

HEALTH BENEFITS OPEN ENROLLMENT

OCTOBER 1-31, 2017

It's time to make decisions about your health benefits for plan year 2018.

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

What's New for 2018

- New options from Blue Shield
- New vision Premier Plan option
- Optional voluntary benefit plans
- Free and confidential medical case review through Best Doctors
- Medical and dental plan premium contributions are changing in 2018

YOUR OPEN ENROLLMENT "TO DO" LIST:

- Review your **Open Enrollment Booklet and Letter!**
- Review all your new benefit options under **What's New.**
- Review your dependents listed in your Open Enrollment letter. This is the time to **add or drop dependents.**
- Decide if you want to enroll or re-enroll in a **Flexible Spending account.** *You need to re-enroll every year!*
- 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 the supporting documents for new dependents
- Review your **Confirmation Statement** to make sure your benefits elections are correct. You'll receive your Confirmation Statement from SFHSS in December.
- If you have questions, call **San Francisco Health Service System at 415-554-1750.**

Open Enrollment applications and documentation can be delivered to SFHSS in person, by mail or fax. The SFHSS address is 1145 Market Street, 3rd Floor, San Francisco, CA 94103. The SFHSS fax number is 1-415-554-1721. Changes made during Open Enrollment take effect January 1, 2018. For more information about Open Enrollment visit sfhss.org.



Open Enrollment deadline is October 31, 2017, 5:00PM.

What's New for 2018

Blue Shield of California Offers Trio HMO Option for Actives and Non-Medicare Enrolled Retirees

In addition to Access+ HMO, Blue Shield will offer SFHSS non-Medicare members a new choice: Trio HMO. Trio HMO has the same benefits and plan design as Access+, and access to many of the same hospitals and physicians, but with lower premium contributions. **Current Blue Shield members whose primary care doctors are Trio HMO doctors will be automatically enrolled in the Trio HMO plan, which is the lowest cost plan, unless you complete an SFHSS Open Enrollment form electing another plan.** For more information, please go to blueshieldca.com/sfhss or call 855-747-5800.

VSP Vision Care Adds an Enhanced Plan Choice

Pay a little more to enroll in the new VSP Premier Plan. Under this new plan, you can get glasses **every year** with a \$300 frame allowance or contacts every year with a \$250 allowance. Anti-reflective and progressive lenses are covered in full with a \$25 co-pay for each. See page 4 of this booklet for more information or go to sfhss.vspforme.com. If you would like to enroll in the VSP Premier Plan, or would like to speak to a VSP representative about the Premier Plan, please call 1-800-400-4569.

2018 Medical and Dental Plan Premium Contributions Are Changing

Review the rates for your bargaining unit at sfhss.org before making Open Enrollment decisions.

Enroll in Voluntary Benefits through EBS Workterra

Voluntary benefits can help provide additional financial protection for you and your family. SFHSS has partnered with Employee Benefits Specialists (EBS) to offer a suite of quality insurance plans to SFHSS members at discounted rates. Enrollment is optional. You can pay plan premiums through payroll deduction. See page 8 of this booklet or learn more by calling 1-888-392-7597 or visiting sfhss.org.

Best Doctors Expert Medical Case Review for Employees, Retirees, and Dependents

This confidential service is available to all employees, retirees, spouses, domestic partners, and dependents enrolled in an SFHSS medical plan. It provides expert case review whenever you or covered family members face an important medical decision. Contact Best Doctors at 1-866-904-0910 or visit members.bestdoctors.com to confirm a diagnosis, learn more about a prescribed medication, or review a recommended treatment plan. There is no additional cost to the member to use this service.

Increased Infertility and Assisted Reproductive Technology Benefits

For SFHSS Active and Early Retiree health plans, starting January 1, 2018, infertility benefits have been increased to two cycles per lifetime. Cryopreservation of reproductive tissue is being offered for up to 12 months across all plans.

SFHSS Remains a Pioneer in Gender Dysphoria Coverage and Anti-Discrimination in Health Care

In 2001, the San Francisco Health Service System became the first large public employer in the United States to include gender dysphoria care as part of its employee health design. SFHSS, in collaboration with its health plan providers, continues to champion anti-discrimination efforts and recognize medically necessary treatment options for gender dysphoria. For more information, please review the 2017 SFHSS Gender Dysphoria Policy Statement at sfhss.org.

UnitedHealthcare Offers 'Real Appeal' Weight-Loss Program

Free to all City Plan Members, Real Appeal provides tools and support to help employees lose weight, feel good, and prevent weight-related health conditions. To find out if you are eligible to participate in this program, and to enroll, visit realappeal.com/enroll, or call 1-844-344-7325.

Online Benefits Coming in 2018

SFHSS will pilot online benefits enrollment in October and will go live in 2018 offering employees the choice to go paperless.

Review Your Dependent Coverage

SFHSS Member Rules require members to notify SFHSS immediately when an enrolled dependent is no longer eligible. You can drop these dependents from your coverage **without penalty** during Open Enrollment. If you are legally separated, divorced, or annulled, your spouse or former spouse is not eligible for SFHSS benefits. Former domestic partners are not eligible for SFHSS benefits.

Six Things Every Employee Should Know About Health Benefits

1 There is a 30-Day Deadline to Enroll in Health Benefits for You and Your Family

For example:

- New hire
- Birth of a new baby
- New spouse
- Newly adopted child
- New domestic partner
- Loss of other coverage

If you miss the 30-day deadline you must wait until the next Open Enrollment.

2 To Enroll You Must Provide Eligibility Documentation

For example:

- Proof of hire
- Birth certificate
- Marriage certificate
- Proof of adoption
- Certification of domestic partnership
- Court order

*Social Security number is needed for all enrollees. Copies please. **No original documents.***

3 You Must Disenroll Ineligible Dependents Within 30 Days

For example:

- Ex-husband or ex-wife
- Step-children from a former marriage or partnership
- Former domestic partner

Don't risk paying significant penalties for health coverage of ineligible dependents.

