

**HEALTH
BENEFITS
OPEN
ENROLLMENT**

OCTOBER 1-29, 2021

Month xx, 2021

<<Name Display>> <<Dept.>>
<<Address1>> <<Address2>>
<<City>>, <<State>> <<Postal>>

OPEN ENROLLMENT STATEMENT

Employee ID: <<Emplid>>



IF YOU WOULD LIKE A FLEXIBLE SPENDING ACCOUNT IN 2022, YOU MUST RE-ENROLL DURING OPEN ENROLLMENT. PLEASE READ THIS LETTER AND REVIEW THE STEP-BY-STEP GUIDE IN THE BOOKLET. NEW HEALTH PLANS INSIDE!

Welcome to San Francisco Health Service System's 2022 Open Enrollment! *We are offering a new HMO health plan: **Health Net CanopyCare HMO**. **Blue Shield of California PPO-Accolade will replace UnitedHealthcare PPO (UHC PPO)**. If you are currently enrolled in UHC PPO, you will be enrolled in Blue Shield of CA PPO-Accolade. Read the enclosed inserts to learn more about all our medical plans. Use the enclosed **step-by-step guide** to help you navigate your benefits and any changes you want to make. If you plan to keep your exact same benefits, you have no further actions to take. City of San Francisco employees who attend an Open Enrollment webinar and provide their email address will automatically be enrolled into a raffle for a variety of Wellness prizes!

If you currently have an FSA, your election will not extend into next year. All current FSA elections will expire on December 31, 2021. If you would like an FSA in 2022, **you must re-enroll in a new FSA during the current Open Enrollment period.** 2021 Health Care FSA balances between \$10 and \$550 will automatically carryover and be available for expenses in 2022. There are no rollovers for Dependent Care Assistance FSAs. FSAs can save you money at any income level. See page 8 for more details.

YOUR CURRENT ENROLLMENT

Individual(s) Enrolled	Medical Plan* (see above)	Dental Plan	Vision Plan
Member: <<Name Display>>	<<Medical_Plan>>	<<Dental_Plan>>	<<Vis_BuyUp_Plan>>
<<Dep_Coverage>>			
<<DepNAME1>>	<<Dep_MedPlan1>>	<<Dep_DenPlan1>>	<<DEP_VBUYUP_PLAN1>>
<<DepNAME2>>	<<Dep_MedPlan2>>	<<Dep_DenPlan2>>	<<DEP_VBUYUP_PLAN2>>
<<DepNAME3>>	<<Dep_MedPlan3>>	<<Dep_DenPlan3>>	<<DEP_VBUYUP_PLAN3>>
<<DepNAME4>>	<<Dep_MedPlan4>>	<<Dep_DenPlan4>>	<<DEP_VBUYUP_PLAN4>>
<<DepNAME5>>	<<Dep_MedPlan5>>	<<Dep_DenPlan5>>	<<DEP_VBUYUP_PLAN5>>
<<DepNAME6>>	<<Dep_MedPlan6>>	<<Dep_DenPlan6>>	<<DEP_VBUYUP_PLAN6>>
<<DepNAME7>>	<<Dep_MedPlan7>>	<<Dep_DenPlan7>>	<<DEP_VBUYUP_PLAN7>>
<<DepNAME8>>	<<Dep_MedPlan8>>	<<Dep_DenPlan8>>	<<DEP_VBUYUP_PLAN8>>
<<DepNAME9>>	<<Dep_MedPlan9>>	<<Dep_DenPlan9>>	<<DEP_VBUYUP_PLAN9>>
<<DepNAME10>>	<<Dep_MedPlan10>>	<<Dep_DenPlan10>>	<<DEP_VBUYUP_PLAN10>>

In order to serve as many members as possible, we are providing consultations by telephone only. For help, call Member Services at **(628) 652-4700** or visit sfhss.org. Telephone hours are Monday, Tuesday, Wednesday, and Friday 9am to 12pm and 1pm to 5pm and Thursday 10am to 12pm and 1pm to 5pm. Visit sfhss.org/oe2022 for downloadable plan documents and Benefits Guides for Plan Year 2022. **Open Enrollment ends on Friday, October 29, 2021 at 5pm PST.**

Biweekly Health Plan Premium Contributions Effective January 1, 2022

<<Union_Name>>

2022 MEDICAL PLANS	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA HMO				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO-ACCOLADE	
	CANOPYCARE HMO		TRIO HMO		ACCESS+ HMO		TRADITIONAL PLAN		PPO-ACCOLADE	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	<<HLTCEE_ER>>	<<HLTCEE_EMP>>	<<TrioEE_ER>>	<<TrioEE_Emp>>	<<BSCEE_ER>>	<<BSCEE_Emp>>	<<KPEE_ER>>	<<KPEE_Emp>>	<<BLSPEE_ER>>	<<BLSPEE_Emp>>
Employee + 1 Dependent	<<HLTC+1_ER>>	<<HLTC+1_Emp>>	<<Trio+1_ER>>	<<Trio+1_Emp>>	<<BSC+1_ER>>	<<BSC+1_Emp>>	<<KP+1_ER>>	<<KP+1_Emp>>	<<BLS+1_ER>>	<<BLS+1_Emp>>
Employee + 2 or more Dependents	<<HLTC+2_ER>>	<<HLTC+2_Emp>>	<<Trio+2_ER>>	<<Trio+2_Emp>>	<<BSC+2_ER>>	<<BSC+2_Emp>>	<<KP+2_ER>>	<<KP+2_Emp>>	<<BLS+2_ER>>	<<BLS+2_Emp>>

