

SAN FRANCISCO  
HEALTH SERVICE SYSTEM

# SAN FRANCISCO UNIFIED SCHOOL DISTRICT



# 2026



HEALTH BENEFITS GUIDE



## Executive Director's Message



Your 2026 San Francisco Health Service System (SFHSS) benefits are here!

After your initial New Hire or New Retiree enrollment period, Open Enrollment is your annual opportunity to make changes to your health benefits.

For Plan Year 2026, Open Enrollment will take place from October 1 to October 24, 2025. During this period, you can:

- Review your current medical, dental, vision, and other benefit elections.
- Compare plan options and make changes to your coverage.
- Update your beneficiaries.
- Enroll in or waive coverage.

To access your benefits information and complete your enrollment, please visit [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll). You can also find helpful resources, including plan summaries and FAQs, on the site.

If you have any questions, please don't hesitate to contact SFHSS Member Services at **(628) 652-4700**.

I encourage you to take advantage of this important annual opportunity to ensure you have the benefits that best meet your needs.

In good health,

Rey Guillen



## How to Enroll Online

**SFUSD employees** can enroll in or make changes to their health benefits online for Open Enrollment or a Qualifying Life Event through **SF My Hub**. Whether you're a new hire, a rehire, or updating your benefits due to a qualifying life event, follow the step-by-step instructions below.

**Important:** If you have not previously registered for an account, go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll) and then click on **Register Your Account** (one-time only) link and follow the instructions. You will need your **DSW** or **Employee ID Number**, which is located at the top right section of your Open Enrollment letter or by calling SFHSS Member Services.

### STEP 1

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- Go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll). Click on the  **SF My Hub** icon on the top left of the web page.

### STEP 2

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- Enter your **DSW** or **Employee ID** and **Password**. Click **Agree & Sign In**.

### STEP 3

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- Complete the **Security Verification** and click **Verify**.

### STEP 4

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- If you are a new hire or a rehire, click on the **Hire/Rehire** tile.
- If you need to make mid-year changes to your benefits due to a Life Event, click on the **My Health Benefits** tile, then click on the **Life Events** tile (for qualifying life event changes).
- Then follow the directions on the web page.

### Helpful Resources and Support

For detailed instructions on enrolling or making changes to your benefits, visit [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll) and click on the appropriate manuals:

- [New Hire/Rehire Manual](#) for SFUSD Employees
- [Qualifying Life Events Manual](#) for SFUSD Employees

**Technical Support** – Call the **Department of Technology Help Desk** at **(628) 652-5000**, available Monday–Friday, 7:30 a.m. to 5:00 p.m.

For other questions visit [sfhss.org/contact-us](https://sfhss.org/contact-us).



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This Guide provides a summary of the San Francisco Health Service System benefits. For eligibility requirements, please refer to SFHSS Rules at [sfhss.org/san-francisco-health-service-system-member-rules](https://sfhss.org/san-francisco-health-service-system-member-rules) or request a copy by calling **(628) 652-4700**.



## Eligibility

### 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

The following dependents may be eligible for SFHSS benefits as defined under Section B of the SFHSS Rules:

#### Spouse or Registered Domestic Partner

A member’s spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent’s Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership certification.

**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

To be eligible for health coverage, a child must be under the age of 26 and one of the following:

1. Natural born child of the enrolled member,
2. Legally adopted child of, or a child placed for adoption with the enrolled member, or

3. A stepchild, who is a natural, legally adopted or placed for adoption of the member’s enrolled spouse or registered domestic partner.

Coverage ends at the end of the pay-period in which the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, or a **Qualifying Life Event**.

#### Legal Guardianship and Court Ordered Children

See SFHSS Rules Section B.3.b and B.3.c for more information.

#### Adult Disabled Children

To qualify a dependent as a 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 living with a disability after turning 26, *and* meet all criteria listed in the SFHSS Rules.

#### Medicare Enrollment Requirements for Dependents of Active Employees

SFHSS Rules require Medicare eligible registered domestic partners and dependents who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A, if eligible, enroll in and pay premiums for Medicare Part B.

#### 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 current federal tax returns in addition to 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 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.



# 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, if applicable, dental benefits. The determination of eligibility is made by the SFUSD Benefits Office.

## Options for Maintaining Coverage

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

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

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



### Rehired in the Fall?



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



## Medical Plan Options

SFHSS offers a variety of medical plan options to allow you to select the plan that provides the right coverage at the right cost for you and your covered family members to remain healthy and productive. SFHSS offers four Health Maintenance Organization (HMO) plans and one Preferred Provider Organization (PPO) plan.

To learn more, visit: [sfhss.org/benefits/unified\\_school\\_district](https://sfhss.org/benefits/unified_school_district).

### Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers working closely together to help coordinate your care. You select a Primary Care Physician (PCP) who will coordinate all non-emergency care and services including access to certain specialists, programs and treatments that are in the same medical group or network. You must live or work in a ZIP code serviced by the plan to enroll.

Under these plans, there is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount known as a “co-payment.”

SFHSS offers the following HMO medical plans:

- **Health Net CanopyCare HMO:**

A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents. Includes access to their "Alliance Referral Program", which provides members with access to specialists from all participating Canopy Health Medical Groups.