4 Contact the San Francisco Health Service System if You Go on a Leave of Absence

You must contact the San Francisco Health Service System at the start of any approved leave of absence, and you must contact the San Francisco Health Service System again within 30 days of returning to work after a leave. Call 1-415-554-1750.

You must pay your health benefits premiums while on leave. Don't risk termination of coverage.

5 If You Change Your Home Address, Contact the San Francisco Health Service System

Depending on the service areas covered by your plan, you may need to enroll in a different plan based on your new address.

Don't risk termination of your health benefits due to a move.

6 Retiree Health Benefits Are Different From Employee Benefits

Before you retire you must visit the San Francisco Health Service System to learn about and enroll in retiree health benefits. You are not automatically enrolled in retiree benefits.

Don't risk a break in coverage when you are no longer eligible for active employee benefits.

This is a brief summary of a few things employees should know. Please read your complete 2018 Benefits Guide at sfhss.org for more details about the rules that govern employee health benefits.

2018 Medical Plans

To enroll in Kaiser Permanente or Blue Shield of California, you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. City Plan (UHC) PPO does not have service area requirements.

Blue Shield: Blue Shield is offering Trio HMO as a new choice. **If you are currently a Blue Shield member and your doctors are Trio HMO doctors you will be automatically enrolled in the Trio HMO plan, which is the lowest cost plan, unless you complete and submit a SFHSS Open Enrollment form electing another plan by October 31, 2017.**

This chart provides a summary of benefits. In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail. For a detailed description of benefits and exclusions for each plan, please review each plan's Evidence of Coverage (EOC), available on sfhss.org.

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
	TRIO HMO	ACCESS+	TRADITIONAL PLAN	UNITEDHEALTHCARE CHOICE PLUS	
Choice of physician	Primary Physician assignment required.	Primary Physician assignment required.	Kaiser network only. Primary Care Physician assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
				\$250 employee only \$500 + 1 \$750 + 2 or more	\$250 employee only \$500 + 1 \$750 + 2 or more
Out-of-pocket maximum does not include premium contributions	\$2,000 per individual \$4,000 per family		\$1,500 per individual \$3,000 per family	\$3,750 per individual \$12,700 per family	\$7,500 per individual
General Care and Urgent Care					
Routine physical; well woman exam	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor's office visit	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent care visit	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
Family planning	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge		No charge	100% covered no deductible	50% covered after deductible
Lab and x-ray	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's hospital visit	No charge		No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs					
Pharmacy: generic	\$10 co-pay 30-day supply		\$5 co-pay 30-day supply	\$5 co-pay 30-day supply	50% covered after \$5 co-pay; 30-day supply
Pharmacy: brand-name	\$25 co-pay 30-day supply		\$15 co-pay 30-day supply	\$20 co-pay 30-day supply	50% covered after \$20 co-pay; 30-day supply
Pharmacy: non-formulary	\$50 co-pay 30-day supply		Physician authorized only	\$45 co-pay 30-day supply	50% covered after \$45 co-pay; 30-day supply
Mail order: generic	\$20 co-pay 90-day supply		\$10 co-pay 100-day supply	\$10 co-pay 90-day supply	Not covered
Mail order: brand-name	\$50 co-pay 90-day supply		\$30 co-pay 100-day supply	\$40 co-pay 90-day supply	Not covered
Mail order: non-formulary	\$100 co-pay 90-day supply		Physician authorized only	\$90 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay; 30-day supply		20% up to \$100 co-pay 30-day supply	Same as 30-day above limitations apply; see EOC	Same as 30-day above limitations apply; see EOC

2018 Medical Plans

	BLUE SHIELD HMO		KAISER PERMANENTE HMO	CITY PLAN PPO	
	TRIO HMO	ACCESS+	TRADITIONAL PLAN IN-NETWORK ONLY	UNITEDHEALTHCARE CHOICE PLUS IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
Hospital Outpatient and Inpatient					
Hospital outpatient	\$100 co-pay per surgery		\$35 co-pay	85% covered after deductible	50% covered after deductible
Hospital inpatient	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Hospital emergency room	\$100 co-pay waived if hospitalized		\$100 co-pay waived if hospitalized	85% covered after deductible if non-emergency, 50% after deductible	85% covered after deductible if non-emergency, 50% after deductible
Skilled nursing facility	No charge 100 days per plan year		No charge 100 days per benefit period	85% covered after deductible; 120 days per plan year; limits apply	50% covered after deductible; 120 days per plan year; limits apply
Hospice	No charge authorization required		No charge when medically necessary	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Maternity and Infertility					
Hospital or birthing center	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; may require prior notification	50% covered after deductible; may require prior notification
Pre-/post-partum care	No charge		No charge	85% covered after deductible	50% covered after deductible
Well child care	No charge must enroll newborn within 30 days of birth; see EOC		No charge must enroll newborn within 30 days of birth; see EOC	100% covered no deductible	100% covered no deductible
IVF, GIFT, ZIFT and artificial insemination	50% covered limitations apply; see EOC		50% covered limitations apply; see EOC	50% covered after deductible; limitations apply; prior notification	50% covered after deductible; limitations apply; prior notification
Mental Health and Substance Abuse					
Outpatient treatment	\$25 co-pay non-severe and severe		\$10 co-pay group \$20 co-pay individual	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Inpatient facility including detox and residential rehab	\$200 co-pay per admission		\$100 co-pay per admission	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Other					
Hearing aids 1 aid per ear every 36 months, evaluation no charge	Up to \$2,500 each		Up to \$2,500 each	85% covered after deductible; up to \$2,500 each	50% covered after deductible; up to \$2,500 each
Medical equipment, prosthetics and orthotics	No charge as authorized by PCP		No charge as authorized by PCP	85% covered after deductible; prior notification	50% covered after deductible; prior notification
Physical and occupational therapy	\$25 co-pay		\$20 co-pay authorization required	85% covered after deductible; 60 visits max per plan year	50% covered after deductible; 60 visits max per plan year
Acupuncture/ chiropractic	\$15 co-pay 30 visits max for each per plan year; ASH network		\$15 co-pay up to a combined total of 30 chiropractic and acupuncture visits/year; ASH network	50% covered after deductible; \$1,000 max per plan year	50% covered after deductible; \$1,000 max per plan year
Gender Dysphoria office visits and outpatient surgery	Co-pays apply authorization required		Co-pays apply authorization required	85% covered after deductible; prior notification	50% covered after deductible; prior notification

