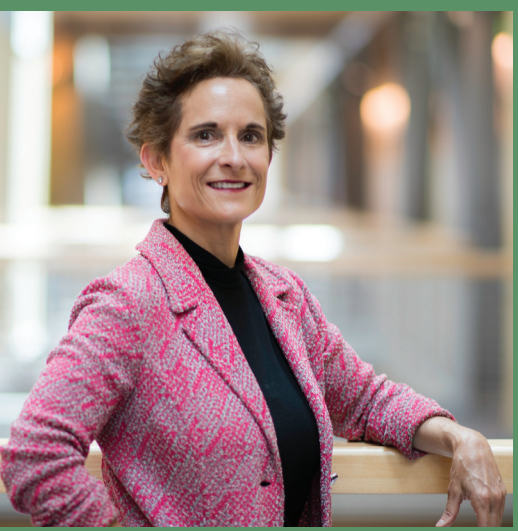
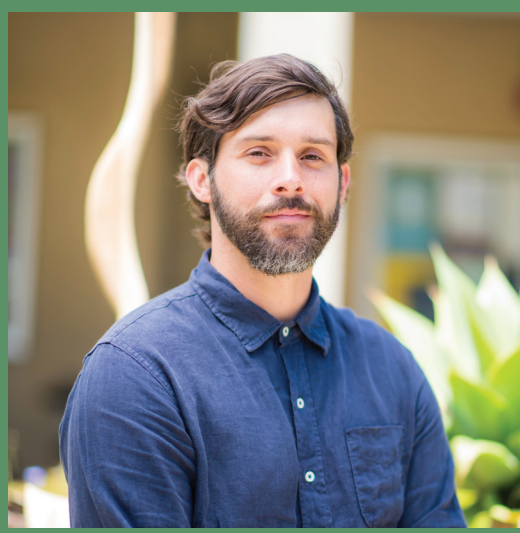
City College of San Francisco

2019
HEALTH BENEFITS





SAN FRANCISCO
HEALTH SERVICE SYSTEM

What's New and Available for 2019

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

Review the rates for your bargaining unit at sfhss.org before making your Open Enrollment elections. City Plan PPO co-pays for prescription drugs have increased along with deductibles for out-of-network services. See pages 12-14, 16 and 17 for more details.

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

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

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

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

VSP Vision Offers 100% Coverage for Standard Progressive Lenses

VSP Basic and Premier Plans are now offering 100% coverage (no co-pay) for standard progressive lenses. Additionally, if you are enrolled in the VSP Premier Plan, your co-pay for premium progressive lenses and custom progressive lenses will be $25. Basic Plan co-pays for premium and custom progressive lenses will not change. Pages 16-17.

Remember to Check that Your Dependents are Still Eligible for Benefits

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

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. To request a paper copy of the rules call (415) 554-1750.

