

SAN FRANCISCO  
HEALTH SERVICE SYSTEM

2023

City College of San Francisco



Health Benefits Guide



# Highlights for 2023

## 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

# Step-by-Step Enrollment Guide

**STEP 1:** Are you a new hire or do you have a Qualifying Life Event where you need to enroll or update your benefits? Make your elections and updates online using [eBenefits](#). See **Step 5** to learn how to create a new account.

- If **YES**, go to **Steps 2 through 5** on how to make changes.
- If **NO**, the next time you can change your benefits is during Open Enrollment in October.

**STEP 2:** Review dependent eligibility rules on pages 2 to 3 or online at [sfhss.org/eligibility-rules](https://sfhss.org/eligibility-rules) Do you need to add or drop a dependent due to a Qualifying Life Event?

- If **NO**, proceed to Step 3.
- If **YES**, complete the **Review Dependents** page in [eBenefits](#) to add dependents or edit existing dependents.
- Submit copies of supporting documents. New dependents must have supporting documentation submitted with their elections in order to be enrolled (e.g. birth certificate).

**STEP 3:** Enrolling or making changes to your health plan benefits.

- Review the service areas of the medical plans available to you on page 8.
- Compare Provider Medical Groups available by HMO plans on page 9.
- Review coverage details on pages 10 to 11.
- Review the rates for available plans in your area on page 14.
- In [eBenefits](#), complete the **Choose a Medical Plan** page..

**STEP 4:** Enrolling or making changes to your vision benefits.

- Review the vision benefits options and rates on pages 12 and 13.
- You must be enrolled in a medical plan to receive Vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage be enrolled in the VSP Premier Plan.
- In [eBenefits](#), complete the **Enroll in a Vision Premier Plan** page.

**STEP 5:** Complete your [eBenefits](#) and submit your elections. 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.

To get started, go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll). If you are unable to enroll online, you can download an Enrollment Application form at [sfhss.org/benefits/city-college](https://sfhss.org/benefits/city-college), then fax or mail your completed Enrollment Application form and documentation to SFHSS. Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** and our fax is **(628) 652-4701**.

**We are providing consultations by telephone.** To make an appointment, go to [sfhss.org/qualifying-life-events](https://sfhss.org/qualifying-life-events) to schedule a Change in Family Status consultation or [sfhss.org/new-hire](https://sfhss.org/new-hire) for a New Hire consultation.

**For HELP**, call San Francisco Health Service System (SFHSS) Member Services at **(628) 652-4700**. Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm or visit [sfhss.org](https://sfhss.org).





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



# Eligibility

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

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

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

■ Certain restrictions apply

### Eligibility for Spouses and Domestic Partners

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

### Domestic Partner Health Coverage and Your Taxes

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

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

### Natural Children, Stepchildren, Adopted Children

A member's natural child, legally adopted child, or child placed in adoption with a 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 Section B.3.a, of the **San Francisco Health Service System Member Rules** for more details.

### Legal Guardianships and Court-Ordered Children

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

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

### Adult Disabled Children

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

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

A newly hired employee who adds an eligible dependent Adult Child, who is age 26 or older, must meet all requirements listed, except **1.** and **2.** above and comply with their enrolled medical plan’s disabled dependent certification process stated in **6. within 30 days** of hire date.

### Medicare Enrollment Requirements for Dependents of Active Employees

SFHSS Rules require Medicare eligible domestic partners, dependents with End Stage Renal Disease (ESRD) and children who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A, if eligible, and enroll and pay the premiums for Medicare Part B. Medicare coverage begins 30 months after disability application.

#### Medicare Enrollment Requirements

Retirees and dependents who are eligible for Medicare must already be enrolled in Medicare Part A and Part B when retiring. Proof of Medicare coverage is required by SFHSS before any Medicare-eligible individual can be enrolled in retiree health coverage. Failure to enroll in Medicare when first eligible may also result in a late-enrollment penalty from Medicare. Medicare applications placed with Social Security can take three months to process.

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

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible.

Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent’s relationship with the employee or retiree is current. Acceptable documentation may include, but is not limited to, current federal tax returns and other documentation that demonstrates cohabitation or financial interdependency.

Enrollment of a dependent who does not meet the plan’s eligibility requirements as stated in SFHSS Rules and enrollment materials, or failure to disenroll when a dependent becomes ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent’s health premiums and any medical service provided. Dependents can be dropped during Open Enrollment without penalty.



# Qualifying Life Events Allow You to Change Your Benefits Within 30 Days

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

Certain life events count as a **Qualifying Life Event** where you can modify your benefit elections. Submit your elections and upload all required documentation online using **eBenefits**, which you can access under **Employee Links** on the City's Employee Portal. Visit [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll) to get started. **Your elections and documents are due no later than 30 calendar days after the qualifying event occurs.**

## New Spouse or Domestic Partnership

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

## Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child's date of birth. Your election and required documents must be submitted **within 30 days** of the birth or date of legal adoption. Coverage for an enrolled adopted child will be effective on the date the child is placed.

