



10-COUNTY SURVEY FOR 2026 PLAN YEAR RATES

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 2025 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data are not included in the 10-County Survey.

Use of 10-County Amount in SFHSS Employer Contribution Calculations

The March 2025 10-County Survey will be applied to SFHSS rate calculations for plan year 2026. 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 \$942.14 projected for plan year 2025 is 6.81% higher than \$882.05, the 10-County average developed last year for plan year 2025. All counties had a change in contribution.

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

For the 2025 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$919.01. Per the Calendar Year Change Rule, this \$919.01 is projected forward six months, using Los Angeles County's three-year average six-month premium increase trend of 3.5%. This results in the average 2026 plan year employer premium contribution calculated at \$951.40 for Los Angeles County.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For 2025 calendar year information, actual contributions for each county were higher than the 2025 projections developed in March 2024 due to higher-than-expected premium rates that materialized for the counties into the 2025 plan year (ranging from 0.8% higher to 5.5% higher by county).

Any variances are driven by changes in plans offered, premiums, and employer contributions from original projections to actuals. The actual contributions for 2025 across the 10 counties in aggregate were 2.9% higher than aggregated originally estimated 2025 contributions (\$907.43 actual vs. \$882.05 estimated).

Average of Employer Contributions

County	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025 Calculated	2025 Actual	3-Year Annual Trend	Months of Trend	Trend Factor	2026 Calculation
1 Los Angeles	515.07	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	746.54	757.91	798.05	907.74	919.01	7.2%	6	1.04	951.40
2 San Diego	444.86	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	691.14	788.07	723.51	775.93	791.14	4.6%	6	1.02	809.16
3 Orange	506.94	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	627.67	658.78	736.07	815.69	826.61	9.6%	6	1.05	865.42
4 Riverside	545.54	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	768.35	730.26	761.77	814.61	853.69	3.6%	6	1.02	868.81
5 San Bernardino*	398.98	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	535.30	537.46	584.09	623.22	628.06	5.5%	12	1.05	662.42
6 Santa Clara*	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	1,086.78	1,127.73	1,264.31	1,303.60	7.3%	12	1.07	1,399.20
7 Alameda	588.99	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	748.84	763.87	818.98	952.26	994.44	9.9%	6	1.05	1,042.58
8 Sacramento	696.00	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	753.75	761.88	778.73	815.72	829.41	3.2%	6	1.02	842.74
9 Contra Costa	553.15	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	814.23	874.26	816.83	886.99	936.00	4.8%	6	1.02	958.00
10 Fresno	455.17	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	833.01	848.33	912.74	963.99	992.33	6.0%	6	1.03	1,021.70
Average	534.78	559.65	567.80	579.24	604.84	649.17	672.08	705.92	729.19	757.31	780.76	805.85	882.05	907.43	6.2%	7.5	1.04	942.14

Increase Over Prior Year

County	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
1 Los Angeles	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%	3.45%	1.52%	5.30%	13.75%	4.81%
2 San Diego	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%	5.16%	14.02%	-8.19%	7.24%	4.28%
3 Orange	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%	7.32%	4.96%	11.73%	10.82%	6.10%
4 Riverside	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%	11.03%	-4.96%	4.32%	6.94%	6.65%
5 San Bernardino*	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	11.81%	5.02%	0.40%	8.68%	6.70%	6.29%
6 Santa Clara*	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%	-0.08%	3.09%	3.77%	12.11%	10.67%
7 Alameda	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%	-0.26%	2.01%	7.22%	16.27%	9.48%
8 Sacramento	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%	4.29%	1.08%	2.21%	4.75%	3.31%
9 Contra Costa	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%	1.69%	7.37%	-6.57%	8.59%	8.01%
10 Fresno	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%	4.50%	1.84%	7.59%	5.61%	5.99%
Average	2.26%	4.65%	1.46%	2.02%	4.42%	7.33%	3.53%	5.04%	3.30%	3.86%	3.10%	3.21%	9.46%	6.81%

