

School Employees Benefits Board

July 15, 2021

School Employees Benefits Board

July 15, 2021

9:00 a.m. – 11:15 a.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
July 15, 2021
9:00 a.m. – 11:15 a.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) Division	Information
9:10 a.m.	2022 Annual Procurement Update and Uniform Medical Plan (UMP) Benefit Resolution	TAB 3	Lauren Johnston, SEBB Program Procurement Manager ERB Division	Action
9:20 a.m.	Chiropractic, Acupuncture, and Massage (CAM) Utilization Summary & Benefit Proposal for the Uniform Medical Plan (UMP)	TAB 4	Selena Davis, UMP Senior Account Manager, Portfolio Management & Monitoring Section, ERB Division Sara Whitley, Fiscal Information and Data Analyst, Financial Services Division	Information/ Discussion
9:35 a.m.	Dual Enrollment COBRA Eligibility Resolution	TAB 5	Emily Duchaine, Regulatory Analyst Policy, Rules & Compliance Section ERB Division	Action
9:55 a.m.	2022 Rates Overview	TAB 6	Tanya Deuel, ERB Finance Manager Financial Services Division	Information/ Discussion
10:20 a.m.	Benefit Update: Medical Flexible Spending Arrangement & Dependent Care Assistance Program (DCAP)	TAB 7	Marty Thies, Ph.D. Portfolio Management & Monitoring Section, ERB Division	Information/ Discussion
10:40 a.m.	COBRA Subsidy Update	TAB 8	Kat Cook, Benefit Strategy Analyst Benefit Strategy & Design Section ERB Division	Information/ Discussion
10:55 a.m.	Public Comment			
11:15 a.m.	Adjourn			

***All Times Approximate**

The School Employees Benefits Board will meet Thursday, July 15, 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 July 12, 2021.

[Join Zoom Meeting](#)

Join Zoom Meeting

<https://zoom.us/j/91332473771?pwd=ZVZLbVpCUFgrZmljdVhyUUIPaHFCdz09>

Meeting ID: 913 3247 3771

Passcode: 222294

One tap mobile

+12532158782,,91332473771# US (Tacoma)

+16699006833,,91332473771# US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 669 900 6833 US (San Jose)

+1 346 248 7799 US (Houston)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

Meeting ID: 913 3247 3771

Find your local number: <https://zoom.us/u/aM3IFBtvF>

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 kerry.schaefer@hca.wa.gov	Employee Health Benefits Policy and Administration
Pete Cutler 7605 Ostrich DR SE Olympia, WA 98513 C 360-789-2787 Pete.cutler@hca.wa.gov	Employee Health Benefits Policy and Administration
Dawna Hansen-Murray 9932 Jackson ST Yelm, WA 98597 C 360-790-4961 dawna.hansen-murray@hca.wa.gov	Classified Employees
Dan Gossett 603 Veralene Way SW Everett, WA 98203 C 425-737-2983 dan.gossett@hca.wa.gov	Certificated Employees

SEB Board Members

Name

Representing

Katy Henry
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V 509-655-2350
Katy.henry@hca.wa.gov

Certificated Employees

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Classified Employees

Wayne Leonard
Assistant Superintendent of
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608 E 19th Ave
Spokane, WA 99203
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wayne.leonard@hca.wa.gov

Employee Health Benefits Policy
and Administration
(WASBO)

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Employee Health Benefits Policy
and Administration

Legal Counsel

Katy Hatfield, Assistant Attorney General
7141 Cleanwater Dr SW
PO Box 40124
Olympia, WA 98504-0124
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2/23/21



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.

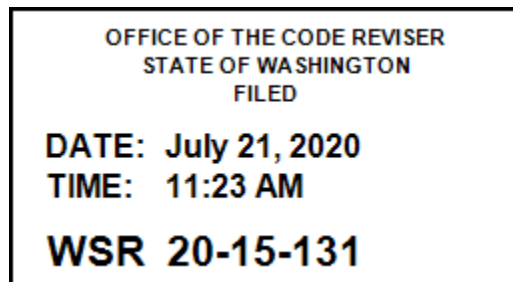
July 22, 2021 - 9:00 a.m. – 2:00 p.m.

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



2022 Annual Procurement Update & Uniform Medical Plan (UMP) Benefit Resolution

Lauren Johnston
SEBB Program Procurement Manager
Employees and Retirees Benefits (ERB) Division
July 15, 2021

Reminder of Changes to Uniform Medical Plan (UMP)

- Mental Health Parity
- Changes to UMP Plus Puget Sound High Value Service Area
- Increases to the Health Savings Account (HSA) Annual Maximum Contribution
- UMP Accumulators
- UMP High Deductible Preventive Care (pending vote today)

Reasons for Proposed Change for Uniform Medical Plan

Internal Revenue Service Notice 2019-45 expands the list of preventive care benefits the Uniform Medical Plan Consumer Directed Health Plan (CDHP) can cover before a member meets their deductible. Although these services and items are classified as preventive for purposes of section 223(c)(2)(C), these services and items can still be subject to cost sharing (coinsurance, copayment, etc.).

Recommended IRS Allowed Changes to UMP High Deductible

Chronic Condition:	Preventive Care Covered:	Coverage Available Under:	If Approved, 2022 UMP Coverage Would Be:
Asthma	Peak flow meter	Medical	<ul style="list-style-type: none"> • Deductible is waived • Member only pays coinsurance until their out-of-pocket limit is met
Diabetes	Glucometer	<p>Medical* or Pharmacy</p> <p>*some specific continuous glucose monitors will be grandfathered</p>	
Diabetes	Hemoglobin A1c testing	Medical	
Diabetes	Retinopathy screening	Medical	

Recommended IRS Allowed Changes to UMP High Deductible (*cont.*)

Chronic Condition:	Preventive Care Covered:	Coverage Available Under:	If Approved, 2022 UMP Coverage Would Be:
Heart Disease	Low-density Lipoprotein (LDL) testing	Medical	<ul style="list-style-type: none"> • Deductible is waived • Member only pays coinsurance until their out-of-pocket limit is met
Hypertension	Blood pressure monitor	Medical	
Liver Disease and/or Bleeding Disorders	International Normalized Ratio (INR) testing	Medical	

Resolution SEBB 2021-15

UMP High Deductible Preventive Care

Resolved that, beginning January 1, 2022, the UMP High Deductible plan will allow coverage to treat certain chronic conditions, those presented at the July 15, 2021 SEB Board Meeting, before having to meet the plan deductible.

IRS Notice 2019-45 Discretionary Preventive Coverages: Under Review for 2023

Chronic Condition	Preventive Care Covered:	Coverage Available Under:
Congestive heart failure, diabetes, and/or coronary artery disease	Angiotensin Converting Enzyme (ACE) inhibitors	Pharmacy
Osteoporosis and/or osteopenia	Anti-resorptive therapy	Pharmacy
Congestive heart failure and/or coronary artery disease	Beta-blockers	Pharmacy
Asthma	Inhaled corticosteroids	Pharmacy
Diabetes	Insulin and other glucose lowering agents	Pharmacy
Depression	Selective Serotonin Reuptake Inhibitors (SSRIs)	Pharmacy
Heart disease and/or diabetes	Statins	Pharmacy

2022 Fully Insured Medical Plan Benefit Changes

Kaiser Foundation Health Plan of the Northwest (KPNW) Benefit Changes

- Naturopathy
- Acupuncture
- Massage
- Rehabilitation Services
- Dental services for potential transplant recipients

KPNW Additional New Proposed Benefit Change

Insulin:

- Change the out-of-pocket maximum cap for each insulin prescription fill from \$100 to \$75
- Does not change the insulin drug tier or related tier costs; where the member currently pays an amount below \$75, they would continue to owe the lower cost share
- Change for all plan offerings

Kaiser Foundation Health Plan of Washington (KPWA/KPWAO) Benefit Changes

- In-home infusion therapy
- Urine drug screening tests
- Removal of the annual out-of-network maximum out-of-pocket limit (KPWAO only)

Premera Blue Cross Benefit Changes

- Adding Quit for Life Program with no cost share to the member
- Expanding into Kittitas County

Questions?

Lauren Johnston

SEBB Program Procurement Manager
Employees and Retirees Benefits Division

Lauren.johnston@hca.wa.gov

Appendix

IRS Allowed Changes to UMP High Deductible

Chronic Condition:	Preventive Care Covered:	Coverage Available Under:	If Approved, 2022 UMP Coverage Would Be:
Asthma	Peak flow meter	Medical	<ul style="list-style-type: none"> • Deductible is waived • Member only pays coinsurance until their out-of-pocket limit is met
Diabetes	Glucometer	Medical and Continuous glucose monitor (CGM) Pharmacy—All other glucometers Medical* or Pharmacy <i>*some specific continuous glucose monitors will be grandfathered</i>	
Diabetes	Hemoglobin A1c testing	Medical	
Diabetes	Retinopathy screening	Medical	

IRS Allowed Changes to UMP High Deductible (*cont.*)

Chronic Condition:	Preventive Care Covered:	Coverage Available Under:	If Approved, 2022 UMP Coverage Would Be:
Heart Disease	Low-density Lipoprotein (LDL) testing	Medical	<ul style="list-style-type: none"> • Deductible is waived • Member only pays coinsurance until their out-of-pocket limit is met
Hypertension	Blood pressure monitor	Medical	
Liver Disease and/or Bleeding Disorders	International Normalized Ratio (INR) testing	Medical	

Resolution SEBB 2021-15

UMP High Deductible Preventive Care (revised)

Resolved that, beginning January 1, 2022, the UMP High Deductible plan will allow coverage to treat certain chronic conditions, those presented at the July 15, ~~June 24,~~ 2021 SEB Board Meeting, before having to meet the plan deductible.

TAB 4



Chiropractic, Acupuncture, and Massage (CAM) Utilization Summary & Benefit Proposal for Uniform Medical Plan (UMP)

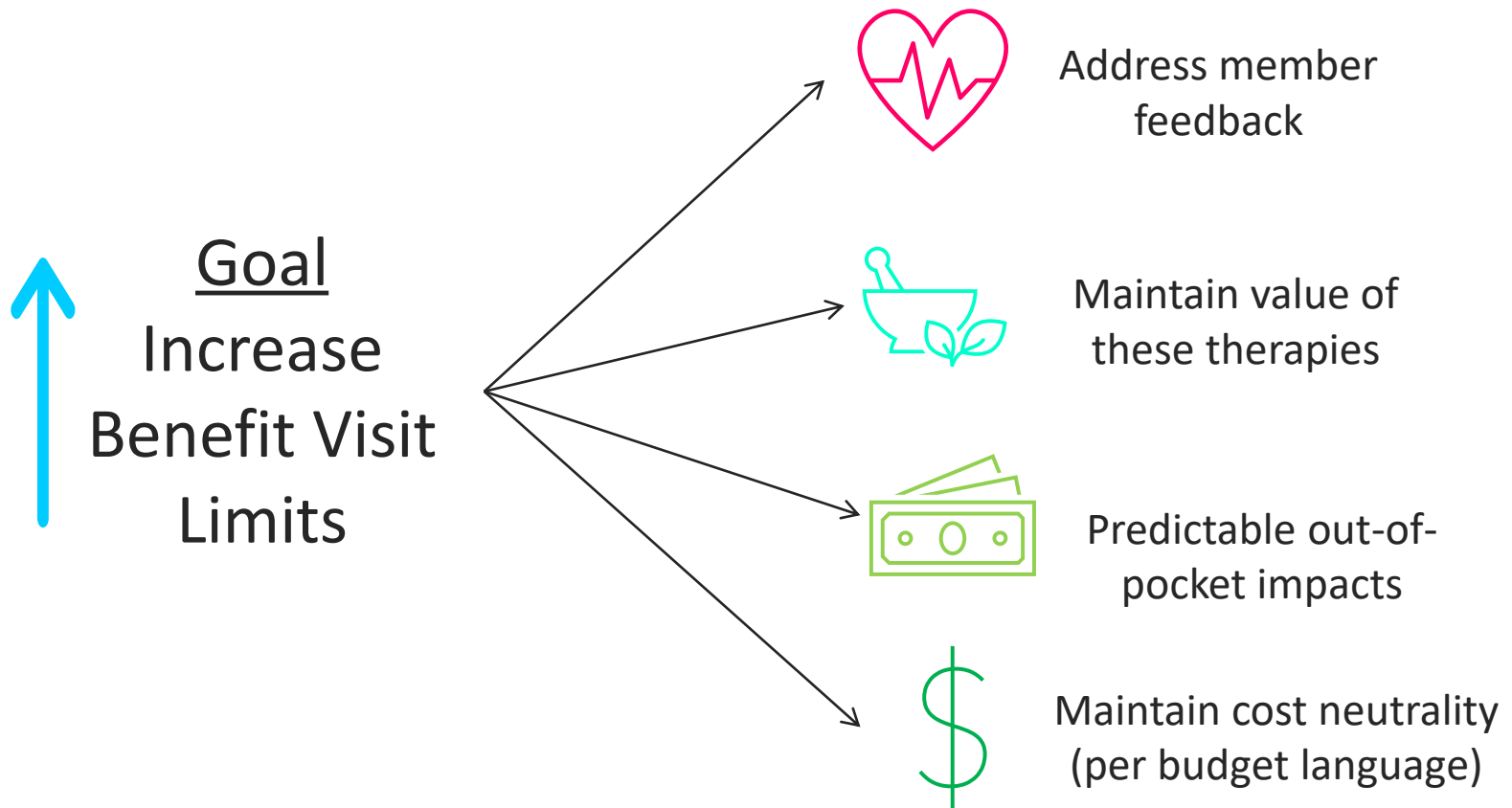
Selena Davis
UMP Senior Account Manager
Employees and Retirees Benefits Division
July 15, 2021

Sara Whitley
Fiscal Information and Data Analyst
Financial Services Division

Motivation for Proposal

- CAM Benefits are included in all SEBB employee medical plan offerings as popular and effective therapies
- Feedback from members over the years has indicated current limits may not meet some individual therapeutic needs
- HCA has explored an alternative approach for increasing UMP visit limits for members to address their requests

