

2021

Municipal Executives

Health Benefits Guide





What's New for 2021

Medical, Vision and Dental

- 2021 Medical, Vision and Dental contributions are on pages 12, 14, and 17.
- Starting January 1st, SFHSS Members have the option to use a VSP-assigned member ID, instead of their social security number. You will receive a welcome letter in early January 2021 with member ID card. You can also access the VSP website to obtain your member ID and print an ID card.
- Nitrous oxide gas and other non-IV sedation is now covered under the Delta Dental PPO plan.
- Making mid-year changes to your benefits outside of Open Enrollment just got easier. You can make Qualifying Life Event changes online through **eBenefits**. Go to sfhss.org/how-to-enroll to get started.
- For Kaiser California plans, starting January 1st, members with certain chronic conditions can get the following services at no cost: A1c testing for diabetes, low-density lipoprotein (LDL) testing for heart disease and INR (international normalized ratio) testing for liver disease or bleeding disorders.

Flexible Spending Accounts (FSA)

- 2021 Healthcare FSA maximum has increased from \$2,700 to \$2,750.
- If you enrolled in a Health Care FSA for Plan Year 2020, you will now be able to carryover up to \$550 of unclaimed Health Care FSA funds for 2021.
- Under the CARES Act of 2020, over-the-counter (OTC) medications are now reimbursable without requiring a prescription or completing a Letter of Medical Necessity Form. This provision is retroactive to January 1, 2020, and includes menstrual care products such as tampons and pads. For a complete list of eligible reimbursable expenses, visit sfhss.org/flexible-spending-accounts-fsa.

Voluntary Benefits

- **MetLife Critical Illness Insurance** will replace **Voya Financial Critical Illness Insurance** and pays a lump sum benefit up to \$50,000 if you are diagnosed with a covered disease or condition. **MetLife Accident Insurance** will replace **Voya Financial Accident Insurance** to provide tax-free payments for covered injuries that happen off-the-job. **Allstate Identity Protection** will replace **LifeLock Identity Theft Protection**. See page 24 for more details.

Online payments

For your convenience, you can now pay your premiums through the **SF Payment Portal**, see sfhss.org/how-make-payment website for details.

Well-Being

- There are several **virtual offerings** to support your well-being such as group exercise classes, educational workshops, healthy weight programs, diabetes prevention programs and more. To learn more about dates and times, visit sfhss.org/events.
- **Get Your Flu Shot**: It's more important now more than ever to get your flu shot. You can also obtain your shot through your health plan. For more information on flu go to sfhss.org/well-being/flu-prevention.



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This Guide includes an overview of the San Francisco Health Service System Rules, as approved by the Health Service Board. Rules can be found at sfhss.org or request a copy at (628) 652-4700.



Executive Director's Message



Back in late March, I became part of the sourdough baking movement. Like everyone else, I struggled to find whole wheat and bread flours. My son from the East Coast coached me through video chat on how to make sourdough bread, and before I knew it, baking sourdough, pancakes and muffins became my obsession. As I reflect on that time, I realize it was a distraction from all things PANDEMIC, and having my life suddenly upended along with a significant loss of my normal routine. If my anxiety was manifesting in sourdough obsession when I had limited exposure and am able to telecommute, then what was happening to others?

Prior to SFHSS, I spent more than 20 years comparing and analyzing the community health needs of San Francisco residents. While progress is significant in some matters such as the management and treatment of HIV. Other health conditions that are driven by social determinants such as race, gender, income, housing, food access and occupation still affect the health of our City's population and of our work force.

The pandemic has brought this to light once again as we look at the disproportionate share of disease burden that persons of color in our community has from COVID-19. As employees and retirees of the city of San Francisco, we are privileged to have access to health care, and yet, our overall disease prevalence mirrors that of the community at large. Within our workforce, we see disparities in rates of diabetes amongst members of different race and ethnicity groups. People of color are less likely to have continuation of care for their mental health needs.

In the coming year, SFHSS is focusing on three areas to address these discrepancies as we work to improve your health outcome.

Mental Health

Right now, one in three Americans are experiencing anxiety and that's not reflected in our benefits utilization. Don't wait to seek help.

If you're feeling stressed, anxious or depressed, we have many ways for you to reach out for help from anywhere. See page 22 for your mental health benefits that include everything from well-being apps like Calm, Talk Space or Sanvello to tele-behavioral health counselors who are ready to listen and address your needs.

For active employees, we have expanded EAP services where counselors are available 24/7 to guide you.

Preventive Care Services

If you haven't already done so this year, I urge you to make those preventive care appointments for well check-ups or dental cleanings. We have a Preventive Care Scheduler on page 21 to help you track and use the benefits you've earned as the medical and dental offices safely reopen and telehealth services are readily available.

Well-Being Support

Your health and well-being is the foundation from which you are able to better serve your family, friends and community. SFHSS has well-being programs to help you on your journey, so you don't have to do it alone. You will find a variety of programs on page 23 from virtual fitness classes to diabetes prevention programs to help you stay healthy and live vibrant lives.

I am fortunate to have a strong social support circle. When I was gifted some sourdough starter, I was able to escape and make my world right again through the comfort and joy of sourdough bread.

So as we abide by the social distancing and masking rules and learn to live in this pandemic environment, I hope you're able to do what brings you comfort and take care of your health.

Be well,

Abbie Yant, RN, MA
Executive Director



Abbie's Sourdough Bread

Step-by-Step Enrollment Guide

STEP 1: Are you a new hire or do you have a Qualifying Life Event where you need to enroll or update your benefits?

- If **YES**, go to **Steps 3 through 8** on how to make changes.
- If **NO**, please continue to **Step 2** if you would like to enroll in a Healthcare or Child Care Dependent Care FSA and **Step 3** to see if you need to add or drop dependents. Otherwise, no further action is required. Please proceed to **Step 8**.

STEP 2: Learn about your FSA options and rules on page 20. Would you like to set aside pre-tax dollars for upcoming healthcare or dependent care expenses?

- If **YES**, determine how much you would like to set aside.
- Complete the **Choose a Flexible Spending Account** page in **eBenefits**.
- If **NO**, please review **Step 3**.

STEP 3: Do you need to add or drop a dependent due to a Qualifying Life Event?

- If **NO**, and you have no changes to your benefit elections, then you have no further actions to take.
- If **YES**, review the dependent eligibility rules on pages 4 and 5 and Qualifying Life Events on pages 6 and 7.
- Complete the **Review Dependents** page in **eBenefits** to add dependents or edit existing dependents.
- Submit copies of supporting documents for a Qualifying Life Event. New dependents must have supporting documentation submitted with their elections in order to be enrolled (e.g. birth certificate, certified marriage certificate).

STEP 4: Are you interested in voluntary benefits that could protect your savings from an injury or illness?

- Go to pages 18 and 19 of the guide to review the different voluntary benefits.
- Contact WORKTERRA at **(888) 392-7597** or visit **workterra.net** to self-enroll, disenroll, or confirm any existing elections.
- Instructions on how to enroll are in the blue box on page 19 or online at **sfhss.org/voluntary-benefits**.

STEP 5: Making changes to your health plan benefits.

- Review the Service Areas of the medical plans available to you on page 9.
- Review coverage details on pages 10 and 11.
- Review the rates for available plans in your area on page 12.
- Select your plan and complete **Choose a Medical Plan** page in **eBenefits**.

STEP 6: Making changes to your vision benefits.

- Review the Vision benefits options and rates on page 13 and 14.
- You must be enrolled in a medical plan to receive Vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage be enrolled in the VSP Premier Plan.
- Complete the **Enroll in a Vision Premier Plan** page in **eBenefits**.

STEP 7: Making changes to your dental benefits.

- Review your Dental benefit options and associated costs on pages 15 to 17.
- Complete the **Enroll in a Dental Plan** page in **eBenefits**.

STEP 8: Complete and submit your **Life Events** elections online using **eBenefits**. Go to **sfhss.org/how-to-enroll** to get started. You can also fax or mail completed Enrollment Application forms and documentation to SFHSS.

Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**. To download an Enrollment Application form, visit **sfhss.org**.

For **HELP**, call San Francisco Health Service System (SFHSS) Member Services at **(628) 652-4700** or visit **sfhss.org**.

Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.

Our offices are currently closed to the public.



