

How to Enroll in Benefits Manual: New Hire / Rehire

Welcome! Thank you for using SFHSS' Self-Service system to enroll in your benefits. As a new hire, you must enroll in benefits within 30 calendar days from your date of hire. If you do not enroll, it may result in no coverage for yourself and any dependents. You can only change your benefit choices during Open Enrollment or if you have a qualified life event change. This includes marriage, domestic partnership, a newborn or newly adopted child, as well as divorce or dissolution of domestic partnership.

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Frequently Asked Questions

What documents do I need?

If you will be adding or disenrolling a dependent to 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 new enrolled dependent
- Court Orders for Divorce, Separation, Annulment, Dissolution of Domestic Partnership
- Proof of coverage loss
- Proof of coverage gain
- Death Certificate

Who do I contact for 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.

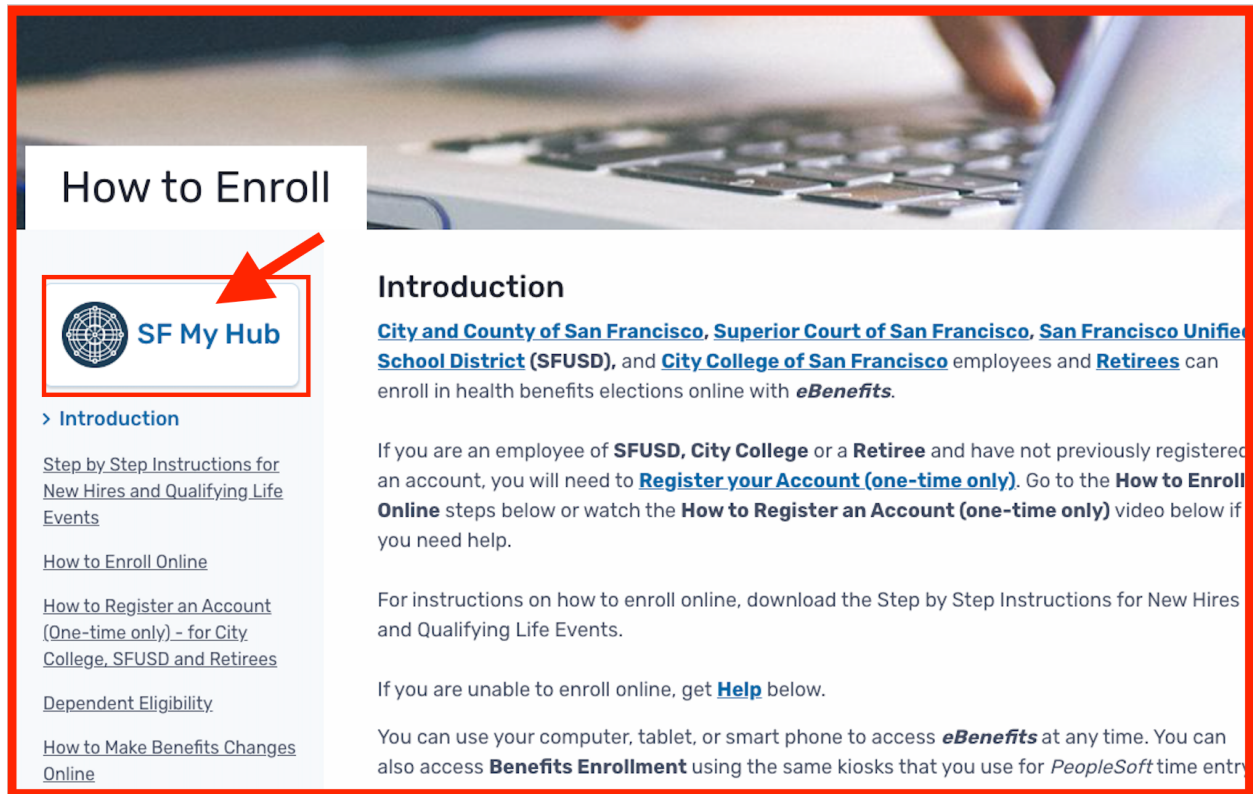
What are the different relationship types when adding dependents to your health benefits?

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>

Login

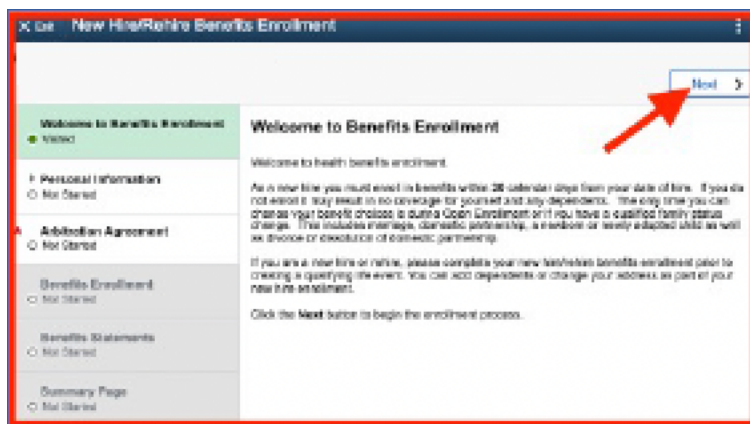
1. Go to: <https://sfhss.org/how-to-enroll>
2. Click on the **SF My Hub** tile on the top left of the window.



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



6. Click on **Hire/Rehire Benefit Enrollment** tile.



7. Read the message and click on **Next**.

Complete Your Personal Information

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

Welcome to Benefits Enrollment
● Visited

Personal Information
● Visited

Home and Mailing Address
● Complete

Contact Information
● Visited

Emergency Contact
● Visited

Race & Ethnicity Information
● Visited

Personal Information - Home and Mailing Address

Home Address

123 Test Ave
Daly City, CA 94015
Current

Mailing

No data exists.

[Add Mailing Address](#)

[< Previous](#) [Next >](#)

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

[Cancel](#) **Address** [Save](#)

Race and Ethnicity Popup window

Employee Instruction

United States addresses require one of these to save: Address 1, Address 2, Address 3. Home Address cannot be a PO Box.

Change As Of 04/14/2025

*Country United States

Address 1 123 Test Ave.

Address 2

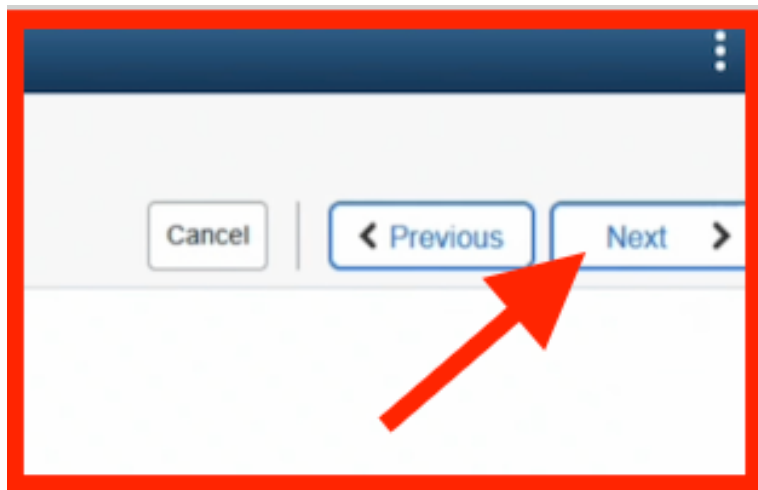
Address 3

City Daly City

State California

Postal 94015

County



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.

A screenshot of a web application interface for 'Welcome to Benefits Enrollment'. On the left is a sidebar with a list of sections: 'Welcome to Benefits Enrollment' (Visited), 'Personal Information' (Visited), 'Home and Mailing Address' (Complete), 'Contact Information' (Visited), 'Emergency Contact' (Visited), and 'Race & Ethnicity Information' (Visited, highlighted in green). The main content area is titled 'Race and Ethnicity'. It contains two sections: 'Race Details' with a dropdown menu currently showing 'Guamanian or Chamorro', and 'Ethnicity Details' which shows 'No Data Exists' and an 'Add Ethnicity' button. At the top right of the main content area, there are navigation buttons: '< Previous', 'Next', and '>'. A red arrow points to the 'Next' button.

Arbitration Agreement

Welcome to Benefits Enrollment
● Visited

▶ **Personal Information**
● Visited

★ **Arbitration Agreement**
● In Progress

○ Benefits Enrollment
○ Not Started

○ Benefits Statements
○ Not Started

○ Summary Page
○ Not Started

Arbitration Agreement

Below are the terms and conditions to enroll in health benefits. Selecting the I Agree checkbox authorizes the San Francisco Health Service System for processing.

Once your enrollment is processed, you may not be able to make any further benefit choices.

By submitting your benefit choices you are authorizing San Francisco Health Service System to use your necessary personal information to select insurance carriers to complete your enrollment.

If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you agree to submit any disputes between me (including any of my enrolled family members or heirs or persons I am authorized to represent) to individual, final and binding arbitration instead of a jury or court trial. Coverage or Certificate of Insurance or my Health Net membership or coverage agents or employees, are involved in the dispute. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board.

If you have selected the Kaiser plan, by submitting your enrollment, you agree to submit any disputes between me (including any of my enrolled family members or heirs or persons I am authorized to represent) to individual, final and binding arbitration instead of a jury or court trial. Coverage or Certificate of Insurance or my Health Net membership or coverage agents or employees, are involved in the dispute. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board.

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my signature, and it indicates that I agree to the binding arbitration provision contained in the Evidence of Coverage or Certificate of Insurance.

☐ I Agree

Save

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

Arbitration Agreement

● In Progress

○ Benefit Enrollment
○ Not Started

○ Benefits Statements
○ Not Started

○ Summary
○ Not Started

Instead of a jury or court trial and that I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board.

If you have selected the Kaiser plan, by submitting your enrollment, you agree to submit any disputes between me (including any of my enrolled family members or heirs or persons I am authorized to represent) to individual, final and binding arbitration instead of a jury or court trial. Coverage or Certificate of Insurance or my Health Net membership or coverage agents or employees, are involved in the dispute. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board. I understand that, by agreeing to submit any disputes to binding arbitration instead of a court of law, I am waiving my right to a trial by jury. I also understand that disputes that I have submitted to individual, final and binding arbitration instead of a jury or court trial are not subject to review by the State of California Department of Industrial Relations or the Federal Labor Relations Board.

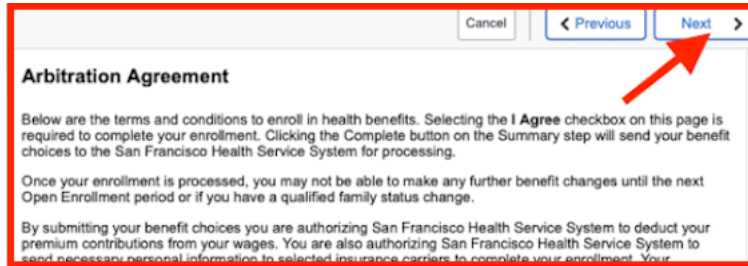
By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my signature, and it indicates that I agree to the binding arbitration provision contained in the Evidence of Coverage or Certificate of Insurance.

☒ I Agree

Save

3. Click **Save**.

This is required to proceed to the next step.



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.

