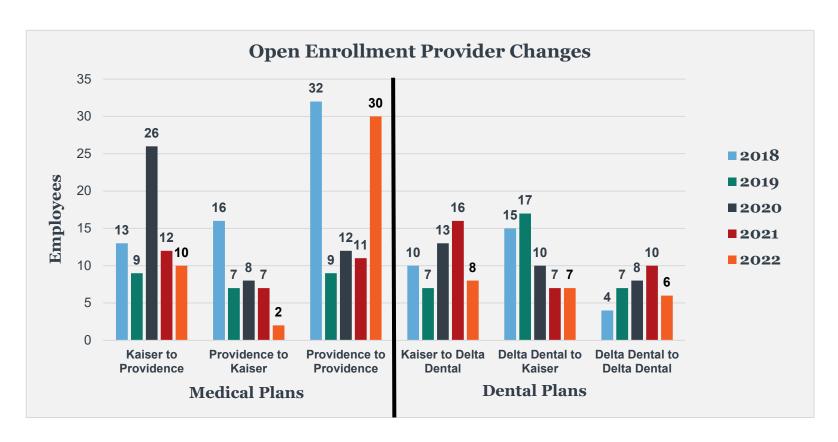
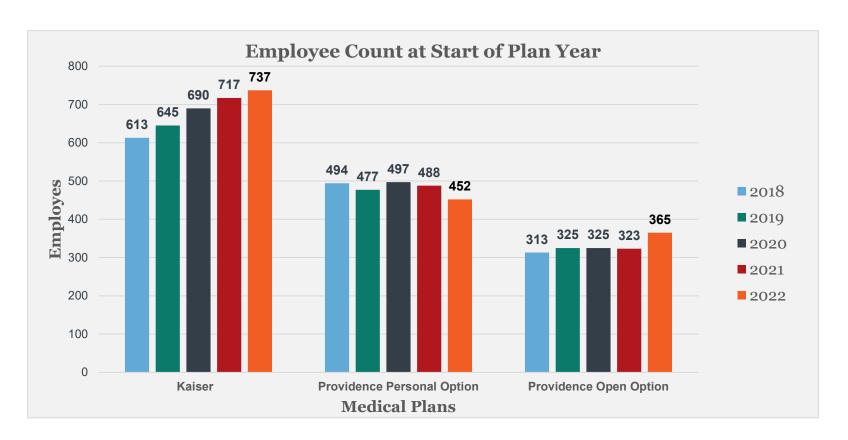
CLACKAMAS COUNTY BENEFITS REVIEW COMMITTEE 2021-2022 HEALTH PLAN REVIEW



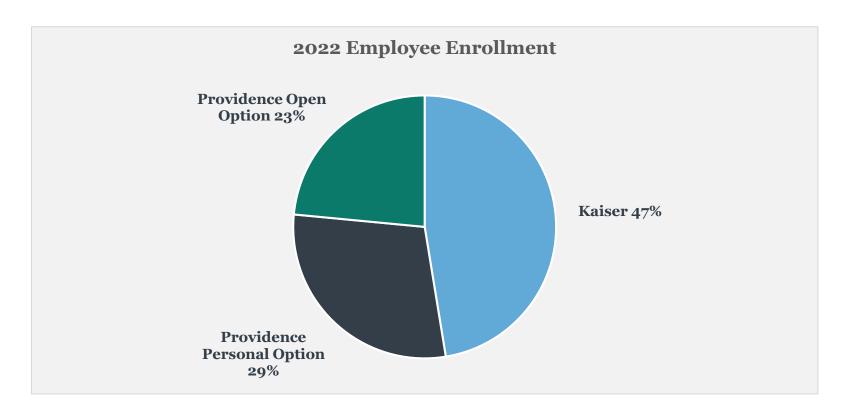


CLACKAMAS COUNTY BENEFITS REVIEW COMMITTEE 2021-2022 HEALTH PLAN REVIEW



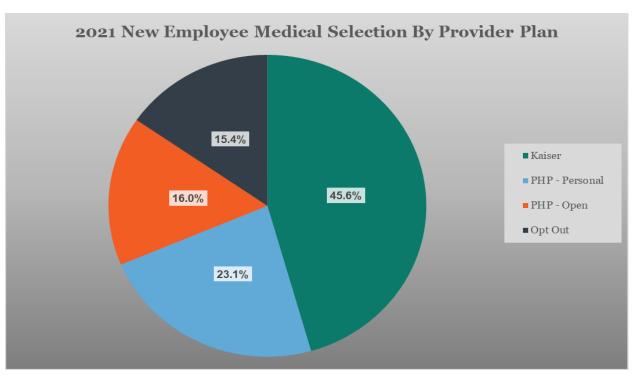


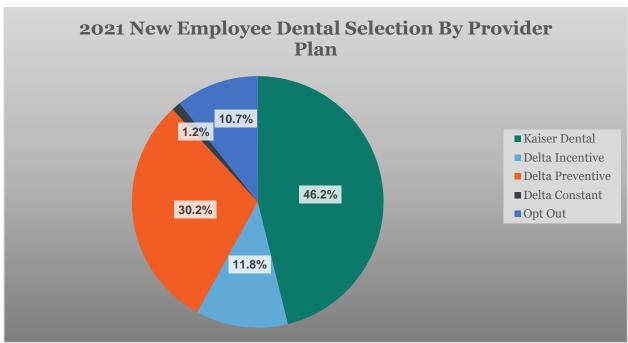
CLACKAMAS COUNTY BENEFITS REVIEW COMMITTEE 2021-2022 HEALTH PLAN REVIEW





CLACKAMAS COUNTY BENEFITS REVIEW COMMITTEE 2022 HEALTH PLAN REVIEW

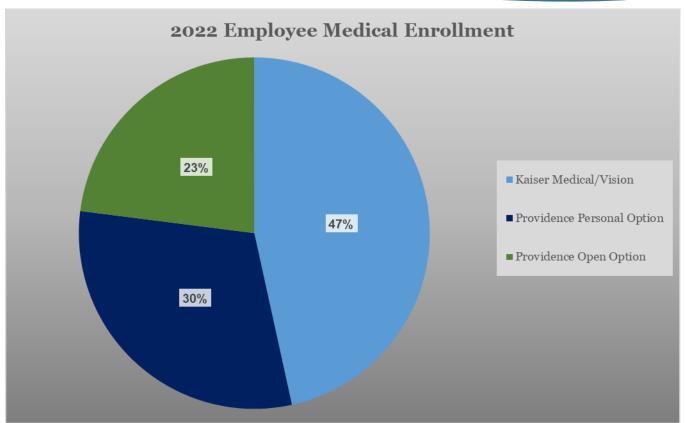


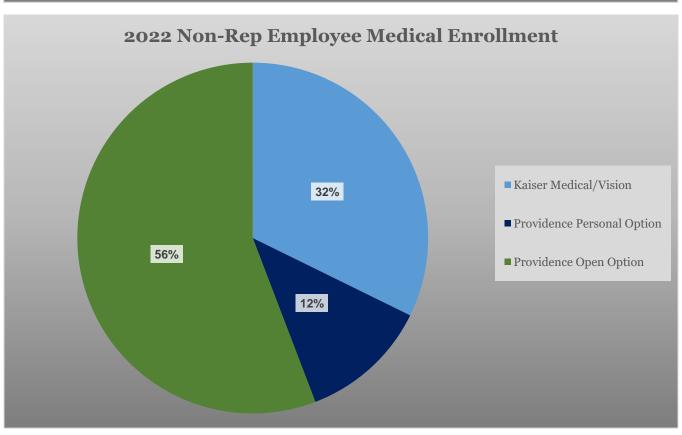


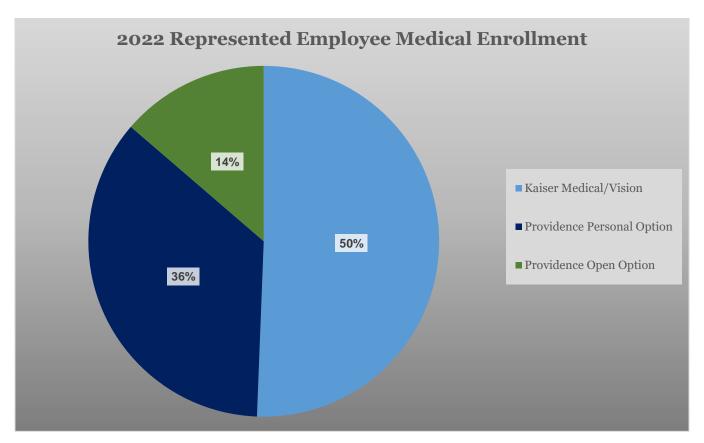
2021 New Employee Enrollments By Number			
Medical Plan	Enrolled	Dental Plan	Enrolled
Kaiser	77	Kaiser Dental	78
