

A wide-angle photograph of the Golden Gate Bridge in San Francisco, California. The bridge's iconic orange-red towers and suspension cables are visible on the left side. The background shows the blue bay water, distant hills, and the city skyline under a clear blue sky.

City and County of San Francisco Office of Labor Standards Enforcement

Your event is starting soon!



Office of Labor Standards Enforcement



City and County of San Francisco Office of Labor Standards Enforcement

Health Care Accountability Ordinance (HCAO) Amendment for SFO QSP Employees



Office of Labor Standards Enforcement

Housekeeping

This session is being recorded

Presentation slides and recording will be posted on the HCAO webpage

Live Question and Answer Session

- Presenters will answer questions LIVE at the end of the presentations
- Send us your questions in the Questions Box

Some questions may require more information and you may be asked to contact us.



Presenters

Beverly Popek

Office of Labor Standards Enforcement (OLSE)

Patrick Chang

Department of Public Health

Cynthia Flock

City Option





City and County of San Francisco Office of Labor Standards Enforcement

Health Care Accountability Ordinance (HCAO) Compliance for SFO QSP Employees

Beverly Popek, Supervising Compliance Officer



Office of Labor Standards Enforcement

Health Care Accountability Ordinance (HCAO)

- Presentation is for San Francisco International Airport (SFO) Quality Standards Program (QSP) employees
- HCAO is a requirement for all SFO QSP employers
- OLSE administers and enforces the HCAO



HCAO Amendment Background

- On November 10, 2020, the SF Board of Supervisors amended the HCAO with specific requirements for SFO QSP employers
- The amendment, “Healthy Airport Ordinance” (HAO), becomes operative on **March 21, 2021**



Healthy Airport Ordinance (HAO)

Covered Employers:

HAO applies exclusively to SFO QSP Employers



Healthy Airport Ordinance (HAO)

Covered Workers:

Quality Standards Program (QSP) Employees at SFO

- All hours worked at SFO are covered
- There are no minimum hours requirement
- If you don't know if you are a QSP Employee, contact qsp@flysfo.com or 650-821-1003



SFO Quality Standards Program (QSP)

The Quality Standards Program applies to any firms, including airlines and service providers, which employ personnel involved in performing services that directly impact safety and/or security at the Airport. Covered employees are all personnel impacting Safety and Security, including but not limited to:

Those Impacting Safety

- Ramp Handling
- Aircraft cleaning and fueling
- Baggage/cargo handling
- Preparation or transportation of food and beverage products delivered directly onto aircraft on the AOA
- Maintenance of aircraft, ground service equipment, baggage handling systems, and passenger boarding bridges
- Custodians

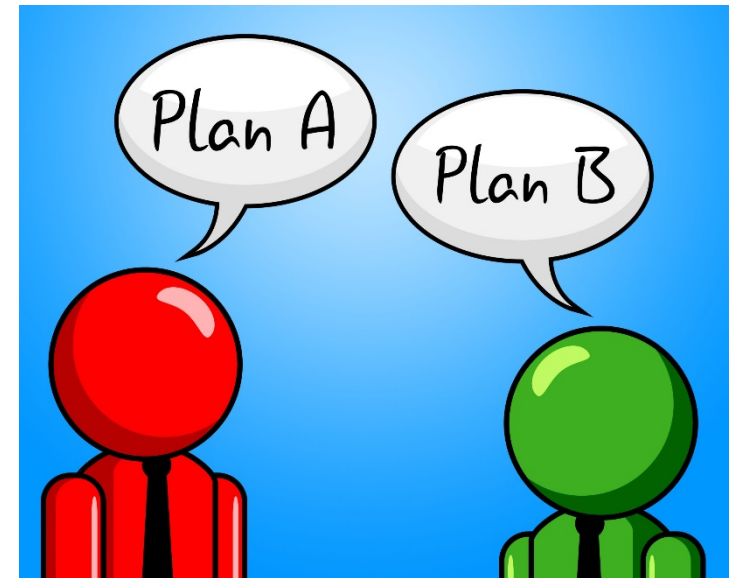
Those Impacting Security

- Check Point Security Screening
- Passenger check-in activities
- Skycap and baggage check-in counters
- AOA and perimeter
- Custodial employees working on the airfield
- Within security checkpoints and behind check-in counters

For more information about covered employees, refer to Section V of the Quality Standards & Performance (QSP) program at <https://www.flysfo.com/sites/default/files/media/Quality-Standards-Program-2016.pdf>. For questions, contact qsp@flysfo.com or 650-821-1003.

