



San Francisco Ethics Commission

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

Phone: 415.252.3100 . Fax: 415.252.3112

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

Received On:

File #: 200674

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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

A Public Document

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

1. FILING INFORMATION

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

2. CITY ELECTIVE OFFICE OR BOARD

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

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

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

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200674
DESCRIPTION OF AMOUNT OF CONTRACT \$338,202,876		
NATURE OF THE CONTRACT (Please describe) Medical Health Insurance: Blue Shield Flex Funded HMO for Actives and Early Retirees		

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	Doug Busch		Board of Directors
2	Mari Barker		Board of Directors
3	Kimberly Belshé		Board of Directors
4	Evelyn Dilsaver		Board of Directors
5	Helen DuPlessis, M.D., M.P		Board of Directors
6	Hector Flores, M.D.		Board of Directors
7	Alan Fohrer		Board of Directors
8	Will Glaser		Board of Directors
9	Kristina M. Leslie		Board of Directors
10	Paul Markovich		CEO
11	Leon E. Panetta		Board of Directors
12	Mohammad H. Qayoumi, Ph.D.		Board of Directors
13	The Rawlings Group,		Subcontractor
14	TPUSA		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Argus Health Systems,		Subcontractor
18	Healthways		Subcontractor
19	VAL Health		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	CVS Specialty		Subcontractor
21	Dental Benefit Providers		Subcontractor
22	DST Output		Subcontractor
23	Arvato		Subcontractor
24	Hewlett Packard		Subcontractor
25	Trizetto Cognizant		Subcontractor
26	HealthEquity		Subcontractor
27	Healthwise		Subcontractor
28	Hinduja Global Solutions I		Subcontractor
29	LabCorp		Subcontractor
30	Language Line		Subcontractor
31	Magellan Health Services		Subcontractor
32	MES Vision		Subcontractor
33	National Imaging Associate		Subcontractor
34	CVS Health		Subcontractor
35	Quest Diagnostics		Subcontractor
36	Exela		Subcontractor
37	TeleTech Financial Service		Subcontractor
38	Partners in Care Foundatio		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Radiant,subsidy Accenture		Subcontractor
40	Calibrated		Subcontractor
41	Sandra Clarke		CFO
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION

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

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

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