

File No. 260732

Committee Item No. 8

Board Item No. 10

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 8, 2026

Board of Supervisors Meeting Date July 14, 2026

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| ☐ | ☐ | Motion |
| ☐ | ☐ | Resolution |
| ☒ | ☒ | Ordinance |
| ☒ | ☒ | Legislative Digest |
| ☒ | ☒ | Budget and Legislative Analyst Report |
| ☐ | ☐ | Youth Commission Report |
| ☒ | ☒ | Introduction Form |
| ☒ | ☒ | Department/Agency Cover Letter and/or Report |
| | | • HSS 10-County Survey 2027 Rates |
| | | • HSS 10-County Rates & Benefits CY 2027 |
| | | • HSS Memo 6/22/2026 |
| ☐ | ☐ | MOU |
| ☐ | ☐ | Grant Information Form |
| ☐ | ☐ | Grant Budget |
| ☐ | ☐ | Subcontract Budget |
| ☐ | ☐ | Contract/Agreement |
| ☒ | ☒ | Form 126 – Ethics Commission (10) |
| ☐ | ☐ | Notice of Award/Award Letter |
| ☐ | ☐ | Application |
| ☐ | ☐ | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|-------------------------------------|-------------------------------------|---------------------------------------|
| ☒ | ☒ | <u>Enrollment Statistics</u> |
| ☒ | ☒ | <u>AON Actuarial Letter 6/18/2026</u> |
| ☒ | ☒ | <u>HSS Presentation 7/8/2026</u> |
| ☐ | ☐ | <u> </u> |
| ☐ | ☐ | <u> </u> |
| ☐ | ☐ | <u> </u> |
| ☐ | ☐ | <u> </u> |
| ☐ | ☐ | <u> </u> |
| ☐ | ☐ | <u> </u> |
| ☐ | ☐ | <u> </u> |

Completed by: Brent Jalipa Date July 1, 2026

Completed by: Brent Jalipa Date July 8, 2026

[Health Service System Plans and Contribution Rates - Calendar Year 2027]

Ordinance approving Health Service System plans and contribution rates for calendar year 2027.

NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
Additions to Codes are in *single-underline italics Times New Roman font*.
Deletions to Codes are in ~~*strikethrough italics Times New Roman font*~~.
Board amendment additions are in double-underlined Arial font.
Board amendment deletions are in ~~strikethrough Arial font~~.
Asterisks (* * * *) indicate the omission of unchanged Code subsections or parts of tables

Be it ordained by the People of the City and County of San Francisco:

Section 1. Background and Findings.

(a) Under Charter Section A8.423, the Health Service Board (“HSB”) is required to conduct a survey of the ten counties in the State of California, other than the City and County of San Francisco, having the largest populations to determine the “average contribution” made by each such county toward the providing of health care plans, exclusive of dental or optical care, for each employee of such county. The HSB is then required to certify to the Board of Supervisors “the average contribution” as determined by the survey.

(b) According to the California Department of Finance, the ten most populous counties in the State of California other than San Francisco (in descending order of population) are: Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa, and Fresno (collectively, the “Survey Counties”).

(c) On March 12, 2026, based on the Health Service System’s survey of each of the Survey Counties, a copy of which is on file with the Clerk of the Board of Supervisors in Board

1 File No. 260732, the HSB determined that “the average contribution” made by the counties
2 surveyed for the 2025 calendar plan year is \$1029.76 per month.

3 (d) At its meetings of February 12, March 12, April 9, May 14, and June 11, 2026, the
4 HSB adopted health insurance plans and contribution rates for Health Service System plans
5 to become effective on January 1, 2027, for the calendar plan year January 1, 2027 through
6 December 31, 2027. Said plans and contribution rates are on file with the Clerk of the Board
7 of Supervisors in Board File No. 260732, and are incorporated herein by reference. Each of
8 the health insurance plans is expected to exceed \$10,000,000 in expenditures, and therefore
9 Charter Section 9.118(b) requires Board of Supervisors approval of each plan.

10
11 Section 2. The Board of Supervisors hereby approves the health insurance plans and
12 contribution rates adopted by the HSB on February 12, March 12, April 9, May 14, and
13 June 11, 2026, as referenced in subsection (d) of Section 1 of this ordinance.

14
15 Section 3. As referenced in subsection (c) of Section 1 of this ordinance, “the average
16 contribution” under Charter Section A8.423, which shall constitute the monthly amount
17 contributed by the participating employers to the Health Service Trust Fund for the calendar
18 plan year January 1, 2027 through December 31, 2027, as required under Charter Section
19 A8.428(b)(2), is \$1029.76.

20
21 Section 4. Effective Date. This ordinance shall become effective on the 31st day after
22 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the
23 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board
24 of Supervisors overrides the Mayor’s veto of the ordinance.

1 Section 5. Supermajority Vote Requirement. Under Charter Section A8.422, a three-
2 fourths' vote of the Board of Supervisors (i.e., the vote of at least nine Supervisors) is required
3 for passage of this ordinance.

4
5 APPROVED AS TO FORM:
6 DAVID CHIU, City Attorney

7 By: /s/ Jennifer A. Donnellan
8 Jennifer A. Donnellan
9 Deputy City Attorney
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

LEGISLATIVE DIGEST

[Ordinance - Health Service System Plans and Contribution Rates for Calendar Year 2027]

Ordinance approving Health Service System plans and contribution rates for calendar year 2027.

Existing Law

Charter Section A8.422 requires the Board of Supervisors to adopt health care plan contribution rates annually for Health Service System members by three fourths of its members.

Amendments to Current Law

The Ordinance sets the participating employer's average contribution toward member health insurance premiums in addition to the Health Service System member health care plan contribution rates.

Background Information

The San Francisco Board of Supervisors (Board) approves rates and benefits for San Francisco Health Service System (HSS) members, and the employer's "average contribution" toward member health insurance premiums, through a single uncoded ordinance. The "average contribution" is the average contribution made by the ten counties in California with the largest populations toward the providing of health care plans, exclusive of dental or optical care, for each employee of such county.

n:\legana\as2023\1800710\01764643.docx

Item 8 File 26-0732	Department: Health Service System (HSS)
EXECUTIVE SUMMARY	
Legislative Objectives - The proposed ordinance would approve the San Francisco Health Service System's (HSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year (CY) 2027. Key Points - The HSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board approves the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by HSS employers, including the City, and other members. - In general, there are no major changes to the City's existing health insurance provider contracts for CY 2027. However, the Health Service Board approved several plan design changes, including the discontinuation of Kaiser retiree multi-region plans in Washington, Oregon, and Hawaii; the removal of Medicare Advantage PPO coverage for weight-loss medications as required by federal regulations; and restrictions on GLP-1 weight-loss medication coverage under the Health Net CanopyCare plan. Fiscal Impact - The total estimated cost for active and retired City employees for health, vision, and dental plans, as well as long-term disability and life insurance, would be \$1,251,990,778 in CY 2027, which is 10.42 percent more than the \$1,133,820,902 total cost in CY 2026. Of the total, the City's costs would be \$1,099,380,893, with the balance of \$152,609,885 paid by employees and retirees. Policy Consideration - In 2025, HSS conducted an RFP for dental PPO services. Although MetLife received the highest evaluation score and was projected to reduce City costs by approximately \$11.6 million in 2027, the savings were largely attributable to lower in-network utilization resulting from a smaller provider network. The Health Service Board ultimately declined to award a new contract and retained Delta Dental as the City's dental PPO provider. Recommendation - Approve the proposed ordinance.	

MANDATE STATEMENT

City Charter Section A8.423 states that the Health Service Board is required to conduct a survey of the 10 most populous California counties, excluding San Francisco, to determine the average contribution made by each county toward health plan premiums for employees, excluding dental plan premiums. The Health Service Board is then required to certify to the Board of Supervisors the average contribution as determined by this survey. City Charter Section A8.428 also requires the City to contribute to the Health Service System Trust Fund to pay the costs of health plan premiums.

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) any modification of such contracts of more than \$500,000 is subject to Board of Supervisors approval.

BACKGROUND

The Health Service Board oversees the San Francisco Health Service System (HSS). The HSS administers non-pension benefits, including health, vision, dental, as well as life insurance and long-term disability insurance. The Health Service Board provides the annual health, vision, dental and other insurance plans, and sets the respective plan premium rates and contributions to be paid by HSS employers and members. There are four HSS employers:

1. City and County of San Francisco (City)
2. San Francisco Unified School District (SFUSD)
3. San Francisco Community College District (SFCCD)
4. San Francisco Superior Court (Superior Court)

HSS members are active and retired employees of the above noted four employers, their dependents, and members of eligible boards and commissions. Dependents include children, spouses, domestic partners, surviving spouses of deceased members, and other legal dependents.

City and Employee Contribution Models

Most contribution formulas for City employees negotiated as part of their labor agreements fall into the following two percentage-based models which reflect the City's percentage of the contribution.

- 93/93/83 Contribution Model: The City contributes 93 percent of the total health insurance premium for a single member, capped at 93 percent of the second-highest cost plan. The City contributes 93 percent of the total health insurance premium for employees with one dependent, capped at 93 percent of the second-highest cost plan. The City contributes 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According

to HSS, there are 21,014 active employee members (excluding dependents) who are covered by this contribution model in 2027.

- **100/96/83 Contribution Model:** The City contributes 100 percent of total health insurance premium for a single member. The City contributes up to 96 percent of the total health insurance premium for employees with one dependent, capped at 96 percent of the second-highest cost plan. The City contributes 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to HSS, there are 11,859 active employee members (excluding dependents) who are covered by this contribution model in 2027.

Retiree Health Plan Premium Contributions

The 10-county survey average is used as a basis for calculating the employer contribution to the monthly health plan premium for all retirees hired on or before January 9, 2009.¹ Based on the 2026 10-County Survey, the 10-county average employer contribution for calendar year 2027 is \$1,029.76 per member per month, which is \$87.62, or approximately 9.3 percent, more than the average monthly contribution in 2026 of \$942.14.

Retirees who were hired on or after January 10, 2009 receive a percentage of the employer contribution depending on how long they worked for the City, with the percentage increasing as the number of years the employee worked for the employer increases.

According to HSS, there are 24,772 retired members (excluding dependents) who are covered by the City Charter-defined retiree contribution model in 2027.

Trust Funds

Under Charter Section A8.428, employer and HSS member contributions to health plan premiums are deposited in the Health Service System Trust Fund, which in turn funds costs for medical expenses and health plans. As of April 2026, the Health Service System Trust Fund balance was \$70.5 million and is projected to be \$67.8 million as of June 30, 2026.

The retiree rates for health care impact the City's post-employment benefits (OPEB), which are currently paid on a pay-go basis. The City also pre-funds its OPEB liability by contributions from employers and employees deposited into a Retiree Health Care Trust Fund, each up to one percent of each employee's compensation. As of June 30, 2025, the net OPEB liability was approximately \$3.9 billion, net of fund assets totaling \$1.2 billion. In FY 2024-25, the City paid \$248.8 million in pay-go contributions for retirement health care benefits and made a \$52.1 million deposit into the Retiree Health Care Trust Fund. Once the Retiree Health Care Trust Fund reaches a funding level sufficient to fund existing liabilities from investment returns, the City's one percent contribution will cease and the employee's contribution will be for new liabilities accrued during a given year, up to one percent of compensation.

¹ In the event the premium for the retiree is higher than the 10-county "average contribution", the City will pay the "average contribution" amount. In the event the premium is less than the "average contribution," the City will pay one hundred percent of the premium.

DETAILS OF PROPOSED LEGISLATION

The proposed ordinance would approve the San Francisco Health Service System's (HSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year (CY) 2027. A three-fourths' vote of the Board of Supervisors is required to pass the ordinance under Charter Section A8.422. The total cost of the plans would be \$1,251,990,778 in CY 2027, which is \$118,169,876, or 10.42 percent, more than the \$1,133,820,902 total cost in CY 2026. Of the total, the City's costs would be \$1,099,380,893, with the remaining \$152,609,885 paid by employees and retirees. Exhibit 1 below provides a summary of health insurance costs for 2027.

The Health Service Board approved the following health, vision, dental, life and long-term disability insurance plans and premiums for the period from January 1, 2027 through December 31, 2027 on the following dates in 2026: February 12, March 12, April 9, May 14, and June 11.

In general, there are no major changes to the City's existing health insurance provider contracts for CY 2027. However, the Health Service Board approved several plan changes, including the discontinuation of Kaiser retiree multi-region plans in Washington, Oregon, and Hawaii, the elimination of Medicare Advantage PPO coverage for prescription drugs used solely for weight loss purposes as required by federal regulations, and restrictions on GLP-1 weight loss medication coverage under the Health Net CanopyCare plan.

Health Plans and Premiums

Kaiser Permanente HMO²

Kaiser Permanente (Kaiser) covers active, early retirees³ and Medicare retirees. The total Kaiser HMO premium amounts to be paid by the City as employer are \$495,899,265, which is a 6.35 percent increase from CY 2026 to CY 2027.⁴ These amounts are shown in Exhibit 1 below.

No 2027 plan design changes were approved for Kaiser plans. However, the Health Service Board approved discontinuation of the Kaiser retiree multi-region plans in Washington, Oregon, and Hawaii after the 2026 plan year due to limited enrollment (currently 238 participants) and administrative burden. Retirees enrolled in those plans will transition to existing Blue Shield plan options available to retirees residing outside the Bay Area, though most would pay higher premiums. According to HSS, 91 percent of retirees on the City's health plans live in California.

² An HMO (Health Maintenance Organization) offers care through a closed panel of providers, in which members select a primary care physician, who manages their care. The HMOs pay the medical groups on a per capita basis.

³ Retired employees of less than 65 years of age and therefore not eligible for Medicare.

⁴ This includes the following plans: Kaiser HMO (actives and early retirees) and Kaiser KPSA HMO (Medicare retirees).

Blue Shield of California HMOs

The total Blue Shield of California (BSC) Access+ and Trio plans are flex-funded⁵ HMOs for active employees and early retirees. The total BSC flex-funded HMO plan premium amounts to be paid by the City as employer are \$370,712,991, which is a 15.81 percent increase from CY 2026 to CY 2027.

Blue Shield of California PPO⁶

The Blue Shield of California (BSC) PPO plan is self-funded for active employees and early retirees. The BSC self-funded PPO plan premium amounts to be paid by the City as employer are \$71,435,533, which is a 19.56 percent increase⁷ from CY 2026 to CY 2027.

Blue Shield of California PPO for Non-Medicare “Split Family” Plans

In 2025, Blue Shield of California (BSC) became the plan administrator for non-Medicare “split family” plans, which provides coverage for non-Medicare covered individuals within families where one or more individual is Medicare-eligible and enrolled in the BSC Medicare Advantage Prescription Drug (MAPD) plan. This is referred to as a “split family” plan because one or more individuals in the family is not yet Medicare-eligible and enrolls in a non-Medicare BSC PPO or HMO plan and one or more individual is Medicare-eligible and is enrolled in the BSC MAPD plan. The BSC PPO for non-Medicare “split family” plan premium amounts to be paid by the City as employer are \$2,707,308, which is a 6.43 percent increase from CY 2026 to CY 2027.

No Plan Changes to Non-Medicare BSC Plans

No plan design changes were approved for the Blue Shield Access+, Blue Shield Trio, Blue Shield PPO, or Blue Shield split-family PPO plans for 2027. The primary actions approved for these plans were premium and contribution adjustments.

Blue Shield of California Medicare Advantage Prescription Drug (MAPD) PPO

In 2025, Blue Shield of California (BSC) became the plan administrator for MAPD plan members. The BSC MAPD PPO plan covers all non-Kaiser Medicare eligible retirees. One plan design change applies to the BSC MAPD PPO plan in 2027. Consistent with federal Centers for Medicare and Medicaid Services requirements, coverage for prescription drugs used solely for weight-loss

⁵ Under flex-funding, the HMO pays the medical groups on a per capita basis and plan sponsor (HSS) pays the variable claims other than the fixed medical group amounts.

⁶ Under a PPO (Preferred Provider Organization), the member’s cost-share are lower when using physicians, hospitals, and other providers in the preferred network versus and non-preferred providers. This self-funded arrangement means the plan sponsor (HSS) pays the purchaser (through a third-party administrator) on a fee for service basis based on negotiated contracts.

⁷ According to HSS, the increase was primarily attributable to a rise in large PPO claims, as 329 covered lives incurred healthcare expenses exceeding \$50,000 during 2025.

purposes will be eliminated. This change does not affect GLP-1 medications with FDA-approved Medicare Part D indications.⁸

The total BSC MAPD PPO plan premiums amount to be paid by the City as employer are \$94,181,899, which is a 6.39 percent increase from CY 2026 to CY 2027.

According to Aon, the MAPD PPO and related split-family plans continue under the three-year premium guarantee negotiated through the 2024 procurement process, which is projected to generate approximately \$67 million in savings between 2025 and 2027.

Health Net CanopyCare HMO

The Health Net CanopyCare HMO plan is flex-funded for active employees and early retirees. CanopyCare provides access to the Canopy Health Alliance of over 5,500 providers in six medical groups and major regional medical centers and hospitals covering the greater Bay Area. The Health Net CanopyCare flex-funded HMO plan premium amounts to be paid by the City as employer are \$13,015,692, which is an 18.37 percent increase⁹ from CY 2026 to CY 2027.

The Health Service Board approved one plan change for Health Net CanopyCare in 2027. Coverage for GLP-1 medications prescribed solely for weight loss is restricted to members with a Body Mass Index (BMI) of at least 40. No other plan design changes were approved.

Vision Plan

Members enrolled in any of the health plans receive vision benefits through Vision Service Plan (VSP), a third-party insurer. The cost of the Basic Plan vision benefit is included in the cost of the medical plan for all monthly health plan premiums. Any active employees or retirees who choose to enroll in the Premier Plan pay the full premium difference between Premier Plan rates and Basic Plan rates in the form of member contributions.

In 2027, all vision Basic Plan rates remain unchanged from the 2026 plan year. The employer portion of vision costs remains unchanged from 2026 to 2027. In 2027, vision Premier Plan total premium rates are increasing by two percent from 2026 levels. No plan design changes were approved for the vision plans by the Health Service Board for 2027.

Dental Plans

HSS offers three dental plans, which are one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). The City pays most of the cost of dental benefits for active employees enrolled in the Delta Dental PPO, and the full cost of the dental HMOs for active employees. Retirees pay the full cost of their dental plans with no employer contributions.

⁸ Medicare Part D covers outpatient prescription drugs and most adult vaccines not covered by Part B. To be eligible, drugs must be medically accepted indications (FDA-approved or supported by standard medical references) prescribed by an authorized provider and listed on the plan's formulary (drug list).

⁹ According to HSS, the increase was driven by higher utilization of outpatient surgery services (26 percent), increased utilization of mental health services (32 percent), and significant growth in specialty drug expenditures resulting from both increased utilization and rising drug prices.

For plan year 2027, the City will contribute (1) the total premium toward each of the dental HMO plans for City active employees, and (2) the monthly premium minus employee contributions ranging from \$5.00 for employee only coverage to \$15.00 per month for full family coverage, for the self-funded Dental PPO plan. Member contributions for the three dental plans remain unchanged from the 2026 plan year.

The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$45,835,623, which is a 3.49 percent increase from CY 2026 to CY 2027.

No plan design changes were approved for the dental PPO/HMO plans by the Health Service Board for 2027.

Life and Long-Term Disability Insurance

The Life Insurance Company of North America (LINA) and also known as New York Life is the insuring entity for the HSS life insurance, accidental death and dismemberment (AD&D) insurance, short-term and long-term disability (LTD) insurance. In CY 2027, the aggregate City contribution for all life insurance, AD&D, and short-term and LTD plan premiums are \$5,592,581, which remains unchanged from CY 2026 to CY 2027.

Federal Affordable Care Act Requirements

In 2010, the Patient Protection and Affordable Care Act (also known as the Affordable Care Act) created a Health Insurance Tax (HIT) and two direct fees were passed through to employers – the Transitional Reinsurance Fee (TRF) and the Patient Centered Outcomes Research Institute (PCORI) fee. The HIT and TRF are no longer in effect. The PCORI fee¹⁰ remains in effect through 2029 as part of the SECURE Act passed by the federal government in December 2019. HSS pays this fee to the federal government for the self-funded BSC PPO plan, while Kaiser, BSC, and Health Net pay this fee on HSS's behalf for fully insured or flex-funded plans. The 2027 PCORI fee is expected to be slightly higher than the \$3.84 per covered person per year fee in current year 2026, according to the City's actuarial consultant, Aon.

FISCAL IMPACT

2027 Total City Costs

As shown in Exhibit 1 below, the total estimated cost for active and retired City employees for health, vision, and dental plans, as well as long-term disability and life insurance, will be \$1,251,990,778 in CY 2027, which is \$118,169,876, or 10.42 percent, more than the \$1,133,820,902 total cost in CY 2026.

