

MEMORANDUM

DATE: November 13, 2025

TO: Mary Hao, President, and Members of the Health Service Board

FROM: Rey Guillen, SFHSS Executive Director

RE: November 13, 2025, Director's Report

BUDGET PLANNING

All City departments are preparing their Fiscal Year 26/27 and Fiscal Year 27/28 budget submissions. SFHSS is taking a proactive approach in anticipation of likely budget reduction instructions. To ensure SFHSS can continue to adequately meet our Core Services, we have asked all division managers to define their Core Services and identify priorities.

SFHSS will bring a proposed budget to the Health Service Board at the January 2026 Finance Committee meeting to seek feedback and direction. SFHSS will take the Finance Committee's feedback and incorporate into a final budget recommendation for full Board approval at the February 12, 2026 meeting.

RESPONSE TO INQUIRY FROM SUPERVISOR (see attachments)

At the July 17, 2025, Board of Supervisors' Budget and Finance Committee meeting where SFHSS leadership presented our Rates and Benefits package for Plan Year 2026, Committee Chair Chan requested additional insight regarding the potential impact the One Big Beautiful Bill Act (OBBBA) may have on the City's healthcare costs. The response to Chair Chan is attached to this report.

COMMISSION STREAMLINING TASK FORCE UPDATE

San Francisco voters approved Proposition E in November 2024, creating the [Commission Streamlining Task Force](#) to review the City's appointive boards, commissions, and other public bodies. The Commission Streamlining Task Force met on Wednesday, November 5, 2025, to review the Health Service Board and discuss recommended changes outlined in a public [memo](#). The SFHSS attended the meeting to answer questions.

Recommendations included:

- Remove confirmation of the Controller appointee by the Health Service Board
- Add 4-year terms
- Add 3-term limit
- Keep board appointment structure
- Retain sole authority to hire/fire department head
- Keep in Charter
- Make seat qualifications desirable rather than mandatory
- Clarify how elected members may be removed if they engage in serious misconduct

The Taskforce discussed whether the Health Service Board should retain the sole authority to hire/fire the department head. The Taskforce agreed that the Board could be insulated from

political pressures by retaining the body's ability to hire and fire the Executive Director. The Taskforce noted that there is no guidance on how elected members may be removed for misconduct. The Task Force agreed to direct the City Attorney's Office to clarify how elected members may be removed if they engage in serious misconduct.

Next Steps for the Task Force

By February 1, 2026: The Task Force will prepare and send a final report with their recommendations for the Board of Supervisors. By March 1, 2026: The City Attorney will draft legislation reflecting the Task Force's recommendations to be sent to the Board of Supervisors. By April 1, 2026: The Board of Supervisors must hold a hearing on the drafted legislation. By July 2026: The Board of Supervisors will decide whether to place a Charter amendment on a future ballot.

BLACK-OUT NOTICE CONTINUES (see attachment)

Black-Out Period notification to the Health Service Board began on August 14, 2025, and extends through both:

- The completion of the San Francisco Health Service System ("SFHSS") formal request for proposal for COBRA, Healthcare Flexible Spending Account (FSA), Dependent Care Spending Account (DCSA), and AB 528 administration, and the presentation of the results of this 2026-2027 COBRA, FSA, DCSA & AB 528 RFP to the Board.
- The completion of the SFHSS Annual Rates and Benefits process for the 2027 plan year.

During this time, Board members are prohibited from unauthorized communications and other prohibited activities in connection with the 2026-2027 COBRA, FSA, DCSA & AB 528 RFP through the annual SFHSS Rates and Benefits process for plan year 2027.

FOLLOW-UP FROM THE PRIOR HEALTH SERVICE BOARD REGULAR MEETING

At the August and September Health Service Board meetings, public comment was shared about retiree dental options. In response, on October 14th, SFHSS hosted a meeting with the retiree stakeholders to hear about their dental concerns. Representatives from SFHSS Executive Leadership and administrative staff, Protect Our Benefits (POB), Retired Fire Fighters and Spouses, Retired Employees of the City and County of San Francisco (RECCSF), Veterans Police Officers Association (VPOA), and a former SFHSS Commissioner were in attendance.

The meeting agenda included insights into SFHSS' role as the benefits administrator, a review of the current state of dental plan offerings, and a discussion of retiree feedback regarding network access and provider disruption, cost and coverage comparisons, and supplemental options in the individual dental plan market. At the end of the meeting, there was agreement that further discussion is needed, and we will report back as these discussions occur.

SAN FRANCISCO HEALTH SERVICE SYSTEM

DIVISION REPORTS: November 2025

PERSONNEL UPDATES (see attachment)

Welcome:

- 0953 Chief Financial and Affordability Officer –Teresa Tan’s first workday was on 10/27/2025

Promotions:

- 1053 Senior IS Business Analyst – Raphaelle Calvin-Hudson was promoted from 1813 Senior Benefits Analyst with the first workday on 10/27/2025

Recruitments:

Information Systems:

- 0931 Information Systems Manager – Requisition is with the Mayor's Budget Office for review to be approved

Member Services:

- 1209 Benefits Technician – Permanent Civil Service (PCS) to fill Stephanie Recinos’s PCS vacancy. Interviews scheduled for 11/12/2025
- 1210 Benefits Analyst – Permanent Civil Service (PCS) filling a recent retirement. Interviews scheduled for 11/4/2025
- 1813 Senior Benefits Analyst – Permanent Civil Service (PCS) to fill the recent vacancy of Raphaelle Calvin-Hudson. Staff is preparing a requisition for submission to the Mayor’s Budget Office for review.

OPERATIONS: (see attachments)

- Phase 1 of the PeopleSoft HCM (Human Capital Management) Benefits Administration system assessment and optimization is underway.
- Member Services is processing enrollments and reconciling records in preparation for Confirmation Letters distribution.

FINANCE AND BUDGET:

- Start of FY26-27 budget cycle

CONTRACTS:

- Issuance and ongoing administration of competitive bid (RFP) for Flexible Spending Account (FSA), Dependent Care Spending Account, COBRA, and AB528 Administration for Plan Year 2027 (RFPQHSS2025.B1)
- Facilitated timely claim submission for SFHSS on the Sutter Premium Class Action.
- Ongoing administration of basic (group) life, supplemental life, supplemental AD&D, long-term disability, and voluntary short-term disability benefits implementation for PY2026 as a result of the Life and Disability Benefits RFP.

WELL-BEING: (see attachment)

- 29% of all EAP calls year to date were from first responder groups.

ATTACHMENTS:

- SFHSS Response to Sup.Chan Budget and Finance Committee Request

SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

- OBBBA and Policy Shifts Reshape Employer Health Plans
- Blackout Notice through June 2026-COBRA
- Personnel - SFHSS Org Chart
- Operations Monthly Dashboards for September
- Operations Monthly Dashboards for October
- Blue Shield Medicare Advantage PPO Transition Dashboard for September and October
- Well-Being Monthly Dashboard for July - September

MEMORANDUM

DATE: August 14, 2025
TO: Mary Hao, President, and Members of the Health Service Board
FROM: Rey Guillen, Executive Director, SFHSS
RE: Black-Out Period Notice, August 14, 2025 through June 2026

This memorandum shall serve as the Black-Out Period notification to the Health Service Board ("Board") that will begin today, August 14, 2025, and extend through the completion of the San Francisco Health Service System ("SFHSS") formal request for proposal for COBRA, Healthcare Flexible Spending Account (FSA), Dependent Care Spending Account (DCSA) and AB 528 administration and the presentation of the results of this 2026-2027 COBRA, FSA, DCSA & AB 528 RFP to the Board.

During this time, Board members are prohibited from unauthorized communications and other prohibited activities in connection with the 2026-2027 COBRA, FSA, DCSA & AB 528 RFP.

Pursuant to the [Board's Policies](#) (page p. 46 "External Communications – Service Providers", p. 48 "Black-Out Periods", p. 49 "Contracts"), the Board must be notified of the start of this Black-Out Period prior to the release of any solicitation for the selection of a primary service provider, as well as prior to the beginning of the annual SFHSS Rates and Benefits process. Such notice is now given.

During this Black-Out Period, Board members are prohibited from any communications or activities with current or potential future service providers or their representatives, agents, employees, or officers on matters relating to SFHSS competitive bid processes for the selection of the service providers for life and disability benefits, including, but not limited to, COBRA, Healthcare Flexible Spending Account (FSA), Dependent Care Spending Account (DCSA) and AB 528 administration and/or the 2026-2027 COBRA, FSA, DCSA & AB 528 RFP (collectively, "Unauthorized RFP Communications and Other Prohibited Activities"), except for communications related to SFHSS matters occurring during public meetings of the Board, the Board of Supervisors, or committees thereof.

Unauthorized RFP Communications and Other Prohibited Activities include communications and activities prohibited by state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III (Conduct of Government Officials and Employees), Chapter 2 (Conflict of Interest and Other Prohibited Activities) of City's Campaign and Governmental Conduct Code, Section 1.126 of the San Francisco Campaign and Governmental Conduct Code (Campaign Reform Ordinance), and Section 87100 *et seq.* and Section 1090 *et seq.* of the Government Code of the State of California.

