



**SAN FRANCISCO  
HEALTH PLAN™**

*Here for you*

## MEMO

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**Date:** October 19, 2009

|                  |  |
|------------------|--|
| <b>To</b>        | <b>SFHP Providers and Medical Groups</b>   |
| <b>From</b>      | <b>SFHP Provider Relations Department</b><br><b>(415) 547-7818 ext. 7084</b><br><a href="mailto:Provider.relations@sfhp.org">Provider.relations@sfhp.org</a> |
| <b>Regarding</b> | <b>Healthy Families Program and Healthy Kids Program -<br/>Premium and Copay changes</b>   |

Dear SFHP Providers and Medical Groups,

San Francisco Health Plan is happy to announce the wait list for the Healthy Families Program has been lifted and the Managed Risk Medical Insurance Board (MRMIB) is in the process of enrolling children currently on the wait list. The program is also currently accepting new applications. The funding to save the Healthy Families program from disenrolling children came from significant funding through The First 5 Commission of California and the bill AB 1422. AB 1422 was signed by the Governor and will fill the more than \$100 million funding shortfall faced by the program in two ways: by raising premiums for some families and by taxing Medi-Cal managed care plans (this tax replaces an existing fee that was set to expire). MRMIB will also increase some of the copayments for households with higher incomes.

**Healthy Families** Program members will experience an increase in copayments and premiums. Please see page 2 of this memo for a grid explaining the increases for your review and to assist you in implementation. The new copays and premiums will go into effect on **November 1, 2009**. Healthy Families Program members will be notified via mail and will receive a new health plan member ID card, with their new copay information.

In addition, the **Healthy Kids** Program will change copays and premiums to mirror the Healthy Families Program. The copays attached on page 3 of this memo will apply to the Healthy Kids program. The Healthy Kids program changes will not go into effect until **December 1, 2009**. Healthy Kids members will also receive notification by mail and a new health plan member ID card, with their new copay information.

Please adjust your systems to collect these new copayments from members.

Please feel free to contact San Francisco Health Plan Provider Relations Department at (415) 547-7818 ext. 7084 or email [provider.relations@sfhp.org](mailto:provider.relations@sfhp.org) if you have any questions regarding the Healthy Families Program or Healthy Kids Program changes.

**San Francisco Health Plan  
Changes to Healthy Families Program (HFP)  
Effective Date: 11/1/09 for HFP**

**Note:** As of September 17, 2009, the HFP waiting list was lifted and HFP began processing enrollment applications again. With the backlog of over 88,000 children on the waiting list, it is expected to take 30 days to process the applications in the backlog.

| Benefit   | Current Copays                                | New Copays                                    |   |
|---|---|---|---|
|   |   | Below 150% FPL                                | 150% FPL & Above                              |
| <b>Alaskan Native/Native American Enrollees</b>   | \$0   | \$0   | \$0   |
| <b>Health:</b> <ul style="list-style-type: none"> <li>• Outpatient Professional Services</li> <li>• Outpatient Mental Health</li> <li>• Physical, Occupational and Speech Therapy performed in the home or other outpatient setting</li> <li>• Outpatient Alcohol and Drug Abuse Services</li> <li>• Acupuncture, and Chiropractic Visits</li> </ul> NOTE: Any covered services that previously did not have a copay, remain at \$0 copay for all members | \$5   | \$5   | \$10  |
| ER visits that do not result in hospitalization   | \$5   | \$5   | \$15  |
| Generic drugs   | \$5   | \$5   | \$10  |
| Brand name drugs (\$10 copay, if no generic substitute is available)  | \$5   | \$5   | \$15  |
| <b>Dental and Vision Plans will also have similar increases in copayments</b>   |   |   |   |
| <b>Premium increases:</b>   |   |   |   |
| 151% -200% FPL  | \$12 per child per month; \$36 Family Maximum | \$12 per child per month; \$36 Family Maximum | \$16 per child per month; \$48 Family Maximum |
| 201% to 300%FPL   | \$17 per child per month; \$51 Family Maximum | \$17 per child per month; \$51 Family Maximum | \$24 per child per month; \$72 Family Maximum |

**San Francisco Health Plan**  
**Changes to Healthy Kids Program (HKP)**  
**Effective Date: 12/1/09 for HKP**

| Benefit   | Current Copays                 | New Copays                     |                                 |
|---|--------------------------------|--------------------------------|---------------------------------|
|   |                                | Below 150%                     | 150% & Above                    |
| <b>Alaskan Native/Native American Enrollees</b>   | \$0                            | \$0                            | \$0                             |
| <b>Health:</b>  | \$5                            | \$5                            | \$10                            |
| <ul style="list-style-type: none"> <li>• Outpatient Professional Services</li> <li>• Outpatient Mental Health</li> <li>• Physical, Occupational and Speech Therapy performed in the home or other outpatient setting</li> <li>• Outpatient Alcohol and Drug Abuse Services</li> <li>• Biofeedback Visits</li> </ul> NOTE: Any covered services that previously did not have a copay, remain at \$0 copay all members  |                                |                                |                                 |
| ER visits that do not result in hospitalization   | \$5                            | \$5                            | \$15                            |
| Generic drugs   | \$5                            | \$5                            | \$10                            |
| Brand name drugs (\$10 copay, if no generic substitute is available)  | \$5                            | \$5                            | \$15                            |
| <b>Dental</b>   |                                |                                |                                 |
| Oral surgery  | \$5                            | \$5                            | \$10                            |
| <ul style="list-style-type: none"> <li>• Bony impaction - per tooth</li> <li>• Root recovery - per root</li> </ul>  |                                |                                |                                 |
| Endodontics   | \$5 per canal                  | \$5 per canal                  | \$10 per canal                  |
| <ul style="list-style-type: none"> <li>• Apicoectomy performed in conjunction with root canal</li> <li>• Retreatment of previous root canal</li> </ul>  |                                |                                |                                 |
| Periodontics  | \$5 per quadrant               | \$5 per quadrant               | \$10 per quadrant               |
| <ul style="list-style-type: none"> <li>• Osseous or muco-gingival surgery</li> </ul>  |                                |                                |                                 |
| Crowns and Bridges  | \$5 per crown or other pontics | \$5 per crown or other pontics | \$10 per crown or other pontics |
| <ul style="list-style-type: none"> <li>• Porcelain crown, porcelain fused to metal crown, full metal crown, and gold onlays or ¾ crowns</li> <li>• Pontics</li> </ul>   |                                |                                |                                 |
| Dentures  | \$5 each                       | \$5 each                       | \$10 each                       |
| <ul style="list-style-type: none"> <li>• Complete maxillary denture</li> <li>• Complete mandibular denture</li> <li>• Partial acrylic upper or lower denture with clasps</li> <li>• Partial upper or lower denture with chrome cobalt alloy lingual or palatal bar, clasps and acrylic saddles</li> <li>• Removable unilateral partial denture</li> <li>• Laboratory reline</li> <li>• Denture duplication</li> </ul> |                                |                                |                                 |
| Charge for failure to cancel an appointment without 24 hours prior notification   | \$5                            | \$5                            | \$10                            |
| <b>Vision</b>   |                                |                                |                                 |
| <ul style="list-style-type: none"> <li>• Examinations</li> <li>• Frames and lenses</li> <li>• Supplemental care for low-vision benefits</li> </ul>  | \$5                            | \$5                            | \$10                            |

| <b>Healthy Kids Premium Rates Effective December 1, 2009</b> |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <b>0 - 150%</b>  | <b>151 - 200%</b>                   | <b>201- 300%</b>                    |
| <b>\$48 per year per applicant</b>                           | <b>\$117 per year per applicant</b> | <b>\$189 per year per applicant</b> |
| \$0 with PA  | <b>\$69 with Premium Assistance</b> | <b>\$72 with Premium Assistance</b> |