



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: October 10, 2018

Department: Business Services Agenda Planning Date: Time required: 15 min

Audio/Visual aids

Contact: Justine Flora Phone: 503-584-7786

Department Head Signature: [Signature]

TITLE: Marion County Non-MCLEA Health Plan Benefit Plan Renewals 2019

Issue, Description & Background: Annual Renewal, Carrier Marketing and Non-MCLEA Health Insurance Study Committee (HISC) Recommendations for Plan Year 2019

Financial Impacts: Please see attached

Impacts to Department & External Agencies: Specific departmental impact has not been determined at this time

Options for Consideration: Accept Non-MCLEA HISC recommendations:
• Change PPO Preferred Provider Organization (PPO) and High Deductible Health Plan (HDHP) to Pacific Source as quoted
• Renew Kaiser HMO Medical Plan as quoted
• Renew Kaiser Dental plan as quoted
• Renew Delta Dental plan as quoted
Accept Health Savings Arrangement (HAS) Employer Contribution Recommendation
• Continue Employer HSA contribution of \$625 individual and \$1,300 family
Reject HISC any or all of the HISC recommendations

Recommendation: Accept Renewal Recommendations

List of attachments: Marion County Non-MCLEA Health Plan Considerations and HISC Recommendations

Presenter: Justine Flora

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Justine Flora 1

Board Session October 10, 2018 Marion County Health Plan Considerations and Non-MCLEA Health Insurance Study Committee (HISC) recommendations for Plan Year 2019

Medical Plan

Currently, Marion offers Medical coverage through Regence and Kaiser. Regence offers Preferred Provider organization (PPO) options for the MCLEA unit and Non-MCLEA units and a High Deductible Health Plan (HDHP) option to the Non-MCLEA units. Kaiser offers Health Maintenance Organization (HMO) plans to both MCLEA and Non-MCLEA groups.

Dental Plans

Marion County offers dental coverage through both Delta Dental and Kaiser.

Non MCLEA Recommendations

Each year the Health Insurance Study Committee (HISC) meets to review and assess Health Plan renewals and possible plan changes. The HISC then makes plan recommendations to the Marion County Board of Commissioners.

During the HISC meetings in August and September this year, the HISC reviewed proposed carrier renewals as well as marketing results to consider a change to the PPO and HDHP carriers. The committee voted to make the following medical plan recommendations:

- HDHP Plan
 - Change carrier from Regence to Pacific Source
 - Minimal plan changes and provider disruption
- PPO Plan
 - Change carrier from Regence to Pacific Source
 - Minimal mandatory plan changes and provider disruption
- Kaiser HMO
 - Renew with minimal mandatory plan changes
- Dental
 - Renew Kaiser with minimal mandatory plan changes
 - Renew Delta Dental plan with minimal mandatory plan changes and;
 - Plan changes to exclude preventive care from the annual plan maximum

Health Savings Arrangement (HSA)

The HSA program is offered by Marion County through Key Bank. This program works offered alongside the HDHP provides a vehicle for HDHP participants to save pretax funds to cover out of pocket medical expenses.

Traditionally, the Marion County has made employer contribution employee HSA accounts which represent 50% of the HDHP, deductible. The current annual employer contribution is \$625 individual and \$1,300 family. The Risk and Benefits Manager requests that the Marion County Board of Commissioners consider continuing the annual employer HSA contribution at the current level.

Part and Temporary Employee Health Plan

In order to comply with eligibility rules under the Affordable Health Care Act, Marion County offers an essential benefit health plan to employees who would not otherwise meet eligibility criteria under Marion County Benefit Plan rules. This plan is offered through Regence and meets essential benefits and with an employer contribution towards the employee premium, meets affordability requirements. The Risk and Benefits Manger recommends moving this plan to Pacific Source as described in the attached Temporary and Part Time Plan description with an employer monthly contribution of \$382.27

Proposal Summary

Non-MCLEA Proposals

A Request for Proposal (RFP) was distributed for Medical and Rx benefit plan coverage. The goal of the marketing was to obtain lower premium rates while maintaining benefits as closely as possible to the current plans. The proposals were due on Tuesday, August 21st.

Following is a summary of the insurance carriers who received the RFP and their responses:

Carrier	Quoted or Declined	Outcome	AM Best Rating*	AM Best Size*
Aetna Life Insurance Company	Declined	Declined	A	XV
CIGNA Health and Life Insurance Company	Quoted	-0.7%, competitive	A	XV
Health Net Health Plan of Oregon	Quoted	11.1%, uncompetitive	B++	XIII
Moda Health Plan Inc	Quoted	7.0%, competitive	B-	VIII
PacificSource Health Plans	Quoted	4.8%, competitive	B++	VII
Providence Health Plan	Declined	Declined	NR	NR
Regence BlueCross BlueShield of Oregon	Incumbent	9.6%	A	XV
United HealthCare of Oregon Inc.	Quoted	-1.2%, competitive	A	XV

* See Carrier Solvency in the Appendix for explanation of A.M. Best Rating and Financial Size Category.

Marketing Results

Of the seven carriers that received the proposal, 5 responded with quotes and 4 are being shown in the exhibits in this section.

The CIGNA and United HealthCare proposals are showing rates that are extremely low, below current rates, and we urge caution when considering these proposals as the rates may be unsustainable. An independent underwriting review arrived at a projected increase in cost of approximately 5-6%. The Moda and PacificSource proposals appear to be more appropriately priced.

Note that not all benefits are an exact match to the County's current plans. In the detailed benefit pages that follow, benefit additions are coded in green font while benefit reductions are shown in red font.

**Marion County
Summary of Marketing Proposals
January 1, 2019 Renewal**

Proposal Summary	Regence		PacificSource	United HealthCare
	Current Rates	Renewal Rates	Proposed Rates	Proposed Rates
PPO	\$6,226,821	\$6,807,249	\$6,525,792	\$6,218,072
HDHP	\$1,640,482	\$1,815,835	\$1,719,250	\$1,639,984
Annual	\$7,867,303	\$8,623,084	\$8,245,042	\$7,858,057
\$ Change		\$755,782	\$377,739	(\$9,246)
% Change		9.6%	4.8%	-0.1%
Offer Details:				
Rate Guarantees	No		2nd year rate cap of +8.9%	2nd year rate cap of +9.0%
Implementation Credits	N/A		N/A	N/A
Additional Credits	N/A		N/A	N/A
Performance Guarantees	Current		N/A	N/A
In-Network Paid Claims Match	97.1%		95.0%	97.7%
In-Network Provider Match	94.3%		93.0%	95.4%
Network Status:				
SHPS (Providers)	Out of Network		In-network	In-network
Salem Hospital	In-network		In-network	In-network
Contract Renewal Date	Salem Hospital contract renews 7/1/2019		Contracts are Evergreen	Up for renewal 1/1/2020

**Marion County - Non-MCLEA Dental
Summary of Options
January 1, 2019 Renewal**

	Current Rates and Fees			Option Rates and Fees			\$ Change Annual Cost	% Change Annual Cost
	Annual Cost	EEs	Cost/EE	Annual Cost	EEs	Cost/EE		
As-Is Moda Dental Renewal	\$847,709	589	\$1,439	\$847,709	589	\$1,439	\$0	0.0%
Final Negotiated Renewal: Add Preventive First at No Cost Include 5% Rate Cap Guarantee in 2020.								
Increase Annual Max from \$2,000 to \$2,250				\$873,140	589	\$1,482	\$25,431	3.0%
Increase Annual Max from \$2,000 to \$2,500				\$881,617	589	\$1,497	\$33,908	4.0%
PPO Network 94% of currently used dentist are in-network. Network match is 40%.				\$778,175	589	\$1,321	(\$69,534)	-8.2%

