



Minutes

Regular Meeting

Thursday, May 10, 2018

1:00 PM

City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94103

Call to order

Pledge of allegiance

Roll call President Randy Scott
Vice President Wilfredo Lim
Commissioner Karen Breslin
Commissioner Sharon Ferrigno
Commissioner Stephen Follansbee, M.D.
Commissioner Gregg Sass
Supervisor Jeff Sheehy, excused

This Health Service Board meeting was recorded live by SFGovTV. Links to videotaped meetings and related materials are posted on the sfhss.org website.

This meeting was called to order at 1:11 pm.

- 05102018-01 Action item Approval (with possible modifications) of the minutes of the meeting set forth below:
- Regular meeting of April 12, 2018
- Staff recommendation: Approve minutes.
- Documents provided to Board prior to meeting:
Draft minutes.
- Commissioner Breslin moved approve the regular meeting minutes of April 12, 2018.

- Commissioner Lim seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve the regular meeting minutes of April 12, 2018.

Motion passed 6-0.

- 05102018-02 Discussion item General public comment on matters within the Board’s jurisdiction not appearing on today’s agenda
Public comments: Claire Zvanski, RECCSF President, reported on HSS’s dependent verification audit (“DEVA”). She had heard from retirees who understood the reasons for conducting the audit and others who questioned its authenticity. She stated that there were several problems with how it had been rolled out. While the request contained the SFHSS logo, it was not prominently displayed and some members questioned its legitimacy since the return address was in the Midwest. As a result, Ms. Zvanski discussed this issue with Executive Director Yant. Other members did not understand the documentation necessary to comply and some were attempting to find marriage certificates that were maybe 50 to 60 years old. Ms. Zvanski stated that perhaps HSS staff could be of assistance in informing members of acceptable documentation. She will also try to send out an email blast encouraging retirees to complete the DEVA. She noted that the retirement system (“SFERS”) was preparing to conduct its dependent audit, which could also cause confusion among retirees.

RATES AND BENEFITS

- 05102018-03 Action item Approve Best Doctors’ 2019 renewal (Aon)
Documents provided to Board prior to meeting:
Aon report.
Staff recommendation: Approve Best Doctors renewal.
 - Anne Thompson, Aon Vice President, reported on Best Doctors’ 2019 renewal, which was implemented in 2017 with a three-year

guarantee of \$1.40 per employee/retiree per month.

- The Board requested at last month's meeting that Aon approach Best Doctors for a possible alternative pricing structure with for the 2019 plan year. As a result, Best Doctors reduced its fee to \$1.15 per employee/retiree per month for the 2019 plan year.
- Aon recommended Board approval of Best Doctors' renewal for the 2019 plan year at a revised rate of \$1.15 per employee/retiree per month.
- President Scott stated for the record that if the Board approved Best Doctors' 2019 renewal, he would request each HSS health plan to provide details on their services, procedures and processes that are similar to those provided by Best Doctors.
- Commissioners Breslin and Sass expressed reluctance in approving Best Doctors' reduced 2019 renewal due to its high cost of over \$1M, as well as Best Doctors' avoidance in accepting responsibility for its opinions. Commissioner Breslin also expressed support for face-to-face opinions and consultations.
- Commissioners Follansbee and Lim expressed support for Best Doctors' renewal due to the positive member testimonies at previous meetings and that fact that the monthly rate did not include the dependents of active employees/retirees.
- Commissioner Lim moved to renew Best Doctors' services for the 2019 plan year at the rate of \$1.15 per employee/retiree per month.
- Commissioner Follansbee seconded the motion.

Public comments: Claire Zvanski, RECCSF representative, reported that several retirees had taken advantage of Best Doctors' services. In one case, the member had received a second or third opinion from their health plan and was very confused about the next course of action. After utilizing Best Doctors' services, additional testing

was performed and an alternate treatment was recommended. The member reported a positive outcome. The other cases involved surgeries and aggressive cancers, which those members reported as positive experiences as well. Ms. Zvanski reminded the Board that the Tuolumne members work with certain materials that can create unusual conditions. She stated that the cancer rate for such a small population was remarkable and deserved investigation. She expressed support for Best Doctors' 2019 renewal.

Diane Urlich, UESF Retired Division representative, reported that several retired members had used Best Doctors' services and found it useful. She also utilized its services last year and recently opened a new case for another condition. She stated that she found the intake interviews from last year and the current one far more comprehensive than Kaiser's. Her closing interview with Best Doctors last year was with a cardiologist from the Cleveland Clinic who gave a much more in-depth explanation than she had previously received from Kaiser. She recommended that the Board renew Best Doctors for the 2019 plan year. She asked that Kaiser members at least have an opportunity to receive a second opinion from a physician outside Kaiser, if the Board decided not to renew Best Doctors.

Action: Motion was moved and seconded by the Board to renew Best Doctors' services for the 2019 plan year at the rate of \$1.15 per employee/retiree per month.

Motion passed 6-0.

□ 05102018-04 Action item

Approve Delta Dental's Stabilization Reserve (Aon)

Staff recommendation: Approve stabilization reserve.

Documents provided to Board prior to meeting:
Aon report.

- Tom Ricks, Aon actuary, reported on Delta Dental's self-funded rate stabilization reserve for the active dental PPO plan for 2019.
- Based on 2017 claims experience, a surplus of approximately \$6.3M was generated in plan year 2017 to be added to the

stabilization reserve, which helped to produce the \$4.2M reserve. See page 3 of report.

- Aon recommended applying the rate stabilization policy towards a buy-down across all rating tiers in the amount of \$4.2M for Delta Dental's active employee PPO plan for the 2019 plan year. See page 4 of report.
- Commissioner Sass questioned using one-third of the stabilization reserve per policy for 2019 as the amount continues to increase. He asked about waiving the policy as had been done for City Plan in the past.
- Mr. Ricks acknowledged the increasing dental surplus year after year. He stated that Aon had formulated more aggressive recommendations to reduce the surplus as well as possible plan enhancements. He cautioned, however, that spending a great amount this year can cause future rate fluctuations if a rebound occurs and there is not as much money to spend.
- Commissioner Lim moved to apply \$4,227,000 of the stabilization reserve balance as of December 31, 2017 towards a buy-down across all rating tiers for Delta Dental's active employee PPO plan for 2019.
- Commissioner Follansbee seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to apply \$4.2M of the rate stabilization reserve toward a buy-down across all tiers of Delta Dental's 2019 plan for active employees.

Motion passed 6-0.

□ 05102018-05 Action item

Approve Dental's rates and contributions (Aon)

Staff recommendation: Approve dental rates and contributions.

Documents provided to Board prior to meeting:
Aon report.

- Tom Ricks, Aon actuary, reported on all dental renewals for the 2019 plan year.
- HSS offers one self-funded PPO dental plan for active employees: Delta Dental of California.
- HSS also offers five fully-insured dental plans for the following members:
 - Active employees: DeltaCare USA and UnitedHealthcare (“UHC”)
 - Retirees: Delta Dental PPO, DeltaCare USA dental HMO and UHC dental HMO.
- For the past several years, Delta Dental's loss ratio fluctuated between 91% and 94%. This generated a surplus in the stabilization reserve of \$12.7M for the active employee dental PPO plan (28% of the plan's 2017 total cost). Recognizing the significant stabilization reserve balance, Aon suggested decreasing it over time for this plan while preserving the sustainability of the benefit.
- Aon recommended the following methodology changes for the 2019 plan year:
 - Reduce annual trend rating from 3% to 2%;
 - Eliminate 2% pricing margin in effect since 2016.
- See pages 4-7 for active PPO 2017 claims experience, historical plan performance and rate stabilization history.
- Aon also recommended the addition of the following five enhancements to Delta Dental's active PPO plan for 2019:
 - SmileWay Program: allows members with specific chronic conditions (diabetes, heart disease, HIV/AIDS,

- rheumatoid arthritis or stroke) to receive annual periodontal scaling and root planning procedure as well as more frequent teeth cleaning/periodontal maintenance services.
- Cost Estimator Tool: provides members the ability to estimate the cost of specific services in advance.
 - Accident Benefit Rider: additional dental coverage for conditions caused by external, violent and accidental means.
 - Increase adult orthodontic lifetime maximum by \$1,000 in each provider tier category to match child orthodontia maximum levels.
 - Remove six-month waiting period for prosthodontic and orthodontic coverage.
 - See page 10 for active employee dental PPO plan enhancement costs.
- Delta Dental also proposed an administrative fee increase from \$4.35 to \$4.52 PEPM for 2019 through 2021 on a current service basis or \$4.62 PEPM, which would include the cost estimator tool and SmileWay enhancements.
 - Aon recommended a 4.1% total decrease for the 2019 plan year versus 2018, which included all plan changes and program enhancements previously proposed.
 - The rates incorporate the use of \$4,227,000 in rate stabilization reserves.
 - Commissioner Follansbee suggested that the Board subdivide its vote on Aon's recommendations instead of one all-inclusive motion.
 - Commissioner Sass concurred with Commissioner Follansbee's suggestion. He stated that subdividing Aon's recommendations would make approving the SmileWay

benefit for active employees easier since it increased the retiree dental rates.

- Commissioner Follansbee moved to subdivide Aon's recommendation on Delta Dental's active employee self-funded PPO dental plan for active employees.
- Commissioner Sass seconded the motion.
- Commissioner Lim moved to adopt the changes in the active employee Delta Dental PPO rating methodology, design changes and program enhancements as well as accept Delta Dental's base administrative fee increase from \$4.35 to \$4.62 per employee per month and accept Delta Dental's PPO total rate decrease of 4.1% for the 2019 plan year.
- Commissioner Follansbee seconded the motion.
- In response to Commissioners Breslin's request for clarification, Sharen Stanek-Lowe reported that Delta Dental's SmileWay Program focused solely on the chronic diseases listed. Dental cleanings are set at one per year and additional cleanings would be provided as necessary (i.e., two, three or four). Delta Dental was conducting beta testing for a risk-based approach which would include other diseases or dental needs. However, that option was not available to HSS but could be considered for the future.
- Mr. Ricks continued his report on the five fully-insured dental plan renewals for 2019:
 - Active employees: DeltaCare USA and UnitedHealthcare ("UHC") dental HMOs;
 - Retirees: Delta Dental PPO, DeltaCare USA dental HMO and UHC dental HMO.
- Delta Dental's 2018 status quo retiree PPO plan is guaranteed through December 31, 2021. See page 17 of report.

- Delta Dental's SmileWay Program could also be offered to retirees since it had been added for active employees. That benefit would increase the retiree rates by 1.9%.
- Delta Dental proposed keeping rates flat through 2021 for retirees.
- The rates for DeltaCare's dental HMO plan are guaranteed through December 31, 2021 for active employees and retirees.
- UnitedHealthcare's dental HMO rates are guaranteed only through December 31, 2019 for active employees and retirees.
- Aon's 2019 retiree dental recommendations are as follows:
 - Delta Dental Retiree PPO: accept 1.9% rate increase into 2019 and adopt the SmileWay benefit with rates guaranteed by Delta Dental from 2019 through 2021.
 - DeltaCare USA Insured Dental HMO Plans (active employees and retirees): accept rate renewals as presented (no change to rates from 2018 through 2019, with three-year rate lock through end of 2021).
 - UHC Insured Dental HMO Plans (active employees and retirees): accept rate renewals as presented (no change to rates from 2018 through 2019).
 - Commissioner Sass moved to approve DeltaCare USA's insured dental HMO plans' rate renewals for active employees and retirees (no change in rates), and UHC's insured dental HMO plans' renewal for active employees and retirees (no change in rates) for the 2019 plan year, as presented.
- Commissioner Follansbee seconded the motion.
- Mr. Ricks clarified that the addition of the SmileWay program for Delta Dental's retiree PPO plan resulted in a 1.9% increase across the board. It was one plan design and did not allow opting in or out of the benefit.

- Commissioner Follansbee moved to accept the recommendation to adopt the SmileWay benefit enhancement at a 1.5% increase in the Delta Dental retiree PPO plan.
- Commissioner Lim seconded the motion.

Public comments: Claire Zvanski, RECCSF representative, stated that she did not understand why Delta Dental was offering the SmileWay benefit only to active employees. Delta usually offers the same benefits to all. She noted that the SmileWay program will not be included in UHC's dental plan and that she was confused about how the benefit was being bifurcated. She expressed support for the SmileWay program. While not everyone will need or utilize the benefit, it was more likely that some of the conditions would occur as we age. For those retirees who cannot afford the additional cleanings per year, this benefit will save them money. She urged the Board to accept Delta Dental's retiree PPO plan as presented.

Diane Urlich, UESF Retired Division representative, urged the Board to approve Delta Dental's retiree PPO plan with the inclusion of the SmileWay Program. She stated that many retirees are already paying for the extra services on their own and adopting the benefit would save members money. She stated that she knows many people who have conditions that warrant four cleanings a year. She asked if the SmileWay benefit could be offered as an opt in benefit similar to VSP's upgraded premier plan.

Maureen O'Shay, retired City employee, stated that while she understood that certain medical conditions required frequent dental care, she felt that not enough retirees were included in the SmileWay Program. She knew of people who did not have diabetes, heart disease or other medical issues who receive three and four dental cleanings per year. Gums deteriorate as people age and she suggested that the SmileWay Program include all retirees.

Action #1: Motion was moved and seconded by the Board to subdivide the items in the actuary's recommendation.

Motion passed 6-0.

Action #2: Motion was moved and seconded by the Board to adopt the changes in the active employee Delta Dental PPO rating methodology, design changes and program enhancements as well as accept Delta Dental's base administrative fee increase from \$4.35 to \$4.62 per employee per month and accept Delta Dental's PPO total rate decrease of 4.1% for the 2019 plan year.

Motion passed 6-0.

Action #3: Motion was moved and seconded by the Board to approve DeltaCare USA's insured dental HMO plans' rate renewals for active employees and retirees (no change in rates), and UHC's insured dental HMO plans' renewal for active employees and retirees (no change in rates) for the 2019 plan year, as presented.

Motion passed 5-1.

Commissioner Scot dissented.

Action #4: Motion was moved and seconded by the Board to adopt the SmileWay benefit enhancement at a 1.5% increase in the Delta Dental retiree PPO plan.

Motion failed 3-3.

Commissioners Breslin, Ferrigno and Sass dissented.

Commissioner Follansbee moved to reconsider the previous motion.

Commissioner Lim seconded the motion.

Action #5: Motion was moved and seconded by the Board to reconsider the previous motion to adopt the SmileWay benefit enhancement at a 1.5% increase in the Delta Dental retiree PPO plan.

Motion failed 3-3.

Commissioners Breslin, Ferrigno and Sass dissented.

President Scott asked HSS staff to look into the suggestion made during public comment about providing the SmileWay Program as an opt in or opt out benefit. He stated that with the failure of the last motion, the Board would also need to vote on the

Delta Dental retiree PPO plan at next month's meeting.

□ Meeting Break

Recess from 3:06 to 3:18 pm

□ 05102018-06 Discussion item

Update on Trio Plan (Blue Shield representative)

Documents provided to Board prior to meeting:
Blue Shield report.

- This report was deferred to next meeting.

Public comments: N/A

□ 05102018-07 Action item

Review and approve Blue Shield's non-Medicare flex-funded rates and premium contributions for 2019 plan year (Aon)

Staff recommendation: Approve 2019 non-Medicare rates and premium contributions.

Documents provided to Board prior to meeting:
Aon report.

- Mike Clarke, Aon actuary, reported on Blue Shield's flex-funded 2019 rate renewal for the Access+ and Trio plans for active employees and early retirees.
- The aggregate calculated rate increases across all populations and rating tiers are as follows:
 - Access+: +10.5%
 - Trio: +5.6%
 - Overall for both plans combined: +8.8%
- See pages 4 and 5 of report for summary followed by rate cards.
- Aon recommended that the Board approve Blue Shield's flex-funded 2019 rate renewal for Access+ at a 10.5% increase and a 5.6% increase for the Trio Plan.
- Commissioner Sass moved to approve Blue Shield's 2019 flex-funded rate renewal and rate cards for active employees and early retirees, as presented.
- Commissioner Follansbee seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve Blue Shield's 2019 flex-funded rates and premium contributions for active employees and early retirees, as presented.

Motion passed 6-0.

□ 05102018-08 Action item

Approve Kaiser Permanente's non-Medicare rates and premium contributions for 2019 plan year (Aon)

Staff recommendation: Approve 2019 non-Medicare rates and premium contributions.

Documents provided to Board prior to meeting:
Aon report.

- Mike Clarke reported that due to several factors, including favorable plan experience for the 2017 plan year, Kaiser Permanente's 2019 premiums for actives and early retirees decreased by 0.3% for medical and pharmacy coverage. See pages 3-4 for renewal summary.
- Mr. Clarke stated that Aon recommended Board approval of Kaiser Permanente's 0.3% decrease from 2018 rates and premium contributions for active employees and early retirees in California for the 2019 plan year.
- In response to President Scott's inquiry, Mr. Clarke reported that Kaiser's 2019 multi-region plan renewal would be presented at the June 14 Board meeting.
- Commissioner Breslin moved to approve Kaiser Permanente's 0.3% premium decrease from the 2018 rates for active employees and early retirees in California for the 2019 plan year.
- Commissioner Ferrigno seconded the motion.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve Kaiser Permanente's 0.3% premium decrease from the 2018 rates for active employees and early retirees in California for the 2019 plan year, as presented.

Motion passed 6-0.

- 05102018-09 Discussion and possible action item Approve long-term sustainability of UHC City Plan, suspension of rate stabilization policy, City Plan's design changes, changes in rate tier ratios and non-Medicare rates and premium contributions for 2019 plan year (Aon)

Staff recommendation:

- (1) Suspend rate stabilization reserve policy; and
- (2) Approve City Plan's design changes for actives and early retirees; and
- (3) Approve change to City Plan's rate tier ratios for early retirees; and
- (4) Approve City Plan's self-insured rates and premium contributions for actives and early retirees for 2019.

Documents provided to Board prior to meeting:

1. Aon report;
2. Self-Funded Plans' Stabilization Policy.
 - Mike Clarke reported that last month's presentation focused on sustainability actions for early retirees in UHC's City Plan. This presentation pertained to early retirees and active employees.
 - The goal of this proposal was to promote long-term sustainability of the City Plan for active employees and early retirees as required by the City Charter. Without meaningful changes and modifications, the City Plan will continue to erode and accelerate into a "death spiral."
 - Aon asked the Board to consider approving five recommendations for all populations, which were also discussed at last month's meeting:
 - A. The creation of a separate plan for City Plan enrollees who have limited plan choice due to geography ("City Plan – Choice Not Available").
 - B. Lower overall plan cost through a change in UnitedHealthcare's ("UHC") provider network that has no adverse impact on members.

- C. Change prescription drug copayments in City Plan to match those in Blue Shield Access+ and Trio plans.
 - D. Increase out-of-network deductibles in City Plan.
 - E. Year 1 change to balance rate tier ratios for City Plan early retirees in 2019 to be consistent with family tier ratios for Blue Shield early retiree plans over the next three renewal cycles (2019, 2020 and 2021)—a change that benefits early retiree families in City Plan without adverse impact to other early retirees.
- Mr. Clarke stated that “A” and “E” produced additional costs to the employers in the amount of \$1,065,000. He noted that “B,” “C” and “D” delivered a lower claims base in Aon’s forecast for 2019.
 - Aon also asked the Board to vote to suspend the self-funded stabilization reserve policy on a one-time basis and spend the remaining 2/3 balance in rate stabilization reserve (using \$1,065,000 of remaining 1,107,000, leaving a carryforward balance of \$42,000).
 - UHC 2019 City Plan status quo renewal:
 - The aggregate calculated rate increases across all populations and rating tiers for City Plan on a status quo basis (i.e., no design or network changes) are:
 - Active employees: +3.7%
 - Early retirees: +4.0%
 - Combined City Plan population: +3.8%
 - Mr. Clarke stated that there were approximately 4,600 people covered in UHC City Plan, including dependents.
 - Commissioner Sass moved to approve items “A” through “E” on page 16 of Aon’s report. He stated that he was specifically excluding the vote on suspending the stabilization policy.
 - Commissioner Ferrigno seconded the motion.

- President Scott asked for a motion on suspending the stabilization reserve policy on a one-time basis and spending the remaining 2/3 balance in the rate stabilization reserve (using \$1,065,000 of remaining 1,107,000, leaving a carryforward balance of \$42,000). There was none. Since no motion was made, he stated that City Plan's 2019 rate increases would need to be recalculated because the rate cards incorporated the recommendations. The recalculated rate cards will be presented at the next meeting.
- Mr. Clarke confirmed that the proposed rates included the application of strategies "A" through "E." He stated that the absence of spending the stabilization reserve was not discussed and that the \$1,065,000 would not be applied, which would increase the employers' costs by that amount.

Public comments: Maureen O'Shay, retired HSS member, expressed concern regarding UHC's Medicare Advantage coverage for rehabilitative services. She stated that she did not think UHC's Medicare Advantage plan met the needs of the retirees in the same way the previous City Plan did.

Herbert Wiener, retired City employee, also expressed concern regarding the gradual erosion of the City Plan and its possible phase out. He stated that while the UHC Medicare Advantage plan seemed alluring, he noted that retirees had to pay for lab tests and the emergency room service fees were higher. He stated that with two retiree plans, in essence, they will be the same. He suggested bringing back City Plan for everyone.

Claire Zvanski, RECCSF representative, recalled her previous time on the Board during the out-of-network deductible discussions, which resulted in making them the same as in-network. She said that the Board found that there was not a big difference in cost and members were going out-of-network anyway to see specialists and other providers for various treatments.

Ms. Zvanski also stated that she had issues with "C" and "D" in the proposed sustainability plan. She stated that while \$5 did not seem like a lot of

money, many early retirees do not retire at the full rate and have restricted incomes. She noted that many members are forced to retire early due to physical or medical problems. Ms. Zvanski suggested that the Board re-examine City Plan and keep the prescription copayments and deductibles the same, which would be much more beneficial to members.

Action: Motion was moved and seconded by the Board to approve “A” through “E” as presented for City Plan for the 2019 plan year.

Motion passed 6-0.

REGULAR BOARD MEETING MATTERS

- 05102018-10 Discussion item President’s Report (President Scott)

Documents provided to Board prior to meeting:
None.
 - President Scott had nothing to report.Public comments: None.

- 05102018-12 Discussion and Request to approve AON Consulting Inc. to provide
Re-ordered possible action actuarial and consulting services to the Health
Service Board and Health Service System pursuant
to recommendation resulting from the selection
process (Executive Director Yant)

Staff recommendation:
 - (a) Approve, ratify and confirm contract award to AON Consulting, Inc. as highest ranked proposer under the RFP; and, if so
 - (b) Authorize the HSS Director to take all steps necessary and advisable to execute a contract with AON Consulting, Inc. to provide actuarial and consulting services to the Health Service System (“HSS”) and the Health Service Board (“HSB”); and/or
 - (c) Take any other appropriate action regarding this RFP process.Documents provided to Board prior to meeting:
HSS report.

- Pamela Levin, HSS Chief Financial Officer, reported on HSS's actuarial consulting RFP issued on February 8, 2018. She reviewed the details of the process.
- The following firms submitted proposals: Deloitte Consulting LLP, Dickerson Employee Benefits, Inc., Willis Towers Watson and Aon Consulting, Inc.
- All four written proposals were submitted to the evaluation panel for review and scoring. They also as participated in oral interviews, which included two hypothetical scenarios. The scores were combined with rating from the written evaluation.
- The top scoring firm was Aon.
- The results of the panel evaluation are as follows:
 1. Aon Consulting Services
 2. Willis Towers Watson
 3. Deloitte Consulting LLP
 4. Dickerson Employee Benefits, Inc.
- The protest period was scheduled to begin on May 11, 2018 and end on May 17, 2018. If there was no protest, SFHSS would begin negotiations with Aon.
- HSS's recommendation was that the Board approve, ratify and confirm the contracting award to Aon Consulting.
- Commissioner Breslin moved to approve, ratify and confirm the contract award to Aon Consulting, Inc. as the highest ranking proposer under the RFP, and authorize the HSS Director to take all steps necessary and advisable to execute a contract with Aon Consulting, Inc. to provide actuarial and consulting services to the Health Service System and the Health Service Board and take any other appropriate action regarding this RFP process.
- Commissioner Ferrigno seconded the motion.

- President Scott commended Ms. Levin and Michael Visconti, HSS Contracts Manager, for their hard work, diligence and professionalism in expertly handling the actuarial and consulting RFP from start to finish. He also commended the other members of HSS who supported the process.

Public comments: None.

Action: Motion was moved and seconded by the Board to approve, ratify and confirm the contract award to Aon Consulting, Inc. as the highest ranking proposer under the RFP, and authorize the HSS Director to take all steps necessary and advisable to execute a contract with Aon Consulting, Inc. to provide actuarial and consulting services to the Health Service System and the Health Service Board and to take any other appropriate action regarding this RFP process.

Motion passed 6-0.

□ 05102018-11 Discussion item **Director's Report** (Executive Director Yant)

- HSS Personnel
- Operations, Enterprise Systems & Analytics, Finance/Contracting, Communications, Well-Being/EAP
- Meetings with Key Departments
- Other additional updates

Documents provided to Board prior to meeting:

1. Director's report;
2. Reports from Operations, Enterprise Systems & Analytics, Communications, Well-Being and Employee Assistance Program;
3. Update on HSS Dependent Eligibility Verification ("DEVA") audit;
4. Revised Rates and Benefits calendar.
 - Executive Director briefly informed the Board about two personnel matters but due to time constraints did not make a full report.
 - Laini Scott, Health Service Board Secretary for the past 12 years, will retire on June 30, 2108. Executive Director Yant wished her

well. She stated that HSS was working diligently to find a replacement.

- Vince McEnerney, Business Analyst on the Enterprise Systems and Analytics team, retired on May 4, 2018 after 23 years with the City and 13 years at HSS.
- President Scott congratulated Ms. Scott and Mr. McEnerney on their retirements and thanked them for their service to the Health Service System.
- Executive Director Yant also reported that as of that morning, 64 dependents were voluntarily dropped resulting from the dependent verification audit (“DEVA”).
- A retiree survey produced by Stephanie Fisher and the Wellness team will be mailed on May 20.

Public comments: None.

- 05102018-13 Discussion item [HSS Financial Reporting as of February 28, 2018](#) (Pamela Levin)

Documents provided to Board prior to meeting:
Financial update memo.

- Due to time constraints, this report was not presented.

Public comments: None.

- 05102018-14 Discussion item [Report on network and health plan issues \(if any\)](#) (Respective plan representatives)

- President Scott thanked Kaiser Permanente for reducing costs and coming in with a decreased premium for the 2019 plan year.

Public comments: None.

- 05102018-15 Discussion item [Opportunity to place items on future agendas](#)

Public comments: None.

- 05102018-16 Discussion item [Opportunity for the public to comment on any matters within the Board’s jurisdiction](#)

Public comments: None.

- Adjourn: 5:09 pm

Summary of Health Service Board Rules Regarding Public Comment

- Speakers are urged to fill out a speaker card in advance, but may remain anonymous if so desired.
- A member of the public has up to three (3) minutes to make pertinent public comments before action is taken on any agenda item.
- A member may comment on any matter within the Board's jurisdiction as designated on the agenda.

Health Service Board and Health Service System Web Site: <http://www.myhss.org>

Disability Access

Regular Health Service Board meetings are held at City Hall, 1 Dr. Carlton B. Goodlett Place, in Hearing Room 416 at 1:00 PM on the second Thursday of each month. The closest accessible BART Station is Civic Center, three blocks from City Hall. Accessible MUNI lines serving this location are: #42 Downtown Loop, and the #71 Haight/Noriega and the F Line to Market and Van Ness and the Metro stations at Van Ness and Market and at Civic Center. For more information about MUNI accessible services, call (415) 923-6142. There is accessible parking in the vicinity of City Hall at Civic Center Plaza adjacent to Davies Hall and the War Memorial Complex.

Accessible seating for persons with disabilities (including those using wheelchairs) will be available.

In order to assist the City's effort to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City accommodate these individuals.

Knowing Your Rights Under the Sunshine Ordinance

Government's duty is to serve the public, reaching its decision in full view of the public. Commissions, boards, councils and other agencies of the City and County of San Francisco exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review. For more information on your rights under the Sunshine Ordinance or to report a violation of the ordinance, visit the Sunshine Ordinance Task Force website at <http://www.sfgov.org/sunshine>.

Lobbyist Registration and Reporting Requirements

Individuals and entities influencing or attempting to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance [SF Campaign & Governmental Conduct Code § 2.100] to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102; telephone (415) 252-3100; fax (415) 252-3112; web site www.sfgov.org/ethics.

Summary of Health Service Board Rules Regarding Cell Phones and Pagers

- The ringing and use of cell phones, pagers and similar sound-producing electronic devices are prohibited at Health Service Board and committee meetings.
- The Chair of the meeting may order the removal of any person(s) in violation of this rule from the meeting room.
- The Chair of the meeting may allow an expelled person to return to the meeting following an agreement to comply with this rule.

The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

If any materials related to an item on this agenda have been distributed to the Health Service Board after distribution of the agenda packet, those materials are available for public inspection at the Health Service System during normal office hours. For more information, please contact Laini K. Scott at (415) 554-0662 or email at laini.scott@sfgov.org.

The following email has been established to contact all members of the Health Service Board:
health.service.board@sfgov.org.

Health Service Board telephone number: (415) 554-0662