



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: 08-04-2025 | 11:20:19 PDT

File #: 250717

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	625-652-4645
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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$15,058,122		
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	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	Stone	Alyson	Other Principal Officer
11	Chen	Alex	Other Principal Officer
12	Sellner	Jessica	CFO
13	Mittal	Pooja	Other Principal Officer
14	Centene Corporation		Shareholder
15	Advanced Medical Reviews		Subcontractor
16	Akorbi Translations		Subcontractor
17	American Specialty Health		Subcontractor
18	Applied Research works		Subcontractor
19	Change Health Solutions		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Cognizant		Subcontractor
21	CommGap		Subcontractor
22	Conduent Credit Solutions		Subcontractor
23	Cotiviti		Subcontractor
24	Datafied Global		Subcontractor
25	Centene Management Company		Shareholder
26	eviCore		Subcontractor
27	ISI Language Solutions		Subcontractor
28	MultiPlan		Subcontractor
29	Teladoc Health		Subcontractor
30	CQ Fluency		Subcontractor
31	Deaf and Community Service		Subcontractor
32	Deaf and Hard of Hearing	Service	Subcontractor
33	Optum		Subcontractor
34	OptumInsight		Subcontractor
35	Periscope		Subcontractor
36	Teleperformance		Subcontractor
37	TurningPoint		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	Centene Vision		Shareholder
43	Health Management Systems		Subcontractor
44	Lifesigns, Inc.		Subcontractor
45	ModivCare		Subcontractor
46	Evolent Specialty Services		Subcontractor
47	O'Neil Digital Solutions		Subcontractor
48	zelis		Subcontractor
49	Caogemini		Subcontractor
50	Language Line		Subcontractor
<input checked="" type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

08-04-2025 | 11:20:19 PDT



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FULL DEPARTMENT NAME	EMAIL
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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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

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DESCRIPTION OF AMOUNT OF CONTRACT \$15,058,122		
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.

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This contract was approved by:	
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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	Language Services	Associates	Subcontractor
2	Allyant		Subcontractor
3	FinThrive		Subcontractor
4	O'Neil Digital Solutions		Subcontractor
5	Press Ganey Associates, Inc		Subcontractor
6	The Rawlings Company		Subcontractor
7	Transaction Application	Group	Subcontractor
8	Centene Pharmacy Services		Shareholder
9	Clarity		Subcontractor
10	Sharecare		Subcontractor
11	ExpressScripts		Subcontractor
12	Performant		Subcontractor
13	RR Donnelley		Subcontractor
14	Periscope Group		Subcontractor
15	RICOH		Subcontractor
16	Foundever	Site1 Group, Sykes Ent. INC	Subcontractor
17	The Staywell Company		Subcontractor
18	The Rawlings Group		Subcontractor
19	Transperfect		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	wellframe		Subcontractor
21	Clarity Software Solutions		Subcontractor
22	CASL Interpreting		Subcontractor
23	Symphony Performance	Health Inc.	Subcontractor
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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

Signed by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

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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 Life Insurance Company of North America (LINA)	TELEPHONE NUMBER 212-576-7000
STREET ADDRESS (including City, State and Zip Code) Two Liberty Place, 1601 Chestnut Street, Philadelphia, PA	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$7,960,129		
NATURE OF THE CONTRACT (Please describe) Basic Group Life, Supplemental Life, Supplemental Accidental Death and Personal Loss, Long-Term Disability Insurance and Short-Term Disability Insurance for City Employees •Life (basic): estimated annualized premium: \$1,411,695 •Life (Supplemental): estimated annualized premium: \$1,152,271 •AD&D (Supplemental): estimated annualized premium: \$127,451 •Long-Term Disability (LTD): estimated annualized premium: \$4,264,166 •Short-Term Disability (STD): estimated annualized premium: \$1,004,546		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Berlin	Scott	CEO
2	Gardner	Robert	Other Principal Officer
3	Somers	Justin	CFO
4	Hendry	Thomas	Other Principal Officer
5	Meade	Colleen	Other Principal Officer
6	Anderson	Erik	Board of Directors
7	Karaoglan	Alain	Board of Directors
8	Malloy	Anthony	Board of Directors
9	McDonnell	Michael	Board of Directors
10	Rodgers	Joann	Board of Directors
11	Rosenthal	Benjamin	Board of Directors
12	Life Ins. of North America		Shareholder
13	ComPsych Corporation		Subcontractor
14	Generali Global Assistance		Subcontractor
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

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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 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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$12,065,293		
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:	
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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, Retired, Deloitte	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	Guyette	Michael	CEO
11	Mahmood	Alec	CFO
12	Patil	Usha	Other Principal Officer
13	Passuello	Lester	Other Principal Officer
14	Nehs	Scott	Other Principal Officer
15	Schauer	Daniel	Other Principal Officer
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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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$647,929,214		
NATURE OF THE CONTRACT (Please describe) Medical Health Insurance for City Employees, City Retirees, and eligible dependents: Kaiser Permanente Traditional Plan in California, HMO, Senior Advantage with Part D in California, Kaiser Permanente Early Retiree Plans in Hawaii, Northwest, and Washington regions, and Senior Advantage with Part D in Hawaii, Northwest, and Washington regions. Kaiser Permanente California Active/Early Retirees: \$580,719,696 Kaiser Permanente California Medicare Retirees: \$65,272,561 Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,936,957		

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	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

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Carrie Owen Plietz	Carrie	Other Principal Officer
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	CEO
27	Swenson	Paul	Other Principal Officer
28	Glick	Sam	Other Principal Officer
29	Ettinger	Josh	Other Principal Officer
30	Hanenburg	Thomas	Other Principal Officer
31	Gaskill-Hames	Michelle	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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☐ 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

Signed by:

988C8F42C3084B5
Angela Calvillo

DATE SIGNED

08-04-2025 | 11:15:19 PDT



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: 08-04-2025 | 11:24:10 PDT

File #: 250717

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	625-652-4645
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 916-461-3356
STREET ADDRESS (including City, State and Zip Code) 560 Mission Street, Suite 1300, San Francisco, CA 9410	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$903,497		
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)		

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
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Weber	Alicia F.	CFO
2	Chavarria	Sarah M.	CEO
3	Castro	Michael J.	Board of Directors
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	Law	Ian R.	Board of Directors
9	McCann	Steven F.	Board of Directors
10	O'Toole	Terry A.	Board of Directors
11	Pickering DDS	Stephen R.	Board of Directors
12	Yodowitz	Heidi E.	Board of Directors
13	Allford	Robert A.	Board of Directors
14	Dholakiya DDS	Payal P.	Board of Directors
15	Jones	Ron C.	Board of Directors
16	O'Quinn	Marvin R.	Board of Directors
17			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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.

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

988C8F42C3084B5
Angela Calvillo

DATE SIGNED

08-04-2025 | 11:24:10 PDT



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Original	
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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	625-652-4645
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 916-603-6833
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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$71,274,728		
NATURE OF THE CONTRACT (Please describe) PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$49,372,830 Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$21,901,898		

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	Weber	Alicia F.	CFO
2	Chavarria	Sarah M.	CEO
3	Castro	Michael J.	Board of Directors
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	Law	Ian R.	Board of Directors
9	McCann	Steven F.	Board of Directors
10	O'Toole	Terry A.	Board of Directors
11	Pickering DDS	Stephen R.	Board of Directors
12	Allford	Robert A.	Board of Directors
13	Yodowitz	Heidi E.	Board of Directors
14	Dholakiya DDS	Payal P.	Board of Directors
15	Jones	Ron C.	Board of Directors
16	O'Quinn	Marvin R.	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

08-04-2025 | 11:27:19 PDT



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: 08-04-2025 | 17:43:11 PDT

File #: 250717

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 California Physician Services DBA Blue Shield of CA	TELEPHONE NUMBER 510-607-2000
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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$75,107,106		
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	Minter-Jordan MD MBA	Myechia	Board of Directors
11	Williams III	Ather	Board of Directors
12	The Rawlings Group		Subcontractor
13	Optum		Subcontractor
14	American Specialty Health		Subcontractor
15	Brightline		Subcontractor
16	Cotiviti Inc		Subcontractor
17	Broadridge fka DST Output		Subcontractor
18	Arvato Digital Services		Subcontractor
19	Kyruus Health		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MediKeeper, Inc		Subcontractor
21	Healthwise		Subcontractor
22	NovuHealth		Subcontractor
23	LabCorp		Subcontractor
24	LanguageLine Solutions		Subcontractor
25	Magellan Health		Subcontractor
26	EyeMed		Subcontractor
27	Evolent		Subcontractor
28	Quest Diagnostics		Subcontractor
29	Solera Health, Inc.		Subcontractor
30	TPUSA-FCHS Fka	Teleperformance	Subcontractor
31	Partners in Care Found.		Subcontractor
32	Mullaney	Susan	COO
33	Stuart	Michael	CEO
34	Davis	Lisa	Other Principal Officer
35	BenefitFocus		Subcontractor
36	Accenture		Subcontractor
37	Teladoc Health, Inc		Subcontractor
38	Arine		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	CVS Specialty Pharmacy		Subcontractor
40	Amazon Pharmacy		Subcontractor
41	Outcomes Operating. Inc		Subcontractor
42	CredibleMind		Subcontractor
43	Gemini		Subcontractor
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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DATE SIGNED

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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 CA	TELEPHONE NUMBER 510-607-2000
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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$125,193,288		
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, and Medicare Part B Only 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:	
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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	Panetta	Leon	Board of Directors
10	Minter-Jordan, MD, MBA	Myechia	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

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	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	TPUSA-FCHS Fka	Teleperformance	Subcontractor
30	Partners in Care Found.		Subcontractor
31	Call the Car		Subcontractor
32	Mullaney	Susan	COO
33	Stuart	Michael	CEO
34	Davis	Lisa	Other Principal Officer
35	LifeSpring Home Nutrition		Subcontractor
36	OutcomesMTM		Subcontractor
37	BenefitFocus		Subcontractor
38	Accenture		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	Healthways		Subcontractor
43	Care Connectors	Medical Group	Subcontractor
44	Tivity Health		Subcontractor
45	Lifestation		Subcontractor
46	Carenet		Subcontractor
47	VSP		Subcontractor
48	American Specialty Health		Subcontractor
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

08-04-2025 | 11:25:53 PDT



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: 08-04-2025 | 17:42:20 PDT

File #: 250717

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 CA	TELEPHONE NUMBER 510-607-2000
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) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$414,410,938		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees, City Early Retirees and eligible dependents		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	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, 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	Panetta	Leon	Board of Directors
10	Minter-Jordan, MD, MBA	Myechia	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	Kyruus Health		Subcontractor
17	Broadridge fka DST Output		Subcontractor
18	Arvato Digital Services		Subcontractor
19	Maven		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MediKeeper, Inc.		Subcontractor
21	NovuHealth		Subcontractor
22	Healthwise		Subcontractor
23	Solera Health, Inc.		Subcontractor
24	LabCorp		Subcontractor
25	LanguageLine Solutions		Subcontractor
26	Magellan Health		Subcontractor
27	EyeMed		Subcontractor
28	Evolent		Subcontractor
29	Quest Diagnostics		Subcontractor
30	Teladoc Health, Inc.		Subcontractor
31	TPUSA-FCHS Fka	Teleperformance	Subcontractor
32	Partners in Care Found.		Subcontractor
33	Call the Car		Subcontractor
34	Mullaney	Susan	COO
35	Stuart	Michael	CEO
36	Davis	Lisa	Other Principal Officer
37	LifeSpring Home Nutrition		Subcontractor
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Accenture		Subcontractor
40	Arine		Subcontractor
41	CVS Specialty Pharmacy		Subcontractor
42	Amazon Pharmacy		Subcontractor
43	Outcomes Operating, Inc		Subcontractor
44	CredibleMind		Subcontractor
45	Gemini		Subcontractor
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

Signed by:

 988C8F42C3084B5
 Angela Calvillo

DATE SIGNED

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Notification of Contract Approval

SFEC Form 126(f)4

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A Public Document

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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 1-800-822-5353
STREET ADDRESS (including City, State and Zip Code) 425 Market Street, Floor 12, San Francisco, CA 94105	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) 7/29/2025	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$383,200		
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
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#	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	Other Principal Officer
8	Brody	Michael Charles	Other Principal Officer
9	Hirsch	Marilyn Victoria	Other Principal Officer
10	Lang	Heather Anastasia	Other Principal Officer
11	Shjerve	Nicholas Robert	Other Principal Officer
12	Zuba	Jessica Leigh	Other Principal Officer
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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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