

School Employees Benefits Board Meeting

April 7, 2021

School Employees Benefits Board

April 7, 2021

9:00 a.m. – 12:30 p.m.

Attendance by Zoom Only

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

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TAB 1

School Employees Benefits Board
April 7, 2021
9:00 a.m. – 12:30 p.m.

Aligning with Governor's Proclamation 20-28
all Board Members and public attendees
will only be able to attend virtually

TO JOIN ZOOM MEETING – SEE INFORMATION BELOW

9:00 a.m.*	Welcome and Introductions		Lou McDermott, Chair	
9:05 a.m.	Meeting Overview		David Iseminger, Director Employees & Retirees Benefits (ERB)	Information Division
9:15 a.m.	Approval of: July 23, 2020 Meeting Minutes January 28, 2021 Retreat Minutes	TAB 3	Lou McDermott, Chair	Action
9:20 a.m.	Long-Term Disability (LTD) Insurance	TAB 4	Kimberly Gazard, Contract Manager Portfolio, Management, & Monitoring Section, ERB Division	Action
9:50 a.m.	Policy Resolutions	TAB 5	Stella Ng, Senior Policy Analyst Emily Duchaine, Regulatory Analyst Policy, Rules, & Compliance Section ERB Division	Action
10:30 a.m.	2021-23 Biennial Budget Update	TAB 6	Tanya Deuel, ERB Finance Manager Financial Services Division	Information/ Discussion
10:45 a.m.	2021 Legislative Session	TAB 7	Cade Walker, Special Executive Assistant, ERB Division	Information/ Discussion
11:00 a.m.	Break			
11:10 a.m.	2021 Annual Rule Making	TAB 8	Stella Ng, Senior Policy Analyst ERB Division	Information/ Discussion
11:25 p.m.	Behavioral Health Overview	TAB 9	Lauren Johnston, SEBB Procurement Manager, ERB Division Emily Transue, MD, Medical Director CQCT Division	Information/ Discussion
11:55 p.m.	American Rescue Plan Act of 2021 – Premium Assistance for COBRA Continuation Coverage	TAB 10	Emily Duchaine, Regulatory Analyst Policy, Rules, & Compliance Section ERB Division	Information/ Discussion
12:15 p.m.	Public Comment			
12:30 p.m.	Adjourn			

***All Times Approximate**

The School Employees Benefits Board will meet Wednesday, April 7, 2021. Due to COVID-19 and out of an abundance of caution, all Board Members and public attendees will attend this meeting virtually.

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

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

Direct e-mail to: SEBboard@hca.wa.gov.

Materials posted at: <https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program> by close of business on April 5, 2021.

Join Zoom Meeting

<https://zoom.us/j/95466981765?pwd=U2M5S3dOT0FWQUoybVI5NHRFNnFuQT09>

Meeting ID: 954 6698 1765

Passcode: 544219

One tap mobile

+13017158592,,95466981765# US (Washington DC)

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+1 669 900 6833 US (San Jose)

Meeting ID: 954 6698 1765

Find your local number: <https://zoom.us/u/a0w0IIVxm>

SEB Board Members

Name	Representing
Lou McDermott, Deputy Director Health Care Authority 626 8 th Ave SE PO Box 42720 Olympia, WA 98504-2720 V 360-725-0891 louis.mcdermott@hca.wa.gov	Chair
Kerry Schaefer 1405 N 10 th ST Tacoma, WA 98403 C 253-227-3439 SEBBoard@hca.wa.gov	Employee Health Benefits Policy and Administration
Pete Cutler 7605 Ostrich DR SE Olympia, WA 98513 C 360-789-2787 SEBBoard@hca.wa.gov	Employee Health Benefits Policy and Administration
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Dan Gossett 603 Veralene Way SW Everett, WA 98203 C 425-737-2983 SEBBoard@hca.wa.gov	Certificated Employees

SEB Board Members

Name

Representing

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Certificated Employees

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Employee Health Benefits Policy
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3/14/21



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

626 8th Avenue SE • P.O. Box 45502 • Olympia, Washington 98504-5502

SEB BOARD MEETING SCHEDULE

2021 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 8th Avenue SE, Olympia, WA 98501.

January 28, 2021 - 9:00 a.m. – 4:00 p.m.

March 4, 2021 - 9:00 a.m. – 2:00 p.m.

April 7, 2021 - 9:00 p.m. – 2:00 p.m.

May 5, 2021 - 9:00 a.m. – 2:00 p.m.

June 3, 2021 - 9:00 a.m. – 2:00 p.m.

June 24, 2021 - 9:00 a.m. – 2:00 p.m.

July 15, 2021 - 9:00 a.m. – 2:00 p.m.

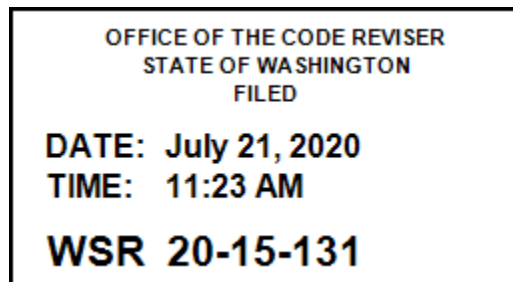
July 22, 2021 - 9:00 a.m. – 2:00 p.m.

July 29, 2021 - 9:00 a.m. – 2:00 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

6/12/20



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. At the direction of the Chair, public testimony at Board meetings may also occur in conjunction with a public hearing or during the Board’s consideration of a specific agenda item. 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

July 23, 2020
Health Care Authority
Sue Crystal Rooms A & B
Olympia, Washington
9:00 a.m. – 11:00 a.m.

Members Present via Phone

Lou McDermott, Chair
Alison Poulsen
Terri House
Dawna Hansen-Murray
Pete Cutler
Katy Henry
Dan Gossett
Wayne Leonard

SEB Board Counsel

Katy Hatfield

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 introductions followed. Due to COVID-19 and the Governor's Proclamation 20-28, today's meeting is telephonic only.

Meeting Overview

Dave Iseminger, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of the agenda.

Approval of January 27, 2020 Meeting Minutes

Katy Henry moved, and Terri House seconded a motion to approve the minutes as written. Minutes were approved as written by unanimous vote.

Approval of March 5, 2020 Meeting Minutes

Wayne Leonard moved, and Dawna Hansen-Murray seconded a motion to approve the minutes as written. Minutes were approved as written by unanimous vote.

Follow Up From July 16, 2020 Meeting

Dave Iseminger: Slide 3 – Three Types of Group Disability Coverage. This is a replacement slide to the Long-Term Disability (LTD) Supplemental Benefits presentation that Jean Bui and Marcia Peterson provided last week. Jean verbally indicated the final bullet on this slide was not completely accurate and described it as it should be. This is the corrected slide.

Slide 5 – Also related to LTD, it was asked if HCA could provide insights on the current supplemental LTD costs. Last week we discussed with this potential initial proposal, which would start in calendar year 2022, that if there were a change to fully employee-paid, no basic employer-paid benefit, and the supplemental benefit was an opt-out world, the rates that are paid today would not be the rates that are paid tomorrow. With the increase in members involved in that benefit, there would be a lower set of rates than what we're seeing today. Slide 5 shows the current supplemental LTD premiums, but they would be lower in the option we are presenting.

Slides 6 and 7 are illustrative calculations. Slide 6 – If you earn \$1,000 per month, select the correct age range on Slide 5 and multiply to determine the monthly premium cost, which in this example is \$4.10.

Slide 7 is an example of a 37-year-old bus driver who earns \$29,454 a year. Using the premium rate on Slide 5, divide the annual salary by 12 to get a monthly salary. Multiply the monthly salary by the rate to get the monthly premium. Their supplemental rate, for a 60% benefit of their earnings, would be \$7.12 per month.

There will be more conversations on this topic, but we wanted to respond to the error and questions from our last meeting.

I also wanted to share, as a matter of process, we will attempt to get draft minutes posted to the HCA website once they have been reviewed before we meet again in March 2021. We typically don't publish minutes on the outward facing HCA website until they've been approved by the Board. We realize there is a lot of interest in what happens at the Board meetings and since we're heading into the offseason, once we have minutes prepared to present to you, we'll put them online and note them as draft and unapproved. That should help with the lag in posting and with some of the transparency.

Lou McDermott: Does the Board have any issues with that because your comments will be on the website and it may not actually reflect what you said.

Pete Cutler: I'm actually strongly in favor of what you're proposing.

Alison Poulsen: I would agree. Getting information out to the public is important.

Lou McDermott: Okay, we'll proceed with that plan.

Dave Iseminger: My last follow up is to tell you how the limited open enrollment is going. We've described that in the month of July there is an opportunity. Because of HCA's lobbying of the IRS on the way they change cafeteria plan rules, we have a limited open enrollment where you can go from waived status to covered status, add dependents, and basically do whatever you want with FSA and DCAP prospectively. As of Tuesday, we have 800 new enrolled SEBB Program members. About 100 subscribers went from waived status to covered status. Across the entire population, there have been over 700 dependents added, which need to go through the dependent verification review at the districts. Of the dependents added, about half are spouses and half are children. Most of those children are under 17, not older adults. There's a hypothesis that maybe older individuals, older children 18 to 26, may have experienced a layoff or furlough as a result of the economic impacts of COVID-19, and parents were covering their adult children. It turns out that's a much smaller slice of the data.

Lou McDermott: That was my guess. I was very surprised.

Dave Iseminger: The limited open enrollment is going well, and all signs point to a very good impact. That coverage begins August 1.

Vision Benefit Design Resolution

Lauren Johnston, SEBB Program Procurement Manager. Today I'm bringing the vision benefit design resolution to the Board for action. With the progressive lens benefit and the anti-reflective lens benefit, there are three tiers where a member would pay a copay. This proposed resolution is adding an additional tier to the Davis Vision Benefit for progressive lenses and anti-reflective lenses. If members wanted to select the fourth-tier option, they would either pay a \$175 copay for the progressive lens benefit or an \$85 copay for the anti-reflective benefit. In today's world, members would pay 100% of the retail cost, which could run upwards to \$200 more than this copay.

Dave Iseminger: HCA did not do stakeholder review of this resolution because it doesn't impact the rates. The rates are fully paid by the employer, and as Lauren just described, it makes the cost share from the out-of-pocket experience with a member better.

I received a question asking if the copays described in this resolution would align with, or be very similar to, the other two vision plans in the portfolio.

When you look at the summary charts provided during the initial open enrollment, the range of copays that are paid under the MetLife and EyeMed plans, have the same exact upper end for whatever tier structure they have. So, the cap on these benefits for MetLife, EyeMed, and Davis Vision would all be the same as a result of this resolution.

Lou McDermott: Vote – Resolution SEBB 2020-11 – Davis Vision – Benefit Change

Resolved that, the SEB Board endorses Davis Vision’s addition, with no rate increase to the SEBB Program, of a fourth coverage tier to the:

- Progressive lens benefit, for which SEBB Program members will have \$175 copay
- Anti-reflective coating benefits for which SEBB Program members will have an \$85 copay.

Katy Henry moved, and Dan Gossett seconded a motion to adopt.

Voting to Approve: 8

Voting No: 0

Lou McDermott: Resolution SEBB 2020-11 passes.

2021 Premium Resolutions

Tanya Deuel, ERB Finance Manager, Financial Services Division. Today I am asking the Board to take action on the 2021 Premium Resolutions as presented last week. There is one change since last week. In the Appendix we added two slides with enrollment counts based on Board Members’ questions. No other numbers changed.

Lou McDermott: Vote – Premium Resolution SEBB 2020-12 – KPNW Medical Premiums

Resolved that, the SEB Board endorses the Kaiser Foundation Health Plan of the Northwest employee premiums.

Pete Cutler moved, and Alison Poulsen seconded a motion to adopt.

Voting to Approve: 8

Voting No: 0

Lou McDermott: Resolution SEBB 2020-12 passes.

It's an exciting day for us. We worked very hard from January through today to get to this point. It's very exciting and I appreciate all the staff work that's gone into this, the Board, and people bearing with us as we go through this process. Nice job.

Dave Iseminger: Chair McDermott, a point of personal privilege as well. Being first alphabetically always comes with bated breath. Kaiser Northwest often has to wait and see what’s going to happen because sometimes comments about all the premiums are

thrown in their direction on their resolution. For the past few years, they've had a lot of things said about them, and also not about them, related to their resolutions. I think they are probably relieved to have gone through a quick vote with no questions asked!

Lou McDermott: Vote – Premium Resolution SEBB 2020-13 – KPWA Medical Premiums

Resolved that, the SEB Board endorses the Kaiser Foundation Health Plan of Washington employee premiums.

Katy Henry moved, and Terri House seconded a motion to adopt.

Voting to Approve: 8

Voting No: 0

Lou McDermott: Resolution SEBB 2020-13 passes.

Lou McDermott: Vote – Premium Resolution SEBB 2020-14 – KPWAO Medical Premiums

Resolved that, the SEB Board endorses the Kaiser Foundation Health Plan of Washington Options, Inc. employee premiums.

Wayne Leonard moved, and Katy Henry seconded a motion to adopt.

Voting to Approve: 8

Voting No: 0

Lou McDermott: Resolution SEBB 2020-14 passes.

Lou McDermott: Vote – Premium Resolution SEBB 2020-15 – Premera Medical Premiums

Resolved that, the SEB Board endorses the Premera employee premiums.

Pete Cutler moved, and Dawna Hansen-Murray seconded a motion to adopt.

Voting to Approve: 8

Voting No: 0

Lou McDermott: Resolution SEBB 2020-15 passes.

Lou McDermott: Vote – Premium Resolution SEBB 2020-16 – UMP Medical Premiums

Resolved that, the SEB Board endorses the Uniform Medical Plan employee premiums.

Terri House moved, and Wayne Leonard seconded a motion to adopt.

Voting to Approve: 8

Voting No: 0

Lou McDermott: Resolution SEBB 2020-16 passes.

COVID-19 Follow Up and Eligibility Policy Resolution

Rob Parkman, ERB Policy and Rules Coordinator. Slide 2 – Presentation Objectives. Today I will address a public comment from the July 16, 2020 Board Meeting about COVID-19 eligibility and then ask you to take action on one resolution.

Slide 3 – July 16, 2020 Meeting Follow Up. During public comment, Tacoma Public Schools requested insight on how the eligibility provisions of ESSB 6189, responding to the COVID-19 pandemic, relates to benefits eligibility for the upcoming 2020-21 school year. I will revisit three slides from the June 24 Board Meeting related to Section 5.

Slides 4 and 5 – Section 5 – Engrossed Substitute Senate Bill 6189 (new section within Chapter 41.05 RCW. Section 5 from ESSB 6189 will be codified within RCW 41.05, which is the RCW HCA must comply with. The blue verbiage highlights some of the key ideas within this section that may impact the SEBB Program in the future. Certain parts may affect us more than others. For example, in subsection (1), the blue font is verbiage we believe is important. If a school employee was eligible for the employer contribution on February 29, 2020, they shall maintain their eligibility for the employer contribution as long as the Governor’s state of emergency related to the novel coronavirus (COVID-19) stays in effect. In (1)(a), the blue font says “during any school closures or changes in school operations for the school employees.” As part of this, a school employee must continue to meet the statutory definition of school employee as described in RCW 41.05.011(6)(b), which is the definition of a school employee within our RCW.

Subsection (2) causes subsection (1) to expire when the state of emergency ends. Subsection (3) addresses what happens when regular school operations resume. When the state of emergency ends, school employees will maintain their eligibility for the employer contribution for the remainder of the school year if their work schedule upon return is the same, or if they have a new schedule that had been in affect at the

start of the school year that would have resulted in the employee being anticipated to work the minimum hours to meet benefits eligibility.

HCA works on the school year within the SEBB Program, and the school year is a defined term, from September 1 to August 31. We are currently at the back end of the current school year. If the state of emergency continues to September 1 or beyond, this will start to affect the next school year. Subsection (4) provides clarification to subsection (1)(b). So, the major impacts of Section 5 of ESSB 6189 are subsection (1), as long as the state of emergency is continued; and subsection (3), when regular school operations begin.

Slide 6 – ESSB 6189 Eligibility Impacts. As I briefed the Board at the June 24 meeting, we have no crystal ball to know when this emergency will be over, but a school employee must remain a school employee as described in RCW 41.05.011(6)(b). It is possible that school employees using COVID-19 related eligibility will no longer be considered a school employee. They may retire or quit their SEBB Organization to work somewhere else.

Dave Iseminger: HCA has been trying to answer this question diligently. It's come in from a variety of school districts and I appreciate that Tacoma Public Schools raised this as public comment last week. We will continue our outreach and training efforts to ensure districts understand the impact of ESSB 6189 and its impact on the next school year, assuming the state of emergency continues to straddles into the 2020-21 school year.

Rob Parkman: Slide 7 – SEB Board Resolution SEBB 2010 – Amending SEBB 2018-36.

Slide 8 – RCW 41.05.740(6)(d).

Dave Iseminger: I want to answer a separate question that was raised during last week's public comment as to whether the Board has the authority to pass Resolution SEBB 2020-10 because of the statutory reference to 630 hours in 6(d)(ii). I have two different insights. First, when you look at that part of the statute, it says the Board "shall be no more restrictive than requiring that a school employee be anticipated to work at least 630 hours per school year." The framework allows the Board to be more generous when it comes to eligibility, but not more restrictive. So, yes, there would be the authority to have a lower threshold than 630 hours. But importantly and secondly, Resolution SEBB 2020-10, in our opinion, doesn't actually change the hours threshold in the statute. Rather, the entire two-year look back policy, and this proposed resolution, is the Board performing this kind of interpretive role of that statutory phrase "anticipated to work 630 hours." When you go back to the purpose of the lookback rule, it's designed to consider past work experience to make a prospective school year

eligibility determination. If the resolution passed, the Board would be taking into account mid-year COVID-19 impacts on the 2019-2020 school year and indicating how to treat the 2019-2020 school year, when that school year is part of a future two-year lookback analysis, when the school district is determining whether a school employee is anticipated to work 630 hours in the upcoming school year. The two-year lookback rule results in a presumption of eligibility, but a SEBB Organization can rebut in writing with specific reasons. That is where the resolution does not actually change the anticipated to work 630 hours threshold.

Rob Parkman: Slide 9 – Background. There is no change to this slide since the last Board Meeting.

Slide 10 – Board Input Received. No change to this slide since the last Board Meeting, however, there were stakeholder comments received. HCA received 28 responses between July 9 and July 20, which is the most responses received for a SEBB stakeholdering since we have started this process. Of the 28, four stakeholders supported this proposed resolution. One said, “Highly support.” The other three supported this resolution based on the highly unusual nature and unpredictable changes that occurred during this school year. They also talked about a fairness aspect.

23 of the 28 did not support. 20 cited increased cost to SEBB Organizations and 8 cited increased workload and complexity of the administration of SEBB eligibility. One stakeholder provided no position but provided data on 59 SEBB Organizations and how this resolution would affect their district. Again, 28 responses, 4 support, 23 don't support, and one has no position.

Slide 11 – Resolution SEBB 2020-10 – Amending Resolution SEBB 2018-36. The only change to this slide was to remove all references related to Resolution SEBB 2020-09, which was not approved at the last Board Meeting.

Dan Gossett: I move for a vote on Resolution SEBB 2020-10 - Amending SEBB 2018-36, which states: **Resolved that**, SEBB 2018-36 is amended to add the following to a new third bullet: For purposes of this policy only, a SEBB Organization must count the 2019-2020 school year as having met the 630 hours' requirement if the school employee (a) worked at least 630 hours during the 2019-20 school year, or (b) worked at least 500 hours between September 1, 2019 and March 16, 2020. SEBB 2018-36 now reads:

A school employee is presumed eligible if they:

- worked at least 630 hours in each of the previous two school years; and
- are returning to the same type of position (teacher, paraeducator, food service worker, custodian, etc.) or combination of positions with the same SEBB Organization.

- For purposes of this policy only, a SEBB Organization must count the 2019-2020 school year as having met the 630 hours' requirement if the school employee (a) worked at least 630 hours during the 2019-20 school year, or (b) worked at least 500 hours between September 1, 2019 and March 16, 2020.

A SEBB Organization rebuts this presumption by notifying the school employee, in writing, of the specific reasons why the employee is not anticipated to work at least 630 hours in the current school year and how to appeal the eligibility determination.

Katy Henry seconded the motion to adopt.

Lou McDermott: Before I ask for comments from the public, I want to acknowledge that HCA received approximately 80 to 85 pages of stakeholder feedback on this proposed resolution, which was provided to the Board in advance of this meeting.

