

San Francisco Health Service System Health Service Board

Rates & Benefits

Plan Design Benchmarking Presentation

March 14, 2019

Prepared by:
Health Solutions



Overview

The Purpose of this report:

- Review the 2019 SFHSS medical, dental, and vision plan designs against similar organizations to assess if the SFHSS plans are in alignment
- As appropriate, determine if there are possible options for plan design changes

10 County Survey

- Per the City Charter
 - Performed by SFHSS staff each year to review the employer contribution for single coverage for the ten most populous counties in California
 - In addition to employer contributions, high level plan design features for member cost-share when seeking services, e.g., the copay a member pays when seeing their primary care provider

Overview

Aon Benchmarking

- Performed on the medical, dental, and vision plans to compare SFHSS plans to two of Aon's databases.
 - Aon Benefit Spec Select (over 1,700 employers across the U.S. of which 225 are government) and
 - Aon Bench (over 550 employers across the U.S. of which 59 are government)

Overview of Findings

- Generally, in 10 County Survey data
 - wide range of plan design features, so there are areas where the SFHSS plans have higher or lower benefits than the most common plan design feature
 - At the aggregate level the SFHSS plans are **similar** with the range of plan design features available
- In comparison to the Aon benchmarking database, the SFHSS plans are **similar** but tend to have lower deductibles and copays and higher out-of-pocket maximums

Key Findings—10 County Survey: Active Employees HMO/EPO Plans

- At the aggregate level, the member cost-share for SFHSS Kaiser Permanente (KP) and Blue Shield of California Access+ and Trio (BSC) plans is **similar** to the plans offered by the 10 counties.
- The key components within the designs, however, have some variability as shown below.

HMO / EPO Coverage		BSC	KP
Deductible	Individual	Same	Same
	Family	Same	Same
OOPM	Individual	Different	Same
	Family	Different	Same
Primary Care Provider		Different	Different
Emergency Room (ER)		Different	Different
Inpatient Care		Different	Different
Pharmacy	Generic	Same	Different
	Brand Formulary	Different	Different
	Non-Formulary	Different	Different

See slide 17 for more information.

Key Findings—10 County Survey: Active Employees PPO Plans

- There's large variation in the coverage levels offered by the 10 counties.
- The City Plan has **higher** deductibles, out-of-pocket maximums, and copays for drugs than the most common plan coverage of the benchmark plans.
- The City Plan **covers** primary care providers, emergency room, and inpatient care at deductible plus coinsurance, while many of the 10 county plans cover these services at a copay.
- See slide 18 for more information.

Key Findings—10 County Survey: Early Retiree HMO/EPO Plans

- At the aggregate level, the member cost-share for SFHSS Kaiser Permanente (KP) and Blue Shield of California Access+ and Trio (BSC) plans is **similar** to the plans offered by the 10 counties.
- The key components within the designs, however, have some variability as shown below.

HMO / EPO Coverage		BSC	KP
Deductible	Individual	Same	Same
	Family	Same	Same
OOPM	Individual	Different	Same
	Family	Different	Same
Primary Care Provider		Different	Same
Emergency Room (ER)		Same	Same
Inpatient Care		Different	Different
Pharmacy	Generic	Same	Different
	Brand Formulary	Different	Different
	Non-Formulary	Different	Different

See slide 20 for more information.

Key Findings—10 County Survey: Early Retiree PPO Plans

- Results show too much variability in Early Retiree PPO plans to provide a meaningful comparison
- See slide 21 for more information.

Key Findings—10 County Survey: Medicare Retiree HMO/EPO Plans

- At the aggregate level, the member cost-share for SFHSS Kaiser Permanente Senior Advantage (KPSA) plan is **similar** to the plans offered by the 10 counties.
- The key components within the designs, however, have some variability as shown below.

HMO / EPO Coverage		KPSA
Deductible	Individual	Different
	Family	Different
OOPM	Individual	Same
Primary Care Provider		Different
Emergency Room (ER)		Same
Inpatient Care		Different
Pharmacy	Generic	Different
	Brand Formulary	Different
	Non-Formulary	Different

See slide 23 for more information.

Key Findings—10 County Survey: Medicare Retiree PPO Plans

- At the aggregate level, the member cost-share for SFHSS UnitedHealthcare Medicare Advantage PPO (UHC) plan is **similar** to the plans offered by the 10 counties.
- The key components within the designs, however, have some variability as shown below.

PPO / Supplement Coverage		UHC
Deductible	Individual	Same
	Family	Same
OOPM	Individual	Different
Primary Care Provider		Different
Emergency Room (ER)		Different
Inpatient Care		Different
Pharmacy	Generic	Same
	Brand Formulary	Different
	Non-Formulary	Similar

See slide 24 for more information.

Key Findings—Aon Benchmarking: Active Employees and Early Retirees HMO Plans

- At the aggregate level, the member cost-share for SFHSS Kaiser Permanente (KP) and Blue Shield of California Access+ and Trio (BSC) plans is **similar** to the plans contained in the Aon benchmarking databases.
- The key components within the designs, however, have some variability as shown below.
- Additionally, the benchmark plans have **shown little change** over the last three years.

HMO Coverage		BSC	KP	3-Year Trend
Deductible – Individual / Family		Different	Different	No change
OOPM – Individual / Family		Different	Different	No change
Office Visit – Primary Care		Different	Same	No change
Office Visit – Specialty Care		Similar	Different	No change
Inpatient Care		Different	Different	Decreasing
Outpatient Care		Different	Different	No change
Emergency Room		Similar	Similar	No change
Retail Pharmacy	Generic	Same	Different	No change
	Brand Formulary	Similar	Different	No change
	Non-Formulary	Same	N/A	No change

See slides 27-33 for more information.

Key Findings—Aon Benchmarking: Active Employees and Early Retirees PPO Plans

- At the aggregate level, the member cost-share for SFHSS City Plan is similar to the plans contained in the Aon benchmarking databases.
- The key components within the designs, however, have some variability as shown below.
- Additionally, the benchmark plans have **shown little change** over the last three years.

PPO Coverage		UHC	3-Year Trend
Deductible	Individual	Different	No change
	Family	Different	Increasing
OOPM	Individual	Different	No change
	Family	Different	No change
Coinsurance		Similar	No change
Retail Pharmacy	Generic	Same	No change
	Brand Formulary	Different	No change
	Non-Formulary	Similar	No change

See slides 34-39 for more information.

Conclusion

- At the aggregate level, the plan design features for the SFHSS plans are **similar** to the plans offered by the 10 counties.
- In comparison to the Aon benchmarking database, the SFHSS plans are **similar** but generally have lower deductibles and copays and higher out-of-pocket maximums.
- Based on the comparisons to 10 County Survey and Aon Benchmarking consideration for plan design **changes may include**:
 - **Split the office visit copay on the Kaiser plan** for primary care versus specialty care from a flat \$20 for primary care and specialty care to \$20 for primary care and \$35 for specialty care to align with the SFHSS BSC HMO and other benchmark plans
 - **Increase the City Plan deductibles** from \$250/\$500 for single/family coverage to \$500/\$1,000 to align with other benchmark plans
 - **Reduce City Plan family out-of-pocket maximum** from \$12,700 (3x individual out-of-pocket maximum) to \$7,500 (2x individual out-of-pocket maximum) to align with other benchmark plans
 - **Increase the Kaiser pharmacy copays** from \$5/\$15 for generic/brand to \$10/\$25 to align with SFHSS BSC HMO and other benchmark plans

10 County Survey Plan Design Comparison

Background

- The following slides represent analysis and commentary based on 2019 10 County Survey plan design information, supplemented by retiree plan design information collected from each organization's publicly available websites.
- The tables include information on the key plan design features of the plans offered (e.g., deductible, primary care copay, emergency department copay, out-of-pocket maximum, etc.).
- The results are summarized to compare the applicable San Francisco Health Service System (SFHSS) plan(s) to the appropriate 10 County Survey plans based on network (e.g., comparing the SFHSS Health Maintenance Organization (HMO) plans—Blue Shield of California (BSC) Access+ / Trio and Kaiser Permanente (KP) plans—to other HMO plans offered).

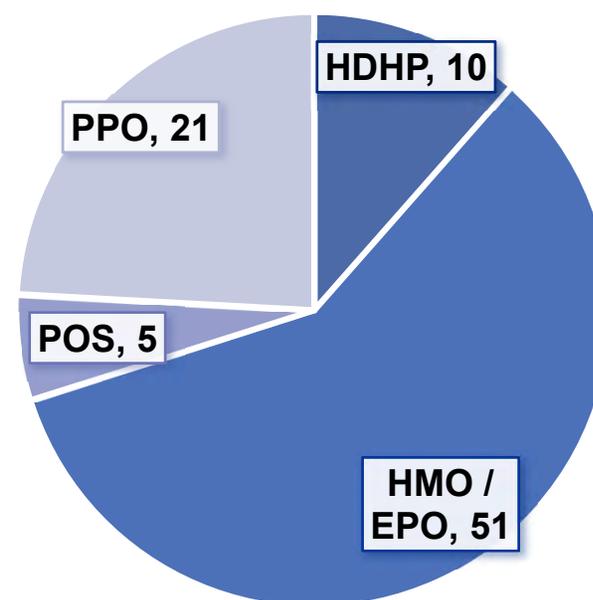
Background

- The output tables show the following:
 - **Most Common**—This is the mode or most common coverage level (e.g., \$15 copay)
 - **Plan Count**—This indicates the number of plans that offered the most common coverage level (e.g., 23 of 51 plans cover at the \$15 copay)
 - **Range (Low to High)**—This shows the range of coverage options from the perspective of what the member pays (e.g., \$0 copay on the low-end and deductible + 20% coinsurance on the high-end)
- Note that the coverage levels indicated in the low and high columns that indicate the range of coverage levels is not representative of a single plan, i.e., there is not one plan that has no deductible, copays, or out-of-pocket maximum.

Active Employee Overview

- The following represents 87 plans for the 10-counties plan design distribution as noted below:
 - Please note that the summaries on the following pages do not include the High Deductible Health Plan (HDHP) offerings as this is not a plan choice offered by SFHSS
 - The majority of the counties reviewed offer a HMO or Exclusive Provider Organization (EPO) plan design where there is no out-of-network coverage (the variation between HMO and EPO is whether a primary care provider referral is needed or not)
 - Many also offer a Preferred Provider Organization (PPO) or Point of Service (POS) plan design where there is both in- and out-of-network coverage

Active Distribution of Plan Type
N=87



NOTE: The BSC Access+ and Trio plans are combined since there is no difference in plan design

Active Employee—HMO / EPO

There are 51 HMO / EPO plans offered by the 10-counties surveyed. Overall, the SFHSS BSC (Access + / Trio) and KP HMO plans are in line with HMO / EPO plans offered by the 10-counties. Compared to the most frequent benefits:

- The SFHSS HMO plans are in line for deductible (Ded), generic and brand formulary drugs
- The SFHSS plans have higher copays for ER, inpatient care, non-formulary and out-of-pocket maximums (OOPM)

HMO / EPO Coverage		BSC	KP	Mode	Count	Low	High
Deductible	Individual	\$0	\$0	\$0	49	\$0	\$1,350
	Family	\$0	\$0	\$0	49	\$0	\$2,700
OOPM	Individual	\$2,000	\$1,500	\$1,500	37	\$0	\$5,000
	Family	\$4,000	\$3,000	\$3,000	36	\$0	\$10,000
Primary Care Provider		\$25	\$20	\$15	23	\$0	Ded / 0%
Emergency Room (ER)		\$100	\$100	\$50	25	\$0	Ded / 20%
Inpatient Care		\$200	\$100	\$0	35	\$0	Ded / 10%
Pharmacy	Generic	\$10	\$5	\$10	26	\$0	\$25
	Brand Formulary	\$25	\$15	\$20	29	\$0	\$35
	Non-Formulary	\$50	\$15	\$20	15	\$0	\$50

Active Employee—PPO / POS

There are 26 PPO / POS plans offered by the 10-counties surveyed. Overall the SFHSS City Plan (UHC) is in line with PPO / POS plans offered by the 10-counties. Compared to the most frequent benefits:

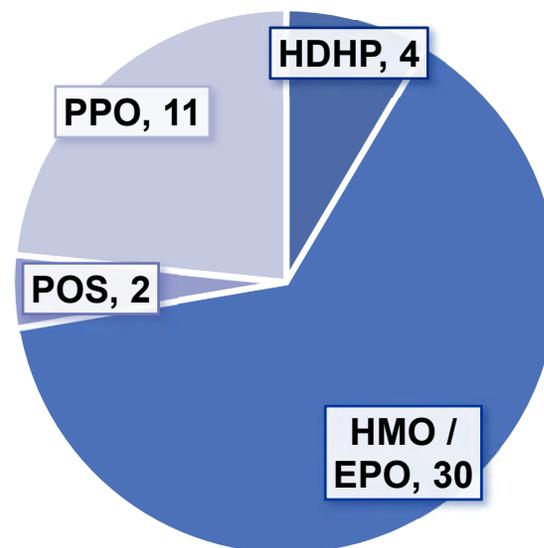
- The City Plan has higher deductibles (Ded), coinsurance, pharmacy copays and out-of-pocket maximums (OOPM)
- There was a wide range of coverage within each benefit provision as noted from the low number in the “Count” column; the second most common deductible is \$300 for individual coverage (n=5)

PPO / POS Coverage		UHC	Mode	Count	Low	High
Deductible	Individual	\$250	\$0	7	\$0	\$4,000
	Family	\$750	\$0	6	\$0	\$8,000
OOPM	Individual	\$3,750	\$3,000	7	\$450	\$5,500
	Family	\$12,700	\$6,000	6	\$1,000	\$13,700
Primary Care Provider		Ded / 15%	\$20	8	\$10	Ded / 20%
Emergency Room (ER)		Ded / 15%	\$50	9	\$50	Ded / 20%
Inpatient Care		Ded / 15%	Ded / 10%	10	\$0	Ded / 20%
Pharmacy	Generic	\$10	\$5	11	\$5	Ded / 25%
	Brand Formulary	\$25	\$20	12	\$5	Ded / 25%
	Non-Formulary	\$50	\$30	6	\$5	Ded / 30%

Early Retiree Overview

- The following represents 47 plans for the 10-counties plan design distribution as noted below:
 - Please note that the summaries on the following pages do not include the HDHP offerings as this is not a plan choice offered by SFHSS
 - The majority of the counties reviewed offer a HMO or EPO plan design where there is no out-of-network coverage (the variation between HMO and EPO is whether a primary care provider referral is needed or not)
 - Many also offer a PPO or POS plan design where there is in- and out-of-network coverage

**Early Retiree
Distribution of Plan Type**
N=47



NOTE: The BSC Access+ and Trio plans are combined since there is no difference in plan design

Early Retiree—HMO / EPO

There are 30 HMO / EPO plans offered by the 10-counties surveyed. Overall, the SFHSS BSC and KP HMO plans are in line with HMO / EPO plans offered by the 10-counties.

Compared to the most frequent benefits:

- The SFHSS HMO plans are in line for deductible, generic and brand formulary drugs
- The SFHSS HMO plans have higher copays for BSC inpatient care and lower copays for the KP pharmacy

HMO / EPO Coverage		BSC	KP	Mode	Count	Low	High
Deductible	Individual	\$0	\$0	\$0	26	\$0	\$1,350
	Family	\$0	\$0	\$0	26	\$0	\$2,700
OOPM	Individual	\$2,000	\$1,500	\$1,500	17	\$0	\$4,000
	Family	\$4,000	\$3,000	\$3,000	17	\$0	\$9,000
Primary Care Provider		\$25	\$20	\$20	12	\$0	Ded / 0%
Emergency Room (ER)		\$100	\$100	\$100	7	\$0	Ded / 20%
Inpatient Care		\$200	\$100	\$0	16	\$0	Ded / 20%
Pharmacy	Generic	\$10	\$5	\$10	17	\$0	\$15
	Brand Formulary	\$25	\$15	\$20	9	\$0	\$35
	Non-Formulary	\$50	\$15	\$20	7	\$0	\$50

Early Retiree—PPO / POS

There are 13 PPO / POS plans offered by the 10-counties surveyed. Overall the SFHSS City Plan is in line with PPO / POS plans offered by the 10-counties. Compared to the most frequent benefits:

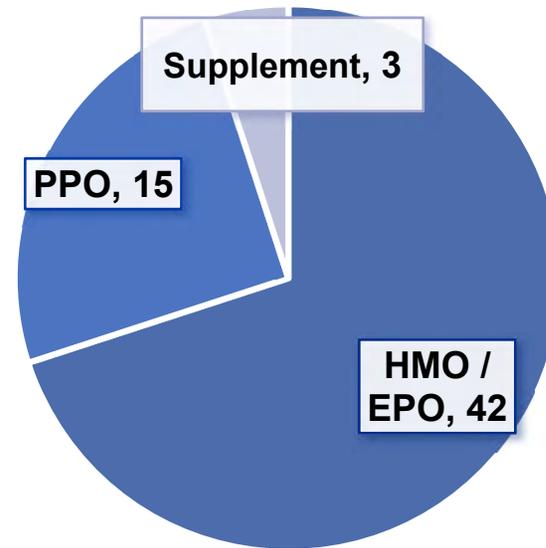
- The City Plan has lower deductibles and individual out-of-pocket maximum and higher coinsurance, and family out-of-pocket maximum
- There was a wide range of coverage within each benefit provision as noted from the low number in the “Count” column; the second most common family out-of-pocket maximum was tied between \$8,000 and unlimited (meaning there is no family cap; n=2)

PPO / POS Coverage		UHC	Mode	Count	Low	High
Deductible	Individual	\$250	\$500	6	\$0	\$5,000
	Family	\$750	\$1,000 / \$1,500	6	\$0	Unlimited
OOPM	Individual	\$3,750	\$4,000 / \$6,000	6	\$1,500	\$6,600
	Family	\$12,700	\$6,000	3	\$3,000	Unlimited
Primary Care Provider		Ded / 15%	\$20	5	\$20	Ded / 40%
Emergency Room (ER)		Ded / 15%	Ded / 10%	5	\$50	Ded / 10%
Inpatient Care		Ded / 15%	Ded / 10%	7	\$0	Ded / 40%
Pharmacy	Generic	\$10	\$5	6	\$5	Ded / 20%
	Brand Formulary	\$25	\$15	5	\$5	Ded / 25%
	Non-Formulary	\$50	\$30	6	\$5	Ded / 30%

Medicare Overview

- The following represents 60 plans for the 10-counties plan design distribution as noted below:
 - The majority of the counties reviewed offer a HMO or EPO plan design where there is no out-of-network coverage (the variation between HMO and EPO is whether a primary care provider referral is needed or not)
 - Many also offer a PPO or Supplement plan design where there is in- and out-of-network coverage

**Medicare Retiree
Distribution of Plan Type
N=60**



Medicare—HMO / EPO

There are 42 HMO / EPO plans offered by the 10-counties surveyed. Overall, the SFHSS KP HMO plan is in line with HMO / EPO plans offered by the 10-counties. Compared to the most frequent benefits:

- The SFHSS HMO plan is in line for emergency room copays and out-of-pocket maximums
- The SFHSS plan has lower deductibles and pharmacy copays but has higher inpatient copays

HMO / EPO Coverage		KP	Mode	Count	Low	High
Deductible	Individual	\$0	\$250	42	\$250	\$250
	Family	\$0	—	—	—	—
OOPM	Individual	\$1,500	\$1,500	19	\$500	\$6,700
Primary Care Provider		\$20	\$10 / \$15	12 / 12	\$0	\$25
Emergency Room (ER)		\$50	\$50	24	\$0	Ded / 20%
Inpatient Care		\$100	\$0	31	\$0	\$1,000
Pharmacy	Generic	\$5	\$10	26	\$0	\$15
	Brand Formulary	\$15	\$20	20	\$0	\$35
	Non-Formulary	\$15	\$20	13	\$0	\$60

Medicare—PPO / Supplement

There are 18 PPO / Supplement plans offered by the 10-counties surveyed. Overall the SFHSS UHC MAPD PPO plan is in line with PPO / Supplement plans offered by the 10-counties. Compared to the most frequent benefits:

- The SFHSS MAPD PPO plan has lower primary care and brand formulary copays
- The SFHSS MAPD PPO plan has higher copays for emergency room and inpatient care

PPO / Supplement Coverage		UHC	Mode	Count	Low	High
Deductible	Individual	\$0	\$0	11	\$0	\$5,000
	Family	\$0	\$0	12	\$0	\$1,500
OOPM	Individual	\$3,750	\$1,500	3	\$0	Unlimited
Primary Care Provider		\$5	\$20 Ded / 20%	8	\$0	Ded / 20%
Emergency Room (ER)		\$65	\$50	5	\$0	Ded / 20%
Inpatient Care		\$150	\$0	9	\$0	Ded / 20%
Pharmacy	Generic	\$5	\$5	8	\$5	Ded / 20%
	Brand Formulary	\$20	\$25	6	\$15	Ded / 25%
	Non-Formulary	\$45	\$40 / \$50	4 / 4	\$30	Ded / 30%

Aon Plan Design Benchmarking

Medical, Dental, and Vision Plans

Aon Plan Design Benchmarking—Medical Overview

- **UnitedHealthcare (UHC) City Plan** compared to benchmarks:
 - The City Plan has lower deductibles, member coinsurance (i.e., 15%) and individual out-of-pocket maximum than benchmarks
 - The City Plan has a higher family out-of-pocket maximum than benchmarks (SFHSS uses a 3x factor while most others use a 2x factor)

- **Blue Shield of California (BSC) Trio and Access+** compared to benchmarks:
 - The BSC plans have lower deductibles, inpatient copays and out-of-pocket maximums
 - The BSC plans have higher copays for office visits and outpatient care

- **Kaiser Permanente (KP) HMO** compared to benchmarks:
 - The KP plan has lower deductibles and out-of-pocket maximums
 - The KP plan also has lower copays for specialist visits, emergency room, inpatient hospital, outpatient surgery and prescription drugs
 - The KP plan's primary care office visit is line with benchmarks

Health Maintenance Organization (HMO)

Medical HMO

Comparator Groups Overview

Aon Bench—Medical benchmarks reflect 2018 plan data filtered on In-Network plans only with In-Network Single Deductibles between \$0 and \$1,350. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	21	27
National (NATL)	181	303

Benefit SpecSelect—Medical benchmarks reflect 2018 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of HMO Plans	# of RX Plans
Government (GOVT)	225	104	444
National (NATL)	1,706	474	3,686

Blue Shield of California (BSC) Benefits

Medical HMO

Health Maintenance Organization (HMO)—In-Network Comparison

Medical HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		BSC [1]	GOVT	NATL	GOVT	NATL
Individual Deductible		None	\$500	\$613	\$250	\$500
Family Deductible		None	\$1,000	\$1,500	\$750	\$1,000
Individual OOPM		\$2,000	\$2,500	\$2,600	\$3,000	\$2,500
Family OOPM		\$4,000	\$6,000	\$6,000	\$6,000	\$5,970
Coinsurance		N/A	0%	0%	0%	0%
Benefit		Copay				
Office Visit	PCP	\$25	\$20	\$20	\$20	\$20
	Specialist	\$30 / \$25 [2]	\$25	\$40	\$35	\$40
Hospital	Per day	—	—	\$250	\$100	\$100
	Admission	\$200	\$250	\$250	\$250	\$250
Outpatient Surgery		\$100	\$50	\$125	—	—
Emergency Room		\$100	\$100	\$125	\$125	\$105

Blue Shield of California (BSC) Benefits

Medical HMO

Health Maintenance Organization (HMO)—In-Network Comparison

Medical HMO Coverage	SFHSS	Aon Bench		Benefit SpecSelect ^[3]	
	BSC ^[1]	GOVT	NATL	GOVT	NATL
Retail (30-day)	Copay				
Generic Drugs	\$10	\$10	\$10	\$10	\$10
Brand Drugs	\$25	\$25	\$30	\$30	\$30
Non-Formulary Drugs	\$50	\$50	\$50	\$50	\$50
Mail Order (90-day)	Copay				
Generic Drugs	\$20	\$20	\$20	\$20	\$20
Brand Drugs	\$50	\$50	\$65	\$60	\$65
Non-Formulary Drugs	\$100	\$100	\$100	\$100	\$120

Specialty Drugs—Copay benchmarking is not available for specialty drugs.

SFHSS Specialty Drug Benefit—20% up to \$100 copay (30-day supply).

Health Maintenance Organization (HMO) Benchmarking Notes

HMO Notes:

- [1] **BSC**—Benefit information shown reflects both the Access+ and Trio medical plans.
 - [2] **BSC**—Specialist Office Visit:
 - [a] Access+ and Trio specialist care (self-referral)—\$30 copay
 - [b] Other specialist care (referred by PCP)—\$25 copay
 - [3] **Benefit SpecSelect**—Rx data is not broken out by specific plan type. Employer-provided drugs / onsite pharmacies, preventive, maintenance, or specialty drug copays are not included in this summary.
-

Kaiser Permanente (KP) Benefits

Medical HMO

Health Maintenance Organization (HMO)—In-Network Comparison

Medical HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		KP	GOVT	NATL	GOVT	NATL
Individual Deductible		None	\$500	\$613	\$250	\$500
Family Deductible		None	\$1,000	\$1,500	\$750	\$1,000
Individual OOPM		\$1,500	\$2,500	\$2,600	\$3,000	\$2,500
Family OOPM		\$3,000	\$6,000	\$6,000	\$6,000	\$5,970
Coinsurance		N/A	0%	0%	0%	0%
Benefit		Copay				
Office Visit	PCP	\$20	\$20	\$20	\$20	\$20
	Specialist	\$20	\$25	\$40	\$35	\$40
Hospital	Per day	—	—	\$250	\$100	\$100
	Admission	\$100	\$250	\$250	\$250	\$250
Outpatient Surgery		\$35	\$50	\$125	—	—
Emergency Room		\$100	\$100	\$125	\$125	\$105

Kaiser Permanente (KP) Benefits

Medical HMO

Health Maintenance Organization (HMO)

Medical HMO In-Network Coverage	SFHSS	Aon Bench		Benefit SpecSelect ^[3]	
	KP	GOVT	NATL	GOVT	NATL
Retail (30-day)	Copay				
Generic Drugs	\$5	\$10	\$10	\$10	\$10
Brand Drugs	\$15 ^[1]	\$25	\$30	\$30	\$30
Non-Formulary Drugs	PA Only ^[2]	\$50	\$50	\$50	\$50
Mail Order (90-day)	Copay				
Generic Drugs	\$10	\$20	\$20	\$20	\$20
Brand Drugs	\$30	\$50	\$65	\$60	\$65
Non-Formulary Drugs	PA Only ^[2]	\$100	\$100	\$100	\$120

Specialty Drugs—Copay benchmarking is not available for specialty drugs.

SFHSS Specialty Drug Benefit—20% up to \$100 copay (30-day supply).

Health Maintenance Organization (HMO) Benchmarking Notes

HMO Notes:

- [1] **KP**—Member pays 2x the copay for a 31 to 60 day supply at a Plan Pharmacy.
 - [2] **KP**—PA Only = Physician Authorized Only
 - [3] **Benefit SpecSelect**—Rx data is not broken out by specific plan type. Employer-provided drugs / onsite pharmacies, preventive, maintenance, or specialty drug copays are not included in this summary.
-

Preferred Provider Organization (PPO)

Medical PPO

Comparator Groups Overview

Aon Bench—Medical benchmarks reflect 2018 plan data filtered on plans with In-Network Single Deductibles between \$0 and \$1,350. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	59	95
National (NATL)	564	909

Benefit SpecSelect—Medical benchmarks reflect 2018 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of PPO Plans	# of RX Plans
Government (GOVT)	225	255	444
National (NATL)	1,706	1,647	3,686

UnitedHealthcare (UHC) City Plan Benefits

Medical PPO

Preferred Provider Organization (PPO)

Medical PPO Coverage	SFHSS	Aon Bench		Benefit SpecSelect	
	UHC	GOVT	NATL	GOVT	NATL
In-Network					
Individual Deductible	\$250	\$500	\$600	\$500	\$600
Family Deductible	\$750	\$1,163	\$1,500	\$1,200	\$1,500
Individual OOPM	\$3,750	\$3,000	\$3,000	\$3,000	\$3,250
Family OOPM	\$12,700	\$6,000	\$6,325	\$6,000	\$7,000
Coinsurance	15%	15%	20%	15%	20%
Out-of-Network					
Individual Deductible	\$500	\$1,000	\$1,175	<i>Benefit SpecSelect does not provide data for out-of-network benefits</i>	
Family Deductible	\$1,500	\$2,000	\$2,700		
Individual OOPM	\$7,500	\$4,500	\$6,000		
Family OOPM	\$7,500 [PER INDIVIDUAL]	\$10,000	\$12,000		
Coinsurance	50%	40%	40%		

UnitedHealthcare (UHC) City Plan Benefits

Medical PPO

Preferred Provider Organization (PPO)

Medical PPO Coverage		SFHSS	Aon Bench		Benefit SpecSelect	
		UHC	GOVT	NATL	GOVT	NATL
Benefit		Copay				
Office Visit	PCP	15% [1]	\$25	\$25	\$25	\$25
	Specialist	15% [1]	\$35	\$40	\$40	\$40
Hospital	Per day	N/A	\$300	\$250	\$200	\$200
	Admission	15% [1]	\$300	\$250	\$300	\$250
Outpatient Surgery		15% [1]	\$100	\$150	N/A	N/A
Emergency Room		15% [1]	\$100	\$150	\$100	\$150

UnitedHealthcare (UHC) City Plan Benefits

Medical PPO

Preferred Provider Organization (PPO)

Medical PPO Coverage	SFHSS	Aon Bench		Benefit SpecSelect ^[2]	
	UHC	GOVT	NATL	GOVT	NATL
Retail (30-day)	Copay				
Generic Drugs	\$10	\$10	\$10	\$10	\$10
Brand Drugs	\$25	\$30	\$30	\$30	\$30
Non-Formulary Drugs	\$50	\$50	\$50	\$50	\$50
Mail Order (90-day)	Copay				
Generic Drugs	\$20	\$20	\$20	\$20	\$20
Brand Drugs	\$50	\$60	\$69	\$60	\$65
Non-Formulary Drugs	\$100	\$100	\$120	\$100	\$120

Specialty Drugs—Copay benchmarking is not available for specialty drugs.

SFHSS Specialty Drug Benefit—Same as 30-day copays above.

Preferred Provider Organization (PPO) Benchmarking Notes

PPO Notes:

- [1] **UHC**—Benefits are paid after member has met the deductible.

 - [2] **Benefit SpecSelect**—Rx data is not broken out by specific plan type. Employer-provided drugs / onsite pharmacies, preventive, maintenance, or specialty drug copays are not included in this summary.
-

Prescription Drugs—Retail Specialty / Tier 4

All Medical

Benefit SpecSelect—Prevalence of Coverage

The following table summarizes whether retail specialty / tier 4 drugs are covered through the prescription drug plan. Percentages in **bold** reflect the highest prevalence for each comparator.

Benefit SpecSelect	GOVT	NATL
Same as formulary	6.08%	4.72%
Same as non-formulary	5.41%	6.57%
Same as retail formulary	0.68%	0.14%
Same as retail non-formulary	0.68%	0.65%
Same as formulary / non-formulary	23.65%	18.15%
Same as retail formulary / non-formulary	0.90%	2.41%
Same as non-specialty	23.42%	36.30%
Same as retail non-specialty	1.58%	2.03%
Different specialty drug coverage	35.36%	25.07%
Data not provided	1.80%	2.03%
Other (e.g., varies by carrier)	0.45%	0.98%
Not covered	—	0.95%

Medical Plan Design

Benchmarking Abbreviations

Abbreviations:

BSC = Blue Shield of California

INDV = Individual

KP = Kaiser Permanente

OOPM = Out-of-Pocket Maximum

PCP = Primary Care Provider

UHC = UnitedHealthcare

Dental Preferred Provider Organization (DPPO)



Comparator Groups Overview

Aon Bench—Benchmarks reflect 2018 Dental plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	58	72
National (NATL)	632	896

Benefit SpecSelect—Dental benchmarks reflect 2018 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of Dental Plans
Government (GOVT)	225	430
National (NATL)	1,706	2,965

Aon Plan Design Benchmarking—Dental Overview

- **Delta Dental PPO**

- Compared to benchmarks the Delta Dental PPO plan has no deductible (most plans have a deductible), higher plan paid coinsurance, and higher annual maximums

- **DeltaCare USA HMO**

- Compared to benchmarks the DeltaCare USA HMO plan has no deductible (most plans have a deductible) and equal or higher plan paid coinsurance
- The copay-based orthodontic benefit cannot be compared to benchmarks which are generally represented as a coinsurance with a lifetime maximum

- **UnitedHealthcare (UHC) Dental HMO**

- Compared to benchmarks the UHC HMO plan has no deductible (most plans have a deductible) and equal or higher plan paid coinsurance
- The copay-based orthodontic benefit cannot be compared to benchmarks which are generally represented as a coinsurance with a lifetime maximum

Delta Dental Benefits

Dental PPO

Dental Preferred Provider Organization (DPPO)

Dental PPO Coverage		SFHSS			Aon Bench		Benefit SpecSelect	
		Delta Dental					GOVT	NATL
		Tier 1	Tier 2	Tier 3	GOVT	NATL	GOVT	NATL
Deductible	Individual	None			\$50	\$50	\$50	\$50
Deductible	Family	None			\$150	\$150	\$150	\$150
Plan Year Maximum		\$2,500 per person			\$1,500	\$1,500	\$1,500	\$1,500
Service		Plan Pays						
Diagnostic / Preventive		100%	100%	80%	100%	100%	100%	100%
Basic		90%	80%	60%	80%	80%	80%	80%
Major		90%	80%	50%	50%	50%	50%	50%

Delta Dental Plan Tiers:

Tier 1 = PPO Dentists

Tier 2 = Premier Dentists

Tier 3 = Non-Delta Dentists

Delta Dental Benefits

Dental PPO

Dental Preferred Provider Organization (DPPO)

Dental PPO Coverage	SFHSS			Aon Bench		Benefit SpecSelect	
	Delta Dental			GOVT	NATL	GOVT	NATL
	Tier 1	Tier 2	Tier 3				
Orthodontia	Plan Pays						
Child	50%	50%	50%	50%	50%	—	—
Adult	50%	50%	50%	50%	50%	—	—
Orthodontia	Lifetime Maximum						
Child	\$2,500	\$2,000	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Adult	\$2,500	\$2,000	\$1,500	\$1,500	\$1,500	—	—

Delta Dental Plan Tiers:

Tier 1 = PPO Dentists

Tier 2 = Premier Dentists

Tier 3 = Non-Delta Dentists

Benefit SpecSelect Notes:

Dental data is not broken out by specific plan type. Benchmarks reflect all dental plan options including DHMOs.

Dental Health Maintenance Organization (DHMO)



Comparator Groups Overview

Aon Bench—Dental benchmarks reflect 2018 plan data filtered on In-Network plans only. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	20	23
National (NATL)	123	147

Benefit SpecSelect—Dental benchmarks reflect 2018 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of Dental Plans
Government (GOVT)	225	430
National (NATL)	1,706	2,965

DeltaCare USA Benefits

Dental HMO

Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect ^[3]	
		DeltaCare USA ^[1]	GOVT	NATL	GOVT	NATL
Deductible	Individual	None	N/A	\$50	\$50	\$50
Deductible	Family	None	N/A	\$150	\$150	\$150
Plan Year Maximum		None	N/A	\$1,500	\$1,500	\$1,500
Service		Plan Pays				
Diagnostic / Preventive		100%	100%	100%	100%	100%
Basic		100%	100%	100%	80%	80%
Major		100%	100%	65%	50%	50%

DeltaCare USA Benefits

Dental HMO

Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage	SFHSS	Aon Bench		Benefit SpecSelect ^[3]	
	DeltaCare USA ^[1]	GOVT	NATL	GOVT	NATL
Orthodontia	Copay ^[2]	Plan Pays		Plan Pays	
Child	\$1,600	50%	50%	—	—
Adult	\$1,800	50%	50%	—	—
Orthodontia	Lifetime Maximum				
Child	See Note [2]	\$1,000	\$1,500	\$1,500	\$1,500
Adult	See Note [2]	\$1,000	\$1,500	—	—

Dental Health Maintenance Organization (DHMO) Benchmarking Notes

Dental HMO Notes:

- [1] **DeltaCare USA**—DHMO plans require that you receive all of your dental care from within a network of participating dental offices. DHMOs charge a flat rate for all services. These networks are generally smaller than a DPPO network.

 - [2] **DeltaCare USA**—Listed copay covers up to 24 months of active orthodontic treatment excluding a \$350 startup fee. Beyond 24 months of active treatment, an additional monthly fee of \$75 applies.

 - [3] **Benefit SpecSelect**—Dental data is not broken out by specific plan type. Benchmarks reflect all dental plan options including DHMOs.
-

UnitedHealthcare (UHC) Benefits

Dental HMO

Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage		SFHSS	Aon Bench		Benefit SpecSelect [3]	
		UHC [1]	GOVT	NATL	GOVT	NATL
Deductible	Individual	None	N/A	\$50	\$50	\$50
Deductible	Family	None	N/A	\$150	\$150	\$150
Plan Year Maximum		None	N/A	\$1,500	\$1,500	\$1,500
Service		Plan Pays				
Diagnostic / Preventive		100%	100%	100%	100%	100%
Basic		100%	100%	100%	80%	80%
Major		100%	100%	65%	50%	50%

UnitedHealthcare (UHC) Benefits

Dental HMO

Dental Health Maintenance Organization (DHMO)

Dental HMO Coverage	SFHSS	Aon Bench		Benefit SpecSelect ^[3]	
	UCH ^[1]	GOVT	NATL	GOVT	NATL
Orthodontia	Copay ^[2]	Plan Pays			
Child	\$1,250	50%	50%	—	—
Adult	\$1,250	50%	50%	—	—
Orthodontia	Lifetime Maximum				
Child	None	\$1,000	\$1,500	\$1,500	\$1,500
Adult	None	\$1,000	\$1,500	—	—

Dental Health Maintenance Organization (DHMO) Benchmarking Notes

Dental HMO Notes:

[1] **UHC**—DHMO plans require that you receive all of your dental care from within a network of participating dental offices. DHMOs charge a flat rate for all services. These networks are generally smaller than a DPPO network.

[2] **UHC**—Orthodontic services are subject to payment of any applicable copays. Benefits are paid in equal monthly installments on a schedule determined by the Enrolling Group over the course of the orthodontic treatment plan performed during a 24 month period, starting on the date that the orthodontic bands or appliances are first placed, or on the date a one-step orthodontic procedure is performed. Benefits end when the 24 month orthodontic treatment ends.

The \$1,250 listed copay includes a \$350 startup fee, \$750 fee for treatment, and a \$150 fee for removal of appliances, construction and placement of retainer(s).

[3] **Benefit SpecSelect**—Dental data is not broken out by specific plan type. Benchmarks reflect all dental plan options including DHMOs.

Aon Plan Design Benchmarking—Vision Overview

- **VSP Vision**

- Compared to benchmarks:

- Exam, lens and frame copays are in line with benchmarks
 - Allowances on both the Basic and Premier plans are richer than benchmarks

Vision Comparator Groups Overview

Aon Bench—Vision Benchmarks reflect 2018 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employers	# of Plans
Government (GOVT)	50	55
National (NATL)	546	621

Benefit SpecSelect—Vision Benchmarks reflect 2018 plan data. The selected comparator groups represent the following:

Comparator Groups	# of Employer Groups	# of Dental Plans
Government (GOVT)	225	378
National (NATL)	1,706	2,389

Vision Service Plan (VSP) Benefits

Vision Coverage	SFHSS		Aon Bench		Benefit SpecSelect	
	VSP Basic ^[1]	VSP Premier ^[2]	GOVT	NATL	GOVT	NATL
Benefit	Copays					
Exam	\$10	\$10	\$10	\$10	\$15	\$10
<i>Maximum</i>	<i>Up to \$60 [contact lens exam]</i>	<i>Up to \$60 [contact lens exam]</i>	—	—	\$150	\$50
Lenses	\$25	\$0	\$20	\$25	\$15	\$20
<i>Maximum</i>	<i>Up to \$170</i>	<i>Up to \$320</i>	—	—	\$76	\$60
Frames	\$25	\$0	\$20	\$25	\$25	\$20
<i>Maximum</i>	<i>Up to \$170</i>	<i>Up to \$320</i>	—	—	\$140	\$150
Contacts	\$0	\$0	—	—	\$20	\$20
<i>Maximum</i>	<i>Up to \$150</i>	<i>Up to \$250</i>	—	—	\$140	\$140

Vision Service Plan (VSP) Benefits

Vision VSP Basic

Vision Benchmarking Notes

[1] VSP Basic Plan Benefits

- **Well Vision Exam Frequency:**
 - Once every calendar year
- **Hardware Benefit Frequency:**
 - Once every **other** calendar year
- **Frame allowance:**
 - \$150 for a wide selection of frames
 - \$170 for featured frames
 - \$80 at Costco
 - 20% savings on the amount over the frame allowance
- **Progressive lens copay:**
 - 100% coverage for standard
 - \$95–\$105 for premium
 - \$150–\$175 for custom
- **Anti-reflective coating copay:**
 - \$41 for standard
 - \$58–\$69 for premium
 - \$85 for custom
- **Scratch-resistant coating:**
 - Fully covered
- **Contacts:**
 - \$150 allowance (instead of glasses)
 - Copay does not apply
- **Contact lens exam:**
 - Up to a \$60 copay
 - Fitting and evaluation exam covered

Vision Service Plan (VSP) Benefits

Vision VSP Premier

Vision Benchmarking Notes

[2] VSP Premier Plan Benefit

- **Well Vision Exam Frequency:**
 - Once every calendar year
- **Hardware Benefit Frequency:**
 - Once every calendar year
- **Frame allowance:**
 - \$300 for a wide selection of frames
 - \$320 for featured frames
 - \$165 at Costco
 - 20% savings on the amount over the frame allowance
- **Progressive lens copay:**
 - 100% coverage for standard
 - \$25 for premium / custom
- **Anti-reflective coating copay:**
 - \$25 for standard / premium / custom
- **Scratch-resistant coating:**
 - Fully covered
- **Contacts:**
 - \$250 allowance (instead of glasses)
 - Copay does not apply
- **Contact Lens Exam:**
 - Up to a \$60 copay