

HEALTH PLAN RENEWAL UPDATES

Governing Board: August 23, 2023

Included:

- Stop loss update
- Self-funded Regence plan rate update
- Kaiser and Regence plan options
- Kaiser self-funded option

Prepared Exclusively For:



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VOYA STOP LOSS UPDATE

As of 8/23/23

Lasers	Amount	Update
Claimant #1 Hereditary Angioedema	\$650,000	<p>Currently at \$710k Cost is projected to be around \$118k per month each remaining month in 2023 = approximately \$1.4 million total for 2023 and ongoing annually. This is \$770k over the \$650k specific.</p> <p>There was a change in Rx mid 2023 that caused this claimant to double in cost.</p>
Claimant #2 Brain Cancer	\$275,000	<p>Currently at \$218k Cost is projected to be around \$437k for 2023</p>

Total projected 2023 claims over specific (for just the lasered claimants) is >\$932k.

The 2023 expiring premiums roughly \$998k.

There are a few high-risk diagnoses on the current reporting that look like potential claims over the specific deductible of \$275k.

**Need to see data through September before locking in a rate for 2024.*

STOP LOSS UPDATE

As of 8/23/23

Stop Loss	2023 Voya	2024 Voya Preliminary Renewal	Option 1 SunLife - Preliminary	Option 2 Granular - Preliminary
Coverages	Medical/RX	Medical/RX	Medical/RX	Medical/RX
Contract Basis (incurred/paid)	Paid	Paid	24/12	24/12
Individual Specific Deductible	\$275,000	\$275,000	\$275,000	\$275,000
Maximum Aggregate Benefit	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Aggregating Individual Deductible	N/A	N/A	N/A	N/A
Includes Rate Cap on Renewal	Yes - 50%	Yes - 50%	Yes - 50%	Yes - 40%
Includes No New Lasers at Renewal	Yes	Yes	Yes	Yes
Enrollment				
Single Subscribers	163	163	163	163
Family Subscribers	399	399	399	399
Total Number of Employees on Plan	562	562	562	562

ISL Premium Rates	PEPM	PEPM	PEPM	PEPM
Spec Single PEPM or Composite	\$70.54	\$105.81	\$68.52	\$76.95
Spec Family PEPM	\$190.83	\$286.25	\$212.95	\$185.82
Total Monthly Stop Loss Cost (ISL only)	\$87,639	\$131,459	\$96,136	\$86,685
Total Annual Stop Loss Cost (ISL only)	\$1,051,670	\$1,577,505	\$1,153,630	\$1,040,220
Annual \$ Change to Current		\$525,835	\$101,959	-\$11,450
Percentage Change to Current		50.0%	9.7%	-1.1%
Aggregate Composite Rate	\$5.33	\$5.60	\$4.92	\$3.46
Total Monthly Stop Loss Cost (AGG only)	\$2,995	\$3,145	\$2,765	\$1,945
Total Annual Stop Loss Cost (AGG only)	\$35,946	\$37,743	\$33,180	\$23,334
Annual \$ Change to Current		\$1,797	-\$2,765	-\$12,611
Percentage Change to Current		5.0%	-7.7%	-35.1%
Total Monthly Stop Loss Cost (ISL & AGG only)	\$90,635	\$134,604	\$98,901	\$88,630
Total Annual Stop Loss Cost (ISL & AGG only)	\$1,087,616	\$1,615,248	\$1,186,810	\$1,063,555
Annual \$ Change to Current		\$527,632	\$99,194	-\$24,061
Percentage Change to Current		48.5%	9.1%	-2.2%

Additional Annual Individual Specific Deductible (Lasers)	\$475,000	\$475,000	\$475,000	\$475,000
Total Annual Stop Loss Cost (ISL, AGG & Laser Amount)	\$1,562,616	\$2,090,248	\$1,661,810	\$1,538,555
Annual \$ Change to Current		\$527,632	\$99,194	-\$24,061
Percentage Change to Current		33.8%	6.3%	-1.5%

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

Symetra declined to quote.

We are still waiting to hear back from Tokio Marine.

REGENCE RENEWAL RATE UPDATES

As of 8/23/23

Stop Loss	Plan	Rate Increase
Voya (+50%)	PPO w/VSP	13.2%
	HDHP w/VSP	12.3%

Stop Loss	Plan	Rate Increase
SunLife (+9.7%)	PPO w/VSP	8.6%
	HDHP w/VSP	7.6%

Stop Loss	Plan	Rate Increase
Granular (+1.1%)	PPO w/VSP	7.7%
	HDHP w/VSP	6.7%

CURRENT PLAN COMPARISON

Kaiser HMO vs Regence PPO

Benefits		Kaiser HMO Renewal		Regence PPO Renewal
Deductible				
Individual		\$0		\$300
Family		\$0		\$900
Out of Pocket Maximums				
Individual		\$1,500		\$2,300
Family		\$3,000		\$6,900
Office Visits				
	Preventive Care Office Visits	0%		\$0
	Primary Care	\$20		\$20
	Specialty Care	\$20		\$20
	Urgent Care	\$40		\$20
Test (outpatient)				
	Simple X-ray and Lab	\$20 per department visit		20% coinsurance after ded
	CT, MRI, PET Scans	\$20 per department visit		20% coinsurance after ded
Hospital Services				
	Ambulance	\$75		20% coinsurance after ded
	Emergency Department	\$100		\$250, 20%*
	Inpatient Hospitalization	\$200 per day up to \$1,000 per admission		20% coinsurance after ded
Outpatient Services (other)				
	Outpatient surgery visit	\$50		20% coinsurance after ded
	Durable medical equipment	20%		20% coinsurance after ded
Alternative Care		Self Referred		
	Acupuncture Services	\$20 12 visits		\$20 Unlimited visits
	Chiropractic Services	\$20 12 visits		\$20 Unlimited visits
	Massage Therapy	\$20 Medically Necessary		\$20 Unlimited visits
Prescription Drug				
	Generic	\$15		\$10
	Preferred Brand	\$30		\$30
	Specialty Drugs	By Tier		By Tier
EE only	82	\$871.54	120	\$991.34
EE + Spouse	56	\$1,743.17	98	\$2,083.15
EE + Child(ren)	29	\$1,568.95	26	\$1,785.66
EE + Family	89	\$2,615.14	190	\$2,876.91
	256		434	
Total Annual Cost		\$5,367,969.72		\$10,993,800.11
	\$ Change from Current	\$864,976.92		\$1,290,534.35
	% Change from Current	19.21%		13.30%

**Please note, this summary of benefits is very high level and does not contain all services and benefits.*

PLAN OPTIONS COMPARISON Kaiser HMO vs Regence PPO

- Kaiser \$250 Ded
- Regence \$400 Ded
 - Different copays

Copays do not count towards the deductible. Once a member reaches their deductible, they will still have copays. Copays end only when the member has reached their OOP max.

Benefits	Kaiser HMO Renewal		2024 Kaiser Opt 1 Ded Plan A 250/15/20/2500		Regence PPO Renewal		2024 Regence Option 1: \$25/\$35 copay, \$400 Ded \$2500 OOP		2024 Regence Option 2: \$30/\$40 copay, \$400 Ded \$2500 OOP	
	2023	2024	2024 - Option 1	2024 - Option 2	2023	2024	2024 - Option 1	2024 - Option 2		
Deductible										
Individual	\$0	\$0	\$250	\$250	\$300	\$300	\$400	\$400	\$400	\$400
Family	\$0	\$0	\$750	\$750	\$900	\$900	\$1,200	\$1,200	\$1,200	\$1,200
Out of Pocket Maximums										
Individual	\$1,500	\$1,500	\$2,500	\$2,500	\$2,300	\$2,300	\$2,500	\$2,500	\$2,500	\$2,500
Family	\$3,000	\$3,000	\$7,500	\$7,500	\$6,900	\$6,900	\$7,500	\$7,500	\$7,500	\$7,500
Office Visits										
Preventive Care Office Visits	0%	0%	0%	0%	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care	\$20	\$20	\$15	\$15	\$20	\$20	\$20	\$20	\$30	\$30
Specialty Care	\$20	\$20	\$25	\$25	\$20	\$20	\$20	\$20	\$30	\$30
Urgent Care	\$40	\$40	\$35	\$35	\$20	\$20	\$40	\$40	\$40	\$40
Test (outpatient)										
Simple X-ray and Lab	\$20 per department visit	\$20 per department visit	\$15 per department visit	\$15 per department visit	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
CT, MRI, PET Scans	\$20 per department visit	\$20 per department visit	\$100 per department visit	\$100 per department visit	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
Hospital Services										
Ambulance	\$75	\$75	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
Emergency Department	\$100	\$100	20% coinsurance after ded	20% coinsurance after ded	\$250, 20%	\$250, 20%	\$250, 20%	\$250, 20%	\$250, 20%	\$250, 20%
Inpatient Hospitalization	\$200 per day up to \$1,000 per admission	\$200 per day up to \$1,000 per admission	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
Outpatient Services (other)										
Outpatient surgery visit	\$50	\$50	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
Durable medical equipment	20%	20%	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded	20% coinsurance after ded
Alternative Care										
Acupuncture Services	\$20 12 visits	\$20 12 visits	\$15 12 visits	\$15 12 visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
Chiropractic Services	\$20 12 visits	\$20 12 visits	\$15 12 visits	\$15 12 visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits
Massage Therapy	\$20 Medically Necessary Only	\$20 Medically Necessary Only	\$20 Medically Necessary Only	\$20 Medically Necessary Only	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
Prescription Drug										
Generic	\$15	\$15	\$15	\$15	\$10	\$10	\$10	\$10	\$10	\$10
Preferred Brand	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Specialty Drugs	By Tier	By Tier	By Tier	By Tier	By Tier	By Tier	By Tier	By Tier	By Tier	By Tier
	2023	2024	2024 - Option 1	2024 - Option 2	2023	2024	2024 - Option 1	2024 - Option 2	2024 - Option 2	2024 - Option 2
EE only	82	\$731.10	\$871.54	\$808.47	120	\$874.97	\$991.34	\$968.24	\$966.54	\$966.54
EE + Spouse	56	\$1,462.28	\$1,743.17	\$1,617.02	98	\$1,838.61	\$2,083.15	\$2,034.61	\$2,031.02	\$2,031.02
EE + Child(ren)	29	\$1,316.13	\$1,568.95	\$1,455.41	26	\$1,576.05	\$1,785.66	\$1,744.06	\$1,740.98	\$1,740.98
EE + Family	89	\$2,193.75	\$2,615.14	\$2,425.89	190	\$2,539.20	\$2,876.91	\$2,809.88	\$2,804.93	\$2,804.93
	256				434					
Total Annual Cost		\$4,502,993	\$5,367,970	\$4,979,505		\$9,703,266	\$10,993,800	\$10,737,634	\$10,718,713	\$10,718,713
\$ Change from Current			\$864,977	\$476,512			\$1,290,534	\$1,034,368	\$1,015,447	\$1,015,447
% Change from Current			19.21%	10.58%			13.30%	10.66%	10.47%	10.47%

**Please note, this summary of benefits is very high level and does not contain all services and benefits.*

PLAN OPTIONS COMPARISON Kaiser HMO vs Regence PPO

- Kaiser \$500 Ded
- Regence \$500 Ded
 - Different copays

Copays do not count towards the deductible. Once a member reaches their deductible, they will still have copays. Copays end only when the member has reached their OOP max.

Benefits	Kaiser HMO Renewal		Kaiser Opt 2 Ded Plan B 500/20/10%/\$3000	Regence PPO Renewal		Regence Option 1: \$25/\$35 copay, \$500 Ded \$2600 OOP	Regence Option 2: \$30/\$40 copay, \$500 Ded \$2600 OOP		
	2023	2024	2024 - Option 2	2023	2024	2024 - Option 1	2024 - Option 2		
Deductible									
Individual	\$0		\$500	\$300		\$500	\$500		
Family	\$0		\$1,500	\$900		\$1,500	\$1,500		
Out of Pocket Maximums									
Individual	\$1,500		\$3,000	\$2,300		\$2,600	\$2,600		
Family	\$3,000		\$6,000	\$6,900		\$7,800	\$7,800		
Office Visits									
Preventive Care Office Visits	\$0		\$0	\$0		\$0	\$0		
Primary Care	\$20		\$20	\$20		\$25	\$30		
Specialty Care	\$20		\$20	\$20		\$25	\$30		
Urgent Care	\$40		\$40	\$20		\$35	\$40		
Test (outpatient)									
Simple X-ray and Lab	\$20 per department visit		\$20 per department	20% coinsurance after ded		20% coinsurance after ded	20% coinsurance after ded		
CT, MRI, PET Scans	\$20 per department visit		\$100 per department	20% coinsurance after ded		20% coinsurance after ded	20% coinsurance after ded		
Hospital Services									
Ambulance	\$75		10% coinsurance after ded	20% coinsurance after ded		20% coinsurance after ded	20% coinsurance after ded		
Emergency Department	\$100		10% coinsurance after ded	\$250, 20%		\$250, 20%	\$250, 20%		
Inpatient Hospitalization	\$200 per day up to \$1,000 per admission		10% coinsurance after ded	20% coinsurance after ded		20% coinsurance after ded	20% coinsurance after ded		
Outpatient Services (other)									
Outpatient surgery visit	\$50		10% coinsurance after ded	20% coinsurance after ded		20% coinsurance after ded	20% coinsurance after ded		
Durable medical equipment	20%		10% coinsurance after ded	20% coinsurance after ded		20% coinsurance after ded	20% coinsurance after ded		
Alternative Care									
Acupuncture Services	\$20 12 visits		\$20 12 visits	\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits		
Chiropractic Services	\$20 12 visits		\$20 12 visits	\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits		
Massage Therapy	\$20 Medically Necessary Only		\$20 Medically Necessary	\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits		
Prescription Drug									
Generic	\$15		\$15	\$10		\$10	\$10		
Preferred Brand	\$30		\$30	\$30		\$30	\$30		
Specialty Drugs	By Tier		By Tier	By Tier		By Tier	By Tier		
	Enrollme	2023	2024	2024 - Option 2	Enrollme	2023	2024	2024 - Option 1	2024 - Option 2
EE only	82	\$731.10	\$871.54	\$775.91	120	\$874.97	\$991.34	\$957.65	\$956.91
EE + Spouse	56	\$1,462.28	\$1,743.17	\$1,551.90	98	\$1,838.61	\$2,083.15	\$2,012.36	\$2,010.80
EE + Child(ren)	29	\$1,316.13	\$1,568.95	\$1,396.80	26	\$1,576.05	\$1,785.66	\$1,724.99	\$1,723.65
EE + Family	89	\$2,193.75	\$2,615.14	\$2,328.20	190	\$2,539.20	\$2,876.91	\$2,779.15	\$2,777.00
	256				434				
Total Annual Cost		\$4,502,993	\$5,367,970	\$4,778,976		\$9,703,266	\$10,993,800	\$10,620,224	\$10,611,977
\$ Change from Current			\$864,977	\$275,983			\$1,290,534	\$916,959	\$908,711
% Change from Current			19.21%	6.13%			13.30%	9.45%	9.37%

**Please note, this summary of benefits is very high level and does not contain all services and benefits.*

PLAN OPTIONS TENTATIVELY SELECTED

Kaiser HMO vs Regence PPO

- Kaiser \$500 Ded
- Regence \$400 Ded
 - \$40 Urgent Care

Copays do not count towards the deductible. Once a member reaches their deductible, they will still have copays. Copays end only when the member has reached their OOP max.

Benefits	Kaiser HMO Renewal		Kaiser Opt 2 Ded Plan B 500/20/10%/\$3000		Regence PPO Renewal		2024 Regence Option 1: \$25/\$35 copay, \$400 Ded \$2500 OOP	
	2023	2024	2024 - Option 2	2023	2024	2024 - Option 1		
Deductible								
Individual	\$0			\$500		\$400		
Family	\$0			\$1,500		\$1,200		
Out of Pocket Maximums								
Individual	\$1,500			\$3,000		\$2,500		
Family	\$3,000			\$6,000		\$7,500		
Office Visits								
Preventive Care Office Visits	\$0			\$0		\$0		
Primary Care	\$20			\$20		\$20		
Specialty Care	\$20			\$20		\$20		
Urgent Care	\$40			\$40		\$40		
Test (outpatient)								
Simple X-ray and Lab	\$20 per department visit			\$20 per department		20% coinsurance after ded		20% coinsurance after ded
CT, MRI, PET Scans	\$20 per department visit			\$100 per department		20% coinsurance after ded		20% coinsurance after ded
Hospital Services								
Ambulance	\$75			10% coinsurance after ded		20% coinsurance after ded		20% coinsurance after ded
Emergency Department	\$100			10% coinsurance after ded		\$250, 20%		\$250, 20%
Inpatient Hospitalization	\$200 per day up to \$1,000 per admission			10% coinsurance after ded		20% coinsurance after ded		20% coinsurance after ded
Outpatient Services (other)								
Outpatient surgery visit	\$50			10% coinsurance after ded		20% coinsurance after ded		20% coinsurance after ded
Durable medical equipment	20%			10% coinsurance after ded		20% coinsurance after ded		20% coinsurance after ded
Alternative Care								
Acupuncture Services	\$20 12 visits			\$20 12 visits		\$20 Unlimited visits		\$20 Unlimited visits
Chiropractic Services	\$20 12 visits			\$20 12 visits		\$20 Unlimited visits		\$20 Unlimited visits
Massage Therapy	\$20 Medically Necessary Only			\$20 Medically Necessary		\$20 Unlimited visits		\$20 Unlimited visits
Prescription Drug								
Generic	\$15			\$15		\$10		\$10
Preferred Brand	\$30			\$30		\$30		\$30
Specialty Drugs	By Tier			By Tier		By Tier		By Tier
	Kaiser Enrollment	2023	2024	2024 - Option 2	Regence Enrollment	2023	2024	2024 - Option 1
EE only	82	\$731.10	\$871.54	\$775.91	120	\$874.97	\$991.34	\$968.24
EE + Spouse	56	\$1,462.28	\$1,743.17	\$1,551.90	98	\$1,838.61	\$2,083.15	\$2,034.61
EE + Child(ren)	29	\$1,316.13	\$1,568.95	\$1,396.80	26	\$1,576.05	\$1,785.66	\$1,744.06
EE + Family	89	\$2,193.75	\$2,615.14	\$2,328.20	190	\$2,539.20	\$2,876.91	\$2,809.88
	256				434			
Total Annual Cost		\$4,502,993	\$5,367,970	\$4,778,976		\$9,703,266	\$10,993,800	\$10,737,634
\$ Change from Current			\$864,977	\$275,983		\$1,290,534	\$1,034,368	
% Change from Current			19.21%	6.13%		13.30%	10.66%	

**Please note, this summary of benefits is very high level and does not contain all services and benefits.*

KAISER: SELF-FUNDED HMO AND HDHP PLAN OPTION

As of 8/23/23

Cost	Comments
+4.2% higher than fully insured rates	<ul style="list-style-type: none">• Actual claims have been higher than forecasted in the past 2-years. For the last 12 month period the total loss ratio shows a 118.2% loss ratio and it was 107.1% in the prior 12 months.• In the current fully insured methodology Kaiser projects claims costs by blending 70% claims experience with 30% actuarial (Kaiser book of business claims adjusted by CoV's age/gender/geography and average family size).• Actual claims are 14% higher than the actuarial number.• Self-funding would use 100% actual experience.