

EXHIBIT A

Copy of Survey

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

Process

The City Charter 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. HSS then averages 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, in most cases, trended forward six months, based on the county's average annual increase for the preceding three years.

There were no changes to the type of plan design data collected for the 2015 plan year. 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 \$567.80 for plan year 2015 is 1.46% above \$559.65, the 10-County average for plan year 2014. This is lower than historic 10-County Survey trends. All counties had a change in contribution.

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

For the 2014 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$589.83. Per the Calendar Year Change Rule, this \$589.83 is projected forward six months, using Los Angeles County's three year premium increase trend of 7.2%. This results in the average employer premium contribution calculated at \$610.75 for Los Angeles County. The March 2014 10-County Survey will be applied to Health Service System rate calculations for plan year 2015.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior year projections have been compared to actuals. For Calendar Year 2014, there are a few instances where there are significant differences between prior projections and actuals. This is driven by significant plan changes for various counties. For example, Sacramento is now offering many low cost plans that make the county projection from last year 23% lower than what is actually offered. However, the overall assessment is less than half a percent from what was calculated (\$557.38 vs. \$559.65).

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Average of Employer Contributions

County	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014 Calculated	2014 Actual	3 Yr Trend	Months of Trend	Trend Factor	2015 Calculated
1 Los Angeles	276.16	316.07	338.55	362.55	383.10	415.91	457.56	478.56	499.57	515.07	552.40	589.83	7.2%	6	1.04	610.75
2 San Diego	262.38	267.86	363.48	305.87	327.00	363.48	364.00	406.00	432.20	444.86	445.29	452.29	3.7%	6	1.02	460.51
3 Orange	395.83	374.13	380.63	387.92	338.64	372.44	383.75	434.41	485.10	506.94	544.46	546.48	8.0%	6	1.04	567.79
4 Riverside	317.55	364.69	391.53	462.05	469.65	491.27	488.44	513.02	537.43	545.54	606.39	575.99	3.9%	6	1.02	587.21
5 San Bernardino ¹	298.45	333.57	299.72	313.73	368.67	377.35	397.51	399.70	398.98	398.98	413.51	415.52	1.3%	12	1.01	420.92
6 Santa Clara ¹	342.10	382.32	438.49	479.93	515.52	563.19	608.44	655.97	643.13	643.13	656.34	744.52	4.3%	12	1.04	776.62
7 Alameda ²	276.28	316.40	342.11	398.35	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	4.8%	0	1.00	622.92
8 Sacramento	315.25	363.89	422.13	480.54	480.76	516.78	561.35	637.98	667.02	696.00	714.53	548.90	-4.9%	6	0.98	535.31
9 Contra Costa	299.35	336.62	366.77	407.86	438.47	470.02	495.15	521.90	540.43	553.15	574.27	594.20	4.4%	6	1.02	607.18
10 Fresno	345.67	399.71	390.06	432.64	425.58	425.43	450.43	450.80	450.80	455.17	450.86	483.17	2.3%	6	1.01	488.79
Average	312.90	345.53	373.35	403.14	418.80	449.37	472.85	503.94	522.97	534.78	559.65	557.38	3.4%	6.6	1.02	567.80

Increase Over Prior Year

County	2004 2005	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015
1 Los Angeles	1.43%	14.45%	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%
2 San Diego	26.17%	2.09%	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%
3 Orange	3.22%	-5.48%	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%
4 Riverside	15.22%	14.84%	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%
5 San Bernardino	23.06%	11.77%	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%
6 Santa Clara	18.71%	11.76%	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%
7 Alameda	4.11%	14.52%	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%
8 Sacramento	2.03%	15.43%	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%
9 Contra Costa	11.89%	12.45%	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%
10 Fresno	15.16%	15.63%	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%
Average	11.27%	10.43%	8.05%	7.98%	3.88%	7.30%	5.23%	6.57%	3.78%	2.26%	4.65%	1.46%

¹Plan years for these counties are not calendar year. Contributions shown for these counties are for the last 6 months of 2013 and first 6 months of 2014. This affects the number of months of trend applied.

²Plan year for this county is not calendar year. Contributions shown for this county is for the last 6 months of 2014 and first 6 months of 2015. This affects the number of months of trend applied.

