



Evelyn Minor-Lawrence
Director

DEPARTMENT OF HUMAN RESOURCES

PUBLIC SERVICES BUILDING
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TO: Clackamas County Board of County Commissioners (BCC)
FROM: Evelyn Minor-Lawrence, Director of Human Resources
RE: 2024 Employee Benefit Renewals
DATE: August 8, 2023

REQUEST: Seeking the Boards' confirmation of the following high level priorities for the Benefit Review Committees (BRCs) to consider when making their decisions for the 2024 employee benefit plan year:

- Cost containment for the county
- Effective benefit offerings to attract and retain a skilled workforce

In addition, we request the Board's input on the following ongoing priorities that the BRC has identified, based on claims and utilization data, and member feedback:

Diabetes and Obesity:

- Work with Mercer and the medical plan carriers to understand the practicality associated with plan changes to improve access to continuous glucose monitors for diabetic plan members.
- Controlling diabetes as a chronic condition.
- Identify carrier resources for supporting obesity and diabetes.

Education:

- Develop and initiate an education campaign in collaboration with plan carriers targeting specific area(s) for improvement.
- Advertise health coaching and alternative care resources

High Claims:

- Controlling Multiple Sclerosis (MS) as a chronic condition.
- Monitor claims and explore cost containment options for psoriasis and psoriatic arthritis.

Mental Health:


- Identify Providence and Kaiser plans to address the growing need for mental health services, including care for children

BACKGROUND: While the BRCs have decision-making authority for plan design changes, we recognize the importance of the Board's guidance and feedback on priorities once preliminary renewals are available. The general county BRC preliminary renewals have been received, and the POA BRC renewals are still being drafted by Mercer, in partnership with our health benefit vendors. POA renewals have typically come in at lower increases than the general county renewals, but this has not always been the case.

The Board's input will be provided to both BRCs so that these committees may consider any BCC feedback or input prior to making final benefit plan design changes for the coming year. Typically, BRC decisions are made by late August or early September, with contribution rates and contract language changes finalized by October. The annual employee benefit renewal process spans approximately 15-months, from initial committee meetings through final contract amendments and plan documents. The Employee Benefits Annual Renewal Timeline is included in this packet.

Respectfully Submitted,

Evelyn Minor-
Lawrence, IPMA-CP



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Minor-Lawrence, IPMA-CP
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Evelyn Minor-Lawrence, IPMA-CP
Director of Human Resources

Clackamas County Employee Benefits Annual Renewal Timeline

Benefits Review Committees (BRCs) convene in February and typically hold work sessions through October. Committee work is focused on medical, dental, vision, life and disability employee benefit plan renewals and changes for the following plan year, which begins each January. Work associated with annual renewals typically spans a 15-month period.

General County BRC and Peace Officers Association (POA) BRC authority for employee benefit decisions is identified in the applicable collective bargaining agreements (CBAs) and committee bylaws. Committee authority includes plan design changes that impact renewal rates for fully insured and self-insured benefits. Represented employee and employer benefit cost shares are governed by the applicable CBAs

The annual renewal timeline may be impacted by various factors, such as BRC decision making, contract language research or negotiation, vendor network changes, or legislative changes.

February/March:

BRCs reconvene for following plan year. Early committee focus is on reviewing prior Open Enrollment trends and participant feedback, as well as strategic areas of focus.

April/May:

BRCs host vendor summit meetings where medical, dental and vision benefit providers share prior 12-month benefit utilization data. Vendors also share information on available resources and opportunities for improved utilization and plan performance.

July:

Mercer, the County's employee benefit consultant, provides benefit plan renewal data to the BRCs. The BRCs consider plan design changes based on the following guidelines from the bylaws:

- Provide comprehensive coverage for the protection of the health and welfare of employees and their dependents.
- Be responsive to the needs of employees.
- Provide competitive benefits that assist in attracting and retaining qualified employees.
- Maintain reasonable costs to employees and the County taxpayers

Benefits and Wellness presents benefit plan renewal data to BCC and requests guidance and feedback on plan changes for upcoming year.

Benefits and Wellness provides BCC guidance and feedback to BRCs.

August:

BRC members vote to finalize plan design changes that impact renewal rates for fully insured and self-insured benefits.

Benefits and Wellness submits their Benefit Renewal Update to the Director of Human Resources and County Administrator. This communication contains a summary of the BRCs work, including plan design changes, finalized renewal rates, represented employee cost sharing, and cost impacts. This also includes preliminary approval request of the non-represented cost sharing as recommended by Benefits and Wellness.

September:

Mercer provides final rate breakdowns and draft renewal report to Benefits and Wellness. Benefit carriers are notified of renewal decisions.

October:

BRCs review and approve benefit carrier recommended and required contract language changes for the following plan year.

Benefit carriers begin delivering plan documents (e.g. plan summaries and summaries of benefits and coverage) to Benefits and Wellness for publication. Carriers begin work on renewal contracts.

Benefits and Wellness presents finalized benefit renewal update to BCC and requests final approval for non-represented cost-shares for upcoming year. Benefits and Wellness finalizes technical and communications requirements for Open Enrollment.

November:

Open Enrollment typically occurs during the first half of the month. Mercer delivers final renewal reports.

January/February:

Benefits and Wellness presents new plan year Delta Dental Administrative Services Agreement to BCC and requests signature. This generally occurs every other plan year.

Kaiser delivers summary plan descriptions. There are no signature requirements for these documents.

April/May:

Benefits and Wellness presents new plan year Providence Summary Plan Descriptions and Administrative Services Agreement to the BCC and requests signature. This occurs each plan year.