SAN FRANCISCO
HEALTH SERVICE SYSTEM
Affordable, Quality Benefits & Well-Being

MEMORANDUM

DATE: November 12, 2026

TO: Art Howard, President, and Members of the Health Service Board

FROM: Rey Guillen, SFHSS Executive Director

RE: November 12, 2026, Director's Report

SFHSS 2027–2031 STRATEGIC PLAN

Development of the SFHSS 2027–2031 Strategic Plan continues to progress toward completion. During October, SFHSS leadership and staff from across the organization participated in a series of collaborative planning sessions to develop and refine Objectives and Key Results (OKRs) aligned with the five strategic pillars introduced to the Board in September.

These efforts have produced an integrated framework of department-wide objectives and measurable outcomes. Staff are now completing the final refinements to ensure the proposed Key Results are meaningful, achievable, and aligned across divisions. Particular emphasis is being placed on establishing clear measures of success that will allow SFHSS leadership and the Board to monitor progress and evaluate results throughout the five-year planning period.

We are on schedule to present the final proposed 2027–2031 Strategic Plan to the Health Service Board for review and approval at its December meeting. The plan will provide a framework for organizational priorities, accountability, and continuous improvement while maintaining the flexibility necessary to respond to changing healthcare conditions, economic pressures, and evolving member needs.

HEALTH NET MARKET EXIT AND MEMBER TRANSITION

As previously reported, Health Net will exit California's commercial health insurance market effective February 28, 2027, affecting approximately 2,000 SFHSS covered lives.

Following an evaluation of Centene's proposal to extend existing Health Net coverage through the remainder of 2027, SFHSS has decided not to pursue the extension. Instead, we will transition the remaining Health Net members to other medical plans currently offered through SFHSS.

Our early communication efforts during Open Enrollment were successful in encouraging approximately 60% of Health Net members to proactively select alternative medical coverage for 2027. To provide the remaining members with an additional opportunity to make an informed coverage decision, SFHSS will conduct a special enrollment period in early 2027.

During this period, affected members will be able to select from the medical plans available to them through SFHSS. In accordance with SFHSS Member Rules, members who do not make an election will be automatically enrolled in the lowest-cost medical plan available based on their home ZIP code. For members residing within a Kaiser Permanente service area, this will

be the Kaiser HMO plan. Members residing outside a Kaiser service area will be enrolled in the lowest-cost medical plan available in their geographic area.

Our primary focus throughout this transition remains ensuring continuity of coverage, minimizing disruptions to care, and providing affected members with the information and assistance necessary to make informed decisions. Staff are developing targeted communications and enrollment support to help members understand their options and complete the transition.

We will continue to keep the Board informed as implementation progresses and will provide an update on the results of the special enrollment period following its completion.

BLUE SHIELD MEDICARE ADVANTAGE PPO PLAN — STAR RATING AND PLAN YEAR 2028 PROCUREMENT PLANNING UPDATE

I want to provide the Board with an important update regarding our Blue Shield Medicare Advantage with Prescription Drug (MAPD) PPO plan and our preliminary planning for Plan Year 2028.

We recently learned that the plan's Medicare Star Rating declined from 3.5 stars for 2026 to 2.5 stars for 2027, reversing the improvement achieved the previous year. Medicare Star Ratings are an important indicator of plan quality and performance, reflecting measures related to clinical outcomes, member experience, and administrative services.

We recognize that this decline concerns our retirees, and we share those concerns. Later in today's meeting, Blue Shield will present an explanation of the factors contributing to the decline and its corrective action plan for improving performance.

The rating decline also raises potential financial concerns, as Medicare Star Ratings can affect the level of funding plans receive through Medicare. Although the specific financial implications for our plan remain under evaluation, the decline introduces an additional consideration as we assess the plan's long-term affordability and sustainability.

Separately, Aon recently provided SFHSS with preliminary financial projections indicating the potential for substantial premium increases for Plan Year 2028. While these projections require further actuarial review, the magnitude of the potential increases raises significant concerns regarding future affordability.

Together, these developments have prompted staff to reconsider our previously communicated approach to the plan's future.

As the Board may recall, we previously indicated that we did not anticipate conducting a competitive procurement for the medical portion of the plan. Instead, our intention was to evaluate whether separating, or decoupling, the medical and prescription drug components might provide financial or operational advantages.

Given the projected premium increases and concerns regarding plan quality, we now believe a more comprehensive evaluation of available market alternatives for our non-Kaiser

population is warranted.

We are therefore considering a competitive Request for Proposals (RFP) process that would evaluate three potential coverage arrangements:

1. Bundled MAPD Plan: Continuing with a fully integrated Medicare Advantage plan providing medical and prescription drug coverage.
2. Unbundled Medicare Advantage and Prescription Drug Coverage: Separating the medical and prescription drug components into distinct coverage arrangements.
3. Group Medicare Supplement Plan: Transitioning to a group Medicare Supplement plan with separate prescription drug coverage.

Under all three scenarios, our objective would be to preserve the existing benefit design and fully-insured funding arrangement while identifying opportunities to improve affordability, quality, and long-term financial sustainability.

We will return to the Board in December with a more comprehensive presentation outlining the proposed procurement strategy, timeline, and evaluation criteria for the Board's consideration.

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS ANNUAL CONFERENCE

I attended the International Foundation of Employee Benefit Plans' 72nd Annual Employee Benefits Conference, held October 25–28, 2026, in New Orleans, Louisiana. The conference brought together public-sector and multiemployer benefit plan trustees, administrators, and industry professionals to examine emerging trends and challenges in employee benefits administration.

