SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

# eBenefits

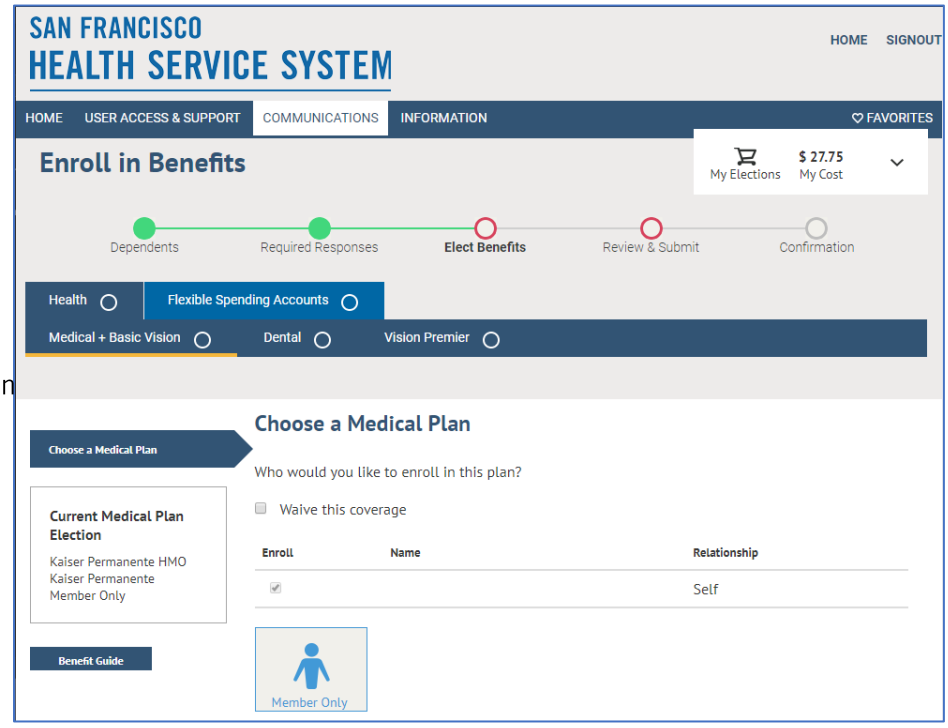
## eBenefits Login

You can now elect your health benefits online with eBenefits. See below for a walkthrough!

1. Access the SF Employee Gateway at https://sfgov.org/sfc/employee-gateway. SFHSS recommends Safari, Chrome, Firefox or Edge.
2. Click the SF Employee Portal icon.
3. Type in your 6 digit DSW number and Password, then click the **Agree & Sign In** button.
4. Type in your Multi-Factor Authentication secure code and click **Verify**.
5. On the SF Employee Portal, click on **Alerts** and then click on **Health Benefits Open Enrollment**.
    a. If you do not have a link for Open Enrollment or your link does not initiate an online benefit elections session, please call us at 415.554.1750.
6. You are now in the enrollment process. You will be asked to:
    a. Add or verify your **Dependents** (if any)
    b. Confirm your **Personal Information**, including **Emergency Contacts**
    c. Elect your **Medical**, **Dental** (if applicable), **Vision** and **Flexible Spending Accounts** (if applicable).
    d. **Review** and **Submit** elections
    e. **Upload Documents** such as marriage or birth certificates
    f. **Voluntary Benefits** through Workterra.net
7. At the top of the page, you will see:

**Breadcrumb Navigation**

You can jump to different benefit enrollments by clicking on the green orbs.




**Shopping Cart**

Clicking on your shopping cart will show you the health benefits you are electing for the upcoming plan year.

