



San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 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

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$ 65,608,415		
NATURE OF THE CONTRACT (Please describe) 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

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#	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

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

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	(628) 652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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

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

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This contract was approved by:	
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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

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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

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#	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
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	(628) 652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$743,967		
NATURE OF THE CONTRACT (Please describe) 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	
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#	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
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FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$65,608,415		
NATURE OF THE CONTRACT (Please describe) 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
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FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$7,610,000		
NATURE OF THE CONTRACT (Please describe) 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"> •Life (basic): \$1,828,000 estimated annualized premium •Life and AD&D (Supplemental): \$804,000 estimated annualized premium •Long Term Disability (LTD): \$4,978,000 estimated annualized 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	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
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	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>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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San Francisco Ethics Commission

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Notification of Contract Approval

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

A Public Document

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$2,794,850		
NATURE OF THE CONTRACT (Please describe) 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
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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

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#	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.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Supplemental	
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 Health Net, LLC.	TELEPHONE NUMBER (888) 926-4988
STREET ADDRESS (including City, State and Zip Code) 21281 Burbank Blvd., Woodland Hills, CA 91367	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$2,794,850		
NATURE OF THE CONTRACT (Please describe) 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:	
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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
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9. AFFILIATES AND SUBCONTRACTORS

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

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>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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File #: 220755

Bid/RFP #:

Notification of Contract Approval

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$491,966,489		
NATURE OF THE CONTRACT (Please describe) 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"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	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
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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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 United HealthCare Services, Inc.	TELEPHONE NUMBER 925-936-1300
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)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$3,251,875		
NATURE OF THE CONTRACT (Please describe) 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:	
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#	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
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9. AFFILIATES AND SUBCONTRACTORS

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

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9. AFFILIATES AND SUBCONTRACTORS

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

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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>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 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

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1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$401,951		
NATURE OF THE CONTRACT (Please describe) Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Benefits for City Employees and City Retirees		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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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
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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 United HealthCare Services, Inc.	TELEPHONE NUMBER 925-936-1300
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)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$7,460,647		
NATURE OF THE CONTRACT (Please describe) 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.

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<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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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)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 220755
DESCRIPTION OF AMOUNT OF CONTRACT \$90,430,531		
NATURE OF THE CONTRACT (Please describe) 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.

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3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

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

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

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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
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