

Joint Labor-Management Benefits Committee (JLMBC) COMMITTEE REPORT 24-08

Date: February 1, 2024

To: JLMBC

From: Ad Hoc Medical Plans Subcommittee & Staff

Subject: Update on Medical Plans Request For

Proposal Consideration

JLMBC MEMBERS:

Management

Dana Brown, Chairperson

Tony Royster, First Prov. Chairperson

Matthew Rudnick Matthew Szabo Holly Wolcott

Employee Organizations

Jenita Igwealor, Vice-Chairperson

Marleen Fonseca, Second Prov. Chairperson

Chad Boggio Esteban Lizardo Lisa Palombi

RECOMMENDATION

That the JLMBC:

- (a) request the Ad-Hoc Medical Plan Subcommittee to continue its efforts regarding Medical Insurance Plan Options for Plan Year 2026; and
- (b) direct staff and its consultants, Keenan & Associates, to begin discussions with Anthem Blue Cross and Kaiser Permanente for a one-year contract extension for Plan Year 2025.

DISCUSSION

A. Background

At its July 6, 2023 meeting, the JLMBC heard <u>Committee Report 23-27</u> regarding Medical Insurance Plan Options for Plan Year 2025 which outlined multiple options for either continuing current health plan agreements or executing a Request For Proposals (RFP). The JLMBC approved a recommendation to create a new Ad-Hoc Medical Plan Subcommittee (Ad-hoc Subcommittee) for development of a recommendation. The overall objective of the Ad-hoc Subcommittee is to look at the large array of rising cost factors and to weigh the importance of changes that may have an impact in reducing health plan premiums. The Ad-hoc Subcommittee was ultimately tasked with making a recommendation to the full JLMBC on whether to issue a new Medical RFP or to continue the existing contract.

At its November 2, 2023 meeting, the JLMBC heard <u>Committee Report 23-39</u> regarding a recommendation to begin drafting a Medical Plans Request for Proposals. This report outlined the work done by the Ad-hoc Subcommittee and the need to gather more information and research in determining its recommendation to the full JLMBC on whether to issue a new Medical RFP or to continue the existing contract. The JLMBC approved of the recommendation for the Ad-hoc Subcommittee to perform surveys and outreach as necessary with City employees and their dependents to develop a Request For Proposals for Medical Plans requesting multiple plan design options and alternative medical plan types.



At its January 4, 2024 meeting, the JLMBC heard report 24-05 which provided an update on the held Focus Groups and the Medical Plans Survey. The survey was released to all City employees on December 28, 2023 and was closed on January 17, 2024. The survey was released as an electronic survey, but employees could request a paper version. The paper version of the survey is attached for reference as **Attachment A**.

B. Medical Plan Survey Results

The Medical Plan Survey (Attachment A) was released via a City-wide email and was simultaneously sent via postcard to all approximately 26,000 LAwell members. By close of the survey on January 17 2024, a total of 1,224 employees took the anonymous survey, or less than 5% of the total population. A full set of the Medical Plan Survey responses is included in **Attachment B**.

Employee Representation

Although the number of employees responding to the survey is lower than desired, the distribution of employee representation was adequate, and the survey saw responses from employees across all demographic sets. Details of employee representation is shown through Survey Questions 3 through 8 in Attachment C and copied here:

Q3 – How long have you worked for the City?

| ANSWER CHOICES | RESPONSES | |
|--------------------|-----------|-------|
| Less than one year | 7.03% | 86 |
| 1–4 years | 16.18% | 198 |
| 5–9 years | 18.79% | 230 |
| 10–14 years | 6.62% | 81 |
| 15–19 years | 16.99% | 208 |
| 20 or more years | 34.40% | 421 |
| TOTAL COUNT | | 1,224 |

Q4 – What is your age group?

| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-------|
| 25 or under | 1.72% | 21 |
| 26–40 | 24.51% | 300 |
| 41–55 | 40.20% | 492 |
| 56–65 | 24.18% | 296 |
| 66–74 | 7.03% | 86 |
| 75 or older | 0.57% | 7 |
| Decline to answer | 1.80% | 22 |
| TOTAL COUNT | | 1,224 |

Q5 – What is your gender?

| ANSWER CHOICES | RESPONSES | |
|------------------------|-----------|-------|
| Male | 40.60% | 497 |
| Female | 57.19% | 700 |
| Non-Binary | 0.49% | 6 |
| I prefer not to answer | 1.72% | 21 |
| TOTAL COUNT | | 1,224 |

Q6 – What City Department do you work for?

| ANSWER CHOICES | RES | SPONSES |
|---------------------------------------------------------------------------------------------------------------|--------|---------|
| Airports, Los Angeles World | 8.99% | 110 |
| Board of Public Works | 1.06% | 13 |
| Building and Safety | 4.08% | 50 |
| Chief Legislative Analyst, Office of the | 0.25% | 3 |
| City Administrative Officer, Office of the | 1.55% | 19 |
| City Attorney, Office of the | 5.96% | 73 |
| City Clerk, Office of the | 1.14% | 14 |
| Contract Administration, Bureau of Public Works | 1.39% | 17 |
| Controller, Office of the | 0.65% | 8 |
| Council District | 1.80% | 22 |
| Cultural Affairs Department | 0.57% | 7 |
| Engineering, Bureau of Public Works | 4.08% | 50 |
| Fire Department | 2.29% | 28 |
| General Services Department | 3.76% | 46 |
| Harbor Department | 3.19% | 39 |
| Information Technology Agency | 1.55% | 19 |
| Library | 8.74% | 107 |
| Mayor | 0.16% | 2 |
| Pensions, Fire and Police | 0.98% | 12 |
| Personnel Department | 4.98% | 61 |
| Planning Department | 3.51% | 43 |
| Police Department | 2.29% | 28 |
| Recreation & Parks | 6.78% | 83 |
| Sanitation, Bureau of Public Works | 9.56% | 117 |
| Street Lighting, Bureau of Public Works | 0.74% | 9 |
| Street Services, Bureau of Public Works | 3.19% | 39 |
| Transportation, Department of | 4.58% | 56 |
| Other | 12.17% | 149 |
| (includes smaller departments, such as Cannabis, Civil, Human Rights, and Equity, Ethics Commission, etc.) | | |
| TOTAL COUNT | | 1,224 |

Q7 – What is your Job category?

| ANSWER CHOICES | RE | SPONSES |
|--------------------------------------------------------------------------------|--------|---------|
| Clerical | 16.83% | 206 |
| (e.g. Administrative Clerk, Office Services Assistant, Secretary, etc.) | | |
| Paraprofessional | 2.12% | 26 |
| (e.g. Legal Secretary, Personnel Records Supervisor, etc.) | | |
| Administrative Professional | 19.53% | 239 |
| (e.g. Accountant, Management Assistant, Analyst, etc.) | | |
| Technical/Professional | 26.23% | 321 |
| (e.g. Attorney, Civil Engineer, Librarian, City Planner, etc.) | | |
| Skilled Craft | 4.98% | 61 |
| (e.g. Equipment Mechanic, Electrician, Refuse Collection Truck Operator, etc.) | | |
| Service & Maintenance | 3.68% | 45 |
| (e.g. Recreation Assistant, Maintenance Laborer, Custodian, Gardener, etc) | | |
| Management | 16.01% | 196 |
| (e.g. Senior Management Analyst, , Assistant General Manager, etc.) | | |
| Sworn–Police/Fire | 1.14% | 14 |
| (e.g. Police Officer, Firefighter, etc.) | | |
| Protective Services | 1.47% | 18 |
| (e.g. Security Officer, Traffic Officer, Crossing Guard, etc.) | | |
| Unsure | 5.56% | 68 |
| Decline to answer | 2.45% | 30 |
| TOTAL COUNT | | 1,224 |

Q8 – What Labor Organization represents you?

| ANSWER CHOICES | RE: | SPONSES |
|---------------------------------------------------------------------------|--------|---------|
| AFSCME American Federation of State, County, & Municipal Employees (MOU's | 22.22% | 272 |
| 3,6,7,10,11,16,37) | | |
| SEIU Service Employees International Union (MOUs 4, 8, 14, 15, 17, 18) | 15.77% | 193 |
| EAA Engineers & Architects Assoc. (MOU's 1, 19, 20, 21) | 33.82% | 414 |
| Non-represented (MOU 00) | 4.33% | 53 |
| Airport Police Command Officers Association (MOU 40) | 0.08% | 1 |
| LA County Building & Construction Trades Council (MOU 2, 13) | 1.72% | 21 |
| Municipal Construction Inspector Assoc. (MOU 5) | 2.29% | 28 |
| IUOE International Union of Operating Engineers (MOU's 9, 31) | 0.65% | 8 |
| LACSSA/LIUNA (MOU 12) | 2.37% | 29 |
| LA City Attorney's Assoc. (MOU 29) | 3.02% | 37 |
| Management Attorneys (MOU 32) | 0.00% | 0 |
| LAPMA LA Professional Managers Assoc. (MOU's 36, 63, 64) | 4.66% | 57 |
| LAPPA LA Port Police Assoc. (MOU 38) | 0.08% | 1 |
| Los Angeles Manager's Association (MOU 63) | 0.08% | 1 |
| Los Angeles Peace Officers Association (MOUs 39, 65) | 0.41% | 5 |
| LOS ANGELES PORT PILOTS ASSOCIATION (MOU 26 | 0.00% | 0 |
| Other | 2.61% | 32 |
| Unsure | 4.08% | 50 |
| Decline to Answer | 1.80% | 22 |
| TOTAL COUNT | | 1,224 |

The survey also tried to identify geographic representation by asking respondents to identify their home zip code and their work zip code. The distribution of respondents is as follows:

Home zip code distribution

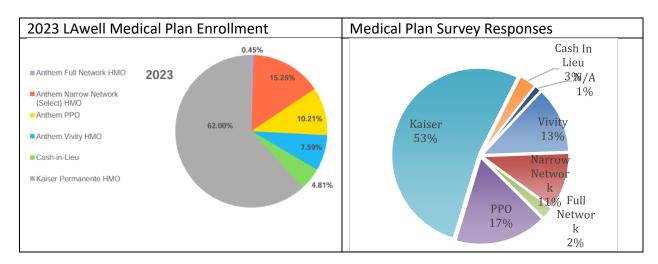
| Home zip code distribution | | |
|----------------------------|-------|-------------------------|
| Zip Code | | Zip code with count >10 |
| | 90012 | 11 |
| | 90019 | 10 |
| | 90026 | 12 |
| | 90032 | 10 |
| | 90034 | 17 |
| | 90039 | 12 |
| | 90042 | 17 |
| | 90043 | 17 |
| | 90044 | 12 |
| | 90045 | 11 |
| | 90047 | 17 |
| | 90065 | 11 |
| | 90066 | 14 |
| | 90275 | 10 |
| | 90640 | 11 |
| | 90650 | 13 |
| | 90731 | 18 |
| | 90745 | 10 |
| | 91016 | 11 |
| | 91331 | 10 |
| | 91335 | 10 |
| | 91342 | 15 |
| | 91343 | 11 |
| | 91344 | 11 |
| | 91350 | 13 |
| | 91406 | 10 |
| | 91780 | 12 |
| | 91790 | 11 |
| | 91801 | 15 |
| | 93063 | 10 |
| | 93551 | 11 |
| | | |

The above only shows results of the same zipcode by 10 or more respondents. The survey received 1,224 total responses to the home zipcode question, showing a very distribution of employees across Southern California. For Worksite distributions, City worksites were strongly represented as follows.

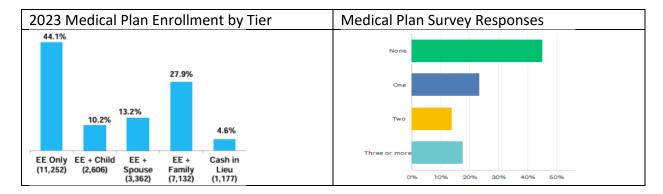
Worksite zip code distribution

| Zip Code | Zip code with count >10 |
|----------|-------------------------|
| 90012 | 576 |
| 90013 | 13 |
| 90015 | 136 |
| 90017 | 43 |
| 90023 | 11 |
| 90025 | 14 |
| 90027 | 37 |
| 90032 | 16 |
| 90037 | 10 |
| 90039 | 18 |
| 90045 | 141 |
| 90064 | 12 |
| 90065 | 23 |
| 90071 | 41 |
| 90293 | 35 |
| 90731 | 55 |
| 90744 | 17 |
| 91401 | 33 |
| 91406 | 20 |

In addition to Demographic and Geographic representation of respondents, the survey asked a few questions that could be used to identify the representation of respondents against LAwell Program enrollment statistics. The survey respondents also provided an adequate representation of LAwell members in that the respondents reflected a similar depiction of overall employee enrollment into LAwell medical plans. Out of the approximately 26,000 LAwell members currently covered by a LAwell health plan, approximately 62% are Kaiser members, 33% are Anthem members, and 5% receive cash in lieu. Respondents to the survey identified as being 52% Kaiser members, 42% Anthem members, and 3% receiving cash in lieu.



Respondents also similarly represented the coverage of dependents as seen in current LAwell medical plans. For the close of Open Enrollment (coverage effective January 1, 2023), the LAwell Program saw 44% of its members enrolled into an employee only level of health coverage. 10% of members covered one or more children, 13% covered a spouse only, and approximately 28% covered a family, meaning one spouse and at least one child. Respondents to the survey identified themselves as largely single, with 45% stating they were in an employee-only level of coverage. This figure is almost identical to the plan average enrollment figure. 23% of respondents identified as covering one dependent. This figure fully covers the EE+Spouse category and can cover a portion of the EE+Child category. For current LAwell coverage, approximately 55% of employees in the EE+Child coverage cover just one dependent. Therefore, the percentage of employees responding to the survery covering one dependent is slightly higher than the regular distribution of enrollment. For the survey, 14% respondents identified as covering two dependents and 17% identified as covering three or more. Although a portion of either response could be attributed to the EE+Child category, the vast majority of these responses fall under the EE+Family category, and this figure is similar, but slightly lower, to the plan average enrollment figure.



Medical Plan Use

The remaining survey questions were centered on medical plan information with the intention of gathering information from employees about their use and perceptions of their medical plan benefits, as well as to gauge interest in changes and alternative options.

Not all of the survey respondents answered all of the remaining survey questions. However, from the responses received, some notable results are still identified.

The survey sought to understand how often respondents use their medical plan benefits. 1,182 of the 1,224 respondents answered a series of questions asking how often they saw their doctor, sought urgent or emergency care services, sought care while traveling, and filled a prescription. The vast majority of respondents identified that they were avid users of their health benefits. An overwhelming majority, 89.5%, identified that they see their doctor for a regular visit at least once a year, with almost half (39.6%) of respondents identifying that they visit five or more times a year. A similar response was received for prescription drugs, with an overwhelming majority, 83.9%, identifying that they fill a prescription at least once a year, with a strong majority (59%) of respondents identifying that they fill five or more prescriptions a year.

The survey asked a number of questions that were triggered only in response to the answer of a previous question. This technique is done to discover more specific information about a topic from respondents who are directly linked to that topic. The following triggered questions and responses relate to employee use/enrollment into specific health plans:

- Of the 209 respondents who identified being enrolled in the PPO network, all 209 respondents completed Q10 regarding their use of out-of-network benefits. The majority (55.5%) of respondents identified that they use out-of-network benefits either occasionally or routinely.
- Of the 29 respondents who identified being enrolled in the Full Network HMO, 27 completed Q11 regarding their reason for being in the Full Network. Almost half (48%) of these respondents identified their reason for selecting the Full Network is that it is familiar to them and they don't want to change.
- Of the 835 respondents who identified that their LAwell Premium is 100% covered by the
 City subsidy, 831 respondents completed Q13 regarding their likeliness to change plans if
 the subsidy no longer fully covered the premium. The majority (44%) of these
 respondents identified that they would be very likely to change plans if their current plan
 was no longer fully subsidized.

Satisfaction and Change

The survey asked respondents direct questions about their satisfaction with their medical plan.

- 77% of respondents indicated that their Medical Plan was of good value.
- 70% of respondents indicated they were satisfied with their Medical Plan's customer service
- 68% of respondents indicated they were satisfied with their Medical Plan itself.
- 66% of respondents indicated they were well educated about their Medical Plan's benefits

These responses are representative of the responses that were received in the focus group sessions, and show that a very strong majority of employees are very happy with their medical plan. However, a smaller representative group is open to some sort of change and, in some cases, directly asking for change. The survey was developed after focus groups were held and multiple questions were asked to gauge what kinds of changes respondents wanted to see and how they may respond to change.

Respondents were asked openly what changes they wanted to see in their medical plan. 696 of the 1,224 respondents provided a response. 148 respondents (21.2%) indicated that they wanted "No changes" or "None"; some responses were vague (calls for "Better Coverage"); some were unrealistic ("Zero Premium" and/or "Zero Copay"); other responses included statements such as "More Doctors" or "Better Access"; others still were inclusive of other types of coverage besides the medical plan (e.g., request for Pet Insurance, Dental plan comments, Vision plan comments,

etc.). With respect to the HDHP with HSA, there were 17 requests specifically requesting information or added option.

Respondents were asked about their willingness to accept a small increase in their deductible or copayments. 23% of respondents were not willing to accept any increase in their copayment, and 37% of respondents were not willing to accept any increase in their deductible. However, the majority of respondents indicated that they were willing to accept either increase if they received a perceived benefit from the change, such as improved coverage or lower premiums.

When asked about the level of interest in learning about a High Deductible Health Plan, only 35.3% of respondents indicated that they were interested. But 27.6% of respondents were unsure. When asked about the level of interest in having a High Deductible Health Plan added to the City health plan menu, the responses almost flipped. 26.6% were interested and 38.8% were unsure. When asked more generally about the level of interest in adding any new health plan to the City health plan menu, a very large number of respondents (48.4%) were unsure. However, 29.5% were somewhat or very interested.

C. Ad-Hoc Medical Plan Subcommittee Findings

As stated previously, the overall objective of the Ad-hoc Subcommittee was to look at the large array of rising cost factors and to weigh the importance of changes which may have an impact in reducing health plan premiums. The ad hoc was ultimately tasked – through JLMBC action taken as a result of Committee Report 23-39 - with making a recommendation to the full JLMBC on whether to issue a new Medical RFP or to continue the existing contract. The existing health plan contracts are two-year term contracts awarded as the result of a request for proposals, but the Personnel Department/LAwell Program had authority to contract for up to a five-year term.

After multiple months of discussions and after viewing the survey results, the Ad-hoc Subcommittee needs additional time to review and gather information before it can make a recommendation as tasked through Committee Report 23-39. The information collected so far indicates that there is a potential path to consider change and that a potentially significant percentage of employees may be receptive and welcoming to a change. However, the Ad-hoc Subcommittee needs additional information and time to research to determine what types of change should really be considered and if those changes could truly work to reduce health plan premiums. Therefore, the Ad-hoc Subcommittee is looking to extend its work towards its overall objective. In order to do this, a one-year extension of the currently existing health plan contracts is required.

D. Discussion of Healthcare Contract extensions

The current health plan agreements are with Anthem Blue Cross and Kaiser Permanente and are two-year term contracts awarded as the result of a request for proposals. However, the Personnel Department/LAwell Program had authority to contract for up to a five-year term. In

order to give the Ad-hoc Subcommittee more time to extend its work, the LAwell Program would need to extend each contract for one additional year, making each contract a three-year term.

Pursuant to City procedures, contract extensions can be executed by the awarding authority with City Council approval for services that remain in line with the scope of services and terms advertised through the Request for Proposals when the awarding authority authorized term of contract has not been exceeded. However, a mayoral executive directive still requires mayoral approval of the tentative agreement before the awarding department can fully execute the extension. Therefore, this one-year extension would need to follow the same scope of services and provide the same medical plans offered now, which were offered as responses to the Request for Proposal. The original responses to the Request for Proposal and the existing contracts did not include multi-year pricing, and the actual costs for these services are subject to change each subsequent year through a renewal process.

In extending the contract for one-year (Plan Year 2025), the LAwell Program and its consultants should begin discussions with each health care provider on pricing of services for Plan Year 2025. This discussion typically occurs annually through a renewal process during contractual years where each health plan provider will provide utilization statistics and cost forecasting in relation to proposed premium changes. As part of negotiations of a one-year contract extension, the LAwell Program and its consultants can hold this annual discussion and further look at other cost-specific factors that may be considered and negotiated through the contract extension negotiating process. These factors could include changes to performance guarantees or other fiscally focused pieces.

E. Next Steps

The following outline the possible steps and timeline that can be taken with continuing the work of the Ad-hoc Subcommittee:

| Dates | Potential Steps (subject to change) |
|-------------------------------------|---------------------------------------------------------------------|
| February 1, 2024 (JLMBC Meeting) | JLMBC directs staff to begin negotiation of contract extensions |
| March-/May 2024 | Contract Proposals (aka Renewals) received and discussed with JLMBC |
| May/June 2024 | Approve contract extension |
| June 2024 | JLMBC approves benefit plan for Plan Year 2025 |
| July-October 2024 | Open Enrollment development for Plan Year 2025 |

September 2024 – January 2025 Ad-Hoc Medical Plan Subcommittee continues review and discussions and brings recommendation to the full JLMBC.

Therefore, it is recommended that the JLMBC request the Ad-hoc Subcommittee to continue its efforts regarding Medical Insurance Plan Options for Plan Year 2026 and to direct LAWell Program staff and its consultants, Keenan & Associates, to begin discussions with Anthem and Kaiser for a one-year contract extension

| Submitted by: | | |
|---------------|---------------------------------------|--|
| | Paul Makowski, Chief Benefits Analyst | |

On behalf of Ad-Hoc Medical Plan Subcommittee Members/Consultants/Staff:

Paul Girard – Senior Labor Relations Specialist/CAO Shauna Janeway - Director of Member Benefits and Employer Relations/SEIU

Bordan Darm - Assistant Vice-President/Keenan Megan Gardner - Vice President/Keenan Melissa King - Account Executive/Keenan

Chuong Tran – Assistant Chief/Personnel Department
Paul Makowski - Chief of Employee Benefits/Personnel Department



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

Returned surveys must be postmarked no later than January 17, 2024.

The LAwell Civilian Employee Benefits Program is evaluating its medical plan offerings, and we want your input.

LAwell currently offers a Preferred Provider Option (PPO) medical plan through Anthem Blue Cross and multiple Health Maintenance Option (HMO) medical plans through Anthem Blue Cross and Kaiser Permanente. We'd like to know about your experiences with these plans and any possible changes you'd like to see.

Please complete the following survey, which asks a few questions and provides opportunities for you to provide your open feedback regarding LAwell Medical Plans.

Completing this survey should take less than ten (10) minutes.

| DEM (| OGRAPHIC QUESTIONS |
|--------------|----------------------------------------|
| #1 – V | What is your home zip code? |
| | |
| #2 – W | That is your worksite zip code? |
| | |
| #3 – H | Iow long have you worked for the City? |
| | Less than one year |
| | 1–4 years |
| | 5–9 years |
| | 10–14 years |
| | 15–19 years |
| | 20 or more years |
| #4 – W | 7hat is your age group? |
| | 25 or under |
| | 26–40 |
| | 41–55 |
| | 56–65 |
| | 66–74 |

Decline to answer

75 or older



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

Returned surveys must be postmarked no later than January 17, 2024.

#5 – What is your gender?

| Male |
|------------------------|
| Female |
| Non-Binary |
| I prefer not to answer |

#6 - What City Department do you work for?

| · · · · · · · · · · · · · · · · · · · |
|------------------------------------------------------------------------------------------------------------------|
| Airports, Los Angeles World |
| Board of Public Works |
| Building and Safety |
| Chief Legislative Analyst, Office of the |
| City Administrative Officer, Office of the |
| City Attorney, Office of the |
| City Clerk, Office of the |
| Contract Administration, Bureau of Public Works |
| Controller, Office of the |
| Council District |
| Cultural Affairs Department |
| Engineering, Bureau of Public Works |
| Fire Department |
| General Services Department |
| Harbor Department |
| Information Technology Agency |
| Library |
| Mayor |
| Pensions, Fire and Police |
| Personnel Department |
| Planning Department |
| Police Department |
| Recreation & Parks |
| Sanitation, Bureau of Public Works |
| Street Lighting, Bureau of Public Works |
| Street Services, Bureau of Public Works |
| Transportation, Department of |
| Other (includes smaller departments, such as Cannabis, Civil, Human Rights, and Equity, Ethics Commission, etc.) |



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

Returned surveys must be postmarked no later than January 17, 2024.

#7 – What Job category?

| Clerical (e.g. Administrative Clerk, Office Services Assistant, Secretary, etc.) |
|--------------------------------------------------------------------------------------------------|
| Paraprofessional (e.g. Legal Secretary, Personnel Records Supervisor, etc.) |
| Administrative Professional (e.g. Accountant, Management Assistant, Analyst, etc.) |
| Technical/Professional (e.g. Attorney, Civil Engineer, Librarian, City Planner, etc.) |
| Skilled Craft (e.g. Equipment Mechanic, Electrician, Refuse Collection Truck Operator, etc.) |
| Service & Maintenance (e.g. Recreation Assistant, Maintenance Laborer, Custodian, Gardener, etc) |
| Management (e.g. Senior Management Analyst, Assistant General Manager, etc.) |
| Sworn–Police (e.g. Police Officer, Firefighter, etc.) |
| Protective Services (e.g. Security Officer, Traffic Officer, Crossing Guard, etc.) |
| Unsure |
| Decline to Answer |

#8 - What Labor Organization represents you?

| AFSCME American Federation of State, County, & Dunicipal Employees (MOU's 3,6,7,10,11,16,37) |
|----------------------------------------------------------------------------------------------|
| SEIU Service Employees International Union (MOUs 4, 8, 14, 15, 17, 18) |
| EAA Engineers & Architects Assoc. (MOU's 1, 19, 20, 21) |
| Non-represented (MOU 00) |
| Airport Police Command Officers Association (MOU 40) |
| LA County Building & Construction Trades Council (MOU 2, 13) |
| Municipal Construction Inspector Assoc. (MOU 5) |
| IUOE International Union of Operating Engineers (MOU's 9, 31) |
| LACSSA/LIUNA (MOU 12) |
| LA City Attorney's Assoc. (MOU 29) |
| Management Attorneys (MOU 32) |
| LAPMA LA Professional Managers Assoc. (MOU's 36, 63, 64) |
| LAPPA LA Port Police Assoc. (MOU 38) |
| Los Angeles Manager's Association (MOU 63) |
| Los Angeles Peace Officers Association (MOUs 39, 65) |
| LOS ANGELES PORT PILOTS ASSOCIATION (MOU 26) |
| Other |
| Unsure |
| Decline to Answer |



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

Returned surveys must be postmarked no later than January 17, 2024.

Medical Plan Questions

| Q9. Whi | ch City of Los Angeles medical plan are you enrolled in? |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| \Box A | nthem Vivity |
| \Box A | nthem Narrow Network |
| \Box A | nthem Full Network |
| | nthem PPO |
| □ K | |
| | I/A - I have Cash In Lieu |
| | I/A - I am not currently enrolled/eligible for LAwell plans Other: |
| | |
| | ected Anthem PPO please answer Q9A; If your selected Anthem Full Network please answer |
| Q9B; Othe | erwise skip to Q10 |
| | |
| Q | 9A. (For Anthem PPO) When utilizing your medical PPO plan, how often do you |
| | eceive out-of-network benefits? |
| | □ Regularly |
| | □ Sometimes |
| | □ Never |
| | □ Unsure |
| | |
| 0 | 10B (For Anthom Full Notwork) Which of the following most closely metabos your |
| | 29B. (For Anthem Full Network) Which of the following most closely matches your eason for selecting the Full Network? |
| | |
| | ☐ My preferred doctor is in-network in the Full plan, but is not in-network for another HMO. |
| | ☐ I like the large selections of doctors available |
| | ☐ The Full Network plan is familiar to me and I don't want to change. |
| | ☐ Other: [fill in blank] |
| | |
| | |
| _ | nich of the following applies to you: |
| |) I am enrolled in LAwell & My current medical premium is fully covered by the City |
| | ıbsidy.) I am enrolled in LAwell & I pay a portion of the premium via payroll deduction |
| |) I am enrolled in LAwell & I pay a portion of the premium via payroll deduction) I am enrolled in LAwell as the dependent of another City employee |
| |) I am not enrolled in LAwell; I have coverage outside the City |
| | |
| it vou sele | ected A above, then please answer Q10A below; otherwise skip to Q11 |



Medical Plans Survey. Please return completed survey to:

LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

Returned surveys must be postmarked no later than January 17, 2024.

Q10A. If the City Subsidy no longer fully covered your current plan, how likely are you to consider changing plans?

| you t | o consider changing plans: |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Not likely – I really like my current plan and would be willing to pay a portion of the premium to keep it. |
| | Somewhat likely – I like my current plan, but I would consider changing depending on the cost increase |
| | <u>Very Likely</u> – the main reason I picked my coverage is because the City pays 100% of the premium. I would want to change to whatever option was free to me. |
| | Unsure/Decline to state |
| Q11: How many | y dependents are you covering? |
| □ None | |
| □ One | |
| \square Two | |
| ☐ Three or | more |

Q12. Answer the following questions regarding your average use of health care coverage:

| How often do you and/or your dependents | Very rarely | 1 - 4 times a year | 5 – 8 times per year | 9 – 12 times per year | More than 12 times per year | Unsure/ Decline to answer |
|--------------------------------------------------------------------------------------|----------------|--------------------------|----------------------------|-----------------------------|--------------------------------------|------------------------------------|
| visit a doctor's office for a regular visit? | | | | | | |
| seek an urgent care service? | | | | | | |
| seek emergency room services? | | | | | | |
| seek services while traveling (includes any services sought outside of CA)? | | | | | | |
| fill a prescription? | | | | | | |



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

| Q13. | What about you | or medical plan is the most important to you? | | | |
|------|--------------------------------------------|------------------------------------------------------------------------------|--|--|--|
| | Carrier (Anther | | | | |
| | Provider Access (ability to seek services) | | | | |
| | Proximity of do | octor/hospital to home | | | |
| | Proximity of do | octor/hospital to work | | | |
| | Cost | | | | |
| | Type (HMO, P | PO, etc.) | | | |
| | Unsure | | | | |
| | Decline to Ans | | | | |
| | Other. (please s | specify) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Q13A. | If your current carrier was not available in the future, what option | | | |
| | below | would help you adjust to the change? (check all that apply) | | | |
| | | Customized/Personalized educational materials that outline all of my options | | | |
| | | Personalized suggestions of coverage options which most closely match my | | | |
| | | current plan | | | |
| | П | Automatic application for "Continuity of Care". This is when your new plan | | | |
| | | will allow you to continue treatment of an existing condition as it was | | | |
| | | preapproved under your previous health plan and doctor regardless of | | | |
| | | whether your doctor is in-network. | | | |
| | | Increased Opt Out/Waive option (aka higher Cash In Lieu) | | | |
| | | Other. (please specify) | | | |
| | | Other. (piease specify) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | If your current doctor was no longer part of your network, what option | | | |
| | below | would help you identify a new doctor? (check all that apply) | | | |
| | П | Automatic re-assignment to a doctor in the same vicinity/region as my | | | |
| | | current doctor | | | |
| | П | Customized/Personalized list of doctors | | | |
| | | | | | |
| | | One-on-one direct assistance in located a new doctor | | | |
| | | Other. (please specify) | | | |
| | | | | | |
| | | | | | |



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

| Are you satisfied with your plan's customer service? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes No Unsure Decline to answer |
| If No, please provide any additional information regarding your No answer (Optional) |
| |
| |
| Please answer this question based on the below statement: |
| I that I am well educated on all the benefits my medical plan offers. I understand what es are covered and what is not covered, and I understand how much I may need to pay rvices." |
| Yes No Unsure |
| If No or Unsure, please provide any additional information regarding your answer (Optional) |
| |
| |
| |



LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

| Q.16 | Are you satisfied with your medical plan? |
|------|-------------------------------------------------------------------------------------------------------------------------|
| | Yes |
| | No |
| | Neither satisfied nor dissatisfied |
| | If No or Neither satisfied nor dissatisfied, please provide any additional information regarding your answer (Optional) |
| | |
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| | |
| Q17. | Do you feel your medical plan is a good value? |
| 1. | Yes |
| 2. | No |
| 3. | Unsure |
| 4. | Decline to answer |
| If | No, please provide any additional information regarding your answer (Optional) |
| | |
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LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012

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Q18. Please answer the following two questions

Important Terms regarding the following questions:

A <u>Co-Payment</u> is the fee that you pay to seek services, such as a visit to a doctor's office or the cost to fill a prescription. The current LAwell Plan co-payment structure for its HMO and PPO plans has been unchanged since 2011.

A <u>Deductible</u> is the amount that you will pay for medical services before your insurance starts to kick in. The current LAwell Plan structure holds a \$0 deductible for it HMO plans and its PPO Plans has different in-network vs out-of-network deductibles.

An <u>Out of Pocket Limit</u> is the maximum amount that an employee will pay for services within the plan year. The limit is higher than your deductible and your deductible spending counts towards this annual maximum.

| Last improved benefit coverage |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I get improved benefit coverage I get a lower premium |
| 9 . |
| The number of times I pay a co-payment is reduced |
| I get better prescription drug benefits |
| I have a lower Out of Pocket Limit |
| N/A: No change can offset the proposed increase. |
| Unsure |
| Decline to answer |
| Other. (please specify) |
| d accept a small increase (i.e. an increase of \$100-\$500) in my calendar year |
| |
| tible |
| tible I get improved benefit coverage |
| I get improved benefit coverage I get a lower premium |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit I get better prescription drug benefits |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit I get better prescription drug benefits N/A: No change can offset the proposed increase. |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit I get better prescription drug benefits N/A: No change can offset the proposed increase. Unsure Decline to Answer |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit I get better prescription drug benefits N/A: No change can offset the proposed increase. Unsure |
| I get improved benefit coverage I get a lower premium I have a lower Out of Pocket Limit I get better prescription drug benefits N/A: No change can offset the proposed increase. Unsure Decline to Answer |
| |



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| Q19. F | or the next question, assume the current LAwell health plans continue to be offered, |
|---------|---------------------------------------------------------------------------------------------------------------------------|
| but an | additional plan is introduced. How interested are to try a different kind of health |
| plan? | |
| | Very Interested |
| | Somewhat interested |
| | Somewhat disinterested |
| | Very disinterested |
| | Unsure |
| | Uncertain – It would depend on what the new plan looks like |
| | N/A – I never want to change under any circumstance. |
| | er disinterested, unsure, or uncertain answers were selected, do any of the following |
| factors | s interest you (check all that apply): |
| | Having a larger network of doctors available to you |
| | Accessing a new facility that is currently unavailable to you |
| | Having a better condition management services – An improvement to education and experience in managing treatment options. |
| | Getting personalized healthcare assistance; Having someone lead you through and navigate |
| | the health system |
| | Getting better wellness and preventative services |
| | Other: |
| | |
| | |
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| | |

Q20. Please answer the following two questions regarding a High Deductible Health Plan (HDHP).

Important Information regarding HDHPs:

A <u>HDHP</u> is a type of health plan where the deductible is higher than traditional health plans and is at an amount set by the Internal Revenue Service (IRS). For 2024, the minimum HDHP deductible amount for a single party plan is \$1,600.

Per the IRS, enrollment in a HDHP provides eligibility for participation in a Health Savings Account (HSA). The HSA is a health personal savings account that is 100% immediately vested, meaning you own the account balance. The HSA allows for an employer contribution; and employees can also choose to contribute pre-tax dollars to their HSA in addition to what the employer contributed up to the IRS set annual combined maximum contribution limit. For 2024, the HSA maximum contribution limit for individuals is \$4,150 and families \$8,300, with an additional \$1,000 catch-up contribution for those age 55 and older.



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The money contributed to the HSA can be saved and used to pay for qualified medical expenses, such as deductibles, copayments, and coinsurances at any time; additionally, the balance in a HSA can be used towards monthly COBRA premiums and Medicare premiums in retirement. There is no limitation period to use your HSA account balance or submit claims. As long as your medical expenses were incurred after your HSA was established, the medical expenses are eligible for reimbursement.

The HSA concept is fundamentally different from the City's current Healthcare Flexible Spending Account (HCFSA), which can only be used to cover medical expenses during your active employment. A HSA can only be offered with a HDHP.

| Would | • |
|-------|----------------------------------------------------------------------------------------------------------------|
| | Yes |
| | No |
| | Unsure |
| | I you be interested in seeing alternative plan options such as a HDHP mplemented with the City of Los Angeles? |
| | Yes |
| | No |
| | Unsure |
| | Other: |
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| cal Plans? | | | |
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Thank you for completing the LAwell Medical Plans survey. This completed survey must be returned to the Employee Benefits Division. Please return your completed survey to:

LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012



THANK YOU FOR COMPLETING THE MEDICAL PLANS SURVEY.

If you would like to be entered into a drawing for a gift card for your completion of this anonymous survey, please provide your name, email (optional), and phone below and return – separately from your completed survey – to the Employee Benefits Division.

Please note: The winner(s) of the gift card(s) will be asked to sign an acknowledgement that the value of their gift card will be reported as taxable income on their W-2.

| 1. | Name: |
|---------|----------------------------------------------------------------------------------------------|
| 2. | Email address (optional): |
| 3. | Phone: |
| | |
| | |
| Please | return completed survey to: |
| | LAwell Benefits Program 200 N. Spring Street, City Hall Room 867 Los Angeles, CA 90012 |
| (Follow | instructions on back of this page to send this page as a self-addressed letter/envelope) |
| Gift Ca | ard entries must be postmarked no later than January 17, 2024 to be eligible |

| Reduired | |
|----------|--|
| Postage | |

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Q1 What is your home zip code?

Answered: 1,224 Skipped: 0

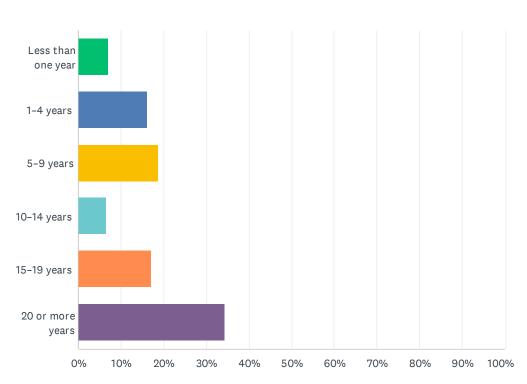


Q2 What is your worksite zip code?

Answered: 1,224 Skipped: 0

Q3 How long have you worked for the City?

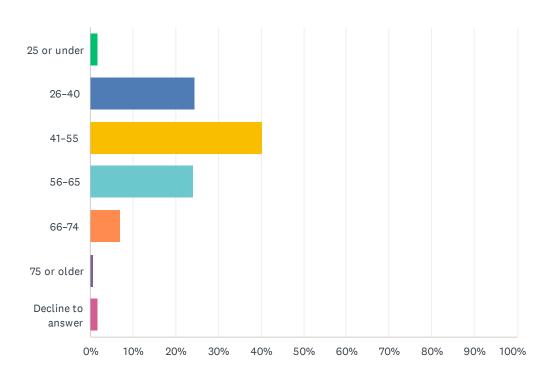




| ANSWER CHOICES | RESPONSES |
|--------------------|------------|
| Less than one year | 7.03% 86 |
| 1–4 years | 16.18% 198 |
| 5–9 years | 18.79% 230 |
| 10–14 years | 6.62% 81 |
| 15–19 years | 16.99% 208 |
| 20 or more years | 34.40% 421 |
| TOTAL | 1,224 |

Q4 What is your age group?

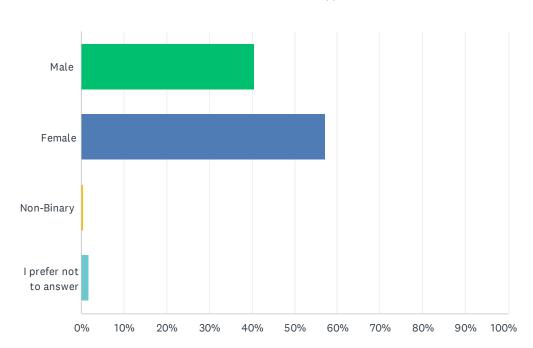
Answered: 1,224 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-------|
| 25 or under | 1.72% | 21 |
| 26–40 | 24.51% | 300 |
| 41–55 | 40.20% | 492 |
| 56–65 | 24.18% | 296 |
| 66–74 | 7.03% | 86 |
| 75 or older | 0.57% | 7 |
| Decline to answer | 1.80% | 22 |
| TOTAL | | 1,224 |

Q5 What is your gender?

Answered: 1,224 Skipped: 0

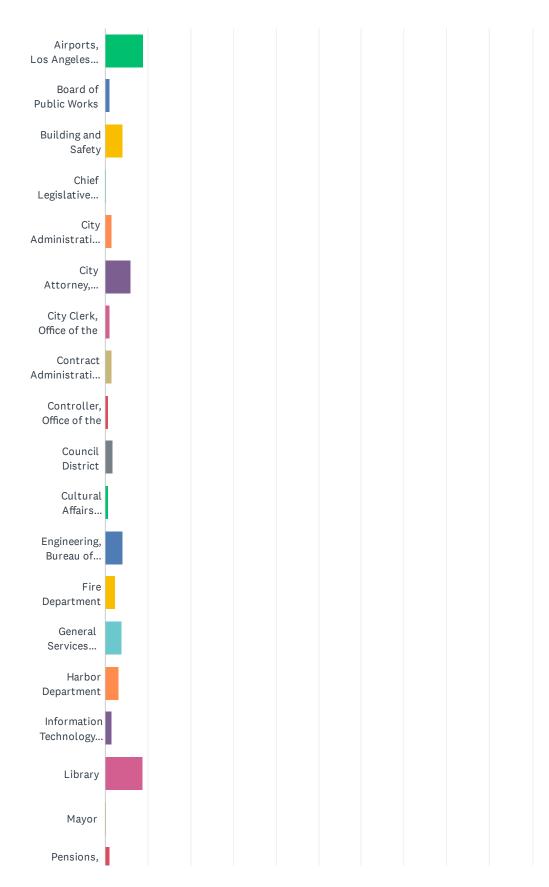


| ANSWER CHOICES | RESPONSES | |
|------------------------|-----------|-----|
| Male | 40.60% | 497 |
| Female | 57.19% | 700 |
| Non-Binary | 0.49% | 6 |
| I prefer not to answer | 1.72% | 21 |
| TOTAL | 1,2 | 224 |

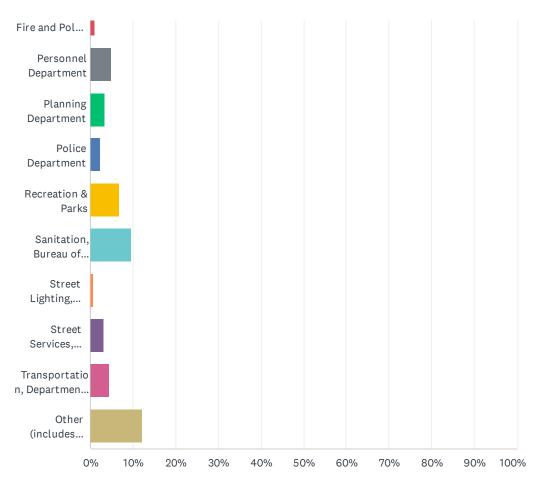


Q6 What City Department do you work for?

Answered: 1,224 Skipped: 0



ATTAGHMENT B

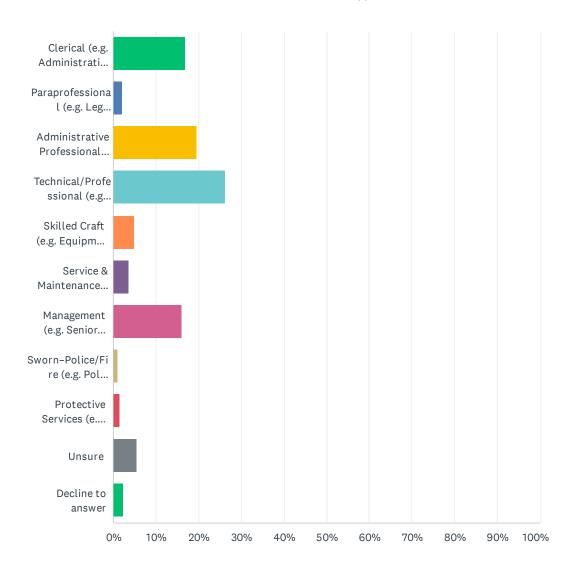


| NSWER CHOICES | RESPO | NSES |
|------------------------------------------------------------------------------------------------------------------|--------|------|
| Airports, Los Angeles World | 8.99% | 11 |
| Board of Public Works | 1.06% | 1 |
| Building and Safety | 4.08% | 5 |
| Chief Legislative Analyst, Office of the | 0.25% | |
| City Administrative Officer, Office of the | 1.55% | 1 |
| City Attorney, Office of the | 5.96% | 7 |
| City Clerk, Office of the | 1.14% | 1 |
| Contract Administration, Bureau of Public Works | 1.39% | 1 |
| Controller, Office of the | 0.65% | |
| Council District | 1.80% | 2 |
| Cultural Affairs Department | 0.57% | |
| Engineering, Bureau of Public Works | 4.08% | 5 |
| Fire Department | 2.29% | 2 |
| General Services Department | 3.76% | 4 |
| Harbor Department | 3.19% | 3 |
| Information Technology Agency | 1.55% | 1 |
| Library | 8.74% | 10 |
| Mayor | 0.16% | |
| Pensions, Fire and Police | 0.98% | 1 |
| Personnel Department | 4.98% | 6 |
| Planning Department | 3.51% | 4 |
| Police Department | 2.29% | 2 |
| Recreation & Parks | 6.78% | 8 |
| Sanitation, Bureau of Public Works | 9.56% | 11 |
| Street Lighting, Bureau of Public Works | 0.74% | |
| Street Services, Bureau of Public Works | 3.19% | 3 |
| Transportation, Department of | 4.58% | 5 |
| Other (includes smaller departments, such as Cannabis, Civil, Human Rights, and Equity, Ethics Commission, etc.) | 12.17% | 14 |
| OTAL | | 1,22 |



Q7 What is your Job category?

Answered: 1,224 Skipped: 0



ATTACHMENT B

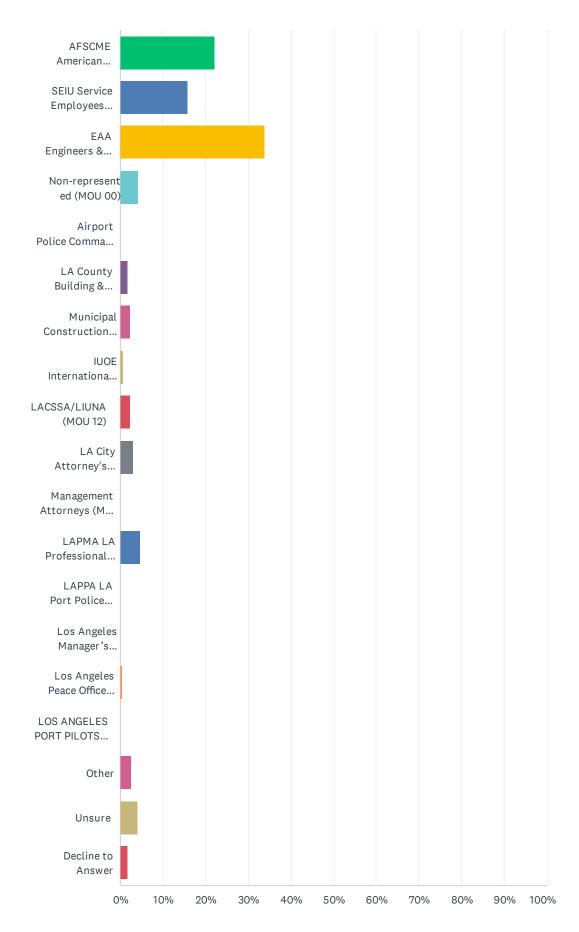
| ANSWER CHOICES | RESPONSES | |
|--------------------------------------------------------------------------------------------------|-----------|-------|
| Clerical (e.g. Administrative Clerk, Office Services Assistant, Secretary, etc.) | 16.83% | 206 |
| Paraprofessional (e.g. Legal Secretary, Personnel Records Supervisor, etc.) | 2.12% | 26 |
| Administrative Professional (e.g. Accountant, Management Assistant, Analyst, etc.) | 19.53% | 239 |
| Technical/Professional (e.g. Attorney, Civil Engineer, Librarian, City Planner, etc.) | 26.23% | 321 |
| Skilled Craft (e.g. Equipment Mechanic, Electrician, Refuse Collection Truck Operator, etc.) | 4.98% | 61 |
| Service & Maintenance (e.g. Recreation Assistant, Maintenance Laborer, Custodian, Gardener, etc) | 3.68% | 45 |
| Management (e.g. Senior Management Analyst, , Assistant General Manager, etc.) | 16.01% | 196 |
| Sworn–Police/Fire (e.g. Police Officer, Firefighter, etc.) | 1.14% | 14 |
| Protective Services (e.g. Security Officer, Traffic Officer, Crossing Guard, etc.) | 1.47% | 18 |
| Unsure | 5.56% | 68 |
| Decline to answer | 2.45% | 30 |
| TOTAL | | 1,224 |



Q8 What Labor Organization represents you?

Answered: 1,224 Skipped: 0

ATTACHMENT B



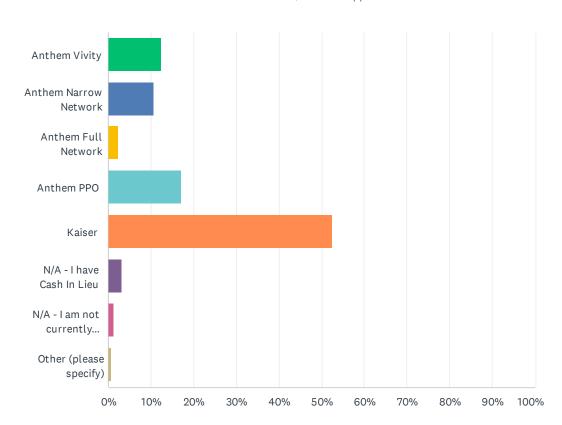
ATTACHMENT B

| ANSWER CHOICES | RESPON | SES |
|----------------------------------------------------------------------------------------------|--------|-------|
| AFSCME American Federation of State, County, & Municipal Employees (MOU's 3,6,7,10,11,16,37) | 22.22% | 272 |
| SEIU Service Employees International Union (MOUs 4, 8, 14, 15, 17, 18) | 15.77% | 193 |
| EAA Engineers & Architects Assoc. (MOU's 1, 19, 20, 21) | 33.82% | 414 |
| Non-represented (MOU 00) | 4.33% | 53 |
| Airport Police Command Officers Association (MOU 40) | 0.08% | 1 |
| LA County Building & Construction Trades Council (MOU 2, 13) | 1.72% | 21 |
| Municipal Construction Inspector Assoc. (MOU 5) | 2.29% | 28 |
| IUOE International Union of Operating Engineers (MOU's 9, 31) | 0.65% | 8 |
| LACSSA/LIUNA (MOU 12) | 2.37% | 29 |
| LA City Attorney's Assoc. (MOU 29) | 3.02% | 37 |
| Management Attorneys (MOU 32) | 0.00% | 0 |
| LAPMA LA Professional Managers Assoc. (MOU's 36, 63, 64) | 4.66% | 57 |
| LAPPA LA Port Police Assoc. (MOU 38) | 0.08% | 1 |
| Los Angeles Manager's Association (MOU 63) | 0.08% | 1 |
| Los Angeles Peace Officers Association (MOUs 39, 65) | 0.41% | 5 |
| LOS ANGELES PORT PILOTS ASSOCIATION (MOU 26 | 0.00% | 0 |
| Other | 2.61% | 32 |
| Unsure | 4.08% | 50 |
| Decline to Answer | 1.80% | 22 |
| TOTAL | | 1,224 |



Q9 Which City of Los Angeles medical plan are you enrolled in?

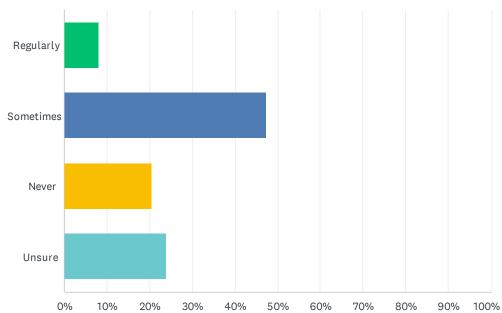




| ANSWER CHOICES | RESPONSES | |
|-------------------------------------------------------------|-----------|-------|
| Anthem Vivity | 12.37% | 151 |
| Anthem Narrow Network | 10.57% | 129 |
| Anthem Full Network | 2.38% | 29 |
| Anthem PPO | 17.12% | 209 |
| Kaiser | 52.42% | 640 |
| N/A - I have Cash In Lieu | 3.19% | 39 |
| N/A - I am not currently enrolled/eligible for LAwell plans | 1.31% | 16 |
| Other (please specify) | 0.66% | 8 |
| TOTAL | | 1,221 |

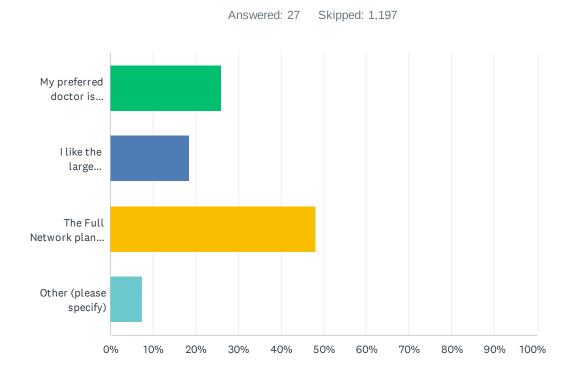
Q10 When utilizing your medical PPO plan, how often do you receive outof-network benefits?





| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-----|
| Regularly | 8.13% | 17 |
| Sometimes | 47.37% | 99 |
| Never | 20.57% | 43 |
| Unsure | 23.92% | 50 |
| TOTAL | | 209 |

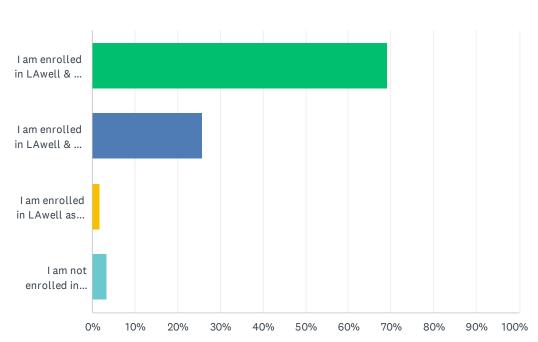
Q11 Which of the following most closely matches your reason for selecting the Full Network?



| ANSWER CHOICES | RESPONSES | |
|--------------------------------------------------------------------------------------------|-----------|----|
| My preferred doctor is in-network in the Full plan, but is not in-network for another HMO. | 25.93% | 7 |
| I like the large selections of doctors available | 18.52% | 5 |
| The Full Network plan is familiar to me and I don't want to change. | 48.15% | 13 |
| Other (please specify) | 7.41% | 2 |
| TOTAL | | 27 |

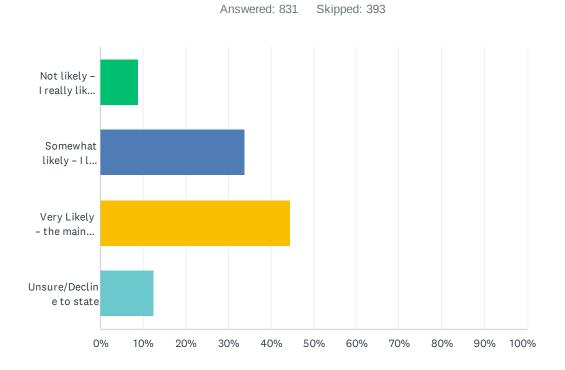
Q12 Which of the following applies to you:





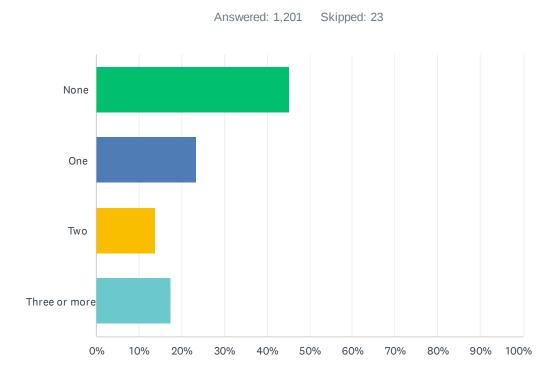
| ANSWER CHOICES | RESPONSES | |
|--------------------------------------------------------------------------------------------|-----------|-------|
| I am enrolled in LAwell & My current medical premium is fully covered by the City subsidy. | 69.01% | 835 |
| I am enrolled in LAwell & I pay a portion of the premium via payroll deduction | 25.87% | 313 |
| I am enrolled in LAwell as the dependent of another City employee | 1.65% | 20 |
| I am not enrolled in LAwell; I have coverage outside the City | 3.47% | 42 |
| TOTAL | | 1,210 |

Q13 If the City Subsidy no longer fully covered your current plan, how likely are you to consider changing plans?



| ANSWER CHOICES | RESPON | ISES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|
| Not likely – I really like my current plan and would be willing to pay a portion of the premium to keep it. | 8.90% | 74 |
| Somewhat likely – I like my current plan, but I would consider changing depending on the cost increase | 33.81% | 281 |
| Very Likely – the main reason I picked my coverage is because the City pays 100% of the premium. I would want to change to whatever option was free to me. | 44.65% | 371 |
| Unsure/Decline to state | 12.64% | 105 |
| TOTAL | | 831 |

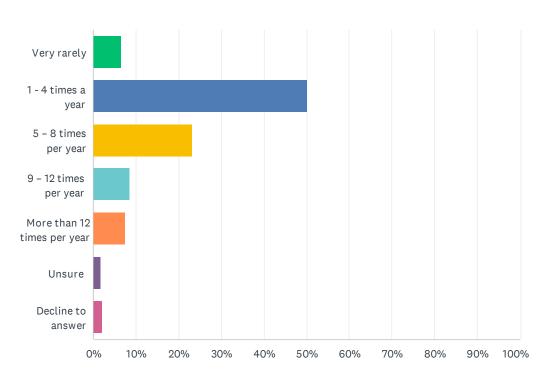
Q14 How many dependents are you covering?



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-------|
| None | 45.21% | 543 |
| One | 23.48% | 282 |
| Two | 13.82% | 166 |
| Three or more | 17.49% | 210 |
| TOTAL | | 1,201 |

Q15 How often do you and/or your dependents visit a Doctor's office for a regular visit?

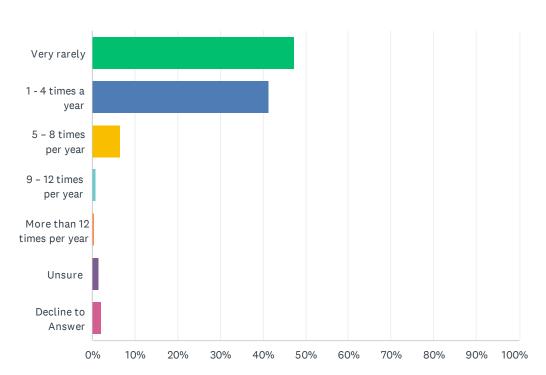




| ANSWER CHOICES | RESPONSES |
|-----------------------------|------------|
| Very rarely | 6.68% 79 |
| 1 - 4 times a year | 50.17% 593 |
| 5 – 8 times per year | 23.27% 275 |
| 9 – 12 times per year | 8.63% 102 |
| More than 12 times per year | 7.45% 88 |
| Unsure | 1.69% 20 |
| Decline to answer | 2.12% 25 |
| TOTAL | 1,182 |

Q16 How often do you and/or your dependents seek Urgent Care services?



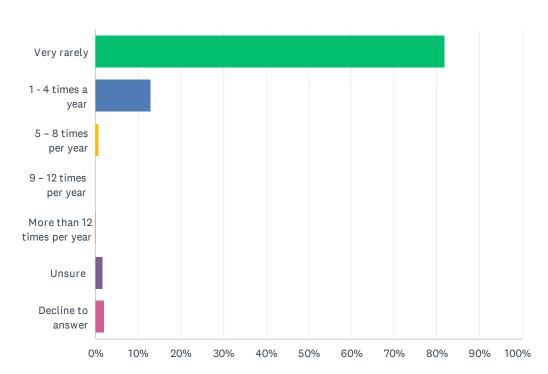


| ANSWER CHOICES | RESPONSES | |
|-----------------------------|-----------|-------|
| Very rarely | 47.29% | 559 |
| 1 - 4 times a year | 41.37% | 489 |
| 5 – 8 times per year | 6.51% | 77 |
| 9 – 12 times per year | 0.85% | 10 |
| More than 12 times per year | 0.42% | 5 |
| Unsure | 1.52% | 18 |
| Decline to Answer | 2.03% | 24 |
| TOTAL | | 1,182 |



Q17 How often do you and/or your dependents seek Emergency services?



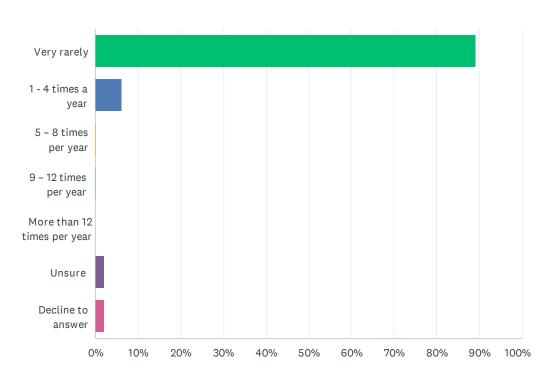


| ANSWER CHOICES | RESPONSES | |
|-----------------------------|-----------|----|
| Very rarely | 81.90% 96 | 68 |
| 1 - 4 times a year | 13.03% | 54 |
| 5 – 8 times per year | 0.85% | 10 |
| 9 – 12 times per year | 0.08% | 1 |
| More than 12 times per year | 0.17% | 2 |
| Unsure | 1.78% | 21 |
| Decline to answer | 2.20% | 26 |
| TOTAL | 1,18 | 82 |



Q18 How often do you and/or your dependents seek services while traveling (includes any services sought outside of CA)?

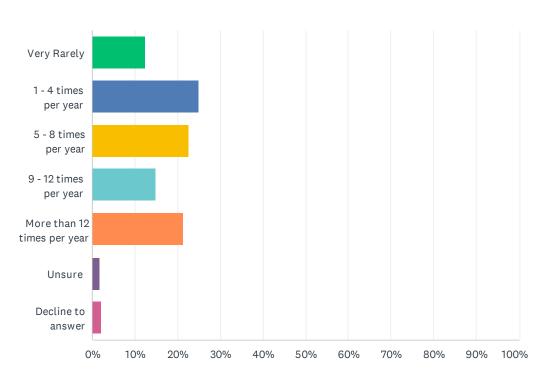




| ANSWER CHOICES | RESPONSES | |
|-----------------------------|-----------|-------|
| Very rarely | 89.09% | 1,053 |
| 1 - 4 times a year | 6.18% | 73 |
| 5 – 8 times per year | 0.25% | 3 |
| 9 – 12 times per year | 0.17% | 2 |
| More than 12 times per year | 0.00% | 0 |
| Unsure | 2.12% | 25 |
| Decline to answer | 2.20% | 26 |
| TOTAL | | 1,182 |

Q19 How often do you and/or your dependents fill a prescription?



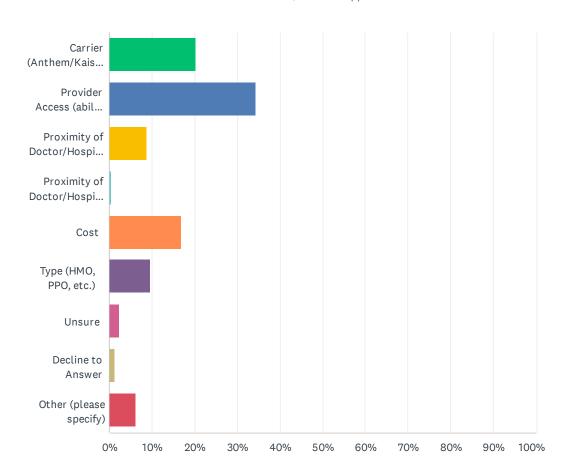


| ANSWER CHOICES | RESPONSES | |
|-----------------------------|-----------|-------|
| Very Rarely | 12.35% | 146 |
| 1 - 4 times per year | 24.87% | 294 |
| 5 - 8 times per year | 22.67% | 268 |
| 9 - 12 times per year | 14.97% | 177 |
| More than 12 times per year | 21.40% | 253 |
| Unsure | 1.69% | 20 |
| Decline to answer | 2.03% | 24 |
| TOTAL | | 1,182 |



Q20 What about your medical plan is the most important to you?

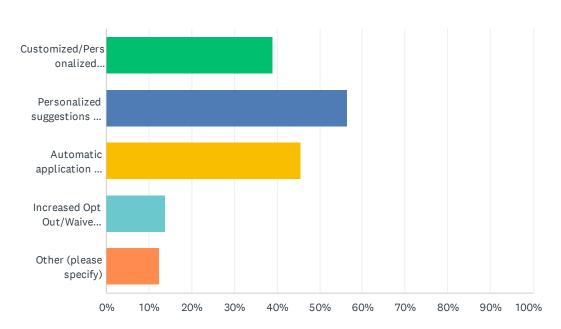




| ANSWER CHOICES | RESPONSES | |
|--------------------------------------------|-----------|-------|
| Carrier (Anthem/Kaiser, etc.) | 20.22% | 239 |
| Provider Access (ability to seek services) | 34.43% | 407 |
| Proximity of Doctor/Hospital to home | 8.80% | 104 |
| Proximity of Doctor/Hospital to work | 0.34% | 4 |
| Cost | 16.84% | 199 |
| Type (HMO, PPO, etc.) | 9.56% | 113 |
| Unsure | 2.28% | 27 |
| Decline to Answer | 1.27% | 15 |
| Other (please specify) | 6.26% | 74 |
| TOTAL | | 1,182 |

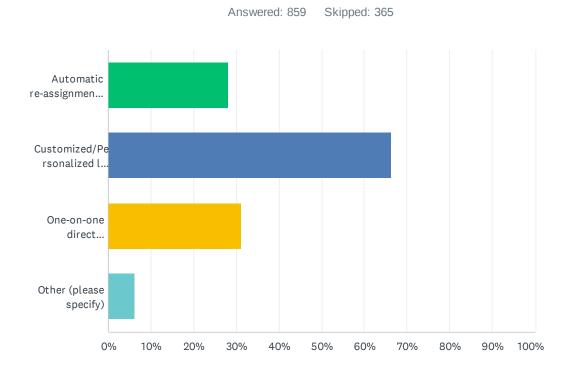
Q21 If your current carrier was not available in the future, what option below would help you adjust to the change? (check all that apply)





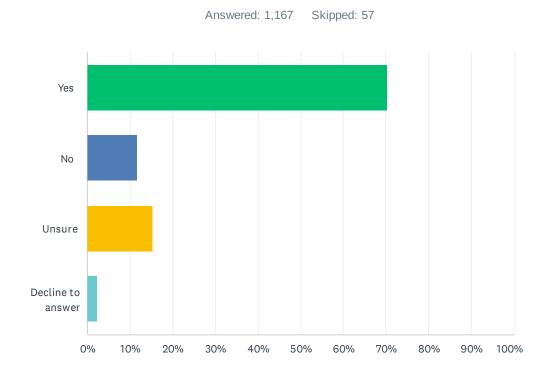
| ANSWER CHOICES | RESPON | ISES |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------|
| Customized/Personalized educational materials that outline all of my options | 38.97% | 136 |
| Personalized suggestions of coverage options which most closely match my current plan | 56.45% | 197 |
| Automatic application for "Continuity of Care". This is when your new plan will allow you to continue treatment of an existing condition as it was preapproved under your previous health plan and doctor regardless of whether your doctor is in-network. | 45.56% | 159 |
| Increased Opt Out/Waive option (aka higher Cash In Lieu) | 13.75% | 48 |
| Other (please specify) | 12.32% | 43 |
| Total Respondents: 349 | | |

Q22 If your current doctor was no longer part of your network, what option below would help you identify a new doctor? (check all that apply)



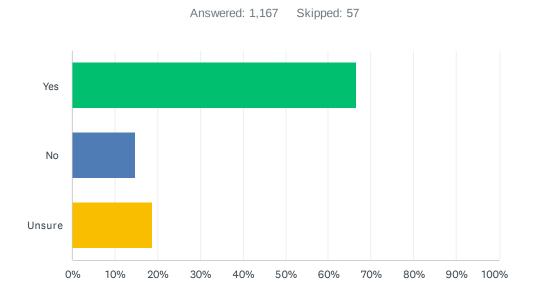
| ANSWER CHOICES | RESPONSES | • |
|--------------------------------------------------------------------------------------|-----------|-----|
| Automatic re-assignment to a doctor in the same vicinity/region as my current doctor | 28.06% | 241 |
| Customized/Personalized list of doctors | 66.24% | 569 |
| One-on-one direct assistance in located a new doctor | 31.08% | 267 |
| Other (please specify) | 6.17% | 53 |
| Total Respondents: 859 | | |

Q23 Are you satisfied with your plan's customer service?



| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-------|
| Yes | 70.44% | 822 |
| No | 11.74% | 137 |
| Unsure | 15.42% | 180 |
| Decline to answer | 2.40% | 28 |
| TOTAL | | 1,167 |

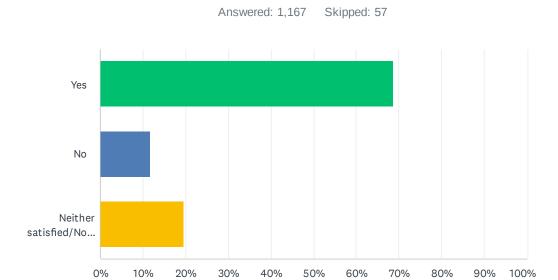
Q24 Please answer this question based on the below statement:"I feel that I am well educated on all the benefits my medical plan offers. I understand what services are covered and what is not covered, and I understand how much I may need to pay for services."



| ANSWER CHOICES | RESPONSES |
|----------------|------------|
| Yes | 66.50% 776 |
| No | 14.74% 172 |
| Unsure | 18.77% 219 |
| TOTAL | 1,167 |

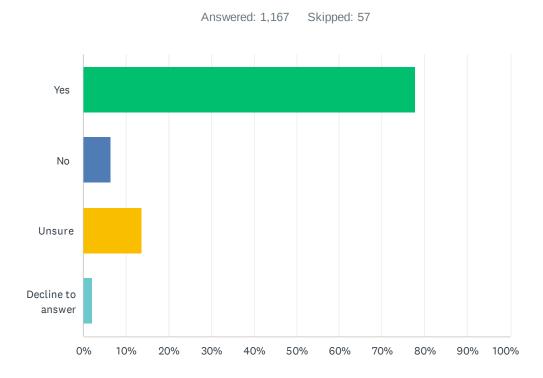


Q25 Are you satisfied with your medical plan?



| ANSWER CHOICES | RESPONSES | |
|------------------------------------|-----------|------|
| Yes | 68.72% | 802 |
| No | 11.74% | 137 |
| Neither satisfied/Nor dissatisfied | 19.54% | 228 |
| TOTAL | 1 | ,167 |

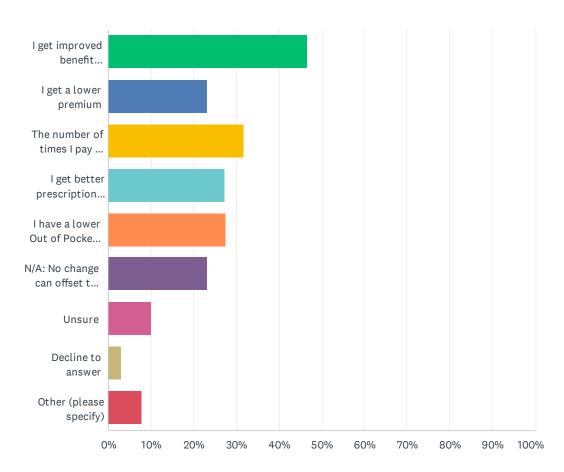
Q26 Do you feel your medical plan is a good value?



| ANSWER CHOICES | RESPONSES | |
|-------------------|-----------|-------|
| Yes | 77.81% | 908 |
| No | 6.43% | 75 |
| Unsure | 13.71% | 160 |
| Decline to answer | 2.06% | 24 |
| TOTAL | | 1,167 |

Q27 I would accept a small increase (i.e. an increase of \$5-\$10) in my Copayment if (Check all that apply):

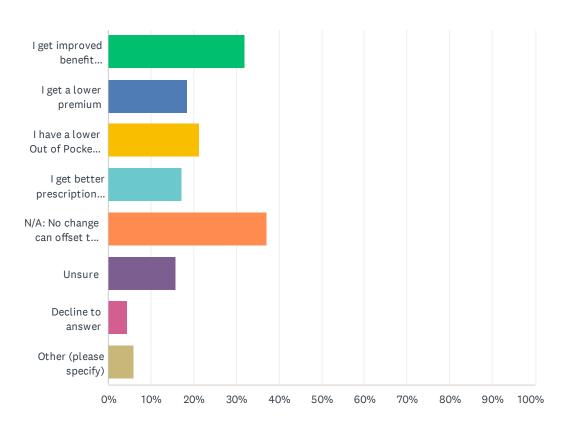




| ANSWER CHOICES | RESPONSES | |
|---------------------------------------------------|-----------|-----|
| I get improved benefit coverage | 46.63% | 540 |
| I get a lower premium | 23.32% | 270 |
| The number of times I pay a co-payment is reduced | 31.78% | 368 |
| I get better prescription drug benefits | 27.37% | 317 |
| I have a lower Out of Pocket Limit | 27.55% | 319 |
| N/A: No change can offset the proposed increase. | 23.23% | 269 |
| Unsure | 9.93% | 115 |
| Decline to answer | 3.02% | 35 |
| Other (please specify) | 7.86% | 91 |
| Total Respondents: 1,158 | | |

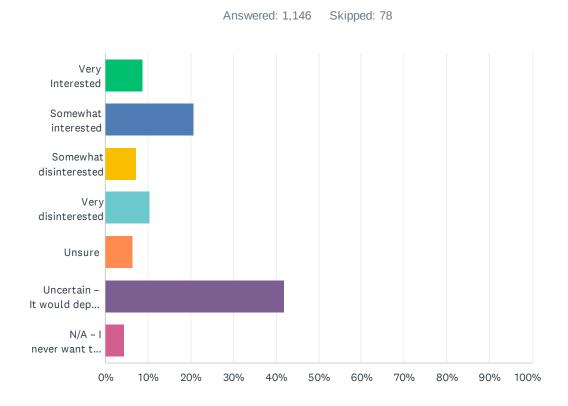
Q28 I would accept a small increase (i.e. an increase of \$100-\$500) in my calendar year deductible (Check all that apply)





| ANSWER CHOICES | RESPONSES | |
|--------------------------------------------------|-----------|-----|
| I get improved benefit coverage | 32.04% | 371 |
| I get a lower premium | 18.48% | 214 |
| I have a lower Out of Pocket Limit | 21.42% | 248 |
| I get better prescription drug benefits | 17.18% | 199 |
| N/A: No change can offset the proposed increase. | 37.05% | 429 |
| Unsure | 15.72% | 182 |
| Decline to answer | 4.49% | 52 |
| Other (please specify) | 5.87% | 68 |
| Total Respondents: 1,158 | | |

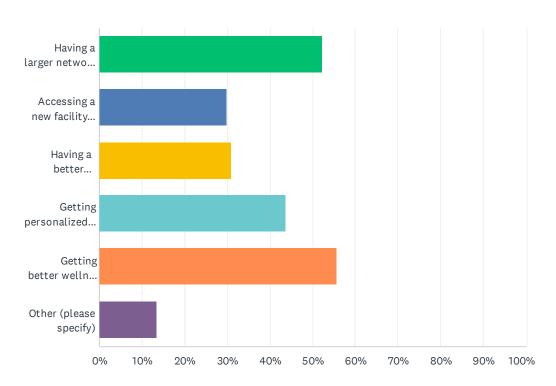
Q29 For the next question, assume the current LAwell health plans continue to be offered, but an additional plan is introduced. How interested are you in trying a different kind of health plan?



| ANSWER CHOICES | RESPONSES | |
|-------------------------------------------------------------|-----------|-----|
| Very Interested | 8.73% | .00 |
| Somewhat interested | 20.77% 23 | 238 |
| Somewhat disinterested | 7.24% | 83 |
| Very disinterested | 10.38% | .19 |
| Unsure | 6.46% | 74 |
| Uncertain – It would depend on what the new plan looks like | 41.97% 48 | 81 |
| N/A – I never want to change under any circumstance. | 4.45% | 51 |
| TOTAL | 1,14 | .46 |

Q30 If either disinterested, unsure, or uncertain answers were selected, do any of the following factors interest you (Check all that apply):



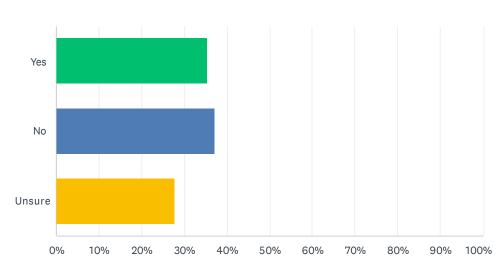


| ANSWER CHOICES | RESPON | ISES |
|---------------------------------------------------------------------------------------------------------------------------|--------|------|
| Having a larger network of doctors available to you | 52.25% | 453 |
| Accessing a new facility that is currently unavailable to you | 29.87% | 259 |
| Having a better condition management services – An improvement to education and experience in managing treatment options. | 30.91% | 268 |
| Getting personalized healthcare assistance; Having someone lead you through and navigate the health system | 43.71% | 379 |
| Getting better wellness and preventative services | 55.71% | 483 |
| Other (please specify) | 13.38% | 116 |
| Total Respondents: 867 | | |



Q31 Would you be interested in learning more about HDHP and HSA?

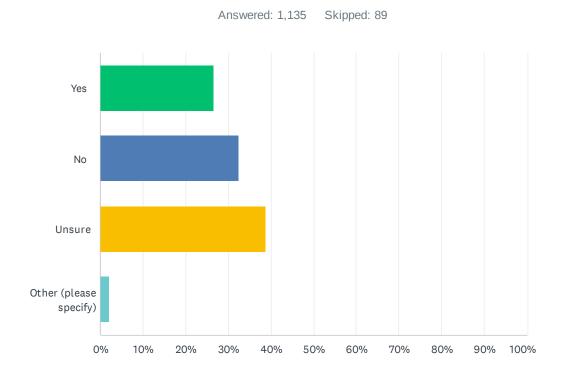




| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|-------|
| Yes | 35.33% | 401 |
| No | 37.00% | 420 |
| Unsure | 27.67% | 314 |
| TOTAL | | 1,135 |



Q32 Would you be interested in seeing alternative plan options such as a HDHP with HSA implemented with the City of Los Angeles?



| ANSWER CHOICES | RESPONSES | |
|------------------------|------------|---|
| Yes | 26.61% 302 | 2 |
| No | 32.33% 367 | 7 |
| Unsure | 38.85% 441 | 1 |
| Other (please specify) | 2.20% 25 | 5 |
| TOTAL | 1,135 | 5 |



Q33 What changes would you like to see in your medical plan?

Answered: 696 Skipped: 528



Q34 Is there anything else you would like to tell us about your experience with LAwell Medical Plans?

Answered: 440 Skipped: 784