SAN FRANCISCO
HEALTH SERVICE SYSTEM

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.

Table of Contents

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.
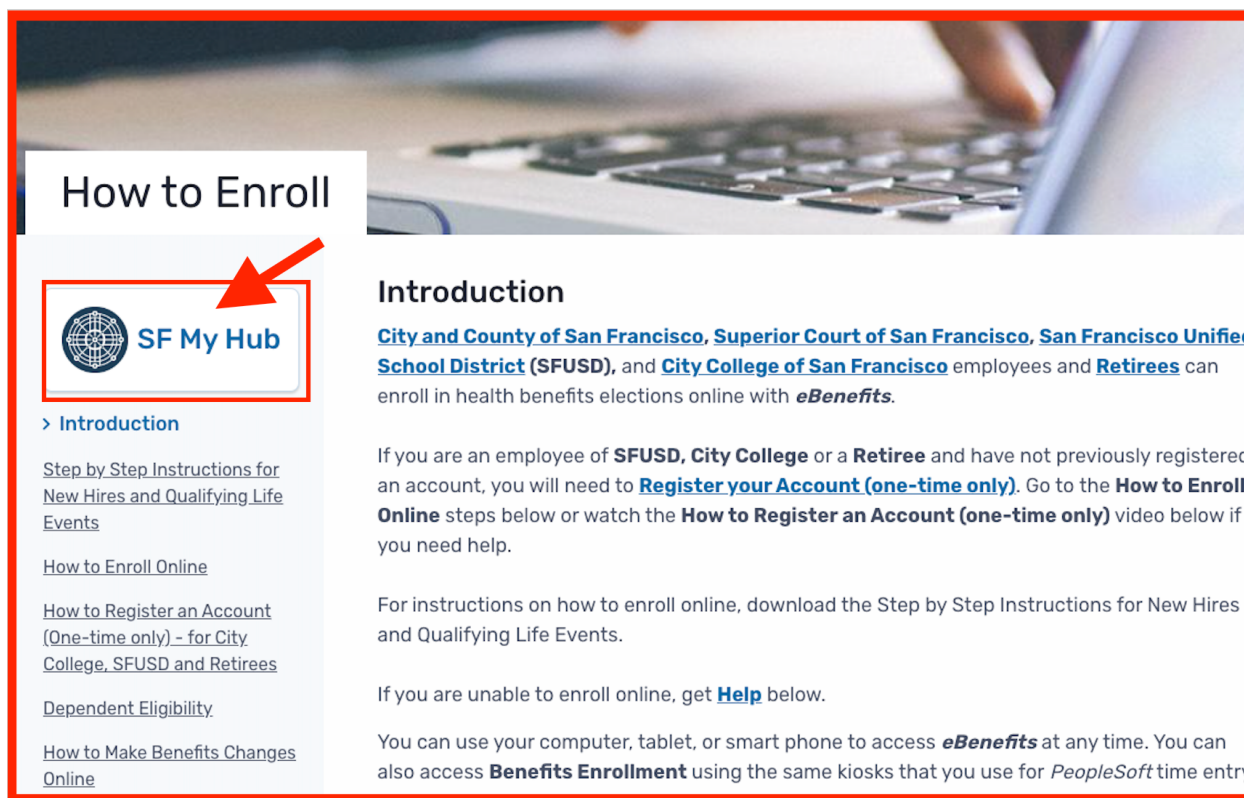
3. Enter your DSW (Employee ID) and password.

4. Complete the security verification.

5. You will see your dashboard with different tiles.

6. Click on **Hire/Rehire Benefit Enrollment** tile.
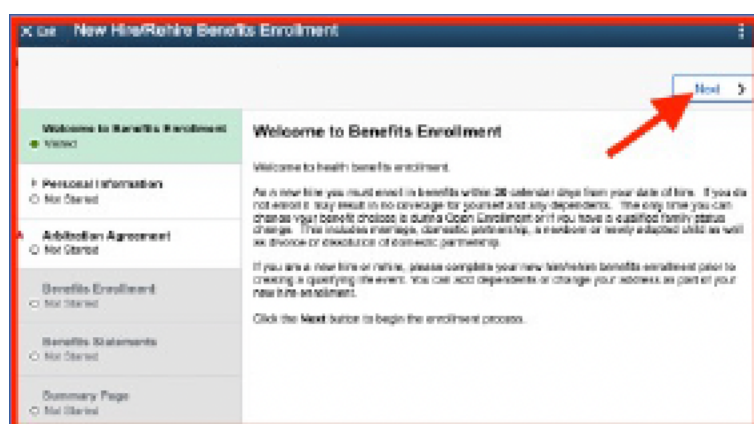
7. Read the message and click on **Next.**

Complete Your Personal Information

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

Personal Information - Home and Mailing Address

Home Address

| 123 Test Ave Daly City, CA 94015 | Current | > |

Mailing

No data exists.

Add Mailing Address

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

Address

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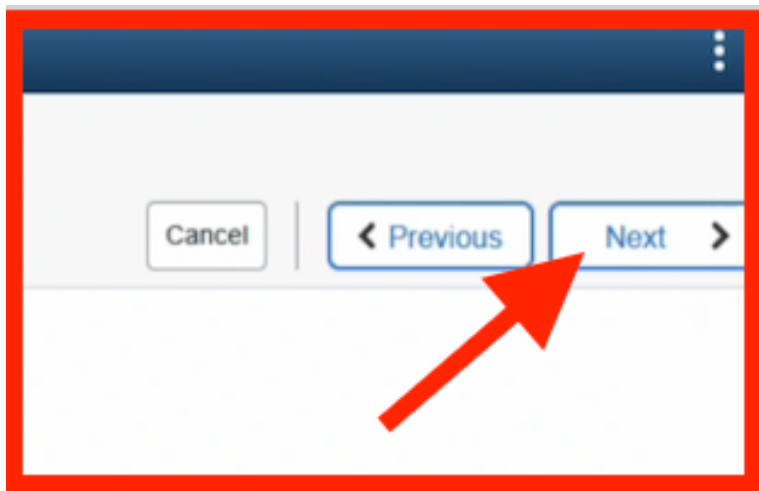
If there are no necessary changes to your personal information, you can advance and click on **Next** at the top right of the window.

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.

Arbitration Agreement

1. Read the **Arbitration Agreement**.

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

3. Click **Save**.

   This is required to proceed to the next step.

4. Click **Next.**

Benefits Enrollment / Add Dependent(s) / Upload Documents

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

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

2. Click on **Add Individual.**
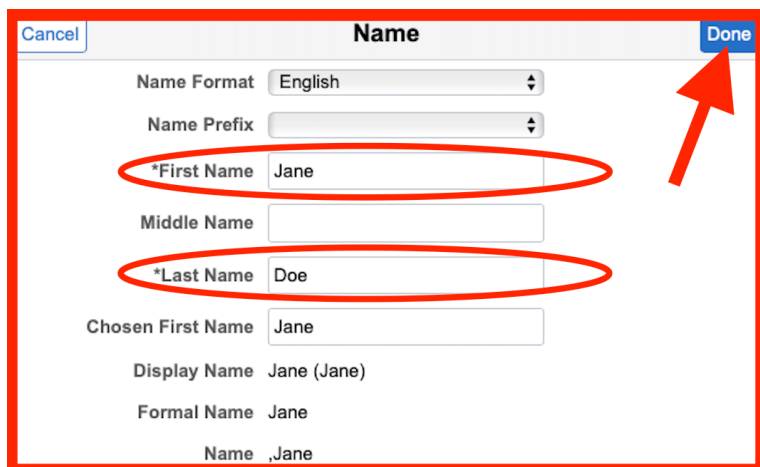
3. Click on **Add Name.**

4. Enter your dependent's **First Name** and **Last Name**. Click **Done**.

5. 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.

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

7. Once you have entered the dependent information and clicked **Save**. The message below will display. "Click on the Incomplete link under Attachments to attach the required documents". Click **OK**.
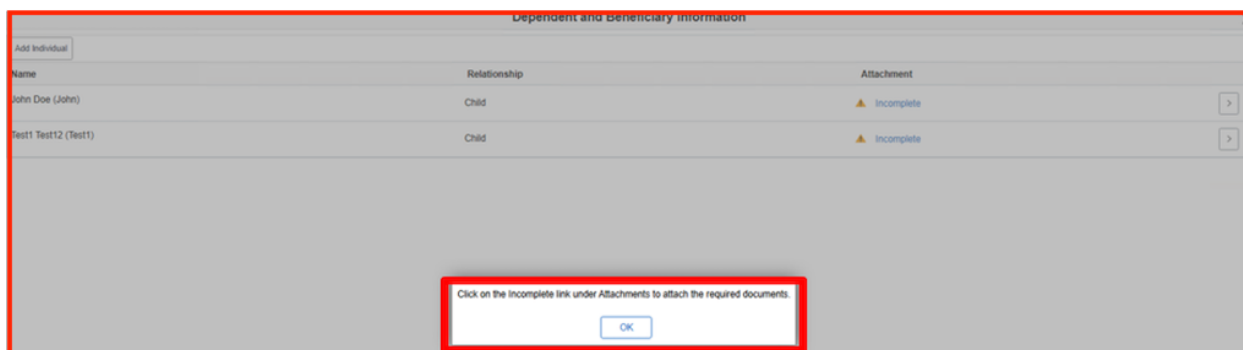
8. Click on **Incomplete** under **Attachment**

