



# 2024 Health Benefits Guide



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



## Executive Director's Message



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** below to learn how to create a new account.

- If **YES**, go to **Steps 2 through 5** below 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](https://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.
- Save and continue through all the screens and confirm at the end to submit your changes.
- 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 and 10.
- Compare Provider Medical Groups available by HMO plan on page 11.
- Review the rates for available plans in your area on pages 13 to 14.
- 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 page 15 and 16.
- 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](https://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/unified\\_school\\_district](https://sfhss.org/benefits/unified_school_district). 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](https://sfhss.org/san-francisco-health-service-system-member-rules) or request a copy by calling (628) 652-4700.



## Eligibility

### Member Eligibility

The following persons are eligible to participate in SFHSS benefits:

- All regularly scheduled provisional or temporary exempt employees of the San Francisco Unified School District (“SFUSD”) whose normal scheduled work week at date of hire is not less than 20 hours.
- All other employees of the SFUSD, including *as needed intermittent or substitute temporary/temporary exempt employees*, who have worked at least 20 hours a week in a consecutive 12-month period may be eligible under the *Affordable Care Act*.
- All members of the SF Board of Education Boards *during* their time in service to the San Francisco Unified School District.
- All other employees who are deemed *full-time* employees under the shared responsibility provision of the federal Patient Protection and Affordability Care Act (Section 4980H).

### Dependent Eligibility

The following dependents may be eligible for SFHSS benefits as defined under Section B of the SFHSS Rules:

#### 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.





# Temporary Employee Eligibility

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

## Temporary Certificated Employees

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

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

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

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

## Temporary School-Term Biweekly Employees

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

- Clerical Workers
- Paraeducators
- Security Aides

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

## Eligible Temporary Exempt Employees

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

## Options for Maintaining Coverage

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

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

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



### Rehired in the Fall?



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



## 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 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](https://sfhss.org/how-to-enroll) to get started) or by completing and submitting an **Enrollment Application form** by fax or mail, along with required eligibility documentation.

If you do not enroll by the 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 using eBenefits in the Employee Portal at [myapps.sfgov.org](https://myapps.sfgov.org)**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.

# Medical Plans

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

	HEALTH NET CANOPYCARE HMO	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	
<b>Choice of Physician</b>	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.	
<b>Deductible</b>	No deductible	No deductible	No deductible		<b>IN-NETWORK AND OUT-OF-AREA</b>	<b>OUT-OF-NETWORK</b>
					\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
<b>Out-of-Pocket Maximum</b> does not include premium contributions	\$2,000 per individual \$4,000 per family	\$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
<b>General Care and Urgent Care</b>						
<b>Annual Physical; Well Woman Exam</b>	No charge	No charge	No charge		100% covered no deductible	50% covered after deductible
<b>Doctor Office Visit</b>	\$25 co-pay	\$20 co-pay	\$25 co-pay		85% covered after deductible	50% covered after deductible
<b>Urgent Care Visit</b>	\$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
<b>Family Planning</b>	No charge	No charge	No charge		100% covered no deductible	50% covered after deductible
<b>Immunizations</b>	No charge	No charge	No charge		100% covered no deductible	100% covered no deductible
<b>Lab and X-ray</b>	No charge	No charge	No charge		85% covered after deductible & prior notification	50% covered after deductible & prior notification
<b>Doctor's Hospital Visit</b>	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
<b>Prescription Drugs</b>						
<b>Pharmacy: Generic</b>	\$10 co-pay 30-day supply	\$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
<b>Pharmacy: Brand-Name</b>	\$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
<b>Pharmacy: Non-Formulary</b>	\$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
<b>Mail Order: Generic</b>	\$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
<b>Mail Order: Brand-Name</b>	\$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
<b>Mail Order: Non-Formulary</b>	\$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
<b>Specialty</b>	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply		\$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	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	IN-NETWORK AND OUT- OF-AREA	OUT-OF-NETWORK
<b>Hospital Outpatient and Inpatient</b>						
<b>Hospital Outpatient</b>	\$100 co-pay per surgery	\$35 co-pay	\$100 co-pay per surgery		85% covered after deductible	50% covered after deductible
<b>Hospital Inpatient</b>	\$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
<b>Hospital Emergency Room</b>	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized		85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
<b>Skilled Nursing Facility</b>	No charge 100 days per plan year	No charge 100 days per 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
<b>Hospice</b>	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
<b>Maternity and Infertility</b>						
<b>Hospital or Birthing Center</b>	\$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
<b>Pre-/Post-Partum Care</b>	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
<b>Well Child Care</b>	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		100% covered no deductible	100% covered no deductible
<b>IVF, GIFT, ZIFT and Artificial Insemination</b>	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC		50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
<b>Mental Health and Substance Use Disorder</b>						
<b>Outpatient Treatment</b>	\$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
<b>Inpatient Facility</b> 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
<b>Other</b>						
<b>Hearing Aids</b> 1 aid per ear every 36 months; evaluation no charge	Up to \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no 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
<b>Medical Equipment, Prosthetics and Orthotics</b>	No charge as authorized by PCP	No charge as authorized by PCP	No charge as authorized by PCP		85% covered after deductible; prior notification	50% covered after deductible; prior notification
<b>Physical and Occupational Therapy</b>	\$25 co-pay	\$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
<b>Acupuncture/Chiropractic</b>	\$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
<b>Gender Dysphoria</b> office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required	Co-pays apply authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification



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

	BLUE SHIELD OF CALIFORNIA		
	HEALTH NET CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO
<b>Provider Medical Group/IPA</b>			
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
<b>Hospitals</b>			
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.*



# Health Benefits During a Leave of Absence

You must immediately notify SFHSS of any leave of absence.

Type of Leave	Health Benefits Eligibility
Family and Medical Leave (FMLA) Workers' Compensation Leave Family Care Leave Military Leave Leave for Employment as an Employee Organization Officer or Representative	<p><b>Notify the SFUSD Benefits Office as soon as your leave begins within 30 days.</b> You may elect to continue or waive coverage for the duration of your approved <i>Leave of Absence</i> by submitting an Enrollment Application Form to waive your coverage to SFHSS.</p> <p><b><u>You must notify the SFUSD Benefits Office immediately upon return to work in order to avoid a break in coverage.</u></b></p>
Educational Leave Personal Leave Personal Leave following Family Care Leave	<p>Employees on approved unpaid <i>Leave of Absence</i>, including but not limited to personal and educational leaves, must pay the total cost of health coverage for yourself and any enrolled dependents. This includes your premium contribution plus your employer's premium contribution.</p> <p><b>Notify the SFUSD Benefits Office as soon as your leave begins – within 30 days.</b> You may elect to continue or waive coverage for the duration of your approved <i>Leave of Absence</i>. <b><u>You must notify SFHSS immediately upon return to work by submitting an Enrollment Application Form with your elections in order to avoid a break in coverage.</u></b></p>

## Health Benefits During a Leave of Absence

- 1. Medical and Vision.** While you are on an unpaid leave, premiums for health coverage cannot be deducted from your paycheck. To maintain coverage, you must pay premium contributions directly to SFHSS. Please refer to the section titled “*Your Responsibilities*” below.
- 2. Your Responsibilities.** Notify your *supervisor* and *SFUSD Benefits and Leaves Office* prior to your leave. If your leave is due to an unexpected emergency, contact the *SFUSD Benefits and Leaves Office* as soon as possible.
- 3. Contact SFHSS As Soon As Your Leave Begins.** Based on your leave type, and if applicable, you may be required to pay premium contributions directly to SFHSS while you are on leave. *SFUSD's Benefits and Leaves Office* will notify you of your leave type and applicable premium contributions by email upon approval of your leave. You may choose to continue or waive health coverage while on leave by submitting an Enrollment Application Form to waive your coverage to SFHSS. To create an account to make online payments, visit [sfhss.org/how-make-payment](https://sfhss.org/how-make-payment). **There are no service fees for payment by electronic check.** Failure to pay applicable premiums will result in termination of your health benefits.
- 4. When your leave ends, contact the SFUSD Benefits Office to Verify Status of Your Health Benefits within 30 days of Your Return to Work (unpaid leaves only).** If you were required to pay a premium contribution to SFHSS directly and did so while on leave, please contact *SFUSD's Benefits and Leaves Office* to ensure your premium contributions via paycheck deduction are reinstated. If you were required to pay a premium contribution to SFHSS because you were on an unpaid leave and waived health benefits or coverage was terminated for non-payment of premium, please contact SFHSS directly to reinstate health benefits as it will not automatically be reinstated.

**Questions?** Contact the **SFUSD Benefits Office** at **(415) 241-6101**.



# 2024 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>Consolidated Crafts<sup>1</sup>, Electric Workers Local 6, Stationary Engrs Local 39, Laborers, Local 261</i>										
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$0.00	\$735.73	\$13.76	\$756.24	\$36.39	\$778.87	\$122.08	\$864.57	\$407.54	\$899.40
Employee +2	\$144.45	\$896.02	\$189.58	\$899.40	\$253.63	\$899.40	\$496.15	\$899.40	\$947.57	\$899.40
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>SEIU Local 1021, Board Designated Confidential or Unrep.</i>										
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$271.53	\$402.02
Employee +1	\$0.00	\$735.73	\$13.76	\$756.24	\$36.39	\$778.87	\$122.08	\$864.57	\$407.54	\$899.40
Employee +2	\$144.45	\$896.02	\$189.58	\$899.40	\$253.63	\$899.40	\$496.15	\$899.40	\$947.57	\$899.40
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>Board Designated Managerial</i>										
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$263.92	\$471.81	\$294.81	\$475.19	\$340.07	\$475.19	\$511.46	\$475.19	\$831.75	\$475.19
Employee +2	\$545.59	\$494.88	\$590.72	\$498.26	\$654.77	\$498.26	\$897.29	\$498.26	\$1,348.71	\$498.26
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>UESF Monthly to Bi-weekly Employees, UESF Paraeducators (Year-round)</i>										
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$217.76	\$517.97	\$248.66	\$521.34	\$293.92	\$521.34	\$465.31	\$521.34	\$785.60	\$521.34
Employee +2	\$441.74	\$598.73	\$486.87	\$602.11	\$550.92	\$602.11	\$793.44	\$602.11	\$1,244.86	\$602.11
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>IFPTE Local 21</i>										
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$263.33	\$472.40	\$294.22	\$475.78	\$339.48	\$475.78	\$510.87	\$475.78	\$831.16	\$475.78
Employee +2	\$513.15	\$527.32	\$558.28	\$530.70	\$622.33	\$530.70	\$864.85	\$530.70	\$1,316.27	\$530.70
<b>CLASSIFIED YEAR-ROUND EMPLOYEES</b> <i>UESF 15-19 hours Paraeducators</i>										
<b>Biweekly - 26 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only			\$96.42	\$289.27						
Employee +1										
Employee +2										
<b>CERTIFICATED EMPLOYEES</b> <i>UASF Local 3 Administrators, Board of Educators (BOE), Sup's Cabinet, Certificated Unrep. Mgmt.</i>										
<b>Monthly - 12 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$798.52	\$29.81	\$805.85	\$78.84	\$805.85	\$264.51	\$805.85	\$653.50	\$805.85
Employee +1	\$571.83	\$1,022.24	\$638.77	\$1,029.57	\$736.83	\$1,029.57	\$1,108.17	\$1,029.57	\$1,802.14	\$1,029.57
Employee +2	\$1,182.11	\$1,072.24	\$1,279.88	\$1,079.57	\$1,418.66	\$1,079.57	\$1,944.12	\$1,079.57	\$2,922.20	\$1,079.57
<b>CERTIFICATED EMPLOYEES</b> <i>UESF Certificated Personnel, UESF Substitute Teachers (Prop A)</i>										
<b>Monthly - 12 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$798.52	\$29.81	\$805.85	\$78.84	\$805.85	\$264.51	\$805.85	\$653.50	\$805.85
Employee +1	\$471.83	\$1,122.24	\$538.77	\$1,129.57	\$636.83	\$1,129.57	\$1,008.17	\$1,129.57	\$1,702.14	\$1,129.57
Employee +2	\$957.11	\$1,297.24	\$1,054.88	\$1,304.57	\$1,193.66	\$1,304.57	\$1,719.12	\$1,304.57	\$2,697.20	\$1,304.57

