SF My Hub Navigation Instructions Open Enrollment 2026

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Contents

Purpose

The SF My Hub Navigation Instructions for Open Enrollment 2026 have been created to help you easily navigate the benefits enrollment process. Whether you're enrolling for the first time or making changes to your existing benefits, these step-by-step instructions are designed to guide you through each phase of the Open Enrollment benefit selection process.

We understand that choosing benefits can be complex, and our goal is to make this process as clear and straightforward as possible. These instructions will ensure you have the knowledge and tools to confidently select the benefits that are right for you and your family, reducing any stress or confusion involved in the process.

By following these instructions, you can avoid common mistakes, meet important deadlines, and complete your Open Enrollment with ease.

Accessing Open Enrollment

Step 1:   *Click* on the Open Enrollment tile. The information on the Open Enrolment tile, provides you with the deadline for Open Enrollment 2026.
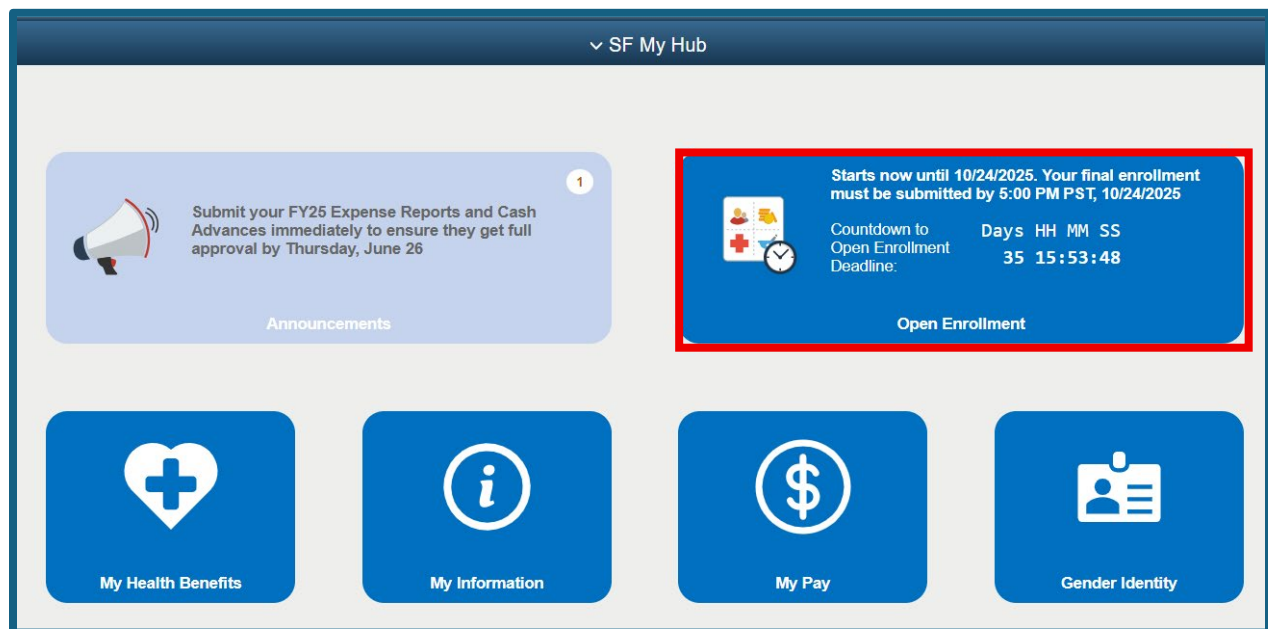
Step 2: On the landing page you can *watch* an Open Enrollment (OE) Introductory video with helpful step-by-step instruction on the how to complete your OE elections, before *clicking* Next at the top right-hand corner of the screen.
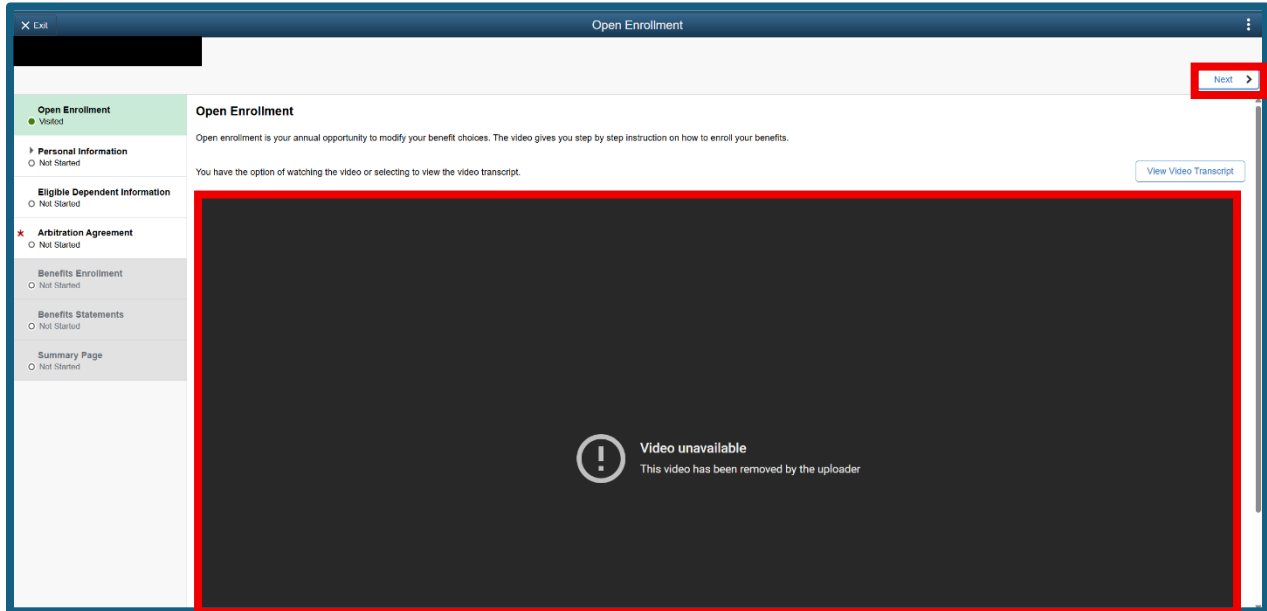
Step 3: *Review* and *update* contact information. *Use* the navigation on the left hand side of the screen to go through Home and Mailing Address / Contact Information / Emergency Contacts / Race & Ethnicity pages. All pages should be updated if necessary. *Select* Next.
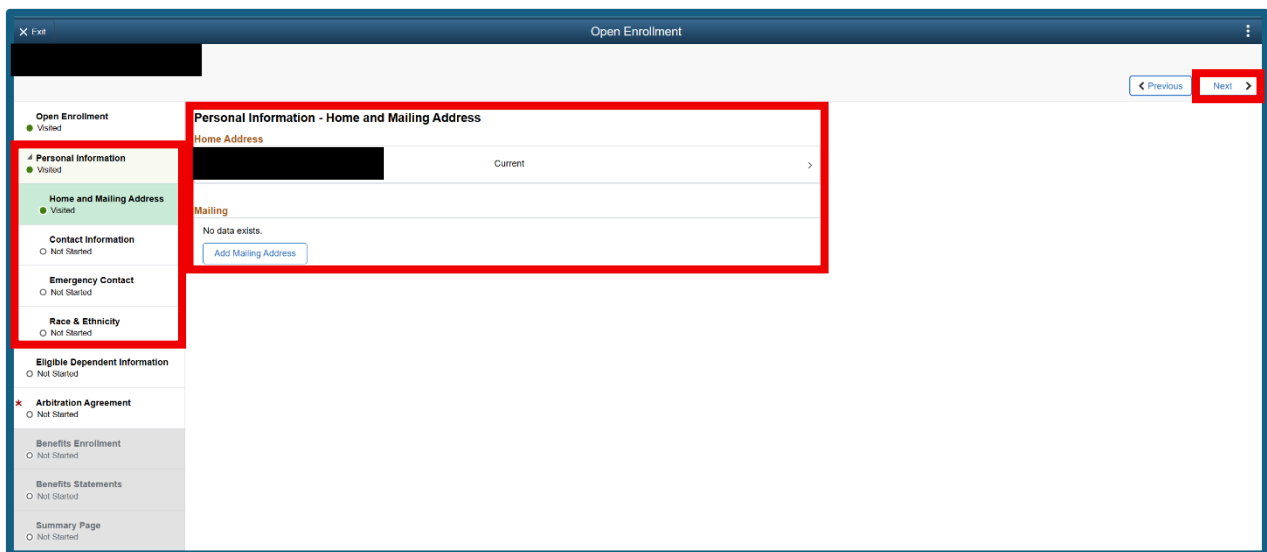
Step 4:   *Review* <u>Eligible Dependents Information</u>. *Add* new dependents as appropriate. At this stage you are only adding dependents to the available dependents list, you will have the opportunity to add the listed dependents to coverage when you get to the <u>Benefits Enrollment</u> pages. *Select* <u>Add Individual</u> to add the new dependent.

NOTE: You may see dependents listed here who have previously been on your coverage. You will not be able to delete them, this page is a historical record of all dependents. Dependents listed on this page may or may not be enrolled in your coverage, you will confirm enrollment when you get to the <u>Benefits Enrollment</u> page.

Step 5:   *Follow* the prompts on the screen to complete the <u>Add Individual Dependent Information</u>, for each dependent you want to add to your coverage. *Click* <u>Save</u>.

NOTE: When adding an SSN, make sure you are correctly adding the number for your dependent. Dummy numbers are not acceptable and will be flagged by the system.

Step 6: When adding dependents you will be required to upload verification documents. You will get the following pop-up as a reminder for the upload. **You will NOT be able to proceed with the application if documents are not uploaded**. *Click* on the <u>Incomplete</u> hyperlink to proceed. Then upload your required documents into the system. You can label your documents with the dependents name and type of document to make it easier to identify that the specific document was uploaded.

NOTE: Depending on the type of dependent you have added, the system will generate the required verification list you must upload. Follow the instructions on uploading the required documents. **If you DO NOT upload the required documents, you will not be able to enroll your dependent in coverage**.

Step 7: Once your documents are uploaded you will see the **Upload/Status** change from Attachment Missing to Uploaded at the top of the screen. Now you can move on to the next screen by *selecting* Done.

Step 8: You will return to the Eligible Dependent Information page, where you can continue to add additional dependents by *selecting* the Add Individual button at the top of the screen.

Step 9: Review the Arbitration Agreement and *select* I Agree and Save once you are ready to proceed.

Step 10:   *Review* each of the <u>Benefits</u> you are enrolled in. You can add new dependents or remove dependents you no longer want to cover on your plan by *selecting* each individual plan (Medical, Dental, Vision and FSA Accounts—as applicable to your employer group (e.g. City and County of San Francisco, San Francisco Superior Court, SF Unified School District or SF City Collage)). The next steps will walk you through the process of adding/removing dependents from a plan AND selecting the plan you want to enroll in for the next Plan Year. Before reviewing or making changes to your elections the tile will have a **blue** header and the **Status** will be listed as <u>Pending Review</u>. Once you review your plan elections the header will change to **green** and the **Status** will be listed as <u>Changed</u>.

Medical

Step 11: The plan you are enrolled in will have a check-mark next to it. You can see the cost of your plan on a bi-weekly basis under the **My Before Tax Cost**.

Step 12: To add your dependent to the plan, *select* the checkbox to the left of their name. The price of the plans will change when the dependent is added.

NOTE: Members who are Medicare eligible and must enroll in Medicare, must connect with SFHSS prior to their OE enrollment to have their Medicare data updated. If a Member or dependent are not yet enrolled in Medicare in the system, incorrect plan selection and prices will be shown on this screen.

Step 13: Review each plan you are interested in. By *selecting* the checkbox to the right of each plan you can compare multiple plans to each other. You also have a **Resource** section at the top right-hand side of the screen to review plan information and the **Benefits Guides**.

NOTE: If you are NOT switching to the Blue Shield HMO Plan *select* Done at the top right-hand corner of the screen when you are ready to move on.

When Switching to a Blue Shield HMO Plan

Step 14: When switching from Kaiser HMO or Health Net CanopyCare HMO to Blue Shield Access + HMO or Blue Shield Trio HMO, you can *select* a Primary Care Physician through the Open Enrollment process. When you select either of the two Blue Shield HMOs the additional drop-down will appear.

NOTE: If you are enrolled in the Blue Shield PPO you will NOT be able to select a PCP through this process.

Step 15: Follow the instructions on the screen to include your PCP ID. You can also add a PCP for your dependents. The PCP may be different from your own. If you do not select a PCP OR if they cannot be validated by Blue Shield as accepting new patients, you will be assigned a PCP by Blue Shield. If you do not like the PCP assigned to you, you can change your PCP once you receive your ID card in late December.

Step 16: Once you are done selecting the PCP *select* Done.

Dental

Step 17: You will be brought back to the Benefits Enrollment screen. You will now see the **Your Pay Period Cost** change if you have made any changes to your Medical enrollment, either through adding dependents or changing your plan. For each plan you have reviewed you will see the **Status** change from Pending Review to Changed. *Select* the Dental tile to proceed.

