

2024 KAISER/REGENCE RENEWAL AND OPTIONS

Prepared Exclusively For:



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

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
% 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

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

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
% Change from Current					9.7%	2.9%	9.6%
\$ Change from Current					\$930,475	\$3,211	\$933,687
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
% Change from Current					9.8%	2.9%	9.7%
\$ Change from Current					\$210,232	\$908	\$211,140
Total Annual Cost	558	\$11,737,748	\$142,061	\$11,879,809	\$12,878,455	\$146,181	\$13,024,635
% Change from Current					9.7%	2.9%	9.6%
\$ Change from Current					\$1,140,707	\$4,120	\$1,144,827

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
Deductible				
Individual		\$0		\$250
Family		\$0		\$750
Out of Pocket Maximums				
Individual		\$1,500		\$2,500
Family		\$3,000		\$7,500
Office Visits				
Preventive Care Office Visits		0%		0%
Primary Care		\$20		\$15
Specialty Care		\$20		\$25
Urgent Care		\$40		\$35
Test (outpatient)				
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
Hospital Services				
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
Outpatient Services (other)				
Outpatient surgery visit		\$50		20% coinsurance after ded
Durable medical equipment		20%		20% coinsurance after ded
Alternative Care				
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
Prescription Drug				
Generic		\$15		\$15
Preferred Brand		\$30		\$30
Specialty Drugs		By Tier		By Tier
	Kaiser Enrollment	2023	2024	2024 - Option 1
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
\$ Change from Current			\$864,977	\$476,512
% Change from Current			19.21%	10.58%

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
Deductible				
Individual		\$0		\$500
Family		\$0		\$1,500
Out of Pocket Maximums				
Individual		\$1,500		\$3,000
Family		\$3,000		\$6,000
Office Visits				
Preventive Care Office Visits		\$0		\$0
Primary Care		\$20		\$20
Specialty Care		\$20		\$30
Urgent Care		\$40		\$40
Test (outpatient)				
Simple X-ray and Lab		\$20 per department visit		\$20 per department
CT, MRI, PET Scans		\$20 per department visit		\$100 per department
Hospital Services				
Ambulance		\$75		10%
Emergency Department		\$100		10%
Inpatient Hospitalization		\$200 per day up to \$1,000 per admission		10%
Outpatient Services (other)				
Outpatient surgery visit		\$50		10%
Durable medical equipment		20%		20%
Alternative Care				
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
Prescription Drug				
Generic		\$15		\$15
Preferred Brand		\$30		\$30
Specialty Drugs		By Tier		By Tier
	Kaiser Enrollment			
		2023	2024	2024 - Option 2
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			
Total Annual Cost		\$4,502,993	\$5,367,970	\$4,800,358
\$ Change from Current			\$864,977	\$297,365
% Change from Current			19.21%	6.60%

REGENCE OPTIONS 1

REGENCE \$400 DED

January 1, 2024– December 31, 2024

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
\$300		\$400	\$400	\$400
\$900		\$1,200	\$1,200	\$1,200
\$2,300		\$2,500	\$2,500	\$2,500
\$6,900		\$7,500	\$7,500	\$7,500
\$0		\$0	\$0	\$0
\$20		\$20	\$25	\$30
\$20		\$20	\$25	\$30
\$20		\$20	\$35	\$40
20%		20%	20%	20%
20%		20%	20%	20%
20%		20%	20%	20%
\$250, 20%		\$250, 20%	\$250, 20%	\$250, 20%
20%		20%	20%	20%
20%		20%	20%	20%
20%		20%	20%	20%
\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
\$10		\$10	\$10	\$10
\$30		\$30	\$30	\$30
By Tier		By Tier	By Tier	By Tier
2023	2024	2024 - Option 1	2024 - Option 2	2024 - Option 3
\$864.82	\$948.71	\$927.09	\$924.92	\$924.19
\$1,817.66	\$1,993.97	\$1,948.53	\$1,943.99	\$1,942.44
\$1,558.05	\$1,709.18	\$1,670.23	\$1,666.33	\$1,665.01
\$2,510.31	\$2,753.81	\$2,691.05	\$2,684.78	\$2,682.64
\$9,592,527	\$10,523,002	\$10,283,189	\$10,259,208	\$10,251,054
	\$930,475	\$690,662	\$666,681	\$658,527
	9.70%	7.20%	6.95%	6.87%

REGENCE OPTIONS 2

REGENCE \$500 DED

January 1, 2024– December 31, 2024

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
\$900		\$1,500	\$1,500	\$1,500
\$2,300		\$2,600	\$2,600	\$2,600
\$6,900		\$7,800	\$7,800	\$7,800
\$0		\$0	\$0	\$0
\$20		\$20	\$25	\$30
\$20		\$20	\$25	\$30
\$20		\$20	\$35	\$40
20%		20%	20%	20%
20%		20%	20%	20%
20%		20%	20%	20%
\$250, 20%		\$250, 20%	\$250, 20%	\$250, 20%
20%		20%	20%	20%
20%		20%	20%	20%
20%		20%	20%	20%
\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
\$10		\$10	\$10	\$10
\$30		\$30	\$30	\$30
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%