

2022

City College of San Francisco



SAN FRANCISCO
HEALTH SERVICE SYSTEM

Health Benefits Guide



What's New for 2022

Medical, Vision and Dental

- The Health Service Board approved the addition of two new health plans, **Health Net CanopyCare HMO** and **Blue Shield of California PPO-Accolade**. Health Net CanopyCare HMO combines multiple Bay Area medical groups into one network that includes access to Zuckerberg General and MarinHealth Medical Center. Blue Shield of California PPO-Accolade includes 24/7 access to nurses and coordination of services and replaces the **UnitedHealthcare PPO** plan.
- Blue Shield of California Trio HMO and Access+ HMO infertility medications are now covered under the pharmacy benefit and can be obtained at any contracted CVS Specialty pharmacy. Patients can use their insurance and only need to pay their cost share at the point of sale. Prior authorization for fertility medications is no longer required.
- You can now make Open Enrollment elections and mid-year Qualifying Life Event changes online through **eBenefits**. Go to sfhss.org/how-to-enroll to get started.

Well-Being

- SFHSS is constantly adding to our virtual class offerings. Visit sfhss.org/events for more information.
- **Get Your Flu Shot:** You can get your flu shot through an SFHSS sponsored worksite flu clinic or through your health plan. For more information on flu prevention go to sfhss.org/well-being/flu-prevention
- **Access CredibleMind:** Find mental health and emotional well-being content and resources online from CredibleMind, a multi-media platform featuring books, apps, videos, podcasts, assessments, articles, and online programs at sfhss.org/crediblemind
- **Employee Assistance Program (EAP)** offers after hours and weekend support for active employees through **ComPsych**. Services can be provided in Spanish, Chinese (Mandarin and Cantonese) and Tagalog through a language translation line. Call **(628) 652-4600** for more information.

Step-by-Step Open Enrollment Guide

STEP 1: Review your Open Enrollment Letter for current medical and vision elections. To see your rates for 2022 and make your elections online using [eBenefits](#), go to **Step 5** to learn how to create a new account.

Do you have any changes you want to make?

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

STEP 2: Review dependent eligibility rules online at sfhss.org/eligibility-rules and the dependent(s) listed in your enclosed Open Enrollment letter. Do you need to add or drop a dependent?

- If **NO**, and you have no changes to your benefit elections, then you have no further actions to take.
- If **YES**, complete the **Review Dependents** page in [eBenefits](#) to add dependents or modify existing dependents.
- Submit copies of supporting documents. New dependents must have supporting documentation submitted with their elections in order to be enrolled (e.g. birth certificate, certified marriage certificate).

STEP 3: Making changes to your health plan benefits.

- Review the Service Areas of the medical plans on page 12 or online at sfhss.org/actives-service-areas
- Review coverage details on page 14.
- Review the rates for available plans in your area on pages 8 to 9.
- Select your plan and complete **Choose a Medical Plan** page in [eBenefits](#).

STEP 4: Making changes to your vision benefits.

- Review the Vision benefits options and rates on pages 10 and 11.
- You must be enrolled in a medical plan to receive Vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage be enrolled in the VSP Premier Plan.
- Complete the **Enroll in a Vision Premier Plan** page in [eBenefits](#).


STEP 5: Complete your [eBenefits](#) elections online. Refer to the enclosed Self-Service instructions attached to your letter or go to sfhss.org/ebenefits to get started. Be sure to click **Save and Continue** through each screen. You must click **Submit** at the end in order to complete your enrollment. Otherwise your elections will not be recorded.

If you are unable to enroll online, download an Open Enrollment Application form and return your form and documentation by fax or mail to SFHSS. Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**. To download an Open Enrollment Application form, visit sfhss.org/oe2022

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

Open Enrollment changes take effect January 1, 2022. For more information visit sfhss.org

In order to serve as many members as possible, we are providing consultations by telephone only. For HELP, call SFHSS Member Services at **(628) 652-4700**. Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.

 **Open Enrollment deadline is October 29, 2021, 5:00pm PST. No exceptions.**



Executive Director's Message



I used to sew my own clothes when I was younger. I don't mean taking up the hem of my trousers or patching a hole—I followed a pattern and sewed my own clothes. It was quite common back then.

My family had a tradition of taking the scrap cloths and turning them into quilts. I realize this story dates me, but one of my fondest memories was my mom's 75th birthday. My sister organized a quilting party where three generations of women from my family gathered in a quilting circle with pillow size blocks and my mom taught us all how to create a quilt using materials and scraps from five generations of my family. We each made a pillow cover that day and I still have mine.

The COVID-19 pandemic gave me lots of time for reflection. I thought about my own family and how there's so much more I want to share with them, including the gifts my mom passed on to me. I thought about the importance of having strong foundations, not just for our families, but for our community as well. Our community, along with the entire world, was tested this past year.

When the pandemic hit, I had a front row seat allowing me to witness how all those years of community outreach, education, listening and learning from residents and building public private partnership had created a foundation of trust where our community had faith that we would get through this pandemic together. The San Francisco Bay Area vaccination rates are just remarkable compared to other urban areas in America.

We know the work can't stop here. There's always more we can do to build upon a good foundation. At the San Francisco Health Service System, we issued a health plan Request for Proposals (RFP) last year for our Active Employee and Early Retiree health benefits and we decided to add more choices and enhance our PPO plan. Please review your new choices carefully and select the plan that best meets the healthcare needs for you and your family.

As we continue our journey to pandemic recovery, I want to encourage you to reflect on the foundation of the relationships you have with your family and friends. The biggest lesson I learned after a year where I couldn't spend time with those I love is that we can all improve the quality of the time when we can spend time together. Maybe that means turning off our cell phones to give our loved ones our undivided attention or maybe it's sharing a recipe or craft, like quilting, that has been passed down from generations.

Be well,

Abbie Yant, *RN, MA*
Executive Director





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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/san-francisco-health-service-system-member-rules or request a copy at **(628) 652-4700**.