David Posner, Board of Directors, Seattle Substitutes Association. We are a branch of the Seattle Education Association and I'm speaking on behalf of substitutes, not only the Seattle School District, but throughout the state. In terms of lowering the threshold to 500 hours for this year, which is better than 630, I would definitely support that. However, for our school district, school was in session for roughly two-thirds of the school year. Two-thirds of 630 would be 400 hours - it would be better if the policy could be amended to like 400 hours. That would be more in keeping with what the current school year looked like. I realize that some school districts may have gotten closed a little later than some and having something specific for districts would be good. If that was not possible, I would definitely be in favor of 500, as opposed to 630. For those who are working on their second year of their requirement if they don't meet the reduced -- 400 but not the 500, they would lose that year of work being factored into getting benefits. I'm just about out of time. Thank you.

Lou McDermott: Thank you, sir. And I'd like to encourage the public speakers to speak loudly. We caught most of what you said, about 95% of it. A couple times you dipped below what we could hear. But we do understand your comment.

Julie Salvi, Washington Education Association. You heard me previously and see my feedback in writing, so I won't revisit all of the details. But in summary, this requested change was brought forward to recognize those who have been on pace to meet 630 hours had that pandemic not disrupted the school year. It does not ensure that these individuals will ultimately have benefit eligibility in future years, but it does ensure that they will receive the benefit of the doubt on looking at work history of a pandemic year. It also allows them consideration. We recognize that the expected work in future years will play a part in the determination of ultimate eligibility, but we wanted a fair look at the work history given the unexpected disruptions in the 19-20 school year. Thanks for your time.

Brian Sims, Washington State School Directors Association. As Dave mentioned in explaining what this meant, this is a change to the existing policy on presumptive eligibility. The whole basis behind a presumptive eligibility policy is that the look-back of the prior two years is a good estimate of what would happen in this coming year. I don't think anybody expects the school year 20-21 to be like anything in the past. As you've been seeing, a lot of school districts have already decided not to open in person in September. We don't know when COVID will be under control, or when the Governor's emergency declaration will end. And so, basing something that is a look-back that assumes stability, is quite irrational when everybody is expecting instability. That's one reason why we oppose this. Another reason is that many districts were managing their SEBB expenditures by ensuring that certain intermittent people weren't going to be working more than 630 hours. This policy would basically jerk the rug out from that legitimate budget control by ignoring those kinds of restraints in the 19-20 school year. For those reasons, as well as the general problems of managing tight budgets in a recession, WSSDA is opposed to this change to the look-back policy.

Mitch Thompson, Battleground Public Schools. The state currently doesn't fund school districts adequately to cover the full cost of SEBB. This resolution only increases district costs. In a budget year where the state is experiencing shortfall in the billions, this shortfall will result in less revenue to school districts. By increasing the SEBB cost to districts, districts will have to reduce other programs to fund this. With the current budget shortfall, districts already have to make cuts for the 20-21 school year. Our kids cannot afford any additional reductions in programs. I would encourage you to vote no on this. Thank you for your time and consideration.

Anne Ellis. You also have received my written comments, and so I just have a couple other things to say. First, a lot of districts have expressed concerns about additional costs. And I was curious to know what data you received from the districts that quantifies what those additional costs will be that they anticipated. Although, having said that, to explicitly manage the work that substitutes are given to make sure they don't reach that 630-hour threshold is rather surprising to me, and very unfortunate. I encourage the Board to vote in favor this proposal given the fact of the unusual situation. Thank you very much for your hard work.

Fred Yancey, WSSDA and AWSP. Certainly, I'm opposed to this resolution. Let me tell you what we're in favor of. We're certainly in favor of people having health insurance. That's not an issue. The issue really is this is a more than generous provision of health insurance when, point of fact, this was quite earlier in the discussion, there are employees that would not have met the threshold, should the school year run uninterrupted. And this grants them benefits that they would not necessarily have been entitled to. The other point was made that the increased costs of this is really costs you're taking away from children. As long as you understand that, then that's clear. This is cause and effect with what happens within a classroom itself.

The last point I will try to make is that I'm concerned about the precedent that this establishes. Next year, what happens if it starts and then stops, starts and then stops? Will there be another resolution to consider, and project working hours when, in effect, there were none worked? I would prefer that the committee stick with that the Health Care Authority recommended, which is no change in the present policy. And my last remark, just as an aside, personal opinion, is as a legal interpretation of why this is not legal to change to 630 hours, I found a little too lawyerly for my taste. But anyway, thank you for the opportunity to speak.

David Posner: There is something I meant to say and forgot to. I wanted to add, and it's sort of obvious, that when schools do start reopening and staff are going in, substitutes will be going into a pretty high-risk situation, moving from school to school, class to class, dealing with lots of kids and lots of adults. And for the most part, have no health insurance. So, we're taking a very vulnerable population and putting them in a higher-than-average risk situation. All right. Thank you very much.

Katy Henry: There were some concerns shared about the 2020-2021 school year and the proposed amendment is restricted only to the 2019-20 school year. The difference between 19-20 and 20-21, is that when staff began the 19-20 school year, there were employees who had reasonable assurance of 630 hours, and they were on pace to meet that standard, and no one could have predicted, of course, the pandemic would change all of that. That is drastically different than the start to the 20-21 school year, where the learning and working models are known to be different from the very beginning of the school year.

Also, I want to go back, because I keep hearing this, and I read this in there. The 500 hours doesn't change the eligibility standard, and based on this, individuals who meet that standard would have worked almost 80% of the annual hours by March 16, while the schools were only in session for, roughly, about 70% of the year by March 16. The reason we brought this forward was that we are trying to address the concern we heard earlier, to bring greater consistency to the application of assessing the work history of employees. Some school districts we heard had granted eligibility for substitutes expecting them to meet the 630 hours. And those districts made a good faith effort to follow the rules and maintain those employees' eligibility, while other districts took a different stance and required substitutes to prove that they would have worked. Because of these different practices in school districts, similarly situated employees across the system are in very different circumstances now. The policy is intended to have more consistency across the whole system, and ultimately under the policy and the proposed amendment, school districts still retain the ability to refute the assumption. That remains intact. This change would bring greater consistency, and a more equitable application of the rule for many of the employees who lost the opportunity when they were more than on pace and days away from meeting eligibility.

Pete Cutler: This has become a very complicated issue. And once again, I wish we had more time to work with it, because I think some issues have been raised that I hadn't been anticipating. First, I agree, I think the state is clearly facing a huge revenue shortfall, even in this biennium and in the following biennium. I think it's very, very likely that school districts are going to see a reduction in state funding, presumably for non-basic education related parts of their programs. In addition, the 630-hour standard we have for eligibility in SEBB is a very, very generous eligibility standard. It works out to working less than 1/3 of what many people would consider a normal 2,000 hour a year annual number of working hours, which would be a 40-hour week for 50 weeks. So, it's already a lot to ask taxpayers to provide a benefit that costs around \$1,000 a month for persons who work, not less than full time, but closer to one-third time.

Having said that, on the other hand, I don't think the use of the 500 hours as a standard for assuming that the persons that had reached that number of hours as of March, would have worked, and remember our policy would be given an assumption that they would have worked 630 hours in the 2019-20 school year. I don't think that change makes any more employees eligible than would have been expected by the districts if there had been no COVID-19 impact on the schools. I find it very hard to believe that there is a significant fiscal impact from that specific change. It seems to me that the more likelihood is that using the 500-hour assumption just allows for the unfolding of whatever marginal impact there would have been under their normal operations.

I think the school district concerns, at least as I've heard them, seem to be more just that the 630-hour standard for eligibility results in the district spending a lot of money on health benefit, health insurance, or insurance for employees that is a concern given the other financial pressures they will be facing. I have a hard time understanding why this assumption of tracking whether employees have reached 500 hours in order to apply the presumption based on two years of part-time work, why that is considered more complex to administer than the 630 hours that is already presumably having to be tracked. I'm a big fan of keeping things simple to administer, but in this case, I haven't really heard an explanation of why this would cause an administrative burden.

For what it's worth, like Katy Henry mentioned, I also would not support – well at least -- I would go farther than her I think, but I would say I would not support applying the 500-hour presumption, or anything like that, beyond the current 2019-20 school year for the reasons that Katy mentioned. And in response to Brian Sims point, I agree that I expect that school districts will be under very different schedules. There'll be different structures for how learning is delivered. And I think that just points to the part of the resolution, and the rule, that says this is just the presumption, and that presumption can be rebutted by the districts going forward, if they do make changes in the number of hours they're expecting to have employees work. I see this as still leaving a huge amount of control, and with the districts, in terms of managing their costs, by also taking into consideration how they structure positions and schedules.

One last point, I would prefer that this resolution actually not apply to districts that had a policy of not allowing their substitutes and non-regularly scheduled employees to work more than 630 hours in a school year. I can understand that for those school districts, this would be a new financial impact, because they, through their personnel policy were, even if somebody had worked up to 500 hours by March, they were not expecting to have those persons reach the 630 hours threshold. So, that's a specific example of something I wish we had time to deal with before we had to take action on this motion. Thank you.

Wayne Leonard: I'd like to follow up on a few things. I agree with Pete, I remember answering this, that the 630-hour threshold for eligibility is in my view extremely generous. In the past, I've always been concerned from a budget aspect that school districts would be able to afford this going forward. Even though the state did fund the classified benefit factor a little more, I don't think that factor was enough to pay for substitutes and to pay for many of the employees. For example, some of the substitutes working at \$20 an hour would cost about \$13,000 in wages to be eligible for SEBB, and then we would give them \$12,000 in medical benefits. We would spend \$25,000 and the state funding I get for that particular teacher would be \$608. Four days at \$151 to \$152 a day. I would get zero funding for a classified employee.

Last year we saw a lot of school districts telling their community they were cutting positions because of SEBB and this is going to add to that conversation on the cost of SEBB for budget cuts going forward. I don't think that's a very good message coming out from the Health Care Authority, coming out from this committee, that we're cutting programs for kids to pay for health insurance. We also had testimony during last year that people recognize that the cost of this program was going to result in less positions. They said at that time they were willing to accept that health insurance for their members, that they would have fewer members. At this point, I'm not willing to do that going into a session. I would rather keep more people employed than pay for more health insurance.

I will be voting no on this. Nobody argues that we don't want to provide health insurance for our employees. We all agree on that. But it's always been a question of how we are going to pay for it, or who is going to pay for it. I think it's the wrong approach that we keep pushing more and more of these costs onto the local school district, and onto the local levy that we're supposed to be using now to enrich programs, that we're using to sustain health benefits for part-time employees. I will not be supporting the resolution.

Pete Cutler: I realized that listening to these comments and considering it, I've decided that since, as written, the motion would apply this presumption that 500 hours is equal to a full year, or equal to 630 hours for purposes of eligibility, since it would apply that in school districts where the district had a policy of not allowing part-time employees to

work up to the 630-hour limit, that I regretfully decided I will not be supporting the motion.

Voting to Approve: 3

Dawna Hansen-Murray

Katy Henry

Dan Gossett

Voting No: 5

Alison Poulsen

Terri House

Pete Cutler

Wayne Leonard

Lou McDermott

Lou McDermott: Resolution SEBB 2020-10 does not pass.

Lou McDermott: I feel like I need to give some explanation. In this time with the budget crisis, with the documents that I see coming back and forth from OFM, with the budget cut exercises this agency is doing, with the list of terrible things that we put on the chopping block to hand over to OFM to be incorporated in the Governor's budget, I think making a more generous eligibility at this time would be a little tone deaf to what we've got going on.

I want to thank everyone for bringing this up, for going through this process, for voting their conscience. It was very well done. We appreciate how the resolution was brought up and all the comments that were made. Everybody has good points. That's what's really tough about this one, because I feel like the Board is made up of reasonable people who, when faced with reasonable circumstances, have fairly predictable outcomes as to which way they're going to vote, and what their thoughts are about it. But unfortunately, this is in the middle of a crisis we're going through, coupled with a lot of complexity on the administrative side. I really do appreciate the debate and all the comments that were made around this topic.

Diabetes Management Program (DMP) RFI Results

Kat Cook, Benefit Strategy Analyst, Benefits Strategy and Design Section, ERB Division. Slide 2 – Diabetes Background. Diabetes is when the body doesn't regulate blood sugar. There are three types of Diabetes, Type 1, Type 2, and Gestational.

Type 1 is the most severe and affects about 5% of the population. It was originally called juvenile onset diabetes, but it's now Type 1 because in rare instances, adults that didn't have it as juveniles can get it. It is a nonreversible condition and people are usually insulin-dependent for the rest of their lives.

Type 2 affects 90% of people with a diabetes diagnosis, which means their cells do not respond well to the insulin their body creates. This is acquired later in life, but some teens and tweens have been diagnosed with Type 2 diabetes. It's not always insulin dependent. It is controllable, and in some instances, reversible.

The third type is gestational diabetes, which is diabetes acquired during pregnancy. This is temporary and usually resolves after pregnancy but increases the odds of the individual having Type 2 diabetes later in life.

In 2019, the PEBB Program had 26,331 members with diabetes. 2020 numbers won't be available until the end of the calendar year. The bulk of our members with diabetes in the PEBB Program were in the Uniform Medical Plan.

Diabetes also increases the risk for additional high-risk complications. These comorbidities include: high blood pressure, asthma, high cholesterol, arthritis, heart disease, stroke, depression, anxiety, kidney disease, and cancers. Diabetes is the number one cause of nontraumatic lower limb amputations in the US. It's also the seventh leading cause of death in the state of Washington, according to a 2017 study by the Department of Health. But if we look at diabetes as a contributing factor with someone with other comorbidities, it becomes the third leading cause of death, after cancer and heart disease.

There are also health equity concerns with diabetes. It affects people of color at a much higher rate than those who are white. Adults who make less than \$25,000 a year are twice as likely to have diabetes than those who make \$75,000 or more a year. We see this disease affecting the most disadvantaged much more heavily, as we see with a lot of our social determinants of health.

Slide 3 – Diabetes Costs. The medical costs listed are for Washington State, not PEBB or SEBB Program specific. In the state of Washington, in 2017, medical costs for diabetes were estimated at \$4.9 billion. These costs include prescriptions, acute care, diabetes maintenance or management, and any of the related comorbidities mentioned earlier. Lost productivity costs for Washington were estimated at \$1.7 billion in 2017. That averages out to \$2,500/per person in lost productivity, and that's due to absenteeism, energy, all sorts of factors. This totals \$6.6 billion of cost in one year.

The estimated lifetime average medical cost for someone with diabetes is between \$55,000 and \$130,000 per person. The graph on Slide 3 shows the cost comparison between someone with diabetes versus someone without diabetes. Someone without diabetes costs just over \$4,500 per year, while someone with diabetes is just under \$24,000. The total estimated medical costs for diabetes in one year with SEBB is about \$622 million for what we spend on diabetics, and that's assuming 10% of our SEBB enrollment is diabetic, which is on par with the average.

Slide 4 – Diabetes Prevention Programs are key. These are digital point solutions, which is a specific digital service provided by a vendor to fill a health care gap. HCA has offered a diabetes prevention program with Omada. People who took the A1C test and tested in the prediabetic range were able to enroll in the Omada Program. PEBB Program results from 2019 show that 36% of Omada participants met, or beat, the target weight loss goal of 5%. Omada is at no cost to the member and covered by claims cost. It's a 16-week education program where people log their food and use a smart scale to log their weight. Once they achieve that 5% weight loss, the risk of developing Type 2 diabetes goes down by 58%. Of our 2,945 participants, just over 1,000 met the goal and reduced their risk of Type 2 diabetes.

Premera will offer diabetes prevention starting January 1, 2021 with Livongo and will be available to all SEBB Program members. Again, this is diabetes prevention, people with a prediabetes diagnosis. With Omada, if the member had an A1C rate above 6.4, they were not eligible because they were considered to already have diabetes.

HCA used SmartHealth for education to give some screening quizzes and direct people to diabetes resources through Omada, if they qualified as prediabetic, or through Kaiser's One Stop Program.

Slide 5 – Diabetes Management Offerings. Diabetes management is different from diabetes prevention. These are people with a diagnosis of diabetes with an A1C rate above 6.4. How do they manage that condition? Kaiser offers Diabetes One Stop. Any Kaiser members with diabetes have access to a digital point solution through Kaiser. Premera will offer Livongo, which is another major player in the market, starting January 1, 2021. The UMP offers traditional case management where a nurse checks in with patients with a diabetes diagnosis on a regular basis, usually about every one to three months. We haven't seen high utilization of this in UMP so we might want to look at getting more members' access.

HCA's Washington Wellness Program did trainings in 2018 and 2020 about diabetes management. Wellness educators at different locations and different districts were educated on what to pass along to the members so they would receive good information about how to manage diabetes. It's also several tiles on SmartHealth. If a Kaiser SEBB Program member was on SmartHealth and they went through information that indicated they might be diabetic, they could be referred straight to Kaiser's One Stop Program. All members have traditional diabetes management available, which was how it was done before the digital point solutions, with care provider, diabetic educators helping them with nutrition, and access to glucometers through their prescription plan.

Slide 6 – Diabetes Management. It takes work on both sides of the patient and the patient's care team to manage diabetes. How that's done varies from patient to patient. On this slide, patient activities are listed first: blood glucose checks, reduction of

carbohydrates and sugars, 20 minutes of vigorous physical activity, and medication, which may or may not be insulin. There are also non-insulin medications used to control Type 2 diabetes, like Metformin and Victoza.

The care team will check a diabetic patient's feet for neuropathy, do eye exams to make sure there's no retinal deterioration, nutrition education by a diabetic educator, and also regular tests of both the hemoglobin A1C and for comorbidities, like high blood pressure and cholesterol.

In the past, the patient and the care team was analog. When a patient went to their doctor, they would discuss issues with their diabetes and tweak as necessary. A patient could go months without feedback. With a digital point solution, the monitoring is constant. In some cases, the care team has access to the patient's daily blood glucose checks to get a real time picture to identify and manage trends.

Slide 7 – Digital Diabetes Management Programs (DMPs). This slide shows what programs offer and their benefits. According to a Mercer study, 94% of consumers are willing to try at least one digital tool to help manage their health. These programs offer blood glucose tracking, food logging, coaching, education elements, activity tracking, and medication tracking for individuals with Type 1 diabetes or Type 2 diabetes that is out of control.

The benefits of a digital diabetes management program are: lower A1C, instant feedback, motivational engagement, documentation, possible reversal, cost reduction, and accountability without fear of judgment.

Slide 8 – RFI Summary. HCA issued a Request for Information (RFI) for diabetes management programs. There were eleven respondents: Betr Health, Cappa, Cecelia, LexisNexis, Livongo, Omada, One Drop, Pops, Solera, Vida, Virta, and WellDoc.

Three of the respondents were eliminated from the final report because they were considered out of scope. One was a diabetes prevention program only, one was a data assessment only looking at risk scoring our members for diabetes using social determinants of health, and one was a marketplace solution. They offered a wide array of diabetes management and weight loss programs we could buy, but their per member/per month price was almost 300% higher than the average per member/per month (PM/PM) of our in-scope respondents. If HCA wanted to offer a marketplace solution, we could offer more than one of the in-scope respondents and save money. That's where we are now.

The RFI questions focused on user experience, clinical development of the program, clinical results of the program, the PM/PM price, and technical specifications.

Slide 9 – Two Types of Self-Directed DMPs. HCA determined there were two types of self-directed diabetes management programs. The first type we called high engagement, which offered in depth education elements that helped to bring people on board and learn what they needed to do to manage their disease. Some offered the possibility of reversing Type 2 diabetes. The more the application offers, the more it costs. The high engagement vendors are Betr Health, Cecelia, Livongo, Omada, Vida, and Verta. These are daily maintenance applications. Engagement was easy and these had a lower cost. Another difference is a low engagement program that will probably be used for the rest of their life, whereas the high engagements were focused on the education elements. They had specific curriculum lengths, six weeks, six months, two years, etc., and it differed from program to program.

Slide 10 – High Engagement Products. High engagement products had a cost range of \$65 to \$200 per member/per month. It's a wide range of costs for what you get. Two products had an additional cost of a one-time implementation fee. A high engagement product requires a more serious time and lifestyle commitment from the member. In the highest engagement product, the member received a meal plan and shopping list. These programs typically ended after one to two years. The average net savings, based on their marketing materials, was about \$23.25 per member/per month. The average return of investment (ROI) self-disclosed by the vendors was 1.3% to 1%.

Slide 11 – Low Engagement Products. For low engagement products, the per member/per month cost range is between \$40 and \$60. These products are more effective for a casual user. The program has no end date, which also makes this a better product for someone with Type 1 diabetes, or gestational diabetes because Type 1 diabetes is not reversible. The average net savings on the low engagement products, based on these companies own marketing materials, was almost \$80 per member/per month. Their self-disclosed average ROI was about 2% to 1%.

Slide 12 – Next Steps. The RFI gave us information for a future Request for Proposal (RFP) if we decide to proceed. Given the current COVID budget situation, an RFP is not a financial possibility until plan year 2022 at the earliest. If the decision is to move forward at a later date, everything is set up to launch an RFP.

