

# 2024 REGENCE SUMMARY OF PLAN CHANGES

Benefit	Summary of Changes	Reason for Change
<p><b>Diagnostic and supplemental breast examinations</b></p>	<p>The cost share for diagnostic and supplemental breast exams will be \$0. For the HSA QHDHP plan the \$0 cost share applies after meeting the minimum deductible.</p>	<p>To comply with the WA SB 5396, which requires coverage for diagnostic and supplemental breast exams at no cost share.</p> <p><i>Motion to <b>accept/decline</b> the Regence plan design to remove the cost sharing barriers for Diagnostic and Supplemental Breast Examinations due to Washington SSB 5396. <b>Lisa made a motion, seconded by Natasha, motion passes</b></i></p>
<p><b>Hearing instruments</b></p>	<p>Adding a new benefit for hearing aids and bone conduction hearing devices. These will be covered up to \$3,000 per ear, every 36 months at \$0 cost share. For the HSA QHDHP plan the \$0 cost share applies after meeting the minimum deductible.</p>	<p>This is a new benefit that will be added to all large group plans to comply with WA SB 1222. Previously, coverage for hearing aid devices was only available as a rider.</p> <p><i>Motion to <b>accept/decline</b> the hearing instruments and services mandated benefit to cover hearing instruments up to \$3,000 per ear every 36 months; including hearing services such as bone conduction hearing devices, initial assessment, fitting, adjustment, auditory training, and ear molds. <b>Lisa made a motion, seconded by lasmina, motion passes</b></i></p>
<p><b>Reproductive Health Care Services</b></p>	<p>Due to Washington SB 5242 mandate, In-Network cost sharing barriers have been removed or lessened for these services.</p>	<p>Non-HSA Eligible plans: In-Network services and medications on our Drug List are not subject to deductible or coinsurance. HSA Eligible plans: In-Network services and medications on our Drug List are subject to the minimum IRS deductible (\$1,600 for an Individual and \$3,200 for a Family), and then covered at 0%-member cost share.</p> <p><i>Motion to <b>accept/decline</b> the coverage for durable medical equipment-continuous glucose monitors under the medical benefits if the member chooses to. <b>Natasha made a motion, seconded by lasmina, motion passes</b></i></p>

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<p><b>Durable Medical Equipment (DME) – Continuous Glucose Monitors (CGM)</b></p>	<p>Expanded the choice for the member to obtain coverage under their Medical benefits. Certain brands also remain covered under Pharmacy benefits.</p>	<p>Therapeutic continuous glucose monitors are covered under Preventive Care for Chronic Conditions benefit, subject to coinsurance with deductible waived. Non-therapeutic glucose monitors and supplies continue to be excluded under Medical and Pharmacy benefits. Therapeutic CGM supplies continue to be covered under DME and Pharmacy.</p> <p><i>Motion to <b>accept/decline</b> the coverage for durable medical equipment-continuous glucose monitors under the medical benefits if the member chooses to. <b>Lisa made a motion, seconded by Natasha, motion passes</b></i></p>
<p><b>Preventive Care and Immunizations</b></p>	<p>Updated language to include coverage as required by state or federal guidance for a specific time period as a result of a government declared disease outbreak, epidemic, or other public health emergency.</p>	<p><i>Motion to <b>accept/decline</b> the language change which includes coverage as required by state or federal guidance for a specific time period as a result of a government declared disease outbreak, epidemic, or other public health emergency. <b>Lisa made a motion, seconded by Iasmina, motion passes</b></i></p>
<p><b>Preventive Care for Chronic Conditions - Continuous Glucose Monitors (CGM)</b></p>	<p>Expanded the choice for the member to obtain coverage under their Medical benefits. Certain brands also remain covered under Pharmacy benefits</p>	<p>Therapeutic continuous glucose monitors are covered under Preventive Care for Chronic Conditions benefit, subject to coinsurance with deductible waived.</p> <p><i>Motion to <b>accept/decline</b> the language change which includes coverage as required by state or federal guidance for a specific time period as a result of a government declared disease outbreak, epidemic, or other public health emergency.</i></p>

# 2024 REGENCE SUMMARY OF PLAN CHANGES

## City of Vancouver & Vancouver Housing Authority – Regence Coupon Management Solutions Considerations

	Coupon accumulator (in place)	Copay maximization (in place)*	Flex Access (new)
Applicable plans	HSA	PPO	PPO only
Requires specialty pharmacy	Yes	Yes	No
Coupon value	Does not apply to accumulators	Coupon value is maximized and does not apply to accumulators	Coupon value is maximized and does not apply to accumulators
Medications	Any drug where a coupon is applied	105	609 (includes HIV)
Members pay	Out-of-pocket cost	\$0	\$0–\$35
Administration fee	\$0	\$100/claim	\$200/claim*
City of Vancouver estimated savings	\$0 diverted (2022)	\$102,000 on 7 members (net admin fees, 2022)	\$220,135 on 21 members (net admin fees, 4/1/22-3/31/23)
Notes	Group may keep coupon accumulator program for HSA plan and adopt Flex Access for PPO plan. *Copay maximization program sunsetting 12/31/23		

**Important note:** savings are from the prospective of the paid claim at a point in time and only reflects the potential savings that would have been realized if the benefit was applying at the time of the paid claim. Estimated savings does not consider if a member has discontinued therapy or currently eligibility.

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<b>Regence Prescription Coupon Management Solutions</b>	Changing the current Copay Maximization on the PPO plan to the new Flex Access program.	<p>The Copay Maximization program is sunsetting on 12/31/23 for the PPO plan. It is the next generation of savings for this type of program. There will be more medications that this applies to (609 vs 105). Consequently, it will impact more members, creating additional savings to the plan. The estimated savings is about \$220,135 (which is \$118,135 more than current).</p> <p>The HSA plan will continue to utilize the current Coupon Accumulator program in place.</p> <p><i>Motion to <b>accept/decline</b> the change from the current Copay Maximization Program on the PPO Plan to the new Flex Access Program effective January 1, 2024.</i></p>

# 2024 KAISER SUMMARY OF PLAN CHANGES

Benefit	Summary of Changes	Reason for Change
<b>Abortion Services</b>	The cost for abortion services will be \$0. For HSA QHDHP's the \$0 cost share applies after meeting the deductible.	To comply with WA HB 5242, which requires coverage of abortion services at no cost share.
<b>Diagnostic and supplemental breast examinations</b>	The cost share for diagnostic and supplemental breast exams will be \$0. For the HSA QHDHP plan the \$0 cost share applies after meeting the minimum deductible.	To comply with the WA SB 5396, which requires coverage for diagnostic and supplemental breast exams at no cost share.
<b>Hearing instruments</b>	Adding a new benefit for hearing aids and bone conduction hearing devices. These will be covered up to \$3,000 per ear, every 36 months at \$0 cost share. For the HSA QHDHP plan the \$0 cost share applies after meeting the minimum deductible.	This is a new benefit that will be added to all large group plans to comply with WA SB 1222. Previously, coverage for hearing aid devices was only available as a rider.
<b>High Deductible Health Plan</b>	Changing \$1,500/\$3,000 deductible to \$1,600/\$3,200	The IRS changed their HSA limits to a minimum deductible of \$1,600/\$3,200.