

SF My Hub Navigation Instructions

Open Enrollment 2026

Published: 9-22-2025 | **Updated: 10-07-26**

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Purpose

The SF My Hub Navigation Instructions for Open Enrollment Plan Year 2027 have been created to help you easily navigate the benefits enrollment process. Whether you're enrolling for the first time or making changes to your existing benefits, these step-by-step instructions are designed to guide you through each phase of the Open Enrollment benefit selection process.

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

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

Accessing Open Enrollment

Step 1: Click on the [Open Enrollment](#) tile. The information on the [Open Enrollment](#) tile, provides you with the deadline for Open Enrollment Plan Year 2027.

SF My Hub ▾

**Announcements**



Starts now until 10/23/2026. Your final enrollment must be submitted by 5:00 PM PST, 10/23/2026

Countdown to Open Enrollment Deadline:

Days HH MM SS

22 13:20:46



Planned SF People & Pay and SF Learning Downtime from 6 p.m. to 7:30 p.m. on Thursday, October 8

2



My Team



Team Time



Time



Pay



Health Benefits

SF My Hub Navigation Instructions: Open Enrollment 2027

2 | Page

Step 2: On the landing page you can *watch* an Open Enrollment (OE) Introductory video with helpful step-by-step instruction on how to complete your OE elections, before *clicking Next* at the top right-hand corner of the screen.

Open Enrollment

Enrollment Period 10/1/2026 - 10/23/2026

Next >

Open Enrollment

Open enrollment is your annual opportunity to modify your benefit choices. The OE video provides highlights for the coming plan year.

Watch the video or view video transcript to read the content instead.

View Video Transcript

Open Enrollment 2026 for Plan Year 2027. Find the Value in Your Benefits!

San Francisco Health Service System - SFHSS

Find the Value in your Benefits

Estate Support

Dental Non-IV Sedation

Non-Prescription Sunglasses

Discount Gym Memberships

FIND THE VALUE IN YOUR BENEFITS

View Video Transcript

Step 3: *Review and update* contact information. Use the navigation on the left hand side of the screen to go through Home and Mailing Address / Contact Information which includes your phone number and email address/ Emergency Contacts / Race & Ethnicity pages. All pages should be updated if necessary. *Select Next*.

Open Enrollment

Previous Next >

Open Enrollment

Personal Information - Home and Mailing Address

Home Address

Current

Mailing

No data exists.

Add Mailing Address

Open Enrollment

Personal Information

Home and Mailing Address

Contact Information

Emergency Contact

Race & Ethnicity

Eligible Dependent Information

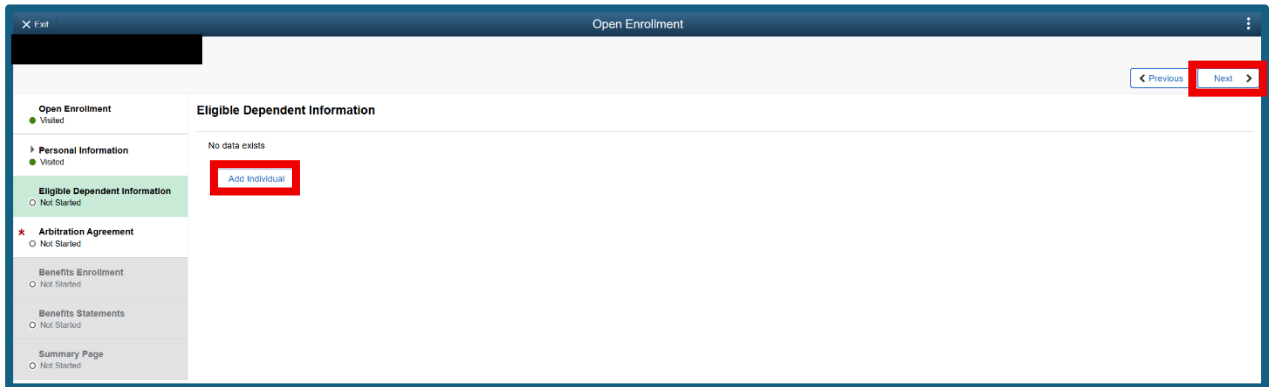
Arbitration Agreement

Benefits Enrollment

Benefits Statements

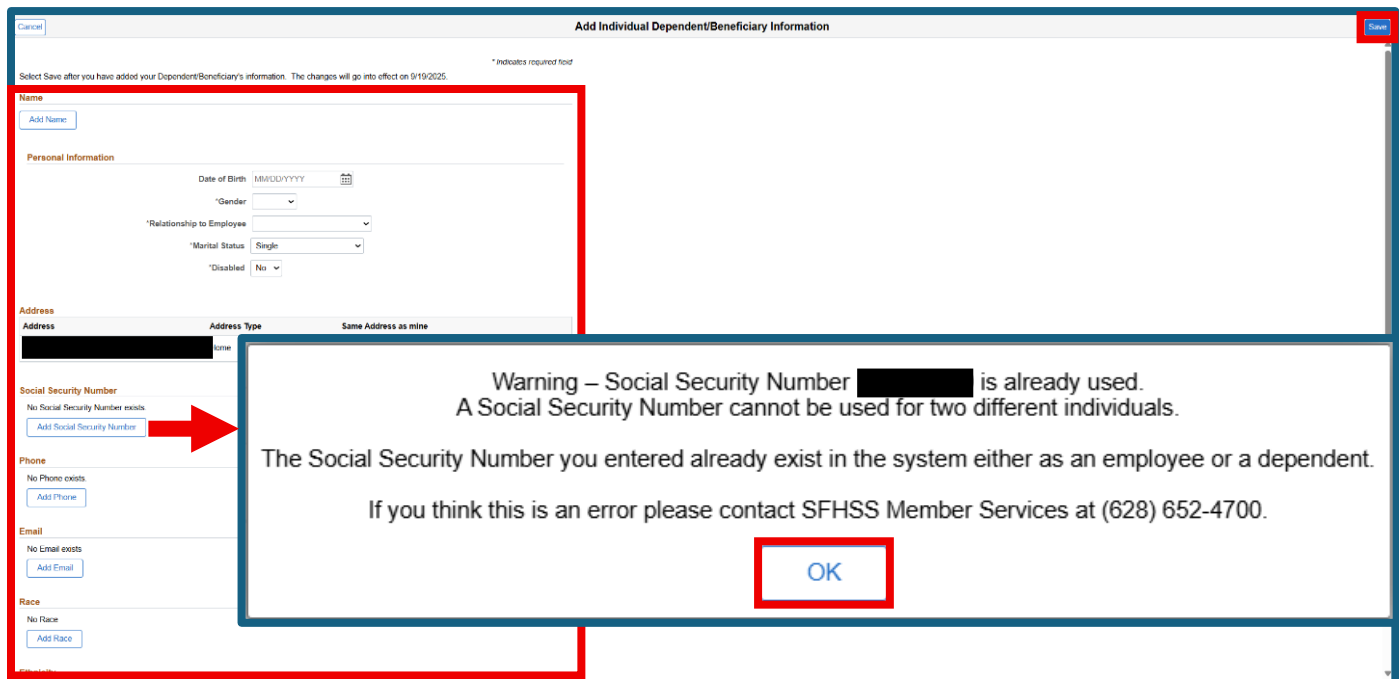
Summary Page

Step 4: Review Eligible Dependents Information. Add new dependents as appropriate. **At this stage you are ONLY adding dependents to the available dependents list,** you WILL still have to enroll your dependents to coverage when you get to the Benefits Enrollment pages. Select Add Individual to add the new dependent.

