

Employee Health Care Payment Confirmation

Congratulations! I (your employer) have elected to comply with the San Francisco Health Care Security Ordinance by making a payment on your behalf, so that you can access one of two health care programs:



Healthy San Francisco provides you with preventive, urgent, specialty, and emergency care, prescription medications, hospital care, laboratory tests, and many other services. You may choose your own health care provider from a selection of clinics and other facilities throughout San Francisco.



If you do not qualify for *Healthy San Francisco*, either because you do not live in San Francisco or you have health insurance, the payment made on your behalf will be used to fund a personal **Medical Reimbursement Account (MRA)**. You may use your MRA to pay for the out-of-pocket medical, dental, and vision care products and services.

For more information about either program, call (415) 615-4555 or visit www.sfcityoption.org

WATCH FOR YOUR ENROLLMENT LETTER IN THE MAIL

Within the next few weeks you will receive a letter at your home address with information about how to apply for *Healthy San Francisco*, or instructions on how to access your MRA.

When you receive the enrollment letter in the mail, respond to it immediately.

If you do not receive your enrollment letter in the mail within a few weeks, please email info@sfcityoption.org, or call (415) 615-4555.

Date of Payment: * _____ Employer Name: _____

For questions about your employer's obligations under San Francisco's Health Care Security Ordinance, please call (415) 554-7892 or visit www.sfgov.org/olse.

*Date of payment is not your *Healthy San Francisco* enrollment date.

Este aviso esta disponible en Español en www.sfcityoption.org
這份中文通告可以在以下 網頁獲得: www.sfcityoption.org