

SF HEALTH CARE ACCOUNTABILITY ORDINANCE (HCAO)

SEPTEMBER 19TH, 2018

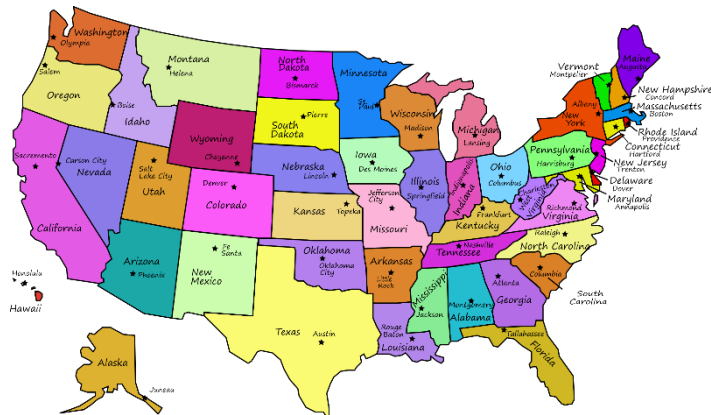


DEPARTMENT OF PUBLIC HEALTH • OFFICE OF LABOR STANDARDS & ENFORCEMENT

WHO IS A COVERED EMPLOYER?

A company that has:

- An City Contract with an HCAO Requirement/Provision
- 20 or more employees, anywhere in the world.



Keep in Mind:

It doesn't matter where the company
has it's headquarters

WHO IS A COVERED EMPLOYEE?

Covered Employee:

- Anyone who works at least 20 hours a week or more on a City Contract for services.
- Not covered under Prevailing Wage.

Keep in Mind:

- A worker is covered if they are performing work anywhere in the US
- Work hours that fluctuate from week to week are Covered Employees if the average number of hours per week during applicable month is 20 hours or more.

HCAO REQUIREMENTS

Employer must choose one option that fits employee and location.

Option 1

Offer each covered employee a compliant health plan at no charge to the employee - no later than the first of the month after 30 days.



**AT NO PREMIUM CHARGE
(DEDUCTION)**

HCAO REQUIREMENTS

Option 2

Pay \$5.15 per employee per hour to SF General Hospital

- **Rate adjusted every July 1**
- Fee goes to SF General Hospital
- Not a benefit or \$ for worker (this is NOT Healthy San Francisco)

HCAO REQUIREMENTS


Option 3

Pay an additional \$5.15 per hour directly to employee (only available to employees NOT working in SF, SFO, and San Bruno Jail).

OTHER HCAO REQUIREMENTS

- Annual Posters
- Annual HCAO Know Your Rights Forms
- HCAO Fee Payment Form on website:
www.sfgov.org/olse/hcao
- All posters and forms are on our website: www.sfgov.org/olse/hcao
- HCAO Video: tinyurl.com/sfhcao

CITY AND COUNTY OF SAN FRANCISCO



NOTICE TO EMPLOYEES
Health Care Accountability Ordinance

This employer is a contractor with the City and County of San Francisco. This contract agreement is subject to the Health Care Accountability Ordinance (HCAO). The HCAO requires your employer to provide health plan benefits to covered employees, make payments to the City for use by the Department of Public Health (DPH), or, under limited circumstances, make payments directly to employees. If you work at least 20 hours per week on a City contract, you are a covered employee and your employer must choose one of the following options:

1. **PROVIDE YOU WITH A HEALTH PLAN THAT MEETS THE MINIMUM STANDARDS OUTLINED BY THE DIRECTOR OF PUBLIC HEALTH**
 - Your employer cannot require you to contribute any amount towards the premiums for health plan coverage for yourself.
 - Coverage must begin no later than the first of the month that begins after 30 days from the start of employment on a covered contract.

OR

2. **PAY \$5.15 PER HOUR WORKED TO THE CITY & COUNTY OF SAN FRANCISCO**
 - If you live within the City and County of San Francisco or work on a City contract within the City, the San Francisco Airport, or the San Bruno Jail, and your employer does not provide a health plan that meets the Minimum Standards, your employer must pay \$5.15 hour for every hour you work (up to 40 hours a week) to the City and County of San Francisco.

OR

3. **PAY AN ADDITIONAL \$5.15 PER HOUR WORKED TO THE EMPLOYEE**
 - If you live outside the City and County of San Francisco and work on a City contract located outside of the City, and not at the San Francisco Airport or at the San Bruno Jail and your employer does not provide a health plan that meets the Minimum Standards, your employer must pay you an additional \$5.15/hour for every hour you work (up to 40 hours a week) to enable you to obtain health insurance coverage.

**IF YOU BELIEVE YOUR RIGHTS ARE BEING VIOLATED CONTACT THE
OFFICE OF LABOR STANDARDS ENFORCEMENT AT (415) 554-7903.**

Office of Labor Standards Enforcement (OLSE)
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102
www.sfgov.org/olse/hcao

Beverly Popek

Compliance Officer

Office of Labor Standards Enforcement

beverly.popek@sfgov.org

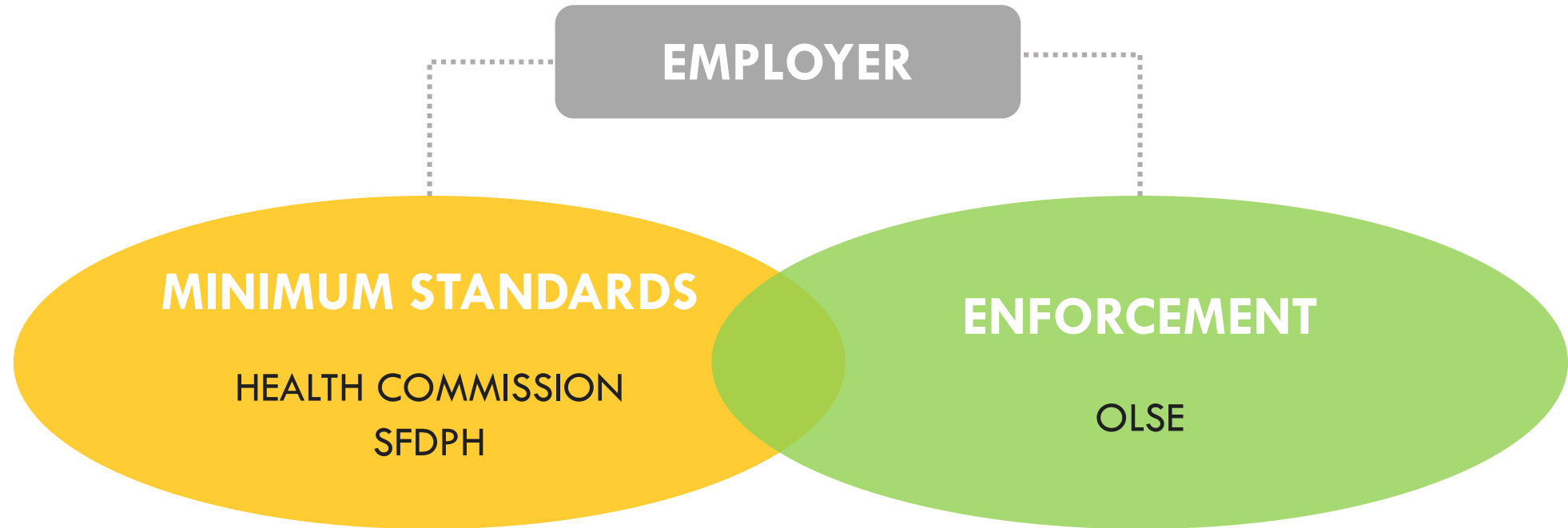
(415) 554-6238

2019-2020

MINIMUM STANDARDS



CITY DEPARTMENT ROLES

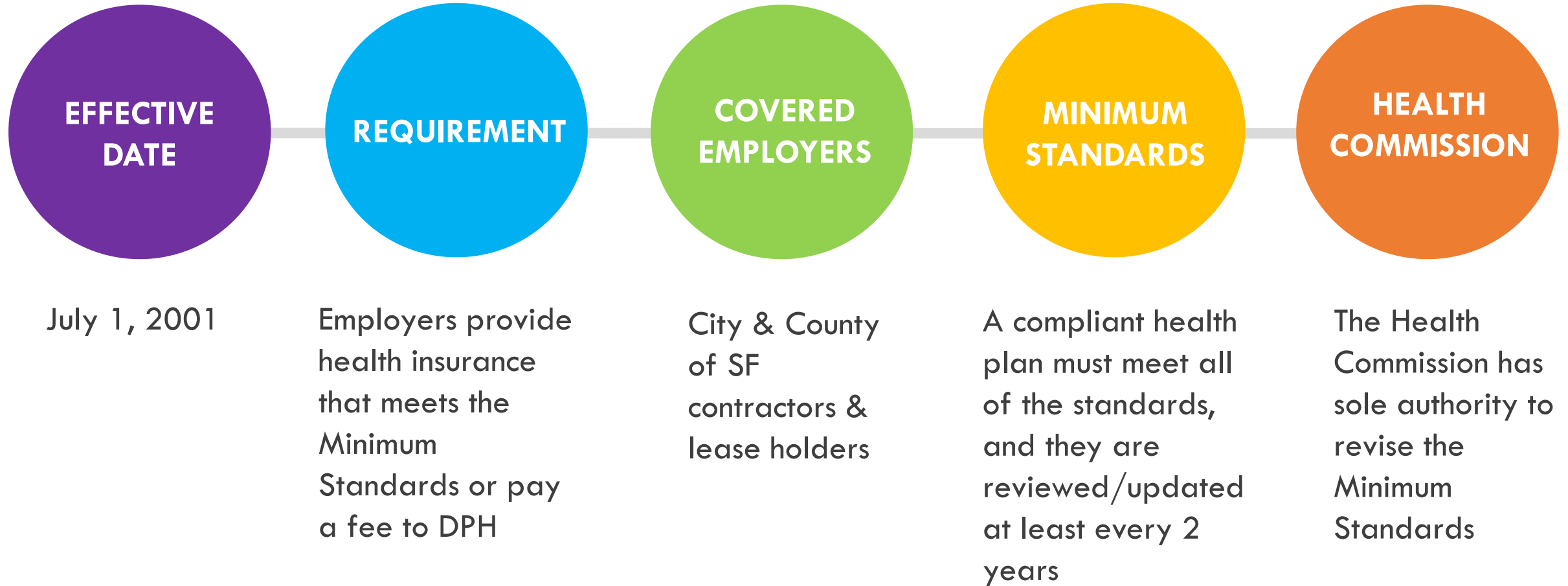


- Updates Minimum Standards
- Reviews health plan compliance

- Audits employers
- Responds to worker complaints
- Negotiates settlements
- Coordinates payment plans

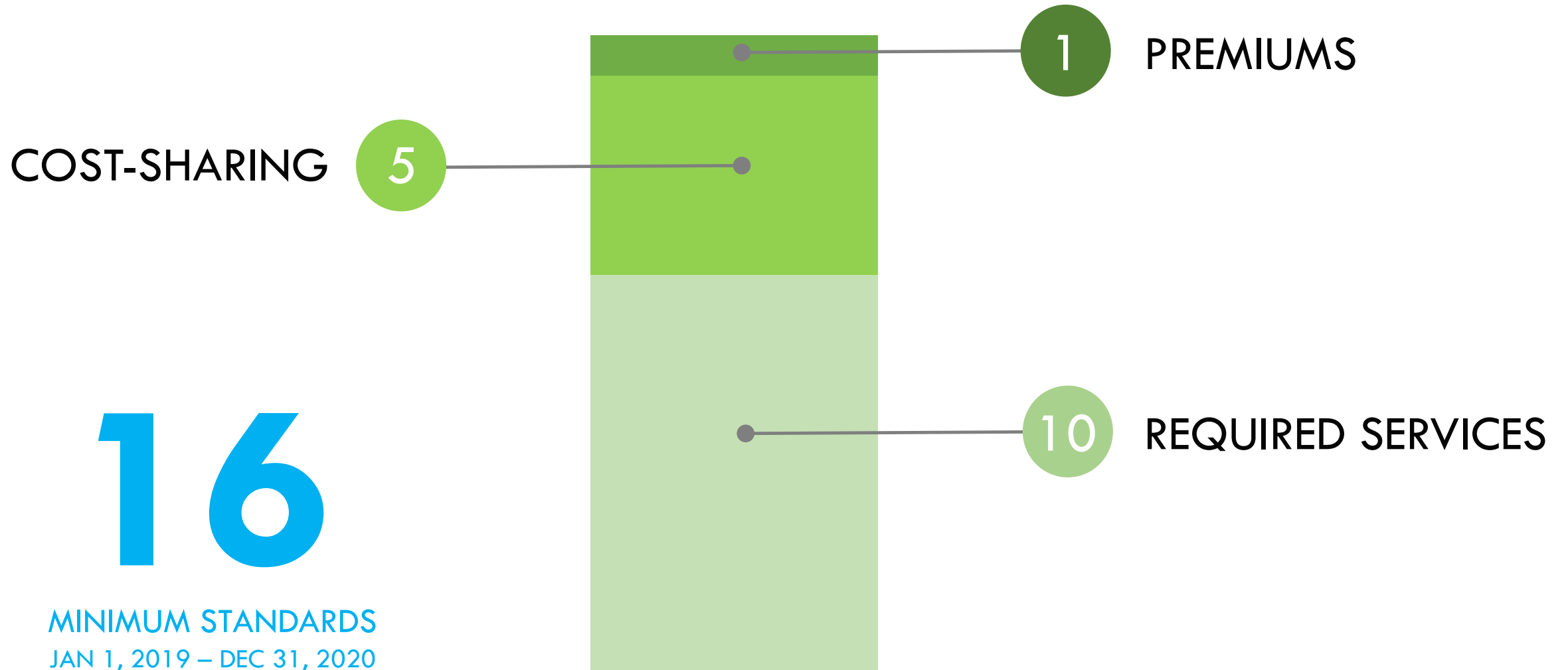


OVERVIEW





MINIMUM STANDARDS






COMPLIANCE = ALL OR NOTHING

A HEALTH PLAN MUST SATISFY
ALL MINIMUM STANDARDS
IN ORDER TO BE COMPLIANT.





MINIMUM STANDARDS (2019-2020)

#	BENEFIT REQUIREMENT	MINIMUM STANDARD	CHANGES FROM 2017-2018
1	PREMIUM CONTRIBUTION	Employer pays 100%	NONE
2	ANNUAL OOP MAXIMUM	<ul style="list-style-type: none">• In-Network: \$7,550 for 2019• Out-of-Network: Not specified <p>OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.).</p>	 SYNC TO STATE BENCHMARK
3	REGULAR DEDUCTIBLE (MEDICAL SERVICES)	<ul style="list-style-type: none">• In-Network: \$2,000• Out-of-Network: Not specified <p>The employer must cover 100% of actual expenditures that count towards the medical deductible, regardless of plan type and level. Employers may use any health savings/reimbursement product that supports compliance with this minimum standard.</p>	NONE



MINIMUM STANDARDS (2019-2020)

#	BENEFIT REQUIREMENT	MINIMUM STANDARD	CHANGES FROM 2017-2018
4	PRESCRIPTION DRUG DEDUCTIBLE	<ul style="list-style-type: none">In-Network: \$200Out-of-Network: Not specified	 FROM \$250
5	PRESCRIPTION DRUG COVERAGE	Plan must provide drug coverage, including coverage of brand-name drugs.	NONE
6	COINSURANCE PERCENTAGES	<ul style="list-style-type: none">In-Network: 80% / 20%Out-of-Network: 50% / 50%	 FROM 70%/30%
7	COPAYMENT FOR PRIMARY CARE PROVIDER VISITS	<ul style="list-style-type: none">In-Network: \$45 per visit.Out-of-Network: Not specified	NONE



MINIMUM STANDARDS (2019-2020)

#	BENEFIT REQUIREMENT	MINIMUM STANDARD	CHANGES FROM 2017-2018
8	AMBULATORY PATIENT SERVICES (OUTPATIENT CARE)	<ul style="list-style-type: none">• When coinsurance is applied See Benefit Requirement #6• When copayments are applied for these services:<ul style="list-style-type: none">○ Primary Care Provider: See Benefit Requirement #7○ Specialty visits: Not specified	NONE
9	PREVENTIVE & WELLNESS SERVICES*	<ul style="list-style-type: none">• In-Network: Provided at no cost, per ACA rules.• Out-of-Network: Subject to the plan's out-of-network fee requirements.	NONE
10	PRE/POST-NATAL CARE*	<ul style="list-style-type: none">• In-Network: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules.• Out-of-Network: Subject to the plan's out-of-network fee requirements.	NONE

* Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.



MINIMUM STANDARDS (2019-2020)

#	BENEFIT REQUIREMENT	MINIMUM STANDARD	CHANGES FROM 2017-2018
11	HOSPITALIZATION*		
12	MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES, INCLUDING BEHAVIORAL HEALTH*	<ul style="list-style-type: none">• When coinsurance is applied See Benefit Requirement #6	NONE
13	REHABILITATIVE & HABILITATIVE SERVICES*	<ul style="list-style-type: none">• When copayments are applied for these services: Not specified	
14	LABORATORY SERVICES*		

* Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.



MINIMUM STANDARDS (2019-2020)

#	BENEFIT REQUIREMENT	MINIMUM STANDARD	CHANGES FROM 2017-2018
15	EMERGENCY ROOM SERVICES & AMBULANCE*	Limited to treatment of medical emergencies. The in-network deductible and coinsurance also apply to emergency services received from an out-of-network provider.	NONE
16	OTHER SERVICES*	The full set of covered benefits is defined by the California EHB Benchmark plan.	NONE

* Coverage of these services are standardized under ACA rules. Cost-sharing for these services are to conform to the requirements above.

QUESTIONS?

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OFFICE OF POLICY & PLANNING • SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH