

File No. 220755

Committee Item No. 14

Board Item No. 30

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 13, 2022

Board of Supervisors Meeting Date July 19, 2022

#### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

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

- HSS County Survey Results 3/10/2022
- Rates & Benefits Summary 6/17/2022
- Actuarial Report 6/17/2022
- Enrollment Statistics CY2023
- Presidential Action Memo 30 Day Waiver 6/30/2022
- Health Service System Presentation 7/13/2022
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Brent Jalipa Date July 7, 2022

Completed by: Brent Jalipa Date July 14, 2022

1 [Health Service System Plans and Contribution Rates - Calendar Year 2023]

2  
3 **Ordinance approving Health Service System plans and contribution rates for calendar**  
4 **year 2023.**

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

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

14 Section 1. Background and Findings.

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

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

25 (c) On March 10, 2022, 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. 220755, the HSB determined that “the average contribution” made by the counties  
2 surveyed for the 2022 calendar plan year is \$780.76 per month.

3 (d) At its meetings of March 10, April 14, May 12, and June 9, 2022, the HSB adopted  
4 health insurance plans and contribution rates for Health Service System plans to become  
5 effective on January 1, 2023, for the calendar plan year January 1, 2023 through December  
6 31, 2023. Said plans and contribution rates are on file with the Clerk of the Board of  
7 Supervisors in Board File No. 220755, and are incorporated herein by reference. Each of the  
8 health insurance plans is expected to exceed \$10,000,000 in expenditures, and therefore  
9 Charter Section 9.118(b) requires Board of Supervisors approval of each plan.

10  
11 Section 2. The Board of Supervisors hereby approves the health insurance plans and  
12 contribution rates adopted by the HSB on March 10, April 14, May 12, and June 9, 2022, as  
13 referenced in subsection (d) of Section 1 of this ordinance.

14  
15 Section 3. As referenced in subsection (c) of Section 1 of this ordinance, “the average  
16 contribution” under Charter Section A8.423, which shall constitute the monthly amount  
17 contributed by the participating employers to the Health Service Trust Fund for the calendar  
18 plan year January 1, 2023 through December 31, 2023, as required under Charter Section  
19 A8.428(b)(2), is \$780.76.

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

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

4  
5 APPROVED AS TO FORM:  
6 DAVID CHIU, City Attorney

7 By: /s/ Jennifer Donnellan  
8 JENNIFER DONNELLAN  
9 Deputy City Attorney

n:\legana\as2018\1800710\01605037.docx

**LEGISLATIVE DIGEST**

[Health Service System Plans and Contribution Rates for Calendar Year 2023]

**Ordinance approving Health Service System plans and contribution rates for calendar year 2023.**

Existing Law

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

Amendments to Current Law

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

Background Information

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

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

<p><b>Item 14</b> <b>File 22-0755</b></p>	<p><b>Department:</b> Health Service System (HSS)</p>
<p><b>EXECUTIVE SUMMARY</b></p>	
<p><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>• 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 2023.</li> </ul> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• 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 adopts the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by HSS employers and members. Most plans have no benefit changes, except for the City’s vision plan, which is adding a benefit for non-prescription glasses.</li> <li>• The Health Service Board is required to conduct a survey of the 10 most populous California counties each year to determine the average of the health premium contributions made by these counties to inform the City’s contribution for retiree healthcare premiums. Based on this survey, the \$780.76 average contribution per month for retiree healthcare premiums paid by the City is \$23.45 or approximately 3.1 percent more than the average monthly contribution of \$757.31 in 2022. As noted below, the overall cost of benefits for active and retired employees is increasing by 3.21 percent.</li> </ul> <p><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance, for the City as employer in 2023 is \$755,939,539 which is a \$23,332,761 or 3.18 percent increase from \$732,606,778 in 2022. 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 \$102,028,370 in 2023, or 3.21 percent more than the 2022 costs of \$98,858,682.</li> <li>• In 2023, the average medical monthly contribution per member will be \$149.55 per member per month for all members (actives/retirees combined), \$175.83 per member per month for active employees, and \$114.78 per member per month for retirees.</li> </ul> <p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed ordinance.</li> </ul>	

## MANDATE STATEMENT

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

## BACKGROUND

The Health Service Board oversees the San Francisco Health Service System (HSS). 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 and members.

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

### City and Employee Contribution Models

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

- Under the '93/93/83 Contribution Model', the City contributes up to 93 percent of the total health insurance premium for employee-only and employee plus one dependent coverage, capped at 93 percent of the second-highest cost plan. The City also contributes up to 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to Mr. Iftikhar Hussain, Chief Financial Officer at the San Francisco Health Service System, there are 43,054 members (excluding dependents) who are covered by this contribution model.
- Under the '100/96/83 Contribution Model', the City contributes 100 percent of total health insurance premiums for employee-only coverage. The City contributes up to 96 percent of the total health insurance premiums for employees with one dependent, capped at 96 percent of the second-highest cost plan. The City also contributes up to 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to Mr.

Hussain, there are 11,452 members (excluding dependents) who are covered by this contribution model.

### **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.<sup>1</sup> Based on the survey, the 10-county average employer contribution for calendar year 2023 is \$780.76 per member per month. The \$780.76 average contribution per month for retiree healthcare premiums paid by the City is \$23.45 or approximately 3.1 percent more than the average monthly contribution of \$757.31 in 2022.

### **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. As of June 30, 2021, the Health Service System Trust Fund balance was \$125,901,507 and is projected to be \$123,226,801 as of June 2022.

## **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) 2023. The total cost of the plans would be \$857,967,909 or 3.19 percent more than the \$831,465,461 costs in 2022. Of the total, the City's costs would be \$755,939,539, with the balance of \$102,028,370 paid by employees and retirees. Table 1 below provides a summary of health insurance costs for 2023.

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, 2023 through December 31, 2023 on the following dates in 2022: March 10, April 14, May 12 and June 9.

### **Health Plans and Premiums**

#### Kaiser Permanente HMO<sup>2</sup>

Kaiser Permanente (Kaiser) covers active, early retirees<sup>3</sup> and Medicare retirees. The total Kaiser HMO premium amounts to be paid by the City as employer are \$346,374,101, or 3.26 percent, more in CY 2023 than in CY 2022. These amounts are shown in Table 1 below.

<sup>1</sup> In June 2014, the impact of the "average contribution" on HSS rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model noted above. Presently, HSS utilizes the 10-County Survey amount as one of the elements that determine HSS employer contributions for retirees. In the event the premium is higher than the 10-county "average contribution", the City will pay the "average contribution" amount. In the event the premium is less than the "average contribution," the City will pay one hundred percent of the premium.

<sup>2</sup> An HMO (Health Maintenance Organization) offers care through a closed panel of providers, in which members select a primary care physician, who manages their care. The HMOs pay the medical groups on a per capita basis.

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

There are no plan design changes approved by the Health Service Board for active employees, early retirees or Medicare retirees for 2023.

#### Blue Shield of California HMOs

The total Blue Shield of California (BSC) Access+ and Trio plans are flex-funded<sup>4</sup> HMOs for active employees and early retirees. The BSC flex-funded HMO plan premium amounts paid by the City as employer are \$261,194,887, or 1.9 percent, more in CY 2023 than in CY 2022. No plan design changes were approved for the Blue Shield Access+ and Trio plans by the Health Service Board for 2023.

#### Blue Shield of California PPO (with Accolade)<sup>5</sup>

Beginning in CY 2022, as a result of a competitive, public Request for Proposal (RFP)<sup>6</sup> process, the Health Service Board approved in February 2021 a change in the third-party administrator for the self-funded PPO medical plan from UnitedHealthcare to Blue Shield of California (with Accolade) for active employees and early retirees. Accolade is the service partner for Blue Shield for additional member engagement, navigational and clinical advocacy services. The PPO premium amounts paid by the City as employer are \$33,121,822, or 5.08 percent, more in CY 2023 than the CY 2022 UnitedHealthcare PPO plan premiums.

There are no 2023 PPO plan design changes approved by the Health Service Board for active employees and early retirees; the 2022 PPO benefit plan will be transferring the administration from UnitedHealthcare to Blue Shield of California (with Accolade) effective CY 2023.

#### Health Net CanopyCare HMO

In CY 2022, as a result of a competitive, public RFP process<sup>7</sup>, the Health Service Board approved in February 2021 the addition of a new flex-funded HMO plan offering through Health Net in partnership with CanopyCare. CanopyCare provides access to the Canopy Health Alliance of over 5,000 providers in five large medical groups and major regional medical centers and hospitals covering the greater Bay Area. Going into its second year as a plan option, the Health Net CanopyCare HMO plan total cost rates will decrease by 10.24 percent for the 2023 plan year. There are no 2023 plan design changes. The projected 2023 cost for the City is \$2,381,317.

---

<sup>4</sup> 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.

<sup>5</sup> Under a PPO (Preferred Provider Organization), the member's cost-share are lower when using physicians, hospitals, and other providers in the preferred network versus and non-preferred providers. This self-funded arrangement means the plan sponsor (HSS) pays the purchaser (through a third-party administrator) on a fee for service basis based on negotiated contracts.

<sup>6</sup> On September 14, 2020, HSS issued an RFP to enter into one or more agreements with selected respondents to provide comprehensive medical and pharmacy health benefits and coverage solutions for HSS members who are active employees, non-Medicare-eligible retirees and non-Medicare-eligible dependents, with coverage beginning January 1, 2022. The selection panel included six experts from Bay Area municipal health benefits administration agencies, and a former chief medical officer for the health insurance marketplace for California.

<sup>7</sup> Ibid.

UnitedHealthcare (UHC) PPO for non-Kaiser, “Split Families” in 2023

A unique circumstance occurs for early retiree families not enrolled in Kaiser with a family member eligible for Medicare. This occurs when the early retiree is enrolled in the Blue Shield plan and one member is Medicare eligible. This is a mixed Medicare or “Split Family” due to the mixture of eligibility. To accommodate these situations, HSS contracts with UnitedHealthcare (UHC) to be the third-party administrator for the self-funded PPO for early retirees, and the Medicare eligible family member is enrolled in the UHC Medicare Advantage PPO plan (mentioned below). Additionally, non-Medicare family members in retiree families can continue to also elect the Blue Shield of California Access+ or Blue Shield of California Trio HMO plans when one or more members of the retiree’s family elects the UHC Medicare Advantage (MA) PPO plan. No plan design changes were approved by the Health Service Board for 2023. The premium amounts paid by the City as employer are \$3,879,772, or 3.82 percent, more in CY 2023 than the CY 2022.

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

UHC Medicare Advantage (MA) PPO

The total UHC Medicare Advantage PPO Plan premium amounts paid by the City as employer are \$65,715,674, or 4.44 percent, more in CY 2023 than in CY 2022.

The UHC Medicare Advantage PPO Plan, covers all non-Kaiser Medicare eligible retirees. No plan changes were approved by the Health Service Board for 2023.

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.

In 2023, the Basic Plan will increase by 5 percent due to enhanced benefits (providing non-prescription sunglasses or blue-light glasses in lieu of prescription eyewear), and Premier Plan rates will increase by 8.7 percent due to claims trend and enhanced benefits. There is a \$0.28 million increase to the City cost for VSP vision rates from 2022 to 2023. Employees and retirees pay the full premium difference between Premier Plan rates and Basic Plan rates, in the form of member contributions.

Dental Plans

HSS offers three dental plans, including one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). The City pays most of the cost of dental benefits for active employees enrolled in the Delta Dental PPO, and the full cost of the dental HMOs for active employees. Retirees pay the full cost of their dental plans.

For plan year 2022, the City will contribute (1) the total premium toward each of the dental HMO plans for City active employees, and (2) the monthly premium minus employee contributions

ranging from \$5.00 for employee only coverage to \$15.00 per month for full family coverage, for the self-funded Dental PPO plan. Member contributions for the three dental plans remain unchanged from the 2023 plan year.

The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$5.21 million more in CY 2023 than in CY 2022, or an increase of 16.64 percent, for a projected total amount of \$36,536,208. This is due in part to the return of pre-pandemic utilization levels and plan design changes approved by the Health Service Board from 2022 to 2023. These changes include excluding paid claim costs associated with diagnostic and preventative dental care in the active employee PPO plan from application to the annual benefit plan maximum. This is intended to remove a possible barrier for a member seeking diagnostic and preventative services.

#### 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 insurance, and long-term disability insurance. Premiums will decrease 22.3 percent from 2022 to 2023.

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

In 2010, the Patient Protection and Affordable Care Act (also known as the Affordable Care Act) created a Health Insurance Tax (HIT) and two direct fees were passed through to employers – the Transitional Reinsurance Fee (TRF) and the Patient Centered Outcomes Research Institute (PCORI) fee, as described below. The HIT and TRF are no longer in effect. The PCORI fee<sup>8</sup> was originally set to expire after 2019, but it was extended through 2029 as part of the SECURE Act passed by the federal government in December 2019. HSS pays this fee to the federal government for the current self-funded UHC PPO, while Kaiser and Blue Shield pay this fee on HSS's behalf as fully insured/flex funded plans. The fee was \$2.79 per covered person per year in CY 2022 and is expected to be “slightly higher” in CY 2023, according to the City's actuarial consultant, Aon.

### **FISCAL IMPACT**

#### **2023 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 \$857,967,909 in 2023, which is a \$26,502,448 or a 3.19 percent increase from \$831,465,461 in 2022.

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 2023 is \$755,939,539 which is a \$23,332,761 or 3.18 percent increase from \$732,606,778 in 2022. The total estimated costs for the health, vision,

---

<sup>8</sup> The PCORI fee was established as part of the Affordable Care Act to fund research to evaluate the effectiveness of medical treatments, procedures and strategies that treat, manage, diagnose, or prevent illness or injury. The ACA requires certain carriers and health plan sponsors (i.e., employers) to pay the PCORI fee annually.

and dental plans, as well as long-term disability and life insurance that will be paid by employees and retirees is \$102,028,370 in 2023, or 3.21 percent more than the 2022 costs of \$98,858,682.

According to HSS, in 2023, the average medical monthly contribution per member will be \$149.55 per member per month for all members (actives/retirees combined), \$175.83 per member per month for active employee, and \$114.78 per member per month for retirees.