Executive Director's Message

The Greater Good is a Healthier You

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

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

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

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

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

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

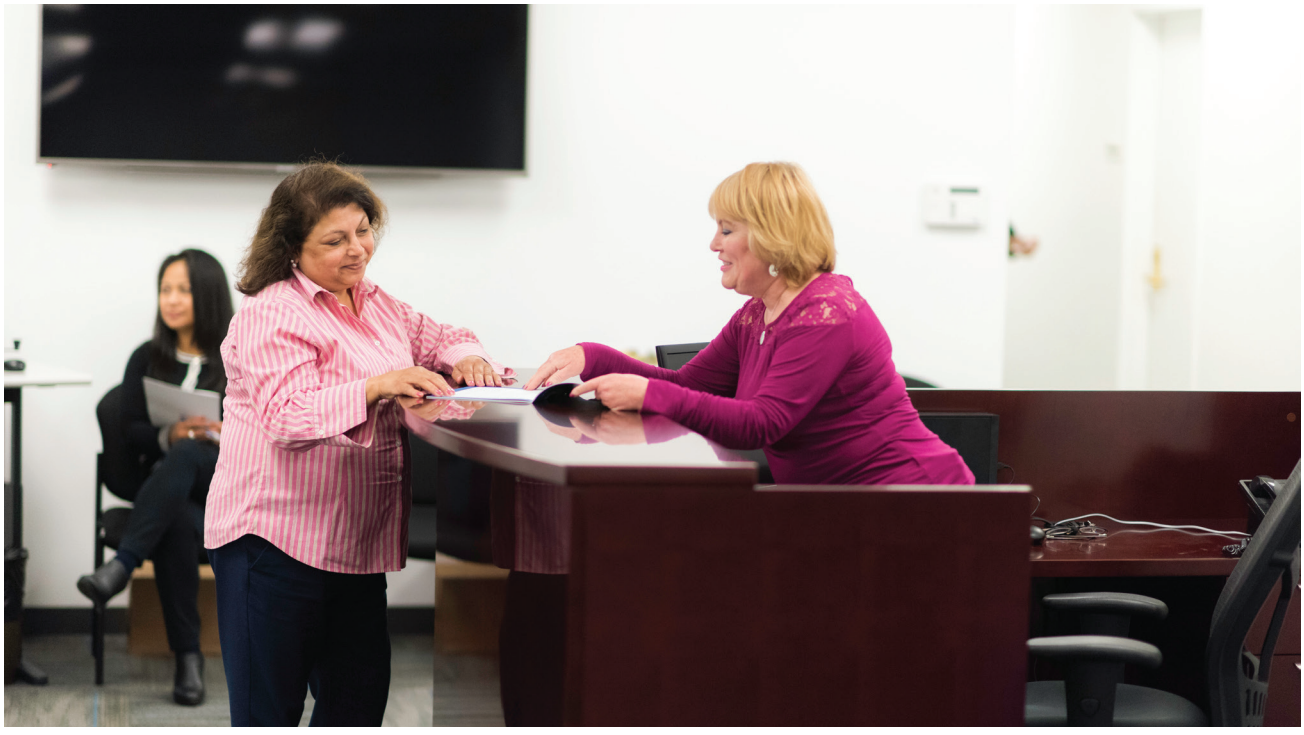
We are steadfastly committed to providing benefits and programs that support your total health and well-being. We do this on several fronts: Supporting your physical health by providing you with a variety of health plan options to meet your needs as well as well-being services that promote healthy lifestyles.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

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

Abbie Yant, RN, MA
Executive Director

How to Enroll in and Make Changes to Health Benefits

- Learn about your health benefits options by reading this Benefits Guide and visiting sfhss.org.
- Eligible new and rehired employees must enroll in health coverage **within 30 calendar days from their hire date**. If you do not enroll within this 30-day period, you can only apply for benefits during the next Open Enrollment or within 30 days of a qualifying event, such as losing other coverage. See pages 8-9 for more information about qualifying events.
- At the time of on-boarding, to enroll, submit completed enrollment application and required eligibility documentation to City College of San Francisco–Benefits Unit, by the **30-day deadline**. The Benefits Unit fax number is (415) 241-2347.
- For Open Enrollment or qualifying event, submit a completed enrollment application and required eligibility documentation to the San Francisco Health Service System by the **30-day deadline**. If you are enrolling a spouse or other eligible dependent, submit copies (not originals), of eligibility documentation such as a certified marriage certificate, domestic partner certification and children's birth certificates. You may mail, fax or drop off your enrollment application and eligibility documentation. The SFHSS fax number is (415) 554-1721.
- Employee premium contributions are deducted from paychecks biweekly or monthly. Review your paycheck to verify that the correct employee premium contribution is being deducted. For a list of premiums, see pages 14 and 24.
- October Open Enrollment is your annual opportunity to change benefit elections without any qualifying events. Changes made during October Open Enrollment are effective the following January 1st. It is also your opportunity to drop ineligible dependents without being charged a penalty.
- Questions about health benefits, premium contributions or eligibility documentation? **Call (415) 554-1750**.



Medical and Vision Plan Eligibility

Eligibility for health coverage is determined by the Governing Board of the Community College District.

City College Employee Benefits Eligibility

	FT FACULTY	LTS FACULTY	PT FACULTY	PERMANENT CLASSIFIEDS	TEMP STO CLASSIFIEDS	TEMPORARY CLASSIFIEDS
Medical	■	■	❖	■	❖	❖
Flexible Spending Account	■	■		■	■	■
Employer Paid Dental	■	■	❖	■	❖	❖
Life Insurance	■	■		■	❖	❖
WageWorks (Parking and Commute)	■	■	■	■	■	■

❖ = Certain Restrictions Apply

Dependent Eligibility
Spouse or Domestic Partner

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number.

Enrollment in SFHSS benefits must be completed within 30 days of the date of marriage or partnership. A spouse or registered domestic partner can also be added to a member's coverage during Open Enrollment.

A spouse covered on an employee's medical plan is not required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is required to enroll in Medicare.

