

How to Enroll in Benefits Manual: New Hire / Rehire

Welcome! Thank you for using SFHSS' Self-Service system to enroll in your benefits. As a new hire, you must enroll in benefits within 30 calendar days from your date of hire. If you do not enroll, it may result in no coverage for yourself and any dependents. You can only change your benefit choices during Open Enrollment or if you have a qualified life event change. This includes marriage, domestic partnership, a newborn or newly adopted child, as well as divorce or dissolution of domestic partnership.

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Frequently Asked Questions

What documents do I need?

If you will be adding or disenrolling a dependent to your existing plans, you will need to have your required documentation ready for upload. You will not be able to complete your online enrollment without uploading your documentation.

- Certified Marriage Certificate
- Domestic Partner Certification
- Birth Certificate
- Adoption Certificate
- A Social Security card must be provided for each new enrolled dependent
- Court Orders for Divorce, Separation, Annulment, Dissolution of Domestic Partnership
- Proof of coverage loss
- Proof of coverage gain
- Death Certificate

Who do I contact for benefits questions?

For additional questions about health benefits eligibility or making health benefit changes, visit **SFHSS.org** or call **(628) 652-4700**. Our telephone hours are Monday, Tuesday, Wednesday, and Friday from 9 a.m. to 12 p.m. and 1 p.m. to 5 p.m. Thursday from 10 a.m. to 12 p.m. and 1 p.m. to 5 p.m.

Who do I contact for issues logging in to the Employee Portal?

If you are unable to log into the SF Portal or SF MyHub, please contact the **City and County of San Francisco's Department of Technology Help Desk at (628) 652-5000**, between the hours of 7:30 a.m.-5 p.m., Monday to Friday.

What are the different relationship types when adding dependents to your health benefits?

When adding dependents, not all relationship types are benefit-eligible. These other relationships may be used for emergency contacts, for example. To ensure your dependent is eligible for coverage, refer to the table below.

Relationship Types	When to Use	Supporting Documentation Needed
Child	Biological or Adopted Children.	Birth/Adoption Certificate. Birth Verification is also accepted temporarily, but the Birth Certificate is still required to be submitted within 6 months.
Domestic Partner Adult	Domestic Partner.	Domestic Partnership Certificate.
Domestic Partner Child	Child of Domestic Partner.	Birth Certificate & Domestic Partnership Certificate.
Other Child - Legal	Dependents from court ordered coverage/ guardianship, etc...	Court Order.
Other IRS - Non Dep Adult	Domestic Partner Certificate, Annual Attestation from SFHSS, and Tax Return.	Domestic Partner Certificate & Annual Attestation from SFHSS.
Other IRS - Non Dep Child	Birth Certificate, Domestic Partner Certificate, Annual Attestation from SFHSS, and Tax Return.	Birth Certificate, Domestic Partner Certificate & complete and return Annual Domestic Partnership Attestation that will be sent from SFHSS.
Spouses	Marriage License / Certificate.	<p>Filed copy of a Federal Income Tax Return for spouses married for more than 18 months. Members are required to file married filing jointly/separately, to establish a continuous spousal relationship.</p> <p>Spouses married for less than 18 months will be requested to provide their filed copy of a Federal Income Tax Return (married filing jointly/ separately)</p>

Login

1. Go to: <https://sfhss.org/how-to-enroll>
2. Click on the **SF My Hub** tile on the top left of the window.

How to Enroll

SF My Hub

> Introduction

[Step by Step Instructions for New Hires and Qualifying Life Events](#)

[How to Enroll Online](#)

[How to Register an Account \(One-time only\) - for City College, SFUSD and Retirees](#)

[Dependent Eligibility](#)

[How to Make Benefits Changes Online](#)

Introduction

[City and County of San Francisco](#), [Superior Court of San Francisco](#), [San Francisco Unified School District \(SFUSD\)](#), and [City College of San Francisco](#) employees and [Retirees](#) can enroll in health benefits elections online with **eBenefits**.

If you are an employee of **SFUSD**, **City College** or a **Retiree** and have not previously registered an account, you will need to [Register your Account \(one-time only\)](#). Go to the **How to Enroll Online** steps below or watch the **How to Register an Account (one-time only)** video below if you need help.

For instructions on how to enroll online, download the Step by Step Instructions for New Hires and Qualifying Life Events.

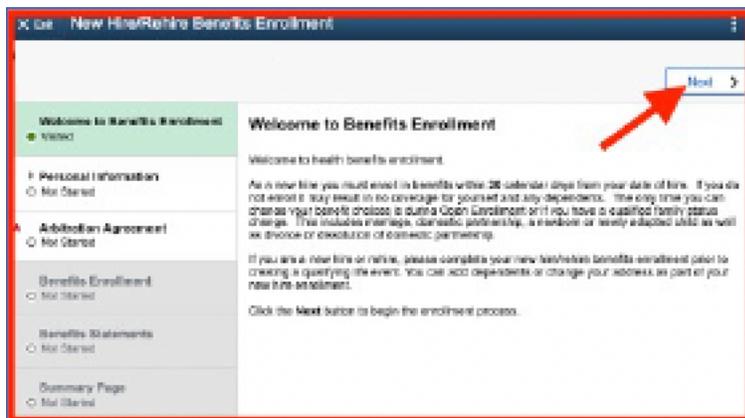
If you are unable to enroll online, get [Help](#) below.

You can use your computer, tablet, or smart phone to access **eBenefits** at any time. You can also access **Benefits Enrollment** using the same kiosks that you use for *PeopleSoft* time entry.

3. Enter your DSW (Employee ID) and password.
4. Complete the security verification.
5. You will see your dashboard with different tiles.



- Click on **Hire/Rehire Benefit Enrollment** tile.



- Read the message and click on **Next**.

Update Your Personal Information

You can update your personal information, such as your **Home and Mailing Addresses, Contact Information, Emergency Contact, and Race & Ethnicity.**

Cancel | < Previous | Next >

Marriage Event
● Visited

* **Document Upload**
● Complete

▲ **Personal Information**
● Visited

Home & Mailing Address
● Complete

Contact Information
● Visited

Emergency Contact
● Visited

Race & Ethnicity
● Visited

Personal Information - Home & Mailing Address

Home Address

123 Test Ave
Daly City, CA 94015
Current >

Mailing Address

123 Test Ave
Daly City, CA 94015
San Mateo County
Current >

Reminder to click on **Save** at the top right of the window to save your changes.

Cancel | Address | Save

Race and Ethnicity Popup window

Employee Instruction

United States addresses require one of these to save: Address 1, Address 2, Address 3. Home Address cannot be a PO Box.

Change As Of 04/14/2025

*Country United States

Address 1 123 Test Ave.

