



City and County of San Francisco
 London N. Breed
 Mayor

San Francisco Department of Public Health
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San Francisco Health Care Accountability Ordinance (HCAO) Minimum Standards – Effective January 1, 2024

The following minimum standards are effective January 1, 2024. Health plans deemed compliant with the HCAO must either:

- (1) Meet all 16 minimum standards as described below, **OR**
- (2) Be a gold- and platinum-level plan written in California (or actuarial value of at least 76%), where:
 - A. the employer covers 100 percent of both the plan premium and medical services deductible. Employers may use any health savings/reimbursement product that supports coverage of the medical deductible; and
 - B. the plan covers all required covered services minimum standards (5, 8-16).

Note that the requirements under the HCAO are distinct from the Healthy Airport Ordinance (HAO). More information on the HAO can be found here: sf.gov/information/understanding-healthy-airport-ordinance

Benefit Requirement	Minimum Standard
1. Premium Contribution	Employer pays 100 percent.
2. Annual OOP Maximum	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> • Employer must cover in-network out-of-pocket expenses up to 50 percent of plan’s annual out-of-pocket maximum. These expenses must be covered on a first-dollar basis. • Employers may use any health savings or reimbursement product that supports compliance with this minimum standard. • OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.). • The plan’s out of pocket maximum cannot exceed the <i>California Patient-Centered Benefit Design</i> Out-of-Pocket limit for a silver coinsurance or copay plan during the plan’s effective date. In 2024, the limit is \$8,750. <p><u>Out-of-Network:</u> Not specified.</p>
3. Medical Deductible	<ul style="list-style-type: none"> • <u>In-Network:</u> \$3,000 maximum. • <u>Out-of-Network:</u> Not specified.
4. Prescription Drug Deductible	<ul style="list-style-type: none"> • <u>In-Network:</u> \$300 maximum. • <u>Out-of-Network:</u> Not specified.
5. Prescription Drug Coverage	<ul style="list-style-type: none"> • Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	<ul style="list-style-type: none"> • <u>In-Network:</u> 60 percent/ 40 percent. • <u>Out-of-Network:</u> 50 percent/50 percent.

Benefit Requirement	Minimum Standard
7. Copayment for Primary Care Provider Visits	<ul style="list-style-type: none"> • <u>In-Network</u>: \$60 per visit. When coinsurance is applied See Benefit Requirement #6. • <u>Out-of-Network</u>: Not specified.
8. Preventive & Wellness Services	<ul style="list-style-type: none"> • <u>In-Network</u>: Provided at no cost, per ACA rules. • <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements. <p>These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of preventive services that are required.</p>
9. Pre/Post-Natal Care	<ul style="list-style-type: none"> • <u>In-Network</u>: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules. • <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements. <p>These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of pre- and post-natal services that are required.</p>
10. Ambulatory Patient Services (Outpatient Care)	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: <ul style="list-style-type: none"> ○ Primary Care Provider: See Benefit Requirement #7. ○ Specialty visits: Not specified.
11. Hospitalization	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
12. Mental Health & Substance Use Disorder Services, including Behavioral Health	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
13. Rehabilitative & Habilitative Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
14. Laboratory Services	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6. • When copayments are applied for these services: Not specified.
15. Emergency Room Services & Ambulance	<ul style="list-style-type: none"> • Limited to treatment of medical emergencies. The in-network deductible, copayment, and coinsurance also apply to emergency services received from an out-of-network provider.
16. Other Services	<ul style="list-style-type: none"> • The full set of covered benefits is defined by the California EHB Benchmark plan.