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 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.	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.
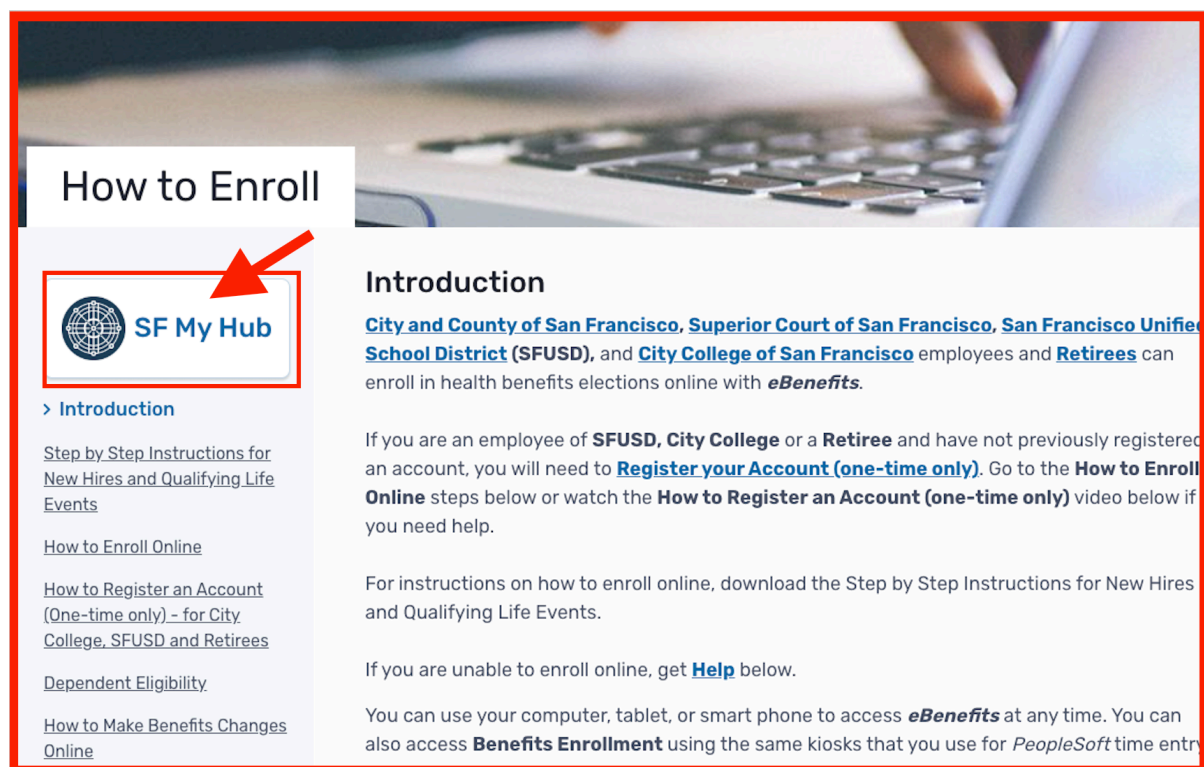
1. Enter your DSW (Employee ID) and password.

