



2017 10-COUNTY SURVEY

OVERVIEW

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.

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 2017 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 \$649.17 for plan year 2018 is 7.33% above \$604.84, the 10-County average for Plan year 2017. All counties had a change in contribution.

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

For the 2017 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$655.10. Per the Calendar Year Change Rule, this \$655.10 is projected forward six months, using Los Angeles County's three year premium increase trend of 5.8%. This results in the average employer premium contribution calculated at \$673.99 for Los Angeles County. The March 2017 10-County Survey will be applied to Health Service System rate calculations for plan year 2018.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior year projections have been compared to actuals. For Calendar Year 2017, there are a few instances where there are significant differences between prior projections and actuals. This is driven by changes in premiums and employer contributions. The overall projected contributions are 4.4% less than actual contributions for 2017 (\$632.55 actual vs. \$604.84 estimated).

Average of Employer Contributions																	
County	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017 Calculated	2017 Actual	3 Yr Trend	Months of Trend	Trend Factor	2018 Calculated	
1 Los Angeles	362.55	383.10	415.91	457.56	478.56	499.57	515.07	552.40	610.75	619.87	648.37	655.10	5.8%	6	1.03	673.99	
2 San Diego	305.87	327.00	363.48	364.00	406.00	432.20	444.86	445.29	460.51	477.99	507.13	522.44	5.5%	6	1.03	536.54	
3 Orange	387.92	338.64	372.44	383.75	434.41	485.10	506.94	544.46	567.79	525.51	517.98	525.87	-1.2%	6	0.99	522.83	
4 Riverside	462.05	469.65	491.27	488.44	513.02	537.43	545.54	606.39	587.21	616.96	652.09	663.14	3.0%	6	1.02	673.10	
5 San Bernardino*	313.73	368.67	377.35	397.51	399.70	398.98	398.98	413.51	420.92	421.18	417.04	431.56	1.4%	12	1.01	437.75	
6 Santa Clara*	479.93	515.52	563.19	608.44	655.97	643.13	643.13	656.34	776.62	785.13	917.21	906.07	11.3%	12	1.11	1,008.88	
7 Alameda	398.35	440.58	497.76	521.89	541.06	575.00	588.99	638.47	622.92	684.14	687.86	700.56	3.1%	6	1.02	711.48	
8 Sacramento	480.54	480.76	516.78	561.35	637.98	667.02	696.00	714.53	535.31	549.40	574.78	622.48	-4.5%	6	0.98	608.34	
9 Contra Costa	407.86	438.47	470.02	495.15	521.90	540.43	553.15	574.27	607.18	623.46	637.99	685.16	6.1%	6	1.03	705.62	
10 Fresno	432.64	425.58	425.43	450.43	450.80	450.80	455.17	450.86	488.79	488.79	488.00	613.17	10.8%	6	1.00	613.17	
Average	403.14	418.80	449.37	472.85	503.94	522.97	534.78	559.65	567.80	579.24	604.84	632.55	4.2%	7.6	1.03	649.17	

Increase Over Prior Year													
County	2007 2008	2008 2009	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	
1 Los Angeles	7.09%	5.67%	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	
2 San Diego	-15.85%	6.91%	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	
3 Orange	1.92%	-12.70%	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	
4 Riverside	18.01%	1.65%	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	
5 San Bernardino	4.67%	17.51%	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	
6 Santa Clara	9.45%	7.42%	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	
7 Alameda	16.44%	10.60%	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	
8 Sacramento	13.84%	0.05%	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	
9 Contra Costa	11.20%	7.51%	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	
10 Fresno	10.92%	-1.63%	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	
Average	7.98%	3.88%	7.30%	5.23%	6.57%	3.78%	2.26%	4.65%	1.46%	2.02%	4.42%	7.33%	

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

1. LOS ANGELES COUNTY

Los Angeles County				Population: 10,170,000		
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
Kaiser Choices HMO - County Sponsored	661.86	674.22	1.9%	661.86	674.22	1.9%
CIGNA Choices HMO - County Sponsored	747.89	807.05	7.9%	747.89	807.05	7.9%
CIGNA Choices POS - County Sponsored	1,345.81	1,452.17	7.9%	860.72	912.37	6.0%
Blue Cross Prudent Buyer Basic- ALADS	968.94	1,020.59	5.3%	860.72	912.37	6.0%
Blue Cross CaliforniaCare Basic- ALADS	656.05	695.14	6.0%	656.05	695.14	6.0%
Blue Cross Prudent Buyer Premier- ALADS	1,092.90	1,144.55	4.7%	860.72	912.37	6.0%
Blue Cross CaliforniaCare Premier - ALADS	780.01	819.10	5.0%	780.01	819.10	5.0%
Blue Shield Classic CAPE	878.00	912.00	3.9%	860.72	912.00	6.0%
Blue Shield Lite CAPE	536.00	555.00	3.5%	536.00	555.00	3.5%
Local 1014 Plan - Fire Fighters	758.00	792.00	4.5%	758.00	792.00	4.5%
Kaiser Options - SEIU	623.40	634.33	1.8%	623.40	634.33	1.8%
Kaiser HMO - Unrepresented	272.00	272.00	0.0%	272.00	272.00	0.0%
Blue Cross CaliforniaCare HMO - Unrepresented	272.00	272.00	0.0%	272.00	272.00	0.0%
Blue Cross Plus POS - Unrepresented	411.00	411.00	0.0%	411.00	411.00	0.0%
Blue Cross Catastrophic - Unrepresented	93.00	93.00	0.0%	93.00	93.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	526.00	526.00	0.0%	526.00	526.00	0.0%
UnitedHealthcare Options HMO - SEIU	660.44	692.40	4.8%	660.44	692.40	4.8%
UnitedHealthcare Options PPO - SEIU	2,085.86	2,585.11	23.9%	852.60	899.49	5.5%
AVERAGE	742.73	797.65	7.4%	627.40	655.10	4.4%

Los Angeles County: Medical Plan Design Summary			
Blue Shield Lite	HMO	In	Out
Deductible	None	\$400/\$800	\$400/\$800
Physicians Services	\$10 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Not Covered
Hospital	No Charge	80/20 After Ded	70/30 After Ded
Blue Shield Classic	HMO	In	Out
Deductible	None	\$300/\$600	\$300/\$600
Physicians Services	\$10 Copay	\$20 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Not Covered
Hospital	No Charge	90/10 After Ded	70/30 After Ded
PacifiCare(UnitedHealthcare Options)	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
UnitedHealthcare		PPO - In	PPO - Out
Deductible		\$300/\$1,500	\$1,500/\$3,000
Physicians Services		20% Copay	50% Copay After Ded
Emergency Room		20% Copay After Ded	50% Copay After Ded
Rx		\$5/\$20/\$35	Not Covered
Hospital		20% Copay After Ded	50% Copay After Ded
Kaiser	Options HMO	Choices HMO	Unrep HMO
Deductible	None	None	None
Physicians Services	\$10 Copay	\$10 Copay	\$15 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	\$10/\$20
Hospital	No Charge	No Charge	No Charge

Los Angeles County: Medical Plan Design Summary			
CIGNA	HMO	POS - In	POS - Out
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 After Ded
Hospital	No Charge	\$50 Copay/Day	60/40 After Ded + \$1,000/Admit
Blue Cross California Care HMO	ALADS	Unrep	
Deductible	None	None	
Physicians Services	\$10 Copay	\$15 Copay	
Emergency Room	\$25 Copay	\$50 Copay	
Rx	\$5/\$15	\$10/\$20	
Hospital	No Charge	No Charge	
Blue Cross Plus POS	HMO	In	Out
Deductible	None	None	\$400/\$800
Physicians Services	\$15 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$20	\$10/\$20	\$10/\$20
Hospital	No Charge	80/20	70/30 + \$500/Admit After Ded
Local 1014 Plan	HMO		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross	Catastrophic		
Deductible	\$2,000/\$4,000		
Physicians Services	75/25 After Ded		
Emergency Room	\$100 Copay then 75/25 After Ded		
Rx	\$200 Ded Then 75/25 After Ded		
Hospital	75/25 After Ded +\$500/Admit		

Los Angeles County: Medical Plan Design Summary				
Blue Cross Prudent Buyer PPO	ALADS - In	ALADS - Out	Unrep - In	Unrep - Out
Deductible	\$300/\$900	\$300/\$900	\$150/\$400	\$400/\$800
Physician Services	90/10 After Ded	70/30 After Ded	\$15 Copay	70/30 After Ded
Emergency Room	90/10 After Ded	90/10 After Ded	\$50 Copay Then 90/10 After Ded	\$50 Copay Then 90/10 After Ded
Rx	\$5/\$15	\$5/\$15+50%	\$10/\$20	\$10/\$20
Hospital	90/10 After Ded	70/30 After Ded	90/10 After Ded	70/30 After Ded + \$500/Admit

2. SAN DIEGO COUNTY

San Diego County						Population: 3,300,000
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
Kaiser HMO	459.96	490.08	6.5%	459.96	490.08	6.5%
Kaiser High Deductible	359.06	382.58	6.6%	359.06	382.58	6.6%
Anthem - Blue Cross PPO	1,106.74	1,178.34	6.5%	541.83	565.50	4.4%
Anthem - Blue Cross Select HMO	571.52	626.98	9.7%	541.83	565.50	4.4%
Anthem - Blue Cross Full Access HMO	1,332.54	1,461.38	9.7%	541.83	565.50	4.4%
Anthem - Blue Cross High Deductible	864.94	921.16	6.5%	541.83	565.50	4.4%
AVERAGE	782.46	843.42	7.8%	497.72	522.44	5.0%

San Diego County: Medical Plan Design Summary		
Kaiser HMO	HMO	
Deductible	None	
Physicians Services	\$25 Copay	
Emergency Room	\$125 Copay	
Rx	\$10/\$20/\$30	
Hospital	\$100 Copay Per Admit	
Kaiser High Deductible	HD w/HSA	
Deductible	\$1,500/\$3,000	
Physicians Services	10% After Ded	
Emergency Room	10% After Ded	
Rx	\$10/\$20/\$30	
Hospital	10% After Ded	
Anthem - Blue Cross PPO	PPO - In	Out
Deductible	\$300/\$600	\$600/\$1,200
Physicians Services	\$20 Copay	40% After Ded
Emergency Room	\$75 Copay then 20%	\$75 Copay then 20%
Rx	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$150 Copay then 20%	\$300 Copay then 40%

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

3. ORANGE COUNTY

Orange County						Population: 3,170,000
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
Choice Wellwise PPO*	741.47	726.64	-2.0%	668.01	654.28	-2.1%
Choice Sharewell PPO*	296.59	290.66	-2.0%	365.62	359.69	-1.6%
CIGNA HMO Choice*	638.52	683.22	7.0%	574.67	614.90	7.0%
Kaiser HMO Choice*	508.05	527.31	3.8%	457.25	474.59	3.8%
AVERAGE	546.16	556.96	2.0%	516.39	525.87	1.8%

* 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.

Orange County: Medical Plan Design Summary		
Wellwise PPO		
	In	Out
Deductible	\$500/\$1,000	\$750/\$1,500
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	20%/25%/30%	Not Covered
Hospital	90/10	70/30
Sharewell PPO		
	In	Out
Deductible	\$5,000 Per Family	\$5,000 Per Family
Physicians Services	90/10	70/30
Emergency Room	90/10	70/30
Rx	80/20	80/20
Hospital	90/10	70/30
CIGNA		
	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30/\$50	
Hospital	\$100 Per Admit	
Kaiser		
	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

4. RIVERSIDE COUNTY

Riverside County				Population: 2,361,000		
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
UHC HMO	670.90	707.56	5.5%	670.90	707.56	5.5%
Kaiser HMO	603.52	652.10	8.0%	603.52	652.10	8.0%
Exclusive Care EPO	497.08	534.02	7.4%	497.08	534.02	7.4%
UHC PPO	1,057.00	1,194.78	13.0%	805.44	856.33	6.3%
Blue Shield HMO - PERS	654.88	778.46	18.9%	654.88	778.46	18.9%
Kaiser HMO - PERS	605.06	599.54	-0.9%	605.06	599.54	-0.9%
PERSCare	761.50	802.24	5.3%	761.50	802.24	5.3%
PERS Choice	683.72	714.43	4.5%	683.72	714.43	4.5%
PORAC - PERS	699.00	699.00	0.0%	699.00	699.00	0.0%
Blue Shield HPN *	666.36	-		666.36		
PERS Select	625.20	633.46	1.3%	625.20	633.46	1.3%
Anthem Select HMO	634.76	659.04	3.8%	634.76	659.04	3.8%
Anthem Traditional HMO	710.78	799.16	12.4%	710.78	799.16	12.4%
Health Net Salud y Mas	535.98	473.46	-11.7%	535.98	473.46	-11.7%
Health Net SmartCare	596.98	537.20	-10.0%	596.98	537.20	-10.0%
Sharp	561.34	614.46	9.5%	561.34	614.46	9.5%
UnitedHealthcare	494.00	549.76	11.3%	494.00	549.76	11.3%
AVERAGE	650.47	684.29	5.2%	635.68	663.14	4.3%

* Discontinued in 2017

Riverside County: Medical Plan Design Summary			
UHC	HMO	PPO - In	PPO - Out
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15 Copay	\$20 Copay	40% After Ded
Emergency Room	\$100 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$25/\$50	\$5/\$15/\$45	\$5/\$15/\$45
Hospital	\$100 Copay	80/20 After ded	60/40 After ded
Kaiser	HMO		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$50 Copay		
Rx	\$10/\$25		
Hospital	\$100 Copay		
Exclusive Care	EPO		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25/\$50		
Hospital	\$100 Copay		

5. SAN BERNARDINO COUNTY

San Bernardino County						Population: 2,128,000
Medical Plans	2015-16 Premium	2016-17 Premium	% +/-	2015-16 County Contribution	2016-17 County Contribution	% +/-
Kaiser HMO	575.62	583.59	1.4%	420.95	439.04	4.3%
Blue Shield Signature HMO	488.06	493.03	1.0%	390.90	414.77	6.1%
Blue Shield Needles PPO	1,022.04	1,032.53	1.0%	418.98	436.21	4.1%
Blue Shield PPO	905.69	914.96	1.0%	418.98	436.21	4.1%
AVERAGE	747.85	756.03	1.1%	412.45	431.56	4.6%

San Bernardino County: Medical Plan Design Summary		
Kaiser	HMO	
Deductible	None	
Physicians Services	\$10 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$15	
Hospital	No Charge	
Blue Shield Signature HMO	Tier 1 - HMO	Tier 2 - PPO
Deductible	None	None
Physicians Services	\$10 Copay	\$30 Copay
Emergency Room	\$50 Copay	\$50 Copay
Rx	\$5/\$10/\$25	Not covered
Hospital	No Charge	Not covered
Blue Shield PPO	PPO - In	PPO - Out
Deductible	\$250/\$500	\$250/\$500
Physicians Services	\$10 Copay	70/30 After ded
Emergency Room	\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded
Rx	\$15/\$30/\$30	\$15/\$30/\$30 + 25% of billed amount
Hospital	80/20 After ded	70/30 After ded
Blue Shield Needles PPO	PPO - In	PPO - Out
Deductible	None	\$250/\$750
Physicians Services	\$10 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay
Rx	\$10/\$15/\$15	\$10/\$15/\$15+25% of billed amount
Hospital	No charge	70/30 After Ded

6. SANTA CLARA COUNTY

Santa Clara County						Population: 1,918,000
Medical Plans	2015-16 Premium	2016-17 Premium	% +/-	2015-16 County Contribution	2016-17 County Contribution	% +/-
Kaiser HMO	679.08	709.41	4.5%	665.49	705.54	6.0%
Valley Health HMO	852.39	887.34	4.1%	783.25	867.62	10.8%
Health Net POS	1,091.03	1,196.87	9.7%	1,069.21	1,145.06	7.1%
AVERAGE	874.16	931.20	6.5%	839.32	906.07	8.0%

Santa Clara County: Medical Plan Design Summary			
Kaiser	HMO		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$35 Copay		
Rx	\$5/\$10		
Hospital	\$100 per admit		
Valley Health	HMO		
Deductible	None		
Physicians Services	No Charge		
Emergency Room	No Charge		
Rx	No Charge		
Hospital	No Charge		
HealthNet POS	HMO	PPO	OUT
Deductible	None	None	\$200/PMPY
Physicians Services	\$15 Copay	\$20 Copay	70/30
Emergency Room	\$50 Copay	\$75 Copay	70/30
Rx	\$5/\$15/\$30	\$5/\$15/\$30	\$5/\$15/\$30
Hospital	No Charge	90/10	70/30

7. ALAMEDA COUNTY

Alameda County						Population: 1,638,000
Medical Plans	2016-17 Premium	2017-18 Premium	% +/-	2016-17 County Contribution	2017-18 County Contribution	% +/-
UnitedHealthcare Premium HMO	982.06	982.06	0.0%	883.86	883.86	0.0%
Kaiser Premium HMO	641.06	693.78	8.2%	576.96	624.40	8.2%
Kaiser Standard HMO	595.92	644.82	8.2%	536.32	580.34	8.2%
UnitedHealthcare PPO	2,570.50	2,822.42	9.8%	576.96	624.40	8.2%
UnitedHealthcare Standard HMO	877.56	877.56	0.0%	789.80	789.80	0.0%
AVERAGE	1,133.42	1,204.13	6.2%	672.78	700.56	4.1%

Alameda County: Medical Plan Design Summary			
United Healthcare	PPO	Premium HMO	Standard HMO
Deductible	\$2,000/\$4,000	None	None
Physicians Services	\$25 Copay	\$15 Copay	\$40 Copay
Emergency Room	\$250 Copay	\$50 Copay	\$100 Copay
Rx	\$10/\$30/\$50	\$10/\$25/\$35	\$25/\$35/\$50
Hospital	\$500 Ded	No Charge	\$500 Copay
Kaiser	Premium HMO	Standard HMO	
Deductible	None	None	
Physicians Services	\$40 Copay	\$15 Copay	
Emergency Room	\$100 Copay	\$50 Copay	
Rx	\$15/\$30	\$15/\$15	
Hospital	\$500 Copay	No Charge	

8. SACRAMENTO COUNTY

Sacramento County						Population: 1,501,000
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
Western Health Adv. HMO	680.44	709.60	4.3%	680.44	709.60	4.3%
Sutter Health Plus HMO	654.60	693.12	5.9%	654.60	693.12	5.9%
Kaiser HMO 15	659.34	720.70	9.3%	659.34	720.70	9.3%
Western Health Adv. HDHP	520.00	539.80	3.8%	520.00	539.80	3.8%
Sutter Health Plus HDHP	510.08	508.52	-0.3%	510.08	508.52	-0.3%
Kaiser HDHP HMO	519.80	563.16	8.3%	519.80	563.16	8.3%
AVERAGE	590.71	622.48	5.4%	590.71	622.48	5.4%

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,300/\$2,600
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded
Western Health Advantage	HMO	HDHP - HMO
Deductible	None	\$1,300/\$2,600
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20/\$35	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded
Kaiser	HMO	HDHP - HMO
Deductible	None	\$1,300/\$2,600
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20	\$10/\$20/\$35 After Ded
Hospital	No Charge	No Charge After Ded

9. CONTRA COSTA COUNTY

Contra Costa County						Population: 1,127,000
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
CCHP Plan A	683.07	745.96	9.2%	583.97	646.38	10.7%
CCHP Plan B	757.20	826.91	9.2%	614.89	720.85	17.2%
Health Net HMO Plan A	1,251.53	1,338.64	7.0%	796.62	909.46	14.2%
Health Net HMO Plan B	870.29	930.86	7.0%	669.94	730.70	9.1%
Health Net PPO Plan A	1,671.46	1,742.17	4.2%	751.80	1,045.55	39.1%
Health Net PPO Plan B	1,504.73	1,568.38	4.2%	660.12	1,011.35	53.2%
Kaiser HMO Plan A	784.62	751.39	-4.2%	546.15	519.74	-4.8%
Kaiser HMO Plan B	621.16	605.28	-2.6%	483.08	487.54	0.9%
Blue Shield HMO - PERS	1,016.18	1,024.85	0.9%	633.14	627.38	-0.9%
CCHP Plan A Alternate - PERS	837.46	914.51	9.2%	602.38	628.28	4.3%
Kaiser HMO - PERS	746.47	733.39	-1.8%	588.59	584.67	-0.7%
PERS Care	889.27	932.39	4.8%	614.67	622.11	1.2%
PERS Choice	798.36	830.30	4.0%	610.07	621.84	1.9%
PORAC - PERS	699.00	699.00	0.0%	593.33	589.23	-0.7%
PERS Select	730.07	736.27	0.8%	590.47	590.06	-0.1%
Blue Shield HMO NetValue - PERS	1,033.86	1,024.85	-0.9%	662.59	627.38	-5.3%
AVERAGE	930.92	962.82	3.4%	625.11	685.16	9.6%

Contra Costa County: Medical Plan Design Summary					
CCHP	PLAN A	PLAN B			
Deductible	None	None			
Physicians Services	No Charge	\$5 Copay			
Emergency Room	No Charge	No Charge			
Rx	No Charge	\$3 Per Rx			
Hospital	No Charge	No Charge			
HealthNet HMO	HMO	PLAN A -In	PLAN A - Out	PLAN B - In	PLAN B - OUT
Deductible	None	\$250/\$750	\$250/\$750	\$500/\$1,500	\$500/\$1,500
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30	\$20 Copay	60/40
Emergency Room	\$25	\$50 + 10% co-ins	\$50 + 10% co-ins	80/20	60/40
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	No Charge	90/10	70/30	80/20	60/40
Kaiser	PLAN A	PLAN B			
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			

10. FRESNO COUNTY

Fresno County						Population: 975,000
Medical Plans	2016 Premium	2017 Premium	% +/-	2016 County Contribution	2017 County Contribution	% +/-
Kaiser \$15 HMO	703.51	814.27	15.7%	483.17	613.17	26.9%
Blue Cross HMO	736.72	847.48	15.0%	483.17	613.17	26.9%
Blue Cross PPO	948.14	1,057.50	11.5%	483.17	613.17	26.9%
Blue Cross PPO \$1000 *	-	799.51		-	613.17	
Blue Cross HDPPPO \$1500 *	-	729.98		-	613.17	
Blue Cross HDPPPO \$3000	544.93	616.24	13.1%	483.17	613.17	26.9%
AVERAGE	733.32	810.83	10.6%	483.17	613.17	26.9%

* New plans in 2017

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	

CALPERS

2017 CalPERS											
	Kaiser HMO	Blue Shield Access+ HMO	Blue Shield Net- Value HMO	PERS Select		PERS Choice		PERS Care		Anthem Blue Cross EPO and HMO	Health Net EPO and HMO
				In	Out	In	Out	In	Out		
Annual Deductible	N/A	N/A	N/A	\$500/\$1,000		\$500/\$1,000		\$500/\$1,000		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
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
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$20 Copay	60%/ 40%	\$20 Copay	60%/ 40%	\$20 Copay	60%/ 40%	\$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
Rx Retail	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50		\$5/\$20/\$50	\$5/\$20/\$50
Rx Mail Order	\$10/\$40	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100		\$10/\$40/\$100	\$10/\$40/\$100
Infertility Treatment	50%/50%	50%/50%	50%/50%	Not Covered		Not Covered		Not Covered		50%/50%	50%/50%
Acupuncture	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay	60%/ 40%	\$15 Copay	60%/ 40%	\$15 Copay	60%/ 40%	\$15 Copay Limit 20 visits per year	\$15 Copay Limit 20 visits per year
				Limit 20 visits per year		Limit 20 visits per year		Limit 20 visits per year			
Chiropractic	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay Limit 20 Visits/Yr	\$15 Copay	60%/ 40%	\$15 Copay	60%/ 40%	\$15 Copay	60%/ 40%	\$15 Copay Limit 20 visits per year	\$15 Copay Limit 20 visits per year
				Limit 20 visits per year		Limit 20 visits per year		Limit 20 visits per year			

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

SFHSS ACTIVE EMPLOYEE PLANS

2017 SFHSS 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	\$200 Copay	85%/15% - In 50%/50% - Out
Emergency Room	\$100 Copay Waived if Admitted	\$100 Copay Waived if Admitted	85%/15% - In and Out
Ambulance Services	No Charge	\$50 Copay	85%/15% - In and Out
Office Visits	\$20 Copay	\$25 Copay	85%/15% - In 50%/50% - Out
Urgent Care	\$20 Copay	\$25 Copay	85%/15% - In 50%/50% - Out
Rx - Retail 30-day supply	\$5/\$15	\$10/\$25/\$50	\$5/\$20/\$45 - In 50% after \$5/\$20/\$45 - Out
Rx - Mail Order 90-day supply	\$10/\$30	\$20/\$50/\$100	\$10/\$40/\$90 - In Not covered - Out
Infertility Treatment	50%/50%	50%/50%	50%/50%
Acupuncture	\$15 Copay up to a combined total of 30 chiropractic and acupuncture visits/Yr	\$15 Copay Limit 30 Visits/Yr	50%/50% Limit \$1,000 Max/Yr
Chiropractic	\$15 Copay up to a combined total of 30 chiropractic and acupuncture visits/Yr	\$15 Copay Limit 30 Visits/Yr	50%/50% Limit \$1,000 Max/Yr

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