The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance, for the City as employer in CY 2027 are \$1,099,380,893, which is \$101,291,645,

¹⁰ The PCORI fee was established as part of the Affordable Care Act to fund research to evaluate the effectiveness of medical treatments, procedures and strategies that treat, manage, diagnose, or prevent illness or injury. The ACA requires certain carriers and health plan sponsors (i.e., employers) to pay the PCORI fee annually.

or 10.15 percent, more than the \$998,089,249 cost in CY 2026. The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance that will be paid by employees and retirees are \$152,609,885 in CY 2027, which is \$16,878,232, or 12.44 percent, more than the \$135,731,653 cost in CY 2026.

According to HSS, in CY 2027, the average medical monthly contribution by each member will be \$210.42 per member per month for all members (actives employees and retirees combined), \$243.22 per member per month for active employees, and \$166.89 per member per month for retirees.

**Exhibit 1: Total Plan Costs for the City, Employees and Retirees in 2027 Compared to 2026
Current Membership¹¹**

	2026 Forecast	2027 Forecast	Increase/ (Decrease)	Percent Change
City Costs Only				
Kaiser HMO (Actives and Early Retirees)	\$420,635,611	\$451,219,227	\$30,583,616	7.27%
Blue Shield Access+ HMO (Actives and Early Retirees)	\$243,224,271	\$285,667,668	\$42,443,396	17.45%
Blue Shield Trio HMO (Actives and Early Retirees)	\$76,868,558	\$85,045,324	\$8,176,766	10.64%
Blue Shield PPO (Actives and Early Retirees)	\$59,749,624	\$71,435,533	\$11,685,910	19.56%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$10,996,030	\$13,015,692	\$2,019,662	18.37%
BSC PPO (Non-Medicare Split Family Lives)	\$2,543,740	\$2,707,308	\$163,568	6.43%
Kaiser KPSA HMO (Medicare Retirees)	\$45,665,686	\$44,680,038	(\$985,647)	-2.16%
BSC MA PPO (Medicare Retirees)	\$88,522,802	\$94,181,899	\$5,659,097	6.39%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$948,206,322</i>	<i>\$1,047,952,689</i>	<i>\$99,746,367</i>	<i>10.52%</i>
Dental (Actives Only) ¹²	\$44,290,346	\$45,835,623	\$1,545,277	3.49%
Long Term Disability and Life Insurance (Actives Only) ¹³	\$5,592,581	\$5,592,581	\$0	0.00%
Total City Costs	\$998,089,249	\$1,099,380,893	\$101,291,645	10.15%
Employee and Retiree Costs Only				
Kaiser HMO (Actives and Early Retirees)	\$51,924,902	\$55,384,562	\$3,459,660	6.66%
Blue Shield Access+ HMO (Actives and Early Retirees)	\$32,058,074	\$38,095,319	\$6,037,245	18.83%
Blue Shield Trio HMO (Actives and Early Retirees)	\$9,804,264	\$10,889,574	\$1,085,309	11.07%
Blue Shield PPO (Actives and Early Retirees)	\$12,078,189	\$16,631,172	\$4,552,983	37.70%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$1,229,356	\$1,455,313	\$225,957	18.38%
BSC PPO (Non-Medicare Split Family Lives)	\$4,908,816	\$5,822,288	\$913,473	18.61%
Kaiser KPSA HMO (Medicare Retirees)	\$5,843,463	\$5,748,148	(\$95,315)	-1.63%
BSC MA PPO (Medicare Retirees)	\$10,831,845	\$11,530,765	\$698,920	6.45%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$128,678,909</i>	<i>\$145,557,141</i>	<i>\$16,878,232</i>	<i>13.12%</i>
Dental (Actives Only)	\$3,704,100	\$3,704,100	\$0	0.00%
Long Term Disability and Life Insurance (Actives Only)	\$3,348,644	\$3,348,644	\$0	0.00%
Total Employee and Retiree Costs	\$135,731,653	\$152,609,885	\$16,878,232	12.44%
Total Costs				
Kaiser HMO (Actives and Early Retirees)	\$472,560,513	\$506,603,789	\$34,043,276	7.20%
Blue Shield Access+ HMO (Actives and Early Retirees)	\$275,282,345	\$323,762,987	\$48,480,641	17.61%
Blue Shield Trio HMO (Actives and Early Retirees)	\$86,672,822	\$95,934,897	\$9,262,075	10.69%
Blue Shield PPO (Actives and Early Retirees)	\$71,827,812	\$88,066,705	\$16,238,893	22.61%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$12,225,387	\$14,471,005	\$2,245,618	18.37%
BSC PPO (Non-Medicare Split Family Lives)	\$7,452,556	\$8,529,596	\$1,077,040	14.45%
Kaiser KPSA HMO (Medicare Retirees)	\$51,509,149	\$50,428,187	(\$1,080,962)	-2.10%
BSC MA PPO (Medicare Retirees)	\$99,354,647	\$105,712,665	\$6,358,018	6.40%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$1,076,885,231</i>	<i>\$1,193,509,830</i>	<i>\$116,624,599</i>	<i>10.83%</i>
Dental (Actives Only)	\$47,994,446	\$49,539,723	\$1,545,277	3.22%
Long Term Disability and Life Insurance (Actives Only)	\$8,941,225	\$8,941,225	\$0	0.00%
Total Costs	\$1,133,820,902	\$1,251,990,778	\$118,169,876	10.42%

Source: San Francisco Health Service System

¹¹ According to HSS, both 2026 and 2027 forecasted costs are based on a June 2026 headcount.

POLICY CONSIDERATION

HSS staff issued a request for proposals (RFP) in 2025 for dental PPOs. The RFP resulted in MetLife as the top scoring proposer (72.05 out of 100 possible points) and the current provider, Delta Dental was the lowest scoring proposal of three final proposals (receiving 64.25 out of 100 points). MetLife was projected to be \$11.6 million less expensive for the City in 2027 because it has a smaller network of dental providers, shifting expenses to plan participants. This savings estimate assumes no members switch to in-network dentists. HSS staff projected that only 46.8 percent of claims would be in network as compared to 87.6 percent of claims for Delta Dental. The Health Service System Board did not award a new contract based on this RFP and therefore the City will continue to use Delta Dental for its dental PPO.

RECOMMENDATION

Approve the proposed ordinance.

¹² Dental costs are fully paid by retirees.

¹³ Long term disability and life insurance plans are not offered to retirees.

San Francisco Health Service System Board of Supervisors

10-County Survey Results
Rates and Benefits Decisions
Calendar Year 2027

June 18, 2026

10-County Survey Results (Monthly Basis)

Exhibit 1

Rank	County	2025 Survey for SFHSS 2026 Rating	2026 Survey for SFHSS 2027 Rating	% Change
1	Los Angeles	\$951.40	\$1,015.68	6.76%
2	San Diego	\$809.16	\$806.30	-0.35%
3	Orange	\$865.42	\$970.56	12.15%
4	Riverside	\$868.81	\$927.00	6.70%
5	San Bernardino	\$662.42	\$717.42	8.30%
6	Santa Clara	\$1,399.20	\$1,700.46	21.53%
7	Alameda	\$1,042.58	\$1,229.56	17.93%
8	Sacramento	\$842.74	\$892.31	5.88%
9	Contra Costa	\$958.00	\$1,000.21	4.41%
10	Fresno	\$1,021.70	\$1,038.09	1.60%
10-County Average		\$942.14	\$1,029.76	9.30%

Kaiser Permanente HMO (California)

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 2a — 93/93/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$67.87	\$135.33	\$464.62	\$13.74	\$495.56	\$1,295.36	\$0.00	\$193.81	\$580.34	\$993.61
	PY2027	\$72.75	\$145.07	\$498.12	\$4.74	\$521.37	\$1,378.96	\$0.00	\$189.57	\$567.62	\$1,047.16
	\$ Change	\$4.88	\$9.74	\$33.50	(\$9.00)	\$25.81	\$83.60	\$0.00	(\$4.24)	(\$12.72)	\$53.55
	% Change	7.2%	7.2%	7.2%	-65.5%	5.2%	6.5%	—	-2.2%	-2.2%	5.4%
Monthly Employer Contributions	PY2026	\$901.75	\$1,797.93	\$2,268.44	\$1,933.46	\$2,415.28	\$2,415.28	\$393.61	\$587.43	\$587.43	\$587.43
	PY2027	\$966.49	\$1,927.43	\$2,431.97	\$2,083.18	\$2,599.81	\$2,599.81	\$385.13	\$574.71	\$574.71	\$574.71
	\$ Change	\$64.74	\$129.50	\$163.53	\$149.72	\$184.53	\$184.53	(\$8.48)	(\$12.72)	(\$12.72)	(\$12.72)
	% Change	7.2%	7.2%	7.2%	7.7%	7.6%	7.6%	-2.2%	-2.2%	-2.2%	-2.2%
Monthly Total Premium Rates	PY2026	\$969.62	\$1,933.26	\$2,733.06	\$1,947.20	\$2,910.84	\$3,710.64	\$393.61	\$781.24	\$1,167.77	\$1,581.04
	PY2027	\$1,039.24	\$2,072.50	\$2,930.09	\$2,087.92	\$3,121.18	\$3,978.77	\$385.13	\$764.28	\$1,142.33	\$1,621.87
	\$ Change	\$69.62	\$139.24	\$197.03	\$140.72	\$210.34	\$268.13	(\$8.48)	(\$16.96)	(\$25.44)	\$40.83
	% Change	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	-2.2%	-2.2%	-2.2%	2.6%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 20.

Kaiser Permanente HMO (California)

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 2b — 100/96/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$0.00	\$77.33	\$464.62	\$13.74	\$495.56	\$1,295.36	\$0.00	\$193.81	\$580.34	\$993.61
	PY2027	\$0.00	\$82.90	\$498.12	\$4.74	\$521.37	\$1,378.96	\$0.00	\$189.57	\$567.62	\$1,047.16
	\$ Change	\$0.00	\$5.57	\$33.50	(\$9.00)	\$25.81	\$83.60	\$0.00	(\$4.24)	(\$12.72)	\$53.55
	% Change	--	7.2%	7.2%	-65.5%	5.2%	6.5%	—	-2.2%	-2.2%	5.4%
Monthly Employer Contributions	PY2026	\$969.62	\$1,855.93	\$2,268.44	\$1,933.46	\$2,415.28	\$2,415.28	\$393.61	\$587.43	\$587.43	\$587.43
	PY2027	\$1,039.24	\$1,989.60	\$2,431.97	\$2,083.18	\$2,599.81	\$2,599.81	\$385.13	\$574.71	\$574.71	\$574.71
	\$ Change	\$69.62	\$133.67	\$163.53	\$149.72	\$184.53	\$184.53	(\$8.48)	(\$12.72)	(\$12.72)	(\$12.72)
	% Change	7.2%	7.2%	7.2%	7.7%	7.6%	7.6%	-2.2%	-2.2%	-2.2%	-2.2%
Monthly Total Premium Rates	PY2026	\$969.62	\$1,933.26	\$2,733.06	\$1,947.20	\$2,910.84	\$3,710.64	\$393.61	\$781.24	\$1,167.77	\$1,581.04
	PY2027	\$1,039.24	\$2,072.50	\$2,930.09	\$2,087.92	\$3,121.18	\$3,978.77	\$385.13	\$764.28	\$1,142.33	\$1,621.87
	\$ Change	\$69.62	\$139.24	\$197.03	\$140.72	\$210.34	\$268.13	(\$8.48)	(\$16.96)	(\$25.44)	\$40.83
	% Change	7.2%	7.2%	7.2%	7.2%	7.2%	7.2%	-2.2%	-2.2%	-2.2%	2.6%

* **NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 21.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 3a — 93/93/83 Contribution Method for Actives — Access+ HMO

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$88.58	\$176.73	\$606.91	\$161.61	\$816.44	\$1,861.72	\$0.00	\$281.29	\$843.14	\$1,326.57
	PY2027	\$104.14	\$207.85	\$713.85	\$228.94	\$999.36	\$2,229.13	\$0.00	\$299.44	\$897.59	\$1,529.21
	\$ Change	\$15.56	\$31.12	\$106.94	\$67.33	\$182.92	\$367.41	\$0.00	\$18.15	\$54.45	\$202.64
	% Change	17.6%	17.6%	17.6%	41.7%	22.4%	19.7%	—	6.5%	6.5%	15.3%
Monthly Employer Contributions	PY2026	\$1,176.79	\$2,348.03	\$2,963.16	\$2,759.58	\$3,414.40	\$3,414.40	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,383.51	\$2,761.48	\$3,485.29	\$3,207.76	\$3,978.18	\$3,978.18	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$206.72	\$413.45	\$522.13	\$448.18	\$563.78	\$563.78	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	17.6%	17.6%	17.6%	16.2%	16.5%	16.5%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,265.37	\$2,524.76	\$3,570.07	\$2,921.19	\$4,230.84	\$5,276.12	\$568.56	\$1,131.14	\$1,692.99	\$2,176.42
	PY2027	\$1,487.65	\$2,969.33	\$4,199.14	\$3,436.70	\$4,977.54	\$6,207.31	\$604.86	\$1,203.74	\$1,801.89	\$2,433.51
	\$ Change	\$222.28	\$444.57	\$629.07	\$515.51	\$746.70	\$931.19	\$36.30	\$72.60	\$108.90	\$257.09
	% Change	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%	6.4%	6.4%	6.4%	11.8%

* **NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 20.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 3b — 100/96/83 Contribution Method for Actives — Access+ HMO

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$0.00	\$100.99	\$606.91	\$161.61	\$816.44	\$1,861.72	\$0.00	\$281.29	\$843.14	\$1,326.57
	PY2027	\$0.00	\$118.77	\$713.85	\$228.94	\$999.36	\$2,229.13	\$0.00	\$299.44	\$897.59	\$1,529.21
	\$ Change	\$0.00	\$17.78	\$106.94	\$67.33	\$182.92	\$367.41	\$0.00	\$18.15	\$54.45	\$202.64
	% Change	-	17.6%	17.6%	41.7%	22.4%	19.7%	—	6.5%	6.5%	15.3%
Monthly Employer Contributions	PY2026	\$1,265.37	\$2,423.77	\$2,963.16	\$2,759.58	\$3,414.40	\$3,414.40	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,487.65	\$2,850.56	\$3,485.29	\$3,207.76	\$3,978.18	\$3,978.18	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$222.28	\$426.79	\$522.13	\$448.18	\$563.78	\$563.78	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	17.6%	17.6%	17.6%	16.2%	16.5%	16.5%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,265.37	\$2,524.76	\$3,570.07	\$2,921.19	\$4,230.84	\$5,276.12	\$568.56	\$1,131.14	\$1,692.99	\$2,176.42
	PY2027	\$1,487.65	\$2,969.33	\$4,199.14	\$3,436.70	\$4,977.54	\$6,207.31	\$604.86	\$1,203.74	\$1,801.89	\$2,433.51
	\$ Change	\$222.28	\$444.57	\$629.07	\$515.51	\$746.70	\$931.19	\$36.30	\$72.60	\$108.90	\$257.09
	% Change	17.6%	17.6%	17.6%	17.6%	17.6%	17.6%	6.4%	6.4%	6.4%	11.8%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 21.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 3c — 93/93/83 Contribution Method for Actives — Trio HMO

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$75.70	\$150.97	\$518.38	\$69.61	\$628.74	\$1,521.27	\$0.00	\$281.29	\$843.14	\$1,173.82
	PY2027	\$83.76	\$167.10	\$573.80	\$83.39	\$702.43	\$1,690.57	\$0.00	\$299.44	\$897.59	\$1,287.58
	\$ Change	\$8.06	\$16.13	\$55.42	\$13.78	\$73.69	\$169.30	\$0.00	\$18.15	\$54.45	\$113.76
	% Change	10.6%	10.7%	10.7%	19.8%	11.7%	11.1%	—	6.5%	6.5%	9.7%
Monthly Employer Contributions	PY2026	\$1,005.66	\$2,005.77	\$2,530.93	\$2,424.84	\$2,983.98	\$2,983.98	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,112.79	\$2,220.04	\$2,801.52	\$2,678.23	\$3,297.26	\$3,297.26	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$107.13	\$214.27	\$270.59	\$253.39	\$313.28	\$313.28	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	10.7%	10.7%	10.7%	10.4%	10.5%	10.5%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,081.36	\$2,156.74	\$3,049.31	\$2,494.45	\$3,612.72	\$4,505.25	\$568.56	\$1,131.14	\$1,692.99	\$2,023.67
	PY2027	\$1,196.55	\$2,387.14	\$3,375.32	\$2,761.62	\$3,999.69	\$4,987.83	\$604.86	\$1,203.74	\$1,801.89	\$2,191.88
	\$ Change	\$115.19	\$230.40	\$326.01	\$267.17	\$386.97	\$482.58	\$36.30	\$72.60	\$108.90	\$168.21
	% Change	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	6.4%	6.4%	6.4%	8.3%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 20.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 3d — 100/96/83 Contribution Method for Actives — Trio HMO

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$0.00	\$86.27	\$518.38	\$69.61	\$628.74	\$1,521.27	\$0.00	\$281.29	\$843.14	\$1,173.82
	PY2027	\$0.00	\$95.49	\$573.80	\$83.39	\$702.43	\$1,690.57	\$0.00	\$299.44	\$897.59	\$1,287.58
	\$ Change	\$0.00	\$9.22	\$55.42	\$13.78	\$73.69	\$169.30	\$0.00	\$18.15	\$54.45	\$113.76
	% Change	-	10.7%	10.7%	19.8%	11.7%	11.1%	—	6.5%	6.5%	9.7%
Monthly Employer Contributions	PY2026	\$1,081.36	\$2,070.47	\$2,530.93	\$2,424.84	\$2,983.98	\$2,983.98	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,196.55	\$2,291.65	\$2,801.52	\$2,678.23	\$3,297.26	\$3,297.26	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$115.19	\$221.18	\$270.59	\$253.39	\$313.28	\$313.28	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	10.7%	10.7%	10.7%	10.4%	10.5%	10.5%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,081.36	\$2,156.74	\$3,049.31	\$2,494.45	\$3,612.72	\$4,505.25	\$568.56	\$1,131.14	\$1,692.99	\$2,023.67
	PY2027	\$1,196.55	\$2,387.14	\$3,375.32	\$2,761.62	\$3,999.69	\$4,987.83	\$604.86	\$1,203.74	\$1,801.89	\$2,191.88
	\$ Change	\$115.19	\$230.40	\$326.01	\$267.17	\$386.97	\$482.58	\$36.30	\$72.60	\$108.90	\$168.21
	% Change	10.7%	10.7%	10.7%	10.7%	10.7%	10.7%	6.4%	6.4%	6.4%	8.3%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 21.

Blue Shield of California PPO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 4a — 93/93/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$310.24	\$534.80	\$1,109.72	\$272.44	\$722.91	\$1,442.19	\$0.00	\$281.29	\$843.14	\$1,000.57
	PY2027	\$446.86	\$787.48	\$1,529.00	\$400.30	\$954.82	\$1,840.20	\$0.00	\$299.44	\$897.59	\$1,184.82
	\$ Change	\$136.62	\$252.68	\$419.28	\$127.86	\$231.91	\$398.01	\$0.00	\$18.15	\$54.45	\$184.25
	% Change	44.0%	47.2%	37.8%	46.9%	32.1%	27.6%	—	6.5%	6.5%	18.4%
Monthly Employer Contributions	PY2026	\$1,176.79	\$2,348.03	\$2,963.16	\$1,729.10	\$2,179.56	\$2,179.56	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,383.51	\$2,761.48	\$3,485.29	\$2,063.83	\$2,618.34	\$2,618.34	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$206.72	\$413.45	\$522.13	\$334.73	\$438.78	\$438.78	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	17.6%	17.6%	17.6%	19.4%	20.1%	20.1%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,487.03	\$2,882.83	\$4,072.88	\$2,001.54	\$2,902.47	\$3,621.75	\$568.56	\$1,131.14	\$1,692.99	\$1,850.42
	PY2027	\$1,830.37	\$3,548.96	\$5,014.29	\$2,464.13	\$3,573.16	\$4,458.54	\$604.86	\$1,203.74	\$1,801.89	\$2,089.12
	\$ Change	\$343.34	\$666.13	\$941.41	\$462.59	\$670.69	\$836.79	\$36.30	\$72.60	\$108.90	\$238.70
	% Change	23.1%	23.1%	23.1%	23.1%	23.1%	23.1%	6.4%	6.4%	6.4%	12.9%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 20.

