

SAN FRANCISCO
HEALTH SERVICE SYSTEM

CITY COLLEGE OF SAN FRANCISCO



2026



HEALTH BENEFITS GUIDE



Executive Director's Message



Your 2026 San Francisco Health Service System (SFHSS) benefits are here!

After your initial New Hire or New Retiree enrollment period, Open Enrollment is your annual opportunity to make changes to your health benefits.

For Plan Year 2026, Open Enrollment will take place from October 1 to October 24, 2025. During this period, you can:

- Review your current medical, dental, vision, and other benefit elections.
- Compare plan options and make changes to your coverage.
- Update your beneficiaries.
- Enroll in or waive coverage.

To access your benefits information and complete your enrollment, please visit sfhss.org/how-to-enroll. You can also find helpful resources, including plan summaries and FAQs, on the site.

If you have any questions, please don't hesitate to contact SFHSS Member Services at **(628) 652-4700**.

I encourage you to take advantage of this important annual opportunity to ensure you have the benefits that best meet your needs.

In good health,

Rey Guillen



How to Enroll Online

CCSF employees can enroll in or make changes to their health benefits online for Open Enrollment or a Qualifying Life Event through **SF My Hub**. Whether you're a new hire, a rehire, or updating your benefits due to a qualifying life event, follow the step-by-step instructions below.

Important: If you have not previously registered for an account, go to sfhss.org/how-to-enroll and then click on **Register Your Account** (one-time only) link and follow the instructions. You will need your **DSW** or **Employee ID Number**, which is located at the top right section of your Open Enrollment letter or by calling SFHSS Member Services. The Employee ID# is not your CCSF ID# that begins with "S", "W" or "@".

STEP 1

- Go to sfhss.org/how-to-enroll. Click on the  **SF My Hub** icon on the top left of the web page.

STEP 2

- Enter your **DSW** or **Employee ID** and **Password**. Click **Agree & Sign In**.

STEP 3

- Complete the **Security Verification** and click **Verify**.

STEP 4

- If you are a new hire or a rehire, click on the **Hire/Rehire** tile.
- If you need to make mid-year changes to your benefits due to a Life Event, click on the **My Health Benefits** tile, then click on the **Life Events** tile (for qualifying life event changes).
- Then follow the directions on the web page.

Helpful Resources and Support

For detailed instructions on enrolling or making changes to your benefits, visit sfhss.org/how-to-enroll and click on the appropriate manuals:

- [New Hire/Rehire Manual](#) for CCSF Employees
- [Qualifying Life Events Manual](#) for CCSF Employees

Technical Support – Call the **Department of Technology Help Desk** at **(628) 652-5000**, available Monday–Friday, 7:30 a.m. to 5:00 p.m.

For other questions visit sfhss.org/contact-us.



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Eligibility

Health coverage eligibility is determined by the Governing Board of the City College of San Francisco (CCSF).

City College of San Francisco (CCSF) Employee Benefits Eligibility

	FULL TIME FACULTY	LTS FACULTY	PART-TIME FACULTY	PERMANENT CLASSIFIEDS	TEMP STO CLASSIFIEDS	TEMPORARY CLASSIFIEDS	*ADMIN.
Medical	✓	✓	■	✓	✓	■	✓
Flexible Spending Account	✓	✓	Not Eligible	✓	✓	✓	✓
Employer Paid Dental	✓	✓	■	✓	✓	✓	✓
Life Insurance	✓	✓	Not Eligible	✓	✓	✓	✓
Parking & Commute	✓	✓	✓	✓	✓	✓	✓

■ Certain restrictions apply

*Administrators become eligible for health coverage as outlined above and on the first day of the month following their start date. Example: Administrator starts on 09/01; health coverage commences on 10/01.

Spouse or Registered Domestic Partner

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number. Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership certification.

A spouse who is eligible for Medicare and covered on an employee's medical plan is *not* required to enroll in Medicare. A registered domestic partner who is eligible for Medicare is *required* to enroll in Medicare.

Natural Children, Stepchildren, Adopted Children

To be eligible for health coverage, a child must be under the age of 26 and one of the following:

1. Natural born child of the enrolled member,
2. Legally adopted child of, or a child placed for adoption with the enrolled member, or
3. A stepchild, who is a natural, legally adopted or placed for adoption of the member's enrolled spouse or registered domestic partner.

Coverage ends at the end of the pay-period in which the child turns 26. Enrollment and eligibility documentation must be submitted to SFHSS **within 30 days** of birth, adoption, or a **Qualifying Life Event**.

Legal Guardianship and Court Ordered Children

See SFHSS Rules Section B.3.b and B.3.c for more information.

Adult Disabled Children

To qualify a dependent as a disabled adult child ("Adult Child"), the Adult Child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with disability after turning 26, and meet all criteria listed in the SFHSS Rules.

Medicare Enrollment Requirements for Dependents of Active Employees

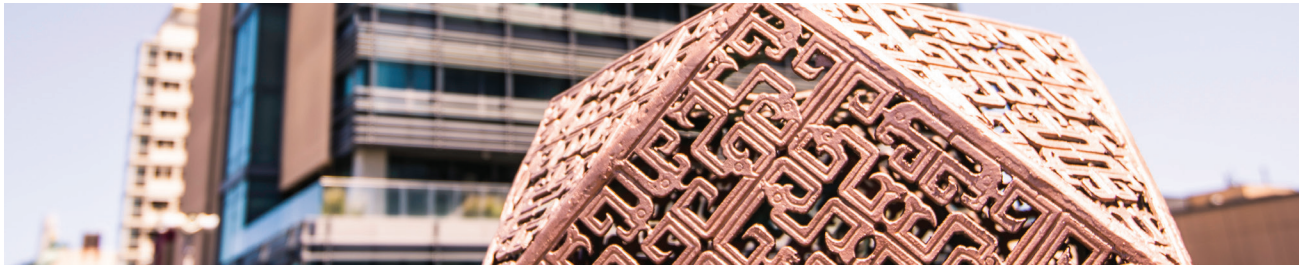
SFHSS Rules require Medicare eligible registered domestic partners and dependents who have received Social Security insurance for more than 24 months, to enroll in premium-free Medicare Part A, if eligible, and enroll and pay for the premiums for Medicare Part B.

Dependent Eligibility Audits and Penalties for Failing to Disenroll Ineligible Dependents

All members are required to notify SFHSS **within 30 days** and cancel coverage for a dependent who becomes ineligible. Dependent eligibility may be audited by SFHSS at any time. Audits may require submission of documentation that substantiates and confirms that the dependent's relationship with the employee or retiree is current. Acceptable documentation may include current federal tax returns in addition to other documentation that demonstrates cohabitation or financial interdependency. Enrollment of a dependent who does not meet the plan's eligibility requirements as stated in SFHSS Rules will be treated as an intentional misrepresentation of a material fact, or fraud. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependent's health premiums and any medical service provided.



Part-Time Faculty and Classified Temporary Employee Eligibility



Important Information for Part-Time Faculty and Classified Temporary Employees

Eligible part-time faculty who are enrolled in a medical plan for the spring semester will retain coverage through the summer months. In order to continue medical and vision coverage through the summer months, additional premiums will be taken from employee paycheck from January - May.

