

File No. 210740

Committee Item No. 3

Board Item No. 19

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date July 13, 2021

Board of Supervisors Meeting

Date July 27, 2021

### Cmte Board

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Resolution                                   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ordinance                                    |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Legislative Digest                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Information Form                       |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

### OTHER (Use back side if additional space is needed)

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>2021-10 County Survey</u>   |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Health, Life Insurance, and Long-Term Disability Plan Benefits, Rates and Contributions</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Actuarial Report</u>  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Membership Enrollment Statistics Report</u>   |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Presentation from the Health Service System - July 14, 2021</u>                             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | _____  |

Completed by: Linda Wong

Date July 8, 2021

Completed by: Linda Wong

Date July 15, 2021

1 [Health Service System Plans and Contribution Rates - Calendar Year 2022]

2  
3 **Ordinance approving Health Service System plans and contribution rates for calendar**  
4 **year 2022.**

5  
6 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.  
7 **Additions to Codes** are in *single-underline italics Times New Roman font*.  
8 **Deletions to Codes** are in ~~*italics Times New Roman font*~~.  
9 **Board amendment additions** are in Arial font.  
10 **Board amendment deletions** are in ~~Arial font~~.  
11 **Asterisks (\* \* \* \*)** indicate the omission of unchanged Code  
12 subsections or parts of tables

13 Be it ordained by the People of the City and County of San Francisco:

14 Section 1. Background and Findings.

15 (a) Under Charter Section A8.423, the Health Service Board (“HSB”) is required to  
16 conduct a survey of the ten counties in the State of California, other than the City and County  
17 of San Francisco, having the largest populations to determine the “average contribution” made  
18 by each such county toward the providing of health care plans, exclusive of dental or optical  
19 care, for each employee of such county. The HSB is then required to certify to the Board of  
20 Supervisors “the average contribution” as determined by the survey.

21 (b) According to the California Department of Finance, the ten most populous counties  
22 in the State of California other than San Francisco (in descending order of population) are:  
23 Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda,  
24 Sacramento, Contra Costa, and Fresno (collectively, the “Survey Counties”).

25 (c) On March 11, 2021, based on the Health Service System’s survey of each of the  
Survey Counties, a copy of which is on file with the Clerk of the Board of Supervisors in Board

1 File No. 210740, the HSB determined that “the average contribution” made by the counties  
2 surveyed for the 2021 calendar plan year is \$757.31 per month.

3 (d) At its meetings of March 11, April 8, May 13, and June 10, 2021, the HSB adopted  
4 health insurance plans and contribution rates for Health Service System plans to become  
5 effective on January 1, 2022, for the calendar plan year January 1, 2022 through December  
6 31, 2022. Said plans and contribution rates are on file with the Clerk of the Board of  
7 Supervisors in Board File No. 210740, and are incorporated herein by reference. Each of the  
8 health insurance plans is expected to exceed \$10,000,000 in expenditures, and therefore  
9 Charter Section 9.118(b) requires Board of Supervisors approval of each plan.

10  
11 Section 2. The Board of Supervisors hereby approves the health insurance plans and  
12 contribution rates adopted by the HSB on March 11, April 8, May 13, and June 10, 2021, as  
13 referenced in subsection (d) of Section 1 of this ordinance.

14  
15 Section 3. As referenced in subsection (c) of Section 1 of this ordinance, “the average  
16 contribution” under Charter Section A8.423, which shall constitute the monthly amount  
17 contributed by the participating employers to the Health Service Trust Fund for the calendar  
18 plan year January 1, 2022 through December 31, 2022, as required under Charter Section  
19 A8.428(b)(2), is \$757.13.

20  
21 Section 4. Effective Date. This ordinance shall become effective 30 days after  
22 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the  
23 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board  
24 of Supervisors overrides the Mayor’s veto of the ordinance.

1 Section 5. Supermajority Vote Requirement. Under Charter Section A8.422, a three-  
2 fourths' vote of the Board of Supervisors (i.e., the vote of at least nine Supervisors) is required  
3 for passage of this ordinance.

4  
5 APPROVED AS TO FORM:  
6 DENNIS J. HERRERA, City Attorney

7 By: /s/ Erik A. Rapoport  
8 ERIK A. RAPOPORT  
9 Deputy City Attorney

n:\legana\as2018\1800710\01536773.docx

**LEGISLATIVE DIGEST**

[Ordinance- Health Service System Plans and Contribution Rates for Calendar Year 2022]

**Ordinance approving Health Service System plans and contribution rates for calendar year 2022.**

Existing Law

Charter Section A8.422 requires the Board of Supervisors to adopt health care plan contribution rates annually for Health Service System members by three fourths of its members.

Amendments to Current Law

The Ordinance sets the participating employer's average contribution toward member health insurance premiums in addition to the Health Service System member health care plan contribution rates.

Background Information

The San Francisco Board of Supervisors (Board) approves rates and benefits for San Francisco Health Service System (HSS) members, and the employer's "average contribution" toward member health insurance premiums, through a single uncodified ordinance. The "average contribution" is the average contribution made by the ten counties in California with the largest populations toward the providing of health care plans, exclusive of dental or optical care, for each employee of such county.

n:\legana\as2019\1800710\01536937.docx

|   |   |
|---|---|
| <p><b>Item 3</b><br/><b>File 21-0740</b></p>  | <p><b>Department:</b><br/>Health Service System (HSS)</p> |
| <p><b>EXECUTIVE SUMMARY</b></p>   |   |
| <p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>• The proposed ordinance would approve the San Francisco Health Service System’s (SFHSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year 2022.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• The SFHSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board adopts the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by SFHSS employers and members</li> <li>• The Health Service Board is required to conduct a survey of the 10 most populous California counties each year to determine the average of the health premium contributions made by these counties. Based on this survey, the \$757.31 average contribution per month for retiree healthcare premiums paid by the City is \$28.12 or approximately 3.86 percent more than the average monthly contribution of \$729.19 in 2021.</li> <li>• Compared to 2021 rates, the total 2022 City health premium amounts are proposed to (i) increase by \$10.1 million or 3.06 percent for Kaiser, (ii) increase by \$3.4 million, or 1.26 percent for Blue Shield, (iii) increase by 0.72 million, or 2.16 percent for Non-Medicare PPO plans, and (iv) increase by 0.67 million, or 1.17 percent for UnitedHealthcare Medicare Advantage PPO.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance, for the City as employer in 2022 is \$744,604,589 which is a \$8,959,444 or 1.22 percent increase from \$735,645,145 in 2021. The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance that will be paid by employees and retirees is \$100,403,178 in 2022, or 1.76 percent more than the 2021 costs of \$98,665,299.</li> <li>• In 2021, the average medical monthly contribution per member will be \$147.23 per member per month for all members (actives/retirees combined), \$169.57 per member per month for active employee, and \$115.65 per member per month for retiree.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed ordinance.</li> </ul> |   |

## MANDATE STATEMENT

City Charter Section A8.423 states that the Health Service Board is required to conduct a survey of the 10 most populous California counties, excluding San Francisco, to determine the average contribution made by each county toward health plan premiums for employees, excluding dental plan premiums. The Health Service Board is then required to certify to the Board of Supervisors the average contribution as determined by this survey. City Charter Section A8.428 also requires the City to contribute to the Health Service System Trust Fund to pay the costs of health plan premiums.

## BACKGROUND

The Health Service Board oversees the San Francisco Health Service System (SFHSS). The SFHSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board provides the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by SFHSS employers and members.

- SFHSS employers include the City and County of San Francisco (City), the San Francisco Unified School District (SFUSD), the San Francisco Community College District (SFCCD), and the San Francisco Superior Court (Superior Court).
- SFHSS members are active and retired employees of the above noted employers, their dependents, and members of eligible boards and commissions. Dependents include children, spouses, domestic partners, surviving spouses of deceased members, and other legal dependents.

### City and Employee Contribution Models

Most contribution formulas for City employees negotiated as part of their labor agreements fall into the following two percentage-based employee premium contribution models:

- Under the '93/93/83 Contribution Model', the City contributes up to 93 percent of the total health insurance premium for employee-only and employee plus one dependent coverage, capped at 93 percent of the second-highest cost plan. The City also contributes up to 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to Mr. Larry Loo, Chief Financial Officer at the San Francisco Health Service System, there are 20,226 members (excluding dependents) who are covered by this contribution model.
- Under the '100/96/83 Contribution Model', the City contributes 100 percent of total health insurance premiums for employee-only coverage. The City contributes up to 96 percent of the total health insurance premiums for employees with one dependent, capped at 96 percent of the second-highest cost plan. The City also contributes up to 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to Mr. Loo,

there are 11,659 members (excluding dependents) who are covered by this contribution model.

### **10-County Survey Average**

The 10-county survey average is used as a basis for calculating the employer contribution to the monthly health plan premium for all retirees. Based on the survey, the 10-county average employer contribution for calendar year 2022 is \$757.31 per member per month. In June 2014, the impact of the “average contribution” on SFHSS rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model noted above. Presently, SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees. In the event the premium is higher than the 10-county “average contribution”, the City will pay the “average contribution” amount. In the event the premium is less than the “average contribution,” the City will pay one hundred percent (100%) of the premium. The \$757.31 average contribution per month for retiree healthcare premiums paid by the City is \$28.12 or approximately 3.86 percent more than the average monthly contribution of \$729.19 in 2021.

### **Health Service System Trust Fund**

Under Charter Section A8.428, employer and SFHSS member contributions to health plan premiums are deposited in the Health Service System Trust Fund. As of June 30, 2020, the Health Service System Trust Fund balance was approximately \$116.1 million.

## **DETAILS OF PROPOSED LEGISLATION**

The proposed ordinance would approve the San Francisco Health Service System’s (SFHSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year 2022. The total cost of the plans would be \$845,007,767 or 1.28 percent more than the \$834,310,444 costs in 2021. Of the total, the City’s costs would be \$744,604,589, with the balance of \$100,403,178 paid by employees and retirees. Table 1 below provides a summary of health insurance costs for 2022.

The Health Service Board approved the following health, vision, dental, life and long-term disability insurance plans and premiums for the period from January 1, 2022 through December 31, 2022 on the following dates in 2021: April 8, May 13, and June 10.

### **Health Plans and Premiums**

#### Kaiser Permanente HMO<sup>1</sup>

Kaiser Permanente (Kaiser) covers active, early retirees<sup>2</sup> and Medicare retirees. The total Kaiser HMO premium amounts to be paid by the City as employer are \$10.1 million, or 3.06 percent, more in CY 2022 than in CY 2021. These amounts are shown in Table 1 below.

<sup>1</sup> An HMO (Health Maintenance Organization) offers care through a closed panel of providers, in which members select a primary care physician, who manages their care. The HMOs pay the medical groups on a per capita basis.

<sup>2</sup> Retired employees of less than 65 years of age and therefore not eligible for Medicare.



There are no plan design changes approved by the Health Service Board for active employees, early retirees or Medicare retirees for 2022.

#### Blue Shield of California HMOs

The total Blue Shield of California (BSC) Access+ and Trio plans are flex-funded<sup>3</sup> HMOs for active employees and early retirees. The BSC flex-funded HMO plan premium amounts paid by the City as employer are \$3.4 million, or 1.26 percent, more in CY 2022 than in CY 2021. No plan design changes were approved for the Blue Shield Access+ and Trio plans by the Health Service Board for 2022.

#### Blue Shield of California PPO (with Accolade)<sup>4</sup>

Beginning in CY 2022, as a result of a competitive, public Request for Proposal (RFP)<sup>5</sup> process, the Health Service Board approved in February 2021 a change in the third-party administrator for the self-funded PPO medical plan from UnitedHealthcare to Blue Shield of California (with Accolade) for active employees and early retirees. Accolade is the service partner for Blue Shield for additional member engagement, navigational and clinical advocacy services. The PPO premium amounts paid by the City as employer are \$0.7 million, or 2.16 percent, more in CY 2022 than the CY 2021 UnitedHealthcare PPO plan premiums.

There are no 2022 PPO plan design changes approved by the Health Service Board for active employees and early retirees; the 2021 PPO benefit plan will be transferring the administration from UnitedHealthcare to Blue Shield of California (with Accolade) effective CY 2022.

#### Health Net CanopyCare HMO

Also beginning in CY 2022, as a result of a competitive, public RFP process<sup>6</sup>, the Health Service Board approved in February 2021 the addition of a new flex-funded HMO plan offering through Health Net in partnership with CanopyCare. CanopyCare provides access to the Canopy Health Alliance of over 5,000 providers in five large medical groups and major regional medical centers and hospitals covering the greater Bay Area. This will be offered for open enrollment to all active employees and early retirees regardless of their current health plan. For forecasting purposes, the HMO premium amounts paid by the City is expected to be a subset of the Blue Shield of California HMO amount stated above, as the most likely source of enrollment is from current Blue Shield of California HMO members. According to Mr. Loo, because there are no current members enrolled in this plan, and the most likely source of membership is from one of the Blue

---

<sup>3</sup> Under flex-funding, the HMO pays the medical groups on a per capita basis and plan sponsor (SFHSS) pays the variable claims other than the fixed medical group amounts.

<sup>4</sup> Under a PPO (Preferred Provider Organization), the member's cost-share are lower when using physicians, hospitals, and other providers in the preferred network versus and non-preferred providers. This self-funded arrangement means the plan sponsor (SFHSS) pays the purchaser (through a third-party administrator) on a fee for service basis based on negotiated contracts.

<sup>5</sup> On September 14, 2020, SFHSS issued an RFP to enter into one or more agreements with selected respondents to provide comprehensive medical and pharmacy health benefits and coverage solutions for SFHSS members who are active employees, non-Medicare-eligible retirees and non-Medicare-eligible dependents, with coverage beginning January 1, 2022. The selection panel included six experts from Bay Area municipal health benefits administration agencies, and a former chief medical officer for the health insurance marketplace for California.

<sup>6</sup> Ibid.

Shield of California HMO plans, there are currently no incremental estimate of costs delineated for the Health Net CanopyCare HMO plan.

The plan design approved by the Health Service Board will mirror the plan design for the Blue Shield of California HMO Plans.

#### UnitedHealthcare (UHC) PPO for non-Kaiser, “Split Families” in 2022

A unique circumstance occurs for early retiree families not enrolled in Kaiser with a family member eligible for Medicare. This occurs when the early retiree is enrolled in the Blue Shield plan and one member is Medicare eligible. This is a mixed Medicare or “Split Family” due to the mixture of eligibility. To accommodate these situations, SFHSS contracts with UnitedHealthcare (UHC) to be the third-party administrator for the self-funded PPO for early retirees, and the Medicare eligible family member is enrolled in the UHC Medicare Advantage PPO plan (mentioned below). According to Mr. Loo, this is being done for administrative reasons. Additionally, non-Medicare family members in retiree families can continue to also elect the Blue Shield of California Access+ or Blue Shield of California Trio HMO plans when one or more members of the retiree’s family elects the UHC Medicare Advantage (MA) PPO plan. No plan design changes were approved by the Health Service Board for 2022. As previously mentioned, the PPO premium amounts paid by the City as employer are \$0.7 million, or 2.16 percent, more in CY 2022 than the CY 2021 UnitedHealthcare PPO plan premiums.

UHC will remain the administrator of the Non-Medicare PPO plan for individuals who are part of a retiree family where one or more family member is not yet Medicare-eligible and enrolls in the Non-Medicare PPO plan, and one or more family member is Medicare-eligible and enrolls in the UHC Medicare Advantage PPO plan.

#### UHC Medicare Advantage (MA) PPO

The total UHC Medicare Advantage PPO Plan premium amounts paid by the City as employer are \$0.7 million, or 1.17 percent, more in CY 2022 than in CY 2021.

The UHC Medicare Advantage PPO Plan, covers all non-Kaiser Medicare eligible retirees. No plan changes were approved by the Health Service Board for 2022.

#### Vision Plan

Members enrolled in any of the health plans receive vision benefits through Vision Service Plan (VSP), a third-party insurer. Vision plan premiums are fully insured. The cost of the Basic Plan vision benefit is included in the cost of the medical plan for all monthly health plan premiums.

In 2022, Basic Plan and Premier Plan rates will remain at 2021 levels. Consequently, there is no change to the employer cost for VSP vision rates from 2021 to 2022. Employees and retirees pay the full premium difference between Premier Plan rates and Basic Plan rates, in the form of member contributions.

#### Dental Plans

SFHSS offers three dental plans, including one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). The City pays most of the cost of dental benefits for active

employees enrolled in the Delta Dental PPO, and the full cost of the dental HMOs for active employees. Retirees pay the full cost of their dental plans.

For plan year 2022, the City will contribute (1) the total premium toward each of the dental HMO plans for City active employees, and (2) the monthly premium minus employee contributions ranging from \$5.00 for employee only coverage to \$15.00 per month for full family coverage, for the self-funded Dental PPO plan. Member contributions for the three dental plans remain unchanged from the 2021 plan year.

Due in part to the favorable claims experience from reduced plan usage during the pandemic, there is a reduction in premium for CY 2022. The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$5.95 million less in CY 2022 than in CY 2021, or a decrease of 15.6 percent.

There were no dental plan design changes approved by the Health Service Board from 2021 to 2022.

#### Life and Long-Term Disability Insurance

The Hartford Life and Accident Insurance Company (The Hartford) is the insuring entity for the SFHSS life insurance, accidental death and dismemberment insurance, and long-term disability insurance.

There is no change in the premiums from 2021 to 2022, since they are locked into the 2022 plan year as part of the three-year guarantee, from January 1, 2020 through December 31, 2022. Therefore, there is no change in the Life and Long-Term Disability Insurance premium to the City.

#### **Federal Affordable Care Act Requirements**

In 2010, the Patient Protection and Affordable Care Act (also known as the Affordable Care Act) created a Health Insurance Tax (HIT) and two direct fees were passed through to employers – the Transitional Reinsurance Fee (TRF) and the Patient Centered Outcomes Research Institute (PCORI) fee, as described below.

- The Health Insurance Tax (HIT) impacted most fully insured health plans offered through SFHSS, including dental and vision plans, in 2020. The tax has applied most years since the Affordable Care Act became law, though the federal government waived this tax for 2017 and 2019 plan years. As a result of the Setting Every Community Up for Retirement Enhancement (SECURE) Act<sup>7</sup> legislation passed by the federal government in December 2019, the HIT is permanently terminated. This tax is no longer in effect.
- The TRF<sup>8</sup> expired at the end of 2016; therefore, the fee is no longer in effect.

---

<sup>7</sup> The SECURE Act changed retirement plans used in the United States and was the first major retirement-related legislation enacted since the 2006 Pension Protection Act. Major elements of the bill include: raising the minimum age for required minimum distributions from 70.5 years of age to 72 years of age; allowing workers to contribute to traditional IRAs after turning 70.5 years of age; allowing individuals to use 529 plan money to repay student loans; requiring non-spouse beneficiaries of inherited IRAs to withdraw and pay taxes on all distributions from inherited accounts within 10 years; and making it easier for 401(k) plan administrators to offer annuities.

<sup>8</sup> The Affordable Care Act established a transitional reinsurance program to stabilize premiums in the individual market inside and outside of the marketplaces. The transitional reinsurance program will collect contributions from

- The PCORI fee<sup>9</sup> was originally set to expire after 2019, but it was extended through 2029 as part of the SECURE Act passed by the federal government in December 2019. SFHSS pays this fee to the federal government for the current self-funded UHC PPO, while Kaiser and Blue Shield pay this fee on SFHSS's behalf as fully insured/flex funded plans.

## FISCAL IMPACT

### 2022 Total City Costs

As shown in Table 1 below, the total estimated cost for active and retired City employees for health, vision, and dental plans, as well as long-term disability and life insurance, will be \$845,007,767 in 2022, which is a \$10,697,323 or a 1.28 percent increase from \$834,310,444 in 2021.

The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance, for the City as employer in 2022 is \$744,604,589 which is a \$8,959,444 or 1.22 percent increase from \$735,645,145 in 2021. The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance that will be paid by employees and retirees is \$100,403,178 in 2022, or 1.76 percent more than the 2021 costs of \$98,665,299.

According to Mr. Loo, in 2021, the average medical monthly contribution per member will be \$147.23 per member per month for all members (actives/retirees combined), \$169.57 per member per month for active employee, and \$115.65 per member per month for retiree. Mr. Loo cautions that there is variation in member contributions based on the plans selected, status, and characteristics of each member.

---

contributing entities to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury for the 2014, 2015, and 2016 benefit years.

<sup>9</sup> The PCORI fee was established as part of the Affordable Care Act to fund research to evaluate the effectiveness of medical treatments, procedures and strategies that treat, manage, diagnose, or prevent illness or injury. The ACA requires certain carriers and health plan sponsors (i.e., employers) to pay the PCORI fee annually.

**Table 1: Total Plan Costs for the City, Employees and Retirees in 2022 Compared to 2021 Current Membership<sup>10</sup>**

|  | 2021                 | 2022                 | Increase / (Decrease) | Percent Change |
|--|----------------------|----------------------|-----------------------|----------------|
| <b>City Costs Only</b>   |                      |                      |                       |                |
| Kaiser HMO (Actives and Retirees)                                    | \$330,919,154        | \$341,058,893        | \$10,139,738          | 3.06%          |
| Blue Shield HMO (Actives and Early Retirees)                         | \$267,605,912        | \$270,983,534        | \$3,377,622           | 1.26%          |
| Non-Medicare PPO (Actives and Early Retirees) <sup>11</sup>          | \$33,609,210         | \$34,333,695         | \$724,485             | 2.16%          |
| UHC MA PPO (Medicare Retirees)                                       | \$57,574,499         | \$58,245,869         | \$671,370             | 1.17%          |
| <i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>     | <i>\$689,708,775</i> | <i>\$704,621,990</i> | <i>\$14,913,215</i>   | <i>2.16%</i>   |
| Dental (Actives Only) <sup>12</sup>                                  | \$38,208,772         | \$32,255,001         | (\$5,953,771)         | -15.58%        |
| Long Term Disability and Life Insurance (Actives Only) <sup>13</sup> | \$7,727,598          | \$7,727,598          | \$0                   | 0.00%          |
| <b>Total City Costs</b>  | <b>\$735,645,145</b> | <b>\$744,604,589</b> | <b>\$8,959,444</b>    | <b>1.22%</b>   |
| <b>Employee and Retiree Costs Only</b>                               |                      |                      |                       |                |
| Kaiser HMO (Actives and Retirees)                                    | \$40,918,253         | \$42,090,184         | \$1,171,931           | 2.86%          |
| Blue Shield HMO (Actives and Early Retirees)                         | \$35,386,013         | \$35,528,368         | \$142,355             | 0.40%          |
| Non-Medicare PPO (Actives and Early Retirees)                        | \$9,986,443          | \$10,314,081         | \$327,638             | 3.28%          |
| UHC Medicare Advantage PPO (Medicare Retirees)                       | \$8,080,517          | \$8,176,472          | \$95,955              | 1.19%          |
| <i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>     | <i>\$94,371,226</i>  | <i>\$96,109,106</i>  | <i>\$1,737,880</i>    | <i>1.84%</i>   |
| Dental (Actives Only)  | \$3,526,260          | \$3,526,260          | \$0                   | 0.00%          |
| Long Term Disability and Life Insurance (Actives Only)               | \$767,813            | \$767,813            | \$0                   | 0.00%          |
| <b>Total Employee and Retiree Costs</b>                              | <b>\$98,665,299</b>  | <b>\$100,403,178</b> | <b>\$1,737,880</b>    | <b>1.76%</b>   |
| <b>Total Costs</b>   |                      |                      |                       |                |
| Kaiser HMO (Actives and Retirees)                                    | \$371,837,408        | \$383,149,077        | \$11,311,669          | 3.04%          |
| Blue Shield HMO (Actives and Early Retirees)                         | \$302,991,925        | \$306,511,902        | \$3,519,977           | 1.16%          |
| Non-Medicare PPO (Actives and Early Retirees)                        | \$43,595,653         | \$44,647,776         | \$1,052,123           | 2.41%          |
| UHC Medicare Advantage PPO (Medicare Retirees)                       | \$65,655,016         | \$66,422,341         | \$767,325             | 1.17%          |
| <i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>     | <i>\$784,080,001</i> | <i>\$800,731,095</i> | <i>\$16,651,095</i>   | <i>2.12%</i>   |
| Dental (Actives Only)  | \$41,735,032         | \$35,781,261         | (\$5,953,771)         | -14.27%        |
| Long Term Disability and Life Insurance (Actives Only)               | \$8,495,411          | \$8,495,411          | \$0                   | 0.00%          |
| <b>Total Costs</b>   | <b>\$834,310,444</b> | <b>\$845,007,767</b> | <b>\$10,697,323</b>   | <b>1.28%</b>   |

Source: San Francisco Health Service System

<sup>10</sup> According to SFHSS, both 2021 and 2022 forecasted costs are based on the March 2021 headcount.<sup>11</sup> This will be administered by UnitedHealthcare in 2021 and by Blue Shield of California in 2022 except administration will remain with UnitedHealthcare for non-Medicare retiree family members in a Medicare/non-Medicare retiree "split family" where one or more family member is Medicare-eligible and enrolls in the UHC Medicare Advantage PPO Plan. Consequently, the "Non-Medicare PPO (Actives and Early Retirees)" category includes costs for the Blue Shield of California PPO (with Accolade) and UnitedHealthcare (UHC) PPO for non-Kaiser, "Split Families"<sup>12</sup> Dental costs are fully paid by retirees.<sup>13</sup> Long term disability and life insurance plans are not offered to retirees.

**RECOMMENDATION**

Approve the proposed ordinance.



