



2021 10-COUNTY SURVEY

OVERVIEW

Process

The City Charter (Section A8.423) specifies that the City & County of San Francisco survey the ten most populous counties in California and collect, for each county, the amount contributed by the employer for employee-only coverage under each of the county's medical plans. The City is obligated by Charter to contribute the 10-County Survey amount toward the cost of employees' medical benefits.

The information gathered from the 10-County Survey is used to compute an average increase in employer contributions for each county. San Francisco Health Service System (SFHSS) then averages these contribution increases to arrive at the 10-County Survey amount. To put the county contribution amounts into context, SFHSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

At the April 12, 2012 Health Service Board meeting, the Board approved the 10-County Survey Calendar Year Change Rule. This rule adjusts for gaps in 10-County data, by projecting a six-month overlap when data is not available from a surveyed county. Using this rule, a county's employer contribution for employee-only coverage is projected. The county's 10-County result for the previous year is, in most cases, trended forward six months, based on the county's average annual increase for the preceding three years.

There were no major changes to the type of plan design data collected for the 2021 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data is not included in the 10-County Survey.

Use of 10-County Amount in SFHSS Employer Contribution Calculations

The March 2021 10-County Survey will be applied to SFHSS rate calculations for plan year 2022. City Charter Section A8.428 defines use of the "average contribution" resulting from the 10-County Survey in employer contribution determination.

In June 2014, the impact of the "average contribution" on rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model. Presently SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees.

In the unlikely scenario that the City's premium contribution falls below the lesser of the "average contribution" as determined by the Health Service Board pursuant to Charter Sections A8.423 and A8.428(b)(2), the City pays the difference between the Premium Contribution and the Average Contribution. In the event the premium is less than the "average contribution", the City will pay one hundred percent (100%) of the premium.

Results and Observations

The average monthly contribution of \$757.31 for plan year 2022 is 3.86% above \$729.19, the 10-County average for plan year 2021. All counties had a change in contribution.

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

For the 2021 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$735.72. Per the Calendar Year Change Rule, this \$735.72 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 3.0%. This results in the average employer premium contribution calculated at \$746.54 for Los Angeles County.

Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For Calendar Year 2021, projection-to-actual variances were reasonable, with only two of ten counties exhibiting a variance that exceeded 2%. Any variances are driven by changes in premiums and employer contributions from original projections to actuals. The overall original estimated contributions across all 10 Counties in total came close to actual contributions for 2021 (\$738.90 actual vs. \$729.19 estimated – a variance of 1.3%).

Average of Employer Contributions																	
County	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021 Calculated	2021 Actual	3-Year Annual Trend	Months of Trend	Trend Factor	2022 Calculation
1 Los Angeles	457.56	478.56	499.57	515.07	552.40	610.75	619.87	648.37	673.99	700.41	714.58	721.64	735.72	3.0%	6	1.01	746.54
2 San Diego	364.00	406.00	432.20	444.86	445.29	460.51	477.99	507.13	536.54	581.03	604.00	657.26	666.58	7.5%	6	1.04	691.14
3 Orange	383.75	434.41	485.10	506.94	544.46	567.79	525.51	517.98	522.83	534.18	561.78	584.88	611.50	5.4%	6	1.03	627.67
4 Riverside	488.44	513.02	537.43	545.54	606.39	587.21	616.96	652.09	673.10	688.85	689.55	692.00	753.96	3.9%	6	1.02	768.35
5 San Bernardino*	397.51	399.70	398.98	398.98	413.51	420.92	421.18	417.04	437.75	433.33	455.88	509.69	509.04	5.2%	12	1.05	535.30
6 Santa Clara*	608.44	655.97	643.13	643.13	656.34	776.62	785.13	917.21	1,008.88	1,018.12	1,078.20	1,055.07	1,042.71	1.1%	12	1.01	1,054.24
7 Alameda	521.89	541.06	575.00	588.99	638.47	622.92	684.14	687.86	711.48	720.74	779.27	750.83	743.39	1.5%	6	1.01	748.84
8 Sacramento	561.35	637.98	667.02	696.00	714.53	535.31	549.40	574.78	608.34	663.43	692.63	722.74	731.02	6.3%	6	1.03	753.75
9 Contra Costa	495.15	521.90	540.43	553.15	574.27	607.18	623.46	637.99	705.62	717.58	753.74	800.70	797.75	4.2%	6	1.02	814.23
10 Fresno	450.43	450.80	450.80	455.17	450.86	488.79	488.79	488.00	613.17	663.11	729.57	797.13	797.33	9.1%	6	1.04	833.01
Average	472.85	503.94	522.97	534.78	559.65	567.80	579.24	604.84	649.17	672.08	705.92	729.19	738.90	4.4%	6.8	1.02	757.31

Increase Over Prior Year														
County	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	
1 Los Angeles	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%	3.45%	
2 San Diego	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%	5.15%	
3 Orange	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%	7.32%	
4 Riverside	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%	11.03%	
5 San Bernardino*	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	11.81%	5.02%	
6 Santa Clara*	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%	-0.08%	
7 Alameda	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%	-0.26%	
8 Sacramento	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%	4.29%	
9 Contra Costa	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%	1.69%	
10 Fresno	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%	4.50%	
Average	5.23%	6.57%	3.78%	2.26%	4.65%	1.46%	2.02%	4.42%	7.33%	3.53%	5.04%	3.30%	3.86%	

*Plan year's 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: 10,039,000		
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
Kaiser Permanente Choices HMO - County Sponsored	734.53	775.23	5.5%	734.53	775.23	5.5%
CIGNA Choices Select Network HMO - County Sponsored	697.12	726.61	4.2%	697.12	726.61	4.2%
CIGNA Choices HMO - County Sponsored	961.98	1,002.67	4.2%	961.98	1,002.67	4.2%
CIGNA Choices POS - County Sponsored	1,730.94	1,804.16	4.2%	1,005.99	1,031.14	2.5%
Blue Cross Prudent Buyer Basic - ALADS	1,091.27	1,012.67	-7.2%	1,005.99	1,012.67	0.7%
Blue Cross CaliforniaCare Basic - ALADS	713.26	768.67	7.8%	713.26	768.67	7.8%
Blue Cross Prudent Buyer Premier - ALADS	1,111.16	1,031.14	-7.2%	1,005.99	1,031.14	2.5%
Blue Cross CaliforniaCare Premier - ALADS	733.15	787.14	7.4%	733.15	787.14	7.4%
Blue Shield Classic CAPE	1,225.00	1,389.35	13.4%	1,005.99	1,031.14	2.5%
Blue Shield Lite CAPE	623.00	665.41	6.8%	623.00	665.41	6.8%
Local 1014 Plan - Fire Fighters	890.00	950.00	6.7%	890.00	950.00	6.7%
Kaiser Permanente Options - SEIU	699.88	744.69	6.4%	699.88	744.69	6.4%
Kaiser Permanente HMO - Unrepresented	273.00	277.00	1.5%	273.00	277.00	1.5%
Blue Cross CaliforniaCare HMO - Unrepresented	273.00	277.00	1.5%	273.00	277.00	1.5%
Blue Cross Plus POS - Unrepresented	413.00	418.00	1.2%	413.00	418.00	1.2%
Blue Cross Catastrophic - Unrepresented	93.00	93.00	0.0%	93.00	93.00	0.0%
Blue Cross Prudent Buyer PPO - Unrepresented	528.00	535.00	1.3%	528.00	535.00	1.3%
UnitedHealthcare Harmony HMO *		667.62			667.62	
UnitedHealthcare Options HMO - SEIU	859.00	908.41	5.8%	859.00	908.41	5.8%
UnitedHealthcare Options PPO - SEIU	3,774.69	3,944.82	4.5%	987.12	1,011.80	2.5%
AVERAGE	917.10	938.93	2.4%	710.68	735.72	3.5%

* New Plan

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	Covered emergencies only
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	Covered emergencies only
Hospital	No Charge	90/10 After Ded	70/30 After Ded
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 Permanente	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		
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$25 Copay		
Rx	\$5/\$15		
Hospital	No Charge		
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 Prudent Buyer PPO	ALADS - In	ALADS - Out	
Deductible	\$300/\$900	\$300/\$900	
Physician Services	90/10 After Ded	70/30 After Ded	
Emergency Room	90/10 After Ded	90/10 After Ded	
Rx	\$5/\$15	\$5/\$15+50%	
Hospital	90/10 After Ded	70/30 After Ded	

2. SAN DIEGO COUNTY

San Diego County						Population: 3,338,000
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
Kaiser Permanente HMO	558.58	585.86	4.9%	558.58	585.86	4.9%
Kaiser Permanente High Deductible	436.06	457.34	4.9%	436.06	457.34	4.9%
UnitedHealthCare HMO Network 1	709.44	719.56	1.4%	689.55	719.56	4.4%
UnitedHealthCare HMO Network 2	910.22	922.56	1.4%	689.55	737.64	7.0%
UnitedHealthCare HMO Alliance	680.66	690.42	1.4%	680.66	690.42	1.4%
UnitedHealthCare PPO	1,313.80	1,259.44	-4.1%	689.55	737.64	7.0%
UnitedHealthCare HMO HDHP/HSA	1,091.90	1,029.12	-5.7%	689.55	737.64	7.0%
AVERAGE	814.38	809.19	-0.6%	633.35	666.58	5.2%

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

San Diego County: Medical Plan Design Summary			
UnitedHealthcare HMO	Network 1	Network 2	Alliance
Deductible	None	None	None
Physicians Services	\$25 Copay	\$30 Copay	\$25 Copay
Emergency Room	\$125 Copay	\$200 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$500 Copay Per Admit	\$200 Copay Per Admit
UnitedHealthcare High Deductible	PPO - In	Out	
Deductible	\$2,700/\$3,000	\$3,000/\$6,000	
Physicians Services	10% After Ded	30% After Ded	
Emergency Room	10% After Ded	10% After Ded	
Rx	\$10/\$30/\$50	\$10/\$30/\$50	
Hospital	10% After Ded	30% After Ded	

3. ORANGE COUNTY

Orange County						Population: 3,176,000
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
Choice Wellwise PPO*	744.32	811.33	9.0%	669.90	730.19	9.0%
Choice Sharewell PPO*	297.73	324.53	9.0%	373.26	400.06	7.2%
CIGNA HMO Choice*	810.73	843.16	4.0%	729.67	758.85	4.0%
CIGNA HMO Select*	675.72	702.75	4.0%	608.16	632.48	4.0%
Kaiser Permanente HMO Choice*	547.86	595.45	8.7%	493.08	535.91	8.7%
AVERAGE	615.27	655.44	6.5%	574.81	611.50	6.4%

*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	90/10
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 Permanente	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

4. RIVERSIDE COUNTY

Riverside County						Population: 2,471,000
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
UnitedHealthcare HMO *	1,127.74			859.18		
Kaiser Permanente HMO	733.60	737.20	0.5%	733.60	737.20	0.5%
Exclusive Care EPO	587.76	750.50	27.7%	587.76	750.50	27.7%
UnitedHealthcare PPO *	2,246.66			859.18		
Blue Shield HMO - PERS *	813.18			813.18		
Kaiser Permanente HMO - PERS *	628.64			628.64		
PERSCare *	907.30			859.18		
PERS Choice *	721.12			721.12		
PORAC - PERS *	699.00			699.00		
PERS Select *	435.74			435.74		
Anthem Select HMO *	619.94			619.94		
Anthem Traditional HMO *	902.64			859.18		
Health Net Salud y Mas *	392.32			392.32		
Health Net SmartCare *	648.42			648.42		
Sharp *	593.66			593.66		
UnitedHealthcare	668.32	774.18	15.8%	668.32	774.18	15.8%
AVERAGE	795.38	753.96	-5.2%	686.15	753.96	9.9%

* Discontinued in 2021

Riverside County: Medical Plan Design Summary			
UnitedHealthcare		HMO	
Deductible		None	
Physicians Services		\$15 Copay	
Emergency Room		\$100 Copay	
Rx		\$10/\$25/\$50	
Hospital		\$100 Copay	
Kaiser Permanente		HMO	
Deductible		None	
Physicians Services		\$15 Copay	
Emergency Room		\$100 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: 2,180,000	
Medical Plans	2019-20 Premium	2020-21 Premium	% +/-	2019-20 County Contribution	2020-21 County Contribution	% +/-
Kaiser Permanente HMO	647.51	679.03	4.9%	452.41	467.47	3.3%
Kaiser Permanente Choice HMO	562.34	589.68	4.9%	442.10	467.47	5.7%
Blue Shield Signature HMO	562.08	593.86	5.7%	439.67	463.40	5.4%
Blue Shield Access+ HMO	488.37	515.95	5.6%	439.67	463.40	5.4%
Blue Shield Needles PPO	1,177.82	1,244.71	5.7%	727.35	727.35	0.0%
Blue Shield PPO	1,043.64	1,102.88	5.7%	445.25	465.17	4.5%
AVERAGE	746.96	787.68	5.5%	491.08	509.04	3.7%

San Bernardino County: Medical Plan Design Summary			
Kaiser Permanente	HMO	Choice HMO	
Deductible	None	None	
Physicians Services	\$10 Copay	\$40 Copay	
Emergency Room	\$50 Copay	\$150 Copay	
Rx	\$10/\$15	\$15/\$35	
Hospital	No Charge	\$500 per day	
Blue Shield Signature HMO	Tier 1 - HMO	Tier 2 - PPO	Access+ HMO
Deductible	None	None	None
Physicians Services	\$10 Copay	\$30 Copay	\$40 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$10/\$25	Not covered	\$5/\$10/\$25
Hospital	No Charge	Not covered	\$100/admission plus 20% for facility services
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: 1,928,000
Medical Plans	2019-20 Premium	2020-21 Premium	% +/-	2019-20 County Contribution	2020-21 County Contribution	% +/-
Kaiser Permanente HMO	729.32	762.15	4.5%	723.34	753.87	4.2%
Valley Health HMO	1,005.40	1,026.81	2.1%	986.78	1,007.84	2.1%
Health Net POS	1,392.04	1,416.39	1.7%	1,346.21	1,366.43	1.5%
AVERAGE	1,042.25	1,068.45	2.5%	1,018.78	1,042.71	2.3%

Santa Clara County: Medical Plan Design Summary			
Kaiser Permanente		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/\$600
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: 1,671,000
Medical Plans	2020-21 Premium	2021-22 Premium	% +/-	2020-21 County Contribution	2021-22 County Contribution	% +/-
UnitedHealthcare Premium HMO	1,087.80	1,150.60	5.8%	953.18	1,005.34	5.5%
Kaiser Permanente Premium HMO	747.42	771.48	3.2%	654.93	674.08	2.9%
Kaiser Permanente Standard HMO	694.66	717.02	3.2%	608.70	626.50	2.9%
UnitedHealthcare Advantage Premium HMO	831.92	759.16	-8.7%	728.97	663.31	-9.0%
UnitedHealthcare Advantage Standard HMO	743.40	678.38	-8.7%	651.41	592.74	-9.0%
UnitedHealthcare Standard HMO	972.04	1,028.16	5.8%	851.76	898.36	5.5%
AVERAGE	846.21	850.80	0.5%	741.49	743.39	0.3%

Alameda County: Medical Plan Design Summary		
UnitedHealthcare	Premium HMO	Standard HMO
Deductible	None	None
Physicians Services	\$15 Copay	\$40 Copay
Emergency Room	\$50 Copay	\$100 Copay
Rx	\$10/\$25/\$35	\$25/\$35/\$50
Hospital	No Charge	\$500 Copay
Kaiser Permanente	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

8. SACRAMENTO COUNTY

Sacramento County						Population: 1,552,000
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
Western Health Advantage HMO	766.12	790.32	3.2%	766.12	790.32	3.2%
Sutter Health Plus HMO	803.30	833.82	3.8%	803.30	833.82	3.8%
Kaiser Permanente HMO 15	820.10	879.56	7.3%	820.10	879.56	7.3%
Western Health Advantage HDHP	583.00	603.30	3.5%	583.00	603.30	3.5%
Sutter Health Plus HDHP	591.32	612.90	3.6%	591.32	612.90	3.6%
Kaiser Permanente HDHP HMO	633.00	666.24	5.3%	633.00	666.24	5.3%
AVERAGE	699.47	731.02	4.5%	699.47	731.02	4.5%

Sacramento County: Medical Plan Design Summary		
Sutter Health Plus	HMO	HDHP - HMO
Deductible	None	\$1,400/\$2,800
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	\$1,400/\$2,800
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 Permanente	HMO	HDHP - HMO
Deductible	None	\$1,400/\$2,800
Physicians Services	\$15 Copay	No Charge After Ded
Emergency Room	\$35 Copay	No Charge After Ded
Rx	\$10/\$20	\$10/\$20 After Ded
Hospital	No Charge	No Charge After Ded

9. CONTRA COSTA COUNTY

Contra Costa County						Population: 1,154,000
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
CCHP Plan A	927.48	1,018.05	9.8%	800.19	848.10	6.0%
CCHP Plan B	1,028.12	1,128.52	9.8%	849.09	891.04	4.9%
Health Net HMO Plan A	1,885.66	1,861.66	-1.3%	1,508.53	1,489.33	-1.3%
Health Net HMO Plan B	1,311.25	1,294.56	-1.3%	1,049.00	1,035.65	-1.3%
Health Net SmartCare HMO A	1,322.48	1,305.65	-1.3%	863.57	887.67	2.8%
Health Net SmartCare HMO B	942.98	930.98	-1.3%	711.77	737.81	3.7%
Health Net PPO Plan A	2,737.41	3,017.68	10.2%	1,425.48	1,371.47	-3.8%
Kaiser Permanente HMO Plan A	920.00	951.20	3.4%	713.71	742.16	4.0%
Kaiser Permanente HMO Plan B	741.09	766.21	3.4%	618.29	641.79	3.8%
Kaiser Permanente HDHP	560.90	579.96	3.4%	504.81	521.97	3.4%
Anthem Select - PERS	868.98	925.60	6.5%	705.63	729.64	3.4%
Anthem Traditional - PERS	1,184.84	1,307.86	10.4%	796.68	859.12	7.8%
Blue Shield Access+ - PERS	1,127.77	1,170.08	3.8%	706.43	724.84	2.6%
Blue Shield Trio - PERS	833.00	880.50	5.7%	628.61	647.81	3.1%
Health Net Smartcare - PERS	1,000.52	1,120.21	12.0%	721.38	774.10	7.3%
CCHP Plan A Alternate - PERS	1,137.10	1,248.54	9.8%	781.36	831.77	6.5%
Kaiser Permanente HMO - PERS	768.49	813.64	5.9%	628.61	646.64	2.9%
PERS Care	1,133.14	1,294.69	14.3%	726.12	784.18	8.0%
PERS Choice	861.18	935.84	8.7%	672.07	701.62	4.4%
PORAC - PERS	774.00	799.00	3.2%	658.11	668.41	1.6%
PERS Select	520.29	566.67	8.9%	520.28	566.66	8.9%
United Health Care - PERS	899.94	941.17	4.6%	638.41	651.66	2.1%
Western Health Advantage - PERS	731.96	757.02	3.4%	599.86	594.74	-0.9%
AVERAGE	1,052.98	1,113.71	5.8%	775.13	797.75	2.9%

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	No Charge			
Rx	No Charge	\$3 Per Rx			
Hospital	No Charge	No Charge			
HealthNet	HMO	PLAN A -In	PLAN A - Out	SmartCare HMO A	SmartCare HMO B
Deductible	None	\$250/\$750	\$250/\$750	None	None
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30	\$15	\$30
Emergency Room	\$25	\$50 + 10% co-ins	\$50 + 10% co-ins	\$50	\$100
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$30/\$50
Hospital	No Charge	90/10	70/30	No Charge	\$1,500
Kaiser Permanente	PLAN A	PLAN B	HDHP		
Deductible	None	\$500/\$1,000	\$1,500/\$3,000		
Physicians Services	\$10 Copay	\$20 Copay	90/10 After Ded		
Emergency Room	\$10 Copay	90/10 After Ded	90/10 After Ded		
Rx	\$10/\$20	\$10/\$30	\$10/\$30 After Ded		
Hospital	No Charge	90/10 After Ded	90/10 After Ded		

10. FRESNO COUNTY

Fresno County						Population: 999,000
Medical Plans	2020 Premium	2021 Premium	% +/-	2020 County Contribution	2021 County Contribution	% +/-
Kaiser Permanente \$15 HMO	913.62	942.51	3.2%	743.17	797.33	7.3%
Blue Cross EPO	913.62	942.51	3.2%	743.17	797.33	7.3%
Blue Cross PPO	1,250.58	1,247.66	-0.2%	743.17	797.33	7.3%
Blue Cross PPO \$1,000	944.82	941.73	-0.3%	743.17	797.33	7.3%
Blue Cross HDPPPO \$1,500	862.14	859.29	-0.3%	743.17	797.33	7.3%
Blue Cross HDPPPO \$3,000	743.17	797.33	7.3%	743.17	797.33	7.3%
AVERAGE	937.99	955.17	1.8%	743.17	797.33	7.3%

10. Fresno County: Medical Plan Design Summary		
Kaiser Permanente	HMO	
Deductible	None	
Physicians Services	\$15 per visit	
Emergency Room	\$100 per visit	
Rx	\$10/\$20	
Hospital	No Charge	
Blue Cross	EPO	PPO
Deductible	None	\$250/\$500
Physicians Services	\$15 per visit	\$20 per visit
Emergency Room	\$100 per visit	\$0 Copay After Ded
Rx	Carved out	Carved out
Hospital	No Charge	No Charge
Blue Cross	HDPPPO - IN	
Deductible	\$3,000/\$6,000	
Physicians Services	\$0 Copay After Ded	
Emergency Room	\$0 Copay After Ded	
Rx	\$0 Copay After Ded	
Hospital	\$0 Copay After Ded	

CALPERS

2021 CalPERS Health Plan Summaries												
	Kaiser Permanente HMO	Blue Shield Access+ HMO	Western Health Advantage HMO	PERS Select		PERS Choice		PERS Care		Anthem Blue Cross EPO & HMO	Health Net EPO & HMO	UnitedHealthcare SignatureValue
				In	Out	In	Out	In	Out			
Annual Deductible	N/A	N/A	N/A	\$1,000/\$2,000		\$500/\$1,000		\$500/\$1,000		N/A	N/A	N/A
Hospital (Inpatient)	No Charge	No Charge	No Charge	80%/20%	60%/40%	80%/20%	60%/40%	90%/10%, \$250 Deductible	60%/40%, \$250 Deductible	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
Office Visits	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$20 Copay	60%/40%	\$20 Copay	60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
Urgent Care	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$35 Copay	60%/40%	\$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
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
Infertility Treatment	50%/50%	50%/50%	50%/50%	50%/50%		50%/50%		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.	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.
				Limit 20 Visits/Yr.		Limit 20 Visits/Yr.		Limit 20 Visits/Yr.				
Chiropractic	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay	60%/40%	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.
				Limit 20 Visits/Yr.		Limit 20 Visits/Yr.		Limit 20 Visits/Yr.				

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

SFHSS ACTIVE EMPLOYEE PLANS

2021 SFHSS Active Employee Plans			
	Kaiser Permanente HMO	Blue Shield of CA Access+ HMO and Trio HMO	UnitedHealthcare PPO (City Plan)
Annual Deductible	No deductible	No deductible	\$250 employee (in-network) \$500 employee +1 (in-network) \$750 employee +2 or more (in-network)
Hospital (Inpatient)	\$100 Copay (per admission)	\$200 Copay (per admission)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
Emergency Room	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
Ambulance Services	No charge	\$50 Copay	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
Office Visits	\$20 Copay	\$25 Copay	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
Urgent Care	\$20 Copay	\$25 Copay (in-network)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
Rx - Retail 30-day supply	\$5 (generic) \$15 (brand)	\$10 (generic) \$25 (brand) \$50 (non-formulary)	\$10/\$25/\$50 Copay (30-day supply) generic/brand/non-formulary (in-network) 50% covered after \$5/\$20/\$45 Copay (30-day supply) generic/brand/non-formulary (out-of-network)
Rx - Mail Order 90-day supply	\$10 (100-day supply/generic) \$30 (100-day supply/brand)	\$20 (90-day supply/generic) \$50 (90-day supply/brand) \$100 (90-day supply/non-formulary)	\$20/\$50/\$100 Copay (90-day supply) generic/brand/non-formulary (in-network) Out-of-network is <i>not</i> covered.
Infertility Treatment	50% (in-network)	50% (in-network)	50% After Ded (in-network) 50% After Ded (out-of-network)
Acupuncture	\$15 Copay (up to combined total of 30 chiropractic and acupuncture visits per year) (ASH-network)	\$15 Copay (limit 30 visits per year) (ASH-network)	50% After Ded (in-network) 50% After Ded (out-of-network) (limit \$1,000 maximum for each per plan year)
Chiropractic	\$15 Copay (up to a combined total of 30 chiropractic and acupuncture visits/yr. (ASH-network)	\$15 Copay (limit 30 visits per year) (ASH-network)	50% After Ded (in-network) 50% After Ded (out-of-network) (limit \$1,000 maximum for each per plan year)

For informational purposes only. SFHSS data is not included in the 10-County Survey. The UnitedHealthcare PPO (City Plan) health plan is administered by UnitedHealthcare.