Open Enrollment Update

September 14, 2017

MYHSS.ORG

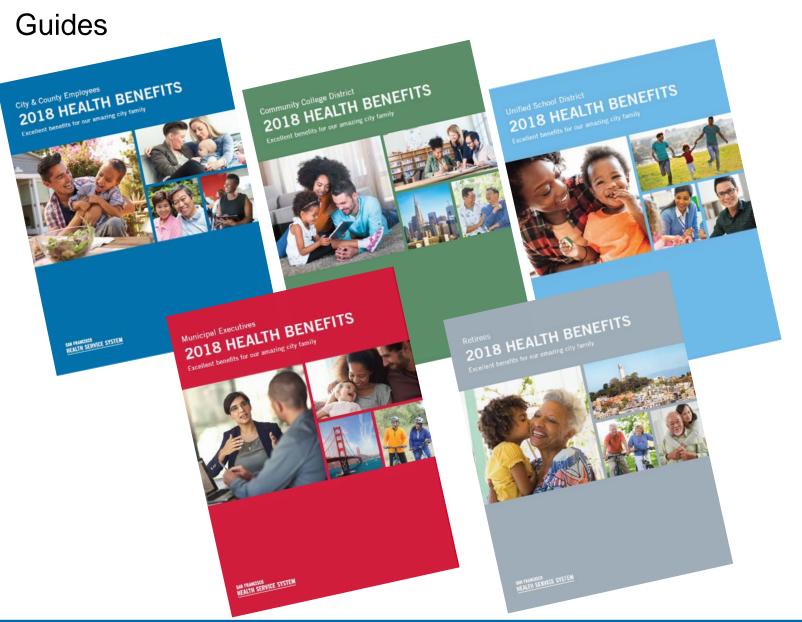
Theme



HEALTH BENEFITS OPEN ENROLLMENT **OPEN IMMEDIATELY!**

SAN FRANCISCO HEALTH SERVICE SYSTEM





Open Enrollment Update | September 14, 2017

Forms

SFHSS OPEN ENROLLMENT APPLICATION : CITY & Employee for January-December 2018 Plan					
You must complete this form and return it to SFHSS with required eligibility documentation by 5:00 rm, October 31, 2017, if any of the following apply: - You are changing medical or dental elections for January to December 2018.	Do not complete this form if all of the following apply:	-			
You are changing medical or dental elections for January to December 2018. You are adding or dropping dependents effective January to December 2018. You are enrolling or re-enrolling in a Flaxible Spending Account (FSA) effective from January to December 2018.	 You elect to keep the same medical and dental coverage that you had from January to Decomber 2017. You are NOT adding or dropping any dependents January to December 2018. You are NOT enrolling or re-enrolling in a Flexible Spending Account (FSA) effective from January to December 2018. 				
VOUR PERSONAL INFORMATION	eneutive nom January to December 2016.	-			
Last Name First Name Street Address (no P.0. boxes)	SFHSS OPEN ENROLLMENT APPLICATION : RETIREE For January-december 2018 Plan Year	NOT YET ELIGIBLE FOR MEDICARE			
Social Security Number Birth Date MWDD/YYY	You must complete this form and return it to SFHSS with required eligibility documentation by 5:00 rm, October 31, 2017, if any of the following apply:	Do not complete this form if all of the following apply: - You elect to keep the same medical and dental coverage that you had			
eMail Address	 You are changing medical or dental elections for January to December 2018. You are adding or dropping dependents effective January to December 2018. 	from January to December 2017. - You are NOT adding or dropping any dependents January to December 2018.			
CHODSE YOUR MEDICAL PLAN	VOUR PERSONAL INFORMATION Last Name First Name				
Blue Shield Trio HMO* Blue Shield Access+* Kaiser HMO* City Plan PPO No Medical Coverage	Street Address (no P.O. bases)	SFHSS OPEN ENROLLMENT APPLICATION : SFUSD For January-December 2018 Plan year			
Medical plan enrollment includes enrollment in VSP Basic vision coverage. *To enroll in an HMO plan you must live in an area serviced by the HMO.	Social Security Number Birth Date MMOD/YYYY	You must complete this form and return it to SFHSS with required eligibility documentation by 5:00 rm, October 31, 2017, if any of the following apply:	Do not complete this form if all of the following apply: - You elect to keep the same medical coverage that you had from January to Docomber 2017.		
If you do not submit any changes, the dependents covered from laurary to December 201 being charged for the cost of coverage and services, you must drop any ineligible depend	eMail Address	 You are changing medical plan elections for January to December 2018. You are adding or dropping dependents from medical coverage January to December 2018. 	- You are NOT adding or dropping any dependents from medical coverage January to December 2018.		
Medical Dental Last Name First Name Add Drop Add Drop		VOUR PERSONAL INFORMATION	SFHSS OPEN ENROLLMENT APPLICATION : RETIREE V	WITH MEDICARE	
Notice Control Data Nation First Nation Add Drog	CHOOSE YOUR MEDICAL PLAN Blue Shield Access+ HMO* Kaiser HMO*		FOR JANUARY-DECEMBER 2018 YEAR PLAN		
Add Drop	City Plan PPO No Medical Coverage Medical plan enrollment includes enrollment in VSP Basic vision coverage.	Street Address (so P.O. boxes) Social Security Number Birth Date MM/ID/IVYY	You must complete this form and return it to SFHSS with required eligibility documentation by 5:00 rs, October 31, 2017, if any of the following apply: You are elements more all electrons for leavance to percent 2018	You also the keep the same medical and deptal amore that	
You must enroll every year you want to elect a Flexible Spending Act Yes, I want a Healthcare Flexible Spending Account. I want to contribut	*To enroll in an HMO plan you must live in an area serviced by the HMO.	eMail Address	 You are changing medical or dental elections for January to December 2018. You are adding or dropping dependents effective January to December 2018. 	- You are NOT adding or dropping any dependents January to December 2018.	
(Annual amount divided by 25 will equal bi-weekly payroll deduction for January-De Yes, I want a Dependent Care Flexible Spending Account. I want to con	If you do not subort any changes, the dependents covered from January to December being charged for the cost of coverage and services, you must drop any ineligible dep	SFHSS cannot process mailing address changes for active SFUSD employees. You must conta	VOUR PERSONAL INFORMATION Last Name First Name	SFHSS OPEN ENROLLMENT APPLICATION : CITY COLI	LEGE EMPLOYEE
Unnual amount divided by 25 will equal bi-weekly payroll deduction for January-De	Medical Dental Last Name First Name Add Doop Add Doop	CHOOSE YOUR MEDICAL PLAN	Street Address (no P.O. boxes)	FOR JANUARY-DECEMBER 2018 PLAN YEAR	
Under penalty of perjury i certity that the information entered on this document is true and corr all information. It is my responsibility to notify the San Francisco Health Service System (SFKS) and to reintourse and informative plans and SFKST carry plans that shall be in any dependent pair if or my dependentia pin regulations, loading to dismitsail and/or legal action. I have read and accept the terms and corr		Blue Shield Trio HMO* Blue Shield Access+ HMO* Kaiser Medical plan enrollment includes enrollment in VSP Basic vision coverage. *To enroll in	Social Security Number Birth Date WW/DD/YYYY	You must complete this form and return it to SFHSS with required eligibility documentation by 5:00 vs, October 31, 2017, if any of the following apply: - You are changing medical plan elections for January to December 2018.	Do not complete this form if all of the following apply: - You elect to keep the same medical coverage that you had from January to Docomber 2017.
	NUCCE UNION PISA MARINE All Transmission Transmission PISA MARINE	O ADD OR DROP ANY DEPENDENTS FROM YOUR MEDICAL COVERAGE, If you do not submit any charges, the dependents covered from January to Decembe being charged for the cost of coverage and services, you must drop any ineligible de	eMail Address	You are adding or dropping dependents from medical coverage January to December 2018.	
KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT: I understand that (except for Small Claims Court cases, claims subject to a Medicare apper subject to binding arbitration under generating law) any dispute between myself, my beins, i (KFPP), any contracted health care providers, administrators, or other associated parties i		being charged for the cost of coverage and services, you must drop any ineligible de Medical Last Name First Name	O YOUR MEDICARE INFORMATION Complete this section If you are eligible for	-	SFHSS OPEN ENROLLMENT APPLICATION : <i>MUNICIPAL EXECUTIVE</i> 문화된 FOR JANUARY-DECEMBER 2018 PLAN YEAR 대한 전화
(k+W) any contracted neuron care provines, normalizations, or user associated parties including any claim for medical or hospital magnetice (a claim the medical services we premises liability, or relating to the coverage for, or delivery of, services or thems, trenge or resort to court process, except as applicable law provides for judicial review of arbitration. I understand that the full arbitration provides in contained in the Evidence of Covera (a covera)).	SIGNATURE & CERTIFICATION Under penalty of perjury I certify that the information entered on this document is true and correct	Add Drop	Medicare Claim Number (as it appears on card) Medicare Part A Effective Date MM/I		You must complete this form and return it to SFMSS with required alightify decomentation by 5-MP vs. Echolar 31, 2017, if any of the following apply: - To an eicharging michail or data factions for sinary to becambe 2018.
to resort to coar process, except as appreciate provider the provider in publical review of at our at tion. I understand that the full arbitration provision is contained in the Evidence of Covera	all information. If is my responsibility to notity the San Francisco Health Service System (SFHSS) i and to reimburse and indemnity plans and SFHSS for any benefits paid if i or my dependents prov regulations, leading to dismissal and/or legal action. I have read and accept the terms and cond		CHODSE YOUR MEDICAL PLAN Kalser HMO* UHC MA PPO (Non-Medicare Dependents in City PI	Street Address (no P.O. boxes) Ci	- You are adding or dropping dependents effective January to December 2018 You are NOT adding or dropping any dependents lanuary to December 2018.
Signature:	KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT: I understand that (except for Small Claims Court cases, claims subject to a N		No Medical Coverage UHC MA PPO (Non-Medicare Dependents in Blue S Medical plan enrollment in USP Basic vision coverage.	Social Security Number Birth Date WW/DD/YYYY eMail Address	- You are nortiling or rs-antolling in a Flauble Spanding Account (FSA) affective from January to December 2018 You ere not another and the spanding Account (FSA) affective from January to December 2018. O YOUR PERSONAL INFORMATION
Mail or drop off this form in person to: SFHSS, 1145 Market Street, 3rd Floc Fax forms to: 1-415-554-1721 Please do not fax the same application m	I understand that (except for Small Claims Court cases, claims subject to a 1 other claims that cannot be subject to binding arbitration under governing la on the one hand and Kaiser Foundation Health Plan, Inc. (NFHP), any contract other hand, for alleged violation of any duty arising out of or related to memi	SIGNATURE & CERTIFICATION Under penalty of perjury I certify that the information entered on this document is true and corru	"To entrol in an HMO plan you must live in an area serviced by the HMO. TO ADD OR DROP ANY DEPENDENTS FROM YOUR MEDICAL AND/OR DENT		Last Name Initial DSW
SAN FRANCISCO	of the one data and haster roundation readm triad, link, the try, any contract other hand, for alleged violation of any day raising out of or related to meni- that medical services were unnecessary or unauthorized or were improperly coverage for, or delivery d, services or flease, trianguctive of legal theory, in resort to court process, ancept as applicable law provides for julicati review the use of kinding arthration. Linderstand that the full artitatization provides	Unter penafty of perjury i certify that the information entered on this document is true and corn all information. It is my responsibility to notify the San Francisco Itealth Service Species (SFNSS and to reinburse and informity pians and SFNSS for any benefits, pair if is only dependents, pair regulations, leading to dismissial and/or legal action. I have read and accept the terms and con	If you do not submit any changes, the dependents covered from January to December 2 being charged for the cost of coverage and services, you must drop any ineligible depe		Street Address (no P.O. boxes) City State Zip Code
HEALTH SERVICE SYSTEM		KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT: I understand that (except for Small Claims Court cases, claims subject to	Medical Dental Dependent Last Name Dependent First N Add Drop Add	Blue Shield Trio HMO* Blue Shield Access+ HMO* Medical plan enrollment includes enrollment in VSP Basic vision coverage. "To enroll in an HMC	Social Security Number Birth Date WW00/YYYY Gender W/F Home / Cell Telephene Number
	Signature:	Antice revenuentiem mean in reven means in un momentant in un immérication dura course for d'anni d'anni cours casse, claims subject to parties on the one hand and faitor foundation Hieldh Pian, Inc. (CHPR) is an the other hand, or adjestivitation and any dist articular of or relate tice is claim that medical services were sumsexistary or unauthorized or relating the courses for conditions, strengest and only farmation result to card process, acceder a supplicable lase pri- o a pry thin and accel the use of hinging within the individual and the process of the our soft individual and the supplicable lase prior to a pry thin and accel the use of hinging within the individual and the supplicable and accel the use of hinging within the individual and the supplicable and accel the use of hinging within the individual and the supplicable lase prior than a supplicable lase prior than accel the use of hinging within the individual and the supplicable lase prior than a supplicable lase prior than a supplicable lase prior than accel the use of hinging within the individual accel the supplicable lase prior than accel the use of hinging within the individual accel the prior of hinging within the individual accel the supplicable lase prior than accel the use of hinging within the individual the use of the use of hinging within the individual the use of the use of hinging within the individual the use of the use of the use of	Md Dup Md Dup Add Dup Add Dup Add Dup Add Dup Add Dup Add Dup Add Dup Add Dup	TO ADD OR DROP ANY DEPENDENTS FROM YOUR MEDICAL COVERAGE, PLEAS	eMail Address Work Telephone Number
