



City and County of San Francisco
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San Francisco Health Care Accountability Ordinance Minimum Standards – Effective January 1, 2017

Benefit Requirement	Minimum Standards
1. Premium Contribution	Employer pays 100%
2. Annual OOP Maximum	<ul style="list-style-type: none"> • In-Network: \$6,850 • Out-of-Network: Not specified <p>OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.); and</p> <p>Employer may offer a plan with a higher OOP maximum only if they combine it with a fully employer-funded HSA or HRA for the amount exceeding \$6,850.</p>
3. Regular (Medical Services) Deductible	<ul style="list-style-type: none"> • In-Network: \$2,000 • Out-of-Network: Not specified <p>The employer <u>must</u> cover 100% of the medical deductible and may do so with either a fully employer-funded HSA or HRA. The HSA or HRA must provide first dollar coverage.</p>
4. Prescription Drug Deductible	<ul style="list-style-type: none"> • In-Network: \$250 • Out-of-Network: Not specified
5. Prescription Drug Coverage	Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	<ul style="list-style-type: none"> • In-Network: 70%/30% • Out-of-Network: 50%/50%
7. Copayment for Primary Care Provider Visits	<ul style="list-style-type: none"> • In-Network: \$45 per visit. • Out-of-Network: Not specified
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: • Primary Care Provider: See Benefit Requirement #7 • Specialty visits: Not specified

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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. <p>Covered California provides a list of covered preventive services. These services are standardized by federal ACA rules at no charge to the member.</p>
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. <p>Covered California provides a list of covered pre/post-natal care services. These services are standardized by federal ACA rules at no charge to the member.</p>
11. Hospitalization*	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
12. Mental Health & Substance Use Disorder Services, including Behavioral Health*	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
13. Rehabilitative & Habilitative Services*	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
14. Laboratory Services*	<ul style="list-style-type: none"> • When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
15. 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>
16. Other Services*	<p>The full set of covered benefits is based on the ACA list of Essential Health Benefits in conjunction with the Covered California EHB Benchmark plan.</p>

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