

SAN FRANCISCO  
HEALTH SERVICE SYSTEM

# CITY AND COUNTY OF SAN FRANCISCO



HEALTH BENEFITS GUIDE

# Highlights for 2026

## Life and Disability Insurance

### **NEW! New York Life**

The San Francisco Health Service System selected New York Life to be the City's vendor for Life, AD&D, and Disability Insurance, replacing The Hartford, effective January 1, 2026. New York Life will also be the administrator of the voluntary Short-term Disability program, replacing Manhattan Life, effective January 1, 2026.

- Enhancement for 2026: Increased Guaranteed Issue amount for Voluntary Supplemental Life Insurance – Employee-Paid, from \$100,000 to \$200,000.
- Voluntary Accidental Death and Dismemberment (AD&D) Insurance – Employee-Paid, coverage up to \$500,000 with no need for Evidence of Insurability (EOI).
- Estate Guidance and Will Preparation are included no-cost value-added services for current Active Employees who are either eligible for employer-paid Basic Life Insurance, Long-Term Disability Insurance, and/or have elected to enroll in Voluntary Supplemental Life Insurance – Employee-Paid, or Voluntary AD&D Insurance – Employee-Paid through New York Life.

## Special Guaranteed Issue Period

A Special Guaranteed Issue Period will be open, beginning October 1st and ending on October 24th. Eligible employees may obtain up to \$200,000 in guaranteed issue Supplemental Life Insurance, without the need to provide Evidence of Insurability (EOI).

You may also utilize this Special Guaranteed Issue period to elect up to \$50,000 of guaranteed issue life insurance for your spouse/domestic partner, without the need to provide Evidence of Insurability (EOI).

This Special Guaranteed Issue period is extended to eligible City Employees who may have previously been denied Supplemental Life Insurance, those who currently have Supplemental Life Insurance with lower guaranteed issue amounts, and to those who have not previously elected Supplemental Life Insurance in the past. This is also the time to choose Supplemental Life Insurance for your dependents.

## Flexible Spending Accounts

### Healthcare FSA

- You may set aside up to \$3,300 on a pre-tax basis for your 2026 Healthcare FSA account.
- The new carryover amount for 2026 funds will be a minimum of \$10 and a maximum of \$660 into the 2027 plan year.

### Dependent Care FSA

- Beginning January 1, 2026, the maximum contribution you can set aside for your Dependent Care Flexible Spending Account (FSA) will be based on your annual salary to accommodate the higher allowable maximum and comply with the IRS Highly Compensated Employee (HCEs) requirements.
- The minimum Dependent Care FSA contribution is \$250 for all employees.
- Employees who gross **more** than \$160,000, annually, are deemed to be Highly Compensated Employees (HCEs). The maximum contribution for a Dependent Care FSA, by HCEs, will be \$3,000.
- For employees who gross **less** than or equal to \$160,000 annually, the maximum contribution for Dependent Care FSA will be \$7,500.

## Surrogacy and Adoption

SFHSS offers a one-time reimbursement of up to \$15,000 for eligible employees or retirees to cover qualified expenses from adoption or surrogacy. For more information and eligibility requirements, visit [sfhss.org/adoption-and-surrogacy](https://sfhss.org/adoption-and-surrogacy).

## Blue Shield of California Updates

- **NEW!** Beginning October 1, 2025, Blue Shield of California Trio and Access+ HMO plans will introduce a dedicated customer service phone line for SFHSS members at (800) 357-1901, designed to enhance the member experience.
- All Blue Shield of California HMO plan members will receive a new ID card in late December 2025 for plan year 2026 with the new customer service phone number.
- Members who enroll in the Blue Shield of California Trio or Access+ HMO plans for the first time will be able to identify and add their preferred Primary Care Physician (PCP) on their application. This will allow the PCP of their choice to be reflected on their new medical plan ID card. However, this is not a guarantee that the physician will accept the member as a new patient. Please confirm with the doctor's office first.
- Blue Shield of California PPO and Medicare Advantage PPO plans will keep their same phone numbers.



## 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.

I am excited to announce that, effective January 1, 2026, New York Life will serve as the administrator for SFHSS' Life (both employer-paid and supplemental), Long-Term Disability, Short-Term Disability, and Accidental Death &

Dismemberment Insurance coverage. This transition will align all these programs under a single carrier, providing a more seamless member experience. Plus, during this year's Open Enrollment, New York Life has agreed to allow new enrollees to elect up to \$200,000 in Supplemental Life Insurance and \$500,000 in Accidental Death and Dismemberment coverage without needing to go through a medical underwriting review. These plans help provide financial security for a member's family and help the member to be prepared for those worst-case scenarios.

To access your benefits information and complete your enrollment, please visit [sfhss.org/how-to-enroll](https://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

**City and County of San Francisco, Superior Court of San Francisco, and MEA employees** can enroll in or make changes to their health benefits online 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.

### STEP 1

- Go to [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll). Click on the  **SF My Hub** icon on the top left of the webpage.

### STEP 2

- Enter your **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 webpage.

### Helpful Resources and Support

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

- **New Hire/Rehire Manual** for SF City & County and Court Employees
- **Qualifying Life Events Manual** for SF City & County and Court 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](https://sfhss.org/contact-us).



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This Guide provides a summary of the San Francisco Health Service System benefits. For eligibility requirements, please refer to SFHSS Rules at [sfhss.org/san-francisco-health-service-system-member-rules](https://sfhss.org/san-francisco-health-service-system-member-rules) or request a copy by calling **(628) 652-4700**.



## 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-and-county](https://sfhss.org/benefits/city-and-county).

### 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](https://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**.

### Blue Shield of California PPO at Lower Rates:

Members who lack geographic access to both SFHSS's Kaiser Permanente HMO and the Blue Shield of California Access+ are eligible to enroll in **Blue Shield of California PPO** with lower premiums.



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 in SF My Hub** by clicking on the icon at [sfhss.org/how-to-enroll](https://sfhss.org/how-to-enroll). Failure to keep your address up to date may result in non-payment of claims for services received due to loss of coverage.



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

|   | BLUE SHIELD OF CALIFORNIA                                 |   |                               |
|---|---|---|-------------------------------|
|   | HEALTH NET CANOPYCARE HMO                                 | TRIO HMO                                | ACCESS+ HMO                   |
| <b>Provider Medical Group/IPA</b>   |   |   |                               |
| Brown and Toland Medical Group  | No  | Yes                                     | Yes                           |
| Dignity Physicians Medical Group  | Yes<br>(Dominican-Santa Cruz)                             | Yes<br>(Dominican-Santa Cruz)           | Yes<br>(Dominican-Santa Cruz) |
| Hill Physicians Medical Group   | Yes<br>(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                           |
| <b>Hospitals</b>  |   |   |                               |
| Dignity Health Hospitals/Medical Centers<br>(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<br>(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.*

# 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](http://sfhss.org).

|  | HEALTH NET                                   | KAISER PERMANENTE                            | BLUE SHIELD OF CALIFORNIA                    |   |   |                            |                |                     |                     |          |            |                  |                    |
|--|--|--|--|---|---|----------------------------|----------------|---------------------|---------------------|----------|------------|------------------|--------------------|
|  | CANOPYCARE HMO                               | TRADITIONAL HMO                              | TRIO HMO                                     | ACCESS+ HMO                                       | PPO   |                            |                |                     |                     |          |            |                  |                    |
| <b>Choice of Physician</b>   | 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.  |                            |                |                     |                     |          |            |                  |                    |
| <b>Deductible</b>  | No deductible                                | No deductible                                | No deductible                                |   | <table border="1"> <thead> <tr> <th>IN-NETWORK AND OUT-OF-AREA</th> <th>OUT-OF-NETWORK</th> </tr> </thead> <tbody> <tr> <td>\$250 employee only</td> <td>\$500 employee only</td> </tr> <tr> <td>\$500 +1</td> <td>\$1,000 +1</td> </tr> <tr> <td>\$750 +2 or more</td> <td>\$1,500 +2 or more</td> </tr> </tbody> </table> | IN-NETWORK AND OUT-OF-AREA | OUT-OF-NETWORK | \$250 employee only | \$500 employee only | \$500 +1 | \$1,000 +1 | \$750 +2 or more | \$1,500 +2 or more |
| IN-NETWORK AND OUT-OF-AREA   | OUT-OF-NETWORK                               |  |  |   |   |                            |                |                     |                     |          |            |                  |                    |
| \$250 employee only  | \$500 employee only                          |  |  |   |   |                            |                |                     |                     |          |            |                  |                    |
| \$500 +1   | \$1,000 +1                                   |  |  |   |   |                            |                |                     |                     |          |            |                  |                    |
| \$750 +2 or more   | \$1,500 +2 or more                           |  |  |   |   |                            |                |                     |                     |          |            |                  |                    |
| <b>Out-of-Pocket Maximum</b><br>does not include premium contributions | \$2,000 per individual<br>\$4,000 per family | \$1,500 per individual<br>\$3,000 per family | \$2,000 per individual<br>\$4,000 per family | \$3,750 per individual<br>\$7,500 per family      | \$7,500 per individual  |                            |                |                     |                     |          |            |                  |                    |
| <b>General Care and Urgent Care</b>                                    |  |  |  |   |   |                            |                |                     |                     |          |            |                  |                    |
| <b>Annual Physical; Well Woman Exam</b>                                | No charge                                    | No charge                                    | No charge                                    | 100% covered no deductible                        | 50% covered after deductible  |                            |                |                     |                     |          |            |                  |                    |
| <b>Doctor Office Visit</b>   | \$25 co-pay                                  | \$20 co-pay                                  | \$25 co-pay                                  | 85% covered after deductible                      | 50% covered after deductible  |                            |                |                     |                     |          |            |                  |                    |
| <b>Urgent Care Visit</b>   | \$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  |                            |                |                     |                     |          |            |                  |                    |
| <b>Family Planning</b>   | No charge                                    | No charge                                    | No charge                                    | 100% covered no deductible                        | 50% covered after deductible  |                            |                |                     |                     |          |            |                  |                    |
| <b>Immunizations</b>   | No charge                                    | No charge                                    | No charge                                    | 100% covered no deductible                        | 100% covered no deductible  |                            |                |                     |                     |          |            |                  |                    |
| <b>Lab and X-ray</b>   | No charge                                    | No charge                                    | No charge                                    | 85% covered after deductible & prior notification | 50% covered after deductible & prior notification   |                            |                |                     |                     |          |            |                  |                    |
| <b>Doctor's Hospital Visit</b>   | No charge                                    | No charge                                    | No charge                                    | 85% covered after deductible                      | 50% covered after deductible  |                            |                |                     |                     |          |            |                  |                    |
| <b>Prescription Drugs</b>  |  |  |  |   |   |                            |                |                     |                     |          |            |                  |                    |
| <b>Pharmacy: Generic</b>   | \$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   |                            |                |                     |                     |          |            |                  |                    |
| <b>Pharmacy: Brand-Name</b>  | \$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   |                            |                |                     |                     |          |            |                  |                    |
| <b>Pharmacy: Non-Formulary</b>   | \$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  |                            |                |                     |                     |          |            |                  |                    |
| <b>Mail Order: Generic</b>   | \$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   |                            |                |                     |                     |          |            |                  |                    |
| <b>Mail Order: Brand-Name</b>  | \$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   |                            |                |                     |                     |          |            |                  |                    |
| <b>Mail Order: Non-Formulary</b>                                       | \$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   |                            |                |                     |                     |          |            |                  |                    |
| <b>Specialty</b>   | 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   |
| <b>Hospital Outpatient and Inpatient</b>                                       |  |  |  |             |  |  |
| <b>Hospital Outpatient</b>   | \$100 co-pay per surgery   | \$35 co-pay  | \$100 co-pay per surgery   |             | 85% covered after deductible   | 50% covered after deductible   |
| <b>Hospital Inpatient</b>  | \$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         |
| <b>Hospital Emergency Room</b>   | \$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  |
| <b>Skilled Nursing Facility</b>  | 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   |
| <b>Hospice</b>   | 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                     |
| <b>Maternity and Fertility</b>   |  |  |  |             |  |  |
| <b>Hospital or Birthing Center</b>   | \$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         |
| <b>Pre-/Post-Partum Care</b>   | No charge  | No charge  | No charge  |             | 85% covered after deductible   | 50% covered after deductible   |
| <b>Well Child Care</b>   | 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   |
| <b>IVF, GIFT, ZIFT and Artificial Insemination</b>                             | 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  |
| <b>Mental Health and Substance Abuse Services</b>                              |  |  |  |             |  |  |
| <b>Outpatient Treatment</b>  | \$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                     |
| <b>Inpatient Facility</b> 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                     |
| <b>Other</b>   |  |  |  |             |  |  |
| <b>Hearing Aids</b><br>1 aid per ear every 36 months; no charge for evaluation | 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 |
| <b>Medical Equipment, Prosthetics and Orthotics</b>                            | 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                     |
| <b>Physical and Occupational Therapy</b>                                       | \$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         |
| <b>Acupuncture/Chiropractic</b>  | \$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              |
| <b>Gender Dysphoria</b> 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                     |

## 2026 CSF Medical Premium Contribution Rates: EE Only, EE+1, EE+2 or More

|   | HEALTH NET CANOPYCARE HMO |               | KAISER PERMANENTE HMO |               | BLUE SHIELD OF CALIFORNIA |               |            |               |            |               |
|---|---------------------------|---------------|-----------------------|---------------|---------------------------|---------------|------------|---------------|------------|---------------|
|   | You Pay                   | Employer Pays | You Pay               | Employer Pays | TRIO HMO                  | ACCESS+ HMO   | PPO        |               |            |               |
| <i>Auto Machinists Loc. 1414, Building Inspectors, Consolidated Crafts<sup>1</sup>, DA Investigators Assoc., Dep. Prob. Ofcrs. Assoc., Dep. Sheriffs Assoc. 12A, Elec. Workers Local 6, Firefighters Local 798, IFPTE Local 21, Instit. Police Ofcrs. Assoc., Mun. Attys. Assoc. MAA, Operating Engineers Loc. 3, Phys. and Dentists UAPD, Plum. &amp; Pipefitters Loc. 38, Police Officers Assoc. POA, SEIU Local 1021 Para., Sheriff Mgrs. &amp; Sups. 12B, Stationary Eng. Local 39, Sup. Probation Officers, Team. Loc. 856 Multi-Unit, TWU Local 200 SEAM, TWU 250-A Auto Svc 7410, TWU 250-A Multi-Unit, Electrical Workers Local 6, TWU Local 200, TWU 250-A Tran. Op. 9163, TWU 250-A Fare Ins. 9132, TWU 250-A Aut. Wk. 7410</i> |                           |               |                       |               |                           |               |            |               |            |               |
|   | You Pay                   | Employer Pays | You Pay               | Employer Pays | You Pay                   | Employer Pays | You Pay    | Employer Pays | You Pay    | Employer Pays |
| Employee Only   | \$25.52                   | \$339.05      | \$31.32               | \$416.20      | \$34.94                   | \$464.15      | \$40.88    | \$543.14      | \$143.19   | \$543.14      |
| Employee +1   | \$50.84                   | \$675.54      | \$62.46               | \$829.81      | \$69.68                   | \$925.74      | \$81.56    | \$1,083.71    | \$246.83   | \$1,083.71    |
| Employee +2 or more   | \$174.54                  | \$852.14      | \$214.44              | \$1,046.97    | \$239.25                  | \$1,168.12    | \$280.11   | \$1,367.61    | \$512.18   | \$1,367.61    |
| <i>SEIU Loc. 1021 Misc., SEIU Loc. 1021 Svc. Crit.</i>  |                           |               |                       |               |                           |               |            |               |            |               |
|   | 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      | \$0.00                    | \$499.09      | \$0.00     | \$584.02      | \$0.00     | \$686.33      |
| Employee +1   | \$29.05                   | \$697.33      | \$35.69               | \$856.58      | \$39.82                   | \$955.60      | \$46.61    | \$1,118.66    | \$211.88   | \$1,118.66    |
| Employee +2 or more   | \$174.54                  | \$852.14      | \$214.44              | \$1,046.97    | \$239.25                  | \$1,168.12    | \$280.11   | \$1,367.61    | \$512.18   | \$1,367.61    |
| <i>SEIU Loc. 1021 Staff Nurses, Teamsters 856, Sup. Nurses</i>  |                           |               |                       |               |                           |               |            |               |            |               |
|   | 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      | \$12.69               | \$434.83      | \$49.91                   | \$449.18      | \$58.40    | \$525.62      | \$160.71   | \$525.62      |
| Employee +1   | \$36.32                   | \$690.06      | \$89.23               | \$803.04      | \$99.54                   | \$895.88      | \$116.53   | \$1,048.74    | \$573.60   | \$756.94      |
| Employee +2 or more   | \$51.33                   | \$975.35      | \$126.14              | \$1,135.27    | \$140.74                  | \$1,266.63    | \$164.77   | \$1,482.95    | \$848.23   | \$1,031.56    |
| <i>Lab. Intl. Union Loc. 261</i>  |                           |               |                       |               |                           |               |            |               |            |               |
|   | You Pay                   | Employer Pays | You Pay               | Employer Pays | You Pay                   | Employer Pays | You Pay    | Employer Pays | You Pay    | Employer Pays |
| Employee Only   | \$25.52                   | \$339.05      | \$31.32               | \$416.20      | \$34.94                   | \$464.15      | \$40.88    | \$543.14      | \$143.19   | \$543.14      |
| Employee +1   | \$50.84                   | \$675.54      | \$62.46               | \$829.81      | \$69.68                   | \$925.74      | \$81.56    | \$1,083.71    | \$246.83   | \$1,083.71    |
| Employee +2 or more   | \$123.20                  | \$903.48      | \$151.37              | \$1,110.04    | \$168.88                  | \$1,238.49    | \$197.73   | \$1,449.99    | \$429.80   | \$1,449.99    |
| <i>SEIU Loc. 1021 Per Diem Nurses</i>   |                           |               |                       |               |                           |               |            |               |            |               |
|   | You Pay                   | Employer Pays | You Pay               | Employer Pays | You Pay                   | Employer Pays | You Pay    | Employer Pays | You Pay    | Employer Pays |
| Employee Only   | \$364.57                  | \$0.00        | \$447.52              | \$0.00        | \$499.09                  | \$0.00        | \$584.02   | \$0.00        | \$686.33   | \$0.00        |
| Employee +1   | \$726.38                  | \$0.00        | \$892.27              | \$0.00        | \$995.42                  | \$0.00        | \$1,165.27 | \$0.00        | \$1,330.54 | \$0.00        |
| Employee +2 or more   | \$1,026.68                | \$0.00        | \$1,261.41            | \$0.00        | \$1,407.37                | \$0.00        | \$1,647.72 | \$0.00        | \$1,879.79 | \$0.00        |
| <i>Painters, SFCWU</i>  |                           |               |                       |               |                           |               |            |               |            |               |
|   | 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      | \$12.69               | \$434.83      | \$49.91                   | \$449.18      | \$58.40    | \$525.62      | \$160.71   | \$525.62      |
| Employee +1   | \$0.00                    | \$726.38      | \$12.69               | \$879.58      | \$64.25                   | \$931.17      | \$149.19   | \$1,016.08    | \$285.29   | \$1,045.25    |
| Employee +2 or more   | \$51.69                   | \$974.99      | \$216.16              | \$1,045.25    | \$362.12                  | \$1,045.25    | \$602.47   | \$1,045.25    | \$834.54   | \$1,045.25    |
| <i>Commissioners</i>  |                           |               |                       |               |                           |               |            |               |            |               |
|   | 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      | \$12.69               | \$434.83      | \$64.26                   | \$434.83      | \$149.19   | \$434.83      | \$251.50   | \$434.83      |
| Employee +1   | \$361.81                  | \$364.57      | \$457.44              | \$434.83      | \$560.59                  | \$434.83      | \$730.44   | \$434.83      | \$895.71   | \$434.83      |
| Employee +2 or more   | \$662.11                  | \$364.57      | \$826.58              | \$434.83      | \$972.54                  | \$434.83      | \$1,212.89 | \$434.83      | \$1,444.96 | \$434.83      |

<sup>1</sup>Consolidated Crafts includes: Bricklayers Local 3, Hod Carriers of Linua Local 261, Carpenters Local 22, Carpet, Linoleum Workers, Local 12, Cement Masons Local 580, Glaziers Local 718, Ironworkers Local 377, Pile Drivers Local 34, Plasterers Local 66, Roofers Local 40, Sheet Metal Workers Local 104, Theatrical Stage Employees Local 16, Teamsters Local 853.

**2026 MEA & Courts Medical Premium Contribution Rates: EE Only, EE+1, EE+2**

|  | HEALTH NET CANOPYCARE HMO |               | KAISER PERMANENTE HMO |               | BLUE SHIELD OF CALIFORNIA |               |             |               |            |               |
|--|---------------------------|---------------|-----------------------|---------------|---------------------------|---------------|-------------|---------------|------------|---------------|
|  |                           |               |                       |               | TRIO HMO                  |               | ACCESS+ HMO |               | PPO        |               |
| <i>MEA Misc., Unrep. Managers, Unrep. Employees, Elected Officials, MEA – Fire, MEA – Police, MEA MTA, MTA Unrep. Managers</i>                           |                           |               |                       |               |                           |               |             |               |            |               |
|  | 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      | \$12.69               | \$434.83      | \$64.26                   | \$434.83      | \$149.19    | \$434.83      | \$251.50   | \$434.83      |
| Employee +1  | \$361.81                  | \$364.57      | \$457.44              | \$434.83      | \$560.59                  | \$434.83      | \$730.44    | \$434.83      | \$895.71   | \$434.83      |
| Employee +2 or More  | \$1,026.68                | \$0.00        | \$1,261.41            | \$0.00        | \$1,407.37                | \$0.00        | \$1,647.72  | \$0.00        | \$1,879.79 | \$0.00        |
| <i>Sup. Ct. Employees Loc. 21, Sup. Ct. Employees Loc. 1021, Sup. Ct. Reporters, Sup. Ct. Staff Attys., Sup. Ct. Interpreters, Sup. Ct. Unrep. Prof.</i> |                           |               |                       |               |                           |               |             |               |            |               |
|  | 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      | \$0.00                    | \$499.09      | \$0.00      | \$584.02      | \$0.00     | \$686.33      |
| Employee +1  | \$0.00                    | \$726.38      | \$0.00                | \$892.27      | \$0.00                    | \$995.42      | \$0.00      | \$1,165.27    | \$0.00     | \$1,330.54    |
| Employee +2 or More  | \$0.00                    | \$1,026.68    | \$0.00                | \$1,261.41    | \$0.00                    | \$1,407.37    | \$82.72     | \$1,565.00    | \$314.79   | \$1,565.00    |
| <i>MEA Courts; Superior Courts MEA, Sup. Ct. Unrep. Managers, Court Duty Officer, Courts Comm. Assoc.</i>  |                           |               |                       |               |                           |               |             |               |            |               |
|  | You Pay                   | Employer Pays | You Pay               | Employer Pays | You Pay                   | Employer Pays | You Pay     | Employer Pays | You Pay    | Employer Pays |
| Employee Only  | \$364.57                  | \$0.00        | \$447.52              | \$0.00        | \$499.09                  | \$0.00        | \$584.02    | \$0.00        | \$686.33   | \$0.00        |
| Employee +1  | \$726.38                  | \$0.00        | \$892.27              | \$0.00        | \$995.42                  | \$0.00        | \$1,165.27  | \$0.00        | \$1,330.54 | \$0.00        |
| Employee +2 or More  | \$1,026.68                | \$0.00        | \$1,261.41            | \$0.00        | \$1,407.37                | \$0.00        | \$1,647.72  | \$0.00        | \$1,879.79 | \$0.00        |
| <i>Sup. Ct. Judges</i>   |                           |               |                       |               |                           |               |             |               |            |               |
|  | 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      | \$0.00                    | \$499.09      | \$0.00      | \$584.02      | \$0.00     | \$686.33      |
| Employee +1  | \$0.00                    | \$726.38      | \$0.00                | \$892.27      | \$0.00                    | \$995.42      | \$0.00      | \$1,165.27    | \$0.00     | \$1,330.54    |
| Employee +2 or More  | \$0.00                    | \$1,026.68    | \$0.00                | \$1,261.41    | \$0.00                    | \$1,407.37    | \$0.00      | \$1,647.72    | \$0.00     | \$1,879.79    |
| <i>Sup. Ct. Staff Attys. Cashback</i>  |                           |               |                       |               |                           |               |             |               |            |               |
|  | 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      | \$0.00                    | \$499.09      | \$0.00      | \$584.02      | \$0.00     | \$686.33      |
| Employee +1  | \$0.00                    | \$726.38      | \$0.00                | \$892.27      | \$0.00                    | \$995.42      | \$0.00      | \$1,165.27    | \$0.00     | \$1,330.54    |
| Employee +2 or More  | \$0.00                    | \$1,026.68    | \$0.00                | \$1,261.41    | \$0.00                    | \$1,407.37    | \$179.64    | \$1,468.08    | \$411.71   | \$1,468.08    |



## 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-and-county](https://sfhss.org/benefits/city-and-county).

### 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](https://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](https://sfhss.org/vsp-vision-plans)

### VSP Computer VisionCare Benefit

Some union contracts provide employer-paid computer vision benefits. Coverage includes an annual computer vision exam, \$75 in-network retail frame allowance every other calendar year and single vision, bifocal, and trifocal lenses every calendar year. You can also add anti-reflective or UV coating at no additional cost.

