

# 2016 10-County Survey

## Process

The City Charter specifies 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.

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 2017 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 \$604.84 for plan year 2017 is 4.42% above \$579.24, the 10-County average for plan year 2016. All counties had a change in contribution.

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

For the 2016 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$627.40. Per the Calendar Year Change Rule, this \$627.40 is projected forward six months, using Los Angeles County's three year premium increase trend of 6.8%. This results in the average employer premium contribution calculated at \$648.37 for Los Angeles County. The March 2016 10-County Survey will be applied to Health Service System rate calculations for plan year 2017.

### Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior year projections have been compared to actuals. For Calendar Year 2016, 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. However, the overall assessment is less than 1.9% from what was calculated (\$590.07 actual vs. \$579.24 estimated).

# 2016 10-County Survey

Average of Employer Contributions																	
County	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016 Calculated	2016 Actual	3 Yr Trend	Months of Trend	Trend Factor	2017 Calculated	
1 Los Angeles	338.55	362.55	383.10	415.91	457.56	478.56	499.57	515.07	552.40	610.75	619.87	627.40	6.8%	6	1.03	648.37	
2 San Diego	363.48	305.87	327.00	363.48	364.00	406.00	432.20	444.86	445.29	460.51	477.99	497.72	3.8%	6	1.02	507.13	
3 Orange	380.63	387.92	338.64	372.44	383.75	434.41	485.10	506.94	544.46	567.79	525.51	516.39	0.6%	6	1.00	517.98	
4 Riverside	391.53	462.05	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	616.96	635.68	5.2%	6	1.03	652.09	
5 San Bernardino*	299.72	313.73	368.67	377.35	397.51	399.70	398.98	398.98	413.51	420.92	421.18	412.45	1.1%	12	1.01	417.04	
6 Santa Clara*	438.49	479.93	515.52	563.19	608.44	655.97	643.13	643.13	656.34	776.62	785.13	839.32	9.3%	12	1.09	917.21	
7 Alameda	342.11	398.35	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	684.14	672.78	4.5%	6	1.02	687.86	
8 Sacramento	422.13	480.54	480.76	516.78	561.35	637.98	667.02	696.00	714.53	535.31	549.40	590.71	-5.3%	6	0.97	574.78	
9 Contra Costa	366.77	407.86	438.47	470.02	495.15	521.90	540.43	553.15	574.27	607.18	623.46	625.11	4.2%	6	1.02	637.99	
10 Fresno	390.06	432.64	425.58	425.43	450.43	450.80	450.80	455.17	450.86	488.79	488.79	483.17	2.0%	6	1.01	488.00	
<b>Average</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>579.24</b>	<b>590.07</b>	<b>3.3%</b>	<b>9.0</b>	<b>1.03</b>	<b>604.84</b>	

Increase Over Prior Year													
County	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	
1 Los Angeles	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	
2 San Diego	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	
3 Orange	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	
4 Riverside	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	
5 San Bernardino	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	
6 Santa Clara	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	
7 Alameda	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	
8 Sacramento	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	
9 Contra Costa	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	
10 Fresno	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	
<b>Average</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>	<b>4.42%</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.

