

Step-by-Step Open Enrollment Guide

STEP 1: Review your Open Enrollment Letter for current health, dental and vision elections and new 2021 rates.

STEP 2: Review the dependent(s) listed in your enclosed Open Enrollment letter. Do you need to add or drop a dependent?

- If yes, review dependent eligibility rules on our website at sfhss.org/eligibility-rules.
- Then, on your Open Enrollment Application form, complete box 5 or box 6.
- Submit copies of supporting documents. New dependents must have supporting documentation submitted with their elections in order to be enrolled (e.g. birth certificate, certified marriage certificate).

STEP 3: Are you or your dependent approaching age 65 and about to become Medicare-eligible?

- If **YES**, and you are not yet enrolled in Medicare, you must enroll through the Social Security Administration online at ssa.gov or by calling **(800) 772-1213**.
- If **NO**, be sure to apply for Medicare at least three months before your 65th birthdate.
- Proof of enrollment in Medicare Part A & B are required to maintain your SFHSS benefits. Review Medicare Basics and FAQs on page 4.
- Submit proof of Medicare enrollment by mailing a copy of your Medicare card or letter to SFHSS.

STEP 4: Are you making changes to your health plan benefits?

- If yes, review the Service Areas of the medical plans available to you. Non-Medicare retirees, go to page 6. Retirees with Medicare, go to page 7.
- Next, review the Medical Plan benefits for 2021. Retirees without Medicare go to pages 8 to 11. Retirees with Medicare go to pages 12 to 13.
- Review your rates on the back of your enclosed Open Enrollment letter.
- Select your plan by checking the health plan in box 2 or box 3 of the Open Enrollment Application form.

STEP 5: Are you making changes to your vision benefits?

- If yes, review the Vision benefit options on page 14.
- You must be enrolled in a medical plan to receive Vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage be enrolled in the VSP Premier Plan.
- On your Open Enrollment Application form, complete box 4 or box 5.

STEP 6: Are you making changes to your dental benefits?

- Review your Dental benefit options and associated costs on page 15.
- On your Enrollment Application form, complete box 3 or box 4.

STEP 7: If your packet includes [eBenefits](#) enrollment instructions, follow the enclosed directions to enroll online. If you received an Open Enrollment Application form, mail or fax your completed form and documentation to SFHSS.

Our address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**. Our offices are currently closed to the public. To download an Open Enrollment Application form, visit sfhss.org/oe2021.

STEP 8: You'll receive your Confirmation Statement in the mail from SFHSS in December.

Please review the Confirmation Statement to make sure your benefit elections are correct. *Changes made during Open Enrollment take effect January 1, 2021.*

For more information visit sfhss.org.

For HELP, call San Francisco Health Service System (SFHSS) Member Services at **(628) 652-4700**.



The Open Enrollment deadline is October 30, 2020, 5:00pm, PST.



SFHS08200017



What's New for 2021

Medical, Vision and Dental

- Check out our new virtual health fairs at sfhss.org/oe2021.
- 2021 Medical, Vision and Dental contributions are on pages 18 to 21, 23 and 24.
- Starting January 1st, SFHSS Members have the option to use a VSP-assigned member ID, instead of their social security number. You will receive a welcome letter in early January 2021 with member ID card. You can also access the VSP website to obtain your member ID and print an ID card.
- Nitrous oxide gas and other non-IV sedation is now covered under the Delta Dental PPO Active and Retiree plans.
- For Kaiser California plans, starting January 1st, members with certain chronic conditions can get the following services at no cost: A1c testing for diabetes risk, low-density lipoprotein (LDL) testing for heart disease and INR (international normalized ratio) testing for liver disease or bleeding disorders.

Online payments

For your convenience, you can now pay your premiums through the **SF Payment Portal**, see sfhss.org/how-make-payment website for details.

Well-Being

- **4-Week Challenge: Work of Art** – You will learn the skills to build emotional fitness, including ways to foster resilience and boost happiness. Participants will engage in activities that focus on mindfulness, optimism, gratitude, and connection. Registration will begin October 19, 2020. Go to sfhss.org/well-being for details.
- There are several **virtual offerings** to support your well-being such as group exercise classes, educational workshops, healthy weight programs, diabetes prevention programs and more. To learn more about dates and times, visit sfhss.org/events.
- **Get Your Flu Shot:** It's more important now more than ever to get your flu shot. SFHSS is sponsoring flu shot clinics throughout the City. You can also obtain your shot through your health plan. For more information on flu go to sfhss.org/well-being/flu-prevention.

