

# eBenefits New Hire Enrollment



# Helpful Log In Information



Microsoft Edge



Google Chrome



Firefox



Safari

To ensure optimal utilization of the eBenefits Self Service site, it's recommended that one of the above browsers is selected.

*Note: Internet Explorer is not one of the supported browsers.*

# SF Employee Portal - starting place for all SFHSS members

Employee Gateway | SFGOV

https://sfgov.org/sfc/employee-gateway

CITY AND COUNTY OF SAN FRANCISCO

SFGOV

Welcome to the SF Employee Gateway

**SF Employee Portal**  
Employee Login

User Support  
SF Employee Portal

DT IAM Support  
Password Reset

CCSF ePayroll  
Online Paystubs

WageWorks  
Commuter Benefits

Employee Health Benefits  
Medical, Dental, Vision, Wellness

JobAps  
Employment Opportunities

Whistleblower Program  
Report Improper Activities

P&A GROUP  
Flexible Spending Accounts (FSAs)

SHARE THIS

Select Language  
Powered by Google Translate

STAY CONNECTED

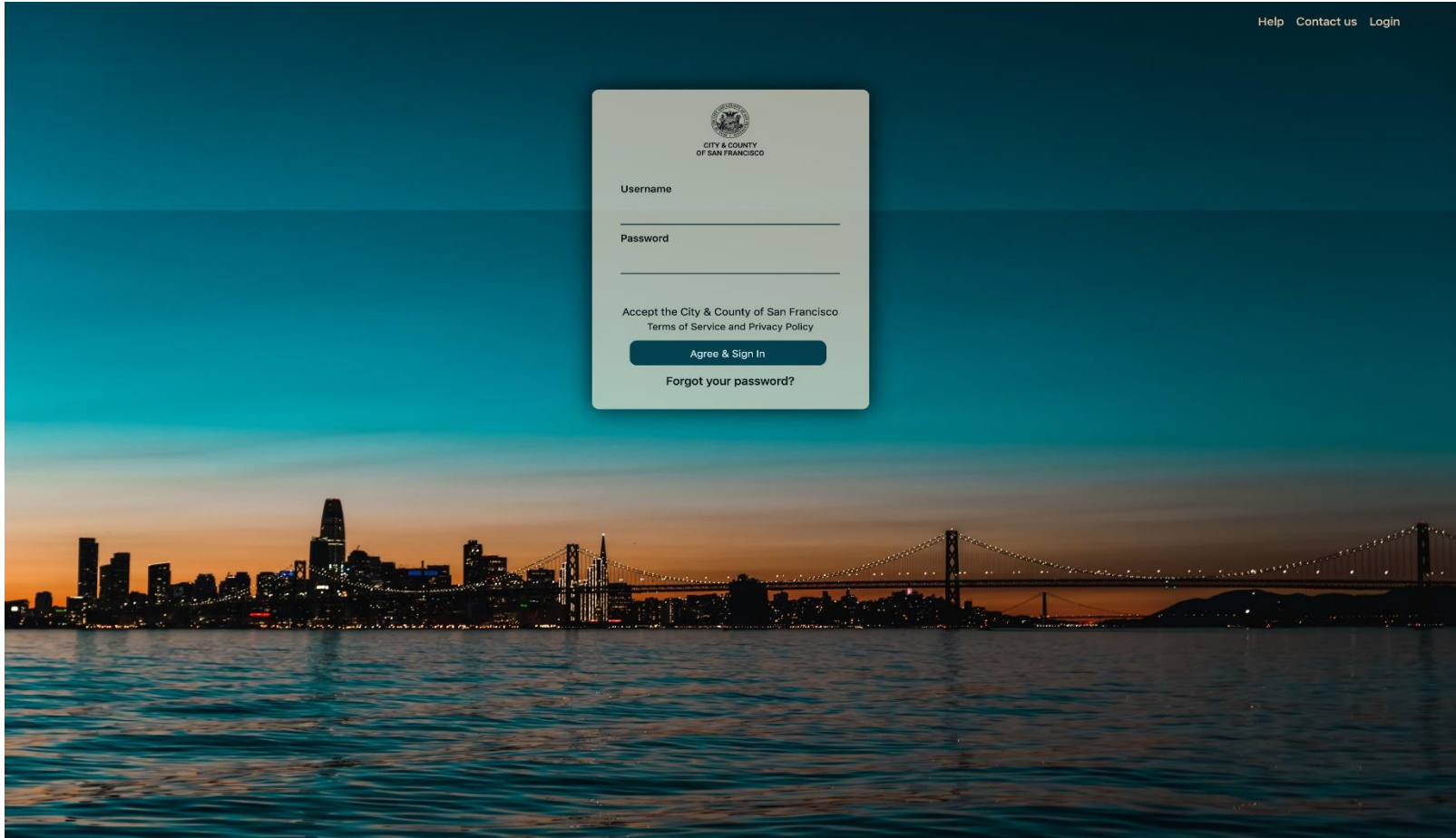
f t y

For More Information on:

- Controller's Office -Payroll/Personnel Services Division (PPSD)
- Department of Human Resources
- Employee Retirement Benefits
- Employee Policies and Compensation
- Payroll, Employee and Budget Reporting – EIS Reporting
- Income Verification – The Work Number
- eMerge PeopleSoft Division

