

# San Francisco Health Service System Health Service Board

## Plan Design Benchmarking—Medical, Dental and Vision

February 9, 2017

## Comparator Groups Overview

**Aon Bench**—Benchmarks reflect 2016 Medical 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) | 82             | 174        |
| National (NATL)   | 772            | 1,689      |

**Benefit SpecSelect**—The selected comparator groups represent the following:

| Comparator Groups | # of Employer Groups | # of PPO Plans | # of RX Plans |
|-------------------|----------------------|----------------|---------------|
| Government (GOVT) | 29                   | 39             | 66            |
| National (NATL)   | 1,704                | 1,719          | 3,529         |

# UnitedHealthcare (UHC) City Plan Benefits

**Medical**

## Preferred Provider Organization (PPO)—In-Network Comparison

| Medical PPO Coverage  |            | SFHSS              | Aon Bench |         | Benefit SpecSelect |         |
|-----------------------|------------|--------------------|-----------|---------|--------------------|---------|
|                       |            | UHC                | GOVT      | NATL    | GOVT               | NATL    |
| Individual Deductible |            | \$250              | \$500     | \$500   | \$500              | \$538   |
| Family Deductible     |            | \$750              | \$1,000   | \$1,200 | \$1,200            | \$1,250 |
| Individual OOPM       |            | \$3,750            | \$2,500   | \$2,550 | \$3,000            | \$3,000 |
| Family OOPM           |            | \$12,700           | \$5,000   | \$6,000 | \$6,000            | \$6,750 |
| Coinsurance           |            | 15%                | 10%       | 10%     | 20%                | 20%     |
| <b>Copays</b>         |            |                    |           |         |                    |         |
| Office Visit          | PCP        | 15% <sup>[1]</sup> | \$20      | \$20    | \$25               | \$25    |
|                       | Specialist | 15% <sup>[1]</sup> | \$25      | \$35    | \$45               | \$40    |
| Hospital              | Per day    | N/A                | \$100     | \$175   | N/A                | \$100   |
|                       | Admission  | 15% <sup>[1]</sup> | \$250     | \$250   | \$250              | \$250   |
| Outpatient Surgery    |            | 15% <sup>[1]</sup> | \$100     | \$100   | N/A                | N/A     |
| Emergency Room        |            | 15% <sup>[1]</sup> | \$100     | \$115   | \$100              | \$150   |

# UnitedHealthcare (UHC) City Plan Benefits

Medical

## Preferred Provider Organization (PPO)—In-Network Comparison

| Medical PPO Coverage       | SFHSS | Aon Bench |       | Benefit SpecSelect <sup>[2]</sup> |       |
|----------------------------|-------|-----------|-------|-----------------------------------|-------|
|                            | UHC   | GOVT      | NATL  | GOVT                              | NATL  |
| <b>Retail (30 day)</b>     |       |           |       |                                   |       |
| Generic Drugs              | \$5   | \$10      | \$10  | \$9                               | \$10  |
| Brand Drugs                | \$20  | \$30      | \$30  | \$30                              | \$30  |
| Non-Formulary Drugs        | \$45  | \$50      | \$50  | \$50                              | \$50  |
| <b>Mail Order (90 day)</b> |       |           |       |                                   |       |
| Generic Drugs              | \$10  | \$20      | \$20  | \$20                              | \$20  |
| Brand Drugs                | \$40  | \$60      | \$60  | \$60                              | \$60  |
| Non-Formulary Drugs        | \$90  | \$100     | \$113 | \$105                             | \$110 |

### NOTE:

Benefit SpecSelect specialty drug data can be found on pages 13 – 14

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

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- [1] UHC benefits are paid after member has met the deductible.
- [2] Benefit SpecSelect 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**—Benchmarks reflect 2016 Medical 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) | 38             | 63         |
| National (NATL)   | 285            | 466        |

**Benefit SpecSelect**—The selected comparator groups represent the following:

| Comparator Groups | # of Employer Groups | # of PPO Plans | # of RX Plans |
|-------------------|----------------------|----------------|---------------|
| Government (GOVT) | 29                   | 16             | 66            |
| National (NATL)   | 1,704                | 529            | 3,529         |

