LMBC Meeting Minutes
April 15, 2025
Zoom Meeting
Compiled by Maria Xiong

LMBC Members:
Tom Armstrong, Mgmt – Present
Jamie Doscher, Labor – Absent
Erich Pacheco (Blake), Mgmt. – Present
Vince Elmore, Labor – Absent
Kim Epling, Mgmt. – Present
Margaret Evans, Mgmt. – Present
Chris Flanary, Labor – Present
Leslie Goodlow, Mgmt. Co-Chair – Present
Casey Hettman, Labor – Present
Claire Houston, Labor – Present
Rob Hutchens, Labor – Present
Lex Jakusovszky, Mgmt – Present
Nick Kreimeier, Labor – Present
Isaac McLennan, Labor – Present
Nicole Powell, Mgmt. – Present
Aaron Rivera, Mgmt – Present
Jenny Scott, Labor – Present
Kyle Stephens, Mgmt – Absent
Amy Tuttle, Mgmt. – Present
Carolyn Welch, Labor – Present
Rachel Whiteside, Labor Co-Chair – Present
Ron Zito, Mgmt. – Present

Staff:
Michelle Taylor
Santos Aguilar
Maria Xiong

Aon:

1.Call to order: Co-Chair Leslie Goodlow called meeting to order 1:35 PM.

2.Meeting Minutes: March 18, 2025 meeting minutes adopted as written.

3. 2025-26 plan year renewal recap and recommendations to Council:
Michelle shared the topics to cover in this meeting (slide 2): 2025-2026 renewal cap, presentation to council, 2025-2026 annual open enrollment, and committee next steps.

Slide 3 began with regulatory changes – These were introduced early in the LMBC meetings but were moved to the end of the slide decks to prioritize plan changes and the development of various packages. Additionally, these are for awareness and no not require committee action.

Returning some focus to these items, the City High Deductible plan will have some changes in accordance with IRS requirements and to keep the plan compliant. The

deductible will change from $1,600 to $1,650 for individuals, and from $3,200 to $3,300 for families.

Senate Bill 1508 (SB1508) sets a cap on insulin costs at $35 for a 30-day supply and $105 for a 90-day supply. A separate change will ensure pharmacy manufacturer coupons and copay assistance count toward the member's out-of-pocket maximum, beginning July 1, 2025.

Slide 4 covered recommendations with no fiscal impact. These included renewing EAP services with an additional five visits. Dental coverage under Moda/Delta Dental will be expanded to include sedation services for members who self-identify as having an intellectual and/or developmental disability. For Moda medical coverage, the recommendations included removing the prior authorization requirement for nutritional therapy and adding CirrusMD as a virtual visit option.

Slide 5 highlighted recommendations included across all packages (8%, 10%, and 12%). For Moda Medical/ESI Pharmacy, updates include adding Hinge Health as a virtual musculoskeletal therapy benefit, implementing Transcarent access to Surgery Centers of Excellence, implementing the Transcarent cancer support package, and applying the Garner overlay to the current CityCore plan design, paired with a $1,000 Health Reimbursement Account incentive.

Slide 6 outlines the recommendations within the 12% package, including all items from slides 4 and 5, with additional changes specific to Kaiser. These include introducing a $100 inpatient copay per day, capped at $500 per admission, and updating the Kaiser pharmacy copay structure to three-tiers: $15/$30/$50.

Slide 7 outlines the recommendations within the 10% package. Similar to the 12% recommendation, these include all items from slides 4 and 5, along with additional changes specific to the Kaiser plan. These changes introduce a $150 deductible and a $1,000 out-of-pocket maximum. The pharmacy benefit moves to a three-tiered copay structure of $15/$30/$50. Office visit copays include $15 for primary care (after first three at $5), $25 for specialty care, and $35 for urgent care. Lab and imaging services have a $15 copay for simple tests and $75 for complex ones. Additionally, a 20% coinsurance—applied after the deductible—will apply to outpatient surgery, inpatient services, emergency room visits, and ambulance services.

Slide 8 outlines the recommendations within the 8% package, including all items from slides 4 and 5. Additionally, this package would include changes to both CityCore and Kaiser. For CityCore, the deductible would increase from $250 to $500, and the out-of-pocket maximum from $1,800 to $2,050. The Garner Health Reimbursement Account (HRA) incentive would also increase from $1,000 to $1,250. For the Kaiser plan, changes include a $250 deductible and a $2,000 out-of-pocket maximum. The pharmacy copay structure would shift to a three-tier model: $15/$30/$50. There would be a $200 copay for emergency room visits, a 20% coinsurance (after the deductible)

for ambulance services, and a 10% coinsurance (after the deductible) for outpatient surgery, inpatient services, lab/imaging, and emergency room services.

Michelle moved on to slide 9, confirming and reiterating there were not enough votes to move a single recommendation package forward as a packaged recommendation to Council. She expressed appreciation for all the feedback received prior to the meeting related to the wording of the ordinance and follow up information shared with committee members. Michelle paused so the committee could share additional feedback and ask questions.

During the discussion, one member asked if there would be an opportunity during the current meeting to revisit and vote on the packages, in hopes one could be presented as the committee recommendation. This was in acknowledgement that no package received enough support in prior meetings. The member sought clarification on whether the group could still vote to recommend a package to Council, referencing Robert's Rules of Order, which allow items to be brought back for a vote. Another member clarified the proposal was to vote on the three packages to choose one for recommendation. Co-chair Rachel acknowledged the suggestion, and indicated there had already been two voting meetings leading up to this point and any additional discussion could be incorporated within the Council presentation scheduled for the following day. Many members expressed disappointment that the group had not reached a consensus on a recommended package.

Moving on to slide 10 and 11, Michelle expressed support for additional conversation related to the upcoming meeting with Council and affirmed the ordinance could not be amended. She transitioned to the plan for the April 16 Council presentation and emphasized the LMBC did not put forth a recommendation. One member requested the removal of the phrase “the LMBC recommends” from the ordinance. Several members expressed that they felt frustrated, hurt, and upset by the wording, emphasizing that it did not reflect the outcome of the group’s discussions. Michelle indicated this was not the intent of the language as written in the ordinance. It was not done intentionally and confirmed Council is aware the committee did not get enough votes for one recommendation.

Ron Zito shared that he had checked with the Council Clerk about amending the ordinance but confirmed that it could not be changed. As a result, he and others met that morning with the Mayor and City Administrator Mike Jordan. During the conversation, they clearly stated a distinction would be made between the LMBC’s position and the Executive Branch recommendation.

The topic of revisiting the vote was brought back into the discussion to gauge interest. A member asked whether there was a quorum present to proceed with a vote. One member expressed concern about holding a vote without all eligible members present, noting the lack of proxies and no prior notice that this meeting would involve voting.

Ron expressed the focus is to ensure clear communication with Council.

4.2025-26 annual open enrollment overview

Michelle moved to slides 12 through 14, which provides an update on the benefits enrollment period. Annual Open Enrollment is scheduled for May 9 through 9pm on May 27. The Benefits team is shifting focus to finalize rates (after Council meeting), updating materials, revising handbooks, and conduct system testing in the coming weeks. A postcard will be mailed following the Council meeting, and a schedule of events is being developed to include both in-person and remote options. Brochures will be mailed to employees' homes just before enrollment begins, and weekly email updates will be shared through City Insider.

Employee responsibilities during Open Enrollment include making a new election for the Flexible Spending Account (FSA), considering other guaranteed issue opportunities such as increased life coverage and/or the option to add an additional 10% long-term disability buy-up, which includes a pre-existing condition limitation. Employees are also encouraged to review and update their beneficiaries. If other benefit offerings are added or changed, there will be additional communication provided.

The Benefits team aims to coordinate with the LMBC to ensure regular sharing of additional materials with the committee to support outreach efforts. BHR is available to review any union- or bureau-specific communications. A baseline calendar of events will be shared, and Kaiser will continue to offer one-on-one appointments.

A committee member asked about the City’s commitment to cover services and dependents that may be jeopardized by any changes at the Federal level. Michelle emphasized the Benefits team continues to communicate the full range of offerings currently available through the City, and there are no plans to change existing benefits. She stressed the team's commitment to supporting and clearly communicating what is currently in place. IRS-eligible events still count as qualifying events, and the Benefits team will continue to highlight and reinforce this commitment. This would be applicable for things like loss of other health coverage. At this time, there are no known changes to the benefits being offered but the team would continue to monitor. The City is committed to ensuring our offerings support employees and the Core Values.

Michelle moved to slide 15 which shifts focus to the preventative care initiative. Looking back at calendar years 2023 and 2024, there are 330 employees across the city who did not complete the required preventative care visit and will be subject to the higher employee cost share. Final notifications have been sent out by Moda and Kaiser. These employees will see higher premium share contributions beginning with the first paycheck in July 2025. New deductions are set to begin on July 10. These individuals need to complete a qualified exam in calendar year 2025 to avoid further adjustments in July 2026. Michelle also reminded the committee that Kaiser has removed the HIPAA compliance requirement. The goal is to achieve the 95/5 premium ratio.

5.Planning for 2026-27 benefit year

The presentation portion ended, so Michelle moved to the final agenda item and planning discussion for the 2026-2027 benefit year. In previous years, discussions were typically paused in June, July, and August. The committee would resume discussions in September. Acknowledging continued work needed within this committee, folks supported continued monthly meetings. One member requested breaking for July and this seemed to have support.

The next meeting is scheduled for May 20 and Michelle was working on scheduling a room within the Portland Building for folks who may want to gather onsite. Carolyn mentioned that in-person meetings are helpful and emphasized the value of meeting year-round. She also suggested exploring ways to better coordinate with the budget office and engage in creative problem-solving to improve the process. While progress has been made, she pointed out that the group often ends without consensus or clear recommendations. Chris expressed support for the continued option of hybrid meetings. Isaac thanked Michelle and Ron for their efforts in guiding this committee acknowledging how tough this work can be. Isaac acknowledged the massive challenges in health care adding complexities this committee has not generally faced. Isaac supported in-person meetings while also recognizing the value of hybrid options.

Rachel highlighted the need to establish clear expectations from the start of each renewal process, particularly around quorum rules and bylaws. She suggested this should be the group's next task, to prevent confusion and improve decision-making going into 2026-27 discussions.

Kimberly suggested spending May's meeting discussing what works and what doesn't so we can use this feedback in the new year. She highlighted the value of in-person meetings when they have a clear structure and recommended a hybrid option to ensure full attendance. Kimberly also offered alternative meeting locations, including options at the Water Bureau, Interstate Building, PFFA union office, and several fire department/community rooms, suggesting flexibility in location to accommodate everyone. Nick agreed with having some in-person meetings, but not necessarily all at the Portland Building, and emphasized the importance of location options. Kimberly further suggested adding the discussion of future meeting locations to next month's agenda, including setting a schedule and assigning responsibility for organizing the locations.

Michelle confirmed the Portland Building is available for May, but not for June or July. She supports rotating meeting locations and thanked everyone for their dedication to this hard work, understanding not having a single recommendation felt like a letdown to some. Michelle acknowledged this group was in a much better place this year, than previous and this should be commended. Michelle thanked the group for supporting the work and acknowledged the poor wording within the ordinance and did not mean for it to detract from the committee's hard work.

Rachel inquired about an RFP and contracting update for the upcoming year. Michelle responded she would provide an update at a future meeting.

6. Other Business: None

7. Public Comment: Paul Cone asked if the preventive care initiative requirement has impacted costs since implementing in 2017. Michelle shared that previous data has shown more claims showing up in the preventive category which signals folks are connecting with care and establishing relationships, but added it is time to review again and a coordinated plan would be discussed with Aon for refreshed data.

8.Next Meeting: May 20, 2025, 1:30 PM – 3:00 PM. Details available upon request or via the meeting invite.

Potential agenda meeting for May: Discussion on what worked and what didn't; check for any upcoming RFPs or contract needs; identify future meeting spaces, and continued discussion of bylaws/best practices for meetings.

The Meeting adjourned 2:48 PM