Open Enrollment Virtual Health Fairs in October 2020

October 7

**Medical and Dental Plans Webinar
(Retirees)**

12pm-1pm



Executive Director's Message



Back in late March, I became part of the sourdough baking movement. Like everyone else, I struggled to find whole wheat and bread flours. My son from the East Coast coached me through video chat on how to make sourdough bread, and before I knew it, baking sourdough, pancakes and muffins became my obsession. As I reflect on that time, I realize it was a distraction from all things PANDEMIC, and having my life suddenly upended along with a significant loss of my normal routine. If my anxiety was manifesting in sourdough obsession when I had limited exposure and am able to telecommute, then what was happening to others?

Prior to SFHSS, I spent more than 20 years comparing and analyzing the community health needs of San Francisco residents. While progress is significant in some matters such as the management and treatment of HIV. Other health conditions that are driven by social determinants such as race, gender, income, housing, food access and occupation still affect the health of our City's population and of our work force.

The pandemic has brought this to light once again as we look at the disproportionate share of disease burden that persons of color in our community has from COVID-19. As employees and retirees of the city of San Francisco, we are privileged to have access to health care, and yet, our overall disease prevalence mirrors that of the community at large. Within our workforce, we see disparities in rates of diabetes amongst members of different race and ethnicity groups. People of color are less likely to have continuation of care for their mental health needs.

In the coming year, SFHSS is focusing on three areas to address these discrepancies as we work to improve your health outcome.

Mental Health

Right now, one in three Americans are experiencing anxiety and that's not reflected in our benefits utilization. Don't wait to seek help.

If you're feeling stressed, anxious or depressed, we have many ways for you to reach out for help from anywhere. Visit sfhss.org/eap for your mental health benefits that include everything from well-being apps like Calm, Talk Space or Sanvello to tele-behavioral health counselors who are ready to listen and address your needs.

For active employees, we have expanded EAP services where counselors are available 24/7 to guide you.

Preventive Care Services

If you haven't already done so this year, I urge you to make those preventive care appointments for well check-ups or dental cleanings.

Well-Being Support

Your health and well-being is the foundation from which you are able to better serve your family, friends and community. SFHSS has well-being programs to help you on your journey, so you don't have to do it alone. You will find a variety of programs at sfhss.org/events from virtual fitness classes to diabetes prevention programs to help you stay healthy and live vibrant lives.

I am fortunate to have a strong social support circle. When I was gifted some sourdough starter, I was able to escape and make my world right again through the comfort and joy of sourdough bread.

So as we abide by the social distancing and masking rules and learn to live in this pandemic environment, I hope you're able to do what brings you comfort and take care of your health.

Be well,

Abbie Yant, RN, MA
Executive Director



Abbie's Sourdough Bread



Medicare Basics and FAQs

SFHSS requires all retirees and dependents to enroll in Medicare Part A and Part B at least three months before turning 65.

Medicare Basics

Medicare is a federal health insurance program administered by the **Centers for Medicare and Medicaid Services (cms.gov)** for people age 65 years or older, under 65 with Social Security-qualified disabilities or anyone with End Stage Renal Disease (permanent kidney failure requiring dialysis or transplant). The different parts of Medicare help cover specific types of services:

- **Medicare Part A:** Hospital Insurance
- **Medicare Part B:** Medical Insurance
- **Medicare Part D:** Prescription Drug Coverage

All eligible retired members and covered eligible dependents must enroll in Medicare Part A and Part B. Failure by a member or dependent to enroll in Medicare by the required deadlines will result in a change or loss of medical coverage.

If you are not currently receiving Social Security, it is your responsibility to contact the Social Security Administration to apply for Medicare *at least three months* prior to your 65th birthday or if you become disabled. **Failure to do so could result in penalties being assessed by the Social Security Administration and SFHSS.**

In the case where an SFHSS member and their covered dependent(s) are enrolled in a Blue Shield of California HMO plan (Access+ or Trio HMO), when either member or dependent(s) become eligible for Medicare, they must enroll in the UnitedHealthcare Medicare Advantage PPO plan.

Medicare Part A: Hospital Insurance

Medicare Part A helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (but not custodial or long-term care). It also helps cover hospice care and some home healthcare. Beneficiaries must meet certain conditions to qualify for these benefits.

Medicare Part B: Medical Insurance

Medicare Part B helps cover the cost of doctors' services and outpatient medical services. Most people pay a monthly premium to the federal government for Part B.

The Medicare Part B monthly premium, which is based on your income per CMS regulations, is usually deducted from your Social Security check.

What if I'm not eligible for premium-free Medicare Part A?

If you are not eligible for premium-free Medicare Part A, you are not required to enroll in Medicare Part A. You must submit a statement to SFHSS from the Social Security Administration verifying that you are not eligible for premium-free Medicare Part A. SFHSS still requires you to enroll in Medicare Part B.

What if either I or my dependent did not enroll in Medicare Part A and/or Part B when originally eligible?

If you or a dependent were eligible at age 65 or sooner due to a disability, but did not enroll in Medicare Part A and/or Part B, the Social Security Administration may assess a late enrollment penalty and you will be enrolled in **City Plan 20**.

Members who do not enroll in Medicare when eligible or who lose Medicare coverage due to non-payment of Medicare premiums will lose their existing SFHSS medical coverage and automatically be enrolled in City Plan 20. City Plan 20 significantly increases premium and out-of-pocket costs. For information on City Plan 20, visit sfhss.org/city-plan-20.

Do not enroll in any Medicare Plan D plans.

SFHSS members are automatically enrolled in group prescription drug coverage under Medicare Part D with any SFHSS medical plan. **If you enroll in any private, individual Medicare Part D prescription drug plan, your Medicare coverage will be assigned to that plan and your SFHSS group medical coverage will be terminated.**

Most people are not required to pay a Medicare Part D premium. However, **if your income exceeds a certain threshold, you may be required to pay a Part D premium to the Social Security Administration.**



Medicare Creditable Coverage Notice

Medicare Part D Prescription Drug Notice

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with San Francisco Health Service System (SFHSS) and about your options under Medicare's prescription drug coverage.

This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. SFHSS has determined that the prescription drug coverage offered by the health plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Drug Plan.

What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you do decide to join a Medicare drug plan, your SFHSS coverage will be affected. Benefits will not be coordinated with a Medicare Part D plan. If you do decide to join a Medicare drug plan and drop your SFHSS prescription drug coverage, be aware that you may not be able to get this coverage back (does not apply to active employees/dependents).

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with SFHSS and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium.

You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following Open Enrollment period in October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact SFHSS at **(628) 652-4700** for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through SFHSS changes. You also may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If Medicare-eligible, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage, visit [medicare.gov](https://www.medicare.gov) or call your **State Health Insurance Assistance Program** (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. They can be reached at **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **(877) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information, visit Social Security at [ssa.gov](https://www.ssa.gov), or call **(800) 772-1213**. (TTY: **1 (800) 325-0778**).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).



Service Areas for Retirees *without* Medicare

| County | Blue Shield of California | | Kaiser Permanente | United Healthcare | County | Blue Shield of California | | Kaiser Permanente | United Healthcare |
|--------------|---------------------------------|-------------------------------|---------------------------------|--|-----------------|---------------------------------|-------------------------------|---------------------------------|--|
| | Access+ HMO NON-MEDICARE HMO | Trio+ HMO NON-MEDICARE HMO | Traditional NON-MEDICARE HMO | PPO (City Plan) NON-MEDICARE PPO | | Access+ HMO NON-MEDICARE HMO | Trio+ HMO NON-MEDICARE HMO | Traditional NON-MEDICARE HMO | PPO (City Plan) NON-MEDICARE PPO |
| Alameda | ■ | ■ | ■ | ■ | Orange | ■ | ■ | ■ | ■ |
| Alpine | | | | ■ | Placer | ○ | ○ | ○ | ■ |
| Amador | | | ○ | ■ | Plumas | | | | ■ |
| Butte | ■ | | | ■ | Riverside | ■ | ○ | ○ | ■ |
| Calaveras | | | | ■ | Sacramento | ■ | ○ | ■ | ■ |
| Colusa | | | | ■ | San Benito | | | | ■ |
| Contra Costa | ■ | ■ | ■ | ■ | San Bernardino | ○ | ○ | ○ | ■ |
| Del Norte | | | | ■ | San Diego | ○ | ○ | ○ | ■ |
| El Dorado | ○ | ○ | ○ | ■ | San Francisco | ■ | ■ | ■ | ■ |
| Fresno | ■ | | ○ | ■ | San Joaquin | ■ | ■ | ■ | ■ |
| Glenn | | | | ■ | San Luis Obispo | ■ | ○ | | ■ |
| Humboldt | | | | ■ | San Mateo | ■ | ■ | ■ | ■ |
| Imperial | ■ | | ○ | ■ | Santa Barbara | ■ | | | ■ |
| Inyo | | | | ■ | Santa Clara | ■ | ■ | ○ | ■ |
| Kern | ○ | ○ | ○ | ■ | Santa Cruz | ■ | ■ | ○ | ■ |
| Kings | ■ | | ○ | ■ | Shasta | | | | ■ |
| Lake | | | | ■ | Sierra | | | | ■ |
| Lassen | | | | ■ | Siskiyou | | | | ■ |
| Los Angeles | ■ | ○ | ○ | ■ | Solano | ■ | ○ | ■ | ■ |
| Madera | ■ | | ○ | ■ | Sonoma | ■ | | ○ | ■ |
| Marin | ■ | ○ | ■ | ■ | Stanislaus | ■ | ○ | ■ | ■ |
| Mariposa | | | ○ | ■ | Sutter | | | ○ | ■ |
| Mendocino | | | | ■ | Tehama | | | | ■ |
| Merced | ■ | | | ■ | Trinity | | | | ■ |
| Modoc | | | | ■ | Tulare | ■ | ○ | ○ | ■ |
| Mono | | | | ■ | Tuolumne | | | | ■ |
| Monterey | | | | ■ | Ventura | ■ | ○ | ○ | ■ |
| Napa | | | ○ | ■ | Yolo | ■ | ○ | ○ | ■ |
| Nevada | ○ | ○ | | ■ | Yuba | | | ○ | ■ |
| | | | | | Outside CA | | | ◆ | ■ |

- Available in this county
- Available in some zip codes
- ◆ OR, WA, HI

UnitedHealthcare PPO

Non-Medicare members and their non-Medicare dependents who lack geographic access to Trio HMO or Access+ HMO, both offered by Blue Shield of California, or Kaiser Permanente HMO, are eligible to enroll in **UnitedHealthcare PPO** with lower premiums.

Service Areas for Retirees *with* Medicare

| County | Kaiser Permanente | UnitedHealthcare | County | Kaiser Permanente | UnitedHealthcare |
|--------------|---|---------------------------|-----------------|---|---------------------------|
| | Senior Advantage MEDICARE ADVANTAGE HMO | Medicare Advantage PPO | | Senior Advantage MEDICARE ADVANTAGE HMO | Medicare Advantage PPO |
| Alameda | ■ | ■ | Orange | ■ | ■ |
| Alpine | | ■ | Placer | ○ | ■ |
| Amador | ○ | ■ | Plumas | | ■ |
| Butte | | ■ | Riverside | ○ | ■ |
| Calaveras | | ■ | Sacramento | ■ | ■ |
| Colusa | | ■ | San Benito | | ■ |
| Contra Costa | ■ | ■ | San Bernardino | ○ | ■ |
| Del Norte | | ■ | San Diego | ○ | ■ |
| El Dorado | ○ | ■ | San Francisco | ■ | ■ |
| Fresno | ○ | ■ | San Joaquin | ■ | ■ |
| Glenn | | ■ | San Luis Obispo | | ■ |
| Humboldt | | ■ | San Mateo | ■ | ■ |
| Imperial | | ■ | Santa Barbara | | ■ |
| Inyo | | ■ | Santa Clara | ○ | ■ |
| Kern | ○ | ■ | Santa Cruz | ○ | ■ |
| Kings | ○ | ■ | Shasta | | ■ |
| Lake | | ■ | Sierra | | ■ |
| Lassen | | ■ | Siskiyou | | ■ |
| Los Angeles | ○ | ■ | Solano | ■ | ■ |
| Madera | ○ | ■ | Sonoma | ○ | ■ |
| Marin | ■ | ■ | Stanislaus | ■ | ■ |
| Mariposa | ○ | ■ | Sutter | ○ | ■ |
| Mendocino | | ■ | Tehama | | ■ |
| Merced | | ■ | Trinity | | ■ |
| Modoc | | ■ | Tulare | ○ | ■ |
| Mono | | ■ | Tuolumne | | ■ |
| Monterey | | ■ | Ventura | ○ | ■ |
| Napa | ■ | ■ | Yolo | ○ | ■ |
| Nevada | | ■ | Yuba | ○ | ■ |
| | | | Outside CA | ◆ | ▲ |

■ Available in this county

○ Available in some zip codes

◆ OR, WA, HI

▲ Service area includes all 50 states, District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands



Moving? Change of Address? Contact SFHSS (628) 652-4700 or visit sfhss.org/change-address.

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 may result in non-payment of claims for services rendered.



2021 Medical Plans

| | BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO | KAISER PERMANENTE Traditional HMO |
|--|---|---|
| DEDUCTIBLES | | |
| Deductible and Out-of-Pocket Maximum (Medical) | No Deductible Annual out-of-pocket maximum \$2,000/individual; \$4,000/family | No Deductible Annual out-of-pocket maximum \$1,500/person; \$3,000/family |
| PREVENTIVE CARE | | |
| Routine Physical | No charge | No charge |
| Most Immunizations and Inoculations | No charge | No charge |
| Well Woman Exam and Family Planning | No charge | No charge |
| Routine Pre/Post-Partum Care | No charge visits limited; see EOC | No charge visits limited; see EOC |
| PHYSICIAN AND OTHER PROVIDER CARE | | |
| Office and Home Visits | \$25 co-pay | \$20 co-pay |
| Inpatient Hospital Visits | No charge | No charge |
| PRESCRIPTION DRUGS | | |
| Pharmacy: Generic Drugs | \$10 co-pay 30-day supply | \$5 co-pay 30-day supply |
| Pharmacy: Brand-Name Drugs | \$25 co-pay 30-day supply | \$15 co-pay 30-day supply |
| Pharmacy: Non-Formulary Drugs | \$50 co-pay 30-day supply | Physician authorized only |
| Mail Order: Generic Drugs | \$20 co-pay 90-day supply | \$10 co-pay 100-day supply |
| Mail Order: Brand-Name Drugs | \$50 co-pay 90-day supply | \$30 co-pay 100-day supply |
| Mail Order: Non-Formulary Drugs | \$100 co-pay 90-day supply | Physician authorized only |
| Specialty Drugs | 20% coinsurance up to \$100 per prescription, 30-day supply | 20% coinsurance up to \$100 per prescription, 30-day supply |
| OUTPATIENT SERVICES | | |
| Diagnostic X-ray and Laboratory | No charge | No charge |
| EMERGENCY | | |
| Hospital Emergency Room | \$100 co-pay waived if hospitalized | \$100 co-pay waived if hospitalized |
| Urgent Care Facility | \$25 co-pay in-network | \$20 co-pay |
| HOSPITAL/SURGERY | | |
| Inpatient | \$200 co-pay per admission | \$100 co-pay per admission |
| Outpatient | \$100 co-pay per surgery | \$35 co-pay |

Retirees *without* Medicare

| UNITEDHEALTHCARE PPO (City Plan) | |
|--|--|
| In-Network or Out-of-Area | Out-of-Network |
| \$250 Deductible Retiree only \$500 Deductible + 1 \$750 Deductible + 2 or more Annual out-of-pocket maximum \$3,750/person; \$7,500/Family | \$500 Deductible Retiree only \$1,000 Deductible + 1 \$1,500 Deductible + 2 or more Annual out-of-pocket maximum \$7,500/person |
| 100% covered no deductible | 50% covered after deductible |
| 100% covered no deductible | 50% covered after deductible |
| 100% covered no deductible | 50% covered after deductible |
| 85% covered after deductible | 50% covered after deductible |
| 85% covered after deductible | 50% covered after deductible |
| 85% covered after deductible | 50% covered after deductible |
| \$10 co-pay 30-day supply | 50% covered after \$5 co-pay; 30-day supply |
| \$25 co-pay 30-day supply | 50% covered after \$20 co-pay; 30-day supply |
| \$50 co-pay 30-day supply | 50% covered after \$45 co-pay; 30-day supply |
| \$20 co-pay 90-day supply | Not covered |
| \$50 co-pay 90-day supply | Not covered |
| \$100 co-pay 90-day supply | Not covered |
| Same as 30-day supply above limitations apply; see EOC | Same as 30-day supply above limitations apply; see EOC |
| 85% covered after deductible | 50% covered after deductible; prior notification |
| 85% covered after deductible; if non-emergency 50% after deductible | 85% covered after deductible; if non-emergency 50% after deductible |
| 85% covered after deductible | 50% covered after deductible |
| 85% covered after deductible; notification required | 50% covered after deductible; notification required |
| 85% covered after deductible | 50% covered after deductible |

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2021. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at [sfhss.org](https://www.sfhss.org).



2021 Medical Plans

| | BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO | KAISER PERMANENTE Traditional HMO |
|---|--|--|
| REHABILITATIVE | | |
| Physical/Occupational Therapy | \$25 co-pay per visit | \$20 co-pay authorization required |
| Acupuncture/Chiropractic | \$15 co-pay 30 visits of each max per plan year; ASH network | \$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network; for 25% discount see kp.org/choosehealthy |
| GENDER DYSPHORIA | | |
| Office Visits and Outpatient Surgery | Co-pays apply authorization required | Co-pays apply authorization required |
| DURABLE MEDICAL EQUIPMENT | | |
| Home Medical Equipment | No charge | No charge as authorized by PCP according to formulary |
| Diabetic Monitoring Supplies | No charge based upon allowed charges | No charge see EOC |
| Prosthetics/Orthotics | No charge when medically necessary | No charge when medically necessary |
| Hearing Aids | Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each | Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each |
| MENTAL HEALTH | | |
| Inpatient Hospitalization | \$200 co-pay per admission | \$100 co-pay per admission |
| Outpatient Treatment | \$25 co-pay non-severe and severe | \$10 co-pay group \$20 co-pay individual |
| Inpatient Detox | \$200 co-pay per admission | \$100 co-pay per admission |
| Residential Rehabilitation | \$200 co-pay per admission | \$100 co-pay per admission; physician approval required |
| EXTENDED & END-OF-LIFE CARE | | |
| Skilled Nursing Facility | No charge up to 100 days/year | No charge up to 100 days/year |
| Hospice | No charge authorization required | No charge when medically necessary |
| OUTSIDE SERVICE AREA | | |
| Care Access and Limitations | Urgent care \$50 co-pay guest membership benefits for college students in some areas | Only emergency services before condition permits transfer to Kaiser facility; co-pays apply |

Retirees *without* Medicare

| UNITEDHEALTHCARE PPO (City Plan) | |
|---|---|
| In-Network or Out-of-Area | Out-of-Network |
| 85% covered after deductible; limitations may apply, see EOC | 50% covered after deductible; limitations may apply, see EOC |
| 50% covered after deductible; \$1,000 max/year | 50% covered after deductible; \$1,000 max/year |
| 85% covered after deductible; notification required | 50% covered after deductible; notification required |
| 85% covered after deductible; notification required | 50% covered after deductible; notification required |
| Co-pays apply see pharmacy benefits | Co-pays apply see pharmacy benefits |
| 85% covered after deductible; when medically necessary; notification required | 50% covered after deductible; when medically necessary; notification required |
| 85% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each | 50% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each |
| 85% covered after deductible; notification required | 50% covered after deductible; notification required |
| 85% covered after deductible; notification required | 50% covered after deductible; notification required |
| 85% covered after deductible; notification required | 50% covered after deductible; notification required |
| 85% covered after deductible; authorization required | 50% covered after deductible; authorization required |
| 85% covered after deductible; up to 120 days/year; notification required; custodial care not covered | 50% covered after deductible; up to 120 days/year; notification required; custodial care not covered |
| 85% covered after deductible; authorization required | 50% covered after deductible; authorization required |
| Coverage worldwide. In-network and out-of-network percentages and co-pays apply. | Coverage worldwide. In-network and out-of-network percentages and co-pays apply. |

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2021. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at [sfhss.org](https://www.sfhss.org).



2021 Medical Plans

| | KAISER PERMANENTE Senior Advantage Medicare Advantage HMO | UNITEDHEALTHCARE Medicare Advantage PPO |
|---|---|--|
| DEDUCTIBLES | | |
| Deductible and Out-of-Pocket Maximum | No Deductible Annual out-of-pocket maximum \$1,500/individual; \$3,000/family | No Deductible Annual out-of-pocket maximum \$3,750/individual |
| PREVENTIVE CARE | | |
| Routine Physical | No charge | \$0 co-pay |
| Immunizations and Inoculations | No charge | \$0 co-pay if covered under Part B |
| Well Woman Exam and Family Planning | No charge | \$0 co-pay |
| Routine Pre/Post-Partum Care | No charge visits limited; see EOC | Cost share per type and location of service |
| PHYSICIAN AND PROVIDER CARE | | |
| Office and Home Visits | \$20 co-pay | \$5 co-pay PCP; \$15 co-pay specialist |
| Hospital Visits | No charge | \$150 co-pay per admission |
| PRESCRIPTION DRUGS | | |
| Pharmacy: Generic Drugs (Tier 1) | \$5 co-pay 30-day supply | \$5 co-pay 30-day supply |
| Pharmacy: Brand-Name Drugs (Tier 2) | \$15 co-pay 30-day supply | \$20 co-pay 30-day supply |
| Pharmacy: Non-Preferred Brand Drugs (Tier 3) | Physician authorized only | \$45 co-pay 30-day supply |
| Mail Order: Generic Drugs (Tier 1) | \$10 co-pay 100-day supply | \$10 co-pay 90-day supply |
| Mail Order: Brand-Name Drugs (Tier 2) | \$30 co-pay 100-day supply | \$40 co-pay 90-day supply |
| Mail Order: Non-Preferred Brand Drugs (Tier 3) | Physician authorized only | \$90 co-pay 90-day supply |
| Specialty Drugs (Tier 4) | 20% coinsurance up to \$100 per prescription, 30-day supply | \$20 co-pay retail pharmacy up to 30-day supply \$40 co-pay mail order pharmacy up to 90-day supply |
| OUTPATIENT SERVICES | | |
| X-ray and Laboratory | No charge | \$0 co-pay |
| EMERGENCY | | |
| Hospital Emergency Room | \$50 co-pay waived if hospitalized | \$65 co-pay waived if admitted to the hospital within 24 hours |
| Urgent Care Facility | \$20 co-pay | \$20 co-pay waived if admitted to the hospital within 24 hours |
| HOSPITAL/SURGERY | | |
| Inpatient | \$100 co-pay per admission | \$150 co-pay per admission |
| Outpatient | \$35 co-pay | \$100 co-pay |

Retirees *with* Medicare

| | KAISER PERMANENTE Senior Advantage Medicare Advantage HMO | UNITEDHEALTHCARE Medicare Advantage PPO |
|---|--|---|
| REHABILITATIVE | | |
| Physical/Occupational Therapy | \$20 co-pay authorization required | \$20 co-pay |
| Acupuncture/Chiropractic | \$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network; for 25% discount see kp.org/choosehealthy | \$15 co-pay 24 visits of each max per plan year |
| GENDER DYSPHORIA | | |
| Office Visits and Outpatient Surgery | Co-pays apply authorization required | Co-pays apply authorization required |
| DURABLE MEDICAL EQUIPMENT | | |
| Home Medical Equipment | No charge as authorized by PCP according to formulary | \$15 co-pay |
| Prosthetics/Orthotics | No charge when medically necessary | \$15 co-pay |
| Diabetic Monitoring Supplies | No charge see EOC | \$0 co-pay limited to certain brands |
| Hearing Aids | Evaluation no charge 1 aid per ear, every 36 months, up to \$2,500 each | Evaluation no charge \$5,000 allowance for hearing aid(s), combined for both ears, every 36 months |
| MENTAL HEALTH | | |
| Inpatient Hospitalization | \$100 co-pay per admission | \$150 co-pay per admission |
| Outpatient Treatment | \$10 co-pay group \$20 co-pay individual | \$5 co-pay group \$15 co-pay individual |
| Inpatient Detox | \$100 co-pay per admission | \$150 co-pay per admission |
| Residential Rehabilitation | \$100 co-pay per admission; physician approval required | \$150 co-pay per admission |
| EXTENDED & END-OF-LIFE CARE | | |
| Skilled Nursing Facility | No charge up to 100 days per year | No charge up to 100 days/benefit period; no custodial care |
| Hospice | No charge when medically necessary | Covered by Original Medicare |
| OUTSIDE SERVICE AREA | | |
| Care Access and Limitations | Only emergency services before condition permits transfer to Kaiser facility; co-pays apply | Nationwide coverage provided Services obtained outside the United States and UnitedHealthcare PPO covered United States territories will only be authorized in the case of urgently needed services or in case of emergency. |



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 ² | 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 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 |
| Vision Care Premium Rates | VSP Basic Plan | Retiree/Survivor Monthly Contribution |
| | Included with your medical premium. | Retiree/Survivor Only \$10.50 Retiree/Survivor + 1 Dependent \$15.92 Retiree/Survivor + Family \$32.79 |

| 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 | Single Vision Lenses | Up to \$45 | Lined Trifocal Lenses | Up to \$85 | Contacts | Up to \$105 |
| Frame | Up to \$70 | Lined Bifocal Lenses | Up to \$65 | Progressive Lenses | Up to \$85 | | |

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.

In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail.



Dental Plan Benefits-at-a-Glance

| | Delta Dental PPO | | | DeltaCare USA DHMO | UnitedHealthcare Dental DHMO |
|--|--|--|--|--|---|
| Choice of Dentist | You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists. | | | DeltaCare USA network only | UHC Dental network only |
| Deductible | \$75 per person; \$150 for family for Premier and out-of-network services, excluding diagnostic and preventive care | | | None | None |
| Plan Year Maximum | \$1,250 per person Per calendar year, excluding orthodontia benefits, diagnostic and preventive care | | | None | None |
| Covered Services | PPO Dentists | Premier Dentists | Out-of-Network | In-Network Only | In-Network Only |
| Cleanings¹ and Exams | 100% covered annual - 2x/yr.; pregnancy - 3x/yr. | 80% covered annual - 2x/yr.; pregnancy - 3x/yr. | 80% covered annual - 2x/yr.; pregnancy - 3x/yr. | 100% covered 1 every 6 months | 100% covered 1 every 6 months |
| X-rays | 100% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum | 80% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum | 80% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum | 100% covered some limitations apply | 100% covered some limitations apply |
| Extractions | 80% covered | 80% covered | 80% covered | 100% covered | \$5-\$25 co-pay |
| Fillings | 80% covered | 80% covered | 80% covered | 100% covered limitations apply to resin materials | \$5-\$25 co-pay |
| Crowns | 60% covered | 50% covered | 50% covered | 100% covered limitations apply to resin materials | 100% covered limitations apply |
| Dentures, Pontics, and Bridges | 60% covered | 50% covered | 50% covered | 100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply | \$90-\$100 co-pay |
| Endodontic/ Root Canals | 60% covered | 50% covered | 50% covered | 100% covered excluding the final restoration | \$15-\$60 co-pay |
| Oral Surgery | 80% covered | 80% covered | 80% covered | 100% covered authorization required | Co-pays vary |
| Implants | 60% covered | 50% covered | 50% covered | Not covered | Covered Refer to co-pay schedule |
| Orthodontia | Not Covered | Not Covered | Not Covered | Member pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply | Member pays: \$2,000/child \$2,000/adult \$350 startup fee; limitations apply |
| Night Guards | 80% covered (1x3yr.) | 80% covered (1x3yr.) | 80% covered (1x3yr.) | \$100 co-pay | 100% covered |

| 2021 MONTHLY DENTAL PREMIUMS | DELTA DENTAL PPO | | DELTACARE USA DHMO | | UNITEDHEALTHCARE DENTAL DHMO | |
|-------------------------------|------------------|----------|--------------------|---------|------------------------------|---------|
| | City Pays | You Pay | City Pays | You Pay | City Pays | You Pay |
| Retiree Only | \$0 | \$44.97 | \$0 | \$32.28 | \$0 | \$15.98 |
| Retiree +1 Dependent | \$0 | \$89.45 | \$0 | \$53.26 | \$0 | \$26.38 |
| Retiree +2 or More Dependents | \$0 | \$133.50 | \$0 | \$78.79 | \$0 | \$39.01 |

¹Members with Chronic Conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis and stroke) may receive up to 4 cleanings per year, Deductibles and Calendar Year Benefit Maximum apply. In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Key Contacts

SFHSS

1145 Market Street, 3rd Floor
San Francisco, CA 94103

Tel: (628) 652-4700

Toll Free: (800) 541-2266

Fax: (628) 652-4701

sfhss.org

Telephone hours: Monday,
Tuesday, Wednesday and Friday
from 9am-12pm and 1pm to
5pm and Thursday from 10am to
12pm and 1pm to 5pm.

Well-Being

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103

Tel: (628) 652-4650

Fax: (628) 652-4601

wellbeing@sfgov.org

sfhss.org/well-being

Health Service Board

Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103

Tel: (628) 652-4719

Fax: (628) 652-4702

health.service.board@sfgov.org

sfhss.org/health-service-board

PENSION BENEFITS

SFERS

Employees' Retirement System

(415) 487-7000

mysfers.org

CalPERS

(888) 225-7377

calpers.ca.gov

CalSTRS

(800) 228-5453

calstrs.org

PARS

(800) 540-6369

parsinfo.org

NON-MEDICARE 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

UnitedHealthcare PPO (City Plan)

(866) 282-0125

welcometouhc.com/sfhss

Group 752103

Kaiser Permanente

Traditional HMO

my.kp.org/ccsf

In CA: (800) 464-4000

North CA - Group 888

South CA - Group 231003

In NW: (800) 813-2000

Group 21227

In WA: (206) 630-4636

Group 225512

In HI: (800) 966-5955

Group 10119

MEDICARE ADVANTAGE PLANS

UnitedHealthcare

Medicare Advantage PPO

(877) 259-0493

uhcretiree.com/sfhss

Group 13694

Group 12786 Part B Only

Kaiser Permanente

Senior Advantage HMO

my.kp.org/ccsf

In CA: (800) 443-0815

North CA - Group 888

South CA - Group 231003

In NW: (877) 852-5081

Group 21227

In WA: (206) 630-4600

Group 225512

In HI: (877) 852-5081

Group 10119

MEDICARE ADVANTAGE FITNESS PLANS

SilverSneakers Fitness Program

(UHC Medicare Advantage PPO)

(866) 584-7389

silversneakers.com

Silver&Fit Fitness Program

(Kaiser Senior Advantage HMO)

(877) 750-2746

silverandfit.com

DENTAL AND VISION PLANS

Delta Dental PPO

(888) 335-8227

deltadentalins.com/ccsf

Group 01673

DeltaCare USA DHMO

(800) 422-4234

deltadentalins.com/ccsf

Group 71797-00001

UHC Dental DHMO

(800) 999-3367

welcometouhc.com/sfhss

Group 275550

VSP Vision Care

(800) 877-7195

www.vsp.com

Group 12145878

OTHER AGENCIES

Social Security

Medicare Enrollment

(800) 772-1213

(800) 325-0778 (TTY)

ssa.gov

Medicare

Medicare Administration

(800) 633-4227

(877) 486-2048 (TTY)

medicare.gov

Health Insurance Exchange

Covered California

(888) 975-1142

coveredca.com