

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2013 10-COUNTY SURVEY

Process

The City Charter specifies that the City & County of San Francisco survey the ten most populous counties in California and collect, for each county, the amount contributed by the employer for employee-only coverage under each of the county's medical plans. The City is obligated by Charter to contribute the 10-County Survey amount toward the cost of employees' medical benefits.

The information gathered from the 10-County Survey is used to compute an average increase in employer contributions for each county. HSS then averages these averages to arrive at the 10-County Survey amount. To put the county contribution amounts into context, HSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

With the passage of 2011 Proposition C, the Health Service Board approved a change to a calendar-based plan year, effective January 2013. At the April 12, 2012 meeting the Board approved the 10-County Survey Calendar Year Change Rule. This rule adjusts for gaps in 10-County data, by projecting a six-month overlap when data is not available from a surveyed county. Using this rule, a county's employer contribution for employee-only coverage is projected. The county's 10-County result for the previous year is, in most cases, trended forward six months, based on the county's average annual increase for the preceding three years.

There were no changes to the type of plan design data collected for the 2014 plan year. Additionally, plan design data for CalPERS and HSS is included for informational purposes only. CalPERS and HSS data is not included in the 10-County Survey.

Results and Observations

The average monthly contribution of \$559.65 for plan year 2014 is 4.65% above \$534.78, the 10-County average for plan year 2013. This is in line with historic 10-County Survey trends. All counties had a change in contribution except for Fresno County.

10-County Survey Calendar Year Change Rule: Example Calculation Based on Los Angeles County

For the 2012 calendar year, the average employer premium contribution for Los Angeles County medical plans was \$499.57. Per the Calendar Year Change Rule, this \$499.57 actual average was projected forward six months, using Los Angeles County's three year premium increase trend of 6.3%. This resulted in the average employer premium contribution calculated at \$515.07 for Los Angeles County, as reported in the 10-County Survey issued in June 2012. The June 2012 10-County Survey was applied to Health Service System rate calculations for plan year 2013.

For the 2013 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$537.73. (This equates to an actual average employer premium contribution of \$518.65 as of June 2013, very close to the \$515.07 average calculated in June 2012.) Per the Calendar Year Change Rule, this \$537.73 actual average is projected forward six months, using Los Angeles County's three year premium increase trend of 5.5%. This results in the average employer premium contribution calculated at \$552.40 for Los Angeles County, as reported in this 10-County Survey. as reported in the 10-County Survey issued in June 2012. The April 2012 10-County will be applied to Health Service System rate calculations for plan year 2014.

Methodology Assessment

For the 2013 10-County calculated values, the Health Service Board methodology was accurate within 3 percentage points for all of the 8 calculated counties. In aggregate, the methodology resulted in a difference of less than 1/2%.

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Average of Employer Contributions

County	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013 Calculated	2013 Actual	3 Yr Trend	Months of Trend	Trend Factor	2014 Calculated
1 Los Angeles	276.16	316.07	338.55	362.55	383.10	415.91	457.56	478.56	499.57	515.07	537.73	5.5%	6	1.03	552.40
2 San Diego	262.38	267.86	363.48	305.87	327.00	363.48	364.00	406.00	432.20	444.86	432.65	5.9%	6	1.03	445.29
3 Orange	395.83	374.13	380.63	387.92	338.64	372.44	383.75	434.41	485.10	506.94	517.93	10.5%	6	1.05	544.46
4 Riverside	317.55	364.69	391.53	462.05	469.65	491.27	488.44	513.02	537.43	545.54	587.94	6.4%	6	1.03	606.39
5 San Bernardino	298.45	333.57	299.72	313.73	368.67	377.35	397.51	399.70	398.98	398.98	409.45	1.0%	12 ¹	1.01	413.51
6 Santa Clara ¹	342.10	382.32	438.49	479.93	515.52	563.19	608.44	655.97	643.13	643.13	644.02	1.9%	12 ¹	1.02	656.34
7 Alameda	276.28	316.40	342.11	398.35	440.58	497.76	521.89	541.06	575.00	588.99	620.34	5.9%	6	1.03	638.47
8 Sacramento	315.25	363.89	422.13	480.54	480.76	516.78	561.35	637.98	667.02	696.00	690.32	7.1%	6	1.04	714.53
9 Contra Costa	299.35	336.62	366.77	407.86	438.47	470.02	495.15	521.90	540.43	553.15	562.24	4.3%	6	1.02	574.27
10 Fresno	345.67	399.71	390.06	432.64	425.58	425.43	450.43	450.80	450.80	455.17	450.80	0.0%	6	1.00	450.86
Average	312.90	345.53	373.45	403.14	418.80	449.37	472.85	503.94	522.97	534.78	545.34	4.9%		1.03	559.65

