

Answers to Frequently Asked Questions about the San Francisco Health Plan

Q1. What is the San Francisco Health Care Security Ordinance (HCSO)?

Q2. What is the San Francisco Health Plan?

Q3. How do I become a “Qualified Contract Talent Professional?”

Q4. What happens if I become a Qualified Contract Talent Professional and am enrolled in other plans through The American Worker?

Q5. How do I enroll in the San Francisco Health Plan?

Q6. How do I enroll dependents in the San Francisco Health Plan?

Q7. Do I have to designate a primary care provider?

Q8. What pharmacies can I go to?

Q9. Will I be able to keep my other benefits while I am enrolled in the San Francisco Health Plan?

Q10. I currently have a Medical Reimbursement Account (MRA) based on previous contributions by RH to the SF City Option. Will I still have access to the funds in my MRA?

Q11. How much does the San Francisco Health Plan cost?

Q12. Does my coverage through the San Francisco Health Plan expire?

Q13. What happens if I qualify again?

Q14. Can I opt out of the San Francisco Health Plan and enroll in the SF City Option?

Q15. Can I waive coverage under the San Francisco Health Care Security Ordinance?

Q1. WHAT IS THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE (HCSO)?

A. San Francisco requires employers to either contribute to the SF City Option or make health care expenditures for each employee that meets the San Francisco Health Care Security Ordinance (HCSO) requirements. Robert Half provides a more generous, robust plan called the San Francisco Health Plan through The American Worker to qualified contract talent professionals like you. Robert Half pays the full cost for the Plan, and you can cover your eligible dependents (spouse/domestic partner, child) at no cost to you.

Q2. WHAT IS THE SAN FRANCISCO HEALTH PLAN?

A. The San Francisco Health Plan consists of indemnity, preventive care and Dental benefits. The indemnity plan provides payments for certain health care services, such as doctor’s office visits, diagnostic X-rays and lab work, preventive care, hospital stays and surgical procedures. These payments may be used to offset out-of-pocket health care expenses, such as deductibles and coinsurance, or medical expenses that your medical plan may not cover. The plan is not a replacement for comprehensive medical coverage.

Preventive care provides coverage includes:

- Full coverage for preventive care services when using an in-network provider. This plan does not include coverage for medical services that are not considered preventive in nature, such as emergency room care, hospital stays or doctor’s office visits to obtain medical services that are not considered preventive in nature.
- Copays of \$5, \$10 or \$15 available for preferred generic drugs at in-network pharmacies (limited to the formulary drug list).
- You can use any provider for service but have access to the First Health Network, which provides discounts at in-network physicians and hospitals.

The Dental benefits cover preventive and diagnostic services at 100% with no waiting period, after the per-visit deductible. It also provides coverage for basic and major Dental services after the per-visit deductible and satisfying the applicable waiting period.

The San Francisco Health Plan also includes Teladoc (on-demand medical experts by phone or video) and the AWP Value Rx prescription drug discount program. **Robert Half pays 100% of the cost of this plan for you and your eligible dependents and will not contribute to the SF City Option on your behalf while you are enrolled in the San Francisco Health Plan.**

Q3. HOW DO I BECOME A “QUALIFIED CONTRACT TALENT PROFESSIONAL?”

A. You are eligible if you have worked for Robert Half for 90 days and work an average of eight hours per week in San Francisco. You will continue to be enrolled every month in which you work an average of eight or more hours per week, or at least 32 hours, in San Francisco during the prior month.

Q4. WHAT HAPPENS IF I BECOME A QUALIFIED CONTRACT TALENT PROFESSIONAL AND AM ENROLLED IN OTHER PLANS THROUGH THE AMERICAN WORKER?

A. If you are currently enrolled in the Preventive Care Plus Plan, the Group Hospital Indemnity Plan or the Dental plan, then your coverage in those plans will be terminated and premiums for those plans will no longer be deducted from your paycheck. **You will be auto-enrolled in the San Francisco Health Plan, which provides greater coverage through the same carrier at no charge to you, if and when you meet the hours requirement to be eligible for the San Francisco Health Plan!**

If you lose eligibility in the San Francisco Health Plan, you may re-enroll in the Preventive Care Plus Plan, the Group Hospital Indemnity Plan and/or the Dental plan. See Q9 for more information. While you are enrolled in the San Francisco Health Plan, Robert Half will not contribute to the SF City Option on your behalf.

If you are currently enrolled in voluntary coverage provided through The American Worker other than the Preventive Care Plus Plan, Group Hospital Indemnity Plan or Dental plan, your coverage will continue without interruption.

If you are currently enrolled in the High-Deductible Medical Plan, you will not be enrolled in the San Francisco Health Plan.

If you choose to opt out of the San Francisco Health Plan, then Robert Half will make a contribution on your behalf to the SF City Option. See **Q14** for information on opting out.

If you choose to voluntarily waive Robert Half’s obligation to make an expenditure on your behalf, then Robert Half will not make a contribution on your behalf to the SF City Option and you will also not be enrolled in Robert Half’s San Francisco Health Plan. You must fill out and submit a San Francisco Health Care Security Ordinance Waiver Form each calendar year if you wish to voluntarily waive contributions on your behalf. See **Q15** for information on the voluntary waiver.

Q5. HOW DO I ENROLL IN THE SAN FRANCISCO HEALTH PLAN?

A. If you are a qualified San Francisco contract talent professional, you will be automatically enrolled. You will receive an email with information about your new coverage and instructions how to enroll eligible dependents (spouse/domestic partner, child). Robert Half pays 100% of the cost of this Plan for you and your dependents and will not contribute to the SF City Option on your behalf as long as you are enrolled in the San Francisco Health Plan.

Q6. HOW DO I ENROLL DEPENDENTS IN THE SAN FRANCISCO HEALTH PLAN?

A. If you and your dependents are currently enrolled in the Preventive Care Plus Plan, Group Hospital Indemnity Plan or Dental plan, you and your dependents will be automatically enrolled in the San Francisco Health Plan.

You can also enroll your dependents in the San Francisco Health Plan by using the **dependent form**, found on **roberthalf.gobenefits.net**. You will need the dependent’s name, Social Security number, date of birth and gender. There is no cost for dependent coverage.

Q7. CAN I VISIT ANY PROVIDER FOR SERVICE?

A. For preventive care services, you have access to the First Health Network, which provides discounts with in-network physicians and hospitals. To find a provider, visit **www.FirstHealthLBP.com**. You also have the option to use a primary care provider of your choice that is not listed in the First Health Network; however, your out-of-pocket costs will be higher outside the network.

This plan does not require you to use network providers for Dental services, but in general, you will receive substantial discounts by utilizing Ameritas network providers. To locate providers in your area, visit **Ameritas.com** and select “Find a Health Provider.” Then select “Dental,” click on “Network Provider” and choose the “Classic(PPO)” network.

Q8. WHAT PHARMACIES CAN I GO TO?

A. To find drug pricing or locate a network pharmacy, visit **www.AWPValueRx.com**.

Q9. WILL I BE ABLE TO KEEP MY OTHER BENEFITS WHILE I AM ENROLLED IN THE SAN FRANCISCO HEALTH PLAN?

A. If you are enrolled in any other benefit plans with Robert Half, your coverage under those plans will not change. However, if you are currently enrolled in the Preventive Care Plus Plan, Group Hospital Indemnity Plan or Dental plan, your coverage under those plans will automatically end shortly after your San Francisco Health Plan benefits become effective and premium payments for those plans will no longer be deducted from your paycheck. See **Q4** for more details.

Q10. I CURRENTLY HAVE A MEDICAL REIMBURSEMENT ACCOUNT (MRA) BASED ON PREVIOUS CONTRIBUTIONS BY ROBERT HALF TO THE SF CITY OPTION. WILL I STILL HAVE ACCESS TO THE FUNDS IN MY MRA?

A. Yes, you will still have access to your MRA. However, no new contributions will be made into your account, unless you opt out of the San Francisco Health Plan. Also, if you submit a voluntary waiver, no contributions will be made to your account.

Q11. HOW MUCH DOES THE SAN FRANCISCO HEALTH PLAN COST?

A. Robert Half pays 100% of the cost of your San Francisco Health Plan for you and your enrolled eligible dependents. While you are enrolled in this plan, Robert Half will not contribute to the SF City Option on your behalf.

Q12. DOES MY COVERAGE THROUGH THE SAN FRANCISCO HEALTH PLAN EXPIRE?

A. The San Francisco Health Plan will terminate at the end of the month in which you do not meet the qualifying hours criteria—see **Q3** for details. If you lose eligibility under the San Francisco Health Plan and wish to continue this coverage, you may enroll in the Preventive Care Plus Plan, Group Hospital Indemnity Plan or Dental plan, offered through The American Worker, or you may elect to continue the San Francisco Health Plan through COBRA. For more details about your continued coverage options, contact The American Worker at **1.855.495.1192**.

Q13. WHAT HAPPENS IF I QUALIFY AGAIN?

A. If you meet the qualifying criteria in the month after which your San Francisco Health Plan coverage terminates, you will be re-enrolled. See **Q4** for your options.

Q14. CAN I OPT OUT OF THE SAN FRANCISCO HEALTH PLAN AND ENROLL IN THE SF CITY OPTION?

A. You may opt out of the San Francisco Health Plan using the **Opt-out of Health Plan Form**. By completing this form, you are opting out of the Plan and choosing to have Robert Half contribute to the SF City Option on your behalf.

Q15. CAN I WAIVE COVERAGE UNDER THE SAN FRANCISCO HEALTH CARE SECURITY ORDINANCE?

A. You can waive enrollment in the SF City Option by completing the **Health Care Security Ordinance Employee Voluntary Waiver Form**. By completing the form, Robert Half will not make the required HCSO contributions on your behalf to either the Robert Half San Francisco Health Plan or the SF City Option. Each year, you will be required to reaffirm your choice to voluntarily waive participation in the HCSO again by completing and submitting this form. You can revoke your voluntary waiver at any time.