Congratulations! Your employer has elected to comply with the San Francisco health care laws by making a payment to SF City Option so that you can access one of the following three SF City Option health care programs:

**SF MRA**  
YOUR ACCOUNT FOR HEALTH COSTS

If you live outside of San Francisco or have health insurance through an employer, spouse, parent, Medi-Cal or Medicare, you might be eligible for an SF Medical Reimbursement Account (SF MRA).

Funds in an SF MRA may be used for eligible health care expenses, including out-of-pocket costs related to medical, dental, and vision care products and services.

**SF Covered MRA**  
HELP WITH YOUR HEALTH INSURANCE

If you live in San Francisco, are required by law to have health insurance, and purchase health insurance through Covered California, you might be eligible for SF Covered MRA.

Funds in an SF Covered MRA may be used to help pay for health insurance premiums and other eligible health care expenses.

**HealthySF**  
OUR HEALTH ACCESS PROGRAM

If you’re uninsured, not eligible for Medi-Cal or Medicare, and live in San Francisco, you might be eligible for Healthy San Francisco.

Participants in Healthy San Francisco have access to health care services at certain health care providers in San Francisco.

For more information about these programs, visit sfcityoption.org

WATCH FOR YOUR WELCOME LETTER IN THE MAIL

You are not yet enrolled in an SF City Option health care program. SF City Option will mail you instructions on what you need to do to start the enrollment process.

If you don’t receive a welcome letter within the next few weeks or have program questions, call Customer Service at 1(415) 615-5720.

The San Francisco Health Care Security Ordinance (HCSO) and the Healthy Airport Ordinance (HAO) require your employer to make health care expenditures on your behalf. For more information about these San Francisco laws, visit: sfgov.org/olse

Este aviso esta disponible en Español en sfcityoption.org

這份中文通告可以在以下 網頁獲得: sfcityoption.org

Ang paunawang ito ay magagamit sa Tagalog sfcityoption.org

Instructions for Employers:

Fill out the section below and give this notice to the employee after your first payment to SF City Option on the employee’s behalf. SF City Option will provide you confirmation of your payment. Give your employees this notice after you receive payment confirmation from SF City Option.

Business Name: ________________________________

Payment Clearance Date: ________________________________