

2023

San Francisco Unified School District



Health Benefits Guide



Highlights for 2023

Medical and Vision

- **Health Net CanopyCare HMO** is celebrating one year of serving SFHSS! Canopy Health, the featured network of CanopyCare HMO, is a network of providers from multiple medical groups and several hospitals across the San Francisco Bay Area. Members can access top specialists who may be outside of their primary care physician's (PCP) medical group through the Alliance Referral Program which allows members to seek referrals to any specialist across the entire Canopy Health network. CanopyCare HMO is expanding into Sonoma and Napa Counties.* Learn more at sfhss.healthnetcalifornia.com.

**Pending approval from the Department of Managed Health Care.*

- **Kaiser Permanente HMO** has a new facility in San Francisco called **Care Essentials** conveniently located at the Salesforce Transit Center at 425 Mission Street. Kaiser members and people working downtown can get treatment for minor illnesses and injuries, labs and screenings, prescriptions, flu shots, vaccines, and certain tests performed. Please note that emergency and urgent care services are not available at this location. Visit kp.org/careessentials/sf to make an appointment.
- **VSP** has expanded its network to include Walmart Vision and Sam's Club Vision as in-network providers. Membership is not required at Sam's Club for exams but is needed to purchase lenses or frames. With the new **VSP LightCare Program**, members who do not need prescription eyewear can now use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses. In addition, for union contracts that provide VSP's Computer VisionCare Program (also known as VDT), the benefit has been enhanced to include anti-reflective and UV coatings covered-in-full. For more information, visit sfhss.org/vsp-vision-plans.

Well-Being

- Visit sfhss.org/events regularly to sign up for exercise classes and new Well-Being programs.
- **Get Your Flu Shot:** You can get your flu shot through your health plan. For more information on flu prevention go to sfhss.org/well-being/flu-prevention.



Executive Director's Message



As a nurse, I can't even begin to count the number of patients I've seen who had to recover from a bad injury. If you break your leg, you have to endure weeks in a cast. Simple things you took for granted before like bathing becomes a two person task, if you're lucky enough to have the support, or an awkward feat that takes triple the time. Finally, when it's time to take the cast off, you realize that's when the real work begins. Your leg has been cooped up and your muscles don't function the way you remember. You need to dedicate time to physical therapy before you can feel like yourself again.

Recovering from the pandemic is like recovering from a serious injury. You can't sit back and expect the recovery to just happen. It takes intention to get out and support the cafes, bakeries, restaurants and all your favorite shops and businesses.

You conjure up motivation to go to the gym to workout. You set your alarm earlier than you had it set before the pandemic to get yourself up to commute to your workplace to work. Then, you brave those awkward stages of another outbreak or surge where every little symptom you used to disregard gets dissected and analyzed. "Is it COVID or allergies or the cold or flu?" "Should I take an at-home test, PCR or both just to be safe?"

I get it. Recoveries are trying as I've witnessed firsthand throughout my career as a nurse. To get there, I visualize the future, then start marching with intention towards reaching that future state. I want to see a vibrant San Francisco again, so I decided to make Fridays my Bikeshare to work day and I've been having lunch at some of my favorite restaurants around City Hall each week.

At the San Francisco Health Service System (SFHSS), we're obsessed with the future, because we spend the better part of the year working on benefits for next year, 2023. And now, it is up to you! Think about what you want your future state of health to be and take time to honestly evaluate your satisfaction with your health plans and other benefits. Some health plans are stronger in certain areas than others, so choose the plan that best meets your needs. Open Enrollment is the time to actively pause and consider your choices. Did you get the most out of your benefits and use the services to help you improve your health? If not, then it may be time to switch to a plan with programs and services you can and will use.

Our lives have been changed by this pandemic, so please be intentional for this Open Enrollment and for our recovery from this pandemic. What choices are you making to improve your health and the health of your community? Imagine your future state and act with intention to get there!

Be well,

Abbie Yant, *RN, MA*
Executive Director

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 2 through 5** on how to make changes.
- If **NO**, the next time you can change your benefits is during Open Enrollment in October.

STEP 2: Review dependent eligibility rules on pages 2 to 3 or online at [sfhss.org/eligibility-rules](#) Do you need to add or drop a dependent due to a Qualifying Life Event?

- If **NO**, proceed to Step 3.
- If **YES**, complete the **Review Dependents** page in [eBenefits](#) to add dependents or edit existing dependents.
- Save and continue through all the screens and confirm at the end to submit your changes.
- 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: Enrolling or making changes to your health plan benefits.

- Review the Service Areas of the medical plans available to you on page 8.
- Compare Provider Medical Groups available by HMO plan on page 9.
- Review coverage details on pages 10 and 11.
- Review the rates for available plans in your area on pages 28 to 30.
- In [eBenefits](#), complete the **Choose a Medical Plan** page.

STEP 4: Enrolling or making changes to your vision benefits.

- Review the Vision benefits options and rates on page 12 and 13.
- 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.
- In [eBenefits](#), complete the **Enroll in a Vision Premier Plan** page.

STEP 5: Complete your [eBenefits](#) and submit your elections. Be sure to click **Save and Continue** through each screen. You must click **Submit** at the end in order to complete your enrollment. Otherwise your elections will not be recorded.

To get started, go to [sfhss.org/how-to-enroll](#) If you are unable to enroll online, you can also fax or mail your completed Enrollment Application form and documentation to SFHSS.

Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**. You can download an Enrollment Application form at [sfhss.org/benefits/unified_school_district](#)

We are providing consultations by telephone. To make an appointment, go to [sfhss.org/qualifying-life-events](#) to schedule a Change in Family Status consultation or [sfhss.org/new-hire](#) for a New Hire consultation. **For HELP**, call SFHSS Member Services at **(628) 652-4700** or visit [sfhss.org](#)

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



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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/san-francisco-health-service-system-member-rules or request a copy by calling at **(628) 652-4700**.



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, legally adopted child, or child placed in adoption with a member and any stepchild who is the natural child, legally adopted child or child placed for adoption with a member’s enrolled spouse or domestic partner are eligible for coverage up to the age of 26. Coverage ends at the end of the coverage period when the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, **Qualifying Life Event** or otherwise submitted during Open Enrollment to enroll the child for the subsequent plan year. See Section B.3.a, of the **San Francisco Health Service System Member Rules** for more details.

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 proof of guardianship, court order, or decree in addition to any other required document(s) and/or timely submission requirements established in the San Francisco Health Service System Member Rules.



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; *and*
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; *and*
7. An Adult Child who qualifies for Medicare due to a disability is required to enroll in Medicare (*see SFHSS Member Rules Section J*); *and* Members must notify SFHSS of the Adult Child’s eligibility for Medicare, as well as the Adult Child’s subsequent enrollment in Medicare; *and*
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.

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

SFHSS Rules require Medicare eligible 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, if eligible, and enroll and pay the premiums for Medicare Part B. Medicare coverage begins 30 months after disability application.

Medicare Enrollment Requirements

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.

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.



Qualifying Life Events Allow You to Change Your Benefits Within 30 Days

You may change health benefit 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 benefit elections. If you have a Qualifying Life Event, you can submit your medical elections and upload all required documentation online using **eBenefits**, which you can access under **Employee Links** on the City's Employee Portal. Visit sfhss.org/how-to-enroll to get started. **Your elections and documentation are due no later than 30 calendar days after the qualifying event occurs.** Dental Plan changes can be entered in EMPowerSF directly. Please visit the SFUSD employee intranet (www.sfusd.edu) to review the EMPowerSF Employee Self Service Guide.

New Spouse or Domestic Partnership

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

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child's date of birth. Your election and required documents must be submitted **within 30 days** of the birth or date of legal adoption. Coverage for an enrolled adopted child will be effective on the date the child is placed.

SFHSS provides a one-time benefit reimbursement of up to \$15,000 to an eligible employee or eligible retiree for qualified expenses incurred from an eligible adoption or eligible surrogacy. For more details, visit sfhss.org/surrogacy-and-adoption.

A Social Security number must be provided to SFHSS **within six months** of the date of birth or adoption, or your child's coverage may be terminated. Use **eBenefits** to submit documentation and enroll online.

Legal Guardianship or Court Order

Coverage for dependent under legal guardianship or court order shall be effective the date of court order, if all documentation is submitted to SFHSS by the **30-day deadline**. Use **eBenefits** to submit documentation and enroll online.

Divorce, Separation, Dissolution, Annulment

A member must **immediately** notify SFHSS and provide documentation in writing when the legal separation, divorce or final dissolution of marriage or termination of domestic partnership 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 submit documentation and dis-enroll any former dependent(s) 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 proof of loss of other health coverage documentation is submitted to and processed by SFHSS, coverage will be effective on the first day of the next coverage period. Use **eBenefits** to submit documentation and enroll online.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage by providing proof of alternate coverage on official letterhead **within 30 days** of the event. If you waive coverage, all coverage for enrolled dependents will also be waived. After submitting the required documentation, your SFHSS coverage will terminate on the last day of the coverage period. Use **eBenefits** to submit documentation and 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. Please note that if your new residence remains within your current SFHSS plan's service area, you cannot enroll in a different SFHSS plan, as a result of the change in residence.

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 death to disenroll the deceased dependent.

Death of a Member

In the event of a member's death, the **surviving dependent** or **survivor's designee** should contact SFHSS to obtain information about eligibility for survivor health benefits. Upon notification, SFHSS will mail instructions to the spouse or partner, including a list of required documents for enrolling in surviving dependent health coverage. If the deceased member qualifies for retiree benefits, the **surviving dependent** may be eligible to continue benefits or will have to take COBRA. 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.

Changing FSA Elections or Dental Enrollment

Please contact the **SFUSD Benefits Office** to make any changes to your FSA enrollment. Dental plan changes can be entered in EMPowerSF directly via Employee Self-Service. Please visit SFUSD's employee intranet (www.sfusd.edu) for instructions on making changes to your dental plan and to view the EMPowerSf Employee Self-Service Guide.



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

Responsibility for Premium Contributions

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

Members on an unpaid leave of absence may request to waive dental and medical coverage for the duration of their unpaid leave if appropriate notice and documentation is given to SFHSS, in advance or immediately upon the commencement of the unpaid leave.

Members who have waived medical and dental coverage during their unpaid leave of absence may request to re-enroll in their medical and dental coverage **within 30 days** of returning to work.





Medical Plan Options

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

What is a Health Maintenance Organization?

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. A Primary Care Physician (PCP) must be designated to coordinate all non-emergency care and services including access to certain specialists, programs and treatments.

Blue Shield of CA HMO and Health Net CanopyCare 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 part of a medical group that participates in their elected HMO plan. Generally, 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 their Primary Care 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:

- **Health Net CanopyCare HMO:**

Access great care across nine Bay Area counties. Canopy Health, the featured network of CanopyCare HMO has five prominent medical groups, 29 hospitals, 70+ urgent care centers, and over 5,500 physicians. The Alliance Referral Program allows you and your covered dependents to seek referrals to any specialist across the entire Canopy Health network. Receive care by your office or home. Eligible employees who live or work within the ZIP codes serviced by CanopyCare HMO can enroll.

- **Kaiser Permanente HMO:**

Most medical services are under one roof (e.g. 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.

- **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 based on location. 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.

What is a Preferred Provider Organization?

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.

Unlike HMO plans, PPOs usually result in higher out-of-pocket cost, and may also have a deductible. Generally, you will need to pay your plan year deductible prior to paying your coinsurance for the applicable service. Blue Shield of CA PPO is a self-insured plan and individual premiums are determined by the total cost of services used by the plan's group of participants.

SFHSS offers the following PPO plan:

- **Blue Shield of California PPO**

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. SFHSS members may enroll online using [eBenefits](https://sfhss.org/how-to-enroll) (go to 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.

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 if a **Qualifying Life Event** occurs.

Coverage following a **Qualifying Life Event** 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.

Medical Plan Service Areas

County	Health Net CanopyCare HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ HMO	Kaiser Permanente HMO	Blue Shield of CA PPO
Alameda	■	■	■	■	■
Contra Costa	■	■	■	■	■
Marin	■	○	■	■	■
Napa				○	■
Sacramento		○	■	■	■
San Francisco	■	■	■	■	■
San Joaquin		■	■	■	■
San Mateo	■	■	■	■	■
Santa Clara	■	■	■	○	■
Santa Cruz	■	■	■	■	■
Solano	○	○	■	■	■
Sonoma	○		■	○	■
Stanislaus		○	■	■	■
Tuolumne					■
Outside of CA	Urgent/ER Care Only	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, Health Net CanopyCare 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 **Health Net CanopyCare HMO**, call **(833) 448-2042**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

Blue Shield of California PPO: No Service Area Limits

Blue Shield of California PPO, does not have any service area requirements. If you have questions, contact **Blue Shield of California PPO** at **(866) 336-0711**.



Did you know that if you move, you may have to enroll in a new medical plan that provides coverage in your new service area? Avoid loss of coverage by **updating your address using eBenefits in the Employee Portal at myapps.sfgov.org**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.



HMO Plans Comparison Chart of In-Network Medical Groups and Hospitals

	BLUE SHIELD OF CALIFORNIA		HEALTH NET
	ACCESS+ HMO	TRIO HMO	CANOPYCARE HMO
Provider Medical Group/IPA			
Brown and Toland Medical Group	Yes	Yes	No
Dignity Physicians Medical Group	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)
Hill Physicians Medical Group	Yes	Yes	Yes
John Muir Physician Network	Yes	Yes	Yes
MarinHealth	No	No	Yes
Meritage	Yes	Marin County Only	Yes
Santa Clara Physician Network (SCCIPA)	Yes	Yes	Yes
Sutter Palo Alto Medical Foundation Physicians	Yes	No	No
Hospitals			
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes	Yes	Yes
El Camino Hospital	Yes	Yes	No
Good Samaritan Hospital	Yes	Santa Clara and LA Counties Only	Yes
San Jose Regional Medical Center	Yes	Yes	Yes
San Ramon Regional Medical Center	Yes	Yes	Yes
Santa Clara Valley Medical Center	Yes	Yes	No
Stanford Hospitals and Clinics	Yes	Yes	No
Sutter Alta Bates Summit Medical Center	Yes	Yes	No
Sutter Eden Medical Center	Yes	Yes	No
Sutter California Pacific Medical Center (CPMC)	Yes	Yes (only w/ Brown and Toland IPA)	No
UCSF Benioff Children's Hospital	Yes	Yes	Yes
UCSF Sonoma Valley Hospital	Yes	Yes	Yes
UCSF Medical Center	Yes	Yes	Yes
Washington Hospital	Yes	Yes	Yes
Zuckerberg San Francisco General Hospital	No	No	Yes

Disclaimer: The information contained in this IPA Comparison Chart is subject to change. For a complete list of the most current Provider Medical Groups and Hospitals available to you, please contact your health plan directly.



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.

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

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD of CALIFORNIA HMO		KAISER PERMANENTE HMO	BLUE SHIELD of CALIFORNIA PPO	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient						
Hospital Outpatient	\$100 co-pay per surgery	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
Hospital Inpatient	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital Emergency Room	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized		\$100 co-pay waived if hospitalized	85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
Skilled Nursing Facility	No charge 100 days per plan year	No charge 100 days per plan year		No charge 100 days per benefit period	85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization req.	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility						
Hospital or Birthing Center	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge	No charge		No charge	85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		No charge must enroll newborn within 30 days of birth; see EOC	100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC		50% covered limitations apply; see EOC	50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse						
Outpatient Treatment	\$25 co-pay non-severe and severe	\$25 co-pay non-severe and severe		\$10 co-pay group \$20 co-pay individual	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other						
Hearing Aids 1 aid per ear every 36 months; evaluation no charge	Up to \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no charge for evaluation		Up to \$2,500 per ear, every 36 months; no evaluation charge	85% covered after deductible; up to \$2,500 per ear, every 36 months	50% covered after deductible; up to \$2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	\$25 co-pay	\$25 co-pay		\$20 co-pay authorization required	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/Chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network	\$15 co-pay 30 visits max for each per plan year; ASH network		\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required		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 vision benefits.

Vision Plan Benefits

SFHSS members and dependents enrolled in medical coverage automatically receive vision coverage through VSP Vision Care. If you elect to enroll in the VSP Premier plan and you have dependents enrolled in SFHSS medical coverage, your covered dependents will also be enrolled in the VSP Premier Plan. You may go to a VSP in-network or out-of-network provider. In-network providers now include **Walmart Vision** and **Sam's Club**. Visit www.vsp.com for a complete list of network providers.

Accessing Your Vision Benefits

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

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

Basic Vision Plan Limits and Exclusions

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

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plano (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Essential Medical Eye Care).
- 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 enroll in the VSP Basic Plan or VSP Premier Plan for enhanced benefits.

VSP Lightcare

Both Basic and Premier plans now include VSP LightCare. Members can choose to use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, every 12 months.

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 enroll in VSP Vision Care plans.



Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic ¹		VSP Premier			
Well Vision Exam		\$10 co-pay every calendar year		\$10 co-pay every calendar year			
Single Vision Lenses		\$25 co-pay every other calendar year ²		\$0 every calendar year			
Lined Bifocal Lenses		\$25 co-pay every other calendar year ²		\$0 every calendar year			
Lined Trifocal Lenses		\$25 co-pay every other calendar year ²		\$0 every calendar year			
Standard Progressive Lenses		100% coverage every other calendar year		100% coverage every calendar year			
Premium Progressive Lenses		\$95–\$105 co-pay every other calendar year		\$25 co-pay every calendar year			
Custom Progressive Lenses		\$150–\$175 co-pay every other calendar year		\$25 co-pay every calendar year			
Standard Anti-Reflective Coating		\$41 co-pay every other calendar year		\$25 co-pay every calendar year			
Premium Anti-Reflective Coating		\$58–\$69 co-pay every other calendar year		\$25 co-pay every calendar year			
Custom Anti-Reflective Coating		\$85 co-pay every other calendar year		\$25 co-pay every calendar year			
Scratch-Resistant Coating		Fully covered every other calendar year		Fully Covered every calendar year			
Frames		\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance at Costco and Walmart/Sam's Club \$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 and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year			
Contacts <i>(instead of glasses)</i>		\$150 allowance every other calendar year ²		\$250 allowance every calendar year			
Contact Lens Exam		Up to \$60 co-pay every other calendar year ²		Up to \$60 co-pay every other calendar year			
Essential Medical Eye Care <i>(for the treatment of urgent or acute ocular conditions)</i>		\$5 co-pay		\$5 co-pay			
Lightcare		\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. Anti-reflective and UV coatings fully covered.		\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered.			
VSP Premier Contribution							
Biweekly (26 Pay Periods)		Monthly (12 months)		21 Pay Periods ³		23 Pay Periods ³	
E Only \$5.34 E + 1 Dep. \$8.12 E + 2 or more \$16.64		E Only \$11.56 E + 1 Dep. \$17.59 E + 2 or more \$36.06		E Only \$7.56 \$5.34 E +1 Dep. \$11.50 \$8.12 E +2 or more \$23.58 \$16.64		E Only \$6.48 \$5.34 E +1 Dep. \$9.86 \$8.12 E +2 or more \$20.21 \$16.64	
Your Coverage with Out-of-Network Providers							
Visit vsp.com if you plan to see a provider other than a VSP network provider.							
Exam Up to \$50 Frame Up to \$70		Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65		Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85		Contacts Up to \$105	

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

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

³Employees with 21, and 23 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

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 enroll, log into your EMPowerSF profile and review your active enrollments under the benefits tab. Please note you will need to ensure that all dependents are listed under the dependents section of your profile first. 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, to print temporary ID cards or review your benefits, access www.deltadentalins.com.

	In-Network PPO Dentist Lowest cost (fixed fees for all dentists in-network)	Premier Dentist Contracted fees vary for each dentist	Out-of-Network Dentist Uncontracted (fees vary for each dentist)
Diagnostic and Preventive Care 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"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year 	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year 	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> ■ 70% the first year ■ 80% the second year ■ 90% the third year ■ 100% the fourth year
Basic Benefits Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants			
Crowns and Cast Restorations			
Prosthodontic Benefits Bridges, partial dentures, full dentures, implants	50%–70% based on employee classification and labor affiliation.	50%–70% based on employee classification and labor affiliation.	
Orthodontic Benefits Dependent children to age 25 only	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person). 	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> ■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person). 	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> ■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person).
Dental Accident Benefits			

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://www.healthequity.com) for more information.

A **Healthcare FSA** allows each employee to pay for up to \$2,850 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 2023. Budget conservatively. Based on new federal law, you may roll forward up to \$570 in unused funds in your Healthcare FSA year over year.

Any unreimbursed funds in excess of \$570 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/forms-pubs/about-publication-502
- irs.gov/forms-pubs/about-publication-503

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

Visit the SFUSD website at sfusd.edu or email the **SFUSD Benefits Office** at benefits@sfusd.edu for a list of additional voluntary supplemental benefit programs available through SFUSD.





Health Benefits During a Leave of Absence

You must immediately notify SFHSS of any leave of absence.

Type of Leave	Health Benefits Eligibility
Family and Medical Leave (FMLA) Workers' Compensation Leave Family Care Leave Military Leave Leave for Employment as an Employee Organization Officer or Representative	<p>Notify the SFUSD Benefits Office as soon as your leave begins – <u>within 30 days</u>. You may elect to continue or waive coverage for the duration of your approved leave of absence by submitting an Enrollment Application Form to waive your coverage to SFHSS.</p> <p><u>You must notify the SFUSD Benefits Office immediately upon return to work in order to avoid a break in coverage.</u></p>
Educational Leave Personal Leave Personal Leave following Family Care Leave	<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>Notify the SFUSD Benefits Office as soon as your leave begins – <u>within 30 days</u>. You may elect to continue or waive coverage for the duration of your approved leave of absence. <u>You must notify SFHSS immediately upon return to work by submitting an Enrollment Application Form with your elections in order to avoid a break in coverage at (415) 241-6101 or benefits@sfusd.edu.</u></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 *SFUSD Benefits and Leaves Office* prior to your leave. If your leave is due to an unexpected emergency, contact the *SFUSD Benefits and Leaves Office* as soon as possible.
- 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. To create an account to make online payments, visit sfhss.org/how-make-payment. **There are no service fees for payment by electronic check.** Failure to pay applicable premiums will result in termination of your health benefits.
- 4. When your leave ends, contact the SFUSD Benefits Office 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 as it will not automatically be reinstated.

Questions? Contact the **SFUSD Benefits Office** at **(415) 241-6101**.



Mental Health and Substance Abuse Benefits

We're Here *For You*

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

SFHSS EAP Counselors are available M-F, 8am-5pm for confidential counseling and consultation, assessment and referral. If you think you need help, call **(628) 652-4600**. Visit us at sfhss.org/eap.

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

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

Please contact an SFHSS EAP counselor if you are having difficulty accessing mental health or substance abuse services through your health plan.

Health Net CanopyCare HMO	Blue Shield of California HMO and PPO	Kaiser Permanente HMO
Mental Health and Substance Abuse		
<p>Call Health Net's behavioral health administrator, MHN, at (833) 996-2567 to obtain referrals for mental health and substance use disorder treatment services. You can also access outpatient providers through the MHN website at www.mhn.com/members. No authorization is required for psychotherapy or medication support services.</p>	<p>Trio HMO and Access+ HMO: Call (877) 263-9952 to find a provider and schedule an appointment with <i>Blue Shield's Mental Health Service Administrator</i>.</p> <p>PPO: Call (866) 336-0711 to access mental health services.</p> <p>Ginger offers on-demand, confidential mental healthcare through coaching and self-guided activities. Video therapy & psychiatry sessions available for a co-pay.</p> <p>Headspace is a meditation app that helps reduce stress, increase resilience, and improve sleep.</p> <p>Find clinically-proven program, tools and apps at wellvolution.com.</p>	<p>Call (800) 464-4000 to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.</p>
Mental Well-Being Services		
<p>If you have questions about additional wellness resources call MHN at (833) 996-2567 to learn more.</p>	<p>Counseling and Consultation: <i>LifeReferrals</i> is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals.</p>	<p>Classes and Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth.</p> <p>Health/Wellness Coaching: Call (866) 862-4295 to make an appointment with a Wellness Coach.</p> <p>Apps: Members can access self-care apps, <i>Calm</i> and <i>myStrength</i>, through kp.org/selfcareapps.</p>

¹As a result of mental health parity law, there is no yearly, or lifetime dollar amounts for mental health benefits.



COBRA and Covered California

COBRA

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

COBRA Continuation Coverage

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

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

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.

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.



Planning For Retirement

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

Credited Years	Credited Service	% of Employer Premium Contribution
5 years	With at least 5 years but <i>less than 10 years</i> of credited service.	The retiree member must pay the full premium rate and does not receive any employer premium contribution.
10 years	With at least 10 years but <i>less than 15 years</i> of credited service.	The retiree will receive 50% of the total employer premium contribution.
15 years	With at least 15 years but <i>less than 20 years</i> of credited service.	The retiree will receive 75% of the total employer premium contribution.
20+ years	With 20 or more years of credited service, or disability retirement.	The retiree will receive 100% of the total employer premium contribution.



Transitioning to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

If eligible, you must elect to enroll into retiree health coverage. Get started by visiting sfhss.org/benefits/getting-ready-to-retire.

Contact SFHSS three months before your retirement date to learn about enrolling in retiree benefits at **(628) 652-4700** or to schedule a retiree appointment visit sfhss.org/benefits/getting-ready-to-retire. Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage.

You are required to notify SFHSS of your retirement, even if you are not planning to elect SFHSS coverage on your retirement date.

Medicare Enrollment

All retirees and dependents, who are *Medicare-eligible* due to age or disability when you retire, are required to enroll in Medicare **three months** before your retirement.

Failure to enroll in Medicare when eligible will result in penalties, limitations in retiree member coverage and the termination of retiree dependent coverage.

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.

If you enrolled in Medicare Part A prior to your planned retirement, then you must contact the Social Security Administration **and enroll in Medicare Part B three months before your retirement or leave City employment.**

If you are over age 65 and not enrolled in both Medicare Part A and Part B upon retirement, you may be charged penalties by Medicare and you will be enrolled in **Blue Shield of California PPO 20**.

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. Health premium contributions will be taken from your pension check. **If your monthly premium contributions are greater than your pension check, you must contact SFHSS to make payment arrangements.**

If you take a lump-sum pension distribution, your retiree healthcare premium contributions will not be subsidized and you will pay the full cost of your monthly healthcare premiums.

Contact Employee Assistance Program (EAP)

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



Randy Scott
President
Appointed by
Controller's Office



Mary Hao
Vice-President
Appointed by
Mayor Breed



Karen Breslin
Elected by SFHSS
Membership



Chris Canning
Elected by SFHSS
Membership



Connie Chan
Appointed by the
Board of Supervisors



Stephen Follansbee, M.D.
Appointed by
Mayor Breed



Claire Zvanski
Elected by SFHSS
Membership

Health Service Board Achievements

Throughout the shelter-in-place public health order due to the COVID-19 pandemic, the Health Service Board complied with all health orders, guidance, and directives from the Department of Public Health and the Department of Human Resources. Monthly Board meetings were held in San Francisco City Hall and publicly broadcast with the support of SFGov TV and online via the WebEx platform.

Return to City Hall

On March 10, 2022, the Health Service Board conducted the first hybrid Health Service Board Meeting. With the help of SFHSS Staff support, SFGov TV, and the commitment of the Commissioners, members of the public were welcomed to join virtually or in person at City Hall. The Commissioners are commended for their diligence to navigate hybrid meetings to ensure access to all. The Board continues to host hybrid meetings in line with all health orders.

Updated Policies and Procedures

The Governance Committee oversees the governance policies. The Committee reviews Board policies every three years and began its review in November 2021. The full Board approved the updated Health Service Board Governance Policies and Terms of Reference on February 10, 2022. The Board completed their Self Evaluation on March 10, 2022, and the Annual Employee Performance Evaluation on April 14, 2022.

Board Education

The Board completed annual education survey in December 2021. The Governance Committee reviewed the results and developed the 2022 Education Plan, which was presented and approved by the full Board at the February 10, 2022 meeting. The Board completed training on Genomics, Pharmacy: High-Cost Drugs, and Addiction Services. Following the approval of the 2023-2025 HSS Strategic Plan, the Health Service Board will draft and approve a 2023-2025 Education Plan that aligns with the updated HSS Strategic Plan.

Strategic Planning

The Health Service Board Strategic Planning Special Meeting on April 28th brought together the Health Service Board, SFHSS Leadership, Employers, Retirees, the Department of Human Resources, Controller's Office, vendor partners, and Aon experts for a full day of information sharing. The convening featured presentations on Mental Health and Primary care as well as a

select panel of citywide partners sharing stories and experiences recording the health and well-being of their workforce. Two guest speakers from HSS Medicare Advantage Plans presented at the June 9th Health Service Board meeting regarding the future state of retiree health care. The Board endorsed and approved the San Francisco Health Service System 2023-2025 Strategic Plan in the fall of 2022.

Health Service Board Approval on Benefit and Plan Enhancements

A 3.22% aggregate projected increase cost for medical, vision, dental, life insurance and long-term disability insurance.

A rate decrease of 10.4% for Health Net CanopyCare HMO.

A rate increase of 3.88% for Kaiser HMO for Actives.

A rate decrease of 1.2% for Kaiser HMO Multi-Region for Early Retirees-across WA/NW/HI.

A rate decrease of 0.7% for Kaiser HMO Multi-Region for Medicare Retirees-across WA/NW/HI.

A rate decrease of 1.86% for Kaiser Medicare Senior Advantage.

A rate increase of 5.3% for BSC Trio.

A rate increase of 0.5% for BSC Access+.

A rate increase of 7.5% for BSC PPO.

A rate increase of 4.7% for UHC Medicare Advantage PPO.

A rate increase of 15.3% for Delta Dental PPO for actives.

A rate increase of 7.7% for Delta Dental PPO for retirees.

No change for UHC Fully Insured Dental HMO for actives.

No change for UHC Dental HMO for retirees.

No change for DeltaCare USA Fully Insured Dental HMO for actives.

A rate decrease of 8.4% for DeltaCare USA HMO for retirees.

A rate increase of 5% for the VSP Basic Plan, an increase of 8.7% for the VSP Premier Plan, and a 25% increase for Computer Vision Care.

A rate decrease of 22.3% for The Hartford life insurance, AD&D, and long-term disability plans.



Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Infertility Services

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

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

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

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

If you authorize SFHSS to disclose your health information, you may revoke that authorization in writing at any time.

You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated.

Any privacy complaints made to SFHSS should be made in writing. This is a summary of a legal notice that details SFHSS privacy policy.

The full legal notice of our privacy policy is available at sfhss.org/sfhss-privacy-policy-and-forms. You may also contact SFHSS to request a written copy of the full legal notice.

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, blueshieldca.com/sfhss, healthnet.com/sfhss, or contact the number on the back of your insurance card.



Children's Health Insurance Program (CHIP), Premium Assistance Under Medicaid Notice, and HIPAA Special Enrollment Notice

Medicaid or 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.

If you or your dependents are already enrolled in **Medicaid** or **CHIP**, contact your State **Medicaid** or **CHIP** office to find out if premium assistance is available.

For a complete list and contact information of states participating in the **CHIP** and **Medicaid Assistance** program, visit sfhss.org/CHIP.

If you or your dependents are NOT currently enrolled in **Medicaid** or **CHIP**, and you think you or any of your dependents might be eligible for either of these programs, contact your State **Medicaid** or **CHIP** office or dial **(877) 543-7669** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under **Medicaid** or **CHIP**, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a **special enrollment opportunity**, and **you must request coverage within 60 days of being determined eligible for premium assistance**.

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **(866) 444-3272**.

To see if any other states have added a premium assistance program or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

California Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp> or call **(916) 445-8322**.

Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment **within 30 days** after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact SFHSS at **(628) 652-4700**.

Medicare Creditable Coverage

Medicare Part D Prescription Drug Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with San Francisco Health Service System (SFHSS) and about your options under Medicare's prescription drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SFHSS has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug Plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan, your SFHSS coverage will be affected. Benefits will not be coordinated with a Medicare Part D plan. If you do decide to join a Medicare drug plan and drop your SFHSS prescription drug coverage, be aware that you may not be able to get this coverage back (does not apply to active employees or dependents).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with SFHSS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following Open Enrollment period in October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact SFHSS at **(628) 652-4700** for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through SFHSS changes. You also may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If Medicare-eligible, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit [medicare.gov](https://www.medicare.gov) or call your **State Health Insurance Assistance Program** (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. They can be reached at **(800) MEDICARE (800) 633-4227**. TTY users should call **(877) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit Social Security at [ssa.gov](https://www.ssa.gov) or call **(800) 772-1213**. (TTY: **1 (800) 325-0778**).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty). Visit sfhss.org/creditable-coverage for more details.



2023 Health Coverage Calendars

SFUSD BIWEEKLY EMPLOYEES (26 WEEKS)

Work Dates	Coverage Period
December 21, 2022 - January 03, 2023	December 21, 2022 - January 03, 2023
January 04, 2023 - January 17, 2023	January 04, 2023 - January 17, 2023
January 18, 2023 - January 31, 2023	January 18, 2023 - January 31, 2023
February 01, 2023 - February 14, 2023	February 01, 2023 - February 14, 2023
February 15, 2023 - February 28, 2023	February 15, 2023 - February 28, 2023
March 01, 2023 - March 14, 2023	March 01, 2023 - March 14, 2023
March 15, 2023 - March 28, 2023	March 15, 2023 - March 28, 2023
March 29, 2023 - April 11, 2023	March 29, 2023 - April 11, 2023
April 12, 2023 - April 25, 2023	April 12, 2023 - April 25, 2023
April 26, 2023 - May 09, 2023	April 26, 2023 - May 09, 2023
May 10, 2023 - May 23, 2023	May 10, 2023 - May 23, 2023
May 24, 2023 - June 06, 2023	May 24, 2023 - June 06, 2023
June 07, 2023 - June 20, 2023	June 07, 2023 - June 20, 2023
June 21, 2023 - July 04, 2023	June 21, 2023 - July 04, 2023
July 05, 2023 - July 18, 2023	July 05, 2023 - July 18, 2023
July 19, 2023 - August 01, 2023	July 19, 2023 - August 01, 2023
August 02, 2023 - August 15, 2023	August 02, 2023 - August 15, 2023
August 16, 2023 - August 29, 2023	August 16, 2023 - August 29, 2023
August 30, 2023 - September 12, 2023	August 30, 2023 - September 12, 2023
September 13, 2023 - September 26, 2023	September 13, 2023 - September 26, 2023
September 27, 2023 - October 10, 2023	September 27, 2023 - October 10, 2023
October 11, 2023 - October 24, 2023	October 11, 2023 - October 24, 2023
October 25, 2023 - November 07, 2023	October 25, 2023 - November 07, 2023
November 08, 2023 - November 21, 2023	November 08, 2023 - November 21, 2023
November 22, 2023 - December 05, 2023	November 22, 2023 - December 05, 2023
December 06, 2023 - December 19, 2023	December 06, 2023 - December 19, 2023

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

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.



2023 Health Coverage Calendars

UESF PRE-K PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (23 WEEKS)

Work Dates	Coverage Period
December 21, 2022 - January 03, 2023	December 21, 2022 - January 03, 2023
January 04, 2023 - January 17, 2023	January 04, 2023 - January 17, 2023
January 18, 2023 - January 31, 2023	January 18, 2023 - January 31, 2023
February 01, 2023 - February 14, 2023	February 01, 2023 - February 14, 2023
February 15, 2023 - February 28, 2023	February 15, 2023 - February 28, 2023
March 01, 2023 - March 14, 2023	March 01, 2023 - March 14, 2023
March 15, 2023 - March 28, 2023	March 15, 2023 - March 28, 2023
March 29, 2023 - April 11, 2023	March 29, 2023 - April 11, 2023
April 12, 2023 - April 25, 2023	April 12, 2023 - April 25, 2023
April 26, 2023 - May 09, 2023	April 26, 2023 - May 09, 2023
May 10, 2023 - May 23, 2023	May 10, 2023 - May 23, 2023
May 24, 2023 - June 06, 2023	May 24, 2023 - June 06, 2023
June 07, 2023 - June 20, 2023	June 07, 2023 - June 20, 2023
June 21, 2023 - July 04, 2023	June 21, 2023 - July 04, 2023
Summer Break (off from regular work)	Summer Coverage Period (extra payroll deductions taken January to June pre-pay this summer coverage period)
August 16, 2023 - August 29, 2023	August 16, 2023 - August 29, 2023
August 30, 2023 - September 12, 2023	August 30, 2023 - September 12, 2023
September 13, 2023 - September 26, 2023	September 13, 2023 - September 26, 2023
September 27, 2023 - October 10, 2023	September 27, 2023 - October 10, 2023
October 11, 2023 - October 24, 2023	October 11, 2023 - October 24, 2023
October 25, 2023 - November 07, 2023	October 25, 2023 - November 07, 2023
November 08, 2023 - November 21, 2023	November 08, 2023 - November 21, 2023
November 22, 2023 - December 05, 2023	November 22, 2023 - December 05, 2023
December 06, 2023 - December 19, 2023	December 06, 2023 - December 19, 2023

Employee premium contributions are deducted from paychecks biweekly, for a total of 23 payroll deductions. 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.



2023 Health Coverage Calendars

SEIU LOCAL 1021 SCHOOL TERM EMPLOYEES (21 WEEKS)

UESF K-12 PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (21 WEEKS)

Work Dates	Coverage Period
December 21, 2022 - January 03, 2023	December 21, 2022 - January 03, 2023
January 04, 2023 - January 17, 2023	January 04, 2023 - January 17, 2023
January 18, 2023 - January 31, 2023	January 18, 2023 - January 31, 2023
February 01, 2023 - February 14, 2023	February 01, 2023 - February 14, 2023
February 15, 2023 - February 28, 2023	February 15, 2023 - February 28, 2023
March 01, 2023 - March 14, 2023	March 01, 2023 - March 14, 2023
March 15, 2023 - March 28, 2023	March 15, 2023 - March 28, 2023
March 29, 2023 - April 11, 2023	March 29, 2023 - April 11, 2023
April 12, 2023 - April 25, 2023	April 12, 2023 - April 25, 2023
April 26, 2023 - May 09, 2023	April 26, 2023 - May 09, 2023
May 10, 2023 - May 23, 2023	May 10, 2023 - May 23, 2023
May 24, 2023 - June 06, 2023	May 24, 2023 - June 06, 2023
Summer Break (off from regular work)	Summer Coverage Period (extra payroll deductions taken January to June pre-pay this summer coverage period)
August 16, 2023 - August 29, 2023	August 16, 2023 - August 29, 2023
August 30, 2023 - September 12, 2023	August 30, 2023 - September 12, 2023
September 13, 2023 - September 26, 2023	September 13, 2023 - September 26, 2023
September 27, 2023 - October 10, 2023	September 27, 2023 - October 10, 2023
October 11, 2023 - October 24, 2023	October 11, 2023 - October 24, 2023
October 25, 2023 - November 07, 2023	October 25, 2023 - November 07, 2023
November 08, 2023 - November 21, 2023	November 08, 2023 - November 21, 2023
November 22, 2023 - December 05, 2023	November 22, 2023 - December 05, 2023
December 06, 2023 - December 19, 2023	December 06, 2023 - December 19, 2023

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions. 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.



2023 Health Coverage Calendars

SFUSD MONTHLY EMPLOYEES (12 MONTHS)

Work Dates	Coverage Period
December 21, 2022 - January 20, 2023	January 01, 2023 - January 31, 2023
January 21, 2023 - February 20, 2023	February 01, 2023 - February 28, 2023
February 21, 2023 - March 20, 2023	March 01, 2023 - March 31, 2023
March 21, 2023 - April 20, 2023	April 01, 2023 - April 30, 2023
April 21, 2023 - May 20, 2023	May 01, 2023 - May 31, 2023
May 21, 2023 - June 20, 2023	June 01, 2023 - June 30, 2023
June 21, 2023 - July 20, 2023	July 01, 2023 - July 31, 2023
July 21, 2023 - August 20, 2023	August 01, 2023 - August 31, 2023
August 21, 2023 - September 20, 2023	September 01, 2023 - September 30, 2023
September 21, 2023 - October 20, 2023	October 01, 2023 - October 31, 2023
October 21, 2023 - November 20, 2023	November 01, 2023 - November 30, 2023
November 21, 2023 - December 20, 2023	December 01, 2023 - December 31, 2023

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



2023 Medical Premium Contribution Rates: Employee Only

CLASSIFIED YEAR-ROUND EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹										
Electric Workers Local 6	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
Stationary Engineers Local 39										
Laborers, Local 261										
SEIU Local 1021	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$390.44	\$272.08
Board Designated Confidential or Unrep.										
Board Designated Managerial	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
UESF Monthly to Bi-weekly Employees	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
IFPTE Local 21										
UESF Paraeducators (Year-round)	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
UESF 15–19 hours Paraeducators							\$257.41	\$85.80		
K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
			TRIO HMO		ACCESS+ HMO					
Biweekly - 21 Pay Period Deductions	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 Paraed. Aug.–Dec.	\$355.51	\$0.00	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0.00	\$360.35	\$302.17
UESF and USP K-12 Paraed. Jan.–Jun. ²	\$503.64	\$0.00	\$510.50	\$51.98	\$510.50	\$101.41	\$486.21	\$0.00	\$510.50	\$428.07
K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
			TRIO HMO		ACCESS+ HMO					
Biweekly - 21 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Loc. 1021 K-12 Class. Aug.–Dec.	\$355.51	\$0.00	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0.00	\$390.44	\$272.08
SEIU Loc. 1021 K-12 Class. Jan.–Jun. ²	\$503.64	\$0.00	\$510.50	\$51.98	\$510.50	\$101.41	\$486.21	\$0.00	\$553.12	\$385.45
SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Aug.-Dec.							\$343.21	\$0.00		
SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Jan.-Jun. ²							\$486.21	\$0.00		
PRE-K SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
			TRIO HMO		ACCESS+ HMO					
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraed. Aug.–Dec.	\$355.51	\$0.00	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0.00	\$360.35	\$302.17
UESF and USP Paraed. Jan.–Jun. ²	\$431.69	\$0.00	\$437.57	\$44.55	\$437.57	\$86.92	\$416.76	\$0.00	\$437.57	\$366.92
CERTIFICATED EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
			TRIO HMO		ACCESS+ HMO					
Monthly - 12 Pay Period Deductions	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)										
Superintendent's Cabinet										
Certificated Unrepresented Management	\$770.28	\$0	\$780.76	\$79.50	\$780.76	\$155.09	\$743.62	\$0	\$780.76	\$654.71
UESF Certificated Personnel										
UESF Substitute Teachers (Prop A)										

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

² Rates are higher from January through June to fund coverage during the summer months.

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.

2023 Medical Premium Contribution Rates: Employee +1

CLASSIFIED YEAR-ROUND EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO					
Biweekly - 26 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹										
Electric Workers Local 6	\$709.65	\$0	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0	\$829.51	\$455.78
Stationary Engineers Local 39										
Laborers, Local 261										
SEIU Local 1021	\$709.65	\$0	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0	\$829.51	\$455.78
Board Designated Confidential or Unrep.										
Board Designated Managerial	\$458.77	\$250.88	\$463.61	\$329.10	\$463.61	\$398.88	\$446.47	\$238.57	\$463.61	\$821.68
UESF Monthly to Bi-weekly Employees	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
IFPTE Local 21	\$459.36	\$250.29	\$464.20	\$328.51	\$464.20	\$398.29	\$447.06	\$237.98	\$464.20	\$821.09
UESF Paraeducators (Year-round)	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
UESF 15–19 hours Paraeducators										

K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO					
Biweekly - 21 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraed. Aug.–Dec.	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
UESF and USP K-12 Paraed. Jan.–Jun. ²	\$715.30	\$290.04	\$722.16	\$400.85	\$722.16	\$499.70	\$697.88	\$272.60	\$722.16	\$1,098.67

K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO					
Biweekly - 21 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Class. Aug.–Dec.	\$709.65	\$0.00	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0.00	\$829.51	\$455.78
SEIU Local 1021 K-12 Class. Jan.–Jun. ²	\$1,005.34	\$0.00	\$1,071.03	\$51.98	\$1,120.46	\$101.41	\$970.47	\$0.00	\$1,175.14	\$645.69
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Aug.–Dec.										
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Jan.–Jun. ²										

PRE-K SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO					
Biweekly - 23 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators Aug.–Dec.	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
UESF and USP Paraeducators Jan.–Jun. ²	\$613.12	\$248.60	\$618.99	\$343.58	\$618.99	\$428.32	\$598.18	\$233.65	\$618.99	\$941.72

CERTIFICATED EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO					
Monthly - 12 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators										
Board of Educators (BOE)	\$944.00	\$543.58	\$1,004.48	\$713.05	\$1,004.48	\$864.25	\$967.34	\$516.92	\$1,004.48	\$1,780.32
Superintendent's Cabinet										
Certificated Unrepresented Management										
UESF Certified Personnel	\$1,094.00	\$443.58	\$1,104.48	\$613.05	\$1,104.48	\$764.25	\$1,067.34	\$416.92	\$1,104.48	\$1,680.32
UESF Substitute Teachers (Prop A)										

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

² Rates are higher from January through June to fund coverage during the summer months.

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2023 Medical Premium Contribution Rates: Employee +2 or More

CLASSIFIED YEAR-ROUND EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	TRIO HMO		ACCESS+ HMO							
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹										
Electric Workers Local 6	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
Stationary Engineers Local 39										
Laborers, Local 261										
SEIU Local 1021	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
Board Designated Confidential or Unrep.										
Board Designated Managerial	\$481.84	\$521.74	\$486.68	\$634.43	\$486.68	\$733.17	\$469.54	\$499.21	\$486.68	\$1,329.61
UESF Monthly to Bi-weekly Employees	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
IFPTE Local 21	\$514.28	\$489.30	\$519.12	\$601.99	\$519.12	\$700.73	\$501.98	\$466.77	\$519.12	\$1,297.17
UESF Paraeducators (Year-round)	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
UESF 15–19 hours Paraeducators										
K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	TRIO HMO		ACCESS+ HMO							
Biweekly - 21 Pay Period Deductions	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 Paraed. Aug.–Dec.	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
UESF and USP K-12 Paraed. Jan.–Jun. ²	\$829.73	\$592.01	\$836.58	\$751.66	\$836.58	\$891.54	\$812.30	\$560.10	\$836.58	\$1,736.50
K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	TRIO HMO		ACCESS+ HMO							
Biweekly - 21 Pay Period Deductions	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 Class. Aug.–Dec.	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
SEIU Local 1021 K-12 Class. Jan.–Jun. ²	\$1,168.28	\$253.46	\$1,175.14	\$413.10	\$1,175.14	\$552.98	\$1,150.86	\$221.54	\$1,175.14	\$1,397.94
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Aug.–Dec.										
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Jan.–Jun. ²										
PRE-K SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	TRIO HMO		ACCESS+ HMO							
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators Aug.–Dec.	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
UESF and USP Paraeducators Jan.–Jun. ²	\$711.19	\$507.44	\$717.07	\$644.28	\$717.07	\$764.18	\$696.26	\$480.08	\$717.07	\$1,488.42
CERTIFICATED EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	TRIO HMO		ACCESS+ HMO							
Monthly - 12 Pay Period Deductions	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)	\$1,044.00	\$1,130.42	\$1,054.48	\$1,374.59	\$1,054.48	\$1,588.54	\$1,017.34	\$1,081.63	\$1,054.48	\$2,880.81
Superintendent's Cabinet										
Certificated Unrepresented Management										
UESF Certified Personnel	\$1,269.00	\$905.42	\$1,279.48	\$1,149.59	\$1,279.48	\$1,363.54	\$1,242.34	\$856.63	\$1,279.48	\$2,655.81
UESF Substitute Teachers (Prop A)										

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

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Key Contacts

SFUSD Benefits Office

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

Tel: (415) 241-6101

Fax: (415) 241-6375

benefits@sfusd.edu

sfusd.edu

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

Hours: Monday, Tuesday, Wednesday, and Friday from 9am-12pm and 1pm to 5pm and Thursdays from 10am to 12pm and 1pm to 5pm.

Online Consultations

For change in family status, new hires, or retiree consultations, visit sfhss.org/contact-us

Well-Being

1145 Market Street, 1st Floor
San Francisco, CA 94103

Tel: (628) 652-4650

Fax: (628) 652-4601

wellbeing@sfgov.org

sfhss.org/well-being

Employee Assistance Program

Catherine Dodd Wellness Center

1145 Market Street, 1st Floor
San Francisco, CA 94103

Tel: (628) 652-4600 - 24/7

Fax: (628) 652-4601

eap@sfgov.org

sfhss.org/eap

Health Service Board

Attn. Board Secretary

1145 Market Street, 3rd Floor
San Francisco, CA 94103

Tel: (628) 652-4646

Fax: (628) 652-4702

health.service.board@sfgov.org

sfhss.org/health-service-board

MEDICAL PLANS

Health Net CanopyCare HMO
(833) 448-2042

healthnet.com/sfhss

Group G0727A

Blue Shield of California
Trio HMO

(855) 747-5800

blueshieldca.com/sfhss

Group W0051448

Blue Shield of California
Access+ HMO

(855) 256-9404

blueshieldca.com/sfhss

Group W0051448

Kaiser Permanente HMO
(800) 464-4000

my.kp.org/ccsf

Group 888 (North CA)

Group 231003 (South CA)

Blue Shield of California
PPO

(866) 336-0711

member.accolade.com

Group W0072990

DENTAL & VISION PLANS

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

Delta Dental PPO
(888) 335-8227

deltadentalins.com/ccsf

Group 652-0011 (**monthly**)

Group 652-0016 (**biweekly**)

Group 652-0012 (**paraeducators**)

VSP Vision Care
(800) 877-7195

www.vsp.com

Group 12145878

FSA

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

HealthEquity (FSA)
(877) 924-3967

healthequity.com

COBRA

P&A Group (COBRA)
(800) 688-2611

padmin.com

HealthEquity (Dental COBRA)
(877) 722-2667

healthequity.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 for more information.

OTHER AGENCIES

Pension Benefits

SFERS

Employees' Retirement System

(415) 487-7000

mysfers.org

CalPERS

(888) 225-7377

calpers.ca.gov

CalSTRS

(800) 228-5453

calstrs.com

PARS

(800) 540-6369

pars.org

Health Insurance Exchange

Covered California

(800) 300-1506

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



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