



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 07-31-2023 | 00:06:32 PDT

File #: 230765

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

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> California Physician Services DBA Blue Shield of Calif	<b>TELEPHONE NUMBER</b> 510-607-2400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 601 12th Street, Oakland, CA 94607	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$362,659,910		
<b>NATURE OF THE CONTRACT (Please describe)</b> California Physician Services DBA Blue Shield of California  Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees, City Early Retirees and eligible dependents		

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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D, M.P.	Helen	Board of Directors
5	Chen, M.D.	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina M.	Board of Directors
9	Panetta	Leon E.	Board of Directors
10	Minter-Jordan, MD, MBA	Myechia	Board of Directors
11	Williams III	Arther	Board of Directors
12	Markovich	Paul	Board of Directors
13	Markovich	Paul	CEO
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Cotiviti, Inc		Subcontractor
18	Fiserv		Subcontractor
19	HealthSparq		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Broadridge fka DST Output		Subcontractor
21	Arvato Digital Services		Subcontractor
22	Maven		Subcontractor
23	MediKeeper, Inc.		Subcontractor
24	NovuHealth		Subcontractor
25	Healthwise		Subcontractor
26	Solera Health, Inc.		Subcontractor
27	LanguageLine Solutions		Subcontractor
28	Magellan Health		Subcontractor
29	LabCorp		Subcontractor
30	EyeMed		Subcontractor
31	National Imaging Associate		Subcontractor
32	CVS Health		Subcontractor
33	Quest Diagnostics		Subcontractor
34	TPUSA-FCHS Fka Teleperform		Subcontractor
35	Partners in Care Found.		Subcontractor
36	Teladoc Health, Inc.		Subcontractor
37	welltok		Subcontractor
38	Call the Car		Subcontractor

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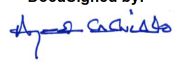
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Clarke	Sandra	COO
40	Stuart	Michael	CFO
41	Davis	Lisa	Other Principal Officer
42	LifeSpring Home Nutrition		Subcontractor
43	OutcomesMTM		Subcontractor
44	Soultran		Subcontractor
45	BenefitFocus		Subcontractor
46	Accenture		Subcontractor
47	Arine		Subcontractor
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<input type="checkbox"/>	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.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

DocuSigned by:  
  
 988C8F42C3084B5  
 Angela Calvillo

**DATE SIGNED**

07-31-2023 | 00:06:32 PDT



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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> California Physician Services DBA Blue Shield of Calif	<b>TELEPHONE NUMBER</b> 510-607-2400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 601 12th Street, Oakland, CA 94607	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$53,781,193		
<b>NATURE OF THE CONTRACT (Please describe)</b>  California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Self-Funded PPO for City Employees, City Early Retirees, and eligible dependents, and Blue Shield Self-Funded PPO for City Employees, City Early Retirees and eligible dependents who live outside the United States.		

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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D., MP	Helen	Board of Directors
5	Chen MD	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina M	Board of Directors
9	Panetta	Leon E.	Board of Directors
10	Minter-Jordan □ MD □ MBA	Myechia	Board of Directors
11	Williams III	Ather	Board of Directors
12	Markovich	Paul	Board of Directors
13	Markovich	Paul	CEO
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Brightline		Subcontractor
18	CVS Health		Subcontractor
19	Cotiviti Inc		Subcontractor



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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Broadridge fka DST Output		Subcontractor
21	Arvato Digital Services		Subcontractor
22	Fiserv		Subcontractor
23	HealthSparg		Subcontractor
24	MediKeeper, Inc		Subcontractor
25	Healthwise		Subcontractor
26	NovuHealth		Subcontractor
27	LabCorp		Subcontractor
28	Language Line Solutions		Subcontractor
29	Magellan Health		Subcontractor
30	EyeMed		Subcontractor
31	National Imaging Associate		Subcontractor
32	OutcomesMTM		Subcontractor
33	Solera Health, Inc.		Subcontractor
34	TPUSA-FCHS Fka Teleperform		Subcontractor
35	Partners in Care Found.		Subcontractor
36	welltok		Subcontractor
37	Quest Diagnostics		Subcontractor
38	Clarke	Sandra	COO

**9. AFFILIATES AND SUBCONTRACTORS**

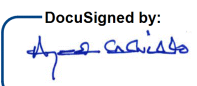
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40	Davis	Lisa	Other Principal Officer
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44	Arine		Subcontractor
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**10. VERIFICATION**

