

SF My Hub Navigation Instructions

Open Enrollment 2026

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Purpose

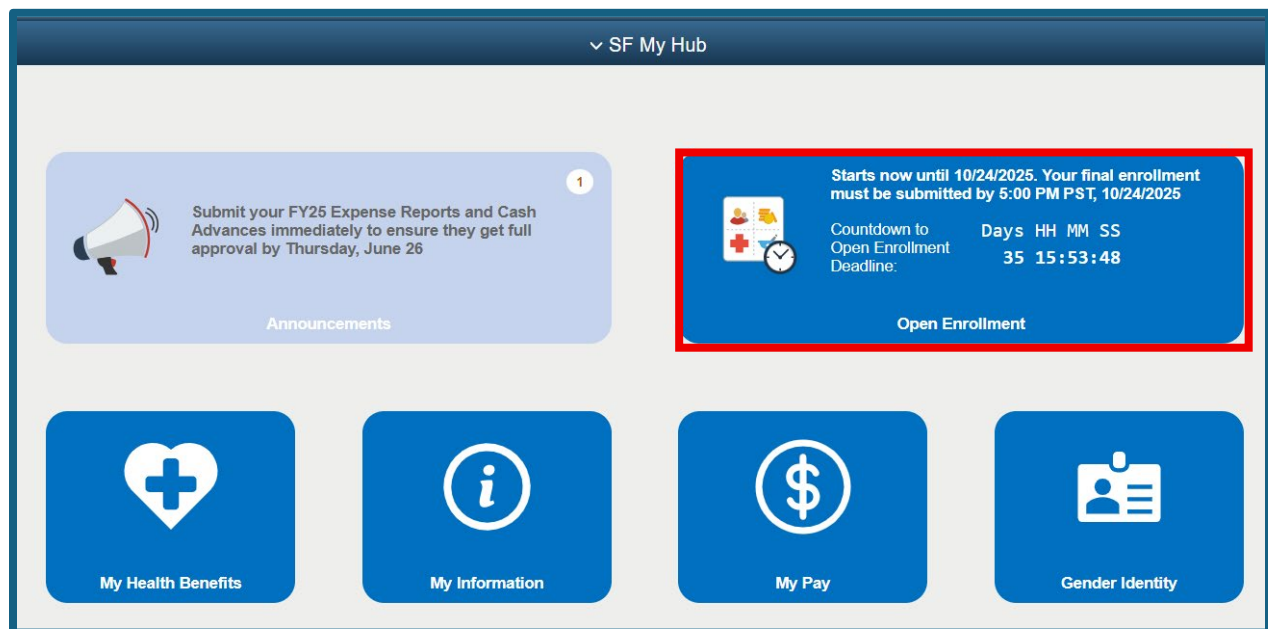
The SF My Hub Navigation Instructions for Open Enrollment 2026 have been created to help you easily navigate the benefits enrollment process. Whether you're enrolling for the first time or making changes to your existing benefits, these step-by-step instructions are designed to guide you through each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

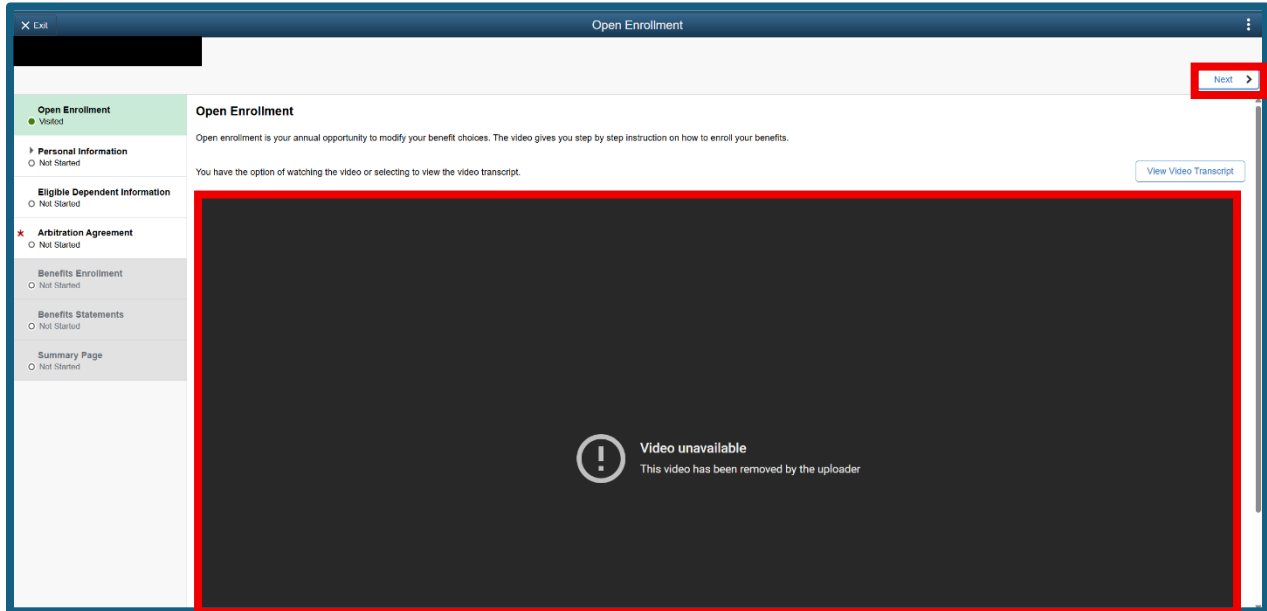
By following these instructions, you can avoid common mistakes, meet important deadlines, and complete your Open Enrollment with ease.

