



San Francisco Ethics Commission

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

Received On: 08-02-2021 | 14:07:19 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**

Vision Service Plan (VSP)

TELEPHONE NUMBER

800-877-7195

STREET ADDRESS (including City, State and Zip Code)

3333 Quality Drive, Rancho Cordova, CA 95670

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

\$9,377,304

NATURE OF THE CONTRACT (Please describe)

Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees.

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:

 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	Adachi	Barbara	Board of Directors
2	Adams, O.D.	Tricia	Board of Directors
3	Howard	Fred	Board of Directors
4	Jennings, O.D.	Gordon W.	Board of Directors
5	Johnson, O.D.	Jarrett	Board of Directors
6	Morrissey	John	Board of Directors
7	Meter	Betsy	Board of Directors
8	Murphy, O.D.	Mary Anne	Board of Directors
9	Wickham, O.D.	Matt	Board of Directors
10	Thomas	Stuart	Board of Directors
11	Guyette	Michael	CEO
12	Renwick-Espinosa	Kate	Other Principal Officer
13	Mahmood	Alec	CFO
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9. AFFILIATES AND SUBCONTRACTORS

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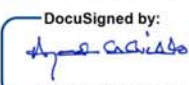
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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>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 14:07:19 PDT</p>
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