



BOARD OF COMMISSIONERS WORK SESSION

Thursday, October 8, 2026

12:00-1:30 PM

Home Forward

135 SW Ash – 6th Floor Columbia Room

AGENDA

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1. Resolution 26-10-01
Authorize the Renewal of Employee Health and Welfare Benefit Plans for the Plan Year January 1, 2027, to December 31, 2027
 2. Executive Director Updates
 3. Progress Report: Housing Portfolio Occupancy



To: Board of Commissioners

Date: October 8, 2026

From: Aimee Smith, Director of Human
Resources

Subject: Authorize the Renewal of
Employee Health and Welfare
Benefit Plans for the Plan Year
January 1, 2027, to December 31,
2027

Karena Gruber, HR Manager

Kyra Oslund, Benefits & Leaves
Specialist

Resolution 26-10-01

The Board of Commissioners is requested to approve the recommendation of Home Forward and Home Forward's Labor Management Healthcare Plan Committee to renew the health and welfare benefits plans for January 1, 2027, to December 31, 2027, plan year, and attendant cost increases

BACKGROUND

Home Forward offers health and welfare benefits to eligible employees. Annually, decisions are made about the plan design of the benefits program, and through Home Forward's benefits broker, contracts are negotiated with benefits providers. Once the contracts are negotiated and approved, Home Forward employees participate in open enrollment.

Under state law, benefits are a mandatory subject of bargaining. Home Forward's Labor Management Healthcare Plan Committee, established in 2003, is the forum through which Home Forward bargains the health and welfare plan changes required by the escalating costs of medical and dental insurance benefits. The members of the Committee include representatives from Home Forward's labor partners, AFSCME and the Building Trades, and Home Forward Management. The agency's benefits broker, The Partners Group, collaborates with the Committee. The Partners Group provides benefit analysis, healthcare plan utilization, information on health insurance trends, and any other information deemed

necessary for the Committee to make informed decisions about Home Forward's healthcare plans and cost containment strategies.

Our guiding principles for the Labor Management Healthcare Committee include trying to maintain benefits year-to-year where financially feasible; maintaining parity between the health insurance plans; and ensuring that any necessary changes to the plans impact the fewest number of employees possible.

Home Forward has recently offered employees two options: an HMO through Kaiser and a PPO through Providence Health Plans.

OVERVIEW

While historically the Labor Management Healthcare Committee's approach has been to navigate to a benefit renewal of no more than a 5% increase over the prior year, due to budgetary challenges, the Committee explored plan options with a flat budget, or zero percent increase.

For the 2027 plan year, the Committee explored a replacement for Providence as it is exiting the insurance market, and identified plan adjustments to reach a flat budget. Fortunately, Regence matched Providence's provider network at 98%, limiting disruption to employee benefit levels. Ultimately, after exploring the prospect of a flat renewal cost, the Committee recommends a .6% budget increase, representing an additional cost of \$43,000.

The recommended plan option includes the following adjustments:

- Raising the deductible from \$500 to \$600 for both plan options.
- Including a Health Savings Account (HSA) option for enrollment to reduce costs.
- Receiving a one-time 1-month premium holiday from Regence to reduce costs.

On September 22, 2026, the Labor Management Healthcare Committee voted unanimously to recommend to the Board of Commissioners the proposed health and welfare benefits package.

CONCLUSION

The Board of Commissioners is requested to approve the recommendation of Home Forward and Home Forward's Labor Management Healthcare Plan Committee to renew the health and welfare benefits plans for January 1, 2027, to December 31, 2027, plan year, and attendant cost increases.



RESOLUTION 26-10-01

RESOLUTION 26-10-01 AUTHORIZES THE RENEWAL OF EMPLOYEE HEALTH AND WELFARE BENEFIT PLANS FOR THE PLAN YEAR JANUARY 1, 2027, TO DECEMBER 31, 2027

WHEREAS, the provision of health and welfare benefits is a mandatory subject of bargaining under Oregon’s Public Employer Collective Bargaining Act; and

WHEREAS, the representatives of Home Forward, AFSCME and the Building Trades Council have formed a joint Labor Management Healthcare Plan Committee for the purpose of evaluating, designing, and recommending healthcare plans; and

WHEREAS, the duly authorized representatives of Home Forward have met in negotiation meetings with representatives of AFSCME and the Building Trades Council, as part of the Labor Management Committee; and

WHEREAS, the Committee unanimously recommends that the healthcare plans be renewed with the benefit levels referenced in Attachment A to the memorandum, and the cost increases referenced in the memorandum;

NOW, THEREFORE, BE IT RESOLVED, by the Board of Commissioners of Home Forward to approve the recommendation of Home Forward and the Labor Management Healthcare Plan Committee to adopt the health and welfare benefit plan changes as described in Attachment A, and to approve the attendant cost increases.

ADOPTED: OCTOBER 8, 2026

Attest:

Home Forward:

Michael Buonocore, Secretary

Jenny M. Kim, Chair

MEDICAL PPO						
Plan Design	2025		2026		2027	
	Providence Health Plan		Providence Health Plan		Regence	
	Extend Network		Extend Network		Preferred Network	
Annual Summary						
Calendar Year Deductible	Individual	\$300 / \$600	\$500 / \$1,000	\$600 / \$1,200	\$2,500 / \$5,000	
	Family	\$600 / \$1,200	\$1,000 / \$2,000	\$1,200 / \$2,400	\$5,000 / \$10,000	
Calendar Year Out of Pocket Maximum	Individual	\$2,300 / \$4,600	\$3,000 / \$6,000	\$3,000 / \$6,000	\$7,500 / \$15,000	
	Family	\$4,600 / \$9,200	\$6,000 / \$12,000	\$6,000 / \$12,000	\$15,000 / \$30,000	
Carrier Coinsurance	In-Network	80%	80%	80%	80%	
	Out-of-Network	80%	80%	80%	60%	
Member Copays and Coinsurance						
Preventive Care	Covered in Full		Covered in Full		Covered in Full	
Office Visit	First 3 visits \$5, then \$15 in-person or \$10 virtual; deductible waived		First 3 visits \$5, then \$15 in-person or \$10 virtual; deductible waived		First 3 visits \$5, then \$15 (no ded)	
Specialist Office Visit	\$15 (no ded)		\$15 (no ded)		20%	
Virtual Visits	PCP virtual \$10 after first 3 \$5 visits; specialist virtual same as office visit.		PCP virtual \$10 after first 3 \$5 visits; specialist virtual same as office visit.		\$10-\$15 (no ded)	
Outpatient Lab/X-Ray	20% (no ded)		20% (no ded)		20%	
Advanced Imaging (CAT, PET, MRI, etc.)	20% (no ded); requires prior auth		20% (no ded); requires prior auth		20%	
Inpatient Hospital	20%		20%		20%	
Outpatient Surgery	ASC 10%; Hospital 20%		ASC 10%; Hospital 20%		ASC 10%; Hospital 20%	
Urgent Care	\$15 (no ded)		\$15 (no ded)		20%	
Emergency Room Care	\$100; deductible waived; waived if admitted/diag services subject to inpatient benefits.		\$100; deductible waived; waived if admitted/diag services subject to inpatient benefits.		\$100 (no ded)	
Outpatient Rehabilitation/Visit Limits	First 3 visits \$5, then \$15 in-person / \$10 virtual; OON 20%.		First 3 visits \$5, then \$15 in-person / \$10 virtual; OON 20%.		\$15 copay, 25 visits PCY	
PT/OT/Speech Therapy	\$15 per visit; 30 visits/calendar year for rehabilitative and habilitative therapy		\$15 per visit; 30 visits/calendar year for rehabilitative and habilitative therapy		\$15 copay, 25 visits PCY	
Mental Health Outpatient	First 3 visits \$5, then \$15 in-person / \$10 virtual; OON 20%		First 3 visits \$5, then \$15 in-person / \$10 virtual; OON 20%		\$0 copay first 3 upfront office or psychotherapy (no ded), \$15 copay	
DME/Prosthetics/Orthotics	20%		20%		20%	
Maternity	Prenatal covered in full; delivery/postnatal \$150; inpatient 20%		Prenatal covered in full; delivery/postnatal \$150; inpatient 20%		20%, cost sharing does not apply for preventive services	
Home Healthcare	20%; limited to 60 days per calendar year		20%; limited to 60 days per calendar year		20%, cost sharing does not apply for preventive services	
Skilled Nursing	20%; limited to 60 days per calendar year		20%; limited to 60 days per calendar year		20%, 130 visits PCY	
Naturopathic Medicine	PCP or naturopath office visit structure: first 3 \$5, then \$15 in-person / \$10 virtual		PCP or naturopath office visit structure: first 3 \$5, then \$15 in-person / \$10 virtual		20%, 10 treatment days PCY	
Bariatric Care	Covered in-network when medically necessary; prior authorization required; facility requirements apply		Covered in-network when medically necessary; prior authorization required; facility requirements apply		Covered as Office Visit	
Hearing Aids	One per ear every three calendar years; 20%		One per ear every three calendar years; 20%		Covered as Office Visit	
Out-of-Network Balance Billing	OON benefits based on UCR; balance billing may apply		OON benefits based on UCR; balance billing may apply		Covered as Office Visit	
Alternative Care Annual Maximum/Visit Limits						
Massage Therapy	\$15 (no ded) to \$1,500 annual max		\$15 (no ded) to \$1,500 annual max		\$15 (no ded); 12 visits PCY	
Chiropractic	\$15 (no ded); 20 visits PCY		\$15 (no ded); 20 visits PCY		\$15 (no ded); 20 visits PCY	
Acupuncture	\$15 (no ded); 12 visits PCY		\$15 (no ded); 12 visits PCY		\$15 (no ded); 12 visits PCY	
Prescription Costs						
Tier 1 / Tier 2 / Tier 3	\$0 / \$10 / \$40 / \$75		\$0 / \$10 / \$40 / \$75		\$10 / \$40 / \$75	
Administered Medications	infusions/injectables 20%		infusions/injectables 20%		\$10 / \$50 / \$100	
Specialty Drug	50% to \$200		50% to \$200		20%	
Mail Order	2x Retail Copay		2x Retail Copay		2x Retail Copay	
Vision						
Exam	Adult well vision exam \$10, pediatric covered in full		Adult well vision exam \$10, pediatric covered in full		\$10 copay - 1 PCY	
Hardware	\$130 allowance every 12 months		\$130 allowance every 12 months		Contact Exam \$50 copay	
					\$130 allowance every 12 months	