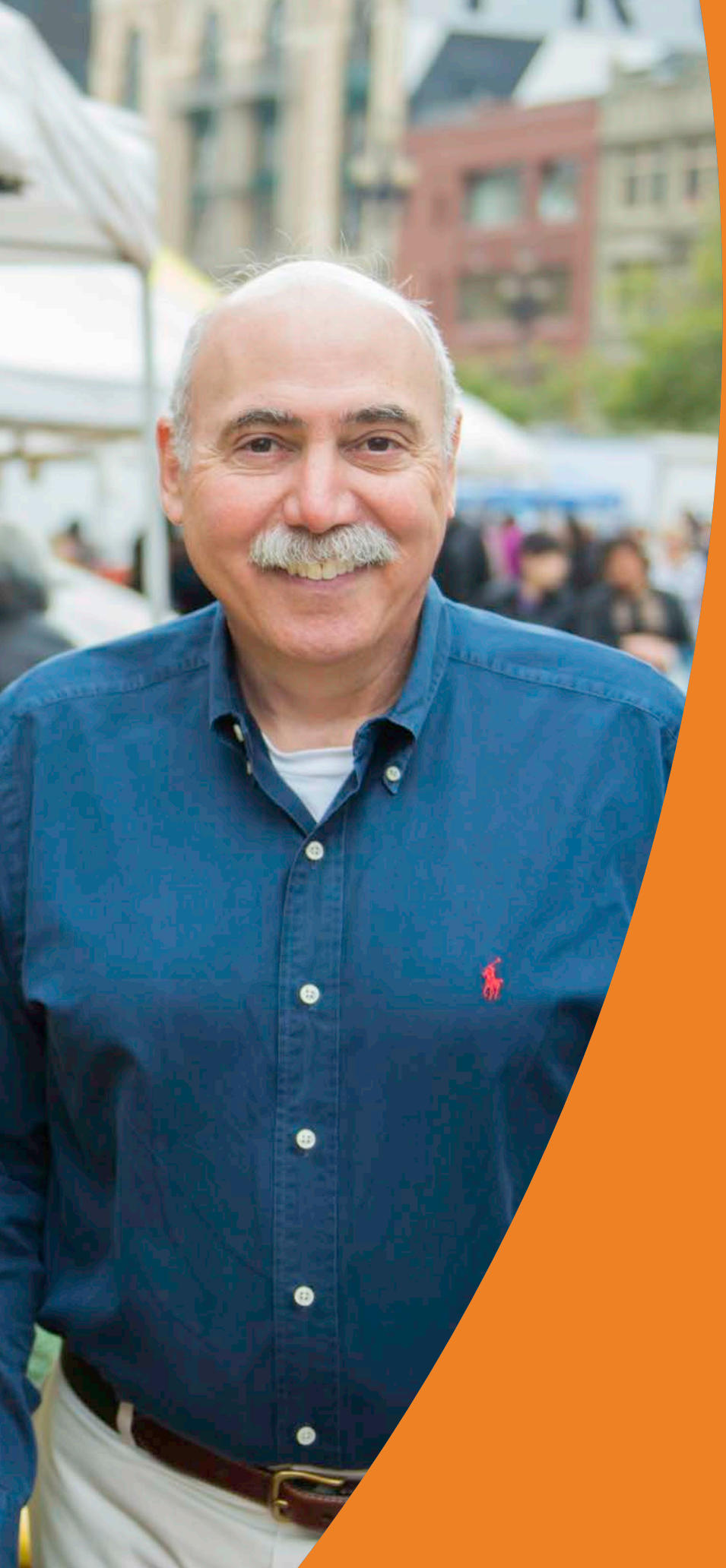


SAN FRANCISCO
HEALTH SERVICE SYSTEM

Retirees 2020 Health Benefits

HEALTH BENEFITS OPEN ENROLLMENT
OCTOBER 1–31, 2019

Retiree To-Do List for Open Enrollment

- ☐ Review your **Open Enrollment Guide and Letter!**
- ☐ **Premiums are changing in 2020**. Review your medical and dental plan premiums *even if* you are not planning to make any changes.
- ☐ Review the **What's New** page to learn about new benefits and changes to plans.
- ☐ Review dependents listed in your **Open Enrollment letter**. Now is the time to add or drop dependents.
- ☐ Make your benefits elections on your **SFHSS Open Enrollment Form**. Be sure to:
    - ☐ Select the benefits you want
    - ☐ List all dependents you're covering
    - ☐ Sign your application
    - ☐ Have copies of supporting documents for new dependents
- ☐ Review your **Confirmation Statement** to make sure your benefits elections are correct. You'll receive your Confirmation Statement in the mail from SFHSS in December.
- ☐ Questions? Call **San Francisco Health Service System (SFHSS)** at **(415) 554-1750**.
- ☐ Open Enrollment applications and documentation **can be delivered to SFHSS in person, by mail or fax**. Our address is 1145 Market Street, 3rd Floor, San Francisco, CA 94103. The SFHSS fax number is **(415) 554-1721**. Changes made during **Open Enrollment** take effect January 1, 2020. For more information visit **sfhss.org**.

(!) **Open Enrollment deadline is October 31, 2019, 5:00pm PT. No exceptions!**

This Guide provides an overview of the San Francisco Health Service System Rules, as approved by the Health Service Board. Rules can be found at **sfhss.org** or request a copy by calling **(415) 554-1750.**

What's New for 2020

Medical and Vision Contributions Changing

Premiums for the following plans will increase in 2020: UHC Medicare Advantage PPO; Kaiser Permanente Senior Advantage (California); Kaiser Permanente Retiree Plans in Hawaii and Northwest Regions and VSP Premier. Premiums for the following plans will decrease in 2020: Kaiser Permanente Retiree Plans in the Washington Region. **See pages 19-22, 24 and 25** for more information.

Review rates in your Open Enrollment materials or at **sfhss.org** *before making your Open Enrollment elections.*

CPMC Medical Center Now Part of Blue Shield of CA Trio HMO Network *(for non-Medicare members only)*

Trio HMO's network for SFHSS's Brown and Toland medical group members now includes California Pacific Medical Center (CPMC). This exclusive arrangement expands access to the new 1101 Van Ness, Davies and Mission Bernal campuses only.

2020 Benefit Enhancements for Blue Shield of California's Trio HMO and Access+ HMO Plans *(for non-Medicare members only)*

Blue Shield of California's Trio HMO and Access+ HMO plans now offer members the ability to receive, from participating retail pharmacies, certain no-cost vaccinations, including influenza (flu), HPV, pneumonia, meningitis, Tdap booster and shingles.

Nutritional Counseling Options through All SFHSS Health Plans

On January 1, 2020, all SFHSS health plans will offer Nutritional Counseling benefits. Blue Shield of CA Trio HMO and Access+ HMO members can receive nutritional counseling with or without a specific medical diagnosis. UHC PPO (City Plan) and UHC Medicare Advantage PPO plans will continue to offer up to four (4) nutritional counseling visits per year without a specific medical diagnosis. Kaiser Permanente (non-Medicare) and Kaiser Permanente Senior Advantage HMO will continue to offer telephonic nutritional coaching and comprehensive wellness coaching. Refer to your Evidence of Coverage or contact your health plan for more information.

UHC PPO (City Plan) Reducing In-Network Family Out-of-Pocket Maximum *(for non-Medicare members only)*

UHC PPO (City Plan) will offer a lower in-network Family Out-of-Pocket Maximum in 2020 to better align with other plans offered by SFHSS. This will reduce the in-network Family Out-of-Pocket Maximum from $12,700 to $7,500 (twice the amount of the individual in-network Out-of-Pocket Maximum).

UHC Medicare Advantage PPO Post-Discharge Meal Delivery Benefit

UHC Medicare Advantage PPO members are eligible to receive up to 84 home-delivered meals (one time per calendar year), immediately following an inpatient hospitalization, when referred by a case manager. Meals are delivered to you by Mom's Meals NourishCare. Refer to your Evidence of Coverage or contact UHC directly for more information.

Routine and Post-Discharge Transportation Benefits

On January 1, 2020, UHC Medicare Advantage PPO and Kaiser Permanente Senior Advantage HMO will provide post-discharge transportation benefits for Medicare members. You may receive up to 24 one-way, non-medical trips (up to 50 miles per trip, with some restrictions). Refer to your Evidence of Coverage or contact UHC directly for more information.

Delta Dental PPO Offers Enhanced Coverage for Major Services from In-Network Dentists

Beginning January 1, 2020, enrolled retirees will now receive 60% (up from 50%) plan-paid co-insurance coverage when using a Delta Dental PPO network dentist for crown, denture, pontic, bridge and endodontic/root canal services. Individual member deductibles for services, excluding diagnostic and preventive care (e.g. annual check-ups, x-rays and covered cleanings), that are provided by Premier and out-of-network dentists have increased from $50 to $75 annually. **See pages 25-26.**

Best Doctors Discontinued as of December 31, 2019

The Health Service Board has elected to not renew the contract with Best Doctors for 2020. Please be aware that the second medical opinion benefit is available through all our health plans. For more information on obtaining a second medical opinion, refer to your Evidence of Coverage or contact your selected health plan.

Executive Director's Message

Welcome to eBenefits: The World of Self-Service Enrollment

Over the past two years, the team at San Francisco Health Service System (SFHSS) has successfully developed a straightforward self-service Open Enrollment system for our members called **eBenefits**. This system simplifies Open Enrollment with a convenient, on-line, and fully secure benefits election process, available to you twenty-four hours a day, throughout the entire month of October.

With ***eBenefits***, SFHSS can dedicate more time to helping our members directly during Open Enrollment, whether by phone, email, or in-person at both 1145 Market Street and during our many on-site Open Enrollment events throughout the City.

As in previous years, to further assist you with your enrollment choices this October, the SFHSS team has carefully constructed your 2020 Benefits Guide. We ask you to please keep this Guide as a reference, both during and after Open Enrollment. At SFHSS, we remain committed to ensuring quality healthcare benefits and providing a seamless enrollment experience for all our members.

If at any time you find that you, or a fellow SFHSS member, has questions or concerns about Open Enrollment or your benefits, please do not hesitate to call us so that we may assist you. At all times, and as described in the SFHSS Strategic Plan, we are here for you, striving to:

- Provide quality, ***affordable and sustainable*** health care
- Reduce the ***complexity and fragmentation*** of the healthcare system
- ***Engage and support*** our members in using benefits
- Provide ***choice and flexibility*** in our product offerings
- Support the ***whole person health*** and ***well-being***

We appreciate and value hearing directly from our members. As always, we are here to answer any questions or concerns you may have. We encourage you to share your stories with us of how you benefit from the healthcare services you receive and the extensive healthcare networks available to you as well.

We thank you for your support of our team and SFHSS, and look forward to seeing you or hearing from you at Open Enrollment.

Abbie Yant, *RN, MA*
Executive Director

Enrolling in Retiree Health Benefits

Read this Guide to learn about the health plans and benefits available to you and your dependents. This Guide includes premium contribution rates. You can also visit sfhss.org to download plan documents, forms and get more information about your benefits.

You can also visit San Francisco Health Service System (SFHSS) at 1145 Market Street, 3rd Floor, San Francisco to speak with a Benefits Analyst in person, no appointment necessary.

Once enrolled, **your retiree premium contributions will be deducted from your monthly pension check**. Be sure to review your monthly check to verify that the correct premium contribution is being deducted. If your pension check does not cover your required premium payment, you must contact SFHSS directly to make payment arrangements (we recommend enrolling in auto-payments). You can find premium contribution rates on pages 19-22, 24 and 25.

All Medicare-eligible retirees and dependents must maintain continuous enrollment in Medicare. To ensure that there is *no break* in your medical coverage, you must pay all Medicare premiums that are due to the federal government on time.

Open Enrollment is your annual opportunity to change your benefit elections for you and your eligible dependents without a qualifying event. Changes made during the October Open Enrollment period become effective January 1, 2020.

Outside of Open Enrollment, **you can only make changes to benefit elections during the plan year if there is a qualifying event.** See pages 7-8 for information about Qualifying Events.

NEW Retirees: Don't Miss the 30-Day Deadline

The transition of health benefits from active employee to retiree status does **not** happen automatically.

You must enroll to continue retiree health coverage by submitting a retiree Enrollment Form and supporting documents to SFHSS by the required deadlines.

New retirees **must complete enrollment in retiree health coverage within 30 calendar days** of their retirement date. If you do not enroll **within 30 days**, you will only be able to enroll in benefits during the next Open Enrollment period (unless you have a Qualifying Event).