Address 2

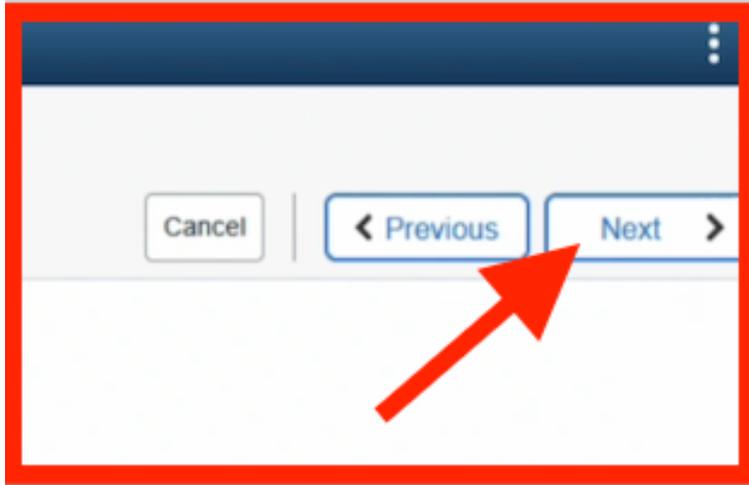
Address 3

City Daly City

State California

Postal 94015

County



If there are no necessary changes to your personal information, you can advance and click on **Next** at the top right of the window.

Race and Ethnicity

The **Race and Ethnicity** section is defined by the Centers for Medicare & Medicaid Services. Completing this race and ethnicity section is completely voluntary and helps us better understand the diversity of our members so we can work to reduce healthcare inequities and improve services for everyone. Click on **Next** at the top right of your screen when finished.

A screenshot of a web application showing the 'Race and Ethnicity' section. On the left is a sidebar with a list of sections: 'Marriage Event' (Visited), 'Document Upload' (Complete), 'Personal Information' (Visited), 'Home & Mailing Address' (Complete), 'Contact Information' (Visited), 'Emergency Contact' (Visited), and 'Race & Ethnicity' (Visited). The main content area is titled 'Race and Ethnicity' and contains two sections: 'Race Details' and 'Ethnicity Details'. Both sections show 'No Data Exists' and an 'Add' button. At the bottom, there is a section for 'Voluntary Self-Identification'. A red arrow points to the 'Next >' button in the top right corner of the application window.

Arbitration Agreement

Welcome to your Newborn Event
● Visited

* **Document Upload**
● Complete

▶ **Personal Information**
● Visited

Eligible Dependent Information
● Visited

* **Arbitration Agreement**
○ Not Started

Benefit Enrollment
○ Not Started

Benefits Statements
○ Not Started

Arbitration Agreement

Below are the terms and conditions to enroll in health benefits. Selecting the **I Agree** checkbox on the Complete button on the Summary step will send your benefit choices to the San Francisco Health Service System.

Once your enrollment is processed, you may not be able to make any further benefit changes until your status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduplicate and authorize San Francisco Health Service System to send necessary personal information to select your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are the Applicant, understand and agree that any and all disputes between me (including any of my enrolled dependents) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.133 instead of a jury or court trial and that I am waiving all rights to class arbitration. This Agreement to arbitrate applies even if other parties, such as health care providers or their agents or employees, are involved in the dispute. I understand that, by agreeing to submit all disputes to arbitration, I am waiving my right to a jury trial, and I understand that the full arbitration provision is included in the Evidence of Coverage or Certificate of Insurance. By my own election, to select the Health Net CanopyCare plan, I understand that this action will serve as my electronic signature for the Health Net CanopyCare plan.

If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Permanente Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other representatives) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.133 instead of a jury or court trial and that I am waiving all rights to class arbitration. This Agreement to arbitrate applies even if other parties, such as health care providers or their agents or employees, are involved in the dispute. I understand that, by agreeing to submit all disputes to arbitration, I am waiving my right to a jury trial, and I understand that the full arbitration provision is included in the Evidence of Coverage or Certificate of Insurance. By my own election, to select the Kaiser Permanente plan, I understand that this action will serve as my electronic signature for the Kaiser Permanente plan.

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature for the Kaiser Permanente plan.

I Agree

1. Read the **Arbitration Agreement**.
2. Click on **I Agree** check box in the bottom.

Divorce Event
● Visited

* **Document Upload**
● Complete

▶ **Personal Information**
● Visited

Eligible Dependent Information
● Visited

* **Arbitration Agreement**
● In Progress

Benefit Enrollment
○ Not Started

Benefits Statements
○ Not Started

Summary
○ Not Started

Arbitration Agreement

Below are the terms and conditions to enroll in health benefits. Selecting the **I Agree** checkbox on the Complete button on the Summary step will send your benefit choices to the San Francisco Health Service System.

Once your enrollment is processed, you may not be able to make any further benefit changes until your status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduplicate and authorize San Francisco Health Service System to send necessary personal information to select your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are the Applicant, understand and agree that any and all disputes between me (including any of my enrolled dependents) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.133 instead of a jury or court trial and that I am waiving all rights to class arbitration. This Agreement to arbitrate applies even if other parties, such as health care providers or their agents or employees, are involved in the dispute. I understand that, by agreeing to submit all disputes to arbitration, I am waiving my right to a jury trial, and I understand that the full arbitration provision is included in the Evidence of Coverage or Certificate of Insurance. By my own election, to select the Health Net CanopyCare plan, I understand that this action will serve as my electronic signature for the Health Net CanopyCare plan.

If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Permanente Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other representatives) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.133 instead of a jury or court trial and that I am waiving all rights to class arbitration. This Agreement to arbitrate applies even if other parties, such as health care providers or their agents or employees, are involved in the dispute. I understand that, by agreeing to submit all disputes to arbitration, I am waiving my right to a jury trial, and I understand that the full arbitration provision is included in the Evidence of Coverage or Certificate of Insurance. By my own election, to select the Kaiser Permanente plan, I understand that this action will serve as my electronic signature for the Kaiser Permanente plan.

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature for the Kaiser Permanente plan.

I Agree

Save

3. Click **Save**.

This is required to proceed to the next step.

Cancel < Previous **Next** >

Marriage Event
● Visited

Document Upload
× Complete

Personal Information
● Visited

Eligible Dependent Information
● Complete

Arbitration Agreement
× Complete

Arbitration Agreement

Below are the terms and conditions to enroll in health benefits. Selecting the **I Agree** checkbox on this page is required to complete your enrollment. Clicking the **Complete** button on the **Summary** step will send your benefit choices to the San Francisco Health Service System for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

By submitting your benefit choices you are authorizing San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System.

If you have selected the **Health Net CanopyCare** plan, by submitting your enrollment, you are agreeing to the **Health Net** binding arbitration agreement: I, the Applicant, understand and agree that any and all disputes between me (including any of my enrolled family members or heirs or personal representatives) and Health Net, except disputes concerning adverse benefit determinations as defined in 45 CFR 147.136, must be

4. Click **Next**.

Benefits Enrollment / Add Your Dependent(s)

The **Benefits Enrollment** section will show you the different plan tiles available to you. For this example, we click on the **Medical** tile.

Welcome to Benefits Enrollment
● Visited

Personal Information
● Visited

Arbitration Agreement
● Complete

Benefits Enrollment
● Visited

Benefits Statements
○ Not Started

Summary Page
○ Not Started

Benefits Enrollment

Please review the different plan options available to you as a newly eligible employee. Make sure that supporting documents for any dependents that you will enroll are readily available.

* Indicates required

1. Click on the **Review** link on each benefit plan type to review the different plans, add dependents and enroll in the plans.
2. Add your dependents as needed and click the check box next to their name to enroll them.
3. Choose your plan by clicking the **Select** button next to it and click the **Done** button, located in the upper right-hand corner, to save election.
4. After you have completed all your benefit elections, it is important that you click the **Submit** and **Done** buttons to submit your election to SFHSS.

Enrollment Summary

Your Pay Period Cost	\$0.00	Full Cost	\$0.00
Status	Submitted	Employer Cost	\$0.00
04/01/2025 11:31AM			

Submit

Benefit Plans

Medical	Vision Premier
Current No Coverage	Current No Coverage
New Waive	New Waive
Status Pending Review	Status Pending Review
0 Dependents	0 Dependents
Employee Cost \$0.00	Employee Cost \$0.00
Review	Review

Medical

Cancel Done

ace and Ethnicity Popup window

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

You have no dependent registered

Add/Update Dependent

▼ **Enroll in Your Plan**

The Member Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to

1. Read the message in this **Medical** plan window and click on **Add/Update Dependent**.

Add Individual Dependent/Beneficiary Information

Cancel Save

* Indicates required field

Select Save after you have added your Dependent/ Dependent/Beneficiary Summary Popup changes will go into effect on 4/17/2025.

Name

Add Name

Personal Information Dependent/Beneficiary Summary Popup window

Date of Birth MM/DD/YYYY

*Gender Female

*Relationship to Employee Spouse

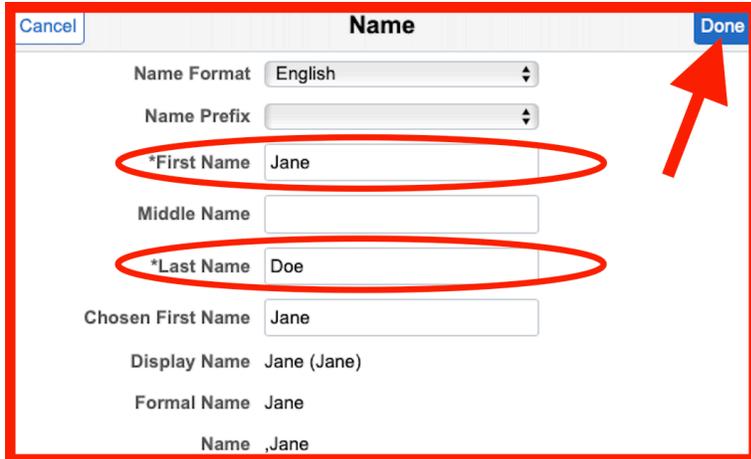
*Disabled No

As of 04/16/2025

Address

Address	Address Type	Same Address as mine
---------	--------------	----------------------

2. Click on **Add Name**.



Cancel Done

Name

Name Format English

Name Prefix

*First Name Jane

Middle Name

*Last Name Doe

Chosen First Name Jane

Display Name Jane (Jane)

Formal Name Jane

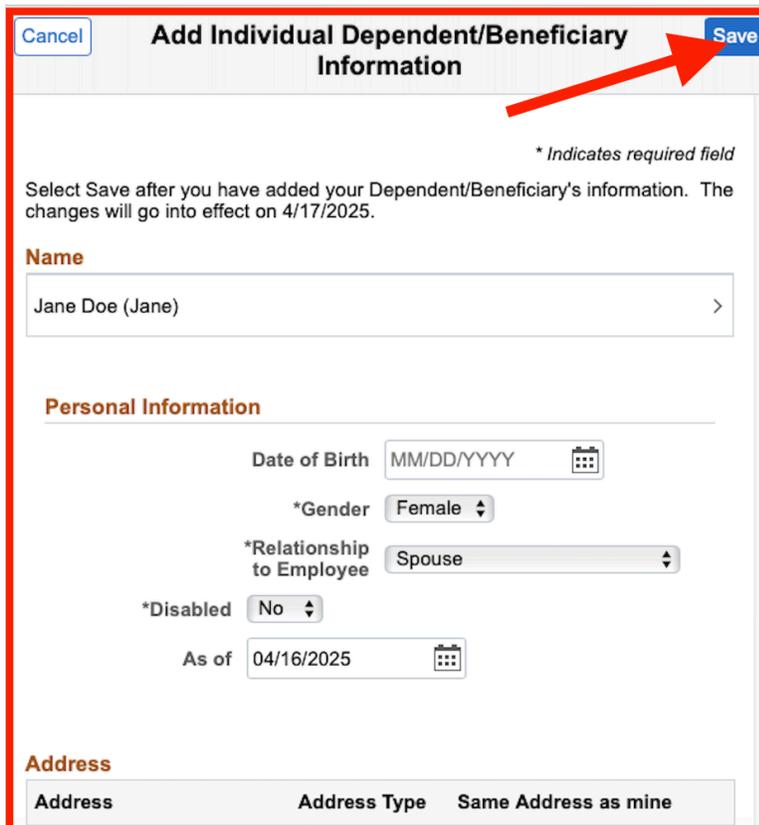
Name Jane

3. Enter your dependent's **First Name** and **Last Name**.

4. Complete the rest of your dependent's information in the window: **Personal Information, Address, Social Security Number, Phone, Email, Race, Ethnicity**.

Read the **Upload Document** section in this manual for uploading instructions for your dependent(s).

The asterisk (*) next to the items means that they are required fields.



Cancel Save

Add Individual Dependent/Beneficiary Information

* Indicates required field

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 4/17/2025.

