

# San Francisco Health Service System Health Service Board

Plan Design Benchmarking—Medical, Dental and  
Vision

February 8, 2018

## Comparator Groups Overview

**Aon Bench**—Medical benchmarks reflect 2017 plan data filtered on plans with In-Network Single Deductibles between \$0 and \$1,300. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	74	125
National (NATL)	721	1,292

**Benefit SpecSelect**—Medical benchmarks reflect 2017 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of PPO Plans	# of RX Plans
Government (GOVT)	244	273	478
National (NATL)	1,703	1,651	3,627

# UnitedHealthcare (UHC) City Plan Benefits

## Medical PPO

### Preferred Provider Organization (PPO)

Medical PPO Coverage	SFHSS	Aon Bench		Benefit SpecSelect	
	UHC	GOVT	NATL	GOVT	NATL
<b>In-Network</b>					
Individual Deductible	\$250	\$500	\$550	\$475	\$600
Family Deductible	\$750	\$1,000	\$1,400	\$1,000	\$1,500
Individual OOPM	\$3,750	\$2,500	\$3,000	\$2,750	\$3,000
Family OOPM	\$12,700	\$6,000	\$6,000	\$6,000	\$7,000
Coinsurance	15%	10%	20%	10%	20%
<b>Out-of-Network</b>					
Individual Deductible	\$250	\$800	\$1,000	<i>Benefit SpecSelect does not provide data for out-of-network benefits</i>	
Family Deductible	\$750	\$2,000	\$2,500		
Individual OOPM	\$7,500	\$4,000	\$6,000		
Family OOPM	per INDV	\$9,000	\$12,000		
Coinsurance	50%	30%	40%		

# UnitedHealthcare (UHC) City Plan Benefits

## Medical PPO

### Preferred Provider Organization (PPO)

Medical PPO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		UHC	GOVT	NATL	GOVT	NATL
Benefit		Copay				
Office Visit	PCP	15% <sup>[1]</sup>	\$20	\$20	\$20	\$25
	Specialist	15% <sup>[1]</sup>	\$30	\$35	\$35	\$40
Hospital	Per day	N/A	\$100	\$200	\$200	\$200
	Admission	15% <sup>[1]</sup>	\$200	\$250	\$300	\$250
Outpatient Surgery		15% <sup>[1]</sup>	\$100	\$125	N/A	N/A
Emergency Room		15% <sup>[1]</sup>	\$100	\$150	\$100	\$150

### Preferred Provider Organization (PPO)

Medical PPO Coverage	SFHSS	Aon Bench		Benefit SpecSelect <sup>[2]</sup>	
	UHC	GOVT	NATL	GOVT	NATL
<b>Retail (30 day)</b>	<b>Copay</b>				
Generic Drugs	\$5	\$10	\$10	\$10	\$10
Brand Drugs	\$20	\$30	\$30	\$30	\$30
Non-Formulary Drugs	\$45	\$50	\$50	\$50	\$50
<b>Mail Order (90 day)</b>	<b>Copay</b>				
Generic Drugs	\$10	\$20	\$20	\$20	\$20
Brand Drugs	\$40	\$60	\$63	\$60	\$60
Non-Formulary Drugs	\$90	\$100	\$120	\$110	\$120

**Specialty Drugs**—Copay benchmarking is not available for specialty drugs.

**SFHSS Specialty Drug Benefit**—Same as Retail (30 day) copay above.

### Preferred Provider Organization (PPO) Benchmarking Notes

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#### **UHC PPO Notes:**

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- [1] UHC benefits are paid after member has met the deductible.
- [2] Rx data is not broken out by specific plan type. Employer-provided drugs / onsite pharmacies, preventive, maintenance, or specialty drug copays are not included in this summary.