2018 VSP Vision Care - New Premier Plan Choice

Members and dependents enrolled in medical coverage are also enrolled in VSP Vision Care Basic benefits. Once enrolled, you have the choice of using a VSP in-network provider or a licensed, out-of-network provider. Locate a VSP in-network provider by visiting vsp.com. No ID cards are issued for vision benefits. If you receive service from a provider outside of the VSP network (including Kaiser Permanente) you must pay in full and submit a bill to VSP for reimbursement. In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail. **You now have choice—stay enrolled in the Basic Plan or choose the Premier Plan for enhanced benefits - see below for details and to enroll contact sfhss.vspforme.com or call 1-800-400-4569.** Visit vsp.com/optical-discounts.html for a detailed list of VSP Vision Care discounts, including hearing aid reimbursement.

VSP Vision Care			
Covered Services		Basic	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*	\$0 every calendar year
Lined bifocal lenses		\$25 co-pay every other calendar year*	\$0 every calendar year
Lined trifocal lenses		\$25 co-pay every other calendar year*	\$0 every calendar year
Standard progressive lenses		\$55 co-pay every other calendar year	\$25 co-pay every calendar year
Premium progressive lenses		\$95–\$105 co-pay every other calendar year	
Custom progressive lenses		\$150–\$175 co-pay every other 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	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*	\$250 allowance every calendar year
Contact lens exam		Up to \$60 co-pay fitting and evaluation exam covered; every other calendar year*	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
		Employee Contribution	Employee Bi-Weekly Contribution
		Included in medical premium	Employee Only \$5.01 Employee + 1 Dependent \$7.17 Employee + Family \$14.23

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, 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		

*With the Basic Plan, new eyeglass lenses may be covered the next year if Rx change is more than .50 diopters. Some unions also have access to Computer VisionCare benefits (VDT).

2018 Dental Plans

To enroll in DeltaCare DMO or UnitedHealthcare Dental DMO, you must reside in a zip code serviced by the plan. Contact the dental plan to confirm covered service areas. Delta Dental PPO does not have service area requirements.

Eligible members may enroll in dental coverage only, without enrolling in medical coverage.

This chart provides a summary of benefits. In the instance where information in this chart conflicts with the plan's Evidence of Coverage, the plan's Evidence of Coverage shall prevail. For a detailed description of benefits and exclusions for these plans, please review each plan's Evidence of Coverage, available at sfhss.org.

	DELTA DENTAL PPO			DELTACARE USA	UNITEDHEALTHCARE DENTAL
Choice of dentist	You may choose any licensed dentist. You will receive a higher level of benefit and lower out-of-pocket costs when using a Delta Dental PPO dentist.			DeltaCare dental network only	UnitedHealthcare dental network only
Annual deductible	None			None	None
Plan year maximum	\$2,500 per person Per calendar year, excluding orthodontia benefits			None	None
Covered Services	PPO Dentists	Premier Dentists	Out-of-Network	In-Network Only	In-Network Only
Cleanings and exams	100% covered 2x/year; pregnant women 3x/year	100% covered 2x/year; pregnant women 3x/year	80% covered 2x/year; pregnant women 3x/year	100% covered 1 every 6 months	100% covered 1 every 6 months
X-rays	100% covered full mouth 1x/5 years bitewing 2x/year to age 18; 1x/year over age 18	100% covered full mouth 1x/5 years bitewing 2x/year to age 18; 1x/year over age 18	80% covered full mouth 1x/5 years bitewing 2x/year to age 18; 1x/year over age 18	100% covered	100% covered
Extractions	90% covered	80% covered	60% covered	100% covered	100% covered
Fillings	90% covered	80% covered	60% covered	100% covered Limitations apply to resin materials	100% covered Limitations apply
Crowns	90% covered	80% covered	50% covered	100% covered Limitations apply to resin materials	100% covered Limitations apply
Dentures, pontics and bridges	50% covered 6-month wait for new enrollees	50% covered 6-month wait for new enrollees	50% covered 6-month wait for new enrollees	100% covered Full and partial dentures 1x/5 years; fixed bridgework, limitations apply	100% covered Full and partial dentures 1x/5 years; fixed bridgework, limitations apply
Endodontic/ Root Canals	90% covered	80% covered	60% covered	100% covered Excluding the final restoration	100% covered
Oral surgery	90% covered	80% covered	60% covered	100% covered	100% covered
Implants	50% covered 6-month wait for new enrollees	50% covered 6-month wait for new enrollees	50% covered 6-month wait for new enrollees	Not covered	Covered Refer to co-pay schedule
Orthodontia	50% covered 6-month wait; child \$2,500 lifetime max; adult \$1,500 lifetime max	50% covered 6-month wait; child \$2,000 lifetime max; adult \$1,000 lifetime max	50% covered 6-month wait; child \$1,500 lifetime max; adult \$500 lifetime max	Employee pays: \$1,600/child \$1,800/adult \$350 startup fee; limitations apply	Employee pays: \$1,250/child \$1,250/adult \$350 startup fee; limitations apply

Mental Health and Substance Abuse Benefits

The Affordable Care Act protects mental health coverage. All medical plans must cover behavioral health treatment, such as psychotherapy and counseling, mental health inpatient services and substance abuse treatment. Due to federal mental health parity law, there is no yearly or lifetime dollar limit for essential mental health benefits. Also, deductibles, co-payments, coinsurance, out-of-pocket limits, number of days or visits covered, and any pre-authorization of treatment must be the same for mental health and medical/surgical services.

For urgent mental health issues, members should call 911 or go to the nearest emergency department.

