

2022 Municipal Executives





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.
- Making mid-year changes to your benefits outside of Open Enrollment just got easier. You can make Qualifying Life Event changes online through **eBenefits**. Go to sfhss.org/how-to-enroll to get started.

Flexible Spending Accounts (FSA)

- If you are enrolled in a Health Care FSA for Plan Year 2021, you will be able to carryover up to \$550 of unclaimed Health Care FSA funds for 2022.

Voluntary Benefits

Workterra is offering:

- New guarantee-issue Chubb Lifetime Benefit Term Insurance with Accelerated Death Benefit for Long-term Care.
- Reduced rates for Manhattan Life Supplemental Short-term disability Insurance.
- Special guarantee offers for Critical Illness and Accident Insurance.
- Discounted Home and Auto Insurance through BenefitHub. See pages 16 and 17 for details.
- Group term-life insurance coverage increases to \$150,000 in 2022. See page 16 for more details.

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 **CompPsych**. 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, dental and vision elections and new 2022 rates.

Do you have any changes you want to make?

- If **YES**, go to **Steps 2 through 8** on how to make changes.
- If **NO**, please continue to **Step 2** if you would like to enroll in a Healthcare or Child Care Dependent Care FSA and **Step 3** to see if you need to add or drop dependents. Otherwise, no further action is required. Please proceed to **Step 9**.

STEP 2: FSA accounts require annual re-enrollments. Learn about your FSA options and rules on page 20. Would you like to set aside pre-tax dollars for upcoming healthcare or dependent care expenses?

- If **YES**, determine how much you would like to set aside.
- Complete the **Choose a Flexible Spending Account** page in **eBenefits**.
- If **NO**, please review **Step 3**.

STEP 3: 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.
- Save and continue through all the screens and confirm at the end to submit your changes.
- 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 4: Are you interested in voluntary benefits that could protect your savings from an injury or illness?

- Go to pages 16 and 17 to review the different voluntary benefits.
- To access the WORKTERRA application, go to <https://myapps.sfgov.org> and click on the WORKTERRA tile where you can self-enroll, dis-enroll, or confirm any existing elections. Or contact WORKTERRA at **(866) 528-5360**.

STEP 5: Making changes to your health plan benefits.

- Review the Service Areas of the medical plans available to you on page 7.
- Review coverage details on pages 8 and 9.
- Review the rates for available plans in your area on your enclosed Open Enrollment letter.
- Select your plan and complete **Choose a Medical Plan** page in **eBenefits**.

STEP 6: Making changes to your vision benefits.

- Review the Vision benefits options and rates on pages 11 and 12.
- 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 7: Making changes to your dental benefits.

- Review your Dental benefit options and associated costs on pages 13 to 15.
- Complete the **Enroll in a Dental Plan** page in **eBenefits**.

STEP 8: 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**.

STEP 9: You'll receive your Confirmation Statement in the mail from SFHSS in December.

Please review the Confirmation Statement to make sure your benefit elections are correct. *Changes made during Open Enrollment take effect January 1, 2022.*

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 or visit sfhss.org

⚠ 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 Rules

The following rules govern which employees and dependents may be eligible for SFHSS health coverage.

Member Eligibility

The following persons are eligible to participate in San Francisco Health Service System benefits:

- All permanent employees of the City and County of San Francisco whose normal scheduled work week is not less than 20 hours.
- All regularly scheduled provisional employees of the City and County of San Francisco whose normal work week is not less than 20 hours.
- All other employees of the City and County of San Francisco, including temporary exempt or “as needed” employees, who have worked more than 1,040 hours in any consecutive 12-month period and whose normal work week is not less than 20 hours.
- Elected Officials of the City and County of San Francisco.
- All designated board and commission members *during* their time in service to the City and County of San Francisco as defined in San Francisco Administrative Code Section 16.700(c).
- All officers and employees as determined eligible by the governing bodies of the San Francisco Transportation Authority, San Francisco Parking Authority, Treasure Island Development Authority, the Superior Court of San Francisco and any other employees as determined eligible by ordinance.
- All other employees who are deemed *full-time employees* under the shared responsibility provision of the federal Patient Protection and Affordability Care Act (Section 4980H).
- Temporary exempt employees of the Superior Court of San Francisco appointed for a specified duration of greater than six months with a normal work week not less than 20 hours become eligible on their start date.

Dependent Eligibility

Spouse and Domestic Partners

A member’s spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the 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 in October.

A spouse who is eligible for Medicare and 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.

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. Audits may require submission of documentation that substantiates and confirms that the dependent’s relationship with the employee or retiree is current. Acceptable documentation may include, but is not limited to, current federal tax returns and other documentation that demonstrates cohabitation or financial interdependency. Enrollment of a dependent who does not meet the plan’s eligibility requirements as stated in SFHSS 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 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.

Changing FSA Contributions

Per IRS regulations, some qualifying events may allow you to initiate or modify your Flexible Spending Account (FSA) contributions. Contact SFHSS at **(628) 652-4700** or visit padmin.com.

Responsibility for Premium Contributions

Changes in coverage due to a qualifying event may change premium contributions. **Review your paycheck to make sure premium deductions are correct. If your premium deduction is incorrect, contact SFHSS.** 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 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 of your dependent(s) ineligibility can result in significant financial penalties equal to the total cost of benefits and services provided to ineligible dependent(s).



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 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**.

Blue Shield of California PPO Accolade:

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



Moving? You can update your address using eBenefits from the Employee Portal at myapps.sfgov.org or by calling SFHSS (628) 652-4700. 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.

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	IN-NETWORK AND OUT-OF-AREA \$250 employee only \$500 +1 \$750 +2 or more	OUT-OF-NETWORK \$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$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

Municipal Executives

2022 Medical Premium Contribution Rates (Biweekly)

EMPLOYEE ONLY	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	
CITY & COUNTY OF SF	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police	\$349.53	\$46.94	\$349.53	\$27.50	\$349.53	\$80.36	\$330.45	\$0	\$349.53	\$267.63
MTA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA MTA Unrep. Managers	\$349.53	\$46.94	\$349.53	\$27.50	\$349.53	\$80.36	\$330.45	\$0	\$349.53	\$267.63
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$0	\$396.47	\$0	\$377.03	\$0	\$429.89	\$0	\$330.45	\$0	\$617.16
EMPLOYEE +1	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	
CITY & COUNTY OF SF	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police	\$349.53	\$442.04	\$349.53	\$403.15	\$349.53	\$508.89	\$330.45	\$329.07	\$349.53	\$844.22
MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA MTA Unrep. Managers	\$349.53	\$442.04	\$349.53	\$403.15	\$349.53	\$508.89	\$330.45	\$329.07	\$349.53	\$844.22
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$0	\$791.57	\$0	\$752.68	\$0	\$858.42	\$0	\$659.52	\$0	\$1,193.75
EMPLOYEE +2 OR MORE	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	
CITY & COUNTY OF SF	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police	\$0	\$1,119.49	\$0	\$1,064.47	\$0	\$1,214.10	\$0	\$932.64	\$0	\$1,685.36
MTA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA MTA Unrep. Managers	\$0	\$1,119.49	\$0	\$1,064.47	\$0	\$1,214.10	\$0	\$932.64	\$0	\$1,685.36
SUPERIOR COURT	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$0	\$1,119.49	\$0	\$1,064.47	\$0	\$1,214.10	\$0	\$932.64	\$0	\$1,685.36



Vision Plans

Members and dependents enrolled in a medical plan are automatically enrolled in vision 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 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
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Vision Care Premium Rates

VSP Basic Plan

VSP Premier Contribution (Biweekly)

Included with your medical premium.

Employee Only \$4.85
Employee + 1 Dependent \$7.35
Employee + Family \$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	Single Vision Lenses	Up to \$45	Lined Trifocal Lenses	Up to \$85	Contacts	Up to \$105
Frame	Up to \$70	Lined Bifocal Lenses	Up to \$65	Progressive Lenses	Up to \$85		

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

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

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



Dental Plans

Dental benefits are a valuable part of your healthcare coverage and fundamental to your overall good health.

PPO Dental Plans

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

SFHSS offers the following PPO dental plan:

- Delta Dental PPO

Save Money By Choosing Network PPO Dentists

Delta Dental PPO has two different networks. Ask your dentist if they are a Delta Dental PPO network or Premier network dentist. When you use Delta Dental's network dentists, you are only responsible to pay your cost-share for covered services (i.e. deductible and co-insurance, within applicable benefit maximums). Delta Dental's network dentists are not allowed to charge you more for covered services beyond the negotiated rates and fees (Balance Billing), and your applicable cost-share. If you believe a Network Provider has charged you more, please call Delta Dental using the telephone numbers indicated under **Key Contacts** at the end of this guide. If you want to know what you are responsible for paying, please ask your Delta Dental dentist for a pre-treatment estimate before receiving covered services. You can also choose a dentist outside of the PPO and Premier networks. Covered service received by Non-Delta Dental dentists will cost you more, and you may be subject to Balance Billing.

DHMO Dental Plans

Similar to medical HMOs, Dental Health Maintenance Organization (DHMO) plans require that you receive all of your dental care from within a network of participating dental offices. These networks are generally smaller than dental PPO networks.

Before you elect a DHMO plan, make sure that the plan's network includes the dentist of your choice.

Under these plans, services are covered either at no cost or a fixed co-pay. Out-of-pocket costs for these plans are generally lower than PPO plans.

SFHSS offers the following DHMO plans:

- DeltaCare USA DHMO
- UnitedHealthcare Dental DHMO

Delta Dental PPO Support for Chronic Conditions

Delta Dental PPO's **SmileWay** program features 100% coverage for one annual periodontal scaling and root planing procedure and four of the following (any combination) per calendar or contract year: teeth cleaning and/or periodontal maintenance services for members with specific chronic conditions. This coverage is exempt from your Calendar Year Maximum. To enroll, call Delta Dental PPO directly at **(888) 335-8227**.

Dental Plan Quick Comparison

	Delta Dental PPO	DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Can I receive service from any dentist?	Yes. You can use any dental provider. You pay less when you choose an in-network provider.	No. All services must be received from your assigned contracted network dentist.	No. All services must be received by an in-network dentist.
Do I need a referral for specialty care?	No.	Yes.	Yes.
Will I pay a flat rate for most services?	No. You pay a percentage of allowed charges.	Yes.	Yes.
Do I need to live in the plan's service area to enroll?	No.	Yes. You must live in this plan's service area.	Yes. You must live in this plan's service area.



Dental Plan Benefits-at-a-Glance

	Delta Dental PPO			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists.			DeltaCare USA network only	UHC Dental network only
Deductible	None			None	None
Plan Year Maximum	\$2,500 per person Per calendar year, excluding orthodontia benefits			None	None
Covered Services	PPO Dentists	Premier Dentists	Out-of-Network	In-Network Only	In-Network Only
Cleanings¹ and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	100% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	80% covered full mouth 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18	100% covered some limitations apply	100% covered
Extractions	90% covered	80% covered	60% covered	100% covered	100% covered
Fillings	90% covered	80% covered	60% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Crowns	90% covered	80% covered	50% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Dentures, Pontics, and Bridges	50% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply
Endodontic/ Root Canals	90% covered	80% covered	60% covered	100% covered excluding the final restoration	100% covered
Oral Surgery	90% covered	80% covered	60% covered	100% covered authorization required	100% covered
Implants	50% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	50% covered child \$2,500 lifetime max; adult \$2,500 lifetime max.	50% covered child \$2,000 lifetime max; adult \$2,000 lifetime max.	50% covered child \$1,500 lifetime max; adult \$1,500 lifetime max.	Employee pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply	Employee pays: \$1,250/child \$1,250/adult \$350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	\$100 co-pay	100% covered

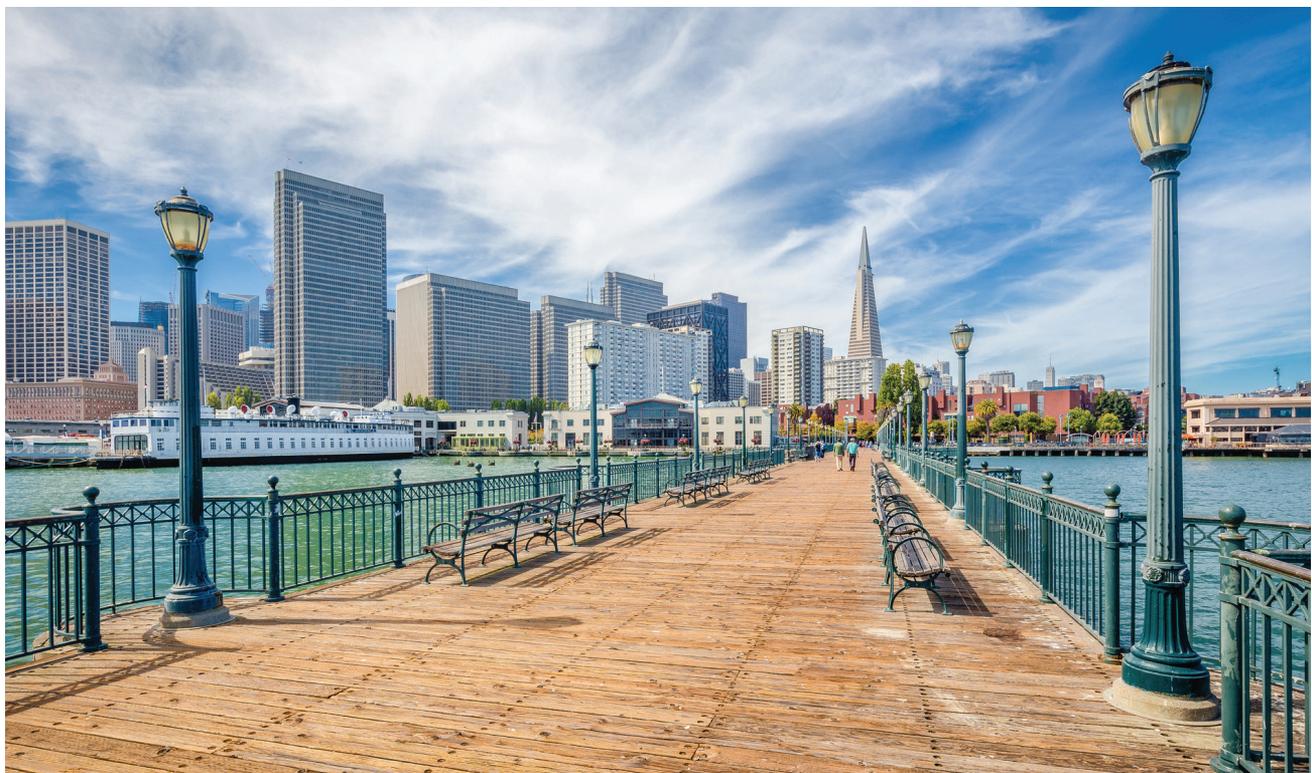
¹Members with Chronic Conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis and stroke) may receive up to 4 cleanings per year, Calendar Year Benefit Maximum does not apply. In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Dental Premium Contribution Rates (Biweekly)

	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
CCSF & MTA MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$20.46	\$2.31	\$12.22	\$0	\$11.53	\$0
Employee +1 Dependent	\$43.19	\$4.62	\$20.16	\$0	\$19.05	\$0
Employee +2 or More Dependents	\$61.38	\$6.92	\$29.82	\$0	\$28.16	\$0
SUPERIOR COURT MEA	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$22.77	\$0	\$12.22	\$0	\$11.53	\$0
Employee +1 Dependent	\$47.81	\$0	\$20.16	\$0	\$19.05	\$0
Employee +2 or More Dependents	\$68.30	\$0	\$29.82	\$0	\$28.16	\$0

Eligible MEA employees of the City and County of San Francisco and Superior Court of San Francisco may apply these Flex Credit dollars to a variety of benefit options, including payment of employee medical and dental premium contributions. The amount of Flex Credits for Employees +2 or more has been increased to reflect the City’s commitment to ensuring affordable health coverage for families.





Flex Benefits

2022 Dollar Value of Flex Credits (Biweekly)

	EMPLOYEE ONLY	EMPLOYEE +1	EMPLOYEE +2 OR MORE				
			Health Net CanopyCare HMO	Blue Shield of California		Kaiser Permanente HMO	Blue Shield of CA PPO-Accolade
				Trio HMO	Access+ HMO		
CITY AND COUNTY OF SF							
MEA Miscellaneous Unrep. Managers Unrep. Employees MEA Fire and Police	\$391.43	\$451.65	\$929.17	\$883.51	\$1,007.70	\$774.10	\$1,007.70
MTA							
MEA Unrep. Managers	\$391.43	\$451.65	\$929.17	\$883.51	\$1,007.70	\$774.10	\$1,007.70
SUPERIOR COURT OF SF							
MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.	\$1,299.00	\$1,299.00	\$1,299.00	\$1,299.00	\$1,299.00	\$1,299.00	\$1,299.00

Eligible employees of the City and County of San Francisco and Superior Court of San Francisco may apply these Flex Credit dollars to a variety of benefit options, including payment of employee medical and dental premium contributions. The amount of Flex Credits for employees +2 or more has been increased to reflect the City's commitment to ensuring affordable health coverage for families.

How Flex Benefits Work

The City and County of San Francisco provides qualifying employees with Flex Credits, which can be spent on a variety of *pre-tax and post-tax* benefit options, paid via payroll deduction. If the premium contributions for your benefit choices cost more than your flex credits, you pay the balance from salary. If your benefits choices cost less than flex credits, you will receive cash back as taxable, non-pensionable earnings in your paycheck.

\$150,000 Group Term-Life Insurance

Starting January 1, 2022, a \$150,000 Group Term-Life Insurance policy is also provided at no cost to employees who are eligible for flex credit benefits. You are responsible for keeping your designated beneficiaries up-to-date.

New Hires

Flex benefit enrollment is handled by **WORKTERRA**, after the employee has been enrolled by SFHSS in benefits. Flex credit benefit choices with **WORKTERRA** must be made within 30 days of a new hire's start work date. If a new hire does not enroll with **WORKTERRA** by required deadlines, payroll deductions will *automatically* be taken for any medical, dental and vision employee premium contributions. Flex credit dollars that remain after paying these premiums are paid as *taxable, non-pensionable* earnings.

Open Enrollment

During Open Enrollment, Municipal Executives may change flex benefit elections, based on available *pre-tax and post-tax* options. Flex benefit changes are administered by **WORKTERRA** and must be completed during Open Enrollment. For questions, contact **WORKTERRA** at (866) 528-5360.

Flex Credit Benefit Options (Except FSAs) Will Roll Forward in 2022

If you are not making any changes to benefit selections, you do not need to contact **WORKTERRA** during Open Enrollment. Your current benefit elections (except FSAs) will roll forward in 2022.

To continue making FSA contributions, or to change your benefit choices, you must contact **WORKTERRA** during Open Enrollment.

Without re-enrollment, all FSA contributions will cease December 31, 2022.

Qualifying Life Event Changes

Members may reallocate flex credits outside of Open Enrollment if there is a Qualifying Life Event.

Leaves of Absence

If you are going on an unpaid leave of absence, you are responsible for making premium payments for your benefits while no payroll deductions are taken.



Flex Benefits

Maximize Your Benefits

Flex benefits allow you to make choices that fit your needs and budget. For the greatest tax savings, elect *pre-tax* benefits that add up to *more than* your flex credits and pay the balance from *pre-tax* salary. To maximize earnings, choose benefits that cost *less than* your flex credits, and the balance will be paid to you as taxable, non-pensionable earnings in each paycheck.

Pre-Tax Flex Benefit Options

The benefits listed below are paid *pre-tax* for an enrolled employee, spouse, children and stepchildren. These benefits are paid *post-tax* for an enrolled domestic partner and the children of a domestic partner.

	EOI Required
Medical and Dental Premium Contributions	No
Healthcare Flexible Spending Account P&A Group	No
Dependent Care Flexible Spending Account P&A Group	No
Long-Term Disability Insurance (Employee Only and Employee +1) The Hartford	Yes ¹

Taxable Flex Benefit Options

	EOI Required
Accident Insurance MetLife	No
Short-Term Disability Insurance Manhattan Life	No - Up to \$3,000/Month Yes - Above \$3,000/Month
Long-Term Care Insurance John Hancock, MetLife, Mass Mutual, Mutual of Omaha	Yes
Pet Insurance Pets Best	No
Group Legal Plan LegalShield	No
Critical Illness MetLife	No
Supplemental Group Term-Life Insurance and Accidental Death & Disability Insurance (AD&D) The Hartford	Yes ²
Lifetime Benefit Group Term Life Insurance with Accelerated Death Benefit for Long-Term Care Combined/Chubb	Yes ¹
Identity Protection Benefits Plus Allstate Identity Protection	No

Evidence of Insurability (EOI)

Some benefits require additional information from the applicant before enrollment is completed. This can include medical evidence. The insurer will contact you if specific records are required. It is your responsibility to provide all requested documentation. Enrollment may be denied by the insurer. In 2022, no payroll deductions will be taken until enrollment is approved by insurer(s). If approved, there may be a catch-up payroll deduction retroactive to the effective date of your policy. If denied coverage, no premiums for that benefit will be deducted from your paycheck.

To access the WORKTERRA application, go to myapps.sfgov.org and click on the WORKTERRA tile where you can self-enroll, dis-enroll, or confirm any existing elections. For questions about existing premiums or payments during a leave of absence, please call WORKTERRA Customer Service at (888) 327-2720.

¹ Evidence of Insurability (EOI) is not required for new hires or newly eligible employees. ² Evidence of Insurability (EOI) is not required for new hires or newly eligible employees, for up to \$100,000 life/AD&D insurance.



Flexible Spending Accounts (FSAs)

FSA accounts require annual re-enrollments. IRS rules require annual enrollment in Flexible Spending Account(s) during Open Enrollment if you want to continue this benefit for the next plan year. If you do not re-enroll, your FSA will terminate at the end of the current plan year.

An FSA account allows you to set aside pre-tax dollars for qualified expenses incurred by you, your legal spouse, or a dependent or relative (as defined in Internal Revenue Code Section 125, which excludes certified domestic partners) with *pre-tax* dollars. FSAs are administered by the P&A Group.

If you are enrolled in an FSA and go on a leave of absence, you must contact SFHSS to arrange for contributions to be made directly to SFHSS in order to access your FSA funds during your leave of absence.

Healthcare FSAs help pay for eligible healthcare expenses. This includes medical, pharmacy, dental and vision co-pays, other dental and vision care expenses, acupuncture and chiropractic care, and more.

For a complete list of eligible healthcare expenses, visit padmin.com/participants/reimbursement-accounts/health-fsa.

- Start by designating between \$250 and \$2,750 pre-tax dollars for the plan year. Deductions between \$10 and \$110 and will be taken biweekly from your paycheck in 2022.
- P&A will issue a debit card for you to use to make spending your FSA easier or you can submit a claim. You can submit a claim through P&A Group's smartphone app, online through P&A's website, fax, or mail.
- SFHSS administers a **Carryover minimum** of \$10 and maximum of \$550. At the end of the plan year claim filing period, unreimbursed Healthcare FSA funds below \$10 and over \$550 will be forfeited.
- **Carryover fund** amounts between \$10 and \$550 are determined after the end of the claim filing period and become available for any claims incurred as of the first day of the new plan year. **Carryover funds** can only be accessed for one plan year and any remaining **Carryover funds** will be forfeited. **There are no exceptions.**¹

¹Per IRS rules, you forfeit all funds remaining in an FSA by the end of the claim filing period unless covered by the Healthcare FSA Carryover provision.

2022 FSA expense reimbursement claims must be submitted to P&A by March 31, 2023, 11:59pm PST.

Contact **P&A Group** at (800) 688-2611, M–F, 5:30am to 7pm PST or visit padmin.com.

Dependent Care Assistance FSAs help pay for qualifying child care and dependent care expenses, such as certified nursery schools, after school programs, children's day care, day camps, caregiver for a disabled spouse or elderly dependent or eldercare (disabled spouse/elder must be a dependent on your tax return). Dependent Care Assistance FSAs are "pay as you go" accounts. You can only change your election if you have a change in status or a change in dependent care expenses. Dependent Care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under age 13.

For a complete list of eligible dependent care expenses, visit padmin.com/participants/reimbursement-accounts/dependent-care-assistance-account/.

- Set aside between \$250 and \$5,000 pre-tax per household for the plan year (\$2,500 each if you are married filing separate federal tax returns). Deductions between \$10 and \$200 will be taken biweekly from your paycheck in 2022.
- Funds **cannot be used for dependent medical, dental, or vision expenses.** A birth or adoption is a qualifying event and allows you to enroll in Dependent Care midyear.
- You can submit reimbursement claims to P&A Group by mail, online, or smartphone app.
- Funds are available after being deducted from your paycheck and received by P&A Group. The entire annual amount is not available on January 1, 2022.
- If you or your spouse were providing care and then return to work, you may enroll or increase your Dependent Care election. If you were previously using dependent care elections and you or your spouse now work from home, you may decrease your election or cancel future paycheck deductions. **There are no refunds for canceling or reducing elections.**
- **Unlike a Healthcare FSA, there is no Carryover option with Dependent Care Assistance FSAs.** Expenses and services need to be incurred in the same plan year or be forfeited. **There are no exceptions.**¹



Most Preventive Care is 100% FREE.

Your Health Matters. Don't Wait until You Get Sick. Schedule Your Preventive Care Check Up Today.

	Medical	Dental	Vision
Type of Appointment	<ul style="list-style-type: none"> Annual Physical/Well-Check/Well-woman exam Vaccinations recommended by your Primary Care Physician Cancer Screenings recommended by your Primary Care Physician 	<ul style="list-style-type: none"> Dental Exam and Cleaning Every 6 Months (<i>limit of 2 dental exams and 2 cleanings per calendar year</i>) Additional Benefits during pregnancy; 1 additional oral exam and either 1 additional routine cleaning or periodontal scaling and root planing per quadrant. 	<ul style="list-style-type: none"> Annual Vision Exam
Make an Appointment	<p>Health Net CanopyCare HMO: Contact your primary care physician listed on your ID card.</p> <p>Blue Shield of California:</p> <ul style="list-style-type: none"> Trio HMO (855) 747-5800 Access+ HMO (855) 256-9404 PPO-Accolade (866) 336-0711 <p>Kaiser Permanente HMO: (800) 464-4000</p>	<p>Delta Dental PPO (888) 335-8227, or request a virtual consultation with a PPO dentist from your home by visiting www1.deltadentalins.com/virtual-consult</p> <p>DeltaCare USA DHMO (800) 422-4234</p> <p>UnitedHealthcare Dental DHMO (800) 999-3367</p>	<p>VSP Vision Care (800) 877-7195</p>

How to Get Care

	Health Net CanopyCare HMO	Blue Shield of California Trio HMO, Access+ HMO and PPO-Accolade	Kaiser Permanente HMO
24/7 Nurseline	(800) 893-5597	Trio HMO: (877) 304-0504 Access+ HMO: (877) 304-0504 PPO-Accolade: (866) 336-0711	Nurse Advice 24/7 (866) 454-8855
Urgent After-Hours Care	Visit CanopyHealth.com for in-network Urgent Care Centers in the Bay Area. Log into MyCanopyHealth.com to get a virtual visit with a physician for many urgent issues anywhere in the U.S.	Trio HMO: (855) 747-5800 blueshieldca.com/sites/imce/trio.sp Access+ HMO: (855) 256-9404 blueshieldca.com/sfhss PPO-Accolade: (866) 336-0711 member.accolade.com	(866) 454-8855 my.kp.org/ccsf
Telemedicine	Ask your doctor if a video or telephone visit is right for you. If you have an urgent issue you can log into MyCanopyHealth.com for a non-emergency physician virtual visit 24/7/365.	Blue Shield members can access <i>Teladoc's</i> U.S. board-certified doctors 24/7/365 to resolve non-emergency medical issues by phone or video. Visit teladoc.com/bsc or call (800) 835-2362.	When scheduling an appointment in person or through the <i>Appointment and Advice line</i> (866) 454-8855, ask if a video visit is right for your symptoms



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		
<p>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>	<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>	<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.</p>
Mental Well-Being Services		
<p>MHN members can access well-being resources through <i>myStrength</i>, personalized website offering clinically-proven mental health applications: mystrength.com/go/healthnet/HNSFHSS</p> <p>If you have questions about myStrength or additional wellness resources call MHN at (833) 996-2567 to learn more.</p>	<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.



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 	<ul style="list-style-type: none"> Wellvolution.com 	<ul style="list-style-type: none"> Healthy Weight Program Nutrition Consultations Wellness Coaching Total Health Assessment
Tobacco Cessation	<ul style="list-style-type: none"> Tobacco Cessation coaching program 	<ul style="list-style-type: none"> Wellvolution.com 	<ul style="list-style-type: none"> Coaching Total Health Assessment
Diabetes Prevention	<ul style="list-style-type: none"> Omada Prevention 	<ul style="list-style-type: none"> 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 Extra Dental Cleanings (Delta Dental PPO and UnitedHealthcare Dental DHMO) 	<ul style="list-style-type: none"> Prenatal Program – educational resources 	<ul style="list-style-type: none"> 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.



Long-Term Disability Insurance (LTD)

LTD can replace lost income if you become injured or ill.

Long-Term Disability Insurance

Employees represented by the Municipal Executives Association (MEA) who have families enrolled in medical coverage receive employer-sponsored LTD. Other MEA employees may apply to purchase LTD with flex credits through WORKTERRA.

A long-term disability is an illness or injury that prevents you from working for an extended period of time. If you submit a claim and it is approved, the LTD plan may replace part of your lost income by paying you monthly. LTD payments will be reduced if you qualify for other sources of income, such as workers' compensation or state disability benefits.

Plan benefits include:

- 66.667% of monthly base earnings (as defined by The Hartford)
- \$7,500 monthly maximum
- 90-180 day monthly elimination period
- There may be a waiting period based on your start work date.

If You Become Disabled

Notify The Hartford of your disability as soon as possible by calling **(888) 301-5615**. Within **30 days** after the date of your disability you should begin filing a long-term disability insurance claim with The Hartford.

The Hartford will work with your doctor to certify that your illness or injury will prevent you from working.

The Hartford may request authorization to obtain additional medical information from your healthcare providers. You may also be asked to provide non-medical information to support your claim.

For more information about LTD Insurance, visit sfhss.org/long-term-disability-insurance.

Absence from Work and LTD Coverage

If you are not actively at work due to illness or injury, LTD coverage will continue for 12 months from the start of your approved medical leave. If your coverage terminates during a period of disability, which began while you had coverage, benefits will be available as long as your period of disability continues. Make sure your portion of health premiums are paid.

If you are not actively at work due to non-medical reasons, including temporary lay-off, personal leave, family care leave, or administrative leave, LTD coverage will terminate at the end of the month following the month your absence began. Call SFHSS at **(628) 652-4700** for more information about a leave of absence and long-term disability coverage.

Returning To Work

LTD programs can help you get back on the job when it's medically safe for you to do so. You may be able to return to work part-time, or work at a different type of job. If you qualify, LTD can continue paying a portion of your benefits.

Bargaining Units Covered by LTD

90-day elimination period; up to 66.6667% of monthly base earnings; \$7,500 monthly maximum:

You will be eligible for employer-sponsored LTD if you are represented in collective bargaining by the Municipal Executives Association (MEA), you have at least two dependents enrolled on your medical coverage, and you are actively at work more than 20 hours per week at the time of your disability. Other individuals represented by MEA may apply to purchase LTD with Flex Credits.

This is a general summary. For LTD coverage details, see plan documents at sfhss.org or call The Hartford at **(888) 301-5615**.



Group Life Insurance

MEA union contract provides for employer-paid life insurance.

Employer-Paid Group Life Insurance

Life insurance offers your loved ones basic financial protection if you die. It can help pay your final expenses or help those you leave behind pay bills, like a mortgage or college tuition.

You are eligible for employer-paid life insurance if you:

- Have a union contract that provides for employer-paid life insurance coverage; and
- Are actively at work
- Coverage begins the first day of the month following your date of hire

Life Insurance Beneficiaries

A beneficiary is the person or entity who receives the life insurance payment when the insured dies.

It is your responsibility to keep your beneficiary designations current. You may designate multiple beneficiaries.

To update your beneficiary designations, go to sfhss.org/group-life-insurance, to download the Life Insurance Beneficiary Form and return to SFHSS.

Leaves of Absence

If you are not actively at work due to a temporary layoff, personal leave, family care leave, or administrative leave (for non-medical reasons), your coverage will terminate at the end of the month following the month your absence started.

If you are not actively at work due to illness or injury, your life insurance coverage will continue for 18 months from the start of your absence for medical reasons. After six months, you may qualify for a Waiver of Premium, which will allow for the further extension of your life insurance benefits (Permanent and Total Disability Benefit); however, you *must* provide The Hartford with a written notice of claim for this extended benefit within the 18-month coverage period. Call SFHSS at **(628) 652-4700** for information about how a leave of absence can impact your life insurance coverage.

Outline of Life Insurance Plan Basics

Bargaining Unit ¹	Coverage
Municipal Executives (except Fire and Police)	\$150,000

¹Fire and police employees represented by MEA have other life insurance benefits

Life Insurance Benefits Change Over Time

When you reach age 65, your benefits will drop to 65% of the original coverage amount. At age 70, your benefits will drop to 50%. At age 75, your benefits will drop to 30%.

Facing a Terminal Illness - The Hartford Life Essentials

The Hartford Life offers value added services at no additional cost including legal assistance for preparation of a living will or power of attorney, funeral planning and phone counseling with a licensed social worker. Visit thehartford.com/employee-benefits/value-added-services.

Portability and Conversion

If you leave your job or otherwise lose eligibility, you may be able to continue your Group Life Insurance to an individual policy, with premiums paid by you. Please review your plan documents for information on portability and conversion.

This is a general summary. For a complete list of bargaining units with Group Life benefits and to view plan documents, visit sfhss.org/group-life-insurance or call The Hartford at **(888) 563-1124** or **(888) 755-1503**.



Leave of Absence

You must immediately notify SFHSS of any leave of absence.

Type of Leave	Health Benefits Eligibility
<p>Family and Medical Leave (FMLA)</p> <p>Workers' Compensation Leave</p> <p>Family Care Leave</p> <p>Military Leave</p>	<p>You must notify SFHSS as soon as your leave begins – within 30 days. You may elect to continue or waive coverage for the duration of your approved leave of absence. If you waived your coverage, you must notify SFHSS immediately upon return to work to reinstate your coverage.</p>
<p>Personal Leave following Family Care Leave</p>	<p>If you have been on an approved Family Care Leave and are approved to extend this as a Personal Leave, you may elect to continue or waive health coverage for the duration of your approved Personal Leave by contacting SFHSS. If you waived your coverage, you must notify SFHSS immediately upon return to work to reinstate your coverage.</p>
<p>Educational Leave</p> <p>Personal Leave</p> <p>Leave for Employment as an Employee Organization Officer or Representative</p>	<p>Notify SFHSS as soon as your leave begins – within 30 days. You may elect to continue or waive health coverage for the duration of your approved leave of absence. If your leave lasts beyond 12 weeks and you elected to continue health coverage, you must pay the <i>total cost</i> of health coverage for yourself and enrolled dependents. Total cost is your premium contribution plus your employer's premium contribution. Contact SFHSS for details. You must notify SFHSS immediately upon return to work in order to avoid a break in coverage.</p>

Your Responsibilities		
<p>1. Notify your supervisor and your department's Human Resources Professional (HRP) prior to your leave. If your leave is due to an unexpected emergency, contact your HRP as soon as possible.</p> <p>Your HRP will help you understand the process and documentation required for an approved leave.</p> <p>Your HRP will also provide SFHSS with important information about your leave. Contact SFHSS for details.</p>	<p>2. Contact SFHSS as soon as your leave begins–within 30 days. You may choose to continue or waive health coverage while on leave. If you continue coverage, you must pay employee premium contributions while on leave.</p> <p>If premium payments are not deducted from your paycheck while on leave, you must make payments directly through the City of San Francisco Payment Portal. To create an account to make online payments, visit sfhss.org/how-make-payment. There are no service fees for payment by electronic check. Failure to make payments will result in termination of your health benefits.</p>	<p>3. When leave ends, contact SFHSS to reinstate your benefits immediately and within 30 days of returning to work.</p> <p>If you continued your health coverage while on an unpaid leave, you must request that SFHSS resume health premium payroll deductions.</p> <p>If coverage was waived or terminated while you were on leave, you must request that SFHSS reinstate your benefits and resume your payroll deductions.</p>



Health Benefits During a Leave of Absence

Medical, Vision and Dental

While you are on an unpaid leave, premiums for health coverage can no longer be deducted from your paycheck. **To maintain coverage, you must pay premium contributions directly to SFHSS.**

You must contact SFHSS **within 30 days** of when leave begins to either waive coverage or arrange for payment of premiums. **Failure to do so can result in the termination of health benefits, which may not be reinstated until you return to work or during Open Enrollment.**

When you return to work, contact SFHSS **within 30 days** to request that health premium payroll deductions be returned to active status.

Healthcare FSA

During an unpaid leave, no FSA payroll deductions can be taken. To maintain access to your FSA, contact SFHSS within 30 days of when leave begins to arrange for your FSA contribution payments.

You may suspend your **Healthcare FSA** if you notify SFHSS at the start of your leave. Accounts that remain unpaid for two consecutive pay periods will be suspended retroactively to the first missed pay period. Your **Healthcare FSA** will be reinstated once you return to work.

If you want to maintain your annual election amount for expenses incurred before and after your leave, you must notify SFHSS **within 30 days** upon your return to work.

Your payroll deductions will be increased and spread proportionally over the remaining pay periods in the plan year. If you do not contact SFHSS, your annual election amount will be reduced by any missed contributions during your leave of absence.

Child Care Dependent Care FSA

A Child Care Dependent Care FSA must be suspended while you are on leave. Claims incurred during leave are not reimbursable.

To reinstate, you must notify SFHSS **within 30 days** of your return to work.

You may reinstate at the original biweekly FSA deduction amount, or you can increase biweekly deductions for the plan year. If you increase deductions, total FSA contributions for the year must equal and cannot exceed, the amount designated during Open Enrollment.

If you do not notify SFHSS **within 30 days** of your return to work and request reinstatement of your FSA payroll deduction, FSA(s) will be canceled for the remainder of the plan year. There are no exceptions.

If you return to work after December 2022, a suspended Healthcare or Child Care Dependent Care FSA from the 2022 plan year cannot be reinstated. **There are no exceptions.**

Group Life Insurance

If you go on an approved leave due to illness or injury, employer-paid group life coverage continues for up to 12 months. For other types of leave, group life coverage ends the last day of the month after the month in which your leave begins. Group life insurance resumes the first day of the coverage period after you officially return to work.

Long-Term Disability (LTD) Insurance

If you go on an approved medical leave due to your own illness or injury, employer-paid long-term disability coverage continues for up to 12 months. Health premiums are not deducted from LTD payments. Call SFHSS to arrange to pay your premiums. For other types of leave, LTD coverage ends the last day of the month after the month in which your leave begins. LTD coverage resumes the first day of the coverage period after you officially return to work.

Domestic Partner Imputed Income

If you have a domestic partner enrolled on your health coverage while you are on unpaid leave, you will have a catch-up payroll deduction for taxation related to imputed income when you return from a leave of absence.

Questions? Contact SFHSS at **(628) 652-4700**.



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 SFHSS **three months** before your retirement date to learn about enrolling in retiree benefits at **(628) 652-4700** or to schedule a retiree appointment visit sfhss.org/benefits/getting-ready-to-retire. Setting a retirement date at the end of the month will help avoid a gap in SFHSS coverage.

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.

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**.



COBRA, Covered California and Holdover

COBRA

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees without holdover rights, or whose holdover rights have ended, may be eligible to continue medical, dental and vision coverage for themselves and eligible dependents at the employee's expense. Current year FSAs (Flexible Spending Accounts) may also be COBRA-eligible. For Cobra information, visit padmin.com or call **(800) 688-2611**.

Employees may elect to continue healthcare coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment (except for gross misconduct)
- Hours of employment reduced, making employee ineligible for employer health coverage

Covered spouses or domestic partners may also elect to be covered under COBRA if coverage loss is due to:

- Voluntary or involuntary termination of the employee's employment (except for misconduct)
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Covered dependent children may elect COBRA coverage if healthcare coverage is lost due to:

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of the employee employment (except for misconduct)
- Hours of employment reduced, making the employee ineligible for employer health coverage
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

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.**



Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

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.



2022 Monthly COBRA Premium Rates

Health Net CanopyCare HMO	
Employee Only	\$876.20
Employee +1	\$1,749.36
Employee +2 or More	\$2,474.07
Blue Shield of California Trio HMO	
Employee Only	\$833.24
Employee +1	\$1,663.43
Employee +2 or More	\$2,352.49
Blue Shield of California Access+ HMO	
Employee Only	\$950.07
Employee +1	\$1,897.11
Employee +2 or More	\$2,683.15
Kaiser Permanente HMO	
Employee Only	\$730.29
Employee +1	\$1,457.54
Employee +2 or More	\$2,061.14
Blue Shield of California PPO-Accolade	
Employee Only	\$1,363.93
Employee +1	\$2,638.18
Employee +2 or More	\$3,724.65
Delta Dental PPO	
Employee Only	\$50.32
Employee +1	\$105.66
Employee +2 or More	\$150.95
DeltaCare USA DHMO	
Employee Only	\$27.01
Employee +1	\$44.55
Employee +2 or More	\$65.90
UnitedHealthcare Dental DHMO	
Employee Only	\$25.49
Employee +1	\$42.10
Employee +2 or More	\$62.24
VSP Premier	
Employee Only	\$10.71
Employee +1	\$16.24
Employee +2 or More	\$33.45

Flexible Spending Accounts and COBRA

To continue FSA benefits under COBRA, year-to-date FSA contributions must exceed year-to-date claims as of your employment termination date. To keep your FSA open, apply under COBRA and continue making the biweekly contribution plus a 2% administrative charge. COBRA Flexible Spending Account contributions are post-tax. COBRA Flexible Spending Account contributions are post-tax.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan
- You fail to pay the premium required under the plan within the grace period
- The applicable COBRA period ends

Covered California: Alternative to COBRA

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.

Holdover Rights

Employees who are placed on a holdover roster may be eligible to continue SFHSS medical, dental and vision coverage for themselves and covered dependents. Eligibility requirements include:

1. Employees must certify annually that they are unable to obtain other health coverage.
2. Holdover premium contributions must be paid by the due date listed on the 2022 Health Coverage Calendar. Rates may increase each plan year.



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.



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.

If you become disabled, notify The Hartford of your disability as soon as possible by calling (888) 301-5615.

Within 30 days after the date of your disability, you should begin filing a long-term disability insurance claim with The Hartford.

The Hartford will work with your doctor to certify that your illness or injury will keep you away from your job.

For more information about Long-Term Disability Insurance, visit sfhss.org/long-term-disability-insurance.

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.



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, 2021, 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**.

! 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 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 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.



2022 Health Coverage Calendar

Work Dates	Pay Date	Coverage Period
December 25, 2021 - January 07, 2022	January 18, 2022	December 25, 2021 - January 07, 2022
January 08, 2022 - January 21, 2022	February 01, 2022	January 08, 2022 - January 21, 2022
January 22, 2022 - February 04, 2022	February 15, 2022	January 22, 2022 - February 04, 2022
February 05, 2022 - February 18, 2022	March 01, 2022	February 05, 2022 - February 18, 2022
February 19, 2022 - March 04, 2022	March 15, 2022	February 19, 2022 - March 04, 2022
March 05, 2022 - March 18, 2022	March 29, 2022	March 05, 2022 - March 18, 2022
March 19, 2022 - April 01, 2022	April 12, 2022	March 19, 2022 - April 01, 2022
April 02, 2022 - April 15, 2022	April 26, 2022	April 02, 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 07, 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 05, 2022	June 11, 2022 - June 24, 2022
June 25, 2022 - July 08, 2022	July 19, 2022	June 25, 2022 - July 08, 2022
July 09, 2022 - July 22, 2022	August 02, 2022	July 09, 2022 - July 22, 2022
July 23, 2022 - August 05, 2022	August 16, 2022	July 23, 2022 - August 05, 2022
August 06, 2022 - August 19, 2022	August 30, 2022	August 06, 2022 - August 19, 2022
August 20, 2022 - September 02, 2022	September 13, 2022	August 20, 2022 - September 02, 2022
September 03, 2022 - September 16, 2022	September 27, 2022	September 03, 2022 - September 16, 2022
September 17, 2022 - September 30, 2022	October 11, 2022	September 17, 2022 - September 30, 2022
October 01, 2022 - October 14, 2022	October 25, 2022	October 01, 2022 - October 14, 2022
October 15, 2022 - October 28, 2022	November 08, 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 06, 2022	November 12, 2022 - November 25, 2022
November 26, 2022 - December 09, 2022	December 20, 2022	November 26, 2022 - December 09, 2022
December 10, 2022 - December 23, 2022	January 03, 2023	December 10, 2022 - December 23, 2022



New Hires: Health Coverage Does Not Begin On Work Start Date

You have 30 days from your work start date to enroll in health benefits. If you enroll within the 30-day deadline, coverage will begin on the first day of the coverage period following your work start date.

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2022 tax year.

If you take an approved unpaid Leave of Absence, you must arrange to make premium payments that were previously deducted from your paycheck, directly to SFHSS. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

Key Contacts

SFHSS

1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4700
Toll Free: (800) 541-2266
Fax: (628) 652-4701
sfhss.org

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

Well-Being

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

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

CCSF PAYMENT PORTAL

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

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

Delta Dental PPO
(888) 335-8227
deltadentalins.com/ccsf
Group 09502-00003

DeltaCare USA DHMO
(800) 422-4234
deltadentalins.com/ccsf
Group 71797-00001

UHC Dental DHMO
(800) 999-3367
welcometouhc.com/sfhss
Group 275550

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

FSA's & COBRA

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

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

VOLUNTARY BENEFITS

WORKTERRA Enrollment Services
(866) 528-5360
workterra.net

WORKTERRA Customer Service
(888) 327-2720

LTD & GROUP LIFE INS.

The Hartford Long-Term Disability
(888) 301-5615
abilityadvantage.thehartford.com
Group 804927

The Hartford Group Life Insurance
(888) 563-1124 or (888) 755-1503
thehartford.com/employee-benefits/value-added-services

To initiate a claim, contact SFHSS at
(628) 652-4700

OTHER AGENCIES

Pension Benefits

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

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

Commuter Benefits

Department of the Environment
(415) 355-3700
sfenvironment.org

Health Insurance Exchange

Covered California
(888) 975-1142
coveredca.com



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