Eligibility Rules

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

Member Eligibility

The following persons are eligible to participate in San Francisco Health Service System benefits:

- All permanent employees of the City and County of San Francisco whose normal scheduled work week is not less than 20 hours.
- All regularly scheduled provisional employees of the City and County of San Francisco whose normal work week is not less than 20 hours.
- All other employees of the City and County of San Francisco, including temporary exempt or “as needed” employees, who have worked more than 1,040 hours in any consecutive 12-month period and whose normal work week is not less than 20 hours.
- Elected Officials of the City and County of San Francisco.
- All designated board and commission members *during* their time in service to the City and County of San Francisco as defined in San Francisco Administrative Code Section 16.700(c).
- All officers and employees as determined eligible by the governing bodies of the San Francisco Transportation Authority, San Francisco Parking Authority, Treasure Island Development Authority, the Superior Court of San Francisco and any other employees as determined eligible by ordinance.
- 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).
- Temporary exempt employees of the Superior Court of San Francisco appointed for a specified duration of greater than six months with a normal work week not less than 20 hours become eligible on their start date.

Dependent Eligibility

Spouse and Domestic Partners

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

Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership. A spouse or registered domestic partner can also be added during the Open Enrollment period in October.

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

Natural Children, Stepchildren, Adopted Children

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

Legal Guardianships and Court-Ordered Children

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

If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19.

Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide SFHSS with proof of guardianship, court order, or decree by SFHSS' required deadlines. To continue coverage beyond age 19, the member will need to provide a copy of the child's birth certificate.



Adult Disabled Children

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

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

2. above and comply with their enrolled medical plan’s disabled dependent certification process stated in **6.** **within 30 days** of hire date.

Medicare Enrollment Requirements for Dependents of Active Employees Who Have Received a Disability Social Security Benefit

SFHSS Rules require domestic partners, dependents with End Stage Renal Disease (ESRD) and children who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A and in Part B.

Medicare coverage begins 30 months after disability application. A member or dependent with ESRD may be prohibited from changing medical plan enrollment.

Medicare Enrollment Requirements Upon Retirement

Retirees and dependents who are eligible for Medicare must already be enrolled in Medicare Part A and Part B when retiring. Proof of Medicare coverage is required by SFHSS before any Medicare-eligible individual can be enrolled in retiree health coverage.

Failure to enroll in Medicare when first eligible may also result in a late-enrollment penalty from Medicare. Medicare applications placed with Social Security can take three months to process.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

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



Changing Benefit Elections: Qualifying Life Events

You may change health benefits elections outside of Open Enrollment if you have a Qualifying Life Event.

Certain life events count as a “Qualifying Life Event” where you can modify your benefits elections to support your new Qualifying Life Event. If you have a Qualifying Life Event, you can submit your elections and upload all required documentation online using *eBenefits*, which you can access from the *Life Events* link under *Employee Links* on the City’s Employee Portal. Visit sfhss.org/how-to-enroll to get started. Your elections and documentation are due no later than 30 calendar days after the qualifying event occurs.

New Spouse or Domestic Partnership

Enroll a new spouse or domestic partner and eligible children of spouse or domestic partner online using *eBenefits* on the San Francisco Employee Portal. Visit sfhss.org/how-to-enroll to get started. Be sure to upload copies of your certified marriage certificate, certificate of domestic partnership and birth certificate for each child. Your election and required documents must be submitted **within 30 days** of the legal date of the marriage or partnership. You can also submit an Enrollment Application form and copies of required documentation by fax or mail. Certificates of domestic partnership must be issued in the United States. A Social Security number must be provided for each enrolling family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following receipt and approval of required documentation.

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child’s date of birth. Coverage for an enrolled adopted child will be effective on the date the child is placed. SFHSS provides a one-time benefit reimbursement of up to \$15,000 to an eligible employee or eligible retiree for qualified expenses incurred from an eligible adoption or eligible surrogacy. For more details, visit sfhss.org/surrogacy-and-adoption. A Social Security number must be provided to SFHSS **within six months** of the date of birth or adoption, or your child’s coverage may be terminated. Use *eBenefits* to enroll online.

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**. Use *eBenefits* to enroll online.

Divorce, Separation, Dissolution, Annulment

A member must immediately notify SFHSS in writing and provide documentation when the legal separation, divorce or final dissolution of marriage has been granted. Coverage of an ex-spouse, step-children, domestic partner and children of domestic partner will terminate on the last day of the coverage period of the event date. Use *eBenefits* to dis-enroll your former dependent online.

Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other health care coverage may enroll within 30 days in SFHSS benefits. Once required documentation is submitted and processed, coverage will be effective on the first day of the next coverage period. Use *eBenefits* to enroll online.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage. If you waive coverage, all coverage for enrolled dependents will also be waived. After required documentation (proof of coverage must be on letterhead) is submitted, coverage will terminate on the last day of the coverage period. Use *eBenefits* to update your elections online.



Moving Out of Your Plan's Service Area

If you move your residence to a location outside of your plan's service area, you can enroll in an SFHSS plan that offers service where your new address is located. Coverage will be effective the first day of the coverage period following receipt and approval of required documentation.

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 event.

Death of a Member

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

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

Changing FSA Contributions

Per IRS regulations, some qualifying events may allow you to initiate or modify your Flexible Spending Account (FSA) contributions. Contact SFHSS at **(628) 652-4700** for more information.

Responsibility for Premium Contributions

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



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



Medical Plan Options

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

What is a Health Maintenance Organization (HMO)?

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. For non-emergency care, access service through your Primary Care Physician (PCP) or an affiliated urgent care center.

Blue Shield of CA HMO members can change their Primary Care Physician (PCP) at any time throughout the year, up to one-time per month, as long as the new PCP is a part of a medical group that participates in your elected HMO plan. If your new PCP is in a different medical group, all specialist physicians must also be part of the new medical group. Kaiser Permanente HMO members can change your personal Plan Physician at any time for any reason.

There is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount (co-payment). SFHSS offers the following HMO medical plans:

- **Trio HMO - Blue Shield of California:**
A network of local doctors, specialists and hospitals working closely together to coordinate your care. Trio has a dedicated Concierge Service and Heal (home visits) based on location. California Pacific Medical Center (CPMC) is included in the network. You must live or work in a zip code serviced by the plan to enroll.
- **Access+ HMO - Blue Shield of California:**
Your PCP coordinates all your care and refers you to specialists and hospitals within their medical group/Independent Practice Association (IPA). Each family member can choose a different physician and medical group/IPA. You must live or work in a zip code serviced by the plan to enroll.
- **Kaiser Permanente HMO:**
Most medical services are under one roof (ex. specialty care, pharmacy, lab work). No referrals required for certain specialties, like obstetrics-gynecology. You must live or work in a zip code serviced by the plan.

What is a Preferred Provider Organization (PPO)?

A PPO is a medical plan that offers benefits through in-network and out-of-network healthcare providers. PPOs allow for a greater selection of providers however, out-of-network providers cost more.

You are not assigned to a PCP, giving you more responsibility for coordinating your care.

Compared to an HMO, enrolling in a PPO usually results in higher out-of-pocket costs. Unlike HMO plans, PPOs may have deductibles. You must pay a plan year deductible and a coinsurance percentage each time you access service. Because UHC PPO (City Plan) is a self-insured plan, individual premiums are determined by the total cost of services used by the plan's group of participants.

SFHSS offers the following PPO plan:

- **UnitedHealthcare PPO (City Plan)**
UnitedHealthcare Select Plus
for *California Members*
UnitedHealthcare Choice Plus
for *non-California Members*

How To Enroll in Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan **within 30 calendar days** of their work start date. City and County of San Francisco members may enroll online using [eBenefits](https://www.sfhss.org/eBenefits) (go to [sfhss.org/how-to-enroll](https://www.sfhss.org/how-to-enroll) to get started) or by completing and submitting an **Enrollment Application form**, by fax or mail, along with required eligibility documentation by required SFHSS deadlines.

If you do not enroll by the required deadline, you will only be able to enroll in benefits during the next Open Enrollment period or for a **Qualifying Life Event** (see pages 6 and 7).

Coverage will start the first day of the coverage period following receipt and approval of required eligibility documentation. Once enrolled, you must pay all required employee premium contributions.

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

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



For a complete list of benefits and exclusions, refer to your plan's Evidence of Coverage (EOC). In the event of any discrepancies, the EOC shall prevail. Download EOCs at [sfhss.org](https://www.sfhss.org).

Medical Plan Service Areas

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

■ Available in this county

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

Blue Shield of California HMO and Kaiser Permanente HMO: Service Area Limits

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

UnitedHealthcare PPO (City Plan): No Service Area Limits

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

UnitedHealthcare PPO

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



Change of Address? Contact SFHSS (628) 652-4700 or visit sfhss.org/change-address.

If you move out of the service area covered by your plan, you must enroll in a medical plan that provides coverage in your new area. Failure to change your elections to reflect this may result in non-payment of claims for services rendered.