New retirees should plan ahead. I**f you are Medicare eligible, you must be enrolled in Medicare** to enroll in SFHSS benefits.

The Social Security Administration can take *up to three months* to process Medicare enrollment so apply *at least three months* before your 65th birthday.

To be eligible for retiree health benefits, **employees hired after January 9, 2009** must have *at least* five years of credited service with a City employer: City and County of San Francisco, San Francisco Unified School District, City College of San Francisco, or Superior Court of San Francisco. Other government service is not credited. Make sure you understand the **City Charter rules determining your eligibility** and premium contributions *before* finalizing your retirement date. See page 6 for more information.

And remember...

Depending on your retirement date, there can be a gap between when employee coverage ends and retiree coverage begins. **Setting your retirement date at the end of the month will help to avoid gaps in SFHSS coverage.**

Questions about health benefits, premium contributions or eligibility documentation? Call (415) 554-1750.

Eligibility

The following rules govern which retirees and dependents may be eligible for SFHSS health coverage.

Retiree Member Eligibility

- An employee must meet age and minimum service requirements *and* have been enrolled in SFHSS health benefits at some time during active employment to be eligible for retiree health coverage. SFHSS calculates service eligibility (requirements may vary).
- **If hired on or after January 9, 2009, Proposition B applies** (see page 6). If a retiree chooses to take a lump sum pension distribution, retiree health premium contributions will be *unsubsidized* and paid at *full cost* (other restrictions may apply). Contact SFHSS for an eligibility assessment of retiree health benefits.
- **Newly eligible retirees must enroll in retiree medical and/or dental coverage within 30 days of their effective retirement date.**
- To enroll, submit a completed Enrollment Application Form including required eligibility documentation and retirement system paperwork.
- Members eligible for Medicare at the time of retirement must also provide proof of Medicare enrollment. **Medicare applications take three to four months to process**, so plan ahead *before* your 65th birthday. **If you fail to meet required deadlines, you must wait until the next Open Enrollment period to enroll in benefits.**
- New retiree coverage will take effect on the first day of the month following the retirement effective date. Depending on your retirement date, there can be a gap between when your employee coverage ends and retiree coverage begins. **Setting a retirement date at the end of the month will help avoid a gap in your coverage.**
- Contact SFHSS Member Services at **(415) 554-1750** *at least three months* before your retirement date to prepare for enrollment in retiree benefits. **You must notify SFHSS, even if you are not planning to elect SFHSS coverage on your retirement date**.

Dependent Eligibility

Spouse and Domestic Partners

A member's spouse or registered domestic partner may be eligible for SFHSS health coverage. Proof of legal marriage or domestic partnership is required, as well as the dependent's Social Security number.

Enrollment in SFHSS benefits must be completed **within 30 days** of the date of marriage or partnership. A spouse or registered domestic partner can also be added during the Open Enrollment period in October.

A spouse covered on an employee's medical plan is *not* required to enroll in Medicare. A registered domestic partner who is eligible for Medicare *is required* to enroll in Medicare.

Natural Children, Stepchildren, Adopted Children

A member's natural child, stepchild, adopted child (including a child placed for adoption) and the natural or adopted child of a member's enrolled domestic partner are eligible for coverage up to 26 years of age.

Coverage terminates at the end of the coverage period in which the child turns 26. Eligibility documentation is required upon initial enrollment.

Legal Guardianships and Court-Ordered Children

Children under 19 years of age placed under the legal guardianship of an enrolled member, a member's spouse, or domestic partner are eligible for coverage.

If a member is required by a court's judgement, decree, or order to provide health coverage for a child, that child is eligible up to age 19.

Coverage terminates at the end of the coverage period in which the child turns 19. The member must provide SFHSS with proof of guardianship, court order, or decree with required deadlines.

Adult Disabled Children

To qualify a disabled adult child ("Adult Child") as a dependent, the Adult Child must be incapable of self-support because of a mental or physical condition that existed prior to age 26, continuously live with disability after turning 26, *and* meet each of the following criteria:

1. Adult Child is enrolled in an SFHSS medical plan on their 26th birthday; *and*
2. Adult Child has met the requirements of being an eligible dependent child under SFHSS member Rules Section B.3 before turning 26; *and*
3. Adult Child must have been physically or mentally disabled on the date coverage would have otherwise terminated due to age (turning 26), and continue to be disabled from age 26 on; *and*
4. Adult Child is incapable of self-sustaining employment due to the physical or mental disability; *and*
5. Adult Child is dependent on SFHSS member for substantially all of their economic support, *and* is declared as an exemption on member's federal income tax return;
6. Member is required to comply with their enrolled medical plan's disabled dependent certification process and annual recertification process thereafter or upon request.
7. An Adult Child who qualifies for Medicare due to a disability is required to enroll in Medicare (*see SFHSS Member Rules Section J*). Members must notify SFHSS of the Adult Child's eligibility for Medicare, as well as the Adult Child's subsequent enrollment in Medicare.
8. To maintain ongoing eligibility after the Adult Child has been enrolled, the member must re-enroll the Adult Child with SFHSS every year and must ensure that he or she remains continuously enrolled Medicare (if eligible) without interruption.
9. A newly hired employee who adds an eligible dependent Adult Child, who is age 26 or older, must meet all requirements listed, except ***1.*** and ***2.*** above and comply with their enrolled medical plan's disabled dependent certification process specified in ***6.*** **within 30 days** of hire date.

COBRA Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act (COBRA), enacted in 1986, allows retirees and their covered dependents, to elect temporary extension of healthcare coverage in certain instances where coverage would otherwise end. These include:

- Children who are aging out of SFHSS coverage
- Retiree's spouse, domestic partner, or stepchildren who are losing SFHSS coverage due to legal separation, divorce, or dissolution of partnership
- Covered dependents who are not eligible for survivor benefits and are losing SFHSS coverage due to the death of an SFHSS member
- New retirees who opt to enroll in COBRA dental coverage when they first lose active employee dental benefits

For more information about COBRA, visit **sfhss.org/benefits/cobra** or contact us at **(415) 554-1750.**

Medicare Enrollment is Required

Retiree members and dependents covered under an SFHSS plan must be enrolled in Medicare as soon as they are eligible, due to age, disability, or End Stage Renal Disease (ESRD).

Financial Penalties for Failing to Disenroll Ineligible Dependents

Members must notify SFHSS within 30 days and cancel coverage for any dependent who becomes ineligible. If a member fails to notify SFHSS, the member may be held responsible for the costs of ineligible dependents' health premiums and any medical services provided.

Eligibility Under City Charter

City Charter provisions regarding retiree health benefits for employees hired after January 9, 2009.

Retirees and Proposition B

Proposition B (approved by San Francisco voters in 2008), amended the City Charter provisions relating to retiree health benefits.

To be eligible for retiree health benefits, employees hired *after* January 9, 2009 must have *at least* 5 years of credited service with a City employer: City and County of San Francisco, San Francisco Unified School District, City College of San Francisco or San Francisco Superior Court. Other government employment is not credited.

Under the Charter amendment, employees hired *after* January 9, 2009 must retire within 180 days of separation from employment to be eligible for retiree health benefits. That means an employee must have the credited service *and* the age required for retirement at the time of separation from service to qualify for retiree health benefits.

A surviving dependent may be eligible for retiree health benefits if a deceased employee had 10 or more years of credited service with a City employer.

Different premium contribution rates apply for employees hired *after* January 9, 2009, based on eligibility and years of credited service.

- **With at least 5 years** but *less than 10 years* of credited service, the retiree member must pay the full premium rate and does not receive any employer premium contribution.
- **With at least 10 years** but *less than 15 years* of credited service, the retiree will receive 50% of the total employer premium contribution.
- **With at least 15 years** but *less than 20 years* of credited service, the retiree will receive 75% of the total employer premium contribution.
- **With 20 or more years of credited service**, or disability retirement, the retiree will receive 100% of the total employer premium contribution.

2011 Proposition C: Employees Separated From Service Before June 30, 2001 and Retired After January 6, 2012

Employees who separated service from a City employer before June 30, 2001 and retire after January 6, 2012 receive the employer health premium subsidies in effect at the time of their separation.

If enrolled in SFHSS retiree health benefits administered by SFHSS:

- The retiree member receives 100% of the employer premium contribution as defined by the City Charter.
- The retiree pays the full premium for any other enrolled dependents. There is no employer premium contribution.

Getting Ready to Retire? Start Planning by Making Informed Decisions

(1) Confirm years of credited service with your retirement system: **SFERS, CalPERS, CalSTRS** or **PARS**. There is no reciprocity with other public retirement systems under Proposition B for health benefits.

(2) Contact SFHSS at **(415) 554-1750**. Our Benefits Analysts will review your service credits, eligibility, plan options and premium contributions so you can make an informed decision that is best for you and your family.

Changing Benefit Elections: Qualifying Events

You may change health benefits elections outside of Open Enrollment if you have a qualifying event.

To change benefit elections, you must have a **qualifying event**. **Submit your Enrollment Application Form and all required documentation no later than 30 calendar days after the qualifying event occurs**. Below is a list of **qualifying events** that allow changes to benefit elections outside of the Open Enrollment period.

New Spouse or Domestic Partnership

To enroll a new spouse or domestic partner and eligible children of spouse or domestic partner, submit a completed **Enrollment Application Form**, a copy of your certified marriage certificate or certificate of domestic partnership and birth certificate for each child **within 30 days** of the legal date of the marriage or partnership. Certificates of domestic partnership must be issued in the United States.

A Social Security number must be provided for each enrolling family member. Proof of Medicare is also required for a domestic partner who is Medicare-eligible due to age or disability. Coverage for your spouse or domestic partner is effective the first day of the coverage period following approval.

Newborn or Newly Adopted Child

Coverage for an enrolled newborn child begins on the child's date of birth. Coverage for an enrolled adopted child will be effective on the date the child is placed.

A Social Security number must be provided to SFHSS **within six months** of the date of birth or adoption, or your child's coverage may be terminated.

Legal Guardianship or Court Order

Coverage for a child under legal guardianship or court order shall begin upon effective date of guardianship or court order is submitted by the **30-day deadline.** Coverage for a dependent per a court order will be effective 30 days from the date of receipt of the court order, if all documentation is submitted to SFHSS by the **30-day deadline**.

Divorce, Separation, Dissolution, Annulment

Coverage of an ex-spouse, domestic partner and stepchildren will terminate on the last day of the coverage period of the event date, provided you complete disenrollment **within 30 days.**

Loss of Other Health Coverage

SFHSS members and eligible dependents who lose other healthcare coverage may enroll in SFHSS benefits within 30 days of the loss of other coverage. Once required documentation is submitted and processed, coverage will be effective on the first day of the next coverage period.

Obtaining Other Health Coverage

You may waive SFHSS coverage for yourself or a dependent who enrolls in other health coverage **within 30 days**. If you waive coverage, all coverage for enrolled dependents will also be waived.

After all required documentation (proof of coverage must be on letterhead) is submitted, coverage will terminate on the last day of the coverage period.

Moving Out of Your Plan's Service Area

If you move your residence to a location outside of your plan's service area, you can enroll in an SFHSS plan that offers service where your new address is located **within 30 days**. Coverage will be effective the first day of the coverage period following receipt and approval of required documentation. Therefore, it is important to notify SFHSS before you move. If you do not contact us in advance of your move, a lapse in coverage may occur from the date you notify and the effective coverage date.

Death of a Dependent

In the event of the death of a dependent, notify SFHSS as soon as possible and submit a copy of death certificate **within 30 days** of the event.