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

Enroll a new spouse or domestic partner and eligible children of spouse or domestic partner online using [eBenefits](#) on the San Francisco Employee Portal. Visit sfhss.org/how-to-enroll to get started. You can also access submit a completed **Enrollment Application form**, a copy of certified marriage certificate or certificate of domestic partnership and birth certificate for each child **within 30 days** of the legal date of the marriage or partnership as well as each dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership. A spouse or registered domestic partner can also be added during the Open Enrollment period. A spouse covered on an employee's medical plan is not required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is required to enroll in Medicare in order to qualify for SFHSS benefits coverage. A domestic partner who fails to enroll in Medicare Part B when first eligible may be charged Medicare late enrollment penalties.

Domestic Partner Health Coverage and Your Taxes

Health coverage for a domestic partner, and any children of a domestic partner, is typically a taxable benefit. The federal government does not recognize domestic partnership for tax purposes. Employer contributions to domestic partner health premiums, including domestic partner children, are counted as taxable imputed income by the IRS. In addition, employee or retiree premium contributions for domestic partner health benefits are paid *post-tax*. There is a federal tax exemption for dependents who meet certain requirements under **IRS Code 125**.

Dependents who meet IRS requirements can submit a **Declaration Form** (valid for one year) to SFHSS and there will be no imputed income for the employer contribution to dependent health premiums. Visit sfhss.org/domestic-partner-health-coverage-and-your-taxes for more information.

Natural Children, Stepchildren, Adopted Children

A member's natural child, legally adopted child, or child placed in adoption with member and any stepchild who is the natural child, legally adopted child or child placed for adoption with a member's enrolled spouse or domestic partner are eligible for coverage up to the age of 26. Coverage ends at the end of the coverage period when the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, Qualifying Life Event or otherwise submitted during Open Enrollment to enroll the child for the subsequent plan year. See Sec. B.3.a of the San Francisco Health Service System Member Rules for more details.

Legal Guardianships and Court-Ordered Children

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

If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19. Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide proof of guardianship, court order, or decree in addition to any other required document(s) and/or timely submission requirements established in the SFHSS Member Rules.

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. If you have a Qualifying Life Event, you can submit your elections and upload all required documentation online using *eBenefits*, which you can access from the *Life Events* link under *Employee Links* on the City's Employee Portal. Visit sfhss.org/how-to-enroll to get started. Your elections and documentation are due no later than 30 calendar days after the qualifying event occurs.

New Spouse or Domestic Partnership

Enroll a new spouse or domestic partner and eligible children of spouse or domestic partner online using *eBenefits* on the San Francisco Employee Portal. Visit sfhss.org/how-to-enroll to get started. Be sure to upload copies of your certified marriage certificate, certificate of domestic partnership and birth certificate for each child. Your election and required documents must be submitted **within 30 days** of the legal date of the marriage or partnership. You can also submit an Enrollment Application form and copies of required documentation by fax or mail. Certificates of domestic partnership must be issued in the United States. A Social Security number must be provided for each enrolling family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following receipt and approval of required documentation.

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child's date of birth. Your election and required documents must be submitted **within 30 days** of the birth or date of legal adoption. 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 details, visit 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. Use *eBenefits* to submit documentation and enroll online.

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**. Use *eBenefits* to submit documentation and enroll online.

Divorce, Separation, Dissolution, Annulment

A member must **immediately** notify SFHSS and provide documentation in writing when the legal separation, divorce or final dissolution of marriage or termination of domestic partnership 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. Use *eBenefits* to submit documentation and dis-enroll any former dependent(s) online.

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 proof of loss of other health coverage documentation is submitted to and processed by SFHSS, coverage will be effective on the first day of the next coverage period. Use *eBenefits* to submit documentation and enroll online.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage by providing proof of alternate coverage on official letterhead within 30 days of the event. If you waive coverage, all coverage for enrolled dependents will also be waived. After submitting the required documentation is submitted, your SFHSS coverage will terminate on the last day of the coverage period. Use *eBenefits* to submit documentation and update your elections online.

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.

Please note that if your new residence remains within your current SFHSS plan's service area, you cannot enroll in a different SFHSS Plan, as a result of the change in residence.

Death of a Dependent

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

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 will mail instructions to the spouse or partner, including a list of required documents for enrolling in surviving dependent health coverage. If the deceased member qualifies for retiree benefits, the **surviving dependent** or **survivor's designee** may be eligible to continue benefits as a surviving spouse or will have to take COBRA.

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.

Members on an unpaid leave of absence may request to waive dental and medical coverage for the duration of their unpaid leave if appropriate notice and documentation is given to the SFHSS, in advance or immediately upon the commencement of the unpaid leave.

Members who have waived medical and dental coverage during their unpaid leave of absence may request to re-enroll in their medical and dental coverage within 30 days of returning to work.



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



Part-Time Faculty and Classified Temporary Employee Eligibility



Important Information for Part-Time Faculty and Classified Temporary Employees

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

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

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

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

Options for Maintaining Coverage

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

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

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

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



Medical Plan Options

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

What is a Health Maintenance Organization?

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. A Primary Care Physician (PCP) must be designated to coordinate all non-emergency care and services including access to certain specialists, programs and treatments.

Blue Shield of CA HMO members can change their Primary Care Physician (PCP) at any time throughout the year, up to one-time per month, as long as the new PCP is a part of a medical group that participates in your elected HMO plan. If your new PCP is in a different medical group, all specialist physicians must also be part of the new medical group. Kaiser Permanente HMO and Health Net CanopyCare HMO members can change their Primary Care Physician at any time for any reason.

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:

- ***NEW* Health Net CanopyCare HMO:**

You will have access to five prominent medical groups with 5,000+ physicians, 22 contracted hospitals/medical centers, and 42 urgent care centers. Your Primary Care Physician coordinates all medical care, across the nine Bay Area counties, to specialists across the vast CanopyCare network. You must live or work in a zip code serviced by the plan to enroll.