Guiding Principles – CAM Benefit Adjustment

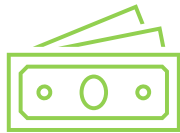




Address member feedback – Copay structure increases visit limits across all benefits, allowing for flexibility of utilization based on member preference



Maintain value of these therapies – Increased visit limits provide greater access to members seeking more annual visits



Limit out-of-pocket impacts – Increase in visit limits are balanced by affordable and predictable copay structure



Maintain cost neutrality – Copays* developed to be cost neutral. This proposal safeguards against an increase in costs and avoids future impacts to UMP employee premiums

*Copay not subject to deductible

Current SEBB UMP CAM Benefit Design

	Current Annual Visit Limit*	Coinsurance Per Visit**
Chiropractic	16 visits	15%
Acupuncture	16 visits	15%
Massage^	16 visits	15%

*Visit limits apply to all UMP plans, except for UMP Plus which are: Chiropractic 10 visits, Acupuncture 16 visits, and Massage 16 visits

**In-Network services: 15% coinsurance for all plans except, UMP Achieve 1 which is 20% coinsurance
Out-of-Network services: 40% coinsurance for all UMP plans, except UMP Plus which is 50% coinsurance

^Massage is an in-network only benefit

- Members pay total allowed amount for services until their deductible is met
- After plan deductible is met, the member pays applicable coinsurance until the plan out-of-pocket maximum is reached

Proposed UMP CAM Benefit Design

	Proposed Annual Visit Limit	Copay Per Visit*
Chiropractic	24 visits	\$15
Acupuncture	24 visits	\$15
Massage [^]	24 visits	\$15

*Copays apply only to in-network services. Out-of-network services: 40%-member coinsurance for all UMP plans, except UMP Plus, which is 50%-member coinsurance

[^]Massage is an in-network only benefit

- For all UMP plans, except the UMP High Deductible, members pay the copay even if they have not met their deductible
 - For UMP High Deductible, members must first meet their deductible before the copay applies
- Once the out-of-pocket maximum is reached, the member copay no longer applies, and the plan then pays 100%

SEBB UMP Utilization Summary

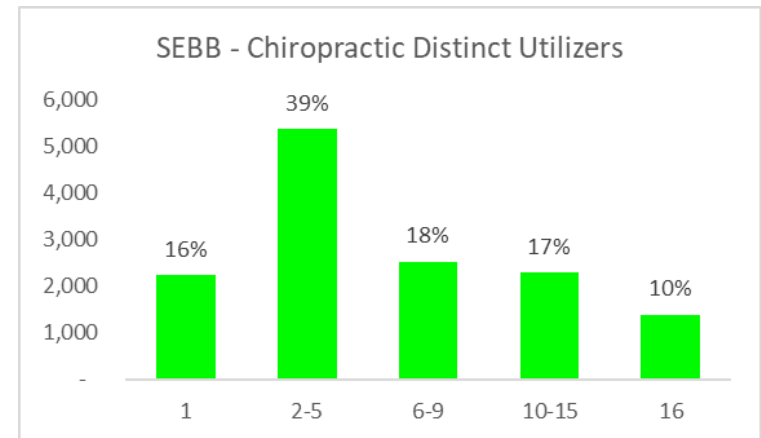
2020 SEBB Utilization

	Distinct Utilizers of Benefit	Average Visits per Distinct Utilizer	Utilizers at Max Benefit Visit Limit	% Utilizers at Max Benefit Visit Limit
Chiropractic	13,831	6	1,392	10%
Acupuncture	1,825	6	144	8%
Massage	5,755	6	418	7%

SEBB UMP utilization (2020). Only one year of utilization data is available for the SEBB Program population and is likely impacted due to the COVID-19 pandemic.

SEBB 2020 UMP Utilization Chiropractic

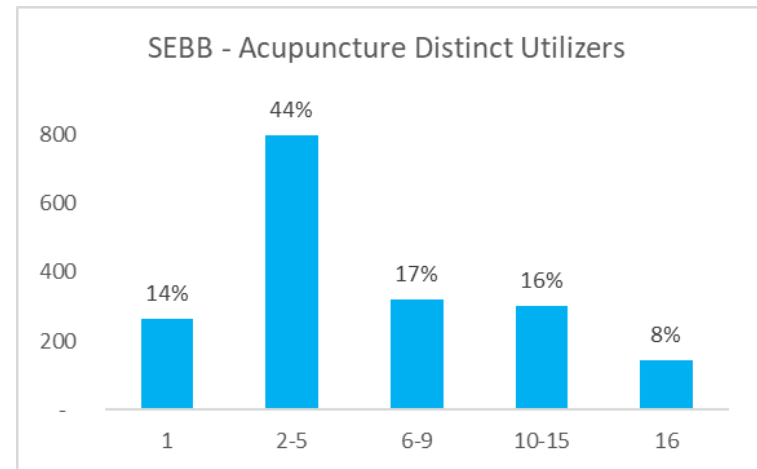
SEBB - Chiropractic		
Average Member Responsibility Per Visit: \$17		
Visits	Distinct Utilizers	% Total Utilizers
1	2,244	16%
2-5	5,371	39%
6-9	2,530	18%
10-15	2,294	17%
16	1,392	10%
Total	13,831	100%



SEBB UMP utilization (2020). Only one year of utilization data is available for the SEBB Program population and is likely impacted due to the COVID-19 pandemic.

SEBB 2020 UMP Utilization Acupuncture

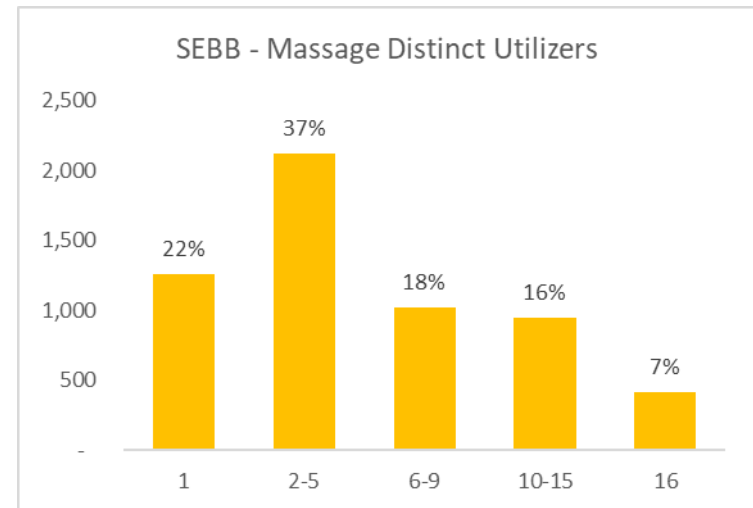
SEBB - Acupuncture		
Average Member Responsibility Per Visit: \$25		
Visits	Distinct Utilizers	% Total Utilizers
1	264	14%
2-5	797	44%
6-9	319	17%
10-15	301	16%
16	144	8%
Total	1,825	100%



SEBB UMP utilization (2020). Only one year of utilization data is available for the SEBB Program population and is likely impacted due to the COVID-19 pandemic.

SEBB 2020 UMP Utilization Massage

SEBB - Massage		
Average Member Responsibility Per Visit: \$24		
Visits	Distinct Utilizers	% Total Utilizers
1	1,255	22%
2-5	2,115	37%
6-9	1,018	18%
10-15	949	16%
16	418	7%
Total	5,755	100%







SEBB UMP utilization (2020). Only one year of utilization data is available for the SEBB Program population and is likely impacted due to the COVID-19 pandemic.

CAM Benefit Adjustment Proposal

	Proposed Annual Visit Limit	Copay Per Visit*
Chiropractic	24 visits	\$15
Acupuncture	24 visits	\$15
Massage[^]	24 visits	\$15

*Copays apply only to in-network services. Out-of-network services: 40%-member coinsurance for all UMP plans except UMP Plus, which is 50%-member coinsurance.

[^]Massage is an in-network only benefit

-  **Address member feedback**
-  **Maintain value of these therapies**
-  **Limit out-of-pocket impacts**
-  **Maintain cost neutrality in UMP**

Proposed Resolution SEBB 2021-17 UMP Chiropractic, Acupuncture, and Massage Benefits

1. This benefit design resolution applies only if a comparable version is approved by both the PEB Board and the SEB Board;
2. Effective January 1, 2022, the Uniform Medical Plan (UMP) benefit design, for all UMP offerings, of the Chiropractic, Acupuncture, and Massage (CAM) benefits included in prior Board policy decisions and resolutions (SEBB 2018-20, 2018-21, 2018-22, 2018-23, 2018-52) is rescinded and replaced with the following CAM benefit design:

Proposed Resolution SEBB 2021-17

UMP Chiropractic, Acupuncture, and Massage Benefits (*cont.*)

- a) Treatment limitations will be as follows:
 - Chiropractic visits are limited to 24 per plan year
 - Acupuncture visits are limited to 24 per plan year
 - Massage visits are limited to 24 per plan year;

- b) Cost-sharing for all UMP plans will be as follows:
 - In-network services will have a copay and neither the services nor the copay will apply toward the deductibles, except for UMP High Deductible as described in (d) below, but the copay will apply toward the annual out-of-pocket maximums;

Proposed Resolution SEBB 2021-17

UMP Chiropractic, Acupuncture, and Massage Benefits (*cont.*)

- c) Out-of-network services will not have copays and will have:
- a 40%-member coinsurance of the allowed amount for all UMP plans except UMP Plus, which will be a 50%-member coinsurance, applies after the deductible is met and the coinsurance applies to the annual out-of-pocket maximum;
 - no charges above the allowed amount apply toward UMP plan deductibles or the annual out-of-pocket maximum; and
 - coverage only for Chiropractic and Acupuncture services; and
- d) UMP High Deductible members need to meet their deductible before the plan will pay any portion of the allowed amount for any claim, for both in-network and out-of-network services.

Next Steps

- Distribute for stakeholder review after this meeting
- Return for Board action at the next SEB Board Meeting

Questions?

Selena Davis

UMP Senior Account Manager
Employees and Retirees Benefits Division

selena.davis@hca.wa.gov

Sara Whitley

Fiscal Information and Data Analyst

Financial Services Division

sara.whitley@hca.wa.gov

Appendix

Resolution SEBB 2018-52 Self-Insured Plans Chiropractic, Acupuncture, and Massage Benefit Design

- Amending SEBB 2018-20, SEBB 2018-21, and 2018-22 to change the treatment limitations as follows:
- Chiropractic visits are limited to 16 per calendar year.
- Combined physical/occupational/speech /neurodevelopmental therapy visits are limited to 80 per calendar year.

21-23 Operating Budget Language

ESSB 5902 – Section 212

13 (2) Any changes to benefits must be approved by the public
14 employees' benefits board. The board shall not make any changes to
15 benefits without considering a comprehensive analysis of the cost of
16 those changes, and shall not increase benefits unless offsetting cost
17 reductions from other benefit revisions are sufficient to fund the
18 changes. The board shall not make any change in retiree eligibility
19 criteria that reestablishes eligibility for enrollment in PEBB
20 benefits.

TAB 5



Dual Enrollment COBRA Eligibility Resolution

Emily Duchaine, Regulatory Analyst
Policy, Rules, and Compliance Section
Employees and Retirees Benefits Division
July 15, 2021

SEB Board Policy Resolution

SEBB 2021-16

SEBB Continuation
Coverage Eligibility for
Employees' Dependents

RCW 41.05.740(6)(d)

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

(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;

Resolution SEBB 2021-16

SEBB Continuation Coverage Eligibility for School Employees' Dependents

Resolved that, if a school employee's dependent was auto-disenrolled from SEBB dental, SEBB vision, or both, because the school employee was auto-disenrolled from SEBB benefits to remain in PEBB benefits, the dependent may elect to enroll in SEBB dental, SEBB vision, or both. These benefits will be provided for a maximum of 36 months on a self-pay basis.

Next Steps

- Issue guidance to employing agencies on this resolution
- Incorporate resolution into SEBB Program rules

Questions?

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Employees and Retirees Benefits Division
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Appendix

Resolution SEBB 2021-04

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

(Adopted at the April 7, 2021 SEB Board Meeting)

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.

Proposed Resolution SEBB 2021-16

Example #1

Example: Ashley is a teacher at Olympia High School. She is currently enrolled in SEBB dental and SEBB vision as a school employee, but she is not enrolled in SEBB medical because she waived.

Ashley's husband Greg is an employee at the Department of Ecology. Ashley is enrolled in PEBB medical as a dependent under Greg's account. They have a daughter, Maya, who is enrolled only in SEBB dental and SEBB vision.

Ashley does not take action during open enrollment to resolve her dual enrollment. As a result of Resolution SEBB 2021-04, Ashley is kept in PEBB benefits where she gets her medical and is auto-disenrolled from SEBB dental and SEBB vision. Her daughter Maya is also auto-disenrolled from SEBB dental and SEBB vision.

Proposed Resolution SEBB 2021-16 Example #2

Example: Raymond is a custodian at Roosevelt Elementary School. He dropped SEBB medical during fall OE 2020 for the 2021 plan year after he got married and went on his spouse Jennifer's PEBB medical. He is still enrolled in SEBB dental and SEBB vision.

His niece, Bella, is Raymond's extended dependent and he is her only legal guardian on court documents. Bella is enrolled on his SEBB dental and SEBB vision as his extended dependent.

Raymond does not take action during open enrollment to resolve his dual enrollment. As a result of Resolution SEBB 2021-04, Raymond is kept in PEBB benefits where he gets his medical and is auto-disenrolled from SEBB dental and SEBB vision. His niece, Bella, is also auto-disenrolled from SEBB dental and SEBB vision.

Bella cannot be brought over to PEBB dental with Raymond because Bella is not an eligible dependent under Jennifer's PEBB account.

Federal COBRA Laws and Past Board Resolutions

- Federal COBRA qualified beneficiaries
 - Covered employee, spouse, dependent child
- Federal COBRA qualifying events
 - The death of covered employee; termination or reduction of hours; divorce or legal separation; entitlement to Medicare; dependent child ceases to be a dependent child.
- Policy Resolution SEBB 2018-58, adopted January 2019

Public Health Services Act (PHSA) COBRA Requirements

- 42 U.S. Code § 300bb–8 – Definitions

- (3) Qualified beneficiary

- (A) In general

- The term “qualified beneficiary” means, with respect to a covered employee under a group health plan, any other individual who, on the day before the qualifying event for that employee, is a beneficiary under the plan—

- (i) as the spouse of the covered employee, or
 - (ii) as the dependent child of the employee.

Public Health Services Act (PHSA) COBRA Requirements (*cont.*)

For purposes of this subchapter, the term “qualifying event” means, with respect to any covered employee, any of the following events which, but for the continuation coverage required under this subchapter, would result in the loss of coverage of a qualified beneficiary:

- (1) The death of the covered employee.
- (2) The termination (other than by reason of such employee’s gross misconduct) or reduction of hours of the covered employee’s employment.
- (3) The divorce or legal separation of the covered employee from the employee’s spouse.
- (4) The covered employee becoming entitled to benefits under title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.].
- (5) A dependent child ceasing to be a dependent child under the generally applicable requirements of the plan.

TAB 6



2022 Rates Overview

Tanya Deuel
ERB Finance Manager
Financial Services Division
July 15, 2021

Overview

- Employee Premium Contributions
 - Determining Employee Premiums (Sample Illustration)
 - Medical
- Employer Contributions
 - Dental, Vision, Basic Life and AD&D, and Basic Long-Term Disability
- Supplemental Benefits
 - Supplemental Life and AD&D, and Supplemental Long-Term Disability
- Proposed Resolutions

Employee Premium Contributions

Employer Medical Contribution (EMC)

Sample Illustration

UMP Achieve 2 Bid Rate

X
85%

EMC

=

Employee Contribution



Determining Employee Premiums

Sample Illustration

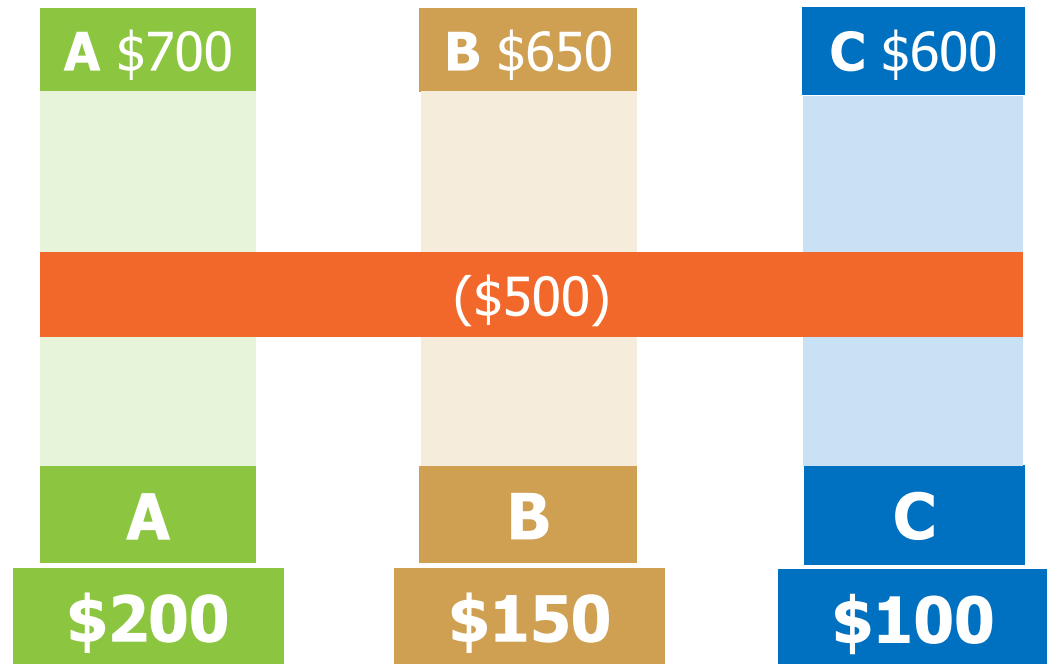
Plan Bid Rates



EMC




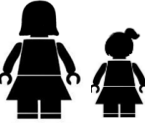
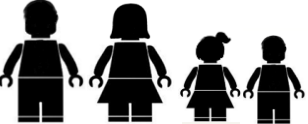


**Employee
Contribution**



Determining Employee Premiums by Tier

Sample Illustration

Plan		A	B	C
Employee Contribution		\$200	\$150	\$100
Tiers				
Tier 1	1 	\$200	\$150	\$100
Tier 2	2 	\$400	\$300	\$200
Tier 3	1.75 	\$350	\$263	\$175
Tier 4	3 	\$600	\$450	\$300

*Tiers 3 and 4 do not change when you have one child or multiple children covered.

Employee / Employer Premium Contributions

	Proposed 2022 Employee Contribution (Single Subscriber)	EMC (Employer Medical Contribution)	Proposed 2022 Total Composite Rate
Kaiser Permanente NW 1	\$50	\$570	\$620
Kaiser Permanente NW 2	\$69	\$570	\$639
Kaiser Permanente NW 3	\$136	\$570	\$706
Kaiser Permanente WA Core 1	\$39	\$570	\$609
Kaiser Permanente WA Core 2	\$44	\$570	\$614
Kaiser Permanente WA Core 3	\$119	\$570	\$689
Kaiser Permanente WA SoundChoice	\$76	\$570	\$646
Kaiser Permanente WA Options Access PPO 1	\$104	\$570	\$674
Kaiser Permanente WA Options Access PPO 2	\$133	\$570	\$703
Kaiser Permanente WA Options Access PPO 3	\$185	\$570	\$755

- EMC is on a Per Adult Unit Per Month (PAUPM) basis
- Rounded to the nearest dollar

Employee / Employer Premium Contributions (*cont.*)

	Proposed 2022 Employee Contribution (Single Subscriber)	EMC (Employer Medical Contribution)	Proposed 2022 Total Composite Rate
Premera Blue Cross High PPO	\$87	\$570	\$657
Premera Blue Cross Peak Care EPO	\$41	\$570	\$611
Premera Blue Cross Standard PPO	\$37	\$570	\$607
Uniform Medical Plan (UMP) Achieve 1	\$37	\$570	\$607
UMP Achieve 2	\$101	\$570	\$671
UMP High Deductible (with a health savings account)	\$25	\$570	\$595
UMP Plus	\$77	\$570	\$647

- EMC is on a Per Adult Unit Per Month (PAUPM) basis
- Total Composite Rate for the SEBB UMP High Deductible includes an employer Health Savings Account (HSA) contribution of \$375 per year for Tier 1 and \$750 per year for all other tiers
- Rounded to the nearest dollar

Employee Premium Contributions

	Subscriber Only		2021 to 2022 Change in Subscriber Rate		Enrollment	
	2021	Proposed 2022	%	\$	Subscribers	% of Total Subscribers
Kaiser Permanente NW 1	\$39	\$50	28.2%	\$11	813	1%
Kaiser Permanente NW 2	\$52	\$69	32.7%	\$17	1,798	1%
Kaiser Permanente NW 3	\$119	\$136	14.3%	\$17	1,999	2%
Kaiser Permanente WA Core 1	\$16	\$39	143.8%	\$23	2,332	2%
Kaiser Permanente WA Core 2	\$21	\$44	109.5%	\$23	9,361	7%
Kaiser Permanente WA Core 3	\$91	\$119	30.8%	\$28	2,099	2%
Kaiser Permanente WA SoundChoice	\$51	\$76	49.0%	\$25	14,195	11%
Kaiser Permanente WA Options Access PPO 1	\$66	\$104	57.6%	\$38	3,396	3%
Kaiser Permanente WA Options Access PPO 2	\$97	\$133	37.1%	\$36	5,785	5%
Kaiser Permanente WA Options Access PPO 3	\$146	\$185	26.7%	\$39	7,483	6%

Employee Premium Contributions (*cont.*)

	Subscriber		2021 to 2022 Change in Subscriber Rate		Enrollment	
	2021	Proposed 2022	%	\$	Subscribers	% of Total Subscribers
Premera Blue Cross High PPO	\$76	\$87	14.5%	\$11	14,163	11%
Premera Blue Cross Peak Care EPO	\$37	\$41	10.8%	\$4	815	1%
Premera Blue Cross Standard PPO	\$28	\$37	32.1%	\$9	16,261	13%
Uniform Medical Plan (UMP) Achieve 1	\$33	\$37	12.1%	\$4	16,184	13%
UMP Achieve 2	\$98	\$101	3.1%	\$3	20,945	17%
UMP High Deductible (with a health savings account)	\$25	\$25	0.0%	\$0	5,103	4%
UMP Plus	\$68	\$77	13.2%	\$9	3,929	3%

2022 Proposed Employee Contribution by Tier

	Subscriber	Subscriber & Spouse/SRDP*	Subscriber & Child(ren)	Subscriber, Spouse/SRDP*, and Child(ren)
Kaiser Permanente NW 1	\$50	\$100	\$88	\$150
Kaiser Permanente NW 2	\$69	\$138	\$121	\$207
Kaiser Permanente NW 3	\$136	\$272	\$238	\$408
Kaiser Permanente WA Core 1	\$39	\$78	\$68	\$117
Kaiser Permanente WA Core 2	\$44	\$88	\$77	\$132
Kaiser Permanente WA Core 3	\$119	\$238	\$208	\$357
Kaiser Permanente WA SoundChoice	\$76	\$152	\$133	\$228
Kaiser Permanente WA Options Access PPO 1	\$104	\$208	\$182	\$312
Kaiser Permanente WA Options Access PPO 2	\$133	\$266	\$233	\$399
Kaiser Permanente WA Options Access PPO 3	\$185	\$370	\$324	\$555

- State-Registered Domestic Partner (SRDP)
- Rounded to the nearest dollar

2022 Proposed Employee Contribution by Tier (*cont.*)

	Subscriber	Subscriber & Spouse/SRDP*	Subscriber & Child(ren)	Subscriber, Spouse/SRDP*, and Child(ren)
Premera Blue Cross High PPO	\$87	\$174	\$152	\$261
Premera Blue Cross Peak Care EPO	\$41	\$82	\$72	\$123
Premera Blue Cross Standard PPO	\$37	\$74	\$65	\$111
Uniform Medical Plan (UMP) Achieve 1	\$37	\$74	\$65	\$111
UMP Achieve 2	\$101	\$202	\$177	\$303
UMP High Deductible (with a health savings account)	\$25	\$50	\$44	\$75
UMP Plus	\$77	\$154	\$135	\$231
Subscribers may be subject to the following surcharges				
Tobacco Surcharge	\$25	\$25	\$25	\$25
Spousal Surcharge	N/A	\$50	N/A	\$50

- State-Registered Domestic Partner (SRDP)
- Total Composite Rate for the SEBB UMP High Deductible includes an employer Health Savings Account (HSA) contribution of \$375 per year for Tier 1 and \$750 per year for all other tiers
- Rounded to the nearest dollar

Employer Contributions:

Dental, Vision, Basic Life and AD&D,
and Basic Long-Term Disability

Dental Premiums

	Subscriber	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber, Spouse/SRDP*, and Child(ren)
DeltaCare	\$41.33	\$82.66	\$82.66	\$123.99
Uniform Dental Plan	\$49.76	\$99.52	\$99.52	\$149.28
Willamette	\$49.90	\$99.80	\$99.80	\$149.70

- State-Registered Domestic Partner (SRDP)
- Employee premiums are paid 100% by the employer for all tiers

Vision Premiums

	Subscriber	Subscriber & Spouse	Subscriber & Child(ren)	Subscriber, Spouse/SRDP*, and Child(ren)
Davis Vision	\$4.36	\$8.72	\$7.63	\$13.08
EyeMed	\$5.96	\$11.92	\$10.43	\$17.88
MetLife	\$6.66	\$13.32	\$11.66	\$19.98

- State-Registered Domestic Partner (SRDP)
- Employee premiums are paid 100% by the employer for all tiers

Life and AD&D, and LTD Premiums

- Basic Life and AD&D, and LTD
 - Employer funded
 - No rate change for 2022
- Supplemental Life
 - Employee funded
 - No rate change for 2022
- Supplemental LTD
 - Employee funded
 - New rates per the Board benefit redesign decisions earlier this year

Basic Life and AD&D, and Basic Long-Term Disability

	Subscriber Rate
Life and AD&D	\$3.96
LTD	\$2.10

- Employee premiums are paid 100% by the employer

Proposed Resolutions

Proposed Resolution SEBB 2021-18 KPNW Medical Premiums

The SEB Board endorses the Kaiser Foundation Health Plan of the Northwest employee premiums.

Proposed Resolution SEBB 2021-19 KPWA Medical Premiums

The SEB Board endorses the Kaiser Foundation Health Plan of Washington employee premiums.

Proposed Resolution SEBB 2021-20 KPWAO Medical Premiums

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

Proposed Resolution SEBB 2021-21 Premera Medical Premiums

The SEB Board endorses the Premera employee premiums.

Proposed Resolution SEBB 2021-22 UMP Medical Premiums

The SEB Board endorses the Uniform Medical Plan (UMP) employee premiums.

Next Steps

HCA will ask the Board to take action on these premium resolutions at the July 22, 2021 Board meeting.

Questions?

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TAB 7



Benefit Update

Medical Flexible Spending Arrangement (FSA) & Dependent Care Assistance Program (DCAP)

Martin Thies, Ph.D.
Portfolio Management & Monitoring Section
Employees & Retirees Benefits Division
July 15, 2021

Overview

- Recap of the Benefit
- COVID Impacts
- Federal Leniency
- Design Changes

Benefit Recap

Salary Reduction:

Public employees can select “*before tax*” benefits funded through their voluntary payroll deductions

- Medical Flexible Spending Arrangement (FSA)
 - Employees pay for eligible out-of-pocket medical expenses
 - \$2,750/year for 2021, with annual IRS COLAs
- Dependent Care Assistance Program (DCAP)
 - Employees pay for eligible dependent care expenses
 - \$5,000/year maximum payroll deduction (no COLAs)

FSA/DCAP Savings

FSA/DCAP: 2-Year Overview of Participation and Impact					
Plan Year	2-Year Total	2020		2021	
Account Type		FSA	DCAP	FSA	DCAP
Total Participants	22,962	10,548	1,681	9,652	1,081
Total Elections	\$44,090,000	\$16,000,000	\$7,000,000	\$16,230,000	\$4,860,000
Employee Income Tax Savings	\$5,290,800	\$1,920,000	\$840,000	\$1,947,600	\$583,200
Employee FICA Savings	\$3,372,897	\$1,224,005	\$535,505	\$1,241,595	\$371,790
Employer FICA Savings	\$3,372,897	\$1,224,005	\$535,505	\$1,241,595	\$371,790
TOTAL Tax Benefit:	\$12,036,594				

COVID-19 Impact & Response

At Issue: Access to medical & dependent care services

- Elective surgeries and other health services suspended
- People choosing to stay away from medical/dental settings
- Daycare marketplace is hit hard—both supply & demand

Federal Action

- IRS Memo 2020-29 introduces 2020 leniency
 - Limited Open Enrollment (LOE), July 2020
 - Members could:
 - Initiate new 2020 accounts
 - Increase or decrease their annual elections
 - Many thousands of member actions taken

COVID-19 Impact & Response (*cont.*)

Federal Action (*cont.*)

- Consolidated Appropriations Act (December 2020) for 2021:
 - 100% carryover to 2021 of unspent 2020 DCAP funds
 - FSA access without enrolling in COBRA
 - Raised eligibility age for dependent care (from age 12 to 13)
 - Election changes without a Special Open Enrollment Event
- American Rescue Plan Act of 2021 (March 2021):
 - DCAP has had an annual election maximum of \$5,000 for decades
 - For 2021 only, the DCAP limit is increased to:
 - \$10,500
 - \$5,250 for married persons filing separately

Design Changes Coming in 2022

The Limited Purpose FSA

- A 3rd Flexible Spending Arrangement
- Same minimum/maximum elections as Medical FSA
- Can have Medical FSA or a Limited Purpose FSA, but *cannot have both in the same plan year*

Available to Consumer Directed Health Plan (CDHP) Subscribers

- Additional salary reductions
- Compatible with an HSA
- Encourages greater FSA participation

Selected Eligible Expenses

Which kind of FSA Covers What?		
Select FSA-eligible Expenses	Limited Purpose FSA	Medical FSA
Dental Deductible	✓	✓
OTC Teeth Pain Products	✓	✓
Orthodontia	✓	✓
Dental Reconstruction (includes implants)	✓	✓
Vision Co-Payment	✓	✓
Eye Exams	✓	✓
Contacts/Glasses (includes Rx Sunglasses)	✓	✓
Lasik	✓	✓
Ambulance		✓
Wheelchair and repairs		✓
Midwife		✓
Medical Labs		✓

Lowering the Minimum Election

- From \$240 to \$120
- Encouraging participation
- Same minimum election for all tax-advantaged account types

Moving to Carryover

A plan sponsor can adopt one of two ways to help participants when they don't spend their entire election:

- A **grace period** of up to 2½ months after the end of the plan year to incur costs and 90 days to claim FSA funds
- A **carryover**, whereby unspent funds (up to \$550) can be carried over and made available for the next plan year

A plan sponsor/employer can offer one or the other, or neither, but not both.

Moving to Carryover (*cont.*)

- Carryover allows participants to shift up to **\$550** to the next plan year, even if they elect the maximum dollar amount, currently \$2,750
- HCA is implementing a *minimum* carryover amount **\$120**—the new minimum election
- Carryover will apply to both the Medical FSA and the Limited Purpose FSA

Carryover Example #1

Cindy leaves \$135 unspent on December 31

- \$135 is over the minimum election of \$120, so the entire amount will carry over whether she enrolls in an FSA for the next year or not
- If she enrolls in a Consumer Directed Health Plan (CDHP) for the subsequent year, the \$135 will carry over to a Limited Purpose FSA
- If she enrolls in any non-CDHP plan, the funds will carry over to a Medical FSA

Carryover Example #2

John leaves \$78 unspent on December 31

- If John enrolls in a Medical FSA or a Limited Purpose FSA for the next year, the \$78 carries over into that FSA
- If John does NOT enroll in either type of FSA, he forfeits the funds because \$78 is under the minimum election of \$120

Carryover Example #3

Betty leaves \$600 unspent on December 31

- \$550 carries over to the next year but Betty forfeits \$50
- Next plan year, if she enrolls in CDHP, the funds will go to a Limited Purpose FSA
- If she does not enroll in CDHP, the funds go into a Medical FSA

Carryover: Example Summary

Plan Year 2022		Carryover to Plan Year 2023			
		NOT enrolled in UMP High Deductible		Enrolled in UMP High Deductible	
Unspent on December 31		Enrolled in Medical or Limited Purpose FSA	NOT enrolled in Medical or Limited Purpose FSA	Enrolled in Limited Purpose FSA	NOT enrolled in Limited Purpose FSA
Cindy	\$135	\$135 Carried Over	\$135 Carried Over	\$135 Carried Over	\$135 Carried Over
John	\$78	\$78 Carried Over	\$78 Forfeited	\$78 Carried Over	\$78 Forfeited
Betty	\$600	\$550 Carried Over \$50 Forfeited	\$550 Carried Over \$50 Forfeited	\$550 Carried Over \$50 Forfeited	\$550 Carried Over \$50 Forfeited

Timing of the Carryover

- All 2021 medical FSAs will be subject to the grace period
- **This fall**, participants will enroll in 2022 FSA accounts subject to a carryover, not a grace period
- The first carryover for PEBB will be January 1, 2023

Letting Subscribers Know

- Multiple communication plans to thoroughly address Carryover and the Limited Purpose FSA
- Issuing a separate mailing to highlight changes
- Also working with Outreach & Training to advise the employer side, equipping Benefits Administrators to inform and assist
- Prior to annual open enrollment, an October *For Your Benefit* article will describe the change

Questions?

More Information:

<http://pebb.naviabenefits.com/>

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TAB 8



COBRA Subsidy Update

Kat Cook, Benefit Strategy Analyst
Benefit Strategy and Design Section
Employees and Retirees Benefits Division
July 15, 2021

What is the COBRA Subsidy?

- The American Rescue Plan Act of 2021 (ARPA) granted a 100% COBRA Subsidy for certain months
- COBRA Subsidy eligibility criteria:
 - They are federally eligible for COBRA during the subsidy,
AND
 - They lost group health coverage to involuntary termination
OR for a reduction in hours,
AND
 - They don't have access to other group health coverage or Medicare.

Subsidy Denials

- Reasons an applicant might be denied the subsidy:
 - Eligible for other group coverage or Medicare
 - No longer eligible for COBRA (eligibility for continuation coverage from SEBB 2020-07 does not qualify for the COBRA subsidy)
 - Termination of employment was voluntary
- A denial letter is sent to any applicant denied coverage, which includes:
 - Reason for denial
 - Appeal rights

Why Would Someone's Subsidy End?

- They met their COBRA end date (eligibility for continuation coverage from Board resolution SEBB 2020-01 does not qualify for the COBRA subsidy)
- They alerted HCA that they became eligible for other group coverage or Medicare
- The subsidy period ended

2021 COBRA Subsidy Statistics

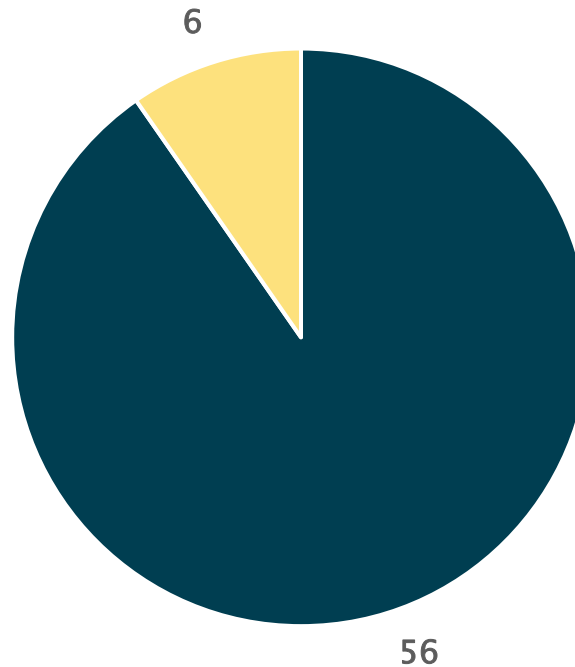
Data collection Date = 7/2/2021

- 16,472 Notices sent to potentially eligible current/former school employees and dependents
- 165 Applications from current/former school employees
 - 62 Approved
 - 103 Denied

2021 COBRA New Enrollees

Data collection Date = 7/2/2021

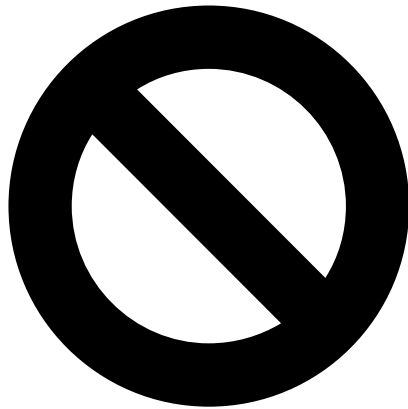
COBRA Subsidy Uptake



N = 62

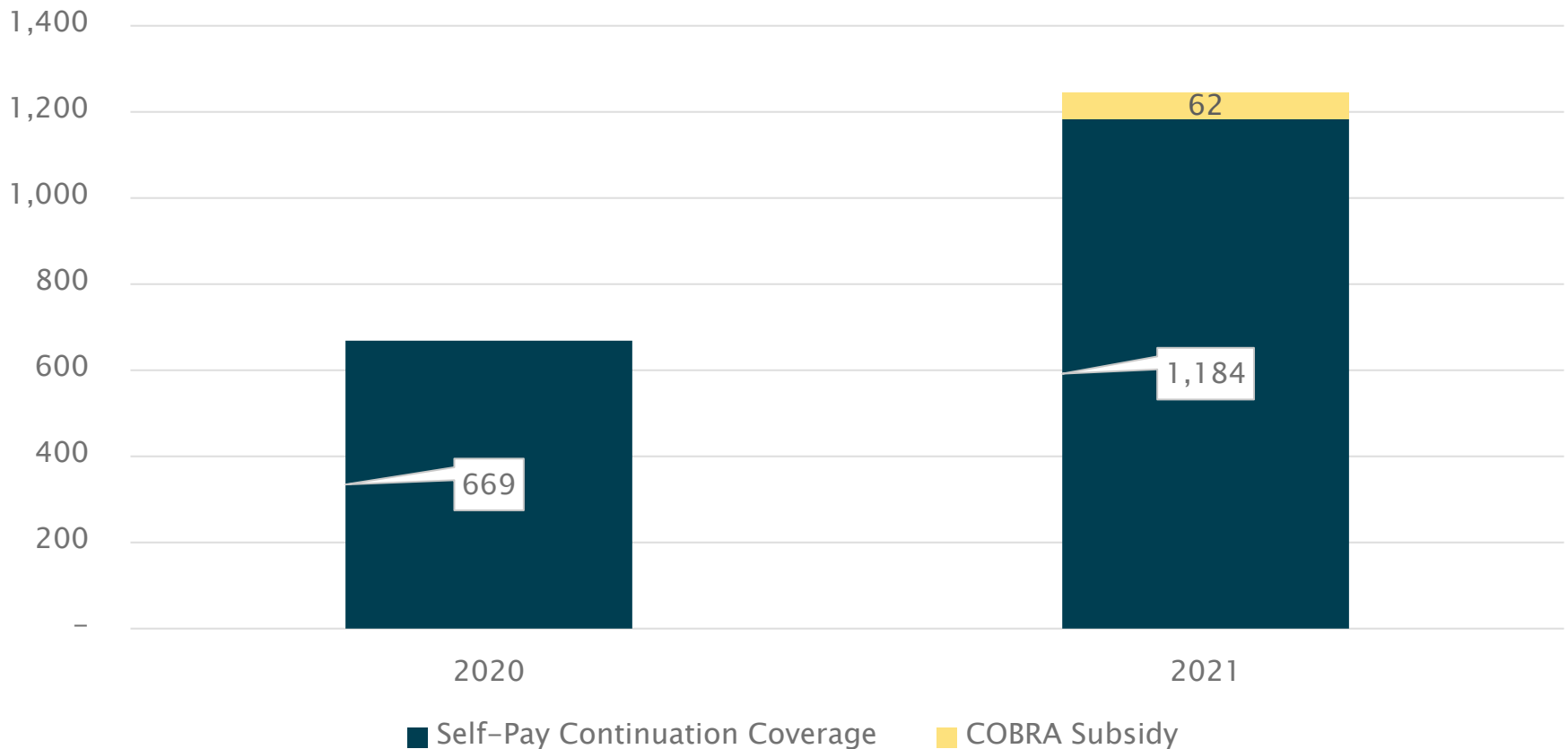
■ Newly Enrolled in COBRA ■ Previously Enrolled in COBRA

Retro-coverage on the COBRA Subsidy



No one has elected a retroactive coverage effective date to before the start of the April 1 subsidy period

Continuation Coverage Utilization Trends



Next Steps

- Subsidy End date: September 30, 2021
- Assistance Eligible Individuals (AEIs) must be notified 15-45 days before their subsidized COBRA expires
- HCA's notification process is automated
- When notifying AEIs of expiring subsidy coverage, HCA will also include information on the Health Benefits Exchange and other options to access health coverage.

Questions?

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