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 <u>30 calendar days</u> 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.	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. 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)

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.



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



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

	Hert >
Webserre in Karafilis Karolineet Visioo	Welcome to Benefits Enrollment
Recepted Laternation Not Oberted	Welcome to health benefits anticiment. As a new time you must enable in benefits within 26 saterolari days from your date of hims. If you do not ensure it may result in no converges to your without any dependents. The one time you can
Arbitration Agroament Nor Started	onese van beken prezes e buier open unterningen om nin kun heel is daarde ternin gebui onese. The indukter interning, dameels partiering, is erektien or erektij adapted uitig as well as theorie or discourse of connect: partiering.
Bevefilo Erauliment No Staniel	If you are a new time or name, peake complete your new variations constitue emotion poor to creating a query registre event. You can acc dependents or change your address as part of your new in executions. Citch the Mart fusion to basis the eventment process.
Barnafilta Riatamantis Not Started	
Summary Page No Started	

7. 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 Cancel Next >
Marriage Event Visited 	Personal Information - Home & Mailing Address
Document Upload Complete	123 Test Ave Current > Daly City, CA 94015 Current >
 Personal Information Visited 	Mailing Address
Home & Mailing Address Complete	123 Test Ave Daly City, CA 94015 Current > San Mateo County
Contact Information Visited 	
Emergency Contact Visited 	
Race & Ethnicity Visited	

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: A	Address 1, Address 2, Address 3. Home Address cannot be a PO Box.
Change As Of	04/14/2025
*Country	United States Q
Address 1	123 Test Ave.
Address 2	
Address 3	
City	Daly City
State	California
Postal	94015
County	

	:
Cancel	>

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.

		Cancel	Previous	Next >
Marriage Event • Visited	Race and Ethnicity			1
Document Upload Complete				
Personal Information Visited	Race Details No Data Exists			
Home & Mailing Address Complete				
Contact Information Visited 	Ethnicity Details			
Emergency Contact Visited 	Add Ethnicity			
Race & Ethnicity ● Visited	Voluntary Self-Identification			

Arbitration Agreement



1. Read the Arbitration Agreement.

2. Click on **I Agree** check box in the bottom.

Divorce Event Visited	Arbitration Agreement			
k Document Upload	Below are the terms and conditions to enroll in health benefits. Selecting the I Agree checkbox on th Complete button on the Summary step will send your benefit choices to the San Francisco Health Se			
Complete	Once your enrollment is processed, you may not be able to make any further benefit changes until the status change.			
 Personal Information Visited 	r submitting your benefit choices you are authorizing San Francisco Health Service System to ded thorizing San Francisco Health Service System to send necessary personal information to selecte rollment will not be complete until your submissions have been reviewed and confirmed by San Fr			
Eligible Dependent Information Visited	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 enror Health Net, excend its units concernion adverse heared it determinations as defined in d5 CFE 1421 31			
Arbitration Agreement In Progress	ream twick, except asputies concienting adverse benefit determinations as denned in 4 > C + X + 47.1 > steaded of a jury or court trial and that i am variant gail rights to class arbitration to a vidence of Coverage or Certificate of Insurance or my Health Net membership or coverage, stated giputes to infivitions [final ago bindina adhroting on a leasting information gail and the second on the singular so infivitions [final ago bindina adhroting on a leasting information gails are solven on the singular solution information gails and the singular solution information with the second on the singular solution information adhroting on the singular singular solution information the second on the singular solution information adhroting and the singular singular solution in the singular solution information adhroting and the singular singular singular solution in the singular solution information adhroting and the singular singular singular solution in the singular solution is final ago addition adhroting the solution is a solution and the singular solution in the singular solution is singular singular solution in the singular solution is final ago addition adhroting the solution is a solution and the singular solution is the singular solution in the singular solution is singular solution in the solution is solution adhroting the solution is the solution is solution adhroting the solution is solut			
Benefit Enrollment O Not Started	y a jury. I also understand that disputes that I may have with Health Net involving claims for medica were unnecessary or unauthorized or were improperly, negligently or incompetently rendered) are al nore detailed arbitration provision is included in the Evidence of Coverage or Certificate of Insurance his will serve as my signature, and I indicates that I understand and agree with the terms of this Bin is will serve as my signature.			
Benefits Statements O Not Started	binding arbitration instead of a court of law. If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaise (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA be subject to binding arbitration under governing law) any dispute between myself, my heirs, relative Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other duty arising out of or related to membership in KFHP, including any claim for medical or hospital mal unauthorized or were improperly, melgigently, or incompetently rendered), for premises liability, or rel. irrespective of legal theory, must be decided by binding arbitration under California law and not by la provides for judical review of arbitration proceedings. I agree to give up our right to a jury trial and a arbitration provision is contained in the Evidence of Coverage.			
Summary O Not Started				
	By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic sig Foundation Health Plan Arbitration Agreement (above) and that by law this electronic signature v			
	⊡ I Agree			
2	Save			