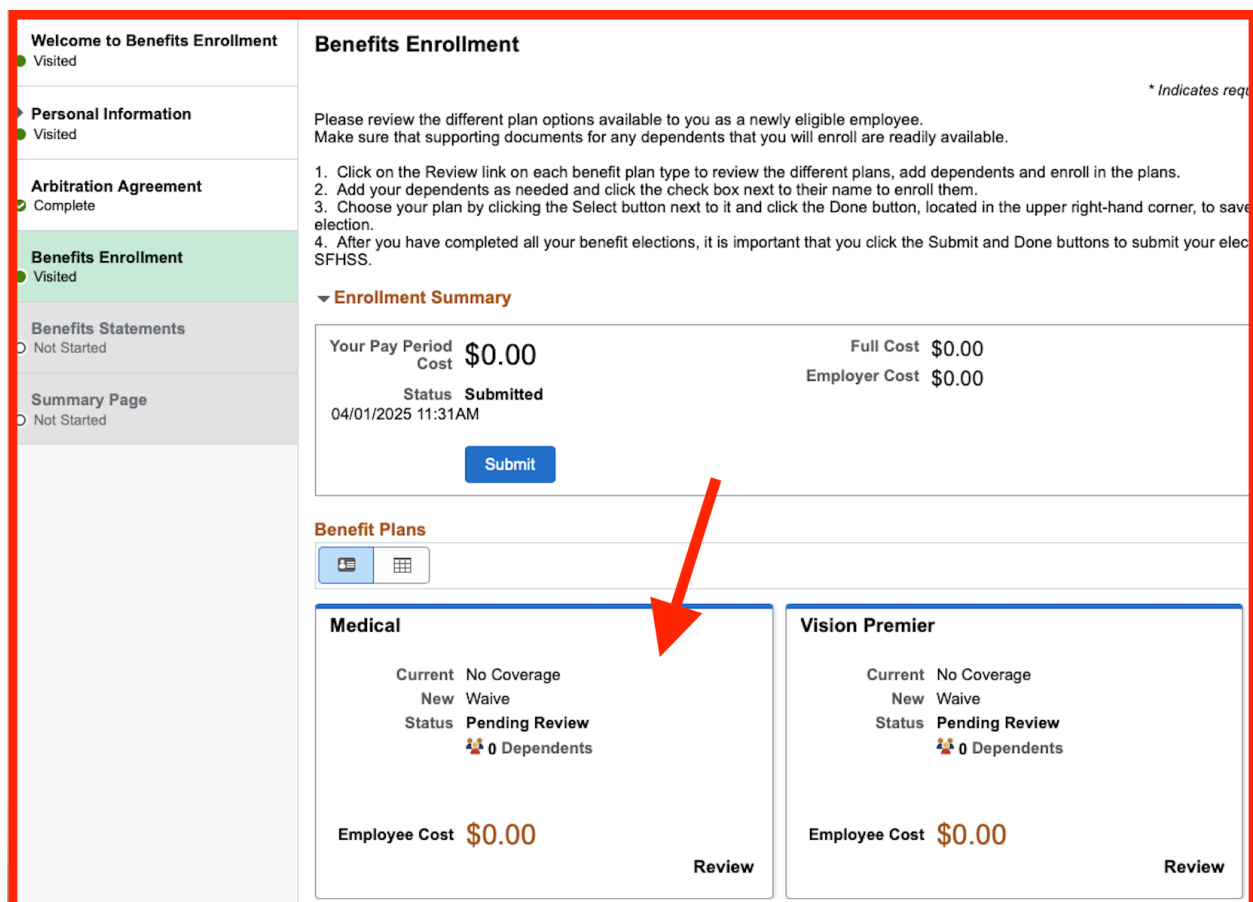
By submitting your benefit choices you are authorizing San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your

Cancel < Previous **Next** >

4. Click **Next**.

Benefits Enrollment / Add Dependent(s) / Upload Documents

The **Benefits Enrollment** section will show you the different plan tiles available to you. For this example, we click on the **Medical** tile.



Welcome to Benefits Enrollment
● Visited

Personal Information
● Visited

Arbitration Agreement
● Complete

Benefits Enrollment
● Visited

Benefits Statements
○ Not Started

Summary Page
○ Not Started

Benefits Enrollment

Please review the different plan options available to you as a newly eligible employee. Make sure that supporting documents for any dependents that you will enroll are readily available.

* Indicates required

- Click on the Review link on each benefit plan type to review the different plans, add dependents and enroll in the plans.
- Add your dependents as needed and click the check box next to their name to enroll them.
- Choose your plan by clicking the Select button next to it and click the Done button, located in the upper right-hand corner, to save election.
- After you have completed all your benefit elections, it is important that you click the Submit and Done buttons to submit your election to SFHSS.

Enrollment Summary

Your Pay Period Cost	\$0.00	Full Cost	\$0.00
Status	Submitted	Employer Cost	\$0.00
04/01/2025 11:31AM			

Submit

Benefit Plans

Medical

Current No Coverage
New Waive
Status Pending Review
👤 0 Dependents

Employee Cost \$0.00

Review

Vision Premier

Current No Coverage
New Waive
Status Pending Review
👤 0 Dependents

Employee Cost \$0.00

Review

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

ace and Ethnicity Popup window

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.

You have no dependent registered

[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

1. Read the message in this **Medical** plan window and click on **Add/Update Dependent**.

[Add Individual](#)

Add Individual

Name	Relationship
John Doe (John)	Child

2. Click on **Add Individual**.

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

* Indicates required field

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

Name

[Add Name](#)

Personal Information

Date of Birth

*Gender

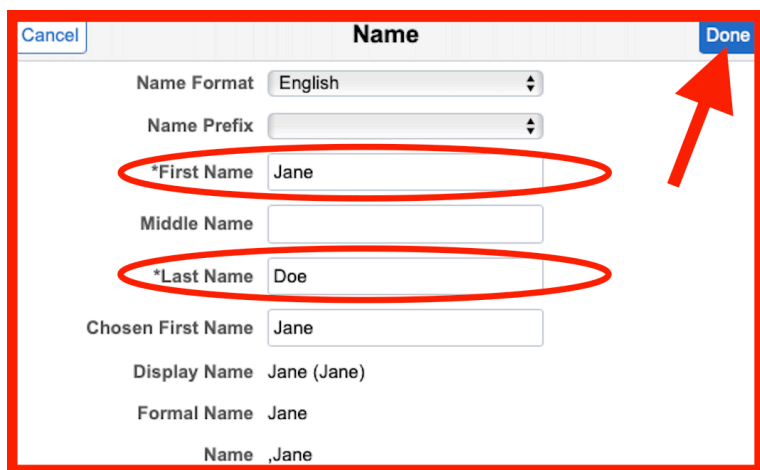
*Relationship to Employee

*Disabled

As of

Address

3. Click on **Add Name**.



Name

Cancel Done

Name Format English

Name Prefix

*First Name Jane

Middle Name

*Last Name Doe

Chosen First Name Jane

Display Name Jane (Jane)

