File No. 120755

Committee Item No. 9
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Sub-Committee **Date** 7/18/12

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Completed by: Victor Young **Date** July 13, 2012
Completed by: Victor Young **Date** _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document can be found in the file.

FILE NO. 120755 RESOLUTION NO.

[Establishing Monthly Contribution Amount - Health Service Trust Fund]

Resolution establishing monthly contribution amount to Health Service Trust Fund.

WHEREAS, Under Section A8.423 of Appendix A to the City Charter, the Health Service Board (the "HS Board") is required to conduct a survey of the ten counties in the State of California, other than the City and County of San Francisco, having the largest populations to determine the average contribution made by each such county toward the providing of health care plans, exclusive of dental or optical care, for each employee of such county; and,

WHEREAS, Under Section A8.423, the HS Board is required to certify to the Board of Supervisors "the average contribution" as determined by the survey; and,

WHEREAS, According to the California Department of Finance, the ten most populous counties in the State of California other than San Francisco (in descending order of population) are: Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa and Fresno (collectively, the "Survey Counties"); and,

WHEREAS, According to the survey of each of the Survey Counties which was completed on June 14, 2012, a copy of which is on file with the Clerk of the Board of Supervisors in File No. 120755, which is hereby declared to be a part of this resolution as if set forth fully herein, the HS Board has determined that "the average contribution" is the sum of **five hundred thirty-four dollars and seventy-eight cents ($534.78);** and,

WHEREAS, The HS Board has certified "the average contribution" to the Board of Supervisors as required by Charter Section A8.423; now, therefore, be it

RESOLVED, That the certification by the HS Board of "the average contribution" is hereby accepted and shall constitute the monthly amount to be contributed to the Health Service Trust Fund for Plan Year starting January 1, 2013 and ending December 31, 2013.

Items 8 and 9 Files 12-0754 and 12-0755	Department Health Service System (HSS)

EXECUTIVE SUMMARY

Legislative Objective

- The proposed ordinance (File 12-0754) would amend Administrative Code Section 16.703, establishing the Health Service System's calendar year (CY) 2013 health, vision, and dental plans and premiums.
- The proposed resolution (File 12-0755) would approve the CY 2013 employers' health plan premium contribution of $534.78 per member per month.

Fiscal Impact

- Under Proposition C, approved by the voters in November 2011, the Health Service System will implement health plans on the calendar year rather than the fiscal year, as of January 1, 2013. In order to implement Proposition C, the Board of Supervisors previously approved Health Service System health plans and premiums for the six-month period from July 1, 2012 through December 31, 2012 (Files 12-0050 and 12-0051).
- The total costs for the City, employees, retirees, and their dependents of $591,749,136 in CY 2013 for the health, vision, and dental plans, and long-term disability and life insurance is $8,040,874 or 1.4% more than the annualized costs for these plans of $583,708,262 from July 1, 2012 through December 31, 2012.
- The City's contribution per employee toward the total monthly premium in CY 2013 is $534.78, which is $11.81 or 2.3% more than the City's contribution of $522.97 from July 1, 2012 through December 31, 2012.

Policy Issues

- The Health Service Board has proposed changing the Blue Shield HMO plan from a fully-insured plan to a flex funded plan. The flex funded plan differs from the fully-insured plan in that (1) under the fully-insured plan, Blue Shield pays all covered claims, while (2) under the flex funded plan, the Health Service System is responsible for paying aggregate claims that exceed the Blue Shield premium payments made by the City and employees. The Health Service System's responsibility for paying aggregate claims exceeding premium payments is capped at 125% of the total amount of the premium payments. The Health Service Board has recommended the Blue Shield flex funded plan in order to reduce the increase in the Health Service System's employers', employees' and retirees' CY 2013 premium costs.
- Although the Blue Shield flex funded plan could result in savings to the Health Service System, the flex funded plan also transfers financial risk to the Health Service System if aggregate claims costs exceed premium payments to Blue Shield. Therefore, the Budget Analyst considers approval of the proposed Blue Shield flex funded plan in CY 2013 to be a policy matter for the Board of Supervisors.

Recommendations

- Approve Resolution 12-0755, setting the City's CY 2013 health plan premium contribution.
- Except for the Blue Shield flex funded plan, approve Ordinance 12-0754, establishing the Health Service System's plans and premiums for the Kaiser Health Plan, the City Health Plan, the vision plans, and the dental plans, and life insurance and long term disability payments.
- Approval of the Blue Shield flex funded plan under Ordinance 12-0754 is a policy matter for the Board of Supervisors.

MANDATE STATEMENT/BACKGROUND

The Health Service Board oversees the Health Service System. The Health Service System administers non-pension benefits, including health, dental, vision, and other benefits that may be available to City employees, such as life and long term disability insurance.

The Health Service Board adopts the annual health, vision, and dental plans, and the respective plan premiums and premium equivalents paid by employers and members.

- Health Service System employers include the City and County of San Francisco ("City"), the San Francisco Unified School District (SFUSD), the San Francisco Community College District (CCD), and the San Francisco Superior Court (Superior Court).

- Health Service System members are active and retired employees of the above noted employers, their dependents, and members of eligible boards and commissions. Dependents include children, spouses, domestic partners, surviving spouses of deceased employees, and other legal dependents.

Under City Charter Section A8.423, the Health Service Board is required to (a) conduct a survey of the ten most populous California counties each year, excluding San Francisco, and (b) determine and set the health plan premiums paid by the City, employees, and retirees. The City's contribution to the health plan premiums for each plan member is equal to the average of the contributions made by each of the ten counties.

Proposition C

Under Proposition C, approved by San Francisco voters in November 2011, the Health Service Board had the option of changing the health plan year from the fiscal year to the calendar year. The Health Service Board adopted the calendar plan year in order to be eligible for other funds, such as the Federal Retiree Drug Subsidies, and to streamline some compliance and administration functions. In order to implement the revised health plan year, the Board of Supervisors previously approved a short plan year from July 1, 2012 through December 31, 2012

(Files 12-0051 and 12-0050). The Health Service Board is now requesting approval for the City's calendar year (CY) 2013 health, vision, and dental plans as discussed in detail below.

DETAILS OF PROPOSED LEGISLATION

File 12-0754: The proposed ordinance would amend Administrative Code Section 16.703 to (a) approve the Health Service Systems' CY 2013 health, vision, and dental plans and premiums, and life insurance and long term disability insurance.

File 12-0755: The proposed resolution would approve the CY 2013 City's health plan premium contribution of $534.78 per member per month.

Proposed Health and Vision Plans

The Health Service Board approved the Health Service System's various proposed health, vision and dental plans and monthly premiums for CY 2013 on April 12, 2012, May 10, 2012, June 1, 2012, June 14, 2012 and July 3, 2012. The Health Service System will continue to offer in calendar year 2013 the three health plans currently offered, as follows.

Kaiser Foundation Health Plan (Health Maintenance Organization or HMO)[1]

The Health Service Board adopted no plan design changes to the Kaiser HMO.

Blue Shield of California (Blue Shield) HMO

The Health Service Board adopted no plan design changes to the Blue Shield HMO.

City Plan Preferred Provider Organization (PPO)[2]

The City Plan is a self-funded plan administered by United HealthCare (UHC). The Health Service Board adopted plan design changes to the City Plan in CY 2013, as follows:

(1) The Health Service Board extended the time period for plan participants to meet annual deductible and out-of-pocket cost limits in CY 2013 by three months, from October 1, 2012 through December 31, 2012. This allows plan participants to apply a portion of the deductibles and out-of-pocket costs incurred during the previous short plan year from July 1, 2012 through December 31, 2012 to costs incurred in CY 2013. Extending the time period to apply deductible and out-of-pocket costs results in estimated cost increases to the City Plan of $969,000, of which $740,000 will be paid by the employers, including the City, and $229,000 will be paid by plan participants.

(2) The Health Service Board approved changing the Medicare pharmacy plan to a Federal Centers for Medicare and Medicaid Services (CMS) subsidized Employer Group Waiver

[1] An HMO offers care through a closed panel of providers, in which members select a primary care physician, who coordinate care to direct access to medical services.

[2] Under a PPO, physicians, hospitals, and other providers contract with a third-party administrator or insurer to provide health care at reduced rates to members.

Plan (EGWP) from the current Retired Drug Subsidy plan. Health Service System is expected to achieve $2,325,000 in annual savings under the Employer Group Waiver Plan. Under the EGWP plan, the Health Service Board approved reducing the number of drugs eligible for reimbursement under the City Plan's formulary by 14. Current City Plan participants who use these 14 drugs would continue to be eligible for reimbursement.

Vision Plans

Members enrolled in one of the three health plans receive vision benefits through VSP, a third party insurer. Monthly premium costs for vision plans are included in the monthly health plan premiums shown in Table 1 below.

Health Plan Premium Increases

Total monthly premiums for single employees (with no dependents), participating in the three health plans in CY 2013 will increase by 1.3% to 6.4%, as shown in Table 1 below. Details of premium increases for all employees and retirees are contained in the July 9, 2012 memorandum to the Board of Supervisors, provided by the Health Service System Director.

Table 1
Total Monthly Health Plan Premium for Single Employees in CY 2013

	Proposed CY 2013	July 1, 2012 through December 31, 2012	Increase	Percent Change
City Health Plan	$1,258.97	$1,237.46	$21.51	1.7%
Kaiser	$537.02	$530.01	$7.01	1.3%
Blue Shield	$647.16	$608.43	$38.73	6.4%

The City's Monthly Premium Costs

The City's contribution per employee toward the total monthly health plan premium is based on a survey of California's 10 most populous counties, as required by the Charter. The City's contribution per employee toward the total monthly premium in CY 2013 is $534.78, which is $11.81 or 2.3% more than the City's contribution of $522.97 from July 1, 2012 through December 31, 2012. The Attachment provides the results of the 10-county survey.

Blue Shield Premium Stabilization

The Health Service System received a credit from Blue Shield of $18.9 million in 2012 as part of Blue Shield's 2 Percent Pledge program, in which Blue Shield credits customer's net income exceeding 2% of revenue. The Health Service Board approved use of $5.2 million of the $18.9 million credit to stabilize premiums for dependents and reduce the impact of Blue Shield premium increases from July 1, 2012 through December 31, 2012, leaving a balance of $13.7 million.

In order to reduce proposed Blue Shield premium increases in CY 2013 and stabilize membership, the Health Service Board has approved (1) using $5.0 million of the unexpended balance of $13.7 million to offset premium costs for dependents, and (2) moving active employees and non-Medicare retirees from a fully insured HMO to a "flex funded" health plan, as discussed in the Policy Consideration section below.

City Health Plan Premiums

The City Health Plan is self-funded. Premiums are deposited into the Health Service System Trust Fund and used to pay claims. Monthly premium amounts are based on claims experience for each type of plan member: active employees, retirees with Medicare, and retirees without Medicare. In CY 2013, City Health Plan premiums include the costs savings noted above, and cost increases due to the 3-month extension for deductibles and out-of-pocket costs, noted above.

Contingency and Stabilization Amounts

The Health Service System also sets aside a portion of the Health Service System Trust Fund balance[3]to (a) provide contingencies for the self-funded City Plan and self-funded dental plan, Delta Dental PPO; and (b) stabilize the City Plan and employees' dental plan premium increases by including prior years' premium revenue surpluses or shortfalls when calculating required premiums in the new plan year.

The CY 2013 contingency amount, as calculated by the Health Service System's actuary, Aon Hewitt, is $10,900,000, of which $7,200,000 is the City Health Plan contingency and $3,700,000 is the Delta Dental PPO contingency.

The CY 2013 stabilization amount is $38,000.

Proposed Dental Plans

The Health Service System offers three dental plans, including one PPO, Delta Dental PPO, and two HMOs, Delta Care USA and Pacific Union Dental. The Health Service Board has recommended the following changes to the Delta Dental PPO plan:

(1) Members' payments for dental exams, x-rays, and cleanings for providers not in the PPO network were increased from 0% to 20% of billed services;

(2) Members' payments for extractions, fillings, endodontic/root canal procedures, and oral surgery for providers not in the PPO network were increased from 20% to 40% of billed services;

(3) Members' payments for crowns and cast restorations for providers not in the PPO network were increased from 20% to 50% of billed services;

(4) Lifetime maximum benefits for child orthodontics were decreased from $2,500 to $2,000 for Premier network providers[4] and $1,500 for out-of-network providers; and

[3] As of May 2012 the Health Service System Trust Fund balance was $57.1 million.
[4] Delta Dental has three contracted networks: Premier, PPO, and PPO plus Premier.

