Unified School District

2018 HEALTH BENEFITS

Excellent benefits for our amazing city family

SAN FRANCISCO
HEALTH SERVICE SYSTEM

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This guide provides an overview of the San Francisco Health Service System rules approved by the Health Service Board. The rules can be found at sfhss.org/member_services/rules.html. To request a paper copy of the rules call 1-415-554-1750.

What's New for 2018

Blue Shield of California Offers Trio HMO Option for Actives and Non-Medicare Enrolled Retirees

In addition to Access+ HMO, Blue Shield will offer SFHSS non-Medicare members a new choice: Trio HMO. Trio HMO has the same benefits and plan design as Access+, and access to many of the same hospitals and physicians, but with lower premium contributions. **Current Blue Shield members whose primary care doctors are Trio HMO doctors will be automatically enrolled in the Trio HMO plan, which is the lowest cost plan, unless you complete an SFHSS Open Enrollment form electing another plan.** For more information, please go to blueshieldca.com/sfhss or call 855-747-5800.

VSP Vision Care Adds an Enhanced Plan Choice

Pay a little more to enroll in the new VSP Premier Plan. Under this new plan, you can get glasses **every year** with a $300 frame allowance or contacts every year with a $250 allowance. Anti-reflective and progressive lenses are covered in full with a $25 co-pay for each. See pages 20-21 of this guide for more information or go to sfhss.vspforme.com. If you would like to enroll in the VSP Premier Plan, or would like to speak to a VSP representative about the Premier Plan, please call 1-800-400-4569.

2018 Medical Plan Premium Contributions Are Changing

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

Best Doctors Expert Medical Case Review for Employees, Retirees, and Dependents

This confidential service is available to all employees, retirees, spouses, domestic partners, and dependents enrolled in an SFHSS medical plan. It provides expert case review whenever you or covered family members face an important medical decision. Contact Best Doctors at 1-866-904-0910 or visit members.bestdoctors.com to confirm a diagnosis, learn more about a prescribed medication, or review a recommended treatment plan. There is no additional cost to the member to use this service.

Increased Infertility and Assisted Reproductive Technology Benefits

For SFHSS Active and Early Retiree health plans, starting January 1, 2018, infertility benefits have been increased to two cycles per lifetime. Cryopreservation of reproductive tissue is being offered for up to 12 months across all plans.

SFHSS Remains a Pioneer in Gender Dysphoria Coverage and Anti-Discrimination in Health Care

In 2001, the San Francisco Health Service System became the first large public employer in the United States to include gender dysphoria care as part of its employee health design. SFHSS, in collaboration with its health plan providers, continues to champion anti-discrimination efforts and recognize medically necessary treatment options for gender dysphoria. For more information, please review the 2017 SFHSS Gender Dysphoria Policy Statement at sfhss.org.

UnitedHealthcare Offers 'Real Appeal' Weight-Loss Program

Free to all SFHSS Members, Real Appeal provides tools and support to help employees lose weight, feel good, and prevent weight-related health conditions. To find out if you are eligible to participate in this program, and to enroll, visit realappeal.com/enroll, or call 1-844-344-7325.

Online Benefits Coming in 2018

SFHSS will pilot online benefits enrollment in October and will go live in 2018 offering employees the choice to go paperless.

Review Your Dependent Coverage

SFHSS Member Rules require members to notify SFHSS immediately when an enrolled dependent is no longer eligible. You can drop these dependents from your coverage **without penalty** during Open Enrollment. If you are legally separated, divorced, or annulled, your spouse or former spouse is not eligible for SFHSS benefits. Former domestic partners are not eligible for SFHSS benefits.

How to Enroll in Health Benefits

- Learn about your health benefits options by reading this Guide and visiting sfhss.org.
- Eligible new and rehired employees must enroll in health coverage **within 30 calendar days**. If you do not enroll within this 30-day period, you can only apply for benefits during the next Open Enrollment or within 30 days of a qualifying event, such as losing other coverage. See pages 8-9 for more information about qualifying events.
- For Administrative, Certificated and Paraprofessional new and rehired employees, enrollment applications are included in the Chalk Schools benefits packet. Please submit your benefits packet, via the Chalk Schools platform and attach any required eligibility documentation by the 30-day deadline. Submit copies, not originals, of eligibility documentation such as a marriage certificate, domestic partner certification and children's birth certificates.
- For Classified employees who may not have received a New Hire Benefits Schools packet via Chalk Schools or who were emailed the enrollment form by a member of Human Resources, you may mail, fax or drop off your completed enrollment application and eligibility documentation to SFHSS. The fax number is 1-415-554-1721. You may also submit your completed enrollment form along with the supporting documents to your assigned benefits analyst at SFUSD.
- Employee premium contributions are deducted from paychecks bi-weekly or monthly depending on pay schedule. Review your paycheck to verify that the correct employee premium contribution is being deducted. 2018 premiums are on pages 32-34.
- October Open Enrollment is your annual opportunity to change benefit elections including dropping dependents without the need of a qualifying event. Changes made during October Open Enrollment are effective the following January 1. It is also your opportunity to drop ineligible dependents without being charged a penalty.
- Questions about health benefits, premium contributions or eligibility documentation? **Call 1-415-554-1750**.

Eligibility

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

Member Eligibility

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

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

Dependent Eligibility

Spouse or Domestic Partner

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number. Enrollment in SFHSS benefits must be completed within 30 days of the date of marriage or partnership. In that case, coverage begins on the first day of the coverage period after a completed application and eligibility documentation is filed with SFHSS. A spouse or registered domestic partner can also be added to a member's coverage during Open Enrollment. A spouse covered on an employee's medical plan is not required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is required to enroll in Medicare.

Natural Children, Stepchildren, Adopted Children

A member's natural child, stepchild, adopted child (including a child placed for adoption) and the natural or adopted child of a member's enrolled domestic partner are eligible for coverage up to 26 years of age. Coverage terminates at the end of the coverage period in which the child turns 26. Eligibility documentation is required upon initial enrollment.

Legal Guardianships and Court-Ordered Children

Children under 19 years of age placed under the legal guardianship of an enrolled member, a member's spouse, or domestic partner are eligible. If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19. Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide SFHSS with proof of guardianship, court order, or decree by required deadlines.

Eligibility

Adult Disabled Children

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

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

Medicare Enrollment Requirements for Dependents

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

Medicare Enrollment Requirements When You Retire

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

Penalties for Failing to Disenroll Ineligible Dependents

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

Temporary Employee Eligibility

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

Temporary Certificated Employees

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

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

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

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

Temporary School-Term Biweekly Employees

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

- Clerical Workers
- Paraprofessionals
- Security Aides

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

Eligible Temporary Exempt Employees

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

Options for Maintaining Coverage

Covered California: The state health insurance exchange, created under the federal Patient Protection and Affordable Care Act, allows you to compare and shop for health insurance. In some cases, you may qualify for Medi-Cal, tax credits and other assistance to make health insurance more affordable. Call 1-888-975-1142 or visit coveredca.com.

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

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

Rehired in the Fall?

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

Transition to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

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

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

Depending on your retirement date, there can be a gap between when active employee coverage ends and retiree coverage begins. Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage. Call SFHSS at 1-415-554-1750 to review your options before deciding on your retirement date.

Medicare Enrollment Required for Medicare-eligible Retirees and Dependents

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

Retiree Premium Contributions

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

Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

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

Active Employee Medicare Enrollment

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

Married Spouse Medicare Enrollment

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

Domestic Partner Medicare Enrollment

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

Contact the Employee Assistance Program

Contact EAP at 1-800-795-2351 before your retirement date to plan for a meaningful retirement. Address any emotional or psychological changes and make your retirement years be the best they can be.

Changing Benefit Elections: Qualifying Events

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

To change benefit elections, you must complete the election change process, including the submission of all required documentation, no later than **30 calendar days** after the qualifying event occurs. If the election change process is not completed **within 30 days** of the date of the qualifying event, you must wait until the next Open Enrollment to make the change. Note: an individual with End Stage Renal Disease may be prohibited from changing medical plans.

