



City and County of San Francisco  
 Daniel Lurie  
 Mayor

San Francisco Department of Public Health

Daniel Tsai  
 Director of Health

**San Francisco Health Care Accountability Ordinance (HCAO)  
 Minimum Standards – Effective January 1, 2027**

The following minimum standards are effective January 1, 2027. Health plans deemed compliant with the HCAO must either:

- (1) Meet all 16 minimum standards as described below, **OR**
- (2) Be a gold- and platinum-level plan written in California (or actuarial value of at least 76%), where:
  - A. the employer covers 100 percent of both the plan premium and medical services deductible. Employers may use any health savings/reimbursement product that supports coverage of the medical deductible; and
  - B. the plan covers all required covered services minimum standards (5, 8-16).

Note that the requirements under the HCAO are distinct from the Healthy Airport Ordinance (HAO). More information on the HAO can be found here: [sf.gov/information/understanding-healthy-airport-ordinance](https://sf.gov/information/understanding-healthy-airport-ordinance)

Benefit Requirement	Minimum Standard
1. Premium Contribution	Employer pays 100 percent.
2. Annual OOP Maximum	<p><u>In-Network:</u></p> <ul style="list-style-type: none"> <li>• Employer must cover in-network out-of-pocket expenses up to 50 percent of plan’s annual out-of-pocket maximum. These expenses must be covered on a first-dollar basis.</li> <li>• Employers may use any health savings or reimbursement product that supports compliance with this minimum standard.</li> <li>• OOP Maximum must include all types of cost-sharing (deductible, copays, coinsurance, etc.).</li> <li>• The plan’s out of pocket maximum cannot exceed the Federal out-of-pocket limit for a self-only coverage plan during the plan’s effective date. In 2027, the limit is \$12,000.</li> </ul> <p><u>Out-of-Network:</u> Not specified.</p>
3. Medical Deductible	<ul style="list-style-type: none"> <li>• <u>In-Network:</u> \$3,200 maximum.</li> <li>• <u>Out-of-Network:</u> Not specified.</li> </ul>
4. Prescription Drug Deductible	<ul style="list-style-type: none"> <li>• <u>In-Network:</u> \$500 maximum.</li> <li>• <u>Out-of-Network:</u> Not specified.</li> </ul>
5. Prescription Drug Coverage	<ul style="list-style-type: none"> <li>• Plan must provide drug coverage, including coverage of brand-name drugs.</li> </ul>
6. Coinsurance Percentages	<ul style="list-style-type: none"> <li>• <u>In-Network:</u> 55 percent/ 45 percent.</li> <li>• <u>Out-of-Network:</u> 50 percent/50 percent.</li> </ul>

Benefit Requirement	Minimum Standard
7. Copayment for Primary Care Provider Visits	<ul style="list-style-type: none"> <li>• <u>In-Network</u>: \$65 per visit. When coinsurance is applied See Benefit Requirement #6.</li> <li>• <u>Out-of-Network</u>: Not specified.</li> </ul>
8. Preventive & Wellness Services	<ul style="list-style-type: none"> <li>• <u>In-Network</u>: Provided at no cost, per ACA rules.</li> <li>• <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements.</li> </ul> <p>These services are standardized by federal ACA rules at no charge to the member. The <a href="#">California EHB Benchmark Plan</a> outlines the types of preventive services that are required.</p>
9. Pre/Post-Natal Care	<ul style="list-style-type: none"> <li>• <u>In-Network</u>: Scheduled prenatal exams and first postpartum follow-up consult is covered without charge, per ACA rules.</li> <li>• <u>Out-of-Network</u>: Subject to the plan's out-of-network fee requirements.</li> </ul> <p>These services are standardized by federal ACA rules at no charge to the member. The <a href="#">California EHB Benchmark Plan</a> outlines the types of pre- and post-natal services that are required.</p>
10. Ambulatory Patient Services (Outpatient Care)	<ul style="list-style-type: none"> <li>• When coinsurance is applied See Benefit Requirement #6.</li> <li>• When copayments are applied for these services: <ul style="list-style-type: none"> <li>○ Primary Care Provider: See Benefit Requirement #7.</li> <li>○ Specialty visits: Not specified.</li> </ul> </li> </ul>
11. Hospitalization	<ul style="list-style-type: none"> <li>• When coinsurance is applied See Benefit Requirement #6.</li> <li>• When copayments are applied for these services: Not specified.</li> </ul>
12. Mental Health & Substance Use Disorder Services, including Behavioral Health	<ul style="list-style-type: none"> <li>• When coinsurance is applied See Benefit Requirement #6.</li> <li>• When copayments are applied for these services: Not specified.</li> </ul>
13. Rehabilitative & Habilitative Services	<ul style="list-style-type: none"> <li>• When coinsurance is applied See Benefit Requirement #6.</li> <li>• When copayments are applied for these services: Not specified.</li> </ul>
14. Laboratory Services	<ul style="list-style-type: none"> <li>• When coinsurance is applied See Benefit Requirement #6.</li> <li>• When copayments are applied for these services: Not specified.</li> </ul>
15. Emergency Room Services & Ambulance	<ul style="list-style-type: none"> <li>• Limited to treatment of medical emergencies. The in-network deductible, copayment, and coinsurance also apply to emergency services received from an out-of-network provider.</li> </ul>
16. Other Services	<ul style="list-style-type: none"> <li>• The full set of covered benefits is defined by the <a href="#">California EHB Benchmark plan</a>.</li> </ul>