Communications and activities include face-to-face conversations, conversations through one or more third parties or intermediaries, telephone conversations, emails, text messages, letters, faxes, or any other social media, written or electronic communications.

Any communications with current or potential future service providers for reasons unrelated to SFHSS during this period must be immediately disclosed in writing to the Executive Director and the Board.

CC: Members, Health Service Board
Members, San Francisco Board of Supervisors
Jennifer Donnellan, City Attorney

MEMORANDUM

DATE: September 24, 2025
TO: Supervisor Chan, Chair of Budget and Finance Committee, Board of Supervisors
FROM: Rey Guillen, SFHSS Executive Director
RE: SFHSS Monitor Potential Impacts on Employer-Sponsored Health Plans

OBBBA's Healthcare Provisions

The One Big Beautiful Bill Act (OBBBA) was signed into law by President Trump on July 4, 2025. OBBBA is a budget reconciliation bill that contains hundreds of provisions, including significant funding cuts and policy changes to Medicaid and the Health Insurance Marketplace that phase in over the next several years. The changes to these two programs are projected to significantly impact health care access and affordability for up to 15 million people by 2034, according to the Congressional Budget Office. Although these changes will mostly have a direct effect on low-income individuals, immigrants, and rural communities, it is expected that these two changes will have a ripple effect that will increase the costs of employer-sponsored health plans, such as those administered by the San Francisco Health Service System (SFHSS).

OBBBA's adjustments to Medicaid, the joint federal-state health insurance plan for low-income individuals, are estimated to result in a 12% reduction in Medicaid spending. The changes enact new work requirements, more frequent renewal rules, and new copayments that are expected to make it more difficult for adults to afford coverage and care, qualify for, enroll in, and retain Medicaid coverage. Some of the most significant changes apply to undocumented adults; they restrict new enrollment, eliminate dental benefits and impose new monthly premiums. California's Medicaid program, Medi-Cal, is the largest Medicaid program in the country, covering about 14 million Californians, or roughly one-third of the state's residents. The Kaiser Family Foundation estimates that 1.3 million of these individuals will become uninsured due to changes in Medicaid.

For the Affordable Care Act (ACA) Health Insurance Marketplace, OBBBA did not extend the enhanced premium tax credits which are due to expire at the end of 2025 (originally enacted in 2021 with the American Rescue Plan Act then extended to the end of 2025 with the Inflation Reduction Act). Expiration of these ACA premium tax credits will lead to sharp increases in costs for millions of ACA Marketplace enrollees. Additionally, OBBBA shortens the open enrollment period, restricts enrollment for lawfully present immigrants and Deferred Action for Childhood Arrivals (DACA) recipients, and removes protections for low-income enrollees, creating new hurdles and limiting access to coverage. The Kaiser Family Foundation estimates that 230,000 Californians currently covered under the ACA Marketplace will become uninsured due to changes made to ACA marketplace rules.

Potential Impacts on Employer-Sponsored Health Plans

While the two primary OBBBA healthcare provisions documented above do not directly impact employer-sponsored health plans, such as those maintained by the San Francisco Health Service System (SFHSS), the law's financial impacts to California's general healthcare system are expected to have a sizable impact on employer-sponsored insurance plans and budgets. Medicaid changes will increase the number of uninsured individuals and lead to higher uncompensated care being provided from hospitals when these uninsured receive medical care going forward (likely in emergency room settings). This will have an impact on hospital finances and lead to higher healthcare costs overall. Insurers will likely pass some of these increased costs onto employer-sponsored plans. The increase in the premium costs for ACA plans could drive increased participation in employer-sponsored group health plans, and with it, higher costs.

These financial impacts will land at a time when SFHSS is already experiencing high annual premium rate increases. Over the last three years, SFHSS's medical plan premiums have increased by an average of 8.72% each year. And these high premium increases are expected to continue; Aon, SFHSS's healthcare actuary and consultant, is projecting U.S. employer health care costs to rise 9.5 percent in 2026. (Please see Aon's September 10, 2025, press release that is attached). However, given the indirect impact OBBBA's changes will have on employer health plans, it is difficult to estimate the associated financial impact that these changes will have on future SFHSS health plan premiums.

SFHSS' Process for Informing the Health Service Board

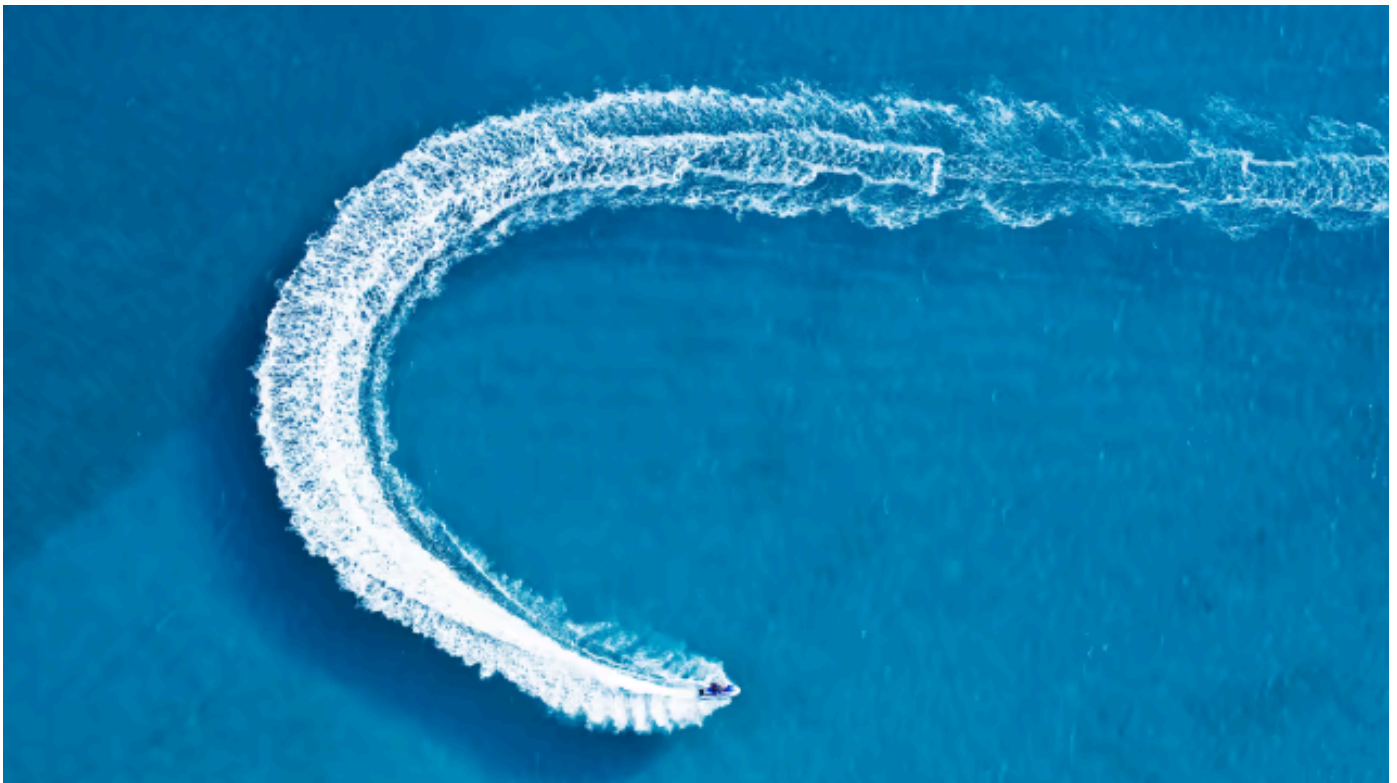
SFHSS keeps the Health Service Board apprised of any industry trends that may impact affordability through its normal Rates and Benefits process. As part of the upcoming Plan Year 2027 Rates and Benefits process, SFHSS staff, with the assistance of Aon, will inform the Health Service Board, including Supervisor Dorsey, of the potential financial impact OBBBA may have on the SFHSS' medical plan renewals. If necessary to ensure SFHSS plans remain affordable, SFHSS staff will review possible plan design changes, assess coverage options, and strategize for possible increased enrollment in SFHSS medical plans.

Additional Resources

Please refer to the attached Aon article titled "[OBBBA and Beyond: Upcoming Policy Changes and Their Impact on Employers](#)" for more information.

August 29, 2025 / 8 mins

OBBBA and Beyond: Upcoming Policy Changes and Their Impact on Employers



OBBBA and other reforms signal big shifts ahead for employer-sponsored group health plans.

Key Takeaways

01

ACA premium subsidy expiration and major funding cuts and eligibility changes to Medicaid will leave millions without coverage, prompting a potential surge in employer-sponsored group health plan participation, and added cost pressure from increased uncompensated care.

02

OBBBA created new ways for employers to boost primary care access and affordability.

03

Proactive strategies will be essential to manage the ripple effects of the OBBBA and other reforms, and protect organizational budgets.

OBBBA is set to significantly reshape health policy. Even though its effects will be delayed, OBBBA's far-reaching implications require immediate attention from HR and benefits leaders. For a group already managing unpredictable healthcare costs, evolving employee needs, and external pressures like rising medical trends, developing proactive strategies is key.

