City Of Woodland
City Council Meeting Agenda Summary Sheet

Agenda Item: Renewal of Kaiser contract for CWCOG-Kaiser health insurance	**Agenda Item #:** (E) Consent
	For Agenda of: 12/02/2013
	Department: Clerk/Treasurer
	Date Submitted: 11/26/2013

Cost of Item: _____

Amount Budgeted: _____

Unexpended Balance: _____

BARS #:

Description:

Department Supervisor Approval: Mari E. Ripp, Clerk-Treasurer / s /

Committee Recommendation: Council reviewed at 11/25/2013 workshop

Agenda Item Supporting Narrative (list attachments, supporting documents):

Kaiser Contract renewal for 2014*

*this packet currently only shows the current 14D plan, but the other plans are under negotiations with the unions. They include a Kaiser 250 ($250 deductible), 500 ($500 deductible) and HDHP (High Deductible Health Plan)

Summary Statement/Department Recommendation:

Recommend approval of Renewal of CWCOG Kaiser health plans*. The plans* are under negotiations with the bargaining units (WPOA, Teamsters Public Works and Clerical) and so all will be written with the enrollment contracts and we have until April 1, 2014 to notify Kaiser underwriting as to which plan(s) are the final chosen. They can be selected by bargaining unit. There is a clause in the AWC underwriting rules that states we must have 75% enrollment in an AWC Trust sponsored medical plan or a HMO employer sponsored plan. Kaiser is our HMO plan.

There will be the regular open enrollment which employees must choose a plan (or remain on the same plan) and notify payroll by December 15th. There is a 2nd Open Enrollment approved by Kaiser and AWC that will go until April 1, 2014 or before if the collective bargaining agreements (CBA) are settled.

This contract needs to be approved to continue current coverage until the CBA's are settled.

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All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232.

New and Renewing Group Application for groups with 51 or more employees

Company's legal name CWCOG - City of Woodland	DBA(s)
Group number 04551	

Coverage requested

☐ New coverage _____ Submit this application, copy of selected proposal(s), and enrollment forms. To ensure timely processing of your enrollment, please return this form by the first of the month prior to your effective date.

☒ Coverage renewal _____ Complete sections I, V, VI, and VII. If you are making benefit changes or changes affecting your rate, attach a copy of the selected proposal(s). If we have not heard from you or your producer, we will begin to implement your renewal, with no changes other than those required, 30 days before the effective date.

☐ Information change _____ If renewing coverage with changes, complete all other applicable sections. If renewing coverage with no changes, check the "no change" box in other sections.

Term of contract January 1, 2014 (Date) *through* December 31, 2014 (Date)

Is your group new to Kaiser Foundation Health Plan of the Northwest (KFHPNW)?

So that your application can be processed quickly, please use this new coverage checklist to make sure the application materials are complete.

☐ Completed and signed application (includes tax identification number and workers' compensation information).
☐ Completed and signed employee enrollment forms and waiver information.
☐ Check made out to KFHPNW for the first month's premium (no postdated checks).

Section I: Plan and optional rider selection

Plans and riders offered and underwritten by KFHPNW

Base plan

Please check the plan you would like.

☒ Traditional Copayment Plan 14D w/ 15/30 Rx
☒ Deductible Plan $250 Ded & $500 Ded w/ 15/30 Rx
☒ High Deductible Health Plan (HSA qualified) 1500/3000 w/ 15/30 Rx
☐ Added Choice® Plan (point of service) _____
Do you have employees who work outside our service area who are eligible for this plan?* ☐ Yes ☐ No
☒ Dental Plan HMO EA & PPO FC

Riders

Please check each rider you wish to purchase.

☒ Prescription drug rider 15/30
☒ Alternative care rider _____
☐ Chiropractic care rider (Oregon only) _____
☐ Hearing aid rider _____
☐ Vision hardware rider _____
☒ Dental orthodontics rider $1500 Plan E
☐ Expanded Choice rider _____

☒ ***IMPORTANT: You must attach a copy of all selected proposals and return it with this form.***

***Oregon employers only:** If you have employees who both live and work outside our service area, they will be enrolled in an Added Choice Plan designed for out-of-area employees.*

Section II: Employer information ☒ No change

Type of business	NAIC code (required)	Tax identification number

Please check all that apply:
☐ Publicly traded corporation ☐ Privately held corporation ☐ State government ☐ Local government ☐ Church group
☐ Corporation ☐ Partnership ☐ Limited partnership ☐ Proprietor ☐ Not-for-profit ☐ Other

In business since

Do you have workers who are independent contractors or who do seasonal work? ☐ Yes ☐ No

Group plan sponsor
☐ Association ☐ Employer ☐ Labor organization ☐ Trustees or fund established by one or more employers or labor organizations

Is the business a branch office? ☐ Yes ☐ No	Is the business a subsidiary? ☐ Yes ☐ No

Group administrator/primary contact Name Address	City	State	ZIP
Email	Telephone	Fax	
Billing name Billing address	City	State	ZIP
Email	Telephone	Fax	
Corporate headquarters address (if different from above)	City	State	ZIP

Has your firm ever contracted with KFHPNW? ☐ Yes ☐ No

If so, what was the legal name of the contracting firm?_____

Dates of previous contract with KFHPNW _____

Are your benefit plans subject to the ERISA claim regulations issued by the U.S. Department of Labor? ☐ Yes ☐ No

Section III: Eligibility* ☒ No change

How many hours per week must employees work to be eligible for health care coverage? _____ New-hire eligibility date ☐ Date of hire ☐ First of month following date of hire ☐ First of month following ____ days from date of hire ☐ Group determines _____	Overage dependent limiting age (cannot be under 26) To ____ years	Overage student limiting age (cannot be under 26) To ____ years

This plan will cover ☐ Employees and dependents ☐ Employees only	Domestic partner coverage (non-state registered)? ☐ Yes ☐ No As required by state law, coverage for state registered domestic partners is included in all group plans when dependents are covered.	
Number of eligible employees	Number of ineligible employees	Total number of employees

Does the firm self-produce HIPAA certificates of coverage? ☐ Yes ☐ No If no, please answer the next question.
Does the firm request KFHPNW to produce the HIPAA certificate of coverage? ☐ Yes ☐ No

*Custom Employee Enrollment Forms must be reviewed by Kaiser Permanente and potentially filed with the state prior to use.

Section IV: Existing insurance information ☒ No change

Workers' compensation/state industrial carrier	Policy number(s)		
Current health insurance carrier	Policy number(s)		
Address	City	State	ZIP
Current dental insurance carrier	Policy number(s)		

Open enrollment period _____ through _____ | Effective date

Renewal notification
☐ 90 days ☐ 120 days ☐ Other (how many days?) _____ (requires approval)

Employer contributions
Employee $ _____ or _____% Dependent(s) $ _____ or _____%

Do any of your employees have Medicare? ☐ Yes ☐ No

Retiree eligibility age ☐ No retirement plan offered
☐ Younger than 65 ☐ 65 or older

If retirees are 65 or older, how is your retirement drug plan set up? ☐ Medicare Part D
☐ Retiree Drug Subsidy (RDS) ☐ Other

Section V: Dual choice requirements and contractual provisions ☒ No change

Multiple carrier offering

Is KFHPNW the only medical and/or dental carrier offered by the group? ☐ Yes ☐ No

If no, complete the following information:

Name of other carrier _____ Number of employees enrolled with other carrier _____

Name of other carrier _____ Number of employees enrolled with other carrier _____

Section VI: Employer contribution

The group will contribute the following amounts of the monthly premium. If different employee classes are chosen, please indicate the contribution for each class. The minimum employer contribution amount is 50 percent of the employee premium for the lowest cost medical plan or dental plan.

	Description	% or $ of employee premium	% or $ of dependent premium	
Medical plan 1:	Traditional 14D	as negociated	as negociated	For renewing groups, is this a change in the employer contribution percentages? ☐ Yes ■ No
Medical plan 2:	HDHP & Deductible Plans	as negociated	as negociated	
Dental plan:	EA & FC	as negociated	as negotiated	
Class of employee:				If yes, was prior underwriting approval obtained? ☐ Yes ☐ No
Class of employee:				
Class of employee:				

Section VII: Producer of record

☒ No change

Please complete this section if you are represented by one of our appointed health insurance producers.

Effective date January 1, 2014, employer hereby appoints Corey Balkan

producer of Interwest Benefit Consultants, Inc. (agency)

as producer of record to represent the employer in matters of group health benefits provided by KFHPNW and/or its subsidiaries. This appointment rescinds all previous appointments and will remain in effect until terminated in writing by either party.

Producer may make requests concerning premiums, benefits, eligibility requirements, and other matters relating to health coverage. The employer understands that commissions due to the producer for services provided pursuant to the appointment are governed by an agreement between the producer and KFHPNW.

Producer/commission

Premiums include the following producer/commission level: ☐ standard commission, or per CWCOG % of premium.

Section VIII: Authorizing signature(s)

This form is not valid if selected proposals are not attached and if it is not signed.

Authorized employer signature	Title	Date
Print name of principal/corporate officer	Title	Date
If you are a producer who completed this application on behalf of a client, please indicate so by signing.	Title/firm name Principal, Interwest Benefit Consultants, Inc.	Date 11/27/13

You acknowledge by your signature that the information you have supplied on this form is true and correct. It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

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532KPMC-12/4-12

Rates at a Glance

Contract Period: 01/01/2014 – 12/31/2014

Rates *

Group Name: GC CWCOG 2013 8 groups HMO-DHMO

Region: Northwest

Group Number(s): 1127,1985,3028,3359,4551,8859,16675,17490

Subgroup(s): 003,007,001,002,003,005,006,
007,001,002,005,001,002,003

	Current Rates	Change %	Proposed Rates
4551-001 KWM 2014 Cust 14B -no mbrs:			
Subscriber only	$665.56	5.94%	$705.09
Subscriber and 1 dependent	1,331.11	5.94%	1,410.18
Subscriber and 2 or more dependents	1,996.67	5.94%	2,115.27
4551-002 KWM 2014 LEOFF I Custom 14B-no mbrs:			
Subscriber only	$669.95	5.94%	$709.75
Subscriber and 1 dependent	1,339.90	5.94%	1,419.49
Subscriber and 2 or more dependents	2,009.84	5.94%	2,129.22
4551-005 KWM 2014 SB5777 Cust 14G-no mbrs:			
Subscriber only	$638.25	5.94%	$676.16
Subscriber and 1 dependent	1,276.52	5.94%	1,352.35
Subscriber and 2 or more dependents	1,914.77	5.94%	2,028.51
4551-012 KWM 2014 Cust 14D Actives:			
Subscriber only	$595.31	5.94%	$630.67
Subscriber and 1 dependent	1,190.62	5.94%	1,261.34
Subscriber and 2 or more dependents	1,785.93	5.94%	1,892.02

*Benefit plan descriptions are summarized, please see Rate and Benefit Summary for full descriptions.

Rate and Benefit Summary – Commercial

Region: Northwest

Group Name: WOODLAND, CITY OF

Contract Period: 01/01/2014 – 12/31/2014

Group Numbers: 4551

Subgroups: 012,013

Average Members*: Apr12 – Mar13: 1,404

Product Type: Traditional

Quote Name: 4551-012 KWM 2014 Cust 14D Actives

Current Rates

Rate Tiers	Medical	Dental	Total	Ratio
Subscriber only	$595.31	$0.00	$595.31	1.00
Subscriber and 1 dependent	1,190.62	0.00	1,190.62	2.00
Subscriber and 2 or more dependents	1,785.93	0.00	1,785.93	3.00

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Dental	%Change	Total	%Change	Ratio
Subscriber only	8	$630.67	5.94%	$0.00	0.00%	$630.67	5.94%	1.00
Subscriber and 1 dependent	4	1,261.34	5.94%	0.00	0.00%	1,261.34	5.94%	2.00
Subscriber and 2 or more dependents	10	1,892.02	5.94%	0.00	0.00%	1,892.02	5.94%	3.00

Monthly Rates Per Member When Medicare Is the Primary Payor and Member Age 65+ is not Enrolled in Senior Advantage

	Rate
Neither A nor B	$1,102.35
A and B	617.03
A Only	937.34
B Only	1,102.35

Estimated Monthly Cost: $29,011

Billing Frequency: Monthly

Proposed Traditional Benefits

Annual Deductible: Individual / Family per calendar year(s) : None

Out-of-Pocket Maximum: Individual / Family : $600 (STANDARD TRAD) / $1200 (STANDARD TRAD)

Lifetime Maximum: Individual / Family : NO MAXIMUM

Prescription Drugs : $15/GEN $30/BR

Outpatient

Primary Care, Excluding Urgent Care : $15 (EXCL URGENT CARE)

Urgent Care Office Visit : $35 COPAY FOR URGENT CARE

Preventive Care Services : $0

Prenatal Care : $0

Specialty Care Office Visit : $15 SPEC OV/$0 HCR FLEX

Outpatient Administered Drugs : NO CHARGE

* Includes Actives and/or pre 65 Retirees only.

Rate and Benefit Summary – Commercial

Region: Northwest

Group Name: WOODLAND, CITY OF

Contract Period: 01/01/2014 – 12/31/2014

Group Numbers: 4551

Subgroups: 012,013

	Apr12 – Mar13
Average Members*:	1,404

Product Type: Traditional

Quote Name: 4551-012 KWM 2014 Cust 14D Actives

Other Professional

Outpatient Surgery : $20; $0 FOR HCR PREVEN
Alternative Care / Chiropractic : CHIRO: $15
Referred Alternative Care : MATCHES OVSP-SEE LONG
Routine Eye Exam : $15
Infertility – Diagnosis – Laboratory : 50% COINS FOR DIAGNOSIS
Infertility – Diagnosis Office Visit : 50% COINS FOR DIAGNOSIS
Infertility – Treatment : 50% COINS FOR TREATMENT
Outpatient Therapy – Cardiac & Respiratory : $15 COPAY
Outpatient Therapy – Chemotherapy & Radiation : $15 COPAY
Outpatient Therapy – Dialysis : $15 COPAY
Outpatient Therapy PT OT ST & Multidisciplinary : $15 COPAY
Home Health Care : NO CHARGE, 130 VISITS YR

Ambulance and Emergency Services

Ambulance : $75
Emergency Room : $75 COPAY; WAIVE IF ADMIT

Laboratory and Imaging

X-Rays, Imaging, Laboratory, and Special Diagnostic Procedures : $15 COPAY NON-PREVENTIVE
Lab, X-Ray Preventive Procedures : $0 HCR PREVENTION
Lab, X-Ray Specialty Scans : $15 COPAY-SPEC SCANS

Hospital Inpatient

Inpatient Per Admit : NOT APPLICABLE
Inpatient Per Day : $50
Inpatient Copay Maximum : $250 MAXIMUM PER ADMIT
Skilled Nursing Facility Care Benefit Max : 100 DAYS/CAL YEAR
Skilled Nursing Facility Copay : NO CHARGE
Skilled Nursing Facility Copay Max : NO COPAY MAXIMUM

Mental Health and Chemical Dependency

Mental Health : FEDERAL PARITY
Chemical Dependency : FEDERAL PARITY

Other

Durable Medical Equipment : 20% MBR COIN-SEE LONG DES
Vision Hardware : NOT COVERED
Hearing Aids : NOT COVERED, NOT COVERED, NOT COVERED
Allergy Shots and Other Injections : $10
Travel Services : TRAV SVCS/IMMS EXCL

ADMDA/ALTBWA/ALTCRC/AMBR/CDAP/DMEMB/EMKPP/HABPX/HACVX/HAMXX/HHA1/INFLG/INFOG/INFTG/IPCAY/IPCDB/IPCXB/LXEC/LXPRO/LXSSEC/MHAP/OPMFL/OPMILL/OSRGEC/OVN1/OVIJG/OVPN0/OVPV0/OVSPCC/OVVXN/PLMXA/PLMXA/RXDM/SNBXD/SNCOA/SNCXA/THCA15/THCR15/THDI15/THPT15/TRSVA/UCOVM/VXX

* Includes Actives and/or pre 65 Retirees only.

Rate and Benefit Summary – Commercial

Region: Northwest

Group Name: WOODLAND, CITY OF

Contract Period: 01/01/2014 – 12/31/2014

Group Numbers: 4551

Subgroups: 001 ,002 ,003 ,004 ,005 ,012,013, 014,016

Average Members*: Apr12 – Mar13: 1,404

Product Type: Traditional-High Deductible

Quote Name: 4551-014 KWHD 2014 Single 1500 Deduct

Current Rates

Rate Tiers	Medical	Dental	Total	Ratio
Subscriber only	$595.31	$0.00	$595.31	1.00
Subscriber and 1 dependent	1,190.62	0.00	1,190.62	2.00
Subscriber and 2 or more dependents	1,785.93	0.00	1,785.93	3.00

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Dental	%Change	Total	%Change	Ratio
Subscriber only	8	$417.95	(29.79)%	$0.00	0.00%	$417.95	(29.79)%	1.00
Subscriber and 1 dependent	4	835.90	(29.79)%	0.00	0.00%	835.90	(29.79)%	2.00
Subscriber and 2 or more dependents	10	1,253.85	(29.79)%	0.00	0.00%	1,253.85	(29.79)%	3.00

Estimated Monthly Cost: $19,226

Billing Frequency: Monthly

Monthly Rates Per Member When Medicare is the Primary Payor and Member Age 65+ is not Enrolled In Senior Advantage

	Rate
Neither A nor B	$851.93
A and B	366.61
A Only	686.92
B Only	851.93

Proposed Traditional Benefits

Annual Deductible: Individual / Family per calendar year(s) : $1,500/YEAR (HSA) / NOT APPLICABLE

Out-of-Pocket Maximum: Individual / Family : $5,000 (GROUP HSA) / NOT APPLICABLE

Lifetime Maximum: Individual / Family : NO MAXIMUM

Prescription Drugs : AFT DED: $15/GEN $30/BR

Outpatient

Primary Care, Excluding Urgent Care : 20% COINS AFTER DEDUCT

Urgent Care Office Visit : 20% COINS AFT DED

Preventive Care Services : $0

Prenatal Care : $0

Specialty Care Office Visit : AFT DED 20%; $0 HCR PREV

Outpatient Administered Drugs : 20% COINS AFT DED

* Includes Actives and/or pre 65 Retirees only.

Rate and Benefit Summary – Commercial

Region: Northwest

Group Name: WOODLAND, CITY OF

Contract Period: 01/01/2014 – 12/31/2014

Group Numbers: 4551

Subgroups: 015,017

Average Members*: Apr12 – Mar13: 0

Product Type: Traditional–High Deductible

Quote Name: 4551–015 KWHD 2014 Family 3000 Deduct

Current Rates

Rate Tiers	Medical	Dental	Total	Ratio
Subscriber only	$595.31	$0.00	$595.31	1.00
Subscriber and 1 dependent	1,190.62	0.00	1,190.62	2.00
Subscriber and 2 or more dependents	1,785.93	0.00	1,785.93	3.00

Proposed Rates

Rate Tiers	Subscribers	Medical	%Change	Dental	%Change	Total	%Change	Ratio
Subscriber only	0	$417.95	(29.79)%	$0.00	0.00%	$417.95	(29.79)%	1.00
Subscriber and 1 dependent	0	835.90	(29.79)%	0.00	0.00%	835.90	(29.79)%	2.00
Subscriber and 2 or more dependents	0	1,253.85	(29.79)%	0.00	0.00%	1,253.85	(29.79)%	3.00

Monthly Rates Per Member When Medicare Is the Primary Payor and Member Age 65+ Is not Enrolled In Senior Advantage

	Rate
Neither A nor B	$851.93
A and B	366.61
A Only	686.92
B Only	851.93

Estimated Monthly Cost: $0

Billing Frequency: Monthly

Proposed Traditional Benefits

Annual Deductible: Individual / Family per calendar year(s) : NOT APPLICABLE / $3,000/YEAR (HSA)

Out-of-Pocket Maximum: Individual / Family : NOT APPLICABLE / $10,000 (HSA EXCL)

Lifetime Maximum: Individual / Family : NO MAXIMUM

Prescription Drugs : AFT DED:$15/GEN $30/BR

Outpatient

Primary Care, Excluding Urgent Care : 20% COINS AFTER DEDUCT

Urgent Care Office Visit : 20% COINS AFT DED

Preventive Care Services : $0

Prenatal Care : $0

Specialty Care Office Visit : AFT DED 20%; $0 HCR PREV

Outpatient Administered Drugs : 20% COINS AFT DED

* Includes Actives and/or pre 65 Retirees only.

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Large Group Standard Plan Options - Washington 2014

Group Name: WOODLAND, CITY OF
Group Number: 4551 *Actives*

Kaiser Representative: Kay McGinnis
Effective Date: January 1, 2014
Carrier Status: Slice

	Subscriber only	Subscriber and Spouse	Subscriber and 1 Child	Subscriber and 2 or more Children	Subscriber and Spouse and 1 or more children	% Change to Current	Annual Premium
Current Rates	$595.31	$1,190.62	$1,190.62	$1,785.93	$1,785.93		$328,611
Renewal Rates - Custom 14D with $15/$30	$630.67	$1,261.34	$1,261.34	$1,892.02	$1,892.02	5.9%	$348,131
Subscribers Per Rate Tier	8	3	1	2	8		

Large Group Medical Plans - Rates include riders in boxes below

	Subscriber only	Subscriber and Spouse	Subscriber and 1 Child	Subscriber and 2 or more Children	Subscriber and Spouse and 1 or more children	% Change to Current	Annual Premium
Traditional Copayment Plans							
Plan 14D, $15 OV, $50/day Hospital	$623.45	$1,246.89	$1,246.89	$1,870.34	$1,870.34	4.7%	$344,143
Plan 14E, $15 OV, $200/day Hospital	$619.58	$1,239.16	$1,239.16	$1,858.74	$1,858.74	4.1%	$342,008
Plan 14F, $20 OV, $100/day Hospital	$616.74	$1,233.47	$1,233.47	$1,850.21	$1,850.21	3.6%	$340,439
Plan 14G, $20 OV, $200/day Hospital	$614.38	$1,228.76	$1,228.76	$1,843.14	$1,843.14	3.2%	$339,138
Plan 14H, $25 OV, $500/admit Hospital	$609.44	$1,218.88	$1,218.88	$1,828.33	$1,828.33	2.4%	$336,412
Plan 14J, $30 OV, $750/admit Hospital	$602.23	$1,204.47	$1,204.47	$1,806.70	$1,806.70	1.2%	$332,433
Deductible Medical Plans							
$150 Ded, $10 OV, 10% Coins, $1,650 OOP Max	$614.32	$1,228.64	$1,228.64	$1,842.96	$1,842.96	3.2%	$339,105
$150 Ded, $15 OV, 20% Coins, $1,650 OOP Max	$599.12	$1,198.23	$1,198.23	$1,797.35	$1,797.35	0.6%	$330,713
→ $250 Ded, $15 OV, 10% Coins, $2,250 OOP Max	$585.37	$1,170.74	$1,170.74	$1,756.10	$1,756.10	-1.7%	$323,123
$250 Ded, $15 OV, 20% Coins, $2,250 OOP Max	$575.81	$1,151.63	$1,151.63	$1,727.44	$1,727.44	-3.3%	$317,849
→ $500 Ded, $20 OV, 20% Coins, $3,000 OOP Max	$542.45	$1,084.90	$1,084.90	$1,627.36	$1,627.36	-8.9%	$299,434
$750 Ded, $20 OV, 20% Coins, $3,250 OOP Max	$522.92	$1,045.85	$1,045.85	$1,568.77	$1,568.77	-12.2%	$288,654
$1,000 Ded, $25 OV, 20% Coins, $4,000 OOP Max	$500.92	$1,001.84	$1,001.84	$1,502.76	$1,502.76	-15.9%	$276,508
$1,500 Ded, $25 OV, 20% Coins, $5,000 OOP Max	$479.38	$958.77	$958.77	$1,438.15	$1,438.15	-19.5%	$264,619
$2,000 Ded, $25 OV, 20% Coins, $5,500 OOP Max	$463.73	$927.46	$927.46	$1,391.19	$1,391.19	-22.1%	$255,979
$2,000 Ded, $30 OV, 30% Coins, $6,350 OOP Max	$451.96	$903.92	$903.92	$1,355.88	$1,355.88	-24.1%	$249,482
$3,000 Ded, $30 OV, 20% Coins, $6,350 OOP Max	$437.34	$874.67	$874.67	$1,312.01	$1,312.01	-26.5%	$241,410
$5,000 Ded, $30 OV, 20% Coins, $6,350 OOP Max	$404.50	$809.00	$809.00	$1,213.50	$1,213.50	-32.1%	$223,284

Pharmacy, Alternative Care, and Vision Riders - Rates above include riders in boxes below

Pharmacy plan

$15 generic/$30 brand per Rx	include.i

Alternative Care/Chiropractic Plans

All Washington plans include chiropractic care at the specialty office visit copayment.	included

Vision Hardware Plans*

No vision hardware benefit	X	included

** Vision hardware plans include pediatric vision hardware at no charge*

Rates will apply for the plan effective date shown, and will be in effect for one year unless specified in the Group Agreement.
Rates are based upon eligibility, contribution, and participation requirements specified in the Underwriting Assumptions.
We also offer companion Senior Advantage plans. Please see your Kaiser Representative for benefit and rate information.