Death of a Member

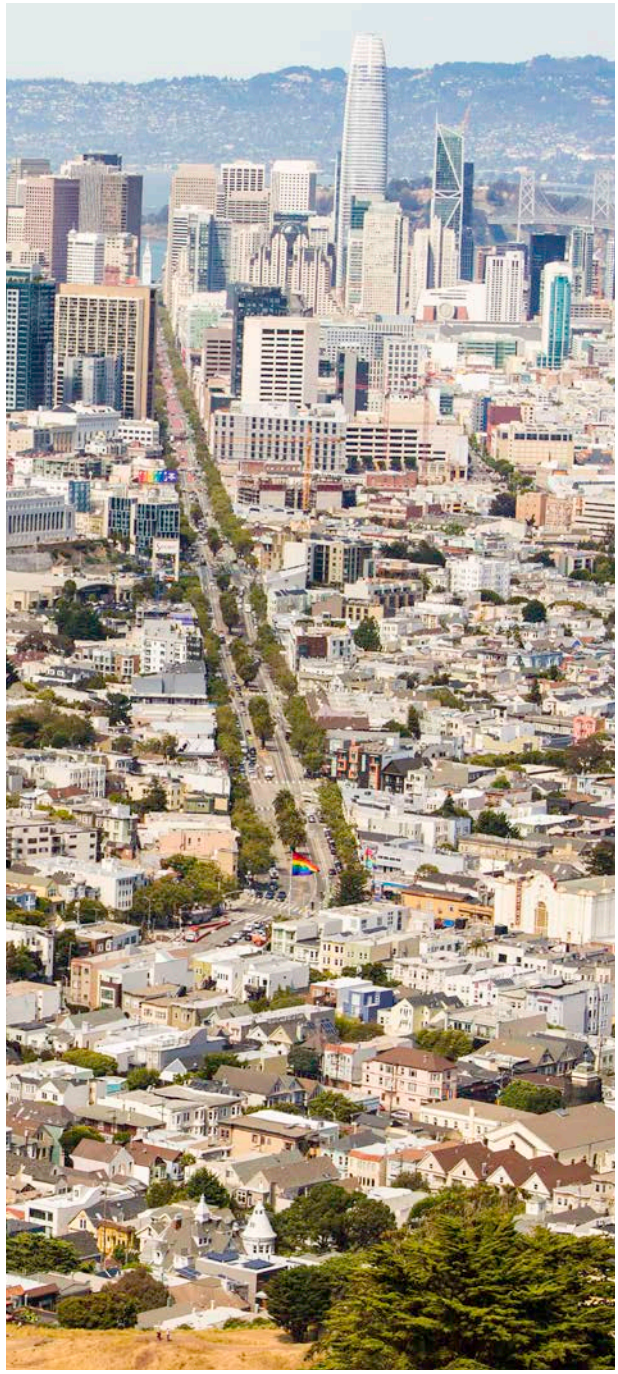
In the event of a member's death, the **surviving dependent** or **survivor's designee** should contact SFHSS to obtain information about eligibility for survivor health benefits.

Upon notification, SFHSS will mail instructions to the spouse or partner, including a list of required documents for enrolling in surviving dependent health coverage.

A surviving spouse or partner who is not enrolled on the deceased member's health plan at the time of the member's death may be eligible for coverage, but must wait to enroll during the next Open Enrollment period.

Responsibility for Premium Contributions

Changes in coverage due to a qualifying event may change premium contributions. **If your premium is deducted from your pension check, review your pension check statement to make sure premium deductions are correct. If your premium deduction is incorrect, contact SFHSS.** You must pay any premiums that are owed. Unpaid premium contributions will result in termination of coverage.



Failure to notify SFHSS of your dependent(s) ineligibility can result in significant financial penalties equal to the total cost of benefits and services provided to any ineligible dependents.

Medical Plan Options: Retirees *without* Medicare

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. For non-emergency care, access service through your Primary Care Physician (PCP) or an affiliated urgent care center. There is no deductible before accessing your benefits. Most services are available for a fixed dollar amount (co-payment).

SFHSS offers the following HMO medical plans:

- **Trio HMO - Blue Shield of California**
- **Access+ HMO - Blue Shield of California**
- **Kaiser Permanente Traditional HMO**

Preferred Provider Organization (PPO)

A PPO is a medical plan that offers benefits through in-network and out-of-network healthcare providers. PPOs allow for a greater selection of providers however, out-of-network providers cost more. You are not assigned to a Primary Care Physician, giving you more responsibility for coordinating your care.

Compared to an HMO, enrolling in a PPO usually results in higher out-of-pocket costs. Like HMO plans, PPOs have maximum out-of-pocket expenses. Generally, you must pay a plan year deductible and a coinsurance percentage each time you access service.

SFHSS offers the following PPO plan:

- **UnitedHealthcare PPO (City Plan)**

  UnitedHealthcare Select Plus
  for *California Members*

  UnitedHealthcare Choice Plus
  for *non-California Members*

Because UHC PPO (City Plan) is a self-insured plan, individual premiums are determined by the total cost of services used by the plan's participants.

Kaiser Permanente HMO

Traditional Plan *(non-Medicare HMO)*	■ Must not be eligible for Medicare ■ Must live in a Kaiser service area ■ In-network service only ■ Out-of-pocket, fixed co-pays ■ No annual deductible ■ Primary Care Physician required

Your **Medicare** dependents will be in **Kaiser Permanente Senior Advantage HMO.**

Blue Shield of California HMO

Trio HMO *(non-Medicare HMO)* **Access+ HMO** *(non-Medicare HMO)*	■ Must not be eligible for Medicare ■ Must live in a plan service area ■ In-network service only ■ Out-of-pocket, fixed co-pays ■ No annual deductible ■ Primary Care Physician required

Your **Medicare** dependents will be enrolled in **UnitedHealthcare MAPD PPO.**

UnitedHealthcare PPO (City Plan)

UnitedHealthcare (non-Medicare PPO)	■ Must not be eligible for Medicare ■ Live anywhere in the world ■ Access covered services worldwide ■ Annual deductible must be reached before coverage begins ■ Out-of-pocket coinsurance ■ Lower rate of plan paid coinsurance for out-of-network providers ■ Reasonable and customary fee reimbursement limits

Your **Medicare** dependents will be enrolled in **UnitedHealthcare MAPD PPO.**

Note: UHC PPO (City Plan) enrollees who live in a zip code where in-network providers are not available may access out-of-area providers with the same in-network coinsurance. Your out-of-area status may change as doctors join or leave the UHC PPO (City Plan) network. Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2020. If any discrepancy exists between this Guide and the EOC, the EOC shall prevail. EOCs are available for download at **sfhss.org**.

Medical Plan Options: Retirees *with* Medicare

Health Maintenance Organization (HMO)

An HMO is a medical plan that offers benefits through a network of participating physicians, hospitals and other healthcare providers. For non-emergency care, access service through your Primary Care Physician or an affiliated urgent care center. There is no deductible before accessing your benefits. Most services are available for a fixed dollar amount (co-payment).

SFHSS offers the following Medicare HMO plan:

- **Kaiser Permanente Senior Advantage HMO**

Preferred Provider Organization (PPO)

A PPO is a medical plan that offers benefits through in-network and out-of-network healthcare providers. PPOs allow for a greater selection of providers however, for some PPO plans, out-of-network providers cost more. You are not assigned to a Primary Care Physician, giving you more responsibility for coordinating your care.

Compared to an HMO, enrolling in a PPO usually results in higher out-of-pocket costs. Like HMO plans, PPOs have maximum out-of-pocket expenses. Generally, you must pay a plan year deductible and a coinsurance percentage each time you access service.

SFHSS offers the following Medicare PPO plan:

- **UnitedHealthcare Medicare Advantage PPO**

For most services offered through the United Healthcare Medicare Advantage PPO plan, members will be responsible for co-pays, versus a coinsurance percentage. Additionally, receiving services from out-of-network providers will **not** cost you more.

Kaiser Permanente HMO

Senior Advantage *(Medicare Advantage HMO)*

- Must be eligible for Medicare Part B
- Must live in a Kaiser service area
- In-network service only
- Out-of-pocket, fixed co-pays
- No deductible
- One ID card for all your covered services and prescription drugs
- Primary Care Physician required
- Medicare Advantage Plan
- ***Silver&Fit*** fitness program

Your **Medicare** dependents will be in **Kaiser Permanente Senior Advantage.**
Your **non-Medicare** dependents will be enrolled in **Kaiser Permanente's Traditional HMO Plan.**

UnitedHealthcare PPO

UnitedHealthcare *(Medicare Advantage PPO)*

- Must be eligible for Medicare
- Live anywhere in the USA
- Obtain service from any willing Medicare provider in the USA
- One ID card for all your covered services and prescription drugs from a network of 68,000 pharmacies nationwide
- Out-of-pocket; fixed co-pay
- No deductible
- Medicare Advantage Plan
- ***Silver Sneakers*** fitness program
- Enhanced coverage for diabetic supplies

Your **non-Medicare** dependents may be enrolled in **UHC PPO (City Plan), Blue Shield of California's Trio HMO** or **Access+ HMO.**

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2020. If any discrepancy exists between this Guide and the EOC, the EOC shall prevail. EOCs are available for download at **sfhss.org**.

Service Areas for Retirees *without* Medicare

County	Blue Shield of California		Kaiser Permanente	United Healthcare	County	Blue Shield of California		Kaiser Permanente	United Healthcare
	Access+ HMO NON-MEDICARE HMO	Trio+ HMO NON-MEDICARE HMO	Traditional NON-MEDICARE HMO	PPO (City Plan) NON-MEDICARE PPO		Access+ HMO NON-MEDICARE HMO	Trio+ HMO NON-MEDICARE HMO	Traditional NON-MEDICARE HMO	PPO (City Plan) NON-MEDICARE PPO
Alameda	■	■	■	■	Orange	■	■	■	■
Alpine				■	Placer	○	○	○	■
Amador			○	■	Plumas				■
Butte	■			■	Riverside	■	○	○	■
Calaveras				■	Sacramento	■	○	■	■
Colusa				■	San Benito				■
Contra Costa	■	■	■	■	San Bernardino	○	○	○	■
Del Norte				■	San Diego	○	○	○	■
El Dorado	○	○	○	■	San Francisco	■	■	■	■
Fresno	■	○	○	■	San Joaquin	■	■	■	■
Glenn				■	San Luis Obispo	■	○		■
Humboldt	○			■	San Mateo	■	■	■	■
Imperial	■		○	■	Santa Barbara	■			■
Inyo				■	Santa Clara	■	■	○	■
Kern	○	○	○	■	Santa Cruz	■	■	○	■
Kings	■	○	○	■	Shasta				■
Lake				■	Sierra				■
Lassen				■	Siskiyou				■
Los Angeles	■	○	○	■	Solano	■	○	■	■
Madera	■		○	■	Sonoma	■		○	■
Marin	■	○	■	■	Stanislaus	■	○	■	■
Mariposa			○	■	Sutter			○	■
Mendocino				■	Tehama				■
Merced	■			■	Trinity				■
Modoc	■			■	Tulare	■	○	○	■
Mono				■	Tuolumne				■
Monterey				■	Ventura	■	○	○	■
Napa			○	■	Yolo	■	○	○	■
Nevada	○	○		■	Yuba			○	■
					Outside CA			◆	■

■ Available in this county
○ Available in some zip codes
◆ OR, WA, HI

UnitedHealthcare PPO

Non-Medicare members and their non-Medicare dependents who lack geographic access to Trio HMO or Access+ HMO, both offered by Blue Shield of California, or Kaiser Permanente HMO, are eligible to enroll in **UnitedHealthcare PPO** with lower premiums.

Service Areas for Retirees *with* Medicare

County	Kaiser Permanente	UnitedHealthcare	County	Kaiser Permanente	UnitedHealthcare
	Senior Advantage MEDICARE ADVANTAGE HMO	**Medicare Advantage** PPO		**Senior Advantage** MEDICARE ADVANTAGE HMO	**Medicare Advantage** PPO
Alameda	■	■	Orange	■	■
Alpine		■	Placer	○	■
Amador	○	■	Plumas		■
Butte		■	Riverside	○	■
Calaveras		■	Sacramento	■	■
Colusa		■	San Benito		■
Contra Costa	■	■	San Bernardino	○	■
Del Norte		■	San Diego	○	■
El Dorado	○	■	San Francisco	■	■
Fresno	○	■	San Joaquin	■	■
Glenn		■	San Luis Obispo		■
Humboldt		■	San Mateo	■	■
Imperial		■	Santa Barbara		■
Inyo		■	Santa Clara	○	■
Kern	○	■	Santa Cruz	○	■
Kings	○	■	Shasta		■
Lake		■	Sierra		■
Lassen		■	Siskiyou		■
Los Angeles	○	■	Solano	■	■
Madera	○	■	Sonoma	○	■
Marin	■	■	Stanislaus	■	■
Mariposa	○	■	Sutter	○	■
Mendocino		■	Tehama		■
Merced		■	Trinity		■
Modoc		■	Tulare	○	■
Mono		■	Tuolumne		■
Monterey		■	Ventura	○	■
Napa	■	■	Yolo	○	■
Nevada		■	Yuba	○	■
			Outside CA	◆	▲

■ Available in this county
○ Available in some zip codes
◆ OR, WA, HI
▲ Service area includes all 50 states, District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands

Moving? Change of Address? Contact SFHSS (415) 554-1750
If you move out of the service area covered by your plan, you must elect an alternate medical plan that provides coverage in your area. Failure to change your elections may result in non-payment of claims for services rendered.

2020 Medical Plans

	BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO	KAISER PERMANENTE Traditional HMO
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum (Medical)	No Deductible Annual out-of-pocket maximum $2,000/individual; $4,000/family	No Deductible Annual out-of-pocket maximum $1,500/person; $3,000/family
PREVENTIVE CARE		
Routine Physical	No charge	No charge
Most Immunizations and Inoculations	No charge	No charge
Well Woman Exam and Family Planning	No charge	No charge
Routine Pre/Post-Partum Care	No charge visits limited; see EOC	No charge visits limited; see EOC
PHYSICIAN AND OTHER PROVIDER CARE		
Office and Home Visits	$25 co-pay	$20 co-pay
Inpatient Hospital Visits	No charge	No charge
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs	$10 co-pay 30-day supply	$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs	$25 co-pay 30-day supply	$15 co-pay 30-day supply
Pharmacy: Non-Formulary Drugs	$50 co-pay 30-day supply	Physician authorized only
Mail Order: Generic Drugs	$20 co-pay 90-day supply	$10 co-pay 100-day supply
Mail Order: Brand-Name Drugs	$50 co-pay 90-day supply	$30 co-pay 100-day supply
Mail Order: Non-Formulary Drugs	$100 co-pay 90-day supply	Physician authorized only
Specialty Drugs	20% coinsurance up to $100 per prescription, 30-day supply	20% coinsurance up to $100 per prescription, 30-day supply
OUTPATIENT SERVICES		
Diagnostic X-ray and Laboratory	No charge	No charge
EMERGENCY		
Hospital Emergency Room	$100 co-pay waived if hospitalized	$100 co-pay waived if hospitalized
Urgent Care Facility	$25 co-pay in-network	$20 co-pay
HOSPITAL/SURGERY		
Inpatient	$200 co-pay per admission	$100 co-pay per admission
Outpatient	$100 co-pay per surgery	$35 co-pay

Retirees *without* Medicare

UNITEDHEALTHCARE PPO
(City Plan)

In-Network or Out-of-Area	Out-of-Network
$250 Deductible Retiree only $500 Deductible + 1 $750 Deductible + 2 or more Annual out-of-pocket maximum $3,750/person; $7,500/Family	$500 Deductible Retiree only $1,000 Deductible + 1 $1,500 Deductible + 2 or more Annual out-of-pocket maximum $7,500/person
100% covered no deductible	50% covered after deductible
100% covered no deductible	50% covered after deductible
100% covered no deductible	50% covered after deductible
85% covered after deductible	50% covered after deductible
85% covered after deductible	50% covered after deductible
85% covered after deductible	50% covered after deductible
$10 co-pay 30-day supply	50% covered after $5 co-pay; 30-day supply
$25 co-pay 30-day supply	50% covered after $20 co-pay; 30-day supply
$50 co-pay 30-day supply	50% covered after $45 co-pay; 30-day supply
$20 co-pay 90-day supply	Not covered
$50 co-pay 90-day supply	Not covered
$100 co-pay 90-day supply	Not covered
Same as 30-day supply above limitations apply; see EOC	Same as 30-day supply above limitations apply; see EOC
85% covered after deductible	50% covered after deductible; prior notification
85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible
85% covered after deductible	50% covered after deductible
85% covered after deductible; notification required	50% covered after deductible; notification required
85% covered after deductible	50% covered after deductible

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2020. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.

2020 Medical Plans

	BLUE SHIELD OF CALIFORNIA Trio HMO and Access+ HMO	KAISER PERMANENTE Traditional HMO
REHABILITATIVE		
Physical/Occupational Therapy	$25 co-pay per visit	$20 co-pay authorization required
Acupuncture/Chiropractic	$15 co-pay 30 visits of each max per plan year; ASH network	$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network; for 25% discount see **kp.org/choosehealthy**
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge	No charge as authorized by PCP according to formulary
Diabetic Monitoring Supplies	No charge based upon allowed charges	No charge see EOC
Prosthetics/Orthotics	No charge when medically necessary	No charge when medically necessary
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each	Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each
MENTAL HEALTH		
Inpatient Hospitalization	$200 co-pay per admission	$100 co-pay per admission
Outpatient Treatment	$25 co-pay non-severe and severe	$10 co-pay group $20 co-pay individual
Inpatient Detox	$200 co-pay per admission	$100 co-pay per admission
Residential Rehabilitation	$200 co-pay per admission	$100 co-pay per admission; physician approval required
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days/year	No charge up to 100 days/year
Hospice	No charge authorization required	No charge when medically necessary
OUTSIDE SERVICE AREA		
Care Access and Limitations	Urgent care $50 co-pay guest membership benefits for college students in some areas	Only emergency services before condition permits transfer to Kaiser facility; co-pays apply

Retirees *without* Medicare

UNITEDHEALTHCARE PPO
(City Plan)

In-Network or Out-of-Area	Out-of-Network
85% covered after deductible; 60 visits/year	50% covered after deductible; 60 visits/year
50% covered after deductible; $1,000 max/year	50% covered after deductible; $1,000 max/year
85% covered after deductible; notification required	50% covered after deductible; notification required
85% covered after deductible; notification required	50% covered after deductible; notification required
Co-pays apply see pharmacy benefits	Co-pays apply see pharmacy benefits
85% covered after deductible; when medically necessary; notification required	50% covered after deductible;when medically necessary; notification required
85% covered after deductible; 1 aid per ear, every 36 months, up to $2,500 each	50% covered after deductible; 1 aid per ear, every 36 months, up to $2,500 each
85% covered after deductible; notification required	50% covered after deductible; notification required
85% covered after deductible; notification required	50% covered after deductible; notification required
85% covered after deductible; notification required	50% covered after deductible; notification required
85% covered after deductible; authorization required	50% covered after deductible; authorization required
85% covered after deductible; up to 120 days/year; notification required; custodial care not covered	50% covered after deductible; up to 120 days/year; notification required; custodial care not covered
85% covered after deductible; authorization required	50% covered after deductible; authorization required
Coverage worldwide. In-network and out-of-network percentages and co-pays apply	Coverage worldwide. In-network and out-of-network percentages and co-pays apply

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2020. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.

2020 Medical Plans

	KAISER PERMANENTE **Senior Advantage** Medicare Advantage HMO	UNITEDHEALTHCARE Medicare Advantage PPO
DEDUCTIBLES		
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum $1,500/individual; $3,000/family	No Deductible Annual out-of-pocket maximum $3,750/individual
PREVENTIVE CARE		
Routine Physical	No charge	$0 co-pay
Immunizations and Inoculations	No charge	$0 co-pay if covered under Part B
Well Woman Exam and Family Planning	No charge	$0 co-pay
Routine Pre/Post-Partum Care	No charge visits limited; see EOC	Cost share per type and location of service
PHYSICIAN AND PROVIDER CARE		
Office and Home Visits	$20 co-pay	$5 co-pay PCP; $15 co-pay specialist
Hospital Visits	No charge	$150 co-pay per admission
PRESCRIPTION DRUGS		
Pharmacy: Generic Drugs (Tier 1)	$5 co-pay 30-day supply	$5 co-pay 30-day supply
Pharmacy: Brand-Name Drugs (Tier 2)	$15 co-pay 30-day supply	$20 co-pay 30-day supply
Pharmacy: Non-Preferred Brand Drugs (Tier 3)	Physician authorized only	$45 co-pay 30-day supply
Mail Order: Generic Drugs (Tier 1)	$10 co-pay 100-day supply	$10 co-pay 90-day supply
Mail Order: Brand-Name Drugs (Tier 2)	$30 co-pay 100-day supply	$40 co-pay 90-day supply
Mail Order: Non-Preferred Brand Drugs (Tier 3)	Physician authorized only	$90 co-pay 90-day supply
Specialty Drugs (Tier 4)	20% coinsurance up to $100 per prescription, 30-day supply	$20 co-pay retail pharmacy up to 30-day supply $40 co-pay retail pharmacy up to 30-day supply
OUTPATIENT SERVICES		
X-ray and Laboratory	No charge	$0 co-pay
EMERGENCY		
Hospital Emergency Room	$50 co-pay waived if hospitalized	$65 co-pay
Urgent Care Facility	$20 co-pay	$20 co-pay
HOSPITAL/SURGERY		
Inpatient	$100 co-pay per admission	$150 co-pay per admission
Outpatient	$35 co-pay	$100 co-pay

Retirees *with* Medicare

	KAISER PERMANENTE **Senior Advantage** Medicare Advantage HMO	UNITEDHEALTHCARE Medicare Advantage PPO
REHABILITATIVE		
Physical/Occupational Therapy	$20 co-pay authorization required	$20 co-pay
Acupuncture/Chiropractic	$15 co-pay 30 visits combined acupuncture or chiro max per plan year; ASH network; for 25% discount see **kp.org/choosehealthy**	$15 co-pay 24 visits of each max per plan year
GENDER DYSPHORIA		
Office Visits and Outpatient Surgery	Co-pays apply authorization required	Co-pays apply authorization required
DURABLE MEDICAL EQUIPMENT		
Home Medical Equipment	No charge as authorized by PCP according to formulary	$15 co-pay
Prosthetics/Orthotics	No charge when medically necessary	$15 co-pay
Diabetic Monitoring Supplies	No charge see EOC	$0 co-pay limited to certain brands
Hearing Aids	Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each	Evaluation no charge 1 aid per ear, every 36 months, up to $2,500 each
MENTAL HEALTH		
Inpatient Hospitalization	$100 co-pay per admission	$150 co-pay per admission
Outpatient Treatment	$10 co-pay group $20 co-pay individual	$5 co-pay group $15 co-pay individual
Inpatient Detox	$100 co-pay per admission	$150 co-pay per admission
Residential Rehabilitation	$100 co-pay per admission; physician approval required	$150 co-pay per admission
EXTENDED & END-OF-LIFE CARE		
Skilled Nursing Facility	No charge up to 100 days per year	No charge up to 100 days/benefit period; no custodial care
Hospice	No charge when medically necessary	Covered by Original Medicare
OUTSIDE SERVICE AREA		
Care Access and Limitations	Only emergency services before condition permits transfer to Kaiser facility; co-pays apply	Nationwide coverage provided Services obtained outside the United States and UnitedHealthcare PPO covered United States territories will only be authorized in the case of urgently needed services or in case of emergency

Each plan's Evidence of Coverage (EOC) contains a complete list of benefits and exclusions for 2020. If any discrepancy exists between the information provided in this Guide and the EOC, the EOC shall prevail. Download EOCs at **sfhss.org**.

2020 Medical Premiums: Retiree or Survivor *without* Medicare (California)

Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Blue Shield of California				Kaiser Permanente HMO		UHC PPO (City Plan)		UHC PPO (No HMO Available)	
	Trio HMO		Access+ HMO							
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$1,714.80	$23.87	$1,966.24	$92.98	$1,295.75	$0	$1,271.25	$239.59	$1,417.86	$92.98
Retiree/Survivor +1 Dependent *without* Medicare	$2,105.19	$414.25	$2,428.51	$555.24	$1,617.12	$321.37	$1,715.85	$684.20	$1,862.47	$537.58
Retiree/Survivor +2 or More Dependents *without* Medicare	$2,105.19	$1,037.48	$2,428.51	$1,293.21	$1,617.12	$854.85	$1,715.85	$1,369.33	$1,862.47	$1,222.71
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$1,934.22	$243.29	$2,185.66	$312.40	$1,480.62	$184.86	$1,490.67	$459.01	$1,637.28	$312.40
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$1,934.22	$866.52	$2,185.66	$1,050.37	$1,480.62	$718.34	$1,490.67	$1,144.14	$1,637.28	$997.53

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Blue Shield of California				Kaiser Permanente HMO		UHC PPO (City Plan)		UHC PPO (No HMO Available)	
	Trio HMO		Access+ HMO							
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$857.40	$881.27	$983.12	$1,076.10	$647.88	$647.87	$635.63	$875.21	$708.93	$801.91
Retiree/Survivor +1 Dependent *without* Medicare	$1,052.60	$1,466.84	$1,214.26	$1,769.49	$808.56	$1,129.93	$857.93	$1,542.12	$931.24	$1,468.81
Retiree/Survivor +2 or More Dependents *without* Medicare	$1,052.60	$2,090.07	$1,214.26	$2,507.46	$808.56	$1,663.41	$857.93	$2,227.25	$931.24	$2,153.94
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$967.11	$1,210.40	$1,092.83	$1,405.23	$740.31	$925.17	$745.34	$1,204.34	$818.64	$1,131.04
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$967.11	$1,833.63	$1,092.83	$2,143.20	$740.31	$1,458.65	$745.34	$1,889.47	$818.64	$1,816.17

[1] **Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.**

Required Retiree/Survivor premium contributions, if any, will be deducted from the member's monthly pension check. If the pension check does not fully cover premium payments, the member must contact SFHSS to make payment arrangements.

