

File No. 240724

Committee Item No. 16

Board Item No. 10

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 17, 2024

Board of Supervisors Meeting Date July 30, 2024

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 checked="" type="checkbox"/>	<input checked="" 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
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OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2025 10-County Survey Plan Rates</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HSS Rate Exhibits Summaries 6/24/2024</u>
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Completed by: Brent Jalipa Date July 11, 2024

Completed by: Brent Jalipa Date July 19, 2024

[Health Service System Plans and Contribution Rates - Calendar Year 2025]

Ordinance approving Health Service System plans and contribution rates for calendar year 2025.

NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
Additions to Codes are in *single-underline italics Times New Roman font*.
Deletions to Codes are in ~~*strikethrough italics Times New Roman font*~~.
Board amendment additions are in double-underlined Arial font.
Board amendment deletions are in ~~strikethrough Arial font~~.
Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables

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

Section 1. Background and Findings.

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

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

(c) On March 14, 2024, 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. 240724, the HSB determined that “the average contribution” made by the counties
2 surveyed for the 2024 calendar plan year is \$882.05 per month.

3 (d) At its meetings of February 8, March 14, April 11, May 9, June 7, June 13, and
4 June 18, 2024, the HSB adopted health insurance plans and contribution rates for Health
5 Service System plans to become effective on January 1, 2025, for the calendar plan year
6 January 1, 2025 through December 31, 2025. Said plans and contribution rates are on file
7 with the Clerk of the Board of Supervisors in Board File No. 240724, and are incorporated
8 herein by reference. Each of the health insurance plans is expected to exceed \$10,000,000 in
9 expenditures, and therefore Charter Section 9.118(b) requires Board of Supervisors approval
10 of each plan.
11

12 Section 2. The Board of Supervisors hereby approves the health insurance plans and
13 contribution rates adopted by the HSB on February 8, March 14, April 11, May 9, June 7, June
14 13, and June 18, 2024, as referenced in subsection (d) of Section 1 of this ordinance.
15

16 Section 3. As referenced in subsection (c) of Section 1 of this ordinance, “the average
17 contribution” under Charter Section A8.423, which shall constitute the monthly amount
18 contributed by the participating employers to the Health Service Trust Fund for the calendar
19 plan year January 1, 2025 through December 31, 2025, as required under Charter Section
20 A8.428(b)(2), is \$882.05.
21

22 Section 4. Effective Date. This ordinance shall become effective 30 days after
23 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
24 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
25 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 DAVID CHIU, City Attorney

7 By: /s/ Jennifer A. Donnellan
8 Jennifer A. Donnellan
9 Deputy City Attorney

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LEGISLATIVE DIGEST

[Health Service System Plans and Contribution Rates - Calendar Year 2025]

Ordinance approving Health Service System plans and contribution rates for calendar year 2025.

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 uncoded 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.

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Item 16 File 27-0742	Department: Health Service System (HSS)
EXECUTIVE SUMMARY	
<p style="text-align: center;">Legislative Objectives</p> <p>The proposed ordinance would approve the San Francisco Health Service System's (HSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year (CY) 2025.</p> <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> • The HSS 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 HSS employers, including the City, and members. • Health plans include Kaiser Permanente, Blue Shield of California, and Health Net CanopyCare. HSS offers three dental plans, including one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). Vision coverage is provided by Vision Service Plan. • As the result of an RFP process in 2024, starting in 2025, Blue Shield of California will administer two plans previously administered by the incumbent provider, UnitedHealthcare: the non-Medicare "split family" plans and Medicare Advantage Prescription Drug (MAPD) plans for Medicare retirees. There are no other changes in plan administrators. • There is one plan design change for Kaiser Medicare retirees that changes the out-of-pocket maximum basis from \$1,000 per individual or \$2,000 per family to \$1,000 per individual, which affects five members enrolled in the Kaiser Medicare Plan. Other than the aforementioned change, there are no plan design changes for the health, vision, and dental plans that have been approved for 2025. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> • The total cost of the plans in CY 2025 would be \$1,041,087,775, which is 6.51 percent more than the estimated \$977,461,829 costs in CY 2024. Of the total, the City's costs would be \$916,985,269, with the balance of \$124,102,506 paid by employees and retirees. • In CY 2025, the average monthly medical contribution by each member will be \$175.11 per member per month for all members (active employees and retirees combined), \$198.16 per member per month for active employees, and \$144.59 per member per month for retirees. <p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> • Approve the proposed ordinance. 	

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 (HSS). The HSS administers non-pension benefits, including health, vision, dental, as well as life insurance and long-term disability insurance. The Health Service Board provides the annual health, vision, dental and other insurance plans, and sets the respective plan premium rates and contributions to be paid by HSS employers and members. There are four HSS employers:

1. City and County of San Francisco (City)
2. San Francisco Unified School District (SFUSD)
3. San Francisco Community College District (SFCCD)
4. San Francisco Superior Court (Superior Court)

HSS members are active and retired employees of the above noted four 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 models which reflect the City's percentage of the contribution.

- 93/93/83 Contribution Model: The City contributes 93 percent of the total health insurance premium for single-covered employees. The City contributes 93 percent of the total health insurance premium for employees with one dependent, capped at 93 percent of the second-highest cost plan. The City contributes 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 Iftikhar Hussain, Chief Financial Officer at the San Francisco Health Service System, there are 45,193 members (excluding dependents) who are covered by this contribution model in 2025.
- 100/96/83 Contribution Model: The City contributes 100 percent of total health insurance premium for single-covered employees. The City contributes up to 96 percent of the total health insurance premium for employees with one dependent, capped at 96 percent of

the second-highest cost plan. The City contributes 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 Chief Financial Officer Hussein, there are 11,667 members (excluding dependents) who are covered by this contribution model in 2025.

Retiree Health Plan Premium Contributions

The 10-county survey average is used as a basis for calculating the employer contribution to the monthly health plan premium for all retirees hired on or before January 9, 2009.¹ Based on the 2025 10-County survey, the 10-county average employer contribution for calendar year 2025 is \$882.05 per member per month, which is \$76.20 or approximately 9.46 percent more than the average monthly contribution in 2024 of \$805.85.

Retirees who were hired on or after January 10, 2009 receive a percentage of the employer contribution depending on how long they worked for the City, with the percentage increasing as the number of years the employee worked for the employer increases.

Health Service System Trust Fund

Under Charter Section A8.428, employer and HSS member contributions to health plan premiums are deposited in the Health Service System Trust Fund, which in turn funds costs for medical expenses and health plans. As of June 30, 2023 the Health Service System Trust Fund balance was approximately 104.8 million and is projected to be approximately \$100 million as of June 30, 2024.

The retiree rates also impact the City's post-employment benefits (OPEB). As of June 30, 2023, the OPEB liability was \$4.5 billion with a net liability of \$3.8 billion.

DETAILS OF PROPOSED LEGISLATION

The proposed ordinance would approve the San Francisco Health Service System's (HSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year (CY) 2025. The total cost of the plans would be \$1,041,087,775 or 6.51 percent more than the \$977,461,829 total cost in 2024. Of the total, the City's costs would be \$916,985,269, with the balance of \$124,102,506 paid by employees and retirees. Table 1 below provides a summary of health insurance costs for 2025.

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, 2025 through December 31, 2025 on the following dates in 2024: February 8, March 14, April 11, May 9, June 7, June 13, and June 18.

¹ In the event the premium for the retiree 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 of the premium.

Health Plans and Premiums

Kaiser Permanente HMO²

Kaiser Permanente (Kaiser) covers active, early retirees³ and Medicare retirees. The total Kaiser HMO premium amounts to be paid by the City as employer are \$417,886,081, which is a 5.86 percent increase from CY 2024 to CY 2025.⁴ These amounts are shown in Table 1 below.

The overall increase in premium costs for Kaiser HMO plans from 2024 to 2025 is due to a 5.4% premium rate increase for active and early retirees in California and an 8.65% premium rate increase for Medicare retirees in California.

There are no Kaiser plan design changes approved for active employees and early retirees approved by the Health Service Board for 2025. There is one Kaiser-mandated change for the Medicare retirees plan that changes the out-of-pocket maximum basis from \$1,000 per individual or \$2,000 per family to \$1,000 per individual. This change impacts five members enrolled in the Kaiser Medicare Plan, according to the City's actuarial consultant, Aon.

Blue Shield of California HMOs

The total Blue Shield of California (BSC) Access+ and Trio plans are flex-funded⁵ HMOs for active employees and early retirees. The total BSC flex-funded HMO plan premium amounts to be paid by the City as employer are \$310,937,484, which is a 9.49 percent increase from CY 2024 to CY 2025. The high increase in Blue Shield HMO plan rates is due to high medical claims in 2022 and high pharmacy claims in 2022 and 2023. No plan design changes were approved for the BSC HMO plans by the Health Service Board for 2025.

Blue Shield of California PPO (with Accolade)⁶

The Blue Shield of California (BSC) PPO plan is self-funded for active employees and early retirees. The BSC self-funded HMO plan premium amounts to be paid by the City as employer are \$44,352,501, which is a 4.27 percent increase from CY 2024 to CY 2025. No plan design changes were approved for the BSC PPO plan by the Health Service Board for 2025.

Blue Shield of California PPO for Non-Medicare "Split Family" Plans

Starting in 2025, Blue Shield of California (BSC) will be the plan administrator for non-Medicare "split family" plans, which provides coverage for non-Medicare covered individuals within families where one or more individual is Medicare-eligible and enrolled in the BSC Medicare

² 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.

³ Retired employees of less than 65 years of age and therefore not eligible for Medicare.

⁴ This includes the following plans: Kaiser HMO (actives and early retirees) and Kaiser KPSA HMO (Medicare retirees).

⁵ Under flex-funding, the HMO pays the medical groups on a per capita basis and plan sponsor (HSS) pays the variable claims other than the fixed medical group amounts.

⁶ 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 (HSS) pays the purchaser (through a third-party administrator) on a fee for service basis based on negotiated contracts.

Advantage Prescription Drug (MAPD) plan. This is referred to as a “split family” plan because one or more individuals in the family is not yet Medicare-eligible and enrolls in a non-Medicare BSC PPO or HMO plan and one or more individual is Medicare-eligible and is enrolled in the BSC MAPD plan. The BSC PPO for non-Medicare “split family” plan premium amounts to be paid by the City as employer are \$2,656,955, which is a 3.9 percent increase from CY 2024 to CY 2025. No plan design changes were approved for the BSC non-Medicare PPO “split family” plans by the Health Service Board in 2025.

The change from the incumbent provider, UnitedHealthcare, to BSC for the Non-Medicare “split family” plans and Medicare Advantage Prescription Drug (MAPD) plans for Medicare retirees was the result of an RFP process conducted in Spring 2024. The change resulted in an estimated \$6.8 million in total net savings (vs the renewal rates from the incumbent) across all four employers in 2025, \$4.8 million of which is savings for the City, according to the City’s actuarial consultant, Aon.

Blue Shield of California Medicare Advantage Prescription Drug (MAPD) PPO

Starting in 2025, Blue Shield of California (BSC) will be the plan administrator for MAPD plan members. The BSC MAPD PPO plan covers all non-Kaiser Medicare eligible retirees. No plan design changes were approved for the BSC MAPD PPO plan by the Health Service Board for 2025.

The total BSC MAPD PPO plan premiums amount to be paid by the City as employer are \$87,495,765, which is a 4.02 percent increase from CY 2024 to CY 2025.

The change from the incumbent provider, UnitedHealthcare, was the result of an RFP process conducted in Spring 2024 mentioned above. The change still results in an overall increase in premiums, from 2024 under UnitedHealthcare, to 2025 under BSC. The increase is driven in part by a requirement in the Inflation Reduction Act approved by Congress that limits out of pocket expenses to \$2,000 per year.

Health Net CanopyCare HMO

The Health Net CanopyCare HMO plan is flex-funded for active employees and early retirees. CanopyCare provides access to the Canopy Health Alliance of over 5,500 providers in six medical groups and major regional medical centers and hospitals covering the greater Bay Area. The Health Net CanopyCare flex-funded HMO plan premium amounts to be paid by the City as employer are \$8,096,024, which is a 0.94 percent decrease from CY 2024 to CY 2025. No plan design changes were approved for the Health Net CanopyCare plan by the Health Service Board for 2025.

Vision Plan

Members enrolled in any of the health plans receive vision benefits through Vision Service Plan (VSP), a third-party insurer. The cost of the Basic Plan vision benefit is included in the cost of the medical plan for all monthly health plan premiums. Any active employees or retirees who choose to enroll in the Premier Plan pay the full premium difference between Premier Plan rates and Basic Plan rates in the form of member contributions.

In 2025, all vision Basic Plan rates remain unchanged from the 2024 plan year. The employer portion of vision costs remains unchanged from 2024 to 2025. In 2025, vision Premier Plan total premium rates have increased 2 percent from 2024 levels, which will result in an increased cost of member contributions. No plan design changes were approved for the vision plans by the Health Service Board for 2025.

Dental Plans

HSS offers three dental plans, which are 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 premium cost of their dental plans with no employer contributions.

For plan year 2025, 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 2024 plan year.

The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$38,622,449, which is a 6.48 percent increase from CY 2024 to CY 2025. No plan design changes were approved for the dental PPO/HMO plans by the Health Service Board for 2025.

Life and Long-Term Disability Insurance

The Hartford Life and Accident Insurance Company (The Hartford) is the insuring entity for the HSS life insurance, accidental death and dismemberment (AD&D) insurance, and long-term disability (LTD) insurance. In CY 2025, all life insurance, AD&D, and LTD plan premiums are remaining at 2024 premium levels for an aggregate City contribution of \$6,398,010, which means there is no change in cost to the City from CY 2024.

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. The HIT and TRF are no longer in effect. The PCORI fee⁷ remains in effect through 2029 as part of the SECURE Act passed by the federal government in December 2019. HSS pays this fee to the federal government for the self-funded BSC PPO and UHC PPO plans (through 2024), while Kaiser, BSC, and Health Net pay this fee on HSS's behalf for fully insured or flex-

⁷ 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.

funded plans. The 2025 PCORI fee is expected to be slightly higher than the \$3.22 per covered person per year fee in current year 2024, according to the City's actuarial consultant, Aon.

FISCAL IMPACT

2025 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 \$1,041,087,775 in CY 2025, which is \$63,625,946 more, or a 6.51 percent increase, from \$977,461,829 in CY 2024.

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 CY 2025 is \$916,985,269 which is a \$57,655,187, or 6.71 percent, increase from \$859,330,082 in CY 2024. 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 \$124,102,506 in CY 2025, which is a \$5,970,758, or 5.05 percent, increase from \$118,131,747 in CY 2024.

According to HSS, in CY 2025, the average medical monthly contribution by each member will be \$175.11 per member per month for all members (actives employees and retirees combined), \$198.16 per member per month for active employees, and \$144.59 per member per month for retirees.

**Table 1: Total Plan Costs for the City, Employees and Retirees in 2025 Compared to 2024
Current Membership⁸**

	2024 Forecast	2025 Forecast	Increase/ (Decrease)	Percent Change
City Costs Only				
Kaiser HMO (Actives and Early Retirees)	\$355,769,923	\$375,501,590	\$19,731,667	5.55%
Blue Shield HMO (Actives and Early Retirees)	\$283,983,251	\$310,937,484	\$26,954,233	9.49%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$42,537,971	\$44,352,501	\$1,814,530	4.27%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$8,173,113	\$8,096,024	(\$77,089)	-0.94%
BSC PPO / EPO (Non-Medicare Split Family Lives)	\$2,557,108	\$2,656,955	\$99,848	3.90%
Kaiser KPSA HMO (Medicare Retirees)	\$38,979,977	\$42,384,491	\$3,404,514	8.73%
BSC MA PPO (Medicare Retirees)	\$84,117,655	\$87,495,765	\$3,378,110	4.02%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$816,118,997</i>	<i>\$871,424,811</i>	<i>\$55,305,813</i>	<i>6.78%</i>
Dental (Actives Only) ⁹	\$36,273,075	\$38,622,449	\$2,349,374	6.48%
Long Term Disability and Life Insurance (Actives Only) ¹⁰	\$6,938,010	\$6,938,010	\$0	0.00%
Total City Costs	\$859,330,082	\$916,985,269	\$57,655,187	6.71%
Employee and Retiree Costs Only				
Kaiser HMO (Actives and Early Retirees)	\$42,476,065	\$44,354,525	\$1,878,460	4.42%
Blue Shield HMO (Actives and Early Retirees)	\$37,781,401	\$41,376,666	\$3,595,265	9.52%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$10,266,719	\$9,493,038	(\$773,680)	-7.54%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$847,747	\$839,568	(\$8,179)	-0.96%
BSC PPO / EPO (Non-Medicare Split Family Lives)	\$5,073,432	\$5,440,387	\$366,955	7.23%
Kaiser KPSA HMO (Medicare Retirees)	\$5,757,933	\$6,232,482	\$474,549	8.24%
BSC MA PPO (Medicare Retirees)	\$11,304,885	\$11,742,274	\$437,388	3.87%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$113,508,182</i>	<i>\$119,478,940</i>	<i>\$5,970,758</i>	<i>5.26%</i>
Dental (Actives Only)	\$3,659,460	\$3,659,460	\$0	0.00%
Long Term Disability and Life Insurance (Actives Only)	\$964,105	\$964,105	\$0	0.00%
Total Employee and Retiree Costs	\$118,131,747	\$124,102,506	\$5,970,758	5.05%
Total Costs				
Kaiser HMO (Actives and Early Retirees)	\$398,245,988	\$419,856,115	\$21,610,127	5.43%
Blue Shield HMO (Actives and Early Retirees)	\$321,764,652	\$352,314,150	\$30,549,498	9.49%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$52,804,689	\$53,845,539	\$1,040,850	1.97%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$9,020,860	\$8,935,592	(\$85,268)	-0.95%
BSC PPO / EPO (Non-Medicare Split Family Lives)	\$7,630,539	\$8,097,342	\$466,803	6.12%
Kaiser KPSA HMO (Medicare Retirees)	\$44,737,910	\$48,616,973	\$3,879,063	8.67%
BSC MA PPO (Medicare Retirees)	\$95,422,541	\$99,238,039	\$3,815,498	4.00%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$929,627,179</i>	<i>\$990,903,751</i>	<i>\$61,276,572</i>	<i>6.59%</i>
Dental (Actives Only)	\$39,932,535	\$42,281,909	\$2,349,374	5.88%
Long Term Disability and Life Insurance (Actives Only)	\$7,902,115	\$7,902,115	\$0	0.00%
Total Costs	\$977,461,829	\$1,041,087,775	\$63,625,946	6.51%

Source: San Francisco Health Service System

⁸ According to HHS, both 2024 and 2025 forecasted costs are based on a March 2024 headcount.⁹ Dental costs are fully paid by retirees.¹⁰ Long term disability and life insurance plans are not offered to retirees.

RECOMMENDATION

Approve the proposed ordinance.