Eligible classified and temporary school term-only employees who are currently enrolled in a medical plan and meet the 20 hours or more per week assignment will retain coverage through summer months. In order to continue medical and vision coverage through the summer months, additional premiums will be taken from employee paychecks from January to June.

Part-time faculty members who lose eligibility for healthcare coverage during any semester may continue medical and dental coverage through COBRA. Part-time faculty who later become eligible for health coverage must re-enroll for available health benefits.

Ineligible part-time faculty members may elect to purchase health benefits **within 30 days** from loss of coverage, by paying the full cost, which includes both the district's and employee's share. If you are interested in enrolling in full-cost health benefits, contact CCSF Benefits Unit at benefits@ccsf.edu.

Questions about coverage over the summer break? Visit ccsf.edu/hr, or contact the **City College of San Francisco (CCSF) Benefits Unit** at (415) 452-7733.

Options for Maintaining Coverage

Covered California: The state health insurance exchange, created under the federal Patient Protection and Affordable Care Act, allows you to compare and shop for health insurance. In some cases, you may qualify for Medi-Cal, tax credits and other assistance to make health insurance more affordable.

For information about Covered California, call **(888) 975-1142** or visit coveredca.com.

COBRA: The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) enacted in 1986 allows employees and covered dependents to elect temporary extension of healthcare coverage in certain instances where coverage would end. The COBRA administrator will notify you of the opportunity to elect COBRA coverage. You have 60 days from the notification date to complete COBRA enrollment. When enrolled in COBRA you pay the full cost of premiums.

Individual Coverage: You may be able to purchase individual health coverage from your healthcare plan or other insurers. Contact plans directly for details and costs. All employees and dependents who were covered under an SFHSS-administered medical plan are entitled to a certificate showing evidence of prior health coverage.



Medical Plan Options

SFHSS offers a variety of medical plan options to allow you to select the plan that provides the right coverage at the right cost for you and your covered family members to remain healthy and productive. SFHSS offers four Health Maintenance Organization (HMO) plans and one Preferred Provider Organization (PPO) plan.

To learn more, visit: sfhss.org/benefits/city-college.

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers working closely together to help coordinate your care. You select a Primary Care Physician (PCP) who will coordinate all non-emergency care and services including access to certain specialists, programs and treatments that are in the same medical group or network. You must live or work in a ZIP code serviced by the plan to enroll.

Under these plans, there is no plan year deductible before accessing your benefits. Most services are available for a fixed dollar amount known as a "co-payment."

SFHSS offers the following HMO medical plans:

- **Health Net CanopyCare HMO:**

A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents. Includes access to their "Alliance Referral Program", which provides members with access to specialists from all participating Canopy Health Medical Groups.

- **Kaiser Permanente HMO:**

Utilizing an integrated-care model, Kaiser Permanente provides care through their own doctors and facilities, including inpatient and outpatient settings, pharmacy, lab, imaging, and other ancillary services.

- **Blue Shield of California Trio HMO:**

A narrow network plan that provides care through a small number of local accountable care organizations (ACOs), a network of doctors and hospitals that share responsibility for providing care to you and your covered dependents.

- **Blue Shield of California Access+ HMO:**

A broad network HMO plan with access to many of the Bay Area's medical groups. The plan includes the ability for members to self-refer themselves to certain specialists.

Preferred Provider Organization (PPO)

A PPO is a medical plan that provides access to a network of health care providers (doctors, hospitals, labs, pharmacies, etc.) known as preferred providers. You pay less when you seek services from preferred providers. However, the plan allows you the option of seeing non-preferred providers, but requires you to pay a higher percentage of the bill.

Generally, when compared to HMO medical plans, PPOs usually result in higher out-of-pocket costs and a deductible will apply to many services. Instead of having a fixed co-pay for medical services, your cost share may vary as a percentage of what the provider charges, as a percentage of the provider's charge, called "coinsurance". You will need to pay your plan year deductible prior to paying your coinsurance for the applicable service.

SFHSS offers the following PPO plan:

- **Blue Shield of California PPO**

How To Enroll in Medical Benefits

Eligible full-time employees must enroll in an SFHSS medical plan **within 30 calendar days** of their hire date or Qualifying Life Event. SFHSS members may enroll online using **My Health Benefits** via **SF My Hub** (go to sfhss.org/how-to-enroll to get started) or by completing and submitting an **Enrollment Application form** by fax or mail, along with required eligibility documentation.

If you do not enroll by the deadline, your next opportunity to enroll in benefits is during the next Open Enrollment for coverage the following plan year, or if a **Qualifying Life Event** occurs.

Coverage following a **Qualifying Life Event** will start the first day of the coverage period following receipt and approval of required eligibility documentation.

Medical Plan Service Areas

County	Health Net CanopyCare HMO	Kaiser Permanente HMO	Blue Shield of CA Trio HMO	Blue Shield of CA Access+ HMO	Blue Shield of CA PPO
Alameda	■	■	■	■	■
Contra Costa	■	■	■	■	■
Marin	■	■	○	■	■
Monterey		○	○	○	■
Napa	■	■			■
Sacramento		■	○	■	■
San Francisco	■	■	■	■	■
San Joaquin		■	■	■	■
San Mateo	■	■	■	■	■
Santa Clara	■	○	■	■	■
Santa Cruz	■	■	■	■	■
Solano	○	■	○	■	■
Sonoma	○	○		■	■
Stanislaus		■	○	■	■
Tuolumne					■
Outside of CA	Urgent/ER Care Only	Urgent/ER Care Only	Urgent/ER Care Only	Urgent/ER Care Only	No Service Area Limits

■ Available in this county

○ Available in some ZIP codes; verify your ZIP code with the plan to confirm availability

Blue Shield of California HMO, Health Net CanopyCare HMO, and Kaiser Permanente HMO: Service Area Limits

You must reside or work in a ZIP code served by the plan. If you do not see your county listed above, contact the medical plan to see if service is available to you. For **Blue Shield of California's Trio HMO**, call **(800) 357-1901**. For **Blue Shield of California's Access+ HMO**, call **(800) 357-1901**. For **Health Net CanopyCare HMO**, call **(833) 448-2042**. For **Kaiser Permanente HMO**, call **(800) 464-4000**.

Blue Shield of California PPO: No Service Area Limits

Blue Shield of California PPO does not have any service area requirements. If you have questions, contact **Blue Shield of California PPO** at **(888) 499-5532**.



Did you know that if you move, you may have to enroll in a new medical plan that provides coverage in your new service area? Avoid loss of coverage by **updating your address using the ramid.ccsf.edu Portal**. Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.



Medical Plans

This chart provides a summary of benefits only. In any instance where information in this chart or Guide 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. EOCs are available for download at sfhss.org.

	HEALTH NET	KAISER PERMANENTE	BLUE SHIELD OF CALIFORNIA		
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	PCP assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.
Deductible	No deductible	No deductible	No deductible	IN-NETWORK AND OUT-OF-AREA	
				OUT-OF-NETWORK	
				\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
General Care and Urgent Care					
Annual Physical; Well Woman Exam	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay	\$20 co-pay	\$25 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$20 co-pay	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: Generic	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply	Only if authorized by a Kaiser Physician	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply	Only if authorized by a Kaiser Physician	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply

	HEALTH NET	KAISER PERMANENTE	BLUE SHIELD OF CALIFORNIA			
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient						
Hospital Outpatient	\$100 co-pay per surgery	\$35 co-pay	\$100 co-pay per surgery		85% covered after deductible	50% covered after deductible
Hospital Inpatient	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital Emergency Room	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized	\$100 co-pay waived if hospitalized		85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
Skilled Nursing Facility	No charge 100 days per plan year	No charge 100 days per benefit period	No charge 100 days per plan year		85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization req.	No charge when medically necessary	No charge authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Fertility						
Hospital or Birthing Center	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/Post-Partum Care	No charge	No charge	No charge		85% covered after deductible	50% covered after deductible
Well Child Care	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC	No charge must enroll newborn within 30 days of birth; see EOC		100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and Artificial Insemination	Co-pays apply; authorization required	Co-pays apply; authorization required	Co-pays apply; authorization required		85% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse Services						
Outpatient Treatment	\$25 co-pay non-severe and severe	\$10 co-pay group \$20 co-pay individual	\$25 co-pay non-severe and severe		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient Facility including detox and residential rehab	\$200 co-pay per admission	\$100 co-pay per admission	\$200 co-pay per admission		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other						
Hearing Aids 1 aid per ear every 36 months; evaluation no charge	Up to \$5,000, combined for both ears, every 36 months; no charge for evaluation	Up to \$2,500 per ear, every 36 months; no evaluation charge	Up to \$2,500 per ear, every 36 months; no charge for evaluation		85% covered after deductible; up to \$2,500 per ear, every 36 months	50% covered after deductible; up to \$2,500 per ear, every 36 months
Medical Equipment, Prosthetics and Orthotics	No charge as authorized by PCP	No charge as authorized by PCP	No charge as authorized by PCP		85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and Occupational Therapy	\$25 co-pay	\$20 co-pay authorization required	\$25 co-pay		85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC
Acupuncture/Chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network	\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	\$15 co-pay 30 visits max for each per plan year; ASH network		50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply; authorization required	Co-pays apply; authorization required	Co-pays apply; authorization required		85% covered after deductible; prior notification	50% covered after deductible; prior notification



HMO Plans Comparison Chart of In-Network Medical Groups and Hospitals

	BLUE SHIELD OF CALIFORNIA		
	HEALTH NET CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO
Provider Medical Group/IPA			
Brown and Toland Medical Group	No	Yes	Yes
Dignity Physicians Medical Group	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)	Yes (Dominican-Santa Cruz)
Hill Physicians Medical Group	Yes (Alameda, Contra Costa, Marin, S.F. and San Mateo)	Yes	Yes
John Muir Physician Network	Yes	Yes	Yes
Santa Clara Physician Network (SCCIPA)	Yes	Yes	Yes
Sutter Palo Alto Medical Foundation Physicians	No	No	Yes
Hospitals			
Dignity Health Hospitals/Medical Centers (St. Mary's, St. Francis, Sequoia, Dominican)	Yes	Yes	Yes
El Camino Hospital	No	Yes	Yes
Good Samaritan Hospital	Yes	Santa Clara and LA Counties Only	Yes
MarinHealth	Yes	No	Yes
San Jose Regional Medical Center	Yes	Yes	Yes
San Ramon Regional Medical Center	Yes	Yes	Yes
Santa Clara Valley Medical Center	No	Yes	Yes
Stanford Hospitals and Clinics	No	Yes	Yes
Sutter Alta Bates Summit Medical Center	No	Yes	Yes
Sutter Eden Medical Center	No	Yes	Yes
Sutter California Pacific Medical Center (CPMC)	No	Yes (only with Brown and Toland IPA)	Yes
UCSF Benioff Children's Hospital	Yes	Yes	Yes
UCSF Sonoma Valley Hospital	Yes	Yes	Yes
UCSF Medical Center	Yes	Yes	Yes
Washington Hospital	Yes	Yes	Yes
Zuckerberg San Francisco General Hospital	Yes	No	No

Disclaimer: The information contained in this IPA Comparison Chart is subject to change. For a complete list of the most current Provider Medical Groups and Hospitals available to you, please contact your health plan directly.



2026 Medical Premium Contributions

	HEALTH NET CANOPYCARE HMO		KAISER PERMANENTE HMO		BLUE SHIELD OF CALIFORNIA					
					TRIO HMO		ACCESS+ HMO		PPO	
BIWEEKLY 26 PAY PERIODS										
BOARD MEMBERS AND CLASS. ADMIN.	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$0.00	\$447.52	\$31.61	\$467.48	\$44.32	\$539.70	\$277.50	\$408.83
Employee +1	\$144.91	\$581.47	\$154.72	\$737.55	\$198.59	\$796.83	\$232.46	\$932.81	\$654.62	\$675.92
Employee +2 or more	\$332.43	\$694.25	\$427.88	\$833.53	\$455.72	\$951.65	\$533.53	\$1,114.19	\$1,110.77	\$769.02
CLASSIFIED EMPLOYEES	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$364.57	\$0.00	\$447.52	\$31.61	\$467.48	\$37.84	\$546.18	\$271.36	\$414.97
Employee +1	\$174.77	\$551.61	\$202.17	\$690.10	\$239.51	\$755.91	\$280.35	\$884.92	\$620.55	\$709.99
Employee +2 or more	\$375.05	\$651.63	\$496.37	\$765.04	\$514.11	\$893.26	\$601.91	\$1,045.81	\$815.07	\$1,064.72
BIWEEKLY 21 PAY PERIODS										
CLASSIFIED EMPLOYEES	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
EMPLOYEE ONLY										
Dec. 20 - May 22	\$0.00	\$530.28	\$0.00	\$650.94	\$45.98	\$679.97	\$55.04	\$794.44	\$394.71	\$603.59
Aug. 1 - Dec. 18	\$0.00	\$364.57	\$0.00	\$447.52	\$31.61	\$467.48	\$37.84	\$546.18	\$271.36	\$414.97
EMPLOYEE +1										
Dec. 20 - May 22	\$254.21	\$802.34	\$294.07	\$1,003.78	\$348.38	\$1,099.51	\$407.78	\$1,287.16	\$902.62	\$1,032.71
Aug. 1 - Dec. 18	\$174.77	\$551.61	\$202.17	\$690.10	\$239.51	\$755.91	\$280.35	\$884.92	\$620.55	\$709.99
EMPL. +2 OR MORE										
Dec. 20 - May 22	\$545.43	\$947.83	\$721.99	\$1,112.79	\$747.80	\$1,299.29	\$875.51	\$1,521.18	\$1,185.56	\$1,548.68
Aug. 1 - Dec. 18	\$375.05	\$651.63	\$496.37	\$765.04	\$514.11	\$893.26	\$601.91	\$1,045.81	\$815.07	\$1,064.72
<i>Classified School Term Only (STO) on 21 Pay Periods; January to June deductions (11 Pay Periods) include a 1.45 rate to pre-pay premiums for the summer coverage period.</i>										
MONTHLY 12 PAY PERIODS										
ACADEMIC ADMINS.	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$789.90	\$0.00	\$969.62	\$68.51	\$1,012.85	\$96.16	\$1,169.21	\$601.27	\$885.76
Employee +1	\$313.97	\$1,259.86	\$335.22	\$1,598.04	\$430.27	\$1,726.47	\$503.69	\$2,021.07	\$1,418.63	\$1,464.20
Employee +2 or more	\$720.27	\$1,504.19	\$927.04	\$1,806.02	\$987.35	\$2,061.96	\$1,155.99	\$2,414.08	\$2,406.65	\$1,666.23
FULL-TIME FACULTY	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
Employee Only	\$0.00	\$789.90	\$0.00	\$969.62	\$68.51	\$1,012.85	\$96.16	\$1,169.21	\$601.27	\$885.76
Employee +1	\$293.19	\$1,280.64	\$277.33	\$1,655.93	\$401.80	\$1,754.94	\$470.36	\$2,054.40	\$1,388.09	\$1,494.74
Employee +2 or more	\$667.34	\$1,557.12	\$832.11	\$1,900.95	\$914.79	\$2,134.52	\$1,071.01	\$2,499.06	\$2,321.53	\$1,751.35
MONTHLY 9 PAY PERIODS										
PART-TIME FACULTY	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays	You Pay	Employer Pays
EMPLOYEE ONLY										
Jan. 1 - May 31	\$0.00	\$1,263.84	\$0.00	\$1,551.39	\$109.62	\$1,620.56	\$153.86	\$1,870.74	\$962.03	\$1,417.22
Sept. 1 - Dec. 31	\$0.00	\$789.90	\$0.00	\$969.62	\$68.51	\$1,012.85	\$96.16	\$1,169.21	\$601.27	\$885.76
EMPLOYEE +1										
Jan. 1 - May 31	\$469.10	\$2,049.02	\$443.73	\$2,649.49	\$642.88	\$2,807.90	\$752.58	\$3,287.04	\$2,220.94	\$2,391.58
Sept. 1 - Dec. 31	\$293.19	\$1,280.64	\$277.33	\$1,655.93	\$401.80	\$1,754.94	\$470.36	\$2,054.40	\$1,388.09	\$1,494.74
EMPL. +2 OR MORE										
Jan. 1 - May 31	\$1,067.74	\$2,491.39	\$1,331.38	\$3,041.52	\$1,463.66	\$3,415.23	\$1,713.62	\$3,998.50	\$3,714.45	\$2,802.16
Sept. 1 - Dec. 31	\$667.34	\$1,557.12	\$832.11	\$1,900.95	\$914.79	\$2,134.52	\$1,071.01	\$2,499.06	\$2,321.53	\$1,751.35
<i>Part-time Faculty Employees January to May deductions (5 pay periods) include 1.60 rate to pre-pay premiums for the summer coverage period.</i>										