- **Trio HMO - Blue Shield of California:**

A network of local doctors, specialists and hospitals working closely together to coordinate your care. Trio has a dedicated Concierge Service based on location. California Pacific Medical Center (CPMC) is included in the network. You must live or work in a zip code serviced by the plan to enroll.

- **Access+ HMO - Blue Shield of California:**

Your PCP coordinates all your care and refers you to specialists and hospitals within their medical group/Independent Practice Association (IPA). Each family member can choose a different physician and medical group/IPA. You must live or work in a zip code serviced by the plan to enroll.

- **Kaiser Permanente HMO:**

Most medical services are under one roof (ex. specialty care, pharmacy, lab work). No referrals required for certain specialties, like obstetrics-gynecology. You must live or work in a zip code serviced by the plan.

What is a Preferred Provider Organization?

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 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 Blue Shield of CA PPO-Accolade 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:

- ***NEW* Blue Shield of California PPO-Accolade**

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. City and County of San Francisco members may enroll online using [eBenefits](https://www.sfhss.org/eBenefits) (go to [sfhss.org/how-to-enroll](https://www.sfhss.org/how-to-enroll) to get started) or by completing and submitting an **Enrollment Application form**, by fax or mail, along with required eligibility documentation by required SFHSS deadlines.

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 for a **Qualifying Life Event** (see pages 4 and 5).

Coverage following a Qualifying Life Event will start the first day of the coverage period following receipt and approval of required eligibility documentation. 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 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.



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.

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD of CALIFORNIA HMO	KAISER PERMANENTE HMO	BLUE SHIELD of CALIFORNIA PPO-ACCOLADE	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	BLUE SHIELD OF CALIFORNIA PPO-ACCOLADE
Choice of Physician	PCP assignment required.	PCP assignment required.	PCP assignment required.	KP network only. PCP 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	No deductible	No deductible	<div>IN-NETWORK AND OUT-OF-AREA</div> <div>OUT-OF-NETWORK</div>
					<div>\$250 employee only</div> <div>\$500 +1</div> <div>\$750 +2 or more</div> <div>\$500 employee only</div> <div>\$1,000 +1</div> <div>\$1,500 +2 or more</div>
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$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	No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay	\$25 co-pay	\$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$25 co-pay in-network	\$20 co-pay	85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: Generic	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	Physician authorized only	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply	\$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	\$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	\$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	20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD of CALIFORNIA HMO		KAISER PERMANENTE HMO	BLUE SHIELD of CALIFORNIA PPO-ACCOLADE	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient						
Hospital Outpatient	\$100 co-pay per surgery	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
Hospital Inpatient	\$200 co-pay per admission	\$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		\$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 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 req.	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	\$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		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		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 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	\$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	\$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 \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no charge for evaluation		Up to \$2,500 per ear, every 36 months; no evaluation charge	85% covered after deductible; up to \$2,500 per ear, every 36 months	50% covered after deductible; up to \$2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	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	\$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 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		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 Vision Plan benefits.

Vision Plan Benefits

SFHSS members and dependents enrolled in medical coverage automatically receive vision coverage through VSP Vision Care. If you elect to enroll in the VSP Premier plan and you have dependents enrolled in SFHSS medical coverage, your covered dependents will also be enrolled in the VSP Premier Plan. You may go to a VSP network or out-of-network provider. Visit www.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.

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 that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Primary eye care).
- 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.

Computer Vision Care Benefit (VDT)

Some union contracts provide employer-paid computer vision (VDT) benefits. Coverage includes an annual computer vision exam, \$75 in-network retail frame allowance every 24 months and single vision, bifocal, and trifocal lenses.

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.



No Medical Plan = No Vision Benefits

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



Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic ¹	VSP Premier
Well Vision Exam		\$10 co-pay every calendar year	\$10 co-pay every calendar year
Single Vision Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Bifocal Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Lined Trifocal Lenses		\$25 co-pay every other calendar year ²	\$0 every calendar year
Standard Progressive Lenses		100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses		\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Progressive Lenses		\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
Standard Anti-Reflective Coating		\$41 co-pay every other calendar year	\$25 co-pay every calendar year
Premium Anti-Reflective Coating		\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
Custom Anti-Reflective Coating		\$85 co-pay every other calendar year	\$25 co-pay every calendar year
Scratch-Resistant Coating		Fully covered every other calendar year	Fully Covered every calendar year
Frames		\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco® \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	\$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts (<i>instead of glasses</i>)		\$150 allowance every other calendar year ²	\$250 allowance every calendar year
Contact Lens Exam		Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every other calendar year
Primary Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)		\$5 co-pay	\$5 co-pay
Vision Care Discounts			
Laser Vision Correction		Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities
VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods³	21 Pay Periods³
E Only \$4.85 E + 1 Dep. \$7.35 E + 2 or more \$15.13	E Only \$10.50 E + 1 Dep. \$15.92 E + 2 or more \$32.79	E Only \$16.80 \$10.50 E + 1 Dep. \$25.47 \$15.92 E + 2 or more \$52.46 \$32.79	E Only \$7.05 \$4.85 E + 1 Dep. \$10.69 \$7.35 E + 2 or more \$22.01 \$15.13
Your Coverage with Out-of-Network Providers			
Visit vsp.com if you plan to see a provider other than a VSP network provider.			
Exam Up to \$50 Frame Up to \$70	Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65	Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85	Contacts Up to \$105

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

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

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

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	Health Net CanopyCare HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ HMO	Kaiser Permanente HMO	Blue Shield of CA PPO-Accolade
Alameda	■	■	■	■	■
Contra Costa	■	■	■	■	■
Marin	■	■	■	■	■
Napa				○	■
Sacramento		○	■	■	■
San Francisco	■	■	■	■	■
San Joaquin		■	■	■	■
San Mateo	■	■	■	■	■
Santa Clara	■	■	■	○	■
Santa Cruz	■	■	■	■	■
Solano	○	○	■	■	■
Sonoma	○		■	○	■
Stanislaus		○	■	■	■
Tuolumne					■
Outside of CA	Urgent/ER Care Only	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, Health Net CanopyCare 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 **Health Net CanopyCare HMO**, call **(833) 448-2042**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

Blue Shield of California PPO-Accolade: No Service Area Limits

Blue Shield of California PPO-Accolade, does not have any service area requirements. If you have questions, contact **Blue Shield of California PPO-Accolade** at **(866) 336-0711**.



MOVING?

You can change your address with CCSF, by going to, www.ramid.ccsf.edu or call CCSF HR at **(415) 452-7660**. If you move out of the service area covered by your plan, you must enroll in a medical plan that provides coverage in your new area. Failure to change your elections to reflect this may result in non-payment of claims for services received.



Well-Being Programs

Discover, Connect, Engage, and Take Advantage of FREE or Low Cost Programs to Help You Flourish.

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

Programs	
Group Exercise	Move more and feel better - Find a group exercise class that interests you. Choose everything from Bootcamp to Yoga and more.
Health Education Workshop and Seminars	Receive tips and tools while you dive into topics such as healthy sleep, resiliency, mindfulness, goal setting and more.
Healthy Habits Program	Are you having difficulties managing your weight? Engage in a 10-week program that offers real-world strategies and solutions to help you maintain a healthy weight.
Diabetes Prevention Program	More than 1 in 3 American adults have prediabetes. If you are at risk, take action to make lifestyle changes, improve your health and reduce your risk of Type 2 diabetes. You're worth it. Check out the sfhss.org/dpp for details on offerings.

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

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

Offering	Health Net CanopyCare HMO	Blue Shield of California HMO and PPO-Accolade	Kaiser Permanente HMO
Weight Management, Healthy Eating and Nutrition Services	Online and Health Coaching Programs: <ul style="list-style-type: none"> ■ Reach a Healthy Weight ■ Improve Your Diet ■ Be More Active 	■ Wellvolution.com	<ul style="list-style-type: none"> ■ Healthy Weight Program ■ Nutrition Consultations ■ Wellness Coaching ■ Total Health Assessment
Tobacco Cessation	■ Tobacco Cessation coaching program	■ Wellvolution.com	<ul style="list-style-type: none"> ■ Coaching ■ Total Health Assessment
Diabetes Prevention	■ Omada Prevention	■ Wellvolution.com	<ul style="list-style-type: none"> ■ Wellness Coaching ■ Healthy Weight Program
Pregnancy and Lactation	<ul style="list-style-type: none"> ■ Educational resources, classes, and support groups ■ Free Pump and Lactation Support 	■ Prenatal Program – educational resources	■ Classes and Support Groups
Acupuncture and Chiropractic	<ul style="list-style-type: none"> ■ 30 visits max for Acupuncture and Chiropractic each per plan year ■ Choose Healthy Discount Program for additional visits after the initial 30 visits 	<ul style="list-style-type: none"> ■ Acupuncture up to 30 visit/year ■ Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30 	<ul style="list-style-type: none"> ■ 30 visits/year combined for Acupuncture and Chiropractic ■ Choose Healthy Discount Program for additional visits after initial 30
Discounts	Hearing screenings, hearing aids, weight loss programs, Active&Fit.	Gym Discounts**: \$25/month and low one-time fee of \$25	Active and Fitness Direct

*Some fees may apply.

** For members age 18 and over.



2022 Medical Premium Contributions

BIWEEKLY 26 PAY PERIODS

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO-ACCOLADE	
			TRIO HMO		ACCESS+ HMO					
BOARD MEMBERS AND CLASS. ADMIN.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$368.87	\$27.60	\$353.15	\$23.88	\$397.26	\$32.63	\$330.45	\$0.00	\$367.62	\$249.54
Employee +1	\$633.65	\$157.92	\$602.52	\$150.16	\$687.17	\$171.25	\$545.16	\$114.36	\$606.43	\$587.32
Employee +2 or more	\$757.00	\$362.49	\$719.79	\$344.68	\$820.97	\$393.13	\$616.28	\$316.36	\$689.48	\$995.88
CLASSIFIED EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$371.07	\$25.40	\$353.15	\$23.88	\$402.03	\$27.86	\$330.45	\$0.00	\$373.13	\$244.03
Employee +1	\$601.12	\$190.45	\$571.58	\$181.10	\$651.89	\$206.53	\$510.08	\$149.44	\$636.99	\$556.76
Employee +2 or more	\$710.54	\$408.95	\$675.62	\$388.85	\$770.59	\$443.51	\$565.65	\$366.99	\$954.59	\$730.77

BIWEEKLY 21 PAY PERIODS

CLASSIFIED EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Dec. 25 – May 27	\$539.74	\$36.95	\$513.67	\$34.73	\$584.77	\$40.52	\$480.65	\$0.00	\$542.73	\$354.95
Aug. 6 – Dec. 23	\$371.07	\$25.40	\$353.15	\$23.88	\$402.03	\$27.86	\$330.45	\$0.00	\$373.13	\$244.03
EMPLOYEE +1										
Dec. 25 – May 27	\$874.35	\$277.02	\$831.39	\$263.42	\$948.20	\$300.41	\$741.93	\$217.37	\$926.53	\$809.84
Aug. 6 – Dec. 23	\$601.12	\$190.45	\$571.58	\$181.10	\$651.89	\$206.53	\$510.08	\$149.44	\$636.99	\$556.76
EMPL. +2 OR MORE										
Dec. 25 – May 27	\$1,033.51	\$594.84	\$982.72	\$565.60	\$1,120.86	\$645.11	\$822.76	\$533.81	\$1,388.50	\$1,062.93
Aug. 6 – Dec. 23	\$710.54	\$408.95	\$675.62	\$388.85	\$770.59	\$443.51	\$565.65	\$366.99	\$954.59	\$730.77