Natural Children, Stepchildren, Adopted Children

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

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

Legal Guardianships and Court-Ordered Children

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

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

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 his or her 26th birthday; and
2. Adult Child has met the requirements of being an eligible dependent child under SFHSS Member Rules Section B.3 before turning 26 years old; and
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. 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 the Adult Child's eligibility for Medicare, as well as the Adult Child's subsequent enrollment in Medicare.
8. To maintain ongoing eligibility after the Adult Child has been enrolled, the Member must re-enroll the Adult Child with SFHSS 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.

Part-time Faculty and Classified Temporary Employee Eligibility

Important information for part-time faculty and classified temporary employees.

Eligible part-time faculty who are enrolled in a medical plan for the spring semester will retain coverage through the summer months.

Eligible classified and temporary school term-only employees who are currently enrolled in a medical plan and meet the 20-hour or more per week assignment will retain coverage through summer months. In order to continue medical and vision coverage through the summer months, additional premiums will be taken from employee paychecks from January to May.

Part-time faculty members who lose eligibility for healthcare coverage during any semester may continue medical and dental coverage through COBRA.

Part-time faculty who later become eligible for health coverage must re-enroll for available health benefits.

Full-time employees must enroll in an SFHSS medical plan within 30 calendar days of their start work date.

Questions about coverage over the summer break? Visit ccsf.edu/hr, or contact the City College Benefits Unit at (415) 487-2445.

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. For information about Covered California, call (888) 975-1142 or visit coveredca.com.

COBRA: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) enacted in 1986 allows employees and 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. When enrolled in COBRA you pay the full cost of premiums.

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

Eligibility Documentation

Required Eligibility Documentation

	Evidence of Hire	Certified Marriage Certificate	Domestic Partner Reg.	Birth Certificate	Adoption Certificate	Proof Of Placement	Court Order Or Decree	Social Security #
Employee: Permanent/Provisional	■							■
Employee: Temporary/Exempt	■							■
Spouse		■						■
Domestic Partner			■					■
Child: Natural				■				■
Stepchild: Spouse		■		■				■
Stepchild: Domestic Partner			■	■				■
Child: Adopted					■			■
Child: Placed for Adoption						■		■
Child: Legal Guardianship (Up to Age 19)							■	■
Child: Court Ordered (Up to Age 19)							■	■
Adult Child: Disabled				■				■

Proof of Medicare enrollment is required for a registered domestic partner who is age 65 and any employee or dependent who is Medicare-eligible due to disability or End Stage Renal Disease (ESRD). If you have questions about eligibility or required documentation, contact SFHSS Member Services at (415) 554-1750.

Changing Benefit Elections: Qualifying Events

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

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

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

New Spouse or Domestic Partnership

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

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

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

Newborn or Newly Adopted Child

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

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

Legal Guardianship or Court Order

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

Divorce, Separation, Dissolution, Annulment

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

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

Loss of Other Health Coverage

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

Obtaining Other Health Coverage

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

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

Moving Out of Your Plan's Service Area

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

Death of a Dependent

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

Death of a Member

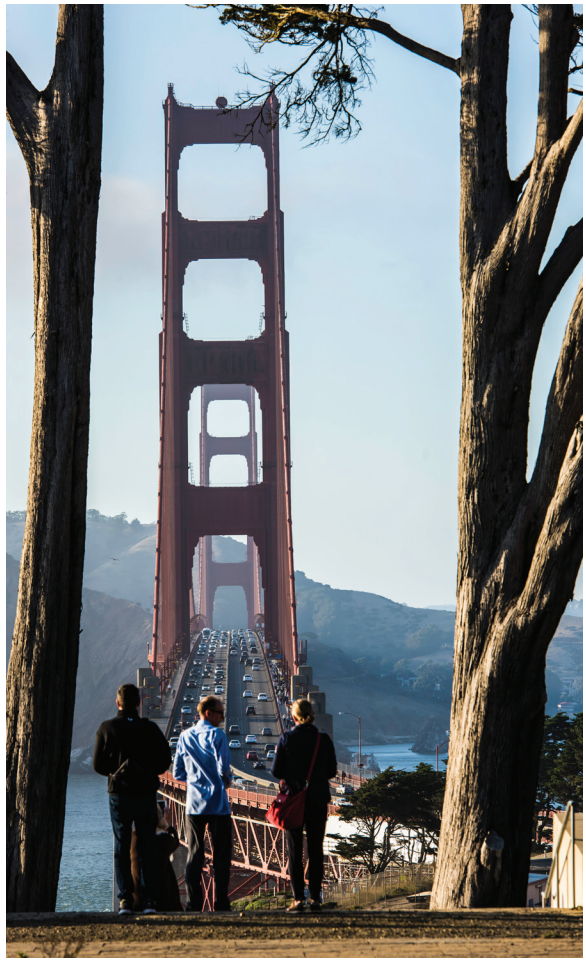
In the event of a member's death, the surviving dependent or survivor's designee should contact SFHSS and San Francisco City College (SFCCD) to obtain information about eligibility for survivor health benefits.