# 2021 10-COUNTY SURVEY

# OVERVIEW

---

## Process

The City Charter (Section A8.423) specifies that the City & County of San Francisco survey the ten most populous counties in California and collect, for each county, the amount contributed by the employer for employee-only coverage under each of the county's medical plans. The City is obligated by Charter to contribute the 10-County Survey amount toward the cost of employees' medical benefits.

The information gathered from the 10-County Survey is used to compute an average increase in employer contributions for each county. San Francisco Health Service System (SFHSS) then averages these contribution increases to arrive at the 10-County Survey amount. To put the county contribution amounts into context, SFHSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

At the April 12, 2012 Health Service Board meeting, the Board approved the 10-County Survey Calendar Year Change Rule. This rule adjusts for gaps in 10-County data, by projecting a six-month overlap when data is not available from a surveyed county. Using this rule, a county's employer contribution for employee-only coverage is projected. The county's 10-County result for the previous year is, in most cases, trended forward six months, based on the county's average annual increase for the preceding three years.

There were no major changes to the type of plan design data collected for the 2021 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data is not included in the 10-County Survey.

## Use of 10-County Amount in SFHSS Employer Contribution Calculations

The March 2021 10-County Survey will be applied to SFHSS rate calculations for plan year 2022. City Charter Section A8.428 defines use of the "average contribution" resulting from the 10-County Survey in employer contribution determination.

In June 2014, the impact of the "average contribution" on rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model. Presently SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees.

In the unlikely scenario that the City's premium contribution falls below the lesser of the "average contribution" as determined by the Health Service Board pursuant to Charter Sections A8.423 and A8.428(b)(2), the City pays the difference between the Premium Contribution and the Average Contribution. In the event the premium is less than the "average contribution", the City will pay one hundred percent (100%) of the premium.

## Results and Observations

The average monthly contribution of \$757.31 for plan year 2022 is 3.86% above \$729.19, the 10-County average for plan year 2021. All counties had a change in contribution.

## 10-County Survey Calendar Year Change Rule: Example Calculation Based on Los Angeles County

For the 2021 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$735.72. Per the Calendar Year Change Rule, this \$735.72 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 3.0%. This results in the average employer premium contribution calculated at \$746.54 for Los Angeles County.

## Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For Calendar Year 2021, projection-to-actual variances were reasonable, with only two of ten counties exhibiting a variance that exceeded 2%. Any variances are driven by changes in premiums and employer contributions from original projections to actuals. The overall original estimated contributions across all 10 Counties in total came close to actual contributions for 2021 (\$738.90 actual vs. \$729.19 estimated – a variance of 1.3%).



| Average of Employer Contributions |              |              |                 |        |        |        |        |        |          |          |          |                    |                |                           |                    |                 |                     |
|-----------------------------------|--------------|--------------|-----------------|--------|--------|--------|--------|--------|----------|----------|----------|--------------------|----------------|---------------------------|--------------------|-----------------|---------------------|
| County                            | 2010<br>2011 | 2011<br>2012 | 2012<br>Jul-Dec | 2013   | 2014   | 2015   | 2016   | 2017   | 2018     | 2019     | 2020     | 2021<br>Calculated | 2021<br>Actual | 3-Year<br>Annual<br>Trend | Months<br>of Trend | Trend<br>Factor | 2022<br>Calculation |
| 1 Los Angeles                     | 457.56       | 478.56       | 499.57          | 515.07 | 552.40 | 610.75 | 619.87 | 648.37 | 673.99   | 700.41   | 714.58   | 721.64             | 735.72         | 3.0%                      | 6                  | 1.01            | 746.54              |
| 2 San Diego                       | 364.00       | 406.00       | 432.20          | 444.86 | 445.29 | 460.51 | 477.99 | 507.13 | 536.54   | 581.03   | 604.00   | 657.26             | 666.58         | 7.5%                      | 6                  | 1.04            | 691.14              |
| 3 Orange                          | 383.75       | 434.41       | 485.10          | 506.94 | 544.46 | 567.79 | 525.51 | 517.98 | 522.83   | 534.18   | 561.78   | 584.88             | 611.50         | 5.4%                      | 6                  | 1.03            | 627.67              |
| 4 Riverside                       | 488.44       | 513.02       | 537.43          | 545.54 | 606.39 | 587.21 | 616.96 | 652.09 | 673.10   | 688.85   | 689.55   | 692.00             | 753.96         | 3.9%                      | 6                  | 1.02            | 768.35              |
| 5 San Bernardino*                 | 397.51       | 399.70       | 398.98          | 398.98 | 413.51 | 420.92 | 421.18 | 417.04 | 437.75   | 433.33   | 455.88   | 509.69             | 509.04         | 5.2%                      | 12                 | 1.05            | 535.30              |
| 6 Santa Clara*                    | 608.44       | 655.97       | 643.13          | 643.13 | 656.34 | 776.62 | 785.13 | 917.21 | 1,008.88 | 1,018.12 | 1,078.20 | 1,055.07           | 1,042.71       | 1.1%                      | 12                 | 1.01            | 1,054.24            |
| 7 Alameda                         | 521.89       | 541.06       | 575.00          | 588.99 | 638.47 | 622.92 | 684.14 | 687.86 | 711.48   | 720.74   | 779.27   | 750.83             | 743.39         | 1.5%                      | 6                  | 1.01            | 748.84              |
| 8 Sacramento                      | 561.35       | 637.98       | 667.02          | 696.00 | 714.53 | 535.31 | 549.40 | 574.78 | 608.34   | 663.43   | 692.63   | 722.74             | 731.02         | 6.3%                      | 6                  | 1.03            | 753.75              |
| 9 Contra Costa                    | 495.15       | 521.90       | 540.43          | 553.15 | 574.27 | 607.18 | 623.46 | 637.99 | 705.62   | 717.58   | 753.74   | 800.70             | 797.75         | 4.2%                      | 6                  | 1.02            | 814.23              |
| 10 Fresno                         | 450.43       | 450.80       | 450.80          | 455.17 | 450.86 | 488.79 | 488.79 | 488.00 | 613.17   | 663.11   | 729.57   | 797.13             | 797.33         | 9.1%                      | 6                  | 1.04            | 833.01              |
| <b>Average</b>                    | 472.85       | 503.94       | 522.97          | 534.78 | 559.65 | 567.80 | 579.24 | 604.84 | 649.17   | 672.08   | 705.92   | 729.19             | 738.90         | 4.4%                      | 6.8                | 1.02            | 757.31              |

| Increase Over Prior Year |              |              |                 |              |              |              |              |              |              |              |              |              |              |  |
|--------------------------|--------------|--------------|-----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|
| County                   | 2010<br>2011 | 2011<br>2012 | 2012<br>Jul-Dec | 2013         | 2014         | 2015         | 2016         | 2017         | 2018         | 2019         | 2020         | 2021         | 2022         |  |
| 1 Los Angeles            | 10.01%       | 4.60%        | 4.39%           | 3.10%        | 7.25%        | 10.56%       | 1.49%        | 4.60%        | 3.95%        | 3.92%        | 2.02%        | 0.99%        | 3.45%        |  |
| 2 San Diego              | 0.14%        | 11.50%       | 6.45%           | 2.93%        | 0.10%        | 3.42%        | 3.80%        | 6.10%        | 5.80%        | 8.29%        | 3.95%        | 8.82%        | 5.15%        |  |
| 3 Orange                 | 3.04%        | 13.20%       | 11.67%          | 4.50%        | 7.40%        | 4.28%        | -7.45%       | -1.43%       | 0.94%        | 2.17%        | 5.17%        | 4.11%        | 7.32%        |  |
| 4 Riverside              | -0.57%       | 5.00%        | 4.76%           | 1.51%        | 11.15%       | -3.16%       | 5.07%        | 5.69%        | 3.22%        | 2.34%        | 0.10%        | 0.35%        | 11.03%       |  |
| 5 San Bernardino*        | 5.34%        | 0.60%        | -0.18%          | 0.00%        | 3.64%        | 1.79%        | 0.06%        | -0.98%       | 4.96%        | -1.01%       | 5.20%        | 11.81%       | 5.02%        |  |
| 6 Santa Clara*           | 8.04%        | 7.80%        | -1.96%          | 0.00%        | 2.05%        | 18.33%       | 1.10%        | 16.82%       | 10.00%       | 0.92%        | 5.90%        | -2.14%       | -0.08%       |  |
| 7 Alameda                | 4.85%        | 3.70%        | 6.27%           | 2.43%        | 8.40%        | -2.44%       | 9.83%        | 0.54%        | 3.43%        | 1.30%        | 8.12%        | -3.65%       | -0.26%       |  |
| 8 Sacramento             | 8.62%        | 13.70%       | 4.55%           | 4.34%        | 2.66%        | -25.08%      | 2.63%        | 4.62%        | 5.84%        | 9.06%        | 4.40%        | 4.35%        | 4.29%        |  |
| 9 Contra Costa           | 5.35%        | 5.40%        | 3.55%           | 2.35%        | 3.82%        | 5.73%        | 2.68%        | 2.33%        | 10.60%       | 1.70%        | 5.04%        | 6.23%        | 1.69%        |  |
| 10 Fresno                | 5.87%        | 0.10%        | 0.00%           | 0.97%        | -0.95%       | 8.41%        | 0.00%        | -0.16%       | 25.65%       | 8.14%        | 10.02%       | 9.26%        | 4.50%        |  |
| <b>Average</b>           | <b>5.23%</b> | <b>6.57%</b> | <b>3.78%</b>    | <b>2.26%</b> | <b>4.65%</b> | <b>1.46%</b> | <b>2.02%</b> | <b>4.42%</b> | <b>7.33%</b> | <b>3.53%</b> | <b>5.04%</b> | <b>3.30%</b> | <b>3.86%</b> |  |

\*Plan year's for these counties are not calendar year. Contributions shown for these counties are for the first 6 months of the calendar year and last 6 months of the previous year.

# 1. LOS ANGELES COUNTY

| Los Angeles County                                  |               |               |             | Population: 10,039,000   |                          |             |
|---|---------------|---------------|-------------|--------------------------|--------------------------|-------------|
| Medical Plans                                       | 2020 Premium  | 2021 Premium  | % +/-       | 2020 County Contribution | 2021 County Contribution | % +/-       |
| Kaiser Permanente Choices HMO - County Sponsored    | 734.53        | 775.23        | 5.5%        | 734.53                   | 775.23                   | 5.5%        |
| CIGNA Choices Select Network HMO - County Sponsored | 697.12        | 726.61        | 4.2%        | 697.12                   | 726.61                   | 4.2%        |
| CIGNA Choices HMO - County Sponsored                | 961.98        | 1,002.67      | 4.2%        | 961.98                   | 1,002.67                 | 4.2%        |
| CIGNA Choices POS - County Sponsored                | 1,730.94      | 1,804.16      | 4.2%        | 1,005.99                 | 1,031.14                 | 2.5%        |
| Blue Cross Prudent Buyer Basic - ALADS              | 1,091.27      | 1,012.67      | -7.2%       | 1,005.99                 | 1,012.67                 | 0.7%        |
| Blue Cross CaliforniaCare Basic - ALADS             | 713.26        | 768.67        | 7.8%        | 713.26                   | 768.67                   | 7.8%        |
| Blue Cross Prudent Buyer Premier - ALADS            | 1,111.16      | 1,031.14      | -7.2%       | 1,005.99                 | 1,031.14                 | 2.5%        |
| Blue Cross CaliforniaCare Premier - ALADS           | 733.15        | 787.14        | 7.4%        | 733.15                   | 787.14                   | 7.4%        |
| Blue Shield Classic CAPE                            | 1,225.00      | 1,389.35      | 13.4%       | 1,005.99                 | 1,031.14                 | 2.5%        |
| Blue Shield Lite CAPE                               | 623.00        | 665.41        | 6.8%        | 623.00                   | 665.41                   | 6.8%        |
| Local 1014 Plan - Fire Fighters                     | 890.00        | 950.00        | 6.7%        | 890.00                   | 950.00                   | 6.7%        |
| Kaiser Permanente Options - SEIU                    | 699.88        | 744.69        | 6.4%        | 699.88                   | 744.69                   | 6.4%        |
| Kaiser Permanente HMO - Unrepresented               | 273.00        | 277.00        | 1.5%        | 273.00                   | 277.00                   | 1.5%        |
| Blue Cross CaliforniaCare HMO - Unrepresented       | 273.00        | 277.00        | 1.5%        | 273.00                   | 277.00                   | 1.5%        |
| Blue Cross Plus POS - Unrepresented                 | 413.00        | 418.00        | 1.2%        | 413.00                   | 418.00                   | 1.2%        |
| Blue Cross Catastrophic - Unrepresented             | 93.00         | 93.00         | 0.0%        | 93.00                    | 93.00                    | 0.0%        |
| Blue Cross Prudent Buyer PPO - Unrepresented        | 528.00        | 535.00        | 1.3%        | 528.00                   | 535.00                   | 1.3%        |
| UnitedHealthcare Harmony HMO *                      |               | 667.62        |             |                          | 667.62                   |             |
| UnitedHealthcare Options HMO - SEIU                 | 859.00        | 908.41        | 5.8%        | 859.00                   | 908.41                   | 5.8%        |
| UnitedHealthcare Options PPO - SEIU                 | 3,774.69      | 3,944.82      | 4.5%        | 987.12                   | 1,011.80                 | 2.5%        |
| <b>AVERAGE</b>                                      | <b>917.10</b> | <b>938.93</b> | <b>2.4%</b> | <b>710.68</b>            | <b>735.72</b>            | <b>3.5%</b> |

\* New Plan

| <b>Los Angeles County: Medical Plan Design Summary</b> |                    |                     |                          |
|--|--------------------|---------------------|--------------------------|
| <b>Blue Shield Lite</b>                                | <b>HMO</b>         | <b>In</b>           | <b>Out</b>               |
| Deductible   | None               | \$400/\$800         | \$400/\$800              |
| Physicians Services                                    | \$10 Copay         | \$25 Copay          | 70/30 After Ded          |
| Emergency Room   | \$50 Copay         | \$50 Copay          | \$50 Copay               |
| Rx   | \$5/\$15/\$30      | \$5/\$15/\$30       | Covered emergencies only |
| Hospital   | No Charge          | 80/20 After Ded     | 70/30 After Ded          |
| <b>Blue Shield Classic</b>                             | <b>HMO</b>         | <b>In</b>           | <b>Out</b>               |
| Deductible   | None               | \$300/\$600         | \$300/\$600              |
| Physicians Services                                    | \$10 Copay         | \$20 Copay          | 70/30 After Ded          |
| Emergency Room   | \$50 Copay         | \$50 Copay          | \$50 Copay               |
| Rx   | \$5/\$15/\$30      | \$5/\$15/\$30       | Covered emergencies only |
| Hospital   | No Charge          | 90/10 After Ded     | 70/30 After Ded          |
| <b>UnitedHealthcare Options</b>                        | <b>HMO</b>         |                     |                          |
| Deductible   | None               |                     |                          |
| Physicians Services                                    | \$10 Copay         |                     |                          |
| Emergency Room   | \$50 Copay         |                     |                          |
| Rx   | \$5/\$20           |                     |                          |
| Hospital   | No Charge          |                     |                          |
| <b>UnitedHealthcare</b>                                |                    | <b>PPO - In</b>     | <b>PPO - Out</b>         |
| Deductible   |                    | \$300/\$1,500       | \$1,500/\$3,000          |
| Physicians Services                                    |                    | 20% Copay           | 50% Copay After Ded      |
| Emergency Room   |                    | 20% Copay After Ded | 50% Copay After Ded      |
| Rx   |                    | \$5/\$20/\$35       | Not Covered              |
| Hospital   |                    | 20% Copay After Ded | 50% Copay After Ded      |
| <b>Kaiser Permanente</b>                               | <b>Options HMO</b> | <b>Choices HMO</b>  | <b>Unrep HMO</b>         |
| Deductible   | None               | None                | None                     |
| Physicians Services                                    | \$10 Copay         | \$10 Copay          | \$15 Copay               |
| Emergency Room   | \$50 Copay         | \$50 Copay          | \$50 Copay               |
| Rx   | \$5/\$20           | \$5/\$20            | \$10/\$20                |
| Hospital   | No Charge          | No Charge           | No Charge                |

| <b>Los Angeles County: Medical Plan Design Summary</b> |                   |                    |                                 |
|--|-------------------|--------------------|---------------------------------|
| <b>CIGNA</b>   | <b>HMO</b>        | <b>POS - In</b>    | <b>POS - Out</b>                |
| Deductible   | None              | None               | \$500/\$1,000                   |
| Physicians Services                                    | \$10 Copay        | \$10 Copay         | 60/40 After Ded                 |
| Emergency Room   | \$50 Copay        | \$50 Copay         | \$50 Copay                      |
| Rx   | \$5/\$20          | \$5/\$20           | 60/40 After Ded                 |
| Hospital   | No Charge         | \$50 Copay/Day     | 60/40 After Ded + \$1,000/Admit |
| <b>Blue Cross California Care HMO</b>                  | <b>ALADS</b>      |                    |                                 |
| Deductible   | None              |                    |                                 |
| Physicians Services                                    | \$10 Copay        |                    |                                 |
| Emergency Room   | \$25 Copay        |                    |                                 |
| Rx   | \$5/\$15          |                    |                                 |
| Hospital   | No Charge         |                    |                                 |
| <b>Local 1014 Plan</b>                                 | <b>HMO</b>        |                    |                                 |
| Deductible   | \$200/\$600       |                    |                                 |
| Physicians Services                                    | 90/10 After Ded   |                    |                                 |
| Emergency Room   | \$50 Copay        |                    |                                 |
| Rx   | \$10/\$20/\$30+   |                    |                                 |
| Hospital   | 90/10 After Ded   |                    |                                 |
| <b>Blue Cross Prudent Buyer PPO</b>                    | <b>ALADS - In</b> | <b>ALADS - Out</b> |                                 |
| Deductible   | \$300/\$900       | \$300/\$900        |                                 |
| Physician Services                                     | 90/10 After Ded   | 70/30 After Ded    |                                 |
| Emergency Room   | 90/10 After Ded   | 90/10 After Ded    |                                 |
| Rx   | \$5/\$15          | \$5/\$15+50%       |                                 |
| Hospital   | 90/10 After Ded   | 70/30 After Ded    |                                 |

## 2. SAN DIEGO COUNTY

| San Diego County                  |               |               |              |                          |                          | Population: 3,338,000 |
|-----------------------------------|---------------|---------------|--------------|--------------------------|--------------------------|-----------------------|
| Medical Plans                     | 2020 Premium  | 2021 Premium  | % +/-        | 2020 County Contribution | 2021 County Contribution | % +/-                 |
| Kaiser Permanente HMO             | 558.58        | 585.86        | 4.9%         | 558.58                   | 585.86                   | 4.9%                  |
| Kaiser Permanente High Deductible | 436.06        | 457.34        | 4.9%         | 436.06                   | 457.34                   | 4.9%                  |
| UnitedHealthCare HMO Network 1    | 709.44        | 719.56        | 1.4%         | 689.55                   | 719.56                   | 4.4%                  |
| UnitedHealthCare HMO Network 2    | 910.22        | 922.56        | 1.4%         | 689.55                   | 737.64                   | 7.0%                  |
| UnitedHealthCare HMO Alliance     | 680.66        | 690.42        | 1.4%         | 680.66                   | 690.42                   | 1.4%                  |
| UnitedHealthCare PPO              | 1,313.80      | 1,259.44      | -4.1%        | 689.55                   | 737.64                   | 7.0%                  |
| UnitedHealthCare HMO HDHP/HSA     | 1,091.90      | 1,029.12      | -5.7%        | 689.55                   | 737.64                   | 7.0%                  |
| <b>AVERAGE</b>                    | <b>814.38</b> | <b>809.19</b> | <b>-0.6%</b> | <b>633.35</b>            | <b>666.58</b>            | <b>5.2%</b>           |

| San Diego County: Medical Plan Design Summary |                       |  |
|---|-----------------------|--|
| <b>Kaiser Permanente HMO</b>                  |                       |  |
| <b>HMO</b>                                    |                       |  |
| Deductible                                    | None                  |  |
| Physicians Services                           | \$25 Copay            |  |
| Emergency Room                                | \$125 Copay           |  |
| Rx  | \$10/\$20/\$30        |  |
| Hospital                                      | \$100 Copay Per Admit |  |
| <b>Kaiser Permanente High Deductible</b>      |                       |  |
| <b>HD w/HSA</b>                               |                       |  |
| Deductible                                    | \$1,500/\$3,000       |  |
| Physicians Services                           | 10% After Ded         |  |
| Emergency Room                                | 10% After Ded         |  |
| Rx  | \$10/\$20/\$30        |  |
| Hospital                                      | 10% After Ded         |  |
| <b>UnitedHealthcare PPO</b>                   |                       |  |
| <b>PPO - In</b>                               |                       |  |
| Deductible                                    | \$300/\$600           |  |
| Physicians Services                           | \$20 Copay            |  |
| Emergency Room                                | \$75 Copay then 20%   |  |
| Rx  | \$10/\$20/\$35        |  |
| Hospital                                      | \$150 Copay then 20%  |  |
| <b>Out</b>                                    |                       |  |
| Deductible                                    | \$600/\$1,200         |  |
| Physicians Services                           | 40% After Ded         |  |
| Emergency Room                                | \$75 Copay then 20%   |  |
| Rx  | \$10/\$20/\$35        |  |
| Hospital                                      | \$300 Copay then 40%  |  |

| <b>San Diego County: Medical Plan Design Summary</b> |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|
| <b>UnitedHealthcare HMO</b>                          | <b>Network 1</b>      | <b>Network 2</b>      | <b>Alliance</b>       |
| Deductible   | None                  | None                  | None                  |
| Physicians Services                                  | \$25 Copay            | \$30 Copay            | \$25 Copay            |
| Emergency Room                                       | \$125 Copay           | \$200 Copay           | \$125 Copay           |
| Rx   | \$10/\$20/\$35        | \$10/\$20/\$35        | \$10/\$20/\$35        |
| Hospital   | \$200 Copay Per Admit | \$500 Copay Per Admit | \$200 Copay Per Admit |
| <b>UnitedHealthcare High Deductible</b>              | <b>PPO - In</b>       | <b>Out</b>            |                       |
| Deductible   | \$2,700/\$3,000       | \$3,000/\$6,000       |                       |
| Physicians Services                                  | 10% After Ded         | 30% After Ded         |                       |
| Emergency Room                                       | 10% After Ded         | 10% After Ded         |                       |
| Rx   | \$10/\$30/\$50        | \$10/\$30/\$50        |                       |
| Hospital   | 10% After Ded         | 30% After Ded         |                       |

# 3. ORANGE COUNTY

| Orange County                 |               |               |             |                          |                          | Population: 3,176,000 |
|-------------------------------|---------------|---------------|-------------|--------------------------|--------------------------|-----------------------|
| Medical Plans                 | 2020 Premium  | 2021 Premium  | % +/-       | 2020 County Contribution | 2021 County Contribution | % +/-                 |
| Choice Wellwise PPO*          | 744.32        | 811.33        | 9.0%        | 669.90                   | 730.19                   | 9.0%                  |
| Choice Sharewell PPO*         | 297.73        | 324.53        | 9.0%        | 373.26                   | 400.06                   | 7.2%                  |
| CIGNA HMO Choice*             | 810.73        | 843.16        | 4.0%        | 729.67                   | 758.85                   | 4.0%                  |
| CIGNA HMO Select*             | 675.72        | 702.75        | 4.0%        | 608.16                   | 632.48                   | 4.0%                  |
| Kaiser Permanente HMO Choice* | 547.86        | 595.45        | 8.7%        | 493.08                   | 535.91                   | 8.7%                  |
| <b>AVERAGE</b>                | <b>615.27</b> | <b>655.44</b> | <b>6.5%</b> | <b>574.81</b>            | <b>611.50</b>            | <b>6.4%</b>           |

\*Current county contributions assume wellness participation.

| Orange County: Medical Plan Design Summary |                    |                    |
|--|--------------------|--------------------|
| Wellwise PPO                               | In                 | Out                |
| Deductible                                 | \$500/\$1,000      | \$750/\$1,500      |
| Physicians Services                        | 90/10              | 70/30              |
| Emergency Room                             | 90/10              | 90/10              |
| Rx   | 20%/25%/30%        | Not Covered        |
| Hospital                                   | 90/10              | 70/30              |
| Sharewell PPO                              | In                 | Out                |
| Deductible                                 | \$5,000 Per Family | \$5,000 Per Family |
| Physicians Services                        | 90/10              | 70/30              |
| Emergency Room                             | 90/10              | 90/10              |
| Rx   | 80/20              | 80/20              |
| Hospital                                   | 90/10              | 70/30              |
| CIGNA                                      | HMO                |                    |
| Deductible                                 | None               |                    |
| Physicians Services                        | \$20 Copay         |                    |
| Emergency Room                             | \$50 Copay         |                    |
| Rx   | \$10/\$30/\$50     |                    |
| Hospital                                   | \$100 Per Admit    |                    |
| Kaiser Permanente                          | HMO                |                    |
| Deductible                                 | None               |                    |
| Physicians Services                        | \$20 Copay         |                    |
| Emergency Room                             | \$50 Copay         |                    |
| Rx   | \$10/\$30          |                    |
| Hospital                                   | \$100 Per Admit    |                    |

# 4. RIVERSIDE COUNTY

| Riverside County               |               |               |              |                          |                          | Population: 2,471,000 |
|--------------------------------|---------------|---------------|--------------|--------------------------|--------------------------|-----------------------|
| Medical Plans                  | 2020 Premium  | 2021 Premium  | % +/-        | 2020 County Contribution | 2021 County Contribution | % +/-                 |
| UnitedHealthcare HMO *         | 1,127.74      |               |              | 859.18                   |                          |                       |
| Kaiser Permanente HMO          | 733.60        | 737.20        | 0.5%         | 733.60                   | 737.20                   | 0.5%                  |
| Exclusive Care EPO             | 587.76        | 750.50        | 27.7%        | 587.76                   | 750.50                   | 27.7%                 |
| UnitedHealthcare PPO *         | 2,246.66      |               |              | 859.18                   |                          |                       |
| Blue Shield HMO - PERS *       | 813.18        |               |              | 813.18                   |                          |                       |
| Kaiser Permanente HMO - PERS * | 628.64        |               |              | 628.64                   |                          |                       |
| PERSCare *                     | 907.30        |               |              | 859.18                   |                          |                       |
| PERS Choice *                  | 721.12        |               |              | 721.12                   |                          |                       |
| PORAC - PERS *                 | 699.00        |               |              | 699.00                   |                          |                       |
| PERS Select *                  | 435.74        |               |              | 435.74                   |                          |                       |
| Anthem Select HMO *            | 619.94        |               |              | 619.94                   |                          |                       |
| Anthem Traditional HMO *       | 902.64        |               |              | 859.18                   |                          |                       |
| Health Net Salud y Mas *       | 392.32        |               |              | 392.32                   |                          |                       |
| Health Net SmartCare *         | 648.42        |               |              | 648.42                   |                          |                       |
| Sharp *                        | 593.66        |               |              | 593.66                   |                          |                       |
| UnitedHealthcare               | 668.32        | 774.18        | 15.8%        | 668.32                   | 774.18                   | 15.8%                 |
| <b>AVERAGE</b>                 | <b>795.38</b> | <b>753.96</b> | <b>-5.2%</b> | <b>686.15</b>            | <b>753.96</b>            | <b>9.9%</b>           |

\* Discontinued in 2021



**Riverside County: Medical Plan Design Summary**

| <b>UnitedHealthcare</b>  |  | <b>HMO</b>     |  |
|--------------------------|--|----------------|--|
| Deductible               |  | None           |  |
| Physicians Services      |  | \$15 Copay     |  |
| Emergency Room           |  | \$100 Copay    |  |
| Rx                       |  | \$10/\$25/\$50 |  |
| Hospital                 |  | \$100 Copay    |  |
| <b>Kaiser Permanente</b> |  | <b>HMO</b>     |  |
| Deductible               |  | None           |  |
| Physicians Services      |  | \$15 Copay     |  |
| Emergency Room           |  | \$100 Copay    |  |
| Rx                       |  | \$10/\$25      |  |
| Hospital                 |  | \$100 Copay    |  |
| <b>Exclusive Care</b>    |  | <b>EPO</b>     |  |
| Deductible               |  | None           |  |
| Physicians Services      |  | \$15 Copay     |  |
| Emergency Room           |  | \$100 Copay    |  |
| Rx                       |  | \$10/\$25/\$50 |  |
| Hospital                 |  | \$100 Copay    |  |

# 5. SAN BERNARDINO COUNTY

| San Bernardino County        |                 |                 |             |                             | Population: 2,180,000       |             |
|------------------------------|-----------------|-----------------|-------------|-----------------------------|-----------------------------|-------------|
| Medical Plans                | 2019-20 Premium | 2020-21 Premium | % +/-       | 2019-20 County Contribution | 2020-21 County Contribution | % +/-       |
| Kaiser Permanente HMO        | 647.51          | 679.03          | 4.9%        | 452.41                      | 467.47                      | 3.3%        |
| Kaiser Permanente Choice HMO | 562.34          | 589.68          | 4.9%        | 442.10                      | 467.47                      | 5.7%        |
| Blue Shield Signature HMO    | 562.08          | 593.86          | 5.7%        | 439.67                      | 463.40                      | 5.4%        |
| Blue Shield Access+ HMO      | 488.37          | 515.95          | 5.6%        | 439.67                      | 463.40                      | 5.4%        |
| Blue Shield Needles PPO      | 1,177.82        | 1,244.71        | 5.7%        | 727.35                      | 727.35                      | 0.0%        |
| Blue Shield PPO              | 1,043.64        | 1,102.88        | 5.7%        | 445.25                      | 465.17                      | 4.5%        |
| <b>AVERAGE</b>               | <b>746.96</b>   | <b>787.68</b>   | <b>5.5%</b> | <b>491.08</b>               | <b>509.04</b>               | <b>3.7%</b> |

| San Bernardino County: Medical Plan Design Summary |                               |                                       |  |
|--|-------------------------------|---------------------------------------|--|
| Kaiser Permanente                                  | HMO                           | Choice HMO                            |  |
| Deductible   | None                          | None                                  |  |
| Physicians Services                                | \$10 Copay                    | \$40 Copay                            |  |
| Emergency Room                                     | \$50 Copay                    | \$150 Copay                           |  |
| Rx   | \$10/\$15                     | \$15/\$35                             |  |
| Hospital   | No Charge                     | \$500 per day                         |  |
| Blue Shield Signature HMO                          | Tier 1 - HMO                  | Tier 2 - PPO                          | Access+ HMO                                    |
| Deductible   | None                          | None                                  | None   |
| Physicians Services                                | \$10 Copay                    | \$30 Copay                            | \$40 Copay                                     |
| Emergency Room                                     | \$50 Copay                    | \$50 Copay                            | \$50 Copay                                     |
| Rx   | \$5/\$10/\$25                 | Not covered                           | \$5/\$10/\$25                                  |
| Hospital   | No Charge                     | Not covered                           | \$100/admission plus 20% for facility services |
| Blue Shield PPO                                    | PPO - In                      | PPO - Out                             |  |
| Deductible   | \$250/\$500                   | \$250/\$500                           |  |
| Physicians Services                                | \$10 Copay                    | 70/30 After ded                       |  |
| Emergency Room                                     | \$50 Copay plus 20% After Ded | \$50 Copay plus 20% After Ded         |  |
| Rx   | \$15/\$30/\$30                | \$15/\$30/\$30 + 25% of billed amount |  |
| Hospital   | 80/20 After ded               | 70/30 After ded                       |  |
| Blue Shield Needles PPO                            | PPO - In                      | PPO - Out                             |  |
| Deductible   | None                          | \$250/\$750                           |  |
| Physicians Services                                | \$10 Copay                    | 70/30 After Ded                       |  |
| Emergency Room                                     | \$50 Copay                    | \$50 Copay                            |  |
| Rx   | \$10/\$15/\$15                | \$10/\$15/\$15+25% of billed amount   |  |
| Hospital   | No Charge                     | 70/30 After Ded                       |  |

# 6. SANTA CLARA COUNTY

| Santa Clara County    |                 |                 |             |                             |                             | Population: 1,928,000 |
|-----------------------|-----------------|-----------------|-------------|-----------------------------|-----------------------------|-----------------------|
| Medical Plans         | 2019-20 Premium | 2020-21 Premium | % +/-       | 2019-20 County Contribution | 2020-21 County Contribution | % +/-                 |
| Kaiser Permanente HMO | 729.32          | 762.15          | 4.5%        | 723.34                      | 753.87                      | 4.2%                  |
| Valley Health HMO     | 1,005.40        | 1,026.81        | 2.1%        | 986.78                      | 1,007.84                    | 2.1%                  |
| Health Net POS        | 1,392.04        | 1,416.39        | 1.7%        | 1,346.21                    | 1,366.43                    | 1.5%                  |
| <b>AVERAGE</b>        | <b>1,042.25</b> | <b>1,068.45</b> | <b>2.5%</b> | <b>1,018.78</b>             | <b>1,042.71</b>             | <b>2.3%</b>           |

| Santa Clara County: Medical Plan Design Summary |                 |               |                       |
|---|-----------------|---------------|-----------------------|
| <b>Kaiser Permanente</b>                        |                 | <b>HMO</b>    |                       |
| Deductible                                      | None            |               |                       |
| Physicians Services                             | \$10 Copay      |               |                       |
| Emergency Room                                  | \$35 Copay      |               |                       |
| Rx  | \$5/\$10        |               |                       |
| Hospital  | \$100 per admit |               |                       |
| <b>Valley Health</b>                            |                 | <b>HMO</b>    |                       |
| Deductible                                      | None            |               |                       |
| Physicians Services                             | No Charge       |               |                       |
| Emergency Room                                  | No Charge       |               |                       |
| Rx  | No Charge       |               |                       |
| Hospital  | No Charge       |               |                       |
| <b>HealthNet POS</b>                            |                 | <b>HMO</b>    | <b>PPO</b> <b>OUT</b> |
| Deductible                                      | None            | None          | \$200/\$600           |
| Physicians Services                             | \$15 Copay      | \$20 Copay    | 70/30                 |
| Emergency Room                                  | \$50 Copay      | \$75 Copay    | 70/30                 |
| Rx  | \$5/\$15/\$30   | \$5/\$15/\$30 | \$5/\$15/\$30         |
| Hospital  | No Charge       | 90/10         | 70/30                 |

# 7. ALAMEDA COUNTY

| Alameda County                          |                 |                 |             |                             |                             | Population: 1,671,000 |
|---|-----------------|-----------------|-------------|-----------------------------|-----------------------------|-----------------------|
| Medical Plans                           | 2020-21 Premium | 2021-22 Premium | % +/-       | 2020-21 County Contribution | 2021-22 County Contribution | % +/-                 |
| UnitedHealthcare Premium HMO            | 1,087.80        | 1,150.60        | 5.8%        | 953.18                      | 1,005.34                    | 5.5%                  |
| Kaiser Permanente Premium HMO           | 747.42          | 771.48          | 3.2%        | 654.93                      | 674.08                      | 2.9%                  |
| Kaiser Permanente Standard HMO          | 694.66          | 717.02          | 3.2%        | 608.70                      | 626.50                      | 2.9%                  |
| UnitedHealthcare Advantage Premium HMO  | 831.92          | 759.16          | -8.7%       | 728.97                      | 663.31                      | -9.0%                 |
| UnitedHealthcare Advantage Standard HMO | 743.40          | 678.38          | -8.7%       | 651.41                      | 592.74                      | -9.0%                 |
| UnitedHealthcare Standard HMO           | 972.04          | 1,028.16        | 5.8%        | 851.76                      | 898.36                      | 5.5%                  |
| <b>AVERAGE</b>                          | <b>846.21</b>   | <b>850.80</b>   | <b>0.5%</b> | <b>741.49</b>               | <b>743.39</b>               | <b>0.3%</b>           |

| Alameda County: Medical Plan Design Summary |                |                |
|---|----------------|----------------|
| UnitedHealthcare                            | Premium HMO    | Standard HMO   |
| Deductible                                  | None           | None           |
| Physicians Services                         | \$15 Copay     | \$40 Copay     |
| Emergency Room                              | \$50 Copay     | \$100 Copay    |
| Rx  | \$10/\$25/\$35 | \$25/\$35/\$50 |
| Hospital                                    | No Charge      | \$500 Copay    |
| Kaiser Permanente                           | Premium HMO    | Standard HMO   |
| Deductible                                  | None           | None           |
| Physicians Services                         | \$15 Copay     | \$40 Copay     |
| Emergency Room                              | \$50 Copay     | \$100 Copay    |
| Rx  | \$15/\$15      | \$15/\$30      |
| Hospital                                    | No Charge      | \$500 Copay    |

# 8. SACRAMENTO COUNTY

| Sacramento County             |               |               |             |                          |                          | Population: 1,552,000 |
|-------------------------------|---------------|---------------|-------------|--------------------------|--------------------------|-----------------------|
| Medical Plans                 | 2020 Premium  | 2021 Premium  | % +/-       | 2020 County Contribution | 2021 County Contribution | % +/-                 |
| Western Health Advantage HMO  | 766.12        | 790.32        | 3.2%        | 766.12                   | 790.32                   | 3.2%                  |
| Sutter Health Plus HMO        | 803.30        | 833.82        | 3.8%        | 803.30                   | 833.82                   | 3.8%                  |
| Kaiser Permanente HMO 15      | 820.10        | 879.56        | 7.3%        | 820.10                   | 879.56                   | 7.3%                  |
| Western Health Advantage HDHP | 583.00        | 603.30        | 3.5%        | 583.00                   | 603.30                   | 3.5%                  |
| Sutter Health Plus HDHP       | 591.32        | 612.90        | 3.6%        | 591.32                   | 612.90                   | 3.6%                  |
| Kaiser Permanente HDHP HMO    | 633.00        | 666.24        | 5.3%        | 633.00                   | 666.24                   | 5.3%                  |
| <b>AVERAGE</b>                | <b>699.47</b> | <b>731.02</b> | <b>4.5%</b> | <b>699.47</b>            | <b>731.02</b>            | <b>4.5%</b>           |

| Sacramento County: Medical Plan Design Summary |                |                          |
|--|----------------|--------------------------|
| Sutter Health Plus                             | HMO            | HDHP - HMO               |
| Deductible                                     | None           | \$1,400/\$2,800          |
| Physicians Services                            | \$15 Copay     | No Charge After Ded      |
| Emergency Room                                 | \$35 Copay     | No Charge After Ded      |
| Rx   | \$10/\$20/\$35 | \$10/\$20/\$35 After Ded |
| Hospital                                       | No Charge      | No Charge After Ded      |
| Western Health Advantage                       | HMO            | HDHP - HMO               |
| Deductible                                     | None           | \$1,400/\$2,800          |
| Physicians Services                            | \$15 Copay     | No Charge After Ded      |
| Emergency Room                                 | \$35 Copay     | No Charge After Ded      |
| Rx   | \$10/\$20/\$35 | \$10/\$20/\$35 After Ded |
| Hospital                                       | No Charge      | No Charge After Ded      |
| Kaiser Permanente                              | HMO            | HDHP - HMO               |
| Deductible                                     | None           | \$1,400/\$2,800          |
| Physicians Services                            | \$15 Copay     | No Charge After Ded      |
| Emergency Room                                 | \$35 Copay     | No Charge After Ded      |
| Rx   | \$10/\$20      | \$10/\$20 After Ded      |
| Hospital                                       | No Charge      | No Charge After Ded      |

# 9. CONTRA COSTA COUNTY

| Contra Costa County             |                 |                 |             |                          |                          | Population: 1,154,000 |
|---------------------------------|-----------------|-----------------|-------------|--------------------------|--------------------------|-----------------------|
| Medical Plans                   | 2020 Premium    | 2021 Premium    | % +/-       | 2020 County Contribution | 2021 County Contribution | % +/-                 |
| CCHP Plan A                     | 927.48          | 1,018.05        | 9.8%        | 800.19                   | 848.10                   | 6.0%                  |
| CCHP Plan B                     | 1,028.12        | 1,128.52        | 9.8%        | 849.09                   | 891.04                   | 4.9%                  |
| Health Net HMO Plan A           | 1,885.66        | 1,861.66        | -1.3%       | 1,508.53                 | 1,489.33                 | -1.3%                 |
| Health Net HMO Plan B           | 1,311.25        | 1,294.56        | -1.3%       | 1,049.00                 | 1,035.65                 | -1.3%                 |
| Health Net SmartCare HMO A      | 1,322.48        | 1,305.65        | -1.3%       | 863.57                   | 887.67                   | 2.8%                  |
| Health Net SmartCare HMO B      | 942.98          | 930.98          | -1.3%       | 711.77                   | 737.81                   | 3.7%                  |
| Health Net PPO Plan A           | 2,737.41        | 3,017.68        | 10.2%       | 1,425.48                 | 1,371.47                 | -3.8%                 |
| Kaiser Permanente HMO Plan A    | 920.00          | 951.20          | 3.4%        | 713.71                   | 742.16                   | 4.0%                  |
| Kaiser Permanente HMO Plan B    | 741.09          | 766.21          | 3.4%        | 618.29                   | 641.79                   | 3.8%                  |
| Kaiser Permanente HDHP          | 560.90          | 579.96          | 3.4%        | 504.81                   | 521.97                   | 3.4%                  |
| Anthem Select - PERS            | 868.98          | 925.60          | 6.5%        | 705.63                   | 729.64                   | 3.4%                  |
| Anthem Traditional - PERS       | 1,184.84        | 1,307.86        | 10.4%       | 796.68                   | 859.12                   | 7.8%                  |
| Blue Shield Access+ - PERS      | 1,127.77        | 1,170.08        | 3.8%        | 706.43                   | 724.84                   | 2.6%                  |
| Blue Shield Trio - PERS         | 833.00          | 880.50          | 5.7%        | 628.61                   | 647.81                   | 3.1%                  |
| Health Net Smartcare - PERS     | 1,000.52        | 1,120.21        | 12.0%       | 721.38                   | 774.10                   | 7.3%                  |
| CCHP Plan A Alternate - PERS    | 1,137.10        | 1,248.54        | 9.8%        | 781.36                   | 831.77                   | 6.5%                  |
| Kaiser Permanente HMO - PERS    | 768.49          | 813.64          | 5.9%        | 628.61                   | 646.64                   | 2.9%                  |
| PERS Care                       | 1,133.14        | 1,294.69        | 14.3%       | 726.12                   | 784.18                   | 8.0%                  |
| PERS Choice                     | 861.18          | 935.84          | 8.7%        | 672.07                   | 701.62                   | 4.4%                  |
| PORAC - PERS                    | 774.00          | 799.00          | 3.2%        | 658.11                   | 668.41                   | 1.6%                  |
| PERS Select                     | 520.29          | 566.67          | 8.9%        | 520.28                   | 566.66                   | 8.9%                  |
| United Health Care - PERS       | 899.94          | 941.17          | 4.6%        | 638.41                   | 651.66                   | 2.1%                  |
| Western Health Advantage - PERS | 731.96          | 757.02          | 3.4%        | 599.86                   | 594.74                   | -0.9%                 |
| <b>AVERAGE</b>                  | <b>1,052.98</b> | <b>1,113.71</b> | <b>5.8%</b> | <b>775.13</b>            | <b>797.75</b>            | <b>2.9%</b>           |

**Contra Costa County: Medical Plan Design Summary**

| <b>Contra Costa County: Medical Plan Design Summary</b> |                 |                   |                     |                        |                        |
|---|-----------------|-------------------|---------------------|------------------------|------------------------|
| <b>CCHP</b>   | <b>PLAN A</b>   | <b>PLAN B</b>     |                     |                        |                        |
| Deductible  | None            | None              |                     |                        |                        |
| Physicians Services                                     | No Charge       | \$5 Copay         |                     |                        |                        |
| Emergency Room  | No Charge       | No Charge         |                     |                        |                        |
| Rx  | No Charge       | \$3 Per Rx        |                     |                        |                        |
| Hospital  | No Charge       | No Charge         |                     |                        |                        |
| <b>HealthNet</b>  | <b>HMO</b>      | <b>PLAN A -In</b> | <b>PLAN A - Out</b> | <b>SmartCare HMO A</b> | <b>SmartCare HMO B</b> |
| Deductible  | None            | \$250/\$750       | \$250/\$750         | None                   | None                   |
| Physicians Services                                     | \$10/\$20 Copay | \$10 Copay        | 70/30               | \$15                   | \$30                   |
| Emergency Room  | \$25            | \$50 + 10% co-ins | \$50 + 10% co-ins   | \$50                   | \$100                  |
| Rx  | \$10/\$20/\$35  | \$5               | \$5                 | \$10/\$20/\$35         | \$10/\$30/\$50         |
| Hospital  | No Charge       | 90/10             | 70/30               | No Charge              | \$1,500                |
| <b>Kaiser Permanente</b>                                | <b>PLAN A</b>   | <b>PLAN B</b>     | <b>HDHP</b>         |                        |                        |
| Deductible  | None            | \$500/\$1,000     | \$1,500/\$3,000     |                        |                        |
| Physicians Services                                     | \$10 Copay      | \$20 Copay        | 90/10 After Ded     |                        |                        |
| Emergency Room  | \$10 Copay      | 90/10 After Ded   | 90/10 After Ded     |                        |                        |
| Rx  | \$10/\$20       | \$10/\$30         | \$10/\$30 After Ded |                        |                        |
| Hospital  | No Charge       | 90/10 After Ded   | 90/10 After Ded     |                        |                        |

# 10. FRESNO COUNTY

| Fresno County              |               |               |             |                          |                          | Population: 999,000 |
|----------------------------|---------------|---------------|-------------|--------------------------|--------------------------|---------------------|
| Medical Plans              | 2020 Premium  | 2021 Premium  | % +/-       | 2020 County Contribution | 2021 County Contribution | % +/-               |
| Kaiser Permanente \$15 HMO | 913.62        | 942.51        | 3.2%        | 743.17                   | 797.33                   | 7.3%                |
| Blue Cross EPO             | 913.62        | 942.51        | 3.2%        | 743.17                   | 797.33                   | 7.3%                |
| Blue Cross PPO             | 1,250.58      | 1,247.66      | -0.2%       | 743.17                   | 797.33                   | 7.3%                |
| Blue Cross PPO \$1,000     | 944.82        | 941.73        | -0.3%       | 743.17                   | 797.33                   | 7.3%                |
| Blue Cross HDPPPO \$1,500  | 862.14        | 859.29        | -0.3%       | 743.17                   | 797.33                   | 7.3%                |
| Blue Cross HDPPPO \$3,000  | 743.17        | 797.33        | 7.3%        | 743.17                   | 797.33                   | 7.3%                |
| <b>AVERAGE</b>             | <b>937.99</b> | <b>955.17</b> | <b>1.8%</b> | <b>743.17</b>            | <b>797.33</b>            | <b>7.3%</b>         |

| 10. Fresno County: Medical Plan Design Summary |                     |                     |
|--|---------------------|---------------------|
| <b>Kaiser Permanente</b>                       | <b>HMO</b>          |                     |
| Deductible                                     | None                |                     |
| Physicians Services                            | \$15 per visit      |                     |
| Emergency Room                                 | \$100 per visit     |                     |
| Rx   | \$10/\$20           |                     |
| Hospital                                       | No Charge           |                     |
| <b>Blue Cross</b>                              | <b>EPO</b>          | <b>PPO</b>          |
| Deductible                                     | None                | \$250/\$500         |
| Physicians Services                            | \$15 per visit      | \$20 per visit      |
| Emergency Room                                 | \$100 per visit     | \$0 Copay After Ded |
| Rx   | Carved out          | Carved out          |
| Hospital                                       | No Charge           | No Charge           |
| <b>Blue Cross</b>                              | <b>HDPPPO - IN</b>  |                     |
| Deductible                                     | \$3,000/\$6,000     |                     |
| Physicians Services                            | \$0 Copay After Ded |                     |
| Emergency Room                                 | \$0 Copay After Ded |                     |
| Rx   | \$0 Copay After Ded |                     |
| Hospital                                       | \$0 Copay After Ded |                     |



# CALPERS

| 2021 CalPERS Health Plan Summaries |                                |                                |                                |                          |         |                          |         |                           |                           |                                |                                |                                 |
|------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------|---------|--------------------------|---------|---------------------------|---------------------------|--------------------------------|--------------------------------|---------------------------------|
|                                    | Kaiser Permanente HMO          | Blue Shield Access+ HMO        | Western Health Advantage HMO   | PERS Select              |         | PERS Choice              |         | PERS Care                 |                           | Anthem Blue Cross EPO & HMO    | Health Net EPO & HMO           | UnitedHealthcare SignatureValue |
|                                    |                                |                                |                                | In                       | Out     | In                       | Out     | In                        | Out                       |                                |                                |                                 |
| <b>Annual Deductible</b>           | N/A                            | N/A                            | N/A                            | \$1,000/\$2,000          |         | \$500/\$1,000            |         | \$500/\$1,000             |                           | N/A                            | N/A                            | N/A                             |
| <b>Hospital (Inpatient)</b>        | No Charge                      | No Charge                      | No Charge                      | 80%/20%                  | 60%/40% | 80%/20%                  | 60%/40% | 90%/10%, \$250 Deductible | 60%/40%, \$250 Deductible | No Charge                      | No Charge                      | No Charge                       |
| <b>Emergency Room</b>              | \$50 Copay Waived if Admitted  | \$50 Copay Waived if Admitted  | \$50 Copay Waived if Admitted  | 80%/20%, \$50 Deductible |         | 80%/20%, \$50 Deductible |         | 90%/10%, \$50 Deductible  |                           | \$50 Copay Waived if Admitted  | \$50 Copay Waived if Admitted  | \$50 Copay Waived if Admitted   |
| <b>Office Visits</b>               | \$15 Copay                     | \$15 Copay                     | \$15 Copay                     | \$35 Copay               | 60%/40% | \$20 Copay               | 60%/40% | \$20 Copay                | 60%/40%                   | \$15 Copay                     | \$15 Copay                     | \$15 Copay                      |
| <b>Urgent Care</b>                 | \$15 Copay                     | \$15 Copay                     | \$15 Copay                     | \$35 Copay               | 60%/40% | \$35 Copay               | 60%/40% | \$35 Copay                | 60%/40%                   | \$15 Copay                     | \$15 Copay                     | \$15 Copay                      |
| <b>Rx - Retail</b>                 | \$5/\$20                       | \$5/\$20/\$50                  | \$5/\$20/\$50                  | \$5/\$20/\$50            |         | \$5/\$20/\$50            |         | \$5/\$20/\$50             |                           | \$5/\$20/\$50                  | \$5/\$20/\$50                  | \$5/\$20/\$50                   |
| <b>Rx - Mail Order</b>             | \$10/\$40                      | \$10/\$40/\$100                | \$10/\$40/\$100                | \$10/\$40/\$100          |         | \$10/\$40/\$100          |         | \$10/\$40/\$100           |                           | \$10/\$40/\$100                | \$10/\$40/\$100                | \$10/\$40/\$100                 |
| <b>Infertility Treatment</b>       | 50%/50%                        | 50%/50%                        | 50%/50%                        | 50%/50%                  |         | 50%/50%                  |         | 50%/50%                   |                           | 50%/50%                        | 50%/50%                        | 50%/50%                         |
| <b>Acupuncture</b>                 | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay               | 60%/40% | \$15 Copay               | 60%/40% | \$15 Copay                | 60%/40%                   | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr.  |
|                                    |                                |                                |                                | Limit 20 Visits/Yr.      |         | Limit 20 Visits/Yr.      |         | Limit 20 Visits/Yr.       |                           |                                |                                |                                 |
| <b>Chiropractic</b>                | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay               | 60%/40% | \$15 Copay               | 60%/40% | \$15 Copay                | 60%/40%                   | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr. | \$15 Copay Limit 20 Visits/Yr.  |
|                                    |                                |                                |                                | Limit 20 Visits/Yr.      |         | Limit 20 Visits/Yr.      |         | Limit 20 Visits/Yr.       |                           |                                |                                |                                 |

For informational purposes only. CalPERS data is not included in the 10-County Survey.

# SFHSS ACTIVE EMPLOYEE PLANS

| 2021 SFHSS Active Employee Plans         |  |   |   |
|--|--|---|---|
|  | Kaiser Permanente HMO  | Blue Shield of CA Access+ HMO and Trio HMO  | UnitedHealthcare PPO (City Plan)  |
| <b>Annual Deductible</b>                 | No deductible  | No deductible   | \$250 employee (in-network)<br>\$500 employee +1 (in-network)<br>\$750 employee +2 or more (in-network)   |
| <b>Hospital (Inpatient)</b>              | \$100 Copay<br>(per admission)   | \$200 Copay<br>(per admission)  | 85% covered after deductible (in-network)<br>50% covered after deductible (out-of-network)  |
| <b>Emergency Room</b>                    | \$100 Copay<br>(waived if admitted)  | \$100 Copay<br>(waived if admitted)   | 85% covered after deductible (in-network)<br>50% covered after deductible (out-of-network)  |
| <b>Ambulance Services</b>                | No charge  | \$50 Copay  | 85% covered after deductible (in-network)<br>50% covered after deductible (out-of-network)  |
| <b>Office Visits</b>                     | \$20 Copay   | \$25 Copay  | 85% covered after deductible (in-network)<br>50% covered after deductible (out-of-network)  |
| <b>Urgent Care</b>                       | \$20 Copay   | \$25 Copay<br>(in-network)  | 85% covered after deductible (in-network)<br>50% covered after deductible (out-of-network)  |
| <b>Rx - Retail<br/>30-day supply</b>     | \$5 (generic)<br>\$15 (brand)  | \$10 (generic)<br>\$25 (brand)<br>\$50 (non-formulary)  | \$10/\$25/\$50 Copay (30-day supply)<br>generic/brand/non-formulary (in-network)<br>50% covered after \$5/\$20/\$45 Copay (30-day supply)<br>generic/brand/non-formulary (out-of-network) |
| <b>Rx - Mail Order<br/>90-day supply</b> | \$10 (100-day supply/generic)<br>\$30 (100-day supply/brand)   | \$20 (90-day supply/generic)<br>\$50 (90-day supply/brand)<br>\$100 (90-day supply/non-formulary) | \$20/\$50/\$100 Copay (90-day supply)<br>generic/brand/non-formulary (in-network)<br>Out-of-network is <i>not</i> covered.  |
| <b>Infertility Treatment</b>             | 50% (in-network)   | 50% (in-network)  | 50% After Ded (in-network)<br>50% After Ded (out-of-network)  |
| <b>Acupuncture</b>                       | \$15 Copay<br>(up to combined total of 30 chiropractic and<br>acupuncture visits per year) (ASH-network) | \$15 Copay<br>(limit 30 visits per year) (ASH-network)  | 50% After Ded (in-network)<br>50% After Ded (out-of-network)<br>(limit \$1,000 maximum for each per plan year)  |
| <b>Chiropractic</b>                      | \$15 Copay<br>(up to a combined total of 30 chiropractic and<br>acupuncture visits/yr. (ASH-network)     | \$15 Copay<br>(limit 30 visits per year) (ASH-network)  | 50% After Ded (in-network)<br>50% After Ded (out-of-network)<br>(limit \$1,000 maximum for each per plan year)  |

For informational purposes only. SFHSS data is not included in the 10-County Survey. The UnitedHealthcare PPO (City Plan) health plan is administered by UnitedHealthcare.



June 16, 2021

Board of Supervisors  
City and County of San Francisco  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

**RE: January 1, 2022 to December 31, 2022 Health, Life Insurance, and Long-Term Disability Plan Benefits, Rates and Contributions**

Honorable Members of the Board of Supervisors:

This letter serves to document our position as the consultant and actuary to the San Francisco Health Service System (“SFHSS”) with regard to the completed rates and contribution setting process for SFHSS health, life insurance, and long-term disability plans into the plan year from January 1, 2022 to December 31, 2022. Four employers (referred to as the “Four Employers” in this letter) offer plans through SFHSS, which are documented in this letter, to active employees and retirees:

- City and County of San Francisco, or CCSF (all plans documented in this letter);
- San Francisco Unified School District, or USD (medical and vision plans only);
- San Francisco Community College District, or CCD (medical and vision plans only); and
- The Superior Courts, or CRT (all plans documented in this letter).

The 2022 plan year rates and contribution setting process was concluded on June 10, 2021 under the direction of the Rates and Benefits Committee (“Committee”) of the Health Service Board (“HSB”). This report will reference attached exhibits, as well as tables embedded in this letter.

In our opinion, the rate and contribution determination process for the 2022 plan year was completed in a comprehensive manner. Specifically, it is our professional opinion that:

- The premium rates for all fully insured plans, and the administrative and other fees for all self-funded and flex-funded plans, agree with SFHSS' vendors' final rates and represent a fair price given the services provided, and;
- The premium equivalents set for the SFHSS self-funded and flex-funded programs—Blue Shield of California (“BSC”) self-funded PPO-Accolade, UnitedHealthcare (“UHC”) self-funded Non-Medicare PPO for non-Medicare family members where at least one family member is enrolled in the UHC Medicare Advantage PPO plan (e.g., “split family retirees”), Blue Shield of California (“BSC”) flex-funded Access+ and Trio HMO plans, Health Net CanopyCare (“HN CC”) flex-funded HMO plan, and Delta Dental of California (“Delta Dental”) PPO plan for active employees—represent our best estimate of future expenditures based on the information available at the time these rates were developed. Existing Trust Fund assets are expected to be sufficient to protect the SFHSS Trust Fund against adverse claims experience.



## Legislative Update

### **The Patient Protection and Affordable Care Act (PPACA)**

PPACA continues as law, and thus SFHSS continues to work with all four employers served by the Trust—CCSF, USD, CCD, and CRT—to assure compliance with PPACA requirements continues. Some elements have been permanently eliminated, such as the Excise Tax on high-cost plans. Some aspects have been deferred indefinitely, such as the automatic enrollment requirement. Other provisions continue to be in effect. Below is a brief explanation of the provisions that remain in place currently and have the greatest effect.

### **PPACA Reporting Requirements**

Under PPACA, employers are required to provide reporting to both employees as well as the Internal Revenue Service (IRS). This reporting requirement remains even though the individual mandate penalty moved to \$0 for the 2019 plan year and forward. The purpose of the reporting is as follows:

- Establish that the plan sponsor complied with PPACA's employer mandate by making an offer of affordable, minimum value health care coverage to its full-time employees (PPACA defines a full-time employee as an employee who is employed, on average, at least 30 hours of service per week, or 130 hours of service in a calendar month.);
- Provide individuals with information on their employer-provided health care coverage so they can establish compliance with the individual mandate to purchase health care coverage;
- Help the IRS determine whether individuals who have purchased coverage from a public exchange are entitled to a subsidy; and
- Help the IRS determine applicable penalties for failure to comply with the individual mandate.

Reporting started in 2016 with 2015 calendar year information on Forms 1094 and 1095 and remains an annual requirement. SFHSS successfully met this requirement for the 2020 plan year by creating 48,117 IRS forms for distribution to employees and electronic reporting to the IRS in early 2021.

### **PPACA Legislative Fees**

In 2010, the Patient Protection and Affordable Care Act (PPACA) created a Health Insurance Tax and two direct fees which were passed to employers—the Transitional Reinsurance Fee (TRF) and the Patient Centered Outcomes Research Institute (PCORI) Fee. Only PCORI remains in effect, as the TRF expired after the 2016 plan year and the Health Insurance Tax expired at the end of the 2020 plan year. The PCORI fee, originally set to expire after 2019, was extended through 2029 as part of the SECURE Act passed by the federal government in December 2019 and is included in the 2022 fully insured plan premiums. The 2022 PCORI fee is not yet known but should be slightly higher than the \$2.66 per covered life per year fee in 2021.



## Contributions Under the 10-County Survey

Per City Charter Section A8.428, the employer contribution towards medical benefits is determined by the results of a survey of the dollar premium contributions provided by the ten most populous counties in California, excluding San Francisco. In the June 2014 CCSF collective bargaining process, the 10-County Survey (“Survey”) was eliminated for the majority of the CCSF unions in the calculation of premium contributions for active employees in exchange for a percentage-based employee premium contribution. The Survey remains in use as a basis for calculating employer contributions for retirees and some employees in SFHSS health plans. For the 2022 plan year, the 10-County Survey result leads to an increase in average monthly contribution from \$729.19 used in 2021 employer contribution determination calculations to \$757.31 used in 2022 employer contribution determination calculations (an increase of 3.86%). The full Survey report is contained as an Appendix to this letter and was presented at the March 11, 2021 HSB meeting. It is also accessible at sfhss.org. A summary of results is illustrated in Exhibit 1 of the adjoining document.

## Year-Over-Year Medical Plan Cost Comparison for All Four Employers

Annual aggregated costs for all medical plans offered by SFHSS (through UHC, Kaiser, and BSC both years plus HN CC in 2022) to active employees, early retirees, and Medicare retirees are shown in Table 1 below.

| Table 1—All Four Employers  |                                       |   |                                |
|---|---------------------------------------|---|--------------------------------|
| January 1, 2022 to December 31, 2022 Aggregate Medical Plans Cost (\$ millions) |                                       |   |                                |
|   | Aggregate Member Contributions<br>(a) | Aggregate Employer Contributions<br>(b) | Aggregate Plan Cost<br>(a + b) |
| <b>Current (2021) Rates</b>   | <b>\$111.4</b>                        | <b>\$840.0</b>                          | <b>\$951.4</b>                 |
| <b>Final Renewal (2022) Rates</b>   | <b>\$113.5</b>                        | <b>\$858.1</b>                          | <b>\$971.6</b>                 |
| \$ Difference   | \$2.1                                 | \$18.1                                  | \$20.2                         |
| % Difference  | 1.89%                                 | 2.15%                                   | 2.12%                          |

Per Table 1 above, we expect an increase in aggregate medical plan costs totaling \$20.2 million, or 2.12%, for the SFHSS medical plans (including Basic Plan vision coverage costs and the SFHSS Healthcare Sustainability Fund charge—both of which remain at 2021 levels) for the 2022 plan year. This increase in costs will be split between the members and employers with member contributions increasing \$2.1 million and employer contributions increasing \$18.1 million. These costs are projected based on March 2021 plan enrollment.



## Current CCSF Health Plan Employer Contribution Strategy—Active Employees

Most negotiated contribution algorithms for CCSF covered employees fall into two models. The models reflect CCSF's percentage of the contribution; they are **(1) 93 / 93 / 83** contribution model, and **(2) 100 / 96 / 83** contribution model.

### 1) 93 / 93 / 83 Contribution Model:

- a) **Employee Only.** For single-covered employees (Employee Only) who enroll in any health plan offered through the San Francisco Health Service System (SFHSS), CCSF shall contribute ninety-three percent (93%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at ninety-three percent (93%) of the Employee Only premium / premium equivalent of the second-highest-cost plan.
- b) **Employee Plus One.** For employees with one dependent who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute ninety-three percent (93%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at ninety-three percent (93%) of the Employee Plus One premium / premium equivalent of the second-highest-cost plan.
- c) **Employee Plus Two or More.** For employees with two or more dependents who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute eighty-three (83%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at eighty-three percent (83%) of the Employee Plus Two or More premium / premium equivalent of the second-highest-cost plan.

### 2) 100 / 96 / 83 Contribution Model:

- a) **Employee Only.** For single-covered employees (Employee Only) who enroll in any health plan offered through SFHSS, CCSF shall contribute one hundred percent (100%) of the total health insurance premium / premium equivalent.
- b) **Employee Plus One.** For employees with one dependent who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute ninety-six percent (96%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at ninety-six percent (96%) of the Employee Plus One premium / premium equivalent of the second-highest-cost plan.
- c) **Employee Plus Two or More.** For employees with two or more dependents who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute eighty-three (83%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at eighty-three percent (83%) of the Employee Plus Two or More premium / premium equivalent of the second-highest-cost plan.

Since the majority of CCSF employees fall into the two contribution models, Aon produced two sets of rate cards, both approved by the HSB for plan year 2022. One rate card specified member contributions under the 93 / 93 / 83 model and the other rate card under the 100 / 96 / 83 model.



## Current CCSF Health Plan Employer Contribution Strategy—Retirees

For SFHSS retirees, the employer contributions that member employers including CCSF provide to qualified retirees receiving the full employer contribution amounts are defined by Section A8.428 of the City Charter. The three elements are:

- **10-County Survey Amount.** This first component of the employer contribution is the amount derived from the annual survey described in Charter Section A8.423 of contributions provided by the 10 most populous counties in California, not including San Francisco—called the “average contribution”. The 2022 10-County amount is \$757.31. If the total cost for Retiree Only for a plan is less than the 10-County Amount, that lower amount becomes the basis for that plan for the 10-County employer contribution portion.
- **“Actuarial Difference”.** The second employer contribution component is the “actuarial difference” for a given plan. Under Charter Section A8.428(b)(3), the employers contribute the difference between Active Employee-Only premium and Early Retiree-Only premium.
- **Prop. E Contribution.** The third employer contribution component is the Prop. E contribution amount. Under Charter Section A8.428(b)(3)(iii) and A8.428(c), employer contributions toward Retiree Only and Retiree +1 rates = 50% x [Total Rate Cost – 10-County Amount – “Actuarial Difference”].

The full employer contribution amount for retiree medical coverage applies to eligible retirees who were hired on or before January 9, 2009. For retirees who were hired on or after January 10, 2009, there are five coverage / employer contribution classifications based on certain criteria outlined in Table 2, found on page 6.



| Table 2—Retiree Medical Coverage / Employer Contribution<br>For Those Hired On or After January 10, 2009  |  |
|---|--|
| Years of Credited Service at Retirement   | Percentage of Employer Contribution Established in A8.428 Subsection (b)(3)  |
| Less than 5 years of Credited Service with the Employers (except for the surviving spouses or surviving domestic partners of active employees who died in the line of duty)   | No Retiree Medical Benefits Coverage   |
| At least 5 but less than 10 years of Credited Service with the Employers; or greater than 10 years of Credited Service with the Employers but not eligible to receive benefits under Subsections (a)(4), (b)(4) and (b)(5)<br><b>(A8.428 Subsection (b)(6))</b> | 0% — Access to Retiree Medical Benefits Coverage, Including Access to Dependent Coverage, But No Employer Contribution; Employee Pays Health Insurance Premium |
| At least 10 but less than 15 years of Credited Service with the Employers<br><b>(A8.428 Subsection (b)(5))</b>  | 50%  |
| At least 15 but less than 20 years of Credited Service with the Employers<br><b>(A8.428 Subsection (b)(5))</b>  | 75%  |
| At least 20 years of Credited Service with the Employers; Retired Persons who retired for disability; surviving spouses or surviving domestic partners of active employees who died in the line of duty<br><b>(A8.428 Subsection (b)(4))</b>                    | 100%   |

### Outline of 2022 Health Plan Design and Rating Actions

Below we describe the plan design changes and rating actions that apply to each SFHSS health plan for the 2022 plan year, based on approval actions taken during the recently completed Rates and Benefits cycle by the HSB.





## Rates, Contributions, and Benefits for the Fully Insured Kaiser Permanente HMO Plans for All Four Employers

The final negotiated rate change for Kaiser Permanente (“Kaiser”) active employees, early retirees, and Medicare retirees is an overall increase of 2.94% for plan year 2022. This overall average is generated by a 4.96% premium rate increase for active employees and early retirees in California, and an 10.83% premium rate decrease for Medicare retirees in California. There are also small retiree populations (approximately 150 covered lives) with Kaiser HMO coverage in the Northwest (Oregon), Washington, and Hawaii regions captured in the overall average Kaiser rating action.

The decrease for Medicare retirees was primarily due to differences in Centers for Medicare and Medicaid Services (CMS) actual funding results for the Kaiser Permanente Senior Advantage (KPSA) plan, relative to early Kaiser forecasts in last year’s rates, as well as favorable plan cost trends in recent KPSA plan experience.

There are no 2022 plan design changes approved for the active employee and early retiree Kaiser plan or the KPSA Medicare plan by the Rates and Benefits Committee and HSB.

The 2022 Kaiser renewal actions result in an overall estimated increase of \$14.0 million from 2021 to 2022 for all four employers based on March 2021 membership, of which \$11.3 million is attributed to CCSF and \$2.7 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate 2022 projected cost for all four employers for Kaiser Permanente based on March 2021 membership is projected at \$489.8 million, with \$52.2 million in member contributions and \$437.6 million in employer contributions. Table 3 (page 13) provides an overview of annualized costs.

The 2022 Kaiser plan rates are illustrated in exhibits 2a-2e in the adjoining document.



## Rates, Contributions, and Benefits for the Flex-Funded BSC HMO Plans and the Self-Funded BSC PPO-Accolade for All Four Employers

### **BSC (Flex-Funded) HMO Plans—Access+ and Trio (Active Employees and Early Retirees)**

As a result of BSC renewal inputs which were influenced by the competitive, public Request for Proposal (RFP) process, total cost rates will increase by 0.8% for BSC Access+ plan and 2.0% for BSC Trio plan into the 2022 plan year. As documented by the SFHSS presentation to the HSB on RFP results in the February 11, 2021 HSB meeting, total cost savings for SFHSS flex-funded HMO plans generated by the RFP process are expected to be \$4.7 million in 2022 versus expected 2022 spend absent the RFP process—and \$15.1 million across the three-year period 2022 to 2024. These savings are primarily generated by reduced BSC flex-funded HMO plan administrative fees and improvement in pharmacy rebates passed to SFHSS into the 2022 plan year.

There are no 2022 plan design changes approved for the BSC Access+ and Trio plans by the Rates and Benefits Committee and HSB.

Overall, this produces an aggregate increase of 1.2% for the combination of the two BSC flex-funded HMO plans into the 2022 plan year. Overall, 64% of BSC enrolled active employees / early retirees are in Access+ in 2021, versus 36% enrolled in Trio. This has changed only slightly from the 63% Access+ / 37% Trio split in 2020.

The aggregate 2022 projected cost for all four employers in the BSC Access+ and Trio plans based on March 2021 BSC plan enrollments is \$346.0 million, with \$39.6 million in member contributions and \$306.4 million in employer contributions based on March 2021 membership. This results in an overall estimated increase of \$4.1 million from 2021 to 2022 for all four employers based on March 2021 membership, of which \$3.5 million is attributed to CCSF and the remaining \$0.6 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 13) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined. Please note that these figures could reduce as some of these dollars transfer into the new Health Net CanopyCare HMO plan based on how current BSC HMO plan enrollees elect in the 2022 plan year—the majority of current BSC plan enrollees are expected to remain in BSC HMO plans, but some current BSC HMO enrollees (10% estimated) are expected to elect the new Health Net CanopyCare plan in 2022 (see below for more information on this new plan).

The 2022 BSC flex-funded HMO plan rates are illustrated in exhibits 3a-3b for HMO Access+ and 3c-3d for Trio in the adjoining document.

### **BSC (Self-Funded) PPO-Accolade Plan (Active Employees and Early Retirees)**

As a result of a competitive, public RFP process, the Rates & Benefits Committee and HSB approved a change in the administrator for the self-funded PPO medical plan from UnitedHealthcare to Blue Shield of California (with Accolade) for active employees and early retirees. The medical and pharmacy monthly premium equivalent rates for the BSC PPO-Accolade were developed separately



for active employees and retirees without Medicare based on group-specific experience during 2020 with UHC as the administrator of the non-Medicare PPO plans, and RFP financial results. A substantial factor in the approval of the change of non-Medicare PPO plan administrator effective January 1, 2022 from UHC to BSC at the February 11, 2021 HSB meeting was the savings estimate resulting from the administrator change—with total costs expected to reduce by \$0.4 million in 2022 and \$1.2 million over the three-year period 2022-2024 relative to projected costs had UHC continued to be plan administrator for the non-Medicare PPO plan. Similar to savings drivers from the RFP for the HMO plans, savings were primarily driven by reduced administrative fees and improvement in pharmacy rebates passed to SFHSS into the 2022 plan year. In addition, BSC will partner with Accolade, a member decision support and clinical advocacy organization, to increase support for non-Medicare PPO plan members.

UHC will remain the non-Medicare PPO plan administrator in 2022 for family members of SFHSS retirees who are not yet Medicare-eligible, where one or more family members is Medicare-eligible and elects the UHC Medicare Advantage (MA) PPO plan as described later in this letter. This is being done for administrative reasons. Additionally, non-Medicare family members in retiree families can continue to also elect the BSC Access+ or BSC Trio plans when one or more members of the retiree's family elects the UHC MA PPO plan.

There are no 2022 plan design changes approved for the 2022 BSC PPO-Accolade Plan by the Rates and Benefits Committee and HSB.

Overall, the non-Medicare PPO plan rate increase is 2.7%. The aggregate 2022 projected cost for all four employers in the BSC PPO-Accolade plan is \$41.4 million, with \$8.9 million in member contributions and \$32.5 million in employer contributions based on March 2021 membership. Table 3 (page 13) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined.

The 2022 BSC PPO-Accolade plan rates are illustrated in exhibits 5a-5d in the adjoining document. This includes rates for mixed Medicare retiree families (e.g., retiree "split families") where UHC will continue to be plan administrator for non-Medicare retiree family members where one or more family member is Medicare-eligible and enrolls in the UHC MA PPO plan.

### [Rates, Contributions, and Benefits for the Flex-Funded Health Net CanopyCare HMO Plan for All Four Employers \(New in 2022\)](#)

As a result of a competitive, public RFP process, the Rates & Benefits Committee and HSB approved the addition of a new flex-funded HMO plan offering through Health Net in partnership with CanopyCare for the 2022 plan year. The plan design will mirror the plan design for the BSC HMO Plans. The medical and pharmacy monthly premium equivalent rates were developed separately for active employees and retirees without Medicare based on Health Net's financial quotation submitted in the RFP process based on their assessment of projected 2022 plan year cost for the SFHSS population. The HSB's Rate Stabilization Policy will not apply in 2022 rating for the Health Net



CanopyCare plan given this is a new plan for SFHSS (it will apply in future years once plan actual experience becomes known).

A best estimate for the aggregate 2022 projected cost for all four employers in the Health Net CanopyCare HMO Plan if 10% of March 2021 BSC HMO enrollees migrate to Health Net CanopyCare for the 2022 plan year is \$33.2 million, with \$3.8 million in member contributions and \$29.4 million in employer contributions.

The 2022 Health Net CanopyCare (flex-funded) HMO plan rates are illustrated in exhibits 4a-4b in the adjoining document.

### Rates, Contributions, and Benefits for the UHC Medicare Advantage PPO / Split Retiree Family UHC Non-Medicare PPO for All Four Employers

As of January 1, 2017, all Non-Kaiser Medicare eligible retirees became covered under the UHC fully insured Medicare Advantage (MA) PPO Plan. In 2022, the total per member rate for this Medicare plan will increase 1.2%. The 1.2% increase results from a two-year rating commitment made by UHC for both the 2021 and 2022 plan years, where 2022 is the second year of that two-year rating commitment.

As mentioned above, UHC will remain the administrator of the Non-Medicare PPO plan for individuals who are part of a retiree family where one or more family member is not yet Medicare-eligible and enrolls in the Non-Medicare PPO plan, and one or more family member is Medicare-eligible and enrolls in the UHC MA PPO plan. As of March 2021, there were 272 non-Medicare covered lives enrolled in the non-Medicare PPO plan as part of a Mixed Medicare (or "split family") retiree family. The rate increase for the non-Medicare PPO plan for the 2022 plan year is 2.7%.

There are no plan design changes into 2022 for the UHC MA PPO and UHC Non-Medicare PPO for retiree split family members who are not Medicare-eligible and elect the Non-Medicare PPO.

The aggregate 2022 projected cost for all four employers for the UHC plans across active employees, early retirees, and Medicare retirees is projected at \$94.4 million, with \$12.8 million in member contributions and \$81.6 million in employer contributions. Table 3 (page 13) provides an overview of annualized costs for the UHC MA PPO plan and retiree non-Medicare split family member PPO plan combined.

The 2022 UHC retiree plan rates are illustrated in the retiree rate columns of exhibits 5a-5d in the adjoining document.



## Rates and Benefits for the Vision Plans for All Four Employers

Members enrolled in any medical plan offered by SFHSS also receive the Basic Plan vision benefits through Vision Service Plan (VSP). The cost of the Basic Plan vision benefit is a component of the cost of the medical plan and has been included in the rate exhibits referenced above. For the 2022 plan year, Basic Plan rates will remain at 2021 levels.

There is also a buy-up Premier Plan available to SFHSS members, which was first offered for the 2018 plan year. Members pay the full rate increment between Basic Plan rates and Premier Plan rates. For the 2022 plan year, Premier Plan total premium rates will remain at 2021 levels.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$0.83 per employee per month. Approximately 20,000 employees have access to this benefit. This rate remains unchanged from 2021 to 2022.

Based on March 2021 enrollment, the aggregate projected 2022 employer cost for all four employers for the VSP Basic vision plan is \$5.3 million, plus an additional \$0.2 million for the Computer Vision Care benefit. The employer portion of vision plan costs will remain constant from 2021 to 2022, as the Basic Plan premium rates and Computer Vision Care premium rates are not changing from 2021 to 2022. VSP vision plan costs for all four employers are illustrated in Exhibits 6a-6b in the adjoining document.

## Rates, Contributions, and Benefits for Dental Plans for CCSF, Court Employees, and All Retirees

Three dental plans are offered to CCSF/Court active employees and all SFHSS retirees—Delta Dental PPO, DeltaCare USA HMO, and UHC Dental HMO. The Delta Dental PPO plan has a network of preferred providers while the other two plans are dental HMOs with closed panels of providers. The City pays most of the cost of the dental PPO benefit / full cost of the dental HMO benefits for active CCSF employees, while retirees pay the full cost of their dental plans (no employer contribution for SFHSS retiree dental plans). Monthly employee contributions for CCSF employees in the Delta Dental PPO plan are \$5.00 for the Employee Only tier, \$10.00 for the Employee +1 tier, and \$15.00 for the Employee +2+ tier.

The Delta Dental PPO plan for active employees is self-funded and administered by Delta Dental of California (Delta Dental). Future plan costs are projected based on the City employees' claim experience. Delta Dental's administrative fee will remain constant from 2021 to 2022, at \$4.62 per employee per month.

Due to the combination of favorable experience in the active employee Dental PPO plan stemming from pandemic claims suppression during 2020, as well as availability of substantial rate stabilization reserve balance funds generated by pandemic claims suppression, the aggregate total premium



equivalent rates for the self-funded Delta Dental PPO plan for active employees are decreasing 14.4% for plan year 2022.

The Delta Dental PPO plan for retirees, DeltaCare USA dental plans for active employees and retirees, and UHC Dental plans for active employees and retirees are all fully insured. Active employee rates for the DeltaCare USA HMO plan are remaining at 2021 rates into the 2022 plan year. Retiree rates for the Delta Dental PPO plan and DeltaCare USA HMO plan are increasing by 4.17% from 2021 to 2022—after 2021 rates were discounted by Delta Dental to allow for a partial return of premium to retirees during 2021 only resulting from pandemic-influenced claim suppression. Active employee and retiree UHC Dental HMO rates are decreasing by 10.0% from 2021 to 2022.

There are no dental plan design changes from 2021 to 2022 for the Delta Dental PPO plans for active employees and retirees.

The 2022 dental plan rates are shown in the adjoining document for the Delta Dental PPO (Exhibits 7a-7b), DeltaCare USA HMO (Exhibits 8a-8b), and UHC Dental HMO (Exhibits 9a-9b). The aggregate dental plan total cost for active employees for the 2022 plan year is projected at \$36.2 million with \$3.6 million in member contributions and \$32.6 million in employer contributions based on March 2021 enrollment. This results in an overall estimated total dental cost decrease of \$6.0 million (14.3%) from 2021 to 2022. Table 3 (page 13) provides an overview of annualized costs.

### **Life and Long-Term Disability (LTD) Insurance for CCSF, Court Employees, and Municipal Executive Active Employees Only**

Total premiums for basic life insurance (employer-paid), supplemental life insurance (member-paid), and long-term disability (LTD) insurance (employer-paid) insured through The Hartford Life and Accident Insurance Company will remain at 2021 levels into the 2022 plan year as part of a three-year guarantee through the 2022 plan year.

The aggregate employer cost for the basic life insurance and LTD plans for the 2022 plan year is projected at \$7.81 million. This includes \$6.425 million in total LTD premiums and \$1.385 million in basic life premiums. Additionally, there is \$0.78 million in projected member-paid 2022 supplemental life insurance premium. Annualized overall premiums are shown in Exhibit 10 in the adjoining document.



### Summary of Projected 2022 Plan Year Costs

Table 3 below summarizes projected 2022 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2021 projections for those plans where the employers subsidize the total plan cost. VSP Basic Plan (vision) costs are included in the medical plans' costs.

| <b>TABLE 3—ALL FOUR EMPLOYERS</b>                        |   |   |                                   |  |  |
|--|---|---|-----------------------------------|--|--|
| <b>Distribution of Aggregate Plan Costs (\$millions)</b> |   |   |                                   |  |  |
|  | Aggregate<br>Member<br>Contributions<br>(a) | Aggregate<br>Employer<br>Contributions<br>(b) | Aggregate<br>Plan Cost<br>(a + b) | Member<br>Contributions<br>as a % of<br>Aggregate<br>Costs                                       | Employer<br>Contributions<br>as a % of<br>Aggregate<br>Costs |
| <b>Kaiser HMO</b>  | <b>\$52.2</b>                               | <b>\$437.6</b>                                | <b>\$489.8</b>                    | <b>10.66%</b>  | <b>89.34%</b>  |
| \$ Change  | \$1.4                                       | \$12.6  | \$14.0                            |  |  |
| % Change   | 2.81%                                       | 2.96%   | 2.94%                             |  |  |
| <b>BSC HMOs/PPO</b>                                      | <b>\$48.5</b>                               | <b>\$338.9</b>                                | <b>\$387.4</b>                    | <b>12.53%</b>  | <b>87.47%</b>  |
| \$ Change  | \$9.1                                       | \$36.5  | \$45.6                            | \$ Increase Includes Active Employee/Early Retiree PPO moving from UHC to BSC for 2022 Plan Year |  |
| % Change   | 23.03%                                      | 12.06%  | 13.33%                            |  |  |
| <b>UHC Retiree Plans</b>                                 | <b>\$12.8</b>                               | <b>\$81.6</b>                                 | <b>\$94.4</b>                     | <b>13.52%</b>  | <b>86.48%</b>  |
| \$ Change  | -\$8.4                                      | -\$30.9                                       | -\$39.3                           | \$ Decrease Includes Active Employee/Early Retiree PPO moving from UHC to BSC for 2022 Plan Year |  |
| % Change   | -39.80%                                     | -27.47%                                       | -29.43%                           |  |  |
| <b>Dental</b>  | <b>\$3.6</b>                                | <b>\$32.6</b>                                 | <b>\$36.2</b>                     | <b>9.86%</b>   | <b>90.14%</b>  |
| \$ Change  | \$0.0                                       | -\$6.0  | -\$6.0                            |  |  |
| % Change   | 0.00%                                       | -15.58%                                       | -14.27%                           |  |  |
| <b>LTD Insurance</b>                                     | <b>\$0.0</b>                                | <b>\$6.4</b>                                  | <b>\$6.4</b>                      | <b>0.00%</b>   | <b>100.00%</b>   |
| \$ Change  | \$0.0                                       | \$0.0   | \$0.0                             |  |  |
| % Change   | 0.00%                                       | 0.00%   | 0.00%                             |  |  |
| <b>Life Insurance</b>                                    | <b>\$0.8</b>                                | <b>\$1.4</b>                                  | <b>\$2.2</b>                      | <b>35.91%</b>  | <b>64.09%</b>  |
| \$ Change  | \$0.0                                       | \$0.0   | \$0.0                             |  |  |
| % Change   | 0.00%                                       | 0.00%   | 0.00%                             |  |  |
| <b>Total</b>   | <b>\$117.9</b>                              | <b>\$898.5</b>                                | <b>\$1,016.4</b>                  | <b>11.60%</b>  | <b>88.40%</b>  |
| \$ Change  | \$2.1                                       | \$12.1  | \$14.2                            |  |  |
| % Change   | 1.80%                                       | 1.37%   | 1.42%                             |  |  |

**NOTES:** Figures vary due to rounding; BSC and UHC shifts reflect PPO administrator change from UHC to BSC for 2022 plan year; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).



This year's projected aggregate medical cost increase of 2.12% (see page 3) is below average national benchmark levels for health care cost trend. The "2021 Health Care Trend Survey" published by Aon indicates combined medical / pharmacy cost increases in the range of 5.5% to 6%.

### Conclusion

Based on extensive evaluation and collaboration with SFHSS, Aon validates all of the findings presented within this report. Aon would be pleased to answer any questions or provide clarification about the information included in this letter to any interested parties.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Clarke".

Michael A. Clarke, FSA, MAAA, FCA  
Senior Vice President & Consulting Actuary, Aon Consulting, Inc.

cc: President and Members of the Health Service Board  
Abbie Yant, San Francisco Health Service System





Appendix—CCSF Costs Only

| TABLE 3A—CITY AND COUNTY OF SAN FRANCISCO (CCSF) ONLY |                                    |                                      |                             |  |  |
|---|------------------------------------|--------------------------------------|-----------------------------|--|--|
| Distribution of Aggregate Plan Costs (\$millions)     |                                    |                                      |                             |  |  |
|   | Aggregate Member Contributions (a) | Aggregate Employer Contributions (b) | Aggregate Plan Cost (a + b) | Member Contributions as a % of Aggregate Costs   | Employer Contributions as a % of Aggregate Costs |
| <b>Kaiser HMO</b>                                     | <b>\$42.1</b>                      | <b>\$341.1</b>                       | <b>\$383.2</b>              | <b>10.99%</b>  | <b>89.01%</b>                                    |
| \$ Change   | \$1.2                              | \$10.1                               | \$11.3                      |  |  |
| % Change  | 2.86%                              | 3.06%                                | 3.04%                       |  |  |
| <b>BSC HMOs/PPO</b>                                   | <b>\$43.4</b>                      | <b>\$300.3</b>                       | <b>\$343.7</b>              | <b>12.62%</b>  | <b>87.38%</b>                                    |
| \$ Change   | \$8.0                              | \$32.7                               | \$40.6                      | \$ Increase Includes Active Employee/Early Retiree PPO moving from UHC to BSC for 2022 Plan Year |  |
| % Change  | 22.51%                             | 12.21%                               | 13.41%                      |  |  |
| <b>UHC Retiree Plans</b>                              | <b>\$10.7</b>                      | <b>\$63.3</b>                        | <b>\$74.0</b>               | <b>14.42%</b>  | <b>85.58%</b>                                    |
| \$ Change   | -\$7.4                             | -\$27.9                              | -\$35.3                     | \$ Decrease Includes Active Employee/Early Retiree PPO moving from UHC to BSC for 2022 Plan Year |  |
| % Change  | -40.95%                            | -30.59%                              | -32.30%                     |  |  |
| <b>Dental</b>   | <b>\$3.5</b>                       | <b>\$32.3</b>                        | <b>\$35.8</b>               | <b>9.86%</b>   | <b>90.14%</b>                                    |
| \$ Change   | \$0.0                              | -\$6.0                               | -\$6.0                      |  |  |
| % Change  | 0.00%                              | -15.58%                              | -14.27%                     |  |  |
| <b>LTD Insurance</b>                                  | <b>\$0.0</b>                       | <b>\$6.4</b>                         | <b>\$6.4</b>                | <b>0.00%</b>   | <b>100.00%</b>                                   |
| \$ Change   | \$0.0                              | \$0.0                                | \$0.0                       |  |  |
| % Change  | 0.00%                              | 0.00%                                | 0.00%                       |  |  |
| <b>Life Insurance</b>                                 | <b>\$0.8</b>                       | <b>\$1.4</b>                         | <b>\$2.1</b>                | <b>35.91%</b>  | <b>64.09%</b>                                    |
| \$ Change   | \$0.0                              | \$0.0                                | \$0.0                       |  |  |
| % Change  | 0.00%                              | 0.00%                                | 0.00%                       |  |  |
| <b>Total</b>  | <b>\$100.4</b>                     | <b>\$744.6</b>                       | <b>\$845.0</b>              | <b>11.88%</b>  | <b>88.12%</b>                                    |
| \$ Change   | \$1.7                              | \$9.0                                | \$10.7                      |  |  |
| % Change  | 1.76%                              | 1.22%                                | 1.28%                       |  |  |

**NOTES:** Figures vary due to rounding; BSC and UHC shifts reflect PPO administrator change from UHC to BSC for 2022 plan year; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).

# San Francisco Health Service System Board of Supervisors

10-County Survey Results

Rates and Benefits Decisions

Calendar Year 2022

June 16, 2021

Prepared by:  
Health & Benefits



# 10-County Survey Results (Monthly Basis)

## Exhibit 1

| Rank                     | County         | 2020 Survey for SFHSS 2021 Rating | 2021 Survey for SFHSS 2022 Rating | % Change     |
|--------------------------|----------------|-----------------------------------|-----------------------------------|--------------|
| 1                        | Los Angeles    | \$721.64                          | \$746.54                          | 3.45%        |
| 2                        | San Diego      | \$657.26                          | \$691.14                          | 5.15%        |
| 3                        | Orange         | \$584.88                          | \$627.67                          | 7.32%        |
| 4                        | Riverside      | \$692.00                          | \$768.35                          | 11.03%       |
| 5                        | San Bernardino | \$509.69                          | \$535.30                          | 5.02%        |
| 6                        | Santa Clara    | \$1,055.07                        | \$1,054.24                        | -0.08%       |
| 7                        | Alameda        | \$750.83                          | \$748.84                          | -0.26%       |
| 8                        | Sacramento     | \$722.74                          | \$753.75                          | 4.29%        |
| 9                        | Contra Costa   | \$800.70                          | \$814.23                          | 1.69%        |
| 10                       | Fresno         | \$797.13                          | \$833.01                          | 4.50%        |
| <b>10-County Average</b> |                | <b>\$729.19</b>                   | <b>\$757.31</b>                   | <b>3.86%</b> |

# Kaiser Permanente HMO (California): Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 2a — 93/93/83 Contribution Method for Actives \*

|  |                | Active Employees |            |            | Early Retirees |            |            | Medicare Retirees |           |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|-------------------|-----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET               | RET + 1   | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$47.77          | \$95.34    | \$327.41   | \$0.00         | \$339.75   | \$903.72   | \$0.00            | \$175.67  | \$525.95                 | \$739.64          |
|  | Plan Year 2022 | \$50.12          | \$100.03   | \$343.52   | \$0.00         | \$356.49   | \$948.26   | \$0.00            | \$156.86  | \$469.53                 | \$748.63          |
|  | \$ Change      | \$2.35           | \$4.69     | \$16.11    | \$0.00         | \$16.74    | \$44.54    | \$0.00            | (\$18.81) | (\$56.42)                | \$8.99            |
|  | % Change       | 4.9%             | 4.9%       | 4.9%       | -              | 4.9%       | 4.9%       | -                 | (10.7%)   | (10.7%)                  | 1.2%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$634.71         | \$1,266.64 | \$1,598.54 | \$1,370.10     | \$1,709.85 | \$1,709.85 | \$354.32          | \$529.99  | \$529.99                 | \$529.99          |
|  | Plan Year 2022 | \$665.85         | \$1,328.93 | \$1,677.21 | \$1,437.79     | \$1,794.29 | \$1,794.29 | \$316.71          | \$473.58  | \$473.58                 | \$473.58          |
|  | \$ Change      | \$31.14          | \$62.29    | \$78.67    | \$67.69        | \$84.44    | \$84.44    | (\$37.61)         | (\$56.41) | (\$56.41)                | (\$56.41)         |
|  | % Change       | 4.9%             | 4.9%       | 4.9%       | 4.9%           | 4.9%       | 4.9%       | (10.6%)           | (10.6%)   | (10.6%)                  | (10.6%)           |
| Monthly Total Premium Rates              | Plan Year 2021 | \$682.48         | \$1,361.98 | \$1,925.95 | \$1,370.10     | \$2,049.60 | \$2,613.57 | \$354.32          | \$705.66  | \$1,055.94               | \$1,269.63        |
|  | Plan Year 2022 | \$715.97         | \$1,428.96 | \$2,020.73 | \$1,437.79     | \$2,150.78 | \$2,742.55 | \$316.71          | \$630.44  | \$943.11                 | \$1,222.21        |
|  | \$ Difference  | \$33.49          | \$66.98    | \$94.78    | \$67.69        | \$101.18   | \$128.98   | (\$37.61)         | (\$75.22) | (\$112.83)               | (\$47.42)         |
|  | % Difference   | 4.9%             | 4.9%       | 4.9%       | 4.9%           | 4.9%       | 4.9%       | (10.6%)           | (10.7%)   | (10.7%)                  | (3.7%)            |

\* NOTE:

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 23.

# Kaiser Permanente HMO (California): Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 2b — 100/96/83 Contribution Method for Actives \*

|  |                | Active Employees |            |            | Early Retirees |            |            | Medicare Retirees |           |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|-------------------|-----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET               | RET + 1   | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$0.00           | \$54.48    | \$327.41   | \$0.00         | \$339.75   | \$903.72   | \$0.00            | \$175.67  | \$525.95                 | \$739.64          |
|  | Plan Year 2022 | \$0.00           | \$57.16    | \$343.52   | \$0.00         | \$356.49   | \$948.26   | \$0.00            | \$156.86  | \$469.53                 | \$748.63          |
|  | \$ Change      | \$0.00           | \$2.68     | \$16.11    | \$0.00         | \$16.74    | \$44.54    | \$0.00            | (\$18.81) | (\$56.42)                | \$8.99            |
|  | % Change       | -                | 4.9%       | 4.9%       | -              | 4.9%       | 4.9%       | -                 | (10.7%)   | (10.7%)                  | 1.2%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$682.48         | \$1,307.50 | \$1,598.54 | \$1,370.10     | \$1,709.85 | \$1,709.85 | \$354.32          | \$529.99  | \$529.99                 | \$529.99          |
|  | Plan Year 2022 | \$715.97         | \$1,371.80 | \$1,677.21 | \$1,437.79     | \$1,794.29 | \$1,794.29 | \$316.71          | \$473.58  | \$473.58                 | \$473.58          |
|  | \$ Change      | \$33.49          | \$64.30    | \$78.67    | \$67.69        | \$84.44    | \$84.44    | (\$37.61)         | (\$56.41) | (\$56.41)                | (\$56.41)         |
|  | % Change       | 4.9%             | 4.9%       | 4.9%       | 4.9%           | 4.9%       | 4.9%       | (10.6%)           | (10.6%)   | (10.6%)                  | (10.6%)           |
| Monthly Total Premium Rates              | Plan Year 2021 | \$682.48         | \$1,361.98 | \$1,925.95 | \$1,370.10     | \$2,049.60 | \$2,613.57 | \$354.32          | \$705.66  | \$1,055.94               | \$1,269.63        |
|  | Plan Year 2022 | \$715.97         | \$1,428.96 | \$2,020.73 | \$1,437.79     | \$2,150.78 | \$2,742.55 | \$316.71          | \$630.44  | \$943.11                 | \$1,222.21        |
|  | \$ Change      | \$33.49          | \$66.98    | \$94.78    | \$67.69        | \$101.18   | \$128.98   | (\$37.61)         | (\$75.22) | (\$112.83)               | (\$47.42)         |
|  | % Change       | 4.9%             | 4.9%       | 4.9%       | 4.9%           | 4.9%       | 4.9%       | (10.6%)           | (10.7%)   | (10.7%)                  | (3.7%)            |

\* **NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 24.

# Kaiser Permanente Multi State HMO: Final Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 2c — Washington State \*

|                                |                | Early Retirees |            |            | Medicare Retirees |           |                          |                   |
|--------------------------------|----------------|----------------|------------|------------|-------------------|-----------|--------------------------|-------------------|
|                                |                | RET            | RET + 1    | RET + 2+   | RET               | RET + 1   | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Retiree Contributions  | Plan Year 2021 | \$0.00         | \$729.63   | \$1,940.81 | \$0.00            | \$169.56  | \$508.00                 | \$1,380.74        |
|                                | Plan Year 2022 | \$0.00         | \$780.01   | \$2,074.83 | \$0.00            | \$152.87  | \$457.93                 | \$1,447.69        |
|                                | \$ Change      | \$0.00         | \$50.38    | \$134.02   | \$0.00            | (\$16.69) | (\$50.07)                | \$66.95           |
|                                | % Change       | -              | 6.9%       | 6.9%       | -                 | (9.8%)    | (9.9%)                   | 4.8%              |
| Monthly Employer Contributions | Plan Year 2021 | \$1,462.25     | \$2,191.89 | \$2,191.89 | \$342.11          | \$511.68  | \$511.68                 | \$511.68          |
|                                | Plan Year 2022 | \$1,563.01     | \$2,343.03 | \$2,343.03 | \$308.73          | \$461.61  | \$461.61                 | \$461.61          |
|                                | \$ Change      | \$100.76       | \$151.14   | \$151.14   | (\$33.38)         | (\$50.07) | (\$50.07)                | (\$50.07)         |
|                                | % Change       | 6.9%           | 6.9%       | 6.9%       | (9.8%)            | (9.8%)    | (9.8%)                   | (9.8%)            |
| Monthly Total Premium Rates    | Plan Year 2021 | \$1,462.25     | \$2,921.52 | \$4,132.70 | \$342.11          | \$681.24  | \$1,019.68               | \$1,892.42        |
|                                | Plan Year 2022 | \$1,563.01     | \$3,123.04 | \$4,417.86 | \$308.73          | \$614.48  | \$919.54                 | \$1,909.30        |
|                                | \$ Change      | \$100.76       | \$201.52   | \$285.16   | (\$33.38)         | (\$66.76) | (\$100.14)               | \$16.88           |
|                                | % Change       | 6.9%           | 6.9%       | 6.9%       | (9.8%)            | (9.8%)    | (9.8%)                   | 0.9%              |

\* NOTE: ■ Includes \$3.00 for the Health Care Sustainability Fund.

# Kaiser Permanente Multi State HMO: Final Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 2d — Northwest (primarily Oregon) \*

|                                |                | Early Retirees |            |            | Medicare Retirees |          |                          |                   |
|--------------------------------|----------------|----------------|------------|------------|-------------------|----------|--------------------------|-------------------|
|                                |                | RET            | RET + 1    | RET + 2+   | RET               | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Retiree Contributions  | Plan Year 2021 | \$0.00         | \$604.25   | \$1,607.30 | \$0.00            | \$209.16 | \$626.79                 | \$1,212.21        |
|                                | Plan Year 2022 | \$0.00         | \$575.53   | \$1,530.88 | \$0.00            | \$212.09 | \$635.59                 | \$1,167.44        |
|                                | \$ Change      | \$0.00         | (\$28.72)  | (\$76.42)  | \$0.00            | \$2.93   | \$8.80                   | (\$44.77)         |
|                                | % Change       | -              | (4.8%)     | (4.8%)     | -                 | 1.4%     | 1.4%                     | (3.7%)            |
| Monthly Employer Contributions | Plan Year 2021 | \$1,211.49     | \$1,815.74 | \$1,815.74 | \$421.30          | \$630.46 | \$630.46                 | \$630.46          |
|                                | Plan Year 2022 | \$1,154.04     | \$1,729.57 | \$1,729.57 | \$427.17          | \$639.27 | \$639.27                 | \$639.27          |
|                                | \$ Change      | (\$57.45)      | (\$86.17)  | (\$86.17)  | \$5.87            | \$8.81   | \$8.81                   | \$8.81            |
|                                | % Change       | (4.7%)         | (4.7%)     | (4.7%)     | 1.4%              | 1.4%     | 1.4%                     | 1.4%              |
| Monthly Total Premium Rates    | Plan Year 2021 | \$1,211.49     | \$2,419.99 | \$3,423.04 | \$421.30          | \$839.62 | \$1,257.25               | \$1,842.67        |
|                                | Plan Year 2022 | \$1,154.04     | \$2,305.10 | \$3,260.45 | \$427.17          | \$851.36 | \$1,274.86               | \$1,806.71        |
|                                | \$ Change      | (\$57.45)      | (\$114.89) | (\$162.59) | \$5.87            | \$11.74  | \$17.61                  | (\$35.96)         |
|                                | % Change       | (4.7%)         | (4.7%)     | (4.7%)     | 1.4%              | 1.4%     | 1.4%                     | (2.0%)            |

\* NOTE: ■ Includes \$3.00 for the Health Care Sustainability Fund.

# Kaiser Permanente Multi State HMO: Final Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 2e — Hawaii \*

|                                |                | Early Retirees |            |            | Medicare Retirees |          |                          |                   |
|--------------------------------|----------------|----------------|------------|------------|-------------------|----------|--------------------------|-------------------|
|                                |                | RET            | RET + 1    | RET + 2+   | RET               | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Retiree Contributions  | Plan Year 2021 | \$0.00         | \$449.76   | \$1,196.36 | \$0.00            | \$184.08 | \$551.55                 | \$930.68          |
|                                | Plan Year 2022 | \$0.00         | \$427.37   | \$1,136.81 | \$0.00            | \$181.68 | \$544.36                 | \$891.12          |
|                                | \$ Change      | \$0.00         | (\$22.39)  | (\$59.55)  | \$0.00            | (\$2.40) | (\$7.19)                 | (\$39.56)         |
|                                | % Change       | -              | (5.0%)     | (5.0%)     | -                 | (1.3%)   | (1.3%)                   | (4.3%)            |
| Monthly Employer Contributions | Plan Year 2021 | \$902.51       | \$1,352.28 | \$1,352.28 | \$371.14          | \$555.22 | \$555.22                 | \$555.22          |
|                                | Plan Year 2022 | \$857.73       | \$1,285.11 | \$1,285.11 | \$366.35          | \$548.04 | \$548.04                 | \$548.04          |
|                                | \$ Change      | (\$44.78)      | (\$67.17)  | (\$67.17)  | (\$4.79)          | (\$7.18) | (\$7.18)                 | (\$7.18)          |
|                                | % Change       | (5.0%)         | (5.0%)     | (5.0%)     | (1.3%)            | (1.3%)   | (1.3%)                   | (1.3%)            |
| Monthly Total Premium Rates    | Plan Year 2021 | \$902.51       | \$1,802.04 | \$2,548.64 | \$371.14          | \$739.30 | \$1,106.77               | \$1,485.90        |
|                                | Plan Year 2022 | \$857.73       | \$1,712.48 | \$2,421.92 | \$366.35          | \$729.72 | \$1,092.40               | \$1,439.16        |
|                                | \$ Change      | (\$44.78)      | (\$89.56)  | (\$126.72) | (\$4.79)          | (\$9.58) | (\$14.37)                | (\$46.74)         |
|                                | % Change       | (5.0%)         | (5.0%)     | (5.0%)     | (1.3%)            | (1.3%)   | (1.3%)                   | (3.1%)            |

\* NOTE: ■ Includes \$3.00 for the Health Care Sustainability Fund.



# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 3a — 93/93/83 Contribution Method for Actives — Access+ HMO \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$64.66          | \$129.10   | \$443.43   | \$97.26        | \$575.91   | \$1,340.06 | \$0.00                          | \$213.09 | \$638.59                 | \$977.24          |
|  | Plan Year 2022 | \$65.20          | \$130.19   | \$447.19   | \$87.06        | \$569.80   | \$1,340.42 | \$0.00                          | \$215.59 | \$646.09                 | \$986.21          |
|  | \$ Change      | \$0.54           | \$1.09     | \$3.76     | (\$10.20)      | (\$6.11)   | \$0.36     | \$0.00                          | \$2.50   | \$7.50                   | \$8.97            |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | (10.5%)        | (1.1%)     | 0.0%       | -                               | 1.2%     | 1.2%                     | 0.9%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$859.05         | \$1,715.21 | \$2,165.00 | \$2,035.83     | \$2,514.48 | \$2,514.48 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$866.24         | \$1,729.72 | \$2,183.35 | \$2,063.94     | \$2,546.67 | \$2,546.67 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$7.19           | \$14.51    | \$18.35    | \$28.11        | \$32.19    | \$32.19    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 1.4%           | 1.3%       | 1.3%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$923.71         | \$1,844.31 | \$2,608.43 | \$2,133.09     | \$3,090.39 | \$3,854.54 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,619.51        |
|  | Plan Year 2022 | \$931.44         | \$1,859.91 | \$2,630.54 | \$2,151.00     | \$3,116.47 | \$3,887.09 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,635.98        |
|  | \$ Change      | \$7.73           | \$15.60    | \$22.11    | \$17.91        | \$26.08    | \$32.55    | \$5.00                          | \$10.00  | \$15.00                  | \$16.47           |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 0.8%           | 0.8%       | 0.8%       | 1.2%                            | 1.2%     | 1.2%                     | 1.0%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 23.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 3b — 100/96/83 Contribution Method for Actives — Access+ HMO\*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$0.00           | \$73.77    | \$443.43   | \$97.26        | \$575.91   | \$1,340.06 | \$0.00                          | \$213.09 | \$638.59                 | \$977.24          |
|  | Plan Year 2022 | \$0.00           | \$74.40    | \$447.19   | \$87.06        | \$569.80   | \$1,340.42 | \$0.00                          | \$215.59 | \$646.09                 | \$986.21          |
|  | \$ Change      | \$0.00           | \$0.63     | \$3.76     | (\$10.20)      | (\$6.11)   | \$0.36     | \$0.00                          | \$2.50   | \$7.50                   | \$8.97            |
|  | % Change       | -                | 0.9%       | 0.8%       | (10.5%)        | (1.1%)     | 0.0%       | -                               | 1.2%     | 1.2%                     | 0.9%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$923.71         | \$1,770.54 | \$2,165.00 | \$2,035.83     | \$2,514.48 | \$2,514.48 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$931.44         | \$1,785.51 | \$2,183.35 | \$2,063.94     | \$2,546.67 | \$2,546.67 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$7.73           | \$14.97    | \$18.35    | \$28.11        | \$32.19    | \$32.19    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 1.4%           | 1.3%       | 1.3%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$923.71         | \$1,844.31 | \$2,608.43 | \$2,133.09     | \$3,090.39 | \$3,854.54 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,619.51        |
|  | Plan Year 2022 | \$931.44         | \$1,859.91 | \$2,630.54 | \$2,151.00     | \$3,116.47 | \$3,887.09 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,635.98        |
|  | \$ Change      | \$7.73           | \$15.60    | \$22.11    | \$17.91        | \$26.08    | \$32.55    | \$5.00                          | \$10.00  | \$15.00                  | \$16.47           |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 0.8%           | 0.8%       | 0.8%       | 1.2%                            | 1.2%     | 1.2%                     | 1.0%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 24.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 3c — 93/93/83 Contribution Method for Actives — Trio HMO \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$56.06          | \$111.90   | \$384.31   | \$35.82        | \$450.56   | \$1,112.70 | \$0.00                          | \$213.09 | \$638.59                 | \$875.23          |
|  | Plan Year 2022 | \$57.18          | \$114.16   | \$392.08   | \$29.79        | \$452.96   | \$1,128.48 | \$0.00                          | \$215.59 | \$646.09                 | \$891.11          |
|  | \$ Change      | \$1.12           | \$2.26     | \$7.77     | (\$6.03)       | \$2.40     | \$15.78    | \$0.00                          | \$2.50   | \$7.50                   | \$15.88           |
|  | % Change       | 2.0%             | 2.0%       | 2.0%       | (16.8%)        | 0.5%       | 1.4%       | -                               | 1.2%     | 1.2%                     | 1.8%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$744.77         | \$1,486.65 | \$1,876.36 | \$1,812.29     | \$2,227.04 | \$2,227.04 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$759.72         | \$1,516.65 | \$1,914.28 | \$1,855.55     | \$2,278.72 | \$2,278.72 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$14.95          | \$30.00    | \$37.92    | \$43.26        | \$51.68    | \$51.68    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 2.0%             | 2.0%       | 2.0%       | 2.4%           | 2.3%       | 2.3%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$800.83         | \$1,598.55 | \$2,260.67 | \$1,848.11     | \$2,677.60 | \$3,339.74 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,517.50        |
|  | Plan Year 2022 | \$816.90         | \$1,630.81 | \$2,306.36 | \$1,885.34     | \$2,731.68 | \$3,407.20 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,540.88        |
|  | \$ Change      | \$16.07          | \$32.26    | \$45.69    | \$37.23        | \$54.08    | \$67.46    | \$5.00                          | \$10.00  | \$15.00                  | \$23.38           |
|  | % Change       | 2.0%             | 2.0%       | 2.0%       | 2.0%           | 2.0%       | 2.0%       | 1.2%                            | 1.2%     | 1.2%                     | 1.5%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 23.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 3d — 100/96/83 Contribution Method for Actives — Trio HMO \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$0.00           | \$63.94    | \$384.31   | \$35.82        | \$450.56   | \$1,112.70 | \$0.00                          | \$213.09 | \$638.59                 | \$875.23          |
|  | Plan Year 2022 | \$0.00           | \$65.23    | \$392.08   | \$29.79        | \$452.96   | \$1,128.48 | \$0.00                          | \$215.59 | \$646.09                 | \$891.11          |
|  | \$ Change      | \$0.00           | \$1.29     | \$7.77     | (\$6.03)       | \$2.40     | \$15.78    | \$0.00                          | \$2.50   | \$7.50                   | \$15.88           |
|  | % Change       | -                | 2.0%       | 2.0%       | (16.8%)        | 0.5%       | 1.4%       | -                               | 1.2%     | 1.2%                     | 1.8%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$800.83         | \$1,534.61 | \$1,876.36 | \$1,812.29     | \$2,227.04 | \$2,227.04 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$816.90         | \$1,565.58 | \$1,914.28 | \$1,855.55     | \$2,278.72 | \$2,278.72 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$16.07          | \$30.97    | \$37.92    | \$43.26        | \$51.68    | \$51.68    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 2.0%             | 2.0%       | 2.0%       | 2.4%           | 2.3%       | 2.3%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$800.83         | \$1,598.55 | \$2,260.67 | \$1,848.11     | \$2,677.60 | \$3,339.74 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,517.50        |
|  | Plan Year 2022 | \$816.90         | \$1,630.81 | \$2,306.36 | \$1,885.34     | \$2,731.68 | \$3,407.20 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,540.88        |
|  | \$ Change      | \$16.07          | \$32.26    | \$45.69    | \$37.23        | \$54.08    | \$67.46    | \$5.00                          | \$10.00  | \$15.00                  | \$23.38           |
|  | % Change       | 2.0%             | 2.0%       | 2.0%       | 2.0%           | 2.0%       | 2.0%       | 1.2%                            | 1.2%     | 1.2%                     | 1.5%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 24.

# Health Net CanopyCare HMO: Final Active / Early Retiree Monthly Rates for Calendar Year 2022 (New Plan for 2022)

## Exhibit 4a — 93/93/83 Contribution Method for Actives \*

|                                |                | Active Employees |            |            | Early Retirees |            |            |
|--------------------------------|----------------|------------------|------------|------------|----------------|------------|------------|
|                                |                | EE               | EE + 1     | ET + 2+    | RET            | RET + 1    | RET + 2+   |
| Monthly Retiree Contributions  | Plan Year 2021 | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | Plan Year 2022 | \$60.13          | \$120.05   | \$412.35   | \$50.85        | \$495.93   | \$1,206.41 |
|                                | \$ Change      | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | % Change       | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
| Monthly Employer Contributions | Plan Year 2021 | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | Plan Year 2022 | \$798.89         | \$1,595.01 | \$2,013.21 | \$1,932.17     | \$2,377.24 | \$2,377.24 |
|                                | \$ Change      | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | % Change       | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
| Monthly Total Premium Rates    | Plan Year 2021 | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | Plan Year 2022 | \$859.02         | \$1,715.06 | \$2,425.56 | \$1,983.02     | \$2,873.17 | \$3,583.65 |
|                                | \$ Change      | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | % Change       | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available in 2022 for Health Net CanopyCare early retirees.
- **For additional commentary on 93 / 93 / 83 contribution method, see page 23.**

# Health Net CanopyCare HMO: Final Active / Early Retiree Monthly Rates for Calendar Year 2022 (New Plan for 2022)

## Exhibit 4b — 100/96/83 Contribution Method for Actives \*

|                                |                | Active Employees |            |            | Early Retirees |            |            |
|--------------------------------|----------------|------------------|------------|------------|----------------|------------|------------|
|                                |                | EE               | EE + 1     | ET + 2+    | RET            | RET + 1    | RET + 2+   |
| Monthly Retiree Contributions  | Plan Year 2021 | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | Plan Year 2022 | \$0.00           | \$68.60    | \$412.35   | \$50.85        | \$495.93   | \$1,206.41 |
|                                | \$ Change      | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | % Change       | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
| Monthly Employer Contributions | Plan Year 2021 | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | Plan Year 2022 | \$859.02         | \$1,646.46 | \$2,013.21 | \$1,932.17     | \$2,377.24 | \$2,377.24 |
|                                | \$ Change      | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | % Change       | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
| Monthly Total Premium Rates    | Plan Year 2021 | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | Plan Year 2022 | \$859.02         | \$1,715.06 | \$2,425.56 | \$1,983.02     | \$2,873.17 | \$3,583.65 |
|                                | \$ Change      | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |
|                                | % Change       | n/a              | n/a        | n/a        | n/a            | n/a        | n/a        |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available in 2022 for Health Net CanopyCare early retirees.
- **For additional commentary on 100 / 96 / 83 contribution method, see page 24.**

# BSC PPO-Accolade: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 5a — 93/93/83 Contribution Method for Actives \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$439.37         | \$802.67   | \$1,392.63 | \$284.61       | \$678.28   | \$1,306.86 | \$0.00                          | \$213.09 | \$638.59                 | \$841.67          |
|  | Plan Year 2022 | \$470.95         | \$856.73   | \$1,468.27 | \$289.94       | \$693.19   | \$1,337.08 | \$0.00                          | \$215.59 | \$646.09                 | \$859.48          |
|  | \$ Change      | \$31.58          | \$54.06    | \$75.64    | \$5.33         | \$14.91    | \$30.22    | \$0.00                          | \$2.50   | \$7.50                   | \$17.81           |
|  | % Change       | 7.2%             | 6.7%       | 5.4%       | 1.9%           | 2.2%       | 2.3%       | -                               | 1.2%     | 1.2%                     | 2.1%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$859.05         | \$1,715.21 | \$2,165.00 | \$1,463.11     | \$1,856.77 | \$1,856.77 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$866.24         | \$1,729.72 | \$2,183.35 | \$1,507.60     | \$1,910.85 | \$1,910.85 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$7.19           | \$14.51    | \$18.35    | \$44.49        | \$54.08    | \$54.08    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 3.0%           | 2.9%       | 2.9%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$1,298.42       | \$2,517.88 | \$3,557.63 | \$1,747.72     | \$2,535.05 | \$3,163.63 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,483.94        |
|  | Plan Year 2022 | \$1,337.19       | \$2,586.45 | \$3,651.62 | \$1,797.54     | \$2,604.04 | \$3,247.93 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,509.25        |
|  | \$ Change      | \$38.77          | \$68.57    | \$93.99    | \$49.82        | \$68.99    | \$84.30    | \$5.00                          | \$10.00  | \$15.00                  | \$25.31           |
|  | % Change       | 3.0%             | 2.7%       | 2.6%       | 2.9%           | 2.7%       | 2.7%       | 1.2%                            | 1.2%     | 1.2%                     | 1.7%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2022.
- **For additional commentary on 93 / 93 / 83 contribution method, see page 23.**



# BSC PPO-Accolade: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 5b — 100/96/83 Contribution Method for Actives \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$0.00           | \$747.34   | \$1,392.63 | \$284.61       | \$678.28   | \$1,306.86 | \$0.00                          | \$213.09 | \$638.59                 | \$841.67          |
|  | Plan Year 2022 | \$0.00           | \$800.94   | \$1,468.27 | \$289.94       | \$693.19   | \$1,337.08 | \$0.00                          | \$215.59 | \$646.09                 | \$859.48          |
|  | \$ Change      | \$0.00           | \$53.60    | \$75.64    | \$5.33         | \$14.91    | \$30.22    | \$0.00                          | \$2.50   | \$7.50                   | \$17.81           |
|  | % Change       | -                | 7.2%       | 5.4%       | 1.9%           | 2.2%       | 2.3%       | -                               | 1.2%     | 1.2%                     | 2.1%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$1,298.42       | \$1,770.54 | \$2,165.00 | \$1,463.11     | \$1,856.77 | \$1,856.77 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$1,337.19       | \$1,785.51 | \$2,183.35 | \$1,507.60     | \$1,910.85 | \$1,910.85 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$38.77          | \$14.97    | \$18.35    | \$44.49        | \$54.08    | \$54.08    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 3.0%             | 0.8%       | 0.8%       | 3.0%           | 2.9%       | 2.9%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$1,298.42       | \$2,517.88 | \$3,557.63 | \$1,747.72     | \$2,535.05 | \$3,163.63 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,483.94        |
|  | Plan Year 2022 | \$1,337.19       | \$2,586.45 | \$3,651.62 | \$1,797.54     | \$2,604.04 | \$3,247.93 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,509.25        |
|  | \$ Change      | \$38.77          | \$68.57    | \$93.99    | \$49.82        | \$68.99    | \$84.30    | \$5.00                          | \$10.00  | \$15.00                  | \$25.31           |
|  | % Change       | 3.0%             | 2.7%       | 2.6%       | 2.9%           | 2.7%       | 2.7%       | 1.2%                            | 1.2%     | 1.2%                     | 1.7%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2022.
- **For additional commentary on 100 / 96 / 83 contribution method, see page 24.**



# BSC PPO-Accolade Choice Not Available: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 5c — 93/93/83 Contribution Method for Actives \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$64.66          | \$129.10   | \$443.43   | \$97.26        | \$490.92   | \$1,119.50 | \$0.00                          | \$213.09 | \$638.59                 | \$841.67          |
|  | Plan Year 2022 | \$65.20          | \$130.19   | \$447.19   | \$87.06        | \$490.31   | \$1,134.20 | \$0.00                          | \$215.59 | \$646.09                 | \$859.48          |
|  | \$ Change      | \$0.54           | \$1.09     | \$3.76     | (\$10.20)      | (\$0.61)   | \$14.70    | \$0.00                          | \$2.50   | \$7.50                   | \$17.81           |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | (10.5%)        | (0.1%)     | 1.3%       | -                               | 1.2%     | 1.2%                     | 2.1%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$859.05         | \$1,715.21 | \$2,165.00 | \$1,650.46     | \$2,044.13 | \$2,044.13 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$866.24         | \$1,729.72 | \$2,183.35 | \$1,710.48     | \$2,113.73 | \$2,113.73 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$7.19           | \$14.51    | \$18.35    | \$60.02        | \$69.60    | \$69.60    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 3.6%           | 3.4%       | 3.4%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$923.71         | \$1,844.31 | \$2,608.43 | \$1,747.72     | \$2,535.05 | \$3,163.63 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,483.94        |
|  | Plan Year 2022 | \$931.44         | \$1,859.91 | \$2,630.54 | \$1,797.54     | \$2,604.04 | \$3,247.93 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,509.25        |
|  | \$ Change      | \$7.73           | \$15.60    | \$22.11    | \$49.82        | \$68.99    | \$84.30    | \$5.00                          | \$10.00  | \$15.00                  | \$25.31           |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 2.9%           | 2.7%       | 2.7%       | 1.2%                            | 1.2%     | 1.2%                     | 1.7%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2022.
- **For additional commentary on 93 / 93 / 83 contribution method, see page 23.**

# BSC PPO-Accolade Choice Not Available: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2022

## Exhibit 5d — 100/96/83 Contribution Method for Actives \*

|  |                | Active Employees |            |            | Early Retirees |            |            | UHC Medicare Advantage Retirees |          |                          |                   |
|--|----------------|------------------|------------|------------|----------------|------------|------------|---------------------------------|----------|--------------------------|-------------------|
|  |                | EE               | EE + 1     | EE + 2+    | RET            | RET + 1    | RET + 2+   | RET                             | RET + 1  | RET + 2+<br>All Medicare | RET + 2+<br>Other |
| Monthly Employee / Retiree Contributions | Plan Year 2021 | \$0.00           | \$73.77    | \$443.43   | \$97.26        | \$490.92   | \$1,119.50 | \$0.00                          | \$213.09 | \$638.59                 | \$841.67          |
|  | Plan Year 2022 | \$0.00           | \$74.40    | \$447.19   | \$87.06        | \$490.31   | \$1,134.20 | \$0.00                          | \$215.59 | \$646.09                 | \$859.48          |
|  | \$ Change      | \$0.00           | \$0.63     | \$3.76     | (\$10.20)      | (\$0.61)   | \$14.70    | \$0.00                          | \$2.50   | \$7.50                   | \$17.81           |
|  | % Change       | -                | 0.9%       | 0.8%       | (10.5%)        | (0.1%)     | 1.3%       | -                               | 1.2%     | 1.2%                     | 2.1%              |
| Monthly Employer Contributions           | Plan Year 2021 | \$923.71         | \$1,770.54 | \$2,165.00 | \$1,650.46     | \$2,044.13 | \$2,044.13 | \$429.17                        | \$642.27 | \$642.27                 | \$642.27          |
|  | Plan Year 2022 | \$931.44         | \$1,785.51 | \$2,183.35 | \$1,710.48     | \$2,113.73 | \$2,113.73 | \$434.17                        | \$649.77 | \$649.77                 | \$649.77          |
|  | \$ Change      | \$7.73           | \$14.97    | \$18.35    | \$60.02        | \$69.60    | \$69.60    | \$5.00                          | \$7.50   | \$7.50                   | \$7.50            |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 3.6%           | 3.4%       | 3.4%       | 1.2%                            | 1.2%     | 1.2%                     | 1.2%              |
| Monthly Total Premium Rates              | Plan Year 2021 | \$923.71         | \$1,844.31 | \$2,608.43 | \$1,747.72     | \$2,535.05 | \$3,163.63 | \$429.17                        | \$855.36 | \$1,280.86               | \$1,483.94        |
|  | Plan Year 2022 | \$931.44         | \$1,859.91 | \$2,630.54 | \$1,797.54     | \$2,604.04 | \$3,247.93 | \$434.17                        | \$865.36 | \$1,295.86               | \$1,509.25        |
|  | \$ Change      | \$7.73           | \$15.60    | \$22.11    | \$49.82        | \$68.99    | \$84.30    | \$5.00                          | \$10.00  | \$15.00                  | \$25.31           |
|  | % Change       | 0.8%             | 0.8%       | 0.8%       | 2.9%           | 2.7%       | 2.7%       | 1.2%                            | 1.2%     | 1.2%                     | 1.7%              |

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2022.
- **For additional commentary on 100 / 96 / 83 contribution method, see page 24.**

# VSP Vision: Final Active / Early Retiree / Medicare Monthly Contributions for Calendar Year 2022

## Exhibit 6a — Vision Basic Plan Premium Rates (Employer Paid)

|                              |                  | Active Employees |        |         | Retirees |        |         |
|------------------------------|------------------|------------------|--------|---------|----------|--------|---------|
|                              |                  | EE               | EE+1   | EE+2+   | RET      | RET+1  | RET+2+  |
| <b>Monthly Premium Rates</b> | Plan Year 2021   | \$3.95           | \$7.92 | \$11.20 | \$3.95   | \$7.92 | \$11.20 |
|                              | Plan Year 2022   | \$3.95           | \$7.92 | \$11.20 | \$3.95   | \$7.92 | \$11.20 |
|                              | <b>% Change</b>  | -                | -      | -       | -        | -      | -       |
|                              | <b>\$ Change</b> | -                | -      | -       | -        | -      | -       |

## Exhibit 6b — Vision Premier Plan (Buy Up) Member Contributions\*

|                              |                  | Active Employees |         |         | Retirees |         |         |
|------------------------------|------------------|------------------|---------|---------|----------|---------|---------|
|                              |                  | EE               | EE+1    | EE+2+   | RET      | RET+1   | RET+2+  |
| <b>Monthly Premium Rates</b> | Plan Year 2021   | \$10.50          | \$15.92 | \$32.79 | \$10.50  | \$15.92 | \$32.79 |
|                              | Plan Year 2022   | \$10.50          | \$15.92 | \$32.79 | \$10.50  | \$15.92 | \$32.79 |
|                              | <b>% Change</b>  | -                | -       | -       | -        | -       | -       |
|                              | <b>\$ Change</b> | -                | -       | -       | -        | -       | -       |

**\* NOTES:**

- Total insured premium rates for VSP Premier Plan are the sum of Basic Plan rates and Premier Plan member contributions.
- Approximately 20,000 employees also have an employer-paid Computer Vision Care benefit, priced at \$0.83 per employee per month.

# Delta Dental PPO: Final Active / Retiree Monthly Total Rates and Contributions for Calendar Year 2022

## Exhibit 7a — Delta Dental PPO Total Premium Rates

|                       |                | Active Employees |           |           | Retirees |         |          |
|-----------------------|----------------|------------------|-----------|-----------|----------|---------|----------|
|                       |                | EE               | EE+1      | EE+2+     | RET      | RET+1   | RET+2+   |
| Monthly Premium Rates | Plan Year 2021 | \$57.63          | \$121.02  | \$172.89  | \$43.90  | \$87.32 | \$130.32 |
|                       | Plan Year 2022 | \$49.33          | \$103.59  | \$147.99  | \$45.73  | \$90.96 | \$135.75 |
|                       | % Change       | (14.4%)          | (14.4%)   | (14.4%)   | 4.2%     | 4.2%    | 4.2%     |
|                       | \$ Change      | (\$8.30)         | (\$17.43) | (\$24.90) | \$1.83   | \$3.64  | \$5.43   |

## Exhibit 7b — Delta Dental PPO Member Contributions

|                       |                | Active Employees |         |         | Retirees |         |          |
|-----------------------|----------------|------------------|---------|---------|----------|---------|----------|
|                       |                | EE               | EE+1    | EE+2+   | RET      | RET+1   | RET+2+   |
| Monthly Premium Rates | Plan Year 2021 | \$5.00           | \$10.00 | \$15.00 | \$43.90  | \$87.32 | \$130.32 |
|                       | Plan Year 2022 | \$5.00           | \$10.00 | \$15.00 | \$45.73  | \$90.96 | \$135.75 |
|                       | % Change       | -                | -       | -       | 4.2%     | 4.2%    | 4.2%     |
|                       | \$ Change      | -                | -       | -       | \$1.83   | \$3.64  | \$5.43   |

# DeltaCare USA: Final Active / Retiree Monthly Total Rates and Contributions for Calendar Year 2022

## Exhibit 8a — DeltaCare USA HMO Total Premium Rates

|                              |                  | Active (Bargained) |         |         | Retiree       |               |               |
|------------------------------|------------------|--------------------|---------|---------|---------------|---------------|---------------|
|                              |                  | EE                 | EE+1    | EE+2+   | RET           | RET+1         | RET+2+        |
| <b>Monthly Premium Rates</b> | Plan Year 2021   | \$26.48            | \$43.68 | \$64.61 | \$30.93       | \$51.04       | \$75.50       |
|                              | Plan Year 2022   | \$26.48            | \$43.68 | \$64.61 | \$32.22       | \$53.17       | \$78.65       |
|                              | <b>% Change</b>  | -                  | -       | -       | <b>4.2%</b>   | <b>4.2%</b>   | <b>4.2%</b>   |
|                              | <b>\$ Change</b> | -                  | -       | -       | <b>\$1.29</b> | <b>\$2.13</b> | <b>\$3.15</b> |

## Exhibit 8b — DeltaCare USA HMO Member Contributions

|                              |                  | Active (Bargained) |        |        | Retiree       |               |               |
|------------------------------|------------------|--------------------|--------|--------|---------------|---------------|---------------|
|                              |                  | EE                 | EE+1   | EE+2+  | RET           | RET+1         | RET+2+        |
| <b>Monthly Premium Rates</b> | Plan Year 2021   | \$0.00             | \$0.00 | \$0.00 | \$30.93       | \$51.04       | \$75.50       |
|                              | Plan Year 2022   | \$0.00             | \$0.00 | \$0.00 | \$32.22       | \$53.17       | \$78.65       |
|                              | <b>% Change</b>  | -                  | -      | -      | <b>4.2%</b>   | <b>4.2%</b>   | <b>4.2%</b>   |
|                              | <b>\$ Change</b> | -                  | -      | -      | <b>\$1.29</b> | <b>\$2.13</b> | <b>\$3.15</b> |

# UHC Dental: Final Active / Retiree Monthly Total Rates and Contributions for Calendar Year 2022

## Exhibit 9a — UHC Dental HMO Total Premium Rates

|                       |                | Active (Bargained) |          |          | Retiree  |          |          |
|-----------------------|----------------|--------------------|----------|----------|----------|----------|----------|
|                       |                | EE                 | EE+1     | EE+2+    | RET      | RET+1    | RET+2+   |
| Monthly Premium Rates | Plan Year 2021 | \$27.77            | \$45.86  | \$67.80  | \$15.98  | \$26.38  | \$39.01  |
|                       | Plan Year 2022 | \$24.99            | \$41.27  | \$61.02  | \$14.38  | \$23.74  | \$35.11  |
|                       | % Change       | (10.0%)            | (10.0%)  | (10.0%)  | (10.0%)  | (10.0%)  | (10.0%)  |
|                       | \$ Change      | (\$2.78)           | (\$4.59) | (\$6.78) | (\$1.60) | (\$2.64) | (\$3.90) |

## Exhibit 9b — UHC Dental HMO Member Contributions

|                       |                | Active (Bargained) |        |        | Retiree  |          |          |
|-----------------------|----------------|--------------------|--------|--------|----------|----------|----------|
|                       |                | EE                 | EE+1   | EE+2+  | RET      | RET+1    | RET+2+   |
| Monthly Premium Rates | Plan Year 2021 | \$0.00             | \$0.00 | \$0.00 | \$15.98  | \$26.38  | \$39.01  |
|                       | Plan Year 2022 | \$0.00             | \$0.00 | \$0.00 | \$14.38  | \$23.74  | \$35.11  |
|                       | % Change       | -                  | -      | -      | (10.0%)  | (10.0%)  | (10.0%)  |
|                       | \$ Change      | -                  | -      | -      | (\$1.60) | (\$2.64) | (\$3.90) |

# Life Insurance and Long-Term Disability (LTD) Plan Year 2022 Aggregate Costs

## Exhibit 10 — Life Insurance and LTD Plan Rates

| Plan Type                          | Plan Year 2021     | Plan Year 2022     | % Change | \$ Change |
|------------------------------------|--------------------|--------------------|----------|-----------|
| Basic Life                         | \$1,385,000        | \$1,385,000        | --       | \$0       |
| Supplemental Life / Dependent Life | \$776,000          | \$776,000          | --       | \$0       |
| Long Term Disability               | \$6,425,000        | \$6,425,000        | --       | \$0       |
| <b>Total Annual Estimated Cost</b> | <b>\$8,586,000</b> | <b>\$8,586,000</b> | --       | \$0       |

# Employer Contribution Notes—Active Employees

## Exhibits 2a, 3a, 3c, 4a, 5a, 5c — 93/93/83 Contribution Method for Actives

The employer contributions for the 93/93/83 Contribution Model are defined as follows:

- EE Only: City contributes 93% towards total premium for employees selecting EE Only tier coverage.
- EE+1: City contributes 93% towards total premium for employees selecting EE+1 tier coverage.
- EE+2+: City contributes 83% towards total premium for employees selecting EE+2+ tier coverage.
- City contributions are capped at 93%, 93% and 83% of corresponding premium of the second-highest-cost plan for EE Only, EE+1 and EE+2+ tiers, respectively.
- Members cover the remaining costs across all tiers.



# Employer Contribution Notes—Active Employees

## Exhibits 2b, 3b, 3d, 4b, 5b, 5d — 100/96/83 Contribution Method for Actives

The employer contributions for the 100/96/83 Contribution Model are defined as follows:

- EE Only: City contributes 100% towards total premium for employees selecting EE Only tier coverage. Members are free of premium charges.
- EE+1: City contributes 96% towards total premium for employees selecting EE+1 tier coverage.
- EE+2+: City contributes 83% towards total premium for employees selecting EE+2+ tier coverage.
- City contributions are capped at 96% and 83% of corresponding premium of the second-highest-cost plan for EE+1 and EE+2+ tiers, respectively.
- Members electing EE+1 and EE+2+ tiers cover the remaining cost.

Report ID: MBA0046-2  
 Database : HCPRD

CITY AND COUNTY OF SAN FRANCISCO  
 MEMBERSHIP ENROLLMENT STATISTICS REPORT

Run Date: 6/1/2021  
 Run Time: 5:00:18

MEDICAL PLAN ENROLLMENT

| MEMBERSHIP STATUS | CTYCNA | CTYPLN | CTYMAP | BLSHLD | BLSHLD ACCI KAISER | WAIVED | DELINQ | TOTAL |        |
|-------------------|--------|--------|--------|--------|--------------------|--------|--------|-------|--------|
| ACTIVE Members    | 163    | 898    | 0      | 5,040  | 9,186              | 25,438 | 2,692  | 224   | 43,641 |
| NO MEDICARE       | 163    | 898    |        | 5,040  | 9,186              | 25,438 | 2,692  | 224   | 43,641 |
| MEDICARE A        |        |        |        |        |                    |        |        |       |        |
| MEDICARE B        |        |        |        |        |                    |        |        |       |        |
| MEDICARE AB       |        |        |        |        |                    |        |        |       |        |
| RETIRED Members   | 388    | 358    | 12,019 | 760    | 1,113              | 12,279 | 2,878  | 73    | 29,868 |
| NO MEDICARE       | 388    | 227    |        | 760    | 1,113              | 2,465  | 2,250  | 61    | 7,264  |
| MEDICARE A        |        |        |        |        |                    |        | 4      |       | 4      |
| MEDICARE B        |        |        | 126    |        |                    | 88     | 1      |       | 215    |
| MEDICARE AB       |        | 1      | 11,893 |        |                    | 9,726  | 623    | 12    | 22,255 |
| NON-COMPLIANT     |        | 130    |        |        |                    |        |        |       | 130    |
| SURVIVING SPOUSE  | 25     | 24     | 1,367  | 41     | 58                 | 1,444  | 406    | 17    | 3,382  |
| NO MEDICARE       | 25     | 15     |        | 41     | 58                 | 159    | 255    | 16    | 569    |
| MEDICARE A        |        |        |        |        |                    |        |        |       |        |
| MEDICARE B        |        |        | 7      |        |                    | 3      | 1      |       | 11     |
| MEDICARE AB       |        |        | 1,360  |        |                    | 1,282  | 150    | 1     | 2,793  |
| NON-COMPLIANT     |        | 9      |        |        |                    |        |        |       | 9      |
| COMMISSIONERS     | 0      | 10     | 0      | 25     | 9                  | 40     | 153    | 5     | 242    |
| NO MEDICARE       |        | 10     |        | 25     | 9                  | 40     | 153    | 5     | 242    |
| MEDICARE A        |        |        |        |        |                    |        |        |       |        |
| MEDICARE B        |        |        |        |        |                    |        |        |       |        |
| MEDICARE AB       |        |        |        |        |                    |        |        |       |        |
| TOTAL MEMBERS     | 576    | 1,290  | 13,386 | 5,866  | 10,366             | 39,201 | 6,129  | 319   | 77,133 |



Report ID: MBA0046-2  
 Database : HCPRD  
 MEDICAL PLAN ENROLLMENT

CITY AND COUNTY OF SAN FRANCISCO  
 MEMBERSHIP ENROLLMENT STATISTICS REPORT

Run Date: 6/1/2021  
 Run Time: 5:00:18

| MEMBERSHIP STATUS                          | CTYCNA | CTYPLN | CTYMAP | BLSHLD | BLSHLD ACCI | KAISER | WAIVED | DELINQ | TOTAL   |
|--|--------|--------|--------|--------|-------------|--------|--------|--------|---------|
| CHILD/MINOR DEPENDENTS OF ACTIVE Members   | 145    | 250    | 0      | 3,110  | 7,224       | 16,582 | 0      | 0      | 27,311  |
| NO MEDICARE                                | 145    | 250    |        | 3,110  | 7,223       | 16,582 |        |        | 27,310  |
| MEDICARE A                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE B                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE AB                                |        |        |        |        |             |        |        |        |         |
| NON-COMPLIANT                              |        |        |        |        |             | 1      |        |        | 1       |
| CHILD/MINOR DEPENDENTS OF RETIRED Members  | 47     | 36     | 70     | 227    | 468         | 663    | 0      | 0      | 1,511   |
| NO MEDICARE                                | 47     | 36     | 49     | 227    | 468         | 651    |        |        | 1,478   |
| MEDICARE A                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE B                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE AB                                |        |        | 21     |        |             | 12     |        |        | 33      |
| NON-COMPLIANT                              |        |        |        |        |             |        |        |        |         |
| CHILD/MINOR DEPENDENTS OF SURVIVING SPOUSE | 2      | 3      | 7      | 15     | 22          | 49     | 0      | 0      | 98      |
| NO MEDICARE                                | 2      | 3      | 1      | 15     | 22          | 47     |        |        | 90      |
| MEDICARE A                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE B                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE AB                                |        |        | 6      |        |             | 2      |        |        | 8       |
| NON-COMPLIANT                              |        |        |        |        |             |        |        |        |         |
| CHILD/MINOR DEPENDENTS OF COMMISSIONERS    | 0      | 7      | 0      | 7      | 2           | 4      | 0      | 0      | 20      |
| NO MEDICARE                                |        | 7      |        | 7      | 2           | 4      |        |        | 20      |
| MEDICARE A                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE B                                 |        |        |        |        |             |        |        |        |         |
| MEDICARE AB                                |        |        |        |        |             |        |        |        |         |
| TOTAL DEPENDENTS                           | 398    | 600    | 3,763  | 5,624  | 12,392      | 30,381 | 0      | 0      | 53,158  |
| MEDICAL PLAN TOTALS                        | 974    | 1,890  | 17,149 | 11,490 | 22,758      | 69,582 | 6,129  | 319    | 130,291 |

Report ID: MBA0046-2  
 Database : HCPRD  
 DENTAL PLAN ENROLLMENT

CITY AND COUNTY OF SAN FRANCISCO  
 MEMBERSHIP ENROLLMENT STATISTICS REPORT

Run Date: 6/1/2021  
 Run Time: 5:00:18

| MEMBERSHIP STATUS                             | DLTDEN  | DLCDEN | PUDDEN | WAIVED | DELINQ | TOTAL   |
|---|---------|--------|--------|--------|--------|---------|
| ACTIVE Members                                | 30,893  | 772    | 537    | 1,518  | 245    | 33,965  |
| RETIRED Members                               | 20,251  | 799    | 725    | 7,941  | 143    | 29,859  |
| SURVIVING SPOUSE                              | 1,932   | 151    | 86     | 1,141  | 69     | 3,379   |
| COMMISSIONERS                                 | 67      | 3      | 3      | 160    | 9      | 242     |
| TOTAL MEMBERS                                 | 53,143  | 1,725  | 1,351  | 10,760 | 466    | 67,445  |
| SPOUSE/DOM PRT DEPENDENTS OF ACTIVE Members   | 14,690  | 202    | 158    |        |        | 15,050  |
| SPOUSE/DOM PRT DEPENDENTS OF RETIRED Members  | 8,025   | 272    | 233    |        |        | 8,530   |
| SPOUSE/DOM PRT DEPENDENTS OF SURVIVING SPOUSE |         |        |        |        |        |         |
| SPOUSE/DOM PRT DEPENDENTS OF COMMISSIONERS    | 20      |        | 2      |        |        | 22      |
| CHILD/MINOR DEPENDENTS OF ACTIVE Members      | 25,789  | 415    | 262    |        |        | 26,466  |
| CHILD/MINOR DEPENDENTS OF RETIRED Members     | 1,557   | 52     | 46     |        |        | 1,655   |
| CHILD/MINOR DEPENDENTS OF SURVIVING SPOUSE    | 98      | 6      | 2      |        |        | 106     |
| CHILD/MINOR DEPENDENTS OF COMMISSIONERS       | 15      |        | 1      |        |        | 16      |
| TOTAL DEPENDENTS                              | 50,194  | 947    | 704    | 0      | 0      | 51,845  |
| DENTAL PLAN TOTALS                            | 103,337 | 2,672  | 2,055  | 10,760 | 466    | 119,290 |

LTD, LIFE AND FSA PLAN ENROLLMENT

| MEMBERSHIP STATUS | LTD    | LIFE   | DEPFSA | HTHFSA |
|-------------------|--------|--------|--------|--------|
| ACTIVE Members    | 25,140 | 23,441 | 962    | 6,173  |

VISION BUY-UP ENROLLMENT

| Membership Status | Members | Spouse/Domestic Partner | Child/Minor Dependents |
|-------------------|---------|-------------------------|------------------------|
| Active CCD        | 265     | 92                      | 110                    |
| Active CRT        | 162     | 74                      | 109                    |
| Active CSF        | 11,395  | 5,158                   | 8,816                  |
| Active USD        | 1,182   | 312                     | 440                    |
| Retirees          | 6,190   | 2,215                   | 388                    |

**MEMORANDUM**

DATE: June 18, 2021  
TO: Supervisor Matt Haney, Chair  
Budget and Finance Committee  
FROM: Abbie Yant, Executive Director  
Health Service System  
RE: Ordinance Approving Health Service System Plans and Contribution  
Rates for Calendar Year 2022

---

Attached are the following documents relating to the above matter:

1. Proposed ordinance (approved as to form by the City Attorney's Office) approving Health Service System (HSS) plans and contribution rates for calendar year 2022;
2. 2021 Ten-County Survey, pursuant to Charter Section A8.423, approved by the Health Service Board on March 11, 2021;
3. Actuarial Report dated June 16, 2021 from AON Consulting, as required under Section A8.422 of Appendix A to the San Francisco Charter, including summaries of the rates and benefits adopted by the Health Service Board on March 11, April 8, May 13 and June 10, 2021.
4. HSS Membership Enrollment Statistics Report dated June 1, 2021 reflecting total enrollment distribution across the three medical plans, the dental plans and life and long-term disability; and
5. Form SFEC-126 (Notification of Contract Approval) for the following benefit service providers:
  - a. Kaiser Foundation Health Plan (Northern and Southern California Regions),
  - b. Blue Shield of California (Flex Funded HMO and Self-Funded PPO administration),
  - c. Health Net of California (a subsidiary of Centene Corporation),
  - d. UnitedHealthcare Services, Inc. (Self-Funded PPO and Fully Insured Medicare Advantage PPO),
  - e. Pacific Union Dental (a subsidiary of United Health Group),
  - f. Delta Dental of California,
  - g. Vision Service Plan,
  - h. Hartford Life and Accident Insurance Company

Please let me know if you need any additional information.

CC: Members, Health Service Board (w/ electronic attached)  
Erik Rapoport (w/ electronic attached)  
Ben Rosenfield (w/ electronic attached)  
Larry Loo (w/electronic attached)  
Mike Clarke, AON (w/ electronic attached)  
Ashley Groffenberger (w/ electronic attached)

# San Francisco Health Service System Rates and Benefits Calendar Year 2022

Budget and Finance Committee Presentation  
July 14, 2021



Dedicated to preserving and improving sustainable, quality health benefits and to enhancing the well-being of our members and their families.

# Overview

---

- Requesting Approval Today - Ordinance to Health Services System plans and “Average Contribution” (AKA “10 County”) rates for calendar year (CY) 2022
- Concur with the Budget And Legislative Analyst Report
- Team introductions

## Summary: Impact to the City

- 1.28% aggregate increase benefits cost for CY 2022
  - Medical plans increase cost is 2.12%
    - Better than benchmarks, in part due to savings generated by Non-Medicare Request for Proposal process for 2022 plan year (benchmark trends range from 5.5% to 7% per Aon Health Care Trend Survey)
- No benefit plan design changes made from the prior year



# Overview of City Ordinance and the 10 County Survey

---

## City Ordinance

- Ordinance approving Health Services System plans and contribution rates for calendar year 2022
- Sets the amount the City contributes to active employee and retiree health premiums

## 10 County Survey Details

- Charter requires a survey of 10 most populous CA counties
- Sets contribution amounts by employer for employee-only coverage for health plans rates
- Basis for the employer contribution to retiree rates and for a few unions
- Survey Results: “**Average Contribution**” amount by employer for employee only coverage for CY 2022 is **\$757.31** (3.86% increase from the prior year)

# Summary of Medical Plans Choices & Rate Changes

Includes two new medical plan options resulting from the competitive RFP process

| Health Plans<br>% Change CY 2022    | Actives  | Early Retirees       | Medicare Retirees                                       |
|-------------------------------------|--|----------------------|---|
| Kaiser Permanente<br>+3.06%         | Kaiser (HMO)<br>+4.96%   |                      | Kaiser Permanente Senior Advantage (MAPD-HMO)<br>-10.8% |
| Blue Shield of California<br>+1.26% | BSC Access+ (HMO) +0.8%<br>BSC Trio (HMO) +2.0%<br><u>New Administrator</u> : BSC (PPO) w/ Accolade<br>+2.7% |                      | n/a   |
| Health Net                          | <u>New Health Plan</u> :<br>Health Net CanopyCare (HMO)  |                      | n/a   |
| United Health Care<br>+1.17%        | n/a  | UHC (PPO) *<br>+2.7% | United Health Care (MAPD-PPO)<br>+1.2%                  |

**Overall increase cost is +2.12%**

\* Only available to retiree families w/ non-Medicare eligibility

# Kaiser Permanente

## KP HMO and KPSA Medicare Plan Options

---

3.06% overall **increase** in costs for active employees, pre-Medicare retirees (early retirees) and Medicare retirees

### KP HMO Active & Early Retirees:

- 4.96% rate **increase** for active and early retirees
- Represents a level of premium revenue requirement for 2022
- No benefit plan design changes

### KPSA – Medicare Plan:

- 10.8% rate **decrease** for Medicare eligible retirees
- Reflects favorable experience due to favorable claims experience and CMS funding
- No benefit plan design changes



KAISER PERMANENTE®

# Blue Shield of California:

## Access+ and Trio HMO plus new PPO w/ Accolade Plan Options

1.26% overall rate increase in HMO costs for active employees & early retirees

2.16% increase in PPO cost - moving PPO administration from UHC

### BSC Access+ HMO:

- 0.8% rate **increase** for active and early retirees
- Lower than industry average due to favorable claims experience
- No benefit plan design changes

### BSC Trio HMO:

- 2.0% rate **increase** for active and early retirees
- Lower than industry average due to favorable claims experience
- No benefit plan design changes

### BSC PPO w/ Accolade:

- 2.7% PPO rate **increase** for active and early retirees
- Lower than benchmark
- Lower claims experience + competitive bid driven savings
- No PPO plan design changes from 2021
- + Accolade:
  - Member support/engagement
  - Clinical advocacy



# United Health Care Retiree Plans: Medicare Advantage PPO Plan & PPO for Retiree Families w/ non-Medicare Eligibles

1.17% rate **increase** for Medicare retirees

## UHC Medicare Advantage Prescription Drug (MAPD) PPO:

- 1.2% rate **increase** for Medicare eligible retirees
- Reflects continuation of a multi-year commitment to moderate rate changes
- No benefit plan design changes

## \* UHC (PPO) – Limited enrollment

- For retirees with a mixture of eligibility between Medicare and non-Medicare eligibility dependent
- 2.7% PPO rate **increase** for non-Medicare members
- No benefit plan design changes from 2021 PPO



\* Only available to retiree families w/ non-Medicare eligibility

# Health Net

## NEW for CY 2022 Health Net CanopyCare HMO

Health Net of California partnered with CanopyCare for the new HMO available to actives and early retirees starting CY 2022

### Flex-Funded HMO:

- Health Net serves as the third-party administrator
- Provider Network - Canopy Health Alliance
- HMO benefit design matched to BSC HMO plans

### Canopy Health Medical Groups (IPAs) including:

- Dignity Health
- John Muir
- Hill Physicians
- Meritage Medical Network
- Santa Clara County IPA (SCCIPA)



### Canopy Health Medical Centers including:

- Zuckerberg SFGH
- UCSF
- Dignity Health
- Alameda Health
- John Muir
- Marin Health

# Non-Medical Plans Renewal Summary

No benefit design changes made from the prior year

| Non-Medical Plan<br>% Change for<br>CY2022                  | Actives  | Retirees   |
|---|--|--|
| Delta Dental PPO<br>and HMO Plans                           | Delta Dental (PPO) <i>Self-Funded</i><br>-14.4%<br><br>DeltaCare USA (DHMO)<br>Rates Unchanged | Delta Dental (PPO)*<br>+4.2%<br><br>DeltaCare USA (DHMO)*<br>+4.2% |
| United Health Care<br>Dental HMO                            | -10.0%   | -10.0%*  |
| VSP Vision Plans  | Rates Unchanged  | Rates Unchanged  |
| The Hartford Life and<br>Disability Plans<br>(Actives Only) | Rates Unchanged  | n/a  |

\* Retiree Dental plans are fully paid by retirees

**Questions?**

**Request for Approval**

**Ordinance approving Health Service System plans and contribution rates for calendar year 2022**



President, District 10  
BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689  
Tel. No. 554-6516  
Fax No. 554-7674  
TDD/TTY No. 554-6546

**Shamann Walton**

---

---

**PRESIDENTIAL ACTION**

Date: July 7, 2021

To: Angela Calvillo, Clerk of the Board of Supervisors

---

---

Madam Clerk,

Pursuant to Board Rules, I am hereby:

- Waiving 30-Day Rule (Board Rule No. 3.23)

File No. \_\_\_\_\_

\_\_\_\_\_  
(Primary Sponsor)

Title. \_\_\_\_\_

---

- Transferring (Board Rule No 3.3)

File No. \_\_\_\_\_

\_\_\_\_\_  
(Primary Sponsor)

Title. \_\_\_\_\_

See the attached two trailing pages for a list of transferring files.

---

From: Government Audit & Oversight Committee

To: Budget & Finance Committee

- Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor: \_\_\_\_\_ Replacing Supervisor: \_\_\_\_\_

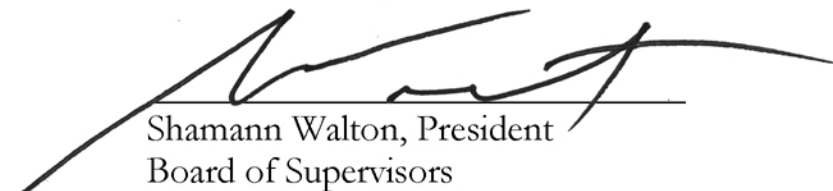
For: \_\_\_\_\_ Meeting

(Date)

(Committee)

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Temporary Assignment:  Partial  Full Meeting

  
\_\_\_\_\_  
Shamann Walton, President  
Board of Supervisors

210534 - Administrative Code and Amending Ordinance No. 49-17 - Deferring Payments to and Use of the 180 Jones Affordable Housing Fund

210635 - Lease Amendment No. 2 - Stellar Partners, Inc. - Boarding Area F Specialty Store Lease No. 12-0086 - Term Extension

210607 - Accept and Expend Grant - Retroactive - University of California San Francisco - Construction Community Outreach Program - \$136,000

210608 - Accept and Expend Grant - Retroactive - Development of Commerce - CARES Act Recovery Assistance Revolving Loan Fund - \$550,000

210675 - Lease Agreement - Genesco Partners Joint Ventures #11 - Harvey Milk Terminal 1 Retail Concession - \$365,000 Minimum Annual Guarantee

210676 - Lease Agreement - Culinary Heights Hospitality - Harvey Milk Terminal 1 Food and Beverage Concession Leases in Phases 3 and 4 - Lease 13, Lease No. 20-0043 - \$385,000 Minimum Annual Guarantee

210679 - Accept and Expend Grant - Retroactive - California Governor's Office of Emergency Services - Paul Coverdell Forensic Science Improvement Program - \$61,437

210680 - Accept and Expend Grant - Retroactive - United States Homeland Security - California Office of Emergency Services - Bay Area Urban Areas Security Initiative - \$33,012,500

210681 - Accept and Expend Grant - Retroactive - United States Homeland Security - Securing the Cities Program - FY2020 - \$3,065,800

210682 - Accept and Expend Grant - Retroactive - California Governor's Office of Emergency Services - FY2020 Community Power Resiliency Grant Program - \$189,005

210683 - Accept and Expend Grant - Retroactive - Health Resources and Services Administration - Ending the Human Immunodeficiency Virus Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B - \$2,667,000

210685 - Accept and Expend Grant - Retroactive - California Governor's Office of Emergency Services - Public Safety Power Shutoff Resiliency Allocation Program - FY2019 - \$378,010

210693 - Accept and Expend Grant - Retroactive - Health Resources and Services Administration - Ending the Human Immunodeficiency Virus Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B - \$2,667,000

210713 - Professional Services Agreement Amendment - Calpine Energy Solutions, LLC - Community Choice Aggregation Program - Not to Exceed \$32,645,425

210721 - Apply for Grants - FY2021, FY2022, and FY2023 Emergency Preparedness Grants

210735 - Lease Extension Modification - 2011 Lease and Use Agreement - TACA International Airlines, S.A. - Estimated Rent \$4,301,668

210736 - Lease Agreement - ProperFood SFO Airport, LLC - Harvey Milk Terminal 1 Food and Beverage Concession Lease in Phases 3 and 4 - Lease 10, Lease No. 20-0041 - \$275,000 Minimum Annual Guarantee

210737 - Real Property Lease Amendment - Townsend Associates, LLC - 650-5th Street - \$159,200 Annual Base Rent

- 210738 - Real Property Lease Extension - Mattison Family Trust - 555-575 Polk Street - \$500,364 Annual Base Rent
- 210740 - Health Service System Plans and Contribution Rates - Calendar Year 2022
- 210742 - Accept and Expend Grant - Retroactive - John D. and Catherine T. MacArthur Foundation - Safety and Justice Challenge - Amendment to the Annual Salary Ordinance for FYs 2020-2021 and 2021-2022 - \$2,000,000
- 210743 - Accept and Expend Grant - Retroactive - U.S. Department of Justice - Justice Reinvestment Initiative - Amendment to Annual Salary Ordinance - FYs 2020-2021 and 2021-2022 - \$1,000,000
- 210763 - Loan Agreement - 2550 Irving Associates, L.P. - 100% Affordable Housing at 2550 Irving Street - Not to Exceed \$14,277,516
- 210764 - Loan Agreement - Ambassador Ritz Four Percent, L.P. - 55 Mason Street and 216 Eddy Street - Not to Exceed \$44,465,000
- 210765 - Multifamily Housing Revenue Note - Ambassador Ritz Four Percent L.P. - 55 Mason Street and 216 Eddy Street - Not to Exceed \$56,039,857
- 210766 - Multifamily Housing Revenue Bonds - 151 and 351 Friedell Street (Hunters Point Shipyard Phase 1 Blocks 52 and 54) - Not to Exceed \$63,000,000
- 210767 - Multifamily Housing Revenue Bonds - 1500 Block of Sunnysdale Avenue (Sunnysdale HOPE SF Block 3B) - Not to Exceed \$58,750,000
- 210768 - Apply for, Accept, and Expend Grant - Retroactive - U.S. Department of Housing and Urban Development - Community Development Block Grant Program (CDBG) - \$24,737,307 - FY2021-2022
- 210769 - Apply for, Accept, and Expend Grant - Retroactive - U.S. Department of Housing and Urban Development - Emergency Solutions Grants (ESG) Program - \$1,590,749 - FY2021-2022
- 210770 - Apply for, Accept, and Expend Grant - Retroactive - U.S. Department of Housing and Urban Development - HOME Investment Partnership Program - \$5,261,731 - FY2021-2022
- 210771 - Apply for, Accept, and Expend Grant - Retroactive - U.S. Department of Housing and Urban Development - Housing Opportunities for Persons with AIDS (HOPWA) Program - \$12,977,602 - FY2021-2022
- 210774 - Real Property Lease Extension - BC Capp, LLC - Homeless Resource Center - 165 Capp Street - \$270,685 Annual Base Rent
- 210775 - Lease of Real Property - SFSPE TG, LLC, SFSPE T1, LLC, SFSPE MH, LLC and SFSPE OBI LLC - 1360 Mission Street - \$644,404 Annual Base Rent - Up to \$200,000 in Tenant Improvements

President, District 10  
BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689  
Tel. No. 554-6516  
Fax No. 554-7674  
TDD/TTY No. 544-6546

**Shamann Walton**

---

---

**PRESIDENTIAL ACTION**

Date: 6/24/2021

To: Angela Calvillo, Clerk of the Board of Supervisors

---

---

Madam Clerk,

Pursuant to Board Rules, I am hereby:

Waiving 30-Day Rule (Board Rule No. 3.23)

File No.

210740

Chan

(Primary Sponsor)

Title.

Health Service System Plans and Contribution Rates - Calendar Year 2022

Transferring (Board Rule No 3.3)

File No.

(Primary Sponsor)

Title.

From:

Committee

To:

Committee

Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor:

Replacing Supervisor:

For:

(Date)

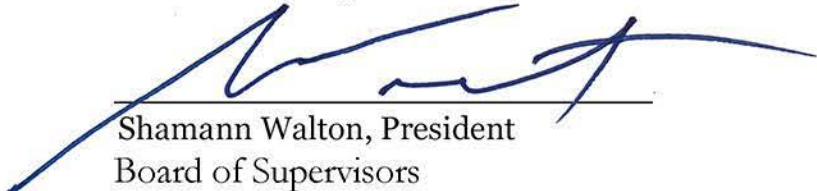
(Committee)

Meeting

Start Time:

End Time:

Temporary Assignment:  Partial  Full Meeting

  
Shamann Walton, President  
Board of Supervisors



## 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:

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

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

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$ 45,925,139   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>California Physician Services DBA Blue Shield of California<br>Medical Health Insurance: Blue Shield (with Accolade) Self-Funded PPO for City Employees and<br>City Early Retirees |                                |  |

| 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><br>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  | Dilsaver                       | Evelyn     | Board of Directors |
| 5  | DuPlessis, M.D., MP            | Helen      | Board of Directors |
| 6  | Flores, M.D.                   | Hector     | Board of Directors |
| 7  | Fohrer                         | Alan       | Board of Directors |
| 8  | Glaser                         | Will       | Board of Directors |
| 9  | Leslie                         | Kristina M | Board of Directors |
| 10 | Panetta                        | Leon E.    | Board of Directors |
| 11 | Markovich                      | Paul       | CEO                |
| 12 | Minter-Jordan MD MBA           | Myechia    | Board of Directors |
| 13 | Johnston                       | Colleen    | Board of Directors |
| 14 | The Rawlings Group             |            | Subcontractor      |
| 15 | Optum                          |            | Subcontractor      |
| 16 | American Specialty Health      |            | Subcontractor      |
| 17 | Healthways                     |            | Subcontractor      |
| 18 | CVS Specialty                  |            | Subcontractor      |
| 19 | Dental Benefit Providers       |            | 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          |
|----|--------------------------------|----------------|---------------|
| 20 | Broadridge Output Solution     | fka DST Output | Subcontractor |
| 21 | Arvato                         |                | Subcontractor |
| 22 | Hewlett Packard                |                | Subcontractor |
| 23 | Trizetto Cognizant             |                | Subcontractor |
| 24 | HealthEquity                   |                | Subcontractor |
| 25 | Healthwise                     |                | Subcontractor |
| 26 | Hinduja Global Solutions       |                | Subcontractor |
| 27 | LabCorp                        |                | Subcontractor |
| 28 | Language Line                  |                | Subcontractor |
| 29 | Magellan Health Services       |                | Subcontractor |
| 30 | MES Vision                     |                | Subcontractor |
| 31 | National Imaging Associate     |                | Subcontractor |
| 32 | CVS Health                     |                | Subcontractor |
| 33 | Quest Diagnostics              |                | Subcontractor |
| 34 | Exela                          |                | Subcontractor |
| 35 | TeleTech Financial Service     |                | Subcontractor |
| 36 | Partners in Care Foundatio     |                | Subcontractor |
| 37 | Radiant,subsidy Accenture      |                | Subcontractor |
| 38 | Calibrated                     |                | 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                       | Clarke  | Sandra     | CFO                     |
| 40                       | walthall  | Todd       | Other Principal Officer |
| 41                       | Davis   | Lisa       | Other Principal Officer |
| 42                       | Glickman MD   | Seth       | Other Principal Officer |
| 43                       | Robertson   | Jeff       | Other Principal Officer |
| 44                       | Heal  |            | Subcontractor           |
| 45                       | IBM Truven Analytics  |            | Subcontractor           |
| 46                       | Outcome MTM   |            | Subcontractor           |
| 47                       |   |            |                         |
| 48                       |   |            |                         |
| 49                       |   |            |                         |
| 50                       |   |            |                         |
| <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 | DATE SIGNED |
|--|-------------|
| BOS Clerk of the Board   |             |



## 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:

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

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

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$308,006,956   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>California Physician Services DBA Blue Shield of California<br><br>Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees and City Early Retirees |                                |  |

| 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><br>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  | Dilsaver                       | Evelyn      | Board of Directors |
| 5  | DuPlessis, M.D, M.P.           | Helen       | Board of Directors |
| 6  | Flores, M.D.                   | Hector      | Board of Directors |
| 7  | Fohrer                         | Alan        | Board of Directors |
| 8  | Glaser                         | Will        | Board of Directors |
| 9  | Leslie                         | Kristina M. | Board of Directors |
| 10 | Markovich                      | Paul        | CEO                |
| 11 | Panetta                        | Leon E.     | Board of Directors |
| 12 | Minter-Jordan, MD, MBA         | Myechia     | Board of Directors |
| 13 | Johnston                       | Colleen     | Board of Directors |
| 14 | The Rawlings Group             |             | Subcontractor      |
| 15 | Optum                          |             | Subcontractor      |
| 16 | American Specialty Health      |             | Subcontractor      |
| 17 | Healthways                     |             | Subcontractor      |
| 18 | CVS Specialty                  |             | Subcontractor      |
| 19 | Dental Benefit Providers       |             | 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          |
|----|--------------------------------|----------------|---------------|
| 20 | Broadridge Output Solution     | fka DST Output | Subcontractor |
| 21 | Arvato                         |                | Subcontractor |
| 22 | Hewlett Packard                |                | Subcontractor |
| 23 | Trizetto Cognizant             |                | Subcontractor |
| 24 | HealthEquity                   |                | Subcontractor |
| 25 | Healthwise                     |                | Subcontractor |
| 26 | Hinduja Global Solutions       |                | Subcontractor |
| 27 | LabCorp                        |                | Subcontractor |
| 28 | Language Line                  |                | Subcontractor |
| 29 | Magellan Health Services       |                | Subcontractor |
| 30 | MES Vision                     |                | Subcontractor |
| 31 | National Imaging Associate     |                | Subcontractor |
| 32 | CVS Health                     |                | Subcontractor |
| 33 | Quest Diagnostics              |                | Subcontractor |
| 34 | Exela                          |                | Subcontractor |
| 35 | TeleTech Financial Service     |                | Subcontractor |
| 36 | Partners in CareFoundation     |                | Subcontractor |
| 37 | Radiant,subsidy Accenture      |                | Subcontractor |
| 38 | Calibrated                     |                | 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                       | Clarke  | Sandra     | CFO                     |
| 40                       | Walthall  | Todd       | Other Principal Officer |
| 41                       | Davis   | Lisa       | Other Principal Officer |
| 42                       | Glickman MD   | Seth       | Other Principal Officer |
| 43                       | Robertson   | Jeff       | Other Principal Officer |
| 44                       | Heal  |            | Subcontractor           |
| 45                       | Call the Car  |            | Subcontractor           |
| 46                       | LifeSpring Home Nutrition   |            | Subcontractor           |
| 47                       | IBM Truven Analytics  |            | Subcontractor           |
| 48                       | Outcome MTM   |            | Subcontractor           |
| 49                       | Soultran  |            | Subcontractor           |
| 50                       | Livongo   |            | Subcontractor           |
| <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 | DATE SIGNED |
|--|-------------|
| BOS Clerk of the Board   |             |



## 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:

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

|   |   |
|---|---|
| <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><br>Delta Dental of California   | <b>TELEPHONE NUMBER</b><br>888-335-8227 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$66,454,916  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>PPO Dental health insurance benefits for Active City Employees and City Retirees:<br>Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$17,108,280<br>Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$49,346,636 |                                |  |

| 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><br>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  | Castro                         | Michael J. | CEO                |
| 2  | Weber                          | Alicia F.  | CFO                |
| 3  | Gilbert                        | Roy        | COO                |
| 4  | Bergert                        | Glen F.    | Board of Directors |
| 5  | Farnsworth DDS                 | R. Kent    | 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        | 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 | Widmann                        | Janet      | Board of Directors |
| 15 | Yodowitz                       | Heidi      | Board of Directors |
| 16 |                                |            |                    |
| 17 |                                |            |                    |
| 18 |                                |            |                    |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

|   |   |
|---|---|
| <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><br>Delta Dental of California   | <b>TELEPHONE NUMBER</b><br>888-335-8227 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$788,364   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>DHMO Dental health insurance benefits for Active City Employees and City Retirees:<br>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<br>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  | Gilbert                        | Roy        | COO                |
| 4  | Bergert                        | Glen F.    | Board of Directors |
| 5  | Farnsworth DDS                 | R. Kent    | 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        | 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 | Widmann                        | Janet      | Board of Directors |
| 15 | Yodowitz                       | Heidi      | Board of Directors |
| 16 |                                |            |                    |
| 17 |                                |            |                    |
| 18 |                                |            |                    |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|





## 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:

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

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

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$8,586,000   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance for City Employees<br><ul style="list-style-type: none"> <li>•Life (basic): \$1,385,000 estimated annualized premium</li> <li>•Life and AD&amp;D (Supplemental): \$776,000 estimated annualized premium</li> <li>•Long Term Disability (LTD): \$6,425,000 estimated annualized premium</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><br>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. | COO                |
| 7  |                                |             |                    |
| 8  |                                |             |                    |
| 9  |                                |             |                    |
| 10 |                                |             |                    |
| 11 |                                |             |                    |
| 12 |                                |             |                    |
| 13 |                                |             |                    |
| 14 |                                |             |                    |
| 15 |                                |             |                    |
| 16 |                                |             |                    |
| 17 |                                |             |                    |
| 18 |                                |             |                    |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

|   |   |
|---|---|
| <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><br>Health Net of California, Inc.   | <b>TELEPHONE NUMBER</b><br>(888) 926-4988 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>21281 Burbank Blvd., Woodland Hills, CA 91367 | <b>EMAIL</b>                              |

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$33,229,104  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees and City Early Retirees |                                |  |

| 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   |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES<br>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  | Neidorff                       | Michael         | Board of Directors      |
| 2  | Ayala                          | Orlando         | Board of Directors      |
| 3  | Blume                          | Jessica L       | Board of Directors      |
| 4  | Dallas                         | James           | Board of Directors      |
| 5  | Ditmore                        | Robert K        | Board of Directors      |
| 6  | Eppinger                       | Frederick H     | Board of Directors      |
| 7  | Gephardt                       | Richard A       | Board of Directors      |
| 8  | Roberts                        | John R          | Board of Directors      |
| 9  | Robinson                       | Lori J          | Board of Directors      |
| 10 | Steward                        | David L         | Board of Directors      |
| 11 | Thompson                       | Tommy G         | Board of Directors      |
| 12 | Trubeck                        | William         | Board of Directors      |
| 13 | Ternan                         | Brian           | CEO                     |
| 14 | Santana-Chin                   | Martha          | Other Principal Officer |
| 15 | Johnson                        | Karen           | Other Principal Officer |
| 16 | Moore                          | Jennifer (Jenn) | Other Principal Officer |
| 17 | Balbone                        | Kerri           | Other Principal Officer |
| 18 | Leaf                           | Garrett         | CFO                     |
| 19 | Chen                           | Alex            | 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 | Centene Corporation            |            | Shareholder   |
| 21 | The Vanguard Group, Inc        |            | Shareholder   |
| 22 | Accommodating Ideas            |            | Subcontractor |
| 23 | Advanced Medical Reviews       |            | Subcontractor |
| 24 | Akorbi Translations            |            | Subcontractor |
| 25 | American Specialty Health      |            | Subcontractor |
| 26 | American well Corporation      |            | Subcontractor |
| 27 | American well Physicians       |            | Subcontractor |
| 28 | Change Health solutions        |            | Subcontractor |
| 29 | Cognizant                      |            | Subcontractor |
| 30 | CommGap                        |            | Subcontractor |
| 31 | Conifer Value-Based Care       |            | Subcontractor |
| 32 | Cotiviti                       |            | Subcontractor |
| 33 | Datafied Global                |            | Subcontractor |
| 34 | Diversified Data Design        |            | Subcontractor |
| 35 | DME Consulting                 |            | Subcontractor |
| 36 | eviCore                        |            | Subcontractor |
| 37 | Health Management Services     |            | Subcontractor |
| 38 | Interpreters Unlimited         |            | 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                                  | ISI Language Solutions  |            | Subcontractor |
| 40                                  | MultiPlan   |            | Subcontractor |
| 41                                  | MyStrength  |            | Subcontractor |
| 42                                  | Navitus Health Solutions  |            | Subcontractor |
| 43                                  | Omada Health  |            | Subcontractor |
| 44                                  | Online Care Network   |            | Subcontractor |
| 45                                  | Online Care Group Alaska  |            | Subcontractor |
| 46                                  | Optum   |            | Subcontractor |
| 47                                  | OptumInsight  |            | Subcontractor |
| 48                                  | TBASE   |            | Subcontractor |
| 49                                  | Teleperformance   |            | Subcontractor |
| 50                                  | Turning Point   |            | 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.**

| SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK | DATE SIGNED |
|--|-------------|
| BOS Clerk of the Board   |             |



## 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:

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

|   |   |
|---|---|
| <b>TYPE OF FILING</b>                                       | <b>DATE OF ORIGINAL FILING (for amendment only)</b> |
| Supplemental  |   |
| <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>        |
| Legislative Clerks Division      | 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><br>Health Net of California, Inc.   | <b>TELEPHONE NUMBER</b><br>(888) 926-4988 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>21281 Burbank Blvd., Woodland Hills, CA 91367 | <b>EMAIL</b>                              |

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$33,229,104  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees and City Early Retirees |                                |  |

| 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   |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES<br>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  | Varis                          |            | Subcontractor |
| 2  | Voiance Language Services      |            | Subcontractor |
| 3  | welvie                         |            | Subcontractor |
| 4  |                                |            |               |
| 5  |                                |            |               |
| 6  |                                |            |               |
| 7  |                                |            |               |
| 8  |                                |            |               |
| 9  |                                |            |               |
| 10 |                                |            |               |
| 11 |                                |            |               |
| 12 |                                |            |               |
| 13 |                                |            |               |
| 14 |                                |            |               |
| 15 |                                |            |               |
| 16 |                                |            |               |
| 17 |                                |            |               |
| 18 |                                |            |               |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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                       |   |            |      |
| 40                       |   |            |      |
| 41                       |   |            |      |
| 42                       |   |            |      |
| 43                       |   |            |      |
| 44                       |   |            |      |
| 45                       |   |            |      |
| 46                       |   |            |      |
| 47                       |   |            |      |
| 48                       |   |            |      |
| 49                       |   |            |      |
| 50                       |   |            |      |
| <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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

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

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$492,007,892   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>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.<br>Kaiser Permanente California Active/Early Retirees: \$436,729,512<br>Kaiser Permanente California Medicare Retirees: \$5,4061,793<br>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:      |   |
| <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><br>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 | Telles, PhD                    | Cynthia A. | Board of Directors |
| 14 | Washington, MD                 | A. Eugene  | Board of Directors |
| 15 |                                |            |                    |
| 16 |                                |            |                    |
| 17 |                                |            |                    |
| 18 |                                |            |                    |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

|   |   |
|---|---|
| <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><br>United HealthCare Services, Inc.  | <b>TELEPHONE NUMBER</b><br>925-246-1300 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>9900 Bren Road East, Minnetonka, Minnesota 55343 | <b>EMAIL</b>                            |

| 6. CONTRACT  |                                |  |
|--|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$5,886,591  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Self-Insured Medical Plan and Prescription Drug for City Employees and City Early Retirees 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"/>            | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM   |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES<br>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  | Noel                           | Timothy John      | Board of Directors      |
| 2  | Putnam                         | Tarrant Jeffrey   | Board of Directors      |
| 3  | Putnam                         | Tarrant Jeffrey   | CEO                     |
| 4  | Putnam                         | Tarrant Jeffrey   | Other Principal Officer |
| 5  | Roos                           | Thomas Edward     | CFO                     |
| 6  | Pezhman                        | Payman [NMN]      | Other Principal Officer |
| 7  | Gill                           | Peter Marshall    | Other Principal Officer |
| 8  | Lang                           | Heather Anastasia | Other Principal Officer |
| 9  | Zuba                           | Jessica Leigh     | Other Principal Officer |
| 10 | Cottingham                     | Nyle Brent        | Other Principal Officer |
| 11 |                                |                   |                         |
| 12 |                                |                   |                         |
| 13 |                                |                   |                         |
| 14 |                                |                   |                         |
| 15 |                                |                   |                         |
| 16 |                                |                   |                         |
| 17 |                                |                   |                         |
| 18 |                                |                   |                         |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |



**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

|   |   |
|---|---|
| <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><br>Dental Benefit Providers, Inc.   | <b>TELEPHONE NUMBER</b><br>888-835-9637 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>425 Market St., 12th Floor, San Francisco, CA 94105 | <b>EMAIL</b>                            |

| 6. CONTRACT   |                                |  |
|---|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>   | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$397,602   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Dental Benefit Providers, Inc. DBA United Healthcare Dental<br>DMO Dental Health Insurance Benefits for City Employees and City Retirees |                                |  |

| 7. COMMENTS  |
|--|
| <p>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.</p> |

| 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<br>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  | United HealthCare Services     |                   | Shareholder             |
| 2  | Fabula                         | Andrew Joseph     | Board of Directors      |
| 3  | Bailey, Jr.                    | David Ignatius    | Board of Directors      |
| 4  | Sheldon                        | Kenneth Mark      | Board of Directors      |
| 5  | Sheldon                        | Kenneth Mark      | CEO                     |
| 6  | Davis                          | Mitchell Robert   | CFO                     |
| 7  | Galimi                         | Gavin Guy         | Other Principal Officer |
| 8  | Gill                           | Peter Marshall    | Other Principal Officer |
| 9  | Lang                           | Heather Anastasia | Other Principal Officer |
| 10 | Brody                          | Michael Charles   | Other Principal Officer |
| 11 | Sheldon                        | Kenneth Mark      | Other Principal Officer |
| 12 | Zuba                           | Jessica Leigh     | Other Principal Officer |
| 13 | Bailey, Jr.                    | David Ignatius    | Other Principal Officer |
| 14 |                                |                   |                         |
| 15 |                                |                   |                         |
| 16 |                                |                   |                         |
| 17 |                                |                   |                         |
| 18 |                                |                   |                         |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

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

| 6. CONTRACT  |                                |  |
|--|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$87,624,531   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Fully-Insured Medicare Medical Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees |                                |  |

| 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"/>            | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM   |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES<br>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  | Bedard                         | James Francis     | Board of Directors      |
| 2  | Brueckman                      | Brian Douglas     | Board of Directors      |
| 3  | Cottingham                     | Nyle Brent        | Board of Directors      |
| 4  | Golden                         | William John      | Board of Directors      |
| 5  | Hansen                         | Paul Daniel       | Board of Directors      |
| 6  | Iannonne                       | Gary Anthony      | Board of Directors      |
| 7  | McGlinch                       | Thomas Shaun      | Board of Directors      |
| 8  | Noel                           | Timothy John      | Board of Directors      |
| 9  | Roos                           | Thomas Edward     | Board of Directors      |
| 10 | Golden                         | William John      | Other Principal Officer |
| 11 | Bedard                         | James Francis     | Other Principal Officer |
| 12 | Burch                          | Timothy James     | Other Principal Officer |
| 13 | Gill                           | Peter Marshall    | Other Principal Officer |
| 14 | Galimi                         | Gavin Guy         | Other Principal Officer |
| 15 | Lang                           | Heather Anastasia | Other Principal Officer |
| 16 | Zuba                           | Jessica Leigh     | Other Principal Officer |
| 17 | Iannonne                       | Gary Anthony      | Other Principal Officer |
| 18 | McGlinch                       | Thomas Shaun      | Other Principal Officer |
| 19 | Noel                           | Timothy John      | 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 | Roos                           | Thomas Edward | Other Principal Officer |
| 21 | Cottingham                     | Nyle Brent    | Other Principal Officer |
| 22 |                                |               |                         |
| 23 |                                |               |                         |
| 24 |                                |               |                         |
| 25 |                                |               |                         |
| 26 |                                |               |                         |
| 27 |                                |               |                         |
| 28 |                                |               |                         |
| 29 |                                |               |                         |
| 30 |                                |               |                         |
| 31 |                                |               |                         |
| 32 |                                |               |                         |
| 33 |                                |               |                         |
| 34 |                                |               |                         |
| 35 |                                |               |                         |
| 36 |                                |               |                         |
| 37 |                                |               |                         |
| 38 |                                |               |                         |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## 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:

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

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

| 6. CONTRACT  |                                |  |
|--|--------------------------------|--|
| <b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>  | <b>ORIGINAL BID/RFP NUMBER</b> | <b>FILE NUMBER (If applicable)</b><br>210740 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$9,377,304  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>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:      |  |
| <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<br>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  | 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                     |
| 14 |                                |            |                         |
| 15 |                                |            |                         |
| 16 |                                |            |                         |
| 17 |                                |            |                         |
| 18 |                                |            |                         |
| 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 |                                |            |      |
| 21 |                                |            |      |
| 22 |                                |            |      |
| 23 |                                |            |      |
| 24 |                                |            |      |
| 25 |                                |            |      |
| 26 |                                |            |      |
| 27 |                                |            |      |
| 28 |                                |            |      |
| 29 |                                |            |      |
| 30 |                                |            |      |
| 31 |                                |            |      |
| 32 |                                |            |      |
| 33 |                                |            |      |
| 34 |                                |            |      |
| 35 |                                |            |      |
| 36 |                                |            |      |
| 37 |                                |            |      |
| 38 |                                |            |      |

**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 |                                |            |      |
| 40 |                                |            |      |
| 41 |                                |            |      |
| 42 |                                |            |      |
| 43 |                                |            |      |
| 44 |                                |            |      |
| 45 |                                |            |      |
| 46 |                                |            |      |
| 47 |                                |            |      |
| 48 |                                |            |      |
| 49 |                                |            |      |
| 50 |                                |            |      |

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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|