HCA will leverage SmartHealth for additional diabetes education and tools to get people understanding their options. HCA will support and promote plans with existing diabetes management programs. Regence has also costed out offering Omada or Livongo to UMP members. While we're not in a position to do that now, it could be something we talk about in the 2021 Board season. HCA can publicize Kaiser's and Premera's diabetes management programs through our wellness programs, SmartHealth, and other wellness support.

Pete Cutler: First of all, thank you for the presentation. This is actually, I think, the best presentation I've ever seen on diabetes management programs. It's been helpful.

Now a big question for me is on Slide 9 it talks about two types of self-directed diabetes management programs. One is called high engagement, the other is low engagement. The question that leaps to my mind is what can any of these vendors show in terms of their unique ability to actually get the appropriate patients or members engaged to have the engagement? In fact, I'm thinking with the high engagement plans that requires a more serious time and lifestyle commitment from members, it would seem to me that you're likely to see your best results in terms of improvement in health and lowering of costs from programs that actually somehow motivate the member to commit to that serious time and lifestyle changes. Do you have information about what their actual experience is that they can document in terms of their ability to promote engagement?

Kat Cook: Pete, that's a great question. A lot of the vendors we talked to had specific targeted marketing plans they develop. If we were to procure this, HCA would work with them on our populations, specific to PEBB and SEBB Programs, and we'd develop marketing and awareness campaigns to get people engaged. A lot of them did have customizable tools to do that. Several of the high engagement products gave us some sort of engagement rates. The most impressive one was engaging 40% of the diabetic population from the get-go. I found that to be a bit optimistic. The average we're seeing is about 10% of the population per year.

Pete Cutler: Can they give objective data and show with these, with obviously keeping the names of the employers or whomever they're working with, anonymous? Can they give objectively verifiable information about how successful they've been in actually getting members to engage in their program and make changes? Because there's a ton of people with incredibly persuasive marketing and great plans. But my experience has been it's really hard to get people to actually change behavior related to diet or similar matters.

Kat Cook: You're absolutely right. They can offer some. There wasn't a specific way that I could say was what we saw overall on the RFI, but I would say probably a third of them did offer information that, at least, looked like something we could trace down. Does that help answer your question?

Pete Cutler: Great. That's fine. Thank you.

SEBB My Account Enhancements

Jerry Britcher, Chief Information Officer, Enterprise Technology Services (ETS) Division. Slide 3 – New Enhancement Process. HCA was made aware of the need for enhancements are through various stakeholder groups. Our Outreach and Training Unit hears from the districts at stakeholder conferences, such as WASBO, WASWUG,

etc. We hear from those who are participating. We hear directly from the SEBB Program employer stakeholder groups. We get additional information through appeals and user inquiries, and then directly from our own HCA staff.

Slide 4 – Enhancement Releases. HCA’s release process is, basically we prioritize the enhancements we receive because there are quite a few. We build those enhancements in two-week cycles. We have X number of hours within a two-week cycle to do the development, the testing, and the release of that new functionality. The only time we go outside of that is if there is so much work that needs to be done for an enhancement it requires more than two weeks. We will then extend our release. An example of that is the current limited enrollment. That was a four-week cycle as opposed to a two-week cycle. As a side note, we do not release enhancements during open enrollment.

Slide 5 – Enhancements Done. Since our last open enrollment, some examples of completed enhancements are: lower limit, which allows benefits administrators to update subscriber enrollment and eligibility information within a two-month back period. From the current month, they could update data that would impact billing to the school districts and/or subscribers back two months. Subscriber termination action functionality was implemented, which enables it, if a subscriber was terminated in error, they could be reinstated without a large workaround that was required before the enhancement. We’ve also eliminated future dates for things, such as dates of birth and partnership dates that were simply causing problems. The back end Pay1 System, and carrier environments weren't supportive of putting birth dates three months in advance or marriages months in advance into the system. So those were eliminated.

Slide 6 – Enhancements Done (*cont.*). Language enhancement updates were completed for clarity, verbiage around the 630 hours; based on local eligibility or SEBB eligibility, we added subscriber mailing addresses at the same time the subscriber is created so the data is more consistent; the ability to unlock subscribers that cannot recall their security questions for logging into the system was added; and added the functionality of being able to use the full Social Security number to look up a user. Before we just used the last four digits, but that slowed the system down due to overlap.

Slide 7 – Enhancements Planned Before Fall Open Enrollment 2020. HCA continues to evolve the system and enhancements we're planning before the fall open enrollment include: user interface enhancements for supplemental LTD, reverification of dependents who failed the audit process, a report of a contact list for Benefits Administrators, and indicators of successful completion to help the subscriber as they're going through the process to understand they've successfully completed a step within that process and can move on. Successful completion indicators will help them navigate more effectively.

Slide 8 - Enhancements Planned Before Fall Open Enrollment 2020 (*cont.*).

Additionally, HCA is modifying the tobacco attestation so it does not include dependents 12 years or younger; we are adding a submit button, which appears only when data changes; and for new subscribers, the dashboard shows a newly eligible tile that will be directed towards functionality geared towards them, as opposed to those who are returning and don't need to go through the same process.

These are our goals. Sometimes things come up, but currently these are in scope to occur before fall open enrollment.

Public Comment

None.

Next Meeting

January 28, 2021

Preview of January 28, 2021 SEB Board Retreat

Dave Iseminger, Director, Employees and Retirees Benefits Division, provided an overview of potential agenda topics for the January 28, 2021 Board Retreat.

I also need to thank HCA staff, Connie, Jesica. July is always a very tough month here at HCA for these programs. We've had four Board Meetings in eight calendar days. It's also exhausting for our stakeholders, equally challenging for our staff. All the work that goes into these meetings, it's important to thank our staff as well.

Wayne Leonard: I wanted to thank all the HCA staff, too, for all the work they put in. I know they're the unsung heroes behind the scenes, but it makes our work go faster and easier.

Pete Cutler: I want to ditto Wayne's comments. I really appreciate all the work of the staff throughout the Board season and year.

Lou McDermott: Thank you, again, for a great Board season. Tough work, lots of decisions needed to be made. As we joked before, there's 40 pages of eligibility for PEBB and SEBB is definitely catching up. There will be things that occur in appeals that we will be bringing for resolution in the next season to adjust or clarify things. So, thanks for bearing with us, thanks for a good Board season, and this meeting is adjourned.

Meeting adjourned at 11:02 a.m.

DRAFT

School Employees Benefits Board Retreat
Meeting Minutes

January 28, 2021
Health Care Authority
Virtual Zoom Meeting
9:00 a.m. – 3:30 p.m.

Members Present via Phone

Lou McDermott, Chair
Dawna Hansen-Murray
Dan Gossett
Katy Henry
Terri House
Wayne Leonard
Alison Poulsen
Kerry Schaefer

SEB Board Counsel

Katy Hatfield

Copies of presentations can be found in the Briefing Book on the SEB Board webpage at: [SEB Board meetings and materials webpage](#).

Call to Order

Lou McDermott, Chair, called the meeting to order at 9:02 a.m. Sufficient members were present to allow a quorum.

Chair McDermott indicated attendance for both the Board and the public for the 2021 Board season will be attended via Zoom only, unless Governor's Proclamation 20-28 is modified. Board introductions followed.

New Board Member, Kerry Schaefer, was introduced. Kerry has 45 years' experience in public sector human resources and employee benefits. In her most recent job, she was responsible for strategic planning for employee health and well-being for King County. Kerry replaces Sean Corry who retired and left his Board appointment.

Meeting Overview

Dave Iseminger, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of the agenda.

COVID-19 Agency Response

Jean Bui, Portfolio Management and Monitoring Section Manager, and **Tanya Deuel**, ERB Finance Manager, brought the Board up to date on the agency response to COVID-19 over the past year, sharing information about:

- The two SEB Board resolutions passed regarding COVID-19. They were: Resolution 2020-07 COVID-19 Continuation Coverage Eligibility and Resolution 2020-08 COVID-19 and Enrollment Timelines.
- Carrier actions: testing coverage, treatment coverage, prescription refill too soon, and vaccine coverage.
- The limited enrollment held during July 2020 to allow members to modify certain benefits that require payroll deductions. A total of 1,098 subscribers took advantage of this option.

Achieving Health Equity for PEBB Program Members

Dr. Emily Transue, Medical Director for ERB Programs, and **Mia Nafziger**, Senior Health Policy Manager, discussed health equity and what we can do to lessen inequities and disparities.

The presenters walked us through an example of two patients with similar diagnoses which had the same provider recommendations for both. Even with this scenario, the likelihood of clinical outcomes may be very different due to: race, which may be heavily influenced by a variety of social and societal factors not traditionally considered medical, like income, education, housing, language, etc.

Health equity means everyone has a fair and just opportunity to be as healthy as possible whereas health disparities are differences that exist among specific population groups in the attainment of full health potential.

Social determinants of health area conditions in which people are born, grow, live, work, and age. These include: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; clean vs polluted air and water; and language and literacy skills. All of these social determinants of health shape health outcomes.

Social Determinants of Health Roundtable

Dr. Emily Transue facilitated a discussion on social determinants of health.

Roundtable participants:

- Diane Oakes, Chief Mission Officer, WA Dental Service & Delta Dental of WA
- Kim Wicklund, Director Community Health, Kaiser Permanente WA (KPWA)
- John Kendrick, Service Area Director, Continuum of Care, Kaiser Permanente Northwest (KPNW)
- Keith Bachman, MD, FACP, KPNW
- Rachel Andrew, MS, LMFT, CCM, Director of Clinical Programs, Premera Blue Cross

- Naim Munir, MD, Vice President, Medical Management & Population Health, Premera Blue Cross
- Charles Levine, Vice President, Provider Network Management, Premera Blue Cross
- Kimberly Hadeed, RS-BSSN, CCM, Regence BlueShield, Case Management Supervisor, BlueCare Path Team

Health equity, diversity, and inclusion are priority concerns for our panel members and their organizations. They all take these topics very seriously. Some common themes and goals were shared:

1. Engage providers in areas where collaboration is possible
2. How well do providers include diversity and equity in their businesses
3. Offer patients the opportunity to select what type of doctor they want to go to
4. Work to expand data and data analytics
5. Community involvement to determine social and economic factors and to work on solutions
6. Work to achieve diversity at every level from providers through administration
7. Big need for dental care (disadvantaged people have greater dental issues)
8. Invest in: core foundation, own responsibility, internal policies & cultural disparities
9. Provide training to ensure cultural competence for providers
10. Divert funding to areas in need
11. Take programs to the elementary school for children that don't have health care
12. Be aware of the biases. What is the best intervention and when should it occur? Such as food insecurities, transportation, access, etc. Break down these barriers.
13. Get the community and providers at the same table.
14. Listen/engage with members, providers, PEBB, SEBB. Active listening and measuring cultural competencies.
15. Funding needs to be consistent with our words

There is no one answer on how these themes/goals are accomplished. Lack of data is a big concern. Providers can't or are unwilling to share their data due to the personal nature of the information. When surveying patients, they are reluctant to respond and are wary about why you want to know. How this information is collected is important to protect its validity. To date, the best way to gather this information is when directly in contact with the patient. Whatever is being done now, there is a lot more to do.

Lou McDermott: Work is being done in isolation. Our system is complex. Providers and plans are asking for different things. It's hard for people to understand and to get access. How do we all work together to get it done? To make changes instead of everyone doing their own thing.

ESD Benefits Report

Cade Walker, Executive Special Assistant to ERB Division, shared key findings from the legislatively mandated report on the impacts of the Educational Service Districts joining the SEB Board Program.

As of January 1, 2020, five ESDs were participating in the PEBB Program, using PEBB eligibility rules for their employees. The remaining four ESDs independently acquire employee benefits and have varying rules for benefits eligibility.

All ESDs' benefits are similar to SEBB benefits. Current cost to ESDs for 2020 benefits is an estimated \$22,306,083. The cost to ESDs if they had participated in the SEBB Program for 2020 is an estimated \$27,955,940. The majority of the increase cost is for the four ESDs not participating in the PEBB Program, and the primary driver of this increase is due to the difference in eligibility and waiver rules.

Working Lunch: 2021 Open Enrollment Summary

Renee Bourbeau, ERB Benefits Accounts Section Manager, provided a summary of 2021 open enrollment. Benefits Accounts went to great lengths to ensure a successful open enrollment. Provided staff training, contracted with a vendor to provide technical support for SEBB Program subscribers to maneuver through their first open enrollment, conducted seven webinars to 1,400 Benefits Administrators, provided a virtual Benefits Fair tool, provided access to ALEX, and links to SEBB MyAccount.

Future customer service strategies include faster response time from staff to Benefits Administrators and adding additional staff to assist in monitoring daily FUZE and trends.

Governor's Proposed Budget Update - SEBB

Tanya Deuel, ERB Finance Manager, Financial Services Division, shared highlights from the Governor's proposed budget. Proposed SEBB funding rate for 2021-2022 School Year is \$1,011 and for 2022-2023 School Year it's \$1,051 per eligible employee per month. Both amounts are adequate to maintain the current level of benefits.

For the Collective Bargaining Agreement, the Employer Medical Contribution (EMC) remains at 85% of UMP Achieve 2 and the Wellness deductible incentive increased to \$125.

2021 Legislative Session

Cade Walker, Executive Special Assistant, ERB Division, provided an update of the current legislative session. We are currently analyzing 22 bills, either as lead or support.

HCA has one agency request legislation, SB 5322, which clarifies a law enacted last year prohibiting of dual enrollment between the SEBB and PEBB Programs.

HCA submitted written testimony in support of HB 1052 – Group Insurance Contracts. This bill aligns with insurance codes and allows HCA to hold our carriers accountable for service to PEBB and SEBB Program members.

Other bills introduced have to do with Paid Family and Medical Leave, Pharmacy, Eligibility, Provider/health care services, expanded durable medical equipment, and the Open Public Meetings Act.

PEBB/SEBB Consolidation Report

Sara Whitley, Fiscal Information and Data Analyst, Financial Services Division, discussed the report submitted to the Legislature in November 2020. This report was

legislatively mandated requiring a report of the potential fiscal impacts and administrative efficiencies of consolidating the PEBB and SEBB Programs.

The document lists both potentially minor impacts and potentially significant impacts. Minor fiscal impacts could be: alignment of plan offerings, tier factors, and vision benefit. Significant fiscal impacts could be consolidating non-Medicare risk pool and alignment of employee/employer contribution structure.

Potential minor administrative efficiencies could include: alignment of accounting processes and contract/carrier management. Significant administrative efficiencies could include: consolidation of the Boards, enrollment and eligibility processes, and communication vehicles.

These lists are not exhaustive, but a starting point. The report indicates the full consolidation could not occur before January 1, 2025. All of the pieces would need to align.

SEBB Medical Portfolio

Lauren Johnston, SEBB Procurement Manager, discussed current plan offerings, service areas, enrollment numbers, and trends. Lauren included charts of service areas, enrollment numbers, and a chart showing 2021 open enrollment plan switching.

Four out of the five highest volume switching trends were from higher deductible level plans to lower deductible level plans.

Katy Henry noted that for Ferry and Pend Oreille Counties, there are not as many options available because most providers are in the Providence system.

Terri House asked if additional carriers would be added with the Request for Renewal that went out. Lauren indicated this is a Request for Renewal (RFI), not a Request for Procurement (RFP). It provides an opportunity only for additional options from the current contracted carriers.

Life & Long-Term Disability Insurance Update

Kimberly Gazard, ERB Contract Manager, provided an update on Life and LTD insurance, including an anticipated proposal on a new LTD benefit design.

HCA had a life insurance beneficiary campaign for ten days starting on July 30, 2020. The goal was to ensure subscribers had listed their beneficiaries to make it easier when they needed to collect their life insurance. 64,293 subscribers took action and updated their beneficiaries. There are still 195,343 instances without a beneficiary designation, across the basic life, basic AD&D, supplemental life, and supplemental AD&D benefits.

HCA is planning to look at new strategies in Quarter 1 2021 to increase beneficiary designations.

Long-Term Disability continues to be an area HCA would like to see improvement. Not much has changed since 1977. SEBB LTD mirrors the PEBB LTD plan. While household income has increased 445% during the last 43 years, the Basic LTD benefit

has not. The majority of SEBB Program subscribers receive a monthly LTD benefit of \$400 per month when they experience a disability.

HCA is proposing an opt-out design for new hires and existing SEBB Program subscribers. Subscribers could opt-out at any time. Subscribers would be automatically enrolled in coverage equal to 60% of their salary (up to \$16,667 of monthly salary) with no evidence of insurability required.

A subscriber could opt-out, or reduce coverage to 50% of their salary, at any time, effective the first of the next month. To later access or request an increase coverage, evidence of insurability would be required.

If a subscriber opts-out of coverage, they are still eligible for the \$400 per month benefit.

The proposed Opt-out employee-paid LTD plan option would start January 1, 2022.

The additional employee-paid LTD Plan offering includes a 50% buy down option with a 90-day benefit waiting period, in addition to the 60% LTD plan.

This presentation is an introduction to the proposal. HCA will bring proposed resolutions to the Board in March for your initial thoughts on the plan. Board action on the policy is scheduled for April 2021.

Dan Gossett asked if the PEB Board is looking at the same design. Dave said yes, but there are more significant benefit design shifts for the PEBB Program than for the SEBB Program. One Board could proceed without the other needing to take action.

Optional Benefits

Cade Walker, ERB Executive Special Assistant, shared 2020 Optional Benefits Survey results. House Bill 2458 prohibits school districts from offering any form of basic or optional benefits that compete with benefits offered by the SEB Board or under the authority of the Health Care Authority.

Of those school districts responding to the survey, 26 school districts may be offering a potentially competing benefit.

February through August 2021, HCA will work together with the school districts and carriers to modify, remove, or discontinue any district-based benefits that compete with SEBB/HCA offered benefits.

Public Comment

Mitch Thompson offered public comment on the LTD plan. Having a mandatory opt-out plan is an issue for an optional benefit. School district benefits staff are going to get the questions on this benefit, and they will have to respond. This is not very transparent. His district tends not to get into advising employees on what to do. Mitch understands we want more participation, but it feels like going through the back door. It's more problematic on the district side.

Anne Ellis has concerns about substitutes and medical. They should remain eligible until the end of the emergency. I advocate for the Legislature to fund medical for substitutes. Eliminate the two-year requirement on medical during emergency. The first academic year is 21-22 and the second year is 22-23. A substitute would not be eligible until Fall 2023!

Julie Salvi, representing the Washington Education Association. I applaud the Board on the health equity topic. For SEBB, there is interest in: equitable access to benefits; dual enrollment/secondary insurance through these programs; change in FSA mutual rollover; look at appeals process; dental benefits, difference is SEBB levels; service areas, some don't have enough; and PEBB/SEBB merger – significant issues, continue to recommend coordinated meetings, more interaction between the two Boards.

Next Meeting

March 4, 2021

9:00 a.m. – 2:00 p.m.

Preview of March 4, 2021 SEB Board Meeting

Dave Iseminger, Director, Employees and Retirees Benefits Division, provided an overview of potential agenda topics for the March 4, 2021 Board Meeting.

Meeting adjourned at 2:47p.m.

TAB 4



Long-Term Disability Insurance

Kimberly Gazard, Contract Manager
Employees and Retirees Benefits (ERB) Division
April 7, 2021

Overview

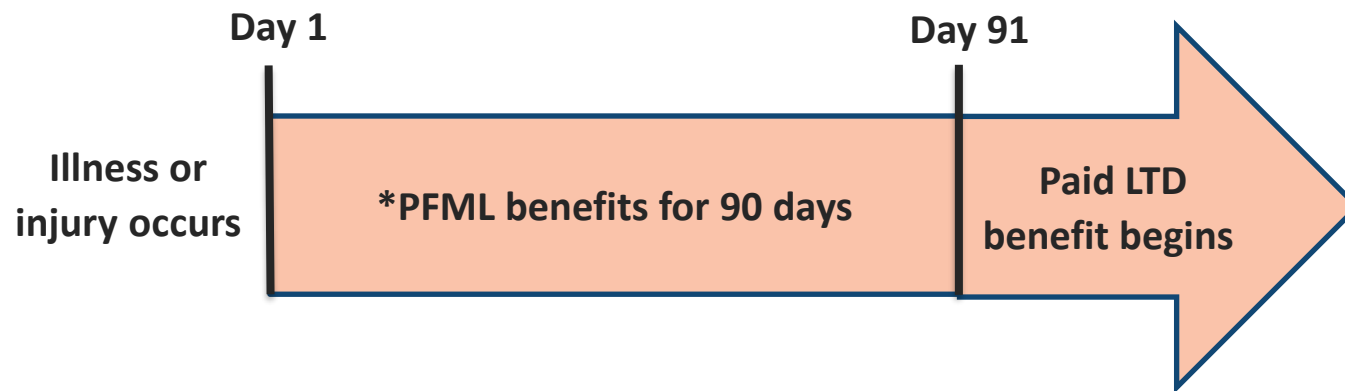
- Long-Term Disability (LTD) Insurance
 - March Board Meeting Feedback/Questions Follow Up
 - Opt-out policy resolutions

March Follow Up

- How is the situation handled with someone on a claim during the transition?
- Why did HCA recommend a 31-day election period for the LTD redesign (to align with all other default benefits, and to avoid adverse selection, and the refund/administration process)
- What did HCA's decision package include for increasing the employer-paid (previously called Basic) LTD benefit?

