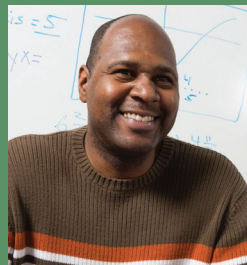
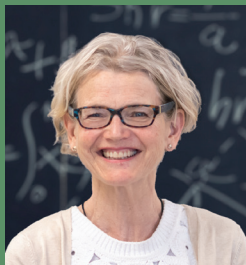


# 2021

## City College of San Francisco

### Health Benefits Guide





# What's New for 2021

## Medical and Vision

- Check out our new virtual health fairs at [sfhss.org/oe2021](https://sfhss.org/oe2021).
- 2021 Medical and Vision contributions are on pages 13, 15 and 16.
- 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.
- 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.

## 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](https://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](https://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](https://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



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This Guide includes an overview of the San Francisco Health Service System Rules, as approved by the Health Service Board. Rules can be found at [sfhss.org](https://sfhss.org) or request a copy at (628) 652-4700.



## 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 19 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 18 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.



Abbie's Sourdough Bread

### **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 20 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

# Step-by-Step Enrollment Guide

**STEP 1:** Are you a new hire or do you have a Qualifying Life Event where you need to enroll or update your benefits?

- If **YES**, go to **Steps 2 through 5** on how to make changes.
- If **NO**, please continue to **Step 2** to see if you need to add or drop any dependents.

**STEP 2:** Do you need to add or drop a dependent due to a Qualifying Life Event?

- If **YES**, review dependent eligibility rules on pages 4 and 5 and Qualifying Life Events on pages 6 and 7.
- Complete box 4 on your Enrollment Application form to update your dependent elections.
- 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 on page 14.
- Review coverage details on pages 10 and 11.
- Review the rates for available plans in your area on pages 15 and 16.
- Complete box 2 on your Enrollment Application form to select your medical plan.

**STEP 4:** Making changes to your vision benefits.

- Review the Vision benefits options and rates on page 12 and 13.
- 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 also be enrolled in the VSP Premier Plan.
- Complete box 3 on your enclosed Enrollment Application form to select your vision plan.

**STEP 5:** Complete and submit your Enrollment Application form along with copies (do not send originals) of your supporting documentation by fax to **(628) 652-4701** or by mail to the address below. To download an Enrollment Application form, visit [sfhss.org/benefits/city-college](https://sfhss.org/benefits/city-college).

Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103**. Our offices are currently closed to the public.

For **HELP**, call San Francisco Health Service System (SFHSS) Member Services at **(628) 652-4700** or visit [sfhss.org](https://sfhss.org).

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.



## Eligibility

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

### City College of San Francisco (CCSF) Employee Benefits Eligibility

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

■ Certain restrictions apply

### Eligibility for Spouses and Domestic Partners

To enroll a new spouse or domestic partner and eligible children of spouse or domestic partner, submit a completed **City College of San Francisco (CCSF) Enrollment Application form**, a copy of certified marriage certificate or certificate of domestic partnership and birth certificate for each child **within 30 days** of the legal date of the marriage or partnership as well as each dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership. A spouse or registered domestic partner can also be added during the Open Enrollment period. A spouse covered on an employee's medical plan is not required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is required to enroll in Medicare in order to qualify for SFHSS benefits coverage. A domestic partner who fails to enroll in Medicare Part B when first eligible may be charged Medicare late enrollment penalties.

### Domestic Partner Health Coverage and Your Taxes

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

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

### Natural Children, Stepchildren, Adopted Children

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

### Legal Guardianship & Court-Ordered Children

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

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



## Adult Disabled Children

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

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

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

## Medicare Enrollment Requirements for Dependents of Active Employees Who Have Received a Disability Social Security Benefit

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

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

## Medicare Enrollment Requirements Upon Retirement

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

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

## Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

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



# Changing Benefit Elections: Qualifying Life Events

You may change health benefits elections outside of Open Enrollment if you have a Qualifying Life Event.

**Certain life events count as a "Qualifying Life Event" where you can modify your benefits elections to support your new Qualifying Life Event. If you have a Qualifying Life Event, you can submit your elections and required documentation by fax to (628) 652-4701 or mail to SFHSS no later than 30 calendar days after the Qualifying Life Event occurs.**

## New Spouse or Domestic Partnership

To enroll a new spouse or domestic partner and eligible children of spouse or domestic partner, submit a completed **City College of San Francisco (CCSF) Enrollment Application form**, a copy of certified marriage certificate, certificate of domestic partnership and birth certificate for each child **within 30 days** of the legal date of the marriage or partnership. Certificates of domestic partnership must be issued in the United States. Download an Enrollment Application form at [sfhss.org/benefits/city-college](https://sfhss.org/benefits/city-college).

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

## Newborn or Newly Adopted Child

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

SFHSS provides a one-time benefit reimbursement of up to \$15,000 to an eligible employee or eligible retiree for qualified expenses incurred from an eligible adoption or eligible surrogacy. For more information, visit [sfhss.org/surrogacy-and-adoption](https://sfhss.org/surrogacy-and-adoption).

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

## Legal Guardianship or Court Order

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

## Divorce, Separation, Dissolution, Annulment

A member must immediately notify SFHSS in writing and provide documentation when the legal separation, divorce or final dissolution of marriage has been granted. Coverage of an ex-spouse, step-children, domestic partner and children of domestic partner will terminate on the last day of the coverage period of the event date.

## Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other health care coverage may enroll within 30 days in SFHSS benefits. Once required documentation is submitted and processed, coverage will be effective on the first day of the next coverage period.

