



# Employee Benefits

Ongoing 2025 Renewal Planning

March 15, 2024



# 2024 Action Timeline (DRAFT)

Action	Timing	Decisions need to be made
Updated Benchmarking	February - March	
<b>Employee Contribution Change Discussion</b>	February – May	May – Have options to show unions
<b>Plan Change Discussion</b>	February – May	May – Have options to show unions
<b>FTE Change Discussion</b>	February - May	
Carrier Utilization Reviews	Kaiser – Completed in February Regence – Scheduled in June	
Regence Self-Funded Plan Projections	June – October Preliminary; without final SL will start in June	
Kaiser Renewal	July 1	
Plug in final Kaiser options	July - August	October
Plug in Regence options	July – September/October	October
Plug in contribution options	July – September/October	October
Market Stop Loss	August	
Regence ASO Renewal and Summary of Changes	August/September	September
Stop Loss Decision – Finalize Rates Using Claims Data through August	September 16-27	
Stop Loss Decision – Finalize Rates Using Claims Data through September	October 14-25	
Open Enrollment (Dependent on Finalization of Rates)	October - November	Depends on when stop loss is finalized

# Updated Benchmarking

## Highlights:

### Four WA cities in benchmark report that have Kaiser HMO plan with a deductible:

- Seattle: \$200/\$600 (also offer \$0 Ded plan)
- Everett: \$250/\$750 (new plan as of 2024, in addition to \$0 Ded plan)
- Tacoma: \$100/\$200
- Spokane: \$150/\$450

### One Oregon agency in the benchmark report that has a Kaiser HMO plan with a deductible:

- Washington County: \$750/\$1500

### 2024 Rate increase range was +2% to +25%:

- Everett: Kaiser plan +25%
- Clark County: Regence PPO +6%
- Seattle: Kaiser plan +9%
- Washington County: Kaiser +10%, Providence HDHP +13%, Providence PPO +6%
- Multnomah County: All lines 13%
- Hillsboro: Cigna PPO +10%, Kaiser HMO +14%

### Agencies in the benchmark report that offer Wellness Incentives (i.e., reduction in premium):

- City of Tacoma: \$20 less
- Washington County: 5% less

# Benefit & Rate Change Options

**Kaiser – currently \$0 ded, \$20 PCP copay, with no coinsurance**

Option	Benefit Change	Percentage Change
Option 1	Off the Shelf Plan: \$250 Ded, \$2500 OOP Max, \$15 copay, 20% coinsurance	-6.3% from current 2024 rates
Option 2	Custom Plan: \$200 Ded, \$2,000 OOP Max, \$20 copay, 10% coinsurance	-5.6% from current 2024 rates
Option 3	Off the Shelf Plan: \$500 Ded, \$3,000 OOP Max, \$20 copay, 10% coinsurance	-9.7% from current 2024 rates

**Regence – currently \$300 ded, \$ 2300 OOP, \$20 PCP copay**

Option	Benefit Change	Percentage Change
Option 1	\$400 Ded, \$2500 OOP Max	-2.0% from current 2024 rates
Option 2	\$400 Ded, \$2500 OOP Max, \$25 PCP copay	-2.2% from current 2024 rates
Option 3	\$400 Ded, \$2500 OOP Max, \$30 PCP copay	-2.3% from current 2024 rates
Option 4	\$500 Ded, \$2600 OOP Max	-3.0% from current 2024 rates
Option 5	\$500 Ded, \$2600 OOP Max, \$25 PCP copay	-3.2% from current 2024 rates
Option 6	\$500 Ded, \$2600 OOP Max, \$30 PCP copay	-3.3% from current 2024 rates

# Benefit & Rate Comparisons 1 (lower ded) (no rx change)

Benefits	Current Kaiser HMO Current/Renewal		2024 Kaiser Opt 1 Ded Plan A 250/15/20/2500	2024 Kaiser Opt 2 Ded Plan A 200/20/20/2000		Current Regence PPO Including VSP Vision 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	
	Kaiser Enrollmen	2023	2024	2024 - Option 1		2024 - Option 2	Regence Enrollmen	2023	2024	2024 - Option 1	2024 - Option 2
<b>Deductible</b>											
Individual		\$0	\$250	\$200			\$300	\$400	\$400	\$400	
Family		\$0	\$750	\$600			\$900	\$1,200	\$1,200	\$1,200	
<b>Out of Pocket Maximums</b>											
Individual		\$1,500	\$2,500	\$2,000			\$2,300	\$2,500	\$2,500	\$2,500	
Family		\$3,000	\$7,500	\$4,000			\$6,900	\$7,500	\$7,500	\$7,500	
<b>Office Visits</b>											
Preventive Care Office Visits		0%	0%	0%			\$0	\$0	\$0	\$0	
Primary Care		\$20	\$15	\$20			\$20	\$20	\$25	\$30	
Specialty Care		\$20	\$25	\$20			\$20	\$20	\$25	\$30	
Urgent Care		\$40	\$35	\$40			\$20	\$20	\$35	\$40	
<b>Test (outpatient)</b>											
Simple Xray and Lab		\$20 per department visit	\$15 per department visit	10% coinsurance after ded			20%	20%	20%	20%	
CT, MRI, PET Scans		\$20 per department visit	\$100 per department visit	10% coinsurance after ded			20%	20%	20%	20%	
<b>Hospital Services</b>											
Ambulance		\$75	20% coinsurance after ded	10% coinsurance after ded			20%	20%	20%	20%	
Emergency Department		\$100	20% coinsurance after ded	\$200			\$250, 20%	\$250, 20%	\$250, 20%	\$250, 20%	
Inpatient Hospitalization		\$200 per day up to \$1,000 per admission	20% coinsurance after ded	10% coinsurance after ded			20%	20%	20%	20%	
<b>Outpatient Services (other)</b>											
Outpatient surgery visit		\$50	20% coinsurance after ded	10% coinsurance after ded			20%	20%	20%	20%	
Durable medical equipment		20%	20% coinsurance after ded	10% coinsurance after ded			20%	20%	20%	20%	
<b>Alternative Care</b>											
Acupuncture Services		\$20 12 visits	\$15 12 visits	\$15 12 visits			\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
Chiropractic Services		\$20 12 visits	\$15 12 visits	\$15 12 visits			\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
Massage Therapy		\$20 Medically Necessary Only	\$20 Medically Necessary Only	\$20 Medically Necessary Only			\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
<b>Prescription Drug</b>											
Generic		\$15	\$15	\$15			\$10	\$10	\$10	\$10	
Preferred Brand		\$30	\$30	\$30			\$30	\$30	\$30	\$30	
Specialty Drugs		By Tier	By Tier	By Tier			By Tier	By Tier	By Tier	By Tier	
EE only	82	\$731.10	\$862.83	\$808.47	\$814.39	120	\$874.97	\$956.55	\$937.42	\$935.51	\$934.55
EE + Spouse	56	\$1,462.28	\$1,725.74	\$1,617.02	\$1,628.86	98	\$1,838.61	\$2,010.08	\$1,969.88	\$1,969.86	\$1,963.85
EE + Child(ren)	29	\$1,316.13	\$1,553.26	\$1,455.41	\$1,466.06	26	\$1,576.05	\$1,723.03	\$1,688.57	\$1,685.12	\$1,683.40
EE + Family	89	\$2,193.75	\$2,588.99	\$2,425.89	\$2,443.65	190	\$2,539.20	\$2,776.01	\$2,720.49	\$2,714.94	\$2,712.16
	256					434					
Total Annual Cost		\$4,502,993	\$5,314,298	\$4,979,505	\$5,015,961		\$9,703,266	\$10,608,174	\$10,396,011	\$10,374,794	\$10,364,186
<b>\$ Change from Renewal</b>			<b>\$811,305</b>	<b>\$476,512</b>	<b>\$512,968</b>			<b>\$904,908</b>	<b>-\$212,163</b>	<b>-\$233,380</b>	<b>-\$243,988</b>
<b>% Change from Renewal</b>			<b>18.0%</b>	<b>-6.3%</b>	<b>-6.6%</b>			<b>9.3%</b>	<b>-2.0%</b>	<b>-2.2%</b>	<b>-2.3%</b>

# Benefit & Rate Comparisons 1 A

## (with rx change)

Includes Rx Carve Out - moving to RxBenefits Optum Rx

Benefits	Current Kaiser HMO Current/Renewal		2024 Kaiser Opt 1 Ded Plan A 250/15/20/2500	2024 Kaiser Opt 2 Ded Plan A 200/20/20/2000	Enrollmen	Current Regence PPO Including VSP Vision 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	
	2023	2024	2024 - Option 1	2024 - Option 2		2023	2024	2024 - Option 1	2024 - Option 2	2024 - Option 3	
<b>Deductible</b>											
Individual	\$0		\$250	\$200		\$300		\$400	\$400	\$400	
Family	\$0		\$750	\$600		\$900		\$1,200	\$1,200	\$1,200	
<b>Out of Pocket Maximums</b>											
Individual	\$1,500		\$2,500	\$2,000		\$2,300		\$2,500	\$2,500	\$2,500	
Family	\$3,000		\$7,500	\$4,000		\$6,900		\$7,500	\$7,500	\$7,500	
<b>Office Visits</b>											
Preventive Care Office Visits	0%		0%	0%		\$0		\$0	\$0	\$0	
Primary Care	\$20		\$15	\$20		\$20		\$20	\$25	\$30	
Specialty Care	\$20		\$25	\$20		\$20		\$20	\$25	\$30	
Urgent Care	\$40		\$35	\$40		\$20		\$20	\$35	\$40	
<b>Test (outpatient)</b>											
Simple Xray and Lab	\$20 per department visit		\$15 per department visit	10% coinsurance after ded		20%		20%	20%	20%	
CT, MRI, PET Scans	\$20 per department visit		\$100 per department visit	10% coinsurance after ded		20%		20%	20%	20%	
<b>Hospital Services</b>											
Ambulance	\$75		20% coinsurance after ded	10% coinsurance after ded		20%		20%	20%	20%	
Emergency Department	\$100		20% coinsurance after ded	\$200		\$250, 20%		\$250, 20%	\$250, 20%	\$250, 20%	
Inpatient Hospitalization	\$200 per day up to \$1,000 per admission		20% coinsurance after ded	10% coinsurance after ded		20%		20%	20%	20%	
<b>Outpatient Services (other)</b>											
Outpatient surgery visit	\$50		20% coinsurance after ded	10% coinsurance after ded		20%		20%	20%	20%	
Durable medical equipment	20%		20% coinsurance after ded	10% coinsurance after ded		20%		20%	20%	20%	
<b>Alternative Care</b>											
Acupuncture Services	\$20 12 visits		\$15 12 visits	\$15 12 visits		\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
Chiropractic Services	\$20 12 visits		\$15 12 visits	\$15 12 visits		\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
Massage Therapy	\$20 Medically Necessary Only		\$20 Medically Necessary Only	\$20 Medically Necessary Only		\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
<b>Prescription Drug</b>											
Generic	\$15		\$15	\$15		\$10		\$10	\$10	\$10	
Preferred Brand	\$30		\$30	\$30		\$30		\$30	\$30	\$30	
Specialty Drugs	By Tier		By Tier	By Tier		By Tier		By Tier	By Tier	By Tier	
	Kaiser Enrollmen	2023	2024	2024 - Option 1	2024 - Option 2	Regence Enrollmen	2023	2024	2024 - Option 1	2024 - Option 2	2024 - Option 3
EE only	82	\$731.10	\$862.83	\$808.47	\$814.39	120	\$874.97	\$936.66	\$917.92	\$916.05	\$915.11
EE + Spouse	56	\$1,462.28	\$1,725.74	\$1,617.02	\$1,628.86	98	\$1,838.61	\$1,968.23	\$1,928.87	\$1,924.93	\$1,922.96
EE + Child(ren)	29	\$1,316.13	\$1,553.26	\$1,455.41	\$1,466.06	26	\$1,576.05	\$1,687.16	\$1,653.42	\$1,650.04	\$1,648.36
EE + Family	89	\$2,193.75	\$2,588.99	\$2,425.89	\$2,443.65	190	\$2,539.20	\$2,718.21	\$2,663.85	\$2,658.41	\$2,655.69
	256					434					
Total Annual Cost		\$4,502,993	\$5,314,298	\$4,979,505	\$5,015,961		\$9,703,266	\$10,387,346	\$10,179,599	\$10,158,824	\$10,148,437
\$ Change from Renewal			\$811,305	\$476,512	\$512,968			\$684,080	-\$207,747	-\$228,522	-\$238,909
% Change from Renewal			18.0%	-6.3%	-6.6%			7.1%	-2.0%	-2.2%	-2.3%

# Benefit & Rate Comparisons 2 (higher ded) (no rx change)

Benefits	Kaiser Enrollment	Current Kaiser HMO Current/Renewal		Kaiser Opt 3 Ded Plan B 500/20/10%/\$3000	Regence Enrollment	Current Regence PPO Including VSP Vision Current/Renewal		Regence Option 4: \$20 copay, \$500 Ded \$2600 OOP	Regence Option 5: \$25/\$35 copay, \$500 Ded \$2600 OOP	Regence Option 6: \$30/\$40 copay, \$500 Ded \$2600 OOP
		2023	2024	2024 - Option 2		2023	2024	2024 - Option 1	2024 - Option 2	2024 - Option 3
<b>Deductible</b>										
Individual		\$0		\$500		\$300		\$500	\$500	\$500
Family		\$0		\$1,500		\$900		\$1,500	\$1,500	\$1,500
<b>Out of Pocket Maximums</b>										
Individual		\$1,500		\$3,000		\$2,300		\$2,600	\$2,600	\$2,600
Family		\$3,000		\$6,000		\$6,900		\$7,800	\$7,800	\$7,800
<b>Office Visits</b>										
Preventive Care Office Visits		\$0		\$0		\$0		\$0	\$0	\$0
Primary Care		\$20		\$20		\$20		\$20	\$25	\$30
Specialty Care		\$20		\$30		\$20		\$20	\$25	\$30
Urgent Care		\$40		\$40		\$20		\$20	\$35	\$40
<b>Test (outpatient)</b>										
Simple X-ray and Lab		\$20 per department visit		\$20 per department		20%		20%	20%	20%
CT, MRI, PET Scans		\$20 per department visit		\$100 per department		20%		20%	20%	20%
<b>Hospital Services</b>										
Ambulance		\$75		10% after ded		20%		20%	20%	20%
Emergency Department		\$100		10% after ded		\$250, 20%		\$250, 20%	\$250, 20%	\$250, 20%
Inpatient Hospitalization		\$200 per day up to \$1,000 per admission		10% after ded		20%		20%	20%	20%
<b>Outpatient Services (other)</b>										
Outpatient surgery visit		\$50		10% after ded		20%		20%	20%	20%
Durable medical equipment		20%		20% after ded		20%		20%	20%	20%
<b>Alternative Care</b>										
Acupuncture Services		\$20 12 visits		\$20 12 visits		\$20 Unlimited 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	\$20 Unlimited visits
Massage Therapy		\$20 Medically Necessary Only		\$20 Medically Necessary		\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits
<b>Prescription Drug</b>										
Generic		\$15		\$15		\$10		\$10	\$10	\$10
Preferred Brand		\$30		\$30		\$30		\$30	\$30	\$30
Specialty Drugs		By Tier		By Tier		By Tier		By Tier	By Tier	By Tier
EE only	82	\$731.10	\$862.83	\$779.38	120	\$874.97	\$956.55	\$927.85	\$925.94	\$924.98
EE + Spouse	56	\$1,462.28	\$1,725.74	\$1,558.84	98	\$1,838.61	\$2,010.08	\$1,949.78	\$1,945.76	\$1,943.75
EE + Child(ren)	29	\$1,316.13	\$1,553.26	\$1,403.05	26	\$1,576.05	\$1,723.03	\$1,671.34	\$1,667.89	\$1,666.17
EE + Family	89	\$2,193.75	\$2,588.99	\$2,338.62	190	\$2,539.20	\$2,776.01	\$2,692.73	\$2,687.18	\$2,684.40
	256				434					
Total Annual Cost		\$4,502,993	\$5,314,298	\$4,800,358		\$9,703,266	\$10,608,174	\$10,289,929	\$10,268,713	\$10,258,104
<b>\$ Change from Renewal</b>			<b>\$811,305</b>	<b>\$297,365</b>			<b>\$904,908</b>	<b>-\$318,245</b>	<b>-\$339,462</b>	<b>-\$350,070</b>
<b>% Change from Renewal</b>			<b>18.0%</b>	<b>-9.7%</b>			<b>9.3%</b>	<b>-3.0%</b>	<b>-3.2%</b>	<b>-3.3%</b>

# Benefit & Rate Comparisons 2 A

## (with rx change)

		Includes Rx Carve Out - moving to RxBenefits Optum Rx									
Benefits		Current Kaiser HMO Current/Renewal		Kaiser Opt 3 Ded Plan B 500/20/10%/\$3000		Current Regence PPO Including VSP Vision Current/Renewal		Regence Option 4: \$20 copay, \$500 Ded \$2600 OOP	Regence Option 5: \$25/\$35 copay, \$500 Ded \$2600 OOP	Regence Option 6: \$30/\$40 copay, \$500 Ded \$2600 OOP	
<b>Deductible</b>											
Individual		\$0		\$500		\$300		\$500	\$500	\$500	
Family		\$0		\$1,500		\$900		\$1,500	\$1,500	\$1,500	
<b>Out of Pocket Maximums</b>											
Individual		\$1,500		\$3,000		\$2,300		\$2,600	\$2,600	\$2,600	
Family		\$3,000		\$6,000		\$6,900		\$7,800	\$7,800	\$7,800	
<b>Office Visits</b>											
Preventive Care Office Visits		\$0		\$0		\$0		\$0	\$0	\$0	
Primary Care		\$20		\$20		\$20		\$20	\$25	\$30	
Specialty Care		\$20		\$30		\$20		\$20	\$25	\$30	
Urgent Care		\$40		\$40		\$20		\$20	\$35	\$40	
<b>Test (outpatient)</b>											
Simple X-ray and Lab		\$20 per department visit		\$20 per department		20%		20%	20%	20%	
CT, MRI, PET Scans		\$20 per department visit		\$100 per department		20%		20%	20%	20%	
<b>Hospital Services</b>											
Ambulance		\$75		10% after ded		20%		20%	20%	20%	
Emergency Department		\$100		10% after ded		\$250, 20%		\$250, 20%	\$250, 20%	\$250, 20%	
Inpatient Hospitalization		\$200 per day up to \$1,000 per admission		10% after ded		20%		20%	20%	20%	
<b>Outpatient Services (other)</b>											
Outpatient surgery visit		\$50		10% after ded		20%		20%	20%	20%	
Durable medical equipment		20%		20% after ded		20%		20%	20%	20%	
<b>Alternative Care</b>											
Acupuncture Services		\$20 12 visits		\$20 12 visits		\$20 Unlimited 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	\$20 Unlimited visits	
Massage Therapy		\$20 Medically Necessary Only		\$20 Medically Necessary		\$20 Unlimited visits		\$20 Unlimited visits	\$20 Unlimited visits	\$20 Unlimited visits	
<b>Prescription Drug</b>											
Generic		\$15		\$15		\$10		\$10	\$10	\$10	
Preferred Brand		\$30		\$30		\$30		\$30	\$30	\$30	
Specialty Drugs		By Tier		By Tier		By Tier		By Tier	By Tier	By Tier	
	<b>Kaiser Enrollment</b>	<b>2023</b>	<b>2024</b>	<b>2024 - Option 2</b>	<b>Regence Enrollment</b>	<b>2023</b>	<b>2024</b>	<b>2024 - Option 1</b>	<b>2024 - Option 2</b>	<b>2024 - Option 3</b>	
EE only	82	\$731.10	\$862.83	\$779.38	120	\$874.97	\$936.66	\$908.56	\$906.68	\$905.75	
EE + Spouse	56	\$1,462.28	\$1,725.74	\$1,558.84	98	\$1,838.61	\$1,968.23	\$1,909.19	\$1,905.25	\$1,903.28	
EE + Child(ren)	29	\$1,316.13	\$1,553.26	\$1,403.05	26	\$1,576.05	\$1,687.16	\$1,636.55	\$1,633.17	\$1,631.49	
EE + Family	89	\$2,193.75	\$2,588.99	\$2,338.62	190	\$2,539.20	\$2,718.21	\$2,636.67	\$2,631.23	\$2,628.51	
	256				434						
Total Annual Cost		\$4,502,993	\$5,314,298	\$4,800,358		\$9,703,266	\$10,387,346	\$10,075,726	\$10,054,951	\$10,044,564	
<b>\$ Change from Renewal</b>			<b>\$811,305</b>	<b>\$297,365</b>			<b>\$684,080</b>	<b>-\$311,620</b>	<b>-\$332,395</b>	<b>-\$342,782</b>	
<b>% Change from Renewal</b>			<b>18.0%</b>	<b>-9.7%</b>			<b>7.1%</b>	<b>-3.0%</b>	<b>-3.2%</b>	<b>-3.3%</b>	



# Contribution and Plan Change Modeling

## Regence – PPO

		2024 Employee Contributions			10/20% EE Contributions				5/20% EE Contributions			
Enrollment		Rates	ER Pays	EE Pays	ER Pays	EE Pays	EE \$ Change	EE % Change	ER Pays	EE Pays	EE \$ Change	EE % Change
<b>As-Is Renewal</b>												
Employee	120	\$956.55	\$852.33	\$104.22	\$860.90	\$95.66	-\$8.57	-8.2%	\$908.72	\$47.83	-\$56.39	-54.1%
Employee & Spouse	98	\$2,010.08	\$1,695.10	\$314.98	\$1,703.72	\$306.36	-\$8.62	-2.7%	\$1,751.55	\$258.53	-\$56.45	-17.9%
Employee & Child(ren)	26	\$1,723.03	\$1,465.42	\$257.61	\$1,474.08	\$248.95	-\$8.66	-3.4%	\$1,521.91	\$201.12	-\$56.49	-21.9%
Employee & Family	190	\$2,776.01	\$2,308.04	\$467.97	\$2,316.46	\$459.55	-\$8.42	-1.8%	\$2,364.29	\$411.72	-\$56.25	-12.0%
Total Monthly	434	\$884,015	\$745,028	\$138,987	\$748,726	\$135,289			\$769,483	\$114,531		
<b>Total Annualized</b>		<b>\$10,608,174</b>	<b>\$8,940,335</b>	<b>\$1,667,839</b>	<b>\$8,984,711</b>	<b>\$1,623,464</b>			<b>\$9,233,796</b>	<b>\$1,374,378</b>		
<b>Change %</b>					<b>0.50%</b>	<b>-2.66%</b>			<b>3.28%</b>	<b>-17.60%</b>		
<b>Change \$</b>					<b>\$44,376</b>	<b>-\$44,376</b>			<b>\$293,461</b>	<b>-\$293,461</b>		

## Kaiser – HMO

		2024 Employee Contributions			10/20% EE Contributions				5/20% EE Contributions			
Enrollment		Rates	ER Pays	EE Pays	ER Pays	EE Pays	EE \$ Change	EE % Change	ER Pays	EE Pays	EE \$ Change	EE % Change
<b>As-Is Renewal</b>												
Employee	53	\$862.83	\$714.54	\$148.29	\$776.55	\$86.28	-\$62.01	-41.8%	\$819.69	\$43.14	-\$105.15	-70.9%
Employee & Spouse	45	\$1,725.74	\$1,358.87	\$366.87	\$1,466.88	\$258.87	-\$108.01	-29.4%	\$1,510.02	\$215.72	-\$151.15	-41.2%
Employee & Child(ren)	19	\$1,553.26	\$1,230.07	\$323.19	\$1,328.89	\$224.37	-\$98.82	-30.6%	\$1,372.03	\$181.23	-\$141.96	-43.9%
Employee & Family	74	\$2,588.99	\$2,003.52	\$585.47	\$2,157.48	\$431.52	-\$153.96	-26.3%	\$2,200.62	\$388.37	-\$197.10	-33.7%
Total Monthly	191	\$344,485	\$270,652	\$73,834	\$292,068	\$52,417			\$300,308	\$44,177		
<b>Total Annualized</b>		<b>\$4,133,826</b>	<b>\$3,247,819</b>	<b>\$886,007</b>	<b>\$3,504,821</b>	<b>\$629,005</b>			<b>\$3,603,702</b>	<b>\$530,124</b>		
<b>Change %</b>					<b>7.91%</b>	<b>-29.01%</b>			<b>10.96%</b>	<b>-40.17%</b>		
<b>Change \$</b>					<b>\$257,002</b>	<b>-\$257,002</b>			<b>\$355,883</b>	<b>-\$355,883</b>		

# Pharmacy Benefit Manager Options 1

Changing to OptumRx = ~2.25% savings

## Executive Overview - Financial Results

Claims Dates Analyzed: 1/1/2023 - 12/31/2023

<b>City of Vancouver</b>	<i>Current PBM</i> <b>Regence BCBS</b>	<i>RxBenefits</i> <b>CVS/caremark</b>	<i>RxBenefits</i> <b>OptumRx</b>	<i>RxBenefits</i> <b>Express Scripts</b>
<b>555 Employees    1,500 Members</b>		<i>Standard Control Formulary with ACSF</i>	<i>Premium Formulary</i>	<i>Preferred Formulary</i>
<b>Overview of Plan Cost</b>				
<b>Gross Claim Amount Paid</b>	\$4,087,287	\$3,859,735	\$3,964,184	\$4,029,884
Less Member Cost Share	-\$229,348	-\$229,348	-\$229,348	-\$229,348
<b>Claims Amount Paid by Employer</b>	<b>\$3,857,939</b>	<b>\$3,630,387</b>	<b>\$3,734,835</b>	<b>\$3,800,536</b>
Plus Potential Transition Fees from Incumbent	\$0	\$39,960	\$39,960	\$39,960
Plus UM Package / Connectivity Fees	\$0	\$0	\$0	\$18,418
Plus Administrative / Transaction Fees	\$0	\$7,405	\$7,405	\$7,405
Less One Time Pharmacy Management Fund	\$0	-\$22,500	-\$22,500	-\$22,500
Less Rebates and Credits from PBM	-\$707,033	-\$665,385	-\$896,335	-\$760,755
<b>Net Amount Paid by Employer</b>	<b>\$3,150,906</b>	<b>\$2,989,867</b>	<b>\$2,863,366</b>	<b>\$3,083,064</b>
<b>Average Amount Paid</b>				
<b>Average Net Cost Per Claim</b>	<b>\$276.57</b>	<b>\$262.43</b>	<b>\$251.33</b>	<b>\$270.61</b>
<b>Net Amount Paid PMPM (Per Member Per Month)</b>	<b>\$175.05</b>	<b>\$166.10</b>	<b>\$159.08</b>	<b>\$171.28</b>
<b>Savings Summary</b>				
<b>Savings Compared to Incumbent</b>	N/A	<b>\$161,039</b>	<b>\$287,540</b>	<b>\$67,842</b>
<b>Percentage Savings Compared to Incumbent</b>	N/A	<b>5.11%</b>	<b>9.13%</b>	<b>2.15%</b>

# Pharmacy Benefit Manager Options 2

## Formulary Disruption - *OptumRx*

RxBenefits - OptumRx Premium (IL-17 Exception) Formulary Disruption Summary (Based on Most Recent Six Months of Data)						
Current Tier	New Tier	Member Impact	% Total Members	Total Rx Count	% Rx	Impact
1	1	857	57.13%	4,948	83.06%	Neutral
2	2	255	17.00%	603	10.12%	Neutral
2	3	24	1.60%	69	1.16%	Disruption
3	2	19	1.27%	60	1.01%	Positive
3	3	47	3.13%	86	1.44%	Neutral
Covered	Non-Covered	75	5.00%	191	3.21%	Excluded
Distinct Members With Negative Impact		96				

NOTE: The Formulary Disruption Summary is based on applying the RxBenefits PBM's current formulary to the most recent 6 months of claims data analyzed. The current formulary may vary from the formulary that was in place during the date range of the claim file analyzed. The disruption may be overstated if the Plan has experienced a formulary change or update since the date of the claims file.

# Chronic Condition Member Counts

Condition	CoV	VHA	Total
Diabetes	31	11	42
Prediabetes	44	8	52
Hypertension	111	21	132
High Cholesterol	42	5	47

Above member counts with conditions based on information received in claims. It is important to note that members may have conditions that are not accounted for in claims.

Please note that the above data set represents the following period:

**Incurred Dates: 12/30/2022 - 12/29/2023**

**Paid Dates: 12/30/2022 - 12/29/2023**

# Cost Containment Considerations

Regence Point Solution	Program Details	Estimated Cost
<b>Omada</b>	Voluntary Cardiometabolic Program for Prevention, Diabetes and Hypertension	Billed as a claim per participant per month <b>Expected cost = \$55,219 Annually</b> \$150 enrollment fee; \$20 monthly fee; \$57-\$99 per enrolled member fee • ~7% participate <i>Expected ROI = \$129,474 Annually (2.3x)</i>
<b>Livongo Diabetes Management</b>	Voluntary Members receive a free meter and supplies plus coaching and live support	Billed as a claim per participant per month <b>Expected cost = \$4,020 (\$67 PPPM x 5)</b> • ~10% participate <i>Expected ROI = \$10,020</i>
<b>Livongo Diabetes Prevention</b>	Voluntary Members receive a scale and live classes and support	Each eligible participant registered = \$300 Engagement for 4 weeks = \$125
<b>Livongo Weight Management</b>	Voluntary Members receive a scale and live classes and support	Each eligible participant registered = \$475 Engagement = \$175 - \$200
<b>Livongo Hypertension Management</b>	Voluntary Members receive a blood pressure monitor and cuff and support	Billed as a claim per participant per month = \$39
<b>Hinge Health</b>	Voluntary Virtual physical therapy and support for MSK conditions	Billed as a claim per use = \$400-\$1000 depending on severity and length of therapy