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2014 10-COUNTY SURVEY

1. Los Angeles County						Population: 9,962,789
Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	593.87	640.46	7.8%	593.87	640.46	7.8%
CIGNA Choices HMO - County Sponsored	583.13	659.26	13.1%	583.13	659.26	13.1%
CIGNA Choices POS - County Sponsored	1,047.13	1,185.09	13.2%	706.59	757.46	7.2%
Blue Cross Prudent Buyer Basic- ALADS	800.64	872.08	8.9%	706.59	757.46	7.2%
Blue Cross CaliforniaCare Basic- ALADS	543.13	590.97	8.8%	543.13	590.97	8.8%
Blue Cross Prudent Buyer Premier- ALADS	908.78	990.83	9.0%	706.59	757.46	7.2%
Blue Cross CaliforniaCare Premier - ALADS	651.27	709.82	9.0%	651.27	709.82	9.0%
Blue Shield Classic CAPE	738.00	776.00	5.1%	706.59	757.46	7.2%
Blue Shield Lite CAPE	454.00	477.00	5.1%	454.00	477.00	5.1%
Local 1014 Plan - Fire Fighters	643.00	673.00	4.7%	643.00	673.00	4.7%
Kaiser Options - SEIU	562.92	606.79	7.8%	562.92	606.79	7.8%
Kaiser HMO - Unrepresented	254.00	303.00	19.3%	254.00	303.00	19.3%
Blue Cross CaliforniaCare HMO - Unrepresented	254.00	303.00	19.3%	254.00	303.00	19.3%
Blue Cross Plus POS - Unrepresented	384.00	458.00	19.3%	384.00	458.00	19.3%
Blue Cross Catastrophic - Unrepresented	197.00	235.00	19.3%	197.00	235.00	19.3%
Blue Cross Prudent Buyer PPO - Unrepresented	491.00	586.00	19.3%	491.00	586.00	19.3%
UnitedHealthcare Options HMO - SEIU	534.90	587.37	9.8%	534.90	587.37	9.8%
UnitedHealthcare Options PPO - SEIU	1,302.06	1,562.36	20.0%	706.59	757.46	7.2%
AVERAGE	607.94	678.67	11.6%	537.73	589.83	9.7%

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2014 10-COUNTY SURVEY

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	Not Covered
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	Not Covered
Hospital	No Charge	90/10 After Ded	70/30 After Ded
PacifiCare(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	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

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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 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	Unrep	
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 Ded
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 Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross			
	Catastrophic		
Deductible	\$2,000/\$4,000		
Physicians Services	75/25 After Ded		
Emergency Room	\$100 Copay then 75/25		
Rx	\$200 Ded Then 75/25		
Hospital	75/25 After Ded +\$500/Admit		

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1. Los Angeles County: Medical Plan Design Summary

Blue Cross Prudent Buyer PPO	ALADS - In	ALADS - Out	Unrep - In	Unrep - Out
Deductible	\$300/\$600	\$300/\$600	\$150/\$450	\$400/\$800
Physician Services	90/10 After Ded	70/30 After Ded	\$15 Copay	70/30 After Ded
Emergency Room	90/10 After Ded	90/10 After Ded	\$50 Copay Then 90/10	\$50 Copay Then 90/10
Rx	\$5/\$15	\$5/\$15+	\$10/\$20	\$10/\$20
Hospital	90/10 After Ded	70/30 After Ded	90/10	70/30 + \$500/Admit

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2. San Diego County						Population: 3,177,063
Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Kaiser HMO	429.52	435.22	1.3%	429.52	435.22	1.3%
Kaiser High Deductible	335.28	339.74	1.3%	335.28	339.74	1.3%
Anthem - Blue Cross PPO	694.24	769.82	10.9%	457.78	484.70	5.9%
Anthem - Blue Cross Select HMO	542.86	561.02	3.3%	457.78	484.70	5.9%
Anthem - Blue Cross Full Access HMO	1,071.14	1,155.98	7.9%	457.78	484.70	5.9%
Anthem - Blue Cross High Deductible	529.72	529.72	0.0%	457.78	484.70	5.9%
AVERAGE	600.46	631.92	5.2%	432.65	452.29	4.5%

2. San Diego County: Medical Plan Design Summary

Kaiser HMO		HMO			
Deductible		None			
Physicians Services		\$25 Copay			
Emergency Room		\$125 Copay			
Rx		\$10/\$20/\$30			
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/\$20/\$30			
Hospital		10% After Ded			
Anthem - Blue Cross 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%	

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2. San Diego County: Medical Plan Design Summary

Anthem - Blue Cross HMO	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
Anthem - Blue Cross High Deductible	PPO - In	Out
Deductible	\$1,500/\$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	30%, 100% Over The Max.
Hospital	10% After Ded	30% After Ded

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2014 10-COUNTY SURVEY

3. Orange County						Population: 3,090,132
Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Premiere Wellwise PPO	756.65	803.32	6.2%	724.80	766.29	5.7%
Premiere Sharewell PPO	303.87	321.34	5.7%	372.90	390.37	4.7%
CIGNA HMO	557.35	611.64	9.7%	529.49	581.06	9.7%
Kaiser HMO	469.90	471.78	0.4%	444.51	448.20	0.8%
AVERAGE	521.94	552.02	5.8%	517.93	546.48	5.5%

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%	Not Covered
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	\$0	0.2
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	

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4. Riverside County

Population: 2,268,783

Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Health Net EPO	587.78	620.62	5.6%	587.78	620.62	5.6%
Kaiser HMO	558.00	609.26	9.2%	558.00	609.26	9.2%
Exclusive Care EPO	414.62	442.00	6.6%	414.62	442.00	6.6%
Health Net PPO	917.62	969.14	5.6%	697.09	798.77	14.6%
Blue Shield HMO - PERS	643.94	543.22	-15.6%	643.94	543.22	-15.6%
Kaiser HMO - PERS	558.96	602.80	7.8%	558.96	602.80	7.8%
PERSCare	992.62	638.22	-35.7%	633.95	638.22	0.7%
PERS Choice	611.30	612.26	0.2%	611.30	612.26	0.2%
PORAC - PERS	581.00	634.00	9.1%	581.00	634.00	9.1%
Blue Shield HPN	550.04	457.18	-16.9%	550.04	457.18	-16.9%
PERS Select	446.50	586.32	31.3%	446.50	586.32	31.3%
Anthem Select HMO*	-	537.00	-	-	537.00	-
Anthem Traditional HMO*	-	592.20	-	-	592.20	-
Health Net Salud y Mas*	-	489.82	-	-	489.82	-
Health Net SmartCare*	-	568.52	-	-	568.52	-
Sharp*	-	538.60	-	-	538.60	-
UnitedHealthcare*	-	521.02	-	-	521.02	-
PERS Select	446.68	446.50	0.0%	446.68	446.50	0.0%
AVERAGE	623.85	586.01	-6.1%	571.20	575.99	0.8%

*New plan in 2014

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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	40% Aft Ded
Emergency Room	\$100 Copay	20% After Ded	20% After Ded
Rx	\$10/\$25/\$50	\$5/\$15/\$45	\$5/\$15/\$45
Hospital	\$100 Copay	80/20 After ded	60/40 After ded
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/\$35		
Hospital	No Charge		

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5. San Bernardino County

Population: 2,081,313

Medical Plans	2012-13 Premium	2013-14 Premium	% +/-	2012-13 County Contribution	2013-14 County Contribution	% +/-
Kaiser HMO	550.18	558.65	1.5%	420.79	425.60	1.1%
Blue Shield Signature HMO	439.55	473.55	7.7%	375.43	389.80	3.8%
Blue Shield Needles PPO	1,097.18	1,067.47	-2.7%	420.79	423.33	0.6%
Blue Shield PPO	972.23	945.92	-2.7%	420.79	423.33	0.6%
AVERAGE	764.78	761.40	-0.4%	409.45	415.52	1.5%

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	
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	\$5/\$10/\$25
Hospital	No Charge	No Charge
Blue Shield PPO and Needles PPO	PPO - In	PPO - Out
Deductible	\$250/\$500	\$250/\$500
Physicians Services	\$10 Copay	70/30
Emergency Room	\$50 Deductible plus 20% After Ded	\$50 Deductible plus 20% After Ded
Rx	\$15/\$30/\$30	\$15/\$30/\$30
Hospital	80/20 After ded	70/30 After ded

Due to timing of the survey the benchmark for this county lags one year. The 2013-2014 plan year for San Bernardino is used to benchmark this county for the 2015 10-County average.

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6. Santa Clara County						Population: 1,764,499
Medical Plans	2012-13 Premium	2013-14 Premium	% +/-	2012-13 County Contribution	2013-14 County Contribution	% +/-
Kaiser HMO	630.63	671.78	6.5%	608.93	651.63	7.0%
Valley Health HMO	587.23	634.21	8.0%	587.23	621.52	5.8%
Health Net POS	884.59	988.98	11.8%	735.91	960.42	30.5%
AVERAGE	700.82	764.99	9.2%	644.02	744.52	15.6%

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	Out
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

Due to timing of the survey the benchmark for this county lags one year. The 2013-2014 plan year for Santa Clara is used to benchmark this county for the 2015 10-County average.

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7. Alameda County						Population: 1,554,720
Medical Plans	2013-14 Premium	2014-15 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-
UnitedHealthcare Premium HMO	914.78	972.34	6.3%	823.30	875.12	6.3%
Kaiser Premium HMO	603.90	622.92	3.1%	543.52	560.62	3.1%
Kaiser Standard HMO*	-	598.18	-	-	568.27	-
UnitedHealthcare PPO	2,185.96	2,244.54	2.7%	543.52	560.62	3.1%
UnitedHealthcare Premium HMO	914.78	972.34	6.3%	603.90	622.92	3.1%
UnitedHealthcare Standard HMO*	-	918.88	-	-	724.96	-
Kaiser Premium HMO	603.90	622.92	3.1%	603.90	622.92	3.1%
UnitedHealthcare PPO	2,185.96	2,244.54	2.7%	603.90	622.92	3.1%
AVERAGE	1,234.88	1,149.58	-6.9%	620.34	644.79	3.9%

7. Alameda County: Medical Plan Design Summary

United Healthcare	PPO	Premium HMO	Standard HMO
Deductible	\$2,000/\$4,000	None	None
Physicians Services	\$25 Copay	\$15 Copay	\$40 Copay
Emergency Room	\$250 Copay	\$50 Copay	\$100 Copay
Rx	\$10/\$30/\$50	\$10/\$25/\$35	\$25/\$35/\$50
Hospital	\$500 DED	No Charge	\$500 Copay
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	

*New plan in 2014-15

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2014 10-COUNTY SURVEY

8. Sacramento County						Population: 1,450,121
Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Blue Shield HMO 15*	919.16	-	-	826.90	-	-
Western Health Adv. HMO**	-	620.54	-	-	620.54	-
Sutter Health Plus HMO**	-	618.80	-	-	618.80	-
Health Net HMO 15*	787.24	-	-	787.24	-	-
Kaiser HMO 15	596.34	614.08	3.0%	596.34	614.08	3.0%
Blue Shield HDHP PPO*	771.06	-	-	771.06	-	-
Western Health Adv. HDHP**	-	473.90	-	-	473.90	-
Sutter Health Plus HDHP**	-	482.00	-	-	482.00	-
Kaiser HDHP HMO	470.06	484.06	3.0%	470.06	484.06	3.0%
AVERAGE	708.77	548.90	-22.6%	690.32	548.90	-20.5%

8. Sacramento County: Medical Plan Design Summary

Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,500/\$3,000
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	No Charge After Ded
Hospital	No Charge	No Charge After Ded
Western Health Advantage	HMO	HDHP - HMO
Deductible	None	\$1,500/\$3,000
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	No Charge After Ded
Hospital	No Charge	No Charge After Ded

*Discontinued in 2014; **New in 2014

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8. Sacramento County: Medical Plan Design Summary

Kaiser	HMO	HDHP - HMO
Deductible	None	\$1,500/\$3,000
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20	No Charge After Ded
Hospital	No Charge	No Charge After Ded