311 - Service 24x7

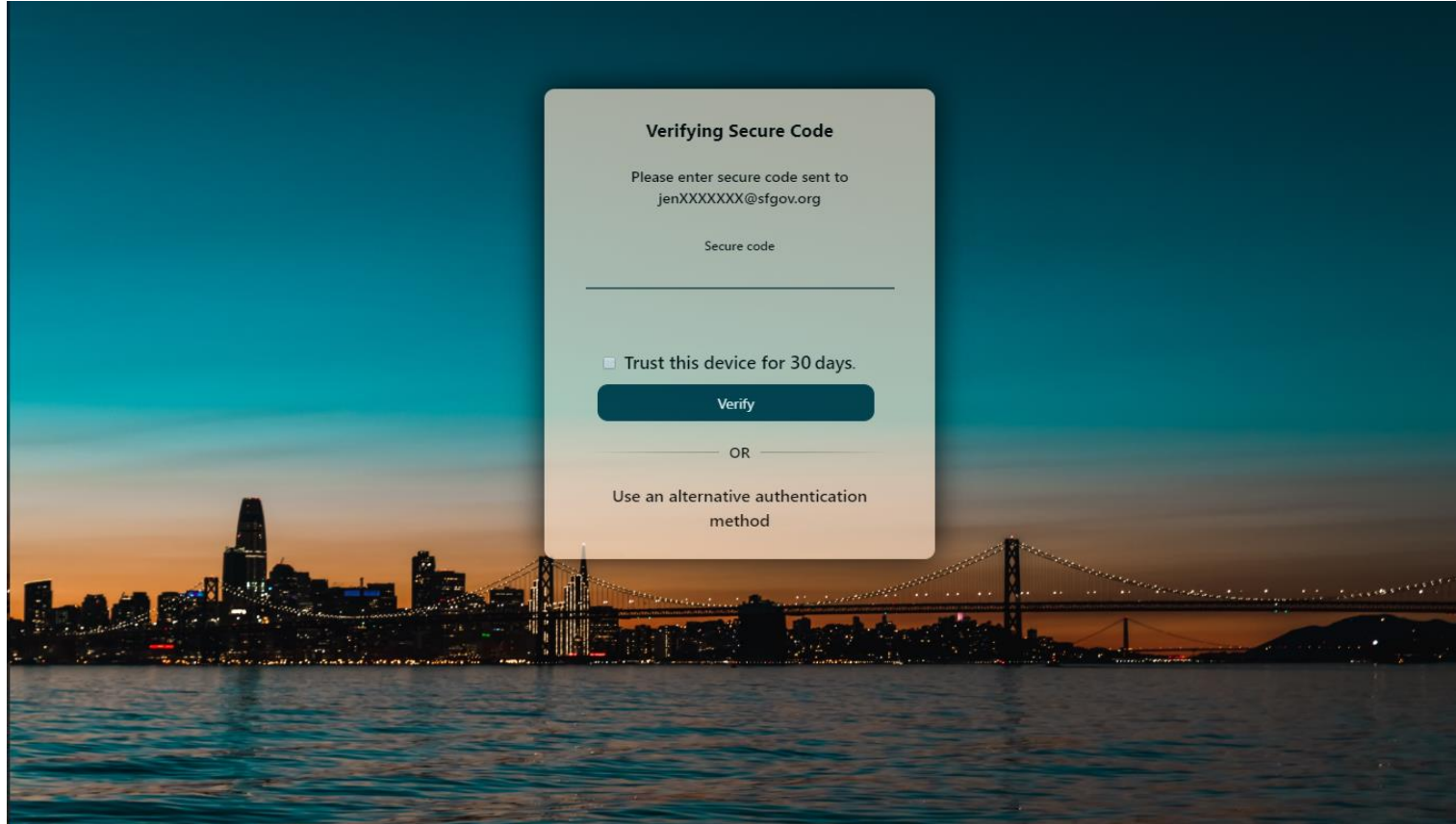
# SF Employee Log In Page



To log in, visit, <https://sfgov.org/sfc/employee-gateway> and enter your DSW ID Number and Password.

Click **Forgot your password?** to reset your password.

# SF Employee Log In Page



As part of the Multi-Factor Authentication process, you must provide a second set of credentials to log in. This depends on the option you selected when setting up your account. It may be a code to your phone, secret questions, the Oracle Authenticator app. If you chose a code, enter the security code and click **Verify** to proceed.

**For help with Multi-Factor Authentication, visit:**

<https://sfemployeeportalsupport.sfgov.org/support/solutions/articles/11000037639-how-to-register-for-mfa-as-a-current-user>

# Review Dependents

**Enroll in Benefits**

Dependents Required Responses Elect Benefits Review & Submit Confirmation

### Review Dependents

Please review your dependent information below for accuracy as inaccurate data may affect plan eligibility. Click on the Edit button to make corrections to an existing dependent. Click on the Add a New Dependent button to add a new dependent.

| Name | Relationship | Date of Birth | Marital Status | Disabled | Dependent |      |
|------|--------------|---------------|----------------|----------|-----------|------|
| Ann  | Spouse       | 09/25/71      | Married        |          | ✓         | Edit |
| Ren. | Child        | 04/15/02      | Single         |          | ✓         | Edit |

Add a New Dependent

Save and Continue

City and County of San Francisco © 2016

The eBenefits process starts with reviewing your dependents. Click **Edit** to update their personal information.

If you have a new dependent, you can add them from this screen by clicking “Add a New Dependent”.

Breadcrumbs across the top will let you know where you are in the enrollment process.

By clicking **save and continue** on each screen, the system will remember where you left off if you are unable to complete your elections during this session.

# Review Dependents Part 2

**Dependent/Beneficiary Personal Information**

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2020.

**Personal Information**

\*First Name  
Middle Name  
\*Last Name  
Name Prefix  
Name Suffix  
\*Date of Birth  
\*Gender: Male  
SSN (Social Security Number)  
\*Relationship to Employee

**Status Information**

\*Marital Status: Single As of  
Student: No As of  
Smoker: Non Smoker As of

**Address and Telephone**

Same Address as Employee  
Country: United States  
Address: San Francisco, CA 94107  
 Same Phone as Employee  
Phone:

**SAVE**

You can update your dependents' personal information, status, address and telephone number. Fields marked with an asterisk are required fields. **Note: Not all relationship types are eligible for health care benefits.** Click **Save** to continue.

# Confirm Personal Information

The screenshot shows the 'Enroll in Benefits' process with five steps: Dependents, Required Responses, Elect Benefits, Review & Submit, and Confirmation. The 'Confirm Personal Information' step is highlighted with a blue arrow. Below the step title, there is a list of personal information fields, each with an edit icon (a pencil in a red square):

- Full Name:
- Home Address: San Francisco, CA 94107
- Mailing Address: St. San Francisco, CA 94107
- Business Number: 415/554
- Cell Number: 415/698
- Business Email: @sf.gov.org
- Home Email:
- Emergency Contacts:

Below the fields, there is a section for assistance: 'If you need additional assistance editing your personal information, please do one of the following:'

- If you are an active employee, please contact your department HR representative.
- If you are a retired employee, please contact the San Francisco Health Service System at (415) 554-1750.

A 'Save and Continue' button is located at the bottom right of the form area.

City and County of San Francisco © 2015

You can update your personal information, status, (home and mailing) address and telephone number. Click **Save and Continue**.



