



2018 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 2018 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 Subsidy Calculations

The March 2018 10-County Survey will be applied to SFHSS rate calculations for plan year 2019. City Charter Section A8.428 defines use of the "average contribution" resulting from the 10-County Survey in subsidy 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 subsidies 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 \$672.08 for plan year 2019 is 3.53% above \$649.17, the 10-County average for plan year 2018. All counties had a change in contribution.

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

For the 2018 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$686.84. Per the Calendar Year Change Rule, this \$686.84 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 4.0%. This results in the average employer premium contribution calculated at \$700.41 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 2018, 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 0.5% less than actual contributions for 2018 (\$652.75 actual vs. \$649.17 estimated).

Average of Employer Contributions

County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018 Calculated	2018 Actual	3 Yr Trend	Months of Trend	Trend Factor	2019 Calculated
1 Los Angeles	383.1	415.91	457.56	478.56	499.57	515.07	552.4	610.75	619.87	648.37	673.99	686.84	4.00%	6	1.02	700.41
2 San Diego	327	363.48	364	406	432.2	444.86	445.29	460.51	477.99	507.13	536.54	562.05	6.90%	6	1.03	581.03
3 Orange	338.64	372.44	383.75	434.41	485.1	506.94	544.46	567.79	525.51	517.98	522.83	538.86	-1.70%	6	0.99	534.18
4 Riverside	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	616.96	652.09	673.1	673.32	4.70%	6	1.02	688.85
5 San Bernardino*	368.67	377.35	397.51	399.7	398.98	398.98	413.51	420.92	421.18	417.04	437.75	430.2	0.70%	12	1.01	433.33
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	951.48	7.00%	12	1.07	1,018.12
7 Alameda	440.58	497.76	521.89	541.06	575	588.99	638.47	622.92	684.14	687.86	711.48	705.87	4.30%	6	1.02	720.74
8 Sacramento	480.76	516.78	561.35	637.98	667.02	696	714.53	535.31	549.4	574.78	608.34	643.4	6.30%	6	1.03	663.43
9 Contra Costa	438.47	470.02	495.15	521.9	540.43	553.15	574.27	607.18	623.46	637.99	705.62	700.66	4.90%	6	1.02	717.58
10 Fresno	425.58	425.43	450.43	450.8	450.8	455.17	450.86	488.79	488.79	488	613.17	634.83	9.10%	6	1.04	663.11
Average	418.8	449.37	472.85	503.94	522.97	534.78	559.65	567.8	579.24	604.84	649.17	652.75	4.80%	7.5	1.03	672.08

Increase Over Prior Year

County	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019
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 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 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%
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%
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%
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%
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 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%
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%
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%
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%

*Plan years 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: 10,138,000		
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	674.22	693.98	2.9%	674.22	693.98	2.9%
CIGNA Choices HMO - County Sponsored	807.05	859.51	6.5%	807.05	859.51	6.5%
CIGNA Choices POS - County Sponsored	1,452.17	1,546.56	6.5%	912.37	971.68	6.5%
Blue Cross Prudent Buyer Basic- ALADS	1,020.59	1,068.50	4.7%	912.37	971.68	6.5%
Blue Cross CaliforniaCare Basic- ALADS	695.14	737.26	6.1%	695.14	737.26	6.1%
Blue Cross Prudent Buyer Premier- ALADS	1,144.55	1,192.46	4.2%	912.37	971.68	6.5%
Blue Cross CaliforniaCare Premier - ALADS	819.10	861.22	5.1%	819.10	861.22	5.1%
Blue Shield Classic CAPE	912.00	1,004.00	10.1%	912.00	971.68	6.5%
Blue Shield Lite CAPE	555.00	578.00	4.1%	555.00	578.00	4.1%
Local 1014 Plan - Fire Fighters	792.00	826.00	4.3%	792.00	826.00	4.3%
Kaiser Options - SEIU	634.33	651.65	2.7%	634.33	651.65	2.7%
Kaiser HMO - Unrepresented	272.00	272.00	0.0%	272.00	272.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented	272.00	272.00	0.0%	272.00	272.00	0.0%
Blue Cross Plus POS - Unrepresented	411.00	411.00	0.0%	411.00	411.00	0.0%
Blue Cross Catastrophic - Unrepresented	93.00	93.00	0.0%	93.00	93.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	526.00	526.00	0.0%	526.00	526.00	0.0%
UnitedHealthcare Options HMO - SEIU	692.40	741.26	7.1%	692.40	741.26	7.1%
UnitedHealthcare Options PPO - SEIU	2,585.11	3,216.04	24.4%	899.49	953.46	6.0%
AVERAGE	797.65	863.91	8.3%	655.10	686.84	4.8%