Accessing Open Enrollment

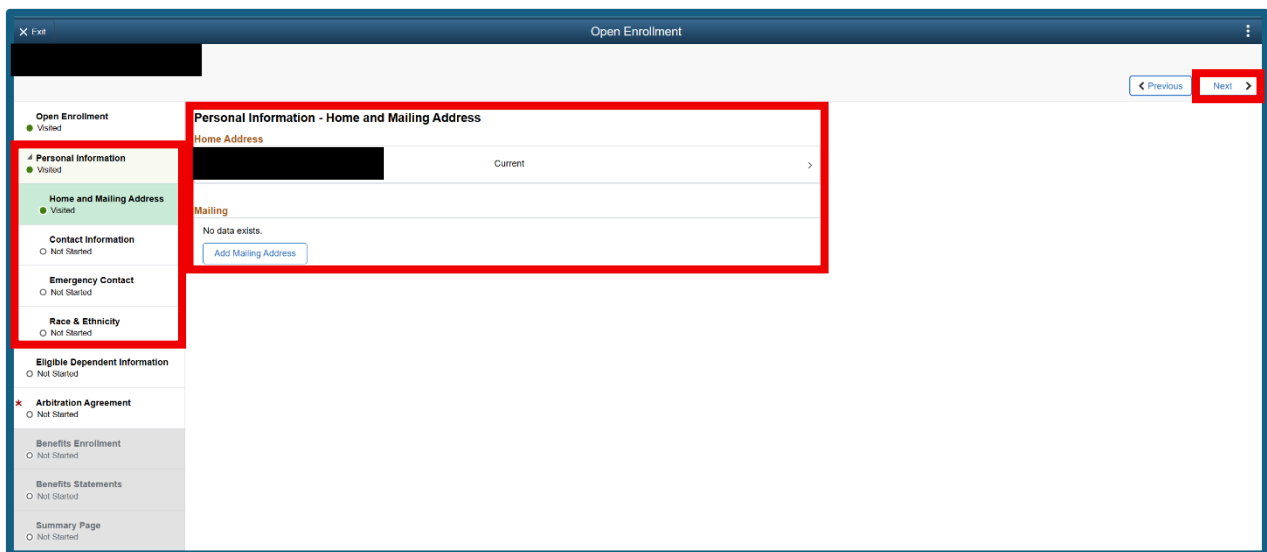
Step 1: Click on the Open Enrollment tile. The information on the Open Enrollment tile, provides you with the deadline for Open Enrollment 2026.



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 Eligible Dependents Information. 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 Benefits Enrollment pages. Select Add Individual to add the new dependent.

The screenshot shows a web application window titled "Open Enrollment". On the left is a sidebar with a list of steps: "Open Enrollment" (Visited), "Personal Information" (Visited), "Eligible Dependent Information" (Not Started), "Arbitration Agreement" (Not Started), "Benefits Enrollment" (Not Started), "Benefits Statements" (Not Started), and "Summary Page" (Not Started). The main content area is titled "Eligible Dependent Information" and displays "No data exists". Below this text is a red-bordered button labeled "Add Individual". In the top right corner of the window, there are "Previous" and "Next" navigation buttons, with the "Next" button also highlighted by a red box.

