

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](#) 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. Proceed to **Step 6**.
- 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 of the medical plans available to you online at [sfhss.org/actives-service-areas](#)
- Review coverage details on pages 4 and 5.
- Review the rates for available plans in your area on pages 10 to 12.
- 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 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](#) 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](#)

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](#) 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.

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.

** 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 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.

Well-Being

- Visit 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.



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.

	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	
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	OUT-OF-NETWORK
					\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$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	
	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 required	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility						
Hospital or Birthing Center	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge	No charge		No charge	85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		No charge must enroll newborn within 30 days of birth; see EOC	100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC		50% covered limitations apply; see EOC	50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse						
Outpatient Treatment	\$25 co-pay non-severe and severe	\$25 co-pay non-severe and severe		\$10 co-pay group; \$20 co-pay individual	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other						
Hearing Aids 1 aid per ear every 36 months; evaluation no charge	Up to \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no charge for evaluation		Up to \$2,500 per ear, every 36 months; no evaluation charge	85% covered after deductible; up to \$2,500 per ear, every 36 months	50% covered after deductible; up to \$2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	\$25 co-pay	\$25 co-pay		\$20 co-pay authorization required	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/Chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network	\$15 co-pay 30 visits max for each per plan year; ASH network		\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required		Co-pays apply authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification



Vision Plans

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

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

Covered Services	VSP Basic ¹	VSP Premier	
Well Vision Exam	\$10 co-pay every calendar year	\$10 co-pay every calendar year	
Single Vision Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year	
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year	
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²	\$0 every calendar year	
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year	
Premium Progressive Lenses	\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year	
Custom Progressive Lenses	\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year	
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year	\$25 co-pay every calendar year	
Premium Anti-Reflective Coating	\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year	
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year	\$25 co-pay every calendar year	
Scratch-Resistant Coating	Fully covered every other calendar year	Fully Covered every calendar year	
Frames	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco 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	
Contacts (<i>instead of glasses</i>)	\$150 allowance every other calendar year ²	\$250 allowance every calendar year	
Contacts Lens Exam	Up to \$60 co-pay every other calendar year ²	Up to \$60 co-pay every calendar year	
Essential Medical Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)	\$5 co-pay	\$5 co-pay	
Lightcare	\$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.	
VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 months)	21 Pay Periods ³	23 Pay Periods ³
E Only \$5.34 E + 1 Dep. \$8.12 E + 2 or more \$16.64	E Only \$11.56 E + 1 Dep. \$17.59 E + 2 or more \$36.06	E Only \$7.56 E + 1 Dep. \$11.50 E + 2 or more \$23.58	E Only \$6.48 E + 1 Dep. \$9.86 E + 2 or more \$20.21
Your Coverage with Out-of-Network Providers			
Visit vsp.com if you plan to see a provider other than a VSP network provider.			
Exam Up to \$50 Frame Up to \$70	Single Vision Lenses Up to \$45 Lined Bifocal Lenses Up to \$65	Lined Trifocal Lenses Up to \$85 Progressive Lenses Up to \$85	Contacts Up to \$105

¹VSP Basic Plan coverage is included with your medical premium. ²Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters. ³Employees with 21, and 23 pay periods pay a pro-rated premium rate for VSP Premier before summer break. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Additional SFUSD Benefits

Flexible Spending Accounts

Flexible Spending Account enrollment is handled by the SFUSD Benefits Office. FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both. Once enrolled, you set aside money pre-tax via payroll deduction to fund your FSA accounts. To receive FSA reimbursements, you must submit documentation to plan administrator **HealthEquity** by required deadlines. For more information visit [healthequity.com](https://www.healthequity.com).

A **Healthcare FSA** allows each employee to pay for up to \$2,750 per year in qualifying medical expenses pre-tax. Qualifying expenses include medical, pharmacy, dental and vision co-pays and deductibles for the enrolled employee and eligible dependents.

A **Dependent Care FSA** can help pay for qualifying dependent care expenses pre-tax up to \$5,000 per household per year. Qualifying expenses include certified day care, pre-school and elder care. Children in day care must be under age 13.

Before enrolling in your FSA, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2023. Budget conservatively. Based on new federal law, you may roll forward up to \$550 in unused funds in your Healthcare FSA year over year.

Any unreimbursed funds in excess of \$550 are forfeited at the end of the plan year and cannot be returned to you. Dependent Care FSA does not qualify for rollover. FSA expenses must meet Internal Revenue Service criteria:

- [irs.gov/forms-pubs/about-publication-502](https://www.irs.gov/forms-pubs/about-publication-502)
- [irs.gov/forms-pubs/about-publication-503](https://www.irs.gov/forms-pubs/about-publication-503)

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

Additional Voluntary Supplemental Benefits

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

Changing FSA Elections or Dental Enrollment

Please contact the SFUSD benefits office to make any changes to your FSA enrollment. Dental plan changes can be entered in EMPowerSF directly via Employee Self-Service. Please visit SFUSD's employee intranet (www.sfusd.edu) for instructions on making changes to your dental plan and to view the EMPowerSF Employee Self-Service Guide.

SFUSD Dental Plan Eligibility Guidelines

Enrollment in dental benefits is administered by the **SFUSD Benefits Office**. To enroll, log into your EMPowerSF profile and review your active enrollments under the benefits tab. Please note you will need to ensure that all dependents are listed under the dependents section of your profile first. SFUSD pays 100% of dental plan premium contributions. SFUSD dental eligibility guidelines are:

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

Delta Dental PPO: Principal Benefits and Covered Services

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



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

Temporary Employee Eligibility

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

Temporary Certificated Employees

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

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

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

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

Temporary School-Term Biweekly Employees

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

- Clerical Workers
- Paraeducators
- Security Aides

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

Eligible Temporary Exempt Employees

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

Options for Maintaining Coverage

Covered California: The state health insurance exchange, created under the federal Patient Protection and Affordable Care Act, allows you to compare and shop for health insurance. In some cases, you may qualify for Medi-Cal, tax credits and other assistance to make health insurance more affordable. Call **(888) 975-1142** or visit coveredca.com.

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

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



Rehired in the Fall?



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



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.

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 Mental health benefit advocacy 	<ul style="list-style-type: none"> Management Consultation and Coaching Workforce Mediation Resolution Critical Incident Response Non-Violent Crisis Intervention Training Workshops and Training

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

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
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: Call (866) 336-0711 to access mental health services.</p> <p>Ginger offers on-demand, confidential mental healthcare through coaching and self-guided activities. Video therapy & psychiatry sessions available for a co-pay.</p> <p>Headspace is a meditation app that helps reduce stress, increase resilience, and improve sleep.</p> <p>Find clinically-proven program, tools and apps at wellvolution.com.</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>If you have questions about 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. 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 with a Wellness Coach.</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.

2023 Medical Premium Contribution Rates: Employee Only

CLASSIFIED YEAR-ROUND EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions										
Consolidated Crafts ¹ Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261 SEIU Local 1021	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
Board Designated Confidential or Unrep. Board Designated Managerial	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
UESF Monthly to Bi-weekly Employees	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
IFPTE Local 21 UESF Paraeducators (Year-round)	\$355.51	\$0	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0	\$360.35	\$302.17
UESF 15-19 hours Paraeducators							\$257.41	\$85.80		
K-12 SCHOOL TERM EMPLOYEES										
Biweekly - 21 Pay Period Deductions										
UESF and USP K-12 Paraed. Aug.-Dec.	\$355.51	\$0.00	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0.00	\$360.35	\$302.17
UESF and USP K-12 Paraed. Jan.-Jun. ²	\$503.64	\$0.00	\$510.50	\$51.98	\$510.50	\$101.41	\$486.21	\$0.00	\$510.50	\$428.07
K-12 SCHOOL TERM EMPLOYEES										
Biweekly - 21 Pay Period Deductions										
SEIU Loc. 1021 K-12 Class. Aug.-Dec.	\$355.51	\$0.00	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0.00	\$390.44	\$272.08
SEIU Loc. 1021 K-12 Class. Jan.-Jun. ²	\$503.64	\$0.00	\$510.50	\$51.98	\$510.50	\$101.41	\$486.21	\$0.00	\$553.12	\$385.45
SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Aug.-Dec.							\$343.21	\$0.00		
SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Jan.-Jun. ²							\$486.21	\$0.00		
PRE-K SCHOOL TERM EMPLOYEES										
Biweekly - 23 Pay Period Deductions										
UESF and USP Paraed. Aug.-Dec.	\$355.51	\$0.00	\$360.35	\$36.69	\$360.35	\$71.58	\$343.21	\$0.00	\$360.35	\$302.17
UESF and USP Paraed. Jan.-Jun. ²	\$431.69	\$0.00	\$437.57	\$44.55	\$437.57	\$86.92	\$416.76	\$0.00	\$437.57	\$366.92
CERTIFICATED EMPLOYEES										
Monthly - 12 Pay Period Deductions										
UASF Local 3 Administrators Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management UESF Certificated Personnel UESF Substitute Teachers (Prop A)	\$770.28	\$0	\$780.76	\$79.50	\$780.76	\$155.09	\$743.62	\$0	\$780.76	\$654.71

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

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

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

2023 Medical Premium Contribution Rates: Employee +1

CLASSIFIED YEAR-ROUND EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions										
Consolidated Crafts ¹ Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261 SEIU Local 1021	\$709.65	\$0	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0	\$829.51	\$455.78
Board Designated Confidential or Unrep. Board Designated Managerial	\$709.65	\$0	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0	\$829.51	\$455.78
UESF Monthly to Bi-weekly Employees	\$458.77	\$250.88	\$463.61	\$329.10	\$463.61	\$398.88	\$446.47	\$238.57	\$463.61	\$821.68
IFPTE Local 21	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
UESF Paraeducators (Year-round)	\$459.36	\$250.29	\$464.20	\$328.51	\$464.20	\$398.29	\$447.06	\$237.98	\$464.20	\$821.09
UESF 15–19 hours Paraeducators	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53

K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 21 Pay Period Deductions										
UESF and USP K-12 Paraed. Aug.–Dec.	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
UESF and USP K-12 Paraed. Jan.–Jun. ²	\$715.30	\$290.04	\$722.16	\$400.85	\$722.16	\$499.70	\$697.88	\$272.60	\$722.16	\$1,098.67

K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 21 Pay Period Deductions										
SEIU Local 1021 K-12 Class. Aug.–Dec.	\$709.65	\$0.00	\$756.02	\$36.69	\$790.91	\$71.58	\$685.04	\$0.00	\$829.51	\$455.78
SEIU Local 1021 K-12 Class. Jan.–Jun. ²	\$1,005.34	\$0.00	\$1,071.03	\$51.98	\$1,120.46	\$101.41	\$970.47	\$0.00	\$1,175.14	\$645.69
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Aug.–Dec.										
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Jan.–Jun. ²										

PRE-K SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions										
UESF and USP Paraeducators Aug.–Dec.	\$504.92	\$204.73	\$509.76	\$282.95	\$509.76	\$352.73	\$492.62	\$192.42	\$509.76	\$775.53
UESF and USP Paraeducators Jan.–Jun. ²	\$613.12	\$248.60	\$618.99	\$343.58	\$618.99	\$428.32	\$598.18	\$233.65	\$618.99	\$941.72

CERTIFICATED EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions										
UASF Local 3 Administrators Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	\$944.00	\$543.58	\$1,004.48	\$713.05	\$1,004.48	\$864.25	\$967.34	\$516.92	\$1,004.48	\$1,780.32
UESF Certified Personnel UESF Substitute Teachers (Prop A)	\$1,094.00	\$443.58	\$1,104.48	\$613.05	\$1,104.48	\$764.25	\$1,067.34	\$416.92	\$1,104.48	\$1,680.32

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

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

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

2023 Medical Premium Contribution Rates: Employee +2 or More

CLASSIFIED YEAR-ROUND EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 26 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
Consolidated Crafts ¹ Electric Workers Local 6 Stationary Engineers Local 39 Laborers, Local 261 SEIU Local 1021	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
Board Designated Confidential or Unrep. Board Designated Managerial	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
UESF Monthly to Bi-weekly Employees	\$481.84	\$521.74	\$486.68	\$634.43	\$486.68	\$733.17	\$469.54	\$499.21	\$486.68	\$1,329.61
IFPTE Local 21	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
UESF Paraeducators (Year-round)	\$514.28	\$489.30	\$519.12	\$601.99	\$519.12	\$700.73	\$501.98	\$466.77	\$519.12	\$1,297.17
UESF 15-19 hours Paraeducators	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76

K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 21 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP K-12 Paraed. Aug.-Dec.	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
UESF and USP K-12 Paraed. Jan.-Jun. ²	\$829.73	\$592.01	\$836.58	\$751.66	\$836.58	\$891.54	\$812.30	\$560.10	\$836.58	\$1,736.50

K-12 SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 21 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
SEIU Local 1021 K-12 Class. Aug.-Dec.	\$824.67	\$178.91	\$829.51	\$291.60	\$829.51	\$390.34	\$812.37	\$156.38	\$829.51	\$986.78
SEIU Local 1021 K-12 Class. Jan.-Jun. ²	\$1,168.28	\$253.46	\$1,175.14	\$413.10	\$1,175.14	\$552.98	\$1,150.86	\$221.54	\$1,175.14	\$1,397.94
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Aug.-Dec.										
SEIU Local 1021 PEX Student Nutr. Wrkr. less than 20 hours a week Jan.-Jun. ²										

PRE-K SCHOOL TERM EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Biweekly - 23 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UESF and USP Paraeducators Aug.-Dec.	\$585.69	\$417.89	\$590.53	\$530.58	\$590.53	\$629.32	\$573.39	\$395.36	\$590.53	\$1,225.76
UESF and USP Paraeducators Jan.-Jun. ²	\$711.19	\$507.44	\$717.07	\$644.28	\$717.07	\$764.18	\$696.26	\$480.08	\$717.07	\$1,488.42

CERTIFICATED EMPLOYEES	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	SFUSD Pays	You Pay	TRIO HMO		ACCESS+ HMO		SFUSD Pays	You Pay	SFUSD Pays	You Pay
Monthly - 12 Pay Period Deductions			SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay	SFUSD Pays	You Pay
UASF Local 3 Administrators Board of Educators (BOE) Superintendent's Cabinet Certificated Unrepresented Management	\$1,044.00	\$1,130.42	\$1,054.48	\$1,374.59	\$1,054.48	\$1,588.54	\$1,017.34	\$1,081.63	\$1,054.48	\$2,880.81
UESF Certified Personnel UESF Substitute Teachers (Prop A)	\$1,269.00	\$905.42	\$1,279.48	\$1,149.59	\$1,279.48	\$1,363.54	\$1,242.34	\$856.63	\$1,279.48	\$2,655.81

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

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

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



Additional Benefits and Important Notices

Health Benefits Eligibility

The following persons are eligible to participate in SFHSS benefits:

- All regularly scheduled provisional or temporary exempt employees of the San Francisco Unified School District (“SFUSD”) whose normal scheduled work week at date of hire is not less than 20 hours.
- All other employees of the SFUSD, including *as needed intermittent or substitute temporary/temporary exempt employees*, who have worked at least 20 hours a week in a consecutive 12 month period may be eligible under the *Affordable Care Act*.
- All members of the SF Board of Education Boards during their time in service to the San Francisco Unified School District.
- 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).

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) 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

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.

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.

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. For information about exchanges in other states, visit healthcare.gov.

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.

Use and Disclosure of Your Personal Health Information

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

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

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

Patient Protection Provider Choice Notice

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



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.

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.

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**.

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
(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

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://www.sfhss.org/creditable-coverage) for more details.



Key Contacts

SFUSD Benefits Office

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

Hours: Monday, Tuesday, Wednesday, and Friday from 9am-12pm and 1pm to 5pm and Thursdays 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

Well-Being

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) 652-4646
Fax: (628) 652-4702
health.service.board@sfgov.org
sfhss.org/health-service-board

MEDICAL PLANS

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

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

Blue Shield of California Access+ HMO
(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
(866) 336-0711
member.accolade.com
Group W0072990

DENTAL & VISION PLANS

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

Delta Dental PPO
(888) 335-8227
deltadentalins.com
Group 652-0011 (monthly)
Group 652-0016 (biweekly)
Group 652-0012 (paraeducators)

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

FSA

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

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

COBRA

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

HealthEquity (Dental COBRA)
(877) 722-2667
healthequity.com

LTD & GROUP LIFE INS.

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

OTHER AGENCIES

Pension Benefits

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

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

CalSTRS
(800) 228-5453
calstrs.org

PARS
(800) 540-6369
parsinfo.org

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

CCSF Payment Portal

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