

File No. 230765

Committee Item No. 5

Board Item No. 40

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 12, 2023

Board of Supervisors Meeting Date July 18, 2023

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input type="checkbox"/>	<input type="checkbox"/>	Resolution
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Legislative Digest
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Actuarial Letter 6/16/2023</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>10-County Survey Results 2024 6/16/2023</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HSS - 10 County Survey Results 2024</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Enrollment Statistics CY2024</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HSS Presentation 7/12/2023</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Presidential Memo - Temporary Assignment - Engardio 7/10/2023</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>
<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>

Completed by: Brent Jalipa Date July 6, 2023

Completed by: Brent Jalipa Date July 13, 2023

[Health Service System Plans and Contribution Rates - Calendar Year 2024]

**Ordinance approving Health Service System plans and contribution rates for calendar year 2024.**

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

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

Section 1. Background and Findings.

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

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

(c) On March 9, 2021, based on the Health Service System’s survey of each of the Survey Counties, a copy of which is on file with the Clerk of the Board of Supervisors in Board

1 File No. 2307965, the HSB determined that “the average contribution” made by the counties  
2 surveyed for the 2024 calendar plan year is \$805.85 per month.

3 (d) At its meetings of March 23, April 13, May 11 and 25, and June 8, 2023, the HSB  
4 adopted health insurance plans and contribution rates for Health Service System plans to  
5 become effective on January 1, 2024, for the calendar plan year January 1, 2024 through  
6 December 31, 2024. Said plans and contribution rates are on file with the Clerk of the Board  
7 of Supervisors in Board File No. 230765. Each of the health insurance plans is expected to  
8 exceed \$10,000,000 in expenditures, and therefore Charter Section 9.118(b) requires Board  
9 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 March 23, April 13, May 11 and 25, and June 8,  
13 2023, 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, 2024 through December 31, 2024, as required under Charter Section  
19 A8.428(b)(2), is \$805.85.

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.

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

APPROVED AS TO FORM:  
DAVID CHIU, City Attorney

By: /s/ Jennifer A. Donnellan  
Jennifer A. Donnellan  
Deputy City Attorney

n:\legana\as2018\1800710\01684615.docx

## **LEGISLATIVE DIGEST**

[Ordinance- Health Service System Plans and Contribution Rates for Calendar Year 2024]

**Ordinance approving Health Service System plans and contribution rates for calendar year 2024.**

### **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.

n:\legana\as2019\1800710\01536937.docx

<b>Item 5</b> <b>File 23-0765</b>	<b>Department:</b> Health Service System (HSS)
<b>EXECUTIVE SUMMARY</b>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>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) 2024.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>The HSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board provides the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by HSS employers, including the City, and members.</li> <li>Health plans include Kaiser Permanente, Blue Shield, Health Net CanopyCare, and UnitedHealthcare. HSS offers three dental plans, including one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). Vision coverage is provided by Vision Service Plan. No plan design changes for the health, vision, and dental plans have been approved for 2024.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>The total cost of the plans would be \$954,209,014 or 10.27 percent more than the \$865,327,866 costs in 2023. Of the total, the City's costs would be \$837,333,532, with the balance of \$116,875,482 paid by employees and retirees.</li> <li>In 2024, the average medical monthly contribution per member will be \$168.54 per member per month for all members (actives and retirees combined), \$190.31 per member per month for active employees, and \$140.92 per member per month for retirees.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>Approve the proposed ordinance.</li> </ul>	

**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.

**BACKGROUND**

The Health Service Board oversees the San Francisco Health Service System (HSS). The HSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board provides the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by HSS employers and members.

- HSS employers include the City and County of San Francisco (City), the San Francisco Unified School District (SFUSD), the San Francisco Community College District (SFCCD), and the San Francisco Superior Court (Superior Court).
- HSS members are active and retired employees of the above noted 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 employee premium contribution models:

- Under the '93/93/83 Contribution Model', the City contributes up to 93 percent of the total health insurance premium for employee-only and employee plus one dependent coverage, capped at 93 percent of the second-highest cost plan. The City also contributes up to 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 Mr. Yuriy Gologorskiy, Principal Administrative Analyst at the San Francisco Health Service System, there are 17,141 members (excluding dependents) who are covered by this contribution model.
- Under the '100/96/83 Contribution Model', the City contributes 100 percent of total health insurance premiums for employee-only coverage. The City contributes up to 96 percent of the total health insurance premiums for employees with one dependent, capped at 96 percent of the second-highest cost plan. The City also contributes up to 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 Mr.

Gologorskiy, there are 11,869 members (excluding dependents) who are covered by this contribution model.

### **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.<sup>1</sup> Based on the survey, the 10-county average employer contribution for calendar year 2024 is \$805.85 per member per month. The \$805.85 average contribution per month for retiree healthcare premiums paid by the City is \$25.09 or approximately 3.21 percent more than the average monthly contribution of \$780.76 in 2023.

### **Health Service System Trust Fund**

Under Charter Section A8.428, employer and HSS member contributions to health plan premiums are deposited in the Health Service System Trust Fund. As of June 30, 2022, the Health Service System Trust Fund balance was approximately \$106.7 million and is projected to be approximately \$104.8 million as of June 2023.

## **DETAILS OF PROPOSED LEGISLATION**

The proposed ordinance would approve the San Francisco Health Service System's (HSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year (CY) 2024. The total cost of the plans would be \$954,209,014 or 10.27 percent more than the \$865,327,866 costs in 2023. Of the total, the City's costs would be \$837,333,532, with the balance of \$116,875,482 paid by employees and retirees. Table 1 below provides a summary of health insurance costs for 2024.

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, 2024 through December 31, 2024 on the following dates in 2023: February 9, March 23, April 13, May 11, May 25, and June 8.

### **Health Plans and Premiums**

#### Kaiser Permanente HMO<sup>2</sup>

Kaiser Permanente (Kaiser) covers active, early retirees<sup>3</sup> and Medicare retirees. The total Kaiser HMO premium amounts to be paid by the City as employer are \$386,158,625, or 11.63 percent, more in CY 2024 than in CY 2023.<sup>4</sup> These amounts are shown in Table 1 below.

<sup>1</sup> In June 2014, the impact of the "average contribution" on HSS 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 noted above. Presently, HSS utilizes the 10-County Survey amount as one of the elements that determine HSS employer contributions for retirees. In the event the premium 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.

<sup>2</sup> 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.

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

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



There are no plan design changes approved by the Health Service Board for active employees, early retirees or Medicare retirees for 2024.

According to Mr. Gologorskiy, the Kaiser HMO for active employees and early retirees sustained higher than typical rate increases from 2023 to 2024 because Kaiser is increasing premiums to recover from an operating loss in 2022 and due to escalating labor costs and prescription drug costs.

#### Blue Shield of California HMOs

The total Blue Shield of California (BSC) Access+ and Trio plans are flex-funded<sup>5</sup> HMOs for active employees and early retirees. The BSC flex-funded HMO plan premium amounts paid by the City as employer are \$281,753,519, or 10.93 percent, more in CY 2024 than in CY 2023. No plan design changes were approved for the Blue Shield Access+ and Trio plans by the Health Service Board for 2024.

According to Mr. Gologorskiy, the Blue Shield Access+ HMO for active employees and early retirees sustained higher than typical rate increases from 2023 to 2024 because of higher claim levels from 2021 to 2022, as well as reported increases in patient utilization and severity in 2022.

#### Blue Shield of California PPO (with Accolade)<sup>6</sup>

The Blue Shield of California (BSC) PPO plan (with Accolade) is self-funded for active employees and early retirees. Accolade is the service partner for Blue Shield for additional member engagement, navigational and clinical advocacy services. The BSC self-funded HMO plan premium amounts paid by the City as employer are \$36,742,406, or 6.16 percent more in CY 2024 than in CY 2023. No plan design changes were approved for the BSC PPO plan by the Health Service Board for 2024.

#### 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 5,000 providers in five large medical groups and major regional medical centers and hospitals covering the greater Bay Area. The Health Net CanopyCare flex-funded HMO plan premium amounts paid by the City as employer are \$5,527,472, or 3.67 percent more in CY 2024 than in CY 2023. No plan design changes were approved for the Health Net CanopyCare plan by the Health Service Board for 2024.

#### UnitedHealthcare (UHC) PPO and EPOs for non-Kaiser, “Split Families” in 2023

Starting in 2023, UHC became the plan administrator for the three plans available to Non-Medicare covered individuals in a family where one or more covered individual in the family is Medicare eligible and enrolled in the UHC Medicare Advantage (MAPD) plan. This is referred to as “Split Families” because one or more individual in the family is not yet Medicare-eligible and

---

<sup>5</sup> 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.

<sup>6</sup> 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.

enrolls in the enrolls in a Non-Medicare UHC PPO or EPO plan and one or more individual is Medicare-eligible. These Non-Medicare covered individuals have the choice between the UHC PPO plan, the UHC Select Network Exclusive Provider Organization or EPO plan (broader network similar to the BSC Access+ plan), and the UHC Doctors EPO plan (narrow network similar to the BSC Trio plan).

The UHC PPO plan and EPO plans for Non-Medicare Split Family covered individuals are self-funded for these eligible individuals. The UHC PPO/EPO plans premium amounts paid by the City as employer are \$3,093,002, or 14.84 percent more in CY 2024 than in CY 2023. No plan design changes were approved for the UHC PPO/EPO plans by the Health Service Board for 2024.

#### UHC Medicare Advantage (MA) PPO

The total UHC Medicare Advantage PPO Plan premium amounts paid by the City as employer are \$82,402,809, or 14.78 percent, more in CY 2024 than in CY 2023.

The UHC Medicare Advantage PPO Plan, covers all non-Kaiser Medicare eligible retirees. No plan changes were approved by the Health Service Board for 2024.

According to Mr. Gologorskiy, the UHC Medicare Advantage PPO for Medicare retirees sustained higher than typical rate increases from 2023 to 2024 because of Centers for Medicare and Medicaid funding methodology changes that are creating a lower increase in payments into Medicare Advantage Prescription Drug (MAPD) plans for the 2024 plan year relative to prior year actions.<sup>7</sup>

#### 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. Employees and 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 2024, all vision plan premiums are remaining at 2023 vision plan premium levels.

#### Dental Plans

HSS offers three dental plans, including one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). The City pays most of the cost of dental benefits for active employees enrolled in the Delta Dental PPO, and the full cost of the dental HMOs for active employees. Retirees pay the full cost of their dental plans.

For plan year 2024, 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 2023 plan year.

---

<sup>7</sup> According to HSS, the majority of MAPD plan funding comes from the federal government; the premium paid to UHC by HSS represents the difference between overall plan costs and what is funded by the federal government.

The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$35,261,054, or 7.44 percent less in CY 2024 than in CY 2023. No plan design changes were approved for the dental PPO/HMO plans by the Health Service Board for 2024.

#### Life and Long-Term Disability Insurance

The Hartford Life and Accident Insurance Company (The Hartford) is the insuring entity for the HSS life insurance, accidental death and dismemberment (AD&D) insurance, and long-term disability (LTD) insurance. In 2024, all life insurance, AD&D, and LTD plan premiums are remaining at 2023 premium levels for a City contribution of \$6,394,644.

#### **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 fee<sup>8</sup> was originally set to expire after 2019, but it was extended 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—while Kaiser, Blue Shield, and Health Net pay this fee on HSS's behalf for fully insured/flex funded plans. The fee was \$3.00 per covered person per year in CY 2023 and is expected to be “slightly higher” in CY 2024, according to the City's actuarial consultant, Aon.

### **FISCAL IMPACT**

#### **2024 Total City Costs**

As shown in Table 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 \$954,209,014 in 2024, which is a \$88,881,148 or a 10.27 percent increase from \$865,327,866 in 2023.

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 2024 is \$837,333,532 which is a \$78,490,435 or 10.34 percent increase from \$758,843,097 in 2023. 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 \$116,875,482 in 2024, or 9.76 percent more than the 2023 costs of \$106,484,769.

According to HSS, in 2024, the average medical monthly contribution per member will be \$168.54 per member per month for all members (actives and retirees combined), \$190.31 per member per month for active employees, and \$140.92 per member per month for retirees.

<sup>8</sup> 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.

**Table 1: Total Plan Costs for the City, Employees and Retirees in 2024 Compared to 2023  
Current Membership<sup>9</sup>**

	2023 Forecast	2024 Forecast	Increase/ (Decrease)	Percent Change
<b>City Costs Only</b>				
Kaiser HMO (Actives and Early Retirees)	\$309,804,421	\$347,838,074	\$38,033,653	12.28%
Blue Shield HMO (Actives and Early Retirees)	\$253,990,768	\$281,753,519	\$27,762,751	10.93%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$34,610,303	\$36,742,406	\$2,132,104	6.16%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$5,331,577	\$5,527,472	\$195,896	3.67%
UHC PPO / EPO (Non-Medicare Split Family Lives)	\$2,693,326	\$3,093,002	\$399,676	14.84%
Kaiser KPSA HMO (Medicare Retirees)	\$36,131,272	\$38,320,552	\$2,189,280	6.06%
UHC MA PPO (Medicare Retirees)	\$71,793,270	\$82,402,809	\$10,609,539	14.78%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$714,354,936</i>	<i>\$795,677,833</i>	<i>\$81,322,898</i>	<i>11.38%</i>
Dental (Actives Only) <sup>10</sup>	\$38,093,517	\$35,261,054	(\$2,832,463)	-7.44%
Long Term Disability and Life Insurance (Actives Only) <sup>11</sup>	\$6,394,644	\$6,394,644	\$0	0.00%
<b>Total City Costs</b>	<b>\$758,843,097</b>	<b>\$837,333,532</b>	<b>\$78,490,435</b>	<b>10.34%</b>
<b>Employee and Retiree Costs Only</b>				
Kaiser HMO (Actives and Early Retirees)	\$37,040,916	\$42,041,374	\$5,000,458	13.50%
Blue Shield HMO (Actives and Early Retirees)	\$33,391,398	\$37,722,540	\$4,331,141	12.97%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$11,097,532	\$10,208,211	(\$889,321)	-8.01%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$553,286	\$573,622	\$20,337	3.68%
UHC PPO / EPO (Non-Medicare Split Family Lives)	\$5,080,141	\$5,228,659	\$148,518	2.92%
Kaiser KPSA HMO (Medicare Retirees)	\$5,580,258	\$5,962,413	\$382,156	6.85%
UHC MA PPO (Medicare Retirees)	\$9,400,405	\$10,797,829	\$1,397,424	14.87%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$102,143,936</i>	<i>\$112,534,649</i>	<i>\$10,390,713</i>	<i>10.17%</i>
Dental (Actives Only)	\$3,561,840	\$3,561,840	\$0	0.00%
Long Term Disability and Life Insurance (Actives Only)	\$778,993	\$778,993	\$0	0.00%
<b>Total Employee and Retiree Costs</b>	<b>\$106,484,769</b>	<b>\$116,875,482</b>	<b>\$10,390,713</b>	<b>9.76%</b>
<b>Total Costs</b>				
Kaiser HMO (Actives and Early Retirees)	\$346,845,337	\$389,879,448	\$43,034,111	12.41%
Blue Shield HMO (Actives and Early Retirees)	\$287,382,167	\$319,476,059	\$32,093,892	11.17%
Blue Shield-Accolade PPO (Actives and Early Retirees)	\$45,707,835	\$46,950,618	\$1,242,783	2.72%
Health Net CanopyCare HMO (Actives and Early Retirees)	\$5,884,862	\$6,101,095	\$216,232	3.67%
UHC PPO / EPO (Non-Medicare Split Family Lives)	\$7,773,467	\$8,321,660	\$548,194	7.05%
Kaiser KPSA HMO (Medicare Retirees)	\$41,711,529	\$44,282,965	\$2,571,435	6.16%
UHC MA PPO (Medicare Retirees)	\$81,193,675	\$93,200,638	\$12,006,963	14.79%
<i>Subtotal Health/Basic Vision Plans (Actives and Retirees)</i>	<i>\$816,498,872</i>	<i>\$908,212,483</i>	<i>\$91,713,611</i>	<i>11.23%</i>
Dental (Actives Only)	\$41,655,357	\$38,822,894	(\$2,832,463)	-6.80%
Long Term Disability and Life Insurance (Actives Only)	\$7,173,637	\$7,173,637	\$0	0.00%
<b>Total Costs</b>	<b>\$865,327,866</b>	<b>\$954,209,014</b>	<b>\$88,881,148</b>	<b>10.27%</b>

Source: San Francisco Health Service System

**RECOMMENDATION**

Approve the proposed ordinance.

---

<sup>9</sup> According to HSS, both 2023 and 2024 forecasted costs are based on the May 2023 headcount.

<sup>10</sup> Dental costs are fully paid by retirees.

<sup>11</sup> Long term disability and life insurance plans are not offered to retirees.

# San Francisco Health Service System 2024 Plan Year Rates and Benefits



Budget and Finance Committee Presentation by  
Abbie Yant, HSS Executive Director  
July 12, 2023

# Background

---

## Our Mission

Dedicated to preserving and improving sustainable, quality health benefits and to enhancing the well-being of our members and their dependents

## Overview

- City Ordinance and the 10 County Survey
- Rates and Benefits Timeline
- Aggregate changes in benefit costs
- Medical plans choices
- Dental, vision, life insurance, and disability plans

# Overview of City Ordinance and the 10 County Survey

---

## City Ordinance

- Ordinance approving Health Services System plans and contribution rates for calendar year 2024.
- Establishes the amount contributed for the active employee and retiree health premiums.

## 10 County Survey Details

- Charter requires a survey of 10 most populous CA counties.
- Sets contribution amounts by employer for employee-only coverage for health plans rates.
- Basis for the employer contribution for retiree rates and for some union employees.
- Survey Results: Average Contribution amount by employer for employee only coverage for CY 2024 is \$805.85 (3.2% increase from the prior year).



HEALTH BENEFITS  
OPEN ENROLLMENT  
OCTOBER 2<sup>ND</sup> – 27<sup>TH</sup>, 2023



# SFHSS Rates and Benefits Milestones

## Benefit Plan Year 2024

### First Quarter

- Review Lessons Learned
- **Plan Year Starts January 1**
- Health Plan Renewal Discussion & Negotiation (January – June)
- Health Service Board Rates & Benefits Meetings (January – June)
- OE Communications Planning & Procurement (February – March)
- 10-County Survey Approved (March)

### Second Quarter

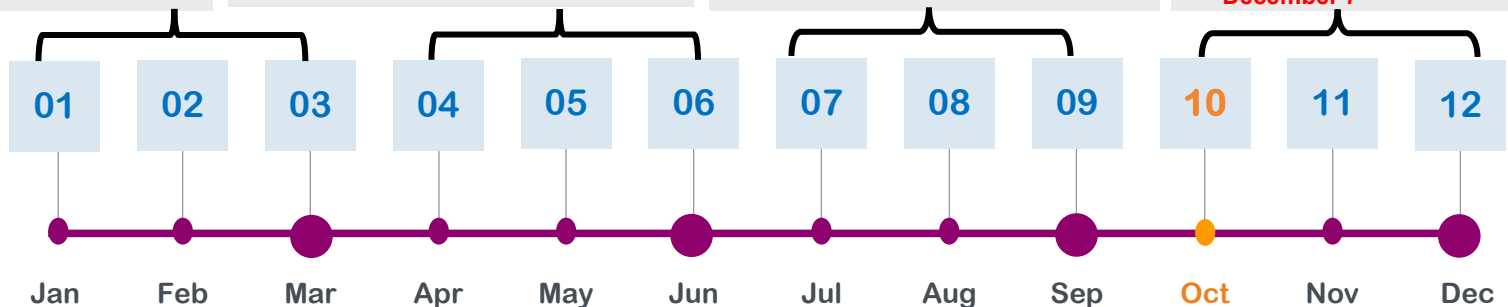
- Health Service Board Rates & Benefits Meetings (April – June)
- OE Communications Layout & Design (April – September)
- eBenefits Configuration Begins (May)
- **Health Service Board Approves all Rates and Benefits June 8**
- **Rates & Benefits Packet Delivered to Board of Supervisors June 16**

### Third Quarter

- **Board of Supervisors Approves Rates & Benefits July 25**
- System eBenefits Programming and Testing (July – September)
- Detailed Rates Calculations (July – September)
- Vendor Renewal Confirmation Letters after BOS approvals (July)
- Staff Training (August – September)
- **OE Packets Mail September 25**

### Fourth Quarter

- **eBenefits Open Enrollment Live (October)**
- HSS & Vendor Webinars and Live Events (October)
- Data Entry & Validation (October – November 11)
- Request Vendor Renewals for Plan Year 2025
- **Eligibility Files to Vendors December 4**
- **Member Confirmation Statements December 7**



SAN FRANCISCO  
HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

# Aggregate Changes in Employers Benefit Costs

---

## All Employers - CCSF, Community College District, Unified School District and Superior Court

- 10.46% (\$94.8M) projected employer cost increase for medical, vision, dental, life insurance and long-term disability insurance.
- 11.33% (\$97.7M) projected employer cost increase for medical plans only.

## CCSF Only

- 10.34% (\$78.5M) projected employer cost increase for medical, vision, dental, life insurance and long-term disability insurance.
- 11.38% (\$81.3M) projected employer cost increase for medical plans only.

# Escalated Medical Trend Drivers

**Healthcare wage and supply cost inflation** drives up negotiated prices between payers and providers. The impact will vary by plan depending on carrier/provider contract renewal cycles—these are typically renegotiated every two to four years.

**Mental health and substance abuse** services utilization and cost continue to increase as both provider supply and population demand increase.

**Increasing prevalence of chronic conditions magnified by Long COVID impacts** leads to higher demand for and utilization of health plan services and prescription drugs.

**Cost shifting** from the government to the private sector is magnifying as fewer qualify for Medicaid into the future (government redetermination process) and the federal government reduces the growth of payments into Medicare Advantage plans.

# Mitigation of Cost Trend

---






## Adopted

- \$14.7 million Sutter legal settlement award used to reduce rates
- \$1.9 million additional rate stabilization

## Considered but not adopted

- Plan design changes to increase member copays
- Plan choices to eliminate higher cost plans

# Medical Plans Choices with 2024 rate change

	Actives	Early Retirees	Medicare Retirees
 KAISER PERMANENTE	Kaiser (HMO) 12.4%	Kaiser (HMO) 12.5%	Kaiser Permanente Senior Advantage (MAPD-HMO) 6.2%
	BSC Access+ (HMO) 14.4% BSC Trio (HMO) 2.8% BSC (PPO) 3.5%	BSC Access+ (HMO) – 14.4% BSC Trio (HMO) 2.9% BSC (PPO) 1.7%	N/A
 	Health Net CanopyCare (HMO) 3.7%	Health Net CanopyCare (HMO) 3.7%	N/A
 UnitedHealthcare®	UHC Non-Medicare PPO (only for Actives w/Dep in UHC MA PPO) 3.6%	UHC (PPO and EPO) for Non-Medicare family members with a member in United MA PPO 7.1%	UnitedHealthcare (MAPD-PPO) 14.8%

# Dental Plans



6.8% overall cost decrease for active employees (retirees pay full dental premiums).  
No change in benefit designs.

## **Delta Dental PPO – Actives (Self-Funded):**

- 6.9% rate decrease due to favorable claims and rate stabilization

## **DeltaCare USA DHMO – Actives (Fully Insured):**

- No rate change

## **UHC DHMO – Active and Retirees (Fully Insured):**

- No rate change

## **Delta Dental PPO – Retiree (Fully Insured):**

- 2% rate increase

## **DeltaCare USA DHMO – Retirees (Fully Insured):**

- 9.1% increase



## Vision: VSP (Vision Service Plan)

---

### **Basic VSP** – Actives and Retirees

- No rate changes

### **Premier VSP** – (Buy Up Option) Actives and Retirees

- No rate changes

# Life Insurance and Disability

---

- No rate changes
- Group life, accidental death and dismemberment, and long-term disability insurances provided by The Hartford for active employees



## Requested Action

---

Ordinance approving Health Service System plans  
and contribution rates for calendar year 2024

June 16, 2023

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, 2024 to December 31, 2024 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 health, life insurance, and long-term disability plans for the January 1, 2024 to December 31, 2024 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 2024 plan year rates and contribution setting process was concluded on June 8, 2023 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 2024 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;
  - UnitedHealthcare ("UHC") self-funded Non-Medicare PPO, Broad Network (Select) EPO, and Doctors Plan EPO plans for non-Medicare family members where at least one family member is enrolled in the UHC 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

### 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 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 the 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 have completed the Gag Clause Prohibition Compliance Attestation (GCPA) 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.

#### **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.

#### **The Patient Protection and Affordable Care Act (PPACA)**

PPACA continues as law, and thus SFHSS continues to work with all four employers served by the Trust — CCSF, USD, CCD, and CRT — 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 2022 plan year by creating 47,879 IRS forms for distribution to employees and electronic reporting to the IRS in early 2023.

#### **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 2024 PCORI fee is expected to be slightly higher than the \$3.00 per covered life per year fee in 2023.

#### **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 remains in use as a basis for calculating employer contributions for retirees and some employees in SFHSS health plans. For the 2024 plan year, the 10-County Survey result leads to an increase in average monthly employer contribution determination calculations from \$780.76 in 2023 to \$805.85 in 2024 (an increase of 3.21%). The full Survey report is contained as

an Appendix to this letter and was presented at the March 23, 2023 HSB meeting (also accessible at sfhss.org). Survey results are illustrated in Exhibit 1 of the adjoining document.

Table 1 — All Four Employers			
January 1, 2024 to December 31, 2024 Aggregate Medical Plans Cost (\$ millions)			
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)
<b>Current (2023) Rates</b>	<b>\$119.0</b>	<b>\$861.8</b>	<b>\$980.8</b>
<b>Final Renewal (2024) Rates</b>	<b>\$131.1</b>	<b>\$959.5</b>	<b>\$1,090.6</b>
\$ Difference	\$12.1	\$97.7	\$109.8
% Difference	10.17%	11.34%	11.19%

Per Table 1 above, we expect an increase in aggregate medical plan costs totaling \$109.8 million, or 11.19%, for the SFHSS medical plans (including Basic Plan vision coverage costs and the SFHSS Healthcare Sustainability Fund charge) for the 2024 plan year. This increase in costs will be split between the members and employers with member contributions increasing \$12.1 million and employer contributions increasing \$97.7 million. These costs are projected based on May 2023 plan enrollment.

## 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:

- 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.
- 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.
- 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:

- 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.
- 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.
- 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 2024. 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 2024 10-County amount is \$805.85. 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 Early Retiree-Only premium.
- **Prop. E Contribution.** The third employer contribution component is the Prop. E contribution amount. Under Charter Section A8.428(b)(3)(iii) and A8.428(c), employer contributions toward Retiree Only and Retiree +1 rates = 50% x [Total Rate Cost – 10-County Amount – “Actuarial Difference”].

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

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

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 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 <b>(A8.428 Subsection (b)(4))</b>	100%

## Outline of 2024 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 2024 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”) active employees, early retirees, and Medicare retirees is an overall increase of 11.7% for plan year 2024. This overall average is generated by a 12.5% premium rate increase for active employees and early retirees in California, and an 6.19% premium rate increase for Medicare retirees in California. There are also small retiree populations (222 covered lives) with Kaiser HMO coverage in the Northwest (Oregon), Washington, and Hawaii regions captured in the overall average Kaiser rating action.

The increase for active employees and early retirees is due to high expense increases incurred by Kaiser Permanente as they face elevated staffing costs and prescription drug costs. The increase for Medicare retirees was primarily due to trend combined with a reduction in the increase in CMS funding from the federal government.

There are no 2024 plan design changes approved for the active employee/early retiree Kaiser plans or the KPSA Medicare plans by the Rates and Benefits Committee and HSB.

The 2024 Kaiser renewal actions result in an overall estimated total cost increase of \$57.5 million from 2023 to 2024 for all four employers based on May 2023 membership, of which \$45.6 million is attributed to CCSF and \$11.9 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate 2024 projected cost for all four employers for Kaiser Permanente based on May 2023 membership is projected at \$548.8 million, with \$58.8 million in member contributions and \$490.0 million in employer contributions. Table 3 (page 13) provides an overview of annualized costs.

The 2024 Kaiser plan rates are illustrated in exhibits 2a-2e in the adjoining document.

### Rates, Contributions, and Benefits for the Flex-Funded BSC HMO Plans and the Self-Funded BSC PPO for All Four Employers

The BSC plans total cost rates will increase by 14.4% for the BSC Access+ HMO plan, 2.9% for the BSC Trio HMO plan, and 1.7% for the PPO plan into the 2024 plan year. Overall, this produces an aggregate total rate increase of 9.8% for the combination of BSC HMO and PPO plans into the 2024 plan year.

There are no 2024 plan design changes approved for the Access+ HMO, Trio HMO, and PPO-Accolade plans by the Rates and Benefits Committee and HSB.

The aggregate 2024 projected cost for all four employers in the BSC Access+, Trio, and PPO-Accolade plans based on May 2023 BSC plan enrollments is \$407.7 million, with \$52.9 million in member contributions and \$354.8 million in employer contributions based on May 2023 membership. This results in an overall estimated total cost increase of \$36.3 million from 2023 to 2024 for all four employers based on May 2023 membership, of which \$33.3 million is attributed to CCSF and the remaining \$3.0 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 13) provides an overview of annualized costs for the Blue Shield HMO and PPO plans combined.

The 2024 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 2024 BSC PPO-Accolade 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 increase by 3.7% into the 2024 plan year. Health Net CanopyCare was introduced as a new health plan option to SFHSS members for the 2022 plan year. Thus, the 2024 plan year will be the third year for the Health Net CanopyCare plan option.

There are no 2024 plan design changes approved for the Health Net CanopyCare HMO plan by the Rates and Benefits Committee and HSB.

Based on the May 2023 membership, the aggregate 2024 projected cost for all four employers in the Health Net CanopyCare HMO Plan for the 2024 plan year is \$7.4 million, with \$0.7 million in member contributions and \$6.7 million in employer contributions. This results in an overall estimated total cost increase of \$0.3 million from 2023 to 2024 for all four employers based on May 2023 membership, of which \$0.2 million is attributed to CCSF and the remaining \$0.1 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The 2024 Health Net CanopyCare (flex-funded) HMO plan rates are illustrated in exhibits 4a-4b in the adjoining document.

### Rates, Contributions, and Benefits for the UHC Medicare Advantage PPO/Split Retiree Family UHC Non-Medicare PPO and EPO Plans for All Four Employers

As of January 1, 2017, all Non-Kaiser Medicare eligible retirees became covered under the UHC fully insured Medicare Advantage (MA) PPO Plan. In 2024, the total per member rate for this Medicare plan will increase 15.0%. The majority of total plan cost for the MA PPO plan is paid by the federal government—however, recent changes in the government's approach to increase in plan funding has resulted in a reduced level of funding increase into the MA PPO plan (+3.2%) for 2024, relative to aggregate plan cost trend (+6.0%). This difference generates the leveraged premium increase (+15.0%) in the SFHSS premium for 2024.

UHC is the plan administrator of the Non-Medicare PPO plan for individuals who are part of a retiree family where one or more family member is not yet Medicare-eligible and enrolls in the Non-Medicare PPO plan, and one or more family member is Medicare-eligible and enrolls in the UHC MA PPO plan. In addition, UHC is the plan administrator for similarly situated Non-Medicare Split Family members who were previously enrolled in BSC Access+ and Trio HMO plans through its Broad Select Network and Doctors Plan "Exclusive Provider Organization", or EPO, offerings respectively. Plan rates and member contributions for Non-Medicare Split Family covered lives in the three UHC plans offered to these lives in 2024 are the same as corresponding plans offered through BSC as outlined earlier in this document:

- **Non-Medicare Split Family UHC PPO:** same rates and contributions in 2024 as BSC PPO-Accolade.
- **Non-Medicare Split Family UHC Broad EPO:** same rates and contributions in 2024 as BSC Access+ HMO.
- **Non-Medicare Split Family UHC Doctors Plan (Narrow Network) EPO:** same rates and contributions in 2024 as BSC Trio HMO.

There are no 2024 plan design changes approved for the UHC MA PPO and Non-Medicare UHC PPO and EPO plans for Split Family lives by the Rates and Benefits Committee and HSB.



Based on the May 2023 membership, the aggregate 2024 projected cost for all four employers for the UHC plans across active employees, early retirees, and Medicare retirees is projected at \$126.7 million, with \$18.7 million in member contributions and \$108.0 million in employer contributions. This results in an overall estimated total cost increase of \$15.8 million from 2023 to 2024 for all four employers based on May 2023 membership, of which \$12.6 million is attributed to CCSF and the remaining \$3.2 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 13) provides an overview of annualized costs for the UHC MA PPO plan as well as the Non-Medicare Split Family covered lives PPO and EPO plans.

The 2024 UHC retiree plan rates are illustrated in the retiree rate columns of exhibits 3a-3b (UHC Broad EPO), 3c-3d (UHC Doctors Plan EPO), and 5a-5d (UHC PPO) in the adjoining document.

## Rates and Benefits for the 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 2024 plan year, Basic Plan rates are remaining at 2023 levels.

There is also a buy-up Premier Plan available to SFHSS members, which was first offered for the 2018 plan year. Members pay the full rate increment between Basic Plan rates and Premier Plan rates. For the 2024 plan year, Premier Plan total premium rates are remaining the at 2023 levels.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$1.04 per employee per month for 2024. Approximately 19,300 employees have access to this benefit.

There are no 2024 plan design changes approved for the Basic, Premier or Computer Vision Care plans by the Rates and Benefits Committee and HSB.

Based on May 2023 enrollment, the aggregate projected 2024 employer cost for all four employers for the VSP Basic vision plan is \$4.88 million (88.0% of total Basic plan rates based on contribution sharing formulas), plus an additional \$0.24 million for the Computer Vision Care benefit. The employer portion of vision plan costs are remaining the same from 2023 to 2024. 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 2024 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 increase slightly from 2023 to 2024, to \$4.70 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.

Due to favorable experience and a higher-than-typical rate stabilization offset, the aggregate total premium equivalent rates for the self-funded active employee Delta Dental PPO plan for active employees are decreasing 6.9% for plan year 2024—a reduction of \$2.9 million from 2023 active employee Delta Dental PPO plan rates.

There are no 2024 plan design changes approved for the Delta Dental Active Employee PPO plan by the Rates and Benefits Committee and HSB.

### **Dental Active Employee HMO Plans (Fully Insured)**





Rates for both active employee HMO plans—DeltaCare USA and UnitedHealthcare—are remaining at respective 2023 rate levels into the 2024 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 2023 to 2024 is 2.0%.

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

Premium rates for the DeltaCare USA HMO plan are increasing 9.1% from 2023 to 2024 as a one-time reduction in 2023 premium rates attributable to a refund from Delta Dental on the DeltaCare USA HMO plan for September 2021 premiums due to pandemic impacts expires after 2023. Premiums for the 2024 plan year for this plan are returning to 2022 premium levels.

Premium rates for the UnitedHealthcare Dental HMO plan are remaining at 2023 rate levels into the 2024 plan year.

There are no plan changes approved 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 2024 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 2024 plan year is projected at \$39.3 million with \$3.6 million in member contributions and \$35.7 million in employer contributions based on May 2023 enrollment. This results in an overall estimated total dental cost decrease of \$2.9 million (6.8%) from 2023 to 2024. Table 3 (page 13) provides an overview of annualized costs.

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

Total premiums for basic life insurance (employer-paid), supplemental life insurance (member-paid), and long-term disability (LTD) insurance (employer-paid) insured through The Hartford Life and Accident Insurance Company are remaining at 2023 rate levels into the 2024 plan year.

The aggregate employer cost for the basic life insurance and LTD plans for the 2024 plan year is projected at \$6.5 million. This includes \$5.1 million in total LTD premiums and \$1.4 million in basic life premiums. Additionally, there is \$0.8 million in projected member-paid 2024 supplemental life insurance premium. Annualized overall premiums are shown in Exhibit 10 in the adjoining document.

## Summary of Projected 2024 Plan Year Costs

Table 3 below summarizes projected 2024 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2023 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 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
<b>Kaiser HMO</b>	<b>\$58.8</b>	<b>\$490.0</b>	<b>\$548.8</b>	<b>10.71%</b>	<b>89.29%</b>
\$ Change	\$6.6	\$50.9	\$57.5		
% Change	12.56%	11.60%	11.70%		
<b>BSC HMOs/PPO</b>	<b>\$52.9</b>	<b>\$354.8</b>	<b>\$407.7</b>	<b>12.98%</b>	<b>87.02%</b>
\$ Change	\$3.7	\$32.6	\$36.3		
% Change	7.42%	10.12%	9.76%		
<b>Health Net CanopyCare HMO</b>	<b>\$0.7</b>	<b>\$6.7</b>	<b>\$7.4</b>	<b>9.37%</b>	<b>90.63%</b>
\$ Change	\$0.0	\$0.2	\$0.3		
% Change	3.68%	3.67%	3.67%		
<b>UHC MA PPO / Splits N-M Plans</b>	<b>\$18.7</b>	<b>\$108.0</b>	<b>\$126.7</b>	<b>14.76%</b>	<b>85.24%</b>
\$ Change	\$1.8	\$13.9	\$15.8		
% Change	10.95%	14.78%	14.20%		
<b>Dental</b>	<b>\$3.6</b>	<b>\$35.7</b>	<b>\$39.3</b>	<b>9.17%</b>	<b>90.83%</b>
\$ Change	\$0.0	-\$2.9	-\$2.9		
% Change	0.00%	-7.43%	-6.80%		
<b>LTD Insurance</b>	<b>\$0.0</b>	<b>\$5.1</b>	<b>\$5.1</b>	<b>0.00%</b>	<b>100.00%</b>
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
<b>Life Insurance</b>	<b>\$0.8</b>	<b>\$1.4</b>	<b>\$2.2</b>	<b>35.86%</b>	<b>64.14%</b>
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
<b>Total</b>	<b>\$135.5</b>	<b>\$1,001.6</b>	<b>\$1,137.2</b>	<b>11.92%</b>	<b>88.08%</b>
\$ Change	\$12.1	\$94.8	\$106.9		
% Change	9.79%	10.46%	10.38%		

**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 11.19% (see page 3) is above average national benchmark levels for health care cost trend. The "2023 Health Care Trend Survey" published by Aon indicates combined medical/pharmacy expected cost increases of 7%. This result is primarily driven by high rate increases for the BSC Access+ HMO plan (elevated plan experience), Kaiser HMO plan (elevated labor costs within Kaiser Permanente system as well as elevated prescription drug costs), and UHC Medicare Advantage PPO plan (lower increase in federal government funding of overall plan costs than typical in prior years).

## 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,



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

cc: President and Members of the Health Service Board  
Abbie Yant, San Francisco Health Service System

## Appendix — CCSF Costs Only

TABLE 3a — CITY AND COUNTY OF SAN FRANCISCO ONLY (CCSF)					
Distribution of Aggregate 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
<b>Kaiser HMO</b>	<b>\$48.0</b>	<b>\$386.2</b>	<b>\$434.2</b>	<b>11.06%</b>	<b>88.94%</b>
\$ Change	\$5.4	\$40.2	\$45.6		
% Change	12.63%	11.63%	11.74%		
<b>BSC HMOs/PPO</b>	<b>\$47.9</b>	<b>\$318.5</b>	<b>\$366.4</b>	<b>13.08%</b>	<b>86.92%</b>
\$ Change	\$3.4	\$29.9	\$33.3		
% Change	7.74%	10.36%	10.01%		
<b>Health Net CanopyCare HMO</b>	<b>\$0.6</b>	<b>\$5.5</b>	<b>\$6.1</b>	<b>9.40%</b>	<b>90.60%</b>
\$ Change	\$0.0	\$0.2	\$0.2		
% Change	3.68%	3.67%	3.67%		
<b>UHC MA PPO / Splits N-M Plans</b>	<b>\$16.0</b>	<b>\$85.5</b>	<b>\$101.5</b>	<b>15.79%</b>	<b>84.21%</b>
\$ Change	\$1.5	\$11.0	\$12.6		
% Change	10.68%	14.78%	14.11%		
<b>Dental</b>	<b>\$3.6</b>	<b>\$35.3</b>	<b>\$38.8</b>	<b>9.17%</b>	<b>90.83%</b>
\$ Change	\$0.0	-\$2.8	-\$2.8		
% Change	0.00%	-7.44%	-6.80%		
<b>LTD Insurance</b>	<b>\$0.0</b>	<b>\$5.0</b>	<b>\$5.0</b>	<b>0.00%</b>	<b>100.00%</b>
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
<b>Life Insurance</b>	<b>\$0.8</b>	<b>\$1.4</b>	<b>\$2.2</b>	<b>35.86%</b>	<b>64.14%</b>
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
<b>Total</b>	<b>\$116.9</b>	<b>\$837.3</b>	<b>\$954.2</b>	<b>12.25%</b>	<b>87.75%</b>
\$ Change	\$10.4	\$78.5	\$88.9		
% Change	9.76%	10.34%	10.27%		

**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 Board of Supervisors**

10-County Survey Results  
Rates and Benefits Decisions  
Calendar Year 2024

June 16, 2023

# 10-County Survey Results (Monthly Basis)

## Exhibit 1

Rank	County	2022 Survey for SFHSS 2023 Rating	2023 Survey for SFHSS 2024 Rating	% Change
1	Los Angeles	\$757.91	\$798.05	5.30%
2	San Diego	\$788.07	\$723.51	(8.19%)
3	Orange	\$658.78	\$736.07	11.73%
4	Riverside	\$730.26	\$761.77	4.32%
5	San Bernardino	\$537.46	\$584.09	8.68%
6	Santa Clara	\$1,086.78	\$1,127.73	3.77%
7	Alameda	\$763.87	\$818.98	7.22%
8	Sacramento	\$761.88	\$778.73	2.21%
9	Contra Costa	\$874.26	\$816.83	(6.57%)
10	Fresno	\$848.33	\$912.74	7.59%
10-County Average		\$780.76	\$805.85	3.21%

# Kaiser Permanente HMO (California)

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

### Exhibit 2a — 93/93/83 Contribution Method for Actives\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$52.05	\$103.90	\$356.82	\$0.00	\$370.32	\$985.03	\$0.00	\$154.08	\$461.15	\$768.79
	PY2024	\$58.50	\$116.78	\$401.11	\$14.90	\$431.24	\$1,122.35	\$0.00	\$163.50	\$489.40	\$854.61
	\$ Change	+\$6.45	+\$12.88	+\$44.29	+\$14.90	+\$60.92	+\$137.32	—	+\$9.42	+\$28.25	+\$85.82
	% Change	+12.4%	+12.4%	+12.4%	+999%	+16.5%	+13.9%	—	+6.1%	+6.1%	+11.2%
Monthly Employer Contributions	PY2023	\$691.57	\$1,380.36	\$1,742.15	\$1,493.47	\$1,863.79	\$1,863.79	\$311.15	\$465.24	\$465.24	\$465.24
	PY2024	\$777.16	\$1,551.56	\$1,958.34	\$1,664.60	\$2,080.94	\$2,080.94	\$329.98	\$493.48	\$493.48	\$493.48
	\$ Change	+\$85.59	+\$171.20	+\$216.19	+\$171.13	+\$217.15	+\$217.15	+\$18.83	+\$28.24	+\$28.24	+\$28.24
	% Change	+12.4%	+12.4%	+12.4%	+11.5%	+11.7%	+11.7%	+6.1%	+6.1%	+6.1%	+6.1%
Monthly Total Premium Rates	PY2023	\$743.62	\$1,484.26	\$2,098.97	\$1,493.47	\$2,234.11	\$2,848.82	\$311.15	\$619.32	\$926.39	\$1,234.03
	PY2024	\$835.66	\$1,668.34	\$2,359.45	\$1,679.50	\$2,512.18	\$3,203.29	\$329.98	\$656.98	\$982.88	\$1,348.09
	\$ Change	+\$92.04	+\$184.08	+\$260.48	+\$186.03	+\$278.07	+\$354.47	+\$18.83	+\$37.66	+\$56.49	+\$114.06
	% Change	+12.4%	+12.4%	+12.4%	+12.5%	+12.4%	+12.4%	+6.1%	+6.1%	+6.1%	+9.2%

**\* NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93/93/83 contribution method, see page 23.

# Kaiser Permanente HMO (California)

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

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

PY = Plan Year		Active Employees			Early 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	PY2023	\$0.00	\$59.37	\$356.82	\$0.00	\$370.32	\$985.03	\$0.00	\$154.08	\$461.15	\$768.79
	PY2024	\$0.00	\$66.73	\$401.11	\$14.90	\$431.24	\$1,122.35	\$0.00	\$163.50	\$489.40	\$854.61
	\$ Change	—	+\$7.36	+\$44.29	+\$14.90	+\$60.92	+\$137.32	—	+\$9.42	+\$28.25	+\$85.82
	% Change	—	+12.4%	+12.4%	+999%	+16.5%	+13.9%	—	+6.1%	+6.1%	+11.2%
Monthly Employer Contributions	PY2023	\$743.62	\$1,424.89	\$1,742.15	\$1,493.47	\$1,863.79	\$1,863.79	\$311.15	\$465.24	\$465.24	\$465.24
	PY2024	\$835.66	\$1,601.61	\$1,958.34	\$1,664.60	\$2,080.94	\$2,080.94	\$329.98	\$493.48	\$493.48	\$493.48
	\$ Change	+\$92.04	+\$176.72	+\$216.19	+\$171.13	+\$217.15	+\$217.15	+\$18.83	+\$28.24	+\$28.24	+\$28.24
	% Change	+12.4%	+12.4%	+12.4%	+11.5%	+11.7%	+11.7%	+6.1%	+6.1%	+6.1%	+6.1%
Monthly Total Premium Rates	PY2023	\$743.62	\$1,484.26	\$2,098.97	\$1,493.47	\$2,234.11	\$2,848.82	\$311.15	\$619.32	\$926.39	\$1,234.03
	PY2024	\$835.66	\$1,668.34	\$2,359.45	\$1,679.50	\$2,512.18	\$3,203.29	\$329.98	\$656.98	\$982.88	\$1,348.09
	\$ Change	+\$92.04	+\$184.08	+\$260.48	+\$186.03	+\$278.07	+\$354.47	+\$18.83	+\$37.66	+\$56.49	+\$114.06
	% Change	+12.4%	+12.4%	+12.4%	+12.5%	+12.4%	+12.4%	+6.1%	+6.1%	+6.1%	+9.2%

\* NOTES:

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100/96/83 contribution method, see page 24.



# Kaiser Permanente Multi State HMO

## Final Early Retiree/Medicare Monthly Rates for Calendar Year 2024

### Exhibit 2c — Washington State\*

PY = Plan Year		Early Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2023	\$0.00	\$821.29	\$2,184.60	\$0.00	\$152.97	\$458.19	\$1,516.28
	PY2024	\$0.00	\$821.29	\$2,184.60	\$0.00	\$160.71	\$481.40	\$1,524.02
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.00	\$7.74	\$23.21	\$7.74
	% Change	-	0.0%	0.0%	-	5.1%	5.1%	0.5%
Monthly Employer Contributions	PY2023	\$1,645.56	\$2,466.85	\$2,466.85	\$308.93	\$461.91	\$461.91	\$461.91
	PY2024	\$1,645.56	\$2,466.85	\$2,466.85	\$324.40	\$485.11	\$485.11	\$485.11
	\$ Change	\$0.00	\$0.00	\$0.00	\$15.47	\$23.20	\$23.20	\$23.20
	% Change	0.0%	0.0%	0.0%	5.0%	5.0%	5.0%	5.0%
Monthly Total Premium Rates	PY2023	\$1,645.56	\$3,288.14	\$4,651.45	\$308.93	\$614.88	\$920.10	\$1,978.19
	PY2024	\$1,645.56	\$3,288.14	\$4,651.45	\$324.40	\$645.82	\$966.51	\$2,009.13
	\$ Change	\$0.00	\$0.00	\$0.00	\$15.47	\$30.94	\$46.41	\$30.94
	% Change	0.0%	0.0%	0.0%	5.0%	5.0%	5.0%	1.6%

\* **NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.

# Kaiser Permanente Multi State HMO

## Final Early Retiree/Medicare Monthly Rates for Calendar Year 2024

### Exhibit 2d — Northwest (primarily Oregon)\*

PY = Plan Year		Early Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2023	\$0.00	\$546.95	\$1,454.86	\$0.00	\$216.39	\$648.45	\$1,124.30
	PY2024	\$0.00	\$600.82	\$1,598.18	\$0.00	\$231.95	\$695.12	\$1,229.31
	\$ Change	\$0.00	\$53.87	\$143.32	\$0.00	\$15.56	\$46.67	\$105.01
	% Change	-	9.8%	9.9%	-	7.2%	7.2%	9.3%
Monthly Employer Contributions	PY2023	\$1,096.89	\$1,643.85	\$1,643.85	\$435.77	\$652.17	\$652.17	\$652.17
	PY2024	\$1,204.63	\$1,805.46	\$1,805.46	\$466.88	\$698.83	\$698.83	\$698.83
	\$ Change	\$107.74	\$161.61	\$161.61	\$31.11	\$46.66	\$46.66	\$46.66
	% Change	9.8%	9.8%	9.8%	7.1%	7.2%	7.2%	7.2%
Monthly Total Premium Rates	PY2023	\$1,096.89	\$2,190.80	\$3,098.71	\$435.77	\$868.56	\$1,300.62	\$1,776.47
	PY2024	\$1,204.63	\$2,406.28	\$3,403.64	\$466.88	\$930.78	\$1,393.95	\$1,928.14
	\$ Change	\$107.74	\$215.48	\$304.93	\$31.11	\$62.22	\$93.33	\$151.67
	% Change	9.8%	9.8%	9.8%	7.1%	7.2%	7.2%	8.5%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.

# Kaiser Permanente Multi State HMO

## Final Early Retiree/Medicare Monthly Rates for Calendar Year 2024

### Exhibit 2e — Hawaii\*

PY = Plan Year		Early Retirees			Medicare Retirees			
		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions	PY2023	\$0.00	\$427.47	\$1,137.07	\$0.00	\$172.99	\$518.24	\$882.59
	PY2024	\$0.00	\$458.66	\$1,220.02	\$0.00	\$174.51	\$522.80	\$935.87
	\$ Change	\$0.00	\$31.19	\$82.95	\$0.00	\$1.52	\$4.56	\$53.28
	% Change	-	7.3%	7.3%	-	0.9%	0.9%	6.0%
Monthly Employer Contributions	PY2023	\$857.93	\$1,285.41	\$1,285.41	\$348.96	\$521.95	\$521.95	\$521.95
	PY2024	\$920.31	\$1,378.98	\$1,378.98	\$352.00	\$526.51	\$526.51	\$526.51
	\$ Change	\$62.38	\$93.57	\$93.57	\$3.04	\$4.56	\$4.56	\$4.56
	% Change	7.3%	7.3%	7.3%	0.9%	0.9%	0.9%	0.9%
Monthly Total Premium Rates	PY2023	\$857.93	\$1,712.88	\$2,422.48	\$348.96	\$694.94	\$1,040.19	\$1,404.54
	PY2024	\$920.31	\$1,837.64	\$2,599.00	\$352.00	\$701.02	\$1,049.31	\$1,462.38
	\$ Change	\$62.38	\$124.76	\$176.52	\$3.04	\$6.08	\$9.12	\$57.84
	% Change	7.3%	7.3%	7.3%	0.9%	0.9%	0.9%	4.1%

\* **NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.

# Blue Shield of California HMO / UnitedHealthcare EPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

## Exhibit 3a — 93/93/83 Contribution Method for Actives — Access+ HMO / Select EPO\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$65.51	\$130.81	\$449.31	\$77.54	\$562.57	\$1,336.84	\$0.00	\$225.69	\$676.35	\$999.96
	PY2024	\$74.93	\$149.64	\$514.03	\$132.25	\$687.23	\$1,573.15	\$0.00	\$259.24	\$776.99	\$1,145.16
	\$ Change	\$9.42	\$18.83	\$64.72	\$54.71	\$124.66	\$236.31	\$0.00	\$33.55	\$100.64	\$145.20
	% Change	14.4%	14.4%	14.4%	70.6%	22.2%	17.7%	—	14.9%	14.9%	14.5%
Monthly Employer Contributions	PY2023	\$870.34	\$1,737.92	\$2,193.71	\$2,083.42	\$2,568.45	\$2,568.45	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$995.43	\$1,988.10	\$2,509.66	\$2,340.65	\$2,895.63	\$2,895.63	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	\$125.09	\$250.18	\$315.95	\$257.23	\$327.18	\$327.18	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	14.4%	14.4%	14.4%	12.3%	12.7%	12.7%	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$2,160.96	\$3,131.02	\$3,905.29	\$454.37	\$905.76	\$1,356.42	\$1,680.03
	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$2,472.90	\$3,582.86	\$4,468.78	\$521.46	\$1,039.94	\$1,557.69	\$1,925.86
	\$ Change	\$134.51	\$269.01	\$380.67	\$311.94	\$451.84	\$563.49	\$67.09	\$134.18	\$201.27	\$245.83
	% Change	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.8%	14.8%	14.8%	14.6%

\* **NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC administers the Broad Network Select EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 93/93/83 contribution method, see page 23.**

# Blue Shield of California HMO / UnitedHealthcare EPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

## Exhibit 3b — 100/96/83 Contribution Method for Actives — Access+ HMO / Select EPO\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$0.00	\$74.75	\$449.31	\$77.54	\$562.57	\$1,336.84	\$0.00	\$225.69	\$676.35	\$999.96
	PY2024	\$0.00	\$85.51	\$514.03	\$132.25	\$687.23	\$1,573.15	\$0.00	\$259.24	\$776.99	\$1,145.16
	\$ Change	\$0.00	\$10.76	\$64.72	\$54.71	\$124.66	\$236.31	\$0.00	\$33.55	\$100.64	\$145.20
	% Change	-	14.4%	14.4%	70.6%	22.2%	17.7%	—	14.9%	14.9%	14.5%
Monthly Employer Contributions	PY2023	\$935.85	\$1,793.98	\$2,193.71	\$2,083.42	\$2,568.45	\$2,568.45	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$1,070.36	\$2,052.23	\$2,509.66	\$2,340.65	\$2,895.63	\$2,895.63	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	\$134.51	\$258.25	\$315.95	\$257.23	\$327.18	\$327.18	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	14.4%	14.4%	14.4%	12.3%	12.7%	12.7%	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$2,160.96	\$3,131.02	\$3,905.29	\$454.37	\$905.76	\$1,356.42	\$1,680.03
	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$2,472.90	\$3,582.86	\$4,468.78	\$521.46	\$1,039.94	\$1,557.69	\$1,925.86
	\$ Change	\$134.51	\$269.01	\$380.67	\$311.94	\$451.84	\$563.49	\$67.09	\$134.18	\$201.27	\$245.83
	% Change	14.4%	14.4%	14.4%	14.4%	14.4%	14.4%	14.8%	14.8%	14.8%	14.6%

**\* NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC administers the Broad Network Select EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

# Blue Shield of California HMO / UnitedHealthcare EPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

## Exhibit 3c — 93/93/83 Contribution Method for Actives — Trio HMO / Doctors EPO\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$60.22	\$120.23	\$412.94	\$39.75	\$485.47	\$1,196.97	\$0.00	\$225.69	\$676.35	\$937.19
	PY2024	\$61.93	\$123.65	\$424.70	\$39.42	\$497.84	\$1,229.63	\$0.00	\$259.24	\$776.99	\$991.03
	\$ Change	\$1.71	\$3.42	\$11.76	(\$0.33)	\$12.37	\$32.66	\$0.00	\$33.55	\$100.64	\$53.84
	% Change	2.8%	2.8%	2.8%	-0.8%	2.5%	2.7%	—	14.9%	14.9%	5.7%
Monthly Employer Contributions	PY2023	\$800.04	\$1,597.30	\$2,016.13	\$1,945.89	\$2,391.61	\$2,391.61	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$822.76	\$1,642.75	\$2,073.53	\$2,002.89	\$2,461.32	\$2,461.32	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	\$22.72	\$45.45	\$57.40	\$57.00	\$69.71	\$69.71	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	2.8%	2.8%	2.8%	2.9%	2.9%	2.9%	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$860.26	\$1,717.53	\$2,429.07	\$1,985.64	\$2,877.08	\$3,588.58	\$454.37	\$905.76	\$1,356.42	\$1,617.26
	PY2024	\$884.69	\$1,766.40	\$2,498.23	\$2,042.31	\$2,959.16	\$3,690.95	\$521.46	\$1,039.94	\$1,557.69	\$1,771.73
	\$ Change	\$24.43	\$48.87	\$69.16	\$56.67	\$82.08	\$102.37	\$67.09	\$134.18	\$201.27	\$154.47
	% Change	2.8%	2.8%	2.8%	2.9%	2.9%	2.9%	14.8%	14.8%	14.8%	9.6%

\* **NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC administers the Narrow Network Doctors EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 93/93/83 contribution method, see page 23.**

# Blue Shield of California HMO / UnitedHealthcare EPO

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

## Exhibit 3d — 100/96/83 Contribution Method for Actives — Trio HMO / Doctors EPO\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$0.00	\$68.70	\$412.94	\$39.75	\$485.47	\$1,196.97	\$0.00	\$225.69	\$676.35	\$937.19
	PY2024	\$0.00	\$70.66	\$424.70	\$39.42	\$497.84	\$1,229.63	\$0.00	\$259.24	\$776.99	\$991.03
	\$ Change	\$0.00	\$1.96	\$11.76	(\$0.33)	\$12.37	\$32.66	\$0.00	\$33.55	\$100.64	\$53.84
	% Change	-	2.9%	2.8%	-0.8%	2.5%	2.7%	—	14.9%	14.9%	5.7%
Monthly Employer Contributions	PY2023	\$860.26	\$1,648.83	\$2,016.13	\$1,945.89	\$2,391.61	\$2,391.61	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$884.69	\$1,695.74	\$2,073.53	\$2,002.89	\$2,461.32	\$2,461.32	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	\$24.43	\$46.91	\$57.40	\$57.00	\$69.71	\$69.71	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	2.8%	2.8%	2.8%	2.9%	2.9%	2.9%	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$860.26	\$1,717.53	\$2,429.07	\$1,985.64	\$2,877.08	\$3,588.58	\$454.37	\$905.76	\$1,356.42	\$1,617.26
	PY2024	\$884.69	\$1,766.40	\$2,498.23	\$2,042.31	\$2,959.16	\$3,690.95	\$521.46	\$1,039.94	\$1,557.69	\$1,771.73
	\$ Change	\$24.43	\$48.87	\$69.16	\$56.67	\$82.08	\$102.37	\$67.09	\$134.18	\$201.27	\$154.47
	% Change	2.8%	2.8%	2.8%	2.9%	2.9%	2.9%	14.8%	14.8%	14.8%	9.6%

\* **NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- UHC administers the Narrow Network Doctors EPO plan for Mixed Medicare retiree families.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

# Health Net CanopyCare HMO

## Final Active/Early Retiree Monthly Rates for Calendar Year 2024

### Exhibit 4a — 93/93/83 Contribution Method for Actives\*

PY = Plan Year		Active Employees			Early Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Employee/ Retiree Contributions	PY2023	\$53.92	\$107.63	\$369.65	\$0.00	\$398.92	\$1,035.75
	PY2024	\$55.90	\$111.58	\$383.24	\$0.00	\$413.60	\$1,073.87
	\$ Change	\$1.98	\$3.95	\$13.59	\$0.00	\$14.68	\$38.12
	% Change	3.7%	3.7%	3.7%	—	3.7%	3.7%
Monthly Employer Contributions	PY2023	\$716.36	\$1,429.95	\$1,804.77	\$1,776.96	\$2,175.88	\$2,175.88
	PY2024	\$742.62	\$1,482.49	\$1,871.11	\$1,842.46	\$2,256.07	\$2,256.07
	\$ Change	\$26.26	\$52.54	\$66.34	\$65.50	\$80.19	\$80.19
	% Change	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
Monthly Total Premium Rates	PY2023	\$770.28	\$1,537.58	\$2,174.42	\$1,776.96	\$2,574.80	\$3,211.63
	PY2024	\$798.52	\$1,594.07	\$2,254.35	\$1,842.46	\$2,669.67	\$3,329.94
	\$ Change	\$28.24	\$56.49	\$79.93	\$65.50	\$94.87	\$118.31
	% Change	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%

**\* NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available for Health Net CanopyCare early retirees.
- For additional commentary on 93/93/83 contribution method, see page 23.



# Health Net CanopyCare HMO

## Final Active/Early Retiree Monthly Rates for Calendar Year 2024

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

PY = Plan Year		Active Employees			Early Retirees		
		EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+
Monthly Employee/ Retiree Contributions	PY2023	\$0.00	\$61.50	\$369.65	\$0.00	\$398.92	\$1,035.75
	PY2024	\$0.00	\$63.76	\$383.24	\$0.00	\$413.60	\$1,073.87
	\$ Change	\$0.00	\$2.26	\$13.59	\$0.00	\$14.68	\$38.12
	% Change	—	3.7%	3.7%	—	3.7%	3.7%
Monthly Employer Contributions	PY2023	\$770.28	\$1,476.08	\$1,804.77	\$1,776.96	\$2,175.88	\$2,175.88
	PY2024	\$798.52	\$1,530.31	\$1,871.11	\$1,842.46	\$2,256.07	\$2,256.07
	\$ Change	\$28.24	\$54.23	\$66.34	\$65.50	\$80.19	\$80.19
	% Change	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%
Monthly Total Premium Rates	PY2023	\$770.28	\$1,537.58	\$2,174.42	\$1,776.96	\$2,574.80	\$3,211.63
	PY2024	\$798.52	\$1,594.07	\$2,254.35	\$1,842.46	\$2,669.67	\$3,329.94
	\$ Change	\$28.24	\$56.49	\$79.93	\$65.50	\$94.87	\$118.31
	% Change	3.7%	3.7%	3.7%	3.7%	3.7%	3.7%

**\* NOTES:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- Mixed Medicare family enrollment not available for Health Net CanopyCare early retirees.
- **For additional commentary on 100/96/83 contribution method, see page 24.**

# Non-Medicare PPO

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

### Exhibit 5a — 93/93/83 Contribution Method for Actives\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$565.13	\$1,046.88	\$1,741.58	\$327.35	\$762.89	\$1,458.34	\$0.00	\$225.69	\$676.35	\$921.14
	PY2024	\$463.92	\$843.61	\$1,492.11	\$326.75	\$769.66	\$1,476.91	\$0.00	\$259.24	\$776.99	\$966.49
	\$ Change	(\$101.21)	(\$203.27)	(\$249.47)	(\$0.60)	+\$6.77	+\$18.57	\$0.00	\$33.55	\$100.64	\$45.35
	% Change	(17.9%)	(19.4%)	(14.3%)	(0.2%)	+0.9%	+1.3%	—	14.9%	14.9%	4.9%
Monthly Employer Contributions	PY2023	\$870.34	\$1,737.92	\$2,193.71	\$1,605.37	\$2,040.90	\$2,040.90	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$995.43	\$1,988.10	\$2,509.66	\$1,638.44	\$2,081.36	\$2,081.36	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	+\$125.09	+\$250.18	+\$315.95	+\$33.07	+\$40.46	+\$40.46	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	+14.4%	+14.4%	+14.4%	+2.1%	+2.0%	+2.0%	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$1,435.47	\$2,784.80	\$3,935.29	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	PY2024	\$1,459.35	\$2,831.71	\$4,001.77	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	\$ Change	+\$23.88	+\$46.91	+\$66.48	+\$32.47	+\$47.23	+\$59.03	\$67.09	\$134.18	\$201.27	\$145.98
	% Change	+1.7%	+1.7%	+1.7%	+1.7%	+1.7%	+1.7%	14.8%	14.8%	14.8%	9.1%

- Includes \$3.00 for the Health Care Sustainability Fund.
- Non-Medicare PPO Plan administered by Blue Shield of CA for most enrollees; UnitedHealthcare administers for Non-Medicare covered lives of Mixed Medicare retiree families where one or more Medicare covered live in the family enrolls in the UHC Medicare Advantage PPO Plan.
- For additional commentary on 93/93/83 contribution method, see page 23.

#### \* NOTES:

# Non-Medicare PPO

## Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

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

PY = Plan Year		Active Employees			Early 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	PY2023	\$0.00	\$990.82	\$1,741.58	\$327.35	\$762.89	\$1,458.34	\$0.00	\$225.69	\$676.35	\$921.14
	PY2024	\$0.00	\$779.48	\$1,492.11	\$326.75	\$769.66	\$1,476.91	\$0.00	\$259.24	\$776.99	\$966.49
	\$ Change	\$0.00	(\$211.34)	(\$249.47)	(\$0.60)	+\$6.77	+\$18.57	\$0.00	\$33.55	\$100.64	\$45.35
	% Change	—	(21.3%)	(14.3%)	(0.2%)	0.9%	1.3%	—	14.9%	14.9%	4.9%
Monthly Employer Contributions	PY2023	\$1,435.47	\$1,793.98	\$2,193.71	\$1,605.37	\$2,040.90	\$2,040.90	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$1,459.35	\$2,052.23	\$2,509.66	\$1,638.44	\$2,081.36	\$2,081.36	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	+\$23.88	+\$258.25	+\$315.95	+\$33.07	+\$40.46	+\$40.46	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	1.7%	14.4%	14.4%	2.1%	2.0%	2.0%	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$1,435.47	\$2,784.80	\$3,935.29	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	PY2024	\$1,459.35	\$2,831.71	\$4,001.77	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	\$ Change	+\$23.88	+\$46.91	+\$66.48	+\$32.47	+\$47.23	+\$59.03	\$67.09	\$134.18	\$201.27	\$145.98
	% Change	+1.7%	+1.7%	+1.7%	+1.7%	+1.7%	+1.7%	14.8%	14.8%	14.8%	9.1%

#### \* NOTES:

- Includes \$3.00 for the Health Care Sustainability Fund.
- Non-Medicare PPO Plan administered by Blue Shield of CA for most enrollees; UnitedHealthcare administers for Non-Medicare covered lives of Mixed Medicare retiree families where one or more Medicare covered live in the family enrolls in the UHC Medicare Advantage PPO Plan.
- For additional commentary on 100/96/83 contribution method, see page 24.

# Non-Medicare PPO - Choice Not Available

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

## Exhibit 5c — 93/93/83 Contribution Method for Actives\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$65.51	\$130.81	\$449.31	\$77.54	\$513.08	\$1,208.53	\$0.00	\$225.69	\$676.35	\$921.14
	PY2024	\$74.93	\$149.64	\$514.03	\$132.25	\$575.17	\$1,282.42	\$0.00	\$259.24	\$776.99	\$966.49
	\$ Change	+\$9.42	+\$18.83	+\$64.72	+\$54.71	+\$62.09	+\$73.89	\$0.00	\$33.55	\$100.64	\$45.35
	% Change	+14.4%	+14.4%	+14.4%	+70.6%	+12.1%	+6.1%	—	14.9%	14.9%	4.9%
Monthly Employer Contributions	PY2023	\$870.34	\$1,737.92	\$2,193.71	\$1,855.18	\$2,290.71	\$2,290.71	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$995.43	\$1,988.10	\$2,509.66	\$1,832.94	\$2,275.85	\$2,275.85	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	+\$125.09	+\$250.18	+\$315.95	(\$22.24)	(\$14.86)	(\$14.86)	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	+14.4%	+14.4%	+14.4%	(1.2%)	(0.6%)	(0.6%)	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	\$ Change	+\$134.51	+\$269.01	+\$380.67	+\$32.47	+\$47.23	+\$59.03	\$67.09	\$134.18	\$201.27	\$145.98
	% Change	+14.4%	+14.4%	+14.4%	+1.7%	+1.7%	+1.7%	14.8%	14.8%	14.8%	9.1%

- Includes \$3.00 for the Health Care Sustainability Fund.
- Non-Medicare PPO Plan administered by Blue Shield of CA for most enrollees; UnitedHealthcare administers for Non-Medicare covered lives of Mixed Medicare retiree families where one or more Medicare covered live in the family enrolls in the UHC Medicare Advantage PPO Plan.
- For additional commentary on 93/93/83 contribution method, see page 23.

### \* NOTES:

# Non-Medicare PPO - Choice Not Available

Final Active/Early Retiree/Medicare Monthly Rates for Calendar Year 2024

## Exhibit 5d — 100/96/83 Contribution Method for Actives\*

PY = Plan Year		Active Employees			Early 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	PY2023	\$0.00	\$74.75	\$449.31	\$77.54	\$513.08	\$1,208.53	\$0.00	\$225.69	\$676.35	\$921.14
	PY2024	\$0.00	\$85.51	\$514.03	\$132.25	\$575.17	\$1,282.42	\$0.00	\$259.24	\$776.99	\$966.49
	\$ Change	\$0.00	+\$10.76	+\$64.72	+\$54.71	+\$62.09	+\$73.89	\$0.00	\$33.55	\$100.64	\$45.35
	% Change	—	+14.4%	+14.4%	+70.6%	+12.1%	+6.1%	—	14.9%	14.9%	4.9%
Monthly Employer Contributions	PY2023	\$935.85	\$1,793.98	\$2,193.71	\$1,855.18	\$2,290.71	\$2,290.71	\$454.37	\$680.07	\$680.07	\$680.07
	PY2024	\$1,070.36	\$2,052.23	\$2,509.66	\$1,832.94	\$2,275.85	\$2,275.85	\$521.46	\$780.70	\$780.70	\$780.70
	\$ Change	+\$134.51	+\$258.25	+\$315.95	(\$22.24)	(\$14.86)	(\$14.86)	\$67.09	\$100.63	\$100.63	\$100.63
	% Change	+14.4%	+14.4%	+14.4%	(1.2%)	(0.6%)	(0.6%)	14.8%	14.8%	14.8%	14.8%
Monthly Total Premium Rates	PY2023	\$935.85	\$1,868.73	\$2,643.02	\$1,932.72	\$2,803.79	\$3,499.24	\$454.37	\$905.76	\$1,356.42	\$1,601.21
	PY2024	\$1,070.36	\$2,137.74	\$3,023.69	\$1,965.19	\$2,851.02	\$3,558.27	\$521.46	\$1,039.94	\$1,557.69	\$1,747.19
	\$ Change	+\$134.51	+\$269.01	+\$380.67	+\$32.47	+\$47.23	+\$59.03	\$67.09	\$134.18	\$201.27	\$145.98
	% Change	+14.4%	+14.4%	+14.4%	+1.7%	+1.7%	+1.7%	14.8%	14.8%	14.8%	9.1%

### \* NOTES:

- Includes \$3.00 for the Health Care Sustainability Fund.
- Non-Medicare PPO Plan administered by Blue Shield of CA for most enrollees; UnitedHealthcare administers for Non-Medicare covered lives of Mixed Medicare retiree families where one or more Medicare covered live in the family enrolls in the UHC Medicare Advantage PPO Plan.
- For additional commentary on 100/96/83 contribution method, see page 24.

# VSP Vision

## Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2024

### 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	PY2023	\$4.15	\$8.32	\$11.76	\$4.15	\$8.32	\$11.76
	PY2024	\$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	PY2023	\$11.56	\$17.59	\$36.06	\$11.56	\$17.59	\$36.06
	PY2024	\$11.56	\$17.59	\$36.06	\$11.56	\$17.59	\$36.06
	\$ 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 19,300 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 2024

### 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	PY2023	\$56.85	\$119.40	\$170.57	\$49.26	\$97.97	\$146.22
	PY2024	\$52.93	\$111.16	\$158.79	\$50.25	\$99.93	\$149.14
	\$ Change	(\$3.92)	(\$8.24)	(\$11.78)	\$0.99	\$1.96	\$2.92
	% Change	(6.9%)	(6.9%)	(6.9%)	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	PY2023	\$5.00	\$10.00	\$15.00	\$49.26	\$97.97	\$146.22
	PY2024	\$5.00	\$10.00	\$15.00	\$50.25	\$99.93	\$149.14
	\$ Change	\$0.00	\$0.00	\$0.00	\$0.99	\$1.96	\$2.92
	% 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 2024

### 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	PY2023	\$26.48	\$43.68	\$64.61	\$29.52	\$48.71	\$72.05
	PY2024	\$26.48	\$43.68	\$64.61	\$32.22	\$53.17	\$78.65
	\$ Change	\$0.00	\$0.00	\$0.00	\$2.70	\$4.46	\$6.60
	% Change	0.0%	0.0%	0.0%	9.1%	9.1%	9.1%

### 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	PY2023	\$0.00	\$0.00	\$0.00	\$29.52	\$48.71	\$72.05
	PY2024	\$0.00	\$0.00	\$0.00	\$32.22	\$53.17	\$78.65
	\$ Change	—	—	—	\$2.70	\$4.46	\$6.60
	% Change	—	—	—	9.1%	9.1%	9.1%

**\* NOTE:**

- Retiree DeltaCare USA HMO 2023 rates included a one-time premium reduction due to suppressed claim experience in 2021 stemming from the COVID-19 pandemic. Retiree premiums for 2024 are returning to 2022 premium rate levels.



# UHC Dental

## Final Active/Retiree Monthly Rates and Contributions for Calendar Year 2024

### 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	PY2023	\$24.99	\$41.27	\$61.02	\$14.38	\$23.74	\$35.11
	PY2024	\$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	PY2023	\$0.00	\$0.00	\$0.00	\$14.38	\$23.74	\$35.11
	PY2024	\$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 2024 Aggregate Costs

## Exhibit 10 — Life Insurance and LTD Plan Rates (Insured by The Hartford)

Plan Type	Plan Year 2023	Plan Year 2024	% Change	\$ Change
Basic Life Insurance	\$1,413,000	\$1,413,000	0.0%	\$0
Long-Term Disability Insurance	\$5,072,000	\$5,072,000	0.0%	\$0
<b>Subtotal—Employer-Paid Coverages</b>	<b>\$6,485,000</b>	<b>\$6,485,000</b>	<b>0.0%</b>	<b>\$0</b>
Employee-Paid Supplemental Life/Dependent Life Insurance	\$790,000	\$790,000	0.0%	\$0
<b>Total Annual Estimated Cost</b>	<b>\$7,275,000</b>	<b>\$7,275,000</b>	<b>0.0%</b>	<b>\$0</b>

# 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 RESULTS FOR PLAN YEAR 2024

**SAN FRANCISCO  
HEALTH SERVICE SYSTEM**

Affordable, Quality Benefits & Well-Being

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

# OVERVIEW

---

## Process

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

The information gathered from the 10-County Survey is used to compute an average increase in employer contributions for each county. 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 2023 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 2023 10-County Survey will be applied to SFHSS rate calculations for plan year 2024. 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 \$805.85 for plan year 2024 is 3.21% above \$780.76, the 10-County average for plan year 2023. All counties had a change in contribution.

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

For the 2023 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$785.55. Per the Calendar Year Change Rule, this \$785.55 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 3.2%. This results in the average employer premium contribution calculated at \$798.05 for Los Angeles County.

## Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For the 2023 calendar year, projection-to-actual variances were highest for Orange and Alameda Counties, but negative (e.g., favorable) variances for San Diego and Contra Costa counties helped to generate an overall project-to-actual variance of +1.0%.

Any variances are driven by changes in plans offered, premiums, and employer contributions from original projections to actuals. The actual contributions for 2023 across the 10 counties in aggregate as noted above were 1.0% higher than aggregated originally estimated 2023 contributions (\$788.45 actual vs. \$780.76 estimated).



## Average of Employer Contributions

County	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 Calculated	2023 Actual	3-Year Annual Trend	Months of Trend	Trend Factor	2024 Calculation
1 Los Angeles	457.56	478.56	499.57	515.07	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	746.54	757.91	785.55	3.2%	6	1.02	798.05
2 San Diego	364.00	406.00	432.20	444.86	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	691.14	788.07	705.09	5.3%	6	1.03	723.51
3 Orange	383.75	434.41	485.10	506.94	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	627.67	658.78	708.19	8.0%	6	1.04	736.07
4 Riverside	488.44	513.02	537.43	545.54	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	768.35	730.26	751.01	2.9%	6	1.01	761.77
5 San Bernardino*	397.51	399.70	398.98	398.98	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	535.30	537.46	549.00	6.4%	12	1.06	584.09
6 Santa Clara*	608.44	655.97	643.13	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	1,115.14	1.1%	12	1.01	1,127.73
7 Alameda	521.89	541.06	575.00	588.99	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	748.84	763.87	813.19	1.4%	6	1.01	818.98
8 Sacramento	561.35	637.98	667.02	696.00	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	753.75	761.88	765.80	3.4%	6	1.02	778.73
9 Contra Costa	495.15	521.90	540.43	553.15	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	814.23	874.26	807.51	2.3%	6	1.01	816.83
10 Fresno	450.43	450.80	450.80	455.17	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	833.01	848.33	884.00	6.6%	6	1.03	912.74
<b>Average</b>	<b>472.85</b>	<b>503.94</b>	<b>522.97</b>	<b>534.78</b>	<b>559.65</b>	<b>567.80</b>	<b>579.24</b>	<b>604.84</b>	<b>649.17</b>	<b>672.08</b>	<b>705.92</b>	<b>729.19</b>	<b>757.31</b>	<b>780.76</b>	<b>788.45</b>	<b>3.8%</b>	<b>7.1</b>	<b>1.02</b>	<b>805.85</b>

## Increase Over Prior Year

County	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
1 Los Angeles	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%	3.45%	1.52%	5.30%
2 San Diego	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%	5.16%	14.02%	-8.19%
3 Orange	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%	7.32%	4.96%	11.73%
4 Riverside	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%	11.03%	-4.96%	4.32%
5 San Bernardino*	5.34%	0.60%	-0.18%	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 Santa Clara*	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%	-0.08%	3.09%	3.77%
7 Alameda	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%	-0.26%	2.01%	7.22%
8 Sacramento	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%	4.29%	1.08%	2.21%
9 Contra Costa	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%	1.69%	7.37%	-6.57%
10 Fresno	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%	4.50%	1.84%	7.59%
<b>Average</b>	<b>5.23%</b>	<b>6.57%</b>	<b>3.78%</b>	<b>2.26%</b>	<b>4.65%</b>	<b>1.46%</b>	<b>2.02%</b>	<b>4.42%</b>	<b>7.33%</b>	<b>3.53%</b>	<b>5.04%</b>	<b>3.30%</b>	<b>3.86%</b>	<b>3.10%</b>	<b>3.21%</b>

\*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: 9,830,000		
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	791.34	823.81	4.1%	791.34	823.81	4.1%
CIGNA Choices Select Network HMO - County Sponsored	749.13	770.22	2.8%	749.13	770.22	2.8%
CIGNA Choices HMO - County Sponsored	1,033.75	1,062.83	2.8%	1,033.75	1,062.83	2.8%
CIGNA Choices POS - County Sponsored	1,860.09	1,906.59	2.5%	1,056.92	1,099.20	4.0%
Blue Cross Prudent Buyer Basic - ALADS	1,022.58	1,047.88	2.5%	1,022.58	1,047.88	2.5%
Blue Cross CaliforniaCare Basic - ALADS	776.45	819.86	5.6%	776.45	819.86	5.6%
Blue Cross Prudent Buyer Premier - ALADS	1,040.94	1,067.36	2.5%	1,040.94	1,067.36	2.5%
Blue Cross CaliforniaCare Premier - ALADS	794.81	839.34	5.6%	794.81	839.34	5.6%
Blue Shield Classic CAPE	1,598.18	1,689.03	5.7%	1,056.92	1,099.20	4.0%
Blue Shield Lite CAPE	704.25	725.10	3.0%	704.25	725.10	3.0%
Local 1014 Plan - Fire Fighters	986.00	1,016.00	3.0%	986.00	1,016.00	3.0%
Kaiser Options - SEIU	759.04	783.23	3.2%	759.04	783.23	3.2%
Kaiser HMO - Unrepresented *	276.00	276.00	0.0%	276.00	276.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented *	276.00	323.00	17.0%	276.00	323.00	17.0%
Blue Cross Plus POS - Unrepresented *	417.00	487.00	16.8%	417.00	487.00	16.8%
Blue Cross Catastrophic - Unrepresented *	100.00	105.00	5.0%	100.00	105.00	5.0%
Blue Cross Prudent Buyer PPO - Unrepresented *	534.00	624.00	16.9%	534.00	624.00	16.9%
UnitedHealthcare Harmony HMO	667.62	704.67	5.5%	667.62	704.67	5.5%
UnitedHealthcare Options HMO - SEIU	908.41	958.70	5.5%	908.41	958.70	5.5%
UnitedHealthcare Options PPO - SEIU	4,048.73	2,427.10	-40.1%	1,037.10	1,078.58	4.0%
<b>AVERAGE</b>	<b>967.22</b>	<b>922.84</b>	<b>-4.6%</b>	<b>749.41</b>	<b>785.55</b>	<b>4.8%</b>

\* Not Available



**Los Angeles County: Medical Plan Design Summary**

<b>Blue Shield Lite</b>	<b>HMO</b>	<b>In</b>	<b>Out</b>
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/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	80/20 After Ded	70/30 After Ded
<b>Blue Shield Classic</b>	<b>HMO</b>	<b>In</b>	<b>Out</b>
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/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	90/10 After Ded	70/30 After Ded
<b>UnitedHealthcare Options</b>	<b>HMO</b>		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
<b>UnitedHealthcare</b>		<b>PPO - In</b>	<b>PPO - Out</b>
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
<b>Kaiser Permanente</b>	<b>Options HMO</b>	<b>Choices HMO</b>	
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: 3,286,000	
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
Kaiser Permanente HMO	662.89	714.35	7.8%	662.89	714.35	7.8%
Kaiser Permanente High Deductible	517.47	557.61	7.8%	517.47	557.61	7.8%
UnitedHealthCare HMO Network 1	797.03	802.56	0.7%	797.03	802.56	0.7%
UnitedHealthCare HMO Network 2 *	1,021.39		-100.0%	846.41		-100.0%
UnitedHealthCare HMO Alliance	764.83	770.01	0.7%	764.83	770.01	0.7%
UnitedHealthCare PPO	1,407.32	1,432.08	1.8%	846.41	897.09	6.0%
UnitedHealthCare HMO HDHP/HSA	1,149.72	488.91	-57.5%	846.41	488.91	-42.2%
<b>AVERAGE</b>	<b>902.95</b>	<b>794.25</b>	<b>-12.0%</b>	<b>754.49</b>	<b>705.09</b>	<b>-6.5%</b>

\* Discontinued

San Diego County: Medical Plan Design Summary		
<b>Kaiser Permanente HMO</b>	<b>HMO</b>	
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$25/\$25	
Hospital	\$100 Copay Per Admit	
<b>Kaiser Permanente High Deductible</b>	<b>HD w/HSA</b>	
Deductible	\$1,500/\$3,000	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$30/\$30	
Hospital	10% After Ded	
<b>UnitedHealthcare PPO</b>	<b>PPO - In</b>	<b>Out</b>
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**

<b>UnitedHealthcare HMO</b>	<b>Network 1</b>	<b>Alliance</b>	
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	
<b>UnitedHealthcare High Deductible</b>	<b>PPO - In</b>	<b>Out</b>	
Deductible	\$2,700/\$3,000	\$3,000/\$6,000	
Physicians Services	10% After Ded	30% After Ded	
Emergency Room	10% After Ded	10% After Ded	
Rx	\$10/\$20/\$35	\$10/\$30/\$50	
Hospital	10% After Ded	30% After Ded	

### 3. ORANGE COUNTY

Orange County					Population: 3,168,000	
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
Choice Wellwise PPO*	884.33	1,061.20	20.0%	795.91	955.08	20.0%
Choice Sharewell PPO*	353.74	424.49	20.0%	429.27	500.02	16.5%
CIGNA HMO Choice*	864.24	899.45	4.1%	777.82	809.51	4.1%
CIGNA HMO Select*	720.32	749.64	4.1%	648.30	674.68	4.1%
Kaiser Permanente HMO Choice*	605.99	668.52	10.3%	545.40	601.68	10.3%
<b>AVERAGE</b>	<b>685.72</b>	<b>760.66</b>	<b>10.9%</b>	<b>639.34</b>	<b>708.19</b>	<b>10.8%</b>

\*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: 2,458,000	
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
UHC Harmony HMO	714.28	713.56	-0.1%	714.28	713.56	-0.1%
Exclusive Care EPO	808.10	808.10	0.0%	808.10	808.10	0.0%
Blue Shield Access+ HMO	779.88	738.30	-5.3%	779.88	738.30	-5.3%
Blue Shield Trio HMO	668.14	661.50	-1.0%	668.14	661.50	-1.0%
Kaiser HMO - PERS	719.78	754.64	4.8%	719.78	754.64	4.8%
PORAC - PERS	775.00	820.00	5.8%	775.00	820.00	5.8%
PERS Platinum PPO	863.38	992.60	15.0%	848.33	848.33	0.0%
PERS Gold PPO	575.56	680.38	18.2%	575.56	680.38	18.2%
Anthem Select HMO	676.48	737.92	9.1%	676.48	737.92	9.1%
Anthem Traditional HMO	935.58	942.74	0.8%	848.33	848.33	0.0%
Health Net Salud y Mas	463.88	606.34	30.7%	463.88	606.34	30.7%
Health Net SmartCare	764.96	755.30	-1.3%	764.96	755.30	-1.3%
UHC Alliance HMO	771.86	790.46	2.4%	771.86	790.46	2.4%
<b>AVERAGE</b>	<b>732.07</b>	<b>769.37</b>	<b>5.1%</b>	<b>724.20</b>	<b>751.01</b>	<b>3.7%</b>

Riverside County: Medical Plan Design Summary	
<b>UnitedHealthcare</b>	<b>HMO</b>
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25/\$50
Hospital	\$100 Copay
<b>Kaiser Permanente</b>	<b>HMO</b>
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25
Hospital	\$100 Copay
<b>Exclusive Care</b>	<b>EPO</b>
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25/\$50
Hospital	\$100 Copay

## 5. SAN BERNARDINO COUNTY

San Bernardino County					Population: 2,195,000	
Medical Plans	2021-22 Premium	2022-23 Premium	% +/-	2021-22 County Contribution	2022-23 County Contribution	% +/-
Kaiser Permanente HMO	698.32	698.32	0.0%	455.67	496.50	9.0%
Kaiser Permanente Choice HMO	606.43	606.43	0.0%	455.67	492.14	8.0%
Blue Shield Signature HMO	630.52	671.32	6.5%	455.67	492.14	8.0%
Blue Shield Access+ HMO	547.78	583.20	6.5%	452.34	492.14	8.8%
Blue Shield Needles PPO	1,321.82	1,407.77	6.5%	774.04	824.57	6.5%
Blue Shield PPO	1,171.17	1,247.26	6.5%	462.33	496.50	7.4%
<b>AVERAGE</b>	<b>829.34</b>	<b>869.05</b>	<b>4.8%</b>	<b>509.29</b>	<b>549.00</b>	<b>7.8%</b>

San Bernardino County: Medical Plan Design Summary			
Kaiser Permanente	HMO	Choice HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$40 Copay	
Emergency Room	\$50 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	\$50 Copay	\$50 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: 1,886,000	
Medical Plans	2021-22 Premium	2022-23 Premium	% +/-	2021-22 County Contribution	2022-23 County Contribution	% +/-
Kaiser Permanente HMO	789.69	832.00	5.4%	777.72	822.04	5.7%
Valley Health HMO	1,026.81	1,055.56	2.8%	1,010.07	1,041.41	3.1%
Health Net POS	1,473.05	1,531.96	4.0%	1,419.79	1,481.96	4.4%
<b>AVERAGE</b>	<b>1,096.51</b>	<b>1,139.84</b>	<b>4.0%</b>	<b>1,069.19</b>	<b>1,115.14</b>	<b>4.3%</b>

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		
HealthNet 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: 1,649,000		
Medical Plans	2022-23 Premium	2023-24 Premium	% +/-	2022-23 County Contribution	2023-24 County Contribution	% +/-
UHC SignatureValue \$15	1,184.32	1,290.92	9.0%	1,037.76	1,120.95	8.0%
Kaiser \$15	802.34	865.04	7.8%	703.05	751.15	6.8%
Kaiser \$40	745.70	803.98	7.8%	653.42	698.12	6.8%
UHC SignatureValue Advantage \$15	781.42	843.94	8.0%	684.72	732.81	7.0%
UHC Select Plus PPO	1,089.12	1,142.78	4.9%	684.72	732.81	7.0%
UHC SignatureValue Advantage \$40	698.26	754.12	8.0%	611.85	654.83	7.0%
UHC SignatureValue \$40	1,058.30	1,153.54	9.0%	927.34	1,001.65	8.0%
<b>AVERAGE</b>	<b>908.49</b>	<b>979.19</b>	<b>7.8%</b>	<b>757.55</b>	<b>813.19</b>	<b>7.3%</b>

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/\$25/\$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: 1,589,000	
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
Western Health Advantage HMO	803.56	824.76	2.6%	803.56	824.76	2.6%
Sutter Health Plus HMO	866.76	909.86	5.0%	866.76	878.50	1.4%
Kaiser Permanente HMO 15	948.88	990.50	4.4%	872.85	878.50	0.6%
Western Health Advantage HDHP	613.70	630.00	2.7%	613.70	630.00	2.7%
Sutter Health Plus HDHP	638.70	670.00	4.9%	638.70	670.00	4.9%
Kaiser Permanente HDHP HMO	686.22	713.06	3.9%	686.22	713.06	3.9%
<b>AVERAGE</b>	<b>759.64</b>	<b>789.70</b>	<b>4.0%</b>	<b>746.97</b>	<b>765.80</b>	<b>2.5%</b>

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,500/\$3,000
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	\$1,500/\$3,000
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	\$1,500/\$3,000
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: 1,161,000		
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
CCHP Plan A	1,072.58	1,102.58	2.8%	930.49	920.22	-1.1%
CCHP Plan B	1,188.96	1,222.22	2.8%	987.03	949.01	-3.9%
Health Net HMO Plan A *	1,985.33			1,588.27		
Health Net HMO Plan B *	1,380.56			1,104.45		
Health Net SmartCare HMO A	1,392.39	1,506.10	8.2%	954.10	1,032.01	8.2%
Health Net SmartCare HMO B	992.83	1,073.91	8.2%	794.27	859.13	8.2%
Health Net PPO Plan A	3,289.27	3,466.90	5.4%	1,703.24	1,574.08	-7.6%
Kaiser HMO Plan A	951.20	909.04	-4.4%	772.07	793.19	2.7%
Kaiser HMO Plan B	766.21	722.50	-5.7%	642.81	640.25	-0.4%
Kaiser HDHP	579.96	579.96	0.0%	521.97	521.97	0.0%
Anthem Select - PERS	1,015.81	1,128.83	11.1%	779.04	831.25	6.7%
Anthem Traditional - PERS	1,304.00	1,210.71	-7.2%	856.26	810.55	-5.3%
Blue Shield Access+ - PERS	1,116.01	1,035.21	-7.2%	700.55	657.40	-6.2%
Blue Shield Trio - PERS	898.54	888.94	-1.1%	661.38	652.03	-1.4%
Health Net Smartcare - PERS	1,153.00	1,174.50	1.9%	797.62	801.25	0.5%
CCHP Plan A Alternate - PERS	1,315.96	1,406.76	6.9%	870.79	910.88	4.6%
Kaiser HMO - PERS	857.06	913.74	6.6%	672.90	696.69	3.5%
PERS Platinum	1,057.01	1,200.12	13.5%	769.99	833.76	8.3%
PORAC - PERS	799.00	825.00	3.3%	670.61	681.41	1.6%
PERS Gold	701.23	825.61	17.7%	629.32	689.60	9.6%
United Health Care - PERS	1,020.28	1,044.07	2.3%	691.64	700.74	1.3%
Western Health Advantage - PERS	741.26	760.17	2.6%	599.86	594.74	-0.9%
<b>AVERAGE</b>	<b>1,162.66</b>	<b>1,149.84</b>	<b>-1.1%</b>	<b>849.94</b>	<b>807.51</b>	<b>-5.0%</b>

\* Discontinued

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			
HealthNet	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	\$50 + 10% Coinsurance	\$50 + 10% Coinsurance	\$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	\$1,500/\$3,000		
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: 1,014,000	
Medical Plans	2022 Premium	2023 Premium	% +/-	2022 County Contribution	2023 County Contribution	% +/-
Kaiser Permanente \$15 HMO	981.36	1,025.58	4.5%	819.00	884.00	7.9%
Blue Cross EPO	981.36	1,025.58	4.5%	819.00	884.00	7.9%
Blue Cross PPO	1,245.41	1,248.75	0.3%	819.00	884.00	7.9%
Blue Cross PPO \$1,000	896.86	937.38	4.5%	819.00	884.00	7.9%
Blue Cross HDPPPO \$1,500	848.13	890.98	5.1%	819.00	884.00	7.9%
Blue Cross HDPPPO \$3,000	819.00	884.00	7.9%	819.00	884.00	7.9%
<b>AVERAGE</b>	<b>962.02</b>	<b>1,002.04</b>	<b>4.2%</b>	<b>819.00</b>	<b>884.00</b>	<b>7.9%</b>

## 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
Deductible	None	\$250/\$500	None
Physicians Services	\$15 per visit	\$20 per visit	\$35 per visit
Emergency Room	\$100 per visit	\$0 Copay After Ded	\$250 per visit
Rx	\$10/\$20/\$35	Carved out	\$10/\$20/\$35
Hospital	No Charge	No Charge	\$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

2023 CalPERS Health Plan Summaries										
	Kaiser Permanente HMO	Blue Shield Access+ HMO	Western Health Advantage HMO	PERS Gold		PERS Platinum		Anthem Blue Cross	Health Net	UnitedHealthcare
				In	Out	In	Out	EPO & HMO	EPO & HMO	SignatureValue
Annual Deductible	N/A	N/A	N/A	\$1,000/\$2,000		\$500/\$1,000		N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	60%/40%	90%/10% \$250 Ded.	60%/40% \$250 Ded.	No Charge	No Charge	No Charge
Emergency Room	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	80%/20%, \$50 Deductible		90%/10%, \$50 Deductible		\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Rx - Retail	\$5/\$20	\$5/\$20/\$50	\$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

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

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

MEDICAL PLAN ENROLLMENT As of Date: 1-Jun-23

MEDICAL PLAN ENROLLMENT As of Date: 1-Jun-23

[illegible]



SP/DP DEP-RETIRED Members	25	19	3,718	96	297	35	140	143	54	154	319	10	717	3,256		0	8,983
NO MEDICARE			206		280		132	143	53	154	319	10	560	538			2,395
MEDICARE A																	
MEDICARE B			8	1									1	8			18
MEDICARE AB	25	19	3,503	95	17	35	8						156	2,710			6,568
NON-COMPLIANT			1						1								2
SP/DP DEP-SURVIVING SPOUSE	0	0	0	0	0	0	0	0	0	0	0					0	0
NO MEDICARE																	
MEDICARE A																	
MEDICARE B																	
MEDICARE AB																	
NON-COMPLIANT																	
MEDICAL PLAN ENROLLMENT	As of Date:	1-Jun-23															
MEMBERSHIP STATUS	CTYCNA	CTYPLN	CTYMAP	CTYSEL	CTYSEL-MI	CTYDRS	CTYDRS-M	BLSRNA	BLSPPD	TRIO	ACCESS+	HLTCNP	KAISER	KAISER-MI	WAIVED	DELINQ	TOTAL
CH/MIN DEP-ACTIVE Members	0	1	0	2	0	0	0	169	214	2,734	6,963	219	15,823			0	26,125
NO MEDICARE		1		2				169	214	2,734	6,962	219	15,823				26,124
MEDICARE A																	
MEDICARE B																	
MEDICARE AB																	
NON-COMPLIANT											1						1
CH/MIN DEP-COMMISSIONERS	0	0	0	0	0	0	0	0	5	4	1		7			0	17
NO MEDICARE									5	4	1		7				17
MEDICARE A																	
MEDICARE B																	
MEDICARE AB																	
CH/MIN DEP-RETIRED Members	2	2	73	24	152	1	49	75	47	138	314	6	445	242		0	1,570
NO MEDICARE	2	2	55	22	151	1	48	75	47	138	314	6	445	232			1,538
MEDICARE A																	
MEDICARE B																	
MEDICARE AB			18	2	1		1							10			32
NON-COMPLIANT																	
CH/MIN DEP-SURVIVING SPOUSE	0	0	6	0	0	0	1	4	3	12	18		42	4		0	90
NO MEDICARE			1				1	4	3	12	18		41	3			83
MEDICARE A																	
MEDICARE B																	
MEDICARE AB			5										1	1			7
NON-COMPLIANT																	
TOTAL DEPENDENTS	27	24	3,797	137	449	46	190	481	553	4,651	11,472	363	25,873	3,503		0	51,566
MEDICAL PLAN TOTALS	52	45	17,299	248	784	91	346	1,111	1,932	9,664	21,320	821	53,279	14,912	7,240	411	129,555
DENTAL PLAN ENROLLMENT	As of Date:	1-Jun-23															
MEMBERSHIP STATUS	DLTDEN	DLCDEN	PUDDEN	WAIVED	DELINQ		TOTAL										
ACTIVE Members	30,265	982	561	1,682	309		33,799										
RETIRED Members	21,552	719	692	8,096	180		31,239										

SURVIVING SPOUSE	2,036	141	85	1,067	81	3,410
COMMISSIONERS	62	1	1	189	11	264
TOTAL MEMBERS	53,915	1,843	1,339	11,034	581	68,712

SP/DP DEP-ACTIVE Members	14,232	213	165			14,610
SP/DP DEP-RETIRED Members	8,602	232	207			9,041
SP/DP DEP-SURVIVING SPOUSE						
SP/DP DEP-COMMISSIONERS	21					21
CH/MIN DEP-ACTIVE Members	25,126	383	278			25,787
CH/MIN DEP-RETIRED Members	1,656	50	40			1,746
CH/MIN DEP-SURVIVING SPOUSE	93	6	2			101
CH/MIN DEP-COMMISSIONERS	16					16
TOTAL DEPENDENTS	49,746	884	692	0	0	51,322

DENTAL PLAN TOTALS	103,661	2,727	2,031	11,034	581	120,034
--------------------	---------	-------	-------	--------	-----	---------

LTD, LIFE AND FSA PLAN ENROLLMENT As of Date: 1-Jun-23

MEMBERSHIP STATUS	LTD	LIFE	DEPFSA	HTHFSA
ACTIVE Members	26,234	26,190	1,554	7,642

VISION BUY-UP ENROLLMENT As of Date: 1-Jun-23

Membership Status	Members	Spouse/Do Child/Minor Dependents	
Active CCD	240	77	107
Active CRT	181	78	107
Active CSF	13,542	5,844	10,191
Active USD	1,477	351	521
Retirees	7,453	2,602	514



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> California Physician Services DBA Blue Shield of Calif	<b>TELEPHONE NUMBER</b> 510-607-2400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 601 12th Street, Oakland, CA 94607	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$362,659,910		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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.	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 M.	Board of Directors
9	Panetta	Leon E.	Board of Directors
10	Minter-Jordan, MD, MBA	Myechia	Board of Directors
11	Williams III	Arther	Board of Directors
12	Markovich	Paul	Board of Directors
13	Markovich	Paul	CEO
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Cotiviti, Inc		Subcontractor
18	Fiserv		Subcontractor
19	HealthSparq		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	Broadridge fka DST Output		Subcontractor
21	Arvato Digital Services		Subcontractor
22	Maven		Subcontractor
23	MediKeeper, Inc.		Subcontractor
24	NovuHealth		Subcontractor
25	Healthwise		Subcontractor
26	Solera Health, Inc.		Subcontractor
27	LanguageLine Solutions		Subcontractor
28	Magellan Health		Subcontractor
29	LabCorp		Subcontractor
30	EyeMed		Subcontractor
31	National Imaging Associate		Subcontractor
32	CVS Health		Subcontractor
33	Quest Diagnostics		Subcontractor
34	TPUSA-FCHS Fka Teleperform		Subcontractor
35	Partners in Care Found.		Subcontractor
36	Teladoc Health, Inc.		Subcontractor
37	welltok		Subcontractor
38	Call the Car		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	Clarke	Sandra	COO
40	Stuart	Michael	CFO
41	Davis	Lisa	Other Principal Officer
42	LifeSpring Home Nutrition		Subcontractor
43	OutcomesMTM		Subcontractor
44	Soultran		Subcontractor
45	BenefitFocus		Subcontractor
46	Accenture		Subcontractor
47	Arine		Subcontractor
48			
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

BOS Clerk of the Board

**DATE SIGNED**



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> California Physician Services DBA Blue Shield of Calif	<b>TELEPHONE NUMBER</b> 510-607-2400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 601 12th Street, Oakland, CA 94607	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$53,781,193		
<b>NATURE OF THE CONTRACT (Please describe)</b>  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., MP	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 M	Board of Directors
9	Panetta	Leon E.	Board of Directors
10	Minter-Jordan MD MBA	Myechia	Board of Directors
11	Williams III	Ather	Board of Directors
12	Markovich	Paul	Board of Directors
13	Markovich	Paul	CEO
14	The Rawlings Group		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Brightline		Subcontractor
18	CVS Health		Subcontractor
19	Cotiviti Inc		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	Broadridge fka DST Output		Subcontractor
21	Arvato Digital Services		Subcontractor
22	Fiserv		Subcontractor
23	HealthSparg		Subcontractor
24	MediKeeper, Inc		Subcontractor
25	Healthwise		Subcontractor
26	NovuHealth		Subcontractor
27	LabCorp		Subcontractor
28	Language Line Solutions		Subcontractor
29	Magellan Health		Subcontractor
30	EyeMed		Subcontractor
31	National Imaging Associate		Subcontractor
32	OutcomesMTM		Subcontractor
33	Solera Health, Inc.		Subcontractor
34	TPUSA-FCHS Fka Teleperform		Subcontractor
35	Partners in Care Found.		Subcontractor
36	welltok		Subcontractor
37	Quest Diagnostics		Subcontractor
38	Clarke	Sandra	COO

**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	Stuart	Michael	CFO
40	Davis	Lisa	Other Principal Officer
41	BenefitFocus		Subcontractor
42	Accenture		Subcontractor
43	Teladoc Health, Inc.		Subcontractor
44	Arine		Subcontractor
45			
46			
47			
48			
49			
50			
<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

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



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Delta Dental of California	<b>TELEPHONE NUMBER</b> 888-335-8227
<b>STREET ADDRESS (including City, State and Zip Code)</b> 560 Mission Street, Suite 1300, San Francisco, CA 94105	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$66,070,378		
<b>NATURE OF THE CONTRACT (Please describe)</b>  PPO Dental health insurance benefits for Active City Employees, City Retirees, and eligible dependents: Delta Dental PPO Policy 01673-Retirees (fully insured premium): \$20,139,403 Delta dental PPO Policy 09502-Actives (self-funded claims plus admin): \$45,930,975		

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	Castro	Michael J.	CEO
2	Weber	Alicia F.	CFO
3	Chavarria	Sarah M.	COO
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Allford	Robert A.	Board of Directors
15	Yodowitz	Heidi E.	Board of Directors
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			



**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Delta Dental of California	<b>TELEPHONE NUMBER</b> 888-335-8227
<b>STREET ADDRESS (including City, State and Zip Code)</b> 560 Mission Street, Suite 1300, San Francisco, CA 9410	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$814,484		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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
<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	Castro	Michael J.	CEO
2	Weber	Alicia F.	CFO
3	Chavarria	Sarah M.	COO
4	Bergert	Glen F.	Board of Directors
5	Lamb DMD	Jay C.	Board of Directors
6	Franzoi	Lynn L.	Board of Directors
7	Gonella	Roy A.	Board of Directors
8	Kaplan DDS	Gregory D.	Board of Directors
9	Law	Ian R.	Board of Directors
10	McCann	Steven F.	Board of Directors
11	O'Toole	Terry A.	Board of Directors
12	Pickering DDS	Stephen R.	Board of Directors
13	Reid	Andrew J.	Board of Directors
14	Yodowitz	Heidi E.	Board of Directors
15	Allford	Robert A.	Board of Directors
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dental Benefit Providers of California, Inc.	<b>TELEPHONE NUMBER</b> (800) 445-9090
<b>STREET ADDRESS (including City, State and Zip Code)</b> 5757 Plaza Drive, Technology Center, Cypress, CA 90630	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$398,471		
<b>NATURE OF THE CONTRACT (Please describe)</b> Dental Benefit Providers, Inc. DBA United Healthcare Dental DMO Dental Health Insurance Benefits for City Employees, 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
<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	CEO
8	Brody	Michael Charles	Other Principal Officer
9	Gill	Peter Marshall	Other Principal Officer
10			
11			
12			
13			
14			
15			
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

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



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hartford Life and Accident Insurance Company	<b>TELEPHONE NUMBER</b> 860-547-5000
<b>STREET ADDRESS (including City, State and Zip Code)</b> One Hartford Plaza, Hartford, CT 06155	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,275,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> <p>Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance for City Employees</p> <ul style="list-style-type: none"> <li>•Life (basic): estimated annualized premium: \$1,413,000</li> <li>•Life and AD&amp;D (Supplemental): estimated annualized premium: \$790,000</li> <li>•Long Term Disability (LTD): estimated annualized premium: \$5,072,000</li> </ul>		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Bennett	Jonathan R.	Board of Directors
2	Chandy	Eapen A.	Board of Directors
3	Stepnowski	Amy M.	Board of Directors
4	Bennett	Jonathan R.	CEO
5	Collins	Matthew A.	CFO
6	Jorens	Kathleen E.	Other Principal Officer
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

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





## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,433,119		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents		

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

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

**9. AFFILIATES AND SUBCONTRACTORS**

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

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	London	Sarah	Board of Directors
2	Deveydt	Wayne	Board of Directors
3	Blume	Jessica L.	Board of Directors
4	Dallas	James	Board of Directors
5	Burdick	Kenneth	Board of Directors
6	Eppinger	Frederick H.	Board of Directors
7	Ford	Monte	Board of Directors
8	Coughlin	Christopher	Board of Directors
9	Robinson	Lori J.	Board of Directors
10	Samuels	Theodore	Board of Directors
11	Ternan	Brian	CEO
12	Santana-Chin	Martha	Other Principal Officer
13	Rudd	Rachael	Other Principal Officer
14	Havert	Colin	Other Principal Officer
15	Balbone	Kerri	Other Principal Officer
16	Chen	Alex	Other Principal Officer
17	Sellner	Jessica	CFO
18	Mittal	Pooja	Other Principal Officer
19	Centene Corporation		Shareholder

**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	Advanced Medical Reviews		Subcontractor
21	Akorbi Translations		Subcontractor
22	American Specialty Health		Subcontractor
23	Applied Research works		Subcontractor
24	Change Health Solutions		Subcontractor
25	Cognizant		Subcontractor
26	CommGap		Subcontractor
27	Conduent Credit Solutions		Subcontractor
28	Cotiviti		Subcontractor
29	Datafied Global		Subcontractor
30	Diversified Data Design		Subcontractor
31	Centene Management Company		Subcontractor
32	eviCore		Subcontractor
33	ISI Language Solutions		Subcontractor
34	MultiPlan		Subcontractor
35	MyStrength		Subcontractor
36	CQ Fluency		Subcontractor
37	Omada Health		Subcontractor
38	Deaf and Community Service		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	DHHCS		Subcontractor
40	Optum		Subcontractor
41	OptumInsight		Subcontractor
42	Periscope		Subcontractor
43	Teleperformance		Subcontractor
44	Turning Point		Subcontractor
45	Varis		Subcontractor
46	Voiance Language Services		Subcontractor
47	welvie		Subcontractor
48	Dental Benefits Provider		Subcontractor
49	Envolve Benefit Options		Shareholder
50	Health Management Systems		Subcontractor
<input checked="" type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

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

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

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



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Supplemental	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$7,433,119		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Health Net CanopyCare Flex Funded HMO for City Employees, City Early Retirees, and eligible dependents.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES 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	Lifesigns, Inc.		Subcontractor
2	ModivCare		Subcontractor
3	National Imaging Associate		Subcontractor
4	O'Neil Digital Solutions		Subcontractor
5	Payspan		Subcontractor
6	MHN		Shareholder
7	RICOH		Subcontractor
8	Solera		Subcontractor
9	Site1 Group(Sykes Ent.INC)		Subcontractor
10	The Staywell Company		Subcontractor
11	The Rawlings Group		Subcontractor
12	Transperfect		Subcontractor
13	Wellframe		Subcontractor
14	Centene Pharmacy Services		Shareholder
15	Allyant		Subcontractor
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$551,949,341		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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: \$495,171,552 Kaiser Permanente California Medicare Retirees: \$54,998,610 Kaiser Permanente Multi Region Early and Medicare Retirees: \$1,779,179		

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	Porfido, JD	Meg	Board of Directors
11	Ryan	Matthew	Board of Directors
12	Shannon, MD	Richard P.	Board of Directors
13	Sharma	Vivek	Board of Directors
14	Washington, MD	A. Eugene	Board of Directors
15	Ming	Jenny J.	Board of Directors
16	Benavides	Vanessa M.	Other Principal Officer
17	Bindman, MD	Andrew	Other Principal Officer
18	Choucar, MD	Bechara	Other Principal Officer
19	Comer	Diane	Other Principal Officer

**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	Hernandez	Catherine	Other Principal Officer
21	Lancaster	Kathy	CFO
22	Liang	Janet A.	COO
23	McDow	Shakeya A	Other Principal Officer
24	Meisner	Christian	Other Principal Officer
25	Southam, MD	Arthur M.	Other Principal Officer
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UnitedHealthcare Insurance Company	<b>TELEPHONE NUMBER</b> 925-246-1300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 9900 Bren Road East, Minnetonka, Minnesota 55343	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$110,301,351		
<b>NATURE OF THE CONTRACT (Please describe)</b> Fully-Insured Medicare Medical Plan and Prescription Drug benefits (MAPD) for Medicare A and B eligible City Retirees and eligible dependents		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<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	Mattson	Courtney O'Shea	Board of Directors
2	Noel	Timothy John	Board of Directors
3	Paik	Jessica Steckroth	Board of Directors
4	Roos	Thomas Edward	Board of Directors
5	Thiery	Linda Jeanne	Board of Directors
6	Paik	Jessica Steckroth	CEO
7	Thiery	Linda Jeanne	CFO
8	Armey	Tracy Ann	Other Principal Officer
9	Gill	Peter Marshall	Other Principal Officer
10	Lang	Heather Anastasia	Other Principal Officer
11	Mattson	Courtney O'Shea	Other Principal Officer
12	Iannone	Gary Anthony	Other Principal Officer
13	Roos	Thomas Edward	Other Principal Officer
14	Cottingham	Nyle Brent	Other Principal Officer
15			
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

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

#### 4. CONTRACTING DEPARTMENT CONTACT

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

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> United Healthcare Services, Inc.	<b>TELEPHONE NUMBER</b> 925-936-1300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 9900 Bren Road East, Minnetonka, Minnesota 55343	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$9,022,607		
<b>NATURE OF THE CONTRACT (Please describe)</b> Self-Insured Medical PPO and Self-Insured Exclusive Provider Option (EPO) Medical and Prescription Drug Plans for City Employees, City Early Retirees, and eligible dependents, sponsored by CCSF and whose claims administration is outsourced to UnitedHealth Services, Inc.		

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

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<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	Flynn	Timothy P.	Board of Directors
2	Garcia	Paul R.	Board of Directors
3	Hemsley	Stephen J.	Board of Directors
4	Hooper	Michelle J.	Board of Directors
5	McNabb III	F. William	Board of Directors
6	Rice	Valerie Montgomery	Board of Directors
7	Noseworthy	John H.	Board of Directors
8	Witty	Sir Andrew P.	Board of Directors
9	Witty	Sir Andrew P.	CEO
10	Rex	John	CFO
11	McMahon	Dirk	COO
12			
13			
14			
15			
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			



**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

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



## San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 230765

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

original

##### DATE OF ORIGINAL FILING (for amendment only)

##### AMENDMENT DESCRIPTION – Explain reason for amendment

#### 2. CITY ELECTIVE OFFICE OR BOARD

##### OFFICE OR BOARD

Board of Supervisors

##### NAME OF CITY ELECTIVE OFFICER

Members

#### 3. FILER'S CONTACT

##### NAME OF FILER'S CONTACT

Angela Calvillo

##### TELEPHONE NUMBER

415-554-5184

##### FULL DEPARTMENT NAME

office of the clerk of the Board

##### EMAIL

Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

##### NAME OF DEPARTMENTAL CONTACT

Michael Visconti

##### DEPARTMENT CONTACT TELEPHONE NUMBER

(628) 652-4645

##### FULL DEPARTMENT NAME

HSS Health Service System

##### DEPARTMENT CONTACT EMAIL

michael.visconti@sfgov.org

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

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 230765
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$10,770,634		
<b>NATURE OF THE CONTRACT (Please describe)</b> 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
<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	Murphy, O.D	Mary Anne	Board of Directors
2	Wickham, O.D.	Matt	Board of Directors
3	Morrissey	John	Board of Directors
4	Adachi	Barbara	Board of Directors
5	Adams, O.D.	Tricia	Board of Directors
6	Howard	Fred	Board of Directors
7	Meter	Betsy	Board of Directors
8	Jennings, O.D.	Gordon	Board of Directors
9	Johnson, O.D.	Jarrett	Board of Directors
10	Thomas	Stuart	Board of Directors
11	Guyette	Michael	CEO
12	Renwick-Espinosa	Kate	Other Principal Officer
13	Mahmood	Alec	CFO
14			
15			
16			
17			
18			
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
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			

**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			
40			
41			
42			
43			
44			
45			
46			
47			
48			
49			
50			

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

**10. VERIFICATION**

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

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

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

President, District 3  
BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689  
Tel. No. 554-7450  
Fax No. 554-7454  
TDD/TTY No. 544-6546

**Aaron Peskin**

---

---

**PRESIDENTIAL ACTION**

Date:

To: Angela Calvillo, Clerk of the Board of Supervisors

---

---

Madam Clerk,  
Pursuant to Board Rules, I am hereby:

Waiving 30-Day Rule (Board Rule No. 3.23)

File No.

(Primary Sponsor)

Title.

Transferring (Board Rule No 3.3)

File No.

(Primary Sponsor)

Title.

From:

Committee

To:

Committee

Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor:

Replacing Supervisor:

For:

Meeting

(Date)

(Committee)

Start Time:

End Time:

Temporary Assignment:

Partial

Full Meeting

---

Aaron Peskin, President  
Board of Supervisors

**MEMORANDUM**

DATE: June 16, 2023  
TO: Supervisor Connie Chan, Chair  
Board of Supervisors Budget and Finance Committee  
FROM: Abbie Yant, Executive Director  
Health Service System  
RE: Ordinance Approving Health Service System Plans and Contribution  
Rates for Calendar Year 2024

---

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 2024 and Legislative Digest;
2. 2023 Ten-County Survey, pursuant to Charter Section A8.423, approved by the Health Service Board on March 23, 2023;
3. Actuarial Report dated June 16, 2023 from AON Consulting, as required under Section A8.422 of Appendix A to the San Francisco Charter, including summaries of the rates and benefits adopted by the Health Service Board on March 23, April 13, May 11, May 25, and June 8, 2023.
4. HSS Membership Enrollment Statistics Report dated June 1, 2023 reflecting total enrollment distribution across the three medical plans, the dental plans and life and long-term disability; and
5. Form SFEC-126f4 (Notification of Contract Approval) for the following benefit service providers:
  - a. Blue Shield of California
  - b. Delta Dental of California
  - c. Dental Benefit Providers of California, Inc.
  - d. Hartford Life and Accident Insurance Company
  - e. Kaiser Foundation Health Plan
  - f. Health Net of California
  - g. UnitedHealthcare Services, Inc.
  - h. Vision Service Plan

Please let me know if you need any additional information.

CC: Members, Health Service Board (w/ electronic attached)  
Jennifer Donnellan (w/ electronic attached)  
Ben Rosenfield (w/ electronic attached)  
Iftikhar Hussain (w/electronic attached)  
Mike Clarke, AON (w/ electronic attached)  
Ashley Groffenberger (w/ electronic attached)