

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
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.	<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.

How to Enroll

SF My Hub

> **Introduction**

[Step by Step Instructions for New Hires and Qualifying Life Events](#)

[How to Enroll Online](#)

[How to Register an Account \(One-time only\) - for City College, SFUSD and Retirees](#)

[Dependent Eligibility](#)

[How to Make Benefits Changes Online](#)

Introduction

[City and County of San Francisco](#), [Superior Court of San Francisco](#), [San Francisco Unified School District \(SFUSD\)](#), and [City College of San Francisco](#) employees and [Retirees](#) can enroll in health benefits elections online with **eBenefits**.

If you are an employee of **SFUSD**, **City College** or a **Retiree** and have not previously registered an account, you will need to **Register your Account (one-time only)**. Go to the **How to Enroll Online** steps below or watch the **How to Register an Account (one-time only)** video below if you need help.

For instructions on how to enroll online, download the Step by Step Instructions for New Hires and Qualifying Life Events.

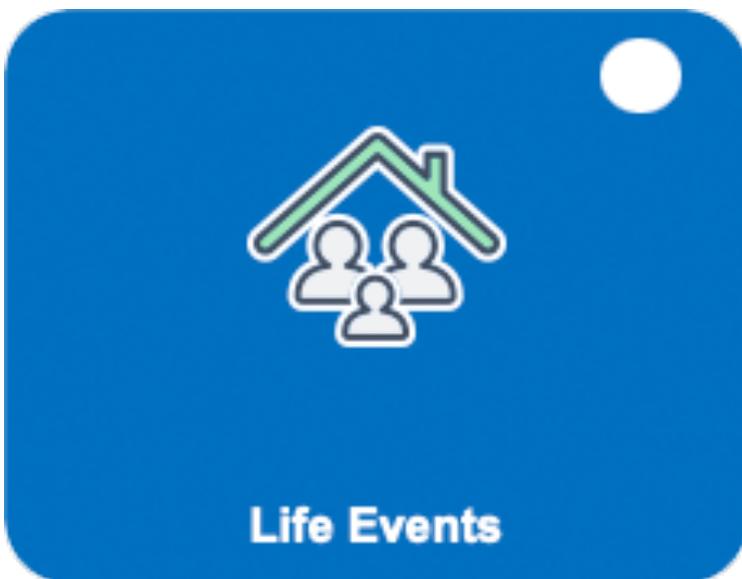
If you are unable to enroll online, get [Help](#) below.

You can use your computer, tablet, or smart phone to access **eBenefits** at any time. You can also access **Benefits Enrollment** using the same kiosks that you use for *PeopleSoft* time entry.

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.

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.

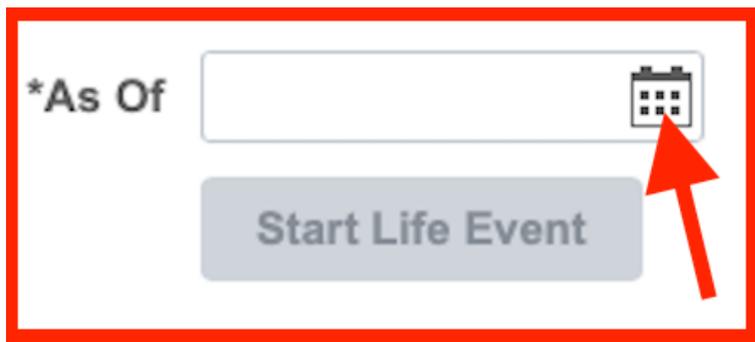
1. Select the event that has happened in your life.

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

✕ Exit Marriage Event
⋮

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

Your name will be shown here.

Marriage Event ● Visited	Marriage Event
✖ Document Upload <input type="radio"/> Not Started	<p>A marital status change is a good time to reconsider your health care coverage and other important information.</p> <p>A qualifying life event is the only time you can change your benefit elections outside of the annual Open Enrollment period.</p>
▶ Personal Information <input type="radio"/> Not Started	<p>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.</p>
Eligible Dependent Information <input type="radio"/> Not Started	<p>In addition to complete documentation required, a Social Security number must be provided for each of the family members being enrolled.</p>
✖ Arbitration Agreement <input type="radio"/> Not Started	<p>A copy of the marriage certificate must be submitted within 30 calendar days of the legal date of the marriage.</p>
Benefit Enrollment <input type="radio"/> Not Started	<p>A Social Security number must be provided for each of your spouse and any of his or her eligible children.</p>
Benefits Statements <input type="radio"/> Not Started	<p>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.</p>
Summary <input type="radio"/> Not Started	<p>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.</p>

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 **Drop-down**

No Document has been attached.

