

# 2015 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 average amount toward the cost of employee and retiree 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 average 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.

At the April 12, 2012 Health Service Board 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 major changes to the type of plan design data collected for the 2016 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 \$579.24 for plan year 2016 is 2.02% above \$567.80, the 10-County average for plan year 2015. This is lower than historic 10-County Survey trends. All counties had a change in contribution.

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

For the 2015 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$601.05. Per the Calendar Year Change Rule, this \$601.05 is projected forward six months, using Los Angeles County's three year premium increase trend of 6.4%. This results in the average employer premium contribution calculated at \$619.87 for Los Angeles County. The March 2015 10-County Survey will be applied to Health Service System rate calculations for plan year 2016.

## Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior year projections have been compared to actuals. For Calendar Year 2015, there are a few instances where there are significant differences between prior projections and actuals. This is driven by changes in premiums and employer contributions. For example, San Diego County's Anthem employer contributions increased by 6.5% compared to 2014. However, the overall assessment is less than 0.6% percent from what was calculated (\$570.85 actual vs. \$567.80 estimated).

# 2015 10-County Survey

Average of Employer Contributions																
County	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015 Calculated	2015 Actual	3 Yr Trend	Months of Trend	Trend Factor	2016 Calculated
1 Los Angeles	316.07	338.55	362.55	383.10	415.91	457.56	478.56	499.57	515.07	552.40	610.75	601.05	6.4%	6	1.04	619.87
2 San Diego	267.86	363.48	305.87	327.00	363.48	364.00	406.00	432.20	444.86	445.29	460.51	471.16	2.9%	6	1.01	477.99
3 Orange	374.13	380.63	387.92	338.64	372.44	383.75	434.41	485.10	506.94	544.46	567.79	519.54	2.3%	6	1.01	525.51
4 Riverside	364.69	391.53	462.05	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	604.91	4.0%	6	1.02	616.96
5 San Bernardino*	333.57	299.72	313.73	368.67	377.35	397.51	399.70	398.98	398.98	413.51	420.92	415.52	1.4%	12	1.01	421.18
6 Santa Clara*	382.32	438.49	479.93	515.52	563.19	608.44	655.97	643.13	643.13	656.34	776.62	746.93	5.1%	12	1.05	785.13
7 Alameda	316.40	342.11	398.35	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	667.36	5.1%	6	1.03	684.14
8 Sacramento	363.89	422.13	480.54	480.76	516.78	561.35	637.98	667.02	696.00	714.53	535.31	564.84	-5.4%	6	0.97	549.40
9 Contra Costa	336.62	366.77	407.86	438.47	470.02	495.15	521.90	540.43	553.15	574.27	607.18	610.86	4.2%	6	1.02	623.46
10 Fresno	399.71	390.06	432.64	425.58	425.43	450.43	450.80	450.80	455.17	450.86	488.79	483.17	2.3%	6	1.01	488.79
<b>Average</b>	<b>345.53</b>	<b>373.35</b>	<b>403.14</b>	<b>418.80</b>	<b>449.37</b>	<b>472.85</b>	<b>503.94</b>	<b>522.97</b>	<b>534.78</b>	<b>559.65</b>	<b>567.80</b>	<b>568.53</b>	<b>2.8%</b>	<b>8.0</b>	<b>1.02</b>	<b>579.24</b>

Increase Over Prior Year												
County	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016
1 Los Angeles	14.45%	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%
2 San Diego	2.09%	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%
3 Orange	-5.48%	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%
4 Riverside	14.84%	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%
5 San Bernardino	11.77%	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%
6 Santa Clara	11.76%	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%
7 Alameda	14.52%	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%
8 Sacramento	15.43%	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%
9 Contra Costa	12.45%	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%
10 Fresno	15.63%	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%
<b>Average</b>	<b>10.43%</b>	<b>8.05%</b>	<b>7.98%</b>	<b>3.88%</b>	<b>7.30%</b>	<b>5.23%</b>	<b>6.57%</b>	<b>3.78%</b>	<b>2.26%</b>	<b>4.65%</b>	<b>1.46%</b>	<b>2.02%</b>

\* Plan years for these counties are not calendar year. Contributions shown for these counties are for the first 6 months of the calendar year and last 6 months of the previous year.