Step 18: The plan you are enrolled in will have a checkmark next to it. You can see the cost of your plan on a bi-weekly basis under the **My Before Tax Cost**.

Step 19: To add your dependent to the plan, *select* the checkbox to the left of their name. The price of the plans will change when the dependent is added.

Step 20: Review the each plan, you are interested in. By selecting the checkbox to the right of each plan you can compare multiple plans to each other. You also have a **Resource** section at the top right hand side of the screen to review plan information and the **Benefits Guides**. *Select* Done at the top right hand corner of the screen when you are ready to move on.

Vision

Step 21: You will be brought back to the <u>Benefits Enrollment</u> screen. You will now see the **Your Pay Period Cost** change if you have made any changes to your Medical and Dental enrollment, either through adding dependents or changing your plan. For each plan you have reviewed you will see the **Status** change from <u>Pending Review</u> to <u>Changed</u>. *Select* the <u>Vision Premier</u> tile to proceed.

NOTE: If you and your dependents are enrolled in a Medical plan, you and your dependent will AUTOMATICALLY be enrolled in the VSP Basic Vision plan. If you DO NOT wish to enroll in the Vision Premier plan you DO NOT need to make any selections on this page. However, if you wish to enroll in the Vision Premier plan, you and any of your dependents who are enrolled in the Medical plan will be enrolled in the Vision Premier plan, if you select it on this page.

Step 22:   *Review* the <u>Vision Premier</u> plan information by selecting the **blue** (i)—information icon to the right of the plan name. You also have a **Resource** section at the top right-hand side of the screen to review plan information and the **Benefits Guides**. *Select* <u>Done</u> at the top right-hand corner of the screen when you are ready to move on.

Flexible Spending—Health

Step 23:   You will be brought back to the *Benefits Enrollment* screen. You will see the **Your Pay Period Cost** change if you have made any changes to your Medical, Dental, and/or Vision Premier enrollment, either through adding dependents or changing your plan. For each plan you have reviewed you will see the **Status** change from <u>Pending Review</u> to <u>Changed</u>. *Select* the <u>Flexible Spending—Health</u> tile to proceed.

Step 24:   *Select* the amount you wish to pledge for the **Health Care FSA**. You can use the **Flexible Spending Account Worksheet** to calculate your per-pay-period deduction amount. *Select* <u>Done</u> at the top right-hand corner of the screen when you are ready to move on.

Flexible Spending—Dependent Care

Step 25: You will be brought back to the Benefits Enrollment screen. You will now see the **Your Pay Period Cost** change if you have made any changes to your Medical, Dental, Vision Premier and/or Health Care FSA enrollment, either through adding dependents or changing your plan. For each plan you have reviewed you will see the **Status** change from Pending Review to Changed. *Select* the Flexible Spending—Dependent Care tile to proceed.

Step 26: *Select* the amount you wish to pledge for the **Dependent Care FSA**. You can use the **Flexible Spending Account Worksheet** to calculate your per-pay-period deduction amount.

NOTE: For the Dependent Care FSA, if your annual salary is $160,000 or less, you can contribute between $250 and $7,500 on a pre-tax basis. If your salary exceeds $160,000, the IRS classifies you as a highly compensated employee, and your contribution limit will be between $250 and $3,000. SFHSS may adjust your contribution limit if you are not eligible for the higher amount. *Select* Done at the top right-hand corner of the screen when you are ready to move on.

Submit Benefit Enrollment Selections

Step 27:   *Review* **Your Pay Period Cost** and the cost associated for each plan you have selected to enroll in. Once you are ready to move on with your selections *click* the **blue Submit** button in the <u>Enrollment Summary</u> section on the screen. Clicking the Submit button is critical to getting the information over to SFHSS for processing. You will have the option to print a copy of your benefit elections on the next screen after clicking the Submit button.

NOTE: Benefits submitted during Open Enrollment (OE) will become effective 1/1/2026!

NOTE: You MUST get this alert message to ensure that your benefit elections have been properly submitted. *Select* <u>Done</u>, and then <u>Next</u> to move on.

Benefits Statement

Step 28: You can review and print your Submitted Enrollment document by selecting the 1/1/2026 event listed.

Step 29: By *selecting* Expand All the plan elections can be viewed from this screen. To print a copy for your records, *click* on Print View. You can print the generated pdf or save it for your records.

NOTE: The following disclaimer is listed for the member:

"These elections have been submitted and are subject to review. Your elections **may** be changed before they are finalized if they do not adhere to the SFHSS Member Rules.