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 Benefits Enrollment page.

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

The screenshot shows a form titled "Add Individual Dependent/Beneficiary Information". The form contains several sections: "Name" with an "Add Name" button; "Personal Information" with fields for "Date of Birth" (MM/DD/YYYY), "Gender", "Relationship to Employee", "Marital Status", and "Disabled"; "Address" with an "Address" field and an "Address Type" dropdown set to "Same Address as mine"; "Social Security Number" with a message "No Social Security Number exists" and an "Add Social Security Number" button; "Phone" with a message "No Phone exists" and an "Add Phone" button; "Email" with a message "No Email exists" and an "Add Email" button; and "Race" with a message "No Race" and an "Add Race" button. A large warning message box is overlaid on the right side of the form, stating: "Warning – Social Security Number [redacted] is already used. A Social Security Number cannot be used for two different individuals. The Social Security Number you entered already exist in the system either as an employee or a dependent. If you think this is an error please contact SFHSS Member Services at (628) 652-4700." Below the warning message is a red-bordered "OK" button. A red arrow points from the "Add Social Security Number" button to the warning message. The "Save" button in the top right corner of the form is also highlighted with a red box.

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 Incomplete 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.

Click on the Incomplete link under Attachments to attach the required documents.

OK

Name	Relationship	Attachment
Mickey Mouse (Mickey)	Spouse	Incomplete

Document List

Document	Upload / Status
Marriage Certificate	Required Attachment Missing
Social Security Card Copy	Required Attachment Missing

Add Document

Document Type: Marriage Certificate
No Document has been attached
[Add Attachment](#) [Add Note](#)

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**.

Cancel Done

Event Value Mickey Mouse (Mickey)

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
Marriage Certificate	Required Uploaded
Social Security Card Copy	Required Uploaded

Add Document

*Document Type Marriage Certificate

Add Attachment Add Note

View Document

View All Yes

Document Name	Description	Document Type	Category	Last Updated	Status
Mickey_Mouse_Marriage_Certificate.docx		Marriage Certificate	Marriage Certificate	09/19/2025 10:22:22AM	Active
Mickey_Mouse_SSN.docx		Social Security Card Copy	Social Security Card Copy	09/19/2025 10:22:45AM	Active

4 rows

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.

X Exit Open Enrollment Previous

Open Enrollment

- Visited
- Personal Information
- Visited
- Eligible Dependent Information
- Complete
- 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 on this page is required to complete your enrollment. Clicking the **EXIT** button on the **Summary Page** 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 submitted to individual, final and binding arbitration instead of a jury or court trial and that I am waiving all rights to class arbitration. This Agreement to arbitrate includes any disputes arising from or relating to the Evidence of Coverage or Certificate of Insurance or my Health Net membership or coverage, stated under any legal theory. This agreement to arbitrate any disputes applies even if other parties, such as health care providers or their agents or employees, are involved in the dispute. I understand that, by agreeing to submit all disputes to individual, final and binding arbitration, all parties including Health Net are giving up their constitutional right to have their dispute decided in a court of law by a jury. I also understand that disputes that I may have with Health Net involving claims for medical malpractice (that is, whether any medical services rendered were unnecessary or unauthorized or were improperly, negligently or incompetently rendered) are also subject to final and binding arbitration. I understand that a more detailed arbitration provision is included in the Evidence of Coverage or Certificate of Insurance. By my own election, to select the "I Agree" checkbox below, this will serve as my signature, and it indicates that I understand and agree with the terms of this Binding Arbitration Agreement and agree to submit any disputes to binding arbitration instead of a court of law.

If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Health Plan Arbitration Agreement. I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERSAs claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premium liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

By enrolling in a Kaiser Permanent plan, I understand that this action will serve as my electronic signature of agreement to the conditions provided in **Kaiser Foundation Health Plan Arbitration Agreement** (above) and that by law this electronic signature will have the same effect as a signature on a paper form.

☒ I Agree

Save

Step 10: Review each of the Benefits 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 Pending Review. Once you review your plan elections the header will change to **green** and the **Status** will be listed as Changed.

Open Enrollment

Benefits Enrollment

Please review your current and new elections. If you would like to make changes, click on the Benefits 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 SHPERS. To print a copy of your benefit elections, click Here.