Medical Plans

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

	BLUE SHIELD of CA HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	UNITEDHEALTHCARE PPO	
Choice of Physician	Primary Care Physician assignment required.	Primary Care Physician assignment required.	KP network only. Primary Care Physician assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
				\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family		\$1,500 per individual \$3,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
General Care and Urgent Care					
Annual Physical; Well Woman Exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
Family Planning	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge		No charge	100% covered no deductible	50% covered after deductible
Lab and X-ray	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge		No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: Generic	\$10 co-pay 30-day supply		\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	50% covered after \$5 co-pay; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply		\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	50% covered after \$20 co-pay; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply		Physician authorized only	\$50 co-pay 30-day supply	50% covered after \$45 co-pay; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply		\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply		\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply		Physician authorized only	\$100 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay 30-day supply		20% up to \$100 co-pay 30-day supply	Same as 30-day above limitations apply; see EOC	Same as 30-day above limitations apply; see EOC

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	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; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
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

Municipal Executives

2021 Medical Premium Contribution Rates (Biweekly)

EMPLOYEE ONLY	BLUE SHIELD OF CA TRIO HMO		BLUE SHIELD OF CA ACCESS+ HMO		KAISER PERMANENTE HMO		UHC PPO (City Plan)	
CITY AND COUNTY OF SAN FRANCISCO	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA Miscellaneous Unrepresented Managers Unrepresented Employees Elected Officials Municipal Executives MEA – Fire Municipal Executives MEA – Police	\$336.65	\$33.06	\$336.55	\$89.78	\$314.99	\$0	\$336.55	\$262.72
MUNICIPAL TRANSPORTATION AGENCY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA MTA Unrepresented Managers	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0	\$336.55	\$262.72
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA Unrepresented Managers Court Duty Officer Courts Commissioners' Association	\$0	\$369.61	\$0	\$426.33	\$0	\$314.99	\$0	\$599.27
EMPLOYEE +1	BLUE SHIELD OF CA TRIO HMO		BLUE SHIELD OF CA ACCESS+ HMO		KAISER PERMANENTE HMO		UHC PPO (City Plan)	
CITY AND COUNTY OF SAN FRANCISCO	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA Miscellaneous Unrepresented Managers Unrepresented Employees Elected Officials Municipal Executives MEA – Fire Municipal Executives MEA – Police	\$366.55	\$401.25	\$366.55	\$514.67	\$314.99	\$313.62	\$366.55	\$825.55
MUNICIPAL TRANSPORTATION AGENCY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA MTA Unrepresented Managers	\$336.55	\$401.25	\$336.55	\$514.67	\$314.99	\$313.62	\$336.55	\$825.55
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA Unrepresented Managers Court Duty Officer Courts Commissioners' Association	\$0	\$737.80	\$0	\$851.22	\$0	\$628.61	\$0	\$1,162.10
EMPLOYEE +2 OR MORE	BLUE SHIELD OF CA TRIO HMO		BLUE SHIELD OF CA ACCESS+ HMO		KAISER PERMANENTE HMO		UHC PPO (City Plan)	
CITY AND COUNTY OF SAN FRANCISCO	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA Miscellaneous Unrepresented Managers Unrepresented Employees Elected Officials Municipal Executives MEA – Fire Municipal Executives MEA – Police	\$0	\$1,043.39	\$0	\$1,203.89	\$0	\$888.90	\$0	\$1,641.98
MUNICIPAL TRANSPORTATION AGENCY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA MTA Unrepresented Managers	\$0	\$1,043.39	\$0	\$1,203.89	\$0	\$888.90	\$0	\$1,641.98
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Municipal Executives MEA Unrepresented Managers Court Duty Officer Courts Commissioners' Association	\$0	\$1,043.39	\$0	\$1,203.89	\$0	\$888.90	\$0	\$1,641.98



Vision Plans

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

Vision Plan Benefits

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

Accessing Your Vision Benefits

To receive services from a network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment. VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

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

Basic Vision Plan Limits and Exclusions

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

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plano (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Primary eye care as described on page 14).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

VSP Basic and Premier Vision Plans

You now have a choice. As a new hire or during Open Enrollment, you can remain in the VSP Basic Plan or enroll in the VSP Premier Plan for enhanced benefits. See page 14 for more details.

Computer Vision Care Benefit (VDT)

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

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers and discounts and rebates on popular contact lenses.

VSP also provides savings on *hearing aids* through TruHearing® for you, covered dependents and extended family including parents and grandparents.



No Medical Plan = No Vision Benefits

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



Vision Plan Benefits-at-a-Glance

Covered Services	VSP Basic ¹	VSP Premier
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year
Single Vision Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Progressive Lenses	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
Premium Anti-Reflective Coating	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco® \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts (<i>instead of glasses</i>)	\$150 allowance every other calendar year ²	\$250 allowance every calendar year
Contact Lens Exam	Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every calendar year
Primary Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)	\$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
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Vision Care Premium Rates

VSP Basic Plan

VSP Premier Contribution (Biweekly)

Included with your medical premium.

Employee Only \$4.85
Employee + 1 Dependent \$7.35
Employee + Family \$15.13

Your Coverage with Out-of-Network Providers

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

Exam	Up to \$50	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		

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

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

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



Dental Plans

Dental benefits are a valuable part of your healthcare coverage and fundamental to your overall good health.

PPO Dental Plans

A PPO dental plan allows you to visit any in-network or out-of-network dentist. The plan pays higher benefits (i.e. you pay less) when you go to an in-network PPO dentist.

SFHSS offers the following PPO dental plan:

- Delta Dental PPO

Save Money By Choosing PPO Dentists

Delta Dental PPO has two different networks. Ask your dentist if they are a Delta Dental PPO network or Premier network dentist. Both networks are held to the same quality standards.

You can also choose a dentist outside of the PPO and Premier networks. However, services may be covered at a lower percentage, so you pay more. Payment is based on reasonable and customary fees for the area.

Ask your Delta Dental dentist about costs *before* receiving services. You can request a pre-treatment estimate of costs before you receive care.

DHMO Dental Plans

Similar to medical HMOs, Dental Health Maintenance Organization (DHMO) plans require that you receive all of your dental care from within a network of participating dental offices. These networks are generally smaller than dental PPO networks.

Before you elect a DHMO plan, make sure that the plan's network includes the dentist of your choice.

Under these plans, services are covered either at no cost or a fixed co-pay. Out-of-pocket costs for these plans are generally lower than PPO plans.

SFHSS offers the following DHMO plans:

- DeltaCare USA DHMO
- UnitedHealthcare Dental DHMO

Delta Dental PPO SmileWay Program

Delta Dental PPO's **SmileWay** program features 100% coverage for one annual periodontal scaling and root planing procedure and an increased number of teeth cleaning or periodontal maintenance services for members with specific chronic conditions. Calendar Year Benefit Maximums apply. To enroll, call Delta Dental PPO directly at **(888) 335-8227**.

Dental Plan Quick Comparison

	Delta Dental PPO	DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Can I receive service from any dentist?	Yes. You can use any dental provider. You pay less when you choose an in-network provider.	No. All services must be received from your assigned contracted network dentist.	No. All services must be received by an in-network dentist.
Do I need a referral for specialty care?	No.	Yes.	Yes.
Will I pay a flat rate for most services?	No. You pay a percentage of allowed charges.	Yes.	Yes.
Do I need to live in the plan's service area to enroll?	No.	Yes. You must live in this plan's service area.	Yes. You must live in this plan's service area.



Dental Plan Benefits-at-a-Glance

	Delta Dental PPO			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists.			DeltaCare USA network only	UHC Dental network only
Deductible	None			None	None
Plan Year Maximum	\$2,500 per person Per calendar year, excluding orthodontia benefits			None	None
Covered Services	PPO Dentists	Premier Dentists	Out-of-Network	In-Network Only	In-Network Only
Cleanings¹ and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	100% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	80% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	100% covered some limitations apply	100% covered
Extractions	90% covered	80% covered	60% covered	100% covered	100% covered
Fillings	90% covered	80% covered	60% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Crowns	90% covered	80% covered	50% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Dentures, Pontics, and Bridges	50% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply
Endodontic/ Root Canals	90% covered	80% covered	60% covered	100% covered excluding the final restoration	100% covered
Oral Surgery	90% covered	80% covered	60% covered	100% covered authorization required	100% covered
Implants	50% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	50% covered child \$2,500 lifetime max; adult \$2,500 lifetime max.	50% covered child \$2,000 lifetime max; adult \$2,000 lifetime max.	50% covered child \$1,500 lifetime max; adult \$1,500 lifetime max.	Employee pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply	Employee pays: \$1,250/child \$1,250/adult \$350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	\$100 co-pay	100% covered

¹Members with Chronic Conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis and stroke) may receive up to 4 cleanings per year, Calendar Year Benefit Maximum applies. In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Dental Premium Contribution Rates (Biweekly)

	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
CCSF & MTA MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$24.29	\$2.31	\$12.22	\$0	\$12.82	\$0
Employee +1 Dependent	\$51.24	\$4.62	\$20.16	\$0	\$21.17	\$0
Employee +2 or More Dependents	\$72.88	\$6.92	\$29.82	\$0	\$31.29	\$0
SUPERIOR COURT MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$26.60	\$0	\$12.22	\$0	\$12.82	\$0
Employee +1 Dependent	\$55.86	\$0	\$20.16	\$0	\$21.17	\$0
Employee +2 or More Dependents	\$79.80	\$0	\$29.82	\$0	\$31.29	\$0

Eligible MEA employees of the City and County of San Francisco and Superior Court of San Francisco may apply these Flex Credit dollars to a variety of benefit options, including payment of employee medical and dental premium contributions. The amount of Flex Credits for Employees +2 or more has been increased to reflect the City’s commitment to ensuring affordable health coverage for families. For more information about Flex Credits, see pages 18-19.