I participated in 13 educational sessions and keynote presentations, several of which were particularly relevant to SFHSS's current priorities. Topics included evolving approaches to retiree health coverage, using data to improve health plan outcomes, addressing public employee burnout, and the application of artificial intelligence to health plan operations.

These sessions reinforced the importance of several initiatives already underway at SFHSS, particularly our evaluation of Medicare retiree plan options, emphasis on measurable performance outcomes, and efforts to improve organizational efficiency and member experience.

The insights gained will help inform our ongoing strategic planning and program administration efforts, and I look forward to sharing relevant findings with the SFHSS management team.

The 73rd Annual Employee Benefits Conference will be held in San Antonio, Texas, in October 2027. Given the conference's public-sector educational offerings and relevance to the Board's governance and fiduciary oversight responsibilities, I encourage the Board to consider sending at least one representative to next year's conference.

OPEN ENROLLMENT

The 2026 Open Enrollment period concluded on Friday, October 23, 2026. Preliminary results reflect strong member engagement and the successful completion of another important annual enrollment cycle.

Our Member Services team supported substantial enrollment activity during the three-week period. Preliminary results include:

- Approximately 19,000 members successfully submitting enrollment elections online.
- Approximately 2,083 additional paper enrollment applications.
- A total of 5,860 calls received by Member Services.

We are also pleased to report that our preliminary call abandonment rate was significantly lower than during the previous year's Open Enrollment period, reflecting improvements in our ability to respond to member inquiries during this high-volume period. Last year our Abandonment rate was 19.4%, and this year staff was able to reduce it to 11.4%

In addition to supporting annual enrollment, SFHSS launched its year-long ***Find the Value*** campaign. The campaign was developed in response to member survey findings indicating that many members were unaware of the full range of benefits and services available through their SFHSS coverage. The initiative is intended to increase awareness, encourage appropriate utilization of available benefits, and support members in improving their overall health and well-being.

I want to recognize the significant effort of our staff across the organization in preparing for and supporting Open Enrollment, particularly while simultaneously managing the additional communication and transition challenges associated with Health Net's market exit.

In recognition of the tremendous effort required to prepare for and successfully administer Open Enrollment, SFHSS hosted an Open Enrollment Employee Appreciation Celebration on November 5. The event provided an opportunity to recognize and thank staff from across the organization for their dedication, teamwork, and commitment to serving our members. This year's Open Enrollment presented additional challenges associated with Health Net's planned market exit, making the collaborative efforts of our staff especially meaningful. The celebration was an opportunity to acknowledge these accomplishments and the important role every division plays in delivering a successful Open Enrollment experience.

Staff will present a comprehensive Open Enrollment results report to the Health Service Board at its December meeting, including additional information regarding member elections, service performance, and emerging enrollment trends.

NOVEMBER 3, 2026 ELECTION UPDATE: SAN FRANCISCO PROP A AND F

San Francisco voters approved Propositions A and F, which amend the City Charter and change aspects of City governance. These measures affect the Charter framework governing the Health Service System and the Board, even though they do not require Board action at this time. The Department of Elections lists all charter amendment language changes on the Department of Elections Ballot Measures webpage.

Proposition A updates and streamlines Charter provisions for boards, commissions, and departments. For the Health Service Board and Health Service System, the measure clarifies the standard for removing elected Board members, removes certain administrative requirements that applied broadly to boards and commissions, eliminates obsolete language, and provides additional flexibility for naming City governmental bodies.

Proposition F expands the Mayor's authority to reorganize much of the executive branch and changes certain department-head appointment and removal processes. The Health Service System is expressly excluded from the measure's departmental reorganization authority. This preserves the Health Service System's Charter-assigned functions while placing them within a broader, revised executive-branch management structure.

Staff will continue to monitor implementation of both measures and will notify the Board when the official City Charter has been updated to reflect these changes.

REVIEW OF ADMINISTRATIVE CODE REQUIREMENTS FOR TRUSTEE ELECTIONS

The Ethics Commission is reviewing provisions of the San Francisco Administrative Code that govern elections to the Health Service Board, Retirement Board, and Retiree Health Care Trust Fund Board. This review may result in legislation that could change the campaign disclosure and related administrative requirements that apply to Health Service Board candidates and election notices. The Health Service Board's next election is scheduled for May 2029.

Under current law, candidates must complete specified campaign and economic-interest filings, training, and recordkeeping, while certain third-party campaign activity is also subject to disclosure. The covered boards have notification responsibilities, and the Ethics Commission administers and enforces these requirements.

As part of a streamlining review begun in 2025, Ethics Commission staff concluded that the trustee-election reporting framework imposes requirements that are disproportionate to the limited campaign-finance activity in these elections. The Ethics Commission findings recommended simplifying the rules to reduce burdens on candidates, support participation in trustee elections, and allow City resources to be directed to higher-priority oversight functions.

Legislation to implement the recommendation was introduced to the Board of Supervisors on September 9, 2025, as File No. 250928 and has been referred back to the Board of Supervisors Government Audit and Oversight Committee for further review. President Mandelman's Office and Ethics Commission staff are currently working with retiree groups including Protect Our Benefits to develop the next draft of legislative language based on interest-holder feedback. We will continue to monitor the proposal and share updates as it progresses.

FOLLOW-UPS FROM THE OCTOBER HEALTH SERVICE BOARD MEETING

During the October 8, 2026, Health Service Board meeting, several members of the public raised questions regarding Medicare coverage, retiree benefit options, and health plan administration. Staff have reviewed these inquiries and have the following responses.

Medicare Board Education Presentation

Vice President Wilson — Aging Retiree Population (see attachment)

During the October 8, 2026, Health Service Board meeting, Vice President Wilson requested an analysis of changes in the age distribution of SFHSS's retiree population over the past decade, particularly in light of the potential impact of an aging population on future healthcare utilization and costs.