# Current Elections

**SAN FRANCISCO HEALTH SERVICE SYSTEM**

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITE

## Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

Confirm Personal Information

Current Elections

### Current Elections

Please review your current and new elections. If you have no changes to your other benefits in the list of elections, select the "Yes" button below. If you would like to make changes to the list of elections, select the "No" button below. Click to "Save and Continue"

**Active employees:** Some union contracts provide for Employer-paid Long-Term Disability, Group Life and Computer Vision Care. You cannot elect to enroll or disenroll from these. If you have no changes to the other benefits, you can still enroll in a Healthcare or Dependent Care FSA on a later screen.

| Plan                 | Current Election               | Current Coverage Level    | New Election | New Coverage Level | My Cost  |
|----------------------|--------------------------------|---------------------------|--------------|--------------------|----------|
| Medical              | Kaiser Permanente HMO          | Member Only               | Same         | Same               | \$ 10.00 |
| Dental               | Delta Dental PPO               | Member plus one dependent | Same         | Same               | \$ 14.62 |
| Vision Premier       | Vision Premier Plan            | Member Only               | Same         | Same               | \$ 4.32  |
| VDT                  | Computer Vision Care           | Member Only               | Same         | Same               | \$ 0.00  |
| Life                 | Municipal Executives Assoc SOK | \$50,000                  | Same         | Same               | \$ 0.00  |
| Long-Term Disability | No Coverage                    |                           | Same         |                    | \$ 0.00  |

Do you agree with the new elections shown above?

Yes

No

Go Back Save and Continue

City and County of San Francisco © 2016

This page shows the elections for the current plan year. If no changes are made, these will be the elections for the current plan year.

Select **Yes** to the question at the bottom if you would like to keep the same elections (with the exception of your FSA election). Select **No** if you'd like to update your elections.

# Choose a Medical Plan

**SAN FRANCISCO HEALTH SERVICE SYSTEM** HOME SIGNOUT

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITES

## Enroll in Benefits

My Elections \$ 243.71 My Cost

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts

Medical + Basic Vision Dental Vision Premier

### Choose a Medical Plan

Who would you like to enroll in this plan?

Waive this coverage

| Enroll                              | Name | Relationship |
|-------------------------------------|------|--------------|
| <input checked="" type="checkbox"/> |      | Self         |
| <input checked="" type="checkbox"/> |      | Child        |

**Member plus one dependent**

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

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

**Note:** Active employees enrolled in Blue shield with a Medicare domestic partner, your Medicare domestic partner will be enrolled in United Healthcare Medicare Advantage PPO. You will manage their enrollment in the upcoming Families with Medicare and Non-Medicare Members: BSG/UHC Split screen. Please call SFHSS Member Services at (415) 554-1750 or (800) 541-2266 if you need assistance.

**Manage Dependents**

#### Available Plans (4)

|   |  |   |   |
|---|--|---|---|
| <b>Blue Shield Access+</b><br>Blue Shield of California | <b>Blue Shield Trio</b><br>Blue Shield of California | <b>City Plan PPO</b><br>United Healthcare | <b>Kaiser Permanente HMO</b><br>Kaiser Permanente |
|---|--|---|---|

On this screen, you will see your current medical election reflected at the top left. You may choose to enroll or waive your medical plan along with which dependents you wish to cover. The Benefit Guide is available for your review on the left side of the page as well.

# Choose a Medical Plan Part 2

Notice how your cost will update depending upon how many dependents you have elected to enroll

| Blue Shield Access+<br>Blue Shield of California  | Blue Shield Trio<br>Blue Shield of California  | City Plan PPO<br>City of San Francisco  | Kaiser Permanente HMO<br>Kaiser Permanente  |
|---|--|---|---|
| <b>Currently Elected</b>  | Elect this Plan  | Elect this Plan   | Elect this Plan   |
| \$ 29.09<br>My Cost   | \$ 26.06<br>My Cost  | \$ 98.80<br>My Cost   | \$ 22.57<br>My Cost   |
| <p>Blue Shield of California's Access+ HMO plan, allows your personal physician to provide or coordinate all of your medical care, including referring you to a specialist or a hospital, or you can self-refer to a specialist in the same IPA as your Personal Physician for a slightly higher copayment. Fixed copays for most services, no deductibles and almost no claim forms. Personal physicians perform preventive care, treat medical conditions, coordinate other health care and manage referrals to specialists and hospitals within their medical group. Each family member can choose a different physician and medical group. If you do not have an existing personal physician, one will automatically be assigned to you. To enroll, you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. The evidence of coverage contains a complete list of benefits and exclusions and can be found on sfhss.org.</p> | <p>Trio HMO has the same benefits and plan design as Access+ and access to many of the same hospitals and physicians, but with lower premium contributions and an added Concierge Service. Trio allows your personal physician to provide or coordinate all of your medical care, including referring you to a specialist or a hospital, or you can self-refer to a specialist within your Personal Physician's medical group or IPA (Independent Practice Association) for a slightly higher copayment. If your Personal Physician participates in our Access+ Specialist program, you may go directly to a specialist without a referral for a slightly higher co-payment. Medical groups and IPAs that participate in the Access+ specialist program are designated with an A+ on your ID member card. Fixed copays for most services, no deductibles and almost no claim forms. Personal physicians perform preventive care, treat medical conditions, coordinate other health care and manage referrals to specialists and hospitals within their medical group. Each family member can choose a different physician and medical group. If you do not have an existing personal physician, one will automatically be assigned to you. To enroll you must live or work in a zip code serviced by the plan. Contact the medical plan if you have questions about covered service areas. The evidence of coverage contains a complete list of benefits and exclusions and can be found on sfhss.org.</p> | <p>City Health Plan is a Preferred Provider Organization (PPO). A PPO is a medical plan that gives you freedom of choice between PPO providers who offer their services at discounted rates, and non-PPO providers.</p> | <p>With Kaiser Permanente Traditional HMO plan, there are no deductibles to keep track of and virtually no bills or paperwork to fill out for services received. There are pre-set copays for most covered services, including prescriptions. Kaiser HMOs provide additional conveniences to members including offering most medical services under one roof (ex. specialty care, pharmacy, lab work), online tools to manage your health and communicate more efficiently with your doctor, worldwide emergency coverage and more. No referrals required for certain specialties, like otometry and obstetrics-gynecology. If you do not have an existing personal Plan Physician, you can either select one or one will be assigned to you. You can change your doctor at any time. You must live or work in a zip code serviced by the plan. The evidence of coverage contains a complete list of benefits and exclusions and can be found on sfhss.org.</p> |
| Blue Shield Access+<br>Search for providers in this plan  | Blue Shield Trio<br>Search for providers in this plan  | City Plan PPO<br>Search for providers in this plan  | Kaiser Permanente HMO<br>Search for providers in this plan  |
| <b>Save and Continue</b>  |  |   |   |

Your current selected plan is highlighted in green. Within each table, click on the buttons to make your selection, view plan descriptions and search for a provider. Clicking on the Provider Search button will redirect you to the carrier sites. Once you make a plan selection, click **Save and Continue** at the bottom of the page.

# Choose a Dental Plan

The screenshot shows the 'Enroll in Benefits' page for the San Francisco Health Service System. The page is titled 'Choose a Dental Plan' and features a progress bar at the top with steps: Dependents, Required Responses, Elect Benefits (current step), Review & Submit, and Confirmation. A navigation bar includes 'Health', 'Flexible Spending Accounts', 'Medical + Basic Vision', 'Dental', and 'Vision Premier'. On the left, a sidebar shows 'Current Dental Plan Election' with options 'Delta Dental PPO', 'Delta Dental Member Only', and a 'Benefit Guide' button. The main content area asks 'Who would you like to enroll in this plan?' and includes a 'Waive this coverage' checkbox. Below is a table of dependents:

| Enroll                              | Name    | Relationship |
|-------------------------------------|---------|--------------|
| <input type="checkbox"/>            | Anthony | Self         |
| <input checked="" type="checkbox"/> | Peirnat | Child        |

A 'Member plus one dependent' icon is also present. Below the table, there is a 'Manage Dependents' button and a section for 'Available Plans (3)'. The plans listed are:

- Delta Dental PPO (Delta Dental): Currently Elected, \$ 4.62
- DeltaCare USA DMO (DeltaCare USA): Elect this Plan, \$ 0.00
- UnitedHealthCare Dental DMO (United Healthcare - Pacific Union Dental): Elect this Plan, \$ 0.00

Similar to the medical plan page, your current dental election is shown on the left hand side. You may choose to enroll or waive your dental plan and select which dependents you wish to cover. The Benefit Guide is available for your review on the left side of the page as well.

# Choose a Dental Plan Part 2

dependents to your use.

You may enroll any of these individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Manage Dependents

## Available Plans (3)

| Delta Dental PPO  | DeltaCare USA DMO   | UnitedHealthCare Dental DMO   |
|---|---|---|
| <b>Currently Elected</b>  | <b>Select this Plan</b>   | <b>Select this Plan</b>   |
| \$ 4.62<br>My Cost  | \$ 0.00<br>No Cost  | \$ 0.00<br>No Cost  |
| <p>Four out of five dentists nationwide are contracted Delta Dental dentists, giving enrollees convenient access and quality assurance through the nation's largest dentist network. No ID card is required to receive services and there are no claim forms to file – Delta Dental dentists do that for you. Delta Dental pays dentists directly, you are responsible only for your share of payment. Delta Dental dentists agree to our determination of fees. You can visit any licensed dentist under this plan, but you'll maximize plan value by taking advantage of our large nationwide networks. The evidence of coverage contains a complete list of benefits and exclusions and can be found on <a href="#">sfhss.org</a>.</p> | <p>DeltaCare USA is managed by Delta Dental of California and allows members to choose a Primary Care Dentist from a network of carefully screened, private practice dentists. You must visit your Primary Care Dentist to receive benefits. There are no restrictions on pre-existing conditions and access to specialty care and out-of-area emergency care is available to members. Low or no-copayments for services like annual cleanings and exams. Co-payments and out-of-pocket costs are clearly defined before treatment begins. There are no deductibles or maximums for covered services. If you have not already done so, or are enrolling for the first time, you may select a primary care dentist from the list of network providers. If you do not, one will be automatically assigned to you. The evidence of coverage contains a complete list of benefits and exclusions and can be found on <a href="#">sfhss.org</a>.</p> | <p>This managed care dental plan contracts directly with licensed dentists (contracted Plan Providers) who offer a wide variety of dental services from exams and cleanings to crowns—all at a set co-pay. With some plans, primary dentist/clinic may coordinate your care and give you a referral to a specialist, if needed. You choose a primary care dentist/clinic to coordinate your care with most plans. There's no deductible to meet. There's no annual maximum on cost of the services your plan covers. You may transfer to another plan provider. If you have not already done so, or are enrolling for the first time, you may select a primary care dentist from the list of network providers. If you do not, one will be automatically assigned to you. The evidence of coverage contains a complete list of benefits and exclusions and can be found on <a href="#">sfhss.org</a>.</p> |
| <a href="#">Delta Dental PPO</a><br><a href="#">Search for providers in this plan</a>   | <a href="#">DeltaCare USA DMO</a><br><a href="#">Search for providers in this plan</a>  | <a href="#">UnitedHealthCare Dental DMO</a><br><a href="#">Search for providers in this plan</a>  |

Save and Continue

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Your current plan is highlighted in green. Within each table, click on the buttons to make your selection, view plan descriptions and search for a provider. Once you make a plan selection, click **Save and Continue** at the bottom of the page.

# Enroll in Vision Premier Plan

**SAN FRANCISCO HEALTH SERVICE SYSTEM** HOME SIGNOUT

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITES

## Enroll in Benefits

My Elections \$ 243.71 My Cost

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts Medical + Basic Vision Dental Vision Premier

### Enroll in a Vision Premier Plan

Who would you like to enroll in this plan?

Waive this coverage

| Enroll                   | Name | Relationship |
|--------------------------|------|--------------|
| <input type="checkbox"/> |      | Self         |
| <input type="checkbox"/> |      | Child        |

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the **Enroll** box next to each individual's name.

#### Available Plans (0)

|  |
|--|
| Vision Premier Plan                            |
| Vision Service Plan                            |
| <input type="button" value="Elect this Plan"/> |
| Not Offered                                    |

On this screen you can enroll in the Vision Premier plan which is available to you and your dependents that are enrolled in an SFHSS medical plan. You will need to enroll the same dependents that are covered under your medical plan by placing a check mark in the box by their names.

If you wish to keep the Basic plan, select the box next to **Waive This Coverage**.

Once you make your election, click **Save and Continue**.

# Viewing Your Benefit Guide

**Current Vision Premier Plan Election**  
No Coverage

**Benefit Guide**

Waive this coverage

| Enroll                   | Name | Relationship |
|--------------------------|------|--------------|
| <input type="checkbox"/> |      | Self         |
| <input type="checkbox"/> |      | Child        |

**Waive**

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Manage Dependents button to add new dependents to your list.

Vision Premier is only available to your dependents enrolled in an SFHSS medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must be enrolled by checking the **Enroll** box next to each individual's name.

**Manage Dependents**

**Available Plans (0)**

Vision Premier Plan  
Vision Service Plan

**Elect this Plan**

Not Offered

Starting in 2018, members and their qualified dependents may enroll in VSP Premier which includes annual WellVision exams and prescriptions (with co-payments) and enhanced annual benefits including \$300 allowance for frames and \$250 for contacts (every 12 months). Standard lenses and scratch-resistant coating are included and co-payments on lens enhancements such as anti-reflective coating and progressive lenses are only \$25. See Plan for more details.

**Vision Premier Plan**

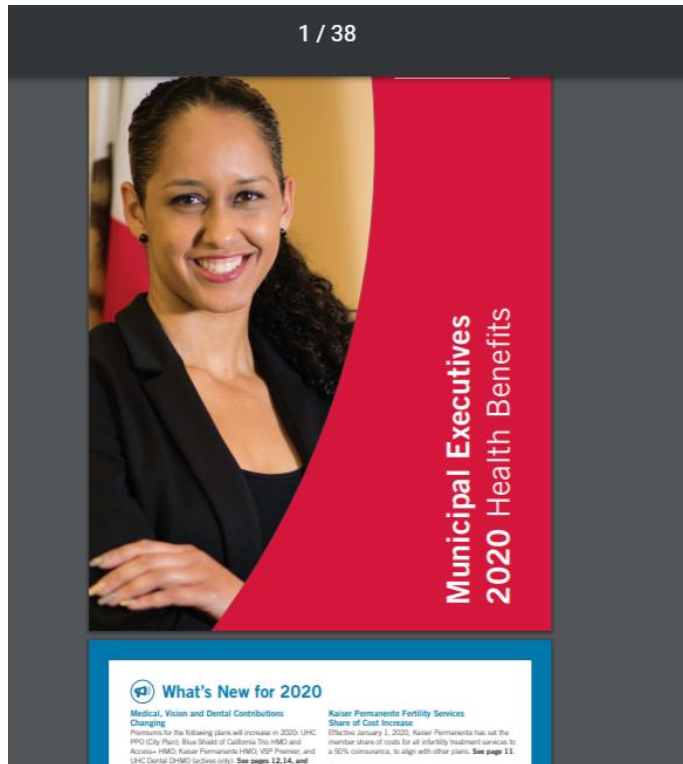
Search for providers in this plan

**Save and Continue**

City and County of San Francisco © 2016

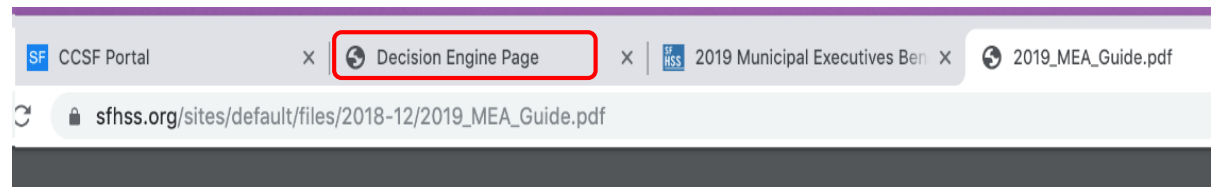
The Benefit Guide is available for your review by clicking the Benefits Guide button found on the left side of all the pages where you are enrolling in benefits.

# Viewing Your Benefit Guide



Once you click on the Benefit Guides link found on the benefit election pages, the guide will open in another tab of your browser

To return back to your elections page, click on the Decision Engine Page tab.





# Election Cart

**San Francisco Health Service System**

Enroll in Benefits

My Elections \$ 1,002.25 My Cost

**Cost Summary**

| Category                | Item                       | Cost               |
|-------------------------|----------------------------|--------------------|
| Costs                   | Before Tax                 | \$ 1,002.25        |
|                         | After Tax                  | \$ 0.00            |
|                         | <b>Total</b>               | <b>\$ 1,002.25</b> |
| Dollar Value of Credits | Total                      | \$ 807.85          |
|                         | <b>Total Costs</b>         | <b>\$ 1,002.25</b> |
|                         | <b>Total Credits</b>       | <b>\$ 807.85</b>   |
|                         | <b>Credits Minus Costs</b> | <b>\$ -194.40</b>  |

**Enroll in a Vision Premier Plan**

What would you like to enroll in this plan?

Waive this coverage

Enroll  Name

Member Only

Search Costs

Available Plans (1)

Vision Premier Plan  
Vision Service Plan  
Currently Enrolled

Medical: \$983.31 My Cost  
Dental: \$14.62 My Cost  
Vision Premier: \$4.32 My Cost  
VOT: \$0.00 My Cost  
Life Insurance: \$0.00 My Cost  
Disability Insurance: No Coverage  
Spending Accounts: No Coverage

By clicking on the cart (top right corner), you will be able to see your renewal elections along with their corresponding premiums.

Click the pencil icons to go back and change any elections you've already made. Click on the cart again to close the box

# Choose Healthcare Flexible Spending Account (FSA)

**Enroll in Benefits**

My Elections \$ 317.20 My Cost

Dependents Required Responses **Elect Benefits** Review & Submit Confirmation

Health Flexible Spending Accounts  
Healthcare FSA Dependent Care FSA

### Choose a Flex Spending Health - U.S. Plan

A Healthcare Flexible Spending Account (FSA) allows you to pay for qualifying healthcare expenses, like co-pays and deductibles, with pre-tax dollars. For more information, please review the [Flexible Spending Plan Details](#)

Enroll in Health Care FSA

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

[Benefit Guide](#) [Save and Continue](#)

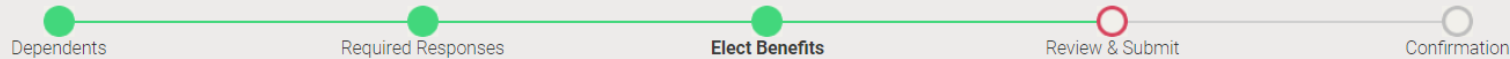
You can elect a minimum of \$250 up to a maximum of \$2,700 for the 2020 plan year. You must re-elect this plan every year in order to have an FSA. To learn more about the Flexible Spending Plan, click on the hyperlinked text “Flexible Spending Plan Details”

Click on the box next to **Enroll in Health Care FSA**.

# Choose Healthcare Flexible Spending Account (FSA) Part 2

## Enroll in Benefits

My Elections **\$ 317.20**  
My Cost



- Health ✓
- Flexible Spending Accounts ✓
- Healthcare FSA ✓
- Dependent Care FSA ✓

### Choose a Flex Spending Health - U.S. Plan

A Healthcare Flexible Spending Account (FSA) allows you to pay for qualifying healthcare expenses, like co-pays and deductibles, with pre-tax dollars.

For more information, please review the Flexible Spending Plan Details

Enroll in Health Care FSA

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

Your annual pledge must be between \$250.00 and \$2,700.00, which are the limits established for this plan.

Health Care FSA Total Annual Amount

(Prior year election was \$800 Pledge)

Save and Continue

Once you selected the check box, the amount field will appear on the page. Type in your annual election. You can elect a minimum of \$250 up to a maximum of \$2,700 for the 2020 plan year. The system will not be able to accommodate elections outside of this range.

Once your election is complete, click **Save and Continue**.