3. Click Save.

This is required to proceed to the next step.

	Cancel Cancel Next >	
Marriage Event Visited	Arbitration Agreement	
Document Upload Complete	Below are the terms and conditions to anroll 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.	
Personal Information Visited	Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Errollment period or if you have a qualified family status change. By submitting your benefit chockes you are authorizing San Francisco Health Service System to deduct your	
Eligible Dependent Information Complete	premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary presonal 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.	
* Arbitration Agreement © Complete	If you have selected the Health Net CanopyCare plan, by submitting your enrollment, you are agreeing to the Health Net binding activation agreement. It he 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 exercit disrutes covaring adverse hoefit determinations as defined in SC FE 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	Benefits Enrollment		
		* Indicates requ	
 Personal Information Visited 	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.		
Arbitration Agreement Complete	 Click on the Review link on each benefit plan type to review the different plans, add dependents and enroll in the plans. Add your dependents as needed and click the check box next to their name to enroll them. 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. 		
Benefits Enrollment ▶ Visited	 After you have completed all your benefit elections, i SFHSS. 	t is important that you click the Submit and Done buttons to submit your elec	
D Not Started	Your Pay Period \$0.00	Full Cost \$0.00	
Summary Page O Not Started	Status Submitted 04/01/2025 11:31AM	Employer Cost \$0.00	
	Submit		
	Benefit Plans		
	Madical	Mision Promise	
	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	
	R	eview	



Cancel Add Individual Dependent/Beneficiary Save Information		
Select Save after you have added your changes will go into effect on 4/17/2025 Name	* Indicates required field Dependent/ Dependent/Beneficiary Summary Popup	
Add Name	Dependent/Beneficiary Summary Popup window	
Date of Birth *Gender *Relationship to Employee *Disabled No \$ As of 04/16/2025	MM/DD/YYYY III Female ¢ Spouse ¢	
Address Address Address	s Type Same Address as mine	

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

2. Click on Add Name.

Cancel	Name	Done
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 Add Individual Dependent/Beneficiary Save Information			
Select Save after you ha changes will go into effec Name	* Indicates required fie ve added your Dependent/Beneficiary's information. Th t on 4/17/2025.	əld he	
Jane Doe (Jane)		>	
Personal Information *Disabled As of	Date of Birth MM/DD/YYYY iii *Gender Female \$ *Relationship to Employee Spouse \$ No \$ 04/16/2025 iii		
Address			
Address	Address Type Same Address as mine		

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

Depender	nt and Beneficiary Informa	tion X
Add Individual Ith Benefits Popup window		
Name	Relationship	
Jane Doe (Jane)	Spouse	\rightarrow