Increase Over Prior Year

County	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014
1 Los Angeles	1.43%	14.45%	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%
2 San Diego	26.17%	2.09%	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%
3 Orange	3.22%	-5.48%	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%
4 Riverside	15.22%	14.84%	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%
5 San Bernardino	23.06%	11.77%	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%
6 Santa Clara	18.71%	11.76%	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%
7 Alameda	4.11%	14.52%	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%
8 Sacramento	2.03%	15.43%	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%
9 Contra Costa	11.89%	12.45%	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%
10 Fresno	15.16%	15.63%	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%
Average	11.27%	10.43%	8.05%	7.98%	3.88%	7.30%	5.23%	6.57%	3.78%	2.26%	4.65%

¹Plan years for these counties are fiscal year, compared to other counties, which are calendar year. This affects the number of months of trend applied.

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1. Los Angeles County						Population: 9,862,049
Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	552.53	593.87	7.5%	552.53	593.87	7.5%
CIGNA Choices HMO - County Sponsored	520.65	583.13	12.0%	520.65	583.13	12.0%
CIGNA Choices POS - County Sponsored	934.94	1,047.13	12.0%	659.13	706.59	7.2%
Blue Cross Prudent Buyer Basic- ALADS	743.92	800.64	7.6%	659.13	706.59	7.2%
Blue Cross CaliforniaCare Basic- ALADS	502.21	543.13	8.1%	502.21	543.13	8.1%
Blue Cross Prudent Buyer Premier- ALADS	843.48	908.78	7.7%	659.13	706.59	7.2%
Blue Cross CaliforniaCare Premier - ALADS	601.77	651.27	8.2%	601.77	651.27	8.2%
Blue Shield Classic CAPE	721.00	738.00	2.4%	659.13	706.59	7.2%
Blue Shield Lite CAPE	443.00	454.00	2.5%	443.00	454.00	2.5%
Local 1014 Plan - Fire Fighters	613.00	643.00	4.9%	613.00	643.00	4.9%
Kaiser Options - SEIU	527.91	562.92	6.6%	527.91	562.92	6.6%
Kaiser HMO - Unrepresented	231.00	254.00	10.0%	231.00	254.00	10.0%
Blue Cross CaliforniaCare HMO - Unrepresented	231.00	254.00	10.0%	231.00	254.00	10.0%
Blue Cross Plus POS - Unrepresented	349.00	384.00	10.0%	349.00	384.00	10.0%
Blue Cross Catastrophic - Unrepresented	179.00	197.00	10.1%	179.00	197.00	10.1%
Blue Cross Prudent Buyer PPO - Unrepresented	446.00	491.00	10.1%	446.00	491.00	10.1%
PacifiCare Options HMO - SEIU	499.61	534.90	7.1%	499.61	534.90	7.1%
UnitedHealthcare Options PPO - SEIU	1,085.87	1,302.06	19.9%	659.13	706.59	7.2%
AVERAGE	556.99	607.94	9.1%	499.57	537.73	7.6%

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1. Los Angeles County: Medical Plan Design Summary

