

File No. 250717

Committee Item No. 1

Board Item No. 29

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 16, 2025

Board of Supervisors Meeting Date July 22, 2025

Cmte Board

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Legislative Digest |
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OTHER (Use back side if additional space is needed)

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| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>HSS 10-County Rates & Benefits Calendar Year 2026</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>HSS 10-County Survey 2026 Rates</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Enrollment Statistics</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>AON Actuarial Letter 6/18/2025</u> |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>HSS Presentation 7/16/2025</u> |
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Completed by: Brent Jalipa Date July 10, 2025

Completed by: Brent Jalipa Date July 17, 2025

1 [Health Service System Plans and Contribution Rates - Calendar Year 2026]

2

3 **Ordinance approving Health Service System plans and contribution rates for calendar**
4 **year 2026.**

5

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

10

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

12 Section 1. Background and Findings.

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

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

23 (c) On March 13, 2025, based on the Health Service System’s survey of each of the
24 Survey Counties, a copy of which is on file with the Clerk of the Board of Supervisors in Board
25

25

1 File No. 250717, the HSB determined that “the average contribution” made by the counties
2 surveyed for the 2025 calendar plan year is \$942.14 per month.

3 (d) At its meetings of February 13, March 13, April 10, May 8, and June 12, 2025, the
4 HSB adopted health insurance plans and contribution rates for Health Service System plans
5 to become effective on January 1, 2026, for the calendar plan year January 1, 2026 through
6 December 31, 2026. Said plans and contribution rates are on file with the Clerk of the Board
7 of Supervisors in Board File No. 250717, 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 13, March 13, April 10, May 8, and
13 June 12, 2025, 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, 2026 through December 31, 2026, as required under Charter Section
19 A8.428(b)(2), is \$942.14.

20
21 Section 4. Effective Date. This ordinance shall become effective 30 days 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

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LEGISLATIVE DIGEST

[Health Service System Plans and Contribution Rates for Calendar Year 2026]

Ordinance approving Health Service System plans and contribution rates for calendar year 2026.

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 uncodified 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.

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<p>Item 1 File 25-0717</p>	<p>Department: Health Service System (HSS)</p>
<p>EXECUTIVE SUMMARY</p>	
<p style="text-align: center;">Legislative Objectives</p> <ul style="list-style-type: none"> • 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) 2026. <p style="text-align: center;">Key Points</p> <ul style="list-style-type: none"> • In general, there are no major plan changes to the City’s existing health insurance provider contracts, aside from expanding access to fertility treatment and restricting access to GLP-1 weight loss medications. <p style="text-align: center;">Fiscal Impact</p> <ul style="list-style-type: none"> • The total cost of the plans in CY 2026 would be \$1,144,734,746 or 8.20 percent more than the \$1,058,004,237 total cost in 2025. Of the total, the City’s costs would be \$1,008,999,636, with the balance of \$135,735,110 paid by employees and retirees. <p style="text-align: center;">Recommendation</p> <ul style="list-style-type: none"> • 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. 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 Iftikhar Hussain, Chief Financial Officer at the San

Francisco Health Service System, there are 43,784 members (excluding dependents) who are covered by this contribution model in 2026.

- 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 Chief Financial Officer Hussein, there are 12,007 members (excluding dependents) who are covered by this contribution model in 2026.

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 2025 10-County survey, the 10-county average employer contribution for calendar year 2026 is \$942.14 per member per month, which is \$60.09 or approximately 6.81 percent more than the average monthly contribution in 2025 of \$882.05.

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.

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 30, 2025, the Health Service System Trust Fund balance was approximately \$98.6 million and is projected to be \$104.2 million as of June 30, 2025.

The retiree rates health service impacts 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, 2024, the net OPEB liability was \$3.9 billion. 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.

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

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.

contribution rates for calendar year (CY) 2026. The total cost of the plans would be \$1,144,734,746 or 8.20 percent more than the \$1,058,004,237 total cost in 2025. Of the total, the City's costs would be \$1,008,999,636, with the balance of \$135,735,110 paid by employees and retirees. Exhibit 1 below provides a summary of health insurance costs for 2026.

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, 2026 through December 31, 2026 on the following dates in 2025: February 13, March 13, April 10, May 8, and June 12.

In general, there are no major plan changes to the City's existing health insurance provider contracts, aside from expanding access to fertility treatment and restricting access to GLP-1 weight loss medications.

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 \$462,881,867, which is a 9.82 percent increase from CY 2025 to CY 2026.⁴ These amounts are shown in Exhibit 1 below.

The overall increase in premium costs for Kaiser HMO plans from 2025 to 2026 is due to a 9.88 percent premium rate increase for active and early retirees in California and a 9.33 percent premium rate increase for Medicare retirees in California.

The Kaiser California non-Medicare plan incorporates the adoption of SB729⁵ infertility benefit level requirements placed on fully insured commercial plans in California effective in 2026.

There are no other Kaiser plan design changes approved for active employees and early retirees approved by the Health Service Board for 2026.

Blue Shield of California HMOs

The total Blue Shield of California (BSC) Access+ and Trio plans are flex-funded⁶ 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 \$335,499,000, which is an 8.73 percent increase from CY 2025 to CY 2026.

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).

⁵ California Senate Bill 729, also known as the Infertility Parity Act, expands insurance coverage for infertility diagnosis and treatment, including in vitro fertilization (IVF)

⁶ 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.

Blue Shield of California PPO (with Accolade)⁷

The Blue Shield of California (BSC) PPO plan is self-funded for active employees and early retirees. The BSC self-funded HMO plan premium amounts to be paid by the City as employer are \$54,842,758, which is a 3.88 percent increase from CY 2025 to CY 2026.

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 \$2,808,250, which is a 4.54 percent increase from CY 2025 to CY 2026.

Plan Changes to Non-Medicare BSC Plans

The non-Medicare BSC plans, as previously detailed above, incorporate the adoption of SB729 infertility benefit level requirements placed on fully insured commercial plans in California effective in 2026. The Health Service Board also approved one plan change applicable to all three non-Medicare plans (BSC Access+ HMO, BSC Trio HMO, and BSC PPO). The change restricts coverage for glucagon-like peptide-1’s (GLP-1) medications for weight loss only (e.g., no approved qualifying diagnosis) for individuals with Body Mass Index (BMI) at or above 40.

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. No major plan design changes were approved for the BSC MAPD PPO plan by the Health Service Board for 2026.

The total BSC MAPD PPO plan premiums amount to be paid by the City as employer are \$93,584,844, which is a 4.76 percent increase from CY 2025 to CY 2026.

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 \$9,259,306, which is a 0.30 percent decrease from CY 2025 to CY 2026. No plan

⁷ 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.

design changes were approved for the Health Net CanopyCare plan by the Health Service Board for 2026.

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 2026, all vision Basic Plan rates remain unchanged from the 2025 plan year. The employer portion of vision costs remains unchanged from 2025 to 2026. In 2026, vision Premier Plan total premium rates remain unchanged from 2025 levels. No plan design changes were approved for the vision plans by the Health Service Board for 2026.

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 premium cost of their dental plans with no employer contributions.

For plan year 2026, 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 2025 plan year.

The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$44,528,502, which is a 13.33 percent increase from CY 2025 to CY 2026. The high increase in dental plan premium amounts is due to the reduced level of rate stabilization buy-down funds in the active employee dental PPO plan from the prior year. The Rates and Benefits Committee and HSB approved one plan enhancement for the Delta Dental Active Employee PPO plan. The change raises the age for children to receive coverage for first molar sealants to age 16 (to age 9 currently).

Life and Long-Term Disability Insurance

Starting in 2026, the Life Insurance Company of North America (LINA) and also known as New York Life will be 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 2026, the aggregate City contribution for all life insurance, AD&D, and short-term and LTD plan premiums are \$5,595,109, which is a 26.03 percent decrease from CY 2025 to CY2026.

The change from the incumbent provider, Hartford Life and Accident Insurance Company (The Hartford), was the result of an RFP process conducted in December 2024. The change resulted in

an estimated two million in savings for the City in 2026 premiums, according to the City's actuarial consultant, Aon.

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 fee⁸ 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 and UHC PPO plans (through 2024), while Kaiser, BSC, and Health Net pay this fee on HSS's behalf for fully insured or flex-funded plans. The 2026 PCORI fee is expected to be slightly higher than the \$3.47 per covered person per year fee in current year 2025, according to the City's actuarial consultant, Aon.

FISCAL IMPACT

2026 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 \$1,144,734,746 in CY 2026, which is \$86,730,509 more, or an 8.20 percent increase, from \$1,058,004,237 in CY 2025.

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 2026 is \$1,008,999,636 which is \$77,974,691, or 8.38 percent, increase from \$931,024,945 in CY 2025. 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 is \$135,735,110 in CY 2026, which is \$8,755,818, or 6.90 percent, increase from \$126,979,292 in CY 2025.

According to HSS, in CY 2026, the average medical monthly contribution by each member will be \$188.08 per member per month for all members (actives employees and retirees combined), \$212.76 per member per month for active employees, and \$155.07 per member per month for retirees.

⁸ 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.

**Exhibit 1: Total Plan Costs for the City, Employees and Retirees in 2026 Compared to 2025
Current Membership⁹**

	2025 Forecast	2026 Forecast	Increase/ (Decrease)	Percent Change
City Costs Only				
Kaiser HMO (Actives and Early Retirees)	\$378,576,583	\$415,833,763	\$37,257,180	9.84%
Blue Shield HMO (Actives and Early Retirees)	\$308,564,709	\$335,499,000	\$26,934,290	8.73%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$52,795,185	\$54,842,758	\$2,047,572	3.88%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$9,286,844	\$9,259,306	(\$27,537)	-0.30%
BSC PPO (Non-Medicare Split Family Lives)	\$2,686,323	\$2,808,250	\$121,927	4.54%
Kaiser KPSA HMO (Medicare Retirees)	\$42,922,602	\$47,048,104	\$4,125,502	9.61%
BSC MA PPO (Medicare Retirees)	\$89,336,778	\$93,584,844	\$4,248,065	4.76%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$884,169,024</i>	<i>\$958,876,024</i>	<i>\$74,707,000</i>	<i>8.45%</i>
Dental (Actives Only) ¹⁰	\$39,292,271	\$44,528,502	\$5,236,231	13.33%
Long Term Disability and Life Insurance (Actives Only) ¹¹	\$7,563,649	\$5,595,109	(\$1,968,540)	-26.03%
Total City Costs	\$931,024,945	\$1,008,999,636	\$77,974,691	8.38%
Employee and Retiree Costs Only				
Kaiser HMO (Actives and Early Retirees)	\$44,837,411	\$49,628,634	\$4,791,223	10.69%
Blue Shield HMO (Actives and Early Retirees)	\$40,897,754	\$44,646,627	\$3,748,872	9.17%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$11,633,889	\$10,394,075	(\$1,239,814)	-10.66%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$990,020	\$986,601	(\$3,419)	-0.35%
BSC PPO (Non-Medicare Split Family Lives)	\$5,441,005	\$5,786,593	\$345,588	6.35%
Kaiser KPSA HMO (Medicare Retirees)	\$6,262,516	\$6,843,062	\$580,546	9.27%
BSC MA PPO (Medicare Retirees)	\$11,936,139	\$12,468,962	\$532,823	4.46%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$121,998,733</i>	<i>\$130,754,551</i>	<i>\$8,755,818</i>	<i>7.18%</i>
Dental (Actives Only)	\$3,718,800	\$3,718,800	\$0	0.00%
Long Term Disability and Life Insurance (Actives Only)	\$1,261,758	\$1,261,758	\$0	0.00%
Total Employee and Retiree Costs	\$126,979,292	\$135,735,110	\$8,755,818	6.90%
Total Costs				
Kaiser HMO (Actives and Early Retirees)	\$423,413,993	\$465,462,396	\$42,048,403	9.93%
Blue Shield HMO (Actives and Early Retirees)	\$349,462,463	\$380,145,626	\$30,683,163	8.78%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$64,429,074	\$65,236,832	\$807,758	1.25%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$10,276,863	\$10,245,907	(\$30,957)	-0.30%
BSC PPO (Non-Medicare Split Family Lives)	\$8,127,328	\$8,594,843	\$467,515	5.75%
Kaiser KPSA HMO (Medicare Retirees)	\$49,185,118	\$53,891,166	\$4,706,048	9.57%
BSC MA PPO (Medicare Retirees)	\$101,272,917	\$106,053,805	\$4,780,888	4.72%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$1,006,167,758</i>	<i>\$1,089,630,576</i>	<i>\$83,462,818</i>	<i>8.30%</i>
Dental (Actives Only)	\$43,011,071	\$48,247,302	\$5,236,231	12.17%
Long Term Disability and Life Insurance (Actives Only)	\$8,825,408	\$6,856,868	(\$1,968,540)	-22.31%
Total Costs	\$1,058,004,237	\$1,144,734,746	\$86,730,509	8.20%

Source: San Francisco Health Service System

⁹ According to HHS, both 2025 and 2026 forecasted costs are based on an April 2025 headcount.

¹⁰ Dental costs are fully paid by retirees.

¹¹ Long term disability and life insurance plans are not offered to retirees.

RECOMMENDATION

Approve the proposed ordinance.



SFHSS Plan Year 2026 Rates and Benefits

Budget and Finance Committee
Presentation by

Rey Guillen, HSS Executive Director
Iftikhar Hussain, HSS Chief Financial
and Affordability Officer

July 16, 2025

Agenda

- Mission & Accountabilities
- Background
- 10-County Survey Results
- CCSF Cost Trends
- Medical plan choices
- Dental, Vision, Life Insurance, and Disability plans
- Requested Action

Mission, Objectives & Accountabilities

Mission

The San Francisco Health Service System (SFHSS) is dedicated to preserving and improving sustainable, quality health benefits and to enhancing the well-being of our members and their families.

Accountabilities

- Serving 138,000 employees, retirees & dependents of:
 - City and County of San Francisco
 - San Francisco Unified School District
 - City College of San Francisco
 - San Francisco Superior Court
- Impact on CCSF budget:
 - Manage \$1.1 billion annual spend for health benefits for CCSF.

Background

HSB

- City Charter requires to Health Service Board to review and approve the Rates and Benefits annually.
- The rate exhibit summaries for the rates and benefits were adopted by the Health Service Board on February 13, March 13, April 10, May 8, and June 12, 2025.

City Ordinance

- BOS approves the ordinance to adopt the rates and benefits approved by the Health Service Board for calendar year 2026.
- Establishes the amount contributed for active employee and retiree health premiums not covered by an MOU.

10-County Survey Results

The City Charter requires a survey of the 10 most populous CA counties, which is used:

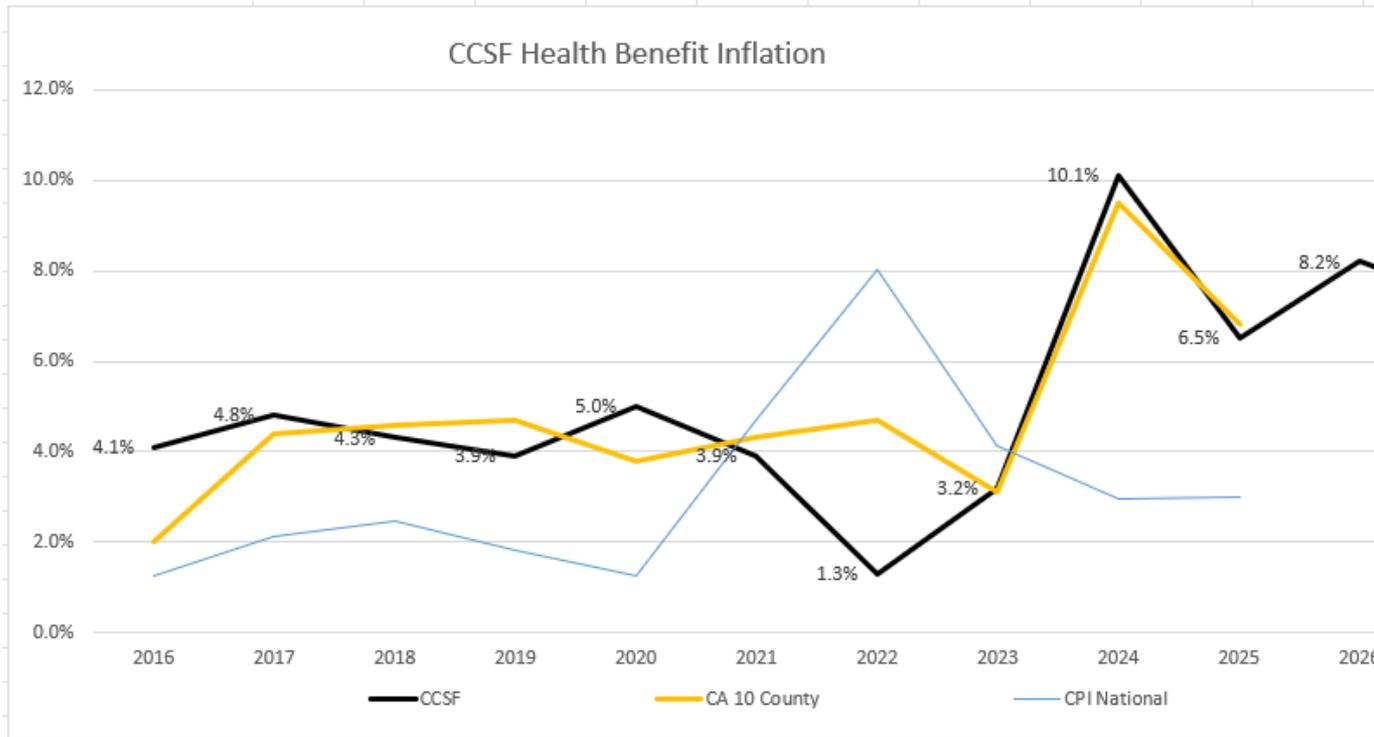
- To set contribution amounts by employer for employee-only coverage for health plan rates.
- As the basis for the employer contribution for retiree rates and some union employees.

The survey results for CY 2026: the average employer contribution amount for employee-only coverage will be \$942.14/mo. (6.8% increase from the prior year).

CCSF Cost Trends

CCSF rate increases are consistent with California 10 County average benchmark.

California 2024 rate increases above national benchmarks were influenced by high Kaiser rating actions.



CCSF and all employer 2026 increase 8.2% vs national trend of 7% to 9%

Medical Plans Choices with 2026 Rate Change

Health Plan	Actives	Early Retirees	Medicare Retirees
Kaiser Permanente 	(HMO) 9.9%	(HMO) 9.9%	Senior Advantage (MAPD-HMO) 9.3%
Blue Shield of California 	Access+ (HMO) 8.7% Trio (HMO) 9.2% PPO 0.5%	Access+ (HMO) – 8.7% Trio (HMO) 9.2% PPO 0.5%	MAPD (PPO) 4.5%
Health Net CanopyCare 	(HMO) -0.3%	(HMO) -0.3%	N/A

Medical Plan Design Changes

- The non-Medicare plans reflect the adoption of SB729 infertility benefit level requirements placed on fully insured commercial plans in California effective in 2026.
- Align the non-Medicare BSC plans with the Kaiser HMO approach to glucagon-like peptide-1's (GLP-1's) to restrict 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).

Dental Plans



12.2% overall increase in costs for actives (Retirees pay the full cost for dental)

Delta Dental PPO – Actives (Self-Funded):

- 12.4% rate increase due to lower rate stabilization
- Plan enhancement to raise the age for children for first molar sealants to age 16 from 9

DeltaCare USA DHMO – Actives (Fully Insured):

- No rate change

UHC DHMO – Actives (Fully Insured):

- No rate change

Delta Dental PPO – Retiree (Fully Insured):

- 2% rate increase

DeltaCare USA DHMO – Retirees (Fully Insured):

- No rate change

UHC DHMO – Retirees (Fully Insured):

- No rate change



Vision: VSP

No plan design changes

Basic VSP – Actives and Retirees

- No rate change

Premier VSP (Buy Up Option) – Actives and Retirees

- No rate change

Life, Short-Term Disability (STD), and Long-Term Disability (LTD) Insurance



- The need for competitive bids for HSS contracts through a request for proposal process (RFP) is considered annually as part of the annual renewal process. For PY 2026, we elected to conduct a Life & Disability RFP.
- The RFP included expectations to match all union-negotiated terms, provide no disruption to disabled employees and active/in-process claims, and ensure financial stability through multi-year rate and premium guarantees.
- The change is from The Hartford (Life, Accidental Death & Dismemberment, Long-Term Disability) and Manhattan Life (Short-Term Disability) to Life Insurance Company of North America (also known as New York Life) for 2026.
- The annual cost savings from the RFP will be \$2 million or 22% reduction in cost.

Requested Action

Ordinance approving Health Service System plans and contribution rates for calendar year 2026.

San Francisco Health Service System Board of Supervisors

10-County Survey Results
Rates and Benefits Decisions
Calendar Year 2026

June 18, 2025

10-County Survey Results (Monthly Basis)

Exhibit 1

Rank	County	2024 Survey for SFHSS 2025 Rating	2025 Survey for SFHSS 2026 Rating	% Change
1	Los Angeles	\$907.74	\$951.40	4.81%
2	San Diego	\$775.93	\$809.16	4.28%
3	Orange	\$815.69	\$865.42	6.10%
4	Riverside	\$814.61	\$868.81	6.65%
5	San Bernardino	\$623.22	\$662.42	6.29%
6	Santa Clara	\$1,264.31	\$1,399.20	10.67%
7	Alameda	\$952.26	\$1,042.58	9.48%
8	Sacramento	\$815.72	\$842.74	3.31%
9	Contra Costa	\$886.99	\$958.00	8.01%
10	Fresno	\$963.99	\$1,021.70	5.99%
10-County Average		\$882.05	\$942.14	6.81%

Kaiser Permanente HMO (California)

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

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	PY2025	\$61.70	\$123.11	\$422.79	\$0.00	\$438.70	\$1,166.92	\$0.00	\$177.46	\$531.28	\$905.68
	PY2026	\$67.87	\$135.33	\$464.62	\$13.74	\$495.56	\$1,295.36	\$0.00	\$193.81	\$580.34	\$993.61
	\$ Change	\$6.17	\$12.22	\$41.83	\$13.74	\$56.86	\$128.44	\$0.00	\$16.35	\$49.06	\$87.93
	% Change	10.0%	9.9%	9.9%	--	13.0%	11.0%	—	9.2%	9.2%	9.7%
Monthly Employer Contributions	PY2025	\$819.68	\$1,635.67	\$2,064.21	\$1,770.88	\$2,209.58	\$2,209.58	\$358.90	\$536.36	\$536.36	\$536.36
	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
	\$ Change	\$82.07	\$162.26	\$204.23	\$162.58	\$205.70	\$205.70	\$34.71	\$51.07	\$51.07	\$51.07
	% Change	10.0%	9.9%	9.9%	9.2%	9.3%	9.3%	9.7%	9.5%	9.5%	9.5%
Monthly Total Premium Rates	PY2025	\$881.38	\$1,758.78	\$2,487.00	\$1,770.88	\$2,648.28	\$3,376.50	\$358.90	\$713.82	\$1,067.64	\$1,442.04
	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
	\$ Change	\$88.24	\$174.48	\$246.06	\$176.32	\$262.56	\$334.14	\$34.71	\$67.42	\$100.13	\$139.00
	% Change	10.0%	9.9%	9.9%	10.0%	9.9%	9.9%	9.7%	9.4%	9.4%	9.6%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 23.

Kaiser Permanente HMO (California)

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

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	PY2025	\$0.00	\$70.35	\$422.79	\$0.00	\$438.70	\$1,166.92	\$0.00	\$177.46	\$531.28	\$905.68
	PY2026	\$0.00	\$77.33	\$464.62	\$13.74	\$495.56	\$1,295.36	\$0.00	\$193.81	\$580.34	\$993.61
	\$ Change	\$0.00	\$6.98	\$41.83	\$13.74	\$56.86	\$128.44	\$0.00	\$16.35	\$49.06	\$87.93
	% Change	--	9.9%	9.9%	--	13.0%	11.0%	—	9.2%	9.2%	9.7%
Monthly Employer Contributions	PY2025	\$881.38	\$1,688.43	\$2,064.21	\$1,770.88	\$2,209.58	\$2,209.58	\$358.90	\$536.36	\$536.36	\$536.36
	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
	\$ Change	\$88.24	\$167.50	\$204.23	\$162.58	\$205.70	\$205.70	\$34.71	\$51.07	\$51.07	\$51.07
	% Change	10.0%	9.9%	9.9%	9.2%	9.3%	9.3%	9.7%	9.5%	9.5%	9.5%
Monthly Total Premium Rates	PY2025	\$881.38	\$1,758.78	\$2,487.00	\$1,770.88	\$2,648.28	\$3,376.50	\$358.90	\$713.82	\$1,067.64	\$1,442.04
	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
	\$ Change	\$88.24	\$174.48	\$246.06	\$176.32	\$262.56	\$334.14	\$34.71	\$67.42	\$100.13	\$139.00
	% Change	10.0%	9.9%	9.9%	10.0%	9.9%	9.9%	9.7%	9.4%	9.4%	9.6%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.

Kaiser Permanente Multi Region HMO

Final Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

Exhibit 2c — Washington State

PY = Plan Year		Non-Medicare Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2025	\$0.00	\$845.86	\$2,249.97	\$0.00	\$184.30	\$552.17	\$1,588.41
	PY2026	\$0.00	\$805.77	\$2,143.33	\$0.00	\$213.45	\$639.63	\$1,551.01
	\$ Change	\$0.00	(\$40.09)	(\$106.64)	\$0.00	\$29.15	\$87.46	(\$37.40)
	% Change	-	-4.7%	-4.7%	-	15.8%	15.8%	-2.4%
Monthly Employer Contributions	PY2025	\$1,695.71	\$2,541.58	\$2,541.58	\$372.58	\$556.88	\$556.88	\$556.88
	PY2026	\$1,617.52	\$2,423.29	\$2,423.29	\$432.89	\$646.35	\$646.35	\$646.35
	\$ Change	(\$78.19)	(\$118.29)	(\$118.29)	\$60.31	\$89.47	\$89.47	\$89.47
	% Change	-4.6%	-4.7%	-4.7%	16.2%	16.1%	16.1%	16.1%
Monthly Total Premium Rates	PY2025	\$1,695.71	\$3,387.44	\$4,791.55	\$372.58	\$741.18	\$1,109.05	\$2,145.29
	PY2026	\$1,617.52	\$3,229.06	\$4,566.62	\$432.89	\$859.80	\$1,285.98	\$2,197.36
	\$ Change	(\$78.19)	(\$158.38)	(\$224.93)	\$60.31	\$118.62	\$176.93	\$52.07
	% Change	-4.6%	-4.7%	-4.7%	16.2%	16.0%	16.0%	2.4%

* **NOTE:** • Includes \$6.00 for the Health Care Sustainability Fund.