2022 DENTAL PLANS	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	<<DeltaEE_ER>>	<<DeltaEE_Emp>>	<<DeltaCEE_ER>>	<<DeltaCEE_Emp>>	<<UHCDEE_ER>>	<<UHCDEE_Emp>>
Employee + 1 Dependent	<<Delta+1_ER>>	<<Delta+1_Emp>>	<<DeltaC+1_ER>>	<<DeltaC+1_Emp>>	<<UHCD+1_ER>>	<<UHCD+1_Emp>>
Employee + 2 or more Dependents	<<Delta+2_ER>>	<<Delta+2_Emp>>	<<Delta+2_ER>>	<<DeltaC+2_Emp>>	<<UHCD+2_ER>>	<<UHCD+2_Emp>>

2022 VISION PLANS	VSP PREMIER*
	You Pay
Employee Only	\$4.85
Employee + 1	\$7.35
Employee + 2 or more	\$15.13

*Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage also be enrolled in the VSP Premier Plan.

<<OtherBen>>

<<LTD_YesNo>> <<LTD_Plan>> <<LIFEINS_YESNO>> <<Life Plan>> <<VDT>>

FLEXIBLE SPENDING ACCOUNTS (FSA) FOR 2022



FSA ACCOUNTS FOR 2021 DO NOT AUTOMATICALLY RENEW for 2022. If you would like to make **Flexible Spending Account (FSA)** contributions next year, you must enroll in a new FSA by **October 29, 2021**. If you currently have a **Healthcare FSA** and/or **Dependent Care Assistance FSA** and would like to know your current FSA balance or if you have any questions, call **P&A Group** at **(800) 688-2611** or visit padmin.com.

VOLUNTARY BENEFITS FOR 2022

Voluntary Benefits – SFHSS has negotiated group discount rates for group term-life, short-term disability, critical illness, AD&D, and pet insurance along with legal plan and identity theft protection services to help you save money and protect your savings if an unexpected and unfortunate situation should arise. **WORKTERRA** is offering new Guarantee Issue Life Insurance with an Accelerated Death Benefit for Long-Term Care, reduced rates on Short-Term Disability Insurance, and discounted rates on Auto and Home Insurance through BenefitHub. **City and County of San Francisco** and **Superior Court** employees may enroll in voluntary benefits through **WORKTERRA** by calling **(866) 528-5360** or online at <https://myapps.sfgov.org> (click on the **WORKTERRA** tile) where you can self-enroll, dis-enroll, or confirm any existing elections. For more information, visit sfhss.org/voluntary-benefits.

Telephone hours: Monday, Tuesday, Wednesday and Friday, from 9am-12pm and 1pm to 5pm, and Thursday from 10am to 12pm and 1pm to 5pm.
Address: 1145 Market St., 3rd Fl., San Francisco, CA 94103 | Ph: (628) 652-4700 or (800) 541-2266 | Fax: (628) 652-4701 | sfhss.org



December 3, 2021

<<Name_Display>> <<Dept>>
 <<Address1>> <<Address2>>
 <<City>>, <<State>> <<Postal>>

2022 Health Benefits Enrollment Confirmation Statement

Employee ID: <<Emplid>>

Your 2022 Benefit Elections

Individual(s) Enrolled	Medical Plan	Dental Plan	Vision Plan
Member: <<Name_Display>>	<<Medical_Plan>>	<<Dental_Plan>>	<<Vis_BuyUp_Plan>>
<<Dep_coverage>>			
<<DepNAME1>>	<<Dep_Medplan1>>	<<Dep_Denplan1>>	<<Dep_vbuyupplan1>>
<<DepNAME2>>	<<Dep_Medplan2>>	<<Dep_Denplan2>>	<<Dep_vbuyupplan2>>
<<DepNAME3>>	<<Dep_Medplan3>>	<<Dep_Denplan3>>	<<Dep_vbuyupplan3>>
<<DepNAME4>>	<<Dep_Medplan4>>	<<Dep_Denplan4>>	<<Dep_vbuyupplan4>>
<<DepNAME5>>	<<Dep_Medplan5>>	<<Dep_Denplan5>>	<<Dep_vbuyupplan5>>
<<DepNAME6>>	<<Dep_Medplan6>>	<<Dep_Denplan6>>	<<Dep_vbuyupplan6>>
<<DepNAME7>>	<<Dep_Medplan7>>	<<Dep_Denplan7>>	<<Dep_vbuyupplan7>>
<<DepNAME8>>	<<Dep_Medplan8>>	<<Dep_Denplan8>>	<<Dep_vbuyupplan8>>
<<DepNAME9>>	<<Dep_Medplan9>>	<<Dep_Denplan9>>	<<Dep_vbuyupplan9>>
<<DepNAME10>>	<<Dep_Medplan10>>	<<Dep_Denplan10>>	<<Dep_vbuyupplan10>>

Annual Healthcare FSA: <<HCFSA_ANNUAL_PLEDGE>>

Annual Dependent Care Assistance FSA: <<dcfsa_annual_pledge>>

If this Confirmation Statement is accurate, you do not need to take any action.

Please review this summary of your SFHSS health benefit elections for Plan Year 2022. If the information is incorrect, please call Member Services at **(628) 652-4700** or **(800) 541-2266** no later than **Friday, December 17, 2021, 5pm PST**. Our telephone hours are Monday, Tuesday, Wednesday, and Friday, 9am to 12pm and 1pm to 5pm, and Thursday from 10am to 12pm and 1pm to 5pm.

SFHSS can only correct administrative errors. Benefit elections made during Open Enrollment cannot be changed.

