

# How to Enroll in Benefits Manual: Qualifying Life Event

**Welcome!** Thank you for using SFHSS' Self-Service system to update your health benefits due to a **qualifying life event**. A qualifying life event is an event that allows an SFHSS member to add or drop a dependent outside of Open Enrollment. Changes made due to qualifying life events must be submitted to SFHSS within 30 days of the qualifying event.

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# Frequently Asked Questions

## What is a qualifying life event?

For references, go to <https://sfhss.org/qualifying-life-events> and Sections G and I of the <https://sfhss.org/sfhss-member-rules>

## What documents do I need?

If you will be adding or disenrolling a dependent on your existing plans, you will need to have your required documentation ready for upload. You will not be able to complete your online enrollment without uploading your documentation.

- Certified Marriage Certificate
- Domestic Partner Certification
- Birth Certificate
- Adoption Certificate
- A Social Security card must be provided for each newly enrolled dependent
- Court Orders for Divorce, Separation, Annulment, Dissolution of Domestic Partnership
- Proof of coverage loss
- Proof of coverage gain
- Death Certificate

## How long do I have to update my benefits?

You must complete your election and submit your documentation no later than 30 calendar days after the qualifying life event occurs. If the election change process is not completed within 30 days of the life event, you must wait until the next Open Enrollment period to make changes.

## What are the different relationship types when adding dependents to your health benefits?

When adding dependents, not all relationship types are benefit-eligible. These other relationships may be used for emergency contacts, for example. To ensure your dependent is eligible for coverage, refer to the table below.

Relationship Types	When to Use	Supporting Documentation Needed
<b>Child</b>	Biological or Adopted Children.	Birth/Adoption Certificate. Birth Verification is also accepted temporarily, but the Birth Certificate is still required to be submitted within 6 months.
<b>Domestic Partner Adult</b>	Domestic Partner.	Domestic Partnership Certificate.
<b>Domestic Partner Child</b>	Child of Domestic Partner.	Birth Certificate & Domestic Partnership Certificate.
<b>Other Child - Legal</b>	Dependents from court ordered coverage/ guardianship, etc...	Court Order.
<b>Other IRS - Non Dep Adult</b>	Domestic Partner Certificate, Annual Attestation from SFHSS, and Tax Return.	Domestic Partner Certificate & Annual Attestation from SFHSS.
<b>Other IRS - Non Dep Child</b>	Birth Certificate, Domestic Partner Certificate, Annual Attestation from SFHSS, and Tax Return.	Birth Certificate, Domestic Partner Certificate & complete and return Annual Domestic Partnership Attestation that will be sent from SFHSS.
<b>Spouses</b>	Marriage License / Certificate.	<p>Filed copy of a Federal Income Tax Return for spouses married for more than 18 months. Members are required to file married filing jointly/separately, to establish a continuous spousal relationship.</p> <p>Spouses married for less than 18 months will be requested to provide their filed copy of a Federal Income Tax Return (married filing jointly/ separately)</p>

### Who do I contact for additional benefits questions?

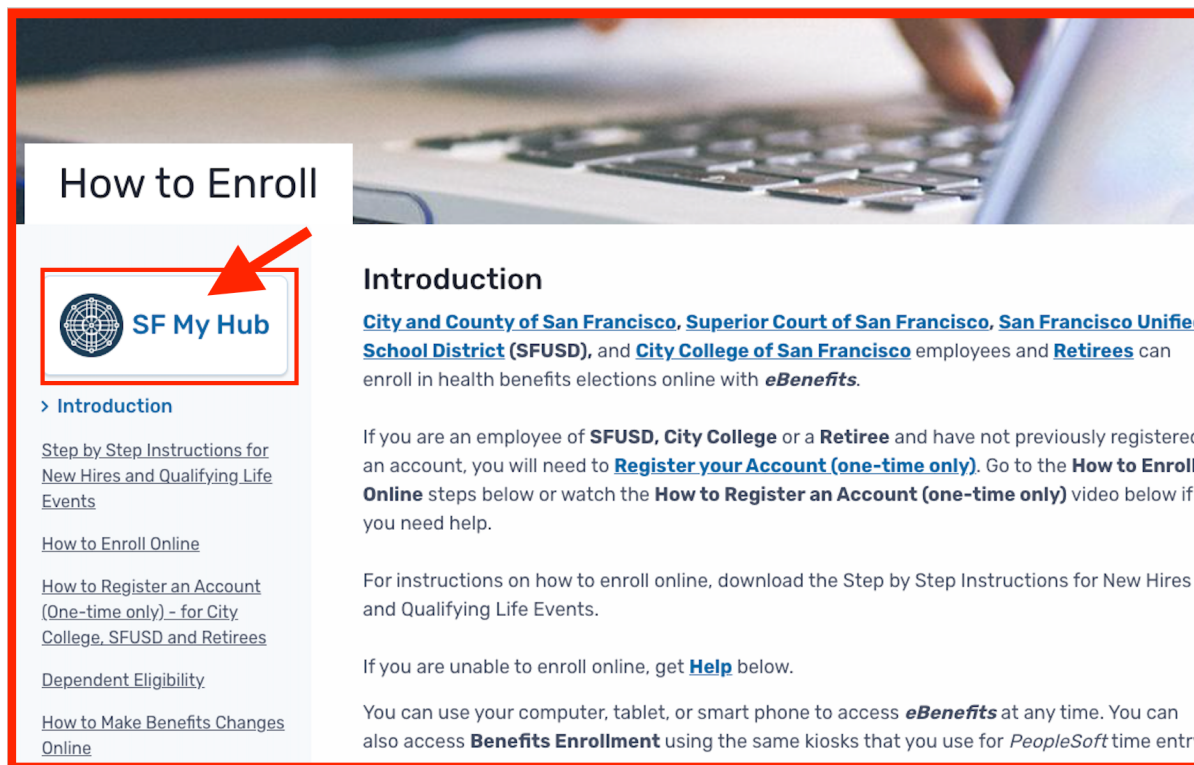
For additional questions about health benefits eligibility or making health benefit changes, visit **SFHSS.org** or call **(628) 652-4700**. Our telephone hours are Monday, Tuesday, Wednesday, and Friday from 9 a.m. to 12 p.m. and 1 p.m. to 5 p.m. Thursday from 10 a.m. to 12 p.m. and 1 p.m. to 5 p.m.

### Who do I contact for issues logging in to the Employee Portal?

If you are unable to log into the SF Portal or SF MyHub, please contact the **City and County of San Francisco's Department of Technology Help Desk at (628) 652-5000**, between the hours of 7:30 a.m.-5 p.m., Monday to Friday.

# Login

4. Go to: <https://sfhss.org/how-to-enroll>
5. Click on the **SF My Hub** tile on the top left of the window.

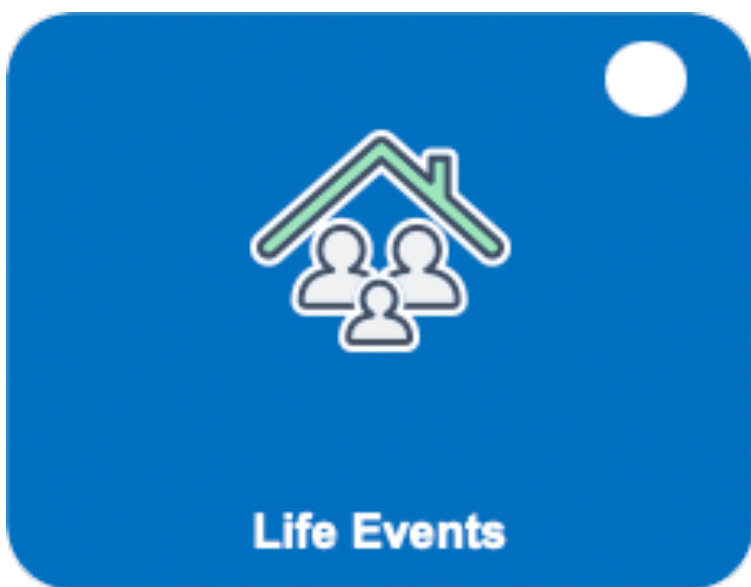


1. Enter your DSW (Employee ID) and password.
2. Complete the security verification.
3. You will see your dashboard with different tiles.





6. Click on **My Health Benefits** tile.



7. Click on **Life Events** tile.

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**Select Your Qualifying Life Event**

**Employee**

- ☐ I got married
- ☐ I had a baby.
- ☐ I have a new domestic partnership.
- ☐ I married my domestic partner.
- ☐ I got divorced/legally separated.
- ☐ My domestic partnership ended.
- ☐ I and/or my dependent has gained other coverage.
- ☐ I adopted or gained legal guardianship of a dependent.
- ☐ My dependent died.
- ☐ I and/or my dependent has lost coverage.


1. Select the event that has happened in your life.

If you select I got married, I had a baby, I married my domestic partner, or I adopted or gained legal guardianship of a child, you will be **adding a new dependent**.

If you select I got divorced/legally separated, my domestic partnership ended, or my dependent has died, you will be **dis-enrolling a dependent** from your benefits.

Read the **Disenroll Your Dependents** section for instructions on how to remove your dependents from your employee benefit plans.