- **Kaiser Permanente HMO:**

Utilizing an integrated-care model, Kaiser Permanente provides care through their own doctors and facilities, including inpatient and outpatient settings, pharmacy, lab, imaging, and other ancillary services.

- **Blue Shield of California Trio HMO:**

A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents.

- **Blue Shield of California Access+ HMO:**

A broad network HMO plan with access to many of the Bay Area's medical groups. The plan includes the ability for members to self-refer themselves to certain specialists.

### Preferred Provider Organization (PPO)

A PPO is a medical plan that provides access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers. You pay less when you seek services from preferred providers. However, the plan allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill.

Generally, when compared to HMO medical plans, PPOs usually result in higher out-of-pocket costs and a deductible will apply to many services. Instead of having a fixed co-pay for medical services, your cost share may vary as a percentage of what the provider charges, as a percentage of the provider's charge, called “coinsurance”. You will need to pay your plan year deductible prior to paying your coinsurance for the applicable service.

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 hire date or Qualifying Life Event. SFHSS members may enroll online using **My Health Benefits** via **SF My Hub** (go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll) to get started) or by completing and submitting an **Enrollment Application form** by fax or mail, along with required eligibility documentation.

If you do not enroll by the deadline, your next opportunity to enroll in benefits is during the next Open Enrollment for coverage the following plan year, 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.

# Medical Plan Service Areas

County	Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ HMO	Blue Shield of CA PPO
Alameda	■	■	■	■	■
Contra Costa	■	■	■	■	■
Marin	■	■	○	■	■
Monterey		○	○	○	■
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 or work in a ZIP code served 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 **(800) 357-1901**. For **Blue Shield of California's Access+ HMO**, call **(800) 357-1901**. 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 **(888) 499-5532**.



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 in Frontline Employee Portal.**

**For instructions:** [click here](#). Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.

# Medical Plans

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

	HEALTH NET	KAISER PERMANENTE	BLUE SHIELD OF CALIFORNIA		
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO
<b>Choice of Physician</b>	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	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.
<b>Deductible</b>	No deductible	No deductible	No deductible	<b>IN-NETWORK AND OUT-OF-AREA</b>	
				<b>OUT-OF-NETWORK</b>	
				\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
<b>Out-of-Pocket Maximum</b> does not include premium contributions	\$2,000 per individual \$4,000 per family	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
<b>General Care and Urgent Care</b>					
<b>Annual Physical; Well Woman Exam</b>	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
<b>Doctor Office Visit</b>	\$25 co-pay	\$20 co-pay	\$25 co-pay	85% covered after deductible	50% covered after deductible
<b>Urgent Care Visit</b>	\$25 co-pay in-network and out-of-network	\$20 co-pay	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible
<b>Family Planning</b>	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
<b>Immunizations</b>	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
<b>Lab and X-ray</b>	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
<b>Doctor's Hospital Visit</b>	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible
<b>Prescription Drugs</b>					
<b>Pharmacy: Generic</b>	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
<b>Pharmacy: Brand-Name</b>	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
<b>Pharmacy: Non-Formulary</b>	\$50 co-pay 30-day supply	Only if authorized by a Kaiser Physician	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
<b>Mail Order: Generic</b>	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered
<b>Mail Order: Brand-Name</b>	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered
<b>Mail Order: Non-Formulary</b>	\$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Not covered
<b>Specialty</b>	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	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	KAISER PERMANENTE	BLUE SHIELD OF CALIFORNIA			
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
<b>Hospital Outpatient and Inpatient</b>						
<b>Hospital Outpatient</b>	\$100 co-pay per surgery	\$35 co-pay	\$100 co-pay per surgery		85% covered after deductible	50% covered after deductible
<b>Hospital Inpatient</b>	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
<b>Hospital Emergency Room</b>	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized		85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
<b>Skilled Nursing Facility</b>	No charge 100 days per plan year	No charge 100 days per benefit period	No charge 100 days per plan year		85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
<b>Hospice</b>	No charge authorization req.	No charge when medically necessary	No charge authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Maternity and Fertility</b>						
<b>Hospital or Birthing Center</b>	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
<b>Pre-/Post-Partum Care</b>	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
<b>Well Child Care</b>	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		100% covered no deductible	100% covered no deductible
<b>IVF, GIFT, ZIFT and Artificial Insemination</b>	Co-pays apply; authorization required	Co-pays apply; authorization required	Co-pays apply; authorization required		85% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
<b>Mental Health and Substance Abuse Services</b>						
<b>Outpatient Treatment</b>	\$25 co-pay non-severe and severe	\$10 co-pay group \$20 co-pay individual	\$25 co-pay non-severe and severe		85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Inpatient Facility</b> including detox and residential rehab	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Other</b>						
<b>Hearing Aids</b> 1 aid per ear every 36 months; no charge for evaluation	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 evaluation charge	Up to \$2,500 per ear, every 36 months; no charge for evaluation		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
<b>Medical Equipment, Prosthetics and Orthotics</b>	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
<b>Physical and Occupational Therapy</b>	\$25 co-pay	\$20 co-pay authorization required	\$25 co-pay		85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
<b>Acupuncture/Chiropractic</b>	\$15 co-pay 30 visits max for each per plan year; ASH network	\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	\$15 co-pay 30 visits max for each per plan year; ASH network		50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
<b>Gender Dysphoria</b> office visits and outpatient surgery	Co-pays apply; authorization required	Co-pays apply; authorization required	Co-pays apply; authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification



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

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA	
			TRIO HMO	ACCESS+ HMO
<b>Provider Medical Group/IPA</b>				
Brown and Toland Medical Group	No		Yes	Yes
Dignity Physicians Medical Group	Yes (Dominican-Santa Cruz)		Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)
Hill Physicians Medical Group	Yes (Alameda, Contra Costa, Marin, S.F. and San Mateo)		Yes	Yes
John Muir Physician Network	Yes		Yes	Yes
Santa Clara Physician Network (SCCIPA)	Yes		Yes	Yes
Sutter Palo Alto Medical Foundation Physicians	No		No	Yes
<b>Hospitals</b>				
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes		Yes	Yes
El Camino Hospital	No		Yes	Yes
Good Samaritan Hospital	Yes		Santa Clara and LA Counties Only	Yes
MarinHealth	Yes		No	Yes
San Jose Regional Medical Center	Yes		Yes	Yes
San Ramon Regional Medical Center	Yes		Yes	Yes
Santa Clara Valley Medical Center	No		Yes	Yes
Stanford Hospitals and Clinics	No		Yes	Yes
Sutter Alta Bates Summit Medical Center	No		Yes	Yes
Sutter Eden Medical Center	No		Yes	Yes
Sutter California Pacific Medical Center (CPMC)	No		Yes (only with Brown and Toland IPA)	Yes
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	Yes		No	No

*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.*



# Health Benefits During a Leave of Absence

You must immediately notify SFHSS of any leave of absence.

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

## Health Benefits During a Leave of Absence

- 1. Medical and Vision.** While you are on an unpaid leave, premiums for health coverage cannot be deducted from your paycheck. To maintain coverage, you must pay premium contributions directly to SFHSS. Please refer to the section titled “*Your Responsibilities*” below.
- 2. Your Responsibilities.** Notify your *supervisor* and *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 email upon approval of your leave. You may choose to continue or waive health coverage while on leave by submitting an Enrollment Application Form to waive your coverage to SFHSS. To create an account to make online payments, visit [sfhss.org/how-make-payment](http://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?** Submit a ticket to the **SFUSD Benefits Team** via the URL [eis.sfusd.edu](http://eis.sfusd.edu).

# 2026 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA							
	You Pay	SFUSD Pays	You Pay	SFUSD Pays	TRIO HMO	ACCESS+ HMO	PPO	You Pay	SFUSD Pays	You Pay	SFUSD Pays	
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>Consolidated Crafts<sup>1</sup>, Electric Workers Local 6, Stationary Engrs Local 39, Laborers, Local 261</i>												
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83		
Employee +1	\$0.00	\$726.38	\$12.69	\$879.58	\$64.26	\$931.16	\$149.19	\$1,016.08	\$285.29	\$1,045.25		
Employee +2	\$51.69	\$974.99	\$216.16	\$1,045.25	\$362.12	\$1,045.25	\$602.47	\$1,045.25	\$834.54	\$1,045.25		
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>SEIU Local 1021, Board Designated Confidential or Unrep.</i>												
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$221.41	\$464.92		
Employee +1	\$0.00	\$726.38	\$12.69	\$879.58	\$64.26	\$931.16	\$149.19	\$1,016.08	\$285.29	\$1,045.25		
Employee +2	\$51.69	\$974.99	\$216.16	\$1,045.25	\$362.12	\$1,045.25	\$602.47	\$1,045.25	\$834.54	\$1,045.25		
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>Board Designated Managerial</i>												
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83		
Employee +1	\$258.55	\$467.83	\$354.18	\$538.09	\$457.33	\$538.09	\$627.18	\$538.09	\$792.45	\$538.09		
Employee +2	\$535.78	\$490.90	\$700.25	\$561.16	\$846.21	\$561.16	\$1,086.56	\$561.16	\$1,318.63	\$561.16		
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>UESF Paraeducators (Year-round)</i>												
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83		
Employee +1	\$212.40	\$513.98	\$308.03	\$584.24	\$411.18	\$584.24	\$581.03	\$584.24	\$746.30	\$584.24		
Employee +2	\$431.93	\$594.75	\$596.40	\$665.01	\$742.36	\$665.01	\$982.71	\$665.01	\$1,214.78	\$665.01		
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>IFPTE Local 21</i>												
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83		
Employee +1	\$257.96	\$468.42	\$353.59	\$538.68	\$456.74	\$538.68	\$626.59	\$538.68	\$791.86	\$538.68		
Employee +2	\$503.34	\$523.34	\$667.81	\$593.60	\$813.77	\$593.60	\$1,054.12	\$593.60	\$1,286.19	\$593.60		
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>UESF 15–19 hours Paraeducators</i>												
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only			\$111.88	\$335.64								
Employee +1												
Employee +2												

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

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.