### Comparator Groups Overview

**Aon Bench**—Medical benchmarks reflect 2017 plan data filtered on In-Network plans only with In-Network Single Deductibles between \$0 and \$1,300. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	41	65
National (NATL)	302	527

**Benefit SpecSelect**—Medical benchmarks reflect 2017 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of PPO Plans	# of RX Plans
Government (GOVT)	244	121	478
National (NATL)	1,703	511	3,627

# Blue Shield of California (BSC) Benefits

## Medical HMO

### Health Maintenance Organization (HMO)—In-Network Comparison

Medical HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		BSC <sup>[1]</sup>	GOVT	NATL	GOVT	NATL
Individual Deductible		None	\$250	\$500	\$250	\$500
Family Deductible		None	\$750	\$1,000	\$750	\$1,000
Individual OOPM		\$2,000	\$2,800	\$2,500	\$2,500	\$2,500
Family OOPM		\$4,000	\$6,000	\$6,000	\$6,000	\$6,000
Coinsurance		N/A	0%	0%	0%	N/A
<b>Benefit</b>		<b>Copay</b>				
Office Visit	PCP	\$25	\$20	\$20	\$20	\$20
	Specialist	\$30 / \$25 <sup>[2]</sup>	\$30	\$30	\$35	\$40
Hospital	Per day	N/A	\$100	\$150	\$250	\$100
	Admission	\$200	\$275	\$250	\$275	\$250
Outpatient Surgery		\$100	\$175	\$100	N/A	N/A
Emergency Room		\$100	\$100	\$100	\$100	\$100

## Health Maintenance Organization (HMO)—In-Network Comparison

Medical HMO Coverage	SFHSS	Aon Bench		Benefit SpecSelect <sup>[3]</sup>	
	BSC <sup>[1]</sup>	GOVT	NATL	GOVT	NATL
<b>Retail (30 day)</b>	<b>Copay</b>				
Generic Drugs	\$10	\$10	\$10	\$10	\$10
Brand Drugs	\$25	\$30	\$30	\$30	\$30
Non-Formulary Drugs	\$50	\$50	\$50	\$50	\$50
<b>Mail Order (90 day)</b>	<b>Copay</b>				
Generic Drugs	\$20	\$20	\$20	\$20	\$20
Brand Drugs	\$50	\$60	\$60	\$60	\$60
Non-Formulary Drugs	\$100	\$100	\$100	\$110	\$120

**Specialty Drugs**—Copay benchmarking is not available for specialty drugs.

**SFHSS Specialty Drug Benefit**—20% up to \$100 copay (30 day supply).

#### **BSC HMO Notes:**

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- [1] Benefit information shown reflects both the Access+ and Trio medical plans.
- [2] Specialist Office Visit—\$25 per visit for allergy testing and treatment and \$30 per Access+ / Trio Specialist visit. To see a specialist, members must get a referral from their Personal Physician. Or they can use the Access+ Specialist feature to self-refer to a specialist within their Personal Physician's medical group or Independent Practice Association (IPA).
- [3] Rx data is not broken out by specific plan type. Employer-provided drugs / onsite pharmacies, preventive, maintenance, or specialty drug copays are not included in this summary.

# Kaiser Permanente (KP) Benefits

## Medical HMO

### Health Maintenance Organization (HMO)—In-Network Comparison

Medical HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		KP	GOVT	NATL	GOVT	NATL
Individual Deductible		None	\$250	\$500	\$250	\$500
Family Deductible		None	\$750	\$1,000	\$750	\$1,000
Individual OOPM		\$1,500	\$2,800	\$2,500	\$2,500	\$2,500
Family OOPM		\$3,000	\$6,000	\$6,000	\$6,000	\$6,000
Coinsurance		N/A	0%	0%	0%	N/A
<b>Benefit</b>		<b>Copay</b>				
Office Visit	PCP	\$20	\$20	\$20	\$20	\$20
	Specialist	\$20	\$30	\$30	\$35	\$40
Hospital	Per day	N/A	\$100	\$150	\$250	\$100
	Admission	\$100	\$275	\$250	\$275	\$250
Outpatient Surgery		\$35	\$175	\$100	N/A	N/A
Emergency Room		\$100	\$100	\$100	\$100	\$100