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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:05:51 PDT</p>
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File #: 230765

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### Notification of Contract Approval

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#### 1. FILING INFORMATION

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Board of Supervisors	Members

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Delta Dental of California	<b>TELEPHONE NUMBER</b> 888-335-8227
<b>STREET ADDRESS (including City, State and Zip Code)</b> 560 Mission Street, Suite 1300, San Francisco, CA 9410	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$814,484		
<b>NATURE OF THE CONTRACT (Please describe)</b> DHMO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: DeltaCare USA DHMO Policy 71797-DeltaCare active and retiree (fully insured premium)		

7. COMMENTS
The amount of this contract is based on the most recent 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	Castro	Michael J.	CEO
2	Weber	Alicia F.	CFO
3	Chavarria	Sarah M.	COO
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Yodowitz	Heidi E.	Board of Directors
15	Allford	Robert A.	Board of Directors
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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.

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

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<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Delta Dental of California	<b>TELEPHONE NUMBER</b> 888-335-8227
<b>STREET ADDRESS (including City, State and Zip Code)</b> 560 Mission Street, Suite 1300, San Francisco, CA 94105	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$66,070,378		
<b>NATURE OF THE CONTRACT (Please describe)</b>  PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$20,139,403 Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$45,930,975		

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4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Allford	Robert A.	Board of Directors
15	Yodowitz	Heidi E.	Board of Directors
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**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
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**9. AFFILIATES AND SUBCONTRACTORS**


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<input type="checkbox"/>	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:07:29 PDT</p>
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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 07-31-2023 | 00:02:07 PDT

File #: 230765

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

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dental Benefit Providers of California, Inc.	<b>TELEPHONE NUMBER</b> (800) 445-9090
<b>STREET ADDRESS (including City, State and Zip Code)</b> 5757 Plaza Drive, Technology Center, Cypress, CA 90630	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$398,471		
<b>NATURE OF THE CONTRACT (Please describe)</b> Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Benefits for City Employees, City Retirees, and eligible dependents		

7. COMMENTS
The amount of this contract is based on the most recent 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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Brody	Michael Charles	Board of Directors
2	Fabula	Andrew Joseph	Board of Directors
3	Kato	Irma Chi	Board of Directors
4	Sheldon	Kenneth Mark	Board of Directors
5	Toler	Paul Ryan	Board of Directors
6	Toler	Paul Ryan	CFO
7	Kato	Irma Chi	CEO
8	Brody	Michael Charles	Other Principal Officer
9	Gill	Peter Marshall	Other Principal Officer
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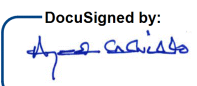
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:02:07 PDT</p>
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Received On: 07-31-2023 | 00:08:52 PDT

File #: 230765

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

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hartford Life and Accident Insurance Company	<b>TELEPHONE NUMBER</b> 860-547-5000
<b>STREET ADDRESS (including City, State and Zip Code)</b> One Hartford Plaza, Hartford, CT 06155	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,275,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance for City Employees <ul style="list-style-type: none"> <li>•Life (basic): estimated annualized premium: \$1,413,000</li> <li>•Life and AD&amp;D (Supplemental): estimated annualized premium: \$790,000</li> <li>•Long Term Disability (LTD): estimated annualized premium: \$5,072,000</li> </ul>		

7. COMMENTS
The amount of this contract is based on the most recent 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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Bennett	Jonathan R.	Board of Directors
2	Chandy	Eapen A.	Board of Directors
3	Stepnowski	Amy M.	Board of Directors
4	Bennett	Jonathan R.	CEO
5	Collins	Matthew A.	CFO
6	Jorens	Kathleen E.	Other Principal Officer
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Received On: 07-31-2023 | 00:12:26 PDT

File #: 230765

Bid/RFP #:

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<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Health Net, LLC.	<b>TELEPHONE NUMBER</b> (888) 926-4988
<b>STREET ADDRESS (including City, State and Zip Code)</b> 21281 Burbank Blvd., Woodland Hills, CA 91367	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,433,119		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents.		