9. Once you click on **Incomplete,** you will be directed to the **Dependent Attachments** page. The top of the page provides instructions, and the list of supporting documentation required.

Dependent Attachments

Cancel | Done

Event Value   John Doe (John)

▼ **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.

You must upload supporting documentation for all dependents you choose to enroll. Your dependent will not be enrolled if you fail to upload their supporting documentation. Visit https://sfhss.org/qualifying-life-events for information on required supporting documentation for your Life Event.

▼ **Document List**

Document	Upload / Status	Approval / Status
Birth Cert/Verfication	Required Attachment Missing	Not Required
Adoption Certificate	Optional	Not Required

Add Document

*Document Type   Birth Cert/Verification ⌄

No Document has been attached.

Add Attachment | Add Note

View Document

View All   Yes

10. 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.**

11. 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.
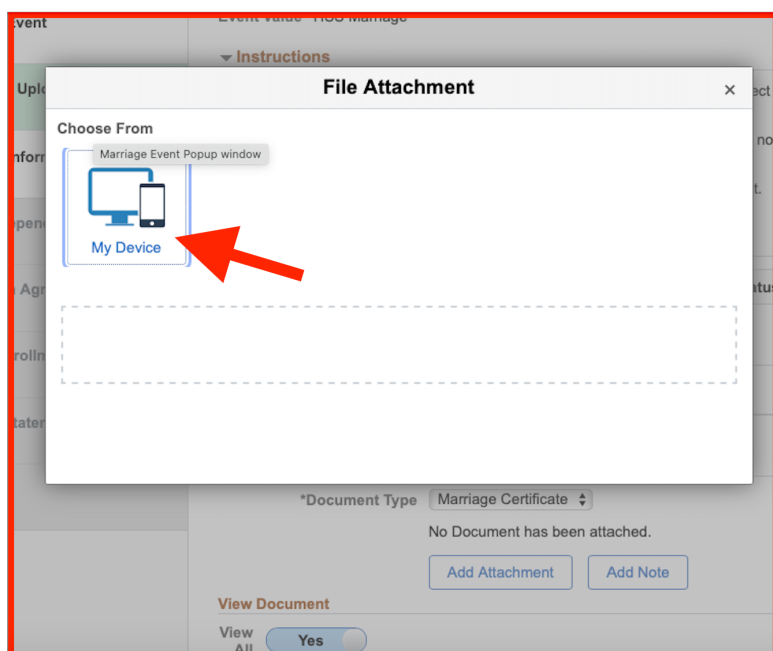
12. The **File Attachment** window will appear.

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

13. Once the document has been selected, click on **Upload.**
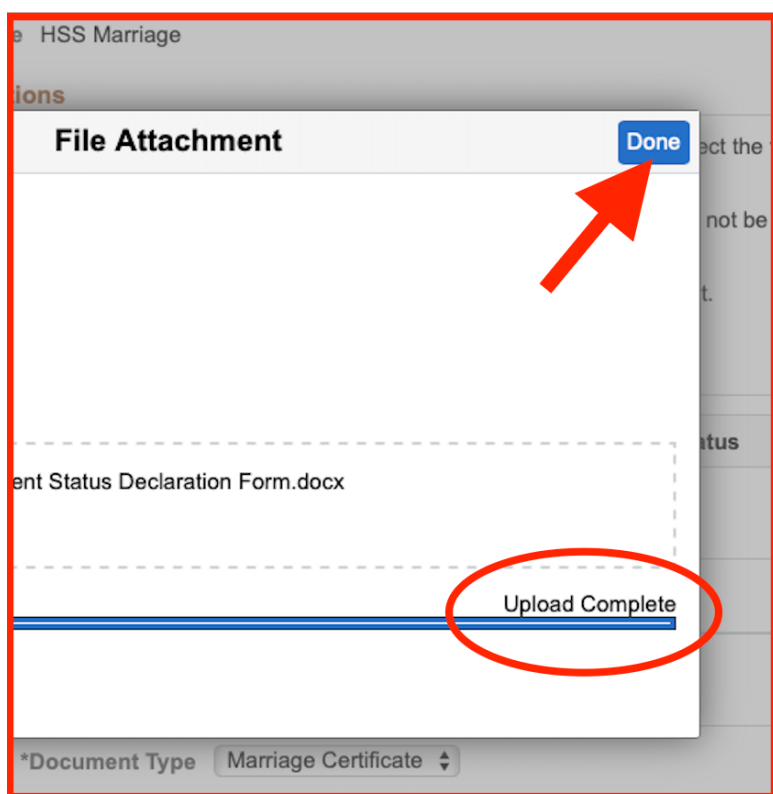
14. Wait until **Upload Complete** is shown on the bottom of the window.

