

Step-by-Step Open Enrollment Guide

STEP 1: Review your Open Enrollment Letter for current medical and vision elections. To see your rates for 2021 and make your elections online using **eBenefits**, go to **Step 5** to learn how to create a new account.

Do you have any changes you want to make?

- If **YES**, go to **Steps 2 through 5** on how to make changes.
- If **NO**, please continue to **Step 2**.

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

- If **NO**, and you have no changes to your benefit elections, then you have no further actions to take. Proceed to **Step 6**.
- If **YES**, review dependent eligibility rules online at sfhss.org/eligibility-rules.
- Complete the **Review Dependents** page in **eBenefits** to add dependents or modify existing dependents.
- 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: Making changes to your health plan benefits.

- Review the Service Areas of the medical plans available to you online at sfhss.org/actives-service-areas.
- Review coverage details on pages 4 and 5.
- Review the rates for available plans in your area on pages 11 to 13.
- Select your plan and complete **Choose a Medical Plan** page in **eBenefits**.

STEP 4: Making changes to your vision benefits.

- Review the Vision benefits options and rates on page 6.
- 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.
- Complete the **Enroll in a Vision Premier Plan** page in **eBenefits**.

STEP 5: Complete and submit your **eBenefits** elections online. Go to sfhss.org/ebenefits to get started. You can also fax or mail completed Open Enrollment Application forms and documentation to SFHSS.

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

STEP 6: You'll receive your Confirmation Statement in the mail from SFHSS in December.

Open Enrollment changes take effect January 1, 2021. For more information visit sfhss.org. For **HELP**, call SFHSS Member Services at **(628) 652-4700**. Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.



SFHSS08200015



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





What's New for 2021

Medical and Vision

- Check out our new virtual health fairs at sfhss.org/oe2021.
- 2021 Medical and Vision contributions are on pages 6 and 11 to 13.
- 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.
- Making mid-year changes to your benefits outside of Open Enrollment just got easier. You can make Qualifying Life Event changes online through **eBenefits**. Go to sfhss.org/how-to-enroll to get started.
- For Kaiser California plans, starting January 1st, members with certain chronic conditions can get the following services at no cost: A1c testing for diabetes, 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 1
Medical Plans Webinar
(Active employees)
12pm-1pm

October 26
Medical Plans Webinar
(Active employees)
5:30pm-6:30pm



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. See page 9 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. We have a Preventive Care Scheduler on page 8 to help you track and use the benefits you've earned as the medical and dental offices safely reopen and telehealth services are readily available.

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 on page 10. 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





Medical Plans

This chart provides a summary of benefits only. To enroll in Kaiser Permanente or Blue Shield of California, you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. UHC PPO (City Plan) does not have service area requirements. 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. Review your plan's EOC (available for download) at sfhss.org/oe2021.

	BLUE SHIELD of CA HMO		KAIER 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 \$250 employee only \$500 +1 \$750 +2 or more	OUT-OF-NETWORK \$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



Medical Plans

	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; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
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

SFHSS members and dependents enrolled in a medical plan automatically receive VSP Vision Care's Basic Vision coverage.

You may go to a VSP network or non-network provider. Visit www.vsp.com for a complete list of network providers. 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 HMO), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement. Download claim forms at www.vsp.com.

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 (instead of glasses)	\$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 (for the treatment of urgent or acute ocular conditions)	\$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
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VSP Premier Contribution

Biweekly (26 Pay Periods)	Monthly (12 months)	9 Months	21 Pay Periods	22 Pay Periods ³	23 Pay Periods ³	24 Pay Periods ³
E Only \$4.85 E + 1 Dep. \$7.35 E + 2 or more \$15.13	E Only \$10.50 E + 1 Dep. \$15.92 E + 2 or more \$32.79	E Only \$16.80 E + 1 Dep. \$25.47 E + 2 or more \$52.46	E Only \$7.05 E + 1 Dep. \$10.69 E + 2 or more \$22.01	E Only \$6.46 E + 1 Dep. \$9.80 E + 2 or more \$20.18	E Only \$5.96 E + 1 Dep. \$9.04 E + 2 or more \$18.63	E Only \$5.54 E + 1 Dep. \$8.40 E + 2 or more \$17.30

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. ³Employees with 22, 23 and 24 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.



Additional SFUSD Benefits

Flexible Spending Accounts

Flexible Spending Account enrollment is handled by the SFUSD Benefits Office. 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 accounts. To receive FSA reimbursements, you must submit documentation to plan administrator **HealthEquity** by required deadlines. For more information visit healthequity.com.

A **Healthcare FSA** allows each employee to pay for up to \$2,750 per year in 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 up to \$5,000 per household per year. 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, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2021. Budget conservatively. Based on new federal law, you may roll forward up to \$500 in unused funds in your Healthcare FSA year over year.

Any unreimbursed funds in excess of \$500 are forfeited at the end of the plan year and cannot be returned to you. Dependent Care FSA does not qualify for rollover. FSA expenses must meet Internal Revenue Service criteria:

- irs.gov/pub/irs-pdf/p502.pdf
- irs.gov/pub/irs-pdf/p503.pdf

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.

Additional Voluntary Supplemental Benefits

Refer to the SFUSD website at sfusd.edu or call the **SFUSD Benefits Office at (415) 241-6101** for a list of additional voluntary supplemental benefit programs available through SFUSD.

SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by the SFUSD Benefits Office. To download an enrollment application, log into the **SFUSD Employee intranet** at sfusd.edu or visit sfusd.edu/join-sfusd/salary-benefits.

SFUSD pays 100% of dental plan premium contributions. SFUSD dental eligibility guidelines are:

- Active or permanent SFUSD employees whose normal work week at enrollment is at least 20 hours;
- Active SFUSD employees appointed to full-time permanent exempt positions;
- Provisional (temporary) SFUSD employees after 1,040 hours of continuous service whose normal work week at enrollment is at least 20 hours;
- Spouse, registered domestic partner, and unmarried children up to age 26 who meet SFUSD eligibility requirements.

Delta Dental PPO: Principal Benefits and Covered Services

Most SFUSD dental benefits are covered at 70% the first year of qualifying employment, 80% the second year, 90% the third year and 100% the fourth year, provided the employee and each covered dependent uses the dental coverage at least once a year and remains enrolled with no break in coverage. Please note that Delta Dental PPO does not issue ID cards.



Contact SFUSD for information about enrolling in dental benefits for eligible employees and family members.



Prevention is worth more than the cure. Most Preventive Care is 100%¹ FREE.

Don't wait! Schedule your annual check-ups today!

Why wait for illness or injury to see your doctor when most preventive care is FREE? **No co-pays or deductibles.** Get on your health care provider's calendar today. For more information about your benefits, visit sfhss.org, or contact SFHSS at (628) 652-4700 or toll-free at (800) 542-2266.

Annual Preventive Care Exams

	Medical	Dental	Vision
Type of Appointment	<ul style="list-style-type: none">■ Annual Physical/Well-Check/Well-woman exam■ Vaccinations recommended by your Primary Care Physician■ Cancer Screenings recommended by your Primary Care Physician	<ul style="list-style-type: none">■ Dental Exam and Cleaning Every 6 Months (<i>limit of two (2) dental exams and two (2) cleanings per calendar year</i>)	<ul style="list-style-type: none">■ Annual Vision Exam
Make an Appointment	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	Delta Dental PPO: (888) 335-8227 DeltaCare USA DHMO: (800) 422-4234 UnitedHealthcare Dental DHMO: (800) 999-3367	VSP Vision Care: (800) 877-7195

Preventive Care Scheduler

Appointment Type	Date	Time	Doctor	Address
Annual Well Check-up. Ask if your vaccinations are up to date.				
Annual Well-Woman Exam				
Flu Vaccination				
Cancer Screenings				
Bi-Annual Dental Cleaning				
Bi-Annual Dental Cleaning				
Annual Vision Exam				

¹Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions.



Mental Health and Substance Abuse Benefits

Everyone struggles sometimes. You're not alone.

Employee Assistance Program (EAP) – Now Available 24/7.

EAP, staffed by licensed therapists, provides confidential, voluntary and free mental health services to all Employees. Appointments are available 24/7. Call **(628) 652-4600** or toll-free **(800) 795-2351** to schedule an appointment.

Please contact EAP if you have difficulty accessing Mental Health or Substance Abuse services through your health plan. 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

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 with <i>Teladoc Behavioral Health</i> .	Call (866) 282-0125 to make an appointment. To find providers online go to liveandworkwell.com or welcometouhc.com/sfhss .
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.	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 . Apps: Members can access self-care resources through <i>TalkSpace</i> and <i>Sanvello</i> apps.

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.



Well-Being Programs

Live your best life with small lifestyle changes that make a big difference! Take advantage of FREE or lower cost programs through SFHSS Well-Being and your Health Plan.

SFHSS Resources and Programs are FREE for all City of San Francisco, Unified School District, City College and Superior Court of San Francisco active employees and their family members. For the full list of events and offerings visit sfhss.org/events.

Programs	
Group Exercise	Sweat off those calories and pounds at home with a variety of classes offerings from Pilates to Zumba and more.
Health Education Workshop and Seminars	Bring out your best self! Join us as we dive into topics such as healthy sleep, healthy eating, resiliency, goal setting and more.
Healthy Weight Program	Have fad diets failed you? Try our 6-week program that offers real-world strategies and solutions to helping you maintain a healthy weight.
Diabetes Prevention Program	If you're pre-diabetic, you may only need to lose 5-7% of your body weight to reduce the chances of being diagnosed with Type-2 diabetes. Isn't your health worth it? Check out the sfhss.org/events for details on offerings.
Challenges	We could all benefit from creating healthy habits. Join your co-workers and support each other through fun 4 to 8 week challenges that focus on healthy eating, physical activity, mindfulness and/or stress management. Track your progress, get tips to sustain healthy behaviors. Check sfhss.org/well-being for dates and offerings.

Gym Discounts* may be available, visit sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts for details.

Your Health Plan also offers a variety of classes, support tools and discounts to support your well-being.* For more information visit sfhss.org/Using-Your-Benefits/using-your-benefits-employees.

Offering	Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO
Weight Management, Healthy Eating and Nutrition Services	<ul style="list-style-type: none">■ Balance■ Healthy Weight Program■ Nutrition Consultations■ Wellness Coaching■ Nourish – <i>online program</i>	<ul style="list-style-type: none">■ Wellvolution.com	<ul style="list-style-type: none">■ Rally – <i>online program</i>■ Four FREE Nutritional Counselor sessions/year
Tobacco Cessation	<ul style="list-style-type: none">■ Coaching■ Breathe – <i>online program</i>	<ul style="list-style-type: none">■ Wellvolution.com	<ul style="list-style-type: none">■ Live and Work Well Tobacco Cessation Program
Diabetes Prevention	<ul style="list-style-type: none">■ Wellness Coaching■ Healthy Weight Program	<ul style="list-style-type: none">■ Wellvolution.com	<ul style="list-style-type: none">■ Real Appeal – <i>online program</i>
Pregnancy and Lactation	<ul style="list-style-type: none">■ Classes and Support Groups■ Free Pump and Lactation Support■ Extra Dental Cleanings (Delta Dental PPO and UnitedHealthcare Dental DHMO)	<ul style="list-style-type: none">■ Prenatal Program – <i>educational resources</i>	<ul style="list-style-type: none">■ Healthy Pregnancy App
Acupuncture and Chiropractic	<ul style="list-style-type: none">■ 30 visits/year combined for Acupuncture and Chiropractic■ Choose Healthy Discount Program for additional visits after initial 30	<ul style="list-style-type: none">■ Acupuncture up to 30 visit/year■ Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30	<ul style="list-style-type: none">■ PPO: 50% reasonable and customary co-insurance up to \$1,000 max/year■ PPO Medicare Advantage: Up to 24 visits/year for each service with \$15 co-pay
Discounts	Gym Discounts and fitness products: Active and Fitness Direct Discount Program	Gym Discounts: \$25/month and low one-time enrollment fee of \$25	Discounts are available through the Rally Marketplace. Many discounts are in excess of 20%.

*Some fees may apply.



2021 Medical Premium Contribution Rates: Employee Only

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.64	\$232.63
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
IFPTE Local 21	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF Paraeducators (Year-round)								
UESF 15–19 hours Paraeducators					\$236.24	\$78.75		
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF and USP K-12 Paraeducators January–June ²	\$448.73	\$44.08	\$448.73	\$119.71	\$419.99	\$0.00	\$448.73	\$350.29
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$366.64	\$232.63
SEIU Local 1021 K-12 Classified January–June ²	\$414.22	\$40.69	\$414.22	\$110.50	\$387.68	\$0.00	\$451.25	\$286.31
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December					\$314.99	\$0.00		
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June ²					\$387.68	\$0.00		
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$336.55	\$33.06	\$336.55	\$89.78	\$314.99	\$0.00	\$336.55	\$262.72
UESF and USP Paraeducators January–June ²	\$384.63	\$37.78	\$384.63	\$102.61	\$359.99	\$0.00	\$384.63	\$300.25
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)								
Superintendent's Cabinet	\$729.19	\$71.64	\$729.19	\$194.52	\$682.48	\$0.00	\$729.19	\$569.23
Certified Unrepresented Management								
UESF Certificated Personnel								
UESF Substitute Teachers (Prop A)								

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

² Rates are higher from January through June to fund coverage during the summer months.

Please note that access to plan options for some employees may be limited based on SFUSD's implementation of the Affordable Care Act in 2017. If you are impacted, you will receive separate communication in advance of Open Enrollment.



2021 Medical Premium Contribution Rates: Employee +1

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
IFPTE Local 21	\$440.40	\$297.40	\$440.40	\$410.82	\$418.84	\$209.77	\$440.40	\$721.70
UESF Paraeducators (Year-round)	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF 15–19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF and USP K-12 Paraeducators January–June ²	\$617.17	\$366.56	\$617.17	\$517.79	\$588.43	\$249.72	\$617.17	\$932.29
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$704.74	\$33.06	\$761.44	\$89.78	\$628.61	\$0.00	\$766.98	\$395.12
SEIU Local 1021 K-12 Classified January–June ²	\$867.37	\$40.69	\$937.16	\$110.50	\$773.67	\$0.00	\$943.98	\$486.30
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June ²								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$462.88	\$274.92	\$462.88	\$388.34	\$441.32	\$187.29	\$462.88	\$699.22
UESF and USP Paraeducators January–June ²	\$529.01	\$314.19	\$529.01	\$443.82	\$504.37	\$214.05	\$529.01	\$799.11
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)	\$952.91	\$645.64	\$952.91	\$891.40	\$906.20	\$455.78	\$952.91	\$1,564.97
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certified Personnel	\$1,002.91	\$595.64	\$1,002.91	\$841.40	\$956.20	\$405.78	\$1,002.91	\$1,514.97
UESF Substitute Teachers (Prop A)								

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

² Rates are higher from January through June to fund coverage during the summer months.

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2021 Medical Premium Contribution Rates: Employee +2 or More

CLASSIFIED YEAR-ROUND EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹								
Electric Workers Local 6	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
Stationary Engineers Local 39								
Laborers, Local 261								
SEIU Local 1021	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
Board Designated Confidential or Unrepresented								
Board Designated Managerial	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
IFPTE Local 21	\$495.32	\$548.07	\$495.32	\$708.57	\$473.76	\$415.14	\$495.32	\$1,146.66
UESF Paraeducators (Year-round)	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF 15–19 hours Paraeducators								
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 22 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraeducators August–December	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF and USP K-12 Paraeducators January–June ²	\$678.72	\$712.47	\$678.72	\$926.47	\$649.97	\$535.23	\$678.72	\$1,510.59
K-12 SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 23 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Classified August–December	\$766.98	\$276.41	\$766.98	\$436.91	\$745.42	\$143.48	\$766.98	\$875.00
SEIU Local 1021 K-12 Classified January–June ²	\$943.98	\$340.20	\$943.98	\$537.74	\$917.44	\$176.59	\$943.98	\$1,076.92
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week August–December								
SEIU Local 1021 PEX Student Nutrition Workers less than 20 hours a week January–June ²								
PRE-K SCHOOL TERM EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Biweekly - 24 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators August–December	\$509.04	\$534.35	\$509.04	\$694.85	\$487.48	\$401.42	\$509.04	\$1,132.94
UESF and USP Paraeducators January–June ²	\$581.76	\$610.69	\$581.76	\$794.11	\$557.12	\$458.77	\$581.76	\$1,294.79
CERTIFICATED EMPLOYEES	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (City Plan)	
Monthly - 12 Pay Period Deductions	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators								
Board of Educators (BOE)	\$1,002.91	\$1,257.76	\$1,002.91	\$1,605.52	\$956.20	\$969.75	\$1,002.91	\$2,554.72
Superintendent's Cabinet								
Certificated Unrepresented Management								
UESF Certificated Personnel	\$1,102.91	\$1,157.76	\$1,102.91	\$1,505.52	\$1,056.20	\$869.75	\$1,102.91	\$2,454.72
UESF Substitute Teachers (Prop A)								

¹ Consolidated Crafts includes: Machinists Local 1414, Carpenters Local 22, Glaziers Local 718, Ironworkers Local 377, Painters Local 1176, Plasterers Local 66, Plumbers & Pipefitters Local 38, Roofers Local 40, Sheet Metal Workers Local 104, Teamsters Local 853.

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Temporary Employee Eligibility

For temporary teachers, speech therapists, psychologists, nurses, substitutes and other SFUSD temporary employees.

Temporary Certificated Employees

Temporary certificated employees with contracts that end June 30 are as follows:

- Emergency Teachers (ETs)
- Categorical Teachers (CTCs)
- University Interns (ITs)

If you are a Temporary Certificated employee whose contract ends on June 30, your last day of coverage will be June 30.

If you are a temporary teacher whose contract ends prior to June 30, your last day of coverage will be the last day of the month in which employment terminates.

Temporary School-Term Biweekly Employees

Temporary School-Term Biweekly employees include but are not limited to:

- Clerical Workers
- Paraeducators
- Security Aides

If you are a Temporary School-Term Biweekly employee, coverage will end on the last day of the pay period in which your employment is concluded.

Eligible Temporary Exempt Employees

As needed intermittent or substitute temporary/temporary exempt employees who have worked at least 20 hours a week in a consecutive 12-month period typically become eligible to enroll in medical and dental benefits. The determination of eligibility is made by the SFUSD Benefits Office.

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. Call **(888) 975-1142** or visit coveredca.com.

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

Rehired in the Fall?



If you are hired in fall with an eligible SFUSD assignment, you must re-enroll for healthcare benefits through SFHSS and the SFUSD Benefits Office **within 30 calendar days** of your rehire date.



Important Notices

Health Benefits Eligibility

The following are eligible to enroll as members in health plans offered by the San Francisco Health Service System:

- All permanent employees and regularly scheduled provisional or temporary exempt employees of the City and County of San Francisco whose normal work week is not less than 20 hours.
- Other employees of the City and County of San Francisco, including temporary exempt or “as needed,” who have worked more than 1,040 hours in any consecutive 12-month period and whose normal work week is not less than 20 hours.
- All other employees who are deemed “full-time employees” under the shared responsibility provision of the federal Patient Protection and Affordable Care Act (Section 4980H).
- Elected Officials of the City & County of San Francisco.
- All members of designated boards and commissions during their time in service to the City and County of San Francisco as defined in San Francisco Administrative Code Section 16.700(c).

Outside of Open Enrollment, SFUSD members may enroll eligible dependents listed below or make election changes with a qualifying life event online using [eBenefits \(sfhss.org/how-to-enroll\)](#) or by completing and submitting an Enrollment Application form, and required documentation via fax or mail by the required deadlines:

- Spouse or registered domestic partner
- Natural child, stepchild, adopted child until the child's 26th birthday
- Child under legal guardianship or court order until the child's 19th birthday
- Adult disabled children who meet all SFHSS requirements

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](#).

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information, in accordance with HIPAA, the federal Health Insurance Portability and Accountability Act. These policies restrict disclosure of your health information, except to:

- Make or obtain payments from contracted plan vendors
- Facilitate administration of health insurance coverage and services for SFHSS members
- Assist actuaries in negotiating health plan premiums
- Provide you with information about health benefits
- Disclose legally required information per federal, state or local law (incl. Workers' Compensation regulations), crime investigation and court order or subpoena
- Prevent a serious or imminent threat to individual or public health and safety

Other than the uses listed above, SFHSS will not disclose your health information without your written authorization. For details, visit [sfhss.org/sfhss-privacy-policy-and-forms](#).

Infertility Services

Whether you're starting a family now or in the future, SFHSS has fertility treatment coverage available on all medical plans.

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.

Medicare Part D Creditable Coverage Disclosure

Your SFHSS Medicare plan already includes pharmacy coverage that counts as Creditable Coverage for Medicare Part D. The following disclosure applies if you plan to waive SFHSS medical benefits and secure your own coverage: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. See [sfhss.org/creditable-coverage](#) for details.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](#).

Patient Protection Provider Choice Notice

Participating SFHSS HMO plans require the designation of a primary care provider (PCP). You have the right to designate any PCP who participates in the health plan's network and who is available to accept you or your family members. Until you make a PCP designation, the HMO insurance provider you elect may designate one for you. For information on how to select a PCP, and for a list of the participating PCPs, contact your health plan or visit their website. For children, you may designate a pediatrician as the PCP. You do not need prior authorization from your health plan or from any other person (including your PCP) in order to obtain access to obstetrical or gynecological care from a health care professional within your PCP's medical group who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [my.kp.org/ccsf](#) or [blueshieldca.com/sfhss](#) or contact the number on the back of your insurance card.



Key Contacts

SFUSD Benefits Office

555 Franklin Street, 2nd Floor
San Francisco, CA 94102
Tel: (415) 241-6101
Fax: (415) 241-6375
benefits@sfsd.edu
sfusd.edu

Hours: Monday through Thursday from 12pm to 4:30pm. Fridays are by appointment only.

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

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

Employee Assistance Program (24/7)

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (628) 652-4600 - 24/7
Fax: (628) 652-4601
eap@sfgov.org
sfhss.org/eap

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](http://sfhss.org/health-service-board)

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 **SFUSD Benefits Office**.

Delta Dental PPO
(888) 335-8227
deltadentalins.com

Group 652-0011 (**monthly**)
Group 652-0016 (**biweekly**)
Group 652-0012 (**paraeducators**)

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

FSA

FSA enrollment is administered through the **SFUSD Benefits Office**.

HealthEquity (FSA)
(877) 924-3967
healthequity.com

COBRA

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

LTD & GROUP LIFE

LTD and Group Life Insurance are administered through the **SFUSD Benefits Office**. Please refer to the SFUSD website for more information.

OTHER AGENCIES

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

CalSTRS
(800) 228-5453
calstrs.org

Health Insurance Exchange
Covered California
(888) 975-1142
coveredca.com

CCSF Payment Portal

To make health premium payments online, visit the **City and County of San Francisco Payment Portal**:
sfhss.org/how-make-payment