File No. 120754

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126) 17 MIC - Q MM 9: 10

City Elective Officer Information (Please print clearly.)	2012 AOO 3 ATT 3 40
Name of City elective officer(s):	City elective office(s) held: SAM FRANCISCO ETHICS COMMISSION
Mayor Edwin M. Lee	Mayor, City and County of San Francisco

Contractor Information (Please print clearly.)

Name of contractor:

Delta Dental of California (Delta Dental PPO Active Self Insured and Retiree PPO fully insured, and DeltaCare DHMO)

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

1. DIRECTORS AND OFFICERS

Glen F. Berget

San Francisco, CA 94105

Barbara J. Burgel

San Francisco, CA 94105

D. Douglas Cassat, DDS

San Francisco, CA 94105

R. Kent Farnsworth, DDS, Chair

San Francisco, CA 94105

Lynn L. Franzoi

San Francisco, CA 94105

Devang M. Gandhi, DDS

San Francisco, CA 94105

Gregory D. Kaplan, DDS, 2nd Vice Chiar

San Francisco, CA 94105

Steven F. McCann, Treasurer

San Francisco, CA 94105

Terry A O'Toole

San Francisco, CA 94105

Renuka (Becky) P. Patel, 1st Vice Chair

San Francisco, CA 94105

Gary D. Radine (Ex Offcio) San Francisco, CA 94105 Jo Bonita Rains San Francisco, CA 94105 Andrew J. Reid, Secretary San Francisco, CA 94105 Coragene I. Savio, DDS San Francisco, CA 94105 Steven W. Voss San Francisco, CA 94105 Thomas A. Zimmerman San Francisco, CA 94105 Chief Executive Officer- Gary Radine Chief Financial Officer- Micheal Castro Chief Operating Officer- Tony Barth (3) None (4) None (5) None Contractor address: San Francisco, CA 94105 Date that contract was approved: Amount of contract: \$53, 403, 894.00* Delta Dental PPO-Policy Number 1673- Retirees \$10, 766, 513.00 Delta Dental PPO-Policy 9502- Actives: (Self-funded Claims+ Admin) \$41,675,275.00 DeltaCare USA- DHMO Policy #01797- DeltaCare: \$962, 106.00

Describe the nature of the contract that was approved:

Comments:

Dental Benefits

*The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events. The Delta Dental PPO Active Self-insured plan is based on actual claims and administration.

Assumptions for Estimated Contract Amounts:

PPO full insured plan, 1673 (Retirees), based on the current month (June 2012) multiplied by 12 months Self insured actives PPO (9502) plan based on last 12 months claims paid, plus current enrollment multiplied by the admin. Fee of \$4.38 times 12

DeltaCare USA DHMO plan based on current month (June 2012) premium mu	Itiplied by 12.
This contract was approved by (check applicable):	
☑ the City elective officer(s) identified on this form (Mayor Edwin M. L	ee)
\square a board on which the City elective officer(s) serves $_$ San Francisco Borrint Name of E	
☐ the board of a state agency (Health Authority, Housing Authority Comm	nission, Industrial Development Authority
Board, Parking Authority, Redevelopment Agency Commission, Relocat Development Authority) on which an appointee of the City elective offic	
Print Name of Board	
Filer Information (Please print clearly.)	······································
Name of filer: Jason Elliott, Mayor's Liaison to the Board of Supervisors	Contact telephone number: (415) 554-5105
Address: City Hall, Room 200	E-mail: Jason.elliott@sfgov.org
	8/7/10
Signature of City Elective Officer (if submitted by City elective officer)	Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk	Date Signed