



SAN FRANCISCO
HEALTH SERVICE SYSTEM

City College of San Francisco 2020 Health Benefits



What's New for 2020

Medical and Vision Contributions Changing

Premiums for the following plans will increase in 2020: UHC PPO (City Plan); Blue Shield of California Trio HMO and Access+ HMO; Kaiser Permanente HMO and VSP Premier. **See pages 13 and 15** for more information.

Review rates for your bargaining unit at sfhss.org before making your Open Enrollment elections.

CPMC Medical Center Now Part of Blue Shield of CA's Trio HMO Network

Trio HMO's network for SFHSS's Brown and Toland medical group members now includes California Pacific Medical Center (CPMC). This exclusive arrangement expands access to the new 1101 Van Ness, Davies and Mission Bernal campuses only.

2020 Benefit Enhancements for Blue Shield of CA's Trio HMO and Access+ HMO Plans

Blue Shield of California's Trio HMO and Access+ HMO plans now offer members the ability to receive, at participating retail pharmacies, certain no-cost vaccinations at participating retail pharmacies, including influenza (flu), HPV, pneumonia, meningitis, Tdap booster and shingles.

New for 2020, Blue Shield of California Trio HMO and Access+ HMO members will have the option to receive nutritional counseling visits without a specific medical diagnosis.

If you enroll in the Blue Shield Trio HMO, you will also receive: \$0 Rx delivery through *HEAL* home visits; three to six months of meal delivery through *Lifespring* for members who are recovering from serious illness; and non-emergency transport through *HEAL*.

UHC PPO (City Plan) Reducing In-Network Family Out-of-Pocket Maximum

UHC PPO (City Plan) will offer a lower in-network Family Out-of-Pocket Maximum in 2020 to better align with other plans offered by SFHSS. This will reduce the in-network Family Out-of-Pocket Maximum from \$12,700 to \$7,500 (twice the amount of the individual in-network Out-of-Pocket Maximum). **See page 10.**

Kaiser Permanente Fertility Services Share of Cost Increase

Effective January 1, 2020, Kaiser Permanente has set the member share of costs for all infertility treatment services to a 50% coinsurance, to align with other plans. **See page 11.**

Best Doctors Will be Discontinued as of December 31, 2019

The Health Service Board has elected to not renew the contract with Best Doctors for 2020. Please be aware that the second medical opinion benefit is available through all our health plans. For more information on obtaining a second medical opinion, please refer to your Evidence of Coverage or contact your selected health plan.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible. Dependent eligibility may be audited by SFHSS at any time.

Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current. Acceptable documentation may include, but is not limited to, current federal tax returns and other documentation that demonstrates cohabitation or financial interdependency.

Enrollment of a dependent who does not meet the plan's eligibility requirements as stated in SFHSS Rules and enrollment materials, or failure to disenroll when a dependent becomes ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided.

Dependents can be dropped during open enrollment without penalty. **See page 5.**



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This Guide provides an overview of the San Francisco Health Service System Rules, as approved by the Health Service Board. Rules can be found at sfhss.org or request a copy at (415) 554-1750.



Executive Director's Message

Welcome to eBenefits: The World of Self-Service Enrollment



Over the past two years, the team at San Francisco Health Service System (SFHSS) has successfully developed a straightforward self-service Open Enrollment system for our members called **eBenefits**. This system simplifies Open Enrollment with a convenient, on-line, and fully secure benefits election process, available to you twenty-four hours a day, throughout the entire month of October.

With **eBenefits**, SFHSS can dedicate more time to helping our members directly during Open Enrollment, whether by phone, email, or in-person at both 1145 Market Street and during our many on-site Open Enrollment events throughout the City.

As in previous years, to further assist you with your enrollment choices this October, the SFHSS team has carefully constructed your 2020 Benefits Guide. We ask you to please keep this Guide as a reference, both during and after Open Enrollment. At SFHSS, we remain committed to ensuring quality healthcare benefits and providing a seamless enrollment experience for all our members.

If at any time you find that you, or a fellow SFHSS member, has questions or concerns about Open Enrollment or your benefits, please do not hesitate to call us so that we may assist you. At all times, and as described in the SFHSS Strategic Plan, we are here for you, striving to:

- Provide quality, **affordable and sustainable** health care
- Reduce the **complexity and fragmentation** of the healthcare system
- **Engage and support** our members in using benefits
- Provide **choice and flexibility** in our product offerings
- Support the **whole person health** and **well-being**

We appreciate and value hearing directly from our members. As always, we are here to answer any questions or concerns you may have. We encourage you to share your stories with us of how you benefit from the healthcare services you receive and the extensive healthcare networks available to you as well.

We thank you for your support of our team and SFHSS, and look forward to seeing you or hearing from you at Open Enrollment.

Abbie Yant, RN, MA
Executive Director



Enrolling in Health Benefits

Learn more about your health benefits by reading the CCSF Benefits Guide.



- At the time of on-boarding, enroll by submitting a completed enrollment application along with required eligibility documentation to **City College of San Francisco (CCSF)'s Benefits Unit**, within the **30 day deadline**. The **CCSF Benefits Unit fax number** is **(415) 452-7786**.
- **All new and rehired employees, who are eligible for benefits, must enroll in their health benefits within 30 calendar days from their hire date.** If you do not enroll **within this 30-day** period, you can only apply for health benefits during the next Open Enrollment period (which takes place annually from October 1-31) or **within 30 days** of a Qualifying Event (see pages 6-7).
- To enroll during **Open Enrollment** or due to a **Qualifying Event**, **submit a completed Enrollment Application Form and required eligibility documentation to SFHSS within the 30-day deadline.** Submit *copies* (not originals) of your eligibility documentation (e.g. certified marriage certificates, domestic partner certifications and children's birth certificates). **Open Enrollment** takes place every October 1-31. Changes made during **Open Enrollment** are effective the following January 1st. This is also your opportunity to drop *ineligible dependents* without being charged a penalty.
- **Forms and eligibility documentation can be submitted by mail, fax or in-person during normal business hours.** See *Key Contacts* on page 29 for our location, hours and fax number.
- **Employee premium contributions are deducted from paychecks based on your paycheck schedule.** Be sure to review your paychecks biweekly or monthly to verify that the correct employee premium contribution is being deducted.
- For information about *Other Benefits administered by City College of San Francisco (CCSF)* that are available to you as a **CCSF employee**, see page 16 or visit ccsf.edu. To download the Guide, forms and plan materials, visit sfhss.org.



Questions about health benefits, premium contributions or eligibility documentation?
Call **(415) 554-1750**.



Eligibility

Health coverage eligibility is determined by the Governing Board of the City College of San Francisco (CCSF)

City College of San Francisco (CCSF) Employee Benefits Eligibility

	FULL TIME FACULTY	LTS FACULTY	PART-TIME FACULTY	PERMANENT CLASSIFIEDS	TEMP STO CLASSIFIEDS	TEMPORARY CLASSIFIEDS
Medical	✓	✓	■	✓	■	■
Flexible Spending Account	✓	✓		✓	✓	✓
Employer Paid Dental	✓	✓	■	✓	■	■
Life Insurance	✓	✓		✓	■	■
Parking & Commute	✓	✓	✓	✓	✓	✓

■ Certain restrictions apply

Eligibility for Spouses and Domestic Partners

To enroll a new spouse or domestic partner and eligible children of spouse or domestic partner, submit a completed **City College of San Francisco (CCSF) Enrollment Application Form**, a copy of certified marriage certificate or certificate of domestic partnership and birth certificate for each child **within 30 days** of the legal date of the marriage or partnership as well as each dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership. A spouse or registered domestic partner can also be added during the Open Enrollment period.

A spouse 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 in order to qualify for SFHSS benefits coverage. A domestic partner who fails to enroll in Medicare Part B when first eligible may be charged Medicare late enrollment penalties.

Domestic Partner Health Coverage and Your Taxes

Health coverage for a domestic partner, and any children of a domestic partner, is typically a taxable benefit. The federal government does not recognize domestic partnership for tax purposes. Employer contributions to domestic partner health premiums, including domestic partner children, are counted as taxable imputed income by the IRS. In addition, employee or retiree premium contributions for

domestic partner health benefits are paid *post-tax*. There is a federal tax exemption for dependents who meet certain requirements under **IRS Code 125**. Dependents who meet IRS requirements can submit a **Declaration Form** (valid for one year) to SFHSS and there will be no imputed income for the employer contribution to dependent health premiums. Visit sfhss.org/domestic-partner-health-coverage-and-your-taxes for more information.

Natural Children, Stepchildren, Adopted Children

A member's natural child, stepchild, adopted child (including a child placed for adoption) and the natural or adopted child of a member's enrolled domestic partner are eligible for coverage up to 26 years of age. Coverage terminates at the end of the coverage period in which the child turns 26. Eligibility documentation is required upon initial enrollment.

Legal Guardianship and Court-Ordered Children

Children under 19 years of age placed under the legal guardianship of an enrolled member, a member's spouse, or domestic partner are eligible for coverage.

If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19. Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide SFHSS with proof of guardianship, court order, or decree by SFHSS' required deadlines.



Adult Disabled Children

To qualify a dependent disabled adult child ("Adult Child"), the adult child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with disability after turning 26, *and* meet each of the following criteria:

1. Disabled Adult Child is enrolled in a San Francisco Health Service System medical plan on their 26th birthday; *and*
2. Adult Child has met the requirements of being an eligible dependent child under SFHSS member Rules Section B.3 before turning 26; *and*
3. Adult Child must have been physically or mentally disabled on the date coverage would have otherwise terminated due to age (turning 26), and continue to be disabled from age 26 on; *and*
4. Adult Child is incapable of self-sustaining employment due to the physical or mental disability; *and*
5. Adult Child is dependent on SFHSS member for substantially all of their economic support, *and* is declared as an exemption on member's federal income tax return;
6. Member is required to comply with their enrolled medical plan's disabled dependent certification process and recertification process every year thereafter or upon request.
7. An Adult Child who qualifies for Medicare due to a disability is required to enroll in Medicare (see SFHSS Member Rules Section J). Members must notify SFHSS of the Adult Child's eligibility for Medicare, as well as the Adult Child's subsequent enrollment in Medicare.
8. To maintain ongoing eligibility after the Adult Child has been enrolled, the member must re-enroll the Adult Child with SFHSS every year and must ensure that he or she remains continuously enrolled Medicare (if eligible) without interruption.
9. A newly hired employee who adds an eligible dependent Adult Child, who is age 26 or older, must meet all requirements listed, except **1.** and

2. above and comply with their enrolled medical plan's disabled dependent certification process stated in **6. within 30 days** of hire date.

Medicare Enrollment Requirements for Dependents

SFHSS Rules require domestic partners, dependents with End Stage Renal Disease (ESRD) and children who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A and in Part B.

Medicare coverage begins 30 months after disability application. A member or dependent with ESRD may be prohibited from changing medical plan enrollment.

Medicare Enrollment Requirements Upon Retirement

Retirees and dependents who are eligible for Medicare must already be enrolled in Medicare Part A and Part B when retiring. Proof of Medicare coverage is required by SFHSS before any Medicare-eligible individual can be enrolled in retiree health coverage.

Failure to enroll in Medicare when first eligible may also result in a late-enrollment penalty from Medicare. Medicare applications placed with Social Security can take three months to process.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible. Dependent eligibility may be audited by SFHSS at any time. The audit process may require members to provide documentation demonstrating financial interdependency such as IRS tax returns. Enrollment of a dependent who does not meet the plan's eligibility requirements as stated in Health Service System Rules and enrollment materials, or failure to disenroll when a dependent becomes ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided. Dependents can be dropped during open enrollment without penalty.



Changing Benefit Elections: Qualifying Events

You may change health benefits elections outside of Open Enrollment if you have a qualifying event.

To change benefit elections, you must have a qualifying event. Submit your Enrollment Application Form and all required documentation no later than 30 calendar days after the qualifying event occurs. Below is a list of **qualifying events** that allow changes to benefit elections outside of the Open Enrollment period.

New Spouse or Domestic Partnership

To enroll a new spouse or domestic partner and eligible children of spouse or domestic partner, submit a completed **City College of San Francisco (CCSF) Enrollment Application Form**, a copy of certified marriage certificate or certificate of domestic partnership and birth certificate for each child **within 30 days** of the legal date of the marriage or partnership. Certificates of domestic partnership must be issued in the United States.

A Social Security number must be provided for each enrolling family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following approval.

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child's date of birth. Coverage for an enrolled adopted child will be effective on the date the child is placed.

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

Legal Guardianship or Court Order

Coverage for a child under legal guardianship or court order shall begin upon effective date of guardianship or court order is submitted by the **30-day deadline**. Coverage for a dependent per a court order will be effective the date of court order, if all documentation is submitted to SFHSS by the **30-day deadline**.

Divorce, Separation, Dissolution, Annulment

Coverage of an ex-spouse, domestic partner and stepchildren will terminate on the last day of the coverage period in which event occurred, provided you complete disenrollment **within 30 days**.

Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other health care coverage may enroll in SFHSS benefits. Once required documentation is submitted and processed, coverage will be effective on the first day of the next coverage period.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage. If you waive coverage, all coverage for enrolled dependents will also be waived.

After all required documentation (proof of coverage must be on letterhead) is submitted, coverage will terminate on the last day of the coverage period.

Moving Out of Your Plan's Service Area

If you move your residence to a location outside of your plan's service area, you can enroll in an SFHSS plan that offers service where your new address is located. Coverage will be effective the first day of the coverage period following receipt and approval of required documentation.



Death of a Dependent

In the event of the death of a dependent, notify **SFHSS and CCSF** as soon as possible and submit a copy of death certificate **within 30 days** of the event.

Death of a Member

In the event of a member's death, the **surviving dependent** or **survivor's designee** should contact **SFHSS and CCSF** to obtain information about eligibility for survivor health benefits.

Upon notification, **SFHSS and CCSF** will mail instructions to the spouse or partner, including a list of required documentation for enrolling in surviving dependent health coverage.

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

Responsibility for Premium Contributions

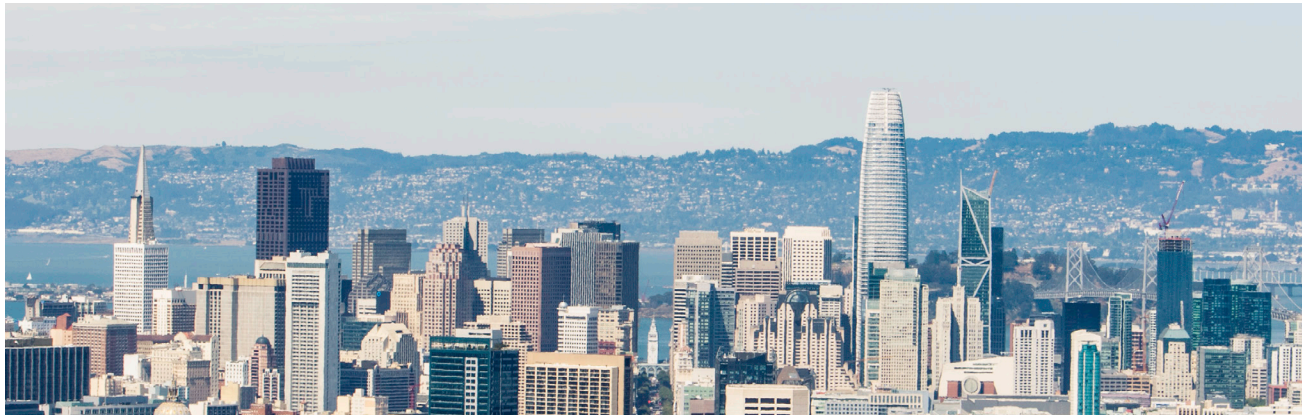
Changes in coverage due to a qualifying event may change premium contributions. **Review your paycheck to make sure premium deductions are correct. If your premium deduction is incorrect, contact CCSF.** You must pay any premiums that are owed. Unpaid premium contributions will result in termination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



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



Part-Time Faculty and Classified Temporary Employee Eligibility



Important Information for Part-Time Faculty and Classified Temporary Employees

Eligible part-time faculty who are enrolled in a medical plan for the spring semester will retain coverage through the summer months.

