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CONTROLLER

August 16, 2017

Honorable Eric Garcetti, Mayor
Honorable Michael Feuer, City Attorney
Honorable Members of the Los Angeles City Council
All Angelenos

Re: Audit of Employee Healthcare Benefits

For employees, health benefits are personal: medications, co-pays, deductibles, and hospital visits – all affect not just an employee’s bottom line, but their wellness and the wellness of their families. No one wants a change in benefits to hurt. For employers, health benefits crucially impact the bottom line and the ability to attract and retain talented workers. And as a public employer, the City of Los Angeles has an interest and a duty to foster a healthy and productive workforce.

Over the past 10 years, the average cost of coverage for an individual rose by 55% nationally, and the cost for a family rose by 61%, according to a study conducted by the Kaiser Family Foundation and the Health Research and National Trust. The City’s spending on health and related benefits for its employees climbed at a slightly less steep pace -- but still rose 47% over the same period. For 2016-17, the City budgeted \$716 million to provide health and related benefits to its employees; however, this amount does not include spending on employee medical care through the separate workers’ compensation program, reported as \$103.7 million in 2015-16.

While a good part of the cost increases are due to factors out of the sole control of the City, there are opportunities the City can and should seize upon that can both reduce costs and improve care. Among our recommendations are consolidation of some administration and plans, integrating regular group care and workers’ compensation care, negotiating rates, tailoring plans, comprehensive wellness programs, accountability and creating a post of Chief Medical Officer (CMO).

THE CITY’S FRAGMENTED AND UNEQUAL APPROACH

The City’s approach to delivering health benefits is very fragmented¹. Currently, the City offers health plans through six different administrators: the City’s Personnel Department, the Department of Water and Power

¹ Our study examined health plan data as of June 30, 2015. Some changes affecting employee health plan benefits have been made since that time. These changes include the civilian employee benefits program being renamed “LAWell” from “MyFlexLA,” Anthem Blue Cross replacing Blue Shield as a health plan provider, and the availability of a new regional HMO plan known as Anthem Vivity. Notwithstanding, the observations and recommendations in the Controller’s study remain current and relevant.

(DWP), the Los Angeles Police Relief Association (LAPRA), the Los Angeles Firemen's Relief Association (LAFRA), the United Firefighters of Los Angeles City (UFLAC), and the International Brotherhood of Electrical Workers (IBEW) Local 18. Collectively these six administrators offer 19 plans. While employees can only choose a plan from their administrator, many similar plans exist (albeit with slight differences for co-pays, prescriptions, etc.). For example, Personnel, LAPRA, LAFRA and DWP all offer variations of a Kaiser HMO.

No other benchmarked city or county had as many administrators as does the City. Eleven jurisdictions administered all health benefits through a single department. No other jurisdiction offered as many plans. In fact, four governments offered just four plans each. Of the jurisdictions that had more options, many of the plans were similar, but with varying levels of employee contribution. In addition to a high number of plans and administrators, the City also negotiates with employee bargaining units on how much it will pay toward these benefits. These agreements are laid out in 55 Memorandums of Understanding (MOUs) and many of the negotiations occur on different time-tables. The CAO's Employee Relations Division negotiates most of these MOUs, while DWP does so for its employees.

This fragmentation results in inequality among employees. Depending on the health care plan, the administrator, and the bargaining unit, the City's premium contributions vary widely. For example, the City has paid as little as \$5,400 a year for a civilian employee enrolled in a local HMO, and as much as \$42,684 for a DWP employee stationed in the Owens Valley with family coverage through a PPO. On average, civilian employees had the least expensive plans, followed by police and firefighters, and finally DWP civilian employees. These cost differences can result from geography, or the different health needs of different groups; for example, it costs more to insure DWP employees in the remote Owens Valley because the healthcare market is different there than in L.A. However, not all of the differences are so easily explained away, or outside of the City's power to control.

For three plans – those offered through IBEW 18, LAPRA, and UFLAC – insurers charged dramatically more than health care norms. Generally, health insurance companies set rates based on predictable patterns, such as employee demographics, historical use, and expected corporate earnings. National surveys show that the industry generally charges double the premium for a couple as an individual, and 2.7 times as much for a family. However, the main IBEW plan offered enhanced benefits at no additional cost to employees. To do so, it charged the City a higher rate for individuals and a much lower rate for families. As a result, the City paid \$7.5 million more than it would have if those employees opted for DWP's Kaiser plan, which did not have those discrepancies.

Employees as well as the City contribute variable amounts toward health care, with 5,137 employees -- 23% of the workforce -- paying 5-10% of premium costs. While some City employees chose to contribute more for a better plan, most (77%) did not pay out-of-pocket premiums. The City's practice of paying 100% for these employees is not typical. According to Mercer's 2014 National Survey of Employer-Sponsored Health Plans, 91% of large government employers required employees to contribute to their HMO premiums, and 84% required a contribution to PPO premiums. Among private-sector employers, the rates were even higher. While cost sharing reduces what an employer has to pay, it can also lower coverage costs overall. As mentioned, insurers consider historical use when setting rates. Improving such a system will be challenging. Some employee groups clearly benefit from the current system. However, the consequences of this system are that some City employees "win" while others don't.

PAST SOLUTIONS & THEIR LIMITATIONS

In the past, the City has controlled health care costs by capping its contributions to premiums, by negotiating with unions, and through wellness programs. These methods have kept prices in check, and when compared



to other jurisdictions many of the City's plans are at or below the regional average. However, the City's current strategies have come with trade-offs:

The City caps the maximum premium it will pay per employee, but many of these maximums are pegged to what the Kaiser HMO charges for annual family coverage. This practice has two major consequences. First, since the Kaiser rate varies among employee groups (based on the administrator, the population covered and the plan details), different maximums exist for different employees; the subsidy for a City of L.A. civilian with family coverage was \$1,414.30 per month, but for a DWP employee it was \$1,668.40. Second, limiting the maximum to what Kaiser charges creates a non-competitive market. When another plan is cheaper than Kaiser, employees have few incentives to choose it, even if that plan better reflects their actual health care needs. Instead of pegging the maximum cost to one plan, most other cities set an annual dollar amount. Indeed, the City has already done this in MOUs with sworn Police and Fire.

The City negotiated with collective bargaining units to save costs by narrowing provider networks for some civilian City employees. This reduced costs by \$7 million. However, it also restricted the network of doctors and hospitals those employees could access. While narrower networks should lower costs for other employee groups if they agree, such cuts have long-term limits. The City can't narrow the networks indefinitely, because eventually it will run out of doctors and hospitals to cut.

Some collective bargaining units agreed to forgo a cost-of-living wage increase in exchange for the City agreeing to pay 100% of healthcare premiums. For some employees this was likely a win, especially for those with high healthcare costs. But for other employees (especially younger and healthier ones) this trade-off may not have been so beneficial. Instead of getting more money in their pockets, these employees received health benefits which they are unlikely to use often. Such benefits (in lieu of potentially higher pay) may not necessarily be ideal or optimally appealing to new/younger workers.

The City is implementing wellness programs to lower costs, but there are limits. When done well, these programs help employees stay healthier, which can reduce premium costs. On average, City workers covered by Kaiser plans are not as healthy as the overall pool of Kaiser patients, which demonstrates that there is an opportunity here to save. However, per experts, wellness programs need to be well-designed to meaningfully lower premiums. The programs must have a high participation rate, and in the City it will be important to reach high-risk patients since Kaiser attributed 57% of its costs to the 23% of City employees who had chronic medical issues. Further, since most City employees already select HMOs – which emphasize preventative care – it's unclear how much wellness programs will further reduce premiums, although this report recommends that the opportunities are still significant enough to pursue.

Ultimately, these methods of cost control will likely continue. As noted, each strategy has limitations.

OPPORTUNITIES AND RECOMMENDATIONS

Rising healthcare costs will continue to put pressure on the City. Accordingly, the City should consider new ideas and opportunities -- in collaboration with our employees and their representatives:

- **Consolidation:** The City could pursue consolidation on several fronts, namely: administration, the actual plans, and leadership. In terms of administration, consolidating staff and resources can reduce inefficiencies. The amount of savings from this would largely depend on which administrators are willing to consolidate, how much staff or resources would be needed for the transition and consolidated administrations, as well as any cost-sharing arrangements that must be honored from negotiated labor agreements. Predicting the financial impact of consolidation(s) with certainty is a challenge, however. According to experts familiar with the health insurance industry and the City of Los Angeles, pooling employees may not save more given the City's size



as an employer, the number of employees already enrolled in various plans, and the divergent premiums for each of those plans. In fact, some employees who now have lower premiums could end up paying more if grouped with more expensive employees.

- Integrating Regular Group Care and Workers' Comp Care: Many millions of dollars could be saved by merging workers' comp with employees' regular health care. While most of the City's medical expenses pay for regular health insurance, the City also spent \$103.7 million on health care resulting from workers' compensation claims in FY 2015-2016. According to Frank Neuhauser, a senior researcher at UC Berkeley, the cost of managing these claims is four times higher than management costs for group health care. While merging the systems is uncommon, it is legally allowed. My office found one such merger, in New York. There, the Joint Industry Board of the Electrical Industry, which serves members of IBEW Local 3 and numerous private employers, combined workers' compensation and group health insurance networks through MagnaCare, a company that organizes and leases networks of medical providers who agree to negotiated rates. MagnaCare reported that the integration cut the joint board's workers' compensation medical costs by 40%. The general counsel for the joint board confirmed savings in the range of 25% to 35%. Additionally, there are some potentially significant advantages for workers. Injured employees filing for workers' compensation would experience less bureaucracy and shorter approval times, and they could see their regular doctors for care. In addition to trust between the City and its collective bargaining units, this approach would require that group health insurers accurately calculate the risks of caring for injured workers without charging co-pays or applying deductibles, which are not permitted under workers' compensation. Nevertheless, MagnaCare shows that these changes can be done.
- Negotiating Rates and Plans: The City can take two further approaches to negotiate rates and plans that better fit the actual needs and costs of covering individuals, couples and families. First, the City should consider amending how it calculates the maximum subsidy for employees and their dependents. Instead of basing the maximum subsidy on the Kaiser HMO family rate, the City could set a maximum dollar amount. This could help the City control costs, while encouraging employees to choose the cost-effective plan that fits their needs, instead of the most expensive plan that's fully paid for by the City.
- Tailoring Plans: The City may want to consider some tailoring of plans. If given the choice, some younger employees might opt for an increase in pay, for example, in exchange for more pared-down medical coverage, higher deductibles or higher co-pays. The City would need to determine if the demand for such a plan exists -- and it would have to be done in a way so as not to adversely impact costs for the older employees who would typically make greater use of medical care.
- Wellness Programs: Although the City has begun to implement wellness programs, it can improve those efforts. First, there may be cost savings achieved by extending wellness programs to all City employees and their dependents -- especially insofar as a component of our overall costs relates to the costs associated with dependents. Second, the City should negotiate with all of its health care providers to make sure they provide data to inform the wellness programs in place. Third, the City should evaluate establishing on-site medical clinics for City workers, which would make it easier for employees to access care. These actions should be taken with an eye toward improving enrollee health and reducing premium costs. In some jurisdictions, such as Orange County and Houston, participating employees earn discounts and credits toward their healthcare premiums.
- Accountability: While the City has an interest in making sure employee dependents are healthy and covered, those benefits cannot extend to anyone and everyone, since doing so drives up costs for everyone overall. In 2014, my office issued the "Review of Civilian Flexible Benefits Payments," which recommended that the City's personnel department verify dependents and cancel coverage when



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they are no longer eligible. The other health benefits administrators (LAPRA, LAFRA, UFLAC, DWP, and IBEW Local 18) should implement similar oversight.

- Creating a Post of Chief Medical Officer (CMO): Finally, the City could explore creating a Chief Medical Officer responsible for employee healthcare. With so many administrators, bargaining units, and groups of employees, there is no single person or entity who currently has leadership and ownership of the issue. A Chief Medical Officer could head strategic rethinking, engage stakeholders, guide the City's approach and work to improve the health of our workforce.

CONCLUSIONS

The City of Los Angeles has a responsibility to sustain both the health of its workforce and of its budget. While increased costs are inevitable, the City can and must explore strategies to both contain the growth of costs and to achieve the best healthcare for our employees. And, in collaboration with labor, the City can and should be able to best leverage our buying power for the benefit of our taxpayers and workforce.

Respectfully submitted,



Ron Galperin
CITY CONTROLLER



RESEARCH STUDY

EMPLOYEE HEALTH BENEFITS

A COMPARATIVE ANALYSIS



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Los Angeles City Controller

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PURPOSE OF THE RESEARCH STUDY

The information in this study was compiled to give a deeper understanding of the health benefits that are offered to City employees and to provide information that could be used to identify potential opportunities for improvement and cost savings in this area. The research and analyses contained in this study was conducted by Audit Division Staff. The information in this study is offered to City management and officials for their due consideration and evaluation as they seek to find ways to further enhance the quality of health care benefits offered to City employees in the future.



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EXECUTIVE SUMMARY

Our Los Angeles City employees are the greatest assets we have and our City Government can only be as healthy as its employees. Accordingly, this study was done to provide more in-depth information about the City's health care expenditures, and to identify potential opportunities for cost savings and improved services in this area.

For FY 2016-17, the City budgeted \$716¹ million for employee benefits (health, dental, optical, disability, and life insurance) for more than 47,000 authorized positions. Although our research addressed health care premiums and related City expenditures for FY 2014-15, the City's current budget demonstrates the significant investment in employee health care benefits; the observations noted by this research study remain relevant.

Different groups of City employees were enrolled in a cumulative total of 19 different health plans administered by six different entities—more than in any other large city or county government we could identify. **For FY 2015-16, the City also reported to the state that it spent \$103.7 million on employee medical care through the separate workers' compensation system, which covers on-the-job injuries.** It is worth noting that there is no one person, or entity, in charge of the City's spending on employee health care.

Description of Work Performed

This study examined how the City's employee health benefit plans differed across Departments and among employee groups. The study also examined how the City's employee health benefit plans and their administration compared to the top 10 U.S. cities by population, the top 10 California cities by population, and the top 5 California counties by population, with additional cities as needed to prevent duplication. In doing this study, Controller staff obtained plan and premium rate information for health plans administered by the City's Personnel Department, the Department of Water and Power, Los Angeles Police Relief Association, Inc. (LAPRA), Los Angeles Firemen's Relief Association (LAFRA), United Firefighters of Los Angeles City (UFLAC), and International Brotherhood of Electrical Workers (IBEW) Local 18 and also reviewed overall healthcare industry information from the Kaiser Family Foundation and Health Research and Educational Trust, America's Health Insurance Plans (AHIP, the national trade association representing the health insurance industry), and the National Association of Health Underwriters.

We sought to determine whether opportunities exist to lower citywide health benefit costs through coordination with other City health benefit administrators, or consolidation of health plan options and administration.

¹ This amount includes \$247 million for non-DWP civilian employees; \$190 million for sworn employees; and \$279 million for DWP active and retired employees.

Relevant Observations

✓ Costs Vary Widely

The City's average annual cost per employee in Fiscal Year 2014-15 was \$13,077. But City costs varied significantly from one individual to the next—according to the plan selected—and by employee group.

Annual City subsidies ranged from a low of \$5,400 for a regular civilian employee enrolled as an individual in a local Health Maintenance Organization (HMO) to a high of \$42,684 for a DWP employee stationed in the relatively remote Owens Valley, with family coverage through a Preferred Provider Organization (PPO).

The following chart summarizes the health plans available to employees by group as of FY 2014-15 and the average FY 2014-15 cost to the City per employee. Regular City civilian employees were the least costly, followed by police and firefighters. Department of Water and Power (DWP) civilian employees cost the most.

Group	Health Plan	Average Cost to the City Per Employee
Regular City Employees	Blue Shield Full HMO	\$8,864
	Blue Shield Narrow HMO	\$10,799
	Blue Shield PPO	\$11,640
	Kaiser HMO	\$12,042
Police	Los Angeles Police Relief Association (LAPRA) Kaiser HMO	\$11,944
	Los Angeles Police Relief Association (LAPRA) Anthem HMO	\$12,212
	Los Angeles Police Relief Association (LAPRA) Anthem PPO	\$12,484
Firefighters	United Firefighters of Los Angeles City (UFLAC) Anthem PPO	\$12,497
	Los Angeles Firemen's Relief Association (LAFRA) self-funded PPO	\$12,930
	Los Angeles Firemen's Relief Association (LAFRA) Kaiser HMO	\$13,551
	United Firefighters of Los Angeles City (UFLAC) Anthem HMO	\$13,863
DWP Employees	International Brotherhood of Electrical Workers Local 18 (IBEW Local 18) Anthem PPO	\$15,045
	Department of Water and Power (DWP) Kaiser HMO	\$15,722
	Department of Water and Power (DWP) United Health HMO	\$16,246
	Department of Water and Power (DWP) United Health PPO	\$16,958
	International Brotherhood of Electrical Workers Local 18 (IBEW Local 18) Anthem HMO	\$18,464
DWP Employees Stationed in Owens Valley or Nevada	Department of Water and Power (DWP) Health Plan of Nevada HMO	\$27,275
	Department of Water and Power (DWP) United Health PPO Owens Valley	\$30,193
	Department of Water and Power (DWP) Anthem PPO Owens Valley	\$36,036

On average, in Fiscal Year 2014-15, the City paid \$11,591 in annual premiums for each regular civilian employee; \$12,465 for each sworn employee and \$17,609 for each Department of Water and Power employee. These group variances were due to several factors. For example, regular civilian employees were more likely to choose less expensive individual coverage while DWP workers were more likely to choose more expensive family coverage at City expense. In addition, the variances also reflected the outcomes of two sets of negotiations. One involves health plan administrators and insurance companies and centers on how much plans with different features should cost. The other involves negotiations between the City and representatives of the 55 employee groups with which it has collective bargaining agreements. These talks focus on who should pay.

✓ **Costs are Rising**

The City's spending on health and related benefits for regular civilian employees has increased by 47% in the last ten years. However, it should be noted that a 2015 study conducted by the Kaiser Family Foundation and the Health Research and National Trust found this rate of increase was below average. It found that the cost to provide an employee with single coverage had increased by 55% and the cost to provide an employee with family coverage had increased by 61% over ten years.

The City's lower than average health care inflation for regular civilian employees is due in part to work by the City's Joint Labor Management Benefits Committee, a public entity whose members include City officials and representatives of the Coalition of LA City Unions and the Engineers & Architects Association. The Committee's cost-saving actions include selecting plans that use narrower networks of doctors and hospitals, and conducting an audit to identify ineligible dependents. The City Personnel Department said the audit saved \$5 million in annual City costs.

✓ **The City Pays Full Premiums for most Employees**

Relatively few City employees pay any premium costs. Of the 44,626 active full-time employees in FY 2014-15, **only 23% (10,482) contributed toward their premiums**; of those, 5,137 were required to contribute to the premiums, while the other 5,345 employees opted to pay portions of their premiums so they could receive higher levels of coverage than the City would otherwise provide. **The remaining 77% (34,144) of employees paid nothing toward their premiums.** They received fully subsidized health care premiums from the City.

✓ **Maximum City Subsidies**

In an attempt to cap City costs, the City has negotiated maximum subsidies with different employee groups. The City and its civilian workforce have agreed that the maximum City subsidy will be the amount that Kaiser, the City's dominant insurer, charges for family coverage for each group. Kaiser charged the City \$16,938 per year for family coverage for a regular civilian employee and \$20,021 for family coverage for a DWP employee.² Part of the difference between Kaiser's rates for regular civilian and DWP employees is attributable to differences in co-pays. Regular City employees make co-payments for most medical encounters; DWP employees do not.

² An exception to this is for DWP employees who are stationed in a remote area where Kaiser is not an option. In those cases, the City paid as much as twice the Kaiser maximum.

✓ Insurance Industry Has Predictable Norms

Generally, in setting rates, health insurance companies follow predictable patterns. Their ability to profit is limited by law. Health insurers for large employers such as the City are required by state and federal law to spend at least 85% of premiums on clinical care as opposed to administration, sales and profit. They forecast how much they think it will cost them to provide a specific set of services to a specific group of employees, based on demographic and historical use patterns, and how much they expect to earn through premiums, copayments and deductibles.

There are other norms. For instance, national surveys show the industry generally charges twice as much in premiums to service two people as it does to service one, and about 2.7 times as much to service a family as it does to service an employee alone. In 2013, according to the latest figures available from the federal Agency for Healthcare Research and Quality, it cost about 2.6 times as much to insure a family as it cost to insure an employee alone in the public sector and 2.8 times as much in the private sector. Employer Health Benefits Surveys by the Kaiser Family Foundation and the Health Research & Educational Trust in 2014 and 2015 found nationally that it cost 2.8 times as much to insure a family as an individual.

✓ Some City Plans Deviate from the Norm

Certain City of Los Angeles plans, however, varied greatly from cost allocation norm. The main plan for DWP employees, administered by IBEW, offered enhanced benefits at no cost to employees by charging the City a much higher proportional rate for the individuals it insured and a much lower proportional rate for the families it insured. Because all were within the agreed-upon cap of the Kaiser family rate, the City absorbed all premium costs for enhanced coverage. In Fiscal Year 2014-15, this cost allocation plan cost the City \$7.5 million more than it would have if these employees had opted for the DWP Kaiser plan.

✓ Police and Firefighter Plans

Police officers and firefighters negotiated maximum subsidies that were lower than what the City agreed to pay for civilian employees and minimum subsidies that were higher. The maximum subsidy for sworn personnel was set through labor negotiations at \$14,031 in Fiscal Year 2014-15. That was not enough to pay for the full cost of the family coverage that Kaiser offered to sworn personnel, which was \$14,595 for a police officer's family and \$17,584 for a firefighter's. So, if a police officer or firefighter wanted that coverage, he or she paid the difference.

The City subsidy was enough, however, to cover the full costs of coverage for a police officer's family through either an HMO or a PPO, from Anthem Blue Cross.

As was the case with the IBEW plan described above, these Anthem plans varied from the norm. The Anthem PPO plan, administered by the nonprofit Los Angeles Police Relief Association. (LAPRA), adjusted coverage cost ratios upward for individuals and for employees-plus-ones in the same proportions as IBEW. That was also the case with the Anthem HMO plan administered by the United Firefighters of Los Angeles City. However, while the proportion of these rates to family rates exceeded industry norms, that was mitigated by the City paying less for family rates in these plans than it paid for family rates for IBEW members. The LAPRA PPO plan cost the City \$314,000 more than if the employees participating had signed up for Kaiser; while the firefighters' plan cost the City \$5,400 more. These amounts could be considered relatively de minimis, when considering total costs paid for health benefits.

✓ Health and Wellness

Kaiser, which insures the largest number of City employees (and their dependents), attributes 57% of its costs to the 23% of City members with more frequent medical issues – including major chronic conditions such as diabetes, asthma, coronary artery disease and chronic heart failure.

Kaiser reported that chronic conditions occur with greater frequency among City members than among Kaiser's overall Southern California membership. The insurer said:

- 35.6% of City members were overweight or obese compared to 31.7% of Kaiser Southern California (adult) members.
- 9.7% of City members had hypertension compared to 7.5% of Kaiser Southern California members.
- 7.7% of City members had diabetes compared to 5.8% of Kaiser Southern California members.

Of additional concern, Kaiser noted that 35.5% of City employees' children were overweight or obese compared to a national average of 31.7%.

These statistics suggest that one important path to reducing costs would be a healthier workforce. The City should consider the advantages of wellness programs for all employees – and even for their dependents.

Opportunities for Savings

Opportunities for potential savings include developing a more comparable set of subsidies workforce-wide and consolidating the number of health plans offered and the number of entities that administer them. Most city and county governments we surveyed had a single benefits administration entity handling group health care for all active full-time employees. Such changes would have to come through labor negotiations and likely would be difficult to achieve.

It may be beneficial to evaluate the pros and cons in tying the City's subsidy toward employees' health care premium costs directly to Kaiser Family Rates. This may have unintentionally created a controlled market without adequate competition. If MOU's were to lock the cost of City subsidies to the lowest offered rate for example, it may create a more competitive environment – potentially lowering the cost to the City.

In addition to exploring possible consolidation of plans and benefit administrators, and a more competitive market, the City should explore possible benefits of incorporating workers' compensation health care into group health care coverage. This would make it easier for workers who are injured on the job to see their regular physicians. Experts have told my office that it could also result in substantial savings for the City. They cited an academic study that found administrative overhead costs for workers' compensation in California— involving tasks such as reviewing treatment recommendations and paying providers—were four times higher than for group health insurers.³

Also, because the City has no one person or entity with overall responsibility for employee health care, the City should consider creating a new position of chief medical officer (CMO). The CMO's principal task would be, on an ongoing basis, to analyze and oversee the City's approach to employee health care. The CMO would also convene a strategic rethinking effort involving all stakeholders, to improve the health of our workforce – and to achieve the best values therefor.

³ "Comparing the cost of delivering medical benefits under group health and workers' compensation – Could integration play for covering the working uninsured?" Working Paper Oct. 22, 2009, University of California, Berkeley, Frank Neuhauser, et al.



BACKGROUND

All full-time City employees receive subsidized health care benefits

Health plans typically provide coverage for preventative care, office visits, and hospitalization, surgery and prescription drugs. Full-time City employees may choose the plan and level of coverage from several options, which differ in co-payments, out-of-pocket costs, and provider choice.

Six (6) different entities administer health care plans to active City employees

An administrator of an employee's health benefits, depends on an employee's sworn or civilian status and bargaining unit. The civilian Flexible Benefits Program, administered through the Personnel Department, covers the majority of civilian City employees. Sworn Police employees typically receive health benefits through the Los Angeles Police Relief Association, Inc. (LAPRA). Department of Water and Power (DWP) employees and sworn Fire Department employees each have different health plan options than other City employees. DWP employees represented by the International Brotherhood of Electrical Workers (IBEW) Local 18 may choose from either DWP or IBEW Local 18-sponsored health plans; while sworn Fire employees can choose between health plans sponsored either by the Los Angeles Firemen's Relief Association (LAFRA) or the United Firefighters of Los Angeles City (UFLAC).

Active City employees participate in 19 different health plans

Each employee group is offered Kaiser and a different set of healthcare providers. As a result, 19 different plan options exist; however, most employees have access to three or four health plan options. Exhibit 1 details the health plan options available to active City employees in FY 2014-15. As shown in Exhibit 1, all employees have access to a health maintenance organization (HMO) plan option supported by Kaiser Permanente. Anthem Blue Cross supports both HMO and preferred provider organization (PPO) plan options for sworn Police and Fire employees, as well as IBEW Local 18 members.

Exhibit 1: Health Insurance Plan Options for City Employees – FY 2014-15

	CIVILIAN EMPLOYEES (non-DWP)	POLICE—SWORN	FIRE—SWORN	DWP
Benefits Administration	<i>Personnel Department</i>	<i>LAPRA</i>	<i>LAFRA / UFLAC</i>	<i>DWP Benefits / IBEW Local 18</i>
Kaiser Permanente	Kaiser HMO	Kaiser HMO	Kaiser HMO (LAFRA)	Kaiser HMO (DWP)
Anthem Blue Cross	n/a	Anthem Blue Cross CaliforniaCare Plus HMO Anthem Blue Cross Prudent Buyer PPO	Relief PPO (LAFRA) UFLAC Anthem CaliforniaCare HMO UFLAC Anthem Prudent Buyer PPO	Anthem Blue Cross HMO (IBEW/Local 18) Anthem Blue Cross PPO (IBEW/Local 18) Anthem Blue Cross Prudent Buyer PPO (Local 18-Owens Valley)*
Other Healthcare Providers	Blue Shield Access+ HMO SaveNet (Narrow Network) Blue Shield Access+ HMO (Full Network) Blue Shield Spectrum PPO	n/a	n/a	United Healthcare HMO (DWP) United Healthcare PPO (DWP) United Healthcare PPO (DWP - Owens Valley)* Health Plan of Nevada HMO (<i>for Southern Nevada DWP employees</i>)

NOTE: sworn Police and Fire employees may opt into City Flex Benefits through the Personnel Department, if desired. () – PPO plans available only to DWP employees who live and work in the Owens Valley.*

It should be noted that while Kaiser Permanente and Anthem Blue Cross both support health plan options available to most employees citywide, the actual plan designs and costs vary depending on what each employee's benefits administrator (i.e. Personnel Department, LAPRA, etc.) has negotiated with each health insurance provider and what the City has negotiated with each employee bargaining group. Other healthcare providers include Blue Shield of California, which supports both an HMO and PPO plan option for all civilian City employees, and United Healthcare, which supports HMO and PPO plans for DWP employees.

Health Insurance Benefits Administration

Citywide, 77% of active employees in FY 2014-15 had health benefits through an HMO plan (see Exhibit 2). Active City employees under the City's Flex Benefits plan, administered by the Personnel Department, comprised over half of all employees receiving health benefits in FY 2014-15. For employees receiving benefits from either the City, LADWP, or IBEW Local 18, the majority of active employees were covered under an HMO plan. By comparison, LAFRA active employees were primarily covered by a PPO plan.

Exhibit 2: Citywide Employee Health Benefits Enrollment –Active Employees FY 2014-15

FY 2014-15	# HMO	# PPO	# Total	% HMO	% PPO
Citywide - Average Monthly Enrollment	34,413	10,213	44,626	77%	23%
City (Flex Benefits)	20,042	2,737	22,779	88%	12%
LADWP	4,578	135	4,713	97%	3%
IBEW Local 18	3,728	737	4,465	83%	17%
LAPRA	5,351	4,177	9,528	56%	44%
LAFRA	204	2,302	2,505	8%	92%
UFLAC	510	125	636	80%	20%

NOTE: IBEW Local 18 and UFLAC did not provide information for this review. Information for IBEW Local 18-related benefits was obtained through DWP Benefits Administration and publicly available documents. Information for UFLAC-related benefits was obtained through the Personnel Department and publicly available documents; FY 2014-15 UFLAC enrollment based on average enrollment from April to June 2015.

Benefits administrators provided the following health plans to their active full-time employees:

City's Flex Benefits Program

The City offered its civilian employees four health plan options in calendar year 2015 as noted in Exhibit 1 above. The Employee Benefits Division of the Personnel Department administers the City's FLEX Benefits Program for all (non-DWP) civilian employees. Mercer Human Resources Services, LLC, provides third party administration (TPA) services to the Personnel Department. Personnel's payments to health providers during FY 2014-15, per the Controller's Checkbook LA [website](#) on Control Panel LA, are noted in Exhibit 3.

Exhibit 3: FY 2014-15 City Human Resources Benefits Payments To Health Care Providers

Provider	Amount
Southern California Permanente Medical Group (Kaiser Permanente)	\$155,973,451
California Physicians' Service (Blue Shield)	\$112,920,949
TOTAL	\$268,894,400

NOTE: Checkbook LA data reflects payments from the Personnel Department to vendor/provider; and may include employee contributions to health plans when applicable.

Los Angeles Department of Water and Power/IBEW Local 18

DWP employees may choose between DWP-sponsored plans and plans sponsored by IBEW Local 18 in FY 2014-15 as noted in Exhibit 1 above. The LADWP Benefits Administration Office and the IBEW Local 18 Health and Welfare Trust each administer health benefits to DWP employees, depending on the employee's selected health care plan. DWP's direct payments to health providers (for active employees), and to the IBEW Health Trust (for subsequent disbursement to providers for active employees) during FY 2014-15 are noted in Exhibit 4 below:

Exhibit 4: FY 2014-15 DWP Payments to Health Care Providers

<i>Provider</i>	<i>Amount</i>
Kaiser Foundation Health Plan	\$63,599,492
IBEW Local 18 Health and Welfare Trust <i>[for IBEW-sponsored Anthem Blue Cross plans]</i>	\$89,048,832
United Healthcare	\$11,895,216
Health Plan of Nevada	\$81,819
TOTAL	\$164,625,359

Los Angeles Police Relief Association (LAPRA)

The Los Angeles Police Relief Association (LAPRA) administers benefits for all LAPD sworn employees. LAPRA offered its active sworn members three health plan options in FY 2014-15 as noted in Exhibit 1.

Los Angeles Firemen's Relief Association (LAFRA) and United Firefighters of Los Angeles City (UFLAC)

The Los Angeles Fire Relief Association (LAFRA) via HealthSCOPE Benefits, Inc. CTPA, and the United Firefighters of Los Angeles City (UFLAC) administer health care benefits for LAFD sworn employees. LAFRA offered its active sworn members two health plan options in calendar year 2014 as noted in Exhibit 1 while UFLAC offered its active sworn members two health plan options in calendar year 2014 as noted in Exhibit 1.

The Personnel Department's payments to LAPRA, LAFRA, and UFLAC are noted in Exhibit 5, which includes the City's share of costs for all insurance benefits (not only health) for active sworn employees:

Exhibit 5: FY 2014-15 City Personnel Payments to LAPRA/LAFRA/UFLAC

<i>Provider</i>	<i>Amount</i>
Los Angeles Police Relief Association (LAPRA)	\$119,655,228
Los Angeles Firemen's Relief Association (LAFRA)	\$32,475,554
United Firefighters of Los Angeles City (UFLAC)	\$12,722,314
	\$164,853,096

NOTE: Checkbook LA data reflects payments from Department to vendor/provider; may include employee contributions to health plans or other payments when applicable. LAPRA/LAFRA/UFLAC payments to health benefits providers not available via Checkbook LA.

Authority to Administer Health Benefits

The City Administrative Code Section 4305 allows for different employee groups (other than the Personnel Department) to administer health benefits to active employees. Specifically, the Code provides that the Personnel Department shall approve plans for such benefits to which the City is not a party if the following requirements are met:

- a. The plan is contracted for or operated by an organization whose membership is exclusively or largely employees of the City, and whose purpose includes the provision of benefits to City Employees;
- b. The plan is one which was available through the employee organization to employee members on July 1, 1960, or it is clearly a successor to such a plan;
- c. Premiums are payable by payroll deduction and were payable to the plan or the predecessor plan by payroll deduction on July 1, 1960;
- d. The plan offers a reasonable value of medical and hospital benefits for the premiums schedule; and,
- e. No profit accrues to the sponsoring organization through the operation of the plan.

The City recognizes LAPRA and LAFRA as non-union employee organizations and UFLAC and IBEW Local 18 as employee union organizations entitled to administer employee benefits.

City of Los Angeles—Joint Labor-Management Benefits Committee

The Joint Labor-Management Benefits Committee (JL-MBC) meets regularly to make recommendations on the City's Flex Benefits health plans for active civilian (non-DWP) employees. The JL-MBC consists of 10 representatives; five from City management and five from employee organizations. As part of a periodic review of the City's Flex Benefits Program, the Personnel Department requested proposals (RFPs) for insured medical plan benefits for City employees. In June 2013, the JL-MBC heard presentations from the top three bidders—Kaiser Permanente, Anthem Blue Cross, and Blue Shield. The JL-MBC selected Kaiser Permanente and Blue Shield as the Flex medical plan carriers for a three year contract term beginning in January 2014. The JL-MBC noted that as a new Flex medical plan carrier, Blue Shield would generate cost savings of over \$8 million while continuing to provide quality coverage to City employees.

Labor Negotiations**Exhibit 6: MOUs with the City of Los Angeles (as of December 30, 2015)**

MOU #	Bargaining Unit	Current	MOU #	Bargaining Unit	Current
1	Administrative	7/13 - 6/16	23	Firefighters & Fire Captains	7/14 - 6/16
2	Building Trades	7/15 - 6/18	24	Police Officers, Lts. and Below	7/14 - 6/18
3	Clerical	7/15 - 6/18	25	Police Officers, Capt. and Above	10/15 - 6/18
4	Equip. Operation & Labor	7/15 - 6/18	26	Port Pilots	7/14 - 6/17
5	Inspectors	7/11 - 6/14	27	L. A. Port Police Command Officers	7/09 - 6/14
6	Librarians	7/15 - 6/18	28	L. A. General Services Police Officers	7/09 - 6/14
7	Recreation Assistants	7/15 - 6/18	29	Deputy City Attorneys	7/12 - 6/16
8	Professional Engineering & Scientific	7/15 - 6/18	30	L. A. Airport Peace Officers	7/10 - 6/14
9	Plant Equip. Operation & Repair	7/15 - 6/18	31	Confidential Attorneys	7/12 - 6/16
10	Professional Medical	7/15 - 6/18	32	Management Attorneys	7/13 - 6/16
11	Recreational	7/15 - 6/18	34	Crossing Guards	7/15 - 6/18
12	Supervisory Blue Collar	7/15 - 6/18	35	Craft Workers/ Hiring Hall	Ongoing
13	Supervisory Building Trades	7/15 - 6/18	36	Management Employees	7/15 - 6/18
14	Service & Craft	7/15 - 6/18	37	Executive Administrative Assistants	7/15 - 6/18
15	Service Employees	7/15 - 6/18	38	L. A. Port Police Assoc.	7/09 - 6/14
16	Supervisory Librarians	7/15 - 6/18	39	L. A. Airport Supervisory Peace Officers	7/09 - 6/14
17	Supervisory Prof. Engineering & Scientific	7/15 - 6/18	40	Airport Police Command Officers	7/09 - 6/14
18	Safety / Security	7/15 - 6/18	61	Senior Administrative and Administrative Analysts	7/10 - 6/13
19	Supervisory Technical	7/13 - 6/16	62	Operating Engineers/ Hiring Hall	Ongoing
20	Supervisory Administrative	7/13 - 6/16		Non-Represented Employees	6/14 - 6/15
21	Technical	7/13 - 6/16		Special Parking MOU	7/05 - 6/07
22	Fire Chief Officers	7/14 - 6/16			

NOTE: This chart does not include 14 MOUs between the DWP (City), IBEW Local 18 and other bargaining units.

The Employee Relations Division of the Office of the City Administrative Officer represents the City of Los Angeles in labor negotiations. Executed Memorandums of Understanding (MOUs) with employee bargaining units typically include provisions dictating how much the City will contribute towards an employee's health benefits, and how much the employee will contribute, if any. There are 55 MOUs between the City of Los Angeles and individual bargaining units represented by employee labor organizations. Of the 55 MOUs, 41 are negotiated by the City Administrative Officer as the City's representative for non-DWP employees (see Exhibit 6 above).

Fourteen MOUs are negotiated between the DWP, as the City's representative, and employee bargaining units representing DWP employees. Ten MOUs are represented by IBEW Local 18 bargaining units; these MOUs have current agreements through 2017. Employee bargaining units for DWP are noted in Exhibit 7.

Exhibit 7: MOUs between DWP (as City representative) and Employee Bargaining Units

IBEW Local 18 Bargaining Units	
Supervisory Blue Collar	Supervisory Professional
Supervisory Clerical & Administrative	Technical
Steam Plant and Water Supply	Professional
Clerical	Administrative
Operating, Maintenance & Service	Supervisory Technical & Business Administration
Other Bargaining Units	
Management Employees Association	Association of Confidential Employees (Confidential Mgmt. Reps. Unit)
Dispatchers Association (Load Dispatchers Unit)	Service Employees International Union (SEIU) Local 721 (Security Unit)

⁴ The City Council approved the new Memoranda of Understanding (MOUs) as part of an overall resolution with the Coalition, which also included the establishment of Tier 3 pension plan for all new civilian employees, and acceptance of a Settlement Agreement and Letters of Agreement to resolve outstanding Coalition lawsuits, grievances, and unfair employee relations practice charges. The updated MOUs included 19 bargaining units covering approximately 17,000 City employees.

⁵ The Coalition of L.A. City Unions represents civilian workers in six employee organizations (American Federation of State, County and Municipal Employees (AFSCME) District Council 36; Los Angeles/Orange County Building and Construction Trades Council; International Union of Operating Engineers Local 501 (IUOE); Laborers International Union (LIUNA) Local 777; Service Employees International Union (SEIU) Local 721; and Teamsters Local 911). The Coalition does not include employees from the DWP.



CITYWIDE HEALTH CARE COSTS

Health insurance premiums are tied to the underlying costs of care. As the cost of medical services increases for doctor visits, hospital stays, pharmaceuticals and medical devices, it drives a corresponding increase in premiums. Federal government data show that over the past 20 years' health benefit costs (i.e. how much the nation has spent on medical procedures, treatments, doctors' visits, etc.) have increased by an average of 7.2% annually and premium increases have averaged 7.1% annually. The data demonstrates that health care costs and premiums go hand in hand.

Four main factors drive health insurance premiums:

- Cost of medical benefits;
- Cost of selling the policy;
- Cost of administering the policy; and
- Capital requirements for solvency, to ensure adequate funds are available to pay all claims

The cost of medical benefits is the largest portion of the health insurance premium. Health insurance carriers base their proposed health care premiums on who will likely purchase medical benefits, how many medical services they will need on average, how much each service will cost on average, and how much the beneficiary will pay (e.g., deductibles, co-payments, co-insurance). The plan's experience over time provides much of this information, which includes previous utilization of medical benefits and medical claims, as well as the demographics unique to each plan's employees and their dependents.

Health care insurance carriers, such as Kaiser and Blue Shield, annually present the City with proposed premium costs for the following benefit year.⁶ Overall health care costs, the plan's past utilization experience, and the demographics of the coverage pool all influence the proposed premium costs.

After receiving the proposed premium costs, the City's Personnel Department and the Joint Labor-Management Benefits Committee (**JL-MBC**) can ask for verification of the underlying data and negotiate plan changes with the carriers if needed before approving the premiums for the following benefit year. The process of proposing premium costs is similar for other departments or organizations that administer health benefits to active City employees.

⁶ For the City's Flexible Benefits program, providers typically present proposed costs in May or June for plans effective January of the following year. Health plans for other City employees may administer benefits on either a fiscal or calendar year basis, and the proposal timeline would shift accordingly.

City Subsidies for Employee Benefits

Premium payments to health care providers are comprised of two parts: 1) the City's contribution through monthly health care subsidies for each employee and 2) the employee's contribution to cover the difference, if any, between the City subsidy and the premium cost. Generally, collective bargaining agreements between individual labor unions and the City of Los Angeles determine the City's subsidies for employee medical benefits. The MOU between each bargaining unit and the City describes what the City's monthly subsidy will be for each employee's health plan.

Active represented full-time employees from the City and DWP were eligible for a higher maximum monthly health care subsidy than sworn employees from the Police and Fire Departments, based on negotiated labor agreements.

The maximum monthly City subsidy is the maximum amount that the City will pay towards an employee's health plan; employees may opt to receive a lower cost plan (e.g. employee-only, no family) but the City would still fully subsidize that election up to the maximum amount. Exhibit 8 shows how the maximum monthly City subsidy per employee varies depending on the Department and/or bargaining unit.

Exhibit 8: Maximum Monthly City Health Care Subsidy per FTE, FY 2014-15

	City of LA Civilian	Police	Fire	DWP
Maximum monthly City subsidy per full-time employee	\$1,414.30 (reflects the Kaiser HMO family rate)	\$1,169.24 (\$750 for employee-only; per contract, increases to \$830 for employee-only in FY 2015-16. Maximum monthly subsidy of \$1,350 effective July 2017.)	\$1,169.24⁷ (toward any UFLAC, LAFRA, or City-sponsored health plan; up to \$825.90 for employee-only coverage)	\$1,668.40 (reflects the Kaiser HMO family rate)

DWP employees were eligible for the highest monthly City subsidy not to exceed \$1,668.40 per month, reflecting the monthly cost of DWP's negotiated Kaiser HMO family rate. For civilian City employees, the maximum monthly subsidy in 2014-15 was not to exceed \$1,414.30, reflecting the monthly cost of the City's Kaiser HMO family rate. The maximum subsidy for Police and Fire (sworn) employees was \$1,169.24 in FY 2014-15; current MOUs state that the City subsidy will increase in subsequent years of the labor agreement.

Actual City subsidy payments for employee health benefits were less than the maximum amount stated in labor agreements. For example, in the City's 2015 Flex Enrollment Guidebook, the Personnel Department indicated that it spent an average of \$1,039.95 per month toward a full-time employee's (civilian, non-DWP) health benefits, much less than the maximum allowable subsidy of \$1,414.30 per employee. This is due to the level of coverage actually selected by each employee, as premiums for employee-only coverage are lower than that for family coverage, which is the basis for the maximum monthly subsidy amount

⁷ Per the current MOU for sworn Fire employees, effective July 1, 2015, the City's monthly subsidy toward the cost of any UFLAC, LAFRA, or City-sponsored insurance plan increased to \$1,227.70 per month. For employee-only coverage, the subsidy was equal to the actual amount required but not to exceed \$867.20 per month.

Employee Contributions to Health Benefit Premiums

According to Mercer's 2014 National Survey of Employer-Sponsored Health Plans, 91% of large government employers required their employees to contribute towards their HMO plan premiums, and 84% required employees to contribute toward their PPO plan premiums.⁸ Among national employers, 93% required employees to contribute towards HMO single coverage while 95% required employee contributions for PPO single coverage.

The level of employee contributions required in each month or pay period—if any—was dependent on the employee's bargaining unit and related monthly City subsidy, selected health care plan, and desired level of coverage.

✓ City's Flex Benefits Program – Employee Contributions

As shown in Exhibit 9, as of June 2015, 17,356 active employees (77% of total employees) enrolled in the City's Flex Benefits Program were eligible to have their health care costs fully subsidized by the City.

Exhibit 9: City of Los Angeles Flex Benefits 2015

Number of Employees Contributing Towards Health Premium Costs as of June 2015

Flex Benefits Plans	Flex Benefits (0% Contribution)	Flex 1 (5% Contribution)	Flex 2 (10% Contribution)	TOTAL
Blue Shield PPO	1,660	271	804	2,735
Blue Shield HMO (Narrow)	5,228	112	1,616	6,956
Blue Shield HMO (Full)	89	8	26	123
Kaiser HMO	10,379	160	2,405	12,944
COMBINED	17,356	551	4,851	22,758

Flex 1: MOUs 29, 31, and 38; Flex 2: MOUs 00, 01, 19, 20, 21, 26, 27, 32, 39, and 40

As of June 2015, 23% (5,402 of 22,758) of active City employees in the Flex Benefits Program were required to contribute 5-10% towards the cost of their health premiums. In FY 2014-15, employees covered by selected bargaining units began to contribute 5-10% of the monthly health care premium through payroll deductions, while the City subsidized the remaining amount. Exhibit 10 details how the City's and employee's contribution per pay period varies depending on the employee's MOU, choice of health plan, and level of coverage.

⁸According to the Mercer study, the City of Los Angeles was compared to other "large" government employers and national employers with more than 500 employees. Percentages reflect employers requiring employee contributions for single (employee-only) coverage only; for family coverage, 93% of large government employers required employee contributions toward their HMO plans, and 97% required contributions toward their PPO plans.

Exhibit 10: City of Los Angeles Flex Benefits 2015 Required City Contributions Per Pay Period

Flex Benefits Program

(MOUs 02-18, 28, 30, 34-37, 61, 62)

Flex Benefits 1

(MOUs 29, 31 or 38)

Flex Benefits 2

(MOUs 00, 01, 19, 20, 21, 26, 27, 32, 39 or 40)

Coverage Level	City Pays...	Employee Pays...	Coverage Level	City Pays...	Employee Pays...	Coverage Level	City Pays...	Employee Pays...
Kaiser HMO			Kaiser HMO			Kaiser HMO		
Employee Only	\$271.99	\$0.00	Employee Only	\$258.39	\$13.60	Employee Only	\$244.79	\$27.20
Employee + Spouse/DP	\$598.33	\$0.00	Employee + Spouse/DP	\$568.41	\$29.92	Employee + Spouse/DP	\$538.50	\$59.83
Employee + Child(ren)	\$543.99	\$0.00	Employee + Child(ren)	\$516.79	\$27.20	Employee + Child(ren)	\$489.59	\$54.40
Family	\$707.15	\$0.00	Family	\$671.79	\$35.36	Family	\$636.43	\$70.72
Blue Shield Access+ HMO SaveNet (Narrow Network)			Blue Shield Access+ HMO SaveNet (Narrow Network)			Blue Shield Access+ HMO SaveNet (Narrow Network)		
Employee Only	\$240.24	\$0.00	Employee Only	\$228.23	\$12.01	Employee Only	\$216.22	\$24.02
Employee + Spouse/DP	\$527.79	\$0.00	Employee + Spouse/DP	\$501.40	\$26.39	Employee + Spouse/DP	\$475.01	\$52.78
Employee + Child(ren)	\$478.27	\$0.00	Employee + Child(ren)	\$454.36	\$23.91	Employee + Child(ren)	\$430.44	\$47.83
Family	\$656.57	\$0.00	Family	\$623.74	\$32.83	Family	\$590.91	\$65.66
Blue Shield Access+ HMO (Full Network) (not available to MOUs 22, 23, 24, 25 or 30)			Blue Shield Access+ HMO (Full Network) (not available to MOUs 22, 23, 24, 25 or 30)			Blue Shield Access+ HMO (Full Network) (not available to MOUs 22, 23, 24, 25 or 30)		
Employee Only	\$240.24	\$125.89	Employee Only	\$228.23	\$137.90	Employee Only	\$216.22	\$149.91
Employee + Spouse/DP	\$527.79	\$277.09	Employee + Spouse/DP	\$501.40	\$303.48	Employee + Spouse/DP	\$475.01	\$329.87
Employee + Child(ren)	\$478.27	\$250.70	Employee + Child(ren)	\$454.36	\$274.61	Employee + Child(ren)	\$430.44	\$298.53
Family	\$656.57	\$343.95	Family	\$623.74	\$376.78	Family	\$590.91	\$409.61
Shield Spectrum PPO			Shield Spectrum PPO			Shield Spectrum PPO		
Employee Only	\$361.37	\$0.00	Employee Only	\$343.30	\$18.07	Employee Only	\$325.23	\$36.14
Employee + Spouse/DP	\$707.15	\$91.14	Employee + Spouse/DP	\$671.79	\$126.50	Employee + Spouse/DP	\$636.43	\$161.86
Employee + Child(ren)	\$692.67	\$0.00	Employee + Child(ren)	\$658.04	\$34.63	Employee + Child(ren)	\$623.40	\$69.27
Family	\$707.15	\$198.37	Family	\$671.79	\$233.73	Family	\$636.43	\$269.09

✓ **DWP Employee Contributions**

In FY 2014-15, 92% of active employees (4,348 of 4,713) receiving benefits through DWP did not contribute towards their health care premiums. DWP employees only contributed towards their health care premiums if coverage included the employee plus one or more eligible dependents for the United Healthcare PPO plan, or family coverage for the HMO plan; the City’s monthly subsidy fully covered employee-only coverage. Active employees who selected the Kaiser HMO did not contribute towards their premiums in FY 2014-15, regardless of level of coverage; the Kaiser HMO covered 4,017 DWP employees in FY 2014-15.

DWP employees working in the Owens Valley or Southern Nevada also had access to fully subsidized DWP-sponsored health plans (United Healthcare PPO Owens Valley and the Health Plan of Nevada HMO); 17 employees were covered by these plans in FY 2014-15.

✓ **IBEW Local 18 Member Contributions**

In FY 2014-15, 98% of active employees (4,367 of 4,465) receiving benefits through IBEW Local 18 did not contribute towards their health care premiums. Active employees under the IBEW Local 18-sponsored Anthem HMO did not contribute towards their premiums in FY 2014-15, regardless of the level of coverage. IBEW Local 18 members only contributed payments towards their health care premiums if selecting two-party or family coverage under the Anthem Blue Cross PPO health plan.

DWP employees who were IBEW Local 18 members and working in the Owens Valley or Southern Nevada also had access to a fully subsidized IBEW Local 18-sponsored health plan (IBEW’s Local 18 Anthem Blue Cross PPO Owens Valley) regardless of level of coverage.

✓ LAPRA Member Contributions

In FY 2014-15, 83% (7,867 of 9,528) of active employees receiving benefits through LAPRA did not contribute towards health care premiums. Based on their maximum monthly City subsidy (see Exhibit 8), LAPRA members under the Kaiser HMO did not contribute towards their employee premiums in FY 2014-15 unless members selected the Kaiser HMO family coverage. LAPRA members under Anthem HMO and PPO plans did not contribute anything towards their employee premiums in FY 2014-15, regardless of coverage (i.e. employee-only, two-party, or family), since their plans were covered by the City subsidy at no additional cost to the employee.

✓ LAFRA Member Contributions

In FY 2014-15, 18% of active employees (454 of 2,505) receiving health benefits through LAFRA did not contribute towards their health care premiums. More than half (1,444) of LAFRA members receiving benefits selected family coverage under LAFRA's Self-Funded Relief PPO plan in FY 2014-15. Based on their maximum monthly City subsidy (see Exhibit 8), LAFRA members who selected the PPO plan had to contribute for additional coverage for one dependent and for family coverage. LAFRA members who chose employee-only coverage under the Kaiser HMO or LAFRA's self-funded PPO plan did not contribute towards their overall health care premium costs. LAFRA members under a Kaiser HMO plan could cover one additional dependent at no extra charge, but would have to contribute each pay period if opting for family coverage.

✓ UFLAC Member Contributions

In FY 2014-15, 11% of active employees (68 of 636) receiving health benefits through UFLAC did not contribute towards their health care premiums. Based on their maximum monthly City subsidy (see Exhibit 8) and health care premiums, UFLAC members who chose employee-only coverage for either the HMO or PPO did not have to contribute towards premiums.

Differences in Healthcare Premium Costs

The difference in costs by employee group—even among similar health care providers—is mainly due to differences in each employee groups' utilization of the health care plan and the demographics of the coverage pool. Premium costs are also affected by differences in plan design, such as deductibles, copays and coinsurance payments. HMO and PPO plans provided similar overall health coverage, although there were some differences in deductibles, copays and coinsurance payments among employee groups' health plans (see Appendix for plan-by-plan comparisons).

✓ Plan Utilization Varies among Employee Groups and their Dependents

Utilization generally refers to how individuals covered by the health plan actually use medical procedures and services, by quantity and type. For example, health insurance carriers typically review how many inpatient or outpatient visits were made in a benefit year, what types of medical claims were made from those visits (e.g. doctor's visit, emergency room, lab tests, surgical procedures, drug prescriptions), and how much each of those claims cost, when setting the health plan premium's cost for the following benefit year.

Employees and their dependents in various employee groups (e.g. LAPRA, City, DWP, etc.) utilize their own medical benefits as needed, which contribute to differences in premium costs. For example, our review of provider utilization reports for selected City (Flex Benefits) and DWP-administered plans indicated that DWP employees and their dependents incurred higher monthly claim costs per member compared to those covered under Flex Benefits plans in a similar time period, which partly contributed to higher premium costs. Similarly, plan utilization may differ between City employees and employees in other governmental agencies such as those in the benchmarking analysis in Section II, which may contribute to differences in premium costs across jurisdictions.

✓ **Demographics Vary among Employee Groups**

The overall demographics of covered employees, as well as their partners and/or dependents who also receive benefits coverage, factor into proposed health care premiums and overall costs. For example, a health insurance carrier may review an age and gender breakdown of beneficiaries to help predict what types of medical services might be needed in the following year. For example, the assumed medical needs of males age 20-44 and males age 45-64 may differ significantly from each other as well as from females in similar age groups. According to Covered California estimates for 2016, the monthly premium for individual coverage would be higher for a 40-year old than a 25-year old, assuming the same health insurance plan in the same pricing region. A health insurance carrier may also estimate how many employees might need employee-only coverage versus additional dependent or family coverage, which would also affect the number of covered lives that would have to be considered in proposed premium costs.

Per Employer per Month (PEPM) Cost Analysis

The cost per employee per month (PEPM) calculates the average cost to provide each active City employee with health plan coverage. The PEPM analysis recognizes that health plans, health plan administrators, and the related premiums differ within and across the City. In addition, the PEPM analysis combines costs for all active employees, including the actual level of coverage for each employee in FY 2014-15 (i.e. employee-only versus family coverage).⁹ HMO and PPO plan options were analyzed in separately in order to provide some basic cost comparisons across similarly-structured plans.

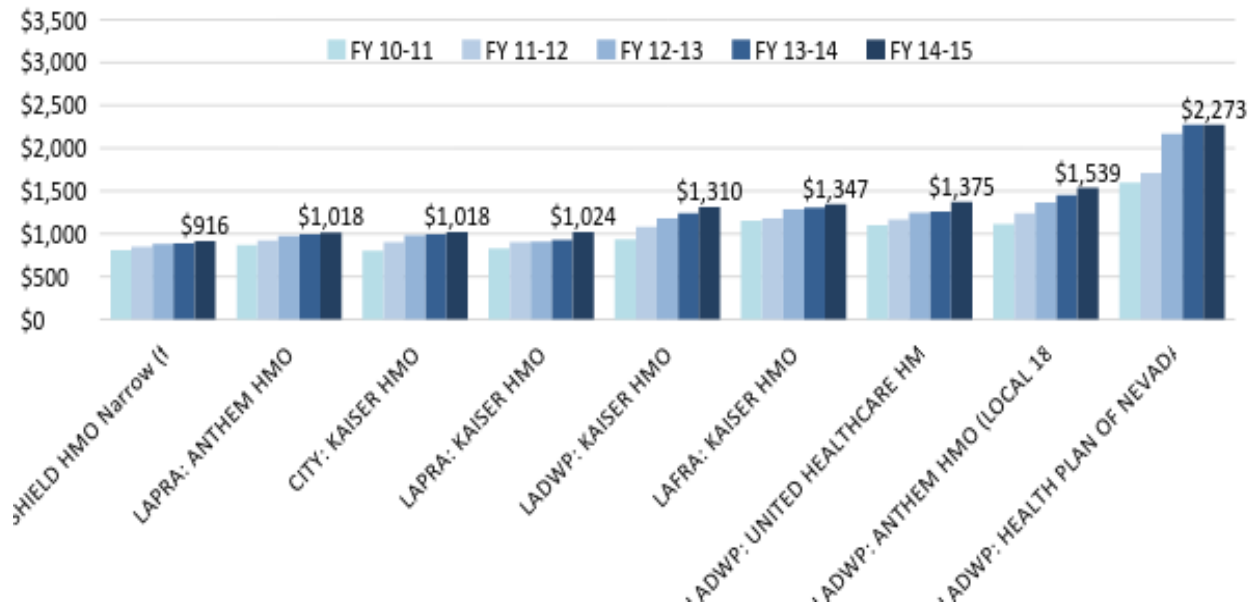
Citywide HMO Plan Comparisons

Among HMO plans offered to active City employees in FY 2014-15, the difference between the lowest- and highest-cost HMO plan options was \$622 PEPM. The City's Blue Shield HMO Narrow option through the Civilian Flexible Benefits Program (Flex Benefits) had the lowest average cost per employee at \$916 PEPM. **Citywide, 77% (34,413 of 44,626) of all active City employees in FY 2014-15 were enrolled in a HMO-type**

⁹ The average cost per employee per month (PEPM) includes the cost of all active employees, regardless of the level of coverage selected for each plan, in order to demonstrate the full cost of providing health plan benefits to City employees. Plan premiums and employee contributions vary based on desired level of coverage, employee groups, and existing labor agreements. For individual cost comparisons across health plans for employee-only, two-party (employee plus spouse, partner, or child), and/or family coverage, please see Exhibits 13 and 16 for HMO and PPO premium costs in FY 2014-15.

As shown in Exhibit 11, annual HMO health plan premiums have increased across the board over the past five years. Compared to five years ago (FY 2010-11), the City’s Blue Shield HMO Narrow plan—preceded by an Anthem Blue Cross HMO plan—has seen an increase of 13.5% in terms of cost PEPM, which was the lowest five-year increase among all HMO plans. The highest five-year increase was for DWP’s Kaiser HMO, which went up 40.2% to \$1,310/month compared to FY 2010-11.

Exhibit 11: Citywide HMO Plan Comparisons Total Cost PEPM – Five-Year Trend¹⁰



NOTE: Costs reflect total premium costs, including City and employee contributions, and across all levels of coverage (employee-only, two-party, and family coverage).

The HMO plan with the highest PEPM cost covered only a limited number of DWP employees residing in Southern Nevada. These employees’ health care costs were fully subsidized, regardless of level of coverage. In FY 2014-15, the DWP-sponsored Health Plan of Nevada HMO covered only a handful of active employees; and most users of the Health Plan of Nevada HMO were retirees. This plan was excluded in the comparison between the lowest and highest cost HMO plans, which was a difference of \$623 per employee per month.

¹⁰ Graph does not include City’s (Personnel) Blue Shield HMO Full Network option since only two full years of data were available. By comparison, the Blue Shield HMO Full average cost per employee in FY 2014-15 was \$1,148/month. Graph also does not include UFLAC’s Anthem HMO plan since no data provided by UFLAC. Based on available data, the UFLAC Anthem HMO average cost per employee in FY 2014-15 was \$1,273/month.

Exhibit 12 below details the cost PEPM for each HMO plan, including the average monthly enrollment, level of coverage, and total annual premium for all covered employees under each plan.

Exhibit 12: Citywide HMO Cost PEPM Comparisons, FY 2014-15

FY 2014-15 HMO PLANS										
	ENROLLMENT	ANNUAL PREMIUM			PER EMPLOYEE PER MONTH			COST SHARING (ER-EE)		
CITY: BLUE SHIELD NARROW HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	2,339	\$12,653,847.08	\$2,378,037.70	\$12,891,650.78	\$450.78	\$8.47	\$459.25	98.16%	18.4%	100.00%
TWO-PARTY (P)	967	\$11,495,267.18	\$215,067.85	\$11,710,335.04	\$990.53	\$18.53	\$1,009.06	98.16%	18.4%	100.00%
TWO-PARTY (C)	842	\$9,074,534.74	\$161,854.33	\$9,236,389.07	\$97.74	\$16.01	\$913.75	98.25%	1.75%	100.00%
FAMILY	2,904	\$42,943,459.46	\$782,067.36	\$43,725,526.82	\$1,232.14	\$22.44	\$1,254.58	98.21%	1.79%	100.00%
TOTAL	7,053	\$76,167,108.47	\$1,896,793.24	\$77,563,901.71	\$899.92	\$16.50	\$916.43	98.20%	1.80%	100.00%
LAPRA: AN THEM HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	457	\$2,618,453.60	\$0.00	\$2,618,453.60	\$477.82	\$0.00	\$477.82	100.00%	0.00%	100.00%
TWO-PARTY	353	\$4,234,454.56	\$0.00	\$4,234,454.56	\$1,000.58	\$0.00	\$1,000.58	100.00%	0.00%	100.00%
FAMILY	1,787	\$24,852,309.36	\$0.00	\$24,852,309.36	\$1,158.94	\$0.00	\$1,158.94	100.00%	0.00%	100.00%
TOTAL	2,596	\$31,705,217.52	\$0.00	\$31,705,217.52	\$1,017.63	\$0.00	\$1,017.63	100.00%	0.00%	100.00%
CITY: KAISER HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	4,741	\$30,456,429.46	\$432,470.22	\$30,888,899.68	\$535.30	\$7.60	\$542.90	98.60%	1.40%	100.00%
TWO-PARTY (P)	1,996	\$28,145,497.01	\$460,724.93	\$28,606,221.94	\$1,175.08	\$19.24	\$1,194.31	98.39%	1.61%	100.00%
TWO-PARTY (C)	1,554	\$19,986,750.08	\$264,847.16	\$20,251,597.25	\$1,071.62	\$14.20	\$1,085.82	98.69%	1.31%	100.00%
FAMILY	4,570	\$76,296,818.11	\$1,113,262.21	\$77,410,080.32	\$1,391.22	\$20.30	\$1,411.52	98.56%	1.44%	100.00%
TOTAL	12,862	\$154,885,494.66	\$2,271,304.52	\$157,156,799.18	\$1,003.53	\$14.72	\$1,018.24	98.56%	1.45%	100.00%
LAPRA: KAISER HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	648	\$4,064,938.36	\$0.00	\$4,064,938.36	\$522.62	\$0.00	\$522.62	100.00%	0.00%	100.00%
TWO-PARTY	445	\$5,528,148.64	\$0.00	\$5,528,148.64	\$1,035.04	\$0.00	\$1,035.04	100.00%	0.00%	100.00%
FAMILY	1,661	\$23,306,460.92	\$936,452.34	\$24,242,913.26	\$1,169.24	\$46.98	\$1,216.22	96.14%	3.86%	100.00%
TOTAL	2,754	\$32,899,547.92	\$936,452.34	\$33,836,000.26	\$995.39	\$28.33	\$1,023.72	97.23%	2.77%	100.00%
CITY: BLUE SHIELD FULL HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	69	\$373,816.46	\$207,977.63	\$581,794.09	\$449.84	\$250.27	\$700.11	64.25%	35.75%	100.00%
TWO-PARTY (P)	15	\$180,124.49	\$978,750.01	\$2,779,995.50	\$1,004.04	\$545.57	\$1,549.61	64.79%	35.21%	100.00%
TWO-PARTY (C)	14	\$155,008.31	\$85,515.85	\$240,524.16	\$900.16	\$496.61	\$1,396.77	64.45%	35.55%	100.00%
FAMILY	29	\$419,396.42	\$234,044.38	\$653,440.80	\$1,215.64	\$678.39	\$1,894.03	64.18%	35.82%	100.00%
TOTAL	127	\$1,128,345.68	\$625,412.87	\$1,753,758.55	\$738.64	\$409.41	\$1,148.05	64.34%	35.66%	100.00%
UFLAC: AN THEM HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	21	\$206,475.00	\$0.00	\$206,475.00	\$825.90	\$0.00	\$825.90	100.00%	0.00%	100.00%
TWO-PARTY	18	\$254,894.32	\$18,194.28	\$273,088.60	\$1,169.24	\$83.46	\$1,252.70	93.34%	6.66%	100.00%
FAMILY	471	\$6,613,221.44	\$704,285.12	\$7,317,506.56	\$1,169.24	\$124.52	\$1,293.76	90.38%	9.62%	100.00%
TOTAL	510	\$7,074,590.76	\$722,479.40	\$7,797,070.16	\$1,155.22	\$117.98	\$1,273.20	90.73%	9.27%	100.00%
LADWP: KAISER HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	896	\$6,339,913.16	\$0.00	\$6,339,913.16	\$589.54	\$0.00	\$589.54	100.00%	0.00%	100.00%
TWO-PARTY	965	\$13,654,925.48	\$0.00	\$13,654,925.48	\$1,179.08	\$0.00	\$1,179.08	100.00%	0.00%	100.00%
FAMILY	2,156	\$43,164,844.80	\$0.00	\$43,164,844.80	\$1,668.40	\$0.00	\$1,668.40	100.00%	0.00%	100.00%
TOTAL	4,017	\$63,159,683.44	\$0.00	\$63,159,683.44	\$1,310.18	\$0.00	\$1,310.18	100.00%	0.00%	100.00%
LAFRA: KAISER HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	13	\$93,638.40	\$0.00	\$93,638.40	\$585.24	\$0.00	\$585.24	100.00%	0.00%	100.00%
TWO-PARTY	40	\$562,832.80	\$0.00	\$562,832.80	\$1,160.48	\$0.00	\$1,160.48	100.00%	0.00%	100.00%
FAMILY	150	\$2,101,124.28	\$532,091.70	\$2,633,215.98	\$1,169.24	\$296.10	\$1,465.34	79.79%	20.21%	100.00%
TOTAL	204	\$2,757,595.48	\$532,091.70	\$3,289,687.18	\$1,129.24	\$217.89	\$1,347.13	83.83%	16.17%	100.00%
LADWP: UNITED HEALTHCARE HMO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	132	\$1,079,026.34	\$0.00	\$1,079,026.34	\$679.06	\$0.00	\$679.06	100.00%	0.00%	100.00%
TWO-PARTY	143	\$2,327,426.50	\$0.00	\$2,327,426.50	\$1,357.10	\$0.00	\$1,357.10	100.00%	0.00%	100.00%
FAMILY	283	\$5,657,544.40	\$140,862.14	\$5,798,406.54	\$1,668.40	\$415.4	\$1,709.94	97.57%	2.43%	100.00%
TOTAL	558	\$9,063,997.24	\$140,862.14	\$9,204,859.38	\$1,353.85	\$21.04	\$1,374.89	98.47%	1.53%	100.00%

LADWP: ANTHEM HMO (LOCAL 18)										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	655	\$8,067,346.80	\$0.00	\$8,067,346.80	\$1,026.38	\$0.00	\$1,026.38	100.00%	0.00%	100.00%
TWO-PARTY	820	\$15,653,224.62	\$0.00	\$15,653,224.62	\$1,591.26	\$0.00	\$1,591.26	100.00%	0.00%	100.00%
FAMILY	2,253	\$45,115,204.40	\$0.00	\$45,115,204.40	\$1,668.40	\$0.00	\$1,668.40	100.00%	0.00%	100.00%
TOTAL	3,728	\$68,835,775.82	\$0.00	\$68,835,775.82	\$1,538.64	\$0.00	\$1,538.64	100.00%	0.00%	100.00%

LADWP: HEALTH PLAN OF NEVADA HMO										
	MONTHLY AVG.	EMPLOYER	EE	TOTAL	EMPLOYER	EE	TOTAL	EMPLOYER	EE	TOTAL
SINGLE	-	\$0.00	\$0.00	\$0.00	-	-	-	-	-	-
TWO-PARTY	1	\$21,563.40	\$0.00	\$21,563.40	\$1,796.95	\$0.00	\$1,796.95	100.00%	0.00%	100.00%
FAMILY	2	\$60,260.40	\$0.00	\$60,260.40	\$2,510.85	\$0.00	\$2,510.85	100.00%	0.00%	100.00%
TOTAL	3	\$81,823.80	\$0.00	\$81,823.80	\$2,272.88	\$0.00	\$2,272.88	100.00%	0.00%	100.00%

Overall, the City’s Flex Benefits and LAPRA’s costs PEPM for HMO plans were lower than UFLAC, LAFRA, DWP, and IBEW Local 18’s HMO plan options. HMO options from the City’s Flex Benefits Program and LAPRA ranged from \$916 to \$1,148 PEPM in FY 2014-15, compared to \$1,273 to \$1,539¹¹ PEPM for UFLAC, LAFRA, IBEW Local 18 members, and DWP employees.

The City’s Blue Shield HMO Narrow option through the Civilian Flexible Benefits Program (Flex Benefits) had the lowest average cost per employee at \$916/month, followed by LAPRA’s Anthem Blue Cross HMO plan at \$1,018/month. Excluding the Health Plan of Nevada HMO, the IBEW Local 18-sponsored Anthem Blue Cross HMO had the highest cost per employee per month among other HMO plans offered citywide, at \$1,539/month. The next highest per employee per month cost belonged to the DWP-sponsored United Healthcare HMO plan at \$1,375/month.

HMO premium costs also varied by the level of coverage across employee groups’ health plans.

For example, the lowest employee-only HMO premium in FY 2014-15 was available through the City’s Flex Benefits Blue Shield HMO Narrow plan at \$459 per month, while the IBEW Local 18’s Anthem HMO plan had the highest employee-only HMO premium at \$1,026 per month. Comparatively, the lowest employee plus family HMO premium was through LAPRA’s Anthem HMO at \$1,159 per month, while the highest family HMO premium was through the City’s Blue Shield HMO Full plan at \$1,894 per month (see Exhibit 12).

¹¹ The highest cost per employee per month in FY 2014-15 was attributed to the Health Plan of Nevada HMO at \$2,273/month; however, this plan covered only 3 active employees and was fully subsidized by DWP (the City), so this plan was excluded from this comparison.

✓ **Civilian Employees Accounted for the Majority of Citywide HMO Enrollment FY 2014-15**

Active civilian (non-DWP) employees through the City's Flex Benefits Program accounted for 58% (20,042 to 34,413) of all enrollment in HMO plans; 37% of enrollment (nearly 13,000 employees) was under the City's Kaiser HMO plan, while the remainder were enrolled in Blue Shield's HMO plans.

Collectively, DWP employees comprised the next highest group of employees enrolled in an HMO plan in FY 2014-15. As shown in Exhibit 12, 3,728 DWP employees were enrolled through the IBEW Local 18-sponsored Anthem Blue Cross HMO plan, while 4,017 DWP employees were enrolled in the Kaiser HMO.

✓ **Many City Employees Enrolled in HMO Plans Opted for Family Coverage**

HMO family coverage typically costs the City more to provide since premiums are higher for family versus employee-only coverage and the monthly City subsidy covers up to the Kaiser family rate. Among LAPRA, LAFRA, UFLAC, DWP, and IBEW Local 18 employees enrolled in HMO plans in FY 2014-15, the majority opted into family coverage with their respective health plans. Enrollment for employee-only and family coverage within the City's Flex Benefits HMO options were more closely aligned (Blue Shield Narrow: 2,339 employee-only and 2,904 families; Kaiser: 4,741 employee-only and 4,570 family coverage).

✓ **Most Employees in HMO Plans Did Not Contribute to Annual Health Care Premium Costs**

Employees who selected HMO plan coverage through LAPRA's Anthem Blue Cross HMO, DWP's Kaiser or Health Plan of Nevada HMOs, and IBEW Local 18's Anthem Blue Cross HMO did not have to contribute towards their health care premium in FY 2014-15, regardless of level of coverage. In the City's Flex Benefits Program, most employees who chose the Kaiser HMO or Blue Shield Narrow HMO Plan also did not have to contribute to their health care premiums.¹² Otherwise, employees who selected family coverage under an HMO plan were required to contribute to HMO plan premiums.

✓ **Kaiser HMO Costs Varied by Employee Group**

In FY 2014-15, a Kaiser HMO plan was the only commonly available option for active employees citywide. The City (Flex Benefits), DWP, LAPRA, and LAFRA each offered employees its own version of a Kaiser HMO option, with slight differences in plan design for each set of employees (e.g. costs for physician office visit copays and prescription drugs). Among citywide Kaiser HMO plans, the City's Flex Benefits Kaiser HMO plan had the lowest cost PEPM in FY 2014-15 at \$1,018/month.

¹² City employees in certain bargaining units had to contribute 5% or 10% of costs toward their health care premiums; only 23% of employees in City's Flex Benefits Program made contributions. See Exhibit 10 for more details.

Exhibit 13: Kaiser HMO Cost Comparison by Employee Group, FY 2014-15

Employee Group ¹³	Kaiser HMO – Average Cost Per Employee Per Month
City (Flex Benefits)	\$1,018
LAPRA	\$1,024
LADWP	\$1,310
LAFRA	\$1,347

The difference in monthly premiums between the lowest and highest cost PEPM was \$329 for a Kaiser HMO plan. In general, LAPRA and the City's Flex Benefits program had lower cost per employee per month Kaiser HMO plans compared to LAFRA and LADWP in FY 2014-15.

Only LAPRA members and City Flex Benefits' participants were required to pay copays for physician office visits, urgent care centers, and emergency care visits. Meanwhile, Kaiser HMO plans covered 100% of the cost for the same services for LAFRA members and LADWP employees. Beyond these differences, Kaiser HMO plans among the above employee groups were similar in their plan design. For example, all Kaiser HMO plans available in FY 2014-15 had an out-of-pocket maximum of \$1,500 for individuals and \$3,000 for families.

✓ Minor Variations in HMO Plan Design across Employee Groups

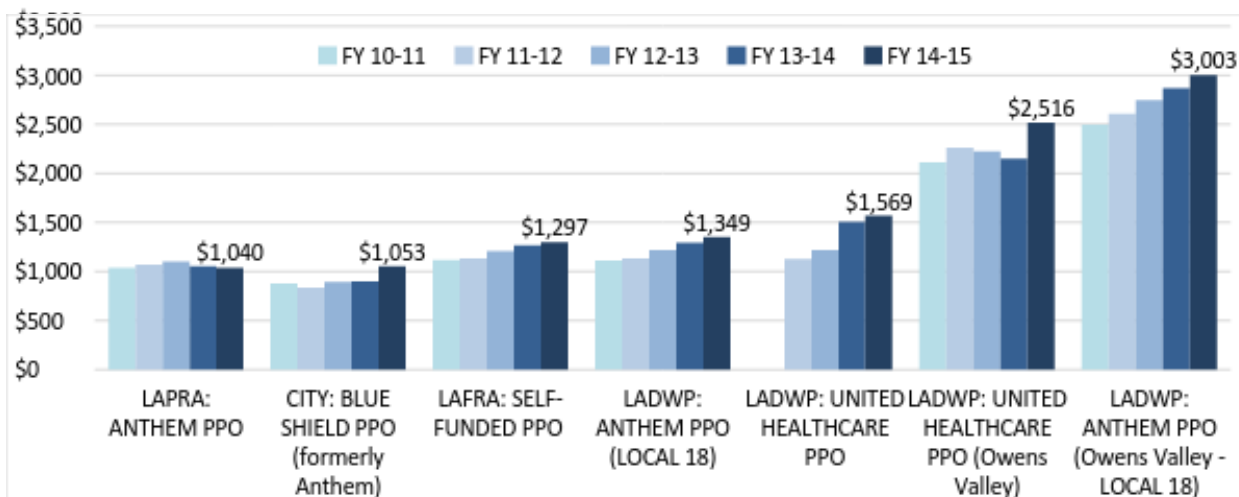
HMO plan designs varied slightly in terms of overall coverage, with minor differences in the plan design's copay and coinsurance for certain benefits, among the various HMO plan options available to employees citywide in FY 2014-15. For example, the Kaiser HMO plans had higher out-of-pocket maximums compared to other HMO plan carriers (including Blue Shield, Anthem Blue Cross, and United Healthcare). For LAPRA and the City's Flex Benefits Program, both Anthem and Kaiser HMO options included \$10-15 copays for physician's office and urgent care visits. Meanwhile, LAFRA and other DWP/IBEW Local 18-sponsored HMOs fully covered similar benefits for its members. (See Appendix for full Citywide Health Plan Comparisons.)

¹³ IBEW Local 18 and UFLAC did not sponsor a Kaiser HMO plan in FY 2014-15; however, DWP and sworn Fire employees were able to access a Kaiser HMO plan through DWP and LAFRA, if desired.

Citywide PPO Plan Comparisons

Citywide, 23% of all active City employees in FY 2014-15 were enrolled in a PPO-type health plan. Among PPO plans offered in FY 2014-15, LAPRA’s Anthem Blue Cross PPO plan had the lowest average cost per employee at \$1,040/month (see Exhibit 14). IBEW Local 18 and UFLAC were the only other groups to sponsor Anthem Blue Cross PPO plans, which averaged \$1,349/month for IBEW Local 18 members and \$1,441/month for UFLAC members.

Exhibit 14: Citywide PPO Plan Comparisons—Cost Per Employee¹⁴



NOTE: Costs reflect total premium costs, including City and employee contributions, and across all levels of coverage (employee-only, two-party, and family coverage).

In prior years, the City’s Flex Benefits Blue Shield PPO was preceded by an Anthem Blue Cross PPO, which also had a lower average cost PEPM than other PPO-type plans offered to active City employees.¹⁵

The PPO plans with the highest cost PEPM were available only to a limited number of LADWP employees located in the Owens Valley region of California. These employees’ health care costs were fully subsidized, regardless of level of coverage. In FY 2014-15, the IBEW Local 18-sponsored Anthem Blue Cross PPO for Owens Valley covered an average of 330 employees each month, while the LADWP-sponsored United Healthcare PPO for Owens Valley covered an average of 14 employees each month. Excluding these higher-cost PPO plans, the difference between the lowest- and highest-cost PPO plans are \$528 per employee per month.

Annual PPO health plan premiums have increased across the board over the past five years. However, compared to FY 2010-11, LAPRA’s Anthem PPO premium costs PEPM went up only 0.2%, which was the lowest five-year increase among all other PPO plans. All other PPO plan options saw increases of at least 16% in premium costs PEPM from FY 2010-11 to FY 2014-15, with the IBEW Local 18-sponsored Anthem Blue Cross PPO plan seeing a 21.5% increase in premium costs during that period.

Exhibit 15 details the cost PEPM for each PPO plan, including the average monthly enrollment, level of coverage, and total annual premium for all covered employees under each plan.

¹⁴ Graph does not include UFLAC’s Anthem PPO plan since no data provided by UFLAC. Based on available data, the UFLAC Anthem PPO average cost per employee in FY 2014-15 was \$1,441/month.

¹⁵ The City’s Flex Benefits Blue Shield PPO plan was preceded by an Anthem Blue Cross PPO plan option from July 2010 through December 2013.

Exhibit 15: Citywide PPO Cost per Employee per Month Comparisons, FY 2014-15

FY 2014-15 PPO PLANS										
	ENROLLMENT	ANNUAL PREMIUM			PER EMPLOYEE PER MONTH			COST SHARING (ER-EE)		
LAPRA: ANTHEM PPO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	1,164	\$10,430,458.50	\$0.00	\$10,430,458.50	\$746.90	\$0.00	\$746.90	100.00%	0.00%	100.00%
TWO-PARTY	761	\$10,105,767.36	\$0.00	\$10,105,767.36	\$1,107.36	\$0.00	\$1,107.36	100.00%	0.00%	100.00%
FAMILY	2,253	\$31,609,234.16	\$0.00	\$31,609,234.16	\$1,169.24	\$0.00	\$1,169.24	100.00%	0.00%	100.00%
TOTAL	4,177	\$52,145,460.02	\$0.00	\$52,145,460.02	\$1,040.31	\$0.00	\$1,040.31	100.00%	0.00%	100.00%
CITY: BLUE SHIELD SPECTRUM PPO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	1,529	\$12,335,855.16	\$340,694.78	\$12,676,549.94	\$672.41	\$18.57	\$690.99	97.31%	2.69%	100.00%
TWO-PARTY(P)	379	\$6,286,229.38	\$651,666.37	\$6,937,895.75	\$1,381.10	\$143.17	\$1,524.28	90.61%	9.39%	100.00%
TWO-PARTY(C)	463	\$7,185,729.31	\$179,765.86	\$7,365,495.17	\$1,292.91	\$32.34	\$1,325.25	97.56%	2.44%	100.00%
FAMILY	366	\$6,051,777.98	\$1,554,883.85	\$7,606,661.83	\$1,378.10	\$354.07	\$1,732.17	79.56%	20.44%	100.00%
TOTAL	2,737	\$31,859,591.83	\$2,727,010.86	\$34,586,602.69	\$969.36	\$83.02	\$1,052.98	92.12%	7.88%	100.00%
LAFRA: SELF-FUNDED PPO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	400	\$3,082,661.46	\$0.00	\$3,082,661.46	\$641.82	\$0.00	\$641.82	100.00%	0.00%	100.00%
TWO-PARTY	458	\$6,419,127.60	\$245,403.00	\$6,664,530.60	\$1,169.24	\$44.70	\$1,213.94	96.32%	3.68%	100.00%
FAMILY	1,444	\$20,261,759.96	\$5,803,135.52	\$26,064,895.48	\$1,169.24	\$334.88	\$1,504.12	77.74%	22.26%	100.00%
TOTAL	2,302	\$29,763,549.02	\$6,048,538.52	\$35,812,087.54	\$1,077.53	\$218.98	\$1,296.51	83.11%	16.89%	100.00%
LADWP: ANTHEM PPO (LOCAL 18)										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	309	\$4,160,820.96	\$0.00	\$4,160,820.96	\$1,122.12	\$0.00	\$1,122.12	100.00%	0.00%	100.00%
TWO-PARTY	72	\$1,433,155.60	\$237,547.86	\$1,670,703.46	\$1,668.40	\$276.54	\$1,944.94	85.78%	14.22%	100.00%
FAMILY	27	\$530,551.20	\$229,824.96	\$760,376.16	\$1,668.40	\$722.72	\$2,391.12	69.77%	30.23%	100.00%
TOTAL	407	\$6,124,527.76	\$467,372.82	\$6,591,900.58	\$1,253.74	\$95.68	\$1,349.42	92.91%	7.09%	100.00%
UFLAC: ANTHEM PPO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	47	\$462,504.00	\$0.00	\$462,504.00	\$825.90	\$0.00	\$825.90	100.00%	0.00%	100.00%
TWO-PARTY	18	\$257,232.80	\$93,781.60	\$351,014.40	\$1,169.24	\$426.28	\$1,595.52	73.28%	26.72%	100.00%
FAMILY	60	\$846,529.76	\$507,219.92	\$1,353,749.68	\$1,169.24	\$700.58	\$1,869.82	62.53%	37.47%	100.00%
TOTAL	125	\$1,566,266.56	\$601,001.52	\$2,167,268.08	\$1,041.40	\$399.60	\$1,441.00	72.27%	27.73%	100.00%
LADWP: UNITED HEALTHCARE PPO										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	39	\$402,997.92	\$0.00	\$402,997.92	\$868.53	\$0.00	\$868.53	100.00%	0.00%	100.00%
TWO-PARTY	53	\$1,062,770.80	\$42,901.95	\$1,105,672.75	\$1,668.40	\$67.35	\$1,735.75	96.12%	3.88%	100.00%
FAMILY	29	\$588,945.20	\$183,079.92	\$772,025.12	\$1,668.40	\$518.64	\$2,187.04	76.29%	23.71%	100.00%
TOTAL	121	\$2,054,713.92	\$225,981.87	\$2,280,695.79	\$1,413.15	\$155.42	\$1,568.57	90.09%	9.91%	100.00%
LADWP: UNITED HEALTHCARE PPO (OWENS VALLEY)										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	4	\$53,082.64	\$0.00	\$53,082.64	\$1,234.48	\$0.00	\$1,234.48	100.00%	0.00%	100.00%
TWO-PARTY	2	\$59,211.12	\$0.00	\$59,211.12	\$2,467.13	\$0.00	\$2,467.13	100.00%	0.00%	100.00%
FAMILY	8	\$295,314.15	\$0.00	\$295,314.15	\$3,108.57	\$0.00	\$3,108.57	100.00%	0.00%	100.00%
TOTAL	14	\$407,607.91	\$0.00	\$407,607.91	\$2,516.10	\$0.00	\$2,516.10	100.00%	0.00%	100.00%
LADWP: ANTHEM PPO (LOCAL 18 - OWENS VALLEY)										
	MONTHLY AVG.	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL	EMPLOYER	EMPLOYEE	TOTAL
SINGLE	50	\$821,133.04	\$0.00	\$821,133.04	\$1,377.74	\$0.00	\$1,377.74	100.00%	0.00%	100.00%
TWO-PARTY	108	\$3,698,353.52	\$0.00	\$3,698,353.52	\$2,864.72	\$0.00	\$2,864.72	100.00%	0.00%	100.00%
FAMILY	173	\$7,369,316.64	\$0.00	\$7,369,316.64	\$3,556.62	\$0.00	\$3,556.62	100.00%	0.00%	100.00%
TOTAL	330	\$11,888,803.20	\$0.00	\$11,888,803.20	\$3,002.98	\$0.00	\$3,002.98	100.00%	0.00%	100.00%

Overall, LAPRA’s and the City’s (Flex Benefits) costs PEPM for PPO plans were lower than LAFRA, UFLAC, DWP, and IBEW Local 18’s PPO plan options. LAPRA’s Anthem Blue Cross PPO in FY 2014-15 cost \$1,040 PEPM, while the City’s Blue Shield Spectrum PPO cost \$1,053 per employee per month.

Excluding the fully-subsidized DWP- and IBEW-sponsored health plan, the highest average cost belonged to DWP’s United Healthcare PPO at \$1,569 PEPM. Comparatively, LAFRA’s Self-Funded PPO cost \$1,297 PEPM, and UFLAC’s Anthem PPO cost \$1,441 per month. IBEW Local 18’s Anthem Blue Cross PPO plan cost \$1,349 per employee per month.

PPO premium costs also varied by the level of coverage across employee groups' health plans. For example, the lowest employee-only PPO premium in FY 2014-15 was available through LAFRA's Self-Funded PPO plan at \$642 per month, while the IBEW Local 18's Anthem PPO plan had the highest employee-only PPO premium at \$1,122 per month. Comparatively, the lowest employee plus family PPO premium was through LAPRA's Anthem PPO at \$1,169 per month, while the highest family HMO premium was through the IBEW Local 18's Anthem PPO plan at \$2,391 per month (see Exhibit 15).

LAPRA's PPO Enrollment Comprised 41% of Citywide PPO Enrollment. PPO plan enrollment in FY 2014-15 was highest for the LAPRA Anthem Blue Cross PPO, the City's Blue Shield Spectrum PPO, and the LAFRA PPO, at 4,177, 2,737, and 2,302 employees, respectively.

Most Employees in PPO Plans and Employee-Only Coverage Did Not Contribute to Annual Health Care Premium Costs. Sworn employees under the LAPRA Anthem Blue Cross PPO did not have to contribute to their health care premiums, regardless of level of coverage.¹⁶ Firefighters under LAFRA's and UFLAC's PPO plans and DWP employees under the United Healthcare PPO or the IBEW Local 18-sponsored Anthem Blue Cross PPO plans also did not have to contribute to annual health care premiums if they selected employee-only coverage. Most employees in the City's Flex Benefits Program did not have to contribute towards the Blue Shield Spectrum PPO plan if they selected employee-only or employee plus child coverage.

More Variation in PPO Plan Design across Employee Groups. PPO plan designs have more variation across employee groups, but provide similar overall coverage. For example, PPO plan deductibles across employee groups ranged from \$250 to \$750 for year for individual, in-network coverage (LAFRA Self-Funded PPO to City Flex Blue Shield Spectrum PPO). In addition, out-of-pocket maximums ranged from \$500 to \$2,000 for individual, in-network coverage (DWP's United Healthcare PPO for Owens Valley compared to LAFRA Self-Funded PPO, the City's Flex Benefits Blue Shield PPO, and DWP's United Healthcare PPO for all other employees).

IBEW Local 18-sponsored Anthem Blue Cross PPOs (including the PPO for Owens Valley) were the only PPO plans to pay 100% of physician office visits; all other plans and healthcare providers required a \$15-30 copay or a 10% coinsurance payment for in-network services.

LAFRA's PPO was the only plan design that had unique features not found in other PPO plans offered citywide. Exhibit 16 demonstrates that LAFRA members under the Self-Funded Relief PPO Plan either had 100% of the following benefits paid while other PPO plans only partially covered the same benefit, or had lower copays compared to other PPO plans offered citywide.

¹⁶ DWP employees located in the Owens Valley also did not have to contribute to their annual health care premiums, regardless of coverage (includes IBEW Local 18-sponsored plans for Owens Valley employees.)

Exhibit 16: LAFRA Self-Funded PPO Plan Design Compared to Other Citywide PPO Plans, FY 2014-15

BENEFIT	LAFRA Self-Funded PPO	Other PPO Plans (City Flex Benefits, LAPRA, DWP, and IBEW Local 18)
Urgent Care Centers	\$15 copay	IBEW: Plan pays 90% of costs All Others: \$25-50 copay
Ambulance	\$15 copay	All Others: Plan pays 70-90% after deductible
Inpatient Hospital Physician Visits	Plan pays 100%	All Others: Plan pays 80-90%
Labs / X-rays	Plan pays 100%	All Others: Plan pays 80-90%
Physical and Occupational Therapy	Plan pays 100% up to \$3,500/year	DWP: \$35 copays for up to 20 visits/calendar year All Others: Plan pays 70-90%
Chiropractic Care	Plan pays 100% up to \$50/visit and \$2,000/calendar year	DWP: \$35 copays for up to 20 visits/calendar year All Others: Plan pays 80-90% up to 24-30 visits/calendar year

NOTE: "Other PPO Plans" do not include DWP- and IBEW Local 18-sponsored PPO plans available only to DWP employees in the Owens Valley; for these employees, both PPO plans typically covered 100% of costs after deductible.

LAFRA's self-funded (self-insured) plan status allows it to set premiums for its employees and in some cases, provide similar or improved features from other health plans at a lower cost to the employee. A self-insured plan is a health plan offered by employers who directly assume the major cost of health insurance for its employees (as opposed to a fully-insured plan where, for example, the City will contract with Kaiser to assume financial responsibility for the enrollees' medical claims and incurred administrative costs). LAFRA's PPO plan was self-funded in FY 2014-15 and in prior years.



COMPARISONS TO OTHER JURISDICTIONS

The majority of surveyed city and county governments had a single benefits administration for all active full-time employees. The City of Los Angeles is unique in its fragmented approach to benefits administration.

Eleven jurisdictions confirmed that benefits administration was centralized in one department/office for all of its active employees. **Conversely, in the City of Los Angeles, six different entities within the City of Los Angeles administered 19 different health plan options for active employees in FY 2014-15.** No other jurisdiction reported having as many employee groups or bargaining units involved in the administration of health benefits for active employees. The health plans and/or employee contributions still differed by employee group in other jurisdictions. Other jurisdictions also did not allow another employee group or association to administer benefits alongside the city/county's human resources function.

Exhibit 17: Benefits Administration in the City of Los Angeles, 2015

Benefits Administration	HMO Plans	PPO Plans	TOTAL
DWP Benefits Administration	3	2	5
Personnel Department (City Flex Benefits)	3	1	4
IBEW Local 18	1	2	3
LAPRA	2	1	3
LAFRA	1	1	2
UFLAC	1	1	2
TOTAL 6 Employee Groups	11	8	19

NOTE: includes 2 PPO plans administered by DWP and IBEW Local 18 for Owens Valley employees only, and 1 HMO plan administered by DWP for Southern Nevada employees only.

✓ The City Offered More Health Plan Options than Other Jurisdictions

As mentioned earlier, the City of Los Angeles offered 19 distinct health plan options for active employees. Thirteen (13) jurisdictions we researched had four or more health plan options available to its active employees. Four governments offered their employees exactly four health plan options. In many cases, the available plans reflected similar health plan designs but different employee groups, or levels of employee contribution. Los Angeles County offered 18 health plan options, with different plans available to employees depending on their bargaining unit.

✓ Certain Health Plans Were Limited to Specific Bargaining Units

Similar to the City of Los Angeles, some plans in other government agencies were only available to employees belonging to certain employee bargaining units. At least eight jurisdictions had health plans that were limited to active employees in sworn (law enforcement or fire-related) bargaining units. Health plans with limited enrollment can result in different premium costs and require additional resources to administer a different set of benefits for selected employees.

✓ Most Jurisdictions Surveyed Required Employee Contributions to Some Degree

As mentioned in Section I, **77% of all active employees in the City of Los Angeles were not required to contribute, and/or did not voluntarily contribute towards the cost of their health care premiums in FY 2014-15**, since the City's monthly health care subsidy fully covered employees' health care premium costs.

Other cities and counties also subsidized their employees' health care benefits, but still required employee contributions to some degree. For example, at least 11 jurisdictions set a maximum percentage of premium costs that the city or county would subsidize for each employee, ranging from 70% to 95% of premium costs; employees were responsible for covering the difference between the subsidy and the premium cost. At least 10 jurisdictions had an established dollar amount to subsidize each employee's premiums, which was typically set through labor negotiations, and in 12 jurisdictions, the amount of required employee contribution varied depending specifically on the employee's bargaining unit.

Los Angeles County offers cafeteria plans—also known as flexible benefit plans—to its employees. Under these plans, the County allots a negotiated amount for each employee's benefits. Employees then move through a metaphorical cafeteria line, choosing to spend their allocated sums on a variety of menu items – health, dental and life insurance plans, and on other benefits such as the funding of health care and dependent care spending accounts, all on a pretax basis. Employees pocket any leftover funds as taxable income. Such plans recognize that employees have diverse needs and encourage them to tailor their benefit packages to cover their individual situations. For instance, a healthy young person might opt for a less costly health plan and choose to receive more taxable cash. **The City has considered but rejected full-fledged cafeteria plans as too expensive, but offers a modified cafeteria plan for regular civilian employees.** In certain instances –dental coverage, for example –employees can pocket an extra \$60 per year in taxable income if they choose a more restrictive, preventative care-only model. However, for regular health insurance, the City keeps any cash it saves when an employee chooses a plan that is less expensive than the subsidy the City offers.

New York City, San Antonio and Seattle offered at least one health plan with employee-only coverage to its active full-time employees free of charge, but required employee contributions for additional coverage or other health plans. In some cases, the city or county health care subsidy was enough to fully cover the employee's premium. For example, each of the top five California counties by population (Los Angeles, San Diego, Orange, Riverside, and San Bernardino) provided a set dollar amount per employee for health care, either in the form of a premium subsidy or "credits" to be issued to the employee. In Los Angeles and Riverside Counties, the monthly subsidies were able to cover the full premium cost of a few plans, depending on level of coverage. However, for San Diego, Orange, and San Bernardino Counties, the subsidy only partially covered the health premium costs (for Orange County, this was about 90% of the premium for employee-only coverage and 75% for dependent coverage for both HMO and PPO plans); the employee was responsible for contributing the remaining difference between the premium cost and the County subsidy.

In the **City of Chicago**, employee contributions have historically been set at a tiered contribution rate depending on the employee's salary (under \$30,000, \$30,000 to \$90,000, and above \$90,000) and level of coverage; higher salaried employees pay more towards their health care premiums. The City is responsible for subsidizing the difference between the premium cost and the employee's contribution.

In the **City of Houston**, all employees are required to contribute up to 25% of the costs towards their health care premiums. However, employees can reduce their level of contribution on a bi-weekly basis through discounts for confirmed non-tobacco users and/or participation in the City's annual health assessment and wellness engagement programs. The City of Dallas had similar premium discounts in place for employees who confirmed non-tobacco user status and/or participation in their sponsored wellness incentive program.

The City's average costs to provide employee health benefits were within the range of other large employers and governments for HMO plans, and higher than other large employers and governments for PPO plans.

Among Southern California jurisdictions, the City's Kaiser HMO plans were in the mid-range of premium costs, while the City's various PPO plans were mostly on the lower range of premium costs.

Cost Differences

Premium costs for HMO and PPO plans can also vary by jurisdiction due to geographical differences. For example, Covered California breaks the state into 19 pricing regions¹⁷, each with different health insurance options and monthly premium prices, depending on the applicant's age, family size, and income (to determine eligibility for federal subsidies). Provider competition is one factor in regional premium price differences; there is less negotiating leverage with health insurance companies if a few large integrated hospital systems and medical groups dominate a region with fewer hospitals. Other factors such as the cost of medical care, plan utilization, and the demographics of covered employees and dependents may also contribute to premium cost differences across jurisdictions.

¹⁷ In Covered California, Los Angeles County is separated into two distinct pricing regions: Pricing Region 15 covers northeast Los Angeles County, and Pricing Region 16 covers southwest Los Angeles County. Covered California is the state's marketplace for the federal Patient Protection and Affordable Care Act and offers affordable health insurance plans to individuals and families.

HMO Premiums Comparison

The City’s average cost to provide an employee with HMO plan coverage was between that of other governments and national employers in 2014. Mercer Consulting presented its annual National Survey of Employer-Sponsored Health Plans to the City’s JL-MBC in May 2015; Exhibit 18 shows how the City’s (Flex Benefits) HMO costs compared to other employers in 2013 and 2014. Mercer’s survey compared the City of Los Angeles to other governments, city governments, and other national employers with 500 or more employees.

Exhibit 18: Mercer National Survey - Average HMO Cost per Active Employee, 2013 vs. 2014

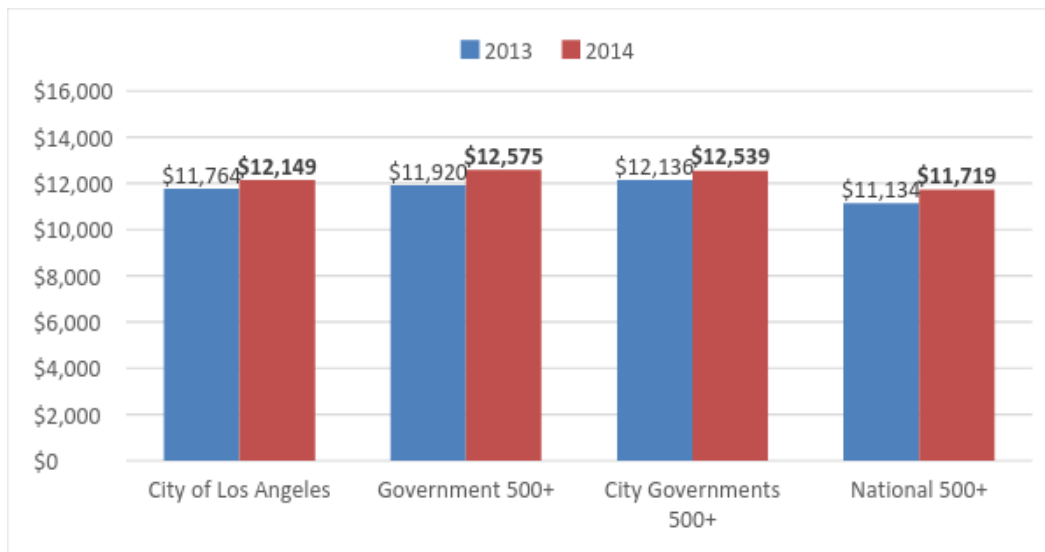


Exhibit 19: Comparison of S. California Governments—Kaiser Permanente HMO Premiums (2015)

<i>Kaiser Permanente HMO Monthly Premium Rates</i>		
Jurisdiction	Employee-Only	Employee + Family Coverage
San Diego County	\$428	\$1,212
City of Anaheim	\$481	\$1,360
Orange County (2016)	\$508	\$1,438
City of Los Angeles (LAPRA)	\$523	\$1,216
San Bernardino County	\$531	\$1,541
City of Los Angeles (City Flex)	\$544	\$1,414
City of Los Angeles (LAFRA)	\$585	\$1,465
City of Los Angeles (DWP)	\$590	\$1,668
County of Los Angeles (Options) ¹⁸	\$600	\$1,395
Riverside County	\$617	\$1,586
County of Los Angeles (Choices) ¹⁹	\$638	\$1,474

NOTE: Kaiser Premium costs differ across employee groups and employers based on each group or employer's coverage pool, plan experience, and plan utilization and design in prior years. Benefit administration years are for Fiscal Year (July-June) 2014-15 or calendar year 2015 unless otherwise noted.

San Diego County had the lowest premium costs for both employee-only and family coverage under the Kaiser HMO in 2015 at \$428/month and \$1,212/month, respectively. Higher copay amounts may have contributed to lower premium costs; in comparison to the City, San Diego's Kaiser Plan included higher copays for some services than the City's Flex plan. For example, copays for physician visits were \$25 for San Diego compared to the City's \$15 copay and the emergency care copay was \$125 for San Diego compared to the City's \$100 copay. However, the City of Anaheim had the same copay amounts as the City for physician visits and a lower copay amount for emergency care, yet its premium costs were lower than City Flex.

On the other end of premium costs, the County of Los Angeles (Choices) had the highest employee-only Kaiser HMO premium cost at \$638/month. The City's Kaiser Plan for DWP employees had the highest family coverage Kaiser HMO premium cost at \$1,668/month, despite having a lower employee-only premium compared to the County of Los Angeles. As noted earlier, health plan utilization and the demographics of covered employees and dependents may have contributed to premium cost differences among employee groups and across jurisdictions.

¹⁸ *Options* refers to full-time Los Angeles County employees represented by a number of bargaining units covering clerical, technical, administrative, and paramedical employees, as well as social workers, registered nurses, health science professionals, artisan and blue collar employees, librarians, child welfare workers, and Superior Court staff.

¹⁹ *Choices* refers to full-time Los Angeles County employees represented by a number of bargaining units covering appraisers, pharmacists, physicians, building trades, engineers, peace officers, corrections and probation officers, firefighters, and social workers.

PPO Premiums Compared to Other Jurisdictions

In 2014, the average PPO/POS cost per employee for all governments with more than 500 employees, including the City of Los Angeles, was higher than the national average of similar-sized employers. The City's average PPO cost was higher than other governments in 2014; however, in 2013 the average PPO cost was similar to other governments. Average PPO/POS costs rose by 3-6% for all employers from 2013 to 2014.

Health insurance carriers for PPO plans varied more widely among city and county governments in Southern California, where Anthem Blue Cross, United Healthcare, and Blue Shield were common insurance carriers. Exhibit 21 shows a comparison of the PPO and POS premium costs for employee-only and employee plus family coverage in each jurisdiction.

Exhibit 20: Mercer National Survey - Average PPO/POS Cost Per Active Employee, 2013 vs. 2014

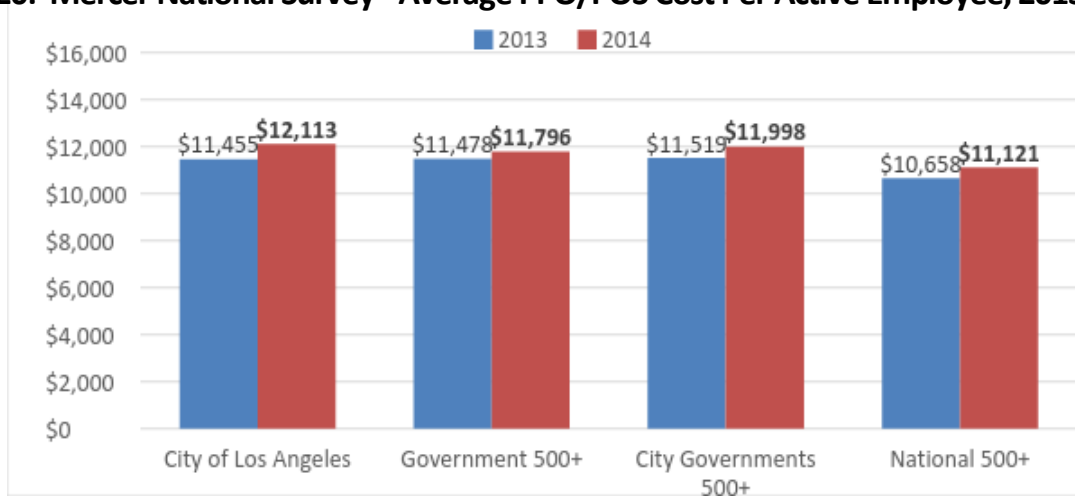


Exhibit 21: Comparison of Southern California Governments – PPO/POS Plan Premiums (2015)

<i>PPO/POS Plan Premiums</i>			
Jurisdiction	Plan Name	Employee-Only	Employee + Family Coverage
<i>City of Los Angeles (LAFRA)</i>	<i>LAFRA Self-Funded PPO*</i>	\$642	\$1,504
<i>City of Los Angeles (City Flex)</i>	<i>Blue Shield Spectrum PPO</i>	\$723	\$1,811
Orange County (2016)	Blue Shield Wellwise Choice PPO	\$741	\$1,853
<i>City of Los Angeles (LAPRA)</i>	<i>LAPRA Anthem Blue Cross Prudent Buyer PPO*</i>	\$747	\$1,169
<i>City of Los Angeles (UFLAC)</i>	<i>UFLAC PPO</i>	\$826	\$1,869
County of Los Angeles (Choices)	CAPE Blue Shield Classic POS*	\$832	\$1,918
San Bernardino County	Blue Shield PPO	\$836	\$2,636
<i>City of Los Angeles (DWP)</i>	<i>United Healthcare PPO</i>	\$869	\$2,187
San Diego County	Anthem Blue Cross Prudent Buyer PPO	\$872	\$2,468
County of Los Angeles (Choices)	ALADS* Blue Cross Prudent Buyer Basic	\$917	\$2,056
Riverside County	United Healthcare PPO	\$966	\$2,478
County of Los Angeles (Choices)	ALADS* Blue Cross Prudent Buyer Premier	\$1,039	\$2,178
<i>City of Los Angeles (IBEW)</i>	<i>Anthem Blue Cross PPO (Local 18)*</i>	\$1,122	\$2,391
<i>City of Los Angeles (DWP)</i>	<i>United Healthcare Non-Differential PPO (Owens Valley employees only)</i>	\$1,234	\$3,109
County of Los Angeles (Choices)	CIGNA Network POS	\$1,259	\$2,353
<i>City of Los Angeles (IBEW)</i>	<i>Anthem Blue Cross PPO (Local 18) Prudent Buyer* (Owens Valley employees only)</i>	\$1,378	\$3,557
County of Los Angeles (Options)	United Healthcare Select Plus PPO	\$1,738	\$4,069

(*) – Plan only available to members of noted employee associations/unions in each jurisdiction. Benefit administration years are for Fiscal year (July-June) 2014-15 or calendar year 2015 unless otherwise noted.

Many of the City's various PPO plan options were in the lower range of monthly premiums compared to other jurisdictions in 2015. As noted earlier, variations in health plan design, utilization and the demographics of covered employees and dependents may have contributed to premium cost differences among employee groups and across jurisdictions. LAFRA's Self-Funded PPO had the lowest premium cost for employee-only coverage at \$642/month compared to other city and county governments in Southern California. As a self-insured organization, LAFRA is able to set its own premium rates since it assumes all the financial risks for its members' medical costs. The City's Flex Benefits Blue Shield Spectrum PPO had the next lowest premium cost for employee-only coverage at \$723/month. In terms of family coverage (or employee plus 2 or more dependents), LAPRA's Anthem Blue Cross Prudent Buyer PPO had the lowest monthly premium cost compared to other jurisdictions and PPO/POS plans. As shown in exhibit 21, PPO plans sponsored by DWP and IBEW Local 18 for employees in the City of Los Angeles were among the highest in terms of monthly premium costs.

The County of Los Angeles had the highest monthly PPO plan premium for employee-only coverage at \$1,738/month for the United Healthcare PPO. The County also offered its employees point-of-service (POS) plans, which resemble HMOs for in-network services and provides reimbursements for out-of-network services; these plans had lower monthly premiums than the traditional PPO plan options offered by the county.

A few jurisdictions (Orange County, Los Angeles County and San Diego County) also offered high-deductible PPO plans, which had the lowest monthly premium costs for PPO plans among Southern California jurisdictions in 2015 (e.g., Orange County’s Sharewell Choice PPO had premium costs of \$366 for employee only coverage and \$732 for family coverage). With high-deductible PPO plans, the employee would pay a higher dollar amount for medical services each year before the insurer began to cover medical costs.

Exhibit 22: Mercer National Survey 2014 – Employer-Sponsored Health Management Programs

Health Management Programs and Policies Offered	Government 500+	City Governments 500+	National 500+
Health Assessment	85%	84%	79%
Face-to-face health/lifestyle coaching	53%	58%	40%
Phone/web-based health/lifestyle coaching	77%	78%	68%
Use financial or non-financial incentives with health management program	60%	72%	61%
- Lower premium contributions	34%	33%	39%
- Financial contribution to HRA, HSA, FSA	23%	21%	15%
- Lower premium contribution for non- tobacco users	11%	10%	21%



OPPORTUNITIES FOR SAVINGS

In conducting this research study, there were several areas that came to our attention that we believe hold the potential for costs savings. Additional information about these areas is discussed in this section.

Plan Design Changes Can Reduce Premium Costs

The City and other benefit administrators can request health insurance providers to **modify existing health plan designs**, in an attempt to reduce overall premium costs. For example, in 2014 the Personnel Department and the Joint Labor-Management Benefits Committee (JL-MBC) offered the Blue Shield Access+ HMO SaveNet Plan (Narrow) plan as a separate option from the Blue Shield Access+ HMO (Full). The difference between the two options was the SaveNet physician network, which was a subset of the Blue Shield Full HMO network, and resulted in a lower annual premium than participation in the Full HMO network plan²¹.

The City could also propose **increasing employees' deductibles** in existing or new health plan designs. Raising the employees' deductible would help to reduce annual premium costs from one year to the next without significantly changing the insurance plan, and would shift some of the cost of medical services to the employee. Employers have used this strategy in recent years. For example, a Kaiser Family Foundation 2015 national employer survey found that the average general deductible for workers with single coverage has climbed nearly seven times faster than wages over the past five years. In addition, **premium costs could also be reduced by increasing an employee's out-of-pocket maximum and establishing or increasing copays or coinsurance charges for specific medical services.**

For example, according to Covered California estimates for 2016, an individual could choose among standard health benefit plans covering 60% to 90% of average annual costs; the lowest monthly premium would be associated with the lowest percentage of covered costs and the highest copay amounts. According to City staff, the use of increased deductibles, copays and coinsurance charges can encourage employees and their dependents to seek medical care only when it is needed, while still making it affordable enough to seek medical attention before more serious (and more costly) issues develop.

²⁰ The Personnel Department and JL-MBC switched insurance providers from Anthem Blue Cross to Blue Shield beginning with calendar year 2014 benefits. Calendar year 2013 was actually the first year that the City's Flex Benefits Program offered a "narrow" and "full" HMO network plan, with Anthem Select HMO and Anthem HMO+ available to most of its active employees.

Reducing Health Care Costs through Health and Wellness Programs

Personnel staff indicated that a major driver of increasing health care costs was the cost of chronic health conditions that go untreated. Personnel staff also reported that insurance carriers often offer their own health and wellness programs to subscribers to help influence their subscribers' health-related behavior, while simultaneously helping to mitigate chronic health conditions and reduce long-term medical costs. Health and wellness programs from insurance carriers can range from general education to a gift card or raffle entry after completing a number of questionnaires or programs.

In November 2015, the JL-MBC approved the Personnel Department's recommendations to implement a Citywide Wellness Program. The Program is currently in its initial stages of implementation to align a universal mission, goals, and strategies for all Flex Benefits members, regardless of their health plans. The Program provides a common platform to disseminate wellness-related information and access to resources, while taking into consideration resources already available from health care providers. The Citywide Wellness Program will also offer wellness education/counseling and City-sponsored event-based behavioral programs (such as walking programs, smoking cessation programs, biometric screening etc.) to all City Flex Benefits members.

In Mercer's 2014 National Survey of Employer-Sponsored Health Plans, 84% of city government employers reported offering a health assessment as part of an official health management program. Exhibit 22 shows other summary results from the Mercer survey regarding health management programs.

Large employers (of 500+ employees) also reported using financial or non-financial incentives in connection with a health management program. **Among city governments, 72% of employers reported using such incentives, compared to the national average of 61%.**

A few city governments within and outside of California officially administer health and wellness programs that offer reduced bi-weekly or monthly health care premiums and/or credits towards a Health Savings Account or Flexible Spending Account for completing a health and wellness program. For example, Orange County promotes the *OC Healthy Steps* Wellness Program, which requires employees to complete three "steps": 1) a biometric screening to determine risk for certain diseases and medical conditions; 2) an online Health Risk Assessment that once completed, provides recommendations for health improvement, and 3) a Non-Smoking Attestation. County employees who completed all steps by August 2015 were eligible to receive the *OC Healthy Steps* Wellness Credit for the 2016 benefit year, which amounted to 5% of the employee's premium cost (reducing the employee's contribution from 10% of the premium cost to 5% for employee-only coverage).

The City of Houston also offered its employees premium discounts for participating in a sponsored wellness program and attesting as a non-tobacco user. By participating in Houston's wellness compliance program in 2015, an employee was eligible for a \$12.50 reduction in the bi-weekly medical premium, while the non-tobacco user discount resulted in a \$25 reduction in the premium. Both discounts could be combined (providing a \$37.50 reduction in bi-weekly medical premiums) across all plans and levels of coverage.

In addition, the City and County of San Francisco recently initiated a Wellness Plan to help improve the overall well-being of their employees and their families while also helping to improve health outcomes and manage the rising costs of health care. The Wellness Plan focuses on providing classes and resources available citywide, while also identifying "Champions" in each department to drive employee engagement in citywide and department-specific health initiatives.

We also noted that two of our benchmarked jurisdictions (Portland and San Diego County) have a healthcare Employee Health Benefits: A Comparative Analysis Opportunity for Savings professional (e.g., a Nurse Practitioner or other experienced healthcare professional) to oversee/coordinate the Wellness Programs offered to employees. Assuming that health and wellness promotion could encourage employees and their families to take better care of themselves and prevent chronic conditions, fully implementing a Citywide Wellness Program could potentially have a long-term effect on controlling or reducing health care premium costs, regardless of health plan provider. The City could offer an official health and wellness program available for all active employees, regardless of employee group or bargaining unit.

Reducing the City Health Care Subsidy through Labor Negotiations

The City's monthly health care subsidy is established through a Memorandum of Understanding (MOU) with each of the City's individual employee bargaining units, which includes the terms and conditions of all benefits received by its employees. The City Administrative Officer (CAO) is charged with negotiating the maximum City subsidy, as well as all other benefits, with employee bargaining units.

In recent sworn (Police and Fire) MOUs, the City's maximum monthly subsidy is a set dollar amount for either employee-only or family coverage; these changes were agreed to through negotiations to reflect the different premiums and plans offered to sworn Police and Fire employees. The City's maximum monthly health care subsidy has historically been tied to the "Kaiser HMO family rate". According to CAO staff, attempts to modify the subsidy language in the MOU to the "lowest cost HMO family coverage" or something similar have not met with accord.

As discussed in Section II, at least 10 jurisdictions we surveyed had an established dollar amount to pay towards each employee's premiums, which was typically set through labor negotiations.

Cost Allocation

As mentioned in Section I, most employees were not required to contribute to their annual health care premiums in FY 2014-15; only 23% of active employees in the City's Flex Benefit Program contributed 5-10% towards their respective health care premiums.

As of December 2015, the City Council approved updated MOUs for employees represented by the Coalition of L.A. City Unions—which comprise the majority of employees in the City's Flex Benefits Program—that will not require any additional net contributions from employees toward their health insurance costs through June 2018²¹.

²¹ On December 8, 2015, the City Council approved new MOUs for employees under the Coalition of L.A. City Unions. Under the terms of the new MOUs, employees would make a 1.5% pre-tax contribution toward the cost of health insurance effective December 25, 2016. Concurrently, the City would provide employees with a non-pensionable bonus of 1.5% of base salary to defray the employees' net cost. In the process of implementing these provisions, the City sought advice from independent tax counsel which determined that the employee contribution cannot, consistent with Internal Revenue Code Section 125, be implemented on a pre-tax basis. Therefore, both the employee contribution and City defrayal were nullified under the Provisions of Law and Separability article in the MOUs.

Consolidating Benefits Administration

The Personnel Department is responsible for implementing and administering health care plans under the City's Flex Benefits Program and as determined by the City's Joint Labor-Management Benefits Committee. Similarly, DWP Benefits Administration, LAPRA, LAFRA, UFLAC, and IBEW Local 18 also dedicate staff and resources to implement and administer distinct health benefit plans for each respective group of active employees. In addition to direct staff, other resources include any costs related to third-party administrators and/or consultants who assist in benefits administration.

Potentially, the City could consolidate benefits administration staff and resources to eliminate any redundancy or inefficiency while achieving administrative cost savings. The amount of cost savings achieved would depend on several factors:

- Which benefits administrators would be willing to consolidate;
- How much staff or resources would be required to implement and manage the applicable health plans and covered employees under a consolidated administration; and,
- Any cost-sharing arrangements previously determined through negotiated labor agreements.

Consolidation would also be dependent on organizations such as LAPRA, LAFRA, UFLAC, and IBEW Local 18

Consolidating Citywide Employee Health Plans

The City may want to consider offering a smaller menu of health plans available to all employees, regardless of department, sworn status, or bargaining unit. As noted in Exhibits 11 and 14, the average cost per employee per month for HMO and PPO plans varied widely across employee groups, with a difference of \$528 and \$622 between the lowest- and highest-average cost HMO and PPO plan options, respectively, in FY 2014-15. Plan consolidation would likely mean that employees in certain employee groups who currently have lower health care premiums would have to pay more. However, combined with health and wellness programs and plan design changes, consolidation of health plans could potentially lower the City's average health care costs.

Caveats: Since premium costs are determined by health insurance carriers based on the plan's experience, utilization, and demographics, the carrier and selected health plan would consider the collective characteristics of any consolidated employment pool and their dependents. As a result, health insurance carriers may propose lower, similar, or higher health care premiums. According to various individuals familiar with the health insurance industry and the City of Los Angeles, enlarging the number of employees for coverage under one existing plan may not clearly result in additional cost savings given the City's size as an employer, the number of employees currently enrolled in various plans, and the varying premiums for each of those plans. However, an overall cost reduction through consolidation cannot be absolutely ruled out; for example, a new plan design structure, such as a high-deductible health plan, combined with a consolidated employment pool, could potentially reduce the City's health care costs, assuming that all relevant employee organizations and bargaining units agreed to such benefit changes.

Potential advantages to consolidating health plan options citywide include:

- Uniform plan options and premium rates for all City employees, regardless of employee group or bargaining unit
- Increased transparency and clarity, less bureaucracy
- Potentially larger pool of employees to share health care costs

However, the barriers to consolidating health plan options available citywide include:

- City Administrative Code allows employee organizations to administer benefits (ex. LAPRA, LAFRA)
- City's monthly health care subsidy and specific health insurance plans are governed by negotiated labor agreements with the City and its various employee bargaining units
- Current agreements with health insurance carriers are not aligned across benefits administrators (for example, the City's Flex Benefits agreements with Kaiser Permanente and Blue Shield run through calendar year 2016; DWP's agreements with Kaiser Permanente and United Healthcare run through fiscal year 2017-18).

LAPRA's employee pool, comprised of sworn Police officers, are likely to be younger, more physically fit, and predominantly male, which would be reflected by health insurance carriers proposing lower health care premiums to cover such employees.²² If this group of active employees was consolidated into a broader pool of City employees, LAPRA members would likely see higher-cost premiums compared to prior years, though the average citywide rate might be reduced

Verifying Dependents' Benefits Eligibility

In July 2014, the Controller's Office issued a report, "Review of Civilian Flexible Benefits Payments" which recommended the Personnel Department implement controls to ensure required eligibility documentation is provided and that dependent coverage for medical and dental benefits is cancelled when eligibility has not been verified. The Personnel Department implemented a Dependent Eligibility Verification Program to ensure health coverage is provided only to eligible employee dependents. The City's other entities that provide health benefits to employees, such as LAPRA, LAFRA, UFLAC, DWP and IBEW Local 18 should also implement procedures to verify dependent eligibility to ensure the City does not incur unnecessary costs.

Integrating Regular and Workers' Compensation Care

The City might also consider a fundamental restructuring of the way it provides healthcare to employees who are injured on the job. Experts have told my office that integrating workers' compensation medical care with group health care has the potential to save the City millions and perhaps tens of millions of dollars per year.

Integrating workers' compensation health coverage, where administrative overhead costs are higher, with group health, where administrative costs tend to be lower, has been allowed since 2004 in California, if an employer and union agree. However, there have been only limited experiments.

²² Premiums for Kaiser (employee and family coverage) for LAPRA members are lower than Kaiser Premiums for all other City employee groups; PPO rates for LAPRA (family coverage) are also lower than similar coverage for other City employee groups.

In fact, my office has found only one such long-running merger nationally. It involves union electricians in New York. There, the Joint Industry Board of the Electrical Industry, which serves members of IBEW Local 3 and numerous private employers, combined workers' compensation and group health insurance networks through MagnaCare, a company that organizes and leases networks of medical providers who have agreed to provide care at negotiated rates. MagnaCare reported that the integration cut the joint board's workers' compensation medical costs by 40%. The general counsel for the joint board confirmed there have been substantial savings, estimating they were in the range of 25% to 35%.

The City would face challenges if it sought to follow this path. Integrating care would require that labor trust the employer, which would be no small accomplishment. It would also require that group health insurers be willing to calculate accurately risks they are not accustomed to dealing with -- such as the costs of caring for injured workers' without charging them co-pays or applying deductibles, which are illegal under workers' compensation. A merger would also require overcoming the near-certain opposition of groups with a financial stake in maintaining the workers' compensation system the way it is.

However, injured workers might be better served if they were routinely treated by their regular physicians -- and for the City, financial rewards could be significant. Frank Neuhauser, a senior researcher at UC Berkeley, has reported that charges for managing workers' compensation insurance claims are more than four times higher in California than charges for managing group health claims. Mr. Neuhauser told my office that he believes the City could shave tens of millions of dollars off its \$104 million bill for workers' compensation medical costs.

GLOSSARY

Coinsurance is a form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid. Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges.

Copayment, or copays, are a form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement. There may be separate copayments for different services. Some plans require that a deductible first be met for some specific services before a copayment applies.

Deductible is a fixed dollar amount during the benefit period—usually a year—that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles. Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission. Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

Fully insured plan is a plan where the employer contracts with another organization to assume financial responsibility for the enrollees' medical claims and for all incurred administrative costs.

Health Management Organization (HMO) refers to a health care system that assumes both the financial risks associated with providing comprehensive medical services (insurance and service risk) and the responsibility for health care delivery in a particular geographic area to HMO members, usually in return for a fixed, prepaid fee. Financial risk may be shared with the providers participating in the HMO.

Point-of-service (POS) plan refers to a plan that is an "HMO/PPO" hybrid; also sometimes referred to as an "open-ended" HMO when offered by an HMO. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans (e.g., provider reimbursement based on a fee schedule or usual, customary and reasonable charges).

Preferred Provider Organization (PPO) refers to an indemnity plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.

Premium is an agreed upon fee paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or shared by both the insured individual and the plan sponsor.

Self-insured plan A plan offered by employers who directly assume the major cost of health insurance for their employees. Some self-insured plans bear the entire risk. Other self-insured employers insure against large claims by purchasing stop-loss coverage. Some self-insured employers contract with insurance carriers or third party administrators for claims processing and other administrative services; other self-insured plans are self-administered. Minimum Premium Plans (MPP) are included in the self-insured health plan category. All types of plans (Conventional Indemnity, PPO, EPO, HMO, POS, and PHOs) can be financed on a self-insured basis. Employers may offer both self-insured and fully insured plans to their employees.



APPENDIX: CITYWIDE PLAN COMPARISONS

The City of Los Angeles has six different entities that administer health benefits to active full-time employees. Each entity or employee group that offers health benefits to active City employees utilizes a different set of healthcare providers. As a result, 19 different plan options exist; however, not all employees have access to all health plan options.

The following pages include:

- HMO Financial Analysis – Per Employee Per Month Costs by Plan – Citywide Review, FY 2010-2015
- PPO Financial Analysis – Per Employee Per Month Costs by Plan – Citywide Review, FY 2010-2011
- HMO Plan Design Comparisons, FY 2014-15
- PPO Plan Design Comparisons, FY 2014-15

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

(ER = employer; EE = employee)

		HMO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LAFRA: KAISER HMO																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	24	24	25	26	26	26	24	23	23	23	23	23	290	\$149,042.60	\$0.00	\$149,042.60	\$513.94	\$0.00	\$513.94	100.00%	0.00%	100.00%
	TWO-PARTY	57	56	52	52	50	49	55	56	50	51	52	51	631	\$617,231.58	\$25,063.32	\$642,294.90	\$978.18	\$39.72	\$1,017.90	96.10%	3.90%	100.00%
	FAMILY	174	174	176	175	175	174	172	171	171	169	167	165	2063	\$2,017,985.34	\$632,928.40	\$2,650,913.74	\$978.18	\$306.80	\$1,284.98	76.12%	23.88%	100.00%
	TOTAL	255	254	253	253	251	249	251	250	244	243	242	239	2984	\$2,784,259.52	\$657,991.72	\$3,442,251.24	\$933.06	\$220.51	\$1,153.57	80.88%	19.12%	100.00%
FY 11-12	SINGLE	23	23	23	23	23	23	22	22	22	22	22	22	270	\$142,020.00	\$0.00	\$142,020.00	\$526.00	\$0.00	\$526.00	100.00%	0.00%	100.00%
	TWO-PARTY	52	50	50	50	49	49	48	48	48	48	49	50	591	\$615,822.00	\$0.00	\$615,822.00	\$1,042.00	\$0.00	\$1,042.00	100.00%	0.00%	100.00%
	FAMILY	165	164	164	163	165	164	165	166	166	166	159	158	1965	\$2,083,961.10	\$500,957.10	\$2,584,918.20	\$1,060.54	\$254.94	\$1,315.48	80.62%	19.38%	100.00%
	TOTAL	240	237	237	236	237	236	235	236	236	236	230	230	2826	\$2,841,803.10	\$500,957.10	\$3,342,760.20	\$1,005.59	\$177.27	\$1,182.86	85.01%	14.99%	100.00%
FY 12-13	SINGLE	21	21	21	21	21	21	21	21	21	18	18	17	242	\$137,712.52	\$0.00	\$137,712.52	\$569.06	\$0.00	\$569.06	100.00%	0.00%	100.00%
	TWO-PARTY	51	51	51	51	49	51	51	51	50	51	51	49	607	\$675,930.92	\$8,837.92	\$684,768.84	\$1,113.56	\$14.56	\$1,128.12	98.71%	1.29%	100.00%
	FAMILY	158	158	158	158	157	156	159	158	158	159	158	159	1896	\$2,111,309.76	\$589,428.48	\$2,700,738.24	\$1,113.56	\$310.88	\$1,424.44	78.18%	21.82%	100.00%
	TOTAL	230	230	230	230	227	228	231	230	229	228	227	225	2745	\$2,924,953.20	\$598,266.40	\$3,523,219.60	\$1,065.56	\$217.95	\$1,283.50	83.02%	16.98%	100.00%
FY 13-14	SINGLE	16	16	16	16	16	16	15	15	15	15	15	15	186	\$106,421.76	\$0.00	\$106,421.76	\$572.16	\$0.00	\$572.16	100.00%	0.00%	100.00%
	TWO-PARTY	49	47	46	45	45	47	48	47	47	47	46	46	560	\$635,219.20	\$0.00	\$635,219.20	\$1,134.32	\$0.00	\$1,134.32	100.00%	0.00%	100.00%
	FAMILY	160	159	159	161	159	158	159	157	157	157	156	156	1898	\$2,219,217.52	\$499,249.92	\$2,718,467.44	\$1,169.24	\$263.04	\$1,432.28	81.63%	18.37%	100.00%
	TOTAL	225	222	221	222	220	221	222	219	219	219	217	217	2644	\$2,960,858.48	\$499,249.92	\$3,460,108.40	\$1,119.84	\$188.82	\$1,308.66	85.57%	14.43%	100.00%
FY 14-15	SINGLE	13	13	13	13	13	13	14	14	15	13	13	13	160	\$93,638.40	\$0.00	\$93,638.40	\$585.24	\$0.00	\$585.24	100.00%	0.00%	100.00%
	TWO-PARTY	42	41	41	40	40	40	40	41	41	40	40	39	485	\$562,832.80	\$0.00	\$562,832.80	\$1,160.48	\$0.00	\$1,160.48	100.00%	0.00%	100.00%
	FAMILY	155	153	152	151	150	150	151	148	148	146	148	145	1797	\$2,101,124.28	\$532,091.70	\$2,633,215.98	\$1,169.24	\$296.10	\$1,465.34	79.79%	20.21%	100.00%
	TOTAL	210	207	206	204	203	203	205	203	204	199	201	197	2442	\$2,757,595.48	\$532,091.70	\$3,289,687.18	\$1,129.24	\$217.89	\$1,347.13	83.83%	16.17%	100.00%
		UFLAC: ANTHEM CALIFORNIA CARE HMO																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 14-15	SINGLE	21	21	21	21	21	21	21	21	21	21	21	21	250	\$206,475.00	\$0.00	\$206,475.00	\$825.90	\$0.00	\$825.90	100.00%	0.00%	100.00%
	TWO-PARTY	18	18	18	18	18	18	18	18	18	18	18	18	218	\$254,894.32	\$18,194.28	\$273,088.60	\$1,169.24	\$83.46	\$1,252.70	93.34%	6.66%	100.00%
	FAMILY	471	471	471	471	471	471	471	471	471	471	471	471	5656	\$6,613,221.44	\$704,285.12	\$7,317,506.56	\$1,169.24	\$124.52	\$1,293.76	90.38%	9.62%	100.00%
	TOTAL	510	510	510	510	510	510	510	510	510	510	510	510	6124	\$7,074,590.76	\$722,479.40	\$7,797,070.16	\$1,155.22	\$117.98	\$1,273.20	90.73%	9.27%	100.00%

**CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015**

(ER = employer; EE = employee)

		HMO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LAPRA: KAISER HMO													ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	680	671	675	675	675	683	679	693	690	709	708	701	8239	\$3,554,716.55	\$0.00	\$3,554,716.55	\$431.45	\$0.00	\$431.45	100.00%	0.00%	100.00%
	TWO-PARTY	464	457	454	448	447	445	449	449	452	450	449	445	5409	\$4,617,284.67	\$0.00	\$4,617,284.67	\$853.63	\$0.00	\$853.63	100.00%	0.00%	100.00%
	FAMILY	1453	1455	1459	1465	1462	1465	1461	1456	1453	1453	1454	1459	17495	\$17,545,560.55	\$0.00	\$17,545,560.55	\$1,002.89	\$0.00	\$1,002.89	100.00%	0.00%	100.00%
	TOTAL	2597	2583	2588	2588	2584	2593	2589	2598	2595	2612	2611	2605	31143	\$25,717,561.77	\$0.00	\$25,717,561.77	\$825.79	\$0.00	\$825.79	100.00%	0.00%	100.00%
FY 11-12	SINGLE	671	677	689	692	686	690	691	699	690	701	696	709	8291	\$3,904,480.63	\$0.00	\$3,904,480.63	\$470.93	\$0.00	\$470.93	100.00%	0.00%	100.00%
	TWO-PARTY	455	458	456	456	453	458	454	446	446	450	448	445	5425	\$5,057,130.75	\$0.00	\$5,057,130.75	\$932.19	\$0.00	\$932.19	100.00%	0.00%	100.00%
	FAMILY	1492	1499	1495	1497	1501	1503	1508	1519	1520	1521	1523	1528	18106	\$19,202,137.24	\$628,640.32	\$19,830,777.56	\$1,060.54	\$34.72	\$1,095.26	96.83%	3.17%	100.00%
	TOTAL	2618	2634	2640	2645	2640	2651	2653	2664	2656	2672	2667	2682	31822	\$28,163,748.62	\$628,640.32	\$28,792,388.94	\$885.04	\$19.75	\$904.80	97.82%	2.18%	100.00%
FY 12-13	SINGLE	694	686	688	680	686	679	687	677	684	689	681	687	8218	\$3,866,404.64	\$0.00	\$3,866,404.64	\$470.48	\$0.00	\$470.48	100.00%	0.00%	100.00%
	TWO-PARTY	456	454	449	444	451	449	447	445	439	433	431	429	5327	\$4,961,035.10	\$0.00	\$4,961,035.10	\$931.30	\$0.00	\$931.30	100.00%	0.00%	100.00%
	FAMILY	1570	1570	1575	1576	1573	1574	1578	1580	1584	1585	1584	1591	18940	\$20,724,526.80	\$0.00	\$20,724,526.80	\$1,094.22	\$0.00	\$1,094.22	100.00%	0.00%	100.00%
	TOTAL	2720	2710	2712	2700	2710	2702	2712	2702	2707	2707	2696	2707	32485	\$29,551,966.54	\$0.00	\$29,551,966.54	\$909.71	\$0.00	\$909.71	100.00%	0.00%	100.00%
FY 13-14	SINGLE	662	647	645	637	635	628	635	639	641	645	643	650	7707	\$3,656,354.94	\$0.00	\$3,656,354.94	\$474.42	\$0.00	\$474.42	100.00%	0.00%	100.00%
	TWO-PARTY	442	445	444	445	449	446	444	444	443	445	444	440	5331	\$5,006,555.34	\$0.00	\$5,006,555.34	\$939.14	\$0.00	\$939.14	100.00%	0.00%	100.00%
	FAMILY	1614	1614	1619	1619	1619	1620	1626	1626	1630	1627	1633	1636	19483	\$21,498,321.52	\$0.00	\$21,498,321.52	\$1,103.44	\$0.00	\$1,103.44	100.00%	0.00%	100.00%
	TOTAL	2718	2706	2708	2701	2703	2694	2705	2709	2714	2717	2720	2726	32521	\$30,161,231.80	\$0.00	\$30,161,231.80	\$927.44	\$0.00	\$927.44	100.00%	0.00%	100.00%
FY 14-15	SINGLE	629	634	642	642	643	641	635	646	655	667	668	676	7778	\$4,064,938.36	\$0.00	\$4,064,938.36	\$522.62	\$0.00	\$522.62	100.00%	0.00%	100.00%
	TWO-PARTY	450	451	446	447	447	450	446	448	439	436	436	445	5341	\$5,528,148.64	\$0.00	\$5,528,148.64	\$1,035.04	\$0.00	\$1,035.04	100.00%	0.00%	100.00%
	FAMILY	1641	1648	1651	1652	1655	1659	1667	1671	1673	1674	1672	1670	19933	\$23,306,460.92	\$936,452.34	\$24,242,913.26	\$1,169.24	\$46.98	\$1,216.22	96.14%	3.86%	100.00%
	TOTAL	2720	2733	2739	2741	2745	2750	2748	2765	2767	2777	2776	2791	33052	\$32,899,547.92	\$936,452.34	\$33,836,000.26	\$995.39	\$28.33	\$1,023.72	97.23%	2.77%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW

HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN

July 1, 2010 - June 30, 2015

(ER = employer; EE = employee)

		HMO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER											ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)				
FY	PLAN	7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
		BLUE SHIELD NARROW HMO (Combined)																					
(Blue Shield Narrow HMO beginning January 2014; previous figures reflect Anthem Blue Cross Select HMO in 2013 and Anthem Blue Cross HMO in prior years)																							
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	3,066	3,066	3,066	3,066	3,066	3,066	2,859	2,859	2,859	2,859	2,859	2,859	35,551	\$14,258,240.90	\$62,686.57	\$14,320,927.48	\$401.06	\$1.76	\$402.83	99.56%	0.44%	100.00%
	TWO-PARTY(P)	1,424	1,424	1,424	1,424	1,424	1,424	1,269	1,269	1,269	1,269	1,269	1,269	16,155	\$14,204,889.56	\$70,415.40	\$14,275,304.96	\$879.29	\$4.36	\$883.65	99.51%	0.49%	100.00%
	TWO-PARTY(C)	962	962	962	962	962	962	1,067	1,067	1,067	1,067	1,067	1,067	12,178	\$9,745,873.72	\$52,502.87	\$9,798,376.58	\$800.31	\$4.31	\$804.62	99.46%	0.54%	100.00%
	FAMILY	3,694	3,694	3,694	3,694	3,694	3,694	3,752	3,752	3,752	3,752	3,752	3,752	44,676	\$48,609,510.89	\$653,958.53	\$49,263,469.42	\$1,088.05	\$14.64	\$1,102.68	98.67%	1.33%	100.00%
	TOTAL	9,146	9,146	9,146	9,146	9,146	9,146	8,947	8,947	8,947	8,947	8,947	8,947	108,560	\$86,818,515.07	\$839,563.37	\$87,658,078.44	\$799.73	\$7.73	\$807.46	99.04%	0.96%	100.00%
FY 11-12	SINGLE	2,810	2,810	2,810	2,810	2,810	2,810	2,661	2,661	2,661	2,661	2,661	2,661	32,822	\$13,589,596.96	\$126,977.86	\$13,716,574.81	\$414.04	\$3.87	\$417.91	99.07%	0.93%	100.00%
	TWO-PARTY(P)	1,238	1,238	1,238	1,238	1,238	1,238	1,216	1,216	1,216	1,216	1,216	1,216	14,726	\$13,386,467.70	\$138,150.79	\$13,524,618.49	\$909.05	\$9.38	\$918.43	98.98%	1.02%	100.00%
	TWO-PARTY(C)	1,094	1,094	1,094	1,094	1,094	1,094	1,087	1,087	1,087	1,087	1,087	1,087	13,084	\$10,785,615.16	\$108,016.63	\$10,893,631.79	\$824.32	\$8.26	\$832.58	99.01%	0.99%	100.00%
	FAMILY	3,744	3,744	3,744	3,744	3,744	3,744	3,706	3,706	3,706	3,706	3,706	3,706	44,702	\$50,046,899.63	\$1,046,245.76	\$51,093,145.39	\$1,119.56	\$23.40	\$1,142.96	97.95%	2.05%	100.00%
	TOTAL	8,886	8,886	8,886	8,886	8,886	8,886	8,670	8,670	8,670	8,670	8,670	8,670	105,334	\$87,808,579.44	\$1,419,391.04	\$89,227,970.48	\$833.62	\$13.48	\$847.09	98.41%	1.59%	100.00%
FY 12-13	SINGLE	2,617	2,617	2,617	2,617	2,617	2,617	2,290	2,290	2,290	2,290	2,290	2,290	29,438	\$12,554,397.29	\$127,171.87	\$12,681,569.16	\$426.47	\$4.32	\$430.79	99.00%	1.00%	100.00%
	TWO-PARTY(P)	1,191	1,191	1,191	1,191	1,191	1,191	1,083	1,083	1,083	1,083	1,083	1,083	13,641	\$12,765,767.36	\$141,958.48	\$12,907,725.84	\$935.84	\$10.41	\$946.24	98.90%	1.10%	100.00%
	TWO-PARTY(C)	1,079	1,079	1,079	1,079	1,079	1,079	942	942	942	942	942	942	12,122	\$10,289,740.18	\$106,489.27	\$10,396,229.45	\$848.82	\$8.78	\$857.60	98.98%	1.02%	100.00%
	FAMILY	3,673	3,673	3,673	3,673	3,673	3,673	3,370	3,370	3,370	3,370	3,370	3,370	42,260	\$48,923,863.72	\$830,675.26	\$49,754,538.97	\$1,157.69	\$19.66	\$1,177.35	98.33%	1.67%	100.00%
	TOTAL	8,560	8,560	8,560	8,560	8,560	8,560	7,684	7,684	7,684	7,684	7,684	7,684	97,461	\$84,533,768.54	\$1,206,294.88	\$85,740,063.42	\$867.36	\$12.38	\$879.74	98.59%	1.41%	100.00%
FY 13-14	SINGLE	2,266	2,266	2,266	2,266	2,266	2,266	2,178	2,178	2,178	2,178	2,178	2,178	26,662	\$11,453,091.42	\$127,329.74	\$11,580,421.17	\$429.57	\$4.78	\$434.34	98.90%	1.10%	100.00%
	TWO-PARTY(P)	1,066	1,066	1,066	1,066	1,066	1,066	1,007	1,007	1,007	1,007	1,007	1,007	12,434	\$11,722,691.45	\$138,949.68	\$11,861,641.13	\$942.79	\$11.17	\$953.97	98.83%	1.17%	100.00%
	TWO-PARTY(C)	924	924	924	924	924	924	859	859	859	859	859	859	10,698	\$9,143,827.24	\$105,101.57	\$9,248,928.81	\$854.71	\$9.82	\$864.53	98.86%	1.14%	100.00%
	FAMILY	3,327	3,327	3,327	3,327	3,327	3,327	3,104	3,104	3,104	3,104	3,104	3,104	38,588	\$45,274,685.37	\$525,710.40	\$45,800,395.78	\$1,173.28	\$13.62	\$1,186.90	98.85%	1.15%	100.00%
	TOTAL	7,582	7,582	7,582	7,582	7,582	7,582	7,148	7,148	7,148	7,148	7,148	7,148	88,382	\$77,594,295.49	\$897,091.40	\$78,491,386.89	\$877.94	\$10.15	\$888.09	98.86%	1.14%	100.00%
FY 14-15	SINGLE	2,360	2,360	2,360	2,360	2,360	2,360	2,318	2,318	2,318	2,318	2,318	2,318	28,071	\$12,653,847.08	\$237,803.70	\$12,891,650.78	\$450.78	\$8.47	\$459.25	98.16%	1.84%	100.00%
	TWO-PARTY(P)	972	972	972	972	972	972	963	963	963	963	963	963	11,605	\$11,495,267.18	\$215,067.85	\$11,710,335.04	\$990.53	\$18.53	\$1,009.06	98.16%	1.84%	100.00%
	TWO-PARTY(C)	860	860	860	860	860	860	825	825	825	825	825	825	10,108	\$9,074,534.74	\$161,854.33	\$9,236,389.07	\$897.74	\$16.01	\$913.75	98.25%	1.75%	100.00%
	FAMILY	2,959	2,959	2,959	2,959	2,959	2,959	2,850	2,850	2,850	2,850	2,850	2,850	34,853	\$42,943,459.46	\$782,067.36	\$43,725,526.82	\$1,232.14	\$22.44	\$1,254.58	98.21%	1.79%	100.00%
	TOTAL	7,151	7,151	7,151	7,151	7,151	7,151	6,956	6,956	6,956	6,956	6,956	6,956	84,637	\$76,167,108.47	\$1,396,793.24	\$77,563,901.71	\$899.92	\$16.50	\$916.43	98.20%	1.80%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW

HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN

July 1, 2010 - June 30, 2015

(ER = employer; EE = employee)

		HMO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		BLUE SHIELD FULL HMO (Combined)																					
		(Blue Shield Full HMO beginning January 2014; previous figures reflect Anthem Blue Cross HMO+)																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 14-15	SINGLE	69	69	69	69	69	69	69	69	69	69	69	69	831	\$373,816.46	\$207,977.63	\$581,794.09	\$449.84	\$250.27	\$700.11	64.25%	35.75%	100.00%
	TWO-PARTY(P)	13	13	13	13	13	13	17	17	17	17	17	17	179	\$180,124.49	\$97,875.01	\$277,999.50	\$1,004.04	\$545.57	\$1,549.61	64.79%	35.21%	100.00%
	TWO-PARTY(C)	14	14	14	14	14	14	15	15	15	15	15	15	172	\$155,008.31	\$85,515.85	\$240,524.16	\$900.16	\$496.61	\$1,396.77	64.45%	35.55%	100.00%
	FAMILY	35	35	35	35	35	35	23	23	23	23	23	23	345	\$419,396.42	\$234,044.38	\$653,440.80	\$1,215.64	\$678.39	\$1,894.03	64.18%	35.82%	100.00%
	TOTAL	131	131	131	131	131	131	124	124	124	124	124	124	1,528	\$1,128,345.68	\$625,412.87	\$1,753,758.55	\$738.64	\$409.41	\$1,148.05	64.34%	35.66%	100.00%
		LADWP: ANTHEM HMO (LOCAL 18)																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	756	740	743	738	735	735	743	738	729	728	725	685	8,795	\$6,636,970.85	\$0.00	\$6,636,970.85	\$754.63	\$0.00	\$754.63	100.00%	0.00%	100.00%
	TWO-PARTY	891	892	871	873	885	872	880	879	879	864	857	790	10,433	\$12,121,581.05	\$0.00	\$12,121,581.05	\$1,161.85	\$0.00	\$1,161.85	100.00%	0.00%	100.00%
	FAMILY	1,859	1,926	1,906	1,951	1,937	1,943	1,931	1,965	1,948	1,953	1,950	2,055	23,324	\$28,694,817.48	\$0.00	\$28,694,817.48	\$1,230.27	\$0.00	\$1,230.27	100.00%	0.00%	100.00%
	TOTAL	3,506	3,558	3,520	3,562	3,557	3,550	3,554	3,582	3,556	3,545	3,532	3,530	42,552	\$47,453,369.38	\$0.00	\$47,453,369.38	\$1,115.19	\$0.00	\$1,115.19	100.00%	0.00%	100.00%
FY 11-12	SINGLE	688	673	663	694	655	667	671	665	663	666	675	655	8,035	\$6,487,860.75	\$0.00	\$6,487,860.75	\$807.45	\$0.00	\$807.45	100.00%	0.00%	100.00%
	TWO-PARTY	798	800	800	823	782	792	808	799	785	787	773	797	9,544	\$11,864,909.92	\$0.00	\$11,864,909.92	\$1,243.18	\$0.00	\$1,243.18	100.00%	0.00%	100.00%
	FAMILY	2,066	2,108	2,128	2,161	2,083	2,105	2,089	2,120	2,109	2,108	2,112	2,154	25,343	\$34,811,398.23	\$0.00	\$34,811,398.23	\$1,373.61	\$0.00	\$1,373.61	100.00%	0.00%	100.00%
	TOTAL	3,552	3,581	3,591	3,678	3,520	3,564	3,568	3,584	3,557	3,561	3,560	3,606	42,922	\$53,164,168.90	\$0.00	\$53,164,168.90	\$1,238.62	\$0.00	\$1,238.62	100.00%	0.00%	100.00%
FY 12-13	SINGLE	652	657	663	656	650	648	636	657	646	657	655	625	7,802	\$7,054,958.50	\$0.00	\$7,054,958.50	\$904.25	\$0.00	\$904.25	100.00%	0.00%	100.00%
	TWO-PARTY	780	785	797	786	790	796	792	807	798	801	780	790	9,502	\$13,234,955.72	\$0.00	\$13,234,955.72	\$1,392.86	\$0.00	\$1,392.86	100.00%	0.00%	100.00%
	FAMILY	2,158	2,170	2,166	2,184	2,174	2,170	2,168	2,159	2,156	2,154	2,166	2,207	26,032	\$38,763,990.88	\$0.00	\$38,763,990.88	\$1,489.09	\$0.00	\$1,489.09	100.00%	0.00%	100.00%
	TOTAL	3,590	3,612	3,626	3,626	3,614	3,614	3,596	3,623	3,600	3,612	3,601	3,622	43,336	\$59,053,905.10	\$0.00	\$59,053,905.10	\$1,362.70	\$0.00	\$1,362.70	100.00%	0.00%	100.00%
FY 13-14	SINGLE	620	619	605	620	603	611	627	660	628	630	625	634	7,482	\$7,285,373.04	\$0.00	\$7,285,373.04	\$973.72	\$0.00	\$973.72	100.00%	0.00%	100.00%
	TWO-PARTY	794	814	804	810	803	810	816	843	778	790	814	808	9,684	\$14,616,545.40	\$0.00	\$14,616,545.40	\$1,509.35	\$0.00	\$1,509.35	100.00%	0.00%	100.00%
	FAMILY	2,187	2,191	2,198	2,206	2,178	2,194	2,192	2,307	2,161	2,199	2,187	2,248	26,448	\$41,464,116.48	\$0.00	\$41,464,116.48	\$1,567.76	\$0.00	\$1,567.76	100.00%	0.00%	100.00%
	TOTAL	3,601	3,624	3,607	3,636	3,584	3,615	3,635	3,810	3,567	3,619	3,626	3,690	43,614	\$63,366,034.92	\$0.00	\$63,366,034.92	\$1,452.88	\$0.00	\$1,452.88	100.00%	0.00%	100.00%
FY 14-15	SINGLE	637	645	646	651	649	662	639	662	650	666	663	690	7,860	\$8,067,346.80	\$0.00	\$8,067,346.80	\$1,026.38	\$0.00	\$1,026.38	100.00%	0.00%	100.00%
	TWO-PARTY	823	804	818	820	816	830	798	823	817	829	837	822	9,837	\$15,653,224.62	\$0.00	\$15,653,224.62	\$1,591.26	\$0.00	\$1,591.26	100.00%	0.00%	100.00%
	FAMILY	2,235	2,241	2,218	2,256	2,258	2,282	2,281	2,267	2,252	2,243	2,240	2,268	27,041	\$45,115,204.40	\$0.00	\$45,115,204.40	\$1,668.40	\$0.00	\$1,668.40	100.00%	0.00%	100.00%
	TOTAL	3,695	3,690	3,682	3,727	3,723	3,774	3,718	3,752	3,719	3,738	3,740	3,780	44,738	\$68,835,775.82	\$0.00	\$68,835,775.82	\$1,538.64	\$0.00	\$1,538.64	100.00%	0.00%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

(ER = employer; EE = employee)

		HMO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER												ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)			
		LADWP: KAISER HMO												ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	997	1,022	1,000	999	994	993	976	1,001	1,015	992	968	966	11,923	\$5,183,166.56	\$0.00	\$5,183,166.56	\$434.72	\$0.00	\$434.72	100.00%	0.00%	100.00%
	TWO-PARTY	1,166	1,203	1,183	1,179	1,162	1,151	1,135	1,163	1,179	1,108	1,109	1,104	13,842	\$12,034,926.90	\$0.00	\$12,034,926.90	\$869.45	\$0.00	\$869.45	100.00%	0.00%	100.00%
	FAMILY	1,858	1,935	1,901	1,917	1,926	1,950	1,921	1,963	1,997	1,959	1,952	1,951	23,230	\$28,579,172.10	\$0.00	\$28,579,172.10	\$1,230.27	\$0.00	\$1,230.27	100.00%	0.00%	100.00%
	TOTAL	4,021	4,160	4,084	4,095	4,082	4,094	4,032	4,127	4,191	4,059	4,029	4,021	48,995	\$45,797,265.56	\$0.00	\$45,797,265.56	\$934.73	\$0.00	\$934.73	100.00%	0.00%	100.00%
FY 11-12	SINGLE	885	870	867	867	859	890	864	855	856	856	852	844	10,365	\$5,030,860.05	\$0.00	\$5,030,860.05	\$485.37	\$0.00	\$485.37	100.00%	0.00%	100.00%
	TWO-PARTY	1,017	1,015	1,006	993	1,029	1,037	1,000	1,014	1,005	996	980	978	12,070	\$11,716,952.50	\$0.00	\$11,716,952.50	\$970.75	\$0.00	\$970.75	100.00%	0.00%	100.00%
	FAMILY	2,095	2,096	2,096	2,088	2,102	2,147	2,095	2,096	2,088	2,097	2,084	2,054	25,138	\$34,529,808.18	\$0.00	\$34,529,808.18	\$1,373.61	\$0.00	\$1,373.61	100.00%	0.00%	100.00%
	TOTAL	3,997	3,981	3,969	3,948	3,990	4,074	3,959	3,965	3,949	3,949	3,916	3,876	47,573	\$51,277,620.73	\$0.00	\$51,277,620.73	\$1,077.87	\$0.00	\$1,077.87	100.00%	0.00%	100.00%
FY 12-13	SINGLE	808	801	803	802	795	799	771	803	800	802	797	785	9,566	\$5,033,437.88	\$0.00	\$5,033,437.88	\$526.18	\$0.00	\$526.18	100.00%	0.00%	100.00%
	TWO-PARTY	951	966	967	966	969	988	960	970	998	976	962	962	11,635	\$12,244,208.60	\$0.00	\$12,244,208.60	\$1,052.36	\$0.00	\$1,052.36	100.00%	0.00%	100.00%
	FAMILY	2,106	2,115	2,094	2,096	2,086	2,106	2,050	2,081	2,088	2,053	2,071	2,035	24,981	\$37,198,957.29	\$0.00	\$37,198,957.29	\$1,489.09	\$0.00	\$1,489.09	100.00%	0.00%	100.00%
	TOTAL	3,865	3,882	3,864	3,864	3,850	3,893	3,781	3,854	3,886	3,831	3,830	3,782	46,182	\$54,476,603.77	\$0.00	\$54,476,603.77	\$1,179.61	\$0.00	\$1,179.61	100.00%	0.00%	100.00%
FY 13-14	SINGLE	780	798	794	789	794	792	797	843	844	829	817	846	9,723	\$5,386,347.54	\$0.00	\$5,386,347.54	\$553.98	\$0.00	\$553.98	100.00%	0.00%	100.00%
	TWO-PARTY	969	976	953	971	956	961	951	982	976	950	942	976	11,563	\$12,811,341.48	\$0.00	\$12,811,341.48	\$1,107.96	\$0.00	\$1,107.96	100.00%	0.00%	100.00%
	FAMILY	2,046	2,060	2,039	2,049	2,071	2,071	2,057	2,072	2,093	2,060	2,057	2,057	24,732	\$38,773,840.32	\$0.00	\$38,773,840.32	\$1,567.76	\$0.00	\$1,567.76	100.00%	0.00%	100.00%
	TOTAL	3,795	3,834	3,786	3,809	3,821	3,824	3,805	3,897	3,913	3,839	3,816	3,879	46,018	\$56,971,529.34	\$0.00	\$56,971,529.34	\$1,238.03	\$0.00	\$1,238.03	100.00%	0.00%	100.00%
FY 14-15	SINGLE	830	854	856	876	932	897	862	901	1,021	891	909	925	10,754	\$6,339,913.16	\$0.00	\$6,339,913.16	\$589.54	\$0.00	\$589.54	100.00%	0.00%	100.00%
	TWO-PARTY	953	971	959	953	985	967	941	948	1,074	945	960	925	11,581	\$13,654,925.48	\$0.00	\$13,654,925.48	\$1,179.08	\$0.00	\$1,179.08	100.00%	0.00%	100.00%
	FAMILY	2,105	2,106	2,113	2,129	2,194	2,185	2,138	2,140	2,243	2,150	2,194	2,175	25,872	\$43,164,844.80	\$0.00	\$43,164,844.80	\$1,668.40	\$0.00	\$1,668.40	100.00%	0.00%	100.00%
	TOTAL	3,888	3,931	3,928	3,958	4,111	4,049	3,941	3,989	4,338	3,986	4,063	4,025	48,207	\$63,159,683.44	\$0.00	\$63,159,683.44	\$1,310.18	\$0.00	\$1,310.18	100.00%	0.00%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

(ER = employer; EE = employee)

		HMO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER												ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)			
		LADWP: UNITED HEALTHCARE HMO																					
		(previously Pacificare HMO in FY 10-11 and FY 11-12)																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	181	187	185	190	187	184	185	189	203	193	188	186	2258	\$1,222,707.00	\$0.00	\$1,222,707.00	\$541.50	\$0.00	\$541.50	100.00%	0.00%	100.00%
	TWO-PARTY	205	212	203	200	203	194	195	194	191	195	194	191	2377	\$2,572,389.40	\$0.00	\$2,572,389.40	\$1,082.20	\$0.00	\$1,082.20	100.00%	0.00%	100.00%
	FAMILY	392	395	402	402	406	402	400	418	413	416	414	417	4877	\$6,000,026.79	\$650,055.33	\$6,650,082.12	\$1,230.27	\$133.29	\$1,363.56	90.22%	9.78%	100.00%
	TOTAL	778	794	790	792	796	780	780	801	807	804	796	794	9512	\$9,795,123.19	\$650,055.33	\$10,445,178.52	\$1,029.76	\$68.34	\$1,098.11	93.78%	6.22%	100.00%
FY 11-12	SINGLE	158	166	162	159	167	162	159	163	178	166	167	159	1966	\$1,139,120.06	\$0.00	\$1,139,120.06	\$579.41	\$0.00	\$579.41	100.00%	0.00%	100.00%
	TWO-PARTY	166	163	166	169	188	181	173	170	182	177	193	173	2101	\$2,432,852.95	\$0.00	\$2,432,852.95	\$1,157.95	\$0.00	\$1,157.95	100.00%	0.00%	100.00%
	FAMILY	345	349	333	332	333	336	330	339	318	329	331	323	3998	\$5,491,692.78	\$341,429.20	\$5,833,121.98	\$1,373.61	\$85.40	\$1,459.01	94.15%	5.85%	100.00%
	TOTAL	669	678	661	660	688	679	662	672	678	672	691	655	8065	\$9,063,665.79	\$341,429.20	\$9,405,094.99	\$1,123.83	\$42.33	\$1,166.16	96.37%	3.63%	100.00%
FY 12-13	SINGLE	151	154	155	158	152	155	148	154	156	154	153	153	1843	\$1,152,206.74	\$0.00	\$1,152,206.74	\$625.18	\$0.00	\$625.18	100.00%	0.00%	100.00%
	TWO-PARTY	160	164	162	161	172	169	160	169	170	167	171	164	1989	\$2,485,116.27	\$0.00	\$2,485,116.27	\$1,249.43	\$0.00	\$1,249.43	100.00%	0.00%	100.00%
	FAMILY	287	288	286	285	295	296	284	293	290	287	289	284	3464	\$5,158,207.76	\$295,063.52	\$5,453,271.28	\$1,489.09	\$85.18	\$1,574.27	94.59%	5.41%	100.00%
	TOTAL	598	606	603	604	619	620	592	616	616	608	613	601	7296	\$8,795,530.77	\$295,063.52	\$9,090,594.29	\$1,205.53	\$40.44	\$1,245.97	96.75%	3.25%	100.00%
FY 13-14	SINGLE	140	139	139	137	143	141	143	143	144	140	139	145	1693	\$1,058,429.74	\$0.00	\$1,058,429.74	\$625.18	\$0.00	\$625.18	100.00%	0.00%	100.00%
	TWO-PARTY	159	157	159	154	156	161	147	163	161	154	151	156	1878	\$2,346,429.54	\$0.00	\$2,346,429.54	\$1,249.43	\$0.00	\$1,249.43	100.00%	0.00%	100.00%
	FAMILY	281	284	284	287	285	284	283	290	286	291	296	293	3444	\$5,399,365.44	\$22,420.44	\$5,421,785.88	\$1,567.76	\$6.51	\$1,574.27	99.59%	0.41%	100.00%
	TOTAL	580	580	582	578	584	586	573	596	591	585	586	594	7015	\$8,804,224.72	\$22,420.44	\$8,826,645.16	\$1,255.06	\$3.20	\$1,258.25	99.75%	0.25%	100.00%
FY 14-15	SINGLE	132	127	132	129	129	135	131	142	132	131	137	132	1589	\$1,079,026.34	\$0.00	\$1,079,026.34	\$679.06	\$0.00	\$679.06	100.00%	0.00%	100.00%
	TWO-PARTY	147	143	143	137	148	140	139	154	142	140	141	141	1715	\$2,327,426.50	\$0.00	\$2,327,426.50	\$1,357.10	\$0.00	\$1,357.10	100.00%	0.00%	100.00%
	FAMILY	284	286	288	283	284	288	279	282	284	281	274	278	3391	\$5,657,544.40	\$140,862.14	\$5,798,406.54	\$1,668.40	\$41.54	\$1,709.94	97.57%	2.43%	100.00%
	TOTAL	563	556	563	549	561	563	549	578	558	552	552	551	6695	\$9,063,997.24	\$140,862.14	\$9,204,859.38	\$1,353.85	\$21.04	\$1,374.89	98.47%	1.53%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
HMO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

(ER = employer; EE = employee)

		HMO PLANS																						
		ENROLLMENT BY MONTH AND COVERAGE TIER														ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LADWP: HEALTH PLAN OF NEVADA HMO																						
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	
FY 10-11	SINGLE	1	1	1	1	1	1	1	1	1	1	1	1	12	\$8,916.48	\$0.00	\$8,916.48	\$743.04	\$0.00	\$743.04	100.00%	0.00%	100.00%	
	TWO-PARTY	1	1	1	1	1	1	1	1	1	1	1	1	12	\$17,867.76	\$0.00	\$17,867.76	\$1,488.98	\$0.00	\$1,488.98	100.00%	0.00%	100.00%	
	FAMILY	2	2	2	2	2	2	2	2	2	2	2	2	24	\$49,932.00	\$0.00	\$49,932.00	\$2,080.50	\$0.00	\$2,080.50	100.00%	0.00%	100.00%	
	TOTAL	4	4	4	4	4	4	4	4	4	4	4	4	48	\$76,716.24	\$0.00	\$76,716.24	\$1,598.26	\$0.00	\$1,598.26	100.00%	0.00%	100.00%	
FY 11-12	SINGLE	1	1	1	1	1	1	1	1	1	1	1	1	12	\$9,540.60	\$0.00	\$9,540.60	\$795.05	\$0.00	\$795.05	100.00%	0.00%	100.00%	
	TWO-PARTY	1	1	1	1	1	1	1	1	1	1	1	1	12	\$19,118.52	\$0.00	\$19,118.52	\$1,593.21	\$0.00	\$1,593.21	100.00%	0.00%	100.00%	
	FAMILY	2	2	2	2	2	2	2	2	2	2	2	2	24	\$53,427.12	\$0.00	\$53,427.12	\$2,226.13	\$0.00	\$2,226.13	100.00%	0.00%	100.00%	
	TOTAL	4	4	4	4	4	4	4	4	4	4	4	4	48	\$82,086.24	\$0.00	\$82,086.24	\$1,710.13	\$0.00	\$1,710.13	100.00%	0.00%	100.00%	
FY 12-13	SINGLE	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00	-	-	-	-	-	-	
	TWO-PARTY	2	2	1	1	1	1	1	1	1	1	1	1	14	\$23,810.78	\$0.00	\$23,810.78	\$1,700.77	\$0.00	\$1,700.77	100.00%	0.00%	100.00%	
	FAMILY	2	2	2	2	2	3	3	3	3	3	3	3	31	\$73,670.26	\$0.00	\$73,670.26	\$2,376.46	\$0.00	\$2,376.46	100.00%	0.00%	100.00%	
	TOTAL	4	4	3	3	3	4	4	4	4	4	4	4	45	\$97,481.04	\$0.00	\$97,481.04	\$2,166.25	\$0.00	\$2,166.25	100.00%	0.00%	100.00%	
FY 13-14	SINGLE	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00	-	-	-	-	-	-	
	TWO-PARTY	1	1	1	1	1	1	1	1	1	1	1	1	12	\$21,558.60	\$0.00	\$21,558.60	\$1,796.55	\$0.00	\$1,796.55	100.00%	0.00%	100.00%	
	FAMILY	2	2	2	2	2	2	2	2	2	2	2	2	24	\$60,260.40	\$0.00	\$60,260.40	\$2,510.85	\$0.00	\$2,510.85	100.00%	0.00%	100.00%	
	TOTAL	3	3	3	3	3	3	3	3	3	3	3	3	36	\$81,819.00	\$0.00	\$81,819.00	\$2,272.75	\$0.00	\$2,272.75	100.00%	0.00%	100.00%	
FY 14-15	SINGLE	0	0	0	0	0	0	0	0	0	0	0	0	0	\$0.00	\$0.00	\$0.00	-	-	-	-	-	-	
	TWO-PARTY	1	1	1	1	1	1	1	1	1	1	1	1	12	\$21,563.40	\$0.00	\$21,563.40	\$1,796.95	\$0.00	\$1,796.95	100.00%	0.00%	100.00%	
	FAMILY	2	2	2	2	2	2	2	2	2	2	2	2	24	\$60,260.40	\$0.00	\$60,260.40	\$2,510.85	\$0.00	\$2,510.85	100.00%	0.00%	100.00%	
	TOTAL	3	3	3	3	3	3	3	3	3	3	3	3	36	\$81,823.80	\$0.00	\$81,823.80	\$2,272.88	\$0.00	\$2,272.88	100.00%	0.00%	100.00%	

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

		PPO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LAFRA: SELF-FUNDED PPO																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	624	617	610	611	603	598	574	569	564	561	560	561	7052	\$4,110,892.88	\$0.00	\$4,110,892.88	\$582.94	\$0.00	\$582.94	100.00%	0.00%	100.00%
	TWO-PARTY	505	500	498	490	491	489	498	491	484	482	473	467	5868	\$5,739,960.24	\$729,979.20	\$6,469,939.44	\$978.18	\$124.40	\$1,102.58	88.72%	11.28%	100.00%
	FAMILY	1265	1268	1270	1271	1272	1275	1283	1282	1287	1288	1289	1298	15348	\$15,013,106.64	\$5,978,966.88	\$20,992,073.52	\$978.18	\$389.56	\$1,367.74	71.52%	28.48%	100.00%
	TOTAL	2394	2385	2378	2372	2366	2362	2355	2342	2335	2331	2322	2326	28268	\$24,863,959.76	\$6,708,946.08	\$31,572,905.84	\$879.58	\$237.33	\$1,116.91	78.75%	21.25%	100.00%
FY 11-12	SINGLE	550	547	541	542	539	534	550	547	520	516	514	513	6413	\$3,738,394.22	\$0.00	\$3,738,394.22	\$582.94	\$0.00	\$582.94	100.00%	0.00%	100.00%
	TWO-PARTY	478	469	471	466	467	465	478	469	485	474	468	470	5660	\$6,002,656.40	\$237,946.40	\$6,240,602.80	\$1,060.54	\$42.04	\$1,102.58	96.19%	3.81%	100.00%
	FAMILY	1319	1317	1319	1314	1314	1326	1319	1317	1368	1366	1358	1351	15988	\$16,955,913.52	\$4,911,513.60	\$21,867,427.12	\$1,060.54	\$307.20	\$1,367.74	77.54%	22.46%	100.00%
	TOTAL	2347	2333	2331	2322	2320	2325	2347	2333	2373	2356	2340	2334	28061	\$26,696,964.14	\$5,149,460.00	\$31,846,424.14	\$951.39	\$183.51	\$1,134.90	83.83%	16.17%	100.00%
FY 12-13	SINGLE	473	469	462	455	449	448	438	433	424	425	423	421	5320	\$3,225,303.20	\$0.00	\$3,225,303.20	\$606.26	\$0.00	\$606.26	100.00%	0.00%	100.00%
	TWO-PARTY	478	475	468	470	471	473	480	472	464	466	462	460	5639	\$6,279,364.84	\$186,763.68	\$6,466,128.52	\$1,113.56	\$33.12	\$1,146.68	97.11%	2.89%	100.00%
	FAMILY	1383	1379	1391	1393	1378	1387	1402	1392	1379	1377	1376	1380	16617	\$18,504,026.52	\$5,104,742.40	\$23,608,768.92	\$1,113.56	\$307.20	\$1,420.76	78.38%	21.62%	100.00%
	TOTAL	2334	2323	2321	2318	2298	2308	2320	2297	2267	2268	2261	2261	27576	\$28,008,694.56	\$5,291,506.08	\$33,300,200.64	\$1,015.69	\$191.89	\$1,207.58	84.11%	15.89%	100.00%
FY 13-14	SINGLE	416	403	397	392	383	378	421	420	417	412	402	398	4839	\$3,044,892.36	\$0.00	\$3,044,892.36	\$629.24	\$0.00	\$629.24	100.00%	0.00%	100.00%
	TWO-PARTY	476	473	479	484	481	483	500	496	496	495	483	484	5830	\$6,816,669.20	\$121,847.00	\$6,938,516.20	\$1,169.24	\$20.90	\$1,190.14	98.24%	1.76%	100.00%
	FAMILY	1399	1395	1398	1399	1397	1402	1415	1405	1406	1413	1419	1423	16871	\$19,726,248.04	\$5,152,065.98	\$24,878,314.02	\$1,169.24	\$305.38	\$1,474.62	79.29%	20.71%	100.00%
	TOTAL	2291	2271	2274	2275	2261	2263	2336	2321	2319	2320	2304	2305	27540	\$29,587,809.60	\$5,273,912.98	\$34,861,722.58	\$1,074.36	\$191.50	\$1,265.86	84.87%	15.13%	100.00%
FY 14-15	SINGLE	397	388	385	385	383	409	404	402	399	424	415	412	4803	\$3,082,661.46	\$0.00	\$3,082,661.46	\$641.82	\$0.00	\$641.82	100.00%	0.00%	100.00%
	TWO-PARTY	481	474	468	459	457	460	463	451	446	445	442	444	5490	\$6,419,127.60	\$245,403.00	\$6,664,530.60	\$1,169.24	\$44.70	\$1,213.94	96.32%	3.68%	100.00%
	FAMILY	1424	1436	1436	1439	1440	1449	1463	1453	1453	1452	1445	1439	17329	\$20,261,759.96	\$5,803,135.52	\$26,064,895.48	\$1,169.24	\$334.88	\$1,504.12	77.74%	22.26%	100.00%
	TOTAL	2302	2298	2289	2283	2280	2318	2330	2306	2298	2321	2302	2295	27622	\$29,763,549.02	\$6,048,538.52	\$35,812,087.54	\$1,077.53	\$218.98	\$1,296.51	83.11%	16.89%	100.00%
		UFLAC: ANTHEM PRUDENT BUYER PPO																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 14-15	SINGLE	47	47	47	47	47	47	47	47	47	47	47	47	560	\$462,504.00	\$0.00	\$462,504.00	\$825.90	\$0.00	\$825.90	100.00%	0.00%	100.00%
	TWO-PARTY	18	18	18	18	18	18	18	18	18	18	18	18	220	\$257,232.80	\$93,781.60	\$351,014.40	\$1,169.24	\$426.28	\$1,595.52	73.28%	26.72%	100.00%
	FAMILY	60	60	60	60	60	60	60	60	60	60	60	60	724	\$846,529.76	\$507,219.92	\$1,353,749.68	\$1,169.24	\$700.58	\$1,869.82	62.53%	37.47%	100.00%
	TOTAL	125.3	125.3	125.3	125.3	125.3	125.3	125.3	125.3	125.3	125.3	125.3	125.3	1504	\$1,566,266.56	\$601,001.52	\$2,167,268.08	\$1,041.40	\$399.60	\$1,441.00	72.27%	27.73%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW

PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN

July 1, 2010 - June 30, 2015

		PPO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LAPRA: ANTHEM PPO																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	1302	1290	1296	1288	1277	1278	1266	1274	1265	1277	1277	1276	15366	\$11,510,977.92	\$0.00	\$11,510,977.92	\$749.12	\$0.00	\$749.12	100.00%	0.00%	100.00%
	TWO-PARTY	826	830	831	832	834	852	851	837	835	832	831	808	9999	\$10,604,339.46	\$500,749.92	\$11,105,089.38	\$1,060.54	\$50.08	\$1,110.62	95.49%	4.51%	100.00%
	FAMILY	2144	2137	2140	2143	2142	2140	2143	2147	2147	2144	2137	2141	25705	\$27,261,180.70	\$3,150,918.90	\$30,412,099.60	\$1,060.54	\$122.58	\$1,183.12	89.64%	10.36%	100.00%
	TOTAL	4272	4257	4267	4263	4253	4270	4260	4258	4247	4253	4245	4225	51070	\$49,376,498.08	\$3,651,668.82	\$53,028,166.90	\$966.84	\$71.50	\$1,038.34	93.11%	6.89%	100.00%
FY 11-12	SINGLE	1258	1259	1266	1275	1268	1274	1270	1270	1264	1275	1263	1268	15210	\$11,394,115.20	\$371,732.40	\$11,765,847.60	\$749.12	\$24.44	\$773.56	96.84%	3.16%	100.00%
	TWO-PARTY	792	783	777	772	766	772	772	762	760	752	746	749	9203	\$9,760,149.62	\$796,427.62	\$10,556,577.24	\$1,060.54	\$86.54	\$1,147.08	92.46%	7.54%	100.00%
	FAMILY	2151	2155	2161	2166	2168	2163	2163	2166	2161	2159	2159	2156	25928	\$27,497,681.12	\$4,161,444.00	\$31,659,125.12	\$1,060.54	\$160.50	\$1,221.04	86.86%	13.14%	100.00%
	TOTAL	4201	4197	4204	4213	4202	4209	4205	4198	4185	4186	4168	4173	50341	\$48,651,945.94	\$5,329,604.02	\$53,981,549.96	\$966.45	\$105.87	\$1,072.32	90.13%	9.87%	100.00%
FY 12-13	SINGLE	1245	1236	1246	1226	1236	1230	1234	1224	1235	1235	1226	1254	14827	\$11,638,601.92	\$0.00	\$11,638,601.92	\$784.96	\$0.00	\$784.96	100.00%	0.00%	100.00%
	TWO-PARTY	752	752	753	753	746	739	745	739	729	730	724	724	8886	\$9,895,094.16	\$448,743.00	\$10,343,837.16	\$1,113.56	\$50.50	\$1,164.06	95.66%	4.34%	100.00%
	FAMILY	2158	2156	2155	2154	2161	2164	2166	2163	2165	2161	2164	2166	25933	\$28,877,951.48	\$3,900,841.86	\$32,778,793.34	\$1,113.56	\$150.42	\$1,263.98	88.10%	11.90%	100.00%
	TOTAL	4155	4144	4154	4133	4143	4133	4145	4126	4129	4126	4114	4144	49646	\$50,411,647.56	\$4,349,584.86	\$54,761,232.42	\$1,015.42	\$87.61	\$1,103.03	92.06%	7.94%	100.00%
FY 13-14	SINGLE	1229	1211	1211	1190	1194	1188	1187	1189	1193	1199	1196	1200	14387	\$10,743,492.25	\$0.00	\$10,743,492.25	\$746.75	\$0.00	\$746.75	100.00%	0.00%	100.00%
	TWO-PARTY	742	746	746	747	748	742	745	740	748	741	742	740	8927	\$9,883,528.05	\$0.00	\$9,883,528.05	\$1,107.15	\$0.00	\$1,107.15	100.00%	0.00%	100.00%
	FAMILY	2218	2204	2201	2204	2201	2199	2198	2192	2183	2182	2186	2185	26353	\$30,812,981.72	\$890,204.34	\$31,703,186.06	\$1,169.24	\$33.78	\$1,203.02	97.19%	2.81%	100.00%
	TOTAL	4189	4161	4158	4141	4143	4129	4130	4121	4124	4122	4124	4125	49667	\$51,440,002.02	\$890,204.34	\$52,330,206.36	\$1,035.70	\$17.92	\$1,053.62	98.30%	1.70%	100.00%
FY 14-15	SINGLE	1167	1166	1156	1166	1166	1166	1166	1167	1165	1162	1157	1161	13965	\$10,430,458.50	\$0.00	\$10,430,458.50	\$746.90	\$0.00	\$746.90	100.00%	0.00%	100.00%
	TWO-PARTY	777	774	776	765	767	764	761	765	752	747	739	739	9126	\$10,105,767.36	\$0.00	\$10,105,767.36	\$1,107.36	\$0.00	\$1,107.36	100.00%	0.00%	100.00%
	FAMILY	2248	2249	2251	2255	2256	2259	2257	2255	2250	2247	2252	2255	27034	\$31,609,234.16	\$0.00	\$31,609,234.16	\$1,169.24	\$0.00	\$1,169.24	100.00%	0.00%	100.00%
	TOTAL	4192	4189	4183	4186	4189	4189	4184	4187	4167	4156	4148	4155	50125	\$52,145,460.02	\$0.00	\$52,145,460.02	\$1,040.31	\$0.00	\$1,040.31	100.00%	0.00%	100.00%
		CITY: BLUE SHIELD SPECTRUM PPO																					
		(Blue Shield Spectrum PPO beginning January 2014; previous figures reflect Anthem Blue Cross PPO)																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
		FY 10-11	SINGLE	1,895	1,895	1,895	1,895	1,895	1,895	1,829	1,829	1,829	1,829	1,829	1,829	22,341	\$14,434,213.33	\$95,013.29	\$14,529,226.62	\$646.09	\$4.25	\$650.34	99.35%
TWO-PARTY(P)	262		262	262	262	262	262	244	244	244	244	244	244	3,033	\$3,299,164.28	\$1,054,474.24	\$4,353,638.52	\$1,087.76	\$347.67	\$1,435.42	75.78%	24.22%	100.00%
TWO-PARTY(C)	301		301	301	301	301	301	304	304	304	304	304	304	3,632	\$3,960,942.13	\$570,679.69	\$4,531,621.82	\$1,090.63	\$157.13	\$1,247.76	87.41%	12.59%	100.00%
FAMILY	246		246	246	246	246	246	224	224	224	224	224	224	2,821	\$3,075,520.10	\$1,516,306.64	\$4,591,826.75	\$1,090.15	\$537.47	\$1,627.61	66.98%	33.02%	100.00%
TOTAL	2,704		2,704	2,704	2,704	2,704	2,704	2,601	2,601	2,601	2,601	2,601	2,601	31,827	\$24,769,839.85	\$3,236,373.86	\$28,006,313.71	\$778.26	\$101.69	\$879.95	88.44%	11.56%	100.00%
FY 11-12	SINGLE	1,740	1,740	1,740	1,740	1,740	1,740	1,640	1,640	1,640	1,640	1,640	1,640	20,276	\$12,192,348.08	\$155,337.90	\$12,347,685.98	\$601.31	\$7.66	\$608.97	98.74%	1.26%	100.00%
	TWO-PARTY(P)	229	229	229	229	229	229	261	261	261	261	261	261	2,941	\$3,297,767.12	\$649,449.06	\$3,947,216.18	\$1,121.23	\$220.81	\$1,342.04	83.55%	16.45%	100.00%
	TWO-PARTY(C)	289	289	289	289	289	289	350	350	350	350	350	350	3,833	\$4,260,129.53	\$201,281.54	\$4,461,411.07	\$1,111.49	\$52.52	\$1,164.01	95.49%	4.51%	100.00%
	FAMILY	220	220	220	220	220	220	228	228	228	228	228	228	2,685	\$3,016,152.42	\$1,077,240.48	\$4,093,392.90	\$1,123.33	\$401.21	\$1,524.54	73.68%	26.32%	100.00%
	TOTAL	2,478	2,478	2,478	2,478	2,478	2,478	2,478	2,478	2,478	2,478	2,478	2,478	29,735	\$22,766,397.16	\$2,083,308.98	\$24,849,706.14	\$765.63	\$70.06	\$835.69	91.62%	8.38%	100.00%
FY 12-13	SINGLE	1,619	1,619	1,619	1,619	1,619	1,619	1,646	1,646	1,646	1,646	1,646	1,646	19,586	\$11,989,285.67	\$178,189.23	\$12,167,474.90	\$612.14	\$9.10	\$621.24	98.54%	1.46%	100.00%
	TWO-PARTY(P)	251	251	251	251	251	251	324	324	324	324	324	324	3,448	\$4,242,643.32	\$511,817.80	\$4,754,461.12	\$1,230.48	\$148.44	\$1,378.92	89.24%	10.76%	100.00%
	TWO-PARTY(C)	347	347	347	347	347	347	475	475	475	475	475	475	4,927	\$5,842,391.80	\$60,753.31	\$5,903,145.11	\$1,185.89	\$12.33	\$1,198.22	98.97%	1.03%	100.00%
	FAMILY	235	235	235	235	235	235	320	320	320	320	320	320	3,330	\$4,108,014.82	\$1,108,051.45	\$5,216,066.28	\$1,233.57	\$332.73	\$1,566.30	78.76%	21.24%	100.00%
	TOTAL	2,451	2,451	2,451	2,451	2,451	2,451	2,764	2,764	2,764	2,764	2,764	2,764	31,291	\$26,182,335.60	\$1,858,811.80	\$28,041,147.41	\$836.75	\$59.40	\$896.15	93.37%	6.63%	100.00%
	SINGLE	1,614	1,614	1,614	1,614	1,614	1,542	1,542	1,542	1,542	1,542	1,542	18,937	\$11,090,046.58	\$192,034.87	\$11,282,081.45	\$585.62	\$10.14	\$595.76	98.30%	1.70%	100.00%	

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

		PPO PLANS																						
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)			
FY 13-14	TWO-PARTY(P)	325	325	325	325	325	325	325	394	394	394	394	394	394	4,313	\$5,293,664.02	\$311,101.18	\$5,604,765.19	\$1,227.43	\$72.13	\$1,299.57	94.45%	5.55%	100.00%
	TWO-PARTY(C)	468	468	468	468	468	468	480	480	480	480	480	480	480	5,689	\$6,517,519.69	\$87,843.13	\$6,605,362.82	\$1,145.60	\$15.44	\$1,161.04	98.67%	1.33%	100.00%
	FAMILY	320	320	320	320	320	320	369	369	369	369	369	369	369	4,133	\$5,554,481.30	\$677,346.65	\$6,231,827.95	\$1,344.00	\$163.90	\$1,507.89	89.13%	10.87%	100.00%
	TOTAL	2,728	2,728	2,728	2,728	2,728	2,728	2,784	2,784	2,784	2,784	2,784	2,784	2,784	33,072	\$28,455,711.59	\$1,268,325.83	\$29,724,037.42	\$860.42	\$38.35	\$898.77	95.73%	4.27%	100.00%
FY 14-15	SINGLE	1,529	1,529	1,529	1,529	1,529	1,529	1,529	1,529	1,529	1,529	1,529	1,529	18,346	\$12,335,855.16	\$340,694.78	\$12,676,549.94	\$672.41	\$18.57	\$690.99	97.31%	2.69%	100.00%	
	TWO-PARTY(P)	391	391	391	391	391	391	368	368	368	368	368	368	4,552	\$6,286,229.38	\$651,666.37	\$6,937,895.75	\$1,381.10	\$143.17	\$1,524.28	90.61%	9.39%	100.00%	
	TWO-PARTY(C)	458	458	458	458	458	458	468	468	468	468	468	468	5,558	\$7,185,729.31	\$179,765.86	\$7,365,495.17	\$1,292.91	\$32.34	\$1,325.25	97.56%	2.44%	100.00%	
	FAMILY	362	362	362	362	362	362	370	370	370	370	370	370	4,391	\$6,051,777.98	\$1,554,883.85	\$7,606,661.83	\$1,378.10	\$354.07	\$1,732.17	79.56%	20.44%	100.00%	
TOTAL	2,740	2,740	2,740	2,740	2,740	2,740	2,735	2,735	2,735	2,735	2,735	2,735	32,846	\$31,859,591.83	\$2,727,010.86	\$34,586,602.69	\$969.96	\$83.02	\$1,052.98	92.12%	7.88%	100.00%		

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

		PPO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LADWP: UNITED HEALTHCARE PPO													ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL									
FY 10-11	SINGLE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	TWO-PARTY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	FAMILY	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	TOTAL	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
FY 11-12	SINGLE	6	6	7	7	7	7	7	8	8	8	6	8	85	\$43,005.75	\$0.00	\$43,005.75	\$505.95	\$0.00	\$505.95	100.00%	0.00%	100.00%
	TWO-PARTY	21	24	20	21	20	24	19	20	21	21	25	22	258	\$260,874.12	\$0.00	\$260,874.12	\$1,011.14	\$0.00	\$1,011.14	100.00%	0.00%	100.00%
	FAMILY	46	46	46	47	46	49	53	50	49	49	41	48	570	\$726,202.80	\$0.00	\$726,202.80	\$1,274.04	\$0.00	\$1,274.04	100.00%	0.00%	100.00%
	TOTAL	73	76	73	75	73	80	79	78	78	78	72	78	913	\$1,030,082.67	\$0.00	\$1,030,082.67	\$1,128.24	\$0.00	\$1,128.24	100.00%	0.00%	100.00%
FY 12-13	SINGLE	15	14	13	12	16	15	18	17	18	17	20	19	194	\$110,816.68	\$0.00	\$110,816.68	\$571.22	\$0.00	\$571.22	100.00%	0.00%	100.00%
	TWO-PARTY	31	30	29	28	29	28	31	28	32	32	33	31	362	\$413,251.96	\$0.00	\$413,251.96	\$1,141.58	\$0.00	\$1,141.58	100.00%	0.00%	100.00%
	FAMILY	50	56	57	56	58	61	54	62	61	66	62	61	704	\$1,012,626.56	\$0.00	\$1,012,626.56	\$1,438.39	\$0.00	\$1,438.39	100.00%	0.00%	100.00%
	TOTAL	96	100	99	96	103	104	103	107	111	115	115	111	1260	\$1,536,695.20	\$0.00	\$1,536,695.20	\$1,219.60	\$0.00	\$1,219.60	100.00%	0.00%	100.00%
FY 13-14	SINGLE	20	23	21	22	21	24	21	27	30	30	31	34	304	\$230,556.64	\$0.00	\$230,556.64	\$758.41	\$0.00	\$758.41	100.00%	0.00%	100.00%
	TWO-PARTY	42	43	48	46	47	47	47	47	45	49	49	48	558	\$845,749.44	\$0.00	\$845,749.44	\$1,515.68	\$0.00	\$1,515.68	100.00%	0.00%	100.00%
	FAMILY	42	43	42	42	50	44	47	48	50	47	45	46	546	\$855,996.96	\$186,726.54	\$1,042,723.50	\$1,567.76	\$341.99	\$1,909.75	82.09%	17.91%	100.00%
	TOTAL	104	109	111	110	118	115	115	122	125	126	125	128	1408	\$1,932,303.04	\$186,726.54	\$2,119,029.58	\$1,372.37	\$132.62	\$1,504.99	91.19%	8.81%	100.00%
FY 14-15	SINGLE	33	35	39	38	40	38	38	41	38	48	38	38	464	\$402,997.92	\$0.00	\$402,997.92	\$868.53	\$0.00	\$868.53	100.00%	0.00%	100.00%
	TWO-PARTY	51	58	57	52	55	57	56	58	37	51	54	51	637	\$1,062,770.80	\$42,901.95	\$1,105,672.75	\$1,668.40	\$67.35	\$1,735.75	96.12%	3.88%	100.00%
	FAMILY	31	29	27	29	28	29	29	34	29	30	30	28	353	\$588,945.20	\$183,079.92	\$772,025.12	\$1,668.40	\$518.64	\$2,187.04	76.29%	23.71%	100.00%
	TOTAL	115	122	123	119	123	124	123	133	104	129	122	117	1454	\$2,054,713.92	\$225,981.87	\$2,280,695.79	\$1,413.15	\$155.42	\$1,568.57	90.09%	9.91%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

		PPO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LADWP: ANTHEM PPO (LOCAL 18)																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	314	308	307	309	307	305	305	301	309	303	306	292	3666	\$3,181,831.38	\$0.00	\$3,181,831.38	\$867.93	\$0.00	\$867.93	100.00%	0.00%	100.00%
	TWO-PARTY	100	101	102	101	99	98	99	99	97	96	96	90	1178	\$1,449,258.06	\$354,153.92	\$1,803,411.98	\$1,230.27	\$300.64	\$1,530.91	80.36%	19.64%	100.00%
	FAMILY	43	42	42	42	42	42	43	45	45	45	45	39	515	\$633,589.05	\$333,297.70	\$966,886.75	\$1,230.27	\$647.18	\$1,877.45	65.53%	34.47%	100.00%
	TOTAL	457	451	451	452	448	445	447	445	451	444	447	421	5359	\$5,264,678.49	\$687,451.62	\$5,952,130.11	\$982.40	\$128.28	\$1,110.68	88.45%	11.55%	100.00%
FY 11-12	SINGLE	292	302	297	298	286	292	293	290	283	282	290	293	3498	\$3,127,107.06	\$0.00	\$3,127,107.06	\$893.97	\$0.00	\$893.97	100.00%	0.00%	100.00%
	TWO-PARTY	92	92	91	93	93	92	91	92	90	91	90	78	1085	\$1,490,366.85	\$220,504.55	\$1,710,871.40	\$1,373.61	\$203.23	\$1,576.84	87.11%	12.89%	100.00%
	FAMILY	40	37	37	37	37	37	36	36	36	36	35	29	433	\$594,773.13	\$242,549.28	\$837,322.41	\$1,373.61	\$560.16	\$1,933.77	71.03%	28.97%	100.00%
	TOTAL	424	431	425	428	416	421	420	418	409	409	415	400	5016	\$5,212,247.04	\$463,053.83	\$5,675,300.87	\$1,039.12	\$92.32	\$1,131.44	91.84%	8.16%	100.00%
FY 12-13	SINGLE	305	296	296	291	286	286	283	279	285	281	280	288	3456	\$3,415,495.68	\$0.00	\$3,415,495.68	\$988.28	\$0.00	\$988.28	100.00%	0.00%	100.00%
	TWO-PARTY	74	74	75	76	78	76	80	80	80	79	78	79	929	\$1,383,364.61	\$237,015.77	\$1,620,380.38	\$1,489.09	\$255.13	\$1,744.22	85.37%	14.63%	100.00%
	FAMILY	30	30	28	31	29	29	29	29	28	29	27	24	343	\$510,757.87	\$222,792.22	\$733,550.09	\$1,489.09	\$649.54	\$2,138.63	69.63%	30.37%	100.00%
	TOTAL	409	400	399	398	393	391	392	388	393	389	385	391	4728	\$5,309,618.16	\$459,807.99	\$5,769,426.15	\$1,123.02	\$97.25	\$1,220.27	92.03%	7.97%	100.00%
FY 13-14	SINGLE	296	292	293	294	281	300	284	306	275	279	283	295	3478	\$3,702,226.66	\$0.00	\$3,702,226.66	\$1,064.47	\$0.00	\$1,064.47	100.00%	0.00%	100.00%
	TWO-PARTY	77	77	78	78	80	80	74	89	69	73	74	70	919	\$1,440,771.44	\$254,397.58	\$1,695,169.02	\$1,567.76	\$276.82	\$1,844.58	84.99%	15.01%	100.00%
	FAMILY	24	24	23	24	24	24	24	24	25	25	25	26	292	\$457,785.92	\$204,420.44	\$662,206.36	\$1,567.76	\$700.07	\$2,267.83	69.13%	30.87%	100.00%
	TOTAL	397	393	394	396	385	404	382	419	369	377	382	391	4689	\$5,600,784.02	\$458,818.02	\$6,059,602.04	\$1,194.45	\$97.85	\$1,292.30	92.43%	7.57%	100.00%
FY 14-15	SINGLE	301	299	296	301	300	317	298	317	311	320	316	332	3708	\$4,160,820.96	\$0.00	\$4,160,820.96	\$1,122.12	\$0.00	\$1,122.12	100.00%	0.00%	100.00%
	TWO-PARTY	71	72	72	70	73	74	72	70	68	72	71	74	859	\$1,433,155.60	\$237,547.86	\$1,670,703.46	\$1,668.40	\$276.54	\$1,944.94	85.78%	14.22%	100.00%
	FAMILY	25	29	28	29	28	27	27	26	26	26	26	21	318	\$530,551.20	\$229,824.96	\$760,376.16	\$1,668.40	\$722.72	\$2,391.12	69.77%	30.23%	100.00%
	TOTAL	397	400	396	400	401	418	397	413	405	418	413	427	4885	\$6,124,527.76	\$467,372.82	\$6,591,900.58	\$1,253.74	\$95.68	\$1,349.42	92.91%	7.09%	100.00%

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

		PPO PLANS																						
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)			
		LADWP: UNITED HEALTHCARE PPO (Owens Valley)													ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL										
FY 10-11	SINGLE	5	5	5	1	4	4	4	4	4	4	4	4	4	48	\$49,526.40	\$0.00	\$49,526.40	\$1,031.80	\$0.00	\$1,031.80	100.00%	0.00%	100.00%
	TWO-PARTY	9	9	9	9	9	9	9	10	9	11	9	9	111	\$228,888.66	\$0.00	\$228,888.66	\$2,062.06	\$0.00	\$2,062.06	100.00%	0.00%	100.00%	
	FAMILY	10	10	11	7	10	10	10	10	10	10	10	10	118	\$306,586.42	\$0.00	\$306,586.42	\$2,598.19	\$0.00	\$2,598.19	100.00%	0.00%	100.00%	
	TOTAL	24	24	25	17	23	23	23	24	23	25	23	23	277	\$585,001.48	\$0.00	\$585,001.48	\$2,111.92	\$0.00	\$2,111.92	100.00%	0.00%	100.00%	
FY 11-12	SINGLE	4	3	3	3	3	3	3	3	3	3	3	3	37	\$39,321.75	\$0.00	\$39,321.75	\$1,062.75	\$0.00	\$1,062.75	100.00%	0.00%	100.00%	
	TWO-PARTY	4	3	3	3	4	4	4	4	4	4	4	4	45	\$95,576.40	\$0.00	\$95,576.40	\$2,123.92	\$0.00	\$2,123.92	100.00%	0.00%	100.00%	
	FAMILY	12	12	11	11	10	10	10	10	9	9	9	9	122	\$326,489.08	\$0.00	\$326,489.08	\$2,676.14	\$0.00	\$2,676.14	100.00%	0.00%	100.00%	
	TOTAL	20	18	17	17	17	17	17	17	16	16	16	16	204	\$461,387.23	\$0.00	\$461,387.23	\$2,261.70	\$0.00	\$2,261.70	100.00%	0.00%	100.00%	
FY 12-13	SINGLE	3	3	3	3	3	3	3	3	3	3	5	4	39	\$41,447.25	\$0.00	\$41,447.25	\$1,062.75	\$0.00	\$1,062.75	100.00%	0.00%	100.00%	
	TWO-PARTY	5	4	4	4	4	4	4	4	4	4	4	5	50	\$106,196.00	\$0.00	\$106,196.00	\$2,123.92	\$0.00	\$2,123.92	100.00%	0.00%	100.00%	
	FAMILY	7	10	10	10	11	9	9	9	9	9	9	9	111	\$297,051.54	\$0.00	\$297,051.54	\$2,676.14	\$0.00	\$2,676.14	100.00%	0.00%	100.00%	
	TOTAL	15	17	17	17	18	16	16	16	16	16	18	18	200	\$444,694.79	\$0.00	\$444,694.79	\$2,223.47	\$0.00	\$2,223.47	100.00%	0.00%	100.00%	
FY 13-14	SINGLE	4	3	4	4	5	4	4	4	4	4	4	4	48	\$51,800.64	\$0.00	\$51,800.64	\$1,079.18	\$0.00	\$1,079.18	100.00%	0.00%	100.00%	
	TWO-PARTY	6	6	6	6	6	6	6	6	5	4	5	4	66	\$142,346.16	\$0.00	\$142,346.16	\$2,156.76	\$0.00	\$2,156.76	100.00%	0.00%	100.00%	
	FAMILY	7	10	7	8	8	9	6	7	7	7	7	7	90	\$244,575.90	\$0.00	\$244,575.90	\$2,717.51	\$0.00	\$2,717.51	100.00%	0.00%	100.00%	
	TOTAL	17	19	17	18	19	19	16	17	16	15	16	15	204	\$438,722.70	\$0.00	\$438,722.70	\$2,150.60	\$0.00	\$2,150.60	100.00%	0.00%	100.00%	
FY 14-15	SINGLE	3	3	3	3	4	4	4	4	4	4	4	3	43	\$53,082.64	\$0.00	\$53,082.64	\$1,234.48	\$0.00	\$1,234.48	100.00%	0.00%	100.00%	
	TWO-PARTY	1	1	3	3	2	2	2	2	2	2	2	2	24	\$59,211.12	\$0.00	\$59,211.12	\$2,467.13	\$0.00	\$2,467.13	100.00%	0.00%	100.00%	
	FAMILY	7	8	7	7	7	7	7	8	6	11	11	9	95	\$295,314.15	\$0.00	\$295,314.15	\$3,108.57	\$0.00	\$3,108.57	100.00%	0.00%	100.00%	
	TOTAL	11	12	13	13	13	13	13	14	12	17	17	14	162	\$407,607.91	\$0.00	\$407,607.91	\$2,516.10	\$0.00	\$2,516.10	100.00%	0.00%	100.00%	

CITY - LAPRA - LAFRA - UFLAC - LADWP - IBEW
PPO ENROLLMENT HISTORY AND PEPM COST BY PLAN
July 1, 2010 - June 30, 2015

		PPO PLANS																					
		ENROLLMENT BY MONTH AND COVERAGE TIER													ANNUAL PREMIUM			PEPM COST (ER-EE-TOTAL)			COST SHARING (ER-EE)		
		LADWP: ANTHEM PPO (Owens Valley - LOCAL 18)																					
		7	8	9	10	11	12	1	2	3	4	5	6	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL	ER	EE	TOTAL
FY 10-11	SINGLE	49	46	49	45	43	48	48	49	48	45	44	41	555	\$635,952.30	\$0.00	\$635,952.30	\$1,145.86	\$0.00	\$1,145.86	100.00%	0.00%	100.00%
	TWO-PARTY	114	113	116	111	120	111	113	105	111	116	112	111	1353	\$3,220,735.32	\$0.00	\$3,220,735.32	\$2,380.44	\$0.00	\$2,380.44	100.00%	0.00%	100.00%
	FAMILY	159	160	159	163	163	162	168	171	164	162	163	167	1961	\$5,796,264.97	\$0.00	\$5,796,264.97	\$2,955.77	\$0.00	\$2,955.77	100.00%	0.00%	100.00%
	TOTAL	322	319	324	319	326	321	329	325	323	323	319	319	3869	\$9,652,952.59	\$0.00	\$9,652,952.59	\$2,494.95	\$0.00	\$2,494.95	100.00%	0.00%	100.00%
FY 11-12	SINGLE	40	37	40	39	43	38	44	42	42	42	46	44	497	\$586,579.28	\$0.00	\$586,579.28	\$1,180.24	\$0.00	\$1,180.24	100.00%	0.00%	100.00%
	TWO-PARTY	108	108	104	103	103	105	105	105	105	103	104	94	1247	\$3,057,456.95	\$0.00	\$3,057,456.95	\$2,451.85	\$0.00	\$2,451.85	100.00%	0.00%	100.00%
	FAMILY	168	175	176	175	172	169	167	167	171	167	169	182	2058	\$6,265,457.52	\$0.00	\$6,265,457.52	\$3,044.44	\$0.00	\$3,044.44	100.00%	0.00%	100.00%
	TOTAL	316	320	320	317	318	312	316	314	318	312	319	320	3802	\$9,909,493.75	\$0.00	\$9,909,493.75	\$2,606.39	\$0.00	\$2,606.39	100.00%	0.00%	100.00%
FY 12-13	SINGLE	40	42	44	43	43	42	43	41	39	43	42	47	509	\$632,793.89	\$0.00	\$632,793.89	\$1,243.21	\$0.00	\$1,243.21	100.00%	0.00%	100.00%
	TWO-PARTY	100	98	102	99	97	101	100	101	100	103	98	107	1206	\$3,115,194.48	\$0.00	\$3,115,194.48	\$2,583.08	\$0.00	\$2,583.08	100.00%	0.00%	100.00%
	FAMILY	177	179	178	176	174	177	170	173	174	168	174	170	2090	\$6,703,863.10	\$0.00	\$6,703,863.10	\$3,207.59	\$0.00	\$3,207.59	100.00%	0.00%	100.00%
	TOTAL	317	319	324	318	314	320	313	315	313	314	314	324	3805	\$10,451,851.47	\$0.00	\$10,451,851.47	\$2,746.87	\$0.00	\$2,746.87	100.00%	0.00%	100.00%
FY 13-14	SINGLE	49	45	42	46	46	43	43	43	44	45	45	48	539	\$704,338.25	\$0.00	\$704,338.25	\$1,306.75	\$0.00	\$1,306.75	100.00%	0.00%	100.00%
	TWO-PARTY	104	112	105	104	103	105	111	110	104	103	106	106	1273	\$3,458,002.66	\$0.00	\$3,458,002.66	\$2,716.42	\$0.00	\$2,716.42	100.00%	0.00%	100.00%
	FAMILY	164	167	170	171	174	170	173	178	177	172	173	178	2067	\$6,971,122.86	\$0.00	\$6,971,122.86	\$3,372.58	\$0.00	\$3,372.58	100.00%	0.00%	100.00%
	TOTAL	317	324	317	321	323	318	327	331	325	320	324	332	3879	\$11,133,463.77	\$0.00	\$11,133,463.77	\$2,870.19	\$0.00	\$2,870.19	100.00%	0.00%	100.00%
FY 14-15	SINGLE	55	48	46	53	50	50	48	45	45	53	53	50	596	\$821,133.04	\$0.00	\$821,133.04	\$1,377.74	\$0.00	\$1,377.74	100.00%	0.00%	100.00%
	TWO-PARTY	103	110	105	108	106	111	110	115	108	106	104	105	1291	\$3,698,353.52	\$0.00	\$3,698,353.52	\$2,864.72	\$0.00	\$2,864.72	100.00%	0.00%	100.00%
	FAMILY	174	178	175	173	173	176	173	167	170	172	169	172	2072	\$7,369,316.64	\$0.00	\$7,369,316.64	\$3,556.62	\$0.00	\$3,556.62	100.00%	0.00%	100.00%
	TOTAL	332	336	326	334	329	337	331	327	323	331	326	327	3959	\$11,888,803.20	\$0.00	\$11,888,803.20	\$3,002.98	\$0.00	\$3,002.98	100.00%	0.00%	100.00%

CITYWIDE HMO PLAN DESIGN COMPARISONS (2015)

	LAFRA HMO	LAPRA HMO		CITY (Flex) HMO		LADWP			
	Kaiser HMO	Anthem HMO	Kaiser HMO	Blue Shield HMO (Narrow & Full)	Kaiser HMO	Anthem HMO (Local 18)	Kaiser HMO	United Healthcare HMO	Health Plan of NV HMO (Southern NV Residents Only)
NETWORK → BENEFIT ↓	Kaiser and Kaiser-Contracted Providers	Anthem CaliforniaCare Providers	Kaiser and Kaiser-Contracted Providers	Access+ HMO SaveNet Providers (Narrow) / all Access+ HMO Providers (Full)	Kaiser Permanente Providers	Anthem CaliforniaCare Providers	Kaiser and Kaiser-Contracted Providers	United Healthcare HMO Providers	HPN HMO Providers
Deductible Individual / Family	None	None	None	None	None	None	None	None	None
Out-of-Pocket Maximum Individual / Family	\$1,500 Individual \$3,000 Family	\$500 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$500 Individual \$1,000 Two-Party \$1,500 Family	\$1,500 Individual \$3,000 Family	\$500 Individual \$1,000 Two-Party \$1,500 Family	\$1,500 Individual \$3,000 Family	\$800 Individual \$2,400 Family	None
Physician Office Visits	PCP: Plan pays 100% Specialist: Plan pays 100% Gatekeeper: YES	PCP: \$10 copay Specialist: \$10 copay Gatekeeper: YES	PCP: \$10 copay Specialist: \$10 copay Gatekeeper: YES	PCP: \$15 copay Specialist: \$15 copay Gatekeeper: YES	PCP: \$15 copay Specialist: \$15 copay Gatekeeper: YES	Plan pays 100% Gatekeeper: NO	Plan pays 100% Gatekeeper: YES	\$3 copay Gatekeeper: YES	\$3 copay House Call: \$20 copay Gatekeeper: YES
Preventive Care (Adult & Child)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Child Immunizations	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Maternity Physician Office Visit	Plan pays 100%	\$10 copay (initial visit only)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	\$3 copay
Maternity Physician Delivery	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Maternity Hospital Charges	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Urgent Care Centers	Plan pays 100%	\$10 copay	\$10 copay	\$15 copay	\$15 copay	Plan pays 100%	Plan pays 100%	\$3 copay	\$15 copay
Emergency Care (copay waived if admitted)	Plan pays 100%	\$75 copay	\$50 copay	\$100 copay	\$100 copay	Plan pays 100%	Plan pays 100%	\$35 copay	Facility: \$25 copay Physician: \$75 copay
Ambulance	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	\$50 copay
Inpatient Hospital Physician Visits	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Inpatient Hospital Room and Board	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100% after a \$100 anesthesiologist copay (if applicable)
Outpatient Surgery Center - Physician	Plan pays 100%	Plan pays 100%	\$10 copay	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Surgery Center - Facility	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	\$15 copay	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100% after a \$100 anesthesiologist copay (if applicable)
Skilled Nursing Facility	Plan Pays 100% (up to 100 days /calendar year)	Plan pays 100% (up to 100 days / calendar year)	Plan pays 100%	Plan pays 100% (up to 100 days / calendar year)	Plan pays 100% (up to 100 days / calendar year)	Plan pays 100% (up to 100 days /calendar year)	Plan pays 100% (up to 100 days /calendar year)	Plan pays 100% (up to 100 days /calendar year)	Plan pays 100% (up to 100 days /calendar year)
Lab/X-Ray	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100% at a Kaiser facility	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%

	LAFRA HMO	LAPRA HMO		CITY (Flex) HMO		LADWP			
	KAISER HMO	ANTHEM HMO	KAISER HMO	BLUE SHIELD HMO (Narrow & Full)	KAISER HMO	ANTHEM HMO (Local 18)	KAISER HMO	UNITED HEALTHCARE HMO	HEALTH PLAN OF NV HMO (Southern NV Residents Only)
NETWORK → BENEFIT ↓	Kaiser and Kaiser-Contracted Providers	Anthem CaliforniaCare Providers	Kaiser and Kaiser-Contracted Providers	Access+ HMO SaveNet Providers (Narrow) / all Access+ HMO Providers (Full)	Kaiser Permanente Providers	Anthem CaliforniaCare Providers	Kaiser and Kaiser-Contracted Providers	United Healthcare HMO Providers	HPN HMO Providers
Physical and Occupational Therapy	Plan pays 100%	\$10 copay (limited to a 60-day period of care after illness or injury; add'l visits available when approved by the medical group)	\$10 copay	\$15 copay	\$15 copay	Plan pays 100% (up to 60 days)	Plan pays 100%	Inpatient: Plan pays 100% Outpatient: \$3 copay	Inpatient: Plan pays 100% Outpatient: \$3 copay (60 days/visits per cy)
Chiropractic Care	\$5 per visit (limited to 40 visits per calendar year)	\$10 copay (limited to a 60-day period of care after illness or injury; add'l visits available when approved by the medical group)	\$10 copay (up to 40 visits per year)	\$15 copay (limited to 50 visits per year)	not covered	\$10 copay (up to 30 visits per calendar year)	Not Covered	Not Covered	\$3 copay/visit
Home Health Care	Plan pays 100% (up to 100 days /cal yr)	\$10 copay	Plan pays 100%	Plan pays 100% (up to 100 visits per year)	Plan pays 100%	Plan pays 100% (100 days max)	Plan pays 100%	Plan pays 100%	Plan pays 100%
Durable Medical Equipment	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Hospice Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pay 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Mental Health/ Substance Abuse - I/P	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Mental Health: Plan pays 100% Substance Abuse: Plan pays 100%; detox only	Mental Health: Plan pays 100% Substance Abuse: Plan pays 100% for detox only
Mental Health/ Substance Abuse - O/P	Plan pays 100%	\$10 copay	\$10 copay (\$5 copay - group therapy)	\$15 copay	\$15 copay (\$5-7 copay - group therapy)	Plan pays 100%	Plan pays 100%	Mental Health: Plan pays 100% Substance Abuse: Plan pays 100%; detox only	\$3 copay
Prescription Drugs									
Formulary	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible	None	None	None	None	None	None	None	None	None
Generic Copay	No Charge	\$10	\$10	\$10	\$10	\$5	\$5	\$5	\$7
Brand Copay	No Charge	\$15	\$15	\$20	\$20	\$10	\$5	\$5	\$15 (plus difference between brand and generic if generic is available)
Non-Formulary	Not Covered	Not Covered	Not Covered	\$40	\$20		\$5		\$40 (plus difference between brand and generic if generic is available)
Specialty	case-by-case basis	Patient pays 20%, up to \$100 copay for injectables	N/A	applicable retail drug copay	\$20				
Retail	30- or 100-day supply	30 days (90 days for maint. meds.)	100 days	30 days	30 days	30 days	up to 100 days	30 days	30 days
Mail	30- or 100-day supply	\$10 Generic / \$10 Brand 90 days for 1 copay	\$10 Generic / \$15 Brand 100 days for 1 copay	\$20 Generic / \$40 Brand 90 days for 1 copay	usually 2x the plan pharmacy cost; up to 100 days	90 days for 2 copays	up to 100 days for 1 copay	90 days for 1 copay	90 days for 2 copays
Notes									

	LAFRA HMO	LAPRA HMO		CITY (Flex) HMO		LADWP			
	KAISER HMO	ANTHEM HMO	KAISER HMO	BLUE SHIELD HMO (Narrow & Full)	KAISER HMO	ANTHEM HMO (Local 18)	KAISER HMO	UNITED HEALTHCARE HMO	HEALTH PLAN OF NV HMO (Southern NV Residents Only)
NETWORK → BENEFIT ↓	Kaiser and Kaiser-Contracted Providers	Anthem CaliforniaCare Providers	Kaiser and Kaiser-Contracted Providers	Access+ HMO SaveNet Providers (Narrow) / all Access+ HMO Providers (Full)	Kaiser Permanente Providers	Anthem CaliforniaCare Providers	Kaiser and Kaiser-Contracted Providers	United Healthcare HMO Providers	HPN HMO Providers
Vision Coverage (included with medical)		(through VSP)				(through VSP)			
Eye Exam	No charge	\$20 copay (once every 12 months)	HMO covers basic eye exam but no hardware is included	\$10 copay (once every 12 months)	\$10 copay (once every 12 months)	Plan pays 100% (once every 12 months)	HMO covers basic eye exam at 100% but no hardware is included	\$3 copay HMO covers basic eye exam but no hardware is included	Provided only as part of an examination to diagnose an illness or injury to the eye
Lenses	Plan pays 100% (once every 24 months)	Plan pays 100% (once every 12 months)		\$10 copay (once every 24 months)	\$200 eyewear allowance every 24 months toward purchase of covered lenses, frames and/or elective contact lenses at Kaiser Permanente vision centers	Plan pays 100% (once every 12 months)			
Frames	Plan pays 100%, up to \$200 (once every 24 months)	Plan pays 100%, up to \$115 (once every 12 months)		Plan pays 100%, up to \$130, then 20% discount (once every 24 months)		Plan pays 100%, up to \$130 (once every 12 months)			
Contact Lenses	Plan pays 100%, up to \$200, in lieu of glasses (once every 24 months)	Plan pays 100%, up to \$120, in lieu of glasses (once every 12 months)		Plan pays 100%; or up to \$130, in lieu of glasses (once every 24 months)		Plan pays 100%, up to \$120, in lieu of glasses (once every 12 months)			

CITYWIDE PPO PLAN DESIGN COMPARISONS (2015)

NETWORK → BENEFIT ↓	LAFRA PPO		LAPRA PPO		CITY (Flex) PPO		LADWP							
	SELF-FUNDED		ANTHEM BLUE CROSS		BLUE SHIELD SPECTRUM PPO		UNITED HEALTHCARE PPO		ANTHEM BLUE CROSS PPO (Local 18 Only)		UNITED HEALTHCARE PPO (Owens Valley)		ANTHEM BLUE CROSS PPO (Owens Valley - Local 18 Only)	
	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
	Anthem Prudent Buyer Network	All Other Providers	Anthem Prudent Buyer Network	All Other Providers	Blue Shield Network	All Other Providers	UnitedHealthcare PPO Network	All Other Providers	Anthem Prudent Buyer Network	All Other Providers	UnitedHealthcare PPO Network	All Other Providers	Anthem Prudent Buyer Network	All Other Providers
Deductible Individual / Family	\$250 applies to non-emergency inpatient admissions		\$250 / \$500		\$750 / \$1,500	\$1,250 / \$2,500	\$500 / \$1,500	\$1,000 / \$3,000	\$250 / \$750	\$1,000 / \$3,000	None		None	None
Out-of-Pocket Maximum Pharmacy Included (Y/N)	\$2,000 / \$4,000 N	None N	\$1,500 / \$4,500 Y	\$1,500 / \$4,500 Y	\$2,000 / \$4,000 Y	\$2,000 / \$4,000 Y	\$2,000 / \$6,000 Y	\$6,000 / \$18,000 Y	\$2,000 / \$4,000 Y	\$6,000 / \$12,000 Y	\$500 / \$1,500 Y		\$1,000 / \$2,000 Y	\$2,000 / \$4,000 Y
Physician Office Visits	PCP: \$15 copay Specialist: \$15 copay Gatekeeper: No	PCP: \$30 copay Specialist: \$30 copay Gatekeeper: No	PCP: Plan pays 90% Specialist: Plan pays 90% Gatekeeper: NO	PCP: Plan pays 70% Specialist: Plan pays 70% Gatekeeper: NO	PCP: \$30/copay Specialist: \$30/copay	PCP: Plan pays 70% Specialist: Plan pays 70%	PCP: \$25 copay Specialist: \$35 copay Gatekeeper: NO	Plan pays 60% Gatekeeper: NO	PCP: Plan pays 100% Specialist: \$35 copay Gatekeeper: NO	Plan pays 60% Gatekeeper: NO	Plan pays 100%		Plan pays 100% Gatekeeper: NO	Plan pays 100% Gatekeeper: NO
Preventive Care (Adult & Child)	Plan pays 100%	Plan pays 100% of Scheduled Amount	Plan pays 100%	Not Covered	Plan pays 100%	Plan pays 70%	Plan pays 100%	Not Covered	Plan pays 100%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Immunizations	Plan pays 100%	Plan pays 100% of Billed Amount	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 70%	Plan pays 100%	Not Covered	Plan pays 100%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Maternity Physician Office Visit	\$15 copay	\$30 copay; 100% of Scheduled Amount	Plan pays 90%	Plan pays 70%	\$30 copay	Plan pays 70%	\$35 copay	Plan Pay 60%	PCP: Plan pays 100% Specialist: \$35 copay	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Maternity Physician Delivery	Plan pays 100%	Plan pays 100% of Scheduled Amount	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Maternity Hospital Charges	\$250 copay	\$250 deductible applies, then Plan pays 70% of charged amount, not to exceed \$280/day for the 1st five days; then 100% of charged amount, not to exceed \$400/day thereafter	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Urgent Care Centers	\$15 copay	\$30 copay	Plan pays 90%	Plan pays 70%	\$30 copay	Plan pays 70%	\$50 copay	Plan pays 60%	\$25 copay	Plan pays 60%	-		Plan pays 100%	Plan pays 100%
Emergency Care (copay waived if admitted)	\$100 copay	\$100 copay, Plan pays 100% of UCR	Plan pays 90% after a \$75 copay		Plan pays 90% after \$100 copay/visit		\$100 copay	\$100 copay	Plan pays 80%; after \$100 copay	Plan pays 80%; after \$100 copay	\$25 copay		\$25 copay	\$25 copay
Ambulance	\$15 copay	\$30 copay	Plan pays 90%	Plan pays 70%	Plan pays 90%		-	-	Plan pays 70%	Plan pays 70%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Inpatient Hospital Physician Visits	Plan pays 100%	Plan pays 100% of Scheduled Amount	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Inpatient Hospital Room and Board	\$250 deductible applies, then Plan pays 90% for the 1st \$5,000, then 100%	\$250 deductible applies, then Plan pays 70% of charged amount, not to exceed \$280/day for the 1st five days; then 100% of charged amount, not to exceed \$400/day thereafter	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Outpatient Surgery Center - Physician	Plan pays 100%	Plan pays 100% Scheduled Amount	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Outpatient Surgery Center - Facility	\$15 copay	\$30 copay, Plan pays 80% of Billed Amount, up to \$2,780	Plan pays 90%	Plan pays 70% (\$350 maximum)	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%; up to \$350/admit	Plan pays 100%		Plan pays 100%	Plan pays 100%
Skilled Nursing Facility	\$250 deductible	\$250 deductible, Plan pays 100% of Negotiated Rate	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70% or 90%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Lab/X-Ray	Plan pays 100%	Plan pays 100% of Scheduled Amount	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Physical and Occupational Therapy	Plan pays 100%, up to \$3,500/Cal Yr (\$6,000 if following surgery) (PPO and Non-PPO comb.)	Plan pays 100% of Scheduled Amount, up to \$3,500/Cal Yr (\$6,000 if following surgery) (PPO and Non-PPO comb.)	Plan pays 90% (max. of 24 visits/cal yr - PPO and non-PPO comb. - incl. chiro.)	Plan pays 70% (max. of 24 visits/cal yr - PPO and non-PPO comb. - incl. chiro.)	Plan pays 90%	Plan pays 70%	\$35 copay (20 visits per cy)	Plan pays 60% (20 visits per cy)	Plan pays 80%	Plan pays 60%	-		Plan pays 100%	Plan pays 100%
Chiropractic Care	Plan pays 100%, up to \$50/visit and \$2,000/Cal Yr (PPO and Non-PPO comb.)	Plan pays 100% of Scheduled Amount, up to \$50/visit and \$2,000/Cal Yr (PPO and Non-PPO comb.)	Plan pays 90% (max. of 24 visits/cal yr - PPO and non-PPO comb. - incl. chiro.)	Plan pays 70% (max. of 24 visits/cal yr - PPO and non-PPO comb. - incl. chiro.)	Plan pays 90% (up to 24 visits/year)	Plan pays 70% (up to 24 visits/year)	\$35 copay (20 visits per cy)	Plan pays 60% (20 visits per cy)	Plan pays 80% (up to 30 days per cal yr)	Plan pays 60% (up to 30 days per cal yr)	Plan pays 100% (up tp 24 visits per cal yr)		Plan pays 100% (up tp 30 visits per cal yr)	Plan pays 100% (up tp 30 visits per cal yr)
Home Health Care	\$15 copay	\$30 copay, Plan pays 100% of Negotiated Rate	Plan pays 80%	Plan pays 80%	Plan pays 90% (up to 100 authorized visits/year)	Plan pays 10% with prior authorization (up to 100 authorized visits/year)	Plan pays 80% (up to 100 days /cal yr)	Plan pays 60% (up to 100 days /cal yr)	Plan pays 80% (up to 100 days /cal yr)	Plan pays 60% (up to 100 days /cal yr)	Plan pays 100% (up to 100 days /cal yr)		Plan pays 100% (up to 100 days /cal yr)	Plan pays 100% (up to 100 days /cal yr)
Durable Medical Equipment	Plan pays 100%	Plan pays 80% of Scheduled Amount	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%	-	-	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Hospice Care	Plan pays 100% of Negotiated Rate	Plan pays 100% of Negotiated Rate	Plan pays 90%	Plan pays 70%	Plan pays 100%	Plan pays 100% with prior authorization	-	-	Plan pays 80% (deductible waived)	Plan pays 70%	-		Plan pays 100%	Plan pays 100%
Mental Health/ Substance Abuse - I/P	\$250 deductible applies, then Plan pays 90% for the 1st \$5,000, then 100%	\$250 deductible applies, then Plan pays 70% of charged amount, not to exceed \$280/day for the 1st five days; then 100% of charged amount, not to exceed \$400/day thereafter	Plan pays 90%	Plan pays 70%	Plan pays 90%	Plan pays 70%, up to \$1,500/day, plus 100% in excess of \$1,500 with prior authorization	Plan pays 80%	Plan pays 60%	Plan pays 80%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Mental Health/ Substance Abuse - O/P	\$15 copay	\$30 copay, Plan pays 100% of Scheduled Amount	Plan pays 90%	Plan pays 70%	Plan pays 90%; for physician visit, Plan pays 100% after \$30 copay	Plan pays 70%, up to \$350/day, plus 100% in excess of \$350 for facility-based care	\$25 copay	Plan pays 60%	Plan pays 100%	Plan pays 60%	Plan pays 100%		Plan pays 100%	Plan pays 100%
Prescription Drugs														

Out-of-Network charges are covered at the same level as In-Network charges. Payments are based on UnitedHealthcare's allowable amounts. Co-pays and any amounts in excess of the allowable amount are the member's responsibility.

NETWORK → BENEFIT ↓	LAFRA PPO		LAPRA PPO		CITY (Flex) PPO		LADWP							
	SELF-FUNDED		ANTHEM BLUE CROSS		BLUE SHIELD SPECTRUM PPO		UNITED HEALTHCARE PPO		ANTHEM BLUE CROSS PPO (Local 18 Only)		UNITED HEALTHCARE PPO (Owens Valley)		ANTHEM BLUE CROSS PPO (Owens Valley - Local 18 Only)	
	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO	PPO	NON-PPO
	Anthem Prudent Buyer Network	All Other Providers	Anthem Prudent Buyer Network	All Other Providers	Blue Shield Network	All Other Providers	UnitedHealthcare PPO Network	All Other Providers	Anthem Prudent Buyer Network	All Other Providers	UnitedHealthcare PPO Network	All Other Providers	Anthem Prudent Buyer Network	All Other Providers
Out-of-Pocket Maximum	\$4,600 Self Only \$9,200 Family	N/A	included in out-of-pocket maximum stated above		included in medical out-of-pocket maximum stated above									
Formulary	Yes	None	None		Yes		Yes		Yes		Yes		Yes	
Deductible	None	None	None		None		None		None		None		None	
Generic Copay	The greater of 20% or \$10	\$15	\$25		\$10		\$10		\$5		\$5		\$5	
Brand Copay	The greater of 20% or \$10	\$15	\$25		\$20		\$20		\$10		\$10		\$10	
Non-Formulary	The greater of 20% or \$25	\$15 Generic/\$25 Brand	Patient pays 20%, up to \$100 copay for injectables		\$40		\$20		-		-		-	
Specialty	Same as above	applicable retail copays above	-		-		-		\$5 Generic/\$10 Brand		-		\$5 Generic/\$10 Brand	
Retail	30 days	30 days (90 days for maintenance meds)	90 days for 1 copay		up to 30 days		30 days		30 days		30 days		30 days	
Mail	90 days for 3 copays	90 days for 3 copays	90 days for 1 copay		up to 90 days		90 days for 2 copays		90 days for 2 copays		90 days for 2 copays		90 days for 2 copays	
Notes	Maximum copayment is \$300 per prescription, Specialty maximum is \$200 per prescription		OON: Applicable copay plus 50% of remaining expense						OON: Applicable copay plus 50% of remaining expense				OON: Applicable copay plus 50% of remaining expense	
Vision Coverage (included with medical)	(through VSP)		(through VSP)						(through VSP)		(through Spectra Vision)		(through VSP)	
Eye Exam	\$10 copay (once every 12 months) Plan pays 100%		\$20 copay (once every 12 months) Plan pays 100%		\$10 copay (once every 12 months) Plan pays 100%		\$35 copay; one eye exam every two years but no hardware is included		Not covered		Plan pays 100% (once every 12 months) Plan pays 100%		Plan pays 100% (once every 12 months) Plan pays 100%	
Lenses	(once every 12 months) Plan pays 100%, up to \$160		(once every 12 months) Plan pays 100%, up to \$115		(once every 12 months) Plan pays 100%, up to \$130, then 20% discount				(once every 12 months) Plan pays 100%		(once every 12 months) Plan pays 100%		(once every 12 months) Plan pays 100%, up to \$130	
Frames	(once every 24 months) Plan pays 100%, up to \$160, in lieu of glasses		(once every 12 months) Plan pays 100%, up to \$120, in lieu of glasses		(once every 24 months) Plan pays 100%; or up to \$130 in lieu of glasses				(once every 12 months) Plan pays 100%, up to \$120, in lieu of glasses		(once every 12 months) -		(once every 12 months) Plan pays 100%, up to \$120, in lieu of glasses	
Contact Lenses	(once every 24 months)		(once every 12 months)						(once every 12 months)				(once every 12 months)	