

POA renewal meeting

Clackamas County

August 7, 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%

Personal Option plan options

Effective: January 1, 2025

2025 Monthly Rates

POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
POA Personal Option - Medical/Rx (Includes VSP Vision)				
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 (Includes VSP Vision)				
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 (Includes VSP Vision)				
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%

Personal Option plan options, cont'd

Effective: January 1, 2025

		2025 Monthly Rates POA		
		Estimated	County	Represented
	% Change from Renewal	Total Composite (PEPM)	Contribution	Employee Contribution
POA Personal Option - Medical/Rx (Includes VSP Vision)				
9 Increase Coinsurance to 10%, Deductible to \$100/\$300 & 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

Effective: January 1, 2025

2025 Monthly Rates
POA

	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
POA Open Option - Medical/Rx (Includes VSP Vision)				
10 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)				
11 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		\$2,029.00	\$1,902.54	\$126.46
b) 2025 (Renewal) Composite		2,260.00	2,134.36	125.64
c) 2025 Option Composite	-1.19%	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 Monthly Rates		
		POA		
	% Change from Renewal	Estimated Total Composite (PEPM)	County Contribution	Represented Employee Contribution
POA Open Option - Medical/Rx (Includes VSP Vision)				
13 Increase Deductible to \$150/\$300, Coinsurance to 10%/30% & OOP Maximum to \$2,500/\$5,000				
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)
e) % Difference from Current Cost		9.07%	10.50%	-12.51%
f) \$ Difference from Renewal Cost		(47.00)	(31.99)	(15.00)
g) % Difference from Renewal Cost		-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

Kaiser detailed plan design for option 5

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 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: AD/10%/OOP

Kaiser detailed plan design for option 5

Other Professional

Outpatient Surgery: \$10/NO BSRG/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: AD/50%-DIAGNOSIS/OOP

Infertility - Diagnosis Office Visit: AD/50%-DIAGNOSIS/OOP

Infertility - Treatment: AD/50% TREATMENT/OOP

Outpatient Therapy - Cardiac & Respiratory: AD/\$10/OOP

Outpatient Therapy - Chemotherapy & Radiation: AD/\$10/OOP

Outpatient Therapy - Dialysis: AD/\$10/OOP

Outpatient Therapy PT OT ST & Multidisciplinary: \$10/20 VIS/CY/OOP

Home Health Care: AD/10%/130 VIS/CY/OOP

Ambulance and Emergency Services

Ambulance: AD/20%/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: AD/10%/ \$0/OOP

Hospital Inpatient

Hospital Inpatient Care: AD/10%/OOP

Skilled Nursing: AD/10%/100 DAYS/CY/OOP

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: AD 10%/AD 10% DIAB/OOP

Vision Hardware: \$200CR;24MO FR/L/CL

Hearing Aids: NOT COVERED

Hearing Aid - Kids Only: 10%/1/EAR/36MOS/OOP

Allergy Shots and Other Injections: \$10/OOP

Travel Services: TRAV SVCS//IMMS EXCL

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	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