Name

Jane Doe (Jane) >

Personal Information

Date of Birth MM/DD/YYYY

*Gender Female

*Relationship to Employee Spouse

*Disabled No

As of 04/16/2025

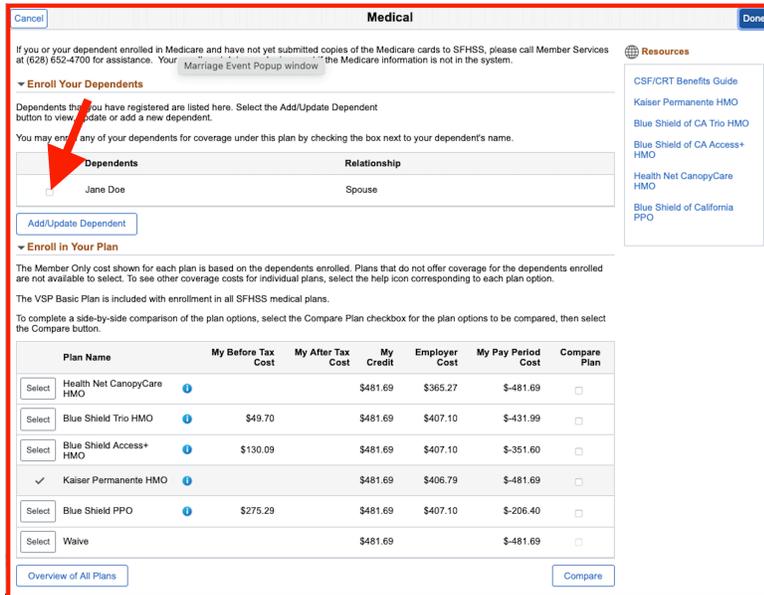
Address

Address Address Type Same Address as mine

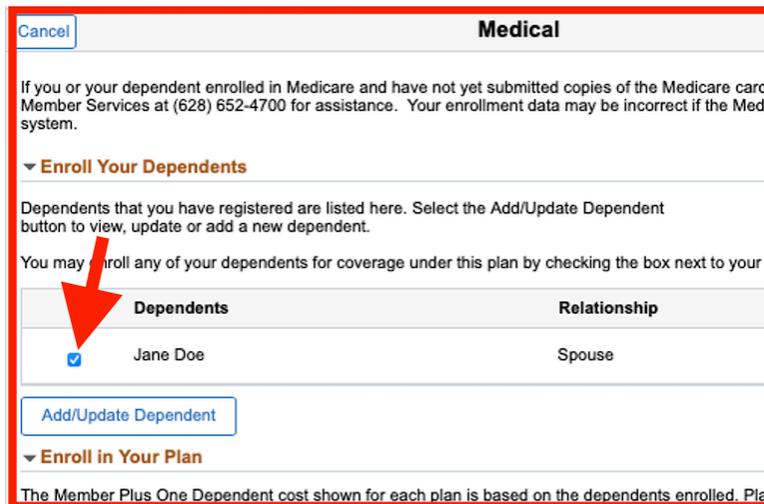
5. Click on **Save** at the top right corner of the window.



6. Click on **X** to close the window.



7. This new window will appear. Click on the check box next to name of the dependent you plan to enroll.



3. Click the **Select** button next to the medical plan you choose.

Medical

Cancel Done

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

Enroll Your Dependents

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

Add/Update Dependent

Enroll in Your Plan

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> Health Net CanopyCare HMO	\$363.43	\$555.80	\$365.27	\$-192.37	<input type="checkbox"/>	
<input type="checkbox"/> Blue Shield Trio HMO	\$504.65	\$555.80	\$407.10	\$-51.15	<input type="checkbox"/>	
<input type="checkbox"/> Blue Shield Access+ HMO	\$665.44	\$555.80	\$407.10	\$109.64	<input type="checkbox"/>	
<input type="checkbox"/> Kaiser Permanente HMO	\$404.96	\$555.80	\$406.79	\$-150.84	<input type="checkbox"/>	
<input type="checkbox"/> Blue Shield PPO	\$916.55	\$555.80	\$407.10	\$360.75	<input type="checkbox"/>	
<input type="checkbox"/> Waive		\$481.69		\$-481.69	<input type="checkbox"/>	

Overview of All Plans Compare

Add/Update Dependent

Enroll in Your Plan

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit
<input checked="" type="checkbox"/> Health Net CanopyCare HMO	\$363.43	\$555.80	\$365.27
<input type="checkbox"/> Blue Shield Trio HMO	\$504.65	\$555.80	\$407.10
<input type="checkbox"/> Blue Shield Access+ HMO	\$665.44	\$555.80	\$407.10
<input type="checkbox"/> Kaiser Permanente HMO	\$404.96	\$555.80	\$406.79

4. Click on **Done** at the top right of the window.

Medical

Cancel Done

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

Enroll Your Dependents

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

Add/Update Dependent

You will be returned to the **Benefit Enrollment** section. Notice that the **Medical** tile will show **Changed** and **1 dependent(s)** you just added.

Welcome to Benefits Enrollment
● Visited

▶ **Personal Information**
● Visited

✔ **Arbitration Agreement**
● Complete

● **Benefits Enrollment**
● Visited

○ **Benefits Statements**
○ Not Started

○ **Summary Page**
○ Not Started

Benefits Enrollment

Please review the different plan options available to you as a newly eligible employee. Make sure that supporting documents for any dependents that you will enroll are readily available.

1. Click on the Review link on each benefit plan type to review the different plans, add dependents and enroll in the p
2. Add your dependents as needed and click the check box next to their name to enroll them.
3. Choose your plan by clicking the Select button next to it and click the Done button, located in the upper right-hand election.
4. After you have completed all your benefit elections, it is important that you click the Submit and Done buttons to su SFHSS.

▼ **Enrollment Summary**

Your Pay Period Cost	\$692.69	Full Cost	\$692.69
Status	Changed - Resubmit Required	Employer Cost	\$3,025.46

[Submit](#)

Benefit Plans

Medical

Current No Coverage
New **Blue Shield Access+ HMO**

Status **✔ Changed**
👤 **1 Dependents**

Employee Cost **\$692.69**

[Review](#)

Vision Premier

Current No Coverage
New Waive

Status **Pending Review**
👤 **0 Dependents**

Employee Cost **\$0.00**

You can now repeat the same process for **Dental**, **Vision Premier**, **Flex Spending - Health**, and **Flex Spending – Dependent Care**.

Marriage Event
● Visited

*** Document Upload**
● Complete

Personal Information
● Visited

Eligible Dependent Information
● Complete

*** Arbitration Agreement**
● Complete

Benefit Enrollment
● Visited

Benefits Statements
 Not Started

Summary
 Not Started

Benefit Enrollment

* Indicates required field

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

▼ **Enrollment Summary**

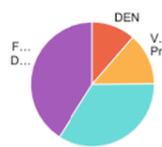
Your Pay Period Cost **-\$110.18**

Status **Pending Review**

Full Cost **\$445.62**

Plan Credits **-\$555.80**

Employer Cost **\$483.68**



Benefit Plans

Medical

Current Kaiser Permanente HMO
New Kaiser Permanente HMO
Status ● Changed
 1 Dependents

Employee Cost **-\$150.84**

Dental

Current Delta Dental PPO
New Delta Dental PPO
Status ● Changed
 1 Dependents

Employee Cost **\$4.62**

Vision Premier

Current VSP Premier
New VSP Premier
Status ● Changed
 0 Dependents

Employee Cost **\$5.48**

VDT

Current Computer Vision Care (VDT)
New Computer Vision Care (VDT)
Status **Not Available**

Employee Cost **\$0.00**

Life

Current MEA Life Insurance \$150,000
New MEA Life Insurance \$150,000
Status **Not Available**

Employee Cost **\$0.00**

Long-Term Disability

Current Long Term Disability 66.6%
New Long Term Disability 66.6%
Status **Not Available**

Employee Cost **\$0.00**

Flex Spending - Health

Current Waive
New Health Care FSA \$250
Status ● Changed

Employee Cost **\$13.89**

Flex Spending - Dependent Care

Current Waive
New Child Care Dependent Care FSA \$300
Status ● Changed

Employee Cost **\$16.67**

Refer to the **Benefits Plan Comparison Tool** section in this manual to learn how to compare different plans side-by-side when applicable.

7. For your **Dental** plan you can simply repeat the same steps.

Dental

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

Enroll Your Dependents

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input checked="" type="checkbox"/> Jane Doe	Spouse

Enroll in Your Plan

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> Delta Dental PPO		\$4.62		\$49.75	\$4.62	<input checked="" type="checkbox"/>
<input type="checkbox"/> DeltaCare USA DHMO				\$20.16	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> UHC Dental				\$19.05	\$0.00	<input type="checkbox"/>
<input type="checkbox"/> Waive					\$0.00	<input type="checkbox"/>

Overview of All Plans Compare

- Click the **Dental** tile.
- Choose your dependent to add.
- Click the **Select** button of your chosen dental plan.
- Click **Done** at the top right of the window.

Vision Premier

Vision Premier requires enrollment in any medical plan. All family members being enrolled in Vision Premier must also be enrolled in medical.

Enroll Your Dependents

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

Dependents	Relationship
<input type="checkbox"/> Jane Doe	Spouse

Enroll in Your Plan

The Member Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

Plan Name	My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
<input checked="" type="checkbox"/> VSP Premier Requires enrollment to any Medical plan		\$5.48			\$5.48	<input type="checkbox"/>
<input type="checkbox"/> Waive					\$0.00	<input type="checkbox"/>

Overview of All Plans Compare

8. Repeat the same steps for your **Vision** plan.

But if you choose not to enroll in the **Vision Premier** plan, just click **Done**.

Note that the VSP Basic plan is included with enrollment in all the SFHSS medical plans as described below, and there is no need to make any selection for the basic plan.

VSP Premier ✕

The VSP Basic plan is included with enrollment in all SFHSS medical plans. You are eligible for a vision exam once a year, and either one set of contacts or a pair of eyeglasses frame/lenses every other calendar year.

You also have the option to "buy-up" to the VSP Premier plan that includes coverage for either one set of contacts or a pair of eyeglasses frame/lenses every calendar year. The VSP Premier plan also provides a higher allowance for a frame and lenses or contacts. If you buy-up to the VSP Premier plan, your dependents will also be enrolled in the VSP Premier plan.

Both Basic and Premier plans include supplemental coverage for medical eye care, including urgent/emergency and special ophthalmological services.

Additionally, both Basic and Premier plans include coverage for non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, if you or your family does not have the need for prescription eye ware.

9. Click on the **Flex Spending – Health** tile and click **Select** if you choose to contribute, otherwise, click **Done**.

Cancel

Flex Spending - Health

Done

Marriage Event Popup window

A Healthcare FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and your eligible family members.

You can use the benefits debit card or submit claims in the app on your smartphone or online at www.padmin.com

For more information, please review the Flexible Spending Plan Details.

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

▼ **Enroll in Your Plan**

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Health plan. You will have no contribution with this plan if you do not make a choice.

	Plan Name
	<div style="display: flex; align-items: center;"> <input style="margin-right: 5px;" type="button" value="Select"/> Health Care FSA </div>
✓	Waive

If you choose to contribute, type the amount in the **Employee Annual Pledge** box.

Cancel

Flex Spending - Health

Done

Marriage Event Popup window

A Healthcare FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and your eligible family members.

You can use the benefits debit card or submit claims in the app on your smartphone or online at www.padmin.com

For more information, please review the Flexible Spending Plan Details.

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

▼ Enroll in Your Plan

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Health plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
✓	Health Care FSA
Select	Waive

▼ Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

Minimum Employee Pledge \$250.00

Maximum Employee Pledge \$3,200.00

Annual pledge amount for all Flexible Spending Accounts r:

[Flexible Spending Account Worksheet](#)

Click on the **Flexible Spending Account Worksheet** button, and a window will show you the breakdown of your annual pledge. Click **Done** to close the window.

Flexible Spending Account Worksheet

You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.

*Estimate Contribution from

Your New Annual Pledge	<input type="text" value="250.00"/>
Minus Your Year To Date Contributions	0.00
Divided by Pay Periods Remaining	18
Estimated Per Pay Period Contribution	13.89

10. Click on the **Flex Spending – Dependent Care** tile and click **Select** if you choose to contribute, otherwise, click **Done**.

Cancel

Flex Spending - Dependent Care

Done

A Dependent Care Assistance FSA allows you to pay for certified day care, pre-school and elder care needed by eligible children under age 13 or aging parents. Note: If you have a stay-at-home parent in your household, you are not eligible for a Dependent Care Assistance FSA.

For more information, please review the Flexible Spending Plan Details.

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

▼ **Enroll in Your Plan**

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Dependent Care plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
<input type="button" value="Select"/>	Child Care Dependent Care FSA
<input checked="" type="checkbox"/>	Waive

If you choose to contribute, type the amount in the **Employee Annual Pledge** box.

Cancel

Flex Spending - Dependent Care

Done

Marriage Event Popup window

A Dependent Care Assistance FSA allows you to pay for certified day care, pre-school and elder care needed by eligible children under age 13 or aging parents. Note: If you have a stay-at-home parent in your household, you are not eligible for a Dependent Care Assistance FSA.

For more information, please review the Flexible Spending Plan Details.

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

▼ Enroll in Your Plan

Important! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Dependent Care plan. You will have no contribution with this plan if you do not make a choice.

Plan Name	
✓	Child Care Dependent Care FSA
Select	Waive

▼ Contribution Amount

You may enter your total elected annual pledge amount which will be divided and deducted on a per pay period basis. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions. You may select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Employee Annual Pledge

Minimum Employee Pledge \$250.00

Maximum Employee Pledge \$5,000.00

Annual pledge amount for all Flexible Spending Accounts n

[Flexible Spending Account Worksheet](#)

Click on the **Flexible Spending Account Worksheet** button, and a window will show you the breakdown of your annual pledge. Click **Done** to close the window.