OBBBA at a Glance

employer-sponsored health plans, the ripple effects are likely to have a sizable impact on employer-sponsored insurance plans and budgets.

The OBBBA lands at a time when uncertainty is already sky-high. With **rising healthcare costs**, increasing frustration with traditional insurers, and trends around aging and sicker populations, the OBBBA intensifies existing pressures while creating new complexities. For employers in low-wage industries, these shifts will be particularly challenging. A rise in employees losing coverage through Medicaid or ACA plans could drive increased participation in employer-sponsored group health plans, and with it, higher costs.

The good news is that employers are not powerless in the face of these impending shifts. By taking proactive steps now—such as reviewing plan design, assessing coverage options, and strategizing for increased enrollment—organizations can position themselves to absorb future shocks with greater resilience.

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Health Risk Analyzer

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Health Plan Price Transparency

Medicaid

The OBBBA will impact Medicaid the most, with significant funding cuts and reduced eligibility scheduled to take effect on January 1, 2028 (unless a new bill is passed to restore funding or the effective date is further extended). Medicaid’s decentralized, state-by-state structure means the impact will be uneven, but the overall trend is clear: millions will lose coverage, particularly in low-income and rural areas.

What Employers Should Know About Medicaid Changes:

Change	System Impact	Employer Impact
Loss of Medicaid Coverage	Many employees in low-wage industries who rely on Medicaid may turn to employer-sponsored group health plans.	Increased enrollment and cost pressures for group health plans.
Provider Cost-Shifting	Hospitals burdened by uncompensated care will seek to recoup their losses by negotiating higher reimbursement rates with commercial insurers.	Increased health plan cost pressures for employer sponsored group health plans. Possible provider consolidation.
Access Challenges	Rural and underserved communities will be disproportionately affected as providers cut service lines or close entirely due to unsustainable finances.	Could create new healthcare access issues for employees in these areas.

Additional Policy Changes to Watch

Affordable Care Act (ACA)

to expire at the end of 2025. That expiration will lead to steep cost increases for ACA enrollees or result in ACA coverage being dropped.

Impact on Employers:

- **Shift in Enrollment:** With ACA costs soaring, individuals may choose to switch jobs to obtain employer-sponsored plans, driving enrollment spikes for new employees that affect overall costs and contribution strategies. Employees may also choose to work longer if pre-Medicare retiree individual health insurance is not available, driving up the average cost of health coverage for employees.
- **Marketplace Stability Risks:** ACA marketplaces are likely to see a pricing spiral, where healthier individuals opt out, leaving a sicker pool of enrollees and driving premiums even higher. This could have long-term economic repercussions for all interconnected health ecosystem, with providers and carriers looking to the commercial market for lost revenue.
- **Provider Participation:** Uncertainty around ACA reimbursement and stability may lead providers to reconsider network participation, impacting the availability of certain healthcare services and increasing uncompensated care.

Plan sponsors who leverage the ACA market for active employees (with an Individual Coverage Health Reimbursement Arrangement (ICHRA)) or pre-Medicare retirees (with a retiree Health Reimbursement Account (HRA)) should be prepared for increased market instability, impacting member premiums and the insurance options available to plan participants.



Article

Aon: U.S. Employer Health Care Costs Projected to Increase 9 Percent

Read More →

Medicare

Though minimally impacted by OBBBA provisions, Medicare faces indirect pressures that will ultimately affect employer plans. Recent trends point to reduced government reimbursements for Medicare Advantage plans, which has already led to financial losses for insurers and providers with some insurers announcing departure from this market.

Impact on Employers:

Healthcare insurers and providers are likely to shift these financial burdens onto commercial insurance plans. The resulting higher costs will likely funnel into employer-sponsored group health plan market. Sponsors of retiree medical plans

Health Savings Accounts (HSAs)

The OBBBA introduces some direct opportunities for employers sponsoring high-deductible health plans (HDHPs) with HSAs. The permanent inclusion of both telehealth and direct primary care (DPC) services before the deductible creates new flexibility. Additionally, DPC costs can now be reimbursed even if not covered by plan.

Impact on Employers:

- **Enhanced Primary Care Strategies:** Employers can now adopt more robust primary care initiatives using HSAs and HDHPs, such as DPC-first health plan designs. These options may also improve employee engagement in primary care.
- **Potential Cost Shifts:** While these changes are mostly positive, more generous HSA provisions may lead to increased plan costs over time.

What to Watch

It's crucial to view the OBBBA within the larger context of existing healthcare trends. Trends to monitor include:

Shift to Value-Based Payment Models



Network Participation Reductions



Employee Affordability Gaps



Proactive Strategies for Employers

These complex changes don't allow for a "wait-and-see" approach. Employers must adapt now.

- 1** **Stay Ahead of the Curve:** Anticipate the downstream effects of OBBBA by understanding your exposure and associated costs—such as the portion of your workforce currently enrolled in ACA, the extent of your rural footprint, and the potential for increased caregiving burdens due to government program cuts. Consider how telehealth and DPC can now play a more strategic role across your plan offerings and begin integrating these insights into your benefits planning as soon as possible.
- 2** **Budget for Growing Costs:** Adjust financial models to account for future volatility brought on by market wide funding and enrollment shifts. Consider adding margin or making additional adjustments to your healthcare budget to account for volatility.
- 3** **Enhance your Governance Strategy:** Increasing cost and disruption will bring increasing levels of scrutiny onto plan sponsors. Ensure robust governance is in place to adapt and respond to the changes coming.
- 4** **Evaluate Vendor Performance:** Prioritize predictability, transparency and accountability when partnering with vendors, ensuring costs remain aligned with employee and plan needs. Challenge vendors to continuously advance offerings to better support employees through the volatility.
- 5** **Bolster Data Usage:** Leverage analytics to assess the value of current benefits and identify where adjustments can mitigate potential risks. Increase frequency at which reviewing and making program adjustments. Dive into current utilization by location and provider to understand how OBBBA may impact your population.

ecosystem and is not a stand alone offering.

- 7** **Lean into Technology:** Evaluate new opportunities to integrate latest technology to maximize value and use of benefits. Highest value opportunities exist around increasing access to care, benefits navigation, and personalized communications.

Time to Act

Now is the time to critically assess health benefits strategy, plan redesign needs, and cost mitigation options. As the regulatory environment continues to shift, it is essential to maintain active oversight and adaptability in benefits strategy. Aon will continue to assess changes and potential impacts as OBBBA and other policy changes evolve, helping employers navigate emerging requirements and seize opportunities to optimize health plans. By staying informed and agile, organizations can weather uncertainty and position themselves for sustained success in the face of ongoing transformation.

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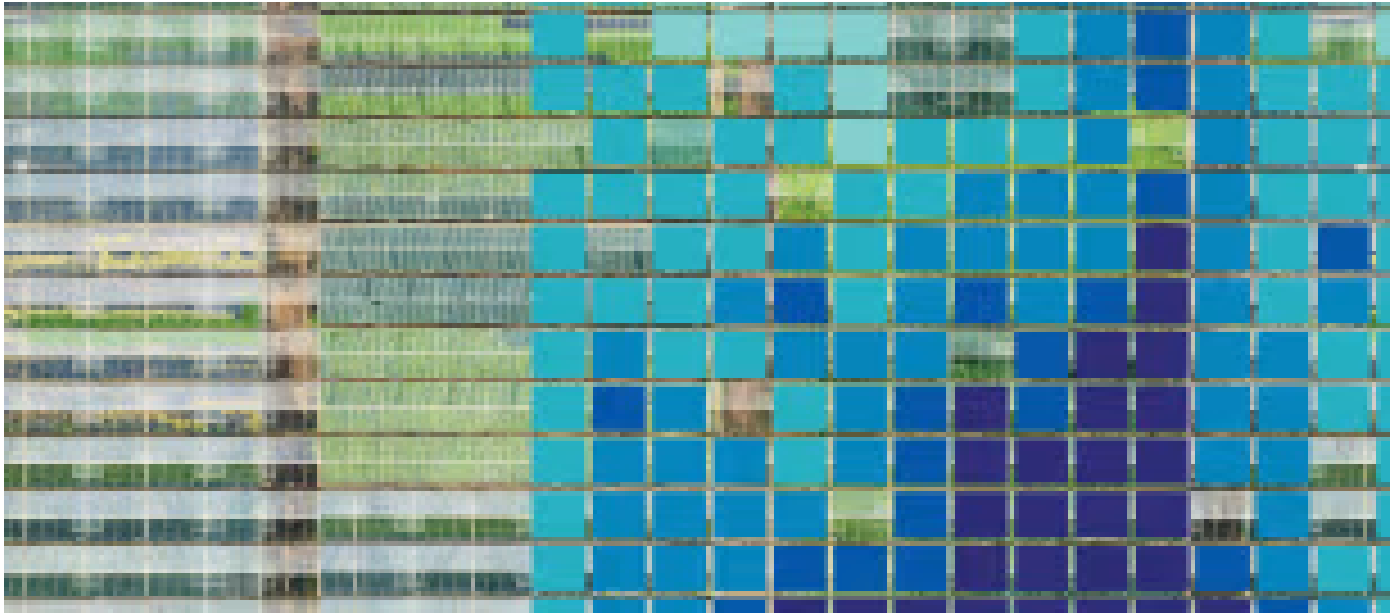
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Article / 11 mins

In Conversation with Iberdrola: Navigating Megatrends

Spanish energy multinational, Iberdrola – a leader in grids, storage and clean energy – talks with Aon about its efforts to adapt and respond to climate impacts through its shift towards renewables and building a workforce for the future.



