City and County of San Francisco
London N. Breed
Mayor

San Francisco Department of Public Health
Grant Colfax, MD
Director of Health

San Francisco Health Care Accountability Ordinance Minimum Standards – Effective January 1, 2020

The following minimum standards are effective January 1, 2020. A health plan must meet all 16 minimum standards as described below to be deemed compliant.

Benefit Requirement	Minimum Standard
Type of Plan	Any type of plan that meets the Minimum Standards as described below. All gold- and platinum-level plans are deemed compliant.
1. Premium Contribution	Employer pays 100%
2. Annual OOP Maximum	• In-Network: California Patient-Centered Benefit Design Out-of-Pocket limit for a silver coinsurance or copay plan during the plan's effective date: 2020 = $7,850 • Out-of-Network: Not specified OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.).
3. Medical Deductible	• In-Network: $2,000 • Out-of-Network: Not specified 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.
4. Prescription Drug Deductible	• In-Network: $200 • Out-of-Network: Not specified
5. Prescription Drug Coverage	Plan must provide drug coverage, including coverage of brand-name drugs.
6. Coinsurance Percentages	• In-Network: 80%/20% • Out-of-Network: 50%/50%

Benefit Requirement	Minimum Standard
7. Copayment for Primary Care Provider Visits	• In-Network: $45 per visit. • Out-of-Network: Not specified
8. Ambulatory Patient Services (Outpatient Care)	• 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
9. Preventive & Wellness Services	• In-Network: Provided at no cost, per ACA rules. • Out-of-Network: Subject to the plan's out-of-network fee requirements. These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of preventive services that are required.
10. Pre/Post-Natal Care	• 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. These services are standardized by federal ACA rules at no charge to the member. The California EHB Benchmark Plan outlines the types of pre- and post-natal services that are required.
11. Hospitalization	• 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	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
13. Rehabilitative & Habilitative Services	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
14. Laboratory Services	• When coinsurance is applied See Benefit Requirement #6 • When copayments are applied for these services: Not specified
15. Emergency Room Services & Ambulance	Limited to treatment of medical emergencies. The in-network deductible, copayment, and coinsurance also apply to emergency services received from an out-of-network provider.
16. Other Services	The full set of covered benefits is defined by the California EHB Benchmark plan.

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2019-2020 HCAO Minimum Standards
Common Clarifications

Minimum Standard	Clarification
1. Premium Contribution Employer pays 100% of the premium contribution.	• Refers only to individual medical coverage and not vision/dental. • No money may come out of an employee's paycheck to pay the premium contribution. • Employer is only required to offer at least 1 HCAO compliant health plan for which the employer must pay 100% of the premium contribution for the covered employee. • Employer has the discretion to offer any additional health plans for which there can be an option for employees to contribute to their premiums.
2. Annual OOP Maximum In-Network: California Patient-Centered Benefit Design Out-of-Pocket limit for a silver coinsurance or copay plan during the plan's effective date: 2020 = $7,850 Out-of-Network: Not specified OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.).	• The Annual OOP Maximum is tethered to the OOP maximum benchmark designated by the California Patient-Centered Benefit Design for a silver coinsurance or copay plan. The annual maximum is adjusted and determined by the Covered California Board of Directors.
3. Medical Deductible In-Network: $2,000 Out-of-Network: Not specified 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.	• If an HRA/HSA is utilized to cover the employee's medical deductible, there is no need to pre-fund the full medical deductible amount. • Employer may use a third-party administrator or other appropriate option to manage reimbursement of employees' medical expenditures that count towards the medical deductible as long as employees' protected health information remain private and confidential in accordance with state and federal laws. • Employers are encouraged to discuss the optimal reimbursement mechanism with their benefits administrator.

Minimum Standard	Clarification
16. Other Services The full set of covered benefits is defined by the California EHB Benchmark plan.	• Although all gold- and platinum-tier health plans are considered automatically compliant under the HCAO Minimum Standards, **they must still offer coverage for the full set of covered benefits as defined by the California EHB Benchmark plan.** • Health plans offered by out of state contractors doing business with or in the City and County of San Francisco must provide coverage for the services covered by the California EHB Benchmark plan.

More Information

tinyurl.com/sfhcao

sfgov.org/olse/hcao

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