View Document

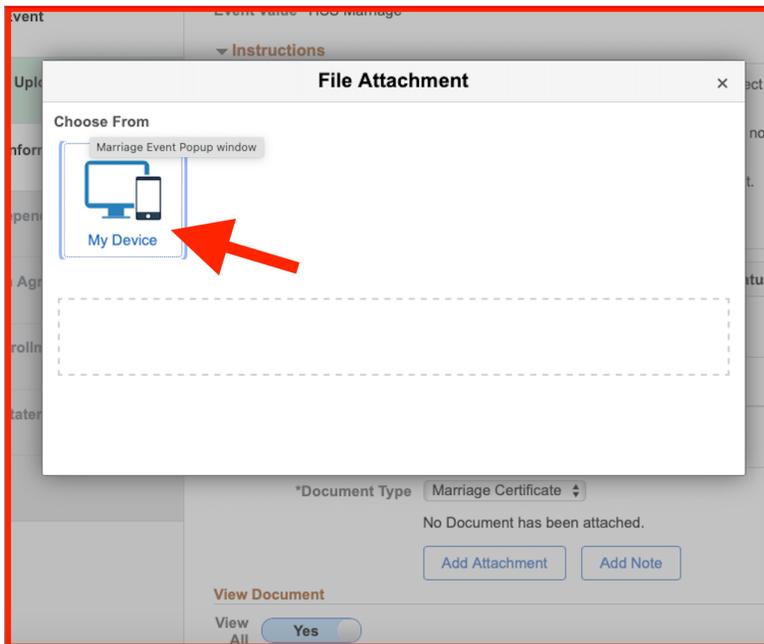
View All Yes

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.

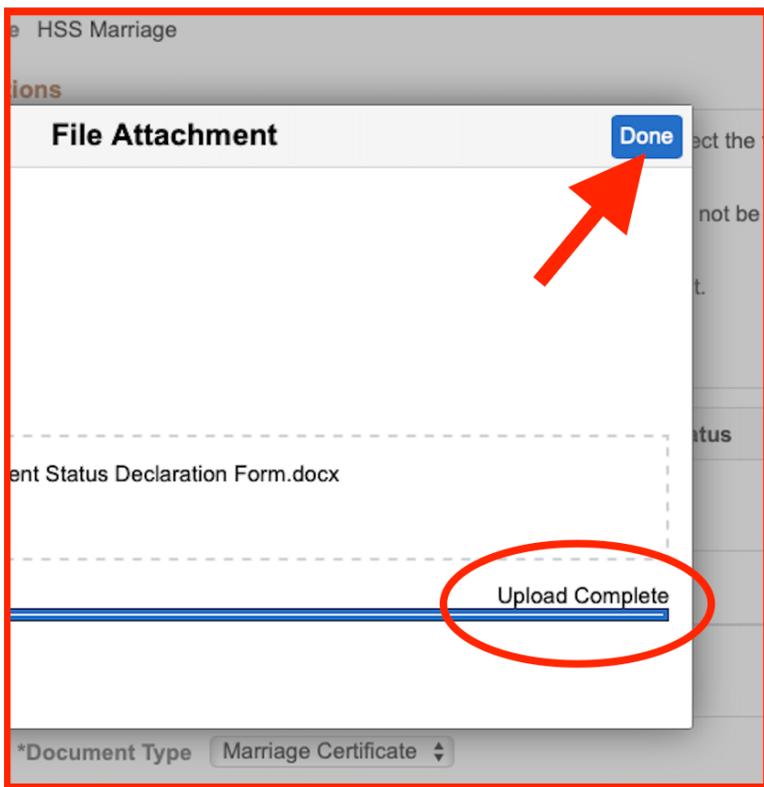
Then click on the **Add Attachment** button.



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**.

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

Buttons: Add Attachment, Add Note

Table Headers: Description, Document Type, Category, Last Updated

Table Row: 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.**

Navigation Menu:

- 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

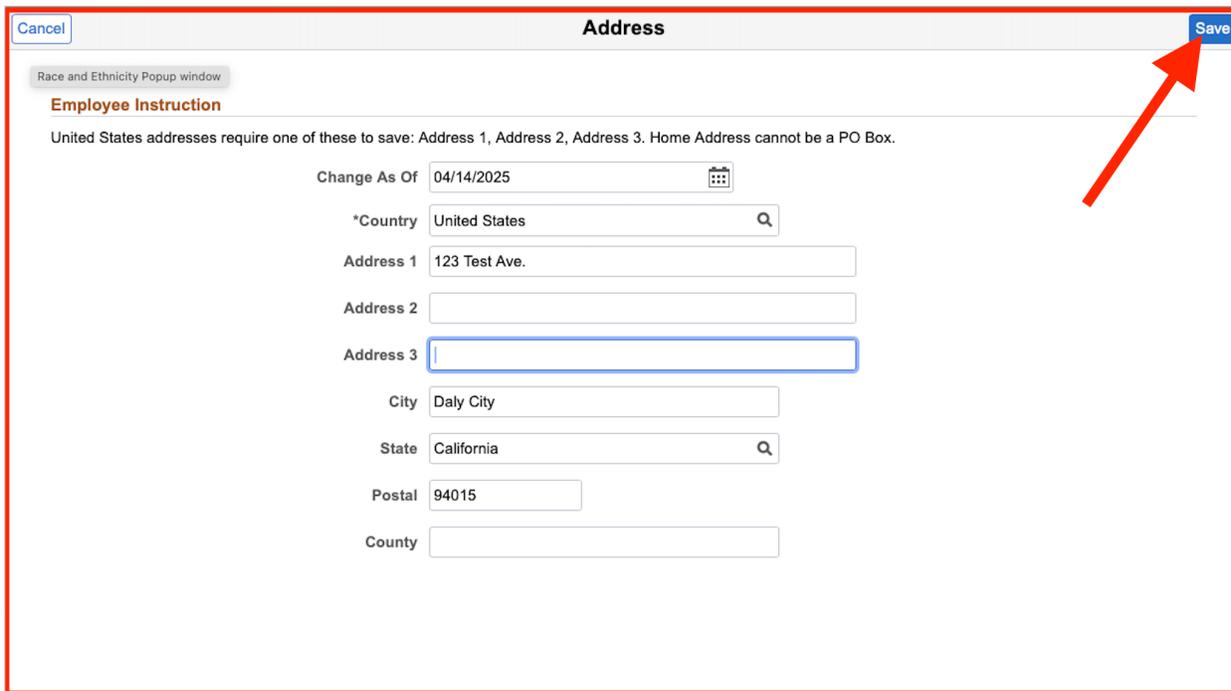
Home Address

123 Test Ave
 Daly City, CA 94015
 Current

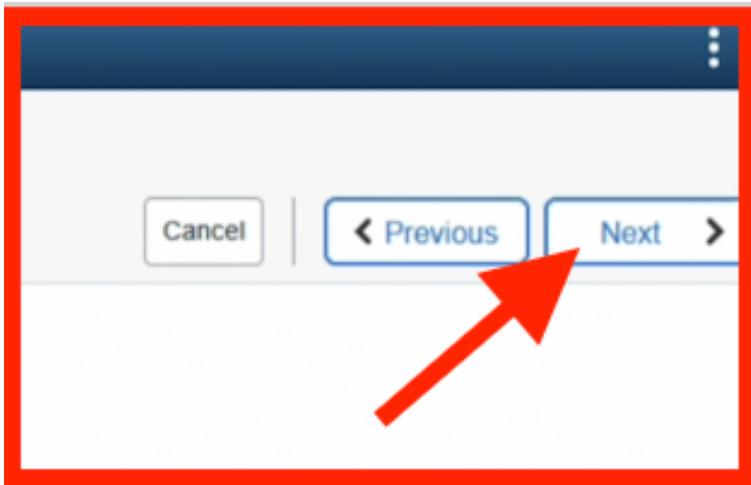
Mailing Address

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. The form includes an "Employee Instruction" section 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." Below this are 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 section will help SFHSS evaluate the unique needs and experiences across different segments of our membership. 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

* Indicates required field

Select Save after you have added your Dependent/ Beneficiary Summary Popu 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

Address Address Type

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

Address	Address Type	Same Address as mine

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 Permanent's 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 Kaiser Permanent, 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.

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

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.

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If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Permanent's 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 Kaiser Permanent, 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.

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

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 Permanent's 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 Kaiser Permanent, 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.

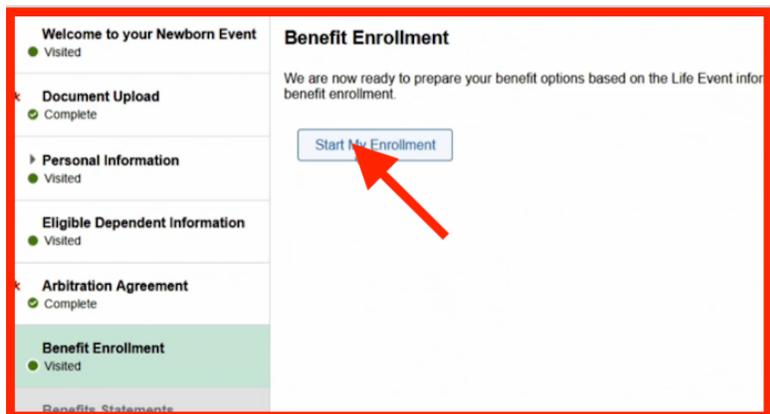
By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature on the **Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will be treated as my signature.

I Agree

Cancel < Previous **Next** >

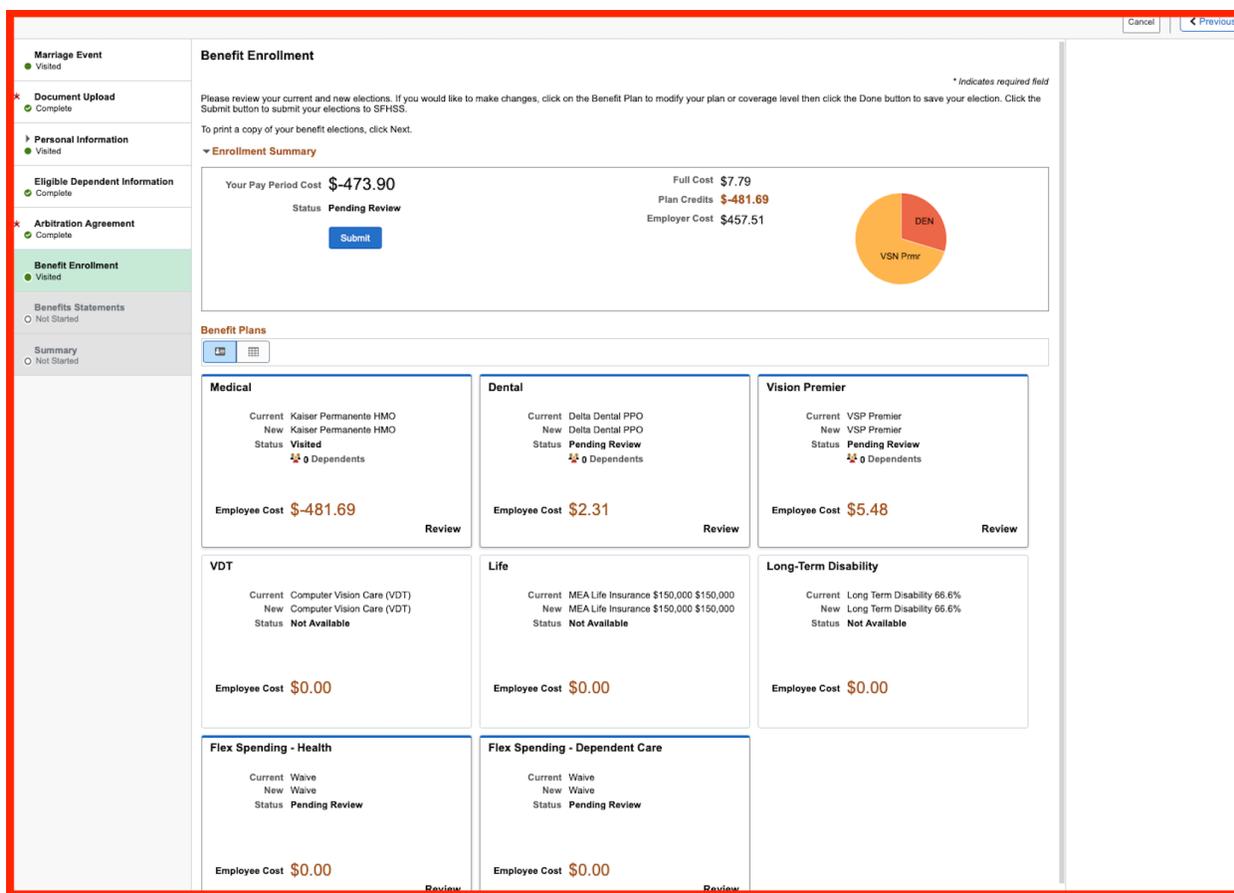
4. Click **Next**.

Benefit Plan Elections / Add Dependent(s)

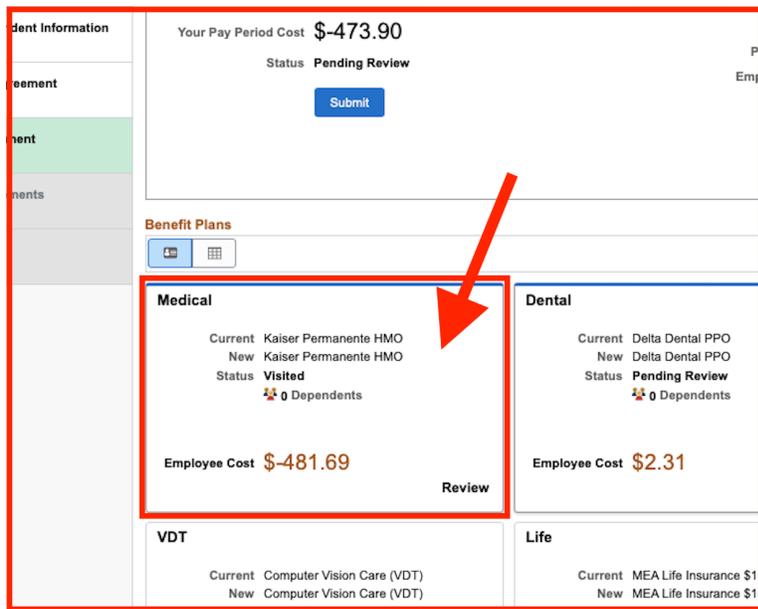


1. Click on **Start My Enrollment**.

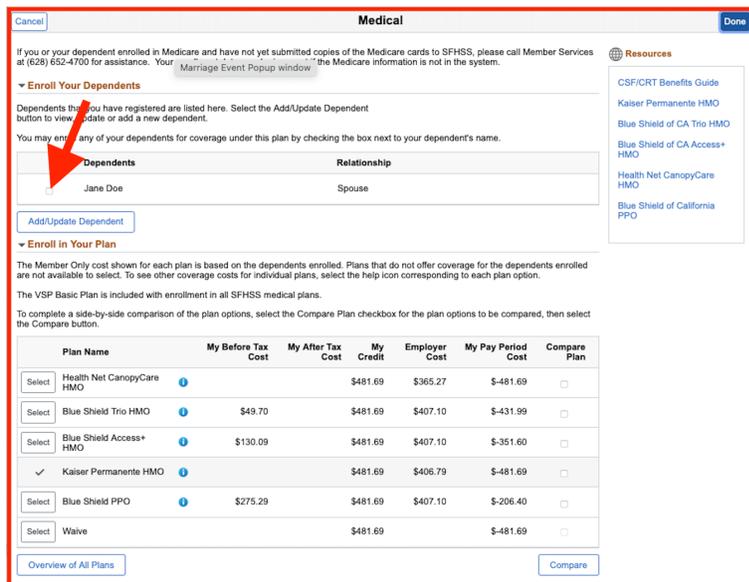
2. Review your current benefits elections. Notice that your newly added dependent(s) are not reflected yet.



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.



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



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

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.

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 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 ⓘ	\$363.43	\$555.80	\$365.27	\$-192.37	<input type="checkbox"/>	
Select Blue Shield Trio HMO ⓘ	\$504.65	\$555.80	\$407.10	\$-51.15	<input type="checkbox"/>	
Select Blue Shield Access+ HMO ⓘ	\$665.44	\$555.80	\$407.10	\$109.64	<input type="checkbox"/>	
Select Kaiser Permanente HMO ⓘ	\$404.96	\$555.80	\$406.79	\$-150.84	<input type="checkbox"/>	
Select Blue Shield PPO ⓘ	\$916.55	\$555.80	\$407.10	\$360.75	<input type="checkbox"/>	
Select Waive ⓘ		\$481.69	\$-481.69		<input type="checkbox"/>	

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

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

[Add/Update Dependent](#)

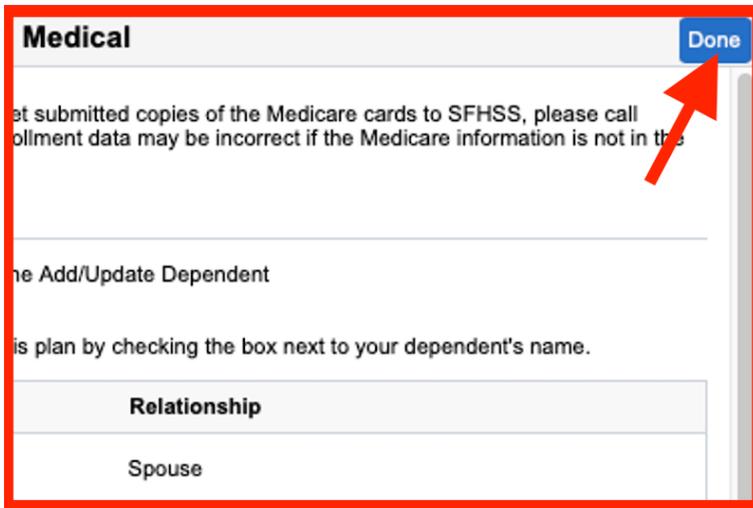
▼ **Enroll in Your Plan**

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 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
Select Health Net CanopyCare HMO ⓘ	\$363.43	\$555.80	
Select Blue Shield Trio HMO ⓘ	\$504.65	\$555.80	
Select Blue Shield Access+ HMO ⓘ	\$665.44	\$555.80	
Select 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

The image shows a screenshot of a web form titled "Medical". The form is enclosed in a red border. At the top right of the form, there is a blue button labeled "Done". A red arrow points to this button. The form contains several sections: a header "Medical", a paragraph of text, a section titled "Add/Update Dependent", another paragraph of text, and a table with a header "Relationship" and one row containing "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

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

*** 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**

Dental

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

Employee Cost **\$4.62**

Vision Premier

Current VSP Premier
New VSP Premier
Status ● Changed
 0 Dependents

Employee Cost **\$5.48**

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**

Flex Spending - Dependent Care

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

Employee Cost **\$16.67**

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.

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

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
<input type="button" value="Select"/>	Health Care FSA
<input checked="" type="checkbox"/>	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

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 m.

[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.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*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**.

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	
<input type="button" value="Select"/>	Child Care Dependent Care FSA
<input checked="" type="checkbox"/>	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	
<input checked="" type="checkbox"/>	Child Care Dependent Care FSA
<input type="checkbox"/>	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

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.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from

Your New Annual Pledge

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**

[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

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.

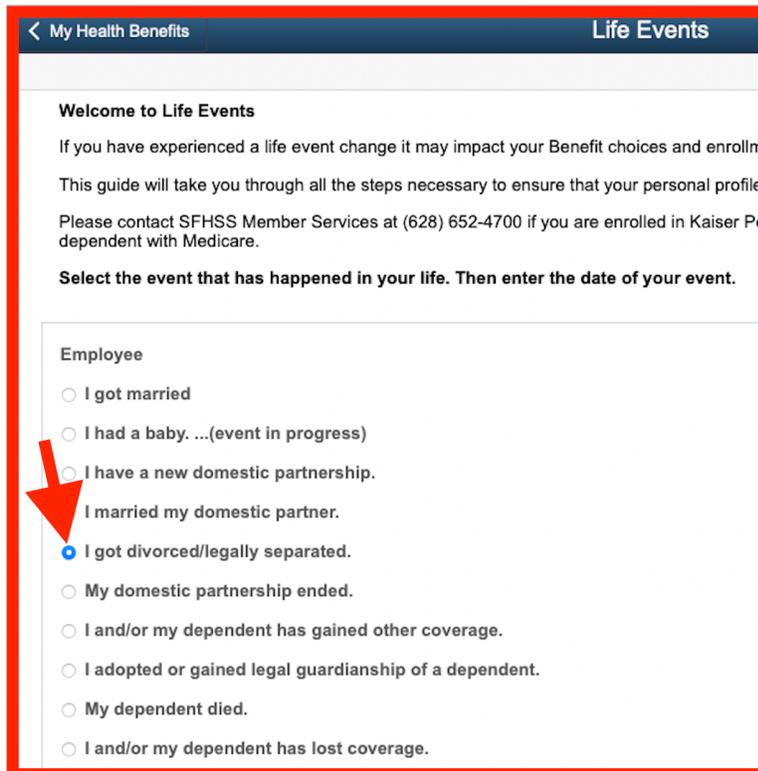
Print your Benefits Statement for your records. Select 'Done' to return to the Benefits Enrollment page.

Read the message and click **Done.**

29

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 and benefits information are updated to reflect this event in your life.

Please contact SFHSS Member Services at (628) 652-4700 if you are enrolled in Kaiser Permanente health plan and are a dependent with 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.

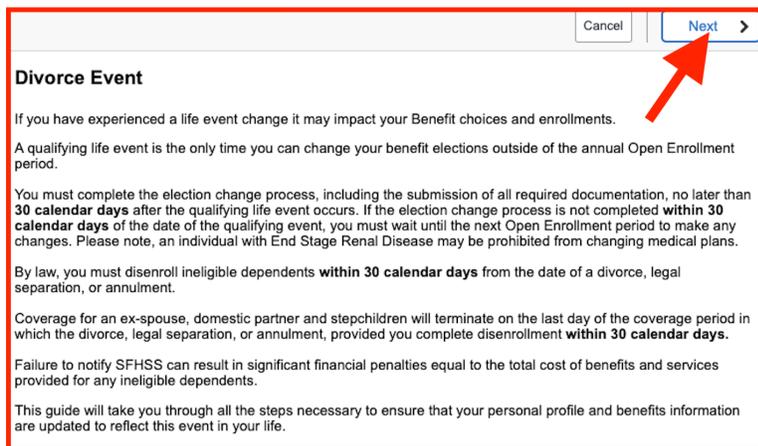
I and/or my dependent has gained other coverage.

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.**



Cancel Next >

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.

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.**

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

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

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"/>

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"/>
<input checked="" 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.

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

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

Blue Shield Trio HMO ⊖

▼ Pay Period Cost

The cost shown is based on the dependents 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 Costs

Member Only	\$-481.69 Before-Tax	\$-431.99 Before-Tax
<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

Calendar Year Deductible		
Individual	None	None
Family	None	None
Calendar Yr. Out-of-Pocket Max <i>does not include premium contributions</i>		
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

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
---------------	-----------

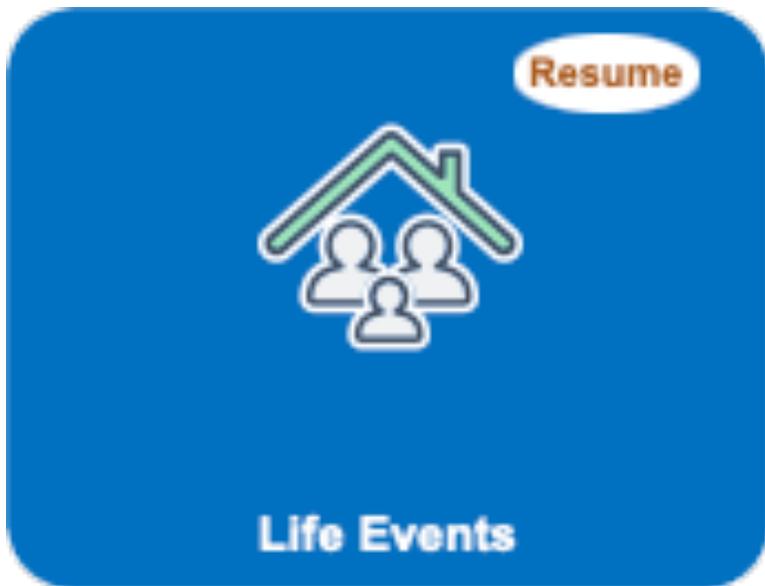
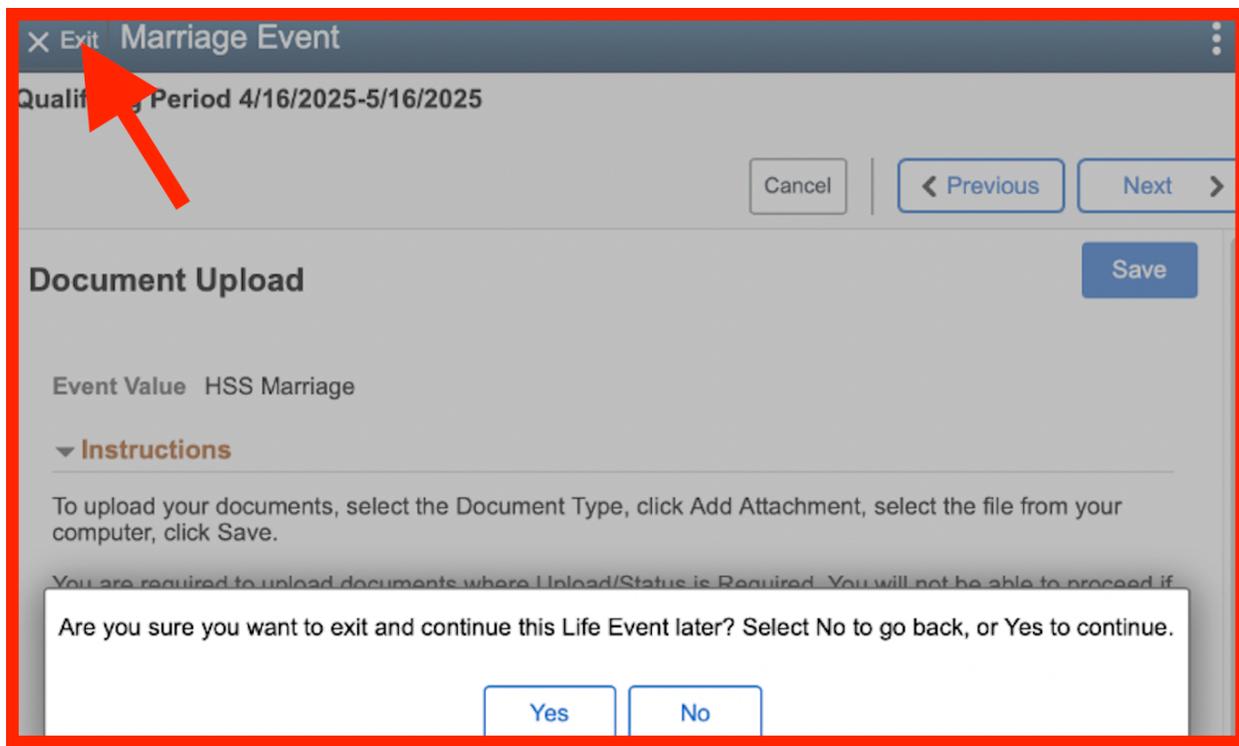
▼ Plan Cost and Credit Detail

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.



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.