PHP - Personal	39	Delta Incentive	20
PHP - Open	27	Delta Preventive	51
Opt Out	26	Delta Constant	2
		Opt Out	18

*169 Benefit Eligible New Hires in 2021

CLACKAMAS COUNTY BENEFITS REVIEW COMMITTEE 2022 HEALTH PLAN REVIEW

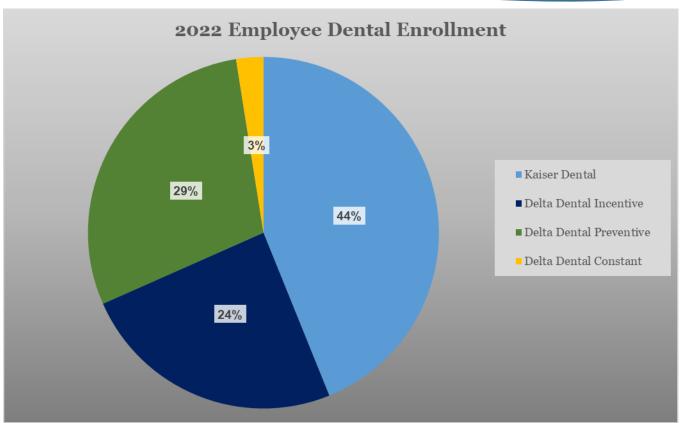


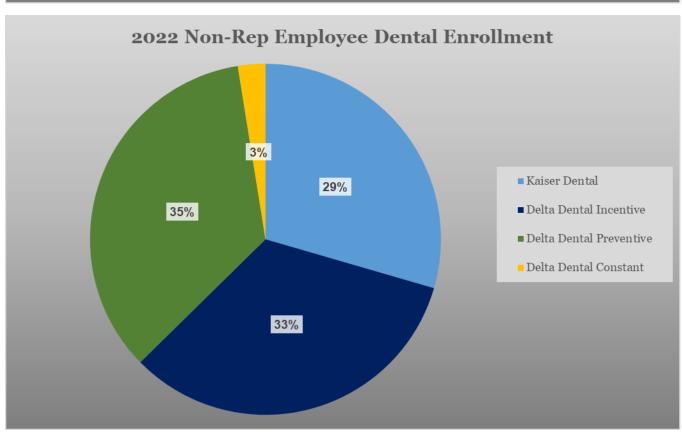


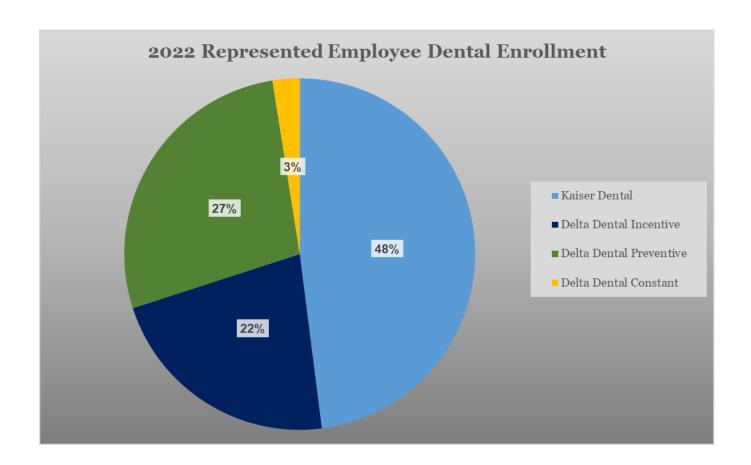


2022 Employee Enrollment by Number					
Plan	Represented Employees	Non-Represented Employees	Total:		
Kaiser Medical/Vision	614	111	725		
Providence Personal Option	433	41	474		
Providence Open Option	166	192	358		

CLACKAMAS COUNTY BENEFITS REVIEW COMMITTEE 2022 HEALTH PLAN REVIEW







2022 Employee Enrollment by Number				
Plan	Represented Employees	Non-Represented Employees	Total:	
Kaiser Dental	597	105	702	
Delta Dental Incentive	274	118	392	
Delta Dental Preventive	342	124	466	
Delta Dental Constant	31	9	40	

2022 Providence COVID-19 Treatment Coverage Update

BRC - 3/17/2021

Clackamas County has a decision to make regarding COVID-19 treatment coverage for Providence members.

In response to COVID related legislation and guidance, insurance companies were required to cover COVID treatment in full for certain services through July 31, 2021. See attached notice. Initially, Clackamas County set an end date of 12/31/21 for "covered-in-full" COVID treatment on the Providence Plans.

Providence is doing an internal audit and wants to determine if Clackamas County wants to continue the same coverage for COVID treatment costs beyond 12/31/21 or allow regular cost share limits to apply.

If the county chooses to extend the coverage in full beyond 12/31, Providence can reprocess the claims that came through after that date. As of February 16th, there were 26 claims that apply to this situation, and if reprocessed as "covered-in-full" and in-network, the approximate cost is \$7,460.30. Otherwise, Providence will continue to apply the standard cost share.

Kaiser made the decision to cover COVID-19 treatment in accordance with a member's plan, with applicable cost share copays and deductibles, beginning August 1, 2021.

The stop loss carrier, RGA, said they would have no issues if the County did decide to continue this coverage for Providence members.

Benefits Team Recommendation: The Clackamas County Benefits team recommends letting the additional coverage expire as of 12/31/2021. There are a number of considerations. As noted above, Kaiser has already allowed this additional coverage to expire. When this additional coverage was originally implemented, employees received communications that the additional coverage would be applied through 12/31/2021. Coverage for COVID treatment and testing would not end, this would simply allow those claims to be subject to the same deductible, co-pays and co-insurance as other services. By covering COVID treatment like any other medical condition, it may help motivate those that remain unvaccinated to get vaccinated. Finally, while more people are now vaccinated, lifting the face mask requirement for indoor settings may result in an increase in the number of infections, thereby increasing costs to the plan.

Clackamas County Benefits & Coverage during COVID-19

KAISER PERMANENTE				
 COVID-19 Related Benefit Coverage Free COVID testing/screening through the end of Federal National Emergency Declaration order. COVID treatment as shown below through 07/31/2021, then back to regular cost share. 	COVID treatment cost share through 07/31/2021	COVID treatment cost share as of 08/01/2021		
Coverage in-network:				
Office visit - primary, urgent care	covered in full	\$10 Co-pay		
Online/virtual visit	covered in full	Covered in full		
Emergency room visit	covered in full	\$75 Co-pay		
Screening	covered in full	covered in full		
Lab testing	covered in full	covered in full		
Radiology	covered in full	covered in full		
Hospitalization	10% co-insurance; after deductible is met	10% co-insurance; after deductible is met		
Coverage outside the network:				

Members who have traveled outside of the service area that are experiencing COVID-19 symptoms can be screened and tested where they are and the plan will cover claims at the in-network benefit level. If diagnosed with COVID-19, the member will be moved to an in-network facility if they are able or can be treated at an out-of-network facility at the in-network benefit level.

PROVIDENCE HEALTH PLANS					
 COVID-19 Related Benefit Coverage Free COVID testing through the end of Federal National Emergency Declaration order. COVID treatment as shown below through 12/31/2021, then back to regular cost share. 	COVID treatment cost share through 12/31/2021		COVID treatment regular cost sharing		
	Providence Personal Option	Providence Open Option	Providence Personal Option	Providence Open Option	
Coverage in-network:					
Office visit - primary, urgent care	covered in full	covered in full	\$20 Co-pay	\$20 Co-pay	
Online/virtual visit	covered in full	covered in full	\$5/\$20 Co-pay	\$5/\$20 Co-pay	
Emergency room visit	covered in full	covered in full	\$100 Co-pay	\$100 Co-pay	
Screening	covered in full	covered in full	covered in full	covered in full	
Lab testing	covered in full	covered in full	covered in full	covered in full	
Radiology	covered in full	covered in full	covered in full	covered in full	
	20% co-	10% co-	20% co-	10% co-	
	_ ·	insurance; after	=		
	deductible is	deductible is	deductible is	deductible is	
Hospitalization	met	met	met	met	

PROVIDENCE HEALTH PLANS

Coverage outside the network:

If a member chooses to receive treatment from an Out-of-Network provider:

- Out-of-Network benefits apply if member has Out-of-Network benefits (Open Option only).
- If the member's plan does not have Out-of-Network benefits (*Personal Option*), claims will be denied unless services are initiated in an ER or Urgent Care.
- If a member is travelling (such as outside the US) and needs treatment for COVID-19, the member must seek treatment in an ER or Urgent Care.
- All members have ER and Urgent benefits in and out-of-network. ER out-of-network applies the same cost share as in-network.
- If the member does not initiate services at an ER or Urgent care, claims will be reviewed after processing.

Benefits Review Committee Renewal Priorities

March 2022

Draft 2023 Plan Year Renewal Priorities:

- 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.
 - o 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.
- Providence Out-of-Area Coverage:
 - Determine if it is appropriate to continue to offer a separate out-of-area dependent benefit, since Providence already provides a national network of providers through Cigna.

Monitor Previous Plan Changes to determine how well they are functioning:

- 2022 plan year changes:
 - o General County Providence Medical/Vision Plans:
 - Vision Benefits: Added vision therapy coverage and increase frame and contact lenses allowance from \$130 to \$175 per covered individual.
 - Alternative Care Benefits: Removed annual dollar maximum for alternative care benefits (current annual maximum of \$2,000). Implemented the following annual visit limit for alternative care:
 - Naturopath: No visit limit, billed as primary care visit
 - Chiropractic: 30 visitsAcupuncture: 30 visits
 - Massage: 30 visits
 - o General County Kaiser Medical/Vision Plan:
 - Individual Annual Deductible: Increased from \$250 to \$350
 - Individual Annual Out of Pocket Maximum: Increased from \$1,000 to \$1,500
 - Alternative Care Benefits: Removed annual dollar maximum for alternative care benefits (current annual maximum of \$1,500). Implemented the following annual visit limit for alternative care:
 - Naturopath: No visit limit, billed as primary care visit
 - Chiropractic: 20 visitsAcupuncture: 12 visits
 - Massage: 12 visits
- 2021 Plan year changes: No significant plan design changes
- 2020 Plan year changes:
 - General County Providence Personal Option:
 - Change all office visit co-pays from \$25 to \$20
 - Change lab and x-ray co-insurance from 10% to covered in full
- 2019 Plan year changes:
 - o Providence Open Option Plan:
 - Change outpatient rehabilitative services from co-insurance of 10% after \$750.00 deductible to \$20 co-pay (not subject to deductible)

Final 2022 Plan Year Renewal Priorities:

- Explore utilization, costs and options associated with the contact lenses and/or eyeglass benefits.
- 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.
- Develop and initiate an education campaign in collaboration with plan carriers targeting specific area(s) for improvement.
- Explore vision therapy benefit options.
- Identify Providence and Kaiser plans to address the growing need for mental health services, including care for children.
- Ensure all alternative care benefits are available and accessible among all medical plans, with consideration of a balance of affordability between the plan, provider and member.