Flex Benefits

2021 Dollar Value of Flex Credits (Biweekly)

	EMPLOYEE ONLY	EMPLOYEE +1	EMPLOYEE +2 OR MORE			
			Blue Shield of California		Kaiser Permanente HMO	UHC PPO (City Plan)
			Trio HMO	Access+ HMO		
CITY AND COUNTY OF SAN FRANCISCO						
Municipal Executives MEA Miscellaneous Unrepresented Managers Unrepresented Employees MEA Fire and Police	\$373.04	\$430.43	\$866.02	\$999.23	\$737.79	\$999.23
MUNICIPAL TRANSPORTATION AGENCY (MTA)						
Municipal Executives MEA (MTA) Unrepresented Managers	\$373.04	\$430.43	\$866.02	\$999.23	\$737.79	\$999.23
SUPERIOR COURT OF SAN FRANCISCO						
Municipal Executives MEA Unrepresented Managers Court Duty Officer Courts Commissioners' Association	\$1,231.00	\$1,231.00	\$1,231.00	\$1,231.00	\$1,231.00	\$1,231.00

Eligible employees of the City and County of San Francisco and Superior Court of San Francisco may apply these Flex Credit dollars to a variety of benefit options, including payment of employee medical and dental premium contributions. The amount of Flex Credits for employees +2 or more has been increased to reflect the City's commitment to ensuring affordable health coverage for families.

How Flex Benefits Work

The City and County of San Francisco provides qualifying employees with Flex Credits, which can be spent on a variety of *pre-tax and post-tax* benefit options, paid via payroll deduction. If the premium contributions for your benefit choices cost more than your flex credits, you pay the balance from salary. If your benefits choices cost less than flex credits, you will receive cash back as taxable, non-pensionable earnings in your paycheck.

\$100,000 Group Term-Life Insurance

Starting January 1, 2021, a \$100,000 Group Term-Life Insurance policy is also provided at no cost to employees who are eligible for flex credit benefits. You are responsible for keeping your designated beneficiaries up-to-date.

New Hires

Flex benefit enrollment is handled by **WORKTERRA**, after the employee has been enrolled by SFHSS in benefits. Flex credit benefit choices with **WORKTERRA** must be made within 30 days of a new hire's start work date. If a new hire does not enroll with **WORKTERRA** by required deadlines, payroll deductions will *automatically* be taken for any medical, dental and vision employee premium contributions. Flex credit dollars that remain after paying these premiums are paid as *taxable, non-pensionable* earnings.

Open Enrollment

During Open Enrollment, Municipal Executives may change flex benefit elections, based on available *pre-tax and post-tax* options. Flex benefit changes are administered by **WORKTERRA** and must be completed during Open Enrollment. For questions, contact **WORKTERRA** at **(888) 392-7597**.

Flex Credit Benefit Options (Except FSAs) Will Roll Forward in 2021

If you are not making any changes to benefit selections, you do not need to contact **WORKTERRA** during Open Enrollment. Your current benefit elections (except FSAs) will roll forward in 2021.

To continue making FSA contributions, or to change your benefit choices, you must contact **WORKTERRA** during Open Enrollment. Without re-enrollment, all FSA contributions will cease December 31, 2021.

Qualifying Event Changes

Members may reallocate flex credits outside of Open Enrollment if there is a qualifying event.

Leaves of Absence

If you are going on an unpaid leave of absence, you are responsible for making premium payments for your benefits while no payroll deductions are taken.



Flex Benefits

Maximize Your Benefits

Flex benefits allow you to make choices that fit your needs and budget. For the greatest tax savings, elect *pre-tax* benefits that add up to *more than* your flex credits and pay the balance from *pre-tax* salary. To maximize earnings, choose benefits that cost *less than* your flex credits, and the balance will be paid to you as taxable, non-pensionable earnings in each paycheck.

Pre-Tax Flex Benefit Options

The benefits listed below are paid *pre-tax* for an enrolled employee, spouse, children and stepchildren. These benefits are paid *post-tax* for an enrolled domestic partner and the children of a domestic partner.

	EOI Required
Medical and Dental Premium Contributions	No
Healthcare Flexible Spending Account P&A Group	No
Dependent Care Flexible Spending Account P&A Group	No
Long-Term Disability Insurance (Employee Only and Employee +1) The Hartford	Yes ¹

Taxable Flex Benefit Options

	EOI Required
Accident Insurance MetLife*	No
Short-Term Disability Insurance Abacus	Up to \$700/wk - No Above \$700/wk - Yes
Long-Term Care Insurance John Hancock, MetLife, Mass Mutual, Mutual of Omaha	Yes
Pet Insurance Pets Best	No
Group Legal Plan LegalShield	No
Critical Illness MetLife*	No
Supplemental Group Term-Life Insurance and Accidental Death & Disability Insurance (AD&D) The Hartford	Yes ²
Identity Protection Benefits Plus Allstate Identity Protection*	No

*All members with Voya Accident and Critical Illness Insurance will automatically be rolled over into the new improved MetLife plans. LifeLock ID Theft members will also be rolled into the enhanced Allstate ID Theft plans. You do not need to take any action. Contact WORKTERRA if you would like to discuss options to continue your Voya or LifeLock plans.

Evidence of Insurability (EOI)

Some benefits require additional information from the applicant before enrollment is completed. This can include medical evidence. The insurer will contact you if specific records are required. It is your responsibility to provide all requested documentation. Enrollment may be denied by the insurer. In 2021, no payroll deductions will be taken until enrollment is approved by insurer(s). If approved, there may be a catch-up payroll deduction retroactive to the effective date of your policy. If denied coverage, no premiums for that benefit will be deducted from your paycheck.

Two ways to enroll: 1. Call (888) 392-7597 or log in to <https://ccsfvboe.com> to schedule a personalized enrollment session with a Benefit Expert to review and enroll you and your eligible dependents. 2. Enroll online at workterra.net. If you set up your password during the last enrollment period, use the login instructions below along with your current password to login. Your user name is your 6-digit DSW number (add a "0" in front 5-digit numbers). The password is the first four letters of your last name (the system will also accept last names with 3 letters or less) AND the first four of your Social Security number. The company name is ccsf.

¹ Evidence of Coverage (EOC) is not required for new hires or newly eligible employees. ² Evidence of Coverage (EOC) is not required for new hires or newly eligible employees, for up to \$100,000 life/AD&D insurance.



Flexible Spending Accounts (FSAs)

An FSA account allows you to set aside pre-tax dollars for qualified expenses incurred by you, your legal spouse, or a dependent or relative (as defined in Internal Revenue Code Section 125, which excludes certified domestic partners) with *pre-tax* dollars. FSAs are administered by the P&A Group.

IRS rules require annual enrollment in Flexible Spending Account(s) during Open Enrollment if you want to continue this benefit for the next plan year. If you do not re-enroll, your FSA will terminate at the end of the current plan year. If you are enrolled in an FSA and go on a leave of absence, you must contact SFHSS to arrange for contributions to be made directly to SFHSS. A leave of absence will affect your FSA contributions and reimbursement periods.

Healthcare FSAs help pay for medical expenses. This includes medical, pharmacy, dental and vision co-pays, other dental and vision care expenses, acupuncture and chiropractic care, and more.

For a complete list of eligible healthcare expenses, visit padmin.com.

- Start by designating between \$250 and \$2,750 pre-tax dollars for the plan year. Deductions between \$10 and \$110 and will be taken biweekly from your paycheck in 2021.
- P&A will issue a debit card for you to use to make spending your FSA easier or you can submit a claim by mail, online or smartphone app.
- SFHSS administers a **Carryover minimum** of \$10 and maximum of \$550. At the end of the plan year claim filing period, unreimbursed Healthcare FSA funds below \$10 and over \$550 will be forfeited.
- **Carryover fund** amounts between \$10 and \$550 are determined after the end of the claim filing period and become available for any claims incurred as of the first day of the new plan year. **Carryover funds** can only be accessed for one plan year and any remaining **Carryover funds** will be forfeited. **There are no exceptions.**¹

¹ 2021 FSA expense reimbursement claims must be received by P&A no later than March 31, 2022 by 11:59pm PST.