Benefit Waiting Period PFML* Example

- Employee is receiving PFML benefits for 90 days and has 30 days in their sick leave bank.
 - Because the PFML waiting period is greater than the sick leave waiting period, the LTD benefit begins paying on day 91.



*PFML = Washington Paid Family & Medical Leave Law

Benefit Waiting Period Sick Leave Example

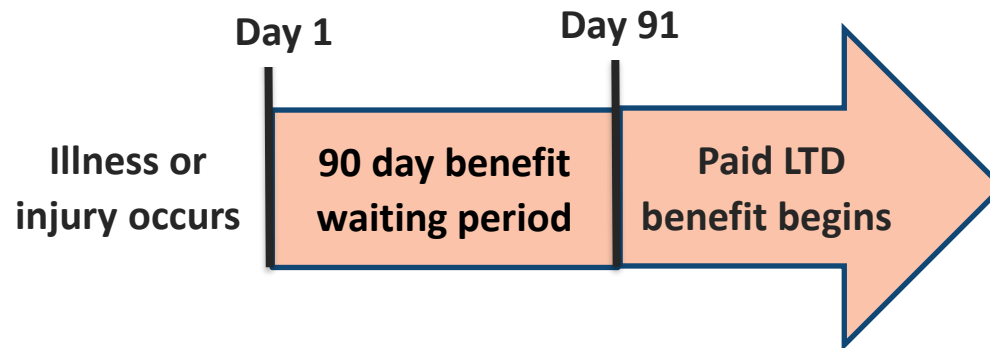
- Employee is receiving PFML benefits for 90 days and has 120 days in their sick leave bank.
 - Because the sick leave waiting period is greater than the PFML waiting period, The LTD benefit begins paying on day 121.



*PFML = Washington Paid Family & Medical Leave Law

Benefit Waiting Period 90-days Example

- Employee is not receiving PFML benefits and does not have sick leave.



*PFML = Washington Paid Family & Medical Leave Law

Resolution SEBB 2021-10 Employee-Paid Long-Term Disability (LTD)

Resolved that, effective January 1, 2022, SEBB 2018-39 is rescinded and the SEBB Program will instead offer the following employee-paid LTD design:

Two separate employee-paid LTD insurance choices including: (a) coverage at 60% or (b) coverage at 50%. Both choices will have the following features:

- The following Benefit Waiting Period (the longer of):
 - 90 days;
 - The entire period of sick leave (excluding shared leave) for which the employee is eligible;
 - The Fractionated Period of Paid Time Off (PTO) for which the employee is eligible, if your employer has a PTO plan, as those terms are defined in the policy;
 - The entire period of other non-vacation salaried continuation leave for which the employee is eligible; or
 - The end of Washington Paid Family and Medical Leave Law for which the employee is receiving benefits
- No Choice Sick Leave
- Choice Pension
- A Maximum Monthly Benefit of \$10,000 for the 60% coverage and \$8,333 for the 50% coverage

Intended LTD Policy Definitions

- “Paid Time Off (PTO) Plan” means an arrangement that provides paid time off benefits under a single type of leave for all purposes
- “Fractionated Period Of Paid Time Off” means 50% paid time off for which you are eligible under a PTO Plan

Resolution SEBB 2018-39

Employee-Paid Supplemental Long-Term Disability (proposed to rescind effective December 31, 2021)

Resolved that, the SEBB Program will offer the following Employee-Paid Supplemental LTD Plan Design:

- Waiting Period - Later of 90 days or End of the State Paid Family Medical Leave Benefit
- No Choice Sick Leave
- Choice Pension
- Maximum Monthly Benefit \$10,000 (60% of \$16,667)

Resolution SEBB 2021-11 Employee-Paid Long-Term Disability (LTD) Enrollment Procedures

Resolved that,

- All school employees who are eligible for the employer contribution towards SEBB benefits as of December 31, 2021 and not already enrolled in supplemental LTD insurance or did not make an election (reducing or declining coverage) during an enrollment period established by the Health Care Authority in 2021, will be auto-enrolled in employee-paid LTD insurance at the 60% coverage level with an effective date of January 1, 2022 without Evidence of Insurability (EOI).
- A school employee who becomes eligible for the employer contribution towards SEBB benefits on or after January 1, 2022 must make an election (reducing or declining coverage) during the benefit election period established in Resolution SEBB 2018-13. If the school employee fails to timely elect coverage, the school employee will be defaulted into coverage according to Resolution SEBB 2021-12 without EOI. The effective date of coverage will be according to Resolution SEBB 2020-05.

Resolution SEBB 2021-11

Employee-Paid Long-Term Disability (LTD) Enrollment Procedures (*cont.*)

- After January 1, 2022, a school employee at any time may elect to reduce employee-paid LTD to the 50% coverage plan without EOI or fully decline employee-paid LTD. The effective date of the change in coverage will be the first day of the month following the date the SEBB Organization receives the required election.
- A school employee who seeks to increase coverage from the 50% coverage plan to the 60% coverage plan, or access previously declined employee-paid LTD, will be subject to evidence of insurability. The effective date of the change in coverage will be the day of the month the contracted vendor approves the required form.
- Any school employee who declines employee-paid LTD insurance will remain enrolled in employer-paid LTD insurance.

Resolution SEBB 2021-12 Amending Resolution SEBB 2018-54 Relating to Default Enrollments

Resolved that, SEBB 2018-54’s fourth bullet is amended by striking the word “and” from the end of the sentence; the fifth bullet is amended by replacing the word “basic” with the word “employer-paid” and adding the word “; and” to the end of the sentence; and adding the following new sixth bullet “Enrollment in employee-paid long-term disability insurance at the 60% coverage level”.

Resolution SEBB 2021-12 Amending Resolution SEBB 2018-54 Relating to Default Enrollments

So that SEBB 2018-54 now reads:

The default election for an eligible school employee who fails to timely elect coverage will be as follows:

- Enrollment in employee-only medical coverage;
- Enrollment in employee-only dental coverage;
- Enrollment in employee-only vision coverage;
- Enrollment in basic life insurance;
- Enrollment in employer-paid long-term disability insurance; and
- Enrollment in employee-paid long-term disability insurance at the 60% coverage level.

Resolution SEBB 2021-13

Amending Resolution SEBB 2018-38

Employer-Paid Basic Long-Term Disability

Resolved that, SEBB 2018-38’s title is changed by striking the word “Basic” and adding the word “Insurance” to the end; the first bullet is amended to insert the word “Benefit” before the word “waiting” and striking the word “later” and replacing that word with “the longer” in parentheses; and under the Benefit Waiting Period bullet adding a new second sub-bullet with the words “The entire period of sick leave (excluding shared leave) for which the employee is eligible;”, adding a new third sub-bullet with the words “The Fractionated Period of Paid Time Off (PTO) for which the employee is eligible, if your Employer has a PTO plan, as those terms are defined in the policy;”, adding a new fourth bullet with the words “The entire period of other non-vacation salaried continuation leave for which the employee is eligible; and/or”, and amending the last sub-bullet to read as “The end of Washington Paid Family and Medical Leave Law for which the employee is receiving benefits”.

Resolution SEBB 2021-13 Amending Resolution SEBB 2018-38 Employer-Paid Basic Long-Term Disability

So that SEBB 2018-38 now reads:

Employer-Paid Long-Term Disability Insurance

The SEBB Program will offer the following Employer-Paid LTD Plan to subscribers beginning January 1, 2020:

- Benefit Waiting Period (the longer of);
 - 90 days;
 - The entire period of sick leave (excluding shared leave) for which the employee is eligible;
 - The Fractionated Period of Paid Time Off (PTO) for which the employee is eligible, if your Employer has a PTO plan, as those terms are defined in the policy;
 - The entire period of other non-vacation salaried continuation leave for which the employee is eligible; or
 - The end of Washington Paid Family and Medical Leave Law for which the employee is receiving benefits
- No Choice Sick Leave
- Choice Pension
- Maximum Monthly Benefit \$400 (60% of \$667)

Questions?

Kimberly Gazard, Contract Manager
Employees and Retirees Benefits (ERB) Division
kimberly.gazard@hca.wa.gov

Appendix

Resolutions Revised Since the March 4, 2021 Board Meeting

Proposed Resolution SEBB 2021-10 Employee-Paid Long-Term Disability (LTD) (Revised After Stakeholder Review)

Effective January 1, 2022, SEBB 2018-39 is rescinded and the SEBB Program will instead offer the following employee-paid LTD design:

Two separate employee-paid LTD insurance choices including: (a) coverage at 60% or (b) coverage at 50%. Both choices will have the following features:

- The following Benefit Waiting Period (the longer of):
 - 90 days;
 - The entire period of sick leave (excluding shared leave) for which the employee is eligible ~~under the employer's sick leave;~~;
 - The Fractionated Period of Paid Time Off (PTO) for which the employee is eligible, if your Employer has a PTO plan, as those terms are defined in the policy; ~~or~~
 - The entire period of other non-vacation salaried continuation leave plan for which the employee is eligible; or
 - The end of Washington Paid Family and Medical Leave Law for which the employee is receiving benefits
- No Choice Sick Leave
- Choice Pension
- A Maximum Monthly Benefit of \$10,000 for the 60% coverage and \$8,333 for the 50% coverage

Proposed Resolution SEBB 2021-11 Employee-Paid Long-Term Disability (LTD) Enrollment Procedures (Revised After Stakeholder Review)

- All school employees who are eligible for the employer contribution towards SEBB benefits as of December 31, 2021, and not already enrolled in supplemental LTD insurance, or did not make an election (reducing or declining coverage) during an enrollment period established by the Health Care Authority in 2021, will be auto-enrolled in employee-paid LTD insurance at the 60% coverage level with an effective date of January 1, 2022 without Evidence of Insurability (EOI).
- A school employee who becomes eligible for the employer contribution towards SEBB benefits on or after January 1, 2022 must make an election (reducing or declining coverage) during the benefit election period established in SEBB Resolution 2018-13. If the school employee fails to timely elect coverage, the school employee will be defaulted into coverage according to Resolution SEBB 2021-12 without EOI. The effective date of coverage will be according to SEBB Resolution 2020-05.

Proposed Resolution SEBB 2021-11 Employee-Paid Long-Term Disability Enrollment Procedures (*cont.*) (Revised After Stakeholder Review)

- After January 1, 2022, a school employee at any time may elect to reduce employee-paid LTD to the 50% coverage plan without EOI or fully decline employee-paid LTD. The effective date of the change in coverage will be the first day of the month following the date the SEBB Organization receives the required election form.
- A school employee who seeks to increase coverage from the 50% coverage plan to the 60% coverage plan, or access previously declined employee-paid LTD, will be subject to evidence of insurability. The effective date of the change in coverage will be the day of the month the contracted vendor approves the required form.
- Any school employee who declines employee-paid LTD insurance will remain enrolled in employer-paid LTD insurance.

Proposed Resolution SEBB 2021-13

Amending Resolution SEBB 2018-38 Employer-Paid Long-Term Disability (Revised After Stakeholder Review)

SEBB 2018-38 now reads:

The SEBB Program will offer the following Employer-Paid LTD Plan to subscribers beginning January 1, 2020:

- Benefit Waiting Period (the longer—Later— of);
 - 90 days;
 - The entire period of sick leave (excluding shared leave) for which the employee is eligible ~~under the employer's sick leave;~~
 - The Fractionated Period of Paid Time Off (PTO) for which the employee is eligible, if your Employer has a PTO plan, as those terms are defined in the policy; ~~or~~
 - The entire period of other non-vacation salaried continuation leave plan for which the employee is eligible; or
 - The end of Washington Paid Family and Medical Leave Law for which the employee is receiving benefits
- No Choice Sick Leave
- Choice Pension
- Maximum Monthly Benefit \$400 (60% of \$667)

March 4, 2021 Board Materials



Long-Term Disability Insurance

Kimberly Gazard, Contract Manager
Employees and Retirees Benefits (ERB) Division
March 4, 2021

Overview

- **Long-Term Disability (LTD) Insurance**
 - Benefit overview
 - Implementation timeline
 - New employees
 - Existing employees
 - Opt-out design communication strategies
 - Proposed employee-paid LTD rates
 - Similar situated employer with Opt-out design
 - Opt-out policy resolution

Proposed Employee-Paid LTD Benefit

60% Default Plan

Covers 60% of the first \$16,667 of monthly income

Up to a maximum benefit of \$10,000/month

Minimum monthly benefit of \$100 or 10% of the LTD benefit before deductible income (whichever is greater)

Benefit Waiting Period (whichever is greater): 90 days, period of sick leave, and/or period of Washington Paid Family & Medical Leave

Opt-out at any time with cancellation effective the first day of the following month

50% Buy Down Plan

Covers 50% of the first \$16,667 of monthly income

Up to a maximum benefit of \$8,333/month

Minimum monthly benefit of \$100 or 10% of the LTD benefit before deductible income (whichever is greater)

Benefit Waiting Period (whichever is greater): 90 days, period of sick leave, and/or period of Washington Paid Family & Medical Leave

Opt-out at any time with cancellation effective the first day of the following month

Employer-Paid LTD Benefit

Covers 60% of the first \$667 of monthly insured income

Up to a maximum benefit of \$400/month

Minimum monthly benefit of \$100 or 10% of the LTD benefit before deductible income (whichever is greater)

Benefit Waiting Period (whichever is greater): 90 days, period of sick leave, and/or period of Washington Paid Family & Medical Leave

Implementation Timeline

	2021				2022
	Q1 JAN-MAR	Q2 APR-JUN	Q3 JUL-SEP	Q4 OCT-DEC	January 1st
Policies & Certificates			Update 2022 policy and certificate with final Opt-out LTD language	Issue electronic and print member certificates to include Opt-out LTD language	GO LIVE for SEBB Opt-out LTD plan design
OIC Filing	Language supporting the Opt-out LTD plan design should be filed with the WA OIC as soon as possible. Language needs to be approved by the WA OIC prior to Opt-out effective date and before communicating the Opt-out design change				
Employee Communications & Marketing Support	Draft key messages to support Opt-out and vet with HCA for approval	Draft and finalize 2022 employee communication and marketing pieces using key messages for Opt-out		Roll out updated and new employee communication pieces to support Opt-out	
Benefits Administration Support - HCA	Identify all HCA and Standard plan administration materials that need to be updated to support Opt-out plan design: LTD Administration manual, HCA intranet language and links to materials. Other customized training and education pieces. Update accordingly.				

Proposed Opt-out Employee-Paid LTD Starting January 1, 2022

- New hires
 - SEBB Program subscribers **would be automatically enrolled** (90-day benefit waiting period & 60% plan)
 - New hires would receive a letter letting them know they have their 31-day new hire period to Opt-out
 - Coverage would generally be effective the first calendar day of the following month (similar to all other benefits election)
 - Subscribers can Opt-out but would be subject to evidence of insurability (EOI) if they choose to re-enroll (or increase from 50% coverage). The cancellation/termination would be effective the first day of the month following the termination date.

Proposed Opt-out Employee-Paid LTD Starting January 1, 2022 (*cont.*)

- Existing subscribers
 - All SEBB Program subscribers ***not already enrolled*** in employee-paid LTD
 - Subscriber would receive a letter in fall 2021 letting them know they are being auto-enrolled in employee-paid LTD (90-day benefit waiting period & 60% plan)
 - Evidence of Insurability (EOI) will not be required for the Opt-out transition
 - The Standard has agreed to allow prior EOI declines under the Opt-out design
 - First payroll deduction in January 2022
 - Subscribers can Opt-out but would be subject to EOI if they choose to re-enroll (or increase from 50% coverage). The cancellation/termination would be effective the first day of the month following the termination date.

Opt-out Communication Strategy

- The ERB Outreach & Training Unit team will provide training to SEBB Program Benefits Administrators and forwardable email messages for communication to employees
- Ongoing information will be provided through our SEBB newsletter and GovDelivery emails
- Targeted letter mailed to SEBB Program subscribers who are not currently enrolled in employee-paid LTD
 - This letter will also be emailed to SEBB Program members who have subscribed to the SEBB GovDelivery
- The SEBB Program will provide an FAQ and Fact Sheet
- HCA webpage(s) will be updated with information about the Opt-out transition

Proposed Preliminary Employee-Paid LTD Rates

	Age	Current Rates	60% Default Plan	50% Buy Down Plan	Rate difference Compared to Current	
					60% Plan	50% Plan
EmployER-Paid LTD (PMPM*)		\$2.10	\$2.10	\$2.10		
EmployEE-Paid LTD	0-29	0.14%	0.11%	0.07%	-21%	-51%
	30-34	0.19%	0.15%	0.09%	-19%	-51%
	35-39	0.29%	0.23%	0.14%	-21%	-53%
	40-44	0.41%	0.32%	0.20%	-21%	-52%
	45-49	0.56%	0.44%	0.26%	-21%	-53%
	50-54	0.77%	0.60%	0.37%	-21%	-52%
	55-59	0.93%	0.73%	0.44%	-21%	-52%
	60-64	0.96%	0.76%	0.45%	-21%	-53%
	65+	0.98%	0.78%	0.47%	-21%	-52%

*PMPM = Per Member Per Month

**Note: Rates & Plan Design are subject to WA State Office of the Insurance Commissioner approval.

Similar Situated Employer with Opt-out Design

- Standard has an employer with 110,000 lives that has a similar Opt-out plan design
 - They have a default 60% employee-paid benefit, and they can choose a cheaper 50% option or drop coverage entirely
 - Prior to implementing the auto-enroll, they had 45% participation in the LTD with 35% in the 60% plan and 10% in the 50% Plan
 - After implementing the auto-enroll, 22% opted out of coverage entirely

Employee-Paid LTD Premiums & Benefits

60% LTD Plan

(90-day benefit waiting period & Age 40)

Calculating a subscriber's insured monthly pre-disability earnings

Example 1:

Monthly Earnings	\$2,583
(\$31,000 ÷ 12 months)	
Rate (0.0032)	x 0.0032
Monthly Premium Due	\$8.26

Maximum monthly benefit when submitting a claim: \$1,550*

50% LTD Plan

(90-day benefit waiting period & Age 40)

Calculating a subscriber's insured monthly pre-disability earnings

Example 2:

Monthly Earnings	\$2,583
(\$31,000 ÷ 12 months)	
Rate (0.0020)	x 0.0020
Monthly Premium Due	\$5.16

Maximum monthly benefit when submitting a claim: \$1,291.50*

**amount before reduction by Deductible Income*

Employee-Paid LTD Premiums & Benefits

60% LTD Plan

(90-day benefit waiting period & Age 40)

Calculating a subscriber's insured monthly pre-disability earnings

Example 3:

Monthly Earnings	\$4,250
(\$51,000 ÷ 12 months)	
Rate (0.0032)	x 0.0032
Monthly Premium Due	\$13.60

Maximum monthly benefit when submitting a claim: \$2,550*

50% LTD Plan

(90-day benefit waiting period & Age 40)

Calculating a subscriber's insured monthly pre-disability earnings

Example 4:

Monthly Earnings	\$4,250
(\$51,000 ÷ 12 months)	
Rate (0.0020)	x 0.0020
Monthly Premium Due	\$8.50

Maximum monthly benefit when submitting a claim: \$2,125*

**amount before reduction by Deductible Income*

Employee-Paid LTD Premiums & Benefits

60% LTD Plan

(90-day benefit waiting period & Age 40)

Calculating a subscriber's insured monthly pre-disability earnings

Example 5:

Monthly Earnings	\$6,750
(\$81,000 ÷ 12 months)	
Rate (0.0032)	x 0.0032
Monthly Premium Due	\$21.60

Maximum monthly benefit when submitting a claim: \$4,050*

50% LTD Plan

(90-day benefit waiting period & Age 40)

Calculating a subscriber's insured monthly pre-disability earnings

Example 6:

Monthly Earnings	\$6,750
(\$81,000 ÷ 12 months)	
Rate (0.0020)	x 0.0020
Monthly Premium Due	\$13.50

Maximum monthly benefit when submitting a claim: \$3,375*

**amount before reduction by Deductible Income*

Proposed Resolution SEBB 2021-10

Employee-Paid Long-Term Disability (LTD)

Effective January 1, 2022, SEBB 2018-39 is rescinded and the SEBB Program will instead offer the following employee-paid LTD design:

Two separate employee-paid LTD insurance choices including: (a) coverage at 60% or (b) coverage at 50%. Both choices will have the following features:

- The following Benefit Waiting Period (the longer of): 90 days; the period of sick leave (excluding shared leave) for which the employee is eligible under the employer's sick leave, paid time off (PTO), or other salaried continuation plan; or the end of Washington Paid Family and Medical Leave Law for which the employee is receiving benefits
- No Choice Sick Leave
- Choice Pension
- A Maximum Monthly Benefit of \$10,000 for the 60% coverage and \$8,333 for the 50% coverage

Resolution SEBB 2018-39

Employee-Paid Supplemental Long-Term Disability (proposed to rescind effective December 31, 2021)

Resolved that, the SEBB Program will offer the following Employee-Paid Supplemental LTD Plan Design:

- Waiting Period - Later of 90 days or End of the State Paid Family Medical Leave Benefit
- No Choice Sick Leave
- Choice Pension
- Maximum Monthly Benefit \$10,000 (60% of \$16,667)

Proposed Resolution SEBB 2021-11 Employee-Paid Long-Term Disability (LTD) Enrollment Procedures

- All school employees who are eligible for the employer contribution towards SEBB benefits as of December 31, 2021, and not already enrolled in supplemental LTD insurance, or did not make an election (reducing or declining coverage) during an enrollment period established by the Health Care Authority in 2021, will be auto-enrolled in employee-paid LTD insurance at the 60% coverage level with an effective date of January 1, 2022.
- A school employee who becomes eligible for the employer contribution towards SEBB benefits on or after January 1, 2022 must make an election (reducing or declining coverage) during the benefit election period established in SEBB Resolution 2018-13. If the school employee fails to timely elect coverage, the school employee will be defaulted into coverage according to Resolution SEBB 2021-12. The effective date of coverage will be according to SEBB Resolution 2020-05.

Proposed Resolution SEBB 2021-11 Employee-Paid Long-Term Disability Enrollment Procedures (*cont.*)

- After January 1, 2022, a school employee at any time may elect to reduce employee-paid LTD to the 50% coverage plan or fully decline employee-paid LTD. The effective date of the change in coverage will be the first day of the month following the date the SEBB Organization receives the required form.
- A school employee who seeks to increase coverage from the 50% coverage plan to the 60% coverage plan, or access previously declined employee-paid LTD, will be subject to evidence of insurability. The effective date of the change in coverage will be the day of the month the contracted vendor approves the required form.
- Any school employee who declines employee-paid LTD insurance will remain enrolled in employer-paid LTD insurance.

Proposed Resolution SEBB 2021-11 Example #1

Ashley is a 41-year-old current paraprofessional on SEBB benefits, making \$31,000 annually who did not previously enroll in supplemental LTD in the SEBB Program. During the fall 2021 enrollment period set by HCA, Ashley does not convey an election to opt-out or decline employee-paid LTD insurance under the new LTD opt-out enrollment process.

What LTD benefits does she have effective Jan. 1, 2022? **Ashley is automatically enrolled in employee-paid LTD at the 60% coverage level and employer-paid LTD**

Proposed Resolution SEBB 2021-11 Example #1 (cont'd)

On January 31, 2022, Ashley looks at her pay stub and sees a deduction of \$8.26 for LTD insurance. She calls her school district and asks about the deduction. After learning more information, on January 31, 2022, she submits an election request to opt-out entirely from employee paid LTD insurance.

What is the effective date of the requested change in employee-paid LTD insurance? **Feb. 1, 2022**

Will she receive a refund of the \$8.26 premium for January 2022 coverage? **No, the change in coverage is prospective**

Proposed Resolution SEBB 2021-11 Example #2

Shawn is a newly hired paraeducator on January 15, 2022 and determined to be eligible for the employer contribution for benefits that same day. For employee-paid LTD, Shawn submits an election on February 12th to enroll at the 50% coverage level.

What is the last day he could submit a timely election? **Feb. 15, 2022**

When will all his SEBB benefits, including employee-paid LTD benefits, start? **Feb. 1, 2022**

Will the SEBB Organization have any LTD premium to return to him? **It depends on the SEBB Organization's payroll timelines, but the same processes could be used that already exist for premiums associated with the SEBB medical plan default enrollment**

Proposed Resolution SEBB 2021-11 Example #3

Jamie is a new teacher hired, begins working, and is determined to be eligible for the employer contribution for benefits on September 2, 2022. The first day of the district's school year is September 7th. For employee-paid LTD, Jamie submits an election on October 1st opting-out of all employee-paid LTD insurance.

What is the last day she could submit a timely election? **Oct. 3, 2022**

When will all her SEBB benefits, including employee-paid LTD benefits, start? **Sept. 2, 2022**

Will the SEBB Organization have any LTD premium to return to her? **It depends on the SEBB Organization's payroll timelines, but the same processes could be used that already exist for premiums associated with the SEBB medical plan default enrollment**

Proposed Resolution SEBB 2021-12 Amending Resolution SEBB 2018-54 Relating to Default Enrollments

SEBB 2018-54's fourth bullet is amended by striking the word "and" from the end of the sentence; the fifth bullet is amended by replacing the word "basic" with the word "employer-paid" and adding the word "; and" to the end of the sentence; and adding following new sixth bullet "Enrollment in employee-paid long-term disability insurance at the 60% coverage level".

Proposed Resolution SEBB 2021-12 Amending Resolution SEBB 2018-54 Relating to Default Enrollments

SEBB 2018-54 now reads:

The default election for an eligible school employee who fails to timely elect coverage will be as follows:

- Enrollment in employee-only medical coverage;
- Enrollment in employee-only dental coverage;
- Enrollment in employee-only vision coverage;
- Enrollment in basic life insurance; ~~and~~
- Enrollment in employer-paid basic long-term disability insurance; ~~and~~
- Enrollment in employee-paid long-term disability insurance at the 60% coverage level.

Proposed Resolution SEBB 2021-13 Amending Resolution SEBB 2018-38 Employer-Paid Basic Long-Term Disability

SEBB 2018-38's title is changed by striking the word "Basic" and the first bullet is amended to insert the words "; the period of sick leave (excluding shared leave) for which you are eligible under the employer's sick leave, paid time off (PTO), or other salaried continuation plan (excluding vacation leave);" after the words "90 days" and before the word "or".

Proposed Resolution SEBB 2021-13 Amending Resolution SEBB 2018-38 Employer-Paid ~~Basic~~ Long-Term Disability

SEBB 2018-38 now reads:

The SEBB Program will offer the following Employer-Paid LTD Plan to subscribers beginning January 1, 2020:

- Waiting Period – Later of 90 days; the period of sick leave (excluding shared leave) for which you are eligible under the employer's sick leave, paid time off (PTO), or other salaried continuation plan (excluding vacation leave); or End of the State Paid Family Medical Leave Benefit
- No Choice Sick Leave
- Choice Pension
- Maximum Monthly Benefit \$400 (60% of \$667)

Next Steps

- Incorporate Board feedback in the proposed policies
- Send the proposed policies to stakeholders *(after today's meeting)*
- Bring recommended policy resolutions to the Board for action at the April 7, 2021 Board Meeting

Initial Stakeholder Insights & Questions

- Focus on improving the employer-paid benefit instead
 - *Prior Board and Agency Work pursued this approach, including a funding request during the State's 2020 Supplemental Budget process*
- Why do SEBB LTD rates seem higher than Pre-SEBB LTD rates some districts experienced?
 - *Differences in the caps on the monthly salary insured and maximum monthly benefit*
 - *Inclusion of coverage for individuals who previously failed underwriting*
 - *Benefit coverage differences, such as:*
 - *SEBB LTD includes coverage for mental health disorders up to 24 months per period of disability whereas most commercial policies have a lifetime limit of 24 months*
 - *Standard commercial LTD policies have a maximum lifetime limit on chemical dependency or substance abuse conditions, but the SEBB LTD policy does not*
 - *Other benefit design differences, such as variation in benefit waiting periods, required versus non-required enrollment, and non-contributory versus contributory plan design (and the resulting tax differences)*

Initial Stakeholder Insights & Questions (cont'd)

- Does the Board have authority to make this plan design?
- Are the SEB Board and PEB Board decisions on the LTD benefit linked and are their rates connected?
- Administrative concerns related to timing of opt-out elections and premium collection
- School employees who do not convey their intent to opt-out will be frustrated about the default enrollment
- Would school employees need to annually opt-out of employee-paid LTD?
- Can HCA provide an example for how benefit waiting periods and sick leave balances interact?

Questions?

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Employees and Retirees Benefits (ERB) Division
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Appendix

Resolution SEBB 2018-13

Election Period

Resolved that, all of a school employee's enrollment elections, including an election to waive if allowed, must be received no later than thirty-one days after the date the school employee becomes eligible for an employer contribution for SEBB benefits.

Resolution SEBB 2020-05

Effective Date of Coverage for School Employees Eligible for the Employer Contribution

Resolved that, for September each year, a school employee who is establishing eligibility for the employer contribution towards SEBB benefits, and whose first day of work is on or after September 1 but not later than the first day of school for the current school year as established by the SEBB Organization, the effective date of coverage is the first day of work.

For a school employee who is establishing eligibility and whose first day of work is at any other time during the school year, the effective date of coverage is the first day of the month following the day the school employee establishes eligibility for the employer contribution toward SEBB benefits. Except that, when a school employee establishes eligibility for the employer contribution towards SEBB benefits at any time in the month of August, SEBB benefits begin September 1 only if the school employee is also determined to be eligible for the employer contribution toward SEBB benefits for the school year that begins on September 1.

TAB 5



Policy Resolutions

Stella Ng
Policy and Rules Coordinator
Policy, Rules, and Compliance Section
Employees and Retirees Benefits Division
April 7, 2021

Emily Duchaine
Regulatory Analyst
Policy, Rules, and Compliance Section
Employees and Retirees Benefits Division

SEB Board Policy Resolutions

- SEBB 2021-01 Amending SEBB 2018-25 When The Employer Contribution For SEBB Benefits End
- SEBB 2021-02 Amending Resolution SEBB 2018-53 School Employees May Waive Enrollment In Medical
- SEBB 2021-03 SEBB Benefits Enrollment Requirements When PEBB Benefits Are Waived

SEB Board Policy Resolutions

- SEBB 2021-04 Resolving Dual Enrollment When A School Employee's Only Medical Enrollment Is In PEBB
- SEBB 2021-05 Resolving Dual Enrollment Involving Dual Subscriber Eligibility
- SEBB 2021-06 Resolving Dual Enrollment Involving A SEBB Dependent With Multiple Medical Enrollments

SEB Board Policy Resolutions

- SEBB 2021-07 Resolving Dual Enrollment Involving A Member with Multiple Medical Enrollments As A Dependent
- SEBB 2021-08 SEBB Benefit Automatic Enrollments When PEBB Benefits Are Auto-Disenrolled
- SEBB 2021-09 Enrollment Requirements When A School Employee Loses Dependent Coverage In PEBB Benefits

RCW 41.05.740(6)(c) & (d)

(6) The school employees' benefits board shall [...]

(c) Authorize premium contributions for a school employee and the employee's dependents in a manner that encourages the use of cost-efficient health care systems. For participating school employees, the required school employee share of the cost for family coverage premiums may not exceed three times the premiums for a school employee purchasing single coverage for the same coverage plan;

(d) Determine the terms and conditions of school employee and dependent eligibility criteria, enrollment policies, and scope of coverage. At a minimum, the eligibility criteria established by the school employees' benefits board shall address the following:

(i) The effective date of coverage following hire;

(ii) The benefits eligibility criteria, but the school employees' benefits board's criteria shall be no more restrictive than requiring that a school employee be anticipated to work at least six hundred thirty hours per school year to be benefits eligible; and

(iii) Coverage for dependents, including criteria for legal spouses; children up to age twenty-six; children of any age with disabilities, mental illness, or intellectual or other developmental disabilities; and state registered domestic partners, as defined in RCW [26.60.020](#), and others authorized by the legislature;

RCW 41.05.740(7)

(7) School employees shall choose participation in one of the health care benefit plans developed by the school employees' benefits board. Individual school employees eligible for benefits under subsection (6)(d) of this section **may be permitted to waive coverage under terms and conditions established by the school employees' benefits board.**

Board Follow Up

At the March 4, 2021 SEB Board Meeting, the Board had a question regarding example #8 on SEBB 2021-01 amending SEBB 2018-25 when the employer contribution for SEBB benefits end. How do SEBB benefits work if a classified school employee is paid through the end of August?

When the Employer Contribution for SEBB Benefits End Example #8 (New)

Example: Nancy is a classified school employee (bus driver) and will no longer work 630 hours during the next school year.

Nancy is a 9- to 10-month school employee hired on **May 4, 2021**, is **anticipated** to work 630 hours the next school year, **and** to be compensated for at least 17.5 hours a week for at least six weeks in the last eight weeks before summer break on June 21, 2021, and she is receiving SEBB benefits. On **June 22, 2021**, Nancy's school district notifies her **she will no longer be working the next school year**.

- When does the employer contribution for SEBB benefits end?
June 22, 2021

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End

Resolved that, SEBB 2018-25 second bullet is amended to strike the word “or” from the end of the sentence. The third bullet is amended to strike the period and insert a semicolon. Also, add the following new fourth to seventh bullets:

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25

When the Employer Contribution for SEBB Benefits End *(cont.)*

- The school employee who returns from approved leave without pay, who maintained or established eligibility under SEBB 2020-02 and who subsequently has a change in work pattern that, had the work pattern been in effect at the start of the school year, would not have resulted in the school employee being anticipated to work the minimum hours to meet SEBB eligibility for the employer contribution in the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The 9- to 10-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

When the Employer Contribution for SEBB Benefits End

Example #6 (Revised)

Example: Jenn is a certificated school employee (teacher) originally hired at the beginning of the 2020-2021 school year who goes out on approved leave.

Jenn returned from approved leave without pay in March 2021 and has been receiving SEBB benefits since April 1, 2021. She decides to change from full time to quarter time effective **May 14, 2021**. She is **no longer anticipated** to work the minimum hours, had the work pattern been in effect at the start of the school year, to meet SEBB eligibility for the employer contribution in the school year.

- When does the employer contribution for SEBB benefits end?
May 31, 2021.

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End *(cont.)*

- The 12-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective; or
- The school employee hired later in the year and eligible for the employer contribution under SEBB 2018-32, who is no longer anticipated to work 630 hours the next school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change in the anticipation occurs.

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End

So that SEBB 2018-25 now reads:

The employer contribution toward SEBB benefits ends the last day of the month in which the school year ends. The employer contribution toward SEBB benefits will end earlier than the end of the school year if one of the following occurs:

- The SEBB Organization terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective;
- The school employee terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective;

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*)

- The school employee's work pattern is revised such that the school employee is no longer anticipated to work 630 hours during the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The school employee who returns from approved leave without pay, who maintained or established eligibility under SEBB 2020-02, and who subsequently has a change in work pattern that, had the work pattern been in effect at the start of the school year, would not have resulted in the school employee being anticipated to work the minimum hours to meet SEBB eligibility for the employer contribution in the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End *(cont.)*

- The 9- to 10-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

Resolution SEBB 2021-01

Amending Resolution SEBB 2018-25

When the Employer Contribution for SEBB Benefits End *(cont.)*

- The 12-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective; or
- The school employee hired later in the year and eligible for the employer contribution under SEBB 2018-32, who is no longer anticipated to work 630 hours the next school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change in the anticipation occurs.

Dual Enrollment Policy Proposals

Stakeholder Feedback and Questions

1. How many members are expected to be impacted?
 - ~5,000 members are currently estimated to be dual enrolled in at least one benefit
2. If a school employee is auto-disenrolled from SEBB dental, into which PEBB dental plan will the school employee be auto-enrolled?
 - Based on PEBB 2021-03 (the mirror of SEBB 2021-03), the PEBB Program subscriber's dental plan
 - If this results in a change in dental carrier mid-treatment, the member could file an appeal citing continuity of care concerns for review

Language Used Throughout This Presentation

- Auto-enroll: The school employee or dependent will be automatically enrolled by HCA into dental and/or vision.
- Auto-disenroll: The school employee or dependent will be automatically disenrolled by HCA from medical, dental, and/or vision.
- Employee: All employees of state agencies, higher education institutions, employer groups, tribal governments, and other entities described in RCW 41.05.011(6)(a).
- School employee: All employees of school districts and charter schools, represented employees of educational service districts, and (beginning January 1, 2024) all employees of educational service districts.

Guidelines/Principles For Resolving Dual Enrollment

1. Look at where the school employee and/or their dependent(s) get their medical.
2. Determine whether they are enrolled as an employee or as a dependent.
3. If they are enrolled as an employee in both programs or as a dependent in both programs, determine the length of time they have been receiving benefits in each program.
4. If necessary, auto-enroll the employee and/or their dependent(s) in dental (and if in SEBB benefits, in vision).
5. Respect the default requirements for each program.
6. Avoid creating a gap in any coverage.

Resolution SEBB 2021-02 Amending Resolution SEBB 2018-53 School Employees May Waive Enrollment In Medical

Resolved that, SEBB 2018-53 is amended to add the words:

“Exception: A school employee may waive their enrollment in a SEBB medical plan to enroll in a PEBB medical plan only if they are enrolled in a PEBB dental plan. In doing so, the school employee also waives their enrollment in SEBB dental and SEBB vision.”

Resolution SEBB 2021-02 Amending Resolution SEBB 2018-53 School Employees May Waive Enrollment In Medical

So that SEBB 2018-53 now reads:

A school employee who is eligible for the employer contribution toward SEBB benefits may waive their enrollment in a medical plan if they are enrolled in other employer-based group medical.

Exception: A school employee may waive their enrollment in a SEBB medical plan to enroll in a PEBB medical plan only if they are enrolled in a PEBB dental plan. In doing so, the school employee also waives their enrollment in SEBB dental and SEBB vision.

Resolution SEBB 2021-03 SEBB Benefit Enrollment Requirements When PEBB Benefits Are Waived

Resolved that, an employee who waives PEBB medical and PEBB dental for SEBB medical must be enrolled in a SEBB dental and SEBB vision plan. If necessary, they will be automatically enrolled in the associated subscriber's SEBB dental and SEBB vision plans.

Resolution SEBB 2021-04

Resolving Dual Enrollment When A School Employee's Only Medical Enrollment Is In PEBB

Resolved that, if the school employee is enrolled only in SEBB dental and SEBB vision, and is also enrolled in PEBB medical, and no action is taken to resolve their dual enrollment, the school employee will remain in their PEBB benefits and they will be auto-disenrolled from the SEBB dental and vision plans in which they are enrolled. The school employee's enrollments in SEBB life, AD&D, and LTD will remain.

Resolution SEBB 2021-05 Resolving Dual Enrollment Involving Dual Subscriber Eligibility

Resolved that, if the school employee is enrolled in SEBB medical as a school employee and is also enrolled in PEBB medical as an employee, and the school employee has been enrolled in PEBB benefits longer than they've been enrolled in SEBB benefits, but no action is taken by the school employee to resolve their dual enrollment, they will remain in their PEBB benefits and will be auto-disenrolled from their SEBB medical, SEBB dental, and SEBB vision plans. The school employee's enrollments in SEBB life, AD&D, and LTD will remain.

If a school employee is not enrolled in any medical, but is enrolled only in PEBB dental, SEBB dental, and SEBB vision, the school employee will be kept in SEBB benefits and auto-disenrolled from PEBB dental.

Resolution SEBB 2021-06

Resolving Dual Enrollment Involving A SEBB Dependent With Multiple Medical Enrollments

Resolved that, if a school employee's dependent is enrolled in any SEBB benefits and the dependent is also a PEBB eligible employee who is enrolled in PEBB medical as an employee, and no action is taken by either the school employee or the dependent to resolve the dependent's dual enrollment, the dependent will remain in PEBB benefits and will be auto-disenrolled from the school employee's SEBB medical, dental, and/or vision plans in which they are enrolled.

Resolution SEBB 2021-07

Resolving Dual Enrollment Involving A Member With Multiple Medical Enrollments As A Dependent

Resolved that, if a school employee's dependent is enrolled in both PEBB medical and SEBB medical as a dependent and has been enrolled in PEBB benefits longer than they have been enrolled in SEBB benefits, but no action is taken to resolve the dual enrollment, the dependent will remain in PEBB benefits and will be auto-disenrolled from the school employee's SEBB medical, dental, and/or vision plans if they are enrolled.

If a school employee's dependent is not enrolled in any medical but is enrolled only in PEBB dental and in SEBB vision (with or without SEBB dental) as a dependent, the dependent will be kept in SEBB benefits and auto-disenrolled from PEBB dental.

Exception: If there is a National Medical Support Order or a court order in place, enrollment will be in accordance with the order.

