2024 Health Benefits Guide

SAN FRANCISCO
HEALTH SERVICE SYSTEM

RETIREES

Highlights for 2024

Medical and Dental

- **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.

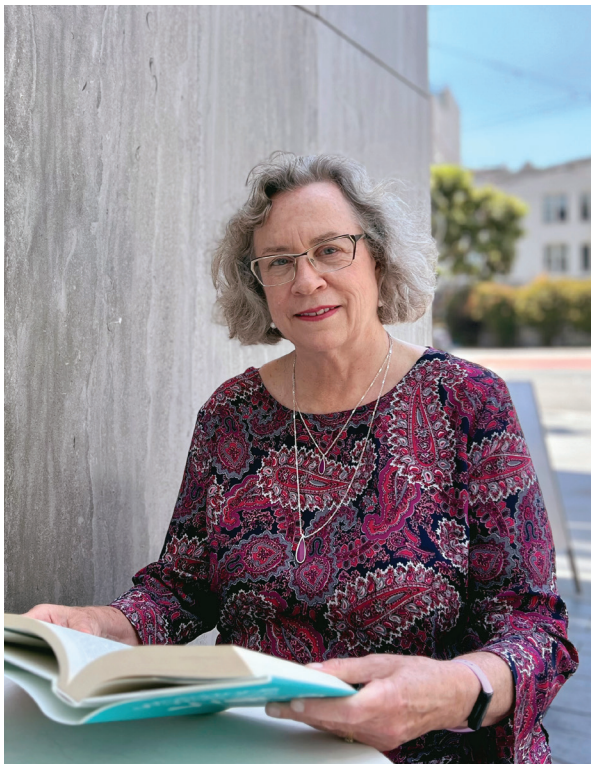
- **Kaiser Permanente** members can get non-emergency care at our new Urgent Care Clinic in the Geary Medical Office Building located at 2238 Geary Blvd., 1st Floor Lobby.

- **Delta Dental's** *SmileWay Wellness* benefits allows for additional gum and teeth cleanings if you have any of these conditions: Amyotrophic lateral sclerosis (ALS), cancer, chronic kidney disease, diabetes, heart disease, HIV/AIDS, Huntington's disease, joint replacement, Lupus, Opioid misuse and addiction, Parkinson's disease, Sjögren's syndrome, and stroke. Take advantage of the expanded benefits and safeguard your oral health. Visit **deltadentalins.com/ccsf** to learn more.

Well-Being

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

Executive Director's Message



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

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

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

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

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

Be well,

Abbie Yant, RN, MA

Step-by-Step Enrollment Guide

STEP 1: Are you a New Retiree or do you have a Qualifying Life Event where you need to enroll or update your benefits?

- If you are a New Retiree, go to **sfhss.org/planning-to-retire.** Be sure to have your retirement system paperwork and proof of Medicare enrollment ready. Then, complete and submit a Retiree Enrollment Application form. See **Step 7**.
- If you have a Qualifying Life Event, then follow **Steps 2 through 7**.

STEP 2: Do you need to add or drop a dependent? Review dependent eligibility rules on pages 5 and 6 or on our website at **sfhss.org/eligibility-rules**

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

STEP 3: Are you or your dependent approaching age 65 and about to become Medicare-eligible?

- If **YES,** and you are not yet enrolled in Medicare Part A & B, you must enroll through the Social Security Administration online at **ssa.gov** or by calling **(800) 772-1213**.
- If **NO,** be sure to apply for Medicare Part A & B at least three months before your 65th birthdate.
- Proof of enrollment in Medicare Part A & B are required to maintain your SFHSS benefits. Review Medicare Information on page 25.
- Submit proof of Medicare enrollment by mailing a copy of your Medicare card or award letter to SFHSS.

STEP 4: Enroll or make changes to your Medical Plan benefits.

- Review which Medical Plans are available in your area. Non-Medicare retirees, go to page 8. Retirees with Medicare, go to page 18.
- Review the rates for available plans in your area. Non-Medicare retirees go to page 13 (within CA) or page 15 (outside CA). Retirees with Medicare go to page 21 (within CA) or page 23 (outside CA).
- Select your plan and complete the **Choose a Medical Plan** page in ***eBenefits***.

STEP 5: Enroll or make changes to your Vision benefits.

- Review the Vision benefit options on pages 27 and 28.
- 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 also be enrolled in the VSP Premier Plan.
- In ***eBenefits***, complete the **Enroll in a Vision Premier Plan** page.

STEP 6: Enroll or make changes to your Dental benefits.

- Review your Dental benefit options and associated costs on pages 29 to 30.
- In ***eBenefits***, complete the **Dental Plan Page**.

STEP 7: If you have a Qualifying Life Event, go online to **sfhss.org/ebenefits**, to complete and submit your elections. Be sure to click **Save and Continue** through each screen. You must click **Submit** at the end or your enrollment will not be complete.

New Retirees should download an application from one of the links below.

Go to **sfhss.org/how-to-enroll** to create an ***eBenefits*** account.

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/retirees-with-medicare** or **sfhss.org/benefits/retirees-without-medicare**.

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

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

Eligibility

The following rules govern retiree and dependent eligibility for SFHSS health coverage.

Retiree Member Eligibility

- A member must meet age and minimum service requirements *and* have been enrolled in SFHSS health benefits at some time during active employment to be eligible for retiree health coverage. SFHSS calculates service eligibility and requirements vary based on the date hired.
- **If the member was hired on or before January 9, 2009, then the member must have at least (5) years of credited service to be eligible for retiree health benefits when they retire.**

If the member was hired on or after January 10, 2009, different premium contribution rates apply based on eligibility and years of credited service. In addition, the member must retire within 180 days of separation from employment to be eligible for retiree health benefits.

- **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.
- **With at least 10 years** but *less than 15 years* of credited service, the retiree will receive 50% of the total employer premium contribution.
- **With at least 15 years** but *less than 20 years* of credited service, the retiree will receive 75% of the total employer premium contribution.
- **With 20 or more years of credited service**, or disability retirement, the retiree will receive 100% of the total employer premium contribution.

If the member separated from service with a City employer before June 30, 2001 and retired after January 6, 2012, the member will receive 100% of the employer premium contribution as defined by the City Charter. There will be no employer premium contribution for dependents.

If a retiree chooses to take a lump sum pension distribution, retiree health premium contributions will not be subsidized and the retiree will be responsible for the full cost of the premiums.

Newly eligible retirees must enroll in retiree medical and/or dental coverage within 30 days of their effective retirement date.

To enroll, submit a completed Enrollment Application form and copies of your required eligibility documentation and retirement system paperwork by fax or mail. To download an Enrollment Application form, visit **sfhss.org/benefits/retirees-with-medicare** or **sfhss.org/benefits/retirees-without-medicare**.

- Members eligible for Medicare at the time of retirement must also provide proof of Medicare enrollment. **Medicare applications take three to four months to process**, so plan ahead before your 65th birthday. **If you fail to meet required deadlines, you must wait until the next Open Enrollment period to enroll in benefits.**
- New retiree coverage will take effect on the first day of the month following the retirement effective date. Depending on your retirement date, there can be a gap between when your employee coverage ends and retiree coverage begins. **Setting a retirement date at the end of the month will help avoid a gap in your coverage.**
- If you are planning to waive your retiree health benefits, we strongly recommend you provide your retirement paperwork to SFHSS, so that we have it on file for you to enroll in the future.

Dependent Eligibility

The following dependents may be eligible as defined under Section B in 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 Medicare-eligible spouse or domestic partner who is covered on a retiree's medical plan is required to enroll in Medicare Part A (premium free) and Part B (regardless of premium).**

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 Guardianships and Court-Ordered Children

See SFHSS Rules Sections B.3.b-c. for more information.

Adult Disabled Children

To qualify a disabled adult child ("Adult Child") as a dependent, 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 the 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.

Survivors of Members

A surviving spouse or domestic partner may be eligible for SFHSS health benefits in accordance with SFHSS Rule B.4.c-d.

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 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.

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA), enacted in 1986, allows retirees and their covered dependents, to elect temporary extension of healthcare and dental coverage in certain instances where coverage would otherwise end. These include:

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

For more information about COBRA, visit **sfhss.org/benefits/cobra**.