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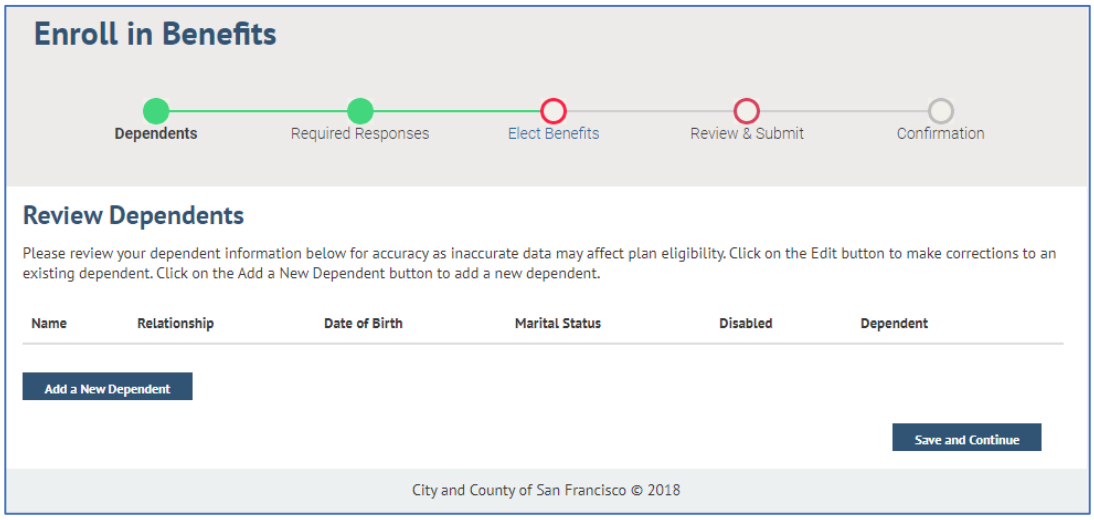
# Review Dependents

The **Review Dependents** screen will show you your eligible dependents/beneficiaries.

## Need to make a change?

Click the **Edit** button if you need to change a dependent's information.




Click the **Add a New Dependent** button if you plan on enrolling a new dependent on your health coverage. You will be asked to enter the dependent's:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number (if applicable)
- Marital Status
- Address and Phone number (if different from your own)

The new dependent will be added to your profile once you click **Save.**

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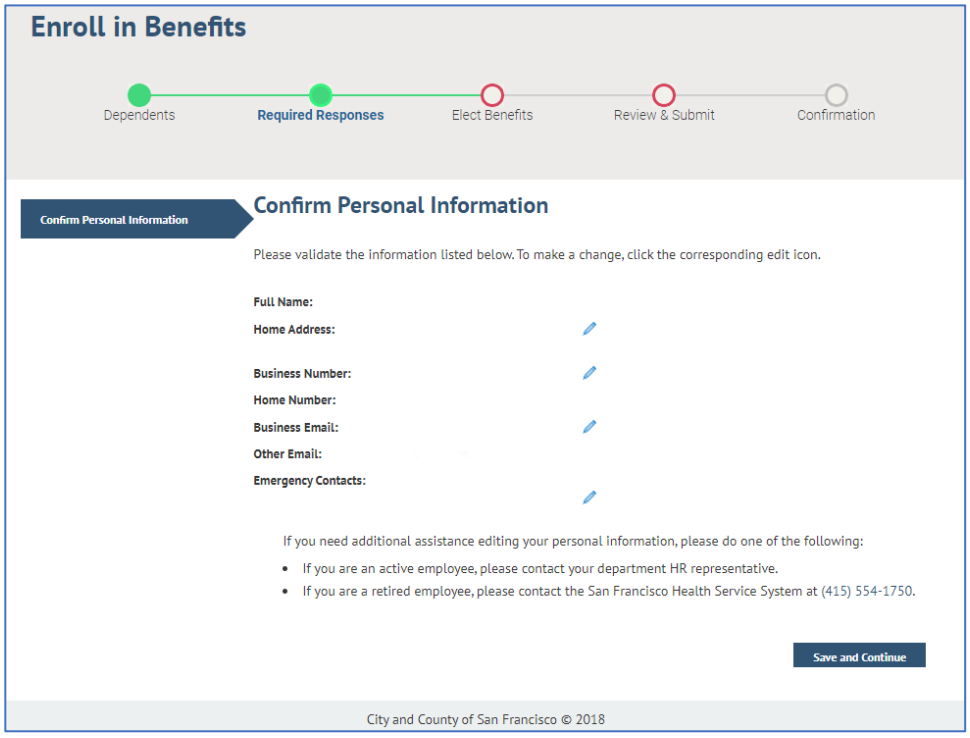
# Personal Information

The **Confirm Personal Information** screen will show you your contact information and emergency contacts.