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

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

## Legal Guardianship or Court Order

Coverage for a dependent under legal guardianship or court order shall be effective the date of court order, if all documentation is submitted to SFHSS by the **30-day deadline**. Use **eBenefits** to submit documentation and enroll online.

## Divorce, Separation, Dissolution, Annulment

A member must **immediately** notify SFHSS and provide documentation in writing when the legal separation, divorce or final dissolution of marriage or termination of domestic partnership has been granted. Coverage of an ex-spouse, step-children, domestic partner and children of domestic partner will terminate on the last day of the coverage period of the event date. Use **eBenefits** to submit documentation and dis-enroll any former dependent(s) online.

## Loss of Other Health Coverage

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

## Obtaining Other Health Coverage

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



## Moving Out of Your Plan's Service Area

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

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

## Death of a Dependent

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

## Death of a Member

In the event of a member's death, the **surviving dependent** or **surviving designee** should contact **SFHSS and CCSF** to obtain information about eligibility to continue health coverage for surviving dependents **within 30 days** from date of the death and submit a copy of death certificate when available.

## Responsibility for Premium Contributions

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

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

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



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



# Part-Time Faculty and Classified Temporary Employee Eligibility



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

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

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

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

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

## Options for Maintaining Coverage

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

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

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

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





## Medical Plan Options

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

### What is a Health Maintenance Organization?

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

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

There is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount (co-payment). SFHSS offers the following HMO medical plans:

#### ■ Health Net CanopyCare HMO:

Access great care across nine Bay Area counties. Canopy Health, the featured network of CanopyCare HMO has five prominent medical groups, 29 hospitals, 70+ urgent care centers, and over 5,500 physicians. The Alliance Referral Program allows you and your covered dependents to seek referrals to any specialist across the entire Canopy Health network. Receive care by your office or home. Eligible employees who live or work within the ZIP codes serviced by CanopyCare HMO can enroll.

#### ■ Kaiser Permanente HMO:

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

#### ■ Trio HMO - Blue Shield of California:

A network of local doctors, specialists and hospitals working closely together to coordinate your care. Trio has a dedicated Concierge Service based on location. You must live or work in a ZIP code serviced by the plan to enroll.

#### ■ Access+ HMO - Blue Shield of California:

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

### What is a Preferred Provider Organization?

A PPO is a medical plan that offers benefits through in-network and out-of-network healthcare providers. PPOs allow for a greater selection of providers however, out-of-network providers cost more.

You are not assigned to a PCP, giving you more responsibility for coordinating your care.

Unlike HMO plans, PPOs usually result in higher out-of-pocket cost, and may also have deductible. Generally, you will need to pay your plan year deductible prior to paying your coinsurance for the applicable service. Blue Shield of CA PPO is a self-insured plan and individual premiums are determined by the total cost of services used by the plan's group of participants.

SFHSS offers the following PPO plan:

#### ■ Blue Shield of California PPO

### How To Enroll in Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan **within 30 calendar days** of their work start date. SFHSS members may enroll online using [eBenefits](#) (go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll) to get started) or by completing and submitting an **Enrollment Application form** by fax or mail, along with required eligibility documentation.

If you do not enroll by the required deadline, you will only be able to enroll in benefits during the next Open Enrollment period or if a **Qualifying Life Event** occurs.

Coverage following a **Qualifying Life Event** will start the first day of the coverage period following receipt and approval of required eligibility documentation. Once enrolled, you must pay all required employee premium contributions.

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

You cannot change benefit elections outside of Open Enrollment because a doctor, hospital or medical group chooses not to participate. You will be assigned or must select another provider.

# Medical Plan Service Areas

County	Health Net CanopyCare HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ HMO	Kaiser Permanente HMO	Blue Shield of CA PPO
Alameda	■	■	■	■	■
Contra Costa	■	■	■	■	■
Marin	■	○	■	■	■
Napa				○	■
Sacramento		○	■	■	■
San Francisco	■	■	■	■	■
San Joaquin		■	■	■	■
San Mateo	■	■	■	■	■
Santa Clara	■	■	■	○	■
Santa Cruz	■	■	■	■	■
Solano	○	○	■	■	■
Sonoma	○		■	○	■
Stanislaus		○	■	■	■
Tuolumne					■
Outside of CA	Urgent/ER Care Only	Urgent/ER Care Only	Urgent/ER Care Only	Urgent/ER Care Only	No Service Area Limits

■ Available in this county

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

## Blue Shield of California HMO, Health Net CanopyCare HMO, and Kaiser Permanente HMO: Service Area Limits

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

For **Blue Shield of California's Access+ HMO**, call **(855) 256-9404**. For **Health Net CanopyCare HMO**, call **(833) 448-2042**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

## Blue Shield of California PPO: No Service Area Limits

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



Did you know that if you move, you may have to enroll in a new medical plan that provides coverage in your new service area? Avoid loss of coverage by **updating your address using eBenefits in the Employee Portal at [myapps.sfgov.org](https://myapps.sfgov.org)**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.