SFHSS reviewed enrollment data for retirees, survivors, and their covered spouses and domestic partners from 2017 through 2026, excluding dependent children. The analysis confirms a significant demographic shift toward older age groups.

While the overall population increased by approximately 15%, from 35,371 to 40,800 individuals, the number of members age 75 and older increased by approximately 51%, from 11,588 to 17,461. Consequently, individuals age 75 and older now represent nearly 43% of this population, compared with approximately 33% in 2017.

The most pronounced growth occurred among individuals ages 75–79, whose numbers increased by 64%, and those ages 80–84, whose numbers increased by 54%. Meanwhile, the number of individuals ages 65–69 declined by approximately 9%, further illustrating the shift toward older age groups.

These findings substantiate Vice President Wilson's observation that SFHSS is serving an increasingly older retiree population. As members advance in age, their healthcare needs may become more complex, potentially increasing demand for medical services and placing additional pressure on healthcare costs.

While this demographic analysis does not quantify the resulting financial impact, it reinforces the importance of considering the changing healthcare needs of our retiree population when evaluating Medicare plan offerings, care management, and long-term affordability. These considerations will remain important as SFHSS evaluates future retiree healthcare options.

Dr. Teresa Palmer — CalPERS Health Benefit Eligibility

During public comment, Dr. Teresa Palmer asked whether City retirees who receive pension benefits through the California Public Employees' Retirement System (CalPERS), rather than the San Francisco Employees' Retirement System (SFERS), are eligible to enroll in the CalPERS Health Benefits Program.

Eligibility for CalPERS health coverage generally requires retirement from the State of California, California State University, or a public agency that contracts with CalPERS to provide health benefits. Because the City and County of San Francisco does not participate in the CalPERS health benefits program, receipt of a CalPERS pension through City employment does not, by itself, establish eligibility for CalPERS health coverage.

Dennis Kruger — Catastrophic Coverage and Financial Protection

During public comment, Dennis Kruger asked whether SFHSS continues to provide a form of catastrophic insurance coverage that protects members from unusually high medical expenses.

Following the meeting, I contacted Mr. Kruger to better understand the coverage arrangement he recalled. Based on our discussion, we believe his question may have referred to two distinct forms of financial protection within our health plans.

The first is the annual out-of-pocket maximum, which limits the amount a member must pay for covered services subject to the plan's applicable cost-sharing rules. Once the maximum is reached, the member generally is not responsible for additional covered cost-sharing expenses for the remainder of the plan year.

The second is the pooling arrangement applicable to certain health plan funding structures. Under these arrangements, claims exceeding an established threshold may be excluded from the claims experience charged to the SFHSS Benefits Trust Fund, with the financial responsibility transferred or otherwise accounted for under the applicable contractual arrangement.

While these mechanisms serve different purposes, both help manage the financial impact of significant medical expenses — the first for individual members and the second for the health plan's funding arrangement.

Fred Sanchez — Resources for Evaluating Medicare Coverage Options
Mr. Sanchez expressed an interest in resources that retirees can use to better understand Medicare coverage options, SFHSS recommends beginning with trusted, independent sources such as Medicare.gov.

The website provides information about Medicare coverage, available plan types, enrollment considerations, and tools for comparing plans offered in a retiree's geographic area. These resources can help retirees better understand their options and become more informed advocates for their healthcare needs.

Mindy Talmadge — Fixed-Dollar Allowance for Retiree Medical Coverage
SFHSS retiree Mindy Talmadge suggested that the City consider providing retirees with a fixed-dollar allowance to purchase medical coverage independently, rather than limiting their choices to the health plans offered through SFHSS.

Staff recognize the interest underlying this suggestion. A fixed-dollar contribution approach could potentially provide retirees with greater flexibility to select coverage that best meets their individual healthcare needs and provider preferences. However, transitioning from the City's current defined-benefit structure to a defined-contribution arrangement presents significant legal, financial, and administrative challenges.

Under the San Francisco Charter, employer contributions toward retiree healthcare are governed by specific provisions addressing contribution amounts, eligibility, and years of service. Providing retirees with a fixed allowance to purchase coverage independently would not necessarily relieve the City of its existing Charter obligations. Without corresponding changes to those obligations, such an arrangement could increase current employer expenditures and potentially the City's long-term Other Post-Employment

Benefits (OPEB) liability.
A fundamental change to the City's contribution structure would likely require amendments to the City Charter, including reconsideration of how the maximum employer contribution is determined. Such an undertaking would require extensive legal and actuarial analysis, coordination with City leadership and other participating employers, stakeholder engagement, and ultimately voter approval. Depending on the scope of the changes and the City's legislative priorities, staff estimate that this could be a multiyear undertaking, potentially requiring up to five years.

These challenges do not diminish the importance of the concerns raised by our retirees. SFHSS remains committed to exploring opportunities to improve member choice, provider access, affordability, and continuity of care within the existing legal and financial framework. As the Board considers future Medicare plan offerings, staff will continue evaluating ways to accommodate differing retiree needs while maintaining the long-term sustainability of benefits for all members.

Contracts and Carve-Out Presentation

Dr. Teresa Palmer — Medicare Part B and Part D Drug Coverage

During the discussion of medical and prescription drug coverage arrangements, Dr. Palmer asked how coverage determinations would be handled for intravenous chemotherapy and other medications if medical and prescription drug benefits were administered by separate carriers.

Under a carved-out arrangement, coverage determinations would generally be made by the entity responsible for the applicable benefit. Drugs covered under Medicare Part B would be administered through the medical plan, while drugs covered under Medicare Part D would be administered through the prescription drug plan.