Enrollment Summary

Your Pay Period Cost: **\$-526.72**
 Status: Pending Review
 Employer Cost: \$2.31
 Employer Cost: \$412.30

Benefits Plans

Medical	Dental	Vision Premier
Current: Health Net CompanyCare HMO New: Health Net CompanyCare HMO Status: Pending Review # of Dependents: 0 Pay Period Cost: \$-526.03 Review	Current: Delta Dental PPO New: Delta Dental PPO Status: Pending Review # of Dependents: 0 Pay Period Cost: \$2.31 Review	Current: Vision New: Vision Status: Pending Review # of Dependents: 0 Pay Period Cost: \$0.00 Review
Current: Computer Vision Care (VOT) New: Computer Vision Care (VOT) Status: Not Available Pay Period Cost: \$0.00	Current: New Status: New Pay Period Cost: \$0.00	Current: New Status: New Pay Period Cost: \$0.00
Flex Spending - Health Current: Health Care FSA New: Health Care FSA Status: Pending Review Pay Period Cost: \$0.00 Review	Flex Spending - Dependent Care Current: Dependent Care FSA New: Dependent Care FSA Status: Pending Review Pay Period Cost: \$0.00 Review	

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.

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 type="checkbox"/> Mickey Mouse	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"/> Health Net CanopyCare HMO			\$529.03	\$364.57	\$-529.03	<input type="checkbox"/>
<input type="checkbox"/> Blue Shield Trio HMO	\$64.26		\$529.03	\$434.83	\$-464.77	<input type="checkbox"/>
<input type="checkbox"/> Blue Shield Access+ HMO	\$149.19		\$529.03	\$434.83	\$-379.84	<input type="checkbox"/>
<input type="checkbox"/> Kaiser Permanente HMO	\$12.69		\$529.03	\$434.83	\$-516.34	<input type="checkbox"/>
<input type="checkbox"/> Blue Shield PPO	\$251.50		\$529.03	\$434.83	\$-277.53	<input type="checkbox"/>
<input type="checkbox"/> Waive			\$529.03		\$-529.03	<input type="checkbox"/>

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

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.

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.

Select Primary Care Provider

Those who are not currently enrolled in any Blue Shield plan and are enrolling into Blue Shield Access + HMO or Blue Shield Trio HMO may elect a PCP.

The Primary Care Provider ID should be 12-digits and numeric only. Click the 'Primary Care Provider List' link below to get the PCP ID.

Blue Shield will only accept the PCP ID request for first time enrollment into Trio or Access+. If the provider is unavailable (for example, not accepting new patients or if the wrong PCP ID is entered), a PCP may be automatically assigned to you. You may contact Blue Shield directly to select or change your PCP after your enrollment is processed.

Your Primary Care Provider ID

I have visited this provider before ☒ Yes ☐ No

Use the same provider for all dependents ☐ Yes ☒ No

[Primary Care Provider List](#)

Dependents	Primary Care Provider ID	Visited this provider before
Mickey Mouse	<input type="text" value="#####"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No

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.

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	\$2.31			\$26.79	\$2.31	<input type="checkbox"/>
<input type="checkbox"/> DeltaCare USA DHMO				\$12.22	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> UHC Dental				\$11.53	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> Waive					\$0.00	<input type="checkbox"/>

Vision

Step 21: 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 and Dental 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 Vision Premier tile to proceed.

Open Enrollment

Benefits Enrollment

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 and then click the **Save** button to save your election. Click the **Submit** button to submit your elections to SHSS.

To print a copy of your benefit elections, click **Print**.

