FORM SFEC-126:

NOTIFICATION OF CONTRACT APPROVAL

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

| City Elective Officer Information (Please print clearly.)
| Name of City elective officer(s):
| Members, San Francisco Board of Supervisors | City elective office(s) held:
| Members, San Francisco Board of Supervisors | Members, San Francisco Board of Supervisors |

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

Barbara J. Burgel

San Francisco, CA 94105

D. Douglas Cassat, DDS

San Francisco, CA 94105

Lynn L. Franzoi

San Francisco, CA 94105

Devang M. Gandhi, DDS, Secretary

San Francisco, CA 94105

Roy Gonella

San Francisco, CA 94105

Beverly A. Kodama, DDS

San Francisco, CA 94105

Steven F. McCann, 1st Vice Chair

San Francisco, CA 94105

Terry A. O'Toole, Treasurer

San Francisco, CA 94105

Renuka (Becky) P. Patel, Chair

San Francisco, CA 94105

Stephen R. Pickering, DDS San Francisco, CA 94105 Gary D. Radine (Ex Officio) San Francisco, CA 94105 Jo Bonita Rains San Francisco, CA 94105 Andrew J. Reid, 2nd Vice Chair 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 **(2)** Chief Executive Officer – Gary Radine Chief Financial Officer – Michael Castro Chief Operating Officer – Tony Barth (3) None (4) None (5) None Contractor address: San Francisco, California 94105

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Date that contract was approved: 7/30/13	Amount of contract estimated for CY 2014;
7730723	\$57,266,493.00*
	Delta Dental PPO -
	Policy Number 1673 – Retirees
	\$11,215,907.00
	Ψ13,215,5 0 / 100
	Delta Dental PPO -
	Policy 9502 – Actives: (Self-funded Claims +
	Admin.)
	\$45,032,742.00
	DeltaCare USA – DHMO
	Policy # 01797 – DeltaCare:
	\$1,017,844.00
Describe the nature of the contract that was approved:	
Dental Benefits	
Comments:	
*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	s at the time of qualifying events. The Delta Dental PPO
Active Self-Insured Plan is based on actual claims and administration	
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This contract was approved by (check applicable):	
the City elective officer(s) identified on this form	
h a board on which the City elective officer(s) serves <u>San Fra</u>	ancisco Board of Supervisors
	int Name of Board
☐ the board of a state agency (Health Authority, Housing Autho	ority Commission, Industrial Development Authority
Board, Parking Authority, Redevelopment Agency Commission	
Development Authority) on which an appointee of the City election	ctive officer(s) identified on this form sits
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number:
,	(415) 554-5184
Address: City Hall, Room 244	
1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org
1 Di. Canton D. Goodfen 1 lace, Sali Francisco, CA 74102	Board.or.Supervisors@sigov.org
Signature of City Elective Officer (if submitted by City elective office	er) Date Signed
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	8/2/13
Signature of Board Secretary or Clerk (if submitted by Board Secretary	