# HMO Plans Comparison Chart of In-Network Medical Groups and Hospitals

	BLUE SHIELD OF CALIFORNIA		HEALTH NET
	ACCESS+ HMO	TRIO HMO	CANOPYCARE HMO
Provider Medical Group/IPA			
Brown and Toland Medical Group	Yes	Yes	No
Dignity Physicians Medical Group	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)
Hill Physicians Medical Group	Yes	Yes	Yes
John Muir Physician Network	Yes	Yes	Yes
MarinHealth	No	No	Yes
Meritage	Yes	Marin County Only	Yes
Santa Clara Physician Network (SCCIPA)	Yes	Yes	Yes
Sutter Palo Alto Medical Foundation Physicians	Yes	No	No
Hospitals			
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes	Yes	Yes
El Camino Hospital	Yes	Yes	No
Good Samaritan Hospital	Yes	Santa Clara and LA Counties Only	Yes
San Jose Regional Medical Center	Yes	Yes	Yes
San Ramon Regional Medical Center	Yes	Yes	Yes
Santa Clara Valley Medical Center	Yes	Yes	No
Stanford Hospitals and Clinics	Yes	Yes	No
Sutter Alta Bates Summit Medical Center	Yes	Yes	No
Sutter Eden Medical Center	Yes	Yes	No
Sutter California Pacific Medical Center (CPMC)	Yes	Yes (only w/ Brown and Toland IPA)	No
UCSF Benioff Children's Hospital	Yes	Yes	Yes
UCSF Sonoma Valley Hospital	Yes	Yes	Yes
UCSF Medical Center	Yes	Yes	Yes
Washington Hospital	Yes	Yes	Yes
Zuckerberg San Francisco General Hospital	No	No	Yes

*Disclaimer: The information contained in this IPA Comparison Chart is subject to change. For a complete list of the most current Provider Medical Groups and Hospitals available to you, please contact your health plan directly.*



# Medical Plans

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

	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 req.	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility						
Hospital or Birthing Center	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge	No charge		No charge	85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		No charge must enroll newborn within 30 days of birth; see EOC	100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC		50% covered limitations apply; see EOC	50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse						
Outpatient Treatment	\$25 co-pay non-severe and severe	\$25 co-pay non-severe and severe		\$10 co-pay group \$20 co-pay individual	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	\$200 co-pay per admission	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other						
Hearing Aids 1 aid per ear every 36 months; evaluation no charge	Up to \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no charge for evaluation		Up to \$2,500 per ear, every 36 months; no evaluation charge	85% covered after deductible; up to \$2,500 per ear, every 36 months	50% covered after deductible; up to \$2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	\$25 co-pay	\$25 co-pay		\$20 co-pay authorization required	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/Chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network	\$15 co-pay 30 visits max for each per plan year; ASH network		\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required		Co-pays apply authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification



# Vision Plans

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

## Vision Plan Benefits

SFHSS members and dependents enrolled in medical coverage automatically receive vision coverage through VSP Vision Care. If you elect to enroll in the VSP Premier plan and you have dependents enrolled in SFHSS medical coverage, your covered dependents will also be enrolled in the VSP Premier Plan. You may go to a VSP in-network or out-of-network provider. In-network providers now include **Walmart Vision** and **Sam's Club**. Visit [www.vsp.com](http://www.vsp.com) for a complete list of network providers.

## Accessing Your Vision Benefits

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

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

## Basic Vision Plan Limits and Exclusions

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

## Expenses Not Covered by Plan

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

## VSP Basic and Premier Vision Plans

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

## VSP Lightcare

Both Basic and Premier plans now include VSP LightCare. Members can choose to use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, every 12 months.

## VSP Vision Care Member Extras

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

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



### No Medical Plan = No Vision Benefits

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





# Vision Plan Benefits-at-a-Glance

Covered Services		VSP Basic <sup>1</sup>	VSP Premier
<b>Well Vision Exam</b>		\$10 co-pay every calendar year	\$10 co-pay every calendar year
<b>Single Vision Lenses</b>		\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Bifocal Lenses</b>		\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Trifocal Lenses</b>		\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Standard Progressive Lenses</b>		100% coverage every other calendar year	100% coverage every calendar year
<b>Premium Progressive Lenses</b>		\$95–\$105 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Progressive Lenses</b>		\$150–\$175 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Standard Anti-Reflective Coating</b>		\$41 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Premium Anti-Reflective Coating</b>		\$58–\$69 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Anti-Reflective Coating</b>		\$85 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Scratch-Resistant Coating</b>		Fully covered every other calendar year	Fully Covered every calendar year
<b>Frames</b>		\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco 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</b> ( <i>instead of glasses</i> )		\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year
<b>Contact Lens Exam</b>		Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every other calendar year
<b>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.
VSP Premier Contribution			
Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods <sup>3</sup>	21 Pay Periods <sup>3</sup>
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 \$18.50   <b>\$11.56</b> E + 1 Dep. \$28.14   <b>\$17.59</b> E + 2 or more \$57.70   <b>\$36.06</b>	E Only \$7.76   <b>\$5.34</b> E + 1 Dep. \$11.81   <b>\$8.12</b> E + 2 or more \$24.21   <b>\$16.64</b>
Your Coverage with Out-of-Network Providers			
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.

In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



# 2023 Medical Premium Contributions

	HEALTH NET CANOPYCARE HMO		BLUE SHIELD OF CALIFORNIA				KAISER PERMANENTE HMO		BLUE SHIELD OF CA PPO	
	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay

## BIWEEKLY 26 PAY PERIODS

BOARD MEMBERS AND CLASS. ADMIN.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$355.51	\$0.00	\$371.90	\$25.14	\$399.15	\$32.78	\$343.21	\$0.00	\$394.64	\$267.88
Employee +1	\$568.08	\$141.57	\$634.56	\$158.15	\$690.43	\$172.06	\$566.26	\$118.78	\$652.93	\$632.36
Employee +2 or more	\$678.62	\$324.96	\$758.09	\$363.02	\$824.86	\$394.99	\$640.14	\$328.61	\$743.04	\$1,073.25
CLASSIFIED EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$355.51	\$0.00	\$371.90	\$25.14	\$403.94	\$27.99	\$343.21	\$0.00	\$400.56	\$261.96
Employee +1	\$538.91	\$170.74	\$601.98	\$190.73	\$654.98	\$207.51	\$529.82	\$155.22	\$685.84	\$599.45
Employee +2 or more	\$636.97	\$366.61	\$711.57	\$409.54	\$774.24	\$445.61	\$587.55	\$381.20	\$1,028.75	\$787.54

## BIWEEKLY 21 PAY PERIODS

CLASSIFIED EMPLOYEES	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Dec. 24 – May 26	\$517.11	\$0.00	\$540.95	\$36.57	\$587.55	\$40.71	\$499.21	\$0.00	\$582.63	\$381.03
Aug. 5 – Dec. 22	\$355.51	\$0.00	\$371.90	\$25.14	\$403.94	\$27.99	\$343.21	\$0.00	\$400.56	\$261.96
EMPLOYEE +1										
Dec. 24 – May 26	\$783.87	\$248.35	\$875.61	\$277.43	\$952.70	\$301.83	\$770.65	\$225.77	\$997.59	\$871.93
Aug. 5 – Dec. 22	\$538.91	\$170.74	\$601.98	\$190.73	\$654.98	\$207.51	\$529.82	\$155.22	\$685.84	\$599.45
EMPL. +2 OR MORE										
Dec. 24 – May 26	\$926.50	\$533.25	\$1,035.01	\$595.69	\$1,126.17	\$648.16	\$854.62	\$554.47	\$1,496.36	\$1,145.51
Aug. 5 – Dec. 22	\$636.97	\$366.61	\$711.57	\$409.54	\$774.24	\$445.61	\$587.55	\$381.20	\$1,028.75	\$787.54

Classified School Term Only (STO) on 21 pay periods; January to June deductions (11 pay periods) include a 1.45 rate to pre-pay premiums for the summer coverage period.

## MONTHLY 12 PAY PERIODS

ACADEMIC ADMINS.	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$770.28	\$0.00	\$805.76	\$54.50	\$864.73	\$71.12	\$743.62	\$0.00	\$855.05	\$580.42
Employee +1	\$1,230.84	\$306.74	\$1,374.88	\$342.65	\$1,495.92	\$372.81	\$1,226.89	\$257.37	\$1,414.40	\$1,370.40
Empl. +2 or more	\$1,470.35	\$704.07	\$1,642.55	\$786.52	\$1,787.21	\$855.81	\$1,387.00	\$711.97	\$1,609.93	\$2,325.36
FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
Employee Only	\$770.28	\$0.00	\$805.76	\$54.50	\$864.73	\$71.12	\$743.62	\$0.00	\$855.05	\$580.42
Employee +1	\$1,251.13	\$286.45	\$1,397.55	\$319.98	\$1,520.59	\$348.14	\$1,271.34	\$212.92	\$1,443.91	\$1,340.89
Empl. +2 or more	\$1,522.09	\$652.33	\$1,700.35	\$728.72	\$1,850.12	\$792.90	\$1,459.92	\$639.05	\$1,692.18	\$2,243.11

## MONTHLY 9 PAY PERIODS

PT. TIME FACULTY	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay
EMPLOYEE ONLY										
Jan. 1–May 31	\$1,232.45	\$0.00	\$1,289.22	\$87.20	\$1,383.57	\$113.79	\$1,189.79	\$0.00	\$1,368.08	\$928.67
Sept. 1–Dec. 31	\$770.28	\$0.00	\$805.76	\$54.50	\$864.73	\$71.12	\$743.62	\$0.00	\$855.05	\$580.42
EMPLOYEE +1										
Jan. 1–May 31	\$2,001.81	\$458.32	\$2,236.08	\$511.97	\$2,432.94	\$557.02	\$2,034.14	\$340.67	\$2,310.26	\$2,145.42
Sept. 1–Dec. 31	\$1,251.13	\$286.45	\$1,397.55	\$319.98	\$1,520.59	\$348.14	\$1,271.34	\$212.92	\$1,443.91	\$1,340.89
EMPL. +2 OR MORE										
Jan. 1–May 31	\$2,435.34	\$1,043.73	\$2,720.56	\$1,165.95	\$2,960.19	\$1,268.64	\$2,335.87	\$1,022.48	\$2,707.49	\$3,588.98
Sept. 1–Dec. 31	\$1,522.09	\$652.33	\$1,700.35	\$728.72	\$1,850.12	\$792.90	\$1,459.92	\$639.05	\$1,692.18	\$2,243.11

