

SAN FRANCISCO
HEALTH SERVICE SYSTEM

2023

Municipal Executives



Health Benefits Guide



Highlights for 2023

Medical, Vision, and Dental

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

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

- **Kaiser Permanente HMO** has a new facility in San Francisco called **Care Essentials** conveniently located at the Salesforce Transit Center at 425 Mission Street. Kaiser members and people working downtown can get treatment for minor illnesses and injuries, labs and screenings, prescriptions, flu shots, vaccines, and certain tests performed. Please note that emergency and urgent care services are not available at this location. Visit kp.org/careessentials/sf to make an appointment.
- **VSP** has expanded its network to include Walmart Vision and Sam's Club Vision as in-network providers. Membership is not required at Sam's Club for exams but is needed to purchase lenses or frames. With the new **VSP LightCare Program**, members who do not need prescription eyewear can now use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses. In addition, for union contracts that provide VSP's Computer VisionCare Program (also known as VDT), the benefit has been enhanced to include anti-reflective and UV coatings covered-in-full. For more information, visit sfhss.org/vsp-vision-plans.
- **Delta Dental PPO** Diagnostic and preventive services (i.e. cleanings, exams and/or x-ray services) will no longer count against the \$2,500 annual benefit maximum. This benefits enhancement means you will have more coverage for your dental care needs.
- Effective January 1, 2023, MEA members with the following affiliations will receive employer sponsored **Long-Term Disability Insurance** as a result of your new MOU agreements: MEA Miscellaneous, Unrepresented Managers, Elected Officials, Unrepresented Contract Employees, Board of Supervisors, SFMTA Individual Contract, Law Librarian & Assistant.

Well-Being

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



Executive Director's Message



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

Recovering from the pandemic is like recovering from a serious injury. You can't sit back and expect the recovery to just happen. It takes intention to get out and support the cafes, bakeries, restaurants and all your favorite shops and businesses.

You conjure up motivation to go to the gym to workout. You set your alarm earlier than you had it set before the pandemic to get yourself up to commute to your workplace to work. Then, you brave those awkward stages of another outbreak or surge where every little symptom you used to disregard gets dissected and analyzed. "Is it COVID or allergies or the cold or flu?" "Should I take an at-home test, PCR or both just to be safe?"

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

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

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

Be well,

Abbie Yant, RN, MA
Executive Director

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?

- If **YES**, go to **Steps 3 through 8** on how to make changes.
- If **NO**, the next time you can change your benefits is during Open Enrollment in October.

STEP 2: Learn about your FSA options and rules on page 19. Would you like to set aside pre-tax dollars for upcoming healthcare or dependent care expenses?

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

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

- If **NO**, Proceed to Step 4.
- If **YES**, complete the **Review Dependents** page in **eBenefits** to add dependents or edit existing dependents.
- Save and continue through all the screens and confirm at the end to submit your changes.
- Submit copies of supporting documents for a Qualifying Life Event. New dependents must have supporting documentation submitted with their elections in order to be enrolled (e.g. birth certificate, certified marriage certificate).

STEP 4: Are you interested in using your Flex Benefits towards voluntary benefits that could protect your savings from an injury or illness?

- Go to pages 17 and 18 of the guide to review the different voluntary benefits.
- Contact WORKTERRA at **(866) 528-5360** or enroll online. To access the WORKTERRA application, go to <https://myapps.sfgov.org> and click on the WORKTERRA tile where you can self-enroll, dis-enroll, or confirm any existing elections.

STEP 5: Enrolling or making changes to your health plan benefits.

- Review the service areas of the medical plans available to you on page 7.
- Review coverage details on pages 8 and 9.
- Review the rates for available plans in your area on page 10.

- Compare Provider Medical Groups available by HMO plan on page 11.
- In **eBenefits**, complete the **Choose a Medical Plan** Page.

STEP 6: Enrolling or making changes to your vision benefits.

- Review the Vision benefits options and rates on page 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 7: Enrolling or making changes to your dental benefits.

- Review your dental benefit options and costs on pages 14 to 16.
- In **eBenefits**, complete the **Enroll in a Dental Plan** page.

STEP 8: 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. If you are unable to enroll online, you can also fax, drop off or mail your completed Enrollment Application form and documentation to SFHSS.

Our mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103** or fax to **(628) 652-4701**.

