



Health Benefits Guide

2025

City College of
San Francisco

Highlights for 2025

Medical

Blue Shield of California Access+ and Trio HMO

- Blue Shield of California will be reissuing ID Cards to all Access+ and Trio HMO Members for Plan Year 2025. Beginning January 1, 2025, upon your next visit to a retail Pharmacy, please present your new Blue Shield of California ID Card to the pharmacist, so that they can update their records; there will be new billing information on the back of the ID for pharmacy claims. *Note:* If you have elected to receive electronic communications through Blue Shield of California, please ensure to download your new ID card through the Blue Shield of California Member Portal: blueshieldca.com/login

Blue Shield of California PPO

- Blue Shield of California PPO members will now have a new subscriber ID numbers, a new telephone number for Blue Shield Connect, and a new Group Number (W0051448). As a result of these changes, Blue Shield of California PPO members will receive new ID cards in the mail. Please ensure to present these new ID to your health care providers, pharmacies, and facilities, so that they can update your records. Also, you will need to re-register through the Blue Shield online portal, through blueshieldca.com/sfhss.
- Blue Shield Connect will replace Accolade, effective 01/01/2025.

Health Net CanopyCare

- Members enrolled in the Health Net CanopyCare HMO plan now have access to Teladoc for virtual doctors office visits, at a \$0 co-pay. You can still have access to telehealth services from other network providers, at the applicable share of cost for the type of visit (e.g. PCP and Specialist office visit is \$25).

Kaiser Permanente

- Kaiser Permanente is expanding the network into Monterey County. Starting in January 2025, Members enrolled in the Kaiser Traditional HMO Plan, for Active and Non-Medicare Retirees, can access care at the new Salinas Medical Offices located at 1930 N. Davis Road in Salinas.

Surrogacy and Adoption

- SFHSS offers a unique one-time reimbursement of up to \$15,000 for eligible employees or retirees to cover qualified expenses from adoption or surrogacy. For more information and eligibility requirements, visit sfhss.org/surrogacy-and-adoption.

Well-Being & Employee Assistance Program (EAP)

- Well-Being and EAP offices relocated to the 2nd floor at 1145 Market Street.
- 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



One of the greatest lessons I've learned in life is to embrace change and the opportunities that come with it and to not let anyone, including myself, box me into a role. That's how I wound up swimming in Palau's Jellyfish Lake.

Back when I was a Clinical Supervisor in the Intensive Care Unit at St. Luke's Hospital in San Francisco, some of my colleagues were planning a trip to Micronesia with the Reconstructive Surgery Foundation. Every year, they would go to an underdeveloped nation to work alongside the local medical clinic team to treat their patients and train their doctors and nurses on reconstructive surgical procedures. Through this knowledge exchange, their goal was to sustainably improve the quality of care for local residents and patients.

I was not a perioperative nurse, however, I really wanted to go on the trip. At that point in my life, I had never left the country, and if you asked me to locate Micronesia on a world map, I probably wouldn't be able to find it. I expressed my interest to a colleague who was on the foundation's board, and

she suggested I lead their emergency training. This was an "aha moment" and a valuable lesson in my life. I did not need to be something else to add value. My existing skills and experience can already add value.

I wound up writing my own job description to get on the team, and that's how I discovered the gracious island culture. The locals shared with me the magic and wonder of snorkeling in Jellyfish Lake. This incredible lesson of defining my value and embracing new opportunities has carried me forward in life.

I've even built my career on being a change agent who has guided my teams through every crisis you can imagine from natural disasters to economic downturns. I've grown accustomed to being comfortable with the uncomfortable because with change comes growth and a chance to pave a better path forward.

This year, I was reminded about how much anxiety change can cause. SFHSS saw a concerning trend of rising healthcare costs that would outpace affordability. In fact, skyrocketing insurance costs across industries, from car insurance to homeowners' insurance, were making news all year, so my team did what any cost-conscious consumer would do: we got several quotes. In our case, we issued a competitive bid known as a Request for Proposal (RFP) for our Medicare Preferred Provider Organization (PPO) business. We only accepted bids from carriers that would match the current benefits our members have, because we wanted to compare apples to apples.

I was pleased to learn the winning bid would safeguard the excellent plan design for our Medicare PPO members while providing substantial savings that would ensure affordability for several years to come. For some retirees, the news of a change in Medicare PPO carriers was unwelcome.

I trust and know my team did their homework and secured an excellent bid from Blue Shield of California, who are just as invested as we are at SFHSS in ensuring our members continue to get excellent care. We are working diligently together to address and resolve any issues that arise quickly.

If you still have concerns or questions, just give Blue Shield a call at (800) 370-8852. I'm certain you will find their service to be just as refreshing as I found my freshwater swim in Jellyfish Lake many years ago.

Be well,
Abbie Yant, RN, MA

Step-by-Step Enrollment Guide

STEP 1: Do you want to enroll or make changes to your health benefits, because it is Open Enrollment, you are a New Hire, or you have a Qualifying Life Event? Make your elections and updates online using [eBenefits](#). See **Step 5** to learn how to create a new account.

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

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

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

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

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

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

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

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

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



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



Eligibility

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

City College of San Francisco (CCSF) Employee Benefits Eligibility

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

■ Certain restrictions apply

Spouse or Registered Domestic Partner

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership certification.

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

Natural Children, Stepchildren, Adopted Children

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

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

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

Legal Guardianship and Court Ordered Children

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

Adult Disabled Children

To qualify a dependent as a disabled adult child ("Adult Child"), the Adult Child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with disability after turning 26, *and* meet all criteria listed in the SFHSS Rules.

Medicare Enrollment Requirements for Dependents of Active Employees

SFHSS Rules require Medicare eligible registered domestic partners and dependents who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A, if eligible, and enroll and pay for the premiums for Medicare Part B.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

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

Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current. Acceptable documentation may include current federal tax returns in addition to other documentation that demonstrates cohabitation or financial interdependency. Enrollment of a dependent who does not meet the plan's eligibility requirements as stated in SFHSS Rules will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided.



Part-Time Faculty and Classified Temporary Employee Eligibility



Important Information for Part-Time Faculty and Classified Temporary Employees

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

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

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

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

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

Options for Maintaining Coverage

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

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

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

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



Medical Plan Options

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

Health Maintenance Organization (HMO)

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

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

- **Health Net CanopyCare HMO:**

A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents. Includes access to their "Alliance Referral Program", which provides members with access to specialists from all participating Canopy Health Medical Groups.

- **Kaiser Permanente HMO:**

Utilizing an integrated-care model, Kaiser Permanente provides care through their own doctors and facilities, including inpatient and outpatient settings, pharmacy, lab, imaging, and other ancillary services.

- **Blue Shield of California Trio HMO:**

A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents.

- **Blue Shield of California Access+ HMO:**

A broad network HMO plan with access to many of the Bay Area's medical groups. The plan includes the ability for members to self-refer themselves to certain specialists.

Preferred Provider Organization (PPO)

A PPO is a medical plan that provides access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers. You pay less when you 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 the provider charges, known as a "coinsurance". You will need to pay your plan year deductible prior to paying your coinsurance for the applicable service.

SFHSS offers the following PPO plan:

- **Blue Shield of California PPO**

How To Enroll in Medical Benefits

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

If you do not enroll by the deadline, your next opportunity to enroll in benefits is during the next Open Enrollment for coverage the following plan year, or if a **Qualifying Life Event** occurs.

Coverage following a **Qualifying Life Event** will start the first day of the coverage period following receipt and approval of required eligibility documentation.

Medical Plan Service Areas

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

■ Available in this county

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

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

You must reside or work in a ZIP code serviced by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you. For **Blue Shield of California's Trio HMO**, call **(855) 747-5800**. For **Blue Shield of California's Access+ HMO**, call **(855) 747-5800**. For **Health Net CanopyCare HMO**, call **(833) 448-2042**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

Blue Shield of California PPO: No Service Area Limits

Blue Shield of California PPO does not have any service area requirements. If you have questions, contact **Blue Shield of California PPO** at **(888) 499-5532**.



Did you know that if you move, you may have to enroll in a new medical plan that provides coverage in your new service area? Avoid loss of coverage by **updating your address with using the ramid.ccsf.edu Portal**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.

Medical Plans

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

	HEALTH NET	KAISER PERMANENTE	BLUE SHIELD OF CALIFORNIA										
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO								
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	PCP assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.								
Deductible	No deductible	No deductible	No deductible		<table border="1"> <thead> <tr> <th>IN-NETWORK AND OUT-OF-AREA</th> <th>OUT-OF-NETWORK</th> </tr> </thead> <tbody> <tr> <td>\$250 employee only</td> <td>\$500 employee only</td> </tr> <tr> <td>\$500 +1</td> <td>\$1,000 +1</td> </tr> <tr> <td>\$750 +2 or more</td> <td>\$1,500 +2 or more</td> </tr> </tbody> </table>	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK	\$250 employee only	\$500 employee only	\$500 +1	\$1,000 +1	\$750 +2 or more	\$1,500 +2 or more
IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK												
\$250 employee only	\$500 employee only												
\$500 +1	\$1,000 +1												
\$750 +2 or more	\$1,500 +2 or more												
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual								
General Care and Urgent Care													
Annual Physical; Well Woman Exam	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible								
Doctor Office Visit	\$25 co-pay	\$20 co-pay	\$25 co-pay	85% covered after deductible	50% covered after deductible								
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$20 co-pay	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible								
Family Planning	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible								
Immunizations	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible								
Lab and X-ray	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification								
Doctor's Hospital Visit	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible								
Prescription Drugs													
Pharmacy: Generic	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply								
Pharmacy: Brand-Name	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply								
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply	Only if authorized by a Kaiser Physician	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply								
Mail Order: Generic	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered								
Mail Order: Brand-Name	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered								
Mail Order: Non-Formulary	\$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Not covered								
Specialty	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply								