Vision Plan Options

SFHSS offers two vision plans for members and dependents who are enrolled in a SFHSS medical plan. Vision coverage is provided through Vision Service Plan (VSP). To learn more, visit:

sfhss.org/benefits/city-college.

Vision Service Plan - Basic

The VSP Basic Plan is included with enrollment in all SFHSS medical plans. Members are eligible for a vision exam once a year, and either one set of contacts or a pair of eyeglasses frames/lenses every other calendar year. Eligible dependent children are covered in full for polycarbonate prescription lenses.

Vision Service Plan - Premier

Members may buy-up to the VSP Premier Plan that includes coverage for either one set of contacts or a pair of eyeglasses frames/lenses every calendar year. The VSP Premier Plan provides a higher allowance for a frame and lenses or contacts. If a member buys up to the VSP Premier Plan, member's dependents will also be enrolled in the VSP Premier Plan.

Accessing Your Vision Benefits

You may go to a VSP in-network or out-of-network provider. In-network providers include Costco, Visionworks, Walmart Vision, and Sam's Club. Visit www.vsp.com for a complete list of network providers.

To receive services from an in-network provider, contact the provider and identify yourself as a VSP Vision Care member *before* your appointment.

VSP Vision Care will provide benefit authorization directly to the provider. Services must be received prior to the benefit authorization expiration date.

If you receive services from a network provider *without* prior authorization or obtain services from an out-of-network provider (including Kaiser Permanente), you are responsible for payment in full to the provider. You may submit an itemized bill to VSP for partial reimbursement.

Compare the costs of out-of-network services to in-network costs before choosing. You can submit a claim for reimbursement online from your VSP member account or by contacting VSP Member Services at **(800) 877-7195** and requesting a claim or reimbursement form.

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plain (non-prescription) lenses, or two pairs of glasses in lieu of a pair of bifocals.
- Replacement of lenses or frames furnished that are lost or broken (except at the contracted intervals).
- Medical or surgical eye treatment (except for limited Essential Medical Eye Care).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

For more information, please review the Evidence of Coverage at sfhss.org/vsp-vision-plans

VSP LightCare

Both Basic and Premier plans now include VSP LightCare. Members can choose to use their regular frame allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue-light filtering glasses.

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers, discounts, and rebates on popular contact lenses.

VSP also provides savings on **hearing aids** through **TruHearing®** for members, their covered dependents and extended family including parents and grandparents.

No Medical Plan = No Vision Benefits

If you do not enroll in a medical plan, you and your dependents cannot enroll in VSP Vision Care plans offered through SFHSS. Member and their dependents must elect the same Vision Plan option.



Vision Plan Benefits-at-a-Glance

Covered Services	Vision Service Plan - Basic ¹		Vision Service Plan - Premier	
Well Vision Exam	\$10 co-pay every calendar year		\$10 co-pay every calendar year	
Single Vision Lenses	\$25 co-pay every other calendar year ²		\$0 every calendar year	
Lined Bifocal Lenses	\$25 co-pay every other calendar year ²		\$0 every calendar year	
Lined Trifocal Lenses	\$25 co-pay every other calendar year ²		\$0 every calendar year	
Standard Progressive Lenses	100% coverage every other calendar year		100% coverage every calendar year	
Premium Progressive Lenses	\$95-\$105 co-pay every other calendar year		\$25 co-pay every calendar year	
Custom Progressive Lenses	\$150-\$175 co-pay every other calendar year		\$25 co-pay every calendar year	
Standard Anti-Reflective Coating	\$41 co-pay every other calendar year		\$25 co-pay every calendar year	
Premium Anti-Reflective Coating	\$58-\$69 co-pay every other calendar year		\$25 co-pay every calendar year	
Custom Anti-Reflective Coating	\$85 co-pay every other calendar year		\$25 co-pay every calendar year	
Scratch-Resistant Coating	Fully covered every other calendar year		Fully Covered every calendar year	
Frames	\$150 allowance for a wide selection of frames. \$170 allowance for featured frames; 20% savings on amount over the allowance; \$80 allowance at Costco and Walmart/Sam's Club; \$25 co-pay applies; Every other calendar year.		\$300 allowance for a wide selection of frames. \$320 allowance for featured frame; 20% savings on the amount over your allowance; \$165 allowance at Costco and Walmart/Sam's Club; No additional co-pay; Every calendar year.	
Contacts (<i>instead of glasses</i>)	\$150 allowance every other calendar year ²		\$250 allowance every calendar year	
Contact Lens Exam	Up to \$60 co-pay every other calendar year ²		Up to \$60 co-pay every calendar year	
Essential Medical Eye Care (<i>for the treatment of urgent or acute ocular conditions</i>)	\$5 co-pay		\$5 co-pay	
Lightcare	\$150 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts, every other calendar year.		\$300 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts, every calendar year.	
Biweekly (26 Pay Periods)	21 Pay Periods³		Monthly (12 Pay Periods)	
E Only \$5.48	E Only \$7.97 \$5.48		E Only \$11.87	
E + 1 Dep. \$8.36	E+1 Dep. \$12.16 \$8.36		E + 1 Dep. \$18.11	
E + 2 or more \$17.09	E+2 or more \$24.85 \$17.09		E + 2 or more \$37.02	
			E Only \$18.99 \$11.87	
			E+1 Dep. \$28.98 \$18.11	
			E+2 or more \$59.23 \$37.02	
Your Coverage with Out-of-Network Providers				
Visit vsp.com if you plan to see a provider other than a VSP network provider.				
Exam Up to \$50	Single Vision Lenses Up to \$45	Lined Trifocal Lenses Up to \$85	Contacts Up to \$105	
Frame Up to \$70	Lined Bifocal Lenses Up to \$65	Progressive Lenses Up to \$85		

¹VSP Basic Plan coverage is included with your medical premium.

²Under the VSP Basic plan, new lenses may be covered the next year if Rx change is no less than a +/- 0.50 diopter power.

³Employees with 9 and 21 pay periods pay a pro-rated premium rate for VSP Premier before summer break.

In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



Other Benefits Administered by City College of San Francisco (CCSF)

Delta Dental, Flexible Spending Accounts and other Voluntary Benefits are administered by the CCSF Benefits Unit. Please contact **CCSF Benefits Unit** at benefits@ccsf.edu.

Dental PPO

City College of San Francisco (CCSF) offers eligible employees the opportunity to enroll in dental benefits administered by Delta Dental. Enrollment in dental benefits is handled through the **CCSF Benefits Unit**. Visit ccsf.edu for details about covered services under this plan.

This PPO dental plan allows you to visit any in-network or out-of-network dentist. The plan pays higher benefits (and you pay less) when you visit an in-network PPO dentist.

Ask your Delta Dental dentist about costs before receiving services. You can request a pre-treatment estimate of costs before you receive care. For more information, call Delta Dental at **(888) 499-3001**.

Flexible Spending Accounts (FSA)

FSAs can save you money by reducing your taxable income. You can enroll in a Healthcare FSA, a Dependent Care FSA, or both. Once enrolled, you set aside money pre-tax via payroll deduction to fund your FSA account(s). To receive FSA reimbursements, you must submit documentation to the plan administrator by required deadlines.

A Healthcare FSA helps to pay for qualifying medical expenses. Qualifying expenses include medical, pharmacy, dental and vision co-pays, acupuncture and chiropractic care and more.

Unused FSA Healthcare up to the maximum carryover fund amounts can carryover to the following year. Your carryover will be determined at the end of the claim filing period (March 31). Carryover funds can only be accessed for one plan year and any remaining carryover funds will be forfeited.

IRS Rules require FSA annual enrollment/election during Open Enrollment. For more information, read IRS code section 125, [irs.gov/forms](https://www.irs.gov/forms).

A Dependent Care FSA can help pay *pre-tax* for qualifying dependent care expenses. Qualifying expenses include certified day care, pre-school and elder care. Children in day care must be under age 13. **FSA Dependent Care cannot be used for medical, dental or vision expenses for dependents.**

Unlike an FSA Healthcare, there is no carryover on FSA Dependent Care. FSA Dependent Care expenses and services need to be incurred in the same plan year or be forfeited. There are no exceptions.

Before enrolling in your FSA, work out a detailed estimate of the eligible expenses you are likely to incur. Budget conservatively. Please note, with an FSA your taxable income will be reduced for Social Security purposes so there may be a corresponding reduction in Social Security benefits.

Services and/or purchases must be made within the election year/eligibility period. Plan year is from January 1 to December 31. Funds are available after being deducted from your paycheck and received by *WageWorks*. There are no refunds for canceling or reducing elections.

FSA Healthcare and FSA Dependent Care expenses reimbursement claims must be submitted to *WageWorks* by March 31st for the prior plan year.

Per IRS rules, you forfeit all funds remaining in an FSA by end of the claim filing period unless covered by FSA Healthcare Carryover Provision.

For complete list of eligible healthcare and dependent care expenses and more information on FSA, visit wageworks.com.

Commuter Benefits

City College of San Francisco (CCSF)'s Benefits Unit offers employees the opportunity to enroll in commuter benefits. This pre-tax benefit account can be used to pay for public transit (train, subway, bus, and ferry) and parking fees associated with work as part of your daily commute to and from work.

Save an average of up to 30% on public transit as part of your daily commute to and from work and reduce your overall tax burden (e.g. funds are withdrawn from your paycheck *before* taxes are deducted thereby reducing your taxable income). Sign up any time to start saving and there's no "use it or lose it" as long as you're enrolled. The commuter benefits account for CCSF employees are administered by *WageWorks*. Visit wageworks.com for more information.

Other Voluntary Benefits

Eligible **CCSF** employees may also purchase the voluntary benefits below:

- Individual life, accident, short-term disability, cancer/specified disease, hospital confinement indemnity, specified health event, dental and vision insurance.
- For more information about dental, FSA, and additional voluntary benefits that are administered through CCSF, visit ccsf.edu.



CCSF Provides Your Dental Benefits

For eligible employees, in this incentive plan, Delta Dental pays 70% of the contract allowance for covered diagnostic, preventive and basic services and 70% of the contract allowance for major services during the first year of eligibility. The coinsurance percentage will increase by 10% each year (to a maximum of 100%) for each enrollee if that person visits the dentist at least once during the year. If an enrollee does not use the plan during the calendar year, the percentage remains at the level attained the previous year. If an enrollee becomes ineligible for benefits and later regains eligibility, the percentage will drop back to 70%. Group #15935.

Eligibility	Enrolled eligible employee, spouse (includes domestic partner) and eligible dependent children to the end of the month dependent turns age 26.			
Deductibles	None			
Maximums	Delta Dental PPO dentists: \$3,200 per person each calendar year. Non-Delta Dental PPO dentists: \$3,000 per person each calendar year.			
D&P count towards maximum?	Yes.			
Waiting Period(s)	Basic Benefits None	Major Benefits None	Prosthodontics None	Orthodontics None
Benefits and Covered Services*	Delta Dental PPO dentists**		Non-Delta Dental PPO dentists**	
Diagnostic and Preventive Services (D&P) Exams, (2) cleanings and x-rays	In-Network and Premier Dentist's contracted fee is covered at: 70%-100%		Reasonable and customary fee is only covered at: 70%-100%	
Basic Service Fillings, posterior composites and sealants				
Endodontics (root canals) Covered under Basic services				
Periodontics (gum treatment) Covered under Basic services				
Oral Surgery Covered under Basic services				
Major Services Crowns, inlays, onlays and cast restorations	50%		50%	
Prosthodontics Bridges, dentures, and implants				
Orthodontics Benefits Adults and dependent children				
Dental Accident Benefits Adults and dependent children	100% (Separate \$1,000 maximum per person calendar year)			
Orthodontics Maximums Adults and dependent children	\$2,000 Lifetime			

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

**Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative (CCSF).



Well-Being and Mental Health Benefits

Your health plan offers many **free or low-cost** benefits to support preventive care, healthy living, mental health, and overall well-being. For more information, visit sfhss.org/using-your-benefits/using-your-benefits-employees.

Your Health Plan Offerings	Annual Preventive Care Offerings
<p>Find the right service and care you need:</p> <ul style="list-style-type: none"> ■ Acupuncture ■ Chiropractic care ■ Diabetes Prevention ■ Gender Affirming Care ■ Gym Discounts ■ Healthy Eating & Nutrition ■ Lifestyle Coaching ■ Mental Health & Substance Use Disorder Benefits* ■ Pregnancy & Lactation ■ Tobacco Cessation ■ Weight Management Programs 	<p>Don't forget your Annual Preventive Care Exams!</p> <ul style="list-style-type: none"> ■ Annual Physical provided by your PCP ■ Annual Well Vision Exam ■ Cancer Screenings recommended by your PCP ■ Dental Exam and Cleaning Every 6 Months <ul style="list-style-type: none"> ■ Limit of two (2) dental exams and; ■ Two (2) cleanings per calendar year ■ Vaccinations recommended by your PCP ■ Well-Check provided by your PCP ■ Well-Women Exam provided by your PCP



Employee Assistance Program (EAP)

Employee Assistance Program (EAP) Counselors are available Monday through Friday, 8 a.m. to 5 p.m. for confidential counseling and consultation. Employees can also access services through the EAP 24/7. Guidance Consultations are available 24/7 for confidential assessment and referral.

If you think you need help, or are having difficulty accessing Mental Health or Substance Abuse services through your health plan, call EAP at **(628) 652-4600**.

For urgent Mental Health issues, members should call **911** or go to the nearest hospital emergency room.

Visit us at sfhss.org/eap for more resources. We're Here for You!

Individual Services	Organizational Services
<ul style="list-style-type: none"> ■ Short-Term Solution Focused on Counseling for Individuals and Couples ■ Assessment and Referrals ■ Consultation and Coaching ■ Mental Health Benefit Advocacy and Navigation 	<ul style="list-style-type: none"> ■ Management Consultation and Coaching ■ Employee Mediation ■ Critical Incident Response ■ Workshops and Trainings

*As a result of the mental health parity law, there is no yearly or lifetime dollar amounts for Mental Health and Substance Abuse services.



Health Benefits During a Leave of Absence

You Must Immediately Notify the City College of San Francisco (CCSF) Human Resources Department of any Leave of Absence

You Must Notify CCSF's Human Resources Department of Any Leave of Absence

- Notify the **CCSF Human Resources Department** at least 30 days in advance. Call Human Resources Department at **(415) 452-7660** and ask to speak to the **CCSF Employee Leaves Unit**.
- Contact the **CCSF Benefits Unit** to inquire about your health benefits while on leave. You can reach CCSF Benefits Unit at **(415) 452-7733** or benefits@ccsf.edu.
- Review the **Your Responsibilities** section below for more information about your health benefits during a leave of absence and how to avoid a disruption in your coverage.
- For additional information, please refer to your **Collective Bargaining Agreement**.

Your Responsibilities

1. Notify your supervisor and your CCSF Human Resources (HR) at least 30 days in advance to review your leave. Contact Human Resources at (415) 452-7660 and ask to speak to the CCSF Employee Leaves Unit.

If your leave is due to an unexpected emergency contact HR as soon as possible. HR will help you understand the process and documentation required for an approved leave.

2. To continue your health coverage, you may elect to continue or waive health coverage for the duration of your approved Leave of Absence.

To waive health coverage for the duration of your approved Leave of Absence, you must contact CCSF and SFHSS within 30 days of when leave begins to waive/terminate your health benefits. You must submit a Medical Enrollment form to SFHSS and a Dental Enrollment form to CCSF Benefits Unit within 30 days from your original approved Leave of Absence to waive your health benefits.

If premium payments are not deducted from your paycheck while you are on leave you must pay **CCSF** directly. **Contact the CCSF Benefits Unit about premiums owed to continue or waive your medical and dental coverage.**

3. Health Premium Payments. If you continue your health coverage for the duration of your leave, you must pay the employee premium contribution while you are on leave. An employee on an approved Leave of Absence, including but not limited to personal or educational leaves, must pay the total cost of health coverage for yourself and any enrolled dependents. This includes your premium contribution plus the employer's premium contribution. Failure to make payment can result in termination of health benefits, which may not be reinstated until Open Enrollment. **Contact the CCSF Benefits Unit about premiums owed to continue or waive your medical and dental coverage while on an approved Leave of Absence.**

4. When your leave ends, you must contact CCSF and SFHSS immediately upon your return to work in order to avoid break in health coverage. You must submit a Medical Enrollment form to SFHSS and Dental Enrollment form to the CCSF Benefits Unit with your elections to reinstate your health benefits within 30 days from your return to work.

Contact CCSF Benefits Unit to inquire about getting your health benefits reinstated when you return to work.



2026 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (26 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 20, 2025 – January 2, 2026	January 13, 2026	December 20, 2025 – January 2, 2026
January 3, 2026 – January 16, 2026	January 27, 2026	January 3, 2026 – January 16, 2026
January 17, 2026 – January 30, 2026	February 10, 2026	January 17, 2026 – January 30, 2026
January 31, 2026 – February 13, 2026	February 24, 2026	January 31, 2026 – February 13, 2026
February 14, 2026 – February 27, 2026	March 10, 2026	February 14, 2026 – February 27, 2026
February 28, 2026 – March 13, 2026	March 24, 2026	February 28, 2026 – March 13, 2026
March 14, 2026 – March 27, 2026	April 7, 2026	March 14, 2026 – March 27, 2026
March 28, 2026 – April 10, 2026	April 21, 2026	March 28, 2026 – April 10, 2026
April 11, 2026 – April 24, 2026	May 5, 2026	April 11, 2026 – April 24, 2026
April 25, 2026 – May 8, 2026	May 19, 2026	April 25, 2026 – May 8, 2026
May 9, 2026 – May 22, 2026	June 2, 2026	May 9, 2026 – May 22, 2026
May 23, 2026 – June 5, 2026	June 16, 2026	May 23, 2026 – June 5, 2026
June 6, 2026 – June 19, 2026	June 30, 2026	June 6, 2026 – June 19, 2026
June 20, 2026 – July 3, 2026	July 14, 2026	June 20, 2026 – July 3, 2026
July 4, 2026 – July 17, 2026	July 28, 2026	July 4, 2026 – July 17, 2026
July 18, 2026 – July 31, 2026	August 11, 2026	July 18, 2026 – July 31, 2026
August 1, 2026 – August 14, 2026	August 25, 2026	August 1, 2026 – August 14, 2026
August 15, 2026 – August 28, 2026	September 8, 2026	August 15, 2026 – August 28, 2026
August 29, 2026 – September 11, 2026	September 22, 2026	August 29, 2026 – September 11, 2026
September 12, 2026 – September 25, 2026	October 6, 2026	September 12, 2026 – September 25, 2026
September 26, 2026 – October 09, 2026	October 20, 2026	September 26, 2026 – October 09, 2026
October 10, 2026 – October 23, 2026	November 3, 2026	October 10, 2026 – October 23, 2026
October 24, 2026 – November 6, 2026	November 17, 2026	October 24, 2026 – November 6, 2026
November 7, 2026 – November 20, 2026	December 1, 2026	November 7, 2026 – November 20, 2026
November 21, 2026 – December 4, 2026	December 15, 2026	November 21, 2026 – December 4, 2026
December 5, 2026 – December 18, 2026	December 29, 2026	December 5, 2026 – December 18, 2026

New Hires: Health Coverage does not begin on work start date. You have 30 days from your work start date to enroll in health benefits. If you enroll within 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of health coverage ends at the end of the coverage period.

Employee premium contributions are deducted from paychecks biweekly for a total of 26 payroll deductions. If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY26/27 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2026 Health Coverage Calendars

CLASSIFIED EMPLOYEES AND ADMINISTRATORS PAID BIWEEKLY (21 PAY PERIODS)

Work Dates	Pay Date	Coverage Period
December 20, 2025 – January 2, 2026	January 13, 2026	December 20, 2025 – January 2, 2026
January 3, 2026 – January 16, 2026	January 27, 2026	January 3, 2026 – January 16, 2026
January 17, 2026 – January 30, 2026	February 10, 2026	January 17, 2026 – January 30, 2026
January 31, 2026 – February 13, 2026	February 24, 2026	January 31, 2026 – February 13, 2026
February 14, 2026 – February 27, 2026	March 10, 2026	February 14, 2026 – February 27, 2026
February 28, 2026 – March 13, 2026	March 24, 2026	February 28, 2026 – March 13, 2026
March 14, 2026 – March 27, 2026	April 7, 2026	March 14, 2026 – March 27, 2026
March 28, 2026 – April 10, 2026	April 21, 2026	March 28, 2026 – April 10, 2026
April 11, 2026 – April 24, 2026	May 5, 2026	April 11, 2026 – April 24, 2026
April 25, 2026 – May 8, 2026	May 19, 2026	April 25, 2026 – May 8, 2026
May 9, 2026 – May 22, 2026	June 2, 2026	May 9, 2026 – May 22, 2026
Summer Break <i>(off from regular work)</i>	June 16, 2026	Summer Coverage Period <i>(extra payroll deductions taken January to June)</i> <i>Pre-pay this summer coverage period.</i>
	June 30, 2026	
	July 14, 2026	
	July 28, 2026	
	August 11, 2026	
August 1, 2026 – August 14, 2026	August 25, 2026	August 1, 2026 – August 14, 2026
August 15, 2026 – August 28, 2026	September 8, 2026	August 15, 2026 – August 28, 2026
August 29, 2026 – September 11, 2026	September 22, 2026	August 29, 2026 – September 11, 2026
September 12, 2026 – September 25, 2026	October 6, 2026	September 12, 2026 – September 25, 2026
September 26, 2026 – October 09, 2026	October 20, 2026	September 26, 2026 – October 09, 2026
October 10, 2026 – October 23, 2026	November 3, 2026	October 10, 2026 – October 23, 2026
October 24, 2026 – November 6, 2026	November 17, 2026	October 24, 2026 – November 6, 2026
November 7, 2026 – November 20, 2026	December 1, 2026	November 7, 2026 – November 20, 2026
November 21, 2026 – December 4, 2026	December 15, 2026	November 21, 2026 – December 4, 2026
December 5, 2026 – December 18, 2026	December 29, 2026	December 5, 2026 – December 18, 2026

New Hires: Health Coverage does not begin on work start date. You have 30 days from your work start date to enroll in health benefits. If you enroll within 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of health coverage ends at the end of the coverage period.

Employee premium contributions are deducted from paychecks biweekly, for a total of 21 payroll deductions.

Employee premium deductions from January to June include an additional premium amount to fund benefits coverage during the summer pay periods. Benefits coverage will continue as long as all summer premium contributions have been funded (and on active status). If you take an approved unpaid leave of absence, you pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY26/27 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



2026 Health Coverage Calendars

FACULTY AND ADMINISTRATORS PAID MONTHLY (12 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2026 – January 31, 2026	January 30, 2026	January 1, 2026 – January 31, 2026
February 1, 2026 – February 28, 2026	February 27, 2026	February 1, 2026 – February 28, 2026
March 1, 2026 – March 31, 2026	March 31, 2026	March 1, 2026 – March 31, 2026
April 1, 2026 – April 30, 2026	April 30, 2026	April 1, 2026 – April 30, 2026
May 1, 2026 – May 31, 2026	May 29, 2026	May 1, 2026 – May 31, 2026
June 1, 2026 – June 30, 2026	June 30, 2026	June 1, 2026 – June 30, 2026
July 1, 2026 – July 31, 2026	July 31, 2026	July 1, 2026 – July 31, 2026
August 1, 2026 – August 31, 2026	August 31, 2026	August 1, 2026 – August 31, 2026
September 1, 2026 – September 30, 2026	September 30, 2026	September 1, 2026 – September 30, 2026
October 1, 2026 – October 31, 2026	October 30, 2026	October 1, 2026 – October 31, 2026
November 1, 2026 – November 30, 2026	November 30, 2026	November 1, 2026 – November 30, 2026
December 1, 2026 – December 31, 2026	December 31, 2026	December 1, 2026 – December 31, 2026

PART-TIME FACULTY PAID MONTHLY (9 MONTHS)

Work Dates	Pay Date	Coverage Period
January 1, 2026 – January 31, 2026	January 30, 2026	January 1, 2026 – January 31, 2026
February 1, 2026 – February 28, 2026	February 27, 2026	February 1, 2026 – February 28, 2026
March 1, 2026 – March 31, 2026	March 31, 2026	March 1, 2026 – March 31, 2026
April 1, 2026 – April 30, 2026	April 30, 2026	April 1, 2026 – April 30, 2026
May 1, 2026 – May 31, 2026	May 29, 2026	May 1, 2026 – May 31, 2026
Summer Break (off from regular work)	June 30, 2026 July 31, 2026 August 31, 2026	Summer Coverage Period (extra payroll deductions taken January to May)
September 1, 2026 – September 30, 2026	September 30, 2026	September 1, 2026 – September 30, 2026
October 1, 2026 – October 31, 2026	October 30, 2026	October 1, 2026 – October 31, 2026
November 1, 2026 – November 30, 2026	November 30, 2026	November 1, 2026 – November 30, 2026
December 1, 2026 – December 31, 2026	December 31, 2026	December 1, 2026 – December 31, 2026

New Hires: Health Coverage does not begin on work start date. You have 30 days from your work start date to enroll in health benefits. If you enroll within 30 day deadline, coverage will begin on the first day of the coverage period following work start date. If you terminate employment or lose health coverage, last day of health coverage ends at the end of the coverage period.

Full-time faculty premium contributions are deducted from paychecks monthly, for a total of 12 payroll deductions.

Part-time faculty premium contributions are deducted from paychecks monthly, for a total of 9 payroll deductions. PT Faculty that work from January to May will have an additional premium amount deducted to fund benefits coverage during the summer months. Benefits coverage will continue as long as all summer premium contributions have been funded.

If you take an approved unpaid leave of absence, you must pay CCSF directly for the premium contributions that were previously deducted from your paycheck. Employee premium contributions are due no later than the pay date of the benefits coverage periods above.

The FY26/27 calendar was not finalized with the union at the time of publication. Please check sfhss.org for updates.



COBRA and Covered California

COBRA

The COBRA Administrator for SFHSS benefits is the P&A Group. Please visit padmin.com or call **(800) 688-2611** for more information.