# 2016 10-County Survey

1. Los Angeles County						Population: 10,116,000
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	637.71	661.86	3.8%	637.71	661.86	3.8%
CIGNA Choices HMO - County Sponsored	700.16	747.89	6.8%	700.16	747.89	6.8%
CIGNA Choices POS - County Sponsored	1,259.23	1,345.81	6.9%	812.00	860.72	6.0%
Blue Cross Prudent Buyer Basic- ALADS	917.42	968.94	5.6%	812.00	860.72	6.0%
Blue Cross CaliforniaCare Basic- ALADS	621.62	656.05	5.5%	621.62	656.05	5.5%
Blue Cross Prudent Buyer Premier- ALADS	1,039.09	1,092.90	5.2%	812.00	860.72	6.0%
Blue Cross CaliforniaCare Premier - ALADS	743.29	780.01	4.9%	743.29	780.01	4.9%
Blue Shield Classic CAPE	832.00	878.00	5.5%	812.00	860.72	6.0%
Blue Shield Lite CAPE	512.00	536.00	4.7%	512.00	536.00	4.7%
Local 1014 Plan - Fire Fighters	723.00	758.00	4.8%	723.00	758.00	4.8%
Kaiser Options - SEIU	599.92	623.40	3.9%	599.92	623.40	3.9%
Kaiser HMO - Unrepresented	257.00	272.00	5.8%	257.00	272.00	5.8%
Blue Cross CaliforniaCare HMO - Unrepresented	257.00	272.00	5.8%	257.00	272.00	5.8%
Blue Cross Plus POS - Unrepresented	389.00	411.00	5.7%	389.00	411.00	5.7%
Blue Cross Catastrophic - Unrepresented	199.00	93.00	-53.3%	199.00	93.00	-53.3%
Blue Cross Prudent Buyer PPO - Unrepresented	498.00	526.00	5.6%	498.00	526.00	5.6%
UnitedHealthcare Options HMO - SEIU	621.24	660.44	6.3%	621.24	660.44	6.3%
UnitedHealthcare Options PPO - SEIU	1,737.75	2,085.86	20.0%	812.00	852.60	5.0%
<b>AVERAGE</b>	<b>696.91</b>	<b>742.73</b>	<b>6.6%</b>	<b>601.05</b>	<b>627.40</b>	<b>4.4%</b>

# 2016 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

# 2016 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/\$15	\$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		

# 2016 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/\$900	\$300/\$900	\$150/\$400	\$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

# 2016 10-County Survey

2. San Diego County						Population: 3,263,000
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
Kaiser HMO	428.10	459.96	7.4%	428.10	459.96	7.4%
Kaiser High Deductible	334.18	359.06	7.4%	334.18	359.06	7.4%
Anthem - Blue Cross PPO	871.94	1,106.74	26.9%	516.17	541.83	5.0%
Anthem - Blue Cross Select HMO	589.08	571.52	-3.0%	516.17	541.83	5.0%
Anthem - Blue Cross Full Access HMO	1,309.30	1,332.54	1.8%	516.17	541.83	5.0%
Anthem - Blue Cross High Deductible	599.98	864.94	44.2%	516.17	541.83	5.0%
<b>AVERAGE</b>	<b>688.76</b>	<b>782.46</b>	<b>13.6%</b>	<b>471.16</b>	<b>497.72</b>	<b>5.6%</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>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%

# 2016 10-County Survey

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%, 100% Over The Max.
Hospital	10% After Ded	30% After Ded



# 2016 10-County Survey

3. Orange County				Population: 3,145,000		
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
Choice Wellwise PPO*	764.40	741.47	-3.0%	687.96	668.01	-2.9%
Choice Sharewell PPO*	305.76	296.59	-3.0%	374.79	365.62	-2.4%
CIGNA HMO Choice*	645.88	638.52	-1.1%	581.29	574.67	-1.1%
Kaiser HMO Choice*	482.33	508.05	5.3%	434.10	457.25	5.3%
<b>AVERAGE</b>	<b>549.59</b>	<b>546.16</b>	<b>-0.6%</b>	<b>519.54</b>	<b>516.39</b>	<b>-0.6%</b>

3. Orange County: Medical Plan Design Summary		
Wellwise PPO	In	Out
Deductible	\$500/\$1,000	\$750/\$1,500
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
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	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.

# 2016 10-County Survey

4. Riverside County						Population: 2,329,000
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
UHC HMO	628.84	670.90	6.7%	628.84	670.90	6.7%
Kaiser HMO	616.50	603.52	-2.1%	616.50	603.52	-2.1%
Exclusive Care EPO	468.88	497.08	6.0%	468.88	497.08	6.0%
UHC PPO	966.24	1,057.00	9.4%	805.44	805.44	0.0%
Blue Shield HMO - PERS	598.66	654.88	9.4%	598.66	654.88	9.4%
Kaiser HMO - PERS	579.80	605.06	4.4%	579.80	605.06	4.4%
PERSCare	657.32	761.50	15.8%	657.32	761.50	15.8%
PERS Choice	594.40	683.72	15.0%	594.40	683.72	15.0%
PORAC - PERS	675.00	699.00	3.6%	675.00	699.00	3.6%
Blue Shield HPN	561.10	666.36	18.8%	561.10	666.36	18.8%
PERS Select	586.32	625.20	6.6%	586.32	625.20	6.6%
Anthem Select HMO	653.98	634.76	-2.9%	653.98	634.76	-2.9%
Anthem Traditional HMO	743.12	710.78	-4.4%	743.12	710.78	-4.4%
Health Net Salud y Mas	520.60	535.98	3.0%	520.60	535.98	3.0%
Health Net SmartCare	579.88	596.98	2.9%	579.88	596.98	2.9%
Sharp	564.58	561.34	-0.6%	564.58	561.34	-0.6%
UnitedHealthcare	449.10	494.00	10.0%	449.10	494.00	10.0%
<b>AVERAGE</b>	<b>614.37</b>	<b>650.47</b>	<b>5.9%</b>	<b>604.91</b>	<b>635.68</b>	<b>5.1%</b>