Marriage or Domestic Partnership

To enroll a new spouse or domestic partner and eligible children of a spouse or partner in San Francisco Health Service System (SFHSS) healthcare coverage, submit a completed SFHSS enrollment application, a copy of a marriage certificate or certificate of domestic partnership and a birth certificate for each child to SFHSS **within 30 days** of the legal date of the marriage or partnership. Certificates of marriage or partnership must be issued in the United States. A Social Security number must be provided for each of the family members being enrolled. Proof of Medicare enrollment is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner and his or her eligible children will be effective the first day of the coverage period following the submission of the required application and documentation.

Birth or Adoption

To enroll your newborn or newly adopted child, you must submit a completed SFHSS enrollment application and a copy of the birth certificate or adoption documentation **within 30 days** from the date of birth or placement for adoption. Coverage for an enrolled newborn child will be effective on the child's date of birth. Coverage for an enrolled adopted child will be effective on the date the child is placed. A Social Security number must be provided within six months of the date of birth or adoption, or your child's coverage may be terminated.

Legal Guardianship or Court Order

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

Divorce, Separation, Dissolution, Annulment

By law, you must disenroll ineligible dependents **within 30 days** from the date of a divorce, legal separation, annulment or dissolution of partnership. Submit a completed SFHSS application with a copy of the legal documentation of your family status change. Coverage for an ex-spouse, domestic partner and stepchildren will terminate on the last day of the coverage period in which the divorce, legal separation, annulment or dissolution of domestic partnership occurred, provided you complete disenrollment **within 30 days**. Failure to notify SFHSS can result in significant financial penalties equal to the total cost of benefits and services provided for any ineligible dependents.

Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other coverage may enroll by submitting a completed application and proof of loss of coverage **within 30 days** of the date other coverage terminates. Coverage can be lost due to termination of employment, change from full-time to part-time work, dropping other employer coverage during Open Enrollment, ineligibility for Medicare or Medicaid, unpaid leave of absence or return from military service. Documentation of lost coverage must state the date other coverage ends and the names of individuals losing coverage. If required documentation is submitted, SFHSS coverage will be effective on the first day of the next coverage period. There may be a break in coverage between the date other coverage terminates and the date SFHSS coverage begins.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage (If you waive coverage for yourself, coverage for all your enrolled dependents must also be waived). Submit a completed SFHSS application and proof of enrollment **within 30 days** of the date of enrollment in the other health plan. Proof of coverage must indicate the effective date of coverage and the names of enrolled individuals. After all required documentation is submitted, SFHSS coverage will terminate on the last day of the coverage period. There may be an overlap of coverage between the date other coverage begins and the date SFHSS coverage terminates. You must pay premium contributions up to the termination date of SFHSS coverage.

Moving Out of Your Plan's Service Area

If you move your primary residence to a location outside your health plan's service area, you cannot obtain services through that plan. Don't risk termination of coverage. You must enroll in a different SFHSS plan that offers service based on your new address. Complete an SFHSS application to elect a new plan **within 30 days** of your move. Coverage under the new plan will be effective the first day of the coverage period following the date SFHSS receives your enrollment application and any required documentation.

Death of a Dependent

If an enrolled dependent dies, notify SFHSS as soon as possible and submit a copy of the death certificate **within 30 days** of the date of death. Coverage terminates the day after the dependent's death.

Death of a Member

In the event of a member's death, the surviving dependent or survivor's designee should contact SFHSS to obtain information about eligibility for survivor health benefits. To be eligible for health benefits, the surviving spouse or domestic partner of an employee must have been married to the member, or registered as the member's domestic partner, for at least one year prior to the death of the member. The surviving spouse or domestic partner of an employee member hired after January 9, 2009, may not be eligible for SFHSS benefits. Other restrictions apply.

After being notified of a member's death, SFHSS will send instructions to the spouse or partner, including a list of documentation required for enrolling in surviving dependent health coverage. To avoid a break in coverage for survivors who were enrolled in SFHSS benefits at the time of the member's death, the following must be submitted to SFHSS **within 30 days** of the member's date of death:

- Completed surviving dependent enrollment form
- Copy of member's death certificate
- Copy of U.S. certificate of marriage or partnership (If not already on file at SFHSS)
- Copy of survivor's Medicare card (If survivor is Medicare-eligible)

A surviving spouse or partner who is not enrolled on the deceased member's health plan at the time of the member's death may be eligible for coverage, but must wait until Open Enrollment to enroll. Surviving dependent children of a member must meet eligibility requirements for dependent children, be enrolled at the time of the member's death and are only eligible for benefits under a surviving spouse or surviving domestic partner.

Responsibility for Premium Contributions

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

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

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

Health Maintenance Organization (HMO)

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

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

Preferred Provider Organization (PPO)

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

- City Plan PPO
  (UnitedHealthcare Choice Plus)

How To Enroll In Medical Benefits

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

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

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

The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions in effect for each plan from January to December 2018. Review your EOC for plan details. If any discrepancy exists between the information provided in this guide and the EOC, the EOC will prevail. Download plan EOCs at sfhss.org.

Medical Plan Service Areas

County	Kaiser Permanente HMO	Blue Shield of CA Acess+ HMO	Blue Shield of CA Trio HMO	City Plan PPO
Alameda	■	■	■	■
Contra Costa	■	■	■	■
Marin	■	■	❍	■
Napa	❍			■
Sacramento	■	■	❍	■
San Francisco	■	■	■	■
San Joaquin	■	■	■	■
San Mateo	■	■	■	■
Santa Clara	❍	■	■	■
Santa Cruz	■	■	■	■
Solano	■	■	❍	■
Sonoma	❍	■		■
Stanislaus	■	■	❍	■
Tuolomne				■
Outside of California	Urgent/ER Care Only	Urgent/ER Care Only		No Service Area Limits

■ = Available in this county

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

Blue Shield of California and Kaiser Permanente: Service Area Limits

You must reside in a zip code serviced by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you.

- Blue Shield of California Trio HMO - 1-855-747-5800
- Blue Shield of California Access+ HMO - 1-855-256-9404
- Kaiser Permanente HMO - 1-800-464-4000

City Plan PPO: No Service Area Limits

City Plan, administered by UnitedHealthcare, does not have any service area requirements. If you have questions contact UnitedHealthcare at 1-866-282-0125.

Change of Address: Notify SFHSS

If you move out of the service area covered by your plan, you must elect an alternate medical plan that provides coverage in your area. Failure to change your health benefit elections may result in the non-payment of claims for services received. Contact the San Francisco Health Service System at 1-415-554-1750 to update your information and review plan options if you are changing your address.