Flexible Spending Account Worksheet	
You may use this worksheet to estimate your per pay period contribution or annual pledge. Select Calculate to update the estimates.	
*Estimate Contribution from	Annual Pledge
Your New Annual Pledge	300.00
Minus Your Year To Date Contributions	0.00
Divided by Pay Periods Remaining	18
Estimated Per Pay Period Contribution	16.67

Calculate

Click on Submit once you have made all your changes. Failure to click Submit, will not finalize your benefits enrollment.

Marriage Event
● Visited

*** Document Upload**
● Complete

Personal Information
● Visited

Eligible Dependent Information
● Complete

*** Arbitration Agreement**
● Complete

Benefit Enrollment
● Visited

Benefits Statements
○ Not Started

Summary
○ Not Started

Benefit Enrollment

* Indicates required field

Please review your current and new elections. If you would like to make changes, click on the Benefit Plan to modify your plan or coverage level then click the Done button to save your election. Click the Submit button to submit your elections to SFHSS.

To print a copy of your benefit elections, click Next.

Enrollment Summary

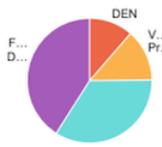
Your Pay Period Cost **\$-110.18** Full Cost **\$445.62**

Status **Pending Review** Plan Credits **\$-555.80**

Employer Cost **\$483.68**

Submit





Benefit Plans

Medical

Current Kaiser Permanente HMO
New Kaiser Permanente HMO
Status **Changed**
👤 1 Dependents

Employee Cost **\$-150.84** Review

Dental

Current Delta Dental PPO
New Delta Dental PPO
Status **Changed**
👤 1 Dependents

Employee Cost **\$4.62** Review

Vision Premier

Current VSP Premier
New VSP Premier
Status **Changed**
👤 0 Dependents

Employee Cost **\$5.48** Review

VDT

Current Computer Vision Care (VDT)
New Computer Vision Care (VDT)
Status **Not Available**

Employee Cost **\$0.00**

Life

Current MEA Life Insurance \$150,000
New MEA Life Insurance \$150,000
Status **Not Available**

Employee Cost **\$0.00**

Long-Term Disability

Current Long Term Disability 66.6%
New Long Term Disability 66.6%
Status **Not Available**

Employee Cost **\$0.00**

Flex Spending - Health

Current Waive
New Health Care FSA \$250
Status **Changed**

Employee Cost **\$13.89** Review

Flex Spending - Dependent Care

Current Waive
New Child Care Dependent Care FSA \$300
Status **Changed**

Employee Cost **\$16.67** Review

Done **Benefits Alerts**

Your benefit choices have been submitted to the San Francisco Health Service System.

If you added or removed dependents, ensure all required verification documents are submitted to avoid coverage termination.

Print your Benefits Statement for your records. Select 'Done' to return to the Benefits Enrollment page.

Read the message and click **Done**.

Upload Your Documents

Marriage Event
● Visited

*** Document Upload**
● In Progress

▶ **Personal Information**
 Not Started

Eligible Dependent Information
 Not Started

*** Arbitration Agreement**
 Not Started

Benefit Enrollment
 Not Started

Benefits Statements
 Not Started

Summary
 Not Started

Event Value HSS Marriage

▼ **Instructions**

To upload your documents, select the Document Type, click Add Attachment, select the file from your computer, click Save.

You are required to upload documents where Upload/Status is Required. You will not be able to proceed if you do not upload the required documents.

Note: you may be required to provide more than one type of supporting document.

▼ **Document List**

Document	Upload / Status	Approval / Status
Marriage Certificate	Required Attachment Missing	Not Required
Federal Tax Return	Optional	Not Required

Add Document

*Document Type Marriage Certificate ▼

No Document has been attached.

Add Attachment
Add Note

View Document

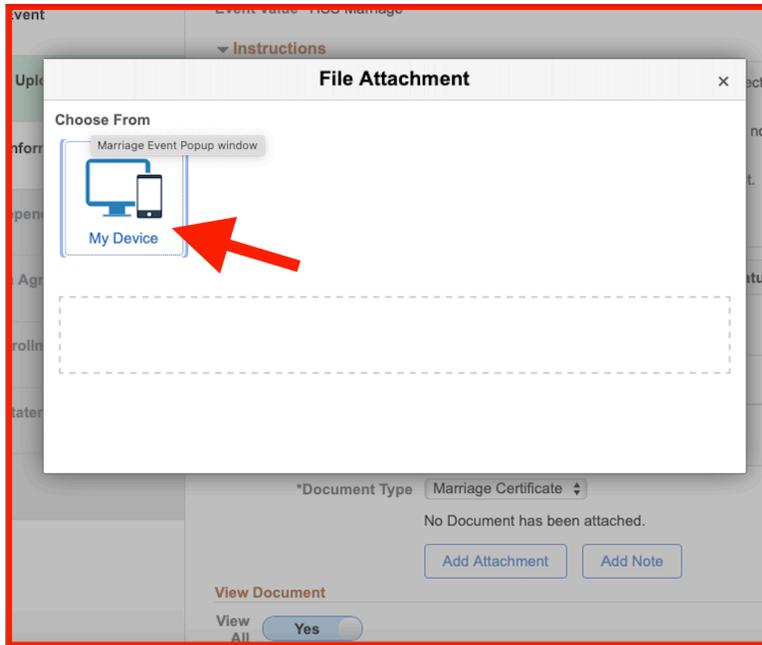
View Yes

1. Follow the **Instructions** on this page as you are required to upload documents in order to proceed with the next steps.

The **Documents List** is a list of all the required documents you will need to upload. **You may be required to provide more than one type of supporting document.**

2. In the **Add Document** section, under the *Document Type, click on the drop-down arrows to ensure you are uploading the correct document.

Then click on the **Add Attachment** button.