Voluntary benefits are administered by WORKTERRA. To check your voluntary benefits elections, contact WORKTERRA directly at (888) 327-2770.

2022 <<Ded_sched>> Employee Healthcare Payroll Deductions

Medical (includes VSP Basic Vision Plan)	<<Med_Covrg>>	<<EE_MED_CUR>>
Dental	<<Dental_Covrg>>	<<EE_DEN_CUR>>
Vision	<<Vis_BuyUp_Covrg>>	<<EE_VBUYUP_CUR>> ¹
Healthcare FSA		<<HCFSA_BIWEEKLY>>
Dependent Care Assistance FSA		<<Dcfsa_biweekly>>
Total <<Ded_sched>> Deductions		<<Total_ded>>²

¹The cost for the VSP Basic Vision Plan is included in your medical premium. There is no additional cost. ²Deductions listed here do not include Voluntary Benefits.

Employees represented by <<UNION_NAME>> are automatically enrolled in:

<<LTD_YesNo>> <<LTD Plan>> <<LifeIns_YesNo>> <<Life Plan>> <<VDT>>

Important Information for 2022

2022 Health Premium Deductions will appear on your paycheck beginning January 18, 2022.

Do you still have Healthcare FSA Funds for 2021? Expenses must be incurred by December 31, 2021. Reimbursements must be submitted no later than March 31, 2022. Check padmin.com for more details. Remaining 2021 Healthcare FSA funds from \$10 to \$550.00 will carryover for you to use in 2022. Visit sfhss.org/flexible-spending-accounts-fsa for more information.

Health Plan ID Cards. All Health Net CanopyCare, Blue Shield of California Trio HMO, Access+ HMO, and PPO-Accolade members will receive a new identification card in the mail before January 1, 2022. Newly enrolled members in Kaiser Permanente HMO for 2022 will receive an ID card in the mail by January 1, 2022.

Primary Care Selection. Health Net CanopyCare HMO members will have a primary care physician (PCP) auto-selected. To choose a new PCP, please call Health Net at (833) 448-2042.

Get a Free Flu Shot through Your Health Plan. Go to sfhss.org/well-being/flu-prevention for more details.

Dependent Eligibility May be Audited by SFHSS at Any Time

Stay in Compliance and Review Your Dependent Coverage. SFHSS Member Rules require all members to notify SFHSS within 30 days of when a dependent becomes ineligible. Dependent eligibility may be audited by SFHSS at any time. If you have questions about eligibility or would like to drop an ineligible dependent, call SFHSS at **(628) 652-4700**. Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current.

If you added a dependent during Open Enrollment but did not provide the required documentation demonstrating eligibility to SFHSS, your dependent may be removed or disenrolled from coverage starting January 1, 2022.

Please submit your documentation to SFHSS by the **December 17, 2021, 5pm PST** deadline.

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

«Name»
«Address1» «Address2»
«City», «State» «Postal»

«Emplid»

May 16, 2022

Dear «Name»,

We are notifying you that **your healthcare payment is due.**

Total Payment Due: \$«Total_due»

Your Payment is Due By: «Due_Date»

Summary of Healthcare Premiums Due

Medical Plan: «Medical_Plan»

Dental Plan: «Dental_Plan»

Vision Buy-up Plan: «Vision_Buyup_Plan»

VISA, MasterCard, AMEX, Discover, Star,
Pulse, NYCE, Diners or Electronic Check*

To pay, go to: pay.sfgov.org

First time user? Follow the attached instructions to set up your SF Payment Portal account.

Please pay now to avoid additional costs.

Health Service Rules require termination for accounts that remain past due for more than 30 days. The termination date is retroactive to the first day of the coverage period when premium payment was missed. Upon termination, **you are responsible for healthcare service costs incurred after your termination date.** You may re-enroll in an SFHSS health plan during the next Open Enrollment period in October 2022 (effective 1/1/23) or when you return to work after an approved Leave of Absence.

Questions? Call us at **(628) 652-4700** or visit sfhss.org/contact-us. We're here to help you.

Best Regards,
San Francisco Health Service System

**All credit card payments (one-time and auto-pay) will include a 2.25% service fee (\$2.00 minimum). There are no service fees for payment by electronic check.*



2022 Health Coverage Calendar

Work Dates	Pay Date	Coverage Period
December 25, 2021 - January 7, 2022	January 18, 2022	December 25, 2021 - January 7, 2022
January 8, 2022 - January 21, 2022	February 1, 2022	January 8, 2022 - January 21, 2022
January 22, 2022 - February 4, 2022	February 15, 2022	January 22, 2022 - February 4, 2022
February 5, 2022 - February 18, 2022	March 1, 2022	February 5, 2022 - February 18, 2022
February 19, 2022 - March 4, 2022	March 15, 2022	February 19, 2022 - March 4, 2022
March 5, 2022 - March 18, 2022	March 29, 2022	March 5, 2022 - March 18, 2022
March 19, 2022 - April 1, 2022	April 12, 2022	March 19, 2022 - April 1, 2022
April 2, 2022 - April 15, 2022	April 26, 2022	April 2, 2022 - April 15, 2022
April 16, 2022 - April 29, 2022	May 10, 2022	April 16, 2022 - April 29, 2022
April 30, 2022 - May 13, 2022	May 24, 2022	April 30, 2022 - May 13, 2022
May 14, 2022 - May 27, 2022	June 7, 2022	May 14, 2022 - May 27, 2022
May 28, 2022 - June 10, 2022	June 21, 2022	May 28, 2022 - June 10, 2022
June 11, 2022 - June 24, 2022	July 5, 2022	June 11, 2022 - June 24, 2022
June 25, 2022 - July 08, 2022	July 19, 2022	June 25, 2022 - July 8, 2022
July 9, 2022 - July 22, 2022	August 2, 2022	July 9, 2022 - July 22, 2022
July 23, 2022 - August 5, 2022	August 16, 2022	July 23, 2022 - August 5, 2022
August 6, 2022 - August 19, 2022	August 30, 2022	August 6, 2022 - August 19, 2022
August 20, 2022 - September 2, 2022	September 13, 2022	August 20, 2022 - September 2, 2022
September 3, 2022 - September 16, 2022	September 27, 2022	September 3, 2022 - September 16, 2022
September 17, 2022 - September 30, 2022	October 11, 2022	September 17, 2022 - September 30, 2022
October 1, 2022 - October 14, 2022	October 25, 2022	October 1, 2022 - October 14, 2022
October 15, 2022 - October 28, 2022	November 8, 2022	October 15, 2022 - October 28, 2022
October 29, 2022 - November 11, 2022	November 22, 2022	October 29, 2022 - November 11, 2022
November 12, 2022 - November 25, 2022	December 6, 2022	November 12, 2022 - November 25, 2022
November 26, 2022 - December 9, 2022	December 20, 2022	November 26, 2022 - December 9, 2022
December 10, 2022 - December 23, 2022	January 3, 2023	December 10, 2022 - December 23, 2022