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

MONTHLY 12 PAY PERIODS

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO-ACCOLADE	
			TRIO HMO		ACCESS+ HMO					
FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$799.17	\$59.85	\$765.15	\$51.75	\$860.66	\$70.78	\$715.97	\$0.00	\$796.51	\$540.68
Employee +1	\$1,395.55	\$319.51	\$1,326.99	\$303.82	\$1,513.41	\$346.50	\$1,223.97	\$204.99	\$1,341.07	\$1,245.38
Empl. +2 or more	\$1,697.89	\$727.87	\$1,614.45	\$691.91	\$1,841.38	\$789.16	\$1,405.50	\$615.23	\$1,570.20	\$2,081.42
ACADEMIC ADMINS.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$799.17	\$59.85	\$765.15	\$51.75	\$860.66	\$70.78	\$715.97	\$0.00	\$796.51	\$540.68
Employee +1	\$1,372.91	\$342.15	\$1,305.46	\$325.35	\$1,488.86	\$371.05	\$1,181.18	\$247.78	\$1,313.66	\$1,272.79
Empl. +2 or more	\$1,640.17	\$785.39	\$1,559.57	\$746.79	\$1,778.77	\$851.77	\$1,335.30	\$685.43	\$1,493.88	\$2,157.74

MONTHLY 9 PAY PERIODS

PT. TIME FACULTY EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Jan. 1–May 31	\$1,278.68	\$95.76	\$1,224.25	\$82.79	\$1,377.05	\$113.25	\$1,145.55	\$0.00	\$1,274.41	\$865.09
Sept. 1–Dec. 31	\$799.17	\$59.85	\$765.15	\$51.75	\$860.66	\$70.78	\$715.97	\$0.00	\$796.51	\$540.68
EMPLOYEE +1										
Jan. 1–May 31	\$2,232.88	\$511.22	\$2,123.19	\$486.11	\$2,421.46	\$554.40	\$1,958.35	\$327.99	\$2,145.72	\$1,992.60
Sept. 1–Dec. 31	\$1,395.55	\$319.51	\$1,326.99	\$303.82	\$1,513.41	\$346.50	\$1,223.97	\$204.99	\$1,341.07	\$1,245.38
EMPL. +2 OR MORE										
Jan. 1–May 31	\$2,716.63	\$1,164.27	\$2,583.12	\$1,107.05	\$2,946.20	\$1,262.66	\$2,248.80	\$984.37	\$2,512.31	\$3,330.28
Sept. 1–Dec. 31	\$1,697.89	\$727.67	\$1,614.45	\$691.91	\$1,841.38	\$789.16	\$1,405.50	\$615.23	\$1,570.20	\$2,081.42

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 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 2022. Budget conservatively. Please note, with an FSA your taxable income will be reduced for Social Security purposes so there may be a corresponding reduction in Social Security benefits.

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

Commuter Benefits

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

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

Other Voluntary Benefits

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

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

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



Mental Health and Substance Abuse Benefits

Everyone struggles sometimes. You're not alone.

Employee Assistance Program (EAP) – 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.

Visit us at sfhss.org/eap.

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

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

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

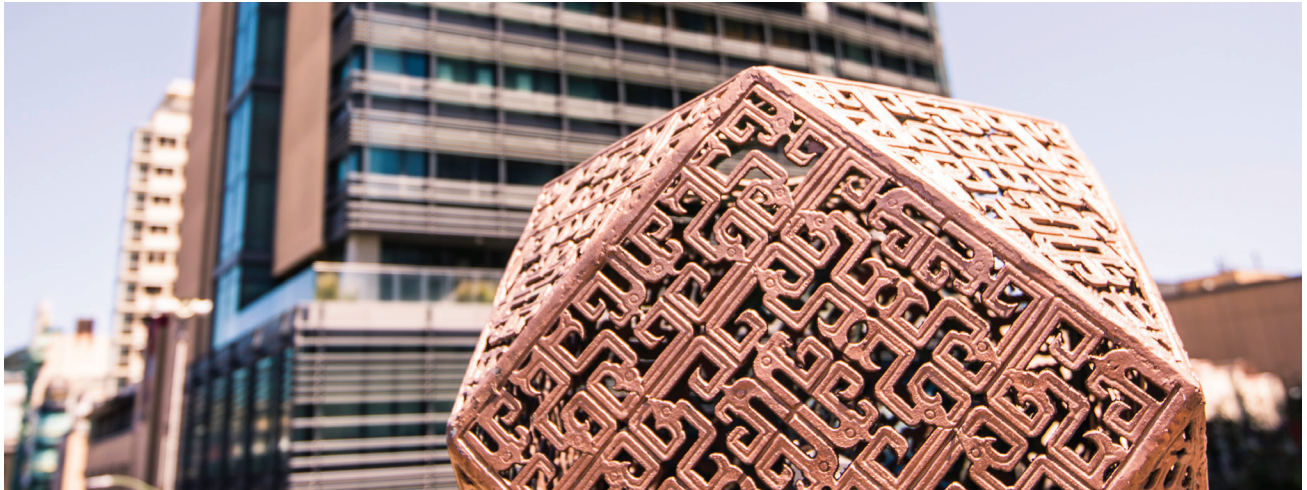
Health Net CanopyCare HMO	Blue Shield of California HMO and PPO-Accolade	Kaiser Permanente HMO
Mental Health and Substance Abuse		
Call Health Net's behavioral health administrator, MHN, at (833) 996-2567 to obtain referrals for mental health and substance use disorder treatment services. You can also access outpatient providers through the MHN website at www.mhn.com/members . No authorization is required for psychotherapy or medication support services.	<p>Trio HMO and Access+ HMO: Call (877) 263-9952 to find a provider and schedule an appointment with <i>Blue Shield's Mental Health Service Administrator</i>.</p> <p>PPO-Accolade: Call (866) 336-0711 to access mental health services.</p>	Call (800) 464-4000 to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.
Mental Well-Being Services		
MHN members can access well-being resources through <i>myStrength</i> , personalized website offering clinically-proven mental health applications: mystrength.com/go/healthnet/HNSFHSS . If you have questions about myStrength or additional wellness resources call MHN at (833) 996-2567 to learn more.	<p>Counseling and Consultation: <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>Classes and Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth.</p> <p>Health/Wellness Coaching: Call (866) 862-4295 to make an appointment for a Wellness Coach to contact you.</p> <p>Apps: Members can access self-care apps, <i>Calm</i> and <i>myStrength</i>, through kp.org/selfcareapps.</p>

¹As a result of mental health parity law, there is no yearly, or lifetime dollar amounts for mental health benefits.



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 and you have waived your health benefits or your health benefits were terminated during your leave, contact CCSF to reinstate your benefits within 30 days of your return to work.



COBRA and Covered California

COBRA

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

COBRA Continuation Coverage

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

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

COBRA Notification and Election Time Limits

If an employee and any enrolled dependents lose SFHSS coverage due to separation from employment, P&A Group will notify the employee of the opportunity to elect COBRA coverage. The employee or dependent has **60 days** from the COBRA notification date to complete enrollment and continue coverage. Coverage will be retroactive to the date of the COBRA-qualifying event, so there is no break in coverage. Employee coverage ends on the last day of the coverage period in which employment terminates. However, if the termination date falls on the first day of the coverage period, coverage ends that same day.

If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or aging out, the employee or dependent must notify P&A Group **within 30 days** of the qualifying event and request COBRA enrollment information.

Paying for COBRA

It is the responsibility of covered individuals enrolled in COBRA to pay required healthcare premium payments directly to P&A Group. **COBRA premiums are not subsidized by the employer.**

Duration of COBRA Continuation Coverage

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. Employees and dependents who are eligible for less than 36 months of federal COBRA may also be eligible for Cal-COBRA. Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Employees who are disabled on the date of their qualifying event, or 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% of group rate.

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

COBRA Continuation Coverage Alternatives

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California. In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable. For information about Covered California health plans, call **(888) 975-1142** or visit coveredca.com.

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

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

For CCSF COBRA dental rates, visit **CCSF's** website at ccsf.edu or call the **CCSF Benefits Unit (415) 452-7733**.



Start Planning Before Your Retirement

Different premium contribution rates apply for employees hired *after* January 9, 2009, based on eligibility and years of credited service with City employers.

Credited Years	Credited Service	% of Employer Premium Contribution
5 years	With at least 5 years but less than 10 years of credited service.	The retiree member must pay the full premium rate and does not receive any employer premium contribution.
10 years	With at least 10 years but less than 15 years of credited service.	The retiree will receive 50% of the total employer premium contribution.
15 years	With at least 15 years but less than 20 years of credited service.	The retiree will receive 75% of the total employer premium contribution.
20+ years	With 20 or more years of credited service, or disability retirement.	The retiree will receive 100% of the total employer premium contribution.



Transitioning to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

If eligible, you must elect to enroll into retiree health coverage. Get started by visiting sfhss.org/benefits/getting-ready-to-retire.

Contact the CCSF Benefits Unit and SFHSS **three months** before your retirement date to learn about enrolling in retiree benefits at (628) 652-4700 or schedule a retiree appointment. If you are eligible for retirement benefits, you can contact CCSF Benefits Unit at benefits@ccsf.edu and SFHSS at (628) 652-4500.

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

Medicare Enrollment

All retirees and dependents, who are *Medicare-eligible* due to age or disability when you retire, are required to enroll in Medicare at least three months before your retirement.

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

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.

Plan Year 2022

If you enrolled in Medicare Part A prior to your planned retirement, then you must contact the Social Security Administration and enroll in Medicare Part B at least three months before your retirement or 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 Blue Shield of California PPO-Accolade 20.

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. 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.**

If you take a lump-sum pension distribution, your retiree healthcare premium contributions will not be subsidized and you will pay the full cost.

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 your retirement years are the best they can be. Contact EAP at (628) 652-4600.



2022 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (26 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 25, 2021 – January 7, 2022	January 18, 2022	December 25, 2021 – January 7, 2022
January 8, 2022 – January 21, 2022	February 1, 2022	January 8, 2022 – January 21, 2022
January 22, 2022 – February 4, 2022	February 15, 2022	January 22, 2022 – February 4, 2022
February 5, 2022 – February 18, 2022	March 1, 2022	February 5, 2022 – February 18, 2022
February 19, 2022 – March 4, 2022	March 15, 2022	February 19, 2022 – March 4, 2022
March 5, 2022 – March 18, 2022	March 29, 2022	March 5, 2022 – March 18, 2022
March 19, 2022 – April 1, 2022	April 12, 2022	March 19, 2022 – April 1, 2022
April 2, 2022 – April 15, 2022	April 26, 2022	April 2, 2022 – April 15, 2022
April 16, 2022 – April 29, 2022	May 10, 2022	April 16, 2022 – April 29, 2022
April 30, 2022 – May 13, 2022	May 24, 2022	April 30, 2022 – May 13, 2022
May 14, 2022 – May 27, 2022	June 7, 2022	May 14, 2022 – May 27, 2022
May 28, 2022 – June 10, 2022	June 21, 2022	May 28, 2022 – June 10, 2022
June 11, 2022 – June 24, 2022	July 5, 2022	June 11, 2022 – June 24, 2022
June 25, 2022 – July 8, 2022	July 19, 2022	June 25, 2022 – July 8, 2022
July 9, 2022 – July 22, 2022	August 2, 2022	July 9, 2022 – July 22, 2022
July 23, 2022 – August 5, 2022	August 16, 2022	July 23, 2022 – August 5, 2022
August 6, 2022 – August 19, 2022	August 30, 2022	August 6, 2022 – August 19, 2022
August 20, 2022 – September 2, 2022	September 13, 2022	August 20, 2022 – September 2, 2022
September 3, 2022 – September 16, 2022	September 27, 2022	September 3, 2022 – September 16, 2022
September 17, 2022 – September 30, 2022	October 11, 2022	September 17, 2022 – September 30, 2022
October 1, 2022 – October 14, 2022	October 25, 2022	October 1, 2022 – October 14, 2022
October 15, 2022 – October 28, 2022	November 8, 2022	October 15, 2022 – October 28, 2022
October 29, 2022 – November 11, 2022	November 22, 2022	October 29, 2022 – November 11, 2022
November 12, 2022 – November 25, 2022	December 6, 2022	November 12, 2022 – November 25, 2022
November 26, 2022 – December 9, 2022	December 20, 2022	November 26, 2022 – December 9, 2022
December 10, 2022 – December 23, 2022	January 3, 2023	December 10, 2022 – December 23, 2022

Employee premium contributions are deducted from paychecks biweekly for a total of 26 payroll deductions.

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.

The FY22/23 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2022 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (21 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 25, 2021 – January 7, 2022	January 18, 2022	December 25, 2021 – January 7, 2022
January 8, 2022 – January 21, 2022	February 1, 2022	January 8, 2022 – January 21, 2022
January 22, 2022 – February 4, 2022	February 15, 2022	January 22, 2022 – February 4, 2022
February 5, 2022 – February 18, 2022	March 1, 2022	February 5, 2022 – February 18, 2022
February 19, 2022 – March 4, 2022	March 15, 2022	February 19, 2022 – March 4, 2022
March 5, 2022 – March 18, 2022	March 29, 2022	March 5, 2022 – March 18, 2022
March 19, 2022 – April 1, 2022	April 12, 2022	March 19, 2022 – April 1, 2022
April 2, 2022 – April 15, 2022	April 26, 2022	April 2, 2022 – April 15, 2022
April 16, 2022 – April 29, 2022	May 10, 2022	April 16, 2022 – April 29, 2022
April 30, 2022 – May 13, 2022	May 24, 2022	April 30, 2022 – May 13, 2022
May 14, 2022 – May 27, 2022	June 7, 2022	May 14, 2022 – May 27, 2022
Summer Break (off from regular work)	June 21, 2022 July 5, 2022 July 19, 2022 August 2, 2022 August 16, 2022	Summer Coverage Period (extra payroll deductions taken January to June) Pre-pay this summer coverage period
August 6, 2022 – August 19, 2022	August 30, 2022	August 6, 2022 – August 19, 2022
August 20, 2022 – September 2, 2022	September 13, 2022	August 20, 2022 – September 2, 2022
September 3, 2022 – September 16, 2022	September 27, 2022	September 3, 2022 – September 16, 2022
September 17, 2022 – September 30, 2022	October 11, 2022	September 17, 2022 – September 30, 2022
October 1, 2022 – October 14, 2022	October 25, 2022	October 1, 2022 – October 14, 2022
October 15, 2022 – October 28, 2022	November 8, 2022	October 15, 2022 – October 28, 2022
October 29, 2022 – November 11, 2022	November 22, 2022	October 29, 2022 – November 11, 2022
November 12, 2022 – November 25, 2022	December 6, 2022	November 12, 2022 – November 25, 2022
November 26, 2022 – December 9, 2022	December 20, 2022	November 26, 2022 – December 9, 2022
December 10, 2022 – December 23, 2022	January 3, 2023	December 10, 2022 – December 23, 2022

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions. 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.

The FY22/23 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2022 Health Coverage Calendars

FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2022 - January 31, 2022	January 31, 2022	January 1, 2022 - January 31, 2022
February 1, 2022 - February 28, 2022	February 28, 2022	February 1, 2022 - February 28, 2022
March 1, 2022 - March 31, 2022	March 31, 2022	March 1, 2022 - March 31, 2022
April 1, 2022 - April 30, 2022	April 29, 2022	April 1, 2022 - April 30, 2022
May 1, 2022 - May 31, 2022	May 31, 2022	May 1, 2022 - May 31, 2022
June 1, 2022 - June 30, 2022	June 30, 2022	June 1, 2022 - June 30, 2022
July 1, 2022 - July 31, 2022	July 29, 2022	July 1, 2022 - July 31, 2022
August 1, 2022 - August 31, 2022	August 31, 2022	August 1, 2022 - August 31, 2022
September 1, 2022 - September 30, 2022	September 30, 2022	September 1, 2022 - September 30, 2022
October 1, 2022 - October 31, 2022	October 31, 2022	October 1, 2022 - October 31, 2022
November 1, 2022 - November 30, 2022	November 30, 2022	November 1, 2022 - November 30, 2022
December 1, 2022 - December 31, 2022	December 30, 2022	December 1, 2022 - December 31, 2022

PART-TIME FACULTY PAID MONTHLY (9 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2022 - January 31, 2022	January 31, 2022	January 1, 2022 - January 31, 2022
February 1, 2022 - February 28, 2022	February 28, 2022	February 1, 2022 - February 28, 2022
March 1, 2022 - March 31, 2022	March 31, 2022	March 1, 2022 - March 31, 2022
April 1, 2022 - April 30, 2022	April 29, 2022	April 1, 2022 - April 30, 2022
May 1, 2022 - May 31, 2022	May 31, 2022	May 1, 2022 - May 31, 2022
Summer Break (off from regular work)	June 30, 2022 July 29, 2022 August 31, 2022	Summer Coverage Period (<i>extra payroll deductions taken January to May</i>)
September 1, 2022 - September 30, 2022	September 30, 2022	September 1, 2022 - September 30, 2022
October 1, 2022 - October 31, 2022	October 31, 2022	October 1, 2022 - October 31, 2022
November 1, 2022 - November 30, 2022	November 30, 2022	November 1, 2022 - November 30, 2022
December 1, 2022 - December 31, 2022	December 30, 2022	December 1, 2022 - December 31, 2022

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. 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.

The FY22/23 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Infertility Services

Whether you're starting a family now or in the future, SFHSS has in fertility treatment coverage available to all members regardless of age, race, relationship status or sexual orientation on all non-Medicare medical plans. Members must first consult their obstetrician or gynecologist to develop a plan to move forward with obtaining these benefits.

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

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 my.kp.org/ccsf, blueshieldca.com/sfhss, healthnet.com/sfhss, or contact the number on the back of your insurance card.

Medicare Creditable Coverage

Medicare Part D Prescription Drug Notice

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

Contact SFHSS at **(628) 652-4700** for further information. **NOTE:** You'll get this notice each year.

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

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

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

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



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

Medicaid or 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.

If you or your dependents are already enrolled in **Medicaid** or **CHIP** and you live in a State listed below, contact your State **Medicaid** or **CHIP** office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in **Medicaid** or **CHIP**, and you think you or any of your dependents might be eligible for either of these programs, contact your State **Medicaid** or **CHIP** office or dial **(877) 543-7669** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under **Medicaid** or **CHIP**, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **(866) 444-3272**.



You may be eligible for assistance paying your employer health plan premiums.

For a complete list of participating states, visit: sfhss.org/CHIP.

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

(866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

(877) 267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

For a complete list and contact information of states participating in the **CHIP** and **Medicaid Assistance** program, visit sfhss.org/CHIP.

California Medicaid

Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp> or call **916-445-8322**.



Stephen Follansbee, M.D.
President
Appointed by
Mayor Breed



Chris Canning
Vice-President
Elected by SFHSS
Membership



Karen Breslin
Elected by SFHSS
Membership



Claire Zvanski
Elected by SFHSS
Membership



Randy Scott
Appointed by
Controller's Office



Mary Hao
Appointed by
Mayor Breed



Connie Chan
Appointed by the
Board of Supervisors

Health Service Board Achievements

Throughout the shelter-in-place public health order due to the COVID-19 pandemic, the Health Service Board maintained public meetings in a safe and virtual environment and are commended for their diligence in navigating digital platforms. Monthly Board meetings were publicly broadcast with the support of SFGov TV.

Health Service System Support of Citywide Mandates

In December 2020, the Health Service Board approved the SFHSS Racial Equity Action Plan in accordance with the citywide mandate. The Board endorsed and approved the design and development of Phase 1 to advance racial equity throughout 2021-2023. Consistent with the SFHSS Strategic Plan, this includes education and awareness training to better understand how distinct social, environmental, and demographic factors can impact whole-person health and well-being. All Board members completed the required biennial Implicit Bias Training.

Health Service Board Annual Self Evaluation and Education Plan

The Board completed their annual self-evaluation in December 2020 and worked with the Health Service Board Governance Committee to review the results and prepared the final report which was presented to the full Board at the February 11, 2021 regular meeting. The Board Secretary tracked the outlined areas of improvement and provided an update to the Governance Committee mid-year to support progress and alignment to the Board's evaluation goals. The Governance Committee also presented the Board 2021 Education Plan outlining focused topics for the year.

Health Service Board Commissioner Resignations, Appointments and Orientation

Supervisor Dean Preston resigned from the Health Service Board in February 2020 and was generously thanked by the SFHSS staff and Commissioners for his contributions. At the May 13, 2021 Board meeting, the Board welcomed Supervisor Connie Chan to the Health Service Board. Supervisor Chan represents District 1 and serves on several Board of Supervisor Committees. SFHSS Leadership provided Board orientation materials digitally to newly appointed Supervisor Chan. Orientation materials included the Board Commissioner role as a governing body, overall Board responsibilities, the Rates and Benefits Cycle and a comprehensive overview of the SFHSS departments and roles.

Health Service Board Approval of New Health Plan Offerings

On February 11, 2020 the Board approved new medical plans for active employees and early retirees for Plan Year 2022. The New Health Plan Request for Proposal (RFP) achieved its goals to provide more choice amongst HMO plans, secure a sustainable PPO plan, create competition between carriers, manage risk and costs through innovation and transparency while advancing whole person health and well-being for Members. New plans include Health Net CanopyCare HMO and Blue Shield of California PPO-Accolade. The Board is commended for its review and approval of new health plans that provide outstanding health and other employee benefits to its members while adhering to the highest standards of care.

Health Service Board Approval on Benefit and Plan Enhancements

Health Net CanopyCare HMO rate cards approved (new plan).

A rate increase of 4.96% for Kaiser HMO – Actives.

A rate decrease of 4.7% for Kaiser HMO Multi-Region – Early Retirees-across OR/WA/HI.

A rate decrease of 2.7% for Kaiser HMO Multi-Region – Medicare Retirees-across OR/WA/HI.

A rate increase of 2% for BSC Trio HMO.

A rate increase of 0.8% for BSC Access+ HMO.

A rate increase of 2.7% for BSC PPO-Accolade (plan administered by UHC in 2021).

A rate increase of 1.2% for UHC Medicare Advantage PPO.

A rate decrease of 10.83% for Kaiser Medicare Senior Advantage.

A rate decrease of 10% for UnitedHealthcare Dental DHMO for retirees.

A rate decrease of 14.4% for Delta Dental PPO for actives.

A rate decrease of 10% for UHC Insured Dental DHMO for actives.

No change for Delta Care USA fully Insured Dental DHMO for actives.

A rate decrease of 14.4% for Delta Dental PPO for Actives.

A rate increase of 4.17% for Delta Dental PPO for retirees.

A rate increase of 4.17% for Delta Dental USA DHMO for retirees.

VSP Vision renewed with no total rate/member contributions changes.

The Hartford life insurance, AD&D, and long-term disability plans renewed with no total rate/or member contribution changes.



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
www.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

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

Well-Being

Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (628) 652-4650
Fax: (628) 652-4601
wellbeing@sfgov.org
sfhss.org/well-being

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
sfhss.org/eap

Health Service Board

Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4719
Fax: (628) 652-4702
health.service.board@sfgov.org
sfhss.org/health-service-board

MEDICAL PLANS

Health Net CanopyCare HMO
(833) 448-2042
healthnet.com/sfhss
Group G0727A

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

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

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

Blue Shield of California
PPO-Accolade
(866) 336-0711
member.accolade.com
Group W0072990

DENTAL & VISION PLANS

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

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

FT Faculty & Admin:
Group 15935-006
Classified: 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
Group 12145878

FSAs & COBRA

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

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

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

COMMUTER BENEFITS

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

WageWorks
(877) 924-3967
wageworks.com

OTHER AGENCIES

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

CalPERS
(888) 225-7377
calpers.ca.gov

CalSTRS
(800) 228-5453
calstrs.org

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



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