

2024 KAISER HEALTH PLAN RENEWAL V1

Prepared Exclusively For:



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July 27, 2023; Governing Board Follow-Up

KAISER MEDICAL/RX/VISION/DENTAL RENEWAL



MEDICAL/RX/VISION RENEWAL

KAISER –

RENEWAL PERIOD:

January 1, 2024–December 31, 2024

Kaiser HDHP w. HSA - \$1,600 Ded (was \$1,500) Medical/Rx/Vision

City of Vancouver	Vancouver Housing Authority
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1959 1600 (was \$1,500) HDHP w. HSA Agg 300-313 (Non-Union/AFSCME)	Enrollment	2023	2024
EE only	8	\$507.86	\$600.59
EE + Spouse	12	\$1,015.31	\$1,200.69
EE + Child(ren)	2	\$914.96	\$1,082.02
EE+ Family	17	\$1,523.17	\$1,801.28
Monthly Cost	39	\$43,970	\$51,999
% Change from Current			18.3%
\$ Change from Current			\$8,028

3866 1600 (was \$1,500) HDHP w. HSA Agg 037 Housing Authority	Enrollment	2023	2024
EE only	3	\$507.86	\$600.59
EE + Spouse	1	\$1,015.31	\$1,200.69
EE + Child(ren)	2	\$914.96	\$1,082.02
EE+ Family	1	\$1,523.17	\$1,801.28
Monthly Cost	7	\$5,892	\$6,968
% Change from Current			18.3%
\$ Change from Current			\$1,076

Total HSA Enrollment	46	2023	2024
Total HSA Monthly		\$49,862	\$58,967
Total HSA Annual		\$598,349	\$707,599
% Change to Current			18.26%
\$ Change to Current			\$109,250

Kaiser HMO - \$0 Ded; \$1,500 OOP Medical/Rx/Vision

City of Vancouver	Vancouver Housing Authority
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1959 C19G 101 112 114 200-202 Custom (Police Guild/Non-Unoin/AFSCME)	Enrollment	2023	2024
EE only	53	\$731.10	\$871.54
EE + Spouse	45	\$1,462.28	\$1,743.17
EE + Child(ren)	19	\$1,316.13	\$1,568.95
EE+ Family	74	\$2,193.75	\$2,615.14
Monthly Cost	191	\$291,895	\$347,965
% Change from Current			19.2%
\$ Change from Current			\$56,070

3866 C1G Custom 035 036: Housing Authority HMO	Enrollment	2023	2024
EE only	29	\$731.10	\$871.54
EE + Spouse	11	\$1,462.28	\$1,743.17
EE + Child(ren)	10	\$1,316.13	\$1,568.95
EE+ Family	15	\$2,193.75	\$2,615.14
Monthly Cost	65	\$83,355	\$99,366
% Change from Current			19.2%
\$ Change from Current			\$819

Total Kaiser HMO Enrollment	256	2023	2024
Total Kaiser HMO Monthly		\$375,249	\$447,331
Total Kaiser HMO Annual		\$4,502,993	\$5,367,970
% Change to Current			19.21%
\$ Change to Current			\$864,977

OPTIONAL PLAN CHANGES



PLAN CHANGE IMPACT TO HMO PREMIUM RATES

KAISER –

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

Kaiser - HMO \$0 Ded; \$1,500 OOP Medical/Rx/Vision	Enrollment	2023	2024							
		<i>Current</i>	<i>Original Renewal</i>	<i>CSC4-TRAD PLAN C 20/2000</i>	<i>CSD4-TRAD PLAN D 30/2500</i>	<i>CSZ4-TRAD PLAN E 35/3000</i>	<i>CSE4-DED PLAN A 250/10/10%/2000</i>	<i>CSF4-DED PLAN A 250/15/20%/2500</i>	<i>PL24-DED PLAN B 500/20/10%/3000</i>	<i>2L24-DED PLAN B 500/20/20%/3000</i>
EE only	82	\$731.10	\$871.54	\$850.96	\$827.46	\$811.14	\$811.47	\$808.47	\$775.91	\$762.77
EE + Spouse	56	\$1,462.28	\$1,743.17	\$1,702.00	\$1,654.99	\$1,622.36	\$1,623.02	\$1,617.02	\$1,551.90	\$1,525.62
EE + Child(ren)	29	\$1,316.13	\$1,568.95	\$1,531.90	\$1,489.59	\$1,460.21	\$1,460.81	\$1,455.41	\$1,396.80	\$1,373.14
EE + Family	89	\$2,193.75	\$2,615.14	\$2,553.39	\$2,482.86	\$2,433.90	\$2,434.90	\$2,425.89	\$2,328.20	\$2,288.77
Total Annual Cost	256	\$4,502,993	\$5,367,970	\$5,241,210	\$5,096,446	\$4,995,946	\$4,997,991	\$4,979,505	\$4,778,976	\$4,698,041
% Change from Current			19.2%	16.4%	13.2%	10.9%	11.0%	10.6%	6.1%	4.3%
\$ Change from Current			\$5,367,714	\$738,218	\$593,453	\$492,953	\$494,998	\$476,512	\$275,983	\$195,049

PLAN CHANGES

KAISER –

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
Deductible						
Individual	\$0	\$0	\$0	\$0	\$250	\$250
Family	\$0	\$0	\$0	\$0	\$750	\$750
Out of Pocket Maximums						
Individual	\$1,500	\$2,000	\$2,500	\$3,000	\$2,000	\$2,500
Family	\$3,000	\$4,000	\$5,000	\$6,000	\$6,000	\$7,500
Office Visits						
Preventive Care Office Visits	0%	0%	0%	0%	0%	0%
Primary Care	\$20	\$20	\$30	\$35	\$10	\$15
Specialty Care	\$20	\$30	\$40	\$45	\$10	\$25
Urgent Care	\$40	\$40	\$50	\$60	\$10	\$35
Test (outpatient)						
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
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
Hospital Services						
Ambulance	\$75	\$75	\$100	\$100	20% coinsurance after ded	20% coinsurance after ded
Emergency Department	\$100	\$200	\$200	\$200	\$200 after ded	20% coinsurance after ded
Inpatient Hospitalization	\$200 per day up to \$1,000	\$200 per day up to \$1,000	\$200 per day up to \$1,000	\$200 per day up to \$1,000	\$200 per day up to \$1,000	20% coinsurance after ded
Outpatient Services (other)						
Outpatient surgery visit	\$20 per visit	\$50 per visit	\$100 per visit	\$100 per visit	10% coinsurance after ded	20% coinsurance after ded
Durable medical equipment	20%	20%	20%	20%	10% coinsurance after ded	20% coinsurance after ded
Alternative Care						
Acupuncture Services	\$20	\$20	\$10	\$10	\$10	\$10
Chiropractic Services	\$20	\$20	\$10	\$10	\$10	\$10
Massage Therapy	\$25	\$25	\$25	\$25	\$25	\$25
Prescription Drug						
Generic	\$15	\$15	\$15	\$15	\$15	\$15
Preferred Brand	\$30	\$30	\$30	\$30	\$30	\$30
Specialty Drugs						

Benefit Decrease

DENTAL RENEWALS



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*	2023	2024
EE only	36	\$56.74	\$55.61
EE + Spouse	29	\$113.48	\$111.22
EE + Child(ren)	12	\$102.13	\$100.10
EE + Family	44	\$170.22	\$166.83
Total Annual Cost	109	\$14,049	\$13,769
% Change from Current			-1.99%
\$ Change from Current			-\$280

**Enrollment includes both CoV and VHA.*