Enrollment Summary

Your Pay Period Cost: \$124.64
Status: Pending Review
Submit

Employee Cost: \$735.00
Employer Cost: \$512.25

Benefit Plans

Medical	Dental	Vision Premier
<p>Current: Health Plan CompanyCare 1800 New: Blue Shield Access 1800 Status: <input checked="" type="checkbox"/> Changed <input checked="" type="checkbox"/> Dependents</p> <p>Pay Period Cost: \$120.02 Review</p>	<p>Current: Delta Dental PPO New: Delta Dental PPO Status: <input checked="" type="checkbox"/> Changed <input checked="" type="checkbox"/> Dependents</p> <p>Pay Period Cost: \$4.62 Review</p>	<p>Current: Waive New: Waive Status: Pending Review <input checked="" type="checkbox"/> Dependents</p> <p>Pay Period Cost: \$0.00 Review</p>
<p>VDT</p> <p>Current: Computer Vision Care (VDT) New: Computer Vision Care (VDT) Status: Not Available</p> <p>Pay Period Cost: \$0.00</p>	<p>Life</p> <p>Current: New Status: New</p> <p>Pay Period Cost: \$0.00</p>	<p>Long-Term Disability</p> <p>Current: New Status: New</p> <p>Pay Period Cost: \$0.00</p>
<p>Flex Spending - Health</p> <p>Current: Health Care FSA New: Waive Status: Pending Review</p> <p>Pay Period Cost: \$0.00 Review</p>	<p>Flex Spending - Dependent Care</p> <p>Current: Waive New: Waive Status: Pending Review</p> <p>Pay Period Cost: \$0.00 Review</p>	

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.

Cancel **Vision Premier** **Done**

Enrollment in the 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"/> Mickey Mouse	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 type="checkbox"/> VSP Premier Requires enrollment to any Medical plan	\$5.48				\$5.48	<input type="checkbox"/>
<input checked="" type="checkbox"/> Waive					\$0.00	<input type="checkbox"/>

Overview of All Plans **Compare**

Resources

- CSF/CRT Benefits Guide
- VSP Plan Documents

Step 22: Review the Vision Premier 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 Done 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 Pending Review to Changed. Select the Flexible Spending—Health tile to proceed.

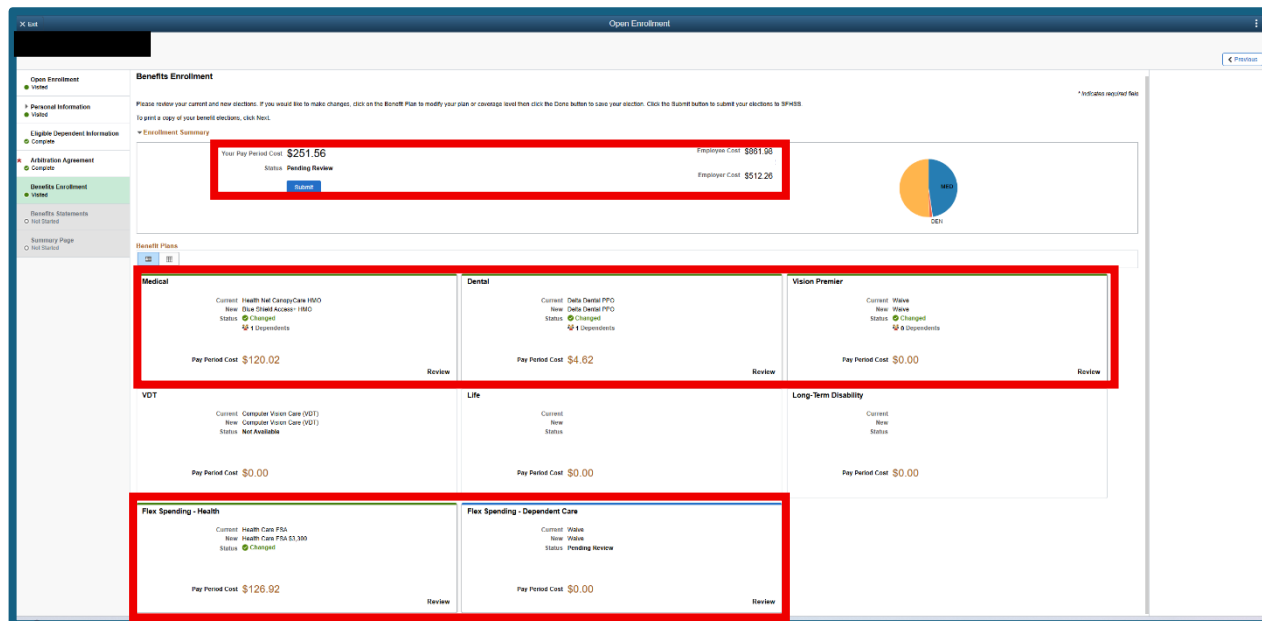
The screenshot shows the 'Open Enrollment' screen with a sidebar on the left containing navigation links: Open Enrollment, Personal Information, Eligible Dependent Information, Enrollment Summary, Activation Agreement, Benefits Enrollment, Benefits Statements, and Summary Page. The main area is titled 'Benefits Enrollment' and contains a summary of current and new elections. A red box highlights the 'Your Pay Period Cost' section, showing a total of \$124.64, with a breakdown of \$735.00 for Employee Cost and \$512.26 for Employer Cost. Below this, a grid of plan tiles is displayed, each with a 'Review' button. A red box highlights the 'Medical' plan tile, showing a 'Pay Period Cost' of \$120.02. Another red box highlights the 'Flex Spending - Health' tile, showing a 'Pay Period Cost' of \$0.00. The 'Vision Premier' plan tile shows a 'Pay Period Cost' of \$0.00. The 'Dental' plan tile shows a 'Pay Period Cost' of \$4.62. The 'VDT' plan tile shows a 'Pay Period Cost' of \$0.00. The 'Life' plan tile shows a 'Pay Period Cost' of \$0.00. The 'Long-Term Disability' plan tile shows a 'Pay Period Cost' of \$0.00. The 'Flex Spending - Dependent Care' tile shows a 'Pay Period Cost' of \$0.00.

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 Done at the top right-hand corner of the screen when you are ready to move on.

The screenshot shows the 'Flex Spending - Health' screen. A red box highlights the 'Plan Name' section, showing 'Health Care FSA' selected. Another red box highlights the 'Employee Annual Pledge' field, which is currently empty. A third red box highlights the 'Flexible Spending Account Worksheet' overlay, which is used to calculate the per-pay-period contribution. The worksheet shows a 'Your New Annual Pledge' of 3,300.00, 'Minus Your Year To Date Contributions' of 0.00, 'Divided by Pay Periods Remaining' of 26, and an 'Estimated Per Pay Period Contribution' of 126.92. The 'Calculate' button is visible at the bottom of the worksheet.

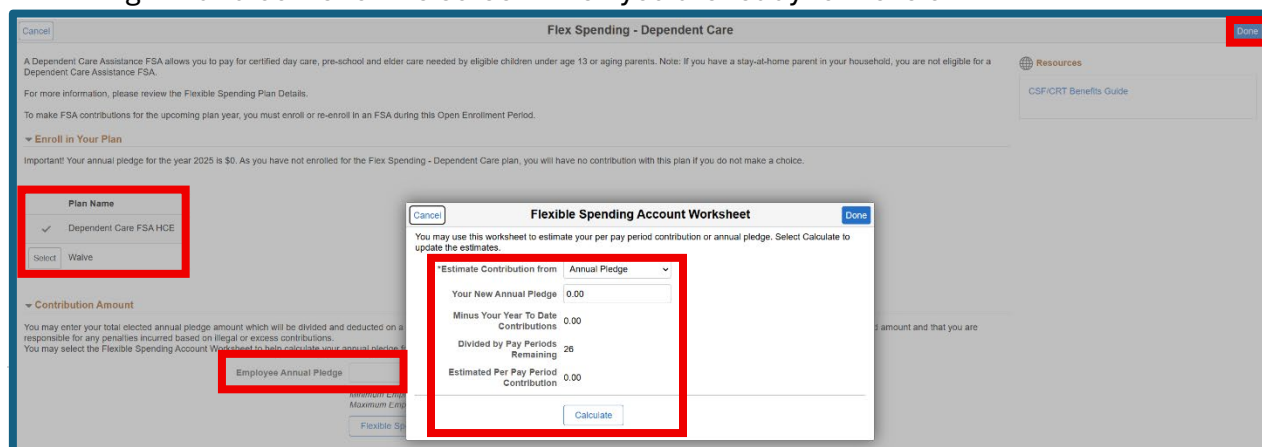
Flexible Spending—Dependent Care

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 Enrollment Summary 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.

Open Enrollment

Previous

Open Enrollment
Visited

Personal Information
Visited

Eligible Dependent Information
Complete

Arbitration Agreement
Complete

Benefits Enrollment
Visited

Benefits Statements
Not Started

Summary Page
Not Started

Benefits Enrollment

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: **\$251.56**
Status: Pending Review
Submit

Employee Cost: \$861.98
Employer Cost: \$512.26

MED
DEN

Benefit Plans

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

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.

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

Benefits Statement

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

Open Enrollment

Benefits Statements

Filters

Event Year: [Dropdown]
Enrollment Event: [Dropdown]
Statement Type: [Dropdown]
[Apply] [Reset]

Event Date	Issue Date	Enrollment Event	Statement Type
01/01/2026	09/19/2025 11:14:25AM	Open Enrollment 2026	Submitted Enrollment

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.

Benefits Statement

Statement Type	Submitted Enrollment	Description	Open Enrollment 2026
Enrollment Effective Date	01/01/2026	Statement Issue Date	09/19/2025 11:14AM

Print View

Statement Sections

Expand All

Personal Information

Cost Summary

Election Summary

Dependent Enrollments

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

[REDACTED]

Employee ID: [REDACTED]

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

\$ [REDACTED]
\$ [REDACTED]
\$ [REDACTED]

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				

9/19/2025 11:19 AM

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 C-00000000000000000000 ***

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.

X Exit
Open Enrollment

Previous

Open Enrollment

- Visited
- ▶ **Personal Information**
- Visited
- **Eligible Dependent Information**
- Complete
- **Arbitration Agreement**
- Complete
- **Benefits Enrollment**
- Complete
- **Benefits Statements**
- Visited
- Summary Page**
- Visited

Summary Page

Before clicking EXIT to exit the enrollment process, confirm you have submitted the required supporting documentation by clicking on the Eligible Dependent Information tab on the left sidebar. Your dependent will NOT be enrolled if you fail to upload their supporting documentation.

*Please note that on SFHSS review, additional supporting documentation may be required.

Thank you for using self-service benefits. Your elections have been submitted and are subject to approval and final processing by SFHSS. Click the [EXIT](#) button to finish your enrollment and return to SF My Hub. You can view your current benefits enrollment and Submitted Enrollment statements in **My Health Benefits on SF My Hub**.

Active employees may be eligible for additional benefits offered by their employer:

- **City & County of San Francisco & San Francisco Superior Court** employees may enroll in voluntary benefits administered by Workterra, (866) 528-5360, such as optional life insurance, identity theft protection and others. [Enroll online by logging into Myapps](#) and clicking on the WORKTERRA file.
- **San Francisco Unified School District** employees may enroll in Dental and Flexible Spending Accounts administered through the SFUSD Benefits Office. Visit the [SFUSD employee intranet](#) for more information.
- **City College of San Francisco** employees may enroll in Dental and FSA administered by the [City College of San Francisco \(CCSF\) Benefits Unit](#) (415) 452-7733. Visit the [CCSF Benefits website](#) for the Faculty and Classified Handbook, eligibility information and more.

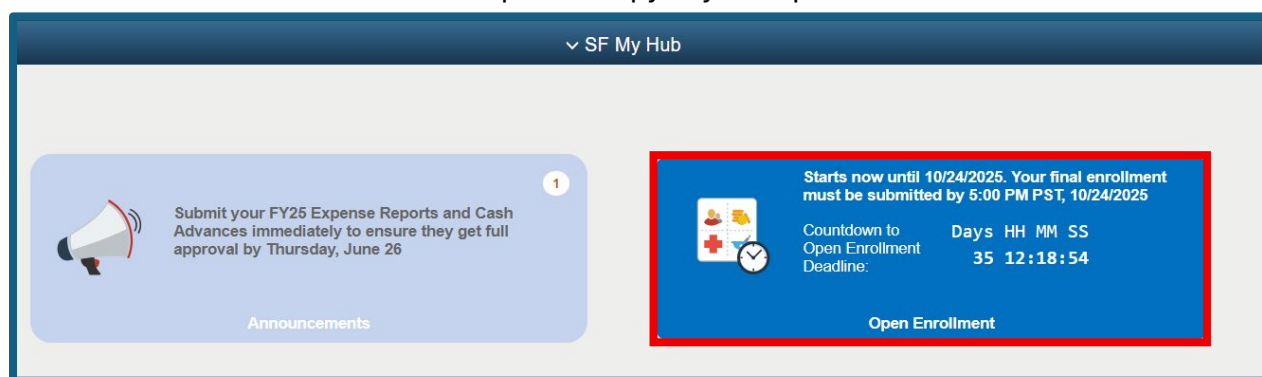
Step	Status	Date Completed	Required	Go to Step
Open Enrollment	● Visited		No	Go to Step
Home and Mailing Address	● Visited		No	Go to Step
Contact Information	● Visited		No	Go to Step
Emergency Contact	● Visited		No	Go to Step
Race & Ethnicity	● Visited		No	Go to Step
Eligible Dependent Information	● Complete	09/19/2025	No	Go to Step
Arbitration Agreement	● Complete	09/19/2025	Yes	Go to Step
Benefits Enrollment	● Complete	09/19/2025	No	Go to Step
Benefits Statements	● Visited		No	Go to Step

