LMBC Meeting Minutes
March 18, 2025
Portland Building, Room 216
Compiled by Maria Xiong

LMBC Members:
Tom Armstrong, Mgmt - Present
Jamie Doscher, Labor - Present
Erich Pacheco (for Blake Dye), Mgmt - Present
Vince Elmore, Labor - Present
Kim Epling, Mgmt - Present
Margaret Evans (Leslie proxy), Mgmt - Absent
Leslie Goodlow, Mgmt Co-Chair - Present
Lacey Sparling (for Casey Hettman), Labor - Present
Claire Houston, Labor - Present
Rob Hutchens (Isaac proxy), Labor - Absent
Lex Jakusovszky (Leslie proxy), Mgmt - Absent
Michele Juon, Mgmt - Present
Jasmine Varela (for Nick Kreimeier), Labor - Present
Isaac McLennan, Labor - Present
Nicole Powell, Mgmt – Present
Jenny Scott, Labor - Present
Amy Tuttle, Mgmt - Present
Carolyn Welch, Labor - Present
Rachel Whiteside, Labor Co-Chair - Present
Ron Zito, Mgmt – Present

Aon:
Megan Poppe

Staff:
Michelle Taylor
Santos Aguilar
Maria Xiong

1.Call to order: Leslie Goodlow called meeting to order 1:39PM

2.Meeting Minutes: March 4, 2025, meeting minutes adopted as written.

3.2025-26 plan year renewal continued discussion (30 minutes- Committee members): The meeting began with appreciation for Aon's efforts in compiling the voting materials. A discrepancy was noted in the voting slide deck, which mistakenly included item 15, adding EviCore utilization management for Advanced Imaging and Cardiology. Since item 15 was not intended to be part of the packages prepared for voting, it was removed from all options.

The discussion then focused on voting approaches, suggesting an initial vote on proposals with negligible impacts—specifically items 1-6, 11, and 14—to expedite the process. The items were as followed:

1. Renew Canopy EAP (for PFFA and PPCOA) program with 13 counseling visits. Does not increase renewal projection cost.
2. Renew ComPsych EAP program with 10 counseling visits, add GuidanceEnhanced Plus, Add onsite counseling hours bank. Does not increase renewal projection cost.
3. Keep dental and vision rates flat, moving savings to Moda medial. Does not increase renewal projection cost.
4. Removing the prior authorization for nutritional therapy under Moda Medical. Negligible premium impact.
5. OHSU virtual visit to be replaced by CirrusMD to expand virtual visit access to 24/7. This would keep benefit levels at the same $10 co-pay. There would be a $55 charge to the plan per seven-day incident use and incident does not need to be the same. Negligible premium impact.
6. Moda Dental, Intellectual and Developmental Disabilities, adding sedation services are covered under class II benefits for members with intellectual or developmental disabilities. Negligible claims impact.

Items one through six were put to a committee vote, with 20 members in support. No committee members voted against these items. These will move forward as a recommendation to Council.

11. ESI pharmacy, SafeguardRx pulmonary care value – specifically for members with asthma or COPD; designed to help members overcome adherence challenges, prevent symptoms, and avoid exacerbations. 90 members would currently qualify with negligible premium impact.

Item 11 was put to a committee vote, with eight members in support. 12 committee members voted against this item. This item does not move forward as a recommendation.

14. Offer Virta under Moda medical. Virta is to help members lose weight and ultimately reverse diabetes. There is not an expected savings, but there is a return on investment guarantee. Impact is 413 members.

Item 14 was put to a committee vote, with eight members in support. 12 committee members voted against this item. This item does not move forward as a recommendation.

The group then moved the discussion on whether to vote the pre-assembled packages from the March 4th exercise (at 12 percent, 10 percent, or 8 percent with two variations) or to vote on individual items within the packages. One member proposed putting

packages together to vote and another proposed to vote for packages then discuss each proposal in the packages.

12 percent package:

Item 13 – Offer Hinge Health virtual musculoskeletal therapy under ESI benefits. This is an alternate (not replacement) program for physical therapy in a virtual setting. ESI estimates 812 members would be eligible, and this benefit would result in a **0.6%** premium reduction.

Item 16 – Implements Transcarent access to surgery Centers of Excellence (COE). Reduces claims costs and improved outcomes. Cost sharing not waived for use of COEs. Fee is $2 PEPM, plus case management fees. **0.3%** decrease in premium.