The classification of a medication depends on applicable Medicare coverage rules and the circumstances under which it is prescribed and administered. For example, many intravenous medications administered in a physician's office or other clinical setting are covered under the medical benefit, while certain self-administered medications may be covered under the prescription drug benefit.

Because medical and prescription drug coverage determinations are made separately, a medication may be covered under one benefit but not the other. Under an unbundled arrangement, coordination between the medical and prescription drug administrators would therefore be an important consideration in evaluating proposals and protecting continuity of care.

Sarah Coe — Delta Dental Procurement

During public comment, Sarah Coe raised a question regarding Delta Dental and the procurement process for dental benefits. As a reminder, SFHSS previously conducted a competitive Request for Proposals process for dental coverage, with the resulting recommendations presented to the Health Service Board for consideration earlier this year. The results of the RFP demonstrated that member disruption from their existing dental providers would be higher with any other vendor than with Delta Dental.

SAN FRANCISCO HEALTH SERVICE SYSTEM
DIVISION REPORTS: November 2026

PERSONNEL UPDATES (see attachment)
New staff:

- 1210 Benefits Analyst, Member Services -Neila Romero, effective 9/28/2026
- 1210 Benefits Analyst, Member Services-Toni Renney, effective 10/13/2026

Recruitments

- 0931 Information Systems Manager – Recruitment progressing, a Management Test Battery (MTB) exam will be completed and scored on 11/10/2026. Next, staff with conduct an assessment of the Training and Experience (T&E) of successful candidates. Interviews should occur in early December.

OPERATIONS: (see attachment)

FINANCE AND BUDGET:

- Fiscal year 2028 budget preparation activities set to begin

CONTRACTS:

- Executed Memorandum of Understanding with SFO for SFHSS Wellness Services
- Reviewed, Revised, and Accepted all 2027 Benefit Plan Documents, inclusive of Evidence of Coverage, Summary of Benefits, and Summary of Benefits and Coverage

WELL-BEING:

- A Pink Power photo contest was initiated in honor of Breast Cancer Awareness Month in October. There was a total of 73 photos submitted by 52 individuals that represented 15 city departments.
- Executed on the biennial Well-Being@Work Key Player Retreat with the theme, *Rooted in Well-Being: Growing Together*. There were 111 Key Players in attendance.
- The Colorful Choices produce challenge, registration has opened. The challenge will begin on 11/16.

ATTACHMENTS:

- SFHSS Retiree Population: Aging Trends
- Personnel - SFHSS Org Chart
- Operations Dashboard

Microsoft CoPilot and Chat GPT Artificial Intelligence were used to draft and/or edit this message.

SFHSS Retiree Population: Aging Trends

2017 vs. 2026 | Retirees, survivors, spouses and domestic partners

TOTAL POPULATION GROWTH

15.3%

35,371 to 40,800

GROWTH IN AGES 75+

50.7%

11,588 to 17,461

2026 POPULATION AGE 75+

42.8%

Up from 32.8% in 2017

GROWTH IN AGES 65+

25.6%

26,344 to 33,101

Age-band enrollment comparison

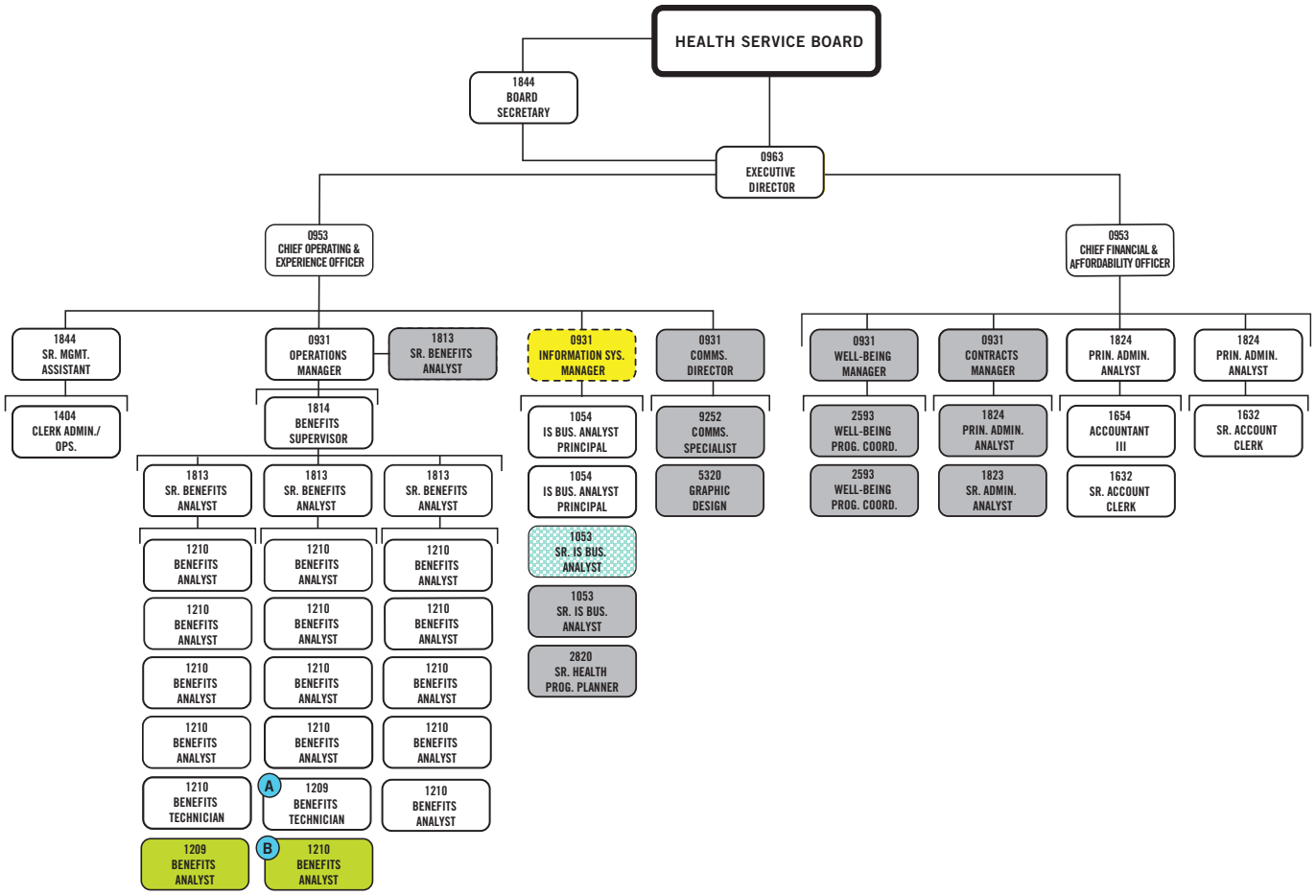
Age band	2017	2026	Net change	% change
65-69	7,993	7,260	-733	-9.2%
70-74	6,763	8,380	+1,617	+23.9%
75-79	4,871	7,994	+3,123	+64.1%
80-84	3,212	4,949	+1,737	+54.1%
85-89	2,094	2,836	+742	+35.4%
90+	1,411	1,682	+271	+19.2%