San Francisco Health Service System 2025 Plan Year Rates and Benefits



Budget and Finance Committee Presentation by
Abbie Yant, HSS Executive Director
July 17, 2024

Background

Our Mission

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

Overview

- City Ordinance and the 10 County Survey
- Rates and Benefits timeline
- Aggregate changes in benefit costs
- Medical plan choices
- Dental, vision, life insurance, and disability plans

Overview of City Ordinance and the 10 County Survey

City Ordinance

- Ordinance approving Health Services System plans and contribution rates for calendar year 2025.
- Establishes the amount contributed for the 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 for retiree rates and for some union employees.
- Survey Results: Average Contribution amount by employer for employee only coverage for CY 2025 is \$882.05 (9.5% increase from the prior year).

Key Milestones & Events Open Enrollment 2024

Benefit Plan Year 2025



First Quarter

- Review OE Lessons Learned (December – January)
- Plan Year Starts January 1
- Health Plan Renewal Discussion & Negotiation (January – June)
- Health Service Board Rates & Benefits Meetings (January – June)
- Communications Planning & Procurement (February – March)

Second Quarter

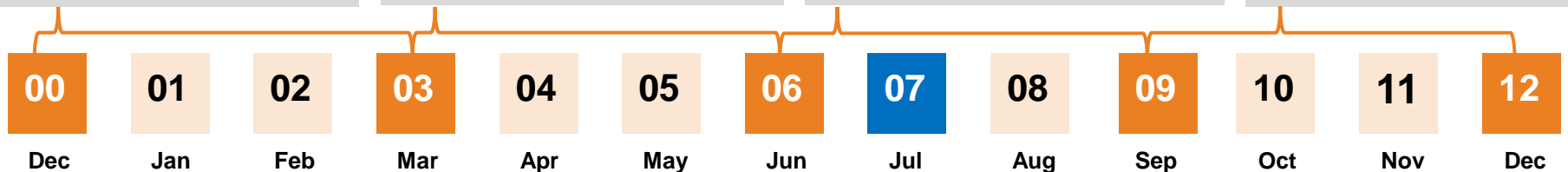
- Health Service Board Rates & Benefits Meetings (February – June)
- Communications Layout & Design (April – September)
- eBenefits Configuration Begins (May)
- Health Service Board approves all “Simple” Rates June 13
- Rates & Benefits Packet Delivered to Board of Supervisors June 26

Third Quarter

- SFUSD & CCD Labor MOUs
- Board of Supervisors Rates & Benefits Approval July 10
- Debrief on Rate & Benefits Processes
- System eBenefits Programming and Testing (July – September)
- “Detailed” Rates Calculations (July – September)
- Staff Training (August – September)
- Future RFP Considerations
- OE Packets Mail September

Fourth Quarter

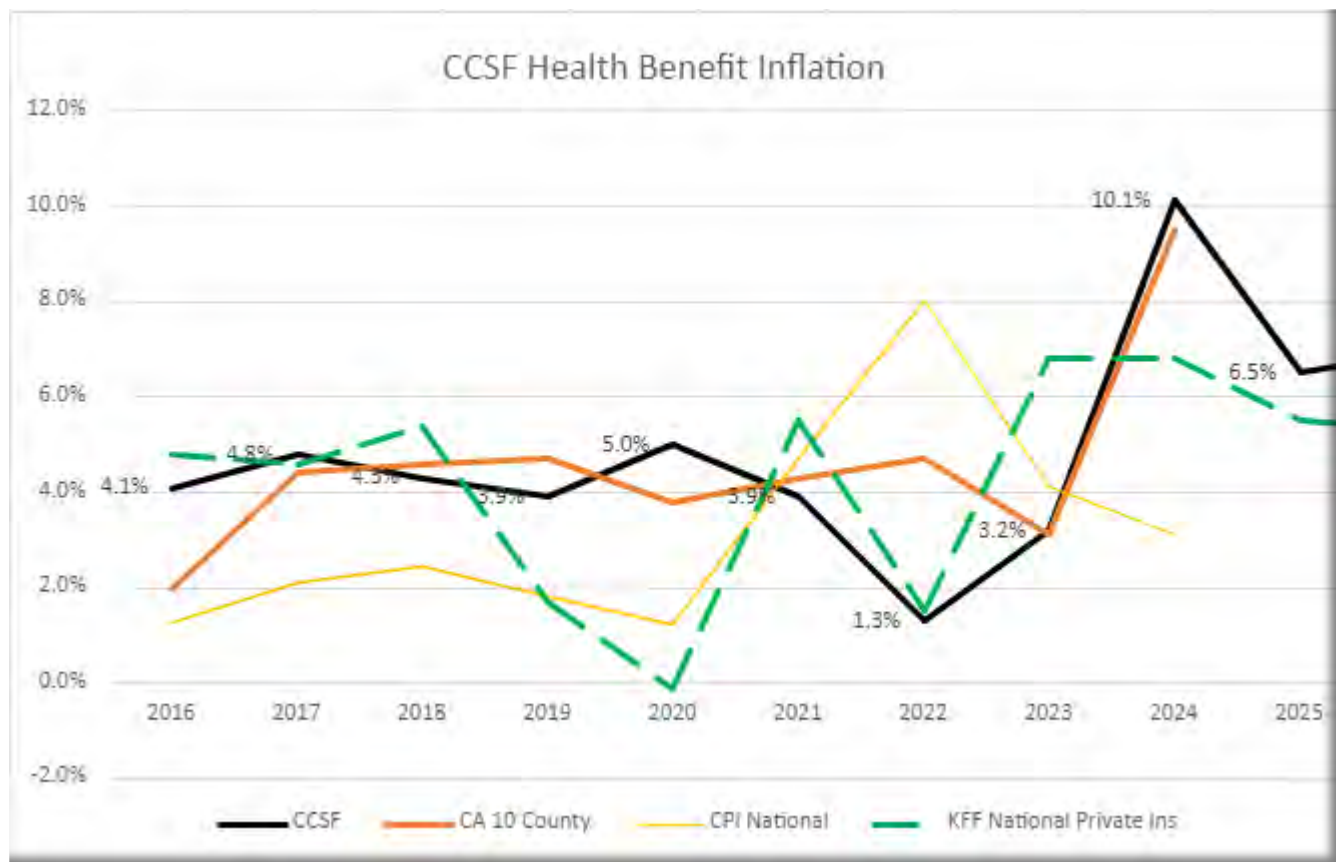
- eBenefits Open Enrollment Live (October)
- HSS & Vendor Webinars and Live Events (October)
- Data Entry & Validation (October – November 11)
- Vendor Renewal Letters
- Eligibility Files to Vendors December
- Member Confirmation Statements Mail December



CCSF Cost Trends

CCSF rate increases are consistent with California 10 County average benchmark.

California 2024 rate increases above national benchmarks were influenced by high Kaiser rating actions.



- CCSF and all employer 2025 increase 6.5%
- Down from 10.1% in the prior year

Escalated Medical Cost Trend Drivers

Healthcare wage and supply cost inflation driving up negotiated prices between payers and providers. The impact will vary by plan depending on carrier/provider contract renewal cycles—these are typically renegotiated every two to four years.

Increasing prescription drug costs influenced by advancements in treatments for many conditions including cancer and diabetes/weight loss (GLP-1s).





Mental health and substance abuse services utilization and cost continue to increase as both provider supply and population demand increase.

Cost shifting from the government to the private sector is magnifying as fewer qualify for Medicaid into the future (government redetermination process) and the federal government reduces the growth of payments into Medicare Advantage plans.

RFP for Medicare Advantage Passive PPO Plan

- The need for a competitive bids for HSS contracts (through a request for proposal process) are considered annually as part of the annual renewal process
- For PY 2025 we elected to conduct Medicare Advantage Passive PPO RFP. Issued in December 2023 and evaluated by a panel during February and March, completed in May 2024 and approved by the Health Service Board in June 2024.
- As a result, Blue Shield of California MAPD PPO will replace the United Healthcare MAPD PPO.
- The Blue Shield of California proposal limits the 2025 cost increase to 4%
- The total 3-year savings compared to United Health Care's proposal is \$67 million for all 4 employers.

Medical Plans Choices with 2025 Rate Change

Health Plan	Actives	Early Retirees	Medicare Retirees
 KAISER PERMANENTE	Kaiser (HMO) 5.4%	Kaiser (HMO) 5.4%	Kaiser Permanente Senior Advantage (MAPD-HMO) 8.65%
 blue california	BSC Access+ (HMO) 8.7% BSC Trio (HMO) 11.8% BSC (PPO) 1.3%	BSC Access+ (HMO) – 8.7% BSC Trio (HMO) 11.8% BSC (PPO) 1.3%	Blue Shield MAPD 4%
 health net  canopy HFAITH	Health Net CanopyCare (HMO) -1.0%	Health Net CanopyCare (HMO) -1.0%	N/A

Dental Plans



5.9% overall increase in costs for actives. Retirees pay the full cost for dental.

Delta Dental PPO – Actives (Self-Funded):

- 6.0% rate increase due to lower rate stabilization

DeltaCare USA DHMO – Actives (Fully Insured):

- No rate change

UHC DHMO – Actives (Fully Insured):

- No rate change

Delta Dental PPO – Retiree (Fully Insured):

- 2% rate increase

DeltaCare USA DHMO – Retirees (Fully Insured):

- No rate change

UHC DHMO – Retirees (Fully Insured):

- No rate change



Vision: VSP

Basic VSP – Actives and Retirees

- No rate change

Premier VSP (Buy Up Option) – Actives and Retirees

- 3% increase in member contributions

Life Insurance and Disability

- No rates change
- Group life and disability provided by The Hartford

Requested Action

Ordinance approving Health Service System plans
and contribution rates for calendar year 2025

Appendix

5.8% overall increase in costs for active employees, pre-Medicare retirees (early retirees) and Medicare retirees.

KP HMO Active & Early Retirees:

- 5.4% rate increase for active and early retirees.
- No benefit plan design changes.

KPSA – Medicare Plan:

- 8.65% rate increase for Medicare eligible retirees.
- No benefit plan design changes.

8.5% overall rate increase in costs for active employees & early retirees.

BSC Access+ HMO:

- 8.7% rate increase.
- No benefit plan design changes.

BSC PPO:

- 1.3% PPO rate increase.
- No benefit plan design changes

BSC MAPD:

- 4% rate increase.
- No benefit plan design changes
- Health Plan changed from United Health

BSC Trio HMO:

- 11.8% rate increase.
- No benefit plan design changes.

1.0% rate decrease for active employees and early retirees.

- Introduced in 2022 plan year.
- 1.0% rate decrease.
- No benefit plan design changes.



10-COUNTY SURVEY FOR 2025 PLAN YEAR RATES

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 2024 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data are not included in the 10-County Survey.

Use of 10-County Amount in SFHSS Employer Contribution Calculations

The March 2024 10-County Survey will be applied to SFHSS rate calculations for plan year 2025. 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 \$882.05 projected for plan year 2025 is 9.46% higher than \$805.85, the 10-County average developed last year for plan year 2024. All counties had a change in contribution.

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

For the 2024 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$878.47. Per the Calendar Year Change Rule, this \$878.47 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 3.3%. This results in the average 2025 plan year employer premium contribution calculated at \$907.74 for Los Angeles County.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For the 2024 calendar year, actual contributions for each county were higher than the projections developed in March 2023 due to the same higher-than-expected premium rates that materialized for the counties into the 2024 plan year as occurred for the City and County of San Francisco.

Any variances are driven by changes in plans offered, premiums, and employer contributions from original projections to actuals. The actual contributions for 2024 across the 10 counties in aggregate were 6.0% higher than aggregated originally estimated 2024 contributions (\$854.55 actual vs. \$805.85 estimated).

Average of Employer Contributions

County	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024 Calculated	2024 Actual	3-Year Annual Trend	Months of Trend	Trend Factor	2025 Calculation
1 Los Angeles	478.56	499.57	515.07	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	746.54	757.91	798.05	878.47	6.8%	6	1.03	907.74
2 San Diego	406.00	432.20	444.86	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	691.14	788.07	723.51	757.75	4.9%	6	1.02	775.93
3 Orange	434.41	485.10	506.94	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	627.67	658.78	736.07	777.83	10.0%	6	1.05	815.69
4 Riverside	513.02	537.43	545.54	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	768.35	730.26	761.77	795.85	4.8%	6	1.02	814.61
5 San Bernardino*	399.70	398.98	398.98	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	535.30	537.46	584.09	592.67	5.2%	12	1.05	623.22
6 Santa Clara*	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	1,054.24	1,086.78	1,127.73	1,208.40	4.6%	12	1.05	1,264.31
7 Alameda	541.06	575.00	588.99	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	748.84	763.87	818.98	920.47	7.0%	6	1.03	952.26
8 Sacramento	637.98	667.02	696.00	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	753.75	761.88	778.73	801.74	3.5%	6	1.02	815.72
9 Contra Costa	521.90	540.43	553.15	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	814.23	874.26	816.83	874.11	3.0%	6	1.01	886.99
10 Fresno	450.80	450.80	455.17	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	833.01	848.33	912.74	938.17	5.6%	6	1.03	963.99
Average	503.94	522.97	534.78	559.65	567.80	579.24	604.84	649.17	672.08	705.92	729.19	757.31	780.76	805.85	854.55	5.4%	7.2	1.03	882.05

Increase Over Prior Year

County	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1 Los Angeles	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%	3.45%	1.52%	5.30%	13.75%
2 San Diego	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%	5.16%	14.02%	-8.19%	7.24%
3 Orange	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%	7.32%	4.96%	11.73%	10.82%
4 Riverside	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%	11.03%	-4.96%	4.32%	6.94%
5 San Bernardino*	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	11.81%	5.02%	0.40%	8.68%	6.70%
6 Santa Clara*	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%	-0.08%	3.09%	3.77%	12.11%
7 Alameda	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%	-0.26%	2.01%	7.22%	16.27%
8 Sacramento	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%	4.29%	1.08%	2.21%	4.75%
9 Contra Costa	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%	1.69%	7.37%	-6.57%	8.59%
10 Fresno	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%	4.50%	1.84%	7.59%	5.61%
Average	6.57%	3.78%	2.26%	4.65%	1.46%	2.02%	4.42%	7.33%	3.53%	5.04%	3.30%	3.86%	3.10%	3.21%	9.46%

*Plan years 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: 9,721,000		
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	823.81	941.16	14.2%	823.81	941.16	14.2%
CIGNA Choices Select Network HMO - County Sponsored	770.22	867.97	12.7%	770.22	867.97	12.7%
CIGNA Choices HMO - County Sponsored	1,062.83	1,198.12	12.7%	1,062.83	1,126.68	6.0%
CIGNA Choices POS - County Sponsored	1,906.59	2,151.13	12.8%	1,099.20	1,126.68	2.5%
Blue Cross Prudent Buyer Basic - ALADS	1,047.88	1,130.84	7.9%	1,047.88	1,126.68	7.5%
Blue Cross CaliforniaCare Basic - ALADS	819.86	861.40	5.1%	819.86	861.40	5.1%
Blue Cross Prudent Buyer Premier - ALADS	1,067.36	1,152.12	7.9%	1,067.36	1,126.68	5.6%
Blue Cross CaliforniaCare Premier - ALADS	839.34	882.68	5.2%	839.34	882.68	5.2%
Blue Shield Classic CAPE	1,689.03	2,024.36	19.9%	1,099.20	1,126.68	2.5%
Blue Shield Lite CAPE	725.10	881.95	21.6%	725.10	881.95	21.6%
Local 1014 Plan - Fire Fighters	1,016.00	1,047.00	3.1%	1,016.00	1,047.00	3.1%
Kaiser Options - SEIU	783.23	897.80	14.6%	783.23	897.80	14.6%
Kaiser HMO - Unrepresented *	276.00	276.00	0.0%	276.00	276.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented *	323.00	388.00	20.1%	323.00	388.00	20.1%
Blue Cross Plus POS - Unrepresented *	487.00	585.00	20.1%	487.00	585.00	20.1%
Blue Cross Catastrophic - Unrepresented *	105.00	105.00	0.0%	105.00	105.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented *	624.00	750.00	20.2%	624.00	750.00	20.2%
CIGNA Options Full Network HMO **		1,192.12			1,105.54	
CIGNA Options Network POS **		2,145.13			1,105.54	
UnitedHealthcare Harmony HMO	704.67	705.51	0.1%	704.67	705.51	0.1%
UnitedHealthcare Options HMO - SEIU	958.70	959.85	0.1%	958.70	959.85	0.1%
UnitedHealthcare Options Select Plus PPO **		1,453.86			1,105.54	
UnitedHealthcare Options PPO - SEIU	2,427.10	2,427.10	0.0%	1,078.58	1,105.54	2.5%
AVERAGE	922.84	1,088.00	17.9%	785.55	878.47	11.8%

* Not Available

** New in 2024

Los Angeles County: Medical Plan Design Summary			
Blue Shield Lite	HMO	In	Out
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
Blue Shield Classic	HMO	In	Out
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
UnitedHealthcare Options	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
UnitedHealthcare		PPO - In	PPO - Out
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
Kaiser Permanente	Options HMO	Choices HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$10 Copay	
Emergency Room	\$50 Copay	\$50 Copay	
Rx	\$5/\$20	\$5/\$20	
Hospital	No Charge	No Charge	

Los Angeles County: Medical Plan Design Summary			
CIGNA	HMO	POS - In	POS - Out
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
Blue Cross California Care HMO	ALADS		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	\$25 Copay		
Rx	\$5/\$15		
Hospital	No Charge		
Local 1014 Plan	HMO		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross Prudent Buyer PPO	ALADS - In	ALADS - Out	
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: 3,276,000	
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
Kaiser Permanente HMO	714.35	809.73	13.4%	714.35	809.73	13.4%
Kaiser Permanente High Deductible	557.61	632.06	13.4%	557.61	632.06	13.4%
UnitedHealthCare HMO Network 1	802.56	841.86	4.9%	802.56	841.86	4.9%
UnitedHealthCare HMO Alliance	770.01	807.71	4.9%	770.01	807.71	4.9%
UnitedHealthCare PPO	1,432.08	1,502.19	4.9%	897.09	942.26	5.0%
UnitedHealthCare HMO HDHP/HSA	488.91	512.85	4.9%	488.91	512.85	4.9%
AVERAGE	794.25	851.07	7.2%	705.09	757.75	7.5%

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

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

3. ORANGE COUNTY

Orange County					Population: 3,151,000	
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
Choice Wellwise PPO*	1,061.20	1,050.84	-1.0%	955.08	943.66	-1.2%
Choice Sharewell PPO*	424.49	667.28	57.2%	500.02	742.81	48.6%
CIGNA HMO Choice*	899.45	925.75	2.9%	809.51	834.01	3.0%
CIGNA HMO Select*	749.64	771.55	2.9%	674.68	695.09	3.0%
Kaiser Permanente HMO Choice*	668.52	745.84	11.6%	601.68	673.59	12.0%
AVERAGE	760.66	832.25	9.4%	708.19	777.83	9.8%

*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	Not Covered
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: 2,474,000	
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
UHC Harmony HMO	713.56	734.76	3.0%	713.56	734.76	3.0%
Exclusive Care EPO *	808.10			808.10		
Blue Shield Access+ HMO	738.30	756.66	2.5%	738.30	756.66	2.5%
Blue Shield Trio HMO	661.50	704.70	6.5%	661.50	704.70	6.5%
Kaiser HMO - PERS	754.64	865.42	14.7%	754.64	865.42	14.7%
PORAC - PERS	820.00	820.00	0.0%	820.00	820.00	0.0%
PERS Platinum PPO	992.60	1,131.48	14.0%	848.33	894.90	5.5%
PERS Gold PPO	680.38	785.28	15.4%	680.38	785.28	15.4%
Anthem Select HMO	737.92	841.14	14.0%	737.92	841.14	14.0%
Anthem Traditional HMO	942.74	1,012.68	7.4%	848.33	894.90	5.5%
Health Net Salud y Mas	606.34	630.14	3.9%	606.34	630.14	3.9%
Health Net SmartCare *	755.30			755.30		
UHC Alliance HMO	790.46	826.44	4.6%	790.46	826.44	4.6%
AVERAGE	769.37	828.06	7.6%	751.01	795.85	6.0%

*Discontinued

Riverside County: Medical Plan Design Summary	
CalPERS	HMO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$50 Copay
Rx	\$5
CalPERS PPO	PERS Gold
Deductible	\$1,000/\$2,000
Physicians Services	\$35 Copay
Rx	\$5

5. SAN BERNARDINO COUNTY

San Bernardino County					Population: 2,194,000	
Medical Plans	2022-23 Premium	2023-24 Premium	% +/-	2022-23 County Contribution	2023-24 County Contribution	% +/-
Kaiser Permanente HMO	698.32	753.83	7.9%	496.50	536.42	8.0%
Kaiser Permanente Choice HMO	606.43	642.55	6.0%	492.14	532.07	8.1%
Blue Shield Signature HMO	671.32	724.49	7.9%	492.14	532.07	8.1%
Blue Shield Access+ HMO	583.20	629.31	7.9%	492.14	532.07	8.1%
Blue Shield Needles PPO	1,407.77	1,519.55	7.9%	824.57	890.24	8.0%
Blue Shield PPO	1,247.26	1,346.28	7.9%	496.50	533.13	7.4%
AVERAGE	869.05	936.00	7.7%	549.00	592.67	8.0%

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: 1,871,000	
Medical Plans	2022-23 Premium	2023-24 Premium	% +/-	2022-23 County Contribution	2023-24 County Contribution	% +/-
Kaiser Permanente HMO	832.00	894.79	7.5%	822.04	884.54	7.6%
Valley Health HMO	1,055.56	1,144.76	8.5%	1,041.41	1,129.88	8.5%
Health Net POS	1,531.96	1,662.18	8.5%	1,481.96	1,610.79	8.7%
AVERAGE	1,139.84	1,233.91	8.3%	1,115.14	1,208.40	8.4%

Santa Clara County: Medical Plan Design Summary			
Kaiser Permanente	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$35 Copay		
Rx	\$5/\$10		
Hospital	\$100 per admit		
Valley Health	HMO		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	No Charge		
Rx	No Charge		
Hospital	No Charge		
HealthNet POS	HMO	PPO	OUT
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: 1,629,000		
Medical Plans	2023-24 Premium	2024-25 Premium	% +/-	2023-24 County Contribution	2024-25 County Contribution	% +/-
UHC SignatureValue \$15	1,290.92	1,464.90	13.5%	1,120.95	1,267.14	13.0%
Kaiser \$15	865.04	986.78	14.1%	751.15	853.56	13.6%
Kaiser \$40	803.98	917.12	14.1%	698.12	793.31	13.6%
UHC SignatureValue Advantage \$15	843.94	957.68	13.5%	732.81	828.39	13.0%
UHC Select Plus PPO	1,142.78	1,253.90	9.7%	732.81	828.39	13.0%
UHC SignatureValue Advantage \$40	754.12	855.76	13.5%	654.83	740.23	13.0%
UHC SignatureValue \$40	1,153.54	1,309.00	13.5%	1,001.65	1,132.28	13.0%
AVERAGE	979.19	1,106.45	13.0%	813.19	920.47	13.2%

Alameda County: Medical Plan Design Summary			
UnitedHealthcare	Premium HMO	Standard HMO	PPO
Deductible	None	None	\$500/\$1,000
Physicians Services	\$15 Copay	\$40 Copay	\$20 Copay
Emergency Room	\$50 Copay	\$100 Copay	20% Coinsurance
Rx	\$10/\$25/\$35	\$25/\$35/\$50	\$10/\$35/\$85
Hospital	No Charge	\$500 Copay	20% Coinsurance
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: 1,584,000	
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
Western Health Advantage HMO	824.76	857.86	4.0%	824.76	857.86	4.0%
Sutter Health Plus HMO	909.86	949.36	4.3%	878.50	887.33	1.0%
Kaiser Permanente HMO 15	990.50	1,150.86	16.2%	878.50	887.33	1.0%
Western Health Advantage HDHP	630.00	655.50	4.0%	630.00	655.50	4.0%
Sutter Health Plus HDHP	670.00	700.10	4.5%	670.00	700.10	4.5%
Kaiser Permanente HDHP HMO	713.06	822.32	15.3%	713.06	822.32	15.3%
AVERAGE	789.70	856.00	8.4%	765.80	801.74	4.7%

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,600/\$3,200
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	\$1,600/\$3,200
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	\$1,600/\$3,200
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: 1,157,000		
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
CCHP Plan A	1,102.58	1,204.21	9.2%	920.22	1,051.80	14.3%
CCHP Plan B	1,222.22	1,334.87	9.2%	949.01	1,103.77	16.3%
Health Net SmartCare HMO A	1,506.10	1,795.47	19.2%	1,032.01	1,248.89	21.0%
Health Net SmartCare HMO B	1,073.91	1,201.28	11.9%	859.13	961.03	11.9%
Health Net PPO Plan A	3,466.90	3,640.25	5.0%	1,574.08	1,674.67	6.4%
Kaiser HMO Plan A	909.04	962.90	5.9%	793.19	845.95	6.7%
Kaiser HMO Plan B	722.50	769.56	6.5%	640.25	675.76	5.5%
Kaiser HDHP	579.96	603.14	4.0%	521.97	542.83	4.0%
Anthem Select - PERS	1,128.83	1,138.86	0.9%	831.25	836.27	0.6%
Anthem Traditional - PERS	1,210.71	1,339.70	10.7%	810.55	875.04	8.0%
Blue Shield Access+ - PERS	1,035.21	1,076.84	4.0%	657.40	678.22	3.2%
Blue Shield Trio - PERS	888.94	946.84	6.5%	652.03	680.98	4.4%
Health Net Smartcare - PERS *	1,174.50			801.25		
CCHP Plan A Alternate - PERS	1,406.76	1,512.49	7.5%	910.88	963.75	5.8%
Kaiser HMO - PERS	913.74	1,021.41	11.8%	696.69	750.52	7.7%
PERS Platinum	1,200.12	1,314.27	9.5%	833.76	890.84	6.8%
PORAC - PERS	825.00	931.00	12.8%	681.41	734.41	7.8%
PERS Gold	825.61	914.82	10.8%	689.60	734.20	6.5%
United Health Care - PERS	1,044.07	1,091.13	4.5%	700.74	724.27	3.4%
Western Health Advantage - PERS	760.17	807.23	6.2%	594.74	634.97	6.8%
AVERAGE	1,149.84	1,242.44	8.1%	807.51	874.11	8.2%

* Discontinued

Contra Costa County: Medical Plan Design Summary

CCHP	PLAN A	PLAN 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			
HealthNet	HMO	PLAN A -In	PLAN A - Out	SmartCare HMO A	SmartCare HMO 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
Kaiser Permanente	PLAN A	PLAN B	HDHP		
Deductible	None	\$500/\$1,000	\$1,600/\$3,200		
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: 1,015,000	
Medical Plans	2023 Premium	2024 Premium	% +/-	2023 County Contribution	2024 County Contribution	% +/-
Kaiser Permanente \$15 HMO	1,025.58	1,131.70	10.3%	884.00	938.17	6.1%
Blue Cross EPO	1,025.58	1,105.18	7.8%	884.00	938.17	6.1%
Blue Cross PPO	1,248.75	1,245.39	-0.3%	884.00	938.17	6.1%
Blue Cross PPO \$1,000	937.38	964.72	2.9%	884.00	938.17	6.1%
Blue Cross HDPPPO \$1,500	890.98	938.17	5.3%	884.00	938.17	6.1%
Blue Cross HDPPPO \$3,000	884.00	938.17	6.1%	884.00	938.17	6.1%
AVERAGE	1,002.04	1,053.89	5.2%	884.00	938.17	6.1%

10. Fresno County: Medical Plan Design Summary

Kaiser Permanente	HMO		
Deductible	None		
Physicians Services	\$15 per visit		
Emergency Room	\$100 per visit		
Rx	\$10/\$20		
Hospital	No Charge		
Blue Cross	EPO	PPO	EPO \$500
Deductible	None	\$250/\$500	None
Physicians Services	\$15 per visit	\$20 per visit	\$35 per visit
Emergency Room	\$100 per visit	\$100 per visit	\$250 per visit
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge	No Charge	\$500
Blue Cross	HDPPPO - IN		
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		

2024 CalPERS Health Plan Summaries										
	Kaiser Permanente HMO	Blue Shield Access+ HMO	Western Health Advantage HMO	PERS Gold		PERS Platinum		Anthem Blue Cross	Health Net	UnitedHealthcare
				In	Out	In	Out	EPO & HMO	EPO & HMO	SignatureValue
Annual Deductible	N/A	N/A	N/A	\$1,000/\$2,000		\$500/\$2,000		N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	60%/40%	90%/10% \$250 Ded.	60%/40% \$250 Ded.	No Charge	No Charge	No Charge
Emergency Room	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	80%/20%, \$50 Deductible		90%/10%, \$50 Deductible		\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Rx - Retail	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
Rx - Mail Order	\$10/\$40	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
Infertility Treatment	50%/50%	50%/50%	50%/50%	50%/50%		50%/50%		50%/50%	50%/50%	50%/50%
Acupuncture	\$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 Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.
				Limit 20 Visits/Yr.		Limit 20 Visits/Yr.				
Chiropractic	\$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 Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay 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

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

	HEALTH NET CANOPYCARE HMO	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA HMO		BLUE SHIELD OF CALIFORNIA PPO	
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO	
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	PCP assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible	No deductible	No deductible	No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
					\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
GENERAL CARE AND URGENT CARE						
Annual Physical; Well Woman Exam	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$20 co-pay	\$25 co-pay in-network	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible
PRESCRIPTION DRUGS						
Pharmacy: Generic	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply	Only if authorized by Kaiser Physician	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply	Only if authorized by Kaiser Physician	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply

San Francisco Health Service System Board of Supervisors

10-County Survey Results
Rates and Benefits Decisions
Calendar Year 2025

June 24, 2024

10-County Survey Results (Monthly Basis)

Exhibit 1

Rank	County	2023 Survey for SFHSS 2024 Rating	2024 Survey for SFHSS 2025 Rating	% Change
1	Los Angeles	\$798.05	\$907.74	13.75%
2	San Diego	\$723.51	\$775.93	7.24%
3	Orange	\$736.07	\$815.69	10.82%
4	Riverside	\$761.77	\$814.61	6.94%
5	San Bernardino	\$584.09	\$623.22	6.70%
6	Santa Clara	\$1,127.73	\$1,264.31	12.11%
7	Alameda	\$818.98	\$952.26	16.27%
8	Sacramento	\$778.73	\$815.72	4.75%
9	Contra Costa	\$816.83	\$886.99	8.59%
10	Fresno	\$912.74	\$963.99	5.61%
10-County Average		\$805.85	\$882.05	9.46%

Kaiser Permanente HMO (California)

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$58.50	\$116.78	\$401.11	\$14.90	\$431.24	\$1,122.35	\$0.00	\$163.50	\$489.40	\$854.61
	PY2025	\$61.70	\$123.11	\$422.79	\$0.00	\$438.70	\$1,166.92	\$0.00	\$177.46	\$531.28	\$905.68
	\$ Change	\$3.20	\$6.33	\$21.68	(\$14.90)	\$7.46	\$44.57	\$0.00	\$13.96	\$41.88	\$51.07
	% Change	5.5%	5.4%	5.4%	-100.0%	1.7%	4.0%	—	8.5%	8.6%	6.0%
Monthly Employer Contributions	PY2024	\$777.16	\$1,551.56	\$1,958.34	\$1,664.60	\$2,080.94	\$2,080.94	\$329.98	\$493.48	\$493.48	\$493.48
	PY2025	\$819.68	\$1,635.67	\$2,064.21	\$1,770.88	\$2,209.58	\$2,209.58	\$358.90	\$536.36	\$536.36	\$536.36
	\$ Change	\$42.52	\$84.11	\$105.87	\$106.28	\$128.64	\$128.64	\$28.92	\$42.88	\$42.88	\$42.88
	% Change	5.5%	5.4%	5.4%	6.4%	6.2%	6.2%	8.8%	8.7%	8.7%	8.7%
Monthly Total Premium Rates	PY2024	\$835.66	\$1,668.34	\$2,359.45	\$1,679.50	\$2,512.18	\$3,203.29	\$329.98	\$656.98	\$982.88	\$1,348.09
	PY2025	\$881.38	\$1,758.78	\$2,487.00	\$1,770.88	\$2,648.28	\$3,376.50	\$358.90	\$713.82	\$1,067.64	\$1,442.04
	\$ Change	\$45.72	\$90.44	\$127.55	\$91.38	\$136.10	\$173.21	\$28.92	\$56.84	\$84.76	\$93.95
	% Change	5.5%	5.4%	5.4%	5.4%	5.4%	5.4%	8.8%	8.7%	8.6%	7.0%

* NOTES:

- Includes \$4.00 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 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$66.73	\$401.11	\$14.90	\$431.24	\$1,122.35	\$0.00	\$163.50	\$489.40	\$854.61
	PY2025	\$0.00	\$70.35	\$422.79	\$0.00	\$438.70	\$1,166.92	\$0.00	\$177.46	\$531.28	\$905.68
	\$ Change	\$0.00	\$3.62	\$21.68	(\$14.90)	\$7.46	\$44.57	\$0.00	\$13.96	\$41.88	\$51.07
	% Change	--	5.4%	5.4%	-100.0%	1.7%	4.0%	—	8.5%	8.6%	6.0%
Monthly Employer Contributions	PY2024	\$835.66	\$1,601.61	\$1,958.34	\$1,664.60	\$2,080.94	\$2,080.94	\$329.98	\$493.48	\$493.48	\$493.48
	PY2025	\$881.38	\$1,688.43	\$2,064.21	\$1,770.88	\$2,209.58	\$2,209.58	\$358.90	\$536.36	\$536.36	\$536.36
	\$ Change	\$45.72	\$86.82	\$105.87	\$106.28	\$128.64	\$128.64	\$28.92	\$42.88	\$42.88	\$42.88
	% Change	5.5%	5.4%	5.4%	6.4%	6.2%	6.2%	8.8%	8.7%	8.7%	8.7%
Monthly Total Premium Rates	PY2024	\$835.66	\$1,668.34	\$2,359.45	\$1,679.50	\$2,512.18	\$3,203.29	\$329.98	\$656.98	\$982.88	\$1,348.09
	PY2025	\$881.38	\$1,758.78	\$2,487.00	\$1,770.88	\$2,648.28	\$3,376.50	\$358.90	\$713.82	\$1,067.64	\$1,442.04
	\$ Change	\$45.72	\$90.44	\$127.55	\$91.38	\$136.10	\$173.21	\$28.92	\$56.84	\$84.76	\$93.95
	% Change	5.5%	5.4%	5.4%	5.4%	5.4%	5.4%	8.8%	8.7%	8.6%	7.0%

* NOTES:

- Includes \$4.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.

Kaiser Permanente Multi Region HMO

Final Early Retiree/Medicare Monthly Rates for Calendar Year 2025

Exhibit 2c — Washington State*

PY = Plan Year		Early Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$821.29	\$2,184.60	\$0.00	\$160.71	\$481.40	\$1,524.02
	PY2025	\$0.00	\$845.86	\$2,249.97	\$0.00	\$184.30	\$552.17	\$1,588.41
	\$ Change	\$0.00	\$24.57	\$65.37	\$0.00	\$23.59	\$70.77	\$64.39
	% Change	-	3.0%	3.0%	-	14.7%	14.7%	4.2%
Monthly Employer Contributions	PY2024	\$1,645.56	\$2,466.85	\$2,466.85	\$324.40	\$485.11	\$485.11	\$485.11
	PY2025	\$1,695.71	\$2,541.58	\$2,541.58	\$372.58	\$556.88	\$556.88	\$556.88
	\$ Change	\$50.15	\$74.73	\$74.73	\$48.18	\$71.77	\$71.77	\$71.77
	% Change	3.0%	3.0%	3.0%	14.9%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2024	\$1,645.56	\$3,288.14	\$4,651.45	\$324.40	\$645.82	\$966.51	\$2,009.13
	PY2025	\$1,695.71	\$3,387.44	\$4,791.55	\$372.58	\$741.18	\$1,109.05	\$2,145.29
	\$ Change	\$50.15	\$99.30	\$140.10	\$48.18	\$95.36	\$142.54	\$136.16
	% Change	3.0%	3.0%	3.0%	14.9%	14.8%	14.7%	6.8%

* **NOTE:**

- Includes \$4.00 for the Health Care Sustainability Fund.

Kaiser Permanente Multi Region HMO

Final Early Retiree/Medicare Monthly Rates for Calendar Year 2025

Exhibit 2d — Northwest (primarily Oregon)*

PY = Plan Year		Early Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$600.82	\$1,598.18	\$0.00	\$231.95	\$695.12	\$1,229.31
	PY2025	\$0.00	\$659.18	\$1,753.40	\$0.00	\$236.91	\$710.01	\$1,331.13
	\$ Change	\$0.00	\$58.36	\$155.22	\$0.00	\$4.96	\$14.89	\$101.82
	% Change	-	9.7%	9.7%	-	2.1%	2.1%	8.3%
Monthly Employer Contributions	PY2024	\$1,204.63	\$1,805.46	\$1,805.46	\$466.88	\$698.83	\$698.83	\$698.83
	PY2025	\$1,322.35	\$1,981.54	\$1,981.54	\$477.81	\$714.73	\$714.73	\$714.73
	\$ Change	\$117.72	\$176.08	\$176.08	\$10.93	\$15.90	\$15.90	\$15.90
	% Change	9.8%	9.8%	9.8%	2.3%	2.3%	2.3%	2.3%
Monthly Total Premium Rates	PY2024	\$1,204.63	\$2,406.28	\$3,403.64	\$466.88	\$930.78	\$1,393.95	\$1,928.14
	PY2025	\$1,322.35	\$2,640.72	\$3,734.94	\$477.81	\$951.64	\$1,424.74	\$2,045.86
	\$ Change	\$117.72	\$234.44	\$331.30	\$10.93	\$20.86	\$30.79	\$117.72
	% Change	9.8%	9.7%	9.7%	2.3%	2.2%	2.2%	6.1%

*** NOTE:**

- Includes \$4.00 for the Health Care Sustainability Fund.