# 2026 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
<b>PRE-K and K-12 SCHOOL TERM EMPLOYEES</b> <i>UESF and USP K-12 Paraed. - Aug.-Dec.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$251.50	\$434.83
Employee +1	\$212.40	\$513.98	\$308.03	\$584.24	\$411.18	\$584.24	\$581.03	\$584.24	\$746.30	\$584.24
Employee +2	\$431.93	\$594.75	\$596.40	\$665.01	\$742.36	\$665.01	\$982.71	\$665.01	\$1,214.78	\$665.01
<b>PRE-K and K-12 SCHOOL TERM EMPLOYEES</b> <i>UESF and USP K-12 Paraed. - Jan.-Jun.<sup>2</sup></i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$530.28	\$18.46	\$632.48	\$93.47	\$632.48	\$217.00	\$632.48	\$365.82	\$632.48
Employee +1	\$308.95	\$747.61	\$448.04	\$849.80	\$598.08	\$849.80	\$845.13	\$849.80	\$1,085.53	\$849.80
Employee +2	\$628.26	\$865.09	\$867.49	\$967.29	\$1,079.80	\$967.29	\$1,429.40	\$967.29	\$1,766.95	\$967.29
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week - Aug.-Dec.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only			\$0.00	\$447.52						
Employee +1										
Employee +2										
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week - Jan.-Jun.<sup>2</sup></i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only			\$0.00	\$650.94						
Employee +1										
Employee +2										
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 K-12 Class. - Aug.-Dec.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$364.57	\$12.69	\$434.83	\$64.26	\$434.83	\$149.19	\$434.83	\$221.41	\$464.92
Employee +1	\$0.00	\$726.38	\$12.69	\$879.58	\$64.26	\$931.16	\$149.19	\$1,016.08	\$285.29	\$1,045.25
Employee +2	\$51.69	\$974.99	\$216.16	\$1,045.25	\$362.12	\$1,045.25	\$602.47	\$1,045.25	\$834.54	\$1,045.25
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 K-12 Class. - Jan.-Jun.<sup>2</sup></i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$530.28	\$18.46	\$632.48	\$93.47	\$632.48	\$217.00	\$632.48	\$322.05	\$676.25
Employee +1	\$0.00	\$1,056.55	\$18.46	\$1,279.39	\$93.47	\$1,354.41	\$217.00	\$1,477.93	\$414.97	\$1,520.36
Employee +2	\$75.19	\$1,418.17	\$314.41	\$1,520.36	\$526.72	\$1,520.36	\$876.32	\$1,520.36	\$1,213.88	\$1,520.36

<sup>2</sup> 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.

# 2026 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
	You Pay	SFUSD Pays	You Pay	SFUSD Pays	TRIO HMO	ACCESS+ HMO	PPO			
<b>CERTIFICATED EMPLOYEES</b> <i>UASF Local 3 Admins., Board of Educators (BOE), Sup's Cabinet, Certificated Unrep. Mgmt. – Aug.-Dec.</i>										
<b>Monthly - 11 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$789.90	\$27.48	\$942.14	\$139.22	\$942.14	\$323.23	\$942.14	\$544.89	\$942.14
Employee +1	\$560.21	\$1,013.62	\$767.40	\$1,165.86	\$990.88	\$1,165.86	\$1,358.90	\$1,165.86	\$1,716.97	\$1,165.86
Employee +2	\$1,160.84	\$1,063.62	\$1,517.20	\$1,215.86	\$1,833.45	\$1,215.86	\$2,354.21	\$1,215.86	\$2,857.02	\$1,215.86
<b>CERTIFICATED EMPLOYEES</b> <i>UASF Local 3 Admins., Board of Educators (BOE), Sup's Cabinet, Certificated Unrep. Mgmt. – Jan.-Jun.</i>										
<b>Monthly - 11 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$921.55	\$32.05	\$1,099.17	\$162.42	\$1,099.17	\$377.10	\$1,099.17	\$635.70	\$1,099.17
Employee +1	\$653.58	\$1,182.56	\$895.30	\$1,360.17	\$1,156.02	\$1,360.17	\$1,585.38	\$1,360.17	\$2,003.13	\$1,360.17
Employee +2	\$1,354.31	\$1,240.89	\$1,770.06	\$1,418.51	\$2,139.02	\$1,418.51	\$2,746.58	\$1,418.51	\$3,333.19	\$1,418.51
<b>CERTIFICATED EMPLOYEES</b> <i>UESF Certificated Personnel, UESF Substitute Teachers (Prop A) – Aug.-Dec.</i>										
<b>Monthly - 11 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$789.90	\$27.48	\$942.14	\$139.22	\$942.14	\$323.23	\$942.14	\$544.89	\$942.14
Employee +1	\$460.21	\$1,113.62	\$667.40	\$1,265.86	\$890.88	\$1,265.86	\$1,258.90	\$1,265.86	\$1,616.97	\$1,265.86
Employee +2	\$935.84	\$1,288.62	\$1,292.20	\$1,440.86	\$1,608.45	\$1,440.86	\$2,129.21	\$1,440.86	\$2,632.02	\$1,440.86
<b>CERTIFICATED EMPLOYEES</b> <i>UESF Certificated Personnel, UESF Substitute Teachers (Prop A) – Jan.-Jun.</i>										
<b>Monthly - 11 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$921.55	\$32.05	\$1,099.17	\$162.42	\$1,099.17	\$377.10	\$1,099.17	\$635.70	\$1,099.17
Employee +1	\$536.91	\$1,299.23	\$778.63	\$1,476.84	\$1,039.36	\$1,476.84	\$1,468.71	\$1,476.84	\$1,886.46	\$1,476.84
Employee +2	\$1,091.81	\$1,503.39	\$1,507.56	\$1,681.01	\$1,876.52	\$1,681.01	\$2,484.08	\$1,681.01	\$3,070.69	\$1,681.01

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.