Source: SFHSS combined age-band enrollment report; January 1 snapshots, 2017 and 2026.

Population excludes child dependents; it is not limited to Medicare-enrolled individuals.

SAN FRANCISCO
HEALTH SERVICE SYSTEM

Organizational Chart – Recruitable Budgeted Positions



LEGEND

RECENTLY HIRED/ PROMOTED | ACTIVELY RECRUITING | PENDING MBO APPROVAL | POSITIONS 100% CHARGED TO TRUST | POSITIONS PARTIALLY CHARGED TO TRUST | VACANT

11.6.2026
SFHSS.ORG

BUDGETED POSITIONS FILLED BY DIFFERENT WORKING CLASS

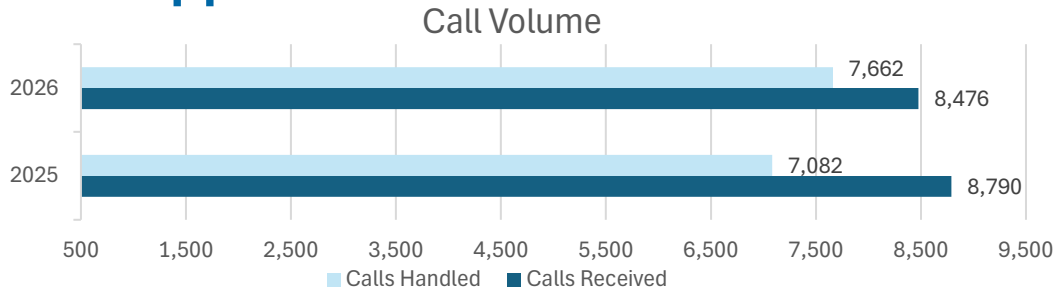
(A) 1210 Benefits Analyst filled by 1209 Benefits Technician

