

## Step-by-Step Open Enrollment Guide

**STEP 1:** Review your Open Enrollment Letter for current medical and vision elections. To see your rates for 2023 and make your elections online using [eBenefits](#), go to **Step 5** to learn how to create a new account.

Do you have any changes you want to make?

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

**STEP 2:** Review dependent eligibility rules online at [sfhss.org/eligibility-rules](https://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 3:** Making changes to your health plan benefits.

- Review the service areas online at [sfhss.org/actives-service-areas](https://sfhss.org/actives-service-areas)
- Review coverage details on pages 4 and 5.
- Review the rates for available plans in your area on page 9.
- In [eBenefits](#), complete the **Choose a Medical Plan** page.

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

- Review the vision benefits options and rates on page 6.
- You must be enrolled in a medical plan to receive Vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage also be enrolled in the VSP Premier Plan.
- In [eBenefits](#), complete the **Enroll in a Vision Premier Plan** page.

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

If you are unable to enroll online, download an Open Enrollment Application form and return your form and documentation by fax or mail to SFHSS. Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**. To download an Open Enrollment Application form, visit [sfhss.org/oe2023](https://sfhss.org/oe2023)

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

*Open Enrollment changes take effect January 1, 2023. In order to serve as many members as possible, we are providing consultations by telephone only. For HELP, call SFHSS at (628) 652-4700 or visit [sfhss.org](https://sfhss.org). Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.*

**! The Open Enrollment deadline is October 31, 2022, 5:00pm, PST.**



# Highlights for 2023

## Open Enrollment Health Fairs are Back!

This year, we are bringing back in-person health fairs and online webinars, so that no one has to miss out on important benefits information. Check out our calendar of events at [sfhss.org/oe2023](https://sfhss.org/oe2023).

## Medical and Vision

- **Health Net CanopyCare HMO** is celebrating one year of serving SFHSS! Canopy Health, the featured network of CanopyCare HMO, is a network of providers from multiple medical groups and several hospitals across the San Francisco Bay Area. Members can access top specialists who may be outside of their primary care physician's (PCP) medical group through the Alliance Referral Program which allows members to seek referrals to any specialist across the entire Canopy Health network. CanopyCare HMO is expanding into Sonoma and Napa Counties.\* Learn more at [sfhss.healthnetcalifornia.com](https://sfhss.healthnetcalifornia.com).

*\* Pending approval from the Department of Managed Health Care.*

- **Kaiser Permanente HMO** has a new facility in San Francisco called **Care Essentials** conveniently located at the Salesforce Transit Center at 425 Mission Street. Kaiser members and people working downtown can get treatment for minor illnesses and injuries, labs and screenings, prescriptions, flu shots, vaccines, and certain tests performed. Please note that emergency and urgent care services are not available at this location. Visit [kp.org/careessentials/sf](https://kp.org/careessentials/sf) to make an appointment.
- **VSP** has expanded its network to include Walmart Vision and Sam's Club Vision as in-network providers. Membership is not required at Sam's Club for exams but is needed to purchase lenses or frames. With the new **VSP LightCare Program**, members who do not need prescription eyewear can now use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses. In addition, for union contracts that provide VSP's Computer VisionCare Program (also known as VDT), the benefit has been enhanced to include anti-reflective and UV coatings covered-in-full. For more information, visit [sfhss.org/vsp-vision-plans](https://sfhss.org/vsp-vision-plans).

## Well-Being

- Visit [sfhss.org/events](https://sfhss.org/events) regularly to sign up for exercise classes and new Well-Being programs.
- **Get Your Flu Shot:** You can get your flu shot through your health plan. For more information on flu prevention go to [sfhss.org/well-being/flu-prevention](https://sfhss.org/well-being/flu-prevention).



## Executive Director's Message



As a nurse, I can't even begin to count the number of patients I've seen who had to recover from a bad injury. If you break your leg, you have to endure weeks in a cast. Simple things you took for granted before like bathing becomes a two person task, if you're lucky enough to have the support, or an awkward feat that takes triple the time. Finally, when it's time to take the cast off, you realize that's when the real work begins. Your leg has been cooped up and your muscles don't function the way you remember. You need to dedicate time to physical therapy before you can feel like yourself again.

