

TOTAL COST SUMMARY

- Estimated Annual Expenses Effective January 1, 2025

		Carrier/Administrator	Estimated 2024 Annual Cost	Estimated 2025 Annual Cost	Net Change (\$/%)	
Med/Rx/Vision - PPO	Self-Funded	Regence	\$10,540,498	\$11,544,894	\$1,004,396	9.53%
Med/Rx/Vision - HDHP	Self-Funded	Regence	\$2,638,880	\$2,889,664	\$250,784	9.50%
Vision	Self-Funded	VSP	\$150,772	\$178,665	\$27,893	18.50%
Med/Rx/Vision - HMO	Fully Insured	Kaiser	\$5,009,872	\$5,254,185	\$244,313	4.88%
Med/Rx/Vision - HDHP	Fully Insured	Kaiser	\$650,432	\$679,259	\$28,827	4.43%
Dental - PPO	Self-Funded	Delta Dental of WA	\$999,795	\$992,796	-\$6,999	-0.70%
Dental - HMO	Fully Insured	Kaiser	\$17,929	\$17,571	-\$358	-2.00%
Total -- Med/Rx/Vision/Dental			\$20,008,178	\$21,557,034	\$1,548,856	7.74%
Life and AD&D	Fully Insured	New York Life	\$310,262	\$196,702	-\$113,560	-36.6%
Short Term Disability (VHA only)	Fully Insured	New York Life	\$21,835	\$8,188	-\$13,647	-62.5%
Long Term Disability (COV only)	Fully Insured	New York Life	\$258,235	\$199,415	-\$58,820	-22.8%
Sub-Total -- Life/AD&D/Disability			\$590,332	\$404,305	-\$186,027	-31.5%
FSA/LEOFF Administration		Allegiance	\$15,036	\$15,036	\$0	0.0%
Health Savings Account Administration		Bank of America	\$5,760	\$5,760	\$0	0.0%
Health Savings Account Funding		City of Vancouver	\$441,600	\$455,400	\$13,800	3.1%
Employee Assistance Program	1,093	Canopy	\$15,072	\$15,072	\$0	0.0%
Sub-Total -- FSA/HSA/EAP			\$480,315	\$493,735	\$13,420	2.8%
Overall Total			\$21,078,825	\$22,455,074	\$1,376,250	6.5%
Estimated Employee Contributions			\$1,655,544	\$2,472,597	\$817,053	49.4%
Net Overall Employer Cost			\$19,423,281	\$19,982,477	\$559,197	2.9%
Total Medical Plan Cost Per Employee Per Month (PEPM)		781	\$2,072	\$2,132	\$60	2.9%

This information does NOT include any benefits that are not employer paid
 Employee contributions are estimated.
 HSA funding amounts are estimated and shown as separate line items. These costs are not included in the self-insured funding rates.
 HSA funding increased from \$1600/\$3200 to \$1650/\$3300 due to the minimum deductible change to QHDHP plan by the IRS.

Estimated 2025 Annual Cost with Plan Changes	Net Change (\$/%)	
\$11,032,887	\$492,389	4.67%
\$2,834,688	\$195,808	7.42%
\$178,665	\$27,893	18.50%
\$4,989,331	-\$20,541	-0.41%
\$672,370	\$21,937	3.37%
\$992,796	-\$6,999	-0.70%
\$17,571	-\$358	-2.00%
\$20,718,308	\$710,130	3.55%
\$193,856	-\$116,406	-37.5%
\$21,313	-\$522	-2.4%
\$243,139	-\$15,096	-5.8%
\$458,308	-\$132,024	-22.4%
\$15,036	\$0	0.0%
\$5,760	\$5,760	0.0%
\$455,400	\$455,400	3.1%
\$15,072	\$15,072	0.0%
\$493,735	\$13,420	2.8%
\$21,670,351	\$591,527	2.8%
\$1,686,759	\$31,215	1.9%
\$19,983,592	\$560,312	2.9%
\$2,132	\$2,132	2.9%

Includes all changes:
 * Medical/rx plan changes
 * Employee Contribution changes
 * Life and Disability rate changes

SELF-FUNDED MEDICAL/RX

- Estimated Regence Rates Effective January 1, 2025

Regence - PPO		Enrollment	2024			2025		
VSP - Vision			Regence Medical/Rx	VSP Vision	Medical/Rx/Vision	Regence Medical/Rx	VSP Vision	Medical/Rx/Vision
EE only	150	\$946.11	\$10.44	\$956.55	\$990.29	\$12.37	\$1,002.66	
EE + Spouse	94	\$1,988.52	\$21.56	\$2,010.08	\$2,081.42	\$25.55	\$2,106.97	
EE + Child(ren)	34	\$1,704.51	\$18.52	\$1,723.03	\$1,784.13	\$21.95	\$1,806.08	
EE + Family	179	\$2,746.28	\$29.73	\$2,776.01	\$2,874.58	\$35.23	\$2,909.81	
Total Annual Cost	457	\$10,540,498	\$114,528	\$10,655,026	\$11,032,887	\$135,716	\$11,168,603	
% Change from Current					4.67%	18.50%	4.82%	
\$ Change from Current					\$492,389	\$21,188	\$513,577	
Regence - HDHP		Enrollment	2024			2025		
VSP - Vision			Regence Medical/Rx	VSP Vision	Medical/Rx/Vision	Regence Medical/Rx	VSP Vision	Medical/Rx/Vision
EE only	40	\$748.44	\$10.44	\$758.88	\$803.96	\$12.37	\$816.33	
EE + Spouse	27	\$1,572.43	\$21.56	\$1,593.99	\$1,689.11	\$25.55	\$1,714.66	
EE + Child(ren)	16	\$1,347.76	\$18.52	\$1,366.28	\$1,447.76	\$21.95	\$1,469.71	
EE + Family	58	\$2,171.54	\$29.73	\$2,201.27	\$2,332.68	\$35.23	\$2,367.91	
Total Annual Cost	141	\$2,638,880	\$36,245	\$2,675,125	\$2,834,688	\$42,950	\$2,877,638	
% Change from Current					7.42%	18.50%	7.57%	
\$ Change from Current					\$195,808	\$6,705	\$202,513	
Total Annual Cost	598	\$13,179,378	\$150,772	\$13,330,151	\$13,867,575	\$178,665	\$14,046,241	
% Change from Current					5.2%	18.5%	5.4%	
\$ Change from Current					\$688,197	\$27,893	\$716,090	

Assumptions Include:

Includes all medical plan changes

Estimated Stop loss renewal = +50% (Rate Cap) with same lasered claimants

Regence ASO renewal = 0.00%

Updated pharmacy terms and rebates = \$200,000 savings to the pharmacy plan

No change to ASO VSP renewal, in rate guarantee until January 2026

Using claims data through August 2024

HSA Funding is not included and should be budgeted separately

*COV currently contributes \$1,600 and \$3,200 to the HSA account

STOP LOSS

- Preliminary Renewal from Voya Effective January 1, 2025

Preliminary Stop Loss Renewal (using data through August)		
Stop Loss	2024 Voya	2025 Voya Renewal
Coverages	Medical/RX	Medical/RX
Contract Basis (incurred/paid)	Paid	Paid
Individual Specific Deductible	\$275,000	\$275,000
Maximum Aggregate Benefit	\$2,000,000	\$2,000,000
Aggregating Individual Deductible	N/A	N/A
Includes Rate Cap on Renewal	Yes - 50%	Yes - 50%
Includes No New Lasers at Renewal	Yes	Yes
Enrollment		
Single Subscribers	163	163
Family Subscribers	399	399
Total Number of Employees on Plan	562	562

ISL Premium Rates	PEPM	PEPM
Spec Single PEPM or Composite	\$99.98	\$149.97
Spec Family PEPM	\$279.83	\$419.75
Total Monthly Stop Loss Cost (ISL only)	\$127,949	\$191,923
Total Annual Stop Loss Cost (ISL only)	\$1,535,387	\$2,303,080
Annual \$ Change to Current		\$767,693
Percentage Change to Current		50.0%
Aggregate Composite Rate	\$5.82	\$6.11
Total Monthly Stop Loss Cost (AGG only)	\$3,271	\$3,434
Total Annual Stop Loss Cost (AGG only)	\$39,250	\$41,213
Annual \$ Change to Current		\$1,963
Percentage Change to Current		5.0%
Total Monthly Stop Loss Cost (ISL & AGG only)	\$131,220	\$195,358
Total Annual Stop Loss Cost (ISL & AGG only)	\$1,574,637	\$2,344,293
Annual \$ Change to Current		\$769,656
Percentage Change to Current		48.9%

Additional Risk Annual Individual Specific Deductible (Lasers)	\$475,000	\$475,000
Total Annual Stop Loss Cost (ISL, AGG & Laser Amount)	\$2,049,637	\$2,819,293
Annual \$ Change to Current		\$769,656
Percentage Change to Current		37.6%

Laser (s)		
	Laser 1 - \$650,000	Laser 1 - \$650,000
	Laser 2 - \$375,000	Laser 2 - \$375,000

Notes:

- The Voya renewal is +50%, which is the contracted rate cap. Approximately, +\$769,656 annually in premium.
- Lasers are still included, which adds a potential +\$475,000 of additional expenses.
- The stop loss coverage is out to market. All carriers will not solidify their quotes until they see September claims and the large claims are reviewed by their medical team. Many carriers have already declined to quote.
- Laser 1 is currently running at \$1.5M YTD and is trending to finalize at \$2.7M.
- Voya is considering removing the rate cap for the 2025 year as trend continues.

ADMINISTRATION

- Regence Administration Fees Effective January 1, 2025

Regence ASO	2024	2025
Current Enrollment	598	598
Coverage	PEPM	PEPM
Base Medical Fee	\$49.94	\$49.94
Regence Handles all Levels of Claims Appeals	Included	Included
Condition Manager	\$2.95	\$2.95
Pregnancy Program	\$0.85	\$0.85
Advice 24	\$0.82	\$0.82
Site of Care Infusion Management	\$0.38	\$0.38
Telehealth - Doctor on Demand	\$0.80	\$0.80
Network Access Fee	Included	Included
Core Care Management Programs:	Included	Included
<i>Utilization Management</i>		
<i>Case Management</i>		
<i>Transplant Case Management</i>		
<i>Clinical Account Management Support</i>		
Sub-Total		
Per Employee Per Month Total	\$55.74	\$55.74
Total Cost Monthly	\$33,333	\$33,333
Total Cost Annually	\$399,990	\$399,990
Annual \$ Change to Current		\$0
Annual % Change to Current		0.00%

SELF-FUNDED DENTAL

- Delta Dental Rates Effective January 1, 2025

Delta Dental of Washington Self Funded - Funding Rates	Enrollment	2024	2025
Non Union - Standard (#00596) crowns at 80%			
EE only	63	\$51.46	\$51.10
EE + Spouse	49	\$90.91	\$90.27
EE + Child(ren)	18	\$118.66	\$117.83
EE + Family	72	\$158.09	\$156.98
Non Union - Buy Up (#00596) crowns at 80%			
EE only	38	\$54.20	\$53.82
EE + Spouse	42	\$95.73	\$95.06
EE + Child(ren)	13	\$124.95	\$124.08
EE + Family	56	\$166.48	\$165.31
Union - Standard (#00854) crowns at 80%			
EE only	60	\$52.49	\$52.12
EE + Spouse	49	\$92.74	\$92.09
EE + Child(ren)	15	\$121.02	\$120.17
EE + Family	130	\$161.23	\$160.10
Union - Buy Up (#00854) crowns at 80%			
EE only	22	\$55.29	\$54.90
EE + Spouse	28	\$97.64	\$96.96
EE + Child(ren)	9	\$127.44	\$126.55
EE + Family	56	\$169.78	\$168.59
Total Enrollment	720		
Total Monthly Cost		\$83,316	\$82,733
Total Annual Cost		\$999,795	\$992,796
% Change from Current			-0.70%
\$ Change from Current			-\$6,999
Pensioners (#00996) crowns at 50%			
EE only	22	\$56.12	\$55.73
EE + Spouse	40	\$109.54	\$108.77
EE + Child(ren)	0	\$91.08	\$90.44
EE + Family	2	\$144.51	\$143.50

Delta Dental ASO Administration Fee	2024	2025
Included in Funding Rates		
Current Enrollment	784	784
Administration Fee	\$8.43	\$8.43
<i>Total Monthly Cost</i>	<i>\$6,609</i>	<i>\$6,609</i>
<i>Total Annual Cost</i>	<i>\$79,309</i>	<i>\$79,309</i>
\$ Change Annually		\$0
% Change Annually		0.0%

SELF-FUNDED VISION

- VSP Rates Effective January 1, 2025

VSP ASO Fee	2024	2025
Current Enrollment	598	598
Administration Fee	\$2.76	\$2.76
Monthly Cost	\$1,650	\$1,650
Annual Cost	\$19,806	\$19,806
<i>Annual Change in \$</i>		\$0
<i>Annual Change in %</i>		0%

Admin rate hold through January 2026 (3 years)

FULLY INSURED MEDICAL/RX/VISION

- Kaiser Rates Effective January 1, 2025

Kaiser HDHP w. HSA - \$1,650 Ded (was \$1,600) Medical/Rx/Vision

1959 1650 (was \$1,600) HDHP w. HSA Agg 300-313 (Non-Union/AFSCME)	Enrollment	2024	2025
EE only	9	\$594.43	\$614.48
EE + Spouse	10	\$1,188.39	\$1,228.47
EE + Child(ren)	2	\$1,070.93	\$1,107.05
EE+ Family	16	\$1,782.82	\$1,842.95
Monthly Cost	37	\$47,901	\$49,516
% Change from Current			3.37%
\$ Change from Current			\$1,616

