

AGENDA ITEM FOR ADMINISTRATIVE MEETING () Discussion only
(x) Action

FROM (DEPT/ DIVISION): HR

SUBJECT: Health Insurance Renewal 18-19 – Pacific Source

Background: We have received a quote to renew our health and dental insurance with Pacific Source for our current benefit plans.	Requested Action: Accept the 18-19 quote as proposed through Pacific Source at a 5.3% increase for the health/vision and 4% increase for the dental.
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ATTACHMENTS:

Date: (06/01/2018) Submitted By: Jennifer Blake

*****For Internal Use Only*****

Checkoffs:

- () Dept. Heard (copy)
- (x) Human Resources (copy)
- (x) Fiscal
- () Legal (copy)
- () (Other - List:)

To be notified of Meeting:

Needed at Meeting:

Scheduled for meeting on: June 6, 2018

Action taken:

Follow-up:

G0037368 Umatilla County
 Effective 8/1/2018 through 7/31/2019

MEDICAL RENEWAL EXHIBIT



Client Name: Umatilla County
 Group Number: G0037368
 Renewal Effective: 8/1/2018
 County: Umatilla
 Employer Contribution: Per Employer Policy
 Agent: Martha Ward
 Group Size: Large
 Marketing Rep: John Wright

	<u>EE</u>	<u>ES</u>	<u>EF</u>	<u>EC</u>	<u>Total</u>	
	145	35	68	34	282	
Current Rates:	<u>EE</u>	<u>ES</u>	<u>EF</u>	<u>EC</u>		Monthly Premium
PSN 1000+20_20+Rx 5-15-30 GF S3	\$840.79	\$1,757.27	\$2,429.87	\$1,505.02		
Vision 10-300	\$9.30	\$19.44	\$26.88	\$16.65		
Chiropractic Manipulations And Acupuncture 1500 S3	<u>\$9.85</u>	\$20.58	\$28.46	\$17.63		
Total:	\$859.94	\$1,797.29	\$2,485.21	\$1,539.30	\$408,926.93	
Renewal Rates:	<u>EE</u>	<u>ES</u>	<u>EF</u>	<u>EC</u>		<u>%</u>
PSN 1000+20_20+Rx 5-15-30 GF S3	\$885.11	\$1,849.90	\$2,557.95	\$1,584.35		
Vision 10-300	\$9.91	\$20.71	\$28.64	\$17.74		
Chiropractic Manipulations And Acupuncture 1500 S3	\$10.48	\$21.89	\$30.28	\$18.76		
Total:	\$905.50	\$1,892.50	\$2,616.87	\$1,620.85	\$430,591.06	5.3%

Oregon Drug List

DENTAL RENEWAL EXHIBIT



Client Name:	Umatilla County	Agent:	Martha Ward
Group Number:	G0037368	PS Rep:	John Wright
Renewal Effective:	8/1/2018	Size:	Large
County:	Umatilla		
Dental Employer Contribution:	Per Employer Policy		

	<u>EE</u>	<u>ES</u>	<u>EF</u>	<u>EC</u>	<u>Total:</u>	
Current Enrollment:	101	47	95	34	277	
Dental Census as of March 2018						
Current Dental Rates:						<u>Monthly Premium</u>
Dental Advantage Plus 0-20-50 25-2000 S2	\$47.30	\$98.82	\$139.32	\$83.87		
Total:	\$47.30	\$98.82	\$139.32	\$83.87	\$25,508.82	
Renewal Dental Rates:						
Dental Advantage Plus 0-20-50 25-2000 S2	\$49.19	\$102.77	\$144.89	\$87.22		
Total:	\$49.19	\$102.77	\$144.89	\$87.22	\$26,528.41	<u>%</u> 4.0%

Renewal rates and options are effective 08/01/2018 through 07/31/2019



Oregon Fully Insured Health Coverage

Notice of Change to Your Medical and Dental Plan Benefits

Your Plan may change in 2018 to comply with the Affordable Care Act (ACA), state legislation or PacificSource best practices. The following outline summarizes the changes and the reasons they are occurring. Please seek legal counsel if you have questions about how these changes apply to your organization.

Member Handbook Changes

Section	Summary of Change	Why are these changes occurring?
Covered Services - Durable Medical Equipment	Preauthorization requirement for the purchase or rental of equipment changed from \$800 to \$1,000.	Updated as a core administrative change for 2018.
Excluded Services	Exclusion language removed for Maternity charges incurred by a covered person acting as a Surrogate Mother and replaced with subrogation rights under the Third Party liability section.	Language removed per state guidance and language added to provide clarification to members.

Medical Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Telemedicine Visit	The medical plan summary will include a line item for the telemedicine visit benefit.	Provides clarification of the member cost share for the benefit.

Vision Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Vision Plan Coverage	Coverage is expanded to include coverage for additional types of lenses, including sunglasses, lens tint, and anti-reflective and scratch resistant coatings up to the plans' maximum hardware allowance.	Part of a core update for 2018.

Dental Benefit Changes

Section	Summary of Change	Why are these changes occurring?
Covered Dental Services	The age limitation of 18 years and younger for fluoride varnish is removed from the plan and the frequency of the service has changed from 12 applications per year to four applications per year.	Part of a core update for 2018.

