

# IEPC PHYSICIAN GROUP BENCHMARKING SURVEY REPORT

## 2025 - 2026

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9 Participating Physician Groups | Independent Emergency Physicians Consortium

Prepared 2026 | For Member Use Only - Confidential

## Executive Summary

This report presents aggregated findings from the IEPC Benchmarking Survey for the 2025-2026 period. Nine independent emergency physician groups participated, spanning a range of group sizes and operational structures across California. The survey covered four key operational domains: health insurance, malpractice coverage, payroll administration, and physician compensation. The data below reflects self-reported information intended to support peer benchmarking and informed decision-making.

### Key Findings at a Glance

Health Insurance	Malpractice	Payroll	Compensation
Most groups cover 75-100% of premiums. Plan offerings: HMO, PPO, and HDHP predominate. Annual per-employee cost ranges from <\$10K to \$20K+.	All groups reporting premiums pay <\$20,000/physician/year. Limits of 1M/3M are standard. Tail coverage is included by a majority of groups.	Monthly and semi-monthly payroll frequencies are split evenly. Paychex and ADP are the most common vendors. Annual costs range from under \$5K to \$20K.	Compensation structures vary widely. All 9 groups offer a partnership track. Stipends for nocturnists and admin/leadership roles are near-universal.

## Section 1: Participating Groups

The following nine physician groups completed the survey between December 2025 and January 2026.

Group Name	# of Physicians	Total Employees
Berkely Emergency Medical Group	21+	50+
Emergency Specialist Physicians Medical Association	21+	1-10
Pacific Emergency Providers	11-20	26-50
Central Coast Emergency Physicians	21+	1-10
Fountain Valley Emergency Physicians	11-20	11-25
Monterey Bay Emergency Partners	21+	1-10
Mills Peninsula Emergency Medical Associates	21+	11-25
Antelope Valley Emergency Medicine Associates	21+	50+
Napa Valley Emergency Medical Group	11-20	1-10

## Section 2: Employee Health Insurance

Health insurance offerings varied significantly across participating groups. The majority of groups offering insurance provide a comprehensive suite of plan types and cover a substantial portion of employee premiums.

Group	Carrier(s)	Plan Types	Premium Coverage	Annual Cost/FTE	Additional Benefits
<b>Berkely EMG</b>	Sutter, Kaiser, UHC	HMO, PPO, HDHP	75-100%	\$10,000-\$15,000	Dental, Vision, Disability, 401k
<b>Emergency Specialist Physicians MA</b>	—	—	—	—	—
<b>Pacific Emergency Providers</b>	Aetna	HMO, PPO, HDHP	75-100%	\$20,001+	Dental, Vision, Life, Disability, CME, 401k
<b>Central Coast Emergency Physicians</b>	Anthem Blue Cross	HMO, PPO, HSA	75-100%	—	Life, Disability, CME Stipend
<b>Fountain Valley EP</b>	None	None	0-25%	—	None
<b>Monterey Bay Emergency Partners</b>	Blue Shield of CA	HMO, PPO, HDHP	0-25%	<\$10,000	Vision, Life, Disability, 401k, Employer Match
<b>Mills Peninsula EMA</b>	Kaiser/Health Net	HMO, PPO, HDHP	0-25%	\$15,001-\$20,000	Retirement Plan (401k)
<b>Antelope Valley EMA</b>	United Health/Kaiser	HMO, PPO	25-50%	<\$10,000	Dental, Vision, CME, 401k
<b>Napa Valley EMG</b>	Blue Shield of CA	HMO, PPO, HDHP	51-75%	\$10,000-\$15,000	Dental, Vision, Life, CME, 401k, Employer Match

### Observations

- Premium Coverage: 5 of 8 groups offering insurance cover 75-100% of premiums. 1 group covers 51-75%, 1 covers 25-50%, and 2 cover 0-25%.
- Plan Types: HMO, PPO, and HDHP are offered by a majority of groups. HSA-eligible plans appear in at least one group.
- Annual Cost Range: Per-FTE health insurance spend ranges from under \$10,000 to over \$20,000 annually. Groups covering a higher proportion of premiums tend to report higher total costs.
- Additional Benefits: Retirement plans (401k/403b/SEP) and dental/vision are the most common supplemental benefits. CME stipends and employer retirement matching are offered by select groups.

## Section 3: Malpractice Insurance

All nine groups identified their malpractice carrier. Annual premiums are universally reported as under \$20,000 per physician across all reporting groups. Standard coverage limits of 1M per claim / 3M aggregate are the most common structure observed.

Group	Carrier	Annual Premium/Physician	Coverage Limits	Tail Coverage	Separate Tail for Departing
Berkely EMG	TDC	<\$20,000	3M/3M	—	—
Emergency Specialist Physicians MA	EMPAC	<\$20,000	1M/3M	—	No
Pacific Emergency Providers	MedMutual	<\$20,000	1M/3M	Included	Yes
Central Coast EP	BETA	—	—	Included	No
Fountain Valley EP	Coverys	<\$20,000	1M	—	Yes
Monterey Bay Emergency Partners	Optima	<\$20,000	1M	Included	No
Mills Peninsula EMA	The Doctors Company	<\$20,000	1M/3M	Required/Separate	No
Antelope Valley EMA	eMPAC	<\$20,000	1M/3M	Included	Yes
Napa Valley EMG	MEIC	<\$20,000	3M	Included	Yes

### Observations

- **Premiums:** All groups with available data report annual malpractice premiums below \$20,000 per physician, reflecting the group purchasing advantage of independent physician organizations.
- **Coverage Limits:** The 1M/3M structure (per occurrence / aggregate) is the most common arrangement. Two groups report \$3M aggregate limits, and one reports only a \$1M per-occurrence limit.
- **Carriers:** The group uses a diverse mix of carriers, including TDC, EMPAC/eMPAC, BETA, MedMutual, Coverys, Optima, and MEIC, reflecting the competitive malpractice insurance market for emergency medicine groups.
- **Tail Coverage:** The majority of groups include tail coverage. One group requires it separately, and some groups do not provide separate tail coverage for departing physicians.

## Section 4: Payroll Administration

Payroll administration approaches range from fully in-house solutions to established third-party vendors. Monthly payroll is slightly more common than semi-monthly across the group. Physician classification (W-2, 1099, or mixed) varies and has material implications for tax treatment and benefit eligibility.

Group	Payroll Service	Frequency	Annual Payroll Cost	External Tax/Compliance?	Physician Classification
<b>Berkely EMG</b>	Paychex	Monthly	—	No	W-2
<b>Emergency Specialist Physicians MA</b>	In-House	Monthly	\$5,001–\$10,000	No	1099
<b>Pacific Emergency Providers</b>	ADP	Semi-monthly	\$5,001–\$10,000	No	Mix of both
<b>Central Coast EP</b>	Local Private Group	Semi-monthly	—	Yes	W-2
<b>Fountain Valley EP</b>	Rippling	Semi-monthly	Under \$5,000	No	1099
<b>Monterey Bay Emergency Partners</b>	iSolved	Monthly	—	Yes	Mix of both
<b>Mills Peninsula EMA</b>	Accountant	Monthly	Under \$5,000	Yes	W-2
<b>Antelope Valley EMA</b>	Paychex	Monthly	\$10,001–\$20,000	Yes	Mix of both
<b>Napa Valley EMG</b>	Gusto	Semi-monthly	\$5,001–\$10,000	No	1099

### Observations

- **Payroll Vendors:** Paychex is used by two groups; other vendors include ADP, Rippling, Gusto, and iSolved. Two groups manage payroll through an accountant or in-house staff.
- **Frequency:** Payroll is run monthly by five groups and semi-monthly by four groups. No groups report bi-weekly or weekly cycles.
- **Annual Cost:** Reported payroll costs range from under \$5,000 to \$10,001–\$20,000 annually. Two groups with 50+ employees are at the higher end, consistent with larger administrative overhead.
- **Physician Classification:** 3 groups classify physicians as W-2, 3 as 1099, and 3 as a mix of both. This variation reflects differing group structures, benefit strategies, and risk tolerance for IRS classification compliance.

## Section 5: Physician Compensation & Stipends

Physician compensation structures reflect a balance between predictability (salary/hourly) and productivity incentives (RVU-based). All nine participating groups offer a partnership track, signaling a common commitment to physician ownership and long-term retention. Stipends for nocturnist coverage and administrative roles are nearly universal.

Group	Compensation Structure	Stipend Types Offered	Stipend Details	Partnership Track
<b>Berkely EMG</b>	Hybrid (Salary + RVU/Bonus), Partnership Track	Nocturnist, Admin/Leadership, Shift Differentials	Weekends \$50/hr, overnights \$50/hr, holidays ~\$100/hr	<b>Yes</b>
<b>Emergency Specialist Physicians MA</b>	Hourly, Partnership Track	Nocturnist, Admin/Leadership, Shift Differentials	\$1,000-\$5,500 depending on role	<b>Yes</b>
<b>Pacific Emergency Providers</b>	Partnership Track	Admin/Leadership, Shift Differentials	Night shift \$500; Admin/leadership at 2/3 clinical hourly rate	<b>Yes</b>
<b>Central Coast EP</b>	Hourly, Partnership Track	Nocturnist, Admin/Leadership, Shift Differentials	—	<b>Yes</b>
<b>Fountain Valley EP</b>	Hybrid (Salary + RVU/Bonus)	Admin/Leadership, Shift Differentials	—	<b>Yes</b>
<b>Monterey Bay Emergency Partners</b>	RVU-based, Partnership Track	Nocturnist, Admin/Leadership, Shift Differentials	—	<b>Yes</b>
<b>Mills Peninsula EMA</b>	RVU-based, Partnership Track	Nocturnist, Admin/Leadership	—	<b>Yes</b>
<b>Antelope Valley EMA</b>	Hybrid (Salary + RVU/Bonus), Partnership Track	Nocturnist, Admin/Leadership	Highly variable	<b>Yes</b>
<b>Napa Valley EMG</b>	Hourly, Partnership Track	Nocturnist, Admin/Leadership	—	<b>Yes</b>

## Observations

- Compensation Models: No single model dominates. Hybrid (Salary + RVU/Bonus) is used by 3 groups, Hourly by 3 groups, and RVU-based by 2 groups. Several groups use a Partnership Track model as the primary or supplemental structure.
- Partnership Track: All 9 groups offer a partnership track, a defining characteristic of independent physician groups and a key differentiator from large group employment.
- Stipend Prevalence: Nocturnist stipends and admin/leadership stipends are the most widely offered, present in 7-8 of 9 groups. Shift differentials (weekend, overnight, holiday) are offered by a majority.
- Stipend Rates: Where disclosed, nocturnist and shift differential rates range from \$50/hr to over \$100/hr for holidays. Administrative/leadership stipends are often calculated as a fraction of the clinical hourly rate.

## Methodology & Disclaimer

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This report is based on self-reported data submitted by member physician groups of the Independent Emergency Physicians Consortium (IEPC) between December 2025 and January 2026. Responses were collected via a structured survey instrument and have not been independently audited or verified.

Data is presented as reported. Where responses were incomplete or ambiguous, the value is shown as a dash (not reported).

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