



# 2019 10-COUNTY SURVEY

# OVERVIEW

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## Process

The City Charter (Section A8.423) specifies that the City & County of San Francisco survey the ten most populous counties in California and collect, for each county, the amount contributed by the employer for employee-only coverage under each of the county's medical plans. The City is obligated by Charter, to contribute the 10-County Survey amount towards 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. San Francisco Health Service System (SFHSS) then averages these contribution increases to arrive at the 10-County Survey amount. To put the county contribution amounts into context, SFHSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

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

There were no major changes to the type of plan design data collected for the 2019 Plan Year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data is not included in the 10-County Survey.

## Use of 10-County Amount in SFHSS Employer Contributions Calculations

The March 2019 10-County Survey will be applied to SFHSS rate calculations for Plan Year 2020. City Charter Section A8.428 defines use of the "average contribution" resulting from the 10-County Survey in employer contribution determination.

In June 2014, the impact of the "average contribution" on rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model. Presently, SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees.

In the unlikely scenario that the City's premium contribution falls below the lesser of the "average contribution" as determined by the Health Service Board pursuant to Charter Sections A8.423 and A8.428(b)(2), the City pays the difference between the Premium Contribution and the Average Contribution.

In the event the premium is less than the "average contribution," the City will pay one hundred percent (100%) of the premium.

## Results and Observations

The average monthly contribution of \$705.92 for Plan Year 2020 is 5.04% above \$672.08, the 10-County average for Plan Year 2019. All counties had a change in contribution.

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

For the 2019 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$700.21. Per the Calendar Year Change Rule, this \$700.21 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 4.1%. This results in the average employer premium contribution calculated at \$714.58 for Los Angeles County.

## Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For Calendar Year 2019, there are a few instances where there are significant differences between prior projections and actuals. This is driven by changes in premiums and employer contributions. The overall original estimated contributions are 1.5% less than actual contributions for 2019 (\$682.00 actual vs. \$672.08 estimated).

Average of Employer Contributions																	
County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019 Calculated	2019 Actual	3-Yr. Annual Trend	Months of Trend	Trend Factor	2020 Calculated
1 Los Angeles	383.10	415.91	457.56	478.56	499.57	515.07	552.40	610.75	619.87	648.37	673.99	700.41	700.21	4.1%	6	1.02	714.58
2 San Diego	327.00	363.48	364.00	406.00	432.20	444.86	445.29	460.51	477.99	507.13	536.54	581.03	584.15	6.9%	6	1.04	604.00
3 Orange	338.64	372.44	383.75	434.41	485.10	506.94	544.46	567.79	525.51	517.98	522.83	534.18	556.45	1.9%	6	1.00	561.78
4 Riverside	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	616.96	652.09	673.10	688.85	678.68	3.2%	6	1.02	689.55
5 San Bernardino*	368.67	377.35	397.51	399.70	398.98	398.98	413.51	420.92	421.18	417.04	437.75	433.33	446.94	2.0%	12	1.02	455.88
6 Santa Clara*	515.52	563.19	608.44	655.97	643.13	643.13	656.34	776.62	785.13	917.21	1,008.88	1,018.12	996.00	8.3%	12	1.09	1,078.20
7 Alameda	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	684.14	687.86	711.48	720.74	764.91	3.8%	6	1.03	779.27
8 Sacramento	480.76	516.78	561.35	637.98	667.02	696.00	714.53	535.31	549.40	574.78	608.34	663.43	670.08	6.8%	6	1.04	692.63
9 Contra Costa	438.47	470.02	495.15	521.90	540.43	553.15	574.27	607.18	623.46	637.99	705.62	717.58	733.58	5.6%	6	1.03	753.74
10 Fresno	425.58	425.43	450.43	450.80	450.80	455.17	450.86	488.79	488.79	488.00	613.17	663.11	689.00	12.1%	6	1.06	729.57
<b>Average</b>	<b>418.80</b>	<b>449.37</b>	<b>472.85</b>	<b>503.94</b>	<b>522.97</b>	<b>534.78</b>	<b>559.65</b>	<b>567.80</b>	<b>579.24</b>	<b>604.84</b>	<b>649.17</b>	<b>672.08</b>	<b>682.00</b>	<b>5.6%</b>	<b>7.6</b>	<b>1.04</b>	<b>705.92</b>

Increase Over Prior Year														
County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	
1 Los Angeles	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	
2 San Diego	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	
3 Orange	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	
4 Riverside	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	
5 San Bernardino*	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	
6 Santa Clara*	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	
7 Alameda	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	
8 Sacramento	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	
9 Contra Costa	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	
10 Fresno	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	
<b>Average</b>	<b>3.88%</b>	<b>7.30%</b>	<b>5.23%</b>	<b>6.57%</b>	<b>3.78%</b>	<b>2.26%</b>	<b>4.65%</b>	<b>1.46%</b>	<b>2.02%</b>	<b>4.42%</b>	<b>7.33%</b>	<b>3.53%</b>	<b>5.04%</b>	

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

# 1. LOS ANGELES COUNTY

Los Angeles County				Population: 10,164,000		
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
Kaiser Permanente Choices HMO - County Sponsored	\$693.98	\$725.89	4.6%	\$693.98	\$725.89	4.6%
CIGNA Choices Select Network HMO - County Sponsored*		\$651.51			\$651.51	
CIGNA Choices HMO - County Sponsored	\$859.51	\$899.05	4.6%	\$859.51	\$899.05	4.6%
CIGNA Choices POS - County Sponsored	\$1,546.56	\$1,617.70	4.6%	\$971.68	\$971.68	0.0%
Blue Cross Prudent Buyer Basic - ALADS	\$1,068.50	\$1,091.43	2.1%	\$971.68	\$971.68	0.0%
Blue Cross CaliforniaCare Basic - ALADS	\$737.26	\$758.63	2.9%	\$737.26	\$758.63	2.9%
Blue Cross Prudent Buyer Premier - ALADS	\$1,192.46	\$1,215.39	1.9%	\$971.68	\$971.68	0.0%
Blue Cross CaliforniaCare Premier - ALADS	\$861.22	\$882.59	2.5%	\$861.22	\$882.59	2.5%
Blue Shield Classic CAPE	\$1,004.00	\$1,076.00	7.2%	\$971.68	\$971.68	0.0%
Blue Shield Lite CAPE	\$578.00	\$610.00	5.5%	\$578.00	\$610.00	5.5%
Local 1014 Plan - Fire Fighters	\$826.00	\$861.00	4.2%	\$826.00	\$861.00	4.2%
Kaiser Permanente Options - SEIU	\$651.65	\$682.00	4.7%	\$651.65	\$682.00	4.7%
Kaiser Permanente HMO - Unrepresented	\$272.00	\$273.00	0.4%	\$272.00	\$273.00	0.4%
Blue Cross CaliforniaCare HMO - Unrepresented	\$272.00	\$273.00	0.4%	\$272.00	\$273.00	0.4%
Blue Cross Plus POS - Unrepresented	\$411.00	\$413.00	0.5%	\$411.00	\$413.00	0.5%
Blue Cross Catastrophic - Unrepresented	\$93.00	\$93.00	0.0%	\$93.00	\$93.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	\$526.00	\$528.00	0.4%	\$526.00	\$528.00	0.4%
UnitedHealthcare Options HMO - SEIU	\$741.26	\$798.80	7.8%	\$741.26	\$798.80	7.8%
UnitedHealthcare Options PPO - SEIU	\$3,216.04	\$3,599.46	11.9%	\$953.46	\$967.76	1.5%
<b>AVERAGE</b>	<b>\$863.91</b>	<b>\$897.34</b>	<b>3.9%</b>	<b>\$686.84</b>	<b>\$700.21</b>	<b>1.9%</b>

\*New in 2019

<b>Los Angeles County: Medical Plan Design Summary</b>			
<b>Blue Shield Lite</b>	<b>HMO</b>	<b>In</b>	<b>Out</b>
Deductible	None	\$400/\$800	\$400/\$800
Physicians Services	\$10 Copay	\$25 Copay	70/30 after deductible
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No charge	80/20 after deductible	70/30 after deductible
<b>Blue Shield Classic</b>	<b>HMO</b>	<b>In</b>	<b>Out</b>
Deductible	None	\$300/\$600	\$300/\$600
Physicians Services	\$10 Copay	\$20 Copay	70/30 after deductible
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No charge	90/10 after deductible	70/30 after deductible
<b>PacifiCare (UnitedHealthcare Options)</b>	<b>HMO</b>		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No charge		
<b>UnitedHealthcare</b>		<b>PPO - In</b>	<b>PPO - Out</b>
Deductible		\$300/\$1,500	\$1,500/\$3,000
Physicians Services		20% Copay	50% Copay after 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
<b>Kaiser Permanente</b>	<b>Options HMO</b>	<b>Choices HMO</b>	<b>Unrep HMO</b>
Deductible	None	None	None
Physicians Services	\$10 Copay	\$10 Copay	\$15 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	\$10/\$20
Hospital	No charge	No charge	No charge



Los Angeles County: Medical Plan Design Summary			
<b>CIGNA</b>	<b>HMO</b>	<b>POS - In</b>	<b>POS - Out</b>
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 after deductible
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 after deductible
Hospital	No charge	\$50 Copay/day	60/40 after deductible + \$1,000/Admit
<b>Blue Cross California Care HMO</b>	<b>ALADS</b>	<b>Unrep</b>	
Deductible	None	None	
Physicians Services	\$10 Copay	\$15 Copay	
Emergency Room	\$25 Copay	\$50 Copay	
Rx	\$5/\$15	\$10/\$20	
Hospital	No charge	No charge	
<b>Blue Cross Plus POS</b>	<b>HMO</b>	<b>In</b>	<b>Out</b>
Deductible	None	None	\$400/\$800
Physicians Services	\$15 Copay	\$25 Copay	70/30 after 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 after deductible
<b>Local 1014 Plan</b>	<b>HMO</b>		
Deductible	\$200/\$600		
Physicians Services	90/10 after deductible		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 after deductible		
<b>Blue Cross</b>	<b>Catastrophic</b>		
Deductible	\$2,000/\$4,000		
Physicians Services	75/25 after deductible		
Emergency Room	\$100 Copay then 75/25 after deductible		
Rx	\$200 Copay then 75/25 after deductible		
Hospital	75/25 after deductible +\$500/admittance		

<b>Los Angeles County: Medical Plan Design Summary</b>				
<b>Blue Cross Prudent Buyer PPO</b>	<b>ALADS - In</b>	<b>ALADS - Out</b>	<b>Unrep - In</b>	<b>Unrep - Out</b>
Deductible	\$300/\$900	\$300/\$900	\$150/\$400	\$400/\$800
Physician Services	90/10 after deductible	70/30 after deductible	\$15 Copay	70/30 after deductible
Emergency Room	90/10 after deductible	90/10	\$50 Copay then 90/10 after deductible	\$50 Copay then 90/10 after deductible
Rx	\$5/\$15	\$5/\$15+50%	\$10/\$20	\$10/\$20
Hospital	90/10 after deductible	70/30 after deductible	90/10 after deductible	70/30 after deductible + \$500/admit

## 2. SAN DIEGO COUNTY

San Diego County						Population: 3,338,000
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
Kaiser Permanente HMO	\$508.32	\$530.78	4.4%	\$508.32	\$530.78	4.4%
Kaiser Permanente High Deductible	\$396.82	\$414.36	4.4%	\$396.82	\$414.36	4.4%
UnitedHealthCare HMO Network 1	\$646.42	\$678.74	5.0%	\$605.84	\$628.78	3.8%
UnitedHealthCare HMO Network 2	\$820.72	\$861.76	5.0%	\$605.84	\$628.78	3.8%
UnitedHealthCare HMO Alliance	\$621.34	\$652.42	5.0%	\$605.84	\$628.78	3.8%
UnitedHealthCare PPO	\$1,174.80	\$1,233.54	5.0%	\$605.84	\$628.78	3.8%
UnitedHealthCare HMO HDHP/HAS	\$930.38	\$976.90	5.0%	\$605.84	\$628.78	3.8%
<b>AVERAGE</b>	<b>\$728.40</b>	<b>\$764.07</b>	<b>4.9%</b>	<b>\$562.05</b>	<b>\$584.15</b>	<b>3.9%</b>

San Diego County: Medical Plan Design Summary		
<b>Kaiser Permanente HMO</b>		
<b>HMO</b>		
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$20/\$30	
Hospital	\$100 Copay per admittance	
<b>Kaiser Permanente High Deductible</b>		
<b>HD w/HSA</b>		
Deductible	\$1,500/\$3,000	
Physicians Services	10% after deductible	
Emergency Room	10% after deductible	
Rx	\$10/\$20/\$30	
Hospital	10% after deductible	
<b>UnitedHealthcare PPO</b>		
<b>PPO - In</b>		
Deductible	\$300/\$600	
Physicians Services	\$20 Copay	
Emergency Room	\$75 Copay then 20%	
Rx	\$10/\$20/\$35	
Hospital	\$150 Copay then 20%	
<b>Out</b>		
Deductible	\$600/\$1,200	
Physicians Services	40% after deductible	
Emergency Room	\$75 Copay then 20%	
Rx	\$10/\$20/\$35	
Hospital	\$300 Copay then 40%	



<b>San Diego County: Medical Plan Design Summary</b>			
<b>UnitedHealthcare HMO</b>	<b>Network 1</b>	<b>Network 2</b>	<b>Alliance</b>
Deductible	None	None	None
Physicians Services	\$25 Copay	\$30 Copay	\$25 Copay
Emergency Room	\$125 Copay	\$200 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay per admittance	\$500 Copay per admittance	\$200 Copay per admittance
<b>UnitedHealthcare High Deductible</b>	<b>PPO - In</b>	<b>Out</b>	
Deductible	\$2,700/\$3,000	\$3,000/\$6,000	
Physicians Services	10% after deductible	30% after deductible	
Emergency Room	10% after deductible	10% after deductible	
Rx	\$10/\$30/\$50	\$10/\$30/\$50	
Hospital	10% after deductible	30% after deductible	

# 3. ORANGE COUNTY

Orange County						Population: 3,190,000
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
Choice Wellwise PPO*	\$741.17	\$763.41	3.0%	\$667.06	\$687.07	3.0%
Choice Sharewell PPO*	\$296.47	\$305.36	3.0%	\$365.50	\$374.39	2.4%
CIGNA HMO Choice*	\$727.96	\$771.63	6.0%	\$655.17	\$694.47	6.0%
Kaiser Permanente HMO Choice*	\$519.66	\$522.08	0.5%	\$467.70	\$469.87	0.5%
<b>AVERAGE</b>	<b>\$571.32</b>	<b>\$590.62</b>	<b>3.4%</b>	<b>\$538.86</b>	<b>\$556.45</b>	<b>3.3%</b>

\*Current county contributions assume wellness participation.

Orange County: Medical Plan Design Summary		
<b>Wellwise PPO</b>	<b>In</b>	<b>Out</b>
Deductible	\$500/\$1,000	\$750/\$1,500
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	20%/25%/30%	Not covered
Hospital	90/10	70/30
<b>Sharewell PPO</b>	<b>In</b>	<b>Out</b>
Deductible	\$5,000 per family	\$5,000 per family
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	80/20	80/20
Hospital	90/10	70/30
<b>CIGNA</b>	<b>HMO</b>	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30/\$50	
Hospital	\$100 per admit	
<b>Kaiser Permanente</b>	<b>HMO</b>	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 per admit	

# 4. RIVERSIDE COUNTY

Riverside County						Population: 2,423,000
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
UnitedHealthcare HMO	\$823.00	\$806.64	-2.0%	\$823.00	\$806.64	-2.0%
Kaiser Permanente HMO	\$667.66	\$668.84	0.2%	\$667.66	\$668.84	0.2%
Exclusive Care EPO	\$576.66	\$587.76	1.9%	\$576.66	\$587.76	1.9%
UnitedHealthcare PPO	\$1,452.18	\$1,806.80	24.4%	\$823.00	\$841.15	2.2%
Blue Shield HMO - PERS	\$695.98	\$760.04	9.2%	\$695.98	\$760.04	9.2%
Kaiser Permanente HMO - PERS	\$666.80	\$628.64	-5.7%	\$666.80	\$628.64	-5.7%
PERSCare	\$733.50	\$907.30	23.7%	\$733.50	\$841.15	14.7%
PERS Choice	\$698.96	\$721.12	3.2%	\$698.96	\$721.12	3.2%
PORAC - PERS	\$734.00	\$774.00	5.4%	\$734.00	\$774.00	5.4%
PERS Select	\$654.74	\$462.72	-29.3%	\$654.74	\$462.72	-29.3%
Anthem Select HMO	\$659.70	\$625.08	-5.2%	\$659.70	\$625.08	-5.2%
Anthem Traditional HMO	\$735.08	\$830.90	13.0%	\$735.08	\$830.90	13.0%
Health Net Salud y Mas	\$461.56	\$427.82	-7.3%	\$461.56	\$427.82	-7.3%
Health Net SmartCare	\$607.68	\$642.72	5.8%	\$607.68	\$642.72	5.8%
Sharp	\$618.14	\$593.66	-4.0%	\$618.14	\$593.66	-4.0%
UnitedHealthcare	\$616.66	4646.66	4.9%	\$616.66	\$646.66	4.9%
<b>AVERAGE</b>	<b>\$712.64</b>	<b>\$743.17</b>	<b>4.3%</b>	<b>\$673.32</b>	<b>\$678.68</b>	<b>0.8%</b>

<b>Riverside County: Medical Plan Design Summary</b>			
<b>UnitedHealthcare</b>	<b>HMO</b>	<b>PPO - In</b>	<b>PPO - Out</b>
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15 Copay	\$20 Copay	40% after deductible
Emergency Room	\$100 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$25/\$50	\$5/\$15/\$45	\$5/\$15/\$45
Hospital	\$100 Copay	80/20 after deductible	60/40 after deductible
<b>Kaiser Permanente</b>	<b>HMO</b>		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25		
Hospital	\$100 Copay		
<b>Exclusive Care</b>	<b>EPO</b>		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25/\$50		
Hospital	\$100 Copay		

# 5. SAN BERNARDINO COUNTY

San Bernardino County						Population: 2,157,000
Medical Plans	2017-18 Premium	2018-19 Premium	% +/-	2017-18 County Contribution	2018-19 County Contribution	% +/-
Kaiser Permanente HMO	\$629.44	\$636.24	1.1%	\$437.75	\$418.40	-4.4%
Blue Shield Signature HMO	\$522.34	\$549.53	5.2%	\$413.22	\$415.94	0.7%
Blue Shield Needles PPO	\$1,094.21	\$1,151.43	5.2%	\$434.91	\$535.03	23.0%
Blue Shield PPO	\$969.61	\$1,020.28	5.2%	\$434.91	\$418.40	-3.8%
<b>AVERAGE</b>	<b>\$803.90</b>	<b>\$839.37</b>	<b>4.4%</b>	<b>\$430.20</b>	<b>\$446.94</b>	<b>3.9%</b>

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

# 6. SANTA CLARA COUNTY

Santa Clara County						Population: 1,938,000
Medical Plans	2017-18 Premium	2018-19 Premium	% +/-	2017-18 County Contribution	2018-19 County Contribution	% +/-
Kaiser Permanente HMO	\$677.30	\$698.40	3.1%	\$671.04	\$692.75	3.2%
Valley Health HMO	\$939.68	\$960.27	2.2%	\$919.41	\$942.36	2.5%
Health Net POS	\$1,315.23	\$1,398.74	6.3%	\$1,264.00	\$1,352.88	7.0%
<b>AVERAGE</b>	<b>\$977.41</b>	<b>\$1,019.14</b>	<b>4.3%</b>	<b>\$951.48</b>	<b>\$996.00</b>	<b>4.7%</b>

Santa Clara County: Medical Plan Design Summary			
<b>Kaiser Permanente</b>		<b>HMO</b>	
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$35 Copay		
Rx	\$5/\$10/\$15		
Hospital	\$100 per admittance		
<b>Valley Health</b>		<b>HMO</b>	
Deductible	None		
Physicians Services	No charge		
Emergency Room	No charge		
Rx	No charge		
Hospital	No charge		
<b>HealthNet POS</b>		<b>HMO</b>	<b>PPO</b> <b>OUT</b>
Deductible	None	None	\$200/PMPY
Physicians Services	\$15 Copay	\$20 Copay	70/30
Emergency Room	\$50 Copay	\$75 Copay	70/30
Rx	\$5/\$15/\$30	\$5/\$15/\$30	\$5/\$15/\$30
Hospital	No charge	90/10	70/30



# 7. ALAMEDA COUNTY

Alameda County						Population: 1,663,000
Medical Plans	2018-19 Premium	2019-20 Premium	% +/-	2018-19 County Contribution	2019-20 County Contribution	% +/-
UnitedHealthcare Premium HMO	\$1,047.16	\$1,047.16	0.0%	\$916.26	\$916.26	0.0%
Kaiser Permanente Premium HMO	\$700.02	\$728.02	4.0%	\$612.52	\$637.02	4.0%
Kaiser Permanente Standard HMO	\$650.62	\$676.64	4.0%	\$569.29	\$592.06	4.0%
UnitedHealthcare Advantage Premium HMO*		\$980.94			\$858.32	
UnitedHealthcare Advantage Standard HMO*		\$876.56			\$767.00	
UnitedHealthcare PPO**	\$3,099.16			\$612.52		
UnitedHealthcare Standard HMO	\$935.74	\$935.74	0.0%	\$818.77	\$818.78	0.0%
<b>AVERAGE</b>	<b>\$1,286.54</b>	<b>\$874.18</b>	<b>-32.1%</b>	<b>\$705.87</b>	<b>\$764.91</b>	<b>8.4%</b>

\*New in 2019-20.

\*\*Discontinued in 2019-20.

Alameda County: Medical Plan Design Summary		
UnitedHealthcare	Premium HMO	Standard HMO
Deductible	None	None
Physicians Services	\$40 Copay	\$40 Copay
Emergency Room	\$100 Copay	\$100 Copay
Rx	\$25/\$35/\$50	\$25/\$35/\$50
Hospital	\$500 Copay	\$500 Copay
Kaiser Permanente	Premium HMO	Standard HMO
Deductible	None	None
Physicians Services	\$15 Copay	\$40 Copay
Emergency Room	\$50 Copay	\$100 Copay
Rx	\$15/\$15	\$15/\$30
Hospital	No charge	\$500 Copay

# 8. SACRAMENTO COUNTY

Sacramento County						Population: 1,531,000
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
Western Health Advantage HMO	\$709.60	\$734.92	3.6%	\$709.60	\$734.92	3.6%
Sutter Health Plus HMO	\$726.52	\$765.58	5.4%	\$726.52	\$765.58	5.4%
Kaiser Permanente HMO 15	\$757.90	\$784.88	3.6%	\$757.90	\$784.88	3.6%
Western Health Advantage HDHP	\$539.80	\$559.10	3.6%	\$539.80	\$559.10	3.6%
Sutter Health Plus HDHP	\$534.42	\$562.64	5.3%	\$534.42	\$562.64	5.3%
Kaiser Permanente HDHP HMO	\$592.18	\$613.38	3.6%	\$592.18	\$613.38	3.6%
<b>AVERAGE</b>	<b>\$643.40</b>	<b>\$670.08</b>	<b>4.1%</b>	<b>\$643.40</b>	<b>\$670.08</b>	<b>4.1%</b>

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,350/\$2,700
Physicians Services	\$15 Copay	No charge after deductible
Emergency Room	\$35 Copay	No charge after deductible
Rx	\$10/\$20/\$35	\$10/\$20/\$35 after deductible
Hospital	No charge	No charge after deductible
Western Health Advantage	HMO	HDHP - HMO
Deductible	None	\$1,350/\$2,700
Physicians Services	\$15 Copay	No charge after deductible
Emergency Room	\$35 Copay	No charge after deductible
Rx	\$10/\$20/\$35	\$10/\$20/\$35 after deductible
Hospital	No charge	No charge after deductible
Kaiser Permanente	HMO	HDHP - HMO
Deductible	None	\$1,350/\$2,700
Physicians Services	\$15 Copay	No charge after deductible
Emergency Room	\$35 Copay	No charge after deductible
Rx	\$10/\$20	\$10/\$20 after deductible
Hospital	No charge	No charge after deductible

# 9. CONTRA COSTA COUNTY

Contra Costa County						Population: 1,147,000
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
CCHP Plan A	\$774.33	\$844.19	9.0%	\$672.01	\$689.54	2.6%
CCHP Plan B	\$858.35	\$935.80	9.0%	\$718.74	\$758.05	5.5%
Health Net HMO Plan A	\$1,566.20	\$1,736.92	10.9%	\$1,109.08	\$1,167.25	5.2%
Health Net HMO Plan B	\$1,089.11	\$1,207.82	10.9%	\$836.75	\$909.97	8.7%
Health Net PPO Plan A	\$2,074.53	\$2,380.36	14.7%	\$1,193.65	\$1,309.55	9.7%
Kaiser Permanente HMO Plan A	\$820.23	\$917.98	11.9%	\$569.47	\$634.98	11.5%
Kaiser Permanente HMO Plan B	\$660.76	\$739.46	11.9%	\$511.34	\$571.00	11.7%
Kaiser Permanente HDHP	\$499.94	\$559.68	11.9%	\$430.96	\$499.75	16.0%
Anthem Select - PERS	\$856.41	\$831.44	-2.9%	\$699.34	\$686.86	-1.8%
Anthem Traditional - PERS	\$925.47	\$1,111.13	20.1%	\$666.99	\$759.82	13.9%
Blue Shield Access+ HMO - PERS*	\$889.02			\$612.91		
Health Net Smartcare - PERS	\$863.48	\$901.55	4.4%	\$647.77	\$671.90	3.7%
CCHP Plan A Alternate - PERS	\$949.26	\$1,034.68	9.0%	\$687.44	\$730.15	6.2%
Kaiser Permanente HMO - PERS	\$779.86	\$768.25	-1.5%	\$634.30	\$628.49	-0.9%
PERS Care	\$882.45	\$1,131.68	28.2%	\$626.71	\$725.39	15.7%
PERS Choice	\$800.27	\$866.27	8.2%	\$641.62	\$674.62	5.1%
PORAC - PERS	\$734.00	\$774.00	5.4%	\$638.11	\$658.11	3.1%
PERS Select	\$717.50	\$543.19	-24.3%	\$614.26	\$529.19	-13.8%
UnitedHealthcare - PERS*	\$1,371.84			\$867.42		
Western Health Advantage - PERS	\$792.56	\$767.01	-3.2%	\$634.30	\$599.86	-5.4%
<b>AVERAGE</b>	<b>\$945.28</b>	<b>\$1,002.86</b>	<b>6.1%</b>	<b>\$700.66</b>	<b>\$733.58</b>	<b>4.7%</b>

\*Discontinued in 2019.

<b>Contra Costa County: Medical Plan Design Summary</b>			
<b>CCHP</b>	<b>PLAN A</b>	<b>PLAN B</b>	
Deductible	None	None	
Physicians Services	No charge	\$5 Copay	
Emergency Room	No charge	No charge	
Rx	No charge	\$3 per Rx	
Hospital	No charge	No charge	
<b>HealthNet HMO</b>	<b>HMO</b>	<b>PLAN A - In</b>	<b>PLAN A - Out</b>
Deductible	None	\$250/\$750	\$250/\$750
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30
Emergency Room	\$25	\$50 + 10% co-ins	\$50 + 10% co-insurance
Rx	\$10/\$20/\$35	\$5	\$5
Hospital	No charge	90/10	70/30
<b>Kaiser Permanente HMO</b>	<b>PLAN A</b>	<b>PLAN B</b>	<b>HDHP</b>
Deductible	None	\$500/\$1,000	\$1,500/\$3,000
Physicians Services	\$10 Copay	\$20 Copay	90/10 after deductible
Emergency Room	\$10 Copay	90/10 after deductible	90/10 after deductible
Rx	\$10/\$20	\$10/\$30	\$10/\$30 after deductible
Hospital	No charge	90/10 after deductible	90/10 after deductible

# 10. FRESNO COUNTY

Fresno County						Population: 989,000
Medical Plans	2018 Premium	2019 Premium	% +/-	2018 County Contribution	2019 County Contribution	% +/-
Kaiser Permanente HMO	\$817.02	\$855.87	4.8%	\$634.83	\$689.00	8.5%
Blue Cross HMO	\$850.38	\$891.19	4.8%	\$634.83	\$689.00	8.5%
Blue Cross PPO	\$1,184.59	\$1,244.07	5.0%	\$634.83	\$689.00	8.5%
Blue Cross PPO \$1,000	\$894.61	\$938.13	4.9%	\$634.83	\$689.00	8.5%
Blue Cross HDPPPO \$1,500	\$816.48	\$855.69	4.8%	\$634.83	\$689.00	8.5%
Blue Cross HDPPPO \$3,000	\$677.90	\$709.51	4.7%	\$634.83	\$689.00	8.5%
<b>AVERAGE</b>	<b>\$873.50</b>	<b>\$915.74</b>	<b>4.8%</b>	<b>\$634.83</b>	<b>\$689.00</b>	<b>8.5%</b>

## 10. Fresno County: Medical Plan Design Summary

Kaiser Permanente	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	\$0 Copay after deductible
Rx	Carved out	Carved out
Hospital	No charge	No charge
Blue Cross	HDPPPO - IN	
Deductible	\$3,000/\$6,000	
Physicians Services	\$0 Copay after deductible	
Emergency Room	\$0 Copay after deductible	
Rx	\$0 Copay after deductible	
Hospital	\$0 Copay after deductible	

# CALPERS

2019 CalPERS												
	Kaiser Permanente	Blue Shield Access+	Western Health Advantage	PERS Select		PERS Choice		PERS Care		Anthem Blue Cross	Health Net	UnitedHealthcare
	HMO	HMO	HMO	In	Out	In	Out	In	Out	EPO & HMO	EPO & HMO	SignatureValue
<b>Annual Deductible</b>	N/A	N/A	N/A	\$1,000/\$2,000		\$500/\$1,000		\$500/\$1,000		N/A	N/A	N/A
<b>Hospital (Inpatient)</b>	No charge	No charge	No charge	80%/20%	60%/40%	80%/20%	60%/40%	90%/10% \$250 Ded	60%/40% \$250 Ded	No charge	No charge	No charge
<b>Emergency Room</b>	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	80%/20%, \$50 Ded		80%/20%, \$50 Ded		90%/10%, \$50 Ded		\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)	\$50 Copay (waived if admitted)
<b>Office Visits</b>	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
<b>Urgent Care</b>	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
<b>Rx Retail</b>	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
<b>Rx Mail Order</b>	\$10/\$40	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
<b>Infertility Treatment</b>	50%/50%	50%/50%	50%/50%	Not covered		Not covered		Not covered		50%/50%	50%/50%	50%/50%
<b>Acupuncture</b>	\$15 Copay (limit 20 visits per/yr.)	\$15 Copay (limit 20 visits per/yr.)	\$15 Copay (limit 20 visits per/yr.)	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay (limit 20 visits/yr.)	\$15 Copay (limit 20 visits/yr.)	\$15 Copay (limit 20 visits/yr.)
				Limit 20 visits per year.		Limit 20 visits per year.		Limit 20 visits per year.				
<b>Chiropractic</b>	\$15 Copay (limit 20 visits per/yr.)	\$15 Copay (limit 20 visits per/yr.)	\$15 Copay (limit 20 visits per/yr.)	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay (limit 20 visits/yr.)	\$15 Copay (limit 20 visits/yr.)	\$15 Copay (limit 20 visits/yr.)
				Limit 20 visits per year.		Limit 20 visits per year.		Limit 20 visits per year.				

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



# SFHSS ACTIVE EMPLOYEE PLANS

2019 SFHSS Active Employee Plans			
	Kaiser Permanente HMO	Blue Shield of CA Access+ HMO and Trio HMO	UnitedHealthcare City Plan PPO
<b>Annual Deductible</b>	No deductible	No deductible	\$250 employee \$500 employee +1 \$750 employee +2 or more
<b>Hospital (Inpatient)</b>	\$100 Copay (per admission)	\$200 Copay (per admission)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Emergency Room</b>	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Ambulance Services</b>	No charge	\$50 Copay	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Office Visits</b>	\$20 Copay	\$25 Copay	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Urgent Care</b>	\$20 Copay	\$25 Copay (in-network)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Rx - Retail 30-day supply</b>	\$5 (generic) \$15 (brand)	\$10 (generic) \$25 (brand) \$50 (non-formulary)	\$10/\$25/\$50 Copay generic/brand/non-formulary (in-network)  50% covered after \$5/\$20/\$45 Co-pay generic/brand/non-formulary (out-of-network)
<b>Rx - Mail Order 90-day supply</b>	\$10 (100-day supply/generic) \$30 (100-day supply/brand)	\$20 (generic) \$50 (brand) \$100 (non-formulary)	\$20/\$50/\$100 Copay generic/brand/non-formulary (in-network)  Out-of-network is <i>not</i> covered.
<b>Infertility Treatment</b>	50% (in-network)	50% (in-network)	50% (in-network) 50% (out-of-network)
<b>Acupuncture</b>	\$15 Copay (up to combined total of 30 chiropractic and acupuncture visits per year) (in-network)	\$15 Copay (limit 30 visits per year)	50% (in-network) 50% (out-of-network) (limit \$1,000 maximum for each per plan year)
<b>Chiropractic</b>	\$15 Copay (up to a combined total of 30 chiropractic and acupuncture visits/yr. (in-network)	\$15 Copay (limit 30 visits per year)	50% (in-network) 50% (out-of-network) (limit \$1,000 maximum for each per plan year)

For informational purposes only. SFHSS data is not included in the 10-County Survey. The City Plan PPO health plan is administered by UnitedHealthcare.