Medical Plan Options: Retiree or Survivor *without* Medicare

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. A Primary Care Physician (PCP) must be designated to 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 "copayment". 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 participating Canopy Health Medical Groups.
- **Kaiser Permanente HMO:** Utilizing an integrated-care model, Kaiser Permanente provides care through its 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**

Retirees and dependents may select Health Net CanopyCare HMO, Kaiser Permanente HMO, Blue Shield of California Trio or Access+ HMOs plans if they meet the following criteria:

- Member and covered dependent must *not* be eligible for Medicare (with the exception of Kaiser Permanente HMO where the Medicare eligible person may enroll in KPSA HMO).
- Must live in a plan service area.

Members may select Blue Shield of California PPO (non-Medicare) under these conditions:

- Member and covered dependent must *not* be eligible for Medicare.
- Members may have access to in-network preferred providers in the United States and its territories Members who live outside the United States can access covered medical services at out-of-network rates with a special process for filing claims.

Service Areas for Retirees *without* Medicare

County	Health Net	Kaiser Perm. (CA)	Blue Shield of California			County	Health Net	Kaiser Perm. (CA)	Blue Shield of California		
	CanopyCare HMO Non-Medicare HMO	Traditional Non-Medicare HMO	Trio+ HMO Non-Medicare HMO	Access+ HMO Non-Medicare HMO	PPO Non-Medicare PPO		CanopyCare HMO Non-Medicare HMO	Traditional Non-Medicare HMO	Trio+ HMO Non-Medicare HMO	Access+ HMO Non-Medicare HMO	PPO Non-Medicare PPO
Alameda	■	■	■	■	■	Orange		■	■	■	■
Alpine					■	Placer		○	○	○	■
Amador		○			■	Plumas					■
Butte				■	■	Riverside		○	○	■	■
Calaveras					■	Sacramento		■	○	■	■
Colusa					■	San Benito					■
Contra Costa	■	■	■	■	■	San Bernardino		○	○	■	■
Del Norte					■	San Diego		○	○	○	■
El Dorado		○	○	○	■	San Francisco	■	■	■	■	■
Fresno		○	○	■	■	San Joaquin		■	■	■	■
Glenn					■	San Luis Obispo			○	■	■
Humboldt					■	San Mateo	■	■	■	■	■
Imperial		○		■	■	Santa Barbara			○	■	■
Inyo					■	Santa Clara	■	○	■	■	■
Kern		○	○	○	■	Santa Cruz	■	○	■	■	■
Kings	○	○	○	■	■	Shasta					■
Lake					■	Sierra					■
Lassen					■	Siskiyou					■
Los Angeles		○	○	■	■	Solano	○	■	○	■	■
Madera		○		■	■	Sonoma	○	○		■	■
Marin	■	■	○	■	■	Stanislaus		■	○	■	■
Mariposa		○			■	Sutter		○			■
Mendocino					■	Tehama					■
Merced				■	■	Trinity					■
Modoc					■	Tulare		○	○	■	■
Mono					■	Tuolumne					■
Monterey			○		■	Ventura		○	○	■	■
Napa	■	■			■	Yolo		○	○	■	■
Nevada			○	○	■	Yuba		○			■
						Outside CA		◆			■

■ Available in this county
○ Available in some ZIP codes
◆ OR, WA, HI

Blue Shield of California PPO at Lower Rates:

Non-Medicare members and their non-Medicare dependents who lack geographic access to both SFHSS' Kaiser Permanente HMO and Blue Shield of California Access+ HMO are eligible to enroll in **Blue Shield of California PPO** with lower premiums.

2024 Medical Plans

	HEALTH NET CANOPYCARE CANOPYCARE HMO	KAISER PERMANENTE Traditional HMO (California)
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum (Medical)	No Deductible Annual out-of-pocket maximum $2,000/individual; $4,000/family	No Deductible Annual out-of-pocket maximum $1,500/individual; $3,000/family
PREVENTIVE CARE		
Routine Physical	No charge	No charge
Most Immunizations and Inoculations	No charge	No charge
Well Woman Exam and Family Planning	No charge	No charge
Routine Pre/Post-Partum Care	No charge	No charge visits limited; see EOC
PHYSICIAN AND OTHER PROVIDER CARE		
Office and Home Visits	$25 co-pay	$20 co-pay
Inpatient Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs	$10 co-pay 30-day supply	$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs	$25 co-pay 30-day supply	$15 co-pay 30-day supply
Pharmacy: Non-Formulary Drugs	$50 co-pay 30-day supply	Only if authorized by a Kaiser Physician
Mail Order: Generic Drugs	$20 co-pay 90-day supply	$10 co-pay 100-day supply
Mail Order: Brand-Name Drugs	$50 co-pay 90-day supply	$30 co-pay 100-day supply
Mail Order: Non-Formulary Drugs	$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician
Specialty Drugs	20% coinsurance up to $100 per prescription, 30-day supply	20% coinsurance up to $100 per prescription, 30-day supply
OUTPATIENT SERVICES		
Diagnostic X-ray and Laboratory	No charge	No charge
EMERGENCY		
Hospital Emergency Room	$100 co-pay waived if hospitalized	$100 co-pay waived if hospitalized
Urgent Care Facility	$25 co-pay in-network and out-of-network	$20 co-pay
HOSPITAL/SURGERY		
Inpatient	$200 co-pay per admission	$100 co-pay per admission
Outpatient	$100 co-pay per surgery	$35 co-pay

Retirees *without* Medicare

BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO	BLUE SHIELD OF CALIFORNIA PPO In-Network or Out-of-Area	 Out-of-Network
No Deductible Annual out-of-pocket maximum $2,000/individual; $4,000/family	$250 Deductible Retiree only $500 Deductible + 1 $750 Deductible + 2 or more Annual out-of-pocket maximum $3,750/person; $7,500/Family	$500 Deductible Retiree only $1,000 Deductible + 1 $1,500 Deductible + 2 or more Annual out-of-pocket maximum $7,500/person
No charge	100% covered no deductible	50% covered after deductible
No charge	100% covered no deductible	100% covered no deductible
No charge	100% covered no deductible	50% covered after deductible
No charge visits limited; see EOC	85% covered after deductible	50% covered after deductible
$25 co-pay	85% covered after deductible	50% covered after deductible
No charge	85% covered after deductible	50% covered after deductible
$10 co-pay 30-day supply	$10 co-pay 30-day supply	$10 co-pay plus 50% coinsurance; 30-day supply
$25 co-pay 30-day supply	$25 co-pay 30-day supply	$25 co-pay plus 50% coinsurance; 30-day supply
$50 co-pay 90-day supply	$50 co-pay 30-day supply	$50 co-pay, plus 50% coinsurance; 30-day supply
$20 co-pay 90-day supply	$20 co-pay 90-day supply	Not covered
$50 co-pay 90-day supply	$50 co-pay 90-day supply	Not covered
$100 co-pay 90-day supply	$100 co-pay 90-day supply	Not covered
20% coinsurance up to $100 per prescription, 30-day supply	$50 co-pay 30-day supply	$50 co-pay, plus 50% Coinsurance; 30-day supply
No charge	85% covered after deductible	50% covered after deductible; prior notification
$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
$25 co-pay in-network	85% covered after deductible	50% covered after deductible
$200 co-pay per admission	85% covered after deductible; notification required	50% covered after deductible; notification required
$100 co-pay per surgery	85% covered after deductible	50% covered after deductible

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.

2024 Medical Plans

	HEALTH NET CANOPYCARE CANOPYCARE HMO	KAISER PERMANENTE Traditional HMO (California)
REHABILITATIVE		
Physical/Occupational Therapy	$25 co-pay per visit	$20 co-pay authorization required
Acupuncture/Chiropractic	$15 co-pay 30 visits of each max per plan year; ASH network	$15 co-pay 30 visits combined acupuncture or chiro. max per plan year; ASH network; for 25% discount see **kp.org/choosehealthy**
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge	No charge as authorized by PCP according to formulary
Diabetic Monitoring Supplies	No charge based upon allowed charges	No charge see EOC
Prosthetics/Orthotics	No charge when medically necessary	No charge when medically necessary
Hearing Aids	Evaluation no charge up to $5,000 combined for both ears, every 36 months	Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each
MENTAL HEALTH		
Inpatient Hospitalization	$200 co-pay per admission	$100 co-pay per admission
Outpatient Treatment	$25 co-pay non-severe and severe	$10 co-pay group $20 co-pay individual
Inpatient Detox	$200 co-pay per admission	$100 co-pay per admission
Residential Rehabilitation	$200 co-pay per admission	$100 co-pay per admission; physician approval required
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days/year	No charge up to 100 days/year
Hospice	No charge authorization required	No charge when medically necessary
OUTSIDE SERVICE AREA		
Care Access and Limitations	Urgent care $25 co-pay	Only emergency services before condition permits transfer to Kaiser facility; co-pays apply

Retirees *without* Medicare

BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO	BLUE SHIELD OF CALIFORNIA PPO	
	In-Network or Out-of-Area	Out-of-Network
$25 co-pay per visit	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
$15 co-pay 30 visits of each max per plan year; ASH network	50% covered after deductible; $1,000 max/year	50% covered after deductible; $1,000 max/year
Co-pays apply authorization required	85% covered after deductible; notification required	50% covered after deductible; notification required
No charge	85% covered after deductible; notification required	50% covered after deductible; notification required
No charge based upon allowed charges	Co-pays apply see pharmacy benefits	Co-pays apply see pharmacy benefits
No charge when medically necessary	85% covered after deductible; when medically necessary; notification required	50% covered after deductible; when medically necessary; notification required
Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each	85% covered after deductible; 1 aid per ear, every 36 months, up to $2,500 each	50% covered after deductible; 1 aid per ear, every 36 months, up to $2,500 each
$200 co-pay per admission	85% covered after deductible; notification required	50% covered after deductible; notification required
$25 co-pay non-severe and severe	85% covered after deductible; notification required	50% covered after deductible; notification required
$200 co-pay per admission	85% covered after deductible; notification required	50% covered after deductible; notification required
$200 co-pay per admission	85% covered after deductible; authorization required	50% covered after deductible; authorization required
No charge up to 100 days/year	85% covered after deductible; up to 120 days/year; notification required; custodial care not covered	50% covered after deductible; up to 120 days/year; notification required; custodial care not covered
No charge authorization required	85% covered after deductible; authorization required	50% covered after deductible; authorization required
Urgent care $50 co-pay guest membership benefits for college students in some areas	Coverage worldwide. In-network and out-of-network percentages and co-pays apply	Coverage worldwide. In-network and out-of-network percentages and co-pays apply

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.

2024 Medical Premiums: Retiree or Survivor *without* Medicare (California)

Retirees hired BEFORE January 9, 2009 or with *at least* 20 years of service or more

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California						UnitedHealthcare					
					Trio HMO		Access+ HMO		PPO		Doctors Plan EPO		Select Network EPO		Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$0.00	$1,842.46	$14.90	$1,664.60	$39.42	$2,002.89	$132.25	$2,340.65	$326.75	$1,638.44	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$413.60	$2,256.07	$431.24	$2,080.94	$497.84	$2,461.32	$687.23	$2,895.63	$769.66	$2,081.36	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$1,073.87	$2,256.07	$1,122.35	$2,080.94	$1,229.63	$2,461.32	$1,573.15	$2,895.63	$1,476.91	$2,081.36	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	N/A	N/A	Medicare Deps will be enrolled in Kaiser Senior Advantage		N/A	N/A	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO					
			$178.40	$1,828.10							$298.66	$2,262.13	$391.49	$2,599.89	$585.99	$1,897.68
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	$869.51	$1,828.10	N/A	N/A	N/A	N/A	N/A	N/A	$1,030.45	$2,262.13	$1,277.41	$2,599.89	$1,293.24	$1,897.68

Retirees hired AFTER January 9, 2009 with *at least* 15 years and *less than* 20 years of service

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California						UnitedHealthcare					
					Trio HMO		Access+ HMO		PPO		Doctors Plan EPO		Select Network EPO		Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$460.61	$1,381.85	$431.05	$1,248.45	$540.14	$1,502.17	$717.41	$1,755.49	$736.36	$1,228.83	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$977.62	$1,692.05	$951.47	$1,560.71	$1,113.17	$1,845.99	$1,411.14	$2,171.72	$1,290.00	$1,561.02	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$1,637.89	$1,692.05	$1,642.58	$1,560.71	$1,844.96	$1,845.99	$2,297.06	$2,171.72	$1,997.25	$1,561.02	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	N/A	N/A	Medicare Deps will be enrolled in Kaiser Senior Advantage		N/A	N/A	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO					
			$635.42	$1,371.08							$864.19	$1,696.60	$1,041.46	$1,949.92	$1,060.41	$1,423.26
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	$1,326.53	$1,371.08	N/A	N/A	N/A	N/A	N/A	N/A	$1,595.98	$1,696.60	$1,927.38	$1,949.92	$1,767.66	$1,423.26

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

2024 Medical Premiums: Retiree or Survivor *without* Medicare (California)

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California						UnitedHealthcare					
					Trio HMO		Access+ HMO		PPO		Doctors Plan EPO		Select Network EPO		Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$921.23	$921.23	$847.20	$832.30	$1,040.86	$1,001.45	$1,302.57	$1,170.33	$1,145.97	$819.22	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$1,541.63	$1,128.04	$1,471.71	$1,040.47	$1,728.50	$1,230.66	$2,135.04	$1,447.82	$1,810.34	$1,040.68	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$2,201.90	$1,128.04	$2,162.82	$1,040.47	$2,460.29	$1,230.66	$3,020.96	$1,447.82	$2,517.59	$1,040.68	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	N/A	N/A	Medicare Deps will be enrolled in Kaiser Senior Advantage		N/A	N/A	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO					
			$1,092.45	$914.05							$1,429.72	$1,131.07	$1,691.43	$1,299.95	$1,534.83	$948.84
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	$1,783.56	$914.05	N/A	N/A	N/A	N/A	N/A	N/A	$2,161.51	$1,131.07	$2,577.35	$1,299.95	$2,242.08	$948.84

Retirees hired AFTER January 9, 2009[1] with *at least* 5 years and *less than* 10 years of service

Medical Premiums (Monthly)	Health Net CanopyCare HMO		Kaiser Permanente HMO		Blue Shield of California						UnitedHealthcare					
					Trio HMO		Access+ HMO		PPO		Doctors Plan EPO		Select Network EPO		Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$1,842.46	$0.00	$1,679.50	$0.00	$2,042.31	$0.00	$2,472.90	$0.00	$1,965.19	$0.00	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$2,669.67	$0.00	$2,512.18	$0.00	$2,959.16	$0.00	$3,582.86	$0.00	$2,851.02	$0.00	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$3,329.94	$0.00	$3,203.29	$0.00	$3,690.95	$0.00	$4,468.78	$0.00	$3,558.27	$0.00	N/A	N/A	N/A	N/A	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	N/A	N/A	Medicare Deps will be enrolled in Kaiser Senior Advantage		N/A	N/A	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO					
			$2,006.50	$0.00							$2,560.79	$0.00	$2,991.38	$0.00	$2,483.67	$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	N/A	N/A	$2,697.61	$0.00	N/A	N/A	N/A	N/A	N/A	N/A	$3,292.58	$0.00	$3,877.30	$0.00	$3,190.92	$0.00

[1]Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.

2024 Medical Premiums: Retiree or Survivor *without* Medicare (Outside of California)

Retirees hired BEFORE January 9, 2009 or with *at least* 20 years of service or more

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO		UnitedHealthcare Non-Medicare PPO	
	Northwest		Washington		Hawaii					
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$0.00	$1,204.63	$0.00	$1,645.56	$0.00	$920.31	$132.25	$1,832.94	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$600.82	$1,805.46	$821.29	$2,466.85	$458.66	$1,378.98	$575.17	$2,275.85	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$1,598.18	$1,805.46	$2,184.60	$2,466.85	$1,220.02	$1,378.98	$1,282.42	$2,275.85	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$231.95	$1,436.58	$160.71	$1,806.27	$174.51	$1,094.82	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
									$391.49	$2,092.18
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,229.31	$1,436.58	$1,524.02	$1,806.27	$935.87	$1,094.82	N/A	N/A	$1,098.74	$2,092.18

Retirees hired AFTER January 9, 2009 with *at least* 15 years and *less than* 20 years of service

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO		UnitedHealthcare Non-Medicare PPO	
	Northwest		Washington		Hawaii					
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$301.16	$903.47	$411.39	$1,234.17	$230.08	$690.23	$590.48	$1,374.71	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$1,052.18	$1,354.10	$1,438.00	$1,850.14	$803.40	$1,034.24	$1,144.13	$1,706.89	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$2,049.54	$1,354.10	$2,801.31	$1,850.14	$1,564.76	$1,034.24	$1,851.38	$1,706.89	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$591.09	$1,077.44	$612.28	$1,354.70	$448.21	$821.12	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
									$914.53	$1,569.14
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,588.45	$1,077.44	$1,975.59	$1,354.70	$1,209.57	$821.12	N/A	N/A	$1,621.78	$1,569.14

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

2024 Medical Premiums: Retiree or Survivor *without* Medicare (Outside of California)

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO		UnitedHealthcare Non-Medicare PPO	
	Northwest		Washington		Hawaii					
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$602.31	$602.32	$822.78	$822.78	$460.15	$460.16	$1,048.72	$916.47	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$1,503.53	$902.73	$2,054.71	$1,233.43	$1,148.15	$689.49	$1,713.09	$1,137.93	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$2,500.91	$902.73	$3,418.02	$1,233.43	$1,909.51	$689.49	$2,420.34	$1,137.93	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$950.24	$718.29	$1,063.84	$903.14	$721.92	$547.41	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
									$1,437.58	$1,046.09
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,947.60	$718.29	$2,427.15	$903.14	$1,483.28	$547.41	N/A	N/A	$2,144.83	$1,046.09

Retirees hired AFTER January 9, 2009[1] with *at least* 5 years and *less than* 10 years of service

Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO		UnitedHealthcare Non-Medicare PPO	
	Northwest		Washington		Hawaii					
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$1,204.63	$0.00	$1,645.56	$0.00	$920.31	$0.00	$1,965.19	$0.00	N/A	N/A
Retiree/Survivor +1 Dep w/out Medicare	$2,406.28	$0.00	$3,288.14	$0.00	$1,837.64	$0.00	$2,851.02	$0.00	N/A	N/A
Retiree/Survivor +2 or More Deps w/out Med.	$3,403.64	$0.00	$4,651.45	$0.00	$2,599.00	$0.00	$3,558.27	$0.00	N/A	N/A
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$1,668.53	$0.00	$1,966.98	$0.00	$1,269.33	$0.00	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
									$2,483.67	$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$2,665.89	$0.00	$3,330.29	$0.00	$2,030.69	$0.00	N/A	N/A	$3,190.92	$0.00

[1]**Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.**

Medical Plan Options: Retiree or Survivor *with* Medicare

Retirees with at least one person, the retiree or dependent, who is Medicare-eligible, may enroll in the following health plans:

Kaiser Permanente Senior Advantage HMO *(Medicare Advantage HMO)*

- Must be enrolled in Medicare Part B
- Must live in a Plan Service Area
- Primary Care Physician required

The Medicare-eligible individual (retiree or dependent) will be enrolled in the Kaiser Permanente Senior Advantage HMO. Non-Medicare eligible members must select Kaiser Permanente HMO.

UnitedHealthcare Medicare Advantage PPO *(Medicare Advantage PPO)*

- Must be enrolled in Medicare Part B
- Can live anywhere in the USA
- Can obtain service from any participating Medicare provider in the USA

The Medicare-eligible individual (retiree or dependent) will be enrolled in the UnitedHealthcare Medicare Advantage PPO. Non-Medicare eligible members may choose from the following health plans:

- **UnitedHealthcare Doctors Plan EPO** *(Must reside in eligible S.F. Bay Area zip codes)*
- **UnitedHealthcare Select Network EPO** *(CA Only)*
- **UnitedHealthcare Non-Medicare PPO**

Unlike traditional PPO plans, for most services offered through the UnitedHealthcare Medicare Advantage PPO plan, members will be responsible for co-pays, versus a coinsurance percentage. Additionally, receiving services from out-of-network providers will not cost you more. Although selecting a Primary Care Physician is not required under the UnitedHealthcare Medicare Advantage PPO Plan, you may choose to select one to assist with the management of your care.

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between this Guide and the EOC, the EOC shall prevail. EOCs are available for download at **sfhss.org**.

Service Areas for Retirees *with* Medicare

County	Kaiser Permanente (California)	UnitedHealthcare	County	Kaiser Permanente (California)	UnitedHealthcare
	Senior Advantage HMO	Medicare Advantage PPO		Senior Advantage HMO	Medicare Advantage PPO
Alameda	■	■	Orange	■	■
Alpine		■	Placer	○	■
Amador	○	■	Plumas		■
Butte		■	Riverside	○	■
Calaveras		■	Sacramento	■	■
Colusa		■	San Benito		■
Contra Costa	■	■	San Bernardino	○	■
Del Norte		■	San Diego	○	■
El Dorado	○	■	San Francisco	■	■
Fresno	○	■	San Joaquin	■	■
Glenn		■	San Luis Obispo		■
Humboldt		■	San Mateo	■	■
Imperial		■	Santa Barbara		■
Inyo		■	Santa Clara	○	■
Kern	○	■	Santa Cruz	■	■
Kings	○	■	Shasta		■
Lake		■	Sierra		■
Lassen		■	Siskiyou		■
Los Angeles	○	■	Solano	■	■
Madera	○	■	Sonoma	○	■
Marin	■	■	Stanislaus	■	■
Mariposa	○	■	Sutter	○	■
Mendocino		■	Tehama		■
Merced		■	Trinity		■
Modoc		■	Tulare	○	■
Mono		■	Tuolumne		■
Monterey		■	Ventura	○	■
Napa	■	■	Yolo	○	■
Nevada		■	Yuba	○	■
			Outside CA	◆	▲

■ Available in this county
○ Available in some ZIP codes
◆ OR, WA, HI
▲ Service area includes all 50 States, District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands

Moving? Change of Address? Contact SFHSS at **(628) 652-4700** or visit **sfhss.org/change-address**. If you move out of the service area covered by your plan, you must elect an alternate medical plan that provides coverage in your area. Failure to change your elections may result in non-payment of claims for services rendered.

2024 Medical Plans

	KAISER PERMANENTE Senior Advantage HMO (California)	UNITEDHEALTHCARE Medicare Advantage PPO
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum $1,000/individual; $2,000/family	No Deductible Annual out-of-pocket maximum $3,750/individual
PREVENTIVE CARE		
Routine Physical	No charge	$0 co-pay
Immunizations and Inoculations	No charge	$0 co-pay if covered under Part B
Well Woman Exam and Family Planning	No charge	$0 co-pay
Routine Pre/Post-Partum Care	No charge visits limited; see EOC	Cost share per type and location of service
PHYSICIAN AND PROVIDER CARE		
Office and Home Visits	$20 co-pay	$5 co-pay PCP; $15 co-pay specialist
Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs (Tier 1)	$5 co-pay 30-day supply	$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs (Tier 2)	$15 co-pay 30-day supply	$20 co-pay 30-day supply
Pharmacy: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	$45 co-pay 30-day supply
Mail Order: Generic Drugs (Tier 1)	$10 co-pay 100-day supply	$10 co-pay 90-day supply
Mail Order: Brand-Name Drugs (Tier 2)	$30 co-pay 100-day supply	$40 co-pay 90-day supply
Mail Order: Non-Preferred Brand Drugs (Tier 3)	Only if authorized by a Kaiser Physician	$90 co-pay 90-day supply
Specialty Drugs (Tier 4)	20% coinsurance up to $100 per prescription, 30-day supply	$20 co-pay retail pharmacy up to 30-day supply $40 co-pay mail order pharmacy up to 90-day supply
OUTPATIENT SERVICES		
X-ray and Laboratory	No charge	$0 co-pay
EMERGENCY		
Hospital Emergency Room	$50 co-pay waived if hospitalized	$65 co-pay waived if admitted to the hospital within 24 hours
Urgent Care Facility	$20 co-pay	$20 co-pay waived if admitted to the hospital within 24 hours
HOSPITAL/SURGERY		
Inpatient	$100 co-pay per admission	$150 co-pay per admission
Outpatient	$35 co-pay	$100 co-pay

	KAISER PERMANENTE Senior Advantage HMO (California)	UNITEDHEALTHCARE Medicare Advantage PPO
REHABILITATIVE		
Physical/Occupational Therapy	$20 co-pay authorization required	$20 co-pay
Acupuncture/Chiropractic	$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network; for 25% discount see **kp.org/choosehealthy**	$15 co-pay 24 visits of each max per plan year
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge as authorized by PCP according to formulary	$15 co-pay
Prosthetics/Orthotics	No charge when medically necessary	$15 co-pay
Diabetic Monitoring Supplies	No charge see EOC	$0 co-pay limited to certain brands
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each	Evaluation no charge $5,000 allowance for hearing aid(s), combined for both ears, every 36 months
MENTAL HEALTH		
Inpatient Hospitalization	$100 co-pay per admission	$150 co-pay per admission
Outpatient Treatment	$10 co-pay group $20 co-pay individual	$5 co-pay group $15 co-pay individual
Inpatient Detox	$100 co-pay per admission	$150 co-pay per admission
Residential Rehabilitation	$100 co-pay per admission; physician approval required	$150 co-pay per admission
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days per year	No charge up to 100 days/benefit period; no custodial care
Hospice	No charge when medically necessary	Covered by Original Medicare
POST-DISCHARGE SUPPORT AND ROUTINE TRANSPORTATION		
Post Discharge Meal Delivery	$0 co-pay up to three meals per day in a consecutive four-week period, once per calendar year	$0 co-pay for 28 meals
Post Discharge Transportation	See description for Routine Transportation below	$0 co-pay for 12 one-way trips to see a provider or pharmacy
Post Discharge Personal Care	Not Covered	$0 co-pay for 6 hours of in-home personal care
Routine Transportation	$0 co-pay for up to 24 one-way trips (50 miles per trip) per calendar year	$0 co-pay for 24 one-way trips to see a provider or pharmacy

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.

2024 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (California)

Retirees hired BEFORE January 9, 2009 or with *at least* 20 years of service or more

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in					
			UHC Doctors Plan EPO		UHC Select Network EPO		UHC Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$0.00	$329.98	$0.00	$521.46	$0.00	$521.46	$0.00	$521.46
Retiree/Survivor +1 Dependent without Medicare	$416.34	$746.32	$458.42	$979.89	$554.98	$1,076.44	$442.91	$964.38
Retiree/Survivor +2 or More Dependents without Medicare	$1,107.45	$746.32	$1,190.21	$979.89	$1,440.90	$1,076.44	$1,150.16	$964.38
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$163.50	$493.48	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
							$259.24	$780.70
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$854.61	$493.48	$991.03	$780.70	$1,145.16	$780.70	$966.49	$780.70

Retirees hired AFTER January 9, 2009 with *at least* 15 years and *less than* 20 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in					
			UHC Doctors Plan EPO		UHC Select Network EPO		UHC Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$82.49	$247.49	$130.36	$391.10	$130.36	$391.10	$130.36	$391.10
Retiree/Survivor +1 Dependent without Medicare	$602.92	$559.74	$703.39	$734.92	$824.09	$807.33	$684.00	$723.29
Retiree/Survivor +2 or More Dependents without Medicare	$1,294.03	$559.74	$1,435.18	$734.92	$1,710.01	$807.33	$1,391.25	$723.29
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$286.87	$370.11	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
							$454.41	$585.53
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$977.98	$370.11	$1,186.20	$585.53	$1,340.33	$585.53	$1,161.66	$585.53

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

2024 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (California)

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in					
			UHC Doctors Plan EPO		UHC Select Network EPO		UHC Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$164.99	$164.99	$260.73	$260.73	$260.73	$260.73	$260.73	$260.73
Retiree/Survivor +1 Dependent without Medicare	$789.50	$373.16	$948.36	$489.95	$1,093.20	$538.22	$925.10	$482.19
Retiree/Survivor +2 or More Dependents without Medicare	$1,480.61	$373.16	$1,680.15	$489.95	$1,979.12	$538.22	$1,632.35	$482.19
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$410.24	$246.74	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
							$649.59	$390.35
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$1,101.35	$246.74	$1,381.38	$390.35	$1,535.51	$390.35	$1,356.84	$390.35

Retirees hired AFTER January 9, 2009[1] with *at least* 5 years and *less than* 10 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO with Non-Medicare Dependent(s) enrolled in Kaiser Permanente HMO		UHC Medicare Advantage PPO with Non-Medicare Dependent(s) enrolled in					
			UHC Doctors Plan EPO		UHC Select Network EPO		UHC Non-Medicare PPO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$329.98	$0.00	$521.46	$0.00	$521.46	$0.00	$521.46	$0.00
Retiree/Survivor +1 Dependent without Medicare	$1,162.66	$0.00	$1,438.31	$0.00	$1,631.42	$0.00	$1,407.29	$0.00
Retiree/Survivor +2 or More Dependents without Medicare	$1,853.77	$0.00	$2,170.10	$0.00	$2,517.34	$0.00	$2,114.54	$0.00
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$656.98	$0.00	N/A	N/A	N/A	N/A	Medicare Dependents will be enrolled in UHC Medicare Advantage PPO	
							$1,039.94	$0.00
Retiree/Survivor +1 Dependent with Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$1,348.09	$0.00	$1,771.73	$0.00	$1,925.86	$0.00	$1,747.19	$0.00

[1]**Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.**

2024 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

Retirees hired BEFORE January 9, 2009 or with *at least* 20 years of service or more

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO	
	Northwest		Washington		Hawaii			
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$0.00	$466.88	$0.00	$324.40	$0.00	$352.00	$0.00	$521.46
Retiree/Survivor +1 Dep w/out Medicare	$600.82	$1,067.71	$821.29	$1,145.69	$458.66	$810.67	$442.92	$964.37
Retiree/Survivor +2 or More Deps w/out Med.	$1,598.18	$1,067.71	$2,184.60	$1,145.69	$1,220.02	$810.67	$1,150.17	$964.37
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$231.95	$698.83	$160.71	$485.11	$174.51	$526.51	$259.24	$780.70
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,229.31	$698.83	$1,524.02	$485.11	$935.87	$526.51	$966.49	$780.70

Retirees hired AFTER January 9, 2009 with *at least* 15 years and *less than* 20 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO	
	Northwest		Washington		Hawaii			
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$116.72	$350.16	$81.10	$243.30	$88.00	$264.00	$130.36	$391.10
Retiree/Survivor +1 Dep w/out Medicare	$867.75	$800.78	$1,107.71	$859.27	$661.33	$608.00	$684.01	$723.28
Retiree/Survivor +2 or More Deps w/out Med.	$1,865.11	$800.78	$2,471.02	$859.27	$1,422.69	$608.00	$1,391.26	$723.28
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$406.66	$524.12	$281.99	$363.83	$306.14	$394.88	$454.41	$585.53
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,404.02	$524.12	$1,645.30	$363.83	$1,067.50	$394.88	$1,161.66	$585.53

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

2024 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO	
	Northwest		Washington		Hawaii			
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$233.44	$233.44	$162.20	$162.20	$176.00	$176.00	$260.73	$260.73
Retiree/Survivor +1 Dep w/out Medicare	$1,134.68	$533.86	$1,394.13	$572.85	$863.99	$405.34	$925.10	$482.19
Retiree/Survivor +2 or More Deps w/out Med.	$2,132.03	$533.86	$2,757.44	$572.85	$1,625.35	$405.34	$1,632.35	$482.19
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$581.36	$349.42	$403.26	$242.56	$437.76	$263.26	$649.59	$390.35
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,578.72	$349.42	$1,766.57	$242.56	$1,199.12	$263.26	$1,356.84	$390.35

Retirees hired AFTER January 9, 2009[1] with *at least* 5 years and *less than* 10 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO w/Non-Med Dep(s) enrolled in UHC Non-Medicare PPO	
	Northwest		Washington		Hawaii			
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree/Survivor Only	$466.88	$0.00	$324.40	$0.00	$352.00	$0.00	$521.46	$0.00
Retiree/Survivor +1 Dep w/out Medicare	$1,668.53	$0.00	$1,966.98	$0.00	$1,269.33	$0.00	$1,407.29	$0.00
Retiree/Survivor +2 or More Deps w/out Med.	$2,665.89	$0.00	$3,330.29	$0.00	$2,030.69	$0.00	$2,114.54	$0.00
Retiree/Survivor +1 Dep *w/*Medicare Parts A&B	$930.78	$0.00	$645.82	$0.00	$701.02	$0.00	$1,039.94	$0.00
Retiree/Survivor +1 Dep w/Medicare Parts A&B +1 or more non-Medicare Dep(s)	$1,928.14	$0.00	$2,009.13	$0.00	$1,462.38	$0.00	$1,747.19	$0.00

[1]Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.

Medicare Information

SFHSS requires all retirees and dependents who are eligible for Medicare to enroll in Medicare Part A and Part B.

The Social Security Administration (SSA) is the federal agency responsible for Medicare eligibility, enrollment, and premiums. Start by downloading the *Medicare and You* handbook at **medicare.gov**.

Medicare is a federal health insurance program administered by the **Centers for Medicare and Medicaid Services** (**cms.gov**) for people age 65 years or older, or under 65 with any Social Security-qualified disabilities.

The different parts of Medicare help cover specific types of services:

- **Medicare Part A:** Hospital Insurance
- **Medicare Part B:** Medical Insurance
- **Medicare Part D:** Prescription Drug Coverage

SFHSS Rules require all eligible retired members and covered eligible dependents to enroll in Medicare Part A and Part B. Failure to enroll in Medicare by the required deadlines may result in penalties being assessed by SSA and change or loss of medical coverage with the San Francisco Health Service System.

Medicare Part A: Hospital Insurance

Medicare Part A helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (but not custodial or long-term care). It also helps cover hospice care and some home healthcare.

You are eligible for premium-free Medicare Part A if you are age 65 or older and have worked and contributed to Social Security for at least 10 years (40 quarters). You may also qualify for Medicare Part A through a current, former, or deceased spouse, have End Stage Renal Disease or a Social Security-qualified disability.

If you are under age 65 with a qualifying disability, Medicare coverage generally starts 24 to 30 months following eligibility. If you have questions about your eligibility for premium-free Medicare Part A, contact the **Social Security Administration (SSA)** at **(800) 772-1213**.

Medicare Part B: Medical Insurance

SFHSS rules require that all retired members and their dependents enroll in Medicare Part B as soon as they are eligible. Medicare Part B helps cover the cost of doctor and outpatient medical services. Most people pay a monthly premium to the federal government for Part B. The Medicare Part B monthly premium, which is based on your income per CMS regulations, is usually deducted from your Social Security check. If your income decreases after you enroll in Part B, you may be eligible for a Part B premium reduction. For information on Medicare Part B premiums or to request a Part B premium reduction, contact the Social Security Administration. If you do not enroll in Medicare Part B when you first become eligible, your Part B premium will be higher and penalties may be charged when you do enroll. This higher premium and/or penalty will continue for the entire time you are enrolled in Medicare.

Medicare Part D: Prescription Drug Insurance

There are two types of Medicare Part D prescription plans: *individual* and *group*. Individual Part D prescription drug coverage is purchased directly by an individual from an insurer or pharmacy.

SFHSS members are automatically enrolled in group prescription drug coverage under Medicare Part D when they enroll in any Medicare plan offered through SFHSS. Therefore, SFHSS members should not enroll in any individual Medicare Part D plan because SFHSS medical plans include enhanced group Medicare Part D prescription drug coverage.

All SFHSS members are required to enroll in Medicare as soon as they become eligible or face penalties.

If you are enrolled in Medicare, do not enroll in any outside Part D plans. Prescription benefits are already included in your SFHSS medical plan. Doing so will terminate your coverage.

Retirees Traveling or Living Outside of the United States Temporarily or Permanently

For Medicare and Non-Medicare Members

Traveling Outside of Your Plan's Service Area

Most SFHSS health plans will cover part of your urgent or emergency services while traveling outside of the United States. Contact your health plan to learn about what is covered and how billing or reimbursements work before traveling outside of the United States.

- **Blue Shield of California PPO** plan offers coverage for out-of-network covered services, at a higher share of cost.
- **Kaiser Permanente HMO** and **Kaiser Permanente Senior Advantage HMO** plan members, please visit **kp.org/travel** for information about getting care away from home.

In most cases, Medicare does *not* provide coverage for healthcare services obtained outside of the United States. For more information visit: **medicare.gov/coverage/travel-outside-the-u.s.**

Medicare Enrollment is Required for Retirees Traveling or Residing Temporarily Outside of the United States

To ensure continued healthcare coverage when you return to the United States, **you must maintain your Medicare Part B and Part D enrollment while you are out of the country**. If you choose to cancel your Medicare Part B and/or Part D, or if you are dropped because you have not paid Medicare premiums, you may have a penalty assessed by Social Security, when you re-enroll. **Failure to maintain continuous enrollment in Medicare will also disrupt the coverage you have through SFHSS**.

Retirees Residing Permanently Outside of the United States

Non-Medicare retirees (under age 65) who reside *permanently* outside of the United States must either enroll in the **Blue Shield of CA PPO Out-of-Area** plan or waive San Francisco Health Service System coverage.

Medicare enrollment is not required for retired members over 65 residing outside of the United States (foreign residents). However, healthcare services within the United States will not be covered for foreign residents who are not enrolled in Medicare.

Members who choose to not enroll in Medicare must complete an SFHSS form certifying that they are waiving Medicare enrollment and waiving health coverage within the United States.

If you are currently enrolled in a Medicare plan offered through SFHSS, and you are planning to move outside of the United States, you must contact SFHSS Member Services at **(628) 652-4700** for information on other health plan options that may be available to you which are different than those available in the United States.

Before you drop Medicare, read this!
Before you disenroll in Medicare, the federal government may charge you significant penalties if you disenroll from Medicare and decide to re-enroll in the future.

Vision Plan Options

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

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

Vision Service Plan - Basic

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

Vision Service Plan - Premier

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

Accessing Your Vision Benefits

You may go to a VSP in-network or out-of-network provider. In-network providers now include Walmart Vision and Sam's Club. Visit **www.vsp.com** for complete list of network providers.

To receive services from an in-network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment.

VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

If you receive services from a network provider *without* prior authorization or obtain services from an out-of-network provider (including Kaiser Permanente), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement.

Compare the costs of out-of-network services to in-network costs before choosing. Download claim forms at **www.vsp.com**.

Expenses Not Covered by Plan

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

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

VSP Vision Care Member Extras

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

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

No Medical Plan = No Vision Benefits

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

Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic[1]	Vision Service Plan - Premier
Well Vision Exam	$10 co-pay every calendar year	$10 co-pay every calendar year
Single Vision Lenses	$25 co-pay every other calendar year[2]	$0 every calendar year
Lined Bifocal Lenses	$25 co-pay every other calendar year[2]	$0 every calendar year
Lined Trifocal Lenses	$25 co-pay every other calendar year[2]	$0 every calendar year
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses	$95–$105 co-pay every other calendar year	$25 co-pay every calendar year
Custom Progressive Lenses	$150–$175 co-pay every other calendar year	$25 co-pay every calendar year
Standard Anti-Reflective Coating	$41 co-pay every other calendar year	$25 co-pay every calendar year
Premium Anti-Reflective Coating	$58–$69 co-pay every other calendar year	$25 co-pay every calendar year
Custom Anti-Reflective Coating	$85 co-pay every other calendar year	$25 co-pay every calendar year
Scratch-Resistant Coating	Fully covered every other calendar year[2]	Fully Covered every calendar year
Frames	$150 allowance for a wide selection of frames $170 allowance for featured frames $80 allowance use at Costco and Walmart/Sam's Club $25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	$300 allowance for a wide selection of frames $320 allowance for featured frames $165 allowance use at Costco and Walmart/Sam's Club No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts *(instead of glasses)*	$150 allowance every other calendar year[2]	$250 allowance every calendar year
Contact Lens Exam	Up to $60 co-pay every other calendar year2	Up to $60 co-pay every calendar year
Essential Medical Eye Care *(for the treatment of urgent or acute ocular conditions)*	$5 co-pay	$5 co-pay
Lightcare	$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year. Anti-reflective and UV coatings fully covered.	$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every calendar year. Anti-reflective and UV coatings fully covered.

Vision Care Rates	VSP Service Plan - Basic	Retiree/Survivor Monthly Contribution
	Included with your medical premium.	**Retiree/Survivor Only $11.56** **Retiree/Survivor + 1 Dependent $17.59** **Retiree/Survivor + Family $36.06**

Your Coverage with Out-of-Network Providers

Visit **vsp.com** if you plan to see a provider other than a VSP network provider.

Exam	Up to $50	**Single Vision Lenses**	Up to $45	**Lined Trifocal Lenses**	Up to $85	**Contacts**	Up to $105
Frame	Up to $70	**Lined Bifocal Lenses**	Up to $65	**Progressive Lenses**	Up to $85		

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

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

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

Dental Plan Options

Dental Plan Benefits

SFHSS offers three dental plan options for our members to choose from. Two are Dental Health Maintenance Organization (DHMO) plans and they are administered by Delta Dental and UnitedHealthcare. We offer one Dental Preferred Provider Organization (DPPO) plan administered by Delta Dental.

DHMO Dental Plans

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

Before you elect a DHMO plan, make sure the plan's network includes your preferred dentist, and confirm that the dentist is accepting new patients.

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

SFHSS offers the following DHMO dental plans:

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

PPO Dental Plans

A PPO dental plan allows you the flexibility to visit any in-network or out-of-network dentist. The plan covers a higher percentage of the costs for covered services when you go to an in-network PPO dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service.

SFHSS offers the following dental PPO plan:

Delta Dental PPO Plus Premier

Delta Dental PPO Plus Premier has two different networks. Ask your dentist if they participate in the Delta Dental PPO or Premier network. You will pay a higher co-insurance when you visit a Premier provider versus a PPO provider. When you use Delta Dental's network dentists, you are only responsible for the deductible and co-insurance, within applicable benefit maximums. Delta Dental's network dentists are not allowed to charge you more for covered services beyond the negotiated rates.

You may also visit an out-of-network dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service. This is known as a balance billing.

If you want to know what you are responsible for paying, please ask your dentist for a pre-treatment estimate before receiving covered services.

2024 Dental Premiums: All Retirees and Survivors

2024 MONTHLY DENTAL PREMIUMS	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays
Retiree Only	$50.25	$0.00	$32.22	$0.00	$14.38	$0.00
Retiree +1 Dependent	$99.93	$0.00	$53.17	$0.00	$23.74	$0.00
Retiree +2 or More Dependents	$149.14	$0.00	$78.65	$0.00	$35.11	$0.00

Dental Plan Benefits-at-a-Glance

	Delta Dental PPO			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists.			DeltaCare USA **network only**	UHC Dental **network only**
Deductible	$50 per person; $100 for family for Premier and out-of-network services, excluding diagnostic and preventive care.			None	None
Plan Year Maximum	$1,250 per person Per calendar year, excluding orthodontia benefits, diagnostic and preventive care (i.e. cleanings, exams and/or x-rays).			None	None
Covered Services	**PPO Dentists**	**Premier Dentists**	**Out-of-Network**	**In-Network Only**	**In-Network Only**
Cleanings[1] and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% covered annual - 2x/yr.; pregnancy - 3x/yr.	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	80% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered some limitations apply	100% covered some limitations apply
Extractions	80% covered	80% covered	80% covered	100% covered	$5-$25 co-pay
Fillings	80% covered	80% covered	80% covered	100% covered limitations apply to resin materials	$5-$25 co-pay
Crowns	60% covered	50% covered	50% covered	100% covered limitations apply to resin materials	Co-pay Variable, up to $100, Limitations Apply
Dentures, Pontics, and Bridges	60% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	Co-pay Variable, up to $140, Limitations Apply
Endodontic/ Root Canals	60% covered	50% covered	50% covered	100% covered excluding the final restoration	Co-pay Variable, up to $60, Limitations Apply
Oral Surgery	80% covered	80% covered	80% covered	100% covered authorization required	Co-pay Variable
Implants	60% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	Not Covered	Not Covered	Not Covered	Member pays: $1,600/child $1,800/adult $350 startup fee; limitations apply	Member pays: $2,000/child $2,000/adult $350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	$100 co-pay	100% covered

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

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

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

New Spouse or Domestic Partnership

You may enroll a new spouse or domestic partner and eligible children of the spouse or domestic partner to your current benefits through ***eBenefits*** via the San Francisco Employee Portal.

Visit **sfhss.org/how-to-enroll** to get started. Be sure to upload copies of your certified marriage certificate, certificate of domestic partnership and birth certificate for each child. You must add your new dependents and submit copies of the required documents **within 30 days** of the legal date of the marriage or partnership through ***eBenefits*** or via fax or mail by completing an application form. Certificates of domestic partnership must be issued in the United States. A Social Security number must be provided for each new family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following receipt and approval of required documentation.

Newborn or Newly Adopted Child

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

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

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

Legal Guardianship or Court Order

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

Divorce, Separation, Dissolution, Annulment

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

Loss of Other Health Coverage

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

Obtaining Other Health Coverage

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

Moving Out of Your Plan's Service Area

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

Death of a Dependent

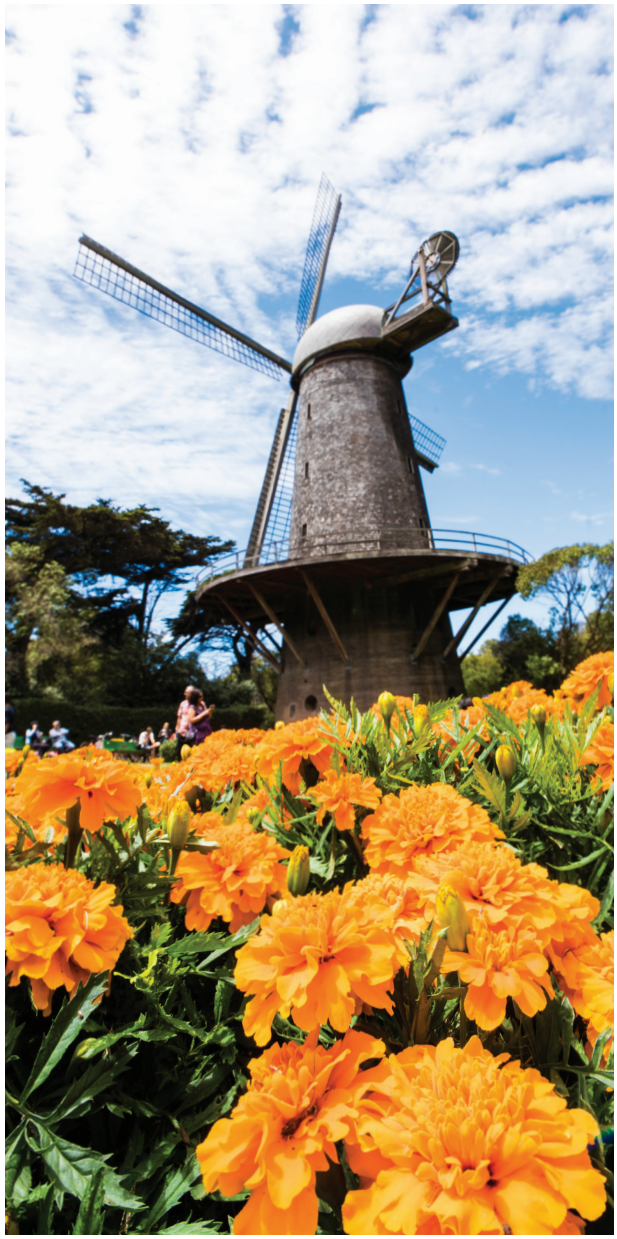
In the event of the death of a dependent, notify SFHSS as soon as possible and submit a copy of the death certificate **within 30 days** of the death to disenroll the deceased dependent.

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 may enroll in 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.

Responsibility for Premium Contributions

Changes in coverage due to a qualifying event may change premium contributions. **Review your pension check to make sure premium deductions are correct. If your premium deduction is incorrect, contact SFHSS.** If the health coverage premium is greater than the pension amount, you will be required to pay directly to SFHSS for the monthly health coverage premium. 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).

Mental Health and Substance Use Disorder

Health Plans: Mental Health[1] and Substance Abuse Use Disorder[1]

Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of California HMO and PPO	UHC Medicare Advantage PPO
Call Health Net's behavioral health administrator, MHN at **(833) 996-2567** to obtain referrals for mental health and substance use disorder treatment services. **Apps:** Members can access self-care apps, *myStrength*, and *Unwind* through **kp.org/selfcareapps**.	Traditional HMO members call **(800) 464-4000**. Senior Advantage members call **(800) 443-0815**. **Apps:** Members can access self-care apps, *Calm*, *Ginger* and *myStrength*, through **kp.org/selfcareapps**.	**Trio HMO & Access+ HMO:** Call **(877) 263-9952** to find a provider and schedule an appointment with *Blue Shield's Mental Health Service Administrator.* **PPO:** Call **(866) 336-0711** to access mental health services.	UHC Medicare Advantage PPO members call **(877) 259-0493**. **Telemental Health:** To learn more, go to **whyuhc.com/sfhss** or sign in to your account at **retiree.uhc.com/sfhss**. **Apps:** Members can access self-care and online therapy through app, *AbleTo,* **ableto.com/begin**.

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

Well-Being Services

To learn more, visit **sfhss.org/using-your-benefits/using-your-benefits-retirees**

Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of California HMO and PPO	UHC Medicare Advantage PPO
Non-Medicare Plan Only	**Medicare and Non-Medicare**	**Non-Medicare Plans Only**	**Medicare Plan Only**
Weight management, Healthy Eating and Nutrition Services. **Online and Health Coaching Programs:** ■ Healthy Eating ■ Physical Activity **RealAge Programs:** ■ Boost Your Diet ■ Move More **Tobacco Cessation:** ■ Tobacco Cessation Coaching Program ■ Craving to Quit **Diabetes Prevention:** ■ Diabetes Prevention Program **Chiropractic and Acupuncture:** ■ Services are provided through the American Specialty Health Network with a $15 co-pay per visit. To find a practitioner, call **(800) 678-9133**. **Choose Healthy** discount program for discounts on additional visits after the initial 30 visits. **Discounts:** ■ Hearing screenings and hearing aids ■ Weight-loss programs ■ Active&Fit Direct	***Silver&Fit* Program (Medicare only):** Join a fitness facility and stay fit with Home Fitness kits. Get online resources, rewards and be physically active. Visit **kp.org/silverandfit** or call **(877) 750-2746**. **Medical Weight Management Program:** A health-conscious solution that is based on treating the whole you, not just your weight. Visit **kphealthyweight.com**, or call **(866) 454-3480**. ***Active&Fit* Direct Discount Program *(Early Retirees Only):*** Flexible, low-cost fitness program, product & specialty provider discounts. Visit **choosehealthy.com** or call **(877) 335-2746** for more details. **Chiropractic & Acupuncture Benefits:** Available through *ASH Network*. Visit **my.kp.org/ccsf/chiroandacu** or call **(800) 678-9133** for more details. **Programs and Classes:** Visit **my.kp.org/ccsf/healthy-extra** for more details.	**Gym Discounts:** Get started with discounts through *Fitness Your Way*. Trio HMO members can call **(855) 747-5800**. Access+ HMO members can call **(855) 747-5800**. **PPO:** Call **(855) 336-0711** *Fitness Your Way by Tivity* offers monthly membership from $10 up to $99/mo. Choose the best option for your gym and fitness needs at **fitnessyourway.tivityhealth.com/bsc.** **Weight Management Programs:** Access lifestyle-based tools and clinically proven programs to lose weight, treat diabetes, support mental health, and more 24/7 at **Wellvolution.com**. **Chiropractic & Acupuncture Benefits:** Services are provided through the *American Specialty Health Network* with a $15 co-pay per visit. To find a practitioner, call **(800) 678-9133**.	***Renew Active*:** Stay active with a free gym membership. Select a fitness location from over 20,000 locations nationwide, including many premium gyms. Visit **uhcrenewactive.com** or call **(877) 259-0493** for more details. **Rally Coach Programs:** Get coaching and support for weight loss, diabetes prevention, nicotine cessation, and popular lifestyle topics like sleep, stress, finances, and more. Visit **retiree.uhc.com/rallycoach** or call for details: ■ **Real Appeal** (Weight Management and Diabetes Support) **(844) 924-7325**. ■ **Quit for Life** (Nicotine Cessation) **(866) 784-8454**. ■ **Rally Coach** (Personalized Wellness Coaching) **(800) 478-1057**. ***Let's Move*** by UHC includes wellness programming focused on nutrition, physical activity, mental health, social well-being, caregiver well-being, and financial wellness. Visit **retiree.uhc.com/sfhss**. **Chiropractic & Acupuncture Benefits:** Self-refer to a licensed practitioner. Find a practitioner at **whyuhc.com/sfhss**.

Randy Scott
President
Appointed by
Controller's Office

Mary Hao
Vice-President
Appointed by
Mayor Breed

Karen Breslin
Elected by SFHSS
Membership

Chris Canning
Elected by SFHSS
Membership

Matt Dorsey
Appointed by the
Board of Supervisors

Stephen Follansbee, M.D.
Appointed by
Mayor Breed

Claire Zvanski
Elected by SFHSS
Membership

Health Service Board Achievements

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

Continued Hybrid Meetings

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

Updated Policies and Procedures

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

Board Education

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

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

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

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

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

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

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

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

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

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

A rate increase of 2.9% for BSC Trio.

A rate increase of 14.4% for BSC Access+.

A rate increase of 1.7% for BSC PPO.

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

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

A rate increase of 2.0% for Delta Dental PPO for retirees.

No change for UHC Fully Insured Dental HMO for actives.

No change for UHC Dental HMO for retirees.

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

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

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

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

Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Infertility Services

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

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

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

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

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

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

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

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

Patient Protection Provider Choice Notice

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

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

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

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

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

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

For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the number on the back of your insurance card, or visit:

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

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

Medicaid or Children's Health Insurance Program (CHIP)

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

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

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

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

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

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

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

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

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

California Medicaid Contact Information

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

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

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment **within 30 days** after you or your dependent's other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact SFHSS at **(628) 652-4700**.

Medicare Creditable Coverage

Medicare Part D Prescription Drug Notice

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

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

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

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

Key Contacts

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

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

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

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

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

PENSION BENEFITS

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

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

CalSTRS
(800) 228-5453
calstrs.com

PARS
(800) 540-6369
pars.org

NON-MEDICARE PLANS

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

Kaiser Permanente Traditional HMO
my.kp.org/ccsf
In CA: (800) 464-4000
North CA - Group 888
South CA - Group 231003
In NW: (800) 813-2000
Group 21227
In WA: (206) 630-4636
Group 25512
In HI: (800) 966-5955
Group 10119

UHC Non-Medicare PPO
(866) 282-0125
www.whyuhc.com/sfhss
Group 752103

UHC Doctors Plan EPO
(844) 376-0313
www.whyuhc.com/sfhss
Group 752103

UHC Select Network EPO
(866) 282-0125
www.whyuhc.com/sfhss
Group 752103

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

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

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

MEDICARE ADVANTAGE PLANS

UHC Medicare Advantage PPO
(877) 259-0493
www.whyuhc.com/sfhss
Group 13694
Group 12786 Part B Only

Kaiser Permanente Senior Advantage HMO
my.kp.org/ccsf
In CA: (800) 443-0815
North CA - Group 888
South CA - Group 231003

MEDICARE ADVANTAGE PLANS

Kaiser Permanente Sr. Advantage HMO
my.kp.org/ccsf
In NW: (877) 852-5081
Group 21227
In WA: (206) 630-4600
Group 25512
In HI: (877) 852-5081
Group 10119

MEDICARE ADVANTAGE FITNESS PLANS

Renew Active **Fitness Program**
(UHC Medicare Advantage PPO)
(877) 259-0493
uhcrenewactive.com

Silver&Fit **Fitness Program**
(Kaiser Senior Advantage HMO)
(877) 750-2746
kp.org/silverandfit

DENTAL AND VISION PLANS

Delta Dental PPO
(888) 335-8227
deltadentalins.com/ccsf
Group 01673

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

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

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

OTHER AGENCIES

Social Security
Medicare Enrollment
(800) 772-1213
(800) 325-0778 (TTY)
ssa.gov

Medicare
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