



HEALTHY AIRPORT ORDINANCE (HAO) FOR SFO QUALITY STANDARDS PROGRAM (QSP) EMPLOYEES KNOW YOUR RIGHTS

Effective: July 1, 2026 - December 31, 2026

This notice is to inform SF Airport Service Employees (QSP employees) of their rights under the Healthy Airport Ordinance (HAO). The HAO requires QSP employers to provide certain health benefits. If you work for a QSP employer at SFO, you are a covered employee. There is no minimum hours requirement—QSP employees qualify for these health benefits regardless of the number of hours worked. QSP employers can comply with the HAO by selecting one of the following options:

(Employer: Please mark one of the options below.)

- OPTION 1 – PROVIDE 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 the first of the month that begins after 30 days from the start of employment.
- OPTION 2 – PAY \$12.95 PER HOUR WORKED TO THE CITY OPTION**
Pay \$12.95 per hour for every hour worked, up to 40 hours a week or \$518 per week, to the City Option, that provides employees with medical reimbursement accounts.
- OPTION 3 – MAKE IRREVOCABLE HEALTH CARE EXPENDITURES BASED ON EMPLOYEE’S HOUSEHOLD SIZE AND HOURS WORKED**
Make irrevocable health care expenditures to or on behalf of each covered employee for hours worked at or near SFO in a QSP capacity, at the following rates:

Household Size	Rate Per Hour Worked	Maximum Per Week
Employee w/ no Dependents	\$6.17	\$246.80
Employee w/ 1 Dependent	\$12.33	\$493.20
Employee w/ 2+ Dependents	\$17.44	\$697.60

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.

VOLUNTARY WAIVER OF COVERAGE

Employees may waive health coverage offered by an employer annually by signing the Voluntary Waiver Form. The waiver form is valid for the current plan year; however, employees may revoke it if there is a qualifying life event.

RETALIATION PROHIBITED

Employers may not retaliate against employees for trying to learn more about the HAO or exercising their rights under the law. If you believe that you have experienced discrimination or retaliation for inquiring about or exercising your rights under the HAO, contact OLSE to file a complaint. Please retain a copy of this form for your records.

Sign this document ONLY AFTER you have read it fully and understand your rights under the HAO. If you have questions about your rights or your employer’s responsibilities under the HAO, please contact the OLSE at (415) 554-7903 or hcao@sfgov.org.

Name of Employee _____ Date _____

Signature of Employee _____

Para asistencia en Español, llame al 554-7903
需要中文幫助，請電 554-7903
Para sa tulong sa Tagalog, manyaring tumawag sa (415) 554-7903
Để được trợ giúp bằng tiếng Việt, gọi (415) 554-7903

For a complete copy of the HAO, visit www.sf.gov/olse-hcao

Revised June 2026