2. Complete the security verification.

3. You will see your dashboard with different tiles.

6. Click on **My Health Benefits** tile.
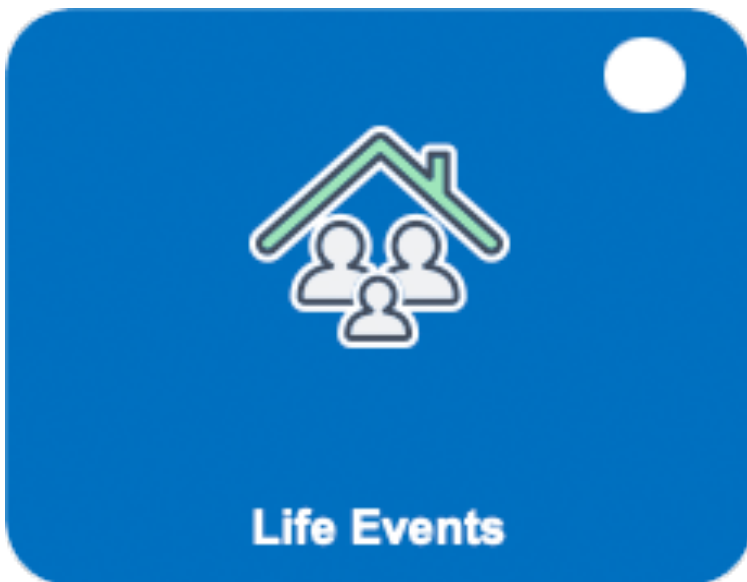
7. Click on **Life Events** tile.

Select Your Qualifying Life Event

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

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.

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 **disenrolling a dependent** from your benefits.

Read the **Disenroll Your Dependents** section in this manual 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.
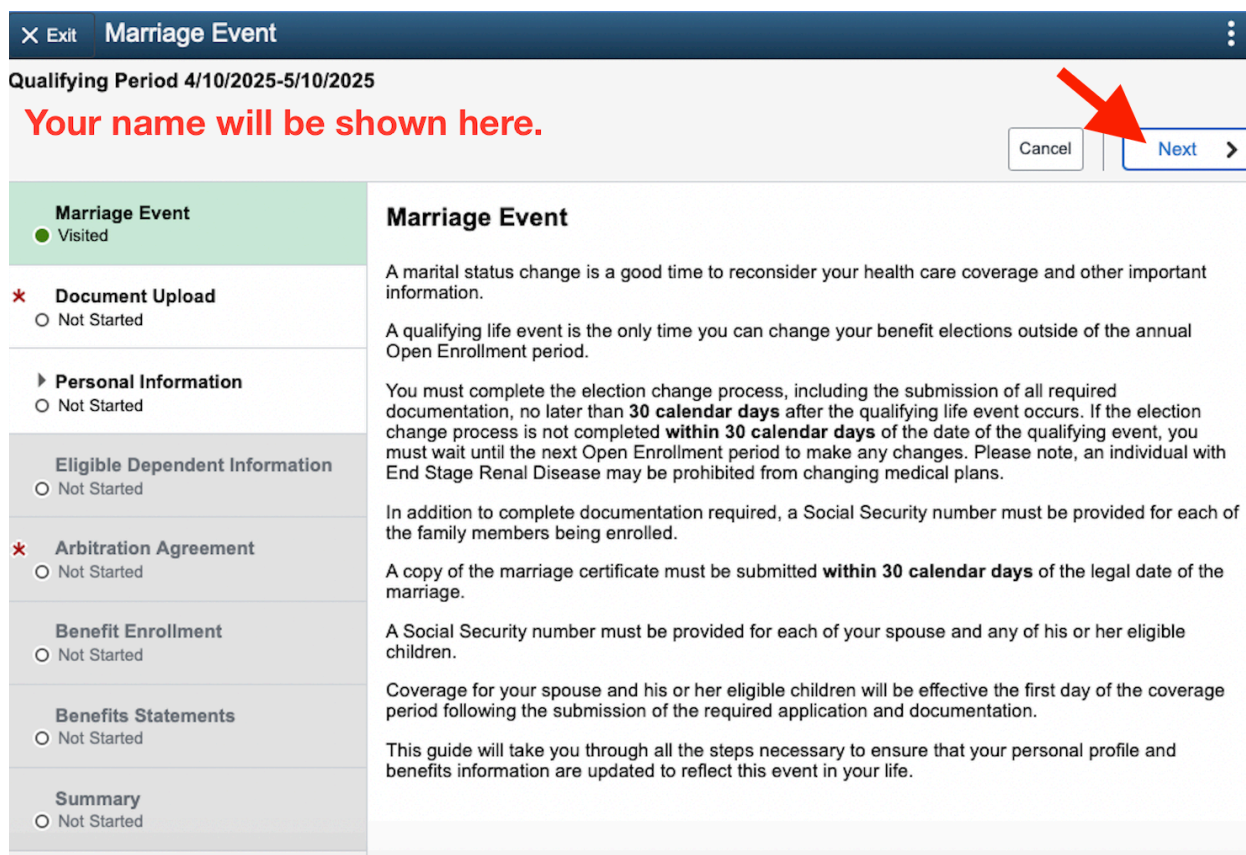
*As Of

