



City and County of San Francisco  
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## San Francisco Department of Public Health

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### San Francisco Health Care Accountability Ordinance Minimum Standards – Effective January 1, 2015

#	Benefit Requirement	Minimum Standards
#1	Premium Contribution	Employer pays 100%
#2	Annual Out-of-Pocket (OOP) Maximum	<p><b>In-Network: No higher than \$6,350 OOP maximum.</b></p> <p><i>OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.); and</i></p> <p><b>Employer may offer a plan with a higher OOP maximum <u>only</u> if they combine it with a fully employer-funded HSA or HRA for the amount exceeding \$6,350.</b></p> <p>Out-of-Network: Not specified</p>
#4	Regular (medical services) Deductible	<p><b>In-Network: No higher than \$1,500 deductible.</b></p> <p>Employer may offer a plan with a higher deductible <u>only</u> if they combine it with a fully employer-funded HSA or HRA for the amount exceeding \$1,500.</p> <p>Out-of-Network: Not specified</p>
#3	Prescription Drug Deductible	<p>In-Network: No higher than a \$300 deductible.</p> <p>Out-of-Network; Non-Preferred Drugs: Not specified</p>
#5	Prescription Drug Coverage	Plan must provide drug coverage, incl. coverage of brand-name drugs.
#6	Coinsurance Percentages	<p>In-Network: 80%/20%</p> <p>Out-of-Network: 50%/50%</p>
#7	Copayment for Primary Care Provider visits	<p>In-Network: \$30 per visit.</p> <p>Out-of-Network: Not specified</p>
#8	Ambulatory Patient Services (Outpatient care)	<p>When coinsurance is applied to services: See Benefit Requirement #6</p> <p>When copayments are applied for these services: Primary Care Provider: See Benefit Requirement #7 Specialty visits: Not specified</p>

#	Benefit Requirement	Minimum Standards
#9	Preventive and wellness services	In-Network: Provided at no cost, per <a href="#">ACA rules</a> . Out-of-Network: Subject to the plan's out-of-network fee requirements.
#10	Pre/Post-Natal Care	In-Network: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules. Out-of-Network: Subject to the plan's out-of-network fee requirements.
#11	Hospitalization	When coinsurance is applied to services: See Benefit Requirement #6  When copayments are applied for these services: Not specified
#12	Mental Health & Substance Use Disorder Services, incl. Behavioral Health	When coinsurance is applied to services: See Benefit Requirement #6  When copayments are applied for these services: Not specified
#13	Rehabilitative & Habilitative Services	When coinsurance is applied to services: See Benefit Requirement #6  When copayments are applied for these services: Not specified
#14	Laboratory Services	When coinsurance is applied to services: See Benefit Requirement #6  When copayments are applied for these services: Not specified
#15	Emergency Room Services & Ambulance	Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.
#16	Other services	<b>The full set of covered benefits is based on the ACA list of Essential Health Benefits in conjunction with the <a href="#">Covered California EHB Benchmark plan</a>.</b> *

\*Exception: Pediatric Services. The Minimum Standards apply *only* to employee coverage. Dependent coverage is not included.