



SF CityOption

THE EMPLOYER'S HEALTH CARE CHOICE

Health Care Payment Confirmation

Your Employer Has Deposited Money to SF City Option

Congratulations! Your employer has chosen to comply with the San Francisco health care laws by making a payment to SF City Option so that you can access an SF Medical Reimbursement Account (SF MRA).

Your Next Step Is to Enroll in SF MRA

Watch for your SF City Option Welcome Letter in the mail. This letter will include enrollment instructions. Once you're enrolled, you can get reimbursed for eligible expenses.

If you don't receive the welcome letter within the next few weeks or you have questions, call Customer Service at **1(877) 772-0415** or email us at **info@sfcityoption.org**.



Enroll now at
sfcityoption.org/enroll

Get Reimbursed for a Wide Range of Expenses

SF MRA provides reimbursement for health services and products including:

- Insurance premiums
- Doctor visits
- Dietary supplements
- General health expenses
- Vision and dental expenses

For the full list of eligible expenses visit **sfmra.org/eligibleexpenses**.



What Is SF MRA?

You can use the money in your SF MRA to get reimbursed for eligible health and wellness expenses. Your spouse, domestic partner, or any dependents have access to this money through your account. The goal of SF MRA is to help you achieve and maintain your best health and wellness. For more information visit, **sfmra.org**



SFMRA

YOUR ACCOUNT FOR HEALTH COSTS

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**.

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: _____