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

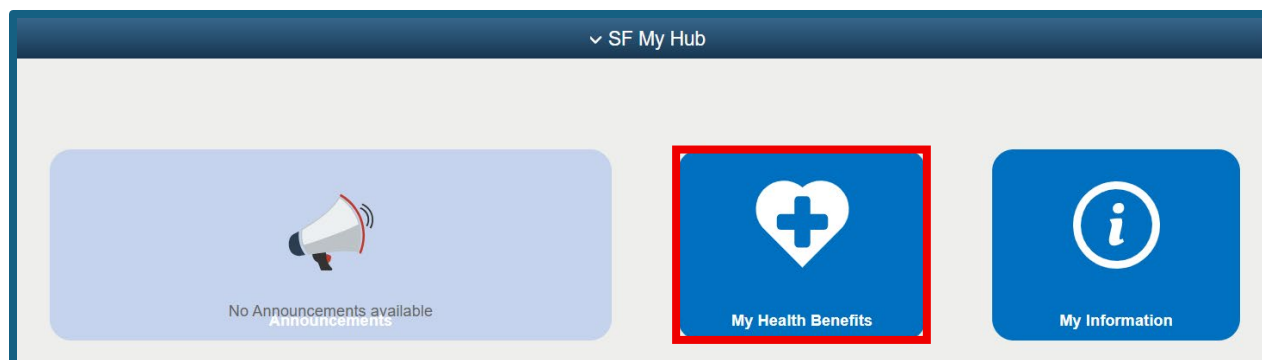
Making Changes or Printing Your Confirmation of Enrollment Submission After Exiting

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.

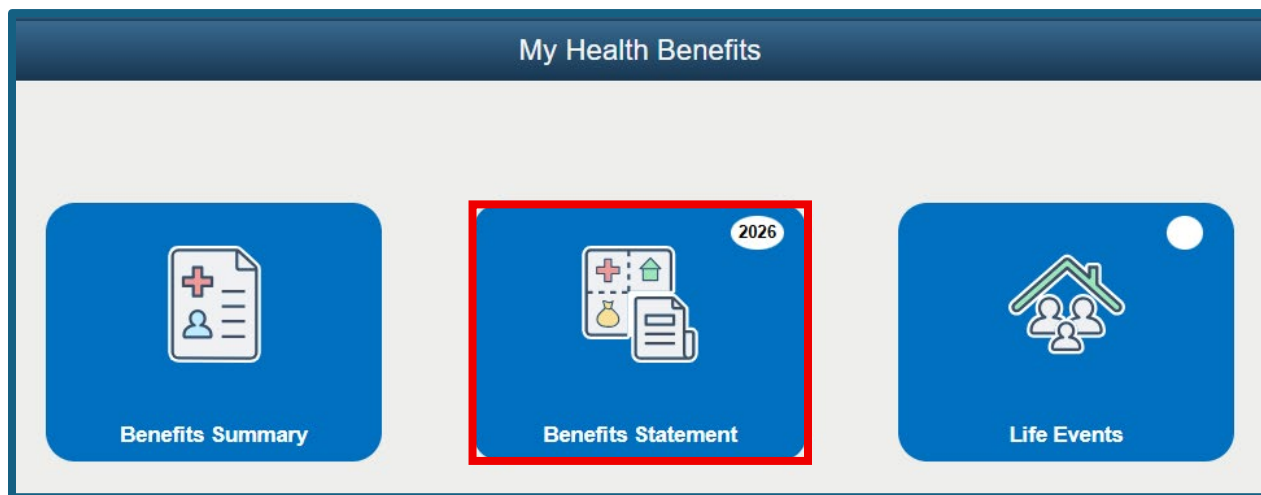


Printing Your Confirmation of Enrollment Submission After Open Enrollment

Step 1: Go back into SF My Hub and select the My Health Benefits tile.



Step 2: Select the Benefits Statement



Step 3: Select the Open Enrollment Statement. You will get access to the [Confirmation of Enrollment Submission](#) statement.