To download an Enrollment Application form, visit sfhss.org/benefits/mea

We are providing consultations by telephone.

To make an appointment, go to sfhss.org/qualifying-life-events to schedule a Change in Family Status consultation or sfhss.org/new-hire for a New Hire consultation.

For HELP, call SFHSS Member Services at **(628) 652-4700** or visit sfhss.org

Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm.



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



Eligibility

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

Member Eligibility

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

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

Dependent Eligibility

Spouse and Domestic Partners

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number.

Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership. A spouse or registered domestic partner can also be added during the Open Enrollment period in October.

A spouse who is eligible for Medicare and covered on an employee's medical plan is *not* required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is *required* to enroll in Medicare.

Natural Children, Stepchildren, Adopted Children

A member's natural child, legally adopted child, or child placed in adoption with 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.

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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*). 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 Upon Retirement

Retirees and dependents who are eligible for Medicare must already be enrolled in Medicare Part A and Part B when retiring. Proof of Medicare coverage is required by SFHSS before any Medicare-eligible individual can be enrolled in retiree health coverage.

Failure to enroll in Medicare when first eligible may also result in a late-enrollment penalty from Medicare. Medicare applications placed with Social Security can take three months to process.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible. Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent’s relationship with the employee or retiree is current. Acceptable documentation may include, but is not limited to, current federal tax returns and other documentation that demonstrates cohabitation or financial interdependency. Enrollment of a dependent who does not meet the plan’s eligibility requirements as stated in SFHSS Rules and enrollment materials, or failure to disenroll when a dependent becomes ineligible, will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent’s health premiums and any medical service provided. Dependents can be dropped during Open Enrollment without penalty.



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

Newborn or Newly Adopted Child

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

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

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

Legal Guardianship or Court Order

Coverage for a 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, stepchildren, 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.

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Moving Out of Your Plan's Service Area

If you move your residence to a location outside of your plan's service area, you can enroll in an SFHSS plan that offers service where your new address is located. Coverage will be effective the first day of the coverage period following receipt and approval of required documentation. Please note that if your new residence remains within your current SFHSS plan's service area, you cannot enroll in a different SFHSS plan, as a result of the change in residence.

Death of a Dependent

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

Death of a Member

In the event of a member's death, the **surviving dependent** or **survivor's designee** should contact SFHSS to obtain information about eligibility for survivor health benefits. Upon notification, SFHSS will mail instructions to the spouse or partner, including a list of required documents for enrolling in surviving dependent health coverage. If the deceased member qualifies for retiree benefits, the **surviving dependent** may be eligible to continue benefits or will have to take COBRA. A surviving spouse or partner who is not enrolled on the deceased member's health plan at the time of the member's death may be eligible for coverage, but must wait until the Open Enrollment period to enroll.

Changing FSA Contributions

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

Responsibility for Premium Contributions

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

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

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



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



Medical Plan Options

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

What is a Health Maintenance Organization?

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

Blue Shield of CA HMO 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](https://www.sfhss.org/eBenefits) (go to [sfhss.org/how-to-enroll](https://www.sfhss.org/how-to-enroll) to get started) or by completing and submitting an **Enrollment Application form** by fax or mail, along with required eligibility documentation.

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.

Blue Shield of California PPO:

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



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**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.



Medical Plans

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

| | HEALTH NET CANOPYCARE HMO | BLUE SHIELD of CALIFORNIA HMO | | KAISER PERMANENTE HMO | BLUE SHIELD of CALIFORNIA PPO | |
|---|--|--|--------------------------|---|--|---|
| | 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 pre- mium contributions | \$2,000 per individual \$4,000 per family | \$2,000 per individual \$4,000 per family | | \$1,500 per indi- vidual \$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 autho- rized 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 autho- rized 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 |