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

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

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

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

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

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

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

OK

The image shows two screenshots from the Open Enrollment system. The top screenshot displays the 'Eligible Dependent Information' table with columns for Name, Relationship, and Attachment. A red box highlights the 'Incomplete' link in the Attachment column for Mickey Mouse (Mickey). The bottom screenshot shows the 'Dependent Attachments' page for Mickey Mouse (Mickey). It includes instructions for uploading documents and a 'Document List' table. A red box highlights the 'Document List' table, and another red box highlights the 'Add Document' section, which includes a dropdown for 'Document Type' (set to 'Marriage Certificate') and buttons for 'Add Attachment' and 'Add Note'.

Name	Relationship	Attachment
Mickey Mouse (Mickey)	Spouse	Incomplete

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

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

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

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

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

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

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

Open Enrollment

Benefits Enrollment

Please review your current and new elections. If you would like to make changes, click on the Benefits Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SPHRS. To print a copy of your benefit elections, click Here.

Enrollment Summary

Your Pay Period Cost: **\$-526.72** Status: **Pending Review** Submit

Employee Cost: **\$2.31**
Employer Cost: **\$412.30**

Benefits Plans

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

Medical

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

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

Medical

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

Enroll Your Dependents

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

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

Dependents	Relationship
☐ Mickey Mouse	Spouse

Enroll in Your Plan

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

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

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

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
☒ Health Net CanopyCare HMO			\$529.03	\$364.57	\$-529.03	☐
☐ Blue Shield Trio HMO	\$64.26		\$529.03	\$434.83	\$-464.77	☐
☐ Blue Shield Access+ HMO	\$149.19		\$529.03	\$434.83	\$-379.84	☐
☐ Kaiser Permanente HMO	\$12.69		\$529.03	\$434.83	\$-516.34	☐
☐ Blue Shield PPO	\$251.50		\$529.03	\$434.83	\$-277.53	☐
☐ Waive			\$529.03		\$-529.03	☐

Resources

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

NOTE: To enroll your dependent in your health plan, make sure the checkbox next to their name is selected. If you intend to disenroll a dependent, deselect the checkbox next to their name.

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

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

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

When Switching to a Blue Shield HMO Plan

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

Select Primary Care Provider

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

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

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

Your Primary Care Provider ID

I have visited this provider before ☒ Yes ☐ No

Use the same provider for all dependents ☐ Yes ☒ No

[Primary Care Provider List](#)

Dependents	Primary Care Provider ID	Visited this provider before
Mickey Mouse	#####	☐ Yes ☒ No

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

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

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

Dental

Step 17: You will be brought back to the Benefits Enrollment screen. You will now see the **Your Pay Period Cost** change if you have made any changes to your Medical enrollment, either through adding dependents or changing your plan.

For each plan you have reviewed you will see the **Status** change from Pending Review to Changed. Select the Dental tile to proceed.

Open Enrollment

Benefits Enrollment

Please make your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the **Save** button to save your election. Click the **Submit** button to submit your elections to SFHSS. To print a copy of your benefit elections, click **Print**.

Enrollment Summary

Your Pay Period Cost: **\$122.33** Status: **Pending Review** Submit

Employee Cost: **\$732.75**
Employer Cost: **\$482.56**

Benefits Plans

Medical

Current: Health Net CompanyCare HMO
New: Health Net CompanyCare HMO
Status: **Changed**
Dependents: ☒ 1 Dependents
Pay Period Cost: **\$120.02** Review

Dental

Current: Delta Dental PPO
New: Delta Dental PPO
Status: **Pending Review**
Dependents: ☒ 1 Dependents
Pay Period Cost: **\$2.31** Review

Vision Premier

Current: Waive
New: Waive
Status: **Pending Review**
Dependents: ☒ 1 Dependents
Pay Period Cost: **\$0.00** Review

VDT

Current: Computer Vision Care (VDT)
New: Computer Vision Care (VDT)
Status: **Not Available**
Pay Period Cost: **\$0.00**

Life

Current: Waive
New: Waive
Status: **Pending Review**
Pay Period Cost: **\$0.00**

Long-Term Disability

Current: Waive
New: Waive
Status: **Pending Review**
Pay Period Cost: **\$0.00**

Flex Spending - Health

Current: Health Care FSA
New: Waive
Status: **Pending Review**
Pay Period Cost: **\$0.00**

Flex Spending - Dependent Care

Current: Waive
New: Waive
Status: **Pending Review**
Pay Period Cost: **\$0.00**

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

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

NOTE: If you do not check the check box by your dependent on this screen your dependent WILL NOT be added to your dental plan.

