



2022 10-COUNTY SURVEY

OVERVIEW

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 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. 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 2022 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 Contribution Calculations

The March 2022 10-County Survey will be applied to SFHSS rate calculations for plan year 2023. 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 \$780.76 for plan year 2023 is 3.1% above \$757.31, the 10-County average for plan year 2022. All counties had a change in contribution.

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

For the 2022 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$749.41. Per the Calendar Year Change Rule, this \$749.41 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 2.3%. This results in the average employer premium contribution calculated at \$757.91 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 2022, projection-to-actual variances were reasonable, with only 4 of 10 counties exhibiting a variance that exceeded 2%. Any variances are driven by changes in premiums and employer contributions from original projections to actuals. The overall original estimated contributions across all 10 Counties in total came close to actual contributions for 2022 (\$761.94 actual vs. \$757.31 estimated – a variance of 1.3%).

OVERVIEW

Average of Employer Contributions

Rank	County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022 Calculated	2022 Actual	3-Year Annual Trend	Months Of	Trend Factor	2023 Calculation
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	714.58	721.64	746.54	749.41	2.3%	6	1.01	757.91
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	604.00	657.26	691.14	754.49	9.1%	6	1.04	788.07
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	561.78	584.88	627.67	639.34	6.2%	6	1.03	658.78
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	689.55	692.00	768.35	724.20	1.7%	6	1.01	730.26
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	455.88	509.69	535.30	509.29	5.5%	12	1.06	537.46
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	1,078.20	1,055.07	1,054.24	1,069.19	1.6%	12	1.02	1,086.78
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	779.27	750.83	748.84	757.55	1.7%	6	1.01	763.87
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	692.63	722.74	753.75	746.97	4.0%	6	1.02	761.88
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	753.74	800.70	814.23	849.94	5.8%	6	1.03	874.26
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	729.57	797.13	833.01	819.00	7.3%	6	1.04	848.33
	Average	418.80	449.37	472.85	503.94	522.97	534.78	559.65	567.80	579.24	604.84	649.17	672.08	705.92	729.19	757.31	761.94	4.3%	7.0	1.02	780.76

Increase Over Prior Year

Rank	County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
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%	0.99%	3.45%	1.52%
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%	8.82%	5.16%	14.02%
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%	4.11%	7.32%	4.96%
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%	0.35%	11.03%	-4.96%
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%	11.81%	5.02%	0.40%
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%	-2.14%	-0.08%	3.09%
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%	-3.65%	-0.26%	2.01%
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%	4.35%	4.29%	1.08%
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%	6.23%	1.69%	7.37%
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%	9.26%	4.50%	1.84%
	Average	3.88%	7.30%	5.23%	6.57%	3.78%	2.26%	4.65%	1.46%	2.02%	4.42%	7.33%	3.53%	5.04%	3.30%	3.86%	3.10%

* Plan year's for these counties are not calendar year. Contributions shown for these counties are for the first 6 months of the calendar year and last 6 months of the previous year.

1. LOS ANGELES COUNTY

1. Los Angeles County						Population: 10,014,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	775.23	791.34	2.1%	775.23	791.34	2.1%
CIGNA Choices Select Network HMO - County Sponsored	726.61	749.13	3.1%	726.61	749.13	3.1%
CIGNA Choices HMO - County Sponsored	1,002.67	1,033.75	3.1%	1,002.67	1,033.75	3.1%
CIGNA Choices POS - County Sponsored	1,804.16	1,860.09	3.1%	1,031.14	1,056.92	2.5%
Blue Cross Prudent Buyer Basic- ALADS	1,012.67	1,022.58	1.0%	1,012.67	1,022.58	1.0%
Blue Cross CaliforniaCare Basic- ALADS	768.67	776.45	1.0%	768.67	776.45	1.0%
Blue Cross Prudent Buyer Premier- ALADS	1,031.14	1,040.94	1.0%	1,031.14	1,040.94	1.0%
Blue Cross CaliforniaCare Premier - ALADS	787.14	794.81	1.0%	787.14	794.81	1.0%
Blue Shield Classic CAPE	1,389.35	1,598.18	15.0%	1,031.14	1,056.92	2.5%
Blue Shield Lite CAPE	665.41	704.25	5.8%	665.41	704.25	5.8%
Local 1014 Plan - Fire Fighters	950.00	986.00	3.8%	950.00	986.00	3.8%
Kaiser Options - SEIU	744.69	759.04	1.9%	744.69	759.04	1.9%
Kaiser HMO - Unrepresented *	277.00	276.00	-0.4%	277.00	276.00	-0.4%
Blue Cross CaliforniaCare HMO - Unrepresented *	277.00	276.00	-0.4%	277.00	276.00	-0.4%
Blue Cross Plus POS - Unrepresented *	418.00	417.00	-0.2%	418.00	417.00	-0.2%
Blue Cross Catastrophic - Unrepresented *	93.00	100.00	7.5%	93.00	100.00	7.5%
Blue Cross Prudent Buyer PPO - Unrepresented *	535.00	534.00	-0.2%	535.00	534.00	-0.2%
UnitedHealthcare Harmony HMO	667.62	667.62	0.0%	667.62	667.62	0.0%
UnitedHealthcare Options HMO - SEIU	908.41	908.41	0.0%	908.41	908.41	0.0%
UnitedHealthcare Options PPO - SEIU	3,944.82	4,048.73	2.6%	1,011.80	1,037.10	2.5%
AVERAGE	938.93	967.22	3.0%	735.72	749.41	1.9%

* Not available

1. Los Angeles County: Medical Plan Design Summary			
Blue Shield Lite			
	HMO	In	Out
Deductible	None	\$400/\$800	\$400/\$800
Physicians Services	\$10 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	80/20 After Ded	70/30 After Ded
Blue Shield Classic			
	HMO	In	Out
Deductible	None	\$300/\$600	\$300/\$600
Physicians Services	\$10 Copay	\$20 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	90/10 After Ded	70/30 After Ded
UnitedHealthcare Options			
	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 Ded
Emergency Room		20% Copay After Ded	50% Copay After Ded
Rx		\$5/\$20/\$35	Not Covered
Hospital		20% Copay After Ded	50% Copay After Ded
Kaiser			
	Options HMO	Choices HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$10 Copay	
Emergency Room	\$50 Copay	\$50 Copay	
Rx	\$5/\$20	\$5/\$20	
Hospital	No Charge	No Charge	
CIGNA			
	HMO	POS - In	POS - Out
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 After Ded
Hospital	No Charge	\$50 Copay/Day	60/40 After Ded + \$1,000/Admit
Blue Cross California Care HMO			
	ALADS		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	\$25 Copay		
Rx	\$5/\$15		
Hospital	No Charge		
Local 1014 Plan			
	HMO		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross Prudent Buyer PPO			
	ALADS - In	ALADS - Out	
Deductible	\$300/\$900	\$300/\$900	
Physician Services	90/10 After Ded	70/30 After Ded	
Emergency Room	90/10 After Ded	90/10 After Ded	
Rx	\$5/\$15	\$5/\$15+50%	
Hospital	90/10 After Ded	70/30 After Ded	

2. SAN DIEGO COUNTY

2. San Diego County						Population: 3,338,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Kaiser HMO	585.86	662.89	13.1%	585.86	662.89	13.1%
Kaiser High Deductible	457.34	517.47	13.1%	457.34	517.47	13.1%
UnitedHealthCare HMO Network 1	719.56	797.03	10.8%	719.56	797.03	10.8%
UnitedHealthCare HMO Network 2	922.56	1,021.39	10.7%	737.64	846.41	14.7%
UnitedHealthCare HMO Alliance	690.42	764.83	10.8%	690.42	764.83	10.8%
UnitedHealthCare PPO	1,259.44	1,407.32	11.7%	737.64	846.41	14.7%
UnitedHealthCare HMO HDHP/HSA	1,029.12	1,149.72	11.7%	737.64	846.41	14.7%
AVERAGE	809.19	902.95	11.6%	666.58	754.49	13.2%

2. San Diego County: Medical Plan Design Summary			
Kaiser HMO		HMO	
Deductible	None		
Physicians Services	\$25 Copay		
Emergency Room	\$125 Copay		
Rx	\$10/\$25/\$25		
Hospital	\$100 Copay Per Admit		
Kaiser High Deductible		HD w/HSA	
Deductible	\$1,500/\$3,000		
Physicians Services	10% After Ded		
Emergency Room	10% After Ded		
Rx	\$10/\$30/\$30		
Hospital	10% After Ded		
UnitedHealthcare PPO		PPO - In	Out
Deductible	\$300/\$600	\$600/\$1,200	
Physicians Services	\$20 Copay	40% After Ded	
Emergency Room	\$75 Copay then 20%	\$75 Copay then 20%	
Rx	\$10/\$20/\$35	\$10/\$20/\$35	
Hospital	\$150 Copay then 20%	\$300 Copay then 40%	
UnitedHealthcare HMO		Network 1	Network 2
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 Admit	\$500 Copay Per Admit	\$200 Copay Per Admit
UnitedHealthcare High Deductible		PPO - In	Out
Deductible	\$2,700/\$3,000	\$3,000/\$6,000	
Physicians Services	10% After Ded	30% After Ded	
Emergency Room	10% After Ded	10% After Ded	
Rx	\$10/\$30/\$50	\$10/\$30/\$50	
Hospital	10% After Ded	30% After Ded	

3. ORANGE COUNTY

3. Orange County Population: 3,187,000

Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Choice Wellwise PPO*	811.33	884.33	9.0%	730.19	795.91	9.0%
Choice Sharewell PPO*	324.53	353.74	9.0%	400.06	429.27	7.3%
CIGNA HMO Choice*	843.16	864.24	2.5%	758.85	777.82	2.5%
CIGNA HMO Select*	702.75	720.32	2.5%	632.48	648.30	2.5%
Kaiser HMO Choice*	595.45	605.99	1.8%	535.91	545.40	1.8%
AVERAGE	655.44	685.72	4.6%	611.50	639.34	4.6%

3. Orange County: Medical Plan Design Summary

Wellwise PPO	In	Out
Deductible	\$500/\$1,000	\$750/\$1,500
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	20%/25%/30%	Not Covered
Hospital	90/10	70/30
Sharewell PPO	In	Out
Deductible	\$5,000 Per Family	\$5,000 Per Family
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	80/20	Not Covered
Hospital	90/10	70/30
CIGNA	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30/\$50	
Hospital	\$100 Per Admit	
Kaiser	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

* Current county contributions assume wellness participation.

4. RIVERSIDE COUNTY

4. Riverside County						Population: 2,418,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
UHC Harmony HMO **		714.28			714.28	
Kaiser HMO *	737.20			737.20		
Exclusive Care EPO	750.50	808.10	7.7%	750.50	808.10	7.7%
Blue Shield Access+ HMO **		779.88			779.88	
Blue Shield Trio HMO **		668.14			668.14	
Kaiser HMO - PERS **		719.78			719.78	
PORAC - PERS **		775.00			775.00	
PERS Platinum PPO **		863.38			848.33	
PERS Gold PPO **		575.56			575.56	
Anthem Select HMO **		676.48			676.48	
Anthem Traditional HMO **		935.58			848.33	
Health Net Salud y Mas **		463.88			463.88	
Health Net SmartCare **		764.96			764.96	
UHC Alliance HMO	774.18	771.86	-0.3%	774.18	771.86	-0.3%
AVERAGE	753.96	732.07	-2.9%	753.96	724.20	-3.9%

* Discontinued in 2022

** New in 2022

4. Riverside County: Medical Plan Design Summary	
UHC	
	HMO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25/\$50
Hospital	\$100 Copay
Kaiser	
	HMO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25
Hospital	\$100 Copay
Exclusive Care	
	EPO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$100 Copay
Rx	\$10/\$25/\$50
Hospital	\$100 Copay

5. SAN BERNARDINO COUNTY

5. San Bernardino County						Population: 2,180,000
Medical Plans	2020-21 Premium	2021-22 Premium	% +/-	2020-21 County Contribution	2021-22 County Contribution	% +/-
Kaiser HMO	679.03	698.32	2.8%	467.47	455.67	-2.5%
Kaiser Choice HMO	589.68	606.43	2.8%	467.47	455.67	-2.5%
Blue Shield Signature HMO	593.86	630.52	6.2%	463.40	455.67	-1.7%
Blue Shield Access+ HMO	515.95	547.78	6.2%	463.40	452.34	-2.4%
Blue Shield Needles PPO	1,244.71	1,321.82	6.2%	771.02	774.04	0.4%
Blue Shield PPO	1,102.88	1,171.17	6.2%	465.17	462.33	-0.6%
AVERAGE	787.68	829.34	5.3%	516.32	509.29	-1.4%

5. San Bernardino County: Medical Plan Design Summary			
Kaiser		HMO	Choice HMO
Deductible		None	None
Physicians Services		\$10 Copay	\$40 Copay
Emergency Room		\$50 Copay	\$150 Copay
Rx		\$10/\$15	\$15/\$35
Hospital		No Charge	\$500 per day
Blue Shield Signature HMO		Tier 1 - HMO	Tier 2 - PPO
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
			\$100/admission plus 20% for facility services
Blue Shield PPO		PPO - In	PPO - Out
Deductible		\$250/\$500	\$250/\$500
Physicians Services		\$10 Copay	70/30 After ded
Emergency Room		\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded
Rx		\$15/\$30/\$30	\$15/\$30/\$30 + 25% of billed amount
Hospital		80/20 After ded	70/30 After ded
Blue Shield Needles PPO		PPO - In	PPO - Out
Deductible		None	\$250/\$750
Physicians Services		\$10 Copay	70/30 After Ded
Emergency Room		\$50 Copay	\$50 Copay
Rx		\$10/\$15/\$15	\$10/\$15/\$15+25% of billed amount
Hospital		No charge	70/30 After Ded

6. SANTA CLARA COUNTY

6. Santa Clara County						Population: 1,936,000
Medical Plans	2020-21 Premium	2021-22 Premium	% +/-	2020-21 County Contribution	2021-22 County Contribution	% +/-
Kaiser HMO	762.15	789.69	3.6%	753.87	777.72	3.2%
Valley Health HMO	1,026.81	1,026.81	0.0%	1,007.84	1,010.07	0.2%
Health Net POS	1,416.39	1,473.05	4.0%	1,366.43	1,419.79	3.9%
AVERAGE	1,068.45	1,096.51	2.6%	1,042.71	1,069.19	2.5%

6. Santa Clara County: Medical Plan Design Summary			
Kaiser		HMO	
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$35 Copay		
Rx	\$5/\$10		
Hospital	\$100 per admit		
Valley Health		HMO	
Deductible	None		
Physicians Services	No Charge		
Emergency Room	No Charge		
Rx	No Charge		
Hospital	No Charge		
HealthNet POS		HMO	PPO
Deductible	None	None	\$200/\$600
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

7. Alameda County						Population: 1,682,000
Medical Plans	2021-22 Premium	2022-23 Premium	% +/-	2021-22 County Contribution	2022-23 County Contribution	% +/-
UHC SignatureValue \$15	1,150.60	1,184.32	2.9%	1,005.34	1,037.76	3.2%
Kaiser \$15	771.48	802.34	4.0%	674.08	703.05	4.3%
Kaiser \$40	717.02	745.70	4.0%	626.50	653.42	4.3%
UHC SignatureValue Advantage \$15	759.16	781.42	2.9%	663.31	684.72	3.2%
UHC Select Plus PPO *		1,089.12			684.72	
UHC SignatureValue Advantage \$40	678.38	698.26	2.9%	592.74	611.85	3.2%
UHC SignatureValue \$40	1,028.16	1,058.30	2.9%	898.36	927.34	3.2%
AVERAGE	850.80	908.49	6.8%	743.39	757.55	1.9%

* New plan

7. Alameda County: Medical Plan Design Summary			
United Healthcare	Premium HMO	Standard HMO	PPO
Deductible	NONE	NONE	\$500/\$1,000
Physicians Services	\$15 COPAY	\$40 COPAY	\$20 COPAY
Emergency Room	\$50 COPAY	\$100 COPAY	20% coinsurance
Rx	\$10/\$25/\$35	\$25/\$35/\$50	\$10/\$25/\$10
Hospital	NO CHARGE	\$500 COPAY	20% coinsurance
Kaiser	Premium HMO	Standard HMO	
Deductible	NONE	NONE	
Physicians Services	\$15 COPAY	\$40 COPAY	
Emergency Room	\$50 COPAY	\$100 COPAY	
Rx	\$15/\$15	\$15/\$30	
Hospital	NO CHARGE	\$500 COPAY	

8. SACRAMENTO COUNTY

8. Sacramento County						Population: 1,585,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Western Health Adv. HMO	790.32	803.56	1.7%	790.32	803.56	1.7%
Sutter Health Plus HMO	833.82	866.76	4.0%	833.82	866.76	4.0%
Kaiser HMO 15	879.56	948.88	7.9%	879.56	872.85	-0.8%
Western Health Adv. HDHP	603.30	613.70	1.7%	603.30	613.70	1.7%
Sutter Health Plus HDHP	612.90	638.70	4.2%	612.90	638.70	4.2%
Kaiser HDHP HMO	666.24	686.22	3.0%	666.24	686.22	3.0%
AVERAGE	731.02	759.64	3.9%	731.02	746.97	2.2%

8. Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,400/\$2,800
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded
Western Health Advantage	HMO	HDHP - HMO
Deductible	None	\$1,400/\$2,800
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded
Kaiser	HMO	HDHP - HMO
Deductible	None	\$1,400/\$2,800
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20	\$10/\$20 After Ded
Hospital	No Charge	No Charge After Ded

9. CONTRA COSTA COUNTY

9. Contra Costs County						Population: 1,166,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
CCHP Plan A	1,018.05	1,072.58	5.4%	848.10	930.49	9.7%
CCHP Plan B	1,128.52	1,188.96	5.4%	891.04	987.03	10.8%
Health Net HMO Plan A	1,861.66	1,985.33	6.6%	1,489.33	1,588.27	6.6%
Health Net HMO Plan B	1,294.56	1,380.56	6.6%	1,035.65	1,104.45	6.6%
Health Net SmartCare HMO A	1,305.65	1,392.39	6.6%	887.67	954.10	7.5%
Health Net SmartCare HMO B	930.98	992.83	6.6%	737.81	794.27	7.7%
Health Net PPO Plan A	3,017.68	3,289.27	9.0%	1,371.47	1,703.24	24.2%
Kaiser HMO Plan A	951.20	951.20	0.0%	742.16	772.07	4.0%
Kaiser HMO Plan B	766.21	766.21	0.0%	641.79	642.81	0.2%
Kaiser HDHP	579.96	579.96	0.0%	521.97	521.97	0.0%
Anthem Select - PERS	925.60	1,015.81	9.7%	729.64	779.04	6.8%
Anthem Traditional - PERS	1,307.86	1,304.00	-0.3%	859.12	856.26	-0.3%
Blue Shield Access+ - PERS	1,170.08	1,116.01	-4.6%	724.84	700.55	-3.4%
Blue Shield Trio - PERS	880.50	898.54	2.0%	647.81	661.38	2.1%
Health Net Smartcare - PERS	1,120.21	1,153.00	2.9%	774.10	797.62	3.0%
CCHP Plan A Alternate - PERS	1,248.54	1,315.96	5.4%	831.77	870.79	4.7%
Kaiser HMO - PERS	813.64	857.06	5.3%	646.64	672.90	4.1%
PERS Platinum	1,294.69	1,057.01	-18.4%	784.18	769.99	-1.8%
PERS Choice *	935.84			701.62		
PORAC - PERS	799.00	799.00	0.0%	668.41	670.61	0.3%
PERS Gold	566.67	701.23	23.7%	566.66	629.32	11.1%
United Health Care - PERS	941.17	1,020.28	8.4%	651.66	691.64	6.1%
Western Health Advantage - PERS	757.02	741.26	-2.1%	594.74	599.86	0.9%
AVERAGE	1,113.71	1,162.66	4.4%	797.75	849.94	6.5%

* Discontinued

9. Contra Costa County: Medical Plan Design Summary

9. Contra Costa County: Medical Plan Design Summary					
CCHP	PLAN A	PLAN B			
Deductible	None	None			
Physicians Services	No Charge	\$5 Copay			
Emergency Room	No Charge	No Charge			
Rx	No Charge	\$3 Per Rx			
Hospital	No Charge	No Charge			
HealthNet	HMO	PLAN A -In	PLAN A - Out	SmartCare HMO A	SmartCare HMO B
Deductible	None	\$250/\$750	\$250/\$750	None	None
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30	\$15	\$30
Emergency Room	\$25	\$50 + 10% co-ins	\$50 + 10% co-ins	\$50	\$100
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$30/\$50
Hospital	No Charge	90/10	70/30	No Charge	\$1,500
Kaiser	PLAN A	PLAN B	HDHP		
Deductible	None	\$500/\$1,000	\$1,500/\$3,000		
Physicians Services	\$10 Copay	\$20 Copay	90/10 After Ded		
Emergency Room	\$10 Copay	90/10 After Ded	90/10 After Ded		
Rx	\$10/\$20	\$10/\$30	\$10/\$30 After Ded		
Hospital	No Charge	90/10 After Ded	90/10 After Ded		

10. FRESNO COUNTY

10. Fresno County						Population: 1,008,000
Medical Plans	2021 Premium	2022 Premium	% +/-	2021 County Contribution	2022 County Contribution	% +/-
Kaiser \$15 HMO	942.51	981.36	4.1%	797.33	819.00	2.7%
Blue Cross EPO	942.51	981.36	4.1%	797.33	819.00	2.7%
Blue Cross PPO	1,247.66	1,245.41	-0.2%	797.33	819.00	2.7%
Blue Cross EPO \$500	941.73	896.86	-4.8%	797.33	819.00	2.7%
Blue Cross EPO \$1000	859.29	848.13	-1.3%	797.33	819.00	2.7%
Blue Cross HDPPO \$3000	797.33	819.00	2.7%	797.33	819.00	2.7%
AVERAGE	955.17	962.02	0.7%	797.33	819.00	2.7%

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	EPO	PPO	EPO \$500
Deductible	None	\$250/\$500	None
Physicians Services	\$15 per visit	\$20 per visit	\$35 per visit
Emergency Room	\$100 per visit	\$0 Copay After Ded	\$250 per visit
Rx	Carved out	Carved out	Carved out
Hospital	No Charge	No Charge	\$500
BLUE CROSS	HDPPO - IN		
Deductible	\$3,000/\$6,000		
Physicians Services	\$0 Copay After Ded		
Emergency Room	\$0 Copay After Ded		
Rx	\$0 Copay After Ded		
Hospital	\$0 Copay After Ded		

CALPERS

2021 CalPERS

	Kaiser HMO	Blue Shield Access +	Western Health Adv	PERS Gold		PERS Platinum		Anthem Blue Cross	Health Net	UnitedHealthcare
	HMO	HMO	HMO	IN	OUT	IN	OUT	EPO & HMO	EPO & HMO	SignatureValue
Annual Deductible	N/A	N/A	N/A	\$1,000/\$2,000		\$500/\$1,000		N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	60%/40%	90%/10%, \$250 Deductible	60%/40%, \$250 Deductible	No Charge	No Charge	No Charge
Emergency Room	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	80%/20%, \$50 Deductible		90%/10%, \$50 Deductible		\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Rx - Retail	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
Rx - Mail Order	\$10/\$40	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
Infertility Treatment	50%/50%	50%/50%	50%/50%	50%/50%		50%/50%		50%/50%	50%/50%	50%/50%
Acupuncture	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay	60%/40% Limit 20 Visits/Yr	\$15 Copay	60%/40% Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr
Chiropractic	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay	60%/40% Limit 20 Visits/Yr	\$15 Copay	60%/40% Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr

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

SFHSS ACTIVE EMPLOYEE PLANS

	HEALTH NET CANOPYCARE HMO	BLUE SHIELD of CALIFORNIA HMO		KAISER PERMANENTE HMO	BLUE SHIELD of CALIFORNIA PPO-ACCOLADE	
	CANOPYCARE HMO	TRIO HMO	ACCESS+ HMO	TRADITIONAL HMO	BLUE SHIELD OF CALIFORNIA PPO-ACCOLADE	
Choice of Physician	PCP assignment required.	PCP assignment required.	PCP assignment required.	KP network only. PCP assignment required.	You may use any licensed provider. You receive a higher level of benefit and pay lower out-of-pocket costs when choosing in-network providers.	
Deductible	No deductible	No deductible		No deductible	IN-NETWORK AND OUT-OF-AREA \$250 employee only \$500 +1 \$750 +2 or more	OUT-OF-NETWORK \$500 employee only \$1,000 +1 \$1,500 +2 or more
Out-of-Pocket Maximum does not include premium contributions	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 per family		\$1,500 per individual \$3,000 per family	\$3,750 per individual \$7,500 per family	\$7,500 per individual
General Care and Urgent Care						
Annual Physical; Well Woman Exam	No charge	No charge		No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay	\$25 co-pay		\$20 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$25 co-pay in-network		\$20 co-pay	85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge		No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge		No charge	100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	No charge		No charge	85% covered after deductible & prior notification	50% covered after deductible & prior notification
Doctor's Hospital Visit	No charge	No charge		No charge	85% covered after deductible	50% covered after deductible
Prescription Drugs						
Pharmacy: Generic	\$10 co-pay 30-day supply	\$10 co-pay 30-day supply		\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Brand-Name	\$25 co-pay 30-day supply	\$25 co-pay 30-day supply		\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 co-pay plus 50% Coinsurance; 30-day supply
Pharmacy: Non-Formulary	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply		Physician authorized only	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply		\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply		\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply		Physician authorized only	\$100 co-pay 90-day supply	Not covered
Specialty	20% up to \$100 co-pay; 30-day supply	20% up to \$100 co-pay; 30-day supply		20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply

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