## Obtaining Other Health Coverage

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

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



### Moving Out of Your Plan's Service Area

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

### Death of a Dependent

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

### Death of a Member

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

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

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

### Responsibility for Premium Contributions

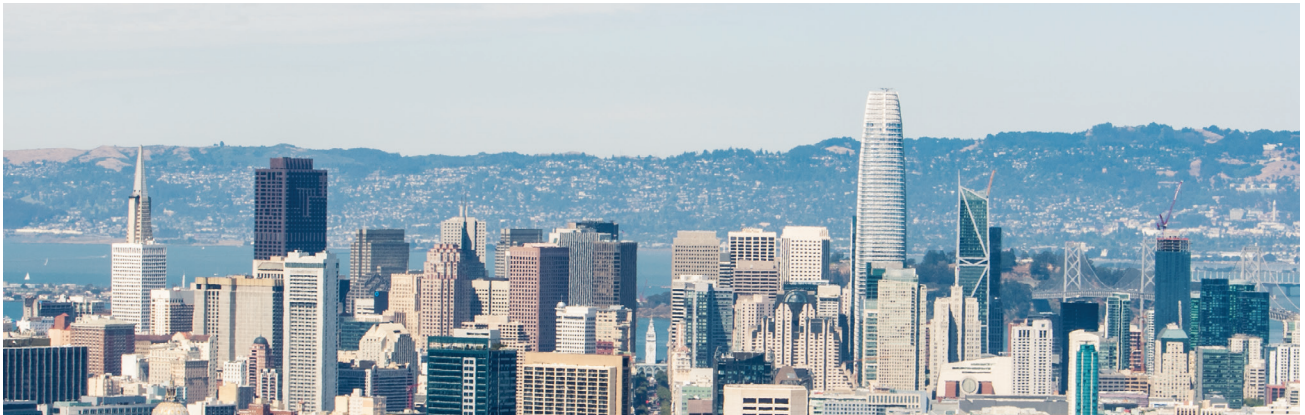
Changes in coverage due to a Qualifying Life Event may change premium contributions. **Review your paycheck to make sure premium deductions are correct. If your premium deduction is incorrect, contact CCSF.** You must pay any premiums that are owed. Unpaid premium contributions will result in termination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



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



# Part-Time Faculty and Classified Temporary Employee Eligibility



## Important Information for Part-Time Faculty and Classified Temporary Employees

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

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

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

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

## Options for Maintaining Coverage

**Covered California:** The state health insurance exchange, created under the federal Patient Protection and Affordable Care Act, allows you to compare and shop for health insurance. In some cases, you may qualify for Medi-Cal, tax credits and other assistance to make health insurance more affordable.

For information about Covered California, call **(888) 975-1142** or visit [coveredca.com](https://coveredca.com).

**COBRA:** The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) enacted in 1986 allows employees and covered dependents to elect temporary extension of healthcare coverage in certain instances where coverage would end. The COBRA administrator will notify you of the opportunity to elect COBRA coverage. You have 60 days from the notification date to complete COBRA enrollment. When enrolled in COBRA you pay the full cost of premiums.

**Individual Coverage:** You may be able to purchase individual health coverage from your healthcare plan or other insurers. Contact plans directly for details and costs. All employees and dependents who were covered under an SFHSS-administered medical plan are entitled to a certificate showing evidence of prior health coverage.



## Medical Plan Options

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

### What is a Health Maintenance Organization (HMO)?

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

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

### What is a Preferred Provider Organization (PPO)?

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

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

### How To Enroll In Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan **within 30 calendar days** of their work start date. Submit a completed **City College of San Francisco (CCSF) Enrollment Application form** and required eligibility documentation to CCSF. Download an Enrollment Application form at [sfhss.org/benefits/city-college](https://sfhss.org/benefits/city-college).

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

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

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

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



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



**If there are any discrepancies between the information provided in this Guide and the plan's EOC, the plan's EOC shall prevail. Download EOCs at [sfhss.org](https://sfhss.org).**



# Medical Plans

This chart provides a summary of benefits only. In any instance where information in this chart or Guide conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For a detailed description of benefits and exclusions, please review your plan's EOC. EOCs are available for download at [sfhss.org](http://sfhss.org).

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

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	UNITEDHEALTHCARE PPO (City Plan)	
	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	UNITEDHEALTHCARE PPO	
				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

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

### Vision Plan Benefits

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

### Accessing Your Vision Benefits

To receive services from a network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment. VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

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

### Basic Vision Plan Limits and Exclusions

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

### Expenses Not Covered by Plan

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

### VSP Basic and Premier Vision Plans

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

### VSP Vision Care Member Extras

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

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

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



### No Medical Plan = No Vision Benefits

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



# Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic <sup>1</sup>	VSP Premier
<b>Well Vision Exam</b>		\$10 co-pay every calendar year	\$10 co-pay every calendar year
<b>Single Vision Lenses</b>		\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Bifocal Lenses</b>		\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Trifocal Lenses</b>		\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Standard Progressive Lenses</b>		100% coverage every other calendar year	100% coverage every calendar year
<b>Premium Progressive Lenses</b>		\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Progressive Lenses</b>		\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Standard Anti-Reflective Coating</b>		\$41 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Premium Anti-Reflective Coating</b>		\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Anti-Reflective Coating</b>		\$85 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Scratch-Resistant Coating</b>		Fully covered every other calendar year	Fully Covered every calendar year
<b>Frames</b>		\$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
<b>Contacts</b> ( <i>instead of glasses</i> )		\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year
<b>Contact Lens Exam</b>		Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every other calendar year
<b>Primary Eye Care</b> ( <i>for the treatment of urgent or acute ocular conditions</i> )		\$5 co-pay	\$5 co-pay
<b>Vision Care Discounts</b>			
<b>Laser Vision Correction</b>		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
<b>VSP Premier Contribution</b>			
<b>Biweekly (26 Pay Periods)</b>	<b>Monthly (12 Pay Periods)</b>	<b>9 Pay Periods<sup>3</sup></b>	<b>21 Pay Periods<sup>3</sup></b>
<b>E Only \$4.85</b> <b>E + 1 Dep. \$7.35</b> <b>E + 2 or more \$15.13</b>	<b>E Only \$10.50</b> <b>E + 1 Dep. \$15.92</b> <b>E + 2 or more \$32.79</b>	<b>E Only \$16.80   \$10.50</b> <b>E + 1 Dep. \$25.47   \$15.92</b> <b>E + 2 or more \$52.46   \$32.79</b>	<b>E Only \$7.05   \$4.85</b> <b>E + 1 Dep. \$10.69   \$7.35</b> <b>E + 2 or more \$22.01   \$15.13</b>
<b>Your Coverage with Out-of-Network Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> if you plan to see a provider other than a VSP network provider.			
<b>Exam</b> Up to \$50 <b>Frame</b> Up to \$70	<b>Single Vision Lenses</b> Up to \$45 <b>Lined Bifocal Lenses</b> Up to \$65	<b>Lined Trifocal Lenses</b> Up to \$85 <b>Progressive Lenses</b> Up to \$85	<b>Contacts</b> Up to \$105

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium.

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

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

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



## Medical Plan Service Areas

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

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

■ Available in this county

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

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

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

### UnitedHealthcare PPO (City Plan): No Service Area Limits

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

### UnitedHealthcare PPO

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



**CHANGE OF ADDRESS? Call SFHSS: (628) 652-4700 and CCSF HR: (415) 452-7660**

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



# 2021 Medical Premium Contributions

## BIWEEKLY 26 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO					
BOARD MEMBERS AND CLASSIFIED ADMINISTRATORS	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$393.97	\$32.36	\$314.99	\$0.00	\$356.96	\$242.31
Employee +1	\$590.61	\$147.19	\$681.40	\$169.82	\$519.61	\$109.00	\$590.35	\$571.75
Employee +2 or more	\$705.54	\$337.85	\$814.07	\$389.82	\$587.38	\$301.52	\$671.73	\$970.25
<b>SEIU 1021</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>SFBCTU</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>CLASSIFIED UNREPRESENTED (NON-UNION) EMPLOYEES</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>STATIONARY ENGINEERS LOCAL 39</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
Employee +1	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
Employee +2 or more	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96

## BIWEEKLY 21 PAY PERIODS

<b>SEIU 1021</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>EMPLOYEE ONLY</b>								
December 26 – May 28	\$503.56	\$34.05	\$579.93	\$40.19	\$458.17	\$0.00	\$527.00	\$344.67
August 7 – December 24	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
<b>EMPLOYEE +1</b>								
December 26 – May 28	\$814.95	\$258.21	\$940.25	\$297.89	\$707.16	\$207.19	\$901.96	\$788.36
August 7 – December 24	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
<b>EMPLOYEE +2 OR MORE</b>								
December 26 – May 28	\$963.26	\$554.40	\$1,111.43	\$639.68	\$784.17	\$508.77	\$1,352.76	\$1,035.58
August 7 – December 24	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96
<b>SFBCTU</b>	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>EMPLOYEE ONLY</b>								
December 26 – May 28	\$503.56	\$34.05	\$579.93	\$40.19	\$458.17	\$0.00	\$527.00	\$344.67
August 7 – December 24	\$346.20	\$23.41	\$398.70	\$27.63	\$314.99	\$0.00	\$362.31	\$236.96
<b>EMPLOYEE +1</b>								
December 26 – May 28	\$814.95	\$258.21	\$940.25	\$297.89	\$707.16	\$207.19	\$901.96	\$788.36
August 7 – December 24	\$560.28	\$177.52	\$646.42	\$204.80	\$486.17	\$142.44	\$620.10	\$542.00
<b>EMPLOYEE +2 OR MORE</b>								
December 26 – May 28	\$963.26	\$554.40	\$1,111.43	\$639.68	\$784.17	\$508.77	\$1,352.76	\$1,035.58
August 7 – December 24	\$662.24	\$381.15	\$764.11	\$439.78	\$539.12	\$349.78	\$930.02	\$711.96

SEIU 1021 & SFBCTU. January to June deductions (11 pay periods) include a 1.45 rate to pre-pay premiums for the summer coverage period.



# 2021 Medical Premium Contributions

## MONTHLY 12 PAY PERIODS

	BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		UHC PPO (CITY PLAN)	
	TRIO HMO		ACCESS+ HMO					
FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$750.10	\$50.73	\$853.51	\$70.20	\$682.48	\$0.00	\$773.41	\$525.01
Employee +1	\$1,300.74	\$297.81	\$1,500.72	\$343.59	\$1,166.60	\$195.38	\$1,305.52	\$1,212.36
Employee +2 or more	\$1,582.47	\$678.20	\$1,825.90	\$782.53	\$1,339.58	\$586.37	\$1,529.78	\$2,027.85
<b>ACADEMIC ADMINISTRATORS</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Employer Pays</b>	<b>You Pay</b>
Employee Only	\$750.10	\$50.73	\$853.51	\$70.20	\$682.48	\$0.00	\$773.41	\$525.01
Employee +1	\$1,279.64	\$318.91	\$1,476.37	\$367.94	\$1,125.82	\$236.16	\$1,278.84	\$1,239.04
Employee +2 or more	\$1,528.67	\$732.00	\$1,763.82	\$844.61	\$1,272.67	\$653.28	\$1,455.43	\$2,102.20