BLUE SHIELD OF CALIFORNIA HMO	KAISER PERMANENTE HMO	CITY PLAN PPO
Mental Health and Substance Abuse Services		
Call 877-263-9952 to find a provider and schedule an appointment.	Call 1-800-464-4000 to make an appointment or contact your Primary Care Physician. You don't need a referral to see a therapist. You can make an appointment to see a therapist without a referral from your primary care physician.	Call 1-866-282-0125 to find a provider and schedule an appointment. Telemental Health services are available with participating providers. To find providers online, go to welcometouhc.com/sfhss . Members can also access providers at www.liveandworkwell.com .
Mental Well Being Services		
Counseling: LifeReferrals is available with no co-payment. Topics include relationship problems, stress, grief, and community referrals. Legal and identify theft consultations are available. Call 1-800-985-2405, 24/7. Online Coaching: Take well-being one day at a time with the DailyChallenge: mywellvolution.com . Tobacco Cessation: Visit QuitNet at mywellvolution.com .	Classes, Support Groups: Contact your local Kaiser Permanente facility for a calendar or visit kp.org/mentalhealth . Telephone/Online Coaching: Call 1-866-251-4514 or visit kp.org and search for HealthMedia Relax. Tobacco Cessation: Contact your local Kaiser Permanente facility for classes. Call 1-866-251-4514 for a telephonic coach. For HealthMedia Breathe and other resources visit kp.org/quitsmoking .	Call 1-866-282-0125 anytime for Confidential Help. Telemental Health services are available with participating providers. To find providers online, go to www.liveandworkwell.com or welcometouhc.com/sfhss . Tobacco Cessation: Visit welcometouhc.com/sfhss or www.liveandworkwell.com for the online smoking cessation information. Mental Health Providers and Online resources can be found at www.liveandworkwell.com . Members can also link to this directly from their www.myuhc.com profile.

Free, Confidential Counseling, and More through the SFHSS Employee Assistance Program (EAP)

EAP provides confidential, voluntary, free mental health services to all employees and their family members. EAP is staffed by licensed therapists. EAP services include:

- Short-term, solution-focused counseling for individual, couples, and families
- Seminars and workshops
- Critical incident debriefing and trauma response
- Mediation and conflict resolution

Resources and referral EAP services are confidential in accordance with state and federal law. Employees may use sick or personal time for EAP counseling. Appointments are available 9:00AM-5:00PM, Monday through Friday. Call 1-800-795-2351.

Prevent Type 2 Diabetes

Prevent Type 2 Diabetes before it starts: Take advantage of the no-cost resources from your health plan today.

Did you know that one in three people are at risk for developing Type 2 diabetes?

More than 86 million Americans¹ have prediabetes—and most don't even know it. Prediabetes means that your blood sugar level is higher than normal but not yet high enough to be type 2 diabetes.²

Certain factors can increase the risk of developing diabetes or prediabetes: weight (having a BMI of 25 or more), age 45 or older, family history (having a parent or sibling with diabetes), ethnicity, and physical activity level (being sedentary).

The good news is that prediabetes can be reversed! And your health plan has resources that can help you if you are eligible for the services.

Blue Shield of California Members

Make lasting lifestyle changes with the new Diabetes Prevention Program. Simply take a short quiz to find your risk level. If you qualify, you're ready to begin.

When you enroll, you get to choose the type of support you prefer: in-person, online or even via smart phone. To help you reach your goal, the Diabetes Prevention Program typically offers:

- Access to a personal health coach
- Easy tips
- Tools like wireless scales and activity trackers

If you are eligible, programs you can select may include: Weight Watchers, Healthslate, Jenny Craig, Noom, Retrofit, Skinny Gene Project, and more!

It only takes 1 minute to see if you're eligible to take part in the program:

1. Visit solera4me.com/shield
2. Answer a handful of questions
3. Discover your risks for diabetes
4. Select the program you prefer
5. Start the path to a healthier you

For more information, call 1-844-206-3730 or email support@solera4me.com.

Kaiser Permanente Members

Depending on your preference, Kaiser Permanente offers several types of diabetes prevention classes for members:

In-Person

- Diabetes Prevention 2-hour class: Book online at kp.org/appointments
- Healthy Weight classes (6 sessions): Find services near you at kp.org/mydoctor/healthyweight

Online

- Diabetes Prevention Online 2-hour Class (via Webex): Have your clinician staff book yours, or call the local

Health Education Center. Find the number here:

mydoctor.kaiserpermanente.org/ncal/diabetes/index.html

- Healthy Weight 6-Week Online Class: Visit thrive.kaiserpermanente.org.

By Phone

- Wellness coaches can help you make lifestyle behavior changes around healthy eating, physical activity, and weight management. Call 1-866-862-4295 for an appointment.

UnitedHealthcare's Real Appeal Program

Coming in 2018! Check sfhss.org/well-being for details.

Open to all members, this program includes:

1. A personalized transformation coach for an entire year.

The Online Virtual Coaches guide you through the program, step by step, customizing it to fit your needs, personal preferences, goals and medical history.

2. 24/7 online support and a mobile app that helps you stay accountable to your goals with:

- Customizable food, activity, weight and goal trackers
- Unlimited access to digital content, including workout videos
- Success group support that lets you chat with others in the Real Appeal program
- The weekly Real Appeal All-Star Show, featuring healthy tips from celebrities, athletes and health experts
- Weekly analysis, feedback and goal reporting

3. A Success Kit

All the gadgets you need to kick-start your weight loss and keep you going strong will be delivered to your door after you attend your first group coaching session. You'll get these helpful tools:

- Personal blender, digital food scale, and a "perfect" portion plate
- Resistance band, Real Success Guides, and exercise DVDs
- Electronic body weight scale and more

Learn About Voluntary Benefits

These optional insurance plans can help protect you and your family.

If your family depends on your income to pay routine living expenses, you should learn more about voluntary benefits. If you do not have enough savings to cover your living expenses for three to six months, or do not want to use your savings, then some of these voluntary benefits might be right for you.

The premiums for voluntary benefits are 100% paid by the employee. If you choose to enroll, the voluntary plan premium will be deducted from your paycheck. Please review coverage details and premium costs carefully before choosing to enroll.

SFHSS has partnered with Employee Benefits Specialists (EBS) to offer quality insurance plans at the best cost.

- San Francisco Health Service System reviewed and approved
- In most cases, guaranteed issue - no medical history or exam required
- Discounted group premium rates
- Optional enrollment
- If you choose to enroll, premiums can be paid by payroll deduction

Aetna Voluntary Group Term Life and Accidental Death and Personal Loss provides a tax-free lump sum benefit to your designated beneficiary if you pass away. It can help your loved ones pay for funeral expenses. It can also shield them from the loss of your income, by helping pay a mortgage, debts, college tuition, and other living expenses. This is available for spouses and dependents if the employee elects coverage for them under the plan.

Kansas City Life short term disability insurance replaces part of your income if you can't work due to a covered illness or injury. It provides income in addition to California State Disability payments. This can help you and your family meet financial obligations until you can get back to work. Available to employees only.

Voya Financial accident insurance provides tax-free payments for covered injuries that happen off the job. Benefits are paid directly to you. This can help pay for out-of-pocket medical costs related to an injury, assist with living expenses, or anything else you choose. Available to employees and eligible dependents.

Voya Financial critical illness insurance pays a lump sum benefit if you are diagnosed with a covered disease or condition, including heart attack, stroke, and certain types of cancer. This can ease the financial stress of facing a life-threatening illness. This benefit can help pay for out-of-pocket medical costs related to the diagnosis, assist with living expenses, or anything else you choose. Available to employees and eligible dependents.

LifeLock identity theft protection monitors and notifies you if your information is being used fraudulently in credit card applications, loans, mortgages, and other digital data. The plan also provides identity restoration services and coverage up to \$1,000,000 if you become a victim of identity theft. Available to employees and eligible dependents.

LegalShield legal plan allows you to speak with a lawyer on any personal legal matter without worrying about high hourly costs. Coverage includes letters or calls made on your behalf, review of small contracts and documents, IRS audit support, assistance with preparing a Will, Living Will, and healthcare power of attorney. 24/7 emergency access is available for covered situations. Available to employees and eligible dependents.

Pets Best pet insurance can reimburse you for vet bills when your cat or dog is sick or injured with a covered condition. Use any licensed veterinarian, pay your vet bill, then submit a claim for reimbursement. When enrolling you can choose the coverage tiers of 70%, 80%, or 90%, with deductible choices from \$50 to \$1000. Available to employees.

For More Information or to Enroll in Voluntary Benefits, Contact EBS

Employee Benefits Specialists (EBS) administers voluntary benefits for SFHSS. For more details about coverage, costs and enrollment, visit sfhss.org or call 1-888-392-7597.

Other Benefits

Best Doctors

Expert physicians provide free and confidential medical case review when you or a family member faces any important medical decision. A Best Doctors evaluation is available for any medical service or treatment that concerns you. Consider using the Best Doctors benefit if you or a family member needs to:

- Confirm a diagnosis
- Learn more about a prescribed medication or medication interactions
- Decide if a recommended surgery is necessary
- Evaluate options for treating chronic joint pain or back pain
- Manage a complex chronic condition or multiple conditions
- Review a recommended treatment plan for a life-threatening illness like cancer or heart disease

To get started, call Best Doctors at 1-866-904-0910 or visit members.bestdoctors.com. You will be assigned a Best Doctors clinician to help you through the process.

Surrogacy and Adoption Reimbursement

Effective January 1, 2017, employees eligible for SFHSS benefits can apply for a one-time reimbursement of up to \$15,000 for qualified expenses resulting from adoption or surrogacy. For information about how to apply for surrogacy or adoption reimbursement, contact SFHSS at 1-415-554-1750 or go to sfhss.org.

Employer-Paid Long Term Disability Insurance

Some union contracts provide for Long Term Disability Insurance. A long term disability is an illness or injury that prevents you from working for an extended period of time.

If you are represented in collective bargaining by the Municipal Executives Association, you will be eligible for LTD coverage if you have at least two dependents enrolled on your medical coverage, and you are actively at work more than 20 hours per week at the time of disability.

If you submit a long-term disability claim and it is approved, the LTD plan may replace part of your lost income by paying

you directly on a monthly basis. LTD payments will be reduced if you qualify for other sources of income or disability earnings, such as workers' compensation or state disability benefits. **Benefit levels listed below depend on your bargaining unit:**

- 60% or 66.6667% of monthly base earnings (as defined by Aetna)
- \$5,000 or \$7,500 monthly maximum
- 180-90 day elimination period
- There may be a waiting period based on start work date

If you become disabled notify Aetna of your disability as soon as possible by calling 1-866-326-1380. Within 30 days after the date of your disability you should begin filing a long-term disability insurance claim with Aetna. Aetna will work with your doctor to certify that your illness or injury will keep you away from your job. Aetna may request authorization to obtain additional medical information from your healthcare providers. You may also be asked to provide non-medical information to support your claim. **For more information about Long Term Disability Insurance visit sfhss.org/benefits/ccsf_other_benefits.html.**

If you are not actively at work due to illness or injury, LTD coverage will continue for 12 months from the start of your approved medical leave. If your coverage terminates during a period of disability which began while you had coverage, benefits will be available as long as your period of disability continues. **Make sure your portion of health premiums are paid.**

If you are not actively at work due to non-medical reasons, including temporary lay-off, personal leave, family care leave or administrative leave, LTD coverage will terminate at the end of the month following the month your absence began. Call SFHSS at 1-415-554-1750 for more information about leave of absence and long-term disability coverage.

LTD programs can help you get back on the job when it's medically safe for you to do so. You may be able to return to work part-time or work at a different type of job. If you qualify, LTD can continue paying a portion of your benefits.

Making the Most of Your Health Benefits

Choose Your Primary Care Physician

Each individual enrolled in either the Kaiser Permanente HMO or Blue Shield of California HMO (Access+ or Trio HMO) must have a Primary Care Physician (PCP). If no choice is made, the plan will assign a doctor to you. Don't wait until you need care. [Review PCP assignments for yourself and enrolled family members at the start of the plan year.](#) You can change a PCP assignment during the plan year. To make a change, contact your plan. Note: City Plan PPO does not require a PCP assignment.

Choose Your Blue Shield Medical Group

If you are enrolled in a Blue Shield HMO (Access+ or Trio HMO) your medical group assignment determines the network of specialists and hospitals that will provide your care. A Primary Care Physician in the Access+ or Trio HMO plans may be affiliated with one or more medical groups. [Review Blue Shield medical group assignments for yourself and enrolled family members at the start of the plan year.](#) Be sure your medical group assignment aligns with your preferred network of hospitals and specialists. To ask questions or to change a medical group assignment, call Blue Shield at 1-855-256-9404.

Get Free Preventive Care and Screenings

The Affordable Care Act requires that many preventive services be provided by your medical plan at no cost to you. Consult with your doctor about the preventive screenings and immunizations that are right for you. [To take advantage of free preventive care, book your medical appointment for that purpose.](#) The primary reason for an office visit determines if the visit is preventive. If the visit is not considered preventive, you may be charged an office visit co-pay.

Take Advantage of Urgent Care Centers

If your doctor is not available and you need non-emergency care, consider visiting an urgent care center. Many urgent care centers have extended [evening or weekend hours](#). This can save you time and money compared to a visit to the hospital emergency room. Visit your plan's website or call your plan to locate your closest urgent care center.

- Blue Shield (Access+): 1-855-256-9404
blueshieldca.com
- Blue Shield Trio HMO: 1-855-747-5800
blueshieldca.com/triosfhss
- Kaiser Permanente: 1-866-454-8855
kp.org
- City Plan (UnitedHealthcare) 1-866-282-0125
welcometouhc.com/sfhss

Get Phone Advice From a Registered Nurse

If your doctor is not available, or you have questions about care, dial your plan's free nurse advice phone line any time of the day or night.

- Blue Shield NurseHelp: 1-877-304-0504
- Kaiser Permanente Nurse Advice: 1-866-454-8855
- City Plan (UnitedHealthcare) Nurseline: 1-800-846-4678

Telemedicine

Kaiser Permanente and City 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.

Blue Shield Members: Access board-certified doctors 24/7/365 by phone or video through teladoc.com/bsc.

Ask Your Doctor These Five Questions

Some medical tests, treatments and procedures may not help you. Use these 5 questions to [talk to your doctor about which tests, treatments and procedures you need](#)—and which you don't need.

- Do I really need this test or procedure?
- What are the risks and side effects?
- Are there simpler, safer options?
- What happens if I don't do anything?
- How much does it cost and will my insurance pay for it?

Schedule Preventive Dental Care

If you are enrolled in dental coverage, take advantage of preventive dental care. In most cases [dental cleanings and exams are covered twice per year with no co-pay](#). (Coverage is three times per year for pregnant women).

Don't Forget Your Annual Well Vision Exam

During an eye exam an optometrist evaluates eyesight, but may discover other [health issues such as high blood pressure and diabetes](#). If you have vision coverage book your well vision exam. In most cases it's just a \$10 co-pay.

Participate in Employee Well-Being

The Mayor's Office, Controller's Office, Human Resources Department, and the San Francisco Health Service System worked together to create an employee well-being program designed to improve the well-being and health outcomes of employees, while managing the rising costs of healthcare, workers' compensation and disability. Visit sfhss.org/well-being.

Flexible Spending Accounts (FSAs)

FSAs let you set aside money pre-tax to pay for eligible healthcare and/or dependent care expenses. An FSA account can pay qualifying expenses incurred by you, your legal spouse or qualifying child or relative (as defined in Internal Revenue Code Section 152). You can enroll in either a Healthcare FSA, a Dependent Care FSA, or both. FSAs are administered by P&A Group; visit padmin.com for more information.

FSA enrollment is required each year. You must re-enroll in Flexible Spending Account(s) every Open Enrollment if you want to continue this benefit for the next plan year. If you do not re-enroll your FSA will terminate at the end of the plan year.

If you are enrolled in an FSA and go on a leave of absence you must contact the San Francisco Health Service System. Taking a leave of absence will affect your FSA contributions and reimbursement periods.

Healthcare FSA with Carryover

A Healthcare FSA can help pay for medical expenses. This includes medical, pharmacy, dental and vision co-payments, other dental and vision care expenses, acupuncture and chiropractic care, doctor-approved weight loss programs and more. For a complete list of eligible healthcare expenses visit padmin.com.

- Set aside between \$250 and \$2,500 pre-tax per employee for the plan year. Depending on the amount you elect, deductions between \$10 and \$100 will be taken bi-weekly from your paycheck January–December 2018.
- Submit reimbursement documentation by mail, online, or by smartphone app for eligible out-of-pocket medical, dental and vision expenses to P&A Group.
- P&A will issue a debit card for you to use to make spending your FSA easier.
- With a Healthcare FSA, the total annual amount you designate becomes available for eligible healthcare expenses as of January 1, 2018. You do not have to wait for your contributions to accumulate in your account.
- SFHSS administers a Carryover minimum of \$10 and maximum of \$500. At the end of the plan year claim filing period, unreimbursed Healthcare FSA funds below \$10 and over \$500 will be forfeited.
- Carryover fund amounts between \$10 and \$500 are determined after the end of the claim filing period and are then available for any claims incurred as of the first day of the new plan year.
- A domestic partner's medical expenses cannot be reimbursed under an FSA unless the domestic partner meets IRS standards for a "qualifying relative."
- Carryover funds can be accessed for one plan year. After one plan year, any remaining Carryover funds will be forfeited.

Childcare/Eldercare Dependent Care FSA

A Dependent Care FSA can help pay for qualifying child and elder care expenses, such as certified children's day care, pre-school, day camp, before/after school programs, as well as adult day care for elders. Dependent care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under age 13. For a complete list of eligible dependent care expenses, visit padmin.com.