Item 18 – Implements Transcarent cancer support package which includes oncology surgeries, chemo/radiation, second opinion services, at-home urgent care, and support for patients, survivors, and caregivers. Reduces claims cost and improves outcomes. $2 PEPM, plus case rate fees. Expected **0.1%** decrease in premiums

Item 20 – Implement Garner, adding to Moda medical plan to incent members to utilize high quality providers. Implementing with no change to benefit coverage levels and $1,000 incentive would see a **0.6%** premium reduction.

Item 30 – Kaiser adds an inpatient copay of $100 per day, up to $500 per admit. Impact reduces premium by **0.1%.**

Item 31 – Kaiser changes the pharmacy tier copays into three tiers. Currently, Kaiser members pay a $15 copay for any drug category. This change would implement a $15 copay for generic, $30 copay for preferred brand, and $50 for non-preferred brand which is like the PPO coverage. Most members use generic drugs, while non-generic drugs will have a higher cost share than current. This change results in a **0.1%** premium decrease.

The recommendations to make up the 12% renewal package (items 13, 16, 18, 20, 30, and 31) were put to a committee vote. 19 members were in support, with one voting in opposition. The items within this recommendation move forward to make up the 12% option.

The committee discussion moved on to recommendations making up the 10% package, based on previous conversations.

10 percent package:

Item 13 – Offer Hinge Health virtual musculoskeletal therapy under ESI benefits. This is an alternate (not replacement) program for physical therapy in a virtual setting. ESI estimates 812 members would be eligible, and this benefit would result in a **0.6%** premium reduction.

Item 16 – Implements Transcarent access to surgery Centers of Excellence (COE). Reduces claims costs and improved outcomes. Cost sharing not waived

for use of COEs. Fee is $2 PEPM, plus case management fees. **0.3%** decrease in premium.

Item 18 – Implements Transcarent cancer support package which includes oncology surgeries, chemo/radiation, second opinion services, at-home urgent care, and support for patients, survivors, and caregivers. Reduces claims cost and improves outcomes. $2 PEPM, plus case rate fees. Expected **0.1%** decrease in premiums

Item 20 – Implement Garner, adding to Moda medical plan to incent members to utilize high quality providers. Implementing with no change to benefit coverage levels and $1,000 incentive would see a **0.6%** premium reduction.

Item 32 – Adjusts the Kaiser plan to closely mirror the current CityCore plan design. Implements a $150 deductible, $1,000 out-of-pocket maximum, three tier pharmacy copay, increase in primary care visit copay after the first three visits, $25 specialty care copay, $35 urgent care copay, 20% cost for outpatient surgery and inpatient services after deductible, 20% cost for emergency room and ambulance after deductible, $15 copay for simple lab/imaging, and $75 for complex lab/imaging. This change decreases the overall renewal by **1.8%.**

The recommendations to make up the 10% renewal package (items 13, 16, 18, 20, and 32) were put to a committee vote. All 20 members were in support, with none voting in opposition. The items within this recommendation move forward to make up the 10% option.

The committee discussion moved on to recommendations making up the two options for an 8% package, based on previous conversations.

8 percent packages:

Item 13 – Offer Hinge Health virtual musculoskeletal therapy under ESI benefits. This is an alternate (not replacement) program for physical therapy in a virtual setting. ESI estimates 812 members would be eligible, and this benefit would result in a **0.6%** premium reduction.

Item 16 – Implements Transcarent access to surgery Centers of Excellence (COE). Reduces claims costs and improved outcomes. Cost sharing not waived for use of COEs. Fee is $2 PEPM, plus case management fees. **0.3%** decrease in premium.

Item 18 – Implements Transcarent cancer support package which includes oncology surgeries, chemo/radiation, second opinion services, at-home urgent care, and support for patients, survivors, and caregivers. Reduces claims cost and improves outcomes. $2 PEPM, plus case rate fees. Expected 0.1% decrease in premiums.