Per IRS rules, you forfeit all funds remaining in an FSA by the end of the claim filing period unless covered by the Healthcare FSA Carryover provision. **There are no exceptions.**

Contact **P&A Group** at **(800) 688-2611**, M–F, 5:30am to 7pm PST or visit padmin.com.

Child Care Dependent Care FSAs help pay for qualifying child care and dependent care expenses, such as certified nursery schools, after school programs, children's day care, day camps, caregiver for a disabled spouse or elderly dependent or eldercare (disabled spouse/elder must be a dependent on your tax return). Child Care Dependent Care FSAs are "pay as you go" accounts. You can only change your election if you have a change in status or a change in dependent care expenses. Child Care Dependent Care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under age 13.

For a complete list of eligible dependent care expenses, visit padmin.com.

- Set aside between \$250 and \$5,000 pre-tax per household for the plan year (\$2,500 each if you are married filing separate federal tax returns). Deductions between \$10 and \$200 will be taken biweekly from your paycheck in 2021.
- Funds **cannot be used for dependent medical, dental, or vision expenses.** A birth or adoption is a qualifying event and allows you to enroll in Child Care Dependent Care midyear.
- You can submit reimbursement claims to P&A Group by mail, online, or smartphone app.
- Funds are available after being deducted from your paycheck and received by P&A Group. The entire annual amount is not available on January 1, 2021.
- If you or your spouse were providing care and then return to work, you may enroll or increase your Child Care Dependent Care election. If you were previously using dependent care elections and you or your spouse now work from home, you may decrease or cancel your election. There are no refunds for canceling or reducing elections.
- **Unlike a Healthcare FSA, there is no Carryover option with Child Care Dependent Care FSAs.** Expenses and services need to be incurred in the same plan year or be forfeited. **There are no exceptions.**¹



Prevention is worth more than the cure. Most Preventive Care is 100%¹ FREE.

Don't wait! Schedule your annual check-ups today!

Why wait for illness or injury to see your doctor when preventive care is FREE? **No co-pays or deductibles.** Get on your health care provider's calendar today. For more information about your benefits, visit sfhss.org or contact **SFHSS** at **(628) 652-4700** or toll-free at **(800) 542-2266**.

Annual Preventive Care Exams

	Medical	Dental	Vision
Type of Appointment	<ul style="list-style-type: none"> Annual Physical/Well-Check/Well-woman exam Vaccinations recommended by your Primary Care Physician Cancer Screenings recommended by your Primary Care Physician 	<ul style="list-style-type: none"> Dental Exam and Cleaning Every 6 Months (<i>limit of two (2) dental exams and two (2) cleanings per calendar year</i>) 	<ul style="list-style-type: none"> Annual Vision Exam
Make an Appointment	<p>Kaiser Permanente HMO: (800) 464-4000</p> <p>Blue Shield of California</p> <ul style="list-style-type: none"> Trio HMO: (855) 747-5800 Access+ HMO: (855) 256-9404 <p>UnitedHealthcare PPO (City Plan): (866) 282-0125</p>	<p>Delta Dental PPO: (888) 335-8227</p> <p>DeltaCare USA DHMO: (800) 422-4234</p> <p>UnitedHealthcare Dental DHMO: (800) 999-3367</p>	<p>VSP Vision Care: (800) 877-7195</p>

Preventive Care Scheduler

Appointment Type	Date	Time	Doctor	Address
Annual Well Check-up. Ask if your vaccinations are up to date.				
Annual Well-Woman Exam				
Flu Vaccination				
Cancer Screenings				
Bi-Annual Dental Cleaning				
Bi-Annual Dental Cleaning				
Annual Vision Exam				

¹Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions.



Mental Health and Substance Abuse Benefits

Everyone struggles sometimes. You're not alone.

Employee Assistance Program (EAP) – Now Available 24/7.

EAP, staffed by licensed therapists, provides confidential, voluntary and free mental health services to all Employees. **Appointments are available 24/7.** Call **(628) 652-4600** or toll-free **(800) 795-2351** to schedule an appointment. **Please contact EAP if you have difficulty accessing Mental Health or Substance Abuse services through your health plan.** Visit us at sfhss.org/eap.

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

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

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

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



Well-Being Programs

Live your best life with small lifestyle changes that make a big difference! Take advantage of FREE or lower cost programs through SFHSS Well-Being and your Health Plan.

SFHSS Resources and Programs are FREE for all City of San Francisco, Unified School District, City College and Superior Court of San Francisco active employees and their family members. For the full list of events and offerings visit sfhss.org/events.

Programs	
Group Exercise	Sweat off those calories and pounds at home with a variety of classes from Pilates to Zumba and more.
Health Education Workshop and Seminars	Bring out your best self! Join us as we dive into topics such as healthy sleep, healthy eating, resiliency, goal setting and more.
Healthy Weight Program	Have fad diets failed you? Try our 6-week program that offers real-world strategies and solutions to helping you maintain a healthy weight.
Diabetes Prevention Program	If you're pre-diabetic, you may only need to lose 5-7% of your body weight to reduce the chances of being diagnosed with Type-2 diabetes. Isn't your health worth it? Check out the sfhss.org/events for details on offerings.
Challenges	We could all benefit from creating healthy habits. Join your co-workers and support each other through fun 4 to 8 week challenges that focus on healthy eating, physical activity, mindfulness and/or stress management. Track your progress, get tips to sustain healthy behaviors. Check sfhss.org/well-being for dates and offerings.

Gym Discounts* may be available, visit sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts for details.

Your Health Plan also offers a variety of classes, support tools and discounts to support your well-being.* For more information visit sfhss.org/Using-Your-Benefits/using-your-benefits-employees.

Offering	Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO
Weight Management, Healthy Eating and Nutrition Services	<ul style="list-style-type: none"> Balance Healthy Weight Program Nutrition Consultations Wellness Coaching Nourish – <i>online program</i> 	<ul style="list-style-type: none"> Wellvolution.com 	<ul style="list-style-type: none"> Rally – <i>online program</i> Four FREE Nutritional Counselor sessions/year
Tobacco Cessation	<ul style="list-style-type: none"> Coaching Breathe – <i>online program</i> 	<ul style="list-style-type: none"> Wellvolution.com 	<ul style="list-style-type: none"> Live and Work Well Tobacco Cessation Program
Diabetes Prevention	<ul style="list-style-type: none"> Wellness Coaching Healthy Weight Program 	<ul style="list-style-type: none"> Wellvolution.com 	<ul style="list-style-type: none"> Real Appeal – <i>online program</i>
Pregnancy and Lactation	<ul style="list-style-type: none"> Classes and Support Groups 	<ul style="list-style-type: none"> Prenatal Program – <i>educational resources</i> 	<ul style="list-style-type: none"> Healthy Pregnancy App
	<ul style="list-style-type: none"> Free Pump and Lactation Support Extra Dental Cleanings (Delta Dental PPO and UnitedHealthcare Dental DHMO) 		
Acupuncture and Chiropractic	<ul style="list-style-type: none"> 30 visits/year combined for Acupuncture and Chiropractic Choose Healthy Discount Program for additional visits after initial 30 	<ul style="list-style-type: none"> Acupuncture up to 30 visit/year Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30 	<ul style="list-style-type: none"> PPO: 50% reasonable and customary co-insurance up to \$1,000 max/year PPO Medicare Advantage: Up to 24 visits/year for each service with \$15 co-pay
Discounts	Gym Discounts and fitness products: Active and Fitness Direct Discount Program	Gym Discounts: \$25/month and low one-time enrollment fee of \$25	Discounts are available through the Rally Marketplace. Many discounts are in excess of 20%.

*Some fees may apply.



Long-Term Disability Insurance (LTD)

LTD can replace lost income if you become injured or ill.

Long-Term Disability Insurance

Employees represented by the Municipal Executives Association (MEA) who have families enrolled in medical coverage receive employer-sponsored LTD. Other MEA employees may apply to purchase LTD with flex credits through WORKTERRA.

A long-term disability is an illness or injury that prevents you from working for an extended period of time. If you submit a claim and it is approved, the LTD plan may replace part of your lost income by paying you monthly. LTD payments will be reduced if you qualify for other sources of income, such as workers' compensation or state disability benefits.

Plan benefits include:

- 66.667% of monthly base earnings (as defined by The Hartford)
- \$7,500 monthly maximum
- 90-180 day monthly elimination period
- There may be a waiting period based on your start work date.

