



2015 – 2016 OEGB Medical Plan Renewals

A presentation to OEGB Board
Exhibit A (Revised to identify Board decisions)

April 28, 2015

This document and the information it contains are provided solely for the intended purpose of OEGB and its member entities.

Agenda

- Overview of OEGB goals for the 2015 – 16 renewal
- Oregon trend survey results
- ACA changes for 2015 – 16 plan year
- History of renewal actions- medical
- Review of medical/pharmacy renewals
 - Options for consideration for the 2015 – 16 plan year
- Towers Watson and OEGB staff recommendations

OEGB Goals for 2015 – 16 Renewals

Sustainability:

- Maintain sustainable plan options and program costs
- Maintain compliance with state and federal laws and regulations related to health care
- Limit increases to 4.4% to align with the Governor's Budget

Choice:

- Offer a variety of plans to meet entity and member needs

Organized Systems of Care:

- Promote programs that deliver the right care at the right time in an efficient manner
- Support Oregon's health care system transformation efforts

Partnership:

- Advance OEGB program goals and health care efficiency in partnership with vendors, PEBB, OHA and participating entities and members

Oregon Trend Survey Results

Average trend assumptions used by carriers in projecting Oregon book of business renewals for October 1, 2015

Line of Coverage	Trend
Medical HMO	6.9%
Medical PPO	8.4%
Pharmacy	9.3%

- Participating carriers:
 - Aetna, CIGNA, Health Net, Kaiser Permanente, LifeWise, Moda Health, ODS, Providence, Regence, Standard, UHC

Medical/Pharmacy History and ACA- Required Changes 2015 – 16 Plan Year

History of Plan Actions for Medical/Pharmacy

Plan Years	OEBB Action
2009 – 10	<ul style="list-style-type: none"> • Tobacco-cessation program introduced • Addition of Kaiser Plan 1A • Change pharmacy copayments (Providence) • After plan changes — ODS: 11.53%; Kaiser: 11.2%; Providence: 22.7%
2010 – 11	<ul style="list-style-type: none"> • Weight Watchers for subscribers (all plans) • Coverage for hearing aids added (all plans) • Increased specialist office visit (Kaiser 1) • Introduced \$4 Rx Value Tier for asthma, heart conditions, cholesterol, high blood pressure and diabetes (ODS and Providence) • Incentive office visits for chronic conditions (ODS) • Additional Cost Tier (ACT) added for Advanced Imaging, Sleep Studies, Spine Surgery, Joint replacements, Arthroscopies (ODS) • After plan changes — ODS: 18.3%; Kaiser: 9.8%; Providence: 28.5%
2011 – 12	<ul style="list-style-type: none"> • Weight Watchers for dependents added (all plans) • Increased Rx out-of-pocket limit (all plans) • Added copays for lab and X-ray (Kaiser 1 and 1A) • New \$100 deductible and 20% coinsurance (Kaiser 1A) • Changed to Medical Home-based plan design (Providence) • New deductibles, changed copay/coinsurance designs (Providence) • Changed Plan 4 to a Limited Network plan (ODS) • Increased Specialist and Urgent Care Copays (ODS) • Increased Max out-of-pocket limits (ODS) • Reduced out-of-network benefit (ODS) • ERRP funds used to offset renewal ODS: 1.1%; Kaiser: 0.9%; Providence: 2.3% • After plan changes — ODS: 7.11%, Kaiser: 8.7%, Providence: 2.1%

History of Plan Actions for Medical/Pharmacy

Plan Years	OEBB Action
2012 – 13	<ul style="list-style-type: none"> • Providence medical plans discontinued • Coverage for bariatric surgery subject to ACT under Moda (subscribers only) (all plans) • Increased deductible (Kaiser 1A) • Added Value Tier Rx for Plan 9 • Consolidated Rx plan designs and bundled with medical (ODS) • Informed Enrollment pilot program for better consumer decision making • ERRP funds used to offset Moda renewal by 1.8% • After plan changes — ODS: 7.5%; Kaiser: 4.9%
2013 – 14	<ul style="list-style-type: none"> • Realigned deductibles and annual out-of-pocket maximum (OOPM) (all plans) • Enhanced substance abuse benefits (all plans) • Healthy Futures plan design incentive with lower deductible in future plan years for participants (all plans) • Wellness visits (all plans) • Reduced copay for medical homes (Moda) • Changed Rx plan designs from \$4/\$8/\$25/50% with \$1,100 annual Rx OOPM to \$0/\$16/25% up to \$100/50% up to \$300 per Rx (Moda) • Comprehensive Care Coordination program introduced (Moda) • Added lumbar discography to ACT (Moda) • Reference pricing for oral appliances for sleep apnea (Moda) • Expanded Informed Enrollment tool to all OEBB members • Increased copays by \$5 (Kaiser) • Dependent eligibility reviews begun • Added 90-day supply at retail for generic and value prescriptions (Moda) • ERRP funds used to lower Moda renewal by 1.35% • After plan changes — Moda: 2.94%; Kaiser: 5.76%

History of Plan Actions for Medical/Pharmacy

Plan Years	OEBB Action
<p>2014 – 15</p>	<ul style="list-style-type: none"> • Introduced new Synergy/Summit plan options (16 new Moda plan options) • Reference-based pricing for oral appliances and hip/knee replacements (Moda) • ACT added for tonsillectomies and herniorrhaphies (Moda) • Added End Stage Renal Disease management program (Moda) • Added coverage for Applied Behavioral Health Analysis effective 1/1/2015 (Moda) • Deductibles and copayments apply to the plan out-of-pocket maximum limit (Moda) • Introduced new HSA-compatible option (Kaiser Plan 3) • Added Home Health Palliative care and increased deductible (Kaiser Plan 2) • Added reimbursement of materials associated with group prenatal visits • Added 100% coverage for diabetic medications and supplies for women during pregnancy • OMIP funds used to lower Moda renewal by 1% • After plan design changes — Moda Statewide PPO: 8.8%; Summit/Synergy: 0.8%; Kaiser: 6.23%

- After the 2014 – 15 OEBB renewal was approved, legislative activity introduced additional OEBB coverage requirements that were not included in original renewal rates
 - Coverage for ABA therapy on all OEBB plans retroactive to October 1, 2014
 - Coverage for Gender Dysphoria effective January 1, 2015

Medical/Pharmacy Plans

Federally legislated changes for the 2015 – 16 plan year

- The Affordable Care Act (ACA) places a limit on the overall annual out-of-pocket maximum (OOPM) for 2015 for both medical and pharmacy

ACA Cost-Sharing Limit*	October 1, 2014 (Medical only)	October 1, 2015 (Medical + Rx)
Individual	\$6,350	\$6,600
Family	\$12,700	\$13,200

*OOPM limits for non-HSA plan designs

Plan Year 2015 – 16 Medical/Pharmacy Renewals

Final status quo renewals

- Moda Health: +8.22%
- Kaiser Permanente: +3.34%
- Allowed in 2015 – 17 Governor's Budget: 4.4%

Medical/Pharmacy Plan Renewal

Renewal detail — Kaiser Permanente

- Kaiser's final status quo renewal calculation calls for an overall increase of 3.34% over current premium levels

Medical/Pharmacy Plan

Overview of program/benefit change options — Kaiser

- **Pharmacy plan design changes approved by the SEOW for Board consideration**
 - Introduce a four-tier Rx plan design with higher cost share for specialty medications
 - Post-surgical immunosuppressive medications subject to deductible and coinsurance
 - Clinically administered medications to be subject to deductible and coinsurance

Medical/Pharmacy Plan Renewal

Options for program change considerations — Kaiser

- **Option 1:** Introduce a four-tier Rx plan design with higher cost share for specialty medications

Current Kaiser Rx Benefit	Copay
Generic	\$5
Brand	\$25
Rx OOPM	\$1,100

Proposed Kaiser Rx Benefit	Copay
Generic	\$5
Formulary Brand	\$25
Non-Formulary Brand	\$45
Specialty	25% up to \$100
Rx OOPM	\$1,100

- Rationale:
 - Current brand copays don't reflect cost of new expensive specialty drugs
- Member impact:
 - Approximately 1,600 (6%) members will be impacted by the non-formulary brand tier; however, they only averaged 2.1 prescriptions per patient
 - Approximately 175 (0.6%) members will be impacted by the addition of a specialty tier
- **Cost impact to status quo renewal: -0.5%**

Medical/Pharmacy Plan Renewal

Options for program change considerations — Kaiser

- **Option 2:** Clinically administered medications to be subject to deductible and coinsurance; post-surgical immunosuppressive medications subject to Rx copay
 - Current benefit:
 - Post-surgical immunosuppressive medications are available at no cost share
 - Clinically administered prescriptions are subject to the office visit copay
 - Proposed benefit:
 - Post-surgical immunosuppressive medications covered under the Rx benefit structure
 - Clinically administered prescriptions are covered at 80%
 - Rationale:
 - The clinically administered medication benefit change provides cost control by discouraging the use of professionally administered medications over self-administered alternatives solely for the reduction of member out-of-pocket costs
 - Member impact:
 - Approximately 184 (0.6%) members will be impacted by these benefit changes
 - Nine OEBB members with post-surgical immunosuppressive drugs (all generic)
 - Clinically administered medications range in cost from \$2.50 to \$79,000
 - **Cost impact to status quo renewal: -0.26%**

Medical/Pharmacy Plan Renewal

Kaiser Permanente renewal options

Status Quo Renewal

Final Status Quo Renewal	+3.34%
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Option 1 — Adopt Changes to Specialty Pharmacy

Final Status Quo Renewal	+3.34%
4-Tier Rx Benefit Change	-0.50%
Final Renewal	+2.84%

Option 2 — Adopt Changes to Specialty Pharmacy

Final Status Quo Renewal	+3.34%
Rx Subject to Deductible/Coinsurance Benefit Change	-0.26%
Final Renewal	+3.08%

Option 3 — Adopt Changes to Specialty Pharmacy

Final Status Quo Renewal	+3.34%
Both 4-Tier and Deductible/Coinsurance Rx Benefit Changes	-0.76%
Final Renewal	+2.58%

Medical/Pharmacy Plan Renewal

Towers Watson and OEGB staff recommendations

- Towers Watson and OEGB staff recommend:
 - Acceptance of the **Kaiser renewal**
 - Moving to a 4-tier Rx plan design and applying deductible and coinsurance to post-surgical immunosuppressive medications and clinically administered prescriptions (**Option 3**)
 - **Overall rate increase of +2.58%**

The Board approved the Kaiser renewal as recommended on April 28, 2015.

Medical/Pharmacy Plan

Renewal detail — Moda

Moda Health

- Moda Health's final status quo renewal calculation calls for an overall increase of 8.22% over current premium

Medical/Pharmacy Plan

Overview of potential program/benefit changes — Moda

- Included in Moda's renewal proposal:
 - Required changes related to the Affordable Care Act
 - Options for implementing the required overall cost-sharing limit for medical and pharmacy
 - Synergy Network Expansions
- Options identified to meet intent of Governor's budget:
 - Benefit and program change concepts

Medical/Pharmacy Plans

ACA-required change for the 2015 – 16 plan year — Moda

- The Affordable Care Act (ACA) requires an overall Annual Maximum Out-of-Pocket Maximum (OOPM) for 2015 for both medical and pharmacy

ACA Cost-Sharing Limit*	October 1, 2014 (Medical only)	October 1, 2015 (Medical + Rx)
Individual	\$6,350	\$6,600
Family	\$12,700	\$13,200

*OOPM limits for non-HSA plan designs

- Currently, medical deductibles, copayments, ACT copayments and coinsurance amounts for Moda plans A-G accumulate to the Medical OOPM limit. Pharmacy copayments and coinsurance do not accumulate toward this OOPM.
 - Note: Moda Plan H and all Kaiser plans already include OOPM limits that comply with ACA standards

Medical/Pharmacy Plans

ACA required change for the 2015 – 16 plan year — Moda

- **Option 1:** Continue to have current medical expenses apply to the annual medical OOPM and have pharmacy copayments and coinsurances not apply to medical OOPM, but accumulate to the ACA limits of \$6,600 individual/\$13,200 family
 - **No cost impact to renewal**

	Moda Health						
	A	B	C	D	E	F	G
Current Medical OOPM (Deductible and medical cost sharing are included in the OOPM)							
• Individual	\$2,400	\$2,950	\$3,300	\$3,800	\$4,250	\$5,500	\$6,350
• Family	\$7,200	\$8,850	\$9,900	\$11,400	\$12,700	\$12,700	\$12,700
Current Rx OOPM	None	None	None	None	None	None	None
Required ACA OOPM Limit for 2015 Medical + Rx							
• Individual	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600	\$6,600
• Family	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200	\$13,200

