



San Francisco Ethics Commission

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Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On: 08-02-2021 | 14:30:29 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

Original

DATE OF ORIGINAL FILING (for amendment only)

AMENDMENT DESCRIPTION – Explain reason for amendment

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD

Board of Supervisors

NAME OF CITY ELECTIVE OFFICER

Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT

Angela Calvillo

TELEPHONE NUMBER

415-554-5184

FULL DEPARTMENT NAME

office of the clerk of the Board

EMAIL

Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT

Michael Visconti

DEPARTMENT CONTACT TELEPHONE NUMBER

(628) 652-4645

FULL DEPARTMENT NAME

HSS Health Service System

DEPARTMENT CONTACT EMAIL

michael.visconti@sfgov.org

5. CONTRACTOR**NAME OF CONTRACTOR**

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)**

07/27/2021

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

210740

DESCRIPTION OF AMOUNT OF CONTRACT

\$788,364

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

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	Castro	Michael J.	CEO
2	Weber	Alicia F.	CFO
3	Gilbert	Roy	COO
4	Bergert	Glen F.	Board of Directors
5	Farnsworth DDS	R. Kent	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	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	Board of Directors
15	Yodowitz	Heidi	Board of Directors
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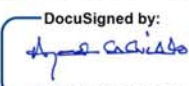
#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

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 14:30:29 PDT</p>
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