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

Dental

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

Enroll Your Dependents

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

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

Dependents	Relationship
☐ Mickey Mouse	Spouse

Add/Update Dependent

Enroll in Your Plan

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

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

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

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
☒ Delta Dental PPO	\$2.31			\$26.79	\$2.31	☐
☐ DeltaCare USA DHMO				\$12.22	\$0.00	☐
☐ UHC Dental				\$11.53	\$0.00	☐
☐ Waive					\$0.00	☐

Resources

- CSF/CRT Benefits Guide
- Delta Dental PPO
- DeltaCare USA DHMO
- UnitedHealthcare Dental DHMO

Done

Overview of All Plans **Compare**

Vision

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

Open Enrollment

Benefits Enrollment

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage and then click the Done button to save your election. Click the Submit button to submit your elections to SHPSIS. To print a copy of your benefit elections, click Print.

* Indicates required field

Enrollment Summary

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

Employee Cost: \$735.00
Employer Cost: \$512.26

Benefit Plans

Medical	Dental	Vision Premier
Current: Health Plan CompanyCare 1800 New: Blue Shield Access 1800 Status: ☒ Changed ☐ Dependents	Current: Delta Dental PPO New: Delta Dental PPO Status: ☒ Changed ☐ Dependents	Current: Vision New: Vision Status: Pending Review ☒ Dependents
Pay Period Cost: \$120.02 Review	Pay Period Cost: \$4.62 Review	Pay Period Cost: \$0.00 Review

VDT	Life	Long-Term Disability
Current: Computer Vision Care (VDT) New: Computer Vision Care (VDT) Status: Not Available	Current: New Status: New	Current: New Status: New
Pay Period Cost: \$0.00	Pay Period Cost: \$0.00	Pay Period Cost: \$0.00

Flex Spending - Health	Flex Spending - Dependent Care
Current: Health Care FSA New: Vision Status: Pending Review	Current: Vision New: Vision Status: Pending Review
Pay Period Cost: \$0.00 Review	Pay Period Cost: \$0.00 Review

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

Dependent Baby Test / Newkid Test who enrolled in medical must be enrolled in Vision Premier.
You must enroll dependent Baby Test / Newkid Test in Vision Premier also.

OK

If all dependents are not selected to be enrolled in Vision Premier, the pop-up message will be displayed.

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

Cancel Vision Premier Done

Enrollment in the Vision Premier requires enrollment in any medical plan. All family members being enrolled in Vision Premier must also be enrolled in medical.

Enroll Your Dependents

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

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

Dependents	Relationship
☐ Mickey Mouse	Spouse

Add/Update Dependent

Enroll in Your Plan

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

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

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

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
☐ VSP Premier Requires enrollment to any Medical plan		\$5.48			\$5.48	☐
☒ Waive					\$0.00	☐

Overview of All Plans Compare

NOTE: If you do not check the check box by your dependent on this screen your dependent WILL NOT be added to your health plan.

Flexible Spending—Health

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

Open Enrollment Previous

Benefits Enrollment

Please review your current and new elections. If you would like to make changes, click on the Benefits Plan to modify your plan or coverage level then click the Done button to save your selection. Click the Submit button to submit your elections to SFHSS. To print a copy of your benefit elections, click Next.

Enrollment Summary

Plan Name	Status	Pay Period Cost	Employer Cost
Vision Premier	Pending Review	\$0.00	\$735.00
Medical	Pending Review	\$120.02	\$512.30

Benefits Plans

Plan Name	Status	Pay Period Cost
Medical	Pending Review	\$120.02
Dental	Pending Review	\$4.62
Vision Premier	Pending Review	\$0.00
VDT	Not Available	\$0.00
Life	Pending Review	\$0.00
Long-Term Disability	Pending Review	\$0.00
Flex Spending - Health	Pending Review	\$0.00
Flex Spending - Dependent Care	Pending Review	\$0.00

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

Flex Spending - Health

A Healthcare FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and your eligible family members. You can use the benefits debit card or submit claims in the app on your smartphone or online at www.padmin.com. For more information, please review the Flexible Spending Plan Details. To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

▼ Enroll In Your Plan

Important! Your annual pledge for the year 2026 is \$3,300.00. As you have not enrolled for the Flex Spending - Health plan, you will have no contribution with this plan if you do not make a choice.

Plan Name

✓ Health Care FSA

Select Waive

▼ Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted from your pay to determine your per-pay-period contribution. You are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from Annual Pledge

Your New Annual Pledge 3,400.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution 130.77

Employee Annual Pledge 3400

Calculate

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

Open Enrollment

Benefits Enrollment

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

Your Pay Period Cost \$251.56

Status: Pending Review

Employee Cost: \$251.56

Employer Cost: \$512.26

Medical

Current: Health Net CanopyCare HMO

New: One Direct Access HMO

Status: Changed

1 Dependents

Pay Period Cost: \$120.02

Dental

Current: Delta Dental PPO

New: Delta Dental PPO

Status: Changed

1 Dependents

Pay Period Cost: \$4.62

Vision Premier

Current: Waive

New: Vision

Status: Changed

0 Dependents

Pay Period Cost: \$0.00

VDT

Current: Canopy Vision Care (VDT)

New: Canopy Vision Care (VDT)

Status: Not Available

Pay Period Cost: \$0.00

Life

Current: None

New: None

Status: None

Pay Period Cost: \$0.00

Long-Term Disability

Current: None

New: None

Status: None

Pay Period Cost: \$0.00

Flex Spending - Health

Current: Health Care FSA

New: Health Care FSA \$3,300

Status: Changed

Pay Period Cost: \$126.92

Flex Spending - Dependent Care

Current: Waive

New: Waive

Status: Pending Review

Pay Period Cost: \$0.00

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

NOTE: For the Dependent Care FSA, if your annual salary is \$160,000 or less, you can contribute between \$250 and \$7,500 on a pre-tax basis. If your salary exceeds \$160,000, the IRS classifies you as a highly compensated employee, and your contribution limit will be between \$250 and \$3,300. SFHSS may adjust your contribution limit if you are not eligible for the higher amount. Select Done at the top right-hand corner of the screen when you are ready to move on.

The screenshot shows the 'Flex Spending - Dependent Care' interface. A red box highlights the 'Plan Name' section where 'Dependent Care FSA HCE' is selected. Another red box highlights the 'Flexible Spending Account Worksheet' pop-up window. This worksheet includes fields for 'Annual Pledge' (0.00), 'Your New Annual Pledge' (0.00), 'Minus Your Year To Date Contributions' (0.00), 'Divided by Pay Periods Remaining' (26), and 'Estimated Per Pay Period Contribution' (0.00). A 'Calculate' button is at the bottom of the worksheet. The background screen also shows an 'Employee Annual Pledge' field.

Submit Benefit Enrollment Selections

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

The screenshot displays the 'Open Enrollment' screen. On the left, a sidebar lists various enrollment steps, with 'Benefits Enrollment' highlighted. The main content area is titled 'Benefits Enrollment' and contains instructions. The 'Enrollment Summary' section is highlighted with a red box, showing 'Your Pay Period Cost' as \$251.56, with a status of 'Pending Review' and a 'Submit' button. To the right, it lists 'Employee Cost' as \$861.98 and 'Employer Cost' as \$512.26. A pie chart on the right side shows two segments: 'MED' (blue) and 'DKN' (orange).

NOTE: Benefits submitted during Open Enrollment (OE) will become effective 1/1/2027!