Healthy Airport Ordinance (HAO)

- For every QSP worker, Employer must comply with the Healthy Airport Ordinance (HAO)
- Employer has two (2) options



HCAO Amendment Requirements – Option 1/2

1. Offer each covered employee and the employee's dependents a **health plan that meets the requirements** at no charge to the employee
 - By March 21, 2021
 - For new employees hired after March 21, 2021, no later than the first of the month after 30 days from the covered employee's start date
 - The offer must be made on an annual basis



HCAO Amendment Requirements – Option 1/2

Voluntary HCAO QSP Waiver

Employers can only use a voluntary waiver form IF they have offered health plan(s) that meet the requirements at no charge.



HCAO Amendment Requirements – Option 1/2

Voluntary HCAO QSP Waiver

- Employer must use the official Voluntary HCAO QSP Waiver Form
- The employer section must be completed by the employer
- Declination Reason
 - Employee has health coverage from another source and they would like to decline the offering
 - Make sure page 2 of the waiver form is filled out completely
 - Submit supporting document(s) that show employee and family has coverage from another source



HCAO Amendment Requirements – Option 2/2

2. Pay \$9.50 per hour (max \$380 per week) to the SF City Option

- Rate adjusted every July 1
- City Option <https://sfcityoption.org/>
- Amount is the same for a employee only and an employee with dependents



HCAO Amendment Requirements – Option 2/2

When does my employer make contributions?

- Employers must make contributions to the City Option Program by April 15, 2021 for hours worked from March 21 through March 31, 2021.
- Contributions must be made by the 15th of each month for hours worked in the preceding month, including for covered employees hired after the Amendment's operative date (3/21/21)



SF CityOption

THE EMPLOYER'S HEALTH CARE CHOICE



Posters

- Employers must use official HCAO QSP Poster
- Posters will change every July 1

English Posters and Forms are available now at
www.sfgov.org/olse/hcao

Spanish, Chinese, and Filipino documents will be available soon



Know Your Rights Forms

- Employers must use official HCAO QSP Know Your Rights Forms
- Employees must read and sign on an annual basis

English Posters and Forms are available now at
www.sfgov.org/olse/hcao

Spanish, Chinese, and Filipino documents will be available soon



Frequently Asked Questions



1. Am I a Quality Standards Program (QSP) Employer?

Q: I don't know if I am a QSP employee. Who should I contact?

A: Contact SFO QSP directly (qsp@flysfo.com or 650-821-1003) to determine if you are a QSP employee.



2. Covered Employees

Q: Union and non-union employees...Who is covered under this ordinance?

A: All QSP employees are covered under the HCAO Amendment or Healthy SFO.



3. Paying a differential added to the base pay

Q: Can I still get paid a higher wage if I opt-out of medical coverage?

A: Yes, if this is being offered by your employer AND if your employer is offering a health plan that meets the requirements, you MAY decline the offer of health insurance and get the pay differential.

To decline, you must sign the voluntary waiver form and provide the required supporting documentation (i.e. proof of insurance from another source).



4. Health Plan

Q: Will my health plan change?

A: Contact your employer for this answer. Your employer must comply with this ordinance and they have 2 options:

1. Offer a health plan(s) that meet the requirements

OR

2. Pay the City Option



5. When does health coverage need to be in place?

Q: When must health coverage that meet these requirements start?

A: Coverage that meets the requirements must be in place by the Amendment's operative date, March 21, 2021, for its covered employees. For covered employees hired after that date, employers must provide family health insurance no later than the first day of the month after 30 days from the covered employee's start of employment.



6. Who gets to choose the option?

Q: Who gets to choose the option of medical insurance or City Option?

A: The employer decides how they would like to comply with the HAO.



7. Can I decline the insurance to get City Option?

Q: I don't want medical insurance but the City Option. If I decline the medical insurance, will I get the City Option contribution?

A: If your employer is offering you a health plan, this is how they are complying with the HAO. If you decline the health plan, the HAO does not require the employer to offer any other benefit.



8. Do I have to sign the wavier form?

Q: I don't want medical insurance. Do I have to sign the wavier form?

A: If you don't want the health plan your employer is offering you, you should sign the voluntary wavier form and submit the supporting documents to show you have coverage from another source. We require your employer to get an answer (yes or no) for each employee. You must respond to your employer on a timely basis and give your answer.



8. Choices in health plans

Q: My employer used to offer a lot of options for me and my family to choose and pay for. Will I still have those options?

A: No. If your employer is complying with this law by offering health insurance, your employer can only offer health plans that meet the requirements of the HAO:

- No charge for you and your family
- Meets all of the technical offerings of a Platinum and possibly Gold plans

Therefore, your employer will not be able to offer health plans that you have to pay for.



HAO Webpage:

<https://sfgov.org/olse/healthy-airport-ordinance-hcao-amendment>

Resources available on our webpage

- HCAO Amendment
- Frequently Asked Questions Document
- Posters & Forms





HCAO Unit
415-554-7903
hcao@sfgov.org



Office of Labor Standards Enforcement

A wide-angle photograph of the Golden Gate Bridge in San Francisco, California. The bridge's iconic orange-red towers and suspension cables are visible on the left side, extending across the frame. The bridge spans a large body of water, with a clear blue sky above and a distant cityscape on the horizon.

Questions?

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Questions will be answered in the live Q&A Session.

If we don't answer your question live, someone will contact you via email to answer your question.

HEALTHY AIRPORT AMENDMENT TO THE HCAO

OVERVIEW OF HEALTH PLAN REQUIREMENTS & BENEFITS

FEBRUARY 10, 2021



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



AMENDMENT REQUIREMENTS – SEC. 12Q.3(d)

The *Healthy Airport* amendment sets two requirements for a compliant health plan:

LEVEL OF COVERAGE

At least 90% overall value
(platinum plan)

After platinum plan is offered,
additional plans must have at least
80% overall value (gold plan)

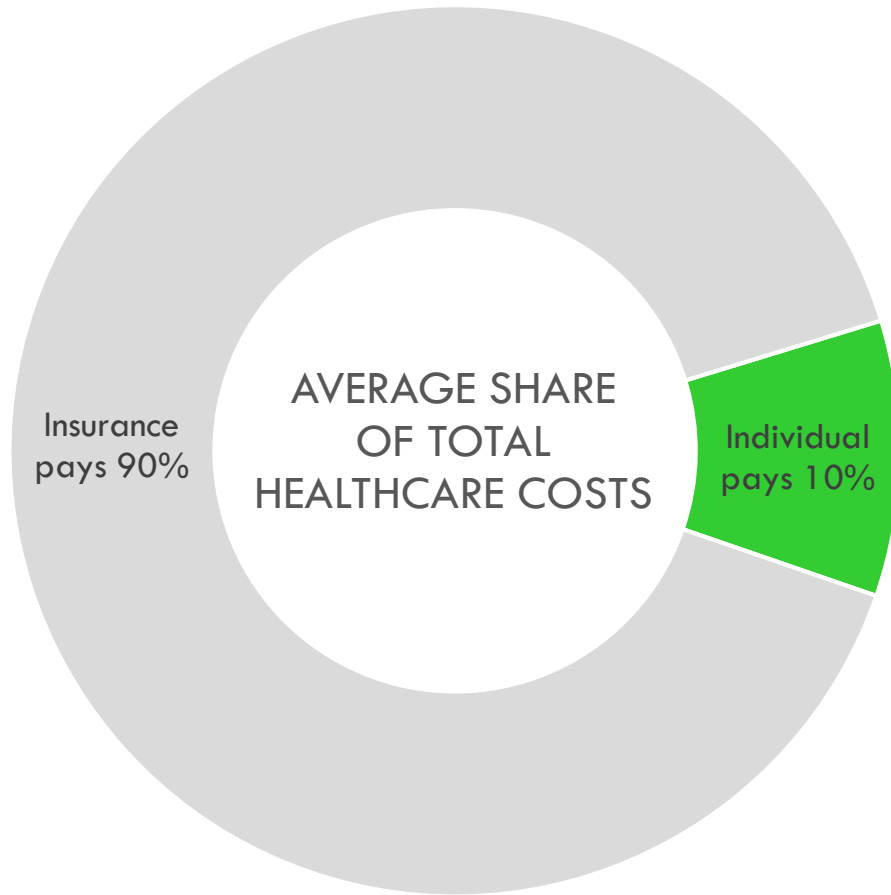


COVERED BENEFITS

Services listed in the CA Essential Health
Benefits (EHB) Benchmark Plan



LEVEL OF COVERAGE



- Percentage of total average costs for covered benefits that a plan will cover **must equal a platinum plan** for in-network services
- Highest monthly premiums of any plan level, but **covers the most amount** for care you receive
- Annual **healthcare costs** for a platinum plan may include:
 - lower out-of-pocket limit
 - low or no deductibles
 - lower copays or coinsurance for services and prescription drugs



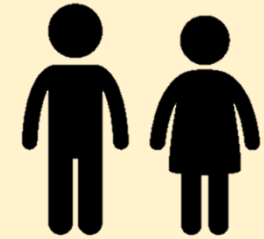
FAMILY PLAN ELIGIBILITY



INDIVIDUAL EMPLOYEE



SPOUSE ^{OR} DOMESTIC PARTNER



CHILDREN
(0-25 YEARS OLD)



COVERED BENEFITS

Plans must cover all **10 essential health benefit** categories and additional services listed in the **CA Essential Health Benefits (EHB) Benchmark Plan**

- Preventive, wellness, and chronic disease management services
- Prescription drugs
- Emergency services
- Hospitalization
- Mental health and addiction services
- Pregnancy, maternity, and newborn care
- Ambulatory services
- Laboratory services
- Rehabilitative and habilitative services and devices
- Pediatric services, dental, and vision



COVERED BENEFITS

- Additional services required by [CA's EHB Benchmark Plan](#), for example:
 - scheduled prenatal and postnatal visits at no cost
 - bariatric surgery
 - acupuncture
 - allergy testing



PEDIATRIC VISION & DENTAL

- Required coverage
- Children aged 0-18 years
- Premium must be covered 100% for children
 - may have premium contribution for adult coverage
- Scope of benefits
 - Dental as described by [Denti-Cal](#)
 - Vision as described by [FEDVIP plans](#)



FREQUENTLY ASKED QUESTIONS

Are premiums covered 100% for dependents of the QSP employee?

Yes. The amendment requires 100% of premiums covered for the eligible employee and their dependents on the plan.



FREQUENTLY ASKED QUESTIONS

Can I include my parents on the plan?

No. Parents cannot be on the health plan, and they must enroll in their own health plan.



FREQUENTLY ASKED QUESTIONS

How long can my dependent child(ren) be on the plan?

Federal law allows single or married children up to age 26 to be on a parent's health plan. At age 26, they must enroll in a health plan through their job, their spouse's job, or through an individual insurance plan.



FREQUENTLY ASKED QUESTIONS

Is adult vision and dental required to be offered at no cost to employees?

No. Only vision and dental benefits for children ages 0-18 years is required with no premium contribution. There may still be out-of-pocket costs for services your child receives.

FOR SPECIFIC QUESTIONS ABOUT YOUR HEALTH PLAN'S
BENEFITS, PLEASE CONTACT YOUR INSURANCE PROVIDER.

FOR GENERAL QUESTIONS ABOUT HEALTH PLAN REQUIREMENTS:

patrick.chang@sfdph.org
(415) 554-2925

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SF City Option for SFO-QSP Employees

 **SF City Option**
THE EMPLOYER'S HEALTH CARE CHOICE

Presenters

- Cynthia Flock, SF City Option Program Lead

Learning Objectives

By the end of the Presentation, you will know the following:

1. How to enroll into your SF City Option benefit
2. How to use your SF Medical Reimbursement Account (SF MRA)
3. Where to register your online SF MRA
4. Who to contact if you have questions



How to enroll into your SF City Option benefit:

SF City Option Snapshot

EMPLOYER

Submits roster

Makes payment

Provides newly eligible employees
with Health Care Payment Confirmation Notice

SF CITY OPTION

Sends Welcome Letter and Program Finder
Form to newly eligible employees within
1-3 weeks from employer's first payment
of behalf of the employees



What's next?

When you receive the **Welcome Letter** from SF City Option, it's time for you to **take action and enroll!**

EMPLOYEE

Takes Action: submits Program Finder Form or calls SF City Option Customer Service at **1(415) 615-5720**



To Enroll: Fill out a Program Finder Form


Complete the form online, or

sfcityoption.org/programfinder

Download and print form from sfcityoption.org

Send to SF City Option via mail or fax





Program Finder Form

Help us find the right program for you!

Complete this form to help SF City Option determine if you qualify for SF MRA, SF Covered MRA, or Healthy San Francisco. After you submit this form, SF City Option will let you know which health care program you might qualify for within 1-3 weeks.

If you have any questions, please call Customer Service at **1(877) 772-0415**
Monday through Friday, 8:30am-5:30pm Pacific Time. * Required Field

First Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>
Date of Birth: (MM/DD/YYYY) <input style="width: 95%;" type="text"/>	Social Security Number: <input style="width: 95%;" type="text"/>
Address: <input style="width: 99%;" type="text"/>	
City: <input style="width: 95%;" type="text"/>	State: <input style="width: 20%;" type="text"/> Choos <input style="width: 100px;" type="text"/>
Primary Phone Number: <input style="width: 95%;" type="text"/>	Alternate Phone Number: <input style="width: 95%;" type="text"/>
Email Address: <input style="width: 95%;" type="text"/>	What is your preferred method of contact? <input style="width: 95%;" type="text"/>
Employer Name(s): <input style="width: 99%;" type="text"/>	
How many people are in your household? <small>(Include you, your spouse/domestic partner, and your dependents.)</small> <input style="width: 95%;" type="text"/>	What is your annual household income? <input style="width: 95%;" type="text"/>
How do you get your health coverage? <input style="width: 95%;" type="text"/>	
What is your preferred spoken language? <input style="width: 95%;" type="text"/>	What is your preferred written language? <input style="width: 95%;" type="text"/>

By providing my email address, I agree to receive email's from SF City Option about which health care program I might qualify for and other program updates.

I certify that the information I provided in this SF City Option Program Finder Form is true and accurate.
 I understand that:

- By submitting this SF City Option Program Finder Form, I am not automatically enrolled in SF Covered MRA or Healthy San Francisco. If I might be eligible for SF Covered MRA or Healthy San Francisco, I will need to confirm my program eligibility and enroll in the health care program that I qualify for at an in-person appointment.
- If my application is approved for an SF MRA, only eligible payments made by my employer(s) will be transferred to a Medical Reimbursement Account. If approved for an SF MRA, I agree to have any future payments from my employer(s) deposited into a Medical Reimbursement Account until I enroll in another health care program through San Francisco City Option, such as SF Covered MRA or Healthy San Francisco.

Signature: Signature Here

CLICK TO SIGN

Date: (MM/DD/YYYY)

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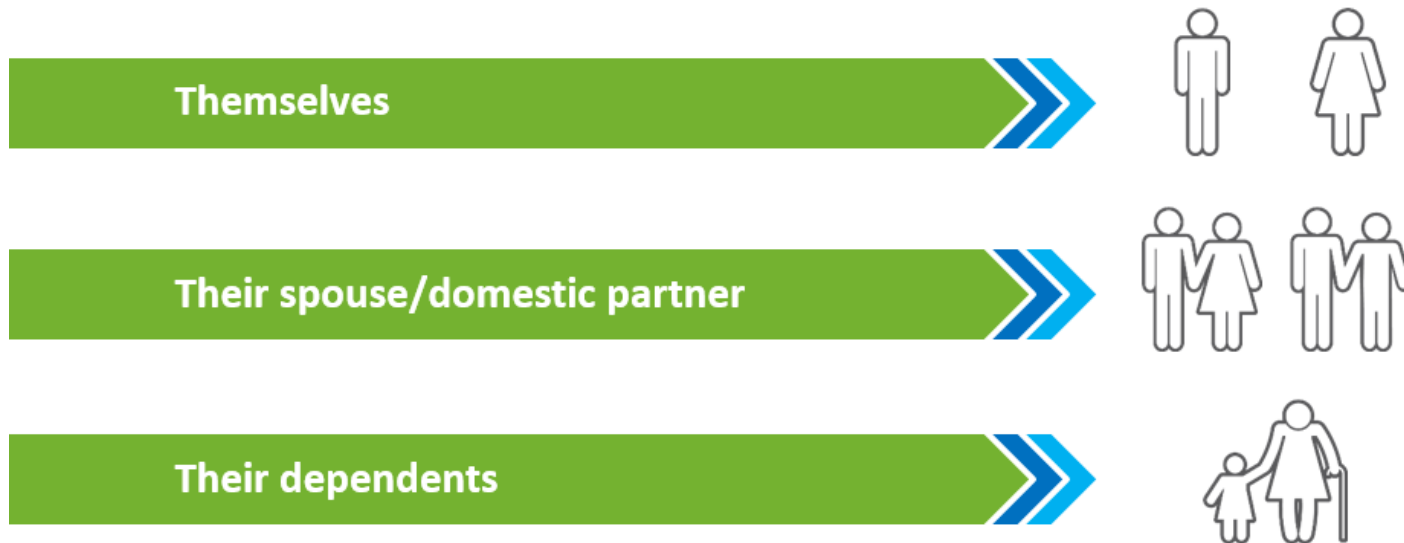
How to use your SF MRA:



What is SF MRA?

It is a health care account with money that can be used to get reimbursed for eligible health and wellness expenses.

Employees can use funds to get reimbursed for eligible health care expenses for:



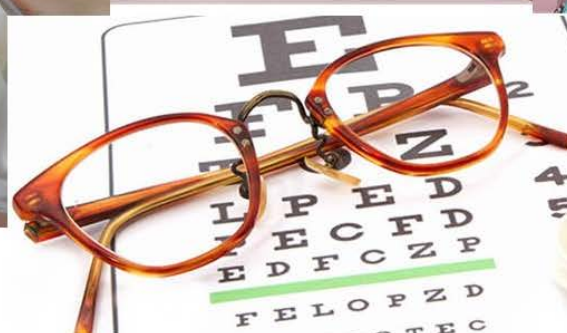
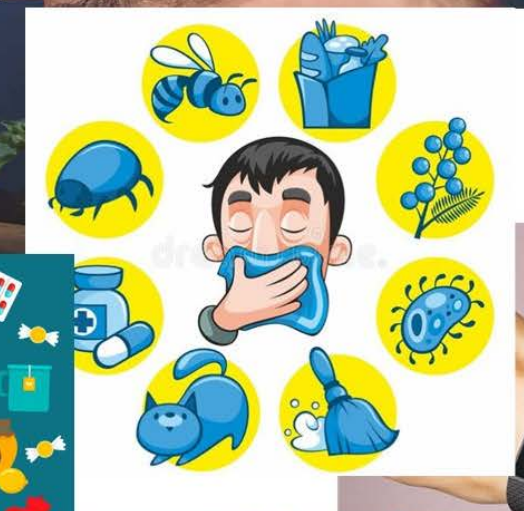
Eligible expenses include....