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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Lifesigns, Inc.		Subcontractor
2	ModivCare		Subcontractor
3	National Imaging Associate		Subcontractor
4	O'Neil Digital Solutions		Subcontractor
5	Payspan		Subcontractor
6	MHN		Shareholder
7	RICOH		Subcontractor
8	Solera		Subcontractor
9	Site1 Group(Sykes Ent.INC)		Subcontractor
10	The Staywell Company		Subcontractor
11	The Rawlings Group		Subcontractor
12	Transperfect		Subcontractor
13	Wellframe		Subcontractor
14	Centene Pharmacy Services		Shareholder
15	Allyant		Subcontractor
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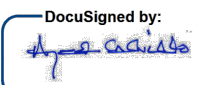
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Received On: 07-31-2023 | 00:11:26 PDT

File #: 230765

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### Notification of Contract Approval

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#### 1. FILING INFORMATION

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Health Net, LLC.	<b>TELEPHONE NUMBER</b> (888) 926-4988
<b>STREET ADDRESS (including City, State and Zip Code)</b> 21281 Burbank Blvd., Woodland Hills, CA 91367	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,433,119		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents		

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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	London	Sarah	Board of Directors
2	Deveydt	Wayne	Board of Directors
3	Blume	Jessica L.	Board of Directors
4	Dallas	James	Board of Directors
5	Burdick	Kenneth	Board of Directors
6	Eppinger	Frederick H.	Board of Directors
7	Ford	Monte	Board of Directors
8	Coughlin	Christopher	Board of Directors
9	Robinson	Lori J.	Board of Directors
10	Samuels	Theodore	Board of Directors
11	Ternan	Brian	CEO
12	Santana-Chin	Martha	Other Principal Officer
13	Rudd	Rachael	Other Principal Officer
14	Havert	Colin	Other Principal Officer
15	Balbone	Kerri	Other Principal Officer
16	Chen	Alex	Other Principal Officer
17	Sellner	Jessica	CFO
18	Mittal	Pooja	Other Principal Officer
19	Centene Corporation		Shareholder

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Advanced Medical Reviews		Subcontractor
21	Akorbi Translations		Subcontractor
22	American Specialty Health		Subcontractor
23	Applied Research Works		Subcontractor
24	Change Health Solutions		Subcontractor
25	Cognizant		Subcontractor
26	CommGap		Subcontractor
27	Conduent Credit Solutions		Subcontractor
28	Cotiviti		Subcontractor
29	Datafied Global		Subcontractor
30	Diversified Data Design		Subcontractor
31	Centene Management Company		Subcontractor
32	eviCore		Subcontractor
33	ISI Language Solutions		Subcontractor
34	MultiPlan		Subcontractor
35	MyStrength		Subcontractor
36	CQ Fluency		Subcontractor
37	Omada Health		Subcontractor
38	Deaf and Community Service		Subcontractor

**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
39	DHHCS		Subcontractor
40	Optum		Subcontractor
41	OptumInsight		Subcontractor
42	Periscope		Subcontractor
43	Teleperformance		Subcontractor
44	Turning Point		Subcontractor
45	Varis		Subcontractor
46	Voiance Language Services		Subcontractor
47	welvie		Subcontractor
48	Dental Benefits Provider		Subcontractor
49	Envolv Benefit Options		Shareholder
50	Health Management Systems		Subcontractor
<input checked="" type="checkbox"/>	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>DocuSigned by: 988C8F42C3084B5 Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:11:26 PDT</p>
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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 07-31-2023 | 00:10:27 PDT

File #: 230765

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

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Kaiser Foundation Health Plan, Inc.	<b>TELEPHONE NUMBER</b> (510) 271-5800
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1 Kaiser Plaza, Oakland, CA, 94612-3610	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$551,949,341		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance for City Employees, City Retirees, and eligible dependents: 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: \$495,171,552 Kaiser Permanente California Medicare Retirees: \$54,998,610 Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,779,179		

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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Sharma	Vivek	Board of Directors
14	Washington, MD	A. Eugene	Board of Directors
15	Ming	Jenny J.	Board of Directors
16	Benavides	Vanessa M.	Other Principal Officer
17	Bindman, MD	Andrew	Other Principal Officer
18	Choucar, MD	Bechara	Other Principal Officer
19	Comer	Diane	Other Principal Officer

**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
20	Hernandez	Catherine	Other Principal Officer
21	Lancaster	Kathy	CFO
22	Liang	Janet A.	COO
23	McDow	Shakeya A	Other Principal Officer
24	Meisner	Christian	Other Principal Officer
25	Southam, MD	Arthur M.	Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:10:27 PDT</p>
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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On: 07-31-2023 | 00:05:00 PDT

File #: 230765

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

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#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UnitedHealthcare Insurance Company	<b>TELEPHONE NUMBER</b> 925-246-1300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 9900 Bren Road East, Minnetonka, Minnesota 55343	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$110,301,351		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fully-Insured Medicare Medical Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees and eligible dependents		

7. COMMENTS
The amount of this contract is based on the most recent actuarial information and will change due to actual claims, 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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Mattson	Courtney O'Shea	Board of Directors
2	Noel	Timothy John	Board of Directors
3	Paik	Jessica Steckroth	Board of Directors
4	Roos	Thomas Edward	Board of Directors
5	Thiery	Linda Jeanne	Board of Directors
6	Paik	Jessica Steckroth	CEO
7	Thiery	Linda Jeanne	CFO
8	Armey	Tracy Ann	Other Principal Officer
9	Gill	Peter Marshall	Other Principal Officer
10	Lang	Heather Anastasia	Other Principal Officer
11	Mattson	Courtney O'Shea	Other Principal Officer
12	Iannone	Gary Anthony	Other Principal Officer
13	Roos	Thomas Edward	Other Principal Officer
14	Cottingham	Nyle Brent	Other Principal Officer
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**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
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**9. AFFILIATES AND SUBCONTRACTORS**

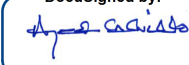
List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:05:00 PDT</p>
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## San Francisco Ethics Commission

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[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On: 07-31-2023 | 00:04:15 PDT

File #: 230765

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

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#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> United HealthCare Services, Inc.	<b>TELEPHONE NUMBER</b> 925-936-1300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 9900 Bren Road East, Minnetonka, Minnesota 55343	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$9,022,607		
<b>NATURE OF THE CONTRACT (Please describe)</b> Self-Insured Medical PPO and Self-Insured Exclusive Provider Option (EPO) Medical and Prescription Drug Plans for City Employees, City Early Retirees, and eligible dependents, sponsored by CCSF and whose claims administration is outsourced to UnitedHealth Services, Inc.		

7. COMMENTS
The amount of this contract is based on the most recent actuarial information and will change due to actual claims, 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:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**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	Flynn	Timothy P.	Board of Directors
2	Garcia	Paul R.	Board of Directors
3	Hemsley	Stephen J.	Board of Directors
4	Hooper	Michelle J.	Board of Directors
5	McNabb III	F. William	Board of Directors
6	Rice	Valerie Montgomery	Board of Directors
7	Noseworthy	John H.	Board of Directors
8	Witty	Sir Andrew P.	Board of Directors
9	Witty	Sir Andrew P.	CEO
10	Rex	John	CFO
11	McMahon	Dirk	COO
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**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
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**9. AFFILIATES AND SUBCONTRACTORS**

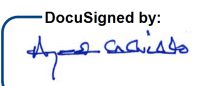
List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	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**

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:04:15 PDT</p>
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## San Francisco Ethics Commission

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Received On: 07-31-2023 | 00:09:33 PDT

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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#### 1. FILING INFORMATION

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Vision Service Plan (VSP)	<b>TELEPHONE NUMBER</b> 800-877-7195
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3333 Quality Drive, Rancho Cordova, CA 95670	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b> 07/25/2023	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,770,634		
<b>NATURE OF THE CONTRACT (Please describe)</b> Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees and eligible dependents.		

7. COMMENTS
The amount of this contract is based on the most recent 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	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	Murphy, O.D	Mary Anne	Board of Directors
2	Wickham, O.D.	Matt	Board of Directors
3	Morrissey	John	Board of Directors
4	Adachi	Barbara	Board of Directors
5	Adams, O.D.	Tricia	Board of Directors
6	Howard	Fred	Board of Directors
7	Meter	Betsy	Board of Directors
8	Jennings, O.D.	Gordon	Board of Directors
9	Johnson, O.D.	Jarrett	Board of Directors
10	Thomas	Stuart	Board of Directors
11	Guyette	Michael	CEO
12	Renwick-Espinosa	Kate	Other Principal Officer
13	Mahmood	Alec	CFO
14			
15			
16			
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19			

**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
20			
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27			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p> <p>DocuSigned by:                    988C8F42C3084B5                  Angela Calvillo</p>	<p><b>DATE SIGNED</b></p> <p>07-31-2023   00:09:33 PDT</p>
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