

**San Francisco Health Care Accountability Ordinance:  
Minimum Standards – Effective January 1, 2013**

| # | Benefit Requirement                                      | Minimum Standard   |
|---|--|--|
| 1 | Type of Plan Required                                    | Any type of plan that meets the Minimum Standards as described below.  |
| 2 | Employee Premium Contribution                            | The <b>employer must pay 100%</b> of the employee's health coverage premium.   |
| 3 | Annual Out-of-Pocket (OOP) Maximum                       | <b>In-Network: No higher than a \$4,000 maximum</b> , including all types of employee cost-sharing (deductible, copayments, coinsurance, etc.).<br><br>Out-of-Network: Not specified.  |
| 4 | Prescription Drug Deductible                             | <b>In-Network: No higher than a \$300 maximum.</b><br><br>Out-of-Network: Not specified.   |
| 5 | Regular (Medical Services) Deductible                    | <b>In-Network: No higher than a \$2,000 maximum.</b> If an employer offers a plan with a deductible higher than \$2,000, the employer must fund a plan-compatible Health Reimbursement Account (HRA) or Health Savings Account (HSA) for the amount exceeding the \$2,000 maximum deductible (e.g., employer-funded plan-compatible HRA or HSA of \$500 for a plan with a \$2,500 deductible).<br><br>Out-of-Network: Not specified. |
| 6 | Prescription Drug Coverage                               | Must provide prescription drug coverage, including coverage of name-brand drugs.   |
| 7 | Coinsurance Percentages                                  | <b>20% in-network</b><br><b>50% out-of-network</b>   |
| 8 | Copay for Preventive Care Visits & Services <sup>1</sup> | In-Network services are not subject to a deductible, copay, or coinsurance (per health reform rules).<br><br>Preventive care services from an out-of-network provider are subject to the plans out-of-network requirements.  |

<sup>1</sup> Applies to plans beginning on 9/23/10 and after: non-grandfathered plans must provide coverage for certain preventive items and services with no cost-sharing allowed.

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| 9  | Copayments for Physician Office Visits for Primary Care, Perinatal/Maternity   | <p><b>\$30 maximum.</b></p> <p>Out-of-Network: Not specified.</p>   |
| 10 | <p>Other Services:</p> <ul style="list-style-type: none"> <li>• Hospital inpatient, physician &amp; hospital service</li> <li>• Rehabilitative therapies, outpatient &amp; inpatient</li> <li>• Outpatient services &amp; procedures</li> <li>• Surgery &amp; anesthesia</li> <li>• Organ transplants</li> <li>• Cancer clinical trials</li> <li>• Outpatient diagnostic services (x-ray, labs, etc.)</li> <li>• Perinatal &amp; maternity care, including delivery services &amp; postpartum care</li> <li>• Physical, Occupational, and Speech Therapy</li> <li>• Skilled nursing services</li> <li>• Home health services</li> <li>• Durable medical equipment</li> <li>• Hospice care</li> </ul> | <p><b>These services must be covered.</b></p> <p>When <b>coinsurance</b> is applied to services:<br/> <b>20% in-network</b><br/> <b>50% out-of-network</b></p> <p>When copayments are applied for these services:<br/> Not specified.</p> |
| 11 | <p>Mental Health Services</p> <ul style="list-style-type: none"> <li>◆ Inpatient &amp; Outpatient</li> </ul> <p>Alcohol &amp; Substance Abuse Services</p> <ul style="list-style-type: none"> <li>◆ Inpatient &amp; Outpatient</li> </ul>  | <p><b>These services must be covered.</b></p> <p>When <b>coinsurance</b> is applied to services:<br/> <b>20% in-network</b><br/> <b>50% out-of-network</b></p> <p>When copayments are applied for these services:<br/> Not specified</p>  |
| 12 | Emergency Room Services & Ambulance  | <p>Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.</p>  |