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HEALTH CARE ACCOUNTABILITY ORDINANCE

2008 MINIMUM STANDARDS - FOR HEALTH PLAN BENEFITS: EFFECTIVE NOV. 1, 2008

Employers that choose to comply with the HCAO by offering a health plan must offer at least one health plan that meets the Minimum Standards, as described below.

The plan must be a Health Maintenance Organization (HMO).

Employers may not require employees to pay a premium contribution for employee-only coverage.

The HMO may not include a deductible of any amount for non-pharmacy services, but may include a deductible for prescription drugs, subject to the deductible cap specified below.

The HMO's annual Out-of-Pocket (OOP) maximum may be no higher than \$3,500 when combined with any applicable prescription drug deductible. For example, it is acceptable to have a plan with a \$3,000 OOP maximum and a \$500 drug deductible. A plan with a \$3,500 OOP maximum and a \$500 drug deductible is not acceptable.

Co-payments for office visits (including PCP, perinatal and maternity, preventive care, and family planning) shall not exceed \$30 per visit.

Each plan must be comprehensive and provide coverage for the following services:

- Office visits (PCP, preventive services, perinatal/maternity & family planning)
- Physician Services
- Hospital inpatient
- Prescription drugs
- Outpatient services and procedures
- Diagnostic services (x-ray, labs, etc.)
- Perinatal and maternity care
- Emergency room and ambulance
- Mental health services, outpatient and inpatient
- Alcohol and substance abuse care, outpatient and inpatient detox
- Rehabilitative therapies, outpatient and inpatient
- Home health services
- Durable medical equipment
- Hospice care
- Skilled nursing services

Employers not offering a health plan that meets the Minimum Standards as described above must pay to the San Francisco Department of Public Health \$2.80 per hour (for a maximum of \$112 per week).

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Minimum Standards Requirement	2004 Standards	2008 Standards (<i>Revisions</i>)
<i>Type of Plan Required</i>	HMO	HMO
<i>Employee Premium Contribution</i>	Not allowed. Employer pays full premium.	Not allowed. Employer pays full premium.
<i>Annual Out-of-Pocket (OOP) Maximum</i>	\$2,500	\$3,500 maximum, including any prescription drug deductible.
<i>Prescription Drug Deductible</i>	Not allowed.	Allowed. Maximum amount not specified, but must not exceed \$3,500 when added to the OOP maximum.
<i>Regular Deductible</i>	Not allowed.	Not allowed.
<i>Copayments for Office Visits</i>	\$15 (Closed Panel HMO) \$20 (All other HMO models)	\$30 maximum for all HMO plans.
<i>Services:</i> <ul style="list-style-type: none"> • <i>Office visits</i> • <i>Physician services</i> • <i>Hospital inpatient</i> • <i>Prescription drugs</i> • <i>Outpatient services and procedures</i> • <i>Diagnostic services (x-ray, labs, etc.)</i> • <i>Perinatal and maternity care</i> • <i>Emergency room and ambulance</i> • <i>Mental health services, outpatient and inpatient</i> • <i>Alcohol and substance abuse care, outpatient and inpatient detox</i> • <i>Rehabilitative therapies, outpatient and inpatient</i> • <i>Home health services</i> • <i>Durable medical equipment</i> • <i>Hospice care</i> • <i>Skilled nursing services</i> 	Plan must include these services, but copayment amount is not specified.	Plan must include these services, but copayment amount is not specified.