

**SAN FRANCISCO
HEALTH PLAN™**



Here for you

HealthyWorkers HMOSM

Benefit Explanation and Limitations

SFHP providers supply many medical benefits and services, some of which are itemized on the following pages.

For specific information not covered in this table, please contact:

Provider Relations

1(415) 547-7818 ext 7084

8:30am – 5:00pm on business days

At a minimum, SFHP covers the core benefits and services specified in our agreement with the California Department of Health Care Services. SFHP Healthy Workers HMO members may be charged for co-pays only as designated in the Healthy Workers HMO Evidence of Coverage.

This list is not intended to be an all-inclusive list of covered and non-covered benefits. All services are subject to benefit coverage, limitations, and exclusions as described in the plan coverage guidelines. Some services require prior authorizations according to general or specific medical necessity criteria. Members are not responsible for any cost-sharing for covered services.

Service Category	Coverage	Details or Limitations
Abortion	Covered	
Acupuncture	Not Covered	
Alcohol and Substance Abuse Treatment Services [including drugs used for treatment, outpatient heroin detox, and Voluntary Inpatient Detox (VID)]	Covered	This is an Essential Health Benefit described in HSC Sec 1367.005 and Title 28 CCR 1300.67.005.
Allergy Services (testing and desensitization)	Covered	
Ambulance – Emergency Transportation	Covered	
Ambulance – Non-Emergency Transportation	Covered	
Ambulatory Surgery Center – ASC	Covered	
Anesthesia Services	Covered	
Artificial Insemination	Not Covered	
Audiology Services	Covered	
Bariatric Surgery	Covered	Medical Criteria and Limitations apply.
Behavioral Health Therapy for Autism Spectrum Disorders	Covered	
Biofeedback	Not Covered	
Birthing Centers	Covered	Limitations apply.
Blood and Blood Derivative Products	Covered	
Bone Density Testing (DXA)	Covered	
Breast Milk Pumps	Covered	
Cancer Clinical Trials	Covered	Member and trial must meet specific medical criteria.
Chemotherapy	Covered	
Chiropractic Services	Not Covered	
Christian Science Practitioners	Not Covered	
Circumcision	Not Covered	Medically necessary circumcision is covered. Routine or elective circumcision is not covered.
Cosmetic or Elective Surgery (not medically necessary)	Not Covered	
Dental (dental providers and services)	Liberty Dental	
Dental (medical providers and services related to dental services)	Covered	Certain prescription drugs, laboratory services, pre-admission physical examinations, anesthesia.
Diabetic Services	Covered	
Dialysis	Covered	
Dietitian Services	Not Covered	

Service Category	Coverage	Details or Limitations
Directly Observed Therapy (DOT) for Tuberculosis	N/A	
Durable Medical Equipment	Covered	
Emergency Room Services	Covered	
Enteral and Parenteral Nutrition	Covered	
Erectile Dysfunction Drugs and Therapies	Not Covered	
Experimental and Investigational Services	Not Covered	Including, but not limited to, services and drugs not approved for therapeutic use in human patients, and services for which efficacy and safety have not been established in human subjects.
Family Planning Services	Covered	Including out of network, from qualified providers.
Federally Qualified Health Center (FQHC) services	Covered	
Fluoride Varnish (non-dental provider)	Not Covered	
Gender Reassignment Surgery	Covered	Procedures that are not medically necessary are not covered. Limited to members 18 & over.
Golden Gate Regional Center Services	Not Covered	
Health Education	Covered	
Hearing Aids and Repairs	Covered	
Hearing Screenings and Evaluations	Covered	
HIV Testing and Counseling	Covered	
HIV/AIDS Waiver	N/A	
Home Blood Pressure Cuffs	Covered	One monitor every 5 years of Omron Series 3, Omron Series 5, or Omron Series 10.
Home and Community Based Services (HCBS) – Waiver Programs	N/A	
Home Health Care Services	Covered	
Hospice Care	Covered	
Hospital Services - Outpatient and Inpatient	Covered	
Hyperbaric Oxygen (HBO) Therapy	Covered	
Hysterectomy	Covered	Not covered if solely for sterilization.
Immunizations	Covered	
In-Home Supportive Services	Not Covered	
Incontinence Creams and Washes	Covered	
Infertility (diagnosis and treatment)	Not Covered	
Injectable Medications	Covered	

Service Category	Coverage	Details or Limitations
Interpreter Services	Covered	Interpreter services are contracted as a provider service.
Laboratory and Pathology Services	Covered	
Laboratory Services – State Serum Alphafetoprotein Testing Program	Covered	Administered by the Genetic Disease Branch of California's Department of Public Health. Providers must submit proof of insurance with their sample, or the member may be billed in error for the service.
Lactation Services	Covered	The ICD-CM diagnosis code on the claim should be a specific diagnosis of the infant.
Lead Poisoning Case management (children)	N/A	Refer to San Francisco Department of Public Health.
Local Educational Agency (LEA) Services	N/A	Described in Title 22 CCR, Sec. 51360(b).
Long Term Care (LTC)	Covered	
Mammography (for screening)	Covered	Females only.
Maternity and Newborn Care	Covered	Newborn is covered for first 31 days. Coverage does not extend to dependents after 31 days.
Mental Health (Non-Specialty)	Covered	Refer patients to San Francisco Behavioral Health Services.
Mental Health (Specialty)	Covered (CBHS)	Refer patients to San Francisco Behavioral Health Services. Health & Safety Code Sections 1374.72 and 1374.73 require coverage of Severe Mental Illness (SMI) and Severe Emotional Disturbance (SED).
Midwife-Supported Labor and Delivery	Covered	Certified Nurse Midwives or Licensed Midwives.
Non-Medical Equipment	Not Covered	
Nurse Help Line (24/7)	Covered	1(877) 977-3397 for all SFHP members. Members assigned to Kaiser call 1(415) 833-2200 .
Obstetrical and Gynecological Services	Covered	
Occupational Therapy	Covered	
Ostomy Supplies	Covered	
Oxygen and Respiratory Services	Covered	
Pain Management	Covered	
Pap Smear / Cervical Cancer Screening (routine and preventative)	Covered	Females only.
Pediatric Day Health Care	Not Covered	
Personal Care Services	Not Covered	
Phenylketonuria (PKU) Screening and Treatment	Covered	
Physical Therapy	Covered	
Podiatry Services	Covered	

Service Category	Coverage	Details or Limitations
Prayer and Spiritual Healing	Not Covered	
Prescription Drugs	Covered	This benefit is managed by PerformRx and, for limited specialty drugs, by US Bioservices. See: sfhp.org/formulary
Preventive Care Services	Covered	
Prosthetic and Orthotic Devices	Covered	
Radiology Services (diagnostic, interventional, and therapeutic)	Covered	
Reconstructive Surgery (non-cosmetic)	Covered	Post-mastectomy reconstructive surgery is covered.
Rehabilitation Services	Covered	
Second Opinions	Covered	
Sexual Reassignment Surgery	Covered	
Sexually Transmitted Infections (STI) – screening and treatment	Covered	
Skilled Nursing Facility Services (outpatient and inpatient)	Covered	Long-Term Care limitations may apply. See Long-Term Care.
Speech Therapy	Covered	
Sterilization Services	Covered	
Targeted Case Management (TCM)	N/A	
Tobacco Cessation Services	Covered	
Transplant Services – Kidney and Cornea	Covered	
Transplant Services – Other Major Organs	Covered	
Transportation (emergency)	Covered	
Transportation (non-emergency, for medical purposes)	Covered	
Tuberculosis	Covered	
Urgent Care Center Services	Covered	
Vision	Covered	This benefit is managed by VSP. See: sfhp.org/vision
Women, Infants and Children (WIC)	N/A	