

# 2021

# San Francisco Unified School District

## Health Benefits Guide





# What's New for 2021

## Medical and Vision

- 2021 Medical and Vision contributions are on pages 15, 29 and 31.
- 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.
- 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](https://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.

## Online payments

For your convenience, you can now pay your premiums through the **SF Payment Portal**, see [sfhss.org/how-make-payment](https://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](https://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](https://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](https://www.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 19 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 18 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 32 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.

# 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? Make your elections and updates online using [eBenefits](#). See **Step 5** to learn how to create a new account.

- If **YES**, go to **Steps 3 through 5** on how to make changes.
- If **NO**, you do not need to take any further action.

**STEP 2:** 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 dependent eligibility rules on pages 4 and 5 and Qualifying Life Events on pages 7 and 8.
- Complete the **Review Dependents** page in [eBenefits](#) to add dependents or edit 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).

**STEP 3:** Making changes to your health plan benefits.

- Review the Service Areas of the medical plans available to you on page 10.
- Review coverage details on pages 12 and 13.
- Review the rates for available plans in your area on pages 29 to 31.
- Select your plan and complete **Choose a Medical Plan** page in [eBenefits](#).

**STEP 4:** Making changes to your vision benefits.

- Review the Vision benefits options and rates on page 14 and 15.
- 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 5:** Go online to [eBenefits](#) to complete and submit your elections. To create an [eBenefits](#) account, go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll). You can also fax or mail completed Enrollment Application forms and documentation to SFHSS.

Our offices are currently closed to the public. Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**. If you are unable to enroll online, you can download an Enrollment Application form at [sfhss.org/benefits/unified\\_school\\_district](https://sfhss.org/benefits/unified_school_district).

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

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 SFHSS benefits:

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



### Dependent Eligibility

#### Spouse 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.



# Temporary Employee Eligibility

For temporary teachers, speech therapists, psychologists, nurses, substitutes and other SFUSD temporary employees.

## Temporary Certificated Employees

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

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

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

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

## Temporary School-Term Biweekly Employees

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

- Clerical Workers
- Paraeducators
- Security Aides

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

## Eligible Temporary Exempt Employees

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

## Options for Maintaining Coverage

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

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

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

### Rehired in the Fall?



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





# 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 can be accessed from the Life events link under *Employee Links* on the City's Employee portal. Visit [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll) to learn how to create an online account. 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](https://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](https://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, stepchildren, 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 documentation for enrolling in surviving dependent health coverage.

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

### 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 SFUSD.** You must pay any premiums that are owed. Unpaid premium contributions will result in termination of coverage.





## 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. **San Francisco Unified School District** members may enroll online using **eBenefits** (go to [sfhss.org/how-to-enroll](https://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 7 and 8).

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://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](https://sfhss.org/change-address).

If you move out of the service area covered by your plan, you must elect an alternate medical plan that provides coverage in your area. Failure to change your elections result in non-payment of claims for services rendered.



## Selecting Your Medical Plan

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



# 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](http://sfhss.org).

	BLUE SHIELD of CA HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	UNITEDHEALTHCARE PPO	
<b>Choice of Physician</b>	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.	
<b>Deductible</b>	No deductible		No deductible	<b>IN-NETWORK AND OUT-OF-AREA</b>	<b>OUT-OF-NETWORK</b>
				\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
<b>Out-of-Pocket Maximum</b> 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
<b>General Care and Urgent Care</b>					
<b>Annual Physical; Well Woman Exam</b>	No charge		No charge	100% covered no deductible	50% covered after deductible
<b>Doctor Office Visit</b>	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
<b>Urgent Care Visit</b>	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
<b>Family Planning</b>	No charge		No charge	100% covered no deductible	50% covered after deductible
<b>Immunizations</b>	No charge		No charge	100% covered no deductible	50% covered after deductible
<b>Lab and X-ray</b>	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
<b>Doctor's Hospital Visit</b>	No charge		No charge	85% covered after deductible	50% covered after deductible
<b>Prescription Drugs</b>					
<b>Pharmacy: Generic</b>	\$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
<b>Pharmacy: Brand-Name</b>	\$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
<b>Pharmacy: Non-Formulary</b>	\$50 co-pay 30-day supply		Physician authorized only	\$50 co-pay 30-day supply	50% covered after \$45 co-pay; 30-day supply
<b>Mail Order: Generic</b>	\$20 co-pay 90-day supply		\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	Not covered
<b>Mail Order: Brand-Name</b>	\$50 co-pay 90-day supply		\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	Not covered
<b>Mail Order: Non-Formulary</b>	\$100 co-pay 90-day supply		Physician authorized only	\$100 co-pay 90-day supply	Not covered
<b>Specialty</b>	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	UNITEDHEALTHCARE PPO	
				IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
<b>Hospital Outpatient and Inpatient</b>					
<b>Hospital Outpatient</b>	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
<b>Hospital Inpatient</b>	\$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
<b>Hospital Emergency Room</b>	\$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
<b>Skilled Nursing Facility</b>	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
<b>Hospice</b>	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Maternity and Infertility</b>					
<b>Hospital or Birthing Center</b>	\$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
<b>Pre-/Post-Partum Care</b>	No charge		No charge	85% covered after deductible	50% covered after deductible
<b>Well Child Care</b>	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
<b>IVF, GIFT, ZIFT and Artificial Insemination</b>	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
<b>Mental Health and Substance Abuse</b>					
<b>Outpatient Treatment</b>	\$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
<b>Inpatient Facility</b> 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
<b>Other</b>					
<b>Hearing Aids</b> 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
<b>Medical Equipment, Prosthetics and Orthotics</b>	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Physical and Occupational Therapy</b>	\$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
<b>Acupuncture/Chiropractic</b>	\$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
<b>Gender Dysphoria</b> 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

