursement using your Health Care FSA, including but not limited to:

- birth control pills
- eyeglasses
- orthodontia and
- Over-the-counter (OTC) items.

### Dependent Care FSAs

Dependent care expenses, whether for a child or an elder, include any expense that allows you to work, including but not limited to:

- day care services
- in-home care
- nursery and preschool and
- summer day camps.

Refer to the Health Care FSA and Dependent Care FSA sections of this guide for specifics on each type of FSA.

### ▶ HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Minimum Contribution is \$5.00 per pay period.  
Maximum Contribution is \$192.30 per pay period.

A Health Care FSA is an IRS-approved tax favored account you can use to pay for your eligible medical expenses not covered by your insurance or any other plan. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax free.

## Whose expenses are eligible?

You may use your Health Care FSA to receive reimbursement for eligible expenses incurred by:

- yourself
- your spouse
- your qualifying child or
- your qualifying relative.

### A individual is a qualifying child if they:

- are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- have a specified family-type relationship to you
- live in your household for more than half of the taxable year
- are 18 years old or younger (23 years, if a full-time student) at the end of the taxable year and
- haven't provided more than one-half of their own support during the taxable year (and receive more than one-half of their support from you during the taxable year if a full-time student age 19 through 23 at the end of the taxable year)

### An individual is a qualifying relative, if they:

- have a specified family-type relationship to you, are not someone else's qualifying child and receive over one-half of their support from you during the taxable year or
- if no specified family-type relationship to you exists, are a member of and live in your household (without violating local law) for the entire taxable year and receive more than one-half of their support from you during the taxable year

**Important:** There is no age requirement for a qualifying child if they are physically and/or mentally incapable of self-care. An eligible child of divorced parents is treated as a dependent of both, so either or both parents can establish a Health Care FSA.

## Partial list of medically necessary eligible expenses\*

- Acupuncture • Hearing aids and exams
- Ambulance service • In vitro fertilization
- Birth control pills and devices • Injections and vaccinations • Chiropractic care • Nursing services • Contact lenses (corrective
- Optometrist fees • Dental fees • Orthodontic treatment • Diagnostic tests/health screening • Over-the-Counter items • Doctor fees
- Smoking cessation programs/treatments
- Drug addiction/alcoholism treatment
- Surgery • Drugs • Transportation for medical care • Experimental medical treatment
- Weight-loss programs/meetings • Eyeglasses
- Wheelchairs • Guide dogs • X-rays

\*Subject to change per IRS regulations

**Important: Budget conservatively. No reimbursement or refund of Health Care FSA funds is available for services that do not occur within the Plan Year.**

## When are my funds available?

Once you sign up for a Health Care FSA and decide how much to contribute, the maximum annual amount of reimbursement for eligible health care expenses will be available throughout your period of coverage.

Since you don't have to wait for the cash to accumulate in your account, you can use it to pay for your eligible health care expenses at the start of your deductions.

## Are prescriptions eligible for reimbursement?

Yes, most filled prescriptions are eligible for Health Care FSA reimbursement, as long as you properly substantiate the expense. Proper submission of the

reimbursement request is needed to ensure that the drug is eligible for reimbursement. The IRS requires the complete name of all medicines and drugs be obtained and documented on pharmacy receipts (including prescription number, date(s) of service and total dollar amount). This information must be included when submitting your request to FBMC for reimbursement.

### Over-the-Counter Expenses

Your Over-the-Counter (OTC) items, medicines and drugs may now be reimbursable through your Health Care FSA! Save valuable tax dollars on certain categories of OTC items, medicines and drugs, such as allergy remedies, antacids, cold remedies and pain relief remedies. You may be reimbursed for OTCs through your Health Care FSA if:

- the item, medicine or drug was used for a specific medical condition for you, your spouse and/or your dependent(s)
- the submitted receipt clearly states the purchase date and name of the item, medicine or drug
- the reimbursement request is for an expense allowed by the Health Care FSA plan and IRS regulations and
- you submit your reimbursement request in a timely and complete manner.

**Important: OTC items, medicines and drugs, including bulk purchases, must be used in the same plan year in which you claim reimbursement for their cost. A list of eligible OTC categories will be updated on a quarterly basis by FBMC. It is your responsibility to remain informed of updates to this list, which can be found at [www.myfbmc.com](http://www.myfbmc.com).**

Newly eligible OTC items, medicines and drugs are not considered a valid change in status event that would allow you to change your annual Health Care FSA election or salary reduction amount. Be sure to maintain sufficient documentation to submit receipts for reimbursement. You may resubmit a copy of your receipt from your records if a rejected OTC expense becomes eligible for reimbursement later in the same plan year.

### Is orthodontic treatment reimbursable?

Orthodontic treatment designed to treat a specific medical condition may be reimbursable if the proper documentation is attached to the initial FSA Reimbursement Request Form:

- a written statement from the treating dentist/orthodontist showing the type and date the service was incurred, the name of the eligible individual receiving the service and the cost for the service
- a Letter of Medical Need from the treating dentist/orthodontist and
- a copy of the patient's contract with the dentist/orthodontist for the orthodontia treatment.

Reimbursement of the full or initial payment amount may only occur during the plan year in which the braces are first installed. For available reimbursement options please contact FBMC Customer Service at 1-800-342-8017.

### Are some expenses ineligible?

Expenses not eligible for reimbursement through your Health Care FSA include:

- insurance premiums
- vision warranties and service contracts and
- cosmetic surgery not deemed medically necessary to alleviate, mitigate or prevent a medical condition.

### How do I request reimbursement?

Requesting reimbursement from your Health Care FSA is easy. Simply mail or fax a completed FSA Reimbursement Request Form along with receipts showing the following:

- a receipt, invoice or bill from your health care provider listing the date you received the service, the cost of the service, the specific type of service and the person for whom the service was provided and
- an Explanation of Benefits (EOB) from your health insurance provider that shows the specific type of service you received, the date and cost of the service and any uninsured portion of the cost or

- a written statement from your health care provider indicating the service was medically necessary if those services could be deemed cosmetic in nature, accompanied by the receipt, invoice or bill for the service.

Be certain you obtain and submit the above information when requesting reimbursement from your Health Care FSA. This information is required with each request for reimbursement.

#### Mail to:

Fringe Benefits Management Company  
P.O. Box 1800  
Tallahassee, FL 32302-1800  
**Fax to:** 850-425-4608

#### Direct Deposit

Enroll in Direct Deposit to expedite the time of your reimbursement.

- FSA reimbursement funds are automatically deposited into your checking or savings account.
- There is no fee for this service.
- You don't have to wait for postal service delivery of your reimbursement (however, you will receive notification that the claim has been processed).

To apply, complete the Direct Deposit Enrollment Form available at [www.myfbmc.com](http://www.myfbmc.com) or contact FBMC Customer Service by at 1-800-342-8017. Please note that processing your Direct Deposit enrollment may take between four and six weeks.

#### ▶ DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Minimum Contribution is \$5.00 per pay period. Maximum Contribution depends on your tax filing status (see below).

A Dependent Care FSA is an IRS tax-favored account you can use to pay for your eligible dependent care expenses to ensure your dependents (child or elder) are taken care of while you and your spouse (if married) are working. These funds are set aside from your salary before taxes are deducted, allowing you to pay your eligible expenses tax-free.

#### Whose expenses are eligible?

You may use your Dependent Care FSA to receive reimbursement for eligible dependent care expenses for qualifying individuals.

A qualifying individual includes a qualifying child, if they:

- are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- have a specific family-type relationship to you
- live in your household for more than half of the taxable year
- are 12 years old or younger and
- haven't provided more than one-half of their own support during the taxable year.

A qualifying individual includes your spouse, if they:

- are physically and/or mentally incapable of self-care
- live in your household for more than half of the taxable year and
- spend at least eight hours per day in your home.

A qualifying individual includes your qualifying relative, if they:

- are a U.S. citizen, national or a resident of the U.S., Mexico or Canada
- are physically and/or mentally incapable of self-care
- are not someone else's qualifying child
- live in your household for more than half of the taxable year and
- spend at least eight hours per day in your home and
- receive over one-half of their support from you during the taxable year.

**Important: If you're the tax dependent of another person, you can't claim qualifying individuals for yourself. You can't claim a qualifying individual if they file a joint tax return with their spouse. Only the custodial parent of divorced or legally-separated parents can be reimbursed using the Dependent Care FSA.**

**Maximum annual contribution**

- If you're married and filing separately, your maximum annual deposit is \$2,500.
- If you're single and head of household, your maximum annual deposit is \$5,000.
- If you're married and filing jointly, your maximum annual deposit is \$5,000.
- If either you or your spouse earns less than \$5,000 a year, your maximum annual deposit is equal to the lower of the two incomes.
- If your spouse is a full-time student or incapable of self-care, your maximum annual deposit is \$3,000 a year for one dependent and \$5,000 a year for two or more dependents.

**When are my funds available?**

Once you sign up for a Dependent Care FSA and decide how much to contribute, the funds available to you depend on the actual funds in your account. Unlike a Health Care FSA, the entire maximum annual amount isn't available during the Plan Year, but rather after your payroll deductions are received and processed each pay period.

**Should I claim tax credits or exclusions?**

Since money set aside in your Dependent Care FSA is always tax-free, you guarantee savings by paying for your eligible expenses through your IRS tax-favored account. Depending on the amount of income taxes you're required to pay, participation in a Dependent Care FSA may produce a greater tax benefit than claiming tax credits or exclusions alone. Remember, you can't use the dependent care tax credit if you are married and filing separately. Further, any dependent care expenses reimbursed through your Dependent Care FSA can't be filed for the dependent care tax credit, and vice versa. To help you choose between the available taxable and tax-free benefits, or a combination of both, consult your tax advisor and/or the IRS for additional information.

**Ineligible Expenses**

Expenses not eligible for reimbursement through your Dependent Care FSA include, but are not limited to:

- books and supplies
- child support payments or child care if you are a non-custodial parent
- health care or educational tuition costs and
- services provided by your dependent, your spouse's dependent or your child who is under age nineteen (19).

**How do I request reimbursement?**

Requesting reimbursement from your Dependent Care FSA is easy. Simply mail or fax a completed FSA Reimbursement Request Form along with receipts showing the following:

- the name, age and grade of the dependent receiving the service
- the cost of the service
- the name and address of the provider and
- the beginning and ending dates of the service.

Be certain you obtain and submit the above information when requesting reimbursement from your Dependent Care FSA. This information is required with each request for reimbursement.

**Mail to:** Fringe Benefits Management Company

P.O. Box 1800

Tallahassee, FL 32302-1800

**Fax to:** 850-425-4608

**Direct Deposit**

Enroll in Direct Deposit to expedite the time of your reimbursement.

- FSA reimbursement funds are automatically deposited into your checking or savings account.
- There is no fee for this service.

- You don't have to wait for postal service delivery of your reimbursement (however, you will receive notification that the claim has been processed).

To apply, complete the Direct Deposit Enrollment Form available at [www.myfbmc.com](http://www.myfbmc.com) or contact FBMC Customer Service at 1-800-342-8017. Please note that processing your Direct Deposit enrollment may take between four to six weeks.

### FBMC Web Site and Interactive Voice Response (IVR)

Visit [www.myfbmc.com](http://www.myfbmc.com) or call 1-800-865-3262 to get detailed information about your FSA. To access your account online or via IVR, all you need is your Social Security number and a Personal Identification Number (PIN). The last four digits of your Social Security Number will be your first PIN. After your initial login/call, you may elect to change your PIN. You can use the FBMC Web site or IVR to:

- review the status of your reimbursement requests
- review your account balance and available funds
- download forms and
- review frequently asked questions about FSAs.

### Important reminders for Flexible Spending Account participants

- You must re-enroll in your Flexible Spending Accounts during every Open Enrollment period.
- **All claims must be postmarked no later than September 30, 2008. YOU WILL FORFEIT ANY MONEY LEFT IN YOUR FSA(S) AFTER THE END OF THE CLAIM FILING PERIOD, so you should carefully figure out how much you want to set aside for each account. THERE ARE NO EXCEPTIONS TO THIS RULE.**
- During an unpaid leave of absence, no contributions are being made toward these accounts, unless otherwise provided by law. Accounts that remain unpaid for three consecutive pay periods will be terminated, and you may only reinstate your Flex-

ible Spending Account upon your return to work by contacting HSS and requesting a reinstatement.

- You can't transfer money between the Health Care and Dependent Care Flexible Spending Accounts.
- You can't change the amounts you contribute to your Flexible Spending Account(s) during the Plan Year unless the change is on account of and consistent with a qualifying change in family status.
- Expenses for services incurred before or after the period for which you enroll aren't eligible for reimbursement. For example, a medical expense incurred in June isn't eligible for reimbursement from a Health Care Flexible Spending Account because your account is not open until July 1.
- If you plan to retire and have money in these accounts, you should file claims for reimbursement prior to your retirement date. Retirees are not eligible to participate in an FSA.
- Your expenses must meet the Internal Revenue Service (IRS) eligibility criteria. Please refer to IRS Publications 502 and 503 for details.

## Frequently Asked Questions

*The information in this section is general in nature and is not intended to be a complete source of information for HSS members. Please contact HSS Member Services for assistance with your particular situation.*

### What should I do if the payroll deduction for my health care coverage is incorrect or isn't being deducted from my paycheck?

When you select your initial health care coverage or change your coverage during the annual Open Enrollment or because of a qualifying change in family status, you should carefully check your Statement of Earnings and Deductions (pay stub) to verify that the correct premium deduction is being taken.

If the premium deduction is incorrect or doesn't appear on your pay stub, you should contact HSS Member Services for assistance. You'll be responsible for all required premium payments, whether they are taken out of your paycheck or not.

### Who should I contact if I need a health care identification card or a benefit booklet, or if I have a question about my coverage?

Contact the plan directly. Refer to the Key Contact Information section of this guide for benefit plan telephone numbers and Web site addresses.

### What happens if I move outside the service area covered by my medical/dental plan?

If you move out of the service area covered by your plan, you must elect health care coverage under an option that provides coverage in your area. Failure

to change your health care elections may result in non-payment for services received. Contact HSS Member Services for assistance.

### Is health care coverage available for dependents that no longer meet the eligibility requirements for coverage under my plan?

Yes. Pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), dependents who are no longer eligible may continue group coverage for up to thirty-six (36) months in the event of loss of eligibility under Health Service System's eligibility guidelines.

See the Continuation Coverage for Separated Employees and Dependents (COBRA) section of this guide for details.

### In the event of my death, what happens to the coverage of my dependents?

Generally, surviving dependents of an employee may continue health care coverage after the death of the employee. Upon your death, covered dependents should contact HSS Member Services for information on available health care coverage continuation options.

### What happens to my coverage when I retire?

If you retire on a service, disability or vesting retirement, you may continue your health care coverage at the rates then in effect for retired employees, provided you apply for coverage within thirty (30) days

from your retirement effective date. Other conditions may apply. Contact HSS Member Services for details.

### **What if my health care provider chooses not to participate in my plan's network?**

The medical, dental and vision plans do not guarantee the continued network participation of any particular doctor, dentist, hospital, medical group or other provider during the Plan Year.

After the annual Open Enrollment deadline, you won't be allowed to change your medical and/or dental plan elections because your provider and/or your medical group choose not to participate in a particular benefit plan. You'll be assigned or will be required to select another provider.

## Leaves of Absence and Your Benefits

*The following information provides important details regarding your rights and responsibilities for maintaining benefits coverage during an approved leave of absence. Failure to follow the requirements detailed below may result in the loss of health care coverage for you and your covered dependents. **Read this information carefully.***

You are responsible for notifying your department of all leaves of absence. The type and length of leave may affect the amount you're required to pay to maintain your benefit coverage elections. If you have questions about costs, payment options or eligibility to continue your coverage while on a leave of absence, contact HSS Member Services for assistance prior to the start of your leave.

### Family and Medical Leave

You may be eligible to continue your current benefit coverage elections for the duration of an approved Family and Medical Leave (under the Family and Medical Leave Act).

- During your approved leave, you're required to pay all premium amounts, if any, that were previously deducted from your bi-weekly paycheck. You must pay all amounts due directly to the Health Service System.
- If you wish to waive benefits coverage during your approved leave, you must notify the Health Service System in writing prior to the start of your leave.

### Family Care Leave

You may be eligible to continue your current benefit coverage elections for the duration of an approved Family Care Leave, subject to the following:

- During your approved leave, you're required to pay all premium amounts, if any, that were previously deducted from your bi-weekly paycheck. You must pay all amounts due directly to the Health Service System.
- If you wish to waive benefits coverage during your approved leave, you must notify the Health Service System in writing prior to the start of your leave.

### Personal Leave Following Family Care Leave

If you've been on an approved Family Care Leave and elect to extend your leave period as a Personal Leave, you may be eligible to continue your current benefit coverage elections for the duration of an approved Personal Leave, subject to the following:

- The reason for the Personal Leave must be the same as the reason for the prior Family Care Leave.
- Your required health care premium payments, if any, must be current.
- During your approved leave, you are required to pay all premium amounts, if any, that were previously deducted from your bi-weekly paycheck. You must pay all amounts due directly to the Health Service System.
- If you wish to waive benefits coverage during your approved leave, you must notify the Health Service System in writing prior to the start of your leave.

## Educational and Personal Leave

You may be eligible to continue your current benefit coverage elections for the duration of an approved Educational or Personal Leave, subject to the following:

- During the first 12 weeks of your approved leave, you're required to pay all premium amounts, if any, that were previously deducted from your bi-weekly paycheck. You must pay all amounts due directly to the Health Service System.
- If your leave lasts beyond 12 weeks, you're responsible for paying the total cost of medical and dental coverage for yourself and any covered dependents. The total cost of coverage includes any premium amount that was previously deducted from your bi-weekly paycheck and all amounts that the City and County of San Francisco had been contributing for coverage on behalf of yourself and any covered dependents.

If you wish to waive benefits coverage during your approved leave, you must notify the Health Service System in writing prior to the start of your leave.

## Leave for Employment as an Employee Organization Officer or Representative

You may be eligible to continue your current benefit coverage elections for the duration of the leave subject to the following:

- During the first 12 weeks of your leave, you're required to pay all premium amounts, if any, that were previously deducted from your bi-weekly paycheck. You must pay all amounts due directly to the Health Service System.
- If your leave lasts beyond 12 weeks, you're responsible for paying the total cost of medical and dental coverage for yourself and any covered dependents. The total cost of coverage includes any premium amount that was previously deducted from your bi-weekly paycheck and all amounts that the City

and County of San Francisco had been contributing for coverage on behalf of yourself and any covered dependents.

- The organization for which you are serving as a representative may pay the cost of the health care coverage during the leave. However, it is your responsibility to ensure that all required payments are made to the Health Service System in a timely manner. The Health Service System will not attempt to collect required premium payments from the organization.
- If you wish to waive benefits coverage during your leave, you must notify the Health Service System in writing prior to the start of your leave.

## Other Leaves

Please contact HSS Member Services for information about eligibility to continue your health care coverage elections for other types of leaves.

**Important: If you do not pay the required health care premium payments in a timely manner while on a leave of absence, your health care coverage and that of any covered dependent(s) will be terminated. If your health care coverage is terminated for non-payment of premiums, you will only be allowed to re-elect health care coverage 1) within thirty (30) days from your return to work from a leave of absence. You must notify the Health Service System to reinstate your coverage; or 2) during the next annual Open Enrollment period for coverage to be effective July 1.**

# Layoff/Separation from Employment and Your Benefits

## Employees with Holdover Rights

Employees, who are separated from City service and are placed on a holdover roster, may be eligible to continue medical, dental and vision benefits for themselves and their covered dependents for up to five (5) years, as long as they meet the following requirements:

- Employees must certify that they are unable to obtain health care coverage from another source; and
- Employees must complete and submit a Certificate of Eligibility Form to the Health Service System on an annual basis; and
- Employees must pay the same amount that was deducted from his/her paycheck prior to lay off (rates subject to increase each plan year).

**Important: If you don't pay the required health care premium payments in a timely manner while on a holdover status or you fail to submit the required Certificate of Eligibility Form when requested, your health care coverage and that of any covered dependent(s) will be terminated.**

## Employees with No Holdover Rights

Employees, who are separated from all City service and have no holdover rights, may be eligible to continue medical, dental and vision coverage under COBRA. Your coverage as an active employee will terminate on the last day of the pay period in which you separate from City service. See the Continuation Coverage for Separated Employees and Dependents (COBRA) section of this guide for details.

## Continuation Coverage for Separated Employees and Dependents (COBRA)

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1986 (“COBRA”), employees and their dependents who are enrolled in a medical, dental or vision insurance plan may be entitled to an extension of health care coverage, called “continuation coverage,” in certain circumstances (for example, termination of employment, divorce, etc. This is called a “qualifying event”).

The same plans you were enrolled in as an active employee can be continued (subject to change if the group coverage changes). The coverage period for an employee is in most instances eighteen (18) months. The coverage period for dependents may be up to 36 months under certain circumstances. In the case of a dependent losing coverage (divorce or aging out of the plan), the employee or dependent must inform the COBRA Administrator within thirty (30) days of this qualifying event.

Employees, who are disabled on the date of their qualifying event, or at any time during the first sixty (60) days of continuation coverage, are eligible for a total of 29 months of COBRA coverage. The cost will be 150% of the group rate, beginning on the 19th month of coverage.

When a qualifying event occurs, the Health Service System COBRA Administrator will notify you of your right to elect COBRA coverage. You will have sixty (60) days from the date of the notice to elect COBRA coverage. The coverage will be continuous from the date of the qualifying event (i.e. you will not have a break in your health care coverage). Any newly eligible dependent (spouse, domestic partner, newborn or adopted child) is eligible to be

added to your COBRA coverage within thirty (30) days from the date of the event (birth, marriage, etc.).

COBRA coverage will end at the earliest of the date: 1) you obtain coverage under another group plan if no pre-existing condition limitation under the new plan applies to the individual; 2) you fail to pay the premium required under the plan within the grace period; or 3) the applicable COBRA period ends.

As an alternative to COBRA coverage, you may be able to purchase individual coverage, if available, from your healthcare plan. Contact your plan directly for details and costs.

All employees and dependents that were covered under a Health Service System administered health plan are entitled to a certificate that will show evidence of prior health coverage. This certificate of prior coverage may assist the employee and/or dependents to purchase new health coverage that excludes pre-existing medical conditions.

CITY COUNTY OF SAN FRANCISCO BI-WEEKLY MEDICAL PLAN RATES EFFECTIVE 7/1/07 - 6/30/08  
EMPLOYEE ONLY COVERAGE

Collective Bargaining Agreement	City Plan			Blue Shield			Kaiser			PacifiCare		
	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays
Auto Machinists Local 1414	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Bldg Inspectors, Classes 6331/6333	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Bricklayers Local 3/Hodcarriers Local 36	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Carpenters Local 22	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Cement Masons Local 580	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
DA Investigators Association	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Deputy Sheriffs Association	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Electric Workers Local 6	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Firefighters	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Glaziers Local 718	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Institutional Police Officers	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Ironworkers Local 377	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Laborers Local 261	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Municipal Attorneys' Association <sup>1</sup>	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
Operating Engineers Local 3	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Painters Local 4	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Physicians and Dentists	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Pile Drivers Local 34	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Plasterers Local 66	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Plumbers Local 38	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Police Officers Association	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Probation Officers Association	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Professional and Technical Locals 21/22	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Roofers Local 40	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Sheet Metal Workers Local 104	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
SEIU Locals 250/535/790	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
SEIU - Staff Nurses Local 790	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
SEIU - Per Diem Nurses Local 790 <sup>2</sup>	229.80	0.00	229.80	190.75	0.00	190.75	189.26	0.00	189.26	201.82	0.00	201.82
SEIU - Fire Rescue Local 790 H-1	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Stationary Engineers Local 39 <sup>1</sup>	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
Supervising Nurses Local 856	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
Supervising Probation Officers Local 3	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Teamsters Locals 350/856 <sup>1</sup>	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
Teamsters Local 853	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Theatrical Stage Employees Local 16	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
TWU Local 200 and 250A, Class 7410	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
TWU Local 250A, Class 9163	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
TWU Local 250A, Multi Unit	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Superior Court Employees Local 21 and 790	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
Superior Court Judges	229.80	186.06	43.74	190.75	186.06	4.69	189.26	186.06	3.20	201.82	186.06	15.76
Superior Court Reporters	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Superior Court Staff Attorneys <sup>1</sup>	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Superior Court Unrepresented	229.80	229.80	0.00	190.75	190.75	0.00	189.26	189.26	0.00	201.82	201.82	0.00
Commissioners (Monthly Rates) <sup>2</sup>	497.91	403.14	94.77	413.29	403.14	10.15	410.07	403.14	6.93	437.28	403.14	34.14

<sup>1</sup>May be eligible for cash-back option. Attorney's must complete additional forms to receive cash-back.  
<sup>2</sup>Per Diem Nurses and some Commissioners are also required to pay dental plan premiums. Contact HSS for details.

CITY AND COUNTY OF SAN FRANCISCO BI-WEEKLY MEDICAL PLAN RATES EFFECTIVE 7/1/07 - 6/30/08  
EMPLOYEE +1 DEPENDENT

Collective Bargaining Agreement	City Plan			Blue Shield			Kaiser			PacifiCare		
	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays
Auto Machinists Local 1414	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Bldg Inspectors, Classes 6331/6333	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Bricklayers Local 3/Hodcarriers Local 36	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Carpenters Local 22	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Cement Masons Local 580	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
DA Investigators Association	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Deputy Sheriffs Association	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Electric Workers Local 6	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Firefighters	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Glaziers Local 718	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Institutional Police Officers	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Ironworkers Local 377	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Labors Local 261	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Municipal Attorneys' Association	429.04	289.91	139.13	381.02	289.91	91.11	378.05	289.91	88.14	403.16	289.91	113.25
Municipal Attorneys' Association - Cash Back <sup>1</sup>	429.04	186.06	242.98	381.02	186.06	194.96	378.05	186.06	191.99	403.16	186.06	217.10
Operating Engineers Local 3	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Painters Local 4	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Physicians and Dentists	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Pile Drivers Local 34	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Plasterers Local 66	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Plumbers Local 38	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Police Officers Association	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Probation Officers Association	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Professional and Technical Locals 21/22	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Roofers Local 40	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Sheet Metal Workers Local 104	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
SEIU Locals 250/535/790	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
SEIU - Staff Nurses Local 790	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
SEIU - Per Diem Nurses Local 790 <sup>2</sup>	429.04	0.00	429.04	381.02	0.00	381.02	378.05	0.00	378.05	403.16	0.00	403.16
SEIU - Fire Rescue Local 790 H-1	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Stationary Engineers Local 39	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Supervising Nurses Local 856	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Supervising Probation Officers Local 3	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Teamsters Local 350/856	429.04	289.91	139.13	381.02	289.91	91.11	378.05	289.91	88.14	403.16	289.91	113.25
Teamsters Local 853	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Theatrical Stage Employees Local 16	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
TWU Local 200 and 250A, Class 7410	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
TWU Local 250A, Class 9163	429.04	289.91	139.13	381.02	289.91	91.11	378.05	289.91	88.14	403.16	289.91	113.25
TWU Local 250A, Multi Unit	429.04	385.30	43.74	381.02	376.33	4.69	378.05	374.84	3.21	403.16	387.40	15.76
Superior Court Employees Local 21 and 790	429.04	404.46	24.58	381.02	381.02	0.00	378.05	378.05	0.00	403.16	403.16	0.00
Superior Court Judges	429.04	186.06	242.98	381.02	186.06	194.96	378.05	186.06	191.99	403.16	186.06	217.10
Superior Court Reporters	429.04	404.46	24.58	381.02	381.02	0.00	378.05	378.05	0.00	403.16	403.16	0.00
Superior Court Staff Attorneys	429.04	404.46	24.58	381.02	381.02	0.00	378.05	378.05	0.00	403.16	403.16	0.00
Superior Court Staff Attorneys - Cash Back <sup>1</sup>	429.04	307.54	121.50	381.02	307.54	73.48	378.05	307.54	70.51	403.16	307.54	95.62
Superior Court Unrepresented Clerical/Technical	429.04	404.46	24.58	381.02	381.02	0.00	378.05	378.05	0.00	403.16	403.16	0.00
Commissioners (Monthly Rates) <sup>2</sup>	929.59	403.14	526.45	825.55	403.14	422.41	819.10	403.14	415.96	873.52	403.14	470.38

<sup>1</sup>Attorney's must complete additional forms to receive cash back. <sup>2</sup>Per Diem Nurses and some Commissioners must also pay dental premiums. Contact HSS for details.

CITY AND COUNTY OF SAN FRANCISCO BI-WEEKLY MEDICAL PLAN RATES EFFECTIVE 7/1/07 - 6/30/08  
EMPLOYEE + 2 OR MORE DEPENDENTS

Collective Bargaining Agreement	City Plan			Blue Shield			Kaiser			PacifiCare		
	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays	Full Cost	Employer Pays	Employee Pays
Auto Machinists Local 1414	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Bldg Inspectors, Classes 6331/6333	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Bricklayers Local 3/Hodcarriers Local 36	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Carpenters Local 22	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Cement Masons Local 580	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
DA Investigators Association	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Deputy Sheriffs Association	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Electric Workers Local 6	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Firefighters	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Glaziers Local 718	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Institutional Police Officers	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Ironworkers Local 377	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Laborers Local 261	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Municipal Attorneys' Association	618.24	289.91	328.33	528.86	289.91	238.95	524.73	289.91	234.82	559.61	289.91	269.70
Municipal Attorneys' Association - Cash Back <sup>1</sup>	618.24	186.06	432.18	528.86	186.06	342.80	524.73	186.06	338.67	559.61	186.06	373.55
Operating Engineers Local 3	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Painters Local 4	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Physicians and Dentists	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Pile Drivers Local 34	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Plasterers Local 66	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Plumbers Local 38	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Police Officers Association	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Probation Officers Association	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Professional and Technical Locals 21/22	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Roofers Local 40	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Sheet Metal Workers Local 104	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
SEIU Locals 250/535/790	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
SEIU - Staff Nurses Local 790	618.24	574.50	43.74	528.86	524.17	4.69	524.73	521.53	3.20	559.61	543.85	15.76
SEIU - Per Diem Nurses Local 790 <sup>2</sup>	618.24	0.00	618.24	528.86	0.00	528.86	524.73	0.00	524.73	559.61	0.00	559.61
SEIU - Fire Rescue Local 790 H-1	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Stationary Engineers Local 39	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Supervising Nurses Local 856	618.24	574.50	43.74	528.86	524.17	4.69	524.73	521.53	3.20	559.61	543.85	15.76
Supervising Probation Officers Local 3	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Teamsters Locals 350/856	618.24	289.91	328.33	528.86	289.91	238.95	524.73	289.91	234.82	559.61	289.91	269.70
Teamsters Local 853	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Theatrical Stage Employees Local 16	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
TWU Local 200 and 250A, Class 7410	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
TWU Local 250A, Class 9163	618.24	289.91	328.33	528.86	289.91	238.95	524.73	289.91	234.82	559.61	289.91	269.70
TWU Local 250A, Multi Unit	618.24	445.16	173.08	528.86	445.16	83.70	524.73	445.16	79.57	559.61	445.16	114.45
Superior Court Employees Local 21 and 790	618.24	404.46	213.78	528.86	404.46	124.40	524.73	404.46	120.27	559.61	404.46	155.15
Superior Court Judges	618.24	186.06	432.18	528.86	186.06	342.80	524.73	186.06	338.67	559.61	186.06	373.55
Superior Court Reporters	618.24	404.46	213.78	528.86	404.46	124.40	524.73	404.46	120.27	559.61	404.46	155.15
Superior Court Staff Attorneys	618.24	404.46	213.78	528.86	404.46	124.40	524.73	404.46	120.27	559.61	404.46	155.15
Superior Court Staff Attorneys - Cash Back <sup>1</sup>	618.24	307.54	310.70	528.86	307.54	221.32	524.73	307.54	217.19	559.61	307.54	252.07
Superior Court Unrepresented	618.24	404.46	213.78	528.86	404.46	124.40	524.73	404.46	120.27	559.61	404.46	155.15
Commissioners (Monthly Rates) <sup>2</sup>	1,339.53	403.14	936.39	1,145.88	403.14	742.74	1,136.93	403.14	733.79	1,212.49	403.14	809.35

<sup>1</sup>Attorney's must complete additional forms to receive cash back. <sup>2</sup>Per Diem Nurses and some Commissioners must also pay dental premiums. Contact HSS for details.

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