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

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

Responsibility for Premium Contributions

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



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

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

Health Maintenance Organization (HMO)

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

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

Preferred Provider Organization (PPO)

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

- City Plan PPO

  UnitedHealthcare Select Plus for *California Members*

  UnitedHealthcare Choice Plus for *non-California Members*

How To Enroll In Medical Benefits

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

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

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

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

Medical Plan Service Areas

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

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

Blue Shield of California and Kaiser Permanente: Service Area Limits

You must reside in a zip code serviced by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you. For Blue Shield Trio HMO call (855) 747-5800. For Blue Shield of California Access+ HMO call (855) 256-9404. For Kaiser Permanente call (800) 464-4000.

City Plan PPO: No Service Area Limits

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

City Plan PPO: (HMO Choice Not Available)

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

Change of Address: Notify SFHSS and City College of San Francisco (SFCCD)

If you move out of the service area covered by your plan, you must elect an alternate medical plan that provides coverage in your area. Failure to change your health benefit elections may result in the non-payment of claims for services received. Contact the San Francisco Health Service System at (415) 554-1750 and the City College of San Francisco (SFCCD) Human Resources Department at (415) 241-2246 to update your information and review plan options if you are changing your address.

City College Employees

2019 Medical Plans

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

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

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL PLAN	UNITEDHEALTHCARE	
Choice of Physician	Primary Physician assignment required.	Primary Physician assignment required.	Kaiser network only. Primary Care Physician assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA $250 employee only $500 + 1 $750 + 2 or more	OUT-OF-NETWORK $500 employee only $1,000 + 1 $1,500 + 2 or more
Out-of-Pocket Maximum does not include premium contributions	$2,000 per individual $4,000 per family		$1,500 per individual $3,000 per family	$3,750 per individual $12,700 per family	$7,500 per individual
General Care and Urgent Care					
Routine Physical; Well Woman Exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor's Office Visit	$25 co-pay		$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	$25 co-pay in-network		$20 co-pay	85% covered after deductible	50% covered after deductible
Family Planning	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge		No charge	100% covered no deductible	50% covered after deductible
Lab and X-ray	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge		No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: Generic	$10 co-pay 30-day supply		$5 co-pay 30-day supply	$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

2019 Medical Plans

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
				UNITEDHEALTHCARE	
	TRIO HMO	ACCESS+ HMO	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

2019 Medical Premium Contributions

BIWEEKLY 26 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		CITY PLAN PPO	
	TRIO HMO		ACCESS+ HMO					
BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	$318.88	$26.19	$372.17	$30.57	$282.21	$0.00	$296.14	$201.08
Employee +1	$551.03	$137.33	$643.38	$160.34	$464.97	$97.54	$488.83	$473.43
Employee +2 or more	$658.15	$315.16	$768.53	$368.01	$525.44	$269.72	$553.11	$798.91

BIWEEKLY 26 PAY PERIODS

CLASSIFIED EMPLOYEES	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	$322.71	$22.36	$376.64	$26.10	$282.21	$0.00	$300.61	$196.61
Employee +1	$522.74	$165.62	$610.35	$193.37	$435.05	$127.46	$513.46	$448.80
Employee +2 or more	$617.76	$355.55	$721.36	$415.18	$482.26	$312.90	$765.79	$586.23

BIWEEKLY 21 PAY PERIODS

CLASSIFIED SCHOOL TERM EMPLOYEES	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
EMPLOYEE ONLY								
December 30 – June 1	$469.40	$32.52	$547.84	$37.96	$410.49	$0.00	$437.25	$285.98
August 11 – December 28	$322.71	$22.36	$376.64	$26.10	$282.21	$0.00	$300.61	$196.61
EMPLOYEE +1								
December 30 – June 1	$760.35	$240.90	$887.78	$281.27	$632.80	$185.40	$746.85	$652.80
August 11 – December 28	$522.74	$165.62	$610.35	$193.37	$435.05	$127.46	$513.46	$448.80
EMPLOYEE +2 OR MORE								
December 30 – June 1	$898.56	$517.16	$1,049.25	$603.90	$701.47	$455.13	$1,113.88	$852.70
August 11 – December 28	$617.76	$355.55	$721.36	$415.18	$482.26	$312.90	$765.79	$586.23

Classified School Term Employees January to May deductions (11 pay periods) include a 1.454 rate to pre-pay premiums for the summer coverage period.