Kaiser Permanente Multi Region HMO

Final Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

Exhibit 2d — Northwest (primarily Oregon)

PY = Plan Year		Non-Medicare Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2025	\$0.00	\$659.18	\$1,753.40	\$0.00	\$236.91	\$710.01	\$1,331.13
	PY2026	\$0.00	\$685.83	\$1,824.31	\$0.00	\$253.81	\$760.71	\$1,392.29
	<i>\$ Change</i>	\$0.00	\$26.65	\$70.91	\$0.00	\$16.90	\$50.70	\$61.16
	<i>% Change</i>	-	4.0%	4.0%	-	7.1%	7.1%	4.6%
Monthly Employer Contributions	PY2025	\$1,322.35	\$1,981.54	\$1,981.54	\$477.81	\$714.73	\$714.73	\$714.73
	PY2026	\$1,377.65	\$2,063.49	\$2,063.49	\$513.61	\$767.43	\$767.43	\$767.43
	<i>\$ Change</i>	\$55.30	\$81.95	\$81.95	\$35.80	\$52.70	\$52.70	\$52.70
	<i>% Change</i>	4.2%	4.1%	4.1%	7.5%	7.4%	7.4%	7.4%
Monthly Total Premium Rates	PY2025	\$1,322.35	\$2,640.72	\$3,734.94	\$477.81	\$951.64	\$1,424.74	\$2,045.86
	PY2026	\$1,377.65	\$2,749.32	\$3,887.80	\$513.61	\$1,021.24	\$1,528.14	\$2,159.72
	<i>\$ Change</i>	\$55.30	\$108.60	\$152.86	\$35.80	\$69.60	\$103.40	\$113.86
	<i>% Change</i>	4.2%	4.1%	4.1%	7.5%	7.3%	7.3%	5.6%

* **NOTE:** • Includes \$6.00 for the Health Care Sustainability Fund.

Kaiser Permanente Multi Region HMO

Final Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

Exhibit 2e — Hawaii

PY = Plan Year		Non-Medicare Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2025	\$0.00	\$508.10	\$1,351.53	\$0.00	\$168.45	\$504.62	\$1,011.88
	PY2026	\$0.00	\$535.21	\$1,423.65	\$0.00	\$166.32	\$498.23	\$1,054.76
	\$ Change	\$0.00	\$27.11	\$72.12	\$0.00	(\$2.13)	(\$6.39)	\$42.88
	% Change	-	5.3%	5.3%	-	-1.3%	-1.3%	4.2%
Monthly Employer Contributions	PY2025	\$1,020.19	\$1,528.30	\$1,528.30	\$340.88	\$509.33	\$509.33	\$509.33
	PY2026	\$1,076.41	\$1,611.63	\$1,611.63	\$338.62	\$504.94	\$504.94	\$504.94
	\$ Change	\$56.22	\$83.33	\$83.33	(\$2.26)	(\$4.39)	(\$4.39)	(\$4.39)
	% Change	5.5%	5.5%	5.5%	-0.7%	-0.9%	-0.9%	-0.9%
Monthly Total Premium Rates	PY2025	\$1,020.19	\$2,036.40	\$2,879.83	\$340.88	\$677.78	\$1,013.95	\$1,521.21
	PY2026	\$1,076.41	\$2,146.84	\$3,035.28	\$338.62	\$671.26	\$1,003.17	\$1,559.70
	\$ Change	\$56.22	\$110.44	\$155.45	(\$2.26)	(\$6.52)	(\$10.78)	\$38.49
	% Change	5.5%	5.4%	5.4%	-0.7%	-1.0%	-1.1%	2.5%

* **NOTE:** • Includes \$6.00 for the Health Care Sustainability Fund.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

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	PY2025	\$81.47	\$162.67	\$558.72	\$140.93	\$744.03	\$1,706.77	\$0.00	\$269.27	\$807.08	\$1,232.01
	PY2026	\$88.58	\$176.73	\$606.91	\$161.61	\$816.44	\$1,861.72	\$0.00	\$281.29	\$843.14	\$1,326.57
	\$ Change	\$7.11	\$14.06	\$48.19	\$20.68	\$72.41	\$154.95	\$0.00	\$12.02	\$36.06	\$94.56
	% Change	8.7%	8.6%	8.6%	14.7%	9.7%	9.1%	—	4.5%	4.5%	7.7%
Monthly Employer Contributions	PY2025	\$1,082.44	\$2,161.17	\$2,727.88	\$2,547.61	\$3,150.71	\$3,150.71	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$94.35	\$186.86	\$235.28	\$211.97	\$263.69	\$263.69	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	8.7%	8.6%	8.6%	8.3%	8.4%	8.4%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$2,688.54	\$3,894.74	\$4,857.48	\$542.52	\$1,081.06	\$1,618.87	\$2,043.80
	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
	\$ Change	\$101.46	\$200.92	\$283.47	\$232.65	\$336.10	\$418.64	\$26.04	\$50.08	\$74.12	\$132.62
	% Change	8.7%	8.6%	8.6%	8.7%	8.6%	8.6%	4.8%	4.6%	4.6%	6.5%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 23.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

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	PY2025	\$0.00	\$92.95	\$558.72	\$140.93	\$744.03	\$1,706.77	\$0.00	\$269.27	\$807.08	\$1,232.01
	PY2026	\$0.00	\$100.99	\$606.91	\$161.61	\$816.44	\$1,861.72	\$0.00	\$281.29	\$843.14	\$1,326.57
	\$ Change	\$0.00	\$8.04	\$48.19	\$20.68	\$72.41	\$154.95	\$0.00	\$12.02	\$36.06	\$94.56
	% Change	-	8.6%	8.6%	14.7%	9.7%	9.1%	—	4.5%	4.5%	7.7%
Monthly Employer Contributions	PY2025	\$1,163.91	\$2,230.89	\$2,727.88	\$2,547.61	\$3,150.71	\$3,150.71	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$101.46	\$192.88	\$235.28	\$211.97	\$263.69	\$263.69	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	8.7%	8.6%	8.6%	8.3%	8.4%	8.4%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$2,688.54	\$3,894.74	\$4,857.48	\$542.52	\$1,081.06	\$1,618.87	\$2,043.80
	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
	\$ Change	\$101.46	\$200.92	\$283.47	\$232.65	\$336.10	\$418.64	\$26.04	\$50.08	\$74.12	\$132.62
	% Change	8.7%	8.6%	8.6%	8.7%	8.6%	8.6%	4.8%	4.6%	4.6%	6.5%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

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	PY2025	\$69.28	\$138.28	\$474.92	\$53.83	\$566.35	\$1,384.49	\$0.00	\$269.27	\$807.08	\$1,087.41
	PY2026	\$75.70	\$150.97	\$518.38	\$69.61	\$628.74	\$1,521.27	\$0.00	\$281.29	\$843.14	\$1,173.82
	\$ Change	\$6.42	\$12.69	\$43.46	\$15.78	\$62.39	\$136.78	\$0.00	\$12.02	\$36.06	\$86.41
	% Change	9.3%	9.2%	9.2%	29.3%	11.0%	9.9%	—	4.5%	4.5%	7.9%
Monthly Employer Contributions	PY2025	\$920.44	\$1,837.19	\$2,318.71	\$2,230.75	\$2,743.26	\$2,743.26	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$85.22	\$168.58	\$212.22	\$194.09	\$240.72	\$240.72	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	9.3%	9.2%	9.2%	8.7%	8.8%	8.8%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$989.72	\$1,975.47	\$2,793.63	\$2,284.58	\$3,309.61	\$4,127.75	\$542.52	\$1,081.06	\$1,618.87	\$1,899.20
	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
	\$ Change	\$91.64	\$181.27	\$255.68	\$209.87	\$303.11	\$377.50	\$26.04	\$50.08	\$74.12	\$124.47
	% Change	9.3%	9.2%	9.2%	9.2%	9.2%	9.1%	4.8%	4.6%	4.6%	6.6%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 23.

Blue Shield of California HMO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

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	PY2025	\$0.00	\$79.02	\$474.92	\$53.83	\$566.35	\$1,384.49	\$0.00	\$269.27	\$807.08	\$1,087.41
	PY2026	\$0.00	\$86.27	\$518.38	\$69.61	\$628.74	\$1,521.27	\$0.00	\$281.29	\$843.14	\$1,173.82
	\$ Change	\$0.00	\$7.25	\$43.46	\$15.78	\$62.39	\$136.78	\$0.00	\$12.02	\$36.06	\$86.41
	% Change	-	9.2%	9.2%	29.3%	11.0%	9.9%	—	4.5%	4.5%	7.9%
Monthly Employer Contributions	PY2025	\$989.72	\$1,896.45	\$2,318.71	\$2,230.75	\$2,743.26	\$2,743.26	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$91.64	\$174.02	\$212.22	\$194.09	\$240.72	\$240.72	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	9.3%	9.2%	9.2%	8.7%	8.8%	8.8%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$989.72	\$1,975.47	\$2,793.63	\$2,284.58	\$3,309.61	\$4,127.75	\$542.52	\$1,081.06	\$1,618.87	\$1,899.20
	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
	\$ Change	\$91.64	\$181.27	\$255.68	\$209.87	\$303.11	\$377.50	\$26.04	\$50.08	\$74.12	\$124.47
	% Change	9.3%	9.2%	9.2%	9.2%	9.2%	9.1%	4.8%	4.6%	4.6%	6.6%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.

Health Net CanopyCare HMO

Final Active/Non-Medicare Retiree Monthly Rates for Calendar Year 2026

Exhibit 4a — 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	PY2025	\$55.40	\$110.52	\$379.51	\$0.00	\$409.39	\$1,062.93
	PY2026	\$55.29	\$110.17	\$378.16	\$0.00	\$407.56	\$1,058.19
	\$ Change	(\$0.11)	(\$0.35)	(\$1.35)	\$0.00	(\$1.83)	(\$4.74)
	% Change	-0.2%	-0.3%	-0.4%	—	-0.4%	-0.4%
Monthly Employer Contributions	PY2025	\$736.01	\$1,468.33	\$1,852.89	\$1,824.65	\$2,234.04	\$2,234.04
	PY2026	\$734.61	\$1,463.66	\$1,846.30	\$1,818.52	\$2,226.08	\$2,226.08
	\$ Change	(\$1.40)	(\$4.67)	(\$6.59)	(\$6.13)	(\$7.96)	(\$7.96)
	% Change	-0.2%	-0.3%	-0.4%	-0.3%	-0.4%	-0.4%
Monthly Total Premium Rates	PY2025	\$791.41	\$1,578.85	\$2,232.40	\$1,824.65	\$2,643.43	\$3,296.97
	PY2026	\$789.90	\$1,573.83	\$2,224.46	\$1,818.52	\$2,633.64	\$3,284.27
	\$ Change	(\$1.51)	(\$5.02)	(\$7.94)	(\$6.13)	(\$9.79)	(\$12.70)
	% Change	-0.2%	-0.3%	-0.4%	-0.3%	-0.4%	-0.4%

*** 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 23.**

Health Net CanopyCare HMO

Final Active/Non-Medicare Retiree Monthly Rates for Calendar Year 2026

Exhibit 4b — 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	PY2025	\$0.00	\$63.15	\$379.51	\$0.00	\$409.39	\$1,062.93
	PY2026	\$0.00	\$62.95	\$378.16	\$0.00	\$407.56	\$1,058.19
	\$ Change	\$0.00	(\$0.20)	(\$1.35)	\$0.00	(\$1.83)	(\$4.74)
	% Change	—	-0.3%	-0.4%	—	-0.4%	-0.4%
Monthly Employer Contributions	PY2025	\$791.41	\$1,515.70	\$1,852.89	\$1,824.65	\$2,234.04	\$2,234.04
	PY2026	\$789.90	\$1,510.88	\$1,846.30	\$1,818.52	\$2,226.08	\$2,226.08
	\$ Change	(\$1.51)	(\$4.82)	(\$6.59)	(\$6.13)	(\$7.96)	(\$7.96)
	% Change	-0.2%	-0.3%	-0.4%	-0.3%	-0.4%	-0.4%
Monthly Total Premium Rates	PY2025	\$791.41	\$1,578.85	\$2,232.40	\$1,824.65	\$2,643.43	\$3,296.97
	PY2026	\$789.90	\$1,573.83	\$2,224.46	\$1,818.52	\$2,633.64	\$3,284.27
	\$ Change	(\$1.51)	(\$5.02)	(\$7.94)	(\$6.13)	(\$9.79)	(\$12.70)
	% Change	-0.2%	-0.3%	-0.4%	-0.3%	-0.4%	-0.4%

*** 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 24.**

Blue Shield of California PPO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Retiree Monthly Rates for Calendar Year 2026

Exhibit 5a — 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	PY2025	\$396.06	\$706.74	\$1,324.65	\$298.22	\$746.64	\$1,462.66	\$0.00	\$269.27	\$807.08	\$985.29
	PY2026	\$310.24	\$534.80	\$1,109.72	\$272.44	\$722.91	\$1,442.19	\$0.00	\$281.29	\$843.14	\$1,000.57
	\$ Change	(\$85.82)	(\$171.94)	(\$214.93)	(\$25.78)	(\$23.73)	(\$20.47)	\$0.00	\$12.02	\$36.06	\$15.28
	% Change	-21.7%	-24.3%	-16.2%	-8.6%	-3.2%	-1.4%	—	4.5%	4.5%	1.6%
Monthly Employer Contributions	PY2025	\$1,082.44	\$2,161.17	\$2,727.88	\$1,692.41	\$2,140.82	\$2,140.82	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$94.35	\$186.86	\$235.28	\$36.69	\$38.74	\$38.74	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	8.7%	8.6%	8.6%	2.2%	1.8%	1.8%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$1,478.50	\$2,867.91	\$4,052.53	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	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
	\$ Change	\$8.53	\$14.92	\$20.35	\$10.91	\$15.01	\$18.27	\$26.04	\$50.08	\$74.12	\$53.34
	% Change	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	4.8%	4.6%	4.6%	3.0%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 23.

Blue Shield of California PPO and MAPD PPO

Final Active/Non-Medicare Retiree/Medicare Retiree Monthly Rates for Calendar Year 2026

Exhibit 5b — 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	PY2025	\$0.00	\$637.02	\$1,324.65	\$298.22	\$746.64	\$1,462.66	\$0.00	\$269.27	\$807.08	\$985.29
	PY2026	\$0.00	\$459.06	\$1,109.72	\$272.44	\$722.91	\$1,442.19	\$0.00	\$281.29	\$843.14	\$1,000.57
	\$ Change	\$0.00	(\$177.96)	(\$214.93)	(\$25.78)	(\$23.73)	(\$20.47)	\$0.00	\$12.02	\$36.06	\$15.28
	% Change	—	-27.9%	-16.2%	-8.6%	-3.2%	-1.4%	—	4.5%	4.5%	1.6%
Monthly Employer Contributions	PY2025	\$1,478.50	\$2,230.89	\$2,727.88	\$1,692.41	\$2,140.82	\$2,140.82	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$8.53	\$192.88	\$235.28	\$36.69	\$38.74	\$38.74	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	0.6%	8.6%	8.6%	2.2%	1.8%	1.8%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$1,478.50	\$2,867.91	\$4,052.53	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	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
	\$ Change	\$8.53	\$14.92	\$20.35	\$10.91	\$15.01	\$18.27	\$26.04	\$50.08	\$74.12	\$53.34
	% Change	0.6%	0.5%	0.5%	0.5%	0.5%	0.5%	4.8%	4.6%	4.6%	3.0%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.

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

Final Active/Non-Medicare Retiree/Medicare Retiree Monthly Rates for Calendar Year 2026

Exhibit 5c — 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	PY2025	\$81.47	\$162.67	\$558.72	\$140.93	\$589.34	\$1,305.36	\$0.00	\$269.27	\$807.08	\$985.29
	PY2026	\$88.58	\$176.73	\$606.91	\$161.61	\$612.08	\$1,331.36	\$0.00	\$281.29	\$843.14	\$1,000.57
	\$ Change	\$7.11	\$14.06	\$48.19	\$20.68	\$22.74	\$26.00	\$0.00	\$12.02	\$36.06	\$15.28
	% Change	8.7%	8.6%	8.6%	14.7%	3.9%	2.0%	—	4.5%	4.5%	1.6%
Monthly Employer Contributions	PY2025	\$1,082.44	\$2,161.17	\$2,727.88	\$1,849.70	\$2,298.12	\$2,298.12	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$94.35	\$186.86	\$235.28	(\$9.77)	(\$7.73)	(\$7.73)	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	8.7%	8.6%	8.6%	-0.5%	-0.3%	-0.3%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	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
	\$ Change	\$101.46	\$200.92	\$283.47	\$10.91	\$15.01	\$18.27	\$26.04	\$50.08	\$74.12	\$53.34
	% Change	8.7%	8.6%	8.6%	0.5%	0.5%	0.5%	4.8%	4.6%	4.6%	3.0%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 23.

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

Final Active/Non-Medicare Retiree/Medicare Monthly Rates for Calendar Year 2026

Exhibit 5d — 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	PY2025	\$0.00	\$92.95	\$558.72	\$140.93	\$589.34	\$1,305.36	\$0.00	\$269.27	\$807.08	\$985.29
	PY2026	\$0.00	\$100.99	\$606.91	\$161.61	\$612.08	\$1,331.36	\$0.00	\$281.29	\$843.14	\$1,000.57
	\$ Change	\$0.00	\$8.04	\$48.19	\$20.68	\$22.74	\$26.00	\$0.00	\$12.02	\$36.06	\$15.28
	% Change	—	8.6%	8.6%	14.7%	3.9%	2.0%	—	4.5%	4.5%	1.6%
Monthly Employer Contributions	PY2025	\$1,163.91	\$2,230.89	\$2,727.88	\$1,849.70	\$2,298.12	\$2,298.12	\$542.52	\$811.79	\$811.79	\$811.79
	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
	\$ Change	\$101.46	\$192.88	\$235.28	(\$9.77)	(\$7.73)	(\$7.73)	\$26.04	\$38.06	\$38.06	\$38.06
	% Change	8.7%	8.6%	8.6%	-0.5%	-0.3%	-0.3%	4.8%	4.7%	4.7%	4.7%
Monthly Total Premium Rates	PY2025	\$1,163.91	\$2,323.84	\$3,286.60	\$1,990.63	\$2,887.46	\$3,603.48	\$542.52	\$1,081.06	\$1,618.87	\$1,797.08
	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
	\$ Change	\$101.46	\$200.92	\$283.47	\$10.91	\$15.01	\$18.27	\$26.04	\$50.08	\$74.12	\$53.34
	% Change	8.7%	8.6%	8.6%	0.5%	0.5%	0.5%	4.8%	4.6%	4.6%	3.0%

*** NOTES:**

- Includes \$6.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.

VSP Vision

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2026

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	PY2025	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	PY2026	\$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	PY2025	\$11.87	\$18.11	\$37.02	\$11.87	\$18.11	\$37.02
	PY2026	\$11.87	\$18.11	\$37.02	\$11.87	\$18.11	\$37.02
	\$ 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%

*** 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 2026

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	PY2025	\$56.10	\$117.81	\$168.30	\$51.26	\$101.93	\$152.12
	PY2026	\$63.05	\$132.41	\$189.15	\$52.29	\$103.97	\$155.16
	\$ Change	\$6.95	\$14.60	\$20.85	\$1.03	\$2.04	\$3.04
	% Change	12.4%	12.4%	12.4%	2.0%	2.0%	2.0%

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	PY2025	\$5.00	\$10.00	\$15.00	\$51.26	\$101.93	\$152.12
	PY2026	\$5.00	\$10.00	\$15.00	\$52.29	\$103.97	\$155.16
	\$ Change	\$0.00	\$0.00	\$0.00	\$1.03	\$2.04	\$3.04
	% Change	0.0%	0.0%	0.0%	2.0%	2.0%	2.0%

DeltaCare USA

Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2026

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	PY2025	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	PY2026	\$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	PY2025	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	PY2026	\$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 2026

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	PY2025	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	PY2026	\$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	PY2025	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	PY2026	\$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 Long-Term Disability (LTD)

Plan Year 2026 Aggregate Costs

Exhibit 10 — Life Insurance and LTD Plan Rates (Insured by The Hartford in 2025, moving to Insured by New York Life in 2026 based on Request for Proposal result approved by Health Service Board on May 8, 2025)

Plan Type	Plan Year 2025 (The Hartford)	Plan Year 2026 (New York Life)	% Change	\$ Change
Basic Life Insurance	\$1,675,000	\$1,412,000	-15.7%	-\$263,000
Long-Term Disability Insurance	\$5,998,000	\$4,264,000	-28.9%	-\$1,734,000
Subtotal—Employer-Paid Coverages	\$7,673,000	\$5,676,000	-26.0%	-\$1,997,000
Employee-Paid Supplemental Life/Dependent Life Insurance	\$1,280,000	\$1,280,000	0.0%	\$0
Total Annual Estimated Cost	\$8,953,000	\$6,956,000	-22.3%	-\$1,997,000

Employer Contribution Notes

93/93/83 Contribution Method for Active Employees

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

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, 5b, 5d

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.



10-COUNTY SURVEY FOR 2026 PLAN YEAR RATES

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. San Francisco Health Service System (SFHSS) then averages these contribution increases 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 2025 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 2025 10-County Survey will be applied to SFHSS rate calculations for plan year 2026. 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.

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 \$942.14 projected for plan year 2025 is 6.81% higher than \$882.05, the 10-County average developed last year for plan year 2025. All counties had a change in contribution.

10-County Survey Calendar Year Change Rule: Example Calculation Based on Los Angeles County

For the 2025 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$919.01. Per the Calendar Year Change Rule, this \$919.01 is projected forward six months, using Los Angeles County's three-year average six-month premium increase trend of 3.5%. This results in the average 2026 plan year employer premium contribution calculated at \$951.40 for Los Angeles County.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For 2025 calendar year information, actual contributions for each county were higher than the 2025 projections developed in March 2024 due to higher-than-expected premium rates that materialized for the counties into the 2025 plan year (ranging from 0.8% higher to 5.5% higher by county).

Any variances are driven by changes in plans offered, premiums, and employer contributions from original projections to actuals. The actual contributions for 2025 across the 10 counties in aggregate were 2.9% higher than aggregated originally estimated 2025 contributions (\$907.43 actual vs. \$882.05 estimated).

Average of Employer Contributions																		
County	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025 Calculated	2025 Actual	3-Year Annual Trend	Months of Trend	Trend Factor	2026 Calculation
1 Los Angeles	515.07	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	746.54	757.91	798.05	907.74	919.01	7.2%	6	1.04	951.40
2 San Diego	444.86	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	691.14	788.07	723.51	775.93	791.14	4.6%	6	1.02	809.16
3 Orange	506.94	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	627.67	658.78	736.07	815.69	826.61	9.6%	6	1.05	865.42
4 Riverside	545.54	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	768.35	730.26	761.77	814.61	853.69	3.6%	6	1.02	868.81
5 San Bernardino*	398.98	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	535.30	537.46	584.09	623.22	628.06	5.5%	12	1.05	662.42
6 Santa Clara*	643.13	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	1,303.60	7.3%	12	1.07	1,399.20
7 Alameda	588.99	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	748.84	763.87	818.98	952.26	994.44	9.9%	6	1.05	1,042.58
8 Sacramento	696.00	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	753.75	761.88	778.73	815.72	829.41	3.2%	6	1.02	842.74
9 Contra Costa	553.15	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	814.23	874.26	816.83	886.99	936.00	4.8%	6	1.02	958.00
10 Fresno	455.17	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	833.01	848.33	912.74	963.99	992.33	6.0%	6	1.03	1,021.70
Average	534.78	559.65	567.80	579.24	604.84	649.17	672.08	705.92	729.19	757.31	780.76	805.85	882.05	907.43	6.2%	7.5	1.04	942.14

Increase Over Prior Year															
County	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	
1 Los Angeles	3.10%	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%	
2 San Diego	2.93%	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%	
3 Orange	4.50%	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%	
4 Riverside	1.51%	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%	
5 San Bernardino*	0.00%	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%	
6 Santa Clara*	0.00%	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%	
7 Alameda	2.43%	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%	
8 Sacramento	4.34%	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%	
9 Contra Costa	2.35%	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%	
10 Fresno	0.97%	-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%	
Average	2.26%	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%	

*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: 9,663,000		
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	941.16	1,019.21	8.3%	941.16	1,019.21	8.3%
CIGNA Choices Select Network HMO - County Sponsored	867.97	910.14	4.9%	867.97	910.14	4.9%
CIGNA Choices HMO - County Sponsored	1,198.12	1,256.50	4.9%	1,126.68	1,149.21	2.0%
CIGNA Choices POS - County Sponsored	2,151.13	2,256.58	4.9%	1,126.68	1,149.21	2.0%
Blue Cross Prudent Buyer Basic - ALADS	1,130.84	1,235.02	9.2%	1,126.68	1,149.21	2.0%
Blue Cross CaliforniaCare Basic - ALADS	861.40	944.96	9.7%	861.40	944.96	9.7%
Blue Cross Prudent Buyer Premier - ALADS	1,152.12	1,258.60	9.2%	1,126.68	1,149.21	2.0%
Blue Cross CaliforniaCare Premier - ALADS	882.68	968.54	9.7%	882.68	968.54	9.7%
Blue Shield Classic CAPE	2,024.36	2,139.37	5.7%	1,126.68	1,149.21	2.0%
Blue Shield Lite CAPE	881.95	927.71	5.2%	881.95	927.71	5.2%
Local 1014 Plan - Fire Fighters	1,047.00	1,101.00	5.2%	1,047.00	1,101.00	5.2%
Kaiser Options - SEIU	897.80	972.91	8.4%	897.80	972.91	8.4%
Kaiser HMO - Unrepresented	276.00	276.00	0.0%	276.00	276.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented	388.00	417.00	7.5%	388.00	417.00	7.5%
Blue Cross Plus POS - Unrepresented	585.00	628.00	7.4%	585.00	628.00	7.4%
Blue Cross Catastrophic - Unrepresented	105.00	105.00	0.0%	105.00	105.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	750.00	806.00	7.5%	750.00	806.00	7.5%
CIGNA Options Full Network HMO	1,192.12	1,250.50	4.9%	1,105.54	1,127.65	2.0%
CIGNA Options Network POS	2,145.13	2,250.58	4.9%	1,105.54	1,127.65	2.0%
UnitedHealthcare Harmony HMO	705.51	764.35	8.3%	705.51	764.35	8.3%
UnitedHealthcare Options HMO - SEIU	959.85	1,039.73	8.3%	959.85	1,039.73	8.3%
UnitedHealthcare Options Select Plus PPO	1,453.86	1,507.87	3.7%	1,105.54	1,127.65	2.0%
UnitedHealthcare Options PPO - SEIU	2,427.10	2,427.10	0.0%	1,105.54	1,127.65	2.0%
AVERAGE	1,088.00	1,150.55	5.7%	878.47	919.01	4.6%

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	Not Covered
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	\$5/\$15		
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	\$300/\$900	\$300/\$900	
Physician Services	90/10 After Ded	70/30 After Ded	
Emergency Room	90/10 After Ded	90/10 After Ded	
Rx	\$5/\$15	\$5/\$15+50%	
Hospital	90/10 After Ded	70/30 After Ded	

2. SAN DIEGO COUNTY

San Diego County						Population: 3,270,000	
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-	
Kaiser Permanente HMO	809.73	807.21	-0.3%	809.73	807.21	-0.3%	
Kaiser Permanente High Deductible	632.06	630.11	-0.3%	632.06	630.11	-0.3%	
UnitedHealthCare HMO Network 1	841.86	903.18	7.3%	841.86	903.18	7.3%	
UnitedHealthCare HMO Alliance	807.71	866.54	7.3%	807.71	866.54	7.3%	
UnitedHealthCare PPO	1,502.19	1,601.38	6.6%	942.26	989.60	5.0%	
UnitedHealthCare HMO HDHP/HSA	512.85	550.20	7.3%	512.85	550.20	7.3%	
AVERAGE	851.07	893.10	4.9%	757.75	791.14	4.4%	

San Diego County: Medical Plan Design Summary		
Kaiser Permanente HMO	HMO	
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$25/\$25	
Hospital	\$100 Copay Per Admit	
Kaiser Permanente High Deductible	HD w/HSA	
Deductible	\$1,600/\$3,200	
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/\$3,300	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$20/\$35	
Hospital	10% After Ded	

3. ORANGE COUNTY

Orange County						Population: 3,136,000
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Choice Wellwise PPO*	1,050.84	1,083.89	3.1%	943.66	973.50	3.2%
Choice Sharewell PPO*	667.28	712.66	6.8%	742.81	788.20	6.1%
CIGNA HMO Choice*	925.75	1,017.96	10.0%	834.01	917.06	10.0%
CIGNA HMO Select*	771.55	817.61	6.0%	695.09	736.56	6.0%
Kaiser Permanente HMO Choice*	745.84	795.69	6.7%	673.59	717.71	6.5%
AVERAGE	832.25	885.56	6.4%	777.83	826.61	6.3%

*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: 2,492,000
Medical Plans	2024 Premium	2025 Premium	% +/-	2023 County Contribution	2025 County Contribution	% +/-
UnitedHealthcare Harmony HMO	734.76	756.28	2.9%	734.76	756.28	2.9%
Blue Shield Access+ HMO	756.66	828.46	9.5%	756.66	828.46	9.5%
Blue Shield Trio HMO	704.70	738.12	4.7%	704.70	738.12	4.7%
Kaiser Permanente HMO - PERS	865.42	926.52	7.1%	865.42	925.48	6.9%
PORAC - PERS	820.00	970.00	18.3%	820.00	925.48	12.9%
PERS Platinum PPO	1,131.48	1,263.74	11.7%	894.90	925.48	3.4%
PERS Gold PPO	785.28	868.16	10.6%	785.28	868.16	10.6%
Anthem Select HMO	841.14	916.88	9.0%	841.14	916.88	9.0%
Anthem Traditional HMO	1,012.68	1,065.46	5.2%	894.90	925.48	3.4%
Health Net Salud y Mas	630.14	714.40	13.4%	630.14	714.40	13.4%
UnitedHealthcare Alliance HMO	826.44	866.40	4.8%	826.44	866.40	4.8%
AVERAGE	828.06	901.31	8.8%	795.85	853.69	7.3%

Riverside County: Medical Plan Design Summary	
CalPERS	HMO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$50 Copay
Rx	\$5
CalPERS PPO	PERS Gold
Deductible	\$1,000/\$2,000
Physicians Services	\$35 Copay
Rx	\$5

5. SAN BERNARDINO COUNTY

San Bernardino County						Population: 2,196,000
Medical Plans	2023-24 Premium	2024-25 Premium	% +/-	2023-24 County Contribution	2024-25 County Contribution	% +/-
Kaiser Permanente HMO	753.83	813.71	7.9%	536.42	568.57	6.0%
Kaiser Permanente Choice HMO	642.55	693.55	7.9%	532.07	564.18	6.0%
Blue Shield Signature HMO	724.49	763.69	5.4%	532.07	564.18	6.0%
Blue Shield Access+ HMO	629.31	663.33	5.4%	532.07	564.18	6.0%
Blue Shield Needles PPO	1,519.55	1,601.99	5.4%	890.24	938.67	5.4%
Blue Shield PPO	1,346.28	1,419.30	5.4%	533.13	568.57	6.6%
AVERAGE	936.00	992.59	6.0%	592.67	628.06	6.0%

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: 1,878,000
Medical Plans	2023-24 Premium	2024-25 Premium	% +/-	2023-24 County Contribution	2024-25 County Contribution	% +/-
Kaiser Permanente HMO	894.79	1,001.04	11.9%	884.54	990.29	12.0%
Valley Health HMO	1,144.76	1,210.02	5.7%	1,129.88	1,194.60	5.7%
Health Net POS	1,662.18	1,778.53	7.0%	1,610.79	1,725.91	7.1%
AVERAGE	1,233.91	1,329.86	7.8%	1,208.40	1,303.60	7.9%

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: 1,622,000
Medical Plans	2024-25 Premium	2025-26 Premium	% +/-	2024-25 County Contribution	2025-26 County Contribution	% +/-
UnitedHealthcare SignatureValue \$15	1,464.90	1,594.36	8.8%	1,267.14	1,379.12	8.8%
Kaiser Permanente \$15	986.78	1,042.54	5.7%	853.56	901.80	5.7%
Kaiser Permanente \$40	917.12	968.94	5.7%	793.31	838.13	5.6%
UnitedHealthcare SignatureValue Advantage \$15	957.68	1,042.48	8.9%	828.39	901.74	8.9%
UnitedHealthcare Select Plus PPO	1,253.90	1,379.16	10.0%	828.39	901.74	8.9%
UnitedHealthcare SignatureValue Advantage \$40	855.76	931.14	8.8%	740.23	805.43	8.8%
UnitedHealthcare SignatureValue \$40	1,309.00	1,425.54	8.9%	1,132.28	1,233.09	8.9%
AVERAGE	1,106.45	1,197.74	8.3%	920.47	994.44	8.0%

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: 1,584,000
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Western Health Advantage HMO	857.86	857.86	0.0%	857.86	857.86	0.0%
Sutter Health Plus HMO	949.36	995.56	4.9%	887.33	905.04	2.0%
Kaiser Permanente HMO 15	1,150.86	1,208.42	5.0%	887.33	905.04	2.0%
Western Health Advantage HDHP	655.50	706.60	7.8%	655.50	706.60	7.8%
Sutter Health Plus HDHP	700.10	738.30	5.5%	700.10	738.30	5.5%
Kaiser Permanente HDHP HMO	822.32	863.62	5.0%	822.32	863.62	5.0%
AVERAGE	856.00	895.06	4.6%	801.74	829.41	3.5%

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,650/\$3,300
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	\$1,650/\$3,300
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	\$1,650/\$3,300
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: 1,155,000
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
CCHP Plan A	1,204.21	1,282.49	6.5%	1,051.80	1,120.49	6.5%
CCHP Plan B	1,334.87	1,421.65	6.5%	1,103.77	1,175.84	6.5%
Health Net SmartCare HMO A	1,795.47	1,930.31	7.5%	1,248.89	1,339.18	7.2%
Health Net SmartCare HMO B	1,201.28	1,291.50	7.5%	961.03	1,029.69	7.1%
Health Net PPO Plan A	3,640.25	4,095.28	12.5%	1,674.67	1,853.75	10.7%
Kaiser Permanente HMO Plan A	962.90	995.41	3.4%	845.95	874.52	3.4%
Kaiser Permanente HMO Plan B	769.56	795.54	3.4%	675.76	698.57	3.4%
Kaiser Permanente HDHP	603.14	623.50	3.4%	542.83	561.15	3.4%
Anthem Select - PERS	1,138.86	1,256.65	10.3%	836.27	895.16	7.0%
Anthem Traditional - PERS	1,339.70	1,500.40	12.0%	875.04	955.39	9.2%
Blue Shield Access+ - PERS	1,076.84	1,170.17	8.7%	678.22	724.88	6.9%
Blue Shield Trio - PERS	946.84	1,134.79	19.9%	680.98	774.95	13.8%
CCHP Plan A Alternate - PERS	1,512.49	1,610.81	6.5%	963.75	1,012.91	5.1%
Kaiser Permanente HMO - PERS	1,021.41	1,112.90	9.0%	750.52	796.27	6.1%
PERS Platinum	1,314.27	1,476.10	12.3%	890.84	971.75	9.1%
PORAC - PERS	931.00	975.00	4.7%	734.41	756.41	3.0%
PERS Gold	914.82	1,013.70	10.8%	734.20	783.64	6.7%
UnitedHealthcare - PERS	1,091.13	1,184.58	8.6%	724.27	770.99	6.5%
Western Health Advantage - PERS	807.23	914.27	13.3%	634.97	688.49	8.4%
AVERAGE	1,242.44	1,357.11	9.2%	874.11	936.00	7.1%

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	\$10/\$20 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	\$1,650/\$3,300		
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: 1,017,000
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Kaiser Permanente \$15 HMO	1,131.70	1,216.96	7.5%	938.17	992.33	5.8%
Blue Cross EPO	1,105.18	1,100.89	-0.4%	938.17	992.33	5.8%
Blue Cross PPO *	1,245.39			938.17		
Blue Cross EPO \$500	964.72	992.33	2.9%	938.17	992.33	5.8%
Blue Cross HDPPPO \$1,000	938.17	992.33	5.8%	938.17	992.33	5.8%
Blue Cross HDPPPO \$3,000	938.17	992.33	5.8%	938.17	992.33	5.8%
AVERAGE	1,053.89	1,058.97	0.5%	938.17	992.33	5.8%

* Discontinued

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	No Charge	\$10/\$20/\$35	No Charge	No Charge
Hospital	No Charge	No Charge	\$500	\$500
Blue Cross	HDPPPO - IN			
Deductible	\$3,000/\$6,000			
Physicians Services	\$0 Copay After Ded			
Emergency Room	\$0 Copay After Ded			
Rx	\$0 Copay After Ded			
Hospital	\$0 Copay After Ded			

CALPERS

2025 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	N/A		N/A		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	\$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	\$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

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

	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	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply			

As of Date: 1-Jun-25

PAYGROUP	CTYCNA	CTYPLN	CTYMAP	CTYSEL	CTYSEL-MED	CTYDRS	CTYDRS-MED	BLSPNA	BLSPPO	TRIO	ACCESS+	HLTCNP	KAISER	KAIMED	WAIVED	DELINQ	MED SUM	DLTDEN	DLCDEN	PUDDEN	WAIVED	DELINQ	DEN SUM
BW1																							
MEMBER ON				0	0	0	0	67	1,102	1,366	3,326	298	8,583				14,742	12,437	877	393			13,707
MBR + 1 DEP				0	0	0	0	53	201	778	2,357	109	4,949				8,447	7,956	202	110			8,268
MBR + 2> DEP				0	0	0	0	90	156	978	2,825	127	5,807				9,983	11,144	179	85			11,408
DELINQ				0	0	0	0									265	265					355	355
WAIVED				0	0	0	0								2,243		2,243				1,942		1,942
TOTAL BW1	0	0	0	0	0	0	0	210	1,459	3,122	8,508	534	19,339	0	2,243	265	35,680	31,537	1,258	588	1,942	355	35,680
BW2																							
MEMBER ON				0	0	0	0		17	21	41	2	112				193	178	8	5			191
MBR + 1 DEP				0	0	0	0		9	9	24	2	59				103	98	8	2			108
MBR + 2> DEP				0	0	0	0		6	16	41	1	53				117	117	4	3			124
DELINQ				0	0	0	0									2	2					1	1
WAIVED				0	0	0	0								54		54				45		45
TOTAL BW2	0	0	0	0	0	0	0	0	32	46	106	5	224	0	54	2	469	393	20	10	45	1	469
CCM																							
MEMBER ON				0	0	0	0		9	37	70	4	204				324						
MBR + 1 DEP				0	0	0	0		3	22	21		70				116						
MBR + 2> DEP				0	0	0	0		3	19	31	1	61				115						
DELINQ				0	0	0	0									1	1						
WAIVED				0	0	0	0								196		196						
TOTAL CCM	0	0	0	0	0	0	0	0	15	78	122	5	335	0	196	1	752	0	0	0	0	0	0
CCS																							
MEMBER ON				0	0	0	0		7	39	66	14	233				359						
MBR + 1 DEP				0	0	0	0			10	26	3	67				106						
MBR + 2> DEP				0	0	0	0		1	4	13	3	47				68						
WAIVED				0	0	0	0								32		32						
TOTAL CCS	0	0	0	0	0	0	0	0	8	53	105	20	347	0	32	0	565	0	0	0	0	0	0
MOZ																							
MEMBER ON				0	0	0	0											21					21
MBR + 1 DEP				0	0	0	0							1			1	8					8
MBR + 2> DEP				0	0	0	0											10					10
DELINQ				0	0	0	0															5	5
WAIVED				0	0	0	0								3		3				4		4
TOTAL MOZ	0	0	0	0	0	0	0	0	0	0	0	0	0	1	3	0	4	39	0	0	4	5	48
PAR																							
MEMBER ON				0	0	0	0		159	2	1		18	251			431	201	8	14			223
MBR + 1 DEP				0	0	0	0		29	1	2		3	35			70	84	2	1			87
MBR + 2> DEP				0	0	0	0																
DELINQ				0	0	0	0									30	30					94	94
WAIVED				0	0	0	0								168		168				295		295

TOTAL PAR	0	0	0	0	0	0	0	0	188	3	3	0	21	286	168	30	699	285	10	15	295	94	699
PER																							
MEMBER ON				0	0	0	0	21	215	26	44	2	94	156			558	416	19	14			449
MBR + 1 DEF				0	0	0	0	16	73	13	31		34	70			237	250	9	3			262
MBR + 2> DE				0	0	0	0	3	4	4	10	2	14	3			40	46	5	1			52
DELINQ				0	0	0	0									13	13					23	23
WAIVED				0	0	0	0									119	119					181	181
TOTAL PER	0	0	0	0	0	0	0	40	292	43	85	4	142	229	119	13	967	712	33	18	181	23	967
SFR																							
MEMBER ON				0	0	0	0	273	8,656	335	512	66	1,327	6,681			17,850	12,985	525	427			13,937
MBR + 1 DEF				0	0	0	0	156	3,448	239	494	16	545	2,751			7,649	7,460	173	144			7,777
MBR + 2> DE				0	0	0	0	26	90	75	197	5	194	94			681	819	15	16			850
DELINQ				0	0	0	0									80	80					165	165
WAIVED				0	0	0	0									3,667	3,667					7,197	7,197
TOTAL SFR	0	0	0	0	0	0	0	455	12,194	649	1,203	87	2,066	9,526	3,667	80	29,927	21,264	713	587	7,197	165	29,926
STR																							
MEMBER ON				0	0	0	0	11	1,355	29	24	2	85	1,184			2,690	1,739	56	45			1,840
MBR + 1 DEF				0	0	0	0	3	396	14	23		43	379			858	720	10	16			746
MBR + 2> DE				0	0	0	0		4	4	4		7	12			31	30	1	1			32
DELINQ				0	0	0	0									36	36					68	68
WAIVED				0	0	0	0									436	436					1,367	1,367
TOTAL STR	0	0	0	0	0	0	0	14	1,755	47	51	2	135	1,575	436	36	4,051	2,489	67	62	1,367	68	4,053
UDB																							
MEMBER ON				0	0	0	0		21	173	97	100	1,461				1,852						
MBR + 1 DEF				0	0	0	0		5	55	31	43	532				666						
MBR + 2> DE				0	0	0	0		3	23	14	14	227				281						
DELINQ				0	0	0	0									11	11						
WAIVED				0	0	0	0									567	567						
TOTAL UDB	0	0	0	0	0	0	0	0	29	251	142	157	2,220	0	567	11	3,377	0	0	0	0	0	0
UDM																							
MEMBER ON				0	0	0	0		31	325	141	109	2,197				2,803						
MBR + 1 DEF				0	0	0	0		6	49	17	11	449				532						
MBR + 2> DE				0	0	0	0		3	77	34	11	390				515						
DELINQ				0	0	0	0									24	24						
WAIVED				0	0	0	0									696	696						
TOTAL UDM	0	0	0	0	0	0	0	0	40	451	192	131	3,036	0	696	24	4,570	0	0	0	0	0	0
GRAND TOTAL	0	0	0	0	0	0	0	719	16,012	4,743	10,517	945	27,865	11,617	8,181	462	81,061	56,719	2,101	1,280	11,031	711	71,842

June 18, 2025

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, 2026 to December 31, 2026 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, 2026, to December 31, 2026, 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 2026 plan year rates and contribution setting process was concluded on June 12, 2025, 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 2026 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: Funding Impacts to Medicare Advantage Plan Costs

Two developments at the federal level have led to higher-than-typical Medicare Advantage Prescription Drug (MAPD) Plan rate increases into 2025 and 2026, relative to prior years—the Inflation Reduction Act (passed into law in August 2022) and reduced growth in government funding of Medicare Advantage plans by the entity that oversees Medicare, the Centers for Medicare and Medicaid (CMS).

The Inflation Reduction Act improved the standard Medicare Part D prescription drug plan benefit by implementing a \$2,000 overall member out-of-pocket maximum in 2025. As a result, though this does not impact plan designs for the MAPD plans offered by SFHSS (Blue Shield of California MAPD PPO and Kaiser MAPD HMO), MAPD carriers have been incorporating the higher cost anticipated for their plans into plan rating. Coupled with reductions in funding growth rates into MAPD plans by CMS—where the federal government funds much of the total plan cost for MAPD plans—this has led to higher MAPD rate increases in the market. Plan year 2026 is the third year of a three-year adjustment period for CMS federal funding growth rates for MAPD plans. The carrier change from UnitedHealthcare (UHC) to BSC for the 2025 plan year mitigated the financial impacts described above to SFHSS into 2025, 2026, and 2027.

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 2024 plan year by creating 51,491 IRS forms for distribution to employees and electronic reporting to the IRS in early 2025.

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 2026 PCORI fee is expected to be slightly higher than the \$3.47 per covered life per year fee in 2025.

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 2026 rating, the 10-County Survey result leads to an increase in average monthly employer contribution from \$882.05 in 2025 to \$942.14 in 2026 (an increase of 6.81%). The full Survey report is contained as an Appendix to this letter and was presented at the March 13, 2025, HSB meeting (also accessible at sfhss.org). Survey results are illustrated in Exhibit 1 of the adjoining document.



Projected 2026 Aggregate Medical Plans Cost

Per Table 1 below, we expect an increase in aggregate medical plan costs totaling \$99.3 million, or 8.33%, for the SFHSS medical plans (including Basic Plan vision coverage costs which are unchanged from 2025, and the SFHSS Healthcare Sustainability Fund charge which is increasing by \$2 per member per month to \$6 per member per month in 2026) for the 2026 plan year. This increase in costs will be split between the members and employers with member contributions increasing \$10.2 million and employer contributions increasing \$89.1 million. These costs are projected based on February 2025 plan enrollment.

Table 1 — All Four Employers			
January 1, 2026 to December 31, 2026 Aggregate Medical Plans Cost (\$ millions)			
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)
Current (2025) Rates	\$140.8	\$1,050.6	\$1,191.4
Final Renewal (2026) Rates	\$151.0	\$1,139.7	\$1,290.7
\$ Difference	\$10.2	\$89.1	\$99.3
% Difference	7.24%	8.48%	8.33%
2026 Rate Sharing Distribution	11.7%	88.3%	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 2026. One rate card 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 2026 10-County amount is \$942.14. 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

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)
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 2026 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 2026 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 9.82% for plan year 2026. This overall average is generated by a 9.88% premium rate increase for the non-Medicare plan in California, and an 9.33% premium rate increase for Medicare retirees in California. There are also small retiree populations (226 covered lives) with Kaiser HMO coverage in the Northwest (Oregon), Washington, and Hawaii regions with an overall increase for these “multi-region” retiree Kaiser HMO plans outside of California of 3.5%.

The Kaiser California non-Medicare plan reflects the adoption of SB729 infertility benefit level requirements placed on fully insured commercial plans in California effective in 2026. There are no other 2026 plan design changes approved for the Kaiser plans.

The 2026 Kaiser California HMO renewal actions result in an overall estimated total cost increase of \$58.1 million from 2025 to 2026 for all four employers based on February 2025 membership, of which \$46.8 million is attributed to CCSF and \$11.3 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate 2026 projected cost for all four employers for Kaiser Permanente in California based on February 2025 membership is projected at \$645.6 million, with \$68.4 million in member contributions and \$577.2 million in employer contributions. Table 3 (page 12) provides an overview of annualized costs.

The 2026 Kaiser plan rates are illustrated in exhibits 2a-2e 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 8.7% for the BSC Access+ HMO plan, 9.2% for the BSC Trio HMO plan, and 0.5% for the PPO plan into the 2026 plan year. Overall, this produces an aggregate total rate increase of 7.6% for the combination of Non-Medicare BSC HMO and PPO plans into the 2026 plan year.

For BSC Medicare plans, total cost rates will increase by 4.5%. 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 a projected savings of \$67M over the three-year period 2025 through 2027.

The non-Medicare plans reflect the adoption of SB729 infertility benefit level requirements placed on fully insured commercial plans in California effective in 2026. The Rates and Benefits Committee and HSB also approved the application of SB729 to the self-funded, non-Medicare PPO plan. The Rates and Benefits Committee and HSB approved one plan change that applies to all three non-Medicare plans (BSC Access+ HMO, BSC Trio HMO, and BSC PPO). The change, which aligns the BSC plans with the Kaiser HMO approach to glucagon-like peptide-1’s (GLP-1’s) effective for the 2025 plan year, 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). These changes are reflected in the rate information shown above and in attached Exhibits.

The aggregate 2026 projected cost for all four employers in the BSC MAPD PPO, BSC Access+, BSC Trio, and BSC Non-Medicare PPO plans based on February 2025 BSC plan enrollments is \$630.6 million, with \$81.2 million in member contributions and \$549.4 million in employer contributions based on February 2025 membership. This results in an overall estimated total cost increase of \$41.1 million from 2025 to 2026 for all four employers based on February 2025 membership, of which \$36.7 million is attributed to CCSF and the remaining \$4.4 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 12) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined.

The 2026 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 2026 BSC Non-Medicare PPO plan rates are illustrated in exhibits 5a-5d 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 decrease by 0.3% into the 2026 plan year. Health Net CanopyCare was introduced as a new health plan option to SFHSS members for the 2022 plan year. Thus, the 2026 plan year will be the fifth year for the Health Net CanopyCare plan option.

The rates reflect the adoption of SB729 infertility benefit level requirements placed on fully insured plans in California effective in 2026. There are no other 2026 plan design changes approved for the Health Net CanopyCare plan.

Based on the February 2025 membership, the aggregate 2026 projected cost for all four employers in the Health Net CanopyCare HMO Plan for the 2026 plan year is \$14.5 million, with \$1.4 million in member contributions and \$13.1 million in employer contributions. Costs overall are projected to only very slightly decrease from 2025 budget to 2026 budget for this plan given the slight rate decrease of 0.3%.

The 2026 Health Net CanopyCare (flex-funded) HMO plan rates are illustrated in exhibits 4a-4b 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 2026 plan year, Basic Plan rates are remaining at 2025 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 2026 plan year, Premier Plan total premium rates will remain the same as 2025 levels.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$1.04 per employee per month for 2026. Approximately 21,000 employees have access to this benefit.

There are no 2026 plan design changes approved for the Basic, Premier or Computer Vision Care plans by the Rates and Benefits Committee and HSB.

Based on February 2025 enrollment, the aggregate projected 2026 employer cost for all four employers for the VSP Basic vision plan is \$5.64 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 is remaining the same from 2025 to 2026. 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 2026 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). Future plan costs are projected based on the City employees' claim experience. Delta Dental's administrative fee will remain the same as the 2025 cost at \$4.82 per employee per month. Monthly employee contributions for CCSF employees in the Delta Dental PPO plan are \$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 12.4% for plan year 2026—an increase of \$5.2 million from 2025 active employee Delta Dental PPO plan rates for CCSF. This increase is driven mostly by a reduced level of rate stabilization buy-down funds in the active employee dental PPO plan from the prior year.

The Rates and Benefits Committee and HSB approved one plan enhancement for the Delta Dental Active Employee PPO plan. The change raises the age for children to receive coverage for first molar sealants to age 16 (to age 9 currently). This change is reflected in the rate information shown above and in attached Exhibits.

Dental Active Employee HMO Plans (Fully Insured)

Rates for both active employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2025 rate levels into the 2026 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 2025 to 2026 is 2.0% based on a three-year premium guarantee, of which 2026 is the final year. There are no 2026 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 2025 rate levels into the 2026 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 2026 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 2026 plan year is projected at \$48.8 million with \$3.8 million in member contributions and \$45.0 million in employer contributions based on March 2025 enrollment. This results in an overall estimated total dental cost increase of \$5.3 million (12.2%) from 2025 to 2026. Table 3 (page 11) provides an overview of annualized costs.

Life, Accidental Death and Dismemberment (AD&D), Short-Term Disability (STD), and Long-Term Disability (LTD) Insurance for Active and Eligible Employees of the City and County of San Francisco and Superior Court of San Francisco

Following a competitive public Request for Proposal (RFP) issued December 3, 2024 by the San Francisco Health Service System (SFHSS), the Health Service Board (HSB) approved a change in the Life (Group Life and Supplemental Life), Accidental Death & Dismemberment (AD&D), Short-Term Disability, and Long-Term Disability Insurance plan carriers at the May 8, 2025 HSB meeting. The change is from The Hartford (Life, AD&D, Long-Term Disability) and Manhattan Life (Short-Term Disability) to Life Insurance Company of North America ("LINA") (also known as New York Life) with policies effective January 1, 2026.

The RFP included minimum qualifications to bid, including no loss of coverage for all current plan participants, no disruption to disabled employees and active/in-process claims, no statement of health or medical evidence for current in-force benefit amounts and a required match to all union-negotiated (MOU) terms for employer-paid Group Life and Long-Term Disability insurances. The RFP results met expectations to exceed industry standards in areas such as best-in-class service and support for City and Court employees (employees) and families, and no-cost value-added services for employees, beneficiaries and employee families. The RFP result ensures financial stability through multi-year rate and premium guarantees across all life, AD&D and disability insurance benefits. The change to LINA, as the new life and disability benefits provider, is expected to deliver an exceptional experience for employees – including a 100% benefit increase to the guaranteed issue amount, up to \$200,000 of coverage, for voluntary employee-paid Life for 2026 – as well as a total employer savings of almost \$2M in 2026 premiums. Additionally, LINA has provided a five-year premium rate guarantee for Group Life, Supplemental Life, AD&D, and Long-Term Disability, and a three-year premium rate guarantee for Short-Term Disability insurance. The five-year premium guarantee for employer-paid Group Life and Long-Term Disability insurance extends the almost \$2M annual employer (City) savings (compared to 2025 premiums) through the 2030 benefits year.



Summary of Projected 2026 Plan Year Costs

Table 3 below summarizes projected 2026 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2025 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 2026 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	\$68.4	\$577.2	\$645.6	10.60%	89.40%
\$ Change	\$6.5	\$51.6	\$58.1		
% Change	10.47%	9.83%	9.90%		
BSC HMOs/PPO	\$81.2	\$549.4	\$630.6	12.88%	87.12%
\$ Change	\$3.7	\$37.5	\$41.1		
% Change	4.76%	7.32%	6.98%		
Health Net CanopyCare HMO	\$1.4	\$13.1	\$14.5	9.40%	90.60%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	-0.33%	-0.29%	-0.29%		
Dental	\$3.8	\$45.0	\$48.8	7.71%	92.29%
\$ Change	\$0.0	\$5.3	\$5.3		
% Change	0.00%	13.32%	12.17%		
LTD Insurance	\$0.0	\$4.3	\$4.3	0.00%	100.00%
\$ Change	\$0.0	-\$1.7	-\$1.7		
% Change	0.00%	-28.91%	-28.91%		
Life Insurance	\$1.3	\$1.4	\$2.7	47.55%	52.45%
\$ Change	\$0.0	-\$0.3	-\$0.3		
% Change	0.00%	-15.70%	-8.90%		
STD Insurance	\$1.0	\$0.0	\$1.0	100.00%	0.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Total	\$157.1	\$1,190.4	\$1,347.5	11.65%	88.35%
\$ Change	\$10.2	\$92.4	\$102.6		
% Change	6.93%	8.41%	8.24%		

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 8.33% (see page 5) is slightly lower than national benchmark levels for health care cost trend. Aon's 2025 National Health Care Trend Survey indicates combined medical/pharmacy expected cost increases of 9% into the 2026 plan year. The 8.33% increase for SFHSS in 2026 is higher than the California large counties experience for 2025 as documented in the SFHSS 10-County Survey (6.81%), as projected trends for 2026 are expected to be higher in general than during 2025.

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 text "Sincerely,".

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, Executive Director, San Francisco Health Service System



Appendix — CCSF Costs Only

TABLE 3a — CITY AND COUNTY OF SAN FRANCISCO ONLY (CCSF)					
Distribution of Aggregate Calendar Year 2026 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	\$56.5	\$462.9	\$519.4	10.87%	89.13%
\$ Change	\$5.4	\$41.4	\$46.8		
% Change	10.51%	9.82%	9.89%		
BSC HMOs/PPO	\$73.3	\$486.7	\$560.0	13.09%	86.91%
\$ Change	\$3.4	\$33.4	\$36.8		
% Change	4.85%	7.36%	7.02%		
Health Net CanopyCare HMO	\$1.0	\$9.3	\$10.3	9.63%	90.37%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	-0.35%	-0.30%	-0.30%		
Dental	\$3.7	\$44.5	\$48.2	7.71%	92.29%
\$ Change	\$0.0	\$5.2	\$5.2		
% Change	0.00%	13.33%	12.17%		
LTD Insurance	\$0.0	\$4.2	\$4.2	0.00%	100.00%
\$ Change	\$0.0	-\$1.7	-\$1.7		
% Change	0.00%	-28.91%	-28.91%		
Life Insurance	\$1.3	\$1.4	\$2.7	47.55%	52.45%
\$ Change	\$0.0	-\$0.3	-\$0.3		
% Change	0.00%	-15.70%	-8.90%		
STD Insurance	\$1.0	\$0.0	\$1.0	100.00%	0.00%
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
Total	\$136.8	\$1,009.0	\$1,145.8	11.93%	88.07%
\$ Change	\$8.8	\$78.0	\$86.8		
% Change	6.84%	8.38%	8.19%		

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 18, 2025

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 2026

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 2026;
2. Legislative Digest (approved as to form by the City Attorney's Office);
3. Ten-County Survey for 2025 Plan Year Rates, pursuant to Charter Section A8.423, approved by the Health Service Board on March 13, 2025;
4. Actuarial Report dated June 18, 2025, 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 13, March 13, April 10, May 8, and June 12, 2025.
6. HSS Membership Enrollment Statistics Report dated June 1, 2025, 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 (11 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, LLC³
 - 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)

Iftikhar Hussain (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.

³ Health Net, LLC has a supplemental form, due of the list of Affiliates and Subcontractors exceeding a count of fifty (50).



San Francisco Ethics Commission

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

Received On:

File #: 250717

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

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

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

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

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

5. CONTRACTOR	
NAME OF CONTRACTOR California Physician Services DBA Blue Shield of Calif	TELEPHONE NUMBER 510-607-2000
STREET ADDRESS (including City, State and Zip Code) 601 12th Street, Oakland, CA 94607	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$75,107,106		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Self-Funded PPO for City Employees, City Early Retirees, and eligible dependents, and Blue Shield Self-Funded PPO for City Employees, City Early Retirees and eligible dependents who live outside the United States.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D., MPH	Helen	Board of Directors
5	Chen MD	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina	Board of Directors
9	Panetta	Leon	Board of Directors
10	Minter-Jordan MD MBA	Myechia	Board of Directors
11	Williams III	Ather	Board of Directors
12	The Rawlings Group		Subcontractor
13	Optum		Subcontractor
14	American Specialty Health		Subcontractor
15	Brightline		Subcontractor
16	Cotiviti Inc		Subcontractor
17	Broadridge fka DST Output		Subcontractor
18	Arvato Digital Services		Subcontractor
19	Kyruus Health		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MediKeeper, Inc		Subcontractor
21	Healthwise		Subcontractor
22	NovuHealth		Subcontractor
23	LabCorp		Subcontractor
24	LanguageLine Solutions		Subcontractor
25	Magellan Health		Subcontractor
26	EyeMed		Subcontractor
27	Evolent		Subcontractor
28	Quest Diagnostics		Subcontractor
29	Solera Health, Inc.		Subcontractor
30	TPUSA-FCHS Fka	Teleperformance	Subcontractor
31	Partners in Care Found.		Subcontractor
32	Mullaney	Susan	COO
33	Stuart	Michael	CEO
34	Davis	Lisa	Other Principal Officer
35	BenefitFocus		Subcontractor
36	Accenture		Subcontractor
37	Teladoc Health, Inc		Subcontractor
38	Arine		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	CVS Specialty Pharmacy		Subcontractor
40	Amazon Pharmacy		Subcontractor
41	Outcomes Operating. Inc		Subcontractor
42	CredibleMind		Subcontractor
43	Gemini		Subcontractor
44			
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50			

Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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Notification of Contract Approval

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AMENDMENT DESCRIPTION – Explain reason for amendment	

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

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

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

5. CONTRACTOR	
NAME OF CONTRACTOR California Physician Services DBA Blue Shield of Calif	TELEPHONE NUMBER 510-607-2000
STREET ADDRESS (including City, State and Zip Code) 601 12th Street, Oakland, CA 94607	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 250717
DESCRIPTION OF AMOUNT OF CONTRACT \$414,410,938		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Medical Health Insurance: Blue Shield Flex Funded HMO (Access+ and Trio HMO) for City Employees, City Early Retirees and eligible dependents		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D, M.P.H	Helen	Board of Directors
5	Chen, M.D.	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina	Board of Directors
9	Panetta	Leon	Board of Directors
10	Minter-Jordan, MD, MBA	Myechia	Board of Directors
11	Williams III	Ather	Board of Directors
12	The Rawlings Group		Subcontractor
13	Optum		Subcontractor
14	American Specialty Health		Subcontractor
15	Cotiviti, Inc		Subcontractor
16	Kyruus Health		Subcontractor
17	Broadridge fka DST Output		Subcontractor
18	Arvato Digital Services		Subcontractor
19	Maven		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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21	NovuHealth		Subcontractor
22	Healthwise		Subcontractor
23	Solera Health, Inc.		Subcontractor
24	LabCorp		Subcontractor
25	LanguageLine Solutions		Subcontractor
26	Magellan Health		Subcontractor
27	EyeMed		Subcontractor
28	Evolent		Subcontractor
29	Quest Diagnostics		Subcontractor
30	Teladoc Health, Inc.		Subcontractor
31	TPUSA-FCHS Fka	Teleperformance	Subcontractor
32	Partners in Care Found.		Subcontractor
33	Call the Car		Subcontractor
34	Mullaney	Susan	COO
35	Stuart	Michael	CEO
36	Davis	Lisa	Other Principal Officer
37	Lifespring Home Nutrition		Subcontractor
38	BenefitFocus		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Accenture		Subcontractor
40	Arine		Subcontractor
41	CVS Specialty Pharmacy		Subcontractor
42	Amazon Pharmacy		Subcontractor
43	Outcomes Operating, Inc		Subcontractor
44	CredibleMind		Subcontractor
45	Gemini		Subcontractor
46			
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50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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2. CITY ELECTIVE OFFICE OR BOARD	
OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR	
NAME OF CONTRACTOR Dental Benefit Providers of California, Inc.	TELEPHONE NUMBER 1-800-822-5353
STREET ADDRESS (including City, State and Zip Code) 425 Market Street, Floor 12, San Francisco, CA 94105	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$383,200		
NATURE OF THE CONTRACT (Please describe) Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Benefits for City Employees and City Retirees		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Brody	Michael Charles	Board of Directors
2	Fabula	Andrew Joseph	Board of Directors
3	Kato	Irma Chi	Board of Directors
4	Sheldon	Kenneth Mark	Board of Directors
5	Toler	Paul Ryan	Board of Directors
6	Toler	Paul Ryan	CFO
7	Kato	Irma Chi	Other Principal Officer
8	Brody	Michael Charles	Other Principal Officer
9	Hirsch	Marilyn Victoria	Other Principal Officer
10	Lang	Heather Anastasia	Other Principal Officer
11	Shjerve	Nicholas Robert	Other Principal Officer
12	Zuba	Jessica Leigh	Other Principal Officer
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19			

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Incomplete - Pending Signature

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39			
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50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	625-652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Delta Dental of California	TELEPHONE NUMBER 916-603-6833
STREET ADDRESS (including City, State and Zip Code) 560 Mission Street, Suite 1300, San Francisco, CA 94105	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$71,274,728		
NATURE OF THE CONTRACT (Please describe) PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$49,372,830 Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$21,901,898		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Weber	Alicia F.	CFO
2	Chavarria	Sarah M.	CEO
3	Castro	Michael J.	Board of Directors
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Law	Ian R.	Board of Directors
9	McCann	Steven F.	Board of Directors
10	O'Toole	Terry A.	Board of Directors
11	Pickering DDS	Stephen R.	Board of Directors
12	Allford	Robert A.	Board of Directors
13	Yodowitz	Heidi E.	Board of Directors
14	Dholakiya DDS	Payal P.	Board of Directors
15	Jones	Ron C.	Board of Directors
16	O'Quinn	Marvin R.	Board of Directors
17			
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Incomplete - Pending Signature

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

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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San Francisco Ethics Commission

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Notification of Contract Approval

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR	
NAME OF CONTRACTOR California Physician Services DBA Blue Shield of Calif	TELEPHONE NUMBER 510-607-2000
STREET ADDRESS (including City, State and Zip Code) 601 12th Street, Oakland, CA 94607	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$125,193,288		
NATURE OF THE CONTRACT (Please describe) California Physician Services DBA Blue Shield of California Fully-Insured Medicare Medical PPO Plan and Prescription Drug benefits (MAPD) for Medicare A and B, and Medicare Part B Only eligible City Retirees and eligible dependents.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Diaz Jr.	Guillermo	Board of Directors
2	Barker	Mari	Board of Directors
3	Belshé	Kimberly	Board of Directors
4	DuPlessis, M.D, M.P.H	Helen	Board of Directors
5	Chen, M.D.	Arthur	Board of Directors
6	DeCoste	Pamela	Board of Directors
7	Glaser	Will	Board of Directors
8	Leslie	Kristina	Board of Directors
9	Panetta	Leon	Board of Directors
10	Minter-Jordan, MD, MBA	Myechia	Board of Directors
11	Williams III	Ather	Board of Directors
12	The Rawlings Group		Subcontractor
13	Optum		Subcontractor
14	American Specialty Health		Subcontractor
15	Cotiviti, Inc		Subcontractor
16	HealthSparq		Subcontractor
17	Broadridge fka DST Output		Subcontractor
18	Arvato Digital Services		Subcontractor
19	MediKeeper, Inc.		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	NovuHealth		Subcontractor
21	Healthwise		Subcontractor
22	Solera Health, Inc.		Subcontractor
23	LabCorp		Subcontractor
24	LanguageLine Solutions		Subcontractor
25	Magellan Health		Subcontractor
26	EyeMed		Subcontractor
27	Quest Diagnostics		Subcontractor
28	Teladoc Health, Inc.		Subcontractor
29	TPUSA-FCHS Fka	Teleperformance	Subcontractor
30	Partners in Care Found.		Subcontractor
31	Call the Car		Subcontractor
32	Mullaney	Susan	COO
33	Stuart	Michael	CEO
34	Davis	Lisa	Other Principal Officer
35	LifeSpring Home Nutrition		Subcontractor
36	OutcomesMTM		Subcontractor
37	BenefitFocus		Subcontractor
38	Accenture		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Arine		Subcontractor
40	CVS Specialty Pharmacy		Subcontractor
41	Amazon Pharmacy		Subcontractor
42	Healthways		Subcontractor
43	Care Connectors	Medical Group	Subcontractor
44	Tivity Health		Subcontractor
45	Lifestation		Subcontractor
46	Carenet		Subcontractor
47	VSP		Subcontractor
48	American Specialty Health		Subcontractor
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	625-652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
NAME OF CONTRACTOR Delta Dental of California	TELEPHONE NUMBER 916-461-3356
STREET ADDRESS (including City, State and Zip Code) 560 Mission Street, Suite 1300, San Francisco, CA 9410	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$903,497		
NATURE OF THE CONTRACT (Please describe) DHMO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: DeltaCare USA DHMO Policy 71797-DeltaCare active and retiree (fully insured premium)		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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9. AFFILIATES AND SUBCONTRACTORS			
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Weber	Alicia F.	CFO
2	Chavarria	Sarah M.	CEO
3	Castro	Michael J.	Board of Directors
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Law	Ian R.	Board of Directors
9	McCann	Steven F.	Board of Directors
10	O'Toole	Terry A.	Board of Directors
11	Pickering DDS	Stephen R.	Board of Directors
12	Yodowitz	Heidi E.	Board of Directors
13	Allford	Robert A.	Board of Directors
14	Dholakiya DDS	Payal P.	Board of Directors
15	Jones	Ron C.	Board of Directors
16	O'Quinn	Marvin R.	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT	
NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Michael Visconti	625-652-4645
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
HSS Health Service System	michael.visconti@sfgov.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$15,058,122		
NATURE OF THE CONTRACT (Please describe) Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents.		

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

8. CONTRACT APPROVAL	
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	London	Sarah	Board of Directors
2	Deveydt	Wayne	Board of Directors
3	Blume	Jessica L.	Board of Directors
4	Dallas	James	Board of Directors
5	Burdick	Kenneth	Board of Directors
6	Eppinger	Frederick H.	Board of Directors
7	Coughlin	Christopher	Board of Directors
8	Robinson	Lori J.	Board of Directors
9	Samuels	Theodore	Board of Directors
10	Stone	Alyson	Other Principal Officer
11	Chen	Alex	Other Principal Officer
12	Sellner	Jessica	CFO
13	Mittal	Pooja	Other Principal Officer
14	Centene Corporation		Shareholder
15	Advanced Medical Reviews		Subcontractor
16	Akorbi Translations		Subcontractor
17	American Specialty Health		Subcontractor
18	Applied Research works		Subcontractor
19	Change Health Solutions		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Cognizant		Subcontractor
21	CommGap		Subcontractor
22	Conduent Credit Solutions		Subcontractor
23	Cotiviti		Subcontractor
24	Datafied Global		Subcontractor
25	Centene Management Company		Shareholder
26	eviCore		Subcontractor
27	ISI Language Solutions		Subcontractor
28	MultiPlan		Subcontractor
29	Teladoc Health		Subcontractor
30	CQ Fluency		Subcontractor
31	Deaf and Community Service		Subcontractor
32	Deaf and Hard of Hearing	Service	Subcontractor
33	Optum		Subcontractor
34	OptumInsight		Subcontractor
35	Periscope		Subcontractor
36	Teleperformance		Subcontractor
37	TurningPoint		Subcontractor
38	Varis		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Voiance Language Services		Subcontractor
40	welvie		Subcontractor
41	Dental Benefits Provider		Subcontractor
42	Centene Vision		Shareholder
43	Health Management Systems		Subcontractor
44	Lifesigns, Inc.		Subcontractor
45	ModivCare		Subcontractor
46	Evolent Specialty Services		Subcontractor
47	O’Neil Digital Solutions		Subcontractor
48	zelis		Subcontractor
49	Caogemini		Subcontractor
50	Language Line		Subcontractor
<input checked="" type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.		

10. VERIFICATION

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

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3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

6. CONTRACT		
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NATURE OF THE CONTRACT (Please describe) Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents.		

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Language Services	Associates	Subcontractor
2	Allyant		Subcontractor
3	FinThrive		Subcontractor
4	O’Neil Digital Solutions		Subcontractor
5	Press Ganey Associates, Inc		Subcontractor
6	The Rawlings Company		Subcontractor
7	Transaction Application	Group	Subcontractor
8	Centene Pharmacy Services		Shareholder
9	Clarity		Subcontractor
10	Sharecare		Subcontractor
11	ExpressScripts		Subcontractor
12	Performant		Subcontractor
13	RR Donnelley		Subcontractor
14	Periscope Group		Subcontractor
15	RICOH		Subcontractor
16	Foundever	Site1 Group, Sykes Ent. INC	Subcontractor
17	The Staywell Company		Subcontractor
18	The Rawlings Group		Subcontractor
19	Transperfect		Subcontractor

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	wellframe		Subcontractor
21	Clarity Software Solutions		Subcontractor
22	CASL Interpreting		Subcontractor
23	Symphony Performance	Health Inc.	Subcontractor
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Incomplete - Pending Signature

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

10. VERIFICATION

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

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

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



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #:

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

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

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$647,929,214		
NATURE OF THE CONTRACT (Please describe) Medical Health Insurance for City Employees, City Retirees, and eligible dependents: Kaiser Permanente Traditional Plan in California, HMO, Senior Advantage with Part D in California, Kaiser Permanente Early Retiree Plans in Hawaii, Northwest, and Washington regions, and Senior Advantage with Part D in Hawaii, Northwest, and Washington regions. Kaiser Permanente California Active/Early Retirees: \$580,719,696 Kaiser Permanente California Medicare Retirees: \$65,272,561 Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,936,957		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Adams	Greg A.	CEO
2	Adams	Greg A.	Board of Directors
3	Baez	Ramon	Board of Directors
4	Barger	David J	Board of Directors
5	Benjamin, MD, MBA	Regina	Board of Directors
6	Epstein	Jeff	Board of Directors
7	Heisz	Leslie S.	Board of Directors
8	Hoffmeister	David F.	Board of Directors
9	Johansen, JD	Judith A	Board of Directors
10	Ryan	Matthew	Board of Directors
11	Shannon, MD	Richard P.	Board of Directors
12	Sharma	Vivek	Board of Directors
13	Washington, MD	A. Eugene	Board of Directors
14	Ming	Jenny J.	Board of Directors
15	Benavides	Vanessa M.	Other Principal Officer
16	Bindman, MD	Andrew	Other Principal Officer
17	Choucar, MD	Bechara	Other Principal Officer
18	Hernandez	Catherine	Other Principal Officer
19	Lancaster	Kathy	CFO

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Carrie Owen Plietz	Carrie	Other Principal Officer
21	Bagli	Yazdi	Other Principal Officer
22	Baratian	Jacqueline	Other Principal Officer
23	Barrueta	Anthony	Other Principal Officer
24	Cuevas	Brandon	Other Principal Officer
25	Holmes	Greg	Other Principal Officer
26	Minardi, MD	Paul	CEO
27	Swenson	Paul	Other Principal Officer
28	Glick	Sam	Other Principal Officer
29	Ettinger	Josh	Other Principal Officer
30	Hanenburg	Thomas	Other Principal Officer
31	Gaskill-Hames	Michelle	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

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

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

10. VERIFICATION

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

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

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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1. FILING INFORMATION	
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Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

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

3. FILER'S CONTACT	
NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$12,065,293		
NATURE OF THE CONTRACT (Please describe) Vision Health Insurance Benefits and Video Display Terminal (VDT) Benefits for City employees and Vision Health Insurance Benefits City Retirees and eligible dependents		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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9. AFFILIATES AND SUBCONTRACTORS

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Wickham, OD	Matt	Board of Directors
2	Adams, OD	Tricia	Board of Directors
3	Murphy, OD	Mary Anne	Board of Directors
4	Adachi, Retired, Deloitte	Barbara	Board of Directors
5	Glabe, OD	David	Board of Directors
6	Holmberg	David	Board of Directors
7	Meter, Retired, KPMG	Betsy	Board of Directors
8	Lorance	Saraj	Board of Directors
9	Johnson, O.D.	Jarrett	Board of Directors
10	Guyette	Michael	CEO
11	Mahmood	Alec	CFO
12	Patil	Usha	Other Principal Officer
13	Passuello	Lester	Other Principal Officer
14	Nehs	Scott	Other Principal Officer
15	Schauer	Daniel	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

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

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Incomplete - Pending Signature

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Legislative Clerks Division	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

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

5. CONTRACTOR	
NAME OF CONTRACTOR Life Insurance Company of North America (LINA)	TELEPHONE NUMBER 212-576-7000
STREET ADDRESS (including City, State and Zip Code) Two Liberty Place, 1601 Chestnut Street, Philadelphia, PA	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable)
DESCRIPTION OF AMOUNT OF CONTRACT \$7,960,129		
NATURE OF THE CONTRACT (Please describe) Basic Group Life, Supplemental Life, Supplemental Accidental Death and Personal Loss, Long-Term Disability Insurance and Short-Term Disability Insurance for City Employees <ul style="list-style-type: none"> •Life (basic): estimated annualized premium: \$1,411,695 •Life (Supplemental): estimated annualized premium: \$1,152,271 •AD&D (Supplemental): estimated annualized premium: \$127,451 •Long-Term Disability (LTD): estimated annualized premium: \$4,264,166 •Short-Term Disability (STD): estimated annualized premium: \$1,004,546 		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Berlin	Scott	CEO
2	Gardner	Robert	Other Principal Officer
3	Somers	Justin	CFO
4	Hendry	Thomas	Other Principal Officer
5	Meade	Colleen	Other Principal Officer
6	Anderson	Erik	Board of Directors
7	Karaoglan	Alain	Board of Directors
8	Malloy	Anthony	Board of Directors
9	McDonnell	Michael	Board of Directors
10	Rodgers	Joann	Board of Directors
11	Rosenthal	Benjamin	Board of Directors
12	Life Ins. of North America		Shareholder
13	ComPsych Corporation		Subcontractor
14	Generali Global Assistance		Subcontractor
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9. AFFILIATES AND SUBCONTRACTORS

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Incomplete - Pending Signature

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

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):

Subject:

Long Title or text listed:

Signature of Sponsoring Supervisor: