



HEALTH SERVICE BOARD

CITY & COUNTY OF SAN FRANCISCO

Abbie Yant, MA, RN
Executive Director
Health Service System

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Executive Secretary

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HEALTH SERVICE BOARD MEETING

MINUTES

Thursday, March 14, 2019, 12:30 p.m.
City Hall, Room 416
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94103

1. **CALL TO ORDER: 1:00pm**

2. **PLEDGE OF ALLEGIANCE**

3. **ROLE CALL**

President Karen Breslin – Present
Vice President Stephen Follansbee, M.D.—Present
Commissioner Wilfredo Lim – Present
Commissioner Sharon Ferrigno – Present
Commissioner Randy Scott – Present
Supervisor Rafael Mandelman – Present, excused early at 3:00 pm

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

DOCUMENTS ATTACHED: Meeting minutes from the following meetings can be found on the SFHSS website with each individual link:

- Regular Meeting Minutes from February 14, 2019 -- <https://bit.ly/2HJVJiz>
- Finance and Budget Committee Minutes from February 14, 2019 -- <https://bit.ly/2OyM8fa>
- Special Meeting Minutes from February 5, 2019 -- <https://bit.ly/2OrWMnG>
- Governance Meeting Minutes from January 31, 2019 -- <https://bit.ly/2CHDpm5>

President Breslin affirmed that the Commissioners reviewed the Regular meeting minutes from January 10, 2019, February 5, 2019, and both the Committee meeting as well as the Regular Board meeting held on February 14, 2019. President Breslin asked if there were any corrections to the minutes. There were no corrections offered for any of the meeting minutes presented.

PUBLIC COMMENT: None.

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

Ayes: Breslin, Lim, Scott, Follansbee, Ferrigno

Nays: (none)

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

PUBLIC COMMENT: None.

6. PRESIDENT'S REPORT: (Discussion)

PUBLIC COMMENT: None.

7. DIRECTOR'S REPORT: (Discussion)

DOCUMENTS ATTACHED: The Director's Report is located on the SFHSS website at: <https://bit.ly/2uw6eNJ>

Executive Director Abbie Yant began her report with a reminder to the Commissioners that the Black Out Period is still active. Executive Director Yant stated that the Medial, Dental and Vision renewal meetings are scheduled and calendared through May. Executive Director Yant stated that there was an updated Rates and Benefits within the Board Materials for review.

Executive Director Yant shared a brief update on the Cataract Surgery White Paper discussion that took place at the 2019 February Board meeting. Executive Director Yant informed the Commissioners that Medicare sets an "A-Rate cost" for the cataract surgery, and this rate is applied whether the provider elects to use the traditional cataract surgery method or the laser-assisted method. Executive Director Yant further commented that many ophthalmologist practices who specialize in laser-assisted surgeries, offer potential patients a variety of cash payment packages. These packages can range in price.

Executive Director Yant stated that the SFHSS Election is moving forward in its process. Executive Director Yant stated that there were three eligible candidates running for Election as of March 13, 2019. Executive Director Yant stated that the Candidates are required to file their candidate statements to the Department of Elections by March 27, 2019.

Executive Director Yant congratulated two staff members in the Member Services team who have accepted temporary appointments as Senior Benefit Analysts, Yock Chow, and Marie Chan. Executive Director Yant also noted that there are other department recruitments underway, and the updates regarding those positions will be given as they develop.

Executive Director Yant stated that the VOIP telephone system project is on schedule and is expected to be done sometime within the summer months. Executive Director Yant shared that the self-service E-Benefits project has made significant progress and SFHSS staff continues to work on the required updates with various city agencies.

PUBLIC COMMENT: None.

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

DOCUMENTS ATTACHED: The Financial Update Memorandum is located on the SFHSS website at: <https://bit.ly/2FEAqwC>

Pamela Levin, Chief Financial Officer, presented the Financial report to the Board. This report covers the year to date expenditures and revenues through January 3, 2019. Ms. Levin noted that the Trust Fund balance on June 30, 2018, was \$77.4 million. Ms. Levin shared that this year's activity, through January 31, 2019, has increased the projected fund balance to \$85.1 million.

Ms. Levin stated that SFHSS has seen unfavorable claims experience for City Plan and Blue Shield Access. Additionally, Ms. Levin stated that the City Plan expenses were higher partially because of the higher levels of plan utilization that have increased since last month's Board meeting. Ms. Levin noted that the February 2019 paid claims levels are expected to be lower and this will have a normalizing effect on the year-to-date assessment of expenses versus revenue.

Ms. Levin concluded her presentation sharing an update regarding the Blue Shield Trio claims experience. This month had more favorable claims experience than the previous month. Ms. Levin stated that there continues to be favorable claims experience for the dental plan. Ms. Levin stated that the General Fund has a projected year-end balance of \$300,000.

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/2TD1xvU>

Executive Director Yant stated that the calendar has been updated with appropriate meeting topics for April, May and June. Executive Director Yant also suggested that the Commissioners remove the 4/25/19 Health Service Board meeting from the Calendar. The Commissioners will re-visit the decision to remove the Calendar hold for 4/25/19 at the conclusion of the meeting.

PUBLIC COMMENT: None.

10. STOP LOSS RECOMMENDATION PRESENTATION: (Action)

DOCUMENTS ATTACHED: The Stop Loss Presentation Is located on the SFHSS website at: <https://bit.ly/2WtnG1y>

Tom Ricks, Aon, presented the Stop/Loss Recommendation presentation. Mr. Ricks began his presentation by explaining that many self-funded plans sponsor purchase stop-loss as a way to mitigate their exposure to catastrophic health plan claims. These stop-loss prevention strategies can be understood as a risk management product.

Mr. Ricks explained that the SFHSS has several mechanisms in place that also provide a level of risk management to the Trust, the members, and the employers to work against unforeseen adverse financial risk. Mr. Ricks shared that some of these mechanisms include the Health Service Board's Contingency Fund Policy, the Contingency Reserve Policy, as well as the Self-Funded Plan Stabilization Policy.

Mr. Ricks stated that Aon is recommending that SFHSS does not pursue an external stop-loss policy.

President Breslin agreed that SFHSS does not need additional coverage.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved Stop/Loss Recommendation presentation.

Ayes: Breslin, Lim, Scott, Follansbee, Ferrigno

Nays: (none)

11. PRESENTATION ON PLAN DESIGN BENCHMARKING: (Discussion)

DOCUMENTS ATTACHED: The Copay Benchmarking Presentation is located on the SFHSS website at: <https://bit.ly/2JJIFvp>

Mike Clarke, Aon, presented the Plan Design Benchmarking presentation. Mr. Clarke noted that this document is extremely detailed, however, Mr. Clarke only covered the Executive Summary pages. These were the first 12 pages of the report. Mr. Clarke explained that this report has been crafted in a new format with new features to enhance the information and readability of the data collected. President Breslin asked how the comparisons were collected for this report, and how the private sector comparisons were integrated. Mr. Clarke also stated that this report included information and analytical results involving private sector and public sector data from two Aon databases, the Aon Benefit SpecSelect, and the Aon Bench.

President Breslin asked the Board members if they would like to hear the other two outcomes from the two databases in addition to the outcomes from the 10-County Survey. Commissioner Scott noted that the Commissioners can review the document in full detail outside of the meeting's time. Executive Director Yant shared that the work that was done with Aon and the SFHSS team covered all pertinent information within the 12 executive summary slides.

Mr. Clarke also explained that the report Aon created included two different views of plan design benchmarking. Mr. Clarke noted that the first view of this plan design benchmarking was the comparison of the 10 counties that were benchmarked in the 10-County survey. This new component of the 10-County Survey compared to the 10 largest counties in the state of California. This comparison allowed SFHSS to review the HMO plan design features and the PPO plan design, which was one of the new features. Mr. Clarke highlighted that throughout the report, where there is mention of "Blue Shield", that this word choice represented both the Access+ and Trio plans, as these two plans that are offered by SFHSS have identical plan designs.

Mr. Clarke began reviewing the report in some detail summarizing the general findings with the 10-County survey data. Mr. Clarke noted that all of the 10-Counties and their different plan's designs are variant. Some Counties offered more than others across the active employee and retiree programs, but all of the counties did offer a wide variety of design features. Mr. Clarke stated that the SFHSS plans are very similar to the range of design features available through the average of the 10-County employers. Mr. Clarke noted that the SFHSS plans tend to have lower deductibles, tend to have lower copayments and have higher out-of-pocket maximums for the members.

Mr. Clarke reviewed the comparisons for the Blue Shield, Kaiser and Medicare plans for a few of the 10-County plans. Mr. Clarke reminded the Commissioners that more of these differentiations would be covered in the 10-County Survey Presentation. Mr. Clarke noted that the goal of this presentation is to bring visibility to the Commissioners and to SFHSS members on how the plan design features are positioned to reasonable comparators.

President Breslin commented on the slightly higher cost of the SFHSS member co-payment amounts for both Blue Shield and for Kaiser. President Breslin stated that the SFHSS management team should address some of these higher cost co-payments with Kaiser and Blue Shield. President Breslin hopes that there can be a possible reduction in primary care visit co-payments.

PUBLIC COMMENT:

Gail AI, United Educators Retired Division, shared with the Board that she receives bills from Kaiser for any phone call she has with the physicians, in-person appointments or screenings. Ms. AI stated that she does not mind receiving a bill for a face to face visits, however, she noted that she has received a bill for a phone call consultation, and this is concerning. Vice President Follansbee responded to this concern mentioning that the copay information requires a review. Vice President Follansbee stated that the Board and the SFHSS staff will review these co-pay fees with all of the plans.

Claire Zvanski, RECSF, shared that she was also concerned about the out-of-pocket expenses that the co-pays currently cost families and retirees. Ms. Zvanski mentioned that our members are living in a high-cost region of California, and with these co-pay fees it is more complicated to budget health care needs throughout the year. Ms. Zvanski is hopeful that there can be some reduced benefit rates in the planning for the 2020 benefits.

Herbert Weiner, a retiree, stated that he is also concerned about the co-pays increasing and this constant increase possibly causing some SFHSS members to avoid routine medical appointments. Ms. Weiner also requested that the co-pay fees remain consistent, rather than continually increasing.

President Breslin requested that SFHSS follows up with Kaiser about the phone call co-pays. Executive Director Yant confirmed that the SFHSS team will follow up with Kaiser to report out to the Board at the next Board meeting.

12. PRESENTATION OF 10-COUNTY SURVEY RESULTS: (Action)

DOCUMENTS ATTACHED: The 10-County Survey Results are located on the SFHSS website at: <https://bit.ly/2UdAxY6>

Mike Clarke, Aon, presented the 10-County Survey Results to the Board. Mr. Clarke thanked Pamela Levin, Yuriy Gologorskiy, and the SFHSS Finance team for all the work they offered during the creation of this report. Mr. Clarke noted that the 10-County presentation is a requirement of the San Francisco City Charter, stating that SFHSS must annually a survey of the 10 most populous counties in California sharing the employer contributions publicly with the members.

Mr. Clarke stated that The San Francisco Health Service System collects the member contribution amounts, the employer contributions from each of the 10 most populous counties, and then averages the costs to calculate the 10-County amount. Mr. Clarke noted that there were no changes in the type of design data that was collected. Mr. Clarke highlighted that the SFHSS team collects CalPERS data although it's not part of the actual cost evaluation for the 10-County. Mr. Clarke stated that SFHSS uses this 10-County survey amount as one of the elements that go into the determination of employer contributions for retirees.

Mr. Clarke directed the Board's attention to the final calculated figure, it is based on a monthly basis, of \$705.92. This figure will be used in Plan Year 2020 rating. Mr. Clarke noted that this figure is about 5% greater than the amount that was used in 2019. Mr. Clarke state that 5% is very consistent with trends that are seen in the healthcare marketplace. Mr. Clarke noted that there is substantial variability in the

average employee-only cost among the various counties. Mr. Clarke gave two examples to the Board, stating that there was a low average of \$455.88 in San Bernardino County, and a higher average of \$1,078.20 in Santa Clara County.

Mr. Clarke concluded the presentation by stating that the remainder of this document contains county by county detail as well as the CalPERS and the SFHSS plan design information.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved 10 County Survey Results.

Ayes: Breslin, Lim, Scott, Follansbee, Ferrigno

Nays: (none)

13. REVIEW AND APPROVE VISION SERVICE PLAN (VSP) INSURED RATE RENEWAL PRESENTATION: (Action)

DOCUMENTS ATTACHED: The Vision Service Plan Renewal Presentation is located on the SFHSS website at: <https://bit.ly/2CEWFRa>

Commissioner Scott requested that the VSP representative come to the front of the hearing room in case there were questions from the Board.

Tom Ricks, Aon, began his presentation by stating that the San Francisco Health Service System offers two plan designs for active employees and retirees through Vision Service Plan. The first plan is the Basic plan which is part of the enrollment into an SFHSS medical plan. Mr. Ricks noted that the Premier Plan was added recently, initially offered in 2018, which provides a higher level of benefits in the Basic plan at a member paid contribution. This Basic plan benefit is bundled in with medical and covered by the employer. Mr. Ricks noted that the Premier plan was a “buy up” for the members to chose if they needed additional services.

Mr. Ricks presented the overview of the staff recommendations, these included a compilation of four parts. The first part of the renewal package was to confirm the VSP Basic Plan total premiums. The second part of the renewal package was to confirm the VSP Premier Plan premiums. The third part of the renewal package was to confirm the VSP Computer VisionCare total premium rates. Finally, the fourth part of the renewal package was to confirm the Premier Plan participant contribution rates.

Mr. Ricks gave the history of the Basic plan. Mr. Ricks shared some of the positive outcomes in the member enrollment of the Premier plan. Mr. Ricks noted that there should not be a change in the Basic rates from 2019 to 2020. Mr. Ricks stated that there will be a 4.3% increase for the Premier Plan from \$13.31 to \$13.88 and this rate will be applied for “Employee/Retiree Only Tier.” Mr. Ricks stated that the increase in the rates will range from 5.9% to 6.7%. Mr. Ricks stated that there will be no rate changes for the Basic and Computer VisionCare.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the Vision Service Plan insured rate renewal.

Ayes: Breslin, Lim, Scott, Follansbee, Ferrigno

Nays: (none)

14. REVIEW AND APPROVE UNITED HEALTHCARE (UHC) CITY PLAN PREFERRED PROVIDER ORGANIZATION (PPO) RATE STABILIZATION RESERVE AS OF 12/31/2018: (Action)

DOCUMENTS ATTACHED: The UHC City Plan PPO Rate Stabilization Reserve Presentation is located on the SFHSS website at: <https://bit.ly/2JKZDcZ>

Mike Clarke, Aon, presented the United Healthcare (UHC) City Plan PPO rate stabilization with updated information from the February Board meeting's follow-ups. Mr. Clarke explained that there was a request by the Board to provide three possible scenarios of the recommended rate stabilization reserve deficit of \$117,000. The three scenarios for allocation are: allocating the total to all employees, allocating the total proportionally between active employees and early retirees as written in the Stabilization Policy, and the third scenario is allocating the total to early retirees. Mr. Clarke noted that in 2018 the Health Service Board approved a 3-year adjustment in the early retiree family tiers cost ratio that will help support lower increases, or in some cases even decreases in rates for early retiree families in City Plan.

Mr. Clarke reviewed the cost impact for all three of the scenarios, and the outcomes of the impact for both active and retired members. Mr. Clarke stated that the intent of these illustrations is to show how different City Plan member contributions are by each scenario of allocating the rate stabilization deficit. Mr. Clarke shared that for active employees the higher the allocation of the deficit, the higher contribution active employees would pay. For the early retirees the higher the allocation of the rate stabilization deficit, the lower the single tier contribution. Mr. Clarke explained that this effect is due to the process of how employer contributions are determined based on the San Francisco City Charter language, and its relationship to early retirees.

Mr. Clarke asked the Board to approve the recommendation made by SFHSS. Mr. Clarke stated that the recommendation is that per requirements of the claims stabilization policy, the deficit of \$117,000, be amortized across all rating tiers for City Plan PPO for the plan year 2020. This amount would be proportionally applied to active employees and early retirees. Mr. Clarke noted that the remaining deficit balance would carry forward for Plan Year 2020, and the remaining deficit amount is \$234,000.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved that application of the reserve adheres to the current policy provision, and the rate stabilization reserve of \$117,000 be applied proportionately among actives and early retirees.

Ayes: Breslin, Lim, Scott, Mandelman, Follansbee, Ferrigno Nays: (none)

15. REVIEW AND APPROVE UNITED HEALTHCARE CITY PLAN'S PREFERRED PROVIDER ORGANIZATION (PPO) ADMINISTRATIVE FEES PRESENTATION: (Action)

DOCUMENTS ATTACHED: The UHC City Plan PPO Administrative Fees Presentation is located on the SFHS website at: <https://bit.ly/2WuLIZJ>

Mike Clarke, Aon, presented the United HealthCare (UHC) City Plan administrative fees for Plan Year 2020. Mr. Clarke noted that this approval only pertains to the administrative services fees, as well as the inclusion of the SFHSS Healthcare Sustainability Budget fee. Mr. Clarke highlighted that these fees are aggregated projected fee calculations.

Mr. Clarke presented the two recommendations for the City Plan Administrative Fees. The first recommendation was to approve a 1.8% overall increase in the United Healthcare base administrative fee. Mr. Clarke noted that for the Plan Year 2020, United Healthcare is proposing a 1.8% overall

increase to the 2019 base administrative fee. Mr. Clarke presented the second recommendation, which was to approve a total “City Plan expense figure.”

Mr. Clarke noted that most City Plan enrollees are covered in one category called the “active employee, early retiree” group, however, there are over 100 retirees that do have UHC City Plan coverage as individuals, who are also Medicare eligible, but are not yet enrolled in Medicare. Mr. Clarke shared that there is a different administrative fee for the members who are Medicare eligible but not enrolled in Medicare.

Mr. Clarke reviewed the programs that UHC brought to SFHSS that offer support for incremental discounts, as well as effective prices for services. Mr. Clarke specifically reviewed the “Shared Savings program” with the Board. Mr. Clarke reminded the Commissioners that SFHSS keeps the majority of their discounts in total, while UHC keeps the remaining portion and adds it to the total cost as a program fee.

Mr. Clarke stated that for the 2020 Plan Year there will be a 1.8% increase and Mr. Clarke noted that the fee increase are projected to be approximately 2% per year moving forward. It was noted that this percentage is within the range of where the Aon team expects to see as vendor salaries go up, and technology prices increase. Mr. Clarke concluded his presentation by asking the Board to approve the fees set for the 2020 Plan Year.

Vice President Follansbee asked a question regarding the employee contributions per member per month, as a total to the UHC administrative costs. Mr. Clarke explained that 3% of the total overall spend comes from administrative fees, however, he would like to do more calculating to share an updated figure at the next Board meeting.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved the UHC City Plan’s Preferred Provider Organization Administrative Fees.

Ayes: Breslin, Lim, Scott, Mandelman, Follansbee, Ferrigno Nays: (none)

16. BLUE SHIELD OF CALIFORNIA FLEX-FUNDED NON-MEDICARE CLAIMS EXPERIENCE PRESENTATION: (Discussion)

DOCUMENTS ATTACHED: The Blue Shield of California Flex-Funded Non-Medicare Claims Experience presentation is located on the SFHSS website at: <https://bit.ly/2UYZyTX>

Tom Ricks, Aon, presented the Blue Shield of California (BSC) Flex-Funded non-Medicare 2018 Claims experience. Mr. Ricks noted that the data for this presentation has come primarily from the SFHSS Finance Team. Mr. Ricks noted that if we calculate the net prescription drug claims including rebates, then the net of the prescription drugs after rebates, only increased by 2%, which is a very favorable result.

Mr. Ricks noted that the actual experience including, Incurred but Not Reported (IBNR) and contingency reserve changes from 2017 to 2018 met very closely to 2018 expectations as predicted by the 2018 premium rates. The actuals are within 0.2% of what was expected when comparing total premium rates without the \$3.5 million stabilization addition. Mr. Ricks shared that from 2017 to 2018 there was a 2% reduction of medical claims on a per employee per retiree per month basis.

Mr. Ricks presented that prescription drug claims were the primary unfavorable drivers. These unfavorable drivers increased 7% for prescription drugs if you're looking at purely the claims portion

while also recognizing that prescription drug rebates also increased. Mr. Ricks noted that if we calculate the net prescription drug claims, including rebates, and compare that figure to the 2017-2018 year, then the net prescription drugs after rebates only increased by 2%, which is a very favorable result.

Mr. Ricks shared that there were no ACO payouts in 2018 which was consistent with 2017. Mr. Ricks presented the updated totals of the funding reserves. The IBNR reserve decreased by \$390,000 overall for the Blue Shield plans compared to June 30, 2017 through June 30, 2018 time period. The Contingency Reserve increased by about \$730,000 during that same time period. Mr. Ricks explained that both reserves are now split between Access+ and Trio.

Mr. Ricks stat that the medical claims have decrease by \$5.8 million. Mr. Ricks shared that the large claims remained consistent from previous years. Pharmacy rebates increased by 56%, Mr. Ricks shared that this rebate increase will help to offset the \$2.7 million increase in paid pharmacy claims.

Vice President Follansbee asked a question about the increase in pharmacy claims versus the significant increase in pharmacy rebate dollars. Mr. Ricks explained that there are national trends in medical prescription drug pricing, and every year that increase of drug pricing can increase 7%, 8%, or 10%. Vice President Follansbee asked that the Board be educated further on pharmacy rebates and pricing. Vice President Follansbee also asked that the Board learn more about pharmacy benefit managers, and the contracts with pharmaceutical manufacturers.

Executive Director Yant confirmed that there has been discussion around the pharmaceutical landscape internally with the SFHSS team, and she noted that there will be more to discuss with the Board in upcoming Board meetings.

PUBLIC COMMENT: None.

17. REVIEW AND APPROVE BLUE SHIELD OF CALIFORNIA FLEX-FUNDED RATE STABILIZATION RESERVE PRESENTATION: (Action)

DOCUMENTS ATTACHED: The Blue Shield of California Flex-Funded Rate Stabilization Reserve Presentation is located on the SFHSS website at: <https://bit.ly/2OufpHI>

Mike Clarke, Aon, presented the BSC Rate Stabilization Reserve recommendation. It was noted that the BSC rate stabilization reserve has been in deficit status since 2014. Mr. Clarke presented a recommendation for a buy-up in the 2020 rates, in the amount of \$1,896,000 as a result of the application of the policy given the deficit position. The derivation of \$1,896,000 was the recommended amortization amount deficit amount that would be applied to the 2020 “buy-up per policy.”

Mr. Clarke asked the Board to approve the rate stabilization policy and he asked that the deficit amount of \$1,896,000 be applied towards buy-up across all rating tiers. Mr. Clarke noted that this application would be applied to the Blue Shield HMO plans for 2020. The amount would be applied proportionally per policy between active employees and early retirees. Mr. Clarke stated that the remaining Blue Shield HMO plan carry-forward deficit balance is \$3,791,000.

PUBLIC COMMENT: None.

Action Taken: The Health Service Board unanimously approved The BSC of California Flex-Funded rate stabilization reserve presentation.

Ayes: Breslin, Lim, Scott, Mandelman, Follansbee, Ferrigno

Nays: (none)

REGULAR BOARD MEETING MATTERS

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

PUBLIC COMMENT:

Herbert Weiner, a retiree, noted that there are costs for particular procedures, and he requested that the copay rates be reduced for any required or referred tests a physician refers. Mr. Weiner asked the Board members to address these costs during the Rates and Benefits cycle.

Shannon Hass, United Healthcare, stated that the tests Mr. Weiner mentioned fall under the radiological category and does cost \$25.00 co-pay for each test.

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

PUBLIC COMMENT:

Dennis Kruger, retired SF firefighter, shared his experience with the United Healthcare support team and contracted physician offices, regarding a yellow fever shot. Mr. Kruger explained that he and his wife require this particular shot for a trip he will be going on. Mr. Kruger shared that he called the United Healthcare member service department and had a discussion with the United Healthcare customer service team. Mr. Kruger asked the member service staff member to locate a center, or doctor's office, where this shot could be administered. Mr. Kruger was frustrated that he and his wife were not able to locate a site where they could get their shot administered by a United Healthcare provider. Mr. Kruger noted that he did receive paperwork for reimbursement that he will be submitting to United Healthcare for total reimbursement.

Ms. Hass confirmed that the yellow fever shot is covered as a prescription benefit. Ms. Hass shared that Mr. Kruger should submit the reimbursement paperwork and he will receive a reimbursement.

Claire Zvanski, REECSEF, thanked the SFHSS staff for all their work on the Board presentations and annual reports. Ms. Zvanski asked if the Board can think about the rate-setting processing in terms of budgeting for the year, and how we can reduce costs for members who budget their medical costs for the year.

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

PUBLIC COMMENT:

Herbert Weiner, a retiree, asked that an agenda item regarding "special co-pays" be added to the agenda at some time during the Rates and Benefits cycle.

President Breslin thanked Anthony Gan for filling in for the Board Secretary who was out ill from the Board meeting.

21. ADJOURNMENT: 3:15 pm

Summary of Health Service Board Rules Regarding Public Comment

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

Health Service Board and Health Service System Web Site: <http://www.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 Laini K. Scott 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