## Vision Plan Options

SFHSS offers two vision plans for members and dependents who are enrolled in a SFHSS medical plan. Vision coverage is provided through Vision Service Plan (VSP). To learn more, visit:

[sfhss.org/benefits/unified\\_school\\_district](https://sfhss.org/benefits/unified_school_district)

### Vision Service Plan - Basic

The VSP Basic Plan is included with enrollment in all SFHSS medical plans. Members are eligible for a vision exam once a year, and either one set of contacts or a pair of eyeglasses frames/lenses every other calendar year. Eligible dependent children are covered in full for polycarbonate prescription lenses.

### Vision Service Plan - Premier

Members may buy-up to the VSP Premier Plan that includes coverage for either one set of contacts or a pair of eyeglasses frames/lenses every calendar year. The VSP Premier Plan provides a higher allowance for a frame and lenses or contacts. If a member buys up to the VSP Premier Plan, member's dependents will also be enrolled in the VSP Premier Plan.

### Accessing Your Vision Benefits

You may go to a VSP in-network or out-of-network provider. In-network providers include Costco, Visionworks, Walmart Vision, and Sam's Club. Visit [www.vsp.com](https://www.vsp.com) for a complete list of network providers.

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. You can submit a claim for reimbursement online from your VSP member account or by contacting VSP Member Services at **(800) 877-7195** and requesting a claim or reimbursement form.

### Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plain (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.

For more information, please review the Evidence of Coverage at [sfhss.org/vsp-vision-plans](https://sfhss.org/vsp-vision-plans)

### 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.

### VSP Vision Care Member Extras

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

VSP also provides savings on **hearing aids** through **TruHearing®** for members, their 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 offered through SFHSS. Member and their dependents must elect the same Vision Plan option.**



# Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic <sup>1</sup>	Vision Service Plan - Premier
<b>Well Vision Exam</b>	\$10 co-pay every calendar year	\$10 co-pay every calendar year
<b>Single Vision Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Bifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Trifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Standard Progressive Lenses</b>	100% coverage every other calendar year	100% coverage every calendar year
<b>Premium Progressive Lenses</b>	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Progressive Lenses</b>	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Standard Anti-Reflective Coating</b>	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Premium Anti-Reflective Coating</b>	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Anti-Reflective Coating</b>	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Scratch-Resistant Coating</b>	Fully covered every other calendar year	Fully Covered every calendar year
<b>Frames</b>	\$150 allowance for a wide selection of frames. \$170 allowance for featured frames; 20% savings on amount over the allowance; \$80 allowance at Costco and Walmart/Sam's Club; \$25 co-pay applies; Every other calendar year.	\$300 allowance for a wide selection of frames. \$320 allowance for featured frame; 20% savings on the amount over your allowance; \$165 allowance at Costco and Walmart/Sam's Club; No additional co-pay; Every calendar year.
<b>Contacts</b> ( <i>instead of glasses</i> )	\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year
<b>Contact Lens Exam</b>	Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every calendar year
<b>Essential Medical Eye Care</b> ( <i>for the treatment of urgent or acute ocular conditions</i> )	\$5 co-pay	\$5 co-pay
<b>Lightcare</b>	\$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.	\$300 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.

## VSP Premier Contribution

Biweekly (26 Pay Periods)	Biweekly (21 Pay Periods <sup>3</sup> )	Monthly (11 Pay Periods <sup>3</sup> )
<b>E Only \$5.48</b> <b>E + 1 Dep. \$8.36</b> <b>E + 2 or more \$17.09</b>	<b>E Only \$7.97   \$5.48</b> <b>E +1 Dep. \$12.16   \$8.36</b> <b>E +2 or more \$24.85   \$17.09</b>	<b>E Only \$13.85   \$11.87</b> <b>E + 1 Dep. \$21.13   \$18.11</b> <b>E + 2 or more \$43.19   \$37.02</b>

## Your Coverage with Out-of-Network Providers

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

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

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

<sup>2</sup>Under the VSP Basic plan, new lenses may be covered the next year if Rx change is no less than a +/- 0.50 diopter power.

<sup>3</sup>Employees with 11 and 21 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.



## Well-Being and Mental Health Benefits

Your health plan offers many **free or low-cost** benefits to support preventive care, healthy living, mental health, and overall well-being. For more information, visit [sfhss.org/using-your-benefits/using-your-benefits-employees](https://sfhss.org/using-your-benefits/using-your-benefits-employees).