# Blue Shield of California (BSC) Benefits

**Medical**

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

| Medical HMO Coverage  |            | SFHSS               | Aon Bench |         | Benefit SpecSelect |         |
|-----------------------|------------|---------------------|-----------|---------|--------------------|---------|
|                       |            | BSC                 | GOVT      | NATL    | GOVT               | NATL    |
| Individual Deductible |            | None                | \$500     | \$500   | \$750              | \$450   |
| Family Deductible     |            | None                | \$1,000   | \$1,000 | \$1,500            | \$1,000 |
| Individual OOPM       |            | \$2,000             | \$2,425   | \$2,000 | \$2,500            | \$2,500 |
| Family OOPM           |            | \$4,000             | \$4,850   | \$5,000 | \$5,000            | \$5,000 |
| Coinsurance           |            | N/A                 | N/A       | N/A     | N/A                | N/A     |
| <b>Copays</b>         |            |                     |           |         |                    |         |
| Office Visit          | PCP        | \$25                | \$20      | \$20    | \$20               | \$20    |
|                       | Specialist | \$30 <sup>[1]</sup> | \$25      | \$30    | \$40               | \$40    |
| Hospital              | Per day    | N/A                 | \$150     | \$200   | \$250              | \$100   |
|                       | Admission  | \$200               | \$250     | \$250   | \$300              | \$250   |
| Outpatient Surgery    |            | \$100               | \$125     | \$100   | N/A                | N/A     |
| Emergency Room        |            | \$100               | \$100     | \$100   | \$125              | \$100   |

# Blue Shield of California (BSC) Benefits

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

| Medical HMO Coverage       | SFHSS | Aon Bench |       | Benefit SpecSelect <sup>[2]</sup> |       |
|----------------------------|-------|-----------|-------|-----------------------------------|-------|
|                            | BSC   | GOVT      | NATL  | GOVT                              | NATL  |
| <b>Retail (30 day)</b>     |       |           |       |                                   |       |
| Generic Drugs              | \$10  | \$10      | \$10  | \$9                               | \$10  |
| Brand Drugs                | \$25  | \$28      | \$30  | \$30                              | \$30  |
| Non-Formulary Drugs        | \$50  | \$50      | \$50  | \$50                              | \$50  |
| <b>Mail Order (90 day)</b> |       |           |       |                                   |       |
| Generic Drugs              | \$20  | \$20      | \$20  | \$20                              | \$20  |
| Brand Drugs                | \$50  | \$50      | \$60  | \$60                              | \$60  |
| Non-Formulary Drugs        | \$100 | \$100     | \$100 | \$105                             | \$110 |

**NOTE:**

Benefit SpecSelect specialty drug data can be found on pages 13 – 14

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

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- [1] Specialist Office Visit—\$25 per visit for allergy testing and treatment and \$30 per Access+ 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).
- [2] Benefit SpecSelect 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

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

| Medical HMO Coverage  |            | SFHSS   | Aon Bench |         | Benefit SpecSelect |         |
|-----------------------|------------|---------|-----------|---------|--------------------|---------|
|                       |            | KP      | GOVT      | NATL    | GOVT               | NATL    |
| Individual Deductible |            | None    | \$500     | \$500   | \$750              | \$450   |
| Family Deductible     |            | None    | \$1,000   | \$1,000 | \$1,500            | \$1,000 |
| Individual OOPM       |            | \$1,500 | \$2,425   | \$2,000 | \$2,500            | \$2,500 |
| Family OOPM           |            | \$3,000 | \$4,850   | \$5,000 | \$5,000            | \$5,000 |
| Coinsurance           |            | N/A     | N/A       | N/A     | N/A                | N/A     |
| <b>Copays</b>         |            |         |           |         |                    |         |
| Office Visit          | PCP        | \$20    | \$20      | \$20    | \$20               | \$20    |
|                       | Specialist | \$20    | \$25      | \$30    | \$40               | \$40    |
| Hospital              | Per day    | N/A     | \$150     | \$200   | \$250              | \$100   |
|                       | Admission  | \$100   | \$250     | \$250   | \$300              | \$250   |
| Outpatient Surgery    |            | \$35    | \$125     | \$100   | N/A                | N/A     |
| Emergency Room        |            | \$100   | \$100     | \$100   | \$125              | \$100   |