*Plan years 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

Los Angeles County				Population: 9,663,000		
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	941.16	1,019.21	8.3%	941.16	1,019.21	8.3%
CIGNA Choices Select Network HMO - County Sponsored	867.97	910.14	4.9%	867.97	910.14	4.9%
CIGNA Choices HMO - County Sponsored	1,198.12	1,256.50	4.9%	1,126.68	1,149.21	2.0%
CIGNA Choices POS - County Sponsored	2,151.13	2,256.58	4.9%	1,126.68	1,149.21	2.0%
Blue Cross Prudent Buyer Basic - ALADS	1,130.84	1,235.02	9.2%	1,126.68	1,149.21	2.0%
Blue Cross CaliforniaCare Basic - ALADS	861.40	944.96	9.7%	861.40	944.96	9.7%
Blue Cross Prudent Buyer Premier - ALADS	1,152.12	1,258.60	9.2%	1,126.68	1,149.21	2.0%
Blue Cross CaliforniaCare Premier - ALADS	882.68	968.54	9.7%	882.68	968.54	9.7%
Blue Shield Classic CAPE	2,024.36	2,139.37	5.7%	1,126.68	1,149.21	2.0%
Blue Shield Lite CAPE	881.95	927.71	5.2%	881.95	927.71	5.2%
Local 1014 Plan - Fire Fighters	1,047.00	1,101.00	5.2%	1,047.00	1,101.00	5.2%
Kaiser Options - SEIU	897.80	972.91	8.4%	897.80	972.91	8.4%
Kaiser HMO - Unrepresented	276.00	276.00	0.0%	276.00	276.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented	388.00	417.00	7.5%	388.00	417.00	7.5%
Blue Cross Plus POS - Unrepresented	585.00	628.00	7.4%	585.00	628.00	7.4%
Blue Cross Catastrophic - Unrepresented	105.00	105.00	0.0%	105.00	105.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	750.00	806.00	7.5%	750.00	806.00	7.5%
CIGNA Options Full Network HMO	1,192.12	1,250.50	4.9%	1,105.54	1,127.65	2.0%
CIGNA Options Network POS	2,145.13	2,250.58	4.9%	1,105.54	1,127.65	2.0%
UnitedHealthcare Harmony HMO	705.51	764.35	8.3%	705.51	764.35	8.3%
UnitedHealthcare Options HMO - SEIU	959.85	1,039.73	8.3%	959.85	1,039.73	8.3%
UnitedHealthcare Options Select Plus PPO	1,453.86	1,507.87	3.7%	1,105.54	1,127.65	2.0%
UnitedHealthcare Options PPO - SEIU	2,427.10	2,427.10	0.0%	1,105.54	1,127.65	2.0%
AVERAGE	1,088.00	1,150.55	5.7%	878.47	919.01	4.6%

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/\$20/\$30	\$5/\$20/\$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/\$20/\$30	\$5/\$20/\$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 Permanente	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	

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 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

San Diego County					Population: 3,270,000	
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Kaiser Permanente HMO	809.73	807.21	-0.3%	809.73	807.21	-0.3%
Kaiser Permanente High Deductible	632.06	630.11	-0.3%	632.06	630.11	-0.3%
UnitedHealthCare HMO Network 1	841.86	903.18	7.3%	841.86	903.18	7.3%
UnitedHealthCare HMO Alliance	807.71	866.54	7.3%	807.71	866.54	7.3%
UnitedHealthCare PPO	1,502.19	1,601.38	6.6%	942.26	989.60	5.0%
UnitedHealthCare HMO HDHP/HSA	512.85	550.20	7.3%	512.85	550.20	7.3%
AVERAGE	851.07	893.10	4.9%	757.75	791.14	4.4%

San Diego County: Medical Plan Design Summary		
Kaiser Permanente HMO	HMO	
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$25/\$25	
Hospital	\$100 Copay Per Admit	
Kaiser Permanente High Deductible	HD w/HSA	
Deductible	\$1,600/\$3,200	
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	\$125 Copay then 20%	\$125 Copay then 20%
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$150 Copay then 20%	\$300 Copay then 40%

San Diego County: Medical Plan Design Summary		
UnitedHealthcare HMO	Network 1	Alliance
Deductible	None	None
Physicians Services	\$25 Copay	\$25 Copay
Emergency Room	\$125 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$200 Copay Per Admit
UnitedHealthcare High Deductible	PPO - In	
Deductible	\$2,700/\$3,300	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$20/\$35	
Hospital	10% After Ded	

3. ORANGE COUNTY

Orange County					Population: 3,136,000	
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Choice Wellwise PPO*	1,050.84	1,083.89	3.1%	943.66	973.50	3.2%
Choice Sharewell PPO*	667.28	712.66	6.8%	742.81	788.20	6.1%
CIGNA HMO Choice*	925.75	1,017.96	10.0%	834.01	917.06	10.0%
CIGNA HMO Select*	771.55	817.61	6.0%	695.09	736.56	6.0%
Kaiser Permanente HMO Choice*	745.84	795.69	6.7%	673.59	717.71	6.5%
AVERAGE	832.25	885.56	6.4%	777.83	826.61	6.3%

*Current county contributions assume wellness participation.