2020 Medical Premiums: Retiree or Survivor *without* Medicare (Outside of California)

Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Kaiser Permanente HMO						UHC PPO (No HMO Available)	
	Northwest		Washington		Hawaii			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$1,274.88	$0	$1,376.39	$0	$942.31	$0	$1,417.86	$92.98
Retiree/Survivor +1 Dependent *without* Medicare	$1,910.84	$635.95	$2,063.10	$686.71	$1,411.97	$469.66	$1,862.47	$537.58
Retiree/Survivor +2 or More Dependents *without* Medicare	$1,910.84	$1,691.61	$2,063.10	$1,826.63	$1,411.97	$1,249.29	$1,862.47	$1,222.71
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$1,485.79	$210.91	$1,541.08	$164.68	$1,128.30	$185.99	$1,637.28	$312.40
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$1,485.79	$1,266.57	$1,541.08	$1,304.60	$1,128.30	$965.62	$1,637.28	$997.53

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente HMO						UHC PPO (No HMO Available)	
	Northwest		Washington		Hawaii			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$637.44	$637.44	$688.20	$688.19	$471.16	$471.15	$708.93	$801.91
Retiree/Survivor +1 Dependent *without* Medicare	$955.42	$1,591.37	$1,031.55	$1,718.26	$705.99	$1,175.64	$931.24	$1,468.81
Retiree/Survivor +2 or More Dependents *without* Medicare	$955.42	$2,647.03	$1,031.55	$2,858.18	$705.99	$1,955.27	$931.24	$2,153.94
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$742.90	$953.80	$770.54	$935.22	$564.15	$750.14	$818.64	$1,131.04
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$742.90	$2,009.46	$770.54	$2,075.14	$564.15	$1,529.77	$818.64	$1,816.17

[1]**Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.**

2020 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (California)

Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non-Medicare Dependents			
					Blue Shield of CA Trio HMO		Blue Shield of CA Access+ HMO	
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$372.71	$0	$441.82	$0	$441.82	$0	$441.82	$0
Retiree/Survivor +1 Dependent *without* Medicare	$694.08	$321.37	$886.42	$444.61	$832.21	$390.38	$904.09	$462.26
Retiree/Survivor +2 or More Dependents *without* Medicare	$694.08	$854.85	$886.42	$1,129.74	$832.21	$1,013.61	$904.09	$1,200.23
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$557.58	$184.86	$661.24	$219.42	$661.24	$219.42	$661.24	$219.42
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$557.58	$718.34	$661.24	$904.55	$661.24	$842.65	$661.24	$957.39

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO		UHC Medicare Advantage PPO		UHC Medicare Advantage PPO with Non-Medicare Dependents			
					Blue Shield of CA Trio HMO		Blue Shield of CA Access+ HMO	
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$186.36	$186.35	$220.91	$220.91	$220.91	$220.91	$220.91	$220.91
Retiree/Survivor +1 Dependent *without* Medicare	$347.04	$668.41	$443.21	$887.82	$416.11	$806.48	$452.05	$914.30
Retiree/Survivor +2 or More Dependents *without* Medicare	$347.04	$1,201.89	$443.21	$1,572.95	$416.11	$1,429.71	$452.05	$1,652.27
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$278.79	$463.65	$330.62	$550.04	$330.62	$550.04	$330.62	$550.04
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$278.79	$997.13	$330.62	$1,235.17	$330.62	$1,173.27	$330.62	$1,288.01

[1]**Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.**

2020 Medical Premiums: Retiree or Survivor *with* Medicare Part A and Part B (Outside of California)

Retirees hired BEFORE January 9, 2009

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$424.80	$0	$332.35	$0	$374.96	$0	$441.82	$0
Retiree/Survivor +1 Dependent *without* Medicare	$1,060.76	$635.95	$1,019.06	$686.71	$844.62	$469.66	$886.42	$444.61
Retiree/Survivor +2 or More Dependents *without* Medicare	$1,060.76	$1,691.61	$1,019.06	$1,826.63	$844.62	$1,249.29	$886.42	$1,129.74
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$635.71	$210.91	$497.04	$164.68	$560.95	$185.99	$661.24	$219.42
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$635.71	$1,266.57	$497.04	$1,304.60	$560.95	$1,124.63	$661.24	$904.55

Retirees hired AFTER January 9, 2009[1] with *at least* 10 years but *less than* 15 years of service

Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage						UHC Medicare Advantage PPO	
	Northwest		Washington		Hawaii			
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree/Survivor Only	$212.40	$212.40	$166.18	$166.17	$187.48	$187.48	$220.91	$220.91
Retiree/Survivor +1 Dependent *without* Medicare	$530.38	$1,166.33	$509.53	$1,196.24	$422.31	$891.97	$443.21	$887.82
Retiree/Survivor +2 or More Dependents *without* Medicare	$530.38	$2,221.99	$509.53	$2,336.16	$422.31	$1,671.60	$443.21	$1,572.95
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B	$317.86	$528.76	$248.52	$413.20	$280.48	$466.46	$330.62	$550.04
Retiree/Survivor +1 Dependent *with* Medicare Parts A&B +1 or more non-Medicare Dependent(s)	$317.86	$1,584.42	$248.52	$1,553.12	$280.48	$1,405.10	$330.62	$1,235.17

[1]**Retirees or survivors of retirees with at least 5 years of service but less than 10 years of service have no City contribution and must pay the full premium rate.**

Vision Plans

Retirees and dependents enrolled in a medical plan are automatically enrolled in basic vision benefits.

Vision Plan Benefits

SFHSS members and dependents enrolled in a medical plan automatically receive vision coverage through VSP Vision Care. You may go to a VSP network or non-network provider. Visit **vsp.com** for a complete list of network providers.

Accessing Your Vision Benefits

No ID cards are issued for the vision plan. To receive services from a 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. Download claim forms at **vsp.com**.

Basic Vision Plan Limits and Exclusions

- One set of contacts or eyeglass lenses every other calendar year unless enrolled in the VSP Premier Plan. If examination reveals prescription change of 0.50 diopter or more after 12 months, replacement lenses are covered.
- Eligible dependent children are covered in full for polycarbonate prescription lenses.
- Cosmetic extras, including progressive, tinted or oversize lenses, cost more.

Expenses Not Covered by Plan

- Orthoptics (and any associated supplemental testing), plano (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 Primary eye care as described on page 24).
- Corrective vision treatments such as, but not limited to, LASIK and PRK laser surgery. You may be eligible for discounts from a VSP doctor.

VSP Basic and Premier Vision Plans

You now have a choice. As a new hire or during Open Enrollment, you can remain in the VSP Basic Plan or enroll in the VSP Premier Plan for enhanced benefits. See page 24 for more details.

Computer Vision Care Benefit (VDT)

Some union contracts provide employer-paid computer vision (VDT) benefits. Coverage includes an annual computer vision exam, $75 in-network retail frame allowance every 24 months and single vision, bifocal, and trifocal lenses.

VSP Vision Care Member Extras

VSP Vision Care offers exclusive special offers and discounts and rebates on popular contact lenses.

VSP also provides savings on *hearing aids* through TruHearing® for you, 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 access VSP Vision Care benefits.

Vision Plan Benefits-at-a-Glance

Covered Services	VSP Basic[1]	VSP Premier
Well Vision Exam	$10 co-pay every calendar year	$10 co-pay every calendar year
Single Vision Lenses	$25 co-pay every other calendar year[2]	$0 every calendar year
Lined Bifocal Lenses	$25 co-pay every other calendar year[2]	$0 every calendar year
Lined Trifocal Lenses	$25 co-pay every other calendar year[2]	$0 every calendar year
Standard Progressive Lenses	100% coverage every other calendar year	100% coverage every calendar year
Premium Progressive Lenses	$95–$105 co-pay every other calendar year	$25 co-pay every calendar year
Custom Progressive Lenses	$150–$175 co-pay every other calendar year	$25 co-pay every calendar year
Standard Anti-Reflective Coating	$41 co-pay every other calendar year	$25 co-pay every calendar year
Premium Anti-Reflective Coating	$58–$69 co-pay every other calendar year	$25 co-pay every calendar year
Custom Anti-Reflective Coating	$85 co-pay every other calendar year	$25 co-pay every calendar year
Scratch-Resistant Coating	Fully covered every other calendar year[2]	Fully Covered every calendar year
Frames	$150 allowance for a wide selection of frames $170 allowance for featured frames $80 allowance use at Costco® $25 co-pay applies; 20% savings on amount over the allowance; every other calendar year	$300 allowance for a wide selection of frames $320 allowance for featured frames $165 allowance at Costco® No additional co-pay; 20% savings on the amount over your allowance every calendar year
Contacts *(instead of glasses)*	$150 allowance every other calendar year[2]	$250 allowance every calendar year
Contact Lens Exam	Up to $60 co-pay every other calendar year[2]	Up to $60 co-pay every calendar year
Primary Eye Care *(for the treatment of urgent or acute ocular conditions)*	$5 co-pay	$5 co-pay

Vision Care Discounts		
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities

Vision Care Premium Rates	VSP Basic Plan	Retiree/Survivor Monthly Contribution
	Included with your medical premium.	**Retiree/Survivor Only $9.93** **Retiree/Survivor + 1 Dependent $14.98** **Retiree/Survivor + Family $31.06**

Your Coverage with Out-of-Network Providers

Visit **vsp.com** if you plan to see a provider other than a VSP network provider.

Exam	Up to $50	**Single Vision Lenses**	Up to $45	**Lined Trifocal Lenses**	Up to $85	**Contacts**	Up to $105
Frame	Up to $70	**Lined Bifocal Lenses**	Up to $65	**Progressive Lenses**	Up to $85		

[1]VSP Basic Plan coverage is included with your medical premium.

[2]Under the VSP Basic plan, new lenses may be covered the next year if Rx change is more than .50 diopters.

In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail.

Dental Plans

Dental benefits are a valuable part of your healthcare coverage and fundamental to your overall good health.

PPO Dental Plans

A PPO dental plan allows you to visit any in-network or out-of-network dentist. The plan pays higher benefits (i.e. you pay less) when you go to an in-network PPO dentist.

SFHSS offers the following PPO dental plan:

- Delta Dental PPO

Save Money By Choosing PPO Dentists

Delta Dental PPO has two different networks. Ask your dentist if they are a Delta Dental PPO network or a Premier network dentist. Both networks are held to the same quality standards. Choosing a PPO dentist will cost less.

You can also choose a dentist outside of the PPO and Premier networks. However, services may be covered at a lower percentage, so you pay more. Payment is based on reasonable and customary fees for the area.

Ask your Delta Dental dentist about costs *before* receiving services. You can request a pre-treatment estimate of costs before you receive care.

DHMO Dental Plans

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

Before you elect a DHMO plan, make sure that the plan's network includes the dentist of your choice.

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

SFHSS offers the following DHMO plans:

- DeltaCare USA DHMO
- UnitedHealthcare Dental DHMO

Delta Dental SmileWay

Delta Dental PPO's ***SmileWay*** program features 100% coverage for one annual periodontal scaling and root planing procedure and an increased number of teeth cleaning or periodontal maintenance services for members with specific chronic conditions. To enroll, call Delta Dental PPO directly at **(888) 335-8227**.

