

# 2024 KAISER/REGENCE RENEWAL AND OPTIONS

Prepared Exclusively For:



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# RENEWALS WITHOUT ANY CHANGES



# KAISER MEDICAL/RX/VISION RENEWAL

## KAISER –

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

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

**City of Vancouver**

**Vancouver Housing Authority**

1959 C24G Custom 101 112 114 200-202 (Police Guild/Non-Union/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
<b>% Change from Current</b>			<b>19.2%</b>
<b>\$ Change from Current</b>			<b>\$56,070</b>

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
<b>% Change from Current</b>			<b>19.2%</b>
<b>\$ Change from Current</b>			<b>\$819</b>

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

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
<b>% Change from Current</b>			<b>18.3%</b>
<b>\$ Change from Current</b>			<b>\$8,028</b>

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
<b>% Change from Current</b>			<b>18.3%</b>
<b>\$ Change from Current</b>			<b>\$1,076</b>

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

# REGENCE MEDICAL/RX/VISION RENEWAL

## REGENCE –

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

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	\$948.71	\$10.44	\$959.15
EE + Spouse	98	\$1,817.66	\$20.95	\$1,838.61	\$1,993.97	\$21.56	\$2,015.53
EE + Child(ren)	26	\$1,558.05	\$18.00	\$1,576.05	\$1,709.18	\$18.52	\$1,727.70
EE + Family	190	\$2,510.31	\$28.89	\$2,539.20	\$2,753.81	\$29.73	\$2,783.54
Total Annual Cost	434	\$9,592,527	\$110,738	\$9,703,266	\$10,523,003	\$113,950	\$10,636,952
<b>% Change from Current</b>					<b>9.7%</b>	<b>2.9%</b>	<b>9.6%</b>
<b>\$ Change from Current</b>					<b>\$930,475</b>	<b>\$3,211</b>	<b>\$933,687</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	\$751.17	\$10.44	\$761.62
EE + Spouse	22	\$1,437.32	\$20.95	\$1,458.27	\$1,578.18	\$21.56	\$1,599.73
EE + Child(ren)	13	\$1,231.96	\$18.00	\$1,249.96	\$1,352.69	\$18.52	\$1,371.21
EE + Family	54	\$1,984.95	\$28.89	\$2,013.84	\$2,179.48	\$29.73	\$2,209.20
Total Annual Cost	124	\$2,145,220	\$31,323	\$2,176,543	\$2,355,452	\$32,231	\$2,387,683
<b>% Change from Current</b>					<b>9.8%</b>	<b>2.9%</b>	<b>9.7%</b>
<b>\$ Change from Current</b>					<b>\$210,232</b>	<b>\$908</b>	<b>\$211,140</b>
Total Annual Cost	558	\$11,737,748	\$142,061	\$11,879,809	\$12,878,455	\$146,181	\$13,024,635
<b>% Change from Current</b>					<b>9.7%</b>	<b>2.9%</b>	<b>9.6%</b>
<b>\$ Change from Current</b>					<b>\$1,140,707</b>	<b>\$4,120</b>	<b>\$1,144,827</b>

**Assumptions Include:**

*Preliminary Stop loss renewal = Spec 50% (Rate Cap); will update with claims through September*

Regence ASO renewal = 2.24%

Updated pharmacy terms and the additional savings of the new Flex Access Copay Maximizer program (on the PPO plan only)

No change to ASO VSP renewal

Using claims data through AUGUST 2023

HSA Funding is not included and should be budgeted separately

# OPTIONAL PLAN CHANGES



# KAISER OPTIONS 1

## KAISER \$250 DED

January 1, 2024– December 31, 2024

Benefits		Current Kaiser HMO Current/Renewal		2024 Kaiser Opt 1 Ded Plan A 250/15/20/2500
<b>Deductible</b>				
Individual		\$0		\$250
Family		\$0		\$750
<b>Out of Pocket Maximums</b>				
Individual		\$1,500		\$2,500
Family		\$3,000		\$7,500
<b>Office Visits</b>				
Preventive Care Office Visits		0%		0%
Primary Care		\$20		\$15
Specialty Care		\$20		\$25
Urgent Care		\$40		\$35
<b>Test (outpatient)</b>				
Simple X-ray and Lab		\$20 per department visit		\$15 per department visit
CT, MRI, PET Scans		\$20 per department visit		\$100 per department visit
<b>Hospital Services</b>				
Ambulance		\$75		20% coinsurance after ded
Emergency Department		\$100		20% coinsurance after ded
Inpatient Hospitalization		\$200 per day up to \$1,000 per admission		20% coinsurance after ded
<b>Outpatient Services (other)</b>				
Outpatient surgery visit		\$50		20% coinsurance after ded
Durable medical equipment		20%		20% coinsurance after ded
<b>Alternative Care</b>				
Acupuncture Services		\$20 12 visits		\$15 12 visits
Chiropractic Services		\$20 12 visits		\$15 12 visits
Massage Therapy		\$20 Medically Necessary Only		\$20 Medically Necessary Only
<b>Prescription Drug</b>				
Generic		\$15		\$15
Preferred Brand		\$30		\$30
Specialty Drugs		By Tier		By Tier
	<b>Kaiser Enrollment</b>	<b>2023</b>	<b>2024</b>	<b>2024 - Option 1</b>
EE only	82	\$731.10	\$871.54	\$808.47
EE + Spouse	56	\$1,462.28	\$1,743.17	\$1,617.02
EE + Child(ren)	29	\$1,316.13	\$1,568.95	\$1,455.41
EE + Family	89	\$2,193.75	\$2,615.14	\$2,425.89
	256			
Total Annual Cost		\$4,502,993	\$5,367,970	\$4,979,505
<b>\$ Change from Current</b>			<b>\$864,977</b>	<b>\$476,512</b>
<b>% Change from Current</b>			<b>19.21%</b>	<b>10.58%</b>

# KAISER OPTIONS 2

## KAISER \$500 DED

January 1, 2024– December 31, 2024

Benefits		Current Kaiser HMO Current/Renewal		Kaiser Opt 2 Ded Plan B 500/20/10%/\$3000
		2023	2024	2024 - Option 2
<b>Deductible</b>				
Individual		\$0		\$500
Family		\$0		\$1,500
<b>Out of Pocket Maximums</b>				
Individual		\$1,500		\$3,000
Family		\$3,000		\$6,000
<b>Office Visits</b>				
Preventive Care Office Visits		\$0		\$0
Primary Care		\$20		\$20
Specialty Care		\$20		\$30
Urgent Care		\$40		\$40
<b>Test (outpatient)</b>				
Simple X-ray and Lab		\$20 per department visit		\$20 per department
CT, MRI, PET Scans		\$20 per department visit		\$100 per department
<b>Hospital Services</b>				
Ambulance		\$75		10% after ded
Emergency Department		\$100		10% after ded
Inpatient Hospitalization		\$200 per day up to \$1,000 per admission		10% after ded
<b>Outpatient Services (other)</b>				
Outpatient surgery visit		\$50		10% after ded
Durable medical equipment		20%		20% after ded
<b>Alternative Care</b>				
Acupuncture Services		\$20 12 visits		\$20 12 visits
Chiropractic Services		\$20 12 visits		\$20 12 visits
Massage Therapy		\$20 Medically Necessary Only		\$20 Medically Necessary
<b>Prescription Drug</b>				
Generic		\$15		\$15
Preferred Brand		\$30		\$30
Specialty Drugs		By Tier		By Tier
	<b>Kaiser Enrollment</b>			
EE only	82	\$731.10	\$871.54	\$779.38
EE + Spouse	56	\$1,462.28	\$1,743.17	\$1,558.84
EE + Child(ren)	29	\$1,316.13	\$1,568.95	\$1,403.05
EE + Family	89	\$2,193.75	\$2,615.14	\$2,338.62
	256			
<b>Total Annual Cost</b>		\$4,502,993	\$5,367,970	\$4,800,358
<b>\$ Change from Current</b>			\$864,977	\$297,365
<b>% Change from Current</b>			19.21%	6.60%

# REGENCE OPTIONS 1

## REGENCE \$400 DED

January 1, 2024– December 31, 2024

Benefits	Current Regence PPO Current/Renewal		2024 Regence Option 1: \$20 copays, \$400 Ded \$2500 OOP	2024 Regence Option 2: \$25/\$35 copay, \$400 Ded \$2500 OOP	2024 Regence Option 3: \$30/\$40 copay, \$400 Ded \$2500 OOP
	<b>Deductible</b>				
Individual	\$300		\$400	\$400	\$400
Family	\$900		\$1,200	\$1,200	\$1,200
<b>Out of Pocket Maximums</b>					
Individual	\$2,300		\$2,500	\$2,500	\$2,500
Family	\$6,900		\$7,500	\$7,500	\$7,500
<b>Office Visits</b>					
Preventive Care Office Visits	\$0		\$0	\$0	\$0
Primary Care	\$20		\$20	\$25	\$30
Specialty Care	\$20		\$20	\$25	\$30
Urgent Care	\$20		\$20	\$35	\$40
<b>Test (outpatient)</b>					
Simple X-ray and Lab	20%		20%	20%	20%
CT, MRI, PET Scans	20%		20%	20%	20%
<b>Hospital Services</b>					
Ambulance	20%		20%	20%	20%
Emergency Department	\$250, 20%		\$250, 20%	\$250, 20%	\$250, 20%
Inpatient Hospitalization	20%		20%	20%	20%
<b>Outpatient Services (other)</b>					
Outpatient surgery visit	20%		20%	20%	20%
Durable medical equipment	20%		20%	20%	20%
<b>Alternative Care</b>					
Acupuncture Services	\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
Chiropractic Services	\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
Massage Therapy	\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
<b>Prescription Drug</b>					
Generic	\$10		\$10	\$10	\$10
Preferred Brand	\$30		\$30	\$30	\$30
Specialty Drugs	By Tier		By Tier	By Tier	By Tier
	<b>2023</b>	<b>2024</b>	<b>2024 - Option 1</b>	<b>2024 - Option 2</b>	<b>2024 - Option 3</b>
EE only	\$864.82	\$948.71	\$927.09	\$924.92	\$924.19
EE + Spouse	\$1,817.66	\$1,993.97	\$1,948.53	\$1,943.99	\$1,942.44
EE + Child(ren)	\$1,558.05	\$1,709.18	\$1,670.23	\$1,666.33	\$1,665.01
EE + Family	\$2,510.31	\$2,753.81	\$2,691.05	\$2,684.78	\$2,682.64
<b>Total Annual Cost</b>	<b>\$9,592,527</b>	<b>\$10,523,002</b>	<b>\$10,283,189</b>	<b>\$10,259,208</b>	<b>\$10,251,054</b>
<b>\$ Change from Current</b>		<b>\$930,475</b>	<b>\$690,662</b>	<b>\$666,681</b>	<b>\$658,527</b>
<b>% Change from Current</b>		<b>9.70%</b>	<b>7.20%</b>	<b>6.95%</b>	<b>6.87%</b>



# REGENCE OPTIONS 2

## REGENCE \$500 DED

January 1, 2024– December 31, 2024

<b>Benefits</b>
<b>Deductible</b>
Individual
Family
<b>Out of Pocket Maximums</b>
Individual
Family
<b>Office Visits</b>
Preventive Care Office Visits
Primary Care
Specialty Care
Urgent Care
<b>Test (outpatient)</b>
Simple X-ray and Lab
CT, MRI, PET Scans
<b>Hospital Services</b>
Ambulance
Emergency Department
Inpatient Hospitalization
<b>Outpatient Services (other)</b>
Outpatient surgery visit
Durable medical equipment
<b>Alternative Care</b>
Acupuncture Services
Chiropractic Services
Massage Therapy
<b>Prescription Drug</b>
Generic
Preferred Brand
Specialty Drugs
<b>EE only</b>
EE + Spouse
EE + Child(ren)
EE + Family
<b>Total Annual Cost</b>
<b>\$ Change from Current</b>
<b>% Change from Current</b>

Current Regence PPO Current/Renewal		Regence Option 1: \$20 copay, \$500 Ded \$2600 OOP	Regence Option 2: \$25/\$35 copay, \$500 Ded \$2600 OOP	Regence Option 3: \$30/\$40 copay, \$500 Ded \$2600 OOP
\$300	\$500	\$500	\$500	\$500
\$900	\$1,500	\$1,500	\$1,500	\$1,500
\$2,300	\$2,600	\$2,600	\$2,600	\$2,600
\$6,900	\$7,800	\$7,800	\$7,800	\$7,800
\$0	\$0	\$0	\$0	\$0
\$20	\$20	\$25	\$30	\$30
\$20	\$20	\$25	\$30	\$30
\$20	\$20	\$35	\$40	\$40
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
\$250, 20%	\$250, 20%	\$250, 20%	\$250, 20%	\$250, 20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
20%	20%	20%	20%	20%
\$20	\$20	\$20	\$20	\$20
Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits
\$20	\$20	\$20	\$20	\$20
Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits
\$20	\$20	\$20	\$20	\$20
Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits	Unlimited visits
\$10	\$10	\$10	\$10	\$10
\$30	\$30	\$30	\$30	\$30
By Tier	By Tier	By Tier	By Tier	By Tier
2023	2024	2024 - Option 1	2024 - Option 2	2024 - Option 3
\$864.82	\$948.71	\$917.57	\$915.41	\$914.68
\$1,817.66	\$1,993.97	\$1,928.54	\$1,923.99	\$1,922.45
\$1,558.05	\$1,709.18	\$1,653.09	\$1,649.20	\$1,647.87
\$2,510.31	\$2,753.81	\$2,663.44	\$2,657.16	\$2,655.03
\$9,592,527	\$10,523,002	\$10,177,672	\$10,153,690	\$10,145,537
	\$930,475	\$585,144	\$561,163	\$553,009
	9.70%	6.10%	5.85%	5.77%