

File No. 140705

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date July 9, 2014

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
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| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
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| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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Completed by: Linda Wong Date July 3, 2014

Completed by: _____ Date _____

1 [Establishing Monthly Contribution Amount - Health Service Trust Fund]

2
3 **Resolution establishing the monthly contribution amount to the Health Service Trust**
4 **Fund.**

5
6 WHEREAS, Under Section A8.423 of Appendix A to the City Charter, the Health
7 Service Board (the "HS Board") is required to conduct a survey of the ten counties in the State
8 of California, other than the City and County of San Francisco, having the largest populations
9 to determine the average contribution made by each such county toward the providing of
10 health care plans, exclusive of dental or optical care, for each employee of such county; and

11 WHEREAS, Under Section A8.423, the HS Board is required to certify to the Board of
12 Supervisors "the average contribution" as determined by the survey; and

13 WHEREAS, According to the California Department of Finance, the ten most populous
14 counties in the State of California other than San Francisco (in descending order of
15 population) are: Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara,
16 Alameda, Sacramento, Contra Costa and Fresno (collectively, the "Survey Counties"); and

17 WHEREAS, According to the survey of each of the Survey Counties which was
18 completed on March 13, 2014, a copy of which is on file with the Clerk of the Board of
19 Supervisors in File No. 140705, which is hereby declared to be a part of this resolution as if
20 set forth fully herein, the HS Board has determined that "the average contribution" is the sum
21 of **five hundred sixty-seven dollars and eighty cents (\$567.80)**; and

22 WHEREAS, The HS Board has certified "the average contribution" to the Board of
23 Supervisors as required by Charter Section AB.423; now, therefore, be it

1 RESOLVED, That the certification by the HS Board of "the average contribution" is
2 hereby accepted and shall constitute the monthly amount to be contributed to the Health
3 Service Trust Fund for Plan Year starting January 1, 2015 and ending December 31, 2015.
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Items 3 and 4**Files 14-0703 and 14-0705****Department**

Health Service System (HSS)

EXECUTIVE SUMMARY**Legislative Objectives**

- The proposed ordinance (File 14-0703) would amend Administrative Code Section 16.703, establishing the Health Service System's 2015 health, vision, and dental plans and premiums.
- The proposed resolution (File 14-0705) would approve the 2015 employers' contribution of \$567.80 per member per month to the Health Service System Trust Fund.

Key Points

- Each year, the Health Service Board adopts the annual health, vision, and dental plans, and the respective plan premiums and premium equivalents paid by employers and members. In accordance with the City's Charter, the Health Service Board is required to conduct a survey of the ten most populous California counties each year to determine the average of the health premium contributions made by the ten counties. Based on this survey, the average 2015 contribution is \$567.80 per member per month, which is \$8.15 or 1.5 percent more than the ten-county average contribution of \$559.65 in 2014.
- However, in the June 2014 collective bargaining the 10-County Average Survey was eliminated in the calculation of premiums for active employees in exchange for a percentage based employee premium contribution for most unions. The 10-County Average Survey is still used as a basis for calculating all retiree premiums.

Fiscal Impact

- The 2015 monthly health premiums for active employee-only coverage is proposed to be (a) \$1,227.55 for the City Plan, an 18% decrease from 2014, (b) \$565.11 for Kaiser, a 2% decrease from 2014 and (c) \$647.37 for Blue Shield, unchanged from 2014.
- The total costs for the City, employees, retirees and their dependents of \$588,433,205 in 2015 for health, vision, dental, long-term disability and life insurance is a \$16,308,919, or 2.7% decrease from \$604,742,124 in 2014.
- The Affordable Care Act imposes two fees and one tax on health plans that have been incorporated into the HSS 2015 monthly premiums, which will increase premiums by the City and covered employees by an estimated \$15.1 million in 2015. These amounts are included in the monthly premiums noted above.

Recommendation

- Approve the proposed resolution and proposed ordinance.

MANDATE STATEMENT/BACKGROUND

The Health Service Board oversees the Health Service System (HSS). The HSS administers non-pension benefits, including health, dental, vision, and other benefits that may be available to City employees, such as life and long term disability insurance.

The Health Service Board adopts the annual health, vision, and dental plans, and the respective plan premiums and premium equivalents paid by employers and members.

- HSS employers include the City and County of San Francisco (City), the San Francisco Unified School District (SFUSD), the San Francisco Community College District (SFCCD), and the San Francisco Superior Court (Superior Court).
- HSS members are active and retired employees of the above noted employers, their dependents, and members of eligible boards and commissions. Dependents include children, spouses, domestic partners, surviving spouses of deceased members, and other legal dependents.

Ten County Survey

Under City Charter Section A8.423, the Health Service Board is required to (a) conduct a survey of the ten most populous California counties each year, excluding San Francisco, and (b) determine and set the health plan premiums paid by the City, employees, and retirees. In accordance with Section A8.423 of the City's Charter, the City's contribution to the Health Service System Trust Fund is based on the average of the contributions made by each of the ten counties.

In the June 2014 collective bargaining the 10-County Average Survey was eliminated in the calculation of premiums for active employees in exchange for a percentage based employee premium contribution for most unions (discussed further below). The 10-County Average Survey is still used as a basis for calculating all retiree premiums.

The 10-County average contribution in 2015 is \$567.80 per member per month, which is \$8.15 or 1.5 percent more than the 10-County average contribution of \$559.65 in 2014.

DETAILS OF PROPOSED LEGISLATION

File 14-0703: The proposed ordinance would amend Administrative Code Section 16.703 to approve the Health Service Systems' 2015 health, vision, and dental plans and premiums, and life insurance and long term disability insurance.

File 14-0705: The proposed resolution would approve the City's 2015 contribution to the Health Service System Trust Fund, under Charter Section A8.4289, at \$567.80 per member per month.¹

Proposed Health Plans

On June 12, 2014, the Health Service Board approved the following health, vision, and dental plans and monthly premiums for 2015:

City Plan Preferred Provider Organization (PPO)²

The City Plan is a self-funded plan administered by United HealthCare (UHC). The Health Service Board adopted no plan design changes to the City Plan in 2015.

Kaiser and Blue Shield Health Maintenance Organizations (HMO)³

Consistent with the 2014 plan year, two HMOs will be offered to HSS members for the 2015 plan year: Kaiser and Blue Shield of California. The Blue Shield HMO plan is a flex-funded product for active and early retiree members. The Health Service Board adopted no plan design changes to the Kaiser HMO or the Blue Shield HMO.

Vision Plans

Members enrolled in one of the three health plans receive vision benefits through Vision Service Plan (VSP), a third party insurer. The VSP plan is a fully-insured plan. The 2015 VSP rates remain unchanged from 2014 rates. The cost of the vision plan is added to the cost of the medical plan for all monthly health plan premiums.

Monthly Premiums

Table 1 below shows the decrease in the total monthly premiums (members and employer) for active Kaiser and City Plan employee-only coverage in 2015 compared to 2014. The monthly premium for Blue Shield employee-only coverage is unchanged in 2015 compared to 2014.

¹ As noted above, under the labor MOUs approved by the Board of Supervisors in June 2014, the contribution made by the City to monthly premiums is based on a percentage contribution rather than the average contribution established by the 10-County Survey. As discussed below, under the labor MOUs the City's monthly premium payment is capped by a percentage formula; for example, the City's contribution for active employee-only monthly premiums is capped at 93 percent of the second highest cost plan, which in 2015 is Blue Shield. Therefore, the City's monthly contribution to the employee-only premium is \$602, which is 93 percent of the Blue Shield monthly premium of \$647.37 (Table 1 above). According to Mr. Jon Givner, Deputy City Attorney, the Charter provides the amount that must be contributed to the Health Service System Trust Fund by the City, but that amount is not a ceiling and the City could agree to pay additional amounts to fund employee health care under an MOU with a union representing City employees.

² Under a PPO, physicians, hospitals, and other providers contract with a third-party administrator or insurer to provide health care at reduced rates to members.

³ An HMO offers care through a closed panel of providers, in which members select a primary care physician, who coordinates care to direct access to medical services.

Table 1: 2015 Active Employee-Only Total Monthly Premiums

	2014	2015	Increase/ (Decrease)	Percent
Kaiser	\$565.11	\$553.98	(\$11.13)	-2%
Blue Shield	\$647.37	\$647.37	\$0.00	0%
City Plan	\$1,227.55	\$1,012.41	(\$215.14)	-18%

Source: 2014 and 2015 Health Plan Rate Cards

Blue Shield Premiums in 2015

The Blue Shield monthly premium is unchanged in 2015 compared to 2014 because increases in monthly premiums are offset by use of fund balances resulting from the Blue Shield Profit Pledge and the Stabilization Reserve.

In 2011, Blue Shield implemented the Profit Pledge, in which profits that exceed 2 percent are returned to the policy holder. In addition, the Health Service Board approved the Stabilization Fund Policy, establishing a Stabilization Reserve, in which prior years' underwriting gains are used to balance premium payments over three years.⁴ At the May 8, 2014 Health Service Board meeting, the Health Service Board approved transferring the remaining fund balance of \$8.8 million from the Profit Pledge to the Stabilization Reserve to be used to offset the proposed increase in the 2015 Blue Shield premiums for active employees.

According to the presentation to the June 12, 2014 Health Service Board by the HSS actuary, Aon Hewitt, the use of the \$8.8 million to stabilize Blue Shield premiums for active employees in 2015 was intended to reduce the premium difference between Blue Shield and Kaiser pools, reduce migration and give the Accountable Care Organizations⁵ one more year to work to reduce the long term growth in health care costs.

City Plan Premiums in 2015

The City Plan premium decreased by 18 percent in 2015 compared to 2014 because of lower-than expected plan utilization. The City Plan is a self-funded plan in which premiums are set based upon projected claims experience. Because plan utilization during 2013 was lower than expected, premium payments exceeded claims, allowing \$15 million in underwriting gains to be

⁴ The Blue Shield Plan is a "flex-funded" plan which differs from a fully-funded plan in that (1) under the fully insured plan, Blue Shield pays all covered claims, while (2) under the flex-funded plan, HSS is responsible for paying aggregate claims that exceed premium payments to Blue Shield up to a cap of 125 percent. When the Health Service Board and Board of Supervisors approved the flex-funded plan in 2012, Aon Hewitt recommended a \$24 million reserve, including a \$7 million claim stabilization reserve funded from the 2012 Blue Shield Profit Pledge payment to HSS, and \$17 million additional reserve funded over time from excess premiums collected for the Blue Shield plan.

⁵ An Accountable Care Organization is a health organization that coordinates care among doctors, hospitals and other health providers to ensure the correct level of care is given. Accountable Care Organizations is a voluntary program created by Medicare to increase quality while achieving cost savings.

deposited into the City Plan Stabilization Reserve resulting in a reserve balance of \$22.3 million as of December 31, 2013. The Health Service Board adopted lower City Plan monthly premiums in 2015, based on a combination of lower monthly payments to cover claims and use of Stabilization Reserves to offset total monthly premium costs.

Changes to Employee Contributions to Monthly Premiums in 2015

Historically, active City employees have not contributed to the monthly premiums for employee-only health. In 2014, employees covered by certain union MOUs began to contribute toward a portion of their monthly premium.

Starting January 1, 2015, in accordance with some MOUs, employees covered by the respective MOUs will contribute to their monthly premiums based on the following contribution models.

- Under the '90/10 Contribution Model', employees covered by certain MOUs contribute up to a maximum of 10 percent of the monthly premium after the 10 County Average has been applied.
- Under the '93/93/83 Contribution Model', the City will contribute up to 93 percent of the monthly premium for employee-only and employee plus one dependent coverage. The City's contribution to the monthly premium will be capped at 93 percent of the second-highest cost plan. The City will contribute up to 83 percent of the monthly premium for employees with two or more dependents. The City's contribution will be capped at 83 percent of the second-highest cost plan. The 10 County Survey does not apply to this contribution model.
- Under the '100/96/83 Contribution Model', the City will contribute 100 percent of monthly premium for employee-only coverage. The City will contribute up to 96 percent of the monthly premium for employees with one dependent. The City's contribution will be capped at 96 percent of the second-highest cost plan. The City will contribute up to 83 percent of the monthly premium for employees with two or more dependents. The City's contribution will be capped at 83 percent of the second-highest cost plan. The 10 County Survey does not apply to this contribution model.

Federal Affordable Care Act Requirements

According to the Aon Hewitt June 16, 2014 memorandum to the Board of Supervisors, the Affordable Care Act imposes two fees and one tax on health plans that have been incorporated into the HSS 2015 monthly premiums, which will increase premiums by the City and covered employees by an estimated \$15.1 million in 2015 as described below.⁶

- The Health Insurer Tax is applied to all fully insured or flex-funded health, vision and dental plan, which will increase premium payments by the City and covered employees by an estimated \$11.9 million in 2015.

⁶ These fees and tax are incorporated into the rates shown in Table 1 above.

- The Patient Centered Outcomes Research Institute Fee is a \$2.22 per enrollee per year fee assessed to health plans, which will increase premium payments for the City and covered employees by an estimated \$260,000 in 2015. The fee sunsets in 2019.
- The Transitional Reinsurance Fee revenues subsidize the uninsured who enroll for health coverage through State Health Insurance Exchanges. The fee in 2015 is \$44 per enrollee per year (except for enrollees with Medicare), which will increase premium payments for the City and covered employees by an estimated \$2.95 million in 2015. The fee sunsets in 2016.

Proposed Dental Plans

The Health Service System offers three dental plans, including one PPO, Delta Dental PPO, and two HMOs: Delta Care USA and Pacific Union Dental. There are no plan changes in the dental plans for active employees. The Health Service Board elected to increase coverage in 2015 for retirees enrolled in the PPO plan by adding a diagnostic and preventative care fee waiver, which will increase the average premium by 7.3%.

The City does not contribute to the monthly dental premium for retired employees. The City contributes the full monthly premium for active employees for the two HMOs and also contributes part of the monthly premium for active employees for Delta Dental PPO. As shown in Table 2 below, the City's contribution to 2015 premiums will be the same as 2014 contribution rates.

Table 2: Total Monthly Dental Premiums

	2015	2014	Increase/ Decrease	Percent
Delta Care USA HMO				
Single Employee	\$26.95	\$26.95	\$0.00	0.00%
Employee + One Dependent	\$44.46	\$44.46	\$0.00	0.00%
Employee + Two or More Dependents	\$65.76	\$65.76	\$0.00	0.00%
Pacific Union Dental HMO				
Single Employee	\$27.80	\$27.80	\$0.00	0.00%
Employee + One Dependent	\$45.90	\$45.90	\$0.00	0.00%
Employee + Two or More Dependents	\$67.86	\$67.86	\$0.00	0.00%
Delta Dental PPO				
Single Employee (Total Premium)	\$65.95	\$65.95	\$0.00	0.00%
Less Employee Contribution	(\$5.00)	(\$5.00)	\$0.00	0.00%
City's Contribution	\$60.95	\$60.95	\$0.00	0.00%
Employee + One Dependent (Total Premium)	\$138.49	\$138.49	\$0.00	0.00%
Less Employee Contribution	(\$10.00)	(\$10.00)	\$0.00	0.00%
City's Contribution	\$128.49	\$128.49	\$0.00	0.00%
Employee + Two or More Dependents (Total Premium)	\$197.84	\$197.84	\$0.00	0.00%
Less Employee Contribution	(\$15.00)	(\$15.00)	\$0.00	0.00%
City's Contribution	\$182.84	\$182.84	\$0.00	0.00%

Source: Health Service System

Life and Long Term Disability Insurance

The Health Service System will continue its contract with Aetna Life Insurance Company in 2015. Rates in 2015 remain unchanged from 2014 rates. The aggregate life and long-term disability plan cost for the 2015 plan year is projected at \$6.1 million, with \$100,000 in member contributions and \$6.0 million in employer contributions.

FISCAL IMPACT

As shown in Table 3 below, the total estimated City, employee, and retiree costs for the health, vision, and dental plans, and long-term disability and life insurance are \$588,433,205 in 2015, which is a \$16,308,919 or 2.7 percent decrease from \$604,742,124 in 2014.

Table 3: Total Plan Costs for the City, Employees, and Retirees in 2015 Compared to 2014

	2014	2015	Increase/ (Decrease)	Percent
City Costs Only				
Kaiser HMO	232,461,784	219,073,540	(13,388,244)	-5.8%
Blue Shield HMO	219,507,045	226,969,762	7,462,717	3.4%
City Plan	38,673,678	29,343,922	(9,329,756)	-24.1%
Subtotal Health and Vision Plan	490,642,507	475,387,224	(15,255,283)	-3.1%
Dental	41,596,932	41,596,932	0	0.0%
Long Term Disability and Life Insurance	5,687,262	5,687,262	0	0.0%
Total City Costs	537,926,701	522,671,418	(15,255,283)	-2.8%
Employee and Retiree Costs Only				
Kaiser HMO	21,499,282	26,451,730	4,952,449	23.0%
Blue Shield HMO	33,859,916	28,376,274	(5,483,642)	-16.2%
City Plan	8,132,766	7,610,323	(522,443)	-6.4%
Subtotal Health and Vision Plan	63,491,964	62,438,327	(1,053,637)	-1.7%
Dental	3,323,460	3,323,460	0	0.0%
Long Term Disability and Life Insurance	0	0	0	0.0%
Total Employee and Retiree Costs	66,815,424	65,761,787	(1,053,637)	-1.6%
Total Costs				
Kaiser HMO	253,961,066	245,525,270	(8,435,795)	-3.3%
Blue Shield HMO	253,366,961	255,346,036	1,979,075	0.8%
City Plan	46,806,444	36,954,245	(9,852,199)	-21.0%
Subtotal Health and Vision Plan	554,134,470	537,825,551	(16,308,919)	-2.9%
Dental	44,920,392	44,920,392	0	0.0%
Long Term Disability and Life Insurance	5,687,262	5,687,262	0	0.0%
Total Costs	604,742,124	588,433,205	(16,308,919)	-2.7%

Source: Health Service System

RECOMMENDATION

Approve the proposed resolution and proposed ordinance.

HEALTH SERVICE BOARD
CITY & COUNTY OF SAN FRANCISCO

Memorandum

DATE: June 16, 2014
TO: Supervisor Mark Farrell
Board of Supervisors
FROM: Catherine J. Dodd, PhD, RN *CJD*
Director, Health Service System
RE: Annual Certification of 10-County Amount Pursuant to Section A8.423 of
Appendix A to the City Charter – Plan Year 2015

Attached are the following documents relating to the above matter:

1. Certification to the Board of Supervisors, pursuant to Section A8.423 of Appendix A to the City Charter, of “the Average Contribution” as Determined by the Ten-County Survey Required under Such Charter Section, as adopted by the Health Service Board on June 12, 2014; and
2. Proposed Resolution Establishing Monthly Contribution Amount to Health Service Trust Fund.

We are happy to provide you with any additional reports or materials you may need in connection with the enclosed ordinance.

Attachments

cc: Members, Health Service Board (w/electronic attach.) (via email)
Erik Rapoport (w/electronic attach.) (via email)
Ben Rosenfield (w/electronic attach.) (via email)
Anil Kochhar (w/electronic attach.) (via email)
Pamela Levin (w/electronic attach.) (via email)



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myhss.org

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.

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 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).

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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 ¹	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.

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

1. Los Angeles County

Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-
Population: 9,962,789						
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%

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

1. Los Angeles County: Medical Plan Design Summary

	HMO	In	Out
Blue Shield Life			
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
PacificCare(UnitedHealthcare Options)	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
UnitedHealthcare			
Deductible		PPO - In	PPO - Out
Physicians Services		\$300/\$1,500	\$1,500/\$3,000
Emergency Room		20% Copay	50% Copay After Ded
Rx		20% Copay After Ded	50% Copay After Ded
Hospital		\$5/\$20/\$35	Not Covered
Kaiser	Options HMO	20% Copay After Ded	50% Copay After Ded
Deductible	None	Choices HMO	Unrep HMO
Physicians Services	\$10 Copay	None	None
Emergency Room	\$50 Copay	\$10 Copay	\$15 Copay
Rx	\$5/\$20	\$50 Copay	\$50 Copay
Hospital	No Charge	5	\$10/\$20
		No Charge	No Charge

