

January 14, 2021

TO: Dr. Steven Follansbee, President, Members of the Health Service Board
FROM: Abbie Yant, RN, MA Executive Director SFHSS
RE: December 2020 Board Report

SFHSS is Operating in a Virtual Environment and is Closed to the Public

Medical Plan RFP

SFHSS Contracts/RFP team is wrapping up the written proposal and oral interview analysis that will inform the recommendation for Health Plans for the active and early retiree populations for PY 2022 to come before the Health Service Board in February.

Reminder: Vendor Black Out Period – Extended

The HSB approved the Vendor Black Out period commenced February 13, 2020. As of June 11, 2020, the vendor Black Out Period was extended through the rest of this calendar year to include the period for the Medical Plan selection process. The recommendation for the Medical Plan selection is scheduled to present to the Health Service Board in February 2021. Subsequently, SFHSS will be in negotiations with Medical, Dental and Vision plans for Plan Year 2022 and therefore the Vendor Black Out Period will continue through June 2021.

COVID-19 Update

As you are aware the COVID-19 pandemic continues to impact our communities. San Francisco Department of Public Health (DPH) is the lead agency advising us on precautions to take during these difficult months of a surge. SFHSS stays informed and abides by local health orders. For more information, please refer to the DPH website <https://www.sfdph.org/dph/alerts/coronavirus.asp>. The health plans are also monitoring COVID-19 related utilization of health care services. **See attached.**

COVID-19 Vaccinations

SFHSS is working with the Department of Public Health and hospital and healthcare providers to understand the resources that are being developed to provide vaccinations for the residents and workers in San Francisco. As these plans unfold and the vaccine is made available, SFHSS will provide updates and encourage our members to receive the vaccine.

Medicare Plan Evaluation

Over the next several months, in consultation with Aon, staff will continue to learn about the Medicare plan landscape including employer-sponsored plans (e.g., “group insurance” plans) and individual market plans. Ultimately, evaluation of our learnings and development of our go-forward recommendations by June 2021 will be guided by this four-pillar framework:

1. Quality
2. Costs
3. Benefits Administration
4. Legal and Policy Guardrails.

In December 2020, SFHSS staff and Aon continued exploration of the Medicare market through informational interviews with two public providers who utilize private exchanges to administer individual plans.

Social Determinants of Health (SDoH)

SFHSS staff continues to develop its strategy to address SDoH with the HSS member population.

Objectives of this process include:

- Formation of an internal workgroup to develop the strategy to address SDoH within the HSS member population
- Organize and analyze available data from Health Plans and All Payer Claims Database (APCD) to identify disparities and gaps in care.
- Compile relevant best practices for addressing SDoH
- Identify social factors that contribute to population conditions and disease states.
- Identify desired measurable outcomes.
- Participate in a BlueShield Health Reimagined Steering Committee

Racial Equity Action Planning

Phase I of the SFHSS Racial Equity Action Plan (REAP) was submitted to the Office of Racial Equity, Mayor's Office, and Board of Supervisors in accordance with the December 31st city-wide mandate.

The Health Service Board approved the design and development of the SFHSS Racial Equity Action Plan: Phase I that is now published on our department website: <https://sfhss.org/reap>.

Phase I supports staff empowerment through programs that benefit our workplace environment. Phase II will focus on the delivery of external services and programs benefitting our membership at large. The Board endorsed and approved the implementation, assessment, and evaluation of Phase I and Phase II initiatives to advance racial equity throughout 2021-2023. Consistent with the SFHSS Strategic Plan, this includes education and awareness training to better understand how distinct social, environmental, and demographic factors can impact whole-person health and well-being. The Social Determinants of Health (SDoH) and racial equity are important lenses through which we address whole-person health and well-being for our staff and membership in alignment with our strategic plan.

I would like to acknowledge All-Staff, our Leadership Team, Racial Equity Advisory Group, and Racial Equity Leads for their high levels of engagement in the REAP development process.

Administration Update

Health Service Board Email Report – see attached

Legislative Report – attached

Please see the attached report for a shortened version of the legislation we are monitoring.

Follow up from Health Plans for Prior HSB Meetings

Brown and Toland Ancillary Services Description - attached

Delta Dental: Will present during the Plan Update portion of the agenda.

SFHSS DIVISION REPORTS: December 2020

PERSONNEL

Recruitments:

- 0931 Operations Manager: Selection in Process.
- 1813 Senior Benefit Analyst: Selection in Process.
- 1210 Benefit Analyst: Testing in process.
- 0932 Enterprise Systems and Analytics Director: Recruitment underway.

Employees' Working Status:

Due to Shelter-in-Place provisions, HSS employees have been performing a mix of duties in a variety of locations, including but not limited to essential HSS work both in the office and remotely and Disaster Service Assignments at various locations. There were times when work/resources are not available or staff are not available to perform assignments, but HSS got access to resources for all employees prior to the 2020 Open Enrollment Period.

WELL-BEING (See attached slides.)

- Transitioned the EAP 101, Orientations and Stress Management workshop to a virtual platform
- Provided Well-Being@Work training to Well-Being Key Players (Champion and Department Leads for Well-Being) that focused on virtual engagement strategies
- Integrated the new data management system – Penelope
- Launched [CredibleMind](#) – Mental Health and Emotional Well-Being Resource Hub

OPERATIONS

- Our offices remain closed to the public. We currently have three to four staff on-site two days per week after having up to seven staff on-site daily to provide support during open enrollment in October.
- Member Services received 5972 calls in November. High call volume is expected in December due to the mailing of Open Enrollment Confirmation letters that reflect 2021 enrollment. Other call topics included retirement, delinquencies, and eligibility in general.
- Call metrics were not met however they improved from November. Staff is working on many end of year projects as certifying tax declarations for domestic partners and 1099s for imputed income.

Enterprise Systems & Analytics (ESA) (See attached slides.)

- ESA is wrapping up the year with calendar year-end activities. Box12DD data for W-2's was generated and validated. IRS-1099 data was generated and validated. IRS-1095 annual coding modifications are currently being tested which is on track to have the program ready to generate the files at month's end. The IRS extended the deadline to March 2nd for providing forms to individuals.
- Good progress is being made in developing reports in Business Insights which will track cycle times and work-in-progress activity. These reports will provide insight to ensure SFHSS is meeting goals for processing times.

- Cybersecurity training has been completed by All HSS Staff and Commissioners with accounts completed the training. Cyberthreats are on the rise especially in healthcare and this marks a significant milestone for SFHSS in offering this training to Commissioners as well as staff. SFHSS is leading the way amongst other Boards and Commissions in ensuring our cybersecurity practices extend to Commissioners.

Communications

- New eNews Design
- Developed Open Enrollment Processes
- Developed COVID Vaccine Webpage
- Designed the Racial Equity Action Plan Report and Webpage
- Developed Cordico 2021 Engagement Plan
- Implementing User Feedback Design Updates for Website
- Developed 2021 Communications Plan

FINANCE DEPARTMENT (See attached.)

Calendar Year-End and Open Enrollment Support:

- Verified the premium amounts in member renewal confirmation communications
- Validated renewal rates in health plan renewal agreements
- Collaborated with Enterprise Systems & Analytics and the Controller's Office on 1099 processing
- Collaborated with Controller's Office support the year-end COLA processing

Projects/Planning:

- Provided analytical support to the Controller's Office in the 5-year Financial Planning on health benefit costs
- Initiated the annual budget setting process for the General Fund Administrative Budget and the Health Sustainability Budget
 - As a lead in to the budget setting process held meetings with HSS division manager to review the current fiscal year budget to actuals
 - Distributed new budget tracking and proposal templates
- Preparation for the 6-month General Fund Budget Status report to the Controller's and Mayor's Budget Office.

New/Updated Policies & Procedures:

- Developed Policy & Procedures for a new department Purchasing Card (P-Card) process

Contracts

- Executed amendment to dental plan agreement (PPO) with Delta Dental of California.
- Executed amendment to group dental agreement (DeltaCare) with Delta Dental of California.
- Executed Agreement with UnitedHealthcare for Dental DMO benefits.
- Executed amendment to Medicare agreement with United Healthcare for the Premium Stabilization Reserve account.
- Executed amendment to agreement with CredibleMind for Member mental health and well-being resources.
- Completed oral interview process with Respondents to the Health Plan RFP.
- Increase to employer-paid MEA Life to \$100K established with The Hartford.

Attachments:

- Black Out Period Memo
- COVID Updates from Health Plans
- HSB Email Procedures
- ESA Slide
- Well-Being Slides
- Financial Reports
- Legislative Report
- Brown and Toland Ancillary Services Description

MEMORANDUM

DATE: January 14, 2021
TO: Dr. Stephen Follansbee, President, and Members of the Health Service Board
FROM: Abbie Yant
SFHSS Executive Director
RE: Black-Out Notice Extension through June 2021

This memorandum shall notify the Health Service Board (“Board”) of the Blackout Period in connection with the San Francisco Health Service System (“SFHSS”) competitive bid process for the medical plans and the Rates and Benefits process for the 2022 plan year.

Pursuant to the Board’s Service Provider Selection Policy, the Board must be notified of a Blackout Period prior to the release of any solicitation for the selection of a primary service provider and also includes the annual SFHSS Rates and Benefits process.

During the Blackout Period, the Board is prohibited from any communications with a potential SFHSS service provider on matters relating to SFHSS contracting except communications on SFHSS matters during Board or Board Committee Meetings.

Communications include face-to-face conversations, telephone conversations, email, text messages, letters, faxes, or any other social media, written or electronic communications.

Any communications with service providers for reasons unrelated to SFHSS during the Blackout Period must be immediately disclosed in writing to the Director and the Board.

The Blackout Period commenced on February 13, 2020, and is extended through the competitive bid process for the medical plans (June – December 2020) and the Rates and Benefits cycle for the plan year 2022 and therefore is expected to end in July 2021 after the Board of Supervisors final approval.

SFHSS Specific Data

Cases:	Blue Shield of California (BSC) as of 12/16	Kaiser as of 12/15 ^[1]	UnitedHealthcare (UHC)	
			Non-Medicare as of 1/6	Medicare as of 12/13
Confirmed	97	NR	85	335
Probable	NR	NR	1	10
Possible	NR	NR	29	19
Total	97	NR	115	364
Test Results:				
Positive	97	1,740	19	25
Negative	2,296	26,494	335	1,172
Inconclusive / Unknown	NR	NR	358	2,967
Total	2,393^[2]	28,234	712	4,164

NR = Not Reported

[1] Does not represent unique members

[2] May be underreported due to claim submission lag

COVID Health Plan Benefit Info

	BSC as of 12/16/2020	Kaiser as of 12/15/2020	UHC Non-Medicare as of 1/6/2021	UHC Medicare as of 12/30/2020
Early Rx Refills Available?	Yes	At Pharmacist's discretion and may allow up to a 100-day supply (no end date on this)	Yes, through 1/20/2021	Yes, through 8/31/2020
Tele-Medicine	Via PCP: Copays waived Via Teladoc: No copay	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID treatment related copays waived through 1/31/2021 COVID testing related copays waived through 1/20/2021
Tele-Behavioral Health	No copay	No copay (no end date on this)	COVID related copays waived through 1/20/2021 Non-COVID related copays waived through 9/30/2020	COVID related copays waived through 1/31/2021 Non-COVID related copays waived through 1/20/2021
Testing / Diagnostics	Copays waived	Copays waived through 3/31/21 or as long as the national public health emergency lasts	Copays waived through 1/20/2021	Copays waived through 1/20/2021
Treatment	Copays waived for treatment between 3/31/2020 – 12/31/2020	Copays waived through 3/31/21 or as long as the national public health emergency lasts	Copays waived through 1/31/2021 Out of Network waived through 10/22/2020	Copays waived through 1/31/2021
Specialist and Primary Care	If a member presents at a specialist office and receives testing or treatment with a COVID-19 diagnosis, there would be no member cost share for services	Copays waived through 3/31/21 or as long as the national public health emergency lasts		Copays waived through 9/30/2020 for specialist; through 12/31/2020 for Primary Care
Other	https://www.blueshieldca.com/coronavirus/your-coverage	https://healthy.kaiserpermanente.org/northern-california/health-wellness/coronavirus-information	Emotional support line available: 1-866-342-6892 Sanvello: On-demand emotional support mobile app, free to members https://www.uhc.com/health-and-wellness/health-topics/covid-19	

MEMORANDUM

DATE: January 14, 2021
TO: Dr. Stephen Follansbee, President of the Health Service Board
FROM: Abbie Yant, Executive Director of the San Francisco Health Service System
RE: Health Service Board Email Outcome Report for December 2020

Health Service Board Future Email Outcome Reports:

The email outcome reports have been distributed monthly since October with a very low volume of emails across all five categories-13 emails total. Going forward the Email Outcome Report will be distributed quarterly with the schedule below.

- a. January-March in April
- b. April-June in July
- c. July-September in October
- d. October-December in January 2022

Email Outcome Report:

December email activities were tracked and categorized under the email policy with the following categories:






- Member Services Experience (General Information, Feedback)
- Benefits Inquiry (Open Enrollment, Eligibility/Enrollment, Payments, Provider Information)
- Policy Questions (Rates & Benefits, Plan/Provider changes)
- Board Meeting Questions (Time of the meeting, Public Comment Instructions, Agenda)
- Miscellaneous Inquiry (Unrelated Board matters or questions)

The SFHSS Member Service team responded, addressed, or had conversations with members who contacted the Health Service Board by email. One Benefit Question is currently being addressed.

Health Service Board Email Outcome Report December 2020		
Member Need	Monthly Total	Action
Member Services	0	N/A
Benefits Inquiry	4	1 in-progress, 3 closed
Policy Questions	1	1 closed
Board Meeting Questions	0	N/A
Miscellaneous	0	N/A

Enterprise Systems & Analytics Report

January 14, 2021

Project	Status	Key Accomplishments
Cybersecurity / Disaster Preparedness		<ul style="list-style-type: none"> All HSS staff completed annual cybersecurity training All Commissioners with accounts completed training
VOIP telephony upgrade		<ul style="list-style-type: none"> Cisco Enterprise Contact Center solution tentative rollout Q3 '20 has been delayed to Q2' 21 due to Covid-19. Equipment, applications and licensing have been purchased and received. Work to be resumed Call monitoring now available
Enterprise Content Management System (ECM) Business Insights		<ul style="list-style-type: none"> 7 cycle time / work-in-progress reports in development – 2 almost complete System configured to email out the reports
IRS-1095		<ul style="list-style-type: none"> Development complete, code deployed for Acceptance Testing IRS extended deadline to March 2nd for providing forms to individuals.
Calendar Year-End IRS-1099 IRS-W-2		<ul style="list-style-type: none"> 1099 data provided for processing forms. W-2 Box 12DD data validated and approved for final print



On Schedule, Adequate Resources, Within Budget, Risks in Control



Potential issues with schedule /budget can be saved with corrective actions



Serious issues. Project most likely delayed or significant budget overrun

Well-Being Monthly Report

Health Service Board Meeting | January 14, 2021

W@W Key-Player Training:

In a recent COVID-19 Well-Being survey, conducted by SFHSS, 85% of employees reported that technology has helped them stay connected with colleagues in a collaborative way. Establishing social connections and engaging employees in a virtual setting can be challenging, but not impossible.

Level Up!

Strategies for effective virtual engagement: Capitalize on the virtual platforms your employees are using and explore opportunities to “level up” your well-being engagement game!

Attendees: 25

Workshop Goals:

- Review the importance of fostering social connection
- Learn different types of virtual engagement tools
- Identify resources to better engage employees in health and well-being activities in a virtual space.



December Virtual Programming:

City-Wide Activities:

- Coping with COVID-19 seminar
- How to Handle Holiday Stress seminar
- Healthy Holiday Planning (plant-based food demonstration)
- Weekly Group Exercise Classes: Taijifit, Zumba

Department-led Activities:

- DPH GEX Series: Yoga, Basic Core
- CON Meditation
- DPH FITT Seminar
- ENV Activities: Yoga, Gratitude

Feedback:

“Thank you 😊 for doing this plant-based event. It has been far too rare, and needs to happen more than any other, for OUR CLIMATE, HEALTH, and KARMA, to name but a few benefit categories! Please keep it happening with nonstop frequency. Chow, ciao and how! Your follower 😊”

“I love...love...love this kind of information with the recipes and action plan. I really like to see more of this type of topics. Really good stuff. Thanks so much!!!”



DECEMBER 2020

FREE Virtual Well-Being Activities

Seminars

- 12/9 - Coping with COVID-19 & Beyond 12:00-12:45pm [RSVP Here](#)
- 12/11 - How to Handle Holiday Stress 12:00-12:30pm [RSVP Here](#)
- 12/16 - Food Demo: Healthy Holidays Plant-based Food 12:00-1:00pm [RSVP Here](#)

Online Exercise Classes

- [Zumba](#) Tues 5:00-6:00pm
- [TaijiFit](#) Thurs 5:00-5:30pm

RECHARGE Breaks

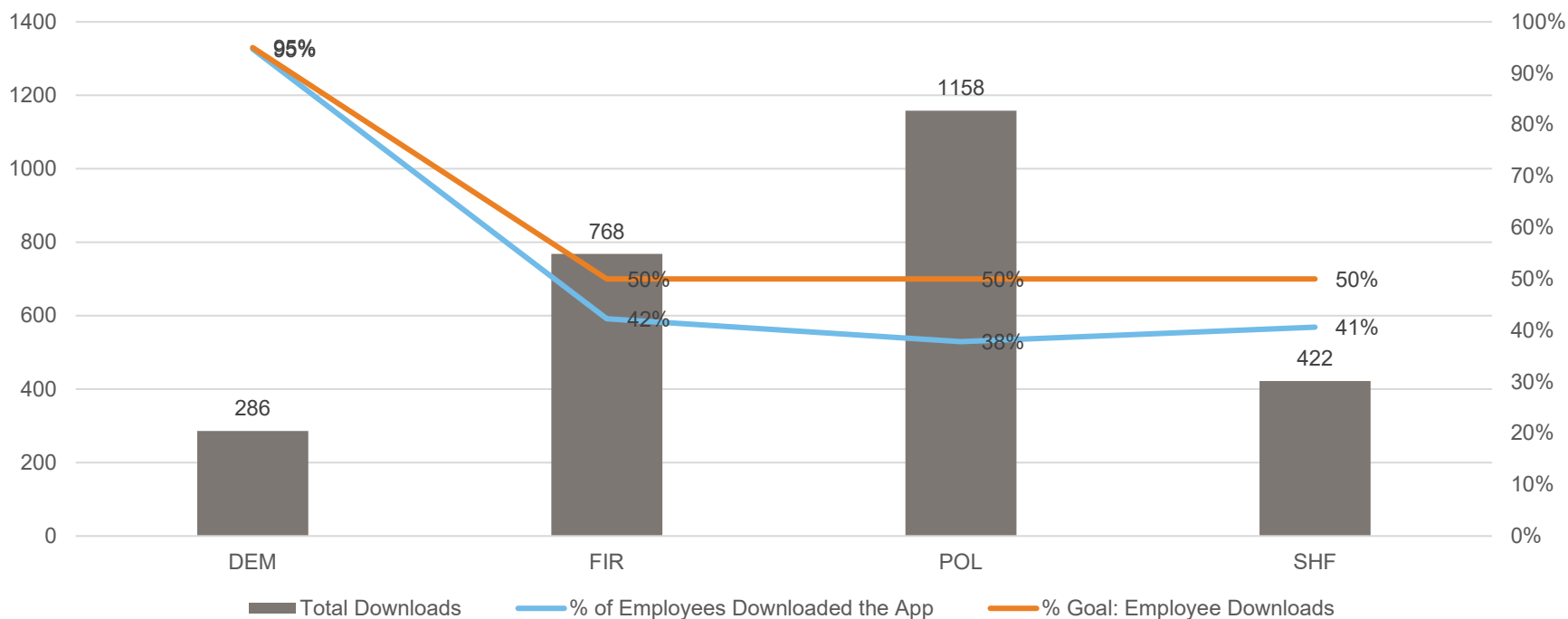
- 10-Minute Stretch Breaks Tuesdays & Thursdays 3:00pm. [Join Here](#)

Questions? Contact Well-Being@sfgov.org

Behavioral Health: Cordico Wellness App

- Total downloads: 2,634 (11% increase from November)
 - DEM (Department of Emergency Management – 911 operators) hit their download goal of 95% of employees downloading the app

Total Downloads and % of Employees Downloaded by Dept. (YTD)



Data represented 5/25 through 1/1/2021

Behavioral Health: Cordico Wellness App – 12% increase in module clicks

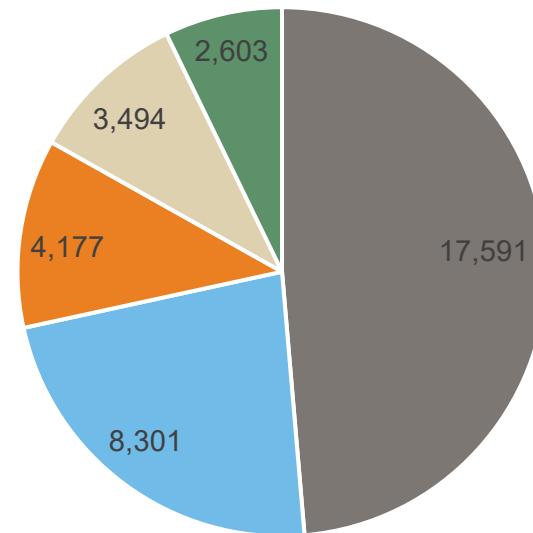
Top Five Modules Clicked:
Remained the same from previous month

1. Wellness Toolkit
2. Stress Unit/ BSU/ Peer Program
3. COVID-19 Resources
4. Notifications/Messages
5. Self Assessments

Highlights: New modules clicks

- Videos and Social Media – Police Enterprise
- Get to Know SFSO - Sheriff
- Fire Safety Tips and Training – Fire
- SFDEM Links – Dept. Emergency Management

Total Clicks by Module



- Wellness Toolkit
- Behavioral Science Unit (BSU)/ Stress Unit/ Peer Support
- COVID-19 Resources
- Notifications / Messages
- Self-Assessments

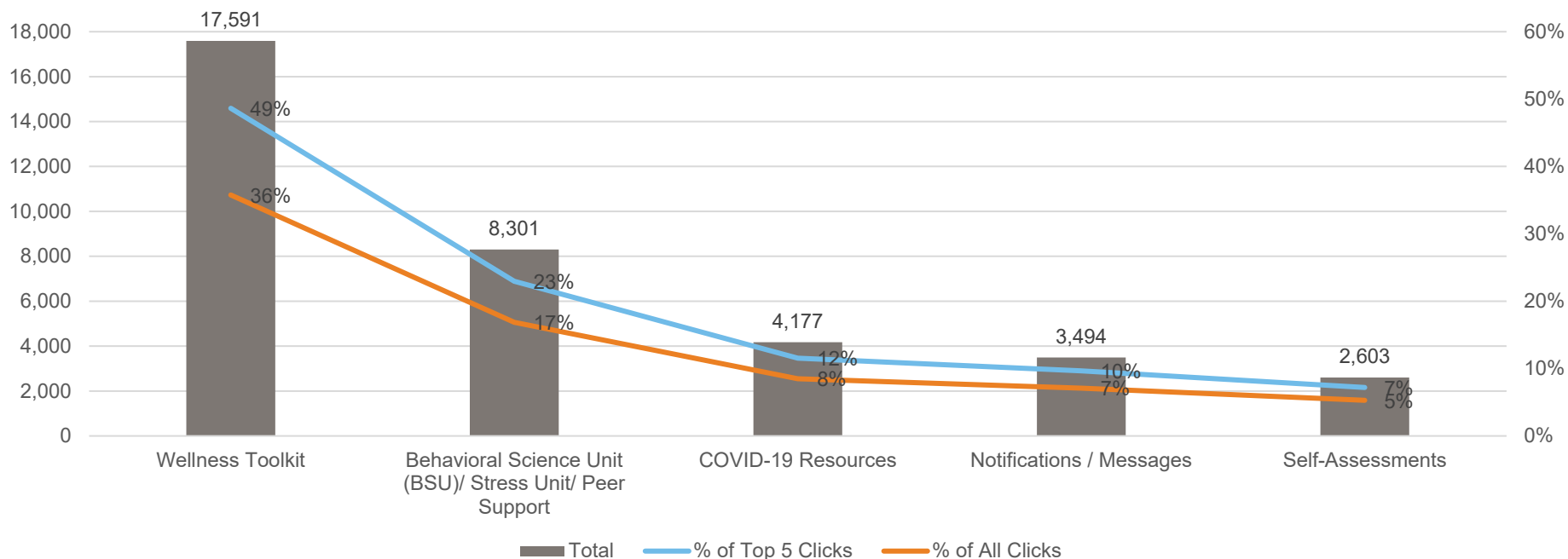
**Data represented 5/25 through 1/1/2021*

Behavioral Health: Cordico Wellness App

Modules - Top 5

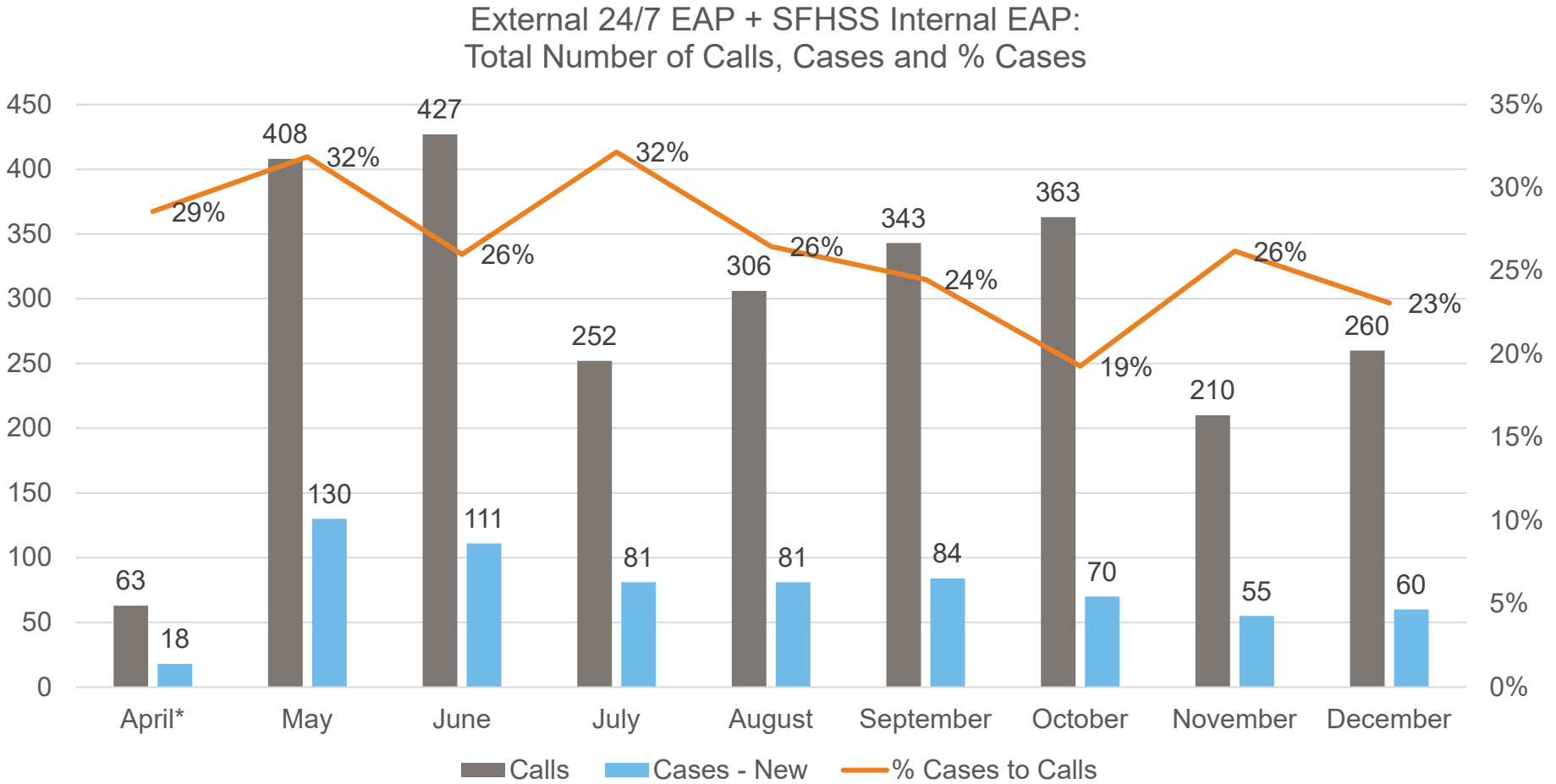
- Wellness Toolkit module remains the most clicked representing 36% of all module clicks

Top 5 Modules Clicked: Total clicks, % of clicks within the top 5 modules and % of all module clicks



*Data represented 5/25 through 1/1/2021

Number of Calls and Cases to EAP: 68% of calls are going to the External EAP



*April represents only External 24/7 EAP from 4/24 (inception)

External 24/7 EAP

(Data represents 4/24 through 12/31)

- 1674 calls of which 582 became cases
- 21% of all calls to EAP occur between 5 pm and 8 am
- 12% of all services are from first responders
- 1/3 of individuals range between 31 – 40 years of age

Presenting Issue	Percentage of Cases
Stress	24%
Psychological	16%
Partner/Relationship	13%
Anxiety Related	11%
Health Crisis	9%

SFHSS Internal EAP

(Data represents 5/1 through 12/31)

Organizational Services

- Virtual offerings – EAP 101, Managing Stress, EAP Orientation
- Integrated the new data management system – Penelope
- Launched [CredibleMind](#) – Mental Health and Emotional Well-Being Resource Hub
- 15 critical incident responses serving 323 people
- 201 organizational consultations

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

Memorandum

DATE: January 14, 2021

TO: Dr. Stephen Follansbee, President and Members of the Health Service Board

FROM: Larry Loo, Chief Financial Officer

RE: Financial Report as of November 30, 2020

This report summarizes revenues and expenses of the Employee Benefit Trust Fund (Trust Fund) and the General Fund Administration Budget for the first five months of Fiscal Year (FY) 2020-21 as of November 30, 2020. The Health Sustainability Fund, which is a part of the Trust Fund is reported out in additional detail. The reports below are based the most complete information available for the reporting period and may be subject to adjustments as additional transaction throughout the fiscal year are recognized.

In general, all funds are projected to perform positively throughout the fiscal year. These projections are incorporated into the annual budget planning cycle for the General Fund and Trust Fund. The planning objectives for those funding sources are addressed in other Health Service Board documents.

Executive Summary

Trust Fund

- Projecting a \$16.6 M increase in the fund balance, from \$116.1 M on June 30, 2020 to \$132.7 M on June 30, 2021
- Projecting fiscal year-end (FYE) change in fund balance by self-insured plans
 - UHC PPO: \$0.47 M projected increase
 - Blue Shield Access +: \$13.8 M projected increase
 - Blue Shield Trio: \$4.0 M projected increase
 - Delta Dental PPO (Actives only): \$0.46 M projected increase
- Cumulative expenses compared to revenues with five months of experience by self-insured plans
 - UHC PPO: cumulative expenses were \$0.01 M less than revenues
 - Blue Shield Access +: cumulative expenses were \$5.6 M less than revenues
 - Blue Shield Trio: cumulative expenses were \$1.83 M less than revenues
 - Delta Dental PPO plan: cumulative expenses were \$0.88 M greater than revenues
- Healthcare Sustainability Fund: unchanged at a \$2.8 M projected increase in the fund balance
- Interest: (not projected as of this writing)
- Performance Guarantees: (none projected as of this writing)
- Pharmacy Rebates: received \$2.36 M in pharmacy rebates through five months and project a FYE total of \$8M.

General Fund

- Projecting no net change to the year-end balance

Employee Benefit Trust Fund

At the beginning of FY 2020-2021, the Trust Fund balance was \$116.1 M. Based on activity through five months ending November 30, 2020, the FYE Trust Fund balance is projected to be \$132.7 M. The projected \$23.6 million increase includes reserves in compliance to Health Service Board approved policies for the self-funded health plans. These reserves include the Incurred But Not Reported (IBNR), Contingency and Rate Stabilization. The IBNR and Contingency Reserves will be presented and discussed separately during this January Health Services Board meeting by the AON consulting actuary; the Rate Stabilization will be presented later in the year as part of the renewals.

Notwithstanding the reserves established for the current calendar year plans, the impacts of the COVID-19 pandemic continues to create uncertainty in forecasting future health care cost. Overall, the self-funded plans appear to perform better than initially projected. While some elective procedures and non-emergency health care services may have been deferred by members there is the possibility that there will be pent up demand or latent health conditions that may surface due to deferred monitoring.

The following table summarizes the projected changes in fund balance.

	Projected Fiscal Year-End Change in Fund Balance (in millions)	Page
United Health Care PPO Self-Funded Plan*	\$0.47	3
Blue Shield Access+ Flex-Funded Plan*	13.7	4
Blue Shield Trio Flex-Funded Plan*	4.1	5
Delta Dental Self-Funded Plan	0.46	6
Health Care Sustainability Fund	-1.6	7
Interest	--	7
Performance Guarantees	--	7
Performance Guarantees –	(0.05)	7
Surrogacy and Adoption Assistance Plan		
Forfeitures	0.11	7
Transfers Out	(0.63)	7
TOTAL	\$16.6	

* Includes Pharmacy Rebates (see page 8)

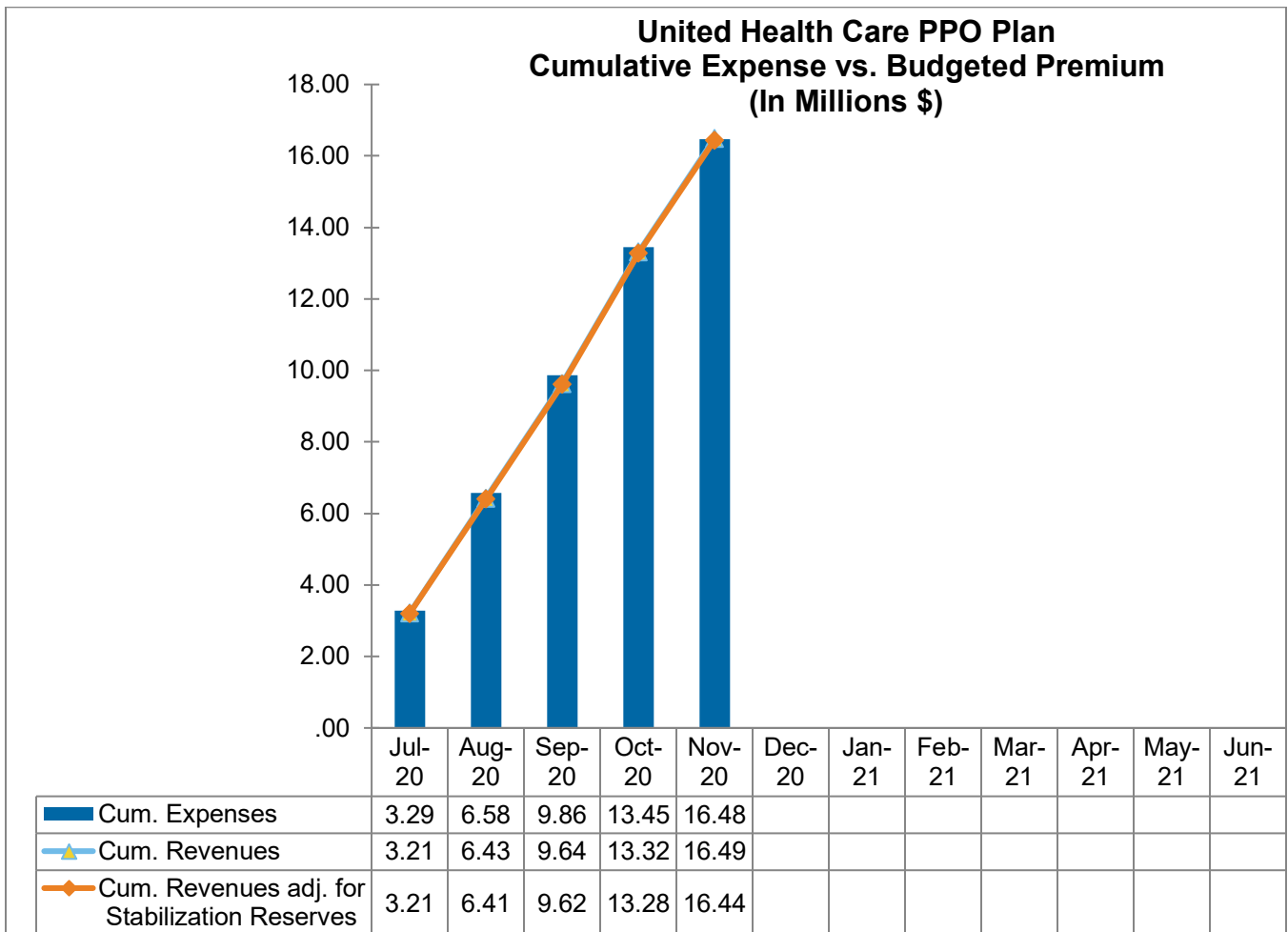
United Health Care PPO

Fiscal Year End Projection

A \$0.47 M increase in fund balance is projected as a result of the following:

- Rate Stabilization Effect:
 - \$0.06 M associated with the increase in 2020 rates (for the first six months of FY 2020-21) due to rating buy-up of the 2018 calendar year-end claims stabilization deficit
 - \$0.37 M associated with the increase in 2021 rates (for the second six months of FY 2020-21) due to rating buy-up of the 2019 calendar year-end claims stabilization deficit
- Pharmacy Rebate(s): \$1.4 M increase due to pharmacy rebates expected by FYE 2020-21 (additional information on page 8)
- Claims: \$1.4 M decrease due to trended unfavorable claim expense

Experience Through Five (5) Months



With five months of experience, cumulative expenses for UHC PPO are \$0.04 M greater than the expected cost levels regardless of whether cumulative expenses are compared to the actual revenues (\$16.48 M - \$16.44 M) and when the cumulative expenses are compared to cumulative revenues with the \$0.05 M buyup for the rate stabilization reserves (\$16.48 M - (\$16.49 M - \$0.05 M)).

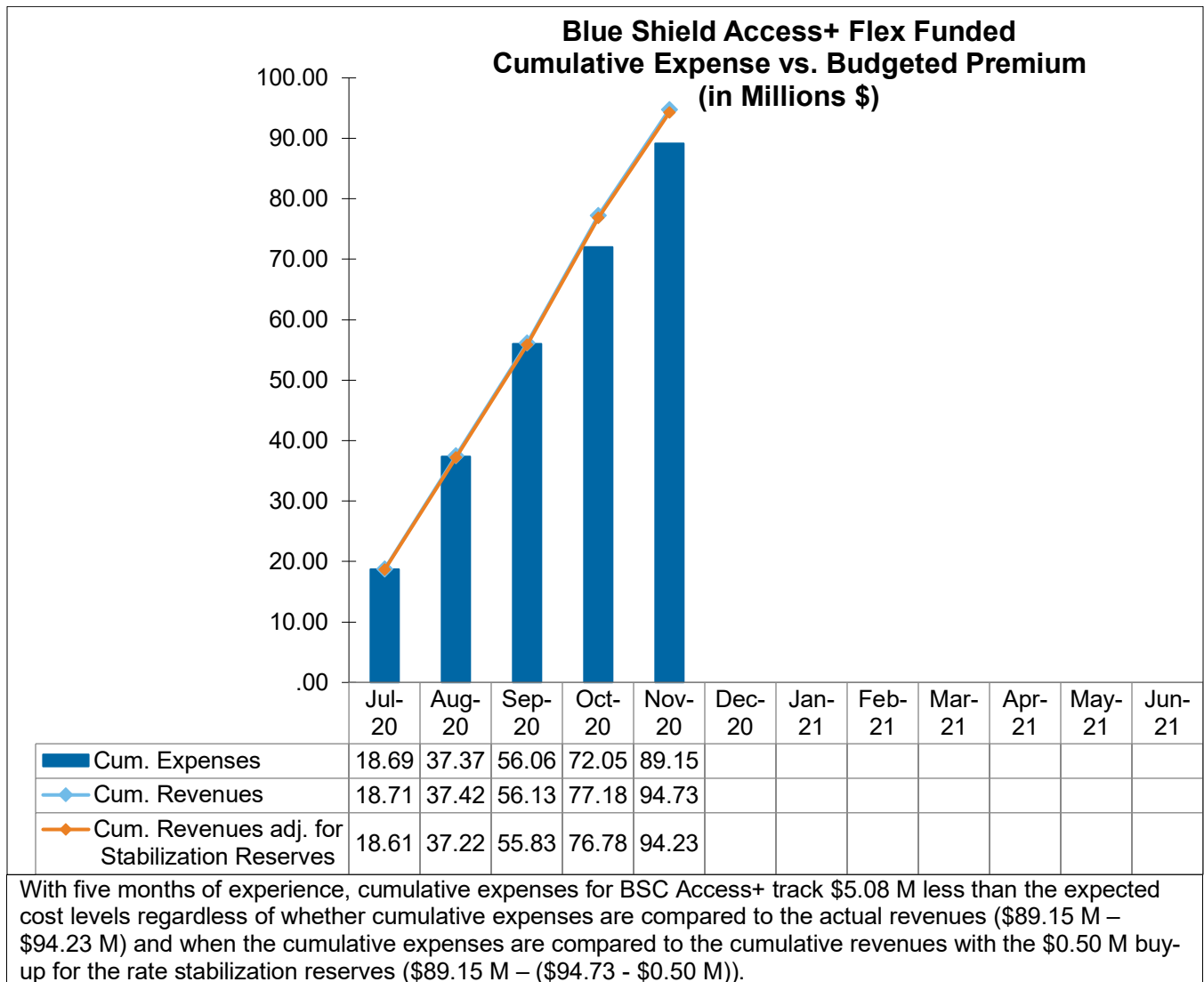
Blue Shield Access+ Flex Funded Plan

Fiscal Year End Projection

A \$13.7 M increase in fund balance is projected resulting from:

- Rate Stabilization Effect:
 - \$0.6 M associated with the increase in 2020 rates (for the first six months of FY 2020-21) due to the rating buy-up of the 2018 year-end claim stabilization deficit
 - \$0.8 M associated with the decrease in 2021 rates (for the second six months of FY 2020-21) due to the rating buy-down from the 2019 year-end claim stabilization surplus
- Pharmacy Rebate(s): \$4.8 M of pharmacy rebates (additional information on page 8)
- Claims: \$9.1 M increase due to favorable claims expense

Experience Through Five (5) Months



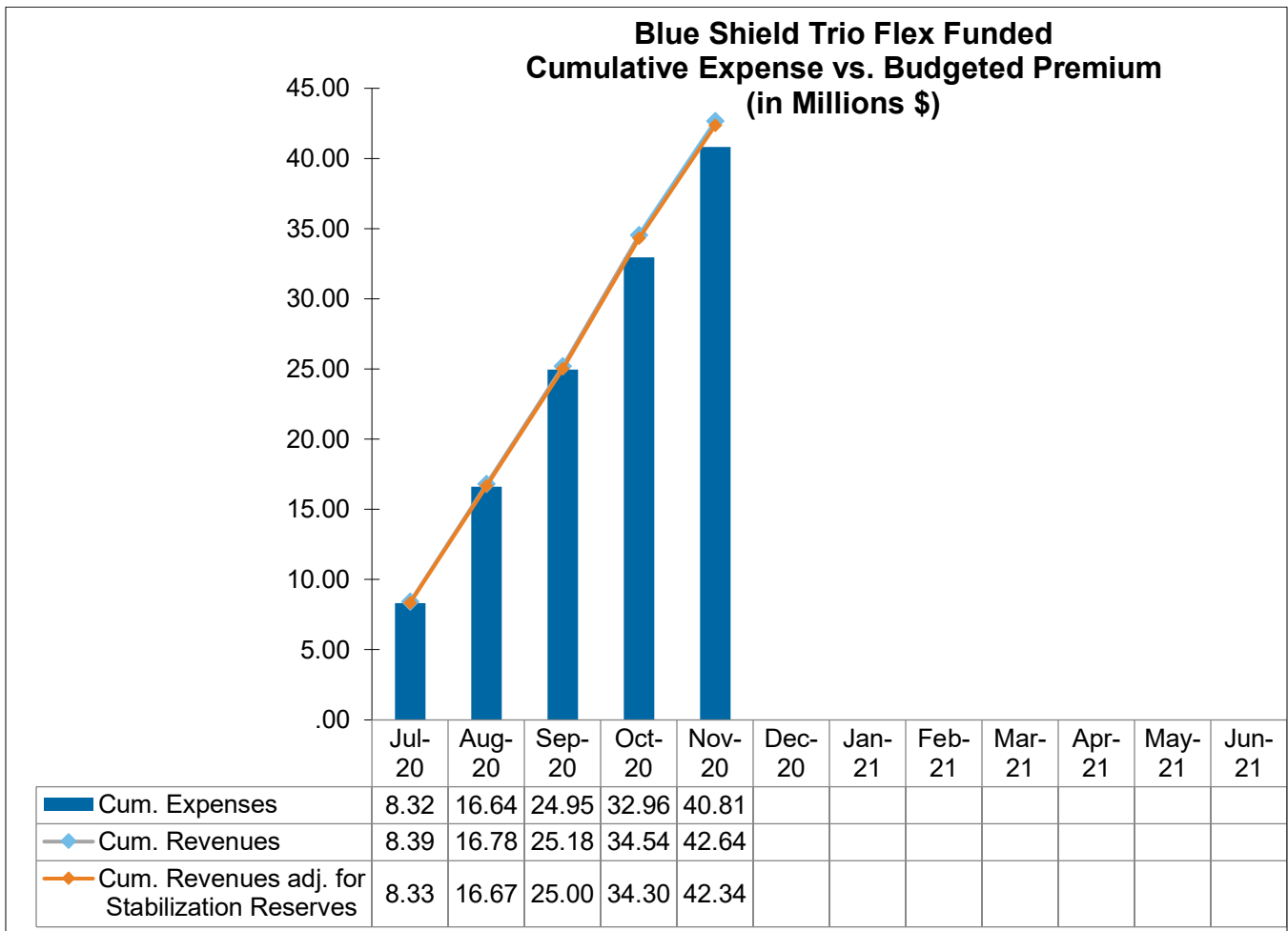
Blue Shield Trio Flex-Funded Plan

Fiscal Year End Projection

A \$4.0 M increase in fund balance is projected resulting from:

- Rate Stabilization Effect:
 - \$0.35 million associated with the increase in 2020 rates (for the first six months of FY 2020-21) due to the rating buy-up of the 2018 year-end claim stabilization deficit
 - \$0.47 million associated with the decrease in 2021 rates (for the second six months of FY 2020-21) due to the rating buy-down from the 2019 year-end claim stabilization surplus
- Pharmacy Rebate(s): \$1.9 M of pharmacy rebates (additional information on page 8)
- Claims: \$2.22 M increase due to favorable claims expense

Experience Through Five (5) Months



Based on five months of experience, cumulative expenses for BSC Trio are \$1.53 M less than the expected cost levels regardless of whether cumulative expenses are compared to the actual revenues (\$40.81 M – \$42.34 M) and when cumulative expenses are compared to cumulative revenues with the \$0.29 M buy up for the rate stabilization reserves (\$40.81 M – (\$42.64- \$0.29 M)).

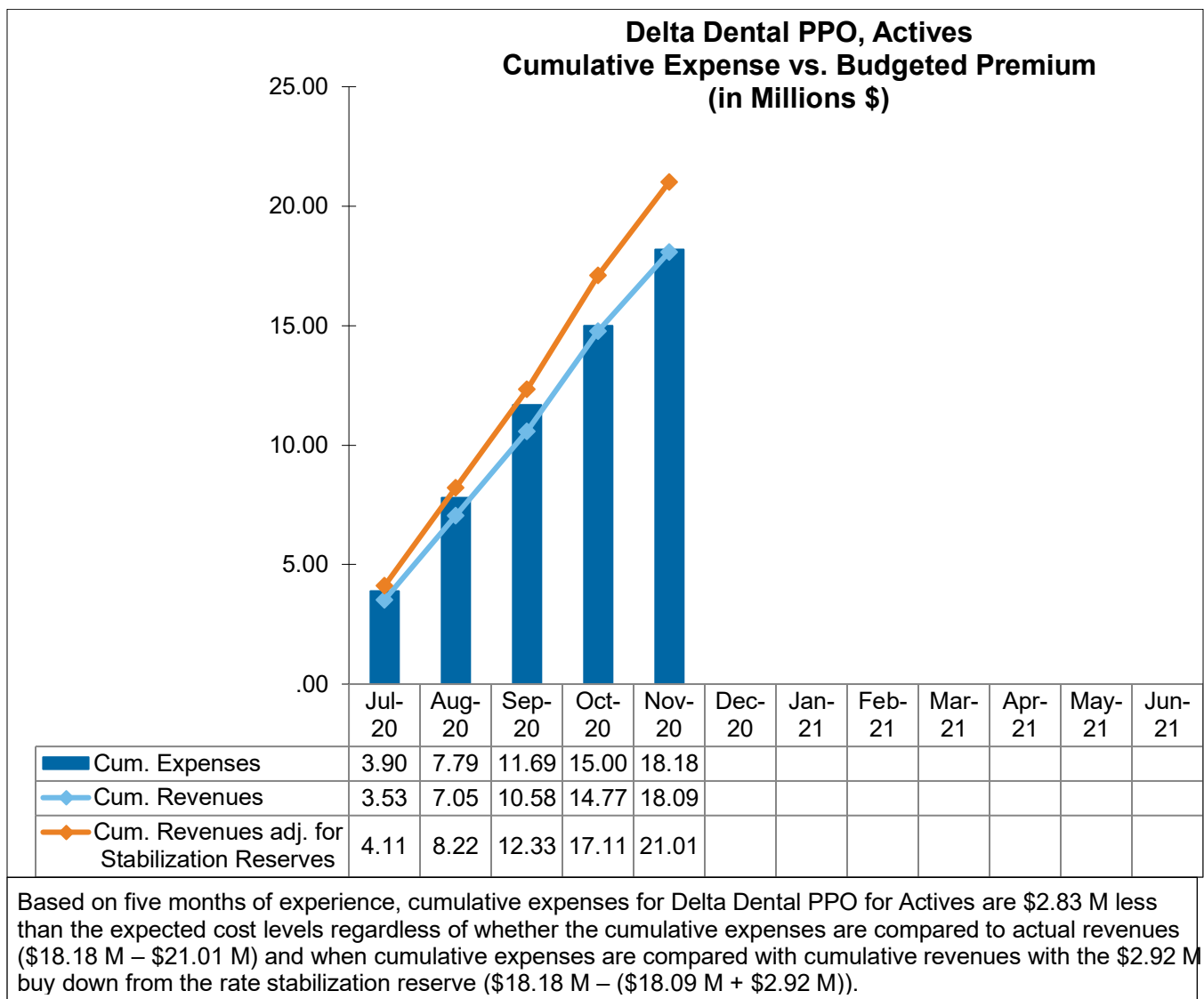
Delta Dental PPO (Actives Only) Self-Funded Plan

Fiscal Year End Projection

A \$0.46 M increase in fund balance is projected resulting from:

- Rate Stabilization Effect:
 - \$3.5 million decrease in fund balance associated with subsidizing 2020 rates (for the first six months of FY 2020-21) from the 2018 year-end claim stabilization reserve
 - \$2.8 million decrease in fund balance associated with subsidizing 2020 rates (for the second six months of FY 2020-21) from the 2019 year-end claim stabilization reserve
- Claims: \$6.76 M increase due to favorable claims expense

Experience Through Five (5) Months



Other Trust Fund Notes

Healthcare Sustainability Fund

With five (5) months of actuals, a projected positive balance of \$2.8 million is expected at FYE 2020-21. When the carryforward amount from the previous fiscal year is netted out, however, there is a projected net reduction in the Health Care Sustainability Fund of \$1.57 M.

SAN FRANCISCO HEALTH SERVICE SYSTEM <small>Affordable, Quality Benefits & Well-Being</small>	Healthcare Sustainability Fund FY 2020-21		
	FY 2020-21 Revised Budget	FY 2020-21 Actuals Nov YTD	FY 2020-21 Projection
REVENUES/PREMIUMS			
Annual Revenues	\$ 2,560,688	\$ 1,072,044	\$ 2,560,688
Carryforward from Fund Balance	4,401,072	4,401,072	4,401,072
TOTAL	\$ 6,961,760	\$ 5,473,117	\$ 6,961,760
EXPENDITURES			
Annual Expenditures	\$ 3,060,356	\$ 741,521	\$ 3,060,356
One-Time Expenditures	\$ 1,074,537	\$ 243,775	\$ 1,074,537
TOTAL	\$ 4,134,893	\$ 985,296	\$ 4,134,893
BALANCE	\$ 2,826,867	\$ 4,487,821	\$ 2,826,867
BALANCE NET OF CARRYFORWARD			\$ (1,574,205)
*Projection based on 5 months of actuals including the carryforward funding from FY 2019-20			

Interest

Year-to-date, there is no updated interest posted in the Trust Fund.

Performance Guarantees

There were no Performance Guarantees received year-to-date in this fiscal year.

Performance Guarantees for Adoption and Surrogacy Assistance Plan

Performance guarantees are used to fund the Adoption and Surrogacy Assistance Plan. As of November 30, 2020, \$44,258 has been reimburse to members under this program.

Forfeitures and Transfers Out

The IRS allows forfeitures from Flexible Spending Accounts to be used to fund the administration of the accounts. Since the funding for the administration is in the General Fund and the forfeitures reside in the Trust, a transfer is made at the close of each fiscal year from the Trust Fund to the General Fund. There was a posting of \$108,000 in October from the prior fiscal year. This delayed reporting of forfeitures by the plan administrator was due to the response to the COVID-19 pandemic.

Pharmacy Rebates

The following table summarizes the FY 2020-21 pharmacy rebates as of November 30, 2020 and fiscal year-end projection. The rebates are reported at the end of each quarter. As of November 30, 2020, \$7.6 million of pharmacy rebates were received. These rebates offset the claims expense of the plans.

Plan	Amount (Year to Date)	Project (Fiscal Year-End)
UHC	\$532,726	\$1,400,000
Blue Shield (Access + and Trio)	960,000	6,665,000
Total	\$7,620,000	\$8,065,000

GENERAL FUND ADMINISTRATION BUDGET

Based on the financial results for the first five months of FY 2020-21, there is a projection of no net surplus or deficit projected at the end of the fiscal year.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: small;"> SAN FRANCISCO HEALTH SERVICE SYSTEM Affordable, Quality Benefits & Well-Being </div> <div style="text-align: center;"> General Fund Administration Budget F Y2020-21 ANNUALIZED AS OF 11/30/20 </div> </div>						
	FY 2020-21 Approved Budget	FY 2020-21 Revised Budget	Non-COVID-19 Actuals	COVID-19 Actuals	Total Actual YTD	FYE 2020-21 Projection
REVENUES						
Non-Operating Revenue	\$ 9,131	\$ 9,131	\$ -	\$ -	\$ -	\$ 9,131
Work Order Recovery	11,467,900	11,467,900	4,778,300	-	4,778,300	11,467,900
Other Revenue	625,297	625,297	-	-	-	625,297
General Fund Carryforward		344,070	344,070	-	344,070	344,070
TOTAL REVENUES	\$ 12,102,328	\$ 12,446,398	\$ 5,122,370	\$ -	\$ 5,122,370	\$ 12,446,398
EXPENDITURES						
Personnel Services	\$ 5,203,105	\$ 5,203,105	\$ 2,102,063	\$ 92,463	\$ 2,194,526	\$ 5,203,105
Mandatory Fringe Benefits	2,680,495	2,680,495	1,024,150	41,627	1,065,777	2,680,495
Non-personnel Services	2,299,146	2,475,244	712,797	1,352	714,150	2,475,244
Materials & Supplies	49,085	65,660	11,959	-	11,959	65,660
Services of Other Departments	1,870,497	2,021,894	496,874	-	496,874	2,021,894
TOTAL EXPENDITURES	\$ 12,102,328	\$ 12,446,398	\$ 4,347,843	\$ 135,442	\$ 4,483,286	\$ 12,446,398
BALANCE	\$ -	\$ 0	\$ 774,527	\$ (135,442)	\$ 639,084	\$ 0

*Projection based on 5 months of actuals including the carryforward funding from FY 2019-20

STATEMENTS OF REVENUES AND EXPENSES
FY20-21 VS FY19-20
YEAR-TO-DATE: NOVEMBER 30, 2020

ACTIVE & RETIRED COMBINED	For 5 Months Ended November 30, 2020	For 5 Months Ended November 30, 2019	\$ Change	% Change
SELF-INSURANCE				
UHC PPO, including ASO				
Revenues	16,491,696	15,398,601	1,093,094	7.1% l
Expenses	(16,476,794)	(16,487,595)	10,801	-0.1%
Net UHC PPO Excess(Shortage)	14,901	(1,088,994)	1,103,895	-101.4%
Blue Shield-Access+	0%			
Revenues	94,730,009	94,860,729	(130,720)	-0.1%
Expenses	(89,149,971)	(89,087,607)	(62,365)	0.1%
Net Blue Shield-Access Excess(Shortage)	5,580,037	5,773,122	(193,085)	-3.3%
Blue Shield-Trio	6%			
Revenues	42,636,642	42,823,173	(186,531)	-0.4%
Expenses	(40,809,428)	(44,766,775)	3,957,347	-8.8% j
Net Blue Shield-Trio Excess(Shortage)	1,827,213	(1,943,602)	3,770,816	-194.0%
Delta Dental - Active only, including ASO	4%			
Revenues	18,089,777	19,277,928	(1,188,151)	-6.2% h
Expenses	(18,178,193)	(18,319,732)	141,539	-0.8%
Net Delta Dental - Active Excess(Shortage)	(88,416)	958,195	(1,046,611)	-109.2%
NET SELF-INSURANCE	7,333,735	3,698,721	3,635,015	98.3%
INSURANCE PRODUCTS				
Kaiser-HMO				
Revenues	188,602,761	175,583,314	13,019,446	7.4% d, l
Expenses	(189,095,738)	(175,157,841)	(13,937,897)	8.0% d, l
Net Kaiser- HMO Excess(Shortage)	(492,978)	425,473	(918,451)	-215.9%
UHC MAPD				
Revenues	35,351,901	30,200,785	5,151,116	17.1% d, l
Expenses	(35,351,901)	(30,200,785)	(5,151,116)	17.1% d, l
Net UHC MAPD Excess(Shortage)	0	0	0	
Vision Service Plan, All (City Plan & HMO)				
Revenues	3,632,258	3,320,580	311,677	9.4% d, l
Expenses	(3,631,139)	(3,306,442)	(324,697)	9.8% d, l
Net Vision Service Plan Excess(Shortage)	1,119	14,138	(13,019)	
Delta Dental - Retired				
Revenues	7,017,690	6,747,952	269,738	4.0% d
Expenses	(7,017,690)	(6,711,039)	(306,651)	4.6% d
Net Delta Dental - Retired Excess(Shortage)	0	36,913	(36,913)	-100.0%
Delta Care				
Revenues	353,989	372,820	(18,831)	-5.1% a
Expenses	(349,749)	(363,834)	14,085	-3.9% a
Net Delta Care Excess(Shortage)	4,240	8,986	(4,746)	-52.8%
UHC Dental				
Revenues	190,638	189,095	1,543	0.8%
Expenses	(190,560)	(187,200)	(3,360)	1.8%
Net UHC Dental Excess(Shortage)	78	1,895	(1,817)	-95.9%
Net Dental	4,319	47,795	(43,476)	-91.0%
Long Term/Short Term Disability				
Revenues	2,960,909	3,234,119	(273,210)	-8.4% h
Expenses	(2,938,139)	(3,234,119)	295,980	-9.2% h
Net Long Term/Short Term Disability Excess(Shortage)	22,770	0	22,770	
Flexible Benefits				
Revenues	1,281,126	1,238,894	42,231	3.4% g
Expenses	(1,279,088)	(1,238,855)	(40,234)	3.2% g
Net Flexible Benefits Excess(Shortage)	2,037	40	1,998	0.2%
Flexible Spending-Dependent Care				
Revenues	2,046,403	2,556,508	(510,105)	-20.0% c
Expenses	(1,688,596)	(2,070,043)	381,447	-18.4% j
Net Flexible Spending-Dependent Care Excess(Shortage)	357,807	486,465	(128,658)	-26.4%
Flexible Spending -Medical Reimbursement				
Revenues	4,087,643	3,707,201	380,442	10.3% d
Expenses	(3,222,875)	(2,343,366)	(879,509)	37.5% f
Net Flexible Spending-Medical Reimbursement Excess(Shortage)	864,768	1,363,835	(499,067)	-36.6%
Best Doctors				
Revenues	0	406,032	(406,032)	-100.0% b
Expenses	0	(404,933)	404,933	-100.0% b
Net Best Doctors Excess(Shortage)	-	1,098	(1,098)	
Adoption & Surrogacy				
Expenses	(45,258)	(48,312)	3,054	-6.3%
Healthcare Sustainability Fund (\$3.00)				
Revenues	1,072,044	1,060,443	11,601	1.1%
Expenses	(1,066,985)	(972,342)	(94,643)	9.7% e
Net Healthcare Sustainability Fund (\$3.00) Excess(Shortage)	5,059	88,101	(83,042)	-94.3%
NET INSURANCE PRODUCTS	719,644	2,378,634	(1,658,989)	-69.7%
SAVINGS AND INVESTMENTS				
Interest	0	0	0	
Performance guarantees	0	0	0	
Forfeitures	108,942	0	0	
TOTAL SAVINGS & INVESTMENTS	108,942	0	0	
TOTAL NET EXCESS (SHORTAGE)	8,162,321	6,077,354	1,976,025	32.5%

Notes: a decrease in membership
b discontinued on 1/1/20
c decrease in deductions
d increase in membership
e \$3 per member per month for communications, wellness, actuarial work
f increase in claims
g increase in deductions
h decrease in rates
i increase in rates
j decrease in claims

**STATEMENT OF REVENUES AND EXPENSES
FY 2020-2021
FOR 5 MONTHS ENDED NOVEMBER 30, 2020**

<i>ACTIVE & RETIRED COMBINED</i>	Year-To-Date Revenues	Year-To-Date Expenses	Year-To-Date Net Excess (Shortage)
SELF-INSURANCE			
UHC PPO, including ASO *	16,491,696	16,476,794	14,901
Blue Shield Access+ *	94,730,009	89,149,971	5,580,037
Blue Shield Trio *	42,636,642	40,809,428	1,827,213
Delta Dental - Active only, including ASO	18,089,777	18,178,193	(88,416)
TOTAL SELF-INSURANCE	171,948,123	164,614,387	7,333,735
INSURANCE PRODUCTS			
UHC MAPD	35,351,901	35,351,901	-
Kaiser-HMO	188,602,761	189,095,738	(492,978)
Vision Service Plan, All (City Plan & HMO)	3,632,258	3,631,139	1,119
Sub-total HMO	227,586,920	228,078,778	(491,859)
Delta Dental - Retired	7,017,690	7,017,690	-
Delta Care	353,989	349,749	4,240
UHC Dental	190,638	190,560	78
Sub-total Dental	7,562,317	7,557,998	4,319
Long Term/Short Term Disability	2,960,909	2,938,139	22,770
Flexible Benefits	1,281,126	1,279,088	2,037
Flexible Spending-Dependent Care	2,046,403	1,688,596	357,807
Flexible Spending -Medical Reimbursement	4,087,643	3,222,875	864,768
Best Doctors (discontinued on 1/1/20)	-	-	-
Healthcare Sustainability Fund (\$3.00)	1,072,044	1,066,985	5,059
Adoption & Surrogacy	-	45,258	(45,258)
TOTAL INSURANCE PRODUCTS	246,597,362	245,877,718	719,644
SAVINGS AND INVESTMENTS			
Interest	-	-	-
Performance guarantees	-	-	-
Forfeitures	108,942	-	108,942
TOTAL SAVINGS & INVESTMENTS	108,942		108,942
TRANSFERS OUT OF FORFEITURES			0
TOTAL FUNDS	418,654,426	410,492,105	8,162,321

* Expenses are net of pharmacy rebates - see report for details

	FY20-21 Year-to-Date Actual Net as of 11/30/20	FY20-21 Projected Year-End Annual Net	
SUMMARY			
Self Insurance			
UHC PPO	14,901	470,649	(a)
Blue Shield-Access+	5,580,037	13,768,919	(b)
Blue Shield-Trio	1,827,213	4,065,985	(b)
Delta Dental PPO, Actives	(88,416)	464,301	(c)
Insurance Products			
Medical HMOs	(491,859)	-	
Dental	4,319	-	
LTD/Flexible Benefits/FSA/Best Doctors	1,247,383	-	
Healthcare Sustainability Fund (\$3.00)	5,059	(1,574,205)	(d)
Savings & Investments			
Interest	-	-	
Performance guarantees	-	-	(e)
Performance guarantees - Surrogacy and adoption	(45,258)	(45,258)	(f)
Forfeitures	108,942	108,942	
Transfers Out	0	(625,297)	(g)
TOTAL	8,162,321	16,634,036	
Net assets			
Beginning of the year		116,114,257	
End of the year		132,748,293	

- (a) Annual Projection is net of claim stabilization of \$0.1 million to increase 2020 rates, \$0.4 million to increase 2021 rates, and Pharmacy rebate of \$1.4 million
- (b) Annual Projection is net of claim stabilization of \$0.9 million to increase 2020 rates, \$1.3 million to decrease 2021 rates, and Pharmacy rebate of \$6.7 million
- (c) Annual Projection is net of claim stabilization of \$3.5 million to reduce 2020 rates and \$2.8 million to reduce 2021 rates
- (d) \$3.00 per member per month for communications, wellness, actuarial work; is part of a total premium.
- (e) Only reflects performance guarantees received in FY 2020-2021
- (f) Reflects use of fund balance
- (g) Transfer of \$0.6M from forfeitures to General Fund per FY 2020-2021 budget

LEGISLATIVE UPDATE JANUARY 14, 2021

	Subject	Legislation Title	Activity	Comment
COVID-19 RELATED				
Federal	Vaccination	HR 223 A bill to direct the Secretary of Health and Human Services to reimburse qualified health care providers for the costs of purchasing, leasing, installing, and operating qualified equipment for cold storage of COVID-19 vaccines.	Introduced January 6, 2021 and referred to the House Committee on Energy and Commerce	A summary is in progress.
Federal	Economic Recovery	HR 133 Consolidated Appropriations Act, 2021 [Including Coronavirus Stimulus & Relief]	Became Public Law on December 27, 2020	This bill became the vehicle for passage of the Consolidated Appropriations Act, 2021, a major government funding bill, which also included economic stimulus provisions due to the coronavirus pandemic. The legislation provides direct payments of up to \$600 per adult, enhanced jobless benefits of \$300 per week, roughly \$284 billion in Paycheck Protection Program loans, \$25 billion in rental assistance, an extension of the eviction moratorium and \$82 billion for schools and colleges. Some benefits-related provisions include: surprise billing dispute resolution; extension of coronavirus-related distributions/loans from retirement plans; allowing plans to permit health and dependent care flexible spending arrangements to carryover unused benefits up to the full annual amount from 2020 to 2021 and 2021 to 2022; extending employer tax credits for providing both paid sick leave and paid family and medical leave under Families First Coronavirus Response Act through March 21, 2021.
Federal	Research	HR 9027 A bill to authorize the Patient-Centered Outcomes Research Institute to fund research of the symptoms of COVID-19	Introduced December 18, 2020 and referred to the House Committee on Energy and Commerce; Ways and Means	A summary is in progress.
Federal	Economic Recovery	S 4941 COVID Community Care Act	Introduced December 1, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A bill making emergency supplemental appropriations for the fiscal year ending September 30, 2020, and for other purposes.
BENEFIT DESIGN & ENROLLMENT OPTIONS				
Federal	Group Insurance Coverage	HR 195 A bill to amend the Internal Revenue Code of 1986 to increase the dollar limitation on employer-provided group term life insurance that can be excluded from the gross income of the employee.	Introduced January 5, 2021 and referred to the House Committee on Ways and Means	A summary is in progress.
Federal	Individual Insurance Coverage	HR 32 A bill to amend the Public Health Service Act to provide for cooperative governing of individual health insurance	Introduced January 4, 2021 and referred to the House Committee on Energy and Commerce	A summary is in progress.
Federal	Pre-Existing Conditions	HR 145 A bill to amend the Patient Protection and Affordable Care Act to ensure that pre-existing condition exclusions with respect to enrollment in health insurance coverage and group health plans continue to be prohibited.	Introduced January 4, 2021 and referred to the House Committee on Energy and Commerce	A summary is in progress.
Federal	Health Savings Accounts	HR 53 A bill to amend the Internal Revenue Code of 1986 to allow for tax-advantaged distributions from health savings accounts during family or medical leave	Introduced January 4, 2021 and referred to the House Committee on Ways and Means	A summary is in progress.

LEGISLATIVE UPDATE JANUARY 14, 2021

	Subject	Legislation Title	Activity	Comment
TRANSPARENCY				
Federal	Health Plan/Insurance Issuer Reporting	S 5084 A bill to increase transparency and access to group health plan and health insurance issuer reporting	Introduced December 21, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.
Federal	Health Plan/Insurance Issuer Reporting	S 4959 A bill to increase transparency and access to group health plan and health insurance issuer reporting	Introduced December 3, 2020 and referred to the Senate Committee on Health, Education, Labor, and Pensions	A summary is in progress.
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT				
Federal	Department of Health and Human Services, Centers for Medicare & Medicaid Services	HHS Issues Notice of Enforcement Discretion	The Notification of Enforcement Discretion is effective immediately and will remain in effect until the Secretary of HHS declares that the public health emergency no longer exists, or upon the expiration date of the declared public health emergency (as determined by 42 U.S.C. 247d), whichever occurs first.	The Department of Health and Human Services (HHS) Office for Civil Rights (OCR) announced the release of a Notice of Enforcement Discretion in how it applies the Privacy Rule under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HHS will not impose penalties for violations of certain provisions of the HIPAA Privacy Rule against health care providers or their business associates for the good faith uses and disclosures of protected health information (PHI) by business associates for public health and health oversight activities during the COVID-19 nationwide public health emergency. This includes when: (1) the business associate makes a good faith use or disclosure of the covered entity's PHI for public health activities consistent with 45 CFR 164.512(b), or health oversight activities consistent with 45 CFR 164.512(d); and (2) the business associate informs the covered entity within ten (10) calendar days after the use or disclosure occurs (or commences, with respect to uses or disclosures that will repeat over time).
OFFICIAL NOTIFICATIONS				
Federal	Department of Labor's Wage and Hour Division (WHD)	WHD Issues Field Assistance Bulletins	Field Assistance Bulletins issued December 29, 2020. Release Number 20-2332-NAT.	The U.S. Department of Labor's Wage and Hour Division (WHD) announced new guidance in its ongoing efforts to support the American workforce through the pandemic recovery. As employers continue to meet the challenges presented to their businesses by the coronavirus, and as telework arrangements and virtual communication increasingly provide solutions, the agency provides additional guidance to maximize the benefits of these arrangements for employers and workers alike. Guidance comes in the form of two new Field Assistance Bulletins (FABs): (1) FAB 2020-7 addresses when, as a matter of enforcement policy, WHD will consider electronic posting by employers by email or an internet or intranet website to satisfy the employer's requirement to provide employees with required notice of their statutory rights under a variety of federal labor laws. (2) FAB 2020-8 addresses when WHD will consider telemedicine an "in-person" visit for the purposes of establishing a serious health condition qualifying for protection under the Family and Medical Leave Act (FMLA).

Ancillary Care Services

Many times, when you need medical care, being diagnosed or treated doesn't end when you leave your doctor's office or the hospital. Additional services—from physical therapy to imaging to laboratory services—are an important part of receiving the most comprehensive care.

Called “ancillary care,” these services support the work of your primary care physician and are important tools for carrying out your treatment plan. As a Brown & Toland member, you and your primary care doctor have access to a wide range of these services at locations conveniently located throughout the Bay Area.

REFERRALS TO ANCILLARY CARE SERVICES

Brown & Toland patients have access to the full spectrum of ancillary care services throughout the Bay Area. Be sure to work with your primary care physician for referral to these services, some of which may require prior authorization from your PCP. Ancillary care services/locations include:

BONE DENSITY

East Bay

Berkeley Bone Imaging
InView Medical Imaging, Oakland
NorCal Imaging, Oakland

San Francisco

Radnet Medical Imaging
SimonMed Imaging: Post St.,
Sacramento St.

CT SCAN

East Bay

Emeryville Advanced Imaging Center
Epic Care, Emeryville
NorCal Imaging, Oakland

San Francisco

Chinese Hospital
Radnet Medical Imaging
Saint Francis Memorial Hospital
SimonMed Imaging: Post St.,
Sacramento St.
St. Mary's Medical Center

PET SCAN

East Bay

Epic Care, Emeryville
NorCal Imaging, Oakland
PET/CT Imaging of Berkeley

LABORATORY

East Bay

Labcorp
Any Labcorp draw station and:
Berkeley: Colby St., Milvia St.,
Telegraph Ave. (Open Saturday)
Oakland: 30th St., Webster St.

San Francisco

Labcorp
Any Labcorp draw station and:
Noe St., Van Ness Ave., Webster
St., Post St., Daniel Burnham Ct.,
Sutter St.

MAGNETIC RESONANCE IMAGING (MRI)

East Bay

Emeryville Advanced Imaging Center
Epic Care, Emeryville
NorCal Imaging, Oakland

San Francisco

Chinese Hospital
Radnet Medical Imaging
Saint Francis Memorial Hospital
SimonMed Imaging: Post St.,
Sacramento St.
St. Mary's Medical Center

MAMMOGRAPHY

East Bay

InView Medical Imaging, Oakland
NorCal Imaging, Oakland

San Francisco

Chinese Hospital
Saint Francis Memorial Hospital
SimonMed Imaging: Post St.,
Sacramento St.
SPMF Breast Health Center
St. Mary's Medical Center

NUCLEAR MEDICINE

These procedures use radioactive materials called radiopharmaceuticals to diagnose and treat certain illnesses.

East Bay

Berkeley Nuclear Medicine
NorCal Imaging, Oakland

San Francisco

Chinese Hospital
Saint Francis Memorial Hospital
SimonMed Imaging, Post St.
St. Mary's Medical Center
UCSF Helen Diller Medical Center
UCSF Medical Center at Mount Zion

PHYSICAL THERAPY AND REHABILITATION

East Bay

Ortho-Sports PT, Berkeley
VibrantCare Rehabilitation (Castro Valley, Livermore, Oakland, Pinole, San Carlos, San Leandro)

San Francisco

California Pacific Medical Center (Davies Campus, Pacific Heights Campus and Wellness Center)
Colleen Huff and Associates
Lands End Physical Therapy
Marat Diner Physical Therapy (Mission St., Post St.)
West Portal Physical Therapy

ULTRASOUND

San Francisco

Chinese Hospital
Saint Francis Memorial Hospital
SimonMed Imaging, Post St.
St. Mary's Medical Center
UCSF Helen Diller Medical Center
UCSF Medical Center at Mount Zion

X-RAY

East Bay

Emeryville Advanced Imaging Center
InView Medical Imaging, Oakland
NorCal Imaging, Oakland

San Francisco

Chinese Hospital
Radnet Medical Imaging
Saint Francis Memorial Hospital
SimonMed Imaging: Post St., Sacramento St.
St. Mary's Medical Center

Additional Ancillary Services

In addition to imaging, labs and rehabilitation/physical therapy services, Brown & Toland patients and their physicians have access to the full range of ancillary care in locations around the region, including:

Acupuncture	Lymphedema
ALL	Neurological testing (Epilepsy)
Audiology	Neuropsychological testing
Cardiac rehabilitation	Nutrition services
Cardiology	Pain management
Chiropractic care	Psychiatric diagnostic interview
Diabetes education	Pulmonary function tests and respiratory therapy
Electroencephalography (EEG)	Pulmonary rehabilitation
Electronic analysis-pacemaker	Sleep studies
Family planning	Speech therapy
Fetal echo	Temporomandibular joint (TMJ) therapy
Fluoroscopy	Urgent care
Genetic counseling	Vaccines
HIV	Vascular studies
Hysterosalpingogram (HSG)	Vestibular tests
Infertility	Weight management
Injectable medications	Wound care
Lactation specialist	

Please call Brown & Toland Customer Service at 800.225.5637 with questions or visit brownandtoland.com.