New Multiplan offerings are subject to an additional risk load on all plan offerings for the 1st year and are subject to Underwriting review and approval
For Multiple plan offerings that include a Point of Service product, rates assume that traditional (HMO/DED) plan benefits will be greater than or equal to the Point of Service tier 1 benefits. If benefit plans are not aligned as such, rates may be subject to a risk load or denial of product combinations. Please consult your Account Manager or Sales Executive for appropriate plan pairings in order to avoid this risk load.
Any Standalone Point of Service plan product is subject to an additional risk load
Please confirm all offering arrangements with your account manager or sales executive prior to sale.
Rates provided are for quoted population only. Any change in population may require a re-rate and will be subject to underwriter approval.

Kaiser Permanente reserves the right to modify the rates and benefits if we receive further clarification of Federal Health Care Reform requirements, or to incorporate other applicable Federal Health Care Reform requirements. In addition, Kaiser Permanente reserves the right to make any change in these rates and benefits due to changes in State or Federal legislation or regulatory action.

Rate and Benefit Summary – Dental

Region: Northwest

Group Name: Woodland, City of
Group Numbers: 04551-008, 009
Product Type: Traditional
Quote Name: KHD EA Preventamax

Contract Period: 01/01/2014 – 12/31/2014
Average Members: 3

Current Rates

Rate Tiers	Dental	Ratio
Subscriber only	$43.58	1.00
Subscriber and 1 dependent	87.16	2.00
Subscriber and 2 or more dependents	130.74	3.00

Proposed Rates

Rate Tiers	Subscribers	Dental	%Change	Ratio
Subscriber only	2	$43.58	0.0%	1.00
Subscriber and 1 dependent	0	87.16	0.0%	2.00
Subscriber and 2 or more dependents	0	130.74	0.0%	3.00

Estimated Monthly Cost: $87

Proposed Traditional Benefits

Dental Plan: EA
Preventive and diagnostic: 100%
Restorative: 80%
Extractions: 80%
Oral surgery: 80%
Periodontics: 80%
Endodontics: 80%
Prosthetics: 50% coverage for prosthetics (crown / bridge)
Removable prosthetics: 50% coverage for removable prosthetics
Implants: Not Covered
Benefit Max: $1,500 benefit maximum (Preventive services do not apply)

Orthodontics Plan: E
Eligibility: Orthodontic benefits are for adults and children
Coverage: Member pays 50% of charges up to $1,500 maximum Plan payment

Deductible Benefit: X
Annual deductible: No Deductible

Office Visit Benefit: 10
Office visit copay: $10.00

Rate and Benefit Summary – Dental

Region: Northwest

Group Name: Woodland, City of
Group Numbers: 04551-010, 011
Product Type: PPO
Quote Name: PPO Plan FC

Contract Period: 01/01/2014 - 12/31/2014
Average Members: 4

Current Rates

Rate Tiers	Dental	Ratio
Subscriber only	$47.45	1.00
Subscriber and 1 dependent	94.90	2.00
Subscriber and 2 or more dependents	142.35	3.00

Proposed Rates

Rate Tiers	Subscribers	Dental	%Change	Ratio
Subscriber only	0	$47.45	0.0%	1.00
Subscriber and 1 dependent	0	94.90	0.0%	2.00
Subscriber and 2 or more dependents	1	142.35	0.0%	3.00

Estimated Monthly Cost: $142

Proposed PPO Benefits

Dental Plan: FC

Preventive and diagnostic: 100%
Restorative: 80%
Extractions: 80%
Oral surgery: 80%
Periodontics: 80%
Endodontics: 80%
Prosthetics: 50% coverage for prosthetics (crown / bridge)
Removable prosthetics: 50% coverage for removable prosthetics
Implants: Not Covered
Benefit Max: $1,500 benefit maximum (Preventive services do not apply)

Out of Network Benefits: MAC

Preventive and diagnostic: 100%
Restorative: 80%
Extractions: 80%
Oral surgery: 80%
Periodontics: 80%
Endodontics: 80%
Prosthetics: 50% coverage for prosthetics (crown / bridge)
Removable prosthetics: 50% coverage for removable prosthetics
Benefit Max: $1,500 benefit maximum. (Preventive services do not apply)

Orthodontics Plan: E

Eligibility: Orthodontic benefits are for adults and children
Coverage: Member pays 50% of charges up to $1,500 maximum Plan payment

Deductible Benefit: X

Annual deductible: No Deductible

Office Visit Benefit: 00

Office visit copay: $0.00