

POA renewal meeting

Clackamas County

September 17, 2024

A business of Marsh McLennan



Contributions



Rates and contributions

Effective: January 1, 2025

	Fully Insured	Self-Funded (PHP)	
	Kaiser	Personal	Open
Current Contribution			
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
Renewal Contribution			
Composite	\$1,875.22	\$2,007.00	\$2,260.00
Employer	\$1,875.22	\$1,899.46	\$2,134.36
Employee	\$0.00	\$107.54	\$125.64

PLAN	2025 Renewal				Employee			Employer		
	JUNE 2024	BUDGET RATES	CLACKAMAS COUNTY	EMPLOYEE COST	\$ INCREASE	% INCREASE	% of TOTAL RATE	\$ INCREASE	% INCREASE	% of TOTAL RATE
Active Medical¹										
POA										
Kaiser HMO Option										
EE	51	\$894.12	\$894.12	\$0.00	\$0.00	0.0%	0.0%	\$107.96	13.7%	100.0%
EE, SP	19	1,788.26	1,788.26	0.00	0.00	0.0%	0.0%	215.92	13.7%	100.0%
EE, CH	9	1,609.42	1,609.42	0.00	0.00	0.0%	0.0%	194.32	13.7%	100.0%
EE, FAM	<u>67</u>	2,682.38	2,682.38	0.00	0.00	0.0%	0.0%	323.88	13.7%	100.0%
COMPOSITE	146	\$1,875.22	\$1,875.22	\$0.00	\$0.00	0.0%	0.0%	\$178.22	10.5%	100.0%
PHP Personal Option 15/0/1000 (Includes VSP Vision)										
EE	18	\$896.00	\$788.46	\$107.54	\$17.04	18.8%	12.0%	\$66.96	9.3%	88.0%
EE, SP	13	1,790.00	1,682.46	107.54	17.04	18.8%	6.0%	149.96	9.8%	94.0%
EE, CH	11	1,614.00	1,506.46	107.54	17.04	18.8%	6.7%	133.96	9.8%	93.3%
EE, FAM	<u>40</u>	2,689.00	2,581.46	107.54	17.04	18.8%	4.0%	233.96	10.0%	96.0%
COMPOSITE	82	\$2,007.00	\$1,899.46	\$107.54	\$17.04	18.8%	5.4%	\$179.96	10.5%	94.6%
PHP Open Option 10/0/20/2000 \$50 Common Deductible (Includes VSP Vision)										
EE	38	\$959.00	\$833.36	\$125.64	(\$0.82)	-0.6%	13.1%	\$90.82	12.2%	86.9%
EE, SP	41	1,914.00	1,788.36	125.64	(0.82)	-0.6%	6.6%	179.82	11.2%	93.4%
EE, CH	13	1,726.00	1,600.36	125.64	(0.82)	-0.6%	7.3%	161.82	11.2%	92.7%
EE, FAM	<u>116</u>	2,873.00	2,747.36	125.64	(0.82)	-0.6%	4.4%	268.82	10.8%	95.6%
COMPOSITE	208	\$2,260.00	\$2,134.36	\$125.64	(\$0.82)	-0.6%	5.6%	\$231.82	12.2%	94.4%

¹Rates include the standard 2025 contract changes.

Plan Options



Kaiser plan options

Effective: January 1, 2025

2025 Monthly Rates

POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
Kaiser Option - Medical/Rx				
1 Increase Deductible to \$100/\$200 & OOP Maximum to \$1,500/\$3,000				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-8.94%	1,707.60	1,707.60	0.00
d) \$ Difference from Current Cost		10.60	10.60	0.00
e) % Difference from Current Cost		0.62%	0.62%	0.00%
f) \$ Difference from Renewal Cost		(167.62)	(167.62)	0.00
g) % Difference from Renewal Cost		-8.94%	-8.94%	0.00%
Kaiser Option - Medical/Rx				
2 Increase Deductible to \$250/\$500 & OOP Maximum to \$1,500/\$3,000				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-12.24%	1,645.78	1,645.78	0.00
d) \$ Difference from Current Cost		(51.22)	(51.22)	0.00
e) % Difference from Current Cost		-3.02%	-3.02%	0.00%
f) \$ Difference from Renewal Cost		(229.44)	(229.44)	0.00
g) % Difference from Renewal Cost		-12.24%	-12.24%	0.00%
Kaiser Option - Medical/Rx				
3 Increase Deductible to \$100/\$200 & OOP Maximum to \$1,000/\$2,000				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-8.04%	1,724.52	1,724.52	0.00
d) \$ Difference from Current Cost		27.52	27.52	0.00
e) % Difference from Current Cost		1.62%	1.62%	0.00%
f) \$ Difference from Renewal Cost		(150.70)	(150.70)	0.00
g) % Difference from Renewal Cost		-8.04%	-8.04%	0.00%

Kaiser plan options, cont'd

Effective: January 1, 2025

		2025 Monthly Rates		
		POA		
	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
Kaiser Option - Medical/Rx				
4 Increase Office Visit Copay to \$15, Deductible to \$100/\$200 & OOP Maximum to \$1,000/\$2,000				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-8.26%	1,720.32	1,720.32	0.00
d) \$ Difference from Current Cost		23.32	23.32	0.00
e) % Difference from Current Cost		1.37%	1.37%	0.00%
f) \$ Difference from Renewal Cost		(154.90)	(154.90)	0.00
g) % Difference from Renewal Cost		-8.26%	-8.26%	0.00%
Kaiser Option - Medical/Rx				
5 Increase Deductible to \$100/\$200, OOP Maximum to \$1,000/\$2,000				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-7.60%	1,732.78	1,732.78	0.00
d) \$ Difference from Current Cost		35.78	35.78	0.00
e) % Difference from Current Cost		2.11%	2.11%	0.00%
f) \$ Difference from Renewal Cost		(142.44)	(142.44)	0.00
g) % Difference from Renewal Cost		-7.60%	-7.60%	0.00%

Kaiser plan options, cont'd

Effective: January 1, 2025

2025 Monthly Rates

POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
Kaiser Option - Medical/Rx				
14 Match General County Plan Design				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-10.53%	1,677.68	1,677.68	0.00
d) \$ Difference from Current Cost		(19.32)	(19.32)	0.00
e) % Difference from Current Cost		-1.14%	-1.14%	0.00%
f) \$ Difference from Renewal Cost		(197.54)	(197.54)	0.00
g) % Difference from Renewal Cost		-10.53%	-10.53%	0.00%
Kaiser Option - Medical/Rx				
15 Match General County Plan Design Except with \$100/\$200 Deductible				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-5.73%	1,767.70	1,767.70	0.00
d) \$ Difference from Current Cost		70.70	70.70	0.00
e) % Difference from Current Cost		4.17%	4.17%	0.00%
f) \$ Difference from Renewal Cost		(107.52)	(107.52)	0.00
g) % Difference from Renewal Cost		-5.73%	-5.73%	0.00%
Kaiser Option - Medical/Rx				
16 Match General County Plan Design Except with \$100/\$200 Deductible & No Cost Share for Hospital Inpatient				
a) 2024 (Current) Composite		\$1,697.00	\$1,697.00	\$0.00
b) 2025 (Renewal) Composite		1,875.22	1,875.22	0.00
c) 2025 Option Composite	-4.05%	1,799.20	1,799.20	0.00
d) \$ Difference from Current Cost		102.20	102.20	0.00
e) % Difference from Current Cost		6.02%	6.02%	0.00%
f) \$ Difference from Renewal Cost		(76.02)	(76.02)	0.00
g) % Difference from Renewal Cost		-4.05%	-4.05%	0.00%

Kaiser plan design options

Benefit	2025 Status Quo	2025 Options			
	Traditional HMO	#5 \$100 Ded / \$1000 OOP / ER \$75	#14 General County Current Plan Design	#15 General County with \$100 / \$200 deductible	#16 General County with \$100 / \$200 deductible and no hospital cost share
Individual / Family Deductible	\$0 / \$0	\$100 / \$200	\$250 / \$500	\$100 / \$200	\$250 / \$500
Individual / Family OOP max	\$600 / \$1,200	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Physician Visit – Primary Care	\$10	\$10	\$10	\$10	\$10
Physician Visit – Specialist	\$10	\$10	\$10	\$10	\$10
Hospital Stay	\$0	10% after ded	10% after ded	10% after ded	\$0
Outpatient Surgery	\$10	\$10	\$10	\$10	\$10
Emergency Room Copay	\$75	\$75	\$75	\$75	\$75
Dollar Difference from Current Cost (Kaiser PEPM)	+\$178.22	+\$35.78	-\$19.32	+\$70.70	+\$102.20

Kaiser detailed plan design for option 14

Proposed Traditional Benefits

Annual Deductible: Individual / Family per year(s): \$250/\$500-CALYR/OOP

Out-of-Pocket Maximum: Individual / Family: \$1000/\$2000/CALYR

Lifetime Maximum: Individual / Family: None

Prescription Drugs: \$10/\$20-OOP

Outpatient

Primary Care, Excluding Urgent Care: \$5 1ST 3V THEN \$10/OOP

Urgent Care Office Visit: \$10/OOP

Preventive Care Services: \$0

Prenatal Care: \$0

Specialty Care Office Visit: \$10/OOP

Electronic Visits – Office Visit: \$0

Electronic Visits – Speciality: \$0

Electronic Visits – Urgent Care: \$0

Outpatient Administered Drugs: \$0

Kaiser detailed plan design for option 14

Other Professional

Outpatient Surgery: \$10/OOP
Referred Alternative Care: NOT COV//NOT APPLICABLE
Naturopathic-Self Refer: \$5 1ST 3V THEN \$10/OOP
Chiropractic-Self Refer: \$10/20 VIS/CY/OOP
Acupuncture-Self Refer: \$10/12 VIS/CY/OOP
Massage-Self Refer: \$25/12 VIS/CY/OOP
Routine Eye Exam: \$10/OOP
Infertility - Diagnosis - Laboratory: 50%/OOP
Infertility - Diagnosis Office Visit: 50% FOR DIAGNOSIS/OOP
Infertility - Treatment: 50%/OOP
Outpatient Therapy - Cardiac & Respiratory: \$10/OOP
Outpatient Therapy - Chemotherapy & Radiation: \$10/OOP
Outpatient Therapy - Dialysis: \$10/OOP
Outpatient Therapy PT OT ST & Multidisciplinary: \$10/20 VIS/CY/OOP
Home Health Care: \$0/180 VIS/CY

Ambulance and Emergency Services

Ambulance: \$75/OOP
Emergency Room: \$75/WAIVE IF ADMIT/OOP

Laboratory and Imaging

Laboratory, X-Ray/Imaging/Diagnostic Procedures (non-preventive): \$0 NON-PREV, \$0
Lab, X-Ray Preventive Procedures: \$0 PREV
Lab, X-Ray Specialty Scans: \$0/\$0

Hospital Inpatient

Hospital Inpatient Care: AD/10%/OOP
Skilled Nursing: \$0/100 DAYS/CY

Mental Health and Substance Use Disorder

Mental Health - Day Treatment, Mental Health - Outpatient: \$5 1ST 3V THEN \$10/DAY, \$5 1ST 3V THEN \$10/OOP
Mental Health - Inpatient, Mental Health - Residential: AD/10%/OOP, AD/10%/OOP
Substance Use Disorder - Day Treatment, Substance Use Disorder - Outpatient: \$5 1ST 3V THEN \$10/DAY, \$5 1ST 3V THEN \$10/OOP
Substance Use Disorder - Inpatient, Substance Use Disorder - Residential: AD/10%/OOP, AD/10%/OOP
Mental Health - ACT: \$0/MONTH

Other

Durable Medical Equipment: 0%/50/\$0/SEE LONG
Vision Hardware: \$250 CRED; FR/L/CL-CY
Hearing Aids: 1/EAR/3YR/\$1500MAX/NO OOP
Hearing Aid - Kids Only: \$0/1/EAR/36MOS
Allergy Shots and Other Injections: \$0
Travel Services: TRAV SVCS/IMMS EXCL

Kaiser detailed plan design for option 15

Proposed Traditional Benefits

Annual Deductible: Individual / Family per year(s): \$100/\$200/CALYR/OOP

Out-of-Pocket Maximum: Individual / Family: \$1000/\$2000/CALYR

Lifetime Maximum: Individual / Family: None

Prescription Drugs: \$10/\$20-OOP

Outpatient

Primary Care, Excluding Urgent Care: \$5 1ST BV THEN \$10/OOP

Urgent Care Office Visit: \$10/OOP

Preventive Care Services: \$0

Prenatal Care: \$0

Specialty Care Office Visit: \$10/OOP

Electronic Visits – Office Visit: \$0

Electronic Visits – Speciality: \$0

Electronic Visits – Urgent Care: \$0

Outpatient Administered Drugs: \$0

Kaiser detailed plan design for option 15

Other Professional

Outpatient Surgery: \$10/OOP
Referred Alternative Care: NOT COV/NOT APPLICABLE
Naturopathic-Self Refer: \$5 1ST 3V THEN \$10/OOP
Chiropractic-Self Refer: \$10/20 VIS/CY/OOP
Acupuncture-Self Refer: \$10/12 VIS/CY/OOP
Massage-Self Refer: \$25/12 VIS/CY/OOP
Routine Eye Exam: \$10/OOP
Infertility - Diagnosis - Laboratory: 50%/OOP
Infertility - Diagnosis Office Visit: 50% FOR DIAGNOSIS/OOP
Infertility - Treatment: 50%/OOP
Outpatient Therapy - Cardiac & Respiratory: \$10/OOP
Outpatient Therapy - Chemotherapy & Radiation: \$10/OOP
Outpatient Therapy - Dialysis: \$10/OOP
Outpatient Therapy PT OT ST & Multidisciplinary: \$10/20 VIS/CY/OOP
Home Health Care: \$0/120 VIS/CY

Ambulance and Emergency Services

Ambulance: \$75/OOP
Emergency Room: \$75/WAIVE IF ADMIT/OOP

Laboratory and Imaging

Laboratory, X-Ray/Imaging/Diagnostic Procedures (non-preventive): \$0 NON-PREV, \$0
Lab, X-Ray Preventive Procedures: \$0 PREV
Lab, X-Ray Specialty Scans: \$0/\$0

Hospital Inpatient

Hospital Inpatient Care: AD/10%/OOP
Skilled Nursing: \$0/100 DAYS/CY

Mental Health and Substance Use Disorder

Mental Health - Day Treatment, Mental Health - Outpatient: \$5 1ST 3V THEN \$10/DAY, \$5 1ST 3V THEN \$10/OOP
Mental Health - Inpatient, Mental Health - Residential: AD/10%/OOP, AD/10%/OOP
Substance Use Disorder - Day Treatment, Substance Use Disorder - Outpatient: \$5 1ST 3V THEN \$10/DAY, \$5 1ST 3V THEN \$10/OOP
Substance Use Disorder - Inpatient, Substance Use Disorder - Residential: AD/10%/OOP, AD/10%/OOP
Mental Health - ACT: \$0/MONTH

Other

Durable Medical Equipment: 0%/\$0/\$0/SEE LONG
Vision Hardware: \$250 CRED; FR/L/CL-CY
Hearing Aids: 1/EAR/3YR/\$1500MAX/NO OOP
Hearing Aid - Kids Only: \$0/1/EAR/36MOS
Allergy Shots and Other Injections: \$0
Travel Services: TRAV SVCS/IMMS EXCL

Kaiser detailed plan design for option 16

Proposed Traditional Benefits

Annual Deductible: Individual / Family per year(s): \$100/\$200/CALYR/OOP

Out-of-Pocket Maximum: Individual / Family: \$1000/\$2000/CALYR

Lifetime Maximum: Individual / Family: None

Prescription Drugs: \$10/\$20-OOP

Outpatient

Primary Care, Excluding Urgent Care: \$5 1ST BV THEN \$10/OOP

Urgent Care Office Visit: \$10/OOP

Preventive Care Services: \$0

Prenatal Care: \$0

Specialty Care Office Visit: \$10/OOP

Electronic Visits – Office Visit: \$0

Electronic Visits – Speciality: \$0

Electronic Visits – Urgent Care: \$0

Outpatient Administered Drugs: \$0

Kaiser detailed plan design for option 16

Other Professional

Outpatient Surgery: \$10/OOP
Referred Alternative Care: NOT COV/NOT APPLICABLE
Naturopathic-Self Refer: \$5 1ST 3V THEN \$10/OOP
Chiropractic-Self Refer: \$10/20 VIS/CY/OOP
Acupuncture-Self Refer: \$10/12 VIS/CY/OOP
Massage-Self Refer: \$25/12 VIS/CY/OOP
Routine Eye Exam: \$10/OOP
Infertility - Diagnosis - Laboratory: 50%/OOP
Infertility - Diagnosis Office Visit: 50% FOR DIAGNOSIS/OOP
Infertility - Treatment: 50%/OOP
Outpatient Therapy - Cardiac & Respiratory: \$10/OOP
Outpatient Therapy - Chemotherapy & Radiation: \$10/OOP
Outpatient Therapy - Dialysis: \$10/OOP
Outpatient Therapy PT OT ST & Multidisciplinary: \$10/20 VIS/CY/OOP
Home Health Care: \$0/130 VIS/CY

Ambulance and Emergency Services

Ambulance: \$75/OOP
Emergency Room: \$75/WAIVE IF ADMIT/OOP

Laboratory and Imaging

Laboratory, X-Ray/Imaging/Diagnostic Procedures (non-preventive): \$0 NON-PREV, \$0
Lab, X-Ray Preventive Procedures: \$0 PREV
Lab, X-Ray Specialty Scans: \$0/\$0

Hospital Inpatient

Hospital Inpatient Care: \$0
Skilled Nursing: \$0/100 DAYS/CY

Mental Health and Substance Use Disorder

Mental Health - Day Treatment, Mental Health - Outpatient: \$5 1ST 3V THEN \$10/DAY, \$5 1ST 3V THEN \$10/OOP
Mental Health - Inpatient, Mental Health - Residential: AD/10%/OOP, AD/10%/OOP
Substance Use Disorder - Day Treatment, Substance Use Disorder - Outpatient: \$5 1ST 3V THEN \$10/DAY, \$5 1ST 3V THEN \$10/OOP
Substance Use Disorder - Inpatient, Substance Use Disorder - Residential: AD/10%/OOP, AD/10%/OOP
Mental Health - ACT: \$0/MONTH

Other

Durable Medical Equipment: 0%/50/50/SEE LONG
Vision Hardware: \$250 CRED; FR/L/CL-CY
Hearing Aids: 1/EAR/3YR/\$1500MAX/NO OOP
Hearing Aid - Kids Only: \$0/1/EAR/36MOS
Allergy Shots and Other Injections: \$0
Travel Services: TRAV SVCS/IMMS EXCL

Deductible & Out-of-Pocket Maximum

of members satisfying

Kaiser	CY 2023	YTD 2024 (6/18/2024)
Per Person Deductible	N/A	N/A
Per Person OOP Max	3	0
Per Family Deductible	N/A	N/A
Per Family OOP Max	0	0

Providence	Benefit	CY 2023	YTD 2024 (5/13/2024)
Open Option	Per Person Deductible	281	150
	Per Person OOP Max	4	0
	Per Family Deductible	16	9
	Per Family OOP Max	0	0
Personal Option	Per Person Deductible	N/A	N/A
	Per Person OOP Max	2	0
	Per Family Deductible	N/A	N/A
	Per Family OOP Max	0	0