## MONTHLY 9 PAY PERIODS

PART-TIME FACULTY EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
<b>EMPLOYEE ONLY</b>								
January 1–May 31	\$1,200.16	\$81.17	\$1,365.62	\$112.32	\$1,091.97	\$0.00	\$1,237.46	\$840.02
September 1–December 31	\$750.10	\$50.73	\$853.51	\$70.20	\$682.48	\$0.00	\$773.41	\$525.01
<b>EMPLOYEE +1</b>								
January 1–May 31	\$2,081.18	\$476.50	\$2,401.15	\$549.74	\$1,866.56	\$312.61	\$2,088.83	\$1,939.78
September 1–December 31	\$1,300.74	\$297.81	\$1,500.72	\$343.59	\$1,166.60	\$195.38	\$1,305.52	\$1,212.36
<b>EMPLOYEE +2 OR MORE</b>								
January 1–May 31	\$2,531.95	\$1,085.12	\$2,921.44	\$1,252.05	\$2,143.33	\$938.19	\$2,447.65	\$3,244.56
September 1–December 31	\$1,582.47	\$678.20	\$1,825.90	\$782.53	\$1,339.58	\$586.37	\$1,529.78	\$2,027.85

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





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

### Delta Dental PPO

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

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

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

### Flexible Spending Accounts

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

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

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

Before enrolling in your FSA, work out a detailed estimate of the eligible expenses you are likely to incur in 2021. Budget conservatively. Please note, with an FSA your taxable income will be reduced for Social Security purposes so there may be a corresponding reduction in Social Security benefits.

**CCSF** employee FSAs are administered by *WageWorks*. Visit [wageworks.com](https://wageworks.com) for more information.

### Commuter Benefits

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

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

### Other Voluntary Benefits

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

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

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



# Prevention is worth more than the cure. Most Preventive Care is 100%<sup>1</sup> FREE.

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

Why wait for illness or injury to see your doctor when 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](http://sfhss.org) or contact **SFHSS** at **(628) 652-4700** or toll-free at **(800) 542-2266**.

## Annual Preventive Care Exams

	Medical	Dental	Vision
<b>Type of Appointment</b>	<ul style="list-style-type: none"> <li>■ Annual Physical/Well-Check/Well-woman exam</li> <li>■ Vaccinations recommended by your Primary Care Physician</li> <li>■ Cancer Screenings recommended by your Primary Care Physician</li> </ul>	<ul style="list-style-type: none"> <li>■ Dental Exam and Cleaning Every 6 Months (<i>limit of two (2) dental exams and two (2) cleanings per calendar year</i>)</li> </ul>	<ul style="list-style-type: none"> <li>■ Annual Vision Exam</li> </ul>
<b>Make an Appointment</b>	<b>Kaiser Permanente HMO:</b> (800) 464-4000  <b>Blue Shield of California</b> <ul style="list-style-type: none"> <li>■ Trio HMO: (855) 747-5800</li> <li>■ Access+ HMO: (855) 256-9404</li> </ul> <b>UnitedHealthcare PPO (City Plan):</b> (866) 282-0125	<b>Delta Dental PPO:</b> (866) 499-3001	<b>VSP Vision Care:</b> (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				

<sup>1</sup>Each 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](https://sfhss.org/eap).

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

## Health Plans: Mental Health, Well-Being and Substance Abuse Benefits<sup>1</sup>

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

<sup>1</sup>As 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](https://sfhss.org/events).

Programs	
<b>Group Exercise</b>	Sweat off those calories and pounds at home with a variety of classes offerings from Pilates to Zumba and more.
<b>Health Education Workshop and Seminars</b>	Bring out your best self! Join us as we dive into topics such as healthy sleep, healthy eating, resiliency, goal setting and more.
<b>Healthy Weight Program</b>	Have fad diets failed you? Try our 6-week program that offers real-world strategies and solutions to helping you maintain a healthy weight.
<b>Diabetes Prevention Program</b>	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 <a href="https://sfhss.org/events">sfhss.org/events</a> for details on offerings.
<b>Challenges</b>	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 <a href="https://sfhss.org/well-being">sfhss.org/well-being</a> for dates and offerings.

Gym Discounts\* may be available, visit [sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts](https://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](https://sfhss.org/Using-Your-Benefits/using-your-benefits-employees).

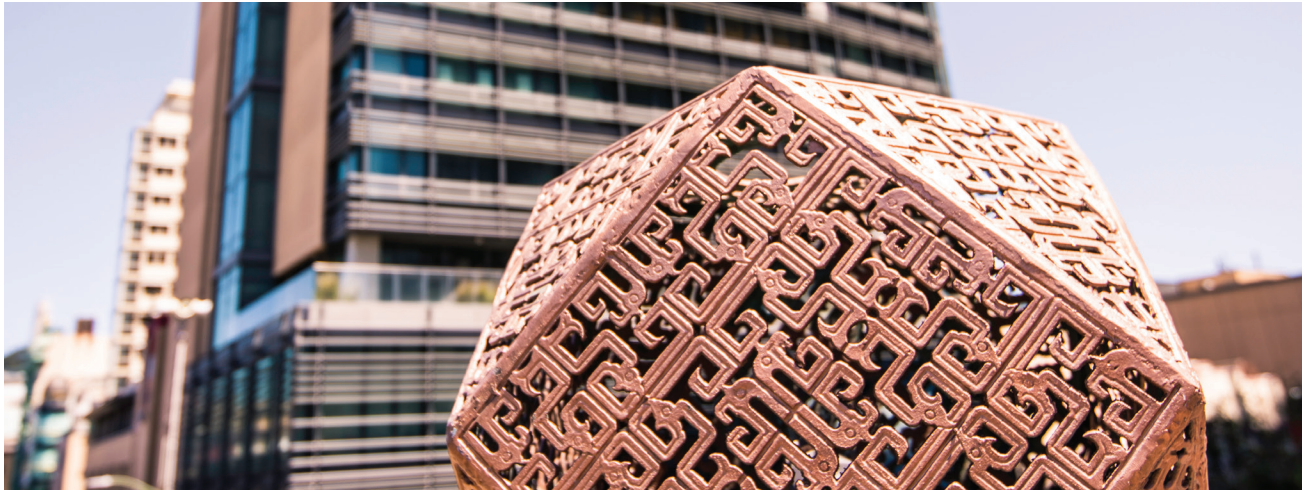
Offering	Kaiser Permanente HMO	Blue Shield of California HMO	UnitedHealthcare PPO
<b>Weight Management, Healthy Eating and Nutrition Services</b>	<ul style="list-style-type: none"> <li>Balance</li> <li>Healthy Weight Program</li> <li>Nutrition Consultations</li> <li>Wellness Coaching</li> <li>Nourish – <i>online program</i></li> </ul>	<ul style="list-style-type: none"> <li><a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>	<ul style="list-style-type: none"> <li>Rally – <i>online program</i></li> <li>Four FREE Nutritional Counselor sessions/year</li> </ul>
<b>Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>Coaching</li> <li>Breathe – <i>online program</i></li> </ul>	<ul style="list-style-type: none"> <li><a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>	<ul style="list-style-type: none"> <li>Live and Work Well Tobacco Cessation Program</li> </ul>
<b>Diabetes Prevention</b>	<ul style="list-style-type: none"> <li>Wellness Coaching</li> <li>Healthy Weight Program</li> </ul>	<ul style="list-style-type: none"> <li><a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>	<ul style="list-style-type: none"> <li>Real Appeal – <i>online program</i></li> </ul>
<b>Pregnancy and Lactation</b>	<ul style="list-style-type: none"> <li>Classes and Support Groups</li> <li>Free Pump and Lactation Support</li> </ul>	<ul style="list-style-type: none"> <li>Prenatal Program – <i>educational resources</i></li> </ul>	<ul style="list-style-type: none"> <li>Healthy Pregnancy App</li> </ul>
<b>Acupuncture and Chiropractic</b>	<ul style="list-style-type: none"> <li>30 visits/year combined for Acupuncture and Chiropractic</li> <li>Choose Healthy Discount Program for additional visits after initial 30</li> </ul>	<ul style="list-style-type: none"> <li>Acupuncture up to 30 visit/year</li> <li>Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30</li> </ul>	<ul style="list-style-type: none"> <li>PPO: 50% reasonable and customary co-insurance up to \$1,000 max/year</li> <li>PPO Medicare Advantage: Up to 24 visits/year for each service with \$15 co-pay</li> </ul>
<b>Discounts</b>	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.



# Health Benefits During a Leave of Absence

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



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

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

## Your Responsibilities

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

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

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

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

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

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



# COBRA and Covered California

## COBRA

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

## COBRA Continuation Coverage

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

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

## Time Limits for COBRA Elections

The COBRA administrator will notify you of the opportunity to elect COBRA coverage. You have 60 days from the notification date to complete COBRA enrollment. Coverage will be retroactive to the date of the COBRA qualifying event, so there is no break in coverage.

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

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

## Duration of COBRA Continuation Coverage

Group COBRA coverage is generally available for a maximum of 18 months. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a coverage extension for up to 36 months.

COBRA enrollees who are disabled on the date of their qualifying event, or at any time during the first 60 days of COBRA coverage, are eligible for 29 months of coverage.

Beginning the 19th month of coverage, the cost will rise to 150 percent of the group rate. Retirees and dependents who are eligible for less than 36 months of federal COBRA may be eligible for Cal-COBRA.

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

## Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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



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



## 2021 Monthly COBRA Premium Rates

### Blue Shield of California Trio HMO

Employee Only	\$816.85
Employee +1	\$1,630.52
Employee +2 or More	\$2,305.88

### Blue Shield of California Access+ HMO

Employee Only	\$942.18
Employee +1	\$1,881.20
Employee +2 or More	\$2,660.60

### Kaiser Permanente HMO

Employee Only	\$696.13
Employee +1	\$1,389.22
Employee +2 or More	\$1,964.47

### UnitedHealthcare PPO (City Plan)

Employee Only	\$1,324.39
Employee +1	\$2,568.24
Employee +2 or More	\$3,628.78

### VSP Premier

Employee Only	\$10.71
Employee +1	\$16.24
Employee +2 or More	\$33.45

## Paying for COBRA

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

## COBRA Continuation Coverage Alternatives

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

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

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

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

For CCSF COBRA dental rates, please visit City College of San Francisco's website, [ccsf.edu](https://ccsf.edu) or contact **CCSF Benefits Unit** at **(415) 452-7733**.



# Transitioning to Retirement

## Enrollment in Retiree Benefits Does Not Happen Automatically

If eligible, you must elect to enroll into retiree health coverage. Enroll by submitting a **Retiree Enrollment Application form** and supporting documents to SFHSS by fax or mail. Get started by visiting [sfhss.org/benefits/getting-ready-to-retire](https://sfhss.org/benefits/getting-ready-to-retire).

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

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

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

Depending on your retirement date, there can be a gap between when active employee coverage ends and retiree coverage begins. **Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage.** Call SFHSS at **(628) 652-4700** to review your options before selecting a retirement date.

## Medicare Enrollment Required for Medicare-eligible Retirees and Dependents

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

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

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

## Retiree Premium Contributions

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

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

## Lump-Sum Pension Distribution Will Affect Retiree Premium Contributions

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

## Active Employee Medicare Enrollment

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

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

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

## Married Spouse Medicare Enrollment

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

## Domestic Partner Medicare Enrollment

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

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

## Contact Employee Assistance Program (EAP)

Before you select your retirement date, make an appointment with EAP to help you plan for a meaningful retirement. Address any personal or life changes to ensure that your retirement years are the best they can be. Contact EAP at **(628) 652-4600**.



# 2021 Health Coverage Calendars

## CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (26 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 26, 2020–January 8, 2021	January 19, 2021	December 26, 2020–January 8, 2021
January 9, 2021–January 22, 2021	February 2, 2021	January 9, 2021–January 22, 2021
January 23, 2021–February 5, 2021	February 16, 2021	January 23, 2021–February 5, 2021
February 6, 2021–February 19, 2021	March 2, 2021	February 6, 2021–February 19, 2021
February 20, 2021–March 5, 2021	March 16, 2021	February 20, 2021–March 5, 2021
March 6, 2021–March 19, 2021	March 30, 2021	March 6, 2021–March 19, 2021
March 20, 2021–April 2, 2021	April 13, 2021	March 20, 2021–April 2, 2021
April 3, 2021–April 16, 2021	April 27, 2021	April 3, 2021–April 16, 2021
April 17, 2021–April 30, 2021	May 11, 2021	April 17, 2021–April 30, 2021
May 1, 2021–May 14, 2021	May 25, 2021	May 1, 2021–May 14, 2021
May 15, 2021–May 28, 2021	June 8, 2021	May 15, 2021–May 28, 2021
May 29, 2021–June 11, 2021	June 22, 2021	May 29, 2021–June 11, 2021
June 12, 2021–June 25, 2021	July 6, 2021	June 12, 2021–June 25, 2021
June 26, 2021–July 9, 2021	July 20, 2021	June 26, 2021–July 9, 2021
July 10, 2021–July 23, 2021	August 3, 2021	July 10, 2021–July 23, 2021
July 24, 2021–August 6, 2021	August 17, 2021	July 24, 2021–August 6, 2021
August 7, 2021–August 20, 2021	August 31, 2021	August 7, 2021–August 20, 2021
August 21, 2021–September 3, 2021	September 14, 2021	August 21, 2021–September 3, 2021
September 4, 2021–September 17, 2021	September 28, 2021	September 4, 2021–September 17, 2021
September 18, 2021–October 1, 2021	October 12, 2021	September 18, 2021–October 1, 2021
October 2, 2021–October 15, 2021	October 26, 2021	October 2, 2021–October 15, 2021
October 16, 2021–October 29, 2021	November 9, 2021	October 16, 2021–October 29, 2021
October 30, 2021–November 12, 2021	November 23, 2021	October 30, 2021–November 12, 2021
November 13, 2021–November 26, 2021	December 7, 2021	November 13, 2021–November 26, 2021
November 27, 2021–December 10, 2021	December 21, 2021	November 27, 2021–December 10, 2021
December 11, 2021–December 24, 2021	January 4, 2022	December 11, 2021–December 24, 2021

Employee premium contributions are deducted from paychecks biweekly for a total of 26 payroll deductions for 2021 plan year. If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a *Leave of Absence*.

The FY21/22 Calendar was not finalized with the union at the time of publication. Please check [sfhss.org](https://sfhss.org) for updates.



# 2021 Health Coverage Calendars

## CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (21 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 26, 2020–January 8, 2021	January 19, 2021	December 26, 2020–January 8, 2021
January 9, 2021–January 22, 2021	February 2, 2021	January 9, 2021–January 22, 2021
January 23, 2021–February 5, 2021	February 16, 2021	January 23, 2021–February 5, 2021
February 6, 2021–February 19, 2021	March 2, 2021	February 6, 2021–February 19, 2021
February 20, 2021–March 5, 2021	March 16, 2021	February 20, 2021–March 5, 2021
March 6, 2021–March 19, 2021	March 30, 2021	March 6, 2021–March 19, 2021
March 20, 2021–April 2, 2021	April 13, 2021	March 20, 2021–April 2, 2021
April 3, 2021–April 16, 2021	April 27, 2021	April 3, 2021–April 16, 2021
April 17, 2021–April 30, 2021	May 11, 2021	April 17, 2021–April 30, 2021
May 1, 2021–May 14, 2021	May 25, 2021	May 1, 2021–May 14, 2021
May 15, 2021–May 28, 2021	June 8, 2021	May 15, 2021–May 28, 2021
Summer Break (off from regular work)	June 22, 2021	<i>Summer Coverage Period (extra payroll deductions taken January to June) Pre-pay this summer coverage period</i>
	July 6, 2021	
	July 20, 2021	
	August 3, 2021	
	August 17, 2021	
August 7, 2021–August 20, 2021	August 31, 2021	August 7, 2021–August 20, 2021
August 21, 2021–September 3, 2021	September 14, 2021	August 21, 2021–September 3, 2021
September 4, 2021–September 17, 2021	September 28, 2021	September 4, 2021–September 17, 2021
September 18, 2021–October 1, 2021	October 12, 2021	September 18, 2021–October 1, 2021
October 2, 2021–October 15, 2021	October 26, 2021	October 2, 2021–October 15, 2021
October 16, 2021–October 29, 2021	November 9, 2021	October 16, 2021–October 29, 2021
October 30, 2021–November 12, 2021	November 23, 2021	October 30, 2021–November 12, 2021
November 13, 2021–November 26, 2021	December 7, 2021	November 13, 2021–November 26, 2021
November 27, 2021–December 10, 2021	December 21, 2021	November 27, 2021–December 10, 2021
December 11, 2021–December 24, 2021	January 4, 2022	December 11, 2021–December 24, 2021

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions for the 2021 plan year. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer pay periods. Benefits coverage will continue as long as all summer premium contributions have been funded (and on active status).

If you take an approved unpaid leave of absence, you pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a *Leave of Absence*.

The FY21/22 Calendar was not finalized with the union at the time of publication. Please check [sfhss.org](https://sfhss.org) for updates.



# 2021 Health Coverage Calendars

## FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2021–January 31, 2021	January 29, 2021	January 1, 2021–January 31, 2021
February 1, 2021–February 28, 2021	February 26, 2021	February 1, 2021–February 28, 2021
March 1, 2021–March 31, 2021	March 31, 2021	March 1, 2021–March 31, 2021
April 1, 2021–April 30, 2021	April 30, 2021	April 1, 2021–April 30, 2021
May 1, 2021–May 31, 2021	May 28, 2021	May 1, 2021–May 31, 2021
June 1, 2021–June 30, 2021	June 30, 2021	June 1, 2021–June 30, 2021
July 1, 2021–July 31, 2021	July 30, 2021	July 1, 2021–July 31, 2021
August 1, 2021–August 31, 2021	August 31, 2021	August 1, 2021–August 31, 2021
September 1, 2021–September 30, 2021	September 30, 2021	September 1, 2021–September 30, 2021
October 1, 2021–October 31, 2021	October 29, 2021	October 1, 2021–October 31, 2021
November 1, 2021–November 30, 2021	November 30, 2021	November 1, 2021–November 30, 2021
December 1, 2021–December 31, 2021	December 31, 2021	December 1, 2021–December 31, 2021

## PART-TIME FACULTY PAID MONTHLY (9 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2021–January 31, 2021	January 29, 2021	January 1, 2021–January 31, 2021
February 1, 2021–February 28, 2021	February 26, 2021	February 1, 2021–February 28, 2021
March 1, 2021–March 31, 2021	March 31, 2021	March 1, 2021–March 31, 2021
April 1, 2021–April 30, 2021	April 30, 2021	April 1, 2021–April 30, 2021
May 1, 2021–May 31, 2021	May 28, 2021	May 1, 2021–May 31, 2021
Summer Break (off from regular work)	June 30, 2021 July 30, 2021 August 31, 2021	Summer Coverage Period ( <i>extra payroll deductions taken January to May</i> )
September 1, 2021–September 30, 2021	September 30, 2021	September 1, 2021–September 30, 2021
October 1, 2021–October 31, 2021	October 29, 2021	October 1, 2021–October 31, 2021
November 1, 2021–November 30, 2021	November 30, 2021	November 1, 2021–November 30, 2021
December 1, 2021–December 31, 2021	December 31, 2021	December 1, 2021–December 31, 2021

Full-time faculty premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions. Part-time faculty premium contributions are deducted from paychecks monthly, for a total of 9 payroll deductions (see above) for the 2021 plan year. PT Faculty that work from January to May will have an additional premium amount deducted to fund benefits coverage during the summer months. Benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above. See page 20 for more information about maintaining health coverage during a *Leave of Absence*.

The FY21/22 Calendars were not finalized with the union at the time of publication. Please check [sfhss.org](https://sfhss.org) for updates.

# Health Service Board Achievements



**Karen Breslin**  
President  
Elected Retiree



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



**Chris Canning**  
Elected by SFHSS  
Membership



**Dean Preston**  
Appointed by  
Supervisor Yee



**Randy Scott**  
Appointed by  
Controller's Office



**Mary Hao**  
Appointed by  
Mayor Breed



**Claire Zvanski**  
Appointed by  
Board of  
Supervisors

To accommodate the shelter-in-place public health order due to the COVID-19 pandemic, the Health Service Board (Board) fully migrated all Board Meetings onto a virtual platform in time for the Rates and Benefits approval process.

Following a month of preparation, multiple board training sessions, support, and the full participation of all Board Commissioners, the first virtual Board meeting was held on May 14, 2020. All members of the Board are commended for their dedication in learning how to navigate a new digital platform so quickly and ensuring that the Board meetings continued during uncertain times. As of July 2020, three Board meetings were broadcast virtually during the Rates and Benefits cycle.

## Health Service Board Annual Self Evaluation

The Board completed their annual self-evaluation in December 2019 and worked with the Health Service Board Governance Committee and Department of Human Resources to review the results and prepare the final report to present to the full Board at the February 13, 2020 regular meeting. The Board plans to enhance the self-evaluation process in the future to recalibrate and ensure the Board is capturing the correct metrics.

## Health Service Board Elections

The Board Secretary called for nominations and planned to conduct an election for one open Board Member Representative Commission Seat throughout the months of October through February. By February 13, one eligible member submitted their nomination form, list of signatures, and candidacy forms for the 2020 election.

Under Administrative Code Section 16.553, if there are no competing candidates for an open seat, then the Department of Elections is not required to hold an election, and the eligible candidate is declared a member of the Board.

The candidate, Commissioner Claire Zvanski, assumed the open seat on May 15, 2020.

## Health Service Board Commissioner Re-Appointments and Orientation Processing

At the May 14 Board meeting, the Board had the full Board seated. Commissioner Stephen Follansbee, M.D., was re-appointed to the Board by Mayor Breed to serve a five-year term concluding in May 2025. Commissioner Randy Scott was re-appointed by the San Francisco Controller to serve a five-year term ending May 2025. SFHSS Leadership offered Board orientation materials digitally to the re-appointed Commissioners and to Commissioner Zvanski. Orientation materials include a comprehensive overview of the SFHSS departments and roles, the Board Commissioner role as a governing body, the Rates and Benefits Cycle and overall Board responsibilities.

## Health Service Board Education

The Board's Finance and Budget Committee reviewed an educational outline for a Medical Plan's Rating Methodology at the February 13, 2020 Committee meeting. The Committee Members reviewed the materials and provided input to SFHSS's actuarial and benefit consultant, Aon, to ensure the materials were beneficial for the public as well as the Board.

A series of online educational videos were created and published on the Board Education page focusing on the medical plan rating methodologies used by Aon. A presentation document was prepared and delivered in the video series by the lead actuary, from Aon, in early April 2020.

The four-part video presentation outlines the process that the health plans use to set the rates for SFHSS health plans. The videos covered rate-setting methodologies for active employee and early retiree populations (i.e. non-Medicare members).

## Health Service Board Approval on Benefit and Plan Enhancements

Premium increase of 5.8% for Kaiser Permanente HMO Plan for Non-Medicare members who live in California.

Per member per month rate reduction of -5% for Kaiser Permanente Medicare Advantage Plan, which includes the approval of a Post-Hospital Discharge Meal Delivery Rider and expansion of existing appointment and post-discharge transportation services to include wheelchair and gurney transport in 2021.

Overall average rate decrease of -1.7% for Kaiser Permanente Multi-Region Plan for early retirees and an overall average rate decrease of -0.1% for Medicare retirees across the Hawaii, Northwest and Washington regions.

A rate decrease of -1.75% for Delta Dental PPO for retirees that included an added benefit for coverage of nitrous oxide/non-IV sedation.

A rate increase of 0.6% for Delta Dental PPO for Actives with no change in employee contributions, and an added benefit for coverage of nitrous oxide/non-IV sedation is included.

A rate decrease of -1.75% for DeltaCare USA HMO for Actives and Retirees.

Overall premium rate decrease of -1.5% for Life Insurance and Long-term Disability insurance, which included a decrease of -7.9% on basic life insurance and no rate increase for long-term disability insurance, employee and dependent supplemental life and child life insurance, and AD&D insurance.

A rate increase of 9% for UnitedHealthcare PPO (City Plan) and City Plan-Choice Not Available.

A rate decrease of -3.0% for UnitedHealthcare Dental HMO for actives and retirees.

A rate decrease of -2.9% for UnitedHealthcare Medicare Advantage PPO approved.

A 0% rate increase for VSP Basic and 4.1% increase for VSP Premier Vision Plans.



## Legal Notices

### Summary of Benefits and Coverage (SBCs)

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

### 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.

### Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA). Other than the uses listed below, SFHSS will not disclose your health information without your written authorization:

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

If you authorize SFHSS to disclose your health information, you may revoke that authorization in writing at any time. You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated. Any privacy complaints made to SFHSS should be made in writing. This is a summary of a legal notice that details SFHSS privacy policy. The full legal notice of our privacy policy is available at [sfhss.org/sfhss-privacy-policy-and-forms](https://sfhss.org/sfhss-privacy-policy-and-forms). You may also contact SFHSS to request a written copy of the full legal notice.

### Medicare Part D Creditable Coverage Disclosure

The SFHSS Medicare plan includes pharmacy coverage that counts as Creditable Coverage for Medicare Part D. The following disclosure applies if you plan to waive SFHSS Medicare 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. Please see [sfhss.org/creditable-coverage](https://sfhss.org/creditable-coverage) for more 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](https://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 primary care provider 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 <https://my.kp.org/ccsf> or [blueshieldca.com/sfhss](https://blueshieldca.com/sfhss) or contact the number on the back of your insurance card.



## Key Contacts

### City College of San Francisco (CCSF) Benefits Unit

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

### 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](http://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](mailto:wellbeing@sfgov.org)  
[sfhss.org/well-being](http://sfhss.org/well-being)

### Employee Assistance Program

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](mailto:eap@sfgov.org)  
[sfhss.org/eap](http://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](mailto: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](http://blueshieldca.com/sites/imce/trio.sp)  
Group W0051448

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

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

**UnitedHealthcare PPO (City Plan)**  
**(866) 282-0125**  
[welcometouhc.com/sfhss](http://welcometouhc.com/sfhss)  
Group 752103

### DENTAL & VISION PLANS

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

**Delta Dental PPO**  
**(866) 499-3001**  
[deltadentalins.com](http://deltadentalins.com)

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

**VSP Vision Care**  
**(800) 877-7195**  
[www.vsp.com](http://www.vsp.com)  
Group 12145878

### FSAs & COBRA

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

**WageWorks (FSA)**  
**(877) 924-3967**  
[wageworks.com](http://wageworks.com)

**P&A Group (COBRA)**  
**(800) 688-2611**  
[padmin.com](http://padmin.com)

### COMMUTER BENEFITS

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

**WageWorks**  
**(877) 924-3967**  
[wageworks.com](http://wageworks.com)

### OTHER AGENCIES

**Pension Benefits**  
**SFERS**  
Employees' Retirement System  
**(415) 487-7000**  
[mysfers.org](http://mysfers.org)

**CalPERS**  
**(888) 225-7377**  
[calpers.ca.gov](http://calpers.ca.gov)

**CalSTRS**  
**(800) 228-5453**  
[calstrs.org](http://calstrs.org)

**Health Insurance Exchange**  
**Covered California**  
**(888) 975-1142**  
[coveredca.com](http://coveredca.com)



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