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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		

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

2. San Diego County

Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	Population: 3,177,063	% +/-
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

	HMO		Out
Kaiser 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		
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%	

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

2. San Diego County: Medical Plan Design Summary

	None	None	None
Anthem - Blue Cross HMO			
Deductible	None		Full Access HMO
Physicians Services	\$25 Copay	\$30 Copay	\$30 Copay
Emergency Room	\$125 Copay	\$125 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$200 Copay Per Admit	\$200 Copay Per Admit
Anthem - Blue Cross High Deductible			
Deductible	PPO - In \$1,500/\$3,000	Out \$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	

Health Service System

CITY & COUNTY OF SAN FRANCISCO

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	

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014. 10-COUNTY SURVEY

4. Riverside County: Medical Plan Design Summary

	HMO	PPO - In	PPO - Out
HealthNet			
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		

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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 Population: 2,081,313

5. San Bernardino County: Medical Plan Design Summary

	Kaiser	HMO	
Deductible	None	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.

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

6. Santa Clara County

Medical Plans	2012-13 Premium	2013-14 Premium	% +/-	2012-13 County Contribution	2013-14 County Contribution	% +/-	Population: 1,764,499
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	PPO	Out
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		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$15/\$30		
Hospital	No Charge		
		PPO	Out
		None	\$200/PM/PT
		\$20 Copay	70/30
		\$75 Copay	70/30
		\$5/\$15/\$30	\$5/\$15/\$30
		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.

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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

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

*New plan in 2014-15

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

8. Sacramento County

Medical Plans	2013 Premium	2014 Premium	% +/-	2013 County Contribution	2014 County Contribution	% +/-	Population: 1,450,121
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%	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%	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

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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

Health Service System

CITY & COUNTY OF SAN FRANCISCO

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%

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

9. Contra Costa County: Medical Plan Design Summary

	Plan A	Plan B	Plan A - In	Plan A - Out	Plan B - In	Plan B - Out
CCHP						
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				

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

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	None	
Physicians Services	\$15 per visit	\$15 per visit	
Emergency Room	\$100 per visit	\$100 per visit	
Rx	\$10/\$20	\$10/\$20	
Hospital	No Charge	No Charge	
BLUE CROSS	HMO	HMO	PPO
Deductible	None	None	\$250/\$500
Physicians Services	\$15 per visit	\$15 per visit	\$20 per visit
Emergency Room	\$100 per visit	\$100 per visit	\$100 deductible
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge	No Charge	No Charge
BLUE CROSS	HDPPPO - In	HDPPPO - In	
Deductible	\$3,000/\$6,000	\$3,000/\$6,000	
Physicians Services	\$0 Copay After Ded	\$0 Copay After Ded	
Emergency Room	\$0 Copay After Ded	\$0 Copay After Ded	
Rx	\$0 Copay After Ded	\$0 Copay After Ded	
Hospital	\$0 Copay After Ded	\$0 Copay After Ded	

Health Service System

CITY & COUNTY OF SAN FRANCISCO

2014 10-COUNTY SURVEY

2014 CalPERS

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

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

Health Service System

CITY & COUNTY OF SAN FRANCISCO

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.

Laini K. Scott

Laini K. Scott

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Reactivate File No. []
- 10. Question(s) submitted for Mayoral Appearance before the BOS on []

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.

Sponsor(s):

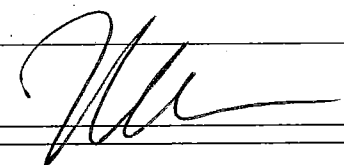
Supervisor Mark Farrell

Subject:

Establishing Monthly Contribution Amount to Health Service Trust Fund

The text is listed below or attached:

Resolution attached

Signature of Sponsoring Supervisor: 

For Clerk's Use Only: