2024 Health Benefits Guide

CITY COLLEGE OF SAN FRANCISCO

SAN FRANCISCO
HEALTH SERVICE SYSTEM

Highlights for 2024

Medical Benefits

- Are you pregnant or planning to grow your family? **Blue Shield of California Trio HMO, Access+ HMO** and **PPO** plans now offer additional support for every mom and baby through the new *Mahmee*, a pregnancy and post-partum care program. A team of nurses, doulas, lactation consultants and care coordinators will advocate for you during pregnancy, labor, and postpartum, assisting with birth plans, resources, and birthing techniques. All at no extra cost to you. Sign up today as spots are limited. To sign-up, visit **mahmee.com/bsc**.

- **Blue Shield of California Access+ HMO, Trio HMO,** and **PPO** plan members can now receive up to a 90-day supply of maintenance medication through the Blue Shield "Rx90 Program". Members may receive extended supplies of their maintenance drugs from any Blue Shield Retail network pharmacy. Under this Rx90 program, you will be responsible to pay one applicable payment for each 30-day supply dispensed.

- **Kaiser Permanente** members can get non-emergency care at our new Urgent Care Clinic in the Geary Medical Office Building located at 2238 Geary Blvd., 1st Floor Lobby.

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

Ever since the *Great Resignation*, I've been changing my expectations for customer service at restaurants, grocery stores, coffee shops, clothing stores, banks—everywhere. I sometimes bring a book to read while I wait because they might be short-staffed, and I expect that my server may not know everything on the menu because they are still getting trained.

The service industry is not alone. Our healthcare industry is also experiencing a staffing shortage of skilled medical professionals who could treat our needs. Before the pandemic, I was able to call my Primary Care Physician's (PCP) office and make an appointment to see them in the next two to three weeks. Now, I get directed to Urgent Care, if warranted, or wait more than a few weeks to get an appointment. Many doctors are not accepting new patients, because their practices are full and they want to maintain the quality of care for their existing patients. If you're looking for a new Primary Care Physician, it can take up to six months to get an appointment for a new patient visit.

In this post-pandemic world, we need a new strategy to manage our health. We must become *Proactive Patients*. Proactive Patients work with their doctor's front desk staff to understand their scheduling procedure. Some offices limit scheduling appointments to one or two months out. Other offices won't let you schedule your annual wellness exam until a full 12 months have passed. Make friends with the front desk team and figure out when you should call or go online to schedule an appointment, then put a reminder on your calendar.

Proactive Patients plan ahead like they would for a birthday party or vacation, so they can get the best available dates and times that work with their schedule. Whether your department has a busy season, or your child has their school and break schedule, you're always working around a schedule. Even retirees plan their trips around their children's or grandchildren's schedules or based on weather, special events, or the season. Advanced planning for your healthcare appointments is key. Couple that with a healthy dose of flexibility and patience and you've got a winning strategy to maximize your benefits as a *Proactive Patient*. Your health and your family's health are worth the extra effort.

I apply this strategy to all my customer service encounters. When I call customer service, I write down my reason and questions first. Then I make good use of my time on hold by doing something productive like folding laundry or baking cookies. A little planning and a shift in expectations can make a world of difference.

Be well,

Abbie Yant, RN, MA

Step-by-Step Enrollment Guide

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

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

STEP 2: Do you need to add or drop a dependent? Review the dependent eligibility rules on page 5 or online at **sfhss.org/eligibility-rules**

- If **NO**, proceed to **Step 3**.
- If **YES**, complete the ***Review Dependents*** section in ***eBenefits*** to add dependents or edit existing dependents.
- Submit Submit the appropriate documentation to add or drop a dependent.

STEP 3: Enroll or make changes to your Medical Plan benefits.

- Review which medical plans are available in your area on page 8.
- Review coverage details on pages 9 to 10.
- Compare Provider Medical Groups available by HMO plans on page 11.
- Review the rates for available plans in your area on page 12.
- In ***eBenefits***, complete the ***Choose a Medical Plan*** page.
- If you are interested in an HMO plan, we encourage you to call the health plan and check the availability of Primary Care Physicians (PCP) that are accepting new patients in your area. You will be auto-assigned a PCP, but can change your PCP to another provider at anytime if you are not satisfied.

STEP 4: Enroll or make changes to your Vision benefits.

- Review the Vision benefits options and rates on pages 13 and 14.
- You must be enrolled in a Medical plan to receive Vision benefits.
- Enrollment in the VSP Premier Plan requires that all dependents enrolled in medical coverage be enrolled in the VSP Premier Plan.
- In ***eBenefits***, complete the ***Enroll in a Vision Premier Plan*** page.

STEP 5: Complete your enrollment by making your elections online through ***eBenefits*.** Be sure to click **Save and Continue** through each screen. You must click **Submit** at the end, or your enrollment will not be complete.

To get started, go to **sfhss.org/how-to-enroll**. If you are unable to enroll online, you can also fax, mail, or drop off your completed Enrollment Application form and documentation to San Francisco Health Service System (SFHSS).

You can download an Enrollment Application form at **sfhss.org/benefits/city-college**

SFHSS mailing address is **1145 Market Street, 3rd Floor, San Francisco, CA 94103**, and our fax number is **(628) 652-4701**.