Done

Benefits Alerts

Instructions

Your benefit choices have been successfully submitted to San Francisco Health Service System.

If you added or removed dependents, ensure all required verification documents are submitted to avoid coverage termination.

Print your Benefit Statement for your records. Select 'Done' to return to Benefit Enrollment page.

This is a warning/information message only.

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

Benefits Statement

Step 28: You can review and print your Receipt of Enrollment document by selecting the 1/1/2027 event listed.

Open Enrollment

Personal Information

Eligible Dependent Information

Arbitration Agreement

Benefits Enrollment

Benefits Statements

Summary Page

Benefits Statements

Filters

Event Year

Enrollment Event

Statement Type

Apply

Reset

Event Date	Issue Date	Enrollment Event	Statement Type
01/01/2027	10/01/26 11:12:14AM	Open Enrollment 2027	Submitted Enrollment
01/01/2026	10/24/25 5:03:01PM	Open Enrollment 2026	Submitted Enrollment

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

Benefits Statement

Statement Type: Submitted Enrollment

Description: Open Enrollment 2026

Enrollment Effective Date: 01/01/2026

Statement Issue Date: 09/19/2025 11:14AM

Print View

These elections have been submitted and are subject to review. Your elections may be changed before they are finalized if they do not adhere to the SFHSS Member Rules. If you added new dependents, please upload your documents. If you would prefer, you may fax your documentation to (628) 652-4701. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible. Thank you for using self-service benefits. If you need any assistance, visit sfhss.org or call Member Services at (628) 652-4700. Please keep the statement for your records.

Statement Sections

Expand All

Personal Information

Cost Summary

Election Summary

Dependent Enrollments

NOTE: The following disclaimer is listed for the member:

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

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

Confirmation of Enrollment Submission

City & County of San Francisco

RECEIPT OF ENROLLMENT

OPEN ENROLLMENT 2027

Statement Issue Date: 10/01/2026

Enrollment Effective Date: 01/01/2027

Employee ID: [REDACTED]

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

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

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

PERSONAL INFORMATION

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

Contact Information

Mailing Address

Email Address [REDACTED]

Eligibility Information

Home Address [REDACTED]

COST SUMMARY

Amount

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

Your Total Cost [REDACTED]

Plan Credits [REDACTED]

Employer Cost - Non Taxable [REDACTED]

Employer Cost - Taxable [REDACTED]

ELECTION SUMMARY

The following is a summary of your elections.

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

Benefit Plan	Coverage	Category Base	Cost-Before Tax	Cost-After Tax	Your Total Cost
Health Net	Member Only		[REDACTED]		
CanopyCare HMO					
Delta Dental PPO	Member Only		[REDACTED]		
Vision Premier	Waive				
Computer Vision Care (VDT)	Member Only		[REDACTED]		

10/1/2026 11:15 AM

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

The following is a summary of your enrolled dependents.

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

*** End of statement for [REDACTED] ***

Summary Page

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

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

Open Enrollment

Summary Page

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

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

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

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

- City & County of San Francisco & San Francisco Superior Court employees may enroll in voluntary benefits administered by Workterra, (866) 526-5360, such as optional life insurance, identity theft protection and others. [Enroll online](#) by logging into **Myapps** and clicking on the WORKTERRA tile.
- San Francisco Unified School District employees may enroll in Dental and Flexible Spending Accounts administered through the SFUSD Benefits Office. Visit the [SFUSD employee internet](#) for more information.
- City College of San Francisco employees may enroll in Dental and FSA administered by the City College of San Francisco (CCSF) Benefits Unit (415) 452-7733. Visit the [CCSF Benefits website](#) for the Faculty and Classified Handbook, eligibility information and more.

Steps

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

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

Are you sure you want to exit the guided process? By exiting the guided process, you will be able to return to the last step you were working on and continue your Open Enrollment later.

Yes No

Making Changes or Printing Your Receipt of Enrollment After Exiting

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