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 life 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

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 Sections G and I for Qualifying Life Event reporting requirements.

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

Upload Your Documents

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.
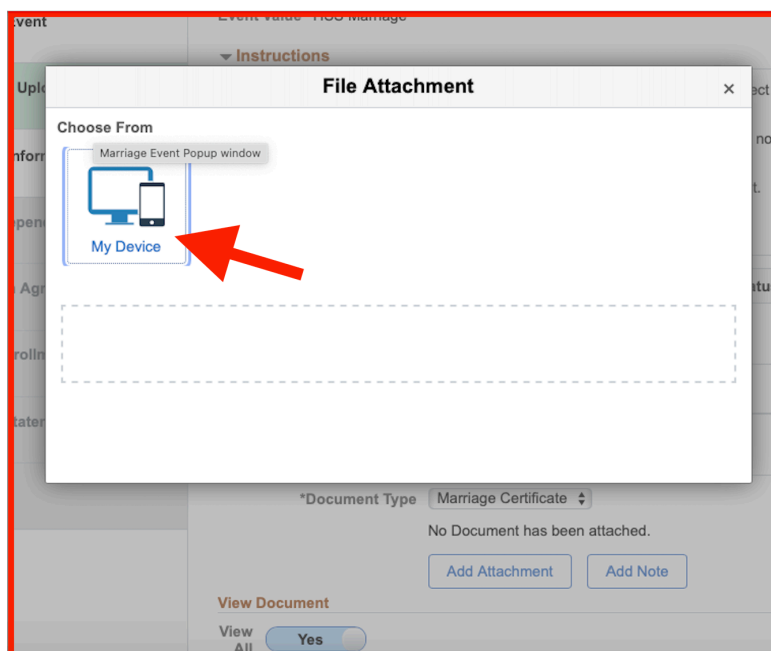
5. The **File Attachment** window will appear.
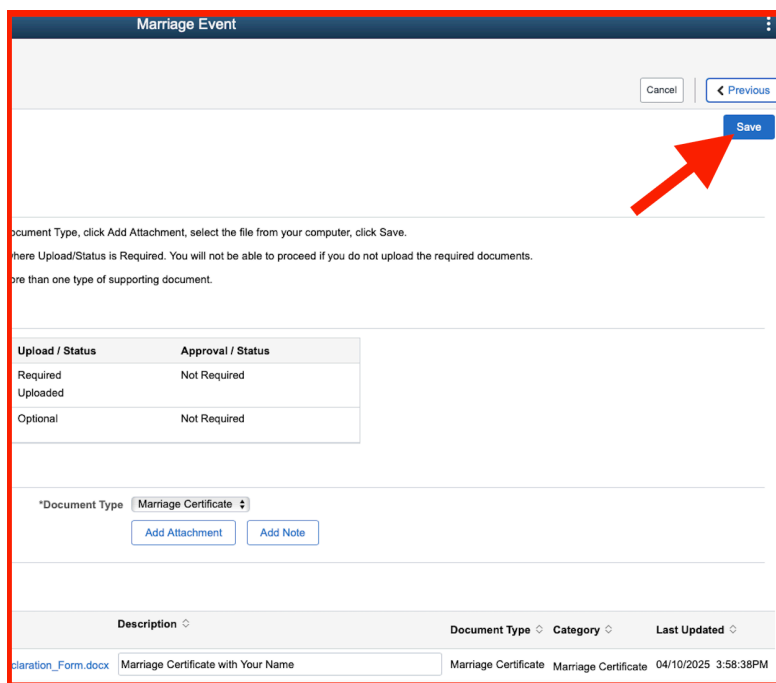
   Click on **My Device** to navigate your computer, tablet, or phone for the document to upload.