Resolution SEBB 2021-08 SEBB Benefit Automatic Enrollments When PEBB Benefits Are Auto-Disenrolled

Resolved that, if a school employee's dependent, who is also an employee who was auto-disenrolled from their PEBB dental as a result of PEBB Board Resolution PEBB 2021-04, the school employee's dependent will be automatically enrolled in the school employee's vision plan. They will also be automatically enrolled in the school employee's dental, if they are not already enrolled.

Resolution SEBB 2021-09

Enrollment Requirements When A School Employee Loses Dependent Coverage In PEBB Benefits

Resolved that, if a school employee who is eligible for the employer contribution towards SEBB benefits was enrolled as a dependent in PEBB benefits and is dropped by the PEBB subscriber, HCA will notify the school employee of their removal from the PEBB subscriber's account and that they have experienced a special enrollment event. The school employee will be required to return from waived enrollment and elect SEBB medical, SEBB dental, and SEBB vision. If the school employee's SEBB Organization does not receive the school employee's required forms indicating their medical, dental, and vision elections within sixty days of the school employee losing PEBB benefits, they will be defaulted into employee-only SEBB medical, SEBB dental, and SEBB vision.

Next Steps

- Issue guidance to SEBB Organizations on these resolutions
- Incorporate resolutions into SEBB Program rules

Questions?

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Appendix

Resolutions Revised Since the March 4, 2021 Board Meeting

Resolution SEBB 2021-01
Amending Resolution SEBB 2018-25
When the Employer Contribution for SEBB Benefits End
(Revised Proposed Resolution SEBB 2021-01 After
Stakeholder Review)

Resolved that, SEBB 2018-25 second bullet is amended to strike the word “or” from the end of the sentence. The third bullet is amended to strike the period and insert a semicolon. Also add the following new fourth to seventh bullets:

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*) (Revised Proposed Resolution SEBB 2021-01 After Stakeholder Review)

- The school employee who returns from approved leave without pay, who maintained or established eligibility under SEBB 2020-02, and who subsequently has a change in work pattern such that, had the work pattern been in effect at the start of the school year, would not have resulted in the school employee being anticipated to will no longer work the minimum hours required to meet SEBB eligibility for the employer contribution in the school year criteria. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The 9- to 10-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*) (Revised Proposed Resolution SEBB 2021-01 After Stakeholder Review)

- The 12-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective; or
- The school employee hired later in the year and eligible for the employer contribution under SEBB 2018-32, who is no longer anticipated to work 630 hours the next school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change in the anticipation occurs.

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (Revised Proposed Resolution SEBB 2021-01 After Stakeholder Review)

SEBB 2018-25 now reads:

The employer contribution toward SEBB benefits ends the last day of the month in which the school year ends. The employer contribution toward SEBB benefits will end earlier than the end of the school year if one of the following occurs:

- The SEBB Organization terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective;
- The school employee terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective; ~~or~~

Resolution SEBB 2021-01

Amending Resolution SEBB 2018-25

When the Employer Contribution for SEBB Benefits End (*cont.*) (Revised Proposed Resolution SEBB 2021-01 After Stakeholder Review)

- The school employee's work pattern is revised such that the school employee is no longer anticipated to work 630 hours during the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The school employee who returns from approved leave without pay, who maintained or established eligibility under SEBB 2020-02, and who subsequently has a change in work pattern such that, had the work pattern been in effect at the start of the school year, would not have resulted in the school employee being anticipated to will no longer work the minimum hours required to meet SEBB eligibility for the employer contribution in the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The 9- to 10-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*) (Revised Proposed Resolution SEBB 2021-01 After Stakeholder Review)

- The 12-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective; or
- The school employee hired later in the year and eligible for the employer contribution under SEBB 2018-32, who is no longer anticipated to work 630 hours the next school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change in the anticipation occurs.

Proposed Resolution SEBB 2021-09 Enrollment Requirements When A School Employee Loses Dependent Coverage In PEBB Benefits (Revised Proposed 2021-09 After Stakeholder Review)

If a school employee who is eligible for the employer contribution towards SEBB benefits was enrolled as a dependent in PEBB benefits and is dropped by the PEBB subscriber, HCA will notify the school employee of their removal from the PEBB subscriber's account and that they have experienced a special enrollment event. The school employee will be required to return from ~~waive status~~ waived enrollment and elect SEBB medical, SEBB dental, and SEBB vision. If the school employee's SEBB Organization does not receive the school employee's required forms indicating their medical, dental, and vision elections within sixty days of the school employee losing PEBB benefits, they will be defaulted into employee-only SEBB medical, SEBB dental, and SEBB vision.

Original March 4, 2021 Board Materials

Proposed Resolution PEBB 2021-03

PEBB Benefit Enrollment Requirements When SEBB Benefits Are Waived

A school employee who waives SEBB medical, SEBB dental, and SEBB vision for PEBB medical must be enrolled in a PEBB dental plan. If necessary, they will be automatically enrolled in the associated subscriber's PEBB dental plan.

Proposed Resolution SEBB 2021-01
Amending Resolution SEBB 2018-25
When the Employer Contribution for SEBB Benefits End
(As presented on March 4, 2021)

SEBB 2018-25 second bullet is amended to strike the word “or” from the end of the sentence. The third bullet is amended to strike the period and insert a semicolon.

Proposed Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*) (As presented on March 4, 2021)

Also add the following new fourth to seventh bullets:

- The school employee who returns from approved leave without pay, who maintained or established eligibility under SEBB 2020-02, who subsequently has a change in work pattern such that the school employee will no longer work the minimum hours required to meet SEBB eligibility criteria. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The 9- to 10-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32, who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

Proposed Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End *(cont.)* (As presented on March 4, 2021)

- The 12-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32 who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective; or
- The school employee hired later in the year and eligible for the employer contribution under SEBB 2018-32 who is no longer anticipated to work 630 hours the next school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change in the anticipation occurs.

Proposed Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (As presented on March 4, 2021)

SEBB 2018-25 now reads:

The employer contribution toward SEBB benefits ends the last day of the month in which the school year ends. The employer contribution toward SEBB benefits will end earlier than the end of the school year if one of the following occurs:

- The SEBB Organization terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective;
- The school employee terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective; ~~or~~

Proposed Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*) (As presented on March 4, 2021)

- The school employee's work pattern is revised such that the school employee is no longer anticipated to work 630 hours during the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective-;
- The school employee who returns from approved leave without pay, who maintained or established eligibility under SEBB 2020-02, who subsequently has a change in work pattern such that the school employee will no longer work the minimum hours required to meet SEBB eligibility criteria. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;
- The 9- to 10-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32 who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective;

Proposed Resolution SEBB 2021-01 Amending Resolution SEBB 2018-25 When the Employer Contribution for SEBB Benefits End (*cont.*) (As presented on March 4, 2021)

- The 12-month school employee hired late in the year and eligible for the employer contribution under SEBB 2018-32 who subsequently has a change in work pattern such that the school employee is no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective; or
- The school employee hired later in the year and eligible for the employer contribution under SEBB 2018-32 who is no longer anticipated to work 630 hours the next school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change in the anticipation occurs.

When the Employer Contribution for SEBB Benefits End Example #6 (New) (As presented on March 4, 2021)

Example: Jenn is a certificated school employee (teacher) originally hired at the beginning of the 2020-2021 school year who goes out on approved leave.

Jenn returned from approved leave without pay in March 2021 and has been receiving SEBB benefits since April 1, 2021. She decides to change from full time to quarter time effective **May 14, 2021**. She is **no longer anticipated** to work **sufficient hours** during the school year to meet SEBB eligibility criteria.

- When does the employer contribution for SEBB benefits end?
May 31, 2021.

When the Employer Contribution for SEBB Benefits End

Example #7 (New)

(As presented on March 4, 2021)

Example: Bob is a classified school employee (bus driver) whose work pattern will be revised such that he will no longer be anticipated to be compensated for 17.5 hours per week.

Bob is a 9- to 10-month school employee hired on **April 5, 2021**, is **anticipated** to work 630 hours the next school year, to be compensated for at least six weeks in the last eight weeks before summer break on **June 21, 2021**, and he is receiving SEBB benefits. On **May 14, 2021**, he notifies Sequim School District he will only work 10 hours a week effective **May 24, 2021**.

- When does the employer contribution for SEBB benefits end?
May 31, 2021.

When the Employer Contribution for SEBB Benefits End

Example #8 (New)

(As presented on March 4, 2021)

Example: Nancy is a classified school employee (bus driver) and will no longer work 630 hours during the next school year.

Nancy is a 9- to 10-month school employee hired on **May 4, 2021**, is **anticipated** to work 630 hours the next school year, **and** to be compensated for at least 17.5 hours a week for at least six weeks in the last eight weeks before summer break on June 21, 2021, and she is receiving SEBB benefits. On **June 22, 2021**, Kent School District notifies Nancy she will no longer be working the next school year.

- When does the employer contribution for SEBB benefits end?
June 30, 2021

Policy Resolution SEBB 2018-25

When the Employer Contribution for SEBB Benefits End

(As approved on July 30, 2018)

Resolved that, the employer contribution toward SEBB benefits ends the last day of the month in which the school year ends. The employer contribution toward SEBB benefits will end earlier than the end of the school year if one of the following occurs:

- The SEBB organization terminates the employment relationship. In this case eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective;
- The school employee terminates the employment relationship. In this case, eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective; or
- The school employee's work pattern is revised such that the school employee is no longer anticipated to work 630 hours during the school year. In this case, eligibility for the employer contribution ends as of the last day of the month in which the change is effective.

When the Employer Contribution for SEBB Benefits End Example #1

Example: Classified school employee (bus driver) who receives an employer-initiated termination

This school employee was **anticipated** to work 630 hours or more during the school year and has been receiving SEBB benefits. On **November 13, 2020**, this school employee received an **employer-initiated termination notice** effective immediately.

- When does the employer contribution for SEBB benefits end? **November 30, 2020.**

When the Employer Contribution for SEBB Benefits End Example #2

Example: Classified school employee (bus driver) who quits working in the middle of the school year

This school employee was **anticipated** to and actually did work more than 630 hours during the school year and has been receiving SEBB benefits. On **April 13, 2021**, this school employee turns in a **resignation letter** effective immediately so he can work for another employer.

- When does the employer contribution for SEBB benefits end? [April 30, 2021](#).

When the Employer Contribution for SEBB Benefits End

Example #3

Example: Classified school employee (bus driver) work pattern is revised such that the school employee is no longer anticipated to work 630 hours during the school year

This school employee was **anticipated** to work 630 hours or more during the school year and has been receiving SEBB benefits. On **October 13, 2020**, this school employee's work pattern is revised **effective immediately** such that the school employee is **no longer anticipated** to work 630 hours during the school year.

- When does the employer contribution for SEBB benefits end?
October 31, 2020.

When the Employer Contribution for SEBB Benefits End Example #4

Example: Classified school employee's (paraeducator) work pattern will be revised such that he is no longer anticipated to work 630 hours during the school year

This school employee was **anticipated** to work 630 hours or more during the school year and has been receiving SEBB benefits. On **October 13, 2020**, he is notified that he is **no longer anticipated** to work 630 hours during the school year because one of the students he is supporting is leaving the district over Winter break resulting in a cut in hours effective January 4, 2021.

- When does the employer contribution for SEBB benefits end?
January 31, 2021.

When the Employer Contribution for SEBB Benefits End Example #5

Example: Certificated school employee (teacher) who turns in a resignation letter in early summer that is effective August 15, 2020

This school employee was **anticipated** to work 630 hours or more during the school year and has been receiving SEBB benefits. On **June 13, 2020**, in order to help her district plan for the next school year, she turns in a **resignation letter** indicating she will not be returning to the district for the next school year. **The effective date of the resignation letter is August 15, 2020.**

- When does the employer contribution for SEBB benefits end?
August 31, 2020.

Policy Resolution SEBB 2018-32

Mid-year hires anticipated to work 630 hours in the next school year (As approved on Nov 18, 2018)

Resolved that, a school employee who is not anticipated to work 630 hours in the current school year because of when they are hired, but is anticipated to work at least 630 hours the next school year, establishes eligibility for the employer contribution toward SEBB benefits as of their first working day if they are:

- A 9- to 10-month school employee anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school; or
- A 12-month school employee anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31, the last day of the school year.

Policy Resolution SEBB 2020-02

Benefits Eligibility After Returning to Work

As adopted on 01/27/2020

Resolved that, effective January 1, 2020, school employees who return from approved leave without pay will maintain or establish eligibility for the employer contribution if their work schedule, had it been in effect at the start of the school year, would have resulted in the employee being anticipated to work the minimum hours to meet SEBB eligibility in the school year. A school employee who regains eligibility under this policy establishes eligibility for the employer contribution towards SEBB benefits as of the date they returned from approved leave, and coverage will become effective the first day of the month following the employee's return to work.

Dual Enrollment Policy Proposals

RCW 41.05.742 Single enrollment requirement

Beginning with the 2022 plan year, individuals are limited to a single enrollment in medical, dental, and vision plans among school employees' benefits board and public employees' benefits board plans. However, individuals may be enrolled in both public employees' benefits board and school employees' benefits board plans as long as those enrollments are across different types of plans, such as medical, dental, and vision. The school employees' benefits board and the public employees' benefits board shall adopt policies to reflect this single enrollment requirement.

SB 5322: Refining the Dual Enrollment Prohibition

SB 5322: Prohibiting dual enrollment between school employees' benefits board and public employees' benefits board programs:

Beginning with the 2022 plan year, individuals are limited to a single enrollment in medical, dental, and vision plans ~~((among))~~ in either the school employees' benefits board ((and)) or the public employees' benefits board ((plans. However, individuals may be enrolled in both public employees' benefits board and school employees' benefits board plans as long as those enrollments are across different types of plans, such as medical, dental, and vision)). The school employees' benefits board and the public employees' benefits board shall adopt policies to reflect this single enrollment requirement.

RCW 41.05.740(7)

(7) School employees shall choose participation in one of the health care benefit plans developed by the school employees' benefits board. Individual school employees eligible for benefits under subsection (6)(d) of this section **may be permitted to waive coverage under terms and conditions established by the school employees' benefits board.**

RCW 41.05.050(4)(d)(i)

Beginning January 1, 2020, all school districts, represented employees of educational service districts, and charter schools shall commence participation in the school employees' benefits board program established under RCW [41.05.740](#). All school districts, represented employees of educational service districts, charter schools, and all school district employee groups participating in the public employees' benefits board plans before January 1, 2020, shall thereafter participate in the school employees' benefits board program administered by the authority. All school districts, represented employees of educational service districts, and charter schools shall provide contributions to the authority for insurance and health care plans for school employees and their dependents. [These contributions must be provided to the authority for all eligible school employees eligible for benefits under RCW \[41.05.740\\(6\\)\\(d\\)\]\(#\), including school employees who have waived their coverage; contributions to the authority are not required for individuals eligible for benefits under RCW \[41.05.740\\(6\\)\\(e\\)\]\(#\) who waive their coverage.](#)

Resolving the Issue of Dual Enrollment in PEBB and SEBB Benefits

- Challenges and Limitations
- Language used throughout this presentation
- Examples of dual enrollment in the PEBB and SEBB Programs
- What school employees can do to resolve dual enrollment
- Guidelines and principles for resolving dual enrollment on behalf of the employee
- Recommended policy resolutions

Challenges and Limitations in Implementing the Requirements of Resolving Dual Enrollments

- Member engagement
- HCA staff time and effort
- Limitations with current technology
- Training and outreach needs
- Limitations on Board power
- Federal requirements and IRS rules

Language Used Throughout This Presentation

- Auto-enroll: The school employee or dependent will be automatically enrolled by HCA into dental and/or vision.
- Auto-disenroll: The school employee or dependent will be automatically disenrolled by HCA from medical, dental, and/or vision.
- Employee: All employees of state agencies, higher education institutions, employer groups, tribal governments, and other entities described in RCW 41.05.011(6)(a).
- School employee: All employees of school districts and charter schools, represented employees of educational service districts, and (beginning January 1, 2024) all employees of educational service districts.

Examples of Current Dual Enrollment in the PEBB and SEBB Programs

- A school employee is enrolled in SEBB dental and SEBB vision, but not SEBB medical. They are enrolled in PEBB medical as a dependent.
- A school employee is also a professor at the University of Washington. They are enrolled in both SEBB medical and PEBB medical.
- A school employee is also an employee at the Department of Ecology. They waived medical in both PEBB and SEBB because their spouse works for Boeing and they are enrolled in their spouse's medical. They are enrolled in PEBB dental, SEBB dental, and SEBB vision.
- A school employee and an employee have a child who is enrolled as a dependent in both PEBB medical and SEBB medical.

Examples of Future Dual Enrollment in the PEBB and SEBB Programs

- A school employee's spouse is enrolled as a dependent in SEBB medical coverage. The spouse gets a job at the Secretary of State's Office. They waive PEBB medical coverage but remain enrolled in PEBB dental.
- A newly eligible school employee has a child who is already enrolled as a dependent in PEBB medical and PEBB dental. The school employee enrolls in SEBB medical, SEBB dental, SEBB vision, and enrolls the child in SEBB vision.
- A school employee's spouse is enrolled in SEBB medical as a dependent. The spouse gets a job with the Department of Commerce and is now a PEBB-eligible employee. They enroll in PEBB medical.

How Will School Employees Know What to Do?

- During fall 2021:
 - Inform the members and the school organizations in our newsletters, enrollment guides, plan change forms, website, GovDelivery, etc.
 - Send out a separate notice to members informing them how they can resolve their current dual enrollment during the annual open enrollment.
- School employees who gain initial eligibility or who have a special open enrollment event and could potentially dual enroll:
 - Information will be included in guides and forms provided to the school employee.
 - Customer Service; Outreach and Training efforts.

What Can School Employees Do to Resolve Current Dual Enrollment?

During the open enrollment period in fall 2021 for plan year 2022, school employees who are currently dual enrolled can choose either the SEBB Program or the PEBB Program for their medical, dental, and vision plans for themselves and for all their covered dependents.

What Can School Employees Do to Avoid Dual Enrollment?

School employees who become newly eligible for the employer contribution toward SEBB benefits, or who experience a special open enrollment and who are already enrolled in PEBB benefits, can choose to enroll in SEBB benefits or they can waive their enrollment in SEBB and maintain their enrollment in PEBB. They must make their decision within thirty-one days of gaining or regaining eligibility, or within sixty days when there is a special open enrollment.

What If the School Employee Does Not Act to Resolve Dual Enrollment on Their Own?

The SEBB Program will need to act on behalf of the school employee by auto-enrolling them into one program and auto-disenrolling them from the other program.

This will be determined according to certain guidelines and principles.

Guidelines/Principles For Resolving Dual Enrollment

1. Look at where the school employee and/or their dependent(s) get their medical.
2. Determine whether they are enrolled as an employee or as a dependent.
3. If they are enrolled as an employee in both programs or as a dependent in both programs, determine the length of time they have been receiving benefits in each program.
4. If necessary, auto-enroll the employee and/or their dependent(s) in dental (and if in SEBB benefits, in vision).
5. Respect the default requirements for each program.
6. Avoid creating a gap in any coverage.

Proposed Resolution SEBB 2021-02 Amending Resolution SEBB 2018-53 School Employees May Waive Enrollment In Medical

SEBB 2018-53 is amended to add the words:

“Exception: A school employee may waive their enrollment in a SEBB medical plan to enroll in a PEBB medical plan only if they are enrolled in a PEBB dental plan. In doing so, the school employee also waives their enrollment in SEBB dental and SEBB vision.”

Proposed Resolution SEBB 2021-02 Amending Resolution SEBB 2018-53 School Employees May Waive Enrollment In Medical (As presented on March 4, 2021)

SEBB 2018-53 now reads:

A school employee who is eligible for the employer contribution toward SEBB benefits may waive their enrollment in a medical plan if they are enrolled in other employer-based group medical.

Exception: A school employee may waive their enrollment in a SEBB medical plan to enroll in a PEBB medical plan only if they are enrolled in a PEBB dental plan. In doing so, the school employee also waives their enrollment in SEBB dental and SEBB vision.

Proposed Resolution SEBB 2021-03 SEBB Benefit Enrollment Requirements When PEBB Benefits Are Waived (As presented on March 4, 2021)

An employee who waives PEBB medical and PEBB dental for SEBB medical must be enrolled in a SEBB dental and SEBB vision plan. If necessary, they will be automatically enrolled in the associated subscriber's SEBB dental and SEBB vision plans.

Proposed Resolution SEBB 2021-04 Resolving Dual Enrollment When A School Employee's Only Medical Enrollment Is In PEBB (As presented on March 4, 2021)

If the school employee is enrolled only in SEBB dental and SEBB vision, and is also enrolled in PEBB medical, and no action is taken to resolve their dual enrollment, the school employee will remain in their PEBB benefits and they will be auto-disenrolled from the SEBB dental and vision plans in which they are enrolled. The school employee's enrollments in SEBB life, AD&D, and LTD will remain.

Proposed Resolution SEBB 2021-04

Example #1

Example: Jane is a teacher at Olympia High School and is currently enrolled in SEBB dental and SEBB vision as a school employee, but she is not enrolled in SEBB medical because she waived. Her spouse Bob is an employee at the Department of Ecology. Jane is enrolled in PEBB medical as a dependent under his account.

Neither Jane (a school employee) nor Bob (an employee) takes any action in response to attempts from HCA asking them to choose which plan Jane stays in.

- How does HCA resolve the school employee's dual enrollment? Jane, a school employee, will remain in PEBB as a dependent because that is where she is enrolled in medical. She will be auto-disenrolled from her SEBB dental and SEBB vision plans.

Proposed Resolution SEBB 2021-05 Resolving Dual Enrollment Involving Dual Subscriber Eligibility (As presented on March 4, 2021)

If the school employee is enrolled in SEBB medical as a school employee and is also enrolled in PEBB medical as an employee, and the school employee has been enrolled in PEBB benefits longer than they've been enrolled in SEBB benefits, but no action is taken by the school employee to resolve their dual enrollment, they will remain in their PEBB benefits and will be auto-disenrolled from their SEBB medical, SEBB dental, and SEBB vision plans. The school employee's enrollments in SEBB life, AD&D, and LTD will remain.

If a school employee is not enrolled in any medical, but is enrolled only in PEBB dental, SEBB dental, and SEBB vision, the school employee will be kept in SEBB benefits and auto-disenrolled from PEBB dental.

Proposed Resolution SEBB 2021-05

Example #1

Example: Mary is a custodian at Ballard High School and at the University of Washington.

Mary has worked for the UW since 2001 and has been enrolled in PEBB benefits as an employee the entire time. Mary became eligible for SEBB benefits in 2020 in her position at Ballard High School. She enrolled in SEBB medical as a school employee, so she is currently enrolled in both PEBB medical as an employee and SEBB medical as a school employee.

Proposed Resolution SEBB 2021-05 Example #1 (*cont.*)

Mary does not act in response to attempts from HCA asking her to affirmatively choose enrollment in either PEBB or SEBB benefits.

- How does HCA resolve the school employee's dual enrollment? **Mary will remain in her elected PEBB benefits because that is where she has been enrolled the longest. She will be auto-disenrolled from her SEBB medical, dental, and vision plans.**

Proposed Resolution SEBB 2021-05 Example #2

Example: Paolo is a facilities manager with the Department of Transportation (DOT). He also teaches at Timberline High School.

Paolo waived medical in both programs because his wife works for Boeing and he is enrolled in medical under her plan. Because he is eligible for both PEBB as an employee and SEBB as a school employee, he is enrolled in PEBB dental, SEBB dental, and SEBB vision. He has worked for DOT since 2015 and became eligible for SEBB benefits in 2020.

Proposed Resolution SEBB 2021-05 Example #2 (*cont.*)

Paolo does not act in response to attempts from HCA asking him to affirmatively choose enrollment in either the PEBB or SEBB plan(s).

- How does HCA resolve the school employee's dual enrollment? Even though Paolo has been enrolled in PEBB dental longer than he has been enrolled in SEBB dental and SEBB vision, he will be kept in SEBB so that he doesn't lose his SEBB vision coverage. He will be auto-disenrolled from PEBB dental.

Proposed Resolution SEBB 2021-06 Resolving Dual Enrollment Involving A SEBB Dependent With Multiple Medical Enrollments (As presented on March 4, 2021)

If a school employee's dependent is enrolled in any SEBB benefits and the dependent is also a PEBB eligible employee who is enrolled in PEBB medical as an employee, and no action is taken by either the school employee or the dependent to resolve the dependent's dual enrollment, the dependent will remain in PEBB benefits and will be auto-disenrolled from the school employee's SEBB medical, dental, and/or vision plans in which they are enrolled.

Proposed Resolution SEBB 2021-06

Example #1

Example: Linda is an employee with the Washington State Department of Health. Her spouse Julie is a bus driver for Salish Middle School.

Linda is currently enrolled in SEBB dental and SEBB vision under Julie as a dependent. She is also enrolled in PEBB medical as an employee. Neither Linda nor Julie act in response to attempts from HCA asking them to affirmatively choose enrollment for Linda in either PEBB benefits or SEBB benefits.

Proposed Resolution SEBB 2021-06 Example #1 (*cont.*)

- How does HCA resolve the school employee's dependent's dual enrollment? Linda will remain in PEBB benefits because the PEBB Program is where she is enrolled in medical as an employee. She will be auto-disenrolled from her spouse Julie's SEBB dental and SEBB vision plans.

Proposed Resolution SEBB 2021-06 Example #2

Example: Charles is an employee with the Department of Commerce. His spouse Maria is a receptionist at Salish Middle School.

Charles is currently enrolled in SEBB medical under Maria as a dependent, and he is also enrolled in PEBB medical as an employee. Neither Charles nor Maria act in response to attempts from HCA asking them to affirmatively choose enrollment for Charles in either PEBB benefits or SEBB benefits.

Proposed Resolution SEBB 2021-06 Example #2 (*cont.*)

- How does HCA resolve the school employee's dual enrollment? Even though Charles is enrolled in medical in both programs, he will remain in PEBB medical because he is only enrolled in SEBB medical as a dependent, and he is enrolled in PEBB medical as an employee. He will be auto-disenrolled from his spouse Maria's SEBB medical, as well as any SEBB dental and SEBB vision plans in which he is enrolled.

Proposed Resolution SEBB 2021-07 Resolving Dual Enrollment Involving A Member With Multiple Medical Enrollments As A Dependent (As presented on March 4, 2021)

If a school employee's dependent is enrolled in both PEBB medical and SEBB medical as a dependent and has been enrolled in PEBB benefits longer than they have been enrolled in SEBB benefits, but no action is taken to resolve the dual enrollment, the dependent will remain in PEBB benefits and will be auto-disenrolled from the school employee's SEBB medical, dental, and/or vision plans if they are enrolled.

If a school employee's dependent is not enrolled in any medical but is enrolled only in PEBB dental and in SEBB vision (with or without SEBB dental) as a dependent, the dependent will be kept in SEBB benefits and auto-disenrolled from PEBB dental.

Exception: If there is a National Medical Support Order or a court order in place, enrollment will be in accordance with the order.

Proposed Resolution SEBB 2021-07 Example #1

Example: Carl works for the Office of Financial Management. His wife Melanie works for Roosevelt Elementary School and is a school employee. They have one child, Cooper, who is currently enrolled on both their plans.

Cooper is enrolled as a dependent in both PEBB medical and SEBB medical. He's been a dependent in PEBB medical longer than he has been enrolled as a dependent in SEBB medical.

Proposed Resolution SEBB 2021-07 Example #1 (*cont.*)

- How does HCA resolve the dependent's dual enrollment? Even though Cooper is enrolled in medical in both programs, he will remain in PEBB medical because he has been enrolled in PEBB benefits longer than he has been enrolled in SEBB benefits. He will be auto-disenrolled from SEBB medical and any SEBB dental and SEBB vision plans he is enrolled in, as well.

Proposed Resolution SEBB 2021-07 Example #1 (*cont.*)

- What if one parent/legal guardian responds to HCA's notice to resolve the dependent's dual enrollment and the other parent/legal guardian does not? The SEBB Program will perform the action requested by the parent/legal guardian who responded. If both parents/legal guardians give conflicting responses, the SEBB Program, will work with the parents/legal guardians to determine which plan the dependent child will remain in and which one they will be removed from.

Proposed Resolution SEBB 2021-07 Example #2

Example: Frank works for the Secretary of State. His wife Debra works for Capital High School and is a school employee. They have one child, Ella, who is currently enrolled on both their plans.

Ella is not enrolled in either PEBB medical or SEBB medical. However, she's enrolled in PEBB dental, SEBB dental, and SEBB vision as a dependent. She has been enrolled as a dependent in PEBB dental longer than she has been enrolled as a dependent in SEBB dental and SEBB vision.

Proposed Resolution SEBB 2021-07 Example #2 (*cont.*)

- How does HCA resolve the dependent's dual enrollment? Even though Ella has been enrolled in PEBB dental longer than she has been enrolled in SEBB dental and SEBB vision, she will be kept in SEBB so that she doesn't lose her vision coverage. She will be auto-disenrolled from PEBB dental.

Proposed Resolution SEBB 2021-08 SEBB Benefit Automatic Enrollments When PEBB Benefits Are Auto-Disenrolled (As presented on March 4, 2021)

If a school employee's dependent, who is also an employee who was auto-disenrolled from their PEBB dental as a result of PEBB Board Resolution PEBB 2021-XX*, the school employee's dependent will be automatically enrolled in the school employee's vision plan. They will also be automatically enrolled in the school employee's dental, if they are not already enrolled.

*will be assigned when presented for final action

Proposed Resolution SEBB 2021-08

Example #1

Example: Bruce works for HCA. His husband Steve works for Tumwater High School and is a school employee.

Bruce is currently enrolled in SEBB medical under Steve as a dependent. He is also enrolled in PEBB dental as an employee. He is not enrolled in PEBB medical because he affirmatively waived medical when he became eligible for PEBB benefits.

Proposed Resolution SEBB 2021-08 Example #1 (*cont.*)

- How does HCA resolve the dependent's dual enrollment when he is also enrolled in PEBB dental as an employee? Bruce would remain in SEBB benefits because that is where he is enrolled in medical. He would be auto-disenrolled from PEBB dental and automatically enrolled in SEBB vision. If he wasn't already enrolled in SEBB dental, he would automatically be enrolled in SEBB dental.

Proposed Resolution SEBB 2021-09 Enrollment Requirements When A School Employee Loses Dependent Coverage In PEBB Benefits (As presented on March 4, 2021)

If a school employee who is eligible for the employer contribution towards SEBB benefits was enrolled as a dependent in PEBB benefits and is dropped by the PEBB subscriber, HCA will notify the school employee of their removal from the PEBB subscriber's account and that they have experienced a special enrollment event. The school employee will be required to return from waive status and elect SEBB medical, SEBB dental, and SEBB vision. If the school employee's SEBB Organization does not receive the school employee's required forms indicating their medical, dental, and vision elections within sixty days of the school employee losing PEBB benefits, they will be defaulted into employee-only SEBB medical, SEBB dental, and SEBB vision.

Guidelines/Principles Recap

1. Medical prioritized over non-medical
2. Subscriber status prioritized over dependent status
3. Longevity of enrollment
 - Exceptions: SEBB Vision and NMSN/court order
4. If necessary, the employee and/or their dependent(s) will be auto-enrolled or auto-disenrolled into dental and/or vision
5. We will respect the default requirements for each program
6. No gaps in coverage

Policy Resolution SEBB 2018-53

School employees may waive enrollment in medical
(As approved on December 13, 2018)

Resolved that, a school employee who is eligible for the employer contribution toward School Employees Benefits Board (SEBB) benefits may waive their enrollment in a medical plan if they are enrolled in other employer-based group medical.

TAB 6



2021-23 Biennial Budget Update

Tanya Deuel
ERB Finance Manager
Financial Services Division
April 7, 2021

Proposed Funding Rate

Per employee per month

Adequate to maintain current level
of benefits

No significant concerns with funding
rates and underlying assumptions

SEBB Proposed Funding Rates

Governor's Proposed	
Funding Rate	School Year
\$1,011	2021-22
\$1,051	2022-23

Senate's Proposed	
Funding Rate	School Year
\$968	2021-22
\$1,032	2022-23

House's Proposed	
Funding Rate	School Year
\$968	2021-22
\$1,032	2022-23

Proposed Budget Similarities

(Governor's, Senate's, and House's Proposed Budgets)

\$6.1 M

Third Party Administrator Fees - Increased spending authority to align with the increased self-insured medical and dental enrollment.

\$261,000

UMP Member Support – 1.0 FTE to provide support for member escalated issues due to higher UMP enrollment than originally projected.

\$15,000

Scheduling Tool Replacement - Funds to replace the staff scheduling tool for the customer service center.

\$524,000

Benefit Administrator Customer Support – 2.5 FTE to increase Outreach & Training staffing levels to support the districts.

Collective Bargaining

- Employer Medical Contribution (EMC) remains at 85% of UMP Achieve 2
 - *“The Employer Medical Contribution (EMC) will be an amount equal to eighty-five percent (85%) of the monthly premium for the self-insured SEBB-branded Uniform Medical Plan (UMP) with an estimated value of eighty-eight percent (88%).”*
- Wellness deductible incentive increased to \$125
 - Eligible employees who are enrolled as a subscriber in a SEBB medical plan will have the option to earn an annual one hundred twenty-five dollar (\$125) wellness incentive in the form of a reduction in the medical deductible or deposit into the Health Savings Account.
- The Benefit Allocation Factor (BAF)
 - The BAF remains 1.02 for Certificated staff and 1.43 for Classified staff.

Questions?

Tanya Deuel, ERB Finance Manager

Financial Services Division

Tanya.Deuel@hca.wa.gov

Tel: 360-725-0908

TAB 7



2021 Legislative Session

Cade Walker, Executive Special Assistant
Employees & Retirees Benefits (ERB) Division
April 7, 2021

Number of 2021 Bills Analyzed by ERB Division

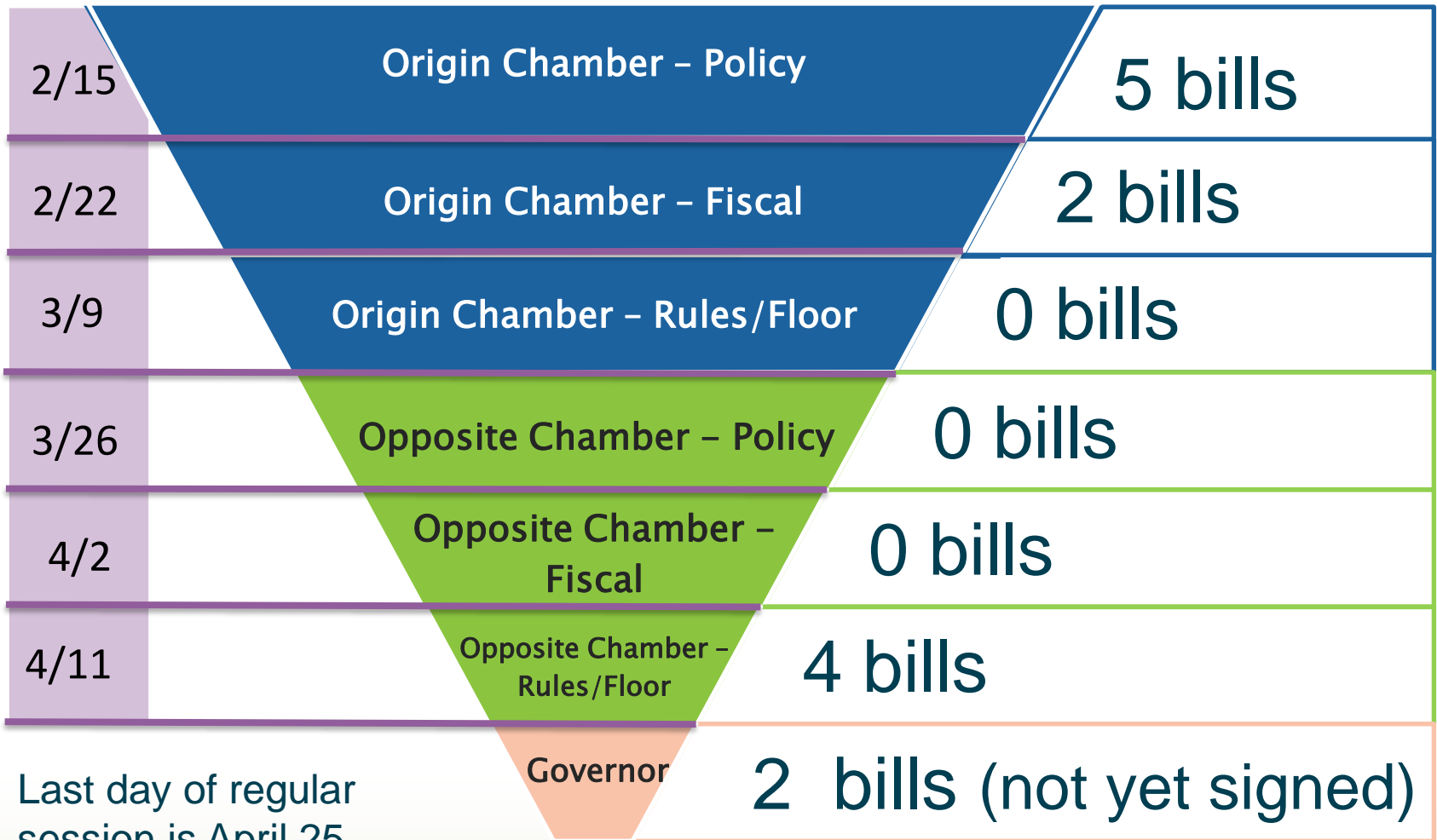
	ERB Lead	ERB Support	
High Priority	14	38	40
Low Priority	16	75	91
	30	113	143

Hearings (High Priority Only)

73

Data as of 3/31/21

2020 Legislative Session – ERB High Lead Bills



Upcoming Session – Agency Request Legislation

- SB 5322: Prohibiting dual enrollment between SEBB and PEBB Programs
 - Sponsored by Sen. Robinson
 - Clarification to 2020 ESSB 6189(4).
 - Would require an eligible member to enroll in the health benefits (medical/dental/vision) in a single program.
- Currently, the legislation prohibits dual enrollment but it is unclear whether an eligible member could enroll in different health benefits across the two programs.

PASSED LEGISLATURE
Awaiting Gov Signature

HB 1052 – Group Insurance Contracts

- HCA submitted written testimony in support
- Aligns the insurance code with long-standing HCA statutory requirements that state agencies engage in performance-based contracting
- Performance standards (or performance guarantees) allow HCA to hold carriers accountable for service to PEBB/SEBB Program members
- Examples:
 - Health care claim processing timeliness/accuracy
 - Customer service metrics

Topical Areas of Introduced Legislation

- Paid Family & Medical Leave
 - HB 1073 (Senate Ways & Means)
 - SSB 5097 (House Appropriations)
- Pharmacy
 - ~~SB 5020 – Rx drug price increases~~
 - ~~SB 5075 – Access to pharmacy services~~
 - ~~SB 5076 – Mail order Rx services~~
 - SB 5195 – Opioid overdose medication (H. Approps)
- Eligibility
 - ~~HB 1040 – Health care coverage for retired or disabled school employees~~

Topical Areas of Introduced Legislation (*cont.*)

- Provider/health care services
 - SB 5018 – Acupuncture and Eastern medicine (House Rules)
 - ~~SB 5088 – Naturopath scope of practice~~
 - ~~SB 5222 – ARNP reimbursement rates~~
 - HB 1196/~~SB 5326~~ – Audio-only telemedicine (Senate Ways & Means)
 - 2SSB 5313 – Health insurance discrimination (Passed House)
- Expanded Durable Medical Equipment (DME)
 - ~~HB 1047 – Hearing instruments for children~~
- Open Public Meetings Act
 - HB 1056 – Public meetings/emergencies (Senate Ways & Means)



Questions?

Cade Walker, Executive Special Assistant
Employees and Retirees Benefits Division

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TAB 8



2021 Annual Rule Making

Stella Ng, Policy and Rules Coordinator
Policy, Rules, and Compliance Section
Employees and Retirees Benefits Division
April 7, 2021

Rule Making Timeline

- | | |
|-----------|--|
| May 2021 | File proposed amendments (CR-102) and distribute new rules for public comments |
| June 2021 | Conduct public hearing and adopt final rules (CR-103) |
| July 2021 | Adopt rules to be effective with the new school year or plan year as appropriate |

Focus of Rule Making

- Administration and benefits management
- Regulatory alignment
- Implement SEB Board policy resolutions

Administration and Benefits Management

- Add supplemental Accidental Death & Dismemberment in the list of benefits not available to school employees whose eligibility is negotiated locally as described in RCW 41.05.740 (6)(e).
- Clarify that optional benefits must be paid for by the school employee without an employer contribution, except for when they participate in Voluntary Employees' Beneficiary Association (VEBA) accounts, which may have an employer contribution.

Administration and Benefits Management (*cont.*)

- Reorder the sequence of SEBB eligibility criteria when determining eligibility.
- Clarify when a school employee or a school employee's dependent eligible for continuation coverage may continue SEBB medical, dental, or vision for their remaining difference in months.
- Amending the special open enrollment rule related to a change in employment location to be more generous.
- Describing acceptable delivery methods for filing an appeal.

Regulatory Alignment

- Implement legislation related to SB 5322
- Clarifying that certain special open enrollment opportunities only apply if the dependent is a tax dependent
- Clarifying the special enrollment event that is available when an enrollee enrolls in Medicare or loses eligibility for Medicare applies to dependent as well as the subscriber
- Clarifying that COBRA coverage will terminate early when an enrollee becomes eligible for Medicare or enrolled in Medicare due to a disability

Questions?

Stella Ng, Policy and Rules Coordinator
Policy, Rules, and Compliance Section
Employees and Retirees Benefits Division

Stella.ng@hca.wa.gov

TAB 9



Behavioral Health Overview

Lauren Johnston
SEBB Procurement Manager
Employees & Retirees Benefits Division
April 7, 2021

Emily Transue, MD
Medical Director
Clinical Quality & Care Transformation
(CQCT)

Objectives

- Overview of behavioral health coverage
- Network adequacy
- Benefits under review
- Relevant legislation
- Information and resources

SEBB Plan Behavioral Health Coverage

Plan	Primary Care	MH/BH Specialist*	Emergent/Urgent Care	Residential Treatment Facilities
KPNW	✓	✓	✓	✓
KPWA	✓	✓	✓	✓
KPWAO	✓	✓	✓	✓
Premera	✓	✓	✓	✓
UMP	✓	✓	✓	✓

- Includes Applied Behavioral Analysis for children and adolescents

SEBB Plan Behavioral Health Coverage (*cont.*)

Plan	Virtual Care Vendors	Telemedicine w/ Existing Providers	Nurse Contact Lines	Other Programs
KPNW	✓	✓	✓	✓
KPWA	✓	✓	✓	✓
KPWAO	✓	✓	✓	✓
Premera	✓	✓	✓	✓
UMP	✓	✓	✓	✓

Network Adequacy

How do our carriers assess network adequacy?

- Product filing through Office of the Insurance Commissioner when GeoNetwork Reports are submitted
- National Committee on Quality Assurance (NCQA) review (all SEBB carriers are NCQA certified)
- Access and capacity measured through member contact and outbound surveys
- Identify areas of high-volume services utilized

Network Adequacy (*cont.*)

How do our carriers address specific areas of need?

- Work to expand network to improve access, decrease wait times, and improve ease of accessing care for the need(s) identified
- Constantly recruiting new providers, retaining existing providers, creating strategic provider partnerships, and ensuring network incorporates national providers
- Adding telehealth/virtual care providers
- Patient partners in mental health that help determine opportunities and identify pain points in programming or processes

Similar Programs Offered Across Multiple Plans

Online and phone applications:

- ***myStrength (KPNW and KPWA)***: Cognitive behavioral therapy application; a diverse clinical app to meet individual needs of each person
- ***Calm (KPNW and KPWA)***: App for meditation, mental resilience, and sleep
- ***Find your words (KPNW and KPWA)***: Online resource to help provide tools and the words to talk about depression with others
- ***Ginger (KPNW and KPWA)***: virtual therapy option; KPWA has already implemented, KPNW anticipated for 6/1/2021 start

Similar Programs Offered Across Multiple Plans (*cont.*)

Provider concierge services:

- ***Quartet** (UMP and Premera):** Concierge service that matches members to mental health care providers based on geography, insurance, clinical needs, and when possible, personal preferences. Members can self-refer or be referred through their primary care or specialty care.
- ***Magellan Healthcare (KPWA):*** Helps members find in-network providers and works to schedule the member's first appointment.

Behavioral health case management (all carriers):

Licensed specialists who provide members with assistance such as coordination of care and care plan management, understanding and navigating benefits and care options

*UMP members must reside and receive care in Washington State.

Premera members who reside outside of Washington will be referred to virtual care providers.

Plan Specific Programs

- ***Peer support specialists (KPNW)***: Provide support to other members through their lived experience and success in their recovery process from mental health and/or Substance Use Disorder (SUD)
- ***TEEN – IOP (KPNW)***: Intensive outpatient program (IOP) for teens
- ***TAYA – IOP (KPNW)***: IOP for older teens to young adults (age 18-24); on hold until summer 2021

Future Areas of Focus

KPNW

- ***Recovery Pathways Program:*** Currently in pilot stage. Focuses on patient engagement for those with co-occurring disorders (mental health and addiction medicine). Expansion will continue if goes as planned.
- ***Spravato (ketamine) treatment program:*** Novel antidepressant previously used as a general anesthetic, recently approved for treatment-resistant depression. Currently in planning phases with intent to implement in 2021.

KPWA

- ***Mental Health and Wellness:*** Focus on recruitment and retention to address gaps in representation. Partnering with University of Washington MHA students on their Capstone project.

Future Areas of Focus (*cont.*)

Premera

- Several programs currently in proprietary and confidential stages

UMP (under consideration)

- ***Omada Mind****: Whole person care app with dedicated support for anxiety, depression, and stress via the Omada for Behavioral Health Program
- ***myStrength***: Cognitive behavioral therapy application; a diverse clinical app to meet individual needs of each person

*Current pilot program and only available to the 1,200 members who signed up in Fall of 2020.

Legislation Passed in 2019

HB 1099 (“Brennen’s Law”): Requires carriers to provide network adequacy to consumers.

- Carriers must provide a provider directory which notates what providers are closed to new patients
- Whether a health carrier classifies MH and SUD treatment as primary care or specialty care
- Average wait times to accessing treatment services
- Information on steps a member can take if they are unable to access covered services
- Any instances where the OIC has taken disciplinary action against the carrier
- HCA has included information on Brennen’s Law in the SEBB and PEBB enrollment guides and on our website

Legislation Passed in 2020

ESHB 2642 (Removing barriers to substance use disorder treatment)

Requires SEBB and PEBB fully insured carriers and the UMP to:

- Provide coverage for no less than two business days, excluding weekends and holidays, in a behavioral health agency that provides inpatient or residential SUD treatment prior to conducting utilization review; and
- Provide coverage for no less than three days in a behavioral health agency that provides withdrawal management services prior to conducting a utilization review
- Coordinate care between facilities to ensure seamless transfer as soon as possible to an appropriate and available facility or level of care. The health plan shall pay the agency for the cost of care at the current facility until the seamless transfer to the new facility or level of care is complete.

Mental Health Parity

- Federal law generally prohibits group health plans from imposing less favorable benefit limitations on mental health and substance use benefits than on medical or surgical benefits
 - Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008
 - Multiple modifications over time, including 2016
- All SEBB plans are required to meet this requirement, and continue to actively assess and make changes as interpretation of the requirement evolves

Information on How to Access Services

- Members can find more information at:
<https://www.hca.wa.gov/employee-retiree-benefits/school-employees/behavioral-health-services-plan> (included in appendix)
- Or by calling their health plan

SmartHealth Resources

- Each carrier has a tile for mental health
- “Mental Health Tips” tile currently runs through the end of November
- A new tile, “May is Mental Health Month” will be live from May 1 – May 31
- Eligible members can login (or register for their account) and see what information is available through SmartHealth
- Eligible subscribers can earn points towards their wellness incentive

Questions?

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Appendix

Kaiser Permanente Northwest (KPNW) Plans

Resources and access to mental health/SUD treatment	Find providers	Obstacles and ways to mitigate them	Questions to help guide the conversation with customer service
<p>Convenient ways to get care: Kp.org/getcare</p> <p>Understanding mental health: Kp.org/mentalhealth</p> <p>Addiction treatment services: kp.org/addiction/nw</p> <p>Wellness resources: Kp.org/selfcare</p> <p>Talking with kids about mental health: findyourwords.org/kids-mental-health/</p> <p>How to get mental health services: healthy.kaiserpermanente.org/oregon-washington/doctors-locations/how-to-find-care/behavioral-health</p>	<p>Find doctors and locations: healthy.kaiserpermanente.org/oregon-washington/doctors-locations#/search-form</p> <p>How to get mental health services: healthy.kaiserpermanente.org/oregon-washington/doctors-locations/how-to-find-care/behavioral-health</p>	<p>What if my need is urgent? Mental health & SUD*: We have urgent appointments available, as well as a 24-hour crisis line for support and emergent needs.</p> <p>What if I need/want medication? Mental health: If you have never been on medications for depression/anxiety, start first with your Primary Care doctor who can help and prescribe medications. If they feel you need more specialty medication help, they can refer you to a psychiatrist.</p> <p>SUD: We provide medications for substance use disorders through our Addiction Medicine Medical Team. They can be accessed via the call center and they have same/next day access.</p> <p>Do you have enough providers? Mental health & SUD: Yes, we have both internal providers and external providers we contract with in all KPNW service areas.</p> <p>If you have questions, concerns, or would like to file a complaint, you can call Member Services or complete an online form and email it to Member Services. You must use the secure member sign-in to submit a question or a concern via the online forms.</p> <p>*SUD = Substance Use Disease</p>	<ul style="list-style-type: none"> • Is this for an adult or a child? • Do you prefer virtual or in person visits? • What are your provider preferences (gender, language, geography, etc.) • What are the first steps you need to take? • What types of providers are available? • Do you want a provider with experience working with the LGBTQ community or someone of your background? <p>Phone: 1-800-813-2000 TRS: 711</p> <p>If you are concerned about access to services or are having difficulty finding a provider, please contact us at 1-855-632-8280 during regular business hours or 1-800-813-2000 if after hours.</p>

KPWA and KPWAO Plans

Resources and access to mental health/SUD treatment	Find providers	Obstacles and ways to mitigate them	Questions to help guide the conversation with customer service
<p>Get care: wa.kaiserpermanente.org/html/public/specialties/mental-health/mental-health-wellness</p> <p>Important information: wa.kaiserpermanente.org/html/public/specialties/mental-health/information</p> <p>Substance use disorder: wa.kaiserpermanente.org/kbase/topic.jhtml?docId=ug4831</p> <p>Substance use and mental health problems: wa.kaiserpermanente.org/kbase/topic.jhtml?docId=ug4809</p> <p>Substance use disorders in older adults: wa.kaiserpermanente.org/kbase/topic.jhtml?docId=ug4806</p> <p><i>(more links on next page)</i></p>	<p>Find a doctor: wa.kaiserpermanente.org/html/public/fad</p>	<p>What if my need is urgent? (Mental health & SUD) Call 1-888-287-2680, Monday through Friday, 8 a.m. to 5 p.m. We match members with a mental health specialist in requested area or help find addiction treatment. If the member can't wait for an appointment, we can connect them to a therapist over the phone.</p> <p>For help after hours, 1-800-297-6877 so we can evaluate your symptoms, provide next steps, or contact an on-call psychiatrist.</p> <p>What if I want/need medication? Mental health: If you have never been on medications for depression/anxiety, start first with your Primary Care doctor who can help and prescribe medications. If they feel you need more specialty medication assistance, they can refer you to a psychiatrist.</p> <p>SUD: We provide medications for substance use disorders through our Addiction Medicine Medical Team. They can be accessed via the call center and they have same/next day access.</p> <p>Do you have enough providers? (Mental health & SUD): Yes, we have both internal providers and external providers we contract with in all KPWA and KPWAO service areas.</p> <p>If you have questions, concerns, or would like to file a complaint, you can call Member Services or file an appeal via fax, email, or online at wa.kaiserpermanente.org/html/public/customer-service/appeal.</p>	<ul style="list-style-type: none"> • Is this for an adult or a child? • Do you prefer virtual or in person visits? • What are your provider preferences (gender, language, geography, etc.) • What are the first steps you need to take? • What types of providers are available? • Do you want a provider with experience working with the LGBTQ community or someone of your background? <p>Phone:</p> <ul style="list-style-type: none"> • 1-888-901-4636 (M-F, 8 a.m.–8 p.m.) • 1-888-287-2680 (M-F, 8 a.m.–5 p.m.) • 1-800-297-6877 (After hours) <p>TTY: 1-800-833-6388 TRS: 711</p>

KPWA and KPWAO Plans (*cont.*)

Resources and access to mental health/SUD treatment

Teen substance use disorder – Choosing a treatment program:

wa.kaiserpermanente.org/kbase/topic.jhtml?docId=uq2564

Substance use disorders in older adults:

wa.kaiserpermanente.org/kbase/topic.jhtml?docId=ug4806

Teen substance use – Making a contract with your teen:

wa.kaiserpermanente.org/kbase/topic.jhtml?docId=tk2206

Substance use disorder – dealing with teen substance use:

wa.kaiserpermanente.org/kbase/topic.jhtml?docId=tj2888

Social work services:

wa.kaiserpermanente.org/html/public/services/social-services

Premera Plans

Resources and access to mental health/ SUD treatment	Find providers	Obstacles and ways to mitigate them	Questions to help guide the conversation with customer service
<p>Get care: premera.com/visitor/care-essentials/mental-health</p>	<p>Finding a provider who is accepting new clients: You can narrow your search to only providers accepting new patients at premera.com/sebb.</p> <p>Members on the High or Standard PPO plans should search the Heritage Prime network.</p> <p>Members on Peak Care should search the Tahoma network.</p> <p>Or sign into your member account at the same site for a more personalized search experience.</p> <p>Doctor on Demand has flexibility in appointment setting. Find out more at doctorondemand.com/premera</p>	<p>Finding a provider who:</p> <ul style="list-style-type: none"> • Speaks your native language, if not English: The search tool allows you to filter by language spoken by the provider. • Specializes in certain issues (i.e., LGBTQ, trauma, anxiety, etc.) or practices certain approaches: The search tool allows you to filter by area of expertise. • Offers hours to accommodate work schedules (i.e., evenings, weekends, etc.): Office hours are not a field that is captured in our provider search tool. Please contact customer service for help finding a provider that can accommodate your scheduling needs. Doctor on Demand is also an option to consider and has flexibility in appointment setting. Find out more at doctorondemand.com/premera. <p>How to mitigate concerns around stigma: Sometimes, life can feel overwhelming. We want you to know that you don't have to go through difficult situations alone. Visit the Premera behavioral health digital resource center today. In a crisis, call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or connect to the Crisis Text Line by texting HOME to 741741.</p> <p>Premera considers behavioral health treatment as specialty care. If you are unable to get an appointment with a behavioral health provider within 15 business days, contact customer service, using the number on the back of your member ID card.</p>	<p>Phone: 1-800-807-7310 TTY: 1-800-842-5357 TRS: 711</p> <ul style="list-style-type: none"> • Is this for an adult or a child? • Do you prefer virtual or in person visits? • What are your provider preferences (gender, language, geography, etc.) • What are the first steps you need to take? • What types of providers are available? • Do you want a provider with experience working with the LGBTQ community or someone of your background? <p>If after using the resources and information provided, you have not been able to access care or receive the help you are looking for, call customer service and ask to be escalated to a supervisor.</p>

Uniform Medical Plan (UMP) Plans

Resources and access to mental health/SUD treatment	Find providers	Obstacles and ways to mitigate them	Questions to help guide the conversation with customer service
<p>Case management: If you are looking to get help with a mental health or substance misuse challenge, the first step is to contact the customer service number and inquire about case management.</p> <p>Phone: 1-800-628-3481 TRS: 711</p> <p>Business hours: Monday through Friday 5 a.m. to 8 p.m. and Saturday 8 a.m. to 4:30 p.m. (Pacific)</p> <p>Member resources: regence.com/member/resources/washington-behavioral-health</p> <p>Quartet: Quartet matches members to mental healthcare providers (MHPs) based on the member's geography, insurance, clinical care needs, and when possible, personal preferences. Traditionally, members are referred through primary care or specialty care settings to Quartet, and then matched to a MHP. Quartet is expanding services to allow members to self-refer without the need of a PCP or specialty provider referral. UMP members can sign up and get matched to a provider through visiting the Quartet website at qrt.care/regenceUMP.</p>	<p>Find a doctor: ump.regence.com/sebb/finding-doctors</p> <p>Doctor on Demand: UMP Achieve 1, UMP Achieve 2, and UMP High Deductible plans include telemedicine powered by Doctor On Demand. You can talk to any of Doctor On Demand's board-certified physicians, licensed counselors and psychiatrists any time by video chat using your computer or the app, 24 hours a day, 7 days a week, 365 days a year.</p> <p>Register with Doctor On Demand now so that when you actually need care, you're ready. You can activate Doctor On Demand through your Regence account or by downloading the app for iOS, Android, or Windows.</p>	<p>For any issues regarding finding a provider, please call UMP Customer Service so we may assist you.</p> <p>Phone: 1-800-628-3481 TRS: 711</p> <p>Business hours: Monday through Friday 5 a.m. to 8 p.m. and Saturday 8 a.m. to 4:30 p.m. (Pacific)</p> <p>All of Regence's customer service representatives have been certified in mental health first aid training to better assist members with sensitive information.</p>	<ul style="list-style-type: none"> • Is this for an adult or a child? • Do you prefer virtual or in person visits? • What are your provider preferences (gender, language, geography, etc.) • What are the first steps you need to take? • What types of providers are available? • Do you want a provider with experience working with the LGBTQ community or someone of your background? <p>Phone: 1-800-628-3481 TRS: 711</p> <p>Business hours: Monday through Friday 5 a.m. to 8 p.m. and Saturday 8 a.m. to 4:30 p.m. (Pacific)</p>

UMP Plans (*cont.*)

Who to contact if you need more information or do not think you are receiving the help you need	Prescription drug website	Prescription drug benefit obstacles and ways to mitigate them
<p>If after using the resources and information provided, you have not been able to access care or receive the help you are looking for, Regence Customer Service will engage their Behavioral Health Care Management team and transition you to a clinician who can better support you. Customer Service will also have the support of Quartet, including the ability to warm transfer you to the Quartet team.</p>	<p>ump.regence.com/sebb/benefits/prescriptions</p>	<p>Finding a network pharmacy and their business hours: Visit ump.regence.com/sebb/benefits/prescriptions or call Washington State Rx Services at 888-361-1611 (TRS: 711).</p>

TAB 10



American Rescue Plan Act of 2021 Premium Assistance For COBRA Continuation Coverage

Emily Duchaine, Regulatory Analyst
Policy, Rules, and Compliance Section
Employees and Retirees Benefits Division
April 7, 2021

Overview of the American Rescue Plan Act of 2021

The Act includes a number of temporary provisions that affect health care coverage:

- 100% COBRA premium subsidy
- Dependent Care Assistance Program increase to \$10,500 for 2021
- Medicaid financing and eligibility rules
- Health insurance marketplace subsidies

COBRA Subsidy Eligibility

Available to *Assistance Eligible Individuals* (AEI) defined as employees and their dependents who:

- Lose (or already lost) health coverage due to involuntary termination or reduction in hours (voluntary or involuntary); and
- Are federally eligible for COBRA

COBRA Subsidy Eligibility (*cont.*)

Available to *Assistance Eligible Individuals* (AEI) defined as employees and their dependents who:

- Elected COBRA or elects COBRA on or after April 1, 2021, and before the subsidy ends on September 30, 2021; or
- Became eligible for COBRA prior to April 1, 2021, and their period of COBRA coverage includes any month between April and September 2021

Temporary 100% COBRA Subsidy Timeline

- COBRA premiums will be subsidized from April 1, 2021 – September 30, 2021
 - Applies to medical, dental, and vision premiums
- The subsidy ends earlier than September 30 if the individual becomes eligible for Medicare or other group health coverage

SEBB 2020-07 and SEBB 2020-08 Resolutions

- Resolutions SEBB 2020-07 and SEBB 2020-08 remain in effect. Resolutions extended:
 - Maximum period of COBRA and other continuation coverage
 - We don't believe the subsidy extends to these months of coverage
 - Enrollment timelines for COBRA and other continuation coverage subscribers
 - We don't believe these extended enrollment timelines are going to affect eligibility for the subsidy

Implementation

- HCA will notify AEIs of subsidy availability and the extended election period by May 30, 2021
- HCA will notify AEIs of subsidy expiration
- HCA plans to seek reimbursement for the subsidy directly from the federal government

Implementation (*cont.*)

Identify AEIs with help from SEBB Organizations:

- For existing members already enrolled in COBRA coverage, we will need SEBB Organizations to verify whether the loss of coverage was due to an involuntary reduction in hours or termination
- We plan to create an SMA reason code specific to the eligibility for the subsidy for future use by SEBB Organizations
- HCA staff will provide guidance to SEBB Organizations

Implementation (*cont.*)

Communications:

- Waiting on federal model notices before significant work on notices begins
- Information is being made available on the SEBB Continuation Coverage (COBRA) website
- Training for staff that will determine eligibility will occur

Questions?

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Appendix

SEBB 2020-07 and SEBB 2020-08 Resolutions

COVID-19 Continuation Coverage Eligibility (Policy resolution SEBB 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.

COVID-19 and Enrollment Timelines (Policy resolution SEBB 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 to 30 days past the date the Governor terminates the state of emergency.

The Health Care Authority is authorized, during the state of emergency as described above, to extend this deadline further and extend any other enrollment deadlines as needed to meet the needs of the state and SEBB Program subscribers.