If You Become Disabled

Notify The Hartford of your disability as soon as possible by calling **(888) 301-5615**. Within **30 days** after the date of your disability you should begin filing a long-term disability insurance claim with The Hartford.

The Hartford will work with your doctor to certify that your illness or injury will prevent you from working.

The Hartford may request authorization to obtain additional medical information from your healthcare providers. You may also be asked to provide non-medical information to support your claim.

For more information about LTD Insurance, visit sfhss.org/long-term-disability-insurance.

Absence from Work and LTD Coverage

If you are not actively at work due to illness or injury, LTD coverage will continue for 12 months from the start of your approved medical leave. If your coverage terminates during a period of disability, which began while you had coverage, benefits will be available as long as your period of disability continues. Make sure your portion of health premiums are paid.

If you are not actively at work due to non-medical reasons, including temporary lay-off, personal leave, family care leave, or administrative leave, LTD coverage will terminate at the end of the month following the month your absence began. Call SFHSS at **(628) 652-4700** for more information about a leave of absence and long-term disability coverage.

Returning To Work

LTD programs can help you get back on the job when it's medically safe for you to do so. You may be able to return to work part-time, or work at a different type of job. If you qualify, LTD can continue paying a portion of your benefits.

Bargaining Units Covered by LTD

90-day elimination period; up to 66.6667% of monthly base earnings; \$7,500 monthly maximum:

You will be eligible for employer-sponsored LTD if you are represented in collective bargaining by the Municipal Executives Association (MEA), you have at least two dependents enrolled on your medical coverage, and you are actively at work more than 20 hours per week at the time of your disability. Other individuals represented by MEA may apply to purchase LTD with Flex Credits. See page 18-19.

This is a general summary. For LTD coverage details, see plan documents at sfhss.org or call The Hartford at **(888) 301-5615**.



Group Life Insurance

MEA union contract provides for employer-paid life insurance.

Employer-Paid Group Life Insurance

Life insurance offers your loved ones basic financial protection if you die. It can help pay your final expenses or help those you leave behind pay bills, like a mortgage or college tuition.

You are eligible for employer-paid life insurance if you:

- Have a union contract that provides for employer-paid life insurance coverage; and
- Are actively at work
- Coverage begins the first day of the month following your date of hire

Life Insurance Beneficiaries

A beneficiary is the person or entity who receives the life insurance payment when the insured dies.

It is your responsibility to keep your beneficiary designations current. You may designate multiple beneficiaries.

To update your beneficiary designations, go to sfhss.org/group-life-insurance, to download the Life Insurance Beneficiary Form, and return to SFHSS.

Leaves of Absence

If you are not actively at work due to a temporary layoff, personal leave, family care leave, or administrative leave (for non-medical reasons), your coverage will terminate at the end of the month following the month your absence started.

If you are not actively at work due to illness or injury, your life insurance coverage will continue for 18 months from the start of your absence for medical reasons. After six months, you may qualify for a Waiver of Premium, which will allow for the further extension of your life insurance benefits (Permanent and Total Disability Benefit); however, you *must* provide The Hartford with a written notice of claim for this extended benefit within the 18-month coverage period. Call SFHSS at **(628) 652-4700** for information about how a leave of absence (pages 25-26) can impact your life insurance coverage.

This is a general summary. For a complete list of bargaining units with Group Life benefits and to view plan documents, visit sfhss.org/group-life-insurance or call The Hartford at **(888) 563-1124** or **(888) 755-1503**.

Outline of Life Insurance Plan Basics

Bargaining Unit ¹	Coverage
Municipal Executives (except Fire and Police)	\$100,000

¹Fire and police employees represented by MEA have other life insurance benefits

Life Insurance Benefits Change Over Time

When you reach age 65, your benefits will drop to 65% of the original coverage amount. At age 70, your benefits will drop to 50%. At age 75, your benefits will drop to 30%.

Facing a Terminal Illness

If you are diagnosed with a terminal illness, you may request an Accelerated Death Benefit payment which pays you up to 75% of your life insurance coverage if you have 24 months or less to live. The Hartford Life Essentials offers no cost legal assistance for preparation of a living will or power of attorney, funeral planning and phone counseling with a licensed social worker.

Visit thehartford.com/employee-benefits/value-added-services.

Portability

If you leave your job or otherwise lose eligibility, you may be able to continue your Group Life Insurance to an individual policy, with premiums paid by you. Please review your plan documents for information on portability.



Leave of Absence

You must immediately notify SFHSS of any leave of absence.

Type of Leave	Health Benefits Eligibility
<p>Family and Medical Leave (FMLA)</p> <p>Workers' Compensation Leave</p> <p>Family Care Leave</p> <p>Military Leave</p>	<p>You must notify 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. You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.</p>
<p>Personal Leave following Family Care Leave</p>	<p>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. You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.</p>
<p>Educational Leave</p> <p>Personal Leave</p> <p>Leave for Employment as an Employee Organization Officer or Representative</p>	<p>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. If your leave lasts beyond 12 weeks and you elected to continue health coverage, you must pay the <i>total cost</i> of health coverage for yourself and enrolled dependents. Total cost is your premium contribution plus your employer's premium contribution. Contact SFHSS for details. You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.</p>

Your Responsibilities

1. 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 SFHSS for details.

2. Contact SFHSS 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 on leave.

If premium payments are not deducted from your paycheck while on leave, you must make payments directly through the **City of San Francisco Payment Portal**. To create an account to make online payments, visit sfhss.org/how-make-payment. **There are no service fees for payment by electronic check.** Failure to make payments will result in termination of your health benefits.

3. When leave ends, contact SFHSS to reinstate your benefits immediately and within 30 days of returning 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 Leave of Absence

Medical, Vision and Dental

While you are on an unpaid leave, premiums for health coverage can no longer be deducted from your paycheck. **To maintain coverage, you must pay premium contributions directly to SFHSS.**

You must 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 health benefits, which may not be reinstated until you return to work or during Open Enrollment.**

When you return to work, contact SFHSS **within 30 days** to request that health premium payroll deductions be returned to active status.

Healthcare FSA

During an unpaid leave, no FSA payroll deductions can be taken. To maintain your FSA, contact SFHSS within 30 days of when leave begins to arrange for your FSA contribution payments.

You may suspend your **Healthcare FSA** if you notify SFHSS at the start of your leave. Accounts that remain unpaid for two consecutive pay periods will be suspended retroactively to the first missed pay period. Your **Healthcare FSA** will be reinstated once you return to work.

If you want to maintain your annual election amount for expenses incurred before and after your leave, you must notify SFHSS **within 30 days** upon your return to work.

Your payroll deductions will be increased and spread proportionally over the remaining pay periods in the plan year. If you do not contact SFHSS, your annual election amount will be reduced by any missed contributions during your leave of absence.

Child Care Dependent Care FSA

A Child Care Dependent Care FSA must be suspended while you are on leave. Claims incurred during leave are not reimbursable.

To reinstate, you must notify SFHSS **within 30 days** of your return to work.

You may reinstate at the original biweekly FSA deduction amount, or you can increase biweekly deductions for the plan year. If you increase deductions, total FSA contributions for the year must equal and cannot exceed, the amount designated during Open Enrollment.

If you do not notify SFHSS **within 30 days** of your return to work and request reinstatement of your FSA payroll deduction, FSA(s) will be canceled for the remainder of the plan year. There are no exceptions.

If you return to work after December 2021, a suspended Healthcare or Child Care Dependent Care FSA from the 2021 plan year cannot be reinstated. **There are no exceptions.**

Group Life Insurance

If you go on an approved leave due to illness or injury, employer-paid group life coverage continues for up to 18 months. For other types of leave, group life coverage ends the last day of the month after the month in which your leave begins. Group life insurance resumes the first day of the coverage period after you officially return to work.

Long-Term Disability (LTD) Insurance

If you go on an approved leave due to illness or injury, employer-paid long-term disability coverage continues for up to 12 months. Health premiums are not deducted from LTD payments. Call SFHSS to arrange to pay your premiums. For other types of leave, LTD coverage ends the last day of the month after the month in which your leave begins. LTD coverage resumes the first day of the coverage period after you officially return to work.

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 a leave of absence.

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



Transitioning to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

If eligible, you must elect to enroll into retiree health coverage. Enroll by submitting a **Retiree Enrollment Application form** and supporting documents to SFHSS by fax or mail. Get started by visiting sfhss.org/benefits/getting-ready-to-retire.

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 an SFHSS member at some time during their active employment to be eligible for retiree health benefits (restrictions may apply). Depending on your retirement date, there can be a gap between when active employee coverage ends, and retiree coverage begins. **Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage.** Call SFHSS at **(628) 652-4700** to review your options before selecting a 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 and vision coverage. Retiree medical 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 your monthly premium contributions are greater than your pension check, you must contact SFHSS to make payment arrangements.**

Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

If you 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.

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 Medicare and you will be enrolled in UnitedHealthcare PPO (City Plan 20).

Married Spouse Medicare Enrollment

A spouse who is eligible for Medicare and covered on an active employee's SFHSS plan is not required to enroll in Medicare until the employee retires. A Medicare-eligible spouse must be 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 Employee Assistance Program (EAP)

Before you select your retirement date, make an appointment with EAP to help you plan for a meaningful retirement. Address any personal or life changes to ensure that your retirement years are the best they can be. Contact EAP at **(628) 652-4600**.



Start Planning Before Your Retirement

City Charter provisions regarding retiree health benefits for employees hired after January 9, 2009.



Proposition B, approved by San Francisco voters in 2008, amended City Charter provisions relating to retiree health benefits.

To be eligible for retiree health benefits, employees hired *after* January 9, 2009 must have *at least* 5 years of credited service with a City employer: City and County of San Francisco, San Francisco Unified School District, City College of San Francisco or Superior Court of San Francisco. Other government employment is not credited.

Also, under this Charter amendment, employees hired *after* January 9, 2009 must retire within 180 days of separation from employment to be eligible for retiree health benefits. That means an employee must have the credited service and the age required for retirement at the time of separation from service to qualify for retiree health benefits.

A surviving dependent may be eligible for retiree health benefits if a deceased employee had 10 or more years of credited service with a City employer.

Different premium contribution rates apply for employees hired *after* January 9, 2009, based on eligibility and years of credited service with City employers.

- **With at least 5 years** but *less than 10 years* of credited service, the retiree member must pay the full premium rate and does not receive any employer premium contribution.
- **With at least 10 years** but *less than 15 years* of credited service, the retiree will receive 50% of the total employer premium contribution.
- **With at least 15 years** but *less than 20 years* of credited service, the retiree will receive 75% of the total employer premium contribution.
- **With 20 or more years of credited service**, or disability retirement, the retiree will receive 100% of the total employer premium contribution.

Getting Ready to Retire? Start by Making an Informed Decision.

(1) Confirm years of credited service with your retirement system: SFERS, CalPERS, CalSTRS or PARS. There is no reciprocity with other public retirement systems under Proposition B for health benefits. **(2)** Contact SFHSS. Our Benefits Analysts will review your service credits, eligibility, plan options and premium contributions so you can make an informed decision that is best for you and your family.



COBRA, Covered California and Holdover

COBRA

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees without holdover rights, or whose holdover rights have ended, may be eligible to continue medical, dental and vision coverage for themselves and eligible dependents at the employee's expense. Current year FSAs (Flexible Spending Accounts) may also be COBRA-eligible. For Cobra information, visit padmin.com or call **(800) 688-2611**.

Employees may elect to continue healthcare coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment (except for gross misconduct)
- Hours of employment reduced, making employee ineligible for employer health coverage

Covered spouses or domestic partners may also elect to be covered under COBRA if coverage loss due to:

- Voluntary or involuntary termination of the employee's employment (except for misconduct)
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Covered dependent children may elect COBRA coverage if healthcare coverage is lost due to:

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of the employee employment (except for misconduct)
- Hours of employment reduced, making the employee ineligible for employer health coverage
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

COBRA Notification and Election Time Limits

If an employee and any enrolled dependents lose SFHSS coverage due to separation from employment, P&A Group will notify the employee of the opportunity to elect COBRA coverage. The employee or dependent has **60 days** from the COBRA notification date to complete enrollment and continue coverage. Coverage will be retroactive to the date of the COBRA-qualifying event, so there is no break in coverage. Employee coverage ends on the last day of the coverage period in which employment terminates. However, if the termination date falls on the first day of the coverage period, coverage ends that same day. If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or aging out, the employee or dependent must notify P&A Group **within 30 days** of the qualifying event and request COBRA enrollment information.

Paying for COBRA

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



Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

Duration of COBRA Continuation Coverage

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

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



2021 Monthly COBRA Premium Rates

Blue Shield of California Trio HMO

Employee Only	\$816.85
Employee +1	\$1,630.52
Employee +2 or More	\$2,305.88

Blue Shield of California Access+ HMO

Employee Only	\$942.18
Employee +1	\$1,881.20
Employee +2 or More	\$2,660.60

Kaiser Permanente HMO

Employee Only	\$696.13
Employee +1	\$1,389.22
Employee +2 or More	\$1,964.47

UnitedHealthcare PPO (City Plan)

Employee Only	\$1,324.39
Employee +1	\$2,568.24
Employee +2 or More	\$3,628.78

Delta Dental PPO

Employee Only	\$58.78
Employee +1	\$123.44
Employee +2 or More	\$176.35

DeltaCare USA DHMO

Employee Only	\$27.01
Employee +1	\$44.55
Employee +2 or More	\$65.90

UnitedHealthcare Dental DHMO

Employee Only	\$28.33
Employee +1	\$46.78
Employee +2 or More	\$69.16

VSP Premier

Employee Only	\$10.71
Employee +1	\$16.24
Employee +2 or More	\$33.45

Flexible Spending Accounts and COBRA

To continue FSA benefits under COBRA, year-to-date FSA contributions must exceed year-to-date claims as of your employment termination date. To keep your FSA open, apply under COBRA and continue making the biweekly contribution plus a 2% administrative charge. COBRA Flexible Spending Account contributions are post-tax. COBRA Flexible Spending Account contributions are post-tax.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan
- You fail to pay the premium required under the plan within the grace period
- The applicable COBRA period ends

Covered California: Alternative to COBRA

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.

Holdover Rights

Employees who are placed on a holdover roster may be eligible to continue SFHSS medical, dental and vision coverage for themselves and covered dependents. Eligibility requirements include:

1. Employees must certify annually that they are unable to obtain other health coverage.
2. Holdover premium contributions must be paid by the due date listed on the 2021 Health Coverage Calendar (see page 33). Rates may increase each plan year.



Karen Breslin
President
Elected Retiree



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



Chris Canning
Elected by SFHSS
Membership



Dean Preston
Appointed by
Supervisor Yee



Randy Scott
Appointed by
Controller's Office



Mary Hao
Appointed by
Mayor Breed



Claire Zvanski
Appointed by
Board of Supervisors

Health Service Board Achievements

To accommodate the shelter-in-place public health order due to the COVID-19 pandemic, the Health Service Board (Board) fully migrated all Board Meetings onto a virtual platform in time for the Rates and Benefits approval process.

Following a month of preparation, multiple board training sessions, support, and the full participation of all Board Commissioners, the first virtual Board meeting was held on May 14, 2020. All members of the Board are commended for their dedication in learning how to navigate a new digital platform so quickly and ensuring that the Board meetings continued during uncertain times. As of July 2020, three Board meetings were broadcast virtually during the Rates and Benefits cycle.

Health Service Board Annual Self Evaluation

The Board completed their annual self-evaluation in December 2019 and worked with the Health Service Board Governance Committee and Department of Human Resources to review the results and prepare the final report to present to the full Board at the February 13, 2020 regular meeting. The Board plans to enhance the self-evaluation process in the future to recalibrate and ensure the Board is capturing the correct metrics.

Health Service Board Elections

The Board Secretary called for nominations and planned to conduct an election for one open Board Member Representative Commission Seat throughout the months of October through February. By February 13, one eligible member submitted their nomination form, list of signatures, and candidacy forms for the 2020 election.

Under Administrative Code Section 16.553, if there are no competing candidates for an open seat, then the Department of Elections is not required to hold an election, and the eligible candidate is declared a member of the Board.

The candidate, Commissioner Claire Zvanski, assumed the open seat on May 15, 2020.

Health Service Board Commissioner Re-Appointments and Orientation Processing

At the May 14 Board meeting, the Board had the full Board seated. Commissioner Stephen Follansbee, M.D., was re-appointed to the Board by Mayor Breed to serve a five-year term concluding in May 2025. Commissioner Randy Scott was re-appointed by the San Francisco Controller to serve a five-year term ending May 2025. SFHSS Leadership offered Board orientation materials digitally to the re-appointed Commissioners and to Commissioner Zvanski. Orientation materials include a comprehensive overview of the SFHSS departments and roles, the Board Commissioner role as a governing body, the Rates and Benefits Cycle and overall Board responsibilities.

Health Service Board Education

The Board's Finance and Budget Committee reviewed an educational outline for a Medical Plan's Rating Methodology at the February 13, 2020 Committee meeting. The Committee Members reviewed the materials and provided input to SFHSS's actuarial and benefit consultant, Aon, to ensure the materials were beneficial for the public as well as the Board.

A series of online educational videos were created and published on the Board Education page focusing on the medical plan rating methodologies used by Aon. A presentation document was prepared and delivered in the video series by the lead actuary, from Aon, in early April 2020. The four-part video presentation outlines the process that the health plans use to set the rates for SFHSS health plans. The videos covered rate-setting methodologies for active employee and early retiree populations (i.e. non-Medicare members).

Health Service Board Approval on Benefit and Plan Enhancements

Premium increase of 5.8% for Kaiser Permanente HMO Plan for Non-Medicare members who live in California.

Per member per month rate reduction of -5% for Kaiser Permanente Medicare Advantage Plan, which includes the approval of a Post-Hospital Discharge Meal Delivery Rider and expansion of existing appointment and post-discharge transportation services to include wheelchair and gurney transport in 2021.

Overall average rate decrease of -1.7% for Kaiser Permanente Multi-Region Plan for early retirees and an overall average rate decrease of -0.1% for Medicare retirees across the Hawaii, Northwest and Washington regions.

A rate decrease of -1.75% for Delta Dental PPO for retirees that included an added benefit for coverage of nitrous oxide/non-IV sedation.

A rate increase of 0.6% for Delta Dental PPO for Actives with no change in employee contributions, and an added benefit for coverage of nitrous oxide/non-IV sedation is included.

A rate decrease of -1.75% for DeltaCare USA HMO for Actives and Retirees.

Overall premium rate decrease of -1.5% for Life Insurance and Long-term Disability insurance, which included a decrease of -7.9% on basic life insurance and no rate increase for long-term disability insurance, employee and dependent supplemental life and child life insurance, and AD&D insurance.

A rate increase of 9% for UnitedHealthcare PPO (City Plan) and City Plan-Choice Not Available.

A rate decrease of -3.0% for UnitedHealthcare Dental HMO for actives and retirees.

A rate decrease of -2.9% for UnitedHealthcare Medicare Advantage PPO approved.

A 0% rate increase for VSP Basic and 4.1% increase for VSP Premier Vision Plans.



Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Infertility Services

Whether you're starting a family now or in the future, SFHSS has fertility treatment coverage available to all members regardless of age, race or sexual orientation on all medical plans. Members must first consult their obstetrician or gynecologist to develop a plan to move forward with obtaining these benefits.

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA). Other than the uses listed below, SFHSS will not disclose your health information without your written authorization:

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

If you authorize SFHSS to disclose your health information, you may revoke that authorization in writing at any time. You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated. Any privacy complaints made to SFHSS should be made in writing. This is a summary of a legal notice that details SFHSS privacy policy. The full legal notice of our privacy policy is available at sfhss.org/sfhss-privacy-policy-and-forms. You may also contact SFHSS to request a written copy of the full legal notice.

Medicare Part D Creditable Coverage Disclosure

The SFHSS Medicare plan includes pharmacy coverage that counts as Creditable Coverage for Medicare Part D. The following disclosure applies if you plan to waive SFHSS Medicare benefits and secure your own coverage: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see sfhss.org/creditable-coverage for more details.

If you become disabled, notify The Hartford of your disability

as soon as possible by calling **(888) 301-5615**. Within 30 days after the date of your disability, you should begin filing a long-term disability insurance claim with The Hartford. The Hartford will work with your doctor to certify that your illness or injury will keep you away from your job. For more information about Long-Term Disability Insurance, visit sfhss.org/long-term-disability-insurance.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

Patient Protection Provider Choice Notice

Participating SFHSS HMO plans require the designation of a primary care provider (PCP). You have the right to designate any primary care provider who participates in the health plan's network and who is available to accept you or your family members. Until you make a PCP designation, the HMO insurance provider you elect may designate one for you. For information on how to select a PCP, and for a list of the participating PCPs, contact your health plan or visit their website. For children, you may designate a pediatrician as the PCP. You do not need prior authorization from your health plan or from any other person (including your PCP) in order to obtain access to obstetrical or gynecological care from a health care professional within your PCP's medical group who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit my.kp.org/ccsf or blueshieldca.com/sfhss or contact the number on the back of your insurance card.



2021 Health Coverage Calendar

Work Dates	Pay Date	Coverage Period
December 26, 2020–January 8, 2021	January 19, 2021	December 26, 2020–January 8, 2021
January 9, 2021–January 22, 2021	February 2, 2021	January 9, 2021–January 22, 2021
January 23, 2021–February 5, 2021	February 16, 2021	January 23, 2021–February 5, 2021
February 6, 2021–February 19, 2021	March 2, 2021	February 6, 2021–February 19, 2021
February 20, 2021–March 5, 2021	March 16, 2021	February 20, 2021–March 5, 2021
March 6, 2021–March 19, 2021	March 30, 2021	March 6, 2021–March 19, 2021
March 20, 2021–April 2, 2021	April 13, 2021	March 20, 2021–April 2, 2021
April 3, 2021–April 16, 2021	April 27, 2021	April 3, 2021–April 16, 2021
April 17, 2021–April 30, 2021	May 11, 2021	April 17, 2021–April 30, 2021
May 1, 2020–May 14, 2021	May 25, 2021	May 1, 2020–May 14, 2021
May 15, 2021–May 28, 2021	June 8, 2021	May 15, 2021–May 28, 2021
May 29, 2021–June 11, 2021	June 22, 2021	May 29, 2021–June 11, 2021
June 12, 2021–June 25, 2021	July 6, 2021	June 12, 2021–June 25, 2021
June 26, 2021–July 9, 2021	July 20, 2021	June 26, 2021–July 9, 2021
July 10, 2021–July 23, 2021	August 3, 2021	July 10, 2021–July 23, 2021
July 24, 2021–August 6, 2021	August 17, 2021	July 24, 2021–August 6, 2021
August 7, 2021–August 20, 2021	August 31, 2021	August 7, 2021–August 20, 2021
August 21, 2021–September 3, 2021	September 14, 2021	August 21, 2021–September 3, 2021
September 4, 2021–September 17, 2021	September 28, 2021	September 4, 2021–September 17, 2021
September 18, 2021–October 1, 2021	October 12, 2021	September 18, 2021–October 1, 2021
October 2, 2020–October 15, 2021	October 26, 2021	October 2, 2020–October 15, 2021
October 16, 2021–October 29, 2021	November 9, 2021	October 16, 2021–October 29, 2021
October 30, 2021–November 12, 2021	November 23, 2021	October 30, 2021–November 12, 2021
November 13, 2021–November 26, 2021	December 7, 2021	November 13, 2021–November 26, 2021
November 27, 2021–December 10, 2021	December 21, 2021	November 27, 2021–December 10, 2021
December 11, 2021–December 24, 2021	January 4, 2022	December 11, 2021–December 24, 2021



New Hires: Health Coverage Does Not Begin On Work Start Date

You have 30 days from your work start date to enroll in health benefits. If you enroll within the 30-day deadline, coverage will begin on the first day of the coverage period following your work start date.

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2021 tax year.

If you take an approved unpaid Leave of Absence (see pages 25-26), you must arrange to make premium payments that were previously deducted from your paycheck, directly to SFHSS. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

Key Contacts

SFHSS

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

Telephone hours: Monday, Tuesday, Wednesday and Friday from 9am-12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.

Well-Being

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (628) 652-4650
Fax: (628) 652-4601
wellbeing@sfgov.org
sfhss.org/well-being

Employee Assistance Program

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (628) 652-4600 - 24/7
Fax: (628) 652-4601
eap@sfgov.org
sfhss.org/eap

Health Service Board

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

MEDICAL PLANS

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

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

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

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

DENTAL & VISION PLANS

Delta Dental PPO
(888) 335-8227
deltadentalins.com/ccsf
Group 09502-00003

DeltaCare USA DHMO
(800) 422-4234
deltadentalins.com/ccsf
Group 71797-00001

UHC Dental DHMO
(800) 999-3367
welcometouhc.com/sfhss
Group 275550

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

CCSF Payment Portal

To make health premium payments online, visit **City and County of San Francisco Payment Portal:**
sfhss.org/how-make-payment

FSA's & COBRA

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

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

VOLUNTARY BENEFITS

WORKTERRA
(888) 392-7597
workterra.net

LTD & GROUP LIFE INS.

The Hartford Long-Term Disability
(888) 301-5615
abilityadvantage.thehartford.com
Group 804927

The Hartford Group Life Insurance
(888) 563-1124 or (888) 755-1503
thehartford.com/employee-benefits/value-added-services

To initiate a claim, contact SFHSS at
(628) 652-4700

OTHER AGENCIES

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

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

Commuter Benefits
Department of the Environment
(415) 355-3700
sfenvironment.org

Health Insurance Exchange
Covered California
(888) 975-1142
coveredca.com



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