15. Click on **Done**.

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

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

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

15

Medical

Cancel

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 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

	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

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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.

Resources

▼ 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
☑	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
	Health Net CanopyCare HMO	❶	$363.43		$555.80	$365.27	$-192.37	☐
Select	Blue Shield Trio HMO	❶	$504.65		$555.80	$407.10	$-51.15	☐
Select	Blue Shield Access+ HMO	❶	$665.44		$555.80	$407.10	$109.64	☐
Select	Kaiser Permanente HMO	❶	$404.96		$555.80	$406.79	$-150.84	☐
Select	Blue Shield PPO	❶	$916.55		$555.80	$407.10	$360.75	☐
Select	Waive				$481.69		$-481.69	☐

Overview of All Plans | Compare

CSF/CRT Benefits Guide
Kaiser Permanente HMO
Blue Shield of CA Trio HMO
Blue Shield of CA Access+ HMO
Health Net CanopyCare HMO
Blue Shield of California PPO

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

Add/Update Dependent
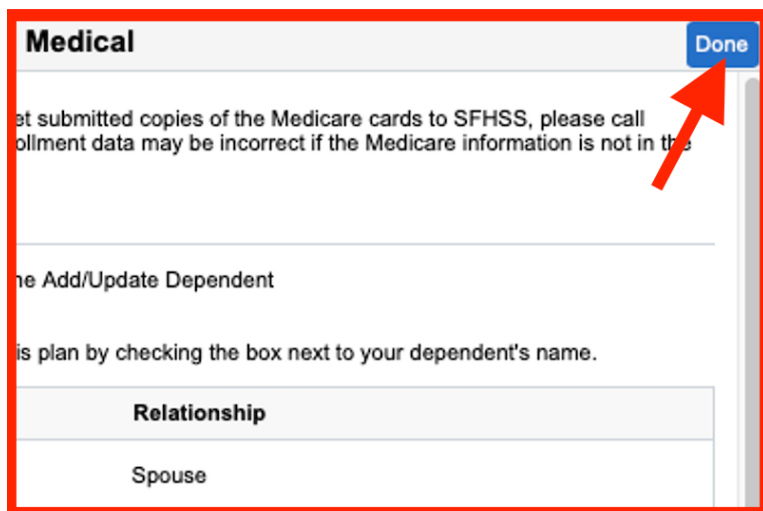
▼ **Enroll in Your Plan**

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 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 Compar button.

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

20. 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.

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

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

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

- 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.

22. 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.

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

Flex Spending - Health

Cancel | Done

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
Select	Health Care FSA
✓	Waive

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

| Cancel | **Flex Spending - Health** | Done |

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	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.

24. 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, 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
Select	Child Care Dependent Care FSA
✓	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.

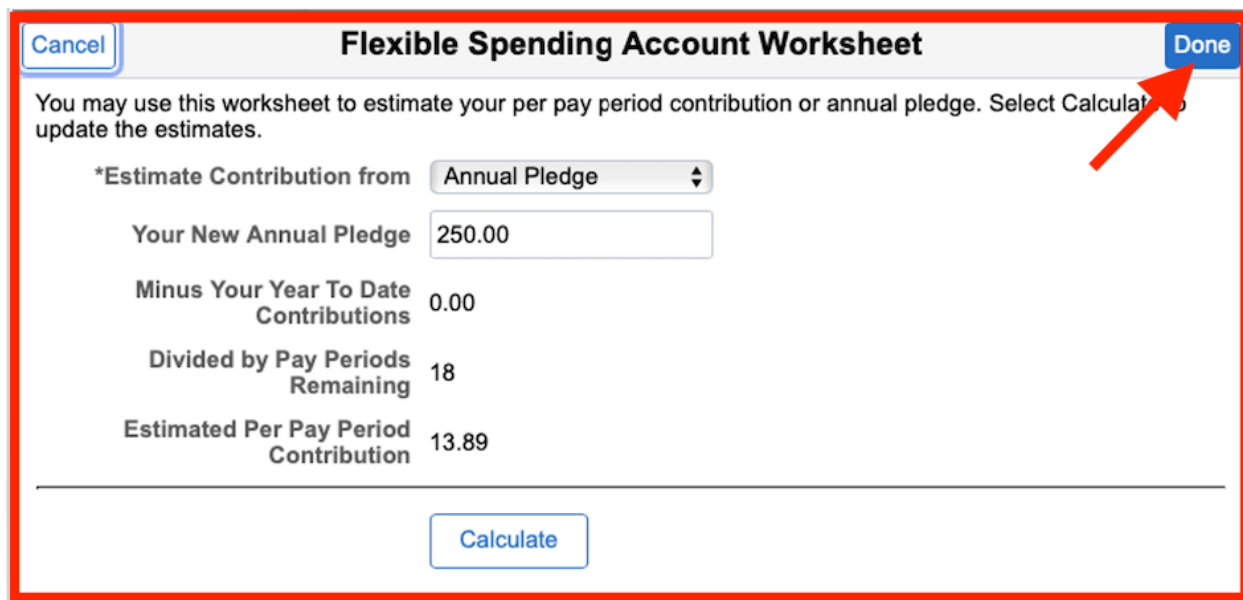|	Plan Name
✓	Child Care Dependent Care FSA
Select	Waive

▼ **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: 300.00
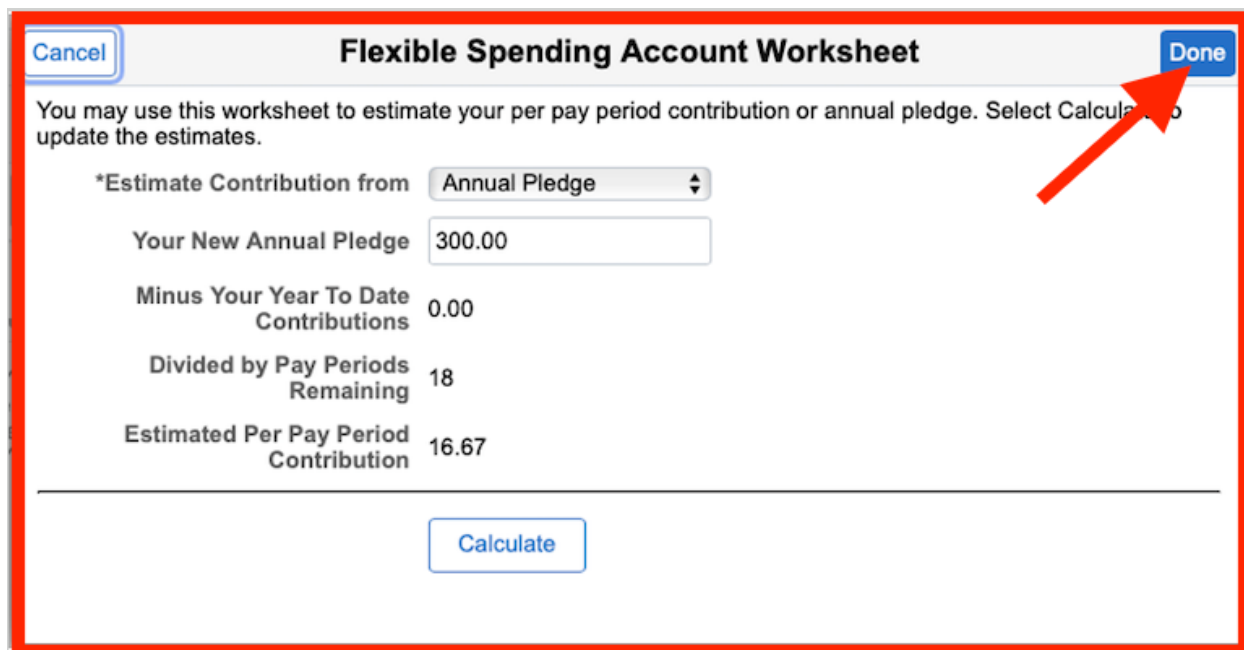
Minimum Employee Pledge $250.00
Maximum Employee Pledge $5,000.00
Annual pledge amount for all Flexible Spending Accounts n

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.

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

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

Navigation sidebar:
- **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 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 $150,000
New	MEA Life Insurance $150,000 $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

Benefits Alerts

Done

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.**

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**.

	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	ⓘ			$481.69	$365.27	$-481.69	☐
Select	Blue Shield Trio HMO	ⓘ	$49.70		$481.69	$407.10	$-431.99	☑
Select	Blue Shield Access+ HMO	ⓘ	$130.09		$481.69	$407.10	$-351.60	☐
✓	Kaiser Permanente HMO	ⓘ			$481.69	$406.79	$-481.69	☑
Select	Blue Shield PPO	ⓘ	$275.29		$481.69	$407.10	$-206.40	☐
Select	Waive				$481.69		$-481.69	☐

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 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 ⊖	**Blue Shield Trio HMO** ⊖
	Currently Selected	

▼ 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

	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 Costs

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.

Kaiser Permanente HMO ⊖

Expand All | Collapse All

Currently Selected

▼ Pay Period Cost

The cost shown is based on the dependents you have enrolled.
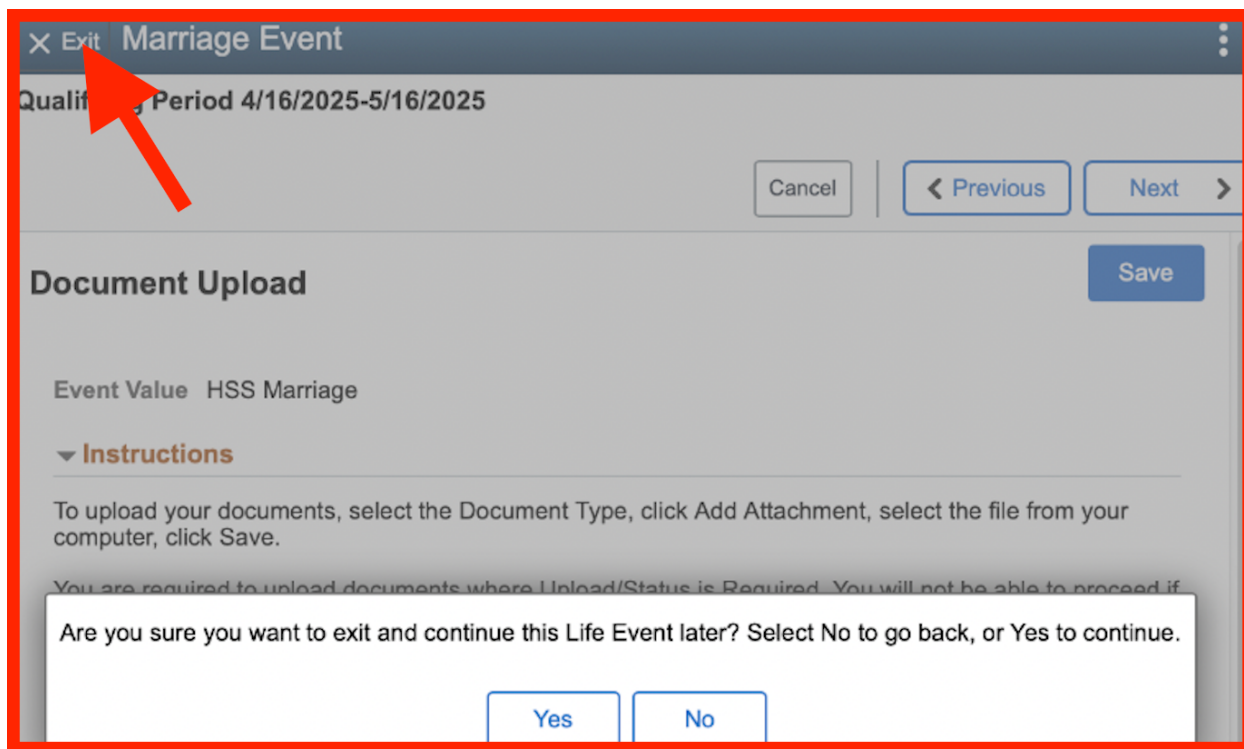
| Member +1 Dep | $-150.84 |

▼ 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 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.