**Table 1: Total Plan Costs for the City, Employees and Retirees in 2023 Compared to 2022 Current Membership<sup>9</sup>**

	2022 Forecast	2023 Forecast	Increase / (Decrease)	Percent Change
<b>City Costs Only</b>				
Kaiser HMO (Actives and Retirees)	\$335,430,690	\$346,374,101	\$10,943,411	3.26%
Blue Shield HMO (Actives and Early Retirees)	\$256,323,771	\$261,194,887	\$4,871,116	1.90%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$31,519,411	\$33,121,822	\$1,602,411	5.08%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$2,653,107	\$2,381,317	(\$271,789)	-10.24%
UHC PPO / EPO (Non-Medicare Split Family Lives) *	\$3,736,921	\$3,879,772	\$142,851	3.82%
UHC MA PPO (Medicare Retirees)	\$62,922,173	\$65,715,674	\$2,793,501	4.44%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$692,586,072</i>	<i>\$712,667,572</i>	<i>\$20,081,500</i>	<i>2.90%</i>
Dental (Actives Only) <sup>10</sup>	\$31,323,403	\$36,536,208	\$5,212,805	16.64%
Long Term Disability and Life Insurance (Actives Only) <sup>11</sup>	\$8,697,303	\$6,735,759	(\$1,961,545)	-22.55%
<b>Total City Costs</b>	<b>\$732,606,778</b>	<b>\$755,939,539</b>	<b>\$23,332,761</b>	<b>3.18%</b>
<b>Employee and Retiree Costs Only</b>				
Kaiser HMO (Actives and Retirees)	\$41,371,166	\$42,695,828	\$1,324,662	3.20%
Blue Shield HMO (Actives and Early Retirees)	\$33,757,177	\$34,295,401	\$538,224	1.59%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$8,070,265	\$9,238,145	\$1,167,880	14.47%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$304,321	\$270,081	(\$34,239)	-11.25%
UHC PPO / EPO (Non-Medicare Split Family Lives) *	\$5,605,382	\$5,819,658	\$214,276	3.82%
UHC MA PPO (Medicare Retirees)	\$5,336,405	\$5,494,214	\$157,810	2.96%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$94,444,715</i>	<i>\$97,813,328</i>	<i>\$3,368,613</i>	<i>3.57%</i>
Dental (Actives Only)	\$3,419,340	\$3,419,340	\$0	0.00%
Long Term Disability and Life Insurance (Actives Only)	\$994,628	\$795,702	(\$198,926)	-20.00%
<b>Total Employee and Retiree Costs</b>	<b>\$98,858,682</b>	<b>\$102,028,370</b>	<b>\$3,169,687</b>	<b>3.21%</b>
<b>Total Costs</b>				
Kaiser HMO (Actives and Retirees)	\$376,801,855	\$389,069,928	\$12,268,073	3.26%
Blue Shield HMO (Actives and Early Retirees)	\$290,080,947	\$295,490,288	\$5,409,340	1.86%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$39,589,675	\$42,359,967	\$2,770,291	7.00%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$2,957,427	\$2,651,398	(\$306,029)	-10.35%
UHC PPO / EPO (Non-Medicare Split Family Lives) *	\$9,342,303	\$9,699,430	\$357,127	3.82%
UHC MA PPO (Medicare Retirees)	\$68,258,578	\$71,209,889	\$2,951,311	4.32%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$787,030,786</i>	<i>\$810,480,900</i>	<i>\$23,450,113</i>	<i>2.98%</i>
Dental (Actives Only)	\$34,742,743	\$39,955,548	\$5,212,805	15.00%
Long Term Disability and Life Insurance (Actives Only)	\$9,691,931	\$7,531,461	(\$2,160,470)	-22.29%
<b>Total Costs</b>	<b>\$831,465,461</b>	<b>\$857,967,909</b>	<b>\$26,502,448</b>	<b>3.19%</b>

Source: San Francisco Health Service System

Note: In 2023, UHC will administer all three plans for Non-Medicare Split Family covered lives where one or more family members is Medicare and covered in the UHC MA PPO plan. In 2022, UHC administered the PPO plan and BSC administered the HMO-style plans (Access+ and Trio) for these Non-Medicare Split Family covered lives where one

<sup>9</sup> According to HSS, both 2022 and 2023 forecasted costs are based on the April 2022 headcount.

<sup>10</sup> Dental costs are fully paid by retirees.

<sup>11</sup> Long term disability and life insurance plans are not offered to retirees.

or more family members is Medicare and covered in the UHC MA PPO plan. BSC Split Family life costs in 2022 are included in the UHC PPO / EPO Split Family Lives rows in the table above for ease of comparison between years.

**RECOMMENDATION**

Approve the proposed ordinance.

# San Francisco Health Service System Rates and Benefits Calendar Year 2023



Budget and Finance Committee Presentation  
July 13, 2022

## **Our Mission**

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

# CY 2023 Health Service System Plan and Contribution Rates

---

## Overview

- Ordinance approving Health Service System plans and average contribution rates for calendar year 2023.
- Aggregate changes in benefit costs.
- Medical plans 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 2023.
- 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 2023 is \$780.76 (3.1% increase from the prior year).

# Aggregate Changes in Benefit Costs

---

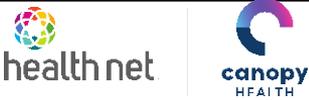
## All Employers - City, Community College District, Unified School District and Superior Court

- 3.22% aggregate projected increase cost for medical, vision, dental, life insurance and long-term disability insurance.
- 3.04 % cost increase for medical only plans.

## CCSF

- 3.19% aggregate projected increase cost for medical, vision, dental, life insurance and long-term disability insurance for City.
- 2.98% increase for medical only plans.
- Benchmark for medical premiums for the last 5 years is 4% (Kaiser Family Foundation (KFF) Employer Health Benefits Survey).

# Medical Plans Choices with 2023 rate change

	Actives	Early Retirees	Medicare Retirees
	Kaiser (HMO) 3.9%	Kaiser (HMO) 3.9%	Kaiser Permanente Senior Advantage (MAPD-HMO) 1.7 decrease
	BSC Access+ (HMO) 0.5% BSC Trio (HMO) 5.3% BSC (PPO) 7.5%	BSC Access+ (HMO) – 0.5% BSC Trio (HMO) 5.3% BSC (PPO) 7.5%	N/A
	Health Net CanopyCare (HMO) 10.4% decrease	Health Net CanopyCare (HMO) 10.4% decrease	N/A
	UHC Non-Medicare PPO (only for Actives w/Dep in UHC MA PPO) 2.7%	UHC (PPO and EPO) for Non-Medicare family members with a member in United MA PPO 2.7%	UnitedHealthcare (MA PPO) 4.7%

15% overall increase in costs for actives, early retirees and Medicare retirees.

## Delta Dental PPO – Actives (Self-Funded):

- 15.3% rate increase due to end of pandemic claims suppression and plan enhancement for preventative care.

## Delta Dental PPO – Retiree (Fully Insured):

- 7.7% rate increase due to preventative care plan enhancement.

## DeltaCare USA DHMO – Actives (Fully Insured):

- No rate change.
- No change in benefits.

## ↓ DeltaCare USA DHMO – Retirees (Fully Insured):

- 8.4% decrease due to favorable claims.
- No change in benefits.

## UHC DHMO – Active and Retirees (Fully Insured):

- No rate change due favorable claims experience.
- No change in benefits.



## Vision: VSP

---

### **Basic VSP** – Actives and Retirees

- 5% increase due to enhanced benefits.

### **Premier VSP** – (Buy Up Option) Actives and Retirees

- 8.7 % increase due to claims trend and enhanced benefits.

# Life Insurance and Disability



## ↓ Aggregate rates decreasing by 22.3% due to favorable plan experience:

- Basic Life Insurance 15% decrease.
- LTD insurance 25% decrease.
- Employee paid supplemental life insurance 20% decrease.
- Group life and disability provided by The Hartford.

## Requested Action

---

Ordinance approving Health Service System plans and contribution rates for calendar year 2023

# Appendix

3.2% overall increase in costs for active employees, pre-Medicare retirees (early retirees) and Medicare retirees.

## **KP HMO Active & Early Retirees:**

- 3.9% rate increase for active and early retirees.
- Rate based on favorable claims experience.
- No benefit plan design changes.



## **KPSA – Medicare Plan:**

- 1.7% rate decrease for Medicare eligible retirees.
- Reflects favorable claims experience and higher than expected CMS funding.
- No benefit plan design changes.

2.7% overall rate increase in costs for active employees & early retirees.

## **BSC Access+ HMO:**

- 0.5% rate increase.
- Favorable claims experience.
- No benefit plan design changes.

## **BSC Trio HMO:**

- 5.3% rate increase.
- Unfavorable claims experience.
- No benefit plan design changes.

## **BSC PPO w/ Accolade:**

- 7.5% PPO rate increase.
- Unfavorable claims experience.
- No benefit plan design changes
- + Accolade:
  - Member support/engagement.
  - Clinical advocacy.

UnitedHealthcare EPO and PPO plans, equivalent to Blue Shield plans, are available to Non-Medicare families with a member in United MAPD plan.

↓ 10.4% rate decrease for Active and Early Retirees.

- Introduced in 2022 plan year.
- 10.4% decrease is based on first year plan experience.
- No benefit plan design changes.

4.7% rate increase for Medicare retirees.

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

- 4.7% rate increase for Medicare eligible retirees.
- No benefit plan design changes.

## UHC (PPO and EPO):

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



# 2022 10-COUNTY SURVEY

# OVERVIEW

---

## Process

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

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

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

There were no major changes to the type of plan design data collected for the 2022 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data is not included in the 10-County Survey.

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

The March 2022 10-County Survey will be applied to SFHSS rate calculations for plan year 2023. 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 \$780.76 for plan year 2023 is 3.1% above \$757.31, the 10-County average for plan year 2022. All counties had a change in contribution.

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

For the 2022 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$749.41. Per the Calendar Year Change Rule, this \$749.41 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 2.3%. This results in the average employer premium contribution calculated at \$757.91 for Los Angeles County.

## Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For Calendar Year 2022, projection-to-actual variances were reasonable, with only 4 of 10 counties exhibiting a variance that exceeded 2%. Any variances are driven by changes in premiums and employer contributions from original projections to actuals. The overall original estimated contributions across all 10 Counties in total came close to actual contributions for 2022 (\$761.94 actual vs. \$757.31 estimated – a variance of 1.3%).

# OVERVIEW

## Average of Employer Contributions

Rank	County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022 Calculated	2022 Actual	3-Year Annual Trend	Months Of	Trend Factor	2023 Calculation
1	Los Angeles	383.10	415.91	457.56	478.56	499.57	515.07	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	746.54	749.41	2.3%	6	1.01	757.91
2	San Diego	327.00	363.48	364.00	406.00	432.20	444.86	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	691.14	754.49	9.1%	6	1.04	788.07
3	Orange	338.64	372.44	383.75	434.41	485.10	506.94	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	627.67	639.34	6.2%	6	1.03	658.78
4	Riverside	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	768.35	724.20	1.7%	6	1.01	730.26
5	San Bernardino *	368.67	377.35	397.51	399.70	398.98	398.98	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	535.30	509.29	5.5%	12	1.06	537.46
6	Santa Clara *	515.52	563.19	608.44	655.97	643.13	643.13	656.34	776.62	785.13	917.21	1,008.88	1,018.12	1,078.20	1,055.07	1,054.24	1,069.19	1.6%	12	1.02	1,086.78
7	Alameda	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	748.84	757.55	1.7%	6	1.01	763.87
8	Sacramento	480.76	516.78	561.35	637.98	667.02	696.00	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	753.75	746.97	4.0%	6	1.02	761.88
9	Contra Costa	438.47	470.02	495.15	521.90	540.43	553.15	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	814.23	849.94	5.8%	6	1.03	874.26
10	Fresno	425.58	425.43	450.43	450.80	450.80	455.17	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	833.01	819.00	7.3%	6	1.04	848.33
	<b>Average</b>	<b>418.80</b>	<b>449.37</b>	<b>472.85</b>	<b>503.94</b>	<b>522.97</b>	<b>534.78</b>	<b>559.65</b>	<b>567.80</b>	<b>579.24</b>	<b>604.84</b>	<b>649.17</b>	<b>672.08</b>	<b>705.92</b>	<b>729.19</b>	<b>757.31</b>	<b>761.94</b>	<b>4.3%</b>	<b>7.0</b>	<b>1.02</b>	<b>780.76</b>

## Increase Over Prior Year

Rank	County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
1	Los Angeles	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%	3.45%	1.52%
2	San Diego	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%	5.16%	14.02%
3	Orange	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%	7.32%	4.96%
4	Riverside	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%	11.03%	-4.96%
5	San Bernardino *	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	11.81%	5.02%	0.40%
6	Santa Clara *	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%	-0.08%	3.09%
7	Alameda	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%	-0.26%	2.01%
8	Sacramento	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%	4.29%	1.08%
9	Contra Costa	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%	1.69%	7.37%
10	Fresno	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%	4.50%	1.84%
	<b>Average</b>	<b>3.88%</b>	<b>7.30%</b>	<b>5.23%</b>	<b>6.57%</b>	<b>3.78%</b>	<b>2.26%</b>	<b>4.65%</b>	<b>1.46%</b>	<b>2.02%</b>	<b>4.42%</b>	<b>7.33%</b>	<b>3.53%</b>	<b>5.04%</b>	<b>3.30%</b>	<b>3.86%</b>	<b>3.10%</b>

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

# 1. LOS ANGELES COUNTY

1. Los Angeles County						Population: 10,014,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	775.23	791.34	2.1%	775.23	791.34	2.1%
CIGNA Choices Select Network HMO - County Sponsored	726.61	749.13	3.1%	726.61	749.13	3.1%
CIGNA Choices HMO - County Sponsored	1,002.67	1,033.75	3.1%	1,002.67	1,033.75	3.1%
CIGNA Choices POS - County Sponsored	1,804.16	1,860.09	3.1%	1,031.14	1,056.92	2.5%
Blue Cross Prudent Buyer Basic- ALADS	1,012.67	1,022.58	1.0%	1,012.67	1,022.58	1.0%
Blue Cross CaliforniaCare Basic- ALADS	768.67	776.45	1.0%	768.67	776.45	1.0%
Blue Cross Prudent Buyer Premier- ALADS	1,031.14	1,040.94	1.0%	1,031.14	1,040.94	1.0%
Blue Cross CaliforniaCare Premier - ALADS	787.14	794.81	1.0%	787.14	794.81	1.0%
Blue Shield Classic CAPE	1,389.35	1,598.18	15.0%	1,031.14	1,056.92	2.5%
Blue Shield Lite CAPE	665.41	704.25	5.8%	665.41	704.25	5.8%
Local 1014 Plan - Fire Fighters	950.00	986.00	3.8%	950.00	986.00	3.8%
Kaiser Options - SEIU	744.69	759.04	1.9%	744.69	759.04	1.9%
Kaiser HMO - Unrepresented *	277.00	276.00	-0.4%	277.00	276.00	-0.4%
Blue Cross CaliforniaCare HMO - Unrepresented *	277.00	276.00	-0.4%	277.00	276.00	-0.4%
Blue Cross Plus POS - Unrepresented *	418.00	417.00	-0.2%	418.00	417.00	-0.2%
Blue Cross Catastrophic - Unrepresented *	93.00	100.00	7.5%	93.00	100.00	7.5%
Blue Cross Prudent Buyer PPO - Unrepresented *	535.00	534.00	-0.2%	535.00	534.00	-0.2%
UnitedHealthcare Harmony HMO	667.62	667.62	0.0%	667.62	667.62	0.0%
UnitedHealthcare Options HMO - SEIU	908.41	908.41	0.0%	908.41	908.41	0.0%
UnitedHealthcare Options PPO - SEIU	3,944.82	4,048.73	2.6%	1,011.80	1,037.10	2.5%
<b>AVERAGE</b>	<b>938.93</b>	<b>967.22</b>	<b>3.0%</b>	<b>735.72</b>	<b>749.41</b>	<b>1.9%</b>

\* Not available

1. Los Angeles County: Medical Plan Design Summary			
<b>Blue Shield Lite</b>			
	<b>HMO</b>	<b>In</b>	<b>Out</b>
Deductible	None	\$400/\$800	\$400/\$800
Physicians Services	\$10 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	80/20 After Ded	70/30 After Ded
<b>Blue Shield Classic</b>			
	<b>HMO</b>	<b>In</b>	<b>Out</b>
Deductible	None	\$300/\$600	\$300/\$600
Physicians Services	\$10 Copay	\$20 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	90/10 After Ded	70/30 After Ded
<b>UnitedHealthcare Options</b>			
	<b>HMO</b>		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
<b>UnitedHealthcare</b>			
		<b>PPO - In</b>	<b>PPO - Out</b>
Deductible		\$300/\$1,500	\$1,500/\$3,000
Physicians Services		20% Copay	50% Copay After Ded
Emergency Room		20% Copay After Ded	50% Copay After Ded
Rx		\$5/\$20/\$35	Not Covered
Hospital		20% Copay After Ded	50% Copay After Ded
<b>Kaiser</b>			
	<b>Options HMO</b>	<b>Choices HMO</b>	
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	
<b>CIGNA</b>			
	<b>HMO</b>	<b>POS - In</b>	<b>POS - Out</b>
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 After Ded
Hospital	No Charge	\$50 Copay/Day	60/40 After Ded + \$1,000/Admit
<b>Blue Cross California Care HMO</b>			
	<b>ALADS</b>		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	\$25 Copay		
Rx	\$5/\$15		
Hospital	No Charge		
<b>Local 1014 Plan</b>			
	<b>HMO</b>		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
<b>Blue Cross Prudent Buyer PPO</b>			
	<b>ALADS - In</b>	<b>ALADS - Out</b>	
Deductible	\$300/\$900	\$300/\$900	
Physician Services	90/10 After Ded	70/30 After Ded	
Emergency Room	90/10 After Ded	90/10 After Ded	
Rx	\$5/\$15	\$5/\$15+50%	
Hospital	90/10 After Ded	70/30 After Ded	

## 2. SAN DIEGO COUNTY

2. San Diego County						Population: 3,338,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Kaiser HMO	585.86	662.89	13.1%	585.86	662.89	13.1%
Kaiser High Deductible	457.34	517.47	13.1%	457.34	517.47	13.1%
UnitedHealthCare HMO Network 1	719.56	797.03	10.8%	719.56	797.03	10.8%
UnitedHealthCare HMO Network 2	922.56	1,021.39	10.7%	737.64	846.41	14.7%
UnitedHealthCare HMO Alliance	690.42	764.83	10.8%	690.42	764.83	10.8%
UnitedHealthCare PPO	1,259.44	1,407.32	11.7%	737.64	846.41	14.7%
UnitedHealthCare HMO HDHP/HSA	1,029.12	1,149.72	11.7%	737.64	846.41	14.7%
<b>AVERAGE</b>	<b>809.19</b>	<b>902.95</b>	<b>11.6%</b>	<b>666.58</b>	<b>754.49</b>	<b>13.2%</b>

2. San Diego County: Medical Plan Design Summary			
<b>Kaiser HMO</b>		<b>HMO</b>	
Deductible	None		
Physicians Services	\$25 Copay		
Emergency Room	\$125 Copay		
Rx	\$10/\$25/\$25		
Hospital	\$100 Copay Per Admit		
<b>Kaiser High Deductible</b>		<b>HD w/HSA</b>	
Deductible	\$1,500/\$3,000		
Physicians Services	10% After Ded		
Emergency Room	10% After Ded		
Rx	\$10/\$30/\$30		
Hospital	10% After Ded		
<b>UnitedHealthcare PPO</b>		<b>PPO - In</b>	<b>Out</b>
Deductible	\$300/\$600	\$600/\$1,200	
Physicians Services	\$20 Copay	40% After Ded	
Emergency Room	\$75 Copay then 20%	\$75 Copay then 20%	
Rx	\$10/\$20/\$35	\$10/\$20/\$35	
Hospital	\$150 Copay then 20%	\$300 Copay then 40%	
<b>UnitedHealthcare HMO</b>		<b>Network 1</b>	<b>Network 2</b>
Deductible	None	None	None
Physicians Services	\$25 Copay	\$30 Copay	\$25 Copay
Emergency Room	\$125 Copay	\$200 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$500 Copay Per Admit	\$200 Copay Per Admit
<b>UnitedHealthcare High Deductible</b>		<b>PPO - In</b>	<b>Out</b>
Deductible	\$2,700/\$3,000	\$3,000/\$6,000	
Physicians Services	10% After Ded	30% After Ded	
Emergency Room	10% After Ded	10% After Ded	
Rx	\$10/\$30/\$50	\$10/\$30/\$50	
Hospital	10% After Ded	30% After Ded	

# 3. ORANGE COUNTY

## 3. Orange County Population: 3,187,000

Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Choice Wellwise PPO*	811.33	884.33	9.0%	730.19	795.91	9.0%
Choice Sharewell PPO*	324.53	353.74	9.0%	400.06	429.27	7.3%
CIGNA HMO Choice*	843.16	864.24	2.5%	758.85	777.82	2.5%
CIGNA HMO Select*	702.75	720.32	2.5%	632.48	648.30	2.5%
Kaiser HMO Choice*	595.45	605.99	1.8%	535.91	545.40	1.8%
<b>AVERAGE</b>	<b>655.44</b>	<b>685.72</b>	<b>4.6%</b>	<b>611.50</b>	<b>639.34</b>	<b>4.6%</b>

### 3. 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	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

\* Current county contributions assume wellness participation.

# 4. RIVERSIDE COUNTY

4. Riverside County						Population: 2,418,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
UHC Harmony HMO **		714.28			714.28	
Kaiser HMO *	737.20			737.20		
Exclusive Care EPO	750.50	808.10	7.7%	750.50	808.10	7.7%
Blue Shield Access+ HMO **		779.88			779.88	
Blue Shield Trio HMO **		668.14			668.14	
Kaiser HMO - PERS **		719.78			719.78	
PORAC - PERS **		775.00			775.00	
PERS Platinum PPO **		863.38			848.33	
PERS Gold PPO **		575.56			575.56	
Anthem Select HMO **		676.48			676.48	
Anthem Traditional HMO **		935.58			848.33	
Health Net Salud y Mas **		463.88			463.88	
Health Net SmartCare **		764.96			764.96	
UHC Alliance HMO	774.18	771.86	-0.3%	774.18	771.86	-0.3%
<b>AVERAGE</b>	<b>753.96</b>	<b>732.07</b>	<b>-2.9%</b>	<b>753.96</b>	<b>724.20</b>	<b>-3.9%</b>

\* Discontinued in 2022

\*\* New in 2022

<b>4. Riverside County: Medical Plan Design Summary</b>	
<b>UHC</b>	
	<b>HMO</b>
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25/\$50
Hospital	\$100 Copay
<b>Kaiser</b>	
	<b>HMO</b>
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25
Hospital	\$100 Copay
<b>Exclusive Care</b>	
	<b>EPO</b>
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25/\$50
Hospital	\$100 Copay

# 5. SAN BERNARDINO COUNTY

5. San Bernardino County						Population: 2,180,000
Medical Plans	2020-21 Premium	2021-22 Premium	% +/-	2020-21 County Contribution	2021-22 County Contribution	% +/-
Kaiser HMO	679.03	698.32	2.8%	467.47	455.67	-2.5%
Kaiser Choice HMO	589.68	606.43	2.8%	467.47	455.67	-2.5%
Blue Shield Signature HMO	593.86	630.52	6.2%	463.40	455.67	-1.7%
Blue Shield Access+ HMO	515.95	547.78	6.2%	463.40	452.34	-2.4%
Blue Shield Needles PPO	1,244.71	1,321.82	6.2%	771.02	774.04	0.4%
Blue Shield PPO	1,102.88	1,171.17	6.2%	465.17	462.33	-0.6%
<b>AVERAGE</b>	<b>787.68</b>	<b>829.34</b>	<b>5.3%</b>	<b>516.32</b>	<b>509.29</b>	<b>-1.4%</b>

5. San Bernardino County: Medical Plan Design Summary			
<b>Kaiser</b>		<b>HMO</b>	<b>Choice HMO</b>
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
<b>Blue Shield Signature HMO</b>		<b>Tier 1 - HMO</b>	<b>Tier 2 - PPO</b>
Deductible		None	None
Physicians Services		\$10 Copay	\$30 Copay
Emergency Room		\$50 Copay	\$50 Copay
Rx		\$5/\$10/\$25	Not covered
Hospital		No Charge	Not covered
			\$100/admission plus 20% for facility services
<b>Blue Shield PPO</b>		<b>PPO - In</b>	<b>PPO - Out</b>
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
<b>Blue Shield Needles PPO</b>		<b>PPO - In</b>	<b>PPO - Out</b>
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

6. Santa Clara County						Population: 1,936,000
Medical Plans	2020-21 Premium	2021-22 Premium	% +/-	2020-21 County Contribution	2021-22 County Contribution	% +/-
Kaiser HMO	762.15	789.69	3.6%	753.87	777.72	3.2%
Valley Health HMO	1,026.81	1,026.81	0.0%	1,007.84	1,010.07	0.2%
Health Net POS	1,416.39	1,473.05	4.0%	1,366.43	1,419.79	3.9%
<b>AVERAGE</b>	<b>1,068.45</b>	<b>1,096.51</b>	<b>2.6%</b>	<b>1,042.71</b>	<b>1,069.19</b>	<b>2.5%</b>

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

# 7. ALAMEDA COUNTY

7. Alameda County						Population: 1,682,000
Medical Plans	2021-22 Premium	2022-23 Premium	% +/-	2021-22 County Contribution	2022-23 County Contribution	% +/-
UHC SignatureValue \$15	1,150.60	1,184.32	2.9%	1,005.34	1,037.76	3.2%
Kaiser \$15	771.48	802.34	4.0%	674.08	703.05	4.3%
Kaiser \$40	717.02	745.70	4.0%	626.50	653.42	4.3%
UHC SignatureValue Advantage \$15	759.16	781.42	2.9%	663.31	684.72	3.2%
UHC Select Plus PPO *		1,089.12			684.72	
UHC SignatureValue Advantage \$40	678.38	698.26	2.9%	592.74	611.85	3.2%
UHC SignatureValue \$40	1,028.16	1,058.30	2.9%	898.36	927.34	3.2%
<b>AVERAGE</b>	<b>850.80</b>	<b>908.49</b>	<b>6.8%</b>	<b>743.39</b>	<b>757.55</b>	<b>1.9%</b>

\* New plan

7. Alameda County: Medical Plan Design Summary			
United Healthcare	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/\$25/\$10
Hospital	NO CHARGE	\$500 COPAY	20% coinsurance
Kaiser	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

8. Sacramento County						Population: 1,585,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Western Health Adv. HMO	790.32	803.56	1.7%	790.32	803.56	1.7%
Sutter Health Plus HMO	833.82	866.76	4.0%	833.82	866.76	4.0%
Kaiser HMO 15	879.56	948.88	7.9%	879.56	872.85	-0.8%
Western Health Adv. HDHP	603.30	613.70	1.7%	603.30	613.70	1.7%
Sutter Health Plus HDHP	612.90	638.70	4.2%	612.90	638.70	4.2%
Kaiser HDHP HMO	666.24	686.22	3.0%	666.24	686.22	3.0%
<b>AVERAGE</b>	<b>731.02</b>	<b>759.64</b>	<b>3.9%</b>	<b>731.02</b>	<b>746.97</b>	<b>2.2%</b>

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

# 9. CONTRA COSTA COUNTY

9. Contra Costs County						Population: 1,166,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
CCHP Plan A	1,018.05	1,072.58	5.4%	848.10	930.49	9.7%
CCHP Plan B	1,128.52	1,188.96	5.4%	891.04	987.03	10.8%
Health Net HMO Plan A	1,861.66	1,985.33	6.6%	1,489.33	1,588.27	6.6%
Health Net HMO Plan B	1,294.56	1,380.56	6.6%	1,035.65	1,104.45	6.6%
Health Net SmartCare HMO A	1,305.65	1,392.39	6.6%	887.67	954.10	7.5%
Health Net SmartCare HMO B	930.98	992.83	6.6%	737.81	794.27	7.7%
Health Net PPO Plan A	3,017.68	3,289.27	9.0%	1,371.47	1,703.24	24.2%
Kaiser HMO Plan A	951.20	951.20	0.0%	742.16	772.07	4.0%
Kaiser HMO Plan B	766.21	766.21	0.0%	641.79	642.81	0.2%
Kaiser HDHP	579.96	579.96	0.0%	521.97	521.97	0.0%
Anthem Select - PERS	925.60	1,015.81	9.7%	729.64	779.04	6.8%
Anthem Traditional - PERS	1,307.86	1,304.00	-0.3%	859.12	856.26	-0.3%
Blue Shield Access+ - PERS	1,170.08	1,116.01	-4.6%	724.84	700.55	-3.4%
Blue Shield Trio - PERS	880.50	898.54	2.0%	647.81	661.38	2.1%
Health Net Smartcare - PERS	1,120.21	1,153.00	2.9%	774.10	797.62	3.0%
CCHP Plan A Alternate - PERS	1,248.54	1,315.96	5.4%	831.77	870.79	4.7%
Kaiser HMO - PERS	813.64	857.06	5.3%	646.64	672.90	4.1%
PERS Platinum	1,294.69	1,057.01	-18.4%	784.18	769.99	-1.8%
PERS Choice *	935.84			701.62		
PORAC - PERS	799.00	799.00	0.0%	668.41	670.61	0.3%
PERS Gold	566.67	701.23	23.7%	566.66	629.32	11.1%
United Health Care - PERS	941.17	1,020.28	8.4%	651.66	691.64	6.1%
Western Health Advantage - PERS	757.02	741.26	-2.1%	594.74	599.86	0.9%
<b>AVERAGE</b>	<b>1,113.71</b>	<b>1,162.66</b>	<b>4.4%</b>	<b>797.75</b>	<b>849.94</b>	<b>6.5%</b>

\* Discontinued

## 9. Contra Costa County: Medical Plan Design Summary

9. 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	PLAN A	PLAN B	HDHP		
Deductible	None	\$500/\$1,000	\$1,500/\$3,000		
Physicians Services	\$10 Copay	\$20 Copay	90/10 After Ded		
Emergency Room	\$10 Copay	90/10 After Ded	90/10 After Ded		
Rx	\$10/\$20	\$10/\$30	\$10/\$30 After Ded		
Hospital	No Charge	90/10 After Ded	90/10 After Ded		

# 10. FRESNO COUNTY

10. Fresno County						Population: 1,008,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Kaiser \$15 HMO	942.51	981.36	4.1%	797.33	819.00	2.7%
Blue Cross EPO	942.51	981.36	4.1%	797.33	819.00	2.7%
Blue Cross PPO	1,247.66	1,245.41	-0.2%	797.33	819.00	2.7%
Blue Cross EPO \$500	941.73	896.86	-4.8%	797.33	819.00	2.7%
Blue Cross EPO \$1000	859.29	848.13	-1.3%	797.33	819.00	2.7%
Blue Cross HDPPO \$3000	797.33	819.00	2.7%	797.33	819.00	2.7%
<b>AVERAGE</b>	<b>955.17</b>	<b>962.02</b>	<b>0.7%</b>	<b>797.33</b>	<b>819.00</b>	<b>2.7%</b>

## 10. Fresno County: Medical Plan Design Summary

Kaiser	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	\$0 Copay After Ded	\$250 per visit
Rx	Carved out	Carved out	Carved out
Hospital	No Charge	No Charge	\$500
BLUE CROSS	HDPPO - 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		

# CALPERS

## 2021 CalPERS

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

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

# SFHSS ACTIVE EMPLOYEE PLANS

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD of CALIFORNIA HMO		KAISER PERMANENTE HMO	BLUE SHIELD of CALIFORNIA PPO-ACCOLADE	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	BLUE SHIELD OF CALIFORNIA PPO-ACCOLADE	
<b>Choice of Physician</b>	PCP assignment required.	PCP assignment required.	PCP assignment required.	KP network only. 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.	
<b>Deductible</b>	No deductible	No deductible		No deductible	<b>IN-NETWORK AND OUT-OF-AREA</b> \$250 employee only \$500 +1 \$750 +2 or more	<b>OUT-OF-NETWORK</b> \$500 employee only \$1,000 +1 \$1,500 +2 or more
<b>Out-of-Pocket Maximum</b> does not include premium contributions	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family		\$1,500 per individual \$3,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
<b>General Care and Urgent Care</b>						
<b>Annual Physical; Well Woman Exam</b>	No charge	No charge		No charge	100% covered no deductible	50% covered after deductible
<b>Doctor Office Visit</b>	\$25 co-pay	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
<b>Urgent Care Visit</b>	\$25 co-pay in-network and out-of-network	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
<b>Family Planning</b>	No charge	No charge		No charge	100% covered no deductible	50% covered after deductible
<b>Immunizations</b>	No charge	No charge		No charge	100% covered no deductible	100% covered no deductible
<b>Lab and X-ray</b>	No charge	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
<b>Doctor's Hospital Visit</b>	No charge	No charge		No charge	85% covered after deductible	50% covered after deductible
<b>Prescription Drugs</b>						
<b>Pharmacy: Generic</b>	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply		\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
<b>Pharmacy: Brand-Name</b>	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply		\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
<b>Pharmacy: Non-Formulary</b>	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply		Physician authorized only	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
<b>Mail Order: Generic</b>	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply		\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	Not covered
<b>Mail Order: Brand-Name</b>	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply		\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	Not covered
<b>Mail Order: Non-Formulary</b>	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply		Physician authorized only	\$100 co-pay 90-day supply	Not covered
<b>Specialty</b>	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

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

June 17, 2022

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, 2023 to December 31, 2023 Health, Life Insurance, and Long-Term Disability Plan Benefits, Rates and Contributions**

Honorable Members of the Board of Supervisors:

This letter serves to document our position as the consultant and actuary to the San Francisco Health Service System (“SFHSS”) with regard to the completed rates and contribution setting process for SFHSS health, life insurance, and long-term disability plans into the plan year from January 1, 2023 to December 31, 2023. Four employers (referred to as the “Four Employers” in this letter) offer plans through SFHSS, which are documented in this letter, to active employees and retirees:

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

The 2023 plan year rates and contribution setting process was concluded on June 9, 2022 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 2023 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, agree 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-Accolade and flex-funded Access+/Trio HMO plans;
  - UnitedHealthcare (“UHC”) self-funded Non-Medicare PPO, Broad Network EPO, and Doctors Plan EPO plans for non-Medicare family members where at least one family member is enrolled in the UHC Medicare Advantage PPO plan (e.g., “split family retirees”);
  - 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 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 2021 plan year by creating 47,503 IRS forms for distribution to employees and electronic reporting to the IRS in early 2022.

### PPACA Legislative Fees

The one ongoing Patient Protection and Affordable Care Act (PPACA) fee which employers are responsible 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 2023 PCORI fee is expected to be slightly higher than the \$2.79 per covered life per year fee in 2022.

### Contributions Under the 10-County Survey

Per City Charter Section A8.428, the employer contribution towards medical benefits is determined by the results of a survey of the dollar premium contributions provided by the ten most populous counties in California, excluding San Francisco. In the June 2014 CCSF collective bargaining process, the 10-County Survey ("Survey") was eliminated for the majority of the CCSF unions in the calculation of premium contributions for active employees in exchange for a percentage-based employee premium contribution. The Survey remains in use as a basis for calculating employer contributions for retirees and some employees in SFHSS health plans. For the 2023 plan year, the 10-County Survey result leads to an increase in average monthly contribution from \$757.31 used in 2022 employer contribution determination calculations to \$780.76 used in 2023 employer contribution determination calculations (an increase of 3.1%). The full Survey report is contained as an Appendix to this letter and was presented at the March 10, 2022 HSB meeting (also accessible at sfhss.org). Survey results are illustrated in Exhibit 1 of the adjoining document.

Table 1 — All Four Employers			
January 1, 2023 to December 31, 2023 Aggregate Medical Plans Cost (\$ millions)			
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)
<b>Current (2022) Rates</b>	<b>\$110.9</b>	<b>\$840.1</b>	<b>\$951.0</b>
<b>Final Renewal (2023) Rates</b>	<b>\$114.9</b>	<b>\$865.0</b>	<b>\$979.9</b>
\$ Difference	\$4.0	\$24.9	\$28.9
% Difference	3.61%	2.96%	3.04%

Per Table 1 above, we expect an increase in aggregate medical plan costs totaling \$28.9 million, or 3.04%, for the SFHSS medical plans (including Basic Plan vision coverage costs and the SFHSS Healthcare Sustainability Fund charge) for the 2023 plan year. This increase in costs will be split between the members and employers with



member contributions increasing \$4.0 million and employer contributions increasing \$24.9 million. These costs are projected based on April 2022 plan enrollment.

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

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

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

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

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

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

Since the majority of CCSF employees fall into the two contribution models, Aon produced two sets of rate cards, both approved by the HSB for plan year 2023. 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 2023 10-County amount is



\$780.76. If the total cost for Retiree Only for a plan is less than the 10-County Amount, that lower amount becomes the basis for that plan for the 10-County employer contribution portion.

- **“Actuarial Difference”**. The second employer contribution component is the “actuarial difference” for a given plan. Under Charter Section A8.428(b)(3), the employers contribute the difference between Active Employee-Only premium and Early Retiree-Only premium.
- **Prop. E Contribution**. The third employer contribution component is the Prop. E contribution amount. Under Charter Section A8.428(b)(3)(iii) and A8.428(c), employer contributions toward Retiree Only and Retiree +1 rates = 50% x [Total Rate Cost – 10-County Amount – “Actuarial Difference”].

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

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) <b>(A8.428 Subsection (b)(6))</b>	0% — Access to Retiree Medical Benefits Coverage, Including Access to Dependent Coverage, But No Employer Contribution; Employee Pays Health Insurance Premium
At least 10 but less than 15 years of Credited Service with the Employers <b>(A8.428 Subsection (b)(5))</b>	50%
At least 15 but less than 20 years of Credited Service with the Employers <b>(A8.428 Subsection (b)(5))</b>	75%
At least 20 years of Credited Service with the Employers; Retired Persons who retired for disability; surviving spouses or surviving domestic partners of active employees who died in the line of duty <b>(A8.428 Subsection (b)(4))</b>	100%

## Outline of 2023 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 2023 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 3.27% for plan year 2023. This overall average is generated by a 3.88% premium rate increase for active employees and early retirees in California, and an 1.86% premium rate decrease for



Medicare retirees in California. There are also small retiree populations (190 covered lives) with Kaiser HMO coverage in the Northwest (Oregon), Washington, and Hawaii regions captured in the overall average Kaiser rating action.

The decrease for Medicare retirees was primarily due to favorable plan cost trends in recent KPSA plan experience.

There are no 2023 plan design changes approved for the active employee and early retiree Kaiser plan or the KPSA Medicare plan by the Rates and Benefits Committee and HSB.

The 2023 Kaiser renewal actions result in an overall estimated total cost increase of \$15.5 million from 2022 to 2023 for all four employers based on April 2022 membership, of which \$12.3 million is attributed to CCSF and \$3.2 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate 2023 projected cost for all four employers for Kaiser Permanente based on April 2022 membership is projected at \$494.9 million, with \$52.7 million in member contributions and \$442.2 million in employer contributions. Table 3 (page 13) provides an overview of annualized costs.

The 2023 Kaiser plan rates are illustrated in exhibits 2a-2e in the adjoining document.

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

The BSC plans total cost rates will increase by 0.5% for the BSC Access+ HMO plan, 5.3% for the BSC Trio HMO plan, and 7.5% for the PPO-Accolade plan into the 2023 plan year. Overall, this produces an aggregate total rate increase of 2.7% for the combination of BSC HMO and PPO plans into the 2023 plan year.

There are no 2023 plan design changes approved for the Access+ HMO, Trio HMO, and PPO-Accolade plans by the Rates and Benefits Committee and HSB. There will be a change in plan administrator for the 2023 plan year for Non-Medicare "Split Family" covered lives where one or more covered life in the family is Non-Medicare enrolled currently in BSC Access+ or Trio, and one or more covered life in the family is Medicare and enrolled in the UHC Medicare Advantage plan—these covered lives (832 in total) will change from BSC to UHC for plan administration of their Non-Medicare HMO-style plan in 2023.

The aggregate 2023 projected cost for all four employers in the BSC Access+, Trio, and PPO-Accolade plans based on April 2022 BSC plan enrollments after accounting for the plan administration change on Non-Medicare Split Family covered lives described above (832 Split Family covered lives now in Access+ and Trio moving from BSC to UHC plan administration) is \$379.5 million, with \$48.5 million in member contributions and \$331.0 million in employer contributions based on April 2022 membership. This results in an overall estimated total cost increase of \$5.0 million from 2022 to 2023 for all four employers based on April 2022 membership (where 2022 includes the 832 lives, and 2023 excludes the 832 lives, discussed above), of which \$4.5 million is attributed to CCSF and the remaining \$0.5 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 13) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined.

The 2023 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 2023 BSC PPO-Accolade plan rates are illustrated in exhibits 5a-5d in the adjoining document.

### **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 10.4% into the 2023 plan year. Health Net CanopyCare was introduced as a new health plan option to SFHSS members for the 2022 plan year. Thus, the 2023 plan year will be the second year for the Health Net CanopyCare plan option.

There are no 2023 plan design changes approved for the Health Net CanopyCare HMO plan by the Rates and Benefits Committee and HSB.



Based on the April 2022 membership, the aggregate 2023 projected cost for all four employers in the Health Net CanopyCare HMO Plan for the 2023 plan year is \$2.8 million, with \$0.3 million in member contributions and \$2.5 million in employer contributions.

The 2023 Health Net CanopyCare (flex-funded) HMO plan rates are illustrated in exhibits 4a-4b in the adjoining document.

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

As of January 1, 2017, all Non-Kaiser Medicare eligible retirees became covered under the UHC fully insured Medicare Advantage (MA) PPO Plan. In 2023, the total per member rate for this Medicare plan will increase 4.7%. The 4.7% increase results from a combination of trend increase in plan rates (2.35%) and the expiration of a stabilization reserve created by UHC given claim suppression experienced in this plan during 2020 as a result of the COVID-19 pandemic (2.35%).

UHC will remain the administrator of the Non-Medicare PPO plan for individuals who are part of a retiree family where one or more family member is not yet Medicare-eligible and enrolls in the Non-Medicare PPO plan, and one or more family member is Medicare-eligible and enrolls in the UHC MA PPO plan. In addition, UHC will become the plan administrator for similarly situated Non-Medicare Split Family members who are presently enrolled in BSC Access+ and Trio HMO plans. UHC will offer commensurate "Exclusive Provider Organization", or EPO, plans to these covered lives in 2023—529 of which are now enrolled in the BSC Access+ plan, and 303 of which are now enrolled in the BSC Trio plan. Plan rates and member contributions for Non-Medicare Split Family covered lives in the three UHC plans offered to these lives in 2023 will be same as corresponding plans offered through BSC as outlined earlier in this document:

- **Non-Medicare Split Family UHC PPO:** same rates and contributions in 2023 as BSC PPO-Accolade.
- **Non-Medicare Split Family UHC Broad EPO:** same rates and contributions in 2023 as BSC Access+ HMO.
- **Non-Medicare Split Family UHC Doctors Plan (Narrow Network) EPO:** same rates and contributions in 2023 as BSC Trio HMO.

There are no 2023 plan design changes approved for the UHC MA PPO and Non-Medicare Split Family lives UHC PPO and EPO plans by the Rates and Benefits Committee and HSB.

The aggregate 2023 projected cost for all four employers for the UHC plans across active employees, early retirees, and Medicare retirees (including the 832 Non-Medicare Split Family covered lives changing from BSC to UHC plan administration in 2023) is projected at \$102.7 million, with \$13.5 million in member contributions and \$89.2 million in employer contributions. Table 3 (page 13) provides an overview of annualized costs for the UHC MA PPO plan as well as the Non-Medicare Split Family covered lives PPO and EPO plans.

The 2023 UHC retiree plan rates are illustrated in the retiree rate columns of exhibits 3a-3b (UHC Broad EPO), 3c-3d (UHC Doctors Plan EPO), and 5a-5d (UHC PPO) 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). At the April 14, 2022 Health Service Board meeting the Rates and Benefits Committee and HSB approved the following plan design improvements for the Basic Plan, Premier Plan, and Computer Vision Care plan for 2023. VSP's LightCare benefit provides coverage of non-prescription sunglasses or blue-light glasses in lieu of prescription eyewear to support the eye health of SFHSS members and dependents who do not need prescription eyewear. The Computer Vision Care benefit will also see an improvement in benefit design for 2023 with the addition of anti-glare and ultraviolet coatings to the lens benefit.

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 2023 plan year, Basic Plan rates are increasing by 5% for the design enhancement described above.



There is also a buy-up Premier Plan available to SFHSS members, which was first offered for the 2018 plan year. Members pay the full rate increment between Basic Plan rates and Premier Plan rates. For the 2023 plan year, Premier Plan total premium rates will increase 8.7% over 2022 levels, attributable to both a trend adjustment to rates and the aforementioned design enhancement.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$1.04 per employee per month for 2023 (increased from \$0.83 per employee per month in 2022 to reflect the design enhancement described above). Approximately 19,000 employees have access to this benefit.

Based on April 2022 enrollment, the aggregate projected 2023 employer cost for all four employers for the VSP Basic vision plan is \$4.86 million (88% of total Basic plan rates based on contribution sharing formulas), plus an additional \$0.24 million for the Computer Vision Care benefit. The employer portion of vision plan costs will increase \$0.28 million from 2022 to 2023 given the design enhancements. 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 2023 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 remain constant from 2022 to 2023, at \$4.62 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.

Due to the combination of return to pre-pandemic utilization levels and the plan design change noted below, the aggregate total premium equivalent rates for the self-funded active employee Delta Dental PPO plan for active employees are increasing 15.3% for plan year 2023. This increase was expected after 2022 plan year total cost rates decreased by 14.4% to account for an unusually high rate stabilization offset created by unusually low 2020 plan year claim experience in this self-funded dental PPO plan—still, 2023 total cost rates for the active employee Delta Dental PPO plan are lower than 2021 total cost rates.

The rate increase includes an HSB-approved design enhancement to exclude paid claim costs associated with diagnostic and preventive dental care in the active employee PPO plan from application to the annual benefit plan maximum, to remove a possible barrier from a member seeking diagnostic and preventive services in this plan. This enhancement accounted for 2.6% of the overall 15.3% total rate increase.

### **Dental Active Employee HMO Plans (Fully Insured)**

Rates for both active employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2022 rate levels into the 2023 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. Plan rates on a “status quo” plan design basis would have remained at 2022 levels into the 2023 plan year, but the Rates and Benefits Committee and HSB approved two plan design enhancements which seek to promote a higher level of appropriate dental service utilization by retirees and dependents:

- **Enhancement #1:** lower the plan deductible for Premier and Non-Contracted Dentist use (for services outside of Diagnostic & Preventive (D&P) as D&P services do not apply to deductible presently) from \$75 individual/\$150 family to \$50 individual/\$100 family for the 2023 plan year; and



- **Enhancement #2:** bring Premier Network Dentist plan-paid coinsurance for D&P services (including cleanings, exams, and X-rays) from current 80% to 100% for the 2023 plan year.

The Delta Dental Retiree PPO rate increase from 2022 to 2023 including these two HSB-approved design enhancements is 7.7%.

#### **Dental Retiree Employee HMO Plans (Fully Insured)**

Premium rates for the DeltaCare USA HMO plan are decreasing 8.4% from 2022 to 2023 as a reflection of a premium refund from Delta Dental on the DeltaCare USA HMO plan for September 2021 premiums due to pandemic impacts on plan experience that continued into 2021.

Premium rates for the UnitedHealthcare HMO plan are remaining at 2022 rate levels into the 2023 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 2023 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 2023 plan year is projected at \$40.4 million with \$3.5 million in member contributions and \$36.9 million in employer contributions based on March 2022 enrollment. This results in an overall estimated total dental cost increase of \$5.3 million (15.0%) from 2022 to 2023. Table 3 (page 13) provides an overview of annualized costs.

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

Total premiums for basic life insurance (employer-paid), supplemental life insurance (member-paid), and long-term disability (LTD) insurance (employer-paid) insured through The Hartford Life and Accident Insurance Company will decrease 22.3% from 2022 to 2023 as a result of recent favorable plan experience reflected in the plan renewal for the 2023 plan year.

The aggregate employer cost for the basic life insurance and LTD plans for the 2023 plan year is projected at \$6.81 million. This includes \$4.98 million in total LTD premiums and \$1.83 million in basic life premiums. Additionally, there is \$0.80 million in projected member-paid 2023 supplemental life insurance premium. Annualized overall premiums are shown in Exhibit 10 in the adjoining document.



## Summary of Projected 2023 Plan Year Costs

Table 3 below summarizes projected 2023 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2022 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 Plan Costs (\$millions)					
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)	Member Contributions as a % of Aggregate Costs	Employer Contributions as a % of Aggregate Costs
<b>Kaiser HMO</b>	<b>\$52.7</b>	<b>\$442.2</b>	<b>\$494.9</b>	<b>10.64%</b>	<b>89.36%</b>
\$ Change	\$1.6	\$13.8	\$15.5		
% Change	3.18%	3.23%	3.22%		
<b>BSC HMOs/PPO</b>	<b>\$48.5</b>	<b>\$331.0</b>	<b>\$379.5</b>	<b>12.79%</b>	<b>87.21%</b>
\$ Change	\$1.3	\$3.7	\$5.0	2022-2023 change includes Non-Medicare Split Family administrator change from BSC to UHC for 2023	
% Change	2.74%	1.12%	1.32%		
<b>Health Net CanopyCare HMO</b>	<b>\$0.3</b>	<b>\$2.5</b>	<b>\$2.8</b>	<b>10.09%</b>	<b>89.91%</b>
\$ Change	\$0.0	-\$0.3	-\$0.3		
% Change	-11.21%	-10.25%	-10.35%		
<b>UHC MA PPO / Splits N-M Plans</b>	<b>\$13.5</b>	<b>\$89.2</b>	<b>\$102.7</b>	<b>13.11%</b>	<b>86.89%</b>
\$ Change	\$1.1	\$7.7	\$8.9	2022-2023 change includes Non-Medicare Split Family administrator change from BSC to UHC for 2023	
% Change	9.23%	9.46%	9.43%		
<b>Dental</b>	<b>\$3.5</b>	<b>\$36.9</b>	<b>\$40.4</b>	<b>8.56%</b>	<b>91.44%</b>
\$ Change	\$0.0	\$5.3	\$5.3		
% Change	0.00%	16.64%	15.00%		
<b>LTD Insurance</b>	<b>\$0.0</b>	<b>\$5.0</b>	<b>\$5.0</b>	<b>0.00%</b>	<b>100.00%</b>
\$ Change	\$0.0	-\$1.7	-\$1.7		
% Change	0.00%	-25.00%	-25.00%		
<b>Life Insurance</b>	<b>\$0.8</b>	<b>\$1.8</b>	<b>\$2.6</b>	<b>30.55%</b>	<b>69.45%</b>
\$ Change	-\$0.2	-\$0.3	-\$0.5		
% Change	-20.00%	-15.02%	-16.60%		
<b>Total</b>	<b>\$119.2</b>	<b>\$908.7</b>	<b>\$1,027.9</b>	<b>11.60%</b>	<b>88.40%</b>
\$ Change	\$3.8	\$28.2	\$32.0		
% Change	3.31%	3.20%	3.22%		

**NOTES:** Figures vary due to rounding; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).

This year's projected aggregate medical cost increase of 3.04% (see page 3) is below average national benchmark levels for health care cost trend. The "2022 Health Care Trend Survey" published by Aon indicates combined medical/pharmacy expected cost increases of 6%.

## Conclusion

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



Sincerely,

A handwritten signature in black ink, appearing to read "M. Clarke", is positioned below the closing.

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 Plan Costs (\$millions)					
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)	Member Contributions as a % of Aggregate Costs	Employer Contributions as a % of Aggregate Costs
<b>Kaiser HMO</b>	<b>\$42.7</b>	<b>\$346.4</b>	<b>\$389.1</b>	<b>10.97%</b>	<b>89.03%</b>
\$ Change	\$1.3	\$10.9	\$12.3		
% Change	3.20%	3.26%	3.26%		
<b>BSC HMOs/PPO</b>	<b>\$43.5</b>	<b>\$294.3</b>	<b>\$337.8</b>	<b>12.89%</b>	<b>87.11%</b>
\$ Change	\$1.1	\$3.3	\$4.5	2022-2023 change includes Non-Medicare Split Family administrator change from BSC to UHC for 2023	
% Change	2.69%	1.14%	1.33%		
<b>Health Net CanopyCare HMO</b>	<b>\$0.3</b>	<b>\$2.4</b>	<b>\$2.7</b>	<b>10.19%</b>	<b>89.81%</b>
\$ Change	\$0.0	-\$0.3	-\$0.3		
% Change	-11.25%	-10.24%	-10.35%		
<b>UHC MA PPO / Splits N-M Plans</b>	<b>\$11.3</b>	<b>\$69.6</b>	<b>\$80.9</b>	<b>13.98%</b>	<b>86.02%</b>
\$ Change	\$0.9	\$6.1	\$7.0	2022-2023 change includes Non-Medicare Split Family administrator change from BSC to UHC for 2023	
% Change	9.04%	9.61%	9.53%		
<b>Dental</b>	<b>\$3.4</b>	<b>\$36.5</b>	<b>\$40.0</b>	<b>8.56%</b>	<b>91.44%</b>
\$ Change	\$0.0	\$5.2	\$5.2		
% Change	0.00%	16.64%	15.00%		
<b>LTD Insurance</b>	<b>\$0.0</b>	<b>\$4.9</b>	<b>\$4.9</b>	<b>0.00%</b>	<b>100.00%</b>
\$ Change	\$0.0	-\$1.6	-\$1.6		
% Change	0.00%	-25.00%	-25.00%		
<b>Life Insurance</b>	<b>\$0.8</b>	<b>\$1.8</b>	<b>\$2.6</b>	<b>30.55%</b>	<b>69.45%</b>
\$ Change	-\$0.2	-\$0.3	-\$0.5		
% Change	-20.00%	-15.02%	-16.60%		
<b>Total</b>	<b>\$102.0</b>	<b>\$755.9</b>	<b>\$858.0</b>	<b>11.89%</b>	<b>88.11%</b>
\$ Change	\$3.2	\$23.3	\$26.5		
% Change	3.21%	3.18%	3.19%		

**NOTES:** Figures vary due to rounding; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).

# **San Francisco Health Service System Board of Supervisors**

10-County Survey Results  
Rates and Benefits Decisions  
Calendar Year 2023

June 17, 2022

# 10-County Survey Results (Monthly Basis)

## Exhibit 1

Rank	County	2021 Survey for SFHSS 2022 Rating	2022 Survey for SFHSS 2023 Rating	% Change
1	Los Angeles	\$746.54	\$757.91	1.52%
2	San Diego	\$691.14	\$788.07	14.02%
3	Orange	\$627.67	\$658.78	4.96%
4	Riverside	\$768.35	\$730.26	(4.96%)
5	San Bernardino	\$535.30	\$537.46	0.40%
6	Santa Clara	\$1,054.24	\$1,086.78	3.09%
7	Alameda	\$748.84	\$763.87	2.01%
8	Sacramento	\$753.75	\$761.88	1.08%
9	Contra Costa	\$814.23	\$874.26	7.37%
10	Fresno	\$833.01	\$848.33	1.84%
<b>10-County Average</b>		<b>\$757.31</b>	<b>\$780.76</b>	<b>3.10%</b>

# Kaiser Permanente HMO (California)

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### 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	PY2022	\$50.12	\$100.03	\$343.52	\$0.00	\$356.49	\$948.26	\$0.00	\$156.86	\$469.53	\$748.63
	PY2023	\$52.05	\$103.90	\$356.82	\$0.00	\$370.32	\$985.03	\$0.00	\$154.08	\$461.15	\$768.79
	\$ Change	\$1.93	\$3.87	\$13.30	—	\$13.83	\$36.77	—	(\$2.78)	(\$8.38)	\$20.16
	% Change	3.9%	3.9%	3.9%	—	3.9%	3.9%	—	(1.8%)	(1.8%)	2.7%
Monthly Employer Contributions	PY2022	\$665.85	\$1,328.93	\$1,677.21	\$1,437.79	\$1,794.29	\$1,794.29	\$316.71	\$473.58	\$473.58	\$473.58
	PY2023	\$691.57	\$1,380.36	\$1,742.15	\$1,493.47	\$1,863.79	\$1,863.79	\$311.15	\$465.24	\$465.24	\$465.24
	\$ Change	\$25.72	\$51.43	\$64.94	\$55.68	\$69.50	\$69.50	(\$5.56)	(\$8.34)	(\$8.34)	(\$8.34)
	% Change	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	(1.8%)	(1.8%)	(1.8%)	(1.8%)
Monthly Total Premium Rates	PY2022	\$715.97	\$1,428.96	\$2,020.73	\$1,437.79	\$2,150.78	\$2,742.55	\$316.71	\$630.44	\$943.11	\$1,222.21
	PY2023	\$743.62	\$1,484.26	\$2,098.97	\$1,493.47	\$2,234.11	\$2,848.82	\$311.15	\$619.32	\$926.39	\$1,234.03
	\$ Change	\$27.65	\$55.30	\$78.24	\$55.68	\$83.33	\$106.27	(\$5.56)	(\$11.12)	(\$16.72)	\$11.82
	% Change	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	(1.8%)	(1.8%)	(1.8%)	1.0%

**\* NOTE:**

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

# Kaiser Permanente HMO (California)

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### 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	PY2022	\$0.00	\$57.16	\$343.52	\$0.00	\$356.49	\$948.26	\$0.00	\$156.86	\$469.53	\$748.63
	PY2023	\$0.00	\$59.37	\$356.82	\$0.00	\$370.32	\$985.03	\$0.00	\$154.08	\$461.15	\$768.79
	\$ Change	—	\$2.21	\$13.30	—	\$13.83	\$36.77	—	(\$2.78)	(\$8.38)	\$20.16
	% Change	—	3.9%	3.9%	—	3.9%	3.9%	—	(1.8%)	(1.8%)	2.7%
Monthly Employer Contributions	PY2022	\$715.97	\$1,371.80	\$1,677.21	\$1,437.79	\$1,794.29	\$1,794.29	\$316.71	\$473.58	\$473.58	\$473.58
	PY2023	\$743.62	\$1,424.89	\$1,742.15	\$1,493.47	\$1,863.79	\$1,863.79	\$311.15	\$465.24	\$465.24	\$465.24
	\$ Change	\$27.65	\$53.09	\$64.94	\$55.68	\$69.50	\$69.50	(\$5.56)	(\$8.34)	(\$8.34)	(\$8.34)
	% Change	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	(1.8%)	(1.8%)	(1.8%)	(1.8%)
Monthly Total Premium Rates	PY2022	\$715.97	\$1,428.96	\$2,020.73	\$1,437.79	\$2,150.78	\$2,742.55	\$316.71	\$630.44	\$943.11	\$1,222.21
	PY2023	\$743.62	\$1,484.26	\$2,098.97	\$1,493.47	\$2,234.11	\$2,848.82	\$311.15	\$619.32	\$926.39	\$1,234.03
	\$ Change	\$27.65	\$55.30	\$78.24	\$55.68	\$83.33	\$106.27	(\$5.56)	(\$11.12)	(\$16.72)	\$11.82
	% Change	3.9%	3.9%	3.9%	3.9%	3.9%	3.9%	(1.8%)	(1.8%)	(1.8%)	1.0%

**\* NOTE:**

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

# Kaiser Permanente Multi State HMO

## Final Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### 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	PY2022	\$0.00	\$780.01	\$2,074.83	\$0.00	\$152.87	\$457.93	\$1,447.69
	PY2023	\$0.00	\$821.29	\$2,184.60	\$0.00	\$152.97	\$458.19	\$1,516.28
	\$ Change	—	\$41.28	\$109.77	—	\$0.10	\$0.26	\$68.59
	% Change	—	5.3%	5.3%	—	0.1%	0.1%	4.7%
Monthly Employer Contributions	PY2022	\$1,563.01	\$2,343.03	\$2,343.03	\$308.73	\$461.61	\$461.61	\$461.61
	PY2023	\$1,645.56	\$2,466.85	\$2,466.85	\$308.93	\$461.91	\$461.91	\$461.91
	\$ Change	\$82.55	\$123.82	\$123.82	\$0.20	\$0.30	\$0.30	\$0.30
	% Change	5.3%	5.3%	5.3%	0.1%	0.1%	0.1%	0.1%
Monthly Total Premium Rates	PY2022	\$1,563.01	\$3,123.04	\$4,417.86	\$308.73	\$614.48	\$919.54	\$1,909.30
	PY2023	\$1,645.56	\$3,288.14	\$4,651.45	\$308.93	\$614.88	\$920.10	\$1,978.19
	\$ Change	\$82.55	\$165.10	\$233.59	\$0.20	\$0.40	\$0.56	\$68.89
	% Change	5.3%	5.3%	5.3%	0.1%	0.1%	0.1%	3.6%

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

# Kaiser Permanente Multi State HMO

## Final Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### 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	PY2022	\$0.00	\$575.53	\$1,530.88	\$0.00	\$212.09	\$635.59	\$1,167.44
	PY2023	\$0.00	\$546.95	\$1,454.86	\$0.00	\$216.39	\$648.45	\$1,124.30
	\$ Change	—	(\$28.58)	(\$76.02)	—	\$4.30	\$12.86	(\$43.14)
	% Change	—	(5.0%)	(5.0%)	—	2.0%	2.0%	(3.7%)
Monthly Employer Contributions	PY2022	\$1,154.04	\$1,729.57	\$1,729.57	\$427.17	\$639.27	\$639.27	\$639.27
	PY2023	\$1,096.89	\$1,643.85	\$1,643.85	\$435.77	\$652.17	\$652.17	\$652.17
	\$ Change	(\$57.15)	(\$85.72)	(\$85.72)	\$8.60	\$12.90	\$12.90	\$12.90
	% Change	(5.0%)	(5.0%)	(5.0%)	2.0%	2.0%	2.0%	2.0%
Monthly Total Premium Rates	PY2022	\$1,154.04	\$2,305.10	\$3,260.45	\$427.17	\$851.36	\$1,274.86	\$1,806.71
	PY2023	\$1,096.89	\$2,190.80	\$3,098.71	\$435.77	\$868.56	\$1,300.62	\$1,776.47
	\$ Change	(\$57.15)	(\$114.30)	(\$161.74)	\$8.60	\$17.20	\$25.76	(\$30.24)
	% Change	(5.0%)	(5.0%)	(5.0%)	2.0%	2.0%	2.0%	(1.7%)

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

# Kaiser Permanente Multi State HMO

## Final Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### 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	PY2022	\$0.00	\$427.37	\$1,136.81	\$0.00	\$181.68	\$544.36	\$891.12
	PY2023	\$0.00	\$427.47	\$1,137.07	\$0.00	\$172.99	\$518.24	\$882.59
	\$ Change	—	\$0.10	\$0.26	—	(\$8.69)	(\$26.12)	(\$8.53)
	% Change	—	0.0%	0.0%	—	(4.8%)	(4.8%)	(1.0%)
Monthly Employer Contributions	PY2022	\$857.73	\$1,285.11	\$1,285.11	\$366.35	\$548.04	\$548.04	\$548.04
	PY2023	\$857.93	\$1,285.41	\$1,285.41	\$348.96	\$521.95	\$521.95	\$521.95
	\$ Change	\$0.20	\$0.30	\$0.30	(\$17.39)	(\$26.09)	(\$26.09)	(\$26.09)
	% Change	0.0%	0.0%	0.0%	(4.7%)	(4.8%)	(4.8%)	(4.8%)
Monthly Total Premium Rates	PY2022	\$857.73	\$1,712.48	\$2,421.92	\$366.35	\$729.72	\$1,092.40	\$1,439.16
	PY2023	\$857.93	\$1,712.88	\$2,422.48	\$348.96	\$694.94	\$1,040.19	\$1,404.54
	\$ Change	\$0.20	\$0.40	\$0.56	(\$17.39)	(\$34.78)	(\$52.21)	(\$34.62)
	% Change	0.0%	0.0%	0.0%	(4.7%)	(4.8%)	(4.8%)	(2.4%)

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

# Blue Shield of California HMO

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

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

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	PY2022	\$65.20	\$130.19	\$447.19	\$87.06	\$569.80	\$1,340.42	\$0.00	\$215.59	\$646.09	\$986.21
	PY2023	\$65.51	\$130.81	\$449.31	\$77.54	\$562.57	\$1,336.84	\$0.00	\$225.69	\$676.35	\$999.96
	\$ Change	\$0.31	\$0.62	\$2.12	(\$9.52)	(\$7.23)	(\$3.58)	—	\$10.10	\$30.26	\$13.75
	% Change	0.5%	0.5%	0.5%	(10.9%)	(1.3%)	(0.3%)	—	4.7%	4.7%	1.4%
Monthly Employer Contributions	PY2022	\$866.24	\$1,729.72	\$2,183.35	\$2,063.94	\$2,546.67	\$2,546.67	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$870.34	\$1,737.92	\$2,193.71	\$2,083.42	\$2,568.45	\$2,568.45	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$4.10	\$8.20	\$10.36	\$19.48	\$21.78	\$21.78	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	0.5%	0.5%	0.5%	0.9%	0.9%	0.9%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$931.44	\$1,859.91	\$2,630.54	\$2,151.00	\$3,116.47	\$3,887.09	\$434.17	\$865.36	\$1,295.86	\$1,635.98
	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$2,160.96	\$3,131.02	\$3,905.29	\$454.37	\$905.76	\$1,356.42	\$1,680.03
	\$ Change	\$4.41	\$8.82	\$12.48	\$9.96	\$14.55	\$18.20	\$20.20	\$40.40	\$60.56	\$44.05
	% Change	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	4.7%	4.7%	4.7%	2.7%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Starting in 2023, UHC will administer the Broad Network EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 93/93/83 contribution method, see page 23.**

# Blue Shield of California HMO

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

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

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	PY2022	\$0.00	\$74.40	\$447.19	\$87.06	\$569.80	\$1,340.42	\$0.00	\$215.59	\$646.09	\$986.21
	PY2023	\$0.00	\$74.75	\$449.31	\$77.54	\$562.57	\$1,336.84	\$0.00	\$225.69	\$676.35	\$999.96
	\$ Change	—	\$0.35	\$2.12	(\$9.52)	(\$7.23)	(\$3.58)	—	\$10.10	\$30.26	\$13.75
	% Change	—	0.5%	0.5%	(10.9%)	(1.3%)	(0.3%)	—	4.7%	4.7%	1.4%
Monthly Employer Contributions	PY2022	\$931.44	\$1,785.51	\$2,183.35	\$2,063.94	\$2,546.67	\$2,546.67	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$935.85	\$1,793.98	\$2,193.71	\$2,083.42	\$2,568.45	\$2,568.45	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$4.41	\$8.47	\$10.36	\$19.48	\$21.78	\$21.78	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	0.5%	0.5%	0.5%	0.9%	0.9%	0.9%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$931.44	\$1,859.91	\$2,630.54	\$2,151.00	\$3,116.47	\$3,887.09	\$434.17	\$865.36	\$1,295.86	\$1,635.98
	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$2,160.96	\$3,131.02	\$3,905.29	\$454.37	\$905.76	\$1,356.42	\$1,680.03
	\$ Change	\$4.41	\$8.82	\$12.48	\$9.96	\$14.55	\$18.20	\$20.20	\$40.40	\$60.56	\$44.05
	% Change	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	4.7%	4.7%	4.7%	2.7%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Starting in 2023, UHC will administer the Broad Network EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

# Blue Shield of California HMO

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

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

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	PY2022	\$57.18	\$114.16	\$392.08	\$29.79	\$452.96	\$1,128.48	\$0.00	\$215.59	\$646.09	\$891.11
	PY2023	\$60.22	\$120.23	\$412.94	\$39.75	\$485.47	\$1,196.97	\$0.00	\$225.69	\$676.35	\$937.19
	\$ Change	\$3.04	\$6.07	\$20.86	\$9.96	\$32.51	\$68.49	—	\$10.10	\$30.26	\$46.08
	% Change	5.3%	5.3%	5.3%	33.4%	7.2%	6.1%	—	4.7%	4.7%	5.2%
Monthly Employer Contributions	PY2022	\$759.72	\$1,516.65	\$1,914.28	\$1,855.55	\$2,278.72	\$2,278.72	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$800.04	\$1,597.30	\$2,016.13	\$1,945.89	\$2,391.61	\$2,391.61	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$40.32	\$80.65	\$101.85	\$90.34	\$112.89	\$112.89	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	5.3%	5.3%	5.3%	4.9%	5.0%	5.0%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$816.90	\$1,630.81	\$2,306.36	\$1,885.34	\$2,731.68	\$3,407.20	\$434.17	\$865.36	\$1,295.86	\$1,540.88
	PY2023	\$860.26	\$1,717.53	\$2,429.07	\$1,985.64	\$2,877.08	\$3,588.58	\$454.37	\$905.76	\$1,356.42	\$1,617.26
	\$ Change	\$43.36	\$86.72	\$122.71	\$100.30	\$145.40	\$181.38	\$20.20	\$40.40	\$60.56	\$76.38
	% Change	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	4.7%	4.7%	4.7%	5.0%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Starting in 2023, UHC will administer the Narrow Network EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 93/93/83 contribution method, see page 23.**

# Blue Shield of California HMO

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

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

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	PY2022	\$0.00	\$65.23	\$392.08	\$29.79	\$452.96	\$1,128.48	\$0.00	\$215.59	\$646.09	\$891.11
	PY2023	\$0.00	\$68.70	\$412.94	\$39.75	\$485.47	\$1,196.97	\$0.00	\$225.69	\$676.35	\$937.19
	\$ Change	—	\$3.47	\$20.86	\$9.96	\$32.51	\$68.49	—	\$10.10	\$30.26	\$46.08
	% Change	—	5.3%	5.3%	33.4%	7.2%	6.1%	—	4.7%	4.7%	5.2%
Monthly Employer Contributions	PY2022	\$816.90	\$1,565.58	\$1,914.28	\$1,855.55	\$2,278.72	\$2,278.72	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$860.26	\$1,648.83	\$2,016.13	\$1,945.89	\$2,391.61	\$2,391.61	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$43.36	\$83.25	\$101.85	\$90.34	\$112.89	\$112.89	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	5.3%	5.3%	5.3%	4.9%	5.0%	5.0%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$816.90	\$1,630.81	\$2,306.36	\$1,885.34	\$2,731.68	\$3,407.20	\$434.17	\$865.36	\$1,295.86	\$1,540.88
	PY2023	\$860.26	\$1,717.53	\$2,429.07	\$1,985.64	\$2,877.08	\$3,588.58	\$454.37	\$905.76	\$1,356.42	\$1,617.26
	\$ Change	\$43.36	\$86.72	\$122.71	\$100.30	\$145.40	\$181.38	\$20.20	\$40.40	\$60.56	\$76.38
	% Change	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	4.7%	4.7%	4.7%	5.0%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Starting in 2023, UHC will administer the Narrow Network EPO plan for Mixed Medicare retiree families.
- **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 2023

### 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	PY2022	\$60.13	\$120.05	\$412.35	\$50.85	\$495.93	\$1,206.41
	PY2023	\$53.92	\$107.63	\$369.65	\$0.00	\$398.92	\$1,035.75
	\$ Change	(\$6.21)	(\$12.42)	(\$42.70)	(\$50.85)	(\$97.01)	(\$170.66)
	% Change	(10.3%)	(10.3%)	(10.4%)	(100.0%)	(19.6%)	(14.1%)
Monthly Employer Contributions	PY2022	\$798.89	\$1,595.01	\$2,013.21	\$1,932.17	\$2,377.24	\$2,377.24
	PY2023	\$716.36	\$1,429.95	\$1,804.77	\$1,776.96	\$2,175.88	\$2,175.88
	\$ Change	(\$82.53)	(\$165.06)	(\$208.44)	(\$155.21)	(\$201.36)	(\$201.36)
	% Change	(10.3%)	(10.3%)	(10.4%)	(8.0%)	(8.5%)	(8.5%)
Monthly Total Premium Rates	PY2022	\$859.02	\$1,715.06	\$2,425.56	\$1,983.02	\$2,873.17	\$3,583.65
	PY2023	\$770.28	\$1,537.58	\$2,174.42	\$1,776.96	\$2,574.80	\$3,211.63
	\$ Change	(\$88.74)	(\$177.48)	(\$251.14)	(\$206.06)	(\$298.37)	(\$372.02)
	% Change	(10.3%)	(10.3%)	(10.4%)	(10.4%)	(10.4%)	(10.4%)

\* **NOTE:**

- Includes \$3.00 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 2023

### 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	PY2022	\$0.00	\$68.60	\$412.35	\$50.85	\$495.93	\$1,206.41
	PY2023	\$0.00	\$61.50	\$369.65	\$0.00	\$398.92	\$1,035.75
	\$ Change	—	(\$7.10)	(\$42.70)	(\$50.85)	(\$97.01)	(\$170.66)
	% Change	—	(10.3%)	(10.4%)	(100.0%)	(19.6%)	(14.1%)
Monthly Employer Contributions	PY2022	\$859.02	\$1,646.46	\$2,013.21	\$1,932.17	\$2,377.24	\$2,377.24
	PY2023	\$770.28	\$1,476.08	\$1,804.77	\$1,776.96	\$2,175.88	\$2,175.88
	\$ Change	(\$88.74)	(\$170.38)	(\$208.44)	(\$155.21)	(\$201.36)	(\$201.36)
	% Change	(10.3%)	(10.3%)	(10.4%)	(8.0%)	(8.5%)	(8.5%)
Monthly Total Premium Rates	PY2022	\$859.02	\$1,715.06	\$2,425.56	\$1,983.02	\$2,873.17	\$3,583.65
	PY2023	\$770.28	\$1,537.58	\$2,174.42	\$1,776.96	\$2,574.80	\$3,211.63
	\$ Change	(\$88.74)	(\$177.48)	(\$251.14)	(\$206.06)	(\$298.37)	(\$372.02)
	% Change	(10.3%)	(10.3%)	(10.4%)	(10.4%)	(10.4%)	(10.4%)

**\* NOTE:**

- Includes \$3.00 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.**

# BSC PPO-Accolade

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### Exhibit 5a — 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	PY2022	\$470.95	\$856.73	\$1,468.27	\$289.94	\$693.19	\$1,337.08	\$0.00	\$215.59	\$646.09	\$859.48
	PY2023	\$565.13	\$1,046.88	\$1,741.58	\$327.35	\$762.89	\$1,458.34	\$0.00	\$225.69	\$676.35	\$921.14
	\$ Change	\$94.18	\$190.15	\$273.31	\$37.41	\$69.70	\$121.26	—	\$10.10	\$30.26	\$61.66
	% Change	20.0%	22.2%	18.6%	12.9%	10.1%	9.1%	—	4.7%	4.7%	7.2%
Monthly Employer Contributions	PY2022	\$866.24	\$1,729.72	\$2,183.35	\$1,507.60	\$1,910.85	\$1,910.85	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$870.34	\$1,737.92	\$2,193.71	\$1,605.37	\$2,040.90	\$2,040.90	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$4.10	\$8.20	\$10.36	\$97.77	\$130.05	\$130.05	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	0.5%	0.5%	0.5%	6.5%	6.8%	6.8%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$1,337.19	\$2,586.45	\$3,651.62	\$1,797.54	\$2,604.04	\$3,247.93	\$434.17	\$865.36	\$1,295.86	\$1,509.25
	PY2023	\$1,435.47	\$2,784.80	\$3,935.29	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	\$ Change	\$98.28	\$198.35	\$283.67	\$135.18	\$199.75	\$251.31	\$20.20	\$40.40	\$60.56	\$91.96
	% Change	7.3%	7.7%	7.8%	7.5%	7.7%	7.7%	4.7%	4.7%	4.7%	6.1%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2023.
- For additional commentary on 93/93/83 contribution method, see page 23.

# BSC PPO-Accolade

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

### Exhibit 5b — 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	PY2022	\$0.00	\$800.94	\$1,468.27	\$289.94	\$693.19	\$1,337.08	\$0.00	\$215.59	\$646.09	\$859.48
	PY2023	\$0.00	\$990.82	\$1,741.58	\$327.35	\$762.89	\$1,458.34	\$0.00	\$225.69	\$676.35	\$921.14
	\$ Change	—	\$189.88	\$273.31	\$37.41	\$69.70	\$121.26	—	\$10.10	\$30.26	\$61.66
	% Change	—	23.7%	18.6%	12.9%	10.1%	9.1%	—	4.7%	4.7%	7.2%
Monthly Employer Contributions	PY2022	\$1,337.19	\$1,785.51	\$2,183.35	\$1,507.60	\$1,910.85	\$1,910.85	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$1,435.47	\$1,793.98	\$2,193.71	\$1,605.37	\$2,040.90	\$2,040.90	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$98.28	\$8.47	\$10.36	\$97.77	\$130.05	\$130.05	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	7.3%	0.5%	0.5%	6.5%	6.8%	6.8%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$1,337.19	\$2,586.45	\$3,651.62	\$1,797.54	\$2,604.04	\$3,247.93	\$434.17	\$865.36	\$1,295.86	\$1,509.25
	PY2023	\$1,435.47	\$2,784.80	\$3,935.29	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	\$ Change	\$98.28	\$198.35	\$283.67	\$135.18	\$199.75	\$251.31	\$20.20	\$40.40	\$60.56	\$91.96
	% Change	7.3%	7.7%	7.8%	7.5%	7.7%	7.7%	4.7%	4.7%	4.7%	6.1%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2023.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

# BSC PPO-Accolade Choice Not Available

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

## Exhibit 5c — 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	PY2022	\$65.20	\$130.19	\$447.19	\$87.06	\$490.31	\$1,134.20	\$0.00	\$215.59	\$646.09	\$859.48
	PY2023	\$65.51	\$130.81	\$449.31	\$77.54	\$513.08	\$1,208.53	\$0.00	\$225.69	\$676.35	\$921.14
	\$ Change	\$0.31	\$0.62	\$2.12	(\$9.52)	\$22.77	\$74.33	—	\$10.10	\$30.26	\$61.66
	% Change	0.5%	0.5%	0.5%	(10.9%)	4.6%	6.6%	—	4.7%	4.7%	7.2%
Monthly Employer Contributions	PY2022	\$866.24	\$1,729.72	\$2,183.35	\$1,710.48	\$2,113.73	\$2,113.73	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$870.34	\$1,737.92	\$2,193.71	\$1,855.18	\$2,290.71	\$2,290.71	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$4.10	\$8.20	\$10.36	\$144.70	\$176.98	\$176.98	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	0.5%	0.5%	0.5%	8.5%	8.4%	8.4%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$931.44	\$1,859.91	\$2,630.54	\$1,797.54	\$2,604.04	\$3,247.93	\$434.17	\$865.36	\$1,295.86	\$1,509.25
	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	\$ Change	\$4.41	\$8.82	\$12.48	\$135.18	\$199.75	\$251.31	\$20.20	\$40.40	\$60.56	\$91.96
	% Change	0.5%	0.5%	0.5%	7.5%	7.7%	7.7%	4.7%	4.7%	4.7%	6.1%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2023.
- For additional commentary on 93/93/83 contribution method, see page 23.

# BSC PPO-Accolade Choice Not Available

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2023

## Exhibit 5d — 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	PY2022	\$0.00	\$74.40	\$447.19	\$87.06	\$490.31	\$1,134.20	\$0.00	\$215.59	\$646.09	\$859.48
	PY2023	\$0.00	\$74.75	\$449.31	\$77.54	\$513.08	\$1,208.53	\$0.00	\$225.69	\$676.35	\$921.14
	\$ Change	—	\$0.35	\$2.12	(\$9.52)	\$22.77	\$74.33	—	\$10.10	\$30.26	\$61.66
	% Change	—	0.5%	0.5%	(10.9%)	4.6%	6.6%	—	4.7%	4.7%	7.2%
Monthly Employer Contributions	PY2022	\$931.44	\$1,785.51	\$2,183.35	\$1,710.48	\$2,113.73	\$2,113.73	\$434.17	\$649.77	\$649.77	\$649.77
	PY2023	\$935.85	\$1,793.98	\$2,193.71	\$1,855.18	\$2,290.71	\$2,290.71	\$454.37	\$680.07	\$680.07	\$680.07
	\$ Change	\$4.41	\$8.47	\$10.36	\$144.70	\$176.98	\$176.98	\$20.20	\$30.30	\$30.30	\$30.30
	% Change	0.5%	0.5%	0.5%	8.5%	8.4%	8.4%	4.7%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2022	\$931.44	\$1,859.91	\$2,630.54	\$1,797.54	\$2,604.04	\$3,247.93	\$434.17	\$865.36	\$1,295.86	\$1,509.25
	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	\$ Change	\$4.41	\$8.82	\$12.48	\$135.18	\$199.75	\$251.31	\$20.20	\$40.40	\$60.56	\$91.96
	% Change	0.5%	0.5%	0.5%	7.5%	7.7%	7.7%	4.7%	4.7%	4.7%	6.1%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC will continue to administer non-Medicare PPO plan for Mixed Medicare retiree families in 2023.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

# VSP Vision

## Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2023

### 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	PY2022	\$3.95	\$7.92	\$11.20	\$3.95	\$7.92	\$11.20
	PY2023	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	\$ Change	\$0.20	\$0.40	\$0.56	\$0.20	\$0.40	\$0.56
	% Change	5.1%	5.1%	5.0%	5.1%	5.1%	5.0%

### 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	PY2022	\$10.50	\$15.92	\$32.79	\$10.50	\$15.92	\$32.79
	PY2023	\$11.56	\$17.59	\$36.06	\$11.56	\$17.59	\$36.06
	\$ Change	\$1.06	\$1.67	\$3.27	\$1.06	\$1.67	\$3.27
	% Change	10.1%	10.5%	10.0%	10.1%	10.5%	10.0%

**\* NOTE:**

- 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 2023

### 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	PY2022	\$49.33	\$103.59	\$147.99	\$45.73	\$90.96	\$135.75
	PY2023	\$56.85	\$119.40	\$170.57	\$49.26	\$97.97	\$146.22
	\$ Change	\$7.52	\$15.81	\$22.58	\$3.53	\$7.01	\$10.47
	% Change	15.2%	15.3%	15.3%	7.7%	7.7%	7.7%

### 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	PY2022	\$5.00	\$10.00	\$15.00	\$45.73	\$90.96	\$135.75
	PY2023	\$5.00	\$10.00	\$15.00	\$49.26	\$97.97	\$146.22
	\$ Change	\$0.00	\$0.00	\$0.00	\$3.53	\$7.01	\$10.47
	% Change	0.0%	0.0%	0.0%	7.7%	7.7%	7.7%

# DeltaCare USA

## Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2023

### 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	PY2022	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	PY2023	\$26.48	\$43.68	\$64.61	\$29.52	\$48.71	\$72.05
	\$ Change	\$0.00	\$0.00	\$0.00	(\$2.70)	(\$4.46)	(\$6.60)
	% Change	0.0%	0.0%	0.0%	(8.4%)	(8.4%)	(8.4%)

### 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	PY2022	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	PY2023	\$0.00	\$0.00	\$0.00	\$29.52	\$48.71	\$72.05
	\$ Change	—	—	—	(\$2.70)	(\$4.46)	(\$6.60)
	% Change	—	—	—	(8.4%)	(8.4%)	(8.4%)

# UHC Dental

## Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2023

### 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	PY2022	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	PY2023	\$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	PY2022	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	PY2023	\$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 2023 Aggregate Costs

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

Plan Type	Plan Year 2022	Plan Year 2023	% Change	\$ Change
Basic Life Insurance	\$2,151,000	\$1,828,000	(15.0%)	(\$323,000)
Long-Term Disability Insurance	\$6,637,000	\$4,978,000	(25.0%)	(\$1,659,000)
<b>Subtotal—Employer-Paid Coverages</b>	<b>\$8,788,000</b>	<b>\$6,806,000</b>	<b>(22.6%)</b>	<b>(\$1,982,000)</b>
Employee-Paid Supplemental Life/Dependent Life Insurance	\$1,005,000	\$804,000	(20.0%)	(\$201,000)
<b>Total Annual Estimated Cost</b>	<b>\$9,793,000</b>	<b>\$7,610,000</b>	<b>(22.3%)</b>	<b>(\$2,183,000)</b>

# 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.

**MEDICAL PLAN ENROLLMENT As of Date: 01-JUN-2022**

MEMBERSHIP STATUS	CTYCNA	CTYPLN	CTYMAP	BLSPNA	BLSPPO	TRIO	ACCESS+	HLTCNP	KAISER	KAISER-MED	WAIVED	DELINQ	TOTAL
ACTIVE Members	0	1	0	134	886	4,737	8,785	182	24,731		2,880	324	42,660
NO MEDICARE		1		134	886	4,737	8,785	182	24,731		2,880	324	42,660
MEDICARE A													
MEDICARE B													
MEDICARE AB													
COMMISSIONERS	0	0	0	0	12	22	9	1	34		158	3	239
NO MEDICARE					12	22	9	1	34		158	3	239
MEDICARE A													
MEDICARE B													
MEDICARE AB													
RETIRED Members	31	17	12,248	420	357	738	1,104	5	2,489	9,976	3,214	78	30,677
NO MEDICARE	31	17		420	357	738	1,104	5	2,489		2,540	64	7,765
MEDICARE A													
MEDICARE B			123							90	1		214
MEDICARE AB			12,125							9,886	673	14	22,698
NON-COMPLIANT													
SURVIVING SPOUSE	0	0	1,385	29	26	38	58		153	1,259	445	21	3,414
NO MEDICARE				29	26	38	58		153		272	18	594
MEDICARE A													
MEDICARE B			6							3	1	1	11
MEDICARE AB			1,379							1,256	172	2	2,809
NON-COMPLIANT													
<b>TOTAL MEMBERS</b>	<b>31</b>	<b>18</b>	<b>13,633</b>	<b>583</b>	<b>1,281</b>	<b>5,535</b>	<b>9,956</b>	<b>188</b>	<b>27,407</b>	<b>11,235</b>	<b>6,697</b>	<b>426</b>	<b>76,990</b>



**MEDICAL PLAN ENROLLMENT As of Date: 01-JUN-2022**

MEMBERSHIP STATUS	CTYCNA	CTYPLN	CTYMAP	BLSPNA	BLSPPO	TRIO	ACCESS+	HLTCNP	KAISER	KAISER-MED	WAIVED	DELINQ	TOTAL
CH/MIN DEP-ACTIVE Members	0	0	0	138	239	2,952	6,952	98	16,051			0	26,430
NO MEDICARE				138	239	2,952	6,951	98	16,051				26,429
MEDICARE A													
MEDICARE B													
MEDICARE AB													
NON-COMPLIANT							1						1
CH/MIN DEP-COMMISSIONERS	0	0	0	0	7	3	2		4			0	16
NO MEDICARE					7	3	2		4				16
MEDICARE A													
MEDICARE B													
MEDICARE AB													
CH/MIN DEP-RETIRED Members	3	2	79	55	44	216	479	2	431	240		0	1,551
NO MEDICARE	3	2	58	55	44	216	479	2	431	230			1,520
MEDICARE A													
MEDICARE B													
MEDICARE AB			21							10			31
NON-COMPLIANT													
CH/MIN DEP-SURVIVING SPOUSE	0	0	6	5	3	14	20		46	5		0	99
NO MEDICARE			1	5	3	14	20		45	3			91
MEDICARE A													
MEDICARE B													
MEDICARE AB			5						1	2			8
NON-COMPLIANT													
<b>TOTAL DEPENDENTS</b>	<b>34</b>	<b>20</b>	<b>3,888</b>	<b>583</b>	<b>1,281</b>	<b>5,289</b>	<b>11,920</b>	<b>160</b>	<b>26,144</b>	<b>3,469</b>		<b>0</b>	<b>51,909</b>
<b>MEDICAL PLAN TOTALS</b>	<b>65</b>	<b>38</b>	<b>17,521</b>	<b>987</b>	<b>1,862</b>	<b>10,824</b>	<b>21,876</b>	<b>348</b>	<b>53,551</b>	<b>14,704</b>	<b>6,697</b>	<b>426</b>	<b>128,899</b>

**DENTAL PLAN ENROLLMENT As of Date: 01-JUN-2022**

<b>MEMBERSHIP STATUS</b>	<b>DLTDEN</b>	<b>DLCDEN</b>	<b>PUDDEN</b>	<b>WAIVED</b>	<b>DELINQ</b>	<b>TOTAL</b>
ACTIVE Members	29,993	838	573	1,530	319	33,253
RETIRED Members	21,036	741	692	8,066	142	30,677
SURVIVING SPOUSE	2,014	150	84	1,099	66	3,413
COMMISSIONERS	66	3	2	163	5	239
<b>TOTAL MEMBERS</b>	<b>53,109</b>	<b>1,732</b>	<b>1,351</b>	<b>10,858</b>	<b>532</b>	<b>67,582</b>
SP/DP DEP-ACTIVE Members	14,193	197	173			14,563
SP/DP DEP-RETIRED Members	8,404	245	221			8,870
SP/DP DEP-SURVIVING SPOUSE						
SP/DP DEP-COMMISSIONERS	23		1			24
CH/MIN DEP-ACTIVE Members	25,113	391	292			25,796
CH/MIN DEP-RETIRED Members	1,584	46	48			1,678
CH/MIN DEP-SURVIVING SPOUSE	102	6	2			110
CH/MIN DEP-COMMISSIONERS	11					11
<b>TOTAL DEPENDENTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>DENTAL PLAN TOTALS</b>	<b>102,539</b>	<b>2,617</b>	<b>2,088</b>	<b>10,858</b>	<b>532</b>	<b>118,634</b>

**LTD, LIFE AND FSA PLAN ENROLLMENT As of Date: 01-JUN-2022**

<b>MEMBERSHIP STATUS</b>	<b>LTD</b>	<b>LIFE</b>	<b>DEPFSA</b>	<b>HTHFSA</b>
ACTIVE Members	24,737	23,124	1,334	6,830

**VISION BUY-UP ENROLLMENT As of Date: 01-JUN-2022**

<b>Membership Status</b>	<b>Members</b>	<b>Spouse/Domestic Partner</b>	<b>Child/Minor Dependents</b>
Active CCD	257	86	108
Active CRT	170	76	113
Active CSF	12,151	5,368	9,333
Active USD	1,242	335	485
Retirees	6,885	2,439	463



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$ 65,608,415		
<b>NATURE OF THE CONTRACT (Please describe)</b> California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield (with Accolade) Self-Funded PPO for City Employees and City Early Retirees and Blue Shield Self-Funded PPO for City Employees and City Early Retirees 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	Dilsaver	Evelyn	Board of Directors
5	DuPlessis, M.D., MP	Helen	Board of Directors
6	Chen MD	Arthur	Board of Directors
7	DeCoste	Pamela	Board of Directors
8	Glaser	Will	Board of Directors
9	Leslie	Kristina M	Board of Directors
10	Panetta	Leon E.	Board of Directors
11	Markovich	Paul	CEO
12	Minter-Jordan MD,MBA	Myechia	Board of Directors
13	Williams III	Ather	Board of Directors
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Brightline		Subcontractor
18	CVS Health		Subcontractor
19	Cotiviti 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	Broadridge fka DST Output		Subcontractor
21	Arvato Digital Services		Subcontractor
22	HealthSparq		Subcontractor
23	MediKeeper, Inc		Subcontractor
24	Healthwise		Subcontractor
25	NovuHealth		Subcontractor
26	LabCorp		Subcontractor
27	LanguageLine Solutions		Subcontractor
28	Magellan Health		Subcontractor
29	MES Vision		Subcontractor
30	National Imaging Associate		Subcontractor
31	OctcomesMTM		Subcontractor
32	TPUSA-FCHS	Fka Teleperformance	Subcontractor
33	Partners in Care Foundat.		Subcontractor
34	Quest Diagnostics		Subcontractor
35	Solera Health, Inc.		Subcontractor
36	welltok		Subcontractor
37	Iselin	Sarah	COO
38	Fiserv		Subcontractor

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Clarke	Sandra	CFO
40	Davis	Lisa	Other Principal Officer
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$384,143,293		
<b>NATURE OF THE CONTRACT (Please describe)</b> California Physician Services DBA Blue Shield of California  Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees and City Early Retirees		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Iselin	Sarah	COO
40	Clarke	Sandra	CFO
41	Davis	Lisa	Other Principal Officer
42	LifeSpring Home Nutrition		Subcontractor
43	Outcome MTM		Subcontractor
44	Soultran		Subcontractor
45			
46			
47			
48			
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$743,967		
<b>NATURE OF THE CONTRACT (Please describe)</b> DHMO Dental health insurance benefits for Active City Employees and City Retirees: DeltaCare USA DHMO Policy 71797-DeltaCare active and retiree (fully insured premium)		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Castro	Michael J.	CEO
2	Weber	Alicia F.	CFO
3	Chavarria	Sarah M.	COO
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Widmann	Janet D.	Board of Directors
15	Yodowitz	Heidi E.	Board of Directors
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$65,608,415		
<b>NATURE OF THE CONTRACT (Please describe)</b>  PPO Dental health insurance benefits for Active City Employees and City Retirees: Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$20,818,605 Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$44,789,810		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Castro	Michael J.	CEO
2	Weber	Alicia F.	CFO
3	Chavarria	Sarah M.	COO
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Widmann	Janet D.	Board of Directors
15	Yodowitz	Heidi E.	Board of Directors
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,610,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance for City Employees <ul style="list-style-type: none"> <li>•Life (basic): \$1,828,000 estimated annualized premium</li> <li>•Life and AD&amp;D (Supplemental): \$804,000 estimated annualized premium</li> <li>•Long Term Disability (LTD): \$4,978,000 estimated annualized premium</li> </ul>		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bennett	Jonathan R.	Board of Directors
2	Chandy	Eapen A.	Board of Directors
3	Stepnowski	Amy M.	Board of Directors
4	Bennett	Jonathan R.	CEO
5	Collins	Matthew A.	CFO
6	Jorens	Kathleen E.	Other Principal Officer
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,794,850		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees and City Early Retirees		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES 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	Ayala	Orlando	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	Gephardt	Richard A	Board of Directors
8	Coughlin	Christopher	Board of Directors
9	Robinson	Lori J	Board of Directors
10	Steward	David L	Board of Directors
11	Samuels	Theodore	Board of Directors
12	Trubeck	William	Board of Directors
13	Ternan	Brian	CEO
14	Santana-Chin	Martha	Other Principal Officer
15	Rudd	Rachael	Other Principal Officer
16	Havert	Colin	Other Principal Officer
17	Balbone	Kerri	Other Principal Officer
18	Sellner	Jessica	CFO
19	Chen	Alex	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Centene Corporation		Shareholder
21	Deveydt	Wayne	Board of Directors
22	Mittal	Pooja	Other Principal Officer
23	Accommodating Ideas		Subcontractor
24	Advanced Medical Reviews		Subcontractor
25	Akorbi Translations		Subcontractor
26	American Specialty Health		Subcontractor
27	Applied Research Works		Subcontractor
28	Change Health Solutions		Subcontractor
29	Cognizant		Subcontractor
30	CommGap		Subcontractor
31	Conduent Credit Solutions		Subcontractor
32	Cotiviti		Subcontractor
33	Datafied Global		Subcontractor
34	Diversified Data Design		Subcontractor
35	DME Consulting		Subcontractor
36	eviCore		Subcontractor
37	Health Management Services		Subcontractor
38	Interpreters Unlimited		Subcontractor

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	ISI Language Solutions		Subcontractor
40	MultiPlan		Subcontractor
41	MyStrength		Subcontractor
42	CQ Fluency		Subcontractor
43	Omada Health		Subcontractor
44	Deaf and Community Service	of San Diego	Subcontractor
45	Deaf and Hard of Hearing	Service Center (DHHCS)	Subcontractor
46	Optum		Subcontractor
47	OptumInsight		Subcontractor
48	TBASE		Subcontractor
49	Teleperformance		Subcontractor
50	Turning Point		Subcontractor
<input checked="" type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

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



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$2,794,850		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees and City Early Retirees		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Varis		Subcontractor
2	Voiance Language Services		Subcontractor
3	welvie		Subcontractor
4	Dental Benefits Provider		Subcontractor
5	Envolve Benefit Options		Subcontractor
6	Health Management Systems		Subcontractor
7	Interpreters Unlimited		Subcontractor
8	Lifesigns, Inc.		Subcontractor
9	ModivCare		Subcontractor
10	National Imaging Associate		Subcontractor
11	O'Neil Digital Solutions		Subcontractor
12	Envolve Pharmacy		Subcontractor
13	Envolve Peoplecare		Subcontractor
14	Payspan		Subcontractor
15	MHN		Subcontractor
16	Periscope Group FKA	DME Consulting Group	Subcontractor
17	RICOH		Subcontractor
18	Sharecare		Subcontractor
19	Site1 Group	(Sykes Enterprises 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	The Staywell Company	(Krames Staywell, Inc.)	Subcontractor
21	The Rawlings Group		Subcontractor
22	The Service Center	for Independent Life	Subcontractor
23	Transperfect		Subcontractor
24	wellframe		Subcontractor
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$491,966,489		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance for City Employees and City Retirees: Kaiser Permanente Traditional Plan in California, HMO, Senior Advantage with Part D in California, Kaiser Permanente Early Retiree Plans in Hawaii, Northwest, and Washington regions, and Senior Advantage with Part D in Hawaii, Northwest, and Washington regions. Kaiser Permanente California Active/Early Retirees: \$436,708,498 Kaiser Permanente California Medicare Retirees: \$53,757,487 Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,500,504		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adams	Greg A.	CEO
2	Adams	Greg A.	Board of Directors
3	Baez	Ramon	Board of Directors
4	Barger	David J	Board of Directors
5	Benjamin, MD, MBA	Regina	Board of Directors
6	Epstein	Jeff	Board of Directors
7	Heisz	Leslie S	Board of Directors
8	Hoffmeister	David F.	Board of Directors
9	Johansen, JD	Judith A.	Board of Directors
10	Porfido, JD	Meg	Board of Directors
11	Ryan	Matthew	Board of Directors
12	Shannon, MD	Richard P.	Board of Directors
13	Telles, PhD	Cynthia A.	Board of Directors
14	Washington, MD	A. Eugene	Board of Directors
15	Ming	Jenny J.	Board of Directors
16	Benavides	Vanessa M	Other Principal Officer
17	Bindman, MD	Andrew	Other Principal Officer
18	Choucar, MD	Bechara	Other Principal Officer
19	Comer	Diane	Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Hernandez	Catherine	Other Principal Officer
21	Lancaster	Kathy	CFO
22	Liang	Janet A	COO
23	McDow	Shakeya A.	Other Principal Officer
24	Meisner	Christian	Other Principal Officer
25	Southam, MD	Arthur M.	Other Principal Officer
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$3,251,875		
<b>NATURE OF THE CONTRACT (Please describe)</b> Self-Insured Medical PPO Plan and Prescription Drug for City Employees and City Early Retirees sponsored by CCSF and whose claims administration is outsourced to UnitedHealth Services, Inc.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES 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	Flynn	Timothy P.	Board of Directors
2	Garcia	Paul R.	Board of Directors
3	Hemsley	Stephen J.	Board of Directors
4	Hooper	Michelle J.	Board of Directors
5	McNabb III	F. William	Board of Directors
6	Rice	Valerie Montgomery	Board of Directors
7	Noseworthy	John H.	Board of Directors
8	Witty	Sir Andrew P.	Board of Directors
9	Witty	Sir Andrew P.	CEO
10	Rex	John	CFO
11	McMahon	Dirk	COO
12			
13			
14			
15			
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dental Benefit Providers of California, Inc.	<b>TELEPHONE NUMBER</b> 415-778-3800
<b>STREET ADDRESS (including City, State and Zip Code)</b> 5757 Plaza Drive, Technology Center, Cypress, CA 90630	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$401,951		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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	Flynn	Timothy P.	Board of Directors
2	Garcia	Paul R.	Board of Directors
3	Hemsley	Stephen J.	Board of Directors
4	Hooper	Michelle J.	Board of Directors
5	McNabb III	F. William	Board of Directors
6	Rice	Valerie Montgomery	Board of Directors
7	Noseworthy	John H.	Board of Directors
8	Witty	Sir Andrew P.	Board of Directors
9	Witty	Sir Andrew P.	CEO
10	Rex	John	CFO
11	McMahon	Dirk	COO
12			
13			
14			
15			
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,460,647		
<b>NATURE OF THE CONTRACT (Please describe)</b> Self-Insured Exclusive Provider Option (EPO) Medical Plan and Prescription Drug for City Employees and City Early Retirees sponsored by CCSF and whose claims administration is outsourced to UnitedHealth Services, Inc.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES 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	Flynn	Timothy P.	Board of Directors
2	Garcia	Paul R.	Board of Directors
3	Hemsley	Stephen J.	Board of Directors
4	Hooper	Michelle J.	Board of Directors
5	McNabb III	F. William	Board of Directors
6	Rice	Valerie Montgomery	Board of Directors
7	Noseworthy	John H.	Board of Directors
8	Witty	Sir Andrew P.	Board of Directors
9	Witty	Sir Andrew P.	CEO
10	Rex	John	CFO
11	McMahon	Dirk	COO
12			
13			
14			
15			
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$90,430,531		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fully-Insured Medicare Medical PPO Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES 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	Flynn	Timothy P.	Board of Directors
2	Garcia	Paul R.	Board of Directors
3	Hemsley	Stephen J.	Board of Directors
4	Hooper	Michelle J.	Board of Directors
5	McNabb III	F. William	Board of Directors
6	Rice	Valerie Montgomery	Board of Directors
7	Noseworthy	John H.	Board of Directors
8	Witty	Sir Andrew P.	Board of Directors
9	Witty	Sir Andrew P.	CEO
10	Rex	John	CFO
11	McMahon	Dirk	COO
12			
13			
14			
15			
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 220755

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

#### 1. FILING INFORMATION

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

#### 2. CITY ELECTIVE OFFICE OR BOARD

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

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 220755
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,147,020		
<b>NATURE OF THE CONTRACT (Please describe)</b> Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Murphy, O.D	Mary Anne	Board of Directors
2	Wickham, O.D.	Matt	Board of Directors
3	Morrissey	John	Board of Directors
4	Adachi	Barbara	Board of Directors
5	Adams, O.D.	Tricia	Board of Directors
6	Howard	Fred	Board of Directors
7	Meter	Betsy	Board of Directors
8	Jennings, O.D.	Gordon	Board of Directors
9	Johnson, O.D.	Jarrett	Board of Directors
10	Thomas	Stuart	Board of Directors
11	Guyette	Michael	CEO
12	Renwick-Espinosa	Kate	Other Principal Officer
13	Mahmood	Alec	CFO
14			
15			
16			
17			
18			
19			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

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

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

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------

President, District 10  
BOARD of SUPERVISORS



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

**Shamann Walton**

---

---

**PRESIDENTIAL ACTION**

Date: 6/30/2022

To: Angela Calvillo, Clerk of the Board of Supervisors

---

---

Madam Clerk,

Pursuant to Board Rules, I am hereby:

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

File No.

220755

Chan

(Primary Sponsor)

Title: Health Service System Plans and Contribution Rates - Calendar Year 2023

---

Transferring (Board Rule No 3.3)

File No.

(Primary Sponsor)

Title:

---

From:

Committee

To:

Committee

Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor:

Replacing Supervisor:

For:

(Date)

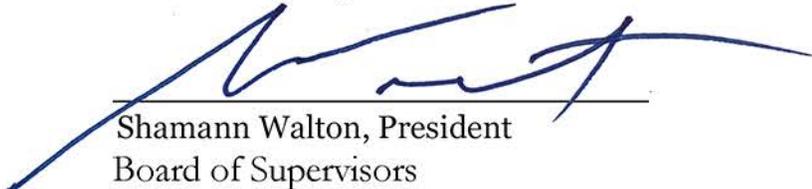
(Committee)

Meeting

Start Time:

End Time:

Temporary Assignment:  Partial  Full Meeting

  
Shamann Walton, President  
Board of Supervisors

**MEMORANDUM**

DATE: June 17, 2022  
TO: Supervisor Hillary Ronen, Chair  
Budget and Finance Committee  
FROM: Abbie Yant, Executive Director  
Health Service System  
RE: Ordinance Approving Health Service System Plans and Contribution  
Rates for Calendar Year 2023

---

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 2023 and Legislative Digest;
2. 2021 Ten-County Survey, pursuant to Charter Section A8.423, approved by the Health Service Board on March 10, 2022;
3. Actuarial Report dated June 17, 2022 from AON Consulting, as required under Section A8.422 of Appendix A to the San Francisco Charter, including summaries of the rates and benefits adopted by the Health Service Board on March 10, April 14, May 12 and June 9, 2022.
4. HSS Membership Enrollment Statistics Report dated June 1, 2022 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:
  - a. Blue Shield of California
  - b. Delta Dental of California
  - c. Dental Benefit Providers of California, Inc.
  - d. Hartford Life and Accident Insurance Company
  - e. Kaiser Foundation Health Plan
  - f. Health Net of California
  - g. UnitedHealthcare Services, Inc.
  - h. Vision Service Plan

Please let me know if you need any additional information.

CC: Members, Health Service Board (w/ electronic attached)  
Erik Rapoport (w/ electronic attached)  
Jennifer Donnellan (w/ electronic attached)  
Ben Rosenfield (w/ electronic attached)  
Iftikhar Hussain (w/electronic attached)  
Mike Clarke, AON (w/ electronic attached)  
Ashley Groffenberger (w/ electronic attached)