Choosing Your Medical Plan

	Blue Shield of California Trio HMO & Access+ HMO	Kaiser Permanente HMO	City Plan PPO
Must I select a PCP–Primary Care Physician?	You can choose your PCP after you enroll, or Blue Shield will assign.	You can choose your PCP after you enroll, or Kaiser Permanente will assign.	No PCP– you have more responsibility for coordinating care.
Can I change my PCP during the plan year?	Yes, monthly	Yes, anytime.	
Am I required to use the plan's contracted network of service providers?	Yes. Services must be received from the contracted network.	Yes. Services must be received from Kaiser Permanente.	No, but out-of-network providers will cost you more.
Is access to hospitals and specialists determined by medical group assignment?	Yes. PCP referrals to specialists and hospitals will be determined by medical group affiliation.	Yes. All services must be received from a Kaiser facility.	No
Do I have to pay an annual deductible	No	No	Yes
Do I have to file claim forms?	No	No	Only if you use an out-of-network provider
How do I get more information about the plan?	Trio HMO: 1-855-747-5800 blueshieldca.com/triosfsfhss Access+ HMO: 1-855-256-9404 blueshieldca.com/sites/sfhss	1-800-464-4000 my.kp.org/ccsf	1-866-282-0125 welcometouhc.com/sfhss

Nurseline, Urgent Care, Telemedicine, Online Resources

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

24/7 Nurse Line

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

Urgent Care

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

Telemedicine

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

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

Go Online

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

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	City Plan PPO
24/7 Nurseline		
Trio HMO: 1-877-304-0504 Access+: 1-877-304-0504	Nurse Advice 24/7 1-866-454-8855	Nurseline 24/7 1-800-846-4678
Urgent After Hours Care		
Blue Shield Trio HMO: 1-855-747-5800 blueshieldca.com/triosfhss Blue Shield (Access+): 1-855-256-9404 blueshieldca.com/sites/sfhss	1-866-454-8855 kp.org	1-866-282-0125 welcometouhc.com/sfhss
Telemedicine		
Blue Shield members can access Teladoc's U.S. board-certified doctors 24/7/365 to resolve many non-emergency medical issues through phone or video consults. Visit teladoc.com/bsc or call 1-800-835-2362.	When scheduling an appointment in person or through the Appointment and Advice line (1-866-454-8855), ask if a video visit is right for your symptoms. You may be offered a video visit.	Members can access Virtual Visits by registering on myuhc.com, tab on the right, or by accessing health4me app, under Menu – Find and Price Care. Costs are the same as an office visit.

SFUSD Employees

2018 Medical Plan Benefits-at-a-Glance

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

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

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
	TRIO HMO	ACCESS+	TRADITIONAL PLAN	UNITEDHEALTHCARE CHOICE PLUS	
Choice of physician	Primary Physician assignment required.	Primary Physician assignment required.	Kaiser network only. Primary Care Physician assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA $250 employee only $500 + 1 $750 + 2 or more	OUT-OF-NETWORK $250 employee only $500 + 1 $750 + 2 or more
Out-of-pocket maximum does not include premium contributions	$2,000 per individual $4,000 per family		$1,500 per individual $3,000 per family	$3,750 per individual $12,700 per family	$7,500 per individual
General Care and Urgent Care					
Routine physical; well woman exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor's office visit	$25 co-pay		$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent care visit	$25 co-pay in-network		$20 co-pay	85% covered after deductible	50% covered after deductible
Family planning	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge		No charge	100% covered no deductible	50% covered after deductible
Lab and x-ray	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's hospital visit	No charge		No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: generic	$10 co-pay 30-day supply		$5 co-pay 30-day supply	$5 co-pay 30-day supply	50% covered after $5 co-pay; 30-day supply
Pharmacy: brand-name	$25 co-pay 30-day supply		$15 co-pay 30-day supply	$20 co-pay 30-day supply	50% covered after $20 co-pay; 30-day supply
Pharmacy: non-formulary	$50 co-pay 30-day supply		Physician authorized only	$45 co-pay 30-day supply	50% covered after $45 co-pay; 30-day supply
Mail order: generic	$20 co-pay 90-day supply		$10 co-pay 100-day supply	$10 co-pay 90-day supply	Not covered
Mail order: brand-name	$50 co-pay 90-day supply		$30 co-pay 100-day supply	$40 co-pay 90-day supply	Not covered
Mail order: non-formulary	$100 co-pay 90-day supply		Physician authorized only	$90 co-pay 90-day supply	Not covered
Specialty	20% up to $100 co-pay; 30-day supply		20% up to $100 co-pay 30-day supply	Same as 30-day above limitations apply; see EOC	Same as 30-day above limitations apply; see EOC

2018 Medical Plans

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
				UNITEDHEALTHCARE CHOICE PLUS	
	TRIO HMO	ACCESS+	TRADITIONAL PLAN IN-NETWORK ONLY	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient					
Hospital outpatient	$100 co-pay per surgery		$35 co-pay	85% covered after deductible	50% covered after deductible
Hospital inpatient	$200 co-pay per admission		$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital emergency room	$100 co-pay waived if hospitalized		$100 co-pay waived if hospitalized	85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
Skilled nursing facility	No charge 100 days per plan year		No charge 100 days per benefit period	85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility					
Hospital or birthing center	$200 co-pay per admission		$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/post-partum care	No charge		No charge	85% covered after deductible	50% covered after deductible
Well child care	No charge must enroll newborn within 30 days of birth; see EOC		No charge must enroll newborn within 30 days of birth; see EOC	100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and artificial insemination	50% covered limitations apply; see EOC		50% covered limitations apply; see EOC	50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse					
Outpatient treatment	$25 co-pay non-severe and severe		$10 co-pay group $20 co-pay individual	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient facility including detox and residential rehab	$200 co-pay per admission		$100 co-pay per admission	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other					
Hearing aids 1 aid per ear every 36 months, evaluation no charge	Up to $2,500 each		Up to $2,500 each	85% covered after deductible; up to $2,500 each	50% covered after deductible; up to $2,500 each
Medical equipment, prosthetics and orthotics	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and occupational therapy	$25 co-pay		$20 co-pay authorization required	85% covered after deductible; 60 visits max per plan year	50% covered after deductible; 60 visits max per plan year
Acupuncture/ chiropractic	$15 co-pay 30 visits max for each per plan year; ASH network		$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	50% covered after deductible; $1,000 max per plan year	50% covered after deductible; $1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required		Co-pays apply authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification

SFUSD Employees

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Mental Health and Substance Abuse Benefits

The Affordable Care Act protects mental health coverage. All medical plans must cover behavioral health treatment, such as psychotherapy and counseling, mental health inpatient services and substance abuse treatment. Due to federal mental health parity law, there is no yearly or lifetime dollar limit for essential mental health benefits. Also, deductibles, co-payments, coinsurance, out-of-pocket limits, number of days or visits covered, and any pre-authorization of treatment must be the same for mental health and medical/surgical services.

For urgent mental health issues, members should call 911 or go to the nearest emergency department.

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	City Plan PPO
Mental Health and Substance Abuse Services		
Call 877-263-9952 to find a provider and schedule an appointment.	Call 1-800-464-4000 to make an appointment or contact your Primary Care Physician. You can make an appointment to see a therapist without a referral from your primary care physician.	Call 1-866-282-0125 to find a provider and schedule an appointment. Telemental Health services are available with participating providers. To find providers online, go to welcometouhc.com/sfhss. Members can also access providers at www.liveandworkwell.com.
Mental Well Being Services		
Counseling: LifeReferrals is available with no co-payment. Topics include relationship problems, stress, grief, and community referrals. Legal and identify theft consultations are available. Call 1-800-985-2405, 24/7. Online Coaching: Take well-being one day at a time with the DailyChallenge: mywellvolution.com. Tobacco Cessation: Visit QuitNet at mywellvolution.com.	Classes, Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth. Telephone/Online Coaching: Call 1-866-251-4514 or visit kp.org and search for HealthMedia Relax. Tobacco Cessation: Contact your local Kaiser Permanente facility for classes Call 1-866-251-4514 for a telephonic coach. For HealthMedia Breathe and other resources visit kp.org/quitsmoking.	Call 1-866-282-0125 anytime for Confidential Help. Telemental Health services are available with participating providers. To find providers online, go to www.liveandworkwell.com or welcometouhc.com/sfhss. Tobacco Cessation: Visit welcometouhc.com/sfhss or www.liveandworkwell.com for the online smoking cessation information. Mental Health Providers and Online resources can be found at www.liveandworkwell.com. Members can also link to this directly from their www.myuhc.com profile.

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

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

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

Resources and referral EAP services are confidential in accordance with state and federal law. Appointments are available 9:00am-5:00pm, Monday through Friday. Call 1-800-795-2351.

