

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:
Members, Board of Supervisors	Members, Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>
Name of contractor: Delta Dental of California ( Delta Dental PPO Active Self Insured and Retiree PPO fully insured, and DeltaCare DHMO)

*Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.*

**(1) DIRECTORS AND OFFICERS**

Glen F. Bergert, **2<sup>nd</sup> Vice Chair**  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

R. Kent Farnsworth, DDS, **Secretary**  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

Lynn L. Franzoi, **Chair**  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

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560 Mission Street, Suite 1300  
San Francisco, CA 94105

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560 Mission Street, Suite 1300  
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560 Mission Street, Suite 1300  
San Francisco, CA 94105

Steven F. McCann  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

Terry A. O'Toole, **Treasurer**  
560 Mission Street, Suite 1300  
San Francisco, CA 94105

Stephen R. Pickering, DDS  
 560 Mission Street, Suite 1300  
 San Francisco, CA 94105

Andrew J. Reid, **Immediate Past Chair**  
 560 Mission Street, Suite 1300  
 San Francisco, CA 94105

Heidi Yodowitz  
 560 Mission Street, Suite 1300  
 San Francisco, CA 94105

Anthony S. Barth (Ex Officio)  
 560 Mission Street, Suite 1300  
 San Francisco, CA 94105

(2)  
 President/Chief Executive Officer – Anthony S. Barth  
 Chief Financial Officer – Michael J. Castro  
 Chief Operations Officer -- Nilesh C. Patel

(3)  
 None

(4)  
 None

(5)

Contractor address:  
 560 Mission Street, Suite 1300, San Francisco, California 94105

Date that contract was approved:	Amount of contract: (estimated for CY 2019)  Delta Dental PPO - <u>Policy Number 01673 – Retirees (fully-insured premium)</u> <ul style="list-style-type: none"> <li>• \$15,900,000</li> </ul> Delta Dental PPO - <u>Policy Number 09502 – Actives (self-funded claims + admin.)</u> <ul style="list-style-type: none"> <li>• \$49,500,000</li> </ul> DeltaCare USA – DHMO <u>Policy Number 71797 – DeltaCare (fully-insured premium)</u> <ul style="list-style-type: none"> <li>• \$1,000,000</li> </ul>
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Describe the nature of the contract that was approved:  
 Dental Health Insurance Benefits

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. The Delta Dental PPO Active Self-Insured Plan is based on actual claims and administration.

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves Board of Supervisors  
 Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

\_\_\_\_\_  
 Print Name of Board

**Filer Information** *(Please print clearly.)*

Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

\_\_\_\_\_  
 Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

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 Date Signed