Municipal Executives

2023 Medical Premium Contribution Rates (Biweekly)

| EMPLOYEE ONLY | HEALTH NET CANOPYCARE HMO | | BLUE SHIELD OF CA TRIO HMO | | BLUE SHIELD OF CA ACCESS+ HMO | | KAISER PERMANENTE HMO | | BLUE SHIELD OF CA PPO | |
|---|---------------------------|------------|----------------------------|------------|-------------------------------|------------|-----------------------|----------|-----------------------|------------|
| | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| CITY & COUNTY OF SF | | | | | | | | | | |
| MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police | \$355.51 | \$0 | \$360.35 | \$36.69 | \$360.35 | \$71.58 | \$343.21 | \$0 | \$360.35 | \$302.17 |
| MTA | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| MEA MTA Unrep. Managers | \$355.51 | \$0 | \$360.35 | \$36.69 | \$360.35 | \$71.58 | \$343.21 | \$0 | \$360.35 | \$302.17 |
| SUPERIOR COURT | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc. | \$0 | \$355.51 | \$0 | \$397.04 | \$0 | \$431.93 | \$0 | \$343.21 | \$0 | \$662.52 |
| EMPLOYEE +1 | HEALTH NET CANOPYCARE HMO | | BLUE SHIELD OF CA TRIO HMO | | BLUE SHIELD OF CA ACCESS+ HMO | | KAISER PERMANENTE HMO | | BLUE SHIELD OF CA PPO | |
| | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| CITY & COUNTY OF SF | | | | | | | | | | |
| MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police | \$355.51 | \$354.14 | \$360.35 | \$432.36 | \$360.35 | \$502.14 | \$343.21 | \$341.83 | \$360.35 | \$924.94 |
| MEA | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| MEA MTA Unrep. Managers | \$355.51 | \$354.14 | \$360.35 | \$432.36 | \$360.35 | \$502.14 | \$343.21 | \$341.83 | \$360.35 | \$924.94 |
| SUPERIOR COURT | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc. | \$0 | \$709.65 | \$0 | \$792.71 | \$0 | \$862.49 | \$0 | \$685.04 | \$0 | \$1,285.29 |
| EMPLOYEE +2 OR MORE | HEALTH NET CANOPYCARE HMO | | BLUE SHIELD OF CA TRIO HMO | | BLUE SHIELD OF CA ACCESS+ HMO | | KAISER PERMANENTE HMO | | BLUE SHIELD OF CA PPO | |
| | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| CITY & COUNTY OF SF | | | | | | | | | | |
| MEA Misc. Unrep. Managers Unrep. Employees Elected Officials MEA – Fire MEA – Police | \$0 | \$1,003.58 | \$0 | \$1,121.11 | \$0 | \$1,219.85 | \$0 | \$968.75 | \$0 | \$1,816.29 |
| MTA | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| MEA MTA Unrep. Managers | \$0 | \$1,003.58 | \$0 | \$1,121.11 | \$0 | \$1,219.85 | \$0 | \$968.75 | \$0 | \$1,816.29 |
| SUPERIOR COURT | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc. | \$0 | \$1,003.58 | \$0 | \$1,121.11 | \$0 | \$1,219.85 | \$0 | \$968.75 | \$0 | \$1,816.29 |



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.



Vision Plans

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

Vision Plan Benefits

SFHSS members and dependents enrolled in medical coverage automatically receive vision coverage through VSP Vision Care. If you elect to enroll in the VSP Premier plan and you have dependents enrolled in SFHSS medical coverage, your covered dependents will also be enrolled in the VSP Premier Plan. You may go to a VSP in-network or out-of-network provider. In-network providers now include **Walmart Vision** and **Sam's Club**. Visit 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 a network provider *without* prior authorization or obtain services from an out-of-network provider (including Kaiser Permanente), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement. Compare the costs of out-of-network services to in-network costs before choosing. Download claim forms at www.vsp.com.

Basic Vision Plan Limits and Exclusions

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

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plano (non-prescription) lenses or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited 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 remain in the VSP Basic Plan or enroll in the VSP Premier Plan for enhanced benefits.

VSP Computer Visioncare Benefit

Some union contracts provide employer-paid computer vision benefits. Coverage includes an annual computer vision exam, \$75 in-network retail frame allowance every 24 months and single vision, bifocal, and trifocal lenses. You can also add anti-reflective or UV coating at no additional cost.

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 enroll in VSP Vision Care plans.



Vision Plan Benefits-at-a-Glance

| Covered Services | | VSP Basic ¹ | | VSP Premier | | | |
|--|--------------------------|---|--------------------------|---|--------------------------|----------|-------------|
| Well Vision Exam | | \$10 co-pay every calendar year | | \$10 co-pay every calendar year | | | |
| Single Vision Lenses | | \$25 co-pay every other calendar year ² | | \$0 every calendar year | | | |
| Lined Bifocal Lenses | | \$25 co-pay every other calendar year ² | | \$0 every calendar year | | | |
| Lined Trifocal Lenses | | \$25 co-pay every other calendar year ² | | \$0 every calendar year | | | |
| Standard Progressive Lenses | | 100% coverage every other calendar year | | 100% coverage every calendar year | | | |
| Premium Progressive Lenses | | \$95–\$105 co-pay every other calendar year | | \$25 co-pay every calendar year | | | |
| Custom Progressive Lenses | | \$150–\$175 co-pay every other calendar year | | \$25 co-pay every calendar year | | | |
| Standard Anti-Reflective Coating | | \$41 co-pay every other calendar year | | \$25 co-pay every calendar year | | | |
| Premium Anti-Reflective Coating | | \$58–\$69 co-pay every other calendar year | | \$25 co-pay every calendar year | | | |
| Custom Anti-Reflective Coating | | \$85 co-pay every other calendar year | | \$25 co-pay every calendar year | | | |
| Scratch-Resistant Coating | | Fully covered every other calendar year | | Fully Covered every calendar year | | | |
| Frames | | \$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance use at Costco and Walmart/Sam's Club \$25 co-pay applies; 20% savings on amount over the allowance; every other calendar year | | \$300 allowance for a wide selection of frames \$320 allowance for featured frames \$165 allowance use at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year | | | |
| Contacts <i>(instead of glasses)</i> | | \$150 allowance every other calendar year ² | | \$250 allowance every calendar year | | | |
| Contact Lens Exam | | Up to \$60 co-pay every other calendar year ² | | Up to \$60 co-pay every calendar year | | | |
| Essential Medical Eye Care <i>(for the treatment of urgent or acute ocular conditions)</i> | | \$5 co-pay | | \$5 co-pay | | | |
| Lightcare | | \$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. Anti-reflective and UV coatings fully covered. | | \$250 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered. | | | |
| Vision Care Premium Rates | | VSP Basic Plan | | VSP Premier Contribution (Biweekly) | | | |
| | | Included with your medical premium. | | Employee Only \$5.34 Employee + 1 Dependent \$8.12 Employee + Family \$16.64 | | | |
| Your Coverage with Out-of-Network Providers | | | | | | | |
| Visit vsp.com if you plan to see a provider other than a VSP network provider. | | | | | | | |
| Exam Frame | Up to \$50 Up to \$70 | Single Vision Lenses Lined Bifocal Lenses | Up to \$45 Up to \$65 | Lined Trifocal Lenses Progressive Lenses | Up to \$85 Up to \$85 | Contacts | Up to \$105 |

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

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

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



Dental Plans

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

PPO Dental Plans

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

SFHSS offers the following PPO dental plan:

- **Delta Dental PPO**

Save Money By Choosing Network PPO Dentists

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

Get More Annual Cleanings for Chronic Conditions at No Extra Charge

Delta Dental PPO's **SmileWay** program features 100% coverage for one annual periodontal scaling and root planing procedure and four of the following (any combination) per calendar or contract year: teeth cleaning and/or periodontal maintenance services for members with specific chronic conditions.

This coverage is exempt from your Calendar Year Maximum. To enroll, call Delta Dental PPO directly at **(888) 335-8227**.

DHMO Dental Plans

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

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

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

SFHSS offers the following DHMO plans:

- **DeltaCare USA DHMO**
- **UnitedHealthcare Dental DHMO**

Dental Plan Quick Comparison

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



Dental Plan Benefits-at-a-Glance

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

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



Dental Premium Contribution Rates (Biweekly)

| | DELTA DENTAL PPO | | DELTACARE USA DHMO | | UNITEDHEALTHCARE DENTAL DHMO | |
|--------------------------------|------------------|---------|--------------------|---------|------------------------------|---------|
| CCSF & MTA MEA | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
| Employee Only | \$23.93 | \$2.31 | \$12.22 | \$0 | \$11.53 | \$0 |
| Employee +1 Dependent | \$50.49 | \$4.62 | \$20.16 | \$0 | \$19.05 | \$0 |
| Employee +2 or More Dependents | \$71.80 | \$6.92 | \$29.82 | \$0 | \$28.16 | \$0 |

| SUPERIOR COURT MEA | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays | You Pay |
|--------------------------------|---------------|---------|---------------|---------|---------------|---------|
| Employee Only | \$26.24 | \$0 | \$12.22 | \$0 | \$11.53 | \$0 |
| Employee +1 Dependent | \$55.11 | \$0 | \$20.16 | \$0 | \$19.05 | \$0 |
| Employee +2 or More Dependents | \$78.72 | \$0 | \$29.82 | \$0 | \$28.16 | \$0 |





Flex Benefits

2023 Dollar Value of Flex Credits (Biweekly)

| CITY AND COUNTY OF SF | EMPLOYEE ONLY | EMPLOYEE +1 | EMPLOYEE +2 OR MORE | | | | |
|---|---------------|-------------|---------------------------|---------------------------|-------------|-----------------------|-------------------------------|
| | | | Health Net CanopyCare HMO | Blue Shield of California | | Kaiser Permanente HMO | Blue Shield of California PPO |
| | | | | Trio HMO | Access+ HMO | | |
| MEA Miscellaneous Unrep. Managers Unrep. Employees MEA Fire and Police | \$406.60 | \$469.16 | \$832.97 | \$930.52 | \$1,012.48 | \$804.07 | \$1,012.48 |
| MTA | | | | | | | |
| MEA Unrep. Managers | \$406.60 | \$469.16 | \$832.97 | \$930.52 | \$1,012.48 | \$804.07 | \$1,012.48 |
| SUPERIOR COURT OF SF | | | | | | | |
| MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc. | \$1,325.00 | \$1,325.00 | \$1,325.00 | \$1,325.00 | \$1,325.00 | \$1,325.00 | \$1,325.00 |

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

How Flex Benefits Work

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

\$150,000 Group Term-Life Insurance

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

New Hires

Flex benefit enrollment is handled by **WORKTERRA**, after the employee has been enrolled by SFHSS in benefits. Flex credit benefit choices with **WORKTERRA** must be made **within 30 days** of a new hire's start work date.

If a new hire does not enroll with **WORKTERRA** by required deadlines, payroll deductions will *automatically* be taken for any medical, dental and vision employee premium contributions. Flex credit dollars that remain after paying these premiums are paid as taxable, non-pensionable earnings.

New Hire Consultation

To make a New Hire consultation appointment with **WORKTERRA**, log into ccsfvb.com or call (866) 528-5360.

Flex Credit Benefit Options (Except FSAs) Will Roll Forward in 2023

If you are not making any changes to benefit selections, you do not need to contact **WORKTERRA** during Open Enrollment. Your current benefit elections (except FSAs) will roll forward in 2023.

Qualifying Life Event Changes

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

Leaves of Absence

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



Using Flex Benefits and Voluntary Benefits

Maximize Your Benefits

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

Pre-Tax Flex Benefit Options

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

| | EOI Required |
|--|--------------|
| Medical and Dental Premium Contributions | No |
| Healthcare Flexible Spending Account P&A Group | No |
| Dependent Care Assistance Flexible Spending Account P&A Group | No |

Taxable Flex Benefit Options

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

Evidence of Insurability (EOI)

Some benefits require additional information from the applicant before enrollment is completed. This can include medical evidence. The insurer will contact you if specific records are required. It is your responsibility to provide all requested documentation. Enrollment may be denied by the insurer. In 2023, no payroll deductions will be taken until enrollment is approved by insurer(s). If approved, there may be a catch-up payroll deduction retroactive to the effective date of your policy. If denied coverage, no premiums for that benefit will be deducted from your paycheck.

To access the **WORKTERRA** application, go to myapps.sfgov.org and click on the **WORKTERRA** tile where you can **self-enroll**, **dis-enroll**, or **confirm any existing elections**. For questions about existing premiums or payments during a leave of absence, please call **WORKTERRA Customer Service** at **(888) 604-3771**.

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



Flexible Spending Accounts (FSAs)

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

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

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

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

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

- Start by designating between \$250 and \$2,850 pre-tax dollars for the plan year. Deductions will be taken biweekly from your paycheck.
- P&A will issue a debit card for you to use to make spending your FSA easier or you can submit a claim. Reimbursement claims can be submitted via smartphone app, online, fax, or mail.
- SFHSS administers a **carryover minimum** of \$10 and maximum of \$570. At the end of the plan year claim filing period, unreimbursed Healthcare FSA funds below \$10 and over \$570 will be forfeited.
- **Carryover fund** amounts between \$10 and \$570 are determined after the end of the claim filing period. **Carryover funds** can only be accessed for one plan year and any remaining **carryover funds** will be forfeited. **There are no exceptions.**¹

Dependent Care Assistance FSAs help pay for qualifying child care and dependent care expenses. They are “pay as you go” accounts paid with pre-tax dollars, which can reduce your overall taxable income. Expenses include certified nursery schools, after school programs, children’s day care, day camps, caregiver for a disabled spouse or elderly dependent or eldercare (disabled spouse/elder must be a dependent on your tax return). You can only change your election if you have a change in status or a change in dependent care expenses. Dependent Care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under the age of 13.

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

- Set aside between \$250 and \$5,000 pre-tax per household for the plan year (\$2,500 each if you are married filing separate federal tax returns). Deductions will be taken biweekly from your paycheck.
- **Funds cannot be used for dependent medical, dental, or vision expenses.** A birth or adoption is a qualifying event and allows you to enroll in a Dependent Care Assistance FSA midway.
- You can submit reimbursement claims to P&A Group by mail, online, or smartphone app.
- Funds are available after being deducted from your paycheck and received by P&A Group. The entire annual amount is not available on January 1, 2023.
- If you or your spouse were providing care and then return to work, you may enroll or increase your Dependent Care Assistance FSA election. If you were previously using dependent care elections and you or your spouse now work from home, you may decrease your election or cancel future paycheck deductions. **There are no refunds for canceling or reducing elections.**
- **Unlike a Healthcare FSA, there is no Carryover option with Dependent Care Assistance FSAs.** Expenses and services need to be incurred in the same plan year or be forfeited. **There are no exceptions.**¹

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

2023 FSA expense reimbursement claims must be submitted to P&A by March 31, 2024, 11:59pm PST.

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



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.

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

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

Please contact an SFHSS EAP counselor if you are having difficulty accessing Mental Health or Substance Abuse services through your health plan.

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

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



Well-Being Programs

Take Advantage of FREE and Low-Cost Programs to Help You Flourish.

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

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

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

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

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

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



Long-Term Disability Insurance (LTD)

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

Long-Term Disability Insurance

Employees represented by the Municipal Executives Association (MEA) receive employer-sponsored LTD¹.

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

Plan benefits include:

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

If You Become Disabled

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

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

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

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

Absence from Work and LTD Coverage

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

Call SFHSS at **(628) 652-4700** for more information about a leave of absence and long-term disability coverage.

Returning To Work

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

Bargaining Units Covered by LTD

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

Effective January 1, 2023, you are eligible for employer-sponsored LTD if you are represented in collective bargaining by the Municipal Executives Association (MEA) and you are actively at work more than 20 hours per week at the time of your disability. For the list of bargaining units covered by LTD, visit sfhss.org/long-term-disability-insurance.

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

¹Fire and police employees represented by MEA may voluntarily elect long-term disability insurance, using flexible-credits.



Group Life Insurance

MEA union contract provides for employer-paid life insurance.

Employer-Paid Group Life Insurance

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

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

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

Life Insurance Beneficiaries

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

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

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

Leaves of Absence

If you are not actively at work due to illness, injury, non-medical reasons, including temporary lay-off, personal leave, family care leave, administrative leave, or paid-furlough, will continue for 12 months from the start of your absence. After six months, you may qualify for a Waiver of Premium, which will allow for the further extension of your life insurance benefits (Permanent and Total Disability Benefit); however, you *must* provide The Hartford with a written notice of claim for this extended benefit within the 12-month coverage period. Call SFHSS at **(628) 652-4700** for information about how a leave of absence can impact your life insurance coverage.

Outline of Life Insurance Plan Basics

| Bargaining Unit ¹ | Coverage |
|--|-----------|
| Municipal Executives Association (except Fire and Police) | \$150,000 |
| Superior Court of San Francisco Commissioners Association | |
| Superior Court of San Francisco Municipal Executives Association | |
| Superior Court of San Francisco Unrepresented Managers | |
| | |

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

Life Insurance Benefits Change Over Time

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

Facing a Terminal Illness - The Hartford Life Essentials

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

Portability and Conversion

If you leave your job or otherwise lose eligibility, you may be able to continue your Group Life Insurance to an individual policy, with premiums paid by you. Please contact SFHSS if you desire to continue your group life insurance.

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



Leave of Absence

You must immediately notify SFHSS of any leave of absence.

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

Your Responsibilities

1. Notify your supervisor and your department's Human Resources Professional (HRP) prior to your leave. If your leave is due to an unexpected emergency, contact your HRP as soon as possible.

Your HRP will help you understand the process and documentation required for an approved leave.

Your HRP will also provide SFHSS with important information about your leave. Contact SFHSS for details.

2. Contact SFHSS as soon as your leave begins—within 30 days.

You may choose to continue or waive health coverage while on leave. If you continue coverage, you must pay employee premium contributions while on leave.

If premium payments are not deducted from your paycheck while on leave, you must make payments directly through the **City of San Francisco Payment Portal**.

To create an account to make online payments, visit sfhss.org/how-make-payment. **There are no service fees for payment by electronic check.** Failure to make payments will result in termination of your health benefits.

3. When leave ends, contact SFHSS to reinstate your benefits immediately and within 30 days of returning to work.

If you continued your health coverage while on an unpaid leave, you must request that SFHSS resume health premium payroll deductions.

If coverage was waived or terminated while you were on leave, you must request that SFHSS reinstate your benefits and resume your payroll deductions.



Health Benefits During a Leave of Absence

Medical, Vision and Dental

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

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

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

Healthcare FSA

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

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

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

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

Dependent Care Assistance FSA

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

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

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

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

Group Life Insurance

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

Long-Term Disability (LTD) Insurance

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

Domestic Partner Imputed Income

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

Questions?

Visit sfhss.org/leave-absence



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 50% of the total employer premium contribution. |
| 15 years | With at least 15 years but less than 20 years of credited service. | The retiree will receive 75% of the total employer premium contribution. |
| 20+ years | With 20 or more years of credited service, or disability retirement. | The retiree will receive 100% of the total employer premium contribution. |



Transitioning to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

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

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

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

Medicare Enrollment

All retirees and dependents, who are *Medicare-eligible* due to age or disability when you retire, are required to enroll in Medicare 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, Covered California and Holdover

COBRA

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

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

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

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

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

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

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

COBRA Notification and Election Time Limits

If an employee and any enrolled dependents lose SFHSS coverage due to separation from employment, P&A Group will notify the employee of the opportunity to elect COBRA coverage. The employee or dependent has **60 days** from the COBRA notification date to complete enrollment and continue coverage. Coverage will be retroactive to the date of the COBRA-qualifying event, so there is no break in coverage. Employee coverage ends on the last day of the coverage period in which employment terminates. However, if the termination date falls on the first day of the coverage period, coverage ends that same day. If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or aging out, the employee or dependent must notify P&A Group **within 30 days** of the qualifying event and request COBRA enrollment information.

Paying for COBRA

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



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

Duration of COBRA Continuation Coverage

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

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



2023 Monthly COBRA Premium Rates

Health Net CanopyCare HMO

| | |
|---------------------|------------|
| Employee Only | \$785.69 |
| Employee +1 | \$1,568.33 |
| Employee +2 or More | \$2,217.91 |

Blue Shield of California Trio HMO

| | |
|---------------------|------------|
| Employee Only | \$877.47 |
| Employee +1 | \$1,751.88 |
| Employee +2 or More | \$2,477.65 |

Blue Shield of California Access+ HMO

| | |
|---------------------|------------|
| Employee Only | \$954.57 |
| Employee +1 | \$1,906.10 |
| Employee +2 or More | \$2,695.88 |

Kaiser Permanente HMO

| | |
|---------------------|------------|
| Employee Only | \$758.49 |
| Employee +1 | \$1,513.95 |
| Employee +2 or More | \$2,140.95 |

Blue Shield of California PPO

| | |
|---------------------|------------|
| Employee Only | \$1,464.18 |
| Employee +1 | \$2,840.50 |
| Employee +2 or More | \$4,014.00 |

Delta Dental PPO

| | |
|---------------------|----------|
| Employee Only | \$57.99 |
| Employee +1 | \$121.79 |
| Employee +2 or More | \$173.98 |

DeltaCare USA DHMO

| | |
|---------------------|---------|
| Employee Only | \$27.01 |
| Employee +1 | \$44.55 |
| Employee +2 or More | \$65.90 |

UnitedHealthcare Dental DHMO

| | |
|---------------------|---------|
| Employee Only | \$25.49 |
| Employee +1 | \$42.10 |
| Employee +2 or More | \$62.24 |

VSP Premier

| | |
|---------------------|---------|
| Employee Only | \$11.79 |
| Employee +1 | \$17.94 |
| Employee +2 or More | \$36.78 |

Flexible Spending Accounts and COBRA

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

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

Covered California: Alternative to COBRA

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California.

In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable.

For information about Covered California health plans, call **(800) 300-1506** or visit coveredca.com.

Holdover Rights

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

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



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.



Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Infertility Services

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

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

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

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

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

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

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

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

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

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

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

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

Patient Protection Provider Choice Notice

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

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

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

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

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

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

For a list of participating health care professionals who specialize in obstetrics or gynecology, visit my.kp.org/ccsf, blueshieldca.com/sfhss, healthnet.com/sfhss, or contact the number on the back of your insurance card.



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

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

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

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

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

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

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

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
(866) 444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565

California Medicaid

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

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

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

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

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

Medicare Creditable Coverage

Medicare Part D Prescription Drug Notice

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

Contact SFHSS at **(628) 652-4700** for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, or if this coverage through SFHSS changes. You also may request a copy at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

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

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

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



2023 Health Coverage Calendar

| Work Dates | Pay Date | Coverage Period |
|---------------------------------------|--------------------|---------------------------------------|
| December 24, 2022-January 06, 2023 | January 17, 2023 | December 24, 2022-January 06, 2023 |
| January 07, 2023-January 20, 2023 | January 31, 2023 | January 07, 2023-January 20, 2023 |
| January 21, 2023-February 03, 2023 | February 14, 2023 | January 21, 2023-February 03, 2023 |
| February 04, 2023-February 17, 2023 | February 28, 2023 | February 04, 2023-February 17, 2023 |
| February 18, 2023-March 03, 2023 | March 14, 2023 | February 18, 2023-March 03, 2023 |
| March 04, 2023-March 17, 2023 | March 28, 2023 | March 04, 2023-March 17, 2023 |
| March 18, 2023-March 31, 2023 | April 11, 2023 | March 18, 2023-March 31, 2023 |
| April 01, 2023-April 14, 2023 | April 25, 2023 | April 01, 2023-April 14, 2023 |
| April 15, 2023-April 28, 2023 | May 09, 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 06, 2023 | May 13, 2023-May 26, 2023 |
| May 27, 2023-June 09, 2023 | June 20, 2023 | May 27, 2023-June 09, 2023 |
| June 10, 2023-June 23, 2023 | July 04, 2023 | June 10, 2023-June 23, 2023 |
| June 24, 2023-July 07, 2023 | July 18, 2023 | June 24, 2023-July 07, 2023 |
| July 08, 2023-July 21, 2023 | August 01, 2023 | July 08, 2023-July 21, 2023 |
| July 22, 2023-August 04, 2023 | August 15, 2023 | July 22, 2023-August 04, 2023 |
| August 05, 2023-August 18, 2023 | August 29, 2023 | August 05, 2023-August 18, 2023 |
| August 19, 2023-September 01, 2023 | September 12, 2023 | August 19, 2023-September 01, 2023 |
| September 02, 2023-September 15, 2023 | September 26, 2023 | September 02, 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 07, 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 05, 2023 | November 11, 2023-November 24, 2023 |
| November 25, 2023-December 08, 2023 | December 19, 2023 | November 25, 2023-December 08, 2023 |
| December 09, 2023-December 22, 2023 | January 02, 2024 | December 09, 2023-December 22, 2023 |



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

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

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2023 tax year.

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



Key Contacts

SFHSS

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

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

Online Consultations

For change in family status, new hires, or retiree consultations, visit sfhss.org/contact-us

Well-Being

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

Employee Assistance Program

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

Health Service Board

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

CCSF PAYMENT PORTAL

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

MEDICAL PLANS

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

Trio HMO
Blue Shield of California
(855) 747-5800
blueshieldca.com/sfhss
Group W0051448

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

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

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

DENTAL & VISION PLANS

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

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

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

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

FSAs & COBRA

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

VOLUNTARY BENEFITS

WORKTERRA Enrollment Services
(866) 528-5360
ccsfvb.com

WORKTERRA Customer Service
(888) 604-3771
workterra.net

LTD & GROUP LIFE INS.

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

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

OTHER AGENCIES

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

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

CalSTRS
(800) 228-5453
calstrs.com

PARS
(800) 540-6369
pars.org

Health Insurance Exchange
Covered California
(800) 300-1506
coveredca.com



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