6. Once the document has been selected, click on **Upload.**
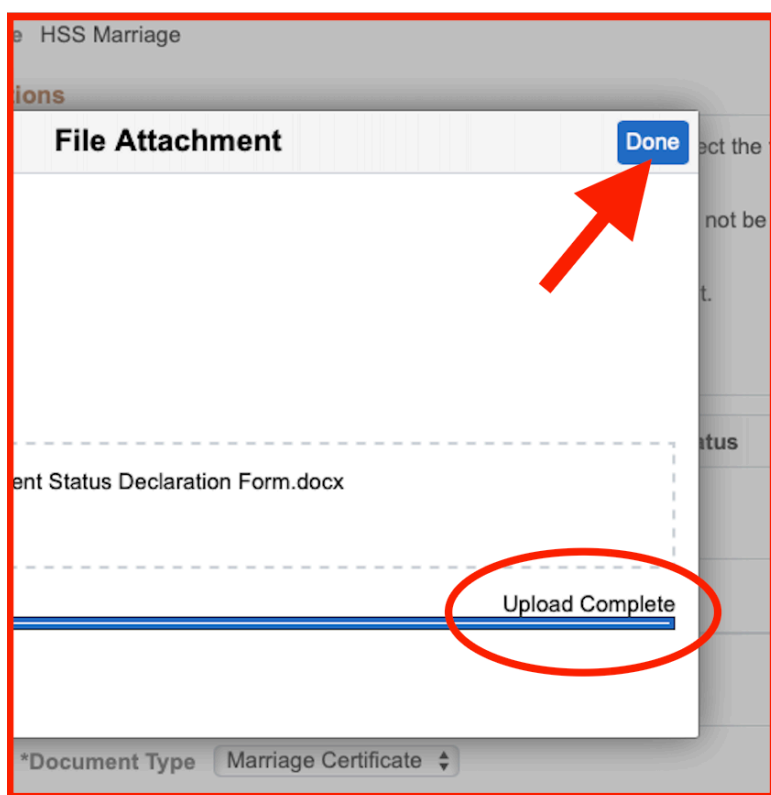
3. Wait until **Upload Complete** is shown on the bottom of the window.

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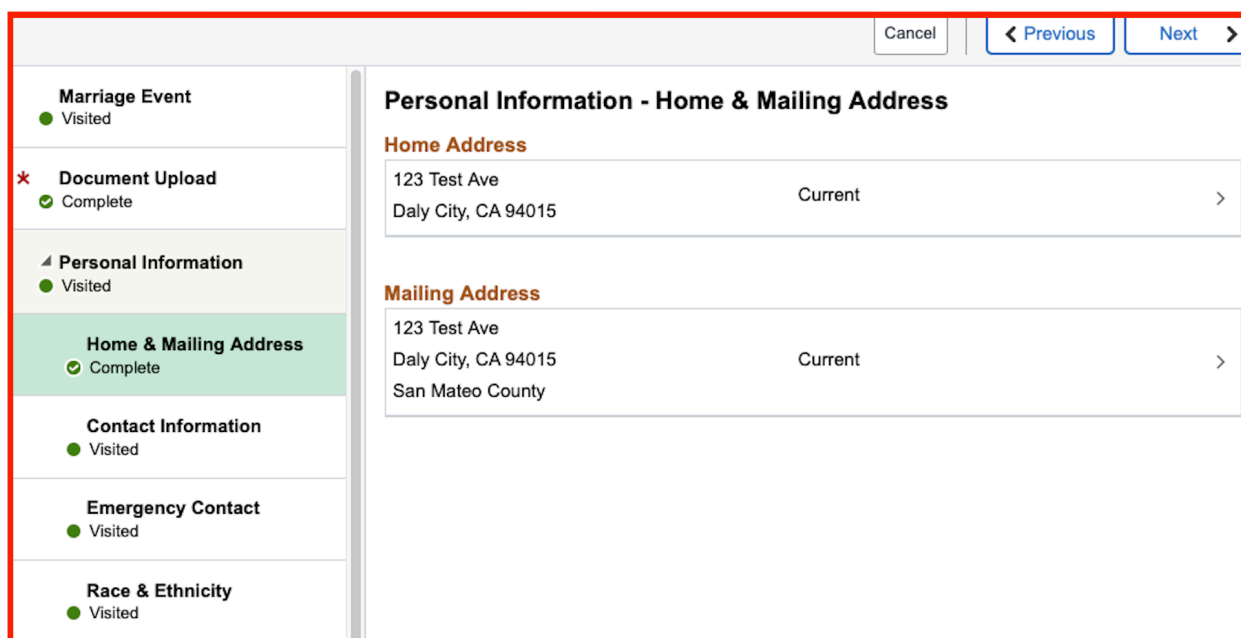
7. Click on **Save.** It is located on the top right corner.

Update Your Personal Information

You can update your personal information, such as your **Home and Mailing Addresses, Contact Information, Emergency Contact, and Race & Ethnicity**.
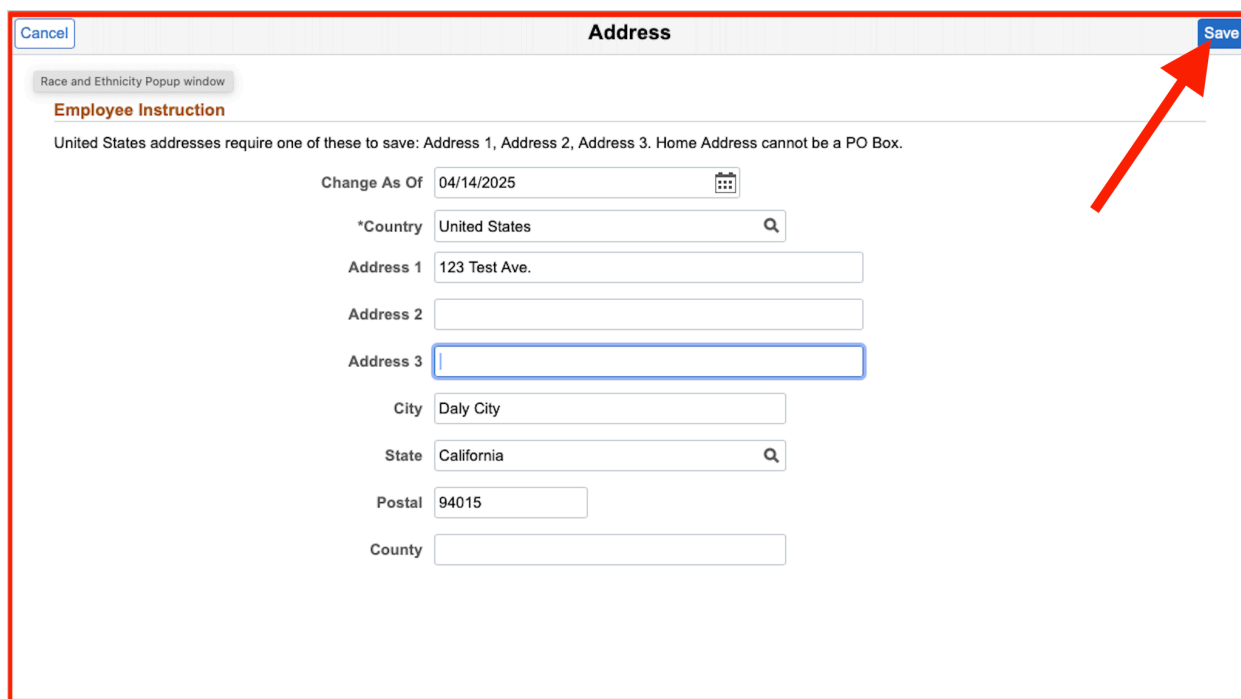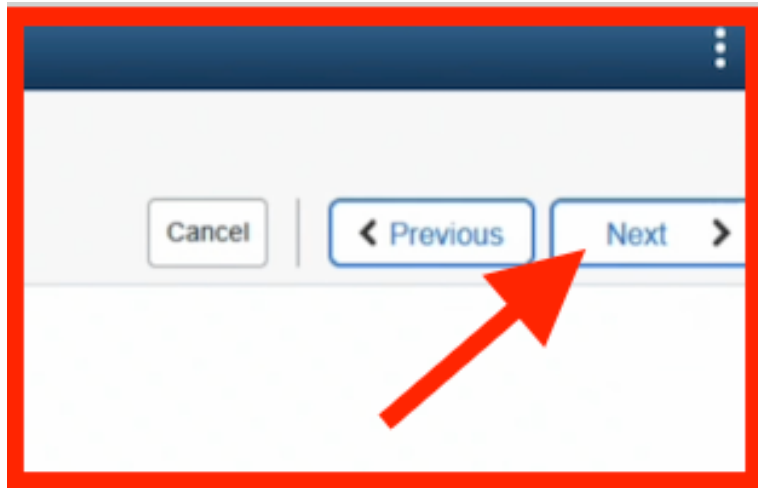
Reminder to click on **Save** at the top right of the window to save your changes.

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.

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.

- 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.*
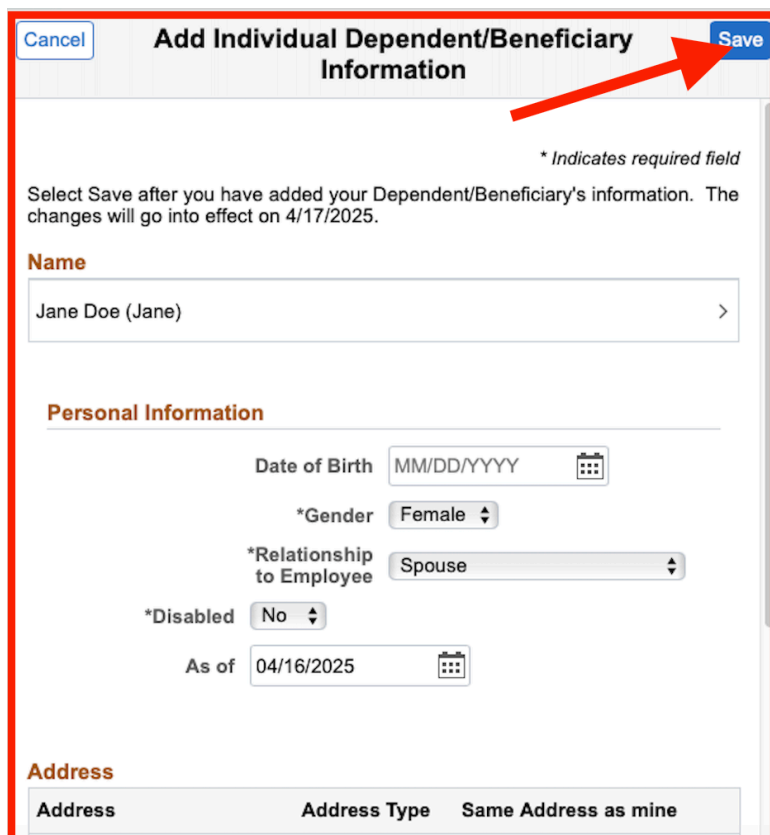
2. Click on **Add Name.**

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.

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

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

Arbitration Agreement

RET

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.

4. Click **Next.**

Benefit Plan Elections / Add Dependent(s)
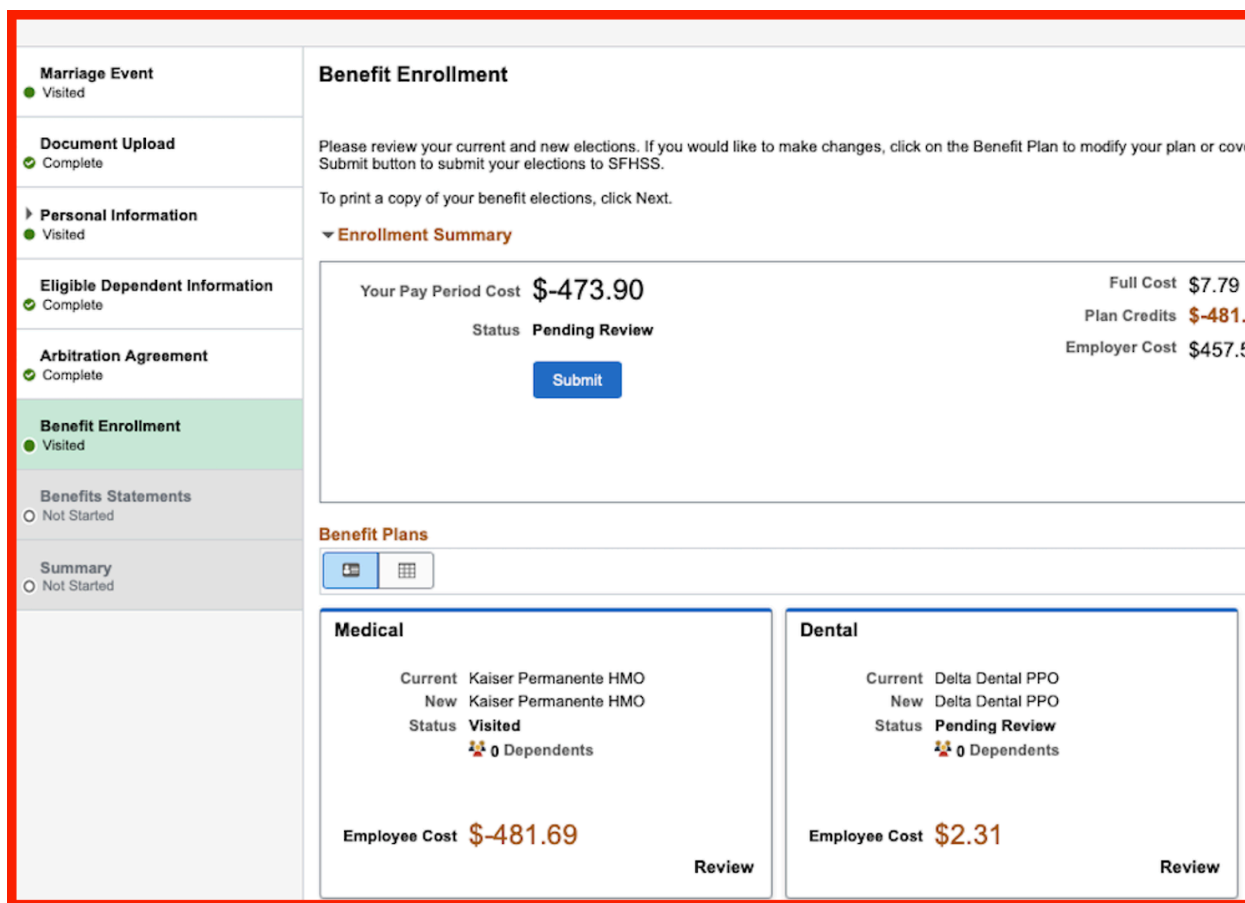
1. Click on **Start My Enrollment**.

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.

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

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 the

he 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.

You can now repeat the same process for **Dental, and Vision Premier.**

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.

- 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

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.

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

Read the message and click **Done.**

Disenroll Your Dependent(s)

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

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.

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.**

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

Benefits Alerts

Done

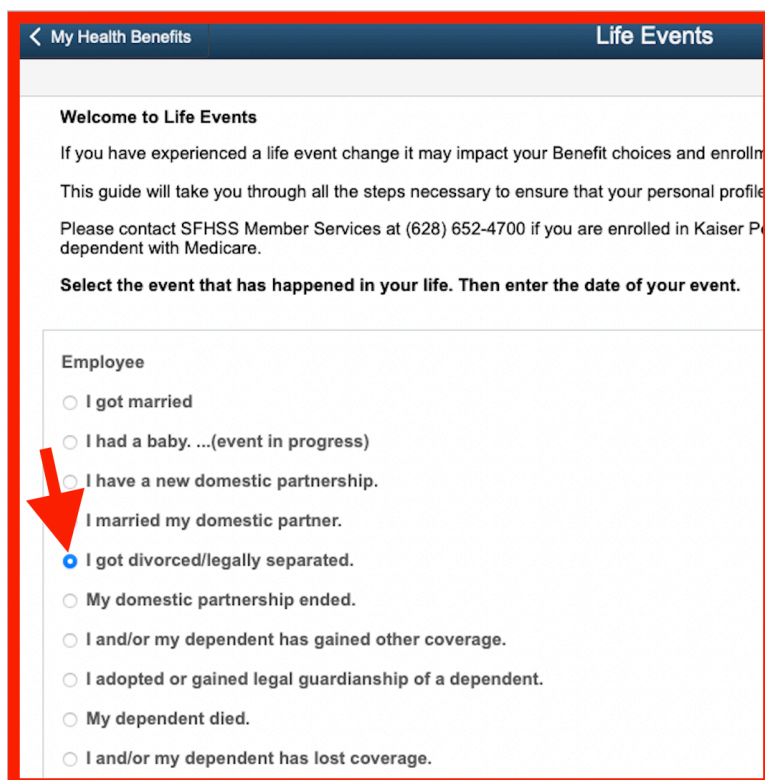Your benefit choices have been submitted to the San Francisco Health Service System.

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.

6. 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**.

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.

Benefits Plan Comparison — Done

These comparisons provide a summary of benefits only. In any instance where information in this comparison conflicts with the plan's Evidence 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	$-431.99
▼ **Plan Cost and Credit Detail**		
	For this Health Maintenance Organization (HMO) Plan, Kaiser Permanente maintains an integrated health system consisting of participating physicians, hospitals and other healthcare providers. Generally, you only have access to Kaiser Permanente providers and facilities in your home region. You can either select a Primary Care Physician (PCP) or one will be assigned to you; you can change your doctor at any time. You must also live OR work (if applicable) in a zip code serviced by the plan. The Evidence of Coverage (EOC) for this Kaiser Permanente HMO plan contains a complete list of benefits, limitations and exclusions.	This California HMO plan has a similar and adequate network of doctors, hospital and medical facilities, when compared to Health Net Canopy Care HMO. The medical and pharmacy benefits offered through this plan match the Blue Shield Access+ plan, with the only difference between the plans being the size of network of doctors, hospital and medical facilities. Like the Blue Shield Access+ plan, this plan has no deductibles. You must select a Primary Care Physician (PCP), or it will be automatically assigned by Blue Shield. Each member of your family can choose a different physician and medical group. To enroll, you must live or work in a zip code serviced by the plan. Please refer to the Evidence of Coverage (EOC) for a complete list of benefits, limitations and exclusions.
▼ **Coverage Level Cost**		
These are all the available Coverage Costs		
Member Only *Currently selected coverage*	**$-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.

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.