

# School Employees Benefits Board Meeting

June 1, 2023

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## School Employees Benefits Board Meeting

June 1, 2023

9:00 a.m. – 12:30 p.m.

### Attendance In-person or by Zoom

Health Care Authority  
Sue Crystal A & B  
626 8<sup>th</sup> Avenue SE  
Olympia, Washington

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**TAB 1**

**School Employees Benefits Board**  
**June 1, 2023**  
**9:00 a.m. – 12:30 p.m.**

**This meeting will be hybrid with attendance options either in person or via Zoom. Masks are optional.**

**TO JOIN ZOOM MEETING – SEE INFORMATION BELOW**

9:00 a.m.*	<b>Welcome and Introductions</b>		Lou McDermott, Chair	
9:05 a.m.	<b>Meeting Overview</b>		David Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information
9:10 a.m.	<b>Approval of Meeting Minutes</b> • May 4, 2023	TAB 3	Lou McDermott, Chair	Action
9:20 a.m.	<b>May Meeting Follow Up</b>		David Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
9:30 a.m. 15 mins	<b>UMP Hearing Instruments Benefit</b>	TAB 4	Janice McAlpin, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Action
9:45 a.m. 15 mins	<b>UMP High Deductible Plan IRS Minimum Deductible</b>	TAB 5	Janice McAlpin, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:00 a.m. 20 mins	<b>2023 Kaiser Permanente of Washington First Fill Insights</b>	TAB 6	Christine Davis, Senior Account Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:20 a.m. 20 mins	<b>Federal Public Health Emergency Unwind</b>	TAB 7	Shawna Lang, Section Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:40 a.m.	<b>General Public Comment</b>			
11:05 a.m.	<b>Closing</b>			
11:10 a.m.	<b>Transition to Executive Session</b>			
11:15 a.m.	<b>Executive Session</b>			
12:30 p.m.	<b>Adjourn</b>		Lou McDermott, Chair	

\*All Times Approximate

The School Employees Benefits Board will meet Thursday, June 1, 2023 at the Washington State Health Care Authority, Sue Crystal Rooms A & B, 626 8<sup>th</sup> Avenue SE, Olympia, WA. Attendance for this meeting can be in person or via Zoom. Masks are optional.

The Board will consider all matters on the agenda plus any items that may normally come before them.

Pursuant to RCW 42.30.110(1)(L), the Board will meet in in Executive Session to consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026. The Executive Session will begin at 11:10 a.m. and will conclude no later than 12:30 p.m.

This notice is pursuant to the requirements of the Open Public Meeting Act, Chapter 42.30 RCW.

To provide public comment by email, direct e-mail to: [SEBBoard@hca.wa.gov](mailto:SEBBoard@hca.wa.gov).

Materials are posted at <https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program/meetings-and-materials> by close of business on May 30, 2023 due to the holiday.

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Join Zoom Meeting

<https://us02web.zoom.us/j/81235947723?pwd=VHlITnhubjU1Ri9hd2RuZ3hKc3FPUT09>

Meeting ID: 812 3594 7723

Passcode: 987925

One tap mobile

+12532158782,,81235947723#,,,,\*987925# US (Tacoma)

+12532050468,,81235947723#,,,,\*987925# US

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 253 205 0468 US

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+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 346 248 7799 US (Houston)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

Meeting ID: 812 3594 7723

Passcode: 987925

Find your local number: <https://us02web.zoom.us/u/kdAYwNEsvb>

## SEB Board Members

Name	Representing
Lou McDermott, Deputy Director Health Care Authority 626 8 <sup>th</sup> Ave SE PO Box 42720 Olympia, WA 98504-2720 V 360-725-0891 <a href="mailto:louis.mcdermott@hca.wa.gov">louis.mcdermott@hca.wa.gov</a>	Chair
Kerry Schaefer 1405 N 10 <sup>th</sup> ST Tacoma, WA 98403 C 253-227-3439 <a href="mailto:SEBBoard@hca.wa.gov">SEBBoard@hca.wa.gov</a>	Employee Health Benefits Policy and Administration
Vacant <a href="mailto:SEBBoard@hca.wa.gov">SEBBoard@hca.wa.gov</a>	Employee Health Benefits Policy and Administration
Dawna Hansen-Murray 15535 104 <sup>th</sup> PL SE Yelm, WA 98597 C 360-790-4961 <a href="mailto:SEBBoard@hca.wa.gov">SEBBoard@hca.wa.gov</a>	Classified Employees
Myra Johnson Park Lodge Elementary School 6300 100 <sup>th</sup> ST SW Lakewood, WA 98499 V 253-583-5353 <a href="mailto:SEBBoard@hca.wa.gov">SEBBoard@hca.wa.gov</a>	Certificated Employees

## SEB Board Members

### Name

### Representing

Pamela Kruse  
6440 Lake Saint Clair DR SE  
Olympia, WA 98513  
V 360-790-0995  
[SEBBoard@hca.wa.gov](mailto:SEBBoard@hca.wa.gov)

Certificated Employees

Terri House  
Shoreline School District  
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Classified Employees

Amy Griffin  
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111 Bethel Street NE  
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[SEBBoard@hca.wa.gov](mailto:SEBBoard@hca.wa.gov)

Employee Health Benefits Policy  
and Administration  
(WASBO)

Alison Poulsen  
12515 South Hangman Valley RD  
Valleyford, WA 99036  
C 509-499-0482  
[SEBBoard@hca.wa.gov](mailto:SEBBoard@hca.wa.gov)

Employee Health Benefits Policy  
and Administration

### Legal Counsel

Katy Hatfield, Assistant Attorney General  
7141 Cleanwater Dr SW  
PO Box 40124  
Olympia, WA 98504-0124  
V 360-586-6561  
[Katy.Hatfield@atg.wa.gov](mailto:Katy.Hatfield@atg.wa.gov)

1/31/23



STATE OF WASHINGTON  
**HEALTH CARE AUTHORITY**

626 8th Avenue SE • PO Box 45502 • Olympia, Washington 98504-5502

**SEB BOARD MEETING SCHEDULE**

**2023 School Employees Benefits (SEB) Board Meeting Schedule**

The SEB Board meetings will be held at the Health Care Authority, Sue Crystal Center, Rooms A & B, 626 8<sup>th</sup> Avenue SE, Olympia, WA 98501.

January 26, 2023 - 9:00 a.m. – 4:00 p.m.

March 2, 2023 - 9:00 a.m. – 1:30 p.m.

April 6, 2023 - 9:00 p.m. – 1:30 – p.m.

May 4, 2023 - 9:00 a.m. – 1:30 p.m.

June 1, 2023 - 9:00 a.m. – 1:30 p.m.

June 22, 2023 - 9:00 a.m. – 1:30 p.m.

July 6, 2023 - 9:00 a.m. – 12:00 p.m.

July 13, 2023 - 9:00 a.m. – 12:00 p.m.

July 20, 2023 - 9:00 a.m. – 12:00 p.m.

\*Meeting times are tentative

If you are a person with a disability and need a special accommodation, please contact Connie Bergener at 360-725-0856

7/6/22

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

**DATE: July 12, 2022**

**TIME: 9:20 AM**

**WSR 22-15-023**



**TAB 2**

## SCHOOL EMPLOYEES BENEFITS BOARD BY-LAWS

### **ARTICLE I**

#### **The Board and Its Members**

1. **Board Function**—The School Employees Benefits Board (hereinafter “the SEBB” or “Board”) is created pursuant to RCW 41.05.740 within the Health Care Authority; the SEBB’s function is to design and approve insurance benefit plans for school district, educational service district, and charter school employees, and to establish eligibility criteria for participation in insurance benefit plans.
2. **Staff**—Health Care Authority staff shall serve as staff to the Board.
3. **Appointment**—The members of the Board shall be appointed by the Governor in accordance with RCW 41.05.740. A Board member whose term has expired but whose successor has not been appointed by the Governor may continue to serve until replaced.
4. **Board Composition**—The composition of the nine-member Board shall be in accordance with RCW 41.05.740. All nine members may participate in discussions, make and second motions, and vote on motions.
5. **Board Compensation**—Members of the Board shall be compensated in accordance with RCW [43.03.250](#) and shall be reimbursed for their travel expenses while on official business in accordance with RCW [43.03.050](#) and [43.03.060](#).

### **ARTICLE II**

#### **Board Officers and Duties**

1. **Chair of the Board**—The Health Care Authority Director or his or her designee shall serve as Chair of the Board and shall conduct meetings of the Board. The Chair shall have all powers and duties conferred by law and the Board’s By-laws. If the regular Chair cannot attend a regular or special meeting, the Health Care Authority Director may designate another person to serve as temporary Chair for that meeting. A temporary Chair designated for a single meeting has all of the rights and responsibilities of the regular Chair.
2. **Vice Chair of the Board**—In December 2017, and each January beginning in 2019, the Board shall select from among its members a Vice Chair. If the Vice Chair position becomes vacant for any reason, the Board shall select a new Vice Chair for the remainder of the year. The Vice Chair shall preside at any regular or special meeting of the Board in the absence of a regular or temporary Chair.

### **ARTICLE III**

#### **Board Committees** **(RESERVED)**

**ARTICLE IV**  
**Board Meetings**

1. Application of Open Public Meetings Act—Meetings of the Board shall be at the call of the Chair and shall be held at such time, place, and manner to efficiently carry out the Board’s duties. All Board meetings shall be conducted in accordance with the Open Public Meetings Act, Chapter 42.30 RCW, but the Board may enter into an executive session as permitted by the Open Public Meetings Act.
2. Regular and Special Board Meetings—The Chair shall propose an annual schedule of regular Board meetings for adoption by the Board. The schedule of regular Board meetings, and any changes to the schedule, shall be filed with the State Code Reviser’s Office in accordance with RCW 42.30.075. The Chair may cancel a regular Board meeting at his or her discretion, including the lack of sufficient agenda items. The Chair may call a special meeting of the Board at any time and proper notice must be given of a special meeting as provided by the Open Public Meetings Act, RCW 42.30.
3. No Conditions for Attendance—A member of the public is not required to register his or her name or provide other information as a condition of attendance at a Board meeting.
4. Public Access—Board meetings shall be held in a location that provides reasonable access to the public including the use of accessible facilities.
5. Meeting Minutes and Agendas—The agenda for an upcoming meeting shall be made available to the Board and the interested members of the public at least 24 hours prior to the meeting date or as otherwise required by the Open Public Meetings Act. Agendas may be sent by electronic mail and shall also be posted on the HCA website. An audio recording (or other generally-accepted electronic recording) shall be made of each meeting. HCA staff will provide minutes summarizing each meeting from the audio recording. Summary minutes shall be provided to the Board for review and adoption at a subsequent Board meeting.
6. Attendance—Board members shall inform the Chair with as much notice as possible if unable to attend a scheduled Board meeting. Board staff preparing the minutes shall record the attendance of Board members in the minutes.

**ARTICLE V**  
**Meeting Procedures**

1. Quorum—Five voting members of the Board shall constitute a quorum for the transaction of business. No final action may be taken in the absence of a quorum. The Chair may declare a meeting adjourned in the absence of a quorum necessary to transact business.
2. Order of Business—The order of business shall be determined by the agenda.
3. Teleconference Permitted—A Board member may attend a meeting in person or, by special arrangement and advance notice to the Chair, by telephone conference call or video conference when in-person attendance is impracticable.

4. Public Testimony—The Board actively seeks input from the public at large, from enrollees served by the SEBB Program, and from other interested parties. Time is reserved for public testimony at each regular meeting, generally at the end of the agenda. Opportunity for public testimony at Board meetings shall also be made available immediately before the Board’s vote on a resolution. At the direction of the Chair, opportunities for public testimony may also be made available at other times during Board meetings. The Chair has authority to limit the time for public testimony, including the time allotted to each speaker, depending on the time available and the number of persons wishing to speak.
5. Motions and Resolutions—All actions of the Board shall be expressed by motion or resolution. No motion or resolution shall have effect unless passed by the affirmative votes of a majority of the Board members present and eligible to vote, or in the case of a proposed amendment to the By-laws, a 2/3 majority of the Board .
6. Representing the Board’s Position on an Issue—No Board member may endorse or oppose an issue purporting to represent the Board or the opinion of the Board on the issue unless the majority of the Board approve of such position.
7. Manner of Voting—On motions, resolutions, or other matters a voice vote may be used. At the discretion of the Chair, or upon request of a Board member, a roll call vote may be conducted. Proxy votes are not permitted, but the prohibition of proxy votes does not prevent a temporary Chair designated by the Health Care Authority Director from voting.
8. State Ethics Law and Recusal—Board members are subject to the requirements of the Ethics in Public Service Act, Chapter 42.52 RCW. A Board member shall recuse himself or herself from casting a vote as necessary to comply with the Ethics in Public Service Act.
9. Parliamentary Procedure—All rules of order not provided for in these By-laws shall be determined in accordance with the most current edition of Robert’s Rules of Order Newly Revised. Board staff shall ensure a copy of *Robert’s Rules* is available at all Board meetings.
10. Civility—While engaged in Board duties, Board members conduct shall demonstrate civility, respect, and courtesy toward each other, HCA staff, and the public and shall be guided by fundamental tenets of integrity and fairness.

**ARTICLE VI**  
**Amendments to the By-Laws and Rules of Construction**

1. Two-thirds majority required to amend—The SEBB By-laws may be amended upon a two-thirds (2/3) majority vote of the Board.
2. Liberal construction—All rules and procedures in these By-laws shall be liberally construed so that the public’s health, safety, and welfare shall be secured in accordance with the intents and purposes of applicable State laws and regulations.

**TAB 3**

**Draft**  
**School Employees Benefits Board**  
**Meeting Minutes**

May 4, 2023  
Health Care Authority  
Sue Crystal Rooms A & B  
Olympia, Washington  
9:00 a.m. – 11:00 a.m.

The Briefing Book with the complete presentations and an audio recording of the meeting can be found at:  
<https://www.hca.wa.gov/about-hca/programs-and-initiatives/school-employees-benefits-board-sebb-program/meetings-and-materials>

**Members Present in Olympia**

Lou McDermott

**Members Present via Zoom**

Pamela Kruse  
Kerry Schaefer  
Dawna Hansen-Murray  
Amy Griffin  
Myra Johnson

**Members Absent**

Terri House  
Alison Poulsen

**SEB Board Counsel**

Katy Hatfield, AAG (in person)

**Call to Order**

**Lou McDermott, Chair**, called the meeting to order at 9:01 a.m. Sufficient members were present to allow a quorum. Board members and the public were able to attend either in person or virtually via Zoom.

**Meeting Overview**

**Jean Bui**, Deputy Director of the Employees and Retirees Benefits (ERB) Division, provided an overview of the agenda.

### **Approval of Meeting Minutes**

Pamela Kruse moved, and Dawna Hansen-Murray seconded a motion to approve the January 26, 2023 meeting minutes. Minutes were approved as written by unanimous vote. Terri House and Alison Poulsen were absent for voting.

Pamela Kruse moved, and Dawna Hansen-Murray seconded a motion to approve the April 6, 2023 meeting minutes. Minutes were approved as written by unanimous vote. Terri House and Alison Poulsen were absent for voting.

### **Legislative Session Debrief**

**Cade Walker**, Policy, Rules, and Compliance Section Manager in the Employees and Retirees Benefits (ERB) Division, provided a debrief on relevant bills and their outcomes during legislative session. The passage of bills tracked throughout session and the implementation of laws pertaining to the SEBB Program were discussed.

### **2023-25 Biennial Budget Update**

**Tanya Deuel**, Finance Manager in the Financial Services Division (FSD), presented a final update on the 2023-25 biennial budget. The presentation included final funding rates, final conference budget funding, additional dental detail, and new proviso language.

### **UMP Hearing Instruments Benefit**

**Janice McAlpin**, Senior Account Manager, Employees and Retirees Benefits (ERB) Division, and **Sara Whitley**, ERB Finance Manager, Financial Services Division, gave an overview of the UMP hearing instruments benefit. The presentation included the evolution of the benefit, information regarding the passage of House Bill 1222, over-the-counter hearing instruments coverage and details, hearing instruments utilization, year insights, and proposed resolution 2023-05 regarding changing the UMP hearing instruments benefit.

### **Public Comment**

The following members of the public provided comments:

- Fred Yancey, regarding the UMP hearing instrument benefit proposed resolution

Public testimonies can be found in the audio recording for the May 4, 2023 meeting at: <https://www.hca.wa.gov/about-hca/programs-and-initiatives/school-employees-benefits-board-sebb-program/meetings-and-materials>

### **Next Meeting**

June 1, 2023

9:00 a.m. – 1:30 p.m.

### **Preview of June 1, 2023 SEB Board Meeting**

**Jean Bui**, Deputy Director, Employees and Retirees Benefits Division, provided an overview of potential agenda topics for the June 1, 2023 SEB Board Meeting.

Meeting adjourned at 10:00 a.m.

**TAB 4**



# UMP Hearing Instruments Benefit

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Janice McAlpin  
Senior Account Manager  
Employees and Retirees Benefits Division  
June 1, 2023

# Follow Up from May Meeting

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- ▶ Over-the-counter (OTC) hearing instruments coverage:
  - ▶ Health Savings Account (HSA): covered
  - ▶ Flexible Spending Arrangement (FSA): covered
  - ▶ Limited Purpose FSA: not covered
  
- ▶ Under HB 1222, are cochlear implants addressed?
  - ▶ No - bill calls for coverage of bone conduction hearing devices, which do not include cochlear implants

# Hearing Instrument Coverage in Other States

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## ▶ Oregon

- ▶ School employees:
  - Adults: \$4,000 total allowance for both ears every 4 years, benefit subject to deductible and coinsurance
  - Children (under age 26): \$4,000 total allowance for both ears every 3 years
- ▶ Public employees: variability in plan but generally full coverage per ear every 3 years, subject to deductible and coinsurance

## ▶ Idaho

- ▶ State/higher education employees (and opted-in school districts):
  - Children only coverage: 1 device every 3 years, subject to deductible and coinsurance

## ▶ California

- ▶ Employees in their large PPO network plans a \$1,000 total allowance for both ear every 3 years
  - Exception: 100% coverage every 3 years “when medically necessary to prevent or treat speech and language development delay due to hearing loss”

# Update on HB 1222

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- ▶ Governor signed on May 4
- ▶ HB 1222:
  - ▶ Expires current law as of December 31, 2023
  - ▶ Effective date of legislation: January 1, 2024
  - ▶ Impacts the general large-group commercial market health plans, including employees and dependents of all PEBB Program and SEBB Program plans
  - ▶ Requires coverage for hearing instruments (excluding OTC hearing instruments) at **no less than \$3,000 per ear** with hearing loss **every 36 months**
  - ▶ Not subject to the enrollee's deductible, unless the plan is offered as a qualifying health plan for a health savings account

# Examples of Implementation

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- ▶ UMP member purchases a set of hearing aids in December 2023
  - ▶ Under resolution 2023-05:
    - ▶ Member would be able to purchase a new set of hearing aids as of January 1, 2024
- ▶ UMP member purchases a set of hearing aids in January 2024
  - ▶ Under resolution 2023-05:
    - ▶ Member would be able to purchase a new set of hearing aids as soon as January 1, 2027
- ▶ Under resolution 2023-05, UMP will continue to provide reimbursement for OTC hearing instruments if hearing exam and prescription requirements are met
- ▶ Under resolution 2023-05, coverage shall also include the initial assessment, fitting, adjustment, auditory training, and ear molds for optimal fit for members who intend to obtain or have already obtained any hearing instrument, including an OTC hearing instrument

# Resolution SEBB 2023-05

## UMP Hearing Instruments

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**Resolved that,** beginning January 1, 2024, prescribed hearing instruments in all Uniform Medical Plan (UMP) plans will be covered up to \$3,000 per ear with hearing loss, at least every 36 months, without member cost share.

Coverage for members enrolled in UMP Achieve 1, UMP Achieve 2, and UMP Plus is not subject to the member meeting the plan deductible.

Coverage for members enrolled in UMP High Deductible is subject to the member meeting the plan deductible.

# Next Steps

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- ▶ Updates to HCA member communications and websites to prepare for open enrollment
- ▶ Updates to Regence member communications and website to prepare for open enrollment
- ▶ Regence internal system updates

# Questions?

Janice McAlpin, Senior Account Manager  
Employees and Retirees Benefits Division

[Janice.McAlpin@hca.wa.gov](mailto:Janice.McAlpin@hca.wa.gov)



**TAB 5**

# UMP High Deductible Plan IRS Minimum Deductible

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Janice McAlpin  
Senior Account Manager  
Employees and Retirees Benefits Division  
June 1, 2023

# History & Timing of IRS Changes

- ▶ Historically, IRS issues guidance in each spring/summer

Year	Minimum Deductible (Self-Only)	Minimum Deductible (Family)
2024	\$1,600	\$3,200
2023	\$1,500	\$3,000
2020 – 2022	\$1,400	\$2,800
2018 – 2019	\$1,350	\$2,700
2015 – 2017	\$1,300	\$2,600
2013 – 2014	\$1,250	\$2,500
2010 – 2012	\$1,200	\$2,400

- ▶ Before 2023, UMP's HSA qualified plans had a deductible of \$1,400/\$2,800

# Proposed Resolution SEBB 2023-06

## UMP High Deductible IRS Plan Minimum Deductible

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For plan years beginning on or after January 1, 2024, HCA shall set the annual deductible for the UMP High Deductible health plan at the minimum annual deductible level established by the Internal Revenue Service (IRS) to qualify the plan as a high deductible health plan, without further action from this Board.

# Next Steps

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- ▶ Incorporate Board feedback in the proposed resolution
- ▶ Submit feedback by June 12, 2023 to [HCAPEBSEBBoardPolicyFeedback@hca.wa.gov](mailto:HCAPEBSEBBoardPolicyFeedback@hca.wa.gov)
- ▶ Bring recommended proposed resolution to the Board for action at the June 22, 2023 Board meeting

# Questions?

Janice McAlpin, Senior Account Manager  
Employees and Retirees Benefits Division

[Janice.McAlpin@hca.wa.gov](mailto:Janice.McAlpin@hca.wa.gov)

**TAB 6**

# 2023 Kaiser Permanente of Washington First Fill Insights

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Christine Davis  
Senior Account Manager  
Employees & Retirees Benefits Division  
June 1, 2023



# Board Votes

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- ▶ For fully-insured plans, the Board approves plan design(s) when voting on premiums
  - ▶ SEB Board announcement
    - ▶ 7/21/2022:
      - On 7/26/2022, the School Employees Benefits Board endorsed the KPWA and KPWA Options premiums through resolutions 2022-06 and 2022-07.

# Standard Communication Methods

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- ▶ After the Board votes, HCA transitions to prepare communications for open enrollment (OE) through existing methods:
  - ▶ Newsletters
  - ▶ OE materials (print/web)
  - ▶ Plan specific materials
  - ▶ Benefit Administrators receive forwardable e-mails from HCA that include links to OE communication materials to send to members

# How Was First Fill Communicated in Open Enrollment Materials?

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- ▶ Fall 2022 OE aligned for plan year 2023:
  - ▶ HCA's OE webpage
  - ▶ *Intercom* newsletter (October)
  - ▶ Webinars through virtual benefits fairs, presented by KPWA and hosted by the HCA, included first fill program flyer and maintenance medication list
- ▶ SEBB Program KPWA microsites included:
  - ▶ First fill program flyer
  - ▶ Mail order pharmacy information
  - ▶ Maintenance medication drug list

# How Was First Fill Communicated in Open Enrollment Materials? (*cont.*)

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- ▶ October/November 2022, KPWA sent:
  - ▶ Retention letter with first fill program messaging to existing KPWA members
  - ▶ First fill program flyer
- ▶ First fill language included in:
  - ▶ 2023 KPWA plan comparisons
  - ▶ 2023 KPWA Summary of Coverage and Benefits
  - ▶ 2023 KPWA Evidence of Coverage

# First Fill: HCA Lessons Learned

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- ▶ HCA is assessing how to improve visibility of plan design changes to members who may not be considering a plan change during OE
- ▶ During the plan renewal process, requiring written carrier insights on impacts unique to rural members on proposed plan design changes

# Kaiser Permanente of Washington Statement

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*At Kaiser Permanente, we take seriously the charge to provide high quality and accessible care that is also affordable. With that in mind, we have developed a suite of products designed to provide convenience and lower costs for our accounts and members.*

*As part of our ongoing work to evaluate how to best support our employer groups, we have reviewed and provided plan options intended to provide more choice in pharmacy benefit offerings. We're proud to be at the forefront of innovation in care, and we appreciate the feedback that we've received.*

# Questions?

Christine Davis, Senior Account Manager  
Employees & Retirees Benefits Division

[Christine.Davis@hca.wa.gov](mailto:Christine.Davis@hca.wa.gov)

# Appendix



# HCA's Open Enrollment webpage

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## ▶ Copy of OE post:

▶ <https://www.hca.wa.gov/assets/pebb/whats-changing-sebb-employee-2023.pdf>

## ▶ Excerpt regarding first fill:

### Kaiser Permanente Washington (KPWA)

- Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the SEBB Program and the Public Employees Benefits Board (PEBB) Program during a special open enrollment and stay with KPWA. Accumulator transfers apply to KPWA only. KPWA Options is not available to the PEBB Program.
- Replace the KPWA Options Access Preferred Provider Organization (PPO) plans with the new Summit PPO plans. Island, Lewis, Mason, Skagit, and Whatcom counties will not be included in the Summit PPO plans' service area.
- Implement the First Fill program for maintenance drugs only, which allows the first prescription to be filled at any in-network pharmacy. Subsequent refills must be filled via mail order or at a Kaiser Permanente retail pharmacy.
- Introduce Advanced Care at Home, which will offer members a chance to recover at home rather than in a hospital when clinically appropriate.

# HCA's *Intercom* Newsletter (October 2022)

▶ <https://www.hca.wa.gov/assets/pebb/sebb-intercom-newsletter-employees-october-2022.pdf>

## **Kaiser Permanente Washington (KPWA) and Kaiser Permanente Washington Options (KPWA Options) v**

- Transfer certain accumulators, such as deductibles and co-pays, for the existing plan year when subscribers and their dependents change between the SEBB Program and the Employees Benefits Board (PEBB) Program during a special enrollment and stay with KPWA. Accumulator transfers apply only to KPWA Options. KPWA Options is not available to the PEBB Program.
- Replace the KPWA Options Access Preferred Provider Organization (APPO) plans with the new Summit PPO plans. Island, Lewis and Clark, and Whatcom counties will not be included in the plans' service area. (See *Some plans are changing* on page 10.)

*Continued*

HCA 20-0119 (10/22)

*Continued from previous page*

- **Implement the First Fill program** for maintenance drugs only, which allows the first prescription to be filled at any in-network pharmacy. Subsequent refills must be filled via mail order or at a Kaiser Permanente retail pharmacy.
- Introduce Advanced Care at Home, which will offer members a chance to recover at home rather than in a hospital when clinically appropriate.

# Virtual Benefit Fair

- ▶ Webinars presented by KPWA, hosted by HCA:
- ▶ <https://www.hca.wa.gov/employee-retiree-benefits/sebb-virtual-benefits-fair/virtual-benefits-fair-sebb>



Kaiser Permanente of Washington



Kaiser Permanente of Washington Options







# Virtual Benefit Fair (*cont.*)

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- ▶ Webinars presented by KPWA, hosted by HCA:
- ▶ <https://www.hca.wa.gov/employee-retiree-benefits/sebb-virtual-benefits-fair/virtual-benefits-fair-sebb>

## 2023 information

### Plan details

- [Service areas](#) 
- [Travel flyer](#) 
- [Enrollment guide](#) 
- [Prescription drug benefit information](#)
  - [First Fill flyer](#) 
  - [4-tier formulary](#) 
  - [Maintenance medication list](#) 

# KPWA SEBB Program Microsite

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- ▶ SEBB Program KPWA microsites included:

- ▶ First fill program flyer
- ▶ Mail order pharmacy information
- ▶ Maintenance medication drug list

- ▶ Link:

- ▶ <https://mybenefits.kaiserpermanente.org/wa-sebb/contact-us>

# KPWA Retention Letter



<<First\_Name>><<MI>><<Last\_Name>>  
<<Add\_1>>  
<<Add\_2>>  
<<City>>,<<State>> <<ZIP>>-<<ZIP\_4>>

<<Month XX, YYYY>>

Dear <<First Name>>,

It's the time of year for health plan enrollment, but you don't have to do a thing to help ensure you've got great care and coverage for 2023.

Your **Kaiser Permanente Core HMO** plan for 2023 looks very much like your current plan. We offer 3 Core HMO plans and there are only minimal changes to our plan designs and premiums. In fact, monthly premiums for plan 1 and plan 2 will be lower by \$1, and plan 3 will increase by only \$1.

### Core HMO network

Your network includes over 1,100 Kaiser Permanente doctors who belong to one of the top-ranked medical groups in Washington state.<sup>1</sup> They practice at more than 30 Kaiser Permanente medical facilities and pharmacies alongside other clinicians. The Core HMO network also includes 16,000 additional community providers.

To find providers and facilities in your network, visit [kp.org/wa/find-a-doctor](http://kp.org/wa/find-a-doctor).

### Core HMO plan features

For 2023, there are no changes to your deductible, out-of-pocket maximum, or copays for primary care, specialty care, in-network hospital care, and prescriptions. Here are some key things that make it easier to get care:

- \$0 copays for primary care for kids up to age 18 – all with no deductible
- \$0 copay for virtual care, including 24/7 live online chat, 24/7 advice line, phone and video visits, and more<sup>2</sup>
- \$0 preventive care



Important information about your School Employees Benefits Board (SEBB) Program open enrollment and your 2023 Kaiser Permanente health plan



### NEW FOR 2023

#### Prescriptions by mail

In 2023, your Kaiser Permanente plan will feature our mail-order pharmacy for maintenance medication refills. Maintenance drugs are ones you take regularly for ongoing conditions like asthma, high blood pressure, or diabetes.

The process is convenient and easy: The first time you fill a prescription for a maintenance drug, you may use our mail-order pharmacy or any in-network pharmacy. After that, you must use Kaiser Permanente's mail-order or retail pharmacies for your refills. Transferring your prescription into our mail-order pharmacy is simple – and delivery is free, safe, and fast. Most maintenance drugs refilled at non-Kaiser Permanente pharmacies *will not be covered*.

Want to see if your medication is a maintenance drug? Check out our formulary at [kp.org/wa/mysebb4](http://kp.org/wa/mysebb4).

(continues on back)



# KPWA First Fill Flyer

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- ▶ Sent to existing KPWA members  
October/November of 2022

- ▶ <https://kp.showpad.com/share/8tYvPyGzh0yv1fQeW0CYc>

For state and school employees

## Welcome to mail order

The easier, cheaper, safer way to fill and refill  
your routine medications

**Starting January 1, 2023:** Your prescription drug benefit features our mail-order pharmacy for medications you take regularly. So the first time you fill a prescription for a maintenance drug<sup>1</sup>, you may use any in-network pharmacy. After that, you must use Kaiser Permanente's mail-order or retail pharmacies for your refills.

Transferring your prescription into our mail-order pharmacy is simple – and delivery is free, safe, and fast.



# KPWA First Fill Flyer (*page 1*)

For state, higher-education and school employees

## Welcome to mail order

The easier, cheaper, safer way to fill and refill  
your routine medications

**Starting January 1, 2023:** Your prescription drug benefit features our mail-order pharmacy for medications you take regularly. So the first time you fill a prescription for a maintenance drug,<sup>1</sup> you may use any in-network pharmacy. After that, you must use Kaiser Permanente's mail-order or retail pharmacies for refills of your maintenance drugs.

Transferring your prescription into our mail-order pharmacy is simple – and delivery is free, safe, and fast.



### How does it work?

- For your first fill, you may fill up to a 30-day or 90-day supply of a maintenance drug at any in-network pharmacy or through our mail-order pharmacy.
- For subsequent refills, you must use our mail-order pharmacy or a Kaiser Permanente retail pharmacy to get continued prescription savings. It's easy and convenient – and delivery is free.

After your first fill, simply transfer prescriptions from your current pharmacy to our mail-order pharmacy. For the fastest service, ask your provider to send the prescription electronically to our mail-order pharmacy. You may also pick up refills at a Kaiser Permanente retail pharmacy.

- This does not apply to medication for sudden conditions or to drugs we can't mail.<sup>2</sup>

### Why is mail order better?

#### It's easier.

Transfer an existing prescription or begin a new one by getting your first fill at any in-network pharmacy. When you need a refill, enjoy the convenience of home delivery with our mail-order pharmacy. Most medications arrive in as few as 1 to 2 days, and delivery is free. With our automatic prescription refill program, you can save even more time by having routine medications shipped to you automatically before you run out.

#### It's cheaper.

Our pharmacy staff works with our care teams to prescribe generic drugs when medically appropriate. These drugs are just as effective and can save you money. We also negotiate better drug prices nationally, so we can offer more competitive prices locally.

#### It's safer.

When you order medications from Kaiser Permanente pharmacies, including our mail-order pharmacy, our care teams can view your prescription use. This helps us provide you with safer prescriptions by avoiding drug interactions and other risks.

(continues on back)

 KAISER PERMANENTE.

Washington State  
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD



# KPWA First Fill Flyer (*page 2*)

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## Questions?

To learn more about filling prescriptions or our mail-order pharmacy, call Member Services at **1-888-901-4636** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m., or visit [kp.org/wa/mail-order](https://kp.org/wa/mail-order).

To transfer a prescription, choose any of the following options:

- Use the Kaiser Permanente Washington **mobile app**. Choose "Medications," then "Transfer a Prescription."
- Sign in to your account at [kp.org](https://kp.org). Click on "Transfer prescriptions" to fill out our secure online form.<sup>3</sup>
- Don't have an online account, yet? Sign up through the secure portal at [kp.org/register](https://kp.org/register). You'll be able to quickly and easily communicate with our pharmacy to order prescriptions by mail, receive shipping notifications, and get tracking info.
- Call us at **1-800-245-7979** (TTY **711**), Monday through Friday, 7:30 a.m. to 7 p.m., Saturday and Sunday, 8 a.m. to 4:30 p.m.



Thank you for trusting Kaiser Permanente with your care. We're happy to be your partner in health.

<sup>1</sup> Maintenance drugs are used on a continuing basis for the treatment of ongoing conditions, such as diabetes. The maintenance drug list is available at [wa.kaiserpermanente.org/static/pdf/public/pharmacy/maintenance-drugs.pdf](https://wa.kaiserpermanente.org/static/pdf/public/pharmacy/maintenance-drugs.pdf).

<sup>2</sup> Members may continue to pick up drugs that can't be mailed at a network pharmacy. Types of medications that can't be mailed include Schedule 2 controlled substances, liquid antibiotics, oral typhoid, clozapine, isotretinoin, and over-the-counter drugs without a prescription.

<sup>3</sup> You'll need to provide the name and phone number of your current pharmacy; prescription number, name, strength, and instructions; and the name and phone number of the doctor who prescribed the medication.

[kp.org](https://kp.org)

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 KAISER PERMANENTE.

Washington State  
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

**TAB 7**

# Federal Public Health Emergency Unwind

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Shawna Lang  
Portfolio Management & Monitoring Section Manager  
Employees and Retirees Benefits Division  
June 1, 2023

# Federal Public Health Emergency (PHE) Unwind

COVID-19 Coverage	End Date
<p>Cost share waivers for FDA-approved COVID-19 diagnostic testing other virus/respiratory testing tied to a COVID-19 diagnosis (federal Families First Act and Washington State OIC mandate)</p> <p>Over-the-counter test kits are no longer required to be covered</p>	<p>May 11, 2023</p>
<p>Antibody tests covered when done in an inpatient setting, late illness onset, or outpatient inflammatory syndrome in children</p>	<p>May 11, 2023</p>
<p>Medicare Advantage members: cost shares waived for the health care provider visit and FDA-authorized COVID-19 diagnostic test for members who meet criteria for testing (CMS guidance)</p>	<p>May 11, 2023</p>

# Washington Apple Health: Federally Declared COVID-19 PHE

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- ▶ Families First Coronavirus Response Act (FFCRA)
  - ▶ Maintenance of eligibility prohibited states from terminating or reducing benefits for most Medicaid enrollees during the COVID-19 PHE
  - ▶ Washington Apple Health (Medicaid) enrollment increased by ~450,000 between March 2020 – April 2023
  - ▶ Stopped collecting premiums for Children’s Health Insurance Program (CHIP) and Healthcare for Workers with Disabilities (HWD)
  - ▶ Stopped verifying income eligibility post enrollment

# Washington Apple Health: Unwinding the PHE

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- ▶ Consolidated Appropriations Act (CAA) of 2023
  - ▶ Maintenance of eligibility ended March 31<sup>st</sup>, 2023
  - ▶ HCA resumed normal operations effective April 1<sup>st</sup>, 2023
    - ▶ Termination of coverage for all reasons resumed
    - ▶ All 2.3 million Apple Health enrollees will be renewed during their annual renewal cycle over the next 12 months
    - ▶ Will resume collecting premiums for Children's Health Insurance Program (CHIP) and Healthcare for Workers with Disabilities (HWD) as of July 2023
- ▶ Federally declared PHE ended May 11<sup>th</sup>, 2023
  - ▶ Clinical policy updates

# Washington Apple Health: Resources

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## ▶ Information on HCA's response to the PHE

- ▶ [www.hca.wa.gov/phe](http://www.hca.wa.gov/phe)
  - ▶ End of PHE external guide
  - ▶ End of PHE communications toolkit

## ▶ End of PHE Talking points

- ▶ <https://www.hca.wa.gov/assets/free-or-low-cost/char-health-continued-coverage.pdf>

## ▶ Impacts of the PHE on Apple Health data

- ▶ [hca.wa.gov/assets/free-or-low-cost/apple-health-phe-unwind-enrollment-data.pdf](http://hca.wa.gov/assets/free-or-low-cost/apple-health-phe-unwind-enrollment-data.pdf)

## ▶ Contact us

- ▶ [AHEligCOVID19@hca.wa.gov](mailto:AHEligCOVID19@hca.wa.gov)



# SEBB Program: Unwinding the PHE – Premera

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- ▶ After May 11, Premera made the following changes:
  - ▶ Treatment costs are still covered as a medical expense
  - ▶ COVID-19 testing - all lab tests for COVID-19 will revert to standard plan benefits, which may include cost shares
  - ▶ Premera will reimburse for antibody tests that are for the purpose of supporting a COVID-19 diagnosis as part of the treatment or management of a patient's medical condition
    - Member cost shares may apply
  - ▶ Over-the-counter home test kits were covered through May 11, 2023
    - Tests purchased after May 11, 2023 are not covered



# SEBB Program: Unwinding the PHE – Kaiser Permanente

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- ▶ After May 11, Kaiser made the following changes:
  - ▶ COVID-19 vaccines will be covered with applicable plan out-of-pocket costs, typically \$0
  - ▶ COVID-19 polymerase chain reaction (PCR) testing and treatment will be covered with applicable plan out-of-pocket costs
  - ▶ COVID-19 antigen home test coverage expires and will no longer be covered
  - ▶ Any COVID-10 related out-of-network (OON) services (e.g. testing, vaccines, and treatment) will only be covered for most emergency/urgent care situations or on plans that have specific OON coverage

# SEBB Program: Unwinding the PHE – Uniform Medical Plan (UMP)

---

- ▶ After May 11, Uniform Medical Plan resumed paying the standard rate for covered services
  - ▶ UMP Coverage changes:
    - ▶ COVID-19 vaccinations, including boosters, will be covered under preventative benefits
    - ▶ COVID-19 tests ordered by a provider will include a cost share
    - ▶ COVID-19 over-the-counter (OTC) test kits will no longer be covered
    - ▶ UMP will pay the standard rate for covered services to treat COVID-19
      - Cost shares may apply
    - ▶ UMP will pay the standard rate for covered virtual services
    - ▶ All pre-authorization requirements will be reinstated
    - ▶ Personal protective equipment (PPE) will not be covered

# UMP COVID-19 Coverage History

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- ▶ During the PHE, OTC COVID-19 tests were required to be covered with no member cost share by group health plans
- ▶ Federal PHE ended on May 11, 2023
  - ▶ Members were mailed notification letter from Regence on April 28
- ▶ After May 11, 2023
  - ▶ UMP resumed paying the standard rate for covered COVID-19 services
    - ▶ Cost shares will apply
  - ▶ OTC COVID-19 tests not be covered
- ▶ The 2023-2025 biennial operating budget included coverage for two OTC COVID-19 tests per member per month without cost share beginning July 1, 2023
  - ▶ Passed by legislature

# Proposed Resolution SEBB 2023-07

## UMP Over-The-Counter COVID-19 Tests

---

Beginning July 1, 2023, all Uniform Medical Plan (UMP) plans will cover up to two over-the-counter COVID-19 diagnostic tests per member per month, up to \$12 per test, without member cost-share.

If the Internal Revenue Service (IRS) issues future guidance that requires the deductible to be met prior to plan payment for over-the-counter COVID-19 diagnostic tests in high deductible health plans, the UMP High Deductible plan shall be amended to comply with IRS guidance without further action from this Board.

# Questions?

Shawna Lang, Portfolio Management & Monitoring  
Section Manager

Employees and Retirees Benefits Division

[Shawna.Lang@hca.wa.gov](mailto:Shawna.Lang@hca.wa.gov)

# SEBB Program: Unwinding the PHE

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- ▶ **Protections of RCW 41.05.744 are ending**
- ▶ The eligibility protections of Revised Code of Washington ([RCW 41.05.744](#)) will end for all school employees on October 31, 2022
- ▶ This could affect school employees who have maintained eligibility for SEBB benefits solely through RCW 41.05.744. If eligibility for SEBB benefits could be maintained through one of these situations below, then the school employee would remain eligible as of November 1, 2022:
  - ▶ If the employee is in the same position with the same schedule as they had before February 29, 2020
  - ▶ If the employee is anticipated to work 630 hours and they have been determined eligible as of the start of the current school year
- ▶ Any school employee who loses coverage as a result of the state of emergency ending will be eligible to continue SEBB insurance through either SEBB Continuation Coverage (COBRA) or SEBB Continuation Coverage (Unpaid Leave). Continuation coverage packets will be sent to employees whose benefits are terminated.

# SEBB Program: Unwinding the PHE (*cont.*)

---

- ▶ **COVID-19 and enrollment timelines (Resolution 2020-08)**
- ▶ Beginning February 29, 2020, the date that Governor Inslee declared a state of emergency in Proclamation 20-05, any enrollment timelines established for continuation coverage subscribers will be extended 30 days past the date the Governor terminates the state of emergency
- ▶ During the state of emergency, the Health Care Authority was authorized to extend this deadline further and any other enrollment deadlines as needed to meet the needs of the state and SEBB Program subscribers
- ▶ **What happens when state of emergency ends?**
  - ▶ After November 30, 2022, continuity of care forms must be submitted to the SEBB Program during the regular 60-day election period

# SEBB Program: Unwinding the PHE (*cont.*)

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- ▶ **COVID-19 continuation of coverage eligibility (Resolution 2020-07)**
- ▶ Beginning February 29, 2020 – the date that Governor Inslee declared a state of emergency in Proclamation 20-05 – the maximum period of continuation coverage is extended until two months after the date the Governor terminates the state of emergency
- ▶ **What happens when state of emergency ends?**
  - ▶ If COBRA or Unpaid Leave coverage was extended because of the state of emergency, coverage will end December 31, 2022
    - ▶ Members will also receive a letter notification of the termination



Survey Submitters

January 2023 Fully-Insured Enrollment

COVID-19 Vaccines

COVID-19 Testing

COVID-19 Treatment

# COVID-19 Vaccine Survey Results



## Survey Submitters

Submitter

Health carrier	NAIC Number
Aetna Life Insurance Company	60054
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	53902, 47350, 95303, 54933
Cigna Health and Life Insurance Company	67369
Community Health Plan of Washington	47049
Coordinated Care Corporation	95831
Premera Blue Cross	47570

# January 2023 Fully-Insured Enrollment

fully-insured covered lives for submitting carriers

<b>Carrier</b>	<b>NAIC Number</b>	<b>Enrollment</b>
Aetna Life Insurance Company	60054	48325
Asuris NW Health	47350	18122
BridgeSpan Health Company	95303	3471
Cigna Health and Life Insurance Company	67369	53416
Regence BlueCross BlueShield of Oregon	54933	29104
Community Health Plan of Washington	47049	5681
Coordinated Care Corporation	95831	48264
Premera Blue Cross	47570	326593
Regence Blue Shield	53902	238476

## COVID-19 Vaccines

### Question 1: Out-of-network vaccine coverage without cost-sharing

Out-of-network vaccine coverage without cost-sharing

<b>Carrier</b>	<b>Are there any circumstances under which you will cover COVID-19 vaccine administration without cost-sharing when administered by an out-of-network provider?</b>	<b>If yes, what circumstances?</b>	<b>If no, why not?</b>	<b>If yes, how will you notify consumers of the policies related to coverage of out-of-network COVID-19 vaccine administration without cost-sharing?</b>
Aetna Life Insurance Company	No	NA	Aetna will treat COVID vaccines in the same manner as all other covered preventive vaccines.	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	Like other vaccines, COVID-19 vaccines are covered according to the preventive benefits. As a preventive benefit, members will not have cost-sharing if they receive the vaccine from an in-network provider. Vaccines received from out of network providers may have cost sharing.	NA
Cigna Health and Life Insurance Company	Yes	Cigna would allow for Network Adequacy Provision, when a state mandates coverage out-of-network, or when a client requests non-standard coverage of out-of-network at 100%.	NA	The consumers would be notified via their plan documents.

<b>Carrier</b>	<b>Are there any circumstances under which you will cover COVID-19 vaccine administration without cost-sharing when administered by an out-of-network provider?</b>	<b>If yes, what circumstances?</b>	<b>If no, why not?</b>	<b>If yes, how will you notify consumers of the policies related to coverage of out-of-network COVID-19 vaccine administration without cost-sharing?</b>
Community Health Plan of Washington	Yes	For PY2023; CHPW will cover all Out of Network Covid-19 vaccine administration.	NA	Web, and email.
Coordinated Care Corporation	Yes	Coordination Care Corporation is an HMO and does not have an OON benefits. If the health plan authorized it, the health plan will pay to the INN benefits and process at \$0 cost-sharing.	NA	N/A
Premera Blue Cross	Yes	We cover seasonal immunizations in full INN and OON unless a group decides to customize.	NA	They are notified by policy coverage.

## Question 2: Equity in COVID-19 Vaccine Access

Equity in COVID-19 Vaccine Access

Carrier	How have you considered equity in access to COVID-19 vaccinations when making your decision?
Aetna Life Insurance Company	We considered the initiatives we have undertaken over the last 3 years to expand access and education to underserved communities, which are detailed on this website ( <a href="https://www.cvshealth.com/services/covid-19.html">https://www.cvshealth.com/services/covid-19.html</a> ) and in this report ( <a href="https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/2021/cvs-health-covid-19-response-report-2021.pdf">https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/2021/cvs-health-covid-19-response-report-2021.pdf</a> ) ( <a href="https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/2021/cvs-health-covid-19-response-report-2021.pdf">https://www.cvshealth.com/content/dam/enterprise/cvs-enterprise/pdfs/2021/cvs-health-covid-19-response-report-2021.pdf</a> ). We believe these efforts, coupled with our robust network of pharmacies and other providers offering in-network coverage, provide equitable access to COVID-19 vaccines.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Equity in access is considered in the overall plan design, therefore how the COVID-19 vaccines will be paid was based on the Federal guidelines.
Cigna Health and Life Insurance Company	Cigna constantly makes efforts to ensure it has a viable network of providers to deliver immunizations, whether for the latest flu shot or the latest COVID vaccination. We also generally make coverage of vaccinations available under both Pharmacy and Medical plans for expanded access and convenience.
Community Health Plan of Washington	Yes
Coordinated Care Corporation	Yes
Premera Blue Cross	During the COVID PHE, we helped sponsor mobile vaccine units as well as working with local government agencies to support outreach. We continue to support outreach through various methods. We don't anticipate an issue with lack of access because of the end of PHE. We will continue to cover seasonal immunizations out of network the same as INN.

### Question 3: Out-of-network vaccine coverage under EPO and HMO plans

Out-of-network vaccine coverage under EPO and HMO plans

Carrier	Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Exclusive Provider Organization (EPO) and Health Maintenance Organization (HMO) plans?	Market	enrollee_responsibility
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Individual health plans	Individual plans in Washington are EPO's. By design, EPOs are in-network only plans, therefore the out of network member cost share is 100%
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Small group health plans	By design, EPOs are in-network only plans. The WA small group health plans that are EPO's have an out of network member cost share of 100%.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Large group health plans	By design, EPOs are in-network only plans. Two of our large group health plans are EPO's – both of which have an out of network member cost share of 100%.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	PEBB/SEBB plans	N/A, no EPO's for PEBB/SEBB plans.

---

## Question 4: Out-of-network vaccine coverage under PPO plans

Out-of-network vaccine coverage under PPO plans

<b>Carrier</b>	<b>Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Aetna Life Insurance Company	Yes	Individual health plans	N/A
Aetna Life Insurance Company	Yes	Small group health plans	50% after deductible
Aetna Life Insurance Company	Yes	Large group health plans	50% after deductible
Aetna Life Insurance Company	Yes	PEBB/SEBB plans	N/A
Cigna Health and Life Insurance Company	Yes	Individual health plans	NA
Cigna Health and Life Insurance Company	Yes	Small group health plans	NA

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**Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?**

<b>Carrier</b>	<b>Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Cigna Health and Life Insurance Company	Yes	Large group health plans	Although not all PPO plans cover out-of-network for Preventive specifically, those that do cover will cover with cost share. Cigna plans have many options for cost sharing depending on the plan benefits. There is no fixed coinsurance. The coinsurance the enrollee pays may range anywhere from 0% to 50%.
Cigna Health and Life Insurance Company	Yes	PEBB/SEBB plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Individual health plans	N/A - All our individual plans are EPO's.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Small group health plans	Small group PPO plans have an out of network coinsurance of 50% after deductible.



Carrier	Will you require cost-sharing for COVID-19 vaccination administered by an out-of-network provider under your Preferred Provider Organization (PPO) plans?	Market	enrollee_responsibility
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Large group health plans	: Large group PPO plans have an out of network coinsurance of 30%, 40% or 50% after deductible.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	PEBB/SEBB plans	PEBB/SEBB plans have an out of network coinsurance of 100%/deductible waived for children preventive services, 50% or 60%/deductible waived for adults.

## Question 5: Cost sharing variation

Cost sharing variation

Carrier	Will cost sharing vary based upon the particular COVID-19 vaccine administered?
Aetna Life Insurance Company	No

<b>Carrier</b>	<b>Will cost sharing vary based upon the particular COVID-19 vaccine administered?</b>
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No
Cigna Health and Life Insurance Company	No

## Question 6: COVID-19 vaccine incentives

COVID-19 vaccine incentives

<b>Carrier</b>	<b>Will you offer any incentives for enrollees to receive COVID-19 vaccinations?</b>	<b>If no, why not?</b>
Aetna Life Insurance Company	No	Aetna does not offer incentives for any preventive vaccinations.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	No – Cambia Health Solutions has determined that we will not offer incentives.
Cigna Health and Life Insurance Company	No	NA
Community Health Plan of Washington	No	Administrative costs. We are looking at incentives for PY2024.

<b>Carrier</b>	<b>Will you offer any incentives for enrollees to receive COVID-19 vaccinations?</b>	<b>If no, why not?</b>
Coordinated Care Corporation	No	The idea of offering incentive for COVID-19 vaccination is still under consideration.
Premera Blue Cross	No	We expect to treat as seasonal immunizations. No specific reasoning as to why not. Just a reasoning as to why we will be treating it as seasonal immunization.

## COVID-19 Testing

### Question 7: Cost sharing for PCR and point-of-care antigen testing

Cost sharing for PCR and point-of-care antigen testing

<b>Carrier</b>	<b>Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Aetna Life Insurance Company	Yes	Individual health plans	N/A
Aetna Life Insurance Company	Yes	Small group health plans	In-network: 20% after deductible Out-of-network: 50% after deductible
Aetna Life Insurance Company	Yes	Large group health plans	In-network: 20% after deductible Out-of-network: 50% after deductible

<b>Carrier</b>	<b>Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Aetna Life Insurance Company	Yes	PEBB/SEBB plans	N/A
Cigna Health and Life Insurance Company	Yes	Individual health plans	NA
Cigna Health and Life Insurance Company	Yes	Small group health plans	NA
Cigna Health and Life Insurance Company	Yes	Large group health plans	Cigna plans have many options for cost sharing depending on the plan benefits. There is no fixed copay or coinsurance. The coinsurance the enrollee pays may range anywhere from 0% to 50%.
Cigna Health and Life Insurance Company	Yes	PEBB/SEBB plans	NA
Community Health Plan of Washington	Yes	Individual health plans	20.00 not subject to deductible
Community Health Plan of Washington	Yes	Small group health plans	NA
Community Health Plan of Washington	Yes	Large group health plans	NA
Community Health Plan of Washington	Yes	PEBB/SEBB plans	NA

<b>Carrier</b>	<b>Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Coordinated Care Corporation	Yes	Individual health plans	Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.
Coordinated Care Corporation	Yes	Small group health plans	N/A
Coordinated Care Corporation	Yes	Large group health plans	N/A
Coordinated Care Corporation	Yes	PEBB/SEBB plans	N/A
Premera Blue Cross	Yes	Individual health plans	NA
Premera Blue Cross	Yes	Small group health plans	NA
Premera Blue Cross	Yes	Large group health plans	NA
Premera Blue Cross	Yes	PEBB/SEBB plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Individual health plans	In-network depends on the plan and ranges from 0% to 50% after deductible. Out of network is 100%.

<b>Carrier</b>	<b>Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Small group health plans	In-network depends on the plan and ranges from 0% to 50% after deductible. Out of network is 50% or 100% after deductible on EPO's.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Large group health plans	Large group PPO plans in-network cost-sharing depends on the plan and ranges from 0% - 70%, and out of network coinsurance is 30%, 40% or 50% after deductible. Large group EPO plans in-network cost-sharing ranges from 0%-30% and out of network is 100%.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	PEBB/SEBB plans	In-network: deductible then 80% or 85%. Out of network: deductible then 60% or 50%.

Cost sharing for PCR and point-of-care antigen testing

<b>Carrier</b>	<b>Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?</b>	<b>If no, why not?</b>
Aetna Life Insurance Company	Yes	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	NA
Cigna Health and Life Insurance Company	Yes	NA

<b>Carrier</b>	<b>Will physician ordered PCR and point-of-care antigen testing be subject to enrollee cost-sharing?</b>	<b>If no, why not?</b>
Community Health Plan of Washington	Yes	NA
Coordinated Care Corporation	Yes	NA
Premera Blue Cross	Yes	NA

## Question 8: Limit on testing cadence

Limit on testig cadence

<b>Carrier</b>	<b>Will there be any limit on the cadence of covered physician ordered PCR and point-of-care antigen testing?</b>	<b>If yes, please describe:</b>	<b>If no, why not?</b>
Aetna Life Insurance Company	Yes	Beginning May 12, 2023, Aetna will cover one point-of-care antigen test and one PCR test per day.	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	The expectation is that these tests are ordered by a member's physician based on medical necessity thus we determined no need for limits.
Cigna Health and Life Insurance Company	Yes	Coverage will vary depending on plan design and place of service.	NA

<b>Carrier</b>	<b>Will there be any limit on the cadence of covered physician ordered PCR and point-of-care antigen testing?</b>	<b>If yes, please describe:</b>	<b>If no, why not?</b>
Community Health Plan of Washington	Yes	12	NA
Coordinated Care Corporation	No	NA	There will be no imposed limit. Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.
Premera Blue Cross	No	NA	No, we will follow standard benefits

## Question 9: Over-the-counter test coverage

Over-the-counter test coverage

<b>Carrier</b>	<b>Will you continue to cover at-home over-the-counter COVID-19 tests, including over-the-counter PCR tests?</b>	<b>If yes, what quantity limit be?</b>	<b>If yes, what will the limits on access be, e.g., do the at-home over-the-counter tests need to be dispensed by an in-network pharmacy?</b>	<b>If no, why not?</b>	<b>If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?</b>	<b>If no, why not?</b>
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Aetna Life Insurance Company	No	NA	NA	Beginning May 12, 2023, Aetna will treat over-the counter COVID tests in the same manner as over-the-counter tests for any other illness/condition.	NA	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	NA	Cambia has determined that we will not be covering OTC COVID-19 tests at the end of the Public Health Emergency.	NA	NA
Cigna Health and Life Insurance Company	No	NA	NA	Customers may use funds from HSAs and FSAs to pay for OTC kits separate from the health plan.	NA	NA
Community Health Plan of Washington	Yes	Still working to determine.	Do not need to be dispensed by an in-network pharmacy for PY2023	NA	No	For PY2023, would like to continue with the same PHE benefit to ensure no disruption and confusion and to ensure equitable access to underserved populations

Coordinated Care Corporation	No	NA	NA	NA	NA	NA
Premera Blue Cross	No	NA	NA	No, we will follow standard benefits	NA	NA

Cost sharing for over-the-counter COVID-19 tests

<b>Carrier</b>	<b>If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Aetna Life Insurance Company	NA	Individual health plans	NA
Aetna Life Insurance Company	NA	Small group health plans	NA
Aetna Life Insurance Company	NA	Large group health plans	NA
Aetna Life Insurance Company	NA	PEBB/SEBB plans	NA
Cigna Health and Life Insurance Company	NA	Individual health plans	NA
Cigna Health and Life Insurance Company	NA	Small group health plans	NA
Cigna Health and Life Insurance Company	NA	Large group health plans	NA
Cigna Health and Life Insurance Company	NA	PEBB/SEBB plans	NA

<b>Carrier</b>	<b>If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Community Health Plan of Washington	No	Individual health plans	NA
Community Health Plan of Washington	No	Small group health plans	NA
Community Health Plan of Washington	No	Large group health plans	NA
Community Health Plan of Washington	No	PEBB/SEBB plans	NA
Coordinated Care Corporation	NA	Individual health plans	NA
Coordinated Care Corporation	NA	Small group health plans	NA
Coordinated Care Corporation	NA	Large group health plans	NA
Coordinated Care Corporation	NA	PEBB/SEBB plans	NA
Premera Blue Cross	NA	Individual health plans	NA
Premera Blue Cross	NA	Small group health plans	NA
Premera Blue Cross	NA	Large group health plans	NA

<b>Carrier</b>	<b>If yes, will at-home over-the-counter tests be subject to enrollee cost-sharing?</b>	<b>Market</b>	<b>enrollee_responsibility</b>
Premera Blue Cross	NA	PEBB/SEBB plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	Individual health plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	Small group health plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	Large group health plans	NA
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	NA	PEBB/SEBB plans	NA

## COVID-19 Treatment

### Question 10: Changes to cost-sharing or medical management policies for COVID-19 treatment

Changes to cost-sharing or medical management policies for COVID-19 treatment

Carrier	Will you alter any applicable deductible, cost-sharing or medical management policies with respect to inpatient or outpatient treatment for COVID-19?	If yes, please explain:	If no, why not?
Aetna Life Insurance Company	No	NA	Treatment for COVID-19 is currently subject to applicable cost-sharing and medical management policies and no changes are planned.
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	No	NA	COVID 19 treatment after the end of the Public Health Emergency will be paid at regular contract benefits.
Cigna Health and Life Insurance Company	No	NA	Cigna has elected to maintain continued coverage with cost share based on plan design and place of service.
Community Health Plan of Washington	No	NA	Offer the best benefit for equitable coverage and less confusion
Coordinated Care Corporation	Yes	Authorization will be required, as well as those services for OON providers. Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.	NA

<b>Carrier</b>	<b>Will you alter any applicable deductible, cost-sharing or medical management policies with respect to inpatient or outpatient treatment for COVID-19?</b>	<b>If yes, please explain:</b>	<b>If no, why not?</b>
Premera Blue Cross	No	NA	No, we will follow standard benefits

## Question 11: Reducing barriers to therapeutics

Reducing barriers to therapeutics

<b>Carrier</b>	<b>Will you reduce barriers, whether cost-sharing or otherwise, to access Paxlovid or other therapeutics, such as but not limited to through telehealth consultation and prescribing?</b>	<b>If yes, please explain:</b>	<b>If no, why not?</b>
Aetna Life Insurance Company	No	NA	Once the government supply of anti-viral therapeutics, such as Paxlovid, is exhausted, Aetna will revert to pre-PHE policies and COVID therapeutics will be covered in the same manner as those for any other illness/condition.

**Will you reduce barriers, whether cost-sharing or otherwise, to access Paxlovid or other therapeutics, such as but not limited to through telehealth consultation and prescribing?**

Carrier		If yes, please explain:	If no, why not?
Regence Blue Shield, Asuris Northwest Health, BridgeSpan Health Company, Regence BlueCross BlueShield of Oregon	Yes	Paxlovid will be covered at the Preferred Brand Tier, which has a lower member cost-share. All other antiviral treatments will be covered at the Brand Tier. A member can contact a Telehealth provider for Paxlovid or another therapeutic.	NA
Cigna Health and Life Insurance Company	No	NA	Cigna offers telehealth services through existing provider arrangements and is continuing coverage of therapeutics based on plan design.
Community Health Plan of Washington	Yes	Still under discussion but our goal is to reduce barriers to accessing this drug.	NA
Coordinated Care Corporation	No	NA	Cost-sharing will apply based on the point of service in the form of copay, deductible. We will also assess authorization requirements.
Premera Blue Cross	Yes	We will continue to offer access and telehealth and follow standard benefits	NA