



HEALTH BENEFITS

Frequently Asked Questions



ELIGIBILITY & ENROLLMENT

| What are the eligibility criteria to apply for Healthy Workers and Vision Insurance?

Health and Vision coverage: date records must show that you are authorized and were paid to work with a minimum of 25 hours for the most current 2 consecutive months.

| Where can I get an application?

If you need an application because you are not enrolling for the first time (or did not automatically receive an application), you can contact PA:

- Call **415-243-4477** and ask for an application to be email to you.
- Email info@sfihsspa.org and request one to be email to you.

Applications are available in English, Chinese, Spanish, Russian, Tagalog, and Vietnamese.

| Is there a deadline for the application if I want insurance to start next month?

Yes, our monthly deadline is the 12th of each month.

| How long does it take after I submit my application for my insurance to start?

Once you have met the eligibility requirements, it may take up to 60 days for your coverage to begin.

| How do I know I am enrolled after I submit the application?

When you are enrolled, you will receive an ID card from the insurance company welcoming you to the plan. You should wait until you receive these packets to obtain services.

| Can I add my spouse or dependents to my Health & Vision Insurance?

No, this is an Employee only coverage.

| Would I get enrolled automatically?

No, you will not be enrolled automatically.

| If not, how do I enroll for insurance?

New eligible IPs will automatically get enrollment packets from SFHP.

| How do I choose a doctor?

Only the person covered by the insurance can choose the right doctor for them. If you need help selecting a doctor: refer to Provider directory or visit SFHP's "Find a Provider" website to filter doctors by location, language, and specialty:

<https://www.sfhp.org/programs/healthy-workers/find-a-provider/>

| What if I did not receive my ID Card?

Contact SFHP if you have not received your ID card within 60 days of submitting your application to check the status.

| If I am enrolled, can I change my Health Clinic or asked for a replacement card?

Yes, you can change clinics anytime or asked for a replacement card. Just contact San Francisco Health Plan and a representative will change your clinic and will mail you a new ID card or replacement card.

PREMIUMS

| What is an insurance premium? How will I pay for my premiums?

An insurance premium is the amount of money an individual pay for an insurance policy. The premium contributions will be deducted from your second paycheck each month.

| How much are the premiums?

Health and Vision- \$3/month.

FORMS / INFORMATION

I need to change information for my benefits (social security number, date-of-birth, address, etc). How do I do this?

If you need to change your information, you must contact IPAC at [415-557-6200](tel:415-557-6200), Located at 2 Gough Street, San Francisco, CA 94103. You will need to provide documentation for changes.

I need to fill out a L564 form to apply for Medicare. Who can sign this for me?

Providers can mail the L564 form to SF IHSS PA at 832 Folsom street, 9TH floor, SF, CA 94107. The form will be mailed back within 2 business days upon received.

TERMINATING / ENDING INSURANCE

How long will I receive insurance benefits?

The benefit plans you select will continue as long as you are providing IHSS services in San Francisco. If you work less than 25 hours for two or more months consecutively, you will lose eligibility for all benefits. A warning letter will be sent to you a month before termination date.

Can I voluntarily terminate my insurance?

Yes, you can request to cancel health benefits by filling out a cancellation request form. If Public Authority received the form by the 12th of the month, your insurance will be cancelled effective the first day of the next month. If you canceled Health insurance, you can reapply anytime.

My recipient was in the hospital for two weeks and I was not paid, will I lose my benefits?

If you should have a period of lower than 25 hours in any month, you will receive a warning letter, however if you are paid 25 hours or more the following month your benefits will not be affected. You will lose your benefits if you are paid less than 25 hours in three consecutive months.

Remember: Your eligibility could be at jeopardy if you do not turn in your timesheets on time! We base your eligibility on paid hours data and the check issue date, not the hours worked. Please submit your timesheets as soon as the pay period ends.

| How do I reinstate my eligibility before my insurance get terminated?

If you worked and received paid for a minimum of 25 hours before insurance terminates, you must contact the number in the warning letter within 30 days from termination date for reinstatement.

| Can I lose my benefits if I work in another county?

If you no longer work in San Francisco, you will lose your insurance and will need to apply with the county you are working in. A warning letter will be sent to you a month before termination date.

| I need to file taxes and require a 1095B (proof of insurance).

Your insurance company San Francisco Health Plan will mail out the 1095B form around March of each year.

| How can I get my health coverage restored if I lose it?

If you lose your benefit, you must re-enroll. Once the criteria(s) are met, you may re-apply again.

| If I lose my eligibility, can I purchase continued coverage?

Yes, you will be offered COBRA when insurance terminates. We have WageWorks as our COBRA administrator. You will automatically receive a COBRA packet with a given election period of 60 days to choose whether or not to continue with same coverage.

FOR FURTHER INFORMATION

| Who do I contact with questions about eligibility?

San Francisco IHSS Public Authority, Benefits Coordinator, Betty Hom at [415-593-8125](tel:415-593-8125).

| Anything about services, coverages, change clinics and pharmacy contact:

- SFHP Healthy Workers: [415-547-7800](tel:415-547-7800)
- VSP (Vision Service Plan): [800-877-7195](tel:800-877-7195)
- WageWorks Cobra: [888-678-4881](tel:888-678-4881)

HAVE A QUICK QUESTION ABOUT BENEFITS?

You can text your question to [415-593-8125](tel:415-593-8125). Please allow time for a response.

By sending a text, you have agreed that your phone number will be used for SMS message notifications sent by the San Francisco IHSS Public Authority. Message and data rates may apply.