San Francisco Labor Laws for SFO Contractors
Effective July 1, 2019 – Excludes QSP

Minimum Compensation Ordinance (MCO) – 12P
Wages and Paid Time Off (PTO)

For a company that has 5 employees or greater, anywhere in the world. Includes subcontractors.

Any employee who works on a City contract for services:
- For-profit rate is $17.66/hour as of 7/1/19
- Non-profit rate is $16.50/hour as of 7/1/19
- Public Entities rate effective 2/1/19 $16.00/hour; Effective 7/1/19 $16.50/hour
- 0.04615 hours of Paid Time Off (PTO) per hour worked (can be used as vacation or sick leave, and is vested and cashed out at termination)
- 0.0384 hours of Unpaid Time Off per hour worked – allowed without consequence
- Employee must sign a “Know Your Rights” form
- Posting Requirement

Health Care Accountability Ordinance (HCAO) – 12Q

For a company that has > 20 workers (for profit)/ > 50 workers (nonprofit), anywhere in the world – Includes subcontractors

Any employee who works at least 20 hours a week on a City contract for services:
- Either:
  A) Offer a compliant health plan with no premium charge to the employee. See Minimum Standards OR
  B) Pay $5.40** per hour to SF General Hospital (not Healthy San Francisco and not a benefit to employees) OR
  C) Pay $5.40** per hour to covered employee. N/A to SFO and San Bruno Jail locations. Employee must live outside of SF and work on a City contract outside of SF. See HCAO for more details.
- Employee must sign a “Know Your Rights” form
- Posting Requirement


** Rate changes every July 1

Beverly Popek, Compliance Officer
Office of Labor Standards and Enforcement (OLSE)
City Hall Room, 430
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102
(415) 554-6238 beverly.popek@sfgov.org

For more information, or to sign up for email updates on the MCO and HCAO, visit our website: sfgov.org/OLSE
Notice to Employees – July 1, 2019

Minimum Compensation Ordinance

This employer is a contractor with the City and County of San Francisco. This contract agreement is subject to the Minimum Compensation Ordinance (MCO). If under this contract agreement you perform any work funded under an applicable contract, you must be provided no less than the Minimum Compensation outlined below.

These are your rights . . .

1. Minimum Hourly Compensation:

   For contracts entered into or amended on or after October 14, 2007
   - For-Profit Rate is $17.66/hour effective 7/1/19
   - Non-profit Rate is $16.50/hour effective 7/1/19
   - Public Entities Rate is $16.50/hour effective 7/1/19
   - Rates subject to change; your employer must pay the then-current rate posted on the OLSE web site: www.sfgov.org/olse/mco

   For contracts entered into prior to October 14, 2007
   - For work performed within the City Of S.F.: SF Minimum Wage ($15.59/hour effective 7/1/19)
   - For work performed outside of S.F.: $10.77/hour

2. Paid Days Off:
   - 12 paid days off per year for vacation, sick leave, or personal necessity
   - The paid days off for part-time employees are prorated based on hours worked

3. Unpaid Days Off:
   - 10 unpaid days off per year
   - Unpaid days off for part-time employees are prorated based on hours worked

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/mco
Minimum Compensation Ordinance (MCO)

KNOW YOUR RIGHTS – JULY 1, 2019

This notice is intended to inform you of your rights under the Minimum Compensation Ordinance (MCO), Chapter 12P of the San Francisco Administrative Code. The MCO requires your employer to provide a prescribed minimum level of compensation to be paid to employees of (1) contractors and their subcontractors providing services to the City and County; (2) public entities whose boundaries are coterminous with the City and County who have city contracts; and, (3) tenants and subtenants on Airport property and their subcontractors. The Office of Labor Standards Enforcement (OLSE) is charged with enforcing the MCO. You will be asked to sign this document after you have reviewed the following information. Do not sign this document unless you fully understand your rights under this law.

THE MCO REQUIREMENTS

1. Minimum Hourly Wage
   - For-Profit Rate is $17.66/hour effective 7/1/19
   - Non-profits pay no less than the S.F. Minimum Wage of $16.50/hour effective 7/1/19
   - Public Entities rate is $16.60/hour effective 7/1/19
   - For contracts entered into prior to October 14, 2007, the rate for work performed within the City of S.F. is the San Francisco minimum wage ($15.59/hour effective July 1, 2019). The rate for work performed outside of S.F. is $10.77/hour.
   - Rates are subject to change. Your employer is obligated to keep informed of the requirements and to notify employees in writing of any adjustment to the MCO wage.

2. Paid Days Off
   - 12 paid days off per year for vacation, sick leave or personal necessity
   - The paid days off for part-time employees are prorated based on hours worked

3. Unpaid Days Off
   - 10 unpaid days off per year
   - Unpaid days off for part-time employees are prorated based on hours worked
   - Temporary and casual employees are not eligible for unpaid time off

RETAILATION PROHIBITED
Your employer may not retaliate against you or any other employee for trying to learn more about the MCO or exercising your rights under the law. If you believe that you have been discriminated or retaliated against for inquiring about or exercising your rights under the MCO, contact the OLSE at (415) 554-7903 to file a MCO complaint.

Do not sign this document unless you fully understand your rights under this law. If you have any questions about your employer’s responsibilities or your rights under this Ordinance, contact the OLSE at (415) 554-7903 or visit www.sfgov.org/olse/mco for more information about this law.

Print Name of Employee: ________________________________

Signature of Employee: ________________________________ Date: ____________________

Para asistencia en Español, llame al (415) 554-7903

需要中文幫助，請電 (415) 554-7903

For a complete copy of the Minimum Compensation Ordinance, visit www.sfgov.org/olse/mco.
NOTICE TO EMPLOYEES – JULY 1, 2019

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 $5.40 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 $5.40 per 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 $5.40 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 $5.40/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
Health Care Accountability Ordinance (HCAO)

**KNOW YOUR RIGHTS – JULY 1, 2019**

This notice is intended to inform you of your rights under the Health Care Accountability Ordinance (HCAO), Chapter 12Q of the San Francisco Administrative Code. The HCAO requires your employer to provide health insurance to you. Your employer can do this by enrolling you in a health plan, by making payments to the City, or, under limited circumstances, by making payments directly to you. The Office of Labor Standards Enforcement (OLSE) is charged with enforcing this Ordinance. You will be asked to sign this document after you have reviewed the following information. Do not sign this document unless you fully understand your rights under this law.

**THE HCAO COMPONENTS**

I. If you live in San Francisco (regardless of where you work) or if you work in San Francisco, at the San Francisco Airport, or at the San Bruno Jail, your employer must:

   A. Offer you health coverage that meets the Minimum Standards starting on the first day of the month following 30 calendar days after your first day of work*; OR

   B. For each month in which you averaged at least 20 hours of work per week, pay the City $5.40 per hour for each hour you work, up to 40 hours or $216 per week.

II. If you do not live in San Francisco and do not work in San Francisco, at the San Francisco Airport, or at the San Bruno Jail, your employer must:

   A. Offer you health coverage that meets the Minimum Standards starting on the first day of the month following 30 calendar days after your first day of work*; OR

   B. For each month in which you averaged at least 20 hours of work per week, pay you $5.40 per hour for each hour you work, up to 40 hours or $216 per week, so that you can obtain health insurance coverage on your own.

*Note that your employer must offer at least one plan that does not require you to contribute any amount towards the cost of premiums for health plan coverage for yourself.

**EXEMPTIONS FROM COVERAGE**

Certain categories of employees, including but not limited to students, trainees, and employees of employers subject to Prevailing Wage requirements, are exempt under the HCAO. For more information, go to [www.sfgov.org/olse/hcao](http://www.sfgov.org/olse/hcao) or call (415) 554-7903.

**VOLUNTARY WAIVER OF COVERAGE**

Employees may refuse health coverage offered by an employer if the employee signs the Voluntary Waiver Form. Employees may revoke this voluntary waiver at any time.

**RETIALLATION PROHIBITED**

Your employer may not retaliate against you or any other employee for trying to learn more about the HCAO or exercising your rights under the law. If you believe that you have been discriminated or retaliated against for inquiring about or exercising your rights under the HCAO, contact the OLSE at (415) 554-7903 to file an HCAO complaint.

Do not sign this document unless you fully understand your rights under this law. If you have any questions about your employer’s responsibilities or your rights under this Ordinance, contact the OLSE at (415) 554-7903 or visit [http://sfgov.org/olse/hcao](http://sfgov.org/olse/hcao) for more information about this law.

<table>
<thead>
<tr>
<th>Name of Employee</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Signature of Employee</td>
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</tbody>
</table>

Para asistencia en Español, llame al 554-7903

需要中文幫助，請電 554-7903

**NOTE:** For a complete copy of the Health Care Accountability Ordinance or the Minimum Standards, visit [http://sfgov.org/olse/hcao](http://sfgov.org/olse/hcao).
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.

<table>
<thead>
<tr>
<th>Benefit Requirement</th>
<th>Minimum Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Plan</strong></td>
<td>Any type of plan that meets the Minimum Standards as described below. All gold- and platinum-level plans are deemed compliant.</td>
</tr>
<tr>
<td><strong>1. Premium Contribution</strong></td>
<td>Employer pays 100%</td>
</tr>
</tbody>
</table>
| **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 = $7,800  
                                • 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% |
<table>
<thead>
<tr>
<th>Benefit Requirement</th>
<th>Minimum Standard</th>
</tr>
</thead>
</table>
| 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. |
### SUMMARY INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Plan from largest small group product, Health Maintenance Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Issuer Name</strong></td>
<td>Kaiser Foundation Health Plan, Inc.</td>
</tr>
<tr>
<td><strong>Product Name</strong></td>
<td>Small Group HMO</td>
</tr>
<tr>
<td><strong>Plan Name</strong></td>
<td>Kaiser Foundation Health Plan Small Group HMO 30 ID 40513CA035</td>
</tr>
<tr>
<td><strong>Supplemented Categories</strong></td>
<td>• Pediatric Oral (State CHIP)</td>
</tr>
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<td></td>
<td>• Pediatric Vision (FEDVIP)</td>
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<tr>
<td><strong>Habilitative Services Included Benchmark</strong></td>
<td>Yes</td>
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<tr>
<td><strong>Habilitative Services Defined by State</strong></td>
<td>Yes: “Habilitative services” means medically necessary health care services and health care devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual's environment. Examples of health care services that are not habilitative services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including, but not limited to, vocational training. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the policy.</td>
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</tbody>
</table>
## BENEFITS AND LIMITS

<table>
<thead>
<tr>
<th>Benefit Information</th>
<th>General Information</th>
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<tbody>
<tr>
<td><strong>A</strong> Benefit</td>
<td><strong>B</strong> EHB Benefit Description (may be the same as the Benefit name)</td>
</tr>
<tr>
<td>Primary Care Visit to Treat an Injury or Illness</td>
<td>Yes</td>
</tr>
<tr>
<td>Specialist Visit</td>
<td>Yes</td>
</tr>
<tr>
<td>Other Practitioner Office Visit (Nurse, Physician Assistant)</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Facility Fee (e.g., Ambulatory Surgery Center)</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Surgery Physician/Surgical Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Emergency Care When Traveling Outside the U.S.</td>
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<tr>
<td>Routine Dental Services (Adult)</td>
<td></td>
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<tr>
<td>Infertility Treatment</td>
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<tr>
<td>Long-Term/Custodial Nursing Home Care</td>
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<tr>
<td>Private-Duty Nursing</td>
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<tr>
<td>Routine Eye Exam (Adult)</td>
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<tr>
<td>Urgent Care Centers or Facilities</td>
<td>Yes</td>
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<tr>
<td>Home Health Care Services</td>
<td>Yes</td>
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<tr>
<td>Emergency Room Services</td>
<td>Yes</td>
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<td>General Information</td>
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<tr>
<td><strong>A Benefit</strong></td>
<td><strong>Benefit Description</strong> (may be the same as the Benefit name)</td>
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<tr>
<td>Emergency Transportation/Ambulance</td>
<td>Yes Emergency Transportation/Ambulance</td>
</tr>
<tr>
<td>Inpatient Hospital Services (e.g., Hospital Stay)</td>
<td>Yes Inpatient Hospital Services (e.g., Hospital Stay)</td>
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<tr>
<td>Inpatient Physician and Surgical Services</td>
<td>Yes Inpatient Physician and Surgical Services</td>
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<tr>
<td>Bariatric Surgery</td>
<td>Yes Bariatric Surgery</td>
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<tr>
<td>Skilled Nursing Facility</td>
<td>Yes Skilled Nursing Facility Care</td>
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<tr>
<td>Prenatal and Postnatal Care</td>
<td>Yes Prenatal and Postnatal Care</td>
</tr>
<tr>
<td>Delivery and All Inpatient Services for Maternity Care</td>
<td>Yes Hospital Inpatient Care</td>
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<tr>
<td>Mental/Behavioral Health Outpatient Services</td>
<td>Yes Mental Health Services</td>
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<tr>
<td>Mental/Behavioral Health Inpatient Services</td>
<td>Yes Mental/Behavioral Health Inpatient Services</td>
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<tr>
<td>Substance Abuse Disorder Outpatient Services</td>
<td>Yes Substance Abuse Disorder Outpatient Services</td>
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<td>Substance Abuse Inpatient Services</td>
<td>Yes Substance Abuse Inpatient Services</td>
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<tr>
<td>Generic Drugs</td>
<td>Yes Generic Drugs</td>
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<tr>
<td>Preferred Brand Drugs</td>
<td>Yes Outpatient Prescription Drugs, Supplies, and Supplements</td>
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<tr>
<td>Benefit Information</td>
<td>General Information</td>
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<tr>
<td><strong>A</strong> Benefit</td>
<td><strong>B</strong> EHB</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>Yes</td>
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<tr>
<td>Specialty Drugs</td>
<td>Yes</td>
</tr>
<tr>
<td>Outpatient Rehabilitation Services</td>
<td>Yes</td>
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<tr>
<td>Habilitation Services</td>
<td>Yes</td>
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<tr>
<td>Chiropractic Care</td>
<td></td>
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<tr>
<td>Durable Medical Equipment</td>
<td>Yes</td>
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<tr>
<td>Hearing Aids</td>
<td></td>
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<tr>
<td>Imaging (CT/PET Scans, MRIs)</td>
<td>Yes</td>
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<tr>
<td>Preventive Care/Screening/Immunization</td>
<td>Yes</td>
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<tr>
<td>Routine Foot Care</td>
<td></td>
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<tr>
<td>Acupuncture</td>
<td>Yes</td>
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<tr>
<td>Weight Loss Programs</td>
<td></td>
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<tr>
<td>Routine Eye Exam for Children</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye Glasses for Children</td>
<td>Yes</td>
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<tr>
<td>Dental Check-Up for Children</td>
<td>Yes</td>
</tr>
<tr>
<td>A Benefit</td>
<td>EHB Benefit Description (may be the same as the Benefit name)</td>
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<tr>
<td>Rehabilitative Speech Therapy</td>
<td>Yes Rehabilitative Speech Therapy</td>
</tr>
<tr>
<td>Rehabilitative Occupational and Rehabilitative Physical Therapy</td>
<td>Yes Rehabilitative Occupational and Rehabilitative Physical Therapy</td>
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<tr>
<td>Well Baby Visits and Care</td>
<td>Yes Well Baby Visits and Care</td>
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<tr>
<td>Laboratory Outpatient and Professional Services</td>
<td>Yes Laboratory Outpatient and Professional Services</td>
</tr>
<tr>
<td>X-rays and Diagnostic Imaging</td>
<td>Yes X-rays and Diagnostic Imaging</td>
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<tr>
<td>Basic Dental Care - Child</td>
<td>Yes Basic Dental Care - Child</td>
</tr>
<tr>
<td>Orthodontia - Child</td>
<td>Yes Orthodontia - Child</td>
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<tr>
<td>Major Dental Care - Child</td>
<td>Yes Major Dental Care - Child</td>
</tr>
<tr>
<td>Basic Dental Care - Adult</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Orthodontia - Adult</td>
<td>Not Covered</td>
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<tr>
<td>Major Dental Care - Adult</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Abortion for Which Public Funding is Prohibited</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Transplant</td>
<td>Yes Transplant</td>
</tr>
<tr>
<td>Accidental Dental</td>
<td>Not Covered</td>
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<tr>
<td>Dialysis</td>
<td>Yes Dialysis</td>
</tr>
<tr>
<td>Allergy Testing</td>
<td>Yes Allergy Testing</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>Yes Chemotherapy</td>
</tr>
<tr>
<td>Radiation</td>
<td>Yes Radiation</td>
</tr>
<tr>
<td>Diabetes Education</td>
<td>Yes Diabetes Education</td>
</tr>
<tr>
<td>Prosthetic Devices</td>
<td>Yes Prosthetic Devices</td>
</tr>
<tr>
<td>Infusion Therapy</td>
<td>Yes Infusion Therapy</td>
</tr>
<tr>
<td>Treatment for Temporomandibular Joint Disorders</td>
<td>Yes Treatment for Temporomandibular Joint Disorders</td>
</tr>
<tr>
<td>Benefit Information</td>
<td>General Information</td>
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</tr>
<tr>
<td><strong>A</strong> Benefit</td>
<td><strong>B</strong> EHB</td>
</tr>
<tr>
<td>Nutritional Counseling</td>
<td></td>
</tr>
<tr>
<td>Reconstructive Surgery</td>
<td>Yes</td>
</tr>
<tr>
<td>Clinical Trials</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes Care Management</td>
<td>Yes</td>
</tr>
<tr>
<td>Inherited Metabolic Disorder - PKU</td>
<td>Yes</td>
</tr>
<tr>
<td>Off Label Prescription Drugs</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental Anesthesia</td>
<td>Yes</td>
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<tr>
<td>Prescription Drugs Other</td>
<td>Yes</td>
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<tr>
<td>Coverage for Effects of Diethylstilbestrol</td>
<td>Yes</td>
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<tr>
<td>Organ Transplants</td>
<td>Yes</td>
</tr>
<tr>
<td>Mastectomy-Related Coverage</td>
<td>Yes</td>
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<tr>
<td><strong>A</strong> Benefit</td>
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</tr>
<tr>
<td>Allergy injections</td>
<td>Yes</td>
</tr>
<tr>
<td>Voluntary Termination of Pregnancy</td>
<td>Yes</td>
</tr>
<tr>
<td>Dental and Orthodontic Services</td>
<td>Yes</td>
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# Prescription Drug EHB-Benchmark Plan Benefits by Category and Class

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<td>METABOLIC BONE DISEASE AGENTS</td>
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<td>GABA RECEPTOR MODULATORS</td>
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### Minimum Standard

<table>
<thead>
<tr>
<th>Minimum Standard</th>
<th>Clarification</th>
</tr>
</thead>
</table>
| **1. 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. |
| Employer pays 100% of the premium contribution. |                                                                                                                                               |

**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 = $7,800 | 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. |
| Out-of-Network: Not specified |                                                                                                                                               |
| OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.) |                                                                                                                                               |

| **3. Medical Deductible**         | 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. |
| 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. |
### Minimum Standard

<table>
<thead>
<tr>
<th>16. Other Services</th>
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<tbody>
<tr>
<td>The full set of covered benefits is defined by the California EHB Benchmark plan.</td>
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</table>

### Clarification

- 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.

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**More Information**

- [tinyurl.com/sfhcao](tinyurl.com/sfhcao)
- [sfgov.org/olse/hcao](sfgov.org/olse/hcao)
- (415) 554-2925