Blue Shield Lite		HMO	In	Out
Deductible		None	\$400/\$800	\$400/\$800
Physicians Services		\$10 Copay	\$25 Copay	70/30 After Ded
Emergency Room		\$50 Copay	\$50 Copay	\$50 Copay
Rx		\$5/\$15/\$30	\$5/\$15/\$30	Not Covered
Hospital		No Charge	80/20 After Ded	70/30 After Ded
Blue Shield Classic		HMO	In	Out
Deductible		None	\$300/\$600	\$300/\$600
Physicians Services		\$10 Copay	\$20 Copay	70/30 After Ded
Emergency Room		\$50 Copay	\$50 Copay	\$50 Copay
Rx		\$5/\$15/\$30	\$5/\$15/\$30	Not Covered
Hospital		No Charge	90/10 After Ded	70/30 After Ded
PacifiCare (UnitedHealthcare Options)		HMO		
Deductible		None		
Physicians Services		\$10 Copay		
Emergency Room		\$50 Copay		
Rx		\$5/\$20		
Hospital		No Charge		
UnitedHealthcare			PPO - In	PPO - Out
Deductible			\$300/\$1,500	\$1,500/\$3,000
Physicians Services			20% Copay	50% Copay After Ded
Emergency Room			20% Copay After Ded	50% Copay After Ded
Rx			\$5/\$20/\$35	Not Covered
Hospital			20% Copay After Ded	50% Copay After Ded
Kaiser		Options HMO	Choices HMO	Unrep HMO
Deductible		None	None	None
Physicians Services		\$10 Copay	\$10 Copay	\$15 Copay
Emergency Room		\$50 Copay	\$50 Copay	\$50 Copay
Rx		\$5/\$20	5	\$10/\$20
Hospital		No Charge	No Charge	No Charge

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1. Los Angeles County: Medical Plan Design Summary

CIGNA	HMO	POS - In	POS - Out
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 After Ded
Hospital	No Charge	\$50 Copay/Day	60/40 After Ded + \$1,000/Admit
Blue Cross California Care HMO	ALADS	Unrep	
Deductible	None	None	
Physicians Services	\$5 Copay	\$15 Copay	
Emergency Room	\$25 Copay	\$50 Copay	
Rx	\$5/\$10	\$10/\$20	
Hospital	No Charge	No Charge	
Blue Cross Plus POS	HMO	In	Out
Deductible	None	None	\$400/\$800
Physicians Services	\$15 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$20	\$10/\$20	\$10/\$20
Hospital	No Charge	80/20	70/30 + \$500/Admit
Local 1014 Plan	HMO		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross	Catastrophic		
Deductible	\$2,000/\$4,000		
Physicians Services	75/25 After Ded		
Emergency Room	\$100 Copay then 75/25		
Rx	\$200 Ded Then 75/25		
Hospital	75/25 After Ded +\$500/Admit		

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1. Los Angeles County: Medical Plan Design Summary

Blue Cross Prudent Buyer PPO	ALADS - In	ALADS - Out	Unrep - In	Unrep - Out
Deductible	\$300/\$600	\$300/\$600	\$150/\$450	\$400/\$800
Physician Services	90/10 After Ded	70/30 After Ded	\$15 Copay	70/30 After Ded
Emergency Room	90/10 After Ded	90/10 After Ded	\$50 Copay Then 90/10	\$50 Copay Then 90/10
Rx	\$5/\$15	\$5/\$15+	\$10/\$20	\$10/\$20
Hospital	90/10 After Ded	70/30 After Ded	90/10	70/30 + \$500/Admit

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2. San Diego County						Population: 3,143,429
Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
Kaiser HMO	418.04	429.52	2.7%	418.04	429.52	2.7%
Kaiser High Deductible ¹	-	335.28		-	335.28	
Anthem - Blue Cross PPO	620.64	694.24	11.9%	436.92	457.78	4.8%
Anthem - Blue Cross Select HMO	498.12	542.86	9.0%	436.92	457.78	4.8%
Anthem - Blue Cross Full Access HMO	705.06	1,071.14	51.9%	436.92	457.78	4.8%
Anthem - Blue Cross High Deductible ¹	-	529.72		-	457.78	
AVERAGE	560.47	600.46	7.1%	432.20	432.65	0.1%

2. San Diego County: Medical Plan Design Summary

Kaiser	HMO	
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$20/\$30	
Hospital	\$100 Copay Per Admit	
Kaiser High Deductible	HD w/HSA	
Deductible	\$1,500/\$3,000	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$20/\$30	
Hospital	10% After Ded	
Anthem - Blue Cross PPO	PPO - In	Out
Deductible	\$300/\$600	\$600/\$1,200
Physicians Services	\$20 Copay	40% After Ded
Emergency Room	\$75 Copay then 20%	\$75 Copay then 20%
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$150 Copay then 20%	\$300 Copay then 40%

¹New plan in 2013

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2. San Diego County: Medical Plan Design Summary

Anthem - Blue Cross HMO		
	Select HMO	Full Access HMO
Deductible	None	None
Physicians Services	\$25 Copay	\$30 Copay
Emergency Room	\$125 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$200 Copay Per Admit
Anthem - Blue Cross High Deductible		
	PPO - In	Out
Deductible	\$1,500/\$3,000	\$3,000/\$6,000
Physicians Services	10% After Ded	30% After Ded
Emergency Room	10% After Ded	10% After Ded
Rx	\$10/\$30/\$50/30% After Ded	30% After Ded
Hospital	10% After Ded	30% After Ded

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3. Orange County						Population: 3,010,759
Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
Premiere Wellwise PPO	730.43	756.65	3.6%	697.05	724.80	4.0%
Premiere Sharewell PPO	292.18	303.87	4.0%	361.21	372.90	3.2%
CIGNA HMO	507.46	557.35	9.8%	482.09	529.49	9.8%
Kaiser HMO	421.08	469.90	11.6%	400.03	444.51	11.1%
AVERAGE	487.79	521.94	7.0%	485.10	517.93	6.8%

3. Orange County: Medical Plan Design Summary

Wellwise PPO	In	Out
Deductible	\$300/\$600	\$500/\$1,000
Physicians Services	90/10	70/30
Emergency Room	90/10	70/30
Rx	20%/25%/30%	Not Covered
Hospital	90/10	70/30
Sharewell PPO	In	Out
Deductible	\$5,000 Per Family	\$5,000 Per Family
Physicians Services	90/10	80/20
Emergency Room	90/10	80/20
Rx	\$0	0.2
Hospital	90/10	80/20
CIGNA	HMO	
Deductible	None	
Physicians Services	\$15 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$20/\$40	
Hospital	\$100 Per Admit	
Kaiser	HMO	
Deductible	None	
Physicians Services	\$15 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$20	
Hospital	\$100 Per Admit	

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4. Riverside County

Population: 2,100,516

Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
Health Net EPO	539.86	587.78	8.9%	539.86	587.78	8.9%
Kaiser HMO	524.50	558.00	6.4%	524.50	558.00	6.4%
Exclusive Care EPO	389.18	414.62	6.5%	389.18	414.62	6.5%
Health Net PPO	774.08	917.62	18.5%	697.09	763.31	9.5%
Blue Shield HMO - PERS	583.60	643.94	10.3%	583.60	643.94	10.3%
Kaiser HMO - PERS	512.76	558.96	9.0%	512.76	558.96	9.0%
PERSCare	943.26	992.62	5.2%	633.95	751.89	18.6%
PERS Choice	526.20	611.30	16.2%	526.20	611.30	16.2%
PORAC - PERS	556.00	581.00	4.5%	556.00	581.00	4.5%
Blue Shield HPN	501.94	550.04	9.6%	501.94	550.04	9.6%
PERS Select	446.68	446.50	0.0%	446.68	446.50	0.0%
AVERAGE	572.55	623.85	9.0%	537.43	587.94	9.4%

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4. Riverside County: Medical Plan Design Summary

HealthNet	HMO	PPO - In	PPO - Out
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15/\$30 Copay	\$20 Copay	40% After Ded
Emergency Room	\$100 Copay	20% After Ded	20% After Ded
Rx	\$10/\$25/\$50	\$5/\$15/\$45	\$5/\$15/\$45
Hospital	\$100 Copay	80/20 After ded	60/40 After ded
Kaiser	HMO		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$50 Copay		
Rx	\$10/\$25		
Hospital	\$100 Copay		
Exclusive Care	EPO		
Deductible	None		
Physicians Services	\$5 Copay		
Emergency Room	\$100/\$250 Copay		
Rx	\$5/\$15/\$35		
Hospital	No Charge		

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5. San Bernardino County						Population: 2,015,355
Medical Plans	2011-12 Premium	2012-13 Premium	% +/-	2011-12 County Contribution	2012-13 County Contribution	% +/-
Kaiser HMO	520.20	550.18	5.8%	410.62	420.79	2.5%
Blue Shield Signature HMO	441.35	439.55	-0.4%	375.70	375.43	-0.1%
Blue Shield Needles PPO	N/A	1,097.18	N/A	N/A	420.79	N/A
Blue Shield PPO	892.32	972.23	9.0%	410.62	420.79	2.5%
AVERAGE	617.96	764.78	23.8%	398.98	409.45	2.6%

5. San Bernardino County: Medical Plan Design Summary

Kaiser		HMO				
Deductible		None				
Physicians Services		\$10 Copay				
Emergency Room		\$50 Copay				
Rx		\$10/\$15				
Hospital		No Charge				
Blue Shield		Tier 1 - HMO	Tier 2 - HMO	PPO - IN	PPO - Out	
Deductible		None	None	\$250/\$500	\$250/\$500	
Physicians Services		\$10 Copay	\$30 Copay	\$10 Copay	70/30	
Emergency Room		\$50 Copay	\$50 Copay	\$50 Deductible + 20% After Ded	\$50 Deductible + 20% After Ded	
Rx		\$5/\$10/\$25	\$5/\$10/\$25	\$15/\$30/\$30	\$15/\$30/\$30	
Hospital		No Charge	No Charge	80/20 After ded	70/30 After ded	

Due to timing of the survey the benchmark for this county lags one year. The 2012-2013 plan year for San Bernardino is used to benchmark this plan for the 2014 10-County average.

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6. Santa Clara County						Population: 1,764,499
Medical Plans	2011-12 Premium	2012-13 Premium	% +/-	2011-12 County Contribution	2012-13 County Contribution	% +/-
Kaiser HMO	588.58	630.63	7.1%	588.58	608.93	3.5%
Kaiser HMO Exec Mgmt	568.36	N/A	N/A	568.36	N/A	N/A
Valley Health HMO	559.28	587.23	5.0%	559.28	587.23	5.0%
Health Net POS	856.31	884.59	3.3%	856.31	735.91	-14.1%
AVERAGE	643.13	700.82	9.0%	643.13	644.02	0.1%

6. Santa Clara County: Medical Plan Design Summary

Kaiser		HMO					
Deductible		None					
Physicians Services		\$10 Copay					
Emergency Room		\$35 Copay					
Rx		\$5/\$10					
Hospital		\$100 per admit					
Valley Health		HMO					
Deductible		None					
Physicians Services		No Charge					
Emergency Room		No Charge					
Rx		No Charge					
Hospital		No Charge					
Health Net POS		HMO		PPO - In		PPO - Out	
Deductible		None		None		\$200/PMPY	
Physicians Services		\$15 Copay		\$20 Copay		70/30	
Emergency Room		\$50 Copay		\$75 Copay		70/30	
Rx		\$5/\$15/\$30		\$5/\$15/\$30		\$5/\$15/\$30	
Hospital		No Charge		90/10		70/30	

Effective July 2012 the Kaiser HMO Executive Management plan was eliminated

Due to timing of the survey the benchmark for this county lags one year. The 2012-2013 plan year for Santa Clara is used to benchmark this plan for the 2014 10-County average.

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7. Alameda County						Population: 1,532,137
Medical Plans	2012-13 Premium	2013-14 Premium	% +/-	2012-13 County Contribution	2013-14 County Contribution	% +/-
UnitedHealthcare HMO	827.84	914.78	10.5%	563.52	823.30	46.1%
Kaiser HMO	563.52	603.90	7.2%	563.52	543.52	-3.5%
UnitedHealthcare PPO	1,994.48	2,185.96	9.6%	563.52	543.52	-3.5%
UnitedHealthcare HMO	827.84	914.78	10.5%	745.06	603.90	-18.9%
Kaiser HMO	563.52	603.90	7.2%	507.18	603.90	19.1%
UnitedHealthcare PPO	1,994.48	2,185.96	9.6%	507.18	603.90	19.1%
AVERAGE	1,128.61	1,234.88	9.4%	575.00	620.34	7.9%

7. Alameda County: Medical Plan Design Summary

United Healthcare	PPO	HMO -\$15
Deductible	\$2,000/\$4,000	None
Physicians Services	\$25 Copay	\$15 Copay
Emergency Room	\$250 Copay	\$50 Copay
Rx	\$10/\$30/\$50	\$10/\$25/\$35
Hospital	\$100 Copay	No Charge
Kaiser	HMO	
Deductible	None	
Physicians Services	\$15 Copay	
Emergency Room	\$50 Copay	
Rx	\$15/\$15	
Hospital	No Charge	

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8. Sacramento County						Population: 1,435,153
Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
Blue Shield HMO 15	853.26	919.16	7.7%	826.90	826.90	0.0%
Health Net HMO 15	725.96	787.24	8.4%	725.96	787.24	8.4%
Kaiser HMO 15	596.34	596.34	0.0%	596.34	596.34	0.0%
Blue Shield HDHP PPO	715.82	771.06	7.7%	715.82	771.06	7.7%
Kaiser HDHP HMO	470.06	470.06	0.0%	470.06	470.06	0.0%
AVERAGE	672.29	708.77	5.4%	667.02	690.32	3.5%

8. Sacramento County: Medical Plan Design Summary

Blue Shield	HMO	HDHP - PPO - In	HDHP - PPO - Out
Deductible	None	\$1,500/\$3,000	\$1,500/\$3,000
Physicians Services	\$15 Copay	80/20	60/40
Emergency Room	\$50 Copay	80/20	80/20
Rx	\$10/\$20/\$35	\$10/\$25/\$40	\$10/\$25/\$40 + 25%
Hospital	No Charge	80/20	60/40
Health Net	HMO		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$35 Copay		
Rx	\$10/\$20/\$35		
Hospital	No Charge		
Kaiser	HMO	HDHP - HMO	
Deductible	None	\$1,500/\$3,000	
Physicians Services	\$15 Copay	No Charge After Ded	
Emergency Room	\$35 Copay	No Charge After Ded	
Rx	\$10/\$20	No Charge After Ded	
Hospital	No Charge	No Charge After Ded	

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9. Contra Costa County						Population: 1,061,132
Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
CCHP Plan A	586.13	603.71	3.0%	542.17	550.78	1.6%
CCHP Plan B	649.74	669.23	3.0%	556.64	565.41	1.6%
Health Net HMO Plan A	894.87	953.04	6.5%	671.85	695.11	3.5%
Health Net HMO Plan B	812.00	803.88	-1.0%	627.79	627.79	0.0%
Health Net PPO Plan A	1,109.51	1,219.35	9.9%	615.23	642.69	4.5%
Health Net PPO Plan B	1,007.65	1,107.41	9.9%	604.60	604.60	0.0%
Kaiser HMO Plan A	673.87	739.33	9.7%	509.01	535.19	5.1%
Kaiser HMO Plan B	608.09	650.39	7.0%	478.91	478.91	0.0%
Blue Shield HMO - PERS	674.01	784.63	16.4%	524.06	551.37	5.2%
CCHP Plan A Alternate - PERS	692.27	713.04	3.0%	496.10	537.39	8.3%
Kaiser HMO - PERS	586.57	668.63	14.0%	501.83	540.25	7.7%
PERS Care	993.34	1,083.11	9.0%	531.65	555.16	4.4%
PERS Choice	554.13	667.03	20.4%	506.88	542.78	7.1%
PORAC - PERS	556.00	581.00	4.5%	497.40	537.86	8.1%
PERS Select	470.39	487.20	3.6%	474.69	487.19	2.6%
Blue Shield HMO NetValue - PERS	582.34	670.21	15.1%	508.09	543.38	6.9%
AVERAGE	715.68	775.07	8.3%	540.43	562.24	4.0%

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9. Contra Costa County: Medical Plan Design Summary

CCHP	Plan A	Plan A			
Deductible	None	None			
Physicians Services	No Charge	\$5 Copay			
Emergency Room	No Charge	\$20 Copay			
Rx	No Charge	\$3 Per Rx			
Hospital	No Charge	No Charge			
HealthNet HMO	HMO	Plan A - In	PLAN A - Out	PLAN B - In	PLAN B - Out
Deductible	None	\$250/\$750	\$250/\$750	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30	\$20 Copay	60/40
Emergency Room	\$25/\$100 Copay	90/10	70/30	80/20	60/40
Rx	\$10/\$20/\$35	5	5	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge/\$1,000	90/10	70/30	80/20	60/40; \$600 Max Per Day
Kaiser	Plan A	Plan B			
Deductible	None	\$500/\$1,000			
Physicians Services	\$10 Copay	\$20 Copay			
Emergency Room	\$10 Copay	90/10 After Ded			
Rx	\$10/\$20	\$10/\$30			
Hospital	No Charge	90/10 After Ded			

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10. Fresno County						Population: 945,711
Medical Plans	2012 Premium	2013 Premium	% +/-	2012 County Contribution	2013 County Contribution	% +/-
Kaiser \$15 HMO	865.15	915.97	5.9%	450.80	450.80	0.0%
Blue Cross HMO	591.72	622.95	5.3%	450.80	450.80	0.0%
Blue Cross PPO	823.62	856.80	4.0%	450.80	450.80	0.0%
Blue Cross HDPPPO	471.23	495.98	5.3%	450.80	450.80	0.0%
AVERAGE	687.93	722.92	5.1%	450.80	450.80	0.0%

10. Fresno County: Medical Plan Design Summary

Kaiser			HMO		
Deductible	None				
Physicians Services	\$15 per visit				
Emergency Room	\$100 per visit				
Rx	\$10/\$20				
Hospital	No Charge				
Blue Cross			HMO		PPO
Deductible	None				\$250/\$500
Physicians Services	\$15 per visit				\$20 per visit
Emergency Room	\$100 per visit				\$100 deductible
Rx	\$10/\$20/\$35				\$10/\$20/\$35
Hospital	No Charge				No Charge
Blue Cross			HDPPPO - In		
Deductible	\$3,000/\$6,000				
Physicians Services	\$0 Copay After Ded				
Emergency Room	\$0 Copay After Ded				
Rx	\$0 Copay After Ded				
Hospital	\$0 Copay After Ded				

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2013 CalPERS

	Kaiser HMO	Blue Shield Access+HMO	Blue Shield NetValue HMO	PERS Select PPO	PERS Choice PPO	PERS Care PPO
Annual Deductible	N/A	N/A	N/A	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20% - In 60%/40% - Out	80%/20% - In 60%/40% - Out	90%/10%; \$250 Ded -In 60%/40%;\$250 Ded - Out
Emergency Room	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	80%/20% \$50 Deductible	80%/20% \$50 Deductible	90%/10% \$50 Deductible
Ambulance Services	No Charge	No Charge	No Charge	80%/20%	80%/20%	80%/20%
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay - In 60%/40% - Out	\$20 Copay - In 60%/40% - Out	\$20 Copay - In 60%/40% - Out
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay - In 60%/40% - Out	\$20 Copay - In 60%/40% - Out	\$20 Copay - In 60%/40% - Out
Rx - Retail	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
Rx - Mail Order	\$5/\$20	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
Infertility Treatment	50%/50%	50%/50%	50%/50%	Not Covered	Not Covered	Not Covered
Acupuncture	\$15 Copay	Not Covered	Not Covered	80%/20% - In 60%/40% - Out Limit 15 Visits/Yr	80%/20% - In 60%/40% - Out Limit 15 Visits/Yr	90%/10% - In 60%/40% - Out Limit 20 Visits/Yr
Chiropractic	Not Covered	Not Covered	Not Covered	80%/20% - In 60%/40% - Out Limit 15 Visits/Yr	80%/20% - In 60%/40% - Out Limit 15 Visits/Yr	90%/10% - In 60%/40% - Out Limit 20 Visits/Yr

For informational purposes only. CalPERS data is not included in the 10-County Survey.

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2013 HSS			
	Kaiser HMO	Blue Shield HMO	City Health Plan PPO
Annual Deductible	N/A	N/A	\$250/\$500/\$750
Hospital (Inpatient)	\$100 Copay	\$200 Copay	85%/15% - In 50%/50% - Out
Emergency Room	\$100 Copay Waived if Admitted	\$100 Copay Waived if Admitted	85%/15%
Ambulance Services	No Charge	No Charge	85%/15%
Office Visits	\$20 Copay	\$25 Copay	85%/15% - In 50%/50% - Out
Urgent Care	\$20 Copay	\$25 Copay	85%/15% - In 50%/50% - Out
Rx - Retail 30-day supply	\$5/\$15	\$10/\$25/\$50	\$5/\$20/\$45 - In 50% after \$5/\$20/\$45 - Out
Rx - Mail Order 90-day supply	\$10/\$30	\$20/\$50/\$100	\$10/\$40/\$90 - In Not covered - Out
Infertility Treatment	50%/50%	50%/50%	50%/50%
Acupuncture	Not Covered	\$15 Copay Limit 30 Visits/Yr	50%/50% Limit \$500 Max/Yr
Chiropractic	\$20 Copay Limit 20 Visits/Yr	\$15 Copay Limit 30 Visits/Yr	50%/50% Limit \$500 Max/Yr

For informational purposes only. HSS data is not included in the 10-County Survey.
City Health Plan is administered by UnitedHealthcare.