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

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

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2022 tax year.

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

SAN FRANCISCO HEALTH SERVICE SYSTEM

«Name»
«Address1» «Address2»
«City», «State» «Postal»

«Emplid»

May 16, 2022

Dear «Name»,

YOUR HEALTH BENEFITS HAVE BEEN TERMINATED FOR NON-PAYMENT.
TO REINSTATE YOUR HEALTH BENEFITS,
YOU MUST MAKE A PAYMENT IN FULL BY April 4, 2022.
Partial payments will not reinstate your benefits.

VISA, MasterCard, American Express, Discover,
Star, Pulse, NYCE, Diners or Electronic Check*

To pay, go to: pay.sfgov.org

First time user? Follow the attached instructions to set up your SF Payment Portal account.

This is your final notice. Due to your current status, your health benefit premiums are no longer deducted automatically. **As of the date of this letter, your current past due balance is \$«Total_due».** The actual amount you owe may be higher if another health benefit premium has become due after the date of this letter.

Health Service Rules require termination for accounts that remain past due for more than 30 days. The termination date is retroactive to the first day of the coverage period when premium payment was missed. Upon termination, **you are responsible for healthcare service costs incurred after your termination date.** You may re-enroll in a SFHSS health plan during the next Open Enrollment period in October 2022 (effective 1/1/23) or when you return to work after an approved Leave of Absence.

If your benefits are terminated due to non-payment of premiums and you disagree with that decision, you may appeal the decision by providing proof that payment was made before the deadline. You may also appeal the termination if you have experienced financial hardship due to the COVID-19 pandemic. You must submit your appeal in writing via mail or fax within 60 days of your termination date.

Questions? Call us at **(628) 652-4700** or visit sfhss.org/contact-us. We're here to help you.

Best Regards,
San Francisco Health Service System

**All credit card payments (one-time and auto-pay) will include a 2.25% service fee (\$2.00 minimum). There are no service fees for payment by electronic check.*



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February 19, 2022 - March 4, 2022	March 15, 2022	February 19, 2022 - March 4, 2022
March 5, 2022 - March 18, 2022	March 29, 2022	March 5, 2022 - March 18, 2022
March 19, 2022 - April 1, 2022	April 12, 2022	March 19, 2022 - April 1, 2022
April 2, 2022 - April 15, 2022	April 26, 2022	April 2, 2022 - April 15, 2022
April 16, 2022 - April 29, 2022	May 10, 2022	April 16, 2022 - April 29, 2022
April 30, 2022 - May 13, 2022	May 24, 2022	April 30, 2022 - May 13, 2022
May 14, 2022 - May 27, 2022	June 7, 2022	May 14, 2022 - May 27, 2022
May 28, 2022 - June 10, 2022	June 21, 2022	May 28, 2022 - June 10, 2022
June 11, 2022 - June 24, 2022	July 5, 2022	June 11, 2022 - June 24, 2022
June 25, 2022 - July 08, 2022	July 19, 2022	June 25, 2022 - July 8, 2022
July 9, 2022 - July 22, 2022	August 2, 2022	July 9, 2022 - July 22, 2022
July 23, 2022 - August 5, 2022	August 16, 2022	July 23, 2022 - August 5, 2022
August 6, 2022 - August 19, 2022	August 30, 2022	August 6, 2022 - August 19, 2022
August 20, 2022 - September 2, 2022	September 13, 2022	August 20, 2022 - September 2, 2022
September 3, 2022 - September 16, 2022	September 27, 2022	September 3, 2022 - September 16, 2022
September 17, 2022 - September 30, 2022	October 11, 2022	September 17, 2022 - September 30, 2022
October 1, 2022 - October 14, 2022	October 25, 2022	October 1, 2022 - October 14, 2022
October 15, 2022 - October 28, 2022	November 8, 2022	October 15, 2022 - October 28, 2022
October 29, 2022 - November 11, 2022	November 22, 2022	October 29, 2022 - November 11, 2022
November 12, 2022 - November 25, 2022	December 6, 2022	November 12, 2022 - November 25, 2022
November 26, 2022 - December 9, 2022	December 20, 2022	November 26, 2022 - December 9, 2022
December 10, 2022 - December 23, 2022	January 3, 2023	December 10, 2022 - December 23, 2022



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

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

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2022 tax year.

