



SF City Option

THE EMPLOYER'S HEALTH CARE CHOICE

Health Care Payment Confirmation

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



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.



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.



If you're uninsured, not eligible for Medi-Cal or Medicare, and live in San Francisco, you might be eligible for discounted program participant fees in **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 www.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 **(415) 615-5720**.

The San Francisco Health Care Security Ordinance (HCSO) requires your employer to make health care expenditures on your behalf. For more information about the HCSO, visit: <https://sfgov.org/olse/health-care-security-ordinance-hcso>

Este aviso esta disponible en Español en www.sfcityoption.org
這份中文通告可以在以下 網頁獲得: www.sfcityoption.org
Ang paunawang ito ay magagamit sa Tagalog www.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: _____