Eligible classified and temporary school term-only employees who are currently enrolled in a medical plan and meet the 20 hours or more per week assignment will retain coverage through summer months. In order to continue medical and vision coverage through the summer months, additional premiums will be taken from employee paychecks from January to June.

Part-time faculty members who lose eligibility for healthcare coverage during any semester may continue medical and dental coverage through COBRA. Part-time faculty who later become eligible for health coverage must re-enroll for available health benefits.

Questions about coverage over the summer break? Visit ccsf.edu/hr, or contact the **City College of San Francisco (CCSF) Benefits Unit** at **(415) 452-7733**.

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.

For information about Covered California, call **(888) 975-1142** or visit coveredca.com.

COBRA: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) enacted in 1986 allows employees and 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. When enrolled in 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 who were covered under an SFHSS-administered medical plan are entitled to a certificate showing evidence of prior health coverage.



Medical Plan Options

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

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. For non-emergency care, access service through your Primary Care Physician (PCP) or an affiliated urgent care center. There is no deductible before accessing your benefits. Most services are available for a fixed dollar amount (co-payment). SFHSS offers the following HMO medical plans:

Trio HMO - Blue Shield of California

- Access+ HMO - Blue Shield of California
- Kaiser Permanente HMO

Preferred Provider Organization (PPO)

A PPO is a medical plan that offers benefits through in-network and out-of-network healthcare providers. PPOs allow for a greater selection of providers however, out-of-network providers cost more. You are not assigned to a Primary Care Physician (PCP), giving you more responsibility for coordinating your care. Compared to an HMO, enrolling in a PPO usually results in higher out-of-pocket costs. Like HMO plans, PPOs have maximum out-of-pocket expenses. You must pay a plan year deductible. You also pay a coinsurance percentage each time you access service. Because UnitedHealthcare PPO (City Plan) is a self-insured plan, individual premiums are determined by the total cost of services used by the plan's group of participants. SFHSS offers the following PPO plan:

- UnitedHealthcare PPO (City Plan)
 - UnitedHealthcare Select Plus
for *California Members*
 - UnitedHealthcare Choice Plus
for *non-California Members*

How To Enroll In Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan **within 30 calendar days** of their work start date. Submit a completed **City College of San Francisco (CCSF) Enrollment Application Form** and required eligibility documentation to CCSF.

If you do not enroll by the required deadline, you will only be able to enroll in benefits during the next Open Enrollment period or in the event of a **qualifying event** (see pages 6-7).

Coverage will start the first day of the coverage period after eligibility is approved. Once enrolled, you must pay all required employee premium contributions.

SFHSS does not guarantee the continued participation of any particular doctor, hospital or medical group in any medical plan.

You cannot change your benefit elections because a doctor, hospital or medical group chooses not to participate. You will be assigned or must select another provider (individuals with End Stage Renal Disease may be prohibited from changing plans).



Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions in effect during the plan year.



If there are any discrepancies between the information provided in this Guide and the plan's EOC, the plan's EOC shall prevail. Download EOCs at sfhss.org.



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.

	BLUE SHIELD of CA HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	UNITEDHEALTHCARE PPO	
Choice of Physician	Primary Care Physician assignment required.	Primary Care Physician assignment required.	KP network only. Primary Care Physician assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
				\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family		\$1,500 per individual \$3,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
General Care and Urgent Care					
Annual Physical; Well Woman Exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
Family Planning	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge		No charge	100% covered no deductible	50% covered after deductible
Lab and X-ray	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge		No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: Generic	\$10 co-pay 30-day supply		\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	50% covered after \$5 co-pay; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply		\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	50% covered after \$20 co-pay; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply		Physician authorized only	\$50 co-pay 30-day supply	50% covered after \$45 co-pay; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply		\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply		\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply		Physician authorized only	\$100 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay 30-day supply		20% up to \$100 co-pay 30-day supply	Same as 30-day above limitations apply; see EOC	Same as 30-day above limitations apply; see EOC

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient					
Hospital Outpatient	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
Hospital Inpatient	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital Emergency Room	\$100 co-pay waived if hospitalized		\$100 co-pay waived if hospitalized	85% covered after deductible if non- emergency, 50% after deductible	85% covered after deductible if non- emergency, 50% after deductible
Skilled Nursing Facility	No charge 100 days per plan year		No charge 100 days per benefit period	85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility					
Hospital or Birthing Center	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge		No charge	85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC		No charge must enroll newborn within 30 days of birth; see EOC	100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	50% covered limitations apply; see EOC		50% covered limitations apply; see EOC	50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse					
Outpatient Treatment	\$25 co-pay non-severe and severe		\$10 co-pay group \$20 co-pay individual	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other					
Hearing Aids 1 aid per ear every 36 months, evaluation no charge	Up to \$2,500 each		Up to \$2,500 each	85% covered after deductible; up to \$2,500 each	50% covered after deductible; up to \$2,500 each
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	\$25 co-pay		\$20 co-pay authorization required	85% covered after deductible; 60 visits max per plan year	50% covered after deductible; 60 visits max per plan year
Acupuncture/ Chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network		\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required		Co-pays apply authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification



Vision Plans

Members and dependents enrolled in a medical plan are automatically enrolled in Basic Vision Plan benefits.

Vision Plan Benefits

SFHSS members and dependents enrolled in a medical plan automatically receive vision coverage through VSP Vision Care. You may go to a VSP network or non-network provider. Visit vsp.com for a complete list of network providers.

Accessing Your Vision Benefits

No ID cards are issued for the vision plan. To receive services from a network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment. VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

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

Basic Vision Plan Limits and Exclusions

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

Expenses Not Covered by Plan

- Orthoptics and any associated supplemental testing, plano (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished under this plan that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Primary eye care as described on page 13).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

VSP Basic and Premier Vision Plans

You now have a choice. As a new hire or during Open Enrollment, you can remain in the VSP Basic Plan or enroll in the VSP Premier Plan for enhanced benefits. See page 13 for more details.

VSP Vision Care Member Extras

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

VSP also provides savings on *hearing aids* through TruHearing® for you, covered dependents and extended family including parents and grandparents.

For more information about this benefit including eligibility for extended family members, call VSP at **(800) 877-7195**.



No Medical Plan = No Vision Benefits

If you do not enroll in a medical plan, you and your dependents cannot access VSP Vision Care benefits.



Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic ¹	VSP Premier
Well Vision Exam		\$10 co-pay every calendar year	\$10 co-pay every calendar year
Single Vision Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Bifocal Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Trifocal Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Standard Progressive Lenses		100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses		\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Progressive Lenses		\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
Standard Anti-Reflective Coating		\$41 co-pay every other calendar year	\$25 co-pay every calendar year
Premium Anti-Reflective Coating		\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Anti-Reflective Coating		\$85 co-pay every other calendar year	\$25 co-pay every calendar year
Scratch-Resistant Coating		Fully covered every other calendar year	Fully Covered every calendar year
Frames		\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco® \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts <i>(instead of glasses)</i>		\$150 allowance every other calendar year ²	\$250 allowance every calendar year
Contact Lens Exam		Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every other calendar year
Primary Eye Care <i>(for the treatment of urgent or acute ocular conditions)</i>		\$5 co-pay	\$5 co-pay
Vision Care Discounts			
Laser Vision Correction		Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods ³	21 Pay Periods ³
E Only \$4.58 E + 1 Dep. \$6.91 E + 2 or more \$14.34	E Only \$9.93 E + 1 Dep. \$14.98 E + 2 or more \$31.06	E Only \$15.89 \$9.93 E + 1 Dep. \$23.97 \$14.98 E + 2 or more \$49.70 \$31.06	E Only \$6.67 \$4.58 E + 1 Dep. \$10.06 \$6.91 E + 2 or more \$20.85 \$14.34
Your Coverage with Out-of-Network Providers			
Visit vsp.com if you plan to see a provider other than a VSP network provider.			
Exam Up to \$50 Frame Up to \$70	Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65	Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85	Contacts Up to \$105

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

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

³Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

IFPTE Local 21, SEIU 1021 and miscellaneous unrepresented employees are also eligible for VDT Computer VisionCare benefits. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Medical Plan Service Areas

County	Kaiser Permanente HMO	Trio HMO (Blue Shield of CA)	Access+ HMO (Blue Shield of CA)	UHC PPO (City Plan)
Alameda	■	■	■	■
Contra Costa	■	■	■	■
Marin	■	○	■	■
Napa	○			■
Sacramento	■	○	■	■
San Francisco	■	■	■	■
San Joaquin	■	■	■	■
San Mateo	■	■	■	■
Santa Clara	○	■	■	■
Santa Cruz	■	■	■	■
Solano	■	○	■	■
Sonoma	○		■	■
Stanislaus	■	○	■	■
Tuolumne				■

Outside of California Urgent/ER Care Only Urgent/ER Care Only Urgent/ER Care Only No Service Area Limits

■ Available in this county

○ Available in some zip codes; verify your zip code with the plan to confirm availability

Blue Shield of California HMO and Kaiser Permanente HMO: Service Area Limits

You must reside in a zip code serviced by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you. For Blue Shield of California's **Trio HMO**, call **(855) 747-5800**. For Blue Shield of California's **Access+ HMO**, call **(855) 256-9404**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

UnitedHealthcare PPO (City Plan): No Service Area Limits

UnitedHealthcare PPO (City Plan), does not have any service area requirements. If you have questions, contact **UHC** at **(866) 282-0125**.

UnitedHealthcare PPO

Members who lack geographic access to other medical plans offered by SFHSS (e.g. Blue Shield of California's Trio HMO, Access+ HMO or Kaiser Permanente HMO) are eligible to enroll in **UnitedHealthcare PPO** with lower premiums.



CHANGE OF ADDRESS? Call SFHSS: (415) 554-1750 and CCSF HR: (415) 452-7660

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



2020 Medical Premium Contributions

BIWEEKLY 26 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO					
BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$325.81	\$22.03	\$380.38	\$31.25	\$298.02	\$0.00	\$325.81	\$221.16
Employee +1	\$555.86	\$138.54	\$658.00	\$163.99	\$491.56	\$103.11	\$538.09	\$521.14
Employee +2 or more	\$664.04	\$317.98	\$786.12	\$376.44	\$555.65	\$285.23	\$610.29	\$881.50

BIWEEKLY 26 PAY PERIODS

SEIU 1021 and SFBCTU	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$325.81	\$22.03	\$385.53	\$26.10	\$298.02	\$0.00	\$350.36	\$196.61
Employee +1	\$528.78	\$165.62	\$628.62	\$193.37	\$467.21	\$127.46	\$610.43	\$448.80
Employee +2 or more	\$626.47	\$355.55	\$747.38	\$415.18	\$527.98	\$312.90	\$905.56	\$586.23

SFBCTU 2020 medical rate contributions made by employee may increase.

BIWEEKLY 26 PAY PERIODS

CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES and STATIONARY ENGINEERS LOCAL 39	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$325.81	\$22.03	\$384.95	\$26.68	\$298.02	\$0.00	\$330.69	\$216.28
Employee +1	\$527.32	\$167.08	\$624.22	\$197.77	\$459.92	\$134.75	\$565.21	\$494.02
Employee +2 or more	\$623.29	\$358.73	\$737.88	\$424.68	\$509.99	\$330.89	\$844.96	\$646.83

BIWEEKLY 21 PAY PERIODS

SEIU 1021 and SFBCTU	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
December 28 – May 29	\$473.91	\$32.04	\$560.77	\$37.96	\$433.48	\$0.00	\$509.61	\$285.98
August 8 – December 25	\$325.81	\$22.03	\$385.53	\$26.10	\$298.02	\$0.00	\$350.36	\$196.61
EMPLOYEE +1								
December 28 – May 29	\$769.13	\$240.90	\$914.36	\$281.27	\$679.58	\$185.40	\$887.90	\$652.80
August 8 – December 25	\$528.78	\$165.62	\$628.62	\$193.37	\$467.21	\$127.46	\$610.43	\$448.80
EMPLOYEE +2 OR MORE								
December 28 – May 29	\$911.23	\$517.16	\$1,087.10	\$603.90	\$767.97	\$455.13	\$1,317.18	\$852.70
August 8 – December 25	\$626.47	\$355.55	\$747.38	\$415.18	\$527.98	\$312.90	\$905.56	\$586.23

SFBCTU 2020 medical rate contributions made by employee may increase.

BIWEEKLY 21 PAY PERIODS

CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES and STATIONARY ENGINEERS LOCAL 39	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
December 28 – May 29	\$473.16	\$32.79	\$559.93	\$38.81	\$433.48	\$0.00	\$481.00	\$314.59
August 8 – December 25	\$325.30	\$22.54	\$384.95	\$26.68	\$298.02	\$0.00	\$330.69	\$216.28
EMPLOYEE +1								
December 28 – May 29	\$767.01	\$243.03	\$907.96	\$287.67	\$668.97	\$196.00	\$822.12	\$718.57
August 8 – December 25	\$527.32	\$167.08	\$624.22	\$197.77	\$459.92	\$134.75	\$565.21	\$494.02
EMPLOYEE +2 OR MORE								
December 28 – May 29	\$906.60	\$521.79	\$1,073.28	\$617.72	\$741.80	\$481.29	\$1,229.03	\$940.84
August 8 – December 25	\$623.29	\$358.73	\$737.88	\$424.68	\$509.99	\$330.89	\$844.96	\$646.83

SEIU 1021 & SFBCTU. January to May deductions (11 pay periods) include a 1.454 rate to pre-pay premiums for the summer coverage period.



2020 Medical Premium Contributions

MONTHLY 12 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO					
FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$705.92	\$47.74	\$824.10	\$67.78	\$645.71	\$0.00	\$705.92	\$479.19
Employee +1	\$1,224.24	\$280.29	\$1,449.19	\$331.79	\$1,103.61	\$184.84	\$1,189.96	\$1,105.05
Employee +2 or more	\$1,489.40	\$638.32	\$1,763.22	\$755.67	\$1,267.21	\$554.69	\$1,389.85	\$1,842.36

MONTHLY 12 PAY PERIODS

ACADEMIC ADMINISTRATORS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$705.92	\$47.74	\$824.10	\$67.78	\$645.71	\$0.00	\$705.92	\$479.19
Employee +1	\$1,204.37	\$300.16	\$1,425.68	\$355.30	\$1,065.04	\$223.41	\$1,165.64	\$1,129.37
Employee +2 or more	\$1,438.77	\$688.95	\$1,703.27	\$815.62	\$1,203.91	\$617.99	\$1,322.30	\$1,909.91

MONTHLY 9 PAY PERIODS

PART-TIME FACULTY EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY								
January 1 – May 31	\$1,129.47	\$76.38	\$1,318.56	\$108.45	\$1,033.14	\$0.00	\$1,129.47	\$766.70
September 1 – December 31	\$705.92	\$47.74	\$824.10	\$67.78	\$645.71	\$0.00	\$705.92	\$479.19
EMPLOYEE +1								
January 1 – May 31	\$1,958.78	\$448.46	\$2,318.70	\$530.86	\$1,765.78	\$295.74	\$1,903.94	\$1,768.08
September 1 – December 31	\$1,224.24	\$280.29	\$1,449.19	\$331.79	\$1,103.61	\$184.84	\$1,189.96	\$1,105.05
EMPLOYEE +2 OR MORE								
January 1 – May 31	\$2,383.04	\$1,021.31	\$2,821.15	\$1,209.07	\$2,027.54	\$887.50	\$2,223.76	\$2,947.78
September 1 – December 31	\$1,489.40	\$638.32	\$1,763.22	\$755.67	\$1,267.21	\$554.69	\$1,389.85	\$1,842.36

Part-time Faculty Employees January to May deductions (5 pay periods) include a 1.60 rate to pre pay premiums for the summer coverage period.





Other Benefits Administered by City College of San Francisco (CCSF)

Delta Dental PPO

City College of San Francisco (CCSF) offers eligible employees the opportunity to enroll in dental benefits administered by Delta Dental. Enrollment in dental benefits is handled through the **CCSF Benefits Unit**. Visit ccsf.edu/hr for details about covered services under this plan.

This PPO dental plan allows you to visit any in-network or out-of-network dentist. The plan pays higher benefits (and you pay less) when you visit an in-network PPO dentist.

Ask your Delta Dental dentist about costs before receiving services. You can request a pre-treatment estimate of costs before you receive care. For more information, call Delta Dental at **(888) 499-3001**.

Flexible Spending Accounts

FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both. Once enrolled, you set aside money pre-tax via payroll deduction to fund your FSA account(s). To receive FSA reimbursements, you must submit documentation to the plan administrator by required deadlines.

A Healthcare FSA allows each employee to pay for qualifying medical expenses *pre-tax*. Qualifying expenses include medical, pharmacy, dental and vision co-pays and deductibles for the enrolled employee and eligible dependents.

A Dependent Care FSA can help pay *pre-tax* for qualifying dependent care expenses. Qualifying expenses include certified day care, pre-school and elder care. Children in day care must be under age 13.

Before enrolling in your FSA, work out a detailed estimate of the eligible expenses you are likely to incur in 2020. Budget conservatively. Please 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.

CCSF employee FSAs are administered by *WageWorks*. Visit wageworks.com for more information.

Commuter Benefits

City College of San Francisco (CCSF)'s Benefits Unit offers employees the opportunity to enroll in commuter benefits. This pre-tax benefit account can be used to pay for public transit (train, subway, bus, and ferry) and parking fee associated with work as part of your daily commute to and from work.

Save an average of up to 30% on public transit as part of your daily commute to and from work and reduce your overall tax burden (e.g. funds are withdrawn from your paycheck *before* taxes are deducted thereby reducing your taxable income). Sign up any time to start saving and no “use it or lose it” as long as you’re enrolled. The commuter benefits account for CCSF employees are administered by *WageWorks*. Visit wageworks.com for more information.

Other Voluntary Benefits

Eligible **CCSF** employees may also purchase the voluntary benefits below. Contact the **City College of San Francisco (CCSF) Benefits Unit** for more information.

- Individual life insurance
- Individual short-term disability insurance
- Individual accident insurance
- Individual cancer/specified-disease insurance
- Individual dental insurance
- Individual hospital confinement indemnity insurance
- Individual specified health event insurance
- Individual vision insurance

For more information about dental, FSAs and additional voluntary benefits that are administered through the **City College of San Francisco (CCSF) Benefits Unit**, visit ccsf.edu/hr.



Preventive Care: Staying Healthy for FREE

Most of the top causes of death in the U.S. are potentially preventable through lifestyle changes and *proactive* healthcare services.¹



Preventive Care services are 100% covered, no co-pays or deductibles.

Get the recommended *preventive care* services. Make healthy lifestyle choices for good health and well-being to prevent disease, illnesses, and other health concerns.

For more information about your benefits, contact **SFHSS** at **(415) 554-1750** or toll-free at **(800) 541-1721**.

Getting Started – Schedule Your Appointment Today

Vaccinations <ul style="list-style-type: none"> ■ Flu ■ Measles ■ Shingles ■ Hepatitis B ■ Pneumonia ■ Polio ■ Chicken Pox 	Annual/ As Per Physicians Recommendation	Kaiser Permanente HMO: (800) 464-4000 Blue Shield of California <ul style="list-style-type: none"> ■ Trio HMO: (855) 747-5800 ■ Access+ HMO: (855) 256-9404 UnitedHealthcare PPO (City Plan): (866) 282-0125
Wellness Checks <ul style="list-style-type: none"> ■ Blood Pressure ■ Diabetes ■ Cholesterol ■ Well-Women ■ Well-Men ■ Well-Baby ■ Well-Child 		
Cancer Screenings <ul style="list-style-type: none"> ■ Mammograms ■ Colonoscopy 		
Eye Exam	Annual	VSP Vision Care: (800) 877-7195
Dental Exam and Cleaning	Every 6 Months	Delta Dental PPO: (866) 499-3001 <i>(dental benefits are administered through the City College of San Francisco's Benefits Unit)</i>

¹<https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>



Mental Health and Substance Abuse Benefits

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

Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO (City Plan)
Mental Health and Substance Abuse		
Call (800) 464-4000 to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.	Call (877) 263-9952 to find a provider and schedule an appointment.	Call (866) 282-0125 to make an appointment. To find providers online go to liveandworkwell.com or welcometouhc.com/sfhss Telemental Health: Services are available with participating partners.
Mental Well-Being Services		
Classes and Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth for more information. Health/Wellness Coaching: Call (866) 862-4295 to make an appointment for a Wellness Coach to contact you.	Counseling and Consultation: <i>LifeReferrals</i> is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals.	Call the Confidential 24/7 Helpline at (866) 282-0125 .

Employee Assistance Program (EAP)

EAP, staffed by licensed therapists, provides confidential, voluntary and free mental health services to all employees and immediate adult family members. **Please contact EAP if you have a difficulty accessing Mental Health or Substance Abuse services.** Visit us at sfhss.org/eap.

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

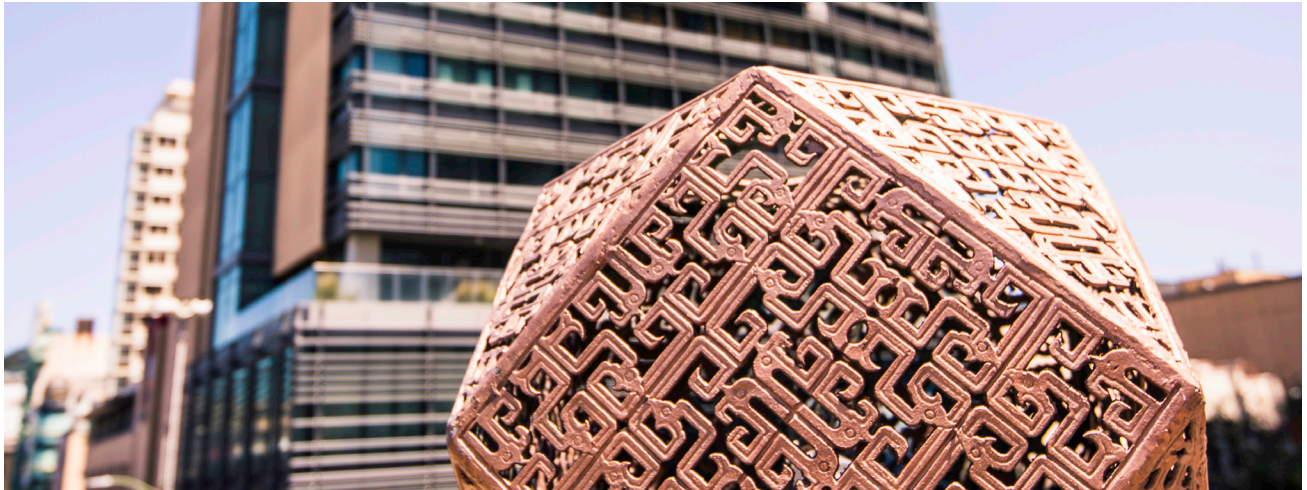
EAP Appointments are available Monday through Friday 8:00am-5:00pm. Call (415) 554-0610 or toll-free (800) 795-2351 to schedule an appointment.

¹As a result of mental health parity law, there is no yearly, or lifetime dollar amounts for mental health benefits. Please contact EAP if you have difficulty accessing mental health or substance abuse services through your health plan.



Health Benefits During a Leave of Absence

You Must Immediately Notify the City College of San Francisco (CCSF) Human Resources Department of any Leave of Absence



You Must Notify CCSF's Human Resources Department of Any Leave of Absence

- Notify the **CCSF Human Resources Department** *at least 30 days* in advance.
- Contact the **CCSF Benefits Unit** to inquire about your health benefits while on leave.
- Review the ***Your Responsibilities*** section below for more information about your health benefits during a leave of absence and how to avoid a disruption in your coverage.
- For additional information, please refer to your *Collective Bargaining Agreement*.

Your Responsibilities

1. Notify your supervisor and your CCSF Human Resources (HR) at least 30 days in advance to review your leave. If your leave is due to an unexpected emergency contact HR as soon as possible. HR will help you understand the process and documentation required for an approved leave.

2. To continue your health coverage, you must pay employee premium contributions while you are on leave.

If premium payments are not deducted from your paycheck while you are on leave you must pay **CCSF** directly.

Contact the CCSF Benefits Unit about premiums owed to continue your medical and dental coverage.

Failure to do so will result in termination of your health benefits.

3. When your leave ends, contact CCSF to reinstate your benefits within 30 days of your return to work.



COBRA and Covered California

COBRA

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

COBRA Continuation Coverage

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

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

Time Limits for COBRA Elections

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. Coverage will be retroactive to the date of the COBRA qualifying event, so there is no break in coverage.

While covered under COBRA, you have **30 days** to add newly eligible dependents (spouse, domestic partner, newborn or adopted child) to COBRA coverage, based on the date of the qualifying event (marriage, partnership, birth, adoption).

In the case of a dependent losing coverage (due to divorce or aging out of a plan) the employee or dependent must notify the COBRA Administrator **within 30 days** of the qualifying event. **Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.**

Duration of COBRA Continuation Coverage

Group 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.

COBRA enrollees who are disabled on the date of their qualifying event, or at 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 percent of the group rate. Retirees and dependents who are eligible for less than 36 months of federal COBRA may be eligible for Cal-COBRA.

Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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



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



COBRA and Covered California

2020 Monthly COBRA Premium Rates

Blue Shield of California Trio HMO	
Employee Only	\$768.73
Employee +1	\$1,534.62
Employee +2 or More	\$2,170.27
Blue Shield of California Access+ HMO	
Employee Only	\$909.72
Employee +1	\$1,816.60
Employee +2 or More	\$2,569.27
Kaiser Permanente HMO	
Employee Only	\$658.62
Employee +1	\$1,314.22
Employee +2 or More	\$1,858.34
UnitedHealthcare PPO (City Plan)	
Employee Only	\$1,208.81
Employee +1	\$2,340.91
Employee +2 or More	\$3,296.85
VSP Premier	
Employee Only	\$10.13
Employee +1	\$15.28
Employee +2 or More	\$31.68

Paying for COBRA

Once COBRA continuation coverage is elected, it is the responsibility of the covered individuals to remit the required healthcare premium payments directly to the COBRA administrator.

COBRA Continuation Coverage Alternatives

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California. In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable.

For information about Covered California health plans, call **(888) 975-1142** or visit coveredca.com.

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

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

For CCSF COBRA dental rates, please visit the City College of San Francisco website, ccsf.edu, or contact the **CCSF Benefits Unit** at **(415) 452-7733**.



Transition to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

If eligible, you must elect to continue retiree health coverage by submitting a **Retiree Enrollment Form** and supporting documents to SFHSS.

Contact SFHSS three months before your retirement date to learn about enrolling in retiree benefits.

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

A retiree must have been an SFHSS member at some time during their active employment to be eligible for retiree health benefits (restrictions may apply).

Depending on your retirement date, there can be a gap between when active employee coverage ends and retiree coverage begins. **Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage.** Call SFHSS at **(415) 554-1750** to review your options before selecting a retirement date.

Medicare Enrollment Required for Medicare-eligible Retirees and Dependents

All retirees and dependents, who are *Medicare-eligible* due to age or disability, are required to enroll.

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

Processing of Medicare eligibility takes *at least three months*.

Retiree Premium Contributions

If you choose to continue medical and/or dental coverage through SFHSS after you retire, your retiree premium contribution may be higher than your active employee contributions. As a retired member, you will also be required to pay for dental coverage. Costs will depend on your plan choices, number of dependents covered and your Medicare status.

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

Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

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

Active Employee Medicare Enrollment

If you are working and eligible for SFHSS health coverage at age 65 or older, you are not required to enroll in Medicare.

Some employees over age 65 choose to enroll in premium-free Medicare Part A while they are still working. If you enroll in Part A, you must contact the Social Security Administration and enroll in Medicare Part B three months before you retire or otherwise leave City employment.

If you are over age 65 and not enrolled in both Medicare Part A and Part B upon retirement, you may be charged penalties by Medicare and you will be enrolled in UnitedHealthcare PPO (City Plan 20).

Married Spouse Medicare Enrollment

A spouse covered on an active employee's SFHSS plan is not required to enroll in Medicare until the employee retires. A Medicare-eligible spouse must be enrolled in Medicare to be covered on a retiree's health plan.

Domestic Partner Medicare Enrollment

A registered domestic partner of an employee who is eligible for Medicare must be enrolled in Medicare to qualify for SFHSS medical coverage. The federal government charges a premium for Medicare Part B and in some cases, for Part D.

All Medicare premium payments must be paid to maintain continuous Medicare enrollment. A domestic partner who fails to enroll in Medicare Part B when first eligible may be charged Medicare late enrollment penalties.

Contact Employee Assistance Program (EAP)

Before you select your retirement date, make an appointment with EAP to help you plan for a meaningful retirement. Address any personal or life changes to ensure that your retirement years are the best they can be. Contact EAP at **(415) 554-0610**.



2020 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (26 WEEKS)

Work Dates	Pay Date	Coverage Period
December 28, 2019–January 10, 2020	January 21, 2020	December 28, 2019–January 10, 2020
January 11, 2020–January 24, 2020	February 4, 2020	January 11, 2020–January 24, 2020
January 25, 2020–February 7, 2020	February 18, 2020	January 25, 2020–February 7, 2020
February 8, 2020–February 21, 2020	March 3, 2020	February 8, 2020–February 21, 2020
February 22, 2020–March 6, 2020	March 17, 2020	February 22, 2020–March 6, 2020
March 7, 2020–March 20, 2020	March 31, 2020	March 7, 2020–March 20, 2020
March 21, 2020–April 3, 2020	April 14, 2020	March 21, 2020–April 3, 2020
April 4, 2020–April 17, 2020	April 28, 2020	April 4, 2020–April 17, 2020
April 18, 2020–May 1, 2020	May 12, 2020	April 18, 2020–May 1, 2020
May 2, 2020–May 15, 2020	May 26, 2020	May 2, 2020–May 15, 2020
May 16, 2020–May 29, 2020	June 9, 2020	May 16, 2020–May 29, 2020
May 30, 2020–June 12, 2020	June 23, 2020	May 30, 2020–June 12, 2020
June 13, 2020–June 26, 2020	July 7, 2020	June 13, 2020–June 26, 2020
June 27, 2020–July 10, 2020	July 21, 2020	June 27, 2020–July 10, 2020
July 11, 2020–July 24, 2020	August 4, 2020	July 11, 2020–July 24, 2020
July 25, 2020–August 7, 2020	August 18, 2020	July 25, 2020–August 7, 2020
August 8, 2020–August 21, 2020	September 1, 2020	August 8, 2020–August 21, 2020
August 22, 2020–September 4, 2020	September 15, 2020	August 22, 2020–September 4, 2020
September 5, 2020–September 18, 2020	September 29, 2020	September 5, 2020–September 18, 2020
September 19, 2020–October 2, 2020	October 13, 2020	September 19, 2020–October 2, 2020
October 3, 2020–October 16, 2020	October 27, 2020	October 3, 2020–October 16, 2020
October 17, 2020–October 30, 2020	November 10, 2020	October 17, 2020–October 30, 2020
October 31, 2020–November 13, 2020	November 24, 2020	October 31, 2020–November 13, 2020
November 14, 2020–November 27, 2020	December 8, 2020	November 14, 2020–November 27, 2020
November 28, 2020–December 11, 2020	December 22, 2020	November 28, 2020–December 11, 2020
December 12, 2020–December 25, 2020	January 5, 2021	December 12, 2020–December 25, 2020

Employee premium contributions are deducted from paychecks biweekly for a total of 26 payroll deductions for 2020 plan year. If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 19 for more information about maintaining health coverage during a *Leave of Absence*.

The FY20/21 Calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2020 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (21 WEEKS)

Work Dates	Pay Date	Coverage Period
December 28, 2019–January 10, 2020	January 21, 2020	December 28, 2019–January 10, 2020
January 11, 2020–January 24, 2020	February 4, 2020	January 11, 2020–January 24, 2020
January 25, 2020–February 7, 2020	February 18, 2020	January 25, 2020–February 7, 2020
February 8, 2020–February 21, 2020	March 3, 2020	February 8, 2020–February 21, 2020
February 22, 2020–March 6, 2020	March 17, 2020	February 22, 2020–March 6, 2020
March 7, 2020–March 20, 2020	March 31, 2020	March 7, 2020–March 20, 2020
March 21, 2020–April 3, 2020	April 14, 2020	March 21, 2020–April 3, 2020
April 4, 2020–April 17, 2020	April 28, 2020	April 4, 2020–April 17, 2020
April 18, 2020–May 1, 2020	May 12, 2020	April 18, 2020–May 1, 2020
May 2, 2020–May 15, 2020	May 26, 2020	May 2, 2020–May 15, 2020
May 16, 2020–May 29, 2020	June 9, 2020	May 16, 2020–May 29, 2020
Summer Break (off from regular work)	June 23, 2020 July 7, 2020 July 21, 2020 August 4, 2020 August 18, 2020	Summer Coverage Period (extra payroll deductions taken January to June)
August 8, 2020–August 21, 2020	September 1, 2020	August 8, 2020–August 21, 2020
August 22, 2020–September 4, 2020	September 15, 2020	August 22, 2020–September 4, 2020
September 5, 2020–September 18, 2020	September 29, 2020	September 5, 2020–September 18, 2020
September 19, 2020–October 2, 2020	October 13, 2020	September 19, 2020–October 2, 2020
October 3, 2020–October 16, 2020	October 27, 2020	October 3, 2020–October 16, 2020
October 17, 2020–October 30, 2020	November 10, 2020	October 17, 2020–October 30, 2020
October 31, 2020–November 13, 2020	November 24, 2020	October 31, 2020–November 13, 2020
November 14, 2020–November 27, 2020	December 8, 2020	November 14, 2020–November 27, 2020
November 28, 2020–December 11, 2020	December 22, 2020	November 28, 2020–December 11, 2020
December 12, 2020–December 25, 2020	January 5, 2021	December 12, 2020–December 25, 2020

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions for the 2020 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer pay periods. Benefits coverage will continue as long as all summer premium contributions have been funded (and on active status).

If you take an approved unpaid leave of absence, you pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 19 for more information about maintaining health coverage during a *Leave of Absence*.

The FY20/21 Calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2020 Health Coverage Calendars

FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

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

PART-TIME FACULTY PAID MONTHLY (9 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2020–January 31, 2020	January 31, 2020	January 1, 2020–January 31, 2020
February 1, 2020–February 29, 2020	February 28, 2020	February 1, 2020–February 29, 2020
March 1, 2020–March 31, 2020	March 31, 2020	March 1, 2020–March 31, 2020
April 1, 2020–April 30, 2020	April 30, 2020	April 1, 2020–April 30, 2020
May 1, 2020–May 31, 2020	May 29, 2020	May 1, 2020–May 31, 2020
Summer Break (off from regular work)	June 30, 2020 July 31, 2020 August 31, 2020	Summer Coverage Period (extra payroll deductions taken January to June)
September 1, 2020–September 30, 2020	September 30, 2020	September 1, 2020–September 30, 2020
October 1, 2020–October 31, 2020	October 30, 2020	October 1, 2020–October 31, 2020
November 1, 2020–November 30, 2020	November 30, 2020	November 1, 2020–November 30, 2020
December 1, 2020–December 31, 2020	December 31, 2020	December 1, 2020–December 31, 2020

Full-time faculty premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions. Part-time faculty premium contributions are deducted from paychecks monthly, for a total of 9 payroll deductions (see above) for the 2020 plan year. PT Faculty that work from January to May will have an additional premium amount deducted to fund benefits coverage during the summer months. 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 CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 19 for more information about maintaining health coverage during a *Leave of Absence*.

The FY20/21 Calendars were not finalized with the union at the time of publication. Please check sfhss.org for updates.



Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA).

Other than the uses listed below, SFHSS will not disclose your health information without your written authorization:

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

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

You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated. Any privacy complaints made to SFHSS should be made in writing.

This is a summary of a legal notice that details SFHSS privacy policy. The full legal notice of our privacy policy is available at [sfhss.org/sfhss-privacy-policy-and-forms](https://www.sfhss.org/sfhss-privacy-policy-and-forms).

You may also contact SFHSS to request a written copy of the full legal notice.





Health Service Board Achievements



Karen Breslin
President
Elected Retiree



Stephen Follansbee, M.D.
VP, Appointed by
Former Mayor Lee



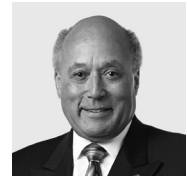
Chris Canning
Elected by SFHSS
Membership



Mary Hao
Appointed by
Mayor Breed



Wilfredo Lim
Elected by SFHSS
Membership



Randy Scott
Appointed by
Controller's Office

Health Service Board Elections

The Board Secretary and the SFHSS Leadership team planned an election for two Board Commission Seats throughout the months of October-March. By March 27, three of the five eligible nominated candidates officially withdrew their names from the Election – leaving two viable candidates. Under Administrative Code Section 16.553, if there are no competing candidates for an open seat, then the Department of Elections is no longer required to hold an election, and the eligible candidate will be declared to be a member of the Board. Two viable candidates assumed the two open seats on May 15, 2019: Commissioner Karen Breslin, a Health Service Board Commissioner incumbent and active SFHSS member, Chris Canning.