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](http://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](http://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 under this plan 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 15).
- 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 15 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 <sup>1</sup>	VSP Premier
<b>Well Vision Exam</b>	\$10 co-pay every calendar year	\$10 co-pay every calendar year
<b>Single Vision Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Bifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Trifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Standard Progressive Lenses</b>	100% coverage every other calendar year	100% coverage every calendar year
<b>Premium Progressive Lenses</b>	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Progressive Lenses</b>	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Standard Anti-Reflective Coating</b>	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Premium Anti-Reflective Coating</b>	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Anti-Reflective Coating</b>	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Scratch-Resistant Coating</b>	Fully covered every other calendar year	Fully Covered every calendar year
<b>Frames</b>	\$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
<b>Contacts (instead of glasses)</b>	\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year
<b>Contact Lens Exam</b>	Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every other calendar year
<b>Primary Eye Care (for the treatment of urgent or acute ocular conditions)</b>	\$5 co-pay	\$5 co-pay
<b>Vision Care Discounts</b>		
<b>Laser Vision Correction</b>	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

## VSP Premier Contribution

Biweekly (26 Pay Periods)	Monthly (12 months)	9 Months	21 Pay Periods	22 Pay Periods <sup>3</sup>	23 Pay Periods <sup>3</sup>	24 Pay Periods <sup>3</sup>
E Only \$4.85 E + 1 Dep. \$7.35 E + 2 or more \$15.13	E Only \$10.50 E + 1 Dep. \$15.92 E + 2 or more \$32.79	E Only \$16.80 E + 1 Dep. \$25.47 E + 2 or more \$52.46	E Only \$7.05 E + 1 Dep. \$10.69 E + 2 or more \$22.01	E Only \$6.46 E + 1 Dep. \$9.80 E + 2 or more \$20.18	E Only \$5.96 E + 1 Dep. \$9.04 E + 2 or more \$18.63	E Only \$5.54 E + 1 Dep. \$8.40 E + 2 or more \$17.30

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) if you plan to see a provider other than a VSP network provider.

<b>Exam</b> Up to \$50	<b>Single Vision Lenses</b> Up to \$45	<b>Lined Trifocal Lenses</b> Up to \$85	<b>Contacts</b> Up to \$105
<b>Frame</b> Up to \$70	<b>Lined Bifocal Lenses</b> Up to \$65	<b>Progressive Lenses</b> Up to \$85	

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium.

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

<sup>3</sup>Employees with 22, 23 and 24 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

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.



# SFUSD Provides Your Dental Benefits

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

## SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by the SFUSD Benefits Office. To download an enrollment application, log into the SFUSD **Employee intranet** at [sfusd.edu](http://sfusd.edu) or visit [sfusd.edu/join-sfusd/salary-benefits](http://sfusd.edu/join-sfusd/salary-benefits).

SFUSD pays 100% of dental plan premium contributions. SFUSD dental eligibility guidelines are:

- Active or permanent SFUSD employees whose normal workweek at enrollment is at least 20 hours;
- Active SFUSD employees appointed to full-time permanent exempt positions;
- Provisional (temporary) SFUSD employees after 1,040 hours of continuous service whose normal workweek at enrollment is at least 20 hours.
- Spouse, registered domestic partner, and unmarried children up to age 26 who meet SFUSD eligibility requirements.

## Delta Dental PPO: Principal Benefits and Covered Services

Most SFUSD dental benefits are covered at 70% the first year of qualifying employment, 80% the second year, 90% the third year and 100% the fourth year, provided the employee and each covered dependent uses the dental coverage at least once a year *and* remains enrolled with no break in coverage. Please note that Delta Dental PPO does not issue ID cards.

	<b>In-Network PPO Dentist</b> Lowest cost (fixed fees for all dentists in-network)	<b>Premier Dentist</b> Contracted fees vary for each dentist	<b>Out-of-Network Dentist</b> Uncontracted (fees vary for each dentist)
<b>Diagnostic and Preventive Care</b> Oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 70% the first year</li> <li>■ 80% the second year</li> <li>■ 90% the third year</li> <li>■ 100% the fourth year</li> </ul>	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 70% the first year</li> <li>■ 80% the second year</li> <li>■ 90% the third year</li> <li>■ 100% the fourth year</li> </ul>	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> <li>■ 70% the first year</li> <li>■ 80% the second year</li> <li>■ 90% the third year</li> <li>■ 100% the fourth year</li> </ul>
<b>Basic Benefits</b> Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants			In addition to %, you pay out-of-pocket for any fees above reasonable and customary.
<b>Crowns and Cast Restorations</b>			
<b>Prosthodontic Benefits</b> Bridges, partial dentures, full dentures, implants	50%–70% based on employee classification and labor affiliation	50%–70% based on employee classification and labor affiliation	
<b>Orthodontic Benefits</b> Dependent children to age 25 only	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 50% (\$750 lifetime max per person)</li> </ul>	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 50% (\$750 lifetime max per person)</li> </ul>	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> <li>■ 50% (\$750 lifetime max per person)</li> </ul>
<b>Dental Accident Benefits</b>			

Maximum benefit payable in a calendar year for in-Network PPO is \$2,000 (Local 1021 and Classified Managers) or \$1,500 for Premier (Local 21 and monthly and paraeducator employees). This is a general summary only. Contact the SFUSD Benefits Office for more information. Please refer to your plan's EOC for details about covered services, limitations and exclusions.



## Additional SFUSD Benefits

### Flexible Spending Accounts

Flexible Spending Account enrollment is handled by the SFUSD Benefits Office. FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both. Once enrolled, you set aside money pre-tax via payroll deduction to fund your FSA accounts. To receive FSA reimbursements, you must submit documentation to plan administrator **HealthEquity** by required deadlines. Visit [healthequity.com](https://healthequity.com) for more information.

A **Healthcare FSA** allows each employee to pay for up to \$2,750 per year in qualifying medical expenses pre-tax. Qualifying expenses include medical, pharmacy, dental and vision co-pays and deductibles for the enrolled employee and eligible dependents.

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

Before enrolling in your FSA, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2021. Budget conservatively. Based on new federal law, you may roll forward up to \$500 in unused funds in your Healthcare FSA year over year.

**Any unreimbursed funds in excess of \$500 are forfeited at the end of the plan year and cannot be returned to you.** Dependent Care FSA does not qualify for rollover. FSA expenses must meet Internal Revenue Service criteria:

- [irs.gov/pub/irs-pdf/p502.pdf](https://irs.gov/pub/irs-pdf/p502.pdf)
- [irs.gov/pub/irs-pdf/p503.pdf](https://irs.gov/pub/irs-pdf/p503.pdf)

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

### Additional Voluntary Supplemental Benefits

Refer to the SFUSD website at [sfusd.edu](https://sfusd.edu) or call the SFUSD Benefits Office at **(415) 241-6101** for a list of additional voluntary supplemental benefit programs available through SFUSD.





# Prevention is worth more than the cure. Most Preventive Care is 100%<sup>1</sup> 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](http://sfhss.org) or contact SFHSS at **(628) 652-4700** or toll-free at **(800) 542-2266**.

## Annual Preventive Care Exams

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

<sup>1</sup>Each 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](http://sfhss.org/eap).

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

## Health Plans: Mental Health, Well-Being and Substance Abuse Benefits<sup>1</sup>

Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO (City Plan)
<b>Mental Health and Substance Abuse</b>		
Call <b>(800) 464-4000</b> to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.	Call <b>(877) 263-9952</b> to find a provider and schedule an appointment with <i>Teladoc Behavioral Health</i> .	Call <b>(866) 282-0125</b> to make an appointment. To find providers online go to <a href="http://liveandworkwell.com">liveandworkwell.com</a> or <a href="http://welcometouhc.com/sfhss">welcometouhc.com/sfhss</a> .
<b>Mental Well-Being Services</b>		
<p><b>Classes and Support Groups:</b> Contact your local Kaiser Permanente facility for a calendar or visit <a href="http://kp.org/mentalhealth">kp.org/mentalhealth</a> for more information.</p> <p><b>Health/Wellness Coaching:</b> Call <b>(866) 862-4295</b> to make an appointment for a Wellness Coach to contact you.</p> <p><b>Apps:</b> Members can access self-care resources through <i>Calm</i> and <i>myStrength</i> apps.</p>	<p><b>Counseling and Consultation:</b> <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 <b>(866) 282-0125</b>.</p> <p><b>Apps:</b> Members can access self-care resources through <i>TalkSpace</i> and <i>Sanvello</i> apps.</p>

<sup>1</sup>As 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.



# Health Benefits During a Leave of Absence

You must immediately notify SFHSS of any leave of absence.

Type of Leave	Health Benefits Eligibility
<p><b>Family and Medical Leave (FMLA)</b></p> <p><b>Workers' Compensation Leave</b></p> <p><b>Family Care Leave</b></p> <p><b>Military Leave</b></p> <p><b>Leave for Employment as an Employee Organization Officer or Representative</b></p>	<p><b>Notify the San Francisco Health Service System (SFHSS) as soon as your leave begins – within 30 days.</b> You may elect to continue or waive coverage for the duration of your approved leave of absence.</p> <p><b>You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.</b></p>
<p><b>Educational Leave</b></p> <p><b>Personal Leave</b></p> <p><b>Personal Leave following</b></p> <p><b>Family Care Leave</b></p>	<p>Employees on approved unpaid <i>Leave of Absence</i>, including but not limited to personal and educational leaves, must pay the total cost of health coverage for yourself and any enrolled dependents. This includes your premium contribution plus your employer's premium contribution.</p> <p><b>Notify SFHSS as soon as your leave begins – within 30 days.</b> You may elect to continue or waive coverage for the duration of your approved leave of absence. <b>You must notify SFHSS immediately upon return to work in order to avoid a break in coverage at (628) 652-4700.</b></p>