Kaiser Permanente Multi Region HMO

Final Early Retiree/Medicare Monthly Rates for Calendar Year 2025

Exhibit 2e — Hawaii*

PY = Plan Year		Early Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$458.66	\$1,220.02	\$0.00	\$174.51	\$522.80	\$935.87
	PY2025	\$0.00	\$508.10	\$1,351.53	\$0.00	\$168.45	\$504.62	\$1,011.88
	\$ Change	\$0.00	\$49.44	\$131.51	\$0.00	(\$6.06)	(\$18.18)	\$76.01
	% Change	-	10.8%	10.8%	-	-3.5%	-3.5%	8.1%
Monthly Employer Contributions	PY2024	\$920.31	\$1,378.98	\$1,378.98	\$352.00	\$526.51	\$526.51	\$526.51
	PY2025	\$1,020.19	\$1,528.30	\$1,528.30	\$340.88	\$509.33	\$509.33	\$509.33
	\$ Change	\$99.88	\$149.32	\$149.32	(\$11.12)	(\$17.18)	(\$17.18)	(\$17.18)
	% Change	10.9%	10.8%	10.8%	-3.2%	-3.3%	-3.3%	-3.3%
Monthly Total Premium Rates	PY2024	\$920.31	\$1,837.64	\$2,599.00	\$352.00	\$701.02	\$1,049.31	\$1,462.38
	PY2025	\$1,020.19	\$2,036.40	\$2,879.83	\$340.88	\$677.78	\$1,013.95	\$1,521.21
	\$ Change	\$99.88	\$198.76	\$280.83	(\$11.12)	(\$23.24)	(\$35.36)	\$58.83
	% Change	10.9%	10.8%	10.8%	-3.2%	-3.3%	-3.4%	4.0%

* **NOTE:**

- Includes \$4.00 for the Health Care Sustainability Fund.

Blue Shield of California HMO and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$74.93	\$149.64	\$514.03	\$132.25	\$687.23	\$1,573.15	\$0.00	\$259.24	\$776.99	\$1,145.16
	PY2025	\$81.47	\$162.67	\$558.72	\$140.93	\$744.03	\$1,706.77	\$0.00	\$269.27	\$807.08	\$1,232.01
	\$ Change	\$6.54	\$13.03	\$44.69	\$8.68	\$56.80	\$133.62	\$0.00	\$10.03	\$30.09	\$86.85
	% Change	8.7%	8.7%	8.7%	6.6%	8.3%	8.5%	—	3.9%	3.9%	7.6%
Monthly Employer Contributions	PY2024	\$995.43	\$1,988.10	\$2,509.66	\$2,340.65	\$2,895.63	\$2,895.63	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$1,082.44	\$2,161.17	\$2,727.88	\$2,547.61	\$3,150.71	\$3,150.71	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$87.01	\$173.07	\$218.22	\$206.96	\$255.08	\$255.08	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	8.7%	8.7%	8.7%	8.8%	8.8%	8.8%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$2,472.90	\$3,582.86	\$4,468.78	\$521.46	\$1,039.94	\$1,557.69	\$1,925.86
	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$2,688.54	\$3,894.74	\$4,857.48	\$542.52	\$1,081.06	\$1,618.87	\$2,043.80
	\$ Change	\$93.55	\$186.10	\$262.91	\$215.64	\$311.88	\$388.70	\$21.06	\$41.12	\$61.18	\$117.94
	% Change	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	4.0%	4.0%	3.9%	6.1%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- **For additional commentary on 93/93/83 contribution method, see page 23.**

Blue Shield of California HMO and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$85.51	\$514.03	\$132.25	\$687.23	\$1,573.15	\$0.00	\$259.24	\$776.99	\$1,145.16
	PY2025	\$0.00	\$92.95	\$558.72	\$140.93	\$744.03	\$1,706.77	\$0.00	\$269.27	\$807.08	\$1,232.01
	\$ Change	\$0.00	\$7.44	\$44.69	\$8.68	\$56.80	\$133.62	\$0.00	\$10.03	\$30.09	\$86.85
	% Change	-	8.7%	8.7%	6.6%	8.3%	8.5%	—	3.9%	3.9%	7.6%
Monthly Employer Contributions	PY2024	\$1,070.36	\$2,052.23	\$2,509.66	\$2,340.65	\$2,895.63	\$2,895.63	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$1,163.91	\$2,230.89	\$2,727.88	\$2,547.61	\$3,150.71	\$3,150.71	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$93.55	\$178.66	\$218.22	\$206.96	\$255.08	\$255.08	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	8.7%	8.7%	8.7%	8.8%	8.8%	8.8%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$2,472.90	\$3,582.86	\$4,468.78	\$521.46	\$1,039.94	\$1,557.69	\$1,925.86
	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$2,688.54	\$3,894.74	\$4,857.48	\$542.52	\$1,081.06	\$1,618.87	\$2,043.80
	\$ Change	\$93.55	\$186.10	\$262.91	\$215.64	\$311.88	\$388.70	\$21.06	\$41.12	\$61.18	\$117.94
	% Change	8.7%	8.7%	8.7%	8.7%	8.7%	8.7%	4.0%	4.0%	3.9%	6.1%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

Blue Shield of California HMO and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$61.93	\$123.65	\$424.70	\$39.42	\$497.84	\$1,229.63	\$0.00	\$259.24	\$776.99	\$991.03
	PY2025	\$69.28	\$138.28	\$474.92	\$53.83	\$566.35	\$1,384.49	\$0.00	\$269.27	\$807.08	\$1,087.41
	\$ Change	\$7.35	\$14.63	\$50.22	\$14.41	\$68.51	\$154.86	\$0.00	\$10.03	\$30.09	\$96.38
	% Change	11.9%	11.8%	11.8%	36.6%	13.8%	12.6%	—	3.9%	3.9%	9.7%
Monthly Employer Contributions	PY2024	\$822.76	\$1,642.75	\$2,073.53	\$2,002.89	\$2,461.32	\$2,461.32	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$920.44	\$1,837.19	\$2,318.71	\$2,230.75	\$2,743.26	\$2,743.26	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$97.68	\$194.44	\$245.18	\$227.86	\$281.94	\$281.94	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	11.9%	11.8%	11.8%	11.4%	11.5%	11.5%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$884.69	\$1,766.40	\$2,498.23	\$2,042.31	\$2,959.16	\$3,690.95	\$521.46	\$1,039.94	\$1,557.69	\$1,771.73
	PY2025	\$989.72	\$1,975.47	\$2,793.63	\$2,284.58	\$3,309.61	\$4,127.75	\$542.52	\$1,081.06	\$1,618.87	\$1,899.20
	\$ Change	\$105.03	\$209.07	\$295.40	\$242.27	\$350.45	\$436.80	\$21.06	\$41.12	\$61.18	\$127.47
	% Change	11.9%	11.8%	11.8%	11.9%	11.8%	11.8%	4.0%	4.0%	3.9%	7.2%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- For additional commentary on 93/93/83 contribution method, see page 23.

Blue Shield of California HMO and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$70.66	\$424.70	\$39.42	\$497.84	\$1,229.63	\$0.00	\$259.24	\$776.99	\$991.03
	PY2025	\$0.00	\$79.02	\$474.92	\$53.83	\$566.35	\$1,384.49	\$0.00	\$269.27	\$807.08	\$1,087.41
	\$ Change	\$0.00	\$8.36	\$50.22	\$14.41	\$68.51	\$154.86	\$0.00	\$10.03	\$30.09	\$96.38
	% Change	-	11.8%	11.8%	36.6%	13.8%	12.6%	—	3.9%	3.9%	9.7%
Monthly Employer Contributions	PY2024	\$884.69	\$1,695.74	\$2,073.53	\$2,002.89	\$2,461.32	\$2,461.32	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$989.72	\$1,896.45	\$2,318.71	\$2,230.75	\$2,743.26	\$2,743.26	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$105.03	\$200.71	\$245.18	\$227.86	\$281.94	\$281.94	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	11.9%	11.8%	11.8%	11.4%	11.5%	11.5%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$884.69	\$1,766.40	\$2,498.23	\$2,042.31	\$2,959.16	\$3,690.95	\$521.46	\$1,039.94	\$1,557.69	\$1,771.73
	PY2025	\$989.72	\$1,975.47	\$2,793.63	\$2,284.58	\$3,309.61	\$4,127.75	\$542.52	\$1,081.06	\$1,618.87	\$1,899.20
	\$ Change	\$105.03	\$209.07	\$295.40	\$242.27	\$350.45	\$436.80	\$21.06	\$41.12	\$61.18	\$127.47
	% Change	11.9%	11.8%	11.8%	11.9%	11.8%	11.8%	4.0%	4.0%	3.9%	7.2%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- **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 2025

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

PY = Plan Year		Active Employees			Early Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Employee/ Retiree Contributions	PY2024	\$55.90	\$111.58	\$383.24	\$0.00	\$413.60	\$1,073.87
	PY2025	\$55.40	\$110.52	\$379.51	\$0.00	\$409.39	\$1,062.93
	\$ Change	(\$0.50)	(\$1.06)	(\$3.73)	\$0.00	(\$4.21)	(\$10.94)
	% Change	-0.9%	-0.9%	-1.0%	—	-1.0%	-1.0%
Monthly Employer Contributions	PY2024	\$742.62	\$1,482.49	\$1,871.11	\$1,842.46	\$2,256.07	\$2,256.07
	PY2025	\$736.01	\$1,468.33	\$1,852.89	\$1,824.65	\$2,234.04	\$2,234.04
	\$ Change	(\$6.61)	(\$14.16)	(\$18.22)	(\$17.81)	(\$22.03)	(\$22.03)
	% Change	-0.9%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
Monthly Total Premium Rates	PY2024	\$798.52	\$1,594.07	\$2,254.35	\$1,842.46	\$2,669.67	\$3,329.94
	PY2025	\$791.41	\$1,578.85	\$2,232.40	\$1,824.65	\$2,643.43	\$3,296.97
	\$ Change	(\$7.11)	(\$15.22)	(\$21.95)	(\$17.81)	(\$26.24)	(\$32.97)
	% Change	-0.9%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available 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 2025

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

PY = Plan Year		Active Employees			Early Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$63.76	\$383.24	\$0.00	\$413.60	\$1,073.87
	PY2025	\$0.00	\$63.15	\$379.51	\$0.00	\$409.39	\$1,062.93
	\$ Change	\$0.00	(\$0.61)	(\$3.73)	\$0.00	(\$4.21)	(\$10.94)
	% Change	—	-1.0%	-1.0%	—	-1.0%	-1.0%
Monthly Employer Contributions	PY2024	\$798.52	\$1,530.31	\$1,871.11	\$1,842.46	\$2,256.07	\$2,256.07
	PY2025	\$791.41	\$1,515.70	\$1,852.89	\$1,824.65	\$2,234.04	\$2,234.04
	\$ Change	(\$7.11)	(\$14.61)	(\$18.22)	(\$17.81)	(\$22.03)	(\$22.03)
	% Change	-0.9%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%
Monthly Total Premium Rates	PY2024	\$798.52	\$1,594.07	\$2,254.35	\$1,842.46	\$2,669.67	\$3,329.94
	PY2025	\$791.41	\$1,578.85	\$2,232.40	\$1,824.65	\$2,643.43	\$3,296.97
	\$ Change	(\$7.11)	(\$15.22)	(\$21.95)	(\$17.81)	(\$26.24)	(\$32.97)
	% Change	-0.9%	-1.0%	-1.0%	-1.0%	-1.0%	-1.0%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available for Health Net CanopyCare early retirees.
- For additional commentary on 100/96/83 contribution method, see page 24.

Blue Shield of California PPO and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

Exhibit 5a — 93/93/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$463.92	\$843.61	\$1,492.11	\$326.75	\$769.66	\$1,476.91	\$0.00	\$259.24	\$776.99	\$966.49
	PY2025	\$396.06	\$706.74	\$1,324.65	\$298.22	\$746.64	\$1,462.66	\$0.00	\$269.27	\$807.08	\$985.29
	\$ Change	(\$67.86)	(\$136.87)	(\$167.46)	(\$28.53)	(\$23.02)	(\$14.25)	\$0.00	\$10.03	\$30.09	\$18.80
	% Change	-14.6%	-16.2%	-11.2%	-8.7%	-3.0%	-1.0%	—	3.9%	3.9%	1.9%
Monthly Employer Contributions	PY2024	\$995.43	\$1,988.10	\$2,509.66	\$1,638.44	\$2,081.36	\$2,081.36	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$1,082.44	\$2,161.17	\$2,727.88	\$1,692.41	\$2,140.82	\$2,140.82	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$87.01	\$173.07	\$218.22	\$53.97	\$59.46	\$59.46	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	8.7%	8.7%	8.7%	3.3%	2.9%	2.9%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$1,459.35	\$2,831.71	\$4,001.77	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	PY2025	\$1,478.50	\$2,867.91	\$4,052.53	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	\$ Change	\$19.15	\$36.20	\$50.76	\$25.44	\$36.44	\$45.21	\$21.06	\$41.12	\$61.18	\$49.89
	% Change	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	4.0%	4.0%	3.9%	2.9%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- For additional commentary on 93/93/83 contribution method, see page 23.

Blue Shield of California PPO and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$779.48	\$1,492.11	\$326.75	\$769.66	\$1,476.91	\$0.00	\$259.24	\$776.99	\$966.49
	PY2025	\$0.00	\$637.02	\$1,324.65	\$298.22	\$746.64	\$1,462.66	\$0.00	\$269.27	\$807.08	\$985.29
	\$ Change	\$0.00	(\$142.46)	(\$167.46)	(\$28.53)	(\$23.02)	(\$14.25)	\$0.00	\$10.03	\$30.09	\$18.80
	% Change	—	-18.3%	-11.2%	-8.7%	-3.0%	-1.0%	—	3.9%	3.9%	1.9%
Monthly Employer Contributions	PY2024	\$1,459.35	\$2,052.23	\$2,509.66	\$1,638.44	\$2,081.36	\$2,081.36	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$1,478.50	\$2,230.89	\$2,727.88	\$1,692.41	\$2,140.82	\$2,140.82	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$19.15	\$178.66	\$218.22	\$53.97	\$59.46	\$59.46	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	1.3%	8.7%	8.7%	3.3%	2.9%	2.9%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$1,459.35	\$2,831.71	\$4,001.77	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	PY2025	\$1,478.50	\$2,867.91	\$4,052.53	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	\$ Change	\$19.15	\$36.20	\$50.76	\$25.44	\$36.44	\$45.21	\$21.06	\$41.12	\$61.18	\$49.89
	% Change	1.3%	1.3%	1.3%	1.3%	1.3%	1.3%	4.0%	4.0%	3.9%	2.9%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- For additional commentary on 100/96/83 contribution method, see page 24.

Blue Shield of California PPO (Choice Not Available) and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

Exhibit 5c — 93/93/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$74.93	\$149.64	\$514.03	\$132.25	\$575.17	\$1,282.42	\$0.00	\$259.24	\$776.99	\$966.49
	PY2025	\$81.47	\$162.67	\$558.72	\$140.93	\$589.34	\$1,305.36	\$0.00	\$269.27	\$807.08	\$985.29
	\$ Change	\$6.54	\$13.03	\$44.69	\$8.68	\$14.17	\$22.94	\$0.00	\$10.03	\$30.09	\$18.80
	% Change	8.7%	8.7%	8.7%	6.6%	2.5%	1.8%	—	3.9%	3.9%	1.9%
Monthly Employer Contributions	PY2024	\$995.43	\$1,988.10	\$2,509.66	\$1,832.94	\$2,275.85	\$2,275.85	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$1,082.44	\$2,161.17	\$2,727.88	\$1,849.70	\$2,298.12	\$2,298.12	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$87.01	\$173.07	\$218.22	\$16.76	\$22.27	\$22.27	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	8.7%	8.7%	8.7%	0.9%	1.0%	1.0%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	\$ Change	\$93.55	\$186.10	\$262.91	\$25.44	\$36.44	\$45.21	\$21.06	\$41.12	\$61.18	\$49.89
	% Change	8.7%	8.7%	8.7%	1.3%	1.3%	1.3%	4.0%	4.0%	3.9%	2.9%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- For additional commentary on 93/93/83 contribution method, see page 23.

Blue Shield of California PPO (Choice Not Available) and MAPD PPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2025

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

PY = Plan Year		Active Employees			Early Retirees			Medicare Retirees (UHC 2024, BSC 2025)			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2024	\$0.00	\$85.51	\$514.03	\$132.25	\$575.17	\$1,282.42	\$0.00	\$259.24	\$776.99	\$966.49
	PY2025	\$0.00	\$92.95	\$558.72	\$140.93	\$589.34	\$1,305.36	\$0.00	\$269.27	\$807.08	\$985.29
	\$ Change	\$0.00	\$7.44	\$44.69	\$8.68	\$14.17	\$22.94	\$0.00	\$10.03	\$30.09	\$18.80
	% Change	—	8.7%	8.7%	6.6%	2.5%	1.8%	—	3.9%	3.9%	1.9%
Monthly Employer Contributions	PY2024	\$1,070.36	\$2,052.23	\$2,509.66	\$1,832.94	\$2,275.85	\$2,275.85	\$521.46	\$780.70	\$780.70	\$780.70
	PY2025	\$1,163.91	\$2,230.89	\$2,727.88	\$1,849.70	\$2,298.12	\$2,298.12	\$542.52	\$811.79	\$811.79	\$811.79
	\$ Change	\$93.55	\$178.66	\$218.22	\$16.76	\$22.27	\$22.27	\$21.06	\$31.09	\$31.09	\$31.09
	% Change	8.7%	8.7%	8.7%	0.9%	1.0%	1.0%	4.0%	4.0%	4.0%	4.0%
Monthly Total Premium Rates	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	\$ Change	\$93.55	\$186.10	\$262.91	\$25.44	\$36.44	\$45.21	\$21.06	\$41.12	\$61.18	\$49.89
	% Change	8.7%	8.7%	8.7%	1.3%	1.3%	1.3%	4.0%	4.0%	3.9%	2.9%

*** NOTES:**

- Includes \$4.00 for the Health Care Sustainability Fund.
- MAPD PPO plan and Non-Medicare “Split Family” plan administration changing from UHC to BSC in 2025.
- For additional commentary on 100/96/83 contribution method, see page 24.

VSP Vision

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2025

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

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates— Basic Plan	PY2024	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	PY2025	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions— Premier (Buy-Up) Plan	PY2024	\$11.56	\$17.59	\$36.06	\$11.56	\$17.59	\$36.06
	PY2025	\$11.87	\$18.11	\$37.02	\$11.87	\$18.11	\$37.02
	\$ Change	\$0.31	\$0.52	\$0.96	\$0.31	\$0.52	\$0.96
	% Change	2.7%	3.0%	2.7%	2.7%	3.0%	2.7%

*** 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 \$1.04 per employee per month.

Delta Dental PPO

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2025

Exhibit 7a — Delta Dental PPO Total Premium Rates

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates	PY2024	\$52.93	\$111.16	\$158.79	\$50.25	\$99.93	\$149.14
	PY2025	\$56.10	\$117.81	\$168.30	\$51.26	\$101.93	\$152.12
	\$ Change	\$3.17	\$6.65	\$9.51	\$1.01	\$2.00	\$2.98
	% Change	6.0%	6.0%	6.0%	2.0%	2.0%	2.0%

Exhibit 7b — Delta Dental PPO Member Contributions

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions	PY2024	\$5.00	\$10.00	\$15.00	\$50.25	\$99.93	\$149.14
	PY2025	\$5.00	\$10.00	\$15.00	\$51.26	\$101.93	\$152.12
	\$ Change	\$0.00	\$0.00	\$0.00	\$1.01	\$2.00	\$2.98
	% Change	0.0%	0.0%	0.0%	2.0%	2.0%	2.0%

DeltaCare USA

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2025

Exhibit 8a — DeltaCare USA HMO Total Premium Rates*

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates	PY2024	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	PY2025	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Exhibit 8b — DeltaCare USA HMO Member Contributions*

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions	PY2024	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	PY2025	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	\$ Change	—	—	—	\$0.00	\$0.00	\$0.00
	% Change	—	—	—	0.0%	0.0%	0.0%

UHC Dental

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2025

Exhibit 9a — UHC Dental HMO Total Premium Rates

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates	PY2024	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	PY2025	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Exhibit 9b — UHC Dental HMO Member Contributions

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions	PY2024	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	PY2025	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	\$ Change	—	—	—	\$0.00	\$0.00	\$0.00
	% Change	—	—	—	0.0%	0.0%	0.0%

Life Insurance and Long-Term Disability (LTD)

Plan Year 2025 Aggregate Costs

Exhibit 10 — Life Insurance and LTD Plan Rates (Insured by The Hartford)

Plan Type	Plan Year 2024	Plan Year 2025	% Change	\$ Change
Basic Life Insurance	\$1,566,000	\$1,566,000	0.0%	\$0
Long-Term Disability Insurance	\$5,472,000	\$5,472,000	0.0%	\$0
Subtotal—Employer-Paid Coverages	\$7,038,000	\$7,038,000	0.0%	\$0
Employee-Paid Supplemental Life/Dependent Life Insurance	\$978,000	\$978,000	0.0%	\$0
Total Annual Estimated Cost	\$8,016,000	\$8,016,000	0.0%	\$0

Employer Contribution Notes

93/93/83 Contribution Method for Active Employees

Exhibits 2a, 3a, 3c, 4a, 5a, 5c

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

100/96/83 Contribution Method for Active Employees

Exhibits 2b, 3b, 3d, 4b, 5b, 5d

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.

June 24, 2024

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, 2025 to December 31, 2025 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 for the January 1, 2025, to December 31, 2025, plan year. 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);
- City College of San Francisco, or CCD (medical and vision plans only); and
- The Superior Court of San Francisco, or CRT (all plans documented in this letter).

The 2025 plan year rates and contribution setting process was concluded on June 18, 2024, 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 2025 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/other fees for all self-funded and flex-funded plans, align with SFHSS' vendors' final rates and represent a fair price for the services provided.
- The premium equivalents set for the SFHSS self-funded and flex-funded programs listed below 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. The self-funded and flex-funded programs include:
 - Blue Shield of California ("BSC") self-funded PPO and flex-funded Access+/Trio HMO plans, including non-Medicare family members where at least one family member is enrolled in the Medicare Advantage PPO plan (e.g., "split family retirees") as a result of the Request for Proposal (RFP) process where BSC is replacing UnitedHealthcare for Medicare Advantage and split family plans effective January 1, 2025;
 - Health Net CanopyCare ("HN CC") flex-funded HMO plan; and
 - Delta Dental of California ("Delta Dental") self-funded PPO plan for active employees.

Legislative Update

The Consolidated Appropriations Act (CAA)

The Consolidated Appropriations Act, 2021 (CAA) established protections for consumers related to surprise billing and transparency in health care. Under the guidance of the City Attorney's office, SFHSS has worked diligently with its vendor to ensure compliance with the CAA. This includes the following:

- Prescription drug and health care spending data submission: Completion of the initial pharmacy transparency data required under section 204 of Title II (Transparency) of Division BB of the CAA which requires insurance companies and employer-based health plans to submit information about prescription drug and health care spending to the Departments of Health & Human Services, Labor, and Treasury.
- No Surprises Act: Confirming vendor implementation of Title I (the No Surprises Act (NSA)) of Division BB of the Consolidated Appropriations Act, 2021 (CAA 2021) and regulations published in the Federal Register on July 13, 2021, and October 7, 2021.
- Gag Clause Prohibition: Confirming vendors and SFHSS have completed the most recent annual Gag Clause Prohibition Compliance Attestation (GCPCA) as required under section 201 of Title II (Transparency) of Division BB of the CAA. The law requires certain plans and issuers to submit an attestation of compliance to the Departments of Health & Human Services, Labor, and the Treasury on an annual basis.

Transparency in coverage final rule

As of July 1, 2022, most group health plans and issuers of group health insurance coverage are required to disclose, on a public website, machine-readable files (MRFs) containing in-network rates for covered items and services and allowed amounts and historical billed charges for out-of-network providers. SFHSS worked with its vendors to comply with this final rule by gathering the needed MRF reference links from each vendor and posting them on the SFHSS website.

Federal Funding Impacts to Medicare Advantage Plan Costs

Two recent developments at the federal level have led to higher-than-typical Medicare Advantage Prescription Drug (MAPD) Plan rate increases into 2024 and 2025, relative to prior years—the Inflation Reduction Act (passed into law in August 2022) and reduced growth in government funding of Medicare Advantage plans by the entity that oversees Medicare, the Centers for Medicare and Medicaid (CMS).

The Inflation Reduction Act improves the standard Medicare Part D prescription drug plan benefit by implementing a \$2,000 overall member out-of-pocket maximum in 2025. As a result, though this does not impact plan designs for the MAPD plans offered SFHSS (MAPD PPO transitioning from UnitedHealthcare to Blue Shield of California, and Kaiser MAPD HMO), MAPD carriers are incorporating the higher cost anticipated for their plans into plan rating. Coupled with reductions in funding growth rates into MAPD plans by CMS—where the federal government funds much of the total plan cost for MAPD plans—this has led to higher SFHSS MAPD rate increases in 2024 and 2025 relative to prior years. Plan year 2025 is the second year of a three-year adjustment period for CMS federal funding growth rates for MAPD plans. The carrier change from UHC to BSC resulting from the recent competitive Medicare Advantage plan RFP process will mitigate the financial impacts described above to SFHSS into 2025, 2026, and 2027.

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. 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 2023 plan year by creating 49,110 IRS forms for distribution to employees and electronic reporting to the IRS in early 2024.

PPACA Legislative Fees

The one ongoing Patient Protection and Affordable Care Act (PPACA) fee which employers are responsible for paying is the Patient Centered Outcomes Research Institute (PCORI) Fee. PCORI remains in effect through 2029 as part of the SECURE Act passed by the federal government in December 2019. The fee is included in fully insured plan premiums, while SFHSS is responsible for payment for self-funded medical plans. The 2025 PCORI fee is expected to be slightly higher than the \$3.22 per covered life per year fee in 2024.

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 is the basis for calculating employer contributions for retirees and some employees in SFHSS health plans. For 2025 rating, the 10-County Survey result leads to an increase in average monthly employer contribution from \$805.85 in 2024 to \$882.05 in 2025 (an increase of 9.46%). The full Survey report is contained as an Appendix to this letter and was presented at the March 14, 2024, HSB meeting (also accessible at sfhss.org). Survey results are illustrated in Exhibit 1 of the adjoining document.

Projected 2025 Aggregate Medical Plans Cost

Per Table 1 below, we expect an increase in aggregate medical plan costs totaling \$72.2 million, or 6.54%, for the SFHSS medical plans (including Basic Plan vision coverage costs which are unchanged from 2024, and the SFHSS Healthcare Sustainability Fund charge which is increasing by \$1 per member per month to \$4 per member per month in 2025) for the 2025 plan year. This increase in costs will be split between the members and employers with member contributions increasing \$6.9 million and employer contributions increasing \$65.3 million. These costs are projected based on March 2024 plan enrollment.

Table 1 — All Four Employers			
January 1, 2025 to December 31, 2025 Aggregate Medical Plans Cost (\$ millions)			
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)
Current (2024) Rates	\$131.4	\$973.4	\$1,104.8
Final Renewal (2025) Rates	\$138.3	\$1,038.7	\$1,177.0
\$ Difference	\$6.9	\$65.3	\$72.2
% Difference	5.25%	6.71%	6.54%
2025 Rate Sharing Distribution	11.8%	88.2%	100.0%

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 2025. 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 2025 10-County amount is \$882.05. 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 = $50\% \times [\text{Total Rate Cost} - 10\text{-County Amount} - \text{“Actuarial Difference”}]$.

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 criteria outlined in Table 2 below.

Table 2 — Retiree Medical Coverage/Employer Contribution 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) (A8.428 Subsection (b)(6))	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 (A8.428 Subsection (b)(5))	50%
At least 15 but less than 20 years of Credited Service with the Employers (A8.428 Subsection (b)(5))	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 (A8.428 Subsection (b)(4))	100%

Outline of 2025 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 2025 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 5.78% for plan year 2025. This overall average is generated by a 5.4% premium rate increase for active employees and early retirees in California, and an 8.65% premium rate increase for Medicare retirees in California. There are also small retiree populations (218 covered lives) with Kaiser HMO coverage in the Northwest (Oregon), Washington, and Hawaii regions captured in the overall average Kaiser rating action.

There are no 2025 plan design changes approved for the active employee/early retiree Kaiser plans. The one Kaiser-mandated change for the KPSA Medicare plan changes the out-of-pocket maximum basis from \$1,000 individual / \$2,000 family to \$1,000 per individual – this change impacts only five members enrolled in the KPSA Medicare plan.

The 2025 Kaiser renewal actions result in an overall estimated total cost increase of \$31.9 million from 2024 to 2025 for all four employers based on March 2024 membership, of which \$25.5 million is attributed to CCSF and \$6.4 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate 2025 projected cost for all four employers for Kaiser Permanente based on March 2024 membership is projected at \$583.9 million, with \$61.5 million in member contributions and \$522.4 million in employer contributions. Table 3 (page 11) provides an overview of annualized costs.

The 2025 Kaiser plan rates are illustrated in exhibits 2a-2e in the adjoining document.

Rates, Contributions, and Benefits for the Fully Insured BSC MAPD PPO Plan, Flex-Funded BSC HMO Plans, and Self-Funded BSC PPO Plan for All Four Employers

The Spring 2024 RFP process for the Medicare Advantage Prescription Drug (MAPD) PPO plan and non-Medicare “split family” plans available to non-Medicare covered lives within families where one or more life is Medicare and covered in the MAPD PPO plan delivered \$6.8 million total savings across all four employers in 2025 premiums under new provider Blue Shield of California (BSC) relative to 2025 renewal premiums from incumbent UnitedHealthcare (UHC). The 2025 net employer savings for all four employers are anticipated to be \$6.1 million, of which \$4.85 million is for CCSF.

As a result of the RFP process, SFHSS MAPD PPO plan premiums are increasing by 3.9% from 2024 under UHC, to 2025 under BSC.

For BSC Non-Medicare plans—which now include “split family” covered lives starting in 2025—total cost rates will increase by 8.7% for the BSC Access+ HMO plan, 11.8% for the BSC Trio HMO plan, and 1.3% for the PPO plan into the 2025 plan year. Overall, this produces an aggregate total rate increase of 8.5% for the combination of Non-Medicare BSC HMO and PPO plans into the 2025 plan year.

There are no 2025 plan design changes approved for the Access+ HMO, Trio HMO, and Non-Medicare PPO plans by the Rates and Benefits Committee and HSB. The large claim pooling attachment point for the BSC HMO plans was approved to increase from \$1 million to \$1.25 million per covered life to lower the BSC large claim pooling fee in these plans.

The aggregate 2025 projected cost for all four employers in the BSC MAPD PPO, BSC Access+, BSC Trio, and BSC Non-Medicare PPO plans based on March 2024 BSC plan enrollments is \$581.0 million, with \$75.7 million in member contributions and \$505.3 million in employer contributions based on March 2024 membership. This results in an overall estimated total cost increase of \$40.4 million from 2024 to 2025 for all four employers based on March 2024 membership, of which \$35.9 million is attributed to CCSF and the

remaining \$4.5 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 11) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined.

The 2025 BSC flex-funded HMO plan rates are illustrated in exhibits 3a-3b for the Access+ plan and 3c-3d for the Trio plan in the adjoining document. The 2025 BSC Non-Medicare PPO plan rates are illustrated in exhibits 5a-5d in the adjoining document. These rate tables include rates for Medicare retirees enrolled in the MAPD PPO plan insured by UHC in 2024 and to be insured by BSC in 2025.

Rates, Contributions, and Benefits for the Flex-Funded Health Net CanopyCare HMO Plan for All Four Employers

The Health Net CanopyCare HMO plan total cost rates will decrease by 1.0% into the 2025 plan year. Health Net CanopyCare was introduced as a new health plan option to SFHSS members for the 2022 plan year. Thus, the 2025 plan year will be the fourth year for the Health Net CanopyCare plan option.

There are no 2025 plan design changes approved for the Health Net CanopyCare HMO plan by the Rates and Benefits Committee and HSB.

Based on the March 2024 membership, the aggregate 2025 projected cost for all four employers in the Health Net CanopyCare HMO Plan for the 2025 plan year is \$12.0 million, with \$1.1 million in member contributions and \$10.9 million in employer contributions. This results in an overall estimated total cost decrease of \$0.1 million from 2024 to 2025 for all four employers based on March 2024 membership, of which \$0.1 million is attributed to CCSF with a negligible remaining amount attributed to the other employer groups (e.g., CRT, USD, and CCD).

The 2025 Health Net CanopyCare (flex-funded) HMO plan rates are illustrated in exhibits 4a-4b 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 2025 plan year, Basic Plan rates are remaining at 2024 levels.

There is also a buy-up Premier Plan available to SFHSS members. Members pay the full rate increment between Basic Plan rates and Premier Plan rates. For the 2025 plan year, Premier Plan total premium rates are increasing 2% from 2024 levels.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$1.04 per employee per month for 2025. Approximately 20,000 employees have access to this benefit.

There are no 2025 plan design changes approved for the Basic, Premier or Computer Vision Care plans by the Rates and Benefits Committee and HSB.

Based on March 2024 enrollment, the aggregate projected 2025 employer cost for all four employers for the VSP Basic vision plan is \$5.57 million (88% of total Basic plan rates based on contribution sharing formulas), plus an additional \$0.25 million for the Computer Vision Care benefit. The employer portion of vision plan costs is remaining the same from 2024 to 2025. 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. Information on proposed 2025 renewal actions follows.

Delta Dental Active Employee PPO Plan (Self-Funded)

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 increase slightly from 2024 to 2025, by 2.5% to \$4.82 per employee per month. 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 aggregate total premium equivalent rates for the self-funded active employee Delta Dental PPO plan for active employees are increasing 6.0% for plan year 2025—an increase of \$2.3 million from 2024 active employee Delta Dental PPO plan rates for CCSF. This increase is driven primarily by a reduced level of rate stabilization buy-down funds in the active employee dental PPO plan from the prior year.

There are no 2025 plan design changes approved for the Delta Dental Active Employee PPO plan by the Rates and Benefits Committee and HSB.

Dental Active Employee HMO Plans (Fully Insured)

Rates for both active employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2024 rate levels into the 2025 plan year. There are no plan changes approved in these dental HMO plans by the Rates and Benefits Committee and HSB. The active employee dental HMOs are fully paid by the employers with no employee contributions.

Delta Dental Retiree PPO Plan (Fully Insured)

The Delta Dental PPO plan for retirees is fully insured with premiums fully paid by retirees with no employer contributions. The Delta Dental Retiree PPO rate increase from 2024 to 2025 is 2.0%. There are no 2025 plan design changes approved for the Delta Dental Retiree PPO plan by the Rates and Benefits Committee and HSB.

Dental Retiree Employee HMO Plans (Fully Insured)

Rates for both retiree employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2024 rate levels into the 2025 plan year. There are no plan changes approved in these dental



HMO plans by the Rates and Benefits Committee and HSB. The retiree dental HMOs are fully paid by retirees with no employer contributions.

Dental Rates Summary

The 2025 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) plans.

The aggregate dental plan total cost for active employees for the 2025 plan year is projected at \$42.8 million with \$3.7 million in member contributions and \$39.1 million in employer contributions based on March 2024 enrollment. This results in an overall estimated total dental cost increase of \$2.4 million (5.9%) from 2024 to 2025. Table 3 (page 11) 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 are remaining at 2024 rate levels into the 2025 plan year.

The aggregate employer cost for the basic life insurance and LTD plans for the 2025 plan year is projected at \$7.0 million. This includes \$5.5 million in total LTD premiums and \$1.5 million in basic life premiums. Additionally, there is \$1.0 million in projected member-paid 2025 supplemental life insurance premium. Annualized overall premiums are shown in Exhibit 10 in the adjoining document.

Summary of Projected 2024 Plan Year Costs

Table 3 below summarizes projected 2025 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2024 projections for those plans where the employers subsidize the total plan cost. VSP Basic Plan (vision) costs are included in the medical plans' costs.

TABLE 3 — ALL FOUR EMPLOYERS					
Distribution of Aggregate Calendar Year 2025 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
Kaiser HMO	\$61.5	\$522.4	\$583.9	10.53%	89.47%
\$ Change	\$2.9	\$29.0	\$31.9		
% Change	4.94%	5.88%	5.78%		
BSC HMOs/PPO	\$75.7	\$505.3	\$581.0	13.03%	86.97%
\$ Change	\$4.0	\$36.4	\$40.4		
% Change	5.56%	7.76%	7.47%		
Health Net CanopyCare HMO	\$1.1	\$10.9	\$12.0	9.17%	90.83%
\$ Change	\$0.0	-\$0.1	-\$0.1		
% Change	-0.96%	-0.94%	-0.94%		
Dental	\$3.7	\$39.1	\$42.8	8.65%	91.35%
\$ Change	\$0.0	\$2.4	\$2.4		
% Change	0.00%	6.48%	5.88%		
LTD Insurance	\$0.0	\$5.5	\$5.5	0.00%	100.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Life Insurance	\$1.0	\$1.5	\$2.5	38.44%	61.56%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Total	\$143.0	\$1,084.8	\$1,227.8	11.64%	88.36%
\$ Change	\$6.9	\$67.7	\$74.5		
% Change	5.05%	6.65%	6.46%		

NOTES: Figures vary due to rounding; BSC HMOs/PPO including MAPD PPO and Non-Medicare “split family” plans covered through UnitedHealthcare in 2024; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).



This year's projected aggregate medical cost increase of 6.54% (see page 4) is lower than national benchmark levels for health care cost trend. Aon's 2024 National Health Care Trend Survey indicates combined medical/pharmacy expected cost increases in the 8.5% to 9% range into the 2025 plan year. The 6.54% increase is also lower than the California large counties experience for 2024 as documented in the 10-County Survey (9.46%).

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", is positioned below the "Sincerely," text.

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 ONLY (CCSF)					
Distribution of Aggregate Calendar Year 2025 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
Kaiser HMO	\$50.6	\$417.9	\$468.5	10.80%	89.20%
\$ Change	\$2.4	\$23.1	\$25.5		
% Change	4.88%	5.86%	5.75%		
BSC HMOs/PPO	\$68.1	\$445.4	\$513.5	13.25%	86.75%
\$ Change	\$3.6	\$32.2	\$35.9		
% Change	5.63%	7.80%	7.51%		
Health Net CanopyCare HMO	\$0.8	\$8.1	\$8.9	9.40%	90.60%
\$ Change	\$0.0	-\$0.1	-\$0.1		
% Change	-0.96%	-0.94%	-0.95%		
Dental	\$3.7	\$38.6	\$42.3	8.65%	91.35%
\$ Change	\$0.0	\$2.3	\$2.3		
% Change	0.00%	6.48%	5.88%		
LTD Insurance	\$0.0	\$5.4	\$5.4	0.00%	100.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Life Insurance	\$1.0	\$1.5	\$2.5	38.44%	61.56%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Total	\$124.1	\$917.0	\$1,041.1	11.92%	88.08%
\$ Change	\$6.0	\$57.7	\$63.6		
% Change	5.05%	6.71%	6.51%		

NOTES: Figures vary due to rounding; BSC HMOs/PPO including MAPD PPO and Non-Medicare “split family” plans covered through UnitedHealthcare in 2024; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).

From: [Raymond Carlson](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Replacement of UHC
Date: Saturday, June 22, 2024 11:48:30 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I write to you in anticipation that I will lose my current health plan UHC advantage on or before December 31, 2024. I have a number of chronic health issue which are managed by an equal number of specialists in my hometown of Reno, Nevada.

Reno, unlike the Bay Area, specialists are few and far between. In order to see a couple of my now attending specialists I was required to wait six months for an appointment. I cannot risk that kind of wait time again, I am under treatment, I need a smooth transition from one practitioner to another, if so required.

Six months from now I will have a new health plan absent a change of policy, which is doubtful. My understanding is that Blue Shield of California is not a plan that is offered to out-of-state retirees. What healthcare plan, if any, will be offered to us out of staters? Will I have to seek out a locally offered plan?

I need to know the name of the insurance company and the specific plan name or number in order that I am prepared to transition without interruption of medical treatment on January 1, 2025. When I say prepare, I mean researching, identifying and scheduling appointments with possibly a whole new medical team, prior to January 2025.

Please acknowledge receipt of this communication.

Annoyed retired member,

Raymond A Carlson
6164 Carriage House Way
Reno, NV 89519

Sent from my iPad

From: [Phil Fitting](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: SF Budget & Appropriations Committee Monday June 24, 10 am.
Date: Sunday, June 23, 2024 3:08:56 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

To the SF Budget & Appropriations Committee, 06-23-24

I have worked 30 year of dedicated service for the City of San Francisco, in those years we negotiated our union contract for better healthcare in lieu of higher salaries, and now when I will be needing healthcare the most, the City of San Francisco wants to take away our United Health Care, and replace it with a far more inferior Blue Shield of CA.

UHC is rated 4th by Insure.com ranking, and Blue Shield comes in a distant 12th place. Your vote today will affect people's lives; think about that before you cast your vote. Vote no on replacing the United Health Care Plan!

Respectfully,

Phillip E Fitting SFFD (Retired)

From: [Lou Bronfeld](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Please Please Please Keep United Healthcare
Date: Sunday, June 23, 2024 3:48:21 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I am desperately urging & pleading for HSS to please retain United Healthcare. My Primary Dr, my Orthopedic, my Dermatologist all favorably accept United Healthcare. They do NOT accept Blue Shield. It has been my experience that health care providers universally accept United Healthcare. Many, many do NOT accept Blue Shield. Please. The future of my personal healthcare depends on UHC. My life depends on UHC. Please.
Lewis Bronfeld SFPD
Retired 42 years of service to SF.
Sent from my iPhone

From: [John Skance](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: United Healthcare vs Blue Shield
Date: Sunday, June 23, 2024 4:31:04 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Good morning,

As a retired firefighter with 32 years of service, I implore you not to saddle us with an inferior health plan. It's common knowledge that Blue Shield is substandard compared to UHC and while I gave 100% to the city during my career I would expect the city to take care of its retirees in their senior years. The economic downturn in the city finances is NOT the fault of its retirees and they should not have to suffer for it.

Thank you,
John Skance
SFFD RETIRED

Sent from my Verizon, Samsung Galaxy smartphone
Get [Outlook for Android](#)

From: [Ron Morehen](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Keep United Heath Care for retirees
Date: Sunday, June 23, 2024 4:35:30 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Sir,

I'm a retired SF employee with over 30 years of service with both the SFFD and SFPD and I'm 77 years old. My wife and I currently have UHC Medical plans and are very happy to have UHC as our medical provider. Needless to say being that my wife and I are older now, a good health plan is very important to us and United Health Care has provided that.

I also know that the Blue Shield Plan has had billing problems with doctors and much more.

PLEASE DO NOT CHANGE OUR PLAN.

KEEP UHC !

Ronald Morehen
rmorehen@yahoo.com
415-883-3506

From: Camille Morehen (camillemorehen@aol.com)

Sir,

As a wife of a retired SFFD, I'm appalled that you would even consider sending us to Blue Shield after the vote was cast to maintain UHC, not respecting the wishes of our retirees!

I have heart disease and hypertension and rely heavily on my good care from UHC.

My husband needs his excellent care from UHC having to do knee replacement.

Our anxieties over the vote last week, thinking we were safe, and all to be here at this place under threat again!

Internal doctors are so very hard to come by and it's taken me 2 years to get a doctor and an appointment coming up this September.

How could you place us back with less, especially for us retirees?

Camille Morehen

From: [jpietrelli \(null\)](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Retirees medical plan downgraded
Date: Monday, June 24, 2024 11:38:14 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

When you're old and on Medicare your medical plan becomes the most important thing in your life. When your old your health issues control your life.

It's devastating to know the City is dropping UnitedHealth Care for BlueCross/Blue shield a lower rated medical plan.

It's a shame to see how the City is treating its retirees.

Please reconsider this matter.

Sent from my iPhone

From: [Maria dela Merced](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Health Care for SFGH RETIREES
Date: Monday, June 24, 2024 12:30:39 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I oppose change of United Health Care Insurance to Blue Shield
Maria S. dela Merced
Sent from my iPhone

From: [Bonnie Bompart](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: United Health Care Termination
Date: Monday, June 24, 2024 10:40:09 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

I am a retiree from the SF PUC. I oppose the termination of United Health Care as a retiree option for insurance.

In the past, Blue Shield Insurance has been difficult to deal with when seeking approval for procedures and in billing (Getting bills with threats that if I don't pay, it goes to a collection service. Why was I even getting a bill?). I know that in the past the City terminated their contract early for problems such as these.

As a retiree, I use health care more than as an active member and my ability to advocate for myself to get needed tests and procedures when I am ill is next to impossible. I have no assurance that Blue Shield has changed its behavior despite assurances from the City that this change will be seamless. Unfortunately, I feel this change will result in reduced services and care to retirees who are the people least able to advocate for themselves.

I also feel that HSS needs to better communicate to the SF retirees when changes are proposed, and what that means for our health insurance coverage. A one-page FAQ on the HSS website does not fulfill an obligation to keep retirees in the know. I believe that the Health Board Commissioner, who is a doctor and who was fired for voting to retain United Health Care by the City in between health care meetings, was asking for what I am asking for: more information and discussion. I feel the City is **ONLY** concerned about the cost at the expense of care for retirees. The City, of course, is made up of future retirees and these future retirees should truly consider how they want to be treated when it comes to their health care insurance.

Bonnie Bompart

From: [XiuMin Li](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: you are hurting retirees
Date: Monday, June 24, 2024 10:19:57 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Don't drop United Health Plan – our retirees have given their life to public service and are now the most vulnerable among us. They need health care options for their specific health care needs. Balancing your budget on the backs of retirees is shameful. Look for other options!

XiuMin Li (She, Her)
Field Supervisor

Direct #: 415 848 3686
Member Resources Center: 1-877-687-1021

Sign up to become a Union Member! Together We Rise Up!
<http://join1021.org?LUID=Xli>

Check out other SEIU Member Benefits: <https://www.seiumb.com/>

Sign up for text updates from the union. <https://www.seiu1021.org/text-me>

Work or intern with SEIU 1021 and help build a strong union!

<https://www.seiu1021.org/jobs>

<https://www.seiu1021.org/member-internship-program>

From: [Sharon Wilensky](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Reject proposal to replace United Healthcare with Blue Shield for retirees
Date: Monday, June 24, 2024 9:37:13 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Re: SF Budget and Appropriations Committee meeting today June 24, 2024

I urge the committee to reject the proposal to replace United Healthcare with Blue Shield for retirees. This is a false economy. Just a few years ago, the Blue Shield plan was rejected because it did not cover enough. If some of our providers are taken away, overall health will decline and more people may end up in the Emergency Room. I, along with everyone I know, am satisfied with the United Healthcare plan. Please keep it.

Sharon Wilensky
1355 12th Ave.
San Francisco CA 94122

bigwilensky@sonic.net

415-753-1161

Retired Librarian from SFPL

From: [Mari Scheppler](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Retirees Health Care! .
Date: Monday, June 24, 2024 8:57:25 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

As a 30 year SFFD worker and retired at age 80 years ,, please do not take away our United Health Care.
Sent from my iPhone
Don

From: [Adam Wood](#)
To: [Jalipa, Brent \(BOS\)](#)
Cc: [Floyd Rollins](#)
Subject: Fund United Healthcare for Retirees
Date: Monday, June 24, 2024 8:51:10 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Budget and Finance Committee Members,

I urge you not to balance the City's budget on the backs of retired city employees. The elimination of United Healthcare West as a Medicare Advantage plan option for retired city employees will lower the quality of care for thousands of working people who dedicated their lives to serving the citizens of San Francisco.

Please respect the June 7, 2024 vote of the full Health Services Board and reject the HSB staff recommendation to replace United Healthcare with Blue Shield.

Thank you for your time and attention.

Sincerely,
Adam Wood
Secretary,
San Francisco Firefighters Local 798
415-621-7103 (office)
415-580-9653 (cell)

From: [Bill Koenig](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Support Continuing United Health Care
Date: Monday, June 24, 2024 8:09:53 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Mr. Jalipa,

We strongly oppose the SFHSS proposed changeover from United Health to Blue Shield.

1. The majority of my medical practitioners do not take Blue Shield.
2. It has taken us years to find quality doctors.
3. If you change our United Health Medicare Advantage, we will no longer have doctors we can trust or receive the quality service we are now receiving.
4. Due to the medical practitioner shortage, finding doctors accepting new patients is difficult, if not impossible.
5. Our United Health Insurance has earned us praise from our medical practitioners. They often commend our insurance, saying, 'You have excellent coverage.'

We are concerned about losing the quality of service that United Health provides.

Sincerely,
William (and Nancy) Koenig, CCSF retiree.

--

Bill Koenig
SFFD 1970-2000
SFFD Historian
Director Emeritus SFFD Museum
Author: Everything Took Time - The 1906 Fire
Author: San Francisco Fire Apparatus - 1849-2010
650-400-7097
The Villages, FL 32162



From: [Diane Schrick](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: SF Retiree Healthcare
Date: Monday, June 24, 2024 7:19:20 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Mr. Jalipa,

I am writing to voice my concerns over the Board of Supervisors voting to downgrade our retiree health benefits from United Healthcare to Blue Shield.

We all understand the need to balance budgets, but to do so by sacrificing health benefits to those who have given so much to the City and County of San Francisco is disgraceful.

I respectfully ask the Board to vote to maintain our current United Healthcare plan.

Regards,
Jim and Diane Schrick

From: [Robert Imbellino](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Healthcare for Retirees
Date: Monday, June 24, 2024 7:32:37 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please vote to keep our retirees Healthcare with "United Healthcare ". We don't need to reduce our benefits, if anything we should try to increase them. " If something is not broken why try to fix it".

Sent from my iPhone

From: [C. Marcopulos](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Oppose vote for Blue Shield
Date: Monday, June 24, 2024 6:07:37 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I am a retiree, having worked 27 years for the San Francisco Superior Court.

As we age, healthcare is the most important. United Healthcare is the best provider, so please do not replace it with Blue Shield. My sister worked for them for 15 years, and they automatically deny claims 3 - 5 times and then the subscriber has to appeal.

I am a native San Franciscan, born and raised on Potrero Hill, and my grandparents settled her from Greece after the Great Earthquake.

Mayro Breed should care as much about the city's employees, former and present, than she does about the pandas.

Cynthia Marcopulos

From: [Yuhum Digdigan](#)
To: [Jalipa Brent \(BOS\)](#)
Cc: [Breed Mayor London \(MYR\)](#)
Subject: Comments to the Board of Supervisors Budget & Appropriations Committee Meeting 6/24/2024
Date: Monday, June 24, 2024 12:44:33 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Honorable Members of the Board of Supervisors Budget & Appropriations Committee:

I am writing to you to appeal to your better senses and good judgment to keep UNITED HEALTHCARE as our provider. United has delivered the best to the retired and active employees of the City and County of S.F. for so many decades, at least 40+years for me, 15 as a retiree.

I have tried Blue Shield and other plans before (Brown & Toland was a disaster, Hill Physicians was no better); even Kaiser Permanente (cheaper but limited availability of highly trained specialists). Nothing beats the services of United Healthcare - prompt and courteous service, dependable, **TRUSTWORTHY** health plan! Talk to us who have been with the City for many years as active employees and now retirees.

At this stage in life, I need a plan that can meet my healthcare needs that seem to be getting more complicated as I get older. I dedicated my greatest years to the City and County of San Francisco taking care of the sick and the very ill who had nowhere else to go. Please do NOT take away the excellent healthcare that I now need in my waning years. Do not skimp on us now that we need you to protect us.

PLEASE **KEEP UNITED HEALTHCARE AS A PROVIDER** in the City & County of S.F. Healthcare System.

Respectfully yours,
Yuhum Digdigan, RN, MS (ret)

cc: London Breed, Mayor

From: [Linda Kopp](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: United Healthcare Retirees
Date: Monday, June 24, 2024 12:19:34 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I oppose the change of my United Healthcare Plan.

Sent from my iPhone

From: [Yuhum Digdigan](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Comments to the Board of Supervisors Budget & Appropriations Committee Meeting 6/24/2024
Date: Monday, June 24, 2024 12:18:26 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Honorable Members of the Board of Supervisors Budget & Appropriations Committee:

I am writing to you to appeal to your better senses and good judgment to keep UNITED HEALTHCARE as our provider. United has delivered the best to the retired and active employees of the City and County of S.F. for so many decades, at least 40+years for me, 15 as a retiree.

I have tried Blue Shield and other plans before (Brown & Toland was a disaster, Hill Physicians was no better); even Kaiser Permanente (cheaper but limited availability of highly trained specialists). Nothing beats the services of United Healthcare - prompt and courteous service, dependable, **TRUSTWORTHY** health plan! Talk to us who have been with the City for many years as active employees and now retirees. At this stage in life, I need a plan that can meet my healthcare needs that seem to be getting more complicated as I get older. I dedicated my greatest years to the City and County of San Francisco taking care of the sick and the very ill who had nowhere else to go. Please do NOT take away the excellent healthcare that I now need in my waning years. Do not skimp on us now that we need you to protect us.

PLEASE **KEEP UNITED HEALTHCARE AS A PROVIDER** in the City & County of S.F. Healthcare System.

Respectfully yours,
Yuhum Digdigan, RN, MS (ret)

cc: London Breed, Mayor

From: [Tony Soule](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: stop the upcoming vote on health care changes for the retirees.
Date: Sunday, June 23, 2024 10:37:04 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Do not allow the changes to the health care for retirees. Do not activate Blue Shield.

From: [Mary Magee](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: For Budget and Appropriations Committee
Date: Sunday, June 23, 2024 10:23:28 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Budget Committee members,

My name is Mary Magee, and I am a retired CCSF registered nurse. I am concerned about the Health Services System possibly ending its contract with United Healthcare and replacing it with Blue Shield. While this will not affect me personally at this time, I am very concerned for other retirees who are undergoing complex and specialized treatments for cancer and other serious conditions. The concern is that unforeseen coverage issues will arise that will interrupt care. And I feel I must ask how often will changes like this occur? Our healthcare system is complicated enough without unnecessary changes in coverage. Please vote to retain United Healthcare coverage.

Sincerely, Mary C Magee, R.N.

From: [Gene Murphy](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Keep United Healthcare
Date: Sunday, June 23, 2024 7:10:00 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I spent 34 years in the Fire Department. As a retiree, my wife and I are very pleased with United Healthcare as our healthcare provider. We do not want to have to change to an inferior provider. Show some respect and loyalty to senior citizens who worked hard for San Francisco by keeping United Healthcare.

Thank you,
Gene Murphy
Sent from my iPhone

From: [Marta Bayol](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: United Health Care for Retirees support
Date: Sunday, June 23, 2024 6:02:30 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Budget & Appropriations Committee,

I want to reiterate my disappointment and concern over replacing the UnitedHealthcare plan for retirees with the Blue Shield Health plan.

Changing health plans is disruptive, confusing and unwieldy for many especially if there are health issues that involve a number of medical practitioners.

Is it really necessary when each competing health plan is priced in close terms?

One of the great programs that United Healthcare offers is their Renew Active Wellness plan which pays for the YMCA gym memberships of retirees. It is an incredible benefit that I take full advantage of every week. I know of other retirees that have also benefited from this program. Isn't the idea to keep retirees as healthy as possible?

United Healthcare has a very comprehensive and efficient operation. Please retain United Healthcare as the retiree plan.

Thank you for your consideration.

Marta A. Bayol

From: [John Harrington](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Mayor/Health Service
Date: Sunday, June 23, 2024 7:22:01 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Outrageous. The mayor trying to balance the budget on the backs of SF retirees after all of her giveaways and incompetence is outrageous. I have enjoyed the service United Health Care has provided me while I battle cancer. And now you take that benefit away and substitute with an inferior health plan. Outrageous! Height of corruption and incompetence. If you have a conscience and some level of integrity you will not be complicit in this outrage. John Harrington (retired SFFD).
Sent from my iPhone

From: [Curtis Nielsen](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Fwd: Keep United Healthcare!
Date: Sunday, June 23, 2024 4:33:13 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Sent from my iPhone

Begin forwarded message:

From: Curtis Nielsen <dane178@yahoo.com>
Date: June 16, 2024 at 11:43:05 AM EDT
To: health.service.board@sfgov.org
Subject: Keep United Healthcare!

To the HSS Board -

My name is Curtis Nielsen, I am a retired member of the San Francisco Fire Department, and I vehemently oppose the attempt to terminate association with United Healthcare to take up Blue Shield instead.

I have had United Healthcare for the past 8 years and I am extremely happy with the level of care I have received and I am gravely concerned about the quality of care that I could receive if this switch to Blue Shield occurs. I honestly believe this will be detrimental to my well being if I lose United Healthcare.

I proudly worked at the SF Fire Department for 30 years and I am extremely disappointed and dismayed that this could even potentially occur. I strongly feel that the city of San Francisco is trying to leverage their budget at the cost of the retirees, especially towards those who have sacrificed and put their lives on the line everyday, which is an extremely unscrupulous and immoral decision.

This proposed decision is unconscionable and I implore you to please do the right thing for all retirees and keep United Healthcare.

Thank you for your time,
Curtis Nielsen

From: [Jacko](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Please consider the people that made SF great
Date: Sunday, June 23, 2024 4:07:49 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please take care of the retirees...don't sell us down the river because of poor leadership...

From: [Cynthia Cornett](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Statement re: Insurance changes for city retirees
Date: Sunday, June 23, 2024 2:26:36 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

To Whom this May Concern:

I am a retired L and D nurse with 34 years service at SF General Hospital. My domestic partner has been diagnosed with a rare and aggressive lymphoma. You wrote that there will be no change in coverage when retirees are switched from United Health Care to Blue Cross except for new cards and having to notify our health care providers of the change. I feel it is only fair that we are allowed to study the new written Blue Cross benefits ourselves so that we can confirm what we've been told. United Health Care is ready to send my insured partner to any hospital in the country that specializes in his particular cancer as well as pay for his transportation fees there for both him and myself as well as housing during treatment. So, if what you've told us is true, then Blue Cross will offer these same benefits. Being able to see those (and all) benefits should be allowed immediately and before agreeing to a new insurance plan. Thank you.

Sent from iPhone

From: cj7@aol.com
To: [Jalipa Brent \(BOS\)](#)
Subject: Retiree Medical Benefits
Date: Sunday, June 23, 2024 1:16:45 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I'm 73 years old, retired, and worked for the City for over 30 years. Now when I'm facing serious medical issues, the City decides to change my decent medical plan for a choice of two inferior ones. Not only is this an insult to our retiree community, it puts at risk the health of the thousands of retired City employees who worked hard over the years to finally be able to retire and enjoy their retirement in good health. I am outraged at the way we are being treated by the Retirement Board, the Mayor, and the Board of Supervisors if this change comes to fruition. It will be vividly remembered at the ballot box that the City attempted to solve their budgetary problems on the back of the retired community.

Carl S. Koehler
(415) 420-2747

From: [Liz McCarthy](#)
To: [Jalipa Brent \(BOS\)](#)
Date: Saturday, June 22, 2024 6:41:32 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Keep United Healthcare for retirees. Changing plans is wrong. It is simply a betrayal. Retirees worked and fought for their benefits trusting the City would be honorable. Why Blue Shield? Oh, because it's cheaper? We didn't work a lifetime to be given cheaper anything. We worked and then retired with the expectation that what we had when we retired would remain the same and not changed for political reasons. If the City needs money slash the absurdly high salaries of the highest earners.
Elizabeth McCarthy

[Sent from AT&T Yahoo Mail for iPhone](#)

From: [RICHARD HARGENS](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: United Health Care
Date: Saturday, June 22, 2024 10:57:16 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Do not change our current health care plan to an inferior plan. All retirees that are in this plan are more then satisfied with United Healthcare. There are other areas you can cut from the budget especially the funds you're using for undocumented immigrants. We were loyal to the City for years of service and deserve our current benefits.

From: [PHILIP SAVIN](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Health Care
Date: Saturday, June 22, 2024 11:28:24 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please do not eliminate United Health Care from retirees options! Base the decision on performance, not cost!!!!

Philip R. Savin
SFFD Retired

From: [Raymond Carlson](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Replacement of UHC
Date: Saturday, June 22, 2024 11:48:30 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I write to you in anticipation that I will lose my current health plan UHC advantage on or before December 31, 2024. I have a number of chronic health issue which are managed by an equal number of specialists in my hometown of Reno, Nevada.

Reno, unlike the Bay Area, specialists are few and far between. In order to see a couple of my now attending specialists I was required to wait six months for an appointment. I cannot risk that kind of wait time again, I am under treatment, I need a smooth transition from one practitioner to another, if so required.

Six months from now I will have a new health plan absent a change of policy, which is doubtful. My understanding is that Blue Shield of California is not a plan that is offered to out-of-state retirees. What healthcare plan, if any, will be offered to us out of staters? Will I have to seek out a locally offered plan?

I need to know the name of the insurance company and the specific plan name or number in order that I am prepared to transition without interruption of medical treatment on January 1, 2025. When I say prepare, I mean researching, identifying and scheduling appointments with possibly a whole new medical team, prior to January 2025.

Please acknowledge receipt of this communication.

Annoyed retired member,

Raymond A Carlson
6164 Carriage House Way
Reno, NV 89519

Sent from my iPad

From: [Sherrill Futrell](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: NO to Blue Shield!
Date: Saturday, June 22, 2024 1:15:45 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

City Hall will stop at nothing to balance the budget on the backs of retirees by downgrading our hard-earned United Healthcare Plan and replace it with the inferior Blue Shield of CA. We stand our ground and SAY NO! Many of us have given our lives and health to this city. We need a show of force to let our elected officials know they must be responsive to us.

From: [MARY ELLEN SCHERER](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Fwd: 2025 Retiree health plan options
Date: Saturday, June 22, 2024 1:26:41 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I would greatly appreciate your giving consideration to the concerns shared below. I very much wish to keep my United Healthcare plan as an option. Thank you.

Mary Ellen

----- Original Message -----

From: MARY ELLEN SCHERER <mescherer@comcast.net>
To: "health.service.board@sfgov.org" <health.service.board@sfgov.org>
Date: 06/19/2024 12:37 PM PDT
Subject: 2025 Retiree health plan options

I am hearing rumors to the effect that the UnitedHealthcare PPO option will not be available to retirees next year primarily to help SF out of its financial deficit. I am sending my deep concern about this, as at 80 years old, it would be traumatic and stressful to have to look for new healthcare providers. I am hoping that perhaps UnitedHealthcare could at least be an option for retirees with perhaps a monthly payment by those of us who choose it. I understand SF has financial difficulties at this time, but it seems grossly unfair to try to solve it on the backs of seniors who need and have earned good medical care through their service to SF.

Mary Ellen Scherer

1105 Brittany Lane

Daly City, CA 94014

[415-844-0969](tel:415-844-0969)

From: [Donald Moorehouse](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: June 24, 2024 Budget and Appropriations meeting/retiree health care
Date: Saturday, June 22, 2024 1:59:46 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Please do not change our health care, I live in Reno Nevada and good health care insurance is very hard to find and keep. United health care has gotten me through 3 operations since I retired, 2 hip replacements and 1 knee replacement.

If the city and county can not account for its spending then why should we have to give up and take a lesser health car insurer. It seem the city has a spending problem which is out of control and gains nothing for the tax payers of San Francisco.

The homeless and drug problems in San Francisco has gotten out of control since I retired and through incompetent leadership by city government has only sprialed out of control with no end in sight.

It used to be that the retirees were the number one group that the city was supposed to take care of not illegal immigrants, homeless and drug addicts.

I spent 33 years in the police dept., dedicated to protecting the citizens and this is how we are treated. Look around, businesses are failing crime is out of control and people are fleeing, something is indeed wrong with the way the city is being run. As a former police officer I can tell you what is wrong and how to fix it, ENFORCE THE LAWS don't make up new ones that do not work.

Respectfully Submitted
Donald N. Moorehouse

From: [Ray Shine](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Retain United Health Care Coverage Options
Date: Saturday, June 22, 2024 4:41:14 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

To Whom It May Concern -- Please retain United Health Care options for CCSF retirees. I am very pleased with the coverage, and very happy with the doctors and professionals that accept that coverage. I am a city resident and taxpayer, and I want the UNC option available indefinitely.

Thank you.

Ray Shine

From: [Marilou Reyes](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Retiree Healthcare
Date: Saturday, June 22, 2024 4:43:36 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hi. Please help retirees keep United Health Care as our health plan.
I have enjoyed the benefits under this plan.

Marilou Reyes

From: [Sera Collins](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Do not take away City retiree Healthcare
Date: Saturday, June 22, 2024 5:09:12 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

We Say NO!! To the balancing the budget on the backs of City retirees by taking away our United Healthcare Plan. We can't be at the Budget & Appropriations Committee Meeting on Monday but wanted our voices heard. Take a better look the City budget and find some alternative solution! Don't try to fix what is not broken - we want our United Healthcare Plan to stay as is!

Serafina Collins
William Collins

From: [Anne Pagan](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: retirees Healthcare, budget meeting June 24,2024
Date: Sunday, June 23, 2024 5:36:12 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

To Budget and Appropriations Committee

As a 20 year retiree from SFFD, I am writing to ask the City **not** change our Healthcare from UHC to Blue Shield of Ca. My understanding is the network of providers and care with UHC is far greater than Blue Shield of Ca. Many of us spend time outside of California and in fact receive important health care services outside of California. I am very concerned we will lose the responsive and good healthcare benefits at a time in our lives when we need them most. There is always the concern that less expensive translates to less quality of care and coverage. Like many, I have relationships with different healthcare providers over these many years. A trusted provider and healthcare system is invaluable. One can understand our alarm and worry at this proposed change.

There are many spending decisions the City makes upon which we have no real impact or control. It seems unfair our healthcare is a target to save the City money when no one really knows the individual complications and cost this apparent budget saving measure may have on a retirees life and health.

Thank you for your careful consideration.
Victor Pagan (Retired SFFD) and spouse, Anne Pagan

From: [LUCY HODGES](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: No Blue Shield of California - Keep UHC Medicare Advantage PPO..
Date: Sunday, June 23, 2024 6:04:44 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Good Evening,

We just learned that the City is considering transferring all retirees to Blue Shield of California. This is very upsetting to me and will not be accepted... I've been with the city for 30 years and I've given my blood, sweat and tears to the City of SF; so this news has my blood boiling. My wife once had Blue Shield of CA and it was horrible insurance for her. She had to constantly appeal denied claims and was given the proper health care she deserved..; so we plan to fight tooth and nail as we will never go back to that insurance.

Lucy & Frank Hodges

From: [Elena Simonian](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Budget Committee mtg June 24
Date: Sunday, June 23, 2024 7:34:28 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

I continue to stand behind the City Health Service to keep UHC for retirees. They give exceptional service through their Landmark 24/7 monitoring at no additional cost to us retirees.

The Board already voted and now additional pressure is placed on them to alter their vote. This is becoming the norm, to change the voting process.

KEEP UNITED HEALTHCARE!!!

Elena Simonian
Superior Court
Retired

Sent from my iPhone

From: [Janet Pond](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Oppose Change from UHC Medicare Advantage as retirees' health plan to Blue Shield
Date: Sunday, June 23, 2024 7:44:45 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear San Francisco Budget & Appropriations Committee:

I strongly urge the SF Health Service Board and City to keep UHC Medicare Advantage as the retirees' medical plan option. I oppose changing UHC to Blue Shield.

I am a retiree and my husband and I are happy with the UHC as our medical plan. All of our doctors are covered under this plan and the care and treatment we have received under UHC has been excellent with minimal copays. This is an extremely important benefit for a long, healthy retirement, having the best medical plan to address our medical needs, especially as we age and the need for care increases. If Blue Shield becomes the retirees' health plan, we would have less providers available as many healthcare providers will not take Blue Shield patients due to poor reimbursement of claims and frequent denials of treatment, resulting in delays or lack of coverage for the patient.

Blue Shield does not have a good wellness program; it has very limited contracted gyms that are offered to members at a discount. UHC Medicare Advantage offers an extensive list of gyms where members may choose one that suits their needs, and under the Renew Active wellness program, membership at the chosen gym is covered 100% as a benefit to its members. I receive great health benefits from attending my local YMCA gym fitness programs; so should the UHC no longer be my health plan, I will incur this monthly cost as an additional out-of-pocket expense, amounting to over \$1,000 per year.

Blue Shield may be a cheaper option for the City, but there's a reason. It's because it offers less benefits to the insured. The City may have a budget crisis, but there are many other ways to cut costs rather than depriving retirees of a necessary benefit. I do not think spending millions of taxpayer dollars for acquiring pandas for the SF Zoo at a time of budgetary deficit, building million dollar public toilets, or purchasing \$20,000 public trash cans should come before ensuring the City's retired employees continue receiving the health coverage we need and deserve. We are all at a vulnerable age in retirement. After working for CCSF for 35+ years prior to retiring, I felt assured that, once retired, I would receive a pension and good medical benefits. Please do not take away my UHC as my Medicare health plan, the best medical plan option to maintain my health at a time when I need it most. Switching to Blue Shield will cause much detrimental hardship to me due to less provider coverage, delays/denials of medical treatment, and higher out-of-pocket costs. Thank you.

Janet Pond
Retiree
pond.janet@gmail.com
415 710-6481

From: [George & Lorna](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: United Health Care vote
Date: Sunday, June 23, 2024 7:59:05 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Brent Jalipa,

I'm a retired firefighter currently fighting a rare cancer which destroys my red blood cells. I receive a shot every three weeks, which keeps me alive. I don't know that Blue Shield will cover it. Please do not take away the wonderful care which UHC provides.

Sincerely,
George F Pidge
Retired SFFD

[Sent from AT&T Yahoo Mail for iPhone](#)

From: [CHADWICK ERTOLA](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Supervisors Budget and Appropriations Committee meetin on June 24, 10 am.
Date: Sunday, June 23, 2024 8:17:59 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello, I am submitting this email to the Honorable Members of the Committee to express my concerns over the proposal of the HSS board to drop United Healthcare as the CCSF retiree Medicare Advantage health plan in 2025 for the duration of a new contract.

I am a 74 year old retired San Francisco Firefighter. I served 25 years from 1995 to 2020. Upon my retirement I was already a Medicare recipient. I chose UHC as my Medicare Advantage provider. My wife, age 69, is likewise a Medicare recipient with UHC. We have been well served by UHC.

Prior to retirement, as an active Firefighter and under previous Health Service System contracts, we have had Blue Shield of California as our health insurance provider and we experienced numerous issues with denied choices of doctors, denied referrals for specialist care, denied treatments, denied coverage for prescribed medications. It was a nightmare.

I am astonished that after the HSS conducted its bid process for the new retiree Medicare Advantage plan the recommendation falls far short of the high standard always kept for CCSF retiree healthcare. San Francisco has always provided the best for its career service retirees. This Blue Shield of California proposal fails to meet that standard in the opinion of not only myself but the majority of retirees, 17,000-plus. The record of the responses submitted in person and by emails to the HSS Commission in the 2 hastily called Special Meetings over the proposal to drop UHC is overwhelmingly OPPOSED to the HSS proposal to contract with Blue Shield of California. At the last hearing/special meeting on June 18, the record states that of the 400 written submissions to the Commission THREE HUNDRED NINETY-SEVEN (397) were OPPOSED; only (3) were in favor. That, Supervisors, is a microcosm of the opposition of the retiree healthcare recipients to the HSS proposal.

In the face of such a clear mandate from the HSS trust beneficiaries it is hard to reconcile any reasons to accept BSC over UHC.

Frankly, in pursuit of the BEST proposal to meet the needs of the retiree healthcare recipients there is only one choice. Is it BSC.? Absolutely NOT. There is no doubt that Blue Shield of California submitted the low bid proposal. But the experience of those who are watchdogs of retiree healthcare benefits shows that BSC is notorious for submitting lowball proposals to win bids, only to return once they have secured a favorable contract to petition for extra compensation, fees, overrides of contract terms, all hidden during the bid process, as was undoubtedly done in this bid process to the HSS.

The BEST bid was from UHC. Why was it not also the lowest? Because UHC has vast experience nationwide as well as with our 17,000 members with the cost of its coverage in the Medicare Advantage field. They know what it costs. UHC realistically, honestly and accurately projected the realistic costs of retiree Medicare Advantage healthcare in their

proposal going forward through the contract duration.

Regarding the experiences of members with BSC vs. UHC it was stated by HSS Commissioner Sass that BSC will be much better at providing Medicare Advantage Healthcare than it did as a private insurer for its members. He virtually acknowledged that the members' bad experiences with BSC were true. But he wants us to believe that BSC will do so much better at it this time because they will be a Medicare Advantage provider. A "blue" horse instead of a pink one. That is as believable as the opportunity to "buy" a Russian Hill 3 bedroom 2 bathroom home last week for under \$500,000!! He seriously wants us, and you, to believe that the established poor track record of BSC will not be their method of practice as a Medicare Advantage provider. Yeah, right!

Supervisors, do not fall for the strong arm tactic played by Mayor Breed on the HSS. Stand up for your constituents, the City and County retirees who have given time and again to forego pay raises to help balance the budget but now rely on our well-earned healthcare benefits when it matters most, as retirees.

Recognize the success of the UHC Medicare Advantage plan for your constituents. Do not throw it out over cost. Save it. The retirees may be able to help you balance the budget in other ways. Maybe we don't need to go see the \$25,000,000 pandas at the zoo. It sure feels like the money for the bears is coming at the potential cost of best healthcare for us retirees. We earned it.

Thank you for your votes to refuse the HSS proposal to drop UHC.
Chad Ertola, SFFD, retired

From: [JAMES MURPHY](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: UHC
Date: Sunday, June 23, 2024 8:32:46 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

United Healthcare.

I was a SFFD firefighter for 30 years and retired now for over 20 years on a full disability . We put our lives on the line every time we went out the door. We didn't know if we were coming back in one piece, but we did it. Do you want to do the right thing for US ? "No" You want to rent a couple of panda bears for a few years. United Healthcare has provided me and my family excellent care. I do not want to change from UHC to Blue Shield! UHC has been good to work with over the years. We are losing a lot of Retired Firefighters in the last few years. I don't want to lose my doctors! Friends have had many problems with Blue Shield. Don't mess with something that works so good to save a few dollars to rent PANDA BEARS!

James Murphy

From: [Terry Wallace](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Change from UHC to Blue Shield
Date: Sunday, June 23, 2024 10:52:10 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

As a CCSF retiree, I strongly object to the HSS change from an efficient health care provider to a shoddy, mismanaged sometimes provider.

Terry Wallace - SFFD (Retired)

From: [Jim Castro](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: As a retired 79 year old former SF city employee I am asking you to please DO NOT change the health plan option for retirees from United Healthcare a wonderful plan to the inferior Blue Shield option. UHC is easy to work with. They actually listen to...
Date: Monday, June 24, 2024 7:29:36 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Sent from my iPhone

From: [Floyd Rollins](#)
To: [Adam Wood](#); [Jalipa, Brent \(BOS\)](#)
Subject: Re: Fund United Healthcare for Retirees
Date: Monday, June 24, 2024 1:47:02 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Dear Budget and Finance Committee Members,

I write to you today urging you to uphold the June 7, 2024, vote of the full Health Services Board in attendance to reject the staff recommendation to replace United Healthcare with Blue Shield.

Many of our cities dedicated and long serving retirees, especially from public safety, are in stages of their lives where they are presented with serious and mounting health challenges. One thing they do not need added to their plate is to be told that you are eliminating the healthcare option that they have come to know for a cheaper and lower quality option. The method in which this whole process was done was not in any way democratic and sends a very strong and negative message contrary to the city family reference we hear all too often.

I ask you as elected officials of the City and County of San Francisco to not allow the underhanded method in which this process was done to stand. Uphold the June 7, 2024, proper vote of the entire Health Services Board that was held in line with the democratic and unbiased values that we say are upheld in San Francisco. Please reject the questionable way in which the Dr. Follansbee was removed by the Mayor and replaced by a Dr. who swung the majority vote towards getting rid of United Healthcare. Do not send a message to our dedicated and long serving retirees that you have to balance the budget on your backs while you turn a blind eye to many other un-regulated and non-compliant funding the city continues to dole out. Those members who have served the city faithfully do not deserve cheaper and lower quality healthcare in their senior years. They deserve the same respect and consideration that they gave when they faithfully protected and *served* the citizens and property of the City and County of San Francisco in accordance with the oath they took.

Put yourself in their shoes and honestly ask yourself how you would feel watching this all unfold and being the recipient of this decision after faithfully serving the City. I hope you will stand with them and uphold the June 7, 2024, vote and not make them feel like their service to the city and their current state of health and wellbeing are not worth valued consideration in their senior years.

In Solidarity,

Floyd K. Rollins II
President

San Francisco Firefighters Local 798
1139 Mission St.
San Francisco, CA. 94103

415-621-7103 - Office
415-385-4664 - Cell
415-621-1587 - Fax

Floyd@sffdlocal798.com

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From: Adam Wood <adam@sffdlocal798.org>
Sent: Monday, June 24, 2024 5:50 AM
To: Brent.Jalipa@sfgov.org <Brent.Jalipa@sfgov.org>
Cc: Floyd Rollins <floyd@sffdlocal798.org>
Subject: Fund United Healthcare for Retirees

Dear Budget and Finance Committee Members,

I urge you not to balance the City's budget on the backs of retired city employees. The elimination of United Healthcare West as a Medicare Advantage plan option for retired city employees will lower the quality of care for thousands of working people who dedicated their lives to serving the citizens of San Francisco.

Please respect the June 7, 2024 vote of the full Health Services Board and reject the HSB staff recommendation to replace United Healthcare with Blue Shield.

Thank you for your time and attention.

Sincerely,
Adam Wood
Secretary,
San Francisco Firefighters Local 798
415-621-7103 (office)
415-580-9653 (cell)

From: [Romelia Scott](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: CCSF retiree benefits
Date: Monday, June 24, 2024 8:41:17 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello,

Im a retired City employee, a native San Franciscan and current resident of the City

It is wrong, sneaky and unethical what you ate doing to us. The budget should not be balanced on the backs of the retirees who have given so much to our City.

This will surely lead to Mayor Breed losing much needed support among residents. It will be a big mistake for her career and everyone involved in this terrible decision. Please dont move forward with stripping us of our UHC and forcing us to take the substandard Blue Shield.

Romelia Scott
Retired SFFD

[Yahoo Mail: Search, Organize, Conquer](#)

From: [RICHARD HARGENS](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Health care
Date: Tuesday, June 25, 2024 2:31:14 PM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Myself and all the other retirees put in years of our lives working for San Francisco. We deserve to have decent benefits. Your attempt to save money by taking away our present great health system is unacceptable. We should always come first before the undocumented immigrants in our once great City. This is a disgrace what you have done to our City.

I stand with all retirees to keep United Healthcare.

Richard Hargens retired SFPD
Sent from my iPad

From: [SHEILA BRUCE](#)
To: [Jalipa, Brent \(BOS\)](#)
Subject: Please keep UHC as the PPO option for retirees with Medicare
Date: Monday, June 24, 2024 9:22:12 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello Mr. Jalipa,

I am a retiree with Medicare and I have various medical conditions and United Healthcare works well in managing those as well as having one of the best mail order pharmacy companies that won't be available with Blue Shield is very important to me and 17,000 others.

I attended 6/13 & 6/18/24 meetings held by the SFHSS Board and as many others, I am concerned that the vote for Blue Shield was done in a strange fashion after having UHC agreed upon on 6/7/24. The main concern by the Board was the city budget, not the interests of the retirees with Medicare.

It is only in the last few years that those of us with Medicare have been given fewer options than those without it.

I worked from 1971 until 2006 for the City and County of San Francisco and loved the jobs I had, I retired earlier than I planned due to health issues and the advice of my doctors to stop working. It is very disheartening to have had such a good career experience and to have felt well cared for by my former employer and to now be sacrificed for the budget. This whole process is bad enough, but to be seeing the news on the discussions of having Pandas being purchased for \$70 million dollars seems like a slap in the face of those of us needing decent health care.

I am hoping you can help us and get us back the plan that works well and ensures the care of us being affected by this sudden and unfair change.

Blue Shield is a state by state system and Wyoming is at least one state that is not covered by them. It has always been my understanding that employees who move out of state are entitled to a PPO for their health coverage. Blue Shield has

not been a good option for CCSF in the past and has resulted in higher costs than they originally presented, why have this happen again? If you can facilitate righting this wrong, please do so.

Thank you,

Sheila Bruce

From: [JC Carvajal](#)
To: [Breed, Mayor London \(MYR\)](#)
Cc: [Jalipa, Brent \(BOS\)](#)
Subject: Fund United Health Care for retirees
Date: Monday, July 1, 2024 8:52:49 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Good evening, my name is John Joseph Carvajal. I was a fireman for 29 years in San Francisco. I served mostly in the Marina and Pacific Heights firehouses 16 and 10 . In the 29 years I served I went to hundreds if not thousands of fires. I now have Light Chain Myeloma cancer , believed to have been caused by the protective fire equipment issued by the SFFD. Last year my care with United Health Care was very expensive. My Kemo pills I take every day cost \$99 per pill. I take 36 different meds a day. Changing my health care would cause major chaos and stress in my life. Please think of me and my service to the City of San Francisco when voting on and funding a health plan. I now live in Northern California about 15 miles west of Redding, because the cost of living is much lower here. There is no Kaiser health hospital in our area and I would have to drive 3 or 4 hours each way to Sacramento or the Bay Area for treatments. I am currently getting Dialysis treatments Tuesday, Thursday and Saturday for 4 hours each day because my Kidneys shut down. I also go to oncology 4 days a month for treatment, and see my GP and Heart doctor every other month.

Sincerely,
JC

Sent from my iPad

From: [Debbie Ruskay](#)
To: [Jalipa Brent \(BOS\)](#)
Subject: Regarding Proposed Cutting UHC Contract for Retirees
Date: Tuesday, July 9, 2024 9:46:12 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Hello Brent

I am a retired SFUSD teacher who has been on United Health Care since my retirement in 2015. I served the city, the District and the children of SF for 30 years. I was on Blue Shield as a teacher and was moved to UHC when I retired. Blue Shield was cumbersome and UHC has been easy to navigate and the system has worked flawlessly.

I STRONGLY object to the move to cut the UHC contract JUST to save a few million dollars. It is outrageous to do this to teachers, who have been underpaid but dedicated professionals serving our city.

I ask that you refuse to make the move back to Blue Shield.

Sincerely,

Deborah Ruskay
415-722-7909



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 . www.sfethics.org

Received On:

File #: 240724

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$63,207,027		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Self-Funded PPO for City Employees, City Early Retirees, and eligible dependents, and Blue Shield Self-Funded PPO for City Employees, City Early Retirees and eligible dependents who live outside the United States.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D., MPH	Helen	Board of Directors
5	Chen MD	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina	Board of Directors
9	Panetta	Leon	Board of Directors
10	Markovich	Paul	CEO
11	Minter-Jordan MD MBA	Myechia	Board of Directors
12	Williams III	Ather	Board of Directors
13	The Rawlings Group		Subcontractor
14	Optum		Subcontractor
15	American Specialty Health		Subcontractor
16	Brightline		Subcontractor
17	Cotiviti Inc		Subcontractor
18	Broadridge fka DST Output		Subcontractor
19	Arvato Digital Services		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	HealthSparq		Subcontractor
21	MediKeeper, Inc		Subcontractor
22	Healthwise		Subcontractor
23	NovuHealth		Subcontractor
24	LabCorp		Subcontractor
25	LanguageLine Solutions		Subcontractor
26	Magellan Health		Subcontractor
27	EyeMed		Subcontractor
28	National Imaging Associate		Subcontractor
29	Quest Diagnostics		Subcontractor
30	Solera Health, Inc.		Subcontractor
31	TPUSA-FCHS Fka Teleperform		Subcontractor
32	Partners in Care Foundatio		Subcontractor
33	Clarke	Sandra	COO
34	Stuart	Michael	CFO
35	Davis	Lisa	Other Principal Officer
36	BenefitFocus		Subcontractor
37	Accenture		Subcontractor
38	Teladoc Health, Inc.		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Arine		Subcontractor
40	CVS Specialty Pharmacy		Subcontractor
41	Amazon Pharmacy		Subcontractor
42			
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

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 . www.sfethics.org

Received On:

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3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$401,337		
NATURE OF THE CONTRACT (Please describe) Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Benefits for City Employees and 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 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	Brody	Michael Charles	Board of Directors
2	Fabula	Andrew Joseph	Board of Directors
3	Kato	Irma Chi	Board of Directors
4	Sheldon	Kenneth Mark	Board of Directors
5	Toler	Paul Ryan	Board of Directors
6	Toler	Paul Ryan	CFO
7	Kato	Irma Chi	CEO
8	Brody	Michael Charles	Other Principal Officer
9	Gill	Peter Marshall	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ 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 . www.sfethics.org

Received On:

File #: 240724

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$69,072,107		
NATURE OF THE CONTRACT (Please describe) PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$48,040,821 Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$21,031,286		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Castro	Michael J.	Board of Directors
2	Weber	Alicia F.	CFO
3	Chavarria	Sarah M.	CEO
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Allford	Robert A.	Board of Directors
15	Yodowitz	Heidi E.	Board of Directors
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office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$8,016,000		
NATURE OF THE CONTRACT (Please describe) <p>Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance for City Employees</p> <ul style="list-style-type: none"> •Life (basic): estimated annualized premium: \$1,566,000 •Life and AD&D (Supplemental): estimated annualized premium: \$978,000 •Long Term Disability (LTD): estimated annualized premium: \$5,472,000 		

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
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bennett	Jonathan R	Board of Directors
2	Lorens	Kathleen E.	Board of Directors
3	Stepnowski	Amy M.	Board of Directors
4	Bennett	Jonathan R.	CEO
5	Collins	Matthew A.	CFO
6	Jorens	Kathleen E.	Other Principal Officer
7	Nidemo	Allison G.	Other Principal Officer
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10. VERIFICATION

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

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

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3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$859,481		
NATURE OF THE CONTRACT (Please describe) DHMO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents. DeltaCare USA DHMO Policy 71797-DeltaCare active and retiree (fully insured premium): \$859,481		

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

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$12,285,565		
NATURE OF THE CONTRACT (Please describe) Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents.		

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

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

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Applied Research Works		Subcontractor
21	Change Health Solutions		Subcontractor
22	Cognizant		Subcontractor
23	CommGap		Subcontractor
24	Conduent Credit Solutions		Subcontractor
25	Cotiviti		Subcontractor
26	Datafied Global		Subcontractor
27	Centene Management Company		Shareholder
28	eviCore		Subcontractor
29	Teladoc DBA Mystrength		Subcontractor
30	CQ Fluency		Subcontractor
31	Deaf and Community Service		Subcontractor
32	DHHCS		Subcontractor
33	Optum		Subcontractor
34	OptumInsight		Subcontractor
35	Periscope		Subcontractor
36	Teleperformance		Subcontractor
37	Turning Point		Subcontractor
38	Varis		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Voiance Language Services		Subcontractor
40	welvie		Subcontractor
41	Dental Benefits Provider		Subcontractor
42	Envolve Benefit Options		Subcontractor
43	Health Management Systems		Subcontractor
44	Lifesigns, Inc.		Subcontractor
45	ModivCare		Subcontractor
46	Evolent Specialty Service		Subcontractor
47	O'Neil Digital Solutions		Subcontractor
48	Payspan		Subcontractor
49	Periscope Group		Subcontractor
50	RICOH		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.		

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DESCRIPTION OF AMOUNT OF CONTRACT \$12,285,565		
NATURE OF THE CONTRACT (Please describe) Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Foundever(Sykes Ent.INC)		Subcontractor
2	The Staywell Company		Subcontractor
3	The Rawlings Group		Subcontractor
4	Transperfect		Subcontractor
5	wellframe		Subcontractor
6	Centene Pharmacy Services		Shareholder
7	Allyant		Subcontractor
8	Finthrive		Subcontractor
9	Sharecare		Subcontractor
10	Clarity Software Solutions		Subcontractor
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

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 . www.sfethics.org

Received On:

File #: 240724

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$593,176,982		
NATURE OF THE CONTRACT (Please describe) <p>Medical Health Insurance for City Employees, City Retirees, and eligible dependents: Kaiser Permanente Traditional Plan in California, HMO, Senior Advantage with Part D in California, Kaiser Permanente Early Retiree Plans in Hawaii, Northwest, and Washington regions, and Senior Advantage with Part D in Hawaii, Northwest, and Washington regions.</p> <p>Kaiser Permanente California Active/Early Retirees: \$530,699,040</p> <p>Kaiser Permanente California Medicare Retirees: \$60,634,854</p> <p>Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,843,088</p>		

7. COMMENTS
<p>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.</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 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	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	Ryan	Matthew	Board of Directors
11	Shannon, MD	Richard P.	Board of Directors
12	Sharma	Vivek	Board of Directors
13	Washington, MD	A. Eugene	Board of Directors
14	Ming	Jenny J.	Board of Directors
15	Benavides	Vanessa M	Other Principal Officer
16	Bindman, MD	Andrew	Other Principal Officer
17	Choucar, MD	Bechara	Other Principal Officer
18	Hernandez	Catherine	Other Principal Officer
19	Lancaster	Kathy	CFO

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Liang	Janet A.	COO
21	Bagli	Yazdi	Other Principal Officer
22	Baratian	Jacqueline	Other Principal Officer
23	Barrueta	Anthony	Other Principal Officer
24	Cuevas	Brandon	Other Principal Officer
25	Holmes	Greg	Other Principal Officer
26	Minardi, MD	Paul	Other Principal Officer
27	Swenson	Paul	Other Principal Officer
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

DATE SIGNED

BOS Clerk of the Board



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Notification of Contract Approval

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1. FILING INFORMATION

TYPE OF FILING

original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Michael Visconti

DEPARTMENT CONTACT TELEPHONE NUMBER

(628) 652-4645

FULL DEPARTMENT NAME

HSS Health Service System

DEPARTMENT CONTACT EMAIL

michael.visconti@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$11,428,832		
NATURE OF THE CONTRACT (Please describe) Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees and eligible dependents.		

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

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This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Wickham, OD	Matt	Board of Directors
2	Adams, OD	Tricia	Board of Directors
3	Murphy, OD	Mary Anne	Board of Directors
4	Adachi	Barbara	Board of Directors
5	Glabe, OD	David	Board of Directors
6	Holmberg	David	Board of Directors
7	Meter, Retired, KPMG	Betsy	Board of Directors
8	Lorance	Saraj	Board of Directors
9	Johnson, O.D.	Jarrett	Board of Directors
10	Metwalli, OD	Maggie	Board of Directors
11	Guyette	Michael	CEO
12	Renwick-Espinosa	Kate	Other Principal Officer
13	Mahmood	Alec	CFO
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9. AFFILIATES AND SUBCONTRACTORS

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

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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.

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



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original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	415-554-5184
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 240724
DESCRIPTION OF AMOUNT OF CONTRACT \$114,917,337		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Fully-Insured Medicare Medical PPO Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees and eligible dependents		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D, M.P.H.	Helen	Board of Directors
5	Chen, M.D.	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina	Board of Directors
9	Markovich	Paul	CEO
10	Panetta	Leon	Board of Directors
11	Williams III	Ather	Board of Directors
12	The Rawlings Group		Subcontractor
13	Optum		Subcontractor
14	American Specialty Health		Subcontractor
15	Cotiviti, Inc		Subcontractor
16	HealthSparq		Subcontractor
17	Broadridge fka DST Output		Subcontractor
18	Arvato Digital Services		Subcontractor
19	MediKeeper, Inc.		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	NovuHealth		Subcontractor
21	Healthwise		Subcontractor
22	Solera Health, Inc		Subcontractor
23	LabCorp		Subcontractor
24	LanguageLine Solutions		Subcontractor
25	Magellan Health		Subcontractor
26	EyeMed		Subcontractor
27	Quest Diagnostics		Subcontractor
28	Teladoc Health, Inc.		Subcontractor
29	Teleperformance		Subcontractor
30	Partners in Care Found.		Subcontractor
31	Call the Car		Subcontractor
32	LifeSpring Home Nutrition		Subcontractor
33	OutcomesMTM		Subcontractor
34	Solutran		Subcontractor
35	BenefitFocus		Subcontractor
36	Accenture		Subcontractor
37	Arine		Subcontractor
38	CVS Specialty Pharmacy		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Amazon Pharmacy		Subcontractor
40	Healthways		Subcontractor
41	Care Connectors Medical Gr		Subcontractor
42	Tivity Health		Subcontractor
43	Lifestation		Subcontractor
44	Carenet		Subcontractor
45	Clarke	Sandra	COO
46	Stuart	Michael	CFO
47	Davis	Lisa	Other Principal Officer
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

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

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

MEMORANDUM

DATE: June 24, 2024
TO: Supervisor Connie Chan, Chair
Board of Supervisors Budget and Finance Committee
FROM: Abbie Yant, Executive Director
Health Service System
RE: Ordinance Approving Health Service System Plans and Contributions Rates
for Calendar Year 2025

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 2025 and Legislative Digest;
2. Ten-County Survey for 2025 Plan Year Rates, pursuant to Charter Section A8.423, approved by the Health Service Board on March 14, 2024;
3. Actuarial Report dated June 24, 2024, 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 February 8, March 14, April 11, May 9, June 7, June 13, and June 18, 2023.
4. HSS Membership Enrollment Statistics Report dated June 1, 2024, reflecting total enrollment distribution across the three medical plans, the dental plans, and life and long-term disability; and
5. Form SFEC-126f4 (Notification of Contract Approval) for the following benefit service providers:
 - California Physician Services DBA Blue Shield of California
 - Delta Dental of California
 - Dental Benefit Providers of California, Inc. DBA UnitedHealthcare Dental
 - Hartford Life and Accident Insurance Company
 - Health Net, LLC
 - Kaiser Foundation Health Plan
 - Vision Service Plan

Please let me know if you need any additional information.

CC: Members, Health Service Board (w/ electronic attached)
Jennifer Donnellan (w/ electronic attached)
Greg Wagner (w/ electronic attached)
Iftikhar Hussain (w/electronic attached)
Mike Clarke, AON (w/ electronic attached)
Ashley Groffenberger (w/ electronic attached)

Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I hereby submit the following item for introduction (select only one):

- ☒ 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- ☐ 2. Request for next printed agenda (For Adoption Without Committee Reference)
(Routine, non-controversial and/or commendatory matters only)
- ☐ 3. Request for Hearing on a subject matter at Committee
- ☐ 4. Request for Letter beginning with "Supervisor inquires..."
- ☐ 5. City Attorney Request
- ☐ 6. Call File No. from Committee.
- ☐ 7. Budget and Legislative Analyst Request (attached written Motion)
- ☐ 8. Substitute Legislation File No.
- ☐ 9. Reactivate File No.
- ☐ 10. Topic submitted for Mayoral Appearance before the Board on

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- ☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission
- ☐ Planning Commission ☐ Building Inspection Commission ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- ☐ Yes ☐ No

(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)

Sponsor(s):

Supervisor Dorsey

Subject:

Health Service System Plans and Contribution Rates - Calendar Year 2025

Long Title or text listed:

Ordinance approving Health Service System plans and contribution rates for calendar year 2025.

Signature of Sponsoring Supervisor: