eBenefits New Hire Enrollment
Helpful Log In Information

To ensure optimal utilization of the eBenefits Self Service site, it’s recommended that one of the above browsers is selected.

Note: Internet Explorer is not one of the supported browsers.
SF Employee Portal - starting place for all SFHSS members
To log in, visit [https://sfgov.org/sfc/employee-gateway](https://sfgov.org/sfc/employee-gateway) and enter your DSW ID Number and Password.

Click **Forgot your password?** to reset your password.
As part of the Multi-Factor Authentication process, you must provide a second set of credentials to log in. This depends on the option you selected when setting up your account. It may be a code to your phone, secret questions, the Oracle Authenticator app. If you chose a code, enter the security code and click Verify to proceed.

For help with Multi-Factor Authentication, visit: https://sfemployeeportalsupport.sfgov.org/support/solutions/articles/11000037639-how-to-register-for-mfa-as-a-current-user
The eBenefits process starts with reviewing your dependents. Click **Edit** to update their personal information.

If you have a new dependent, you can add them from this screen by clicking “Add a New Dependent”.

Breadcrumbs across the top will let you know where you are in the enrollment process.

By clicking **save and continue** on each screen, the system will remember where you left off if you are unable to complete your elections during this session.
You can update your dependents’ personal information, status, address and telephone number. Fields marked with an asterisk are required fields. **Note: Not all relationship types are eligible for health care benefits.**

Click **Save** to continue.
You can update your personal information, status, (home and mailing) address and telephone number. Click **Save and Continue**.
This page shows the elections for the current plan year. If no changes are made, these will be the elections for the current plan year.
Select **Yes** to the question at the bottom if you would like to keep the same elections (with the exception of your FSA election). Select **No** if you’d like to update your elections.
Choose a Medical Plan

On this screen, you will see your current medical election reflected at the top left. You may choose to enroll or waive your medical plan along with which dependents you wish to cover. The Benefit Guide is available for your review on the left side of the page as well.
Choose a Medical Plan Part 2

Notice how your cost will update depending upon how many dependents you have elected to enroll.

Your current selected plan is highlighted in green. Within each table, click on the buttons to make your selection, view plan descriptions and search for a provider. Clicking on the Provider Search button will redirect you to the carrier sites. Once you make a plan selection, click **Save and Continue** at the bottom of the page.
Choose a Dental Plan

Similar to the medical plan page, your current dental election is shown on the left hand side. You may choose to enroll or waive your dental plan and select which dependents you wish to cover. The Benefit Guide is available for your review on the left side of the page as well.
Choose a Dental Plan Part 2

Your current plan is highlighted in green. Within each table, click on the buttons to make your selection, view plan descriptions and search for a provider. Once you make a plan selection, click **Save and Continue** at the bottom of the page.
On this screen you can enroll in the Vision Premier plan which is available to you and your dependents that are enrolled in an SFHSS medical plan. You will need to enroll the same dependents that are covered under your medical plan by placing a check mark in the box by their names.

If you wish to keep the Basic plan, select the box next to **Waive This Coverage**.

Once you make your election, click **Save and Continue**.
Viewing Your Benefit Guide

The Benefit Guide is available for your review by clicking the Benefits Guide button found on the left side of all the pages where you are enrolling in benefits.
Once you click on the Benefit Guides link found on the benefit election pages, the guide will open in another tab of your browser.

To return back to your elections page, click on the Decision Engine Page tab.
Election Cart

By clicking on the cart (top right corner), you will be able to see your renewal elections along with their corresponding premiums. Click the pencil icons to go back and change any elections you’ve already made. Click on the cart again to close the box.
Choose Healthcare Flexible Spending Account (FSA)

You can elect a minimum of $250 up to a maximum of $2,700 for the 2020 plan year. You must re-elect this plan every year in order to have an FSA. To learn more about the Flexible Spending Plan, click on the hyperlinked text “Flexible Spending Plan Details”

Click on the box next to Enroll in Health Care FSA.
Once you selected the check box, the amount field will appear on the page. Type in your annual election. You can elect a minimum of $250 up to a maximum of $2,700 for the 2020 plan year. The system will not be able to accommodate elections outside of this range.

Once your election is complete, click **Save and Continue**.
Choose Dependent Care Flexible Spending Account (FSA)

You can elect a minimum of $250 up to a maximum of $5,000 for the plan year. You must re-elect this plan every year in order to have an FSA. To learn more about the Flexible Spending Plan, click on the hyperlinked text “Flexible Spending Plan Details”

Click on the box next to Enroll in Health Care FSA. If you do not want to enroll in an FSA, just click Save and Continue.
Choose a Flex Spending Dependent Care Plan

A Dependent Care FSA can help pay for qualifying child care and elder care expenses, such as certified children’s day care, pre-school, day camp, before/after school programs, as well as adult day care for elders. Dependent care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under age 13.

For more information, please review the Flexible Spending Plan Details

- Enroll in Child Care Dependent Care FSA

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

Your annual pledge must be between $250.00 and $5,000.00, which are the limits established for this plan.

Child Care Dependent Care FSA Total Annual Amount: $3500

(Prior year election was $0)

You can elect a minimum of $250 up to a maximum of $5,000 for the plan year. The system will not be able to accommodate elections outside of this range.

Once your election is complete, click **Save and Continue**.
Review Your Elections

The panel at the top will reflect the progression of your enrollment. The white check marks indicate the lines of coverage for which you have completed enrollment.
Review your elections and edit them by clicking on the pencil icon. The line by line cost and full cost summary (before and after tax) is listed on the right hand side. Click Continue in the bottom right hand corner to proceed.
Finally, time to submit your elections! But wait, changed your mind? You can go back or you can review your elections. Or you can submit, knowing you made good choices.
You’re nearly done! If you’ve added dependents, you will need to upload supporting documentation in order for your enrollment to be processed. If you’ve changed your mind, you can click Modify Elections. Remember to hit the printer icon for a copy of your Election Summary. This is your only chance to print your proof of coverage. Once you’re done, click Save and Continue.
Your enrollment summary will illustrate the plans elected, dependents covered along with the total (before and after tax) cost of your plans.
Uploading Supporting Documentation for New Dependents

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

- Spouse = Certified Marriage Certificate
- Domestic Partner = Domestic Partner Certification
- Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to (415) 554-1721 or hand deliver your documentation to SFHSS – 1145 Market St, 3rd Floor, San Francisco, CA 94103. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

If you added new dependents, click on the Upload Documents button to provide supporting documentation.

Click **save and continue** when done on this screen. **Our fax number is: (628) 652-4701.**
Document Upload Part 1

1. – click on Add Attachment

2. – Type in a Subject

3. – click on Add Attachment

4. – Click Choose File
Document Upload Part 2

5 – find the file on your system

6 – Click on Upload

7 – click on save

8 – your document is uploaded. Click the X to exit or Add Attachment to add another document
Document Upload Part 3 – Deleting Documents

9

Place a check next to the document(s) you want to delete

10

Click on Yes to confirm the deletion

11

Your document has been deleted. Click the X to exit
You’re done, but on the way out, you’ll get a little information about Voluntary Benefits.

City and County of San Francisco and Superior Court of San Francisco employees can visit www.Workterra.net to enroll in available options. This will open in a new tab in your browser. You will need your DSW ID number to log in.

Be sure to click Exit on this page to log out of eBenefits.
Completion
Returning to your enrollment

If necessary you can log back in to change elections after you have submitted them. Follow the same steps to log in. Because you have previously completed enrollment, you will arrive on the page to review your elections. Click on the pencil icons to edit the particular benefit or click the Required Responses breadcrumb at the top of the page to step through each benefit. If you had not previously completed your enrollment, when you log in, you will be returned to where you left off.
Because you have previously completed enrollment, you If you return to your election page to complete at a later time, your changes will be reflected in red. Elections that have not been updated will reflect “Same”.
HEALTH SERVICES SYSTEM CONTACT INFORMATION

Phone: (628) 652-4700 or (800) 541-2266
Fax: (628) 652-4701
sfhss.org/online-enroll-new-hire