



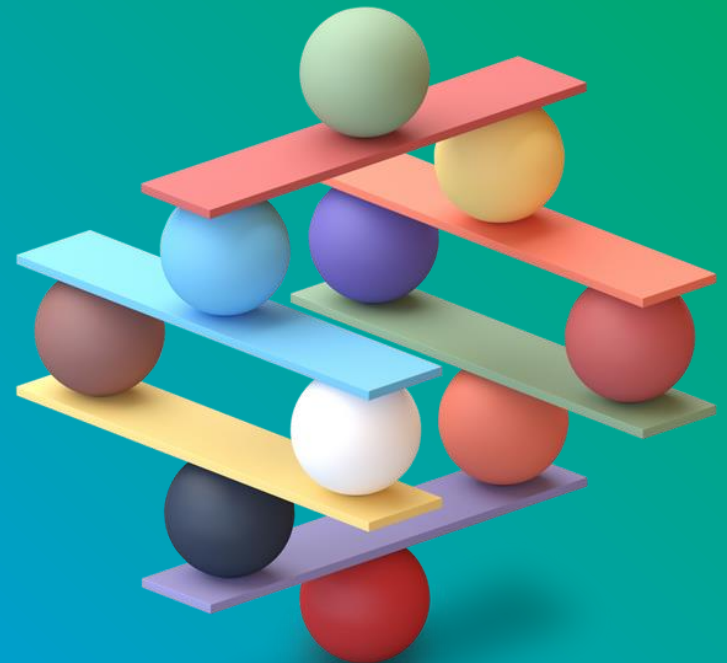
# POA Meeting

**Clackamas County**

September 11, 2023

Mercer – Portland, OR Office

welcome to brighter



# Contributions

# Rates and contributions

Effective: January 1, 2024

	Fully Insured	Self-Funded (PHP)	
	Kaiser	Personal	Open
<b>Current Contribution</b>			
Composite	\$1,586.56	\$1,687.00	\$1,794.00
Employer	\$1,586.56	\$1,602.64	\$1,704.30
Employee	\$0.00	\$84.36	\$89.70
<b>Renewal Contribution</b>			
Composite	\$1,697.00	\$1,810.00	\$2,029.00
Employer	\$1,697.00	\$1,719.50	\$1,902.54
Employee	\$0.00	\$90.50	\$126.46

PLAN	2024 Renewal				Employee			Employer		
	JUNE 2023	BUDGET RATES	CLACKAMAS COUNTY	EMPLOYEE COST	\$ INCREASE	% INCREASE	% of TOTAL RATE	\$ INCREASE	% INCREASE	% of TOTAL RATE
<b>Active Medical<sup>1</sup></b>										
<b>POA</b>										
<b>Kaiser HMO Option</b>										
EE	46	\$786.16	\$786.16	\$0.00	\$0.00	0.0%	0.0%	\$60.16	8.3%	100.0%
EE, SP	21	1,572.34	1,572.34	0.00	0.00	0.0%	0.0%	120.34	8.3%	100.0%
EE, CH	4	1,415.10	1,415.10	0.00	0.00	0.0%	0.0%	108.30	8.3%	100.0%
EE, FAM	<u>69</u>	2,358.50	2,358.50	0.00	0.00	0.0%	0.0%	180.50	8.3%	100.0%
COMPOSITE	140	\$1,697.00	\$1,697.00	<b>\$0.00</b>	\$0.00	0.0%	0.0%	\$110.44	7.0%	100.0%
<b>PHP Personal Option 15/0/1000 (Includes VSP Vision)</b>										
EE	18	\$812.00	\$721.50	\$90.50	\$6.14	7.3%	11.1%	\$94.86	15.1%	88.9%
EE, SP	7	1,623.00	1,532.50	90.50	6.14	7.3%	5.6%	194.86	14.6%	94.4%
EE, CH	11	1,463.00	1,372.50	90.50	6.14	7.3%	6.2%	174.86	14.6%	93.8%
EE, FAM	<u>37</u>	2,438.00	2,347.50	90.50	6.14	7.3%	3.7%	295.86	14.4%	96.3%
COMPOSITE	73	\$1,810.00	\$1,719.50	<b>\$90.50</b>	\$6.14	7.3%	5.0%	\$116.86	7.3%	95.0%
<b>PHP Open Option 10/0/20/2000 \$50 Common Deductible (Includes VSP Vision)</b>										
EE	34	\$869.00	\$742.54	\$126.46	\$36.76	41.0%	14.6%	\$71.24	10.6%	85.4%
EE, SP	40	1,735.00	1,608.54	126.46	36.76	41.0%	7.3%	178.24	12.5%	92.7%
EE, CH	13	1,565.00	1,438.54	126.46	36.76	41.0%	8.1%	157.24	12.3%	91.9%
EE, FAM	<u>100</u>	2,605.00	2,478.54	126.46	36.76	41.0%	4.9%	286.24	13.1%	95.1%
COMPOSITE	187	\$2,029.00	\$1,902.54	<b>\$126.46</b>	\$36.76	41.0%	6.2%	\$198.24	11.6%	93.8%

# Plan Options

# Kaiser plan options

Effective: January 1, 2024

2024 Monthly Rates

POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
<b>Kaiser Option - Medical/Rx</b>				
<b>1 Increase OOP Maximum to \$1,000/\$2,000</b>				
a) 2023 (Current) Composite		\$1,586.56	\$1,586.56	\$0.00
b) 2024 (Renewal) Composite		1,697.00	1,697.00	0.00
c) 2024 Option Composite	-0.35%	1,690.98	1,690.98	0.00
d) \$ Difference from Current Cost		104.42	104.42	0.00
e) % Difference from Current Cost		6.58%	6.58%	0.00%
f) \$ Difference from Renewal Cost		(6.02)	(6.02)	0.00
g) % Difference from Renewal Cost		-0.35%	-0.35%	0.00%
<b>Kaiser Option - Medical/Rx</b>				
<b>2 Increase Deductible to \$100/\$200 &amp; OOP Maximum to \$1,000/\$2,000</b>				
a) 2023 (Current) Composite		\$1,586.56	\$1,586.56	\$0.00
b) 2024 (Renewal) Composite		1,697.00	1,697.00	0.00
c) 2024 Option Composite	-5.61%	1,601.84	1,601.84	0.00
d) \$ Difference from Current Cost		15.28	15.28	0.00
e) % Difference from Current Cost		0.96%	0.96%	0.00%
f) \$ Difference from Renewal Cost		(95.16)	(95.16)	0.00
g) % Difference from Renewal Cost		-5.61%	-5.61%	0.00%
<b>Kaiser Option - Medical/Rx</b>				
<b>3 Increase Deductible to \$250/\$500 &amp; OOP Maximum to \$1,000/\$2,000</b>				
a) 2023 (Current) Composite		\$1,586.56	\$1,586.56	\$0.00
b) 2024 (Renewal) Composite		1,697.00	1,697.00	0.00
c) 2024 Option Composite	-9.01%	1,544.12	1,544.12	0.00
d) \$ Difference from Current Cost		(42.44)	(42.44)	0.00
e) % Difference from Current Cost		-2.67%	-2.67%	0.00%
f) \$ Difference from Renewal Cost		(152.88)	(152.88)	0.00
g) % Difference from Renewal Cost		-9.01%	-9.01%	0.00%

# Personal Option plan options

Effective: January 1, 2024

2024 Monthly Rates

POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
<b>POA Personal Option - Medical/Rx (Includes VSP Vision)</b>				
<b>4 Increase Coinsurance to 10%</b>				
a) 2023 (Current) Composite		\$1,687.00	\$1,602.64	\$84.36
b) 2024 (Renewal) Composite		1,810.00	1,719.50	90.50
c) 2024 Option Composite	-1.49%	1,783.00	1,693.84	89.16
d) \$ Difference from Current Cost		96.00	91.20	4.80
e) % Difference from Current Cost		5.69%	5.69%	5.69%
f) \$ Difference from Renewal Cost		(27.00)	(25.66)	(1.34)
g) % Difference from Renewal Cost		-1.49%	-1.49%	-1.48%
<b>POA Personal Option - Medical/Rx (Includes VSP Vision)</b>				
<b>5 Increase Deductible to \$100/\$300</b>				
a) 2023 (Current) Composite		\$1,687.00	\$1,602.64	\$84.36
b) 2024 (Renewal) Composite		1,810.00	1,719.50	90.50
c) 2024 Option Composite	-0.72%	1,797.00	1,707.14	89.86
d) \$ Difference from Current Cost		110.00	104.50	5.50
e) % Difference from Current Cost		6.52%	6.52%	6.52%
f) \$ Difference from Renewal Cost		(13.00)	(12.36)	(0.64)
g) % Difference from Renewal Cost		-0.72%	-0.72%	-0.71%
<b>POA Personal Option - Medical/Rx (Includes VSP Vision)</b>				
<b>6 Increase Coinsurance to 10% &amp; OOP Maximum to \$1,500/\$4,500</b>				
a) 2023 (Current) Composite		\$1,687.00	\$1,602.64	\$84.36
b) 2024 (Renewal) Composite		1,810.00	1,719.50	90.50
c) 2024 Option Composite	-2.10%	1,772.00	1,683.40	88.60
d) \$ Difference from Current Cost		85.00	80.76	4.24
e) % Difference from Current Cost		5.04%	5.04%	5.03%
f) \$ Difference from Renewal Cost		(38.00)	(36.10)	(1.90)
g) % Difference from Renewal Cost		-2.10%	-2.10%	-2.10%

# Open Option plan options

Effective: January 1, 2024

2024 Monthly Rates

POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
<b>POA Open Option - Medical/Rx (Includes VSP Vision)</b>				
<b>7 Increase Coinsurance to 10%</b>				
a) 2023 (Current) Composite		\$1,794.00	\$1,704.30	\$89.70
b) 2024 (Renewal) Composite		2,029.00	1,902.54	126.46
c) 2024 Option Composite	-1.08%	2,007.00	1,891.54	115.46
d) \$ Difference from Current Cost		213.00	187.24	25.76
e) % Difference from Current Cost		11.87%	10.99%	28.72%
f) \$ Difference from Renewal Cost		(22.00)	(11.00)	(11.00)
g) % Difference from Renewal Cost		-1.08%	-0.58%	-8.70%
<b>POA Open Option - Medical/Rx (Includes VSP Vision)</b>				
<b>8 Increase Deductible to \$150/\$450</b>				
a) 2023 (Current) Composite		\$1,794.00	\$1,704.30	\$89.70
b) 2024 (Renewal) Composite		2,029.00	1,902.54	126.46
c) 2024 Option Composite	-0.59%	2,017.00	1,896.54	120.46
d) \$ Difference from Current Cost		223.00	192.24	30.76
e) % Difference from Current Cost		12.43%	11.28%	34.29%
f) \$ Difference from Renewal Cost		(12.00)	(6.00)	(6.00)
g) % Difference from Renewal Cost		-0.59%	-0.32%	-4.74%
<b>POA Open Option - Medical/Rx (Includes VSP Vision)</b>				
<b>9 Increase Coinsurance to 10% &amp; OOP Maximum to \$2,500/\$7,500</b>				
a) 2023 (Current) Composite		\$1,794.00	\$1,704.30	\$89.70
b) 2024 (Renewal) Composite		2,029.00	1,902.54	126.46
c) 2024 Option Composite	-1.38%	2,001.00	1,888.54	112.46
d) \$ Difference from Current Cost		207.00	184.24	22.76
e) % Difference from Current Cost		11.54%	10.81%	25.37%
f) \$ Difference from Renewal Cost		(28.00)	(14.00)	(14.00)
g) % Difference from Renewal Cost		-1.38%	-0.74%	-11.07%

# Deductible & Out-of-Pocket Maximum

# of members satisfying

Kaiser	CY 2022	YTD 2023 (6/21/2023)
Per Person Deductible	N/A	N/A
Per Person OOP Max	2	1
Per Family Deductible	N/A	N/A
Per Family OOP Max	0	0

Providence	Benefit	CY 2022	YTD 2023 (6/21/2023)
Open Option	Per Person Deductible	291	184
	Per Person OOP Max	4	2
	Per Family Deductible	31	3
	Per Family OOP Max	0	0
Personal Option	Per Person Deductible	N/A	N/A
	Per Person OOP Max	1	1
	Per Family Deductible	N/A	N/A
	Per Family OOP Max	0	0



# Kaiser impact of non-grandfathering

Current Plan POA Custom, Subgroups: 007,018,030	Option 1	Option 2	Option 3
Current- grandfathered	Option- non-grandfathered	Option- non-grandfathered	Option- non-grandfathered
Increase 8.29%	Increase 7.90%	Increase 2.21%	Decrease 1.47%
no deductible	no deductible	\$100/ 200 deductible (list of benefits that are now AD)	\$250/500 deductible (list of benefits that are now AD)
oop max 600/1200	oop max 1k/2k	oop max 1k/2k	oop max 1k/2k
Rx 10/20 (\$0 immunosuppressants)	Rx 10/20 (immunosuppressants covered at appropriate tier)	Rx 10/20 (immunosuppressants covered at appropriate tier)	Rx 10/20 (immunosuppressants covered at appropriate tier)
Physician Referred Alt Care \$10 copay, 12 acupuncture visits	Physician Referred Alt Care- not covered	Physician Referred Alt Care- not covered	Physician Referred Alt Care- not covered
self referred alt care	self referred alt care- no change	self referred alt care- no change	self referred alt care- no change
Outpatient Surgery \$10 (All colonoscopies \$0)	Outpatient Surgery \$10 (\$0 for preventive, diagnostic \$10)	Outpatient Surgery \$10 AD (\$0 for preventive, diagnostic \$10 AD)	Outpatient Surgery \$10 AD (\$0 for preventive, diagnostic \$10 AD)
		<b>List of Benefits - After Deductible (AD):</b>	<b>List of Benefits - After Deductible (AD):</b>
		Outpatient Administered Drugs AD/no charge	Outpatient Administered Drugs AD/no charge
		Outpatient Surgery \$10 AD	Outpatient Surgery \$10 AD
		Infertility all will be AD (lab, ov, treatment) 50% AD	Infertility all will be AD (lab, ov, treatment) 50% AD
		Outpatient Therapy Cardiac & Respiratory \$10 AD	Outpatient Therapy Cardiac & Respiratory \$10 AD
		Outpatient Therapy Chemotherapy & Radiation \$10 AD	Outpatient Therapy Chemotherapy & Radiation \$10 AD
		Outpatient Therapy Dialysis \$10 AD	Outpatient Therapy Dialysis \$10 AD
		Home Health Care no charge AD 130 visits/CY	Home Health Care no charge AD 130 visits/CY
		Ambulance \$75 AD	Ambulance \$75 AD
		Emergency Room 20% AD	Emergency Room 20% AD
		Hospital Inpatient Care AD	Hospital Inpatient Care AD
		Skilled Nursing AD \$0 100 day/CY/FEDS	Skilled Nursing AD \$0 100 day/CY/FEDS
		Mental Health Inpatient, Residential AD	Mental Health Inpatient, Residential AD
		Substance Use Disorder Inpatient, Residential AD	Substance Use Disorder Inpatient, Residential AD
		Durable Medical Equipment AD	Durable Medical Equipment AD
		Hearing Aid Kids Only AD No Charge 1 ear/36 mos	Hearing Aid Kids Only AD No Charge 1 ear/36 mos
		Bariatric Surgery AD / \$10 copay	Bariatric Surgery AD / \$10 copay
		Maternity AD	Maternity AD
		Multidisciplinary Rehab AD	Multidisciplinary Rehab AD
		TMD Services AD	TMD Services AD