Cancel			Me	edical			
If you or your dependent enrolled in M at (628) 652-4700 for assistance. Yo	ledicare	and have not yet s	ubmitted copies of the M window the Medicare	ledicare cards to S information is not ir	FHSS, please call Me the system.	mber Services	Resources
 Enroll Your Dependents 							CSF/CRT Benefits Guide
Dependents tha	are liste	ed here. Select the A	dd/Update Dependent				Kaiser Permanente HMO
button to view. bdate or add a new o	epende	nt.					Blue Shield of CA Trio HMO
You may enry any of your dependen	ts for co	overage under this p	lan by checking the box	next to your depen	dent's name.		Blue Shield of CA Access+
Dependents			Relation	ship			Health Net CanonyCare
Jane Doe			Spouse				НМО
							Blue Shield of California PPO
Add/Update Dependent							
Enroll in Your Plan							
The Member Only cost shown for eac are not available to select. To see oth	h plan i er cove	s based on the depe rage costs for individ	indents enrolled. Plans fual plans, select the he	that do not offer co Ip icon correspondi	verage for the depend ng to each plan optio	ents enrolled 1.	
The VSP Basic Plan is included with	nrolime	ent in all SFHSS me	dical plans.				
To complete a side-by-side comparise he Compare button.	n of the	e plan options, selec	t the Compare Plan che	ckbox for the plan of	ptions to be compare	d, then select	
Plan Name		My Before Tax Cost	My After Tax Cost Cre	My Employer dit Cost	My Pay Period Cost	Compare Plan	
Select Health Net CanopyCare HMO	0		\$481	.69 \$365.27	\$-481.69		
Select Blue Shield Trio HMO	0	\$49.70	\$481	.69 \$407.10	\$-431.99		
Select Blue Shield Access+ HMO	0	\$130.09	\$481	.69 \$407.10	\$-351.60		
 Kaiser Permanente HMO 	0		\$481	.69 \$406.79	\$-481.69		
Select Blue Shield PPO	0	\$275.29	\$481	.69 \$407.10	\$-206.40		
Select Waive			\$481	.69	\$-481.69		
Overview of All Plans						Compare	

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

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

window.

If you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare card Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medi system.

Enroll Your Dependent	its
Dependents that you have re button to view, update or add You may proll any of your d	gistered are listed here. Select the Add/Update Dependent I a new dependent. ependents for coverage under this plan by checking the box next to your
Dependents	Relationship
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. Pla

ncei					Medic	al			
ou or your (628) 652-	r dependent enrolled in M -4700 for assistance. You	ledicare ur enrollr	and have not yet s nent data may be i	ubmitted copies of ncorrect if the Me	of the Medic edicare inform	are cards to SF mation is not in	HSS, please call Me the system.	mber Services	Resources
Enroll Yo	our Dependents								CSF/CRT Benefits Guide
pendents	that you have registered	are liste	here. Select the	Add/Update Depe	endent				Kaiser Permanente HMO
umay enn	w, update or add a new de	epender	erage under this n	lan hv checking t	the hox next	to your depend	ent's name		Blue Shield of CA Trio HM
a may one	Deserved ante	101 001	orago anaor ano p	nun by chocking i	alationable	to your depond	one o namo.		Blue Shield of CA Access HMO
	Jane Doe			s	pouse				Health Net CanopyCare HMO
Add/Upda	ate Dependent			-	,				Blue Shield of California PPO
Enroll in	Your Plan								
e Member pendents e tion. e VSP Bas complete	r Plus One Dependent cos enrolled are not available sig Plan is included with e side-by-side compariso	st showr to selec enrollme in of the	for each plan is b t. To see other cov nt in all SFHSS me plan options, selec	ased on the depe erage costs for ir dical plans. t the Compare P	endents enro ndividual plai lan checkbo	illed. Plans that ns, select the hi x for the plan op	do not offer coverag alp icon correspondi ptions to be compare	e for the ng to each plan nd, then select	
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Add/Update Dependent

Enroll in Your Plan

The Member Plus One Dependent cost shown for each plan is based on the dependents enrolled dependents enrolled are not available to select. To see other coverage costs for individual plans, s option.

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

To complete side-by-side comparison of the plan options, select the Compare Plan checkbox for the Compare button.