## Want to change your contact info?

Click the **Pencil icons** if you need to change any contact information or emergency contacts.




It is important that your contact information is up to date as your confirmation statement and other benefit information will be mailed to that address.

## Need Help?

If you need assistance modifying your personal information or emergency contacts, please reach out to:

- Active employees - your department HR representative
- Retirees – SFHSS Member Services 415.554.1750

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# Medical, Dental, Vision Enrollment

Prior to electing new health benefits, you will be shown your current year's benefit elections.

## No changes?

If you do not need to change any health plans or a dependent's enrollment, click the **Yes** button then the **Save and Continue** button to submit your elections.

## Want to elect a new plan?

If you need to make a change (such as annually enrolling in a Flexible Spending Account), click the **No** button, then the **Save and Continue** button to make your benefit changes. Keep reading below if you need to make a change.

## Medical, Dental and Vision elections

You will be asked to elect or waive your Medical plan first. Then your Dental* and Vision** choices will follow.

Click the **Benefits Guide** button at the top to download a PDF copy of your benefits guide.

If you want medical coverage, click the checkbox next to person's name who you want to enroll, then scroll down the page to elect your medical plan.

Click the **Elect this Plan** button to enroll in that medical plan. Each plan has a small text description, link to a detailed description on SFHSS.org and a link to find providers near you.

## Want to waive your coverage?

If you do not want medical coverage, click the checkbox next to **Waive this coverage.**

## Don't forget to save!

Click the **Save and Continue** button at the bottom of the page to move onto the next section.

*San Francisco Unified School District & San Francisco City College employees can enroll in dental coverage through their local Benefits Departments. Please see your Benefits Guide for their contact information.

**Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the Enroll box next to each name.

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# Flexible Spending Account Enrollment

Healthcare and Dependent Care Flexible Spending Accounts* require enrollment annually, even if you were enrolled the previous year!

You will be asked to elect or waive a Healthcare FSA first, then a Dependent Care FSA second.

## Want to enroll in a Healthcare FSA?

Click the checkbox next to **Enroll in Health Care FSA**.

Click on the textbox next to **Health Care FSA Total Annual Amount:** to enter your annual election (any value between $250 and $2,700).

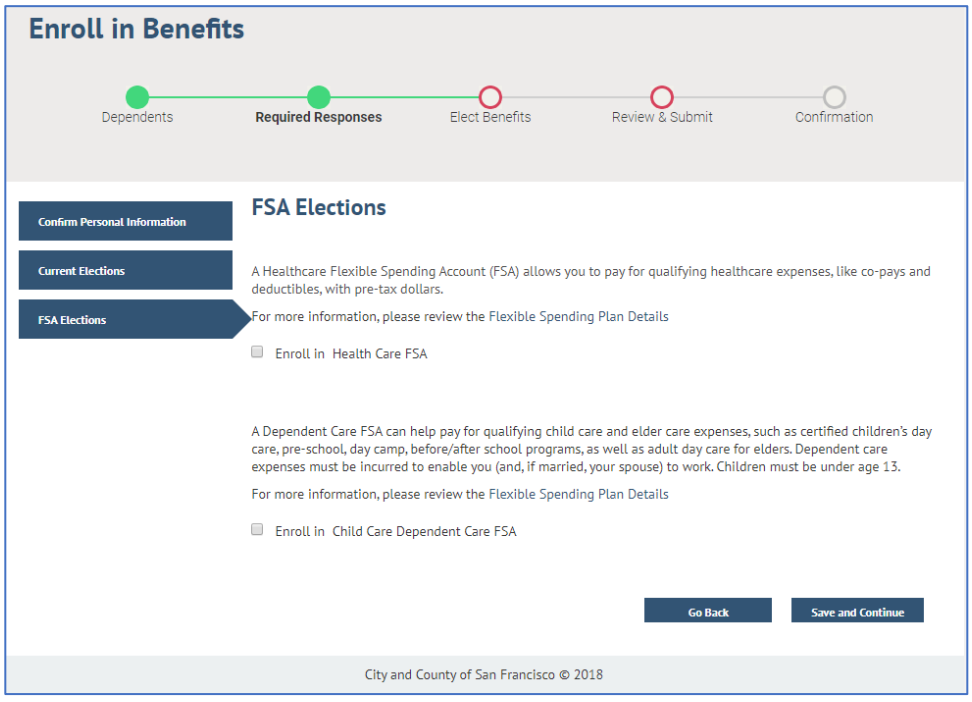
Click the **Save and Continue** button at the bottom of the page to move onto the next section.

## What about a Dependent Care FSA?

Click the checkbox next to **Enroll in Dependent Care FSA**.

Click on the textbox next to **Dependent Care FSA Total Annual Amount:** to enter your annual election (any value between $250 and $5,000).

Click the **Save and Continue** button at the bottom of the page to move onto the next section.




*Flexible Spending Account enrollments through SFHSS are not available to retired, San Francisco Unified School District or San Francisco City College employees.

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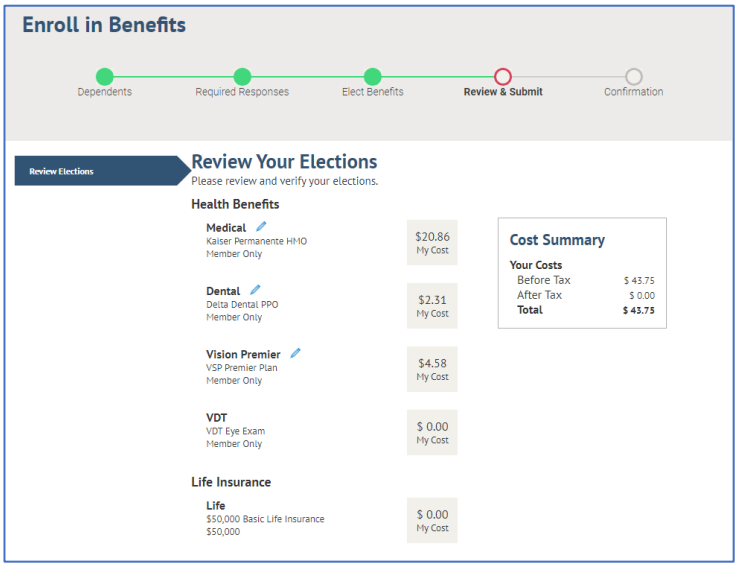
# Election Review and Submission

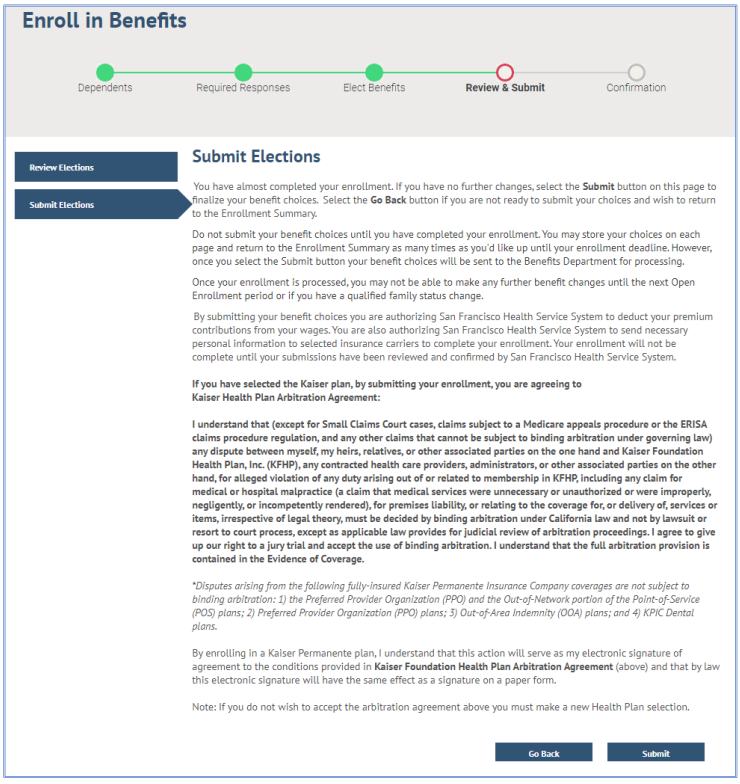
## Review your choices!

After entering your elections on the previous screens, you can review your choices on **Review Your Elections** with cost summary.

If you accidently enrolled in the wrong plan, click the **Pencil icon** next to that plan to make a change.

If your elections are correct, scroll to the bottom of the page and click the **Continue** button.




## Time to Submit!

Please read the legal disclaimer, then click the **Submit** button at the bottom to submit your elections.

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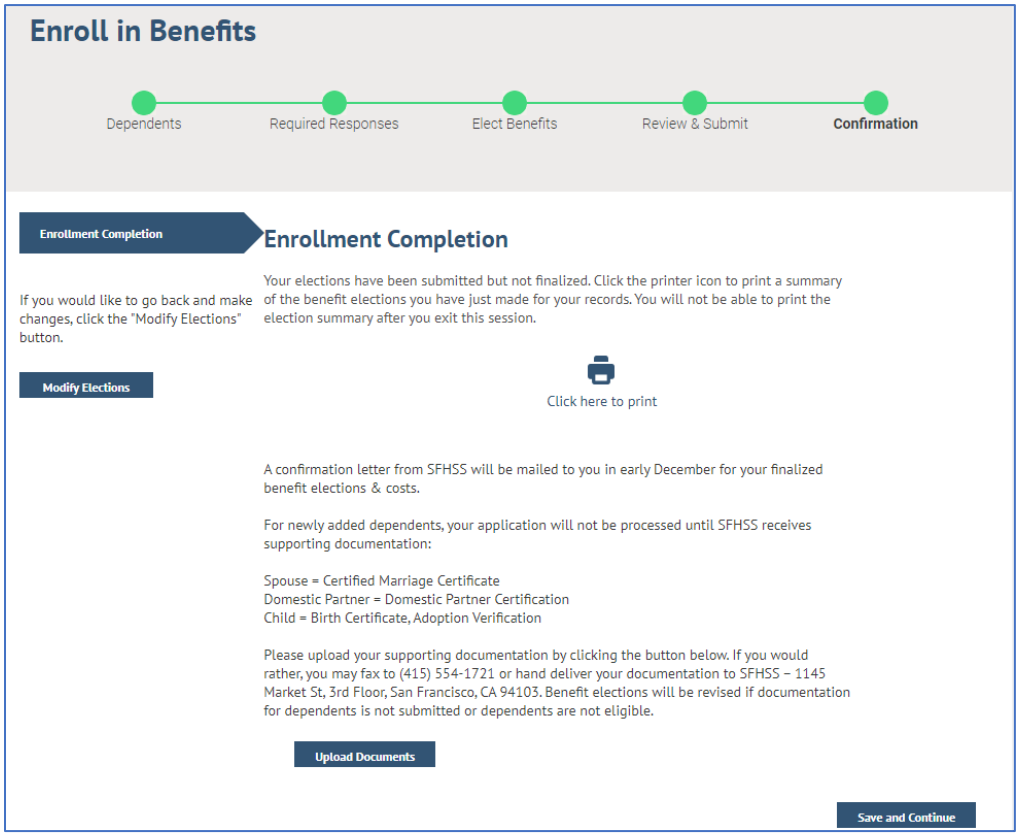
# Confirmation Statements

eBenefits gives you the opportunity to print a confirmation statement of your submitted elections.