Recovering from the pandemic is like recovering from a serious injury. You can't sit back and expect the recovery to just happen. It takes intention to get out and support the cafes, bakeries, restaurants and all your favorite shops and businesses. You conjure up motivation to go to the gym to workout. You set your alarm earlier than you had it set before the pandemic to get yourself up to commute to your workplace to work. Then, you brave those awkward stages of another outbreak or surge where every little symptom you used to disregard gets dissected and analyzed. "Is it COVID or allergies or the cold or flu?" "Should I take an at-home test, PCR or both just to be safe?"

I get it. Recoveries are trying as I've witnessed firsthand throughout my career as a nurse. To get there, I visualize the future, then start marching with intention towards reaching that future state. I want to see a vibrant San Francisco again, so I decided to make Fridays my Bikeshare to work day and I've been having lunch at some of my favorite restaurants around City Hall each week.

At the San Francisco Health Service System (SFHSS), we're obsessed with the future, because we spend the better part of the year working on benefits for next year, 2023. And now, it is up to you! Think about what you want your future state of health to be and take time to honestly evaluate your satisfaction with your health plans and other benefits. Some health plans are stronger in certain areas than others, so choose the plan that best meets your needs. Open Enrollment is the time to actively pause and consider your choices. Did you get the most out of your benefits and use the services to help you improve your health? If not, then it may be time to switch to a plan with programs and services you can and will use.

Our lives have been changed by this pandemic, so please be intentional for this Open Enrollment and for our recovery from this pandemic. What choices are you making to improve your health and the health of your community? Imagine your future state and act with intention to get there!

Be well,

Abbie Yant, *RN, MA*  
Executive Director



# Medical Plans

This chart provides a summary of benefits only. To enroll in Health Net CanopyCare HMO, Kaiser Permanente HMO, or Blue Shield of California Trio or Access+ HMO, you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. Blue Shield of California PPO-Accolade does not have service area requirements. In any instance where information in this chart or Guide conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. Review your plan's EOC (available for download) at [sfhss.org/oe2023](https://sfhss.org/oe2023).

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD of CALIFORNIA HMO		KAISER PERMANENTE HMO	BLUE SHIELD of CALIFORNIA PPO	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	BLUE SHIELD OF CALIFORNIA PPO	
<b>Choice of Physician</b>	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.	
<b>Deductible</b>	No deductible	No deductible	No deductible	No deductible	<b>IN-NETWORK AND OUT-OF-AREA</b>	<b>OUT-OF-NETWORK</b>
					\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
<b>Out-of-Pocket Maximum</b> does not include premium contributions	\$2,000 per individual \$4,000 per family	\$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
<b>General Care and Urgent Care</b>						
<b>Annual Physical; Well Woman Exam</b>	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
<b>Doctor Office Visit</b>	\$25 co-pay	\$25 co-pay	\$25 co-pay	\$20 co-pay	85% covered after deductible	50% covered after deductible
<b>Urgent Care Visit</b>	\$25 co-pay in-network and out-of-network	\$25 co-pay in-network	\$25 co-pay in-network	\$20 co-pay	85% covered after deductible	50% covered after deductible
<b>Family Planning</b>	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
<b>Immunizations</b>	No charge	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
<b>Lab and X-ray</b>	No charge	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
<b>Doctor's Hospital Visit</b>	No charge	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible
<b>Prescription Drugs</b>						
<b>Pharmacy: Generic</b>	\$10 co-pay 30-day supply	\$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
<b>Pharmacy: Brand-Name</b>	\$25 co-pay 30-day supply	\$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
<b>Pharmacy: Non-Formulary</b>	\$50 co-pay 30-day supply	\$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
<b>Mail Order: Generic</b>	\$20 co-pay 90-day supply	\$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
<b>Mail Order: Brand-Name</b>	\$50 co-pay 90-day supply	\$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
<b>Mail Order: Non-Formulary</b>	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Physician authorized only	\$100 co-pay 90-day supply	Not covered
<b>Specialty</b>	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	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	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO IN-NETWORK ONLY	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
<b>Hospital Outpatient and Inpatient</b>						
<b>Hospital Outpatient</b>	\$100 co-pay per surgery	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
<b>Hospital Inpatient</b>	\$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
<b>Hospital Emergency Room</b>	\$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
<b>Skilled Nursing Facility</b>	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
<b>Hospice</b>	No charge authorization required	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Maternity and Infertility</b>						
<b>Hospital or Birthing Center</b>	\$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
<b>Pre-/Post-Partum Care</b>	No charge	No charge		No charge	85% covered after deductible	50% covered after deductible
<b>Well Child Care</b>	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
<b>IVF, GIFT, ZIFT and Artificial Insemination</b>	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
<b>Mental Health and Substance Abuse</b>						
<b>Outpatient Treatment</b>	\$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
<b>Inpatient Facility</b> 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
<b>Other</b>						
<b>Hearing Aids</b> 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
<b>Medical Equipment, Prosthetics and Orthotics</b>	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
<b>Physical and Occupational Therapy</b>	\$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
<b>Acupuncture/Chiropractic</b>	\$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
<b>Gender Dysphoria</b> office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required		Co-pays apply authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification



# Vision Plans

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

You may go to a VSP network or non-network provider. Visit [www.vsp.com](http://www.vsp.com) for a complete list of network providers. To receive services from a network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment. VSP will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date. If you receive services from a network provider *without* prior authorization or obtain services from an out-of-network provider (including Kaiser Permanente HMO), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement. Download claim forms at [www.vsp.com](http://www.vsp.com).

Covered Services	VSP Basic <sup>1</sup>	VSP Premier	
<b>Well Vision Exam</b>	\$10 co-pay every calendar year	\$10 co-pay every calendar year	
<b>Single Vision Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year	
<b>Lined Bifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year	
<b>Lined Trifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year	
<b>Standard Progressive Lenses</b>	100% coverage every other calendar year	100% coverage every calendar year	
<b>Premium Progressive Lenses</b>	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Custom Progressive Lenses</b>	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Standard Anti-Reflective Coating</b>	\$41 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Premium Anti-Reflective Coating</b>	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Custom Anti-Reflective Coating</b>	\$85 co-pay every other calendar year	\$25 co-pay every calendar year	
<b>Scratch-Resistant Coating</b>	Fully covered every other calendar year	Fully Covered every calendar year	
<b>Frames</b>	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco and Walmart/Sam's Club \$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 use at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year	
<b>Contacts (instead of glasses)</b>	\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year	
<b>Contact Lens Exam</b>	Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every calendar year	
<b>Essential Medical Eye Care</b> <i>(for the treatment of urgent or acute ocular conditions)</i>	\$5 co-pay	\$5 co-pay	
<b>Lightcare</b>	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. Anti-reflective and UV coatings fully covered.	\$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered.	
<b>VSP Premier Contribution</b>			
<b>Biweekly (26 Pay Periods)</b>	<b>Monthly (12 months)</b>	<b>9 Months<sup>3</sup></b>	<b>21 Pay Periods<sup>3</sup></b>
<b>E Only \$5.33</b> <b>E + 1 Dep. \$8.11</b> <b>E + 2 or more \$16.64</b>	<b>E Only \$11.56</b> <b>E + 1 Dep. \$17.59</b> <b>E + 2 or more \$36.06</b>	<b>E Only \$18.50   \$11.56</b> <b>E + 1 Dep. \$28.14   \$17.59</b> <b>E + 2 or more \$57.50   \$36.06</b>	<b>E Only \$7.75   \$5.33</b> <b>E + 1 Dep. \$11.80   \$8.11</b> <b>E + 2 or more \$24.20   \$16.64</b>
<b>Your Coverage with Out-of-Network Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> if you plan to see a provider other than a VSP network provider.			
<b>Exam</b> Up to \$50 <b>Frame</b> Up to \$70	<b>Single Vision Lenses</b> Up to \$45 <b>Lined Bifocal Lenses</b> Up to \$65	<b>Lined Trifocal Lenses</b> Up to \$85 <b>Progressive Lenses</b> Up to \$85	<b>Contacts</b> Up to \$105

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium. <sup>2</sup>Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters. <sup>3</sup>Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.



# Other Benefits Administered by CCSF

## Delta Dental PPO

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

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

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

## Flexible Spending Accounts

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

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

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

Before enrolling in your FSA, work out a detailed estimate of the eligible expenses you are likely to incur in 2023. Budget conservatively.

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

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

## Parking and Commuter Benefits

The **CCSF Benefits Unit** offers employees the opportunity to enroll in a Commuter Transit Account. This pre-tax benefit account can be used to pay for public transit (train, subway, bus, and ferry) as part of your daily commute to and from work.

