



EVELYN MINOR-LAWRENCE
DIRECTOR

DEPARTMENT OF EMPLOYEE SERVICES
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

November 9, 2016

Board of County Commissioners
Clackamas County

Members of the Board:

**Approve Amendments to Clackamas
County's Providence Health Plan Documents**

Purpose/Outcomes	Make changes to the County's Providence Health Plans.
Dollar Amount and Fiscal Impact	The total 2016 fiscal impact for all plans is estimated at \$1,136,387; the Providence Health Plans represent a portion of this cost.
Funding Source	County departments, employees, and retirees.
Duration	Effective January 1, 2016 until further amended
Previous Board Action	The changes received preliminary approval from the Board of County Commissioners at an October 27, 2015 study session.
Strategic Plan Alignment	Building public trust through good government. Also aligns with departmental benefits planning goals.
Contact Person	Kristi Durham, 503-742-5470

BACKGROUND:

Preliminary renewal rates for Clackamas County's self-insured Providence Health Plans were 9.1%. The Benefits Review Committee worked diligently on plan design changes to reduce the increases to 6% for the Personal Option and 5.6% for the Open Option. The Board of County Commissioners approved the amendments to the Providence Health Plans in study session on October 27, 2015.

RECOMMENDATION:

Staff respectfully recommends the Board approve the amendments to Clackamas County's self-insured Providence Health Plans. Your favorable consideration is requested.

Respectfully submitted,

Kristi Durham, Benefits Manager



CLACKAMAS COUNTY GENERAL COUNTY EMPLOYEES
OPEN OPTION PLAN

SUMMARY PLAN DESCRIPTION

**ADOPTION OF THE SUMMARY PLAN DESCRIPTION
AS THE PLAN DOCUMENT**

Adoption

On the date shown, below, the Plan Sponsor hereby adopts this Summary Plan Description and the Benefit Summaries, Endorsements and amendments which are incorporated by reference, as the Plan Document of the Clackamas County's self-funded Employee Health Benefit Plan, Clackamas County General County Employees Open Option Plan. This document replaces any and all prior statements of the Plan benefits which are described herein.

Purpose of the Plan

The purpose of the Plan is to provide certain benefits for Clackamas County's Eligible Employees and Eligible Family Dependents. Those benefits are described in this Summary Plan Description.

Conformity with Law

If any provision of this Plan is contrary to any law to which it is subject, such provision is hereby amended to conform to such law.

Acceptance of the Plan Document

IN WITNESS WHEREOF, the Plan Sponsor has caused this Plan Document and Summary Plan Description to be executed, effective as of January 1, 2016.

By: _____

Printed Name: _____

Title: _____

Company: _____

Date: _____



CLACKAMAS COUNTY EARLY RETIREE-COBRA PARTICIPANTS-
TEMPORARY EMPLOYEES
OPEN OPTION PLAN

SUMMARY PLAN DESCRIPTION

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CLACKAMAS COUNTY PEACE OFFICERS ASSOCIATION
PERSONAL OPTION GRANDFATHERED PLAN

SUMMARY PLAN DESCRIPTION

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CLACKAMAS COUNTY GENERAL COUNTY EMPLOYEES
PERSONAL OPTION PLAN

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Plan Changes for Clackamas County from 1/2015 to 1/2016

Applies to Non-Grandfathered General County renewing 1/1/2016

Clackamas County General County 2016

	1/2015	1/2016	Type of Change
EPO Network Name Change	EPO Network	Providence Signature Network	Network name change only
Protected Health Information (PHI)	Administered but not stated.	Added language to the SPD to reaffirm members must provide authorization for PHI to be released to appointed representatives and employers.	PHP change for clarification purposes only
Travel Expense Reimbursement for Non-transplant Related Services	No benefit.	<p>Adding a \$1,500 calendar year limited benefit. Services must be covered and are subject to prior authorization and medical necessity.</p> <p>If a member is unable to locate a participating provider within 50 miles of home, the plan will reimburse travel expenses to the nearest participating provider within 300 miles. Reimbursement is based on the federal medical mileage reimbursement rate in effect on the date of service.</p> <p>Transplant services continue to include a separate limited \$5,000 lifetime travel expense benefit.</p>	<p>PHP change</p> <p>Optional but recommended</p>
Prior Authorization List Updated	Not applicable.	<p>Services added to the Prior Authorization list:</p> <ol style="list-style-type: none"> Travel expense reimbursement Echocardiography services 	<p>PHP change</p> <p>Mandatory</p>
Prescription Drug Benefit – multi-use or unit-of-use container copayment	Administered but not stated.	Language was added to the SPD and benefit summary to clarify that multiple copayments may be applied to these types of drugs, depending on the medication and the number of days supplied.	PHP change for clarification purposes only

<p>Non-preventive Colonoscopies for Members Age 50+</p>	<p>Covered in full regardless of diagnosis when provided by in-network providers.</p>	<p>Non-preventive - Covered under outpatient services as referenced on the benefit summary.</p> <p>Preventive - Covered in full when provided by in-network providers.</p> <p>Colonoscopies for members under age 50 continue to be covered under outpatient services.</p>	<p>PHP change</p> <p>Optional</p>
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Draft-Pending Approval