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

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

# 2024 Medical Premium Contribution Rates

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
	You Pay	SFUSD Pays	You Pay	SFUSD Pays	TRIO HMO	ACCESS+ HMO	PPO			
<b>PRE-K SCHOOL TERM EMPLOYEES</b> <i>UESF and USP K-12 Paraed. - Aug.-Dec.</i>										
<b>Biweekly - 23 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$217.76	\$517.97	\$248.66	\$521.34	\$293.92	\$521.34	\$465.31	\$521.34	\$785.60	\$521.34
Employee +2	\$441.74	\$598.73	\$486.87	\$602.11	\$550.92	\$602.11	\$793.44	\$602.11	\$1,244.86	\$602.11
<b>PRE-K SCHOOL TERM EMPLOYEES</b> <i>UESF and USP K-12 Paraed. - Jan.-Jun.<sup>2</sup></i>										
<b>Biweekly - 23 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$447.53	\$16.71	\$451.63	\$44.19	\$451.63	\$148.24	\$451.63	\$366.25	\$451.63
Employee +1	\$264.42	\$628.96	\$301.94	\$633.06	\$356.90	\$633.06	\$565.02	\$633.06	\$953.94	\$633.06
Employee +2	\$536.40	\$727.03	\$591.20	\$731.13	\$668.97	\$731.13	\$963.46	\$731.13	\$1,511.62	\$731.13
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week - Aug.-Dec.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only			\$13.76	\$371.93						
Employee +1										
Employee +2										
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 PEX Student Nutr. Wrkr. less than 20 hours a week - Jan.-Jun.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only			\$19.49	\$526.90						
Employee +1										
Employee +2										
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>UESF and USP K-12 Paraed. - Aug.-Dec.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$301.62	\$371.93
Employee +1	\$217.76	\$517.97	\$248.66	\$521.34	\$293.92	\$521.34	\$465.31	\$521.34	\$785.60	\$521.34
Employee +2	\$441.74	\$598.73	\$486.87	\$602.11	\$550.92	\$602.11	\$793.44	\$602.11	\$1,244.86	\$602.11
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>UESF and USP K-12 Paraed. - Jan.-Jun.<sup>2</sup></i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$522.11	\$19.49	\$526.90	\$51.55	\$526.90	\$172.95	\$526.90	\$427.30	\$526.90
Employee +1	\$308.49	\$733.79	\$352.27	\$738.57	\$416.39	\$738.57	\$659.19	\$738.57	\$1,112.93	\$738.57
Employee +2	\$625.80	\$848.20	\$689.73	\$852.99	\$780.47	\$852.99	\$1,124.04	\$852.99	\$1,763.55	\$852.99
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 K-12 Class. - Aug.-Dec.</i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$368.55	\$13.76	\$371.93	\$36.39	\$371.93	\$122.08	\$371.93	\$271.53	\$402.02
Employee +1	\$0.00	\$735.73	\$13.76	\$756.24	\$36.39	\$778.87	\$122.08	\$864.57	\$407.54	\$899.40
Employee +2	\$144.45	\$896.02	\$189.58	\$899.40	\$253.63	\$899.40	\$496.15	\$899.40	\$947.57	\$899.40
<b>K-12 SCHOOL TERM EMPLOYEES</b> <i>SEIU Loc. 1021 K-12 Class. - Jan.-Jun.<sup>2</sup></i>										
<b>Biweekly - 21 Pay Period Deductions</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>	<b>You Pay</b>	<b>SFUSD Pays</b>
Employee Only	\$0.00	\$522.11	\$19.49	\$526.90	\$51.55	\$526.90	\$172.95	\$526.90	\$384.67	\$569.53
Employee +1	\$0.00	\$1,042.28	\$19.49	\$1,071.34	\$51.55	\$1,103.40	\$172.95	\$1,224.81	\$577.35	\$1,274.15
Employee +2	\$204.64	\$1,269.36	\$268.57	\$1,274.15	\$359.31	\$1,274.15	\$702.88	\$1,274.15	\$1,342.39	\$1,274.15

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

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

# 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](http://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](http://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 <sup>1</sup>	Vision Service Plan - Premier
<b>Well Vision Exam</b>	\$10 co-pay every calendar year	\$10 co-pay every calendar year
<b>Single Vision Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Bifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Lined Trifocal Lenses</b>	\$25 co-pay every other calendar year <sup>2</sup>	\$0 every calendar year
<b>Standard Progressive Lenses</b>	100% coverage every other calendar year	100% coverage every calendar year
<b>Premium Progressive Lenses</b>	\$95-\$105 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Progressive Lenses</b>	\$150-\$175 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Standard Anti-Reflective Coating</b>	\$41 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Premium Anti-Reflective Coating</b>	\$58-\$69 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Custom Anti-Reflective Coating</b>	\$85 co-pay every other calendar year	\$25 co-pay every calendar year
<b>Scratch-Resistant Coating</b>	Fully covered every other calendar year	Fully Covered every calendar year
<b>Frames</b>	\$150 allowance for a wide selection of frames \$170 allowance for featured frames \$80 allowance 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 at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year
<b>Contacts</b> ( <i>instead of glasses</i> )	\$150 allowance every other calendar year <sup>2</sup>	\$250 allowance every calendar year
<b>Contact Lens Exam</b>	Up to \$60 co-pay every other calendar year <sup>2</sup>	Up to \$60 co-pay every other calendar year
<b>Essential Medical Eye Care</b> ( <i>for the treatment of urgent or acute ocular conditions</i> )	\$5 co-pay	\$5 co-pay
<b>Lightcare</b>	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. Anti-reflective and UV coatings fully covered.	\$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 months)	21 Pay Periods <sup>3</sup>	23 Pay Periods <sup>3</sup>
<b>E Only \$5.34</b> <b>E + 1 Dep. \$8.12</b> <b>E + 2 or more \$16.64</b>	<b>E Only \$11.56</b> <b>E + 1 Dep. \$17.59</b> <b>E + 2 or more \$36.06</b>	<b>E Only \$7.56   \$5.34</b> <b>E +1 Dep. \$11.50   \$8.12</b> <b>E +2 or more \$23.58   \$16.64</b>	<b>E Only \$6.48   \$5.34</b> <b>E +1 Dep. \$9.86   \$8.12</b> <b>E +2 or more \$20.21   \$16.64</b>

## Your Coverage with Out-of-Network Providers

Visit [vsp.com](http://vsp.com) if you plan to see a provider other than a VSP network provider.

<b>Exam</b> Up to \$50	<b>Single Vision Lenses</b> Up to \$45	<b>Lined Trifocal Lenses</b> Up to \$85	<b>Contacts</b> Up to \$105
<b>Frame</b> Up to \$70	<b>Lined Bifocal Lenses</b> Up to \$65	<b>Progressive Lenses</b> Up to \$85	

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium.

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

<sup>3</sup>Employees with 21, and 23 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

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



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

Individual Services	Organizational Services
<ul style="list-style-type: none"> <li>■ Short Term solution focused counseling for individuals and couples</li> <li>■ Assessment and Referrals</li> <li>■ Consultation and Coaching</li> <li>■ Mental Health benefit advocacy and navigation</li> </ul>	<ul style="list-style-type: none"> <li>■ Management Consultation and Coaching</li> <li>■ Employee Mediation</li> <li>■ Critical Incident Response</li> <li>■ Workshops and Training</li> </ul>

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

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
<b>Mental Health and Substance Use Disorder</b>		
<p>Call <b>Health Net’s behavioral health administrator, MHN</b>, at <b>(833) 996-2567</b> to obtain referrals for mental health and substance use disorder treatment services. You can also access outpatient providers through the MHN website at <a href="http://www.mhn.com/members.html">www.mhn.com/members.html</a>. No authorization is required for psychotherapy or medication support services.</p>	<p>Call <b>(800) 464-4000</b> to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.</p> <p><b>Ginger</b> 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 <a href="https://kp.org/selfcareapps">kp.org/selfcareapps</a>.</p>	<p><b>Trio HMO and Access+ HMO:</b> Call <b>(877) 263-9952</b> to find a provider and schedule an appointment with <i>Blue Shield’s Mental Health Service Administrator</i>.</p> <p><b>PPO:</b> Call <b>(866) 336-0711</b> to access mental health services.</p> <p><b>Ginger</b> offers on-demand, confidential mental health coaching and self-guided activities. Video therapy &amp; psychiatry sessions available for a co-pay.</p>
<b>Mental and Emotional Well-Being Services and Resources</b>		
<p>If you have questions about additional wellness resources call MHN at <b>(833) 996-2567</b> to learn more.</p> <p><b>Apps:</b> Members can access self-care apps and tools such as <i>myStrength</i> and <i>Unwind</i> at <a href="http://healthnet.com/sfhss">healthnet.com/sfhss</a>.</p>	<p><b>Classes and Support Groups:</b> Contact your local Kaiser Permanente facility for a calendar or visit <a href="https://kp.org/mentalhealth">kp.org/mentalhealth</a>.</p> <p><b>Health/Wellness Coaching:</b> Call <b>(866) 862-4295</b> to make an appointment with a Wellness Coach.</p> <p><b>Apps:</b> Members can access self-care apps, <i>Calm</i> and <i>myStrength</i>, through <a href="https://kp.org/selfcareapps">kp.org/selfcareapps</a>.</p>	<p><b>Counseling and Consultation:</b> <i>LifeReferrals</i> is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals.</p> <p>To speak with a <i>LifeReferrals</i> coach, please call <b>(800) 985-2405</b>, or visit the website <a href="https://lifereferrals.com">lifereferrals.com</a>.</p> <p><b>Apps:</b> Members can access self-care apps and tools such as <i>Headspace</i> and <i>Insight Timer</i> at <a href="https://wellvolution.com">wellvolution.com</a>.</p>

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



# Well-Being Programs

Take advantage of FREE and low-cost programs to help you flourish. SFHSS resources and offerings are FREE for all City of San Francisco, Unified School District, City College and Superior Court of San Francisco active employees and their family members. For the full list of events and offerings visit [sfhss.org/events](https://sfhss.org/events).

Offerings	
<b>Group Exercise</b>	Move more and feel better - Find a group exercise class that interests you.
<b>Health Education Workshops and Seminars/Webinars</b>	Receive tips and tools while you dive into topics such as healthy sleep, resiliency, mindfulness, goal setting and more.
<b>Healthy Habits Program</b>	Are you having difficulties managing your weight? Engage in a 10-week program that offers real-world strategies and solutions to help you maintain a healthy weight.
<b>Emotional Well-Being Resources</b>	Visit <a href="https://sfhss.crediblemind.com">sfhss.crediblemind.com</a> to learn new skills, gain insights into your mental health, take a mental health assessment, and access an extensive library of self-help resources, all focused on mental health and well-being.

Gym Discounts\* may be available, visit [sfhss.org/usingyourbenefits/employees/fitnessresources/discounts](https://sfhss.org/usingyourbenefits/employees/fitnessresources/discounts) for details. Your Health Plan also offers a variety of classes, tools and discounts to support your well-being\*. For more information visit [sfhss.org/using-your-benefits/using-your-benefits-employees](https://sfhss.org/using-your-benefits/using-your-benefits-employees).

Offerings	Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of California HMOs and PPO
<b>Weight Management, Healthy Eating and Nutrition Services</b>	Online and Health Coaching Programs: <ul style="list-style-type: none"> <li>■ Nutrition</li> <li>■ Exercise</li> </ul> RealAge Programs: <ul style="list-style-type: none"> <li>■ Boost Your Diet</li> <li>■ Move More</li> </ul>	<ul style="list-style-type: none"> <li>■ Healthy Weight Program</li> <li>■ Nutrition Consultations</li> <li>■ Wellness Coaching</li> <li>■ Total Health Assessment</li> <li>■ Classes</li> <li>■ Health Recipe Library</li> </ul>	<ul style="list-style-type: none"> <li>■ <a href="https://www.wellvolution.com">Wellvolution.com</a> offers digital and in-person programs for weight loss, preventing/treating diabetes, quitting smoking, lowering stress, and more.</li> </ul>
<b>Tobacco Cessation</b>	<ul style="list-style-type: none"> <li>■ Tobacco Cessation Coaching Program</li> <li>■ Craving to Quit</li> </ul>	<ul style="list-style-type: none"> <li>■ Coaching</li> <li>■ Total Health Assessment</li> </ul>	<ul style="list-style-type: none"> <li>■ <a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>
<b>Diabetes Prevention</b>	<ul style="list-style-type: none"> <li>■ Diabetes Prevention Program</li> </ul>	<ul style="list-style-type: none"> <li>■ Wellness Coaching</li> <li>■ Healthy Weight Program</li> <li>■ Classes</li> </ul>	<ul style="list-style-type: none"> <li>■ <a href="https://www.wellvolution.com">Wellvolution.com</a></li> </ul>
<b>Pregnancy and Lactation</b>	<ul style="list-style-type: none"> <li>■ Educational resources, classes &amp; support groups</li> <li>■ Free Pump and Lactation Support</li> </ul>	<ul style="list-style-type: none"> <li>■ Classes and Support Groups</li> </ul>	<ul style="list-style-type: none"> <li>■ Prenatal Program – educational resources</li> </ul>
<b>Acupuncture and Chiropractic</b>	<ul style="list-style-type: none"> <li>■ 30 visits for Acupuncture and 30 visits Chiropractic care each plan year</li> <li>■ ChooseHealthy Discount Program for discounts on additional visits after initial 30 visits</li> </ul>	<ul style="list-style-type: none"> <li>■ 30 visits/year combined for Acupuncture and Chiropractic care</li> <li>■ ChooseHealthy Discount Program for additional visits after initial 30</li> </ul>	<ul style="list-style-type: none"> <li>■ BSC HMOs: 30 visits for Acupuncture and 30 visits Chiropractic care each plan year</li> <li>■ BSC PPO: Acupuncture Services: Up to \$1,000 maximum per Member, per Calendar Year</li> <li>■ Chiropractic Services: Up to \$1,000 maximum per Member, per Calendar Year</li> <li>■ Choose Healthy Discount Program for Chiropractic and for additional acupuncture visits after initial 30</li> </ul>
<b>Discounts</b>	Hearing screenings, hearing aids, weight loss programs, Active&Fit Direct	Active&Fit Direct	4 Gym Discount Program**: starting at \$19/mo and a one time enrollment fee of \$19. <i>Fitness Your Way by Tivity</i> offers monthly membership from \$10 up to \$99/mo. <a href="https://www.fitnessyourway.tivityhealth.com/bsc">fitnessyourway.tivityhealth.com/bsc</a>

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



# SFUSD Provides Your Dental Benefits

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

## SFUSD Dental Plan Eligibility Guidelines

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

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

## Delta Dental PPO: Principal Benefits and Covered Services

Most SFUSD dental benefits are covered at 70% the first year of qualifying employment, 80% the second year, 90% the third year and 100% the fourth year, provided the employee and each covered dependent uses the dental coverage at least once a year *and* remains enrolled with no break in coverage. Please note that Delta Dental PPO does not issue ID cards, to print temporary ID cards or review your benefits, access [www.deltadentalins.com](http://www.deltadentalins.com).

	<b>In-Network PPO Dentist</b> Lowest cost (fixed fees for all dentists in-network)	<b>Premier Dentist</b> Contracted fees vary for each dentist	<b>Out-of-Network Dentist</b> Uncontracted (fees vary for each dentist)
<b>Diagnostic and Preventive Care</b> Oral examinations, cleanings, x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 70% the first year</li> <li>■ 80% the second year</li> <li>■ 90% the third year</li> <li>■ 100% the fourth year</li> </ul>	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 70% the first year</li> <li>■ 80% the second year</li> <li>■ 90% the third year</li> <li>■ 100% the fourth year</li> </ul>	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> <li>■ 70% the first year</li> <li>■ 80% the second year</li> <li>■ 90% the third year</li> <li>■ 100% the fourth year</li> </ul>
<b>Basic Benefits</b> Oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, tissue removal (biopsy), sealants			In addition to %, you pay out-of-pocket for any fees above reasonable and customary.
<b>Crowns and Cast Restorations</b>			
<b>Prosthodontic Benefits</b> Bridges, partial dentures, full dentures, implants	50%–70% based on employee classification and labor affiliation.	50%–70% based on employee classification and labor affiliation.	
<b>Orthodontic Benefits</b> Dependent children to age 25 only	In-network dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person).</li> </ul>	Premier dentist's contracted fee is covered at: <ul style="list-style-type: none"> <li>■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person).</li> </ul>	Reasonable and customary fee only is covered at: <ul style="list-style-type: none"> <li>■ 50% (\$500 for CERT and Paraeducators, \$750 for Classified max per person).</li> </ul>
<b>Dental Accident Benefits</b>			

Maximum benefit payable in a calendar year for in-Network PPO is \$2,000 (Local 1021 and Classified Managers) or \$1,500 for Premier (Local 21 and monthly and paraeducator employees). This is a general summary only. Contact the SFUSD Benefits Office for more information. Please refer to your plan's EOC for details about covered services, limitations and exclusions.



## Additional SFUSD Benefits

### Flexible Spending Accounts

Flexible Spending Account enrollment is handled by the **SFUSD Benefits Office**. FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both during open enrollment or **within 30 days** of your hire date. Once enrolled, you set aside money pre-tax via payroll deduction to fund your FSA accounts. To receive FSA reimbursements, you must submit documentation to plan administrator **HealthEquity** by required deadlines. For more information, visit [healthequity.com](https://www.healthequity.com).

A **Healthcare FSA** allows each employee to pay for up to \$3,050 per year in qualifying medical expenses pre-tax. Qualifying expenses include medical, pharmacy, dental and vision co-pays and deductibles for the enrolled employee and eligible dependents.

Visit [www.healthequity.com/learn/flexible-spending-account](https://www.healthequity.com/learn/flexible-spending-account) for additional information about FSA medical.

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

Visit [www.healthequity.com/learn/dcfsa](https://www.healthequity.com/learn/dcfsa) for additional information about FSA Dependent Care plans.

Before enrolling in your FSA, you should work out a detailed estimate of the eligible expenses you are likely to incur in 2024. Budget conservatively. Based on new federal law, you may roll forward up to \$610 in unused funds in your Healthcare FSA year over year.

**Any unreimbursed Healthcare FSA funds in excess of \$610 are forfeited at the end of the plan year and cannot be returned to you.** Dependent Care FSA does not qualify for rollover. FSA expenses must meet Internal Revenue Service criteria:

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

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

### Additional Voluntary Supplemental Benefits

Visit the SFUSD website at [sfusd.edu](https://sfusd.edu) or email the **SFUSD Benefits Office** at [benefits@sfusd.edu](mailto:benefits@sfusd.edu) for a list of additional voluntary supplemental benefit programs available through SFUSD. Commuter transit and parking accounts are also available and allow you to use pre-tax funds to pay for public transit commuting costs.





# 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](https://sfhss.org/how-to-enroll) to get started. **Your elections and documents are due no later than 30 calendar days after the qualifying event occurs.**

## New Spouse or Domestic Partnership

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](https://sfhss.org/how-to-enroll) to get started. Be sure to upload copies of your certified marriage certificate, certificate of domestic partnership and birth certificate for each child. 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](https://sfhss.org/surrogacy-and-adoption).

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

## Legal Guardianship or Court Order

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

### Death of a Member

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

### Changing FSA Elections or Dental Enrollment

Please contact the **SFUSD Benefits Office** to make any changes to your FSA enrollment. Dental plan changes can be entered in **EMPowerSF** directly via Employee Self-Service. Please visit SFUSD's employee intranet ([www.sfusd.edu](http://www.sfusd.edu)) for instructions on making changes to your dental plan and to view the EMPowerSf Employee Self-Service Guide.

### Responsibility for Premium Contributions

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



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



# COBRA and Covered California

## COBRA

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

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

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

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

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

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

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

## COBRA Notification and Election Time Limits

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

## Paying for COBRA

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

## 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.



# 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

Contact SFUSD for information about enrolling in dental benefits for eligible employees and family members. Enrollment in dental benefits is administered by the **SFUSD Benefits Office**.

To enroll, log into your **EMPowerSF** profile and review your active enrollments under the benefits tab or submit a ticket for the benefits team at [eis.sfusd.edu](https://eis.sfusd.edu).



# 2024 Health Coverage Calendars

## SFUSD BIWEEKLY EMPLOYEES (26 Pay Periods)

Work Dates	Coverage Period
December 20, 2023 - January 02, 2024	December 20, 2023 - January 02, 2024
January 03, 2024 - January 16, 2024	January 03, 2024 - January 16, 2024
January 17, 2024 - January 30, 2024	January 17, 2024 - January 30, 2024
January 31, 2024 - February 13, 2024	January 31, 2024 - February 13, 2024
February 14, 2024 - February 27, 2024	February 14, 2024 - February 27, 2024
February 28, 2024 - March 12, 2024	February 28, 2024 - March 12, 2024
March 13, 2024 - March 26, 2024	March 13, 2024 - March 26, 2024
March 27, 2024 - April 09, 2024	March 27, 2024 - April 09, 2024
April 10, 2024 - April 23, 2024	April 10, 2024 - April 23, 2024
April 24, 2024 - May 07, 2024	April 24, 2024 - May 07, 2024
May 08, 2024 - May 21, 2024	May 08, 2024 - May 21, 2024
May 22, 2024 - June 04, 2024	May 22, 2024 - June 04, 2024
June 05, 2024 - June 18, 2024	June 05, 2024 - June 18, 2024
June 19, 2024 - July 02, 2024	June 19, 2024 - July 02, 2024
July 03, 2024 - July 16, 2024	July 03, 2024 - July 16, 2024
July 17, 2024 - July 30, 2024	July 17, 2024 - July 30, 2024
July 31, 2024 - August 13, 2024	July 31, 2024 - August 13, 2024
August 14, 2024 - August 27, 2024	August 14, 2024 - August 27, 2024
August 28, 2024 - September 10, 2024	August 28, 2024 - September 10, 2024
September 11, 2024 - September 24, 2024	September 11, 2024 - September 24, 2024
September 25, 2024 - October 08, 2024	September 25, 2024 - October 08, 2024
October 09, 2024 - October 22, 2024	October 09, 2024 - October 22, 2024
October 23, 2024 - November 05, 2024	October 23, 2024 - November 05, 2024
November 06, 2024 - November 19, 2024	November 06, 2024 - November 19, 2024
November 20, 2024 - December 03, 2024	November 20, 2024 - December 03, 2024
December 04, 2024 - December 17, 2024	December 04, 2024 - December 17, 2024

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 SFHSS 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.



# 2024 Health Coverage Calendars

## UESF PRE-K PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (23 Pay Periods)

Work Dates	Coverage Period
December 20, 2023 - January 02, 2024	December 20, 2023 - January 02, 2024
January 03, 2024 - January 16, 2024	January 03, 2024 - January 16, 2024
January 17, 2024 - January 30, 2024	January 17, 2024 - January 30, 2024
January 31, 2024 - February 13, 2024	January 31, 2024 - February 13, 2024
February 14, 2024 - February 27, 2024	February 14, 2024 - February 27, 2024
February 28, 2024 - March 12, 2024	February 28, 2024 - March 12, 2024
March 13, 2024 - March 26, 2024	March 13, 2024 - March 26, 2024
March 27, 2024 - April 09, 2024	March 27, 2024 - April 09, 2024
April 10, 2024 - April 23, 2024	April 10, 2024 - April 23, 2024
April 24, 2024 - May 07, 2024	April 24, 2024 - May 07, 2024
May 08, 2024 - May 21, 2024	May 08, 2024 - May 21, 2024
May 22, 2024 - June 04, 2024	May 22, 2024 - June 04, 2024
June 05, 2024 - June 18, 2024	June 05, 2024 - June 18, 2024
June 19, 2024 - July 02, 2024	June 19, 2024 - July 02, 2024
Summer Break <i>(off from regular work)</i>	Summer Coverage Period <i>(extra payroll deductions taken January to June pre-pay this summer coverage period)</i>
August 14, 2024 - August 27, 2024	August 14, 2024 - August 27, 2024
August 28, 2024 - September 10, 2024	August 28, 2024 - September 10, 2024
September 11, 2024 - September 24, 2024	September 11, 2024 - September 24, 2024
September 25, 2024 - October 08, 2024	September 25, 2024 - October 08, 2024
October 09, 2024 - October 22, 2024	October 09, 2024 - October 22, 2024
October 23, 2024 - November 05, 2024	October 23, 2024 - November 05, 2024
November 06, 2024 - November 19, 2024	November 06, 2024 - November 19, 2024
November 20, 2024 - December 03, 2024	November 20, 2024 - December 03, 2024
December 04, 2024 - December 17, 2024	December 04, 2024 - December 17, 2024

Employee premium contributions are deducted from paychecks biweekly, for a total of 23 payroll deductions. Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during summer break. During summer break when no paychecks are received, 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 SFHSS 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.



# 2024 Health Coverage Calendars

**SEIU LOCAL 1021 SCHOOL TERM EMPLOYEES (21 Pay Periods)**

**UESF K-12 PARAPROFESSIONAL SCHOOL TERM EMPLOYEES (21 Pay Periods)**

Work Dates	Coverage Period
December 20, 2023 - January 02, 2024	December 20, 2023 - January 02, 2024
January 03, 2024 - January 16, 2024	January 03, 2024 - January 16, 2024
January 17, 2024 - January 30, 2024	January 17, 2024 - January 30, 2024
January 31, 2024 - February 13, 2024	January 31, 2024 - February 13, 2024
February 14, 2024 - February 27, 2024	February 14, 2024 - February 27, 2024
February 28, 2024 - March 12, 2024	February 28, 2024 - March 12, 2024
March 13, 2024 - March 26, 2024	March 13, 2024 - March 26, 2024
March 27, 2024 - April 09, 2024	March 27, 2024 - April 09, 2024
April 10, 2024 - April 23, 2024	April 10, 2024 - April 23, 2024
April 24, 2024 - May 07, 2024	April 24, 2024 - May 07, 2024
May 08, 2024 - May 21, 2024	May 08, 2024 - May 21, 2024
May 22, 2024 - June 04, 2024	May 22, 2024 - June 04, 2024
Summer Break <i>(off from regular work)</i>	Summer Coverage Period <i>(extra payroll deductions taken January to June pre-pay this summer coverage period)</i>
August 14, 2024 - August 27, 2024	August 14, 2024 - August 27, 2024
August 28, 2024 - September 10, 2024	August 28, 2024 - September 10, 2024
September 11, 2024 - September 24, 2024	September 11, 2024 - September 24, 2024
September 25, 2024 - October 08, 2024	September 25, 2024 - October 08, 2024
October 09, 2024 - October 22, 2024	October 09, 2024 - October 22, 2024
October 23, 2024 - November 05, 2024	October 23, 2024 - November 05, 2024
November 06, 2024 - November 19, 2024	November 06, 2024 - November 19, 2024
November 20, 2024 - December 03, 2024	November 20, 2024 - December 03, 2024
December 04, 2024 - December 17, 2024	December 04, 2024 - December 17, 2024

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 summer break. During summer break, when no paychecks are received, 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 SFHSS 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.





# 2024 Health Coverage Calendars

## SFUSD MONTHLY EMPLOYEES (12 MONTHS)

Work Dates	Coverage Period
December 21, 2023 - January 20, 2024	January 01, 2024 - January 31, 2024
January 21, 2024 - February 20, 2024	February 01, 2024 - February 29, 2024
February 21, 2024 - March 20, 2024	March 01, 2024 - March 31, 2024
March 21, 2024 - April 20, 2024	April 01, 2024 - April 30, 2024
April 21, 2024 - May 20, 2024	May 01, 2024 - May 31, 2024
May 21, 2024 - June 20, 2024	June 01, 2024 - June 30, 2024
June 21, 2024 - July 20, 2024	July 01, 2024 - July 31, 2024
July 21, 2024 - August 20, 2024	August 01, 2024 - August 31, 2024
August 21, 2024 - September 20, 2024	September 01, 2024 - September 30, 2024
September 21, 2024 - October 20, 2024	October 01, 2024 - October 31, 2024
October 21, 2024 - November 20, 2024	November 01, 2024 - November 30, 2024
November 21, 2024 - December 20, 2024	December 01, 2024 - December 31, 2024

Employee premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions.



# Planning For Retirement

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

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



# Transitioning to Retirement

## Enrollment in Retiree Benefits Does Not Happen Automatically

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

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

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

## Medicare Enrollment

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

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

## Active Employee Medicare Enrollment

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

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

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

## Retiree Premium Contributions

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

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

## Contact Employee Assistance Program (EAP)

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

# Health Service Board Achievements



**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

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

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

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

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

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

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

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

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

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

## California Medicaid Contact Information

**Health Insurance Premium Payment (HIPPP) Program**  
<https://dhcs.ca.gov/hipp>  
Phone: **(916) 445-8322**  
Fax: **(916) 440-5676**  
Email: [hipp@dhcs.ca.gov](mailto: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](https://www.medicare.gov) or call your **State Health Insurance Assistance Program** (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. They can be reached at **(800) MEDICARE (800-633-4227)**. TTY users should call **(877) 486-2048**.

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

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

# Key Contacts

## SFUSD Benefits Office

555 Franklin Street, 2nd Floor  
San Francisco, CA 94102  
Tel: (415) 241-6101  
Fax: (415) 241-6375  
[eis.sfusd.edu](mailto:eis.sfusd.edu)  
[sfusd.edu](http://sfusd.edu)

## SFHSS

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

## Well-Being

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

## Employee Assistance Program

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

## Health Service Board

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

## MEDICAL PLANS

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

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

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

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

Blue Shield of California  
PPO  
(855) 747-5800  
[member.accolade.com](http://member.accolade.com)  
Group W0072990

## DENTAL & VISION PLANS

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

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

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

## FSA

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

HealthEquity (FSA)  
(877) 924-3967  
[healthequity.com](http://healthequity.com)

## COBRA

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

HealthEquity (Dental COBRA)  
(877) 722-2667  
[healthequity.com](http://healthequity.com)

## LTD & GROUP LIFE INS.

LTD and Group Life Insurance are  
administered through the **SFUSD  
Benefits Office**. Please refer to the  
SFUSD website at [sfusd.edu](http://sfusd.edu) for more  
information.

## OTHER AGENCIES

### Pension Benefits

SFERS  
Employees' Retirement System  
Tel: (415) 487-7000  
Toll Free: (888) 849-0777  
[mysfers.org](http://mysfers.org)

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

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

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

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

## CCSF Payment Portal

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



Sign up for eNews at [sfhss.org/sign-eneews](https://sfhss.org/sign-eneews)