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This Guide provides a summary of the San Francisco Health Service System Rules (SFHSS Rules), as approved by the Health Service Board. In the event of a conflict or inconsistency between this summary and the SFHSS Rules, the terms and requirements of the SFHSS rules shall apply. SFHSS Rules can be found at **sfhss.org/san-francisco-health-service-system-member-rules** or request a copy by calling **(628) 652-4700**.

Eligibility

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

City College of San Francisco (CCSF) Employee Benefits Eligibility

	FULL TIME FACULTY	LTS FACULTY	PART-TIME FACULTY	PERMANENT CLASSIFIEDS	TEMP STO CLASSIFIEDS	TEMPORARY CLASSIFIEDS
Medical	✔	✔	■	✔	✔	■
Flexible Spending Account	✔	✔	Not Eligible	✔	✔	✔
Employer Paid Dental	✔	✔	■	✔	✔	✔
Life Insurance	✔	✔	Not Eligible	✔	✔	✔
Parking & Commute	✔	✔	✔	✔	✔	✔

■ Certain restrictions apply

Spouse or Registered Domestic Partner

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 certification.

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

To be eligible for health coverage, a child must be under the age of 26 and one of the following:

1. Natural born child of the enrolled member,
2. Legally adopted child of, or a child placed for adoption with the enrolled member, or
3. A stepchild, who is a natural, legally adopted or placed for adoption of the member's enrolled spouse or registered domestic partner.

Coverage ends at the end of the pay-period in which the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, or a **Qualifying Life Event**.

Legal Guardianship and Court Ordered Children

See SFHSS Rules Section B.3.b and B.3.c for more information.

Adult Disabled Children

To qualify a dependent as a 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 all criteria listed in the SFHSS Rules.

Medicare Enrollment Requirements for Dependents of Active Employees

SFHSS Rules require Medicare eligible registered domestic partners and, dependents 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 for the premiums for Medicare Part B.

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 current federal tax returns in addition to 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 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.

Part-Time Faculty and Classified Temporary Employee Eligibility

Important Information for Part-Time Faculty and Classified Temporary Employees

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

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

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

Ineligible part-time faculty members may elect to purchase health benefits **within 30 days** from loss of coverage, by paying full cost *(paying the district's and employee's share).* If you are interested in enrolling in full-cost health benefits, contact CCSF Benefits Unit at **benefits@ccsf.edu**.

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

Options for Maintaining Coverage

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

For information about Covered California, call **(888) 975-1142** or visit **coveredca.com**.

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

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

Medical Plan Options

SFHSS offers a variety of medical plan options to allow you to select the plan that provides the right coverage at the right cost for you and your covered family members to remain healthy and productive. SFHSS offers four Health Maintenance Organization (HMO) plans and one Preferred Provider Organization (PPO) plan.

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers working closely together to help coordinate your care. You select a Primary Care Physician (PCP) who will coordinate all non-emergency care and services including access to certain specialists, programs and treatments that are in the same medical group or network. You must live or work in a ZIP code serviced by the plan to enroll.

Under these plans, there is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount known as a "co-payment". SFHSS offers the following HMO medical plans:

- **Health Net CanopyCare HMO:** A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents. Includes access to their "Alliance Referral Program", which provides members with access to specialists from all participating Canopy Health Medical Groups.
- **Kaiser Permanente HMO:** Utilizing an integrated-care model, Kaiser Permanente provides care through their own doctors and facilities, including inpatient and outpatient settings, pharmacy, lab, imaging, and other ancillary services.
- **Blue Shield of California Trio HMO:** A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents.
- **Blue Shield of California Access+ HMO:** A broad network HMO plan with access to many of the Bay Area's medical groups. The plan includes the ability for members to self-refer themselves to certain specialists.

Preferred Provider Organization (PPO)

A PPO is a medical plan that provides access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers. You pay less when you to seek services from preferred providers. However, the plan allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill.

Generally, when compared to HMO medical plans, PPOs usually result in higher out-of-pocket costs and a deductible will apply to many services. Instead of having a fixed co-pay for medical services, your cost share may vary as a percentage of what provider charges, known as a “coinsurance”. You will need to pay your plan year deductible prior to paying your coinsurance for the applicable service.

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 hire date. SFHSS members may enroll online using ***eBenefits*** (go to **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 deadline, your next opportunity to enroll in benefits is during the next Open Enrollment for coverage the following plan year, 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.

Medical Plan Service Areas

County	Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ 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

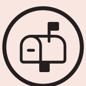
You must reside or work in a ZIP code serviced by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you. For **Blue Shield of California's Trio HMO**, call **(855) 747-5800**. For **Blue Shield of California's Access+ HMO**, call **(855)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

Members who lack geographic access to both SFHSS' Kaiser Permanente HMO and the Blue Shield of California Access+ 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 with using the ramid.ccsf.edu Portal**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.

City College of San Francisco (CCSF) Employees

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	**KAISER PERMANENTE HMO**	**BLUE SHIELD OF CALIFORNIA HMO**		**BLUE SHIELD OF CALIFORNIA PPO**	
	CANOPYCARE HMO	**TRADITIONAL HMO**	**TRIO HMO**	**ACCESS+ HMO**	**BLUE SHIELD OF CALIFORNIA PPO**	
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	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.	
					IN-NETWORK AND OUT-OF-AREA	**OUT-OF-NETWORK**
Deductible	No deductible	No deductible	No deductible		$250 employee only $500 +1 $750 +2 or more	$500 employee only $1,000 +1 $1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	$2,000 per individual $4,000 per family	$1,500 per individual $3,000 per family	$2,000 per individual $4,000 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	$20 co-pay	$25 co-pay		85% covered after deductible	50% covered after deductible
Urgent Care Visit	$25 co-pay in-network and out-of-network	$20 co-pay	$25 co-pay in-network		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	$5 co-pay 30-day supply	$10 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	$15 co-pay 30-day supply	$25 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	Only if authorized by a Kaiser Physician	$50 co-pay 30-day supply		$50 co-pay 30-day supply	$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	$20 co-pay 90-day supply	$10 co-pay 100-day supply	$20 co-pay 90-day supply		$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	$50 co-pay 90-day supply	$30 co-pay 100-day supply	$50 co-pay 90-day supply		$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician	$100 co-pay 90-day supply		$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	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA HMO	BLUE SHIELD OF CALIFORNIA PPO	
	CANOPYCARE HMO	TRADITONAL HMO	TRIO HMO / ACCESS+ HMO	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient					
Hospital Outpatient	$100 co-pay per surgery	$35 co-pay	$100 co-pay per surgery	85% covered after deductible	50% covered after deductible
Hospital Inpatient	$200 co-pay per admission	$100 co-pay per admission	$200 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 benefit period	No charge 100 days per plan year	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 when medically necessary	No charge authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility					
Hospital or Birthing Center	$200 co-pay per admission	$100 co-pay per admission	$200 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 Use Disorder					
Outpatient Treatment	$25 co-pay non-severe and severe	$10 co-pay group $20 co-pay individual	$25 co-pay non-severe and severe	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	$200 co-pay per admission	$100 co-pay per admission	$200 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 evaluation charge	Up to $2,500 per ear, every 36 months; no charge for evaluation	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	$20 co-pay authorization required	$25 co-pay	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 up to a combined total of 30 chiropractic and acupuncture visits/ year; ASH network	$15 co-pay 30 visits max for each per plan 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

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

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD OF CALIFORNIA	
		TRIO HMO	ACCESS+ HMO
Provider Medical Group/IPA			
Brown and Toland Medical Group	No	Yes	Yes
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	Yes	No	No
Santa Clara Physician Network (SCCIPA)	Yes	Yes	Yes
Sutter Palo Alto Medical Foundation Physicians	No	No	Yes
Hospitals			
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes	Yes	Yes
El Camino Hospital	No	Yes	Yes
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	No	Yes	Yes
Stanford Hospitals and Clinics	No	Yes	Yes
Sutter Alta Bates Summit Medical Center	No	Yes	Yes
Sutter Eden Medical Center	No	Yes	Yes
Sutter California Pacific Medical Center (CPMC)	No	Yes (only w/ Brown and Toland IPA)	Yes
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	Yes	No	No

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.

2024 Medical Premium Contributions

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
BIWEEKLY 26 PAY PERIODS										
BOARD MEMBERS AND CLASS. ADMIN.	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$0.00	$385.69	$25.86	$382.46	$37.49	$456.52	$272.34	$401.21
Employee +1	$146.77	$588.96	$133.52	$636.48	$162.65	$652.61	$196.83	$789.82	$643.01	$663.93
Employee +2 or more	$336.90	$703.57	$369.39	$719.59	$373.36	$779.67	$451.88	$943.67	$1,091.38	$755.59
CLASSIFIED EMPLOYEES	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$368.55	$0.00	$385.69	$25.86	$382.46	$32.01	$462.00	$266.32	$407.23
Employee +1	$177.02	$558.71	$174.47	$595.53	$196.16	$619.10	$237.38	$749.27	$609.55	$697.39
Employee +2 or more	$380.09	$660.38	$428.51	$660.47	$421.20	$731.83	$509.79	$885.76	$800.84	$1,046.13
BIWEEKLY 21 PAY PERIODS										
CLASSIFIED EMPLOYEES	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
EMPLOYEE ONLY										
Dec. 23 - May 24	$0.00	$536.07	$0.00	$561.00	$37.61	$556.31	$46.56	$672.00	$387.37	$592.33
Aug. 3 - Dec. 20	$0.00	$368.55	$0.00	$385.69	$25.86	$382.46	$32.01	$462.00	$266.32	$407.23
EMPLOYEE +1										
Dec. 23 - May 24	$257.48	$812.67	$253.77	$866.23	$285.32	$900.51	$345.28	$1,089.85	$886.62	$1,014.39
Aug. 3 - Dec. 20	$177.02	$558.71	$174.47	$595.53	$196.16	$619.10	$237.38	$749.27	$609.55	$697.39
EMPL. +2 OR MORE										
Dec. 23 - May 24	$552.86	$960.55	$623.29	$960.68	$612.65	$1,064.48	$741.51	$1,288.38	$1,164.86	$1,521.64
Aug. 3 - Dec. 20	$380.09	$660.38	$428.51	$660.47	$421.20	$731.83	$509.79	$885.76	$800.84	$1,046.13

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

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
MONTHLY 12 PAY PERIODS										
ACADEMIC ADMINS.	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$798.52	$0.00	$835.66	$56.05	$828.64	$81.34	$989.02	$590.08	$869.27
Employee +1	$318.01	$1,276.06	$289.29	$1,379.05	$352.40	$1,414.00	$426.48	$1,711.26	$1,393.48	$1,438.23
Employee +2 or more	$729.95	$1,524.40	$800.32	$1,559.13	$808.91	$1,689.32	$979.07	$2,044.62	$2,364.64	$1,637.13
FULL-TIME FACULTY	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	$0.00	$798.52	$0.00	$835.66	$56.05	$828.64	$81.34	$989.02	$590.08	$869.27
Employee +1	$296.97	$1,297.10	$239.33	$1,429.01	$329.08	$1,437.32	$398.26	$1,739.48	$1,363.48	$1,468.23
Employee +2 or more	$676.31	$1,578.04	$718.36	$1,641.09	$749.47	$1,748.76	$907.10	$2,116.59	$2,281.00	$1,720.77
MONTHLY 9 PAY PERIODS										
PART-TIME FACULTY	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
EMPLOYEE ONLY										
Jan. 1 - May 31	$0.00	$1,277.63	$0.00	$1,337.06	$89.68	$1,325.82	$130.14	1,582.43	$944.13	$1,390.83
Sept. 1 - Dec. 31	$0.00	$798.52	$0.00	$835.66	$56.05	$828.64	$81.34	$989.02	$590.08	$869.27
EMPLOYEE +1										
Jan. 1 - May 31	$475.15	$2,075.36	$382.93	$2,286.42	$526.53	$2,299.71	$637.22	$2,783.17	$2,181.57	$2,349.17
Sept. 1 - Dec. 31	$296.97	$1,297.10	$239.33	$1,429.01	$329.08	$1,437.32	$398.26	$1,739.48	$1,363.48	$1,468.23
EMPL. +2 OR MORE										
Jan. 1 - May 31	$1,082.10	$2,524.86	$1,149.38	$2,625.74	$1,199.15	$2,798.02	$1,451.36	$3,386.54	$3,649.60	$2,753.23
Sept. 1 - Dec. 31	$676.31	$1,578.04	$718.36	$1,641.09	$749.47	$1,748.76	$907.10	$2,116.59	$2,281.00	$1,720.77

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

Vision Plan Options

SFHSS offers two vision plans for members and dependents who are enrolled in a SFHSS medical plan. Vision coverage is provided through Vision Service Plan (VSP).

Vision Service Plan - Basic

The VSP Basic Plan is included with enrollment in all SFHSS medical plans. Members are eligible to a vision exam once a year, and either one set of contacts or a pair of eyeglasses frame/lenses every other calendar year. Eligible dependent children are covered in full for polycarbonate prescription lenses.

Vision Service Plan - Premier

Members may buy-up to the VSP Premier Plan that includes coverage for a new pair of eyeglass frame and lenses or contacts every plan year. The VSP Premier Plan provides a higher allowance for a frame and lenses or contacts. If a member buys up to VSP Premier Plan, and member's dependents will also be enrolled in the VSP Premier Plan.

Accessing Your Vision Benefits

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 complete list of network providers.

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**.

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plain (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.

For more information, please review the Evidence of Coverage at **https://sfhss.org/vsp-vision-plans**

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.

VSP Vision Care Member Extras

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

VSP also provides savings on **hearing aids** through **TruHearing®** for members, their 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 offered through SFHSS.

Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic[1]	Vision Service Plan - Premier
Well Vision Exam	$10 co-pay every calendar year	$10 co-pay every calendar year
Single Vision Lenses **Lined Bifocal Lenses** **Lined Trifocal Lenses**	$25 co-pay every other calendar year[2] $25 co-pay every other calendar year[2] $25 co-pay every other calendar year[2]	$0 every calendar year $0 every calendar year $0 every calendar year
Standard Progressive Lenses **Premium Progressive Lenses** **Custom Progressive Lenses**	100% coverage every other calendar year $95–$105 co-pay every other calendar year $150–$175 co-pay every other calendar year	100% coverage every calendar year $25 co-pay every calendar year $25 co-pay every calendar year
Standard Anti-Reflective Coating **Premium Anti-Reflective Coating** **Custom Anti-Reflective Coating**	$41 co-pay every other calendar year $58–$69 co-pay every other calendar year $85 co-pay every other calendar year	$25 co-pay every calendar year $25 co-pay every 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 *(instead of glasses)*	$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 other calendar year
Essential Medical Eye Care *(for the treatment of urgent or acute ocular conditions)*	$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.	$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered.

VSP Premier Contribution

Biweekly (26 Pay Periods)	Monthly (12 Pay Periods)	9 Pay Periods[3]	21 Pay Periods[3]
E Only $5.34 **E + 1 Dep. $8.12** **E + 2 or more $16.64**	**E Only $11.56** **E + 1 Dep. $17.59** **E + 2 or more $36.06**	**E Only $18.50 I $11.56** **E +1 Dep. $28.14 I $17.59** **E +2 or more $57.70 I $36.06**	**E Only $7.76 I $5.34** **E +1 Dep. $11.81 I $8.12** **E +2 or more $24.21 I $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 Up to $50 **Frame** Up to $70	**Single Vision Lenses** Up to $45 **Lined Bifocal Lenses** Up to $65	**Lined Trifocal Lenses** Up to $85 **Progressive Lenses** Up to $85	**Contacts** Up to $105

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

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

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

Delta Dental, Flexible Spending Accounts and other Voluntary Benefits are administered by the CCSF Benefits Unit. Please contact **CCSF Benefits Unit** at **benefits@ccsf.edu**.

Dental PPO

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

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

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

Flexible Spending Accounts (FSA)

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

A Healthcare FSA helps to pay for qualifying medical expenses. Qualifying expenses include medical, pharmacy, dental and vision co-pays, acupuncture and chiropractic care and more.

Unused FSA Healthcare up to the maximum carryover fund amounts can carryover to the following year. Your carryover will be determined at the end of the claim filing period (March 31). Carryover funds can only be accessed for one plan year and any remaining carryover funds will be forfeited.

IRS Rules require FSA annual enrollment/election during Open Enrollment. For more information, read IRS code section 125, **irs.gov/forms**.

A Dependent Care FSA can help pay *pre-tax* for qualifying dependent care expenses. Qualifying expenses include certified day care, pre-school and elder care. Children in day care must be under age 13. **FSA Dependent cannot be used for dependent medical, dental or vision expenses.**

Unlike an FSA Healthcare, there is no carryover on FSA Dependent Care. FSA Dependent Care expenses and services need to be incurred in the same plan year or be forfeited. There are no exceptions.

Before enrolling in your FSA, work out a detailed estimate of the eligible expenses you are likely to incur. Budget conservatively. Please note, with an FSA your taxable income will be reduced for Social Security purposes so there may be a corresponding reduction in Social Security benefits.

Services and/or purchases must be made within the election year/eligibility period. Plan year is from January 1 to December 31. Funds are available after being deducted from your paycheck and received by *WageWorks*. There are no refunds for canceling or reducing elections.

FSA Healthcare and FSA Dependent Care expenses reimbursement claims must be submitted to *WageWorks* by March 31st for the prior plan year.

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

For complete list of eligible healthcare and dependent care expenses and more information on FSA, visit **wageworks.com**.

Commuter Benefits

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

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

Other Voluntary Benefits

Eligible **CCSF** employees may also purchase the voluntary benefits below:

- Individual life, accident, short-term disability, cancer/specified disease, hospital confinement indemnity, specified health event, dental and vision insurance.
- For more information about dental, FSA, and additional voluntary benefits that are administered through CCSF, visit **ccsf.edu**.

CCSF Provides Your Dental Benefits

For eligible employees, in this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%.

Eligibility	Enrolled eligible employee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26.			
Deductibles	None			
Maximums	**Delta Dental PPO dentists:** $3,200 per person each calendar year. **Non-Delta Dental PPO dentists:** $3,000 per person each calendar year.			
D&P count towards maximum?	Yes.			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	**Delta Dental PPO dentists****	**Non-Delta Dental PPO dentists****
Diagnostic and Preventive Services (D&P) Exams, (2) cleanings and x-rays	In-Network and Premier Dentist's contracted fee is covered at: 70%-100%	Reasonable and customary fee is only covered at: 70%-100%
Basic Service Fillings, posterior composites and sealants		
Endodontics (root canals) Covered under Basic services		
Periodontics (gum treatment) Covered under Basic services		
Oral Surgery Covered under Basic services		
Major Services Crowns, inlays, onlays and cast restorations		
Prosthodontics Bridges, dentures, and implants	50%	50%
Orthodontics Benefits Adults and dependent children		
Dental Accident Benefits Adults and dependent children	100% (Separate $1,000 maximum per person calendar year)	
Orthodontics Maximums Adults and dependent children	$2,000 Lifetime	

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

**Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative (CCSF).

Mental Health and Substance Use Disorder

Employee Assistance Program (EAP) – We're Here For You

Guidance Consultants are available 24/7 for confidential assessment and referral. SFHSS EAP Counselors are available Monday through Friday, 8am to 5pm for confidential counseling and consultation. If you think you need help, call **(628) 652-4600**. Visit us at **sfhss.org/eap.**

Individual Services	Organizational Services
■ Short Term solution focused counseling for individuals and couples ■ Assessment and Referrals ■ Consultation and Coaching ■ Mental Health benefit advocacy and navigation	■ Management Consultation and Coaching ■ Employee Mediation ■ Critical Incident Response ■ Workshops and Training

Health Plans: Mental Health[1], Well-Being and Substance Use Disorder[1]

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

Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA HMO and Blue Shield of CA PPO
Mental Health and Substance Use Disorder		
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.html**. No authorization is required for psychotherapy or medication support services.	Call **(800) 464-4000** to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist. **Ginger** offers on-demand, confidential mental healthcare through coaching. Members get a free 90-day subscription every 12 month period and is only accessible via a mobile platform. Register at **kp.org/selfcareapps**	**Trio HMO and Access+ HMO:** Call **(877) 263-9952** to find a provider and schedule an appointment with *Blue Shield's Mental Health Service Administrator.* **PPO:** Call **(866) 336-0711** to access mental health services. **Ginger** offers on-demand, confidential mental health coaching and self-guided activities. Video therapy & psychiatry sessions available for a co-pay.
Mental and Emotional Well-Being Services and Resources		
If you have questions about additional wellness resources call MHN at **(833) 996-2567** to learn more. **Apps:** Members can access self-care apps and tools such as *myStrength* and *Unwind* at **healthnet.com/sfhss**.	**Classes and Support Groups:** Contact your local Kaiser Permanente facility for a calendar or visit **kp.org/mentalhealth**. **Health/Wellness Coaching:** Call **(866) 862-4295** to make an appointment with a Wellness Coach. **Apps:** Members can access self-care apps, *Calm* and *myStrength*, through **kp.org/selfcareapps**.	**Counseling and Consultation:** *LifeReferrals* is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals. To speak with a *LifeReferrals* coach, please call **(800) 985-2405**, or visit the website **lifereferrals.com**. **Apps:** Members can access self-care apps and tools such as *Headspace* and *Insight Timer* at **wellvolution.com**.

[1]As a result of mental health parity law, there is no yearly or lifetime dollar amounts for mental health and substance use disorder.

Health Benefits During a Leave of Absence

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

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

- Notify the **CCSF Human Resources Department** **at least 30 days** in advance. Call Human Resources Department at **(415) 452-7600** and ask to speak to the **CCSF Employee Leaves Unit**.
- Contact the **CCSF Benefits Unit** to inquire about your health benefits while on leave. You can reach CCSF Benefits Unit at **(415) 452-7733** or **benefits@ccsf.edu**.
- Review the ***Your Responsibilities*** section below for more information about your health benefits during a leave of absence and how to avoid a disruption in your coverage.
- For additional information, please refer to your ***Collective Bargaining Agreement***.

Your Responsibilities

1. Notify your supervisor and your CCSF Human Resources (HR) at least 30 days in advance to review your leave. Contact Human Resources at (415) 452-4600 and ask to speak to the CCSF Employee Leaves Unit.

If your leave is due to an unexpected emergency contact HR as soon as possible. HR will help you understand the process and documentation required for an approved leave.

2. To continue your health coverage, you may elect to continue or waive health coverage for the duration of your approved Leave of Absence.

To waive health coverage for the duration of your approved Leave of Absence, you must contact CCSF and SFHSS **within 30 days** of when leave begins to waive/terminate your health benefits. You must submit a Medical Enrollment form to SFHSS and a Dental Enrollment form to CCSF Benefits Unit **within 30 days** from your original approved Leave of Absence to waive your health benefits.

If premium payments are not deducted from your paycheck while you are on leave you must pay **CCSF** directly. **Contact the CCSF Benefits Unit about premiums owed to continue or waive your medical and dental coverage.**

3. Health Premium Payments. If you continue your health coverage for the duration of your leave, you must pay the employee premium contribution while you are on leave. An employee on an approved Leave of Absence, including but not limited to personal or educational leaves, must pay the total cost of health coverage for yourself and any enrolled dependents. This includes your premium contribution plus the employer's premium contribution. Failure to make payment can result in termination of health benefits, which may not be reinstated until Open Enrollment. **Contact the CCSF Benefits Unit about premiums owed to continue or waive your medical and dental coverage while on an approved Leave of Absence.**

4. When your leave ends, you must contact CCSF and SFHSS immediately upon your return to work in order to avoid break in health coverage. You must submit a Medical Enrollment form to SFHSS and Dental Enrollment form to the CCSF Benefits Unit with your elections to reinstate your health benefits **within 30 days** from your return to work.

Contact CCSF Benefits Unit to inquire about getting your health benefits reinstated when you return to work.

2024 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (26 PAY PERIODS)

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

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 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of heath coverage ends at the end of the coverage period.

Employee premium contributions are deducted from paychecks biweekly for a total of 26 payroll deductions. If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY24/25 calendar was not finalized with the union at the time of publication. Please check **sfhss.org** for updates.

2024 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (21 PAY PERIODS)

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

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 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of heath coverage ends at the end of the coverage period.

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions.

Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer pay periods. Benefits coverage will continue as long as all summer premium contributions have been funded (and on active status). If you take an approved unpaid leave of absence, you pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY24/25 calendar was not finalized with the union at the time of publication. Please check **sfhss.org** for updates.

2024 Health Coverage Calendars

FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2024 – January 31, 2024	January 31, 2024	January 1, 2024 – January 31, 2024
February 1, 2024 – February 29, 2024	February 29, 2024	February 1, 2024 – February 29, 2024
March 1, 2024 – March 31, 2024	March 29, 2024	March 1, 2024 – March 31, 2024
April 1, 2024 – April 30, 2024	April 30, 2024	April 1, 2024 – April 30, 2024
May 1, 2024 – May 31, 2024	May 31, 2024	May 1, 2024 – May 31, 2024
June 1, 2024 – June 30, 2024	June 28, 2024	June 1, 2024 – June 30, 2024
July 1, 2024 – July 31, 2024	July 31, 2024	July 1, 2024 – July 31, 2024
August 1, 2024 – August 31, 2024	August 30, 2024	August 1, 2024 – August 31, 2024
September 1, 2024 – September 30, 2024	September 30, 2024	September 1, 2024 – September 30, 2024
October 1, 2024 – October 31, 2024	October 31, 2024	October 1, 2024 – October 31, 2024
November 1, 2024 – November 30, 2024	November 29, 2024	November 1, 2024 – November 30, 2024
December 1, 2024 – December 31, 2024	December 31, 2024	December 1, 2024 – December 31, 2024

PART-TIME FACULTY PAID MONTHLY (9 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2024 – January 31, 2024	January 31, 2024	January 1, 2024 – January 31, 2024
February 1, 2024 – February 29, 2024	February 29, 2024	February 1, 2024 – February 29, 2024
March 1, 2024 – March 31, 2024	March 29, 2024	March 1, 2024 – March 31, 2024
April 1, 2024 – April 30, 2024	April 30, 2024	April 1, 2024 – April 30, 2024
May 1, 2024 – May 31, 2024	May 31, 2024	May 1, 2024 – May 31, 2024
Summer Break (*off from regular work*)	June 28, 2024 July 31, 2024 August 30, 2024	Summer Coverage Period (*extra payroll deductions taken January to May*)
September 1, 2024 – September 30, 2024	September 30, 2024	September 1, 2024 – September 30, 2024
October 1, 2024 – October 31, 2024	October 31, 2024	October 1, 2024 – October 31, 2024
November 1, 2024 – November 30, 2024	November 29, 2024	November 1, 2024 – November 30, 2024
December 1, 2024 – December 31, 2024	December 31, 2024	December 1, 2024 – December 31, 2024

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 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of heath coverage ends at the end of the coverage period.

Full-time faculty premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions.

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

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

The FY24/25 calendar was not finalized with the union at the time of publication. Please check **sfhss.org** for updates.

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/planning-to-retire**.

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

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

Medicare Enrollment

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

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

Active Employee Medicare Enrollment

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

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

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

Retiree Premium Contributions

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

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

Contact Employee Assistance Program (EAP)

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

Qualifying Life Events Allow You to Change Your Existing Benefits Within 30 Days Outside of Open Enrollment

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

You may enroll a new spouse or domestic partner and eligible children of the spouse or domestic partner to your current benefits through ***eBenefits*** via 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. You must add your new dependents and submit copies of the required documents **within 30 days** of the legal date of the marriage or partnership through ***eBenefits*** or via fax or mail by completing an application form. Certificates of domestic partnership must be issued in the United States. A Social Security number must be provided for each new 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

A dependent may be added to your existing benefits if it is required by court order. Coverage for a dependent under legal guardianship or court order shall be effective the date of the 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, 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.

Moving Out of Your Plan's Service Area

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

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

Death of a Dependent

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

Death of a Member

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

Responsibility for Premium Contributions

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

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

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

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

2024 Monthly COBRA Premium Rates

Health Net CanopyCare HMO	
Employee Only	$814.49
Employee +1	$1,625.95
Employee +2 or More	$2,299.44
Kaiser Permanente HMO	
Employee Only	$852.37
Employee +1	$1,701.71
Employee +2 or More	$2,406.64
Blue Shield of California Trio HMO	
Employee Only	$902.38
Employee +1	$1,801.73
Employee +2 or More	$2,548.70
Blue Shield of California Access+ HMO	
Employee Only	$1,091.77
Employee +1	$2,180.49
Employee +2 or More	$3,084.16
Blue Shield of California PPO	
Employee Only	$1,488.54
Employee +1	$2,888.34
Employee +2 or More	$4,081.81
VSP Premier	
Employee Only	$11.79
Employee +1	$17.94
Employee +2 or More	$36.78

For City College of San Francisco (CCSF) COBRA dental rates, visit **CCSF's** website at **ccsf.edu** or call the **CCSF Benefits Unit** at **(415) 452-7733**.

COBRA and Covered California

COBRA

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

COBRA Continuation Coverage

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

- Voluntary and involuntary termination of employee employment (except for misconduct).
- Hours of employment reduced, making the employee ineligible for employer health coverage.
- Children who are aging out of SFHSS coverage.
- Employee's spouse, domestic partner or stepchildren who are losing SFHSS coverage due to legal separation, divorce or dissolution of partnership.
- Covered dependents who are not eligible for survivor benefits and are losing SFHSS coverage due to the death of an SFHSS member.
- Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

COBRA Notification and Election Time Limits

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

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

Paying for COBRA

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

Duration of COBRA Continuation Coverage

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

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

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

COBRA Continuation Coverage Alternatives

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

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

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

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

COBRA Premium Rates

Go to page 24 to review 2024 COBRA Premium Rates.

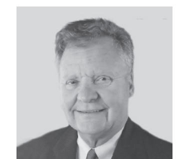
Randy Scott
President
Appointed by
Controller's Office

Mary Hao
Vice-President
Appointed by
Mayor Breed

Karen Breslin
Elected by SFHSS
Membership

Chris Canning
Elected by SFHSS
Membership

Matt Dorsey
Appointed by the
Board of Supervisors


Stephen Follansbee, M.D.
Appointed by
Mayor Breed

Claire Zvanski
Elected by SFHSS
Membership

Health Service Board Achievements

All Health Service Board accomplishments are presented at the Health Service System monthly public meetings. Board meetings are held in San Francisco City Hall and publicly broadcast with the support of SFGov TV and online via the WebEx platform. Regular Board meeting recording archives are available on the SFGovTV Health Service Board meeting webpage.

Continued Hybrid Meetings

The Governor announced that the statewide emergency declared on March 4th, 2020, ended on February 28th, 2023. Beginning March 1st, 2023, the statewide emergency ended and the Mayor's Office terminated the San Francisco emergency orders regarding public meetings While not required by State or Local public meeting laws, policy bodies were advised to provide additional time-limited remote public comment for members of the public who are not requesting accommodation under Federal ADA laws. The Health Service Board decided to continue a hybrid meeting format recognizing that an additional time-limit allowance for public comment facilitates public and member engagement.

Updated Policies and Procedures

The Governance Committee initiated a policy review in December 2022 and the full Board approved updates to Health Service Board Governance Policies and Terms of Reference on January 12, 2023. The Board unanimously re-elected Randolph Scott as Health Service Board President and Mary Hao as Health Service Board Vice President to serve July 2023-June 2024. The Board completed its annual self-evaluation in December 2022 having worked with the Health Service Board Governance Committee to review the results and prepare the final report which was presented to and approved by the full Board at the March 9, 2023, regular meeting. The Board completed the Annual Employee Performance Evaluation on March 23, 2023.

Board Education

The Board completed training on Health Insurance Portability and Accountability Act (HIPAA), Health Plan Design as well as Transgender 101: Strengthen Your Commitment to Inclusion. The Board also reviewed two presentations on Healthcare Cost Influencers and Trends during the February-June Rates and Benefits cycle.

The full Board approved the Health Service Board Education Plan 2023-2025 to align with the San Francisco Health Service System Strategic Plan. Health Service Board goals include 1. Fiduciary Duty, 2. Health and Welfare Plan Design and Funding, 3. Benefits Administration, 4. General Provisions on Governance, Legislative and Regulatory Changes, Actuary Services, and Required City-Wide Commissioner Training.

Health Service Board Approval on 2024 Plan Year Benefit and Plan Enhancements

The Board monitored the healthcare costs and trends throughout the annual rates and benefits approval cycle and approved the rates and benefits below. Ultimately rates did increase across plans. Several cost trends drove increased rate renewals: healthcare labor cost growth-outpacing inflation, ongoing COVID-19 expense impacts, behavioral health impacts, pharmaceutical impacts, and reduction of federal government payments for Medicare Advantage plans.

A 10.38% aggregate projected increase cost for medical, vision, dental, life insurance and long-term disability insurance.

A rate increase of 3.7% for Health Net CanopyCare HMO.

A rate increase of 12.5% for Kaiser HMO for Actives and Early Retirees.

A rate increase of 6.3% for Kaiser HMO Multi-Region for Early Retirees-across WA/NW/HI.

A rate increase of 4.5% for Kaiser HMO Multi-Region for Medicare Retirees-across WA/NW/HI.

A rate increase of 6.2% for Kaiser Medicare Senior Advantage.

A rate increase of 2.9% for BSC Trio.

A rate increase of 14.4% for BSC Access+.

A rate increase of 1.7% for BSC PPO.

A rate increase of 15.0% for UHC Medicare Advantage PPO.

A rate decrease of 6.9% for Delta Dental PPO for actives.

A rate increase of 2.0% 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 increase of 9.1% for DeltaCare USA HMO for retirees.

No change for VSP Basic Plan, VSP Premier Plan, and Computer Vision Care for actives and retirees.

No change for The Hartford life insurance, AD&D, and long-term disability plans for actives.

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 infertility 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.

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, contact the number on the back of your insurance card, or visit:

- **sfhss.healthnetcalifornia.com**
- **my.kp.org/ccsf**
- **blueshieldca.com/sfhss**

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

Medicaid or Children's Health Insurance Program (CHIP)

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

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

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

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

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

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

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

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

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

California Medicaid Contact Information

Health Insurance Premium Payment (HIPP) Program
https://dhcs.ca.gov/hipp
Phone: **(916) 445-8322**
Fax: **(916) 440-5676**
Email: **hipp@dhcs.ca.gov**

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 dependent's 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** 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** or call **(800) 772-1213. (TTY: (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.

Key Contacts

City College of San Francisco (CCSF) Benefits Unit
50 Frida Kahlo Way
Bungalow #702
San Francisco, CA 94112
Benefits Line: (415) 452-7733
Benefits Fax: (415) 452-7786
HR Dept: (415) 452-7660
benefits@ccsf.edu
ccsf.edu

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

SFHSS Telephone Hours
Monday, Tuesday, Wednesday, and Friday: 9am to 12pm and 1pm to 5pm. Thursday: 10am to 12pm and 1pm to 5pm

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

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

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

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

MEDICAL PLANS

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

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

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

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

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

DENTAL & VISION PLANS

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

Delta Dental PPO
(866) 499-3001
deltadentalins.com

FT Faculty & Admin:
Group 15935
Classified: Group 15935-00007
FT Faculty: Group 15935-00006
PT Faculty: Group 15935-00009
Board of Trustees: Group 15935-00010
COBRA: Group 15935-00008

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

FSAs and Commuter Benefits

FSAs and Commuter Benefits are administered by **WageWorks** and **City College of San Francisco (CCSF)**.

WageWorks (FSA & Commuter Benefits)
(877) 924-3967
wageworks.com

COBRA Medical and Dental

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

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

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

OTHER AGENCIES

Pension Benefits
SFERS
Employees' Retirement System
Tel: (415) 487-7000
Toll Free: (888) 849-0777
mysfers.org

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

CalSTRS
(800) 228-5453
calstrs.com

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

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