### 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 <sup>1</sup>  | Vision Service Plan - Premier   |
|---|---|---|
| <b>Well Vision Exam</b>   | \$10 co-pay every calendar year   | \$10 co-pay every calendar year   |
| <b>Single Vision Lenses</b>   | \$25 co-pay every other calendar year <sup>2</sup>  | \$0 every calendar year   |
| <b>Lined Bifocal Lenses</b>   | \$25 co-pay every other calendar year <sup>2</sup>  | \$0 every calendar year   |
| <b>Lined Trifocal Lenses</b>  | \$25 co-pay every other calendar year <sup>2</sup>  | \$0 every calendar year   |
| <b>Standard Progressive Lenses</b>  | 100% coverage every other calendar year   | 100% coverage every calendar year   |
| <b>Premium Progressive Lenses</b>   | \$95–\$105 co-pay every other calendar year   | \$25 co-pay every calendar year   |
| <b>Custom Progressive Lenses</b>  | \$150–\$175 co-pay every other calendar year  | \$25 co-pay every calendar year   |
| <b>Standard Anti-Reflective Coating</b>   | \$41 co-pay every other calendar year   | \$25 co-pay every calendar year   |
| <b>Premium Anti-Reflective Coating</b>  | \$58–\$69 co-pay every other calendar year  | \$25 co-pay every calendar year   |
| <b>Custom Anti-Reflective Coating</b>   | \$85 co-pay every other calendar year   | \$25 co-pay every calendar year   |
| <b>Scratch-Resistant Coating</b>  | Fully covered every other calendar year   | Fully Covered every calendar year   |
| <b>Frames</b>   | \$150 allowance for a wide selection of frames.<br>\$170 allowance for featured frames;<br>20% savings on amount over the allowance; \$80 allowance at Costco and Walmart/Sam's Club;<br>\$25 co-pay applies;<br>Every other calendar year. | \$300 allowance for a wide selection of frames.<br>\$320 allowance for featured frame;<br>20% savings on the amount over your allowance; \$165 allowance at Costco and Walmart/Sam's Club;<br>No additional co-pay;<br>Every calendar year. |
| <b>Contacts</b> ( <i>instead of glasses</i> )   | \$150 allowance every other calendar year <sup>2</sup>  | \$250 allowance every calendar year   |
| <b>Contact Lens Exam</b>  | Up to \$60 co-pay every other calendar year <sup>2</sup>  | Up to \$60 co-pay every calendar year   |
| <b>Essential Medical Eye Care</b><br>( <i>for the treatment of urgent or acute ocular conditions</i> )      | \$5 co-pay  | \$5 co-pay  |
| <b>Lightcare</b>  | \$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.  |
| Vision Care Rates   | Vision Service Plan - Basic   | VSP - Premier Buy Up (Biweekly)   |
|   | Included with your medical premium.   | <b>Employee Only \$5.48</b><br><b>Employee + 1 Dependent \$8.36</b><br><b>Employee + Family \$17.09</b>   |
| Your Coverage with Out-of-Network Providers   |   |   |
| Visit <a href="http://vsp.com">vsp.com</a> if you plan to see a provider other than a VSP network provider. |   |   |
| <b>Exam</b>   | Up to \$50  | <b>Single Vision Lenses</b> Up to \$45  |
| <b>Frame</b>  | Up to \$70  | <b>Lined Bifocal Lenses</b> Up to \$65  |
|   |   | <b>Lined Trifocal Lenses</b> Up to \$85   |
|   |   | <b>Progressive Lenses</b> Up to \$85  |
|   |   | <b>Contacts</b> Up to \$105   |

<sup>1</sup>VSP Basic Plan coverage is included with your medical premium.

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

You may also be eligible for "computer glasses" through the Video Terminal Display/Computer Vision Care benefit. Please review your MOU. In any instance where information in this chart conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.

# Dental Plan Options

## Dental Plan Benefits

SFHSS offers three dental plan options for our members to choose from. Two are Dental Health Maintenance Organization (DHMO) plans and one is a Dental Preferred Provider Organization (DPPO) plan. To learn more, visit: [sfhss.org/benefits/city-and-county](https://sfhss.org/benefits/city-and-county).

### DHMO Dental Plans

Similar to medical HMOs, Dental Health Maintenance Organization (DHMO) plans require you to receive all of your dental care from their network of participating dental providers. These networks are smaller than dental PPO networks.

Before you elect a DHMO plan, make sure the plan's network includes your chosen dentist, and that dentist is accepting new patients.

Under DHMO plans, services are covered either at no cost or with a fixed co-pay. Out-of-pocket costs for these plans are generally lower than PPO plans.

SFHSS offers the following DHMO dental plans:

- **DeltaCare® USA DHMO**
- **UnitedHealthcare Dental DHMO**

### PPO Dental Plan

A PPO dental plan allows you the flexibility to visit any in-network or out-of-network dentist. The plan covers a higher percentage of the costs for covered services when you go to an in-network PPO dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service.

SFHSS offers the following dental PPO plan:

### Delta Dental PPO Plus Premier™

Delta Dental PPO Plus Premier has two different networks. Ask your dentist if they participate in the Delta Dental PPO or Premier network. You will pay a higher co-insurance when you visit a Premier provider versus a PPO provider. When you use Delta Dental's network dentists, you are only responsible for the deductible and co-insurance, within applicable benefit maximums. Delta Dental's network dentists are not allowed to charge you more for covered services beyond the negotiated rates.

You may also visit an out-of-network dentist. Out-of-network providers may bill you for the difference between your co-insurance and Delta Dental's reimbursement, which is based on a coverage limit for the service. This is known as balance billing.



**If you want to know what you are responsible for paying, please ask your dentist for a pre-treatment estimate before receiving covered services.**

## Dental Plan Quick Comparison

|  | Delta Dental PPO Plus Premier  | DeltaCare USA DHMO   | UnitedHealthcare Dental DHMO                                |
|--|--|--|---|
| <b>Can I receive services from any dentist?</b>                | Yes. You can use any dental provider. You pay less when you choose an in-network provider. | No. All services must be received from your assigned contracted network dentist. | No. All services must be received by an in-network dentist. |
| <b>Do I need a referral for specialty care?</b>                | No.  | Yes.   | Yes.  |
| <b>Will I pay a flat rate for most services?</b>               | No. You pay a percentage of allowed charges.   | Yes.   | Yes.  |
| <b>Do I need to live in the plan's service area to enroll?</b> | No.  | Yes. You must live in this plan's service area.                                  | Yes. You must live in this plan's service area.             |