- Set aside between \$250 and \$5,000 pre-tax per household for the plan year. (\$2,500 each if you are married filing separate federal tax returns.) Depending on the amount you elect, deductions between \$10 and \$200 will be taken biweekly from your paycheck in 2018.
- Funds for a Dependent Care FSA cannot be used for dependent medical, dental, or vision expenses. The Dependent Care FSA is only for qualified child care and elder care expenses.
- If you have a stay-at-home spouse, you cannot enroll in a Dependent Care FSA.
- Submit reimbursement documentation to P&A Group by mail, online, or by smartphone app for eligible out-of-pocket expenses.
- Funds for a Dependent Care FSA are available after being deducted from your paycheck and received by the plan administrator. Unlike a Healthcare FSA, the entire annual amount for a Dependent Care FSA is not available January 1, 2018.
- Funds for a Dependent Care FSA must be used for incurred qualifying expenses during the plan year or be forfeited. **Unlike a Healthcare FSA, there is no Carryover option.**

Avoid Forfeiting FSA Contributions

FSA expenses for the 2018 plan year must be incurred in 2018 and received by P&A no later than March 31, 2019. Per IRS rules, you forfeit all funds remaining in an FSA by the end of the claim filing period unless they are covered by the Healthcare FSA carryover provision. There are no exceptions.

Important Notices

Health Benefits Eligibility

The following are eligible to enroll as members in health plans offered by the San Francisco Health Service System:

- All permanent employees and regularly scheduled provisional or temporary exempt employees of the City & County of San Francisco whose normal work week is not less than 20 hours.
- Other employees of the City & County of San Francisco, including temporary exempt or “as needed”, who have worked more than 1,040 hours in any consecutive 12-month period and whose normal work week is not less than 20 hours.
- All other employees who are deemed “full-time employees” under the shared responsibility provision of the federal Patient Protection and Affordability Care Act (Section 4980H).
- Elected Officials of the City & County of San Francisco.
- All members of designated boards and commissions during their time in service to the City & County of San Francisco as defined in San Francisco Administrative Code Section 16.700(c).
- All officers and employees as determined eligible by the governing bodies of the San Francisco Transportation Authority, San Francisco Parking Authority, Treasure Island Development Authority, San Francisco Superior Court and any other employees as determined eligible by ordinance.
- Temporary exempt employees of the Superior Court appointed for a specified duration of greater than six months with a normal work week not less than 20 hours become eligible on their start date.

San Francisco Health Service System members may enroll eligible dependents, provided all necessary enrollment forms and eligibility documents are provided to SFHSS by required deadlines.

- Spouse or registered domestic partner
- Natural child, stepchild, adopted child until the child’s 26th birthday
- Child under legal guardianship or court order until the child’s 19th birthday
- Adult disabled children who meet all SFHSS requirements

For more information about eligibility visit:

sfhss.org/member_services/eligibility_rules.html.

Summary of Benefits and Coverage (SBCs)

The Affordable Care Act requires each insurer provide a standardized summary of benefits and coverage to assist people in comparing medical plans. Federally mandated SBCs are available online at sfhss.org.

Privacy

The San Francisco Health Service System maintains policies to protect your personal health information, in accordance with HIPAA, the federal Health Insurance Portability and Accountability Act. These policies restrict disclosure of your health information, except to:

- Make or obtain payments from contracted plan vendors
- Facilitate administration of health insurance coverage and services for San Francisco Health Service System members
- Assist actuaries in negotiating health plan premiums
- Provide you with information about health benefits
- Disclose legally required information per federal, state or local law (including Workers’ Compensation regulations), crime investigation and court order or subpoena
- Prevent a serious or imminent threat to individual or public health and safety

Other than the uses listed above, the San Francisco Health Service System will not disclose your health information without your written authorization. For more information visit: sfhss.org/health_service_board/privacy_policy.html.

Health Service Board

Per the San Francisco City Charter, the Health Service Board conducts an annual review of health benefit costs, ensures benefits are applied without favor or privilege and administers the business of the San Francisco Health Service System. Health Service Board meetings are held the second Thursday of the month, at 1:00PM in San Francisco City Hall, Room 416. For more information visit sfhss.org/health_service_board.

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.

Covered California

Individuals who are not eligible for San Francisco Health Service System coverage may obtain health insurance through the state insurance exchange, Covered California. In some cases, tax credits and other assistance may be available to make health insurance more affordable. For more details, call 1-888-975-1142 or visit coveredca.com. For information about exchanges in other states visit healthcare.gov.

Key Contact Information

San Francisco Health Service System
 1145 Market Street, 3rd Floor
 San Francisco, CA 94103
 Tel: 1-415-554-1750
 Toll Free: 1-800-541-2266
 Fax: 1-415-554-1721
 Web: sfhss.org

Well-Being Program
 1145 Market Street, 1st Floor
 San Francisco, CA 94103
 Tel: 1-415-554-0643
 Email: wellness@sfgov.org

EAP (Employee Assistance Program)
 Tel: 1-800-795-2351

Health Service Board
 Tel: 1-415-554-0662
 Email: health.service.board@sfgov.org

MEDICAL PLANS

Blue Shield of California	Access+: 1-855-256-9404 Trio HMO: 1-855-747-5800	Access+: blueshieldca.com Trio HMO: blueshieldca.com/triosfhss	Group W0051448 (Access+ and Trio HMO)
Kaiser Permanente	1-800-464-4000	kp.org	Group 888 (North CA) Group 231003 (South CA)
City Plan <small>UnitedHealthcare</small>	1-866-282-0125	welcometouhc.com/sfhss	Group 752103

DENTAL and VISION PLANS

Delta Dental	1-888-335-8227	deltadentalins.com	Group 9502-0003
DeltaCare USA	1-800-422-4234	deltadentalins.com	Group 71797-0001
UnitedHealthcare Dental <small>formerly Pacific Union Dental</small>	1-800-999-3367	welcometouhc.com/sfhss	Group 275550
VSP Vision Care	1-800-877-7195	vsp.com	Group 12145878

FSAs and COBRA

P&A Group FSA	1-800-688-2611	padmin.com	
P&A Group COBRA	1-800-688-2611	padmin.com	