Formal Name Jane

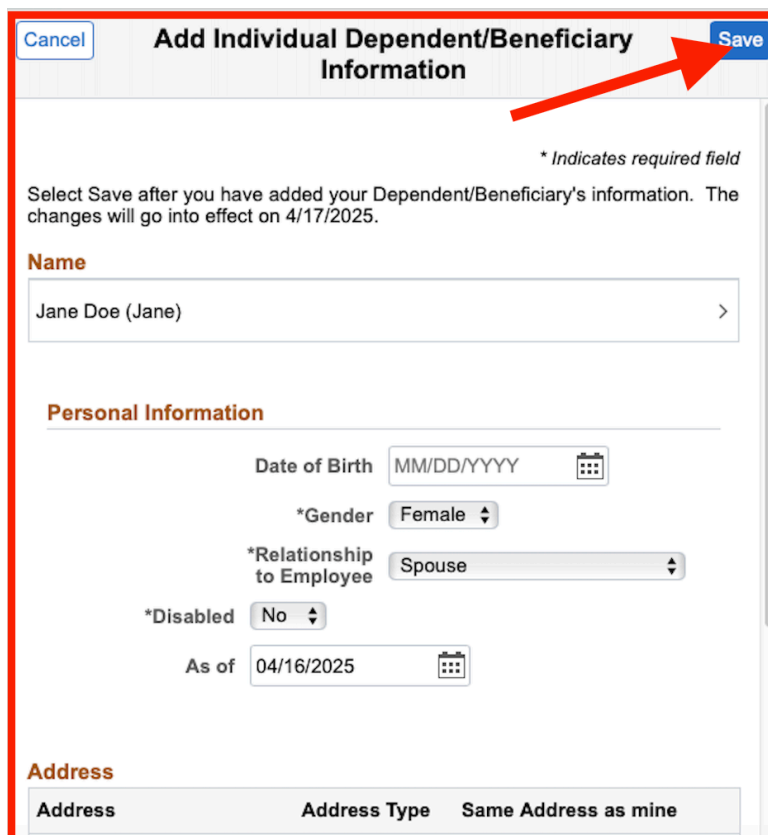
Name ,Jane

4. Enter your dependent's **First Name** and **Last Name**. Click **Done**.

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

Read the **Upload Document** section in this manual for uploading instructions for your dependent(s).

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



Add Individual Dependent/Beneficiary Information

Cancel 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 MM/DD/YYYY

*Gender Female

*Relationship to Employee Spouse

*Disabled No

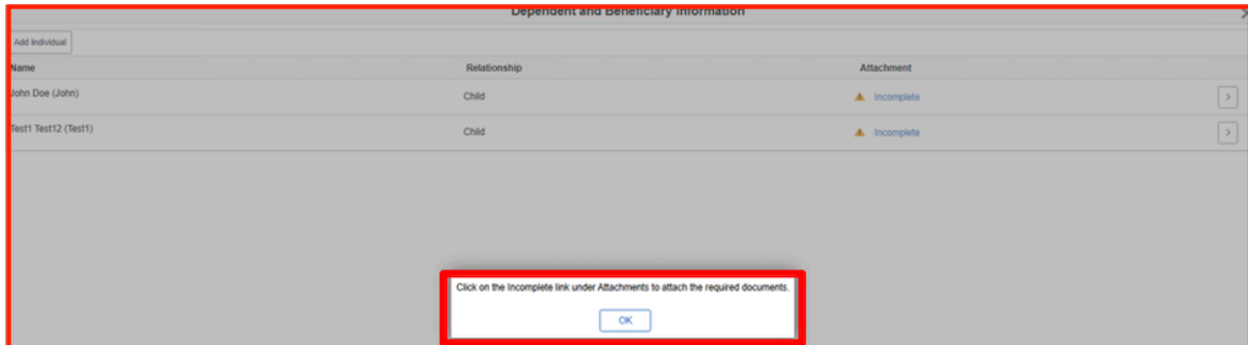
As of 04/16/2025

Address



Address Address Type Same Address as mine

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

7. Once you have entered the dependent information and clicked **Save**. The message below will display. “Click on the Incomplete link under Attachments to attach the required documents”. Click **OK**.



The screenshot shows a web form titled "Dependent and Beneficiary Information". It contains a table with two rows of dependent information:

Name	Relationship	Attachment
John Doe (John)	Child	 Incomplete
Test1 Test12 (Test1)	Child	 Incomplete

Below the table, a message box is displayed with the text: "Click on the incomplete link under Attachments to attach the required documents." and an "OK" button.

8. Click on **Incomplete** under **Attachment**



The screenshot shows the same web form as before. A red arrow points to the "Incomplete" link under the "Attachment" column for the first row (John Doe (John)). The word "Incomplete" is written in red above the arrow.

9. Once you click on **Incomplete**, you will be directed to the **Dependent Attachments** page. The top of the page provides instructions, and the list of supporting documentation required.

Cancel

Dependent Attachments

Done

Event Value John Doe (John)

▼ 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.

You must upload supporting documentation for all dependents you choose to enroll. Your dependent will not be enrolled if you fail to upload their supporting documentation. Visit <https://sfhss.org/qualifying-life-events> for information on required supporting documentation for your Life Event.

▼ Document List

Document	Upload / Status	Approval / Status
Birth Cert/Verification	Required Attachment Missing	Not Required
Adoption Certificate	Optional	Not Required

Add Document

*Document Type Birth Cert/Verification ▼

No Document has been attached.