	Mail or drop off this form in person to: SFHSS, 1145 Market Street, 3rd Floor, Fax forms to: 1-415-554-1721 Please do not fax the same application mult	tice (a claim that modical services were unnecessary or unauthorized or i or relating to the coverage for, or delivery of, services or items, irrespect and not by lawsuit or resort to court process, except as applicable law pr	O O O	If you do not submit any changes, the dependents covered from January to December 2018 being charged for the cost of coverage and services, you must drop any ineligible depender	C CHOOSE YOUR MEDICAL PLAN
	SAN FRANCISCO Health Service System	to a jury trial and accept the use of binding arbitration. I understand that Signature:	Dependent Last Name Dependent First Name Medicare Cla	Medical Last Name First Name	Blue Shinki Trie HMO* Blue Shinki Access+ HMO* Kalser HMO* Delta Dental PPO Delta Dental PPO Delta Dental Coverage Model alse comment todde semilement to PS pair viola coverage
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		Mail or drop off this form in person to: SFHSS, 1145 Market Street, 3rd Floo Fax forms to: 1-415-554-1721 Please do not fax the same application mu	Under penalty of perjury I certify that the information entered on this document is true agents permission to write all information. It is my responsibility to notify the Sae Fra scassme full financial responsibility for all expenses and to reminerare and informing stand fabrication of information may violate applicable laws, rules and regulations, this side and the reverse side of this form. A care of this form is as will as the ori		If you do not submit any changes, the dependents covered from January to December 2018 will remain the same as those you had covered from January to December 2017. To avoid being charged for the cost of coverage and services, you must drop any ineligible dependents. Dependents dropped during Open Enrollment are not eligible for COBRA coverage.
		You may be eligible for other benefits provided by your employer. For more i	stand faisification of information may violate applicable laws, rules and regulations, on this side and the reverse side of this form. A copy of this form is as valid as the ori		Medical Dental Last Name First Name Birth Date M/F Social Security Number Relationship
		SAN FRANCISCO Health Service System	KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT: I un appeals procedure or the ERISA claims procedure regulation, and any other c disorde homene mendor me holes colorises are then executed and the or the	Under penalty of perjury i certify that the information entered on this document is true and correct. I g werly all internation. It is my responsibility to notify the San Francisco itealm Service System (SFRSS) represest and to entituture and informity plans and SFRSS for any bonneth said it it or my dependents rules and regulations, leading to dismissal and/or legal action. I have read and accept the terms and international services and accept the terms and	Works Unital First Name
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			restee decided by binding arbitration under California law and not by lawsul review of arbitration proceedings. I agree to give up our right to a jury trial a	KAISER FOUNDATION HEALTH PLAN ARBITRATION AGREEMENT: I understand that (accept for Small Claims Court cases, claims subject to a Med	You must enroll every year you want to elect a Flexible Spending Account. TSA Administrature: P&A Group You, I want a Healthcare Flexible Spending Account. I want to contribute a total <u>annual</u> amount of \$ Min 2507- Min 252,000 Journal and the webby spending account. I want to contribute a total <u>annual</u> amount of \$ Min 2507- Min 252,000
			provision is concelled in the Evidence of Coverage. Signature:	Interference into accept the same claims is corrected, claims subject to a med- any effort claims in the claims is a subject to holding arbitration moder governing in parties on the one hand and faster Foundation Hallan Pian, Inc. (KFP), any claim on the other hand, is a singled violation of any dely artissing of our related to the delating this survival for car more and accept or summit fracted or the solution in the survey of the survey of acception of the survey of and on the pineture or result in car any of a strains produced in the survey of and on the pineture or result in car any other survey of a survey of a jury final and accept the use of binding arbitration. I understand that the fit	omoza annum annu o 201 m cyan n + sen y popular una senar poetenica zinal annum annu zon mak zzona za zona zon
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			HEALTH SERVICE SYSTEM	WHERE TO SUBMIT THIS APPLICATION AND REQUIRED DOCUMENTATION	
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				You may be eligible for other benefits provided by your employer. For more inform	KUSE R YOUMAIDIN KEATP HAADSTRATINA GAEGENES: Instinction that cause for shall class can cause, calains subject to a Medicare appeals procedure or the EHSA claims procedure regulation, and any other claims that cause to subject to himfly arbitration ander governing law in splants in downeen synal, may have, reduces, a contrast and that class that cause to subject to himfly arbitration and gravitation governing that any solution of the subscript of the subscript behavior. The subject to himfly arbitration and gravitation of the subject to himfly and the subscript of the subscript behavior. The subject to himfly arbitration gravitation of the subject to himfly and the subject of the subject himfly arbitration subject in Subject and the subject in Subject and subject in Subject i
				SAN FRANCISCO Health Service System	the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage. Signature: Dato Signed:
					Mail, fax or drop off this form: SFHSS, 1145 Market Street, 3rd Floor, San Francisco, CA 94103 Fax: 1-415-554-1721 Phone: 1-415-554-1750 Contact Employee Benefit Specialists (EBS) at 1-800-228-7683 to allocate flex credits during Open Enrollment. Keep a copy of this form for your records.
SAN FRANCISCO					SAN FRANCISCO
			<u> </u>		
HEALTH SERVI	CE SYSTEM				MYHSS.ORG