Click the **Printer icon** to print a copy for your records.




SFHSS will mail you a finalized confirmation statement in early December of your entered elections. If the finalized confirmation statement does not match your printed submission, please contact SFHSS Member Services at 415.554.1750, provide us with a copy of your submission and we will make the appropriate changes* to your health coverage.

*Benefit elections will be revised if documentation for dependents is not submitted or if dependents are ineligible.

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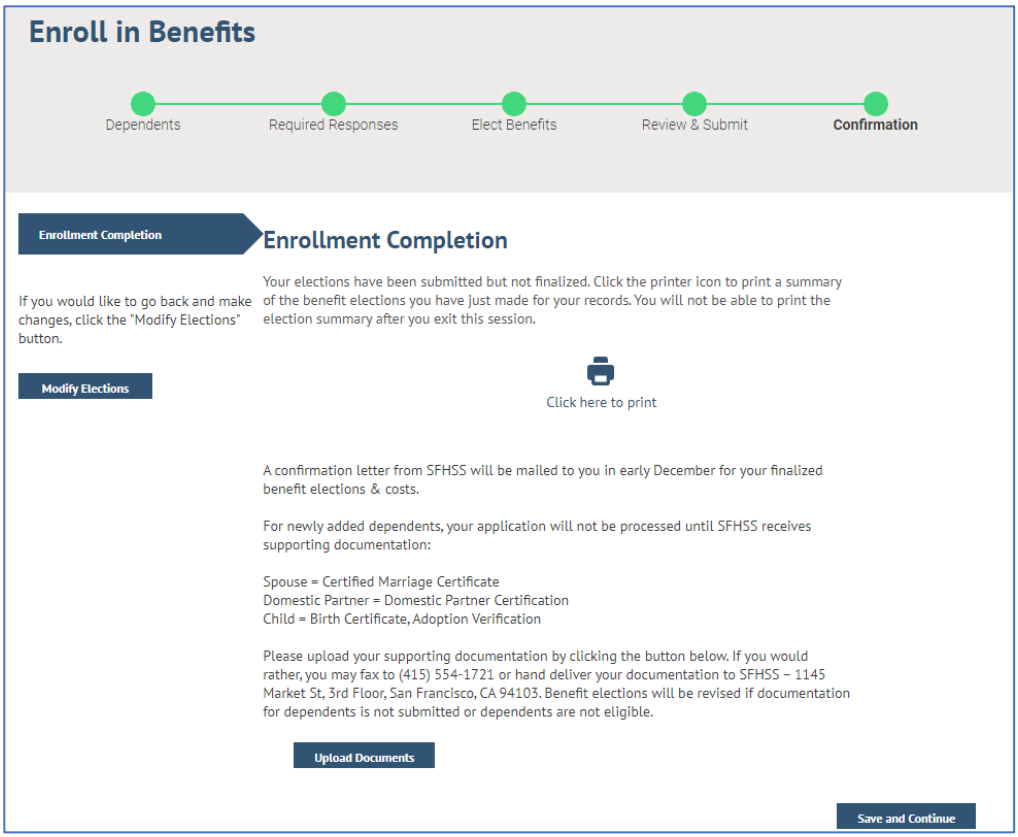
# Document Upload

## Did you add new dependents?

If you added a new dependent, click the **Upload Documents** button to verify their eligibility.




## Document Upload Steps

Click the **Add Attachment** button to choose a photo or document from your library.

Click **Upload** when you make your choice.

Click the text field to label your upload, then click **Save**.

Click the **X** in upper-right corner of your screen to close document upload, then click **Save and Continue.**

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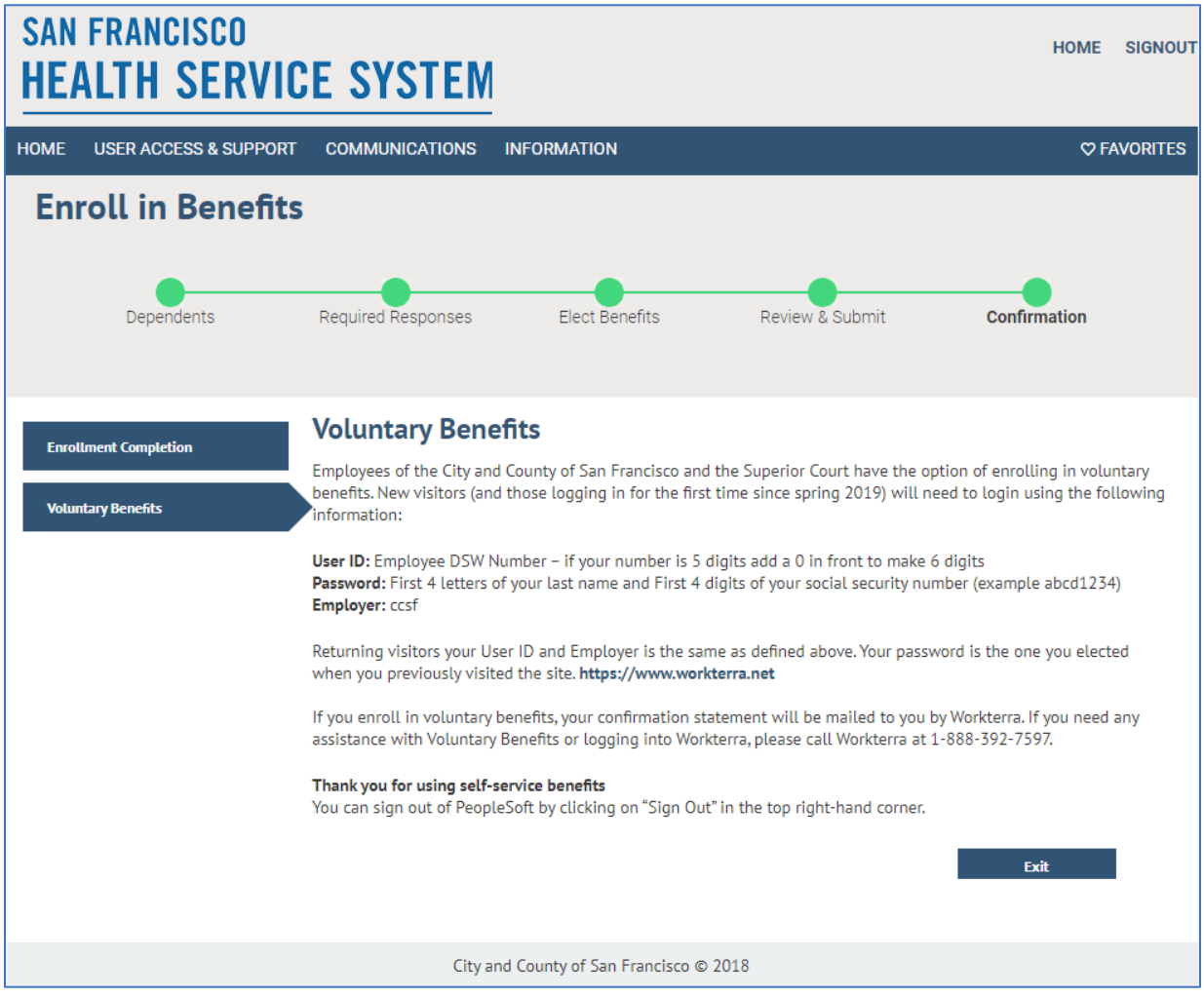
# Voluntary Benefits

Employees of the City & County of San Francisco and the Superior Court have the opportunity to apply for voluntary benefits through Workterra.

After you submit your elections through eBenefits, click the link to Workterra to begin your voluntary benefits enrollment or click **Exit** to finish.