	Plan Name		My Before Tax Cost	My After Tax Cost	My Credit	l
	Health Net CanopyCare HMO	0	\$363.43		\$555.80	
Select	Blue Shield Trio HMO	0	\$504.65		\$555.80	
Select	Blue Shield Access+ HMO	0	\$665.44		\$555.80	
Select	Kaiser Permanente HMO	0	\$404.96		\$555.80	

Medical	Done
et submitted copies of the Medicare cards to SFHSS, please call ollment data may be incorrect if the Medicare information is not in the	
ne Add/Update Dependent	
is plan by checking the box next to your dependent's name.	
Relationship	
Spouse	

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

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

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 Enrollm Visited	Benefits Enrollment	
 Personal Information Visited 	Please review the different plan options available to you as a new Make sure that supporting documents for any dependents that you	vly eligible employee. ou will enroll are readily available.
Arbitration Agreement Complete	 Click on the Review link on each benefit plan type to review th Add your dependents as needed and click the check box nex Choose your plan by clicking the Select button next to it and election 	ne different plans, add dependents and enroll in the p t to their name to enroll them. Lick the Done button, located in the upper right-hand
Benefits Enrollment Visited	4. After you have completed all your benefit elections, it is impor SFHSS. Enrollment Summary	tant that you click the Submit and Done buttons to su
Benefits Statements O Not Started	Your Pay Period Cost \$692.69	Full Cost \$692.69
Summary Page O Not Started	Status Changed - Resubmit Required	Employer Cost \$3,025.46
	Benefit Plans	
	Medical	Vision Premier
	Current No Coverage New Blue Shield Access+ HMO Statue © Changed 1 Dependents	Current No Coverage New Waive Status Pending Review 🏰 0 Dependents
	Employee Cost \$692.69 Review	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	Benefit Enrollment		
Visited			* Indicates required field
Document Upload Complete	Please review your current and new elections. If you w button to save your election. Click the Submit button to	ould like to make changes, click on the Benefit Plan to submit your elections to SFHSS.	modify your plan or coverage level then click the Done
Personal Information Visited	To print a copy of your benefit elections, click Next.		
Elicible Dependent Information	£ 110 18	Full Cost \$445	62
Complete	Your Pay Period Cost J-11U.18 Status Pending Review	Plan Credits \$-55	5.80 DEN V
* Arbitration Agreement © Complete	Submit	Employer Cost \$483	.68 D
Benefit Enrollment Visited			
Benefits Statements O Not Started	Benefit Plans		
Summary O Not Started			
	Medical	Dental	Vision Premier
	Current Kaiser Permanente HMO	Current Delta Dental PPO	Current VSP Premier
	Status Changed	Status Changed	Status Changed
	🚰 1 Dependents	🚰 1 Dependents	👫 0 Dependents
	Employee \$_150.84	Employee ¢/ 60	Employee C5 18
	Cost 0-100.04 Review	Cost 94.02 Review	Cost 40.40 Review
	VDT	Life	Long-Term Disability
	Current Computer Vision Care (VDT)	Current MEA Life Insurance \$150,000	Current Long Term Disability 66.6%
	New Computer Vision Care (VDT) Status Not Available	\$150,000 New MEA Life Insurance \$150,000	New Long Term Disability 66.6% Status Not Available
		Status Not Available	
	Employee \$0.00 Cost	Employee \$0.00 Cost	Employee \$0.00 Cost
	Flex Spending - Health	Flex Spending - Dependent Care	
	Current Waive	Current Waive	
	Status Changed	\$300 Status Changed	
		Saudo & Olidiged	
	Employee \$13,89	Employee \$16,67	
	Review	Review	

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.

				Dent	al			Done
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								
Depender button to	nts that you have re view, update or add	egistered are d a new depe	e listed here endent.	e. Select th	e Add/Upda	ate Dependen	t	
You may (enroll any of your d	lependents f	or coverage	e under this	s plan by cł	necking the bo	ox next to your dep	endent's name.
	Dependents				Relation	onship		
	Jane Doe				Spous	8		
rriage Eve	nt Popup window							
The Mem coverage the help id The VSP	ber Plus One Depe for the dependents con corresponding Basic Plan is inclue	endent cost s s enrolled are to each plan ded with enro	shown for e e not availa i option. ollment in a	ach plan is able to sele all SFHSS r	based on t ct. To see o nedical pla	the dependent ther coverage ns.	ts enrolled. Plans to costs for individuation	hat do not offer al plans, select
compared	I, then select the C	comparison o compare butt	on. My Before	My After	Tax N	ly Employe	r My Pay	Compare
4	Delta Dental		Tax Cost	C	ost Cred	lit Cos	et Period Cost	Plan
~	PPO	0	\$4.62			\$49.7	5 \$4.62	
Select	DeltaCare USA DHMO	0				\$20.1	6 \$0.00	
Select	UHC Dental	0				\$19.0	5 \$0.00	
Select	Waive						\$0.00	
								_
Overvi	ew of All Plans							Compare
Overvi	ew of All Plans							Compare
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Overvie Cancel ent Popup must also i	window ion Premie	er requires en	nrollment in a	/ision Pr any medical	emier plan. All fa	mily members	being enrolled in Vis	Compare Done
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Overvie Cancel ent Popup must also f	window ion Premie be enroued in medic Your Dependents ts that you have regi iew, update or add a nroll any of your dep	er requires en al. s istered are lis a new depend pendents for c	ted here. Se ent.	Jision Pr any medical elect the Ado der this plar	r emier plan. All fa d/Update De by checkin	mily members pendent g the box next	being enrolled in Vis	Compare Done ion Provider name.
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Cancel ent Popup must aiso 1 v Enroll Dependent button to v You may e	window ion Premie be enroued in medic Your Dependents ts that you have regi iew, update or add a nroll any of your dep Dependents Jane Doe	er requires er al. s istored are lis a new depend pendents for o	ted here. So lent. soverage un	/ision Pr any medical elect the Add der this plar	emier plan. All fa d/Update De by checkin Relatic Spouse	mily members pendent g the box next nship	being enrolled in Vis	Compare Done ion Preniel name.
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Cancel Ca	ew of All Plans window ion Premii be enroned in medic Your Dependents ts that you have regi iew, update or add a nroll any of your dep Dependents Jane Doe date Dependent in Your Plan er Only cost shown s on rol cash plan opi sasic Plan is included te a side-by-side cor then select the Con	er requires en al. stered are lis a new depend bendents for c for each plan vallable to sel tion. d with enrollm mparis out on.	ted here. Se ent. soverage un is based or ect. To see nent in all Sf nen tin all Sf	Jision Pr any medical alect the Add der this plar der this plar the depend other covera	plan. All fa plan. All fa d/Update De by checkin Relation Spouse dents enrolle ge costs for al plans. te Compare	mily members pendent g the box next nship o rd. Plans that d individual plan	being enrolled in Vis to your dependent's io not offer coverage is, select the help io	Compare Done ion Previde name.
Cancel Ca	window ion Premia be enroued in medic Your Dependents ts that you have regi iew, update or add a nroll any of your dep Dependents Jane Doe date Dependent in Your Plan er Only cost shown iling to each plan op Basic Plan is includer te a side-by-side cor then select the Con Plan Name	er requires er al. sistered are lis new depend bendents for c for each plan railable to sel tion. d with enrollir mparison of th npare button.	ted here. Se ent. soverage un is based or ect. To see hent in all Sf he plan optic My B Tax	Vision Pr any medical elect the Add der this plar h the depend other covers FHSS medic pons, select th efore My /	emier plan. All fa d/Update De by checkin Relatic Spouse lents enrolle ge costs fo al plans. ne Compare Cost	mily members pendent g the box next nship d. Plans that d individual plan Plan checkbo:	being enrolled in Vis to your dependent's to not offer coverage is, select the help io s, select the help io (for the plan options over PMy Pa Cost Performance)	Compare Done ion Provide name.
Cancel Cancel rent Popup must aiso i Fenroll Dependent button to v You may e Add/Up Fenroll The Wenb dependent correspont The VSP E To complet compared,	window ion Premie be enroued in medic Your Dependents ts that you have regi iew, update or add a nroll any of your dep Dependents Jane Doe date Dependent in Your Plan ter Only cost shown so enrolled are not as ding to each plan op Basic Plan is include- te a side-by-side cor then select the Con Plan Name VSP Premier Requires enrollment Redical plan	er requires er al. istered are lis istered are lis in ew depend bendents for c for each plan for each plan for each plan tion. d with enrollir mpares button.	ted here. So ent. soverage un is based or ect. To see hent in all Sf he plan optic My B Tax	Vision Pr any medical elect the Add der this plar h the depend other covers FHSS medic pons, select th efore My / \$5.48	emier plan. All fa d/Update De by checkin Relatic Spouse lients enrolle ge costs fo al plans. ne Compare After Tax	mily members pendent g the box next nship d. Plans that d individual plan Plan checkbo:	being enrolled in Vis to your dependent's lo not offer coverage rs, select the help io s, select the help io sover My Pa Cost Period Cast	Compare Done ion Provide name.
Cancel Cancel ent Popup must also I Final Dependent button to v You may e Add/Up Final Add/Up Final The Membd dependent correspond The VSP E To complete Sompared Select	ew of All Plans window ion Premit bee enroued in medic Your Dependents is that you have regi iew, update or add a nroll any of your dep Dependents Jane Doe date Dependent in Your Plan er Only cost shown s s enrolled are not a sing to each plan opi Basic Plan is include te a side-by-side con Plan Name VSP Premier Requires enrollment Medical plan Waive	er requires en al. istered are lis a new depend pendents for of for each plan vallable to set tion. d with enrollim mparison of the mparison of the nparison o	ted here. Se lent. soverage un is based or ect. To see nent in all SF ne plan optic My B Tax	Jision Pr any medical elect the Add der this plar other covers FHSS medic ons, select the cons, select the cost S5.48	emier plan. All fa d/Update De by checkin Relatic Spouse tents enrolle ge costs for al plans. he Compare After Tax	mily members pendent g the box next nship ; d. Plans that d individual plan Plan checkbo:	being enrolled in Vis to your dependent's to not offer coverage is, select the help ic k for the plan options over My Pa Cost Period Cos \$5.4 \$0.0	Compare Done ion Prentiel name.
Cancel Covervia Cancel Cancel Covervia Cancel Cance	window ion Premia be enroued in medic Your Dependents ts that you have regi iew, update or add a nroll any of your dep Dependents Jane Doe date Dependent in Your Plan ber Only cost shown is enrolled are not an iling to each plan op Basic Plan is includer te a side-by-side cor then select the Con Plan Name VSP Premier Requires enrollment Medical plan	er requires er al. istered are lis new depend bendents for c for each plan vailable to sel tion. d with enrollir mparison of th npare button.	ted here. Se ent. coverage un is based or ect. To see nent in all Sf ne plan optic My B Tax	Vision Pr any medical elect the Add der this plar in the depend other covera FHSS medic pons, select the efore My / S5.48	emier plan. All fa //Update De by checkin Relatic Spouse itents enrolkinge costs fo al plans. te Compare Atter Tax cost	mily members pendent g the box next nship , d. Plans that d individual plan Plan checkbo: My Emplo Credit C	being enrolled in Vis to your dependent's to not offer coverage is, select the help ic cost Period Cos \$5.4 \$0.0	Compare Compare Compare Compare Compare Compare Compare Compare 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.