Health Service Board Commissioner Appointment

At the June 13th Health Service Board meeting, the Health Service Board had the full Board seated. Commissioner Mary Hao was appointed to the Board by Mayor Breed to serve a five-year term and attended her first meeting in May 2019. Commissioner Chris Canning, elected by SFHSS membership, assumed his Board seat to serve his five-year term beginning May 2019. SFHSS Leadership conducted a new Commissioner orientation in April 2019. This comprehensive on-boarding process introduced the newly seated members to SFHSS departments and roles, the Health Service Board Commissioner role as a governing body, the Rates and Benefits Cycle, over all Board responsibilities, and reviewed member benefits.

Health Service Board Education

The Health Service Board completed a Special Meeting in July 2019 focusing on the Healthcare Marketplace. The presentation covered a wide range of health benefit design and contracting strategies. The Board reviewed different health system models and discussed possible options of health system models for future health care plans. The education session covered the current pharmacy landscape and trends during the April meeting. At the July meeting, the Board reviewed developments in prescription drug tiering, generic drug pricing shifts, and pharmacy benefit managers' impact on current drug re-tiering practices.

Board Approval on Benefit and Plan Enhancements: Blue Shield of California Trio and Access+ HMO Plans

Approved access for Blue Shield members to receive an array of vaccines from participating pharmacies without a prescription from their primary care providers. Approved access for Blue Shield members to receive nutritional counseling sessions without a medical diagnosis.

Kaiser Permanente Medicare Advantage Plan

Approved a transportation benefit for members that will be available utilizing these provisions: non-medical transportation, up to 24 one-way trips for routine or post-discharge needs (50 mile distance limit per trip).

VSP Basic & Premier Vision Plans

Approved 0% rate increase for the Basic plan.

Delta Dental PPO

Approved a 5.3% rate decrease for self-funded plan.

Delta Dental PPO for Retirees

Approved a PPO network design change to increase plan-paid coinsurance, for services provided by Delta Dental PPO providers, currently covered at 50%, to 60%—including crown, denture, pontic, bridge, and endodontic/root canal services. For Premier and out-of-network providers, the co-insurance coverage shall remain unchanged at 50%. Approved the Premier network and out-of-network design change to increase individual member deductible for services (excluding diagnostic and preventive care) from \$50 to \$75 annually. No change to the family deductible of \$150.

UHC PPO (City Plan)

Approved a reduction of in-network Family Out-of-Pocket Maximum from \$12,700, to twice the amount of the individual in-network Out-of-Pocket Maximum, \$7,500.

Life Insurance and Long-Term Disability

Approved an aggregate 12% rate decrease for Basic Life, LTD, and Supplemental Life Insurance. Approved 0% rate increase for Child Life Insurance, AD&D insurance.



Nurseline, Urgent Care, Telemedicine, and Online Services

24/7 Nurse Line

Call a free nurse advice line and speak to a registered nurse. Get answers to your questions about health issues, illness or injury. A nurse can help you decide if you need routine, urgent or emergency care service.

Urgent Care

Sometimes you need medical care quickly, but a trip to the emergency room isn't necessary. Visit an urgent care center when it is after hours or inconvenient to see your regular provider *and* you need prompt attention for an illness or injury that is not life-threatening. Urgent care centers offer the convenience of same-day appointments and walk-in service.

Telemedicine

■ UnitedHealthcare PPO (City Plan) Members

A video or virtual visit is an appointment with a telemedicine doctor that is done using the camera on your mobile device or computer.

■ Blue Shield of California Members (Trio HMO and Access+ HMO)

Access board-certified doctors 24/7/365 by phone or video through teladoc.com/bsc

■ Kaiser Permanente HMO

Access services by video through: mydoctor.kaiserpermanente.org/ncal/videovisit/#

Go Online

Email your doctor, access your records, and renew your prescriptions.

Blue Shield of California Trio HMO and Access+ HMO	Kaiser Permanente HMO	UnitedHealthcare PPO (City Plan)
24/7 Nurseline		
Trio HMO: (877) 304-0504 Access+ HMO: (877) 304-0504	Nurse Advice 24/7 (866) 454-8855	Nurseline 24/7 (800) 846-4678
Urgent After-Hours Care		
Trio HMO: (855) 747-5800 blueshieldca.com/sites/imce/trio.sp Access+ HMO: (855) 256-9404 blueshieldca.com/sfhss	(866) 454-8855 my.kp.org/ccsf	(866) 282-0125 welcometouhc.com/sfhss
Telemedicine		
Blue Shield members can access <i>Teladoc's</i> U.S. board-certified doctors 24/7/365 to resolve non-emergency medical issues by phone or video consult. Visit teladoc.com/bsc or call (800) 835-2362 .	When scheduling an appointment in person or through the <i>Appointment and Advice line</i> (866) 454-8855 , ask if a video visit is right for your symptoms.	Members can access Virtual Visits by registering at myuhc.com or by accessing the <i>health4me</i> app, under <i>Menu – Find and Price Care</i> . Costs are the same as an office visit.



Key Contacts

City College of San Francisco (CCSF) Benefits Unit

50 Frida Kahlo Way
Conlan Hall, Room #107
San Francisco, CA 94112
Benefits Line: (415) 452-7733
Benefits Fax: (415) 452-7786
HR Dept: (415) 452-7660
benefits@ccsf.edu
ccsf.edu/hr

SFHSS

1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (415) 554-1750
Toll Free: (800) 541-2266
Fax: (415) 554-1721
sfhss.org

Hours: Mondays, Tuesdays,
Wednesdays and Fridays from
8:00am-5:00pm and Thursdays
from 10:00am-5:00pm

Well-Being

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (415) 554-0643
wellbeing@sfgov.org
sfhss.org/well-being

Employee Assistance Program

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (415) 554-0610
eap@sfgov.org
sfhss.org/eap

Health Service Board

Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (415) 554-0662
Fax: (415) 554-1752
health.service.board@sfgov.org
sfhss.org

MEDICAL PLANS

Trio HMO
Blue Shield of California
(855) 747-5800
blueshieldca.com/sites/imce/trio.sp
Group W0051448

Access+ HMO
Blue Shield of California
(855) 256-9404
blueshieldca.com/sfhss
Group W0051448

Kaiser Permanente HMO
(800) 464-4000
my.kp.org/ccsf
Group 888 (North CA)
Group 231003 (South CA)

UnitedHealthcare PPO (City Plan)
(866) 282-0125
welcometouhc.com/sfhss
Group 752103

DENTAL & VISION PLANS

Dental enrollment is administered
through the **City College of San
Francisco (CCSF) Benefits Unit.**

Delta Dental PPO
(866) 499-3001
deltadentalins.com

FT Faculty & Admin:
Group 15935-006
Classifieds: Group 15935-007
COBRA: Group 15935-008
PT Faculty: Group 15935-009
Board of Trustees: Group 15935-010

VSP Vision Care
(800) 877-7195
vsp.com
Group 12145878

FSAs & COBRA

FSAs are administered by **WageWorks**
and enrollment is managed by the
City College of San Francisco (CCSF)
Benefits Unit.

WageWorks (FSA)
(877) 924-3967
wageworks.com

P&A Group (COBRA)
(800) 688-2611
padmin.com

COMMUTER BENEFITS

Commuter benefits are administered by
WageWorks and enrollment is managed
by the **City College of San Francisco
(CCSF) Benefits Unit.**

WageWorks
(877) 924-3967
wageworks.com

OTHER AGENCIES

Pension Benefits

SFERS

Employees' Retirement System
(415) 487-7000
mysfers.org

CalPERS

(888) 225-7377
calpers.ca.gov

CalSTRS

(800) 228-5453
calstrs.org

Health Insurance Exchange

Covered California
(888) 975-1142
coveredca.com



Sign up for eNews at sfhss.org/sign-eneews