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 <u>within 30 days</u> of the qualifying event.

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Frequently Asked Questions

What is a qualifying life event?

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

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 <u>no later than 30</u> <u>calendar days</u> 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
Child	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.
Domestic Partner Adult	Domestic Partner.	Domestic Partnership Certificate.
Domestic Partner Child	Child of Domestic Partner.	Birth Certificate & Domestic Partnership Certificate.
Other Child - Legal	Dependents from court ordered coverage/ guardianship, etc	Court Order.
Other IRS - Non Dep Adult	Domestic Partner Certificate, Annual Attestation from SFHSS, and Tax Return.	Domestic Partner Certificate & Annual Attestation from SFHSS.
Other IRS - Non Dep Child	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.
Spouses	Marriage License / Certificate.	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.
		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)

Who do I contact for additional benefits questions?

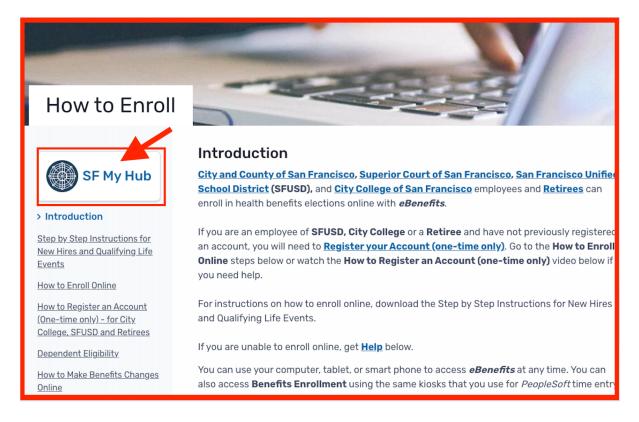
For additional questions about health benefits eligibility or making health benefit changes, visit **SFHSS.org** or call **(628) 652-4700**. Our telephone hours are Monday, Tuesday, Wednesday, and Friday from 9 a.m. to 12 p.m. and 1 p.m. to 5 p.m. Thursday from 10 a.m. to 12 p.m. and 1 p.m. to 5 p.m.

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.

My Health Benefits
Life Events

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

7. Click on Life Events tile.

Select Your Qualifying Life Event

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		Ē
	Start Life Event	1

- 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

K Exit Marriage Event				
ualifying Period 4/10/2025-5/10/20 Your name will be s				
Marriage Event Visited	Marriage Event			
Document Upload O 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			
Personal Information Not Started	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			
Eligible Dependent Information O Not Started	must wait until the next Open Enrollment period to make any changes. Please note, an individual End Stage Renal Disease may be prohibited from changing medical plans.			
Arbitration Agreement O Not Started	In addition to complete documentation required, a Social Security number must be provided for each of the family members being enrolled. A copy of the marriage certificate must be submitted within 30 calendar days of the legal date of the marriage.			
Benefit Enrollment O Not Started	A Social Security number must be provided for each of your spouse and any of his or her eligible children.			
Benefits Statements O 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. 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.			
Summary O Not Started				

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	Event Value HSS Marriag	je	
Document Upload In Progress		select the Document Type, clic	k Add Attachment, select the file from
Personal Information Not Started	proceed if you do not uploa		is is Required. You will not be able to of supporting document.
Eligible Dependent Information O Not Started	Document List		
Arbitration Agreement	Document	Upload / Status	Approval / Status
O Not Started	Marriage Certificate	Required	Not Required
Benefit Enrollment O Not Started	Federal Tax Return	Attachment Missing Optional	Not Required
Benefits Statements O Not Started			Drop-down
Summary O Not Started	Add Document *Document Ty	vpe Marriage Certificate 🛟	
		No Document has been at	tached.
		Add Attachment	Add Note
	View Document		
	View 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.

Jplo		File Attack	nment	×
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	Upload Complete
*Document Type Marriage Certificate	\$

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

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

- 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
			Save
ocument Type, click A	dd Attachment, select the file from your computer, o	lick Save.	
	Required. You will not be able to proceed if you do	not upload the required documents.	
bre than one type of s	upporting document.		
Upload / Status	Approval / Status		
Required Uploaded	Not Required		
Optional	Not Required		
*Document Typ	e Marriage Certificate 🛟 Add Attachment Add Note		
	Description \Diamond	Document Type 🛇	Category \Diamond Last Updated \Diamond
claration_Form.docx	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**.

		с	ancel	<	Previous	Next >
Marriage Event Visited	Personal Information -	Home & Mailing Add	ress			
Document Upload Complete	123 Test Ave Daly City, CA 94015	Current				>
 Personal Information Visited 	Mailing Address					
Home & Mailing Address Complete	123 Test Ave Daly City, CA 94015 San Mateo County	Current				>
Contact Information Visited 						
Emergency Contact Visited 						
Race & Ethnicity ● Visited						

Cancel	Address	Save
Race and Ethnicity Popup window		1
Employee Instruction		
United States addresses require one of these to save: A	ddress 1, Address 2, Address 3. Home Addres	ss cannot be a PO Box.
Change As Of	04/14/2025	
*Country	United States	Q
Address 1	123 Test Ave.	
Address 2		
Address 3		
City	Daly City	
State	California	Q
Postal	94015	
County		

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

	:
Cancel Cancel Next	>

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
Marriage Event ● Visited	Race and Ethnicity	7
Document Upload Complete		
 Personal Information Visited 	Race Details No Data Exists	
Home & Mailing Address Complete		
Contact Information Visited 	Ethnicity Details	
Emergency Contact Visited 	Add Ethnicity	
Race & Ethnicity Visited 	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 Cancel Next	>
Marriage Event Visited	Eligible Dependent Infor	mation	
Document Upload Complete	Add Individual Name	Relationship	
 Personal Information Visited 	Jane Doe (Jane)	Spouse	>
Eligible Dependent Information Complete			

• 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.*

Indicates required field Select Save after you have added your Dependent/Beneficiary Summary Popup Add Name Personal Information Dependent/Beneficiary Summary Popup window Date of Birth MUDD/YYYY *Olsabled No ÷ Address Address Address Type Same Address as mine Since *Disabled No ÷ *Disabled *Disabled No ÷ *Disabled *Disabled No ÷ *Disabled		pendent/Beneficiary Save mation	2. Click on Add Name.
Select Save after you have added your Dependent/ Dependent/Beneficiary Summary Popula hanges will go into effect on 4/17/2025. Name Add Name Personal Information Date of Birth MM/DD/YYYY TT *Gender Female ? *Relationship Spouse ? *Disabled No ? As of 04/16/2025 TT Address Address Address Type Same Address as mine Cancel Name Format English ? Name Format English ? Name Prefix ? *Tirst Name Jane Middle Name		* Indicates required field	
Name Add Name Personal Information Date of Birth MM/DD/YYY "Gender "Relationship Spouse "Disabled No ? Address Midele Name Middle Name	Select Save after you have added your I	Dependent/ Dependent/Beneficiary Summary Popup	
Add Name Personal Information Date of Birth MM/DD/YYY "Gender Female ? "Relationship Spouse "Disabled No ? As of Address Address Address Address Type Same Address as mine 3. Enter your dependent' First Name and Last Name.			
Personal Information Dependent/Beneficiary Summary Popup window Date of Birth MM/DD/YYY "Gender Female "Relationship Spouse "Disabled No As of 04/16/2025 Address Address Type Address Address Type Same Address as mine 3. Enter your dependent' First Name Prefix Intermediate Verifix Intermediate Widdle Name Intermediate			
Personal monnator Date of Birth MM/DD/YYY "Gender Female ‡ "Relationship "Presonal monnator "Disabled No ‡ As of Od/16/2025 Address Address Address Address Type Same Address as mine 3. Enter your dependent' First Name Jane Widdle Name Widdle Name Sector S	Add Name		
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to Employee *Disabled No ÷ As of 04/16/2025 Address Address Address Address Address Type Same Address as mine Same Format English *First Name Jane Widdle Name Address Name Format Address Name Prefix And Prefix *First Name And Last Name.	*Gender	Female \$	
*Disabled No As of 04/16/2025 Address Address Address Type Same Address as mine Cancel Name Format English Name Format English Name Prefix First Name Jane Middle Name		Spouse 🗘	
Address Address Address Type Same Address as mine Cancel Name Format English Name Prefix *First Name Jane Middle Name			
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Name Prefix Name *First Name Jane Middle Name Image: Compared to the second sec	Name Format English	\$	
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*Last Name Doe	Middle Name		
	*Last Name Doe		
Chosen First Name Jane			
Display Name Jane (Jane)			
Formal Name Jane			
Name ,Jane			

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 Inc	lividual De Infor	pendent/B mation	eneficiary	Save		
Select Save after you hat changes will go into effect Name)ependent/Ben	* Indicates require eficiary's information			
Jane Doe (Jane)				>		
Personal Information	on					
	Date of Birth	MM/DD/YYY	Y 🛄			
	*Gender	Female \$				
	*Relationship to Employee	Spouse	\$			
*Disabled	No 🛊					
As of	04/16/2025					
Address						
Address	Address	Type Same	Address as mine			
Dependent and Beneficiary Information						
Add Individual th Benefits Popup window						
Name	R	elationship				

Spouse

Jane Doe (Jane)

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

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

>

Arbitration Agreement

elcome to your Newborn Event isited	Arbitration Agreement
ocument Upload omplete	Below are the terms and conditions to enroll in health be Once your enrollment is processed, you may not be able
ersonal Information	By submitting your benefit choices you are authorizing S Your enrollment will not be complete until your submission If you have selected the Health Net CanopyCare plan constructions and health Net concert finishes are
ligible Dependent Information isited	representatives) and Health Net, except disputes concer disputes arising from or relating to the Evidence of Cove dispute. I understand that, by agreeing to submit all disp medical malpractice (that is, whether any medical servic Certificate of Insurance. By my own election, to select th
rbitration Agreement ot Started	If you have selected the Kaiser plan, by submitting y that cannot be subject to binding arbitration under gover alleged violation of any duty arising out of or related to m
 enefit Enrollment ot Started	delivery of, services or items, irrespective of legal theory arbitration. I understand that the full arbitration provision
 enefits Statements of Started	By enrolling in a Kaiser Permanente plan, I understand t form.

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

- 3. Click Save.
 - This is required to proceed to the next step.
- Divorce Event Visited Arbitration Agreement Below are the terms and conditions to enroll in health benefits. Selecting the I Agree checkbox on th Complete button on the Summary step will send your benefit choices to the San Francisco Health Se Document Upload Complete Once your enrollment is processed, you may not be able to make any further benefit changes until status change. By submitting your benefit choices you are authorizing San Francisco Health Service System to der authorizing San Francisco Health Service System to send necessary personal information to select erroliment will no be complete until your submissions have been reviewed and confirmed by San f Personal Information Visited encomment will not be complete lutiti your submissions have been reviewed and comment by Sah IT If you have selected the Health Net Canogy Care plan, by submitting your enrollment, you are the Applicant, understand and agree that any and all disputs between me (including any of my ency Health Net, except dispute concerning adverse benefit identification and Saffred In 45 CFR 147.13 instead of a jury or court trial and that I am waiving all rights to class abitration. This Agreement to a Evidence of Coverage or Certificate of Insurance or my Health Net membership or coverage, stated applies even if other parties, such as health care providers or their agents or employees, are involve disputes to individual, final and thinding arbitration, all parties including Health Net are giving up their by a jury. I also understand that disputes that I may have with Health Net involving claims for medica more detailed arbitration provision is included in the Evidence of Coverage or Certificate of Insurance bit will serve as my signature, and it indicates that I understand and eagree with the terms of this Bin binding arbitration instead of a court of law. Eligible Dependent Information • Arbitration Agreement Benefit Enrollment Benefits Statements O Not Started If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaise (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA be subject to binding atbitration under governing law) any dispute between myself, my heris, relative Foundation Heath 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 mail unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or rel, irrespective of legal theory, must be decided by binding arbitration under California law and not by la provides for judical review of arbitration proceedings. I agree to give up our right to a jury trial and a arbitration provision is contained in the Evidence of Coverage. Summary O Not Started By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic sig Foundation Health Plan Arbitration Agreement (above) and that by law this electronic signature of ✓ I Agree

	Cancel Cancel Next >
Marriage Event Visited	Arbitration Agreement
Document Upload Complete	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.
Personal Information Visited	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.
Eligible Dependent Information	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.
Arbitration Agreement Complete	If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are agreeing to the Health Net binding adrivation agreement. It he 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 execution provide the termination of the set of t

4. Click Next.

Benefit Plan Elections / Add Dependent(s)

Welcome to your Newborn Event • Visited	Benefit Enrollment
Document Upload Complete	We are now ready to prepare your benefit options based on the Life Event infor benefit enrollment.
Personal Information Visited	Start Nu Enrollment
Eligible Dependent Information Visited	
Arbitration Agreement Omplete	
Benefit Enrollment Visited	
Renefite Statemente	

1. Click on Start My Enrollment.

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

Marriage Swatt					Cancel < Previ
 And the second se	Marriage Event Visited	Benefit Enrollment			
 Perceiner information Perceiner information Conceller Concelle		Please review your current and new elections. If you would like to Submit button to submit your elections to SFHSS.	make changes, click on the Benefit Plan to modify your plan or co		
 Complex Complex Complex Status Pending Review Status Not Available 					
 Compare Employer Cost \$457.51 Status Formant Compare Yaino Care (VDT) Status Not Available 			Plan Credits \$-481	.69	
Sendit Statements Exercit Statements Not Stand Exercit Plans Image: Statements Image: Statements Not Stand Image: Statements Image: Statements Exercit Plans Image: Statements Image: Statements <			Employer Cost \$457.		
Image: Not Statist Benefit Plans Image: Not Statist Image: Not Statist Plans Image: Not Statist Plans Image: Not	Benefit Enrollment Visited			VSN Pmr	
• NetStandd Medical Current Kaiser Permanentie HMO New Kaiser Permanentie HMO Status Vialied 2 0 Dependents 2 0 Dependents Employee Cost \$-481.69 Review VDT Current Computer Vision Care (VDT) New Computer Vision Care (VDT) Status Not Available		Benefit Plans			
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Current Computer Vision Care (VDT) New Computer Vision Care (VDT) Status Not Available Current MEA Life Insurance \$150,000 \$150,000 Status Not Available Current Long Term Disability 66.6% Status Not Available Status Not Available		• • • • • • • • • • • • • • • • • • • •			
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Flex Spending - Health Flex Spending - Dependent Care		Flex Spending - Health	Flex Spending - Dependent Care		1
Current Waive Current Waive					
New Waive New Waive Status Pending Review					
Employee Cost \$0.00 Employee Cost \$0.00					

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.

Done

dent Information	Your Pay Peri	od Cost \$-473.90			
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ent					
ients				7	
	Benefit Plans				
	Medical			Dental	
		Kaiser Permanente HMO			Delta Dental PPO
		Kaiser Permanente HMO	· .		Delta Dental PPO
	Status	Visited 🋂 0 Dependents		Status	Pending Review
	Employee Cost	¢ 481 60		Employee Cost	¢0.21
	Employee cost	ψ+01.03	Review	Employee Cost	ψ2.01
	VDT			Life	
		Computer Vision Care (VDT)			MEA Life Insurance \$1
	New	Computer Vision Care (VDT)		New	MEA Life Insurance \$1

Medical

ancel

Overview of All Plans

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

first or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare information is not in the system. Image: Comparison of the system. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>							
Relationship Kalker Permanente HMO Kalker Permanente HMO Lippendentis burgou have registened are listed have. Select the Add/Update Dependent Kalker Permanente HMO Colspan="2">Kalker Permanente HMO Lippendentis Relationship Lippendentis Relationship Lippendentis Relationship Lippendentis Relationship Lippendentis Relationship AddUpdate Dependentis Spouse AddUpdate Dependentis Relationship Encoll in Your Plan Spouse The Member Obly cost thewn for each plan is based on the dependentic encolled plans. to compare Self. To see other or each plan is based on the dependentic encolled plans. to compare Self. To see other or each plan plan options, select the Compare Plan checkbox for the plan options to be compared, then select to compare Self. To see other or Cost of the plan options, select the Compare Plan Select To see other or Cost of the plan options, select the Compare Plan Select Pl	(628) 652-4700 for assistance. You	Medicare and have not yet s ur Marriage Event Popup	ubmitted copies of the window the Medicar	Medicare cards to SF re information is not in	HSS, please call Memb the system.	er Services	
Togendents Relationship Jan Doe Spouse AddUpdate Dependent AddUpdate AddU	ependents that you have registered itton to view, odate or add a new d	dependent.			tente name		Kaiser Permanente HMO Blue Shield of CA Trio HMO
Jan Doe Spouse HNO AddUpdate Dependent - Bus Sheld Ad California Faroli In Your Plan The Member Only cost shown for each plan is based on the dependentise molecular base base base base base base base base		to to coverage under this p			anto namo.		
AddUpdate Dependent •Emodel •E	Jane Doe		Spous	e			
Number Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled enrolled show the help icon corresponding to each plan option. Number Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled enrolled. Number Only cost shown for each plan is based on the dependents enrolled. Number Only cost shown for each plan is based on the dependents enrolled. Number Only cost shown for each plan options, select the help icon corresponding to each plan options. Number Only cost shown for each plan options, select the Compare Plan checkbox for the plan options to be compared, then select corresponding to each plan options. Plan Name My Before Tax Cost My Atter Tax Cost My Mode Cost Cost Cost My Pay Period Cost Cost Cost Select Health Net CanopyCare V \$481.69 \$385.27 \$-481.69 Cost Select Blace Shield Trio HMO \$49.70 \$481.69 \$407.10 \$-431.99 Cost Cost Select Blace Shield Access* \$130.09 \$481.69 \$407.10 \$-351.60 Cost Mu Do Torrespondent HMO V \$481.69 \$407.10 \$-351.60 Cost	Add/Update Dependent						
HMO MO						ts enrolled	
Blue Sheld Access* 0 \$130.09 \$481.69 \$407.10 \$-351.60 Kalser Permanente HMO 0 \$481.69 \$407.10 \$-361.69	e not available to select. To see oth e VSP Basic Plan is included with complete a side-by-side compariso s Compare button.	er coverage costs for indivic enrollment in all SFHSS me on of the plan options, selec My Before Tax	dual plans, select the l dical plans. t the Compare Plan cl My After Tax	help icon correspondir heckbox for the plan o	g to each plan option. ptions to be compared, My Pay Period	then select Compare	
HMO \$130.09 \$401.10 \$-351.00 V Kaiser Permanente HMO \$481.69 \$481.69	not available to select. To see oth a VSP Basic Plan is included with a complete a side-by-side compariso Compare button. Plan Name Plan Health Net CanopyCare	er coverage costs for individ enrollment in all SFHSS me on of the plan options, selec My Before Tax Cost	dual plans, select the l dical plans. t the Compare Plan cl My After Tax Cost C	help icon correspondir heckbox for the plan o My Employer Credit Cost	g to each plan option. ptions to be compared, My Pay Period Cost	then select Compare Plan	
	e not availlable fo select. To see oth le VSP Basic Plan is included with - complete a side-by-side compariso a Compare button. Plan Name Belect Health Net CanopyCare HMO	er coverage costs for individ enrollment in all SFHSS mer on of the plan options, selec My Before Tax Cost	dual plans, select the l dical plans. t the Compare Plan cl My After Tax Cost C \$44	help icon correspondir heckbox for the plan o My Employer Cost 81.69 \$365.27	ig to each plan option. ptions to be compared, My Pay Period Cost \$-481.69	then select Compare Plan	
Select Blue Sheld PPO 0 \$275.29 \$481.69 \$407.10 \$-206.40	e not available fo select. To see oth he VSP Basic Plan is included with no vomplet a side-by-side comparise 8 Compare button. Plan Name Select. Health Net CanopyCare Health Net CanopyCare Bellect. Blue Shield Trio HMO Solaria	eer coverage costs for individe enrollment in all SFHSS mee on of the plan options, select My Before Tax Cost 0 2 3 49.70	dual plans, select the I dical plans. t the Compare Plan cl My After Tax Cost C \$44 \$44	help icon correspondir heckbox for the plan o My Employer Cost 81.69 \$365.27 81.69 \$407.10	ig tõ each plan óption. ptions to be compared, My Pay Period S-481.69 S-431.99	Compare Plan	
	e not available fo select. To see oth le VSP Basic Plan is included with complete a side-by-side comparise 9 Compare button. Plan Name Plan Name Balect Health Net CanopyCare HMO Select Blue Shield Trio HMO Select Blue Shield Arcess+	ter coverage costs for indivise enrollment in all SFHSS me on of the plan options, select My Before Tax 0 \$49,70 0 \$49,70	Jual plans, select the i dical plans. It the Compare Plan cl My After Tax Cost C \$44 \$44 \$44	help icon correspondir heckbox for the plan o tredit Employer Cost 81.69 \$365.27 81.69 \$407.10 81.69 \$407.10	g to each plan option. ptions to be compared, My Pay Period Cost \$-481.69 \$-431.99 \$-351.60	then select Compare Plan	
Select Waive \$481.69 \$-481.69	e not available fo select. To see oth he VSP Basic Plan is included with no vorplete a side-by-side comparise 6 Compare button. Plan Name Balext Health Net CanopyCare Health Net C	erer coverage costs for indivise enrollment in all SFHSS meet on of the plan options, select My Before Tax Cost S49.70 S49.70 S130.09	Jual plans, select the l dical plans. It the Compare Plan cl My After Tax Cost C S41 S41 S41	My Employer 11:00 \$3965.27 11:09 \$3965.27 11:09 \$407.10 11:09 \$406.79	to be compared, My Pay Pariod S-481.69 S-481.69 S-351.60 S-481.69	Compare Plan	

Compare

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

Cancel		Medical
Member Ser system.		ed in Medicare and have not yet submitted copies of the Medicare card 4700 for assistance. Your enrollment data may be incorrect if the Medi
	s that you have regi w, update or add a	stered are listed here. Select the Add/Update Dependent new dependent.
You may you	roll any of your dep	endents for coverage under this plan by checking the box next to your
	Dependents	Relationship
	Jane Doe	Spouse
Add/Upda	ate Dependent	
	Your Plan	
The Membe	r Plus One Depend	ent cost shown for each plan is based on the dependents enrolled. Pla

ancel					Medic	al			D
(628) 6	your dependent enrolled in M 152-4700 for assistance. You I Your Dependents	edicare and ha ir enrollment da	ive not yet s ata may be ir	ubmitted copies ncorrect if the N	s of the Medic Medicare infor	are cards to SF mation is not in	HSS, please call Me the system.	mber Services	Resources CSF/CRT Benefits Guide
epender utton to	nts that you have registered a view, update or add a new de enroll any of your dependents	ependent.				to your depend	lent's name.		Kaiser Permanente HMO Blue Shield of CA Trio HMO Blue Shield of CA Access+
	Dependents				Relationship				HMO
•	Jane Doe				Spouse				Health Net CanopyCare HMO
Add/Up	pdate Dependent								Blue Shield of California PPO
epender stion. ne VSP comple		to select. To se nrollment in all	se other cov	erage costs for dical plans.	individual pla	ns, select the h	elp icon correspondi	ng to each plan	
pender ition. ne VSP comple	nts enrolled are not available Basic Plan is included with e ete uside-by-side comparison	to select. To se nrollment in all n of the plan op	ee other cov SFHSS me ptions, selec	dical plans. the Compare My After Ta:	individual pla Plan checkbo x My	ns, select the h x for the plan of Employer	elp icon correspondi ptions to be compare My Pay Period	ng to each plan ed, then select Compare	
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ependen otion. ne VSP o comple e Comp	nts enrolled are not available Basio Plan is included with ei eter side-by-side comparison an outron. Plan Name Health Net CanopyCare HMC	to select. To se nrollment in all n of the plan op My Br	ee other covi I SFHSS me ptions, selec refore Tax Cost \$363.43	dical plans. the Compare My After Ta:	Individual pla Plan checkbo x My t Credit \$555.80	x for the plan of Employer Cost \$365.27	elp icon correspondi ptions to be compare My Pay Period Cost \$-192.37	ng to each plan ad, then select Compare Plan	
ependen otion. ne VSP o comple e Comple e Comple Select	Its enrolled are not available BasiopTan is included with en ten sixte-by-side comparison outton. Plan Name Health Net CanopyCare HMO Blue Shield Arcess+	to select. To se nrollment in all n of the plan op My Ba	ee other cover I SFHSS me ptions, select efore Tax Cost \$363.43 \$504.65	dical plans. the Compare My After Ta:	Individual pla Plan checkbo x My tt Credit \$555.80 \$555.80	x for the plan of Employer Cost \$365.27 \$407.10	elp icon correspondi ptions to be compare My Pay Period Cost \$-192.37 \$-51.15	ng to each plan ed, then select Compare Plan	
ependen stion. he VSP o comple e Comple e Comp Select	tts enrolled are not available Basis@tan is included with e ester side-by-side comparison of jcutton. Plan Name Health Net CanopyCare HMO Blue Shield Trio HMO Blue Shield Access+ HMO	to select. To se nrollment in all n of the plan op My Br 0	SFHSS me ptions, selec efore Tax Cost \$363.43 \$504.65 \$665.44	dical plans. the Compare My After Ta:	Individual pla Plan checkbo x My credit \$555.80 \$555.80 \$555.80	x for the plan of Employer Cost \$365.27 \$407.10 \$407.10	Ip icon correspondi ptions to be compare My Pay Period Cest \$-192.37 \$-51.15 \$109.64	ng to each plan ad, then select Compare Plan	
ependen stion. ne VSP o comple e Comp Select Select	ts errolled are not available Basigelian is included with e elete side side-by-side comparison who for the side side side side side side side sid	to select. To se nrollment in all n of the plan op My Bi 0 0 0	sFHSS me ptions, select sfore Tax Cost \$363.43 \$504.65 \$665.44 \$404.96	dical plans. the Compare My After Ta:	individual pla Plan checkbo x My Credit \$555.80 \$555.80 \$555.80 \$555.80	x for the plan of Employer Cost \$365.27 \$407.10 \$407.10 \$406.79	Ip icon correspondi ptions to be compare My Pay Period Cost \$-192.37 \$-51.15 \$-19.64 \$-150.84	ad, then select Compare Plan	

Add/Up	date Dependent					
	in Your Plan					
dependent option.	er Plus One Dependent cos s enrolled are not available	to sele	ct. To see other cove	erage costs for in		
	Basic Plan is included with en ternside-by-side comparison pubutton.				an checkbo	x for
	Plan Name		My Before Tax Cost	My After Tax Cost	My Credit	E
	Health Net CanopyCare HMO	0	\$363.43		\$555.80	
Select	Blue Shield Trio HMO	0	\$504.65		\$555.80	
Select	Blue Shield Access+ HMO	0	\$665.44		\$555.80	
Select	Kaiser Permanente HMO	0	\$404.96		\$555.80	

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

lone

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

CCSF/CRT

Marriage Event Visited	Benefit Enrollment	
Document Upload Complete	Please review your current and new elections. If you would like to a Submit button to submit your elections to SFHSS.	make changes, click on the
 Personal Information Visited 	To print a copy of your benefit elections, click Next.	
Eligible Dependent Information Complete	Your Pay Period Cost \$-143.05	
 Arbitration Agreement Complete 	Status Pending Review Submit	
Benefit Enrollment Visited		
Benefits Statements O Not Started	Benefit Plans	
Summary O Not Started		
	Medical	Dental
	Current, Kaiser Permanente HMO New Kaiser Permanente HMO Status Changed 2 1 Dependents	Current Delt New Delt Status Pen
	Employee Cost \$-150.84 Review	Employee Cost \$2
	VDT	Life

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	Benefit Enrollment		• Indianta annulad field	
* Document Upload © Complete	* 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.			
Personal Information Visited	To print a copy of your benefit elections, click Next.			
Eligible Dependent Information © Complete	Your Pay Period Cost \$-110.18	Full Cost \$445 Plan Credits \$-55	DEN	
* Arbitration Agreement © Complete	Status Pending Review	Employer Cost \$483	.68 F	
Benefit Enrollment • Visited				
Benefits Statements O Not Started	Benefit Plans			
Summary O Not Started				
	Medical	Dental	Vision Premier	
	Current Kaiser Permanente HMO	Current Delta Dental PPO	Current VSP Premier	
	New Kaiser Permanente HMO Status O Changed	New Delta Dental PPO Status Changed	New VSP Premier Status Changed	
	4 1 Dependents	4 1 Dependents	₩ 0 Dependents	
	Employee \$-150.84	Employee \$4.62	Employee \$5.48	
	Review	Review	Review	
	VDT	Life	Long-Term Disability	
	Current Computer Vision Care (VDT)	Current MEA Life Insurance \$150,000	Current Long Term Disability 66.6%	
	New Computer Vision Care (VDT) Status Not Available	\$150,000 New MEA Life Insurance \$150,000	New Long Term Disability 66.6% Status Not Available	
		\$150,000 Status Not Available		
	Employee \$0.00 Cost	Employee \$0.00	Employee \$0.00	
	Flex Spending - Health	Flex Spending - Dependent Care		
	Current Waive New Health Care FSA \$250 Status Changed	Current Waive New Child Care Dependent Care FSA \$300 Status Changed		
	Employee \$13.89 Cost Review	Employee \$16.67 Cost 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.

Cancel				Dental				Done
	verage allows you		pendents to	have routine	cleaning v	visits and receiv	e services such	as the
	n of fillings and cro Your Dependen							1
	nts that you have re view, update or add			. Select the A	dd/Update	Dependent		
You may	enroll any of your d	lependents fo	or coverage	under this pl	an by chee	cking the box ne	ext to your depe	ndent's name.
	Dependents				Relation	ship		
	Jane Doe				Spouse			
	nt Popup window]						
The Mem coverage	ber Plus One Depe for the dependents con corresponding	s enrolled are	e not availab					
	Basic Plan is includ	-	-	I SFHSS me	dical plans			
	ete a side-by-side o I, then select the C			ptions, selec	t the Comp	oare Plan check	box for the plan	options to be
Compared	Plan Name	N		My After Ta: Cos		Employer Cost	My Pay Period Cost	Compare Plan
~	Delta Dental PPO	0	\$4.62			\$49.75	\$4.62	۲
Select	DeltaCare USA DHMO	0				\$20.16	\$0.00	
Select	UHC Dental	0				\$19.05	\$0.00	
Select	Waive						\$0.00	
Overvi	ew of All Plans						ſ	Compare
							L. L.	
Cancel			v	ision Prer	nier			Done
ent Popup must also	window ion Premie be enrolled in medic	er requires en al.	nrollment in a	ny medical pla	an. All fami	ily members bein	g enrolled in Visi	on Premier
- Enroll	Your Dependents	j.						
	ts that you have regi iew, update or add a			ect the Add/U	pdate Depe	endent		
	nroll any of your dep			ler this plan by	/ checking t	the box next to ye	our dependent's r	name.
	Dependents				Relations	ship		
	Jane Doe				Spouse			
Add/Up	date Dependent							
- Enroll	in Your Plan							
dependent	er Only cost shown is enrolled are not av ding to each plan opt	vailable to sele						
To comple	Basic Plan is included	mparison of th	ne plan optior			lan checkbox for	the plan options	to be
compared,	then select the Com	npare button.		fore My Afte	er Tax	My Employer	• My Pay	Compare
	Plan Name VSP Premier		Tax 0		Cost Cro			
~	Requires enrollment Medical plan	to any 🚺	\$	5.48			\$5.48	
Select	Waive						\$0.00	
Overvie	w 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.

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 X 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 eligible family	FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and your members.	
You can use t	he benefits debit card or submit claims in the app on your smartphone or online at www.padmin.	.com
For more info	rmation, please review the Flexible Spending Plan Details.	
To make FSA Enrollment Pe	contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Oper eriod.	n
▼Enroll in [*]	Your Plan	
	ur annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Health have no contribution with this plan if you do not make a choice.	1
PI	an Name	
Select He	ealth Care FSA	
√ w	aive	

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

Done

Cancel

Flex Spending - Health

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

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.

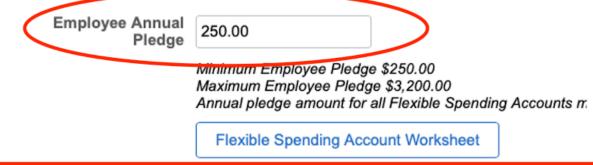
Enroll in Your Plan

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.



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.



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.

Cancel Flexi	Flexible Spending Account Worksheet Done					
You may use this worksheet to estim update the estimates.	ate your per pay period con	tribution or annual pledge. Select Calculat				
*Estimate Contribution from	Annual Pledge 🛟					
Your New Annual Pledge	250.00					
Minus Your Year To Date Contributions	0.00					
Divided by Pay Periods Remaining	18					
Estimated Per Pay Period Contribution	13.89					
	Calculate					

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

Flex Spending - Dependent Care Cancel Done A Dependent Care Assistance FSA allows you to pay for certified day care, preschool 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

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

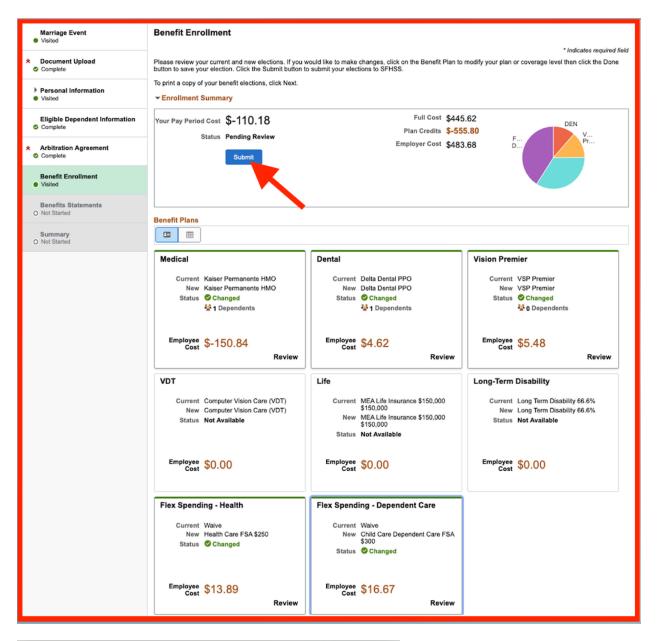
Flex Spending - Dependent Care Cancel Done Marriage Event Popup window A Dependent Care Assistance +SA allows you to pay for certified day care, preschool and elder care needed by eligible children under age 13 or aging parents. Note: If you have a stay-at-home parent in your household, you are not eligible 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 Waive Select 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 gualifications 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 pleage for this plan year. Employee Annual 300.00 Pledge 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.

Cancel Flexible Spending Account Worksheet Done				
You may use this worksheet to estim update the estimates.	ate your per pay period con	tribution or annual pledge. Select Calculated		
*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			
	Calculate			

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

CCSF/CRT



Done	Benefits Alerts
Your ben	efit choices have been submitted to the San Francisco Health Service System.
	dded or removed dependents, ensure all required verification ocuments 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.

Cancel

30

Next >

✓ My Health Benefits	Life Events
Welcome to Life Events	
If you have experienced a life event change it may impa	act your Benefit choices and enrolln
This guide will take you through all the steps necessary	to ensure that your personal profile
Please contact SFHSS Member Services at (628) 652- dependent with Medicare.	4700 if you are enrolled in Kaiser P
Select the event that has happened in your life. The	n 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.	
\bigcirc I and/or my dependent has gained other coverage	je.
\bigcirc I adopted or gained legal guardianship of a depe	endent.
◯ My dependent died.	
\bigcirc I and/or my dependent has lost coverage.	

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.

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.

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

Divorce Event

1. Click on I got divorced /legally separated.

- 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.

Cancel Divorce Event Benefit Enrollment * Indicates Document Upload our plan or Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify 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. Personal Information
 Visited Enrollment Summary Full Cost \$181.90 Employer Cost \$729.85 Eligible Dependent Information Your Pay Period \$181.90 Status Pending Review Arbitration Agreement Complete Submit Benefit Enrollment Visited Benefits Statements Not Started Benefit Plans Summary O Not Started Medical Vision Premier Current Waive New Waive Status Pending Review Current Blue Shield Trio HMO New Blue Shield Trio HMO Status Ochanged Employee Cost \$181.90 Employee Cost \$0.00 Review Review

Cancel	J		Medical			Done
Membe system	er Service's at (628) 65: 1.	lled in Medicare and have n 2-4700 for assistance. Your	ot yet submitted copi enrollment data may	es of the Medicar be incorrect if the	e cards to SFHSS, p e Medicare informatio	lease call on is not in the
▼ Enr	oll Your Dependent	S				
	dents that you have reg to view, update or add	gistered are listed here. Sele a new dependent.	ect the Add/Update D	ependent		
		pendents for coverage under	er this plan by checkir	a the box next to	vour dependent's na	ame.
		,		•	· ,	
	Dependents		Relat	tionship		
	Jane Doe		Spou	se		
	I/Update Dependent					
for the corresp The VS To corr	dependents enrolled a ponding to each plan of SP Basic Plan is include	ed with enrollment in all SFF	see other coverage o	costs for individua	al plans, select the he	elp icon
	Plan Name	My Before Tax Cost	My After Tax Cost	Employer Cost	My Pay Period Cost	Compare Plan
~	Blue Shield Trio HMO	() \$181.90		\$729.85	\$181.90	
Ove	erview of All Plans					Compare

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

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 Medica	al 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.					
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				
Jane Doe	Spouse				
Add/Update Dependent					
- Enroll in Your Plan					

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

Divorce Event Visited	Benefit Enrollment
★ Document Upload ② Complete	Please review your current and new elections. If you would like to make chan plan or coverage level then click the Done button to save your election. Click SFHSS.
 Personal Information Visited 	To print a copy of your benefit elections, click Next.
Eligible Dependent Information Visited	Your Pay Period Cost \$28.93
Arbitration Agreement Complete	Status Changed - Resubmit Required Full Cost \$28.93
Benefit Enrollment Visited	Employer Cost \$427.87
Benefits Statements O Not Started	
Summary O Not Started	Benefit Plans
	Medical
	Current Blue Shield Trio HMO New Blue Shield Trio HMO Status Changed I 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

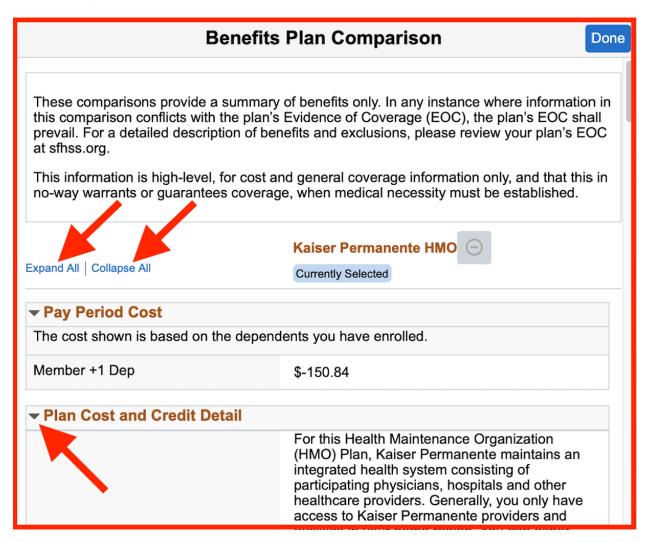
In the example, we clicked on the **Medical** plan tile. You can compare different plans by checking the checkboxes under the **Compare Plan**, then click **Compare**.

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.										
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							
	Jane Doe		Spouse							
Add/U	odate 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	N	ly Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan		
Select	Health Net CanopyCare HMO	0			\$481.69	\$365.27	\$-481.69	-		
Select	Blue Shield Trio HMO	0	\$49.70		\$481.69	\$407.10	\$-431.99			
Select	Blue Shield Access+ HMO	0	\$130.09		\$481.69	\$407.10	\$-351.60			
~	Kaiser Permanente HMO	0			\$481.69	\$406.79	\$-481.69			
Select	Blue Shield PPO	0	\$275.29		\$481.69	\$407.10	\$-206.40			
Select	Waive				\$481.69		\$-481.69			
Overvi	ew 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 Compariso	on Dor
Coverage (EOC), the plan's EOC shall	prevail. For a detailed description of benefits and e and general coverage information only, and that this	n in this comparison conflicts with the plan's Evidence of xclusions, please review your plan's EOC at sfhss.org in no-way warrants or guarantees coverage, when
Expand All Collapse All	Kaiser Permanente HMO Currently Selected	Blue Shield Trio HMO 🕞
Pay Period Cost		
The cost shown is based on the depen	idents you have enrolled.	
Member Only	\$-481.69	\$-431.99
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 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.	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.
Coverage Level Cost		
These are all the available Coverage C	Costs	
Member Only Currently selected coverage	\$-481.69 Before-Tax	\$-431.99 Before-Tax
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		
Calendar Year Deductible		
Individual	None	None
Family	None	None
Calendar Yr. Out-of-Pocket Max does not include premium contributions		
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.



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.

x ∈xit Marriage Event	:						
Qualify , Period 4/16/2025-5/16/2025							
Cancel Cancel Next	>						
Document Upload Save							
Event Value HSS Marriage							
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.