

# 2024 KAISER HEALTH PLAN RENEWAL V2- REVISED

Prepared Exclusively For:



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October 25, 2024; Governing Board Follow-Up

# KAISER MEDICAL/RX/VISION *REVISED* RENEWAL



# MEDICAL/RX/VISION RENEWAL - REVISED

## KAISER –

RENEWAL PERIOD:

January 1, 2024– December 31, 2024

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

1959 1600 (was \$1,500) HDHP w. HSA Agg 300-313 (Non-Union/AFSCME)	Enrollment	2023	REVISED 2024
EE only	8	\$507.86	\$594.43
EE + Spouse	12	\$1,015.31	\$1,188.39
EE + Child(ren)	2	\$914.96	\$1,070.93
EE+ Family	17	\$1,523.17	\$1,782.82
Monthly Cost	39	\$43,970	\$51,466
<b>% Change from Current</b>			<b>17.0%</b>
<b>\$ Change from Current</b>			<b>\$7,496</b>

3866 1600 (was \$1,500) HDHP w. HSA Agg 037 Housing Authority	Enrollment	2023	REVISED 2024
EE only	3	\$507.86	\$594.43
EE + Spouse	1	\$1,015.31	\$1,188.39
EE + Child(ren)	2	\$914.96	\$1,070.93
EE+ Family	1	\$1,523.17	\$1,782.82
Monthly Cost	7	\$5,892	\$6,896
<b>% Change from Current</b>			<b>17.0%</b>
<b>\$ Change from Current</b>			<b>\$1,004</b>

Total HSA Enrollment	46	<b>2023</b>	<b>2024</b>
Total HSA Monthly		\$49,862	\$58,362
<b>Total HSA Annual</b>		<b>\$598,349</b>	<b>\$700,347</b>
% Change to Current			17.05%
\$ Change to Current			\$101,999

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

1959 C24G Custom 101 112 114 200-202 (Police Guild/Non-Unoin/AFSCME)	Enrollment	2023	REVISED 2024
EE only	53	\$731.10	\$862.83
EE + Spouse	45	\$1,462.28	\$1,725.74
EE + Child(ren)	19	\$1,316.13	\$1,553.26
EE+ Family	74	\$2,193.75	\$2,588.99
Monthly Cost	191	\$291,895	\$344,485
<b>% Change from Current</b>			<b>18.0%</b>
<b>\$ Change from Current</b>			<b>\$52,591</b>

3866 C1G Custom 035 036 Housing Authority HMO	Enrollment	2023	REVISED 2024
EE only	29	\$731.10	\$862.83
EE + Spouse	11	\$1,462.28	\$1,725.74
EE + Child(ren)	10	\$1,316.13	\$1,553.26
EE+ Family	15	\$2,193.75	\$2,588.99
Monthly Cost	65	\$83,355	\$98,373
<b>% Change from Current</b>			<b>18.0%</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	\$442,858
<b>Total Kaiser HMO Annual</b>		<b>\$4,502,993</b>	<b>\$5,314,298</b>
% Change to Current			18.02%
\$ Change to Current			\$811,305

# 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.*