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



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

### Delta Dental PPO

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

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

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

### Flexible Spending Accounts

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

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

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

Before enrolling in your FSA, work out a detailed estimate of the eligible expenses you are likely to incur in 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 FSAs are administered by *WageWorks*. Visit [wageworks.com](https://wageworks.com) for more information.

### Commuter Benefits

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

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

### Other Voluntary Benefits

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

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

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



# Mental Health and Substance Abuse Benefits

We're Here *For You*

## Employee Assistance Program (EAP) – Available 24/7.

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](https://sfhss.org/eap).

Individual Services	Organizational Services
<ul style="list-style-type: none"> <li>■ Short Term solution focused counseling for individuals and couples</li> <li>■ Assessments and referrals</li> <li>■ Consultations and coaching</li> <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="https://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="https://www.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.</p> <p>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="https://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="https://kp.org/selfcareapps">kp.org/selfcareapps</a>.</p>

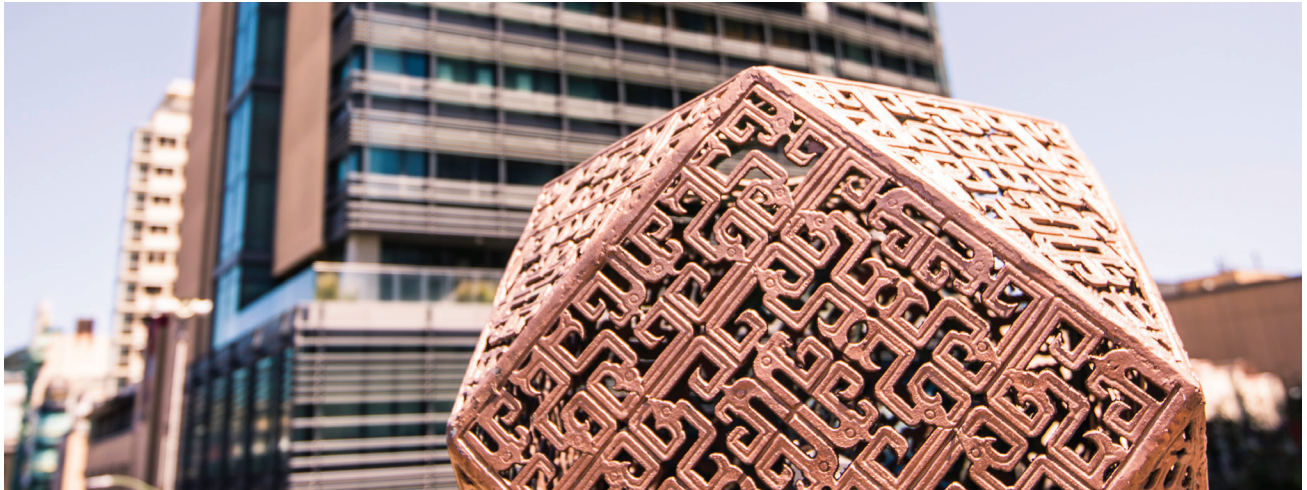
<sup>1</sup>As a result of mental health parity law, there is no yearly, or lifetime dollar amounts for mental health benefits.





# Health Benefits During a Leave of Absence

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



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

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

## Your Responsibilities

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

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

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

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

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

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



## Planning For Retirement

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

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



## Transitioning to Retirement

### Enrollment in Retiree Benefits Does Not Happen Automatically

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

**Contact SFERS, CalPERS or CalSTRS three months before your retirement date** to learn about your retirement eligibility/pension. Upcoming CalSTRS retirees, contact **CCSF Benefits Unit** at [benefits@ccsf.edu](mailto:benefits@ccsf.edu) to request a Retirement packet. All upcoming retirees who are eligible for retiree medical coverage must schedule and enroll for your retirement benefits with **SFHSS** at **628-652-4700** **within 30 days** from retirement date.

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

### Medicare Enrollment

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

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

### Active Employee Medicare Enrollment

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

If you enrolled in Medicare Part A prior to your planned retirement, then you must contact the Social Security Administration and **enroll in Medicare Part B three months before your retirement or leave City employment.**

If you are over age 65 and not enrolled in both Medicare Part A and Part B upon retirement, you may be charged penalties by Medicare and you will be enrolled in **Blue Shield of California PPO 20**.

### Retiree Premium Contributions

If you choose to continue medical and/or dental coverage through SFHSS after you retire, your retiree premium contribution may be higher than your active employee contributions. Health premium contributions will be taken from your pension check. **If your monthly premium contributions are greater than your pension check, you must contact SFHSS to make payment arrangements.**

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

### Contact Employee Assistance Program (EAP)

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



# COBRA and Covered California

## COBRA

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

## COBRA Continuation Coverage

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

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

## COBRA Notification and Election Time Limits

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

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

## Paying for COBRA

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

## Duration of COBRA Continuation Coverage

COBRA coverage is generally available for a maximum of 18 months. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a coverage extension for up to 36 months. Employees and dependents who are eligible for less than 36 months of federal COBRA may also be eligible for Cal-COBRA. Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Employees who are disabled on the date of their qualifying event, or any time during the first 60 days of COBRA coverage, are eligible for 29 months of coverage. Beginning the 19th month of coverage, the cost will rise to 150% of group rate.

## Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

## COBRA Continuation Coverage Alternatives

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

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

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

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



# 2023 Health Coverage Calendars

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

Work Dates	Pay Date	Coverage Period
December 24, 2022 – January 6, 2023	January 17, 2023	December 24, 2022 – January 6, 2023
January 7, 2023 – January 20, 2023	January 31, 2023	January 7, 2023 – January 20, 2023
January 21, 2023 – February 3, 2023	February 14, 2023	January 21, 2023 – February 3, 2023
February 4, 2023 – February 17, 2023	February 28, 2023	February 4, 2023 – February 17, 2023
February 18, 2023 – March 3, 2023	March 14, 2023	February 18, 2023 – March 3, 2023
March 4, 2023 – March 17, 2023	March 28, 2023	March 4, 2023 – March 17, 2023
March 18, 2023 – March 31, 2023	April 11, 2023	March 18, 2023 – March 31, 2023
April 1, 2023 – April 14, 2023	April 25, 2023	April 1, 2023 – April 14, 2023
April 15, 2023 – April 28, 2023	May 9, 2023	April 15, 2023 – April 28, 2023
April 29, 2023 – May 12, 2023	May 23, 2023	April 29, 2023 – May 12, 2023
May 13, 2023 – May 26, 2023	June 6, 2023	May 13, 2023 – May 26, 2023
May 27, 2023 – June 9, 2023	June 20, 2023	May 27, 2023 – June 9, 2023
June 10, 2023 – June 23, 2023	July 4, 2023	June 10, 2023 – June 23, 2023
June 24, 2023 – July 7, 2023	July 18, 2023	June 24, 2023 – July 7, 2023
July 8, 2023 – July 21, 2023	August 1, 2023	July 8, 2023 – July 21, 2023
July 22, 2023 – August 4, 2023	August 15, 2023	July 22, 2023 – August 4, 2023
August 5, 2023 – August 18, 2023	August 29, 2023	August 5, 2023 – August 18, 2023
August 19, 2023 – September 1, 2023	September 12, 2023	August 19, 2023 – September 1, 2023
September 2, 2023 – September 15, 2023	September 26, 2023	September 2, 2023 – September 15, 2023
September 16, 2023 – September 29, 2023	October 10, 2023	September 16, 2023 – September 29, 2023
September 30, 2023 – October 13, 2023	October 24, 2023	September 30, 2023 – October 13, 2023
October 14, 2023 – October 27, 2023	November 7, 2023	October 14, 2023 – October 27, 2023
October 28, 2023 – November 10, 2023	November 21, 2023	October 28, 2023 – November 10, 2023
November 11, 2023 – November 24, 2023	December 5, 2023	November 11, 2023 – November 24, 2023
November 25, 2023 – December 8, 2023	December 19, 2023	November 25, 2023 – December 8, 2023
December 9, 2023 – December 22, 2023	January 2, 2024	December 9, 2023 – December 22, 2023

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

If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY23/24 calendar was not finalized with the union at the time of publication. Please check [sfhss.org](https://sfhss.org) for updates.





# 2023 Health Coverage Calendars

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

Work Dates	Pay Date	Coverage Period
December 24, 2022 – January 6, 2023	January 17, 2023	December 24, 2022 – January 6, 2023
January 7, 2023 – January 20, 2023	January 31, 2023	January 7, 2023 – January 20, 2023
January 21, 2023 – February 3, 2023	February 14, 2023	January 21, 2023 – February 3, 2023
February 4, 2023 – February 17, 2023	February 28, 2023	February 4, 2023 – February 17, 2023
February 18, 2023 – March 3, 2023	March 14, 2023	February 18, 2023 – March 3, 2023
March 4, 2023 – March 17, 2023	March 28, 2023	March 4, 2023 – March 17, 2023
March 18, 2023 – March 31, 2023	April 11, 2023	March 18, 2023 – March 31, 2023
April 1, 2023 – April 14, 2023	April 25, 2023	April 1, 2023 – April 14, 2023
April 15, 2023 – April 28, 2023	May 9, 2023	April 15, 2023 – April 28, 2023
April 29, 2023 – May 12, 2023	May 23, 2023	April 29, 2023 – May 12, 2023
May 13, 2023 – May 26, 2023	June 6, 2023	May 13, 2023 – May 26, 2023
Summer Break (off from regular work)	June 20, 2023 July 4, 2023 July 18, 2023 August 1, 2023 August 15, 2023	Summer Coverage Period (extra payroll deductions taken January to June) Pre-pay this summer coverage period
August 5, 2023 – August 18, 2023	August 29, 2023	August 5, 2023 – August 18, 2023
August 19, 2023 – September 1, 2023	September 12, 2023	August 19, 2023 – September 1, 2023
September 2, 2023 – September 15, 2023	September 26, 2023	September 2, 2023 – September 15, 2023
September 16, 2023 – September 29, 2023	October 10, 2023	September 16, 2023 – September 29, 2023
September 30, 2023 – October 13, 2023	October 24, 2023	September 30, 2023 – October 13, 2023
October 14, 2023 – October 27, 2023	November 7, 2023	October 14, 2023 – October 27, 2023
October 28, 2023 – November 10, 2023	November 21, 2023	October 28, 2023 – November 10, 2023
November 11, 2023 – November 24, 2023	December 5, 2023	November 11, 2023 – November 24, 2023
November 25, 2023 – December 8, 2023	December 19, 2023	November 25, 2023 – December 8, 2023
December 9, 2023 – December 22, 2023	January 2, 2024	December 9, 2023 – December 22, 2023

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

If you take an approved unpaid leave of absence, you pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY23/24 calendar was not finalized with the union at the time of publication. Please check [sfhss.org](https://sfhss.org) for updates.



# 2023 Health Coverage Calendars

## FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2023 – January 31, 2023	January 31, 2023	January 1, 2023 – January 31, 2023
February 1, 2023 – February 28, 2023	February 28, 2023	February 1, 2023 – February 28, 2023
March 1, 2023 – March 31, 2023	March 31, 2023	March 1, 2023 – March 31, 2023
April 1, 2023 – April 30, 2023	April 28, 2023	April 1, 2023 – April 30, 2023
May 1, 2023 – May 31, 2023	May 31, 2023	May 1, 2023 – May 31, 2023
June 1, 2023 – June 30, 2023	June 30, 2023	June 1, 2023 – June 30, 2023
July 1, 2023 – July 31, 2023	July 31, 2023	July 1, 2023 – July 31, 2023
August 1, 2023 – August 31, 2023	August 31, 2023	August 1, 2023 – August 31, 2023
September 1, 2023 – September 30, 2023	September 29, 2023	September 1, 2023 – September 30, 2023
October 1, 2023 – October 31, 2023	October 31, 2023	October 1, 2023 – October 31, 2023
November 1, 2023 – November 30, 2023	November 30, 2023	November 1, 2023 – November 30, 2023
December 1, 2023 – December 31, 2023	December 29, 2023	December 1, 2023 – December 31, 2023

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

Work Dates	Pay Date	Coverage Period
January 1, 2023 – January 31, 2023	January 31, 2023	January 1, 2023 – January 31, 2023
February 1, 2023 – February 28, 2023	February 28, 2023	February 1, 2023 – February 28, 2023
March 1, 2023 – March 31, 2023	March 31, 2023	March 1, 2023 – March 31, 2023
April 1, 2023 – April 30, 2023	April 28, 2023	April 1, 2023 – April 30, 2023
May 1, 2023 – May 31, 2023	May 31, 2023	May 1, 2023 – May 31, 2023
Summer Break (off from regular work)	June 30, 2023 July 31, 2023 August 31, 2023	Summer Coverage Period ( <i>extra payroll deductions taken January to May</i> )
September 1, 2023 – September 30, 2023	September 29, 2023	September 1, 2023 – September 30, 2023
October 1, 2023 – October 31, 2023	October 31, 2023	October 1, 2023 – October 31, 2023
November 1, 2023 – November 30, 2023	November 30, 2023	November 1, 2023 – November 30, 2023
December 1, 2023 – December 31, 2023	December 29, 2023	December 1, 2023 – December 31, 2023

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

If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY23/24 calendar was not finalized with the union at the time of publication. Please check [sfhss.org](https://sfhss.org) for updates.



## Legal Notices

### Summary of Benefits and Coverage (SBCs)

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

### Infertility Services

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

### Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 requires that your medical plan provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact your medical plan for details.

### Use and Disclosure of Your Personal Health Information

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

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

If you authorize SFHSS to disclose your health information, you may revoke that authorization in writing at any time.

You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated.

Any privacy complaints made to SFHSS should be made in writing. This is a summary of a legal notice that details SFHSS privacy policy.

The full legal notice of our privacy policy is available at [sfhss.org/sfhss-privacy-policy-and-forms](https://sfhss.org/sfhss-privacy-policy-and-forms). You may also contact SFHSS to request a written copy of the full legal notice.

### Patient Protection Provider Choice Notice

Participating SFHSS HMO plans require the designation of a primary care provider (PCP).

You have the right to designate any primary care provider who participates in the health plan's network and who is available to accept you or your family members.

Until you make a PCP designation, the HMO insurance provider you elect may designate one for you.

For information on how to select a PCP, and for a list of the participating PCPs, contact your health plan or visit their website.

For children, you may designate a pediatrician as the PCP. You do not need prior authorization from your health plan or from any other person (including your PCP) in order to obtain access to obstetrical or gynecological care from a health care professional within your PCP's medical group who specializes in obstetrics or gynecology.

The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [my.kp.org/ccsf](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.

# ! 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.



# 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**.





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



**Mary Hao**  
Vice-President  
Appointed by  
Mayor Breed



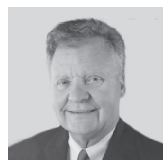
**Karen Breslin**  
Elected by SFHSS  
Membership



**Chris Canning**  
Elected by SFHSS  
Membership



**Connie Chan**  
Appointed by the  
Board of Supervisors



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



**Claire Zvanski**  
Elected by SFHSS  
Membership

## Health Service Board Achievements

Throughout the shelter-in-place public health order due to the COVID-19 pandemic, the Health Service Board complied with all health orders, guidance, and directives from the Department of Public Health and the Department of Human Resources. Monthly Board meetings were held in San Francisco City Hall and publicly broadcast with the support of SFGov TV and online via the WebEx platform.

### Return to City Hall

On March 10, 2022, the Health Service Board conducted the first hybrid Health Service Board Meeting. With the help of SFHSS Staff support, SFGov TV, and the commitment of the Commissioners, members of the public were welcomed to join virtually or in person at City Hall. The Commissioners are commended for their diligence to navigate hybrid meetings to ensure access to all. The Board continues to host hybrid meetings in line with all health orders.

### Updated Policies and Procedures

The Governance Committee oversees the governance policies. The Committee reviews Board policies every three years and began its review in November 2021. The full Board approved the updated Health Service Board Governance Policies and Terms of Reference on February 10, 2022. The Board completed their Self Evaluation on March 10, 2022, and the Annual Employee Performance Evaluation on April 14, 2022.

### Board Education

The Board completed annual education survey in December 2021. The Governance Committee reviewed the results and developed the 2022 Education Plan, which was presented and approved by the full Board at the February 10, 2022 meeting. The Board completed training on Genomics, Pharmacy: High-Cost Drugs, and Addiction Services. Following the approval of the 2023-2025 HSS Strategic Plan, the Health Service Board will draft and approve a 2023-2025 Education Plan that aligns with the updated HSS Strategic Plan.

### Strategic Planning

The Health Service Board Strategic Planning Special Meeting on April 28th brought together the Health Service Board, SFHSS Leadership, Employers, Retirees, the Department of Human Resources, Controller's Office, vendor partners, and Aon experts for a full day of information sharing. The convening featured presentations on Mental Health and Primary care as well as a

select panel of citywide partners sharing stories and experiences recording the health and well-being of their workforce. Two guest speakers from HSS Medicare Advantage Plans presented at the June 9th Health Service Board meeting regarding the future state of retiree health care. The Board endorsed and approved the San Francisco Health Service System 2023-2025 Strategic Plan in the fall of 2022.

### Health Service Board Approval on Benefit and Plan Enhancements

A 3.22% aggregate projected increase cost for medical, vision, dental, life insurance and long-term disability insurance.

A rate decrease of 10.4% for Health Net CanopyCare HMO.

A rate increase of 3.88% for Kaiser HMO for Actives.

A rate decrease of 1.2% for Kaiser HMO Multi-Region for Early Retirees-across WA/NW/HI.

A rate decrease of 0.7% for Kaiser HMO Multi-Region for Medicare Retirees-across WA/NW/HI.

A rate decrease of 1.86% for Kaiser Medicare Senior Advantage.

A rate increase of 5.3% for BSC Trio.

A rate increase of 0.5% for BSC Access+.

A rate increase of 7.5% for BSC PPO.

A rate increase of 4.7% for UHC Medicare Advantage PPO.

A rate increase of 15.3% for Delta Dental PPO for actives.

A rate increase of 7.7% for Delta Dental PPO for retirees.

No change for UHC Fully Insured Dental HMO for actives.

No change for UHC Dental HMO for retirees.

No change for DeltaCare USA Fully Insured Dental HMO for actives.

A rate decrease of 8.4% for DeltaCare USA HMO for retirees.

A rate increase of 5% for the VSP Basic Plan, an increase of 8.7% for the VSP Premier Plan, and a 25% increase for Computer Vision Care.

A rate decrease of 22.3% for The Hartford life insurance, AD&D, and long-term disability plans.



# 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/sfhss](http://blueshieldca.com/sfhss)  
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/ccsf](http://deltadentalins.com/ccsf)

**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 **City College of San Francisco (CCSF)**.

**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.com](http://calstrs.com)

**Health Insurance Exchange**  
**Covered California**  
**(800) 300-1506**  
[coveredca.com](http://coveredca.com)



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