2020 Dental Premiums: All Retirees (and Survivors)

2020 MONTHLY DENTAL PREMIUMS	DELTA DENTAL PPO		DELTACARE USA DHMO		UNITEDHEALTHCARE DENTAL DHMO	
	City Pays	You Pay	City Pays	You Pay	City Pays	You Pay
Retiree Only	$0	$45.77	$0	$32.85	$0	$16.47
Retiree +1 Dependent	$0	$91.04	$0	$54.21	$0	$27.20
Retiree +2 or More Dependents	$0	$135.88	$0	$80.19	$0	$40.22

Dental Plan Benefits-at-a-Glance

	Delta Dental PPO			DeltaCare USA DHMO	UnitedHealthcare Dental DHMO
Choice of Dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs with Delta Dental PPO network dentists.			DeltaCare USA network only	UHC Dental network only
Deductible	$75 per person; $150 for family for Premier and out-of-network services, excluding diagnostic and preventive care			None	None
Plan Year Maximum	$1,250 per person Per calendar year, excluding orthodontia benefits, diagnostic and preventive care			None	None
Covered Services	**PPO Dentists**	**Premier Dentists**	**Out-of-Network**	**In-Network Only**	**In-Network Only**
Cleanings[1] and Exams	100% covered annual - 2x/yr.; pregnancy - 3x/yr.	80% 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
X-rays	100% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	80% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	80% covered full mouth 1x/5 years; bitewing 1x year over age 18; not subject to annual maximum	100% covered some limitations apply	100% covered some limitations apply
Extractions	80% covered	80% covered	80% covered	100% covered	$5-$25 co-pay
Fillings	80% covered	80% covered	80% covered	100% covered limitations apply to resin materials	$5-$25 co-pay
Crowns	60% covered	50% covered	50% covered	100% covered limitations apply to resin materials	100% covered limitations apply
Dentures, Pontics, and Bridges	60% covered	50% covered	50% covered	100% covered full and partial dentures 1x/5yrs.; fixed bridgework, limitations apply	$90-$100 co-pay
Endodontic/ Root Canals	50% covered	50% covered	50% covered	100% covered excluding the final restoration	$15-$60 co-pay
Oral Surgery	80% covered	80% covered	80% covered	100% covered authorization required	Co-pays vary
Implants	50% covered	50% covered	50% covered	Not covered	Covered Refer to co-pay schedule
Orthodontia	Not Covered	Not Covered	Not Covered	Member pays: $1,600/child $1,800/adult $350 startup fee; limitations apply	Member pays: $2,000/child $2,000/adult $350 startup fee; limitations apply
Night Guards	80% covered (1x3yr.)	80% covered (1x3yr.)	80% covered (1x3yr.)	$100 co-pay	100% covered

[1]Members with Chronic Conditions (diabetes, heart disease, HIV/AIDS, rheumatoid arthritis and stroke) may receive up to 4 cleanings per year.
In any instance where information in this chart conflicts with a plan's Evidence of Coverage (EOC), the plan's EOC shall prevail.

Medicare Basics

SFHSS requires all retirees and dependents to enroll in Medicare Part A and Part B as soon as they are eligible.

The Social Security Administration is the federal agency responsible for Medicare eligibility, enrollment and premiums. Start by downloading the *Medicare and You* handbook at **medicare.gov**.

Medicare Basics

Medicare is a federal health insurance program administered by the **Centers for Medicare and Medicaid Services** (**cms.gov**) for people age 65 years or older, under 65 with Social Security-qualified disabilities or anyone with End Stage Renal Disease (permanent kidney failure requiring dialysis or transplant). The different parts of Medicare help cover specific types of services:

- **Medicare Part A:** Hospital Insurance
- **Medicare Part B:** Medical Insurance
- **Medicare Part D:** Prescription Drug Coverage

All eligible retired members and covered eligible dependents must enroll in Medicare Part A and Part B. Failure by a member or dependent to enroll in Medicare by the required deadlines will result in a change or loss of medical coverage.

If you are not currently receiving Social Security, it is your responsibility to contact the Social Security Administration to apply for Medicare *at least three months* prior to your 65th birthday or if you become disabled. **Failure to do so could result in penalties being assessed by the Social Security Administration and the San Francisco Health Service System.**

If you have a Social Security-qualified disability or End Stage Renal Disease, you should contact the Social Security Administration immediately to apply for Medicare.

In the case where an SFHSS member and their covered dependent(s) are not all eligible for Medicare, then whoever is eligible for Medicare may enroll in either UnitedHealthcare Medicare Advantage PPO (the member must be under 65 and already enrolled in Trio HMO, Access+ HMO or UHC PPO (City Plan) *or* Kaiser Permanente Senior Advantage HMO (the member must be under 65 and already enrolled in Kaiser Permanente HMO).

Medicare Part A: Hospital Insurance

SFHSS rules require all retired members and dependents to enroll in premium-free Medicare Part A as soon as they are eligible. Most people do not pay a premium for Part A because they made sufficient contributions via payroll taxes while working.

Medicare Part A helps cover inpatient care in hospitals, including critical access hospitals and skilled nursing facilities (but not custodial or long-term care). It also helps cover hospice care and some home healthcare. Beneficiaries must meet certain conditions to qualify for these benefits.

You are eligible for premium-free Medicare Part A if you are age 65 or older and have worked and contributed to Social Security for at least 10 years (40 quarters). You may also qualify for Medicare Part A through a current, former, or deceased spouse. If you are under age 65 and have End Stage Renal Disease or a Social Security-qualified disability, you may also qualify for Medicare Part A. If you are under age 65 with a qualifying disability, Medicare coverage generally starts 24 to 30 months following eligibility. If you have questions about your eligibility for premium-free Medicare Part A, contact the **Social Security Administration** at **(800) 772-1213**.

All SFHSS members are required to enroll in Medicare as soon as they become eligible or face penalties.

Medicare FAQs

Medicare Part B: Medical Insurance

SFHSS rules require that all retired members and their dependents enroll in Medicare Part B as soon as they are eligible. Medicare Part B helps cover the cost of doctors' services and outpatient medical services. Most people pay a monthly premium to the federal government for Part B. The Medicare Part B monthly premium, which is based on your income per CMS regulations, is usually deducted from your Social Security check. If your income decreases after you enroll in Part B, you may be eligible for a Part B premium reduction. For information on Medicare Part B premiums or to request a Part B premium reduction, contact the Social Security Administration. If you do not enroll in Medicare Part B when you first become eligible, your Part B premium will be higher and penalties may be charged when you do enroll. This higher premium and/or penalty will continue for the entire time you are enrolled in Medicare.

Q **What if I'm not eligible for premium-free Medicare Part A?**

A If you are not eligible for premium-free Medicare Part A, you are not required to enroll in Medicare Part A. You must submit a statement to SFHSS from the Social Security Administration verifying that you are not eligible for premium-free Medicare Part A. SFHSS still requires you to enroll in Medicare Part B, even if you are not eligible for Medicare Part A.

Q **What if either I or my dependent did not enroll in Medicare Part A and/or Part B when originally eligible?**

A If you or a dependent were eligible at age 65 or sooner due to a disability, but did not enroll in Medicare Part A and/or Part B, the Social Security Administration may assess a late enrollment penalty for each year in which the individual was eligible but failed to enroll. SFHSS members and dependents are required to enroll in Medicare in accordance with SFHSS rules, even if they are paying a federal penalty for late Medicare enrollment.

Q **What happens if I enroll after age 65 or change SFHSS plans during Open Enrollment?**

A If you enroll in Medicare after age 65 or change Medicare plans during Open Enrollment, your plan may ask you for information about your current prescription drug coverage. If you fail to respond timely, CMS may assess a Part D Late Enrollment Penalty (LEP). Contact your new plan or SFHSS if you have questions.

Q **What is the SFHSS penalty for not enrolling in Medicare Part A and B when eligible or failing to pay Medicare premiums after enrollment?**

A For Medicare-eligible SFHSS members without Medicare, existing SFHSS medical plan coverage will be terminated and the member will be automatically enrolled in City Plan 20. For eligible dependents without Medicare, SFHSS medical coverage will be terminated. Full SFHSS coverage for a member or dependent may be reinstated at the beginning of the next available coverage period after SFHSS receives proof of Medicare enrollment.

Q **What is the City Plan 20?**

A An SFHSS member who does not enroll in Medicare when eligible or who loses Medicare coverage due to non-payment of Medicare premiums, will lose existing SFHSS medical coverage and automatically be enrolled in City Plan 20. City Plan 20 significantly increases premium and out-of-pocket costs. Under City Plan 20, you will be responsible for paying the 80% that Medicare would have paid for a covered service, plus any amounts above usual and customary fees. In addition, under City Plan 20, yearly out-of-pocket limits increase to $10,950.

Medicare FAQs

Do not enroll in any individual Medicare Part D plan. Doing so will result in the termination of your SFHSS medical coverage.

Medicare Part D: Prescription Drug Insurance

There are two types of Medicare Part D prescription plans: *individual* and *group*. Individual Part D prescription drug coverage is purchased directly by an individual from an insurer or pharmacy.

SFHSS members should not enroll in any individual Medicare Part D plan. SFHSS members are automatically enrolled in group prescription drug coverage under Medicare Part D when they enroll in any medical plan offered through SFHSS. SFHSS medical plans offer enhanced group Medicare Part D prescription drug coverage.

UHC Medicare Advantage PPO members will receive only one card that covers medical and pharmacy services.

Q Should either I or my dependents enroll in Medicare Part D?

A Do not enroll in an individual Medicare Part D prescription drug plan.

If you are Medicare-eligible, enhanced group Medicare Part D drug coverage is included with your SFHSS medical plan.

Private insurance companies, pharmacies, and other entities may try to sell you an individual Medicare Part D prescription drug plan.

If you enroll in any private, individual Medicare Part D prescription drug plan, your Medicare coverage will be assigned to that plan and **your SFHSS group medical coverage will be terminated.**

Q Am I required to pay a premium for Medicare Part D?

A Most people are not required to pay a Medicare Part D premium. However, **if your income exceeds a certain threshold, you may be required to pay a Part D premium to the Social Security Administration.**

If you are charged a Part D premium, but your income changes and falls below the threshold, contact Social Security to request an adjustment.

Medicare enrollees with income exceeding certain thresholds are charged a quarterly Part D premium also known as the Income Related Monthly Adjusted Amount (IRMAA). In most cases, this Part D premium will be deducted from your Social Security check.

For information on Medicare Part D premiums, visit **medicare.gov/part-d/costs/premiums/drug-plan-premiums.html** or call Social Security at **(800) 772-1213**.

Q What is the SFHSS penalty if I or my dependent fail to pay a Part D premium to Social Security?

A Retirees and dependents who fail to pay a required Part D premium will result in Part D coverage being terminated by the Social Security Administration. Consequently, SFHSS medical coverage will also be terminated. SFHSS members who have lost Part D eligibility due to lack of payment will be automatically enrolled in City Plan 20 (see page 28) member only coverage and their dependent coverage will be terminated. Full SFHSS medical coverage for a member or dependent may be reinstated at the beginning of the next available coverage period after SFHSS receives proof of Medicare Part D reinstatement.

If you are enrolled in Medicare, do not enroll in any outside Part D plans. Prescription benefits are already covered in your SFHSS medical plan. Doing so will terminate your coverage.

Retirees Living or Traveling Outside of the United States

For Medicare and non-Medicare Members.

Traveling Outside of Your Plan's Service Area

Contact your health plan *before* traveling to determine available coverage and for information about how to contact your plan from outside of the United States.

In general, if you are traveling outside of the United States:

- Blue Shield of California's Trio HMO and Access+ HMO for retirees without Medicare only covers *emergency services* outside of California service areas.
- Kaiser Permanente HMO and Kaiser Permanente's Senior Advantage HMO plans only cover *urgent and emergency services* outside of their service areas.
- UnitedHealthcare Medicare Advantage PPO covers *urgently needed* or *emergency services* outside of the United States or U.S. Territories.
- Pre-Medicare retirees in the UnitedHealthcare PPO (City Plan) are covered outside of the United States. If you obtain service outside of the United States, you will pay Non-Network coinsurance.

In most cases, Medicare does *not* provide coverage for healthcare services obtained outside of the United States. For more information visit: **medicare.gov/coverage/travel-need-health-care-outside-us.html**.

Medicare Enrollment is Required for Retirees Traveling or Residing Temporarily Outside of the United States

To ensure continued healthcare coverage when you return to the United States, **you must maintain your Medicare Part B and Part D enrollment while you are out of the country**. If you choose to cancel your Medicare Part B and/or Part D, or if you are dropped because you have not paid Medicare premiums, you may have a penalty assessed when you re-enroll with Social Security. **Failure to maintain continuous enrollment in Medicare will also disrupt the coverage you have through SFHSS**.

Retirees Residing Permanently Outside of the United States

Non-Medicare retiree members (under age 65) who reside *permanently* outside of the United States must either enroll in the UnitedHealthcare City Plan Choice Plus PPO or waive San Francisco Health Service System coverage.

Medicare enrollment is not required for retired members over 65 residing outside of the United States (foreign residents). However, healthcare services within the United States will not be covered for foreign residents who are not enrolled in Medicare.

Members who choose to not enroll in Medicare must complete an SFHSS form certifying that they are waiving Medicare enrollment and waiving health coverage within the United States.

Before you drop Medicare, read this!
Before you disenroll in Medicare, the federal government may charge you significant penalties if you disenroll from Medicare and decide to re-enroll in the future.

If you are currently enrolled in a Medicare plan offered through SFHSS, and you are planning to move outside of the continental United States, you must contact SFHSS Member Services at **(415) 554-1750** for information on other health plan options that may be available to you which are different than those available in the United States.