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2014 10-COUNTY SURVEY

9. Contra Costa County						Population: 1,079,597
Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
CCHP Plan A	603.71	612.77	1.5%	550.78	555.22	0.8%
CCHP Plan B	669.23	679.27	1.5%	565.41	569.92	0.8%
Health Net HMO Plan A	953.04	1,067.40	12.0%	695.11	740.86	6.6%
Health Net HMO Plan B	803.88	836.04	4.0%	627.79	627.79	0.0%
Health Net PPO Plan A	1,219.35	1,365.43	12.0%	642.69	679.21	5.7%
Health Net PPO Plan B	1,107.41	1,240.08	12.0%	604.60	604.60	0.0%
Kaiser HMO Plan A	739.33	768.47	3.9%	535.19	546.85	2.2%
Kaiser HMO Plan B	650.39	676.03	3.9%	478.91	478.91	0.0%
Blue Shield HMO - PERS	784.63	836.59	6.6%	551.37	596.51	8.2%
CCHP Plan A Alternate - PERS	713.04	723.74	1.5%	537.39	581.21	8.2%
Kaiser HMO - PERS	668.63	742.72	11.1%	540.25	589.84	9.2%
PERS Care	1,083.11	720.04	-33.5%	555.16	594.35	7.1%
PERS Choice	667.03	690.77	3.6%	542.78	586.82	8.1%
PORAC - PERS	581.00	634.00	9.1%	537.86	585.96	8.9%
PERS Select	487.20	661.52	35.8%	487.19	580.82	19.2%
Blue Shield HMO NetValue - PERS	670.21	704.01	5.0%	543.38	588.31	8.3%
AVERAGE	775.07	809.93	4.5%	562.24	594.20	5.7%

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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/\$20 Copay	\$10 Copay	70/30	\$20 Copay	60/40
Emergency Room	\$25/\$100 Copay	90/10	70/30	80/20	60/40
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge/\$1,000	90/10	70/30	80/20	60/40
Kaiser	Plan A	Plan B			
Deductible	None	\$500/\$1,000			
Physicians Services	\$10 Copay	\$20 Copay			
Emergency Room	\$10 Copay	90/10 After Ded			
Rx	\$10/\$20	\$10/\$30			
Hospital	No Charge	90/10 After Ded			

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10. Fresno County						Population: 947,895
Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Kaiser \$15 HMO	915.97	768.99	-16.0%	450.80	483.17	7.2%
Blue Cross HMO	622.95	644.12	3.4%	450.80	483.17	7.2%
Blue Cross PPO	856.80	890.36	3.9%	450.80	483.17	7.2%
Blue Cross HDPPPO	495.98	510.41	2.9%	450.80	483.17	7.2%
AVERAGE	722.92	703.47	-2.7%	450.80	483.17	7.2%

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		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			

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2014 CalPERS

	Kaiser HMO	Blue Shield Access+	Blue Shield NetValue	PERS Select		PERS Choice		PERS Care		Anthem Blue Cross	Health Net	Sharp	United Healthcare
	HMO	HMO	HMO	In	Out	In	Out	In	Out	EPO and HMO	EPO and HMO	HMO	EPO and HMO
Annual Deductible	N/A	N/A	N/A	\$500/\$1,000		\$500/\$1,000		\$500/\$1,000		N/A	N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	80%/40%	80%/20%	80%/40%	90%/10%	90%/40%	No Charge	No Charge	No Charge	No Charge
								\$250 Deductible					
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		\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	80%/40%	\$20 Copay	80%/40%	\$20 Copay	80%/40%	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	80%/40%	\$20 Copay	80%/40%	\$20 Copay	80%/40%	\$15 Copay	\$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	\$5/\$20/\$50	\$5/\$20/\$50
Rx Mail Order	\$5/\$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	\$10/\$40/\$100
Infertility Treatment	50%/50%	50%/50%	50%/50%	Not Covered		Not Covered		Not Covered		50%/50%	50%/50%	50%/50%	50%/50%
Acupuncture	Not Covered	Not Covered	Not Covered	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	Not Covered	Not Covered	Not Covered	Not Covered
				Limit 15 visits per year		Limit 15 visits per year		Limit 20 visits per year					
Chiropractic	Not Covered	Not Covered	Not Covered	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	Not Covered	Not Covered	Not Covered	Not Covered
				Limit 15 visits per year		Limit 15 visits per year		Limit 20 visits per year					

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

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2014 10-COUNTY SURVEY

2014 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 30-day supply	\$5/\$15	\$10/\$25/\$50	\$5/\$20/\$45 - In 50% after \$5/\$20/\$45 - Out
Rx - Mail Order 90-day supply	\$10/\$30	\$20/\$50/\$100	\$10/\$40/\$90 - In Not covered - Out
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.

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 12, 2014.

A handwritten signature in cursive script that reads "Laini K. Scott". The signature is written in black ink and is positioned above a solid horizontal line.

Laini K. Scott