Save an average of up to 30% on public transit as part of your daily commute to and from work and reduce your overall tax burden (e.g. funds are withdrawn from your paycheck *before* taxes are deducted thereby reducing your taxable income). Sign up any time to start saving and no "use it or lose it" as long as you're enrolled.

The commuter transit account for **CCSF** employees is administered by *WageWorks*. Visit [wageworks.com](https://wageworks.com) for more information.

## Other Voluntary Benefits

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

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

For more information about dental, FSA's and additional voluntary benefits administered through the **CCSF Benefits Unit** or visit [ccsf.edu](https://ccsf.edu).



# Well-Being Programs

## Take Advantage of FREE and 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](https://sfhss.org/events).

Programs	
<b>Group Exercise</b>	Move more and feel better - Find a group exercise class that interests you.
<b>Health Education Workshop and Seminars</b>	Receive tips and tools while you dive into topics such as healthy sleep, resiliency, mindfulness, goal setting and more.
<b>Healthy Habits Program</b>	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.
<b>Diabetes Prevention Program</b>	More than 1 in 3 American adults have prediabetes. If you are at risk, take action to improve your health and reduce your risk of Type 2 diabetes. Check out the <a href="https://sfhss.org/dpp">sfhss.org/dpp</a> for details on offerings.

Gym Discounts\* may be available, visit [sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts](https://sfhss.org/UsingYourBenefits/Employees/FitnessResources/Discounts) for details.

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

Offering	Health Net CanopyCare HMO	Blue Shield of California HMOs and PPO	Kaiser Permanente HMO
<b>Weight Management, Healthy Eating and Nutrition Services</b>	Online and Health Coaching Programs: <ul style="list-style-type: none"> <li>■ Nutrition</li> <li>■ Exercise</li> </ul> RealAge Programs: <ul style="list-style-type: none"> <li>■ Boost Your Diet</li> <li>■ Move More</li> </ul>	<ul style="list-style-type: none"> <li>■ <a href="https://www.wellvolution.com">Wellvolution.com</a> offers digital and in-person programs for weight loss, preventing/treating diabetes, quitting smoking, lowering stress, and more.</li> </ul>	<ul style="list-style-type: none"> <li>■ Healthy Weight Program</li> <li>■ Nutrition Consultations</li> <li>■ Wellness Coaching</li> <li>■ Total Health Assessment</li> </ul>
<b>Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>■ Tobacco Cessation Coaching Program</li> <li>■ Craving to Quit</li> </ul>	<ul style="list-style-type: none"> <li>■ <a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Coaching</li> <li>■ Total Health Assessment</li> </ul>
<b>Diabetes Prevention</b>	<ul style="list-style-type: none"> <li>■ Omada Prevention</li> </ul>	<ul style="list-style-type: none"> <li>■ <a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>	<ul style="list-style-type: none"> <li>■ Wellness Coaching</li> <li>■ Healthy Weight Program</li> </ul>
<b>Pregnancy and Lactation</b>	<ul style="list-style-type: none"> <li>■ Educational resources, classes &amp; support groups</li> </ul>	<ul style="list-style-type: none"> <li>■ Prenatal Program – educational resources</li> </ul>	<ul style="list-style-type: none"> <li>■ Classes and Support Groups</li> </ul>
<b>Acupuncture and Chiropractic</b>	<ul style="list-style-type: none"> <li>■ 30 visits max for Acupuncture and Chiropractic each per plan year</li> <li>■ ChooseHealthy Discount Program for discounts on additional visits after initial 30 visits</li> </ul>	<ul style="list-style-type: none"> <li>■ Acupuncture up to 30 visit/year</li> <li>■ Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30</li> </ul>	<ul style="list-style-type: none"> <li>■ 30 visits/year combined for Acupuncture and Chiropractic</li> <li>■ ChooseHealthy Discount Program for additional visits after initial 30</li> </ul>
<b>Discounts</b>	Hearing screenings, hearing aids, weight loss programs, Active&Fit Direct	Gym Discounts**: \$25/month and low one-time fee of \$25. <i>Fitness Your Way by Tivity</i> offers monthly membership from \$10 up to \$99/mo. <a href="https://www.fitnessyourway.tivityhealth.com/bsc">fitnessyourway.tivityhealth.com/bsc</a>	Active&Fitness Direct.

\*Some fees may apply. \*\* For members age 18 and over.



**At the time of publication, City College of San Francisco (CCSF)  
2023 Medical Rates were not finalized. Please visit [sfhss.org](https://sfhss.org) for updates.**

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

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

■ Certain restrictions apply

### Eligibility for Spouses and Domestic Partners

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

### Domestic Partner Health Coverage and Your Taxes

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

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

### Natural Children, Stepchildren, Adopted Children

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

### Legal Guardianship & Court-Ordered Children

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

If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19. Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide 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.



# Part-Time Faculty and Classified Temporary Employee Eligibility



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

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

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

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

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

## Options for Maintaining Coverage

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

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

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

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



# Mental Health and Substance Abuse Benefits

## Employee Assistance Program (EAP) – Available 24/7. We're Here *For You*

SFHSS EAP Counselors are available M-F, 8am-5pm for confidential counseling and consultation, assessment and referral. If you think you need help, call **(628) 652-4600**. Visit us at [sfhss.org/eap](http://sfhss.org/eap).

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

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

Please contact an SFHSS EAP counselor if you are having difficulty accessing mental health or substance abuse services through your health plan.

Health Net CanopyCare HMO	Blue Shield of California HMO and PPO	Kaiser Permanente HMO
<b>Mental Health and Substance Abuse</b>		
<p>Call <b>Health Net's behavioral health administrator, MHN</b>, at <b>(833) 996-2567</b> to obtain referrals for mental health and substance use disorder treatment services. You can also access outpatient providers through the MHN website at <a href="http://www.mhn.com/members">www.mhn.com/members</a>. No authorization is required for psychotherapy or medication support services.</p>	<p><b>Trio HMO and Access+ HMO:</b> Call <b>(877) 263-9952</b> to find a provider and schedule an appointment with <i>Blue Shield's Mental Health Service Administrator</i>.</p> <p><b>PPO:</b> Call <b>(866) 336-0711</b> to access mental health services.</p> <p><b>Ginger</b> offers on-demand, confidential mental healthcare through coaching and self-guided activities. Video therapy &amp; psychiatry sessions available for a co-pay.</p> <p><b>Headspace</b> is a meditation app that helps reduce stress, increase resilience, and improve sleep.</p> <p>Find clinically-proven program, tools and apps at <a href="http://wellvolution.com">wellvolution.com</a>.</p>	<p>Call <b>(800) 464-4000</b> to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.</p>
<b>Mental Well-Being Services</b>		
<p>If you have questions about additional wellness resources call MHN at <b>(833) 996-2567</b> to learn more.</p>	<p><b>Counseling and Consultation:</b> <i>LifeReferrals</i> is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals.</p>	<p><b>Classes and Support Groups:</b> Contact your local Kaiser Permanente facility for a calendar or visit <a href="http://kp.org/mentalhealth">kp.org/mentalhealth</a>.</p> <p><b>Health/Wellness Coaching:</b> Call <b>(866) 862-4295</b> to make an appointment with a Wellness Coach.</p> <p><b>Apps:</b> Members can access self-care apps, <i>Calm</i> and <i>myStrength</i>, through <a href="http://kp.org/selfcareapps">kp.org/selfcareapps</a>.</p>

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



# Additional Benefits and Important Notices

## Health Benefits Eligibility

Outside of Open Enrollment, members may enroll eligible dependents listed below or make election changes with a Qualified Life Event online using **eBenefits** ([sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll)) or by completing and submitting an Enrollment Application and required documentation via fax or mail by the required deadlines:

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

For more information about eligibility, visit [sfhss.org](https://sfhss.org).

## Summary of Benefits and Coverage (SBCs)

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

## Surrogacy and Adoption Reimbursement

Effective January 1, 2017, employees eligible for SFHSS benefits can apply for a one-time reimbursement of up to \$15,000 for qualified expenses resulting from adoption or surrogacy. For information about how to apply for surrogacy or adoption reimbursement, contact SFHSS at **(628) 652-4700** or go to [sfhss.org](https://sfhss.org).

## Fertility and Infertility Services

Whether you're starting a family now or in the future, SFHSS has fertility treatment coverage available to all members regardless of age, race, relationship status or sexual orientation on all 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.

## Covered California

Individuals who are not eligible for SFHSS coverage may obtain health insurance through the state insurance exchange, Covered California. In some cases, tax credits and other assistance may be available to make health insurance more affordable. For more details, call **(888) 975-1142** or visit [coveredca.com](https://coveredca.com). For information about exchanges in other states, visit [healthcare.gov](https://healthcare.gov).

