



**Health Care Accountability Ordinance (HCAO)
SFO QUALITY STANDARDS PROGRAM (QSP)
EMPLOYEES KNOW YOUR RIGHTS – JULY 1, 2025**

Revised 5/28/2025

This notice is intended to inform you of your rights under the Health Care Accountability Ordinance (HCAO). The HCAO requires your employer to provide family health plan benefits to covered employees and their dependents, or to make payments on behalf of covered employees to the Department of Public Health's City Option program. **If you work for a QSP employer at SFO, you are a covered employee and your employer must choose one of the following options:**

1. **PROVIDE YOU WITH A COMPLIANT FAMILY HEALTH PLAN FOR YOU AND YOUR DEPENDENTS THAT MEETS THE HEALTH PLAN REQUIREMENTS**
 - Your employer cannot require you to contribute any amount towards the premiums for family health plan coverage.
 - Coverage must begin no later than March 21, 2021 or, for employees hired after that date, the first of the month that begins after 30 days from the start of employment.

OR

2. **PAY \$12.15 PER HOUR WORKED TO THE CITY OPTION FOR YOUR HEALTH CARE**
 - If your employer does not provide a compliant family health plan that meets the health plan requirements, your employer must pay \$12.15 per hour for every hour you work (up to 40 hours a week) to the City Option, a Department of Public Health program that provides you with health benefits.

There is **no minimum hours requirement** for employees of QSP employers at SFO to qualify for these health care benefits. Employers may choose which of the above options they use to comply. The Office of Labor Standards Enforcement (OLSE) is charged with enforcing this Ordinance. You will be asked to sign this document after you have reviewed the following information. **Do not sign this document unless you fully understand your rights under this law.**

EXEMPTIONS FROM COVERAGE

Certain categories of employees, including but not limited to students, trainees, and employees of employers subject to Prevailing Wage requirements, are exempt under the HCAO. For more information, go to <https://sf.gov/information/understand-health-care-accountability-ordinance> or call (415) 554-7903.

VOLUNTARY WAIVER OF COVERAGE

Employees may refuse health coverage offered by an employer if the employee signs the Voluntary Waiver Form. Employees may revoke this voluntary waiver at any time.

RETALIATION PROHIBITED

Your employer may not retaliate against you or any other employee for trying to learn more about the HCAO or exercising your rights under the law. If you believe that you have been discriminated or retaliated against for inquiring about or exercising your rights under the HCAO, contact the OLSE at (415) 554-7903 to file an HCAO complaint.

Do not sign this document unless you fully understand your rights under this law. If you have any questions about your employer's responsibilities or your rights under this Ordinance, contact the OLSE at (415) 554-7903 or visit <https://sf.gov/information/understand-health-care-accountability-ordinance> for more information about this law.

Name of Employee

Date

Signature of Employee

Para asistencia en Español, llame al (415) 554-7903 需要中文幫助, 請電 (415) 554-7903
Para sa tulong sa Filipino, mangyaring tumawag sa (415)-554-7903

NOTE: For more information on the Health Care Accountability Ordinance or the Minimum Standards, visit <https://sf.gov/information/understand-health-care-accountability-ordinance>.