MONTHLY 12 PAY PERIODS

FACULTY	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	$690.83	$56.82	$806.30	$66.31	$611.45	$0.00	$641.54	$435.77
Employee +1	$1,213.60	$277.85	$1,416.97	$324.42	$1,043.93	$174.84	$1,081.02	$1,003.88
Employee +2 or more	$1,476.19	$632.65	$1,723.75	$738.75	$1,198.30	$524.53	$1,259.63	$1,669.74

MONTHLY 12 PAY PERIODS

CERTIFICATED ADMINISTRATORS	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
Employee Only	$690.83	$56.82	$806.30	$66.31	$611.45	$0.00	$641.54	$435.77
Employee +1	$1,193.90	$297.55	$1,393.99	$347.40	$1,007.44	$211.33	$1,058.92	$1,025.98
Employee +2 or more	$1,426.00	$682.84	$1,665.14	$797.36	$1,138.45	$584.38	$1,198.41	$1,730.96

MONTHLY 9 PAY PERIODS

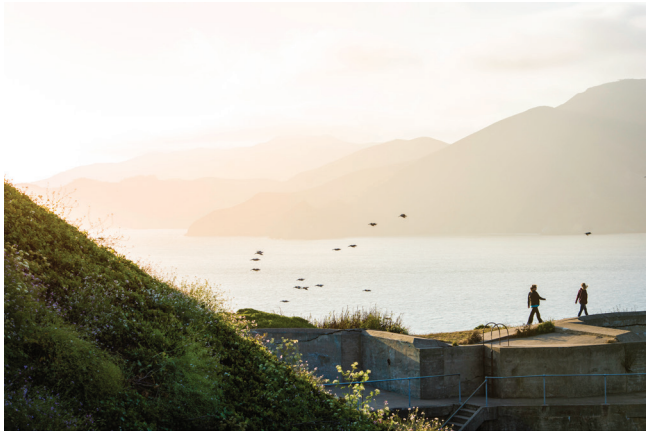
PART-TIME FACULTY EMPLOYEES	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays	Employer Pays	Employee Pays
EMPLOYEE ONLY								
January 1 – May 31	$1,105.33	$90.91	$1,290.08	$106.10	$978.32	$0.00	$1,026.46	$697.23
September 1 – December 31	$690.83	$56.82	$806.30	$66.31	$611.45	$0.00	$641.54	$435.77
EMPLOYEE +1								
January 1 – May 31	$1,941.76	$444.56	$2,267.15	$519.07	$1,670.29	$279.74	$1,729.63	$1,606.21
September 1 – December 31	$1,213.60	$277.85	$1,416.97	$324.42	$1,043.93	$174.84	$1,081.02	$1,003.88
EMPLOYEE +2 OR MORE								
January 1 – May 31	$2,361.90	$1,012.24	$2,758.00	$1,182.00	$1,917.28	$839.25	$2,015.41	$2,671.58
September 1 – December 31	$1,476.19	$632.65	$1,723.75	$738.75	$1,198.30	$524.53	$1,259.63	$1,669.74

Part-time Faculty Employees January to May deductions (5 pay periods) include a 1.60 rate to pre pay premiums for the summer coverage period.

Preventive Care

If Everyone in the United States Received Recommended Clinical Preventive Care, We Could Save 100,000 Lives Each Year[1]

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



Get Started With Your Preventive Care

1. Go to cdc.gov/prevention to receive a personalized list of recommended preventive care.

2. Contact your health care provider to schedule your preventive care and learn about services they offer to help you live a healthy lifestyle. **Also, don't forget to take care of your teeth and eyes with routine dental and vision checkups.**

3. Explore new ways of managing stress, eating healthy, managing your weight and adopting healthy behaviors that support your total good health and well-being. See sfhss.org/well-being for programs and information available to you as an SFHSS member.