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 Permanente	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

4. RIVERSIDE COUNTY

Riverside County					Population: 2,492,000	
Medical Plans	2024 Premium	2025 Premium	% +/-	2023 County Contribution	2025 County Contribution	% +/-
UnitedHealthcare Harmony HMO	734.76	756.28	2.9%	734.76	756.28	2.9%
Blue Shield Access+ HMO	756.66	828.46	9.5%	756.66	828.46	9.5%
Blue Shield Trio HMO	704.70	738.12	4.7%	704.70	738.12	4.7%
Kaiser Permanente HMO - PERS	865.42	926.52	7.1%	865.42	925.48	6.9%
PORAC - PERS	820.00	970.00	18.3%	820.00	925.48	12.9%
PERS Platinum PPO	1,131.48	1,263.74	11.7%	894.90	925.48	3.4%
PERS Gold PPO	785.28	868.16	10.6%	785.28	868.16	10.6%
Anthem Select HMO	841.14	916.88	9.0%	841.14	916.88	9.0%
Anthem Traditional HMO	1,012.68	1,065.46	5.2%	894.90	925.48	3.4%
Health Net Salud y Mas	630.14	714.40	13.4%	630.14	714.40	13.4%
UnitedHealthcare Alliance HMO	826.44	866.40	4.8%	826.44	866.40	4.8%
AVERAGE	828.06	901.31	8.8%	795.85	853.69	7.3%

Riverside County: Medical Plan Design Summary	
CalPERS	HMO
Deductible	None
Physicians Services	\$15 Copay
Emergency Room	\$50 Copay
Rx	\$5
CalPERS PPO	PERS Gold
Deductible	\$1,000/\$2,000
Physicians Services	\$35 Copay
Rx	\$5

5. SAN BERNARDINO COUNTY

San Bernardino County					Population: 2,196,000	
Medical Plans	2023-24 Premium	2024-25 Premium	% +/-	2023-24 County Contribution	2024-25 County Contribution	% +/-
Kaiser Permanente HMO	753.83	813.71	7.9%	536.42	568.57	6.0%
Kaiser Permanente Choice HMO	642.55	693.55	7.9%	532.07	564.18	6.0%
Blue Shield Signature HMO	724.49	763.69	5.4%	532.07	564.18	6.0%
Blue Shield Access+ HMO	629.31	663.33	5.4%	532.07	564.18	6.0%
Blue Shield Needles PPO	1,519.55	1,601.99	5.4%	890.24	938.67	5.4%
Blue Shield PPO	1,346.28	1,419.30	5.4%	533.13	568.57	6.6%
AVERAGE	936.00	992.59	6.0%	592.67	628.06	6.0%

San Bernardino County: Medical Plan Design Summary			
Kaiser Permanente	HMO	Choice HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$40 Copay	
Emergency Room	\$75 Copay	\$150 Copay	
Rx	\$10/\$15	\$15/\$35	
Hospital	No Charge	\$500 per day	
Blue Shield Signature HMO	Tier 1 - HMO	Tier 2 - PPO	Access+ HMO
Deductible	None	None	None
Physicians Services	\$10 Copay	\$30 Copay	\$40 Copay
Emergency Room	\$75 Copay	\$75 Copay	\$50 Copay
Rx	\$5/\$10/\$25	Not covered	\$5/\$10/\$25
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

Santa Clara County					Population: 1,878,000	
Medical Plans	2023-24 Premium	2024-25 Premium	% +/-	2023-24 County Contribution	2024-25 County Contribution	% +/-
Kaiser Permanente HMO	894.79	1,001.04	11.9%	884.54	990.29	12.0%
Valley Health HMO	1,144.76	1,210.02	5.7%	1,129.88	1,194.60	5.7%
Health Net POS	1,662.18	1,778.53	7.0%	1,610.79	1,725.91	7.1%
AVERAGE	1,233.91	1,329.86	7.8%	1,208.40	1,303.60	7.9%

Santa Clara County: Medical Plan Design Summary			
Kaiser Permanente	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		
Health Net POS	HMO	PPO	OUT
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

Alameda County				Population: 1,622,000		
Medical Plans	2024-25 Premium	2025-26 Premium	% +/-	2024-25 County Contribution	2025-26 County Contribution	% +/-
UnitedHealthcare SignatureValue \$15	1,464.90	1,594.36	8.8%	1,267.14	1,379.12	8.8%
Kaiser Permanente \$15	986.78	1,042.54	5.7%	853.56	901.80	5.7%
Kaiser Permanente \$40	917.12	968.94	5.7%	793.31	838.13	5.6%
UnitedHealthcare SignatureValue Advantage \$15	957.68	1,042.48	8.9%	828.39	901.74	8.9%
UnitedHealthcare Select Plus PPO	1,253.90	1,379.16	10.0%	828.39	901.74	8.9%
UnitedHealthcare SignatureValue Advantage \$40	855.76	931.14	8.8%	740.23	805.43	8.8%
UnitedHealthcare SignatureValue \$40	1,309.00	1,425.54	8.9%	1,132.28	1,233.09	8.9%
AVERAGE	1,106.45	1,197.74	8.3%	920.47	994.44	8.0%

Alameda County: Medical Plan Design Summary			
UnitedHealthcare	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/\$35/\$85
Hospital	No Charge	\$500 Copay	20% Coinsurance
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: 1,584,000	
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Western Health Advantage HMO	857.86	857.86	0.0%	857.86	857.86	0.0%
Sutter Health Plus HMO	949.36	995.56	4.9%	887.33	905.04	2.0%
Kaiser Permanente HMO 15	1,150.86	1,208.42	5.0%	887.33	905.04	2.0%
Western Health Advantage HDHP	655.50	706.60	7.8%	655.50	706.60	7.8%
Sutter Health Plus HDHP	700.10	738.30	5.5%	700.10	738.30	5.5%
Kaiser Permanente HDHP HMO	822.32	863.62	5.0%	822.32	863.62	5.0%
AVERAGE	856.00	895.06	4.6%	801.74	829.41	3.5%

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,650/\$3,300
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	\$1,650/\$3,300
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 Permanente	HMO	HDHP - HMO
Deductible	None	\$1,650/\$3,300
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

Contra Costa County				Population: 1,155,000		
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
CCHP Plan A	1,204.21	1,282.49	6.5%	1,051.80	1,120.49	6.5%
CCHP Plan B	1,334.87	1,421.65	6.5%	1,103.77	1,175.84	6.5%
Health Net SmartCare HMO A	1,795.47	1,930.31	7.5%	1,248.89	1,339.18	7.2%
Health Net SmartCare HMO B	1,201.28	1,291.50	7.5%	961.03	1,029.69	7.1%
Health Net PPO Plan A	3,640.25	4,095.28	12.5%	1,674.67	1,853.75	10.7%
Kaiser Permanente HMO Plan A	962.90	995.41	3.4%	845.95	874.52	3.4%
Kaiser Permanente HMO Plan B	769.56	795.54	3.4%	675.76	698.57	3.4%
Kaiser Permanente HDHP	603.14	623.50	3.4%	542.83	561.15	3.4%
Anthem Select - PERS	1,138.86	1,256.65	10.3%	836.27	895.16	7.0%
Anthem Traditional - PERS	1,339.70	1,500.40	12.0%	875.04	955.39	9.2%
Blue Shield Access+ - PERS	1,076.84	1,170.17	8.7%	678.22	724.88	6.9%
Blue Shield Trio - PERS	946.84	1,134.79	19.9%	680.98	774.95	13.8%
CCHP Plan A Alternate - PERS	1,512.49	1,610.81	6.5%	963.75	1,012.91	5.1%
Kaiser Permanente HMO - PERS	1,021.41	1,112.90	9.0%	750.52	796.27	6.1%
PERS Platinum	1,314.27	1,476.10	12.3%	890.84	971.75	9.1%
PORAC - PERS	931.00	975.00	4.7%	734.41	756.41	3.0%
PERS Gold	914.82	1,013.70	10.8%	734.20	783.64	6.7%
UnitedHealthcare - PERS	1,091.13	1,184.58	8.6%	724.27	770.99	6.5%
Western Health Advantage - PERS	807.23	914.27	13.3%	634.97	688.49	8.4%
AVERAGE	1,242.44	1,357.11	9.2%	874.11	936.00	7.1%

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			
Health Net	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	90/10	90/10	\$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 Permanente	PLAN A	PLAN B	HDHP		
Deductible	None	\$500/\$1,000	\$1,650/\$3,300		
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

Fresno County					Population: 1,017,000	
Medical Plans	2024 Premium	2025 Premium	% +/-	2024 County Contribution	2025 County Contribution	% +/-
Kaiser Permanente \$15 HMO	1,131.70	1,216.96	7.5%	938.17	992.33	5.8%
Blue Cross EPO	1,105.18	1,100.89	-0.4%	938.17	992.33	5.8%
Blue Cross PPO *	1,245.39			938.17		
Blue Cross EPO \$500	964.72	992.33	2.9%	938.17	992.33	5.8%
Blue Cross HDPPPO \$1,000	938.17	992.33	5.8%	938.17	992.33	5.8%
Blue Cross HDPPPO \$3,000	938.17	992.33	5.8%	938.17	992.33	5.8%
AVERAGE	1,053.89	1,058.97	0.5%	938.17	992.33	5.8%

* Discontinued

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	EPO	PPO	EPO \$500	EPO \$1,000
Deductible	None	\$250/\$500	None	None
Physicians Services	\$15 per visit	\$20 per visit	\$35 per visit	\$35 per visit
Emergency Room	\$100 per visit	\$100 per visit	\$250 per visit	\$300 per visit
Rx	No Charge	\$10/\$20/\$35	No Charge	No Charge
Hospital	No Charge	No Charge	\$500	\$500
Blue Cross	HDPPPO - 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			

2025 CalPERS Health Plan Summaries										
	Kaiser Permanente HMO	Blue Shield Access+ HMO	Western Health Advantage HMO	PERS Gold		PERS Platinum		Anthem Blue Cross	Health Net	UnitedHealthcare
				In	Out	In	Out	EPO & HMO	EPO & HMO	SignatureValue
Annual Deductible	N/A	N/A	N/A	N/A		N/A		N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	60%/40%	90%/10% \$250 Ded.	60%/40% \$250 Ded.	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%	\$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/Yr.		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%	\$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/Yr.		Limit 20 Visits/Yr.				

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

SFHSS ACTIVE EMPLOYEE PLANS

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

	HEALTH NET CANOPYCARE HMO	KAISER PERMANENTE HMO	BLUE SHIELD OF CALIFORNIA HMO		BLUE SHIELD OF CALIFORNIA PPO	
	CANOPYCARE HMO	TRADITIONAL HMO	TRIO HMO	ACCESS+ HMO	BLUE SHIELD OF CALIFORNIA PPO	
Choice of Physician	PCP assignment required.	KP network only. PCP assignment required.	PCP assignment required.	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	No deductible	IN-NETWORK AND OUT-OF-AREA	OUT-OF-NETWORK
					\$250 employee only \$500 +1 \$750 +2 or more	\$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	\$1,500 per individual \$3,000 per family	\$2,000 per individual \$4,000 per family	\$2,000 per individual \$4,000 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	No charge	100% covered no deductible	50% covered after deductible
Doctor Office Visit	\$25 co-pay	\$20 co-pay	\$25 co-pay	\$25 co-pay	85% covered after deductible	50% covered after deductible
Urgent Care Visit	\$25 co-pay in-network and out-of-network	\$20 co-pay	\$25 co-pay in-network	\$25 co-pay in-network	85% covered after deductible	50% covered after deductible
Family Planning	No charge	No charge	No charge	No charge	100% covered no deductible	50% covered after deductible
Immunizations	No charge	No charge	No charge	No charge	100% covered no deductible	100% covered no deductible
Lab and X-ray	No charge	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	No charge	85% covered after deductible	50% covered after deductible
PRESCRIPTION DRUGS						
Pharmacy: Generic	\$10 co-pay 30-day supply	\$5 co-pay 30-day supply	\$10 co-pay 30-day supply	\$10 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	\$15 co-pay 30-day supply	\$25 co-pay 30-day supply	\$25 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	Only if authorized by Kaiser Physician	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply
Mail Order: Generic	\$20 co-pay 90-day supply	\$10 co-pay 100-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	\$20 co-pay 90-day supply	Not covered
Mail Order: Brand-Name	\$50 co-pay 90-day supply	\$30 co-pay 100-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	\$50 co-pay 90-day supply	Not covered
Mail Order: Non-Formulary	\$100 co-pay 90-day supply	Only if authorized by Kaiser Physician	\$100 co-pay 90-day supply	\$100 co-pay 90-day supply	\$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	20% up to \$100 co-pay; 30-day supply	\$50 co-pay 30-day supply	\$50 co-pay, plus 50% Coinsurance; 30-day supply