Your Health Plan Offerings	Annual Preventive Care Offerings
<p><b>Find the right service and care you need:</b></p> <ul style="list-style-type: none"> <li>■ Acupuncture</li> <li>■ Chiropractic care</li> <li>■ Diabetes Prevention</li> <li>■ Gender Affirming Care</li> <li>■ Gym Discounts</li> <li>■ Healthy Eating &amp; Nutrition</li> <li>■ Lifestyle Coaching</li> <li>■ Mental Health &amp; Substance Use Disorder Benefits*</li> <li>■ Pregnancy &amp; Lactation</li> <li>■ Tobacco Cessation</li> <li>■ Weight Management Programs</li> </ul>	<p><b>Don't forget your Annual Preventive Care Exams!</b></p> <ul style="list-style-type: none"> <li>■ Annual Physical provided by your PCP</li> <li>■ Annual Well Vision Exam</li> <li>■ Cancer Screenings recommended by your PCP</li> <li>■ Dental Exam and Cleaning Every 6 Months                             <ul style="list-style-type: none"> <li>■ Limit of two (2) dental exams and;</li> <li>■ Two (2) cleanings per calendar year</li> </ul> </li> <li>■ Vaccinations recommended by your PCP</li> <li>■ Well-Check provided by your PCP</li> <li>■ Well-Women Exam provided by your PCP</li> </ul>



## Employee Assistance Program (EAP)

Employee Assistance Program (EAP) Counselors are available Monday through Friday, 8 a.m. to 5 p.m. for confidential counseling and consultation. Employees can also access services through the EAP 24/7. Guidance Consultations are available 24/7 for confidential assessment and referral.

If you think you need help, or are having difficulty accessing Mental Health or Substance Abuse services through your health plan, call EAP at **(628) 652-4600**.

For urgent Mental Health issues, members should call **911** or go to the nearest hospital emergency room.

Visit us at [sfhss.org/eap](https://sfhss.org/eap) for more resources. We're Here for You!

Individual Services	Organizational Services
<ul style="list-style-type: none"> <li>■ Short-Term Solution Focused on Counseling for Individuals and Couples</li> <li>■ Assessment and Referrals</li> <li>■ Consultation and Coaching</li> <li>■ Mental Health Benefit Advocacy and Navigation</li> </ul>	<ul style="list-style-type: none"> <li>■ Management Consultation and Coaching</li> <li>■ Employee Mediation</li> <li>■ Critical Incident Response</li> <li>■ Workshops and Trainings</li> </ul>

\*As a result of the mental health parity law, there is no yearly or lifetime dollar amounts for Mental Health and Substance Abuse services.



# 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**. SFUSD will send enrollment instructions for newly eligible employees. For qualifying life events please contact the benefits team by submitting a ticket at URL [eis.sfusd.edu](https://eis.sfusd.edu). 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](http://www.deltadentalins.com).

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

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



## Additional SFUSD Benefits

### Flexible Spending Accounts

Flexible Spending Account enrollment is handled by the **SFUSD Benefits Office**. FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both during open enrollment or **within 30 days** of your hire date. 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 the plan administrator **HealthEquity** by required deadlines. For more information, visit [healthequity.com](https://www.healthequity.com).

A **Healthcare FSA** allows each employee to pay for up to \$3,300 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.

Visit [www.healthequity.com/learn/flexible-spending-account](https://www.healthequity.com/learn/flexible-spending-account) for additional information about FSA medical.

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.

Visit [www.healthequity.com/learn/dcfsa](https://www.healthequity.com/learn/dcfsa) for additional information about FSA Dependent Care plans.

Before enrolling in your FSA, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2026. Budget conservatively. Based on new federal law, you may roll forward up to \$660 in unused funds in your Healthcare FSA year over year.

**Any unreimbursed Healthcare FSA funds in excess of \$660 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](https://irs.gov/forms-pubs/about-publication-502)
- [irs.gov/forms-pubs/about-publication-503](https://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](https://sfusd.edu) or submit a help desk ticket at [eis.sfusd.edu](https://eis.sfusd.edu) for a list of additional voluntary supplemental benefit programs available through SFUSD. Commuter transit and parking accounts are also available and allow you to use pre-tax funds to pay for public transit commuting costs.





# COBRA and Covered California

## COBRA

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

For Cobra information, visit [padmin.com](http://padmin.com) or call **(800) 688-2611**.

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

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

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

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

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

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

## COBRA Notification and Election Time Limits

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

## Paying for COBRA

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

## 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.



# 2026 Monthly COBRA Premium Rates



Health Net CanopyCare HMO	
Employee Only	\$805.70
Employee +1	\$1,605.31
Employee +2 or More	\$2,268.95
Kaiser Permanente HMO	
Employee Only	\$989.01
Employee +1	\$1,971.93
Employee +2 or More	\$2,787.72
Blue Shield of California Trio HMO	
Employee Only	\$1,102.99
Employee +1	\$2,199.87
Employee +2 or More	\$3,110.30
Blue Shield of California Access+ HMO	
Employee Only	\$1,290.68
Employee +1	\$2,575.26
Employee +2 or More	\$3,641.47
Blue Shield of California PPO	
Employee Only	\$1,516.77
Employee +1	\$2,940.49
Employee +2 or More	\$4,154.34
VSP Premier	
Employee Only	\$12.11
Employee +1	\$18.47
Employee +2 or More	\$37.76

### Health Equity | Wage Works

Your dental COBRA is administered by **Health Equity**. You should receive the COBRA notification packet from Health Equity within **45 days** after your termination date.

Contact: [mybenefits.wageworks.com](https://mybenefits.wageworks.com) (877) 722-2667.



# 2026 Health Coverage Calendars

## SFUSD YEAR ROUND BIWEEKLY EMPLOYEES (26 Pay Periods)

Work Dates	Coverage Period
December 31, 2025 - January 13, 2026	December 31, 2025 - January 13, 2026
January 14, 2026 - January 27, 2026	January 14, 2026 - January 27, 2026
January 28, 2026 - February 10, 2026	January 28, 2026 - February 10, 2026
February 11, 2026 - February 24, 2026	February 11, 2026 - February 24, 2026
February 25, 2026 - March 10, 2026	February 25, 2026 - March 10, 2026
March 11, 2026 - March 24, 2026	March 11, 2026 - March 24, 2026
March 25, 2026 - April 7, 2026	March 25, 2026 - April 7, 2026
April 8, 2026 - April 21, 2026	April 8, 2026 - April 21, 2026
April 22, 2026 - May 5, 2026	April 22, 2026 - May 5, 2026
May 6, 2026 - May 19, 2026	May 6, 2026 - May 19, 2026
May 20, 2026 - June 2, 2026	May 20, 2026 - June 2, 2026
June 3, 2026 - June 16, 2026	June 3, 2026 - June 16, 2026
June 17, 2026 - June 30, 2026	June 17, 2026 - June 30, 2026
July 1, 2026 - July 14, 2026	July 1, 2026 - July 14, 2026
July 15, 2026 - July 28, 2026	July 15, 2026 - July 28, 2026
July 29, 2026 - August 11, 2026	July 29, 2026 - August 11, 2026
August 12, 2026 - August 25, 2026	August 12, 2026 - August 25, 2026
August 26, 2026 - September 8, 2026	August 26, 2026 - September 8, 2026
September 9, 2026 - September 22, 2026	September 9, 2026 - September 22, 2026
September 23, 2026 - October 6, 2026	September 23, 2026 - October 6, 2026
October 7, 2026 - October 20, 2026	October 7, 2026 - October 20, 2026
October 21, 2026 - November 3, 2026	October 21, 2026 - November 3, 2026
November 4, 2026 - November 17, 2026	November 4, 2026 - November 17, 2026
November 18, 2026 - December 1, 2026	November 18, 2026 - December 1, 2026
December 2, 2026 - December 15, 2026	December 2, 2026 - December 15, 2026
December 16, 2026 - December 29, 2026	December 16, 2026 - December 29, 2026

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.



# 2026 Health Coverage Calendars

## SCHOOL TERM BIWEEKLY EMPLOYEES (21 Pay Periods)

Work Dates	Coverage Period
December 31, 2025 - January 13, 2026	December 31, 2025 - January 13, 2026
January 14, 2026 - January 27, 2026	January 14, 2026 - January 27, 2026
January 28, 2026 - February 10, 2026	January 28, 2026 - February 10, 2026
February 11, 2026 - February 24, 2026	February 11, 2026 - February 24, 2026
February 25, 2026 - March 10, 2026	February 25, 2026 - March 10, 2026
March 11, 2026 - March 24, 2026	March 11, 2026 - March 24, 2026
March 25, 2026 - April 7, 2026	March 25, 2026 - April 7, 2026
April 8, 2026 - April 21, 2026	April 8, 2026 - April 21, 2026
April 22, 2026 - May 5, 2026	April 22, 2026 - May 5, 2026
May 6, 2026 - May 19, 2026	May 6, 2026 - May 19, 2026
May 20, 2026 - June 2, 2026	May 20, 2026 - June 2, 2026
Summer Break <i>(off from regular work)</i>	Summer Coverage Period <i>(extra payroll deductions taken January to June pre-pay this summer coverage period)</i>
August 12, 2026 - August 25, 2026	August 12, 2026 - August 25, 2026
August 26, 2026 - September 8, 2026	August 26, 2026 - September 8, 2026
September 9, 2026 - September 22, 2026	September 9, 2026 - September 22, 2026
September 23, 2026 - October 6, 2026	September 23, 2026 - October 6, 2026
October 7, 2026 - October 20, 2026	October 7, 2026 - October 20, 2026
October 21, 2026 - November 3, 2026	October 21, 2026 - November 3, 2026
November 4, 2026 - November 17, 2026	November 4, 2026 - November 17, 2026
November 18, 2026 - December 1, 2026	November 18, 2026 - December 1, 2026
December 2, 2026 - December 15, 2026	December 2, 2026 - December 15, 2026
December 16, 2026 - December 29, 2026	December 16, 2026 - December 29, 2026

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, when no paycheck contributions are taken; 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.



# 2026 Health Coverage Calendars

## MONTHLY EMPLOYEES (11 Pay Periods)

Work Dates	Coverage Period
January 1, 2026 - January 31, 2026	January 1, 2026 - January 31, 2026
February 1, 2026 - February 28, 2026	February 1, 2026 - February 28, 2026
March 1, 2026 - March 31, 2026	March 1, 2026 - March 31, 2026
April 1, 2026 - April 30, 2026	April 1, 2026 - April 30, 2026
May 1, 2026 - May 31, 2026	May 1, 2026 - May 31, 2026
June 1, 2026 - June 30, 2026	June 1, 2026 - June 30, 2026
<p>Summer Break <i>(off from regular work)</i></p>	<p>Summer Coverage Period <i>(extra payroll deductions taken January to June pre-pay this summer coverage period)</i></p>
August 1, 2026 - August 31, 2026	August 1, 2026 - August 31, 2026
September 1, 2026 - September 30, 2026	September 1, 2026 - September 30, 2026
October 1, 2026 - October 31, 2026	October 1, 2026 - October 31, 2026
November 1, 2026 - November 30, 2026	November 1, 2026 - November 30, 2026
December 1, 2026 - December 31, 2026	December 1, 2026 - December 31, 2026

Employee premium contributions are deducted from paychecks monthly, for a total of 11 payroll deductions.

Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during summer, when no paycheck contributions are taken; 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.



# Key Contacts

## SFUSD Benefits Office

555 Franklin Street, 2nd Floor  
San Francisco, CA 94102  
Tel: (415) 241-6101  
Fax: (415) 241-6375  
[eis.sfusd.edu](mailto:eis.sfusd.edu)  
[sfusd.edu](http://sfusd.edu)

## SFHSS

1145 Market Street, 3rd Floor  
San Francisco, CA 94103  
Tel: (628) 652-4700  
Fax: (628) 652-4701  
[sfhss.org](http://sfhss.org)

## SFHSS Telephone Hours

Monday, Tuesday, Wednesday,  
and Friday: 9am to 12pm and  
1 p.m. to 5 p.m. Thursday: 10 a.m.  
to Noon and 1 p.m. to 5 p.m.

## Update Your Information

For changes to your address,  
phone number, or email,  
please update in the  
**Frontline Employee Portal**.

For instructions: [click here](#).

For changes in family status,  
new hires, and more please visit  
[sfhss.org/contact-us](http://sfhss.org/contact-us)

## Well-Being

1145 Market Street, 2nd floor  
San Francisco, CA 94103  
Tel: (628) 652-4650  
Fax: (628) 652-4601  
[well-being@sfgov.org](mailto:well-being@sfgov.org)  
[sfhss.org/well-being](http://sfhss.org/well-being)

## Employee Assistance Program

1145 Market Street, 2nd floor  
San Francisco, CA 94103  
Tel: (628) 652-4600 - 24/7  
Fax: (628) 652-4601  
[eap@sfgov.org](mailto:eap@sfgov.org)  
[sfhss.org/eap](http://sfhss.org/eap)

## Health Service Board

Attn. Board Secretary  
1145 Market Street, 3rd Floor  
San Francisco, CA 94103  
Tel: (628) 652-4646  
Fax: (628) 652-4702  
[health.service.board@sfgov.org](mailto:health.service.board@sfgov.org)  
[sfhss.org/health-service-board](http://sfhss.org/health-service-board)

## MEDICAL PLANS

**Health Net CanopyCare HMO**  
(833) 448-2042  
[healthnet.com/sfhss](http://healthnet.com/sfhss)  
Group G0727A

**Kaiser Permanente HMO**  
(800) 464-4000  
[choose.kp.org/sfhss](http://choose.kp.org/sfhss)  
Group 888 (North CA)  
Group 231003 (South CA)

**Blue Shield of California  
Trio HMO**  
(800) 357-1901  
[blueshieldca.com/sfhss](http://blueshieldca.com/sfhss)  
Group W0051448

**Blue Shield of California  
Access+ HMO**  
(800) 357-1901  
[blueshieldca.com/sfhss](http://blueshieldca.com/sfhss)  
Group W0051448

**Blue Shield of California  
PPO (Non-Medicare)**  
(888) 499-5532  
[blueshieldca.com/sfhss](http://blueshieldca.com/sfhss)  
Group W0051448

**Blue Shield of California  
MAPD PPO (Medicare)**  
(800) 370-8852  
[blueshieldca.com/sfhss](http://blueshieldca.com/sfhss)  
Group W0051448

## DENTAL & VISION PLANS

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

**Delta Dental PPO**  
(888) 335-8227  
[deltadentalins.com](http://deltadentalins.com)

Group 652-0011 (monthly)  
Group 652-0016 (biweekly)  
Group 652-0012 (paraeducators)

**VSP Vision Care**  
(800) 877-7195  
[www.vsp.com](http://www.vsp.com)  
Group 12145878

## FSA

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

**HealthEquity (FSA)**  
(877) 924-3967  
[healthequity.com](http://healthequity.com)

## COBRA

**P&A Group (COBRA)**  
(800) 688-2611  
[padmin.com](http://padmin.com)

**HealthEquity (Dental COBRA)**  
(877) 722-2667  
[healthequity.com](http://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](http://sfusd.edu) for more information.

## OTHER AGENCIES

**Pension Benefits  
SFERS**  
Employees' Retirement System  
Tel: (415) 487-7000  
Toll Free: (888) 849-0777  
[mysfers.org](http://mysfers.org)

**CalPERS**  
(888) 225-7377  
[calpers.ca.gov](http://calpers.ca.gov)

**CalSTRS**  
(800) 228-5453  
[calstrs.com](http://calstrs.com)

**PARS**  
(800) 540-6369  
[pars.org](http://pars.org)

**Health Insurance Exchange  
Covered California**  
(800) 300-1506  
[coveredca.com](http://coveredca.com)

## CCSF PAYMENT PORTAL

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



[sfhss.org/register-sfhss-newsletter-today](https://sfhss.org/register-sfhss-newsletter-today)

