

HEALTH BENEFITS OPEN ENROLLMENT

OCTOBER 1–30, 2020

SAN FRANCISCO HEALTH SERVICE SYSTEM

Municipal Executive Employees

Step-by-Step Open Enrollment Guide

STEP 1: Review your Open Enrollment Letter for current medical, dental and vision elections and new 2021 rates.

Do you have any changes you want to make?

- If **YES**, go to **Steps 2 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 9**.

STEP 2: FSA accounts require annual re-enrollments. Learn about your FSA options and rules on page 8. 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: Review the dependent(s) listed in your enclosed Open Enrollment letter. Do you need to add or drop a dependent?

- If **NO**, and you have no changes to your benefit elections, then you have no further actions to take.
- If **YES**, review dependent eligibility rules online at [sfhss.org/eligibility-rules](#).
- Complete the **Review Dependents** page in [eBenefits](#) to add dependents or modify existing dependents.
- Submit copies of supporting documents. 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 9 and 10 of the guide to review the different voluntary benefits.
- Contact WORKTERRA at (866) 528-5360 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 10 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 online at [sfhss.org/actives-service-areas](#).
- Review coverage details on pages 4 and 5.
- Review the rates for available plans in your area on page 2 of your enclosed Open Enrollment letter.
- 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 6.
- 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 page 7.
- Complete the **Enroll in a Dental Plan** page in [eBenefits](#).

STEP 8: Complete and submit your [eBenefits](#) elections online. Go to [sfhss.org/ebenefits](#) to get started. You can also fax or mail completed Open 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 Open Enrollment Application form, visit [sfhss.org/oe2021](#). **Our offices are currently closed to the public.**

STEP 9: You'll receive your Confirmation Statement in the mail from SFHSS in December.

Please review the Confirmation Statement to make sure your benefit elections are correct. *Changes made during Open Enrollment take effect January 1, 2021.* For more information visit [sfhss.org](#). For **HELP**, call San Francisco Health Service System (SFHSS) Member Services at **(628) 652-4700**.



The Open Enrollment deadline is October 30, 2020, 5:00pm, PST.



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MEA-SS



What's New for 2021

Medical, Vision and Dental

- Check out our new virtual health fairs at sfhss.org/oe2021.
- 2021 Medical, Vision and Dental contributions are on the back of your Open Enrollment letter.
- 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 pages 9 and 10 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

- **4-Week Challenge: Work of Art** – You will learn the skills to build emotional fitness, including ways to foster resilience and boost happiness. Participants will engage in activities that focus on mindfulness, optimism, gratitude, and connection. Registration will begin October 19, 2020. Go to sfhss.org/well-being for details.
- 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. SFHSS is sponsoring flu shot clinics throughout the City. You can also obtain your shot through your health plan. For more information on flu go to sfhss.org/well-being/flu-prevention.

Open Enrollment Virtual Health Fairs in October 2020

October 1
Medical Plans Webinar
(Active employees)
12pm-1pm

October 14
Voluntary Benefits Webinar
(Active employees)
12pm-1pm

October 14
**Flexible Spending Accounts (FSAs),
Dental and Vision Plans Webinar**
(Active employees)
5:30pm-6:30pm

October 21
Voluntary Benefits Webinar
(Active employees)
5:30pm-6:30pm

October 26
Medical Plans Webinar
(Active employees)
5:30pm-6:30pm



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 11 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.

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 12 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



Medical Plans

This chart provides a summary of benefits only. To enroll in Kaiser Permanente or Blue Shield of California, you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. UHC PPO (City Plan) does not have service area requirements. 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. Review your plan's EOC (available for download) at sfhss.org/oe2021.

	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 \$250 employee only \$500 +1 \$750 +2 or more	OUT-OF-NETWORK \$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family		\$1,500 per individual \$3,000 per family	\$3,750 per individual \$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



Medical Plans

	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



Vision Plans

SFHSS members and dependents enrolled in a medical plan automatically receive VSP Vision Care's Basic Vision coverage.

You may go to a VSP network or non-network provider. Visit www.vsp.com for a complete list of network providers. 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 HMO), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement. Download claim forms at www.vsp.com.

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 (instead of glasses)	\$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 (for the treatment of urgent or acute ocular conditions)	\$5 co-pay	\$5 co-pay
Vision Care Discounts		
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
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.

To enroll in **DeltaCare USA DHMO** or **UnitedHealthcare Dental DHMO**, you must reside in a California zip code serviced by the plan. Contact the dental plan to confirm covered service areas. **Delta Dental PPO** does not have service area requirements. Eligible members may enroll in dental coverage only, without enrolling in medical coverage. In the instance where information in this Chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For detailed description of benefits and exclusions for these plans, please review each plan's EOC, available for download at sfhss.org/oe2021.

	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 1x5yrs.; fixed bridgework, limitations apply	100% covered full and partial dentures 1x5yrs.; 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.



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 you to re-enroll in Flexible Spending Account(s) each year 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 2020 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 FSA and Carryovers

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. After one plan year, remaining **Carryover funds** will be forfeited. **There are no exceptions.**¹

Child Care Dependent Care FSA

Child Care Dependent Care FSAs help pay for qualifying child care and elder care expenses, such as certified children's day care, pre-school, day camp, before/after school programs, as well as adult day care for elders. 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**. If you have a stay-at-home spouse, you cannot enroll in a Child Care Dependent Care FSA.
- You can submit reimbursement claims to P&A Group by mail, online, or smartphone app for eligible out-of-pocket expenses.
- 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.
- **Unlike a Healthcare FSA, there is no Carryover option.** Funds for a Child Care Dependent Care FSA must be used during the plan year or be forfeited. **There are no exceptions.**¹



¹ **FSA expenses for the 2021 plan year must be spent in 2021 and 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.**



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	\$373.04	\$430.43	\$866.02	\$999.23	\$737.79	\$999.23
Unrepresented Employees						
MEA Fire and Police						
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	\$1,231.00	\$1,231.00	\$1,231.00	\$1,231.00	\$1,231.00	\$1,231.00
Court Duty Officer						
Courts Commissioners' Association						

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 **(866) 528-5360**.

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 insurer(s). In 2021, no payroll deductions will be taken until enrollment is approved by each insurer. 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 (866) 528-5360 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.

¹Evidence 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.



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		
<p>Call (800) 464-4000 to make an appointment.</p> <p>You don't need a referral from your Primary Care Physician (PCP) to see a therapist.</p>	<p>Call (877) 263-9952 to find a provider and schedule an appointment with <i>Teladoc Behavioral Health</i>.</p>	<p>Call (866) 282-0125 to make an appointment.</p> <p>To find providers online go to liveandworkwell.com or welcometouhc.com/sfhss.</p>
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 offerings 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.



How to Get Care

24/7 Nurse Line

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

Urgent Care

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

Telemedicine

■ UnitedHealthcare PPO (City Plan) Members

A video or virtual visit is an appointment with a telemedicine doctor that is done using the camera on your mobile device or computer. Visit welcometouhc.com/sfhss to get started.

■ Blue Shield of California Members (Trio HMO and Access+ HMO)

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

■ Kaiser Permanente HMO

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

Go Online

Email your doctor, access your records, and renew your prescriptions.

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	UnitedHealthcare PPO (City Plan)
24/7 Nurseline		
Trio HMO: (877) 304-0504 Access+ HMO: (877) 304-0504	Nurse Advice 24/7 (866) 454-8855	Advocate4me (866) 282-0125
Urgent After-Hours Care		
Trio HMO: (855) 747-5800 blueshieldca.com/sites/imce/trio.sp Access+ HMO: (855) 256-9404 blueshieldca.com/sfhss	(866) 454-8855 my.kp.org/ccsf	(866) 282-0125 welcometouhc.com/sfhss
Telemedicine		
Blue Shield members can access Teladoc's U.S. board-certified doctors 24/7/365 to resolve non-emergency medical issues by phone or video consult. Visit teladoc.com/bsc or call (800) 835-2362.	When scheduling an appointment in person or through the <i>Appointment and Advice line</i> (866) 454-8855, ask if a video visit is right for your symptoms.	Members can access Virtual Visits by registering at welcometouhc.com/sfhss or by accessing the <i>health4me</i> app, under <i>Menu – Find and Price Care</i> . Costs are the same as an office visit.



Additional Benefits and Important Notices

Surrogacy and Adoption Reimbursement

Effective January 1, 2017, employees eligible for SFHSS benefits can apply for a one-time reimbursement of up to \$15,000 for qualified expenses resulting from adoption or surrogacy. For information about how to apply for surrogacy or adoption reimbursement, contact SFHSS at **(628) 652-4700** or go to sfhss.org.

Infertility Services

Whether you're starting a family now or in the future, SFHSS has fertility treatment coverage available on all medical plans.

Employer-Paid Long-Term Disability Insurance

Some union contracts provide for Long-Term Disability Insurance (LTD). A long-term disability is an illness or injury that prevents you from working for an extended period of time.

If you submit a long-term disability claim and it is approved, the LTD plan may replace part of your lost income by paying you directly on a monthly basis.

LTD payments will be reduced if you qualify for other sources of income or disability earnings, such as workers' compensation or state disability benefits.

Benefit levels listed below depend on your bargaining unit:

- 60% or 66.6667% of monthly base earnings (as defined by The Hartford)
- \$5,000 or \$7,500 monthly maximum
- 90-180 day elimination period
- There may be a waiting period based on 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 keep you away from your job. 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 Long-Term Disability Insurance, visit sfhss.org/long-term-disability-insurance.

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 benefit premiums are paid.

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 primary care provider, and for a list of the participating primary care providers, contact your health plan or visit their website.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from your health plan or from any other person (including your primary care provider) 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 <https://my.kp.org/ccsf> or blueshieldca.com/sfhss or contact the number on the back of your insurance card.



Important Notices

Health Benefits Eligibility

The following are eligible to enroll as members in health plans offered by the San Francisco Health Service System:

- All permanent employees and regularly scheduled provisional or temporary exempt employees of the City and County of San Francisco whose normal work week is not less than 20 hours.
- Other employees of the City and County of San Francisco, including temporary exempt or “as needed,” 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.
- 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).
- Elected Officials of the City and County of San Francisco.
- All members of designated boards and commissions 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, San Francisco Superior Court and any other employees as determined eligible by ordinance.
- Temporary exempt employees of the Superior Court appointed for a specified duration of greater than six months with a normal work week of not less than 20 hours become eligible on their start date.

Outside of Open Enrollment, members may enroll eligible dependents listed below or make election changes with a qualified life event. City and County of San Francisco and Superior Court of San Francisco members may use [eBenefits \(sfhss.org/how-to-enroll\)](https://sfhss.org/how-to-enroll) or all members may make changes by completing and submitting an Enrollment Application and required documentation via fax or mail by the required deadlines:

- Spouse or registered domestic partner
- Natural child, stepchild, adopted child until the child’s 26th birthday
- Child under legal guardianship or court order until the child’s 19th birthday
- Adult disabled children who meet all SFHSS requirements

For more information about eligibility, visit sfhss.org.

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.

Plan Year 2021

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information, in accordance with HIPAA, the federal Health Insurance Portability and Accountability Act. These policies restrict disclosure of your health information, except to:

- Make or obtain payments from contracted plan vendors
- Facilitate administration of health insurance coverage and services for SFHSS members
- Assist actuaries in negotiating health plan premiums
- Provide you with information about health benefits
- Disclose legally required information per federal, state or local law (incl. Workers’ Compensation regulations), crime investigation and court order or subpoena
- Prevent a serious or imminent threat to individual or public health and safety

Other than the uses listed above, the SFHSS will not disclose your health information without your written authorization. For more information, visit sfhss.org/sfhss-privacy-policy-and-forms.

Health Service Board

Per the San Francisco City Charter, the Health Service Board conducts an annual review of health benefit costs, ensures benefits are applied without favor or privilege and administers the business of SFHSS. Board meetings are held the second Thursday of the month, at 1:00pm. For more information, visit sfhss.org/health-service-board.

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.

Covered California

Individuals who are not eligible for SFHSS coverage may obtain health insurance through the state insurance exchange, Covered California. In some cases, tax credits and other assistance may be available to make health insurance more affordable. For more details, call (888) 975-1142 or visit coveredca.com. For information about exchanges in other states, visit healthcare.gov.

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.



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 (24/7)

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

FSAs & COBRA

P&A Group (FSA)

(800) 688-2611

padmin.com

P&A Group (COBRA)

(800) 688-2611

padmin.com

VOLUNTARY BENEFITS

WORKTERRA

(866) 528-5360

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
(415) 554-1750

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