Blue Shield of California PPO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 4b — 100/96/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$0.00	\$459.06	\$1,109.72	\$272.44	\$722.91	\$1,442.19	\$0.00	\$281.29	\$843.14	\$1,000.57
	PY2027	\$0.00	\$698.40	\$1,529.00	\$400.30	\$954.82	\$1,840.20	\$0.00	\$299.44	\$897.59	\$1,184.82
	\$ Change	\$0.00	\$239.34	\$419.28	\$127.86	\$231.91	\$398.01	\$0.00	\$18.15	\$54.45	\$184.25
	% Change	—	52.1%	37.8%	46.9%	32.1%	27.6%	—	6.5%	6.5%	18.4%
Monthly Employer Contributions	PY2026	\$1,487.03	\$2,423.77	\$2,963.16	\$1,729.10	\$2,179.56	\$2,179.56	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,830.37	\$2,850.56	\$3,485.29	\$2,063.83	\$2,618.34	\$2,618.34	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$343.34	\$426.79	\$522.13	\$334.73	\$438.78	\$438.78	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	23.1%	17.6%	17.6%	19.4%	20.1%	20.1%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,487.03	\$2,882.83	\$4,072.88	\$2,001.54	\$2,902.47	\$3,621.75	\$568.56	\$1,131.14	\$1,692.99	\$1,850.42
	PY2027	\$1,830.37	\$3,548.96	\$5,014.29	\$2,464.13	\$3,573.16	\$4,458.54	\$604.86	\$1,203.74	\$1,801.89	\$2,089.12
	\$ Change	\$343.34	\$666.13	\$941.41	\$462.59	\$670.69	\$836.79	\$36.30	\$72.60	\$108.90	\$238.70
	% Change	23.1%	23.1%	23.1%	23.1%	23.1%	23.1%	6.4%	6.4%	6.4%	12.9%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 21.

Blue Shield of California PPO (Choice Not Available) and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 4c — 93/93/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$88.58	\$176.73	\$606.91	\$161.61	\$612.08	\$1,331.36	\$0.00	\$281.29	\$843.14	\$1,000.57
	PY2027	\$104.14	\$207.85	\$713.85	\$228.94	\$783.46	\$1,668.84	\$0.00	\$299.44	\$897.59	\$1,184.82
	\$ Change	\$15.56	\$31.12	\$106.94	\$67.33	\$171.38	\$337.48	\$0.00	\$18.15	\$54.45	\$184.25
	% Change	17.6%	17.6%	17.6%	41.7%	28.0%	25.3%	—	6.5%	6.5%	18.4%
Monthly Employer Contributions	PY2026	\$1,176.79	\$2,348.03	\$2,963.16	\$1,839.93	\$2,290.39	\$2,290.39	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,383.51	\$2,761.48	\$3,485.29	\$2,235.19	\$2,789.70	\$2,789.70	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$206.72	\$413.45	\$522.13	\$395.26	\$499.31	\$499.31	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	17.6%	17.6%	17.6%	21.5%	21.8%	21.8%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,265.37	\$2,524.76	\$3,570.07	\$2,001.54	\$2,902.47	\$3,621.75	\$568.56	\$1,131.14	\$1,692.99	\$1,850.42
	PY2027	\$1,487.65	\$2,969.33	\$4,199.14	\$2,464.13	\$3,573.16	\$4,458.54	\$604.86	\$1,203.74	\$1,801.89	\$2,089.12
	\$ Change	\$222.28	\$444.57	\$629.07	\$462.59	\$670.69	\$836.79	\$36.30	\$72.60	\$108.90	\$238.70
	% Change	17.6%	17.6%	17.6%	23.1%	23.1%	23.1%	6.4%	6.4%	6.4%	12.9%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 20.

Blue Shield of California PPO (Choice Not Available) and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2027

Exhibit 4d — 100/96/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees			Medicare Retirees			
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2026	\$0.00	\$100.99	\$606.91	\$161.61	\$612.08	\$1,331.36	\$0.00	\$281.29	\$843.14	\$1,000.57
	PY2027	\$0.00	\$118.77	\$713.85	\$228.94	\$783.46	\$1,668.84	\$0.00	\$299.44	\$897.59	\$1,184.82
	\$ Change	\$0.00	\$17.78	\$106.94	\$67.33	\$171.38	\$337.48	\$0.00	\$18.15	\$54.45	\$184.25
	% Change	—	17.6%	17.6%	41.7%	28.0%	25.3%	—	6.5%	6.5%	18.4%
Monthly Employer Contributions	PY2026	\$1,265.37	\$2,423.77	\$2,963.16	\$1,839.93	\$2,290.39	\$2,290.39	\$568.56	\$849.85	\$849.85	\$849.85
	PY2027	\$1,487.65	\$2,850.56	\$3,485.29	\$2,235.19	\$2,789.70	\$2,789.70	\$604.86	\$904.30	\$904.30	\$904.30
	\$ Change	\$222.28	\$426.79	\$522.13	\$395.26	\$499.31	\$499.31	\$36.30	\$54.45	\$54.45	\$54.45
	% Change	17.6%	17.6%	17.6%	21.5%	21.8%	21.8%	6.4%	6.4%	6.4%	6.4%
Monthly Total Premium Rates	PY2026	\$1,265.37	\$2,524.76	\$3,570.07	\$2,001.54	\$2,902.47	\$3,621.75	\$568.56	\$1,131.14	\$1,692.99	\$1,850.42
	PY2027	\$1,487.65	\$2,969.33	\$4,199.14	\$2,464.13	\$3,573.16	\$4,458.54	\$604.86	\$1,203.74	\$1,801.89	\$2,089.12
	\$ Change	\$222.28	\$444.57	\$629.07	\$462.59	\$670.69	\$836.79	\$36.30	\$72.60	\$108.90	\$238.70
	% Change	17.6%	17.6%	17.6%	23.1%	23.1%	23.1%	6.4%	6.4%	6.4%	12.9%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 21.

Health Net CanopyCare HMO

Final Active/Non-Medicare Retiree Monthly Rates for Calendar Year 2027

Exhibit 5a — 93/93/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Employee/ Retiree Contributions	PY2026	\$55.29	\$110.17	\$378.16	\$0.00	\$407.56	\$1,058.19
	PY2027	\$65.41	\$130.40	\$447.68	\$0.00	\$482.70	\$1,253.28
	\$ Change	\$10.12	\$20.23	\$69.52	\$0.00	\$75.14	\$195.09
	% Change	18.3%	18.4%	18.4%	0.0%	18.4%	18.4%
Monthly Employer Contributions	PY2026	\$734.61	\$1,463.66	\$1,846.30	\$1,818.52	\$2,226.08	\$2,226.08
	PY2027	\$869.00	\$1,732.43	\$2,185.73	\$2,153.64	\$2,636.34	\$2,636.34
	\$ Change	\$134.39	\$268.77	\$339.43	\$335.12	\$410.26	\$410.26
	% Change	18.3%	18.4%	18.4%	18.4%	18.4%	18.4%
Monthly Total Premium Rates	PY2026	\$789.90	\$1,573.83	\$2,224.46	\$1,818.52	\$2,633.64	\$3,284.27
	PY2027	\$934.41	\$1,862.83	\$2,633.41	\$2,153.64	\$3,119.04	\$3,889.62
	\$ Change	\$144.51	\$289.00	\$408.95	\$335.12	\$485.40	\$605.35
	% Change	18.3%	18.4%	18.4%	18.4%	18.4%	18.4%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available for Health Net CanopyCare Non-Medicare retirees.
- **For additional commentary on 93/93/83 contribution method, see page 20.**

Health Net CanopyCare HMO

Final Active/Non-Medicare Retiree Monthly Rates for Calendar Year 2027

Exhibit 5b — 100/96/83 Contribution Method for Actives

PY = Plan Year		Active Employees			Non-Medicare Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Employee/ Retiree Contributions	PY2026	\$0.00	\$62.95	\$378.16	\$0.00	\$407.56	\$1,058.19
	PY2027	\$0.00	\$74.51	\$447.68	\$0.00	\$482.70	\$1,253.28
	\$ Change	\$0.00	\$11.56	\$69.52	\$0.00	\$75.14	\$195.09
	% Change	—	18.4%	18.4%	—	18.4%	18.4%
Monthly Employer Contributions	PY2026	\$789.90	\$1,510.88	\$1,846.30	\$1,818.52	\$2,226.08	\$2,226.08
	PY2027	\$934.41	\$1,788.32	\$2,185.73	\$2,153.64	\$2,636.34	\$2,636.34
	\$ Change	\$144.51	\$277.44	\$339.43	\$335.12	\$410.26	\$410.26
	% Change	18.3%	18.4%	18.4%	18.4%	18.4%	18.4%
Monthly Total Premium Rates	PY2026	\$789.90	\$1,573.83	\$2,224.46	\$1,818.52	\$2,633.64	\$3,284.27
	PY2027	\$934.41	\$1,862.83	\$2,633.41	\$2,153.64	\$3,119.04	\$3,889.62
	\$ Change	\$144.51	\$289.00	\$408.95	\$335.12	\$485.40	\$605.35
	% Change	18.3%	18.4%	18.4%	18.4%	18.4%	18.4%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available for Health Net CanopyCare Non-Medicare retirees.
- **For additional commentary on 100/96/83 contribution method, see page 21.**

VSP Vision

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2027

Exhibit 6a — Vision Basic Plan Premium Rates (Employer Paid)

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates— Basic Plan	PY2026	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	PY2027	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Exhibit 6b — Vision Premier Plan (Buy Up) Member Contributions

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions— Premier (Buy-Up) Plan	PY2026	\$11.87	\$18.11	\$37.02	\$11.87	\$18.11	\$37.02
	PY2027	\$12.19	\$18.64	\$38.00	\$12.19	\$18.64	\$38.00
	\$ Change	\$0.32	\$0.53	\$0.98	\$0.32	\$0.53	\$0.98
	% Change	2.7%	2.9%	2.6%	2.7%	2.9%	2.6%

*** NOTES:**

- Total insured premium rates for VSP Premier Plan are the sum of Basic Plan rates and Premier Plan member contributions.
- Approximately 21,000 employees also have an employer-paid Computer Vision Care benefit, priced at \$1.04 per employee per month.

Delta Dental PPO

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2027

Exhibit 7a — Delta Dental PPO Total Premium Rates

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates	PY2026	\$63.05	\$132.41	\$189.15	\$52.29	\$103.97	\$155.16
	PY2027	\$65.11	\$136.73	\$195.33	\$53.96	\$107.29	\$160.11
	\$ Change	\$2.06	\$4.32	\$6.18	\$1.67	\$3.32	\$4.95
	% Change	3.3%	3.3%	3.3%	3.2%	3.2%	3.2%

Exhibit 7b — Delta Dental PPO Member Contributions

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions	PY2026	\$5.00	\$10.00	\$15.00	\$52.29	\$103.97	\$155.16
	PY2027	\$5.00	\$10.00	\$15.00	\$53.96	\$107.29	\$160.11
	\$ Change	\$0.00	\$0.00	\$0.00	\$1.67	\$3.32	\$4.95
	% Change	0.0%	0.0%	0.0%	3.2%	3.2%	3.2%

DeltaCare USA

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2027

Exhibit 8a — DeltaCare USA HMO Total Premium Rates

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates	PY2026	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	PY2027	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Exhibit 8b — DeltaCare USA HMO Member Contributions

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions	PY2026	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	PY2027	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	\$ Change	—	—	—	\$0.00	\$0.00	\$0.00
	% Change	—	—	—	0.0%	0.0%	0.0%

UHC Dental

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2027

Exhibit 9a — UHC Dental HMO Total Premium Rates

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Premium Rates	PY2026	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	PY2027	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% Change	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Exhibit 9b — UHC Dental HMO Member Contributions

PY = Plan Year		Active Employees			Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Member Contributions	PY2026	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	PY2027	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	\$ Change	—	—	—	\$0.00	\$0.00	\$0.00
	% Change	—	—	—	0.0%	0.0%	0.0%

Life Insurance and Disability Insurances (New York Life)

Plan Year 2027 Aggregate Costs (Based on January 2026 Coverage Volumes)

Exhibit 10 — Life Insurance and LTD Plan Rates (Insured by New York Life)

Plan Type	Plan Year 2026	Plan Year 2027	% Change	\$ Change
Basic Life Insurance	\$1,400,000	\$1,400,000	0.0%	\$0
Long-Term Disability Insurance	\$4,270,000	\$4,270,000	0.0%	\$0
Subtotal—Employer-Paid Coverages	\$5,670,000	\$5,670,000	0.0%	\$0
Employee-Paid Supplemental Life/Dependent Life/Supplemental AD&D Insurance	\$2,035,000	\$2,035,000	0.0%	\$0
Employee-Paid Short-Term Disability Insurance	\$1,360,000	\$1,360,000	0.0%	\$0
Total Annual Estimated Cost	\$9,065,000	\$9,065,000	0.0%	\$0

2027 insurance coverage rates will remain constant at 2026 levels.

Employer Contribution Notes

93/93/83 Contribution Method for Active Employees

Exhibits 2a, 3a, 3c, 4a, 4c, 5a

The employer contributions for the 93/93/83 Contribution Model are defined as follows:

- **EE Only:** City contributes 93% towards total premium for employees selecting EE Only tier coverage.
- **EE+1:** City contributes 93% towards total premium for employees selecting EE+1 tier coverage.
- **EE+2+:** City contributes 83% towards total premium for employees selecting EE+2+ tier coverage.
- City contributions are capped at 93%, 93% and 83% of corresponding premium of the second-highest-cost plan for EE Only, EE+1 and EE+2+ tiers, respectively.
- Members cover the remaining costs across all tiers.

Employer Contribution Notes

100/96/83 Contribution Method for Active Employees

Exhibits 2b, 3b, 3d, 4b, 4d, 5b

The employer contributions for the 100/96/83 Contribution Model are defined as follows:

- **EE Only:** City contributes 100% towards total premium for employees selecting EE Only tier coverage. Members are free of premium charges.
- **EE+1:** City contributes 96% towards total premium for employees selecting EE+1 tier coverage.
- **EE+2+:** City contributes 83% towards total premium for employees selecting EE+2+ tier coverage.
- City contributions are capped at 96% and 83% of corresponding premium of the second-highest-cost plan for EE+1 and EE+2+ tiers, respectively.
- Members electing EE+1 and EE+2+ tiers cover the remaining cost.

San Francisco Health Service System 2027 Plan Year Rates and Benefits

Budget and Finance Committee

July 8, 2026

Presented by:

Rey Guillen, SFHSS Executive Director

Teresa Tan, SFHSS Chief Financial and Affordability Officer

Introduction



Our Purpose

The San Francisco Health Service System (SFHSS) serves as the employee benefits administrator for the City and County of San Francisco, San Francisco Unified School District, City College of San Francisco, and Superior Court of San Francisco.



We manage a comprehensive array of benefits that enhance the physical, mental, and financial well-being of the members whom we serve.

Our Accountabilities

- For Plan Year 2027, SFHSS will manage more than \$1.4 billion in premiums.
- We serve more than 139,000 employees, retirees, and their dependents (members).



Agenda

- Roles and Responsibilities
- SFHSS Rates and Benefits Timeline
- Request for Proposal (RFP) Strategy
- Rate Development Process: January through June
- Executive Summary
- Healthcare Market Cost Drivers
- What Comprises the Average Monthly Premium
- 10-County Survey Results
- Healthcare Cost Trends
- Health Plans and Other Programs
- Requested Action

Roles and Responsibilities

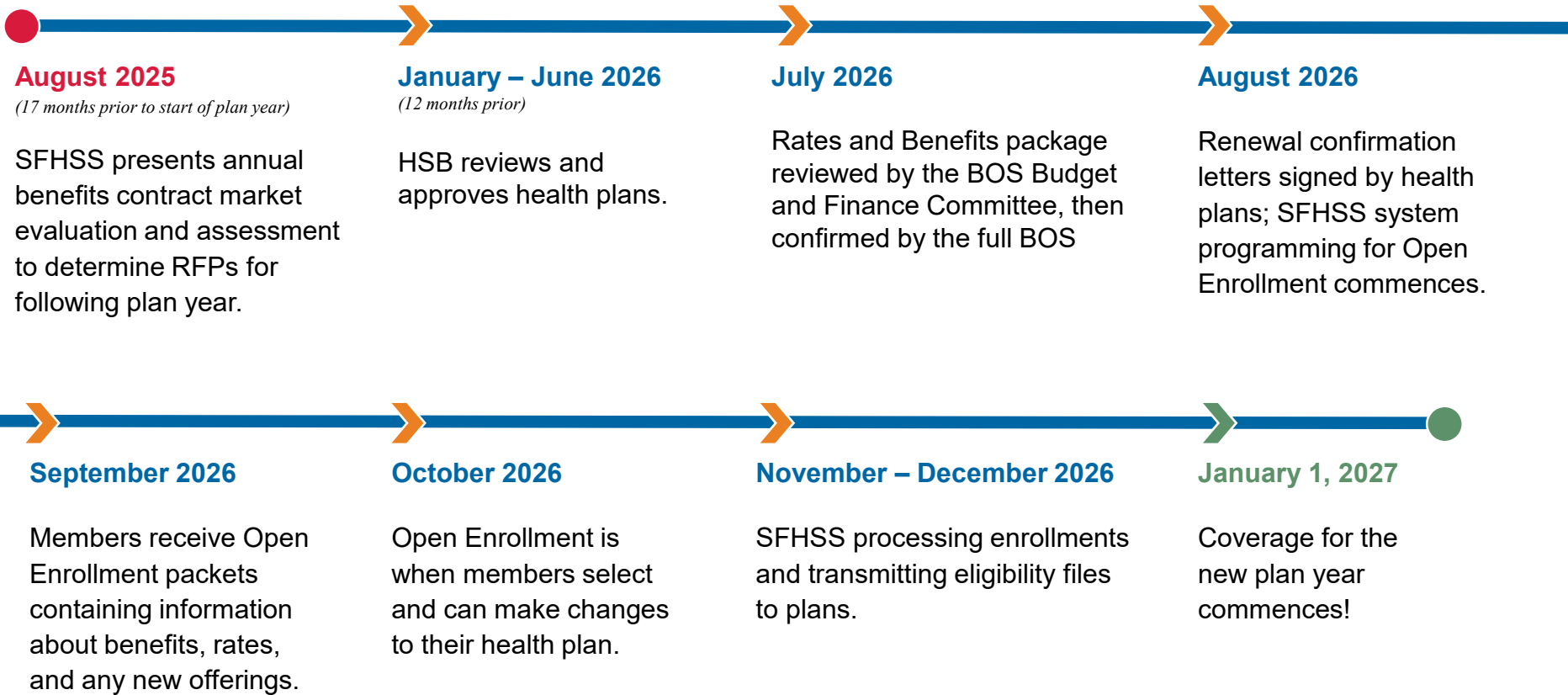
Health Service System (HSS)

- City Charter (Sec. A8.423) requires the Health Service Board to annually review and set the Rates and Benefits for the upcoming Plan Year for health, dental, vision, life insurance, and LTD.
- SFHSS staff conducts the rate development process and presents the negotiated rates to the Health Service Board (HSB).
- The HSB approved the Rates and Benefits over a series of its meetings on February 12, March 12, April 9, May 14, and June 11, 2026.

Board of Supervisors (BOS)

- The Rates and Benefits do not become effective until approved by ordinance of the Board of Supervisors with a three-fourths vote.

SFHSS Rates and Benefits Timeline



Request for Proposal (RFP) Strategy: August

Each year, SFHSS conducts a market assessment to identify RFP opportunities. The purpose of the RFP is to ensure that the City and employers receive the best value for the premium spend.

- For PY 2027, SFHSS conducted two RFPs:
 1. Active Employee Dental PPO
 2. Flexible Spending Account (FSA) and COBRA services.
- The results for both RFPs showed our current vendors provided the best value for our employer partners and members while minimizing disruption of services.

Rate Development Process: January through June

- Baseline Premium Projection Health Plan Cost and Utilization Experience Reviews
- Apply Applicable Reserve Policies
 - Incurred But Not Reported (IBNR)
 - Contingency
 - Rate Stabilization
- Data Comparison Using Industry Trends
 - 10-County Survey
 - AON Health Value Initiative (HVI) Benchmarking Study
 - Supplemental Information
- Plan Renewal Submissions
- Actuarial Analysis-transparency and negotiation position
- Focused Negotiations

Executive Summary

Premium Increase

Due to rising healthcare costs, the aggregate 2027 plan year costs will increase by 10.11%.

Carrier Status

- Renewing with all incumbent carriers.

Benefit Design

- Maintaining current benefit design.

Healthcare Market Cost Drivers

Cost of Treatments

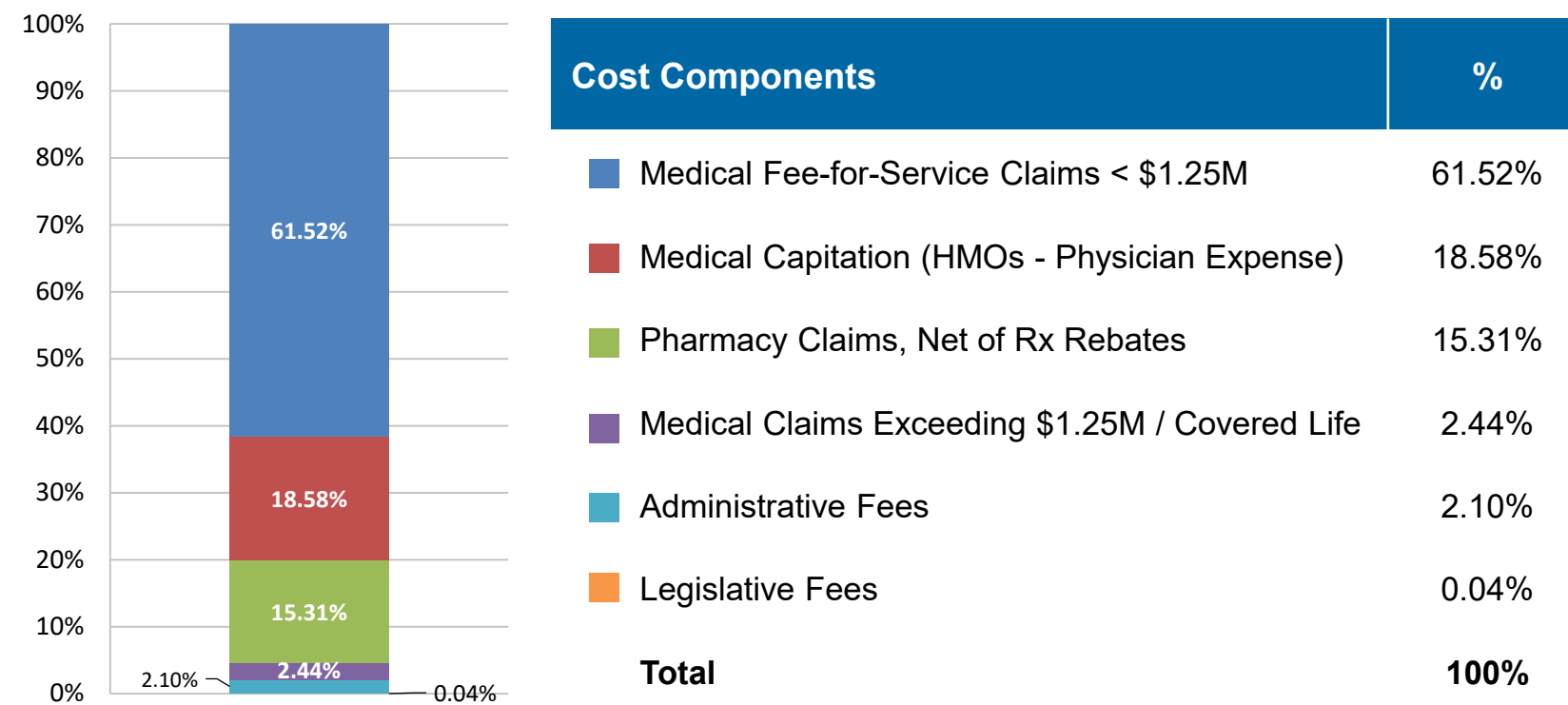
- Surging utilization of GLP-1 medications.
- Increased cost of gene therapies.
- High-cost claims are becoming even more expensive

Provider Inflation

- Health Systems consolidations reducing competition.
- Post-pandemic increased labor costs for healthcare staff.

What Comprises the Average Monthly Premium

Sample 2027 Projected Healthcare Cost Components (Per Employee/Retiree Per Month)*



*The cost breakdown based upon Blue Shield of CA Access+ HMO

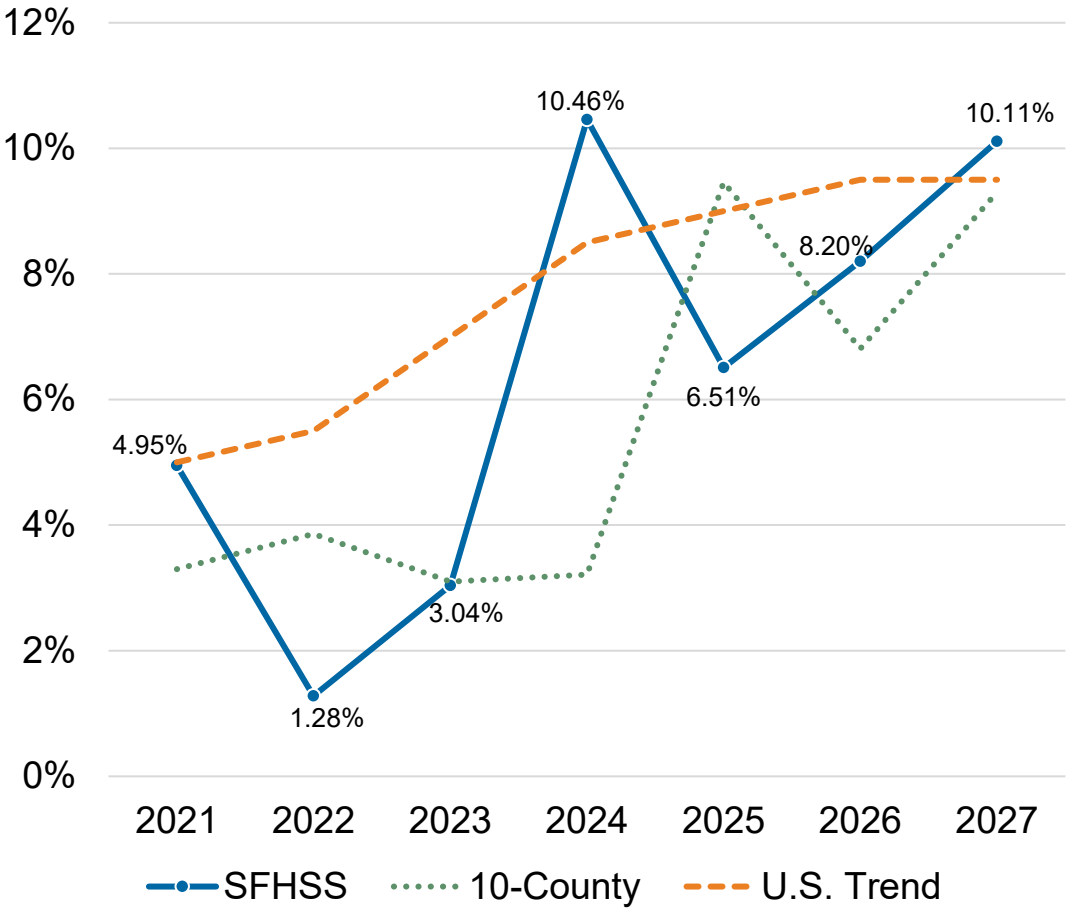
10-County Survey Results

The City Charter requires a survey of the 10 most populous California counties, which is used as the basis for the employer contribution for retiree rates and some union employees.

Based upon the 2026 10-County Survey Results, the average employer contribution for plan year 2027 for employee-only coverage will be \$1,029.76/mo. (9.3% increase from the prior year).



Healthcare Cost Trends



- Our annual increases are consistent with the California 10-County (most populous) average benchmark.
- Both the SFHSS and 10-County increases closely match the national average.

Medical Plans

SFHSS 5-Year History Medical Rate Changes

Medical Plan Name	2023	2024	2025	2026	2027
Blue Shield CA Trio HMO	5.3%	2.9%	11.8%	9.2%	10.7%
Blue Shield CA Access+ HMO	0.5%	14.4%	8.7%	8.7%	17.6%
Health Net CanopyCare HMO	-10.4%	3.7%	-1.0%	-0.3%	18.4%
Kaiser Non-Medicare HMO	3.9%	12.5%	5.4%	9.9%	7.3%
Blue Shield CA Non-Medicare PPO	7.5%	1.7%	1.3%	0.5%	23.1%
MAPD PPO (UHC 24, BSC 25-27)	4.7%	15.0%	3.1%	4.5%	6.5%
KPSA Medicare HMO	-1.9%	6.2%	8.7%	9.3%	-2.2%

Other Plans and Programs

SFHSS 5-Year History Dental, Life, and Disability Rate Changes



Plan Name	2023	2024	2025	2026	2027
DeltaCare USA DHMO - Active	0%	0%	0%	0%	0%
Delta Dental PPO - Active	15.3%	-6.9%	6%	12.4%	3.3%
UHC Dental HMO - Active	0%	0%	0%	0%	0%
DeltaCare USA DHMO - Retiree	-8.4%	9.2%	0%	0%	0%
Delta Dental PPO - Retiree	7.7%	2%	2%	2%	3.2%
UHC Dental HMO - Retiree	0%	0%	0%	0%	0%
Basic Life Insurance	-15%	0%	0%	-15.7%	0%
Long-Term Disability (LTD)	-25%	0%	0%	-28.9%	0%

Requested Action

Ordinance approving the San Francisco Health Service System Rates and Benefits Package for Plan Year 2027.

Thank You!



SAN FRANCISCO HEALTH SERVICE SYSTEM

The San Francisco Health Service System is honored to serve those who dedicate their careers to providing public service to the residents of our great city.

Caring for the people who care for our community is at the heart of everything we do.



2026 10-COUNTY SURVEY RESULTS FOR 2027 PLAN YEAR RATES

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

[SFHSS.ORG](https://sfhss.org)

OVERVIEW

Process

The City Charter (Section A8.423) specifies that the City & County of San Francisco survey the ten most populous counties in California and collect, for each county, the amount contributed by the employer for employee-only coverage under each of the county's medical plans. The City is obligated by Charter to contribute the 10-County Survey amount toward the cost of employees' medical benefits.

The information gathered from the 10-County Survey is used to compute an average increase in employer contributions for each county. This average is based on each plan offered by counties in the Survey (not weighted by enrollment in each county's plan as this information is not readily available). San Francisco Health Service System (SFHSS) then averages the contributions to arrive at the 10-County Survey amount. To put the county contribution amounts into context, SFHSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

At the April 12, 2012, Health Service Board meeting, the Board approved the 10-County Survey Calendar Year Change Rule. This rule adjusts for gaps in 10-County data, by projecting a six-month overlap when data is not available from a surveyed county. Using this rule, a county's employer contribution for employee-only coverage is projected. The county's 10-County result for the previous year is, in most cases, trended forward six months, based on the county's average annual increase for the preceding three years.

There were no major changes to the type of plan design data collected for the 2026 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data are not included in the 10-County Survey.

Use of 10-County Amount in SFHSS Employer Contribution Calculations

The March 2026 10-County Survey will be applied to SFHSS rate calculations for plan year 2027. City Charter Section A8.428 defines use of the "average contribution" resulting from the 10-County Survey in employer contribution determination.

In June 2014, the impact of the "average contribution" on rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model. Presently SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees and certain active employees.

In the unlikely scenario that the City's premium contribution falls below the lesser of the "average contribution" as determined by the Health Service Board pursuant to Charter Sections A8.423 and A8.428(b)(2), the City pays the difference between the Premium Contribution and the Average Contribution. In the event the premium is less than the "average contribution", the City will pay one hundred percent (100%) of the premium.

Results and Observations

The average monthly contribution of \$1,029.76 projected for plan year 2027 is 9.30% higher than \$942.14, the 10-County average developed last year for plan year 2026. All counties had a change in contribution.

10-County Survey Calendar Year Change Rule: Example Calculation Based on Los Angeles County For the 2026 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$974.08. Per the Calendar Year Change Rule, this \$974.08 is projected forward six months, using Los Angeles County's three-year average six-month premium increase trend of 4.3%. This results in the average 2027 plan year employer premium contribution calculated at \$1,015.68 for Los Angeles County.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For 2026 calendar year information, actual contributions for 8 of the 10 counties were higher than the 2026 projections developed in March 2025 due to higher-than-expected premium rates that materialized for the counties into the 2026 plan year. Overall, actual contributions for the 10 counties varied from 1.3% lower to 14.0% higher than original projections.

Any variances are driven by changes in plans offered, premiums, and employer contributions from original projections to actuals. The actual contributions for 2026 across the 10 counties in aggregate were 4.7% higher than aggregated originally estimated 2026 contributions (\$986.54 actual vs. \$942.14 estimated).

Average of Employer Contributions

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026 Calculated	2026 Actual	3-Year Annual Trend	Months of Trend	Trend Factor	2027 Calculation
1 Los Angeles	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	746.54	757.91	798.05	907.74	951.40	974.08	8.7%	6	1.04	1,015.68
2 San Diego	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	691.14	788.07	723.51	775.93	809.16	803.67	0.7%	6	1.00	806.30
3 Orange	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	627.67	658.78	736.07	815.69	865.42	918.30	11.7%	6	1.06	970.56
4 Riverside	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	768.35	730.26	761.77	814.61	868.81	895.94	7.1%	6	1.03	927.00
5 San Bernardino*	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	535.30	537.46	584.09	623.22	662.42	667.44	7.5%	12	1.07	717.42
6 Santa Clara	656.34	776.62	785.13	917.21	1,008.88	1,018.12	1,078.20	1,055.07	1,054.24	1,086.78	1,127.73	1,264.31	1,399.20	1,595.12	13.6%	6	1.07	1,700.46
7 Alameda	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	748.84	763.87	818.98	952.26	1,042.58	1,148.73	14.6%	6	1.07	1,229.56
8 Sacramento	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	753.75	761.88	778.73	815.72	842.74	872.39	4.6%	6	1.02	892.31
9 Contra Costa	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	814.23	874.26	816.83	886.99	958.00	981.16	3.9%	6	1.02	1,000.21
10 Fresno	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	833.01	848.33	912.74	963.99	1,021.70	1,008.58	5.9%	6	1.03	1,038.09
Average	559.65	567.80	579.24	604.84	649.17	672.08	705.92	729.19	757.31	780.76	805.85	882.05	942.14	986.54	8.1%	6.6	1.04	1,029.76

Increase Over Prior Year

County	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
1 Los Angeles	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%	3.45%	1.52%	5.30%	13.75%	4.81%	6.76%
2 San Diego	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%	5.16%	14.02%	-8.19%	7.24%	4.28%	-0.35%
3 Orange	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%	7.32%	4.96%	11.73%	10.82%	6.10%	12.15%
4 Riverside	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%	11.03%	-4.96%	4.32%	6.94%	6.65%	6.70%
5 San Bernardino*	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	11.81%	5.02%	0.40%	8.68%	6.70%	6.29%	8.30%
6 Santa Clara*	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%	-0.08%	3.09%	3.77%	12.11%	10.67%	21.53%
7 Alameda	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%	-0.26%	2.01%	7.22%	16.27%	9.48%	17.93%
8 Sacramento	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%	4.29%	1.08%	2.21%	4.75%	3.31%	5.88%
9 Contra Costa	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%	1.69%	7.37%	-6.57%	8.59%	8.01%	4.41%
10 Fresno	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%	4.50%	1.84%	7.59%	5.61%	5.99%	1.60%
Average	4.65%	1.46%	2.02%	4.42%	7.33%	3.53%	5.04%	3.30%	3.86%	3.10%	3.21%	9.46%	6.81%	9.30%

*Plan years for these counties are not calendar year. Contributions shown for these counties are for the first 6 months of the calendar year and last 6 months of the previous year.

1. LOS ANGELES COUNTY

Los Angeles County				Population: 9,757,000		
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	1,019.21	1,066.11	4.6%	1,019.21	1,066.11	4.6%
CIGNA Choices Select Network HMO - County Sponsored	910.14	1,016.42	11.7%	910.14	1,016.42	11.7%
CIGNA Choices HMO - County Sponsored	1,256.50	1,403.58	11.7%	1,149.21	1,241.15	8.0%
CIGNA Choices POS - County Sponsored	2,256.58	2,522.41	11.8%	1,149.21	1,241.15	8.0%
Blue Cross Prudent Buyer Basic - ALADS	1,235.02	1,324.09	7.2%	1,149.21	1,241.15	8.0%
Blue Cross CaliforniaCare Basic - ALADS	944.96	1,013.15	7.2%	944.96	1,013.15	7.2%
Blue Cross Prudent Buyer Premier - ALADS	1,258.60	1,350.54	7.3%	1,149.21	1,241.15	8.0%
Blue Cross CaliforniaCare Premier - ALADS	968.54	1,039.60	7.3%	968.54	1,039.60	7.3%
Blue Shield Classic CAPE	2,139.37	2,292.71	7.2%	1,149.21	1,241.15	8.0%
Blue Shield Lite CAPE	927.71	1,017.88	9.7%	927.71	1,017.88	9.7%
Local 1014 Plan - Fire Fighters	1,101.00	1,168.00	6.1%	1,101.00	1,168.00	6.1%
Kaiser Options - SEIU	972.91	1,015.09	4.3%	972.91	1,015.09	4.3%
Kaiser HMO - Unrepresented	276.00	276.00	0.0%	276.00	276.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented	417.00	417.00	0.0%	417.00	417.00	0.0%
Blue Cross Plus POS - Unrepresented	628.00	628.00	0.0%	628.00	628.00	0.0%
Blue Cross Catastrophic - Unrepresented	105.00	105.00	0.0%	105.00	105.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	806.00	806.00	0.0%	806.00	806.00	0.0%
CIGNA Options Full Network HMO	1,250.50	1,397.58	11.8%	1,127.65	1,217.86	8.0%
CIGNA Options Network POS	2,250.58	2,516.41	11.8%	1,127.65	1,217.86	8.0%
UnitedHealthcare Harmony HMO	764.35	878.74	15.0%	764.35	878.74	15.0%
UnitedHealthcare Options HMO - SEIU	1,039.73	1,123.39	8.0%	1,039.73	1,123.39	8.0%
UnitedHealthcare Options Select Plus PPO	1,507.87	1,701.65	12.9%	1,127.65	1,217.86	8.0%
UnitedHealthcare Options PPO - SEIU*	2,427.10			1,127.65		
AVERAGE	1,150.55	1,185.43	3.0%	919.01	974.08	6.0%

* Discontinued

Los Angeles County: Medical Plan Design Summary			
Blue Shield Lite	HMO	In	Out
Deductible	None	\$400/\$800	\$400/\$800
Physicians Services	\$10 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20/\$30	\$5/\$20/\$30	Covered emergencies only
Hospital	No Charge	80/20 After Ded	70/30 After Ded
Blue Shield Classic	HMO	In	Out
Deductible	None	\$300/\$600	\$300/\$600
Physicians Services	\$10 Copay	\$20 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20/\$30	\$5/\$20/\$30	Covered emergencies only
Hospital	No Charge	90/10 After Ded	70/30 After Ded
UnitedHealthcare Options	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
UnitedHealthcare		PPO - In	PPO - Out
Deductible		\$300/\$1,500	\$1,500/\$3,000
Physicians Services		20% Copay	50% Copay After Ded
Emergency Room		20% Copay After Ded	50% Copay After Ded
Rx		\$5/\$20/\$35	\$5/\$20/\$35
Hospital		20% Copay After Ded	50% Copay After Ded
Kaiser Permanente	Options HMO	Choices HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$10 Copay	
Emergency Room	\$50 Copay	\$50 Copay	
Rx	\$5/\$20	\$5/\$20	
Hospital	No Charge	No Charge	

Los Angeles County: Medical Plan Design Summary			
CIGNA	HMO	POS - In	POS - Out
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 After Ded
Hospital	No Charge	\$50 Copay/Day	60/40 After Ded + \$1,000/Admit
Blue Cross California Care HMO	ALADS		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	\$25 Copay		
Rx	\$10/\$20		
Hospital	No Charge		
Local 1014 Plan	HMO		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross Prudent Buyer PPO	ALADS - In	ALADS - Out	
Deductible	\$500/\$1,500	\$500/\$1,500	
Physician Services	90/10 After Ded	70/30 After Ded	
Emergency Room	90/10 After Ded	90/10 After Ded	
Rx	\$10/\$20	50%	
Hospital	90/10 After Ded	70/30 After Ded	

2. SAN DIEGO COUNTY

San Diego County						Population: 3,336,000
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
Kaiser Permanente HMO	807.21	849.44	5.2%	807.21	849.44	5.2%
Kaiser Everyday Care HMO*		779.44			779.44	
Kaiser Permanente High Deductible	630.11	663.08	5.2%	630.11	663.08	5.2%
UnitedHealthCare HMO Network 1	903.18	921.66	2.0%	903.18	921.66	2.0%
UnitedHealthCare HMO Alliance	866.54	884.26	2.0%	866.54	884.26	2.0%
UnitedHealthCare PPO	1,601.38	1,691.06	5.6%	989.60	966.35	-2.3%
UnitedHealthCare HMO HDHP/HSA	550.20	561.48	2.0%	550.20	561.48	2.0%
AVERAGE	893.10	907.20	1.6%	791.14	803.67	1.6%

* New

San Diego County: Medical Plan Design Summary		
Kaiser Permanente HMO	HMO	Everyday Care
Deductible	None	\$2,000/\$4,000
Physicians Services	\$25 Copay	\$10 Copay
Emergency Room	\$125 Copay	\$500 Copay
Rx	\$10/\$25/\$25	\$10/\$50/\$50/\$250 copay
Hospital	\$100 Copay Per Admit	\$0 after deductible
Kaiser Permanente High Deductible	HD w/HSA	
Deductible	\$1,700/\$3,400	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$30/\$30	
Hospital	10% After Ded	
UnitedHealthcare PPO	PPO - In	Out
Deductible	\$300/\$600	\$600/\$1,200
Physicians Services	\$20 Copay	40% After Ded
Emergency Room	\$125 Copay then 20%	\$125 Copay then 20%
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$150 Copay then 20%	\$300 Copay then 40%

San Diego County: Medical Plan Design Summary		
UnitedHealthcare HMO	Network 1	Alliance
Deductible	None	None
Physicians Services	\$25 Copay	\$25 Copay
Emergency Room	\$125 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$200 Copay Per Admit
UnitedHealthcare High Deductible	PPO - In	
Deductible	\$2,700/\$3,400	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$20/\$35	
Hospital	10% After Ded	

3. ORANGE COUNTY

Orange County						Population: 3,160,000
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
Choice Wellwise PPO*	1,083.89	1,224.80	13.0%	973.50	1,101.15	13.1%
Choice Sharewell PPO*	712.66	805.31	13.0%	788.20	843.08	7.0%
CIGNA HMO Choice*	1,017.96	1,169.15	14.9%	917.06	1,053.36	14.9%
CIGNA HMO Select*	817.61	938.95	14.8%	736.56	845.98	14.9%
Kaiser Permanente HMO Choice*	795.69	829.09	4.2%	717.71	747.91	4.2%
AVERAGE	885.56	993.46	12.2%	826.61	918.30	11.1%

*Current county contributions assume wellness participation.

Orange County: Medical Plan Design Summary		
Wellwise PPO	In	Out
Deductible	\$500/\$1,000	\$750/\$1,500
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	20%/25%/30%	Not Covered
Hospital	90/10	70/30
Sharewell PPO	In	Out
Deductible	\$5,000 Per Family	\$5,000 Per Family
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	80/20	Not Covered
Hospital	90/10	70/30
CIGNA	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30/\$50	
Hospital	\$100 Per Admit	
Kaiser Permanente	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

4. RIVERSIDE COUNTY

Riverside County					Population: 2,530,000	
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
UnitedHealthcare Harmony HMO	756.28	765.51	1.2%	756.28	765.51	1.2%
Blue Shield Access+ HMO	828.46	917.91	10.8%	828.46	917.91	10.8%
Blue Shield Trio HMO	738.12	852.56	15.5%	738.12	852.56	15.5%
Kaiser Permanente HMO - PERS	926.52	969.05	4.6%	925.48	951.42	2.8%
PORAC - PERS	970.00	1,057.00	9.0%	925.48	951.42	2.8%
PERS Platinum PPO	1,263.74	1,431.81	13.3%	925.48	951.42	2.8%
PERS Gold PPO	868.16	960.03	10.6%	868.16	951.42	9.6%
Anthem Select HMO	916.88	962.68	5.0%	916.88	951.42	3.8%
Anthem Traditional HMO	1,065.46	1,128.53	5.9%	925.48	951.42	2.8%
Health Net Salud y Mas	714.40	740.11	3.6%	714.40	740.11	3.6%
UnitedHealthcare Alliance HMO	866.40	870.76	0.5%	866.40	870.76	0.5%
AVERAGE	901.31	968.72	7.5%	853.69	895.94	4.9%

Riverside County: Medical Plan Design Summary	
CalPERS	HMO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$50 Copay
Rx	\$5/\$20
Hospital	No Charge
CalPERS PPO	PERS Gold
Deductible	\$1,000/\$2,000
Physicians Services	\$35 Copay
Emergency Room	\$50 Copay
Rx	\$5
Hospital	20%/40%

5. SAN BERNARDINO COUNTY

San Bernardino County					Population: 2,214,000	
Medical Plans	2024-25 Premium	2025-26 Premium	% +/-	2024-25 County Contribution	2025-26 County Contribution	% +/-
Kaiser Permanente HMO	813.71	875.55	7.6%	568.57	599.03	5.4%
Kaiser Permanente Choice HMO	693.55	746.40	7.6%	564.18	594.65	5.4%
Blue Shield Signature HMO	763.69	831.61	8.9%	564.18	594.65	5.4%
Blue Shield Access+ HMO	663.33	722.30	8.9%	564.18	594.65	5.4%
Blue Shield Needles PPO	1,601.99	1,744.95	8.9%	938.67	1,022.65	8.9%
Blue Shield PPO	1,419.30	1,545.92	8.9%	568.57	599.03	5.4%
AVERAGE	992.59	1,077.79	8.6%	628.06	667.44	6.3%

San Bernardino County: Medical Plan Design Summary			
Kaiser Permanente	HMO	Choice HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$40 Copay	
Emergency Room	\$75 Copay	\$150 Copay	
Rx	\$10/\$15	\$15/\$35	
Hospital	No Charge	\$500 per day	
Blue Shield Signature HMO	Tier 1 - HMO	Tier 2 - PPO	Access+ HMO
Deductible	None	None	None
Physicians Services	\$10 Copay	\$30 Copay	\$40 Copay
Emergency Room	\$75 Copay	\$75 Copay	\$50 Copay
Rx	\$5/\$10/\$25	Not covered	\$5/\$10/\$25
Hospital	No Charge	Not covered	\$100/admission plus 20% for facility services
Blue Shield PPO	PPO - In	PPO - Out	
Deductible	\$250/\$500	\$250/\$500	
Physicians Services	\$10 Copay	70/30 After ded	
Emergency Room	\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded	
Rx	\$15/\$30/\$30	\$15/\$30/\$30 + 25% of billed amount	
Hospital	80/20 After ded	70/30 After ded	
Blue Shield Needles PPO	PPO - In	PPO - Out	
Deductible	None	\$250/\$750	
Physicians Services	\$10 Copay	70/30 After Ded	
Emergency Room	\$50 Copay	\$50 Copay	
Rx	\$10/\$15/\$15	\$10/\$15/\$15+25% of billed amount	
Hospital	No charge	70/30 After Ded	

6. SANTA CLARA COUNTY

Santa Clara County					Population:	1,936,000
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
Kaiser Permanente HMO	1,001.04	1,116.09	11.5%	990.29	1,104.80	11.6%
Valley Health HMO	1,210.02	1,856.77	53.4%	1,194.60	1,836.02	53.7%
Health Net POS	1,778.53	1,898.41	6.7%	1,725.91	1,844.52	6.9%
AVERAGE	1,329.86	1,623.76	22.1%	1,303.60	1,595.12	22.4%

Santa Clara County: Medical Plan Design Summary			
Kaiser Permanente	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$35 Copay		
Rx	\$5/\$10		
Hospital	\$100 per admit		
Valley Health	HMO		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	No Charge		
Rx	No Charge		
Hospital	No Charge		
Health Net POS	HMO	PPO	OUT
Deductible	None	None	\$200/\$600
Physicians Services	\$15 Copay	\$20 Copay	70/30
Emergency Room	\$50 Copay	\$75 Copay	70/30
Rx	\$5/\$15/\$30	\$5/\$15/\$30	\$5/\$15/\$30
Hospital	No Charge	90/10	70/30

7. ALAMEDA COUNTY

Alameda County				Population: 1,660,000		
Medical Plans	2025-26 Premium	2026-27 Premium	% +/-	2025-26 County Contribution	2026-27 County Contribution	% +/-
UnitedHealthcare SignatureValue \$15	1,594.36	1,840.38	15.4%	1,379.12	1,591.93	15.4%
Kaiser Permanente \$15	1,042.54	1,076.74	3.3%	901.80	931.38	3.3%
Kaiser Permanente \$40	968.94	1,000.66	3.3%	838.13	865.57	3.3%
UnitedHealthcare SignatureValue Advantage \$15*	1,042.48			901.74		
UnitedHealthcare Select Plus PPO	1,379.16	1,802.20	30.7%	901.74	931.38	3.3%
UnitedHealthcare SignatureValue Advantage \$40*	931.14			805.43		
UnitedHealthcare SignatureValue \$40	1,425.54	1,645.52	15.4%	1,233.09	1,423.38	15.4%
AVERAGE	1,197.74	1,473.10	23.0%	994.44	1,148.73	15.5%

* Discontinued

Alameda County: Medical Plan Design Summary			
UnitedHealthcare	Premium HMO	Standard HMO	PPO
Deductible	None	None	\$500/\$1,000
Physicians Services	\$15 Copay	\$40 Copay	\$20 Copay
Emergency Room	\$50 Copay	\$100 Copay	20% Coinsurance
Rx	\$10/\$25/\$35	\$25/\$35/\$50	\$10/\$35/\$85
Hospital	No Charge	\$500 Copay	20% Coinsurance
Kaiser Permanente	Premium HMO	Standard HMO	
Deductible	None	None	
Physicians Services	\$15 Copay	\$40 Copay	
Emergency Room	\$50 Copay	\$100 Copay	
Rx	\$15/\$15	\$15/\$30	
Hospital	No Charge	\$500 Copay	

8. SACRAMENTO COUNTY

Sacramento County					Population:	1,600,000
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
Western Health Advantage HMO	857.86	981.06	14.4%	857.86	920.19	7.3%
Sutter Health Plus HMO	995.56	1,075.86	8.1%	905.04	920.19	1.7%
Kaiser Permanente HMO 15	1,208.42	1,400.26	15.9%	905.04	920.19	1.7%
Western Health Advantage HDHP	706.60	752.20	6.5%	706.60	752.20	6.5%
Sutter Health Plus HDHP	738.30	801.40	8.5%	738.30	801.40	8.5%
Kaiser Permanente HDHP HMO	863.62	977.42	13.2%	863.62	920.19	6.6%
AVERAGE	895.06	998.03	11.5%	829.41	872.39	5.2%

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,700/\$3,400
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded
Western Health Advantage	HMO	HDHP - HMO
Deductible	None	\$1,700/\$3,400
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded
Kaiser Permanente	HMO	HDHP - HMO
Deductible	None	\$1,700/\$3,400
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20	\$10/\$20 After Ded
Hospital	No Charge	No Charge After Ded

9. CONTRA COSTA COUNTY

Contra Costa County					Population: 1,170,000	
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
CCHP Plan A	1,282.49	1,384.22	7.9%	1,120.49	1,234.38	10.2%
CCHP Plan B	1,421.65	1,534.42	7.9%	1,175.84	1,279.31	8.8%
Health Net SmartCare HMO A	1,930.31	2,116.22	9.6%	1,339.18	1,404.16	4.9%
Health Net SmartCare HMO B	1,291.50	1,415.89	9.6%	1,029.69	1,119.15	8.7%
Health Net PPO Plan A	4,095.28	4,601.05	12.4%	1,853.75	1,514.47	-18.3%
Kaiser Permanente HMO Plan A	995.41	1,097.09	10.2%	874.52	984.90	12.6%
Kaiser Permanente HMO Plan B	795.54	877.96	10.4%	698.57	787.59	12.7%
Kaiser Permanente HDHP	623.50	684.16	9.7%	561.15	638.55	13.8%
Anthem Select - PERS	1,256.65	1,336.29	6.3%	895.16	934.98	4.4%
Anthem Traditional - PERS	1,500.40	1,612.08	7.4%	955.39	1,011.23	5.8%
Blue Shield Access+ - PERS	1,170.17	1,301.95	11.3%	724.88	786.34	8.5%
Blue Shield Trio - PERS	1,134.79	1,166.58	2.8%	774.95	790.85	2.1%
CCHP Plan A Alternate - PERS	1,610.81	1,731.84	7.5%	1,012.91	1,073.42	6.0%
Kaiser Permanente HMO - PERS	1,112.90	1,168.86	5.0%	796.27	824.25	3.5%
PERS Platinum	1,476.10	1,670.14	13.1%	971.75	1,068.78	10.0%
PORAC - PERS	975.00	1,063.00	9.0%	756.41	800.41	5.8%
PERS Gold	1,013.70	1,120.58	10.5%	783.64	837.08	6.8%
UnitedHealthcare - PERS	1,184.58	1,211.58	2.3%	770.99	836.05	8.4%
Western Health Advantage - PERS	914.27	969.58	6.0%	688.49	716.14	4.0%
AVERAGE	1,357.11	1,477.03	8.8%	936.00	981.16	4.8%

Contra Costa County: Medical Plan Design Summary

CCHP	PLAN A	PLAN B			
Deductible	None	None			
Physicians Services	No Charge	\$5 Copay			
Emergency Room	No Charge	No Charge			
Rx	No Charge	\$3 Per Rx			
Hospital	No Charge	No Charge			
Health Net	HMO	PLAN A -In	PLAN A - Out	SmartCare HMO A	SmartCare HMO B
Deductible	None	\$250/\$750	\$250/\$750	None	None
Physicians Services	\$15/\$30 Copay	\$10 Copay	70/30	\$15	\$30
Emergency Room	\$25	90/10	90/10	\$50	\$100
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$30/\$50
Hospital	No Charge	90/10	70/30	No Charge	\$1,500
Kaiser Permanente	PLAN A	PLAN B	HDHP		
Deductible	None	\$500/\$1,000	\$1,700/\$3,400		
Physicians Services	\$10 Copay	\$20 Copay	90/10 After Ded		
Emergency Room	\$10 Copay	90/10 After Ded	90/10 After Ded		
Rx	\$10/\$20	\$10/\$30	\$10/\$30 After Ded		
Hospital	No Charge	90/10 After Ded	90/10 After Ded		

10. FRESNO COUNTY

Fresno County					Population: 1,024,000	
Medical Plans	2025 Premium	2026 Premium	% +/-	2025 County Contribution	2026 County Contribution	% +/-
Kaiser Permanente \$15 HMO	1,216.96	1,301.09	6.9%	992.33	1,008.58	1.6%
Blue Cross EPO	1,100.89	1,141.65	3.7%	992.33	1,008.58	1.6%
Kaiser Permanente HDHP*		1,008.58			1,008.58	
Blue Cross EPO \$500	992.33	1,008.58	1.6%	992.33	1,008.58	1.6%
Blue Cross EPO \$1,000	992.33	1,008.58	1.6%	992.33	1,008.58	1.6%
Blue Cross HDPPO \$3,000	992.33	1,008.58	1.6%	992.33	1,008.58	1.6%
AVERAGE	1,058.97	1,079.51	1.9%	992.33	1,008.58	1.6%

* New

10. Fresno County: Medical Plan Design Summary				
Kaiser Permanente	HMO			
Deductible	None			
Physicians Services	\$15 per visit			
Emergency Room	\$100 per visit			
Rx	\$10/\$20			
Hospital	No Charge			
Blue Cross	EPO	PPO	EPO \$500	EPO \$1,000
Deductible	None	\$250/\$500	None	None
Physicians Services	\$15 per visit	\$20 per visit	\$35 per visit	\$35 per visit
Emergency Room	\$100 per visit	\$100 per visit	\$250 per visit	\$300 per visit
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge	No Charge	\$500	\$1,000
Blue Cross	HDPPO - IN			
Deductible	\$3,300/\$6,000			
Physicians Services	\$0 Copay After Ded			
Emergency Room	\$0 Copay After Ded			
Rx	\$0 Copay After Ded			
Hospital	\$0 Copay After Ded			

2026 CalPERS Health Plan Summaries										
	Kaiser Permanente HMO	Blue Shield Access+ HMO	Western Health Advantage HMO	PERS Gold		PERS Platinum		Anthem Blue Cross EPO & HMO	Health Net EPO & HMO	UnitedHealthcare SignatureValue
				In	Out	In	Out			
Annual Deductible	N/A	N/A	N/A	\$1,000	\$2,000	\$500	\$2,000	N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	60%/40%	90%/10% \$250 Ded.	60%/40% \$250 Ded.	No Charge	No Charge	No Charge
Emergency Room	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	80%/20%, \$50 Deductible		90%/10%, \$50 Deductible		\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Rx - Retail	\$5/\$20	\$5/\$20/\$50/\$30	\$5/\$20/\$50	\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
Rx - Mail Order	\$10/\$40	\$10/\$40/\$100/\$60	\$10/\$40/\$100	\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
Infertility Treatment	50%/50%	50%/50%	50%/50%	50%/50%		50%/50%		50%/50%	50%/50%	50%/50%
Acupuncture	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.
				Limit 20 Visits/Yr.		Limit 20 Visits/Yr.				
Chiropractic	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.
				Limit 20 Visits/Yr.		Limit 20 Visits/Yr.				

For informational purposes only. CalPERS data is not included in the 10-County Survey.

SFHSS ACTIVE EMPLOYEE PLANS

	HEALTH NET CANOPYCARE HMO	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA HMO		BLUE SHIELD OF CALIFORNIA PPO	
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO	
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	PCP assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible	No deductible	No deductible	No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
					\$250 employee only \$500 +1 \$750 +2 or more	\$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
GENERAL CARE AND URGENT CARE						
Annual Physical; Well Woman Exam	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$20 co-pay	\$25 co-pay in-network	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	No charge	No charge	No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge	No charge	No charge	No charge	85% covered after deductible	50% covered after deductible
PRESCRIPTION DRUGS						
Pharmacy: Generic	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply	Only if authorized by Kaiser Physician	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply	Only if authorized by Kaiser Physician	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply

PAYGROUF	BLSPNA	BLSPPO	BLSPPM	BLSHLD	BLSHLM	BLSACC	BLSACM	BLSPOA	HLTCNP	KAISER	KAIMED	WAIVED	DELINQ	MED SUM	DLTDEN	DLCDEN	PUDDEN	WAIVED	DELINQ	DEN SUM
BW1																				
MEMBER O	73	1,160	0	1,223	0	3,302	0	1	311	8,507	0	0	0	14,577	12,459	757	345	0	0	13,561
MBR + 1 DE	51	227	0	740	0	2,380	0	0	131	4,943	0	0	0	8,472	7,987	178	107	0	0	8,272
MBR + 2> C	92	206	0	927	0	2,741	0	0	174	5,772	0	0	0	9,912	11,080	158	90	0	0	11,328
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	256	256	0	0	0	0	315	315
WAIVED	0	0	0	0	0	0	0	0	0	0	0	2,274	0	2,274	0	0	0	2,015	0	2,015
TOTAL BW1	216	1,593	0	2,890	0	8,423	0	1	616	19,222	0	2,274	256	35,491	31,526	1,093	542	2,015	315	35,491
BW2																				
MEMBER O	0	18	0	16	0	33	0	0	1	106	0	0	0	174	162	8	3	0	0	173
MBR + 1 DE	1	8	0	8	0	24	0	0	2	52	0	0	0	95	91	7	1	0	0	99
MBR + 2> C	0	8	0	15	0	36	0	0	2	52	0	0	0	113	114	3	2	0	0	119
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	60	0	60	0	0	0	51	0	51
TOTAL BW2	1	34	0	39	0	93	0	0	5	210	0	60	0	442	367	18	6	51	0	442
CCM																				
MEMBER O	0	12	0	36	0	70	0	0	8	214	0	0	0	340	0	0	0	0	0	0
MBR + 1 DE	0	3	0	16	0	22	0	0	2	68	0	0	0	111	0	0	0	0	0	0
MBR + 2> C	0	4	0	18	0	33	0	0	2	59	0	0	0	116	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	233	0	233	0	0	0	0	0	0
TOTAL CCM	0	19	0	70	0	125	0	0	12	341	0	233	0	800	0	0	0	0	0	0
CCS																				
MEMBER O	0	5	0	36	0	73	0	0	21	233	0	0	0	368	0	0	0	0	0	0
MBR + 1 DE	0	2	0	9	0	21	0	0	2	67	0	0	0	101	0	0	0	0	0	0
MBR + 2> C	0	3	0	5	0	10	0	0	5	47	0	0	0	70	0	0	0	0	0	0
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	33	0	33	0	0	0	0	0	0
TOTAL CCS	0	10	0	50	0	104	0	0	28	347	0	33	1	573	0	0	0	0	0	0
MOZ																				
MEMBER O	0	0	0	0	0	0	0	0	0	1	0	0	0	1	23	0	1	0	0	24
MBR + 1 DE	0	0	0	0	0	0	0	0	0	0	1	0	0	1	9	1	0	0	0	10
MBR + 2> C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	11
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	5
WAIVED	0	0	0	0	0	0	0	0	0	0	0	3	0	3	0	0	0	2	0	2
TOTAL MOZ	0	0	0	0	0	0	0	0	0	1	1	3	0	5	43	1	1	2	5	52
PAR																				
MEMBER O	1	1	155	5	0	1	0	0	0	17	268	0	0	448	227	7	13	0	0	247
MBR + 1 DE	0	0	34	0	0	0	0	0	0	3	32	0	0	69	85	1	1	0	0	87
MBR + 2> C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	31	31	0	0	0	0	96	96
WAIVED	0	0	0	0	0	0	0	0	0	0	0	177	0	177	0	0	0	295	0	295

TOTAL PAR	1	1	189	5	0	1	0	0	0	20	300	177	31	725	312	8	14	295	96	725
PER																				
MEMBER O	22	20	206	26	0	44	0	0	2	95	160	0	0	575	434	19	12	0	0	465
MBR + 1 DE	15	3	71	9	2	17	11	0	2	32	71	0	0	233	250	9	3	0	0	262
MBR + 2> C	4	0	0	9	0	7	4	0	1	20	3	0	0	48	57	4	1	0	0	62
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	13	13	0	0	0	0	25	25
WAIVED	0	0	0	0	0	0	0	0	0	0	0	130	0	130	0	0	0	185	0	185
TOTAL PER	41	23	277	44	2	68	15	0	5	147	234	130	13	999	741	32	16	185	25	999
SFR																				
MEMBER O	270	323	8,520	327	0	479	0	27	80	1,289	6,870	0	0	18,185	13,469	490	422	0	0	14,381
MBR + 1 DE	148	71	3,424	123	93	272	185	5	21	526	2,778	0	0	7,646	7,582	154	130	0	0	7,866
MBR + 2> C	30	51	53	52	18	129	58	1	7	198	97	0	0	694	825	14	15	0	0	854
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	69	69	0	0	0	0	128	128
WAIVED	0	0	0	0	0	0	0	0	0	0	0	3,918	0	3,918	0	0	0	7,283	0	7,283
TOTAL SFR	448	445	11,997	502	111	880	243	33	108	2,013	9,745	3,918	69	30,512	21,876	658	567	7,283	128	30,512
STR																				
MEMBER O	7	22	1,321	31	0	26	0	2	3	110	1,171	0	0	2,693	1,787	51	36	0	0	1,874
MBR + 1 DE	4	1	393	14	7	7	12	0	0	47	384	0	0	869	736	12	19	0	0	767
MBR + 2> C	0	1	3	6	1	1	2	0	0	11	13	0	0	38	40	1	0	0	0	41
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	43	43	0	0	0	0	84	84
WAIVED	0	0	0	0	0	0	0	0	0	0	0	473	0	473	0	0	0	1,352	0	1,352
TOTAL STR	11	24	1,717	51	8	34	14	2	3	168	1,568	473	43	4,116	2,563	64	55	1,352	84	4,118
UDB																				
MEMBER O	0	21	0	157	0	74	0	0	126	1,399	0	0	0	1,777	0	0	0	0	0	0
MBR + 1 DE	0	4	0	51	0	24	0	0	53	479	0	0	0	611	0	0	0	0	0	0
MBR + 2> C	0	2	0	18	0	14	0	0	25	199	0	0	0	258	0	0	0	0	0	0
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	13	13	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	593	0	593	0	0	0	0	0	0
TOTAL UDE	0	27	0	226	0	112	0	0	204	2,077	0	593	13	3,252	0	0	0	0	0	0
UDM																				
MEMBER O	0	44	0	293	0	120	0	0	134	2,326	0	0	0	2,917	0	0	0	0	0	0
MBR + 1 DE	0	5	0	42	0	16	0	0	19	390	0	0	0	472	0	0	0	0	0	0
MBR + 2> C	0	5	0	66	0	27	0	0	18	384	0	0	0	500	0	0	0	0	0	0
DELINQ	0	0	0	0	0	0	0	0	0	0	0	0	19	19	0	0	0	0	0	0
WAIVED	0	0	0	0	0	0	0	0	0	0	0	703	0	703	0	0	0	0	0	0
TOTAL UDM	0	54	0	401	0	163	0	0	171	3,100	0	703	19	4,611	0	0	0	0	0	0
GRAND TOTAL	718	2,230	14,180	4,278	121	10,003	272	36	1,152	27,646	11,848	8,597	445	81,526	57,428	1,874	1,201	11,183	653	72,339

Legend

BLSPNA Blue Shield PPO Choice Not Available

BLSPPO Blue Shield PPO

BLSPPM Blue Shield PPO Medicare

BLSHLD Blue Shield TRIO

BLSHLM Blue Shield TRIO Medicare

BLSACC Blue Shield Access+

BLSACM Blue Shield Access+ Medicare
BLSPOA Blue Shield Out-of-Area
HLTCNP Healthnet CanopyCare
KAISER Kaiser HMO
KAIMED Kaiser HMO Medicare
WAIVED Waived
DELINQ Delinquent
MED SUM Med Total
DLTDEN Delta Dental
DLCDEN DeltaCare
PUDDEN UHC Dental
DEN SUM Dental Total

MEMBERSHIP	BLSPNA	BLSPPO	BLSPPM	BLSHLD	BLSHLM	BLSACC	BLSACM	BLSPOA	HLTCNP	KAISER	KAIMED	WAIVED	DELINQ	TOTAL
ACTIVE MEMBER	217	1,718	0	3,662	0	9,012	0	1	1,027	25,267	1	3,712	280	44,897
NO MEDICARE	217	1,718	0	3,662	0	9,012	0	1	1,027	25,267	0	3,712	280	44,896
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	1	0	0	1
COMMISSIONER	0	19	0	14	0	8	0	0	9	31	0	187	9	277
NO MEDICARE	0	19	0	14	0	8	0	0	9	31	0	187	9	277
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RETIRED MEMBER	481	470	12,713	565	121	936	271	33	108	2,216	10,605	4,195	121	32,835
NO MEDICARE	481	261	0	565	0	936	0	33	108	2,216	0	3,278	102	7,980
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	109	0	3	0	7	0	0	0	79	0	0	198
MEDICARE	0	0	12,604	0	118	0	264	0	0	0	10,526	917	19	24,448
NON-COMMERCIAL	0	209	0	0	0	0	0	0	0	0	0	0	0	209
SURVIVING	20	23	1,467	37	0	47	1	2	8	132	1,242	503	35	3,517
NO MEDICARE	20	13	0	37	0	47	0	2	8	132	0	292	33	584
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	7	0	0	0	0	0	0	0	5	1	1	14
MEDICARE	0	0	1,460	0	0	0	1	0	0	0	1,237	210	1	2,909
NON-COMMERCIAL	0	10	0	0	0	0	0	0	0	0	0	0	0	10
TOTAL MEMBERSHIP	718	2,230	14,180	4,278	121	10,003	272	36	1,152	27,646	11,848	8,597	445	81,526

MEMBERSH	BLSPNA	BLSPPO	BLSPPM	BLSHLD	BLSHLM	BLSACC	BLSACM	BLSPOA	HLTCNP	KAISER	KAIMED	WAIVED	DELINQ	TOTAL
SP/DP DEP.	116	381	0	1,344	0	3,818	0	0	293	8,819	1	0	0	14,772
NO MEDICARE	116	379	0	1,338	0	3,801	0	0	293	8,784	0	0	0	14,711
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	1	0	0	0	1
MEDICARE	0	2	0	6	0	16	0	0	0	33	1	0	0	58
NON-COMM	0	0	0	0	0	1	0	0	0	1	0	0	0	2
SP/DP DEP.	0	6	0	1	0	2	0	0	1	2	0	0	0	12
NO MEDICARE	0	6	0	1	0	2	0	0	1	2	0	0	0	12
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SP/DP DEP.	175	104	3,940	184	104	358	237	6	23	691	3,314	0	0	9,136
NO MEDICARE	150	87	216	156	100	279	221	6	23	542	495	0	0	2,275
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	9	0	0	1	0	0	0	2	9	0	0	21
MEDICARE	25	17	3,715	28	4	78	16	0	0	147	2,810	0	0	6,840
NON-COMM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SP/DP DEP.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NO MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NON-COMM	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICAL P As of Date: 1-Jun-26														
MEMBERSH	BLSPNA	BLSPPO	BLSPPM	BLSHLD	BLSHLM	BLSACC	BLSACM	BLSPOA	HLTCNP	KAISER	KAIMED	WAIVED	DELINQ	TOTAL
CH/MIN DE	212	496	0	2,507	0	6,814	0	0	533	15,742	0	0	0	26,304
NO MEDICARE	212	496	0	2,507	0	6,813	0	0	533	15,741	0	0	0	26,302
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	1	0	0	0	1

NON-COMI	0	0	0	0	0	1	0	0	0	0	0	0	0	1
CH/MIN DE	0	12	0	2	0	1	0	0	1	4	0	0	0	20
NO MEDICARE	0	12	0	2	0	1	0	0	1	4	0	0	0	20
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CH/MIN DE	78	108	108	136	46	293	134	2	19	497	222	0	0	1,643
NO MEDICARE	78	108	87	136	46	293	133	2	19	497	212	0	0	1,611
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	21	0	0	0	1	0	0	0	10	0	0	32
NON-COMI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CH/MIN DE	2	6	6	14	0	23	1	0	1	42	3	0	0	98
NO MEDICARE	2	6	2	14	0	23	1	0	1	41	2	0	0	92
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEDICARE	0	0	4	0	0	0	0	0	0	1	1	0	0	6
NON-COMI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL DEP	292	622	114	2,659	46	7,131	135	2	554	16,285	225	0	0	28,065
MEDICAL P	1,301	3,343	18,234	8,466	271	21,312	644	44	2,023	53,443	15,388	8,597	445	133,511
DENTAL PL As of Date: 1-Jun-26														
MEMBERSH	DLTDEN	DLCDEN	PUDDEN	WAIVED	DELINQ	TOTAL								
ACTIVE Mem	31,875	1,111	547	1,861	314	35,708								
RETIRED Mem	23,277	646	579	8,101	235	32,838								
SURVIVING	2,215	116	73	1,014	98	3,516								
COMMISSION	61	1	2	207	6	277								
TOTAL MEM	57,428	1,874	1,201	11,183	653	72,339								
SP/DP DEP	14,400	241	137	0	0	14,778								
SP/DP DEP	9,149	187	160	0	0	9,496								

SP/DP DEP.	0	0	0	0	0	0
SP/DP DEP.	17	0	0	0	0	17
CH/MIN DE	25,465	392	225	0	0	26,082
CH/MIN DE	1,781	43	32	0	0	1,856
CH/MIN DE	100	3	3	0	0	106
CH/MIN DE	17	0	0	0	0	17
TOTAL DEP	50,929	866	557	0	0	52,352

DENTAL PL	108,357	2,740	1,758	11,183	653	124,691
-----------	---------	-------	-------	--------	-----	---------

LTD, LIFE A As of Date: 1-Jun-26

MEMBERSH	LTD	LIFE	DEPFSA	HTHFSA
ACTIVE Mer	27,874	27,761	1,700	9,270

VISION BU\As of Date: 1-Jun-26

Membershi	Members	Spouse/Do	Child/Minor	Dependents
Active CCD	325	97	136	
Active CRT	220	92	116	
Active CSF	17,316	7,153	12,685	
Active USD	2,323	433	671	
Retirees	8,889	3,053	663	

- Legend
- BLSPNA Blue Shield PPO Choice Not Available
 - BLSPPO Blue Shield PPO
 - BLSPPM Blue Shield PPO Medicare
 - BLSHLD Blue Shield TRIO
 - BLSHLM Blue Shield TRIO Medicare
 - BLSACC Blue Shield Access+
 - BLSACM Blue Shield Access+ Medicare
 - BLSPOA Blue Shield Out-of-Area
 - HLTCNP Healthnet CanopyCare
 - KAISER Kaiser HMO
 - KAIMED Kaiser HMO Medicare
 - WAIVED Waived

DELINQ Delinquent
MED SUM Med Total
DLTDEN Delta Dental
DLCDEN DeltaCare
PUDDEN UHC Dental
DEN SUM Dental Total

June 18, 2026

Board of Supervisors
City and County of San Francisco
City Hall, Room 244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

RE: January 1, 2027 to December 31, 2027 Health, Life Insurance, and Long-Term Disability Plan Benefits, Rates and Contributions

Honorable Members of the Board of Supervisors:

This letter serves to document our position as the consultant and actuary to the San Francisco Health Service System ("SFHSS") with regard to the completed rates and contribution setting process for SFHSS medical/prescription drug, dental, vision, life insurance, and long-term disability plans for the January 1, 2027, to December 31, 2027, plan year. Four employers (referred to as the "Four Employers" in this letter) offer plans through SFHSS, which are documented in this letter, to active employees and retirees:

- City and County of San Francisco, or CCSF (all plans documented in this letter);
- San Francisco Unified School District, or USD (medical and vision plans only);
- City College of San Francisco, or CCD (medical and vision plans only); and
- The Superior Court of San Francisco, or CRT (all plans documented in this letter).

The 2027 plan year rates and contribution setting process was concluded on June 11, 2026, under the direction of the Rates and Benefits Committee ("Committee") of the Health Service Board ("HSB"). This report will reference attached exhibits, as well as tables embedded in this letter.

In our opinion, the rate and contribution determination process for the 2027 plan year was completed in a comprehensive manner. Specifically, it is our professional opinion that:

- The premium rates for all fully insured plans, and the administrative/other fees for all self-funded and flex-funded plans, align with SFHSS' vendors' final rates and represent a fair price for the services provided.
- The premium equivalents set for the SFHSS self-funded and flex-funded programs listed below represent our best estimate of future expenditures based on the information available at the time these rates were developed. Existing Trust Fund assets are expected to be sufficient to protect the SFHSS Trust Fund against adverse claims experience. The self-funded and flex-funded programs include:
 - Blue Shield of California ("BSC") self-funded PPO and flex-funded Access+/Trio HMO plans, including non-Medicare family members where at least one family member is enrolled in the Medicare Advantage PPO plan (e.g., "split family retirees");
 - Health Net CanopyCare ("HN CC") flex-funded HMO plan; and
 - Delta Dental of California ("Delta Dental") self-funded PPO plan for active employees.

Legislative Update

California: Senate Bill 729

On September 29, 2024 Governor Newsom signed SB729 which orders group health care plans and disability insurance policies issued, amended, or renewed on or after July 1, 2025, to cover the diagnosis and treatment of infertility and fertility services. This bill aims to enhance access to fertility services by including coverage for up to three completed oocyte retrievals and revising the definition of infertility, removing the in vitro fertilization exclusion. Additionally, the bill prohibits health care plans and insurers from imposing different conditions on fertility treatments compared to other medical conditions, with exceptions for religious employers and certain specified contracts.

Federal: The Consolidated Appropriations Act (CAA)

The Consolidated Appropriations Act, 2021 (CAA) established protections for consumers related to surprise billing and transparency in health care. Under the guidance of the City Attorney's office, SFHSS has worked diligently with its vendor partners to ensure compliance with the CAA. This includes the following:

- Prescription drug and health care spending data submission: Completion of the initial pharmacy transparency data required under section 204 of Title II (Transparency) of Division BB of the CAA which requires insurance companies and employer-based health plans to submit information about prescription drug and health care spending to the Departments of Health & Human Services, Labor, and Treasury.
- No Surprises Act: Confirming vendor implementation of Title I (the No Surprises Act (NSA)) of Division BB of the Consolidated Appropriations Act, 2021 (CAA 2021) and regulations published in the Federal Register on July 13, 2021, and October 7, 2021.
- Gag Clause Prohibition: Confirming vendors and SFHSS have completed the most recent annual Gag Clause Prohibition Compliance Attestation (GCPCA) as required under section 201 of Title II (Transparency) of Division BB of the CAA. The law requires certain plans and issuers to submit an attestation of compliance to the Departments of Health & Human Services, Labor, and the Treasury on an annual basis.

Federal: Transparency in Coverage Final Rule

As of July 1, 2022, most group health plans and issuers of group health insurance coverage are required to disclose, on a public website, machine-readable files (MRFs) containing in-network rates for covered items and services and allowed amounts and historical billed charges for out-of-network providers. SFHSS worked with its vendors to comply with this final rule by gathering the needed MRF reference links from each vendor and posting them on the SFHSS website.

Federal: The Patient Protection and Affordable Care Act (PPACA)

PPACA continues as law, and thus SFHSS continues to work with the Four Employers served by the Trust to assure compliance with PPACA requirements continues. Below is a brief explanation of the provisions that remain in place currently and have the greatest effect.

PPACA Reporting Requirements

Under PPACA, employers are required to provide reporting to both employees as well as the Internal Revenue Service (IRS). This reporting requirement remains even though the individual mandate penalty moved to \$0 for the 2019 plan year and forward. The purpose of the reporting is as follows:

- Establish that the plan sponsor complied with PPACA's employer mandate by making an offer of affordable, minimum-value health care coverage to its full-time employees (PPACA defines a full-time employee as an employee who is employed, on average, at least 30 hours of service per week, or 130 hours of service in a calendar month);
- Provide individuals with information on their employer-provided health care coverage so they can establish compliance with the individual mandate to purchase health care coverage;
- Help the IRS determine whether individuals who have purchased coverage from a public exchange are entitled to a subsidy; and
- Help the IRS determine applicable penalties for failure to comply with the individual mandate.

Reporting started in 2016 with 2015 calendar year information on Forms 1094 and 1095 and remains an annual requirement. SFHSS successfully met this requirement for the 2025 plan year by creating 50,093 IRS forms for distribution to employees and electronic reporting to the IRS in early 2026.

PPACA Legislative Fees

The one ongoing Patient Protection and Affordable Care Act (PPACA) fee which employers are responsible for paying is the Patient Centered Outcomes Research Institute (PCORI) Fee. PCORI remains in effect through 2029 as part of the SECURE Act passed by the federal government in December 2019. The fee is included in fully insured plan premiums, while SFHSS is responsible for payment for self-funded medical plans. The 2027 PCORI fee is expected to be somewhat higher than the \$3.84 per covered life per year fee in 2026.

Contributions Under the 10-County Survey

Per City Charter Section A8.428, the employer contribution towards medical benefits is determined by the results of a survey of the dollar premium contributions provided by the ten most populous counties in California, excluding San Francisco. In the June 2014 CCSF collective bargaining process, the 10-County Survey ("Survey") was eliminated for the majority of the CCSF unions in the calculation of premium contributions for active employees in exchange for a percentage-based employee premium contribution. The Survey is the basis for calculating employer contributions for retirees and some employees in SFHSS health plans. For 2027 rating, the 10-County Survey result leads to an increase in average monthly employer contribution from \$942.14 in 2026 to \$1,029.76 in 2027 (an increase of 9.30%). The full Survey report is contained as an Appendix to this letter and was presented at the March 12, 2026, HSB meeting (also accessible at sfhss.org). Survey results are illustrated in Exhibit 1 of the adjoining document.

Projected 2027 Aggregate Medical Plans Cost

Per Table 1 below, we expect an increase in aggregate medical plan costs totaling \$133.1 million, or 10.44%, for the SFHSS medical plans (including Basic Plan vision coverage costs for 2027 which are unchanged from 2026, and the SFHSS Healthcare Sustainability Fund charge of \$6 per member per month which is unchanged from 2026). This increase in costs will be split between the members and employers with member contributions increasing \$17.5 million and employer contributions increasing \$115.6 million. These costs are projected based on June 2026 plan enrollment.

Table 1 – All Four Employers			
January 1, 2027 to December 31, 2027 Aggregate Medical Plans Cost (\$ millions)			
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)
Current (2026) Rates	\$148.4	\$1,126.6	\$1,275.0
Final Renewal (2027) Rates	\$165.9	\$1,242.2	\$1,408.1
\$ Difference	\$17.5	\$115.6	\$133.1
% Difference	11.79%	10.26%	10.44%
2027 Rate Sharing Distribution	11.8%	88.2%	100.0%

Current CCSF Health Plan Employer Contribution Strategy – Active Employees

Most negotiated contribution algorithms for CCSF covered employees fall into two models. The models reflect CCSF's percentage of the contribution; they are **(1) 93/93/83** contribution model, and **(2) 100/96/83** contribution model.

1) 93/93/83 Contribution Model:

- a) **Employee Only.** For single-covered employees (Employee Only) who enroll in any health plan offered through the San Francisco Health Service System (SFHSS), CCSF shall contribute ninety-three percent (93%) of the total health insurance premium/premium equivalent provided. However, CCSF's contribution shall be capped at ninety-three percent (93%) of the Employee Only premium/premium equivalent of the second highest-cost plan.
- b) **Employee Plus One.** For employees with one dependent who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute ninety-three percent (93%) of the total health insurance premium/premium equivalent provided. However, CCSF's contribution shall be capped at ninety-three percent (93%) of the Employee Plus One premium/premium equivalent of the second highest-cost plan.
- c) **Employee Plus Two or More.** For employees with two or more dependents who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute eighty-three (83%) of the total health insurance premium/premium equivalent provided. However, CCSF's contribution shall be capped at eighty-three percent (83%) of the Employee Plus Two or More premium/premium equivalent of the second highest-cost plan.

2) 100/96/83 Contribution Model:

- a) **Employee Only.** For single-covered employees (Employee Only) who enroll in any health plan offered through SFHSS, CCSF shall contribute one hundred percent (100%) of the total health insurance premium/premium equivalent.
- b) **Employee Plus One.** For employees with one dependent who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute ninety-six percent (96%) of the total health insurance premium/premium equivalent provided. However, CCSF's contribution shall be capped at ninety-six percent (96%) of the Employee Plus One premium/premium equivalent of the second highest-cost plan.
- c) **Employee Plus Two or More.** For employees with two or more dependents who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute eighty-three (83%) of the total health insurance premium/premium equivalent provided. However, CCSF's contribution shall be capped at eighty-three percent (83%) of the Employee Plus Two or More premium/premium equivalent of the second highest-cost plan.

Since the majority of CCSF employees fall into the two contribution models, Aon produced two sets of rate cards, both approved by the HSB for plan year 2027. One rate card with specified member contributions under the 93/93/83 model and the other rate card under the 100/96/83 model.

Current CCSF Health Plan Employer Contribution Strategy — Retirees

For SFHSS retirees, the employer contributions that member employers including CCSF provide to qualified retirees receiving the full employer contribution amounts are defined by Section A8.428 of the City Charter. The three elements are:

- **10-County Survey Amount.** This first component of the employer contribution is the amount derived from the annual survey described in Charter Section A8.423 of contributions provided by the 10 most populous counties in California, not including San Francisco — called the “average contribution”. The 2027 10-County amount is \$1,029.76. If the total cost for Retiree Only for a plan is less than the 10-County Amount, that lower amount becomes the basis for that plan for the 10-County employer contribution portion.
- **“Actuarial Difference”.** The second employer contribution component is the “actuarial difference” for a given plan. Under Charter Section A8.428(b)(3), the employers contribute the difference between Active Employee-Only premium and non-Medicare Retiree-Only premium.
- **Prop. E Contribution.** The third employer contribution component is the Prop. E contribution amount. Under Charter Section A8.428(b)(3)(iii) and A8.428(c), employer contributions toward Retiree Only and Retiree +1 rates = 50% x [Total Rate Cost – 10-County Amount – “Actuarial Difference”].

The full employer contribution amount for retiree medical coverage applies to eligible retirees who were hired on or before January 9, 2009. For retirees who were hired on or after January 10, 2009, there are five coverage/employer contribution classifications based on criteria outlined in Table 2 below.

Table 2 — Retiree Medical Coverage/Employer Contribution For Those Hired On or After January 10, 2009	
Years of Credited Service at Retirement	Percentage of Employer Contribution Established in A8.428 Subsection (b)(3)
Less than 5 years of Credited Service with the Employers (except for the surviving spouses or surviving domestic partners of active employees who died in the line of duty)	No Retiree Medical Benefits Coverage
At least 5 but less than 10 years of Credited Service with the Employers; or greater than 10 years of Credited Service with the Employers but not eligible to receive benefits under Subsections (a)(4), (b)(4) and (b)(5) (A8.428 Subsection (b)(6))	0% — Access to Retiree Medical Benefits Coverage, Including Access to Dependent Coverage, But No Employer Contribution; Employee Pays Health Insurance Premium
At least 10 but less than 15 years of Credited Service with the Employers (A8.428 Subsection (b)(5))	50%
At least 15 but less than 20 years of Credited Service with the Employers (A8.428 Subsection (b)(5))	75%
At least 20 years of Credited Service with the Employers; Retired Persons who retired for disability; surviving spouses or surviving domestic partners of active employees who died in the line of duty (A8.428 Subsection (b)(4))	100%

Outline of 2027 Health Plan Design and Rating Actions

Below we describe the plan design changes and rating actions that apply to each SFHSS health plan for the 2027 plan year, based on approval actions taken during the recently completed Rates and Benefits cycle by the HSB.

Rates, Contributions, and Benefits for the Fully Insured Kaiser Permanente HMO Plans for All Four Employers

The final negotiated rate change for Kaiser Permanente (“Kaiser”) Non-Medicare plan—which include “split family” covered lives—and Kaiser Medicare retirees is an overall increase of 6.22% for plan year 2027. This overall average is generated by a 7.26% premium rate increase for the non-Medicare plan in California, and a 2.21% premium rate decrease for Medicare retirees in California.

There are no 2027 plan design changes approved for the Kaiser plans.

The 2027 Kaiser California HMO renewal actions result in an overall estimated total cost increase of \$40.5 million from 2026 to 2027 for all four employers based on June 2026 membership, of which \$33.0 million is attributed to CCSF and \$7.5 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate projected cost for all four employers for Kaiser Permanente in California based on June 2026 membership is projected at \$690.8 million, with \$72.6 million in member contributions and \$618.2 million in employer contributions. Table 3 (page 11) provides an overview of annualized costs.

At the May 14, 2026, Health Service Board meeting, the Board approved the discontinuation of the Kaiser retiree “multi-region” HMO plans in Washington State, Northwest (Oregon), and Hawaii after the 2026 plan year due to the burden of administration for a relatively small number of retirees. These retirees have the same plans available as other retirees living outside of the Bay Area – specifically the Blue Shield Non-Medicare PPO with Choice Not Available contributions for non-Medicare lives, and the Blue Shield Medicare Advantage Prescription Drug plan for Medicare lives.

The 2027 Kaiser California plan rates are illustrated in exhibits 2a-2b in the adjoining document.

Rates, Contributions, and Benefits for the Fully Insured BSC MAPD PPO Plan, Flex-Funded BSC HMO Plans, and Self-Funded BSC PPO Plan for All Four Employers

For BSC Non-Medicare plans—which include “split family” covered lives—total cost rates will increase by 17.6% for the BSC Access+ HMO plan, 10.7% for the BSC Trio HMO plan, and 23.1% for the PPO plan into the 2027 plan year. Overall, this produces an aggregate total rate increase of 14.7% for the combination of Non-Medicare BSC HMO and PPO plans into the 2027 plan year.

For BSC Medicare plans, total cost rates will increase by 6.5%. This is driven by the three-year premium guarantee as a result of the Spring of 2024 RFP process for the Medicare Advantage Prescription Drug (MAPD) PPO plan and non-Medicare “split family” plans available to non-Medicare covered lives within families where one or more life is Medicare and covered in the MAPD PPO plan. The RFP delivered projected savings of \$67M over the three-year period 2025 through 2027.

The only plan design change among the Blue Shield of California plans is mandated by the Centers for Medicare and Medicaid (CMS) within the MAPD PPO plan – elimination of coverage for prescription drugs used solely for weight loss purposes only. This change does not affect GLP-1 products that have FDA-approved Part D indications within the BSC MAPD PPO plan.

The aggregate 2027 projected cost for all four employers in the BSC MAPD PPO, BSC Access+, BSC Trio, and BSC Non-Medicare PPO plans based on June 2026 BSC plan enrollments is \$696.0 million, with \$91.2 million in member contributions and \$604.8 million in employer contributions based on June 2026 membership. This results in an overall estimated total cost increase of \$89.3 million from 2026 to 2027 for all four employers based on June 2026 membership, of which \$81.4 million is attributed to CCSF and the remaining \$7.9 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 11) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined.

The 2027 BSC flex-funded HMO plan rates are illustrated in exhibits 3a-3b for the Access+ plan and 3c-3d for the Trio plan in the adjoining document. The 2027 BSC Non-Medicare PPO plan rates are illustrated in exhibits 4a-4d in the adjoining document.

Rates, Contributions, and Benefits for the Flex-Funded Health Net CanopyCare HMO Plan for All Four Employers

The Health Net CanopyCare HMO plan total cost rates will increase by 18.4% into the 2027 plan year. Health Net CanopyCare was introduced as a new health plan option to SFHSS members for the 2022 plan year. Thus, the 2027 plan year will be the sixth year for the Health Net CanopyCare plan option.

The Rates and Benefits Committee and HSB approved one plan change that applies to the Health Net Canopy Care HMO plan. The change, which aligns with the Kaiser HMO and BSC plans approach to glucagon-like peptide-1's (GLP-1's) effective for the 2025 and 2026 plan years, respectively, restricts coverage for GLP-1 medications for weight loss only (e.g., no approved qualifying diagnosis) for individuals with Body Mass Index (BMI) at or above 40 (e.g., Class III Obesity). There are no other 2027 plan design changes approved for the Health Net CanopyCare plan.

Based on June 2026 membership, the aggregate 2027 projected cost for all four employers in the Health Net CanopyCare HMO Plan for the 2027 plan year is \$21.4 million, with \$2.1 million in member contributions and \$19.3 million in employer contributions.

The 2027 Health Net CanopyCare (flex-funded) HMO plan rates are illustrated in exhibits 5a-5b in the adjoining document.

Rates and Benefits for the Fully Insured Vision Plans for All Four Employers

Members enrolled in any medical plan offered by SFHSS also receive the Basic Plan vision benefits through Vision Service Plan (VSP). The cost of the Basic Plan vision benefit is a component of the cost of the medical plan and has been included in the rate exhibits referenced above. For the 2027 plan year, Basic Plan rates remain at 2026 levels.

There is also a buy-up Premier Plan available to SFHSS members. Members pay the full rate increment between Basic Plan rates and Premier Plan rates. For the 2027 plan year, Premier Plan total premium rates are increasing by 2% over 2026 levels which will lead to member contribution increases for the Premier Plan that vary from 2.6% to 2.9% by dependent coverage tier.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$1.04 per employee per month for 2027. Approximately 21,000 employees have access to this benefit.

There are no 2027 plan design changes approved for the Basic, Premier or Computer Vision Care plans by the Rates and Benefits Committee and HSB.



Based on May 2026 enrollment, the aggregate projected 2027 employer cost for all four employers for the VSP Basic vision plan is \$4.96 million (88% of total Basic plan rates based on contribution sharing formulas), plus an additional \$0.26 million for the Computer Vision Care benefit. The employer portion of vision plan costs stays the same from 2026 to 2027. VSP vision plan costs for all four employers are illustrated in Exhibits 6a-6b in the adjoining document.

Rates, Contributions, and Benefits for Dental Plans for CCSF, Court Employees, and All Retirees

Three dental plans are offered to CCSF/Court active employees and all SFHSS retirees — Delta Dental PPO, DeltaCare USA HMO, and UHC Dental HMO. The Delta Dental PPO plan has a network of preferred providers while the other two plans are dental HMOs with closed panels of providers. Information on proposed 2027 renewal actions follows.

Delta Dental Active Employee PPO Plan (Self-Funded)

The Delta Dental PPO plan for active employees is self-funded and administered by Delta Dental of California (Delta Dental). Following a competitive public Request for Proposal (RFP) issued December 9, 2026, by the San Francisco Health Service System, the HSB declined to take action on the RFP result for the Active Dental PPO Insurance plan carrier at the May 14, 2026 HSB meeting. Delta Dental will remain the Active Dental PPO carrier for 2027.

Future plan costs are projected based on the City employees' claim experience. As part of a new five-year administrative fee agreement with Delta Dental (2027 to 2031), the 2027 per employee per month (PEPM) administrative fee will increase by 2.5% from the 2026 fee amount. Delta Dental's administrative fee will increase from \$4.82 in 2026 to \$4.94 in 2027. Monthly employee contributions for CCSF employees in the Delta Dental PPO plan are set by MOU at \$5.00 for the Employee Only tier, \$10.00 for the Employee +1 tier, and \$15.00 for the Employee +2+ tier.

The aggregate total premium equivalent rates for the self-funded active employee Delta Dental PPO plan for active employees are increasing 3.3% for plan year 2027—an increase of \$1.5 million from 2026 active employee Delta Dental PPO plan rates for CCSF.

There are no 2027 plan design changes approved for the active employee dental PPO plan.

Dental Active Employee HMO Plans (Fully Insured)

Rates for both active employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2026 rate levels into the 2027 plan year. There are no plan changes approved in these dental HMO plans by the Rates and Benefits Committee and HSB. The active employee dental HMOs are fully paid by the employers with no employee contributions.

Delta Dental Retiree PPO Plan (Fully Insured)

The Delta Dental PPO plan for retirees is fully insured with premiums fully paid by retirees with no employer contributions. The Delta Dental Retiree PPO rate increase from 2026 to 2027 is 3.19% based on the new three-year premium guarantee, of which 2027 is the first year. There are no 2027 plan design changes approved for the Delta Dental Retiree PPO plan by the Rates and Benefits Committee and HSB.

**Dental Retiree Employee HMO Plans (Fully Insured)**

Rates for both retiree employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2026 rate levels into the 2027 plan year. There are no approved plan changes in these dental HMO plans by the Rates and Benefits Committee and HSB. The retiree dental HMOs are fully paid by retirees with no employer contributions.

Dental Rates Summary

The 2027 dental plan rates are shown in the adjoining document for the Delta Dental PPO (Exhibits 7a-7b), DeltaCare USA HMO (Exhibits 8a-8b), and UHC Dental HMO (Exhibits 9a-9b) plans.

The aggregate dental plan total cost for active employees for the 2027 plan year is projected at \$50.1 million with \$3.7 million in member contributions and \$46.4 million in employer contributions based on June 2026 enrollment. This results in an overall estimated total dental cost increase of \$1.6 million (3.3%) from 2026 to 2027. Table 3 (page 11) provides an overview of annualized costs.

Life, Short-Term Disability (STD), and Long-Term Disability (LTD) Insurance for CCSF, Court Employees, and Municipal Executive Active Employees Only

The Life Insurance Company of North America (“LINA”) (also known as New York Life) is the insurance carrier for fully insured Group Life, Supplemental Life and Accidental Death & Dismemberment, Short-Term Disability, and Long-Term Disability policies effective January 1, 2026. New York Life assumed these coverages upon the outcome of a competitive RFP bidding process that concluded in Spring 2025.

For 2027 plan year, SFHSS is entering into year two of a three-year premium guarantee for Short-Term Disability and a five-year premium guarantee for Group Life, Supplemental Life and Accidental Death & Dismemberment, and Long-Term Disability insurances. The five-year premium guarantee for employer-paid Group Life and Long-Term Disability insurance extends the almost \$2M annual employer savings (compared to 2025 premiums) produced through the Spring 2025 RFP process through the 2030 benefits year.

Summary of Projected 2027 Plan Year Costs

Table 3 below summarizes projected 2027 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2026 projections for those plans where the employers subsidize the total plan cost. VSP Basic Plan (vision) costs are included in the medical plans' costs.

TABLE 3 – ALL FOUR EMPLOYERS					
Distribution of Aggregate Calendar Year 2027 Plan Costs (\$ millions)					
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)	Member Contributions as a % of Aggregate Costs	Employer Contributions as a % of Aggregate Costs
Kaiser HMO	\$72.6	\$618.2	\$690.8	10.51%	89.49%
\$ Change	\$2.9	\$37.6	\$40.5		
% Change	4.14%	6.47%	6.22%		
BSC HMOs/PPO	\$91.2	\$604.8	\$696.0	13.10%	86.90%
\$ Change	\$14.3	\$75.0	\$89.3		
% Change	18.56%	14.17%	14.72%		
Health Net CanopyCare HMO	\$2.1	\$19.3	\$21.4	9.69%	90.31%
\$ Change	\$0.3	\$3.0	\$3.3		
% Change	16.66%	18.54%	18.36%		
Dental	\$3.7	\$46.4	\$50.1	7.48%	92.52%
\$ Change	\$0.0	\$1.6	\$1.6		
% Change	0.00%	3.49%	3.22%		
LTD Insurance	\$0.0	\$4.3	\$4.3	0.00%	100.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Life Insurance	\$2.0	\$1.4	\$3.4	59.24%	40.76%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
STD Insurance	\$1.4	\$0.0	\$1.4	100.00%	0.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Total	\$173.0	\$1,294.3	\$1,467.3	11.79%	88.21%
\$ Change	\$17.5	\$117.2	\$134.7		
% Change	11.22%	9.96%	10.11%		

NOTES: Figures vary due to rounding; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).



This year's projected aggregate medical cost increase of 10.44% (see page 4) is somewhat higher than national benchmark levels for health care cost trend. Aon's most recent National Health Care Trend Survey indicates combined medical/pharmacy expected cost increases of 9.5% into the 2027 plan year. The 10.44% increase for SFHSS in 2027 is also somewhat higher than the California large counties experience for 2025 as documented in the SFHSS 10-County Survey (9.30%).

Conclusion

Based on extensive evaluation and collaboration with SFHSS, Aon validates all of the findings presented within this report. Aon would be pleased to answer any questions or provide clarification about the information included in this letter to any interested parties.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Clarke", is positioned below the "Sincerely," text.

Michael A. Clarke, FSA, MAAA, FCA
Senior Vice President & Consulting Actuary, Aon Consulting, Inc.

cc: President and Members of the Health Service Board
Rey Guillen, San Francisco Health Service System

Appendix — CCSF Costs Only

TABLE 3a — CITY AND COUNTY OF SAN FRANCISCO ONLY (CCSF)					
Distribution of Aggregate Calendar Year 2027 Plan Costs (\$ millions)					
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)	Member Contributions as a % of Aggregate Costs	Employer Contributions as a % of Aggregate Costs
Kaiser HMO	\$61.1	\$495.9	\$557.0	10.97%	89.03%
\$ Change	\$3.4	\$29.6	\$33.0		
% Change	5.82%	6.35%	6.29%		
BSC HMOs/PPO	\$83.0	\$539.0	\$622.0	13.34%	86.66%
\$ Change	\$13.3	\$68.1	\$81.4		
% Change	19.07%	14.47%	15.06%		
Health Net CanopyCare HMO	\$1.5	\$13.0	\$14.5	10.06%	89.94%
\$ Change	\$0.2	\$2.0	\$2.2		
% Change	18.38%	18.37%	18.37%		
Dental	\$3.7	\$45.8	\$49.5	7.48%	92.52%
\$ Change	\$0.0	\$1.5	\$1.5		
% Change	0.00%	3.49%	3.22%		
LTD Insurance	\$0.0	\$4.2	\$4.2	0.00%	100.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Life Insurance	\$2.0	\$1.4	\$3.4	59.24%	40.76%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
STD Insurance	\$1.3	\$0.0	\$1.3	100.00%	0.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Total	\$152.6	\$1,099.4	\$1,252.0	12.19%	87.81%
\$ Change	\$16.9	\$101.3	\$118.2		
% Change	12.43%	10.15%	10.42%		

NOTES: Figures vary due to rounding; dental costs reflect active employees only (retiree-pay-all dental plan costs not included).

**SAN FRANCISCO
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

MEMORANDUM

DATE: June 22, 2026

TO: Supervisor Connie Chan, Chair Board of Supervisors Budget and Finance Committee

FROM: Rey Guillen, Executive Director, San Francisco Health Service System

RE: Ordinance Approving Health Service System Plans and Contributions Rates
for Calendar Year 2027

Attached are the following documents relating to the above matter:

1. Proposed ordinance (approved as to form by the City Attorney's Office) approving Health Service System (HSS) plans and contribution rates for calendar year 2027;
2. Legislative Digest (approved as to form by the City Attorney's Office);
3. Ten-County Survey for 2026 Plan Year Rates, pursuant to Charter Section A8.423, approved by the Health Service Board on March 12, 2026;
4. Actuarial Report dated June 18, 2026, from Aon Consulting, as required under Section A8.422 of Appendix A to the San Francisco Charter, including
5. Rate exhibit summaries of the rates and benefits adopted by the Health Service Board on February 12, March 12, April 9, May 14, and June 11, 2026.
6. HSS Membership Enrollment Statistics Report dated June 1, 2026, reflecting total enrollment distribution across the three medical plans, the dental plans, and life and long-term disability; and
7. Form SFEC-126f4 (Notification of Contract Approval) for the following benefit service providers (10 forms total):
 - California Physician Services DBA Blue Shield of California¹
 - Dental Benefit Providers of California, Inc. DBA UnitedHealthcare Dental
 - Delta Dental of California²
 - Health Net, LLC
 - Kaiser Foundation Health Plan
 - Life Insurance Company of North America (LINA)
 - Vision Service Plan (VSP)

Please let me know if you need any additional information.

CC: Members, Health Service Board (w/ electronic attached)

Jennifer Donnellan (w/ electronic attached)

Greg Wagner (w/ electronic attached)

Teresa Tan (w/electronic attached)

Mike Clarke, Aon (w/ electronic attached)

¹ There are three (3) SFEC-126f4 forms for California Physician Services DBA Blue Shield of California; one for each separate contract.

² There are two (2) SFEC-126f4 forms for Delta Dental of California; one for each separate contract.



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 57	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
Delta Dental of California	AskDeltaDental@ delta.org	
Contractor Phone #	International Address?	
(916) 603- 6833	No	
Contractor Address (US)	Contractor City and State	
560 Mission Street, Suite 1300	San Francisco - CA	
Contractor Zip Code	Country	
94105	United States of America	

Contract Information	
Contract Amount	\$73,940,497.00
Description of Amount of Contract	Delta Dental PPO Policy 09502-Actives (self-funded claims plus admin): \$50,738,251 Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$23,202,246
Contract Description	PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Michael J.	Castro	
CFO	Alicia F.	Weber	
CEO	Sara M.	Chavarria	
COO	Earl L.	Parker, Jr.	
Board of Directors	Glen F.	Bergert	
Board of Directors	Jay C.	Lamb DMD	
Board of Directors	Lynn L.	Franzoi	
Board of Directors	Roy A.	Gonella	
Board of Directors	Ian R.	Law	
Board of Directors	Steven F.	McCann	
Board of Directors	Terry A.	O'Toole	
Board of Directors	Stephen R.	Pickering DDS	
Board of Directors	Robert A.	Allford	
Board of Directors	Heidi E.	Yodowitz	
Board of Directors	Payal P.	Dholakiya DDS	
Board of Directors	Ron C.	Jones	
Board of Directors	Marvin R.	O'Quinn	
Board of Directors	Jouzy	Yanina	



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 59	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
Delta Dental of California	AskDeltaDental@ delta.org	
Contractor Phone #	International Address?	
(916) 461- 3356	No	
Contractor Address (US)	Contractor City and State	
560 Mission Street, Suite 1300	San Francisco - CA	
Contractor Zip Code	Country	
94105	United States of America	

Contract Information	
Contract Amount	\$820,976.00
Description of Amount of Contract	DeltaCare USA DHMO Policy 71797-DeltaCare active and retiree (fully insured premium): \$820,976
Contract Description	DHMO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Michael J.	Castro	
CFO	Alicia F.	Weber	
CEO	Sarah M.	Chavarria	
COO	Earl L.	Parker, Jr.	
Board of Directors	Bergert	Glen F.	
Board of Directors	Jay C.	Lamb DMD	
Board of Directors	Lynn L.	Franzoi	
Board of Directors	Roy A.	Gonella	
Board of Directors	Ian R.	Law	
Board of Directors	Steven F.	McCann	
Board of Directors	Terry A.	O'Toole	
Board of Directors	Stephen R.	Pickering DDS	
Board of Directors	Heidi	Yodowitz	
Board of Directors	Robert A.	Allford	
Board of Directors	Payal P.	Dholakiya DDS	
Board of Directors	Ron C.	Jones	
Board of Directors	Marvin R.	O'Quinn	
Board of Directors	Jouzy	Yanina	



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 60	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
Vision Service Plan (VSP)	prteam@vsp.com	
Contractor Phone #	International Address?	
(800) 877- 7195	No	
Contractor Address (US)	Contractor City and State	
3333 Quality Drive	Rancho Cordova - CA	
Contractor Zip Code	Country	
95670	United States of America	

Contract Information	
Contract Amount	\$12,683,796.00
Description of Amount of Contract	VSP Vision Care (Plan Premiums): \$12,683,796
Contract Description	Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees and eligible dependents.

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Matt	Wickham, OD	
Board of Directors	Tricia	Adams, OD	
Board of Directors	Mary Anne	Murphy, OD	
Board of Directors	Barbara	Adachi	
Board of Directors	David	Glabe, OD	
Board of Directors	David	Holmberg	
Board of Directors	Betsy	Meter	
Board of Directors	Saraj	Lorance	
Board of Directors	Jarrett	Johnson, OD	
Board of Directors	Ethan	Huisman, OD	
Board of Directors	Maggie	Metwalli, O.D	
CEO	Michael	Guyette	
CFO	Alec	Mahmood	
Other Principal Officer	David	Plevyak	
Other Principal Officer	Lester	Passuello	
Other Principal Officer	Scott	Nehs	
Other Principal Officer	Daniel	Schauer	
Other Principal Officer	Indar	Chaudhuri	



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 61	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
Life Insurance Company of North America (LINA)	GBSClientService@newyorklife.com	
Contractor Phone #	International Address?	
(212) 576- 7000	No	
Contractor Address (US)	Contractor City and State	
Two Liberty Place 1601 Chestnut Street	Philadelphia - PA	
Contractor Zip Code	Country	
19192	United States of America	

Contract Information	
Contract Amount	\$9,065,000.00
Description of Amount of Contract	Life (basic): estimated annualized premium: \$1,400,000 Life (Voluntary Supplemental): estimated annualized premium: \$1,790,000 AD&D (Voluntary Supplemental): estimated annualized premium: \$245,000 Long-Term Disability (LTD): estimated annualized premium: \$4,270,000 Short-Term Disability (Voluntary STD): estimated annualized premium: \$1,360,000
Contract Description	Basic Group Life, Long-term Disability, and Voluntary Short-Term Disability Insurance for City Employees. Voluntary Supplemental Group Life, Voluntary Accidental Death and Personal Loss (Dismemberment) Insurance for City Employees and their qualified dependents.

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
CEO	Scott	Berlin	
Other Principal Officer	Angela	Chen	
CFO	Justin	Somers	
Other Principal Officer	Thomas	Hendry	
Other Principal Officer	Colleen	Meade	
Board of Directors	Erik	Anderson	
Board of Directors	Alain	Karaoglan	
Board of Directors	Jodi	Kravitz	
Board of Directors	Mchael	McDonnell	
Board of Directors	Joanne	Rodgers	
Board of Directors	Benjamin	Rosenthal	
Board of Directors	Craig	Sabal	
Board of Directors	Justin	Somers	
Shareholder			Life Insurance Company of North America (LINA)
Subcontractor			ComPsych® Corporation
Subcontractor			Generali Global Assistance (GGA)



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 62	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
Kaiser Foundation Health Plan, Inc.	National- Media- Relations@kp.or g	
Contractor Phone #	International Address?	
(510) 271- 5800	No	
Contractor Address (US)	Contractor City and State	
1 Kaiser Plaza	Oakland - CA	
Contractor Zip Code	Country	
94612-3610	United States of America	

Contract Information	
Contract Amount	\$683,445,182.00
Description of Amount of Contract	Kaiser Permanente California Active/Early Retirees: \$618,459,648 Kaiser Permanente California Medicare Retirees: \$64,985,534
Contract Description	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.

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
CEO	Greg A.	Adams	
Board of Directors	Greg A.	Adams	
Board of Directors	Ramon	Baez	
Board of Directors	David J.	Barger	
Board of Directors	Regina	Benjamin MD, MBA	
Board of Directors	John D.	Fowler	
Board of Directors	Leslie S.	Heisz	
Board of Directors	David F.	Hoffmeister	
Board of Directors	Denise J.	Jamieson, MD	
Board of Directors	Judith A.	Johansen, JD	
Board of Directors	Jonathan S.	Lewin, MD	
Board of Directors	Matthew	Ryan	
Board of Directors	Maria S.	Salinas	
Board of Directors	Richard P.	Shannon, MD	
Board of Directors	Vivek	Sharma	
Board of Directors	Cynthia A.	Telles, PhD	
Board of Directors	Jenny J.	Ming	
Other Principal Officer	Vanessa M.	Benavides	
Other Principal Officer	Andrew	Bindman, MD	
Other Principal Officer	Bechara	Choucar, MD	
Other Principal Officer	Catherine	Hernandez	
CFO	Kathy	Lancaster	
COO	Carrie	Owen Plietz	
Other Principal Officer	Yazdi	Bagli	
Other Principal Officer	Jacqueline	Baratian	
Other Principal Officer	Anthony	Barrueta	
Other Principal Officer	Greg	Holms	
Other Principal Officer	Paul	Minardi, MD	
Other Principal Officer	Sam	Glick	
Other Principal Officer	Josh	Ettinger	
Other Principal Officer	Michelle	Gaskill-Hames	
CEO	Jeffery M.	Krawcek, MD	
COO	Charles P.	Bevilacqua	



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 64	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
Health Net, LLC.	Contact_Us@hea lthnet.com	
Contractor Phone #	International Address?	
(888) 926- 4988	No	
Contractor Address (US)	Contractor City and State	
21281 Burbank Blvd.	Woodland Hills - CA	
Contractor Zip Code	Country	
91367	United States of America	

Contract Information	
Contract Amount	\$21,654,913.00
Description of Amount of Contract	Health Net Canopycare HMO (self-funded claims plus admin): \$21,654,913
Contract Description	Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors			
Entity Type	First	Last	Entity or Sub/Contractor Name

	Name	Name	
Board of Directors	Sarah	London	
Board of Directors	Wayne	Deveydt	
Board of Directors	Jessica L.	Blume	
Board of Directors	James	Dallas	
Board of Directors	Kenneth	Burdick	
Board of Directors	Frederick H.	Eppinger	
Board of Directors	Christopher	Coughlin	
Board of Directors	Lori J.	Robinson	
Board of Directors	Theodore	Samuels	
CEO	Brian	Ternan	
Other Principal Officer	Alyson	Stone	
Other Principal Officer	Alex	Chen	
CFO	Jessica	Sellner	
Shareholder			Centene Corporation
Subcontractor			Advanced Medical Reviews
Subcontractor			Akorbi (acquired by Propio)
Subcontractor			American Specialty Health
Subcontractor			Applied Research Works (known as Cozeva and acquired by Vatica Health)
Subcontractor			Change Health Solutions (acquired by Optum)
Subcontractor			Cognizant
Subcontractor			CommGap
Subcontractor			Conduent Credit Solutions
Subcontractor			Cotiviti
Subcontractor			Datafied Global
Shareholder			Centene Management Company
Subcontractor			eviCore

Subcontractor			ISI Language Solutions
Subcontractor			Teladoc Health (MyStrength purchased by Teledoc)
Subcontractor			CQ Fluency
Subcontractor			Deaf and Hard of Hearing Service
Subcontractor			Optum
Subcontractor			Teleperformance
Subcontractor			TurningPoint
Subcontractor			Varis
Subcontractor			Dental Benefits Providers
Subcontractor			Voiance Language Services (Voiance acquired by Propio)
Subcontractor			Welvie
Subcontractor			EyeMed
Subcontractor			Health Management Systems
Subcontractor			Lifesigns, Inc.
Subcontractor			ModivCare
Subcontractor			Evolent Specialty Services, Inc. (Formerly National Imaging Associate)
Subcontractor			O'Neil Digital Solutions
Subcontractor			Zelis
Subcontractor			Capgemini
Subcontractor			Language Line
Subcontractor			Allyant
Subcontractor			FinThrive (Diversified Data)
Subcontractor			Press Ganey Associates, Inc
Subcontractor			The Rawlings Company
Subcontractor			Transaction Application Group
Shareholder			Centene Pharmacy Services
Subcontractor			Clarity
Subcontractor			Sharecare
Subcontractor			ExpressScripts
Subcontractor			Performant
Subcontractor			RR Donnelley
Subcontractor			H1 Insights (formerly Veda Data Solutions)
Subcontractor			CorroHealth
Subcontractor			Datalink

Subcontractor			Moxe Health
Subcontractor			Veradigm
Subcontractor			Ciox Health (doing business as Datavant)
Subcontractor			Periscope Group
Subcontractor			RICOH
Subcontractor			The Staywell Company
Subcontractor			Transperfect
Subcontractor			Clarity Software Solutions
Subcontractor			Symphony Performance Health, Inc (formerly SPH Analytics and SPH Analytics acqui



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
	SFEC126F00014 65	BOS Legislative Clerk Acceptance
SFEC126f Form Type	File Number (BOS)	
	126f4 BOS	260732
Type of Filing	Original	

Contractor Information

Contractor Name	Contractor Email	
Dental Benefit Providers of California, Inc.	noreply_ca_pslt_ serviceteam@uh c.com	
Contractor Phone #	International Address?	
(800) 822- 5353	No	
Contractor Address (US)	Contractor City and State	
5701 Katella Avenue	Cypress - CA	
Contractor Zip Code	Country	
90630	United States of America	

Contract Information	
Contract Amount	\$360,599.00
Description of Amount of Contract	Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Premiums: \$360,599
Contract Description	Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Benefits for City Employees and City Retirees

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Michael Charles	Brody	
Board of Directors	Andrew Joseph	Fabula	
Board of Directors	Irma Chi	Kato	
Board of Directors	Kenneth Mark	Sheldon	
Board of Directors	Paul Ryan	Toler	
CFO	Paul Ryan	Toler	
CEO	Irma Chi	Kato	
Other Principal Officer	Michael Charles	Brody	
Other Principal Officer	Marilyn Victoria	Hirsch	



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 76	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
California Physician Services DBA Blue Shield of California	Media@blueshieldca.com	
Contractor Phone #	International Address?	
(510) 607- 2000	No	
Contractor Address (US)	Contractor City and State	
601 12th Street	Oakland - CA	
Contractor Zip Code	Country	
94607	United States of America	

Contract Information	
Contract Amount	\$137,906,112.00
Description of Amount of Contract	Fully-Insured Medicare Advantage PPO Plan and Prescription Drug Premiums: \$137,906,112
Contract Description	Fully-Insured Medicare Advantage PPO Plan and Prescription Drug benefits (MAPD) for City Retirees and eligible dependents with Medicare A and B, and Medicare Part B Only eligible City Retirees and eligible dependents

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Guillermo	Diaz Jr.	
Board of Directors	Mari	Barker	
Board of Directors	Kimberly	Belshé	
Board of Directors	Helen	DuPlessis, M.D, M.P.H	
Board of Directors	Arthur	Chen MD	
Board of Directors	Pamela	DeCoste	
Board of Directors	Will	Glaser	
Board of Directors	Kristina	Leslie	
Board of Directors	Leon	Panetta	
Board of Directors	Myechia	Minter-Jordan, MD, MBA	
Board of Directors	Ather	Williams III	
Subcontractor			The Rawlings Group
Subcontractor			Optum
Subcontractor			American Specialty Health
Subcontractor			Cotiviti, Inc
Subcontractor			HealthSparq
Subcontractor			Broadridge fka DST Output
Subcontractor			Arvato Digital Services
Subcontractor			MediKeeper, Inc.
Subcontractor			NovuHealth
Subcontractor			Healthwise
Subcontractor			Solera Health, Inc.
Subcontractor			LabCorp
Subcontractor			Language Line Solutions
Subcontractor			EyeMed
Subcontractor			Quest Diagnostics
Subcontractor			Teladoc Health, Inc.
Subcontractor			TPUSA-FCHS Fka Teleperformance
Subcontractor			Partners in Care Foundation
Subcontractor			Call the Car
COO	Susan	Mullaney	
CEO	Michael	Stuart	
Subcontractor			LifeSpring Home Nutrition
Subcontractor			OutcomesMTM

Subcontractor			BenefitFocus
Subcontractor			Accenture
Subcontractor			Arine
Subcontractor			CVS Specialty Pharmacy
Subcontractor			Amazon Pharmacy
Subcontractor			Healthways
Subcontractor			Care Connectors Medical Group
Subcontractor			Tivity Health
Subcontractor			Lifestation
Subcontractor			Carenet
Subcontractor			VSP
Subcontractor			Healthmine
Subcontractor			Quality Health Partners
Subcontractor			Alinea Medical Imaging
Subcontractor			payForward



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 77	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing	Original	

Contractor Information

Contractor Name	Contractor Email	
California Physician Services DBA Blue Shield of California	Media@blueshieldca.com	
Contractor Phone #	International Address?	
(510) 607- 2000	No	
Contractor Address (US)	Contractor City and State	
601 12th Street	Oakland - CA	
Contractor Zip Code	Country	
94607	United States of America	

Contract Information	
Contract Amount	\$98,842,784.00
Description of Amount of Contract	Blue Shield ASO PPO self-funded claims plus admin: \$98,842,784
Contract Description	Medical Health Insurance: Blue Shield Self-Funded (ASO) PPO for City Employees, City Early Retirees, and eligible dependents, and Blue Shield Self-Funded (ASO) PPO for City Employees, City Early Retirees and eligible dependents who live outside the United States.

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Subcontractor			EyeMed
Subcontractor			Evolent
Board of Directors	Guillermo	Diaz Jr.	
Board of Directors	Mari	Barker	
Board of Directors	Kimberly	Belshé	
Board of Directors	Helen	DuPlessis, M.D, M.P.H	
Board of Directors	Arthur	Chen MD	
Board of Directors	Pamela	DeCoste	
Board of Directors	Will	Glaser	
Board of Directors	Kristina	Leslie	
Board of Directors	Myechia	Minter-Jordan, MD, MBA	
Board of Directors	Ather	Williams III	
Subcontractor			The Rawlings Group
Subcontractor			Optum
Subcontractor			American Specialty Health
Subcontractor			Cotiviti, Inc
Subcontractor			Broadridge fka DST Output
Subcontractor			Arvato Digital Services
Subcontractor			Kyruus Health
Subcontractor			MediKeeper, Inc.
Subcontractor			Healthwise
Subcontractor			NovuHealth
Subcontractor			LabCorp
Subcontractor			Language Line Solutions
Subcontractor			Quest Diagnostics
Subcontractor			Solera Health, Inc.
Subcontractor			TPUSA-FCHS Fka Teleperformance
COO	Susan	Mullaney	
CEO	Michael	Stuart	
Subcontractor			BenefitFocus
Subcontractor			Radiant LLP (Accenture)
Subcontractor			Teladoc Health, Inc.
Subcontractor			Arine
Subcontractor			CVS Specialty Pharmacy

Subcontractor			Amazon Pharmacy
Subcontractor			Outcomes Operating Inc.
Subcontractor			CredibleMind
Subcontractor			Gemini Health
Subcontractor			Civica Script
Subcontractor			Prime Therapeutics LLC
Subcontractor			Evio Pharmacy Services
Subcontractor			Navitus Health Solutions LLC
Subcontractor			Accolade
Subcontractor			Carenet
Subcontractor			Headlight Health
Subcontractor			Headspace
Subcontractor			Qualtics
Subcontractor			Rula
Subcontractor			Telamed2U
Subcontractor			Genesys
Subcontractor			Salesforce- Care Connect
Subcontractor			Stellarus
Subcontractor			Synergie Medication Collective
Subcontractor			Abarca
Subcontractor			Virta Health
Subcontractor			Ornish Lifestyle Medicine
Subcontractor			Medhok/AuthAccel



San Francisco Ethics Commission

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

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number	Status	
SFEC126F00014 78	BOS Legislative Clerk Acceptance	
SFEC126f Form Type	File Number (BOS)	
126f4 BOS	260732	
Type of Filing		
Original		

Contractor Information

Contractor Name	Contractor Email	
California Physician Services DBA Blue Shield of California	Media@blueshiel dca.com	
Contractor Phone #	International Address?	
(510) 607- 2000	No	
Contractor Address (US)	Contractor City and State	
601 12th Street	Oakland - CA	
Contractor Zip Code	Country	
94607	United States of America	

Contract Information	
Contract Amount	\$451,320,064.00
Description of Amount of Contract	Blue Shield of California Access+ HMO and Trio HMO self-funded claims plus admin: \$451,320,064
Contract Description	Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees, City Early Retirees and eligible dependents

City Agency - Departmental Contact Information			
Departmental Contact	William Kudenov	Departmental Contact Phone #	+16286524624
Full Department Name	HSS - Health Service System	Departmental Contact 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.

Contract Approval	
Mayoral Approval Not Required	false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Guillermo	Diaz Jr.	
Board of Directors	Mari	Barker	
Board of Directors	Kimberly	Belshé	
Board of Directors	Helen	DuPlessis, M.D, M.P.H	
Board of Directors	Arthur	Chen MD	
Board of Directors	Pamela	DeCoste	
Board of Directors	Will	Glaser	
Board of Directors	Kristina	Leslie	
Board of Directors	Leon	Panetta	
Board of Directors	Myechia	Minter-Jordan, MD, MBA	
Board of Directors	Ather	Williams III	
Subcontractor			The Rawlings Group
Subcontractor			Optum
Subcontractor			American Specialty Health
Subcontractor			Cotiviti, Inc
Subcontractor			Kyruus Health
Subcontractor			Broadridge fka DST Output
Subcontractor			Arvato Digital Services
Subcontractor			MediKeeper, Inc.
Subcontractor			NovuHealth
Subcontractor			Healthwise
Subcontractor			Solera Health, Inc.
Subcontractor			LabCorp
Subcontractor			Language Line Solutions
Subcontractor			EyeMed
Subcontractor			Evolent
Subcontractor			Quest Diagnostics
Subcontractor			Teladoc Health, Inc.
Subcontractor			TPUSA-FCHS Fka Teleperformance
COO	Susan	Mullaney	
CEO	Michael	Stuart	
Subcontractor			BenefitFocus
Subcontractor			Radiant LLP (Accenture)
Subcontractor			Arine

Subcontractor			CVS Specialty Pharmacy
Subcontractor			Amazon Pharmacy
Subcontractor			Outcomes Operating Inc.
Subcontractor			CredibleMind
Subcontractor			Gemini
Subcontractor			Accolade
Subcontractor			Carenet
Subcontractor			Headlight Health
Subcontractor			Headspace
Subcontractor			Qualtics
Subcontractor			Rula
Subcontractor			Telamed2U
Subcontractor			Genesys
Subcontractor			Salesforce- Care Connect
Subcontractor			Civica Script
Subcontractor			Evio Pharmacy Services
Subcontractor			Medhok/AuthAccel
Subcontractor			Navitus Health Solutions LLC
Subcontractor			Prime Therapeutics LLC
Subcontractor			Stellarus
Subcontractor			Synergie Medication Collective
Subcontractor			Abarca
Subcontractor			Virta Health
Subcontractor			Ornish Lifestyle Medicine

Introduction Form

(by a Member of the Board of Supervisors or the Mayor)

I hereby submit the following item for introduction (select only one):

- ☒ 1. For reference to Committee (Ordinance, Resolution, Motion or Charter Amendment)
- ☐ 2. Request for next printed agenda (For Adoption Without Committee Reference)
(Routine, non-controversial and/or commendatory matters only)
- ☐ 3. Request for Hearing on a subject matter at Committee
- ☐ 4. Request for Letter beginning with "Supervisor [] inquires..."
- ☐ 5. City Attorney Request
- ☐ 6. Call File No. [] from Committee.
- ☐ 7. Budget and Legislative Analyst Request (attached written Motion)
- ☐ 8. Substitute Legislation File No. []
- ☐ 9. Reactivate File No. []
- ☐ 10. Topic submitted for Mayoral Appearance before the Board on []

The proposed legislation should be forwarded to the following (please check all appropriate boxes):

- ☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission
- ☐ Planning Commission ☐ Building Inspection Commission ☐ Human Resources Department

General Plan Referral sent to the Planning Department (proposed legislation subject to Charter 4.105 & Admin 2A.53):

- ☐ Yes ☐ No

(Note: For Imperative Agenda items (a Resolution not on the printed agenda), use the Imperative Agenda Form.)

Sponsor(s):

Supervisor Dorsey

Subject:

Health Service System Plans and Contribution Rates - Calendar Year 2027

Long Title or text listed:

Ordinance approving Health Service System plans and contribution rates for calendar year 2027

Signature of Sponsoring Supervisor: [s\Dorsey]