# Choose Dependent Care Flexible Spending Account (FSA)

My Elections \$ 317.20 My Cost



- Health ✓
- Flexible Spending Accounts ✓
- Healthcare FSA ✓
- Dependent Care FSA ✓**

## Choose a Flex Spending Dependent Care Plan

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

For more information, please review the [Flexible Spending Plan Details](#)

- Enroll in Child Care Dependent Care FSA

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

Save and Continue

You can elect a minimum of \$250 up to a maximum of \$5,000 for the plan year. You must re-elect this plan every year in order to have an FSA. To learn more about the Flexible Spending Plan, click on the hyperlinked text "Flexible Spending Plan Details"

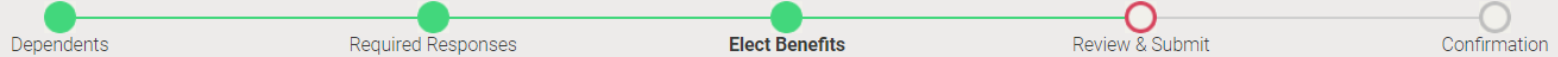
Click on the box next to **Enroll in Health Care FSA**.

If you do not want to enroll in an FSA, just click **Save and Continue**

# Choose Dependent Care Flexible Spending Account (FSA) Part 2

## Enroll in Benefits

My Elections \$ 317.20  
My Cost



- Health ✓
- Flexible Spending Accounts ✓
- Healthcare FSA ✓
- Dependent Care FSA ✓**

### Choose a Flex Spending Dependent Care Plan

#### Choose Flex Spending Dependent Care

#### Current Flex Spending Dependent Care Plan Election

Waived

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

For more information, please review the Flexible Spending Plan Details

- Enroll in Child Care Dependent Care FSA

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

Your annual pledge must be between \$250.00 and \$5,000.00, which are the limits established for this plan.

Child Care Dependent Care FSA Total Annual Amount:

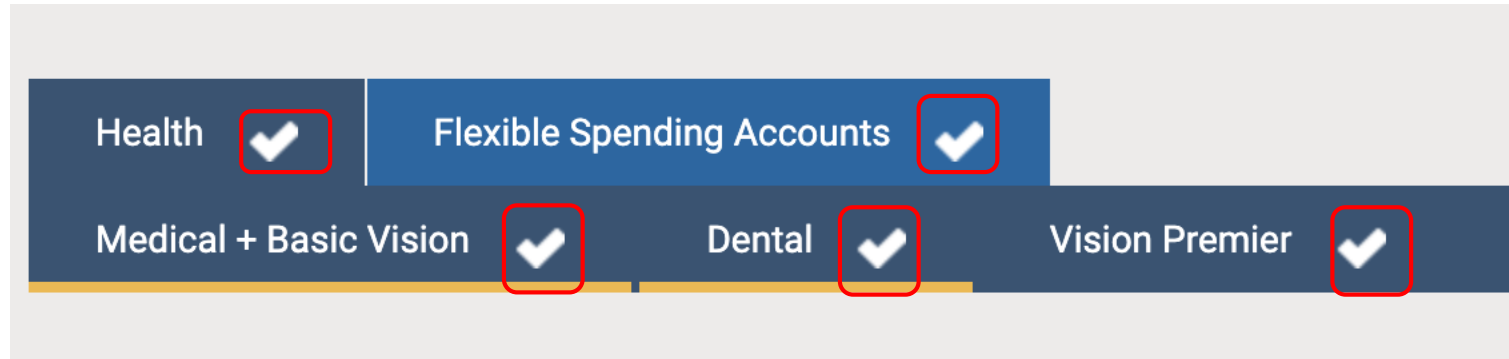
(Prior year election was \$ 0)

Save and Continue

You can elect a minimum of \$250 up to a maximum of \$5,000 for the plan year. The system will not be able to accommodate elections outside of this range.

Once your election is complete, click **Save and Continue**.

# Review Your Elections



The panel at the top will reflect the progression of your enrollment. The white check marks indicate the lines of coverage for which you have completed enrollment.

# Review Your Elections

SAN FRANCISCO HEALTH SERVICE SYSTEM

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITES


## Enroll in Benefits

Dependents Required Responses Elect Benefits **Review & Submit** Confirmation


**Review Elections**

**Review Your Elections**  
Please review and verify your elections.


**Health Benefits**

**Medical**   
Blue Shield Health  
Member plus one dependent  
\$29.09 My Cost

| Dependent | Relationship | Covered |
|-----------|--------------|---------|
|           | Child        | Y       |

**Dental**   
Delta Dental  
Member plus one dependent  
\$4.62 My Cost

| Dependent | Relationship | Covered |
|-----------|--------------|---------|
|           | Child        | Y       |

**Vision Premier**   
Waive

| Dependent | Relationship | Covered |
|-----------|--------------|---------|
|           | Child        | N       |

**VDT**  
VDT Eye Exam  
Member Only  
\$ 0.00 My Cost

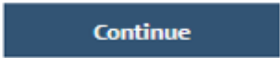
**Life Insurance**

**Life**  
\$0.00  
\$ 0.00

**Cost Summary**

| Your Costs   |                  |
|--------------|------------------|
| Before Tax   | \$ 243.71        |
| After Tax    | \$ 0.00          |
| <b>Total</b> | <b>\$ 243.71</b> |

Your line by line cost and full cost summary (before and after tax) is listed on the right hand side.

Review your elections and edit them by clicking on the pencil icon. The line by line cost and full cost summary (before and after tax) is listed on the right hand side. Click  in the bottom right hand corner to proceed

# Submit Your Elections

## Enroll in Benefits



Review Elections

Submit Elections

### Submit Elections

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices. Select the **Go Back** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you select the **Submit** button your benefit choices will be sent to the Benefits Department 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 Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Health Plan Arbitration Agreement:

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

*\*Disputes arising from the following fully-insured Kaiser Permanente Insurance Company coverages are not subject to binding arbitration: 1) the Preferred Provider Organization (PPO) and the Out-of-Network portion of the Point-of-Service (POS) plans; 2) Preferred Provider Organization (PPO) plans; 3) Out-of-Area Indemnity (OGA) plans; and 4) KPIC Dental plans.*

By enrolling in a Kaiser Permanente plan, I understand that this action will serve as my electronic signature of agreement to the conditions provided in Kaiser Foundation Health Plan Arbitration Agreement (above) and that by law this electronic signature will have the same effect as a signature on a paper form.

Note: If you do not wish to accept the arbitration agreement above you must make a new Health Plan selection.

Go Back

Submit

Finally, time to submit your elections! But wait, changed your mind? You can go back **or** you can review your elections. Or you can submit, knowing you made good choices.



# Enrollment Completion

**SAN FRANCISCO HEALTH SERVICE SYSTEM** HOME SIGNOUT

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITES

## Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation


**Enrollment Completion**

If you would like to go back and make changes, click the "Modify Elections" button.

**Modify Elections**

### Enrollment Completion

Your elections have been submitted but not finalized. Click the printer icon to print a summary of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.

 [Click here to print](#)

A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

- Spouse = Certified Marriage Certificate
- Domestic Partner = Domestic Partner Certification
- Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to (415) 554-1721 or hand deliver your documentation to SFHSS - 1145 Market St, 3rd Floor, San Francisco, CA 94103. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

**Upload Documents**

**Save and Continue**

You're nearly done! If you've added dependents, you will need to upload supporting documentation in order for your enrollment to be processed. If you've changed your mind, you can click Modify Elections. Remember to hit the [printer icon](#) for a copy of your Election Summary. **This is your only chance to print your proof of coverage.** Once you're done, click **Save and Continue**.

# Enrollment Completion Part 2



Name:  
Emplid:

Event: Open Enrollment  
Event Date: 2020-01-01



## 2019 Health Benefits Enrollment Summary Statement

This is a summary of the benefit elections that you have made for 2020 Open Enrollment as of 2:44pm 08-29-2019. Please print a copy for your records at this time. You will not be able to retrieve this election summary for printing at a later date.

### Health Benefits

|   | Before Tax | After Tax | Full Cost       |
|---|------------|-----------|-----------------|
| <b>Medical - Trio HMO - Blue Shield of CA</b><br>Member plus two or more dependents | \$983.31   | \$0.00    | <b>\$983.31</b> |
| <b>Dependent</b>  |            |           | <b>Enrolled</b> |
| Spouse  |            |           | Y               |
| Child   |            |           | Y               |
| <b>Dental - Delta Dental PPO</b><br>Member plus one dependent                       | \$14.62    | \$0.00    | <b>\$14.62</b>  |
| <b>Dependent</b>  |            |           | <b>Enrolled</b> |
| Spouse  |            |           | Y               |
| Child   |            |           | N               |
| <b>Vision Premier - Vision Premier Plan</b><br>Member Only                          | \$4.32     | \$0.00    | <b>\$4.32</b>   |
| <b>Dependent</b>  |            |           | <b>Enrolled</b> |
| Spouse  |            |           | N               |
| Child   |            |           | N               |
| <b>Computer Vision Care (VDT) *</b><br>Member Only                                  | \$0.00     | \$0.00    | <b>\$0.00</b>   |
| <b>Life Insurance</b>   |            |           |                 |
|   | Before Tax | After Tax | Full Cost       |
| <b>Life - Municipal Executives Assoc 50K *</b><br>\$50,000                          | \$0.00     | \$0.00    | <b>\$0.00</b>   |

Your enrollment summary will illustrate the plans elected, dependents covered along with the total (before and after tax) cost of your plans.

# Uploading Supporting Documentation for New Dependents

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

Spouse = Certified Marriage Certificate  
Domestic Partner = Domestic Partner Certification  
Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to (415) 554-1721 or hand deliver your documentation to SFHSS – 1145 Market St, 3rd Floor, San Francisco, CA 94103. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

A dark blue rectangular button with rounded corners and a red border, containing the text "Upload Documents" in white.A dark blue rectangular button with rounded corners and a red border, containing the text "Save and Continue" in white.

If you added new dependents, click on the Upload Documents button to provide supporting documentation.

Click **save and continue** when done on this screen. **Our fax number is: (628) 652-4701.**