VOLUNTARY BENEFITS

EBS Workterra	1-888-392-7597	workterra.net	
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MEDICAL CASE REVIEW

Best Doctors	1-866-904-0910	members.bestdoctors.com	
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LONG TERM DISABILITY (LTD) and GROUP LIFE

Aetna LTD <small>Long Term Disability</small>	1-866-326-1380	www.aetnadisability.com/login.aspx	Group 839201
Aetna Group Life	1-800-523-5065	aetna.com/group/aetna_life_essentials	To initiate a claim, contact SFHSS at 1-800-541-2266

OTHER AGENCIES

SFERS <small>Employees' Retirement System</small>	1-415-487-7000	mysfers.org	Pension benefits
Dept. of the Environment	1-415-355-3700	sfenvironment.org	Commuter benefits
CalPERS	1-888-225-7377	calpers.ca.gov	Pension benefits
Covered California	1-888-975-1142	coveredca.com	Health insurance exchange

October 2017 Special Events

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>2</p> <p>PUC HEADQUARTERS** 525 Golden Gate O'Shaughnessy Room 8:00AM-3:00PM Meet a Benefits Analyst Get a Free Flu Shot</p>	<p>3</p> <p>MTA PRESIDIO* 10:00AM-3:00PM Meet a Benefits Analyst Get a Free Flu Shot</p>	<p>4</p> <p>DPW HEALTH FAIR* Cesar Chavez Yard 10:00AM-1:00PM Meet a Benefits Analyst MISSION CORRIDOR 1650 Mission, 5th Floor 9:00AM-4:00PM Meet a Benefits Analyst Get a Free Flu Shot</p>	<p>5</p> <p>POLICE HEADQUARTERS 1245 3rd Street Room 3111 9:00AM-4:30PM Meet a Benefits Analyst Get a Free Flu Shot</p>	<p>6</p> <p>SFUSD HEALTH FAIR* John O'Connell High School 2355 Folsom Street 4:00PM-8:00PM Meet a Benefits Analyst Meet Plan Vendors Get a Free Flu Shot</p>
<p>9</p> <p>Columbus Day Holiday</p>	<p>10</p> <p>HALL OF JUSTICE 850 Bryant Street Room 551 9:00AM-4:30PM Meet a Benefits Analyst Get a Free Flu Shot</p>	<p>11</p> <p>RETIRED EMPLOYEES OF CCSF HEALTH FAIR Scottish Rite Masonic Center 2850 19th Avenue 10:00AM-12:00PM Meet a Benefits Analyst Meet Plan Vendors Get a Free Flu Shot</p>	<p>12</p> <p>SFO HEALTH FAIR Aviation Museum 11:30AM-3:30PM Meet Plan Vendors SFO OPEN ENROLLMENT ITBA Training Room 9:00AM-4:30PM Meet a Benefits Analyst Voluntary Benefits Info</p>	<p>13</p> <p>ONE SOUTH VAN NESS BENEFITS FAIR 2nd Floor Atrium 9:00AM-4:00PM Meet a Benefits Analyst Voluntary Benefits Info Meet Plan Vendors Get a Free Flu Shot</p>
<p>16</p> <p>1235 MISSION 3rd Floor Flu Shots Only* 9:00AM-1:00PM Get a Free Flu Shot</p>	<p>17</p> <p>HETCH HETCHY 1 Lakeshore Dr. Mocassin, CA Moccasin Great Room 7:30AM-12:00PM Meet a Benefits Analyst Voluntary Benefits Info Get a Free Flu Shot Zuckerberg San Francisco General Cafeteria 9:00AM-4:30PM Meet a Benefits Analyst</p>	<p>18</p> <p>CITY HALL BENEFITS FAIR 1 Dr. Carlton B. Goodlett Pl. South Light Court 9:00AM-4:30PM Meet a Benefits Analyst Voluntary Benefits Info Meet Plan Vendors Get a Free Flu Shot</p>	<p>19</p>	<p>20</p> <p>Laguna Honda Hospital 375 Laguna Honda Blvd. Conf. Rm. 2, P1191 9:00AM-4:30PM Meet a Benefits Analyst SF PUBLIC LIBRARY 100 Larkin St. Latino Hispanic Room 10:00AM-1:00PM Meet a Benefits Analyst Get a Free Flu Shot</p>
23	24	25	26	27
Vendor Week				
SFHSS OPEN HOUSE 1145 Market Street, 1st Floor 8:00AM-5:00PM				
	<p>MTA MME DIVISION* 601 25th Street Room 235 A/B 11:00AM-4:00PM Get a Free Flu Shot</p>	<p>PUC-PHELPS 750 Phelps St. Administration Building, 930 Conference Room 8:00AM-12:00PM Get a Free Flu Shot</p>	<p>DEPT. OF EMERGENCY MANAGEMENT* 1011 Turk Street 1st Floor 5:00AM-9:00AM 11:00AM-5:00PM Get a Free Flu Shot</p>	<p>WAR MEMORIAL 401 Van Ness Room 302 10:00AM-2:00PM Get a Free Flu Shot</p>
<p>30</p> <p>PUC MILLBRAE 1000 El Camino Real San Mateo Conf Room 8:00AM-1:00PM Meet a Benefits Analyst 7:00AM-12:00PM Get a Free Flu Shot</p>	<p>31</p> <p>SFHSS WELLNESS CENTER 1145 Market Street 1st Floor 8:00AM-5:00PM Meet a Benefits Analyst 8:00AM-1:00PM Get a Free Flu Shot</p>	<p>Open Enrollment applications are due by Tuesday, October 31, 2017, 5:00PM. The San Francisco Health Service System is open 8:00AM-5:00PM, Monday to Friday, except Columbus Day Holiday. Benefit Analysts will be available all month on the 1st floor to accept applications. No appointment necessary. For more information about Open Enrollment and flu shot clinics visit sfhss.org. Free flu shot events are for adults only, first come, first served. Supplies are limited.</p>		

*Events are for employees/retirees with location access only.
**This event is for active city employees only.