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## 2007-08 ACTIVE *San Francisco Community College District* 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 delete a dependent from your healthcare coverage.
- ➔ You want to add a dependent to your healthcare coverage.
- ➔ You want to elect a different medical plan.

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

You are not a Health Net member and you don't want to make any changes to your current benefits elections.

## Key Contact Information

### San Francisco Community College District Benefits Office

[www.ccsf.edu/benefits](http://www.ccsf.edu/benefits)

33 Gough Street  
San Francisco, CA 94103  
(415) 241-22246

### DEPENDENT CARE AND HEALTH CARE FLEXIBLE SPENDING ACCOUNTS American Family Life Assurance Company (AFLAC)

1932 Wynnton Road  
Columbus, Georgia 31999  
(877) 353-9487 Customer Service  
[www.aflac.com](http://www.aflac.com)

Eligible employees receive additional benefits administered by CCD.

For assistance with the benefit programs listed above, please contact the CCD Benefits Office.

### 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)

### VISION PLANS

#### Vision Service Plan (VSP)

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

Employee eligibility for healthcare coverage is determined by the Governing Board of the San Francisco Community College District.

	FT Faculty	LTS Faculty	PT Faculty	Permanent Classified	Temp STO Classified	Temporary Classified
Medical	X	X <sup>1</sup>	X	X	X <sup>1</sup>	X <sup>1</sup>
Flexible Spending Account	X	X	X	X	X <sup>1</sup>	X <sup>1</sup>
Employer-Paid Dental	X	X <sup>1</sup>	X	X		
Employee-Paid Dental					X	X
Rx Copay R'bsmt.	X	X		X <sup>1</sup>	X <sup>1</sup>	X <sup>1</sup>
Life Insurance	X	X		X		

<sup>1</sup>Certain restrictions apply

## 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 member and is 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.

## IMPORTANT INFORMATION FOR CLASSIFIED TEMPORARY EMPLOYEES AND PART-TIME FACULTY

### Classified Temporary School Term Only Employees

- Classified Temporary school term only employees who have a summer assignment are not required to re-enroll for the summer.
- Classified Temporary school term only employees who do not have a summer assignment will have their health care coverage terminated at the end of the spring semester assignment.
  - You will be eligible to continue your medical and dental coverage through COBRA
  - COBRA for medical coverage is administered through HSS
  - COBRA for dental coverage is administered through the SFCCD Benefits Office

**IMPORTANT: If you do not elect COBRA continuation coverage during this period, do not complete or return an Open Enrollment application during the annual Open Enrollment period.**

### Part-Time Faculty

- Part-time faculty who are enrolled in a medical plan and have a spring assignment are not required to re-enroll for the summer. If you wish to make changes to your health care elections to be effective July 1, you must complete and submit an application during the annual Open Enrollment period.
- Part-time faculty, who lose eligibility for health care coverage during any semester, may continue medical and dental coverage through COBRA. Part-time faculty who later become eligible for health care coverage **must** re-enroll for available health care benefits.

## FULL-TIME FACULTY & ADMINISTRATORS RETIREMENT PROCEDURES

The Health Service System will not process medical coverage for new retirees without authorization from the San Francisco Community College District (SFCCD). Please contact a SFCCD Human Resources Benefits Unit Representative at (415) 241-2246 to determine your eligibility for retiree healthcare coverage and to obtain a retirement packet.

Part-time faculty are not eligible to retain medical coverage upon retirement but have the option to continue coverage through COBRA. Please contact a SFCCD Human Resources Benefits Unit Representative for more details at (415)241-2246.

## 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 plan
- Add or drop eligible dependents to/from coverage

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 Contact Information section of this guide.

### NEW OR RETURNING/REHIRED EMPLOYEES

New employees must enroll in an available medical 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.

### 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.

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 hospital 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 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 SFUSD 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 Community College District employees and their eligible dependents. Required medical plan premiums, if any, will be deducted from your 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

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

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

## 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 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).

## 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 also be able to purchase individual coverage, if available, from your healthcare plan. Contact your benefit 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.

**To continue dental coverage as a COBRA participant, please contact the CCD Benefits Office.**

## 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 does not appear on your pay stub, you should contact the San Francisco Community College District Benefits Office at (415) 241-2246 for assistance. You will 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 plan?

If you move out of the medical plan 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 be eligible to 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. Please contact the San

Francisco Community College District Benefits Office at (415) 241-2246 for information regarding your eligibility for retiree healthcare coverage.

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

The healthcare 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 healthcare 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.

# San Francisco Community College District

Bi-Monthly Medical Plan Rates Effective 7/1/07 - 6/30/08

## Employee Only Coverage

	CITY HEALTH PLAN			BLUE SHIELD			KAISER			PACIFICARE		
	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays
	San Francisco Community College District Employees and Board of Trustees Board Members	248.96	201.57	47.39	206.65	201.57	5.08	205.04	201.57	3.47	218.64	201.57

## Employee + 1 Dependent

	CITY HEALTH PLAN			BLUE SHIELD			KAISER			PACIFICARE		
	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays
	San Francisco Community College District and Board of Trustees Board Members	464.80	314.07	150.73	412.78	314.07	98.71	409.55	314.07	95.48	436.76	314.07

## Employee + 2 or More Dependents

	CITY HEALTH PLAN			BLUE SHIELD			KAISER			PACIFICARE		
	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays	Total Cost	CCD Pays	Employee Pays
	San Francisco Community College District and Board of Trustees Board Members	669.77	314.07	355.70	572.94	314.07	258.87	568.47	314.07	254.40	606.25	314.07

THE ABOVE RATES APPLY TO ALL ELIGIBLE ENROLLEES OF THE SF COMMUNITY COLLEGE DISTRICT DEDUCTIONS ARE TAKEN FROM THE FIRST TWO PAYCHECKS OF EACH MONTH

CITY AND COUNTY OF SAN FRANCISCO



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