# Document Upload Part 1

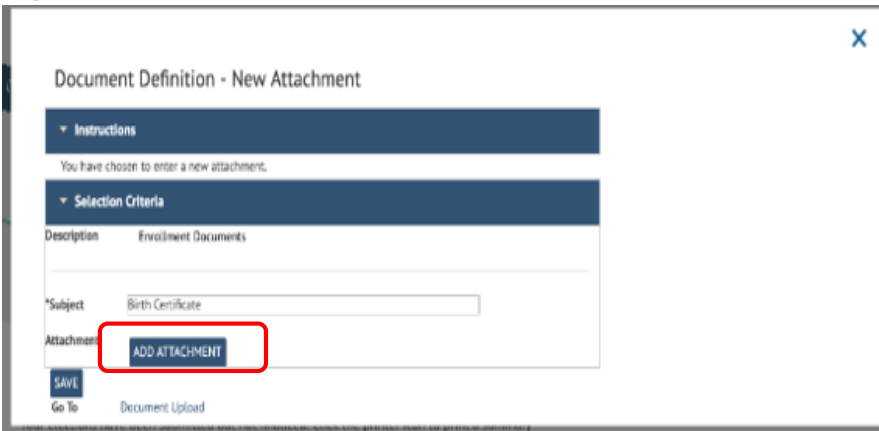
## 1 – click on Add Attachment



## 2 – Type in a Subject



## 3 – click on Add Attachment



## 4 – Click Choose File



# Document Upload Part 2

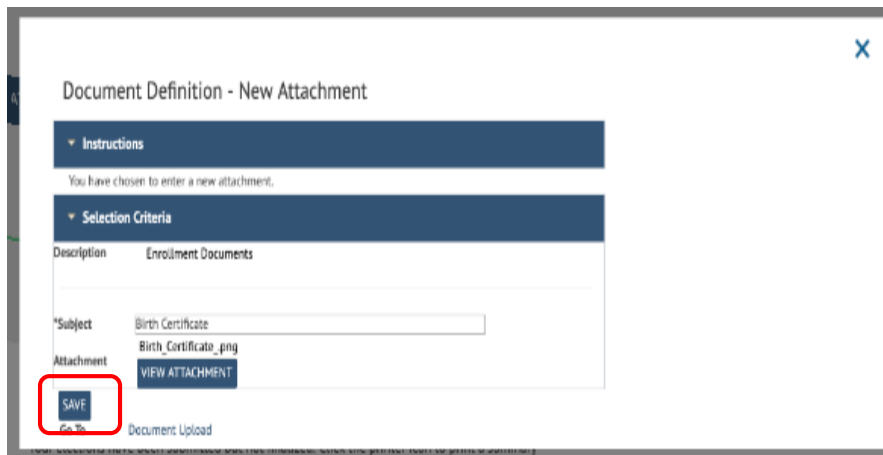
## 5 – find the file on your system



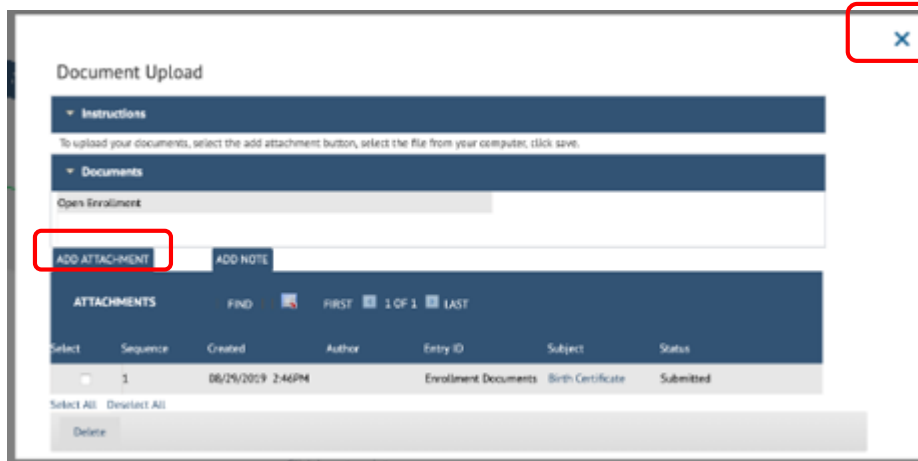
## 6 – Click on Upload



## 7 – click on save



## 8 – your document is uploaded. Click the X to exit or Add Attachment to add another document



# Document Upload Part 3 – Deleting Documents

9



Place a check next to the document(s) you want to delete

10



Click on Yes to confirm the deletion

11



Your document has been deleted. Click the X to exit

# Voluntary Benefits

**SAN FRANCISCO HEALTH SERVICE SYSTEM** HOME SIGNOUT

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITES

## Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

**Enrollment Completion**

**Voluntary Benefits**

### Voluntary Benefits

Employees of the City and County of San Francisco and the Superior Court have the option of enrolling in voluntary benefits. If you have previously enrolled in Voluntary Benefits, your login credentials will be those you previously set. If you are enrolling in Voluntary Benefits for the first time.

**User ID:** Employee DSW Number – if your number is 5 digits add a 0 in front to make 6 digits  
**Password:** First 4 letters of your last name and First 4 digits of your social security number (example abcd1234)  
Employee.csf

<https://www.workterra.net>

If you enroll in voluntary benefits, your confirmation statement will be mailed to you by EBS. If you need any assistance with Voluntary Benefits or logging into Workterra, please call EBS at 1-888-392-7597.

**Thank you for using self-service benefits**  
Please take a few minutes to tell us about your online Open Enrollment experience:  
<http://www.surveymonkey.com/survey>  
You can sign out of PeopleSoft by clicking on "Sign Out" in the top right-hand corner.

**Exit**

You're done, but on the way out, you'll get a little information about Voluntary Benefits.

City and County of San Francisco and Superior Court of San Francisco employees can visit [www.Workterra.net](http://www.Workterra.net) to enroll in available options. This will open in a new tab in your browser. You will need your DSW ID number to log in.

Be sure to click **Exit** on this page to log out of eBenefits

# Completion





# Returning to your enrollment

**SAN FRANCISCO HEALTH SERVICE SYSTEM** HOME SIGNOUT

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION FAVORITES

## Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

### Review Your Elections

Please review and verify your elections.

#### Health Benefits

**Medical** **Blue Shield Access\*** \$29.09 My Cost  
Member plus one dependent

| Dependent | Relationship | Covered |
|-----------|--------------|---------|
|           | Child        | Y       |

**Dental** **Delta Dental PPO** \$4.62 My Cost  
Member plus one dependent

| Dependent | Relationship | Covered |
|-----------|--------------|---------|
|           | Child        | Y       |

**Vision Premier** **Waive**

| Dependent | Relationship | Covered |
|-----------|--------------|---------|
|           | Child        | N       |

**VDT** **VDT Eye Exam** \$ 0.00 My Cost  
Member Only

#### Life Insurance

**Life** \$ 0.00

#### Cost Summary

**Your Costs**

|              |                  |
|--------------|------------------|
| Before Tax   | \$ 243.71        |
| After Tax    | \$ 0.00          |
| <b>Total</b> | <b>\$ 243.71</b> |

<https://epusit-bifrost.sfgov.org/psp/patst/EMPLOYEE/EMPL/h/?tab=DEFAULT>

If necessary you can log back in to change elections after you have submitted them. Follow the same steps to log in. Because you have previously completed enrollment, you will arrive on the page to review your elections. Click on the pencil icons to edit the particular benefit or click the Required Responses breadcrumb at the top of the page to step through each benefit. If you had not previously completed your enrollment, when you log in, you will be returned to where you left off.

# Returning to your enrollment

**SAN FRANCISCO HEALTH SERVICE SYSTEM**

HOME USER ACCESS & SUPPORT USER TRAINING COMMUNICATIONS INFORMATION

HOME SIGNOUT

FAVORITES

## Enroll in Benefits

Dependents Required Responses Elect Benefits Review & Submit Confirmation

Confirm Personal Information

Current Elections

### Current Elections

Please review your current and new elections. If you have no changes to your other benefits in the list of elections, select the "Yes" button below. If you would like to make changes to the list of elections, select the "No" button below. Click to "Save and Continue"

**Active employees:** Some union contracts provide for Employer-paid Long-Term Disability, Group Life and Computer Vision Care. You cannot elect to enroll or disenroll from these. If you have no changes to the other benefits, you can still enroll in a Healthcare or Dependent Care FSA on a later screen.

| Plan                 | Current Election               | Current Coverage Level    | New Election                       | New Coverage Level                        | My Cost   |
|----------------------|--------------------------------|---------------------------|------------------------------------|---|-----------|
| Medical              | Kaiser Permanente HMO          | Member Only               | <i>Tri HMO - Blue Shield of CA</i> | <i>Member plus one dependent</i>          | \$ 388.17 |
| Dental               | Delta Dental PPO               | Member plus one dependent | Same                               | <i>Member plus two or more dependents</i> | \$ 16.92  |
| Vision Premier       | Vision Premier Plan            | Member Only               | Same                               | <i>Member plus two or more dependents</i> | \$ 13.53  |
| VDT                  | Computer Vision Care           | Member Only               | Same                               | Same                                      | \$ 0.00   |
| Life                 | Municipal Executives Assoc SOK | \$50,000                  | Same                               | Same                                      | \$ 0.00   |
| Long-Term Disability | No Coverage                    |                           | Same                               |   | \$ 0.00   |

Do you agree with the new elections shown above?

Yes

No

Go Back Save and Continue

City and County of San Francisco © 2016

Because you have previously completed enrollment, you If you return to your election page to complete at a later time, your changes will be reflected in red. Elections that have not been updated will reflect "Same".

# Helpful Resources and Notes

## **HEALTH SERVICES SYSTEM CONTACT INFORMATION**

**Phone: (628) 652-4700 or (800) 541-2266**

**Fax: (628) 652-4701**

**[sfhss.org/online-enroll-new-hire](https://sfhss.org/online-enroll-new-hire)**