



San Francisco Ethics Commission

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Received On: 08-02-2021 | 14:12:48 PDT

File #: 210740

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR**NAME OF CONTRACTOR**

UnitedHealthcare Insurance Company

TELEPHONE NUMBER

925-246-1300

STREET ADDRESS (including City, State and Zip Code)

9900 Bren Road East, Minnetonka, Minnesota 55343

EMAIL**6. CONTRACT****DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)**

07/27/2021

ORIGINAL BID/RFP NUMBER**FILE NUMBER (If applicable)**

210740

DESCRIPTION OF AMOUNT OF CONTRACT

\$87,624,531

NATURE OF THE CONTRACT (Please describe)

Fully-Insured Medicare Medical Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees.

7. COMMENTS

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

8. CONTRACT APPROVAL

This contract was approved by:

 THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
 A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES

Board of Supervisors

 THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bedard	James Francis	Board of Directors
2	Brueckman	Brian Douglas	Board of Directors
3	Cottington	Nyle Brent	Board of Directors
4	Golden	William John	Board of Directors
5	Hansen	Paul Daniel	Board of Directors
6	Iannonne	Gary Anthony	Board of Directors
7	McGlinch	Thomas Shaun	Board of Directors
8	Noel	Timothy John	Board of Directors
9	Roos	Thomas Edward	Board of Directors
10	Golden	Willian John	Other Principal Officer
11	Bedard	James Francis	Other Principal Officer
12	Burch	Timothy James	Other Principal Officer
13	Gill	Peter Marshall	Other Principal Officer
14	Galimi	Gavin Guy	Other Principal Officer
15	Lang	Heather Anastasia	Other Principal Officer
16	Zuba	Jessica Leigh	Other Principal Officer
17	Iannonne	Gary Anthony	Other Principal Officer
18	McGlinch	Thomas Shaun	Other Principal Officer
19	Noel	Timothy John	Other Principal Officer

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Roos	Thomas Edward	Other Principal Officer
21	Cottingham	Nyle Brent	Other Principal Officer
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p>  <p>988C8F42C3084B5 Angela Calvillo</p>	<p>DATE SIGNED</p> <p>08-02-2021 14:12:48 PDT</p>
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