# 2016 10-County Survey

4. Riverside County: Medical Plan Design Summary			
UHC	HMO	PPO - In	PPO - Out
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15 Copay	\$20 Copay	40% After Ded
Emergency Room	\$100 Copay	\$50 Copay	\$50 Copay
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	\$100 Copay		
Rx	\$10/\$25		
Hospital	\$100 Copay		
Exclusive Care			
EPO			
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25/\$50		
Hospital	\$100 Copay		

# 2016 10-County Survey

5. San Bernardino County						Population: 2,112,000
Medical Plans	2014-15 Premium	2015-16 Premium	% +/-	2014-15 County Contribution	2015-16 County Contribution	% +/-
Kaiser HMO	582.92	575.62	-1.3%	425.60	420.95	-1.1%
Blue Shield Signature HMO	473.55	488.06	3.1%	389.80	390.90	0.3%
Blue Shield Needles PPO	974.13	1,022.04	4.9%	423.33	418.98	-1.0%
Blue Shield PPO	863.27	905.69	4.9%	423.33	418.98	-1.0%
<b>AVERAGE</b>	<b>723.47</b>	<b>747.85</b>	<b>3.4%</b>	<b>415.52</b>	<b>412.45</b>	<b>-0.7%</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

# 2016 10-County Survey

6. Santa Clara County						Population: 1,894,000
Medical Plans	2014-15 Premium	2015-16 Premium	% +/-	2014-15 County Contribution	2015-16 County Contribution	% +/-
Kaiser HMO	686.08	679.08	-1.0%	672.35	665.49	-1.0%
Valley Health HMO	710.32	852.39	20.0%	692.77	783.25	13.1%
Health Net POS	1,000.48	1,091.03	9.1%	875.67	1,069.21	22.1%
<b>AVERAGE</b>	<b>798.96</b>	<b>874.16</b>	<b>9.4%</b>	<b>746.93</b>	<b>839.32</b>	<b>12.4%</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</b>	<b>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

# 2016 10-County Survey

7. Alameda County						Population: 1,610,000
Medical Plans	2015-16 Premium	2016-17 Premium	% +/-	2015-16 County Contribution	2016-17 County Contribution	% +/-
UnitedHealthcare Premium HMO	972.34	982.06	1.0%	875.12	883.86	1.0%
Kaiser Premium HMO	637.06	641.06	0.6%	573.36	576.96	0.6%
Kaiser Standard HMO	592.20	595.92	0.6%	532.98	536.32	0.6%
UnitedHealthcare PPO	2,341.06	2,570.50	9.8%	573.36	576.96	0.6%
UnitedHealthcare Standard HMO	868.88	877.56	1.0%	782.00	789.80	1.0%
<b>AVERAGE</b>	<b>1,082.31</b>	<b>1,133.42</b>	<b>4.7%</b>	<b>667.36</b>	<b>672.78</b>	<b>0.8%</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

# 2016 10-County Survey

8. Sacramento County							Population: 1,482,000
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-	
Western Health Adv. HMO	649.74	680.44	4.7%	649.74	680.44	4.7%	
Sutter Health Plus HMO	631.22	654.60	3.7%	631.22	654.60	3.7%	
Kaiser HMO 15	626.38	659.34	5.3%	626.38	659.34	5.3%	
Western Health Adv. HDHP	496.30	520.00	4.8%	496.30	520.00	4.8%	
Sutter Health Plus HDHP	491.64	510.08	3.8%	491.64	510.08	3.8%	
Kaiser HDHP HMO	493.74	519.80	5.3%	493.74	519.80	5.3%	
<b>AVERAGE</b>	<b>564.84</b>	<b>590.71</b>	<b>4.6%</b>	<b>564.84</b>	<b>590.71</b>	<b>4.6%</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

# 2016 10-County Survey

9. Contra Costa County						Population: 1,111,000
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
CCHP Plan A	654.44	683.07	4.4%	583.93	583.97	0.0%
CCHP Plan B	725.46	757.20	4.4%	597.59	614.89	2.9%
Health Net HMO Plan A	1,184.71	1,251.53	5.6%	809.83	796.62	-1.6%
Health Net HMO Plan B	823.83	870.29	5.6%	627.79	669.94	6.7%
Health Net PPO Plan A	1,520.06	1,671.46	10.0%	729.85	751.80	3.0%
Health Net PPO Plan B	1,368.43	1,504.73	10.0%	604.60	660.12	9.2%
Kaiser HMO Plan A	811.33	784.62	-3.3%	580.92	546.15	-6.0%
Kaiser HMO Plan B	637.55	621.16	-2.6%	478.91	483.08	0.9%
Blue Shield HMO - PERS	928.87	1,016.18	9.4%	624.59	633.14	1.4%
CCHP Plan A Alternate - PERS	772.95	837.46	8.3%	589.39	602.38	2.2%
Kaiser HMO - PERS	714.45	746.47	4.5%	584.42	588.59	0.7%
PERS Care	775.08	889.27	14.7%	597.83	614.67	2.8%
PERS Choice	700.84	798.36	13.9%	583.88	610.07	4.5%
PORAC - PERS	675.00	699.00	3.6%	583.52	593.33	1.7%
PERS Select	690.43	730.07	5.7%	578.72	590.47	2.0%
Blue Shield HMO NetValue - PERS	870.60	1,033.86	18.8%	618.00	662.59	7.2%
<b>AVERAGE</b>	<b>865.88</b>	<b>930.92</b>	<b>7.5%</b>	<b>610.86</b>	<b>625.11</b>	<b>2.3%</b>



# 2016 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	No Charge			
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/\$1,500	\$500/\$1,500
Physicians Services		\$10/\$20 Copay	\$10 Copay	70/30	\$20 Copay	60/40
Emergency Room		\$25	\$50 + 10% co-ins	\$50 + 10% co-ins	80/20	80/20
Rx		\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$20/\$35
Hospital		No Charge	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			

# 2016 10-County Survey

10. Fresno County						Population: 965,000
Medical Plans	2015 Premium	2016 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
Kaiser \$15 HMO	652.80	703.51	7.8%	483.17	483.17	0.0%
Blue Cross HMO	652.80	736.72	12.9%	483.17	483.17	0.0%
Blue Cross PPO	901.92	948.14	5.1%	483.17	483.17	0.0%
Blue Cross HDPPPO	517.53	544.93	5.3%	483.17	483.17	0.0%
<b>AVERAGE</b>	<b>681.26</b>	<b>733.32</b>	<b>7.6%</b>	<b>483.17</b>	<b>483.17</b>	<b>0.0%</b>

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

# 2016 10-County Survey

2016 CalPERS											
	Kaiser HMO	Blue Shield Access+ HMO	Blue Shield Net- Value HMO	PERS Select		PERS Choice		PERS Care		Anthem Blue Cross EPO and HMO	Health Net EPO and HMO
				In	Out	In	Out	In	Out		
<b>Annual Deductible</b>	N/A	N/A	N/A	\$500/\$1,000		\$500/\$1,000		\$500/\$1,000		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
								\$250 Deductible			
<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
<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
<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
<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
<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
<b>Infertility Treatment</b>	50%/50%	50%/50%	50%/50%	Not Covered		Not Covered		Not Covered		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	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay Limit 20 visits per year	\$15 Copay Limit 20 visits per year
				Limit 20 visits per year		Limit 20 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	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay Limit 20 visits per year	\$15 Copay Limit 20 visits per year
				Limit 20 visits per year		Limit 20 visits per year		Limit 20 visits per year			

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

# 2016 10-County Survey

2016 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	\$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 \$1,000 Max/Yr
Chiropractic	\$15 Copay Limit 30 Visits/Yr	\$15 Copay Limit 30 Visits/Yr	50%/50% Limit \$1,000 Max/Yr

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