Article / 13 mins

Q2 2025 UK Insurance Market Outlook

Despite geopolitical instability and an uncertain economic outlook, insurer competition in the UK remains strong. This ongoing competition has shaped buyer-friendly conditions for most insurance lines, which began in late 2024 and have continued throughout the first and second quarters of 2025.



Article / 6 mins

5 Bold Predictions for the Future of Total Rewards

Total rewards professionals must adapt quickly to changes in the workforce. Whether it's personalization of benefits powered by AI or a whole new language around total rewards, the near future may look very different than the status quo.



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Organizational Chart – Recrutable Budgeted Positions



- A** 1210 Benefits Analysts filled by 1209-TEX Benefits Technician
- B** 1210 Benefits Analyst filled by 1209 Benefits Technician
- C** 0923 Manager II filled by 9252 Communications Specialist
- D** 2822 Health Educator filled by 5320 Graphic Designer

Operations Dashboard

Health Service Board Meeting • November 13, 2025

Reporting: September 2025

Operations Dashboard for the Month of September 2025

Call Center Support

Call Volume



3069
calls handled
September 2024

2231
calls handled
September
2025

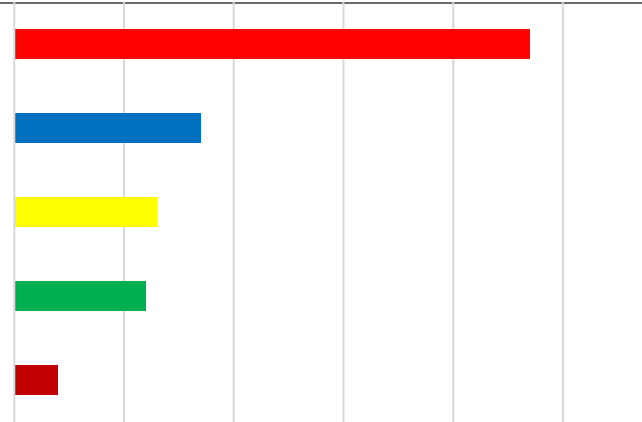
Call Drivers Metrics

Call Drivers



Eligibility or Enrollment
Benefits
Payments-Refunds-Deduction
Retiree
Open Enrollment

0% 10% 20% 30% 40% 50%



Average Speed to Answer

Goal: <3 minutes

Abandonment Rate

Goal: <10%

Average Handle Time

Goal: <10 min

First Contact Resolution

Goal: >75%



2 min 11 secs
September 2024

4 min 44 secs
September 2025



7.74%
September 2024

20.91%
September 2025



12 min 50 secs
September 2024

6 min 35 secs
September 2025



61%
September 2024

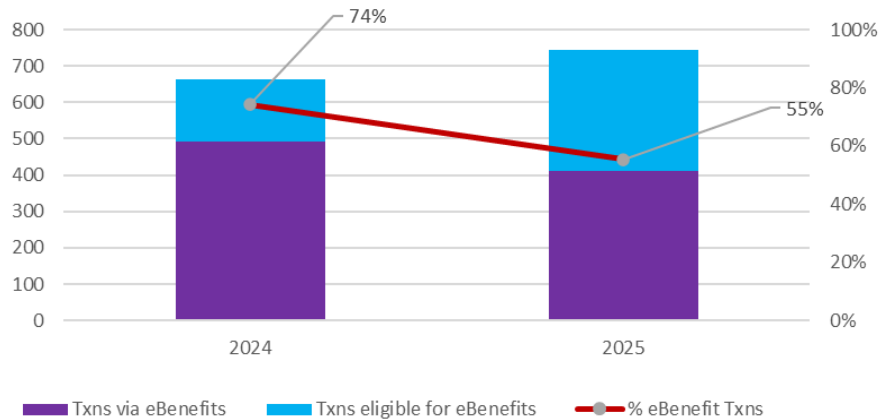
72%
September 2025

Operations Dashboard for the Month of September 2025

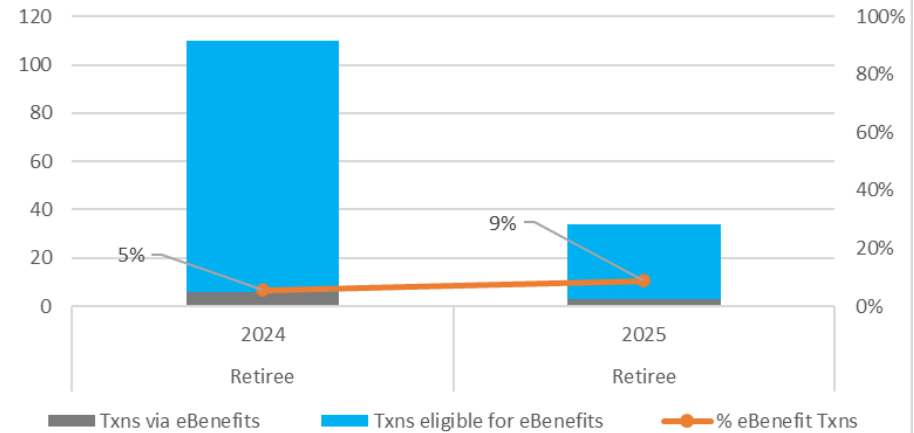
Transactions



eBenefits Transactions Actives



eBenefits Transactions Retirees

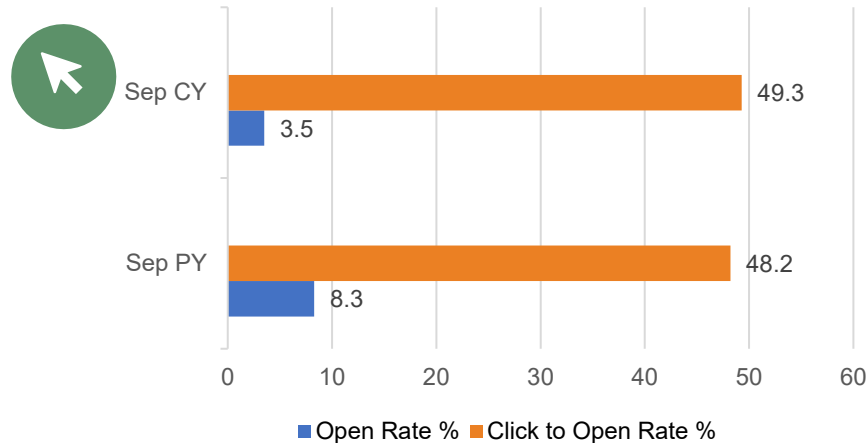


Communications Dashboard for the Month of September 2025

Member Engagement

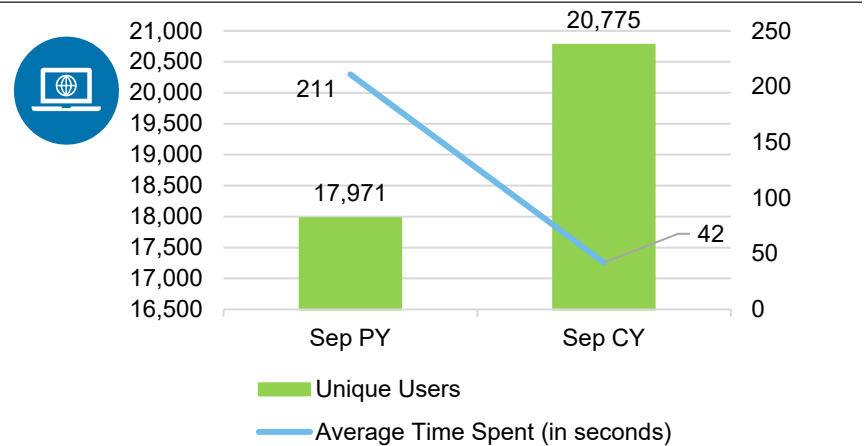
Newsletter Engagement

Goal: >50% Subscribers and 50% Open Rate

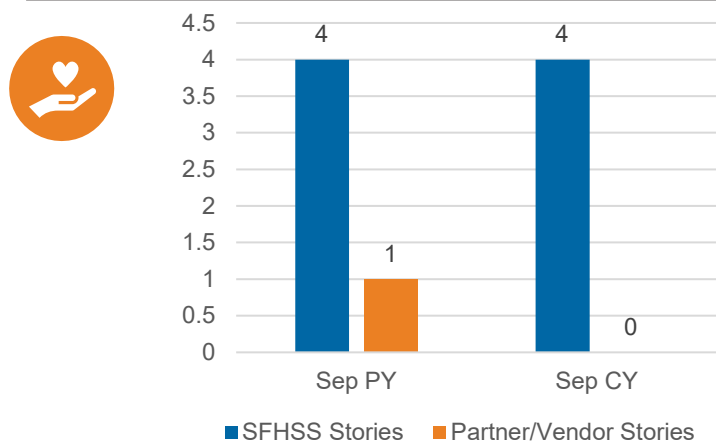


SFHSS Website Engagement

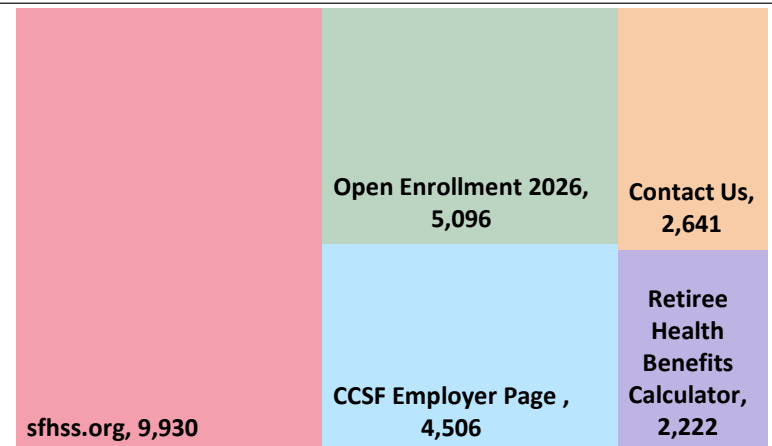
Goal: >100 seconds



Preventive Care Communications **Goal: > 3**



Top Visited Pages on sfhss.org



Operations Dashboard

Health Service Board Meeting • November 13, 2025

Reporting: October 2025

Operations Dashboard for the Month of October 2025

Call Center Support

Call Volume



7767
calls handled
October 2024

7082
calls handled
October 2025

Average Speed to Answer

Goal: <3 minutes



3 min 30 secs
October 2024

5 min 48 secs
October 2025

Abandonment Rate

Goal: <10%



6.69%
October 2024

19.43%
October 2025

Average Handle Time

Goal: <10 min



13 min 07 secs
October 2024

10 min 28 secs
October 2025

First Contact Resolution

Goal: >75%



61%
October 2024

67%
October 2025

Call Drivers Metrics

Call Drivers



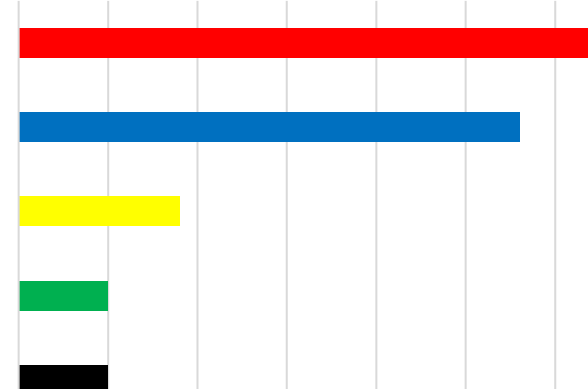
Open Enrollment
Eligibility or Enrollment

0% 5% 10% 15% 20% 25% 30% 35%

Benefits

Retiree

Self Service

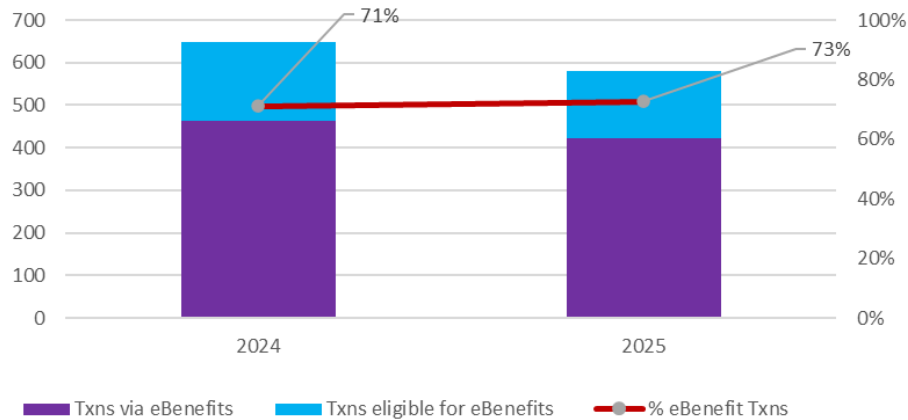


Operations Dashboard for the Month of October 2025

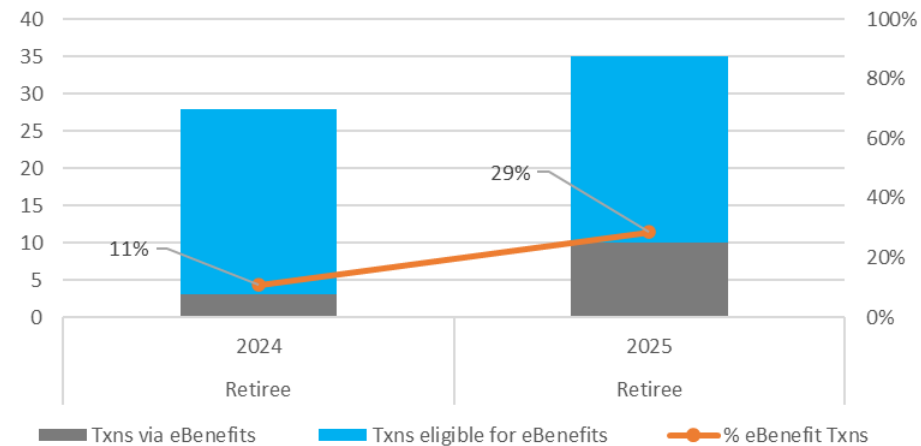
Transactions



eBenefits Transactions Actives



eBenefits Transactions Retirees



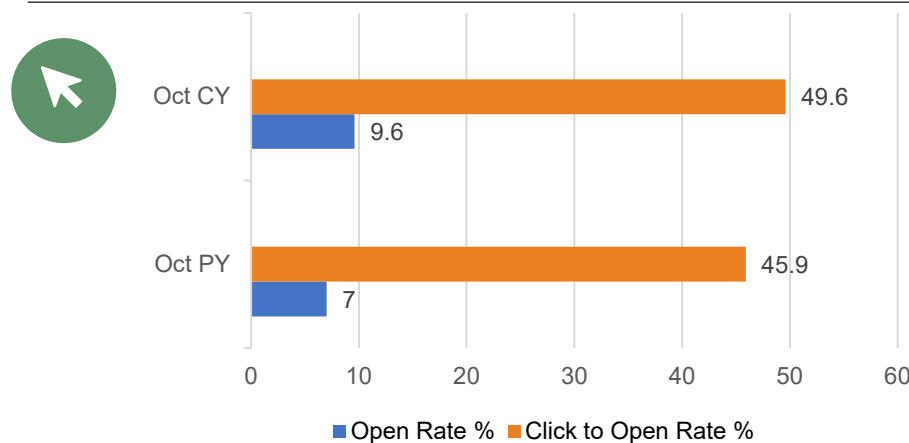
Note: OE transactions are not included in this transaction count.

Communications Dashboard for the Month of October 2025

Member Engagement

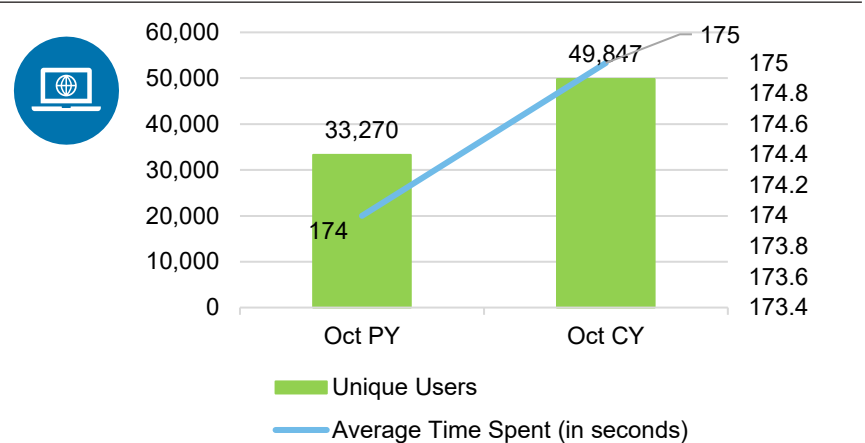
Newsletter Engagement

Goal: >50% Subscribers and 50% Open Rate

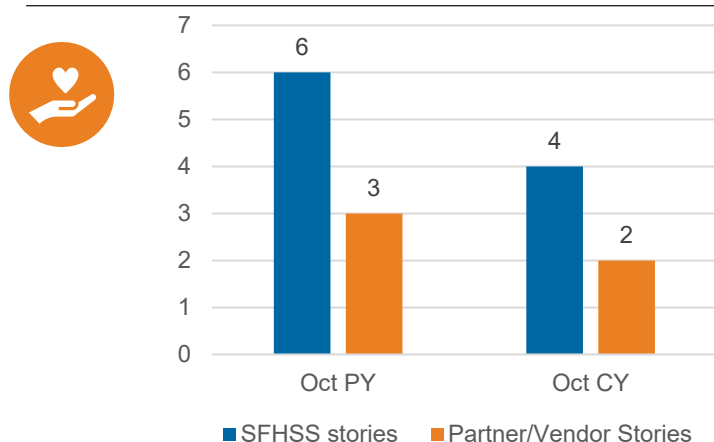


SFHSS Website Engagement

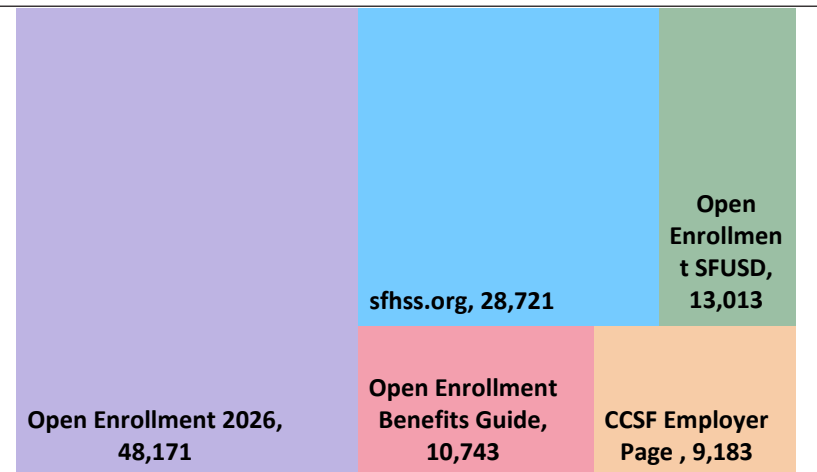
Goal: >100 seconds



Preventive Care Communications **Goal: > 3**



Top Visited Pages on sfhss.org



Blue Shield Medicare Advantage PPO Transition Dashboard

Health Service Board Meeting • November 13, 2025

Health Service System Call Metrics – September & October 2025

BSC Transition Calls Handled



September – 66

October – 115

Calls handled

BSC Transition In-Person Interactions



September – 6

October – 16

Number of in-person interactions

HSS to BSC Calls



September – 39

October – 216

Members Connecting with BSC through the HSS Phone System

Average Speed to Answer*

Goal: <3 mins



September – 4 min

37 secs

**October – 5 min 20
secs**

Average Handle Time*

Goal: <10 mins



September – 6 mins

48 secs

**October – 11 min 45
secs**

First Contact Resolution

Goal: >75%

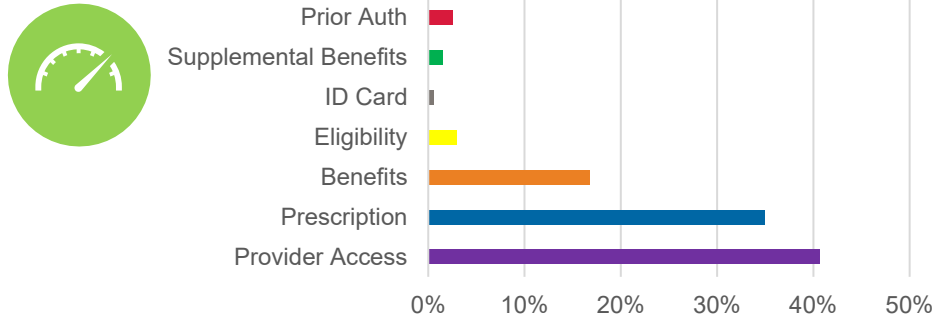


September – 90%

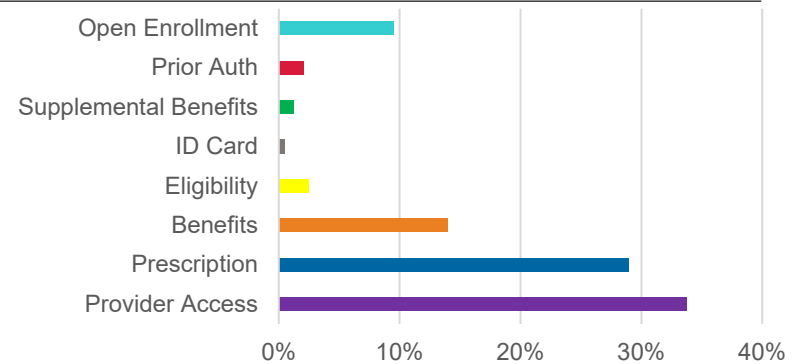
October – 93%

Blue Shield Call Metrics – September & October 2025

Support Drivers Metrics – September



Support Drivers Metrics – October



Call Volume



September – 3,808
October – 4,587

Abandonment Rate

Goal: <3%



September – 1.9%
October – 0.5%

BSC to HSS Calls



September – 114
October – 202

Members connecting with HSS through BSC phone system

Average Speed to Answer

Goal: <3 mins



September – 34 secs
October – 49 secs

Average Handle Time

Goal: As Long as Required



September – 17 mins
October – 15 min

First Contact Resolution

Goal: >75%



September – 94%
October – 93%

Well-Being Dashboard

Health Service Board Meeting – November 13, 2025

(Reporting: July – September 2025)

SFHSS Employee Assistance Program (EAP)

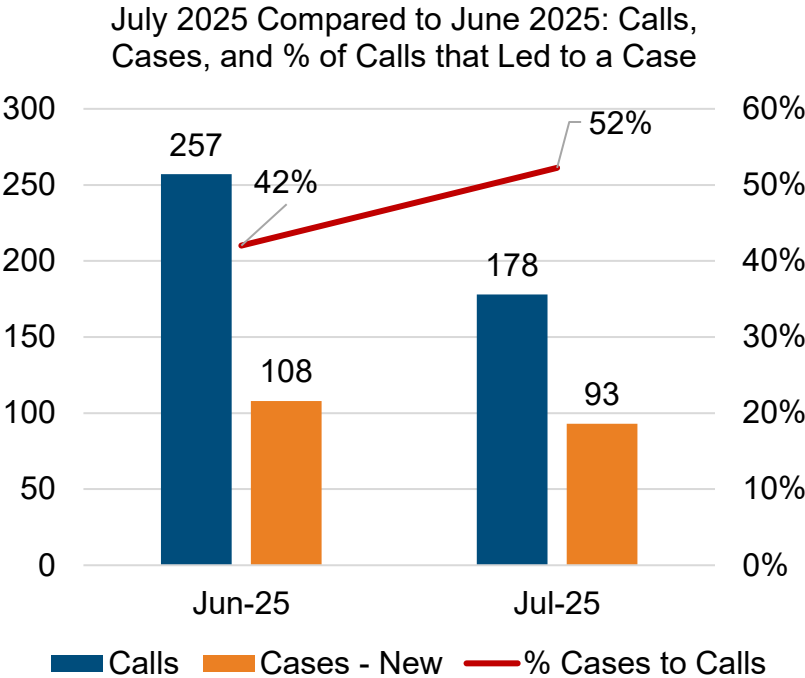
JULY - SEPTEMBER Highlights:

- ✓ 473 services provided.
- ✓ 2 individual consultations.
- ✓ 49 leadership consultations provided.
- ✓ 29 trainings were offered serving a total of 298 people.
- ✓ 6 critical incident responses.

JULY: Calls/Cases - Internal & External EAP

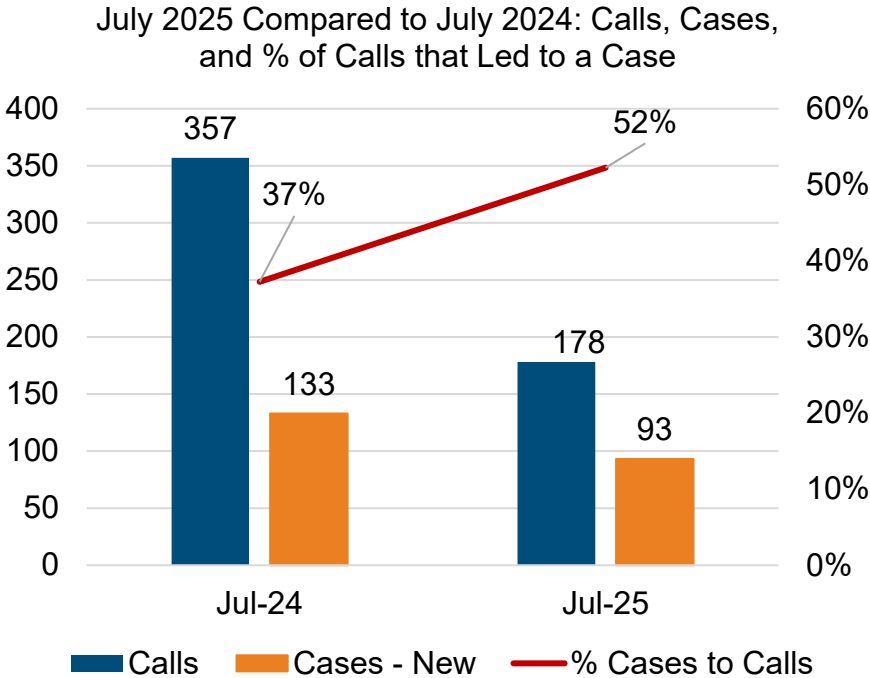
Highlights 2025

- ✓ 31% decrease in calls and 14% decrease in cases compared to June.



Highlights Year Over Year

- ✓ 50% decrease in calls compared to the same month, prior year.
- ✓ 30% decrease in cases compared to the same month, prior year.

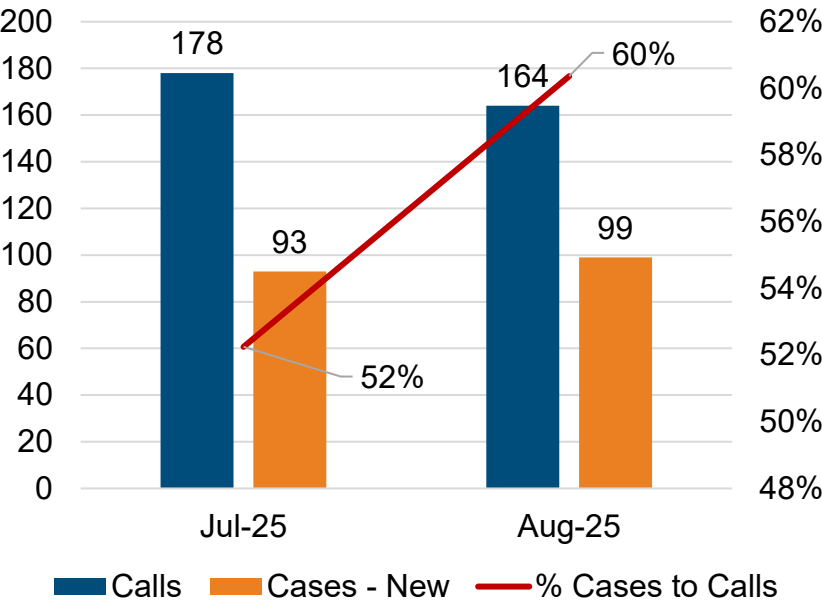


AUGUST: Calls/Cases - Internal & External EAP

Highlights 2025

- ✓ 8% decrease in calls and 7% increase in cases compared to July.

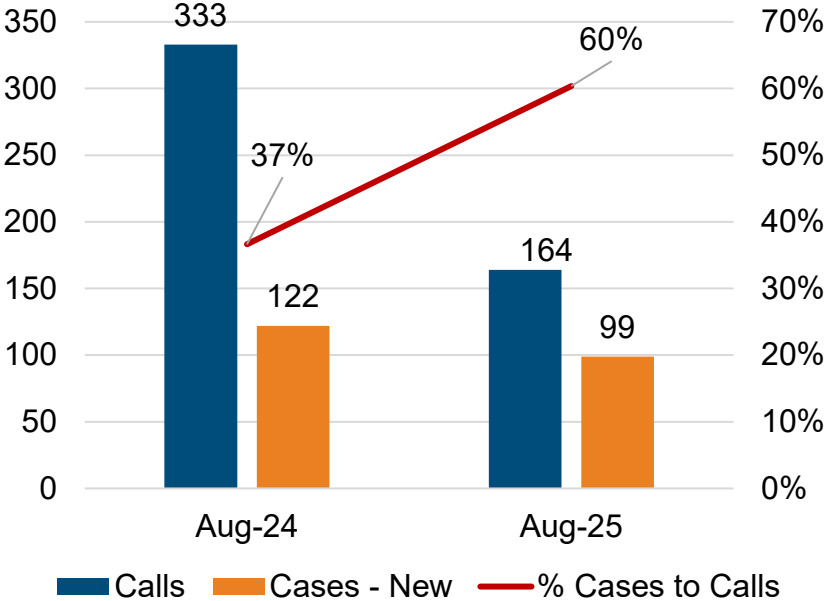
August 2025 Compared to July 2025: Calls, Cases, and % of Calls that Led to a Case



Highlights Year Over Year

- ✓ 50% decrease in calls compared to the same month, prior year.
- ✓ 19% decrease in cases in compared to the same month, prior year.

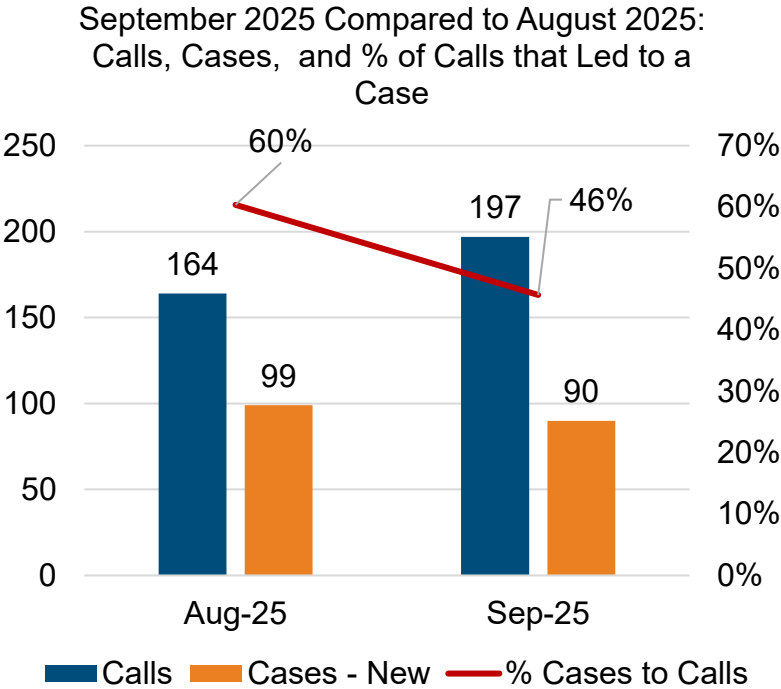
August 2025 Compared to August 2024: Calls, Cases, and % of Calls that Led to a Case



SEPTEMBER: Calls/Cases - Internal & External EAP

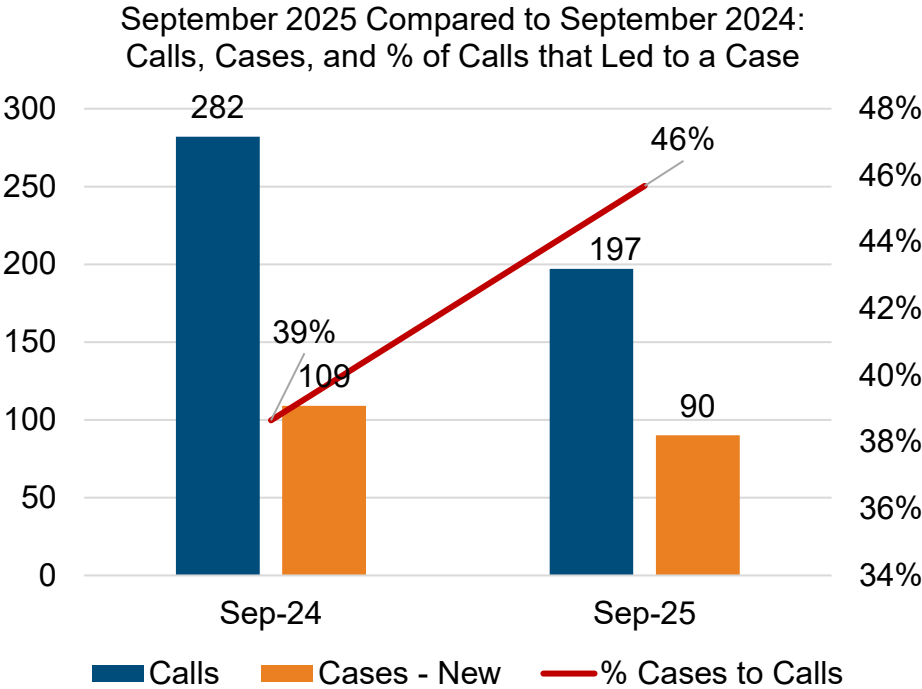
Highlights 2025

- ✓ 20% increase in calls and 9% decrease in cases compared to August.

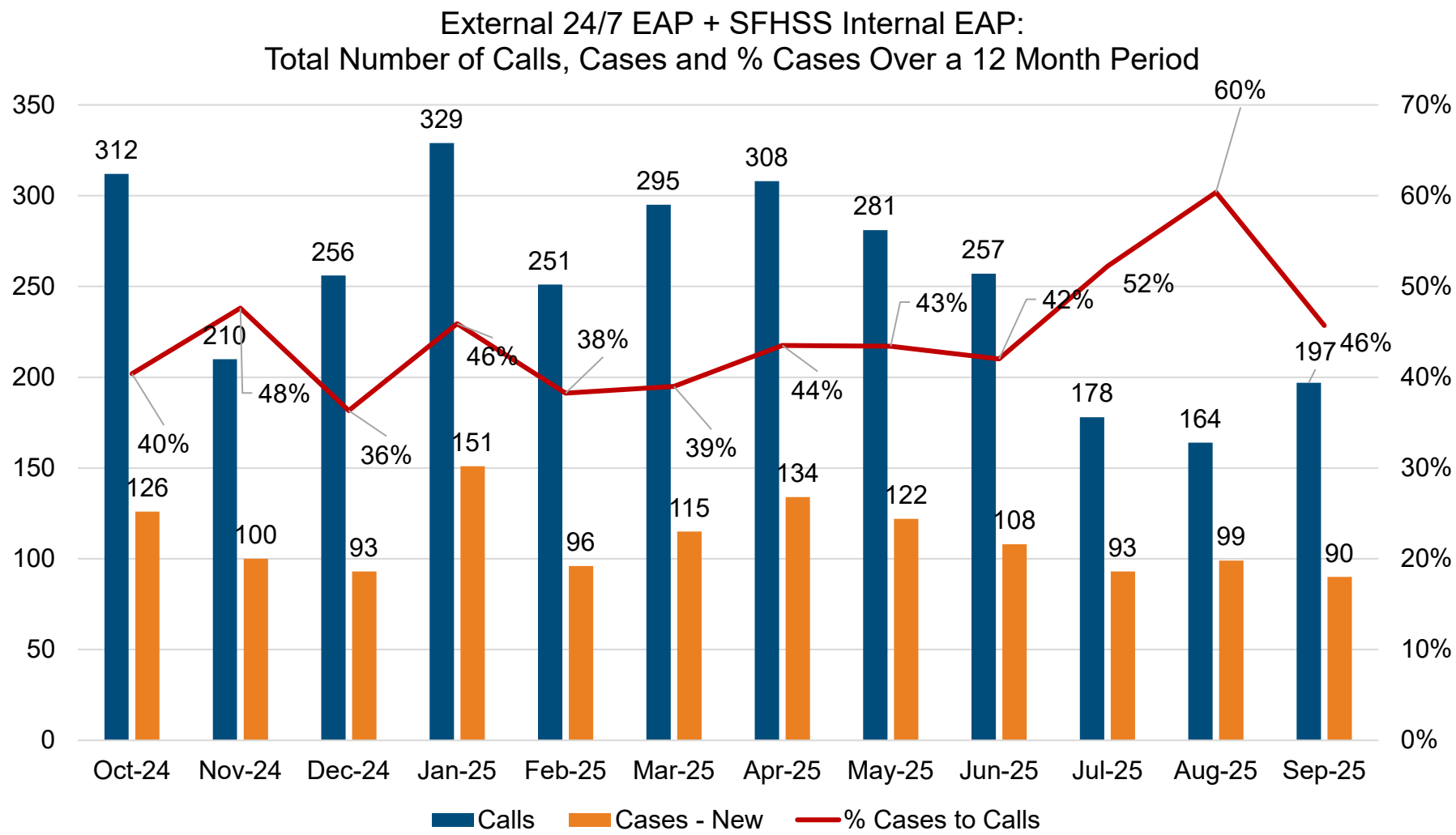


Highlights Year Over Year

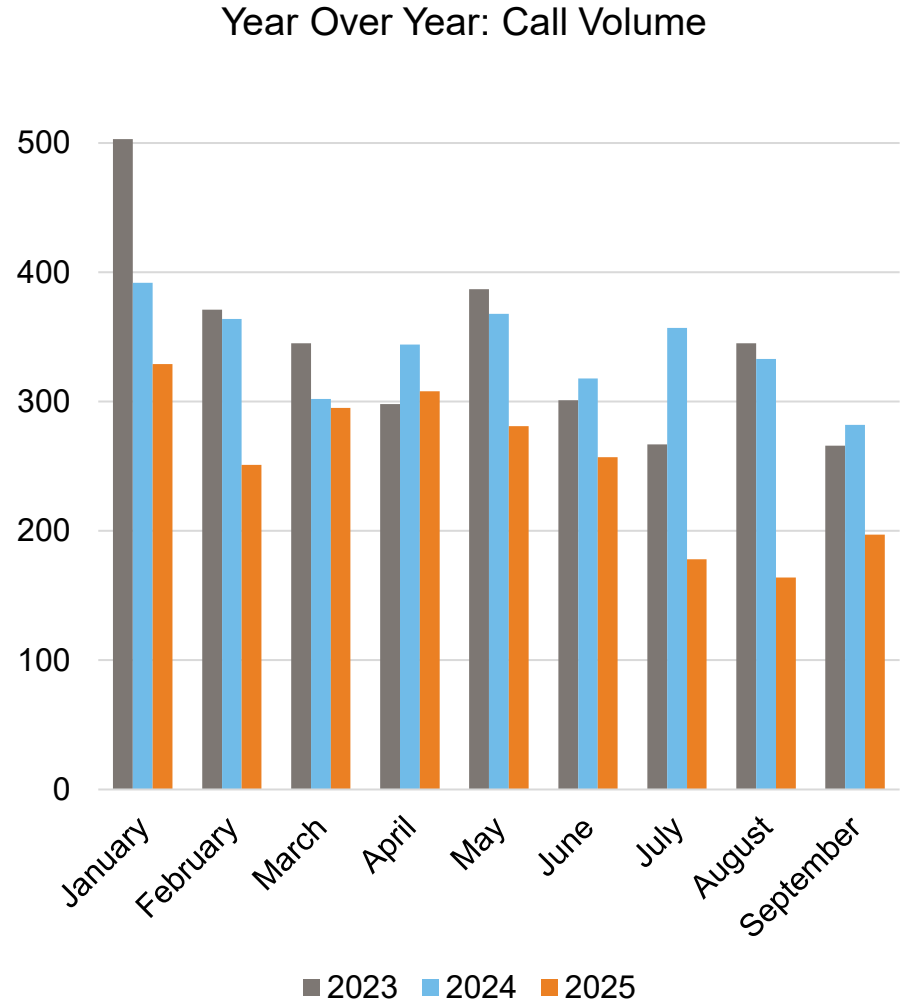
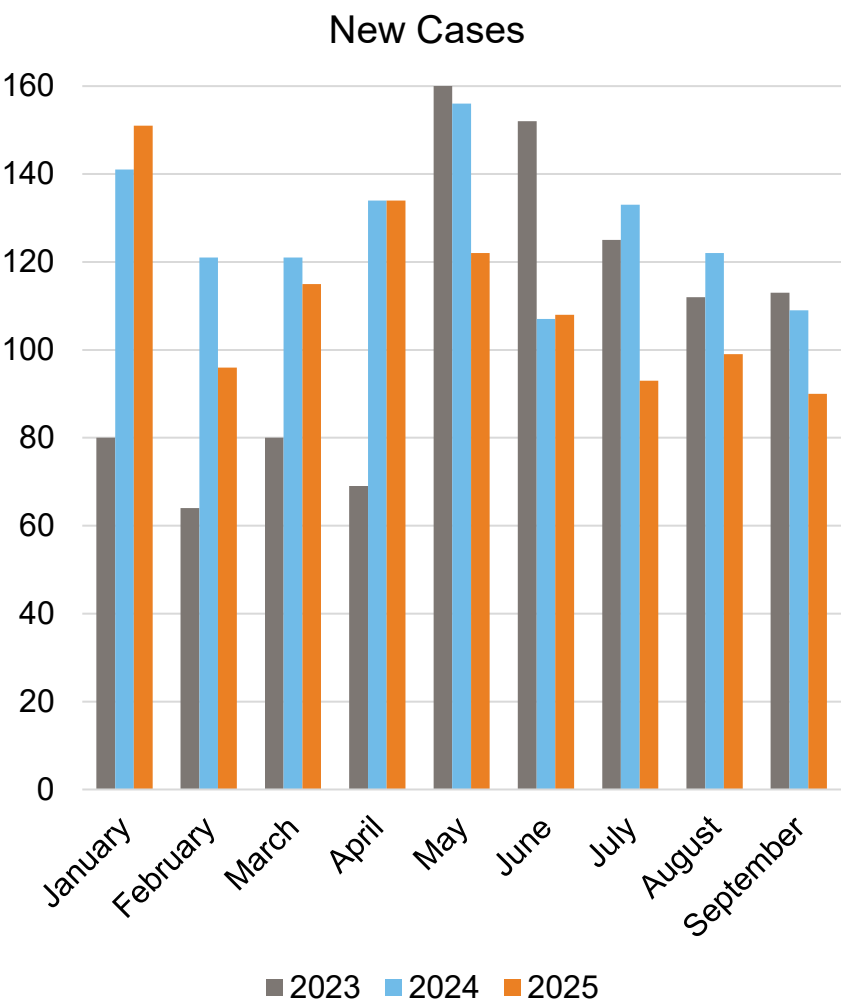
- ✓ 30% decrease in calls compared to the same month, prior year.
- ✓ 17% decrease in cases in compared to the same month, prior year.



Calls/Cases: 12-Month Period - Internal & External EAP



Calls/Cases: Year Over Year - Internal & External EAP



2025 Critical Incidents

Highlights:

- As of September, there are a total of 60 critical incident responses serving 313 individuals.
- 75% of all critical incident responses are for first responder departments

Critical Incident Response: Total and Number of People Served
(Includes Internal and External EAP)