# Kaiser Permanente (KP) Benefits

## Medical HMO

### Health Maintenance Organization (HMO)

Medical HMO In-Network Coverage	SFHSS	Aon Bench		Benefit SpecSelect <sup>[3]</sup>	
	KP	GOVT	NATL	GOVT	NATL
<b>Retail (30 day)</b>	<b>Copay</b>				
Generic Drugs	\$5	\$10	\$10	\$10	\$10
Brand Drugs	\$15 <sup>[1]</sup>	\$30	\$30	\$30	\$30
Non-Formulary Drugs	PA Only <sup>[2]</sup>	\$50	\$50	\$50	\$50
<b>Mail Order (90 day)</b>	<b>Copay</b>				
Generic Drugs	\$10	\$20	\$20	\$20	\$20
Brand Drugs	\$30	\$60	\$60	\$60	\$60
Non-Formulary Drugs	PA Only <sup>[2]</sup>	\$100	\$100	\$110	\$120

**Specialty Drugs**—Copay benchmarking is not available for specialty drugs.

**SFHSS Specialty Drug Benefit**—20% up to \$100 copay (30 day supply).

### Health Maintenance Organization (HMO) Benchmarking Notes

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#### **KP HMO Notes:**

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- [1] Member pays 2x the copay for a 31 to 60 day supply at a Plan Pharmacy
- [2] PA Only = Physician Authorized Only
- [3] Rx data is not broken out by specific plan type. Employer-provided drugs / onsite pharmacies, preventive, maintenance, or specialty drug copays are not included in this summary.

## Benefit SpecSelect—Prevalence of Coverage

The following table summarizes whether retail specialty / tier 4 drugs are covered through the prescription drug plan.

Benefit SpecSelect	GOVT	NATL
Same as formulary	5.65%	4.63%
Same as non-formulary	6.69%	7.03%
Same as retail formulary	0.63%	0.14%
Same as retail non-formulary	1.05%	0.61%
Same as formulary / non-formulary	22.38%	18.67%
Same as retail formulary / non-formulary	1.88%	2.78%
<b>Same as non-specialty</b>	20.08%	<b>33.66%</b>
Same as retail non-specialty	2.72%	1.93%

Percentages in **bold** reflect the highest prevalence for each comparator.

## Benefit SpecSelect—Prevalence of Coverage

Table is continued from the previous page:

Benefit SpecSelect	GOVT	NATL
<b>Different specialty drug coverage</b>	<b>35.15%</b>	24.54%
Data not provided	3.35%	3.80%
Other (e.g., varies by carrier)	N/A	1.27%
Not covered	0.42%	0.94%

Percentages in **bold** reflect the highest prevalence for each comparator.

### Abbreviations:

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**INDV** = Individual

**OOPM** = Out-of-Pocket Maximum

**PCP** = Primary Care Physician

### Comparator Groups Overview

**Aon Bench**—Benchmarks reflect 2017 Dental plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	81	101
National (NATL)	911	1,395

**Benefit SpecSelect**—Dental benchmarks reflect 2017 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of Plans
Government (GOVT)	244	457
National (NATL)	1,703	2,952

## Dental Preferred Provider Organization (DPPO)

Dental PPO Coverage		SFHSS			Aon Bench		Benefit SpecSelect	
		Delta Dental					GOVT	NATL
		Tier 1	Tier 2	Tier 3	GOVT	NATL	GOVT	NATL
Deductible	Individual	None			\$50	\$50	\$50	\$50
	Family	None			\$150	\$150	\$150	\$150
Plan Year Maximum		\$2,500 per person			\$1,500	\$1,500	\$1,500	\$1,500
Service		Plan Pays						
Diagnostic / Preventive		100%	100%	80%	100%	100%	100%	100%
Basic		90%	80%	60%	80%	80%	80%	80%
Major		90%	80%	50%	50%	50%	50%	50%

