



## 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 #: 240724

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><br>California Physician Services DBA Blue Shield of Calif              | <b>TELEPHONE NUMBER</b><br>510-607-2400 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$63,207,027   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Self-Funded PPO for City Employees, City Early Retirees, and eligible dependents, and Blue Shield Self-Funded PPO for City Employees, City Early Retirees and eligible dependents 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<br>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  | DuPlessis, M.D., MPH           | Helen      | Board of Directors |
| 5  | Chen MD                        | Arthur     | Board of Directors |
| 6  | DeCoste                        | Pamela     | Board of Directors |
| 7  | Glaser                         | Will       | Board of Directors |
| 8  | Leslie                         | Kristina   | Board of Directors |
| 9  | Panetta                        | Leon       | Board of Directors |
| 10 | Markovich                      | Paul       | CEO                |
| 11 | Minter-Jordan MD MBA           | Myechia    | Board of Directors |
| 12 | Williams III                   | Ather      | Board of Directors |
| 13 | The Rawlings Group             |            | Subcontractor      |
| 14 | Optum                          |            | Subcontractor      |
| 15 | American Specialty Health      |            | Subcontractor      |
| 16 | Brightline                     |            | Subcontractor      |
| 17 | Cotiviti Inc                   |            | Subcontractor      |
| 18 | Broadridge fka DST Output      |            | Subcontractor      |
| 19 | Arvato Digital Services        |            | Subcontractor      |

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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE                    |
|----|--------------------------------|------------|-------------------------|
| 20 | HealthSparq                    |            | Subcontractor           |
| 21 | MediKeeper, Inc                |            | Subcontractor           |
| 22 | Healthwise                     |            | Subcontractor           |
| 23 | NovuHealth                     |            | Subcontractor           |
| 24 | LabCorp                        |            | Subcontractor           |
| 25 | LanguageLine Solutions         |            | Subcontractor           |
| 26 | Magellan Health                |            | Subcontractor           |
| 27 | EyeMed                         |            | Subcontractor           |
| 28 | National Imaging Associate     |            | Subcontractor           |
| 29 | Quest Diagnostics              |            | Subcontractor           |
| 30 | Solera Health, Inc.            |            | Subcontractor           |
| 31 | TPUSA-FCHS Fka Teleperform     |            | Subcontractor           |
| 32 | Partners in Care Foundatio     |            | Subcontractor           |
| 33 | Clarke                         | Sandra     | COO                     |
| 34 | Stuart                         | Michael    | CFO                     |
| 35 | Davis                          | Lisa       | Other Principal Officer |
| 36 | BenefitFocus                   |            | Subcontractor           |
| 37 | Accenture                      |            | Subcontractor           |
| 38 | Teladoc Health, Inc.           |            | Subcontractor           |

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| #                        | LAST NAME/ENTITY/SUBCONTRACTOR  | FIRST NAME | TYPE          |
|--------------------------|---|------------|---------------|
| 39                       | Arine   |            | Subcontractor |
| 40                       | CVS Specialty Pharmacy  |            | Subcontractor |
| 41                       | Amazon Pharmacy   |            | Subcontractor |
| 42                       |   |            |               |
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| 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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
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#### 3. FILER'S CONTACT

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| <b>NAME OF FILER'S CONTACT</b>   | <b>TELEPHONE NUMBER</b>        |
| Angela Calvillo                  | 415-554-5184                   |
| <b>FULL DEPARTMENT NAME</b>      | <b>EMAIL</b>                   |
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| <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><br>Dental Benefit Providers of California, Inc.  | <b>TELEPHONE NUMBER</b><br>(800) 445-9090 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$401,337  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Dental Benefit Providers, Inc. DBA United Healthcare Dental<br>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                |  |
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| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES<br>Board of Supervisors                                   |
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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME      | TYPE                    |
|----|--------------------------------|-----------------|-------------------------|
| 1  | Brody                          | Michael Charles | Board of Directors      |
| 2  | Fabula                         | Andrew Joseph   | Board of Directors      |
| 3  | Kato                           | Irma Chi        | Board of Directors      |
| 4  | Sheldon                        | Kenneth Mark    | Board of Directors      |
| 5  | Toler                          | Paul Ryan       | Board of Directors      |
| 6  | Toler                          | Paul Ryan       | CFO                     |
| 7  | Kato                           | Irma Chi        | CEO                     |
| 8  | Brody                          | Michael Charles | Other Principal Officer |
| 9  | Gill                           | Peter Marshall  | Other Principal Officer |
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| 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**

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| <b>OFFICE OR BOARD</b> | <b>NAME OF CITY ELECTIVE OFFICER</b> |
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| 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><br>Delta Dental of California   | <b>TELEPHONE NUMBER</b><br>888-335-8227 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$69,072,107  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents:<br>Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$48,040,821<br>Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$21,031,286 |                                |  |

| 7. COMMENTS  |
|--|
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| 8. CONTRACT APPROVAL                |  |
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| 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  | Castro                         | Michael J. | Board of Directors |
| 2  | Weber                          | Alicia F.  | CFO                |
| 3  | Chavarria                      | Sarah M.   | CEO                |
| 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 | Allford                        | Robert A.  | Board of Directors |
| 15 | Yodowitz                       | Heidi E.   | Board of Directors |
| 16 |                                |            |                    |
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|                        |                                      |
|------------------------|--------------------------------------|
| <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><br>Hartford Life and Accident Insurance Company                            | <b>TELEPHONE NUMBER</b><br>860-547-5000 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$8,016,000  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance for City Employees<br><ul style="list-style-type: none"> <li>•Life (basic): estimated annualized premium: \$1,566,000</li> <li>•Life and AD&amp;D (Supplemental): estimated annualized premium: \$978,000</li> <li>•Long Term Disability (LTD): estimated annualized premium: \$5,472,000</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><br>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  | Lorens                         | Kathleen E. | 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  | Nidemo                         | Allison G.  | Other Principal Officer |
| 8  |                                |             |                         |
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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 |
|----|--------------------------------|------------|------|
| 20 |                                |            |      |
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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|------|
| 39 |                                |            |      |
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| 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><br><br><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 #: 240724

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><br>Delta Dental of California   | <b>TELEPHONE NUMBER</b><br>888-335-8227 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$859,481   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>DHMO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents.<br><br>DeltaCare USA DHMO Policy 71797-DeltaCare active and retiree (fully insured premium):<br>\$859,481 |                                |  |

| 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<br>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. | Board of Directors |
| 2  | Weber                          | Alicia F.  | CFO                |
| 3  | Chavarria                      | Sarah M.   | CEO                |
| 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 | Yodowitz                       | Heidi E.   | Board of Directors |
| 15 | Allford                        | Robert A.  | Board of Directors |
| 16 |                                |            |                    |
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**9. AFFILIATES AND SUBCONTRACTORS**

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**9. AFFILIATES AND SUBCONTRACTORS**

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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
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| 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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



## San Francisco Ethics Commission

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Received On:

File #: 240724

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

|   |   |
|---|---|
| <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><br>Health Net, LLC.   | <b>TELEPHONE NUMBER</b><br>(888) 926-4988 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$12,285,565   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents. |                                |  |

| 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<br>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  | Deveydt                        | Wayne        | 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  | Coughlin                       | Christopher  | Board of Directors      |
| 8  | Robinson                       | Lori J.      | Board of Directors      |
| 9  | Samuels                        | Theodore     | Board of Directors      |
| 10 | Ternan                         | Brian        | CEO                     |
| 11 | Santana-Chin                   | Martha       | Other Principal Officer |
| 12 | Havert                         | Colin        | Other Principal Officer |
| 13 | Chen                           | Alex         | Other Principal Officer |
| 14 | Sellner                        | Jessica      | CFO                     |
| 15 | Mittal                         | Pooja        | Other Principal Officer |
| 16 | Centene Corporation            |              | Shareholder             |
| 17 | Advanced Medical Reviews       |              | Subcontractor           |
| 18 | Akorbi Translations            |              | Subcontractor           |
| 19 | American Specialty Health      |              | 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 | Applied Research Works         |            | Subcontractor |
| 21 | Change Health Solutions        |            | Subcontractor |
| 22 | Cognizant                      |            | Subcontractor |
| 23 | CommGap                        |            | Subcontractor |
| 24 | Conduent Credit Solutions      |            | Subcontractor |
| 25 | Cotiviti                       |            | Subcontractor |
| 26 | Datafied Global                |            | Subcontractor |
| 27 | Centene Management Company     |            | shareholder   |
| 28 | eviCore                        |            | Subcontractor |
| 29 | Teladoc DBA Mystrength         |            | Subcontractor |
| 30 | CQ Fluency                     |            | Subcontractor |
| 31 | Deaf and Community Service     |            | Subcontractor |
| 32 | DHHCS                          |            | Subcontractor |
| 33 | Optum                          |            | Subcontractor |
| 34 | OptumInsight                   |            | Subcontractor |
| 35 | Periscope                      |            | Subcontractor |
| 36 | Teleperformance                |            | Subcontractor |
| 37 | Turning Point                  |            | Subcontractor |
| 38 | Varis                          |            | Subcontractor |

**9. AFFILIATES AND SUBCONTRACTORS**

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| #                                   | LAST NAME/ENTITY/SUBCONTRACTOR  | FIRST NAME | TYPE          |
|-------------------------------------|---|------------|---------------|
| 39                                  | Voiance Language Services   |            | Subcontractor |
| 40                                  | welvie  |            | Subcontractor |
| 41                                  | Dental Benefits Provider  |            | Subcontractor |
| 42                                  | Envolve Benefit Options   |            | Subcontractor |
| 43                                  | Health Management Systems   |            | Subcontractor |
| 44                                  | Lifesigns, Inc.   |            | Subcontractor |
| 45                                  | ModivCare   |            | Subcontractor |
| 46                                  | Evolent Specialty Service   |            | Subcontractor |
| 47                                  | O'Neil Digital Solutions  |            | Subcontractor |
| 48                                  | Payspan   |            | Subcontractor |
| 49                                  | Periscope Group   |            | Subcontractor |
| 50                                  | RICOH   |            | 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

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Received On:

File #: 240724

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| <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><br>Health Net, LLC.   | <b>TELEPHONE NUMBER</b><br>(888) 926-4988 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$12,285,565   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents. |                                |  |

| 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<br>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  | Foundever(Sykes Ent.INC)       |            | Subcontractor |
| 2  | The Staywell Company           |            | Subcontractor |
| 3  | The Rawlings Group             |            | Subcontractor |
| 4  | Transperfect                   |            | Subcontractor |
| 5  | wellframe                      |            | Subcontractor |
| 6  | Centene Pharmacy Services      |            | Shareholder   |
| 7  | Allyant                        |            | Subcontractor |
| 8  | Finthrive                      |            | Subcontractor |
| 9  | Sharecare                      |            | Subcontractor |
| 10 | Clarity Software Solutions     |            | Subcontractor |
| 11 |                                |            |               |
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| 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><br><br><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 #: 240724

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

|   |   |
|---|---|
| <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><br>Kaiser Foundation Health Plan, Inc.                                      | <b>TELEPHONE NUMBER</b><br>(510) 271-5800 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$593,176,982  |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br><p>Medical Health Insurance for City Employees, City Retirees, and eligible dependents: 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.</p> <p>Kaiser Permanente California Active/Early Retirees: \$530,699,040</p> <p>Kaiser Permanente California Medicare Retirees: \$60,634,854</p> <p>Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,843,088</p> |                                |  |

| 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><br>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 | Ryan                           | Matthew    | Board of Directors      |
| 11 | Shannon, MD                    | Richard P. | Board of Directors      |
| 12 | Sharma                         | Vivek      | Board of Directors      |
| 13 | Washington, MD                 | A. Eugene  | Board of Directors      |
| 14 | Ming                           | Jenny J.   | Board of Directors      |
| 15 | Benavides                      | Vanessa M  | Other Principal Officer |
| 16 | Bindman, MD                    | Andrew     | Other Principal Officer |
| 17 | Choucar, MD                    | Bechara    | Other Principal Officer |
| 18 | Hernandez                      | Catherine  | Other Principal Officer |
| 19 | Lancaster                      | Kathy      | CFO                     |

**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 | Liang                          | Janet A.   | COO                     |
| 21 | Bagli                          | Yazdi      | Other Principal Officer |
| 22 | Baratian                       | Jacqueline | Other Principal Officer |
| 23 | Barrueta                       | Anthony    | Other Principal Officer |
| 24 | Cuevas                         | Brandon    | Other Principal Officer |
| 25 | Holmes                         | Greg       | Other Principal Officer |
| 26 | Minardi, MD                    | Paul       | Other Principal Officer |
| 27 | Swenson                        | Paul       | Other Principal Officer |
| 28 |                                |            |                         |
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**9. AFFILIATES AND SUBCONTRACTORS**

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| 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><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
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Received On:

File #: 240724

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

|   |   |
|---|---|
| <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><br>Vision Service Plan (VSP)   | <b>TELEPHONE NUMBER</b><br>800-877-7195 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$11,428,832   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees and eligible dependents. |                                |  |

| 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<br>Board of Supervisors                                   |
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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  | Wickham, OD                    | Matt       | Board of Directors      |
| 2  | Adams, OD                      | Tricia     | Board of Directors      |
| 3  | Murphy, OD                     | Mary Anne  | Board of Directors      |
| 4  | Adachi                         | Barbara    | Board of Directors      |
| 5  | Glabe, OD                      | David      | Board of Directors      |
| 6  | Holmberg                       | David      | Board of Directors      |
| 7  | Meter, Retired, KPMG           | Betsy      | Board of Directors      |
| 8  | Lorance                        | Saraj      | Board of Directors      |
| 9  | Johnson, O.D.                  | Jarrett    | Board of Directors      |
| 10 | Metwalli, OD                   | Maggie     | Board of Directors      |
| 11 | Guyette                        | Michael    | CEO                     |
| 12 | Renwick-Espinosa               | Kate       | Other Principal Officer |
| 13 | Mahmood                        | Alec       | CFO                     |
| 14 |                                |            |                         |
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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><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p><br><br><p>BOS Clerk of the Board</p> | <p><b>DATE SIGNED</b></p> |
|---|---------------------------|



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Received On:

File #: 240724

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### Notification of Contract Approval

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A Public Document

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#### 1. FILING INFORMATION

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| <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                    | 415-554-5184                               |
| <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><br>California Physician Services DBA Blue Shield of Calif              | <b>TELEPHONE NUMBER</b><br>510-607-2400 |
| <b>STREET ADDRESS (including City, State and Zip Code)</b><br>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><br>240724 |
| <b>DESCRIPTION OF AMOUNT OF CONTRACT</b><br>\$114,917,337   |                                |  |
| <b>NATURE OF THE CONTRACT (Please describe)</b><br>California Physician Services DBA Blue Shield of California<br><br>Fully-Insured Medicare Medical PPO Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees and eligible dependents |                                |  |

| 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<br>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  | DuPlessis, M.D, M.P.H.         | Helen      | Board of Directors |
| 5  | Chen, M.D.                     | Arthur     | Board of Directors |
| 6  | DeCoste                        | Pamela     | Board of Directors |
| 7  | Glaser                         | Will       | Board of Directors |
| 8  | Leslie                         | Kristina   | Board of Directors |
| 9  | Markovich                      | Paul       | CEO                |
| 10 | Panetta                        | Leon       | Board of Directors |
| 11 | Williams III                   | Ather      | Board of Directors |
| 12 | The Rawlings Group             |            | Subcontractor      |
| 13 | Optum                          |            | Subcontractor      |
| 14 | American Specialty Health      |            | Subcontractor      |
| 15 | Cotiviti, Inc                  |            | Subcontractor      |
| 16 | HealthSparq                    |            | Subcontractor      |
| 17 | Broadridge fka DST Output      |            | Subcontractor      |
| 18 | Arvato Digital Services        |            | Subcontractor      |
| 19 | MediKeeper, Inc.               |            | Subcontractor      |



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| #  | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE          |
|----|--------------------------------|------------|---------------|
| 20 | NovuHealth                     |            | Subcontractor |
| 21 | Healthwise                     |            | Subcontractor |
| 22 | Solera Health, Inc             |            | Subcontractor |
| 23 | LabCorp                        |            | Subcontractor |
| 24 | LanguageLine Solutions         |            | Subcontractor |
| 25 | Magellan Health                |            | Subcontractor |
| 26 | EyeMed                         |            | Subcontractor |
| 27 | Quest Diagnostics              |            | Subcontractor |
| 28 | Teladoc Health, Inc.           |            | Subcontractor |
| 29 | Teleperformance                |            | Subcontractor |
| 30 | Partners in Care Found.        |            | Subcontractor |
| 31 | Call the Car                   |            | Subcontractor |
| 32 | LifeSpring Home Nutrition      |            | Subcontractor |
| 33 | OutcomesMTM                    |            | Subcontractor |
| 34 | Solutran                       |            | Subcontractor |
| 35 | BenefitFocus                   |            | Subcontractor |
| 36 | Accenture                      |            | Subcontractor |
| 37 | Arine                          |            | Subcontractor |
| 38 | CVS Specialty Pharmacy         |            | Subcontractor |

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| #                        | LAST NAME/ENTITY/SUBCONTRACTOR  | FIRST NAME | TYPE                    |
|--------------------------|---|------------|-------------------------|
| 39                       | Amazon Pharmacy   |            | Subcontractor           |
| 40                       | Healthways  |            | Subcontractor           |
| 41                       | Care Connectors Medical Gr  |            | Subcontractor           |
| 42                       | Tivity Health   |            | Subcontractor           |
| 43                       | Lifestation   |            | Subcontractor           |
| 44                       | Carenet   |            | Subcontractor           |
| 45                       | Clarke  | Sandra     | COO                     |
| 46                       | Stuart  | Michael    | CFO                     |
| 47                       | Davis   | Lisa       | Other Principal Officer |
| 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.**

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