Medical/Pharmacy Plans

ACA-required change for the 2015 – 16 plan year — Moda

- **Option 2:** All medical and pharmacy costs accrue toward the current annual medical OOPM
 - Benefit enhancement to members
 - **+0.6% impact to renewal**

	Moda Health						
	A	B	C	D	E	F	G
Current Medical OOPM (Deductible and medical cost sharing are included in the OOPM)							
• Individual	\$2,400	\$2,950	\$3,300	\$3,800	\$4,250	\$5,500	\$6,350
• Family	\$7,200	\$8,850	\$9,900	\$11,400	\$12,700	\$12,700	\$12,700
Current Rx OOPM	None	None	None	None	None	None	None
Proposed 2015 OOPM for Medical + Pharmacy							
• Individual	\$2,400	\$2,950	\$3,300	\$3,800	\$4,250	\$5,500	\$6,350
• Family	\$7,200	\$8,850	\$9,900	\$11,400	\$12,700	\$12,700	\$12,700

Medical/Pharmacy Plan

Additional option for ACA OOPM requirement — Moda

- **Option 3:** Currently, copayments associated with the Additional Cost Tier (**ACT**) apply to the medical annual out-of-pocket (OOPM) on Moda medical plans A through G
 - **Consideration:** Apply the ACT copayments to the overall ACA maximum OOPM limit versus the medical plan OOPM
 - **-0.17% impact to renewal**

Procedure	ACT Additional Copay
Advanced Imaging (PET, CT, MRI)	\$100
Sleep Studies	\$100
Upper Endoscopy	\$100
Spinal Injections	\$100
Viscosupplementation	\$100
Discography	\$100
Tonsillectomies	\$100
Spine Surgery	\$500
Joint Replacement (knee and hip)	\$500
Arthroscopy (knee and shoulder)	\$500
Hernia Repair (uncomplicated inguinal)	\$500
Bariatric Surgery	\$500

Medical/Pharmacy Plan

Network expansion — Moda

- Confirmed Synergy network expansion for OEBB's 2015 – 16 plan year
 - Clatsop
 - Columbia
 - Hood River
 - Lincoln
 - Klamath
 - Tillamook
 - Wasco
- **OEBB able to accommodate further expansion if negotiated and reported to OEBB prior to May 22**

Additional Medical Benefit Change Considerations Requested by OEBC

Medical/Pharmacy Plan

Options for consideration — Moda

- **Option 4:** Redistribution of rate increase between Statewide PPO and Summit/Synergy plan designs
 - Summit/Synergy plans increase by 7.6%
 - Statewide plans increase by 8.6%
 - Members who move from PPO plan design to comparable plan design using the Summit/Synergy networks have minimal rate increase from current rates
 - Not all OEGB members will have access to Summit/Synergy plan designs in 2015 – 16

Example of Rate Impact			
Plan	Current Lives	2014 – 15 Composite Rate	2015 – 16 Composite Rate
Plan C	9,590	\$1,279	\$1,389
Plan C S/S	582	\$1,185	\$1,275
Plan H	9,265	\$833	\$905
Plan H S/S	680	\$772	\$831

Note: Illustrative rates based on status quo renewal; rates do not include OEGB administrative fee and have not been audited or verified

Medical/Pharmacy Plan

Options for consideration — Moda

- **Option 5:** Redesign of Moda Plan offerings
 - The number of plan offerings grew with the addition of Summit/Synergy options for the 2015 – 16 plan year
 - Several plans have similar benefit values (actuarial plan values)
 - Consolidating Moda plan offerings could provide more meaningful choice

	2010 – 11	2011 – 12	2012 – 13	2013 – 14	2014 – 15	Concept for 2015 – 16
Providence Options	2	2	NA	NA	NA	NA
Moda Options	7	7	7	8	8 Statewide 8 Summit/Synergy	4 Statewide 4 Summit/Synergy
Kaiser Options	2	2	2	2	3	3
Total	11	11	9	10	19	11

- Potential consolidation of plan options maintains similar number of plan choices/premium price points as in prior years

Medical/Pharmacy Plan

Options for consideration — Moda

Moda Health — Plan value comparison

- The tables below compare the actuarial values of the current Moda Health plans to the proposed consolidated Moda Health plan offering

Plan	Current Enrollment	Actuarial Value
Plan A	1,576	86.4%
Plan B	3,149	85.0%
Plan C	10,172	83.8%
Plan D	3,379	81.8%
Plan E	4,957	80.4%
Plan F	3,265	78.6%
Plan G	5,814	77.2%
Plan H	9,945	75.2%

Plan	Projected Enrollment*	Actuarial Value
PPO/CCM 300	4,725	85.4%
PPO/CCM 600	13,552	82.7%
PPO/CCM 1000	7,052	80.8%
PPO 1500-HSA CCM 1500	16,929	75.2% 77.2%

* Moda enrollment assumption

Traditional Statewide PPO Plan

Proposed plan designs — Moda

Provides continued access to a number of statewide PPO options with a similar range of plans but with more meaningful differences in plans

PPO Plan Provisions	PPO – 300		PPO – 600		PPO – 1000		PPO – 1500 HSA Qualified*	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (single/family)	\$300/\$900		\$600/\$1,800		\$1,000/\$3,000		\$1,500/\$3,000	
OOP Max (single/family)	\$2,950/\$8,850	\$5,900/\$17,700	\$3,800/\$11,400	\$7,600/\$22,800	\$4,250/\$12,700	\$8,500/\$25,400	\$5,000/\$10,000	
Max Cost Share** (single/family)	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	-----	
MMH Incentive Care	\$10	50%	\$15	50%	\$15	50%	20%	50%
MMH Primary Care	\$20	50%	\$30	50%	\$30	50%	20%	50%
Non-MMH Incentive	20% (ded waived)	50%	20% (ded waived)	50%	20% (ded waived)	50%	20%	50%
Non-MMH Primary Care	20%	50%	20%	50%	20%	50%	20%	50%
Specialist	20%	50%	20%	50%	20%	50%	20%	50%
Lab	20%	50%	20%	50%	20%	50%	20%	50%
Urgent Care	\$50		\$50		\$50		20%	
Emergency	\$100 + 20%		\$100 + 20%		\$100 + 20%		20%	
Other Services	20%	50%	20%	50%	20%	50%	20%	50%
Pharmacy	Same as current		Same as current		Same as current		Same as current	

*HSA-compliant plan, but could be used with or without funding to HSA

**Maximum Cost Share includes Pharmacy

Summit/Synergy Plans

Proposed plan designs — Moda

- Introduces managed care attributes of low, fixed copayments for primary care and specialist office visits and labs
- Creates alignment with the OHA’s coordinated care model initiatives
- Provides meaningful differences in plan designs and will allow OEBC to offer plans through multiple health systems in response to the RFP, if applicable

CCM Plan Provisions	CCM – 300		CCM – 600		CCM – 1000		CCM-\$1500*	
	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net	In-Net	Out-Net
Deductible (single/family)	\$300/\$900		\$600/\$1,800		\$1,000/\$3,000		\$1,500/\$4,500	
OOP Max (single/family)	\$2,950/\$8,850	\$5,900/\$17,700	\$3,800/\$11,400	\$7,600/\$22,800	\$4,250/\$12,700	\$8,500/\$25,400	\$6,350/\$12,700	\$12,700/\$25,400
Max Cost Share** (single/family)	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400	\$6,600/\$13,200	\$13,200/\$26,400
MMH Incentive/Primary Care	\$10	50%	\$10	50%	\$10	50%	\$10	50%
Specialist	\$20	50%	\$20	50%	\$20	50%	\$20	50%
Lab	\$10	50%	\$10	50%	\$10	50%	\$10	50%
Urgent Care	\$50		\$50		\$50		\$50	
Emergency	\$100 + 20%		\$100 + 20%		\$100 + 20%		\$100 + 20%	
Other Services	20%	50%	20%	50%	20%	50%	20%	50%
Pharmacy	Same as current							

*Not HSA-compliant

**Maximum Cost Share includes Pharmacy

Medical/Pharmacy Plan

Overview of options and considerations — Moda

Option	Rate Impact
Pharmacy OOPM Option 1: Pharmacy and Medical copayments/coinsurance amounts apply to the ACA OOPM limit of \$6,600 individual/\$13,200 family	No impact
Pharmacy OOPM Option 2: Pharmacy copayments/coinsurance are applied to the current Medical OOPM amounts for each Moda plan	+0.6%
Option 3: Additional Cost Tier (ACT) copayment accrue toward the overall “wrap” OOPM of \$6,600 individual/\$13,200 family	-0.17%
Option 4: Redistribute premium increases between Statewide PPO and Summit/Synergy: <ul style="list-style-type: none"> ● Summit/Synergy: +7.6% ● Statewide PPO: +8.6% 	Cost neutral to overall renewal
Option 5: Re-align plan offerings to: <ul style="list-style-type: none"> ● PPO 300, PPO 600, PPO 1000, PPO HSA ● S/S 300, S/S 600, S/S1000, S/S 1500 HRA 	Option 5A: -2.56% Option 5B: -1.54%