Best Doctors: Expert Medical Case Review

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

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

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

The Best Doctors benefit includes:

In-Depth Medical Case Review

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

Ask the Expert

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

Critical Care

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

Find a Doctor

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

Medical Records eSummary

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

Contact Best Doctors

To get started, call Best Doctors at 1-866-904-0910 or visit members.bestdoctors.com. You will be assigned a Best Doctors clinician to help you through the process and to select the best option for you. With your permission Best Doctors will gather and review your medical records, including images, lab results and pathology slides to make their recommendations.

Prevent Type 2 Diabetes

Prevent Type 2 Diabetes before it starts: Take advantage of the no-cost resources from your health plan today.

Did you know that one in three people are at risk for developing Type 2 diabetes?

More than 86 million Americans[1] have prediabetes—and most don't even know it. Prediabetes means that your blood sugar level is higher than normal but not yet high enough to be type 2 diabetes.[2]

Certain factors can increase the risk of developing diabetes or prediabetes: weight (having a BMI of 25 or more), age 45 or older, family history (having a parent or sibling with diabetes), ethnicity, and physical activity level (being sedentary).

The good news is that prediabetes can be reversed! And your health plan has resources that can help you if you are eligible for the services.

Blue Shield of California Members

Make lasting lifestyle changes with the new Diabetes Prevention Program. Simply take a short quiz to find your risk level. If you qualify, you're ready to begin.

When you enroll, you get to choose the type of support you prefer: in-person, online or even via smart phone. To help you reach your goal, the Diabetes Prevention Program typically offers:

- Access to a personal health coach
- Easy tips
- Tools like wireless scales and activity trackers

If you are eligible, programs you can select may include: Weight Watchers, Healthslate, Jenny Craig, Noom, Retrofit, Skinny Gene Project, and more!

It only takes one minute to see if you're eligible to take part in the program:

1. Visit solera4me.com/shield
2. Answer a handful of questions
3. Discover your risks for diabetes
4. Select the program you prefer
5. Start the path to a healthier you

For more information, call 1-844-206-3730 or email support@solera4me.com.

Kaiser Permanente Members

Depending on your preference, Kaiser Permanente offers several types of diabetes prevention classes for members:

In-Person

- Diabetes Prevention 2-hour class: Book online at kp.org/appointments
- Healthy Weight classes (6 sessions): Find services near you at kp.org/mydoctor/healthyweight

Online

- Diabetes Prevention Online 2-hour Class (via Webex): Have your clinician staff book yours, or call the local Health Education Center. Find the number here: mydoctor.kaiserpermanente.org/ncal/diabetes/index.html
- Healthy Weight 6-Week Online Class: Visit thrive.kaiserpermanente.org.

By Phone

- Wellness coaches can help you make lifestyle behavior changes around healthy eating, physical activity, and weight management. Call 1-866-862-4295 for an appointment.

UnitedHealthcare's Real Appeal Program

Coming in 2018! Check sfhss.org/well-being for details.

Open to all members, this program includes:

1. A personalized transformation coach for an entire year. The Online Virtual Coaches guide you through the program, step by step, customizing it to fit your needs, personal preferences, goals and medical history.

2. 24/7 online support and a mobile app that helps you stay accountable to your goals with:

- Customizable food, activity, weight and goal trackers
- Unlimited access to digital content, including workout videos
- Success group support that lets you chat with others in the Real Appeal program
- The weekly Real Appeal All-Star Show, featuring healthy tips from celebrities, athletes and health experts
- Weekly analysis, feedback and goal reporting

3. A Success Kit. All the gadgets you need to kick-start your weight loss and keep you going strong will be delivered to your door after you attend your first group coaching session. You'll get these helpful tools:

- Personal blender, digital food scale, and a "perfect" portion plate
- Resistance band, Real Success Guides, and exercise DVDs
- Electronic body weight scale and more

1 https://www.cdc.gov/diabetes/prevention/prediabetes-type2/index.html 2 http://www.mayoclinic.org/diseases-conditions/prediabetes/home/ovc-20270022

SFUSD Provides Your Dental Benefits

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

SFUSD Dental Plan Eligibility Guidelines

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

- Active or permanent SFUSD employees whose normal workweek at enrollment is at least 20 hours;
- Active SFUSD employees appointed to full-time permanent exempt positions;
- **Provisional (temporary) SFUSD employees after 1040 hours of continuous service whose normal workweek at enrollment is at least 20 hours;**
- **Spouse, registered domestic partner, and unmarried children up to age 26 who meet SFUSD eligibility requirements.**

Delta Dental PPO: Principal Benefits And Covered Services

Most SFUSD dental benefits are covered at 70% the first year of qualifying employment, 80% the second, 90% the third and 100% the fourth year, provided the employee and each covered dependent uses the dental coverage at least once a year and remains enrolled with no break in coverage.

<table>
<tr><th></th><th>In-Network PPO Dentist
Lowest cost; fixed fees for all dentists in-network</th><th>Premier Dentist
Contracted fees vary for each dentist</th><th>Non-Network Dentist
Uncontracted; fees vary for each dentist</th></tr>
<tr><td>Diagnostic and Preventive Care
oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation</td><td rowspan="3">In-network dentist's contracted fee is covered at:
• 70% the first year
• 80% the second year
• 90% the third year
• 100% the fourth year</td><td rowspan="3">Premier dentist's contracted fee is covered at:
• 70% the first year
• 80% the second year
• 90% the third year
• 100% the fourth year</td><td rowspan="3">Reasonable and customary fee only is covered at:
• 70% the first year
• 80% the second year
• 90% the third year
• 100% the fourth year
In addition to %, you pay out-of-pocket for any fees above reasonable and customary.</td></tr>
<tr><td>Basic Benefits
oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants</td></tr>
<tr><td>Crowns and Cast Restorations</td></tr>
<tr><td>Prosthodontic Benefits
bridges, partial dentures, full dentures, implants</td><td>50%–70% based on employee classification and labor affiliation</td><td>50%–70% based on employee classification and labor affiliation</td></tr>
<tr><td>Orthodontic Benefits
dependent children to age 25 only</td><td rowspan="2">In-network dentist's contracted fee is covered at:
• 50% ($750 lifetime maximum per person)</td><td rowspan="2">Premier dentist's contracted fee is covered at:
• 50% ($750 lifetime maximum per person)</td><td rowspan="2">Reasonable and customary fee only is covered at:
• 50% ($750 lifetime maximum per person)</td></tr>
<tr><td>Dental Accident Benefits</td></tr>
</table>

Maximum benefit payable in a calendar year for in-Network PPO is $2,000.00 (Local 1021 and Classified Managers) or $1,500 for Premier (Local 21 and monthly and paraprofessional employees).

This is a general summary only. Contact the SFUSD Benefits Office for more information.

You should also refer to your plan contract for details about covered services, limitations and exclusions.

Vision Plan Benefits

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

Vision Plan Basic Benefits

SFHSS members and dependents enrolled in a medical plan administered by SFHSS have basic vision coverage through VSP Vision Care. You may use a VSP Vision Care network doctor or a non-VSP doctor. To locate a VSP network doctor visit vsp.com or contact Member Services at 1-800-877-7195.

Accessing Your Vision Benefits

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

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

Basic Vision Plan Limits and Exclusions

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

Vision Plan Expenses Not Covered

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

Premier Vision Plan

You now have choices—stay enrolled in the Basic Plan or choose the Premier Plan for enhanced benefits, such as a $300 allowance on frames or a $250 allowance on contact lenses every calendar year. Anti-reflective and Progressive lenses are covered in full with a $25 co-pay for each. For more information and to enroll, call VSP at 1-800-400-4569 or go to sfhss.vspforme.com.

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers and discounts, including an extra $20 on featured frame brands and rebates on popular contact lenses. Discounts are also available for hearing aids through TruHearing® for you, covered dependents, and extended family, including parents and grandparents.

No Medical Plan, No Vision Benefits

If you do not enroll in a medical plan, you and your dependents cannot access VSP Vision Care benefits.

SFUSD Employees

2018 Vision Plan Benefits-at-a-Glance

Covered Services	Basic	Premier
Well vision exam	$10 co-pay every calendar year	$10 co-pay every calendar year
Single vision lenses Lined bifocal lenses Lined trifocal lenses	$25 co-pay every other calendar year* $25 co-pay every other calendar year* $25 co-pay every other calendar year*	$0 every calendar year $0 every calendar year $0 every calendar year
Standard progressive lenses Premium progressive lenses Custom progressive lenses	$55 co-pay every other calendar year $95–$105 co-pay every other calendar year $150–$175 co-pay every other calendar year	$25 co-pay every calendar year
Standard Anti-Reflective Coating Premium Anti-Reflective Coating Custom Anti-Reflective Coating	$41 co-pay every other calendar year $58–$69 co-pay every other calendar year $85 co-pay every other calendar year	$25 co-pay every calendar year $25 co-pay every calendar year $25 co-pay every calendar year
Scratch-resistant coating	Fully covered every other calendar year	Fully Covered every calendar year
Frames	$150 allowance for a wide selection of frames $170 allowance for featured frames $80 allowance use at Costco® $25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	$300 allowance for a wide selection of frames $320 allowance for featured frames $165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts (instead of glasses)	$150 allowance every other calendar year*	$250 allowance every calendar year
Contact lens exam	Up to $60 co-pay fitting and evaluation exam covered; every other calendar year*	Up to $60 co-pay every calendar year
Primary eye care (for the treatment of urgent or acute ocular conditions)	$5 co-pay	$5 co-pay
Vision Care Discounts		
Laser vision correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
	Employee Contribution	**Employee Bi-Weekly Contribution****
	Included in medical premium	Employee Only $5.01 Employee + 1 Dependent $7.17 Employee + Family $14.23

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam	Up to $50	Single Vision Lenses	Up to $45	Lined Trifocal Lenses	Up to $85	Contacts	Up to $105
Frame	Up to $70	Lined Bifocal Lenses	Up to $65	Progressive Lenses	Up to $85		

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

** For other pay schedules please visit sfhss.org or call 1-800-400-4569.

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

Other Benefits Administered by SFUSD

Flexible Spending Accounts

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

A Healthcare FSA allows each employee to pay for up to $2,550 per year in qualifying medical expenses pre-tax. Qualifying expenses include medical, pharmacy, dental and vision co-pays and deductibles for the enrolled employee and eligible dependents.

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

Before enrolling in your FSA, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2015. Budget conservatively. Based on new federal law, you may roll forward up to $500 in unused funds in your Healthcare FSA year over year. But any unreimbursed funds in excess of $500 are forfeited at the end of the plan year and cannot be returned to you. Dependent Care FSA does not qualify for rollover. FSA expenses must meet Internal Revenue Service criteria:

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

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

Additional Voluntary Supplemental Benefits

Refer to the SFUSD website at sfusd.edu or call SFUSD at 1-415-241-6101 for a list of additional voluntary supplemental benefit programs available through SFUSD.

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

Type of Leave	Health Benefits Eligibility
Family and Medical Leave (FMLA) Workers' Compensation Leave Family Care Leave Military Leave	Notify the San Francisco Health Service System (SFHSS) as soon as your leave begins– within 30 days. You may elect to continue or waive coverage for the duration of your approved leave of absence. Notify SFHSS immediately upon return to work to avoid a break in coverage.
Personal Leave Following Family Care Leave	If you have been on an approved Family Care Leave and are approved to extend this as a Personal Leave, you may elect to continue or waive health coverage for the duration of your approved Personal Leave by contacting SFHSS. Notify the SFHSS immediately upon return to work to avoid a break in coverage.
Educational Leave Personal Leave Leave for Employment as an Employee Organization Officer or Representative	Notify SFHSS as soon as your leave begins– within 30 days. You may elect to continue or waive health coverage for the duration of your approved leave of absence. Notify the SFHSS immediately upon return to work to avoid a break in coverage. If your leave lasts beyond 12 weeks, you must pay the total cost of health coverage for yourself and any enrolled dependents. This includes your premium contribution plus your employer's premium contribution. Contact SFHSS for details.

Your Responsibilities

Notify your supervisor and your department's Human Resources Professional (HRP) prior to your leave. (If your leave is due to an unexpected emergency contact your HRP as soon as possible). Your HRP will help you understand the process and documentation required for an approved leave. Your HRP will also provide SFHSS with important information about your leave.

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

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

Health Benefits During a Paid or Unpaid Leave of Absence

Medical and Vision

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

Domestic Partner Imputed Income

If you have a domestic partner enrolled on your health coverage while you are on unpaid leave, you will have a catch-up payroll deduction for taxation related to imputed income when you return from leave.

Questions About Health Benefits During a Leave

If you have questions about health benefits during a leave of absence call SFHSS at 1-415-554-1750.

COBRA and Covered California

The COBRA Administrator for SFHSS benefits is the P&A Group. Please visit padmin.com or call 1-800-688-2611 for more information.

COBRA Continuation Coverage

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

- Children who are aging out of SFHSS coverage
- Employee's spouse, domestic partner or stepchildren who are losing SFHSS coverage due to legal separation, divorce or dissolution of partnership
- Covered dependents who are not eligible for survivor benefits and are losing SFHSS coverage due to the death of an SFHSS member

New retirees who opt to enroll in COBRA dental coverage when they first lose active employee dental benefits

Time Limits for COBRA Elections

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

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

Duration of COBRA Continuation Coverage

Group COBRA coverage is generally available for a maximum of 18 months. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a coverage extension for up to 36 months.

COBRA enrollees who are disabled on the date of their qualifying event, or at any time during the first 60 days of COBRA coverage, are eligible for 29 months of coverage. Beginning the 19th month of coverage, the cost will rise to 150 percent of the group rate. Retirees and dependents who are eligible for less than 36 months of federal COBRA may be eligible for Cal-COBRA. Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

Paying for COBRA

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

COBRA Continuation Coverage Alternatives

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California. In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable. For information about Covered California health plans, call 1-888-975-1142 or visit coveredca.com.

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

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

Health Coverage Calendars

SFUSD BI-WEEKLY EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 27, 2017–January 9, 2018	January 17, 2018	December 27, 2017–January 9, 2018
January 10, 2018–January 23, 2018	January 31, 2018	January 10, 2018–January 23, 2018
January 24, 2018–February 6, 2018	February 14, 2018	January 24, 2018–February 6, 2018
February 7, 2018–February 20, 2018	February 28, 2018	February 7, 2018–February 20, 2018
February 21, 2018–March 6, 2018	March 14, 2018	February 21, 2018–March 6, 2018
March 7, 2018–March 20, 2018	March 28, 2018	March 7, 2018–March 20, 2018
March 21, 2018–April 3, 2018	April 11, 2018	March 21, 2018–April 3, 2018
April 4, 2018–April 17, 2018	April 25, 2018	April 4, 2018–April 17, 2018
April 18, 2018–May 1, 2018	May 9, 2018	April 18, 2018–May 1, 2018
May 2, 2018–May 15, 2018	May 23, 2018	May 2, 2018–May 15, 2018
May 16, 2018–May 29, 2018	June 6, 2018	May 16, 2018–May 29, 2018
May 30, 2018–June 12, 2018	June 20, 2018	May 30, 2018–June 12, 2018
June 13, 2018–June 26, 2018	July 4, 2018	June 13, 2018–June 26, 2018
June 27, 2018–July 10, 2018	July 18, 2018	June 27, 2018–July 10, 2018
July 11, 2018–July 24, 2018	August 1, 2018	July 11, 2018–July 24, 2018
July 25, 2018–August 7, 2018	August 15, 2018	July 25, 2018–August 7, 2018
August 8, 2018–August 21, 2018	August 29, 2018	August 8, 2018–August 21, 2018
August 22, 2018–September 4, 2018	September 12, 2018	August 22, 2018–September 4, 2018
September 5, 2018–September 18, 2018	September 26, 2018	September 5, 2018–September 18, 2018
September 19, 2018–October 2, 2018	October 10, 2018	September 19, 2018–October 2, 2018
October 3, 2018–October 16, 2018	October 24, 2018	October 3, 2018–October 16, 2018
October 17, 2018–October 30, 2018	November 7, 2018	October 17, 2018–October 30, 2018
October 31, 2018–November 13, 2018	November 21, 2018	October 31, 2018–November 13, 2018
November 14, 2018–November 27, 2018	December 5, 2018	November 14, 2018–November 27, 2018
November 28, 2018–December 11, 2018	December 19, 2018	November 28, 2018–December 11, 2018
December 12, 2018–December 25, 2018	January 2, 2019	December 12, 2018–December 25, 2018

Employee premium contributions are deducted from paychecks bi-weekly, for a total of 26 payroll deductions for the 2018 plan year.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 23-24 for more information about maintaining health coverage during a leave.

Health Coverage Calendars

UESF K–12 PARAPROFESSIONAL SCHOOL TERM EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 27, 2017–January 9, 2018	January 17, 2018	December 27, 2017–January 9, 2018
January 10, 2018–January 23, 2018	January 31, 2018	January 10, 2018–January 23, 2018
January 24, 2018–February 6, 2018	February 14, 2018	January 24, 2018–February 6, 2018
February 7, 2018–February 20, 2018	February 28, 2018	February 7, 2018–February 20, 2018
February 21, 2018–March 6, 2018	March 14, 2018	February 21, 2018–March 6, 2018
March 7, 2018–March 20, 2018	March 28, 2018	March 7, 2018–March 20, 2018
March 21, 2018–April 3, 2018	April 11, 2018	March 21, 2018–April 3, 2018
April 4, 2018–April 17, 2018	April 25, 2018	April 4, 2018–April 17, 2018
April 18, 2018–May 1, 2018	May 9, 2018	April 18, 2018–May 1, 2018
May 2, 2018–May 15, 2018	May 23, 2018	May 2, 2018–May 15, 2018
May 16, 2018–May 29, 2018	June 6, 2018	May 16, 2018–May 29, 2018
May 30, 2018–June 12, 2018	June 20, 2018	May 30, 2018–June 12, 2018
Summer Break *off from regular work*	July 4, 2018 July 18, 2018 August 1, 2018 August 15, 2018 August 29, 2018	*Summer Coverage Period* *extra payroll deductions taken January to June pre-pay this summer coverage period*
August 22, 2018–September 4, 2018	September 12, 2018	August 22, 2018–September 4, 2018
September 5, 2018–September 18, 2018	September 26, 2018	September 5, 2018–September 18, 2018
September 19, 2018–October 2, 2018	October 10, 2018	September 19, 2018–October 2, 2018
October 3, 2018–October 16, 2018	October 24, 2018	October 3, 2018–October 16, 2018
October 17, 2018–October 30, 2018	November 7, 2018	October 17, 2018–October 30, 2018
October 31, 2018–November 13, 2018	November 21, 2018	October 31, 2018–November 13, 2018
November 14, 2018–November 27, 2018	December 5, 2018	November 14, 2018–November 27, 2018
November 28, 2018–December 11, 2018	December 19, 2018	November 28, 2018–December 11, 2018
December 12, 2018–December 25, 2018	January 2, 2019	December 12, 2018–December 25, 2018

Employee premium contributions are deducted from paychecks bi-weekly, for a total of 21 payroll deductions for the 2018 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer months. During summer months with no paycheck, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 23-24 for more information about maintaining health coverage during a leave.

Health Coverage Calendars

SEIU LOCAL 1021 SCHOOL TERM EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 27, 2017–January 9, 2018	January 17, 2018	December 27, 2017–January 9, 2018
January 10, 2018–January 23, 2018	January 31, 2018	January 10, 2018–January 23, 2018
January 24, 2018–February 6, 2018	February 14, 2018	January 24, 2018–February 6, 2018
February 7, 2018–February 20, 2018	February 28, 2018	February 7, 2018–February 20, 2018
February 21, 2018–March 6, 2018	March 14, 2018	February 21, 2018–March 6, 2018
March 7, 2018–March 20, 2018	March 28, 2018	March 7, 2018–March 20, 2018
March 21, 2018–April 3, 2018	April 11, 2018	March 21, 2018–April 3, 2018
April 4, 2018–April 17, 2018	April 25, 2018	April 4, 2018–April 17, 2018
April 18, 2018–May 1, 2018	May 9, 2018	April 18, 2018–May 1, 2018
May 2, 2018–May 15, 2018	May 23, 2018	May 2, 2018–May 15, 2018
May 16, 2018–May 29, 2018	June 6, 2018	May 16, 2018–May 29, 2018
May 30, 2018–June 12, 2018	June 20, 2018	May 30, 2018–June 12, 2018
Summer Break *off from regular work*	July 4, 2018 July 18, 2018 August 1, 2018 August 15, 2018	*Summer Coverage Period* *extra payroll deductions taken January to June pre-pay this summer coverage period*
August 8, 2018–August 21, 2018	August 29, 2018	August 8, 2018–August 21, 2018
August 22, 2018–September 4, 2018	September 12, 2018	August 22, 2018–September 4, 2018
September 5, 2018–September 18, 2018	September 26, 2018	September 5, 2018–September 18, 2018
September 19, 2018–October 2, 2018	October 10, 2018	September 19, 2018–October 2, 2018
October 3, 2018–October 16, 2018	October 24, 2018	October 3, 2018–October 16, 2018
October 17, 2018–October 30, 2018	November 7, 2018	October 17, 2018–October 30, 2018
October 31, 2018–November 13, 2018	November 21, 2018	October 31, 2018–November 13, 2018
November 14, 2018–November 27, 2018	December 5, 2018	November 14, 2018–November 27, 2018
November 28, 2018–December 11, 2018	December 19, 2018	November 28, 2018–December 11, 2018
December 12, 2018–December 25, 2018	January 2, 2019	December 12, 2018–December 25, 2018

Employee premium contributions are deducted from paychecks bi-weekly, for a total of 22 payroll deductions for the 2018 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer months. During summer months with no paycheck, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 23-24 for more information about maintaining health coverage during a leave.

Health Coverage Calendars

UESF PRE-K PARAPROFESSIONAL SCHOOL TERM EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 27, 2017–January 9, 2018	January 17, 2018	December 27, 2017–January 9, 2018
January 10, 2018–January 23, 2018	January 31, 2018	January 10, 2018–January 23, 2018
January 24, 2018–February 6, 2018	February 14, 2018	January 24, 2018–February 6, 2018
February 7, 2018–February 20, 2018	February 28, 2018	February 7, 2018–February 20, 2018
February 21, 2018–March 6, 2018	March 14, 2018	February 21, 2018–March 6, 2018
March 7, 2018–March 20, 2018	March 28, 2018	March 7, 2018–March 20, 2018
March 21, 2018–April 3, 2018	April 11, 2018	March 21, 2018–April 3, 2018
April 4, 2018–April 17, 2018	April 25, 2018	April 4, 2018–April 17, 2018
April 18, 2018–May 1, 2018	May 9, 2018	April 18, 2018–May 1, 2018
May 2, 2018–May 15, 2018	May 23, 2018	May 2, 2018–May 15, 2018
May 16, 2018–May 29, 2018	June 6, 2018	May 16, 2018–May 29, 2018
May 30, 2018–June 12, 2018	June 20, 2018	May 30, 2018–June 12, 2018
June 13, 2018–June 26, 2018	July 4, 2018	June 13, 2018–June 26, 2018
Summer Break *off from regular work*	July 18, 2018 August 1, 2018 August 15, 2018	*Summer Coverage Period* *extra payroll deductions taken January to June pre-pay this summer coverage period*
August 8, 2018–August 21, 2018	August 29, 2018	August 8, 2018–August 21, 2018
August 22, 2018–September 4, 2018	September 12, 2018	August 22, 2018–September 4, 2018
September 5, 2018–September 18, 2018	September 26, 2018	September 5, 2018–September 18, 2018
September 19, 2018–October 2, 2018	October 10, 2018	September 19, 2018–October 2, 2018
October 3, 2018–October 16, 2018	October 24, 2018	October 3, 2018–October 16, 2018
October 17, 2018–October 30, 2018	November 7, 2018	October 17, 2018–October 30, 2018
October 31, 2018–November 13, 2018	November 21, 2018	October 31, 2018–November 13, 2018
November 14, 2018–November 27, 2018	December 5, 2018	November 14, 2018–November 27, 2018
November 28, 2018–December 11, 2018	December 19, 2018	November 28, 2018–December 11, 2018
December 12, 2018–December 25, 2018	January 2, 2019	December 12, 2018–December 25, 2018

Employee premium contributions are deducted from paychecks bi-weekly, for a total of 23 payroll deductions for the 2018 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer months. During summer months with no paycheck, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 23-24 for more information about maintaining health coverage during a leave.

Health Coverage Calendars

SFUSD MONTHLY EMPLOYEES

Work Dates	Pay Date	Benefits Coverage Period
December 21, 2017–January 20, 2018	January 31, 2018	January 1, 2018–January 31, 2018
January 21, 2018–February 20, 2018	February 28, 2018	February 1, 2018–February 28, 2018
February 21, 2018–March 20, 2018	March 30, 2018	March 1, 2018–March 31, 2018
March 21, 2018–April 20, 2018	April 30, 2018	April 1, 2018–April 30, 2018
April 21, 2018–May 20, 2018	May 31, 2018	May 1, 2018–May 31, 2018
May 21, 2018–June 20, 2018	June 29, 2018	June 1, 2018–June 30, 2018
June 21, 2018–July 20, 2018	July 31, 2018	July 1, 2018–July 31, 2018
July 21, 2018–August 20, 2018	August 31, 2018	August 1, 2018–August 31, 2018
August 21, 2018–September 20, 2018	September 28, 2018	September 1, 2018–September 30, 2018
September 21, 2018–October 20, 2018	October 31, 2018	October 1, 2018–October 31, 2018
October 21, 2018–November 20, 2018	November 30, 2018	November 1, 2018–November 30, 2018
November 21, 2018–December 20, 2018	January 2, 2019	December 1, 2018–December 31, 2018

Employee premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions for the 2018 plan year.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were being deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See pages 23-24 for more information about maintaining health coverage during a leave.

Health Service Board Achievements

Randy Scott
Appointee
President

Wilfredo Lim
Elected
Employee
Vice President

Karen Breslin
Elected
Retiree

Jeff Sheehy
Appointee
Board of
Supervisors

Sharon Ferrigno
Elected
Retiree

Stephen
Follansbee, MD
Appointee

Gregg Sass
Appointee

Steps to Improve and Maintain Affordable Benefits:

1. Approved active and early retiree rates overall below 4% for 2018. This required allocation of $4.53M from the City Plan Stabilization Reserve to reduce 2018 City Plan premiums for employees and early retirees. This allocation reduced premium rates and will reduce the base rate used to calculate the 40% federal excise tax in 2020.
2. Continued flex-funding of the Blue Shield of California plan allowing the San Francisco Health Service System to reduce insurance costs by paying hospital, pharmacy, and physician costs directly.
3. Approved a proposal to implement the Blue Shield of California Trio Plan for actives and early retirees for plan year 2018. This plan will be offered in addition to the current Blue Shield of California Access+ plan with identical benefits but with a narrow network of hospitals. The premiums are 5.9% lower than the existing Access+ plan.
4. Through the Health Service Board Education Policy, the Board continues to be fully committed to being knowledgeable and apply understanding to business principles and practices of the San Francisco Health Service System and the Health System Trust.
5. Maintaining oversight and providing guidance for the recruitment of the San Francisco Health Service System Executive Director.
6. Adopted a policy statement on Gender Dysphoria stating San Francisco Health Service System and the Health Service Board will fully recognize medically necessary treatment for gender dysphoria as part of the full scope of benefits offered to members.

Benefit Additions:

- Approved the Blue Shield Trio HMO. Trio HMO has the same benefits and plan design as Access+ HMO with lower premium contributions and access to many of the same hospitals and physicians.
- Approved the new VSP Premier Plan. For an increased premium, members will gain the benefit of increased allowances for frames and contacts as well as being able to obtain coverage once a calendar year versus once every 48 months.
- Approved increase of Infertility and Reproductive Technology benefits through existing medical plans offered through SFHSS. Current infertility benefits have been increased to two cycles per lifetime. Cryopreservation of reproductive tissue is being offered for up to 12 months.
- UnitedHealthcare Offers 'Real Appeal' Weight-loss Program. Free and available to all SFHSS members, Real Appeal provides tools and support to help members lose weight, feel good, and prevent weight-related health conditions.
- Approved Kaiser Permanente extension of coverage to Retirees in Hawaii, Oregon, and Washington. Retirees will now have the option of selecting a Kaiser Permanente health plan in three other Kaiser regions, including Kaiser's Northwest, Washington, and Hawaii regions.
- Approved Delta Dental PPO increase of Annual Benefit Maximum for Retirees. The annual benefit maximum for Delta Dental PPO for Retirees will increase from $1,000 to $1,250 in 2018.

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SFUSD Medical Premium Contributions 2018 (Employee Only)

CLASSIFIED YEAR ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly, 26 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Consolidated Crafts[1] Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$299.62	$108.59
SEIU Local 1021 Board Designated Confidential or Unrepresented	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$329.71	$78.50
Board Designated Managerial	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$299.62	$108.59
IFPTE Local 21 UESF Paraprofessionals (Year round)	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$299.62	$108.59
UESF 15–19 hours Paraprofessionals					$212.37	$70.79		

K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly - 21 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UESF and USP K-12 Paraprofessionals August–December	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$299.62	$108.59
UESF and USP K-12 Paraprofessionals January–June[2]	$424.46	$38.49	$424.46	$92.11	$401.14	$0	$424.46	$153.84

K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly - 22 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
SEIU Local 1021 K-12 Classified August–December	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$329.71	$78.50
SEIU Local 1021 K-12 Classified January–June[2]	$399.49	$36.23	$399.49	$86.69	$377.55	$0	$439.61	$104.67
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December					$283.16	$0		
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June[2]					$377.55	$0		

PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly, 23 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UESF and USP Paraprofessionals August–December	$299.62	$27.17	$299.62	$65.02	$283.16	$0	$299.62	$108.59
UESF and USP Paraprofessionals January–June[2]	$368.76	$33.44	$368.76	$80.02	$348.50	$0	$368.76	$133.65

CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Monthly, 12 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UASF Local 3 Administrators UESF Certificated Personnel UESF Substitute Teachers (Prop A) Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	$649.17	$58.88	$649.17	$140.89	$613.53	$0	$649.17	$235.29

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

[2] Rates are higher from January through June to fund coverage during the summer months. See pages 26-30 for calendars.

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SFUSD Medical Premium Contributions 2018 (Employee Plus One)

CLASSIFIED YEAR ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly, 26 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Consolidated Crafts[1] Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261	**$624.39**	**$27.17**	**$662.25**	**$65.02**	**$564.31**	**$0.00**	**$685.50**	**$111.48**
SEIU Local 1021 Board Designated Confidential or Unrepresented	**$624.39**	**$27.17**	**$662.25**	**$65.02**	**$564.31**	**$0.00**	**$685.50**	**$111.48**
Board Designated Managerial	**$402.87**	**$248.69**	**$402.87**	**$324.40**	**$386.42**	**$177.89**	**$402.87**	**$394.11**
IFPTE Local 21	**$403.46**	**$248.10**	**$403.46**	**$323.81**	**$387.01**	**$177.30**	**$403.46**	**$393.52**
UESF Paraprofessionals (Year round)	**$402.87**	**$248.69**	**$402.87**	**$324.40**	**$386.42**	**$177.89**	**$402.87**	**$394.11**
UESF 15–19 hours Paraprofessionals								

K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly - 21 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UESF and USP K-12 Paraprofessionals August–December	**$402.87**	**$248.69**	**$402.87**	**$324.40**	**$386.42**	**$177.89**	**$402.87**	**$394.11**
UESF and USP K-12 Paraprofessionals January–June[2]	**$570.73**	**$352.31**	**$570.73**	**$459.57**	**$547.43**	**$252.01**	**$570.73**	**$558.32**

K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly - 22 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
SEIU Local 1021 K-12 Classified August–December	**$624.39**	**$27.17**	**$662.25**	**$65.02**	**$564.31**	**$0**	**$685.50**	**$111.48**
SEIU Local 1021 K-12 Classified January–June[2]	**$832.52**	**$36.23**	**$883.00**	**$86.69**	**$752.41**	**$0**	**$914.00**	**$148.64**
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June[2]								

PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly, 23 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UESF and USP Paraprofessionals August–December	**$402.87**	**$248.69**	**$402.87**	**$324.40**	**$386.42**	**$177.89**	**$402.87**	**$394.11**
UESF and USP Paraprofessionals January–June[2]	**$495.84**	**$306.08**	**$495.84**	**$399.26**	**$475.59**	**$218.94**	**$495.84**	**$485.06**

CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Monthly, 12 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UASF Local 3 Administrators UESF Certificated Personnel UESF Substitute Teachers (Prop A) Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	**$872.89**	**$538.83**	**$872.89**	**$702.86**	**$837.25**	**$385.43**	**$872.89**	**$853.90**

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

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SFUSD Medical Premium Contributions 2018 (Employee Plus Two or More)

CLASSIFIED YEAR ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly, 26 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Consolidated Crafts[1] Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261	$685.50	$235.61	$685.50	$342.72	$669.04	$128.62	$685.50	$438.31
SEIU Local 1021 Board Designated Confidential or Unrepresented	$685.50	$235.61	$685.50	$342.72	$669.04	$128.62	$685.50	$438.31
Board Desigated Managerial	$425.95	$495.16	$425.95	$602.27	$409.50	$388.16	$425.95	$697.86
IFPTE Local 21	$458.39	$462.72	$458.39	$569.83	$441.94	$355.72	$458.39	$665.42
UESF Paraprofessionals (Year round)	$425.95	$495.16	$425.95	$602.27	$409.50	$388.16	$425.95	$697.86
UESF 15–19 hours Paraprofessionals								

K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly - 21 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UESF and USP K-12 Paraprofessionals August–December	$425.95	$495.16	$425.95	$602.27	$409.50	$388.16	$425.95	$697.86
UESF and USP K-12 Paraprofessionals January–June[2]	$603.43	$701.48	$603.43	$853.22	$580.13	$549.89	$603.43	$988.64

K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly - 22 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
SEIU Local 1021 K-12 Classified August–December	$685.50	$235.61	$685.50	$342.72	$669.04	$128.62	$685.50	$438.31
SEIU Local 1021 K-12 Classified January–June[2]	$914.00	$314.15	$914.00	$456.96	$892.05	$171.49	$914.00	$584.41
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August-December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January-June[2]								

PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Bi-weekly, 23 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UESF and USP Paraprofessionals August–December	$425.95	$495.16	$425.95	$602.27	$409.50	$388.16	$425.95	$697.86
UESF and USP Paraprofessionals January–June[2]	$524.25	$609.43	$524.25	$741.26	$504.00	$477.74	$524.25	$858.90

CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN (UHC)	
	TRIO HMO		ACCESS+ HMO					
Monthly, 12 Pay Period Deductions	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
UASF Local 3 Administrators UESF Certificated Personnel UESF Substitute Teachers (Prop A) Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	$922.89	$1,072.83	$922.89	$1,304.93	$887.25	$841.02	$922.89	$1,512.04

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

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Key Contact Information

SAN FRANCISCO HEALTH SERVICE SYSTEM
1145 Market Street, 3rd Floor
San Francisco, CA 94103

Tel: 1-415-554-1750
Toll Free: 1-800-541-2266
Fax: 1-415-554-1721
Web: sfhss.org

WELL-BEING PROGRAM
1145 Market Street, 1st Floor
San Francisco, CA 94103

Tel: 1-415-554-0643
Email: wellness@sfgov.org

EAP (Employee Assistance Program)
Tel: 1-800-795-2351

SFUSD BENEFITS
555 Franklin Street, 2nd Floor
San Francisco, CA 94102

Tel: 1-415-241-6101
Email: benefits@sfusd.edu
Fax: 1-415-241-6155
Web: sfusd.edu

MEDICAL and VISION PLANS			
Blue Shield of California	Access+: 1-855-256-9404 Trio HMO: 1-855-747-5800	Access+: blueshieldca.com Trio HMO: blueshieldca.com/triosfhss	Group W0051448 (Access+ and Trio HMO)
Kaiser Permanente	1-800-464-4000	kp.org	Group 888 (North CA) Group 231003 (South CA)
City Plan UnitedHealthcare	1-866-282-0125	welcometouhc.com/sfhss	Group 752103
VSP Vision Care	1-800-877-7195	vsp.com	Group 12145878
DENTAL PLANS			
Delta Dental PPO Dental enrollment is administered through the SFUSD benefits office	1-888-335-8227	deltadentalins.com	Group 652-0011 (Monthly) Group 652-0016 (Bi-weekly) Group 652-0012 (Paraprofessionals)
FLEXIBLE SPENDING ACCOUNTS (FSAs) and COBRA			
WageWorks FSA enrollment is administered through the SFUSD benefits office	1-877-924-3967	wageworks.com	
P&A Group COBRA	1-800-688-2611	padmin.com	
MEDICAL CASE REVIEW			
Best Doctors	1-866-904-0910	members.bestdoctors.com	
LONG TERM DISABILITY and GROUP LIFE INSURANCE			
LTD and Group Life Insurance are administered through the SFUSD benefits office. Please refer to the SFUSD website for more information.			
OTHER AGENCIES			
CalSTRS	1-800-228-5453	calstrs.org	Pension benefits
SFERS	1-415-487-7000	mysfers.org	Pension benefits
Covered California	1-888-975-1142	coveredca.com	State health insurance exchange

6 Things All Employees Should Know...

There is a 30-Day Deadline to Enroll in Health Benefits for You and Your Family

New hire? New spouse, new domestic partner, new child? Adding a family member who lost other coverage? If you miss the 30-day deadline you must wait until the next Open Enrollment.

To Enroll You Must Provide Eligibility Documentation

Be prepared to provide a copy of a marriage certificate, certification of domestic partnership, children's birth certificates, or proof of adoption as well as Social Security numbers for new enrollees.

You Must Disenroll Ineligible Family Members Within 30 Days

Divorce or dissolution of domestic partnership? Your ex-spouse, ex-domestic partner, or stepchild is no longer eligible for health coverage. Don't risk paying significant penalties. Contact SFHSS and drop ineligible dependents.

Contact the San Francisco Health Service System if You Go on a Leave of Absence

You must contact the San Francisco Health Service System at the start and end of any approved leave of absence. Health benefits premiums must be paid while you are on leave. Don't risk termination of coverage.

If You Change Your Home Address, Contact the San Francisco Health Service System

Depending on the service areas covered by your plan, you may need to enroll in a different plan based on your new address. Don't risk termination of health benefits because of a move.

Retiree Health Benefits Are Different From Employee Benefits

You are not automatically enrolled in retiree benefits. Before you retire you must visit the San Francisco Health Service System to learn about, and enroll in, retiree health benefits.

For more information visit sfhss.org or call Member Services at 1-415-554-1750.