(5) Lifetime maximum benefits for adult orthodontics were decreased from $2,500 to $1,500 for PPO network providers, $1,000 for Premier network providers, and $500 for out-of-network providers.

The changes above are expected to achieve $591,000 in annual savings. The City contributes the full monthly premium for active employees for the two HMOs. The City contributes a portion of the monthly premium for active employees for Delta Dental PPO, as shown in Table 2 below. The City does not contribute to the monthly dental premium for retired employees.

Table 2
Total Monthly Dental Premiums

	CY 2013	July 1, 2012 to December 31, 2012	Increase/ Decrease	Percent
Delta Care USA HMO				
Single Employee	$26.00	$26.00	$0.00	0.0%
Employee + One Dependent	$42.90	$42.90	$0.00	0.0%
Employee + Two or More Dependents	$63.45	$63.45	$0.00	0.0%
Pacific Union Dental HMO				
Single Employee	$27.80	$27.80	$0.00	0.0%
Employee + One Dependent	$45.90	$45.90	$0.00	0.0%
Employee + Two or More Dependents	$67.86	$67.86	$0.00	0.0%
Delta Dental PPO				
Single Employee (Total Premium)	$63.47	$64.35	($0.88)	(1.4%)
Less Employee Contribution	($5.00)	($5.00)	$0.00	0.0%
City's Contribution	$58.47	$59.35	($0.88)	(1.5%)
Employee + One Dependent (Total Premium)	$133.29	$135.14	($1.85)	(1.4%)
Less Employee Contribution	($10.00)	($10.00)	$0.00	0.0%
City's Contribution	$123.29	$125.14	($1.85)	(1.5%)
Employee + Two or More Dependents (Total Premium)	$190.42	$193.06	($2.64)	(1.4%)
Less Employee Contribution	($15.00)	($15.00)	$0.00	0.0%
City's Contribution	$175.42	$178.06	($2.64)	(1.5%)

Life and Long Term Disability Insurance

The Health Service System selected Aetna Life Insurance Company through a Request for Proposal (RFP) process to provide life and long term disability insurance to City employees eligible for coverage through the Memoranda of Understanding between the City and the respective unions.

FISCAL ANALYSIS

As shown in Table 3 below, the total City, employee, and retiree costs for the health, vision, and dental plans, and long-term disability and life insurance will increase by $8,040,874, or 1.4%, from $583,708,262 for July 1, 2012 through December 31, 2012 (annualized) to $591,749,136 in

CY 2013.[5] Attachment II, provided by the Health Service System, gives cost details for the City and for employees and retirees.

Table 3
Total Health and Other Plan Costs for the City, Employees, and Retirees in CY 2013 Compared to Annualized Costs for the Six-Month Period from July 2012 through December 2012

	2012 (July 1, 2012 through December 31, 2012 annualized)	CY 2013 (January 1, 2013 through December 31, 2012)	Total Costs Increase/ (Decrease)	Percent
Kaiser HMO	$232,160,501	$234,735,416	$2,574,914	1.1%
Blue Shield HMO	251,104,950	258,173,555	7,068,605	2.8%
City Plan	59,476,200	60,288,439	812,240	1.4%
Subtotal Health and Vision Plan	542,741,651	553,197,410	10,455,759	1.9%
Dental Plans	34,166,319	33,705,642	(460,678)	(1.3%)
Long Term Disability and Life Insurance	6,800,292	4,846,084	(1,954,208)	(28.7%)
Total City, Employees, and Retirees	**$583,708,262**	**$591,749,136**	**$8,040,874**	**1.4%**

POLICY CONSIDERATION

The Health Service Board has proposed changing the Blue Shield HMO plan from a fully insured plan to a flex funded plan.

The flex funded plan differs from the fully-insured plan in that (1) under the fully insured plan, Blue Shield pays all covered claims, while (2) under the flex funded plan, the Health Service System is responsible for paying aggregate claims that exceed Blue Shield premium payments made by the City and employees. Under the proposed flex funded plan, the Health Service System would pay for aggregate claims costs that are more than 100% of premium payments to Blue Shield up to a cap of 125%[6].

According to Dr. Catherine Dodd, Health Service System Director, the $5 million stabilization payment (see above) combined with the flex funded plan will reduce the amount of Blue Shield premium cost increases that the City and employees would have otherwise paid. The Health Service System estimates that CY 2013 total premium cost increases for the flex funded plan are $20.7 million less than for the fully-insured plan, as shown in Table 4 below.

[5] City costs are funded by General Fund and non-General Fund sources.
[6] For example, if the City's premium payments to Blue Shield, including employer and employee payments, were $200 million in CY 2013, the Health Service System would be responsible for paying aggregate claim costs that exceed $200 million up to a cap of $250 million.

Table 4
Comparison of Blue Shield Cost Increases under Fully Funded and Flex Funded Plan For All Health Service System Employers and Members

	Estimated CY 2013 Premium Increase[1]		
	Fully Funded Plan	**Flex Funded Plan**	**Savings Under Flex Funded Plan**
Employer Costs	$14,900,000	$2,000,000	$12,900,000
Member Costs	14,900,000	7,100,000	7,800,000
Total	$29,800,000	$9,100,000	$20,700,000

Source: Health Service System Report to the July 3, 2012 Health Service Board

[1] Includes $5 million stabilization amount

In order to meet potential claims costs that exceed premium payments, the Health Service System actuary, Aon Hewitt, has proposed reserves totaling $24 million, including a claim stabilization reserve of $7 million from the unexpended balance of the 2012 Blue Shield credit, and an additional reserve of $17 million that will be funded over time from excess premiums collected for the Blue Shield plan over claims.

The Health Service System previously offered a flex funded health plan through PacifiCare from July 1, 2007 through June 30, 2009, in which the City was responsible for paying claims that exceeded premium payments to PacifiCare. According to the Health Service System, PacifiCare underestimated the claims costs for active employees and non-Medicare retirees and set premiums too low. As a result, PacifiCare collected $83 million in premiums and spent $105 million in claims, a shortfall of $22 million from July 1, 2007 through June 30, 2009. Under the flex funded plan, the City was responsible for paying the $22 million shortfall in premiums compared to claims. In order to increase the Health Service System Trust Fund balance sufficiently to pay the $22 million shortfall when the City terminated the PacifiCare flex funded plan, the City increased premiums to Blue Shield, Kaiser and the City Health Plan members from 2009 to 2012.

According to Dr. Dodd, the Health Service System will be better able to manage the Blue Shield flex funded plan than the Health Service System was able to manage the PacifiCare flex funded plan because implementation of the Blue Shield Accountable Care Organizations[7] have resulted in decreased utilization and claims costs. Additionally, the Blue Shield flex funded plan will be the only HMO offered other than the Kaiser Health Plan HMO, whereas when PacifiCare was

[7] Under Accountable Care Organization programs, insurers provide incentives to providers through shared savings programs for improving the quality of care and reducing costs. Quality and costs of care are monitored through utilization data, case management, and other protocols.

the offered flex plan, the Health Service System also offered the Blue Shield HMO and the Kaiser Health Plan HMO.

Although the Blue Shield flex funded plan could result in savings to the Health Service System, the flex funded plan also transfers financial risk to the Health Service System if claims costs exceed premium payments to Blue Shield. Therefore, the Budget Analyst considers approval of the proposed Blue Shield flex funded plan in CY 2013 to be a policy matter for the Board of Supervisors.

RECOMMENDATIONS

- Approve Resolution 12-0755, setting the City's CY 2013 health plan premium contribution.
- Except for the Blue Shield flex funded plan, approve Ordinance 12-0754, establishing the Health Service System's plans and premiums for the Kaiser Health Plan, the City Health Plan, the vision plans, and the dental plans, and life insurance and long term disability payments.
- Approval of the Blue Shield flex funded plan under Ordinance 12-0754 is a policy matter for the Board of Supervisors.

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2012-2013 10-COUNTY SURVEY

Average of Employer Contributions

Rank	County	2003 2004	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	3 Yr Annual Trend	Trend Factor	2013 Result
1	Los Angeles	272.27	276.16	316.07	338.55	362.55	383.10	415.91	457.56	478.56	499.57	6.3%	1.03	515.07
2	San Diego	207.95	262.38	267.86	363.48	305.87	327.00	363.48	364.00	406.00	432.20	5.9%	1.03	444.86
3	Orange	383.50	395.83	374.13	380.63	387.92	338.64	372.44	383.75	434.41	485.10	9.2%	1.05	506.94
4	Riverside	275.61	317.55	364.69	391.53	462.05	469.65	491.27	488.44	513.02	537.43	3.0%	1.02	545.54
5	San Bernardino[1]	242.53	298.45	333.57	299.72	313.73	368.67	377.35	397.51	399.70	398.98	1.9%	1.00	398.98
6	Santa Clara[1]	288.18	342.10	382.32	438.49	479.93	515.52	563.19	608.44	655.97	643.13	4.5%	1.00	643.13
7	Alameda	265.38	276.28	316.40	342.11	398.35	440.58	497.76	521.89	541.06	575.00	4.9%	1.02	588.99
8	Sacramento	308.98	315.25	363.89	422.13	480.54	480.76	516.78	561.35	637.98	667.02	8.9%	1.04	696.00
9	Contra Costa	267.55	299.35	336.62	366.77	407.86	438.47	470.02	495.15	521.90	540.43	4.8%	1.02	553.15
10	Fresno	300.16	345.67	399.71	390.06	432.64	425.58	425.43	450.43	450.80	450.80	1.9%	1.01	455.17
	Average	**281.21**	**312.90**	**345.53**	**373.45**	**403.14**	**418.80**	**449.37**	**472.85**	**503.94**	**522.97**	**5.2%**	**1.02**	**534.78**

Increase Over Prior Year

Rank	County	2003 2004	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013
1	Los Angeles	8.49%	1.43%	14.45%	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%
2	San Diego	15.55%	26.17%	2.09%	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%
3	Orange	-1.89%	3.22%	-5.48%	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%
4	Riverside	23.19%	15.22%	14.84%	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%
5	San Bernardino[1]	8.59%	23.06%	11.77%	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%
6	Santa Clara[1]	21.73%	18.71%	11.76%	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%
7	Alameda	21.57%	4.11%	14.52%	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%
8	Sacramento	18.91%	2.03%	15.43%	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%
9	Contra Costa	27.50%	11.89%	12.45%	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%
10	Fresno	9.81%	15.16%	15.63%	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%
	Average	**13.99%**	**11.27%**	**10.43%**	**8.05%**	**7.98%**	**3.88%**	**7.30%**	**5.23%**	**6.57%**	**3.78%**	**2.26%**

[1]Plan year's for these counties are not calendar year. Contributions for these counties are for the last 6 months of the calendar year and first 6 months of the next year.

Attachment C

Calendar Year 2013 City and County of San Francisco (City) Employer, Employee, and Retiree Premium Costs

	2012 (July 1, 2012 through December 31, 2012 annualized)	2013 (January 1, 2013 through December 31, 2012)	Increase/ (Decrease)	Percent
City Costs				
Kaiser HMO	$210,568,789	$213,512,253	$2,943,463	1.4%
Blue Shield HMO	214,945,137	220,221,904	5,276,767	2.5%
City Plan	47,381,423	48,002,758	621,335	1.3%
Subtotal Health and Vision Plan	472,895,349	481,736,914	8,841,565	1.9%
Dental Plans	31,584,164	31,123,486	(460,678)	(1.5%)
Long Term Disability and Life Insurance	6,729,515	4,784,845	(1,944,670)	(28.9%)
Total City Costs	**$511,209,028**	**$517,645,245**	**$6,436,217**	**1.3%**
Employee and Retiree Costs				
Kaiser HMO	$21,591,712	$21,223,163	($368,549)	(1.7%)
Blue Shield HMO	36,159,813	37,951,651	1,791,838	5.0%
City Plan	12,094,777	12,285,682	190,905	1.6%
Subtotal Health and Vision Plan	69,846,301	71,460,496	1,614,194	2.3%
Dental Plans	2,582,155	2,582,155	0	0.0%
Long Term Disability and Life Insurance	70,777	61,240	(9,537)	(13.5%)
Total Employee and Retiree Costs	**$72,499,234**	**$74,103,891**	**$1,604,657**	**2.2%**
Total Costs				
Kaiser HMO	$232,160,501	$234,735,416	$2,574,914	1.1%
Blue Shield HMO	251,104,950	258,173,555	7,068,605	2.8%
City Plan	59,476,200	60,288,439	812,240	1.4%
Subtotal Health and Vision Plan	542,741,651	553,197,410	10,455,759	1.9%
Dental Plans	34,166,319	33,705,642	(460,678)	(1.3%)
Long Term Disability and Life Insurance	6,800,292	4,846,084	(1,954,208)	(28.7%)
Total Costs	**$583,708,262**	**$591,749,136**	**$8,040,874**	**1.4%**

Source: Health Service System

Health Service System
CITY & COUNTY OF SAN FRANCISCO

MYHSS.ORG

Memorandum

DATE: July 9, 2012

TO: Supervisor Carmen Chu
Board of Supervisors

FROM: Catherine J. Dodd, PhD, RN
Director, Health Service System

RE: Annual Certification of 10-County Amount Pursuant to Section A8.423 of Appendix A to the City Charter – Plan Year 2013

Attached are the following documents relating to the above matter:

1. Certification to the Board of Supervisors, pursuant to Section A8.423 of Appendix A to the City Charter, of "the Average Contribution" as Determined by the Ten-County Survey Required under Such Charter Section, as adopted by the Health Service Board on June 14, 2012; and
2. Proposed Resolution Establishing Monthly Contribution Amount to Health Service Trust Fund.

We are happy to provide you with any additional reports or materials you may need in connection with the enclosed ordinance.

Attach.

cc: Members, Health Service Board (w/electronic attach.) (via email)
Erik Rapoport (w/electronic attach.) (via email)
Ben Rosenfield (w/electronic attach.) (via email)
Anil Kochhar (w/electronic attach.) (via email)
Tracey Loveridge (w/electronic attach.) (via email)

120755

1145 Market Street, 2ND Floor
San Francisco, CA 94103

Phone: (415) 554-1750
(800) 541-2266

Fax: (415) 554-1721

[2013 Certification of "the Average Contribution" Under Ten-County Survey]

CERTIFICATION TO THE BOARD OF SUPERVISORS, PURSUANT TO SECTION A8.423 OF APPENDIX A TO THE CITY CHARTER, OF "THE AVERAGE CONTRIBUTION" AS DETERMINED BY THE TEN-COUNTY SURVEY REQUIRED UNDER SUCH CHARTER SECTION.

WHEREAS, Pursuant to Section A8.423 of Appendix A to the City Charter, the Health Service Board (the "Board") is required to conduct a survey of the ten counties in the State of California, other than the City and County of San Francisco, having the largest populations to determine the average contribution made by each such county toward the providing of health care plans, exclusive of dental or optical care, for each employee of such county; and

WHEREAS, Pursuant to such Charter Section, the Board is required to certify to the Board of Supervisors "the average contribution" (as such term is defined in such Charter Section) as determined by such survey; and

WHEREAS, According to the State of California Department of Finance, the ten most populous counties in the State of California other than San Francisco (in descending order of population) are: Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda, Sacramento, Contra Costa and Fresno (collectively, the "Survey Counties"); and

WHEREAS, Under the survey of each of the Survey Counties which was completed on June 14, 2012 (a copy of which is attached as Exhibit A hereto and made a part hereof), the Board has determined that "the average contribution" is the sum of **five hundred thirty-four dollars and seventy-eight cents ($534.78)**; and

WHEREAS, The Board desires to certify "the average contribution" to the Board of Supervisors as required under Section A8.423 of Appendix A to the City Charter; now, therefore, be it

RESOLVED, That the Board hereby certifies to the Board of Supervisors that (a) the Board has conducted and completed as of June 14, 2012, a survey of the Survey Counties as required under Section A8.423 of Appendix A to the City Charter; and (b) "the average contribution" (as such term is defined in such Charter Section) determined under such survey is the sum of **five hundred thirty-four dollars and seventy-eight cents ($534.78)**; and, be it

FURTHER RESOLVED, That the Board hereby authorizes the Director of the Health Service System, to provide to or to execute and deliver to the Board of Supervisors, on behalf of the Board, such further information, certificates, assurances or other documents as the Board of Supervisors may require in connection with the current survey and certification required under Section A8.423 of Appendix A to the City Charter.

EXHIBIT A

Copy of Survey

Process

The City Charter specifies that the City and 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 average these averages to arrive at the 10-County Survey amount. To put the county contribution amounts into context, HSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

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

There were no changes to the plan design data collected for the short plan year, July–December 2012, and the plan design data collected for the 2013 plan year. (This short plan year was required in order to make the transition to a calendar-based plan year.) However, this same plan design data is provided in this report for reference. 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 $534.78 for plan year 2013 is 2.26% above $522.97, the 10-County average for the July to December 2012 short plan year. By calculating the compound impact of the 2.26% increase and the 3.78% increase for the July to December 2012 short plan year, the actuary Aon Hewitt arrived at a 12-month increase of 6.13%. This is in line with historic 10-County Survey trends.

There were no changes in contributions gathered for the 10-County survey for the 2013 plan year when compared to the data collected for the July–December 2012 plan year. The increase is solely the result of trending forward six months according to the 10-County Survey Calendar Year Change Rule.

2012-2013 10-COUNTY SURVEY

Average of Employer Contributions

Rank	County	2003 2004	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul–Dec	3 Yr Annual Trend	Trend Factor	2013 Result
1	Los Angeles	272.27	276.16	316.07	338.55	362.55	383.10	415.91	457.56	478.56	499.57	6.3%	1.03	515.07
2	San Diego	207.95	262.38	267.86	363.48	305.87	327.00	363.48	364.00	406.00	432.20	5.9%	1.03	444.86
3	Orange	383.50	395.83	374.13	380.63	387.92	338.64	372.44	383.75	434.41	485.10	9.2%	1.05	506.94
4	Riverside	275.61	317.55	364.69	391.53	462.05	469.65	491.27	488.44	513.02	537.43	3.0%	1.02	545.54
5	San Bernardino[1]	242.53	298.45	333.57	299.72	313.73	368.67	377.35	397.51	399.70	398.98	1.9%	1.00	398.98
6	Santa Clara[1]	288.18	342.10	382.32	438.49	479.93	515.52	563.19	608.44	655.97	643.13	4.5%	1.00	643.13
7	Alameda	265.38	276.28	316.40	342.11	398.35	440.58	497.76	521.89	541.06	575.00	4.9%	1.02	588.99
8	Sacramento	308.98	315.25	363.89	422.13	480.54	480.76	516.78	561.35	637.98	667.02	8.9%	1.04	696.00
9	Contra Costa	267.55	299.35	336.62	366.77	407.86	438.47	470.02	495.15	521.90	540.43	4.8%	1.02	553.15
10	Fresno	300.16	345.67	399.71	390.06	432.64	425.58	425.43	450.43	450.80	450.80	1.9%	1.01	455.17
	Average	**281.21**	**312.90**	**345.53**	**373.45**	**403.14**	**418.80**	**449.37**	**472.85**	**503.94**	**522.97**	**5.2%**	**1.02**	**534.78**

Increase Over Prior Year

Rank	County	2003 2004	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul–Dec	2013
1	Los Angeles	8.49%	1.43%	14.45%	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%
2	San Diego	15.55%	26.17%	2.09%	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%
3	Orange	-1.89%	3.22%	-5.48%	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%
4	Riverside	23.19%	15.22%	14.84%	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%
5	San Bernardino[1]	8.59%	23.06%	11.77%	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%
6	Santa Clara[1]	21.73%	18.71%	11.76%	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%
7	Alameda	21.57%	4.11%	14.52%	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%
8	Sacramento	18.91%	2.03%	15.43%	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%
9	Contra Costa	27.50%	11.89%	12.45%	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%
10	Fresno	9.81%	15.16%	15.63%	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%
	Average	**13.99%**	**11.27%**	**10.43%**	**8.05%**	**7.98%**	**3.88%**	**7.30%**	**5.23%**	**6.57%**	**3.78%**	**2.26%**

[1]Plan year's for these counties are not calendar year. Contributions for these counties are for the last 6 months of the calendar year and first 6 months of the next year.

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2012-2013 10-COUNTY SURVEY

1. Los Angeles County

Population: 9,857,567

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	515.01	552.53	7.3%	515.01	552.53	7.3%
CIGNA Choices HMO - County Sponsored	485.55	520.65	7.2%	485.55	520.65	7.2%
CIGNA Choices POS - County Sponsored	871.24	934.94	7.3%	614.86	659.13	7.2%
Blue Cross Prudent Buyer Basic- ALADS	687.63	743.92	8.2%	614.86	659.13	7.2%
Blue Cross CaliforniaCare Basic- ALADS	459.71	502.21	9.2%	459.71	502.21	9.2%
Blue Cross Prudent Buyer Premier- ALADS	780.50	843.48	8.1%	614.86	659.13	7.2%
Blue Cross CaliforniaCare Premier - ALADS	552.58	601.77	8.9%	552.58	601.77	8.9%
Blue Shield Classic CAPE	703.00	721.00	2.6%	614.86	659.13	7.2%
Blue Shield Lite CAPE	421.00	443.00	5.2%	421.00	443.00	5.2%
Local 1014 Plan - Fire Fighters	583.00	613.00	5.1%	583.00	613.00	5.1%
Kaiser Options - SEIU	488.04	527.91	8.2%	488.04	527.91	8.2%
Kaiser HMO - Unrepresented	255.00	231.00	-9.4%	255.00	231.00	-9.4%
Blue Cross CaliforniaCare HMO - Unrepresented	255.00	231.00	-9.4%	255.00	231.00	-9.4%
Blue Cross Plus POS - Unrepresented	381.00	349.00	-8.4%	381.00	349.00	-8.4%
Blue Cross Catastrophic - Unrepresented	197.00	179.00	-9.1%	197.00	179.00	-9.1%
Blue Cross Prudent Buyer PPO - Unrepresented	491.00	446.00	-9.2%	491.00	446.00	-9.2%
PacifiCare Options HMO - SEIU	455.87	499.61	9.6%	455.87	499.61	9.6%
UnitedHealthcare Options PPO - SEIU	943.46	1,085.87	15.1%	614.86	659.13	7.2%
Average	**529.20**	**556.99**	**5.3%**	**478.56**	**499.57**	**4.4%**

2012-2013 10-COUNTY SURVEY

1. Los Angeles County: Medical Plan Design Summary

Blue Shield Lite	HMO	In	Out
Deductible	None	$500/$1,000	$500/$1,000
Physicians Services	$10 Copay	$25 Copay	60/40 after Deductible
Emergency Room	$50 Copay	$50 Copay	$50 Copay
Rx	$5/$15/$30	$5/$15/$30	Not Covered
Hospital	No Charge	80/20 after Deductible	60/40 after Deductible
Blue Shield Classic	**HMO**	**In**	**Out**
Deductible	None	$300/$600	$300/$600
Physicians Services	$10 Copay	$20 Copay	60/40 after Deductible
Emergency Room	$50 Copay	$50 Copay	$50 Copay
Rx	$5/$15/$30	$5/$15/$30	Not Covered
Hospital	No Charge	90/10 after Deductible	60/40 after Deductible
PacifiCare	**HMO**		
Deductible	None		
Physicians Services	$10 Copay		
Emergency Room	$50 Copay		
Rx	$5/$20		
Hospital	No Charge		
UnitedHealthcare		**PPO - In**	**PPO - Out**
Deductible		$300/$1,500	$1,500/$3,000
Physicians Services		20% Copay	50% Copay after Deductible
Emergency Room		20% Copay after Deductible	50% Copay after Deductible
Rx		$5/$20/$35	Not Covered
Hospital		20% Copay after Deductible	50% Copay after Deductible
Kaiser	**Options HMO**	**Choices HMO**	**Unrep HMO**
Deductible	None	None	None
Physicians Services	$10 Copay	$10 Copay	$15 Copay
Emergency Room	$50 Copay	$50 Copay	$50 Copay
Rx	$5/$20	$5	$10/$20
Hospital	No Charge	No Charge	No Charge

2012-2013 10-COUNTY SURVEY

1. Los Angeles County: Medical Plan Design Summary

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

2012-2013 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	$200/$600	$200/$600	$150/$450	$400/$800
Physicians Services	90/10 after Deductible	70/30 after Deductible	$15 Copay	70/30 after Deductible
Emergency Room	90/10 after Deductible	70/30 after Deductible	$50 Copay Then 90/10	$50 Copay Then 90/10
Rx	$5/$10	$5/$10+	$10/$20	$10/$20
Hospital	90/10 after Deductible	70/30 after Deductible	90/10	70/30 + $500/Admit

2012-2013 10-COUNTY SURVEY

2. San Diego County

Population: 3,131,254

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Kaiser HMO	398.00	418.04	5.0%	398.00	418.04	5.0%
Anthem - Blue Cross PPO	550.16	620.64	12.8%	410.00	436.92	6.6%
Anthem - Blue Cross Select HMO	474.58	498.12	5.0%	410.00	436.92	6.6%
Anthem - Blue Cross Full Access HMO[1]	-	705.06	-	-	436.92	-
Average	**474.25**	**560.47**	**18.2%**	**406.00**	**432.20**	**6.5%**

2. San Diego County: Medical Plan Design Summary

Kaiser	HMO	
Deductible	None	
Physicians Services	$25 Copay	
Emergency Room	$125 Copay	
Rx	$10/$25	
Hospital	$100 Copay Per Admit	
Anthem Blue Cross	**PPO - In**	**Out**
Deductible	$300/$600	$600/$1,200
Physicians Services	$20 Copay	40% after Deductible
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%
Anthem Blue Cross	**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

[1] New plan in 2012-13

2012-2013 10-COUNTY SURVEY

3. Orange County

Population: 3,043,964

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Premiere Wellwise PPO	625.37	730.43	16.8%	597.24	697.05	16.7%
Premiere Sharewell PPO	250.15	292.18	16.8%	319.18	361.21	13.2%
CIGNA HMO	461.53	507.46	10.0%	438.46	482.09	10.0%
Kaiser HMO	402.91	421.08	4.5%	382.77	400.03	4.5%
AVERAGE	**434.99**	**487.79**	**12.1%**	**434.41**	**485.10**	**11.7%**

3. Orange County: Medical Plan Design Summary

Wellwise PPO	In	Out
Deductible	$300/$600	$500/$1,000
Physicians Services	90/10	70/30
Emergency Room	90/10	70/30
Rx	$20/$25/$30	$20/$25/$30
Hospital	90/10	70/30
Sharewell PPO	**In**	**Out**
Deductible	$5,000 Per Family	$5,000 Per Family
Physicians Services	90/10	80/20
Emergency Room	90/10	80/20
Rx	20%	20%
Hospital	90/10	80/20
CIGNA	**HMO**	
Deductible	None	
Physicians Services	$15 Copay	
Emergency Room	$50 Copay	
Rx	$10/$20/$40	
Hospital	$100 Per Admit	
Kaiser	**HMO**	
Deductible	None	
Physicians Services	$15 Copay	
Emergency Room	$50 Copay	
Rx	$10/$20	
Hospital	$100 Per Admit	

2012-2013 10-COUNTY SURVEY

4. Riverside County

Population: 2,226,552

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Health Net EPO[1]	480.48	539.86	12.4%	480.48	539.86	12.4%
Kaiser HMO	463.50	524.50	13.2%	463.50	524.50	13.2%
Exclusive Care EPO	376.10	389.18	3.5%	376.10	389.18	3.5%
Health Net PPO[2]	671.98	774.08	15.2%	671.98	697.09	3.7%
Blue Shield HMO - PERS	567.88	583.60	2.8%	567.88	583.60	2.8%
Kaiser HMO - PERS	477.96	512.76	7.3%	477.96	512.76	7.3%
PERSCare	819.18	943.26	15.1%	621.95	633.95	1.9%
PERS Choice	516.28	526.20	1.9%	516.28	526.20	1.9%
PORAC - PERS	527.00	556.00	5.5%	527.00	556.00	5.5%
Blue Shield HPN	488.62	501.94	2.7%	488.62	501.94	2.7%
PERS Select	451.48	446.68	-1.1%	451.48	446.68	-1.1%
Average	**530.95**	**572.55**	**7.8%**	**513.02**	**537.43**	**4.8%**

[1] New Plan in 2011-12 to replace the Blue Shield HMO which was discontinued.

[2] New Plan in 2011-12 to replace the Exclusive Care Select which was discontinued.

2012-2013 10-COUNTY SURVEY

4. Riverside County: Medical Plan Design Summary

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

2012-2013 10-COUNTY SURVEY

5. San Bernardino County

Population: 2,059,630

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Kaiser HMO	451.90	520.20	15.1%	405.22	410.62	1.3%
Health Net Elect Open Access HMO	401.77	441.35	9.9%	388.67	375.70	-3.3%
Health Net PPO	812.11	892.32	9.9%	405.22	410.62	1.3%
Average	**555.26**	**617.96**	**11.3%**	**399.70**	**398.98**	**-0.2%**

5. San Bernardino County: Medical Plan Design Summary

Kaiser	HMO	
Deductible	None	
Physicians Services	$10 Copay	
Emergency Room	$50 Copay	
Rx	$10/$15	
Hospital	No Charge	
Health Net Open Access	**Tier 1 - HMO**	**Tier 2 - PPO**
Deductible	None	None
Physicians Services	$10 Copay	$30 Copay
Emergency Room	$50 Copay	Not Covered
Rx	$5/$10/$25	$5/$10/$25
Hospital	No Charge	Not Covered
Health Net PPO	**In**	**Out**
Deductible	$250/$750	$250/$750
Physicians Services	80/20	70/30
Emergency Room	$50 Deductible plus 20% after Deductible	$50 Deductible plus 20% after Deductible
Rx	$15/$30/$30	$15/$30/$30
Hospital	80/20 after Deductible	$250/Admission plus 70/30 after Deductible

2012-2013 10-COUNTY SURVEY

6. Santa Clara County

Population: 1,805,861

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Kaiser HMO	559.28	588.58	5.2%	559.28	588.58	5.2%
Kaiser HMO Exec Mgmt	-	568.36		-	568.36	
Valley Health HMO	559.28	559.28	0.0%	559.28	559.28	0.0%
Health Net POS	849.36	856.31	0.8%	849.36	856.31	0.8%
AVERAGE	**655.97**	**643.13**	**-2.0%**	**655.97**	**643.13**	**-2.0%**

6. Santa Clara County: Medical Plan Design Summary

Kaiser	HMO	Exec Mgmt HMO	
Deductible	None	None	
Physicians Services	$5 Copay	$15 Copay	
Emergency Room	$5 Copay	$50 Copay	
Rx	$5	$5/$20	
Hospital	No Charge	N/A	
Valley Health	**HMO**		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	No Charge		
Rx	No Charge		
Hospital	No Charge		
Health Net POS	**HMO**	**PPO**	**Out**
Deductible	None	None	$200/PMPY
Physicians Services	$5 Copay	$10 Copay	70/30
Emergency Room	$35 Copay	90/10	70/30
Rx	$5/$10/$20	$5/$10/$20	$5/$10/$20
Hospital	No Charge	90/10	70/30

2012-2013 10-COUNTY SURVEY

7. Alameda County

Population: 1,525,655

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Pacificare HMO ($5)[1]	750.58	-	-	573.56	-	-
Kaiser HMO ($5)[1]	573.56	-	-	573.56	-	-
Pacificare PPO ($5)[1]	1,867.50	-	-	573.56	-	-
UnitedHealthcare HMO ($15)	699.68	827.84	18.3%	524.82	563.52	7.4%
Kaiser HMO ($15)	524.82	563.52	7.4%	524.82	563.52	7.4%
UnitedHealthcare PPO	1,867.50	1,994.48	6.8%	524.82	563.52	7.4%
UnitedHealthcare HMO ($15)	699.68	827.84	18.3%	629.72	745.06	18.3%
Kaiser HMO ($15)	524.82	563.52	7.4%	472.34	507.18	7.4%
UnitedHealthcare PPO	1,867.50	1,994.48	6.8%	472.34	507.18	7.4%
Average	**1,041.74**	**1,128.61**	**8.3%**	**541.06**	**575.00**	**6.3%**

7. Alameda County: Medical Plan Design Summary

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

Kaiser	Hmo -$15
Deductible	None
Physicians Services	$15 Copay
Emergency Room	$50 Copay
Rx	$15/$15
Hospital	No Charge

[1] Pacificare HMO, Kaiser HMO, and Pacificare PPO were discontinued 2012-13.

2012-2013 10-COUNTY SURVEY

8. Sacramento County

Population: 1,430,537

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Blue Shield HMO 15	853.26	853.26	0.0%	826.90	826.90	0.0%
Health Net HMO 15	643.02	725.96	12.9%	643.02	725.96	12.9%
Kaiser HMO 15	561.54	596.34	6.2%	561.54	596.34	6.2%
Blue Shield HDHP PPO	715.82	715.82	0.0%	715.82	715.82	0.0%
Kaiser HDHP HMO	442.62	470.06	6.2%	442.62	470.06	6.2%
AVERAGE	**643.25**	**672.29**	**4.5%**	**637.98**	**667.02**	**4.6%**

8. Sacramento County: Medical Plan Design Summary

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

2012-2013 10-COUNTY SURVEY

9. Contra Costa County

Population: 1,061,132

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
CCHP Plan A	558.22	586.13	5.0%	529.94	542.17	2.3%
CCHP Plan B	618.80	649.74	5.0%	541.21	556.64	2.9%
Health Net HMO Plan A	814.85	894.87	9.8%	616.62	671.85	9.0%
Health Net HMO Plan B[1]	-	812.00	-	-	627.79	-
Health Net EPO[2]	814.85	-	-	616.62	-	-
Health Net PPO Plan A	1,067.02	1,109.51	4.0%	581.61	615.23	5.8%
Health Net PPO Plan B[1]	-	1,007.65	-	-	604.60	-
Kaiser HMO Plan A	638.41	673.87	5.6%	480.55	509.01	5.9%
Kaiser HMO Plan B[1]	-	608.09	-	-	478.91	-
Blue Shield HMO - PERS	642.33	674.01	4.9%	495.02	524.06	5.9%
CCHP Plan A Alternate - PERS	659.30	692.27	5.0%	495.02	496.10	0.2%
Kaiser HMO - PERS	546.75	586.57	7.3%	495.02	501.83	1.4%
PERS Care	862.73	993.34	15.1%	495.02	531.65	7.4%
PERS Choice	543.72	554.13	1.9%	495.02	506.88	2.4%
PORAC - PERS	527.00	556.00	5.5%	495.02	497.40	0.5%
PERS Select	475.48	470.39	-1.1%	474.93	474.69	-0.1%
Blue Shield HMO NetValue - PERS	561.34	582.34	3.7%	495.02	508.09	2.6%
AVERAGE	**666.49**	**715.68**	**7.4%**	**521.90**	**540.43**	**3.5%**

[1] New Plan in 2012-13

[2] Health Net EPO was discontinued in 2012–13

2012-2013 10-COUNTY SURVEY

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 Copay	$10 Copay	70/30	$20 Copay	60/40
Emergency Room	$25 Copay	90/10	70/30	80/20	60/40
Rx	$10/$20/$35	$5	$5	$10/$20/$35	$10/$20/$35
Hospital	No Charge	90/10	70/30	80/20	60/40; $600 Max Per Day
Kaiser	**Plan A**	**Plan B**			
Deductible	None	$500/$1,000			
Physicians Services	$10 Copay	$20 Copay			
Emergency Room	$10 Copay	90/10 after Deductible			
Rx	$10/$20	$10/$30			
Hospital	No Charge	90/10 after Deductible			

2012-2013 10-COUNTY SURVEY

10. Fresno County

Population: 941.965

Medical Plans	2011–12 Premium	2012–13 Premium	% +/-	2011–12 County Contribution	2012–13 County Contribution	% +/-
Kaiser $15 HMO	731.45	865.15	18.3%	450.80	450.80	0.0%
Blue Cross HMO	576.51	591.72	2.6%	450.80	450.80	0.0%
Blue Cross PPO	798.33	823.62	3.2%	450.80	450.80	0.0%
Blue Cross HDPPO	465.68	471.23	1.2%	450.80	450.80	0.0%
AVERAGE	**642.99**	**687.93**	**7.0%**	**450.80**	**450.80**	**0.0%**

10. Fresno County: Medical Plan Design Summary

Kaiser	HMO
Deductible	None
Physicians Services	$15 per visit
Emergency Room	$100 per visit
Rx	$10/$20
Hospital	No Charge

Blue Cross	HMO	PPO
Deductible	None	$250/$500
Physicians Services	$15 per visit	$20 per visit
Emergency Room	$100 per visit	$100 deductible
Rx	$10/$20/$35	$10/$20/$35
Hospital	No Charge	No Charge

Blue Cross	HDPPO - In	HDPPO - Out
Deductible	$3,000/$6,000	$5,000/$10,000
Physicians Services	$0 Copay	50% after Deductible
Emergency Room	$0 Copay after Deductible	$0 Copay after Deductible
Rx	$0 Copay	50/50
Hospital	No Charge	No Charge

2012-2013 10-COUNTY SURVEY

2012 HSS

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

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

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2012-2013 10-COUNTY SURVEY

2012 CalPERS

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

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

CERTIFICATION

I hereby certify that I perform the functions of the Secretary of the Health Service Board, and that the above Resolution was duly adopted and approved by the Health Service Board at a properly noticed meeting on June 14, 2012.

Laini K. Scott

Laini K. Scott