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

<<Member: Member Name>>
<<Address>>
<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

Dependent Eligibility Verification Audit - Action Required

Dear Member,

You have been selected to be part of the San Francisco Health Service System (SFHSS)'s Dependent Eligibility Verification Audit (DEVA).

Section E of the SFHSS Member Rules states that dependent eligibility may be audited at any time to confirm that a Member's relationship with their dependent is current. For more information, go to sfhss.org/san-francisco-health-service-system-member-rules.

Your action is now required to verify the relationship with your dependent spouse or domestic partner listed below.

Dependent Name	Relationship
«Dependent»	«Dependent: Dependent Name»

To avoid the termination of your dependent's health benefits, you must confirm your dependent's current eligibility by submitting the requested documentation to SFHSS by **<<May 30, 2022>>**.

Please note that coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** will also be dropped.

Steps to Verify Your Dependent Spouse or Domestic Partner's Eligibility

Step One: Review the **List of Acceptable DEVA Documents** on page 4 of this letter. Gather all necessary documentation to verify that your dependent is currently eligible. If your dependent is no longer eligible, you are required to drop them from your benefits coverage immediately.

Step Two: Submit your documentation or drop your ineligible dependent by using our secure online upload with your computer or smartphone. Go to <https://myapps.sfgov.org/ccsfportal/signin> to log into **eBenefits**.

If you have not yet registered an account, go to sfhss.org/deva and click on **How to Register Your Account (one-time only)**.

Once you have logged into **eBenefits**, click on **Submit a Qualifying Event**, then select **I Received a DEVA Notice**.

From there, you will begin the dependent eligibility verification process by uploading your verification documentation or dropping your ineligible dependent from coverage.

You may also submit your documents via fax or mail using the enclosed **Cover Sheet** on page 5.

Fax: (628) 652-4701

Mail: SFHSS, 1145 Market Street, 3rd Floor, San Francisco, CA 94103

SFHSS will review your submitted documentation. Please allow up to 10 business days for SFHSS to process your submission before contacting us.

We will notify you of your dependent's verification status via mail by <<June 6, 2022>>.

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

For more information about the Dependent Eligibility Verification Audit (DEVA), visit our website at sfhss.org/deva.

Sincerely,

San Francisco Health Service System

DEPENDENT ELIGIBILITY VERIFICATION AUDIT COVER SHEET

Instructions: Please place a checkmark in the box next to the document that you will be submitting. Please write your Employee ID Number on each document that you submit. You must include a completed copy of this Cover Sheet when submitting your documentation by fax or mail. Do NOT use this Cover Sheet for uploading documents online.

San Francisco Health Service System Member:

<< Member>>	<<Employee ID>>
-------------	-----------------

I have attached the following document(s) as acceptable forms of verification for SFHSS to verify my dependent's current eligibility.

Married Spouse or Qualified IRS Domestic Partner Dependent

Please submit one of the following documents as proof of cohabitation/financial interdependency within the last 12 months:

- Federal Tax Return listing your spouse for Tax Year 2020 or 2021.
Please provide a filed copy of pages 1 and 2 of your tax return, which includes your dependent's name and signatures. Be sure to redact or cross out Social Security Numbers and any financial information before submitting.

Non-IRS Qualified Domestic Partner Dependent

Please submit one of the following documents which includes your domestic partner, as a co-owner/co-signer, demonstrating cohabitation/financial interdependency within the last 12 months:

- | | |
|---|---|
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Auto Insurance |
| <input type="checkbox"/> Homeowners or Renter's Insurance Statement | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Auto Loan Statement | <input type="checkbox"/> Credit Card Statement |
| <input type="checkbox"/> Bank Statement/Bank Letter showing account is active | <input type="checkbox"/> Municipality/County Property Tax Statement |

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Member: Member Name>>

<<Address>>

<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

Dependent Eligibility Confirmed

Dear Member,

Thank you for submitting the requested documentation. Your dependent's eligibility has been successfully verified and they will continue to receive health benefits.

Dependent Name	Status
«Dependent»	<<Dependent: Dependent Name>>

No further action is required on your part. Please keep this letter on file for your records.

Section E of the Member Rules states that members can be audited at any time to ensure continued eligibility. You can find the Member Rules at sfhss.org/san-francisco-health-service-system-member-rules.

Sincerely,
San Francisco Health Service System

Letter #2a – Notice of Completion Letter

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Member: Member Name>>

<<Address>>

<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

Notice of Insufficient Documentation – Action Required

Dear Member,

SFHSS has received your dependent eligibility verification audit documentation. Unfortunately, your documentation was incomplete and did not verify the eligibility of your dependent listed below.

Documents may be deemed incomplete for different reasons including insufficient information or illegibility. Please verify your document meets our guidelines by reviewing our **List of Acceptable Documents** at sfhss.org/deva.

Dependent Name	Documentation Status
«Dependent»	<<Status>>

If you do not provide the required documentation by <<June 27, 2022>>, your dependent will be dropped from your SFHSS benefits on <<September 1, 2022>>.

For instructions on how to submit documentation online or by fax or mail, go to sfhss.org/deva.

Sincerely,
San Francisco Health Service System

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Member: Member Name>>

<<Address>>

<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

**2nd Notice: Request for Dependent Eligibility
Verification Documentation - Action Required**

Dear Member,

As of <<May 31, 2022>>, the San Francisco Health Service System (SFHSS) has not received documentation to verify your dependent's eligibility to remain on your health plan coverage.

Dependent Name	Documentation Status
«Dependent»	<<Status>>

Your action is required to ensure continued benefit coverage for your dependent spouse or domestic partner.

Please confirm your dependent's eligibility for SFHSS benefits by providing the requested documentation by <<June 27, 2022>>.

Letter #2c – No Response Notification Letter

For a list of acceptable documents and instructions on how to submit your documentation online, by fax or mail, go to sfhss.org/deva.

If you have submitted your documentation after <<May 31, 2022>>, please allow up to 10 business days processing.

Please note that coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** will also be dropped.

We will notify you of your dependent verification status via mail by <<July 1, 2022>>.

Sincerely,

San Francisco Health Service System

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Member: Member Name>>

<<Address>>

<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

Final Notice Before Termination – Action Required

Dear Member,

The San Francisco Health Service System (SFHSS) is conducting a Dependent Eligibility Verification Audit (DEVA). This is our third and final attempt to verify if your dependent listed below is still eligible for benefits.

Dependent Name	Status
«Dependent»	<<Status>>

As of <<June 27, 2022>>, we have not received your documentation, or the documentation that you submitted did not establish eligibility for your dependent.

For this reason, your dependent will lose health coverage.

Coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** will also be terminated.

If you do not provide the required documentation by <<July 26, 2022>>, your dependent coverage will be terminated on << September 1, 2022>>.

For a list of acceptable documents and instructions on how to submit documentation online, by fax or mail, go to sfhss.org/deva.

Sincerely,

San Francisco Health Service System

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Member: Member Name>>

<<Address>>

<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

Final Notice Before Termination – Action Required

Dear Member,

The San Francisco Health Service System (SFHSS) is conducting a Dependent Eligibility Verification Audit (DEVA). This is our third and final attempt to verify if your dependent listed below is still eligible for benefits.

Dependent Name	Status
«Dependent»	<<Status>>

As of <<June 27, 2022>>, we have not received your documentation, or the documentation that you submitted did not establish eligibility for your dependent.

For this reason, your dependent will lose health coverage.

Coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** will also be terminated.

If you do not provide the required documentation by <<July 26, 2022>>, your dependent coverage will be terminated on << September 1, 2022>>.

For a list of acceptable documents and instructions on how to submit documentation online, by fax or mail, go to sfhss.org/deva.

Sincerely,

San Francisco Health Service System

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

<<Name Display>>
<<Address>>
<<City>>, <<State>> <<Zip>>

May 16, 2022

<<Employee ID>>

Your Dependent Benefits Have Been Terminated

Dear Member,

Due to your failure to submit sufficient documentation to prove the eligibility of your dependent, the San Francisco Health Service System (SFHSS) has terminated your dependent's health benefits coverage effective <<September 1, 2022>>.

Coverage for any **dependent children of an ineligible domestic partner and stepchildren (spouse's child) of an ineligible spouse** is also terminated.

Dependent Name	Status
«Dependent»	<<Status>>

Right to Appeal

You have the right to file an appeal if you disagree with the decision of the audit. You must submit an appeal within 60 days of the event giving rise to the grievance.

San Francisco Health Service System Member Rules Section U, governs appeals rights. Go to sfhss.org/san-francisco-health-service-system-member-rules for more information.

For information about the Dependent Eligibility Verification Audit (DEVA), visit our website at sfhss.org/deva.

Sincerely,

San Francisco Health Service System

SAN FRANCISCO HEALTH SERVICE SYSTEM

«Mbr_First» «Mbr_Last»
«Address_1» «Address_2»
«City», «State» «Postal»

Employee ID: «ID»

May 16, 2022

Dear San Francisco Health Service System Member,

Our records indicate that you have a domestic partner enrolled on your San Francisco Health Service System (SFHSS) health coverage.

For plan year 2022, you must submit a 2022 Declaration for *each* qualifying dependent to SFHSS no later than **Friday, December 31, 2021**. This will allow you to retain the tax-favorable status of employer-paid contributions for domestic partner dependent health benefits in the 2022 tax year.

The IRS considers SFHSS' contribution towards insurance coverage for a non-qualified dependent as imputed income. If you do not submit the enclosed 2022 Declaration Form to SFHSS, by **Friday, December 31, 2021**, SFHSS' contribution towards insurance coverage for your domestic partner and/or children of your domestic partner will be treated as *taxable income* beginning with the **check of the pay period beginning 01/18/22**.

This letter is intended to provide general information only and should not be considered, or relied upon, as advice regarding a person's individual tax status, or the tax implications of enrolling a domestic partner on your SFHSS health coverage.

You are responsible for any disputes with state or federal agencies that result from the Declaration(s) you submit to SFHSS. **Friday, December 31, 2021** and can be faxed to (628) 652-4701 or mailed to SFHSS, 1145 Market Street, 3rd Floor, San Francisco, CA 94103, *Attn. Member Services*. For more information about our telephone hours, visit sfhss.org/contact-us.

Please note that our offices are currently closed to the public.

SFHSS is not authorized to provide tax advice. Please consult with a licensed tax advisor for more information regarding whether an enrolled dependent qualifies for beneficial tax treatment in 2022.

Very truly yours,
SFHSS Member Services

SAN FRANCISCO HEALTH SERVICE SYSTEM

Declaration That Enrolled Dependent Meets IRS Standard For Tax-Favored Premium Contributions (2022)

This form should be used for a qualifying domestic partner, and/or children of a domestic partner. Other types of SFHSS dependents do not incur imputed income for health benefits.

San Francisco Health Service System (SFHSS) Member:

Last Name	First Name	Employee ID
«Mbr_Last»	«Mbr_First»	«ID»

Enrolled Dependent:

Last Name	First Name	SSN
«Depn_Last»	«Depn_First»	

You must complete one form for each enrolled dependent who will qualify for the pre-tax health premium deduction.

Declaration:

I, the San Francisco Health Service System (SFHSS) Member listed above, have the dependent listed above enrolled on my SFHSS coverage and certify that he or she meets all the IRS criteria required, so the employer health premium deductions for this dependent will not result in imputed income, and may qualify for other favorable tax treatment in accordance with federal and state law.

By signing this declaration, I certify that I understand that all of the following requirements for this dependent will be met for the 2022 tax year under Internal Revenue Code (IRC) Section 152 as modified by Code 105(b):

1. I will live together (share our principal abode) with this enrolled dependent for the full taxable year from January 1 to December 31, 2022, except for temporary absences for reasons such as vacation, military service, or education;
 2. This enrolled dependent is a U.S. citizen, U.S. national, or a resident of the U.S., Canada or Mexico;
 3. This enrolled dependent will receive more than half of his or her support from me during the 2022 tax year.
 4. This enrolled dependent is not my "qualifying child" nor anyone else's "qualifying child."
- I agree that I will notify SFHSS within 30 days if there is any change in the circumstances attested to in this declaration, including any change that disqualifies this dependent as being eligible for San Francisco Health Service System benefits.
 - I have read and understand the terms and conditions listed on the back of this declaration.
 - I understand that falsely certifying such qualification could result in serious consequences, including criminal charges of tax fraud and other legal action.
 - I am aware that any change in family status may directly impact the calculation of my taxable income.
 - I will submit this completed declaration to SFHSS by required deadlines to have my payroll deductions for health benefits changed during the next applicable pay period in 2022.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: _____

Terms and Conditions

By signing the front of this form, you agree you understand and abide by the following: **Dependents for Federal Income Tax Purposes** The City distinguishes between a Medical Dependent and an extended family member because of the way current tax law requires employers to treat the value of benefits provided to Medical Dependents. In most cases, a Medical Dependent will not satisfy the definition of dependent under the Internal Revenue Code. As a result, the law requires the City to report the entire value of your Medical Dependent's health care coverage (often referred to as "imputed income") as taxable income to you and the contribution you pay for this coverage must be on an after-tax basis.

Alternatively, if your Medical Dependent and/or his/her eligible dependent children qualify as your dependents under IRC Section 152 (as modified by Code 105(b)), the City costs for their benefits are not considered taxable income to you. Generally, to qualify as an IRC Section 152 (as modified by Code 105(b)) dependent of an employee during a given tax year, the Medical Dependent and their children must be a "qualifying relative" of the employee, as defined by the IRS. To be considered an IRS "qualifying relative", the Medical Dependent must meet the following requirements:

1. Have the same principal place of abode as the employee for the full tax year (January 1 through December 31), except for temporary absences such as vacation, military service, or education. If during the year, Medical Dependent eligibility status ceases other than on December 31, for reasons other than the death of the Medical Dependent, the tax exclusion is lost for the entire year. If the eligibility ends due to the death of the Medical Dependent, the Medical Dependent would continue to be treated as a dependent for the entire tax year.
2. Receive more than half of his or her support from the employee.
3. Be a U.S. citizen, U.S. national, or a resident of U.S., Canada, or Mexico; and,
4. Not be the employee's (or anyone else's) "qualifying child" as defined under Internal Revenue Code Section 152.

The rules for determining support are complicated and are more involved than just determining who the "primary breadwinner" in the household is. Internal Revenue Service (IRS) Publication 17 includes a worksheet to assist taxpayers in evaluating whether they may provide, or are expected to provide, more than one half of an individual's support. **Because this area of tax law can change, and because the situation of every employee is different, employees are strongly encouraged to consult with a tax advisor before declaring that a Medical Dependent satisfies each of the above requirements to be considered a qualifying relative as defined by the IRS.**

An employee wishing to claim his or her Medical Dependent, and/or their Medical Dependent's children, as tax dependents for insurance purposes under IRS Section 152 must complete and sign this declaration of tax status form. Please note that Section 152 dependent status must be re-declared and a new declaration of tax status form must be filed with the San Francisco Health Service System each tax year.

The City will assume your Medical Dependent (and/or their children) DOES NOT qualify as your tax dependent for tax-free City sponsored health insurance unless a declaration of tax status form is completed and submitted to SFHSS each year by required deadlines.

Required Retroactive Tax Treatment and Mid-Year Changes

The Declaration of Tax Status Form requires the employee to anticipate the dependency status of their Medical Dependent or Medical Dependent's child for the upcoming year. It is important for employees to report any changes in dependency status during the year because IRC Section 152 requires a "look-back" at the dependency status at the end of each calendar year. Circumstances can change during the calendar year that could disqualify or qualify the Medical Dependent for the entire tax year. In these situations, a retroactive adjustment will be necessary. Some examples of status changes include the following:

Example 1 – An employee's Medical Dependent qualifies as an IRC Section 152 dependent on January 1 and the employee submits a Declaration of Tax Status Form at the start of the year. Midway through the year, the Medical Dependent begins employment such that the employee is no longer providing more than one half of the Medical Dependent's total support and the Medical Dependent ceases to qualify for the remainder of the year. The Medical Dependent remains eligible for coverage, but this change requires treating the coverage provided for the Medical Dependent as taxable to the employee (subject to federal income tax, social security, and Medicare taxes) for the entire year.

Example 2 – The employee is uncertain if their Medical Dependent will qualify as an IRC Section 152 dependent at the start of the year and does not submit a Declaration of Tax Status Form to the Health Service System. Imputed income for the Medical Dependent's coverage is added to the employee's gross income each pay period for the purposes of calculating federal and state income taxes and for Social Security and Medicare taxes. However, midway through the year the employee's tax advisor determines that the Medical Dependent actually, will qualify as an IRC Section 152 dependent of the employee for the entire year and the employee submits a Declaration of Tax Status Form to the Health Service System. This requires that the imputed income of the Medical Dependent's coverage not be treated as taxable income to the employee for the entire year. To correct for incorrect treatment prior to notification, Payroll will credit the employee the Federal income taxes already withheld on the imputed income of the Medical Dependent's coverage during the year. Social Security and Medicare taxes already withheld on the imputed income of the Medical Dependent's coverage during the year will be credited as well.

Example 3 – The employee reports that as of July 1, their Medical Dependent lost their job and the employee will now be providing over one half of their Medical Dependent's total support. This requires no changes or corrections, as the Medical Dependent must qualify for the entire year in order to receive favorable tax treatment.

Example 4 – An employee's Medical Dependent qualifies as an IRC Section 152 dependent on January 1, and the employee submits a Declaration of Tax Status Form at the start of the year. The Medical Dependent continues to qualify as an IRC Section 152 dependent until her death on August 15. The Medical Dependent's death does not change her status for the portion of the year during which she was alive and no adjustments will be necessary.

Example 5 – An employee adds their Medical Dependent to their coverage on November 1 as their Medical Dependent has now shared the employee's primary residence for the previous 6 continuous months and is newly eligible for enrollment. The employee improperly submits a Declaration of Tax Status Form at the same time. The Declaration of Tax Status Form is rejected because to qualify as an IRS Section 152 dependent, the Medical Dependent must have the same principal place of residence as the employee for the full tax year (January 1 through December 31). In this case, the Medical Dependent did not begin sharing the employee's residence until May 1. Imputed income for the Medical Dependent's coverage will be added to the employee's gross income each pay period in November and December for the purposes of calculating federal and state income taxes and for Social Security and Medicare taxes.

Requested Documentation

The City reserves the right to require proof of tax dependency upon request. When you sign this form, you agree to provide such documentation upon request.

Final Word

When you sign and submit this form, you are stating that:

1. You certify that your Medical Dependent, and/or his/her children, do or will qualify as eligible tax dependents for employee sponsored benefit purposes under Section 152 of the Internal Revenue Code for the entire current tax year.
2. You agree you will notify the City immediately if there is a change in your situation that disqualifies your Medical Dependent as an eligible IRS dependent for employer sponsored benefits.
3. You have read and understand the terms and conditions listed above.
4. You understand that falsely certifying such tax dependency could result in potential charges of tax fraud,
5. You are aware that any change in your family status may directly impact the calculation of your taxable income. You agree to notify the Health Service System if there is any change in the circumstances attested to in this declaration within 31 days of the change.
6. You understand that willful falsification of information on this declaration may result in serious consequences, including loss of benefits, appropriate legal action or disciplinary action up to and including discharge.
7. You affirm under penalty of perjury that the preceding statements are true and correct to the best of your knowledge.

Questions?

If you have questions, please contact SFHSS at (628) 652-4700.

How to Return Your Completed Form

Make a copy of your completed and signed Form for your records and mail the ORIGINAL to:

San Francisco Health Service System
1145 Market Street, 3rd Floor
San Francisco, CA 94103

SAN FRANCISCO HEALTH SERVICE SYSTEM

«First_Name» «Last_Name»
«Address_1» «Address_2»
«City», «State» «Postal»

Employee ID: «Employee_ID»

September 24, 2021

Dear San Francisco Health Service System Member,

Under federal law, health premiums paid by an employer for a domestic partner and children of a domestic partner, are taxable imputed income. Our records indicate that you have a domestic partner and/or children of a domestic partner enrolled on your health benefits.

During your unpaid leave of absence in 2021, you accrued taxable imputed income related to domestic partner benefits. Because you did not receive a paycheck while on leave, this imputed taxable income was not reported to the Internal Revenue Service (IRS).

The San Francisco Health Service System (SFHSS) must report all your taxable earnings to the IRS before the end of the year.

Our records indicate that you have returned to work. The imputed income that accrued while you were on unpaid leave of absence will be documented as taxable earnings on the paycheck issued on «Pay_Dates».

Your net pay from the paychecks listed above will be reduced by the amount of federal taxes accrued from the imputed income during your unpaid leave of absence.

If you have questions about this notice, please contact SFHSS Member Services at **(628) 652-4700**.

Very truly yours,
San Francisco Health Service System

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

«FIRST_NAME» «LAST_NAME»
«ADDRESS1» «ADDRESS2»
«CITY», «STATE» «POSTAL»

June 25, 2021

Dear «FIRST_NAME»,

We have some good news to share about changes to your FSA benefits that were just approved by the Health Service board on **June 10, 2021**. The changes are designed to provide additional relief and support.

Child Care Dependent Care FSAs

If you earned \$130,000 or less with the City and County of San Francisco (CCSF) in 2020, you can now increase your pre-tax **Child Care Dependent Care** contributions up to \$10,500 per household for the 2021 plan year (or \$5,250 each if you are married filing separate federal tax returns).

This exception only applies to the current 2021 plan year and will **expire on December 31, 2021**. Any leftover funds that are not reimbursed will be forfeited per IRS Rules.

If you would like to take advantage of this benefit, please visit the **SF Employee Portal** and scroll down to **My Links** and select **Employee Links** tab, then click on **Life Events** under the **Benefits** section. You can then select **Request Dependent Care change due to 2021 COVID-19** to enroll or increase your contributions.

Very truly yours,

San Francisco Health Service System