

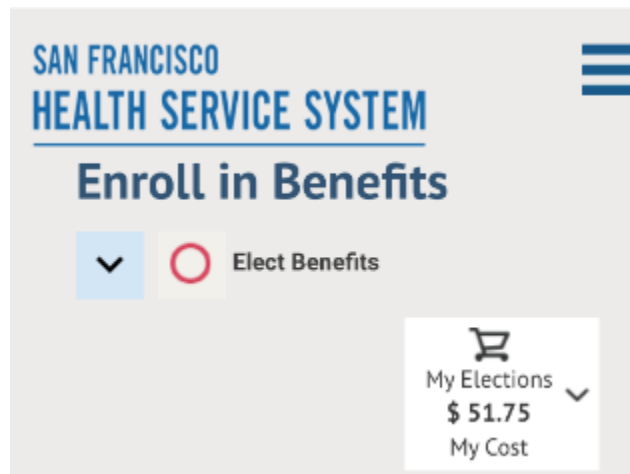
Mobile Device Use

You can now elect your health benefits online with eBenefits. See below for a walkthrough!

1. Access the SF Employee Gateway at <https://sfgov.org/sfc/employee-gateway>. SFHSS recommends Safari, Chrome, Firefox or Edge.
2. Tap the SF Employee Portal icon.
3. Type in your Employee ID (DSW) and Password, then tap the **Agree & Sign In** button.
4. Type in your Multi-Factor Authentication secure code and tap Verify.
5. On the SF Employee Portal, tap on **Alerts** and then tap on **Health Benefits Open Enrollment**.
6. You are now in the enrollment process. You will be asked to:
 - a. Add or verify your **Dependents** (if any)
 - b. Confirm your **Personal Information**, including **Emergency Contacts**
 - c. Elect your **Medical, Dental** (if applicable), **Vision** and **Flexible Spending Accounts** (if applicable).
 - d. **Review** and **Submit** elections
 - e. **Upload Documents** such as marriage or birth certificates
 - f. **Voluntary Benefits** through Workterra.net
7. At the top of the page, you will see:

▼ **Breadcrumb Navigation**

You can jump to different benefit enrollments by tapping on the arrow.



☰ **Menu**

Tapping on the menu will let you exit the enrollment process.

🛒 **Shopping Cart**

Tapping on your shopping cart will show you the health benefits you are electing for the upcoming plan year

Mobile Device Use

Review Dependents

The **Review Dependents** screen will show you your eligible dependents/beneficiaries.

Need to make a change?

Tap the **Edit** button if you need to change a dependent's information.

Tap the **Add a New Dependent** button if you plan on enrolling a new dependent on your health coverage. You will be asked to enter the dependent's:

- First Name
- Last Name
- Date of Birth
- Gender
- Social Security Number (if applicable)
- Marital Status
- Address and Phone number (if different from your own)

The new dependent will be added to your profile once you tap **Save**.


The screenshot displays the mobile app interface for the San Francisco Health Service System. At the top, the logo and name 'SAN FRANCISCO HEALTH SERVICE SYSTEM' are visible, along with a hamburger menu icon. Below the logo, the title 'Enroll in Benefits' is shown. A navigation bar contains a dropdown arrow and a green circle labeled 'Dependents'. The main content area is titled 'Review Dependents' and includes a paragraph of instructions: 'Please review your dependent information below for accuracy as inaccurate data may affect plan eligibility. Click on the Edit button to make corrections to an existing dependent. Click on the Add a New Dependent button to add a new dependent.' At the bottom of this section are two buttons: 'Add a New Dependent' and 'Save and Continue'. The footer of the app shows 'City and County of San Francisco © 2018'.

Mobile Device Use

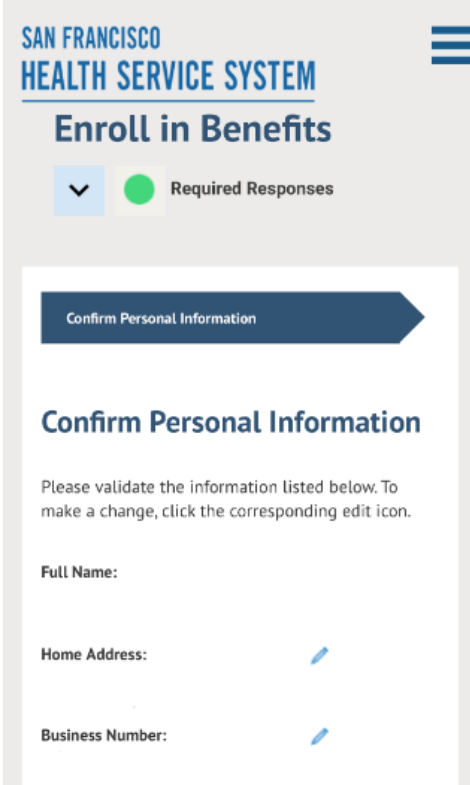
Personal Information

The **Confirm Personal Information** screen will show you your contact information and emergency contacts.

Want to change your contact info?

Tap the **Pencil icons**  if you need to change any contact information or emergency contacts.

It is important that your contact information is up to date as your confirmation statement and other benefit information will be mailed to that address.



SAN FRANCISCO
HEALTH SERVICE SYSTEM

Enroll in Benefits

Required Responses

Confirm Personal Information

Confirm Personal Information

Please validate the information listed below. To make a change, click the corresponding edit icon.

Full Name:

Home Address:

Business Number:

Need Help?

If you need assistance modifying your personal information or emergency contacts, please reach out to:

- Active employees - your department HR representative

Mobile Device Use

Medical, Dental, Vision Enrollment

Prior to electing new health benefits, you will be shown your current year's benefit elections.

No changes?

If you do not need to change any health plans or a dependent's enrollment, tap the **Yes** button then the **Save and Continue** button to submit your elections.

Want to elect a new plan?

If you need to make a change (such as annually enrolling in a Flexible Spending Account), tap the **No** button then the **Save and Continue** button to make your benefit changes. Keep reading below if you need to make a change.

Medical, Dental and Vision elections

You will be asked to elect or waive your Medical plan first. Then your Dental* and Vision** choices will follow.

Tap the **Benefits Guide** button at the top to download a PDF copy of your benefits guide.

If you want medical coverage, tap the checkbox next to person's name who you want to enroll, then scroll down the page to elect your medical plan.

Tap the **Elect this Plan** button to enroll in that medical plan. Each plan has a small text description, link to a detailed description on SFHSS.org and a link to find providers near you.

Want to waive your coverage?

If you do not want medical coverage, tap the checkbox next to **Waive this coverage**.

Don't forget to save!

Tap the **Save and Continue** button at the bottom of the page to move onto the next section.

**Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the Enroll box next to each individual's name.

Mobile Device Use

Flexible Spending Account Enrollment

Healthcare and Dependent Care Flexible Spending Accounts* require enrollment annually, even if you were enrolled the previous year!

You will be asked to elect or waive a Healthcare FSA first, then a Dependent Care FSA second.

Want to enroll in a Healthcare FSA?

Tap the checkbox next to **Enroll in Health Care FSA**.

Tap on the textbox next to **Health Care FSA Total Annual Amount:** to enter your annual election (any value between \$250 and \$2,700).

Tap the **Save and Continue** button at the bottom of the page to move onto the next section.

What about a Dependent Care FSA?

Tap the checkbox next to **Enroll in Dependent Care FSA**.

Tap on the textbox next to **Dependent Care FSA Total Annual Amount:** to enter your annual election (any value between \$250 and \$5,000).

Tap the **Save and Continue** button at the bottom of the page to move onto the next section.

SAN FRANCISCO
HEALTH SERVICE SYSTEM

Enroll in Benefits

Elect Benefits

My Elections
\$ 51.75
My Cost

Choose Flex Spending Health - U.S.

Current Flex Spending Health - U.S.
Plan Election

Health Care FSA
P&A Group FSA
\$250 Pledge

Benefit Guide

Choose a Flex Spending Health - U.S. Plan

A Healthcare Flexible Spending Account (FSA) allows you to pay for qualifying healthcare expenses, like co-pays and deductibles, with pre-tax dollars.

For more information, please review the Flexible Spending Plan Details

Enroll in Health Care FSA

To make FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Open Enrollment Period.

Your annual pledge must be between \$250.00 and \$2,700.00, which are the limits established for this plan.

Health Care FSA Total Annual Amount:
(Prior year election was \$250 Pledge)

Save and Continue

*Flexible Spending Account enrollments through SFHSS are not available to retired, San Francisco Unified School District or San Francisco City College employees.

Mobile Device Use

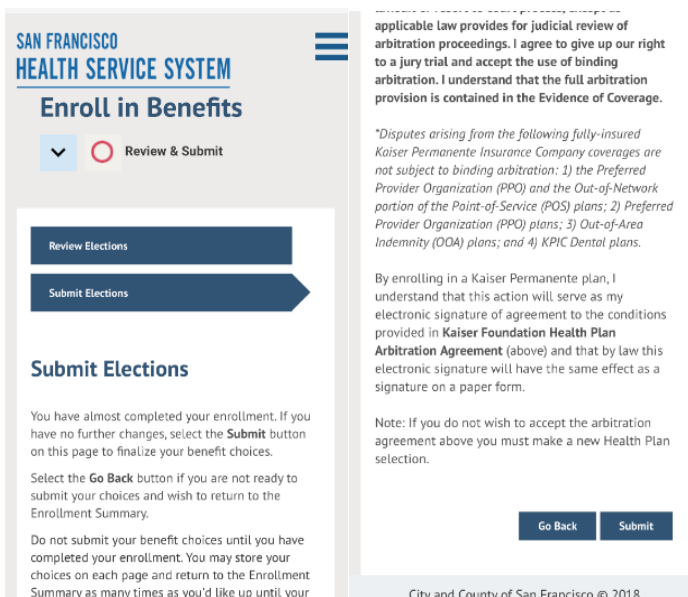
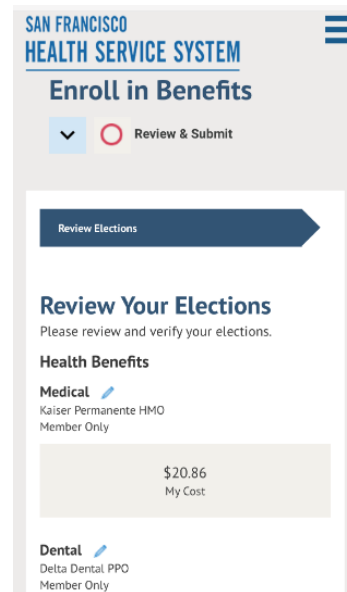
Election Review and Submission

Review your choices!

After entering your elections on the previous screens, you can review your choices on **Review Your Elections** with cost summary.

If you accidentally enrolled in the wrong plan, tap the **Pencil icon** next to that plan to make a change.

If your elections are correct, scroll to the bottom of the page and tap the **Continue** button.



Time to Submit!

Please read the legal disclaimer, then tap the **Submit** button at the bottom to submit your elections.

Mobile Device Use

Document Upload

Did you add new dependents?

If you added a new dependent, scroll down to the middle of the page and tap the **Upload Documents** button to verify their eligibility.

Document Upload Steps

Tap the **Add Attachment** button to choose a photo or document from your library.

Tap **Upload** when you make your choice.

Tap the text field to label your upload, then tap **Save**. Simple as that!

Tap the **X** in upper-right corner of your screen to close document upload, then tap **Save and Continue**.

SAN FRANCISCO
HEALTH SERVICE SYSTEM

Enroll in Benefits

Confirmation

Enrollment Completion

If you would like to go back and make changes, click the "Modify Elections" button.

Modify Elections

Enrollment Completion

Your elections have been submitted but not finalized. Click the printer icon to print a summary of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.

A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

- Spouse = Certified Marriage Certificate
- Domestic Partner = Domestic Partner Certification
- Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to (415) 334-0021 or hand deliver your documentation to SFHSS – 1145 Market St, 3rd Floor, San Francisco, CA 94103. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Upload Documents

Save and Continue

City and County of San Francisco © 2018

Mobile Device Use

Voluntary Benefits

Employees of the City & County of San Francisco and the Superior Court have the opportunity to apply for voluntary benefits through [Workterra](#).

After you submit your elections through eBenefits, tap the link to Workterra to begin your voluntary benefits enrollment or tap **Exit** to finish.

