LMBC Meeting Minutes
March 4, 2025
Zoom Meeting
Compiled by Maria Xiong

LMBC Members:
Tom Armstrong, Mgmt - Present
Jamie Doscher, Labor - Present
Blake Dye, Mgmt - Absent
Vince Elmore, Labor - Absent
Kim Epling, Mgmt - Present
Margaret Evans, Mgmt - Present
Leslie Goodlow, Mgmt Co-Chair - Absent
Casey Hettman, Labor - Present
Claire Houston, Labor - Present
Rob Hutchens, Labor - Present
Lex Jakusovszky, Mgmt - Present
Michele Juon, Mgmt - Present
Nick Kreimeier, Labor – Present
Isaac Mclennan, Labor – Absent
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:
Jennifer Weddle

Staff:
Michelle Taylor
Santos Aguilar
Maria Xiong
Tracy Warren

1.Call to order: Co-Chair Rachel Whiteside called meeting to order 1:09 PM

2.Meeting Minutes: February 4, 2025 and February 18, 2025 meeting minutes adopted as written.

3.2025-26 plan year renewal continuation and committee exercise (140 minutes - Aon with Committee engagement):

Today's meeting aims to actively engage members using a sticky note exercise to assess levels of support:

- Blue = Support
- Red = Do not support
- Purple = May support
- Yellow/Orange = Question

Large pieces of paper with the proposed plan design changes were posted throughout the room. These options were presented to the Committee over the past couple of

months. Each paper included the proposed benefit change, item number, and percentage of impact to the overall premium (if applicable). Voting committee members were asked to use the first 40 minutes of the meeting time to move around the room attaching their level of support to each item. Non-voting members were invited to engage in the discussion. Aon and Benefits staff were available for questions as well. If there are questions on a particular item, members could also include their question on the yellow note so this could be shared with the group upon completion of the exercise.

Following the exercise, the next step would be to define potential decisions, with the goal of developing draft packages for 8%, 10% 12% for a vote on March 18.

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.
7. Moda Medical EviCore utilization management for musculoskeletal review. 0.1% reduction in premium.
8. Increase employee contribution percentage an employee paying 7% and the City paying 93% or employee paying 8% and the City paying 92% which shifts the cost of contributions.
9. Modify CityCore plan to narrow Synergy network with plan changes of $3,000 deductible and $6,000 out-of-pocket maximum. 10.4% decrease in premium.
10. Adjusts the Kaiser plan and implements a $500 deductible, $3,000 out-of-pocket maximum, three tier pharmacy copay, increase in primary care visit copay after the first three visits, $30 specialty care copay, $40 urgent care copay, 20% cost for outpatient surgery and inpatient services after deductible, $200 copay for emergency room, 20% coinsurance for ambulance after deductible, $20 copay for simple lab/imaging, and $100 for complex lab/imaging. This change decreases the overall renewal by 5.1%.

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.
12. Offer Sword virtual musculoskeletal therapy under Moda medical. This is an alternate (not replacement) program for physical therapy in a virtual setting. The savings would be 0.3%. 836 members eligible.
    OR
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.

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.
15. Enlists Evicore for utilization management for advanced imaging and cardiology management. Impact is a 0.1% reduction in premium.

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.
    OR
17. Similar option as 16 but does not include any add-ons. Reduced claims cost and improved outcomes through Transcarent COE. Includes member cost-share waived to incent use of COE, which reduces the anticipated premium impact to 0.1% decrease.

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
    OR
19. Similar option as 18 but does not include any of the above add-ons, including screenings. $2 PEPM, plus case rate fees. Negligible impact to premium.

The next items were grouped together and are **either/or** options:

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.

21. 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. These changes project a 1.6% decrease in premium.
22. Mirrors the changes outlined in proposal 21 and 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%.
23. Increasing CityCore deductible to $1,250 and out-of-pocket maximum to $2,800. Increasing CityHD deductible to $2,650 and out-of-pocket maximum to $5,000. These changes project a 2.9% decrease in premium.
24. Mirrors the changes outlined in proposal 23 and integrates Garner which incents members to use high quality providers within the existing network. The incentive proposed for CityCore is $2,000/$4,000 Health Reimbursement Account (HRA). The incentive proposed for CityHD is $2,000/$4,000 HRA. This option decreases premium by 2.9%.
25. Increasing CityCore deductible to $2,250 and out-of-pocket maximum to $3,800. Increasing CityHD deductible to $3,650 and out-of-pocket maximum to $6,000. These changes project a 4.8% decrease in premium.
26. Mirrors the changes outlined in proposal 25 and integrates Garner which incents members to use high quality providers within the existing network. The incentive proposed for CityCore is $3,000/$6,000 Health Reimbursement Account (HRA). The incentive proposed for CityHD is $3,000/$6,000 HRA. This option decreases premium by 10.9%.