# Kaiser Permanente (KP) Benefits

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

| Medical HMO Coverage       | SFHSS               | Aon Bench |       | Benefit SpecSelect <sup>[3]</sup> |       |
|----------------------------|---------------------|-----------|-------|-----------------------------------|-------|
|                            | KP                  | GOVT      | NATL  | GOVT                              | NATL  |
| <b>Retail (30 day)</b>     |                     |           |       |                                   |       |
| Generic Drugs              | \$5                 | \$10      | \$10  | \$9                               | \$10  |
| Brand Drugs                | \$15 <sup>[1]</sup> | \$28      | \$30  | \$30                              | \$30  |
| Non-Formulary Drugs        | N/A <sup>[2]</sup>  | \$50      | \$50  | \$50                              | \$50  |
| <b>Mail Order (90 day)</b> |                     |           |       |                                   |       |
| Generic Drugs              | \$10                | \$20      | \$20  | \$20                              | \$20  |
| Brand Drugs                | \$30                | \$50      | \$60  | \$60                              | \$60  |
| Non-Formulary Drugs        | N/A <sup>[2]</sup>  | \$100     | \$100 | \$105                             | \$110 |

#### NOTE:

Benefit SpecSelect specialty drug data can be found on pages 13 – 14

### 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] Physician Authorized Only.
- [3] Benefit SpecSelect 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                        | N/A    | 4.36%         |
| Same as non-formulary                    | 12.12% | 5.92%         |
| Same as retail formulary                 | N/A    | 0.26%         |
| Same as retail non-formulary             | 3.03%  | 0.34%         |
| Same as formulary / non-formulary        | 18.18% | 18.62%        |
| Same as retail formulary / non-formulary | 3.03%  | 1.50%         |
| <b>Same as non-specialty</b>             | 13.64% | <b>25.87%</b> |
| Same as retail non-specialty             | 3.03%  | 0.96%         |

## Benefit SpecSelect—Prevalence of Coverage

Table is continued from the previous page:

| Benefit SpecSelect                       | GOVT          | NATL   |
|--|---------------|--------|
| <b>Different specialty drug coverage</b> | <b>39.39%</b> | 21.71% |
| Data not provided                        | 4.55%         | 18.28% |
| Other (e.g., varies by carrier)          | N/A           | 1.13%  |
| Not covered                              | 3.03%         | 1.05%  |

# Medical Plan Design Benchmarking Abbreviations

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## Abbreviations:

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

**PCP** = Primary Care Physician

## Comparator Groups Overview

**Aon Bench**—Benchmarks reflect 2016 Dental plan data. The selected comparator groups represent the following:

| Comparator Groups | # of Employers | # of Plans |
|-------------------|----------------|------------|
| Government (GOVT) | 89             | 132        |
| National (NATL)   | 920            | 1,485      |

**Benefit SpecSelect**—The selected comparator groups represent the following:

| Comparator Groups | # of Employer Groups | # of Plans |
|-------------------|----------------------|------------|
| Government (GOVT) | 29                   | 69         |
| National (NATL)   | 1,704                | 2,963      |

## Dental Preferred Provider Organization (DPPO)

| Dental PPO Coverage                |            | SFHSS              |        |        | Aon Bench |         | Benefit SpecSelect |         |
|------------------------------------|------------|--------------------|--------|--------|-----------|---------|--------------------|---------|
|                                    |            | Delta Dental       |        |        |           |         | GOVT               | NATL    |
|                                    |            | Tier 1             | Tier 2 | Tier 3 |           |         |                    |         |
| 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 |
| <b>Plan Pays:</b>                  |            |                    |        |        |           |         |                    |         |
| Diagnostic and Preventive Services |            | 100%               | 100%   | 80%    | 100%      | 100%    | 100%               | 100%    |
| Basic Services                     |            | 90%                | 80%    | 60%    | 80%       | 80%     | 80%                | 80%     |
| Major Services                     |            | 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>Plan Pays:</b>   |       |              |         |         |           |         |                    |         |
| Orthodontia         |       | 50%          | 50%     | 50%     | 50%       | 50%     | N/A                | N/A     |
| Lifetime Maximum    | 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**—Data reflects all dental plan options including DHMOs.

Employers provide dental coverage for Post-Medicare Retirees as follows:

**GOVT Employers: 55.17%**

**NATL Employers: 14.96%**

## Comparator Groups Overview

**Aon Bench**—Benchmarks reflect 2016 Dental plan data filtered on In-Network plans only. The selected comparator groups represent the following:

| Comparator Groups | # of Employers | # of Plans |
|-------------------|----------------|------------|
| Government (GOVT) | 28             | 33         |
| National (NATL)   | 199            | 233        |

**Benefit SpecSelect**—The selected comparator groups represent the following:

| Comparator Groups | # of Employer Groups | # of Plans |
|-------------------|----------------------|------------|
| Government (GOVT) | 29                   | 69         |
| National (NATL)   | 1,704                | 2,963      |

## Dental Health Maintenance Organization (DHMO)

| Dental HMO Coverage                |            | SFHSS                        | Aon Bench |         | Benefit SpecSelect |         |
|------------------------------------|------------|------------------------------|-----------|---------|--------------------|---------|
|                                    |            | DeltaCare USA <sup>[1]</sup> | GOVT      | NATL    | GOVT               | NATL    |
|                                    |            |                              |           |         |                    |         |
| Deductible                         | Individual | None                         | N/A       | \$50    | \$50               | \$50    |
|                                    | Family     | None                         | N/A       | \$150   | \$150              | \$150   |
| Plan Year Maximum                  |            | None                         | N/A       | \$1,500 | \$1,500            | \$1,500 |
| <b>Plan Pays</b>                   |            |                              |           |         |                    |         |
| Diagnostic and Preventive Services |            | 100%                         | 100%      | 100%    | 100%               | 100%    |
| Basic Services                     |            | 100%                         | 100%      | 100%    | 80%                | 80%     |
| Major Services                     |            | 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    |
|                         | Orthodontia                  | Plan Pays |         | Plan Pays          |         |
| Child                   | \$1,600                      | 50%       | N/A     | N/A                | N/A     |
| Adult                   | \$1,800                      |           |         |                    |         |
| <b>Lifetime Maximum</b> |                              |           |         |                    |         |
| Child                   | None                         | \$1,250   | \$1,500 | \$1,500            | \$1,500 |
| Adult                   | None                         |           |         | N/A                | N/A     |

**Benefit SpecSelect**—Data reflects all dental plan options including DPPOs.

Employers provide dental coverage for Post-Medicare Retirees as follows:

**GOVT Employers: 55.17%**

**NATL Employers: 14.96%**

## 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.

### Dental Health Maintenance Organization (DHMO)

| Dental HMO Coverage                |            | SFHSS              | Aon Bench |         | Benefit SpecSelect |         |
|------------------------------------|------------|--------------------|-----------|---------|--------------------|---------|
|                                    |            | UHC <sup>[1]</sup> | GOVT      | NATL    | GOVT               | NATL    |
| Deductible                         | Individual | None               | N/A       | \$50    | \$50               | \$50    |
|                                    | Family     | None               | N/A       | \$150   | \$150              | \$150   |
| Plan Year Maximum                  |            | None               | N/A       | \$1,500 | \$1,500            | \$1,500 |
| <b>Plan Pays</b>                   |            |                    |           |         |                    |         |
| Diagnostic and Preventive Services |            | 100%               | 100%      | 100%    | 100%               | 100%    |
| Basic Services                     |            | 100%               | 100%      | 100%    | 80%                | 80%     |
| Major Services                     |            | 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> |         | <b>Plan Pays</b>   |         |
| Child                   | \$1,250                    | 50%              | N/A     | N/A                | N/A     |
| Adult                   | \$1,250                    |                  |         |                    |         |
| <b>Lifetime Maximum</b> |                            |                  |         |                    |         |
| Child                   | None                       | \$1,250          | \$1,500 | \$1,500            | \$1,500 |
| Adult                   | None                       |                  |         | N/A                | N/A     |

**Benefit SpecSelect**—Data reflects all dental plan options including DPPOs.

Employers provide dental coverage for Post-Medicare Retirees as follows:

**GOVT Employers: 55.17%**

**NATL Employers: 14.96%**

### 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**—Benchmarks reflect 2016 Vision plan data. The selected comparator groups represent the following:

| Comparator Groups | # of Employers | # of Plans |
|-------------------|----------------|------------|
| Government (GOVT) | 67             | 76         |
| National (NATL)   | 773            | 913        |

### **Please Note:**

Benefit SpecSelect does not provide vision plan design data for benchmarking.

## Vision Service Plan (VSP) Benefits

| Vision Coverage         | SFHSS                               | Aon Bench |      |
|-------------------------|-------------------------------------|-----------|------|
|                         | VSP Vision Care <sup>[1]</sup>      | GOVT      | NATL |
| <b>Covered Services</b> |                                     |           |      |
| Exam Copay              | \$10                                | \$10      | \$10 |
| Lenses Copay            | \$25 copay for prescription glasses | \$20      | \$20 |
| Frames Copay            |                                     | \$20      | \$25 |

### [1] VSP Vision Care—Prescription Glasses Benefit:

- Frequency—every 24 months
- Frame allowance—\$150 (\$80 at Costco and \$170 for featured frames)
- 20% savings on the amount over the frame allowance
- Contacts—\$150 allowance (instead of glasses)—copay does not apply
- Contact lens exam—up to \$60 (fitting and evaluation)