### Delta Dental Plan Tiers:

Tier 1 = PPO Dentists    Tier 2 = Premier Dentists    Tier 3 = Non-Delta Dentists

## Dental Preferred Provider Organization (DPPO)

Dental PPO Coverage	SFHSS			Aon Bench		Benefit SpecSelect	
	Delta Dental					GOVT	NATL
	Tier 1	Tier 2	Tier 3	GOVT	NATL	GOVT	NATL
<b>Orthodontia</b>	<b>Plan Pays</b>						
Child	50%	50%	50%	50%	50%	N/A	N/A
Adult							
<b>Orthodontia</b>	<b>Lifetime Maximum</b>						
Child	\$2,500	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Adult	\$1,500	\$1,000	\$500			N/A	N/A

### Delta Dental Plan Tiers:

Tier 1 = PPO Dentists    Tier 2 = Premier Dentists    Tier 3 = Non-Delta Dentists

### Benefit SpecSelect Notes:

Benchmarks reflect all dental plan options including DHMOs.

### Comparator Groups Overview

**Aon Bench**—Dental benchmarks reflect 2017 plan data filtered on In-Network plans only. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	32	36
National (NATL)	202	257

**Benefit SpecSelect**—Dental benchmarks reflect 2017 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of Plans
Government (GOVT)	244	457
National (NATL)	1,703	2,952

## Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		DeltaCare USA [1]	GOVT	NATL	GOVT	NATL
Deductible	Individual	None	\$25	\$50	\$50	\$50
	Family	None	N/A	\$150	\$150	\$150
Plan Year Maximum		None	\$1,350	\$1,500	\$1,500	\$1,500
Service		Plan Pays				
Diagnostic / Preventive		100%	100%	100%	100%	100%
Basic		100%	100%	100%	80%	80%
Major		100%	100%	100%	50%	50%

## Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage	SFHSS	Aon Bench		Benefit SpecSelect	
	DeltaCare USA <sup>[1]</sup>	GOVT	NATL	GOVT	NATL
<b>Orthodontia</b>	<b>Copay <sup>[2]</sup></b>	<b>Plan Pays</b>		<b>Plan Pays</b>	
Child	\$1,600	75%	75%	N/A	N/A
Adult	\$1,800				
<b>Orthodontia</b>	<b>Lifetime Maximum</b>				
Child	None	\$1,000	\$1,500	\$1,500	\$1,500
Adult	None			N/A	N/A

### Benefit SpecSelect Notes:

Benchmarks reflect all dental plan options including DHMOs.

### Dental Health Maintenance Organization (DHMO) Benchmarking Notes

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#### **DeltaCare USA (DHMO) Notes:**

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- [1] Dental Health Maintenance Organization (DHMO) plans require that you receive all of your dental care from within a network of participating dental offices. DHMOs charge a flat rate for all services. These networks are generally smaller than a DPPO network.
- [2] Listed copay covers up to 24 months of active orthodontic treatment excluding a \$350 startup fee. Beyond 24 months of active treatment, an additional monthly fee of \$75 applies.

# UnitedHealthcare (UHC) Benefits

## Dental HMO

### Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		UHC [1]	GOVT	NATL	GOVT	NATL
Deductible	Individual	None	\$25	\$50	\$50	\$50
	Family	None	N/A	\$150	\$150	\$150
Plan Year Maximum		None	\$1,350	\$1,500	\$1,500	\$1,500
Service		Plan Pays				
Diagnostic / Preventive		100%	100%	100%	100%	100%
Basic		100%	100%	100%	80%	80%
Major		100%	100%	100%	50%	50%

### Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage	SFHSS	Aon Bench		Benefit SpecSelect	
	UCH <sup>[1]</sup>	GOVT	NATL	GOVT	NATL
<b>Orthodontia</b>	<b>Copay <sup>[2]</sup></b>	<b>Plan Pays</b>			
Child	\$1,250	75%	75%	N/A	N/A
Adult	\$1,250				
<b>Orthodontia</b>	<b>Lifetime Maximum</b>				
Child	None	\$1,000	\$1,500	\$1,500	\$1,500
Adult	None			N/A	N/A

### Benefit SpecSelect Notes:

Benchmarks reflect all dental plan options including DHMOs

### Dental Health Maintenance Organization (DHMO) Benchmarking Notes

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#### UnitedHealthcare (DHMO) Notes:

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- [1] Dental Health Maintenance Organization (DHMO) plans require that you receive all of your dental care from within a network of participating dental offices. DHMOs charge a flat rate for all services. These networks are generally smaller than a DPPO network.
- [2] Orthodontic services are subject to payment of any applicable copays. Benefits are paid in equal monthly installments on a schedule determined by the Enrolling Group over the course of the orthodontic treatment plan performed during a 24 month period, starting on the date that the orthodontic bands or appliances are first placed, or on the date a one-step orthodontic procedure is performed. Benefits end when the 24 month orthodontic treatment ends.  
  
The \$1,250 listed copay includes a \$350 startup fee and a \$150 fee for removal of appliances, construction and placement of retainer(s).

## Vision Comparator Groups Overview

**Aon Bench**—Vision Benchmarks reflect 2017 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	70	81
National (NATL)	839	993

**Benefit SpecSelect**—Vision Benchmarks reflect 2017 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of Plans
Government (GOVT)	244	401
National (NATL)	1,703	2,393

## Vision Service Plan (VSP) Benefits

Vision Coverage	SFHSS		Aon Bench		Benefit SpecSelect	
	VSP Basic Plan	VSP Premier Plan	GOVT	NATL	GOVT	NATL
Benefit	Copays					
Exam	\$10	\$10	\$10	\$10	\$15	\$10
Lenses	\$25 copay for prescription glasses [1]	No copay for prescription glasses [2]	\$20	\$23	\$15	\$20
Frames			\$20	\$25	\$25	\$20

### VSP Notes:

- [1] **VSP Basic Plan**—\$25 copay applies to frames, single vision, lined bifocal and lined trifocal lenses
- [2] **VSP Premier Plan**—there is no copay for frames, single vision, lined bifocal and lined trifocal lenses

## Vision Service Plan (VSP) Benefits

### VSP Basic—Prescription Glasses Benefit (every other calendar year)

- **Frequency:**
  - Every **other** calendar year
- **Frame allowance:**
  - \$150 for a wide selection of frames
  - \$170 for featured frames
  - \$80 at Costco
  - 20% savings on the amount over the frame allowance
- **Progressive lens copay:**
  - \$55 for standard
  - \$95–\$105 for premium
  - \$150–\$175 for custom
- **Anti-reflective coating copay:**
  - \$41 for standard
  - \$58–\$69 for premium
  - \$85 for custom
- **Scratch-resistant coating:**
  - Fully covered
- **Contacts:**
  - \$150 allowance (instead of glasses)—copay does not apply
- **Contact lens exam:**
  - Up to a \$60 copay (fitting and evaluation exam covered)

## Vision Service Plan (VSP) Benefits

### VSP Premier—Prescription Glasses Benefit (every calendar year)

- **Frequency:**
  - Every calendar year
- **Frame allowance:**
  - \$300 for a wide selection of frames
  - \$320 for featured frames
  - \$165 at Costco
  - 20% savings on the amount over the frame allowance
- **Progressive lens copay:**
  - \$25 for standard / premium / custom
- **Anti-reflective coating copay:**
  - \$25 for standard / premium / custom
- **Scratch-resistant coating:**
  - Fully covered
- **Contacts:**
  - \$250 allowance (instead of glasses)—copay does not apply
- **Contact lens exam:**
  - Up to a \$60 copay