Tobacco Cessation Resources

Blue Shield Trio HMO and Access+ HMO	Kaiser Permanente HMO	UnitedHealthcare City Plan PPO
QuitNet QuitNet offers a dynamic tobacco cessation program with daily email or text support. To get started with QuitNet, login to mywellvolution.com and click on the QuickNet program. QuitNet is based on the latest science and best practices to help people overcome their addiction to tobacco. QuitNet combines many intervention methods, including online and mobile support from experts and peers, phone-based coaching from a tobacco treatment specialist, personalized email and text support, and pharmaceutical quit aids.	You may be eligible to receive tobacco cessation medications at your drug-benefit co-payment price with a prescription from your doctor. Kaiser Permanente also offers face-to face individual tobacco cessation counseling or classes, or sign up online for a Freedom from Tobacco class at a location near you at kp.org. **Breathe** is an online personalized program which supports you as you explore why it's hard to quit smoking, offering tips and advice to help you give up the habit. Go to kp.org/breathe to get started.	UnitedHealthcare (UHC) covers smoking cessation prescriptions from an in-network pharmacy, at no cost to member, as preventive. Online tools: liveandworkwell.com also includes a tobacco cessation website where members can view a list of resources and support ideas. Once you login, click on "Mind and Body," where you will find self-management tools for smoking cessation, assessments and screeners and cost estimators demonstrating the money that could be saved by quitting smoking. Face-to-face: If you use tobacco, we cover two counseling quit attempts within a 12-month period as a preventive service with no cost to you.

[1] *https://www.cdc.gov/prevention/index.html*

2019 Vision Plan Benefits

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

Vision Plan Benefits

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

Accessing Your Vision Benefits

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

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

Vision Plan Limits and Exclusions

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

Vision Plan Expenses Not Covered

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

VSP Basic and Premier Vision Plans

You now have choices—as a new hire or during open enrollment you can stay enrolled in the Basic Plan or choose the Premier Plan for enhanced benefits, such as a $300 allowance on frames or a $250 allowance on contacts lenses every calendar year. Anti-reflective are covered in full with a $25 co-pay for each. Starting on July 1, 2018, standard progressive lenses will be covered at 100%, with co-pays for premium and custom progressive lenses. See page 16 for details.

VSP Vision Care Member Extras

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

No Medical Plan, No Vision Benefits

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

City College Employees

2019 Vision Plan Benefits-at-a-Glance

Covered Services	Basic	Premier
Well Vision Exam	$10 co-pay every calendar year	$10 co-pay every calendar year
Single Vision Lenses Lined Bifocal Lenses Lined Trifocal Lenses	$25 co-pay every other calendar year[1] $25 co-pay every other calendar year[1] $25 co-pay every other calendar year[1]	$0 every calendar year $0 every calendar year $0 every calendar year
Standard Progressive Lenses Premium Progressive Lenses Custom Progressive Lenses	100% coverage every other calendar year $95–$105 co-pay every other calendar year $150–$175 co-pay every other calendar year	100% coverage every calendar year $25 co-pay every 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[1]	Fully Covered every calendar year
Frames	$150 allowance for a wide selection of frames $170 allowance for featured frames $80 allowance use at Costco® $25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	$300 allowance for a wide selection of frames $320 allowance for featured frames $165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts (instead of glasses)	$150 allowance every other calendar year[1]	$250 allowance every calendar year
Contact Lens Exam	Up to $60 co-pay fitting and evaluation exam covered; every other calendar year[1]	Up to $60 co-pay every calendar year
Primary Eye Care (for the treatment of urgent or acute ocular conditions)	$5 co-pay	$5 co-pay
Vision Care Discounts		
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
	Employee Contribution	**Employee Biweekly & Monthly Contributions[2]**
	Included in medical premium	Employee Only Biweekly $4.32 | Mo. $9.36 Employee + 1 Biweekly $6.48 | Mo. $14.04 Employee + 2 or more Biweekly $13.53 | Mo. $29.32

Your Coverage with Out-of-Network Providers

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

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

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

[2] For other pay schedules, please visit sfhss.org or call SFHSS Member Services (415) 554-1750.

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

NOTE: IFPTE Local 21, SEIU 1021 and miscellaneous unrepresented employees are also eligible for VDT Computer VisionCare benefits.

Mental Health and Substance Abuse Benefits

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

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

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

Appointments are available Monday through Friday, from 9:00am-5:00pm, call (415) 554-0610.
Resources and referral EAP services are confidential in accordance with state and federal law.

Best Doctors: Expert Medical Case Review

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

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

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

The Best Doctors benefit includes:

In-Depth Medical Case Review

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

Ask the Expert

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

Critical Care

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

Find a Doctor

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

Medical Records eSummary

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

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

Other Benefits Administered by City College

Delta Dental PPO

City College offers eligible employees the opportunity to enroll in dental benefits administered by Delta Dental. Enrollment in dental benefits is handled through the City College Benefits Office. Visit the City College website below for details about details about covered services under this plan.

This PPO-style dental plan allows you to visit any in-network or out-of-network dentist. The plan pays higher benefits (and you pay less) when you visit an in-network PPO dentist.

Ask your Delta Dental dentist about costs before receiving services. You can request a pre-treatment estimate of costs before you receive care. For more information, call Delta Dental at (888) 499-3001.

Flexible Spending Accounts

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 the plan administrator by required deadlines.

A Healthcare FSA allows each employee to pay for 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. 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, work out a detailed estimate of the eligible expenses you are likely to incur in 2019. Budget conservatively. 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.

City College employee FSAs are administered by WageWorks wageworks.com.

Parking and Commuter Benefits

The City College Benefits Office offers employees the opportunity to enroll in a Commuter Transit Account. This pre-tax benefit account can be used to pay for public transit–including train, subway, bus, and ferry–as part of your daily commute to and from work. Save an average of up to 30% on public transit as part of your daily commute to and from work. Reduce your overall tax burden–funds are withdrawn from your paycheck for deposit into your account before taxes are deducted. Sign up any time to start saving and no “use it or lose it” as long as you’re enrolled. The commuter transit account for City College employees is administered by WageWorks wageworks.com.

Other Voluntary Benefits

Eligible City College employees may also purchase the voluntary benefits below. Contact the City College Benefits Office for more information.

- Individual life insurance
- Individual short term disability insurance
- Individual accident insurance
- Individual cancer insurance/specified-disease insurance
- Individual dental insurance
- Individual hospital confinement indemnity insurance
- Individual specified health event insurance
- Individual vision insurance

For more information about dental, FSAs and additional voluntary benefits administered through City College, visit ccsf.edu/hr.

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

Type of Leave	Health Benefits Eligibility
Family and Medical Leave (FMLA) Workers' Compensation Leave Family Care Leave Military Leave	Notify City College of San Francisco (SFCCD) as soon as your leave begins – within 30 days. You may elect to continue or waive coverage for the duration of your approved leave of absence. **You must notify SFHSS and SFCCD immediately upon return to work in order 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 and SFCCD. **You must notify SFHSS and SFCCD immediately upon return to work in order to avoid a break in coverage.**
Educational Leave Personal Leave Leave for Employment as an Employee Organization Officer or Representative	Notify SFCCD as soon as your leave begins – within 30 days. You may elect to continue or waive health coverage for the duration of your approved leave of absence. **You must notify SFHSS and SFCCD immediately upon return to work in order 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.

Your Responsibilities

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

Contact the City College of San Francisco Human Resources Department 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 SFCCD directly. Failure to do so will result in termination of your health benefits.

When leave ends, contact the City College of San Francisco Benefits Unit 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 SFCCD resume health premium payroll deductions. If coverage was waived or terminated while you were on leave, you must request that SFCCD reinstate your benefits and resume your payroll deductions.

Transition to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

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

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

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

Medicare Enrollment Required for Medicare-eligible Retirees and Dependents

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

Retiree Premium Contributions

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

Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

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

Active Employee Medicare Enrollment

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

Married Spouse Medicare Enrollment

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

Domestic Partner Medicare Enrollment

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

Contact the Employee Assistance Program

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

COBRA and Covered California

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

COBRA Continuation Coverage

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

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

Time Limits for COBRA Elections

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

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

Duration of COBRA Continuation Coverage

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

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

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

Paying for COBRA

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

COBRA Continuation Coverage Alternatives

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

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

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

2019 Medical Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID Biweekly

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

The FY19/20 calendar has not been finalized with the union.

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

If you take an approved unpaid leave of absence, you must pay SFCCD 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 page 21 for more information about maintaining health coverage during a leave of absence.

2019 Medical Coverage Calendars

CLASSIFIED SCHOOL TERM EMPLOYEES PAID Biweekly

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

The FY19/20 calendar has not been finalized with the union.

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions for the 2019 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer months. During summer months with no paycheck, benefits coverage will continue as long as all summer premium contributions have been funded. If you take an approved unpaid leave of absence, you pay SFCCD 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 page 21 for more information about maintaining health coverage during a leave of absence.

City College Employees

2019 Medical Coverage Calendar

FACULTY AND ADMINISTRATORS PAID MONTHLY

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

PART-TIME FACULTY PAID MONTHLY

Work Dates	Pay Date	Benefits Coverage Period
January 1, 2019–January 31, 2019	January 31, 2019	January 1, 2019–January 31, 2019
February 1, 2019–February 28, 2019	February 28, 2019	February 1, 2019–February 28, 2019
March 1, 2019–March 31, 2019	March 29, 2019	March 1, 2019–March 31, 2019
April 1, 2019–April 30,2019	April 30, 2019	April 1, 2019–April 30,2019
May 1, 2019–May 31, 2019	May 31, 2019	May 1, 2019–May 31, 2019
Summer Break *off from regular work*	June 28, 2019 July 31, 2019 August 30, 2019	*Summer Coverage Period* *extra payroll deductions taken January to May*
September 1, 2019–September 30, 2019	September 30, 2019	September 1, 2019–September 30, 2019
October 1, 2019–October 31, 2019	October 31, 2019	October 1, 2019–October 31, 2019
November 1, 2019–November 30, 2019	November 29, 2019	November 1, 2019–November 30, 2019
December 1, 2019–December 31, 2019	December 31, 2019	December 1, 2019–December 31, 2019

The FY19/20 calendar has not been finalized with the union.

Part-time faculty premium contributions are deducted from paychecks monthly, for a total of nine or 12 payroll deductions (see above) for the 2019 plan year. Employee premium deductions for PT Faculty that work from January to May 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 SFCCD 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 page 21 for more information about maintaining health coverage during a leave of absence.

Health Service Board Achievements

Karen Breslin
President
Elected

Stephen Follansbee, MD
Vice President
Appointee

Sharon Ferrigno
Elected
Retiree

Wilfredo Lim
Elected
Employee

Rafael Mandelman
Board of
Supervisors

Randy Scott
Appointee
Commissioner

Steps to Improve and Maintain Affordable Benefits:

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

Benefit Additions:

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

VSP Basic and Premier Vision Plans

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

Delta Dental PPO for City and County of San Francisco

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

City Plan PPO

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

UnitedHealthcare Medicare Advantage PPO

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

Nurseline, Urgent Care, Telemedicine, Online Resources

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

24/7 Nurse Line

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

Urgent Care

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

Telemedicine

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

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

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

Go Online

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

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

Key Contact Information

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

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

Employee Assistance Program
Tel: (415) 554-0610

City College Benefits
33 Gough Street
San Francisco, CA 94103
Benefits Line: (415) 487-2445
Human Resources: (415) 241-2246
email: benefits@ccsf.edu
website: ccsf.edu/hr

MEDICAL and VISION PLANS			
Blue Shield of California	Trio HMO: (855) 747-5800 Access+: (855) 256-9404	Trio HMO: blueshieldca.com/sites/imce/trio.sp Access+ HMO: blueshieldca.com/sfhss	Group W0051448 (Trio HMO and Access+ HMO)
Kaiser Permanente	(800) 464-4000	my.kp.org/ccsf	Group 888 (North CA) Group 231003 (South CA)
City Plan PPO UnitedHealthcare	(866) 282-0125	welcometouhc.com/sfhss	Group 752103
VSP Vision Care	(800) 877-7195	vsp.com	Group 12145878
DENTAL PLAN			
Delta Dental PPO Dental enrollment is administered through the City College Benefits Office	(866) 499-3001	deltadentalins.com	Group 15935-006 FT Faculty and Admin. Group 15935-007 Classifieds Group 15935-008 COBRA Group 15935-009 PT Faculty Group 15935-010 Board of Trustees Group 15935-011 AB528 Retirees
WAGEWORKS and COBRA			
WageWorks (Commuter Benefits) WageWorks enrollment is administered through the City College benefits office	(877) 924-3967	wageworks.com	
P&A Group COBRA (FSAs)	(800) 688-2611	padmin.com	
SECOND MEDICAL OPINION			
Best Doctors	(866) 904-0910	members.bestdoctors.com	
OTHER AGENCIES			
CalSTRS	(800) 228-5453	calstrs.org	Pension Benefits
SFERS Employees' Retirement System	(415) 487-7000	mysfers.org	Pension Benefits
CalPERS	(415) 225-7377	calpers.ca.gov	Pension Benefits
Covered California	(888) 975-1142	coveredca.com	Health Insurance Exchange

For information about additional benefits, including Flexible Spending Accounts, contact the City College Benefits office.

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

SFHSS.ORG