Events Calendar and Posters



SAN FRANCISCO HEALTH SERVICE SYSTEM AT **HALL OF JUSTICE** OCTOBER 10, 2017 9:00AM-4:30PM 850 Bryant Street, Room 551

Don't let the flu bring you down. GET YOUR **FREE** FLU SHOT Available at this location during Open Enrollment.



Bottor Every Day. HEALTH SERVICE SYSTEM

SFHSS.ORG

October 2017 Special E	vents
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SSC Socken Gate BOOM300re BOOM300	2	3	4	5	6
Columbus Day Holdsay HALL OF JUSTICE Softwart State Down 4:30 w RETIRED FUNCTES Down 4:20 w State Down 4:20 w ONE SOUTTWART ONE SOUTTWART <td>O'Shaughnessy Room 8:00 AM-3:00 PM Meet a Benefits Analyst</td> <td>10:00AM-3:00PM Meet a Benefits Analyst</td> <td>Cesar Chavez Yard 10:00 vm-1:00 pm Meet a Benefits Analyst MISSION CORRIDOR 1650 Mission, 5th Floor 9:00 vm-4:00 pm Meet a Benefits Analyst</td> <td>1245 3rd Street Room 3111 9:00 AM-4:30 PM Meet a Benefits Analyst</td> <td>John O'Connell High School 2355 Folsom Street 4:00 PM-8:00 PM Meet a Benefits Analyst Meet Plan Vendors</td>	O'Shaughnessy Room 8:00 AM-3:00 PM Meet a Benefits Analyst	10:00AM-3:00PM Meet a Benefits Analyst	Cesar Chavez Yard 10:00 vm-1:00 pm Meet a Benefits Analyst MISSION CORRIDOR 1650 Mission, 5th Floor 9:00 vm-4:00 pm Meet a Benefits Analyst	1245 3rd Street Room 3111 9:00 AM-4:30 PM Meet a Benefits Analyst	John O'Connell High School 2355 Folsom Street 4:00 PM-8:00 PM Meet a Benefits Analyst Meet Plan Vendors
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1235 12355 1235 1235 1235		850 Bryant Street Room 551 9:00лм-4:30 рм Meet a Benefits Analyst	OF CCSF HEALTH FAIR Scottish Rite Masonic Center 2850 19th Avenue 10:00 Am-12:00 PM Meet a Benefits Analyst Meet Plan Vendors	Aviation Museum 11:30Aw-3:30PM Meet Plan Vendors SFO OPEN ENROLLMENT ITBA Training Room 9:00Aw-4:30PM Meet a Benefits Analyst	BENEFITS FAIR 2nd Floor Atrium 9:00 Am-4:00 PM Meet a Benefits Analyst Voluntary Benefits Info Meet Plan Vendors
Ben Floor Flushste 500/p* 9:00aw-1:00/w Get a Free Flus Shot 1 Lakenbere Dr. Moccasin Geat Room 7:30aw-1:200/w Meet a Bendits Analyst Votanty Peerfis Analyst Votanty Peerfis Analyst 9:00aw-4:30/w Meet a Bendits Analyst 9:00aw-4:00/w Get a Free Flu Shot 9:00aw-4:00/w Meet a Bendits Analyst 9:00aw-2:00/w Get a Free Flu Shot 9:00aw-2:00/w Meet a Bendits Analyst 9:00aw-2:00/w Get a Free Flu Shot 9:00aw-2:00/w Meet a Bendits Analyst 9:00aw-2:00/w Meet a Bendits Analyst 9	16	17	18	19	20
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PIC MILIBRE 1000 EI Christo Read 8/000-12 Chrite Read 8/000-12 Christo Read 8/000-12 Christo Read 8/000-12 Ch		MTA MME DIVISION* 601 25th Street Room 235 A/B 11:00Am-4:00 PM	PUC-PHELPS 750 Phelps St. Administration Building, 930 Conference Room 8:00 Jun-12:00 PM	DEPT. OF EMERGENCY MANAGEMENT* 1011 Turk Street 1st Floor 5:00am-9:00am 11:00am-5:00pm	401 Van Ness Room 302 10:00 лм-2:00 рм
PIC MILIBRE 1000 EI Christo Read 8/000-12 Chrite Read 8/000-12 Christo Read 8/000-12 Christo Read 8/000-12 Ch	30	31	Open Enrollment a	polications are due by	
Get a Free Flu Shot Get a Free Flu Shot **This event is for active city employees only. **This event is for active city employees only. RECYCLED II	PUC MILLBRAE 1000 El Carrino Real San Mateo Conf Room 8:00 Au-1:00 PM Meet a Benefits Analyst 7:00 AM-12:00 PM	SFHSS WELLNESS CENTER 1145 Market Street 1st Floor 8:00.w-5:00 pm Meet a Benefits Analyst 8:00.w-1:00 pm	Tuesday, October 3 The San Francisco Heal to Friday, except Columit month on the 1st floor to more information about Free flu shot events are Supplies are limited.	1, 2017, 5:00PM. th Service System is open 8:0 sus Day Holiday. Benefit Anal accept applications. No app Open Enrollment and flu shot for adults only, first come,	ysts will be available all pintment necessary. For clinics visit sfhss.org.
	Get a Free Flu Shot	Get a Free Flu Shot	**This event is for active city e	mployees only.	RECYCLED I



Meet with San Francisco Health Service System benefits experts and get your questions answered.

CITY HALL BENEFITS FAIR • OCTOBER 18, 2017 • 9:00AM-4:30PM 1 DR. CARLTON B. GOODLETT PL., SOUTH LIGHT COURT

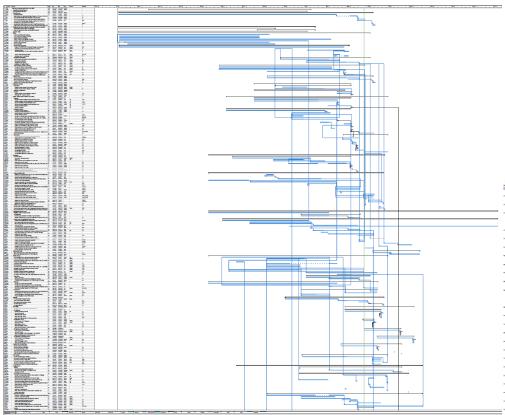
SAN FRANCISCO HEALTH SERVICE SYSTEM

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Project Plan Gantt Chart and Tasks



	% Complete	Task Name	Duration	Start	Finish
	696	OE Forms Printers proofs approved for print	0-d	Mon 8/28/17	Mon 8/28/17
	49%	Letter & Mailing Data	123 d	Mon 4/3/17	Mon 9/25/17
	100%	Initial run of member letter data for the mail house (including Waived)	5 d	Wed 5/31/17	Tue 6/6/17
	100%	Deliver Address List to Mail House for Cleanup	1 d	Tue 5/30/17	Tue 5/30/17
	100%	Receive address cleanup lists from mail house	1 d	Fri 6/9/17	Fri 6/9/17
8	100%	Cleanup & Address Audits (HSS fixes retirees, DPO fixes others)	30 d	Mon 6/12/17	Mon 7/24/17
9	100%	OE Letter Test Cases Identified	30 d	Mon 4/3/17	Fri 5/12/17
2	100%	Create Testing Plans for scenarios identified	60 d	Mon 5/15/17	Tue 8/8/17
1	0%	Review & Match EmpIID to scenarios identified	20 d	Wed 7/12/17	Tue 8/8/17
	100%	Create List of Members in OR, WA, HI	1 d	Wed 7/12/17	Wed 7/12/17
L	0%	Data files for first run letter merge provided by DA to Com (including Waived)	18 d	Wed 8/9/17	Fri 9/1/17
¢	0%	Test OE Letter Merges - Layout	17 d	Thu 8/10/17	Fri 9/1/17
5	0%	Letter Merge Quality Assurance - Data	17 d	Thu 8/10/17	Fri 9/1/17
•	0%	Generate final OE letter source data file	16 d	Mon 8/14/17	Tue 9/5/17
	0%	Provide Mail House with Packet Colating Instructions by Employer	1 d	Mon 8/14/17	Mon 8/14/17
5	0%	Final OE Letters merged	8 d	Wed 9/6/17	Fri 9/15/17
9	0%	Quality Control of OE Letter Merges - Data	7 d	Wed 9/6/17	Thu 9/14/17
3	0%	Quality Control of OE Letter Merges - Rates	7 d	Wed 9/6/17	Thu 9/14/17
1	0%	OE Letter PDF provided to mail house in batches	6-d?	Fri 9/8/17	Fri 9/15/17
2	0%	Mail house prints OE Letters	10 d	Mon 9/11/17	Fri 9/22/17
3	0%	Mail house collating OE Packets (Waived Receive Full Packet)	10 d	Mon 9/11/17	Fri 9/22/17
ŀ	0%	Mail house mails OE packets (Retirees 1st)	1 d	Mon 9/25/17	Mon 9/25/17
5	0%	COBRA Packets Mailed by COBRA Vendor	1 d?	Thu 9/7/17	Thu 9/7/17
6	0%	Generate list of email address of Non-US Resident Members	1 d	Fri 9/22/17	Fri 9/22/17
7	0%	Compose and Send Email to Non-US Resident Members using Emma	2 d	Fri 9/22/17	Mon 9/25/17
l	0%	Send physical letter to Non-US Resident Members without email addresses	1 d	Tue 9/26/17	Tue 9/26/17
>	50%	PeopleSoft & People & Pay	199 d	Mon 4/3/17	Wed 1/17/18
0	100%	Eligibility Audits: Holdover & SSN	85 d	Mon 4/3/17	Tue 8/1/17
1	83%	Pay Calendars	43 d	Wed 7/5/17	Fri 9/1/17
1	100%	Generate pay calendars for Guides, Ops and System	20 d	Wed 7/5/17	Tue 8/1/17
L	50%	Submit a Phire Ticket for 2018 Pay Calendar for all Pay Groups, new Deduction(s), or new Earnings Code(s)	10 d	Mon 8/21/17	Fri 9/1/17
4	39%	People & Pay & PeopleSoft Programming	189 d	Mon 4/17/17	Wed 1/17/18
5	100%	Identify MOU/HSB/Charter updates and analyze system impact	60 d	Mon 4/17/17	Tue 7/11/17

5 —

Video Storyboard and Script

VO: What day is it today?...



Start by looking out for the Open Enrollment package that will arrive to you in the mail. It provides all the information you need to make good choices... (SHOW THE VARIOUS COVERS & COMPONENTS OF THE MAILED PACKAGES) Open Enrollment is for all active and retired members of SFHSS. San Francisco City and County, and Superior Court of San Francisco employees can actively manage their medical, dental, vision, flexible spending accounts and other voluntary benefits... Employees of SF Unified School District and City College of San Francisco can change their medical and vision elections... And Retirees can their update medical, dental and vision elections during this Open Enrollment period...

(GRAPHIC HIGHLIGHTS KEY ACTIONS)

- Select a new or different medical or dental plan if applicable
- Add or drop dependents
- Renew your Health Care or Dependent Care Spending Account if applicable
- Sign up for Voluntary Benefits if applicable

GRAPHICALLY HIGHLIGHT 'WHAT'S NEW IN 2018'

And when it comes to the plans themselves, depending on your status and where you live, there are new, more affordable and improved benefit plans worth considering. For example...