3866 1650 (was \$1,600) HDHP w. HSA Agg 037 Housing Authority	Enrollment	2024	2025
EE only	2	\$594.43	\$614.48
EE + Spouse	1	\$1,188.39	\$1,228.47
EE + Child(ren)	2	\$1,070.93	\$1,107.05
EE+ Family	1	\$1,782.82	\$1,842.95
Monthly Cost	6	\$6,302	\$6,514
% Change from Current			3.37%
\$ Change from Current			\$213

Total HSA Enrollment	43	2024	2025
Total HSA Monthly		\$54,203	\$56,031
Total HSA Annual		\$650,432	\$672,370
% Change to Current			3.373%
\$ Change to Current			\$21,937

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

1959 C24G Custom 101 112 114 200-202 (Police Guild/Non-Union/AFSCME)	Enrollment	2024	2025
EE only	51	\$862.83	\$859.29
EE + Spouse	35	\$1,725.74	\$1,718.66
EE + Child(ren)	19	\$1,553.26	\$1,546.89
EE+ Family	69	\$2,588.99	\$2,578.38
Monthly Cost	174	\$312,557	\$311,276
% Change from Current			-0.41%
\$ Change from Current			-\$1,281

3866 C1G Custom 035 036 Housing Authority HMO	Enrollment	2024	2025
EE only	28	\$862.83	\$859.29
EE + Spouse	9	\$1,725.74	\$1,718.66
EE + Child(ren)	12	\$1,553.26	\$1,546.89
EE+ Family	18	\$2,588.99	\$2,578.38
Monthly Cost	67	\$104,932	\$104,502
% Change from Current			-0.41%
\$ Change from Current			\$819

Total Kaiser HMO Enrollment	241	2024	2025
Total Kaiser HMO Monthly		\$417,489	\$415,778
Total Kaiser HMO Annual		\$5,009,872	\$4,989,331
% Change to Current			-0.41%
\$ Change to Current			-\$20,541

FULLY INSURED DENTAL

- Kaiser Rates Effective January 1, 2025

Kaiser - Dental Plan 9 COV 01959-153, 155, 156, 159, 160, 161 VHA 03866-43, 44	Enrollment*	2024	2025
EE only	59	\$55.61	\$54.50
EE + Spouse	30	\$111.22	\$109.00
EE + Child(ren)	23	\$100.10	\$98.10
EE + Family	54	\$166.83	\$163.50
Total Annual Cost	143	\$17,929	\$17,571
% Change from Current			-2.00%
\$ Change from Current			-\$358

* Enrollment includes COV/VHA

2025 Renewal Decision Recap to date

Plan	Decision/Outcome
<p>Regence Medical/Rx VSP Vision</p>	<p>Renewing with the following changes to plan designs (both PPO and HSA) and employee contributions</p> <p><u>Regence PPO Plan</u></p> <ul style="list-style-type: none"> o Increase the OV Copays to \$30 o Increase the Deductible to \$400/\$1,200 o Increase the OOPM to \$2,800/\$8,400 o Reduce the visit limit for Acupuncture & Spinal Manipulations to 12 visits each per year o Add a \$100 Copay for Specialty Drugs <p><u>Regence HDHP</u></p> <ul style="list-style-type: none"> o Increase the OOPM to \$6,000/\$12,000 o Reduce the visit limit for Acupuncture & Spinal Manipulations to 12 visits each per year <p>Contributions are changing to 10/20 split.</p>
<p>Kaiser Medical/Rx/Vision</p>	<p>Renewing with the following changes to plan designs (both PPO and HSA) and employee contributions</p> <p><u>Kaiser PPO Plan</u></p> <ul style="list-style-type: none"> o Add a Deductible of \$200/\$600 o Increase the OOPM to \$2,000/\$4,000 o Change Laboratory and Imaging to 10% coinsurance after deductible o Change Ambulance to 20% coinsurance after deductible o Increase ER Copay to \$200 o Change Inpatient hospitalization to 10% coinsurance after deductible o Change Outpatient surgery visit to 10% coinsurance after deductible o Change Durable Medical Equipment to 10% coinsurance after deductible <p><u>Kaiser HDHP</u></p> <ul style="list-style-type: none"> o Increase OOPM to \$4,425 / \$8,850 <p>Contributions are changing to 10/20 split.</p>

2025 Medical/RxVision/Dental Renewal Recap Continued

Plan	Decision/Outcome
Voya Stop Loss	Out to market
Delta Dental of WA	Receiving a rate pass for 2025. Still need renewal decision from GB.
Kaiser Dental	Renewed with no changes to plan designs or employee contributions.
NY Life & Disability	Marketed and negotiated with NY Life for a rate relief on Basic Term Life, LTD & STD and a 3-year rate guarantee until 1/1/2028.