

[2009 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 December 11, 2008 (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 **four hundred forty-nine dollars and thirty seven cents (\$449.37)**; 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 January 8, 2009, 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 **four hundred forty-nine dollars and thirty seven cents (\$449.37)**; 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

CITY AND COUNTY OF SAN FRANCISCO

10-County Survey of Employer Contributions

Rank	County	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
1	Los Angeles	217.15	230.53	250.97	272.27	276.16	316.07	338.55	362.55	383.10	415.91
2	San Diego	153.84	168.26	179.96	207.95	262.38	267.86	327.00	305.87	327.00	363.48
3	Orange	255.24	287.37	390.87	383.50	395.83	374.13	380.63	387.92	338.64	372.44
4	Riverside	183.69	201.74	223.72	275.61	317.55	364.69	391.53	462.05	469.65	491.27
5	San Bernardino	176.86	208.84	223.35	242.53	298.45	333.57	299.72	313.73	368.67	377.35
6	Santa Clara	190.37	208.44	236.73	288.18	342.10	382.32	438.49	479.93	515.52	563.19
7	Alameda	186.87	191.53	218.30	265.38	276.28	316.40	342.11	398.35	440.58	497.76
8	Sacramento	198.12	227.92	259.84	308.98	315.25	363.89	422.13	480.54	480.76	516.78
9	Contra Costa	174.53	191.31	209.84	267.55	299.35	336.62	366.77	407.86	438.47	470.02
10	Fresno	185.67	223.32	273.35	300.16	345.67	399.71	390.06	432.64	425.58	425.43
Average		192.23	213.93	246.69	281.21	312.90	345.53	369.70	403.14	418.80	449.37

Increase Over Prior Year

1	Los Angeles	4.0%	6.2%	8.9%	8.5%	1.4%	14.5%	7.1%	7.1%	5.7%	8.6%
2	San Diego	-6.8%	9.4%	7.0%	15.6%	26.2%	2.1%	22.1%	-6.5%	6.9%	11.2%
3	Orange	19.2%	12.6%	36.0%	-1.9%	3.2%	-5.5%	1.7%	1.9%	-12.7%	10.0%
4	Riverside	10.7%	9.8%	10.9%	23.2%	15.2%	14.8%	7.4%	18.0%	1.6%	4.6%
5	San Bernardino	9.3%	18.1%	6.9%	8.6%	23.1%	11.8%	-10.1%	4.7%	17.5%	2.4%
6	Santa Clara	-17.3%	9.5%	13.6%	21.7%	18.7%	11.8%	14.7%	9.5%	7.4%	9.2%
7	Alameda	4.4%	2.5%	14.0%	21.6%	4.1%	14.5%	8.1%	16.4%	10.6%	13.0%
8	Sacramento	12.3%	15.0%	14.0%	18.9%	2.0%	15.4%	16.0%	13.8%	0.0%	7.5%
9	Contra Costa	19.5%	9.6%	9.7%	27.5%	11.9%	12.5%	9.0%	11.2%	7.5%	7.2%
10	Fresno	15.4%	20.3%	22.4%	9.8%	15.2%	15.6%	-2.4%	10.9%	-1.6%	0.0%
Average		6.3%	11.3%	15.3%	14.0%	11.3%	10.4%	7.0%	9.0%	3.9%	7.3%

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 10

COUNTY: LOS ANGELES
RANK: 1
POPULATION: 10,363,850

MEDICAL PLAN	2008-09 PREMIUM	2009-10 PREMIUM	% JT	2008-09 COUNTY CONTRIBUTION	2009-10 COUNTY CONTRIBUTION	% JT
Kaiser Choices HMO - County Sponsored	415.85	448.77	7.9%	415.85	448.77	7.9%
CIGNA Choices HMO - County Sponsored	346.95	334.14	-3.7%	346.95	334.14	-3.7%
CIGNA Choices POS - County Sponsored	622.56	599.57	-3.7%	482.79	531.07	10.0%
Blue Cross Prudent Buyer Basic- ALADS	561.24	601.37	7.2%	482.79	531.07	10.0%
Blue Cross CaliforniaCare Basic- ALADS	360.68	392.77	8.9%	360.68	392.77	8.9%
Blue Cross Prudent Buyer Premier- ALADS	643.97	689.89	7.1%	482.79	531.07	10.0%
Blue Cross CaliforniaCare Premier - ALADS	443.41	481.29	8.5%	443.41	481.29	8.5%
Blue Shield Classic CAPE	490.00	564.90	15.3%	482.79	531.07	10.0%
Blue Shield Lite CAPE	316.00	335.72	6.2%	316.00	335.72	6.2%
Local 1014 Plan - Fire Fighters	457.00	496.00	8.5%	457.00	496.00	8.5%
Kaiser Options - SEIU	387.68	425.94	9.9%	387.68	425.94	9.9%
Kaiser HMO - Unrepresented	227.85	248.00	8.8%	227.85	248.00	8.8%
Blue Cross CaliforniaCare HMO - Unrepresented	227.85	248.00	8.8%	227.85	248.00	8.8%
Blue Cross Plus POS - Unrepresented	344.29	375.00	8.9%	344.29	375.00	8.9%
Blue Cross Catastrophic - Unrepresented	176.23	192.00	8.9%	176.23	192.00	8.9%
Blue Cross Prudent Buyer PPO - Unrepresented	439.11	478.00	8.9%	439.11	478.00	8.9%
PacificCare Options HMO - SEIU	338.86	375.43	10.8%	338.86	375.43	10.8%
PacificCare Options PPO - SEIU	894.80	1,056.27	18.0%	482.79	531.07	10.0%
AVERAGE	427.46	463.50	8.4%	383.10	415.91	8.6%

	BLUE SHIELD LITE HMO	IN	OUT	BLUE SHIELD CLASSIC HMO	IN	OUT
DEDUCTIBLE	NONE	\$500/\$1000	\$500/\$1000	NONE	\$300/\$600	\$300/\$600
PHYSICIANS SERVICES	\$10 COPAY	\$25 COPAY	60/40 AFTER DED	\$10 COPAY	\$20 COPAY	60/40 AFTER DED
EMERGENCY ROOM	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY
RX	\$10/\$15/\$30	\$10/\$15/\$30	NOT COVERED	\$10/\$15/\$30	\$10/\$15/\$30	NOT COVERED
HOSPITAL	NO CHARGE	80/20 AFTER DED	60/40 AFTER DED	NO CHARGE	90/10 AFTER DED	60/40 AFTER DED

ADDITIONAL PLAN DESIGN INFORMATION INCLUDED ON THE REVERSE SIDE OF THIS PAGE --

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 10

	PACIFICARE HMO	PPO - IN	PPO - OUT	KAISER HMO OPTIONS	CHOICES	UNREP
DEDUCTIBLE	NONE	\$300/\$1500	\$1500/\$3000	NONE	NONE	NONE
PHYSICIANS SERVICES	\$10 COPAY	80/20	50/50 AFTER DED	\$10 COPAY	\$10 COPAY	\$15 COPAY
EMERGENCY ROOM	\$50 COPAY	80/20 AFTER DED	50/50 AFTER DED	\$50 COPAY	\$50 COPAY	\$50 COPAY
RX	\$5/\$20	\$5/\$20/\$35	NOT COVERED	\$5/\$20	\$5/\$20	\$10/\$20
HOSPITAL	NO CHARGE	80/20 AFTER DED	50/50 AFTER DED	NO CHARGE	NO CHARGE	NO CHARGE

	CIGNA HMO	POS - IN	POS - OUT	BLUE CROSS CALIFORNIA CARE HMO ALADS	UNREP
DEDUCTIBLE	NONE	NONE	\$500/\$1000	NONE	NONE
PHYSICIANS SERVICES	\$10 COPAY	\$10 COPAY	60/40 AFTER DED	\$5 COPAY	\$15 COPAY
EMERGENCY ROOM	\$50 COPAY	\$50 COPAY	60/40 AFTER DED	\$25 COPAY	\$50 COPAY
RX	\$5/\$20	\$5/\$20	60/40 AFTER DED	\$5/\$10	\$10/\$20
HOSPITAL	NO CHARGE	\$50 COPAY/DAY	60/40 AFTER DED + \$1000/ADMIT	NO CHARGE	NO CHARGE

	BLUE CROSS PLUS POS HMO	IN	OUT	LOCAL 1014 PLAN
DEDUCTIBLE	NONE	NONE	\$400/\$600	\$200/\$600
PHYSICIANS SERVICES	\$10 COPAY	\$20 COPAY	60/40 AFTER DED	80/20 AFTER DED
EMERGENCY ROOM	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY
RX	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20/\$30+
HOSPITAL	NO CHARGE	80/20	70/30 + \$500/ADMIT	80/20 AFTER DED

	BLUE CROSS CATASTROPHIC	ALADS - IN	ALADS - OUT	BLUE CROSS PRUDENT BUYER PPO ALADS - IN	ALADS - OUT	UNREP - IN	UNREP - OUT
DEDUCTIBLE	\$2000/\$4000	\$200/\$600	\$200/\$600	\$200/\$600	\$200/\$600	\$150/\$450	\$400/\$800
PHYSICIANS SERVICES	75/25 AFTER DED	90/10 AFTER DED	70/30 AFTER DED	90/10 AFTER DED	70/30 AFTER DED	\$15 COPAY	70% AFTER DED
EMERGENCY ROOM	\$100 COPAY	90/10 AFTER DED	70/30 AFTER DED	90/10 AFTER DED	70/30 AFTER DED	\$50 COPAY THEN 90% \$50 COPAY THEN 90/10	\$50 COPAY THEN 90% \$50 COPAY THEN 90/10
RX	\$200 DED THEN 75/25	\$5/\$10	\$5/\$10+	\$5/\$10	\$5/\$10+	\$10/\$20	\$10/\$20
HOSPITAL	75/25 AFTER DED + \$500/ADMIT	90/10 AFTER DED	70/30 AFTER DED	90/10 AFTER DED	70/30 AFTER DED	90/10 AFTER DED	70/30 AFTER DED + \$500/ADMIT

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for 2009 - 2010

COUNTY: SAN DIEGO
 RANK: 2
 POPULATION: 3,146,274

MEDICAL PLAN	2008-09		2009-10		2008-09		2009-10		% ↓↑	% ↓↑
	PREMIUM	PREMIUM	PREMIUM	PREMIUM	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION		
Kaiser HMO	338.26	350.42	350.42	327.00	327.00	350.42	327.00	350.42	3.6%	7.3%
PacificCare POS	386.60	425.26	425.26	327.00	327.00	376.54	327.00	376.54	10.0%	6.5%
AVERAGE	362.43	387.84	387.84	327.00	327.00	363.48	327.00	363.48	7.0%	11.2%

DEDUCTIBLE PHYSICIANS SERVICES EMERGENCY ROOM RX HOSPITAL	KAISER HMO	PACIFICARE POS	OUT
	HMO	HMO	PPO - IN
	NONE	NONE	\$300/\$900
	\$15 COPAY	\$15 COPAY	80/20 AFTER DED 60/40 AFTER DED
	\$35 COPAY	\$35 COPAY	\$35 COPAY
	\$10/\$20	\$10/\$20	NOT COVERED
	NO CHARGE	NO CHARGE	80/20 AFTER DED 60/40 AFTER DED

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: ORANGE
 RANK: 3
 POPULATION: 3,121,251

MEDICAL PLAN	2008-09		2009-10		2008-09		2009-10		% ↓↑
	PREMIUM	%	PREMIUM	%	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	%		
Premiere Wellwise PPO*	460.26	13.0%	520.09	13.0%	443.50	497.21	12.1%		
Premiere Sharewell PPO*	184.11	13.0%	208.04	13.0%	253.13	277.06	9.5%		
CIGNA HMO	369.85	9.5%	404.99	9.5%	351.36	384.75	9.5%		
Kaiser HMO	322.71	7.9%	348.13	7.9%	306.58	330.73	7.9%		
AVERAGE	334.23	10.8%	370.31	10.8%	338.64	372.44	10.0%		

*EFFECTIVE 1/1/08 EMPLOYEES AND RETIREES WILL BE RATED SEPARATELY WHEN CALCULATING THESE SELF-INSURED PLAN RATES. PRIOR TO 1/1/08 A SINGLE BLENDED RATE WAS USED

	WELLWISE PPO		SHAREWELL PPO		CIGNA HMO		KAISER HMO	
	IN	OUT	IN	OUT				
DEDUCTIBLE	\$300/\$600	\$500/\$1000	\$5000 PER FAMILY	\$5000 PER FAMILY	NONE	NONE	NONE	NONE
PHYSICIANS SERVICES	90/10	70/30	90/10	80/20	\$15 COPAY	\$15 COPAY	\$15 COPAY	\$15 COPAY
EMERGENCY ROOM	90/10	70/30	90/10	80/20	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$50 COPAY
RX	20%/25%/30%	20%/25%/30%	20%	20%	\$10/\$20/\$40	\$10/\$20	\$10/\$20	\$10/\$20
HOSPITAL	90/10	70/30	90/10	80/20	\$100 PER ADMIT	\$100 PER ADMIT	\$100 PER ADMIT	\$100 PER ADMIT

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: Riverside
 RANK: 4
 POPULATION: 2,088,322

MEDICAL PLAN	2008-09		2009-10		2008-09		2009-10		%	Δ
	PREMIUM	%	PREMIUM	%	COUNTY CONTRIBUTION	%	COUNTY CONTRIBUTION			
Blue Shield HMO	414.60	11.4%	461.70	11.4%	414.60	11.4%	461.70	11.4%		
Blue Shield PPO	743.58	19.4%	887.80	19.4%	706.00	6.4%	751.28	6.4%		
Kaiser HMO	428.00	6.1%	454.00	6.1%	428.00	6.1%	454.00	6.1%		
Exclusive Care EPO	313.38	7.9%	338.14	7.9%	313.38	7.9%	338.14	7.9%		
Blue Shield HMO - PERS	447.97	5.2%	471.18	5.2%	447.97	5.2%	471.18	5.2%		
Kaiser HMO - PERS	393.63	8.0%	425.11	8.0%	393.63	8.0%	425.11	8.0%		
PERS Care	712.71	0.0%	712.71	0.0%	706.00	1.0%	712.71	1.0%		
PERS Choice	458.59	0.0%	458.59	0.0%	458.59	0.0%	458.59	0.0%		
PORAC - PERS	452.00	7.1%	484.00	7.1%	452.00	7.1%	484.00	7.1%		
Blue Shield HPN	401.98	3.6%	416.49	3.6%	401.98	3.6%	416.49	3.6%		
PERS Select	444.05	-3.0%	430.72	-3.0%	444.05	-3.0%	430.72	-3.0%		
AVERAGE	473.68	6.3%	503.68	6.3%	469.65	4.6%	491.27	4.6%		

DEDUCTIBLE PHYSICIANS SERVICES EMERGENCY ROOM RX HOSPITAL	BLUE SHIELD		KAISER HMO		EXCLUSIVE CARE EPO
	HMO	PPO - IN	PPO - OUT		
NONE	NONE	NONE	NONE	NONE	NONE
\$15 COPAY	\$500/\$1000	\$500/\$1000	\$500/\$1000	\$15 COPAY	\$5 COPAY
\$50 COPAY	\$20 COPAY	\$20 COPAY	60/40 AFTER DED	\$50 COPAY	\$50 COPAY
\$10/\$25/\$50	\$50 COPAY	\$50 COPAY	\$50 COPAY	\$10/\$25	\$5/\$15/\$25
NO CHARGE	\$5/\$15/\$30	\$5/\$15/\$30 + 25% of allowable	60/40 AFTER DED	NO CHARGE	NO CHARGE

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: SAN BERNARDINO
 RANK: 5
 POPULATION: 2,055,766

MEDICAL PLAN	2008-09 PREMIUM	2009-10 PREMIUM	% ↓↑	2008-09 COUNTY CONTRIBUTION	2009-10 COUNTY CONTRIBUTION	% ↓↑
Kaiser HMO	372.21	385.80	3.7%	372.21	385.80	3.7%
Health Net Elect Open Access HMO	322.14	334.60	3.9%	322.14	334.60	3.9%
Health Net PPO	654.37	722.87	10.5%	411.67	411.67	0.0%
AVERAGE	449.57	481.09	7.0%	368.67	377.35	2.4%

	KAISER HMO	HEALTH NET OPEN ACCESS TIER 1 - HMO TIER 2 - PPO	HEALTH NET PPO IN OUT
DEDUCTIBLE	NONE	NONE	\$250/\$750
PHYSICIANS SERVICES	\$10 COPAY	\$30 COPAY	80/20
EMERGENCY ROOM	\$50 COPAY	NOT COVERED	\$50 COPAY
INFERTILITY	50%	NOT COVERED	NOT COVERED
RX	\$10/\$15	\$5/\$10/\$25	\$15/\$30/\$30 + 50%
HOSPITAL	NO CHARGE	NO CHARGE	80/20
			70/30

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: SANTA CLARA
 RANK: 6
 POPULATION: 1,837,075

MEDICAL PLAN	2008-09 PREMIUM	2009-10 PREMIUM	% ↓↑	2008-09 COUNTY CONTRIBUTION	2009-10 COUNTY CONTRIBUTION	% ↓↑
Kaiser HMO	449.84	490.27	9.0%	449.84	490.27	9.0%
Valley Health HMO	449.84	490.27	9.0%	449.84	490.27	9.0%
Health Net POS	646.88	709.02	9.6%	646.88	709.02	9.6%
AVERAGE	515.52	563.19	9.2%	515.52	563.19	9.2%

	KAISER HMO	VALLEY HEALTH HMO	HEALTH NET POS HMO	PPO	OUT
DEDUCTIBLE	NONE	NONE	NONE	NONE	\$200/PMPY
PHYSICIANS SERVICES	\$5 COPAY	NO CHARGE	\$5 COPAY	\$10 COPAY	70/30
EMERGENCY ROOM	\$5 COPAY	NO CHARGE	\$35 COPAY	90/10	70/30
CHIRO	NOT COVERED	\$10 COPAY	\$5 COPAY	NOT COVERED	
RX	\$5	NO CHARGE	\$5/\$10/\$20	\$5/\$10/\$20	\$5/\$10/\$20
HOSPITAL	NO CHARGE	NO CHARGE	NO CHARGE	90/10	70/30

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: Alameda
 RANK: 7
 POPULATION: 1,543,000

MEDICAL PLAN	2008-09		2009-10		2008-09		2009-10		%
	PREMIUM	%	PREMIUM	%	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	%		
Pacificare HMO (\$5)	503.80	18.0%	594.48	18.0%	462.46	522.48	18.0%		
Kaiser HMO (\$5)	462.46	13.0%	522.48	13.0%	462.46	522.48	13.0%		
Blue Cross HMO (\$5)	565.38	18.3%	668.98	18.3%	462.46	522.48	18.3%		
Pacificare PPO (\$5)	831.50	73.8%	1,445.16	73.8%	462.46	522.48	73.8%		
Pacificare HMO (\$10)	474.20	18.0%	559.56	18.0%	436.12	492.72	18.0%		
Kaiser HMO (\$10)	436.12	13.0%	492.72	13.0%	436.12	492.72	13.0%		
Blue Cross HMO (\$10)	532.24	18.3%	629.76	18.3%	436.12	492.72	18.3%		
Pacificare PPO (\$10)	831.50	73.8%	1,445.16	73.8%	436.12	492.72	73.8%		
Pacificare HMO (\$15)	459.30	18.0%	541.96	18.0%	423.16	478.08	18.0%		
Kaiser HMO (\$15)	423.16	13.0%	478.08	13.0%	423.16	478.08	13.0%		
Blue Cross HMO (\$15)	515.36	18.3%	609.78	18.3%	423.16	478.08	18.3%		
Pacificare PPO (\$15)	831.50	73.8%	1,445.16	73.8%	423.16	478.08	73.8%		
AVERAGE	572.21	37.4%	786.11	37.4%	440.58	497.76	13.0%		

DEDUCTIBLE	PACIFICARE		HMO -\$10		HMO -\$15		KAISER		HMO -\$10		HMO -\$15		BLUE CROSS	
	HMO -\$5	HMO -\$10	HMO -\$10	HMO -\$15	HMO -\$10	HMO -\$15	HMO -\$5	HMO -\$10	HMO -\$10	HMO -\$15	HMO -\$5	HMO -\$10	HMO -\$15	
PHYSICIANS SERVICES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
EMERGENCY ROOM	\$5 COPAY	\$10 COPAY	\$10 COPAY	\$15 COPAY	\$10 COPAY	\$15 COPAY	\$5 COPAY	\$10 COPAY	\$10 COPAY	\$15 COPAY	\$5 COPAY	\$10 COPAY	\$15 COPAY	
RX	\$35 COPAY	\$35 COPAY	\$35 COPAY	\$50 COPAY	\$25 COPAY	\$50 COPAY	\$5 COPAY	\$25 COPAY	\$35 COPAY	\$50 COPAY	\$35 COPAY	\$10/\$20/\$35	\$50 COPAY	
HOSPITAL	\$5/\$10/\$35	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$25/\$35	\$10/\$10	\$15/\$15	\$5/\$5	NO CHARGE	NO CHARGE	NO CHARGE	\$5/\$10/\$35	NO CHARGE	\$10/\$25/\$35	
	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: SACRAMENTO
 RANK: 8
 POPULATION: 1,424,415

MEDICAL PLAN	2008-09		2009-10		2008-09		2009-10		% ↓↑
	PREMIUM	% ↓↑	PREMIUM	% ↓↑	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	COUNTY CONTRIBUTION	
Blue Shield HMO 15	574.44	19.6%	686.96	19.6%	574.44	686.96	574.44	686.96	19.6%
Health Net HMO 15	491.82	8.4%	533.08	8.4%	491.82	533.08	491.82	533.08	8.4%
Kaiser HMO 15	438.10	4.9%	459.44	4.9%	438.10	459.44	438.10	459.44	4.9%
Blue Shield HDHP PPO	554.28	-2.2%	542.36	-2.2%	554.28	542.36	554.28	542.36	-2.2%
Kaiser HDHP HMO	345.18	4.9%	362.08	4.9%	345.18	362.08	345.18	362.08	4.9%
AVERAGE	480.76	7.5%	516.78	7.5%	480.76	516.78	480.76	516.78	7.5%

	BLUE SHIELD HMO	HDHP - PPO IN	OUT	HEALTH NET HMO	KAISER HMO	HDHP - HMO
DEDUCTIBLE	NONE	\$1500/\$3000	\$1500/\$3000	NONE	NONE	\$1500/\$3000
PHYSICIANS SERVICES	\$15 COPAY	80/20	60/40	\$15 COPAY	\$15 COPAY	NO CHARGE AFTER DED
EMERGENCY ROOM	\$50 COPAY	80/20	80/20	\$35 COPAY	\$35 COPAY	NO CHARGE AFTER DED
RX	\$10/\$20/\$35	\$10/\$25/\$40	\$10/\$25/\$40 + 25%	\$10/\$20/\$35	\$10/\$20	NO CHARGE AFTER DED
HOSPITAL	NO CHARGE	80/20	60/40	NO CHARGE	NO CHARGE	NO CHARGE AFTER DED
CHIROPRACTIC	NOT COVERED	80/20	60/40	\$5 COPAY	\$10 COPAY	NOT COVERED

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: CONTRA COSTA
 RANK: 9
 POPULATION: 1,051,674

MEDICAL PLAN	2008-09 PREMIUM	2009-10 PREMIUM	% Δ	2008-09 COUNTY CONTRIBUTION	2009-10 COUNTY CONTRIBUTION	% Δ
CCHP Plan A	516.42	526.23	1.9%	506.09	515.71	1.9%
CCHP Plan B	569.72	580.54	1.9%	512.75	522.49	1.9%
Health Net HMO	598.09	668.66	11.8%	478.47	534.93	11.8%
Health Net EPO	598.09	668.66	11.8%	478.47	534.93	11.8%
Health Net PPO	832.24	883.09	6.1%	487.20	512.63	5.2%
Kaiser HMO	499.70	527.28	5.5%	399.76	421.82	5.5%
Blue Shield HMO - PERS	532.93	560.57	5.2%	409.48	442.22	8.0%
CCHP Plan A Alternate - PERS	609.92	621.51	1.9%	409.48	442.22	8.0%
Kaiser HMO - PERS	470.67	508.30	8.0%	409.48	442.22	8.0%
PERS Care	749.83	749.83	0.0%	409.48	442.22	8.0%
PERS Choice	482.48	482.48	0.0%	409.48	442.22	8.0%
PORAC - PERS	452.00	484.00	7.1%	409.48	442.22	8.0%
PERS Select	467.18	453.16	-3.0%	409.48	442.22	8.0%
Blue Shield HMO NetValue - PERS	478.22	495.50	3.6%	409.48	442.22	8.0%
AVERAGE	561.25	586.42	4.5%	438.47	470.02	7.2%

	CCHP PLAN A	PLAN B	HEALTH NET HMO	EPO	PPO IN	OUT	KAISER HMO
DEDUCTIBLE	NONE	NONE	NONE	NONE	\$250/\$750	\$250/\$750	NONE
PHYSICIANS SERVICES	NO CHARGE	\$5 COPAY	\$10 COPAY	\$10 COPAY	90/10	70/30	\$10 COPAY
EMERGENCY ROOM	NO CHARGE	\$20 COPAY	\$25 COPAY	\$25 COPAY	\$50 COPAY	\$50 COPAY	\$10 COPAY
CHIRO	NO CHARGE	\$5 COPAY	\$10 COPAY	\$10 COPAY	N/A	N/A	\$15 COPAY
RX	NO CHARGE	\$3 PER RX	\$10/\$20/\$35	\$10/\$20/\$35	\$5/\$5	\$5/\$5	\$10/\$20
HOSPITAL	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE	90/10	70/30	NO CHARGE

CITY AND COUNTY OF SAN FRANCISCO
10-County Survey of Employer Contributions for
2009 - 2010

COUNTY: FRESNO
 RANK: 10
 POPULATION: 931,098

MEDICAL PLAN	2008-09		2009-10		%	2008-09 COUNTY CONTRIBUTION	2009-10 COUNTY CONTRIBUTION	%
	PREMIUM	PREMIUM	PREMIUM	PREMIUM				
Blue Shield HMO	375.14	450.30	450.30	450.30	20.0%	375.14	450.30	20.0%
Kaiser \$15 HMO	552.89	601.23	601.23	450.80	8.7%	450.80	450.80	0.0%
Blue Shield PPO	574.08	635.53	635.53	450.80	10.7%	450.80	450.80	0.0%
Blue Shield HDPPPO ¹	-	349.83	349.83	349.83	-	-	349.83	-
AVERAGE	500.70	509.22	509.22	425.58	1.7%	425.58	425.43	0.0%

¹NEW PLAN OPTION

DEDUCTIBLE PHYSICIANS SERVICES EMERGENCY ROOM RX	KAISER HMO	BLUE SHIELD HMO	BLUE SHIELD PPO - IN	BLUE SHIELD PPO - OUT	BLUE SHIELD HDPPPO - IN	BLUE SHIELD HDPPPO - OUT
	NONE	NONE	\$250/\$500	\$250/\$500	\$3,000/\$6,000	\$3,000/\$6,000
	\$15 COPAY	\$15 COPAY	\$20 COPAY	50% AFTER DED	NO CHARGE AFTER DED	50% AFTER DED
	\$100 PER ADMIT	\$100 PER ADMIT	\$100 PER ADMIT	\$100 PER ADMIT	NO CHARGE AFTER DED	50% AFTER DED
	\$10/\$20	\$10/\$20/\$35	\$10/\$20/\$35	NOT COVERED	NO CHARGE AFTER DED	NO CHARGE AFTER DED
				MAX OF \$600/DAY		
				ENROLLEE PAYS		
				50% + 100% OF		
				CHARGES OVER		
				\$600/DAY		
				50% AFTER DED		50% AFTER DED
HOSPITAL	NO CHARGE	NO CHARGE	NO CHARGE	50% AFTER DED	NO CHARGE AFTER DED	50% AFTER DED
CHIROPRACTIC	\$10 COPAY	\$10 COPAY	NO CHARGE	50% AFTER DED	NO CHARGE AFTER DED	50% AFTER DED

2009 CalPERS BENEFIT SUMMARY

	KAISER HMO	BLUE SHIELD ACCESS + HMO	BLUE SHIELD EPO	BLUE SHIELD NETVALUE HMO
ANNUAL DEDUCTIBLE	N/A	N/A	N/A	N/A
HOSPITAL (INPATIENT)	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE
EMERGENCY ROOM	\$50 COPAY WAIVED IF ADMITTED	\$50 COPAY WAIVED IF ADMITTED	\$50 COPAY WAIVED IF ADMITTED	\$50 COPAY WAIVED IF ADMITTED
AMBULANCE SERVICES	NO CHARGE	NO CHARGE	NO CHARGE	NO CHARGE
OFFICE VISITS	\$15 COPAY	\$15 COPAY	\$15 COPAY	\$15 COPAY
URGENT CARE	\$15 COPAY	\$15 COPAY	\$15 COPAY	\$15 COPAY
RX - RETAIL	\$5/\$15	\$5/\$15/\$45	\$5/\$15/\$45	\$5/\$15/\$45
RX- MAIL ORDER	\$5/\$15	\$10/\$25/\$75	\$10/\$25/\$75	\$10/\$25/\$75
CHIROPRACTIC	\$10 COPAY LIMIT 20 VISITS/YR	NOT COVERED	NOT COVERED	NOT COVERED
INFERTILITY TREATMENT	50%	50%	50%	50%
ACUPUNCTURE	\$15 WHEN MEDICALLY NECESSARY	NOT COVERED	NOT COVERED	NOT COVERED

2009 CalPERS BENEFIT SUMMARY

	PERS SELECT		PERS CHOICE		PERS CARE	
	IN	OUT	IN	OUT	IN	OUT
ANNUAL DEDUCTIBLE	\$500/\$1000		\$500/\$1000		\$500/\$1000	
HOSPITAL (INPATIENT)	80/20	60/40	80/20	60/40	90/10	60/40
EMERGENCY ROOM	80/20 \$50 ER DEDUCTIBLE		80/20 \$50 ER DEDUCTIBLE		90/10 \$50 ER DEDUCTIBLE	
AMBULANCE SERVICES	80/20		80/20		80/20	
OFFICE VISITS	\$20 COPAY	60/40	\$20 COPAY	60/40	\$20 COPAY	60/40
URGENT CARE	\$20 COPAY	60/40	\$20 COPAY	60/40	\$20 COPAY	60/40
RX - RETAIL	\$5/\$15/\$45		\$5/\$15/\$45		\$5/\$15/\$45	
RX- MAIL ORDER	\$10/\$25/\$75		\$10/\$25/\$75		\$10/\$25/\$75	
CHIROPRACTIC	80/20 LIMIT 15 VISITS/YR*	60/40	80/20 LIMIT 15 VISITS/YR*	60/40	90/10 LIMIT 20 VISITS/YR*	60/40
INFERTILITY TREATMENT	NOT COVERED		NOT COVERED		NOT COVERED	
ACUPUNTURE	80/20 LIMIT 15 VISITS/YR*	60/40	80/20 LIMIT 15 VISITS/YR*	60/40	90/10 LIMIT 20 VISITS/YR*	60/40

*COMBINED BENEFIT FOR ACUPUNCTURE AND CHIROPRACTIC

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 Services Board at a properly noticed meeting on January 8, 2009.

Laini K. Scott