



BRC meeting

Clackamas County

August 8, 2024

A business of Marsh McLennan



Contributions

Rates & Contributions Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical ¹	1									
General County										
VALUE: Kaiser HMO C	Option 10/10/	/1000 \$250 Deduct	ible; Vision \$250/12	months						
EE	233	\$880.36	\$836.34	\$44.02	\$5.32	13.7%	5.0%	\$100.98	13.7%	95.0%
EE, SP	163	1,760.72	1,672.68	88.04	10.64	13.7%	5.0%	201.96	13.7%	95.0%
EE, CH	86	1,584.64	1,505.40	79.24	9.58	13.8%	5.0%	181.76	13.7%	95.0%
EE, FAM	303	2,640.98	2,508.94	132.04	15.94	13.7%	5.0%	302.94	13.7%	95.0%
COMPOSITE	785	\$1,819.90	\$1,704.56							
AFSME/EA				\$115.34	\$35.08	43.7%	6.3%	\$179.80	11.8%	93.7%
FOPPO				\$115.34	\$35.08	43.7%	6.3%	\$179.80	11.8%	93.7%
BASE: PHP Personal	Option 15/20	/2500 \$850 Comm	on Deductible (includ	des VSP vision)						
EE	. 127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	2,549.00	2,421.54	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,602.30							
AFSME/EA				\$120.70	\$35.34	41.4%	7.0%	(\$19.34)	-1.2%	93.0%
FOPPO				\$120.70	\$35.34	41.4%	7.0%	(\$19.34)	-1.2%	93.0%
BUY-UP: PHP Open O) ption 15/10/3	30/2000 \$600 Comi	non Deductible (incl	udes VSP vision)						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	266	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$1,975.00							
AFSME/EA				\$139.00	\$36.20	35.2%	6.6%	\$21.80	1.1%	93.4%
FOPPO				\$139.00	\$36.20	35.2%	6.6%	\$21.80	1.1%	93.4%

¹Rates include the standard 2025 contract changes.

Rates & Contributions – alternative method Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical ¹										
General County										
VALUE: Kaiser HMO (Option 10/10/	/1000 \$250 Deduct	ible; Vision \$250/12	months						
EE	233	\$880.36	\$836.34	\$44.02	\$5.32	13.7%	5.0%	\$100.98	13.7%	95.0%
EE, SP	163	1,760.72	1,672.68	88.04	10.64	13.7%	5.0%	201.96	13.7%	95.0%
EE, CH	86	1,584.64	1,505.40	79.24	9.58	13.8%	5.0%	181.76	13.7%	95.0%
EE, FAM	<u>303</u>	2,640.98	<u>2,508.94</u>	132.04	15.94	13.7%	5.0%	302.94	13.7%	95.0%
COMPOSITE	785	\$1,819.90	\$1,663.84							
AFSME/EA				\$156.06	\$75.80	94.4%	8.6%	\$139.08	9.1%	91.4%
FOPPO				\$156.06	\$75.80	94.4%	8.6%	\$139.08	9.1%	91.4%
BASE: PHP Personal	Option 15/20	/2500 \$850 Comm	on Deductible (inclue	des VSP vision)						
EE	127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	2,549.00	<u>2,421.54</u>	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,636.84							
AFSME/EA				\$86.16	\$0.80	0.9%	5.0%	\$15.20	0.9%	95.0%
FOPPO				\$86.16	\$0.80	0.9%	5.0%	\$15.20	0.9%	95.0%
BUY-UP: PHP Open C)ption 15/10/3	30/2000 \$600 Comi	non Deductible (incl	udes VSP vision)						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$2,008.30							
AFSME/EA				\$105.70	\$2.90	2.8%	5.0%	\$55.10	2.8%	95.0%
FOPPO				\$105.70	\$2.90	2.8%	5.0%	\$55.10	2.8%	95.0%

¹Rates include the standard 2025 contract changes.

Plan Options



Rates & Contributions – Kaiser option #1 Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical ¹										
General County										
VALUE: Kaiser HMO (Option \$10/10	0%/ \$1500 \$350 De	ductible; Vision \$25	0/12 months						
EE	233	\$858.74	\$815.80	\$42.94	\$4.24	11.0%	5.0%	\$80.44	10.9%	95.0%
EE, SP	163	1,717.50	1,631.62	85.88	8.48	11.0%	5.0%	160.90	10.9%	95.0%
EE, CH	86	1,545.74	1,468.46	77.28	7.62	10.9%	5.0%	144.82	10.9%	95.0%
EE, FAM	<u>303</u>	<u>2,576.16</u>	<u>2,447.36</u>	128.80	12.70	10.9%	5.0%	241.36	10.9%	95.0%
COMPOSITE	785	\$1,775.22	\$1,680.14							
AFSME/EA				\$95.08	\$14.82	18.5%	5.4%	\$155.38	10.2%	94.6%
FOPPO				\$95.08	\$14.82	18.5%	5.4%	\$155.38	10.2%	94.6%
BASE: PHP Personal	Option 15/20	/2500 \$850 Comm	on Deductible (includ	les VSP vision)						
EE	. 127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	2,549.00	2,421.54	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,622.56							
AFSME/EA				\$100.44	\$15.08	17.7%	5.8%	\$0.92	0.1%	94.2%
FOPPO				\$100.44	\$15.08	17.7%	5.8%	\$0.92	0.1%	94.2%
BUY-UP: PHP Open C	otion 15/10/3	30/2000 \$600 Com	non Deductible (incl	udes VSP vision)						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$1,995.26							
AFSME/EA				\$118.74	\$15.94	15.5%	5.6%	\$42.06	2.2%	94.4%
FOPPO				\$118.74	\$15.94	15.5%	5.6%	\$42.06	2.2%	94.4%

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 5.6%

Rates & Contributions – Kaiser option #2 Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical ¹										
General County										
VALUE: Kaiser HMO C	Option \$10/1	5%/\$1500 \$350 De	eductible ; Vision \$2	50/12 months						
EE	233	\$852.90	\$810.26	\$42.64	\$3.94	10.2%	5.0%	\$74.90	10.2%	95.0%
EE, SP	163	1,705.78	1,620.50	85.28	7.88	10.2%	5.0%	149.78	10.2%	95.0%
EE, CH	86	1,535.20	1,458.44	76.76	7.10	10.2%	5.0%	134.80	10.2%	95.0%
EE, FAM	<u>303</u>	2,558.58	2,430.66	127.92	11.82	10.2%	5.0%	224.66	10.2%	95.0%
COMPOSITE	785	\$1,763.12	\$1,673.54							
AFSME/EA				\$89.58	\$9.32	11.6%	5.1%	\$148.78	9.8%	94.9%
FOPPO				\$89.58	\$9.32	11.6%	5.1%	\$148.78	9.8%	94.9%
BASE: PHP Personal	Ontion 15/20	2500 \$850 Comm	on Doductiblo (inclu	has VSP vision)						
EE	127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	147	2,549.00	2,421.54	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,628.06							
AFSME/EA				\$94.94	\$9.58	11.2%	5.5%	\$6.42	0.4%	94.5%
FOPPO				\$94.94	\$9.58	11.2%	5.5%	\$6.42	0.4%	94.5%
BUY-UP: PHP Open O		•		,	.			•		
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	<u>2,800.00</u>	<u>2,660.00</u>	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$2,000.74	A 1 1 a a	* • • • •			A i - - i		
AFSME/EA				\$113.26	\$10.46	10.2%	5.4%	\$47.54	2.4%	94.6%
FOPPO				\$113.26	\$10.46	10.2%	5.4%	\$47.54	2.4%	94.6%

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 5.3%

Rates & Contributions – Kaiser option #3 Effective: January 1, 2025

	2025 Renewal					Employee			Employer		
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL	
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE	
Active Medical ¹											
General County											
VALUE: Kaiser HMO C)ption <mark>\$15</mark> /1	0%/ \$1500 \$350 De	eductible; Vision \$25	0/12 months							
EE	233	\$855.08	\$812.32	\$42.76	\$4.06	10.5%	5.0%	\$76.96	10.5%	95.0%	
EE, SP	163	1,710.14	1,624.64	85.50	8.10	10.5%	5.0%	153.92	10.5%	95.0%	
EE, CH	86	1,539.14	1,462.18	76.96	7.30	10.5%	5.0%	138.54	10.5%	95.0%	
EE, FAM	<u>303</u>	<u>2,565.14</u>	2,436.88	128.26	12.16	10.5%	5.0%	230.88	10.5%	95.0%	
COMPOSITE	785	\$1,767.64	\$1,676.00								
AFSME/EA				\$91.64	\$11.38	14.2%	5.2%	\$151.24	9.9%	94.8%	
FOPPO				\$91.64	\$11.38	14.2%	5.2%	\$151.24	9.9%	94.8%	
BASE: PHP Personal	Option 15/20	1/2500 \$850 Comm	on Doductiblo (inclu	has VSP vision)							
EE	127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%	
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%	
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%	
EE, FAM	147	2,549.00	2,421.54	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%	
COMPOSITE	390	\$1,723.00	\$1,626.00								
AFSME/EA				\$97.00	\$11.64	13.6%	5.6%	\$4.36	0.3%	94.4%	
FOPPO				\$97.00	\$11.64	13.6%	5.6%	\$4.36	0.3%	94.4%	
BUY-UP: PHP Open O		•		,							
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%	
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%	
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%	
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%	
COMPOSITE	555	\$2,114.00	\$1,998.70								
AFSME/EA				\$115.30	\$12.50	12.2%	5.5%	\$45.50	2.3%	94.5%	
FOPPO				\$115.30	\$12.50	12.2%	5.5%	\$45.50	2.3%	94.5%	

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 5.4%

Rates & Contributions – Kaiser option #4 Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical ¹	1									
General County										
VALUE: Kaiser HMO (Option \$10/1	0%/ <mark>\$1500 \$350 D</mark> e	ductible, \$50 Outpati	ient Surgery Copay	; Vision \$250/12 mon	ths				
EE	233	\$858.20	\$815.28	\$42.92	\$4.22	10.9%	5.0%	\$79.92	10.9%	95.0%
EE, SP	163	1,716.38	1,630.56	85.82	8.42	10.9%	5.0%	159.84	10.9%	95.0%
EE, CH	86	1,544.76	1,467.52	77.24	7.58	10.9%	5.0%	143.88	10.9%	95.0%
EE, FAM	<u>303</u>	2,574.50	<u>2,445.78</u>	128.72	12.62	10.9%	5.0%	239.78	10.9%	95.0%
COMPOSITE	785	\$1,774.08	\$1,679.52							
AFSME/EA				<mark>\$94.56</mark>	\$14.30	17.8%	5.3%	\$154.76	10.1%	94.7%
FOPPO				\$94.56	\$14.30	17.8%	5.3%	\$154.76	10.1%	94.7%
BASE: PHP Personal	Option 15/20)/2500 \$850 Commo	on Deductible (includ	des VSP vision)						
EE	. 127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	2,549.00	2,421.54	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,623.08							
AFSME/EA				\$99.92	\$14.56	17.1%	5.8%	\$1.44	0.1%	94.2%
FOPPO				\$99.92	\$14.56	17.1%	5.8%	\$1.44	0.1%	94.2%
BUY-UP: PHP Open C) ption 15/10/3	30/2000 \$600 Comr	non Deductible (incl	udes VSP vision)						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$1,995.78							
AFSME/EA				\$118.22	\$15.42	15.0%	5.6%	\$42.58	2.2%	94.4%
FOPPO				\$118.22	\$15.42	15.0%	5.6%	\$42.58	2.2%	94.4%

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 5.6%

Rates & Contributions – Kaiser option #5 Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical	1									
General County										
VALUE: Kaiser HMO	Option \$10/1	0%/ \$1500 \$350 De	ductible, \$10/\$30 Rx	Copays ; Vision \$2	50/12 months					
EE	233	\$856.70	\$813.86	\$42.84	\$4.14	10.7%	5.0%	\$78.50	10.7%	95.0%
EE, SP	163	1,713.40	1,627.72	85.68	8.28	10.7%	5.0%	157.00	10.7%	95.0%
EE, CH	86	1,542.06	1,464.96	77.10	7.44	10.7%	5.0%	141.32	10.7%	95.0%
EE, FAM	<u>303</u>	2,570.00	<u>2,441.50</u>	128.50	12.40	10.7%	5.0%	235.50	10.7%	95.0%
COMPOSITE	785	\$1,770.98	\$1,677.82							
AFSME/EA				<mark>\$93.16</mark>	\$12.90	16.1%	5.3%	\$153.06	10.0%	94.7%
FOPPO				<mark>\$93.16</mark>	\$12.90	16.1%	5.3%	\$153.06	10.0%	94.7%
BASE: PHP Personal	Option 15/20)/2500 \$850 Comm	on Deductible (includ	des VSP vision)						
EE	127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	2,549.00	2,421.54	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,624.50							
AFSME/EA				\$98.50	\$13.14	15.4%	5.7%	\$2.86	0.2%	94.3%
FOPPO				\$98.50	\$13.14	15.4%	5.7%	\$2.86	0.2%	94.3%
BUY-UP: PHP Open O	Option 15/10/3	30/2000 \$600 Comi	non Deductible (incl	udes VSP vision)						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$1,997.18							
AFSME/EA				\$116.82	\$14.02	13.6%	5.5%	\$43.98	2.3%	94.5%
FOPPO				\$116.82	\$14.02	13.6%	5.5%	\$43.98	2.3%	94.5%

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 5.5%

Rates & Contributions – Kaiser option #6 Effective: January 1, 2025

		20	25 Renewal			Employee			Employer	
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical	1									
General County										
VALUE: Kaiser HMO	Option \$10/1	0%/ <mark>\$1500 \$350 D</mark> e	ductible, \$10/\$20/50	% to \$100 Rx Copay	<mark>s</mark> ; Vision \$250/12 m	onths				
EE	233	\$855.88	\$813.08	\$42.80	\$4.10	10.6%	5.0%	\$77.72	10.6%	95.0%
EE, SP	163	1,711.76	1,626.18	85.58	8.18	10.6%	5.0%	155.46	10.6%	95.0%
EE, CH	86	1,540.58	1,463.56	77.02	7.36	10.6%	5.0%	139.92	10.6%	95.0%
EE, FAM	<u>303</u>	<u>2,567.56</u>	<u>2,439.18</u>	128.38	12.28	10.6%	5.0%	233.18	10.6%	95.0%
COMPOSITE	785	\$1,769.30	\$1,676.92							
AFSME/EA				\$92.38	\$12.12	15.1%	5.2%	\$152.16	10.0%	94.8%
FOPPO				<mark>\$92.38</mark>	\$12.12	15.1%	5.2%	\$152.16	10.0%	94.8%
BASE: PHP Personal	Option 15/20	/2500 \$850 Comm	on Deductible (includ	les VSP vision)						
EE	127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	<u>2,549.00</u>	<u>2,421.54</u>	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,625.26							
AFSME/EA				\$97.74	\$12.38	14.5%	5.7%	\$3.62	0.2%	94.3%
FOPPO				\$97.74	\$12.38	14.5%	5.7%	\$3.62	0.2%	94.3%
BUY-UP: PHP Open C	Option 15/10/3	30/2000 \$600 Comi	non Deductible (incl	udes VSP vision)						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$1,997.94							
AFSME/EA				\$116.06	\$13.26	12.9%	5.5%	\$44.74	2.3%	94.5%
FOPPO				\$116.06	\$13.26	12.9%	5.5%	\$44.74	2.3%	94.5%

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 5.5%

Rates & Contributions – Kaiser option #7 Effective: January 1, 2025

	2025 Renewal				Employee			Employer		
PLAN	JUNE	BUDGET	CLACKAMAS	EMPLOYEE	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical ¹										
General County										
VALUE: Kaiser HMO Op	otion \$10/10	0%/ <mark>\$1750 \$400 De</mark>	ductible ; Vision \$25	0/12 months						
EE	233	\$845.42	\$803.14	\$42.28	\$3.58	9.3%	5.0%	\$67.78	9.2%	95.0%
EE, SP	163	1,690.84	1,606.30	84.54	7.14	9.2%	5.0%	135.58	9.2%	95.0%
EE, CH	86	1,521.74	1,445.66	76.08	6.42	9.2%	5.0%	122.02	9.2%	95.0%
EE, FAM	<u>303</u>	<u>2,536.16</u>	<u>2,409.36</u>	126.80	10.70	9.2%	5.0%	203.36	9.2%	95.0%
COMPOSITE	785	\$1,769.30	\$1,680.84							
AFSME/EA				\$88.46	\$8.20	10.2%	5.0%	\$156.08	10.2%	95.0%
FOPPO				\$88.46	\$8.20	10.2%	5.0%	\$156.08	10.2%	95.0%
BASE: PHP Personal O				,						
EE	127	\$850.00	\$807.50	\$42.50	\$1.00	2.4%	5.0%	\$19.00	2.4%	95.0%
EE, SP	68	1,698.00	1,613.10	84.90	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, CH	48	1,531.00	1,454.44	76.56	1.80	2.4%	5.0%	34.20	2.4%	95.0%
EE, FAM	<u>147</u>	<u>2,549.00</u>	<u>2,421.54</u>	127.46	3.00	2.4%	5.0%	57.00	2.4%	95.0%
COMPOSITE	390	\$1,723.00	\$1,636.84							
AFSME/EA				\$86.16	\$0.80	0.9%	5.0%	\$15.20	0.9%	95.0%
FOPPO				\$86.16	\$0.80	0.9%	5.0%	\$15.20	0.9%	95.0%
BUY-UP: PHP Open Op		•		,						
EE	107	\$935.00	\$888.24	\$46.76	\$1.10	2.4%	5.0%	\$20.90	2.4%	95.0%
EE, SP	125	1,866.00	1,772.70	93.30	2.20	2.4%	5.0%	41.80	2.4%	95.0%
EE, CH	57	1,683.00	1,598.84	84.16	2.00	2.4%	5.0%	38.00	2.4%	95.0%
EE, FAM	<u>266</u>	2,800.00	2,660.00	140.00	3.30	2.4%	5.0%	62.70	2.4%	95.0%
COMPOSITE	555	\$2,114.00	\$2,008.30							
AFSME/EA				\$105.70	\$2.90	2.8%	5.0%	\$55.10	2.8%	95.0%
FOPPO				\$105.70	\$2.90	2.8%	5.0%	\$55.10	2.8%	95.0%

¹Rates include the standard 2025 contract changes.

Overall Medical increase of 4.9%

Kaiser plan design options

	Current 2024			2025 C	ptions		
Benefit	Traditional HMO	\$350 Ded, 15%, \$1.5K OOP	\$350 Ded, 10%, \$1.5K OOP, \$15	\$350 Ded, 10%, \$1.5K OOP, \$50	\$350 Ded, 10% \$1.5K OOP, RX \$10/30	\$350 Ded, 10% \$1.5K OOP, RX \$10/30/50%	\$400 Ded, 10%, \$1.75K OOP
Individual / Family Deductible	\$250 / \$500	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$350 / \$700	\$400 / \$800
Individual / Family OOP max	\$1,000 / \$2,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,750 / \$3,500
Physician Visit – Primary Care	\$10	\$10	\$15	\$10	\$10	\$10	\$10
Physician Visit – Specialist	\$10	\$10	\$15	\$10	\$10	\$10	\$10
Hospital Stay	10% after ded	15% after ded	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded
Outpatient Surgery	\$10	\$10	\$10	\$50	\$10	\$10	\$10
Emergency Room Copay	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Generic Medications	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Brand Medications	\$20	\$20	\$20	\$20	\$30	\$30 preferred 50% to \$100 non-pref	\$20

Deductible & Out-of-Pocket Maximum

of members satisfying

Kaiser	CY 2023	YTD 2024 (6/18/2024)	Providence	Benefit	CY 2023	YTD 2024 (5/13/2024)
Per Person Deductible	78	27		Per Person Deductible	250	126
				Per Person OOP Max	94	33
Per Person OOP Max	63	20	Open Option	Per Family Deductible	47	11
Per Family				Per Family OOP Max	10	2
Per Family Deductible	18	7		Per Person Deductible	124	48
Per Family OOP Max	7	2	Personal Option	Per Person OOP Max	62	30
			Fersonal Option	Per Family Deductible	14	3
				Per Family OOP Max	6	3

