



San Francisco Ethics Commission

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ethics.commission@sfgov.org . www.sfethics.org

Received On: 08-02-2021 | 14:14:08 PDT

File #: 210740

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	(628) 652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR**NAME OF CONTRACTOR**

Kaiser Foundation Health Plan, Inc.

TELEPHONE NUMBER

(510) 271-5800

STREET ADDRESS (including City, State and Zip Code)

1 Kaiser Plaza, Oakland, CA, 94612-3610

EMAIL**6. CONTRACT****DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)**

07/27/2021

ORIGINAL BID/RFP NUMBER**FILE NUMBER (If applicable)**

210740

DESCRIPTION OF AMOUNT OF CONTRACT

\$492,007,892

NATURE OF THE CONTRACT (Please describe)

Medical Health Insurance for City Employees and City Retirees: Kaiser Permanente Traditional Plan in California, HMO, Senior Advantage with Part D in California, Kaiser Permanente Early Retiree Plans in Hawaii, Northwest, and Washington regions, and Senior Advantage with Part D in Hawaii, Northwest, and Washington regions.

Kaiser Permanente California Active/Early Retirees: \$436,729,512

Kaiser Permanente California Medicare Retirees: \$5,4061,793

Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,216,587

7. COMMENTS

The amount of this contract is based on the most recent actuarial information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

8. CONTRACT APPROVAL

This contract was approved by:

 THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
 A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

Board of Supervisors

 THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adams	Greg A.	CEO
2	Adams	Greg A.	Board of Directors
3	Baez	Ramon	Board of Directors
4	Barger	David J	Board of Directors
5	Benjamin, MD, MBA	Regina	Board of Directors
6	Epstein	Jeff	Board of Directors
7	Heisz	Leslie S	Board of Directors
8	Hoffmeister	David F.	Board of Directors
9	Johansen, JD	Judith A.	Board of Directors
10	Porfido, JD	Meg	Board of Directors
11	Ryan	Matthew	Board of Directors
12	Shannon, MD	Richard P.	Board of Directors
13	Telles, PhD	Cynthia A.	Board of Directors
14	Washington, MD	A. Eugene	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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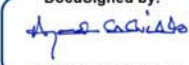
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>DocuSigned by:  988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>08-02-2021 14:14:08 PDT</p>
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