6 –

SAN FRANCISCO HEALTH SERVICE SYSTEM

System Modifications

		n ::	o				a
DR #	Area	Description	Status	Change Needed	Estimated date program needs to be ir PRD b y	Notes	Specification
					(Note: Subject to		
BA0507	Report	OE Letter Program	In Development	Add Plan Tupe 1S for confirmation letter	11/9/2017	Vince to confirm this date	Programming-changes\BA0507_v4b
DA0301	Tiepoit	oc cever rogram	in Development	Add fram type to for committation even	11312011	vince to commit this date	modified for OE2018 docs
NEW	Interface	VSP will send a one-time file for vision buy-up enrollments. The file will contain member SSN,		HSS will prepare load files for buy-up enrollment, and will request efferge to upload in the system.	11/27/2017	Discuss when should we load data in the system. OE data entry	Programming-changestOE2018 Buy-
		dependent SSN, DOB, Division Code. HSS can work on the file received from VSP and				must be completed before this data is loaded so that we can	up enrollment load docx
		convert it ready to load into PS_HEALTH_BENEFIT, PS_HEALTH_DEPENDENT, and PS_BENEFIT_PARTIC (if not already exist).				validate that member s and dependents are also enrolled in medical.	
BA0512	Enrollment file	VSP Enrollment File	Functional Testing	Combine basic vision and Plan Type IS enrollment including VDT and assign new Division Codes	12/1/2017	Assuming the file will be released to VSP on 12/3/17. Note: must	Programming-changes\OE2018
BA0046	Report	Enrollment Statistics	In Development	Modify this program to add Plan Type 1S to the main selection criteria and add Vision Buy-up enrollment statistics to	12/29/2017		Programming-changestBA0046A_v9
				report #2			modified for OE2018.docs
BA0115	Report	Over Age Dependents	UAT Testing	Add Plan Tupe 1S	12/29/2017		Programming-changes(BA0115v09
BA0809	OTC	OTC Posting Process	Functional Review	Add Plan Type IS	1/1/2018	Could OTC vision buy-up payment be needed earlier?	Programming-
BA0809	отс	OTC Payment Page	Functional Review	Add Plan Tupe IS	1/1/2018	Could OTC vision buy-up payment be needed earlier?	Use MBA0025
2110000	0.0			The strain spectre	112010		COSET TO HOOZO
L							
BA0016	Deduction Calculation	Deduction Calculation	UAT Testing	Add Plan Type 1S so that it will be included in the calculation of premiums	1/2/2018		Programming-changestBA0016Av03
1							modified for OE2018.docx
BA0048	Deduction	Deduction Changes	In Development	Add Plan Type 1S	1/2/2018		Programming-changes\BA0048 v08
BA0804	_ Calculation	Payroll Reconciliation	In Development	Add Vision Buy-up deduction to the report. The program is already selecting Plan Types from PAY_DEDUCTION	1/5/2018	CSF/CRT PPE 1/12/18	Programming-changestBA0804_3
	Calculation			that begins with 1% but just needs to add both Before-Tax and After-Tax Deduction to the summary section. Insert			modified for OE2018. docx
				Vision Buy-up deductions after Dep Care FSA Deduction.			
BA0023	Deduction	Calculate Deductions for CSF/CRT employees with zero hours	UAT Testing	Add Plan Tupe 1S	1/5/2018	CSF/CRT PPE 1/12/18	Programming-changestBA0023v09
DA0025	Calculation	Calculate Deductions for Conform employees with zero hours	on resulg	Addit fail type to	1012010	Conternin Ellipsilo	modified for OE2018 docs
BA0088	Deduction	STRS Deduction Request Outbound Interface	UAT Testing	Add Plan Tupe 1S to selection criteria and add the amount to medical deduction.	1/5/2018		Programming-changes/BA0088 v07a
DAUU00	Calculation	STAS Deduction Request Outboaria Interrace	ORT Testing	Add Plan Type is to selection citiena and add the amount to medical deduction.	17072010		modified for OE2018.docx
BA0021	Report	Delinquency Letter	In Development	Add Plan Type 1S	1/10/2018	Spec is submitted on 8/22/17	Programming-changes\BA0021A
BA0086	Deduction	SFERS Deduction Request Outbound Interface	UAT Testing	Add Plan Type 1S to selection criteria and add the amount to medical deduction.	1/12/2018		Programming-changestBA0086 v05
	_ Calculation			-			
BA0015A	Deduction	Payroll one-time deductions and refunds	In Development	Add Plan Type IS	1/13/2018	Spec is submitted on 8/18/17	Programming-
BA0015A	Deduction	Non-payroll one-time deductions and refunds	In Development	Add Plan Type IS	1/13/2018	Spec is submitted on 8/18/17	Use One Time Adjustment Payroll
	Calculation						Page
BA0015A	Deduction Calculation	Load BEN One-Time Adjustments into PSHUP_TXN			1/5/2018		
BA0804	Reconciliation	Deduction Reconciliation	In Development	Add a new procedure for Plan Type 1S logic: Medical delinquency can be paid and not vision buy-up, but vision buy-up	1/15/2018		Use MBA0014C
1				should not be paid if medical delinquency is not paid. The logic is really different from Plan Type 1U in a way that Plan			
				Type 1U is always bundled with Plan Types 10/1X/1Y/1Z. The approach is to add a new procedure rather than modifying the existing logic.			
BA0804	Reconciliation	Delinquency Reconciliation	In Development	Add a new procedure after medical has been processed. Pay Vision Buy-up delinquency if there is no open medical	1/15/2018		Use MBA0014C
Dilloool	The option and off	Deingenogradonomonom		delinquency.	11012010		0001100110
BA0094	Reconciliation	PERS Deduction Actual Inbound File		Add Plan Type 1S	1/31/2018		
BA0095	Reconciliation						
BA0095	Heconciliation	SFERS Deduction Actual Inbound File		Add Plan Type IS	1/31/2018		
BA0096	Reconciliation	STRS Deduction Actual Inbound File		Add Plan Type 1S	1/31/2018		
BA0038	Reconciliation	Deduction Reconciliation		Add Plan Type 1S	2/1/2018		
BA0038	Reconciliation	Delinquency Reconciliation		Add Plan Type 1S	2/1/2018		
BA0027	Deduction	Resend Page		Add Plan Tupe 1S	2/2/2018	First needed for PER 2/28/18	
00021	Calculation	i iesenu i aye		Out of type to	21212010	r inscrieeded fol FER 2/20/10	
BA0133	Report	Overage Audit Report		Add Plan Type 1S	6/1/2018		
BA0126	OTC	FIS Inbound File	Vince	Vince to confirm if this program needs modification	TBD		
BA0128 BA0102	OTC Enrollment file	FIS Outbound File COBRA	vince	Vince to confirm if this program needs modification Question for Mitchell: Can a member continue this coverage upon termination of coverage? Do we need to send plan information to	TBD TBD		
BA0124	MCP	MCP Benefit Summary Page		Construction of microarce can a memory continue and correcting upon reminimation of correctinge: Do we need to send prim monitorior of Construction of Constructio	тво		
BA0124 BA0817	Interface	Truven		Add Plan Type IS Marina to confirmt if this needs modification	TBD	Low priority	
NEV		Vision Buy Up Vendor Payment File		Write a new program	TBD	A query can be developed initially	
1		· ·		I I I I I I I I I I I I I I I I I I I		1	

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Detailed Rate Calculations

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101111		Bine Shield Tale - 798 and 1978	Harfairld 1		100		1.00	8.00 PL201		- 2			1.00	101.01				4810	LAD CUTT	18.57 0.588	La DEL	6.00 tonte	382.34 1128	1.97 THEF	1.01	1 1.00	1.00		LICET			- 10
STOTES -		Bine Shield Tale - 790 and 1978	Harfaletd .		404		8.88	8.88 94.595		- 1		1.11	1.00	41.42 \$	14.01	111.42		40.000	8.80 CUTT	7.75 0589	A AN INCO	8.88 8ATE	838.11.1124	DAM TRET	8.00	1 1.00	115.62		8.811979			1.0
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		Star Skield Tale Albert St. Mark	Bischicki II		105					- 3			- 10	10.00	1	100.00	- 2	1000	1.85 CUTT	1.14 6566	AM DET		100.00.0000	5.00 TEST					A 21 0144	2		
		Star Shield Tale other, by man	Burthiste In		100					- 2			- 10	11.01	1	in.al	104.07 1	40.00	1.00.017	2.25.0588	1.00 71.01	1.00 0.010	100.107100	5.00 THEFT		1 10.00	111.12		1.11, 1944			- 10
		Star Shield Tale - 629	Murfalida													825.29			2.89 CHT	1.01.0500				1.82 7857		1 17.00	100.62		111 (29			
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		Mar Shield Tale - Cit and Cit	Burtainte de		10.0					- 0						825.25	504.07 4		A REI CATT	2.15 0508	LIN DEL		100.04 VICE	5.40 THEF		1 101.00 1 101.00	111.12		1109			- 22
		Phar Shints Tale (1978)	Places in the lot				8.88			- 6			1.00					40-10	1.48 CLEF	8.12 0580	8.00 PL6.5	8.88 8.075	691.28.7125	8.05 1957		1 1.00	1.00		4.41 010			
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00000 a		PLUELUTUL DIE	Hurborn III		410			R. BE DECKS					1.00	101.70				40+3	5.48 CLTF	28.17 0500 8.88 0500	1.00 11.01	LH LATE	5,800,80,7108 940,80,7108	64.28 1957	1.07	1 10			8.31,010			- 10
CO10 8	- 6 -	PLUBLUTIL BIL	PLOTA I		100		1.00	A DE DATAS		- 2		100	1.00	0.0	-			48.99	1.80 0117	7.75 0589	100 1001	LH BATE	08.11 1108	145 1157	1.0	1 10	1.0		1.01.015			1.0
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souther a	- 1	Black Shield Tale - 83	HarfaleM 1	· ·	100		1.01	8.85 \$1.565		- 1		1.01	1.00		14.07	111.42		4810	0.40 CUTT	7.75 0.569	AND THE .	8.88 8.47E	898.11.7120	DAM THEF	LAF	1 100	110.42	1.01	8.81.65			1.0
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souther a		Biter Shirts Tale - 19-5	Hardstell 1		100			8.85 \$1.565		10		1.01	1.00			111.00		48.000	6.80 CUTT	18.57 0.569	Las nes	8.88 8.672	382.34 1128	5.0° THEF	1.00	1 81.45	115.62		8.81,10-0			1.1
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		Mar (Birld Tale (B.B. rawlin)	Are-191.54				(8 8)-			2				- 22		M.H.	Q	40.00		345,000	100,000			54,000		£						
		Mar Shield Tale (2.5) particle Mar Shield Tale (2.5) particles	Participal (112			8.85 \$1.500		- 6				22.42		495.5	- 23		8.86 CUTF	7.75 0500	100 100	5.00 0.01C	100.00 VIGH	5.00 THEF		1 500,000	111.62		8.44 (405)			-8
A 84824		Physical States and Street States	Participa II		100		1.0	A RE PLANE		- 2			1.00	\$2.42	1	298.82	89.07	40.00	1.88 CUTF	7.76 0580	A REPORT	LH BATE	088.04.1108	8.65 1957	1.00	1 10.27	198.62		6.01/030			
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NUT		PLUELOTIC OPP	HURLD I		432			R. BE DILLOW	2	- 2			1.00	141.13	1	482.82	- 8	40+3	1.80 CUTF	7.75 0589 48.87 0589	1.00 11.01	LH BATE	DBL FE WOR	5.00 THEF	1.07	1 98.25	288.82		8.81,004			10
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with a	- 1	Bian Shirid Tala - 8.45	Haritichi I		100			A DE PLONE		- 2			1.00	8.4	-	mar		4010	LAD CUTT	3.41 0.000	LAN DES	AN MATE	20.41 7124	SAE THEF	1.00	1 100	111.42		641.645			- 10
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		When Shired Yorks (M.N. and M.N.	Martinists (10.0					- 9			1.00	21.02		288.82	104.07	40.00	1.89 0117	2.26 0588	1.00,1101	8.88 EATE	101.01.0058	BAR THEF		8 888,20 ²	199.62		******	- 2		
services a		19ther Shield Value (1959)	And the second s					0.00.00.000					1.00			100.05			1.00.007	8.42 0508	EMCREE	8.88 EATE	691.28,7158	AND THEY	1.01	1 11.00	143.02		6.0000			- 14
		Star Shield Tale (1939	Analaise Is	• •					• •							****.2%				16.01 0500			1,002.02.000	P.M. YEST		· · · · · · · ·	119.92	•••	4.44 (450)			
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1/1/2018	A	7	Blue Shield Trio - C21 and C79	BlueShield	В	1	USD	N	0.00		2	0	0.00	0.00	0	0	651.56	
1/1/2018	Α	7	Blue Shield Trio - C21 and C79	BlueShield	в	1	USD	N	0.00	0.00 BLSHLD	3	0	0.00	0.00	0	0	921.11	(
1/1/2018	Α	7	Blue Shield Trio - C21 and C79	BlueShield	в	1	USD	N	0.00	0.00 BLSHLD	E	0	0.00	0.00	0	0	326.79	324.7
1/1/2018	Α	7	Blue Shield Trio - C21 and C79	BlueShield	В	1	USD	N	0.00	0.00 BLSHLD	2	0	0.00	0.00	0	0	651.56	
1/1/2018	A	7	Blue Shield Trio - C21 and C79	BlueShield	в	1	USD	N	0.00	0.00 BLSHLD	3	0	0.00	0.00	0	0	921.11	
1/1/2018	A	7	Blue Shield Trio - C21 and C79	BlueShield	в	1	USD	N	0.00	0.00 BLSHLD	E	0	0.00	0.00	0	0	326.79	324.7

OE Notification Letters (Data, Validation, Letters)

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Mailing Segments:

- CCD 1557
- CCSF / CRT 32748
- COMM 247
- MEA 1284
- USD 7992
- RET-Medicare 23789 plus breakout for multi region
- RET-Non-Medicare 7159 plus breakout for multi region

SAN FRANCISCO HEALTH SERVICE SYSTEM

September 29, 2017

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ENDORSEMENT LINE TRAY NUMBER BUNDLE NUMBER «<Dept>>

<<Name Display>> <<Address1>> <<Address2>> <<City>>, <<State>> <<Postal>>

Employee ID: <<Emplid>>

IMPORTANT NOTICE: MEDICAL PLAN OPTIONS ARE CHANGING IN 2018

Employee ID: <<Emplid>>

MYHSS.ORG

ENROLLMEN1

OCTOBER 1-31, 2017

Automation (Enterprise Content Management System)

- Barcode Recognition Process for 6 different QR codes
- recognize QR codes and extract the member ID based on Rec Zones
- iScript development to re-index documents and assign document type
- Capture Profile / Import Agent / Email agent/ Fax agent configuration as needed
- Recognition Agent Configuration
- Workflow configuration for managing successful and failed barcode reads and document reindexing
- Migration from test to production

SFHSS OPEN ENROLLMENT APPLICATION : CITY & COUNTY OF SAN FRANCISCO EMPLOYEE FOR JANUARY-DECEMBER 2018 PLAN YEAR



You must complete this form and return it to SFHSS with required eligibility documentation by 5:00 PM, October 31, 2017, if any of the following apply:	Do not complete this form if all of the following apply: - You elect to keep the same medical and dental coverage that you had
- You are changing medical or dental elections for January to December 2018.	from January to December 2017.
- You are adding or dropping dependents effective January to December 2018.	- You are NOT adding or dropping any dependents January to December 2018.
- You are enrolling or re-enrolling in a Flexible Spending Account (FSA)	- You are NOT enrolling or re-enrolling in a Flexible Spending Account (FSA)
effective from January to December 2018.	effective from January to December 2018.

1 YOUR PERSONAL INFORMATION

me First Name	Initial	DSW
		123456

Automation (Self-Service Pilot)

1.1 Self	Service eBenefits – End User Acceptance Testing	2
1.1.1	Access Self Service Benefits	2
1.1.2	Access a Benefits Enrollment Event	3
1.1.3	Make Medical Elections via Self Service – No Dependent Change – New Plan Choice	4
1.1.4	Make Dental Elections via Self Service – No Dependent Change – New Plan Choice	
1.1.5	Make Medical Elections via Self Service – Add Existing Dependent - Same Plan	
1.1.6	Make Dental Elections via Self Service – Add Existing Dependent – Same Plan	
1.1.7	Make Medical Elections via Self Service – Drop Dependent – Same Plan Choice	
1.1.8	Make Dental Elections via Self Service – Drop Dependent – Same Plan Choice	
1.1.9	Make Medical Elections via Self Service – Add New Dependent – New Plan Choice	
1.1.10	Make Dental Elections via Self Service – Add New Dependent – New Plan Choice	
1.1.11	Make Medical Elections via Self Service – Waive Medical	
1.1.12	Make Dental Elections via Self Service – Waive Dental	
1.1.13	Enroll in FSA via Self Service	
1.1.14	Enroll in Dependent Care FSA via Self Service	
1.1.15	Make Medical Elections via Self Service – Add Existing Dependent – New Plan Choice	
1.1.16	Make Dental Elections via Self Service – Add Existing Dependent – New Plan Choice	
1.1.17	Make Medical Elections via Self Service – Add New Dependent – Same Plan Choice	
1.1.18	Make Dental Elections via Self Service – Add New Dependent – Same Plan choice	
1.1.19	No changes to enrollment	
1.1.20	Confirm and Submit Enrollment	
1.1.21	Change a previously submitted enrollment – Change Plans – Same Deps	
1.1.22	Change a previously submitted enrollment – Same Plan – Drop Deps	
1.1.23	Change a previously submitted enrollment – Same Plan - Add Deps	
1.1.24	Change a previously submitted enrollment – Change Plans – Change Deps	
1.1.25	Make Medical Elections via Self Service – Drop Dependent – New Plan Choice	
1.1.26	Make Dental Elections via Self Service – Drop Dependent – New Plan Choice	. 33

1.2 Enrollment Processing – End User Acceptance Test^{Open enrollment} is your annual opportunity to modify your benefit choices.

1.2.1 Locate Enrollment entered from Self-Service..........To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next

1.2.2 Process Application......

------year, you must reenroll in these programs during the Open Enrollment period.

You will be able to review the cost of each benefit on the Enrollment Summary.

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Enrollment Summary					
Medical	Full Cost	Credits	Before Tax	After Tax	Edit
Current: Kaiser HMO:Mbr Only					
New: Kaiser HMO:Mbr Only	0.00	317.41	0.00		
Dental	Full Cost	Credits	Before Tax	After Tax	Edit
Current: Delta Dental PPO:Mbr Only					
New: Delta Dental PPO:Mbr Only	2.31	0.00	2.31		