Abbie Yant, MA, RN
Executive Director
Health Service System

Natalie Ekberg, M.P.A.
Executive Secretary

TEL (415) 554-1727
FAX (415) 554- 1721
sfhss.org

HEALTH SERVICE BOARD MEETING

Minutes

Thursday, May 9, 2019, 12:30 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94103

1. **CALL TO ORDER: 12:35pm**

2. **PLEDGE OF ALLEGIANCE**

3. **ROLL CALL**

President Karen Breslin – Present
Vice President Stephen Follansbee, M.D. - Present
Commissioner Wilfredo Lim – Present
Commissioner Mary Hao – Present
Commissioner Sharon Ferrigno - Excused
Commissioner Randy Scott – Excused
Supervisor Rafael Mandelman -- Present

4. **APPROVAL (with possible modifications) OF THE MINUTES OF THE MEETINGS SET FORTH BELOW: (Action)**

DOCUMENTS ATTACHED: Meeting minutes from the April 11, 2019 meeting can be found on the SFHSS website at: https://bit.ly/2IsvtsB

President Breslin affirmed that the Commissioners reviewed the regular meeting minutes from April 11, 2019. President Breslin asked if there were any corrections to the minutes. There were no corrections offered for the meeting minutes presented.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the meeting minutes.

Ayes: Breslin, Lim, Hao, Follansbee, Mandelman Nays: (none)

5. **GENERAL PUBLIC COMMENT ON MATTERS WITHIN THE BOARD'S JURISDICTION: (Discussion)**

PUBLIC COMMENT:

Ms. Catherine Dodd requested that the SFHSS website have information clearly accessible that offers contact information to the Health Service Board or Board Secretary. This request was made because there were questions and concerns regarding the May Board meeting materials.

6. PRESIDENT'S REPORT: (Discussion)

DOCUMENTS ATTACHED: None.

President Breslin welcomed the newest Commissioner to the Health Service Board, Ms. Mary Hao. President Breslin shared some of Ms. Hao's work experience with the public.

PUBLIC COMMENT: None.

7. DIRECTOR'S REPORT: (Discussion)

DOCUMENTS ATTACHED: The Director's Report is located on the SFHSS website at: https://bit.ly/2JVbCTx.

Executive Director Yant began her report by acknowledging the Employee Assistance Program Counselors from the Well-Being department. This team provides counseling services to the SFHSS membership. Executive Director Yant gave certificates of excellence to the Employee Assistance Program Counselors, Ms. Jeanette Longtin and Ms. Kathy Knudson who were present at the meeting. Jeff Lintner, a Senior EAP Counselor, was unavailable to receive his certificate.

Executive Director Yant thanked the Board Secretary for her planning efforts for the New Commissioner onboarding orientation. Executive Director Yant also stated that the Black Out period that began in October 2018 will continue through the 2019 Rates and Benefits Cycle. Executive Director Yant stated that the SFHSS Leadership Team has worked to prepare a request for proposal to bid out the medical plans for active employees for release in September 2019. Due to changes in the market plan the RFP will now be delayed and be released in early 2020 for the 2021 plan years. The planning process will include the SFHSS team working with a professional facilitator to engage SFHSS membership, vendor contacts and other stakeholder groups to ensure that stakeholder input is infused into the RFP planning.

Executive Director Yant asked that the Board members hold the May 30th meeting for a special meeting pertaining to the current Health Care management landscape. President Breslin clarified that the meeting on May 30th would be an educational meeting. Vice President Follansbee shared that he will not be available for the May 30th meeting, and requested a new date be reviewed.

Commissioner Lim asked to hear more information regarding the Mid-Year voluntary benefits enrollment. Mitchell Griggs, Chief Operating Officer, stated that the voluntary benefits were rolled out to the SFHSS members a few years ago. These benefits are life insurance, supplemental life insurance, pet insurance, and a few others. Mr. Griggs noted that he and his team are working with WORKTERRA to conduct a mid-year enrollment for SFHSS members. The intention of this mid-year enrollment is to highlight the voluntary benefits that often get overshadowed during the Open Enrollment period.

PUBLIC COMMENT:
Claire Zvanski, RECCSF, welcomed Mary Hao to the Commission. Ms. Zvanski also thanked the EAP counselors for all of their work and dedication to the SFHSS membership. Ms. Zvanski asked for support and information regarding member's ability to find long term mental health counselors. Ms.

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Zvanski wondered if there was some shareable information that she could offer to her members. Executive Director Yant confirmed that there are materials being developed and these materials will be available for all the city departments as well as the community organizations that partner with SFHSS.

Gail Ow, a retiree, shared her appreciation for the opportunity to enroll into voluntary benefits. Executive Director Yant stated that the voluntary benefits are available for active SFHSS members. Mr. Mike Clarke explained that the WORKTERRA relationship has been viable for over a decade. Mr. Clarke also stated that the WORKTERRA staff review and approve the benefits that are offered. Mr. Clarke noted that the WORKTERRA staff surveyed the membership to ensure that the benefits offered were the benefits the membership wanted.

8. FINANCIAL REPORT AS OF March 31, 2019: (Discussion Item)

DOCUMENTS ATTACHED: The Financial Update Memo is located on the SFHSS website at: https://bit.ly/2JuMSSG.

Ms. Pamela Levin, Chief Financial Officer, presented the Financial Report to the Board. Ms. Levin noted that the financial report provided the status of the expenditures, and the updated revenue through March 31, 2019. The Trust Fund balance as of June 30, 2018 was $77.4 million. Ms. Levin noted that SFHSS finance team is projecting a yearend balance of $84.3 million, which is an increase of $6.9 million overall. Ms. Levin stated that the Healthcare Sustainability Fund is expected to have a year-end balance of approximately $1.4 million.

SFHSS received $1.7 million in pharmacy rebates from Blue Shield in March 2019, and the total pharmacy rebates that have been received year to date is $3.8 million. Ms. Levin also shared that a total of $500,000 in performance guarantees payments have been received as of March 31st. Ms. Levin stated that $105,000 in total has been spent for adoption/surrogacy assistance plan.

Ms. Levin noted that SFHSS is seeing unfavorable claims experience for both UHC and Access+ Plans. Ms. Levin also shared that the Blue Shield Trio plan and the Delta Dental self-funded plan, continues to have a favorable claims experience.

Vice President Follansbee asked the SFHSS staff had seen the Federal government's mandate that requires all advertisements for pharmaceutical drugs must list the cost of the medication. Executive Director Yant noted that this is a complicated subject to fully explain mainly because the cost that is advertised may not be the price that the plan negotiated, so it may not be what the member pays at the pharmacy. Mr. Clarke also stated that this next step in pricing transparency requires more specific details to understand exactly what will come out of this decision.

PUBLIC COMMENT: None.

RATES AND BENEFITS

9. REVISED RATES AND BENEFITS CALENDAR FOR THE PLAN YEAR 2020: (Discussion)

DOCUMENTS ATTACHED: The Revised Rates and Benefits Calendar is located on the SFHSS website at: https://bit.ly/2JwLFu0.

Executive Director Yant noted that there was an updated calendar in the Board packet of meeting materials. Executive Director Yant suggested that the Board support the possibility of holding a special meeting on May 30. 2019, noting that this date is subject to change based upon HSB member availability. This meeting that would provide information about the current healthcare marketplace that informs the future medical plan request for proposal that is slated for release in January 2020.

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PUBLIC COMMENT: None.

10. REVIEW AND APPROVE 2020 DENTAL PLAN RATES AND ADMINISTRATIVE FEES: (Action)

DOCUMENTS ATTACHED: The Dental Plan 2020 Plan Year Renewals Presentation is located on the SFHSS website at: https://bit.ly/2VMXTp7.

Mr. Mike Clarke presented the plan year 2020 renewal recommendations for all of the dental plans that are sponsored through the San Francisco Health Service System. The recommendations for the dental plans were as follows:

1. Delta Dental active employee PPO: No change in administrative fees and a 5.3% decrease in self-funded total cost rates from 2019 to 2020.
2. DeltaCare USA fully insured dental HMO plans (active employees and retirees): No change in insured rates from 2019 to 2020.
3. UnitedHealthcare (UHC) insured dental HMO plans (active employees and retirees): Rate increase of 3.0% from 2019 to 2020 for active employees, and no change to 2019 rates into 2020 for retirees.
4. Delta Dental retiree PPO: No change in insured rates from 2019 to 2020.
5. Delta Dental retiree PPO: Change certain plan design features to increase utilization of PPO network benefits, on a rate-neutral basis, by increasing the individual deductible for Premier network and Out-of-Network level services.

Mr. Clarke reviewed the SFHSS population needs and gave a brief history of the administrative fees. President Breslin questioned whether the active members contribute to the premiums. Mr. Clarke confirmed that “most employees” pay some portion of the active employee dental PPO premium; however, the two dental HMOs do not have member contributions for active employees.

Mr. Clarke reminded the Board that the Delta Dental renewals were presented and approved in 2018, and the renewed rates took effect on January 1, 2019. These renewals included a 3-year lock on their fees. Mr. Clarke also noted that the United Healthcare dental HMO plan was a 1-year renewal, and the active employee rates increased 3%, while the retiree rates are not changing.

Mr. Clarke transitioned to the Delta Dental retiree PPO plan. Mr. Clarke explained that the SFHSS team is looking for creative ways to increase the plan’s utilization of PPO provider services. Mr. Clarke then explained the difference between the Delta Dental Premier dentist network, and the difference when members chose to use out-of-network providers.

President Breslin questioned why the active members have different out of pocket costs for Premier and out of network providers, while the costs for the retirees is the same for both Premier and out of network providers. Mr. Clarke directed the Board members to the Director’s Report where there was a detailed history of Delta Dental’s plans design history from 2010 onward. Mr. Clarke noted that he personally could not describe how Delta Dental’s specific plan design has evolved over the course of the previous plan years.

Vice President Follansbee asked Mr. Clarke about the “out of network cost” for the members. Mr. Clarke explained that the cost of the service for the member would depend on the service. The total cost of service would be covered 80% by Delta and 20% by the member. Additionally, if the member uses an out of network provider, Delta would cover the service cost at the rate a PPO dentist would charge, and the remaining balance would go to the member’s bill.

Mr. Clarke further presented that Delta Dental is offering to improve their PPO network coinsurance for services now covered at 50% to improve that to 60% and that would include crowns, dentures, bridgework, and endodontic or root canal services. For the coinsurance for these services in Premiere or out-of-network they would remain at 50%. Mr. Clarke noted that this plan design change is an idea

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that could benefit certain members who were in highest need of dental services to make that more affordable if they're obtained through a PPO dentist environment.

President Breslin disagreed with the increase in cost for this plan. President Breslin stated that the dental plans are currently expensive, and this increase in cost will not guarantee that members will choose to see a PPO dentist rather than a Premier or out of network provider. Supervisor Mandelman asked how many providers are in the Delta Dental PPO network, and he also wondered how easy it was to access this information. Mr. Clarke noted that dentist availability is affected by geography.

Commissioner Hao asked about the service utilization in the retiree population, particularly in the increased number of retirees who enrolled in the Delta PPO plan and are using one of the three main services (cleanings, crowns, fillings). Mr. Clarke noted that almost 24% of the population in 2018 used one of the three services at least once. Mr. Clarke acknowledged that if 24% of the members are using one of the services and are captured within the PPO plan, that means there's 76% of the membership who are not using any of the three services. Mr. Clarke noted that the SFHSS team selected this plan design recommendation because it's very important to increase member utilization of PPO network providers. This increase in utilization can be justified by the cost savings the SFHSS membership would gain from the increase of coinsurance suggested in the plan design change.

Vice President Follansbee asked that SFHSS Leadership and the Aon team to present on the PPO Delta Dental PPO network. This presentation would cover the issue some members have with the "quality" members may have in seeing a PPO provider.

PUBLIC COMMENT:
Gail Ow, a retiree, stated her concerns about the coinsurance increase, and her experiences with PPO dentists. Ms. Ow stated that the cost and the timing of the required procedures are not always in line with the retiree's budget. This is a concern for many retired people who are not able to switch providers in the amount of time they need to have a procedure done.

Diane Urlich, UCSF retiree, wondered if she is eligible for the Delta Dental SmileWay program if she goes to an out of network provider. Sharon Stanic-Lowe, Delta Dental representative, confirmed that the SmileWay program does work with the PPO network, Premier network and out of network providers.

Clair Zvanski, RECCSF, noted that she and her colleagues agreed with the Delta PPO plan design change noted in recommendation #5. Ms. Zvanski noted that dental care is a high-cost service regardless, however, the 60% deductible increase will save the retiree population more cost in the long run.

ACTION: The Health Service Board approved the following Dental Plan items:

1. **Delta Dental active employee PPO: No change in administrative fees and a 5.3% decrease in self-funded total cost rates from 2019 to 2020.**
2. **DeltaCare USA fully insured dental HMO plans (active employees and retirees): No change in insured rates from 2019 to 2020.**
3. **UnitedHealthcare (UHC) insured dental HMO plans (active employees and retirees): Rate increase of 3.0% from 2019 to 2020 for active employees, and no change to 2019 rates into 2020 for retirees.**
4. **Delta Dental retiree PPO: No change in insured rates from 2019 to 2020.**
5. **Delta Dental retiree PPO: Change certain plan design features to increase utilization of PPO network benefits, on a rate-neutral basis, by increasing the individual deductible for Premier network and Out-of-Network level services.**

Ayes: Follansbee, Lim, Hao and Mandelman Nays: Breslin

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11. REVIEW AND APPROVE STAFF RECOMMENDATION TO NOT RENEW BEST DOCTORS: (Action)

DOCUMENTS ATTACHED: The Best Doctors Renewal Recommendation is located on the SFHSS website at: https://bit.ly/2VGbJot.

Mike Clarke, Aon, presented rationale to the Health Service Board as to why the recommendation was made not to renew the Best Doctors contract. Mr. Clarke noted that the San Francisco Health Service System (SFHSS) has offered expert medical case review (e.g., "expert medical opinion") services through Best Doctors since January 1, 2017. This service was available for all members enrolled in SFHSS medical plans—via a three-year service agreement ending on December 31, 2019. Mr. Clarke noted that after thoughtful, and thorough examination of the services the SFHSS health plans provide to members who may seek expert medical opinions, the recommendation was made to not proceed with third-party expert medical opinion services into the 2020 plan year.

Mr. Clarke presented the contributing factors that lead to the recommendation to not renew the Best Doctor contract. Mr. Clarke examined the utilization of the Best Doctor's services, specifically the number of services offered and member usage, please review slide 3 in the Best Doctor's Presentation to see the specific member usage for Plan Years 2017 and 2018. In 2018 0.5% (196) of the total SFHSS Member population used a service provided by Best Doctors. Mr. Clarke stated that the fees paid for the services delivered were too high to justify the renewal of services. Best Doctors did propose a reduction of per employee/retiree per month fees for the 2020 plan year.

Additionally, the continuation of paying for a third party to deliver these services that are not integrated with the health care provider or plan is further fragments the system and is not prudent. Mr. Clarke provided an overview of current second opinion services offered by the health plans. The health plan representative then each spoke to how to obtain second opinions within their plan. SFHSS staff will continue to work with the plans to develop communications to educate SFHSS membership regarding this valuable service.

Mr. Clarke stated that each SFHSS health plan provides for a member to secure an expert medical opinion within the framework of their plans. Representatives from Blue Shield of California, Mr. Paul Brown, Kaiser Permanente, Ms. Kate Kessler, and UnitedHealthcare, Ms. Heather Chianello, presented their expert medical opinion service approaches and flyers to the Board. The presented flyers are attached as an addendum to the minutes. Additionally, the draft versions of the second opinion flyers are located on the SFHSS website at: KP Second Opinion Flyer, BSC Second Opinion Flyer and UCH Second Opinion Flyer.

Mr. Clarke asked the Board members to vote on the recommendation that the Health Service Board approve that the current service agreement with Best Doctors and SFHSS expire as scheduled on December 31st, 2019. This expiration would discontinue the third-party expert medical opinion services for the 2020 plan year. Mr. Clarke noted that this recommendation comes with the understanding that the SFHSS team and the health plan partners would increase the communications to the SFHSS members so they can seek expert medical opinions within the framework of their health plans. Detailed information on this process will be be posted on the SFHSS website.

Vice President Follansbee motioned to support the recommendation presented to the Board, and Commissioner Lim seconded this motion. Vice President Follansbee asked to comment on this item. Vice President Follansbee began his commentary by acknowledging the positive impact that the Best Doctors service had on the SFHSS members who utilized their services. Vice President Follansbee shared that he reviewed the summaries for the 336 cases that were sent to Best Doctors for second opinion services. Vice President Follansbee was impressed that many SFHSS members who used

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these services offered favorable feedback when surveyed on their experience with Best Doctors.

Vice President Follansbee also “congratulated" Best Doctors on their decision not to discuss "cost savings” at the previous Board meeting. Vice President Follansbee noted that if there had been mention of cost savings by utilizing Best Doctors recommendations, that these numbers would all be “based on assumption” of the member’s current needs rather than the future state of the member’s health. Vice President Follansbee explained that after reviewing the first half of the total cases, he noticed that some of the SFHSS members who opted to use the Best Doctors service were going to Best Doctors for a “first opinion,” rather than a second. Vice President Follansbee mentioned that in these particular situations the SFHSS members could have started these requests for treatment with the SFHSS health plans.

Vice President Follansbee also highlighted that after members completed the use of the second opinion services, there was very little communication between the SFHSS member’s health plan providers and the Best Doctors physicians. The Best Doctors physician reviewed the SFHSS member’s case and made a recommendation, however, the communication was done without providing feedback to the SFHSS health plan provider. The diagnosis/outcome of the treatment decision was given to the patient, and not directly to the physician who is providing the care. This service had no oversight or accountability to the health plan providers. Vice President Follansbee further state that to his knowledge Best Doctors has not created any solution to this gap in communication between the SFHSS health plans, the provider, and the Best Doctors physicians.

Vice President Follansbee stated that with the transition out of the Best Doctors services, SFHSS can now hold the current medical plans accountable, and help the members see the plans as a reliable health management tool for quality treatment and comprehensive surgical options.

PUBLIC COMMENT:

Catherine Dodd, a retiree, stated that she reviewed the minutes from the April board meeting, and the minutes did not state all the concerns on utilization in the detail that was presented to the Board as the concerns were listed in this presentation. Ms. Dodd opposed the recommendation to not renew the Best Doctors services. Ms. Dodd stated that this benefit had not been properly discussed with the members prior to the decision to not renew was made. Ms. Dodd noted that the Best Doctors service had a positive effect on members.

Clair Zvanski Protect our Benefits/RECCSF/Local 21, noted that the Best Doctors benefit was useful for many members of her organizations. Ms. Zvanski shared that many members do not know about the Best Doctors services, so they are unable to use the service they have little or no information on. Ms. Zvanski stated that many people who use this service are going for very serious diagnoses, but not for basic medical needs.

Diane Urlich, UESF retiree, also asked that the Board not support the recommendation that would dissolve the contract with Best Doctors services. Ms. Urlich shared her experience with Kaiser and her request to get second opinions outside of the Kaiser network, which only happened when Ms. Urlich paid for the medical visits out of pocket. Ms. Urlich stated that she used the Best Doctors services twice and she found it very helpful.

Supervisor Mandelman asked if a Best Doctors representative was present at the May meeting so that they could respond to the Recommendation made to not renew their services. A Best Doctor

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representative was not present at the Health Service Board meeting on May 9, 2019. President Breslin noted that the Best Doctors representatives were present at the April Board meeting.

ACTION: The Health Service Board approved not to renew the Best Doctors Second Opinion services beyond the current contract that will expire on December 31, 2019.

Ayes: Breslin, Lim, Follansbee, Hao Nays: Mandelman

MEETING BREAK: 2:40 pm

MEETING RECONVENED: 2:50 pm

12. MEDICAL RENEWAL OVERVIEW FOR THE 2020 PLAN YEAR: (Discussion)

DOCUMENTS ATTACHED: The Medical Renewal Overview for the 2020 plan year is located on the SFHSS website at: https://bit.ly/2WhuqTI.

Mike Clarke, Aon, presented the Renewal Summary for the Medical Plans. Mr. Clarke noted that the presentation summarizes an overview of member contribution comparisons among health plans offered to active employees and early retirees by the San Francisco Health Service System (SFHSS). Mr. Clarke noted that this cycle's renewal efforts into the 2020 plan year have focused on understanding how plan costs in 2018 are impacting 2020 rating actions, as well as seeking opportunities to enhance member support from SFHSS health plan partners.

Mr. Clarke reviewed the recommendations for each plan, stating that some of the recommendations included a few plan design changes within the Blue Shield of California (BSC) and UnitedHealthcare (UHC) plans. Below is a high-level summary of total rate cost increases that were presented to the Board during this discussion item:

- Kaiser, 1% of the 5.9% increase is due to the return of federal Affordable Care Act health insurer tax for 2020.
- Health Plan Before Rate Stabilization Adjustment After Rate Stabilization Adjustment BSC Access+ 2.9% 2.3% BSC Trio 1.5% 0.9% Kaiser* 5.9% (does not apply) UHC City Plan PPO 5.0% 10.0% HSB Meeting | Health Plan 2020 Renewal Summary | May 9, 2019 2 Medical Plan 2020 Renewal Summary 2020 Proposed Rate Actions.
- BSC plans (+2.3% Access+, +0.9% Trio)—after higher rate increases in 2019 (about 9% overall), the 2020 increases are substantially lower than cost trend expectations.
- Kaiser (+5.9%)—after a 0.3% rate decrease for 2019, the underlying 5.9% rate increase is reflective of national trend expectations—with 1% of the 5.9% due to the return in 2020 of the Federal Accountable Care Act (ACA) health insurer tax.
- UHC PPO (+10.0%)—depletion of rate stabilization reserves into 2020 rating creates a higher increase, but the base increase matched cost trend expectations.

President Breslin noted that while reviewing the medical plan rate cards the Blue Shield Premiums were much higher than the United Healthcare premiums, even though the member contribution for the United Healthcare plans is always higher than the Blue Shield member contributions. Mr. Clarke noted that there is a three-year transition taking place currently (as it is the second year of the total transition timeline) that will align the cost rate relationships for early retiree families in UHC City Plan PPO relative to single tier early retirees, to those now in place for Blue Shield and Kaiser plans.

PUBLIC COMMENT: None.

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13. REVIEW AND APPROVE BLUE SHIELD OF CALIFORNIA (BSC) FLEX-FUNDED RATES AND PREMIUM CONTRIBUTIONS: (Action)

DOCUMENTS ATTACHED: The BSC Rates and Premium Contributions Presentation is located on the SFHSS website at: https://bit.ly/2HEcvNE.

Mike Clarke, Aon, presented the Blue Shield of California Flex Funded rates and premium contribution slides to the Board. The contents of the presentation were as follows:

- Blue Shield of California (BSC) 2020 Plan Rating—Renewal Summary
- Recommended Plan Design Change for 2020
- 2020 Monthly Rate Cards for Access+ and Trio plans – Active Employees (93 / 93 / 83 and 100 / 96 / 83 contribution strategies) – Early Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action
- Appendix—Additional Information – Rate Card Footnotes – Glossary of Terms – 2019 Access+ and Trio Monthly Rate Cards

The Recommendations that were offered to the Board for approval, were as follows:

- The BSC plan renewal proposal for a combined rate increase of 1.9% (+2.3% for Access+, and +0.9% for Trio); and 2. The resulting 2020 monthly rate cards presented in this material for the BSC plans.
- This includes two recommended plan design enhancements:
    A. Expand availability of certain vaccinations at retail pharmacies (details described in this material)—this is expected to deliver $125,000 annual savings; and

    B. Introduce availability of up to four annual nutritional counseling visits per member, without linkage to any specific diagnosis, as a covered service within the Access+ and Trio plans—is expected to have a nominal aggregate financial impact.

Vice President Follansbee asked where the cost savings originate from if the vaccines delivery outside of a physician's office. Mr. Clarke explained that the savings are estimated on the delivery of the vaccine in an alternate site of care. Mr. Clarke also shared that this option is an expanded approach for members to access the vaccines, this does not eliminate going to a primary care provider.

Paul Brown, Blue Shield Representative, noted that the vaccines given to members without a prescription, based on the option to request the vaccine at any time, would not have that vaccine entered into the EMR database. Mr. Brown noted that if the PCP does prescribe and notate that the member asked for a vaccine this would be notated in the EMR database.

Vice President Follansbee directed a question towards the retail pharmacies administration of certain vaccines, and the issue of consent for a minor's who may request a vaccination. Mr. Clarke stated that he did not have the answer to this question, however, he would report back to the Board at the next Board meeting.

PUBLIC COMMENT:
Erica Maybaum, an active employee, presented her experience with Blue Shield and the prescription drug coverage for specialty drugs. Ms. Maybaum also addressed an issue she has experienced while trying to access fertility benefits. Ms. Maybaum noted that when a lesbian couple, single by choice, or uncoupled person goes to their providers and asks to start a family they will face more obstacles, or denial letters, than a heterosexual couple would face. Ms. Maybaum asked that the SFHSS team address the discrimination that lives within the health care field and the plan policies that have affected her and other people across the SFHSS membership. Ms. Maybaum asked that all SFHSS members

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retain equal access to their benefits, and she also asked the Board not to approve the Blue Shield renewal.

Executive Director Yant thanked Ms. Maybaum for her time and her energy regarding this issue. Executive Director Yant stated she is working with the plans to address the concerns of access to fertility benefits as well as the pharmaceutical cost concerns. Executive Director Yant also noted that as a whole SFHSS is dedicated to staying on top of the market changes that do occur in regard to the fertility benefits and access to these benefits. At this time, SFHSS is working on a fertility policy paper, that may be prepared for the June Board meeting.

Supervisor Mandelman asked whether or not Blue Shield has any data on the fertility treatment by couple status/single parent status. Paul Brown, Blue Shield Representative, stated that he did not have the data to answer this question, however, he was taking notes on various components of Ms. Maybaum' s presentation. Mr. Brown stated that he will take these questions back to his team.

Vice President Follansbee stated that there are barriers to access for services in some provider's networks. Mr. Brown commented on the article that came out the week of the Board meeting, that stated Dignity and UCSF were joining as a provider alliance. Mr. Brown reassured the Board that the article was written in the scope of member access, that UCSF is at its capacity and this alliance would allow more members access to facility care.

- **ACTION: The Board unanimously approved the combined rate increase of 1.9% and the resulting 2020 monthly rate cards presented in this material for the BSC plans.**

  Ayes: Breslin, Follansbee, Lim, Hao, Mandelman Nays: None.

14. REVIEW AND APPROVE UNITED HEALTHCARE PPO (City Plan) NON-MEDICARE RATES AND PREMIUM CONTRIBUTIONS: (Action)

DOCUMENTS ATTACHED: The UHC Non-Medicare Rates and Premium Contributions Presentation is located on the SFHSS website at: https://bit.ly/2HszxYN.

Mike Clarke, Aon, presented the United Healthcare PPO non-Medicare rates and premium contributions to the Board. The content of the presentation was as follows:

- UnitedHealthcare (UHC) 2020 Plan Rating—Renewal Summary
- Recommended Plan Design Change for 2020
- 2020 Monthly Rate Cards for City Plan and City Plan—Choice Not Available – Active Employees (93 / 93 / 83 and 100 / 96 / 83 contribution strategies) – Early Retirees (per City Charter employer contribution guidance)
- Recommendation for HSB Action ♣
- Appendix—Additional Information
  – 2020 UHC Administrative Fees (approved in March)
  – Rate Card Footnotes
  – Glossary of Terms
  – 2019 City Plan and City Plan—Choice Not Available Monthly Rate Cards

The recommendations given to the Health Service Board to approve were:

1. The UHC City Plan PPO and City Plan—Choice Not Available renewal proposal

2. 2020 monthly rate cards presented in this material

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3. One recommended plan design enhancement: A. Reduce the family in-network out-of-pocket maximum to 2 times the individual limit.

→The resulting UHC City Plan PPO increase for 2020 is 10%

President Breslin asked how the Stabilization Reserve or the Contingency Reserve, work with the rate calculations. Mr. Clarke explained that the City Plan claim experience has been trending below the forecasted expectation, and this outcome is the "final unwinding" of a large rate stabilization trend that was built up for 5 or 6 years. Mr. Clarke further explained that if the City Plan continues to perform, well and the plan experience meets the expectation the rate stabilization that had taken place in previous years will not be a requirement. Mr. Clarke concluded that the Contingency Reserves would only be used if there were severe fluctuations in actual member experience that would be relative to the forecast.

PUBLIC COMMENT: None.

ACTION: The Board unanimously approved the UHC City Plan PPO and City Plan—Choice Not Available renewal proposal, the 2020 monthly rate cards presented, and a Reduction in the family in-network out-of-pocket maximum to 2 times the individual limit.

Ayes: Breslin, Follansbee, Lim, Hao, Mandelman Nays: None.

15. REVIEW AND APPROVE KAISER PERMANENTE NON-MEDICARE RATES AND PREMIUMS CONTRIBUTIONS (California): (Action)

DOCUMENTS ATTACHED: The Kaiser Permanente Non-Medicare Rates and Premium Contribution (California) Presentation is located on the SFHSS website at: https://bit.ly/2YHL4tk.

Mike Clarke, Aon, presented the Kaiser Permanente non-Medicare rates and premiums presentation to the Board. The content of the presentation was as follows:

- 2020 Kaiser Permanente Renewal Summary
- 2020 Kaiser Permanente Monthly Rate Cards
  – Active Employees (93 / 93 / 83 and 100 / 96 / 83 contribution strategies)
  – Early Retirees (per City Charter employer contribution guidance)
- Recommendation
- Appendix
  – Underwriting Premium Rate Build-Up
  – Kaiser Permanente Rate Card Footnotes
  – 2019 Kaiser Permanente Monthly Rate Cards

The recommendations given to the Board to approve were as follows:

- A 5.9% insured plan premium increase from 2019 to 2020 for active employees (actives) and early retirees in California enrolled in Kaiser Permanente (Kaiser).
- The 5.9% insured plan premium increase includes:
  – 4.9% for the plan renewal; and
  – 1.0% for the return in 2020 of the federal Accountable Care Act Health Insurance Tax (HIT) in 2020, after it was suspended by the federal government in 2019.

Vice President Follansbee asked if the health insurance tax that was listed in the Director's Report, was possibly suspended in the future, would the current rate be adjusted for the members. Mr. Clarke invited the Kaiser Permanente representative to speak to this point. Shawn Nole, Kaiser Permanente representative, stated that Kaiser would work with the SFHSS team to reconcile either in the plan year or in the following plan year.

Vice President Follansbee asked about Kaiser's changes to the fertility member cost share for the 2020 Plan Year. Vice President Follansbee asked what mandate issues were to change this cost share since this change in the cost share is so much larger than previous year's. Kate Kessler, Kaiser Permanente representative, explained that the "GIFT and ZIFT" are procedures that were out of alignment with the cost sharing in the overall policy for all medical plans cost structure. With this adjustment, all of the fertility services will be at a 50% co-pay cost.

PUBLIC COMMENT: None.

- **ACTION: The Board unanimously approved A 5.9% insured plan premium increase from 2019 to 2020 for active employees (actives) and early retirees in California enrolled in Kaiser Permanente (Kaiser).**

  Ayes: Breslin, Lim, Follansbee, Hao, Mandelman Nays: None.

REGULAR BOARD MEETING MATTERS

16. REPORTS AND UPDATES FROM CONTRACTED HEALTH PLAN REPRESENTATIVES: (Discussion)

PUBLIC COMMENT: None.

17. OPPORTUNITY FOR THE PUBLIC TO COMMENT ON MATTERS WITHIN THE BOARD'S JURISDICTION: (Discussion)

PUBLIC COMMENT:

Herbert Weiner, a retiree, shared his concerns regarding the co-payments for lab test visits. Mr. Weiner asked that these co-payments be part of the plan's negotiations, and possibly lowered because these co-payments can become costly for members. Executive Director Yant noted that there was a paper addressing the co-payment topic attached to the April Board meeting materials.

Clair Zvanski, Protect our Benefits, asked what the Kaiser Medicare benefits will be available for all of the Kaiser Medicare members. Ms. Zvanski stated that United Healthcare PPO Medicare plan members qualify for transportation benefits, however, Kaiser HMO Medicare plans do not qualify for this benefit. Ms. Zvanski noted that Protect our Benefits has heard about the decision for Kaiser unofficially, however she would like to ask the Board to get an official answer for the June 13, 2019, Health Service Board Meeting.

18. OPPORTUNITY TO PLACE ITEMS WITHIN THE BOARD'S JURISDICTION ON FUTURE AGENDAS: (Discussion)

PUBLIC COMMENT: None.

19. ADJOURNMENT: 4:00 pm

1145 Market Street, 3rd Floor, San Francisco, CA 94103 | (415) 554-1750 or (800) 541-2266 Fax: (415) 554-1721 | sfhss.org

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.sfhss.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.

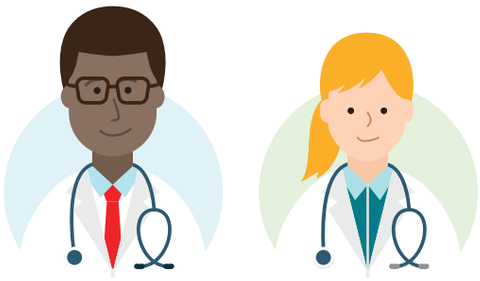
The complete rules are set forth in Chapter 67A of the San Francisco Administrative Code.

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 Natalie Ekberg at (415) 554-1727 or email Natale.Ekberg@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

Getting a Second Opinion



If you're facing a tough health care decision, you may have a hard time knowing what to do. It may be helpful to talk to more than one doctor. Requesting a second opinion can help make sure you're getting the right treatment options and give you peace of mind — all at your standard copay.

A second opinion may be helpful if you are:

- Deciding about a costly test or treatment, like a surgery
- Unclear about how well a test or treatment may work
- Interested in getting more information about your options
- Unsure about a diagnosis

How do you get a second opinion?

Ask your doctor for the name of another physician, someone with whom he or she is not closely connected. Don't worry about offending your doctor. Second opinions are normal and expected.

If you aren't comfortable asking your doctor for another physician, call Customer Service at the number on the back of your member ID card. We can help you find a doctor who can give you a second opinion.

When getting a second opinion, follow these steps

1. You can choose to see any doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill UnitedHealthcare.
2. Schedule a visit with the second doctor. Give yourself enough time to arrange for your medical records to get there before your appointment.
3. Have your first-opinion doctor records sent ahead to the second doctor.
4. Have the second doctor's office send a report to your primary care physician, the one who manages all your care. This keeps all of your medical information in one place.

Questions about finding a doctor?

Call Customer Service toll-free at the phone number on the back of your ID card.

UnitedHealthcare®

INTERNAL Alts	Internal & External Team	Project Details	Color	Color Proofs	Dimensions	Notes
2	Date: 04.16.19 Client Contact: Scott Helmer Art Director/Designer: UHC internal - Scott Helmer	Depot #: SPRJ47594 Name: GRR 2019 SFHSS Getting a Second Opinion Flier Stage: In Review Reading Level: 6.1 File Name: SPRJ47594.indd	CMYK	Required: Pending Pulled: Pending Client Approved: Pending	Flat: 8.5" x 11" Folded: NA Software: Illustrator CC	

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrolllment in the plan depends on the plan's contract renewal with Medicare.

SPRJ47594

SFHSS Second Medical Opinion

Trio

Second Medical Opinion

Members who have questions about their diagnoses, or believe that additional information concerning their condition would be helpful in determining the most appropriate plan of treatment, may re-quest a referral from their Primary Care Physician to another Physician for a second medical opinion. The Member's Primary Care Physician may also offer a referral to another Physician for a second opinion.

If the second opinion involves care provided by the Member's Primary Care Physician, the second opinion will be provided by a Physician within the same Medical Group/IPA. If the second opinion involves care received from a Specialist, the second opinion may be provided by any Blue Shield Network Specialist of the same or equivalent specialty, as authorized by either the Member's Medical Group/IPA or Blue Shield of California. All second opinion consultations must be authorized by the Medical Group/IPA or Blue Shield of California.

State law requires that health plans disclose to Members, upon request, the timelines for responding to a request for a second medical opinion. To request a copy of these timelines, you may call the Shield Concierge Department at the number provided on the back page of this combined Evidence of Coverage and Disclosure Form.

Access+

Second Medical Opinion

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Getting a Second Opinion

How to get a second opinion at Kaiser Permanente

When you're facing a tough health care decision, you may have a hard time knowing what to do. Is surgery the answer? Is that test the right choice? Is it best to get treatment, or watch and wait? To answer the big questions, it's a good idea to talk to more than one doctor. That is called getting a second opinion.

When is a second opinion helpful?

For everyday health care you probably don't need a second opinion. But a second opinion may be a good idea if:

- You are decided about a costly or risky test or treatment, like surgery
- You are not clear about how well a test or treatment may work
- You need more information about your options
- You are unsure about a diagnosis

How do you get a second opinion?

Ask your doctor for the name of another expert within Kaiser Permanente. Explain that this is how you like to make big medical decisions. Don't worry about offending your doctor. Second opinions are expected.

When getting a second opinion at Kaiser Permanente, follow these steps:

1. Talk to your doctor about getting a second opinion. Write down any questions you may have for the second doctor. Consider using one of our resources to help make the most out of your appointments including questions to discuss with your doctor.
2. Schedule a visit with the second doctor.*
3. The second doctor will include the second opinion in your medical record. This keeps all your medical information in one place. Email your primary doctor, the one who manages all your care to discuss the second opinion results and a care plan.

Receive a second opinion from an appropriately qualified medical practitioner.

If you want a second opinion, you can either ask your Plan Physician to help you arrange for one, or you can make an appointment with another Plan Physician. Kaiser Foundation Health Plan, Inc. will cover a second opinion consultation from a Non-Kaiser Permanente Medical Group Physician only if the care has been preauthorized by a Kaiser Permanente Medical Group. While it is your right to consult with a physician outside the Kaiser Permanente Medical Care Program, without prior authorization you will be responsible for any costs you incur.

For more information about second opinions, our services and resources, please contact our Member Service Contact Center at **1-800-464-4000** or **1-800-777-1370 (TTY)** or visit the Member Services Department at your local Medical facility.

*If seen by a doctor outside of Kaiser Permanente, you will need to ensure your medical records are released in advance of your appointment.