Add Attachment

Add Note

View Document

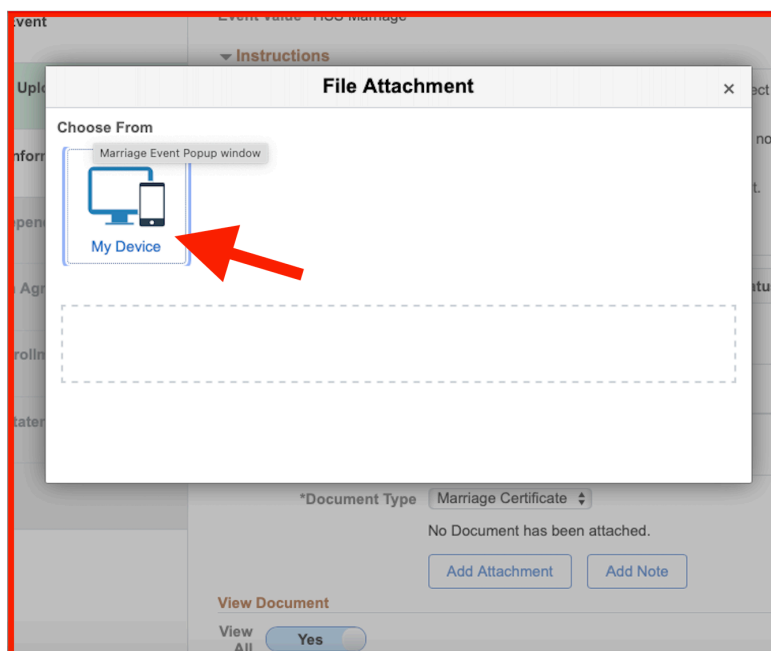
View All ☒ Yes ☐

10. 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.**

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

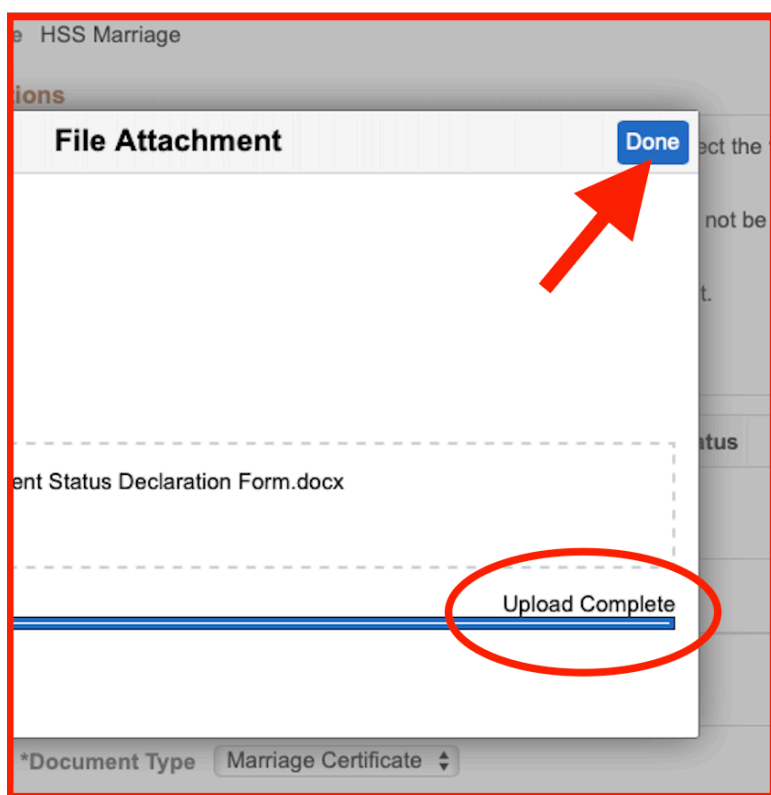
Then click on the **Add Attachment** button.



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

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

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



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

15. Click on **Done**.

Marriage Event

Cancel Previous Save

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

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

*Document Type Marriage Certificate

Add Attachment Add Note

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

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

Dependent and Beneficiary Information

Add Individual

Name Relationship

Jane Doe (Jane) Spouse

X

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

Medical

Cancel 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 Marriage Event Popup window

Enroll Your Dependents

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

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

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

Add/Update Dependent

Enroll in Your Plan

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

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

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

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

Overview of All Plans Compare

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

[Cancel](#) **Medical**

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

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. Pla

[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 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](#)

Resources

- CSF/CRT Benefits Guide
- Kaiser Permanente HMO
- Blue Shield of CA Trio HMO
- Blue Shield of CA Access+ HMO
- Health Net CanopyCare HMO
- Blue Shield of California PPO

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

[Add/Update Dependent](#)

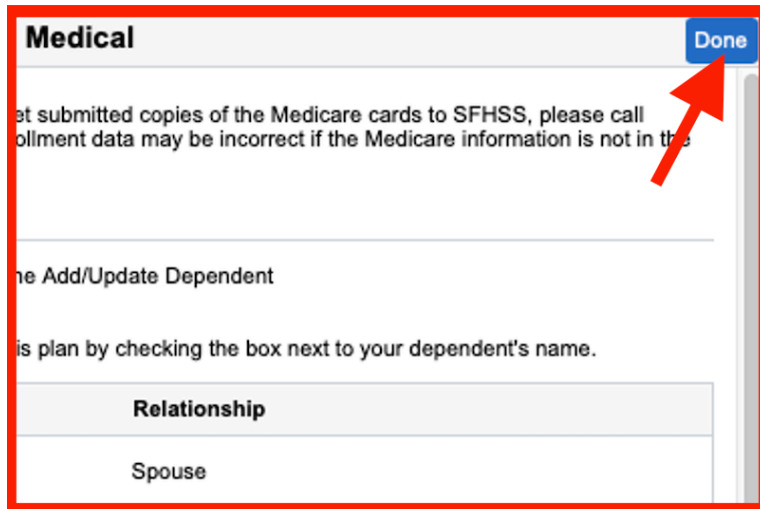
▼ **Enroll in Your Plan**

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. dependents enrolled are not available to select. To see other coverage costs for individual plans, s 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 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

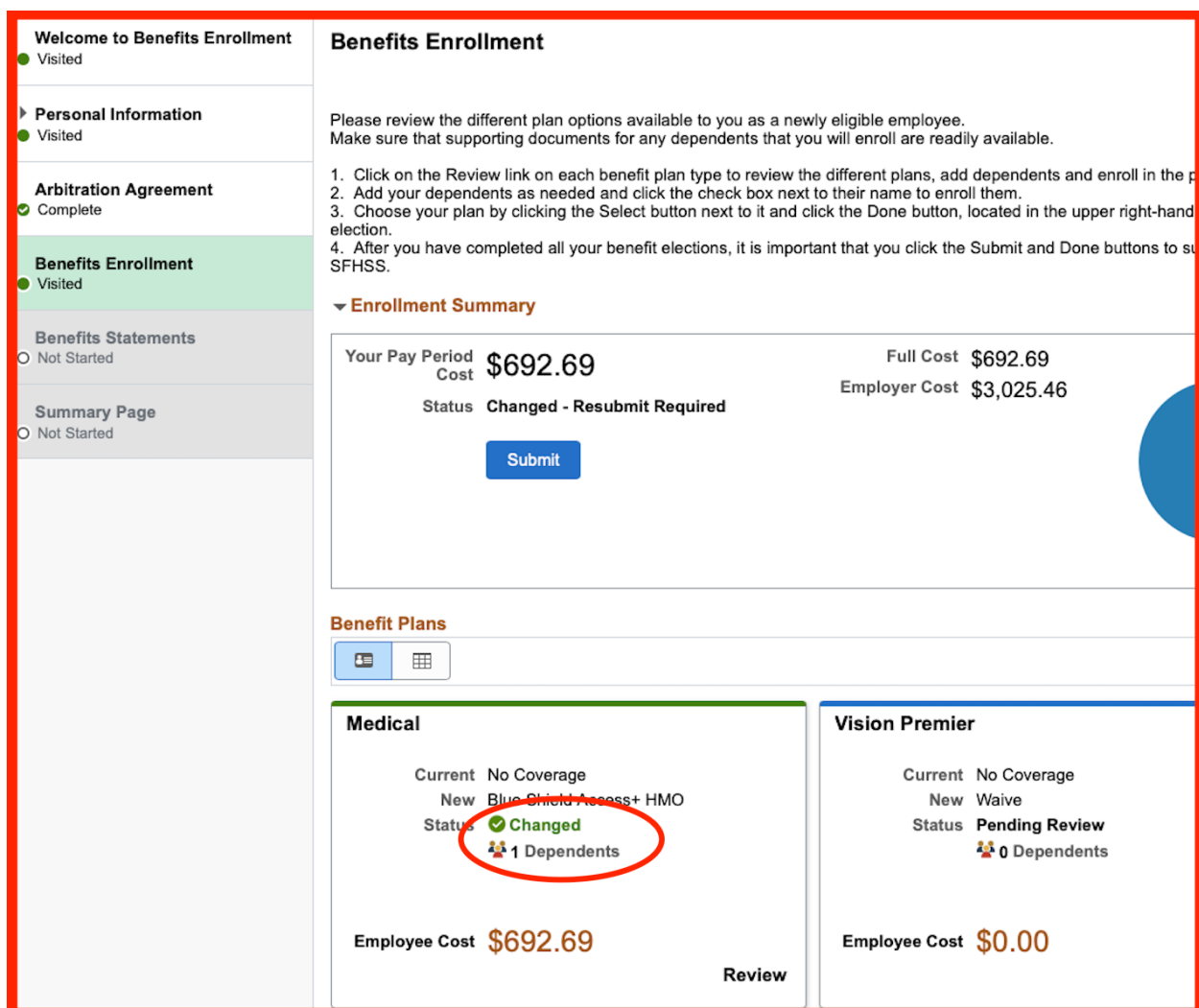
is plan by checking the box next to your dependent's name.

Relationship
Spouse

Done

20. 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.



Welcome to Benefits Enrollment

- Visited
- Personal Information
- Arbitration Agreement
- Complete
- Benefits Enrollment**
- Visited
- Benefits Statements
- Not Started
- Summary Page
- Not Started

Benefits Enrollment

Please review the different plan options available to you as a newly eligible employee. Make sure that supporting documents for any dependents that you will enroll are readily available.

- Click on the Review link on each benefit plan type to review the different plans, add dependents and enroll in the plan.
- Add your dependents as needed and click the check box next to their name to enroll them.
- Choose your plan by clicking the Select button next to it and click the Done button, located in the upper right-hand corner of the plan selection window.
- After you have completed all your benefit elections, it is important that you click the Submit and Done buttons to save your selections to SFHSS.

Enrollment Summary

Your Pay Period Cost	\$692.69	Full Cost	\$692.69
Status	Changed - Resubmit Required	Employer Cost	\$3,025.46

Submit

Benefit Plans

Medical	Vision Premier
Current: No Coverage	Current: No Coverage
New: Blue Shield Access+ HMO	New: Waive
Status: Changed	Status: Pending Review
1 Dependents	0 Dependents
Employee Cost: \$692.69	Employee Cost: \$0.00
Review	

You can now repeat the same process for **Dental**, **Vision Premier**, **Flex Spending - Health**, and **Flex Spending – Dependent Care**.

on

Information

ent

is

Benefit Enrollment

* Indicates required field

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

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

▼ Enrollment Summary

Your Pay Period Cost **\$-110.18**

Status **Pending Review**

[Submit](#)

Full Cost **\$445.62**

Plan Credits **\$-555.80**

Employer Cost **\$483.68**

Benefit Plans

Medical

Current Kaiser Permanente HMO

New Kaiser Permanente HMO

Status **Changed**

1 Dependents

Employee Cost **\$-150.84**

[Review](#)

Dental

Current Delta Dental PPO

New Delta Dental PPO

Status **Changed**

1 Dependents

Employee Cost **\$4.62**

[Review](#)

Vision Premier

Current VSP Premier

New VSP Premier

Status **Changed**

0 Dependents

Employee Cost **\$5.48**

[Review](#)

VDT

Current Computer Vision Care (VDT)

New Computer Vision Care (VDT)

Status **Not Available**

Employee Cost **\$0.00**

Life

Current MEA Life Insurance \$150,000

New MEA Life Insurance \$150,000

Status **Not Available**

Employee Cost **\$0.00**

Long-Term Disability

Current Long Term Disability 66.6%

New Long Term Disability 66.6%

Status **Not Available**

Employee Cost **\$0.00**

Flex Spending - Health

Current Waive

New Health Care FSA \$250

Status **Changed**

Employee Cost **\$13.89**

[Review](#)

Flex Spending - Dependent Care

Current Waive

New Child Care Dependent Care FSA \$300

Status **Changed**

Employee Cost **\$16.67**

[Review](#)

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

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

18

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](#)

22. 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.

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

Cancel
Flex Spending - Health
Done

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	
Select	Health Care FSA
✓	Waive

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

[Cancel](#)

Flex Spending - Health

[Done](#)

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

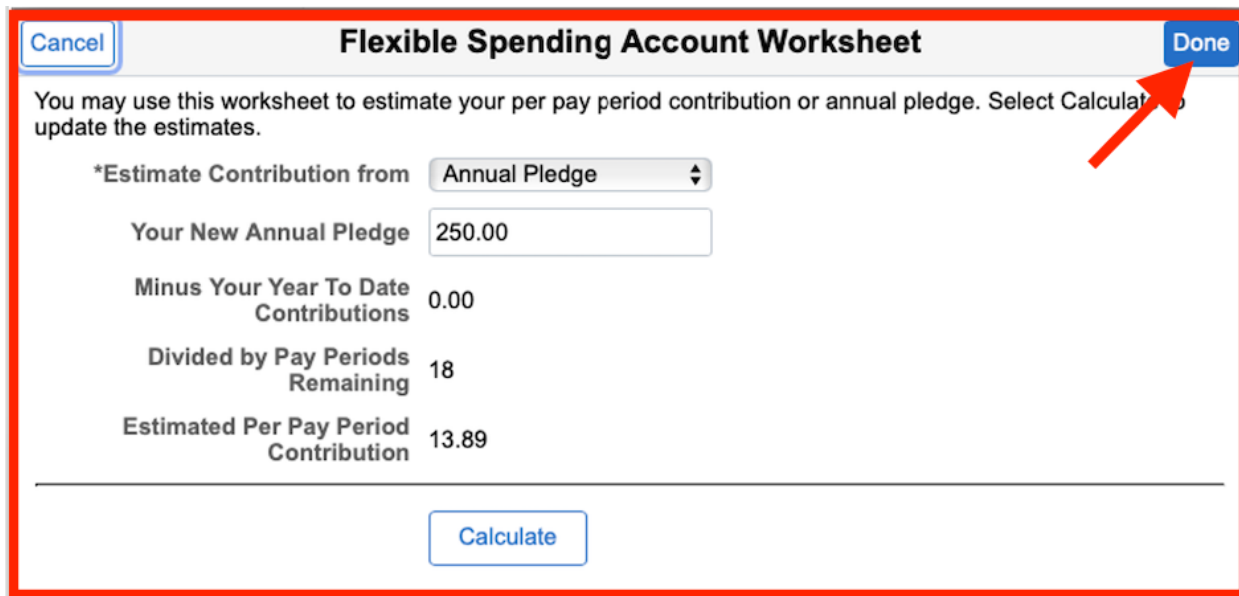
You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or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

Employee Annual Pledge

*Minimum Employee Pledge \$250.00
Maximum Employee Pledge \$3,200.00
Annual pledge amount for all Flexible Spending Accounts r:*

[Flexible Spending Account Worksheet](#)

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

A screenshot of a web application window titled "Flexible Spending Account Worksheet". The window has a red border. At the top left is a "Cancel" button, and at the top right is a "Done" button. A red arrow points to the "Done" button. Below the title bar, there is instructional text: "You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates." The main content area contains a form with the following fields and values:

- *Estimate Contribution from: A dropdown menu showing "Annual Pledge".
- Your New Annual Pledge: A text input field containing "250.00".
- Minus Your Year To Date Contributions: A text input field containing "0.00".
- Divided by Pay Periods Remaining: A text input field containing "18".
- Estimated Per Pay Period Contribution: A text input field containing "13.89".

At the bottom center of the form is a "Calculate" button.

24. 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	
<div>Select</div>	Child Care Dependent Care FSA
✓	Waive

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

[Cancel](#)

Flex Spending - Dependent Care

[Done](#)

Marriage Event Popup window

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

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

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

▼ Enroll in Your Plan

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

Plan Name	
✓	Child Care Dependent Care FSA
Select	Waive

▼ Contribution Amount

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

Employee Annual Pledge

300.00

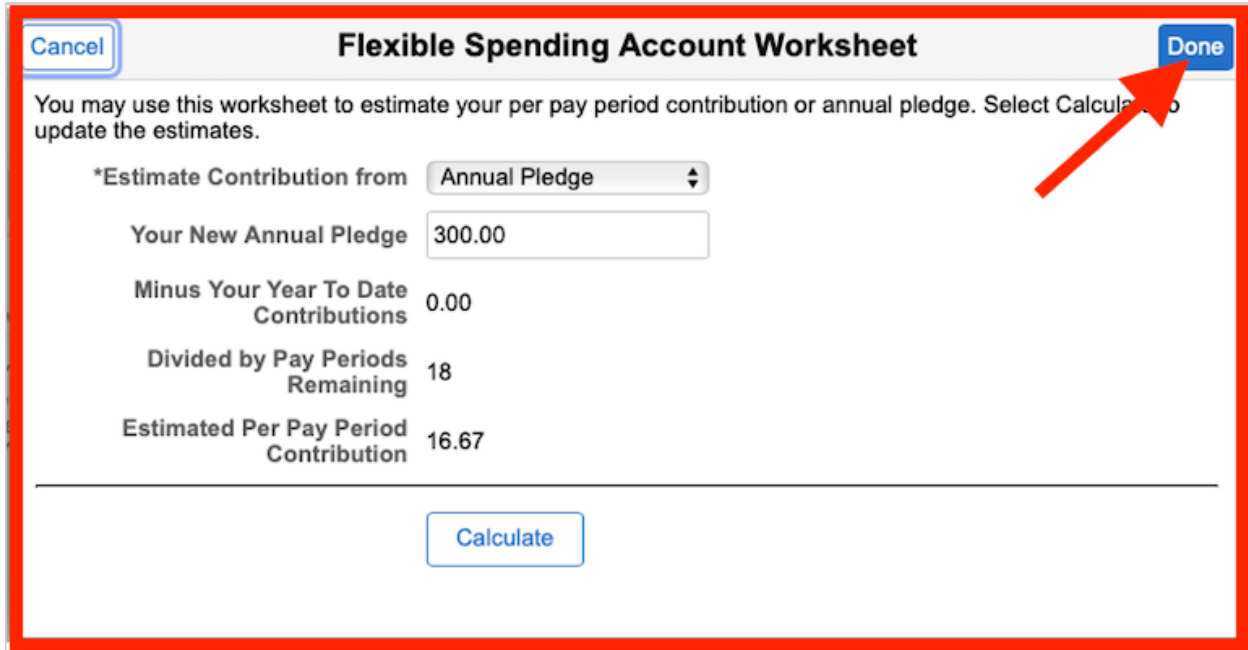
Minimum Employee Pledge \$250.00

Maximum Employee Pledge \$5,000.00

Annual pledge amount for all Flexible Spending Accounts n

[Flexible Spending Account Worksheet](#)

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

A screenshot of a web-based "Flexible Spending Account Worksheet" window. The window has a title bar with "Cancel" on the left and "Done" on the right. A red arrow points to the "Done" button. The main content area contains instructions: "You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates." Below this is a form with the following fields: "*Estimate Contribution from" with a dropdown menu set to "Annual Pledge"; "Your New Annual Pledge" with a text input field containing "300.00"; "Minus Your Year To Date Contributions" with a text input field containing "0.00"; "Divided by Pay Periods Remaining" with a text input field containing "18"; and "Estimated Per Pay Period Contribution" with a text input field containing "16.67". At the bottom center is a "Calculate" button.

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	300.00
Minus Your Year To Date Contributions	0.00
Divided by Pay Periods Remaining	18
Estimated Per Pay Period Contribution	16.67
<div>Calculate</div>	

Click on Submit once you have made all your changes. Failure to click Submit, will not finalize your benefits enrollment.

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

Submit

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

26

[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**.

Benefits Plan Comparison Tool

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

Cancel

Medical

Done

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

▼ Enroll Your Dependents

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

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

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

Add/Update Dependent

▼ Enroll in Your Plan

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

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

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

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

Overview of All Plans

Compare

A new window will show you a comprehensive side-by-side plan comparison. Click **Done** at the top right corner of the window to close.

Benefits Plan Comparison

Done

These comparisons provide a summary of benefits only. In any instance where information in this comparison conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For a detailed description of benefits and exclusions, please review your plan's EOC at [sfhss.org](#).

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.

+

Kaiser Permanente HMO ⊖

Blue Shield Trio HMO ⊖

Expand All | Collapse All

▼ 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

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

These are all the available Coverage Costs

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 <small>does not include premium contributions</small>		
Individual	\$1,500	\$2,000
Family	\$3,000	\$4,000

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

Benefits Plan Comparison Done

These comparisons provide a summary of benefits only. In any instance where information in this comparison conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For a detailed description of benefits and exclusions, please review your plan's EOC at sfhss.org.

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

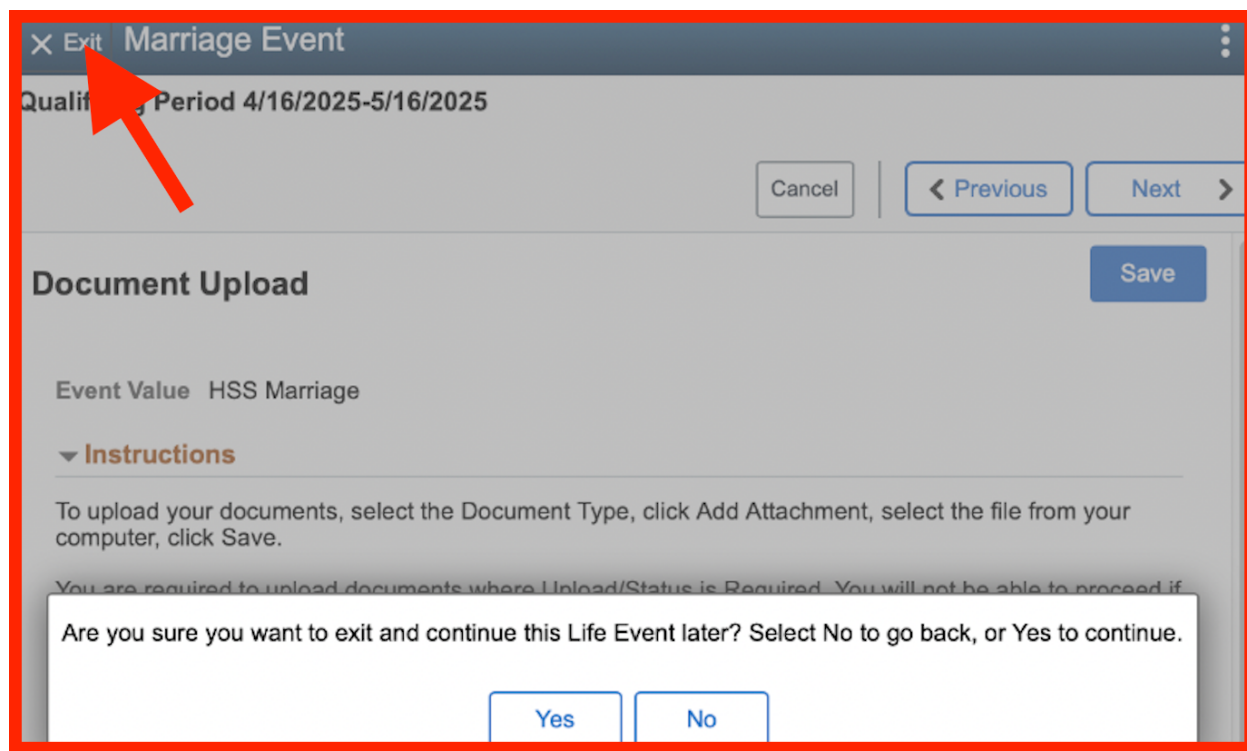


For this Health Maintenance Organization (HMO) Plan, Kaiser Permanente maintains an integrated health system consisting of participating physicians, hospitals and other healthcare providers. Generally, you only have access to Kaiser Permanente providers and

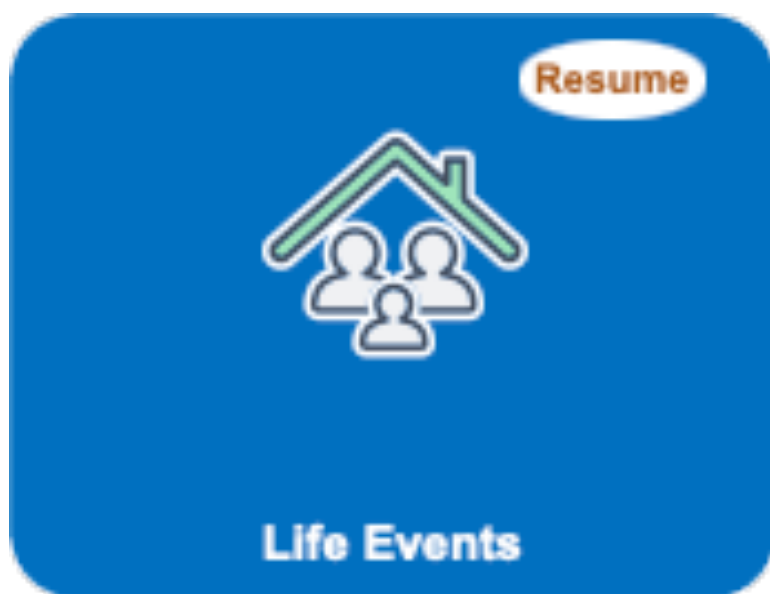
Exit and Continue Later

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 screenshot shows a web application window titled "Marriage Event". In the top left corner, there is a button labeled "Exit" with a red arrow pointing to it. Below the title bar, there is a "Qualifying Period 4/16/2025-5/16/2025" label. On the right side of the header, there are "Cancel", "Previous", and "Next" buttons. The main content area is titled "Document Upload" and includes a "Save" button. Below this, there is a section for "Event Value" set to "HSS Marriage" and a collapsed "Instructions" section. A modal dialog box is open at the bottom, asking: "Are you sure you want to exit and continue this Life Event later? Select No to go back, or Yes to continue." with "Yes" and "No" buttons.



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.