

# BENCHMARKING & 2024 PRELIMINARY HEALTH PLAN RENEWAL V1

Prepared Exclusively For:



Davidson Benefits Planning  
7632 SW Durham Road, Suite 115  
Tigard, OR 97224



July 18, 2023; Governing Board Meeting

# BENCHMARKING



	City of Vancouver					Everett				Seattle				Spokane				Tacoma					
	Total	ER	EE	Total EE %	HSA Contribution Annually	Total	ER	EE	Total EE %	Total	ER	EE	Total EE %	Total	ER	EE	Total EE %	Total	ER	EE	Total EE %	HSA Contribution Annually	
<b>PPO</b>																							
Employee	\$874.97	\$770.75	\$104.22	12%	N/A	\$860.25	\$731.22	\$129.04	15%	\$1,721.52	\$1,689.18	\$32.34	2%	\$759.60	\$730.38	\$29.22	4%	\$1,877.45	\$1,827.45	\$50.00	3%	N/A	
Employee + Spouse	\$1,838.61	\$1,523.63	\$314.98	17%	N/A	\$1,720.53	\$1,462.46	\$258.08	15%	\$1,721.52	\$1,689.18	\$32.34	2%	\$1,443.74	\$1,173.08	\$270.66	19%	\$1,877.45	\$1,777.45	\$100.00	5%	N/A	
Employee + Spouse 1 dependent	\$2,539.20	\$2,071.33	\$467.87	18%	N/A	\$2,408.73	\$2,047.42	\$361.32	15%	\$1,721.52	\$1,689.18	\$32.34	2%	\$1,950.52	\$1,325.60	\$624.92	32%	\$1,877.45	\$1,777.45	\$100.00	5%	N/A	
Employee + Spouse 2 dependent	\$3,539.20	\$2,071.33	\$467.87	18%	N/A	\$2,408.73	\$2,047.42	\$361.32	15%	\$1,721.52	\$1,689.18	\$32.34	2%	\$1,950.52	\$1,325.60	\$624.92	32%	\$1,877.45	\$1,777.45	\$100.00	5%	N/A	
Employee + 1 dependent	\$1,576.05	\$1,318.44	\$257.61	16%	N/A	\$1,720.53	\$1,462.46	\$258.08	15%	\$1,721.52	\$1,689.18	\$32.34	2%	\$1,266.40	\$1,173.08	\$93.32	7%	\$1,877.45	\$1,777.45	\$100.00	5%	N/A	
Employee + 2 dependent	\$1,576.05	\$1,318.44	\$257.61	16%	N/A	\$2,408.73	\$2,047.42	\$361.32	15%	\$1,721.52	\$1,689.18	\$32.34	2%	\$1,266.40	\$1,173.08	\$93.32	7%	\$1,877.45	\$1,777.45	\$100.00	5%	N/A	
Deductible Individual/Family	\$300 / \$900					\$300 / \$600				\$400 / \$1,200 In Network \$1,000 / \$3,000 OON				\$150 / \$450				\$250 / \$500					
OOPM Individual/Family	\$2,300 / \$6,900					\$1,500 / \$3,000 OON								\$2,000 / \$4,000				\$1,500 / \$3,000					
OV Primary Copay	\$20					\$20				20% coins								\$20					
Specialist Copay	\$20																						
Urgent Care	\$20																						
ER Copay	\$250					\$100				20% coins In Network 40% coins OON													
<b>HDHP</b>																							
Employee	\$694.28	\$606.81	\$87.47	13%	\$1,500.00	\$539.40	\$539.40	\$0.00	0%									\$1,207.36	\$1,157.36	\$50.00	4%	\$500 without Wellness \$1,250 with Wellness	
Employee + Spouse	\$1,458.27	\$1,274.55	\$183.72	13%	\$3,000.00	\$1,078.81	\$1,078.81	\$0.00	0%									\$1,207.36	\$1,107.36	\$100.00	8%	\$2,500 with Wellness	
Employee + Spouse 1 dependent	\$2,013.84	\$1,760.13	\$253.71	13%	\$3,000.00	\$1,510.34	\$1,510.34	\$0.00	0%									\$1,207.36	\$1,107.36	\$100.00	8%	\$1,000 without Wellness \$2,500 with Wellness	
Employee + Spouse 2 dependent	\$2,013.84	\$1,760.13	\$253.71	13%	\$3,000.00	\$1,510.34	\$1,510.34	\$0.00	0%									\$1,207.36	\$1,107.36	\$100.00	8%	\$1,000 without Wellness \$2,500 with Wellness	
Employee + 1 dependent	\$1,249.96	\$1,092.53	\$157.43	13%	\$3,000.00	\$1,078.81	\$1,078.81	\$0.00	0%									\$1,207.36	\$1,107.36	\$100.00	8%	\$1,000 without Wellness \$2,500 with Wellness	
Employee + 2 dependent	\$1,249.96	\$1,092.53	\$157.43	13%	\$3,000.00	\$1,510.34	\$1,510.34	\$0.00	0%									\$1,207.36	\$1,107.36	\$100.00	8%	\$1,000 without Wellness \$2,500 with Wellness	
Deductible Individual/Family	\$1,500 / \$3,000					\$1,500 / \$3,000																	
OOPM Individual/Family	\$5,000 / \$10,000					\$2,500 / \$5,000																	
OV Primary Coinsurance	20%					20%																	
Specialist Coinsurance	20%																						
Urgent Care Coinsurance	20%																						
ER Coinsurance	20%					20%																	
<b>HMO (Kaiser)</b>																							
Employee	\$731.10	\$628.26	\$102.84	14%	N/A	\$738.30	\$627.56	\$110.74	15%	\$1,285.43	\$1,237.03	\$48.40	4%	\$730.38	\$730.38	\$0.00	0%	\$1,480.61	\$1,430.61	\$50.00	3%	N/A	
Employee + Spouse	\$1,462.28	\$1,186.30	\$275.98	19%	N/A	\$1,469.21	\$1,248.84	\$220.38	15%	\$1,285.43	\$1,185.53	\$99.90	8%	\$1,384.24	\$1,173.08	\$211.16	15%	\$1,480.61	\$1,380.61	\$100.00	7%	N/A	
Employee + Spouse 1 dependent	\$2,193.75	\$1,744.62	\$449.13	20%	N/A	\$2,094.55	\$1,780.38	\$314.18	15%	\$1,285.43	\$1,185.53	\$99.90	8%	\$1,824.68	\$1,325.60	\$499.08	27%	\$1,480.61	\$1,380.61	\$100.00	7%	N/A	
Employee + Spouse 2 dependent	\$2,193.75	\$1,744.62	\$449.13	20%	N/A	\$2,094.55	\$1,780.38	\$314.18	15%	\$1,285.43	\$1,185.53	\$99.90	8%	\$1,824.68	\$1,325.60	\$499.08	27%	\$1,480.61	\$1,380.61	\$100.00	7%	N/A	
Employee + 1 dependent	\$1,316.13	\$1,074.74	\$241.39	18%	N/A	\$1,469.21	\$1,248.84	\$220.38	15%	\$1,285.43	\$1,185.53	\$99.90	8%	\$1,218.20	\$1,173.08	\$45.12	4%	\$1,480.61	\$1,380.61	\$100.00	7%	N/A	
Employee + 2 dependent	\$1,316.13	\$1,074.74	\$241.39	18%	N/A	\$2,094.55	\$1,780.38	\$314.18	15%	\$1,285.43	\$1,185.53	\$99.90	8%	\$1,292.56	\$1,173.08	\$119.48	9%	\$1,480.61	\$1,380.61	\$100.00	7%	N/A	
Deductible Individual/Family	\$0					\$0				\$200 / \$600				\$150 / \$450				\$100 / \$200					
OOPM Individual/Family	\$0					\$1,000 / \$2,000								\$2,000 / \$4,000				\$1,500 / \$3,000					
OV Primary Copay	\$20					\$10				\$15								\$10					
Specialist Copay	\$20																						
Urgent Care	\$40																						
ER Copay	\$100					\$75				\$15													
<b>HDHP (Kaiser)</b>																							
Employee	\$507.86	\$436.30	\$71.56	14%	\$1,500.00																		
Employee + Spouse	\$1,015.31	\$872.23	\$143.08	14%	\$3,000.00																		
Employee + Spouse 1 dependent	\$1,523.17	\$1,308.95	\$214.61	14%	\$3,000.00																		
Employee + Spouse 2 dependent	\$1,523.17	\$1,308.95	\$214.61	14%	\$3,000.00																		
Employee + 1 dependent	\$914.96	\$786.11	\$128.85	14%	\$3,000.00																		
Employee + 2 dependent	\$914.96	\$786.11	\$128.85	14%	\$3,000.00																		
Deductible Individual/Family	\$1,500 / \$3,000																						
OOPM Individual/Family	\$3,425.0 / \$6,850																						
OV Primary Coinsurance	20%																						
Specialist Coinsurance	20%																						
Urgent Coinsurance	20%																						
ER Coinsurance	20%																						

	City of Vancouver					Multnomah County					City of Portland					City of Beaverton				
	Total	ER	EE	Total EE %	HSA Contribution Annually	Total	ER	EE	Total EE %	HSA Contribution Annually	Total	ER	EE	Total EE %	HSA Contribution Annually	Total	ER	EE	Total EE %	
<b>PPO</b>																				
Employee	\$874.97	\$770.75	\$104.22	12%	N/A	\$882.64	\$816.48	\$66.16	7%	N/A	\$399.20	\$379.38	\$19.82	5%	N/A					
Employee + Spouse	\$1,838.61	\$1,523.63	\$314.98	17%	N/A	\$1,765.20	\$1,632.84	\$132.36	7%	N/A	\$746.38	\$709.20	\$37.18	5%	N/A					
Employee + Spouse 1 dependent	\$2,539.20	\$2,071.33	\$467.97	18%	N/A	\$2,513.84	\$2,325.32	\$188.52	7%	N/A	\$1,056.76	\$1,004.06	\$52.70	5%	N/A					
Employee + Spouse 2 dependent	\$2,539.20	\$2,071.33	\$467.97	18%	N/A	\$2,513.84	\$2,325.32	\$188.52	7%	N/A	\$1,056.76	\$1,004.06	\$52.70	5%	N/A					
Employee + 1 dependent	\$1,576.05	\$1,318.44	\$257.61	16%	N/A	\$1,765.20	\$1,632.84	\$132.36	7%	N/A	\$746.38	\$709.20	\$37.18	5%	N/A					
Employee + 2 dependent	\$1,576.05	\$1,318.44	\$257.61	16%	N/A	\$2,513.84	\$2,325.32	\$188.52	7%	N/A	\$1,056.76	\$1,004.06	\$52.70	5%	N/A					
Deductible Individual/Family	\$300 / \$900					\$400 / \$1,200					\$250 / \$750					\$500 / \$1,500				
OOPM Individual/Family	\$2,300 / \$6,900					\$2,000 / \$6,000					\$1,800 / \$5,400					\$1,500 / \$3,000 In Network \$3,000 / \$6,000 OON				
OV Primary Copay	\$20					\$20					\$20						\$20			
Specialist Copay	\$20					\$40					\$35						\$20			
Urgent Care	\$20					\$40					\$35						\$20			
ER Copay	\$250					\$100					\$200									
<b>HDHP</b>																				
Employee	\$694.28	\$606.81	\$87.47	13%	\$1,500.00						\$315.86	\$315.86	\$0.00	0%	N/A					
Employee + Spouse	\$1,458.27	\$1,274.55	\$183.72	13%	\$3,000.00						\$583.89	\$583.89	\$0.00	0%	N/A					
Employee + Spouse 1 dependent	\$2,013.84	\$1,760.13	\$253.71	13%	\$3,000.00						\$823.42	\$823.42	\$0.00	0%	N/A					
Employee + Spouse 2 dependent	\$2,013.84	\$1,760.13	\$253.71	13%	\$3,000.00						\$823.42	\$823.42	\$0.00	0%	N/A					
Employee + 1 dependent	\$1,249.96	\$1,092.53	\$157.43	13%	\$3,000.00						\$583.89	\$583.89	\$0.00	0%	N/A					
Employee + 2 dependent	\$1,249.96	\$1,092.53	\$157.43	13%	\$3,000.00						\$823.42	\$823.42	\$0.00	0%	N/A					
Deductible Individual/Family	\$1,500 / \$3,000										\$1,600 / \$3,200									
OOPM Individual/Family	\$5,000 / \$10,000										\$4,000 / 8,000									
OV Primary Coinsurance	20%										20%									
Specialist Coinsurance	20%										20%									
Urgent Care Coinsurance	20%										20%									
ER Coinsurance	20%										20%									
<b>HMO (Kaiser)</b>																				
Employee	\$731.10	\$628.26	\$102.84	14%	N/A	\$851.64	\$809.08	\$42.56	5%	N/A	\$408.30	\$388.03	\$20.27	5%	N/A					
Employee + Spouse	\$1,462.28	\$1,186.30	\$275.98	19%	N/A	\$1,701.24	\$1,616.20	\$85.04	5%	N/A	\$764.40	\$726.35	\$38.05	5%	N/A					
Employee + Spouse 1 dependent	\$2,193.75	\$1,744.62	\$449.13	20%	N/A	\$2,424.84	\$2,303.60	\$121.24	5%	N/A	\$1,083.06	\$1,029.05	\$54.01	5%	N/A					
Employee + Spouse 2 dependent	\$2,193.75	\$1,744.62	\$449.13	20%	N/A	\$2,424.84	\$2,303.60	\$121.24	5%	N/A	\$1,083.06	\$1,029.05	\$54.01	5%	N/A					
Employee + 1 dependent	\$1,316.13	\$1,074.74	\$241.39	18%	N/A	\$1,701.24	\$1,616.20	\$85.04	5%	N/A	\$764.40	\$726.35	\$38.05	5%	N/A					
Employee + 2 dependent	\$1,316.13	\$1,074.74	\$241.39	18%	N/A	\$2,424.84	\$2,303.60	\$121.24	5%	N/A	\$1,083.06	\$1,029.05	\$54.01	5%	N/A					
Deductible Individual/Family	\$0					\$0					\$0					\$0				
OOPM Individual/Family	\$0					\$600 / \$1,200					\$600 / \$1,200					\$750 / \$1500				
OV Primary Copay	\$20					\$10					\$10						\$20			
Specialist Copay	\$20					\$20					\$20						\$20			
Urgent Care	\$40					\$30					\$20						\$20			
ER Copay	\$100					\$50					\$75									
<b>HDHP (Kaiser)</b>																				
Employee	\$507.86	\$436.30	\$71.56	14%	\$1,500.00															
Employee + Spouse	\$1,015.31	\$872.23	\$143.08	14%	\$3,000.00															
Employee + Spouse 1 dependent	\$1,523.17	\$1,308.56	\$214.61	14%	\$3,000.00															
Employee + Spouse 2 dependent	\$1,523.17	\$1,308.56	\$214.61	14%	\$3,000.00															
Employee + 1 dependent	\$914.96	\$786.11	\$128.85	14%	\$3,000.00															
Employee + 2 dependent	\$914.96	\$786.11	\$128.85	14%	\$3,000.00															
Deductible Individual/Family	\$1,500 / \$3,000																			
OOPM Individual/Family	\$3,425.00 / \$6,850																			
OV Primary Coinsurance	20%																			
Specialist Coinsurance	20%																			
Urgent Care Coinsurance	20%																			
ER Coinsurance	20%																			

# ACCUMULATOR HISTORY



# DEDUCTIBLE/OOP MAX ACCUMULATOR HISTORY

## REGENCE

Plan Year	Regence PPO		Regence PPO	
	Individual Deductible \$300	Family Deductible \$900	Individual OOPM \$2,300	Family OOPM \$6,900
2019	193	36	40	0
2020	193	38	36	2
2021	208	41	46	2
2022	144	39	41	0
2023	125	10	17	0
Plan Year	Regence HDHP		Regence HDHP	
	Individual Deductible \$1,500	Family Deductible \$3,000	Individual OOPM \$5,000	Family OOPM \$10,000
2019	29	63	5	0
2020	27	56	6	1
2021	29	61	6	1
2022	32	55	7	1
2023	28	42	7	0

## KAISER

Plan Year	Kaiser HMO		Kaiser HMO	
	Individual Deductible \$0	Family Deductible \$0	Individual OOPM \$1,500	Family OOPM \$3,000
2019	0	0	6	2
2020	0	0	9	0
2021	0	0	13	3
2022	0	0	12	1
2023	0	0	1	0
Plan Year	Kaiser HDHP		Kaiser HDHP	
	Individual Deductible \$1,500	Family Deductible \$3,000	Individual OOPM \$3,425	Family OOPM \$6,850
2019	16	15	9	5
2020	17	15	6	3
2021	17	13	7	3
2022	18	17	6	3
2023	15	14	3	1

# PRELIMINARY TOTAL COST SUMMARY



# MEDICAL/VISION/DENTAL PRELIMINARY TOTAL COST SUMMARY

		Carrier/Administrator	Estimated 2023 Annual Cost	Estimated 2024 Annual Cost	Net Change (\$/%)	
Med/Rx/Vision - PPO	Self-Funded	Regence	\$9,592,527	\$10,686,075	\$1,093,548	11.4%
Med/Rx/Vision - HDHP	Self-Funded	Regence	\$2,145,220	\$2,373,686	\$228,466	10.7%
Vision	Self-Funded	VSP	\$142,061	\$143,197	\$1,136	0.8%
Med/Rx/Vision - HMO	Fully Insured	Kaiser	\$4,624,077	\$5,780,097	\$1,156,019	25.0%
Med/Rx/Vision - HDHP	Fully Insured	Kaiser	\$628,810	\$786,013	\$157,203	25.0%
Dental - PPO	Self-Funded	Delta Dental of WA	\$895,125	\$916,608	\$21,483	2.4%
Dental - HMO	Fully Insured	Kaiser	\$19,371	\$19,371	\$0	0.0%
<i>Sub-Total -- Med/Rx/Vision/Dental</i>			\$18,047,193	\$20,705,048	\$2,657,856	14.7%

## Assumptions Include:

- Preliminary Regence, VSP and Delta Dental Projections using claims through June 2023
- Preliminary *verbal* Projection from Kaiser for Medical/Rx plan = 2024 Rate Cap of +25.0% (in red)
- City of Vancouver increasing HSA contributions to \$1,600/\$3,200

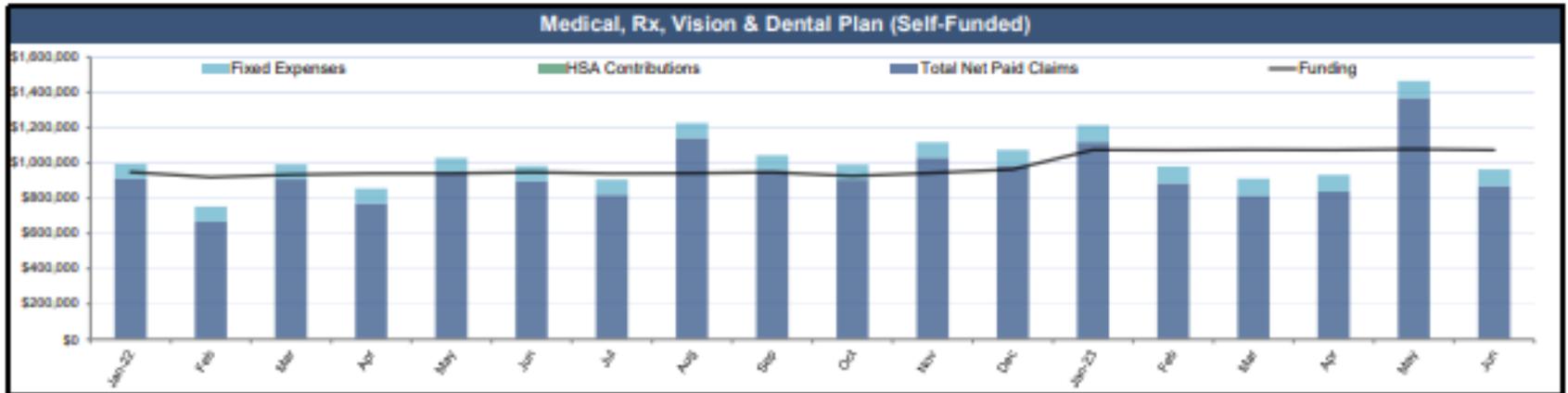
Funding Ratio Total Expenses/Budget			
	1/22 - 12/22	1/22 - YOY	1/23 - YTD
<b>Medical, Rx &amp; Vision</b>	<b>106.5%</b>	<b>99.3%</b>	<b>100.1%</b>
Gain / (Loss)	(\$670,213)	\$33,436	(\$7,413)
<b>Dental</b>	<b>96.2%</b>	<b>96.9%</b>	<b>102.9%</b>
Gain / (Loss)	\$36,467	\$14,820	(\$14,999)
<b>Vision</b>	<b>147.8%</b>	<b>161.6%</b>	<b>96.3%</b>
Gain / (Loss)	(\$42,213)	(\$27,065)	\$2,613
<b>Total Plans (Combined)</b>	<b>106.0%</b>	<b>99.6%</b>	<b>100.3%</b>
Gain / (Loss)	(\$675,059)	\$21,200	(\$19,798)

Total Expenses PEPM Claims + Fixed			
	1/22 - 12/22	1/22 - YOY	1/23 - YTD
Net Medical	\$1,274.69	\$1,215.36	\$1,179.56
Rx	469.64	419.57	576.63
Vision	20.87	22.90	20.38
Dental	104.41	105.99	115.51
HSA Contributions*	45.21	45.60	46.96
<b>Total</b>	<b>\$1,914.81</b>	<b>\$1,809.43</b>	<b>\$1,939.05</b>

\*Per employee per month; Total is per medical enrolled employee

Total Expenses Claims + Fixed			
	1/22 - 12/22	1/22 - YOY	1/23 - YTD
Net Medical	\$7,069,347	\$3,767,631	\$3,933,827
Rx	2,936,176	1,300,673	1,923,051
Vision	130,451	70,995	67,981
Dental	927,464	466,875	540,833
HSA Contributions*	282,625	141,375	156,625
<b>Total</b>	<b>\$12,246,062</b>	<b>\$5,747,550</b>	<b>\$6,622,318</b>

\*Funding Ratio Does Not Include HSA Contributions Starting in 2023



Number of Large Claims			
	1/22 - 12/22	1/22 - YOY	1/23 - YTD
>\$100,000	14	6	6
\$50,000 - \$99,999	19	7	11
\$25,000 - \$49,999	52	17	24

Top Large Claim Amounts		
	YTD Amount	Relationship
Individual A	\$710,269	Subscriber
Individual B	218,906	Subscriber
Individual C	197,777	Subscriber

# LARGE CLAIMS DETAIL

Member Relationship	Class*	Currently Enrolled Indicator	Primary Diagnosis Level 1	Medical Paid	Pharmacy Paid	Total Paid
Subscriber	0001 - ACTIVE	Yes	Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	\$44,785.23	\$665,483.41	\$710,268.64
Subscriber	0001 - ACTIVE	Yes	Neoplasms	\$107,420.48	\$111,485.96	\$218,906.44
Subscriber	0001 - ACTIVE	No	Certain Infectious and Parasitic Diseases	\$197,776.69		\$197,776.69
Spouse	0011 - POLICE GUILD/COMMAND	Yes	Mental, Behavioral and Neurodevelopmental Disorders	\$4,071.56	\$181,444.21	\$185,515.77
Subscriber	0011 - POLICE GUILD/COMMAND	Yes	Diseases of the Circulatory System	\$116,470.15	\$2,201.58	\$118,671.73
Subscriber	0011 - POLICE GUILD/COMMAND	Yes	Diseases of the Respiratory System	\$108,098.27	\$2,482.50	\$110,580.77
Subscriber	0001 - ACTIVE	Yes	Diseases of the Musculoskeletal System and Connective Tissue	\$3,388.25	\$95,286.93	\$98,675.18
Spouse	0001 - ACTIVE	Yes	Neoplasms	\$2,983.26	\$77,131.38	\$80,114.64
Subscriber	0001 - ACTIVE	Yes	Diseases of the Circulatory System	\$70,474.59	\$4,055.69	\$74,530.28
Subscriber	0001 - ACTIVE	Yes	Diseases of the Circulatory System	\$67,496.69	\$4,562.76	\$72,059.45
Spouse	0001 - ACTIVE	Yes	Diseases of the Circulatory System	\$18,166.46	\$51,403.33	\$69,569.79
Subscriber	0001 - ACTIVE	Yes	Injury, Poisoning and Certain Other Consequences of External Causes	\$67,826.64	\$51.56	\$67,878.20
Subscriber	0001 - ACTIVE	Yes	Neoplasms	\$62,835.12	\$431.65	\$63,266.77
Subscriber	0001 - ACTIVE	Yes	Neoplasms	\$59,107.85	\$486.17	\$59,594.02
Subscriber	0001 - ACTIVE	Yes	Diseases of the Nervous System	\$55,818.00	\$1,036.57	\$56,854.57
Dependent	0011 - POLICE GUILD/COMMAND	Yes	Diseases of the Skin and Subcutaneous Tissue	\$53,784.44	\$745.80	\$54,530.24
Subscriber	0001 - ACTIVE	Yes	Diseases of the Musculoskeletal System and Connective Tissue	\$48,605.38	\$3,799.78	\$52,405.16

Laser	Amount of Laser	Claim Total Through June	Future Risk
1	\$650,000	\$710,268 (over)	~\$825,000
2	\$375,000	\$185,515	~\$236,000

# SELF-FUNDED MEDICAL/RX/VISION *PRELIMINARY RENEWAL*



# MEDICAL/RX/VISION – PROJECTED FUNDING RATES

## REGENCE/VSP

RENEWAL PERIOD: *January 1, 2024– December 31, 2024*

**Total Change to Current =**

**PPO +11.3%**  
**HDHP +10.5%**

Regence - PPO		2023			Preliminary 2024		
Enrollment		Regence Medical/Rx	VSP Vision	Medical/Rx/Vision	Regence Medical/Rx	VSP Vision	Medical/Rx/Vision
EE only	120	\$864.82	\$10.15	\$874.97	\$963.41	\$10.23	\$973.64
EE + Spouse	98	\$1,817.66	\$20.95	\$1,838.61	\$2,024.87	\$21.12	\$2,045.99
EE + Child(ren)	26	\$1,558.05	\$18.00	\$1,576.05	\$1,735.67	\$18.14	\$1,753.81
EE + Family	190	\$2,510.31	\$28.89	\$2,539.20	\$2,796.49	\$29.12	\$2,825.61
Total Annual Cost	434	\$9,592,527	\$110,738	\$9,703,266	\$10,686,075	\$111,624	\$10,797,700
<b>% Change from Current</b>					<b>11.4%</b>	<b>0.8%</b>	<b>11.3%</b>
<b>\$ Change from Current</b>					<b>\$1,093,548</b>	<b>\$886</b>	<b>\$1,094,434</b>
Regence - HDHP		2023			Preliminary 2024		
Enrollment		Regence Medical/Rx	VSP Vision	Medical/Rx/Vision	Regence Medical/Rx	VSP Vision	Medical/Rx/Vision
EE only	35	\$684.13	\$10.15	\$694.28	\$756.99	\$10.23	\$767.22
EE + Spouse	22	\$1,437.32	\$20.95	\$1,458.27	\$1,590.39	\$21.12	\$1,611.51
EE + Child(ren)	13	\$1,231.96	\$18.00	\$1,249.96	\$1,363.16	\$18.14	\$1,381.31
EE + Family	54	\$1,984.95	\$28.89	\$2,013.84	\$2,196.35	\$29.12	\$2,225.47
Total Annual Cost	124	\$2,145,220	\$31,323	\$2,176,543	\$2,373,686	\$31,573	\$2,405,260
<b>% Change from Current</b>					<b>10.7%</b>	<b>0.8%</b>	<b>10.5%</b>
<b>\$ Change from Current</b>					<b>\$228,466</b>	<b>\$251</b>	<b>\$228,717</b>
Total Annual Cost	558	\$11,737,748	\$142,061	\$11,879,809	\$13,059,762	\$143,197	\$13,202,959
<b>% Change from Current</b>					<b>11.3%</b>	<b>0.8%</b>	<b>11.1%</b>
<b>\$ Change from Current</b>					<b>\$1,322,014</b>	<b>\$1,136</b>	<b>\$1,323,151</b>

*Above Rate Projections Include:*

- 0% Claims Margin
- **Stop Loss Trend of +18.0%; Aggregate +5.0% (Renewal to be released mid-September)**
- **Regence Administrative PEPM Fee increase of +2.24%**
- **Improved pharmacy terms – DBP negotiated with Regence for better contract terms, discounts and rebates. Saving is about 2%, \$250,000 annually (original preliminary projection was 13.4%).**
- VSP Administrative Fee PEPM = No Change/Currently in Rate Guarantee
- Claims through June 2023

# REQUIRED CHANGES



# SUMMARY OF REQUIRED CHANGES FOR 2024

INITIATIVE/CONSIDERATION	COMMENTS/POTENTIAL OUTCOMES
<p><b>IRS HSA Deductible and Out of Pocket Maximum</b></p>	<p>The IRS released guidance on updated Deductible and Out of Pocket Max (OOPM) amounts on HSA plans.</p> <p>In 2024, cost share amounts updated to the following:</p> <ul style="list-style-type: none"> <li>• Minimum Deductible: \$1,600 for individual and \$3,200 for a family</li> <li>• Maximum OOPM: \$8,050 for an individual and \$16,100 for a family</li> </ul> <p><b>Impact to City of Vancouver:</b></p> <ul style="list-style-type: none"> <li>• The HSA plan deductible on both the Regence plan and the Kaiser plan will need to be increased from \$1,500/\$3,000 to \$1,600/\$3,200.</li> </ul> <p>Rate impact: -0.75%, included in rate projection</p> <p><b>Consideration:</b></p> <ul style="list-style-type: none"> <li>• Increase the City's contribution to the HSA accounts to \$1,600/\$3,200</li> </ul> <p>Cost is estimated to be: +6.7%; about \$21,300 annually</p>
<p><b>State Mandate – Senate Bill 1529 Access to Primary Care</b></p>	<p>In 2024, OR SB 1529, otherwise known as Access to Primary Care, mandates the following:</p> <ul style="list-style-type: none"> <li>• Non-HSA plans: First 3 mandated primary care/behavioral health office or psychotherapy visits covered up to \$5 copay. Subsequent visits will be at regular plan cost shares.</li> <li>• HSA plans: First 3 mandated primary care/behavioral health office or psychotherapy visits covered at 0% coinsurance after deductible applies. Subsequent visits will be at regular plan cost shares.</li> </ul> <p><b>Impact to City of Vancouver:</b></p> <ul style="list-style-type: none"> <li>• All Regence and Kaiser plans will have this change</li> </ul> <p>Rate impact: +0.05%, included in rate projections</p>

# OPTIONAL PLAN CHANGES



# PLAN CHANGE IMPACT TO PPO FUNDING RATES

PPO	Current	Options	
<b>Deductible</b>	\$300	\$400	\$500
<i>Percentage Change</i>		-1.30%	-2.40%
<i>Adjusted Renewal</i>		12.20%	11.10%
<b>Out of Pocket Max</b>	\$2,300	\$2,500	\$2,600
<i>Percentage Change</i>		-0.90%	-1.20%
<i>Adjusted Renewal</i>		12.60%	12.30%
<b>All Copays except Specialist</b>	\$20	\$25	\$30
<i>Percentage Change</i>		-0.15%	-0.20%
<i>Adjusted Renewal</i>		13.35%	13.30%
<b>Urgent Care Copay</b>	\$20	\$35	\$40
<i>Percentage Change</i>		-0.10%	-0.135%
<i>Adjusted Renewal</i>		13.40%	13.37%

# PLAN CHANGE IMPACT TO PPO FUNDING RATES

Regence - PPO VSP - Vision	Enrollment	2024			2024 - Optional design #1			2024 - Optional design #2		
		<i>Regence Medical/Rx</i>	<i>VSP Vision</i>	<i>Medical/Rx/Vision</i>	<i>\$400 ded \$2,600 OOP</i>	<i>VSP Vision</i>	<i>Medical/Rx/Vision</i>	<i>\$400 ded \$2,600 OOP \$25 PCP \$40 Urgent</i>	<i>VSP Vision</i>	<i>Medical/Rx/Vision</i>
EE only	120	\$963.41	\$10.23	\$973.64	\$939.32	\$10.23	\$949.56	\$913.16	\$10.23	\$923.40
EE + Spouse	98	\$2,024.87	\$21.12	\$2,045.99	\$1,974.25	\$21.12	\$1,995.37	\$1,919.27	\$21.12	\$1,940.39
EE + Child(ren)	26	\$1,735.67	\$18.14	\$1,753.81	\$1,692.28	\$18.14	\$1,710.42	\$1,645.15	\$18.14	\$1,663.29
EE + Family	190	\$2,796.49	\$29.12	\$2,825.61	\$2,726.57	\$29.12	\$2,755.69	\$2,650.64	\$29.12	\$2,679.76
<b>Total Annual Cost</b>	<b>434</b>	<b>\$10,686,075</b>	<b>\$111,624</b>	<b>\$10,797,700</b>	<b>\$10,418,924</b>	<b>\$111,624</b>	<b>\$10,530,548</b>	<b>\$10,128,757</b>	<b>\$111,624</b>	<b>\$10,240,381</b>
<b>% Change from Current</b>		<b>11.4%</b>	<b>0.8%</b>	<b>11.3%</b>	<b>8.6%</b>	<b>0.8%</b>	<b>8.5%</b>	<b>5.6%</b>	<b>0.8%</b>	<b>5.5%</b>
<b>\$ Change from Current</b>		<b>\$1,093,548</b>	<b>\$886</b>	<b>\$1,094,434</b>						

2023 PPO Plan	
Deductible	\$300
Out of Pocket	\$2,300
PCP Copay	\$20
Urgent Care Copay	\$20

# REGENCE ADMINISTRATION RENEWAL



# ADMINISTRATION RENEWAL

## REGENCE

RENEWAL PERIOD: January 1, 2024– December 31, 2024

Regence ASO	2023	2024
Current Enrollment	558	558
Coverage	PEPM	PEPM
Base Medical Fee	\$48.49	\$49.94
Regence Handles all Levels of Claims Appeals	Included	Included
Condition Manager	\$2.95	\$2.95
Pregnancy Program	\$0.85	\$0.85
Advice 24	\$1.00	\$0.82
Site of Care Infusion Management	\$0.38	\$0.38
Telehealth - Doctor on Demand	\$0.85	\$0.80
Network Access Fee	Included	Included
Core Care Management Programs:	Included	Included
<i>Utilization Management</i>		
<i>Case Management</i>		
<i>Transplant Case Management</i>		
<i>Clinical Account Management Support</i>		
Sub-Total		
Per Employee Per Month Total	\$54.52	\$55.74
Total Cost Monthly	\$30,422	\$31,103
Total Cost Annually	\$365,066	\$373,235
Annual \$ Change to Current		\$8,169
Annual % Change to Current		2.24%

# REGENCE PROGRAM SAVINGS/UTILIZATION

PROGRAM	2022 SAVINGS/UTILIZATION
<b>Rx MAC – A Generic Policy – Member pays the difference between brand and generic when an equivalent is available</b>	\$5,879 plan savings for 4 members
<b>Rx Coupon Program</b>	\$102,000 in savings from copay maximization program for 7 PPO members \$0 savings for HSA members
<b>Infusion Site of Care – Movement of medical drug infusions from higher to lower cost sites of care</b>	\$39,000 were diverted from higher cost sites of care for 5 members
<b>Doctor on Demand – Telehealth</b>	42 members have activated their accounts 29 medical visits 35 behavioral health visits
<b>Pregnancy Program</b>	31 members participated in the program 94.1% of members who delivered a baby participated in the program
<b>Care Management Core</b>	23 members were outreached 15 members were successfully contacted 15 members engaged with a care manager (100% of those successfully contacted)

# PRELIMINARY STOP LOSS RENEWAL



# STOP LOSS – PRELIMINARY RENEWAL

**VOYA**

RENEWAL PERIOD: January 1, 2024–December 31, 2024

Stop Loss		
Stop Loss	2023 Voya	ESTIMATED 2024 Voya
Coverages	Medical/RX	Medical/RX
Contract Basis (incurred/paid)	Paid	Paid
Individual Specific Deductible	<b>\$275,000</b>	<b>\$275,000</b>
Maximum Aggregate Benefit	<b>\$2,000,000</b>	<b>\$2,000,000</b>
Aggregating Individual Deductible	N/A	N/A
Includes Rate Cap on Renewal	Yes - 50%	Yes - 50%
Includes No New Lasers at Renewal	Yes	Yes
Enrollment		
Single Subscribers	155	155
Family Subscribers	403	403
Total Number of Employees on Plan	558	558

ISL Premium Rates	PEPM	PEPM*
Spec Single PEPM or Composite	\$70.54	\$83.24
Spec Family PEPM	\$190.83	\$225.18
Total Monthly Stop Loss Cost (ISL only)	\$87,838	\$103,649
Total Annual Stop Loss Cost (ISL only)	\$1,054,058	\$1,243,789
<b>Annual \$ Change to Current</b>		\$189,730
<b>Percentage Change to Current</b>		<b>18.0%</b>
<b>Aggregate Composite Rate</b>	\$5.33	\$5.60
Total Monthly Stop Loss Cost (AGG only)	\$2,974	\$3,123
Total Annual Stop Loss Cost (AGG only)	\$35,690	\$37,474
<b>Annual \$ Change to Current</b>		\$1,784
<b>Percentage Change to Current</b>		<b>5.0%</b>
Total Monthly Stop Loss Cost (ISL & AGG only)	\$90,812	\$106,772
Total Annual Stop Loss Cost (ISL & AGG only)	\$1,089,748	\$1,281,263
<b>Annual \$ Change to Current</b>		\$191,515
<b>Percentage Change to Current</b>		<b>17.6%</b>

Additional Annual Individual Specific Deductible (Lasers)	\$475,000	\$475,000
Total Annual Stop Loss Cost (ISL, AGG & Laser Amount)	\$1,564,748	\$1,756,263
<b>Annual \$ Change to Current</b>		<b>\$191,515</b>
<b>Percentage Change to Current</b>		<b>12.2%</b>

Laser (s)		
	Laser 1 - \$650,000	Laser 1 - \$650,000
	Laser 2 - \$375,000	Laser 2 - \$375,000

# FULLY INSURED MEDICAL/RX/VISION/DENTAL RENEWAL



# MEDICAL/RX/VISION RENEWAL

**KAISER – PRELIMINARY, NOT FINAL**

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

**Kaiser HMO**

City of VancouverVancouver Housing Authority

1959 C19G 101 112 114 200-202 Custom (Police Guild/Non-Unoin/AFSCME)	Enrollment	2023	2024
EE only	53	\$731.10	\$913.88
EE + Spouse	46	\$1,462.28	\$1,827.85
EE + Child(ren)	18	\$1,316.13	\$1,645.16
EE+ Family	75	\$2,193.75	\$2,742.19
Monthly Cost	192	\$294,235	\$367,793
<b>% Change from Current</b>			<b>25.0%</b>
<b>\$ Change from Current</b>			<b>\$73,559</b>

3866 C1G Custom 035 036: Housing Authority HMO	Enrollment	2023	2024
EE only	31	\$731.10	\$913.88
EE + Spouse	12	\$1,462.28	\$1,827.85
EE + Child(ren)	12	\$1,316.13	\$1,645.16
EE+ Family	16	\$2,193.75	\$2,742.19
Monthly Cost	71	\$91,105	\$113,881
<b>% Change from Current</b>			<b>25.0%</b>
<b>\$ Change from Current</b>			<b>\$819</b>

Total Kaiser HMO Enrollment	263	<b>2023</b>	<b>2024</b>
Total Kaiser HMO Monthly		\$385,340	\$481,675
<b>Total Kaiser HMO Annual</b>		<b>\$4,624,077</b>	<b>\$5,780,097</b>
% Change to Current			25.00%
\$ Change to Current			\$1,156,019

**Kaiser HSA**

City of VancouverVancouver Housing Authority

1959 Agg 300-313 \$1,500 HSA (Non-Union/AFSCME)	Enrollment	2023	2024
EE only	8	\$507.86	\$634.83
EE + Spouse	13	\$1,015.31	\$1,269.14
EE + Child(ren)	2	\$914.96	\$1,143.70
EE+ Family	18	\$1,523.17	\$1,903.96
Monthly Cost	41	\$46,509	\$58,136
<b>% Change from Current</b>			<b>25.0%</b>
<b>\$ Change from Current</b>			<b>\$11,627</b>

3866 \$1500 HSA: Agg 037 Housing Authority	Enrollment	2023	2024
EE only	3	\$507.86	\$634.83
EE + Spouse	1	\$1,015.31	\$1,269.14
EE + Child(ren)	2	\$914.96	\$1,143.70
EE+ Family	1	\$1,523.17	\$1,903.96
Monthly Cost	7	\$5,892	\$7,365
<b>% Change from Current</b>			<b>25.0%</b>
<b>\$ Change from Current</b>			<b>\$1,473</b>

Total HSA Enrollment	48	<b>2023</b>	<b>2024</b>
Total HSA Monthly		\$52,401	\$65,501
<b>Total HSA Annual</b>		<b>\$628,810</b>	<b>\$786,013</b>
% Change to Current			25.00%
\$ Change to Current			\$157,203

# OPTIONAL PLAN CHANGES



# PLAN CHANGE IMPACT TO HMO PREMIUM RATES

**KAISER – PRELIMINARY, NOT FINAL**

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

Kaiser - HMO \$0 Ded; \$1,500 OOP Medical/Rx/Vision	Enrollment	2023	2024	No Deductible (Shelf Plans)			Adding Deductible (Shelf Plans)	
		<i>Current</i>	<i>Original Renewal</i>	<i>CSC3-TRAD PLAN C 20/2000</i>	<i>CSD3-TRAD PLAN D 30/2500</i>	<i>CSX3-TRAD PLAN E 35/3000</i>	<i>CSE3-DED PLAN A 250/10/10%/2000</i>	<i>CSF3-DED PLAN A 250/15/20%/2500</i>
EE only	53	\$731.10	\$913.88	\$894.14	\$871.47	\$856.12	\$849.54	\$845.88
EE + Spouse	46	\$1,462.28	\$1,827.85	\$1,788.37	\$1,743.04	\$1,712.33	\$1,699.17	\$1,691.86
EE + Child(ren)	18	\$1,316.13	\$1,645.16	\$1,609.63	\$1,568.83	\$1,541.19	\$1,529.34	\$1,522.76
EE + Family	75	\$2,193.75	\$2,742.19	\$2,682.96	\$2,614.95	\$2,568.88	\$2,549.14	\$2,538.17
<b>Total Annual Cost</b>	<b>192</b>	<b>\$3,530,817</b>	<b>\$4,413,522</b>	<b>\$4,318,189</b>	<b>\$4,208,734</b>	<b>\$4,134,587</b>	<b>\$4,102,810</b>	<b>\$4,085,156</b>
<b>% Change from Current</b>			<b>25.0%</b>	<b>22.3%</b>	<b>19.2%</b>	<b>17.1%</b>	<b>16.2%</b>	<b>15.7%</b>
<b>\$ Change from Current</b>			<b>\$4,413,330</b>	<b>\$787,372</b>	<b>\$677,917</b>	<b>\$603,770</b>	<b>\$571,992</b>	<b>\$554,338</b>

		Custom Plan Changes		
Kaiser - HMO Medical/Rx/Vision	Enrollment	2023	2024	2024
		<i>Current</i>	<i>Renewal</i>	<i>Est. New Plan 200/10%/2000</i>
EE only	53	\$731.10	\$913.88	\$858.31
EE + Spouse	46	\$1,462.28	\$1,827.85	\$1,716.72
EE + Child(ren)	18	\$1,316.13	\$1,645.16	\$1,545.14
EE + Family	75	\$2,193.75	\$2,742.19	\$2,575.46
<b>Total Annual Cost</b>	<b>192</b>	<b>\$3,530,817</b>	<b>\$4,413,522</b>	<b>\$4,145,179</b>
<b>% Change from Current</b>			<b>25.0%</b>	<b>17.4%</b>
<b>\$ Change from Current</b>			<b>\$4,413,330</b>	<b>\$614,362</b>

# PLAN CHANGES

**KAISER – PRELIMINARY, NOT FINAL**

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

Benefits	Current Kaiser HMO	Trad Plan C 20/2000	Trad Plan D 30/2500	Trad Plan E 35/3000	Ded Plan A 250/10/10/2000	Ded Plan A 250/15/20/2500	Custom Ded Plan with 10%
<b>Deductible</b>							
Individual	\$0	\$0	\$0	\$0	\$250	\$250	\$250
Family	\$0	\$0	\$0	\$0	\$750	\$750	\$750
<b>Out of Pocket Maximums</b>							
Individual	\$1,500	\$2,000	\$2,500	\$3,000	\$2,000	\$2,500	\$2,000
Family	\$3,000	\$4,000	\$5,000	\$6,000	\$6,000	\$7,500	\$6,000
<b>Office Visits</b>							
Preventive Care Office Visits	0%	0%	0%	0%	0%	0%	0%
Primary Care	\$20	\$20	\$30	\$35	\$10	\$15	\$20
Specialty Care	\$20	\$30	\$40	\$45	\$10	\$25	\$20
Urgent Care	\$40	\$40	\$50	\$60	\$10	\$35	\$40
<b>Test (outpatient)</b>							
Simple X-ray and Lab	\$20 per department visit	\$20 per department visit	\$30 per department visit	\$35 per department visit	10% coinsurance after ded	\$20 per department visit	\$20 per department visit
CT, MRI, PET Scans	\$20 per department visit	\$50 per department visit	\$50 per department visit	\$50 per department visit	10% coinsurance after ded	\$100 per department visit	\$20 per department visit
<b>Hospital Services</b>							
Ambulance	\$75	\$75	\$100	\$100	20% coinsurance after ded	20% coinsurance after ded	10% coinsurance after ded
Emergency Department	\$100	\$200	\$200	\$200	\$200 after ded	20% coinsurance after ded	10% coinsurance after ded
Inpatient Hospitalization	\$200 per day up to \$1,000	20% coinsurance after ded	10% coinsurance after ded				
<b>Outpatient Services (other)</b>							
Outpatient surgery visit	\$20 per visit	\$50 per visit	\$100 per visit	\$100 per visit	10% coinsurance after ded	20% coinsurance after ded	10% coinsurance after ded
Durable medical equipment	20%	20%	20%	20%	10% coinsurance after ded	20% coinsurance after ded	10% coinsurance after ded
<b>Alternative Care</b>							
Acupuncture Services	\$20	\$20	\$10	\$10	\$10	\$10	\$10
Chiropractic Services	\$20	\$20	\$10	\$10	\$10	\$10	\$10
Massage Therapy	\$25	\$25	\$25	\$25	\$25	\$25	\$25
<b>Prescription Drug</b>							
Generic	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Preferred Brand	\$30	\$30	\$30	\$30	\$30	\$30	\$30

# DENTAL RENEWALS



# DENTAL – PROJECTED FUNDING RATES

## DELTA DENTAL OF WASHINGTON

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

Assumptions:

- 0% Claims Margin
- Projections include:
  - Estimated Delta Dental of WA Administrative Fee
  - Claims through June 2023

Delta Dental of Washington Self Funded - Funding Rates	Enrollment	2023	2024
<b>Non Union - Standard (#00596) crowns 80%</b>			
EE only	50	\$48.46	\$49.62
EE + Spouse	43	\$85.61	\$87.66
EE + Child(ren)	20	\$111.73	\$114.41
EE + Family	66	\$148.86	\$152.43
<b>Non Union - Buy Up (#00596) crowns at 80%</b>			
EE only	31	\$51.04	\$52.26
EE + Spouse	33	\$90.14	\$92.30
EE + Child(ren)	8	\$117.65	\$120.47
EE + Family	41	\$156.76	\$160.52
<b>Union - Standard (#00854) crowns at 80%</b>			
EE only	49	\$49.42	\$50.61
EE + Spouse	49	\$87.32	\$89.42
EE + Child(ren)	16	\$113.95	\$116.68
EE + Family	133	\$151.82	\$155.46
<b>Union - Buy Up (#00854) crowns at 80%</b>			
EE only	22	\$52.06	\$53.31
EE + Spouse	21	\$91.94	\$94.15
EE + Child(ren)	7	\$120.00	\$122.88
EE + Family	52	\$159.87	\$163.71
<b>Pensioners (#00996) crowns at 50%</b>			
EE only	22	\$33.83	\$34.64
EE + Spouse	40	\$66.04	\$67.62
EE + Child(ren)	0	\$54.91	\$56.23
EE + Family	2	\$87.13	\$89.22
Total Enrollment	705		
Total Monthly Cost		\$74,594	\$76,384
Total Annual Cost		\$895,125	\$916,608
<b>% Change from Current</b>			<b>2.4%</b>
<b>\$ Change from Current</b>			<b>\$21,483</b>

# DENTAL RENEWAL

## KAISER

RENEWAL PERIOD:

January 1, 2024–December 31, 2024

Kaiser - Dental Plan 9 COV 01959-153, 155, 156, 159, 160, 161 VHA 03866-43, 44	Enrollment*	2022	2023
EE only	25	\$56.74	\$56.74
EE + Spouse	26	\$113.48	\$113.48
EE + Child(ren)	11	\$102.13	\$102.13
EE + Family	47	\$170.22	\$170.22
Total Annual Cost	98	\$13,493	\$13,493
<b>% Change from Current</b>			<b>0.00%</b>
<b>\$ Change from Current</b>			<b>\$0</b>

Kaiser - Dental Plan 9	Enrollment	2022	2023
EE only	22	\$56.74	\$56.74
EE + Spouse	7	\$113.48	\$113.48
EE + Child(ren)	7	\$102.13	\$102.13
EE + Family	6	\$170.22	\$170.22
Total Annual Cost	35	\$3,779	\$3,779
<b>% Change from Current</b>			<b>0.00%</b>
<b>\$ Change from Current</b>			<b>\$0</b>

\* Enrollment includes COV/VHA

# THANK YOU

