

School Employees Benefits Board Meeting

June 18, 2025

School Employees Benefits Board

June 18, 2025

9:00 a.m. – 11:00 a.m.

Attendance In-person or by Zoom

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

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TAB 1

School Employees Benefits Board
June 18, 2025
9:00 a.m. – 11:00 a.m.

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

TO JOIN ZOOM MEETING – SEE INFORMATION BELOW

**All times are approximate.*

9:00 a.m.*	Welcome and Introductions		Lou McDermott, Chair	
9:05 a.m.*	Meeting Overview		David Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
9:10 a.m.*	Approval of Meeting Minutes • June 5, 2025	TAB 3	Lou McDermott, Chair	Action
9:15 a.m.*	UMP Benefit Design	TAB 4	Ryan Ramsdell, UMP Team Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
9:30 a.m.*	Senate Bill 5083 Overview	TAB 5	Sara Whitley, ERB Finance Manager Finance Services & Health Care Purchasing Administration Ryan Ramsdell, UMP Team Manager Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:15 a.m.*	Benefits 24/7 Update	TAB 6	Brett Mello, Chief Information Officer Enterprise Technology Services (ETS) Division Jean Bui, Deputy Director Employees & Retirees Benefits (ERB) Division	Information/ Discussion
10:30 a.m.*	General Public Comment		<i>General public comments can also be given by emailing SEBBoard@hca.wa.gov.</i>	
10:55 a.m.*	Closing			
11:00 a.m.*	Adjourn		Lou McDermott, Chair	

**All times are approximate.*

The School Employees Benefits Board will meet Wednesday, June 18, 2025 at the Washington State Health Care Authority, Sue Crystal Rooms A & B, 626 8th Avenue SE, Olympia, WA. Attendance for this meeting can be in person or via Zoom. Masks are optional.

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

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

To provide public comment by email, direct e-mail to: SEBBoard@hca.wa.gov.

Materials are posted at <https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program/meetings-and-materials> by close of business on Monday, June 16, 2025.

Join Zoom Webinar Meeting

Meeting attendees will only be able to activate their audio and/or video during the public comment period at the end of the meeting. At public comment, participants will need to raise their virtual hand and only after being recognized by HCA staff will the participant see the ability to turn on their audio/video options.

<https://us02web.zoom.us/j/86326694318?pwd=paQvbPLpPvH0hHe02aXWedalaP3IPK.1>

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
Omeid Heidari Box 357262 1959 NE Pacific St Seattle, WA 98195 SEBBoard@hca.wa.gov	Employee Health Benefits Policy and Administration
Dawna Hansen-Murray 15535 104 th Place SE Yelm, WA 98597 C 360-790-4961 SEBBoard@hca.wa.gov	Classified Employees
Myra Johnson 6234 S Wapato Lake Dr Tacoma, WA 98408 V 253-297-4344 SEBBoard@hca.wa.gov	Certificated Employees

SEB Board Members

Name

Representing

Pamela Kruse
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Certificated Employees

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Employee Health Benefits Policy
and Administration

Legal Counsel

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2/26/25



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

SEB BOARD MEETING SCHEDULE

2025 School Employees Benefits (SEB) Board Meeting Schedule

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

January 23, 2025 (Board Retreat) - starting at 9:00 a.m.*

March 6, 2025 - starting at 9:00 a.m.

April 3, 2025 - starting at 9:00 a.m.

May 8, 2025 - starting at 9:00 a.m.

June 5, 2025 - starting at 9:00 a.m.

June 18, 2025 - starting at 9:00 a.m.

July 9, 2025 - starting at 9:00 a.m.

July 16, 2025 - starting at 9:00 a.m.

July 23, 2025 - starting at 9:00 a.m.

July 30, 2025 - starting at 9:00 a.m.

*Meeting times are tentative

If you are a person with a disability and need a special accommodation, please contact the Employees and Retirees Benefits (ERB) Board Operations Manager at 360-725-9484.

06/14/2024

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 01, 2024

TIME: 11:12 AM

WSR 24-14-100

TAB 2

SCHOOL EMPLOYEES BENEFITS BOARD BY-LAWS

ARTICLE I

The Board and Its Members

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

ARTICLE II

Board Officers and Duties

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

ARTICLE III

Board Committees **(RESERVED)**

ARTICLE IV
Board Meetings

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

ARTICLE V
Meeting Procedures

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

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

ARTICLE VI

Amendments to the By-Laws and Rules of Construction

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

TAB 3

Draft
School Employees Benefits Board
Meeting Minutes

June 5, 2025
Health Care Authority
Sue Crystal Rooms A & B
Olympia, Washington
9:00 a.m. – 12:00 p.m.

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

Members Present in Olympia

Lou McDermott
Pamela Kruse
Myra Johnson
Lara Christopherson
Kerry Schaefer

Members Present via Zoom

Terri House
Dawna Hansen-Murray
Alison Poulsen
Omeid Heidari

Members Absent

None

SEB Board Counsel

Katy Hatfield

Call to Order

Lou McDermott, Chair, called the meeting to order at 9:02 a.m. Sufficient members were present to allow a quorum. Board members and the public were able to attend either in person or virtually via Zoom.

Meeting Overview

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

Approval of Meeting Minutes

Myra Johnson moved, and Pam Kruse seconded a motion to approve the June 5, 2025 meeting minutes. Minutes were approved as written by unanimous vote.

Long-Term Disability (LTD) Benefit Resolution

Kimberly Gazard, Senior Account Manager in the ERB Division presented a resolution for voting to increase the employer-paid long-term disability benefit which would take effect January 1, 2026 for new claims.

- *SEBB 2025-01: Amending SEBB Resolution 2021-13 – Employer-Paid Long-Term Disability (LTD)*. Pamela Kruse moved, and Myra Johnson seconded a motion to approve the resolution. The resolution was passed with a unanimous vote.

UMP Plus Update

Lauren Johnston, Senior Account Manager in the ERB Division presented information regarding the SEBB Program's UMP Plus plans' closure at the end of the year. The presentation included the history of UMP Plus, SEBB Program enrollment, recent legislation impacting the UMP Plus plans, and next steps for the remainder of 2025.

SmartHealth Update

John Partin, Benefit Strategy and Design Section Manager in the ERB Division gave an update on the SmartHealth program. The update included SmartHealth background and engagement, an update on the program, and next steps.

General Public Comment

No members of the public provided comments.

An audio recording for the June 5, 2025 SEB Board meeting can be found at:

<https://www.hca.wa.gov/about-hca/programs-and-initiatives/school-employees-benefits-board-sebb-program/meetings-and-materials>

Next Meeting

June 18, 2025

Starting time 9:00 a.m.

Preview of June 18, 2025 SEB Board Meeting

David Iseminger, Director, Employees and Retirees Benefits (ERB) Division, provided an overview of potential agenda topics for the June 18, 2025 Board meeting.

Executive Session

Pursuant to RCW 42.30.110(1)(L), the Board met in in Executive Session to consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026. The Executive Session began at 9:39 a.m. and concluded at 11:13 a.m.

The meeting adjourned at 11:15 a.m.

TAB 4

UMP Benefit Design

Ryan Ramsdell
UMP TPA Account Team Manager
Employees and Retirees Benefits Division
June 18, 2025

Presentation Overview

- ▶ IRS High Deductible Health Plan (HDHP) update
- ▶ UMP hearing instruments

IRS High Deductible Health Plan (HDHP) Update

IRS High Deductible Health Plan (HDHP) Update

- ▶ IRS sets the inflation adjusted amounts for Health Savings Accounts through:

- ▶ [www.irs.gov](https://www.irs.gov/pub/irs-drop/rp-25-19.pdf)
 - ▶ Revenue Procedure (RP) 2025-19
<https://www.irs.gov/pub/irs-drop/rp-25-19.pdf>

- ▶ For UMP, the SEB Board approved Resolution 2023-06

IRS annual deductible minimum (not less than)		
	2025	2026
Individual (self-only)	\$1,650	\$1,700
Family	\$3,300	\$3,400

UMP Hearing Instruments

Background

- ▶ Substitute Senate Bill (SSB) 5262 passed in 2025
- ▶ Section 9, amending RCW 48.43.135 (which UMP is subject to pursuant to RCW 41.05.831), requires that health plans issued or renewed on or after January 1, 2026 shall provide coverage for medically necessary hearing instruments every 36 months without any lifetime or annual limit on the dollar amount of coverage whether provided in-network or out-of-network

UMP Implementation

- ▶ Removes current dollar benefit limit for hearing aids
 - ▶ Plans will cover as standard benefits without cost share
- ▶ Coverage will continue to be once every 36 months per ear
 - ▶ Member benefit accumulators will not reset on January 1, 2026
- ▶ Expect similar member experience with in-network providers
- ▶ Open enrollment communications will include information about these changes

Resolution SEBB 2023-05

UMP Hearing Instruments

As adopted on June 1, 2023

Resolved that, Beginning January 1, 2024, prescribed hearing instruments in all Uniform Medical Plan (UMP) plans will be covered up to \$3,000 per ear with hearing loss, at least every 36 months, without member cost share. Coverage for members enrolled in UMP Achieve 1, UMP Achieve 2, and UMP Plus is not subject to the member meeting the plan deductible. Coverage for members enrolled in UMP High Deductible is subject to the member meeting the plan deductible.

Proposed Resolution SEBB 2025-03

Rescinding Resolution SEBB 2023-05: UMP Hearing Instruments

Effective January 1, 2026, resolution SEBB 2023-05, as adopted on June 1, 2023, is rescinded.

Proposed Resolution SEBB 2025-04

UMP Hearing Instruments

Beginning January 1, 2026, prescribed hearing instruments in all Uniform Medical Plan (UMP) plans will be covered at 100% of the allowed amount every 36 months. Coverage for members enrolled in UMP Achieve 1 and UMP Achieve 2 is not subject to the member meeting the plan deductible. Coverage for members enrolled in UMP High Deductible is subject to the member meeting the plan deductible.

Next Steps

- ▶ Incorporate any Board feedback regarding resolution proposals
- ▶ Submit feedback to HCAPEBSEBBoardPolicyFeedback@hca.wa.gov by June 30, 2025
- ▶ Bring recommended resolutions to the Board for action at the July 9, 2025 Board meeting

Questions?

Ryan Ramsdell, UMP TPA Account Team Manager
Employees and Retirees Benefits Division

Ryan.Ramsdell@hca.wa.gov



Health Care Authority
School Employees Benefits Board

Appendix

Resolution SEBB 2023-06

UMP High Deductible IRS Plan Minimum Deductible

For plan years beginning on or after January 1, 2024, HCA shall set the annual deductible for the UMP High Deductible health plan at the minimum annual deductible level established by the Internal Revenue Service (IRS) to qualify the plan as a high deductible health plan.

TAB 5

Senate Bill 5083 Overview

Sara Whitley
ERB Finance Manager
Finance Services & Health Care Purchasing
Administration

Ryan Ramsdell
UMP Team Manager
ERB Division
June 18, 2025

Background

- ▶ Growth in hospital service spend and recent contract negotiation activity by large health systems has led to **member disruption** and **premium impacts** for PEBB and SEBB Program members
- ▶ Reimbursement for primary care (PC) and behavioral health (BH) lags behind hospital reimbursement, despite the care management benefits of preventative care access
- ▶ Washington (Cascade Care Select), Oregon, and other states have found success in using **reference pricing** methodologies as a tool to contain costs

Reference Pricing Overview

Plan allowed amount
(provider contracted amount)

Medicare allowed amount

=

Plan allowed as a
% of Medicare allowed

- ▶ Reference pricing allows for standardized reimbursement level for payment of services
- ▶ A reference price is generally tied to an already defined pricing level, such as the Medicare fee schedule
 - ▶ Medicare reimbursement is a commonly used and transparent pricing methodology
 - ▶ "What Medicare would have paid..."

Example:

\$100

=

200%

\$50

Goals of the Legislation



Affordability

Goal of creating sustainable cost growth for high-cost facility-based inpatient (IP) and outpatient (OP) services



Primary care (PC) and behavioral health (BH) investments

Targeted increases to reimbursement to providers for PC and BH services, goal of improving access via investment



Provider network stability

Reimbursement caps, and disincentives to move out of network, should limit member disruption via fewer termination notices and improvements in provider network stability

What Does the Bill Do?

- ▶ Applies to all PEBB and SEBB health plans (fully insured and Uniform Medical Plan)
- ▶ Establishes maximums (caps) and minimums (floors) on carrier reimbursement, effective January 1, 2027

Caps **IP/OP acute care hospital** services at 200% of Medicare

Caps **IP/OP pediatric specialty hospital services** at a percent of Medicaid ratio-of-costs-to-charges (RCC)

Primary care (PC) and behavioral health (BH) professional services must be reimbursed at or above 150% of Medicare

Caps **out-of-network IP/OP** facility reimbursement at 185% of Medicare (no balance billing)

What Does the Bill Do? (*cont.*)

Hospital Services (IP/OP)

Caps **IP/OP acute care hospital services** at 200% of Medicare

Caps **IP/OP pediatric specialty hospital services** at a percent of Medicaid ratio-of-costs-to-charges

- ▶ Carriers will be required to ensure reimbursement to hospitals for IP and OP services do not exceed caps established in legislation
- ▶ HCA will monitor compliance annually and engage with carriers via reporting

What Does the Bill Do? (*cont.*)

Primary Care, Behavioral Health, and OON

Primary care (PC) and behavioral health (BH) professional services must be reimbursed at or above 150% of Medicare

Caps **out-of-network (OON)** **IP/OP** facility reimbursement at 185% of Medicare (no balance billing)

- ▶ Carriers will be required to ensure reimbursement to providers for a defined set of primary care and behavioral health services is *at least* 150% of what Medicare would have reimbursed for those services
- ▶ Out-of-network facilities are required to receive the lesser of billed charges or 185% of Medicare for IP/OP services, members cannot be balance billed

What Does the Bill Do? (*cont.*)

- ▶ Applies exemptions to certain facilities and facility types, to include:
 - ▶ Critical access hospitals (CAH)
 - ▶ Sole community hospitals (SCH)
 - ▶ Other facilities identified in legislation (such as Island Hospital, Toppenish Hospital)
- ▶ Results in projected cost avoidance in plan expenditures, impacting member premiums and potentially member cost sharing (coinsurance)

Modeled Impacts in UMP

Estimated UMP **Cost Avoidance**/Investment in projected periods (in millions)

	Projection Period	Acute care Hospital IP/OP	Children's Hospital IP/OP	Behavioral Health (BH)	Primary Care (PC)	Total projected net cost avoidance
PEBB	FY2027*	(\$26.8)	(\$3.2)	\$9.1	\$0.0	(\$20.9)
	FY2028	(\$54.8)	(\$5.8)	\$17.7	\$0.0	(\$42.9)
	FY2029	(\$57.4)	(\$4.6)	\$16.8	\$0.0	(\$45.2)
	FY2030	(\$60.2)	(\$3.2)	\$15.9	\$0.0	(\$47.5)
SEBB	FY2027*	(\$10.9)	(\$0.9)	\$4.6	\$0.0	(\$7.2)
	FY2028	(\$22.3)	(\$1.6)	\$9.1	\$0.0	(\$14.8)
	FY2029	(\$23.4)	(\$1.1)	\$8.7	\$0.0	(\$15.8)
	FY2030	(\$24.5)	(\$0.6)	\$8.3	\$0.0	(\$16.7)

*Represents only 6 months of cost avoidance/investment.

- ▶ Projected decreases to non-Medicare premiums range from approximately 1 – 3%

Next Steps

- ▶ Implementation and rulemaking
 - ▶ HCA will engage in rulemaking, codifying new Washington Administrative Code (WAC)
 - ▶ Engagement with stakeholders around rulemaking
 - ▶ Engagement with carriers via methodology and approach to measuring compliance
- ▶ Reimbursement investments and caps effective January 1, 2027
- ▶ Two legislative reports
 - ▶ Analysis of initial impacts of legislation on network access, enrollee premiums, cost sharing, and state expenditures
 - Report #1: Due December 31, 2030
 - Report #2: Due December 31, 2034

Questions?

Sara Whitley, ERB Finance Unit Manager
Financial Services and Purchasing Administration
(FSHPA)

Sara.Whitley@hca.wa.gov

Ryan Ramsdell, UMP Team Manager
Employee and Retiree Benefits (ERB) Division

Ryan.Ramsdell@hca.wa.gov

TAB 6

Benefits 24/7 Update

Brett Mello
Chief Information Officer
Enterprise Technology Services

Jean Bui
Deputy Director
ERB Division
June 18, 2025

Stabilization and Recruitment Update

- ▶ Stabilization project completed
 - ▶ Cleanup of Fall 2024 open enrollment (OE) results
 - ▶ Focus on improving user experience and functionality
- ▶ Final metrics
 - ▶ Benefits 24/7 high priority tickets (Goal <35): 32
 - ▶ Sync record backlog (Goal <1,500): 521
 - ▶ Error files (Goal <1,000): 397
 - ▶ Pay 1 high priority tickets (Goal <100): 92
- ▶ ETS staffing
 - ▶ Manager – *Recruiting*
 - ▶ 2 Business Analysts – *Drafting position descriptions*
 - ▶ 2 Dev/Ops Analysts – *Drafting position descriptions*

Open Enrollment Work

- ▶ Benefits 24/7 and Pay1 teams are transitioning to open enrollment work
 - ▶ Annual updates
 - ▶ 2026 specific updates
 - ▶ UMP Plus alerts
 - ▶ Language update for long-term disability (LTD) change
- ▶ Team continues work on bugs that have been prioritized before open enrollment
- ▶ Focus group of benefits administrators for improvement of the OE wizard, specifically dependents and spousal attestation
- ▶ Testing OE functionality

Application Programming Interface (API)

- ▶ Designing a new interface model for exchanging data
- ▶ Long standing request from higher education institutions
 - ▶ Simple, standardized solution to be used for other SEBB and PEBB Program employers
- ▶ Starting development this summer
- ▶ Initial launch spring 2026

Benefits Administrator Communications Transition

- ▶ Benefits administrator communications will continue
- ▶ Moving from weekly to monthly, or more often if issues are identified
- ▶ Historic communications are maintained on the benefits administrator website for reference

Questions?

Brett Mello, Chief Information Officer
Enterprise Technology Services (ETS) Division
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Jean Bui, Deputy Director
Employees and Retirees Benefits (ERB) Division
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