## Health Benefits During a Leave of Absence

- 1. Medical and Vision.** While you are on an unpaid leave, premiums for health coverage cannot be deducted from your paycheck. To maintain coverage, you must pay premium contributions directly to SFHSS. Please refer to the section titled “Your Responsibilities” below.
- 2. Your Responsibilities.** Notify your supervisor and your department’s Human Resources Benefits and Leaves office prior to your leave. If your leave is due to an unexpected emergency, contact your HR office as soon as possible. Human Resources will help you understand the process and documents required for an approved leave. Human Resources will also provide SFHSS with important information about your leave.
- 3. Contact SFHSS As Soon As Your Leave Begins.** Based on your leave type, and if applicable, you may be required to pay premium contributions directly to SFHSS while you are on leave. SFUSD’s *Benefits and Leaves Office* will notify you of your leave type and applicable premium contributions by mail upon approval of your leave. You may choose to continue or waive health coverage while on leave by contacting SFHSS. Additionally, failure to pay applicable premiums will result in termination of your health benefits.
- 4. When leave ends, contact SFHSS to Verify Status of Your Health Benefits within 30 days of Your Return to Work (unpaid leaves only).** If you were required to pay a premium contribution to SFHSS directly and did so while on leave, please contact SFUSD’s Benefits and Leaves office to ensure your premium contributions via paycheck deduction are reinstated. If you were required to pay a premium contribution to SFHSS because you were on an unpaid leave and waived health benefits or coverage was terminated for non-payment of premium, please contact SFHSS directly to reinstate health benefits.

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



# COBRA and Covered California

## COBRA

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

## COBRA Continuation Coverage

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

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

## 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.**

## 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.

## Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

## COBRA Continuation Coverage Alternatives

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

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

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



# Transitioning to Retirement

## Enrollment in Retiree Benefits Does Not Happen Automatically

The transition of your health benefits from an active employee to a retirement status does *not* happen automatically. For Administrative, Certificated and Paraeducator positions, retiree health benefits eligibility criteria are determined by your respective bargaining unit. Retirement next steps and instructions are available at [sfusd.edu](http://sfusd.edu) and via SFUSD's online bulletin system, **Oasis**. Classified Civil Service employees are required to contact San Francisco Employees' Retirement System (SFERS) and SFHSS prior to retirement to determine eligibility and next steps.

See **Key Contacts** on page 33 for phone numbers. 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](http://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*.

## Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

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

## Retiree Premium Contributions

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

## Active Employee Medicare Enrollment

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

## Married Spouse and Domestic Partner 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 have enrolled in Medicare to be covered on a retiree's health plan.

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.



# Health Service Board Achievements



**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

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](http://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](http://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](http://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](http://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](http://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](http://my.kp.org/ccsf) or [blueshieldca.com/sfhss](http://blueshieldca.com/sfhss) or contact the number on the back of your insurance card.



# 2021 Health Coverage Calendars

## SFUSD BIWEEKLY EMPLOYEES (26 WEEKS)

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

Employee premium contributions are deducted from paychecks biweekly, for a total of 26 payroll deductions for the 2021 plan year.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a Leave of Absence.



# 2021 Health Coverage Calendars

## UESF K-12 PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (22 WEEKS)

Work Dates	Pay Date	Coverage Period
December 23, 2020–January 5, 2021	January 13, 2021	December 23, 2020–January 5, 2021
January 6, 2021–January 19, 2021	January 27, 2021	January 6, 2021–January 19, 2021
January 20, 2021–February 2, 2021	February 10, 2021	January 20, 2021–February 2, 2021
February 3, 2021–February 16, 2021	February 24, 2021	February 3, 2021–February 16, 2021
February 17, 2021–March 2, 2021	March 10, 2021	February 17, 2021–March 2, 2021
March 3, 2021–March 16, 2021	March 24, 2021	March 3, 2021–March 16, 2021
March 17, 2021–March 30, 2021	April 7, 2021	March 17, 2021–March 30, 2021
March 31, 2021–April 13, 2021	April 21, 2021	March 31, 2021–April 13, 2021
April 14, 2021–April 27, 2021	May 5, 2021	April 14, 2021–April 27, 2021
April 28, 2021–May 11, 2021	May 19, 2021	April 28, 2021–May 11, 2021
May 12, 2021–May 25, 2021	June 2, 2021	May 12, 2021–May 25, 2021
May 26, 2021–June 8, 2021	June 16, 2021	May 26, 2021–June 8, 2021
Summer Break (off from regular work)	June 30, 2021 July 14, 2021 July 28, 2021 August 11, 2021	Summer Coverage Period (extra payroll deductions taken January to June pre-pay this summer coverage period)
August 4, 2021–August 17, 2021	August 25, 2021	August 4, 2021–August 17, 2021
August 18, 2021–August 31, 2021	September 8, 2021	August 18, 2021–August 31, 2021
September 1, 2021–September 14, 2021	September 22, 2021	September 1, 2021–September 14, 2021
September 15, 2021–September 28, 2021	October 6, 2021	September 15, 2021–September 28, 2021
September 29, 2021–October 12, 2021	October 20, 2021	September 29, 2021–October 12, 2021
October 13, 2021–October 26, 2021	November 3, 2021	October 13, 2021–October 26, 2021
October 27, 2021–November 9, 2021	November 17, 2021	October 27, 2021–November 9, 2021
November 10, 2021–November 23, 2021	December 1, 2021	November 10, 2021–November 23, 2021
November 24, 2021–December 7, 2021	December 15, 2021	November 24, 2021–December 7, 2021
December 8, 2021–December 21, 2021	December 29, 2021	December 8, 2021–December 21, 2021

Employee premium contributions are deducted from paychecks biweekly, for a total of 22 payroll deductions for the 2021 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during summer break. During summer break, when no paychecks are received, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a Leave of Absence.



# 2021 Health Coverage Calendars

## UESF PRE-K PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (24 WEEKS)

Work Dates	Pay Date	Coverage Period
December 23, 2020–January 5, 2021	January 13, 2021	December 23, 2020–January 5, 2021
January 6, 2021–January 19, 2021	January 27, 2021	January 6, 2021–January 19, 2021
January 20, 2021–February 2, 2021	February 10, 2021	January 20, 2021–February 2, 2021
February 3, 2021–February 16, 2021	February 24, 2021	February 3, 2021–February 16, 2021
February 17, 2021–March 2, 2021	March 10, 2021	February 17, 2021–March 2, 2021
March 3, 2021–March 16, 2021	March 24, 2021	March 3, 2021–March 16, 2021
March 17, 2021–March 30, 2021	April 7, 2021	March 17, 2021–March 30, 2021
March 31, 2021–April 13, 2021	April 21, 2021	March 31, 2021–April 13, 2021
April 14, 2021–April 27, 2021	May 5, 2021	April 14, 2021–April 27, 2021
April 28, 2021–May 11, 2021	May 19, 2021	April 28, 2021–May 11, 2021
May 12, 2021–May 25, 2021	June 2, 2021	May 12, 2021–May 25, 2021
May 26, 2021–June 8, 2021	June 16, 2021	May 26, 2021–June 8, 2021
June 9, 2021–June 30, 2021	June 30, 2021	June 9, 2021–June 30, 2021
July 1, 2020–July 6, 2021	July 14, 2021	July 1, 2020–July 6, 2021
Summer Break (off from regular work)	July 28, 2021 August 11, 2021	Summer Coverage Period (extra payroll deductions taken January to June pre-pay this summer coverage period)
August 4, 2021–August 17, 2021	August 25, 2021	August 4, 2021–August 17, 2021
August 18, 2021–August 31, 2021	September 8, 2021	August 18, 2021–August 31, 2021
September 1, 2021–September 14, 2021	September 22, 2021	September 1, 2021–September 14, 2021
September 15, 2021–September 28, 2021	October 6, 2021	September 15, 2021–September 28, 2021
September 29, 2021–October 12, 2021	October 20, 2021	September 29, 2021–October 12, 2021
October 13, 2021–October 26, 2021	November 3, 2021	October 13, 2021–October 26, 2021
October 27, 2021–November 9, 2021	November 17, 2021	October 27, 2021–November 9, 2021
November 10, 2021–November 23, 2021	December 1, 2021	November 10, 2021–November 23, 2021
November 24, 2021–December 7, 2021	December 15, 2021	November 24, 2021–December 7, 2021
December 8, 2021–December 21, 2021	December 29, 2021	December 8, 2021–December 21, 2021

Employee premium contributions are deducted from paychecks biweekly, for a total of 24 payroll deductions for the 2021 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during summer break. During summer break with no paycheck are received, benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay SFHSS directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 or more information about maintaining health coverage during a Leave of Absence.



# 2021 Health Coverage Calendars

## SFUSD MONTHLY EMPLOYEES (12 MONTHS)

Work Dates	Pay Date	Coverage Period
December 21, 2020–January 20, 2021	January 29, 2021	January 1, 2021–January 31, 2021
January 21, 2021–February 20, 2021	February 26, 2021	February 1, 2021–February 28, 2021
February 21, 2021–March 20, 2021	March 31, 2021	March 1, 2021–March 31, 2021
March 21, 2021–April 20, 2021	April 30, 2021	April 1, 2021–April 30, 2021
April 21, 2021–May 20, 2021	May 28, 2021	May 1, 2021–May 31, 2021
May 21, 2021–June 20, 2021	June 30, 2021	June 1, 2021–June 30, 2021
June 21, 2021–July 20, 2021	July 30, 2021	July 1, 2021–July 31, 2021
July 21, 2021–August 20, 2021	August 31, 2021	August 1, 2021–August 31, 2021
August 21, 2021–September 20, 2021	September 30, 2021	September 1, 2021–September 30, 2021
September 21, 2021–October 20, 2021	October 29, 2021	October 1, 2021–October 31, 2021
October 21, 2021–November 20, 2021	November 30, 2021	November 1, 2021–November 30, 2021
November 21, 2021–December 20, 2021	December 30, 2021	December 1, 2021–December 31, 2021
December 21, 2021–January 20, 2022	January 31, 2022	January 1, 2022–January 31, 2022

Employee premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions for the 2021 plan year.

## SEIU LOCAL 1021 SCHOOL TERM EMPLOYEES (23 WEEKS)

Work Dates	Pay Date	Coverage Period
December 23, 2020–January 5, 2021	January 13, 2021	December 23, 2020–January 5, 2021
January 6, 2021–January 19, 2021	January 27, 2021	January 6, 2021–January 19, 2021
January 20, 2021–February 2, 2021	February 10, 2021	January 20, 2021–February 2, 2021
February 3, 2021–February 16, 2021	February 24, 2021	February 3, 2021–February 16, 2021
February 17, 2021–March 2, 2021	March 10, 2021	February 17, 2021–March 2, 2021
March 3, 2021–March 16, 2021	March 24, 2021	March 3, 2021–March 16, 2021
March 17, 2021–March 30, 2021	April 7, 2021	March 17, 2021–March 30, 2021
March 31, 2021–April 13, 2021	April 21, 2021	March 31, 2021–April 13, 2021
April 14, 2021–April 27, 2021	May 5, 2021	April 14, 2021–April 27, 2021
April 28, 2021–May 11, 2021	May 19, 2021	April 28, 2021–May 11, 2021
May 12, 2021–May 25, 2021	June 2, 2021	May 12, 2021–May 25, 2021
May 26, 2021–June 8, 2021	June 16, 2021	May 26, 2021–June 8, 2021
June 9, 2021–June 30, 2021	June 30, 2021	June 9, 2021–June 30, 2021
Summer Break (off from regular work)	July 14, 2021 July 28, 2021 August 11, 2021	Summer Coverage Period (extra payroll deductions taken January to June pre-pay this summer coverage period)
August 4, 2021–August 17, 2021	August 25, 2021	August 4, 2021–August 17, 2021
August 18, 2021–August 31, 2021	September 8, 2021	August 18, 2021–August 31, 2021
September 1, 2021–September 14, 2021	September 22, 2021	September 1, 2021–September 14, 2021
September 15, 2021–September 28, 2021	October 6, 2021	September 15, 2021–September 28, 2021
September 29, 2021–October 12, 2021	October 20, 2021	September 29, 2021–October 12, 2021
October 13, 2021–October 26, 2021	November 3, 2021	October 13, 2021–October 26, 2021
October 27, 2021–November 9, 2021	November 17, 2021	October 27, 2021–November 9, 2021
November 10, 2021–November 23, 2021	December 1, 2021	November 10, 2021–November 23, 2021
November 24, 2021–December 7, 2021	December 15, 2021	November 24, 2021–December 7, 2021
December 8, 2021–December 21, 2021	December 29, 2021	December 8, 2021–December 21, 2021

Employee premium contributions are deducted from paychecks monthly, for a total of 23 payroll deductions for the 2021 plan year.

# 2021 Medical Premium Contribution Rates: Employee Only

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 26 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts <sup>1</sup>								
Electric Workers Local 6	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.64	\$232.63
Classified Unrepresented								
Classified Unrepresented Managerial	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
IFPTE Local 21	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF Paraeducators (Year-round)								
UESF 15–19 hours Paraeducators					\$236.24	\$78.75		
<b>K-12 SCHOOL TERM EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 22 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF and USP K-12 Paraeducators January–June <sup>2</sup>	\$448.73	\$44.08	\$448.73	\$119.71	\$419.99	\$0.00	\$448.73	\$350.29
<b>K-12 SCHOOL TERM EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 23 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$366.64	\$232.63
SEIU Local 1021 K-12 Classified January–June <sup>2</sup>	\$414.22	\$40.69	\$414.22	\$110.50	\$387.68	\$0.00	\$451.25	\$286.31
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December					\$314.99	\$0.00		
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June <sup>2</sup>					\$387.68	\$0.00		
<b>PRE-K SCHOOL TERM EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 24 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF and USP Paraeducators January–June <sup>2</sup>	\$384.63	\$37.78	\$384.63	\$102.61	\$359.99	\$0.00	\$384.63	\$300.25
<b>CERTIFICATED EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Monthly - 12 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)								
Superintendent's Cabinet	\$729.19	\$71.64	\$729.19	\$194.52	\$682.48	\$0.00	\$729.19	\$569.23
Certificated Unrepresented Management								
UESF Certificated Personnel								
UESF Substitute Teachers (Prop A)								

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

<sup>2</sup> Rates are higher from January through June to fund coverage during the summer months. See pages 25-28 for Health Coverage Calendars.

Please note that access to plan options for some employees may be limited based on SFUSD's implementation of the Affordable Care Act in 2017. If you are impacted, you will receive separate communication in advance of Open Enrollment.

