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

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Director of Health

HEALTH CARE ACCOUNTABILITY ORDINANCE

MINIMUM STANDARDS

FOR HEALTH PLAN BENEFITS

Revised by the San Francisco Health Commission July 20, 2004

Effective September 1, 2004

Employers must offer at least one health plan that is a Health Maintenance Organization (HMO).

The HMO must not charge employees a deductible of any amount for any services or benefits covered in the package.

Employers may not require employees to pay a monthly premium contribution toward the HMO plan.

Co-payments for office visits (including PCP, perinatal and maternity, preventive care, and family planning) shall not exceed $15 per visit for a Closed Panel HMO; and $20 per visit for all other HMO models. The employee's annual out-of-pocket maximum shall not exceed $2,500

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

- Office visits (including PCP, perinatal and maternity, preventive care, and family planning)
- 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

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