# 2015 10-County Survey

1. Los Angeles County						Population: 10,017,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	640.46	637.71	-0.4%	640.46	637.71	-0.4%
CIGNA Choices HMO - County Sponsored	659.26	700.16	6.2%	659.26	700.16	6.2%
CIGNA Choices POS - County Sponsored	1,185.09	1,259.23	6.3%	757.46	812.00	7.2%
Blue Cross Prudent Buyer Basic- ALADS	872.08	917.42	5.2%	757.46	812.00	7.2%
Blue Cross CaliforniaCare Basic- ALADS	590.97	621.62	5.2%	590.97	621.62	5.2%
Blue Cross Prudent Buyer Premier- ALADS	990.83	1,039.09	4.9%	757.46	812.00	7.2%
Blue Cross CaliforniaCare Premier - ALADS	709.82	743.29	4.7%	709.82	743.29	4.7%
Blue Shield Classic CAPE	776.00	832.00	7.2%	757.46	812.00	7.2%
Blue Shield Lite CAPE	477.00	512.00	7.3%	477.00	512.00	7.3%
Local 1014 Plan - Fire Fighters	673.00	723.00	7.4%	673.00	723.00	7.4%
Kaiser Options - SEIU	606.79	599.92	-1.1%	606.79	599.92	-1.1%
Kaiser HMO - Unrepresented	303.00	257.00	-15.2%	303.00	257.00	-15.2%
Blue Cross CaliforniaCare HMO - Unrepresented	303.00	257.00	-15.2%	303.00	257.00	-15.2%
Blue Cross Plus POS - Unrepresented	458.00	389.00	-15.1%	458.00	369.00	-15.1%
Blue Cross Catastrophic - Unrepresented	235.00	199.00	-15.3%	235.00	199.00	-15.3%
Blue Cross Prudent Buyer PPO - Unrepresented	1,027.00	1,193.57	16.2%	518.00	695.57	34.3%
UnitedHealthcare Options HMO - SEIU	587.37	621.24	5.8%	587.37	621.24	5.8%
UnitedHealthcare Options PPO - SEIU	1,562.36	1,737.75	11.2%	757.46	812.00	7.2%
<b>AVERAGE</b>	<b>678.67</b>	<b>696.91</b>	<b>2.7%</b>	<b>589.83</b>	<b>601.05</b>	<b>1.9%</b>

# 2015 10-County Survey

## 1. Los Angeles County: Medical Plan Design Summary

<b>Blue Shield Lite</b>			
	<b>HMO</b>	<b>In</b>	<b>Out</b>
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
<b>Blue Shield Classic</b>			
	<b>HMO</b>	<b>In</b>	<b>Out</b>
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
<b>PacifiCare(UnitedHealthcare Options)</b>			
	<b>HMO</b>		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
<b>UnitedHealthcare</b>			
		<b>PPO - In</b>	<b>PPO - Out</b>
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
<b>Kaiser</b>			
	<b>Options HMO</b>	<b>Choices HMO</b>	<b>Unrep HMO</b>
Deductible	None	None	None
Physicians Services	\$10 Copay	\$10 Copay	\$15 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	\$10/\$20
Hospital	No Charge	No Charge	No Charge

# 2015 10-County Survey

## 1. Los Angeles County: Medical Plan Design Summary

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

# 2015 10-County Survey

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 After Ded	\$50 Copay Then 90/10 After Ded
Rx	\$5/\$15	\$5/\$15+50%	\$10/\$20	\$10/\$20
Hospital	90/10 After Ded	70/30 After Ded	90/10 After Ded	70/30 After Ded + \$500/Admit

# 2015 10-County Survey

2. San Diego County						Population: 3,211,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
Kaiser HMO	435.22	428.10	-1.6%	435.22	428.10	-1.6%
Kaiser High Deductible	339.74	334.18	-1.6%	339.74	334.18	-1.6%
Anthem - Blue Cross PPO	769.82	871.94	13.3%	484.70	516.17	6.5%
Anthem - Blue Cross Select HMO	561.02	589.08	5.0%	484.70	516.17	6.5%
Anthem - Blue Cross Full Access HMO	1,155.98	1,309.30	13.3%	484.70	516.17	6.5%
Anthem - Blue Cross High Deductible	529.72	599.98	13.3%	484.70	516.17	6.5%
<b>AVERAGE</b>	<b>631.92</b>	<b>688.76</b>	<b>9.0%</b>	<b>452.29</b>	<b>471.16</b>	<b>4.2%</b>