**Your ability to enroll or disenroll in a plan or to make FSA changes depends upon your specific Qualifying Life Event. While the following screenshots show all options available, these may not be all the options available to you.**

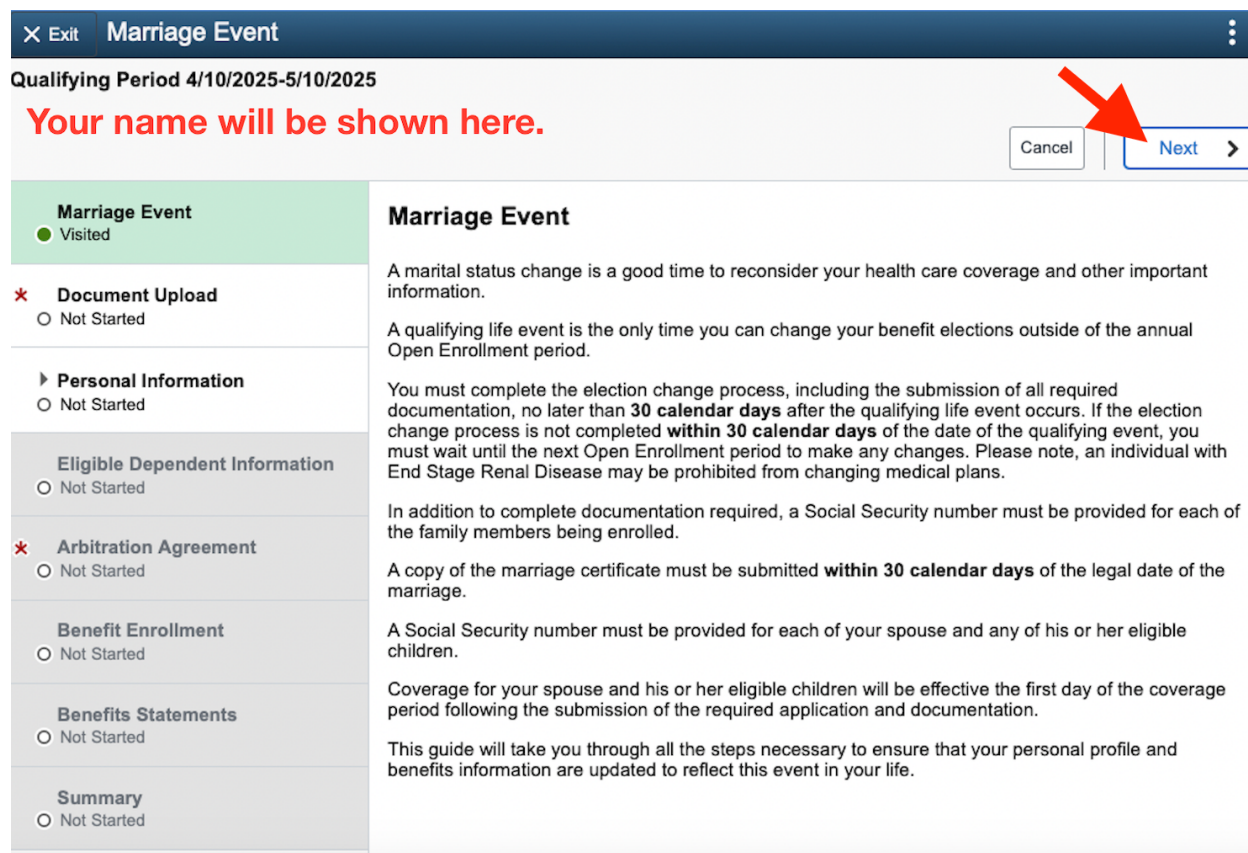
**\*As Of**  

**Start Life Event**

2. Click on the calendar icon to enter the date of the event.
3. Then click on the **Start Life Event** button.

Qualifying event changes must be submitted to SFHSS within 30 days of the qualifying event, or you will not be eligible to change your benefit elections until the next Open Enrollment.

## Understand the Requirements for Your Life Event



**Marriage Event**

Qualifying Period 4/10/2025-5/10/2025

**Your name will be shown here.**

Cancel | **Next** >

Marriage Event	Marriage Event
● Visited	
★ <b>Document Upload</b> ○ Not Started	A marital status change is a good time to reconsider your health care coverage and other important information.  A qualifying life event is the only time you can change your benefit elections outside of the annual Open Enrollment period.
▶ <b>Personal Information</b> ○ Not Started	You must complete the election change process, including the submission of all required documentation, no later than <b>30 calendar days</b> after the qualifying life event occurs. If the election change process is not completed <b>within 30 calendar days</b> of the date of the qualifying event, you must wait until the next Open Enrollment period to make any changes. Please note, an individual with End Stage Renal Disease may be prohibited from changing medical plans.
<b>Eligible Dependent Information</b> ○ Not Started	In addition to complete documentation required, a Social Security number must be provided for each of the family members being enrolled.
★ <b>Arbitration Agreement</b> ○ Not Started	A copy of the marriage certificate must be submitted <b>within 30 calendar days</b> of the legal date of the marriage.
<b>Benefit Enrollment</b> ○ Not Started	A Social Security number must be provided for each of your spouse and any of his or her eligible children.
<b>Benefits Statements</b> ○ Not Started	Coverage for your spouse and his or her eligible children will be effective the first day of the coverage period following the submission of the required application and documentation.
<b>Summary</b> ○ Not Started	This guide will take you through all the steps necessary to ensure that your personal profile and benefits information are updated to reflect this event in your life.

On this page, you will see the life event you selected (e.g. “Marriage Event”). Read through the information listed about the life event.

### What date did the event take place?

You will enter the date of your marriage, birth of your new child, etc. If the date of your life event is over 30 days ago, you will not be able to continue the enrollment process. Review the SFHSS Rules Section G and I for Qualifying Life Event reporting requirements.

Click the **Next** button at the top right corner of your screen.

# Upload Your Documents

**Marriage Event**  
 Visited

**\* Document Upload**  
 In Progress

**Personal Information**  
 Not Started

**Eligible Dependent Information**  
 Not Started

**\* Arbitration Agreement**  
 Not Started

**Benefit Enrollment**  
 Not Started

**Benefits Statements**  
 Not Started

**Summary**  
 Not Started

Event Value HSS Marriage

**Instructions**  
 To upload your documents, select the Document Type, click Add Attachment, select the file from your computer, click Save.  
  
 You are required to upload documents where Upload/Status is Required. You will not be able to proceed if you do not upload the required documents.  
  
 Note: you may be required to provide more than one type of supporting document.

**Document List**

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Attachment Missing	Not Required
Federal Tax Return	Optional	Not Required

**Add Document**  
 \*Document Type Marriage Certificate  
 No Document has been attached.  

Add Attachment
Add Note

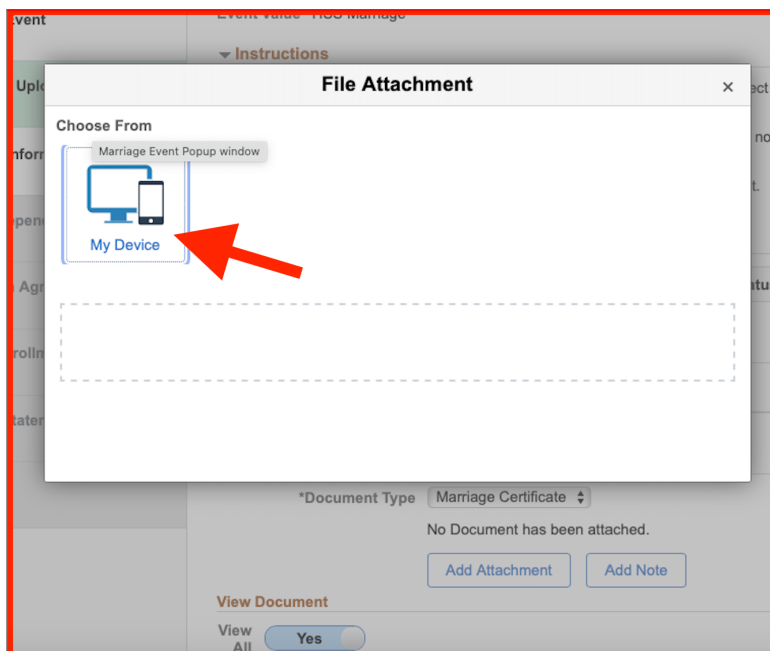
**View Document**  
 View All Yes

1. Follow the **Instructions** on this page as you are required to upload documents in order to proceed with the next steps.

The **Documents List** is a list of all the required documents you will need to upload. **You may be required to provide more than one type of supporting document.**

2. In the **Add Document** section, under the \*Document Type, click on the drop-down arrows to ensure you are uploading the correct document.

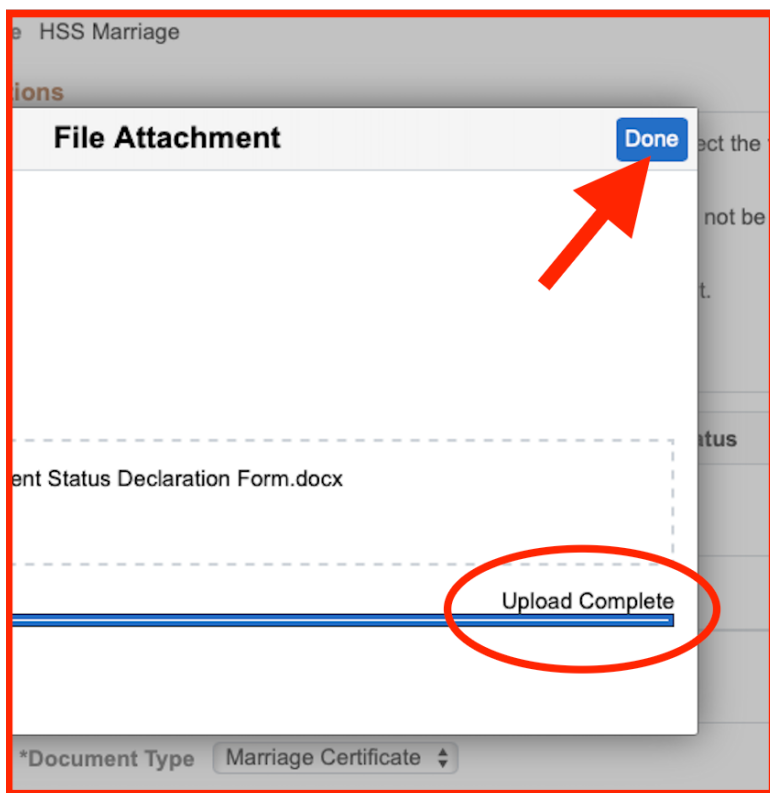
Then click on the **Add Attachment** button.



5. The **File Attachment** window will appear.

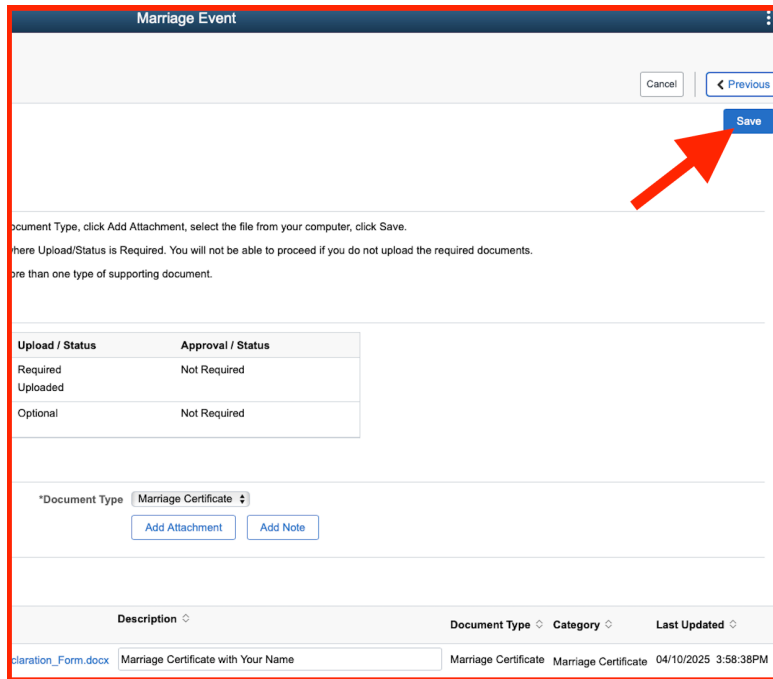
Click on **My Device** to navigate your computer, tablet, or phone for the document to upload.

6. Once the document has been selected, click on **Upload**.



3. Wait until **Upload Complete** is shown on the bottom of the window.

4. Click on **Done**.



Marriage Event

Cancel < Previous Save

Document Type, click Add Attachment, select the file from your computer, click Save.  
Where Upload/Status is Required. You will not be able to proceed if you do not upload the required documents.  
More than one type of supporting document.

Upload / Status	Approval / Status
Required	Not Required
Optional	Not Required

\*Document Type: Marriage Certificate ▾

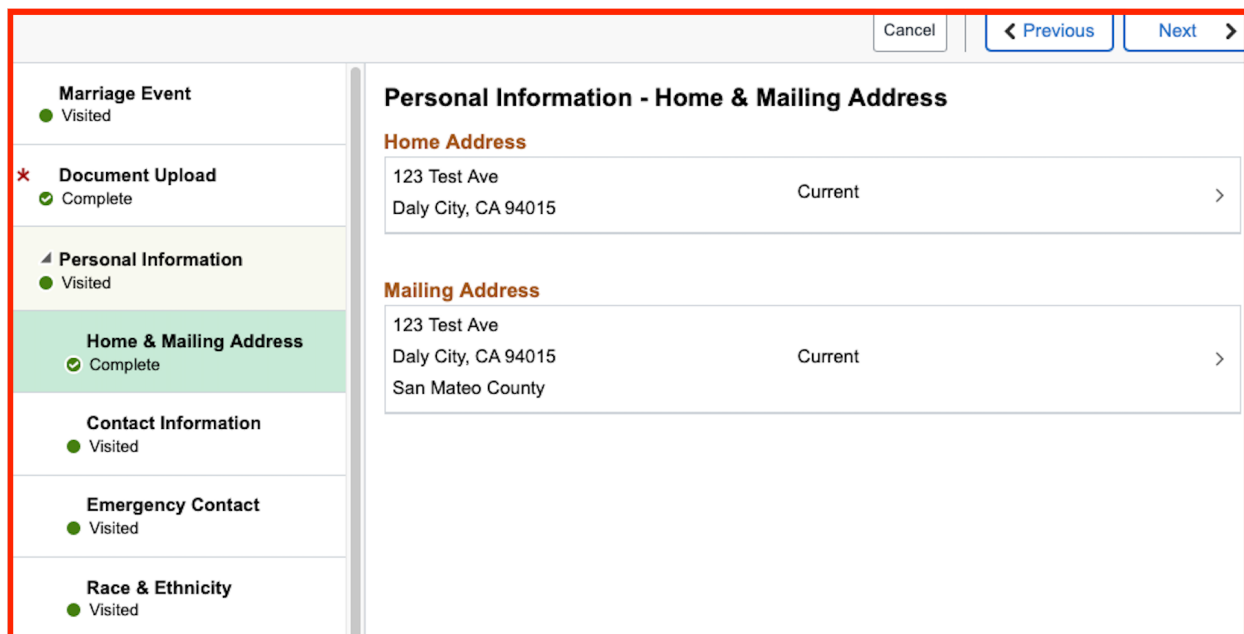
Add Attachment Add Note

Description ▾	Document Type ▾	Category ▾	Last Updated ▾
Marriage Certificate with Your Name	Marriage Certificate	Marriage Certificate	04/10/2025 3:58:38PM

7. Click on **Save**. It is located on the top right corner.

## Update Your Personal Information

You can update your personal information, such as your **Home and Mailing Addresses, Contact Information, Emergency Contact, and Race & Ethnicity.**



Cancel < Previous Next >

**Marriage Event**  
● Visited

**\* Document Upload**  
● Complete

**Personal Information**  
● Visited

**Home & Mailing Address**  
● Complete

**Contact Information**  
● Visited

**Emergency Contact**  
● Visited

**Race & Ethnicity**  
● Visited

**Personal Information - Home & Mailing Address**

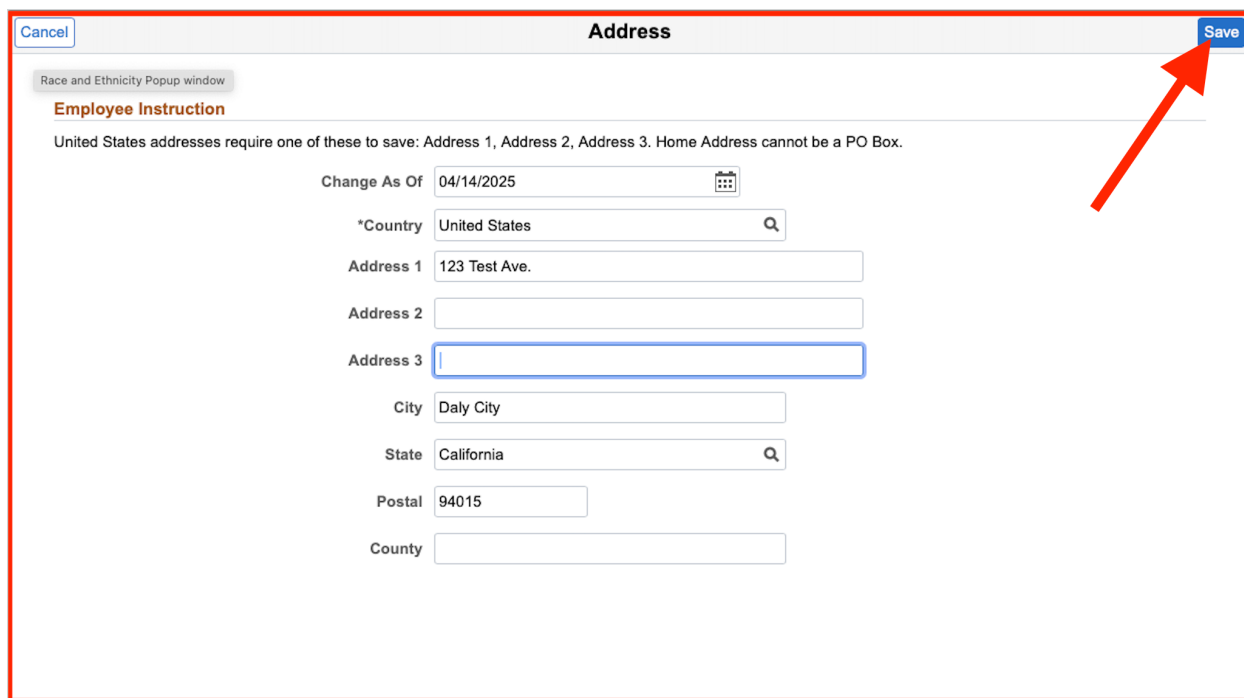
**Home Address**

123 Test Ave  
Daly City, CA 94015  
Current >

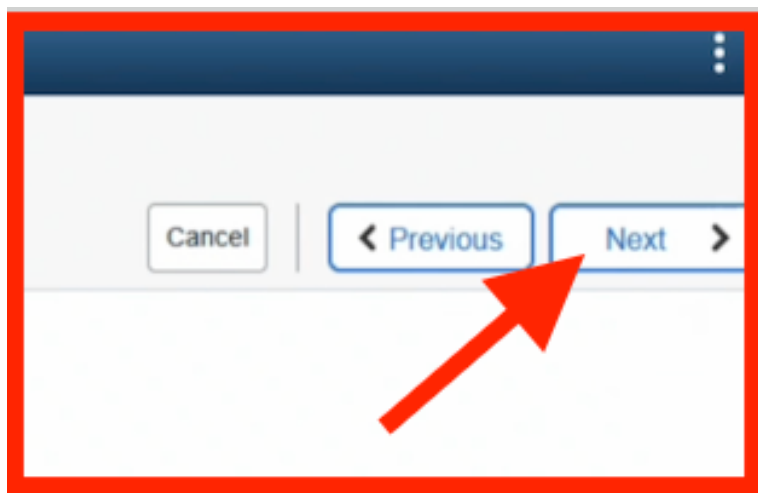
**Mailing Address**

123 Test Ave  
Daly City, CA 94015  
San Mateo County  
Current >

Reminder to click on **Save** at the top right of the window to save your changes.



The screenshot shows a web form titled "Address" with a "Cancel" button on the top left and a "Save" button on the top right. A red arrow points to the "Save" button. Below the title, there is a section labeled "Employee Instruction" with the text: "United States addresses require one of these to save: Address 1, Address 2, Address 3. Home Address cannot be a PO Box." The form contains several input fields: "Change As Of" (04/14/2025), "\*Country" (United States), "Address 1" (123 Test Ave.), "Address 2" (empty), "Address 3" (empty), "City" (Daly City), "State" (California), "Postal" (94015), and "County" (empty).



The screenshot shows a navigation bar with three buttons: "Cancel", "< Previous", and "Next >". A red arrow points to the "Next >" button.

If there are no necessary changes to your personal information, you can advance and click on **Next** at the top right of the window.

## Race and Ethnicity

The **Race and Ethnicity** section is defined by the Centers for Medicare & Medicaid Services. Completing this race and ethnicity section is completely voluntary and helps us better understand the diversity of our members so we can work to reduce healthcare

inequities and improve services for everyone. Click on **Next** at the top right of your screen when finished.

Cancel | < Previous | **Next** >

**Marriage Event**  
● Visited

\* **Document Upload**  
✓ Complete

▸ **Personal Information**  
● Visited

**Home & Mailing Address**  
✓ Complete

**Contact Information**  
● Visited

**Emergency Contact**  
● Visited

**Race & Ethnicity**  
● Visited

**Race and Ethnicity**

**Race Details**  
No Data Exists  
[Add Race](#)

**Ethnicity Details**  
No Data Exists  
[Add Ethnicity](#)

**Voluntary Self-Identification**

## Review / Add Your Dependent(s)

If you have any existing dependents, they will be listed here. Click on the names to make any changes.

1. You can also add dependents by clicking on **Add Individual** button and complete all the required information.

Cancel | < Previous | **Next** >

**Marriage Event**  
● Visited

\* **Document Upload**  
✓ Complete

▸ **Personal Information**  
● Visited

**Eligible Dependent Information**  
✓ Complete

**Eligible Dependent Information**

[Add Individual](#)

Name	Relationship
Jane Doe (Jane)	Spouse

>

- If you married your Domestic Partner, change the relationship to *Spouse*.



- If you got divorced or legally separated, change the relationship to *Ex-Spouse*.
- If your domestic partnership ended, change the relationship to *Ex-Domestic Partner*.

**Add Individual Dependent/Beneficiary Information**

[Cancel](#) [Save](#)

\* Indicates required field

Select Save after you have added your Dependent/ Beneficiary Summary Popup changes will go into effect on 4/17/2025.

**Name**

[Add Name](#)

**Personal Information**

Dependent/Beneficiary Summary Popup window

Date of Birth

\*Gender

\*Relationship to Employee

\*Disabled

As of

**Address**

2. Click on **Add Name**.

**Name**

[Cancel](#) [Done](#)

Name Format

Name Prefix

\*First Name

Middle Name

\*Last Name

Chosen First Name

Display Name

Formal Name

Name

3. Enter your dependent's **First Name** and **Last Name**.

4. Complete the rest of your dependent's information in the window: **Personal Information, Address, Social Security Number, Phone, Email, Race, Ethnicity.**

The asterisk (\*) next to the items means that they are required fields.

[Cancel](#) **Add Individual Dependent/Beneficiary Information** [Save](#)

*\* Indicates required field*

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 4/17/2025.

**Name**

Jane Doe (Jane) >

**Personal Information**

Date of Birth

\*Gender

\*Relationship to Employee

\*Disabled

As of

**Address**

5. Click on **Save** at the top right corner of the window.

**Dependent and Beneficiary Information**

[Add Individual](#)  
With Benefits Popup window

Name	Relationship	
Jane Doe (Jane)	Spouse	>

6. Click on **X** to close the window.

# Arbitration Agreement

**Welcome to your Newborn Event**

- Visited
- Document Upload
  - Complete
- Personal Information
  - Visited
- Eligible Dependent Information
  - Visited
- Arbitration Agreement**
  - Not Started
- Benefit Enrollment
  - Not Started
- Benefits Statements
  - Not Started

**Arbitration Agreement**

Below are the terms and conditions to enroll in health benefits. Selecting the **I Agree** checkbox on this page is required to complete your enrollment. Clicking the Complete button on the Summary step will send your benefit choices to the San Francisco Health Service System for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

**If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are agreeing to the Health Net binding arbitration agreement:** I, the Applicant, understand and agree that any and all disputes between me (including any of my enrolled family members or heirs or personal representatives) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.136, must be decided by binding arbitration under governing law. I agree to give up our right to a jury trial and an arbitration provision is contained in the Evidence of Coverage.

**If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice, unauthorized or were improperly, negligently, or incompetently rendered, for premises liability, or related to the delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and an arbitration provision is contained in the Evidence of Coverage.**

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature of the **Kaiser Permanente Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will be binding.

☐ I Agree

1. Read the **Arbitration Agreement**.
2. Click on **I Agree** check box in the bottom.

**Divorce Event**

- Visited
- Document Upload
  - Complete
- Personal Information
  - Visited
- Eligible Dependent Information
  - Visited
- Arbitration Agreement**
  - In Progress
- Benefit Enrollment
  - Not Started
- Benefits Statements
  - Not Started
- Summary
  - Not Started

**Arbitration Agreement**

Below are the terms and conditions to enroll in health benefits. Selecting the **I Agree** checkbox on this page is required to complete your enrollment. Clicking the Complete button on the Summary step will send your benefit choices to the San Francisco Health Service System for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

**If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are agreeing to the Health Net binding arbitration agreement:** I, the Applicant, understand and agree that any and all disputes between me (including any of my enrolled family members or heirs or personal representatives) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.136, must be decided by binding arbitration under governing law. I agree to give up our right to a jury trial and an arbitration provision is contained in the Evidence of Coverage.

**If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice, unauthorized or were improperly, negligently, or incompetently rendered, for premises liability, or related to the delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and an arbitration provision is contained in the Evidence of Coverage.**

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature of the **Kaiser Permanente Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will be binding.

☒ I Agree

**Save**

3. Click **Save**.

This is required to proceed to the next step.

**Marriage Event**

- Visited
- Document Upload
  - Complete
- Personal Information
  - Visited
- Eligible Dependent Information
  - Complete
- Arbitration Agreement**
  - Complete

**Arbitration Agreement**

Below are the terms and conditions to enroll in health benefits. Selecting the **I Agree** checkbox on this page is required to complete your enrollment. Clicking the Complete button on the Summary step will send your benefit choices to the San Francisco Health Service System for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

**If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are agreeing to the Health Net binding arbitration agreement:** I, the Applicant, understand and agree that any and all disputes between me (including any of my enrolled family members or heirs or personal representatives) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.136, must be decided by binding arbitration under governing law. I agree to give up our right to a jury trial and an arbitration provision is contained in the Evidence of Coverage.

**If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice, unauthorized or were improperly, negligently, or incompetently rendered, for premises liability, or related to the delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and an arbitration provision is contained in the Evidence of Coverage.**

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature of the **Kaiser Permanente Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will be binding.

☒ I Agree

**Next**

4. Click **Next**.

# Benefit Plan Elections / Add Dependent(s)

**Welcome to your Newborn Event**

- Visited
- Document Upload
  - Complete
- Personal Information
  - Visited
- Eligible Dependent Information
  - Visited
- Arbitration Agreement
  - Complete
- Benefit Enrollment**
  - Visited
- Benefit Statements

**Benefit Enrollment**

We are now ready to prepare your benefit options based on the Life Event information you provided.

[Start My Enrollment](#)

1. Click on **Start My Enrollment**.

2. Review your current benefits elections. Notice that your newly added dependent(s) are not reflected yet.

**Benefit Enrollment**

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

**Enrollment Summary**

Your Pay Period Cost	\$-473.90	Full Cost	\$7.79
Status	Pending Review	Plan Credits	\$-481.69
		Employer Cost	\$457.51

[Submit](#)

**Benefit Plans**

Plan Type	Current Plan	New Plan	Status	Dependents	Employee Cost	Action
Medical	Kaiser Permanente HMO	Kaiser Permanente HMO	Visited	0 Dependents	\$-481.69	<a href="#">Review</a>
Dental	Delta Dental PPO	Delta Dental PPO	Pending Review	0 Dependents	\$2.31	<a href="#">Review</a>
Vision Premier	VSP Premier	VSP Premier	Pending Review	0 Dependents	\$5.48	<a href="#">Review</a>
VDT	Computer Vision Care (VDT)	Computer Vision Care (VDT)	Not Available		\$0.00	
Life	MEA Life Insurance \$150,000	MEA Life Insurance \$150,000	Not Available		\$0.00	
Long-Term Disability	Long Term Disability 66.6%	Long Term Disability 66.6%	Not Available		\$0.00	
Flex Spending - Health	Waive	Waive	Pending Review		\$0.00	<a href="#">Review</a>
Flex Spending - Dependent Care	Waive	Waive	Pending Review		\$0.00	<a href="#">Review</a>

If you need to add your new dependent or drop an existing dependent (divorce/dissolution/end of domestic partnership) from your benefits plans, click on the specific benefit tile you choose to modify.

**Benefit Plans**

**Medical**

Current Kaiser Permanente HMO  
New Kaiser Permanente HMO  
Status Visited  
0 Dependents  
Employee Cost **\$-481.69**  
Review

**Dental**

Current Delta Dental PPO  
New Delta Dental PPO  
Status Pending Review  
0 Dependents  
Employee Cost **\$2.31**

**VDT**

Current Computer Vision Care (VDT)  
New Computer Vision Care (VDT)

**Life**

Current MEALife Insurance \$150.00  
New MEALife Insurance \$150.00

3. For this example, I'm adding a dependent to my medical plan so I will click on the **Medical** tile.

**Medical**

Enroll Your Dependents

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input type="checkbox"/> Jane Doe	Spouse

[Add/Update Dependent](#)

Enroll in Your Plan

The Member Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
Select Health Net CanopyCare HMO			\$481.69	\$365.27	\$-481.69	<input type="checkbox"/>
Select Blue Shield Trio HMO	\$49.70		\$481.69	\$407.10	\$-431.99	<input type="checkbox"/>
Select Blue Shield Access+ HMO	\$130.09		\$481.69	\$407.10	\$-351.60	<input type="checkbox"/>
✓ Kaiser Permanente HMO			\$481.69	\$406.79	\$-481.69	<input type="checkbox"/>
Select Blue Shield PPO	\$275.29		\$481.69	\$407.10	\$-206.40	<input type="checkbox"/>
Select Waive			\$481.69		\$-481.69	<input type="checkbox"/>

[Overview of All Plans](#) [Compare](#)

4. This new window will appear. Click on the check box next to name of the dependent you plan to enroll.

[Cancel](#)

## Medical

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare card Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare system.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

[Cancel](#)

## Medical

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
<a href="#">Select</a> Health Net CanopyCare HMO	\$363.43	\$555.80	\$365.27	\$-192.37	<input type="checkbox"/>	
<a href="#">Select</a> Blue Shield Trio HMO	\$504.65	\$555.80	\$407.10	\$-51.15	<input type="checkbox"/>	
<a href="#">Select</a> Blue Shield Access+ HMO	\$665.44	\$555.80	\$407.10	\$109.64	<input type="checkbox"/>	
<a href="#">Select</a> Kaiser Permanente HMO	\$404.96	\$555.80	\$406.79	\$-150.84	<input type="checkbox"/>	
<a href="#">Select</a> Blue Shield PPO	\$916.55	\$555.80	\$407.10	\$360.75	<input type="checkbox"/>	
<a href="#">Select</a> Waive		\$481.69		\$-481.69	<input type="checkbox"/>	

[Overview of All Plans](#) [Compare](#)

5. Click the **Select** button next to the medical plan you choose.

[Add/Update Dependent](#)

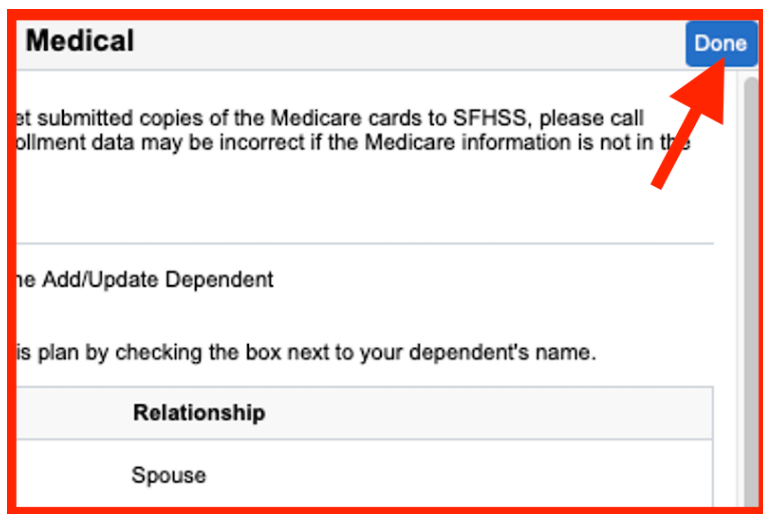
▼ **Enroll in Your Plan**

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit
<a href="#">Select</a> Health Net CanopyCare HMO	\$363.43	\$555.80	
<a href="#">Select</a> Blue Shield Trio HMO	\$504.65	\$555.80	
<a href="#">Select</a> Blue Shield Access+ HMO	\$665.44	\$555.80	
<a href="#">Select</a> Kaiser Permanente HMO	\$404.96	\$555.80	



**Medical**

et submitted copies of the Medicare cards to SFHSS, please call  
ollment data may be incorrect if the Medicare information is not in the

ne Add/Update Dependent

is plan by checking the box next to your dependent's name.

Relationship
Spouse

6. Click on **Done** at the top right of the window.

You will be returned to the **Benefit Enrollment** section. Notice that the **Medical** tile will show **Changed** and **1 Dependent(s)** you just added.

**Marriage Event**  
 Visited

**\* Document Upload**  
 Complete

**Personal Information**  
 Visited

**Eligible Dependent Information**  
 Complete

**\* Arbitration Agreement**  
 Complete

**Benefit Enrollment**  
 Visited

**Benefits Statements**  
 Not Started

**Summary**  
 Not Started

## Benefit Enrollment

Please review your current and new elections. If you would like to make changes, click on the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

**Enrollment Summary**

Your Pay Period Cost **\$-143.05**  
 Status **Pending Review**  
 Submit

**Benefit Plans**

**Medical**

Current Kaiser Permanente HMO  
 New Kaiser Permanente HMO  
 Status **Changed**  
 1 Dependents  
 Employee Cost **\$-150.84**  
 Review

**Dental**

Current Delt  
 New Delt  
 Status Pen  
 0 Dependents  
 Employee Cost **\$2**

You can now repeat the same process for **Dental**, **Vision Premier**, **Flex Spending - Health**, and **Flex Spending – Dependent Care** (if these options are available to you).



Marriage Event

● Visited

★ Document Upload

● Complete

▶ Personal Information

● Visited

Eligible Dependent Information

● Complete

★ Arbitration Agreement

● Complete

Benefit Enrollment

● Visited

Benefits Statements

○ Not Started

Summary

○ Not Started

Benefit Enrollment

\* Indicates required field

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

Enrollment Summary

Your Pay Period Cost

\$-110.18

Status

Pending Review

Submit

Full Cost

\$445.62

Plan Credits

\$-555.80

Employer Cost

\$483.68

Benefit Plans

Medical

Current Kaiser Permanente HMO

New Kaiser Permanente HMO

Status ● Changed

1 Dependents

Employee Cost \$-150.84

Review

Dental

Current Delta Dental PPO

New Delta Dental PPO

Status ● Changed

1 Dependents

Employee Cost \$4.62

Review

Vision Premier

Current VSP Premier

New VSP Premier

Status ● Changed

0 Dependents

Employee Cost \$5.48

Review

VDT

Current Computer Vision Care (VDT)

New Computer Vision Care (VDT)

Status Not Available

Employee Cost \$0.00

Life

Current MEA Life Insurance \$150,000

New MEA Life Insurance \$150,000

Status Not Available

Employee Cost \$0.00

Long-Term Disability

Current Long Term Disability 66.6%

New Long Term Disability 66.6%

Status Not Available

Employee Cost \$0.00

Flex Spending - Health

Current Waive

New Health Care FSA \$250

Status ● Changed

Employee Cost \$13.89

Review

Flex Spending - Dependent Care

Current Waive

New Child Care Dependent Care FSA \$300

Status ● Changed

Employee Cost \$16.67

Review

Refer to the Benefits Plan Comparison Tool section in this manual to learn how to compare different plans side-by-side when applicable.

7. For your **Dental** plan you can simply repeat the same steps.

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**Dental**

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

▼ **Enroll in Your Plan**

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> Delta Dental PPO	\$4.62			\$49.75	\$4.62	<input checked="" type="checkbox"/>
<input type="button" value="Select"/> DeltaCare USA DHMO				\$20.16	\$0.00	<input type="checkbox"/>
<input type="button" value="Select"/> UHC Dental				\$19.05	\$0.00	<input type="checkbox"/>
<input type="button" value="Select"/> Waive					\$0.00	<input type="checkbox"/>

[Overview of All Plans](#) [Compare](#)

- Click the **Dental** tile.
- Choose your dependent to add.
- Click the **Select** button of your chosen dental plan.
- Click **Done** at the top right of the window.

**Vision Premier**

Vision Premier requires enrollment in any medical plan. All family members being enrolled in Vision Premier must also be enrolled in medical.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input type="checkbox"/> Jane Doe	Spouse

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Member Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> VSP Premier Requires enrollment to any Medical plan	\$5.48				\$5.48	<input type="checkbox"/>
<input type="button" value="Select"/> Waive					\$0.00	<input type="checkbox"/>

[Overview of All Plans](#) [Compare](#)

8. Repeat the same steps for your **Vision** plan.

But if you choose not to enroll in the **Vision Premier** plan, just click **Done**.

Note that the VSP Basic plan is included with enrollment in all the SFHSS medical plans as described below, and there is no need to make any selection for the basic plan.

### VSP Premier ✕

The VSP Basic plan is included with enrollment in all SFHSS medical plans. You are eligible for a vision exam once a year, and either one set of contacts or a pair of eyeglasses frame/lenses every other calendar year.

You also have the option to "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 also provides a higher allowance for a frame and lenses or contacts. If you buy-up to the VSP Premier plan, your dependents will also be enrolled in the VSP Premier plan.

Both Basic and Premier plans include supplemental coverage for medical eye care, including urgent/emergency and special ophthalmological services.

Additionally, both Basic and Premier plans include coverage for non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, if you or your family does not have the need for prescription eye ware.

9. Click on the **Flex Spending – Health** tile and click **Select** if you choose to contribute, otherwise, click **Done**.

Cancel

### Flex Spending - Health

Done

Marriage Event Popup window

A Healthcare FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and your eligible family members.

You can use the benefits debit card or submit claims in the app on your smartphone or online at [www.padmin.com](http://www.padmin.com)

For more information, please review the Flexible Spending Plan Details.

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

▼ **Enroll in Your Plan**

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Health plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
<div style="border: 1px solid #ccc; padding: 2px 5px; display: inline-block;">Select</div>	Health Care FSA
<div style="display: flex; align-items: center;"> <span style="font-size: 1.2em; margin-right: 5px;">✓</span> </div>	Waive

If you choose to contribute, type the amount in the **Employee Annual Pledge** box.

Cancel

## Flex Spending - Health

Done

Marriage Event Popup window

A Healthcare FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and your eligible family members.

You can use the benefits debit card or submit claims in the app on your smartphone or online at [www.padmin.com](http://www.padmin.com)

For more information, please review the Flexible Spending Plan Details.

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

### ▼ Enroll in Your Plan

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Health plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
✓	Health Care FSA
Select	Waive

### ▼ Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

250.00

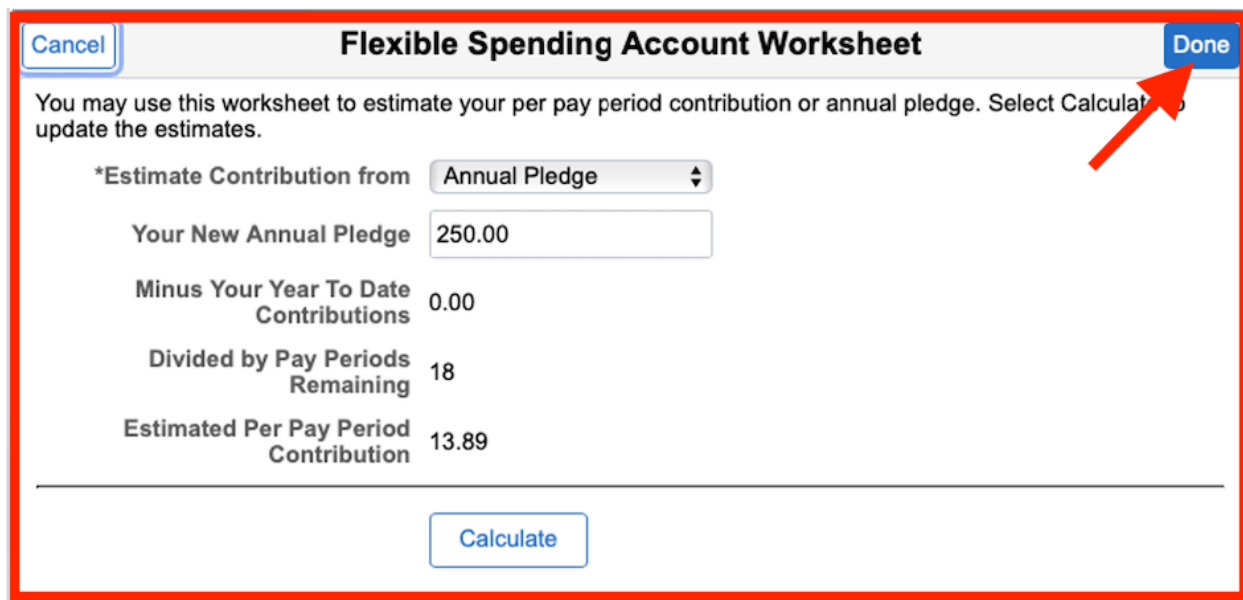
*Minimum Employee Pledge \$250.00*

*Maximum Employee Pledge \$3,200.00*

*Annual pledge amount for all Flexible Spending Accounts r:*

[Flexible Spending Account Worksheet](#)

Click on the **Flexible Spending Account Worksheet** button, and a window will show you the breakdown of your annual pledge. Click **Done** to close the window.

A screenshot of a web application window titled "Flexible Spending Account Worksheet". The window has a red border. At the top left is a "Cancel" button, and at the top right is a "Done" button. Below the title bar, there is instructional text: "You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates." Below this text is a form with several fields. The first field is labeled "\*Estimate Contribution from" and has a dropdown menu set to "Annual Pledge". Below this is a field labeled "Your New Annual Pledge" with the value "250.00". Below that is a field labeled "Minus Your Year To Date Contributions" with the value "0.00". Below that is a field labeled "Divided by Pay Periods Remaining" with the value "18". Below that is a field labeled "Estimated Per Pay Period Contribution" with the value "13.89". At the bottom center of the window is a "Calculate" button. A red arrow points from the "Done" button to the "Calculate" button.

10. Click on the **Flex Spending – Dependent Care** tile and click **Select** if you choose to contribute, otherwise, click **Done**.

Cancel

**Flex Spending - Dependent Care**

Done

A Dependent Care Assistance FSA allows you to pay for certified day care, pre-school and elder care needed by eligible children under age 13 or aging parents. Note: If you have a stay-at-home parent in your household, you are not eligible for a Dependent Care Assistance FSA.

For more information, please review the Flexible Spending Plan Details.

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

▼ **Enroll in Your Plan**

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Dependent Care plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
Select	Child Care Dependent Care FSA
✓	Waive

If you choose to contribute, type the amount in the **Employee Annual Pledge** box.



[Cancel](#)

## Flex Spending - Dependent Care

[Done](#)

Marriage Event Popup window

A Dependent Care Assistance FSA allows you to pay for certified day care, pre-school and elder care needed by eligible children under age 13 or aging parents. Note: If you have a stay-at-home parent in your household, you are not eligible for a Dependent Care Assistance FSA.

For more information, please review the Flexible Spending Plan Details.

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

### ▼ Enroll in Your Plan

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Dependent Care plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
✓	Child Care Dependent Care FSA
Select	Waive

### ▼ Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

300.00

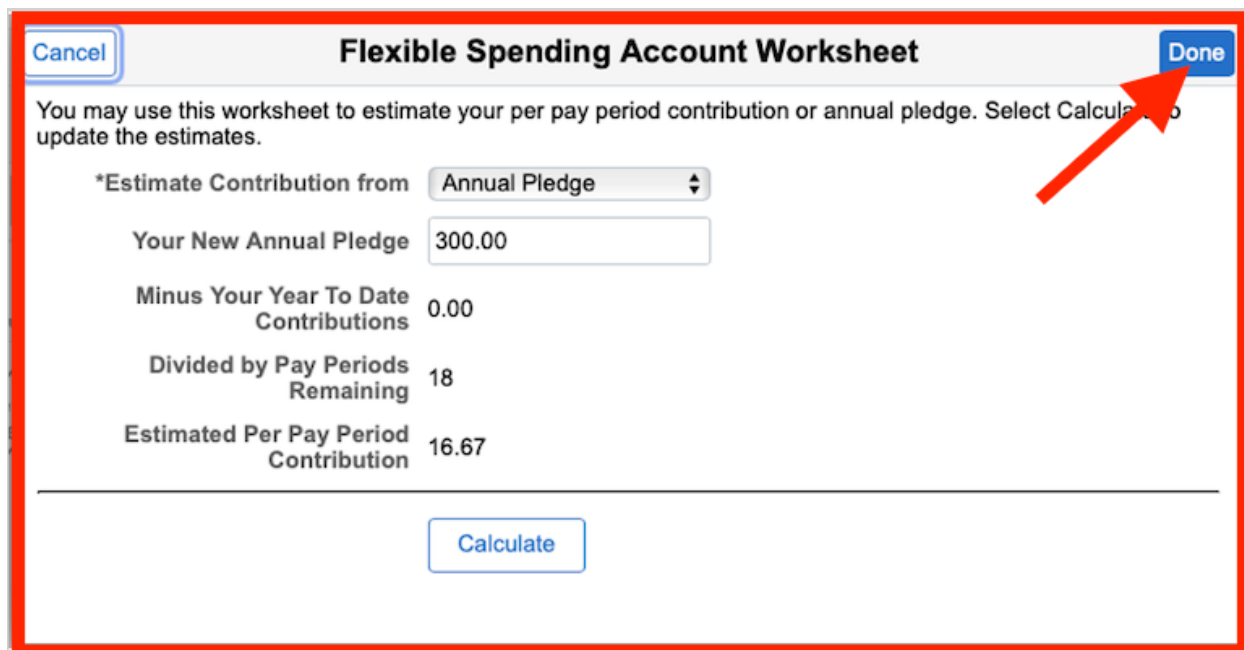
Minimum Employee Pledge \$250.00

Maximum Employee Pledge \$5,000.00

Annual pledge amount for all Flexible Spending Accounts n

[Flexible Spending Account Worksheet](#)

Click on the **Flexible Spending Account Worksheet** button, and a window will show you the breakdown of your annual pledge. Click **Done** to close the window.



The image shows a software window titled "Flexible Spending Account Worksheet". It has a "Cancel" button on the top left and a "Done" button on the top right, which is highlighted by a red arrow. The main text reads: "You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates." Below this, there is a dropdown menu labeled "\*Estimate Contribution from" with "Annual Pledge" selected. A text input field labeled "Your New Annual Pledge" contains the value "300.00". Below that, the calculation is shown: "Minus Your Year To Date Contributions" is "0.00", "Divided by Pay Periods Remaining" is "18", and the final result, "Estimated Per Pay Period Contribution", is "16.67". A "Calculate" button is located at the bottom center of the window.

Field	Value
*Estimate Contribution from	Annual Pledge
Your New Annual Pledge	300.00
Minus Your Year To Date Contributions	0.00
Divided by Pay Periods Remaining	18
Estimated Per Pay Period Contribution	16.67

Click on Submit once you have made all your changes. Failure to click Submit, will not finalize your qualifying live event changes.



Marriage Event  
● Visited

★ Document Upload  
● Complete

▶ Personal Information  
● Visited

Eligible Dependent Information  
● Complete

★ Arbitration Agreement  
● Complete

**Benefit Enrollment**  
● Visited

Benefits Statements  
○ Not Started

Summary  
○ Not Started

### Benefit Enrollment

\* Indicates required field

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

▼ Enrollment Summary

Your Pay Period Cost **\$-110.18**  
Status **Pending Review**

Full Cost **\$445.62**  
Plan Credits **\$-555.80**  
Employer Cost **\$483.68**

### Benefit Plans

Medical

Current Kaiser Permanente HMO  
New Kaiser Permanente HMO  
Status **Changed**  
1 Dependents

Employee Cost **\$-150.84**  
Review

Dental

Current Delta Dental PPO  
New Delta Dental PPO  
Status **Changed**  
1 Dependents

Employee Cost **\$4.62**  
Review

Vision Premier

Current VSP Premier  
New VSP Premier  
Status **Changed**  
0 Dependents

Employee Cost **\$5.48**  
Review

VDT

Current Computer Vision Care (VDT)  
New Computer Vision Care (VDT)  
Status **Not Available**

Employee Cost **\$0.00**

Life

Current MEA Life Insurance \$150,000  
New MEA Life Insurance \$150,000  
Status **Not Available**

Employee Cost **\$0.00**

Long-Term Disability

Current Long Term Disability 66.6%  
New Long Term Disability 66.6%  
Status **Not Available**

Employee Cost **\$0.00**

Flex Spending - Health

Current Waive  
New Health Care FSA \$250  
Status **Changed**

Employee Cost **\$13.89**  
Review

Flex Spending - Dependent Care

Current Waive  
New Child Care Dependent Care FSA \$300  
Status **Changed**

Employee Cost **\$16.67**  
Review

Done

### Benefits Alerts

Your benefit choices have been submitted to the San Francisco Health Service System.

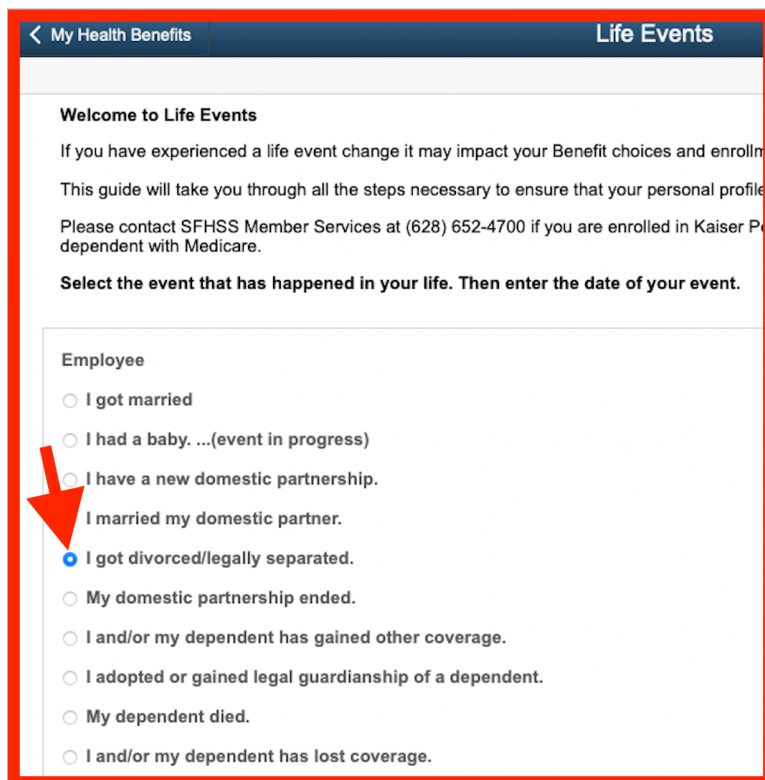
If you added or removed dependents, ensure all required verification documents are submitted to avoid coverage termination.

Print your Benefits Statement for your records. Select 'Done' to return to the Benefits Enrollment page.

Read the message and click **Done**.

# Disenroll Your Dependent(s)

In the **Life Events**, for this example, you got divorced/legally separated.



**< My Health Benefits** **Life Events**

**Welcome to Life Events**

If you have experienced a life event change it may impact your Benefit choices and enrollment.

This guide will take you through all the steps necessary to ensure that your personal profile is updated.

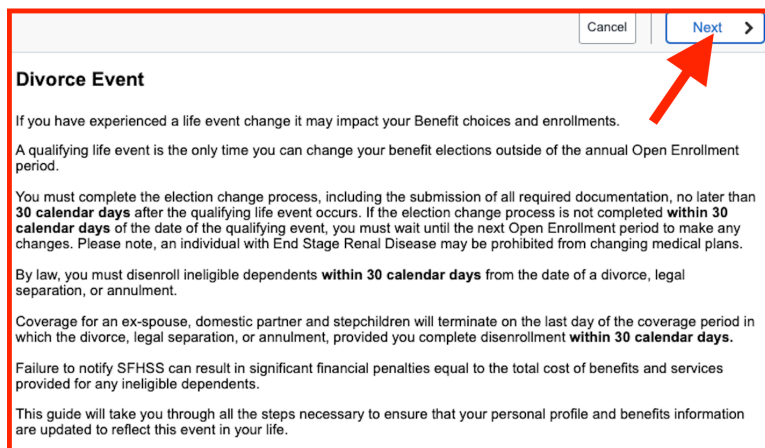
Please contact SFHSS Member Services at (628) 652-4700 if you are enrolled in Kaiser Permanente Medicare.

**Select the event that has happened in your life. Then enter the date of your event.**

**Employee**

- ☐ I got married
- ☐ I had a baby. ...(event in progress)
- ☐ I have a new domestic partnership.
- ☐ I married my domestic partner.
- ☒ I got divorced/legally separated.
- ☐ My domestic partnership ended.
- ☐ I and/or my dependent has gained other coverage.
- ☐ I adopted or gained legal guardianship of a dependent.
- ☐ My dependent died.
- ☐ I and/or my dependent has lost coverage.

1. Click on **I got divorced /legally separated.**



**Divorce Event**

If you have experienced a life event change it may impact your Benefit choices and enrollments.

A qualifying life event is the only time you can change your benefit elections outside of the annual Open Enrollment period.

You must complete the election change process, including the submission of all required documentation, no later than **30 calendar days** after the qualifying life event occurs. If the election change process is not completed **within 30 calendar days** of the date of the qualifying event, you must wait until the next Open Enrollment period to make any changes. Please note, an individual with End Stage Renal Disease may be prohibited from changing medical plans.

By law, you must disenroll ineligible dependents **within 30 calendar days** from the date of a divorce, legal separation, or annulment.

Coverage for an ex-spouse, domestic partner and stepchildren will terminate on the last day of the coverage period in which the divorce, legal separation, or annulment, provided you complete disenrollment **within 30 calendar days**.

Failure to notify SFHSS can result in significant financial penalties equal to the total cost of benefits and services provided for any ineligible dependents.

This guide will take you through all the steps necessary to ensure that your personal profile and benefits information are updated to reflect this event in your life.

Cancel **Next >**

2. Read the statement and click on **Next.**
3. Follow the instructions on **Upload Documents, Update Personal Information, Arbitration Agreement** until you reach the **Benefit Enrollment** section.

**Benefit Enrollment**

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

**Enrollment Summary**

Your Pay Period Cost: **\$181.90**  
 Status: **Pending Review**  
 Full Cost: **\$181.90**  
 Employer Cost: **\$729.85**

**Benefit Plans**

**Medical**

Current	New	Status	Dependents
Blue Shield Trio HMO	Blue Shield Trio HMO	Changed	1 Dependents

Employee Cost: **\$181.90**

**Vision Premier**

Current	New	Status	Dependents
Waive	Waive	Pending Review	0 Dependents

Employee Cost: **\$0.00**

4. For this example, click on the **Medical** tile to disenroll the dependent from your medical plan.

**Medical**

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

**Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

**Add/Update Dependent**

**Enroll in Your Plan**

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

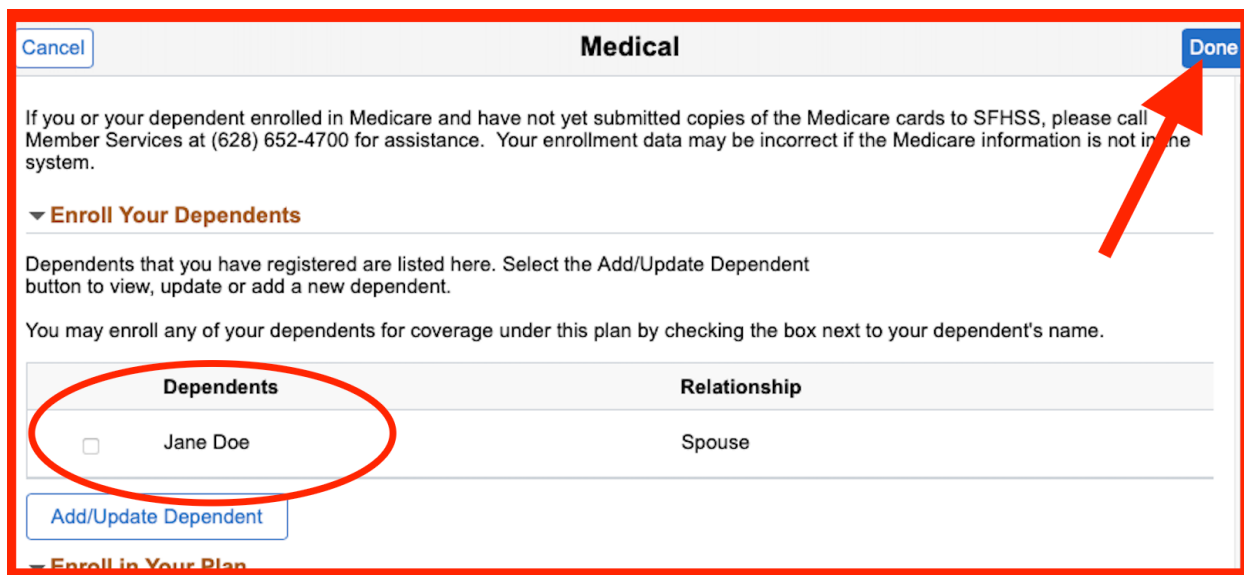
To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	Employer Cost	My Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> Blue Shield Trio HMO	\$181.90	\$729.85	\$181.90	<input type="checkbox"/>	

**Overview of All Plans** **Compare**

5. Click on the checkbox next to your dependent's name to uncheck it.

6. The check in the checkbox will be removed. Click **Done**.



[Cancel](#) **Medical** [Done](#)

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input type="checkbox"/> Jane Doe	Spouse

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

7. For this example, the **Medical** tile will now show **0 Dependents**. Click on **Submit**.

Divorce Event  
● Visited

✱ Document Upload  
● Complete

► Personal Information  
● Visited

Eligible Dependent Information  
● Visited

✱ Arbitration Agreement  
● Complete

**Benefit Enrollment**  
● Visited

Benefits Statements  
☐ Not Started

Summary  
☐ Not Started

## Benefit Enrollment

Please review your current and new elections. If you would like to make changes to your plan or coverage level then click the Done button to save your election. Click SFHSS.

To print a copy of your benefit elections, click Next.

▼ **Enrollment Summary**

Your Pay Period Cost

**\$28.93**

Status

**Changed - Resubmit Required**

Full Cost

**\$28.93**

Employer Cost

**\$427.87**

Submit

**Benefit Plans**

☒ ☐

### Medical

Current

Blue Shield Trio HMO

New

Blue Shield Trio HMO

Status

● **Changed**

0 Dependents

Employee Cost

**\$28.93**

Review

[Done](#)

**Benefits Alerts**

Your benefit choices have been submitted to the San Francisco Health Service System.

If you added or removed dependents, ensure all required verification documents are submitted to avoid coverage termination.

Print your Benefits Statement for your records. Select 'Done' to return to the Benefits Enrollment page.

8. Read the message and make sure to click **Done**.

# Benefits Plan Comparison Tool

In the example, we clicked on the **Medical** plan tile. You can compare different plans by checking the checkboxes under the **Compare Plan**, then click **Compare**.

Cancel

Medical

Done

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input type="checkbox"/> Jane Doe	Spouse

Add/Update Dependent

▼ **Enroll in Your Plan**

The Member Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

	Plan Name		My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
Select	Health Net CanopyCare HMO	i			\$481.69	\$365.27	\$-481.69	<input type="checkbox"/>
Select	Blue Shield Trio HMO	i	\$49.70		\$481.69	\$407.10	\$-431.99	<input checked="" type="checkbox"/>
Select	Blue Shield Access+ HMO	i	\$130.09		\$481.69	\$407.10	\$-351.60	<input type="checkbox"/>
✓	Kaiser Permanente HMO	i			\$481.69	\$406.79	\$-481.69	<input checked="" type="checkbox"/>
Select	Blue Shield PPO	i	\$275.29		\$481.69	\$407.10	\$-206.40	<input type="checkbox"/>
Select	Waive				\$481.69		\$-481.69	<input type="checkbox"/>

Overview of All Plans

Compare

A new window will show you a comprehensive side-by-side plan comparison. Click **Done** at the top right corner of the window to close. Exiting the system and not submitting the changes will not make your elections final. It is your responsibility to make sure that the changes you make are properly and timely submitted.

**Benefits Plan Comparison**
Done

These comparisons provide a summary of benefits only. In any instance where information in this comparison 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 at [sfhss.org](http://sfhss.org).

This information is high-level, for cost and general coverage information only, and that this in no-way warrants or guarantees coverage, when medical necessity must be established.

Expand All | Collapse All

+

**Kaiser Permanente HMO** -

**Blue Shield Trio HMO** -

Currently Selected

**▼ Pay Period Cost**

The cost shown is based on the dependents you have enrolled.

Member Only	\$-481.69	\$-431.99
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**▼ Plan Cost and Credit Detail**

	<p>For this Health Maintenance Organization (HMO) Plan, Kaiser Permanente maintains an integrated health system consisting of participating physicians, hospitals and other healthcare providers. Generally, you only have access to Kaiser Permanente providers and facilities in your home region. You can either select a Primary Care Physician (PCP) or one will be assigned to you; you can change your doctor at any time. You must also live OR work (if applicable) in a zip code serviced by the plan. The Evidence of Coverage (EOC) for this Kaiser Permanente HMO plan contains a complete list of benefits, limitations and exclusions.</p>	<p>This California HMO plan has a similar and adequate network of doctors, hospital and medical facilities, when compared to Health Net Canopy Care HMO. The medical and pharmacy benefits offered through this plan match the Blue Shield Access+ plan, with the only difference between the plans being the size of network of doctors, hospital and medical facilities. Like the Blue Shield Access+ plan, this plan has no deductibles. You must select a Primary Care Physician (PCP), or it will be automatically assigned by Blue Shield. Each member of your family can choose a different physician and medical group. To enroll, you must live or work in a zip code serviced by the plan. Please refer to the Evidence of Coverage (EOC) for a complete list of benefits, limitations and exclusions.</p>
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**▼ Coverage Level Cost**

These are all the available Coverage Costs

<b>Member Only</b>	<b>\$-481.69 Before-Tax</b>	<b>\$-431.99 Before-Tax</b>
<i>Currently selected coverage</i>		
Member +1 Dep	\$-150.84 Before-Tax	\$-51.15 Before-Tax
Member +2 or More Dep	\$195.13 Before-Tax	\$219.19 Before-Tax

**▼ General**

<b>Calendar Year Deductible</b>		
Individual	None	None
Family	None	None
<b>Calendar Yr. Out-of-Pocket Max</b> <small>does not include premium contributions</small>		
Individual	\$1,500	\$2,000
Family	\$3,000	\$4,000



You can also expand and collapse the information by clicking and unclicking on the **Expand All** and **Collapse All**. You can also click and unclick on the small triangle next to the heading titles.

Done

## Benefits Plan Comparison

These comparisons provide a summary of benefits only. In any instance where information in this comparison 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 at sfhss.org.

This information is high-level, for cost and general coverage information only, and that this in no-way warrants or guarantees coverage, when medical necessity must be established.

[Expand All](#) | [Collapse All](#)

**Kaiser Permanente HMO**

Currently Selected

▼ **Pay Period Cost**

The cost shown is based on the dependents you have enrolled.

Member +1 Dep	\$-150.84
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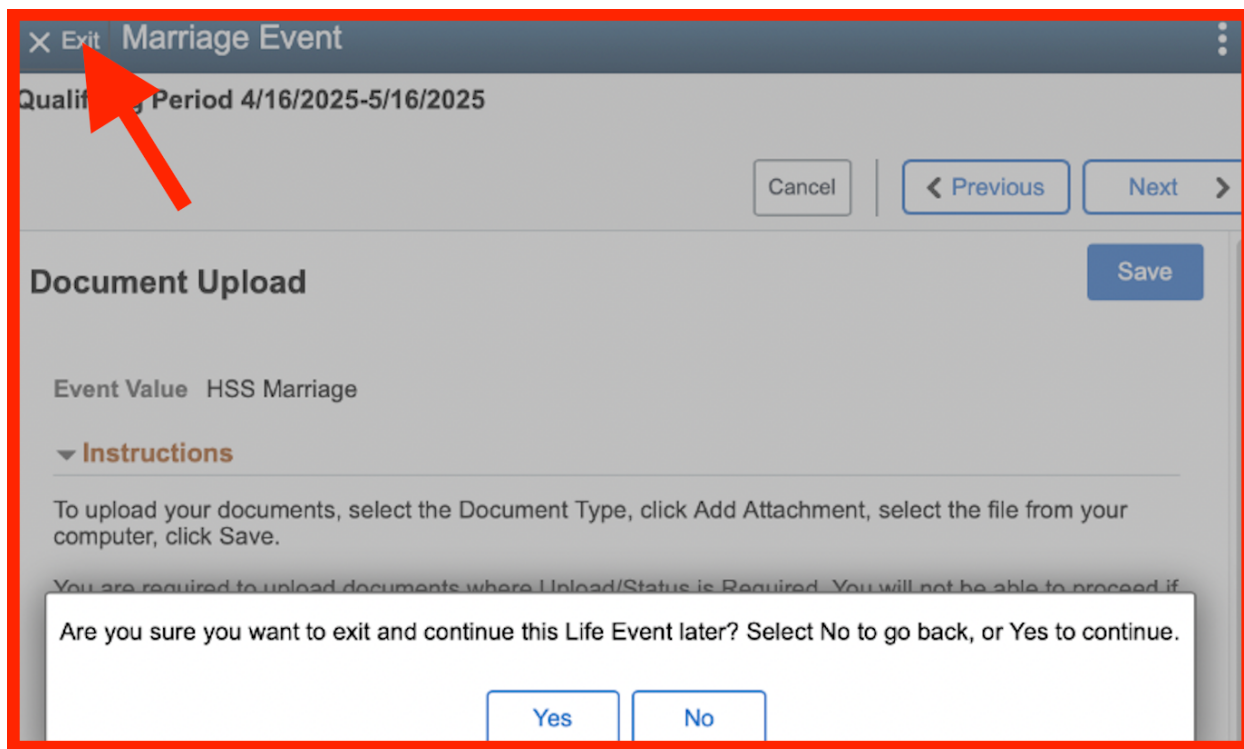
▼ **Plan Cost and Credit Detail**

For this Health Maintenance Organization (HMO) Plan, Kaiser Permanente maintains an integrated health system consisting of participating physicians, hospitals and other healthcare providers. Generally, you only have access to Kaiser Permanente providers and

## Exit and Continue Later

During the enrollment process, you can click on **Exit** at the top left corner, then click **Yes**, if you decide to leave the system and continue the process later.

**Exiting the system and not submitting the changes will not make your elections final. It is your responsibility to make sure that the changes you make are properly and timely submitted.**



Marriage Event

Qualifying Period 4/16/2025-5/16/2025

Cancel | < Previous | Next >

### Document Upload

Save

Event Value HSS Marriage

▼ Instructions

To upload your documents, select the Document Type, click Add Attachment, select the file from your computer, click Save.

You are required to upload documents where Upload/Status is Required. You will not be able to proceed if

Are you sure you want to exit and continue this Life Event later? Select No to go back, or Yes to continue.

Yes No



The next time you login, you will notice the **Life Events** tile will show **Resume**.

This means your previous changes were saved from your last login session.