## Patient Protection Provider Choice Notice

Participating SFHSS HMO plans require the designation of a primary care provider (PCP). You have the right to designate any primary care provider who participates in the health plan's network and who is available to accept you or your family members. Until you make a PCP designation, the HMO insurance provider you elect may designate one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact your health plan or visit their website. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from your health plan or from any other person (including your primary care provider) 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](https://my.kp.org/ccsf), [blueshieldca.com/sfhss](https://blueshieldca.com/sfhss), [healthnet.com/sfhss](https://healthnet.com/sfhss), or contact the number on the back of your insurance card.

## Use and Disclosure of Your Personal Health Information

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

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

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

## Health Service Board

Per the San Francisco City Charter, the Health Service Board conducts an annual review of health benefit costs, ensures benefits are applied without favor or privilege and administers the business of SFHSS. Board meetings are held the second Thursday of the month, at 1pm. For more information, visit [sfhss.org/health-service-board](https://sfhss.org/health-service-board).



# Children's Health Insurance Program (CHIP), Premium Assistance Under Medicaid Notice, and HIPAA Special Enrollment Notice

## Medicaid or Children's Health Insurance Program (CHIP)

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

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

For a complete list and contact information of states participating in the **CHIP** and **Medicaid Assistance** program, visit [sfhss.org/CHIP](http://sfhss.org/CHIP).

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](http://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](http://www.askebsa.dol.gov) or call **(866) 444-3272**.

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

**U.S. Department of Labor**  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://www.cms.hhs.gov)  
**(877) 267-2323**, Menu Option 4, Ext. 61565

## California Medicaid

**Health Insurance Premium Payment (HIPP) Program**  
<http://dhcs.ca.gov/hipp> or call **(916) 445-8322**.

## Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage).

However, you must request enrollment **within 30 days** after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment **within 30 days** after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact SFHSS at **(628) 652-4700**.

# ! Medicare Creditable Coverage

## Medicare Part D Prescription Drug Notice

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

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

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

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

## When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

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

## For More Information About Your Options Under Medicare Prescription Drug Coverage

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

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

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

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



# Key Contacts

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

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

## SFHSS

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

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

## Online Consultations

For change in family status, new hires, or retiree consultations, visit [sfhss.org/contact-us](http://sfhss.org/contact-us)

## Well-Being

1145 Market Street, 1st Floor  
San Francisco, CA 94103  
**Tel: (628) 652-4650**  
**Fax: (628) 652-4601**  
[wellbeing@sfgov.org](mailto:wellbeing@sfgov.org)  
[sfhss.org/well-being](http://sfhss.org/well-being)

## Employee Assistance Program

1145 Market Street, 1st Floor  
San Francisco, CA 94103  
**Tel: (628) 652-4600 - 24/7**  
**Fax: (628) 652-4601**  
[eap@sfgov.org](mailto:eap@sfgov.org)  
[sfhss.org/eap](http://sfhss.org/eap)

## Health Service Board

*Attn. Board Secretary*  
1145 Market Street, 3rd Floor  
San Francisco, CA 94103  
**Tel: (628) 652-4646**  
**Fax: (628) 652-4702**  
[health.service.board@sfgov.org](mailto:health.service.board@sfgov.org)  
[sfhss.org/health-service-board](http://sfhss.org/health-service-board)

## MEDICAL PLANS

**Health Net CanopyCare HMO**  
**(833) 448-2042**  
[healthnet.com/sfhss](http://healthnet.com/sfhss)  
Group G0727A

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

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

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

**Blue Shield of California PPO**  
**(866) 336-0711**  
[member.accolade.com](http://member.accolade.com)  
Group W0072990

## DENTAL & VISION PLANS

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

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

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

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

## FSAs and Commuter Benefits

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

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

## COBRA Medical and Dental

COBRA Medical are administered by SFHSS / P&A Group.

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

COBRA Dental is administered by **City College of San Francisco (CCSF) Benefits Unit.**  
[benefits@ccsf.edu](mailto:benefits@ccsf.edu)  
**(415) 452-7733**

## OTHER AGENCIES

### Pension Benefits

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

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

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

**PARS**  
**(800) 540-6369**  
[parsinfo.org](http://parsinfo.org)

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