2. San Diego County: Medical Plan Design Summary		
<b>Kaiser HMO</b>		
	<b>HMO</b>	
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$20/\$30	
Hospital	\$100 Copay Per Admit	
<b>Kaiser High Deductible</b>		
	<b>HD w/HSA</b>	
Deductible	\$1,500/\$3,000	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$20/\$30	
Hospital	10% After Ded	
<b>Anthem - Blue Cross PPO</b>		
	<b>PPO - In</b>	<b>PPO - Out</b>
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%

# 2015 10-County Survey

<b>2. San Diego County: Medical Plan Design Summary</b>		
<b>Anthem - Blue Cross HMO</b>	<b>Select HMO</b>	<b>Full Access HMO</b>
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
<b>Anthem - Blue Cross High Deductible</b>	<b>PPO - In</b>	<b>Out</b>
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%, 100% Over The Max.
Hospital	10% After Ded	30% After Ded



# 2015 10-County Survey

3. Orange County				Population: 3,114,000		
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Choice Wellwise PPO*	803.32	764.40	-4.8%	766.29	687.96	-10.2%
Choice Sharewell PPO*	321.34	305.76	-4.8%	390.37	374.79	-4.0%
CIGNA HMO Choice*	611.64	645.88	5.6%	581.06	581.29	0.0%
Kaiser HMO Choice*	471.78	482.33	2.2%	448.20	434.10	-3.1%
<b>AVERAGE</b>	<b>552.02</b>	<b>549.59</b>	<b>-0.4%</b>	<b>546.48</b>	<b>519.54</b>	<b>-4.9%</b>

3. Orange County: Medical Plan Design Summary		
Wellwise PPO	PPO - In	PPO - Out
Deductible	\$500/\$1,000	\$750/\$1,500
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	PPO - In	PPO - Out
Deductible	\$5,000 Per Family	\$5,000 Per Family
Physicians Services	90/10	70/30
Emergency Room	90/10	70/30
Rx	80/20	80/20
Hospital	90/10	70/30
CIGNA	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30/\$50	
Hospital	\$100 Per Admit	
Kaiser	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

\* Orange County modified plan designs and contributions in 2015 plan year to address increasing healthcare costs and facilitate wellness participation. Current county contributions assume wellness participation.

# 2015 10-County Survey

4. Riverside County						Population: 2,293,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
UHC HMO*	620.62	628.84	1.3%	620.62	628.84	1.3%
Kaiser HMO	609.26	616.50	1.2%	609.26	616.50	1.2%
Exclusive Care EPO	442.00	468.88	6.1%	442.00	468.88	6.1%
UHC PPO*	969.14	966.24	-0.3%	798.77	805.44	0.8%
Blue Shield HMO - PERS	543.22	598.66	10.2%	543.22	598.66	10.2%
Kaiser HMO - PERS	602.80	579.80	-3.8%	602.80	579.80	-3.8%
PERSCare	638.22	657.32	3.0%	638.22	657.32	3.0%
PERS Choice	612.26	594.40	-2.9%	612.26	594.40	-2.9%
PORAC - PERS	634.00	675.00	6.5%	634.00	675.00	6.5%
Blue Shield HPN	457.18	561.10	22.7%	457.18	561.10	22.7%
PERS Select	586.32	586.32	0.0%	586.32	586.32	0.0%
Anthem Select HMO**	537.00	653.98	21.8%	537.00	653.98	21.8%
Anthem Traditional HMO**	592.20	743.12	25.5%	592.20	743.12	25.5%
Health Net Salud y Mas**	489.82	520.60	6.3%	489.82	520.60	6.3%
Health Net SmartCare**	568.52	579.88	2.0%	568.52	579.88	2.0%
Sharp**	538.60	564.58	4.8%	538.60	564.58	4.8%
UnitedHealthcare**	521.02	449.10	-13.8%	521.02	449.10	-13.8%
<b>AVERAGE</b>	<b>586.01</b>	<b>614.37</b>	<b>4.8%</b>	<b>575.99</b>	<b>604.91</b>	<b>5.0%</b>

\*Riverside County changed carriers from Health Net to UHC beginning 1/1/15.

\*\*New plan in 2014.

# 2015 10-County Survey

## 4. Riverside County: Medical Plan Design Summary

<b>UHC</b>	<b>HMO</b>	<b>PPO - In</b>	<b>PPO - Out</b>
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15 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
<b>Kaiser</b>	<b>HMO</b>		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$50 Copay		
Rx	\$10/\$25		
Hospital	\$100 Copay		
<b>Exclusive Care</b>	<b>EPO</b>		
Deductible	None		
Physicians Services	\$5 Copay		
Emergency Room	\$100 Copay		
Rx	\$5/\$15/\$35		
Hospital	No Charge		

# 2015 10-County Survey

5. San Bernardino County						Population: 2,088,000
Medical Plans	2013-14 Premium	2014-15 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-
Kaiser HMO	558.65	582.92	4.3%	425.60	425.60	0.0%
Blue Shield Signature HMO	473.55	473.55	0.0%	389.80	389.80	0.0%
Blue Shield Needles PPO	1,067.47	974.13	-8.7%	423.33	423.33	0.0%
Blue Shield PPO	945.92	863.27	-8.7%	423.33	423.33	0.0%
<b>AVERAGE</b>	<b>761.40</b>	<b>723.47</b>	<b>-5.0%</b>	<b>415.52</b>	<b>415.52</b>	<b>0.0%</b>

5. San Bernardino County: Medical Plan Design Summary		
<b>Kaiser</b>	<b>HMO</b>	
Deductible	None	
Physicians Services	\$10 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$15	
Hospital	No Charge	
<b>Blue Shield Signature HMO</b>	<b>Tier 1 - HMO</b>	<b>Tier 2 - PPO</b>
Deductible	None	None
Physicians Services	\$10 Copay	\$30 Copay
Emergency Room	\$50 Copay	\$50 Copay
Rx	\$5/\$10/\$25	Not covered
Hospital	No Charge	Not covered
<b>Blue Shield PPO</b>	<b>PPO - In</b>	<b>PPO - Out</b>
Deductible	\$250/\$500	\$250/\$500
Physicians Services	\$10 Copay	70/30 After ded
Emergency Room	\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded
Rx	\$15/\$30/\$30	\$15/\$30/\$30 + 25% of billed amount
Hospital	80/20 After ded	70/30 After ded
<b>Blue Shield Needles PPO</b>	<b>PPO - In</b>	<b>PPO - Out</b>
Deductible	None	\$250/\$750
Physicians Services	\$10 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay
Rx	\$10/\$15/\$15	\$10/\$15/\$15+25% of billed amount
Hospital	No charge	70/30 After Ded

# 2015 10-County Survey

6. Santa Clara County						Population: 1,862,000
Medical Plans	2013-14 Premium	2014-15 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-
Kaiser HMO	671.78	686.08	2.1%	651.63	672.35	3.2%
Valley Health HMO	634.21	710.32	12.0%	621.52	692.77	11.5%
Health Net POS	988.98	1,000.48	1.2%	960.42	875.67	-8.8%
<b>AVERAGE</b>	<b>764.99</b>	<b>798.96</b>	<b>4.4%</b>	<b>744.52</b>	<b>746.93</b>	<b>0.3%</b>

6. Santa Clara County: Medical Plan Design Summary			
<b>Kaiser</b>	<b>HMO</b>		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$35 Copay		
Rx	\$5/\$10		
Hospital	\$100 per admit		
<b>Valley Health</b>	<b>HMO</b>		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	No Charge		
Rx	No Charge		
Hospital	No Charge		
<b>HealthNet POS</b>	<b>HMO</b>	<b>PPO - In</b>	<b>PPO - Out</b>
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

# 2015 10-County Survey

7. Alameda County						Population: 1,579,000
Medical Plans	2014-15 Premium	2015-16 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-
UnitedHealthcare Premium HMO	972.34	972.34	0.0%	875.12	875.12	0.0%
Kaiser Premium HMO	622.92	637.06	2.3%	560.62	573.36	2.3%
Kaiser Standard HMO	598.18	592.20	-1.0%	568.27	532.98	-6.2%
UnitedHealthcare PPO	2,244.54	2,341.06	4.3%	560.62	573.36	2.3%
UnitedHealthcare Premium HMO *	972.34	-	-	622.92	-	-
UnitedHealthcare Standard HMO	918.88	868.88	-5.4%	724.96	782.00	7.9%
Kaiser Premium HMO *	622.92	-	-	622.92	-	-
UnitedHealthcare PPO *	2,244.54	-	-	622.92	-	-
<b>AVERAGE</b>	<b>1,149.58</b>	<b>1,082.31</b>	<b>-5.9%</b>	<b>644.79</b>	<b>667.36</b>	<b>3.5%</b>

7. Alameda County: Medical Plan Design Summary			
United Healthcare	PPO	Premium HMO	Standard HMO
Deductible	\$2,000/\$4,000	NONE	NONE
Physicians Services	\$25 COPAY	\$15 COPAY	\$40 COPAY
Emergency Room	\$250 COPAY	\$50 COPAY	\$100 COPAY
Rx	\$10/\$30/\$50	\$10/\$25/\$35	\$25/\$35/\$50
Hospital	\$500 DED	NO CHARGE	\$500 COPAY
Kaiser	Premium HMO	Standard HMO	
Deductible	NONE	NONE	
Physicians Services	\$15 COPAY	\$40 COPAY	
Emergency Room	\$50 COPAY	\$100 COPAY	
Rx	\$15/\$15	\$15/\$30	
Hospital	NO CHARGE	\$500 COPAY	

\* Discontinued in 2015-16

# 2015 10-County Survey

8. Sacramento County						Population: 1,462,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Western Health Adv. HMO	620.54	649.74	4.7%	620.54	649.74	4.7%
Sutter Health Plus HMO	618.80	631.22	2.0%	618.80	631.22	2.0%
Kaiser HMO 15	614.08	626.38	2.0%	614.08	626.38	2.0%
Western Health Adv. HDHP	473.90	496.30	4.7%	473.90	496.30	4.7%
Sutter Health Plus HDHP	482.00	491.64	2.0%	482.00	491.64	2.0%
Kaiser HDHP HMO	484.06	493.74	2.0%	484.06	493.74	2.0%
<b>AVERAGE</b>	<b>548.90</b>	<b>564.84</b>	<b>2.9%</b>	<b>548.90</b>	<b>564.84</b>	<b>2.9%</b>

8. Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	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/\$35	No Charge After Ded
Hospital	No Charge	No Charge After Ded
Western Health Advantage	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/\$35	No Charge After Ded
Hospital	No Charge	No Charge After Ded
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

# 2015 10-County Survey

9. Contra Costa County						Population: 1,094,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
CCHP Plan A	612.77	654.44	6.8%	555.22	583.93	5.2%
CCHP Plan B	679.27	725.46	6.8%	569.92	597.59	4.9%
Health Net HMO Plan A	1,067.40	1,184.71	11.0%	740.86	809.83	9.3%
Health Net HMO Plan B	836.04	823.83	-1.5%	627.79	627.79	0.0%
Health Net PPO Plan A	1,365.43	1,520.06	11.3%	679.21	729.85	7.5%
Health Net PPO Plan B	1,240.08	1,368.43	10.4%	604.60	604.60	0.0%
Kaiser HMO Plan A	768.47	811.33	5.6%	546.85	580.92	6.2%
Kaiser HMO Plan B	676.03	637.55	-5.7%	478.91	478.91	0.0%
Blue Shield HMO - PERS	836.59	928.87	11.0%	596.51	624.59	4.7%
CCHP Plan A Alternate - PERS	723.74	772.95	6.8%	581.21	589.39	1.4%
Kaiser HMO - PERS	742.72	714.45	-3.8%	589.84	584.42	-0.9%
PERS Care	720.04	775.08	7.6%	594.35	597.83	0.6%
PERS Choice	690.77	700.84	1.5%	586.82	583.88	-0.5%
PORAC - PERS	634.00	675.00	6.5%	585.96	583.52	-0.4%
PERS Select	661.52	690.43	4.4%	580.82	578.72	-0.4%
Blue Shield HMO NetValue - PERS	704.01	870.60	23.7%	588.31	618.00	5.0%
<b>AVERAGE</b>	<b>809.93</b>	<b>865.88</b>	<b>6.9%</b>	<b>594.20</b>	<b>610.86</b>	<b>2.8%</b>



# 2015 10-County Survey

## 9. Contra Costa County: Medical Plan Design Summary

9. Contra Costa County: Medical Plan Design Summary					
CCHP	Plan A	Plan B			
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
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			

# 2015 10-County Survey

10. Fresno County						Population: 955,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Kaiser \$15 HMO	768.99	652.80	-15.1%	483.17	483.17	0.0%
Blue Cross HMO	644.12	652.80	1.3%	483.17	483.17	0.0%
Blue Cross PPO	890.36	901.92	1.3%	483.17	483.17	0.0%
Blue Cross HDPPPO	510.41	517.53	1.4%	483.17	483.17	0.0%
<b>AVERAGE</b>	<b>703.47</b>	<b>681.26</b>	<b>-3.2%</b>	<b>483.17</b>	<b>483.17</b>	<b>0.0%</b>

10. Fresno County: Medical Plan Design Summary		
<b>Kaiser</b>		
	<b>HMO</b>	
Deductible	None	
Physicians Services	\$15 per visit	
Emergency Room	\$100 per visit	
Rx	\$10/\$20	
Hospital	No Charge	
<b>BLUE CROSS</b>		
	<b>HMO</b>	<b>PPO</b>
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
<b>BLUE CROSS</b>		
	<b>HDPPPO - IN</b>	
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	

# 2015 10-County Survey

2015 CalPERS													
	Kaiser HMO	Blue Shield Access+	Blue Shield NetValue	PERS Select		PERS Choice		PERS Care		Anthem Blue Cross	Health Net	Sharp	United Healthcare
	HMO	HMO	HMO	In	Out	In	Out	In	Out	EPO and HMO	EPO and HMO	HMO	EPO and HMO
<b>Annual Deductible</b>	N/A	N/A	N/A	\$500/\$1,000		\$500/\$1,000		\$500/\$1,000		N/A	N/A	N/A	N/A
<b>Hospital (Inpatient)</b>	No Charge	No Charge	No Charge	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	No Charge	No Charge	No Charge	No Charge
<b>Emergency Room</b>	\$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		\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
<b>Office Visits</b>	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
<b>Urgent Care</b>	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
<b>Rx Retail</b>	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
<b>Rx Mail Order</b>	\$10/\$40	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
<b>Infertility Treatment</b>	50%/50%	50%/50%	50%/50%	Not Covered		Not Covered		Not Covered		50%/50%	50%/50%	50%/50%	50%/50%
<b>Acupuncture</b>	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr
				Limit 15 visits per year		Limit 15 visits per year		Limit 20 visits per year					
<b>Chiropractic</b>	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr
				Limit 15 visits per year		Limit 15 visits per year		Limit 20 visits per year					

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

# 2015 10-County Survey

2015 HSS Active Employee Plans			
	Kaiser HMO	Blue Shield HMO	City Health Plan PPO
Annual Deductible	N/A	N/A	\$250/\$500/\$750
Hospital (Inpatient)	\$100 Copay per admission	\$200 Copay per admission	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	\$15 Copay Limit 30 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.

# 2015 10-County Survey Glossary

## **ALADS**

Association for Los Angeles Deputy Sheriffs

## **ALADS - In**

Association for Los Angeles Deputy Sheriffs, In-Network

## **ALADS - Out**

Association for Los Angeles Deputy Sheriffs, Out-of-Network

## **Catastrophic**

High Deductible Health Plan with essential coverage only

## **EPO**

Exclusive Provider Organization. Participants must obtain service from in-network providers, but do not need to choose a Primary Care Physician.

## **HDHP**

High Deductible Health Plan. These plans have lower premiums, higher deductibles and may be paired with a Health Savings Account.

## **HDHP - HMO**

High Deductible Health Plan, Health Management Organization

## **HD w/HSA**

High Deductible plan with a Health Savings Account, which is a tax-advantaged medical savings account.

## **HDPPPO**

High Deductible, Preferred Provider Organization

## **HMO**

A Health Management Organization requires the assignment of a Primary Care Physician and limits service to in-network providers.

## **In**

In-Network; services obtained from a contracted network of providers.

## **Out**

Out-of-Network; services obtained outside of a contracted network of providers.

## **PPO**

A Preferred Provider Organization does not require the assignment of a Primary Care Physician, and allows plan participants to obtain service from any provider. Out-of-network services typically have higher copays.

## **PPO - In**

Preferred Provider Organization In-Network

## **PPO - Out**

Preferred Provider Organization Out-of-Network

## **POS**

A Point of Service plan is an HMO/PPO hybrid that allows participants to obtain service out-of-network but at a higher cost.

## **POS - In**

Point of Service In-Network

## **POS - Out**

Point of Service Out-of-Network

## **Unrep**

Unrepresented; workers not included in any union contract

## **Unrep HMO**

Unrepresented, Health Management Organization

## **Unrep - In**

Unrepresented, In-Network

## **Unrep - Out**

Unrepresented, Out-of-Network