	HEALTH NET	KAISER PERMANENTE	BLUE SHIELD OF CALIFORNIA			
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient						
Hospital Outpatient	\$100 co-pay per surgery	\$35 co-pay	\$100 co-pay per surgery		85% covered after deductible	50% covered after deductible
Hospital Inpatient	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital Emergency Room	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized		85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
Skilled Nursing Facility	No charge 100 days per plan year	No charge 100 days per benefit period	No charge 100 days per plan year		85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization req.	No charge when medically necessary	No charge authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility						
Hospital or Birthing Center	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC	50% covered limitations apply; see EOC		50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse Services						
Outpatient Treatment	\$25 co-pay non-severe and severe	\$10 co-pay group \$20 co-pay individual	\$25 co-pay non-severe and severe		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other						
Hearing Aids 1 aid per ear every 36 months; evaluation no charge	Up to \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no evaluation charge	Up to \$2,500 per ear, every 36 months; no charge for evaluation		85% covered after deductible; up to \$2,500 per ear, every 36 months	50% covered after deductible; up to \$2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	No charge as authorized by PCP	No charge as authorized by PCP		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	\$25 co-pay	\$20 co-pay authorization required	\$25 co-pay		85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/Chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network	\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	\$15 co-pay 30 visits max for each per plan year; ASH network		50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required	Co-pays apply authorization required	Co-pays apply authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification



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

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

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



2025 Medical Premium Contributions

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
	You Pay	Employer Pays	You Pay	Employer Pays	TRIO HMO	ACCESS+ HMO	PPO			
BIWEEKLY 26 PAY PERIODS										
BOARD MEMBERS AND CLASS. ADMIN.	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	0.00	365.27	0.00	406.79	28.93	427.87	40.77	496.42	275.91	406.48
Employee +1	145.37	583.33	140.76	670.99	181.90	729.85	213.96	858.58	651.23	672.42
Employee +2 or more	333.62	696.72	389.36	758.49	417.51	871.85	491.17	1,025.72	1,105.22	765.18
CLASSIFIED EMPLOYEES	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	0.00	365.27	0.00	406.79	28.93	427.87	34.81	502.38	269.81	412.58
Employee +1	175.33	553.37	183.93	627.82	219.38	692.37	258.04	814.50	617.34	706.31
Employee +2 or more	376.39	653.95	451.68	696.17	471.00	818.36	554.12	962.77	811.00	1,059.40
BIWEEKLY 21 PAY PERIODS										
CLASSIFIED EMPLOYEES	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
EMPLOYEE ONLY										
Dec. 21 - May 23	0.00	531.30	0.00	591.69	42.08	622.36	50.63	730.73	392.45	600.12
Aug. 2 - Dec. 19	0.00	365.27	0.00	406.79	28.93	427.87	34.81	502.38	269.81	412.58
EMPLOYEE +1										
Dec. 21 - May 23	255.03	804.90	267.53	913.19	319.10	1,007.08	375.33	1,184.73	897.95	1,027.36
Aug. 2 - Dec. 19	175.33	553.37	183.93	627.82	219.38	692.37	258.04	814.50	617.34	706.31
EMPL. +2 OR MORE										
Dec. 21 - May 23	547.48	951.20	656.99	1,012.61	685.09	1,190.34	805.99	1,400.39	1,179.64	1,540.95
Aug. 2 - Dec. 19	376.39	653.95	451.68	696.17	471.00	818.36	554.12	962.77	811.00	1,059.40
<i>Classified School Term Only (STO) on 21 Pay Periods; January to June deductions (11 Pay Periods) include a 1.45 rate to pre-pay premiums for the summer coverage period.</i>										
MONTHLY 12 PAY PERIODS										
ACADEMIC ADMINS.	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	0.00	791.41	0.00	881.38	62.70	927.02	88.45	1,075.46	597.82	880.68
Employee +1	314.97	1,263.88	304.97	1,453.81	394.11	1,581.36	463.61	1,860.23	1,411.29	1,456.62
Employee +2 or more	722.84	1,509.56	843.58	1,643.42	904.56	1,889.07	1,064.20	2,222.40	2,394.63	1,657.90
FULL-TIME FACULTY	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	0.00	791.41	0.00	881.38	62.70	927.02	88.45	1,075.46	597.82	880.68
Employee +1	294.13	1,284.72	252.30	1,506.48	368.03	1,607.44	432.93	1,890.91	1,380.91	1,487.00
Employee +2 or more	669.72	1,562.68	757.19	1,729.81	838.09	1,955.54	985.97	2,300.63	2,309.93	1,742.60
MONTHLY 9 PAY PERIODS										
PART-TIME FACULTY	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
EMPLOYEE ONLY										
Jan. 1 - May 31	0.00	1,266.26	0.00	1,410.21	100.32	1,483.23	141.52	1,720.74	956.51	1,409.09
Sept. 1 - Dec. 31	0.00	791.41	0.00	881.38	62.70	927.02	88.45	1,075.46	597.82	880.68
EMPLOYEE +1										
Jan. 1 - May 31	470.61	2,055.55	403.68	2,410.37	588.85	2,571.90	692.69	3,025.46	2,209.46	2,379.20
Sept. 1 - Dec. 31	294.13	1,284.72	252.30	1,506.48	368.03	1,607.44	432.93	1,890.91	1,380.91	1,487.00
EMPL. +2 OR MORE										
Jan. 1 - May 31	1,071.55	2,500.29	1,211.50	2,767.70	1,340.94	3,128.86	1,577.55	3,681.01	3,695.89	2,788.16
Sept. 1 - Dec. 31	669.72	1,562.68	757.19	1,729.81	838.09	1,955.54	985.97	2,300.63	2,309.93	1,742.60
<i>Part-time Faculty Employees January to May deductions (5 pay periods) include 1.60 rate to pre-pay premiums for the summer coverage period.</i>										

Vision Plan Options

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

Vision Service Plan - Basic

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

Vision Service Plan - Premier

Members may buy-up to the VSP Premier Plan that includes coverage for either one set of contacts or a pair of eyeglasses frame/lenses every calendar year. The VSP Premier Plan provides a higher allowance for a frame and lenses or contacts. If a member buys up to the VSP Premier Plan, 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 include Costco, Visionworks, 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. You can submit a claim for reimbursement online from your VSP member account or by contacting VSP Member Services at **(800) 877-7195** and requesting a claim/reimbursement form.

Expenses Not Covered by Plan

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

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

VSP LightCare

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

VSP Vision Care Member Extras

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

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



No Medical Plan = No Vision Benefits
If you do not enroll in a medical plan, you and your dependents cannot enroll in VSP Vision Care plans offered through SFHSS.



Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic ¹		Vision Service Plan - Premier	
Well Vision Exam	\$10 co-pay every calendar year		\$10 co-pay every calendar year	
Single Vision Lenses	\$25 co-pay every other calendar year ²		\$0 every calendar year	
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²		\$0 every calendar year	
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²		\$0 every calendar year	
Standard Progressive Lenses	100% coverage every other calendar year		100% coverage every calendar year	
Premium Progressive Lenses	\$95-\$105 co-pay every other calendar year		\$25 co-pay every calendar year	
Custom Progressive Lenses	\$150-\$175 co-pay every other calendar year		\$25 co-pay every calendar year	
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year		\$25 co-pay every calendar year	
Premium Anti-Reflective Coating	\$58-\$69 co-pay every other calendar year		\$25 co-pay every calendar year	
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year		\$25 co-pay every calendar year	
Scratch-Resistant Coating	Fully covered every other calendar year		Fully Covered every calendar year	
Frames	\$150 allowance for a wide selection of frames. \$170 allowance for featured frames; 20% savings on amount over the allowance; every other calendar year. \$80 allowance use at Costco and Walmart/ Sam's Club. \$25 co-pay applies.		\$300 allowance for a wide selection of frames. \$320 allowance for featured frame; 20% savings on the amount over your allowance every calendar year. \$165 allowance use at Costco and Walmart/ Sam's Club. No additional co-pay.	
Contacts (<i>instead of glasses</i>)	\$150 allowance every other calendar year ²		\$250 allowance every calendar year	
Contact Lens Exam	Up to \$60 co-pay every other calendar year ²		Up to \$60 co-pay every calendar year	
Essential Medical Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)	\$5 co-pay		\$5 co-pay	
Lightcare	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts, every other calendar year.		\$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.	
Biweekly (26 Pay Periods)	21 Pay Periods³		Monthly (12 Pay Periods)	9 Pay Periods³
E Only \$5.48	E Only \$7.97 \$5.48		E Only \$11.87	E Only \$18.99 \$11.87
E + 1 Dep. \$8.36	E+1 Dep. \$12.16 \$8.36		E + 1 Dep. \$18.11	E+1 Dep. \$28.98 \$18.11
E + 2 or more \$17.09	E+2 or more \$24.85 \$17.09		E + 2 or more \$37.02	E+2 or more \$59.23 \$37.02
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	Progressive Lenses Up to \$85	Contacts Up to \$105
Frame Up to \$70	Lined Bifocal Lenses Up to \$65			

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

²Under the VSP Basic plan, new lenses may be covered the next year if Rx change is no less than a +/- 0.50 diopter power.

³Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

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



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

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

Dental PPO

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

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

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

Flexible Spending Accounts (FSA)

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

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

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

IRS Rules require FSA annual enrollment/election during Open Enrollment. For more information, read IRS code section 125, [irs.gov/forms](https://www.irs.gov/forms).

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

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

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

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

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

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

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

Commuter Benefits

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

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

Other Voluntary Benefits

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

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



CCSF Provides Your Dental Benefits

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

Eligibility	Enrolled eligible employee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26.			
Deductibles	None			
Maximums	Delta Dental PPO dentists: \$3,200 per person each calendar year. Non-Delta Dental PPO dentists: \$3,000 per person each calendar year.			
D&P count towards maximum?	Yes.			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None
Benefits and Covered Services*	Delta Dental PPO dentists**		Non-Delta Dental PPO dentists**	
Diagnostic and Preventive Services (D&P) Exams, (2) cleanings and x-rays	In-Network and Premier Dentist's contracted fee is covered at: 70%-100%		Reasonable and customary fee is only covered at: 70%-100%	
Basic Service Fillings, posterior composites and sealants				
Endodontics (root canals) Covered under Basic services				
Periodontics (gum treatment) Covered under Basic services				
Oral Surgery Covered under Basic services				
Major Services Crowns, inlays, onlays and cast restorations	50%		50%	
Prosthodontics Bridges, dentures, and implants				
Orthodontics Benefits Adults and dependent children	100% (Separate \$1,000 maximum per person calendar year)			
Dental Accident Benefits Adults and dependent children				
Orthodontics Maximums Adults and dependent children	\$2,000 Lifetime			

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

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

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



Mental Health and Substance Abuse Services

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

SFHSS EAP Counselors are available Monday through Friday, 8:00 a.m. to 5:00 p.m. for confidential counseling and consultation. Guidance Consultants are available 24/7 for confidential assessment and referral. City College of San Francisco employees have access to six counseling sessions for each issue in a 12-month period. If you think you need help, call **(628) 652-4600**. Visit us at sfhss.org/eap.

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

Health Plans: Mental Health¹, Well-Being and Substance Abuse Services¹

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

Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA HMO and Blue Shield of CA PPO
Mental Health and Substance Abuse Services		
<p>Call Health Net Behavioral Health at (833) 996-2567 to obtain referrals for mental health and substance abuse treatment services.</p> <p>You can also access outpatient providers through the website at healthnet.com/sfhss.</p> <p>No authorization is required for psychotherapy or medication support services by a covered provider.</p>	<p>Call (800) 464-4000 to make an appointment. You don't need a referral from your Primary Care Physician (PCP) to see a therapist covered by Kaiser.</p> <p>Headspace Care offers on-demand, confidential mental healthcare through coaching. Members get a free 90-day subscription every 12 month period and is only accessible via a mobile platform.</p> <p>Register at kp.org/selfcareapps</p>	<p>Trio HMO and Access+ HMO: Call (877) 263-9952 to find a provider and schedule an appointment with <i>Blue Shield's Mental Health Service Administrator</i>.</p> <p>PPO: Call (888) 499-5532 to access mental health services.</p> <p>Headspace Care offers on-demand, confidential mental health coaching and self-guided activities. Video therapy & psychiatry sessions available for a co-pay.</p>
Mental and Emotional Well-Being Services and Resources		
<p>If you have questions about additional wellness resources call Health Net Behavioral Health at (833) 996-2567 to learn more.</p> <p>Apps: Members can access self-care apps and tools such as <i>myStrength</i> and <i>Unwind</i> at healthnet.com/sfhss.</p>	<p>Classes and Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth.</p> <p>Health/Wellness Coaching: Call (866) 862-4295 to make an appointment with a Wellness Coach.</p> <p>Apps: Members can access self-care apps, <i>Calm</i> and <i>Headspace Care</i>, through kp.org/selfcareapps.</p>	<p>Counseling and Consultation: <i>LifeReferrals</i> is available with no co-pay for up to three sessions. Topics include relationship problems, stress, grief, legal or financial issues, and community referrals.</p> <p>To speak with a <i>LifeReferrals</i> coach, please call (800) 985-2405, or visit the website lifereferrals.com.</p> <p>Apps: Members can access self-care apps and tools such as <i>Headspace</i> and <i>Insight Timer</i> at wellvolution.com.</p>

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



Health Benefits During a Leave of Absence

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

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

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

Your Responsibilities

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

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

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

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

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

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

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

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



2025 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (26 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 21, 2024 – January 3, 2025	January 14, 2025	December 21, 2024 – January 3, 2025
January 4, 2025 – January 17, 2025	January 28, 2025	January 4, 2025 – January 17, 2025
January 18, 2025 – January 31, 2025	February 11, 2025	January 18, 2025 – January 31, 2025
February 1, 2025 – February 14, 2025	February 25, 2025	February 1, 2025 – February 14, 2025
February 15, 2025 – February 28, 2025	March 11, 2025	February 15, 2025 – February 28, 2025
March 1, 2025 – March 14, 2025	March 25, 2025	March 1, 2025 – March 14, 2025
March 15, 2025 – March 28, 2025	April 8, 2025	March 15, 2025 – March 28, 2025
March 29, 2025 – April 11, 2025	April 22, 2025	March 29, 2025 – April 11, 2025
April 12, 2025 – April 25, 2025	May 6, 2025	April 12, 2025 – April 25, 2025
April 26, 2025 – May 9, 2025	May 20, 2025	April 26, 2025 – May 9, 2025
May 10, 2025 – May 23, 2025	June 3, 2025	May 10, 2025 – May 23, 2025
May 24, 2025 – June 6, 2025	June 17, 2025	May 24, 2025 – June 6, 2025
June 7, 2025 – June 20, 2025	July 1, 2025	June 7, 2025 – June 20, 2025
June 21, 2025 – July 4, 2025	July 15, 2025	June 21, 2025 – July 4, 2025
July 5, 2025 – July 18, 2025	July 29, 2025	July 5, 2025 – July 18, 2025
July 19, 2025 – August 1, 2025	August 12, 2025	July 19, 2025 – August 1, 2025
August 2, 2025 – August 15, 2025	August 26, 2025	August 2, 2025 – August 15, 2025
August 16, 2025 – August 29, 2025	September 9, 2025	August 16, 2025 – August 29, 2025
August 30, 2025 – September 12, 2025	September 23, 2025	August 30, 2025 – September 12, 2025
September 13, 2025 – September 26, 2025	October 7, 2025	September 13, 2025 – September 26, 2025
September 27, 2025 – October 10, 2025	October 21, 2025	September 27, 2025 – October 10, 2025
October 11, 2025 – October 24, 2025	November 4, 2025	October 11, 2025 – October 24, 2025
October 25, 2025 – November 7, 2025	November 18, 2025	October 25, 2025 – November 7, 2025
November 8, 2025 – November 21, 2025	December 2, 2025	November 8, 2025 – November 21, 2025
November 22, 2025 – December 5, 2025	December 16, 2025	November 22, 2025 – December 5, 2025
December 6, 2025 – December 19, 2025	December 30, 2025	December 6, 2025 – December 19, 2025

New Hires: Health Coverage does not begin on work start date. You have 30 days from your work start date to enroll in health benefits. If you enroll within 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of health coverage ends at the end of the coverage period.

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

The FY25/26 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2025 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (21 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 21, 2024 – January 3, 2025	January 14, 2025	December 21, 2024 – January 3, 2025
January 4, 2025 – January 17, 2025	January 28, 2025	January 4, 2025 – January 17, 2025
January 18, 2025 – January 31, 2025	February 11, 2025	January 18, 2025 – January 31, 2025
February 1, 2025 – February 14, 2025	February 25, 2025	February 1, 2025 – February 14, 2025
February 15, 2025 – February 28, 2025	March 11, 2025	February 15, 2025 – February 28, 2025
March 1, 2025 – March 14, 2025	March 25, 2025	March 1, 2025 – March 14, 2025
March 15, 2025 – March 28, 2025	April 8, 2025	March 15, 2025 – March 28, 2025
March 29, 2025 – April 11, 2025	April 22, 2025	March 29, 2025 – April 11, 2025
April 12, 2025 – April 25, 2025	May 6, 2025	April 12, 2025 – April 25, 2025
April 26, 2025 – May 9, 2025	May 20, 2025	April 26, 2025 – May 9, 2025
May 10, 2025 – May 23, 2025	June 3, 2025	May 10, 2025 – May 23, 2025
Summer Break (off from regular work)	June 17, 2025	Summer Coverage Period (extra payroll deductions taken January to June) Pre-pay this summer coverage period.
	July 1, 2025	
	July 15, 2025	
	July 29, 2025	
	August 12, 2025	
August 2, 2025 – August 15, 2025	August 26, 2025	August 2, 2025 – August 15, 2025
August 16, 2025 – August 29, 2025	September 9, 2025	August 16, 2025 – August 29, 2025
August 30, 2025 – September 12, 2025	September 23, 2025	August 30, 2025 – September 12, 2025
September 13, 2025 – September 26, 2025	October 7, 2025	September 13, 2025 – September 26, 2025
September 27, 2025 – October 10, 2025	October 21, 2025	September 27, 2025 – October 10, 2025
October 11, 2025 – October 24, 2025	November 4, 2025	October 11, 2025 – October 24, 2025
October 25, 2025 – November 7, 2025	November 18, 2025	October 25, 2025 – November 7, 2025
November 8, 2025 – November 21, 2025	December 2, 2025	November 8, 2025 – November 21, 2025
November 22, 2025 – December 5, 2025	December 16, 2025	November 22, 2025 – December 5, 2025
December 6, 2025 – December 19, 2025	December 30, 2025	December 6, 2025 – December 19, 2025

New Hires: Health Coverage does not begin on work start date. You have 30 days from your work start date to enroll in health benefits. If you enroll within 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of health coverage ends at the end of the coverage period.

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

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

The FY25/26 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2025 Health Coverage Calendars

FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2025 - January 31, 2025	January 31, 2025	January 1, 2025 - January 31, 2025
February 1, 2025 - February 28, 2025	February 28, 2025	February 1, 2025 - February 28, 2025
March 1, 2025 - March 31, 2025	March 31, 2025	March 1, 2025 - March 31, 2025
April 1, 2025 - April 30, 2025	April 30, 2025	April 1, 2025 - April 30, 2025
May 1, 2025 - May 31, 2025	May 30, 2025	May 1, 2025 - May 31, 2025
June 1, 2025 - June 30, 2025	June 30, 2025	June 1, 2025 - June 30, 2025
July 1, 2025 - July 31, 2025	July 31, 2025	July 1, 2025 - July 31, 2025
August 1, 2025 - August 31, 2025	August 29, 2025	August 1, 2025 - August 31, 2025
September 1, 2025 - September 30, 2025	September 30, 2025	September 1, 2025 - September 30, 2025
October 1, 2025 - October 31, 2025	October 31, 2025	October 1, 2025 - October 31, 2025
November 1, 2025 - November 30, 2025	November 28, 2025	November 1, 2025 - November 30, 2025
December 1, 2025 - December 31, 2025	December 31, 2025	December 1, 2025 - December 31, 2025

PART-TIME FACULTY PAID MONTHLY (9 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2025 - January 31, 2025	January 31, 2025	January 1, 2025 - January 31, 2025
February 1, 2025 - February 28, 2025	February 28, 2025	February 1, 2025 - February 28, 2025
March 1, 2025 - March 31, 2025	March 31, 2025	March 1, 2025 - March 31, 2025
April 1, 2025 - April 30, 2025	April 30, 2025	April 1, 2025 - April 30, 2025
May 1, 2025 - May 31, 2025	May 30, 2025	May 1, 2025 - May 31, 2025
Summer Break <i>(off from regular work)</i>	June 30, 2025 July 31, 2025 August 29, 2025	Summer Coverage Period <i>(extra payroll deductions taken January to May)</i>
September 1, 2025 - September 30, 2025	September 30, 2025	September 1, 2025 - September 30, 2025
October 1, 2025 - October 31, 2025	October 31, 2025	October 1, 2025 - October 31, 2025
November 1, 2025 - November 30, 2025	November 28, 2025	November 1, 2025 - November 30, 2025
December 1, 2025 - December 31, 2025	December 31, 2025	December 1, 2025 - December 31, 2025

New Hires: Health Coverage does not begin on work start date. You have 30 days from your work start date to enroll in health benefits. If you enroll within 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of health coverage ends at the end of the coverage period.

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

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

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

The FY25/26 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



Planning For Retirement

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

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



Transitioning to Retirement

Enrollment in Retiree Benefits Does Not Happen Automatically

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

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

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

Medicare Enrollment

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

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

Active Employee Medicare Enrollment

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

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

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

Retiree Premium Contributions

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

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

Contact Employee Assistance Program (EAP)

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



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

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

New Spouse or Domestic Partnership

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

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

Newborn or Newly Adopted Child

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

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

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

Legal Guardianship or Court Order

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

Divorce, Separation, Dissolution, Annulment

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

Loss of Other Health Coverage

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

Obtaining Other Health Coverage

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

Moving Out of Your Plan’s Service Area

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

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

Death of a Dependent

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

Death of a Member

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

Responsibility for Premium Contributions

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

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

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



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

2025 Monthly COBRA Premium Rates

Health Net CanopyCare HMO

Employee Only	\$807.24
Employee +1	\$1,610.43
Employee +2 or More	\$2,277.05

Kaiser Permanente HMO

Employee Only	\$899.01
Employee +1	\$1,793.96
Employee +2 or More	\$2,536.74

Blue Shield of California Trio HMO

Employee Only	\$1,009.51
Employee +1	\$2,014.98
Employee +2 or More	\$2,849.50

Blue Shield of California Access+ HMO

Employee Only	\$1,187.19
Employee +1	\$2,370.32
Employee +2 or More	\$3,352.33

Blue Shield of California PPO

Employee Only	\$1,508.07
Employee +1	\$2,925.27
Employee +2 or More	\$4,133.58

VSP Premier

Employee Only	\$12.11
Employee +1	\$18.47
Employee +2 or More	\$37.76

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



COBRA and Covered California

COBRA

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

COBRA Continuation Coverage

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

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

COBRA Notification and Election Time Limits

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

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

Paying for COBRA

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

Duration of COBRA Continuation Coverage

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

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

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

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

COBRA Continuation Coverage Alternatives

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

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

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

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

COBRA Premium Rates

Go to page 24 to review 2025 COBRA Premium Rates.

Health Service Board Achievements



Mary Hao
President
Appointed by
Mayor Breed



Claire Zvanski
Vice President
Elected by SFHSS
Membership



John Cremen
Elected by SFHSS
Membership



Matt Dorsey
Appointed by the
Board of Supervisors



Art Howard
Elected by SFHSS
Membership



Gregg Sass
Appointed by the
City Controller



Fiona Wilson, M.D.
Appointed by
Mayor Breed

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

Health Service Board Changes: Election and Appointments

The election results were announced on June 4, 2024, and Art Howard and John Cremen were elected to the Board. In June, Mayor Breed appointed Fiona Wilson, MD, and the City Controller appointed Gregg Sass.

Governance Practices

The Board unanimously elected Mary Hao as Health Service Board President and Claire Zvanski as Health Service Board Vice President to serve July 2024-June 2025. The Board completed its annual self-evaluation in December 2023, having worked with the Health Service Board Governance Committee to review the results, which were presented to and approved by the full Board at the March 14, 2024, regular meeting. The Board completed the Annual Employee Performance Evaluation on April 11, 2024.

Board Education

The Board received the Fiduciary Training at the January 11, 2024, regular Board Meeting. To prepare for the annual rates and benefits cycle, the Health Service Board heard from the four San Francisco employers - City College of San Francisco, San Francisco Superior Courts, the City and County of San Francisco, and the San Francisco Unified School District to learn more about the employer budget positions. The full Board approved the Health Service Board Education Plan 2024 with requests for training on the following topics: Health Care Integrated Delivery Systems, High Cost and High-Risk Conditions, Data Transparency, Fiduciary Training, and continued training to expand collective knowledge about diversity, racial equity, and equity-related concepts that support whole-person health and well-being.

Health Service Board Approval on 2025 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 health plan rates and benefits. Also, the Health Service Board approved Blue Shield of California as the Medicare Advantage Prescription Drug PPO Plan to begin January 1, 2025.

- A 6.46% aggregate projected cost increase for medical, vision, dental, life insurance and long-term disability insurance.
- A rate decrease of 1.0% for Health Net CanopyCare HMO for actives and Non-Medicare Retirees.
- A rate increase of 5.4% for Kaiser California HMO for actives and Non-Medicare Retirees.
- A rate increase of 8.65% for Kaiser California Senior Advantage HMO for Medicare retirees.
- A rate increase of 7.8% for Kaiser HMO Multi-Region HMOs in WA/NW/HI for Non-Medicare Retirees.
- A rate increase of 2.8% for Kaiser HMO Multi-Region HMOs in WA/NW/HI for Medicare retirees.
- A rate increase of 11.8% for BSC Trio HMO for actives and Non-Medicare Retirees.
- A rate increase of 8.7% for BSC Access+ HMO for actives and Non-Medicare Retirees.
- A rate increase of 1.3% for BSC Non-Medicare PPO for actives and Non-Medicare Retirees.
- A rate increase of 3.9% for Medicare Advantage Prescription Drug (MAPD) PPO for Medicare retirees (UHC to BSC).
- A rate increase of 6.0% for Delta Dental PPO for actives.
- A rate increase of 2.0% for Delta Dental PPO for retirees.
- No change for DeltaCare USA Fully Insured Dental HMO for actives and retirees.
- No change for UHC Fully Insured Dental HMO for actives and retirees.
- No change for VSP Vision Basic Plan for actives and retirees (and Computer Vision Care for actives).
- A rate increase of 2.0% for VSP Vision Premier Plan for actives and retirees.
- No change for The Hartford life insurance, AD&D, and long-term disability plans for actives.



Legal Notices

Summary of Benefits and Coverage (SBCs)

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

Infertility Services

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

Women's Health and Cancer Rights Notice

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

Use and Disclosure of Your Personal Health Information

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

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

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

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

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

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

Patient Protection Provider Choice Notice

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

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

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

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

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

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

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

- [healthnet.com/sfhss](https://www.healthnet.com/sfhss)
- my.kp.org/ccsf
- [blueshieldca.com/sfhss](https://www.blueshieldca.com/sfhss)



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

Medicaid or Children's Health Insurance Program (CHIP)

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

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

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

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

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

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

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

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

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

California Medicaid Contact Information

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

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

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

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

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

Medicare Creditable Coverage

Medicare Part D Prescription Drug Notice

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

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

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

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

When Can You Join A Medicare Drug Plan?

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

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

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

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

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

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

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

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

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

For More Information About Your Options Under Medicare Prescription Drug Coverage

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

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

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

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



Key Contacts

City College of San Francisco (CCSF) Benefits Unit

50 Frida Kahlo Way
Bungalow #702
San Francisco, CA 94112

Benefits Line: (415) 452-7733
Benefits Fax: (415) 452-7786
HR Dept: (415) 452-7660
benefits@ccsf.edu
ccsf.edu

SFHSS

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

SFHSS Telephone Hours

Monday, Tuesday, Wednesday,
and Friday: 9 a.m. to Noon and
1 p.m. to 5 p.m.

Thursday: 10 a.m. to Noon and
1 p.m. to 5 p.m.

Update Your Information

For changes in address, family
status, new hires, and more
please visit sfhss.org/contact-us

Well-Being

1145 Market Street, 2nd floor
San Francisco, CA 94103
Tel: (628) 652-4650
Fax: (628) 652-4601
well-being@sfgov.org
sfhss.org/well-being

Employee Assistance Program

1145 Market Street, 2nd floor
San Francisco, CA 94103
Tel: (628) 652-4600 - 24/7
Fax: (628) 652-4601
eap@sfgov.org
sfhss.org/eap

Health Service Board

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

MEDICAL PLANS

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

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

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

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

Blue Shield of California
PPO
(888) 499-5532
blueshieldca.com/sfhss
Group W0051448

DENTAL & VISION PLANS

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

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

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

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

FSA & COMMUTER BENEFITS

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

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

COBRA MEDICAL & DENTAL

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

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

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

OTHER AGENCIES

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

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

CalSTRS
(800) 228-5453
calstrs.com

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



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