Marion County
Part-Time/Temp Medical Benefits
January 1, 2019 Renewal

Plan Features	Regence PPO Plan Current/Renewal		PacificSource Proposed	
	Participating	Non-Participating	Participating	Non-Participating
Plan Info				
Annual Deductible/Individual		\$7,000	\$7,000	Combined
Annual Deductible/Family		\$14,000	\$14,000	Combined
Coinsurance	30%		30%	50%
Annual Out-of-Pocket Limit/Individual	\$7,150	\$10,000	\$7,150	\$10,000
Annual Out-of-Pocket Limit/Family	\$14,000	\$20,000	\$14,000	\$20,000
General Services				
Office Visit (inc Mental Health)	\$55 copay + 30% after ded	\$55 copay + 50% after ded	\$55 copay + 30% after ded	\$55 copay + 50% after ded
Specialist Visit	\$55 copay + 30% after ded	\$55 copay + 50% after ded	\$55 copay + 30% after ded	\$55 copay + 50% after ded
Telemedicine/Virtual Visits	N/A	N/A	\$55 copay + 30% after ded	\$55 copay + 50% after ded
Naturopath Visit	\$55 copay + 30% after ded	\$55 copay + 50% after ded	\$55 copay + 30% after ded	\$55 copay + 50% after ded
Preventive Services	Paid in full	50% after ded	Paid in full	50% after ded
X-Ray & Lab	30% , ded waived	50% after ded	30%, ded waived	50% after ded
High Cost Imaging (MRI/CAT/PET)	30% after \$100 copay + ded	50% after \$100 copay + ded	30% after \$100 copay + ded	50% after \$100 copay + ded
Urgent Care	\$55 copay + 30% after ded	\$55 copay + 50% after ded	\$55 copay + 30% after ded	\$55 copay + 50% after ded
Hospital Services				
Hospital semi-private room & board	30% after ded	50% after ded	30% after ded	50% after ded
Surgery				
Outpatient Services	30% after ded	50% after ded	30% after ded	50% after ded
Emergency Room Facility	30% after ded	50% after ded	30% after ded	50% after ded
Emergency Room Facility	30% after \$100 copay, deductible waived		30% after \$100 copay, deductible waived	
Ambulance	30% after ded		30% after deductible	
Other				
Physical/Speech/Chemo/Occupational Therapy	\$100 copay then 30% after ded	\$100 copay then 50% after ded	30% after ded	50% after ded
Durable Medical Equipment	30% after ded	50% after ded	30% after ded	50% after ded
Outpatient Services	30% after ded	50% after ded	30% after ded	50% after ded
Maternity Care	30% after ded	50% after ded	30% after ded	50% after ded
Skilled Nursing Facility Care	\$100 copay then 30% after ded	\$100 copay then 50% after ded	\$100 copay then 30% after ded	\$100 copay then 50% after ded
Alternative Care				
Chiropractic Services	Not covered	Not covered	Not covered	Not covered
Acupuncture	Not covered	Not covered	Not covered	Not covered
Massage Therapists	Not covered	Not covered	Not covered	Not covered
Prescription Drug Benefits				
Prescription Drug Deductible	Medical deductible applies		Medical deductible applies	
Retail Optum Value Generic	\$2 copay		\$2 copay	
Retail Generic (Non-preferred)	20%		20%	
Retail Brand (Preferred)	35%		35%	
Retail Brand (Non-preferred)	50%		50%	
Retail # of Days Supply	30		30	
Mail Order	3 X Retail		3 X Retail	
Mail Order # of Days Supply	90		90	
Vision Exam & Hardware				
Eye Exam	No vision		No vision	
Hardware	None		None	
Rate Summary	Current Rates	Renewal Rates	Proposed Rates	
Employee Only	0	\$502.35	\$558.10	\$526.47
Employee & 1 Dependent	0	\$1,456.80	\$1,618.45	\$1,526.75
Employee & Family	0	\$1,456.80	\$1,618.45	\$1,526.75
Monthly	0	\$0	\$0	\$0
Annual		\$0	\$0	\$0
\$ Change				
% Change (Single Rate Comparison)			11.1%	4.8%

Minimum Employer Contribution for ACA Safe Harbor Compliance:

\$413.90

\$382.27

Note, this plan currently has no enrollment. It is offered for compliance purposes.

This summary is intended to highlight the major benefit provisions of these plans for plan administration purposes. It is not intended to be an SPD for plan participants, nor does it intend to comprehensively summarize the full provisions, limitations and exclusions of these plans. If the terms of this summary and the SPD or plan document conflict, the SPD or plan document will control. For more information, please ask your service team for a complete SPD, insurance contract and/or plan document. Complete proposals are available upon request. **We recommend that you review complete proposals prior to changing carriers. If you choose to change carriers, please do not cancel coverage with your current carrier until advised to do so.**

Quotes based on census provided. If actual enrollment differs from census, rates subject to change.



**Marion County
HSA Account Cost
Projection January 1, 2019
Renewal**

HSA Contributions		
	<u>Current</u>	<u>Renewal *</u>
Single Enrollees	20	20
Family Enrollees	84	84
Single Contribution	\$650	\$650
Family Contribution	\$1,300	\$1,300
Monthly	\$10,183	\$10,183
Annual	\$122,200	\$122,200
\$ Change		\$0
% Change		0.0%

* Pending final HSA Contribution figures.

Marion County - Non-MCLEA Employees
Non-MCLEA Employee Health Plan Contributions
January 1, 2019 Renewal
Based on Current Contribution Method

Total Enrolled	Non-MCLEA 2018 Contributions			Non-MCLEA 2019 Contributions			\$ Change	% Change
	Premium Rates	County Cost	Employee Cost	Premium Rates	County Cost	Employee Cost		
Kaiser HMO	\$1,448.10			\$1,375.69				
Kaiser Dental	\$131.42			\$127.48				
417								
Kaiser/Kaiser - Non-MCLEA	\$1,579.52	\$1,446.00	\$133.52	\$1,503.17	\$1,446.00	\$57.17	(\$76.35)	-57.2%
Kaiser/Kaiser - FOPPO	\$1,579.52	\$1,554.00	\$25.52	\$1,503.17	\$1,503.17	\$0.00	(\$25.52)	-\$25.52
Kaiser HMO	\$1,448.10			\$1,375.69				
Delta Dental	\$122.77			\$122.77				
143								
Kaiser/Delta - Non-MCLEA	\$1,570.87	\$1,446.00	\$124.87	\$1,498.46	\$1,446.00	\$52.46	(\$72.41)	-58.0%
Kaiser/Delta - FOPPO	\$1,570.87	\$1,554.00	\$16.87	\$1,498.46	\$1,498.46	\$0.00	(\$16.87)	-\$16.87
Regence PPO	\$1,402.95			\$1,533.70				
Kaiser Dental	\$131.42			\$127.48				
32								
Regence PPO/Kaiser - Non-MCLEA	\$1,534.37	\$1,446.00	\$88.37	\$1,661.18	\$1,446.00	\$215.18	\$126.81	143.5%
Regence PPO/Kaiser - FOPPO	\$1,534.37	\$1,534.37	\$0.00	\$1,661.18	\$1,654.00	\$7.18	\$7.18	+\$7.18
Regence PPO	\$1,402.95			\$1,533.70				
Delta Dental	\$122.77			\$122.77				
308								
Regence PPO/Delta - Non-MCLEA	\$1,525.72	\$1,446.00	\$79.72	\$1,656.47	\$1,446.00	\$210.47	\$130.75	164.0%
Regence PPO/Delta - FOPPO	\$1,525.72	\$1,525.72	\$0.00	\$1,656.47	\$1,654.00	\$2.47	\$2.47	+\$2.47
Regence HDHP	\$1,231.70			\$1,363.35				
Kaiser Dental	\$131.42			\$127.48				
15								
Regence HDHP/Kaiser - Non-MCLEA	\$1,363.12	\$1,363.12	\$0.00	\$1,490.83	\$1,446.00	\$44.83	\$44.83	+\$44.83
Regence HDHP/Kaiser - FOPPO	\$1,363.12	\$1,363.12	\$0.00	\$1,490.83	\$1,490.83	\$0.00	\$0.00	-
Regence HDHP	\$1,231.70			\$1,363.35				
Delta Dental	\$122.77			\$122.77				
87								
Regence HDHP/Delta - Non-MCLEA	\$1,354.47	\$1,354.47	\$0.00	\$1,486.12	\$1,446.00	\$40.12	\$40.12	+\$40.12
Regence HDHP/Delta - FOPPO	\$1,354.47	\$1,354.47	\$0.00	\$1,486.12	\$1,486.12	\$0.00	\$0.00	-

Marion County - Non-MCLEA Employees
Non-MCLEA Employee Health Plan Contributions
January 1, 2019 Renewal
PacificSource Proposal

Total Enrolled		Non-MCLEA 2018 Contributions			Non-MCLEA 2019 Contributions			\$ Change	% Change
		<u>Premium Rates</u>	<u>County Cost</u>	<u>Employee Cost</u>	<u>Premium Rates</u>	<u>County Cost</u>	<u>Employee Cost</u>		
Kaiser HMO	417	\$1,448.10			\$1,375.69				
Kaiser Dental		\$131.42			\$127.48				
Kaiser/Kaiser - Non-MCLEA		\$1,579.52	\$1,446.00	\$133.52	\$1,503.17	\$1,446.00	\$57.17	(\$76.35)	-57.2%
Kaiser/Kaiser - FOPPO		\$1,579.52	\$1,554.00	\$25.52	\$1,503.17	\$1,503.17	\$0.00	(\$25.52)	-
Kaiser HMO	143	\$1,448.10			\$1,375.69				
Delta Dental		\$122.77			\$122.77				
Kaiser/Delta - Non-MCLEA		\$1,570.87	\$1,446.00	\$124.87	\$1,498.46	\$1,446.00	\$52.46	(\$72.41)	-58.0%
Kaiser/Delta - FOPPO		\$1,570.87	\$1,554.00	\$16.87	\$1,498.46	\$1,498.46	\$0.00	(\$16.87)	-
PacificSource PPO	32	\$1,402.95			\$1,470.31				
Kaiser Dental		\$131.42			\$127.48				
PacificSource PPO/Kaiser - Non-MCLEA		\$1,534.37	\$1,446.00	\$88.37	\$1,597.79	\$1,446.00	\$151.79	\$63.42	71.8%
PacificSource PPO/Kaiser - FOPPO		\$1,534.37	\$1,534.37	\$0.00	\$1,597.79	\$1,597.79	\$0.00	\$0.00	-
PacificSource PPO	308	\$1,402.95			\$1,470.31				
Delta Dental		\$122.77			\$122.77				
PacificSource PPO/Delta - Non-MCLEA		\$1,525.72	\$1,446.00	\$79.72	\$1,593.08	\$1,446.00	\$147.08	\$67.36	84.5%
PacificSource PPO/Delta - FOPPO		\$1,525.72	\$1,525.72	\$0.00	\$1,593.08	\$1,593.08	\$0.00	\$0.00	-
PacificSource HDHP	15	\$1,231.70			\$1,290.84				
Kaiser Dental		\$131.42			\$127.48				
PacificSource HDHP/Kaiser - Non-MCLEA		\$1,363.12	\$1,363.12	\$0.00	\$1,418.32	\$1,418.32	\$0.00	\$0.00	-
PacificSource HDHP/Kaiser - FOPPO		\$1,363.12	\$1,363.12	\$0.00	\$1,418.32	\$1,418.32	\$0.00	\$0.00	-
PacificSource HDHP	87	\$1,231.70			\$1,290.84				
Delta Dental		\$122.77			\$122.77				
PacificSource HDHP/Delta - Non-MCLEA		\$1,354.47	\$1,354.47	\$0.00	\$1,413.61	\$1,413.61	\$0.00	\$0.00	-
PacificSource HDHP/Delta - FOPPO		\$1,354.47	\$1,354.47	\$0.00	\$1,413.61	\$1,413.61	\$0.00	\$0.00	-

Marion County - Non-MCLEA Employees
Non-MCLEA Employee Health Plan Contributions
January 1, 2019 Renewal
United Healthcare Proposal

Total Enrolled		Non-MCLEA 2018 Contributions			Non-MCLEA 2019 Contributions			\$ Change	% Change
		<u>Premium Rates</u>	<u>County Cost</u>	<u>Employee Cost</u>	<u>Premium Rates</u>	<u>County Cost</u>	<u>Employee Cost</u>		
Kaiser HMO	417	\$1,448.10			\$1,375.69				
Kaiser Dental		\$131.42			\$127.48				
Kaiser/Kaiser - Non-MCLEA		\$1,579.52	\$1,446.00	\$133.52	\$1,503.17	\$1,446.00	\$57.17	(\$76.35)	-57.2%
Kaiser/Kaiser - FOPPO		\$1,579.52	\$1,554.00	\$25.52	\$1,503.17	\$1,503.17	\$0.00	(\$25.52)	-\$25.52
Kaiser HMO	143	\$1,448.10			\$1,375.69				
Delta Dental		\$122.77			\$122.77				
Kaiser/Delta - Non-MCLEA		\$1,570.87	\$1,446.00	\$124.87	\$1,498.46	\$1,446.00	\$52.46	(\$72.41)	-58.0%
Kaiser/Delta - FOPPO		\$1,570.87	\$1,554.00	\$16.87	\$1,498.46	\$1,498.46	\$0.00	(\$16.87)	-\$16.87
United Healthcare PPO	32	\$1,402.95			\$1,401.01				
Kaiser Dental		\$131.42			\$127.48				
United Healthcare PPO/Kaiser - Non-MCLEA		\$1,534.37	\$1,446.00	\$88.37	\$1,528.49	\$1,446.00	\$82.49	(\$5.88)	-6.7%
United Healthcare PPO/Kaiser - FOPPO		\$1,534.37	\$1,534.37	\$0.00	\$1,528.49	\$1,528.49	\$0.00	\$0.00	-
United Healthcare PPO	308	\$1,402.95			\$1,401.01				
Delta Dental		\$122.77			\$122.77				
United Healthcare PPO/Delta - Non-MCLEA		\$1,525.72	\$1,446.00	\$79.72	\$1,523.78	\$1,446.00	\$77.78	(\$1.94)	-2.4%
United Healthcare PPO/Delta - FOPPO		\$1,525.72	\$1,525.72	\$0.00	\$1,523.78	\$1,523.78	\$0.00	\$0.00	-
United Healthcare HDHP	15	\$1,231.70			\$1,231.37				
Kaiser Dental		\$131.42			\$127.48				
United Healthcare HDHP/Kaiser - Non-MCLEA		\$1,363.12	\$1,363.12	\$0.00	\$1,358.85	\$1,358.85	\$0.00	\$0.00	-
United Healthcare HDHP/Kaiser - FOPPO		\$1,363.12	\$1,363.12	\$0.00	\$1,358.85	\$1,358.85	\$0.00	\$0.00	-
United Healthcare HDHP	87	\$1,231.70			\$1,231.37				
Delta Dental		\$122.77			\$122.77				
United Healthcare HDHP/Delta - Non-MCLEA		\$1,354.47	\$1,354.47	\$0.00	\$1,354.14	\$1,354.14	\$0.00	\$0.00	-
United Healthcare HDHP/Delta - FOPPO		\$1,354.47	\$1,354.47	\$0.00	\$1,354.14	\$1,354.14	\$0.00	\$0.00	-

Marion County - Non-MCLEA Employees
Employee Benefit Plans - Total Estimated Annual Costs
January 1, 2019 Renewal

Regence Renewal	Current Costs			Renewal Costs			\$ Change		% Change	
	Annual Cost	EEs	Cost/EE	Annual Cost	EEs	Cost/EE	Annual Cost	Cost/EE	Annual Cost	Cost/EE
Kaiser HMO	\$10,745,708	631	\$17,030	\$10,208,387	631	\$16,178	(\$537,322)	(\$852)	-5.0%	-5.0%
Regence PPO	\$6,226,821	381	\$16,343	\$6,807,249	381	\$17,867	\$580,428	\$1,523	9.3%	9.3%
Regence HDHP	\$1,640,482	116	\$14,142	\$1,815,835	116	\$15,654	\$175,354	\$1,512	10.7%	10.7%
Medical/Rx/Vision Subtotal	\$18,613,011	1,128	\$16,501	\$18,831,471	1,128	\$16,695	\$218,460	\$194	1.2%	1.2%
Kaiser Dental	\$800,432	514	\$1,557	\$776,419	514	\$1,511	(\$24,013)	(\$47)	-3.0%	-3.0%
Delta Dental	\$847,709	589	\$1,439	\$847,709	589	\$1,439	\$0	\$0	0.0%	0.0%
Dental Subtotal	\$1,648,140	1,103	\$1,494	\$1,624,127	1,103	\$1,472	(\$24,013)	(\$22)	-1.5%	-1.5%
All Health Subtotal	\$20,261,151	1,128	\$17,962	\$20,455,598	1,128	\$18,134	\$194,447	\$172	1.0%	1.0%
Employee/Retiree Contributions	(\$1,962,645)	1,128	(\$1,740)	(\$1,994,691)	1,128	(\$1,768)	(\$32,046)	(\$28)	1.6%	1.6%
Net Total All Plans	\$18,298,506	1,128	\$16,222	\$18,460,907	1,128	\$16,366	\$162,401	\$144	0.9%	0.9%

The cost/employee in each plan is based on the current number of employees in that plan (including COBRA, retirees, and disableds if participating).

Estimated employee contributions are based on current contribution method/formula. Alternative methods/formulas can be modeled upon request.

PacificSource Option	Current Costs			Renewal Costs			\$ Change		% Change	
	Annual Cost	EEs	Cost/EE	Annual Cost	EEs	Cost/EE	Annual Cost	Cost/EE	Annual Cost	Cost/EE
Kaiser HMO	\$10,745,708	631	\$17,030	\$10,208,387	631	\$16,178	(\$537,322)	(\$852)	-5.0%	-5.0%
PacificSource PPO	\$6,226,821	381	\$16,343	\$6,525,792	381	\$17,128	\$298,971	\$785	4.8%	4.8%
PacificSource HDHP	\$1,640,482	116	\$14,142	\$1,719,250	116	\$14,821	\$78,768	\$679	4.8%	4.8%
Medical/Rx/Vision Subtotal	\$18,613,011	1,128	\$16,501	\$18,453,429	1,128	\$16,359	(\$159,583)	(\$141)	-0.9%	-0.9%
Kaiser Dental	\$800,432	514	\$1,557	\$776,419	514	\$1,511	(\$24,013)	(\$47)	-3.0%	-3.0%
Delta Dental	\$847,709	589	\$1,439	\$847,709	589	\$1,439	\$0	\$0	0.0%	0.0%
Dental Subtotal	\$1,648,140	1,103	\$1,494	\$1,624,127	1,103	\$1,472	(\$24,013)	(\$22)	-1.5%	-1.5%
All Health Subtotal	\$20,261,152	1,128	\$17,962	\$20,077,556	1,128	\$17,799	(\$183,596)	(\$163)	-0.9%	-0.9%
Employee/Retiree Contributions	(\$1,962,645)	1,128	(\$1,740)	(\$1,654,134)	1,128	(\$1,466)	\$308,511	\$274	-15.7%	-15.7%
Net Total All Plans	\$18,298,507	1,128	\$16,222	\$18,423,422	1,128	\$16,333	\$124,915	\$111	0.7%	0.7%