Renewing Your Plan

The changes in this notice will occur automatically. Due to potential eligibility changes, however, it is important that you complete the attached **Renewal Confirmation Form**. To allow time to process your changes and, if needed, get new ID cards to covered members prior to the effective date, please return the completed form and attach a copy of the **final rates** to PacificSource at least 30 days prior to your renewal date.

Member Materials

After your renewal changes have been processed, **new ID cards will be mailed to your covered employees and their dependents only if there is a change that impacts ID cards.** Your employees and their covered family members will have 24/7 access to their new benefit handbook document through InTouch for Members at PacificSource.com, as well as access to our **provider directory** and other information.

Employer Materials

An electronic copy of your new benefit handbook and contract will be emailed to you, and a single printed office reference copy will be mailed or delivered to you. You can also access your group policy information online. You can access your benefit materials, enroll new members, update existing member information, pay your bill, print temporary ID cards, and view your current census information and enrollment totals through InTouch for Employers at <https://intouch.pacificsource.com/ITE/Login>.

We're here to help.

As always, PacificSource is here to assist you. If you have questions, your agent or PacificSource Client Service Representative is happy to help.





Group Renewal Confirmation Form— Oregon

Important! Complete and submit this renewal form to PacificSource by the 10th of the month prior to your renewal date even if there are no changes. Renewal confirmations are processed in the order they are received.

Group name _____ Group no. _____ Renewal date _____

Renewal Options

Option 1

Renew on current plan design, ACCEPT all changes outlined in the notice of change letter or as required by regulations. All group contact and eligibility information remains unchanged, except as required by regulations. Please check this box, sign and date page 2, and email this request to your sales team at one of the following: PortlandSales@pacificsource.com, SpringfieldSales@pacificsource.com, BendSales@pacificsource.com, or MedfordSales@pacificsource.com.

Option 2

Make changes as noted below, ACCEPT all changes outlined in the notice of change letter or as required by regulations. Please note any section left blank will remain unchanged. Please email this request to your sales team at one of the following: PortlandSales@pacificsource.com, SpringfieldSales@pacificsource.com, BendSales@pacificsource.com, or MedfordSales@pacificsource.com.

Eligibility Changes

Probationary period (select one): First of the month following:

Date of hire 30 days 60 days
90 calendar days (effective 91st calendar day; first month premium prorated) Other _____

Coverage start date: If the last day of the probationary period falls on the first day of the month, when will the new employee's coverage be effective?

Eligible that day Must wait until the first day of the following month or 91st day, whichever comes first

Minimum hours: How many hours per week must an employee work to be eligible for coverage? (20–30 hours)

____ hours per week

Employer premium contribution

Medical: Employee ____% Dependent ____% Dental: Employee ____% Dependent ____%

Does your group have an HRA or HSA?

No Yes; if yes, what does the employer contribute to account? _____

Eligible members: This plan covers

- Employee + spouse/domestic partner + children
- Employee only (option only for small group)
- Employee + children only (option only for large group)

Benefit Changes

SMALL GROUP

Renew on current medical plan design and ACCEPT all changes outlined in the notice of change letter or as required.
Renew on current dental plan design and ACCEPT all changes outlined in the notice of change letter or as required.
Change to the plan(s) below. List the plan name(s) exactly as listed on your renewal notice (i.e., PSN Silver 5000).

Medical plan(s) _____

Dental plan _____

Cosmetic Orthodontia (Orthodontia is only available to groups with 26 or more enrolled employees)

The ACA requires small groups that provide health coverage to offer pediatric dental coverage. If you do not have dental coverage with another insurer, we recommend you add a family or pediatric dental plan to your package.

LARGE GROUP (attach final renewal rates)

Renew on current medical plan design(s) and ACCEPT all changes outlined in the notice of change letter or as required.

Renew on current dental plan design and ACCEPT all changes outlined in the notice of change letter or as required.

Change to the plan(s) below. List the plan name(s) exactly as listed on your renewal notice (i.e., PSN HSA 3000+Rx).

Medical/Rx plan(s) _____

Vision plan _____

Dental plan _____ Orthodontia max \$1,000 \$1,500

Other/custom (indicate details) _____

Termination

Terminate this coverage at renewal: Medical Dental Other _____ All lines of coverage

Reason _____ New carrier(s) _____

Signature (please read carefully)

- I acknowledge that retroactive changes to benefits or eligibility are not allowed. Any off-renewal change requests will be effective the first of the month following the date that PacificSource receives the written request.
- I understand that eligibility standards must be adhered to for all employees and their eligible dependents. I agree to make all coverage options available to all eligible employees that satisfy the hourly and probationary wait requirements.
- I understand that it is my responsibility to comply with the eligibility provisions of the Affordable Care Act and any related state or federal guidance. Noncompliance may result in the group penalty from federal agencies.

Signature _____ Title _____ Date _____

Email by location to PortlandSales@pacificsource.com, SpringfieldSales@pacificsource.com, MedfordSales@pacificsource.com, or BendSales@pacificsource.com, or fax to (541) 225-3645

Mail to PacificSource Health Plans ATTN: Sales, PO Box 7068, Springfield, OR 97475-0068

InTouch for Employers: InTouch.pacificsource.com/ITE/Login; Benefit Summaries: PacificSource.com/plan-summaries