# 2021 Medical Premium Contribution Rates: Employee +1

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 26 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts <sup>1</sup>								
Electric Workers Local 6	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
IFPTE Local 21	\$440.40	\$297.40	\$440.40	\$410.82	\$418.84	\$209.77	\$440.40	\$721.70
UESF Paraeducators (Year-round)	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF 15–19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 22 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF and USP K-12 Paraeducators January–June <sup>2</sup>	\$617.17	\$366.56	\$617.17	\$517.79	\$588.43	\$249.72	\$617.17	\$932.29
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 23 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
SEIU Local 1021 K-12 Classified January–June <sup>2</sup>	\$867.37	\$40.69	\$937.16	\$110.50	\$773.67	\$0.00	\$943.98	\$486.30
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June <sup>2</sup>								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 24 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF and USP Paraeducators January–June <sup>2</sup>	\$529.01	\$314.19	\$529.01	\$443.82	\$504.37	\$214.05	\$529.01	\$799.11
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Monthly - 12 Pay Period Deductions	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)	\$952.91	\$645.64	\$952.91	\$891.40	\$906.20	\$455.78	\$952.91	\$1,564.97
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certified Personnel	\$1,002.91	\$595.64	\$1,002.91	\$841.40	\$956.20	\$405.78	\$1,002.91	\$1,514.97
UESF Substitute Teachers (Prop A)								

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

<sup>2</sup> Rates are higher from January through June to fund coverage during the summer months. See pages 25-28 for Health Coverage Calendars.

Please note that access to plan options for some employees may be limited based on SFUSD's implementation of the Affordable Care Act in 2017. If you are impacted, you will receive separate communication in advance of Open Enrollment.



# 2021 Medical Premium Contribution Rates: Employee +2 or More

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 26 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts <sup>1</sup> Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
SEIU Local 1021 Board Designated Confidential or Unrepresented Board Designated Managerial	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
IFPTE Local 21	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF Paraeducators (Year-round)	\$495.32	\$548.07	\$495.32	\$708.57	\$473.76	\$415.14	\$495.32	\$1,146.66
UESF 15–19 hours Paraeducators	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
<b>K-12 SCHOOL TERM EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 22 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF and USP K-12 Paraeducators January–June <sup>2</sup>	\$678.72	\$712.47	\$678.72	\$926.47	\$649.97	\$535.23	\$678.72	\$1,510.59
<b>K-12 SCHOOL TERM EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 23 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
SEIU Local 1021 K-12 Classified January–June <sup>2</sup>	\$943.98	\$340.20	\$943.98	\$537.74	\$917.44	\$176.59	\$943.98	\$1,076.92
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June <sup>2</sup>								
<b>PRE-K SCHOOL TERM EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Biweekly - 24 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF and USP Paraeducators January–June <sup>2</sup>	\$581.76	\$610.69	\$581.76	\$794.11	\$557.12	\$458.77	\$581.76	\$1,294.79
<b>CERTIFICATED EMPLOYEES</b>	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
<b>Monthly - 12 Pay Period Deductions</b>	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	\$1,002.91	\$1,257.76	\$1,002.91	\$1,605.52	\$956.20	\$969.75	\$1,002.91	\$2,554.72
UESF Certificated Personnel UESF Substitute Teachers (Prop A)	\$1,102.91	\$1,157.76	\$1,102.91	\$1,505.52	\$1,056.20	\$869.75	\$1,102.91	\$2,454.72

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

<sup>2</sup> Rates are higher from January through June to fund coverage during the summer months. See pages 25-28 for Health Coverage Calendars.

Please note that access to plan options for some employees may be limited based on SFUSD's implementation of the Affordable Care Act in 2017. If you are impacted, you will receive separate communication in advance of Open Enrollment.



# Well-Being Programs

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

SFHSS Resources and Programs are FREE for all CCSF, USD, CCD and CRT active employees and their family members. For the full list of events and offerings visit [sfhss.org/events](https://sfhss.org/events).

Programs	
<b>Group Exercise</b>	Sweat off those calories and pounds at home with a variety of classes from Pilates to Zumba and more.
<b>Health Education Workshop and Seminars</b>	Bring out your best self! Join us as we dive into topics such as healthy sleep, healthy eating, resiliency, goal setting and more.
<b>Healthy Weight Program</b>	Have fad diets failed you? Try our 6-week program that offers real world strategies and solutions to helping you maintain a healthy weight.
<b>Diabetes Prevention Program</b>	If you're pre-diabetic, you only need to lose 5-7% of your body weight to prevent from getting diabetes for life. Isn't your health worth it? Check out the SFHSS events page for details on offerings.
<b>Challenges</b>	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 <a href="https://sfhss.org/well-being">sfhss.org/well-being</a> for dates and offerings.

Gym Discounts are also available, visit [sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts](https://sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts) for more information.

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](https://sfhss.org/Using-Your-Benefits/using-your-benefits-employees).

Offering	Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO
<b>Weight Management, Healthy Eating and Nutrition Services</b>	<ul style="list-style-type: none"> <li>Balance</li> <li>Healthy Weight Program</li> <li>Nutrition Consultations</li> <li>Wellness Coaching</li> <li>Nourish – <i>online program</i></li> </ul>	<ul style="list-style-type: none"> <li>Walkadoo</li> <li>Daily Challenge</li> <li>Counseling</li> </ul>	<ul style="list-style-type: none"> <li>Rally – <i>online program</i></li> <li>Four FREE Nutritional Counselor sessions/year</li> </ul>
<b>Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>Coaching</li> <li>Breathe – <i>online program</i></li> </ul>	<ul style="list-style-type: none"> <li>QuitNet</li> </ul>	<ul style="list-style-type: none"> <li>Live and Work Well Tobacco Cessation Program</li> </ul>
<b>Diabetes Prevention</b>	<ul style="list-style-type: none"> <li>Wellness Coaching</li> <li>Healthy Weight Program</li> </ul>	<ul style="list-style-type: none"> <li>Solera4Me</li> </ul>	<ul style="list-style-type: none"> <li>Real Appeal – <i>online program</i></li> </ul>
<b>Pregnancy and Lactation</b>	<ul style="list-style-type: none"> <li>Classes and Support Groups</li> <li>Free Pump and Lactation Support</li> <li>Extra Dental Cleanings (Delta Dental PPO and UnitedHealthcare Dental DHMO)</li> </ul>		
<b>Acupuncture and Chiropractic</b>	<ul style="list-style-type: none"> <li>30 visits/year combined for Acupuncture and Chiropractic</li> <li>Choose Healthy Discount Program for additional visits after initial 30</li> </ul>	<ul style="list-style-type: none"> <li>Acupuncture up to 30 visit/year</li> <li>Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30</li> </ul>	<ul style="list-style-type: none"> <li>PPO: 50% reasonable and customary co-insurance up to \$1,000 max/year</li> <li>PPO Medicare Advantage: Up to 24 visits/year for each service with \$15 co-pay</li> </ul>
<b>Discounts</b>	Gym Discounts and fitness products: Active and Fitness Direct Discount Program	Gym Discounts: \$25/month and low one-time enrollment fee of \$25	Health and wellness related products and services: Save 10-15%

\*Some fees may apply.



# Key Contacts

## SFUSD Benefits Office

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

Tel: (415) 241-6101

Fax: (415) 241-6375

[benefits@sfusd.edu](mailto:benefits@sfusd.edu)

[sfusd.edu](http://sfusd.edu)

**Hours:** Monday through Thursday from 12pm to 4:30pm. Fridays are by appointment only.

## 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](http://sfhss.org)

**Hours:** Monday, Tuesday, Wednesday and Friday from 9am-12pm and 1pm to 5pm and Thursdays 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](mailto:wellbeing@sfgov.org)

[sfhss.org/well-being](http://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](mailto:eap@sfgov.org)

[sfhss.org/eap](http://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](mailto:health.service.board@sfgov.org)

[sfhss.org/health-service-board](http://sfhss.org/health-service-board)

## MEDICAL PLANS

### Trio HMO

Blue Shield of California

(855) 747-5800

[blueshieldca.com/sites/imce/trio.sp](http://blueshieldca.com/sites/imce/trio.sp)

Group W0051448

### Access+ HMO

Blue Shield of California

(855) 256-9404

[blueshieldca.com/sfhss](http://blueshieldca.com/sfhss)

Group W0051448

### Kaiser Permanente HMO

(800) 464-4000

[my.kp.org/ccsf](http://my.kp.org/ccsf)

Group 888 (North CA)

Group 231003 (South CA)

### UnitedHealthcare PPO (City Plan)

(866) 282-0125

[welcometouhc.com/sfhss](http://welcometouhc.com/sfhss)

Group 752103

## DENTAL & VISION PLANS

Dental enrollment is administered through the **SFUSD Benefits Office**.

### Delta Dental PPO

(888) 335-8227

[deltadentalins.com](http://deltadentalins.com)

Group 652-0011 (monthly)

Group 652-0016 (biweekly)

Group 652-0012 (paraeducators)

### VSP Vision Care

(800) 877-7195

[www.vsp.com](http://www.vsp.com)

Group 12145878

## FSA

FSA enrollment is administered through the **SFUSD Benefits Office**.

### HealthEquity (FSA)

(877) 924-3967

[theequity.com](http://theequity.com)

## COBRA

### P&A Group (COBRA)

(800) 688-2611

[padmin.com](http://padmin.com)

## LTD & GROUP LIFE INS.

LTD and Group Life Insurance are administered through the **SFUSD Benefits Office**. Please refer to the SFUSD website at [sfusd.edu](http://sfusd.edu) for more information.

## OTHER AGENCIES

### Pension Benefits

#### SFERS

Employees' Retirement System

(415) 487-7000

[mysfers.org](http://mysfers.org)

#### CalSTRS

(800) 228-5453

[calstrs.org](http://calstrs.org)

### Health Insurance Exchange

#### Covered California

(888) 975-1142

[coveredca.com](http://coveredca.com)

## CCSF Payment Portal

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



Sign up for eNews at [sfhss.org/sign-ews](https://sfhss.org/sign-ews)