The next three items were reviewed together and are **either/or**:

27. Freeze the current plan, allowing existing enrollees in the CityCore Connexus plan to stay for a maximum of five years. A new plan would be introduced with the narrow Synergy Network while maintaining the current PPO plan design. The anticipated network savings (not premium savings) was updated to 1.5-3% and dependent upon how the new plan is designed.
28. Introduces a new, narrow network plan offering alongside Connexus. The CityCore Connexus plan would be redesigned to be less rich due to its broader network access. The anticipated network savings (not premium savings) was updated to 1.5-3% and dependent upon how the new plan is designed.
29. Moves the CityCore plan with the current Connexus network to a higher $1,500 deductible and $3,000 out-of-pocket maximum, while introducing a narrower network (Synergy) with the current plan design of the PPO plan. This option would result in a 3.6% decrease.

Items 30 through 33 are applicable to Kaiser. 30 is independent and 31 through 33 should be considered as either/or:

30. Adds an inpatient copay of $100 per day, up to $500 per admit. Impact reduces premium by 0.1%.

31. 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.
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%.
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%.

Rachel began the group discussion by going through and answering questions or providing clarifications for the following proposals: 7, 8, 9, 10, 11, 14, 15, 16, 17, 23, 25, 27, 28, 30, 31, 32.

After addressing questions and clarifications, the discussion provided an opportunity for members to express support or opposition.

Items 1 through 6, 11, 13, 14, 16, 17, 18, 19, 20, 21, 22, 31, and 32 had more support than non-support.

Items 7, 8, 9, 10, 23, 25, 26, 28, and 29 had little to no support, some with purple but these are not likely to get enough votes to move forward.

Item 12 did not gather support as this was an either/or option with 13, which had support to move forward to vote.

Item 33 had about half blue, then the other half split between red and purple. This item was separated out in this section of the minutes as it came up as an option later to hit the 8% target.

Items 15, 24, 27, and 30 had various levels but did not seem to have the overall support needed to move forward.

Members reaffirmed or reconsidered their positions during the conversation, which also sparked dialogue on several key topics. This included affordability, the desire for more data on the correlation between wage levels, and the historical trend of plan changes primarily affecting the Moda plan while the Kaiser plan has remained unchanged.

Additionally, the conversation addressed rebuilding funding reserves and how the proposed packages would contribute to this effort. It also highlighted LMBC's wanting more data from Kaiser and checking to see if Kaiser would price out an option with copays for all services versus coinsurance which is variable. More information was also requested related to what add-ons are being referenced in items 16, 17, and 19. Aon will follow up with these separately.

The activity shifted focus to how these options add up so the Renewal Impact Calculator was displayed in the room. Rachel started to utilize the tool and the dry erase board to build example packages for the eight, ten, and twelve percent goal.

The voting group supports proposals 1 through 6 for all packages.

Rachel then called out to the group to start putting items out there with a fiscal impact in attempt to get to 12%:

The draft packages for the eight percent, ten percent, and twelve percent were as outlined:

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.

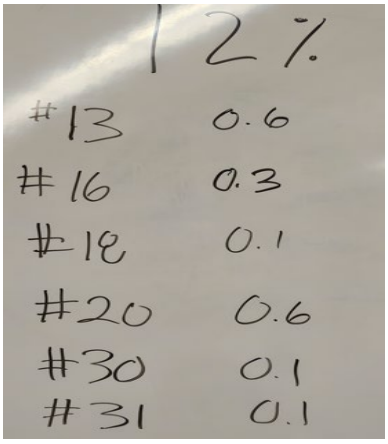
Item 18 – Implements Transcarent cancer support package which includes oncology surgeries, chemo/radiation, second opinion services, at-home urgent care, and support for patients, survivors, and caregivers. Reduces claims cost and improves outcomes. $2 PEPM, plus case rate fees. Expected **0.1%** decrease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



10 percent package:

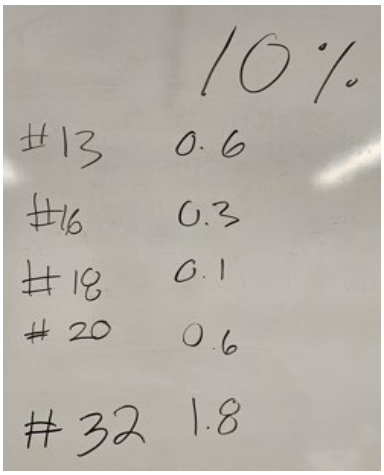
Item 13 – Offer Hinge Health virtual musculoskeletal therapy under ESI benefits. This is an alternate (not replacement) program for physical therapy in a virtual setting. ESI estimates 812 members would be eligible, and this benefit would result in a **0.6%** premium reduction.

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%.**



8 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

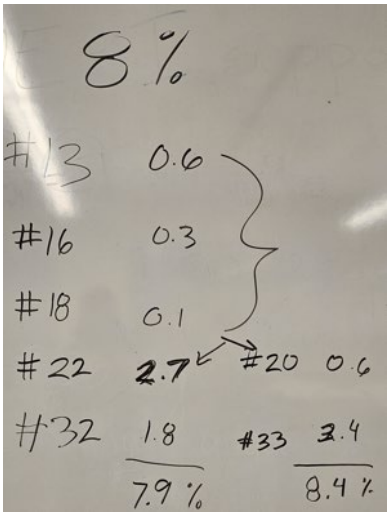
Then:

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:

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 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 next meeting is set for March 18, 2025, and will be the vote for recommendations which are presented to Council.

4. Other Business: None

5. Public Comment: None

The meeting adjourned at 3:33 PM.