(B) 2820 Senior Health Program Planner filled by 1210 Benefits Analyst

Member Experience Dashboard

Member Experience Dashboard – October 2026

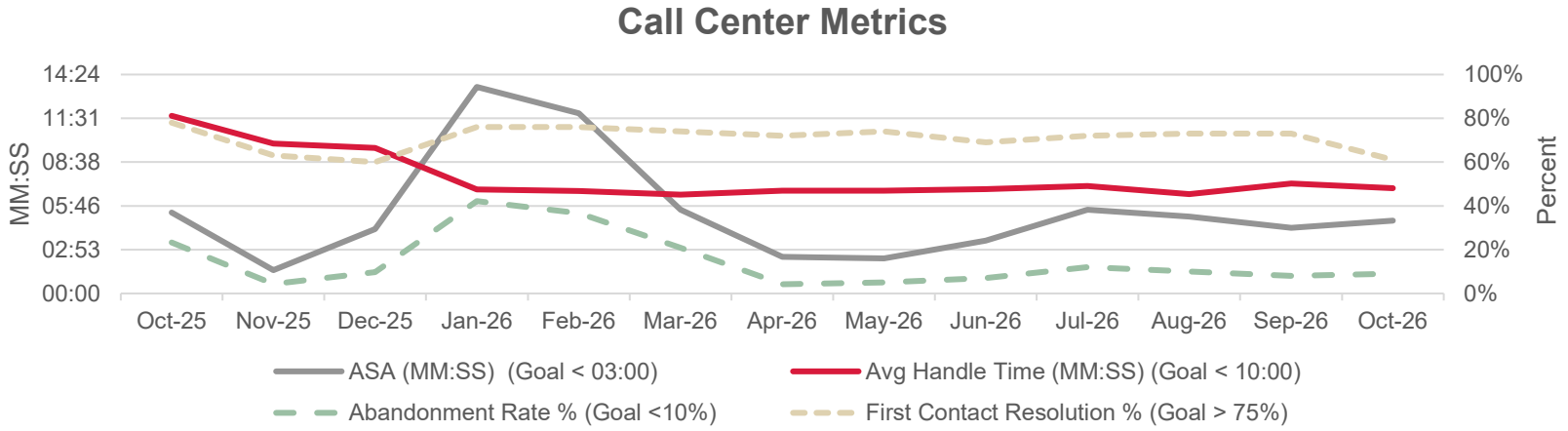
Phone Support



In-Person Support

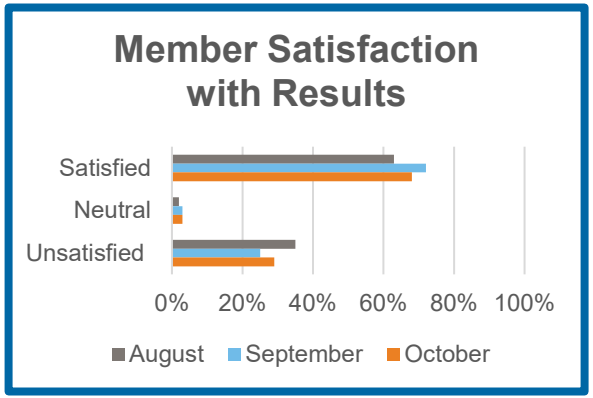
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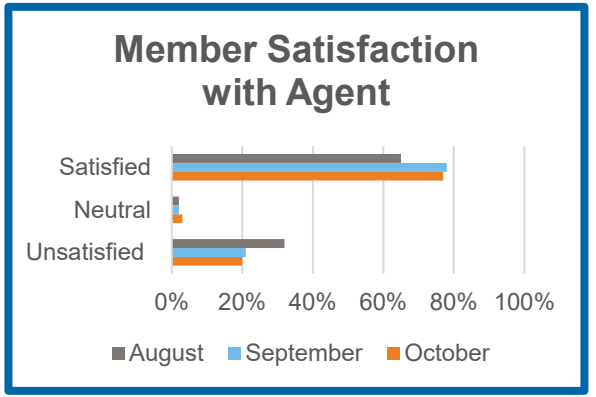
Consultations

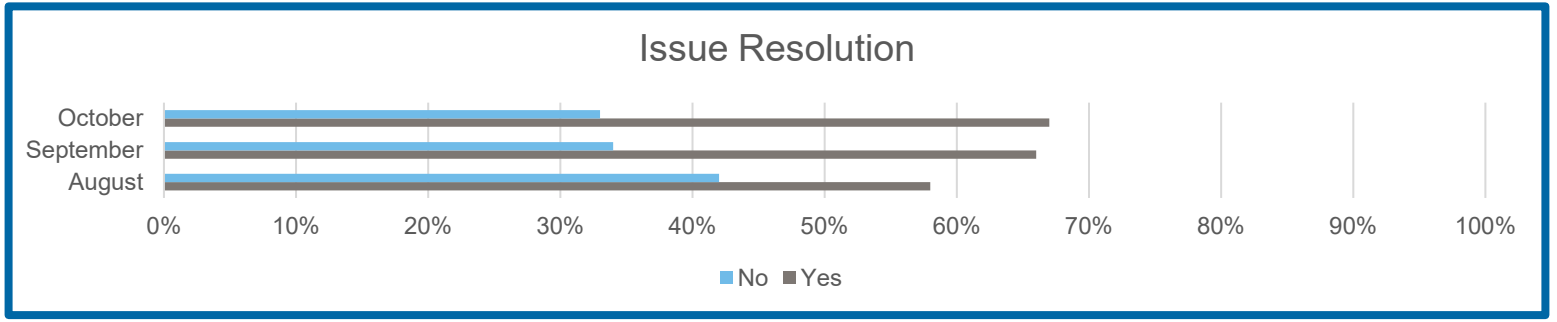


Member Experience Dashboard – October 2026

After Call Member Survey



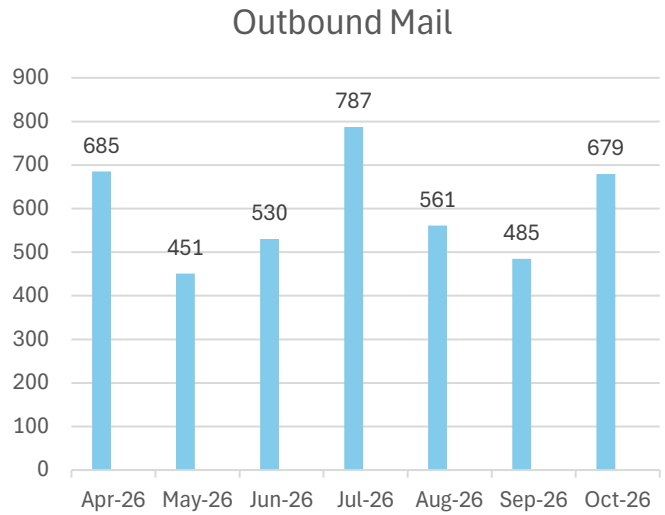




Member Experience Dashboard – October 2026

Processing / Operations

Category	Beginning Balance	Received	Total Work	Completed	Net Change	Ending Balance
Application	1387	2950	4337	1374	291	1678
Case Review/Action Required	343	747	1090	690	-256	87
Compliance Document	912	677	1589	379	-592	320
Demographic Change	39	46	85	9	-3	36
Return Mail	282	41	323	3	175	457
Appeal	76	37	113	12	-50	26
Court Order	36	36	72	24	-24	12
HIPAA	42	20	62	18	-39	3
CMS Reconciliation	97	18	115	18	-83	14
Adoption/Surrogacy Assistance Form	2	1	3	0	-1	1
Subpoena	3	0	3	0	-3	0

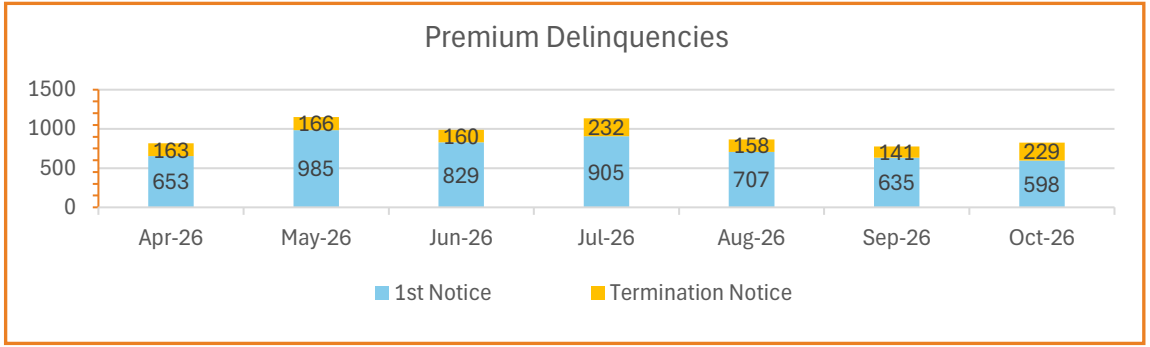


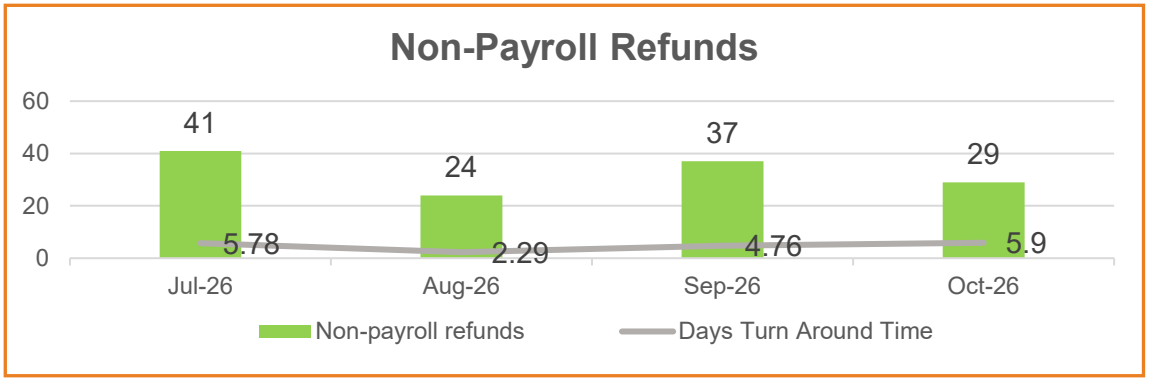
3,508

Members YTD with Returned Mail

Member Experience Dashboard – October 2026

Processing / Operations





Website Engagement

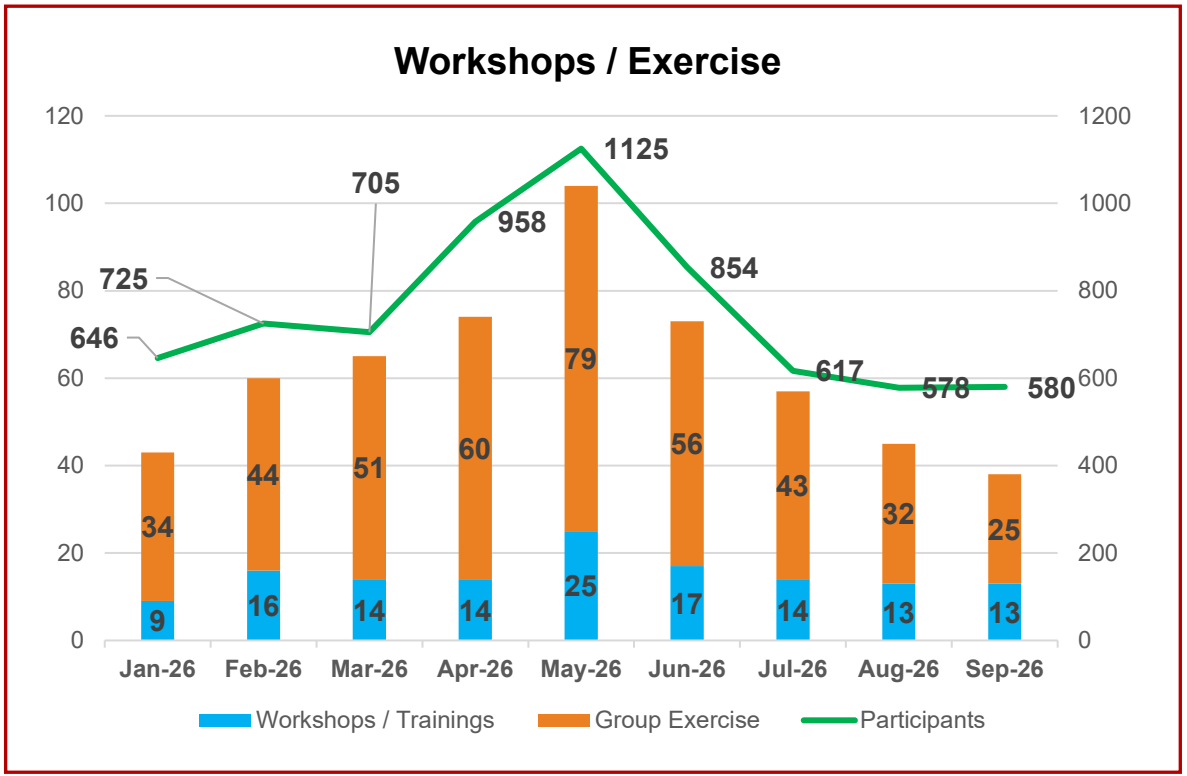
Average Session Duration in Seconds	Unique Users
176	50,587

Top SFHSS.ORG Visited Pages

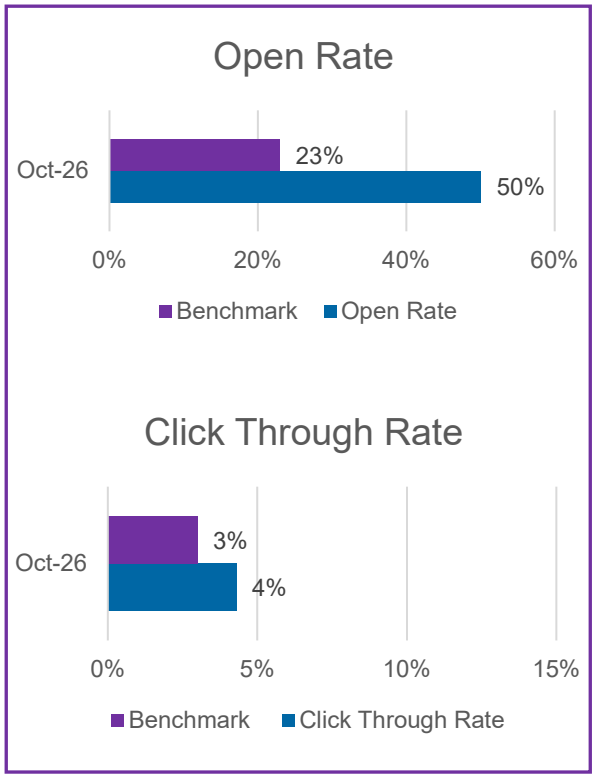
Landing Page	41,709
CCSF OE Page	18,774
SFUSD OE Page	9,094
CCSF Employer Page	7,591
Retiree OE Page	7,502

Member Experience Dashboard – October 2026

Well-Being Activities



Newsletter



Member Experience Dashboard – Notes

- **Call Center Metrics:**
  - **Average Speed to Answer (ASA) -** average amount of time in minutes and seconds for a live interaction once the call has entered the queue
  - **Average Handle Time –** average duration in minutes and seconds for a call interaction including hold time and talk time.
  - **Abandonment Rate % -** percentage of callers who hang up before reaching a live agent
  - **First Contact Resolution %** **-** percentage of member cases resolved during the first interaction.
  - **After Call Survey**—added to the Dashboard starting with the September 2026 HSB meeting. The data collection started 7/1/2026. The following questions are asked of members who call the Call Center for support.
    - Did your issue get fully resolved during this interaction? (Yes—1, No—2)
    - How satisfied were you with the service or solution you received today? (1 Dissatisfied through 5 Highly Satisfied)
    - How would you rate the representative you spoke with? (1 Dissatisfied through 5 Highly Satisfied)
- **Document Processing Data**: The data reflects the number of correspondences received within each category during the reporting month. Categories have been consolidated under main headings for clarity, for example, the Applications category includes all new hire applications across CCSF, CCD, USD, and other groups, as well as retiree applications for both Medicare and non-Medicare retirees.
  - **Completed Tasks**: The completed task count reflects all tasks resolved during the reporting month, regardless of when they were originally received. It is not uncommon for tasks, particularly applications, to be completed in a month after they were received. Common reasons for this include:
    - The member submitted required supporting documents across two separate months
    - The member submitted a retiree application in advance of their retirement date, requiring SFHSS to wait until the retirement date before processing
    - SFHSS is pending data entry by SFERS or the member's department before action can be taken
  - **Net Change & Remaining Balance**: The Net Change is calculated as the number of tasks completed minus the number of tasks received during the reporting month. The Remaining Balance reflects the total number of incomplete tasks in each category, regardless of the month in which they were received.

Member Experience Dashboard – Notes

- **Premium Delinquencies:** Delinquencies happen when premium payments are not received. This may occur if there isn't enough money in a paycheck or pension, or if an employee is on unpaid leave and hasn't arranged another way to pay for their benefits. Delinquency notices are sent each month. The first notice alerts the member that a payment was missed. If the balance is not paid, the member will receive a second notice that their benefits have been terminated.
- **Non-Payroll Refunds:** Refunds occur when there are premium differences. For example, a member changes from an EE+1 coverage tier to an EE Only. Refunds also occur when a member sends in a payment after the deadline to reinstate benefits as a result of delinquency. Non-payroll refunds are for those members not in payroll such as retirees or employees on leave. They require manual processing and consequently a higher work effort to process versus payroll refunds.
- **Captured in the outbound mail are:**
  - Member-requested and generated documents (e.g., coverage certificates, incomplete notices, 1095-C copies, applications)
  - Delinquency and Medicare eligibility/enrollment
  - Special mailings as needed (e.g., FSA terminations, domestic partner tax forms, corrections)
- **Returned Mail:** Members who have 5 pieces of returned mail are at risk for termination of benefits. It is the responsibility of the member to maintain current contact information with SFHSS. Included in the YTD count is the returned mail from the prior year open enrollment mailing which is logged after all the year-end activities.
- **Well-Being Metrics** have a one to two-month lag on participation / utilization data.
- **Open Rate** measures percentage of successfully delivered emails which were opened by recipients.
- **Click Through Rate** measures percentage of recipients who click on a specific link.
- **Average Session Duration** measures the actual time a website is in the active foreground indicating user interest.