



# Health Care Accountability Ordinance (HCAO)

## KNOW YOUR RIGHTS

Effective: July 1, 2026

This notice is intended to inform you of your rights under the Health Care Accountability Ordinance (HCAO). The HCAO requires your employer to provide certain health benefits to you. Your employer can comply with the HCAO by offering you a compliant health plan, making payments to the Department of Public Health (DPH), or, under limited circumstances, by making payments directly to you. You will be asked to sign this document after you have reviewed the following information. Please sign only after you have fully read and understand your rights.

### THE HCAO COMPONENTS

- I. If you live in San Francisco (regardless of where you work) or if you work in San Francisco, at the San Francisco International Airport, or at the San Bruno Jail, your employer must:
  - A. Offer you health coverage that meets the Minimum Standards starting on the first day of the month following 30 calendar days after your first day of work\*; **OR**
  - B. For each month in which you averaged at least 20 hours of work per week, pay DPH \$8.00 per hour for each hour you work, up to 40 hours or \$320 per week.
- II. If you do not live in San Francisco and do not work in San Francisco, at the San Francisco International Airport, or at the San Bruno Jail, your employer must:
  - A. Offer you health coverage that meets the Minimum Standards starting on the first day of the month following 30 calendar days after your first day of work\*; **OR**
  - B. For each month in which you averaged at least 20 hours of work per week, pay you \$8.00 per hour for each hour you work, up to 40 hours or \$320 per week, so that you can obtain health insurance coverage on your own.

***\*Note that your employer must offer at least one plan that does not require you to contribute any amount towards the cost of premiums for health plan coverage for yourself.***

### 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.

### 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 to file a complaint.

**Sign this document ONLY AFTER you have read it fully and understand your rights under the HCAO.** If you have questions about your rights or your employer’s responsibilities under the HCAO, please contact the OLSE at (415) 554-7903 or [hcao@sfgov.org](mailto: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 HCAO or the Minimum Standards, visit [www.sf.gov/olse-hcao](http://www.sf.gov/olse-hcao)*