If you added new dependents, **please upload your documents**. If you would prefer, you may fax your documentation to (628) 652-4701. **Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible**."

Confirmation of Enrollment Submission

City & County of San Francisco	CONFIRMATION OF ENROLLMENT SUBMISSION
	OPEN ENROLLMENT 2026
	Statement Issue Date: 09/19/2025
	Enrollment Effective Date: 01/01/2026

████████████████████████   Employee ID: ████████

These elections have been submitted and are subject to review. Your elections may be changed before they are finalized if they do not adhere to the SFHSS Member Rules.

If you added new dependents, please upload your documents. If you would prefer, you may fax your documentation to (628) 652-4701. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Thank you for using self-service benefits. If you need any assistance, visit sfhss.org or call Member Services at (628) 652-4700. Please keep the statement for your records.

PERSONAL INFORMATION
This is your personal information currently on file. It is important that the data shown is complete and correct. If this information is not correct, update the information through the Personal Information or contact SFHSS Member Services.

Contact Information
Mailing Address
Email Address   ████████████████

Eligibility Information
Home Address   ████████████████████████

COST SUMMARY   Amount
This is a summary of the cost of your benefits per Pay Period. Details are in the Election Summary section.

Your Total Cost	$ ████
Plan Credits	$ ████
Employer Cost - Non Taxable	$ ████
Employer Cost - Taxable	

ELECTION SUMMARY
The following is a summary of your elections.

As a reminder, these coverages will remain in effect until the next Benefits Open Enrollment or until you experience a change in family status or employment situation.

Benefit Plan	Coverage	Category Base	Cost-Before Tax	Cost-After Tax	Your Total Cost
Blue Shield Access+ HMO	Mbr +1 Dep		$ 730.44	$ 0.00	$ 120.02
Delta Dental PPO	Mbr +1 Dep		$ 4.62	$ 0.00	$ 4.62
Vision Premier	Waive				
Computer Vision Care (VDT)	Member Only				

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Health Care FSA		$ 3,300.00	$ 126.92	$ 0.00	$ 126.92
Flex Spending - Dependent Care	Waive				

DEPENDENT ENROLLMENTS
The following is a summary of your enrolled dependents.

Benefit Option	Name	Relationship
Blue Shield Access+ HMO	Mickey Mouse (Mickey)	Spouse
Delta Dental PPO	Mickey Mouse (Mickey)	Spouse

*** End of statement for ▉▉▉▉▉▉▉▉▉▉▉▉ ***

Summary Page

Step 30: If you need to go back in and make changes to any of the elections where you have already made changes or to elections you now wish to make changes to, you can go to those pages individually from this screen by going to the Go to Step, or on the left had navigation bar.

Step 31: You will be required to *click* **Submit** again if you make any changes.

Step 32:   If you do not wish to make any additional changes, *click* the **Exit** button to finish the process. *Select* <u>Yes</u> to continue to exit.

> Are you sure you want to exit the guided process? By exiting the guided process, you will be able to return to the last step you were working on and continue your Open Enrollment later.
>
> [**Yes**]   [No]

Making Changes or Printing Your Confirmation of Enrollment Submission After Exiting

Step 1:   *Go* back into **SF My Hub** and select the **Open Enrollment Tile**. You will be brought back to the [Summary Page](#) you can navigate to different section of the enrollment or select [Benefits Statement](#) to print a copy of your Open Enrollment Elections.
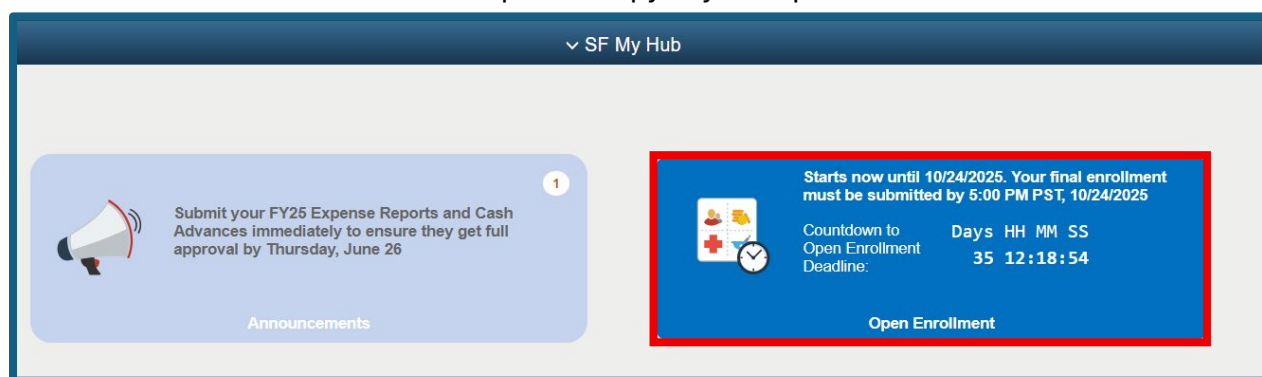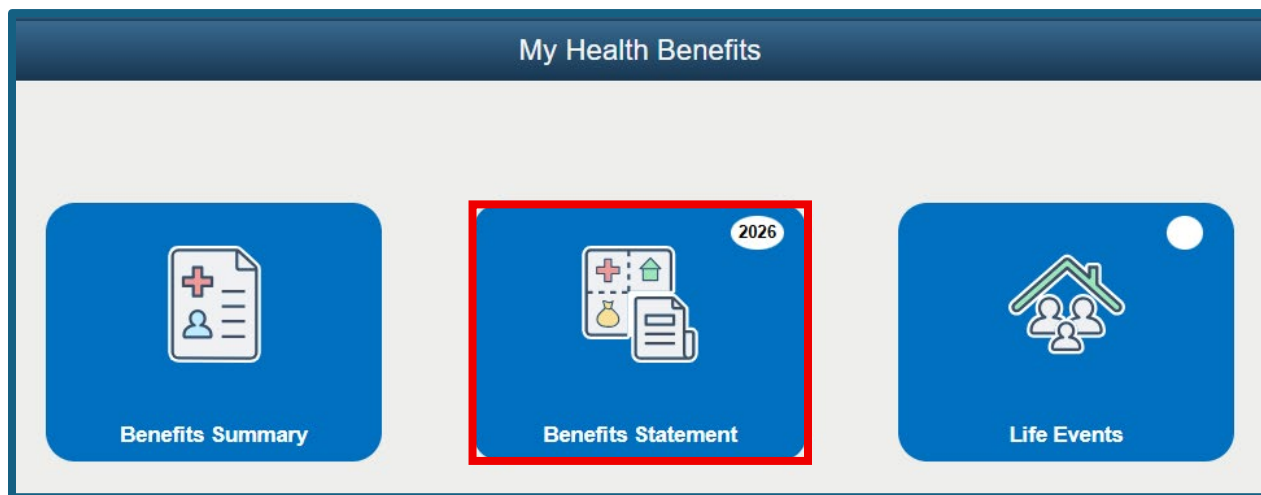

Printing Your Confirmation of Enrollment Submission After Open Enrollment

Step 1:   Go back into SF My Hub and select the My Health Benefits tile.
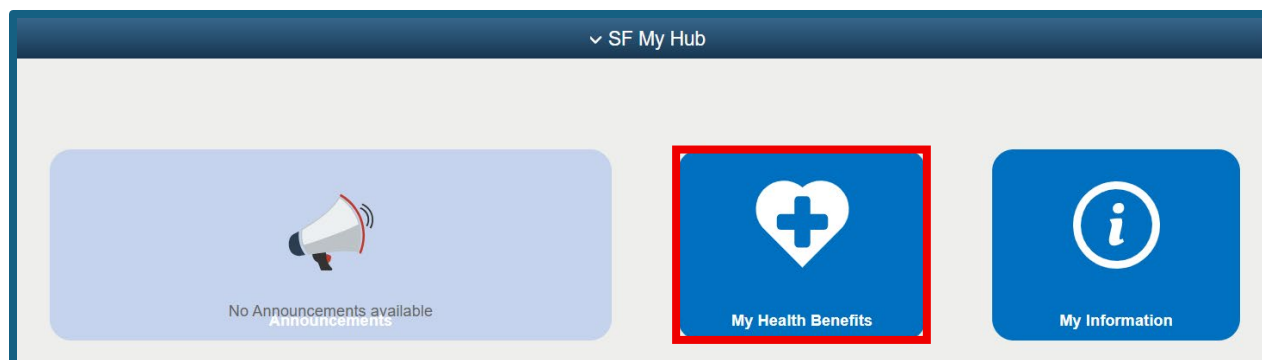
Step 2:   *Select* the <u>Benefits Statement</u>

Step 3:   Select the Open Enrollment Statement. You will get access to the <u>Confirmation of Enrollment Submission</u> statement.