



Changes to Deschutes County Employee Benefits Plan for 2024 Plan Year

Changes effective 1/1/2024

Recommended Changes – Benefits Plan		
Plan Impact	Change	Reason For Consideration
1. Confirm change to National Provider Network from First Choice to Aetna Amendment #1 – Medical Plans	Adopt the temporary amendment language moving from First Choice to Aetna network outside of the Navigator (Oregon, Washington, Idaho, and Montana) coverage area. Staff supports this change.	PacificSource has moved their entire book of business to the Aetna network for areas outside of the regional 4-state Navigator network. This allows for continued in-network coverage throughout the United States.
2. Language updates throughout plan document – Aetna national network (Medical Document Wide)	Adopt additional plan language regarding the new Aetna nation network. Staff supports this change.	Clearly define the benefits available and provide clarification language for services outside of the 4-state navigator network.
3. Change copay for first three visits per plan year to \$5.00 each	The first three visits per plan year combined for Professional Services – Office visits, Telehealth visits, and Mental Health and Substance Use Disorder Services office visits will be \$5.00 each. Subsequent visits will follow normal cost share. Staff supports this change.	Estimate +\$150,000 (0.6%) annually. This is a State mandate under SB 1529 to reduce financial barriers in receiving routine medical care.
4. Diagnostic and Therapeutic Radiology/Laboratory – Diagnostic Breast Examination	A mammogram, MRI, and ultrasound for a Diagnostic Breast Examination or Supplemental Breast Examination are paid at no cost share when provided by an In-network Provider. Staff supports this change.	This is a State mandate under SB 1041. This expands preventative coverage beyond mammograms and now includes MRI and ultrasounds for diagnostic and/or supplemental breast exams. Estimate no cost to the plan.
5. Mental Health and Substance Use Disorders (Inpatient and Outpatient Services)	Amending plan language in all sections that cover Mental Health and Substance Use Disorders to clarify and align plan language with State legislation and guidance for mental and behavioral health benefits. Staff supports this change.	This is State legislation under OAR 836-053-0012, Behavioral Health Parity rules, 2021 OR, Laws ch. 629. Estimate no cost to the plan.

<p>6. Pediatric Hearing Aids</p> <p>(Service/Supply – Other Covered Services)</p>	<p>Pediatric hearing aids (ages 18 and younger or 19-25 if enrolled in secondary school or an accredited education institution) – limited to one hearing aid per ear every 24 months. The cost share is 20% for in-network and 40% for out-of-network. No deductible applies.</p> <p>Staff supports this change.</p>	<p>This is a State mandate under HB 2994B due to requirement of no deductible cost share for the hearing aid benefits for pediatric patients. Estimate +\$16,000 annually.</p>
<p>7. Benefit Exclusions</p>	<p>Remove the plan exclusion for abortion services.</p> <p>Staff supports this change. PacificSource identifies this as a State mandated covered benefit and recommends removing the exclusion for these services to be in compliance. DC legal is of the opinion the abortion coverage may not be excluded from the upcoming health benefits plan year due to HB 2002.</p>	<p>Estimated +\$8,000 to \$12,000 cost to plan for abortion services.</p> <p>Current Plan Excludes: <i>Abortion – services, supplies, care or treatment in connection with an abortion unless the life of the mother is endangered by the continued pregnancy or the pregnancy is the result of rape or incest.</i></p>
<p>8. Plan language updates</p> <p>(Medical and Dental Documents Wide)</p>	<p>Language to be added or changed throughout the plan documents to clarify benefits, the administration of benefits, or to align with PacificSource core plan language.</p> <p>Staff supports this change.</p>	<p>These changes are clarification and clean-up of plan language. Not a change to the benefit or coverage. Deschutes County Legal has reviewed the changes to assure no change to benefits.</p>
<p>9. Employee cost shares and tiers.</p>	<p>Establish two-tier cost share structure for employees:</p> <ul style="list-style-type: none"> • EE Only – \$95/month • EE+Dependents - \$116/month <p>Staff supports this change.</p>	<p>Aligns with the recent ~29% increase to department charges effective 7/1/2023. Employee rates have not increased in the past 10 years. Estimate +\$273,00 increase to revenue annually.</p>
<p>10. Continue Livongo Diabetic Management Program</p>	<p>Benefits consultant has provided a review of the pilot Livongo Diabetic Management Program and recommends continuation for another year.</p> <p>Staff supports.</p>	<p>Estimate \$10,000 annually. The estimated savings for those with diabetes as primary diagnosis is \$31,000. Net savings of -\$21,000.</p>
<p>11. Supplemental: Stop Loss Insurance</p>	<p>Maintain current stop loss provider and deductible at \$500,000 with Sun Life.</p> <p>Staff supports.</p>	<p>Not to exceed Preliminary estimate +\$178,538 (15.8%) cost to the plan. County is waiting on bidders to provide final rates after they review September claims.</p>