Legal Notices

Notice of Medicare Part D Creditable Coverage

If you are Medicare-eligible and enrolled in an SFHSS medical plan, your prescription drug coverage is better than the standard level of coverage set by the federal government under Medicare Part D. This qualifies as creditable coverage under Medicare Part D.

You only need to worry about this if in the future you or a Medicare-eligible dependent terminates or loses medical coverage administered through SFHSS. At that point, this evidence of creditable coverage will prevent you from incurring penalties charged by the federal government for late enrollment in Medicare Part D. **You must enroll in Medicare Part D no more than 62 days after your coverage through SFHSS terminates.** Anyone who fails to act within that time period will incur a late enrollment penalty of at least 1% per month for each month that the person did not have creditable coverage or enrollment in Part D.

For example, if 19 months passed between the time a person terminated creditable coverage with SFHSS and enrollment in Medicare Part D, that person's Medicare Part D premium would always be at least 19% higher than what most other people pay. That person might also be required to wait until the following November when the federal government conducts Open Enrollment for Medicare in order to sign up for Medicare Part D prescription coverage.

If a person loses creditable prescription drug coverage through no fault of his or her own, that person may also be eligible for a Special Enrollment Period (SEP) to join a Medicare drug plan.

Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 requires that your medical plan provide benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. Contact your medical plan for details.

Use and Disclosure of Your Personal Health Information

SFHSS maintains policies to protect your personal health information in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA).

Other than the uses listed below, SFHSS will not disclose your health information without your written authorization:

- To make or obtain payments from plan vendors contracted with SFHSS
- To facilitate administration of health insurance coverage and services for SFHSS members
- To assist actuaries in making projections and soliciting premium bids from health plans
- To provide you with information about health benefits and services
- When legally required to disclose information by federal, state, or local law (including Worker's Compensation regulations), law enforcement investigating a crime, and a court order or subpoena
- To prevent a serious or imminent threat to individual or public health and safety

If you would like to authorize SFHSS to discuss your health information with family members or others, please sign and return the *Right to Authorize Disclosure to Family Member, Individual or Institution Form* (**sfhss.org/sfhss-privacy-policy-and-forms**). You may revoke this authorization in writing at any time.

You have the right to express complaints to SFHSS and the Federal Health and Human Services Agency if you feel your privacy rights have been violated. Any privacy complaints made to SFHSS should be made in writing.

This is a summary of a legal notice that details SFHSS privacy policy. The full legal notice of our privacy policy and copies of HIPAA Authorization Forms are available at **sfhss.org/sfhss-privacy-policy-and-forms**.

You may also contact SFHSS to request a written copy of the full legal notice.

Health Service Board Achievements

Karen Breslin
President
Elected Retiree

Stephen Follansbee, M.D.
VP, Appointed by
Former Mayor Lee

Chris Canning
Elected by SFHSS
Membership

Mary Hao
Appointed by
Mayor Breed

Wilfredo Lim
Elected by SFHSS
Membership

Randy Scott
Appointed by
Controller's Office

Health Service Board Elections

The Board Secretary and the SFHSS Leadership team planned an election for two Board Commission Seats throughout the months of October-March. By March 27, three of the five eligible nominated candidates officially withdrew their names from the Election – leaving two viable candidates. Under Administrative Code Section 16.553, if there are no competing candidates for an open seat, then the Department of Elections is no longer required to hold an election, and the eligible candidate will be declared to be a member of the Board. Two viable candidates assumed the two open seats on May 15, 2019: Commissioner Karen Breslin, a Health Service Board Commissioner incumbent and active SFHSS member, Chris Canning.

Health Service Board Commissioner Appointment

At the June 13th Health Service Board meeting, the Health Service Board had the full Board seated. Commissioner Mary Hao was appointed to the Board by Mayor Breed to serve a five-year term and attended her first meeting in May 2019. Commissioner Chris Canning, elected by SFHSS membership, assumed his Board seat to serve his five-year term beginning May 2019. SFHSS Leadership conducted a new Commissioner orientation in April 2019. This comprehensive on-boarding process introduced the newly seated members to SFHSS departments and roles, the Health Service Board Commissioner role as a governing body, the Rates and Benefits Cycle, over all Board responsibilities, and reviewed member benefits.

Health Service Board Education

The Health Service Board completed a Special Meeting in July 2019 focusing on the Healthcare Marketplace. The presentation covered a wide range of health benefit design and contracting strategies. The Board reviewed different health system models and discussed possible options of health system models for future health care plans. The education session covered the current pharmacy landscape and trends during the April meeting. At the July meeting, the Board reviewed developments in prescription drug tiering, generic drug pricing shifts, and pharmacy benefit managers' impact on current drug re-tiering practices.

Board Approval on Benefit and Plan Enhancements: Blue Shield of California Trio and Access+ HMO Plans

Approved access for Blue Shield members to receive an array of vaccines from participating pharmacies without a prescription from their primary care providers. Approved access for Blue Shield members to receive nutritional counseling sessions without a medical diagnosis.

Kaiser Permanente Medicare Advantage Plan

Approved a transportation benefit for members that will be available utilizing these provisions: non-medical transportation, up to 24 one-way trips for routine or post-discharge needs (50 mile distance limit per trip).

VSP Basic & Premier Vision Plans

Approved 0% rate increase for the Basic plan.

Delta Dental PPO

Approved a 5.3% rate decrease for self-funded plan.

Delta Dental PPO for Retirees

Approved a PPO network design change to increase plan-paid coinsurance, for services provided by Delta Dental PPO providers, currently covered at 50%, to 60%—including crown, denture, pontic, bridge, and endodontic/root canal services. For Premier and out-of-network providers, the co-insurance coverage shall remain unchanged at 50%. Approved the Premier network and out-of-network design change to increase individual member deductible for services (excluding diagnostic and preventive care) from $50 to $75 annually. No change to the family deductible of $150.

UHC PPO (City Plan)

Approved a reduction of in-network Family Out-of-Pocket Maximum from $12,700, to twice the amount of the individual in-network Out-of-Pocket Maximum, $7,500.

Life Insurance and Long-Term Disability

Approved an aggregate 12% rate decrease for Basic Life, LTD, and Supplemental Life Insurance. Approved 0% rate increase for Child Life Insurance, AD&D insurance.

Mental Health and Substance Abuse Benefits

Health Plans: Mental Health, Well-Being and Substance Abuse Benefits[1]

Kaiser Permanente HMO	Blue Shield of California HMO	UHC Medicare Advantage PPO and UHC PPO (City Plan)
Kaiser Permanente Traditional HMO members c all **(800) 464-4000** to make an appointment. Kaiser Permanente Senior Advantage members please call **(800) 443-0815**. You don't need a referral from your Primary Care Physician (PCP) to see a therapist.	Call **(877) 263-9952** to find a provider and schedule an appointment.	UHC PPO (City Plan) members can call **(866) 282-0125** to make an appointment. UHC Medicare Advantage PPO members can call **(877) 259-0493**. **Telemental Health:** Services are available with participating providers. To learn more, go to **welcometouhc.com/sfhss** or sign in to your account at **uhcretiree.com**.

Well-Being Services

To learn more, visit **sfhss.org/well-being**.

Kaiser Permanente HMO	Blue Shield of California HMO	UHC Medicare Advantage PPO and UHC PPO (City Plan)
Medicare and Non-Medicare Plans	**Non-Medicare Only**	**Medicare and Non-Medicare Plans**
Silver&Fit Program (Medicare only): Join a fitness facility or get fit at home. Get online resources, rewards and be physically active. Visit **kp.org/silverandfit** or call **(877) 750-2746**. **Medical Weight Management Program:** A health-conscious solution that is based on treating the whole you, not just your weight. Visit **kphealthyweight.com**. **Active & Fit Direct Discount Program:** Flexible, low-cost fitness program, product & specialty provider discounts. Visit **choosehealthy.com** or call **(877) 335-2746** for more details. **Chiropractic & Acupuncture Benefits:** Available through *ASH Network*. Visit **my.kp.org/ccsf/chiroandacu** or call **(800) 678-9133** for more details. **Programs and Classes:** Visit **my.kp.org/ccsf/healthy-extra** for more details. **Life Care Planning:** As your life changes, your goals, wishes and needs for life care planning may change as well. Visit **healthy.kaiserpermanente.org/health-wellness/life-care-plan** for more details.	**Gym Discounts:** Get started with discounts at *24-Hour Fitness, Renaissance Club Sport* and *ClubSport.* Trio HMO members can call **(855) 747-5800**. Access+ HMO members can call **(855) 256-9404**. **Weight Management Programs**: Make lasting lifestyle changes with the new *Diabetes Prevention Program.* Additional programs you may be eligible for include: *Weight Watchers, HealthSlate, Jenny Craig, Noom, Retrofit, Skinny Gene Project,* and more! Call **(844) 206-3730** or through email: **support@solera4me.com** **Chiropractic & Acupuncture Benefits:** Services are provided through the *American Specialty Health Network* with a $15 co-pay per visit. To find a practitioner, call **(800) 678-9133**. **Home Care House Calls *(Heal)*:** At no additional cost, *Heal* provides you with stress-free house calls with a qualified, licensed physician at a time and place that works for you, free from the hassle of traveling to and from appointments. Schedule your first visit by downloading the *Heal* app, call **(844) 644-4325**, or go to **heal.com**.	**Silver Sneakers (Medicare only):** Memberships to participating gyms and fitness centers (in-network) and fitness classes for all adults 65+ and of all abilities. Visit **silversneakers.com** or call **(888) 423-4632** for more details. **UnitedHealth Allies Discount Program (non-Medicare):** Receive 10-20% discounts to certain fitness centers. Visit **sfhss.welcometouhc.com/rewards-incentives** or **(800) 860-8773.** **Real Appeal Program (Medicare and non-Medicare members):** A practical solution for weight-related conditions, members at risk of obesity-related diseases and those who want to maintain a healthy lifestyle. Enroll at **uhc.realappeal.com** or **(844) 344-7325.** **Chiropractic & Acupuncture Benefits (Medicare and non-Medicare members):** Self-refer to a licensed practitioner. Find a practitioner at **sfhss.welcometouhc.com**. **House Calls (Medicare only):** Annual wellness program offered to you for no extra cost. The program sends a health care practitioner to your home to support your doctor's care. Visit **uhchousecalls.com** or **(866) 686-2504**.

[1]As a result of mental health parity law, there is no yearly, or lifetime dollar amounts for mental health benefits. Please contact EAP if you have difficulty accessing mental health or substance abuse services through your health plan.

Nurseline, Urgent Care, Telemedicine, and Online Services

24/7 Nurse Line - Call a free nurse advice line and speak to a registered nurse. Get answers to your questions about health issues, illness or injury. A nurse can help you decide if you need routine, urgent or emergency care.

Urgent Care - Sometimes you need medical care quickly, but a trip to the emergency room isn't necessary. Visit an urgent care center when it is after hours or inconvenient to see your regular provider and you need prompt attention for an illness or injury that is not life-threatening. Urgent care centers offer the convenience of same-day appointments and walk-in service.

Telemedicine and Home Visits - Kaiser Permanente and UHC plan members: A video or virtual visit is an appointment with your doctor that is done through the camera on your mobile device or computer.

Go Online - Email your doctor, access your records, and renew your prescriptions.

Kaiser Permanente HMO	UnitedHealthcare PPO (City Plan)	UHC Medicare Advantage PPO
Non-Medicare Only	**Medicare and Non-Medicare**	**Medicare Only**
Nurseline 24/7: (866) 454-8855 **Urgent Care: (866) 454-8855** **Urgent After-Hours Care:** **San Francisco (415) 833-2200** **Oakland (510) 752-1190** **Redwood City (650) 299-2015** **Walnut Creek (925) 295-4070** **San Rafael (415) 444-2940** This is a partial list. For additional Kaiser urgent care facilities call **(866) 454-8855**. When scheduling an appointment in person or through the *Appointment and Advice line* at **(800) 464-4000**, ask if a video visit is right for your symptoms. You may be offered a video visit. To register online, visit **kp.org/registernow** from a computer (have your medical record number ready). Online services include: ■ Instant access to lab result ■ Ability to refill most prescriptions ■ Schedule/cancel most appointments ■ Email your doctor and more.	**Nurseline 24/7: (800) 846-4678** **Urgent After Hours Care:** **San Francisco Golden Gate Urgent Care (415) 746-1812** **Hayward St. Francis Urgent Care (510) 780-9400** **Rohnert Park Concentra (866) 944-6046** For more current and additional urgent care facilities call **(866) 282-0125** or visit **welcometouhc.com/sfhss**. Members can access Virtual Visits by registering on myuhc.com, tab on the right, or by accessing *health4me* app, under Menu – Find and Price Care. Fees are the same as an office visit. **myuhc.com** gives members the ability to: ■ Review eligibility and look up benefits ■ Check current and past claim status ■ Find a doctor or hospital ■ "Chat" with a nurse in real-time ■ Take a health assessment and participate in Health Coaching programs and more.	**Nurseline 24/7:** (877) 365-7949 **Urgent After Hours Care:** For urgent care facilities call UnitedHealthcare at (877) 259-0493 **welcometouhc.com/sfhss**. *HouseCalls* is a special program designed to help you stay on top of your health by providing an in-home health and wellness visit by an advanced practice clinician. This annual visit is provided at no additional cost to you. *HouseCalls* is for everyone, even if you are healthy and regularly see your doctor. There are many advantages of a *HouseCalls* visit including: ■ 45–60 minutes of one-on-one attention with your clinician ■ No travel for the appointment ■ No waiting in the doctor's office ■ An evaluation of any safety risks in the home ■ Eligibility to receive gift cards In addition to a health evaluation and important screenings, during your in-home visit, you'll make a plan with the clinician and discuss health concerns which then can be shared with your Primary Care Physician (PCP).

Key Contacts

SFHSS
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (415) 554-1750
Toll Free: (800) 541-2266
Fax: (415) 554-1721
sfhss.org

Hours: Mondays, Tuesdays, Wednesdays and Fridays from 8:00am-5:00pm and Thursdays from 10:00am-5:00pm

Well-Being
Catherine Dodd Wellness Center
1145 Market Street, 1st Floor
San Francisco, CA 94103
Tel: (415) 554-0643
wellbeing@sfgov.org
sfhss.org/well-being

Health Service Board
Attn. Board Secretary
1145 Market Street, 3rd Floor
San Francisco, CA 94103
Tel: (415) 554-0662
Fax: (415) 554-1752
health.service.board@sfgov.org
sfhss.org

PENSION BENEFITS

SFERS
Employees' Retirement System
(415) 487-7000
mysfers.org

CalPERS
(888) 225-7377
calpers.ca.gov

CalSTRS
(800) 228-5453
calstrs.org

PARS
(800) 540-6369
parsinfo.org

NON-MEDICARE PLANS

Trio HMO
Blue Shield of California
(855) 747-5800
blueshieldca.com/sites/imce/trio.sp
Group W0051448

Access+ HMO
Blue Shield of California
(855) 256-9404
blueshieldca.com/sfhss
Group W0051448

UnitedHealthcare PPO (City Plan)
(877) 259-0493
welcometouhc.com/sfhss
Group 752103

Kaiser Permanente
Traditional HMO
my.kp.org/ccsf

In CA: (800) 464-4000
North CA - Group 888
South CA - Group 231003

In NW: (800) 813-2000
Group 21227

In WA: (206) 630-4636
Group 225512

In HI: (800) 966-5955
Group 10119

MEDICARE ADVANTAGE PLANS

UnitedHealthcare
Medicare Advantage PPO
(877) 259-0493
welcometouhc.com/sfhss
Group 13694
Group 12786 Part B Only

Kaiser Permanente
Senior Advantage HMO
my.kp.org/ccsf

In CA: (800) 443-0815
North CA - Group 888
South CA - Group 231003

In NW: (877) 852-5081
Group 21227

In WA: (206) 630-4600
Group 225512

In HI: (877) 852-5081
Group 10119

MEDICARE ADVANTAGE FITNESS PLANS

SilverSneakers Fitness Program
(UHC Medicare Advantage PPO)
(866) 584-7389
silversneakers.com

Silver&Fit **Fitness Program**
(Kaiser Senior Advantage HMO)
(877) 750-2746
silverandfit.com

DENTAL AND VISION PLANS

Delta Dental PPO
(888) 335-8227
deltadentalins.com/ccsf
Group 01673

DeltaCare USA DHMO
(800) 422-4234
deltadentalins.com/ccsf
Group 71797-0001

UHC Dental DHMO
(800) 999-3367
welcometouhc.com/sfhss
Group 275550

VSP Vision Care
(800) 877-7195
vsp.com
Group 12145878

OTHER AGENCIES

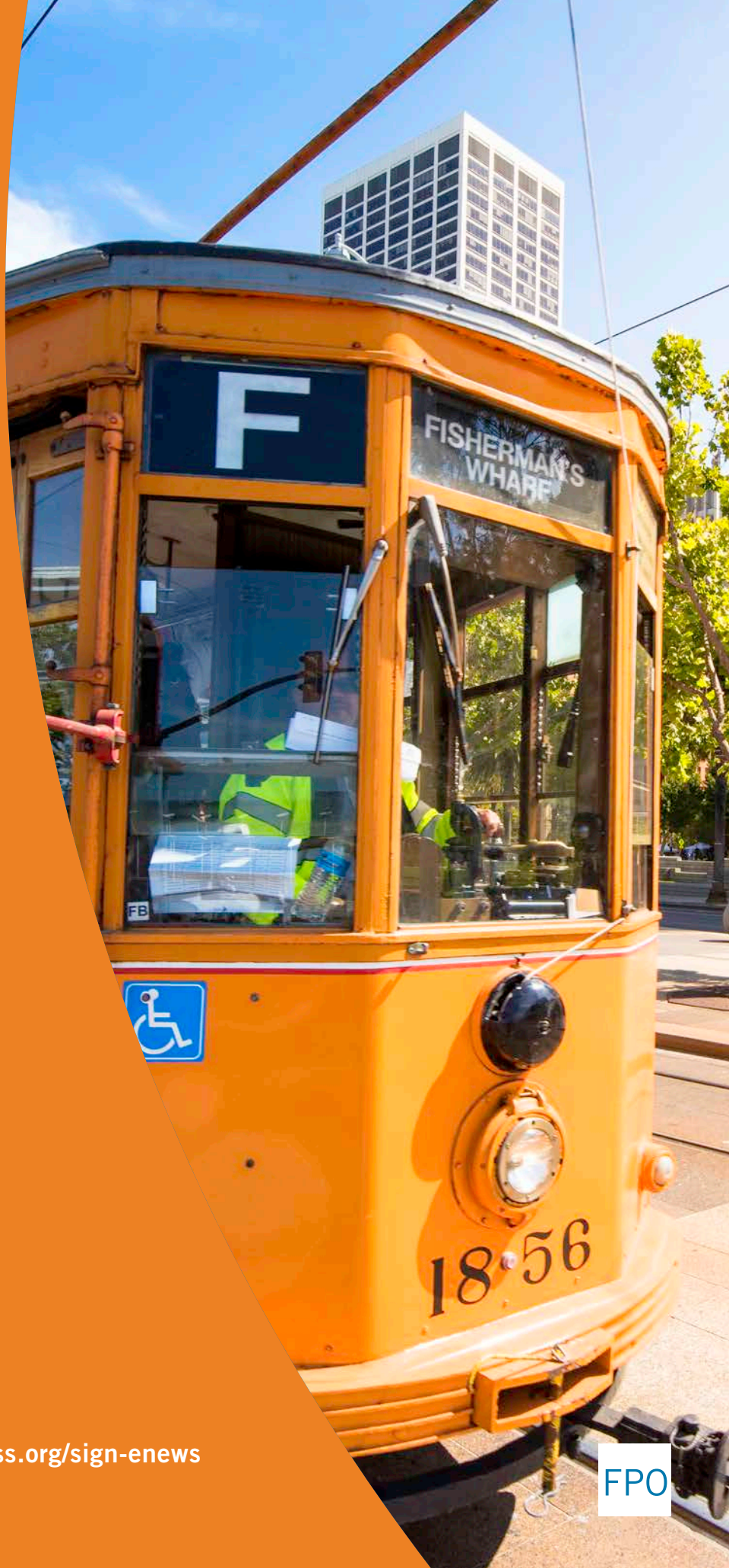
Social Security
Medicare Enrollment
(800) 772-1213
(800) 325-0778 (TTY)
ssa.gov

Medicare
Medicare Administration
(800) 663-4227
(800) 877) 486-2048 (TTY)
medicare.gov

Health Insurance Exchange
Covered California
(888) 975-1142
coveredca.com

OCT. 1–31, 2019 OPEN ENROLLMENT EVENTS & FLU CLINICS

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 **Open Enrollment Starts**	**2** **SFFD HQ** Open Enrollment & Flu Shot Clinic 8am-12pm 698 2nd St.	**3** **SFPD HQ** Open Enrollment & Flu Shot Clinic 9am-4pm 1245 3rd St. Room 1025	**4** **SFUSD HEALTH FAIR*** Open Enrollment & Flu Shot Clinic 4pm-8pm James Lick Middle School 1220 Noe St.
7 **1650 MISSION ST.** Open Enrollment & Flu Shot Clinic 9am-4pm 5th Floor Atrium	**8** **PUC HQ*** Open Enrollment & Flu Shot Clinic 8am-3pm 525 Golden Gate O'Shaughnessy Room	**9** **RECCSF HEALTH FAIR*** Open Enrollment & Flu Shot Clinic 10am-12pm Scottish Rite Masonic Center 2850 19th Ave.	**10** **SFO HEALTH FAIR** Open Enrollment 11am-1pm Aviation Museum International Terminal **SFO *AFTER-HOURS* HEALTH FAIR** Open Enrollment 10pm-12am Aviation Museum, International Terminal	**11** **PUC NEWCOMB** Flu Shot Clinic 7am-11am 1990 Newcomb Ave. Bldg. 1 CDD Wellness Center
14 Indigenous Peoples' Day **SFHSS CLOSED**	**15** **PUC HETCH HETCHY*** Open Enrollment & Flu Shot Clinic 7:30am-12pm 1 Lakeshore Dr. Moccasin, CA **HALL OF JUSTICE*** Flu Shot Clinic 9am-4pm 850 Bryant St. Room 551	**16** **PUC SUNOL VALLEY WATER TREATMENT PLANT** Flu Shot Clinic 8am-12pm 8653 Calaveras Rd. Sunol, CA Large Conference Room	**17** **REC & PARKS HEALTH FAIR*** Open Enrollment & Flu Shot Clinic 10am-2pm 1199 9th Ave. County Fair Building Golden Gate Park	**18** **SF MAIN PUBLIC LIBRARY*** Open Enrollment & Flu Shot Clinic 9am-12pm 100 Larkin St. Koret Atrium
21 **PUC MILLBRAE*** Flu Shot Clinic 8am-1pm 1000 El Camino Real **ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL** Open Enrollment 9am-4pm 1001 Potrero Ave. ZSFG Cafeteria Room	**22** **ONE SOUTH VAN NESS BENEFITS FAIR*** Open Enrollment & Flu Shot Clinic 9am-4pm 2nd Floor Atrium	**23**	**24** **CITY HALL BENEFITS FAIR*** Open Enrollment & Flu Shot Clinic 9am-3:30pm 1 Dr. Carlton B. Goodlett Pl. South Light Court	**25** **PUC PHELPS** Flu Shot Clinic 8am-12pm 750 Phelps St. Administrative Bldg. **LAGUNA HONDA HOSPITAL** Open Enrollment 9am-4pm 375 Laguna Honda Blvd. Conference Room 2 - P1191
28 **SFHSS BENEFITS FAIR*** Open Enrollment & Flu Shot Clinic 8am-5pm 1145 Market St., Suite 100 Wellness Center	**29** **SFHSS BENEFITS FAIR** Open Enrollment 8am-5pm 1145 Market St., Suite 100 Wellness Center **HSA 1235 MISSION ST.** Flu Shot Clinic 9am-1pm Bob Becker Room, 3rd Floor **PRT PIER 1** Flu Shot Clinic 7am-2pm Embarcadero, Bayside 3	**30** **SFHSS BENEFITS FAIR** Open Enrollment 8am-5pm 1145 Market St., Suite 100 Wellness Center **MTA FLYNN** Flu Shot Clinic 10am-3pm 1940 Harrison St.	**31** **Open Enrollment applications due today by 5:00pm, PST.**	**Nov. 1** **30 VAN NESS** Flu Shot Clinic 10am-3pm Public Works University 3rd Floor
Nov. 4 **WAR MEMORIAL** Flu Shot Clinic 10am-2pm 401 Van Ness Ave. Room 302	**Free flu shot events are for adults only and are *first come, first serve basis.* Supplies are limited.** ***High Dose Flu vaccines available at selected locations.** **Health/Benefits Fair** – Meet with vendors and Benefits Analysts to learn about plans and get help making benefit elections. **Open Enrollment Events** – Talk to a Benefits Analyst and get assistance with making your benefit elections. **Flu Shot Clinic** – Get a FREE flu shot onsite.			



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