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 Healt eligible	ncare FSA allows you to pay with pre-tax dollars for qualifying health care expenses for you and you family members.	ır
You car	use the benefits debit card or submit claims in the app on your smartphone or online at www.padm	in.com
For mo	e information, please review the Flexible Spending Plan Details.	
To mak Enrollm	e FSA contributions for the upcoming plan year, you must enroll or re-enroll in an FSA during this Op ent Period.	ben
▼ Enre	oll in Your Plan	
Importa plan. Yo	nt! Your annual pledge for the year 2025 is \$0 as you have not enrolled for the Flex Spending - Hea ou will have no contribution with this plan if you do not make a choice.	lth
	Plan Name	
Selec	t Health Care FSA	
~	Waive	

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

Done

Cancel

Flex Spending - Health

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.



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	250.00
	Minimum Employee Pledge \$250.00 Maximum Employee Pledge \$3,200.00 Annual pledge amount for all Flexible Spending Accounts m
	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.

Cancel Flexi	Flexible Spending Account Worksheet							
You may use this worksheet to estim update the estimates.	ate your per pay period con	tribution or annual pledge. Select Calculat						
*Estimate Contribution from	Annual Pledge 🗘	· · · · · · · · · · · · · · · · · · ·						
Your New Annual Pledge	250.00							
Minus Your Year To Date Contributions	0.00							
Divided by Pay Periods Remaining	18							
Estimated Per Pay Period Contribution	13.89							
	Calculate							

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

Flex Spending - Dependent Care Cancel Done A Dependent Care Assistance FSA allows you to pay for certified day care, preschool 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

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

Flex Spending - Dependent Care Cancel Done Marriage Event Popup window A Dependent Care Assistance +SA allows you to pay for certified day care, preschool 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 Waive Select 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 gualifications 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 pleage for this plan year. Employee Annual 300.00 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.

Cancel Flexible Spending Account Worksheet Done						
You may use this worksheet to estim update the estimates.	ate your per pay period con	tribution or annual pledge. Select Calculated				
*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.

CCSF & CRT

Marriage Event Visited	Benefit Enrollment					
* Document Upload © Complete	* 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.					
Personal Information Visited	To print a copy of your benefit elections, click Next.					
Eligible Dependent Information Complete	Your Pay Period Cost \$-110.18 Plan Credits \$-555.80					
Arbitration Agreement Complete	Status Pending Review	Employer Cost \$483	.68 D			
Benefit Enrollment Visited						
Benefits Statements O Not Started	Benefit Plans					
Summary O Not Started						
	Medical Current Kaiser Permanente HMO New Kaiser Permanente HMO Status © Changed I Dependents Employee \$-150.84 Review VDT Current Computer Vision Care (VDT) New Computer Vision Care (VDT) Status Not Available Employee \$0.00	Dental Current Delta Dental PPO New Delta Dental PPO Status Changed 2 1 Dependents Employee \$4.62 Review Life Current MEA Life Insurance \$150,000 New MEA Life Insurance \$150,000 Status Not Available Employee Cost \$0.00	Vision Premier Current VSP Premier New VSP Premier Status Changed 2 0 Dependents Employee \$5.48 Review Long-Term Disability Current Long Term Disability 66.6% New Long Term Disability 66.6% Status Not Available Employee \$0.00			
	Flex Spending - Health Current Waive New Health Care FSA \$250 Status O Changed	Flex Spending - Dependent Care Current Waive New Child Care Dependent Care FSA \$300 Status ♥ Changed				
	Employee \$13.89 Cost Review	Employee \$16.67 Cost Review				



Read the message and click **Done.**

Upload Your Documents

	Marriage Event Visited	Event Value HSS Marriag	je				
*	Document Upload In Progress	To upload your documents, select the Document Type, click Add Attachment, select the file from your computer, click Save.					
	Personal Information O Not Started	You are required to upload proceed if you do not uploa Note: you may be required	documents where Upload/Sta ad the required documents. to provide more than one type	tus is Required. You will not be able to a of supporting document.			
	Eligible Dependent Information O Not Started	Document List					
*	Arbitration Agreement	Document	Upload / Status	Approval / Status			
	O Not Started	Marriage Certificate	Required	Not Required			
	Benefit Enrollment		Attachment Missing				
	O Not Started	Federal Tax Return	Optional	Not Required			
	Benefits Statements O Not Started	Add Decument		Drop-down			
	Summary O Not Started	*Document Ty	ype Marriage Certificate 🛟				
			No Document has been a	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.

ent	
(and the second se	➡ Instructions
Jplo	File Attachment × act
Choose From	n
orr Marriage Eve	int Popup window
	t
My Device	
Ann	
r	
olin	
iter	
	*Document Type Marriage Certificate \$
	No Document has been attached.
	Add Attachment Add Note
	View Document
	View Yes

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.