- Health insurance premiums & copays
- Doctor's office visits & hospital stays
- Vision exams, prescription glasses, contacts, etc.
- Dental: cleanings, fillings, crowns, etc.
- Prescription and over-the-counter medicines

There are hundreds of other products and services that are eligible, such as.....



COUNSELING
& PSYCHOLOGY



SF MRA Effective Date

The date of your employer's first contribution to **SF City Option**



Eligible expenses that are dated on or after your Effective Date may be reimbursed.

Expenses prior to the Effective Date are not eligible for reimbursement

SF MRA Account Number

Account numbers are 9-digit numbers

Either Social Security Number or Unique 9-digit number

XXX-XX-XXXX

777456789

Multiple SF MRA

Funds from different employers are not combined into one account, so you may have multiple SF MRA accounts if more than one of your employers has contributed

Each account has its own unique account number

Access your SF MRA online at mymra.wageworks.com

SF MRA
YOUR ACCOUNT FOR HEALTH COSTS

SF Covered MRA
HELP WITH YOUR HEALTH INSURANCE

[Contact Us | Help](#)

User Name

Password

[Forgot your password?](#)

[Forgot your user name?](#)

Welcome to the Medical Reimbursement Account (MRA) website

Welcome to your WageWorks Spending Account Online Services, your confidential, one-stop resource for information and tools designed to help you better manage your spending accounts.

Your Payment Options

Did you know your reimbursement can be sent directly to your personal bank account? Direct deposit is the quickest and safest way to get reimbursed for your eligible healthcare expenses. Your money is automatically deposited into your account, on time, every time. It's simple to enable direct deposit on your account. [Get started now!](#)

LET'S TAKE A LOOK

Este sitio web no está disponible en español. Si necesita ayuda en español, llame al (866) 697-6078. Es posible que haya un pequeño momento de silencio mientras trasladamos la llamada con un representante que hable español.

本網站尚無中文版本。如需中文支援，請致電：(866) 697-6078。當我們把您的來電轉給中文代表接聽時可能會有短暫的靜默。

Spending Account Online Services brings you information and tools to:

- Review your spending account balances
- Review claims status
- View your statements
- Download forms
- And much, much more

If you don't yet have a user name and password, select the "New User?" button. We recommend that you bookmark this page and visit often.

SF MRA Claims Process



4 ways to submit claims: [online](#), [mobile app](#), [mail](#) or [fax](#)

WageWorks processes claims in [3 to 5 business days](#)



Check

Direct deposit



Additional Information

- Unused SF MRA balances roll over from year to year as long as the account is active
 - Even if you no longer work for the same employer
- Accounts that are not being used may be closed after 24 months, but can be reopened upon request
- WageWorks deducts **\$2.75 administrative fee** each month from all active accounts with a balance greater than \$2.75.

FAQs

Can I use the SF MRA if I have health insurance through my parents or spouse or another job?

- Yes!

Can I use my SF MRA if I live outside of San Francisco?

- Yes!

More FAQs

What happens to my SF MRA if I quit my job, or get terminated/furloughed?

- The SF MRA account stays with you, even if you no longer work for the company. You can continue to use the funds until the balance in the account is \$0.00.

More FAQs

I filled out a Program Finder Form, but the result said that there were “No SF City Option Contributions Found”, why?

- Either you submitted the form before your employer made their contribution on your behalf, or there was a discrepancy in your Name, SSN or Date of Birth and we were unable to match you in our system.

The Program Finder Form result said I was eligible for Healthy San Francisco or SF Covered MRA, why?

- If you get this result, contact SF City Option Customer Service for assistance.



Questions?

1(415) 615-5720

info@sfcityoption.org

<https://sfcityoption.org>



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