Then one:

Item 22 – Increasing CityCore deductible to $750 and out-of-pocket maximum to $2,300. Increasing CityHD deductible to $3,600 and out-of-pocket maximum to $7,200. Integrates Garner which incents members to use high quality providers within the existing network. The incentive proposed for CityCore is $1,500/$3,000 Health Reimbursement Account (HRA). The incentive proposed for CityHD is $1,000/$2,000 HRA. This option decreases premium by **2.7%.**
Item 32 – Adjusts the Kaiser plan to closely mirror the current CityCore plan design. Implements a $150 deductible, $1,000 out-of-pocket maximum, three tier pharmacy copay, increase in primary care visit copay after the first three visits, $25 specialty care copay, $35 urgent care copay, 20% cost for outpatient surgery and inpatient services after deductible, 20% cost for emergency room and ambulance after deductible, $15 copay for simple lab/imaging, and $75 for complex lab/imaging. This change decreases the overall renewal by **1.8%.**

Or two:

Item 20 – Implement Garner, adding to Moda medical plan to incentivize members to utilize high quality providers. Implementing with no change to benefit coverage levels and $1,000 incentive would see a **0.6%** premium reduction.
Item 33 – Adjusts the Kaiser plan and implements a $250 deductible, $2,000 out-of-pocket maximum, three tier pharmacy copay, 10% cost for outpatient surgery and inpatient services after deductible, $200 copay for emergency room, 20% coinsurance for ambulance after deductible, 10% coinsurance for lab/imaging after deductible. This change decreases the overall renewal by **3.4%.**

The overall budget impact was 7.9% for the 8 percent option one package and 8.4% for the 8 percent option two package.

The recommendations to make up the 8% option one, renewal package (items 13, 16, 18, 22, and 32) were put to a committee vote. 10 members were in support, with 10 voting in opposition. The items within this recommendation do not move forward.

The recommendations to make up the 8% option two, renewal package (items 13, 16, 18, 20, and 33) were put to a committee vote. 15 members were in support, with 5 voting in opposition. The items within this recommendation move forward to make up the 8% option.

Members of the committee questioned whether they needed to reach an exact 8% threshold, or if 8.4% would suffice. It was clarified that the 8% figure was proposed because it aligns with the budget allocation for 2025-2026. Members then began discussing possible options to reach the flat 8%, looking at recommendations from previous meetings with different deductibles and out-of-pocket maximums.

A new package option was discussed because there were items that had not yet been considered as part of the previous packages.

This new package was referred to as 8%, option 3. It included the same three items 13, 16, 18 as the other 8% options and added the following:

> **Item 20.5** - Implement Garner, adding to Moda medical plan to incentivize members to utilize high quality providers in the existing network, implementing a $1250 Health Reimbursement Account with a deductible of $500, $2050 out-of-pocket maximum, and for CityHD $2000 Health Reimbursement Account with a deductible of $3650, $7,200 out-of-pocket maximum. This change decreases the overall renewal by **1.6%**.
> **Item 33** – Adjusts the Kaiser plan and implements a $250 deductible, $2,000 out-of-pocket maximum, three tier pharmacy copay, 10% cost for outpatient surgery and inpatient services after deductible, $200 copay for emergency room, 20% coinsurance for ambulance after deductible, 10% coinsurance for lab/imaging after deductible. This change decreases the overall renewal by **3.4%.**

Many committee members shared they were uncomfortable voting for the 8 percent number 3 package for various reasons, including it had not been a package presented in previous meetings and there were folks designated as proxies who did not have feedback from the committee member on how to vote for this new item.

The committee discussion shifted to concerns over options below the 8%, as this was not part of the official request after last year's recommendations went to Council. One member also stated there needed to be clear expectations on what members were voting on and what the number was for a consensus, as the collective bargaining agreements are inconsistent, with many having outdated language.

Michelle clarified the purpose of the March meeting each year is to hold a vote, as the committee must complete this task for recommendations to go in front of Council and the Benefits team be prepared for annual open enrollment. There are pending items dependent upon these decisions and Michelle emphasized the vote is critical to move forward within the required timeline. Additionally, it was uncertain if BHR would be presenting recommendations to Council on April 2nd or April 16th.

The committee was interested in revisiting the vote for the 8 percent, option three as discussed and created during this meeting. They would like the information presented in a format like the voting package outline. Another meeting will be added to the calendar for the first week of April, should time allow. Information related to the 8%, option three would be shared with the group following the meeting.

4. Other Business: None

5. Public Comment: None

The meeting concluded at 3:45PM.