

File No. 150654

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date July 8, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
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| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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Completed by: Linda Wong Date July 2, 2015

Completed by: Linda Wong Date _____

1 [Establishing Monthly Contribution Amount - Health Service Trust Fund - 2016]

2
3 **Resolution establishing the monthly contribution amount to Health Service Trust**
4 **Fund for the 2016 calendar year.**

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
8 the State of California, other than the City and County of San Francisco, having the
9 largest populations to determine the average contribution made by each such county
10 toward the providing of health care plans, exclusive of dental or optical care, for each
11 employee of such county; and

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

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

19 WHEREAS, According to the survey of each of the Survey Counties which was
20 completed on March 12, 2015, a copy of which is on file with the Clerk of the Board of
21 Supervisors in File No. 150654, the HS Board has determined that "the average
22 contribution" is \$579.24; and

23 WHEREAS, The HS Board has certified "the average contribution" to the Board
24 of Supervisors as required by Charter Section A8.423; now, therefore, be it
25

1 RESOLVED, That the certification by the HS Board of "the average contribution"
2 is hereby accepted and shall constitute the monthly amount to be contributed to the
3 Health Service Trust Fund for Plan Year starting January 1, 2016, and ending
4 December 31, 2016.

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Items 4 and 5
Files 15-0654 and 15-0645

Department:
 Health Service System (HSS)

EXECUTIVE SUMMARY

Legislative Objectives

- The proposed ordinance (File 15-0645) would amend Administrative Code Section 16.703, establishing the Health Service System's 2016 health, vision, and dental plans and premiums.
- The proposed resolution (File 15-0654) would approve the 2016 employers' contribution of \$579.24 per member per month to the Health Service System Trust Fund.

Key Points

- 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 these counties. Based on this survey, the average 2016 contribution is \$579.24 per member per month, which is \$11.44 or 2.0 percent more than the ten-county average contribution of \$567.80 in 2015.
- The June 2014 collective bargaining agreement eliminated the 10-county average survey as the method for calculating monthly premiums for active employees. Instead, the City and most unions elected to use a percentage-based employee premium contribution models. The 10-county average survey is still used as a basis for calculating all retiree premiums.
- The total 2016 monthly health premiums for active employees-only coverage is proposed to be (a) \$756.67 for the City Plan, a 25.26 percent decrease from 2015, (b) \$554.02 for Kaiser, unchanged from 2015, and (c) \$721.53 for Blue Shield, a 11.46 percent increase from 2015.

Fiscal Impact

- The total cost of health, vision, and dental, plans, along with long-term disability and life insurance plans, for only the City is \$565,299,226 in 2016, which is a \$22,764,853, or 4.2 percent increase from \$542,534,373 in 2015.
- The Affordable Care Act imposes two fees and one tax on health plans that have been incorporated into the HSS 2016 monthly premiums, which will increase the cost of premiums for only the City and covered employees by an estimated \$14,880,000 in 2016.
- As in 2015, health premium contributions in 2016 will be affected by cost-sharing agreements that were negotiated between the City and various City unions in 2014.

Recommendation

- Approve the proposed resolution and ordinance.

MANDATE STATEMENT / BACKGROUND**Mandate Statement**

City Charter Section A8.423 states that the Health Service Board is required to annually conduct a survey of the ten most populous California counties, excluding San Francisco, to determine the average contribution made by each county toward health plan premiums for employees, excluding dental plan premiums. City Charter Section A8.428 requires the City to contribute to the Health Service System Trust Fund to pay the costs of the health plan premiums. The City uses the 10-county average survey to determine the amount of the contribution for Health Service System members not covered by Memoranda of Understanding (MOUs) between the City and the respective labor unions that require other contribution amounts.

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.

The June 2014 MOUs between the City and the respective labor unions eliminated the 10-county average survey as the method for calculating the employer contribution to the monthly health plan premium for active employees. Instead, the City and most unions elected to use a percentage-based employee premium contribution model. The 10-county average survey is still used as a basis for calculating the employer contribution to the monthly health plan premium for all retirees. The 10-county average employer contribution in 2016 is \$579.24 per member per month, which is \$11.44 or 2.0 percent more than the 10-county average contribution of \$567.80 in 2015.

Health Service System Trust Fund

Under Charter Section A8.428, employer and HSS member contributions to health plan premiums are deposited in the Health Service System Trust Fund. As of June 30, 2014, the Health Service System Trust Fund balance was \$92,800,000.

DETAILS OF PROPOSED LEGISLATION

File 15-0654: The proposed resolution would approve the City's 2016 contribution to the Health Service System Trust Fund of \$579.24 per member per month.

File 15-0645: The proposed ordinance would amend Administrative Code Section 16.703 to approve the Health Service System's 2016 health, vision, and dental plans and premiums, and life insurance and long-term disability insurance plans and contribution rates.

Health Plans

On June 11, 2015, the Health Service Board approved the following health plans for plan year 2016:

Kaiser and Blue Shield Health Maintenance Organizations (HMO)¹

Consistent with the 2015 plan year, two HMOs will be offered to HSS members for the 2016 plan year: either Blue Shield of California or Kaiser. The Health Service Board adopted no plan design changes to the Kaiser HMO or the Blue Shield HMO.

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 for the City Plan in 2016.

Health Plan Premiums

On June 11, 2015, the Health Service Board approved the following health plan premiums for plan year 2016:

Blue Shield Premiums in 2016

The Blue Shield HMO plan is a flex-funded plan for active and non-Medicare retiree members.³ The Blue Shield monthly premium will increase in 2016 compared to 2015 by 11.5 percent for active employees and non-Medicare retirees. This increase is due to higher claims expenses and increased cost of specialty pharmaceuticals.

¹ An HMO (Health Maintenance Organization) offers care through a closed panel of providers, in which members select a primary care physician, who manages their care. The HMOs pay the medical groups on a per capita basis.

² Under a PPO, physicians, hospitals, and other providers are in network and paid by the purchaser (through a third party administrator) on a fee for service basis based on negotiated contracts.

³ The Health Service Board adopted the flex-funded plan in 2012. The flex-funded plan differs from the fully-insured 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 both the per capita rate and the hospital claim costs. Blue Shield acts as a third party administrator negotiating capitation rates and hospital rates. If the claims experience exceeds 125% of premiums, Blue Shield pays the balance.

Kaiser Premiums in 2016

The Kaiser Permanente premium rates for active employees and non-Medicare retirees in 2016 are unchanged from 2015. For retirees and their dependents who are both on Medicare, the premium rate in 2016 increases by 2.2 percent from the 2015 rate.

City Plan Premiums in 2016

The City Plan is a self-funded plan in which overall monthly premiums are set based upon projected claims experience. The City Plan monthly premiums will decrease for active employees and non-Medicare retirees due to lower than expected plan utilization in 2014 and use of the City Plan Stabilization Reserve, detailed below. For active employees and non-Medicare retirees, the City plan premiums decrease by 25.2 percent and 21.2 percent, respectively. For retirees with Medicare, the premiums increase by 3.2 percent.

Stabilization Reserve

HSS sets aside a portion of the Health Service System Trust Fund balance to stabilize the self-funded City Plan. The City Plan had a revenue surplus of \$10,900,000 in 2014 that was deposited into the Stabilization Reserve, resulting in a reserve balance of \$25,800,000. The Health Service Board allocated \$8,617,000, equal to one-third of the balance of \$25,800,000, to lower City Plan premium rates in accordance with the Health Service Board's Stabilization Reserve Policy, resulting in a remaining balance of \$17,183,000. At its meeting in May 2015, the Health Service Board also approved a one-time \$5,400,000 draw down from the Stabilization Reserve to subsidize City and member contributions to the City Plan for active employees and non-Medicare retirees, further reducing this reserve from \$17,183,000 to \$11,783,000.

Reduction of the City Plan premiums lowers the base by which these premiums will be subject to the anticipated 2018 Excise Tax on health plans imposed by the Affordable Care Act. Aon Hewitt, the Health Service System's actuary, estimates that the reduction will lower the tax paid by the City by \$2,748,000 in 2018.

United Health Care Medicare Advantage National PPO

In 2016, the HSS will offer a new fully insured National PPO Medicare Advantage program to Medicare retirees. The monthly premium for a single retiree with Medicare in 2016 is \$311.20, paid by the City.

Other HSS Benefits

On June 11, 2015, the Health Service Board approved the following vision, dental, life and long-term disability insurance plans and premiums for plan year 2016:

Vision Plan

Members enrolled in one of the four health plans receive vision benefits through Vision Service Plan (VSP), a third party insurer and a fully-insured plan. The cost of the vision plan is added to the cost of the medical plan for all monthly health plan premiums. VSP rates will increase by 1.0 percent in plan year 2016.

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 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. The City does not contribute to the monthly dental premium for retired employees.

- The premiums in 2016 for the Delta Care USA and Pacific Union dental plans for active employees and retirees are unchanged from the 2015 plan year.
- The premium for the self-funded Delta Dental PPO plan for active employees will decrease by 2.9 percent in 2016. Premiums for retirees will decrease by 6.0 percent for plan year 2016 and remain at the same rate in plan year 2017.

Life and Long-Term Disability (LSD) Insurance

The Health Service System will continue its contract with Aetna Life Insurance Company to provide life and long-term disability insurance in 2016. Rates in 2016 remain unchanged from 2015 but overall contributions increase in 2016 due to the increase in covered employees as a result of labor negotiations (reflected in Table 1 below).

City and Employee Contribution Models

Starting January 1, 2015, in accordance with some MOUs between the City and the respective labor unions, employees covered by the respective MOUs began contributing 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 for employees only, after the City contribution based on the 10-county average survey has been applied. The calculation of the employee contribution for employee plus one or more dependents is determined by the specific MOUs.
- 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 average 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 average survey does not apply to this contribution model.

The Attachment to this report shows the City and employee monthly premium contributions for the '93/93/83 Contribution Model' and '100/96/83 Contribution Model' noted above.

Federal Affordable Care Act Requirements

According to the Aon Hewitt June 15, 2015 memorandum to the Board of Supervisors, the Affordable Care Act imposes two direct fees and one tax on health plans that have been incorporated into the HSS 2016 monthly premiums.

- The Health Insurance Tax (HIT) is applied to all fully insured or flex-funded plans, including the vision and dental plans offered by HSS. An insurer's tax obligation is calculated based on each insurer's net premiums. Aon Hewitt estimates that in 2016 the tax will increase premium payments for the City and its covered employees by an estimated \$12,820,000.
- The Patient Centered Outcomes Research Institute Fee (PCORI) is a per enrollee per year fee assessed to health plans in medical-only health plans in order to fund health care research. This fee will increase to \$2.25 in 2016. Aon Hewitt estimates that in 2016 the fee will increase premium payments for the City and its covered employees by an estimated \$210,000. The fee sunsets in 2019.
- The Transitional Reinsurance Fee (TRF) revenues subsidize reinsurance in the individual market, with the goal of lowering the cost of health insurance for higher-risk individuals in that market. The fee in 2016 is \$27 per enrollee per year (except for enrollees with Medicare). Aon Hewitt estimates that in 2016 the fee will increase premium payments for the City and its covered employees by an estimated \$1,850,000. The fee sunsets in 2017.

FISCAL IMPACT

As shown in Table 1 below, the total estimated City, employee, and retiree costs for the health, vision, and dental plans, as well as long-term disability and life insurance, is \$635,293,357 in 2016, which is a \$23,728,501 or 3.9 percent increase from \$611,564,856 in 2015.⁴

The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance, for the City in 2016 is \$565,299,226, which is a \$22,764,853, or 4.2 percent increase from \$542,534,373 in 2015. These amounts were included in the FY 2015-16 and FY 2016-17 budgets pending before the Board of Supervisors.

Table 1: Total Plan Costs for the City, Employees, and Retirees in 2016 Compared to 2015

	2015	2016	Increase/ (Decrease)	Percent
City Costs Only				
Kaiser HMO	235,119,907	235,753,491	633,584	0.3%
Blue Shield HMO	230,432,450	252,844,478	22,412,029	9.7%
City Plan	27,271,628	26,853,181	(418,447)	-1.5%
Subtotal Health and Vision Plan	492,823,984	515,451,151	22,627,166	4.6%
Dental	43,610,389	42,248,075	(1,362,314)	-3.1%
Long Term Disability and Life Insurance	6,100,000	7,600,000	1,500,000	24.6%
Total City Costs	542,534,373	565,299,226	22,764,853	4.2%
Employee and Retiree Costs Only				
Kaiser HMO	29,173,782	29,260,072	86,290	0.3%
Blue Shield HMO	29,642,088	33,448,635	3,806,547	12.8%
City Plan	6,598,772	3,581,584	(3,017,188)	-45.7%
Subtotal Health and Vision Plan	65,414,643	66,290,291	875,649	1.3%
Dental	3,483,840	3,483,840	0	0.0%
Long Term Disability and Life Insurance	132,000	220,000	88,000	66.7%
Total Employee and Retiree Costs	69,030,483	69,994,131	963,649	1.4%
Total Costs				
Kaiser HMO	264,293,689	265,013,563	719,874	0.3%
Blue Shield HMO	260,074,537	286,293,114	26,218,576	10.1%
City Plan	33,870,400	30,434,765	(3,435,635)	-10.1%
Subtotal Health and Vision Plan	558,238,627	581,741,442	23,502,815	4.2%
Dental	47,094,229	45,731,915	(1,362,314)	-2.9%
Long Term Disability and Life Insurance	6,232,000	7,820,000	1,588,000	25.5%
Total Costs	611,564,856	635,293,357	23,728,501	3.9%

Source: Health Service System

RECOMMENDATION

Approve the proposed resolution and ordinance.

⁴ Differences between the 2015 estimates included here and those used in the Budget and Legislative Analyst's report in July 2014 are due to updated Census figures (accessed May 18, 2015) used by the Health Service System to produce their estimates of how many members will enroll in each plan.

93/93/83 Contribution Model

	City Plan			Kaiser			Blue Shield		
	Employee	Employee + 1 Dependent	Employee +2 or More Dependents	Employee	Employee + 1 Dependent	Employee +2 or More Dependents	Employee	Employee + 1 Dependent	Employee +2 or More Dependents
<u>Members</u>									
Plan Year 2015	\$410.36	\$785.11	\$1,282.28	\$38.78	\$77.42	\$265.89	\$45.32	\$90.49	\$310.82
Plan Year 2016	\$85.65	\$144.72	\$414.13	\$38.78	\$77.42	\$265.91	\$50.51	\$100.87	\$346.50
\$ Increase/ (Decrease)	(\$324.71)	(\$640.39)	(\$868.15)	\$0.00	\$0.00	\$0.02	\$5.19	\$10.38	\$35.68
% Increase/ (Decrease)	-79.1%	-81.6%	-67.7%	0.0%	0.0%	0.0%	11.5%	11.5%	11.5%
<u>Employer</u>									
Plan Year 2015	\$602.05	\$1,202.24	\$1,517.54	\$515.20	\$1,028.51	\$1,298.16	\$602.05	\$1,202.24	\$1,517.54
Plan Year 2016	\$671.02	\$1,340.20	\$1,691.74	\$515.24	\$1,028.59	\$1,298.25	\$671.02	\$1,340.20	\$1,691.74
\$ Increase/ (Decrease)	\$68.97	\$137.96	\$174.20	\$0.04	\$0.08	\$0.09	\$68.97	\$137.96	\$174.20
% Increase/ (Decrease)	11.5%	11.5%	11.5%	0.0%	0.0%	0.0%	11.5%	11.5%	11.5%
<u>Total</u>									
Plan Year 2015	\$1,012.41	\$1,987.35	\$2,799.82	\$553.98	\$1,105.93	\$1,564.05	\$647.37	\$1,292.73	\$1,828.36
Plan Year 2016	\$756.67	\$1,484.92	\$2,105.87	\$554.02	\$1,106.01	\$1,564.16	\$721.53	\$1,441.07	\$2,038.24
\$ Increase/ (Decrease)	(\$255.74)	(\$502.43)	(\$693.95)	\$0.04	\$0.08	\$0.11	\$74.16	\$148.34	\$209.88
% Increase/ (Decrease)	-25.3%	-25.3%	-24.8%	0.0%	0.0%	0.0%	11.5%	11.5%	11.5%

100/96/83 Contribution Model

	City Plan			Kaiser			Blue Shield		
	Employee	Employee + 1 Dependent	Employee +2 or More Dependents	Employee	Employee + 1 Dependent	Employee +2 or More Dependents	Employee	Employee + 1 Dependent	Employee +2 or More Dependents
<u>Members</u>									
Plan Year 2015	\$0.00	\$746.33	\$1,282.28	\$0.00	\$44.24	\$265.89	\$0.00	\$51.71	\$310.82
Plan Year 2016	\$0.00	\$101.49	\$414.13	\$0.00	\$44.24	\$265.91	\$0.00	\$57.64	\$346.50
\$ Increase/ (Decrease)	\$0.00	(\$644.84)	(\$868.15)	\$0.00	\$0.00	\$0.02	\$0.00	\$5.93	\$35.68
% Increase/ (Decrease)	0.0%	-86.4%	-67.7%	0.0%	0.0%	0.0%	0.0%	11.5%	11.5%
<u>Employer</u>									
Plan Year 2015	\$1,012.41	\$1,241.02	\$1,517.54	\$553.98	\$1,061.69	\$1,298.16	\$647.37	\$1,241.02	\$1,517.54
Plan Year 2016	\$756.67	\$1,383.43	\$1,691.74	\$554.02	\$1,061.77	\$1,298.25	\$721.53	\$1,383.43	\$1,691.74
\$ Increase/ (Decrease)	(\$255.74)	\$142.41	\$174.20	\$0.04	\$0.08	\$0.09	\$74.16	\$142.41	\$174.20
% Increase/ (Decrease)	-25.3%	11.5%	11.5%	0.0%	0.0%	0.0%	11.5%	11.5%	11.5%
<u>Total</u>									
Plan Year 2015	\$1,012.41	\$1,987.35	\$2,799.82	\$553.98	\$1,105.93	\$1,564.05	\$647.37	\$1,292.73	\$1,828.36
Plan Year 2016	\$756.67	\$1,484.92	\$2,105.87	\$554.02	\$1,106.01	\$1,564.16	\$721.53	\$1,441.07	\$2,038.24
\$ Increase/ (Decrease)	(\$255.74)	(\$502.43)	(\$693.95)	\$0.04	\$0.08	\$0.11	\$74.16	\$148.34	\$209.88
% Increase/ (Decrease)	-25.3%	-25.3%	-24.8%	0.0%	0.0%	0.0%	11.5%	11.5%	11.5%

HEALTH SERVICE BOARD
CITY & COUNTY OF SAN FRANCISCO

Memorandum

DATE: June 15, 2015
TO: Supervisor Mark Farrell
Board of Supervisors
FROM: Catherine J. Dodd, PhD, RN
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 2016

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 11, 2015; and
2. Proposed resolution establishing the monthly contribution amount to the Health Service Trust Fund.

Please let me know if you need additional information.

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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Phone: (415) 554-1722 Fax: (415) 554-1735

myhss.org

[2016 Certification of “the Average Contribution” Under Ten-County Survey]

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.

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

WHEREAS, Pursuant to such Charter Section, the Board is required to certify to the Board of Supervisors “the average contribution” (as such term is defined in such Charter Section) as determined by such survey; and

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

WHEREAS, Under the survey of each of the Survey Counties which was completed on March 12, 2015 (a copy of which is attached as Exhibit A hereto and made a part hereof), the Board has determined that “the average contribution” is the sum of **five hundred seventy-nine dollars and twenty-four cents (\$579.24)**; and

WHEREAS, The Board desires to certify “the average contribution” to the Board of Supervisors as required under Section A8.423 of Appendix A to the City Charter; now, therefore, be it

RESOLVED, That, the Board hereby certifies to the Board of Supervisors that (a) the Board has conducted and completed as of March 12, 2015, a survey of the Survey Counties as required under Section A8.423 of Appendix A to the City Charter; and (b) "the average contribution" (as such term is defined in such Charter Section) determined under such survey is the sum of **five hundred seventy-nine dollars and twenty-four cents (\$579.24)**; and, be it

FURTHER RESOLVED, That the Board hereby authorizes the Director of the Health Service System, to provide to or to execute and deliver to the Board of Supervisors, on behalf of the Board, such further information, certificates, assurances or other documents as the Board of Supervisors may require in connection with the current survey and certification required under Section A8.423 of Appendix A to the City Charter.

EXHIBIT A

Copy of Survey

2015 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 average amount toward the cost of employee and retiree 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 average 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.

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 2016 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 \$579.24 for plan year 2016 is 2.02% above \$567.80, the 10-County average for plan year 2015. 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 2015 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$601.05. Per the Calendar Year Change Rule, this \$601.05 is projected forward six months, using Los Angeles County's three year premium increase trend of 6.4%. This results in the average employer premium contribution calculated at \$619.87 for Los Angeles County. The March 2015 10-County Survey will be applied to Health Service System rate calculations for plan year 2016.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior year projections have been compared to actuals. For Calendar Year 2015, 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. For example, San Diego County's Anthem employer contributions increased by 6.5% compared to 2014. However, the overall assessment is less than 0.6% percent from what was calculated (\$570.85 actual vs. \$567.80 estimated).

2015 10-County Survey

Average of Employer Contributions																
County	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015 Calculated	2015 Actual	3 Yr Trend	Months of Trend	Trend Factor	2016 Calculated
1 Los Angeles	316.07	338.55	362.55	383.10	415.91	457.56	478.56	499.57	515.07	552.40	610.75	601.05	6.4%	6	1.04	619.87
2 San Diego	267.86	363.48	305.87	327.00	363.48	364.00	406.00	432.20	444.86	445.29	460.51	471.16	2.9%	6	1.01	477.99
3 Orange	374.13	380.63	387.92	338.64	372.44	383.75	434.41	485.10	506.94	544.46	567.79	519.54	2.3%	6	1.01	525.51
4 Riverside	364.69	391.53	462.05	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	604.91	4.0%	6	1.02	616.96
5 San Bernardino*	333.57	299.72	313.73	368.67	377.35	397.51	399.70	398.98	398.98	413.51	420.92	415.52	1.4%	12	1.01	421.18
6 Santa Clara*	382.32	438.49	479.93	515.52	563.19	608.44	655.97	643.13	643.13	656.34	776.62	746.93	5.1%	12	1.05	785.13
7 Alameda	316.40	342.11	398.35	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	667.36	5.1%	6	1.03	684.14
8 Sacramento	363.89	422.13	480.54	480.76	516.78	561.35	637.98	667.02	696.00	714.53	535.31	564.84	-5.4%	6	0.97	549.40
9 Contra Costa	336.62	366.77	407.86	438.47	470.02	495.15	521.90	540.43	553.15	574.27	607.18	610.86	4.2%	6	1.02	623.46
10 Fresno	399.71	390.06	432.64	425.58	425.43	450.43	450.80	450.80	455.17	450.86	488.79	483.17	2.3%	6	1.01	488.79
Average	345.53	373.35	403.14	418.80	449.37	472.85	503.94	522.97	534.78	559.65	567.80	568.53	2.8%	8.0	1.02	579.24

Increase Over Prior Year													
County	2005 2006	2006 2007	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	
1 Los Angeles	14.45%	7.11%	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	
2 San Diego	2.09%	35.70%	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	
3 Orange	-5.48%	1.74%	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	
4 Riverside	14.84%	7.36%	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	
5 San Bernardino	11.77%	-10.15%	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	
6 Santa Clara	11.76%	14.69%	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	
7 Alameda	14.52%	8.13%	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	
8 Sacramento	15.43%	16.00%	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	
9 Contra Costa	12.45%	8.96%	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	
10 Fresno	15.63%	-2.41%	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	
Average	10.43%	8.05%	7.98%	3.88%	7.30%	5.23%	6.57%	3.78%	2.26%	4.65%	1.46%	2.02%	

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

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1. Los Angeles County				Population: 10,017,000		
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	640.46	637.71	-0.4%	640.46	637.71	-0.4%
CIGNA Choices HMO - County Sponsored	659.26	700.16	6.2%	659.26	700.16	6.2%
CIGNA Choices POS - County Sponsored	1,185.09	1,259.23	6.3%	757.46	812.00	7.2%
Blue Cross Prudent Buyer Basic- ALADS	872.08	917.42	5.2%	757.46	812.00	7.2%
Blue Cross CaliforniaCare Basic- ALADS	590.97	621.62	5.2%	590.97	621.62	5.2%
Blue Cross Prudent Buyer Premier- ALADS	990.83	1,039.09	4.9%	757.46	812.00	7.2%
Blue Cross CaliforniaCare Premier - ALADS	709.82	743.29	4.7%	709.82	743.29	4.7%
Blue Shield Classic CAPE	776.00	832.00	7.2%	757.46	812.00	7.2%
Blue Shield Lite CAPE	477.00	512.00	7.3%	477.00	512.00	7.3%
Local 1014 Plan - Fire Fighters	673.00	723.00	7.4%	673.00	723.00	7.4%
Kaiser Options - SEIU	606.79	599.92	-1.1%	606.79	599.92	-1.1%
Kaiser HMO - Unrepresented	303.00	257.00	-15.2%	303.00	257.00	-15.2%
Blue Cross CaliforniaCare HMO - Unrepresented	303.00	257.00	-15.2%	303.00	257.00	-15.2%
Blue Cross Plus POS - Unrepresented	458.00	389.00	-15.1%	458.00	369.00	-15.1%
Blue Cross Catastrophic - Unrepresented	235.00	199.00	-15.3%	235.00	199.00	-15.3%
Blue Cross Prudent Buyer PPO - Unrepresented	1,027.00	1,193.57	16.2%	518.00	695.57	34.3%
UnitedHealthcare Options HMO - SEIU	587.37	621.24	5.8%	587.37	621.24	5.8%
UnitedHealthcare Options PPO - SEIU	1,562.36	1,737.75	11.2%	757.46	812.00	7.2%
AVERAGE	678.67	696.91	2.7%	589.83	601.05	1.9%

2015 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/\$20	\$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	\$10 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 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		

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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 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

2015 10-County Survey

2. San Diego County				Population: 3,211,000		
Medical Plans	2014 Premium	2015 Premium	% +/-	2015 County Contribution	2016 County Contribution	% +/-
Kaiser HMO	435.22	428.10	-1.6%	435.22	428.10	-1.6%
Kaiser High Deductible	339.74	334.18	-1.6%	339.74	334.18	-1.6%
Anthem - Blue Cross PPO	769.82	871.94	13.3%	484.70	516.17	6.5%
Anthem - Blue Cross Select HMO	561.02	589.08	5.0%	484.70	516.17	6.5%
Anthem - Blue Cross Full Access HMO	1,155.98	1,309.30	13.3%	484.70	516.17	6.5%
Anthem - Blue Cross High Deductible	529.72	599.98	13.3%	484.70	516.17	6.5%
AVERAGE	631.92	688.76	9.0%	452.29	471.16	4.2%

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	PPO - 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%

2015 10-County Survey

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

2015 10-County Survey

3. Orange County							Population: 3,114,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-	
Choice Wellwise PPO*	803.32	764.40	-4.8%	766.29	687.96	-10.2%	
Choice Sharewell PPO*	321.34	305.76	-4.8%	390.37	374.79	-4.0%	
CIGNA HMO Choice*	611.64	645.88	5.6%	581.06	581.29	0.0%	
Kaiser HMO Choice*	471.78	482.33	2.2%	448.20	434.10	-3.1%	
AVERAGE	552.02	549.59	-0.4%	546.48	519.54	-4.9%	

3. Orange County: Medical Plan Design Summary		
Wellwise PPO	PPO - In	PPO - Out
Deductible	\$500/\$1,000	\$750/\$1,500
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	PPO - In	PPO - 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	

* Orange County modified plan designs and contributions in 2015 plan year to address increasing healthcare costs and facilitate wellness participation. Current county contributions assume wellness participation.

2015 10-County Survey

4. Riverside County				Population: 2,293,000		
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
UHC HMO*	620.62	628.84	1.3%	620.62	628.84	1.3%
Kaiser HMO	609.26	616.50	1.2%	609.26	616.50	1.2%
Exclusive Care EPO	442.00	468.88	6.1%	442.00	468.88	6.1%
UHC PPO*	969.14	966.24	-0.3%	798.77	805.44	0.8%
Blue Shield HMO - PERS	543.22	598.66	10.2%	543.22	598.66	10.2%
Kaiser HMO - PERS	602.80	579.80	-3.8%	602.80	579.80	-3.8%
PERSCare	638.22	657.32	3.0%	638.22	657.32	3.0%
PERS Choice	612.26	594.40	-2.9%	612.26	594.40	-2.9%
PORAC - PERS	634.00	675.00	6.5%	634.00	675.00	6.5%
Blue Shield HPN	457.18	561.10	22.7%	457.18	561.10	22.7%
PERS Select	586.32	586.32	0.0%	586.32	586.32	0.0%
Anthem Select HMO**	537.00	653.98	21.8%	537.00	653.98	21.8%
Anthem Traditional HMO**	592.20	743.12	25.5%	592.20	743.12	25.5%
Health Net Salud y Mas**	489.82	520.60	6.3%	489.82	520.60	6.3%
Health Net SmartCare**	568.52	579.88	2.0%	568.52	579.88	2.0%
Sharp**	538.60	564.58	4.8%	538.60	564.58	4.8%
UnitedHealthcare**	521.02	449.10	-13.8%	521.02	449.10	-13.8%
AVERAGE	586.01	614.37	4.8%	575.99	604.91	5.0%

*Riverside County changed carriers from Health Net to UHC beginning 1/1/15.

**New plan in 2014.

2015 10-County Survey

4. 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	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 Copay		
Rx	\$5/\$15/\$35		
Hospital	No Charge		

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5. San Bernardino County							Population: 2,088,000
Medical Plans	2013-14 Premium	2014-15 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-	
Kaiser HMO	558.65	582.92	4.3%	425.60	425.60	0.0%	
Blue Shield Signature HMO	473.55	473.55	0.0%	389.80	389.80	0.0%	
Blue Shield Needles PPO	1,067.47	974.13	-8.7%	423.33	423.33	0.0%	
Blue Shield PPO	945.92	863.27	-8.7%	423.33	423.33	0.0%	
AVERAGE	761.40	723.47	-5.0%	415.52	415.52	0.0%	

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	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

2015 10-County Survey

6. Santa Clara County						Population: 1,862,000	
Medical Plans	2013-14 Premium	2014-15 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-	
Kaiser HMO	671.78	686.08	2.1%	651.63	672.35	3.2%	
Valley Health HMO	634.21	710.32	12.0%	621.52	692.77	11.5%	
Health Net POS	988.98	1,000.48	1.2%	960.42	875.67	-8.8%	
AVERAGE	764.99	798.96	4.4%	744.52	746.93	0.3%	

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 - In	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

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7. Alameda County				Population: 1,579,000		
Medical Plans	2014-15 Premium	2015-16 Premium	% +/-	2013-14 County Contribution	2014-15 County Contribution	% +/-
UnitedHealthcare Premium HMO	972.34	972.34	0.0%	875.12	875.12	0.0%
Kaiser Premium HMO	622.92	637.06	2.3%	560.62	573.36	2.3%
Kaiser Standard HMO	598.18	592.20	-1.0%	568.27	532.98	-6.2%
UnitedHealthcare PPO	2,244.54	2,341.06	4.3%	560.62	573.36	2.3%
UnitedHealthcare Premium HMO *	972.34	-	-	622.92	-	-
UnitedHealthcare Standard HMO	918.88	868.88	-5.4%	724.96	782.00	7.9%
Kaiser Premium HMO *	622.92	-	-	622.92	-	-
UnitedHealthcare PPO *	2,244.54	-	-	622.92	-	-
AVERAGE	1,149.58	1,082.31	-5.9%	644.79	667.36	3.5%

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	

* Discontinued in 2015-16

2015 10-County Survey

8. Sacramento County				Population: 1,462,000		
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Western Health Adv. HMO	620.54	649.74	4.7%	620.54	649.74	4.7%
Sutter Health Plus HMO	618.80	631.22	2.0%	618.80	631.22	2.0%
Kaiser HMO 15	614.08	626.38	2.0%	614.08	626.38	2.0%
Western Health Adv. HDHP	473.90	496.30	4.7%	473.90	496.30	4.7%
Sutter Health Plus HDHP	482.00	491.64	2.0%	482.00	491.64	2.0%
Kaiser HDHP HMO	484.06	493.74	2.0%	484.06	493.74	2.0%
AVERAGE	548.90	564.84	2.9%	548.90	564.84	2.9%

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
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

2015 10-County Survey

9. Contra Costa County						Population: 1,094,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
CCHP Plan A	612.77	654.44	6.8%	555.22	583.93	5.2%
CCHP Plan B	679.27	725.46	6.8%	569.92	597.59	4.9%
Health Net HMO Plan A	1,067.40	1,184.71	11.0%	740.86	809.83	9.3%
Health Net HMO Plan B	836.04	823.83	-1.5%	627.79	627.79	0.0%
Health Net PPO Plan A	1,365.43	1,520.06	11.3%	679.21	729.85	7.5%
Health Net PPO Plan B	1,240.08	1,368.43	10.4%	604.60	604.60	0.0%
Kaiser HMO Plan A	768.47	811.33	5.6%	546.85	580.92	6.2%
Kaiser HMO Plan B	676.03	637.55	-5.7%	478.91	478.91	0.0%
Blue Shield HMO - PERS	836.59	928.87	11.0%	596.51	624.59	4.7%
CCHP Plan A Alternate - PERS	723.74	772.95	6.8%	581.21	589.39	1.4%
Kaiser HMO - PERS	742.72	714.45	-3.8%	589.84	584.42	-0.9%
PERS Care	720.04	775.08	7.6%	594.35	597.83	0.6%
PERS Choice	690.77	700.84	1.5%	586.82	583.88	-0.5%
PORAC - PERS	634.00	675.00	6.5%	585.96	583.52	-0.4%
PERS Select	661.52	690.43	4.4%	580.82	578.72	-0.4%
Blue Shield HMO NetValue - PERS	704.01	870.60	23.7%	588.31	618.00	5.0%
AVERAGE	809.93	865.88	6.9%	594.20	610.86	2.8%

2015 10-County Survey

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			

2015 10-County Survey

10. Fresno County						Population: 955,000
Medical Plans	2014 Premium	2015 Premium	% +/-	2014 County Contribution	2015 County Contribution	% +/-
Kaiser \$15 HMO	768.99	652.80	-15.1%	483.17	483.17	0.0%
Blue Cross HMO	644.12	652.80	1.3%	483.17	483.17	0.0%
Blue Cross PPO	890.36	901.92	1.3%	483.17	483.17	0.0%
Blue Cross HDPPPO	510.41	517.53	1.4%	483.17	483.17	0.0%
AVERAGE	703.47	681.26	-3.2%	483.17	483.17	0.0%

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	

2015 10-County Survey

2015 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%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	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	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	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/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	\$10/\$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	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr
Chiropractic	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%	60%/40%	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr

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

2015 10-County Survey

2015 HSS Active Employee Plans			
	Kaiser HMO	Blue Shield HMO	City Health Plan PPO
Annual Deductible	N/A	N/A	\$250/\$500/\$750
Hospital (Inpatient)	\$100 Copay per admission	\$200 Copay per admission	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	\$15 Copay Limit 30 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.

2015 10-County Survey Glossary

ALADS

Association for Los Angeles Deputy Sheriffs

ALADS - In

Association for Los Angeles Deputy Sheriffs, In-Network

ALADS - Out

Association for Los Angeles Deputy Sheriffs, Out-of-Network

Catastrophic

High Deductible Health Plan with essential coverage only

EPO

Exclusive Provider Organization. Participants must obtain service from in-network providers, but do not need to choose a Primary Care Physician.

HDHP

High Deductible Health Plan. These plans have lower premiums, higher deductibles and may be paired with a Health Savings Account.

HDHP - HMO

High Deductible Health Plan, Health Management Organization

HD w/HSA

High Deductible plan with a Health Savings Account, which is a tax-advantaged medical savings account.

HDPPPO

High Deductible, Preferred Provider Organization

HMO

A Health Management Organization requires the assignment of a Primary Care Physician and limits service to in-network providers.

In

In-Network; services obtained from a contracted network of providers.

Out

Out-of-Network; services obtained outside of a contracted network of providers.

PPO

A Preferred Provider Organization does not require the assignment of a Primary Care Physician, and allows plan participants to obtain service from any provider. Out-of-network services typically have higher copays.

PPO - In

Preferred Provider Organization In-Network

PPO - Out

Preferred Provider Organization Out-of-Network

POS

A Point of Service plan is an HMO/PPO hybrid that allows participants to obtain service out-of-network but at a higher cost.

POS - In

Point of Service In-Network

POS - Out

Point of Service Out-of-Network

Unrep

Unrepresented; workers not included in any union contract

Unrep HMO

Unrepresented, Health Management Organization

Unrep - In

Unrepresented, In-Network

Unrep - Out

Unrepresented, Out-of-Network

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 11, 2015.

Laini K. Scott

Laini K. Scott

Print Form

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. *Budget & Finance*
- 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):

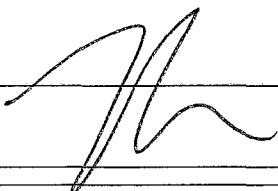
Supervisor Farrell

Subject:

Monthly Contribution Amount - Health Service Trust Fund

The text is listed below or attached:

Attached

Signature of Sponsoring Supervisor: 

For Clerk's Use Only:

150654