# Dental Plan Benefits-at-a-Glance

|  | Delta Dental PPO Plus Premier  |  |   | DeltaCare USA DHMO   | UnitedHealthcare Dental DHMO   |
|--|--|--|---|--|--|
| <b>Choice of Dentist</b>               | You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO or Premier network dentists. |  |   | DeltaCare USA <b>network only</b>  | UHC Dental <b>network only</b>   |
| <b>Deductible</b>                      | None   |  |   | None   | None   |
| <b>Plan Year Maximum</b>               | \$2,500 per person, per calendar year, excluding orthodontia benefits, diagnostic and preventive services (i.e. cleanings, exams and/or x-rays).                 |  |   | None   | None   |
| <b>Covered Services</b>                | <b>PPO Dentists</b>  | <b>Premier Dentists</b>  | <b>Out-of-Network</b>   | <b>In-Network Only</b>   | <b>In-Network Only</b>   |
| <b>Cleanings<sup>1</sup> and Exams</b> | 100% covered annual - 2x/yr.; pregnancy - 3x/yr.   | 100% covered annual - 2x/yr.; pregnancy - 3x/yr.   | 80% covered annual - 2x/yr.; pregnancy - 3x/yr.   | 100% covered 1 every 6 months  | 100% covered 1 every 6 months  |
| <b>X-rays</b>                          | 100% covered Full mouth or panoramic 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18   | 100% covered Full mouth or panoramic 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18 | 80% covered Full mouth or panoramic 1x/5 years; bitewing 2x/year to age 18; 1x/year over age 18 | 100% covered some limitations apply  | 100% covered   |
| <b>Extractions</b>                     | 90% covered  | 80% covered  | 60% covered   | 100% covered   | 100% covered   |
| <b>Fillings</b>                        | 90% covered  | 80% covered  | 60% covered   | 100% covered limitations apply to resin materials                                    | 100% covered limitations apply   |
| <b>Crowns</b>                          | 90% covered  | 80% covered  | 50% covered   | 100% covered limitations apply to resin materials                                    | 100% covered limitations apply   |
| <b>Dentures, Pontics, and Bridges</b>  | 50% covered  | 50% covered  | 50% covered   | 100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply | 100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply |
| <b>Endodontic/ Root Canals</b>         | 90% covered  | 80% covered  | 60% covered   | 100% covered excluding the final restoration   | 100% covered   |
| <b>Oral Surgery</b>                    | 90% covered  | 80% covered  | 60% covered   | 100% covered authorization required  | 100% covered   |
| <b>Implants</b>                        | 50% covered  | 50% covered  | 50% covered   | Not covered  | Covered Refer to co-pay schedule   |
| <b>Orthodontia</b>                     | 50% covered child \$2,500 lifetime max; adult \$2,500 lifetime max.  | 50% covered child \$2,000 lifetime max; adult \$2,000 lifetime max.                              | 50% covered child \$1,500 lifetime max; adult \$1,500 lifetime max.                             | Employee pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply      | Employee pays: \$1,250/child \$1,250/adult \$350 startup fee; limitations apply      |
| <b>Night Guards</b>                    | 80% covered (1x3yr.)   | 80% covered (1x3yr.)   | 80% covered (1x3yr.)  | \$100 co-pay   | 100% covered   |

<sup>1</sup> Members with chronic conditions (cardiovascular (heart) disease; diabetes; cerebrovascular disease (stroke); HIV/AIDS; rheumatoid arthritis; chronic kidney disease; Sjogren's syndrome; lupus; Parkinson's disease; amyotrophic lateral sclerosis; Huntington's disease; opioid misuse and addiction; joint replacement; and cancer) may receive up to 4 cleanings per year, through the SmileWay® Wellness Benefits program (Calendar Year Benefit Maximum does not apply). In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.



# Dental Premium Contribution Rates (Biweekly)

|  | DELTA DENTAL PPO PLUS PREMIER |               | DELTACARE USA DHMO |               | UNITEDHEALTHCARE DENTAL DHMO |               |
|--|-------------------------------|---------------|--------------------|---------------|------------------------------|---------------|
| <b>CITY AND COUNTY OF SAN FRANCISCO EMPLOYEES, MEA</b> |                               |               |                    |               |                              |               |
|  | You Pay                       | Employer Pays | You Pay            | Employer Pays | You Pay                      | Employer Pays |
| Employee Only  | \$2.31                        | \$26.79       | \$0.00             | \$12.22       | \$0.00                       | \$11.53       |
| Employee +1  | \$4.62                        | \$56.49       | \$0.00             | \$20.16       | \$0.00                       | \$19.05       |
| Employee +2 or More                                    | \$6.92                        | \$80.38       | \$0.00             | \$29.82       | \$0.00                       | \$28.16       |

| <b>COMMISSIONERS PRE 2002 APPOINTMENT, SUPERIOR COURT OF SAN FRANCISCO, SUPERIOR COURT MEA, SFCTA, STAFF NURSES</b> |         |               |         |               |         |               |
|---|---------|---------------|---------|---------------|---------|---------------|
|   | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only   | \$0.00  | \$29.10       | \$0.00  | \$12.22       | \$0.00  | \$11.53       |
| Employee +1   | \$0.00  | \$61.11       | \$0.00  | \$20.16       | \$0.00  | \$19.05       |
| Employee +2 or More   | \$0.00  | \$87.30       | \$0.00  | \$29.82       | \$0.00  | \$28.16       |

| <b>COMMISSIONERS POST 2002 APPOINTMENT, SEIU LOCAL 1021 PER DIEM NURSES</b> |         |               |         |               |         |               |
|---|---------|---------------|---------|---------------|---------|---------------|
|   | You Pay | Employer Pays | You Pay | Employer Pays | You Pay | Employer Pays |
| Employee Only   | \$29.10 | \$0.00        | \$12.22 | \$0.00        | \$11.53 | \$0.00        |
| Employee +1   | \$61.11 | \$0.00        | \$20.16 | \$0.00        | \$19.05 | \$0.00        |
| Employee +2 or More   | \$87.30 | \$0.00        | \$29.82 | \$0.00        | \$28.16 | \$0.00        |



# Flexible Spending Accounts (FSAs)

**IRS rules require annual enrollment in Flexible Spending Account(s) during Open Enrollment if you want to continue this benefit for the next plan year. If you do not re-enroll, your FSA will terminate at the end of the current plan year.**

There are two types of FSA accounts offered by the San Francisco Health Service System (SFHSS). The Health Care FSA (HCFSA) covers common medical expenses for members and their dependents, such as, co-payments, prescription drugs and certain over-the-counter products. The Dependent Care FSA (DCFSA), which covers childcare and care for elderly family members who are incapable of self-care. HCFSA is designed to allow members to pay for medical expenses not covered by health insurance on a pre-tax basis. DCFSA is designed to allow members to pay for childcare or adult dependent care expenses on a pre-tax basis. SFHSS FSA accounts are administered by the P&A Group.

## Health Care FSA (HCFSA)

- You may set aside between \$250 and \$3,300 in pre-tax dollars for the 2026 plan year. The full annual amount is available after the first contribution has been deducted. Deductions will be taken biweekly from your paycheck.
- P&A will issue a debit card for you to use to make spending your FSA easier. You can also submit a claim for reimbursement via smartphone app, online, fax, or mail. For a complete list of eligible healthcare expenses, visit [padmin.com/participants/reimbursement-accounts/health-fsa](https://padmin.com/participants/reimbursement-accounts/health-fsa).
- At the end of the plan year, unclaimed funds of a minimum of \$10 and a maximum of \$660 in the Health Care FSA may **carryover** into the next plan year for one year. Any unclaimed funds of less than \$10 and more than \$660 will be forfeited. **There are no exceptions.**<sup>1</sup>

<sup>1</sup>Per IRS rules, you forfeit all funds remaining in an FSA by the end of the claim filing period unless covered by the Health Care FSA Carryover provision.

**2025 FSA expense reimbursement claims must be submitted to P&A Group by March 31, 2026, 11:59 p.m. PST.** Contact P&A Group at (800) 688-2611, M-F, 5:30 a.m. to 7 p.m. PST or visit [padmin.com](https://padmin.com).

## Dependent Care Assistance FSA (DCFSA)

You pay for qualified childcare and/or dependent care expenses with pre-tax dollars, which can reduce your overall taxable income.

Eligible dependents include:

- Children under the age of 13,
- A spouse who is unable to work and take care of themselves, and
- An adult-dependent who is unable to take care for themselves *and* for whom you claim the 'dependent exemption' on your taxes.

DCFSA is a "pay as you go" account where you must have enough funds in your account before you submit your claim for reimbursement. Eligible expenses include certified nursery schools, after school programs, children's daycare, day camps, caregiver for a dependent. DCFSA expenses must be incurred to enable you (and, if married, your spouse) to work.

You can only change your election if you have a qualifying life event or a change in dependent care expenses. For a complete list of eligible dependent care expenses, visit [padmin.com/participants/reimbursement-accounts/dependent-care-assistance-account](https://padmin.com/participants/reimbursement-accounts/dependent-care-assistance-account).

- For plan year 2026, you may set aside between \$250 and \$7,500 pre-tax per household if you earn up to \$160,000. If your annual salary exceeds \$160,000, the IRS considers you a highly compensated employee (HCE), and you may set aside between \$250 and \$3,000 per household. SFHSS may adjust your election amount if you do not qualify for the higher election. Deductions will be taken biweekly from your paycheck.
- **Funds cannot be used for dependent medical, dental, or vision expenses.**
- Reimbursement claims can be submitted to P&A Group by mail, online, or smartphone app.
- If you or your spouse were providing care and then return to work, you may enroll or increase your DCFSA election. If you were previously using dependent care elections and you or your spouse now work from home, you may decrease your election or cancel future paycheck deductions. **There are no refunds for canceling or reducing elections.**
- **Unlike a HCFSA, there is no Carryover option with DCFSA.** Expenses and services need to be incurred in the same plan year or the funds will be forfeited. **There are no exceptions.**



## Voluntary Benefits (Employee-Paid)

**Chubb Lifetime Benefit Term Insurance with Accelerated Death Benefit for Long-Term Care.** This term life insurance plan is available to newly hired and newly eligible employees on a guarantee issue basis - no medical qualifications. Death benefits and premiums at the time of issue are guaranteed for life. When employees need long-term care, death benefits can be paid early for home health care, assisted living, adult day care and nursing home care. The benefit is equal to the greater of 4% of your death benefit per month or \$50 per day while you are living, for up to 25 months. Premiums are waived while this benefit is being paid. If you receive benefits for the Long-term care benefit for 25 months, and you continue receiving care, the policy will pay up to an additional 25 benefit payments. The maximum Long-term care benefit payable is two times your death benefit amount. During Open Enrollment, employees who have not been previously declined Life Insurance through this Chubb plan, are eligible for Guaranteed Issue of up to \$100,000 without the need to provide Evidence of Insurability (EOI). *Available to employees and eligible dependents.*

**NEW New York Life Short-Term Disability Insurance**  
The San Francisco Health Service System completed a competitive procurement, which New York Life is now the City's Vendor for Short-Term Disability Insurance, replacing Manhattan Life, Effective January 1, 2026. Supplemental Short-Term Disability Insurance replaces part of your income if you can't work due to a covered illness or injury, for non-occupational disabilities. It provides income in addition to California State Disability payments and can help you and your family meet financial obligations until you get back to work. *Available to employees only.*

**MetLife Accident Insurance** pays you directly for a wide variety of non-occupational accidental injuries, including broken bones, dislocations, second/third degree burns and medical services and treatments related to accidental injuries. *Available to employees and eligible dependents.*

**MetLife Critical Illness Insurance** will pay you a lump sum benefit up to \$50,000 if you are diagnosed with a covered disease or condition, including cancer, heart attack, stroke, kidney failure, Alzheimer's, and more than 30 more illnesses—including benefits for COVID-19. Critical Illness Insurance can ease the financial stress of facing a life-threatening illness. This benefit can help pay for out-of-pocket medical costs, assist with living expenses, or anything else you choose. A \$100 annual Health Screening Benefit is also available for each participant. *Available to employees and eligible dependents.*

**Allstate Identity Protection** delivers a powerful new approach to online privacy with unique tools and proactive monitoring that help you see your personal data, manage it with real time alerts, and protect your identity. A \$1 million insurance policy covers any of your associated out-of-pocket costs and losses. *Available to employees and eligible dependents.*

**LegalShield Legal Plan** allows you to speak with a lawyer on any personal legal matter without high hourly costs. Includes letters or calls made on your behalf, review of small contracts and documents, IRS audit support, assistance with preparing wills, living wills, and healthcare power of attorney. 24/7 emergency access is available for covered situations. Also offered is the ID Shield plan. *Available to employees and eligible dependents.*

**NEW New York Life Supplemental Life Insurance** provides a lump sum benefit to your designated beneficiary upon death of the insured. For 2026, all employees eligible for Supplemental Life Insurance can have a Guaranteed Issue of up to \$200,000 without an EOI. Likewise, employees eligible for Supplemental Life Insurance may elect up to \$50,000 of Guaranteed Issue supplemental Life Insurance for their spouse/domestic partner. The insurance payout can be used for anything—from funeral expenses to mortgage payments or college tuition—to help your loved ones move forward and shield them from the loss of your income. Higher policy amounts are available and require additional medical certification. *Available to employees and eligible dependents.*

**NEW New York Life Accidental Death & Dismemberment Insurance** Accidental Death and Dismemberment insurance (AD&D) offers extended coverage beyond life insurance which provides for principle sum, or percentage of principle sum payments related to catastrophic accidents. Beginning for 2026, employees eligible for supplemental AD&D insurance can now elect up to \$500,000 in coverage, with no need for Evidence of Insurability (EOI). AD&D insurance is no longer combined with Supplemental Life Insurance, where the value of this insurance can now vary between the elected amount of Supplemental Life Insurance. This flexibility allows you to make the best choice for you and your designated beneficiaries. *Available to employees.*

**Pets Best Pet Insurance** can reimburse you for vet bills when your cat or dog is sick or injured with a covered condition. Use any licensed veterinarian, pay your bill, then submit a claim for reimbursement. Choose coverage tiers from 70% to 90% with deductibles from \$50 to \$1,000. *Available to employees only.*



# Voluntary Benefits Options & Requirements

## Pre-Tax Flex Benefit Options

The benefits listed below are paid pre-tax for an enrolled employee, spouse, children and stepchildren. These benefits are paid post-tax for an enrolled domestic partner and the children of a domestic partner.

|  | EOI Required |
|--|--------------|
| <b>Medical and Dental Premium Contributions</b>                      | No           |
| <b>Health Care Flexible Spending Account</b> P&A Group               | No           |
| <b>Dependent Care Assistance Flexible Spending Account</b> P&A Group | No           |

## Taxable Flex Benefit Options

|  | EOI Required     |
|--|------------------|
| <b>Accident Insurance</b> MetLife  | No               |
| <b>Short-Term Disability Insurance</b> New York Life   | No               |
| <b>Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b> New York Life                                     | No               |
| <b>Pet Insurance</b> Pets Best   | No               |
| <b>Group Legal Plan</b> LegalShield  | No               |
| <b>Critical Illness</b> MetLife  | No               |
| <b>Supplemental Group Life Insurance</b> New York Life   | No <sup>2</sup>  |
| <b>Lifetime Benefit Group Term Life Insurance with Accelerated Death Benefit for Long-Term Care</b> Combined/Chubb | Yes <sup>1</sup> |
| <b>Identity Protection Benefits Plus</b> Allstate Identity Protection  | No               |

## Evidence of Insurability (EOI)

Some voluntary benefits require additional information from the applicant before enrollment can be completed. This may include medical evidence. The insurer will contact you if specific records are required. It is your responsibility to provide all requested documentation. Enrollment may be denied by the insurer. In 2026, no payroll deductions will be taken until enrollment is approved by insurer(s). If approved, there may be a catch-up payroll deduction retroactive to the effective date of your policy. If denied coverage, no premiums for that benefit will be deducted from your paycheck.

To access the **Workterra** application, go to [myapps.sfgov.org](https://myapps.sfgov.org) and click on the **Workterra** tile where you can **self-enroll, disenroll, or confirm any existing elections**. For enrollment assistance call **Workterra (866) 528-5360**. For questions about existing premiums or payments during a leave of absence, please call **Workterra Customer Service** at **(888) 604-3771**.

<sup>1</sup>Evidence of Insurability (EOI) is not required for new hires or newly eligible employees. <sup>2</sup>Evidence of Insurability (EOI) is not required during the October 2025 Open Enrollment for Plan Year 2026 for all eligible employees, or within 30-days for new hires or newly eligible employees, for up to \$200,000 Supplemental Life insurance. Workterra will continue carrier list-billing for existing plans no longer available for purchase through Workterra.



## Flex Credits for MEA

Members of the Municipal Executives Association (MEA) receive a *Management Cafeteria Plan* that provides flexible credits. The amount of flexible credits varies based on the medical plan and coverage tier the MEA member is enrolled in. Enrollment in health benefits is not required in order to receive the flexible credits. These credits can be applied toward both pre-tax health benefits and post-tax benefits such as voluntary benefits. You may choose any combination to fit your needs and budget. If the premium contributions for your benefit choices cost more than your flex credits, you pay the balance from your salary. If your benefits choices cost less than your available flex credits, you will receive cashback as taxable, non-pensionable earnings in your paycheck.

| 2026 MEA Flex Credits (Biweekly)                                       |               |             |                           |                       |                           |             |            |
|--|---------------|-------------|---------------------------|-----------------------|---------------------------|-------------|------------|
|  | EMPLOYEE ONLY | EMPLOYEE +1 | EMPLOYEE +2 OR MORE       |                       |                           |             |            |
|  |               |             | Health Net CanopyCare HMO | Kaiser Permanente HMO | Blue Shield of California |             |            |
|  |               |             |                           |                       | Trio HMO                  | Access+ HMO | PPO        |
| <b>CITY AND COUNTY OF SAN FRANCISCO</b>                                |               |             |                           |                       |                           |             |            |
| MEA Miscellaneous Unrep. Managers Unrep. Employees MEA Fire and Police | \$529.03      | \$610.42    | \$852.14                  | \$1,046.97            | \$1,168.12                | \$1,367.61  | \$1,367.61 |
| <b>MUNICIPAL TRANSPORTATION AGENCY (MTA)</b>                           |               |             |                           |                       |                           |             |            |
| MEA Unrep. Managers  | \$529.03      | \$610.42    | \$852.14                  | \$1,046.97            | \$1,168.12                | \$1,367.61  | \$1,367.61 |
| <b>SUPERIOR COURT OF SAN FRANCISCO</b>                                 |               |             |                           |                       |                           |             |            |
| MEA Unrep. Managers Court Duty Officer Courts Comm. Assoc.             | \$1,565.00    | \$1,565.00  | \$1,565.00                | \$1,565.00            | \$1,565.00                | \$1,565.00  | \$1,565.00 |

Eligible Municipal Executives Association employees of the City and County of San Francisco, Superior Court of California, County of San Francisco may apply these Flex Credits to a variety of benefit options, including payment of employee medical, vision or dental premium contributions or voluntary benefits.



# LTD Insurance & Bargaining Units Chart

## Employer-Paid Long-Term Disability Insurance

Some union contracts provide Long-Term Disability (LTD) Insurance. A long-term disability is an illness or injury that prevents you from working for an extended period of time. LTD insurance may replace part of your lost income by paying you directly on a monthly basis. LTD payments will be reduced if you qualify for other sources of income, such as workers' compensation or state disability benefits. LTD coverage begins the first day of the month, following six (6) months of employment. For complete eligibility requirements, call **New York Life** at at **(800) 695-4226, Option #1, Extension #3**.

## Absence from Work and LTD Coverage

If you are not actively at work due to illness or injury, LTD coverage continues for 12 months from the start of your approved medical leave. If your coverage terminates during a period of disability, which began while you had coverage, benefits will be available as long as your period of disability continues. **Make sure your portion of benefit premiums is paid.**

## Returning to Work

LTD programs can help you get back on the job when it's medically safe for you to do so. You may be able to return to work part-time, or work at a different type of job. If you qualify, LTD can continue paying a portion of your benefits.

## If You Become Disabled

If you become disabled, and you are eligible for long-notify New York Life of your disability as soon as possible, Monday through Friday, from 5:00 A.M. to 5:00 P.M., by calling **(888) 842-4462**.

**Within 30 days** after the date of your disability, you should begin filing a long-term disability insurance claim with New York Life.

New York Life will work with your doctor to certify that your illness or injury will keep you away from your job.

For more information about Long-Term Disability Insurance, visit [sfhss.org/long-term-disability-insurance](http://sfhss.org/long-term-disability-insurance).

## Bargaining Units Covered by LTD

### 180-day elimination period; up to 60% of monthly base earnings; \$5,000 monthly maximum:

|                                      |   |                                   |
|--------------------------------------|---|-----------------------------------|
| Auto Machinists Local 1414           | Iron Workers Local 377                    | Sheet Metal Workers Local 104     |
| Brick Layers Local 3                 | Laborers Int. Local 261                   | Stationary Engineers Local 39     |
| Building Inspectors                  | Operating Engineers Local 3               | Supvr. Registered Nurses Local    |
| Carpenters Local 22                  | Painters Local 4                          | Superior Court Clerical/Technical |
| Carpet, Linoleum, Soft Tile Local 12 | Pile Drivers Local 34 Plasterers Local 66 | Superior Court SEIU Local 1021    |
| CCSF Unrepresented Employees         | Plumbers and Pipefitters Local 38         | Teamsters Local 853               |
| Cement Masons Local 300              | Roofers Local 40                          | Teamsters Local 856               |
| Electrical Workers Local 6           | SEIU Local 1021 Miscellaneous             | Theatrical Stage Local 16         |
| Glaziers Local 718                   | SEIU Local 1021 Staff Nurses              | TWU Local 200 SEAM                |
| Hod Carriers of LIUNA Local 261      |   | TWU Local 250A (7410, 9132)       |

### 90-day elimination period; up to 66.6667% of monthly base earnings; \$7,500 monthly maximum:

|   |  |
|---|--|
| IFTPE Local 21  | Superior Court Professional Classes Local 21:<br>(353C, 354C, 355C, 372C, 375C, 0648, 0649, 0655,<br>0676, 476C, 479C, 495C) |
| Municipal Attorneys Association                       |  |
| Municipal Executives Association <sup>1</sup>         |  |
| UAPD 8CC 17, 18                                       |  |
| Superior Court Attorneys Local 21: (311C, 312C, 316C) | Superior Court Unrepresented Professional Classes:<br>(315C, 351C, 352C, 370C, 373C, 374C, 376C, 377C,<br>378C)              |
| Superior Court Reporters Local 21                     |  |

<sup>1</sup>Fire and Police employees represented by MEA may voluntarily elect long-term disability insurance, using flexible-credits.

If your bargaining unit is not listed above, you may not be eligible for LTD benefits. This is a general summary.

For LTD coverage details, visit [sfhss.org/long-term-disability-insurance](http://sfhss.org/long-term-disability-insurance) or call New York Life at **(800) 695-4226, Option #1, Extension #3**.



# Employer-Paid Group Life Insurance

Some union contracts provide employer-paid life insurance.

## Employer-Paid Group Life Insurance

Life insurance offers your loved ones basic financial protection if you die. It can help pay your final expenses or help those you leave behind pay bills, like a mortgage or college tuition.

You are eligible for employer-paid life insurance if you:

- Have a union contract that provides for employer-paid life insurance coverage; and
- Are actively at work
- Coverage begins the first day of the month following your date of hire

## Employer-Paid Group Life Insurance Beneficiaries

A beneficiary is the person or entity who receives the life insurance payment when the insured dies. You can add or change a beneficiary at any time. It is important to make sure your beneficiary is always updated to honor your wishes. **It is your responsibility to keep your beneficiary designations current.** You may designate multiple beneficiaries.

To update your Employer-Paid Group Life Insurance beneficiary designations, go to [sfhss.org/group-life-insurance](https://sfhss.org/group-life-insurance). Download and complete the Employer-Paid Group Life Insurance Beneficiary Form and return it to SFHSS.

## Leaves of Absence

If you are not actively at work due to illness, injury, temporary layoff, personal leave, family care leave, administrative leave (for non-medical reasons), or paid-furlough, your life insurance coverage will continue for 12 months from the start of your absence. After six months, you may qualify for a Waiver of Premium, which will allow for the further extension of your life insurance benefits (Permanent and Total Disability Benefit); however, you *must* provide New York Life with a written notice of claim for this extended benefit within the 12-month coverage period. Call SFHSS at **(628) 652-4700** for information about how a Leave of Absence can impact your life insurance coverage.

This is a general summary. For a complete list of bargaining units with Group Life Insurance benefits and to view plan documents, go to [sfhss.org/group-life-insurance](https://sfhss.org/group-life-insurance) or call New York Life at **(800) 225-5695**.

## Life Insurance Benefits Change Over Time

When you reach age 65, your benefits will drop to 65% of the original coverage amount. At age 70, your benefits will drop to 50%. At age 75, your benefits will drop to 30%.

## Free EstateGuidance®

EstateGuidance® walks you through the process by guiding you through a series of questions, and breaking down each step into easy-to-understand terms. Access is available anytime, anywhere via tablet, desktop, or mobile app.

Topics Include:

- **Last Will and Testament**  
The central component of every estate plan.
- **Living Will**  
Spells out end-of-life medical decisions.
- **Final Arrangements**  
Specifies burial or cremation; funeral or memorial service options.

## Employer-Paid Group Life Insurance Conversion

If you leave your job or otherwise lose eligibility, you may be able to convert your Employer-Paid Group Life Insurance to an individual policy, with premiums paid by you.

If you wish to convert your Employer-Paid Group Life Insurance, please visit [SFHSS.org](https://sfhss.org) to download the portability and conversion form, and contact SFHSS for further assistance.



# Group Life Insurance Bargaining Units Chart

## Outline of Life Insurance Plan Basics

| Outline of Life Insurance Plan Basics   |           |
|---|-----------|
| Bargaining Unit <sup>1</sup>  | Coverage  |
| Municipal Attorneys Association<br>Municipal Executives Association <sup>2</sup><br>Superior Court of San Francisco, Commissioners Association<br>Superior Court of San Francisco, Municipal Executives Association<br>Superior Court of San Francisco, Unrepresented Managers  | \$150,000 |
| Superior Court Attorneys<br>311C, 312C, 316C  | \$125,000 |
| American Physicians & Dentists<br>Auto. Machinists Local 1414<br>Building Inspectors Association (6331, Unit 51 & 6333, Unit 51)<br>CCSF Unrepresented Employees<br>Consolidated Craft Coalition<br>Deputy Probation Officers<br>Electrical Workers Local 6<br>IFPTE Local 21<br>Laborers International Union Local 261<br>Operating Engineers Local 3 (Supervising Probation Officers)<br>Painters Local 4<br>SEIU Local 1021<br>SEIU Local 1021 Staff Nurses<br>Stationary Engineers Local 39<br>Superior Court Local 21<br>Superior Court Misc. Unrepresented<br>Superior Court Reporters<br>Superior Court SEIU Local 1021<br>Superior Court Interpreters<br>Supervising Probation Officers<br>Teamsters Local 856 Multi-Unit<br>TWU Local 200 SEAM<br>TWU Local 250-A (7410) Auto Svc. Workers<br>TWU Local 250-A Multi-Unit (Unit 28)<br>Union of Plumbers Local 38 | \$50,000  |

<sup>1</sup>If your bargaining unit or unrepresented classes are not listed above, you do not have employer-paid group life insurance. <sup>2</sup>Fire and Police employees represented by MEA have other life insurance benefits.

This is a general summary. For a complete list of bargaining units with Group Life Insurance benefits and to view plan documents, go to [sfhss.org/group-life-insurance](https://sfhss.org/group-life-insurance) or call New York Life at (800) 225-5695.



## 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](https://sfhss.org/using-your-benefits/using-your-benefits-employees).

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



## 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](https://sfhss.org/eap) for more resources. We're Here for You!

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

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



# COBRA, Covered California, and Holdover

## COBRA

Under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), employees without holdover rights, or whose holdover rights have ended, may be eligible to continue medical, dental and vision coverage for themselves and eligible dependents at the employee's expense. Current year FSAs (Flexible Spending Accounts) may also be COBRA-eligible. For COBRA information, visit [padmin.com](http://padmin.com) or call **(800) 688-2611**.

Employees may elect to continue healthcare coverage through COBRA if coverage is lost due to:

- Voluntary or involuntary termination of employment (except for gross misconduct)
- Hours of employment reduced, making employee ineligible for employer health coverage

Covered spouses or domestic partners may also elect to be covered under COBRA if coverage loss is due to:

- Voluntary or involuntary termination of the employee's employment (except for misconduct)
- Divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

Covered dependent children may elect COBRA coverage if healthcare coverage is lost due to:

- Loss of dependent child status under the plan rules
- Voluntary or involuntary termination of the employee's employment (except for misconduct)
- Hours of employment reduced, making the employee ineligible for employer health coverage
- Parent's divorce, legal separation, or dissolution of domestic partnership from the covered employee
- Death of the covered employee

## 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. However, if the termination date falls on the first day of the coverage period, coverage ends that same day. 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.**



Dependents dropped from coverage during Open Enrollment are not eligible for COBRA.

## 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 group rate.

## 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 |
| Delta Dental PPO                      |            |
| Employee Only                         | \$64.31    |
| Employee +1                           | \$135.06   |
| Employee +2 or More                   | \$192.93   |
| DeltaCare USA DHMO                    |            |
| Employee Only                         | \$27.01    |
| Employee +1                           | \$44.55    |
| Employee +2 or More                   | \$65.90    |
| UnitedHealthcare Dental DHMO          |            |
| Employee Only                         | \$25.49    |
| Employee +1                           | \$42.10    |
| Employee +2 or More                   | \$62.24    |
| VSP Premier                           |            |
| Employee Only                         | \$12.11    |
| Employee +1                           | \$18.47    |
| Employee +2 or More                   | \$37.76    |

## Flexible Spending Accounts and COBRA

To continue FSA benefits under COBRA, year-to-date FSA contributions must exceed year-to-date claims as of your employment termination date. To keep your FSA open, apply under COBRA and continue making the biweekly contribution plus a 2% administrative charge. COBRA Flexible Spending Account contributions are post-tax.

## Termination of COBRA Continuation Coverage

COBRA coverage will end if:

- You obtain coverage under another group plan
- You fail to pay the premium required under the plan within the grace period
- The applicable COBRA period ends

## Covered California: Alternative to COBRA

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 **(800) 300-1506** or visit [coveredca.com](https://coveredca.com).

## Holdover Rights

Employees who are placed on a holdover roster may be eligible to continue SFHSS medical, dental and vision coverage for themselves and covered dependents. Eligibility requirements include:

1. Employees must certify annually that they are unable to obtain other health coverage.
2. Holdover premium contributions must be paid by the due date listed on the Health Coverage Calendar. Rates may increase each plan year.



# 2026 Health Coverage Calendar

| 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 the **30-day deadline**, coverage will begin on the first day of the coverage period following your work start date.

Employee premium contributions are deducted from paychecks biweekly and are paid concurrent with the coverage period. Flexible Spending Account (FSA) deductions only occur on pay dates during the 2026 tax year.

**If you take an approved unpaid Leave of Absence, you must arrange to make premium payments that were previously deducted from your paycheck, directly to SFHSS.** Employee premium contributions are due no later than the pay date of the benefits coverage periods above.



# Key Contacts

## SFHSS

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

For changes in address, family  
status, new hires, and more  
please visit [sfhss.org/contact-us](http://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](mailto:well-being@sfgov.org)  
[sfhss.org/well-being](http://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](mailto:eap@sfgov.org)  
[sfhss.org/eap](http://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](mailto:health.service.board@sfgov.org)  
[sfhss.org/health-service-board](http://sfhss.org/health-service-board)

## CCSF PAYMENT PORTAL

To make health premium payments  
online, visit the **City and County of  
San Francisco Payment Portal**:  
[sfhss.org/how-make-payment](http://sfhss.org/how-make-payment)

## MEDICAL PLANS

**Health Net CanopyCare HMO**  
**(833) 448-2042**  
[healthnet.com/sfhss](http://healthnet.com/sfhss)  
Group G0727A

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

**Blue Shield of California  
Trio HMO**  
**(800) 357-1901**  
[blueshieldca.com/sfhss](http://blueshieldca.com/sfhss)  
Group W0051448

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

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

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

## DENTAL & VISION PLANS

**Delta Dental PPO**  
**(888) 335-8227**  
[deltadentalins.com/ccsf](http://deltadentalins.com/ccsf)  
Group 09502-00003

**DeltaCare USA DHMO**  
**(800) 422-4234**  
[deltadentalins.com/ccsf](http://deltadentalins.com/ccsf)  
Group 71797-00001

**UHC Dental DHMO**  
**(800) 999-3367**  
[whyuhc.com/sfhss](http://whyuhc.com/sfhss)  
Group 275550

**VSP Vision Care**  
**(800) 877-7195**  
[www.vsp.com](http://www.vsp.com)  
Group 12145878

## FSAs & COBRA

**P&A Group**  
**(800) 688-2611**  
[padmin.com](http://padmin.com)

## VOLUNTARY BENEFITS

**Workterra Open Enrollment Services**  
**(833) 711-4498**  
[workterravboe.com](http://workterravboe.com)

**Workterra Newly Eligible/Life Event Services**  
**Workterra New Hire Consultations**  
**(866) 528-5360**  
[ccsfvb.com](http://ccsfvb.com)

**Workterra Customer Service**  
**(888) 604-3771**

## LTD & GROUP LIFE INS.

**New York Life LTD**  
Policy: LK980417  
General Customer Service or Claim Status:  
**(800) 695-4226, Option #1, Extension #3**  
[mynylgbs.com](http://mynylgbs.com)

To file a Disability Claim:  
**(888) 842-4462**  
[nyl.com/disability-claim](http://nyl.com/disability-claim)

**New York Life Employer-Paid Group  
Life Insurance**  
Policy: FLX980556  
**(800) 225-5695**

When prompted, say **“Claims”** to be directed to  
the appropriate department.

## OTHER AGENCIES

**Pension Benefits  
SFERS**  
Employees' Retirement System  
**Tel: (415) 487-7000**  
**Toll Free: (888) 849-0777**  
[mysfers.org](http://mysfers.org)

**CalPERS**  
**(888) 225-7377**  
[calpers.ca.gov](http://calpers.ca.gov)

**CalSTRS**  
**(800) 228-5453**  
[calstrs.com](http://calstrs.com)

**PARS**  
**(800) 540-6369**  
[pars.org](http://pars.org)

**Health Insurance Exchange  
Covered California**  
**(800) 300-1506**  
[coveredca.com](http://coveredca.com)



[sfhss.org/register-sfhss-newsletter-today](https://sfhss.org/register-sfhss-newsletter-today)

