

How to Enroll in Benefits for New Employees


Congratulations on your new position!

New employees with the City and County of San Francisco, the Superior Court of San Francisco, the San Francisco Unified School District and the City College of San Francisco have **30 days from the date of hire** to enroll in health benefits.

Before you get started, there are a few things to know.

- **What benefits are available to me?**
 - City and County of San Francisco employees, go to sfhss.org/benefits/city-and-county
 - Superior Court of San Francisco employees, go to sfhss.org/benefits/superior-court
 - San Francisco Unified School District employees, go to https://sfhss.org/benefits/unified_school_district
 - City College of San Francisco employees, go to sfhss.org/benefits/city-college

- **What documents do I need?** If you are going to be *adding* a dependent to your health plan elections, you will need to have the required documentation ready for upload during your online enrollment process.
 - *Certified Marriage Certificate*
 - *Domestic Partner Certification*
 - *Birth Certificate*
 - *Adoption Certificate*
 - *A Social Security number must be provided for each new enrolled member*

- **What if I made a mistake?** If you make an error during your online enrollment, just click on the breadcrumbs that are found at the top of the page to go back to a previous section. To edit, click on the edit button or the pencil icon  and save your changes.
- **What if I encounter an issue?** Visit sfhss.org/how-to-enroll where you can find information on how to login and get started, including videos showing you how to make specific updates and elections by topic.
- **What if I exit the system before finishing?** If you exit before submitting your enrollment request, you will need to log back in. When you get back to the **Employee Portal landing page**, you will see an **Alert** indicating that your enrollment is incomplete. Under the **Benefits** tab, click on **Benefits Enrollment** to resume enrollment.
- **Problems logging in?** If you experience technical issues accessing your account and cannot resolve with our online resources, call the Dept. of Technology's Help Desk at (628) 652-5000. City College employees and San Francisco Unified District employees, you must provide the DT help desk your DSW. If you do not know your DSW, contact SFHSS.
- **Questions?** Call SFHSS at **(628) 652-4700** or visit sfhss.org/contact-us. Our telephone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and from 1pm to 5pm and Thursday from 10am to 12pm and 1pm to 5pm. Our offices are currently closed to the public.

Let's Get Started



SF Employee Portal

WORK LINKS	EMPLOYEE LINKS	MANAGER LINKS
HR INFORMATION (NEW) How to Submit Vaccine Status Add Vaccine Status Update/View Vaccine Status	PAYROLL & COMPENSATION View Paycheck Direct Deposit Compensation History W-4 Tax Information View or Print W-2/W-2c Forms W-2/W-2c Consent W-2 Reissue Request	
TIME REPORTING & ABSENCE Time Reporting Leave/Comptime Balances Time Approval Status Time Reporting Preferences	eBENEFITS New Hire / Retiree Enrollment Open Enrollment Submit a Qualifying Life Event Continue your Enrollment	
CASH ADVANCES Create/Manage Cash Advance Delete Cash Advance Request		

1. Login to the My Apps Dashboard
<https://myapps.sfgov.org>
2. Enter your DSW and password. Click Agree & Sign In.
3. Complete the security verification and click Verify.
4. Click on the **San Francisco Employee Portal** tile.
5. Under the **My Links** tab, select **Employee Links**. Look for the **eBenefits** and click on **New Hire/Retiree Enrollment**.

Add Your Dependents

If you have dependents that you would like to add to your benefits plans, Click on **Add a New Dependent** to add a new dependent, then click **Save and Continue**.

The screenshot shows a web interface for enrolling in benefits. At the top, a progress bar indicates five steps: Dependents (completed), Required Responses (completed), Elect Benefits (current step), Review & Submit, and Confirmation. Below the progress bar, the section is titled 'Review Dependents'. A message asks the user to review dependent information for accuracy. A table lists one dependent: Bob Smith, Domestic Partner Adult, 1/1/1979, Single, with a 'Dependent' status of 'Yes' (indicated by a green checkmark) and an 'Edit' button. At the bottom left is an 'Add a New Dependent' button and at the bottom right is a 'Save and Continue' button.

Name	Relationship	Date of Birth	Marital Status	Disabled	Dependent
Bob Smith	Domestic Partner Adult	1/1/1979	Single		Yes

Fill in the **Dependent/Beneficiary Personal Information** window. Click the save button and close the screen by clicking the **X** in the top right corner of the window.

Review Your Personal Information

If you need additional assistance updating your personal information, please do one of the following:

- If you are a CCSF or Courts employee, you can update your information in the Employee Portal.
- SFUSD and City College employees must update address information directly with their employer.
- If you are a retired employee, please contact us at **(628) 652-4700**.

What you should know 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.
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 Partners who qualify for tax favored status - Tax returns and annual attestation required.	Domestic Partner Certificate & Annual Attestation from SFHSS.
Other IRS - Non Dep Child	Children of Domestic Partners who qualify for tax favored status - Tax returns and annual attestation required.	Birth Certificate, Domestic Partner Certificate & complete and return Annual Domestic Partnership Attestation that will be sent from SFHSS.

Current Benefit Elections

Please review your current benefits elections and current elections for your current and newly added dependents.

If you need to add your new dependent to your benefits plans, select the **No** button below and click **Save and Continue**. If you have no changes to your benefits, click **Yes**.

Current Elections

Please review your current and new elections. If you have no changes to your 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	UHC PPO (City Plan)	Member plus one Domestic Partner	Same	Same	\$ 0.00
Dental	Delta Dental PPO	Member plus one Domestic Partner	Same	Same	\$ 0.00
Vision Premier	Waived		Same		\$ 0.00
Life	Superior Court SEIU 25K	\$25,000	Same	Same	\$ 0.00
Long-Term Disability	Grp Long Term Disability 60%	60% of Salary	Same	Same	\$ 0.00

Do you agree with the new elections shown above?

Yes

No

Go Back Save and Continue

Choose a Medical Plan

The above list displays all individuals who are eligible dependents. If an individual is missing from this list, click on 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.

Available Plans (5)

Plan Name	Cost	Action
Kaiser Permanente HMO Kaiser Permanente Current Election	\$ -373.04 My Cost	Elect this Plan
Health Net ConroyCare HMO Health Net ConroyCare HMO	\$ -295.99 My Cost	Elect this Plan
TiVo HMO - Blue Shield of CA Blue Shield of California	\$ -339.96 My Cost	Elect this Plan
Access HMO - Blue Shield of CA Blue Shield Access+	\$ -383.26 My Cost	Elect this Plan
Blue Shield of CA PPO Accolade Blue Shield Accolade	\$ -110.32 My Cost	Elect this Plan

Choose a Medical Plan

Who would you like to enroll in this plan?

Enroll	Name	Self
<input type="checkbox"/>	John Doe	Self
<input checked="" type="checkbox"/>	Bob Smith	Domestic Partner

Member plus one Domestic Partner

The above list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the 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 currently enrolled in Blue Shield with a Medicare domestic partner; your Medicare domestic partner enrolled in United Healthcare Medicare Advantage PPO. You will manage their enrollment in the upcoming Families with a Non-Medicare Members: BSC/UHC Split screen. Please call SFHSS Member Services at (628) 652-4700 or (800) 541-2266 if assistance.

Manage Dependents Benefit Guide

Enroll in a Dental Plan

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

Health Flexible Spending Accounts

Medical + Basic Vision **Dental** Vision Premier

Choose a Dental Plan

Who would you like to enroll in this plan?

Enroll	Name	Relationship
<input type="checkbox"/>	John Doe	Self
<input checked="" type="checkbox"/>	Bob Smith	Domestic Partner Adult

Member plus one Domestic Partner

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.

Manage Dependents

The above list displays all individuals who are eligible dependents. If an individual is missing from this list, click on 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: Dental benefits for City College employees and SFUSD employees are not administered by SFHSS. Not applicable benefits will not appear in eBenefits.

Available Plans (3)

<p>Delta Dental PPO Delta Dental</p> <p>Currently Elected</p> <p>\$ 4.62 My Cost</p> <p>Delta Dental PPO offers two different networks to choose from: PPO network or Premier network. New for 2021 Nitrous oxide gas and other non-IV sedation is now covered. Also included is the SmileWay program which provides additional coverage for members with specific chronic conditions. See the plan documents and provider links for more details. The plan does not have service area requirements. You will receive a higher percentage of coverage and lower out-of-pocket costs if you go to a network dentist. If you select a dentist outside of the PPO or Premier network, many services will be covered at a lower percentage, so you will pay more out-of-pocket costs. No ID card is required to receive services and there are no claim forms to file. Your Delta Dental dentist will submit paperwork for you. Be sure to ask your Delta Dental dentist about costs before receiving services. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</p> <p>Delta Dental PPO</p> <p>Search for providers in this plan</p>	<p>DeltaCare USA DHMO DeltaCare USA</p> <p>Elect this Plan</p> <p>\$ 0.00 No Cost</p> <p>When you enroll in DeltaCare USA, DHMO (Dental Health Maintenance Organization), you can select your Primary Care dentist from an existing 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 (except work-in-progress) and members have access to specialty care and out-of-area emergency care. Copays and your out-of-pocket costs are clearly defined before treatment begins. Services are covered either at no-cost or with a fixed copay, so there are generally lower out-of-pocket costs. Before you elect any DHMO plan, make sure that the plan's network includes the dentist of your choice. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</p> <p>DeltaCare USA DHMO</p> <p>Search for providers in this plan</p>	<p>UnitedHealthcare Dental DHMO United Healthcare - Pacific Union Dental</p> <p>Elect this Plan</p> <p>\$ 0.00 No Cost</p> <p>When you enroll in UnitedHealthcare Dental DHMO (Dental Health Maintenance Organization), you can select your Primary Care dentist from one of the licensed dentists contracted with the plan. If you do not, one will be automatically assigned to you. Each dentist offers a wide variety of dental services, all at a set copay. Primary dentists and clinics may coordinate your care and give you a referral to a specialist, if needed. There is no deductible to meet and no annual maximum for services covered by the plan. You may transfer to another plan provider. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.</p> <p>UnitedHealthcare Dental DHMO</p> <p>Search for providers in this plan</p>
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Enroll in a Vision Premier Plan

The above list displays all individuals who are eligible dependents. If an individual is missing from this list, click on 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: You can only enroll in the **Vision Premier** plan if you are enrolled in an SFHSS medical plan. If you elect to enroll in **Vision Premier**, then all your dependents who are also enrolled in a medical plan are required to enroll in the **Vision Premier** plan. Enroll your new dependent by checking the box next to their name.

If you want to need to add a dependent, click the **Manage Dependents** button.

Available Plans (1)

VSP Premier Plan
Vision Service Plan

Currently Elected

\$ 4.85 ▼
My Cost

You have two vision plans to choose from. You can stay enrolled in the VSP Basic Plan, which is automatically included your medical plan, or you can enroll in the VSP Premier Plan, for enhanced benefits, such as a \$300 allowance on frames or a \$250 allowance on contacts lenses, every calendar year. Lens enhancements (such as anti-reflective, ant-scratch, premium and custom progressive lenses) are available with an additional \$25 copay. If you enroll in VSP Premier, any dependents currently enrolled in a medical plan, will also be enrolled in the VSP Premier Plan. The Evidence of Coverage (EOC) contains a complete list of benefits and exclusions. Click on the blue button below for plan documents.

VSP Premier Plan

Search for providers in this plan

Choose a Flexible Spending Account (FSAs)

If you are enrolled in a **Health Care FSA**, you will be able to make FSA elections, including updating current election amounts.

If you would like to enroll in a new FSA, check the **Enroll in Health Care FSA**.

Click save and continue. You will then advance to the **Dependent Care FSA**. Make any changes and then click **Save and Continue**.

Note: FSA benefits for City College employees and SFUSD employees are not administered by SFHSS and are not available for Retirees. Not applicable benefits will not appear in eBenefits.

Review Your Elections

This is your opportunity to review your elections. Included on this page is a cost summary. To edit a section, click on the pencil. Click the **Continue** button.

Dependents
Required Responses
Elect Benefits
Review & Submit
Confirmation

Review Elections

Review Your Elections

Please review and verify your elections.

Health Benefits

Medical Kaiser Permanente HMO
Member Only \$0.00
My Cost

Dependent	Relationship	Covered
Ellie Brown	Spouse	N
Morgan Brown	Child	N

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

Dependent	Relationship	Covered
Ellie Brown	Spouse	Y
Morgan Brown	Child	N

Vision Premier VSP Premier Plan
Member Only \$4.85
My Cost

Dependent	Relationship	Covered
Ellie Brown	Spouse	N
Morgan Brown	Child	N

Cost Summary

Costs

Before Tax: \$ 9.47
After Tax: \$ 0.00
Total: \$ 9.47

Dollar Value of Credits

Total: \$ 373.04

Total Costs: \$ 9.47
Total Credits: \$ 373.04
Credits Minus Costs: \$ 363.57

If you need to go back to a previous screen, use the breadcrumbs at the top of the page to navigate there.

Disability Insurance

Long-Term Disability
Grp Long Term Disability 60%
60% of Salary \$0.00
My Cost

Spending Accounts

Flex Spending Health - U.S. Health Care FSA
\$2,700 Pledge \$225.00
My Cost

Flex Spending Dependent Care Child Care Dependent Care FSA
\$250 Pledge \$20.83
My Cost

Continue

Submit Elections

Review the information on the page and click **Submit**.

Dependents
Required Responses
Elect Benefits
Review & Submit
Confirmation

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 at a later time to complete. However, once you select the Submit button your benefit choices will be sent to the Health Service System for processing.

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

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

If you have selected the 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 (OOA) 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

Enrollment Completion

- Your elections have been submitted and are subject to approval and final processing by SFHSS.
- Click the **printer icon** to print a summary of the benefit elections for your records. You will not be able to print the election summary after you exit this session.

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 and are subject to approval and final processing by SFHSS. 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](#)

For life event changes, your application will not be processed until SFHSS receives supporting documentation as outlined below. If you did not already submit the correct documentation, please do so now:

Spouse: Certified Marriage Certificate
 Domestic Partner: Domestic Partner Certification
 Child: Birth Certificate, Adoption Certificate, Court Order
 Divorce, Separation, Annulment, Dissolution of Partnership: Legal Documentation
 Loss of other Coverage: Proof of coverage loss stating who lost coverage and when
 Obtained other Coverage: Proof of coverage stating who acquired coverage and when
 Death of Dependent: Death Certificate

Please upload your supporting documentation by clicking the button below. If you would prefer, you may fax to (628) 652-4701. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

[Upload Documents](#)

You can exit your online benefits enrollment by clicking the Exit button or on "Sign Out" in the top right-hand corner.

[Exit](#)

- **Remember:** New hire enrollments will not be processed until we receive your supporting documentation. If you did not submit the correct documentation, click the **Upload Documentation** button.
- The alert will still appear until SFHSS has finalized your enrollment.
- You can exit your online benefits enrollment by clicking **Exit** or **Sign Out** in the top right-hand corner.

Voluntary Benefits

City of San Francisco employees and Superior Court employees who would like to enroll in voluntary benefits, start by visiting sfhss.org/voluntary-benefits for a complete list of benefits. To enroll, contact Workterra at (888) 392-7597 or access the Workterra tile from myapps.sfgov.org

The screenshot shows a progress bar at the top with five steps: Dependents, Required Responses, Elect Benefits, Review & Submit, and Confirmation. Below the progress bar, there are two navigation tabs: 'Enrollment Completion' and 'Voluntary Benefits'. The 'Voluntary Benefits' tab is active. The main content area contains the following text:

Voluntary Benefits
Employees of the City and County of San Francisco and the Superior Court have the option of enrolling in voluntary benefits.

Contact WORKTERRA at (866) 528-5360 or enroll online. To access the WORKTERRA application, go to <https://myapps.sfgov.org> and click on the WORKTERRA tile where you can self-enroll, or confirm any existing elections.

Thank you for using self-service benefits
You can exit your online benefits enrollment by clicking the Exit button or on 'Sign Out' in the top right-hand corner.

An 'Exit' button is located in the bottom right corner of the content area.

Contact Us

Our phone hours are Monday, Tuesday, Wednesday and Friday from 9am to 12pm and 1pm to 5pm and on Thursdays from 10am to 12pm and 1pm to 5pm at **(628) 652-4700**. Our fax number is **(628) 652-4701**.