



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 #: 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 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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$ 45,925,139		
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		

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	Flores, M.D.	Hector	Board of Directors
7	Fohrer	Alan	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	Johnston	Colleen	Board of Directors
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Healthways		Subcontractor
18	CVS Specialty		Subcontractor
19	Dental Benefit Providers		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Broadridge Output Solution	fka DST Output	Subcontractor
21	Arvato		Subcontractor
22	Hewlett Packard		Subcontractor
23	Trizetto Cognizant		Subcontractor
24	HealthEquity		Subcontractor
25	Healthwise		Subcontractor
26	Hinduja Global Solutions		Subcontractor
27	LabCorp		Subcontractor
28	Language Line		Subcontractor
29	Magellan Health Services		Subcontractor
30	MES Vision		Subcontractor
31	National Imaging Associate		Subcontractor
32	CVS Health		Subcontractor
33	Quest Diagnostics		Subcontractor
34	Exela		Subcontractor
35	TeleTech Financial Service		Subcontractor
36	Partners in Care Foundatio		Subcontractor
37	Radiant,subsidy Accenture		Subcontractor
38	Calibrated		Subcontractor

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40	Walthall	Todd	Other Principal Officer
41	Davis	Lisa	Other Principal Officer
42	Glickman MD	Seth	Other Principal Officer
43	Robertson	Jeff	Other Principal Officer
44	Heal		Subcontractor
45	IBM Truven Analytics		Subcontractor
46	Outcome MTM		Subcontractor
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK

BOS Clerk of the Board

DATE SIGNED



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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 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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$308,006,956		
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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6	Flores, M.D.	Hector	Board of Directors
7	Fohrer	Alan	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	Johnston	Colleen	Board of Directors
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15	Optum		Subcontractor
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18	CVS Specialty		Subcontractor
19	Dental Benefit Providers		Subcontractor

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25	Healthwise		Subcontractor
26	Hinduja Global Solutions		Subcontractor
27	LabCorp		Subcontractor
28	Language Line		Subcontractor
29	Magellan Health Services		Subcontractor
30	MES Vision		Subcontractor
31	National Imaging Associate		Subcontractor
32	CVS Health		Subcontractor
33	Quest Diagnostics		Subcontractor
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41	Davis	Lisa	Other Principal Officer
42	Glickman MD	Seth	Other Principal Officer
43	Robertson	Jeff	Other Principal Officer
44	Heal		Subcontractor
45	Call the Car		Subcontractor
46	LifeSpring Home Nutrition		Subcontractor
47	IBM Truven Analytics		Subcontractor
48	Outcome MTM		Subcontractor
49	Soultran		Subcontractor
50	Livongo		Subcontractor
<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.

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BOS Clerk of the Board	



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

5. CONTRACTOR	
NAME OF CONTRACTOR 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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$66,454,916		
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): \$17,108,280 Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$49,346,636		

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

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FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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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) 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
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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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$8,586,000		
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): \$1,385,000 estimated annualized premium •Life and AD&D (Supplemental): \$776,000 estimated annualized premium •Long Term Disability (LTD): \$6,425,000 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.	COO
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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>
---	---------------------------



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 #: 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 Health Net of California, Inc.	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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$33,229,104		
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
<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	Neidorff	Michael	Board of Directors
2	Ayala	Orlando	Board of Directors
3	Blume	Jessica L	Board of Directors
4	Dallas	James	Board of Directors
5	Ditmore	Robert K	Board of Directors
6	Eppinger	Frederick H	Board of Directors
7	Gephardt	Richard A	Board of Directors
8	Roberts	John R	Board of Directors
9	Robinson	Lori J	Board of Directors
10	Steward	David L	Board of Directors
11	Thompson	Tommy G	Board of Directors
12	Trubeck	William	Board of Directors
13	Ternan	Brian	CEO
14	Santana-Chin	Martha	Other Principal Officer
15	Johnson	Karen	Other Principal Officer
16	Moore	Jennifer (Jenn)	Other Principal Officer
17	Balbone	Kerri	Other Principal Officer
18	Leaf	Garrett	CFO
19	Chen	Alex	Other Principal Officer

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Centene Corporation		Shareholder
21	The Vanguard Group, Inc		Shareholder
22	Accommodating Ideas		Subcontractor
23	Advanced Medical Reviews		Subcontractor
24	Akorbi Translations		Subcontractor
25	American Specialty Health		Subcontractor
26	American well Corporation		Subcontractor
27	American well Physicians		Subcontractor
28	Change Health solutions		Subcontractor
29	Cognizant		Subcontractor
30	CommGap		Subcontractor
31	Conifer Value-Based Care		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	Navitus Health Solutions		Subcontractor
43	Omada Health		Subcontractor
44	Online Care Network		Subcontractor
45	Online Care Group Alaska		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	



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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
Legislative Clerks Division	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 of California, Inc.	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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$33,229,104		
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	
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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
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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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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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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$492,007,892		
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: \$436,729,512 Kaiser Permanente California Medicare Retirees: \$5,4061,793 Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,216,587		

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
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9. AFFILIATES AND SUBCONTRACTORS

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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.

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Original	
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2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	(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 925-246-1300
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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$5,886,591		
NATURE OF THE CONTRACT (Please describe) Self-Insured 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
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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	Noel	Timothy John	Board of Directors
2	Putnam	Tarrant Jeffrey	Board of Directors
3	Putnam	Tarrant Jeffrey	CEO
4	Putnam	Tarrant Jeffrey	Other Principal Officer
5	Roos	Thomas Edward	CFO
6	Pezhman	Payman [NMN]	Other Principal Officer
7	Gill	Peter Marshall	Other Principal Officer
8	Lang	Heather Anastasia	Other Principal Officer
9	Zuba	Jessica Leigh	Other Principal Officer
10	Cottingham	Nyle Brent	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<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 #: 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 Dental Benefit Providers, Inc.	TELEPHONE NUMBER 888-835-9637
STREET ADDRESS (including City, State and Zip Code) 425 Market St., 12th Floor, 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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$397,602		
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
<p>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.</p>

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	United HealthCare Services		Shareholder
2	Fabula	Andrew Joseph	Board of Directors
3	Bailey, Jr.	David Ignatius	Board of Directors
4	Sheldon	Kenneth Mark	Board of Directors
5	Sheldon	Kenneth Mark	CEO
6	Davis	Mitchell Robert	CFO
7	Galimi	Gavin Guy	Other Principal Officer
8	Gill	Peter Marshall	Other Principal Officer
9	Lang	Heather Anastasia	Other Principal Officer
10	Brody	Michael Charles	Other Principal Officer
11	Sheldon	Kenneth Mark	Other Principal Officer
12	Zuba	Jessica Leigh	Other Principal Officer
13	Bailey, Jr.	David Ignatius	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.

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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.

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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 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) 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:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bedard	James Francis	Board of Directors
2	Brueckman	Brian Douglas	Board of Directors
3	Cottingham	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	William 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
22			
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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) 210740
DESCRIPTION OF AMOUNT OF CONTRACT \$9,377,304		
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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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adachi	Barbara	Board of Directors
2	Adams, O.D.	Tricia	Board of Directors
3	Howard	Fred	Board of Directors
4	Jennings, O.D.	Gordon W.	Board of Directors
5	Johnson, O.D.	Jarrett	Board of Directors
6	Morrissey	John	Board of Directors
7	Meter	Betsy	Board of Directors
8	Murphy, O.D.	Mary Anne	Board of Directors
9	Wickham, O.D.	Matt	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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