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/\$20	\$10/\$20
Hospital	No Charge	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	Unrep	
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	
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 After Ded
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 After Ded		
Rx	\$200 Ded Then 75/25 After Ded		
Hospital	75/25 After Ded +\$500/Admit		

Los Angeles County: Medical Plan Design Summary				
Blue Cross Prudent Buyer PPO	ALADS - In	ALADS - Out	Unrep - In	Unrep - Out
Deductible	\$300/\$900	\$300/\$900	\$150/\$400	\$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 After Ded	\$50 Copay Then 90/10 After Ded
Rx	\$5/\$15	\$5/\$15+50%	\$10/\$20	\$10/\$20
Hospital	90/10 After Ded	70/30 After Ded	90/10 After Ded	70/30 After Ded + \$500/Admit

2. SAN DIEGO COUNTY

San Diego County						Population: 3,317,000
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-
Kaiser HMO	490.08	508.32	3.7%	490.08	508.32	3.7%
Kaiser High Deductible	382.58	396.82	3.7%	382.58	396.82	3.7%
UnitedHealthCare HMO Network 1**	-	646.42		-	605.84	
UnitedHealthCare HMO Network 2**	-	820.72		-	605.84	
UnitedHealthCare HMO Alliance**	-	621.34		-	605.84	
UnitedHealthCare PPO**	-	1,174.80		-	605.84	
UnitedHealthCare HMO HDHP/HAS**	-	930.38		-	605.84	
Anthem - Blue Cross PPO*	1,178.34	-		565.50	-	
Anthem - Blue Cross Select HMO*	626.98	-		565.50	-	
Anthem - Blue Cross Full Access HMO*	1,461.38	-		565.50	-	
Anthem - Blue Cross High Deductible*	921.16	-		565.50	-	
AVERAGE	843.42	728.40	-13.6%	522.44	562.05	7.6%

*Discontinued in 2018.

**New in 2018.

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	
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%

San Diego County: Medical Plan Design Summary			
UnitedHealthcare HMO	Network 1	Network 2	Alliance
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

Orange County						Population: 3,173,000	
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-	
Choice Wellwise PPO*	726.64	741.17	2.0%	654.28	667.08	2.0%	
Choice Sharewell PPO*	290.66	296.47	2.0%	359.69	365.50	1.6%	
CIGNA HMO Choice*	683.22	727.96	6.5%	614.90	655.17	6.5%	
Kaiser HMO Choice*	527.31	519.66	-1.5%	474.59	467.70	-1.5%	
AVERAGE	556.96	571.32	2.6%	525.87	538.86	2.5%	

*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	70/30
Rx	80/20	80/20
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	

4. RIVERSIDE COUNTY

Riverside County						Population: 2,388,000
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-
UHC HMO	707.56	823.00	16.3%	707.56	823.00	16.3%
Kaiser HMO	652.10	667.66	2.4%	652.10	667.66	2.4%
Exclusive Care EPO	534.02	576.66	8.0%	534.02	576.66	8.0%
UHC PPO	1,194.78	1,452.18	21.5%	856.33	823.00	-3.9%
Blue Shield HMO - PERS	778.46	695.98	-10.6%	778.46	695.98	-10.6%
Kaiser HMO - PERS	599.54	666.80	11.2%	599.54	666.80	11.2%
PERSCare	802.24	733.50	-8.6%	802.24	733.50	-8.6%
PERS Choice	714.43	698.96	-2.2%	714.43	698.96	-2.2%
PORAC - PERS	699.00	734.00	5.0%	699.00	734.00	5.0%
PERS Select	633.46	654.74	3.4%	633.46	654.74	3.4%
Anthem Select HMO	659.04	659.70	0.1%	659.04	659.70	0.1%
Anthem Traditional HMO	799.16	735.08	-8.0%	799.16	735.08	-8.0%
Health Net Salud y Mas	473.46	461.56	-2.5%	473.46	461.56	-2.5%
Health Net SmartCare	537.20	607.68	13.1%	537.20	607.68	13.1%
Sharp	614.46	618.14	0.6%	614.46	618.14	0.6%
UnitedHealthcare	549.76	616.66	12.2%	549.76	616.66	12.2%
AVERAGE	684.29	712.64	4.1%	663.14	673.32	1.5%

Riverside County: Medical Plan Design Summary

UHC	HMO	PPO - In	PPO - Out
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15 Copay	\$20 Copay	40% After Ded
Emergency Room	\$100 Copay	\$50 Copay	\$50 Copay
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	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25/\$50		
Hospital	\$100 Copay		

5. SAN BERNARDINO COUNTY

San Bernardino County						Population: 2,140,000
Medical Plans	2016-17 Premium	2017-18 Premium	% +/-	2016-17 County Contribution	2017-18 County Contribution	% +/-
Kaiser HMO	583.59	629.44	7.9%	439.04	437.75	-0.3%
Blue Shield Signature HMO	493.03	522.34	5.9%	414.77	413.22	-0.4%
Blue Shield Needles PPO	1,032.53	1,094.21	6.0%	436.21	434.91	-0.3%
Blue Shield PPO	914.96	969.61	6.0%	436.21	434.91	-0.3%
AVERAGE	756.03	803.90	6.3%	431.56	430.20	-0.3%

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	Not covered
Hospital	No Charge	Not covered
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: 1,919,000
Medical Plans	2016-17 Premium	2017-18 Premium	% +/-	2016-17 County Contribution	2017-18 County Contribution	% +/-
Kaiser HMO	709.41	677.30	-4.5%	705.54	671.04	-4.9%
Valley Health HMO	887.34	939.68	5.9%	867.62	919.41	6.0%
Health Net POS	1,196.87	1,315.23	9.9%	1,145.06	1,264.00	10.4%
AVERAGE	931.20	977.41	5.0%	906.07	951.48	5.0%

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

7. ALAMEDA COUNTY

Alameda County						Population: 1,648,000
Medical Plans	2017-18 Premium	2018-19 Premium	% +/-	2017-18 County Contribution	2018-19 County Contribution	% +/-
UnitedHealthcare Premium HMO	982.06	1,047.16	6.6%	883.86	916.26	3.7%
Kaiser Premium HMO	693.78	700.02	0.9%	624.40	612.52	-1.9%
Kaiser Standard HMO	644.82	650.62	0.9%	580.34	569.29	-1.9%
UnitedHealthcare PPO	2,822.42	3,099.16	9.8%	624.40	612.52	-1.9%
UnitedHealthcare Standard HMO	877.56	935.74	6.6%	789.80	818.77	3.7%
AVERAGE	1,204.13	1,286.54	6.8%	700.56	705.87	0.8%

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	\$40 Copay	\$15 Copay	
Emergency Room	\$100 Copay	\$50 Copay	
Rx	\$15/\$30	\$15/\$15	
Hospital	\$500 Copay	No Charge	

8. SACRAMENTO COUNTY

Sacramento County						Population: 1,514,000
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-
Western Health Adv. HMO	709.60	709.60	0.0%	709.60	709.60	0.0%
Sutter Health Plus HMO	693.12	726.52	4.8%	693.12	726.52	4.8%
Kaiser HMO 15	720.70	757.90	5.2%	720.70	757.90	5.2%
Western Health Adv. HDHP	539.80	539.80	0.0%	539.80	539.80	0.0%
Sutter Health Plus HDHP	508.52	534.42	5.1%	508.52	534.42	5.1%
Kaiser HDHP HMO	563.16	592.18	5.2%	563.16	592.18	5.2%
AVERAGE	622.48	643.40	3.4%	622.48	643.40	3.4%

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 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	\$1,300/\$2,600
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	\$1,300/\$2,600
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded

9. CONTRA COSTA COUNTY

Contra Costa County						Population: 1,135,000
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-
CCHP Plan A	745.96	774.33	3.8%	646.38	672.01	4.0%
CCHP Plan B	826.91	858.35	3.8%	720.85	718.74	-0.3%
Health Net HMO Plan A	1,338.64	1,566.20	17.0%	909.46	1,109.08	21.9%
Health Net HMO Plan B	930.86	1,089.11	17.0%	730.70	836.75	14.5%
Health Net PPO Plan A	1,742.17	2,074.53	19.1%	1,045.55	1,193.65	14.2%
Health Net PPO Plan B*	1,568.38			1,011.35		
Kaiser HMO Plan A	751.39	820.23	9.2%	519.74	569.47	9.6%
Kaiser HMO Plan B	605.28	660.76	9.2%	487.54	511.34	4.9%
Kaiser HDHP**		499.94			430.96	
Blue Shield HMO - PERS*	1,024.85			627.38		
Anthem Select - PERS**		856.41			699.34	
Anthem Traditional - PERS**		925.47			666.99	
Blue Shield Access+ - PERS**		889.02			612.91	
Health Net Smartcare - PERS**		863.48			647.77	
CCHP Plan A Alternate - PERS	914.51	949.26	3.8%	628.28	687.44	9.4%
Kaiser HMO - PERS	733.39	779.86	6.3%	584.67	634.30	8.5%
PERS Care	932.39	882.45	-5.4%	622.11	626.71	0.7%
PERS Choice	830.30	800.27	-3.6%	621.84	641.62	3.2%
PORAC - PERS	699.00	734.00	5.0%	589.23	638.11	8.3%
PERS Select	736.27	717.50	-2.5%	590.06	614.26	4.1%
United Health Care - PERS**		1,371.84			867.42	
Western Health Advantage - PERS**		792.56			634.30	
Blue Shield HMO NetValue - PERS*	1,024.85			627.38		
AVERAGE	962.82	945.28	-1.8%	685.16	700.66	2.3%

*Discontinued in 2018

**New in 2018

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	HMO	PLAN A - In	PLAN A - Out	PLAN B - In	PLAN B - Out
Deductible	None	\$250/\$750	\$250/\$750	\$500/\$1,500	\$500/\$1,500
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30	\$20 Copay	60/40
Emergency Room	\$25	\$50 + 10% co-ins	\$50 + 10% co-ins	80/20	60/40
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge	90/10	70/30	80/20	60/40
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

Fresno County						Population: 980,000
Medical Plans	2017 Premium	2018 Premium	% +/-	2017 County Contribution	2018 County Contribution	% +/-
Kaiser \$15 HMO	814.27	817.02	0.3%	613.17	634.83	3.5%
Blue Cross HMO	847.48	850.38	0.3%	613.17	634.83	3.5%
Blue Cross PPO	1,057.50	1,184.59	12.0%	613.17	634.83	3.5%
Blue Cross PPO \$1,000	799.51	894.61	11.9%	613.17	634.83	3.5%
Blue Cross HDPPPO \$1,500	729.98	816.48	11.8%	613.17	634.83	3.5%
Blue Cross HDPPPO \$3,000	616.24	677.90	10.0%	613.17	634.83	3.5%
AVERAGE	810.83	873.50	7.7%	613.17	634.83	3.5%

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	Carved out	Carved out
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	

CALPERS

2018 CalPERS												
	Kaiser	Blue Shield	Western Health	PERS Select		PERS Choice		PERS Care		Anthem	Health Net	UnitedHealthcare
	HMO	Access+	Adv	In	Out	In	Out	In	Out	EPO & HMO	EPO & HMO	SignatureValue
Annual Deductible	No Charge	N/A	N/A	\$500/\$1,000		\$500/\$1,000		\$500/\$1,000		N/A	N/A	N/A
Hospital (Inpatient)	\$50 Copay Waived if Admitted	No Charge	No Charge	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	No Charge	No Charge	No Charge
Emergency Room	\$15 Copay	\$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
Office Visits	\$5/\$20	\$15 Copay	\$15 Copay	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$10/\$40	\$15 Copay	\$15 Copay	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Rx Retail	50%/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	\$15 Copay Limit 20 Visits/Yr.	\$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%	Not Covered		Not Covered		Not Covered		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	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				
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	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

2018 SFHSS Active Employee Plans			
	Kaiser HMO	Blue Shield Trio and Access+ 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% - In and Out
Ambulance Services	No Charge	\$50 Copay	85%/15% - In and Out
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	\$15 Copay up to a combined total of 30 chiropractic and acupuncture visits/Yr.	\$15 Copay Limit 30 Visits/Yr.	50%/50% Limit \$1,000 Max/Yr.
Chiropractic	\$15 Copay up to a combined total of 30 chiropractic and acupuncture visits/Yr.	\$15 Copay Limit 30 Visits/Yr.	50%/50% Limit \$1,000 Max/Yr.

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