

ITUP's regional overview¹ of Southern California's uninsured covers six counties: Imperial, Los Angeles, Orange, Riverside, San Bernardino and San Diego.

Economy²

Southern California's diversified economy has grown faster than the Bay Area over the past few years due in part to the Bay Area's dependence on the ailing high tech sector.

Industries

Significant industries in the region include agriculture, technology, entertainment, tourism and recreation, manufacturing, government, services, and retail and international trade. These industries account for varying proportions of each county's economy. For example, agriculture is surprisingly significant in San Diego County, the country's tenth largest agriculture producer. San Bernardino County's Death Valley and Joshua Tree National Monuments are popular tourist and recreation attractions. The entertainment industry is a unique component of the Los Angeles County economy. Overall, services (32%), retail trade (17%) and government (15%) dominate employment in the region.

Unemployment (2000)

The regional unemployment rate is slightly lower than that of the state. Riverside, Los Angeles and Imperial Counties, however, have higher rates of unemployment than California as a whole. Imperial County is particularly high due to the cyclical nature of agricultural employment.

- Southern California study counties – 4.5% (range: 2.5% Orange, 26.3% Imperial).
- Statewide – 4.9%.

Demographics

Population³

With the exception of Imperial County, the Southern California counties are among the state's most densely populated counties, far exceeding the populations of California's other populous, urban counties such as Alameda, Santa Clara, Sacramento and San Francisco.

¹ Numbers in this report without decimal points have been rounded to the nearest whole number.

² State of California. *County Snapshots*, 2001 www.calmis.ca.gov/htmlfile/subject/cosnaps.htm

³ US Census Bureau. *Census 2000*, www.census.gov

- The total population of the study area is 18.6M, 55% of California residents.
- Range: 142,361 Imperial, 9.5M Los Angeles.
- Average population growth between 1990 and 2000 was 13%. (range: 7.4% Los Angeles, 30% Imperial)

Ethnicity⁴

Southern California's population has greater percentages of minorities, particularly Hispanics and African-Americans, than the state at large. The population of the study counties consists of:

- Non-Hispanic White – 41% (range: 20% Imperial, 55% San Diego)
- Hispanic – 39% (range: 27% San Diego, 72% Imperial)
- African-American – 8% (range: 2% Orange, 10% Los Angeles)
- Asian & Pacific Islander – 11% (range: 2% Imperial, 14% Orange)
- American Indian – 1% (all except Imperial average 1%, Imperial 2%)
- Other⁵ – 10% (range: 13% San Diego, 43% Imperial)
- Statewide: Non-Hispanic White 47%; Hispanic 32%; African-American 7%; Asian & Pacific Islander 11%; American Indian 1%; Other 22%.

Income and Poverty⁶

In 2000, 32% of California residents lived below 200% of the Federal Poverty Level (FPL). Within the Southern California study counties, 35% of residents had incomes below 200% FPL. Imperial is one the poorest counties in the state.

- 15% below 100% FPL (range: 10% Orange, 21% Imperial)
- 20% between 100 and 200% FPL (range: 16% Orange, 27% Imperial)

Health Coverage Status

Compared to other regions in the state,⁷ Southern California has the highest rate of uninsured. Medi-Cal participation, Healthy Families enrollment and utilization of county programs (MISP and CMSP) within the region also exceed state averages.

- 17% are uninsured⁸ (range: 15% Orange and San Diego, 20% Los Angeles)

⁴ Ibid.

⁵ "Other" is defined as person reporting race other than the above or multiple races. The total percentage can exceed 100% due to duplicate reporting.

⁶ California Department of Finance. August 2002.

⁷ Compared to Northern Rural, Sacramento Valley, Bay Area, Central Valley and Central Coast regions.

- β State – 15%
- 19% are covered by Medi-Cal⁹ (range: 11% Orange and San Diego, 30% Imperial)
 - β State – 17%
- 2.1% are covered by Healthy Families^{10 11} (range: 1.9% Orange and San Diego, 2.7% Riverside)
 - β State – 1.9%
- 5.1% use county health programs¹² (range: 1.6% Imperial, 8.0% Los Angeles)
 - β State – 4.4%

Poverty (200% of the Federal Poverty Level) and Health Insurance Status

There is a correlation between rates of poverty and of the uninsured within the study counties. Poorer counties tend to have higher rates of uninsured. However, a direct correlation does not exist. For example, Imperial County, the poorest county of the study region, reportedly has a lower rate of uninsured than Los Angeles County. We think this may be a data error in the numbers of uninsured in Imperial.

The correlation between poverty and Medi-Cal participation is much more direct as rates of Medi-Cal participation increase with poverty. There is not, however, such an apparent relationship between poverty and Healthy Families enrollment; this may be an indicator of the comparative success in enrollment efforts. The greatest disparity, however, is found between rates of poverty and utilization of county programs, either MISP or CMSP. This disconnect could be due to reporting differences among the counties and differences in the design of county programs.

⁸ **Percentage taken of non-elderly population.** E.R. Brown, N. Ponce, T.Rice, S.A. Lavarreda. *The State of Health Insurance in California: Finding from the 2001 California Health Interview Survey (CHIS)*.

UCLA Center of Health Policy Research, June 2002, {[HYPERLINK "http://www.healthpolicy" }ucla.edu](http://www.healthpolicy.ucla.edu)

⁹ Percentage taken of total population. Medi-Cal Policy Institute. *California County Data*, Jan. 2002, www.medi-cal.org

¹⁰ Percentage taken of non-elderly population. Managed Risk Medical Insurance Board. *Healthy Families Program Subscribers Enrolled By County*, June, 2002, {[HYPERLINK "http://www.mrmib.ca.gov" }](http://www.mrmib.ca.gov)

¹¹ In comparison, CHIS data reported 16.9% Medi-Cal/Healthy Families non-elderly enrollment for the region.

¹² Percentage taken of non-elderly population. Medically Indigent Care Reporting System (MICRS). *Medically Indigent Patients Utilizing Services Provided in County Health Programs FY 1999-2000*, July 2002, CMSP Governing Board, September 2002.

Community Clinics¹³

Non-profit free and community clinics provide a large volume of care to the uninsured. Within the study counties, there are 319 community clinics, including 34 Planned Parenthood facilities and three Indian Health Centers. Approximately 60% of community clinics are in Los Angeles County. Imperial has the fewest number of community clinics, six.

Utilization

Community clinics in the study counties provided a total of 3.8 million visits, including 2.4 million uninsured visits.

- California's uninsured average 2 outpatient visits annually.
- The region's community clinics provided .8 uninsured visits per uninsured county resident (range: .3 San Bernardino, 1.7 San Diego).
- The uninsured comprised 66% of clinic visits (range: 35% Imperial, 78% Orange).
- Medi-Cal patients accounted for 24% of visits (range: 14% Orange, 44% Imperial).
- County programs comprised the greatest proportion of uninsured visits, 30% (range: 5% San Bernardino, 40% Los Angeles).
- Self-pay patients comprised the second largest proportion of uninsured visits, 28% (range: 24% Los Angeles, 53% San Bernardino). Clinics' self-pay fees are highly variable.

Patient Revenue

Community clinics' patient revenue for the study counties totaled \$217M. Their uninsured patient revenue totaled approximately \$121M or 56% of clinics' patient revenues.

- Uninsured revenues comprised 56% of patient revenue (range: 24% Imperial, 72% Orange).
- Medi-Cal revenue accounted for 34% of patient revenue (range: 19% Orange, 51% Imperial).
- Among the uninsured, county programs comprised the greatest proportion of clinics' uninsured revenues, 36% (range: 6% Riverside, 50% Los Angeles).

¹³ Office of Statewide Health Planning and Development. *Annual Utilization Report of Primary Care Clinics*, 2000 www.oshpd.states.ca.gov

- Self-pay patients comprised the second largest proportion of uninsured revenue, 28% (range: 8% Imperial, 63% San Bernardino).

Other Revenue

Clinics also receive revenues from grants and contracts. These sources totaled \$164M for community clinics (range: \$3.4M Imperial, \$92.8M Los Angeles), and represented 40% of total clinic revenue for the study counties.

- Federal grants and contracts totaled 11% of clinic revenue (range: 5% Orange, 21% San Bernardino).
- State grants and contracts totaled 3% of clinic revenue (range: 2% Riverside, 17% Imperial).
- County and local grants and contracts totaled 10% of clinic revenue (range: .3% San Bernardino, 29% Riverside).
- HMO contracts were 4% of clinic revenue (range: .1% San Bernardino, 20% Orange).
- Private donations were 6% of clinic revenue (range: 0% Imperial, 7% Los Angeles).
- Other grants and contracts totaled 5% of clinic revenue (range: 1% Imperial, Riverside & San Bernardino, 11% Orange).

Community Clinics' Funding from the County

County funding for free and community clinics' care to the uninsured was strongest in Los Angeles County, which has an 1115 waiver to help pay for this care, and weakest in San Bernardino County where the clinic structure was less developed than elsewhere in the region.

Hospitals¹⁴

Hospital information reported to OSHPD was reviewed for fiscal year 2001. In all study counties, uninsured county indigent patients accounted for low percentages of hospital services while Medi-Cal patients accounted for a large share of hospital services. Uninsured county indigent patients were disproportionate users of emergency room services in many of the counties, but accounted for surprisingly small shares of inpatient days. In some counties, Medi-Cal patients accounted for very large shares of ER visits, while in others their use was comparatively low.

Inpatient Days

- The county indigent comprised 4% of inpatient days (range: 2% San Diego, Orange & Riverside, 5% Los Angeles).
- Medi-Cal patients accounted for 28% of inpatient days (range: 19% Orange County, 34% San Bernardino).

ALOS

The average length of inpatient stay for the study region was 5.6 days (range: 3.7 Imperial, 6.0 Los Angeles).

- County indigent patients averaged 5.6 inpatient days (range: 3.7 San Bernardino, 6.1 LA)
- Medi-Cal patients averaged 6.3 days (range: 3.0 Imperial, 7.8 San Diego).

Outpatient Visits

- The county indigent comprised 6% of outpatient visits (range: 2% San Diego & Orange, 9% San Bernardino).

¹⁴ Office of Statewide Health Planning and Development. *Hospital Annual Financial Data*, 2001
www.oshpd.ca.gov

- Medi-Cal patients accounted for 18% of outpatient visits (range: 9% Orange County, 42% Imperial).

Emergency Room Services

- The county indigent comprised 18% of ER visits (range: 5% Imperial, 34% San Bernardino).
- Medi-Cal patients accounted for 27% ER visits (range: 25% Orange, 75 % Imperial).

Reimbursed and Uncompensated Care to the Uninsured

- Uncompensated bad debt and charity care for the six study counties totaled \$619.2M, accounting for 3.4% of total net patient revenues for the region (range: 2.9% Riverside, 5.6% Imperial). These percentages were typically lower in those counties with public hospitals.
- OSHPD reported county reimbursements to hospitals totaling \$871.8M, 4.7% of net patient revenues (range: 1.5% San Diego, 7% Los Angeles). In general, counties with public hospitals had higher rates of county reimbursed care to the uninsured.

Reported OSHPD and County Data for Care to the Uninsured

OSHPD, MICRS and CMSP all report utilization and financial data for care to the county indigent. Hospitals report the services and expenses reimbursed by the county through OSHPD. The county reports the services and payments to hospitals and other providers through MICRS or the CMSP Governing Board, depending on the county. Theoretically, these reports should be identical for hospital inpatient days and emergency room visits. There are exceptions; for example if Imperial County's indigent residents are treated in San Diego County facilities, the CMSP data for Imperial County would report these hospital days and the OSHPD data for San Diego hospitals would also report the visit. There is, however, often a very considerable variation between the OSHPD, MICRS and CMSP data, which we attribute to reporting errors. We reported both data.

MICRS/CMSP data on outpatient visits include hospital outpatient visits as well as county, community clinic and private physician visits; whereas OSHPD's hospital outpatient data reports hospital outpatient visits only. The reports therefore differ with respect to reporting of outpatient visits.

Data discrepancies were found in almost all reporting categories within each county. Neither data source consistently reported higher or lower figures than the other. We

reported visits per 1000 uninsured so it is possible to compare hospital use by county patients between counties.

Inpatient Days per 1000 Uninsured

- OSHPD average : 82 days per 1000 (range: 40 Imperial, 157 Los Angeles)
- MICRS/CMSP average: 82 days per 1000 (range: 45 San Diego, 119 Imperial)
- Average difference between data reporting sources: 37 days per 1000
- Smallest data reporting discrepancy: 6 days, Orange
- Largest data reporting discrepancy: 79 days, Imperial

Emergency Room Visits per 1000 Uninsured

- OSHPD average: 209 visits per 1000 (range: 27 San Diego, 426 San Bernardino)
- MICRS average:¹⁵ 101 visits per 1000 (range: 30 Orange, 196 San Bernardino).
- Average discrepancy between reporting sources: 151 visits per 1000
- Smallest reporting discrepancy: 52 visits, San Diego
- Largest discrepancy: 272 visits, Los Angeles

County Spending/Hospital Reimbursement

With the exception of Orange County, OSHPD reports of county reimbursements to hospitals for indigent care were less than what the counties reported spending for care to the uninsured to MICRS and CMSP. Part of the reporting difference is attributable to county payments for care outside of hospitals. It is not possible from the MICRS and CMSP reports to distinguish county spending on care inside and outside hospital settings.

- OSHPD average: \$145.3M (range: \$2.3M Imperial, \$696.0M Los Angeles)
- MICRS/CMSP average: \$160M (range: \$10.7M Imperial, \$744.4M Los Angeles)
- Average difference between reporting sources: \$15M
- Smallest reporting discrepancy: \$0, Orange
- Largest discrepancy: \$48M, Los Angeles

Gross DSH

- OSHPD reported average gross DSH for all facilities: \$221M (range: \$2.2M Imperial, \$899.2M Los Angeles)
- DHS reported average gross DSH to county facilities: \$131M (range: \$0 Imperial, \$617M Los Angeles)

β Imperial, Orange and San Diego Counties do not have a public hospital and therefore do not receive any County DSH.

County Reported Spending and Care for the Uninsured¹⁶

¹⁵ Average for MISP counties only. CMSP does not report ER visits.

¹⁶ Medically Indigent Care Reporting Systems (MICRS). *County Health Care Program Expenditures for Medically Indigent FY 1999-2000*, July 2002.

Imperial County reported the highest rate of inpatient hospital access; Los Angeles County reported the greatest use of outpatient services, and San Bernardino County reported the highest rates of ER use.

Average Number of Days or Visits Per 1000 Uninsured

- Inpatient days: 82 per 1000 (range: 45 San Diego, 119 Imperial)
- Outpatient visits: 649 per 1000 (range: 227 Riverside, 1,185 LA)
- ER visits: 101 per 1000 (range: 30 Orange, 196 San Bernardino)

Average Expenditure as Percentage of Total

San Bernardino County reported the highest percentage of spending on inpatient services.

- Inpatient: 50% (range: 13% Imperial, 66% San Bernardino)
- Outpatient: 42% (range: 21% San Bernardino, 52% Orange)
- ER: 8% (7% Orange and Los Angeles, 13% San Bernardino)

Average Expenditure in Dollars

- Inpatient: \$79.5M (range: \$1.4M Imperial, \$366.7M Los Angeles)
- Outpatient: \$66M (range: \$4.6M Imperial, \$315.8M Los Angeles)
- ER: \$12.9M (range: \$1.2M Imperial, \$53.9M Los Angeles)

Uninsured County Spending per Uninsured County Resident

Spending on the uninsured per uninsured county resident was highest in Imperial and Los Angeles and lowest in Orange and San Diego.

- Average spending: \$265 per uninsured county resident (\$120 San Diego and \$124 Orange; \$432, Los Angeles and \$440 Imperial).

Net Public Health Spending¹⁷

Net public health spending per county resident was highest in San Diego County.

- Average: \$53.9M (range: \$14.9M San Bernardino, \$123.2M Los Angeles).
- Per county resident average: \$14 (range: \$9 San Bernardino, \$25 San Diego).

Funding For County Health¹⁸

¹⁷ Office of County Health Services. *Budget/Actual Data Fiscal Year 2001-2002.*

Funding Per County Resident

Los Angeles and Imperial Counties were at the top in four of the five funding categories.

- Realignment average: \$46 (range: \$31 Orange, \$92 Imperial).
- Proposition 99 average: \$1.9 (range: \$1 Imperial and Orange, \$4 Los Angeles).
- Net County DSH average: \$11.3 (range: \$0 San Diego, Orange County and Imperial, \$26 Los Angeles).
- County Match average: \$6.9 (range: \$1.8 San Diego, \$19 Los Angeles).
- Total funding average: \$66 (range: \$38 Orange, \$99 Imperial/\$101 Los Angeles).

Funding Per Uninsured County Resident

Imperial received the most realignment funding per uninsured county resident. San Bernardino received the most net county DSH per uninsured county resident. Los Angeles made the largest county contribution per uninsured county resident. San Diego had the least funding per uninsured county resident.

- Realignment average: \$257 (range: \$174 Orange, \$480 Imperial).
- Proposition 99 average: \$10.3 (range: \$5 Imperial, \$20 Los Angeles).
- Net County DSH average: \$63 (range: \$0 San Diego, Orange and Imperial, \$134 San Bernardino).
- County Match average: \$36.5 (range: \$11 San Diego, \$93 Los Angeles).
- Total funding average: \$374 (\$255 San Diego, \$498 Los Angeles/\$517 Imperial)

DSH Distribution¹⁹

San Bernardino hospitals had the most DSH funding per uninsured county resident. Among the three counties with public hospitals, Los Angeles private hospitals received the greatest percentage of DSH funds.

- Average total Net DSH: \$119.3M (\$2.3M Imperial, \$479M Los Angeles).
- Average net DSH for county hospitals: \$46.8M (\$0 San Diego, Orange and Imperial, \$221M Los Angeles).

¹⁸ Office of County Health Services. *Table of Proposition 99 and Realignment Funds and County Match, Fiscal Year 2000-01/2001-02.*

¹⁹ Ibid.

- Average net DSH for non-county hospitals: \$72.5M (\$2M Imperial, \$258.1M Los Angeles)
- Average net DSH per uninsured county resident: \$190 (range: \$94 Imperial, \$281 San Bernardino).

Health Coverage and Health Services Utilization By Ethnicity²⁰

Our review of program use by ethnicity, showed a smaller than anticipated use of Healthy Families and community clinics by African Americans and non-Hispanic whites. Healthy Families outreach program efforts to Hispanics appear to have been comparatively successful.

Uninsured

- Average percent non-Hispanic White: 26% (range: 20% Los Angeles, 35% San Bernardino).
- Average percent Hispanic: 59% (range: 47% Orange, 85% Imperial).
- Average percent African-American, Asian & Pacific Islander, American Indian and other: NA

Medi-Cal

- Average percent non-Hispanic White: 28% (range: 16% Imperial, 37% Riverside).
- Average percent Hispanic: 51% (range: 40% San Diego and Riverside, 70% Imperial).
- Average percent African-American: 11% (range: 2% Imperial, 18% San Bernardino).
- Average percent Asian & Pacific Islander: 5.8% (range: 1% Riverside, 14% Orange)
- Average percent American Indian and other: NA

Healthy Families

- Average percent non-Hispanic White: 12% (range: 4% Imperial, 19% Riverside).
- Average percent Hispanic: 68% (range: 63% Los Angeles, 83% Imperial).

²⁰ “Averages” listed are averages of county percentages. They are not adjusted for the relative size of a county’s population.

- Average percent African-American: 2.3% (range: 0.4% Imperial, 4% San Bernardino).
- Average percent Asian & Pacific Islander: 8.2% (range: 1.4% Imperial, 16% Orange and Los Angeles).
- Average percent American Indian: 0.3% (range: 0.1% Orange and Los Angeles, 0.6% Imperial).
- Average percent other: 9.8% (range: 9% San Diego, San Bernardino and Orange, 11% Imperial, Los Angeles).

Community Clinic Patients

- Average percent non-Hispanic White: 23% (range: 10% Imperial, 36% San Bernardino).
- Average percent Hispanic: 60% (range: 42% San Bernardino, 88% Imperial).
- Average percent African-American: 6% (range: 1% Orange, 10% San Bernardino and Los Angeles).
- Average percent Asian & Pacific Islander: 4.7% (range: 0.4% Imperial, 13% Orange).
- Average percent American Indian: 2.3% (range: 0.3% Imperial, 6% San Bernardino).
- Average percent other: 13% (range: 2% Imperial, 50% Orange).

County Indigent

- Average percent non-Hispanic White: 24% (range: 11% Los Angeles and Orange, 44% Riverside).
- Average percent Hispanic: 50% (range: 30% Orange, 79% Imperial).
- Average percent African-American: 7.6% (range: 0.6% Orange, 15% San Bernardino).
- Average percent Asian & Pacific Islander: 3.9% (range: 0.5% Imperial, 9% Orange).
- Average percent American Indian: 0.5% (range: 0.1% San Bernardino, 1% Riverside).
- Average percent other: 13% (range: 2% Imperial, 50% Orange).

Job-Based Insurance²¹

Job-based coverage in Southern California was slightly below the state average and substantially below the state average in Imperial County.

- Southern CA non-elderly adults: 62% (range: 50% Imperial, 67% Orange and San Diego).
- Southern CA children: 54% (range: 42% Imperial, 62% San Diego).
- CA non-elderly adults: 65%
- CA children: 59%

Health Plans

PacAdvantage²²

Coverage through the PacAdvantage Purchasing Pool was most expensive in Imperial and least costly in San Diego.

- Average monthly standard HMO premium for 35-year old single adult: \$148 (range: \$153 San Diego, \$167 Imperial).
 - Least expensive health plan: \$139 for Universal Champion in Orange.
 - Most expensive health plan: \$186 Health Net in Imperial and Blue Shield in Orange.
- Average monthly standard HMO premium for 50-year old single adult: \$252 (range: \$241 San Diego, \$273 Imperial).
 - Least expensive health plan: \$219 Sharp Health Plan in San Diego
 - Most expensive health plan: \$310 Health Net in Imperial.

Other Small Employer Plans²³

²¹ Brown et al, 2002.

²² PacAdvantage. *2002 Rate Information*, July 2002, www.pacadvantage.org.

²³Blue Cross of California. *Small Group Sales and Enrollment Guide*, April 2001; Blue Cross of California. *Monthly Rates for Small Group Medical, Dental and Basic Term Life Plans*, March 2002; Blue Shield of California. *Group Health Plans - Summary of Benefits and Provisions*, April 2002; Blue Shield of California. *Group Health Plans - Monthly Rates*, May 2002; Health Net. *Plans and Rates - Small Business Group Plans*, July 2002; Health Net. *Plans and Rates-Small Business Group Rates*, July 2002; Kaiser Permanente. *Traditional Plan for Small Business - Southern California*, Jan. 2002; Kaiser Permanente. *Traditional Plan for Small Business Rates- Southern California*, July 2002.

Coverage through small employer plans outside of PacAdvantage was most expensive in Imperial and San Diego and least costly in Los Angeles.

- Average monthly basic HMO premium for 35-year old single adult: \$164 (range: \$146 Los Angeles, \$172 Imperial and San Diego).
 - Least expensive health plan: \$134 Health Net in Los Angeles.
 - Most expensive health plan: \$196 Blue Cross San Diego.
- Average monthly basic HMO premium for 50-year old single adult: \$240 (range: \$221 Los Angeles, \$262 Imperial).
 - Least expensive health plan: \$203 Blue Shield in Los Angeles
 - Most expensive health plan: \$271 Blue Cross in San Diego.

Individual Health Plans²⁴

Individual health plan coverage was least expensive in Imperial and most costly in Orange.

- Average monthly basic HMO premium for 35-year old single adult: \$201 (range: \$184 Imperial, \$217 Orange).
 - Least expensive health plan: \$163 Blue Shield in Los Angeles
 - Most expensive health plan: \$263 Health Net in Riverside and San Bernardino.
- Average monthly basic HMO premium for 50-year old single adult: \$275 (range: \$250 Imperial, \$298 San Bernardino).
 - Least expensive health plan: \$211 Blue Shield in Los Angeles.
 - Most expensive health plan: \$353 PacifiCare in San Bernardino.

²⁴ Blue Cross of California. *Individual and Family Health Programs*, Dec. 2001; Blue Cross of California. *Monthly Rates for Individual and Family Medical and Life Plans*, August 2002; Blue Shield of California. *Health Plans for Individuals and Families-Summary of Benefits and Provisions*, April 2002; Blue Shield of California. *Monthly Rates for Individuals and Families*, April 2002; Health Net. *Individual and Family Coverage - Summary of Benefits and Provisions of Coverage*, Feb. 2002; Health Net. *Monthly Rate Guide - Individual and Family Plans*, Feb. 2002; Kaiser Permanente. *Personal Advantage 2002 Benefits*, Jan. 2002; Kaiser Permanente. *Personal Advantage 2002 Rates - Southern California*, Jan. 2002; PacifiCare. *Benefits Summary - Individual HMO Plans*, Jan. 2002; PacifiCare. *Monthly Premiums for Individual Plans*, Jan. 2002.