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees and covered dependents to elect a temporary extension of health coverage in certain instances where coverage would end. These include:

- Voluntary and involuntary termination of employee employment (except for misconduct).
- Hours of employment reduced, making the employee ineligible for employer health coverage.
- Children who are aging out of SFHSS coverage.
- Employee's spouse, domestic partner or stepchildren who are losing SFHSS coverage due to legal separation, divorce or dissolution of partnership.
- Covered dependents who are not eligible for survivor benefits and are losing SFHSS coverage due to the death of an SFHSS member.
- Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

COBRA Notification and Election Time Limits

If an employee and any enrolled dependents lose SFHSS coverage due to separation from employment, P&A Group will notify the employee of the opportunity to elect COBRA coverage. The employee or dependent has **60 days** from the COBRA notification date to complete enrollment and continue coverage. Coverage will be retroactive to the date of the COBRA-qualifying event, so there is no break in coverage. Employee coverage ends on the last day of the coverage period in which employment terminates.

If an enrolled dependent of an employee loses coverage due to divorce, dissolution of partnership, or aging out, the employee or dependent must notify P&A Group **within 30 days** of the qualifying event and request COBRA enrollment information.

Paying for COBRA

It is the responsibility of covered individuals enrolled in COBRA to pay required healthcare premium payments directly to P&A Group. **COBRA premiums are not subsidized by the employer.**

Duration of COBRA Continuation Coverage

COBRA coverage is generally available for a maximum of 18 months. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a coverage extension for up to 36 months. Employees and dependents who are eligible for less than 36 months of federal COBRA may also be eligible for Cal-COBRA. Continuation coverage under both federal and California state COBRA will not exceed 36 months.

Employees who are disabled on the date of their qualifying event, or any time during the first 60 days of COBRA coverage, are eligible for 29 months of coverage. Beginning the 19th month of coverage, the cost will rise to 150% of the group rate.

Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan if no pre-existing condition limitation under the new plan applies to the covered individual
- You fail to pay the premium required under the plan within the grace period
- The applicable COBRA period ends

COBRA Continuation Coverage Alternatives

Individuals who are not eligible for SFHSS coverage should consider obtaining health insurance through the state insurance exchange, Covered California. In some cases, you may qualify for tax credits and other assistance to make health insurance more affordable. For information about Covered California health plans, call **(888) 975-1142** or visit coveredca.com.

As an alternative to COBRA continuation coverage, you may be able to purchase individual health coverage from your healthcare plan or other insurers. Contact plans directly for details and costs.

Employees and dependents who were covered under an SFHSS-administered health plan are entitled to a certificate showing evidence of prior coverage.

For CCSF COBRA dental rates, visit **CCSF's** website at ccsf.edu or call the **CCSF Benefits Unit** at **(415) 452-7733**.



2026 Monthly COBRA Premium Rates



Health Net CanopyCare HMO	
Employee Only	\$805.70
Employee +1	\$1,605.31
Employee +2 or More	\$2,268.95
Kaiser Permanente HMO	
Employee Only	\$989.01
Employee +1	\$1,971.93
Employee +2 or More	\$2,787.72
Blue Shield of California Trio HMO	
Employee Only	\$1,102.99
Employee +1	\$2,199.87
Employee +2 or More	\$3,110.30
Blue Shield of California Access+ HMO	
Employee Only	\$1,290.68
Employee +1	\$2,575.26
Employee +2 or More	\$3,641.47
Blue Shield of California PPO	
Employee Only	\$1,516.77
Employee +1	\$2,940.49
Employee +2 or More	\$4,154.34
VSP Premier	
Employee Only	\$12.11
Employee +1	\$18.47
Employee +2 or More	\$37.76

For City College of San Francisco (CCSF) COBRA dental rates, visit CCSF's website at ccsf.edu or call the **CCSF Benefits Unit** at (415) 452-7733.



Key Contacts

City College of San Francisco (CCSF) Benefits Unit

50 Frida Kahlo Way
Bungalow #702
San Francisco, CA 94112
Benefits Line: (415) 452-7733
Benefits Fax: (415) 452-7786
HR Dept: (415) 452-7660
benefits@ccsf.edu
www.ccsf.edu

SFHSS

1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4700
Fax: (628) 652-4701
sfhss.org

SFHSS Telephone Hours

Monday, Tuesday, Wednesday,
and Friday: 9 a.m. to Noon and
1 p.m. to 5 p.m.
Thursday: 10 a.m. to Noon and
1 p.m. to 5 p.m.

Update Your Information

To update your address, contact
CCSF HR Department at
(415) 452-7660. For changes in
address, family status, new hires,
and more please visit
sfhss.org/contact-us

Well-Being

1145 Market Street, 2nd floor
San Francisco, CA 94103
Tel: (628) 652-4650
Fax: (628) 652-4601
well-being@sfgov.org
sfhss.org/well-being

Employee Assistance Program

1145 Market Street, 2nd floor
San Francisco, CA 94103
Tel: (628) 652-4600 - 24/7
Fax: (628) 652-4601
eap@sfgov.org
sfhss.org/eap

Health Service Board

Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (628) 652-4646
Fax: (628) 652-4702
health.service.board@sfgov.org
sfhss.org/health-service-board

MEDICAL PLANS

Health Net CanopyCare HMO
(833) 448-2042
healthnet.com/sfhss
Group G0727A

Kaiser Permanente HMO
(800) 464-4000
choose.kp.org/sfhss
Group 888 (North CA)
Group 231003 (South CA)

Blue Shield of California
Trio HMO
(800) 357-1901
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California
Access+ HMO
(800) 357-1901
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California
PPO (Non-Medicare)
(888) 499-5532
blueshieldca.com/sfhss
Group W0051448

Blue Shield of California
MAPD PPO (Medicare)
(800) 370-8852
blueshieldca.com/sfhss
Group W0051448

DENTAL & VISION PLANS

Dental enrollment is administered
through the **City College of San**
Francisco (CCSF) Benefits Unit.

Delta Dental PPO
(866) 499-3001
deltadentalins.com

FT Faculty & Admin:
Group 15935
Classified: Group 15935-00007
FT Faculty: Group 15935-00006
PT Faculty: Group 15935-00009
Board of Trustees: Group 15935-00010
COBRA: Group 15935-00008

VSP Vision Care
(800) 877-7195
www.vsp.com
Group 12145878

FSA & COMMUTER BENEFITS

FSAs and Commuter Benefits are
administered by **WageWorks** and
City College of San Francisco (CCSF).

WageWorks (FSA & Commuter Benefits)
(877) 924-3967
wageworks.com

COBRA MEDICAL & DENTAL

COBRA Medical are administered by
SFHSS / P&A Group.

P&A Group (COBRA Medical)
(800) 688-2611
padmin.com

COBRA Dental is administered by
City College of San Francisco (CCSF)
Benefits Unit.
benefits@ccsf.edu
(415) 452-7733

OTHER AGENCIES

Pension Benefits

SFERS
Employees' Retirement System
Tel: (415) 487-7000
Toll Free: (888) 849-0777
mysfers.org

CalPERS
(888) 225-7377
calpers.ca.gov

CalSTRS
(800) 228-5453
calstrs.com

Health Insurance Exchange
Covered California
(800) 300-1506
coveredca.com



sfhss.org/register-sfhss-newsletter-today

