

# POA renewal meeting

Clackamas County

August 7, 2024



## 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	

	2025 Renewal			Employee			Employer			
PLAN	JUNE	BUDGET	CLACKAMAS	<b>EMPLOYEE</b>	\$	%	% of TOTAL	\$	%	% of TOTAL
	2024	RATES	COUNTY	COST	INCREASE	INCREASE	RATE	INCREASE	INCREASE	RATE
Active Medical <sup>1</sup>										
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 <mark></mark>	\$0.00	\$0.00	0.0%	0.0%	\$178.22	10.5%	100.0%
PHP Personal Option 1	5/0/1000 (Ind	ludes 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 Deducti	ble (Includes VSP Vi	sion)						
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%

<sup>1</sup>Rates include the standard 2025 contract changes.



## **Plan Options**





## Kaiser plan options

2025 Monthly Rates POA

Represented

Effective: January 1, 2025

stive. January 1, 2023		Lotinated		Represented	
	% Change from Renewal	Total Composite (PEPM)	County Contribution	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%	

**Estimated** 

#### Kaiser plan options, cont'd

Effective: January 1, 2025

			2025 Mont PO	•
		<b>Estimated</b>		Represented
	% Change from Renewal	Total Composite (PEPM)	County Contribution	Employee Contribution
Kaiser Option - Medical/Rx				
4 Increase Office Visit Copay to \$15, Do	eductible to \$100	/\$200 & OOP Maxin	num to \$1,000/\$2,0	00
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, OC	OP 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	-7.69%	1,730.96	1,730.96	0.00
d) \$ Difference from Current Cost		33.96	33.96	0.00
e) % Difference from Current Cost		2.00%	2.00%	0.00%
f) \$ Difference from Renewal Cost		(144.26)	(144.26)	0.00
g) % Difference from Renewal Cost		-7.69%	-7.69%	0.00%



#### **Personal Option plan options**

2025 Monthly Rates

Represented

Effective: January 1, 2025 % Chan

	, , , , , , , , , , , , , , , , , , ,	% Change from Renewal	Total Composite (PEPM)	County Contribution	Employee Contribution
POA	Personal Option - Medical/Rx (Ir	ncludes VSP Vi	sion)		
6	Increase Coinsurance to 10%				
a)	2024 (Current) Composite		\$1,810.00	\$1,719.50	\$90.50
b)	2025 (Renewal) Composite		2,007.00	1,899.46	107.54
c)	2025 Option Composite	-1.54%	1,976.00	1,877.20	98.80
d)	\$ Difference from Current Cost		166.00	157.70	8.30
e)	% Difference from Current Cost		9.17%	9.17%	9.17%
f)	\$ Difference from Renewal Cost		(31.00)	(22.26)	(8.74)
g)	% Difference from Renewal Cost		-1.54%	-1.17%	-8.13%
POA	Personal Option - Medical/Rx (Ir	ncludes VSP Vi	sion)		
7	Increase Deductible to \$100/\$300				
a)	2024 (Current) Composite		\$1,810.00	\$1,719.50	\$90.50
b)	2025 (Renewal) Composite		2,007.00	1,899.46	107.54
c)	2025 Option Composite	-0.70%	1,993.00	1,892.46	100.54
d)	\$ Difference from Current Cost		183.00	172.96	10.04
e)	% Difference from Current Cost		10.11%	10.06%	11.09%
f)	\$ Difference from Renewal Cost		(14.00)	(7.00)	(7.00)
g)	% Difference from Renewal Cost		-0.70%	-0.37%	-6.51%
POA	Personal Option - Medical/Rx (Ir	ncludes VSP Vi	sion)		
8	Increase Deductible to \$200/\$600				
a)	2024 (Current) Composite		\$1,810.00	\$1,719.50	\$90.50
b)	2025 (Renewal) Composite		2,007.00	1,899.46	107.54
c)	2025 Option Composite	-1.44%	1,978.00	1,879.10	98.90
d)	\$ Difference from Current Cost		168.00	159.60	8.40
e)	% Difference from Current Cost		9.28%	9.28%	9.28%
f)	\$ Difference from Renewal Cost		(29.00)	(20.36)	(8.64)
g)	% Difference from Renewal Cost		-1.44%	-1.07%	-8.03%

**Estimated** 



#### Personal Option plan options, cont'd

Effective: January 1, 2025

2025	Monthly Rates	
	POA	

		POA				
		<b>Estimated</b>		Represented		
	% Change	Total Composite	County	Employee		
	from Renewal	(PEPM)	Contribution	Contribution		
<b>POA Personal Option - Medical/Rx</b>	(Includes VSP V	ision)				
9 Increase Coinsurance to 10%, Ded	uctible to \$100/\$30	0 & OOP Maximum	to \$1,500/\$4,500			
a) 2024 (Current) Composite		\$1,810.00	\$1,719.50	\$90.50		
b) 2025 (Renewal) Composite		2,007.00	1,899.46	107.54		
c) 2025 Option Composite	-2.69%	1,953.00	1,855.36	97.64		
d) \$ Difference from Current Cost		143.00	135.86	7.14		
e) % Difference from Current Cost		7.90%	7.90%	7.89%		
f) \$ Difference from Renewal Cost		(54.00)	(44.10)	(9.90)		
g) % Difference from Renewal Cost		-2.69%	-2.32%	-9.21%		



#### **Open Option plan options**

2025 Monthly Rates

Effective: January 1, 2025 **Estimated** Represented % Change **Total Composite** County **Employee** from Renewal (PEPM) Contribution Contribution POA Open Option - Medical/Rx (Includes VSP Vision) Increase Coinsurance to 10%/30% a) 2024 (Current) Composite \$2,029.00 \$1,902.54 \$126.46 b) 2025 (Renewal) Composite 2,260.00 2,134.36 125.64 c) 2025 Option Composite -1.28% 2,231.00 2,119.46 111.54 d) \$ Difference from Current Cost 202.00 216.92 (14.92)e) % Difference from Current Cost 9.96% 11.40% -11.80% f) \$ Difference from Renewal Cost (29.00)(14.89)(14.10)g) % Difference from Renewal Cost -1.28% -0.70% -11.22% POA Open Option - Medical/Rx (Includes VSP Vision) Increase Deductible to \$150/\$450 a) 2024 (Current) Composite \$2,029.00 \$1,902.54 \$126.46 b) 2025 (Renewal) Composite 2.260.00 2,134.36 125.64 c) 2025 Option Composite -0.58% 2.247.00 2.127.86 119.14 d) \$ Difference from Current Cost 218.00 225.32 (7.32)e) % Difference from Current Cost 10.74% 11.84% -5.79% f) \$ Difference from Renewal Cost (13.00)(6.50)(6.50)g) % Difference from Renewal Cost -0.58% -0.30% -5.17% POA Open Option - Medical/Rx (Includes VSP Vision) 12 Increase Deductible \$250/\$750 a) 2024 (Current) Composite \$1,902.54 \$126.46 \$2,029.00 b) 2025 (Renewal) Composite 2,260.00 2,134.36 125.64 c) 2025 Option Composite -1.19% 2,233.00 2,120.86 112.14 d) \$ Difference from Current Cost 204.00 218.32 (14.32)e) % Difference from Current Cost 10.05% 11.47% -11.33% f) \$ Difference from Renewal Cost (27.00)(13.50)(13.50)g) % Difference from Renewal Cost -1.19% -0.63% -10.75%



#### Open Option plan options, cont'd

Effective: January 1, 2025

2025	<b>Monthly</b>	Rates
	POA	

		FUA			
		<b>Estimated</b>		Represented	
	% Change	Total Composite	County	Employee	
	from Renewal	(PEPM)	Contribution	Contribution	
POA Open Option - Medical/Rx (Inclu	udes VSP Visio	n)			
13 Increase Deductible to \$150/\$300, Co	oinsurance to 10%	<b>4/30% &amp; OOP Maxin</b>	num to \$2,500/\$5,0	000	
a) 2024 (Current) Composite		\$2,029.00	\$1,902.54	\$126.46	
b) 2025 (Renewal) Composite		2,260.00	2,134.36	125.64	
c) 2025 Option Composite	-2.08%	2,213.00	2,102.36	110.64	
d) \$ Difference from Current Cost		184.00	199.82	(15.82)	
<ul><li>e) % Difference from Current Cost</li></ul>		9.07%	10.50%	-12.51%	
f) \$ Difference from Renewal Cost		(47.00)	(31.99)	(15.00)	
<li>g) % Difference from Renewal Cost</li>		-2.08%	-1.50%	-11.94%	



### Kaiser plan design options

	Current 2024			2025 Options		
Benefit	Traditional HMO	\$100 Ded / \$1500 OOP	\$250 Ded / \$1500 OOP	\$100 Ded / \$1000 OOP	\$100 Ded / \$15 / \$1000 OOP	\$100 Ded / \$1000 OOP / ER \$75
Individual / Family Deductible	\$0 / \$0	\$100 / \$200	\$250 / \$500	\$100 / \$200	\$100 / \$200	\$100 / \$200
Individual / Family OOP max	\$600 / \$1,200	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Physician Visit – Primary Care	\$10	\$10	\$10	\$10	\$15	\$10
Physician Visit – Specialist	\$10	\$10	\$10	\$10	\$10	\$10
Hospital Stay	\$0	10% after ded	10% after ded	10% after ded	10% after ded	10% after ded
Outpatient Surgery	\$10	\$10	\$10	\$10	\$10	\$10
Emergency Room Copay	\$75	\$200 after ded	\$200 after ded	\$200 after ded	\$200 after ded	\$75



#### Personal Option plan design options

	Current 2024	2025 Options				
Benefits (In Network)	POA Personal Option	POA Personal 10% Coins	POA Personal \$100 Ded	POA Personal \$200 Ded	POA Personal \$100 Ded, 10%, \$1500 OOP	
Individual Deductible	\$0	\$0	\$100	\$200	\$100	
Family Deductible	\$0	\$0	\$300	\$600	\$300	
Individual OOP Max	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	
Family OOP Max	\$3,000	\$3,000	\$3,000	\$3,000	\$4,500	
Hospital Stay	No charge	Ded & 10% Coins	Ded only	Ded only	Ded & 10% Coins	
PCP Copay	\$15	\$15	\$15	\$15	\$15	
Specialist Copay	\$15	\$15	\$15	\$15	\$15	
Emergency Room Copay	\$100	\$100	\$100	\$100	\$100	



#### **Open Option plan design options**

	Current 2024	2025 Options			
Benefits (In Network)	POA Open Option	POA Open 10% Coins	POA Open \$150 Ded	POA Open \$250 Ded	POA Open \$150 ded, 10%, \$2500 OOP
Individual Deductible	\$50	\$50	\$150	\$250	\$150
Family Deductible	\$150	\$150	\$450	\$750	\$450
Individual OOP Max	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500
Family OOP Max	\$6,000	\$6,000	\$6,000	\$6,000	\$7,500
Hospital Stay	Ded only	Ded & 10% Coins	Ded only	Ded only	Ded & 10% Coins
PCP Copay	\$10	\$10	\$10	\$10	\$10
Specialist Copay	\$10	\$10	\$10	\$10	\$10
Emergency Room Copay	\$100	\$100	\$100	\$100	\$100



#### **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			

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