Medical/Pharmacy Plan Renewal

Renewal options — Moda

Plans A – H Statewide PPO Plans A – H Summit/Synergy	
Final Status Quo Renewal	+8.22%

Plans A – H Statewide PPO Plans A – H Summit/Synergy Option 1	
Final Status Quo Renewal	+8.22%
Pharmacy Accrues to ACA OOPM Limits	0.00%
Final Renewal	+8.22%

Plans A – H Statewide PPO Plans A – H Summit/Synergy Option 2	
Final Status Quo Renewal	+8.22%
All Medical and Pharmacy Accrue to Current OOPM	+0.6%
Final Renewal	+8.82%

Plans A – H Statewide PPO Plans A – H Summit/Synergy Option 3	
Final Status Quo Renewal	+8.22%
Pharmacy and ACT Accrue to ACA OOPM	-0.17%
Final Renewal	+8.05%

Medical/Pharmacy Plan Renewal

Renewal options

Option 4 PPO and CCM Renewal Differential	
Final Status Quo Renewal	+8.22%
PPO/CCM Renewal Variation	0.00%
Final Renewal	+8.22%

Option 5A Realigned PPOs New CCMs With Standard Actuarial Value	
Renewal Status Quo	+8.22%
Pharmacy and ACT Accrue to ACA OOPM limits	-0.17%
Consolidated Plan Offering	-2.56%
Final Renewal	+5.49%

Consideration 1 and 3 Option 5B Realigned PPOs New CCMs With Moderated Actuarial Value	
Renewal Status Quo	+8.22%
Pharmacy and ACT Accrue to ACA OOPM Limits	-0.17%
Consolidated Plan Offering	-1.54%
Final Renewal	+6.51%

Medical/Pharmacy Plan Renewal

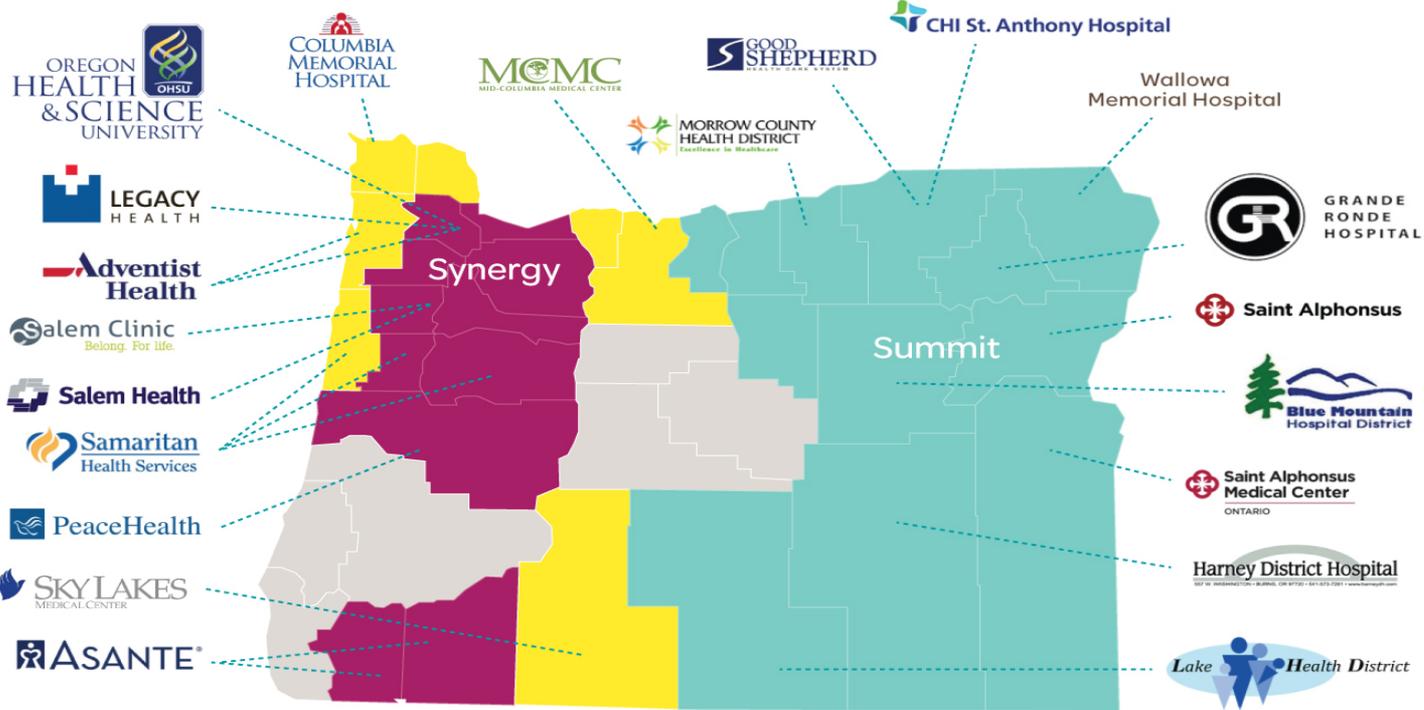
Towers Watson and OEGB staff recommendations

- Towers Watson and OEGB staff recommend:
 - Acceptance of the **Moda** status quo renewal with the following adjustments
 - With Rx copayments and coinsurance and ACT copayments accruing to the ACA maximum out-of-pocket (**Option 3**)
 - **Overall rate increase of +8.05%**

The Board approved the Moda Health renewal as recommended on April 28, 2015.

Appendix

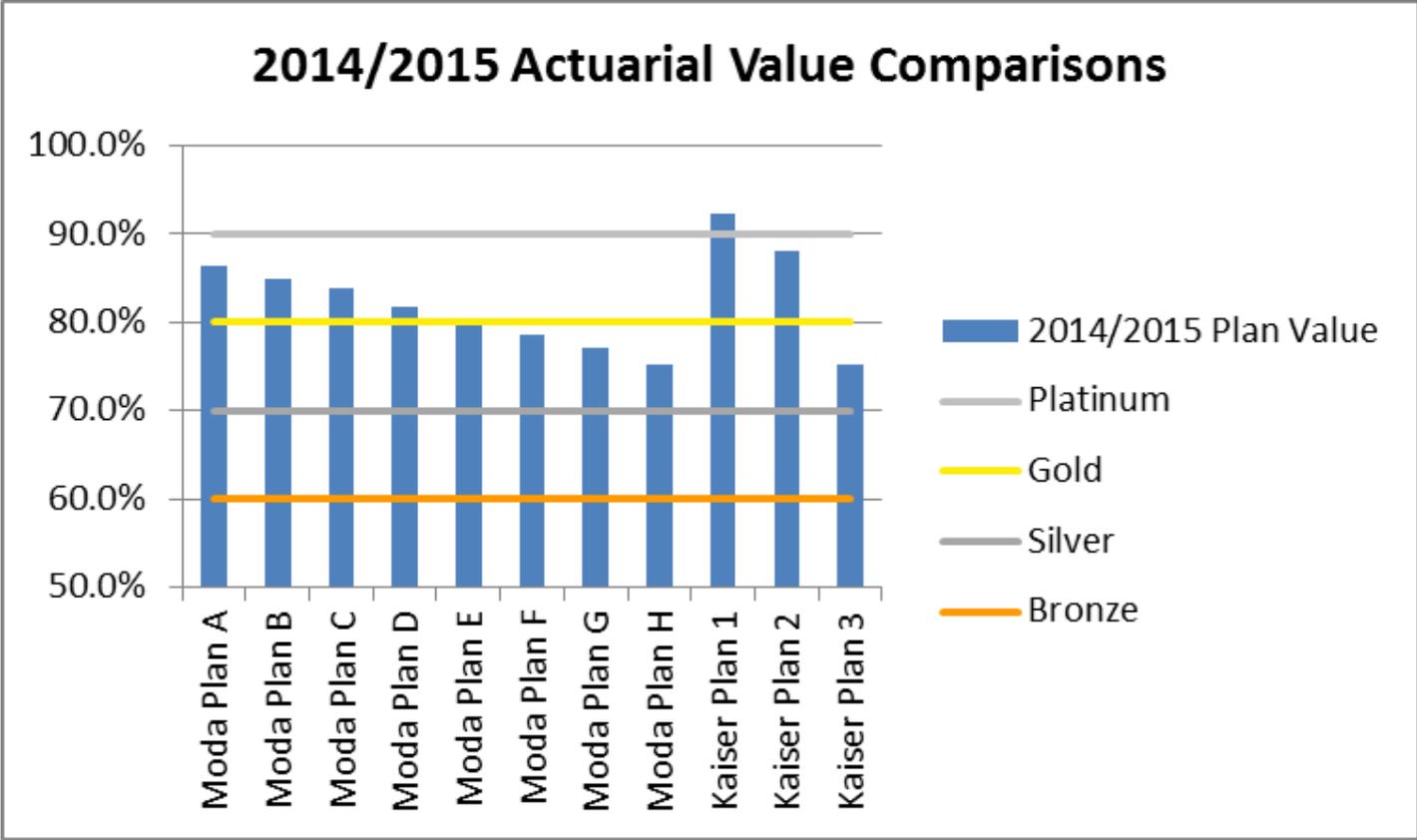
Synergy and Summit Network Expansion for 2015 – 16



- Current Synergy Network counties
- New counties for Synergy Network, effective 10/01/15
- Current Summit Network counties
- Potential counties for Synergy Network, effective 10/01/16

Medical/Pharmacy Plans

OEBB plan values vs. metallic plan values — Information only



Medical/Pharmacy Plans

State and federal taxes/fees

Costs attributable to Oregon insurance taxes and Affordable Care Act fees — Moda

Moda Health (Medical)	2012 – 13	2013 – 14	2014 – 15	2015 – 16
Oregon Medical Insurance Pool (ended in 2014)	\$19.28	\$3.71	NA	NA
Oregon Insurer Tax (ended in 2012)	\$10.25	NA	NA	NA
Oregon supplemental reinsurance fee (new in 2013)	NA	\$7.41	\$9.69	\$2.19
Patient Centered Outcomes Research Institute (new in 2012)	\$0.22	\$0.19	\$0.43	\$0.50
Federal Reinsurance Fee (new in 2013)	NA	\$9.73	\$12.34	\$6.68
Annual Insurer Fee (new in 2013)	NA	\$15.12	\$22.78	\$37.81
Total	\$29.75	\$36.16	\$45.24	\$47.18

Note: Fees are illustrated as Per Employee Per Month for Moda Health medical plans.

Medical/Pharmacy Plans

State and federal taxes/fees

Costs attributable to Oregon insurance taxes and Affordable Care Act fees — Kaiser

Kaiser Permanente (Medical)	2012 – 13	2013 – 14	2014 – 15	2015 – 16
Oregon Medical Insurance Pool (ended in 2014)	\$12.55	\$3.00	NA	NA
Oregon Insurer Tax (ended in 2012)	\$9.99	NA	NA	NA
Oregon supplemental reinsurance fee (new in 2013)	NA	\$7.32	\$7.25	\$1.58
Patient Centered Outcomes Research Institute (new in 2012)	\$0.00	\$0.41	\$0.44	\$0.43
Federal Reinsurance Fee (new in 2013)	NA	\$5.08	\$8.81	\$9.15
Annual Insurer Fee (new in 2013)	NA	\$9.20	\$9.85	\$6.31
Total	\$22.54	\$25.01	\$26.35	\$17.47

Note: Fees are illustrated as Per Employee Per Month for Kaiser Permanente medical plans.

Medical/Pharmacy Plans

OEBB-specific drug trends — Moda

12-months Ending	Specialty	Non-Specialty
9/2013	21.6%	5.6%
10/2013	18.8%	6.2%
11/2013	16.0%	6.6%
12/2013	15.6%	7.3%
1/2014	12.6%	7.8%
2/2014	12.6%	8.1%
3/2014	13.3%	8.3%
4/2014	13.3%	8.2%
5/2014	12.9%	7.8%
6/2014	13.8%	7.9%
7/2014	14.6%	7.3%
8/2014	15.2%	6.9%
9/2014	16.1%	6.7%
10/2014	15.8%	6.4%
11/2014	17.3%	6.3%
12/2014	19.6%	6.6%
1/2015	21.8%	6.2%
2/2015	23.5%	6.4%
3/2015	24.5%	6.5%

Note:

1. Paid through March, completed
2. Specialty includes Hep-C
3. 201502 w/out Hep-C = 18.3%