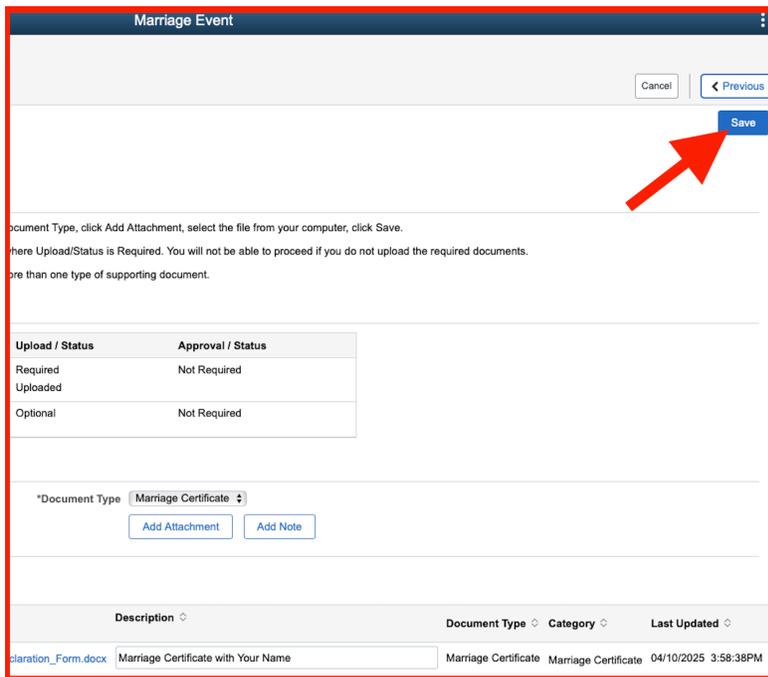
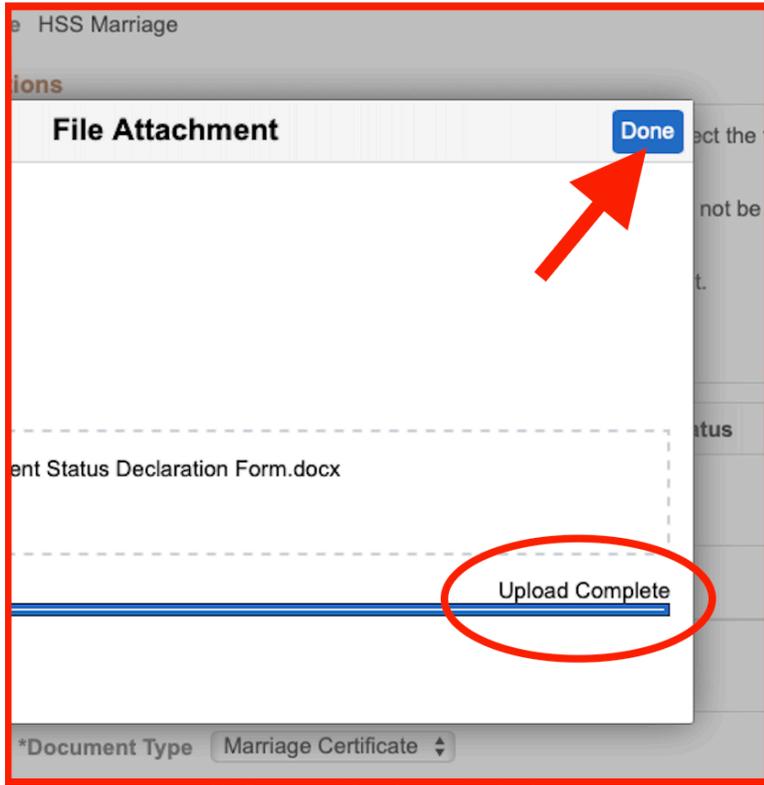
5. The **File Attachment** window will appear.

Click on **My Device** to navigate your computer, tablet, or phone for the document to upload.

6. Once the document has been selected, click on **Upload.**

3. Wait until **Upload Complete** is shown on the bottom of the window.

4. Click on **Done.**



7. Click on **Save**. It is located on the top right corner.

Benefits Plan Comparison Tool

In the example, we clicked on the **Medical** plan tile. You can compare different plans by checking the checkboxes under the **Compare Plan**, then click **Compare**.

Cancel
Medical
Done

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, please call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.

▼ **Enroll Your Dependents**

Dependents that you have registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You may enroll any of your dependents for coverage under this plan by checking the box next to your dependent's name.

	Dependents	Relationship
<input type="checkbox"/>	Jane Doe	Spouse

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Member Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

The VSP Basic Plan is included with enrollment in all SFHSS medical plans.

To complete a side-by-side comparison of the plan options, select the Compare Plan checkbox for the plan options to be compared, then select the Compare button.

	Plan Name		My Before Tax Cost	My After Tax Cost	My Credit	Employer Cost	My Pay Period Cost	Compare Plan
Select	Health Net CanopyCare HMO	i			\$481.69	\$365.27	-\$481.69	<input type="checkbox"/>
Select	Blue Shield Trio HMO	i	\$49.70		\$481.69	\$407.10	-\$431.99	<input checked="" type="checkbox"/>
Select	Blue Shield Access+ HMO	i	\$130.09		\$481.69	\$407.10	-\$351.60	<input type="checkbox"/>
✓	Kaiser Permanente HMO	i			\$481.69	\$406.79	-\$481.69	<input checked="" type="checkbox"/>
Select	Blue Shield PPO	i	\$275.29		\$481.69	\$407.10	-\$206.40	<input type="checkbox"/>
Select	Waive				\$481.69		-\$481.69	<input type="checkbox"/>

[Overview of All Plans](#)
[Compare](#)

A new window will show you a comprehensive side-by-side plan comparison. Click **Done** at the top right corner of the window to close.

Benefits Plan Comparison

Done

These comparisons provide a summary of benefits only. In any instance where information in this comparison conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For a detailed description of benefits and exclusions, please review your plan's EOC at sfhss.org

This information is high-level, for cost and general coverage information only, and that this in no-way warrants or guarantees coverage, when medical necessity must be established.

+
 Expand All | Collapse All

Kaiser Permanente HMO -
 Currently Selected

Blue Shield Trio HMO -

▼ Pay Period Cost

The cost shown is based on the dependents you have enrolled.

Member Only	\$-481.69	\$-431.99
-------------	-----------	-----------

▼ Plan Cost and Credit Detail

	<p>For this Health Maintenance Organization (HMO) Plan, Kaiser Permanente maintains an integrated health system consisting of participating physicians, hospitals and other healthcare providers. Generally, you only have access to Kaiser Permanente providers and facilities in your home region. You can either select a Primary Care Physician (PCP) or one will be assigned to you; you can change your doctor at any time. You must also live OR work (if applicable) in a zip code serviced by the plan. The Evidence of Coverage (EOC) for this Kaiser Permanente HMO plan contains a complete list of benefits, limitations and exclusions.</p>	<p>This California HMO plan has a similar and adequate network of doctors, hospital and medical facilities, when compared to Health Net Canopy Care HMO. The medical and pharmacy benefits offered through this plan match the Blue Shield Access+ plan, with the only difference between the plans being the size of network of doctors, hospital and medical facilities. Like the Blue Shield Access+ plan, this plan has no deductibles. You must select a Primary Care Physician (PCP), or it will be automatically assigned by Blue Shield. Each member of your family can choose a different physician and medical group. To enroll, you must live or work in a zip code serviced by the plan. Please refer to the Evidence of Coverage (EOC) for a complete list of benefits, limitations and exclusions.</p>
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▼ Coverage Level Cost

These are all the available Coverage Costs

Member Only	\$-481.69 Before-Tax	\$-431.99 Before-Tax
<i>Currently selected coverage</i>		
Member +1 Dep	\$-150.84 Before-Tax	\$-51.15 Before-Tax
Member +2 or More Dep	\$195.13 Before-Tax	\$219.19 Before-Tax

▼ General

Calendar Year Deductible		
Individual	None	None
Family	None	None
Calendar Yr. Out-of-Pocket Max <i>does not include premium contributions</i>		
Individual	\$1,500	\$2,000
Family	\$3,000	\$4,000

You can also expand and collapse the information by clicking and unclicking on the **Expand All** and **Collapse All**. You can also click and unclick on the small triangle next to the heading titles.

Done

Benefits Plan Comparison

These comparisons provide a summary of benefits only. In any instance where information in this comparison conflicts with the plan's Evidence of Coverage (EOC), the plan's EOC shall prevail. For a detailed description of benefits and exclusions, please review your plan's EOC at sfhss.org.

This information is high-level, for cost and general coverage information only, and that this in no-way warrants or guarantees coverage, when medical necessity must be established.

[Expand All](#) | [Collapse All](#)

Kaiser Permanente HMO -

Currently Selected

▼ **Pay Period Cost**

The cost shown is based on the dependents you have enrolled.

Member +1 Dep	\$-150.84
---------------	-----------

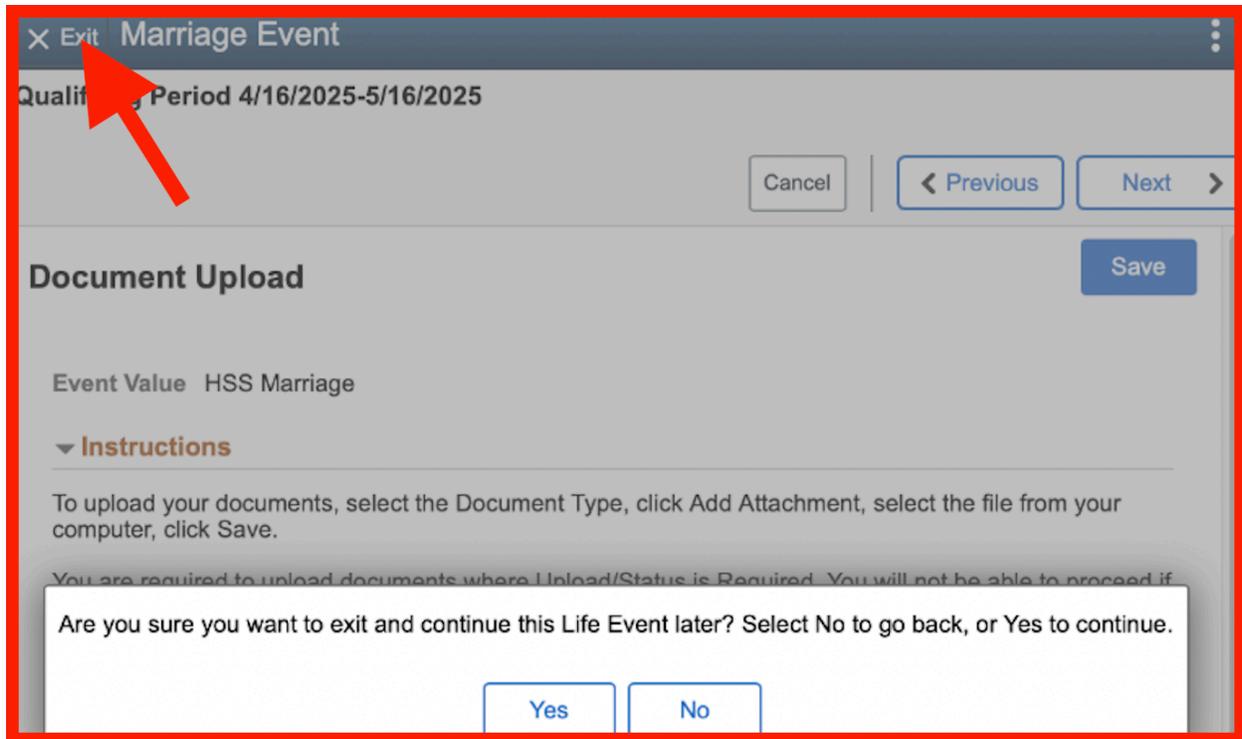
▼ **Plan Cost and Credit Detail**

For this Health Maintenance Organization (HMO) Plan, Kaiser Permanente maintains an integrated health system consisting of participating physicians, hospitals and other healthcare providers. Generally, you only have access to Kaiser Permanente providers and

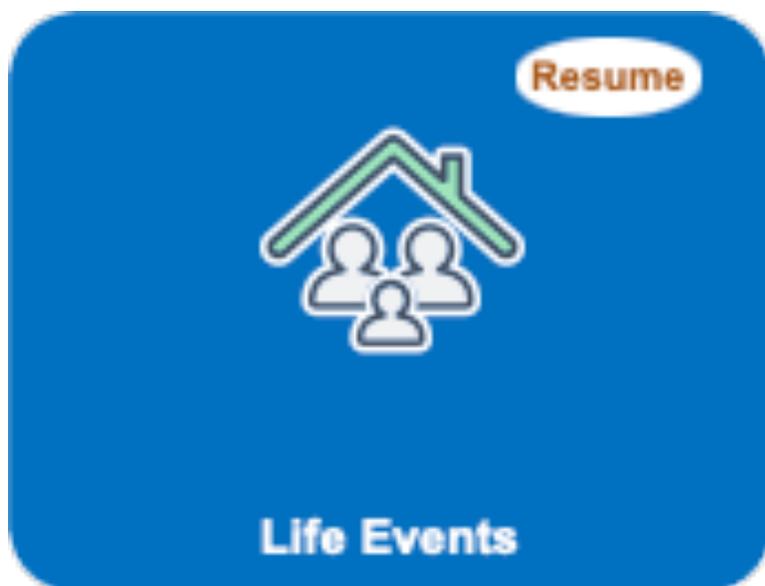
Exit and Continue Later

During the enrollment process, you can click on **Exit** at the top left corner, then click **Yes**, if you decide to leave the system and continue the process later.

Exiting the system and not submitting the changes will not make your elections final. It is your responsibility to make sure that the changes you make are properly and timely submitted.



The screenshot shows a web application window titled "Marriage Event" with a close button (X) and an "Exit" button. Below the title bar, the text "Qualifying Period 4/16/2025-5/16/2025" is visible. The main content area is titled "Document Upload" and includes a "Save" button. Below this, the text "Event Value HSS Marriage" is displayed. A section titled "Instructions" provides guidance on uploading documents. At the bottom, a dialog box asks: "Are you sure you want to exit and continue this Life Event later? Select No to go back, or Yes to continue." with "Yes" and "No" buttons. A red arrow points to the "Exit" button in the top left corner.



The next time you login, you will notice the **Life Events** tile will show **Resume**.

This means your previous changes were saved from your last login session.