- 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.

e HSS Marriage		
ions		
File Attachment	Done	ct the
		not be
	1	tus
ent Status Declaration Form.docx		
	Upload Complete	
*Document Type Marriage Certificate	÷	

	Marriage Event				
scument Type, click A there Upload/Status is bre than one type of sr	dd Atlachment, select the file from your computer, c ; Required. You will not be able to proceed if you do upporting document.	lick Save. not upload the required	documents.	C	ancel CPrevious
Upload / Status	Approval / Status				
Required Uploaded	Not Required				
Optional	Not Required				
*Document Typ	e Marriage Certificate 🛟 Add Attachment Add Note				
	Description 🗘	B		Column (
claration_Form.docx	Marriage Certificate with Your Name	Docu	age Certificate	Marriage Certificate	04/10/2025 3:58:38PM

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 y please cal Medicare ▼ Enroll	f you or your dependent enrolled in Medicare and have not yet submitted copies of the Medicare cards to SFHSS, lease call Member Services at (628) 652-4700 for assistance. Your enrollment data may be incorrect if the Medicare information is not in the system.							to SFHSS, f the
Depender button to	nts that you have regist view, update or add a n	tered are	e listed here. S endent.	Select the Ac	ld/Update	Dependent		
You may e name.	enroll any of your depe	endents	for coverage u	nder this pla	n by chec	king the box	next to your de	ependent's
	Dependents			R	elationsh	ip		
	Jane Doe			s	pouse			
Add/Up	odate Dependent							
→ Enroll	in Your Plan							
The Memi for the dep help icon	ber Only cost shown fo pendents enrolled are r corresponding to each	or each p not avai plan op	blan is based o lable to select. tion.	n the deper To see othe	dents enre r coverage	olled. Plans e costs for ir	that do not offendividual plans,	r coverage select the
The VSP	Basic Plan is included	with enr	ollment in all S	FHSS med	cal plans.			
To comple be compa	ete a side-by-side comp red, then select the Co	parison ompare l	of the plan opt button.	ions, select	he Compa	are Plan che	ckbox for the p	lan options to
	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	0			\$481.69	\$365.27	\$-481.69	-
Select	Blue Shield Trio HMO	0	\$49.70		\$481.69	\$407.10	\$-431.99	
Select	Blue Shield Access+ HMO	0	\$130.09		\$481.69	\$407.10	\$-351.60	
~	Kaiser Permanente HMO	0			\$481.69	\$406.79	\$-481.69	
Select	Blue Shield PPO	0	\$275.29		\$481.69	\$407.10	\$-206.40	
Select	Waive				\$481.69		\$-481.69	
Overvie	ew 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 sfnss.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 (-)	Blue Shield Trio HMO \ominus				
✓ Pay Period Cost						
The cost shown is based on the depend	dents you have enrolled.					
Member Only	\$-481.69	\$-431.99				
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 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.	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.				
Coverage Level Cost						
These are all the available Coverage C	osts					
Member Only Currently selected coverage	\$-481.69 Before-Tax	\$-431.99 Before-Tax				
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 does not include premium contributions						
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.

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 Currently Selected					
✓ Pay Period Cost					
The cost shown is based on the depend	dents 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.

x ∈xit Marriage Event	:
Qualify Period 4/16/2025-5/16/2025	ous Next >
Document Upload	Save
Event Value HSS Marriage	
To upload your documents, select the Document Type, click Add Attachment, select the file computer, click Save.	e from your
You are required to upload documents where Upload/Status is Required. You will not be all Are you sure you want to exit and continue this Life Event later? Select No to go back, or Yes No	Yes to continue.



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.