

School Employees Benefits Board Meeting

May 5, 2022

School Employees Benefits Board

May 5, 2022

9:00 a.m. – 12:30 a.m.

Attendance by Zoom Only

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

Table of Contents

Meeting Agenda	1-1
Member List.....	1-2
2022 Meeting Schedule	1-3
SEB Board By-Laws	2-1
2024 Uniform Dental Plan (UDP) Benefit Design Options	3-1
Vision Benefit Discussion	4-1
Tax-Advantaged Accounts Procurement Overview	5-1
SmartHealth Update.....	6-1

TAB 1

School Employees Benefits Board
May 5, 2022
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		Dave Iseminger, Director Employees & Retirees Benefits (ERB) Division	Information
9:10 a.m.	2024 Uniform Dental Plan (UDP) Benefit Design Options	TAB 3	Ellen Wolfhagen, Senior Account Manager, ERB Division	Information/ Discussion
9:40 a.m.	Vision Benefit Discussion	TAB 4	Beth Heston, Senior Account Manager ERB Division	Information/ Discussion
10:10 a.m.	Tax-Advantaged Accounts Procurement Overview	TAB 5	Kelsie Pele, MPH Senior Account Manager ERB Division	Information/ Discussion
10:25 a.m.	SmartHealth Update	TAB 6	Kristen Stoimenoff, Manager Washington Wellness Program Jenny Switzer, Senior Account Mgr. ERB Division	Information/ Discussion
10:40 a.m.	Public Comment			
11:00 a.m.	Closing			
11:05 a.m.	Transition to Executive Session			
11:10 a.m.	Executive Session			
12:30 p.m.	Adjourn		Lou McDermott, Chair	

***All Times Approximate**

The School Employees Benefits Board will meet Thursday, May 5, 2022. Due to COVID-19 and out of an abundance of caution, all Board Members and attendees will attend this meeting virtually.

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

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

No “final action,” as defined in RCW 42.30.020(3), will be taken at the Executive Session.

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: board@hca.wa.gov.

Materials posted at: <https://www.hca.wa.gov/about-hca/school-employees-benefits-board-sebb-program/meetings-and-materials> by close of business on May 2, 2022.

[Join Zoom Meeting](#)

Join Zoom Meeting

<https://us02web.zoom.us/j/86181440184?pwd=UHFZSE9xcFpzRFFeVRrVEZueitZQT09>

Meeting ID: 861 8144 0184

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One tap mobile

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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
Dawna Hansen-Murray 9932 Jackson ST Yelm, WA 98597 C 360-790-4961 SEBBoard@hca.wa.gov	Classified Employees
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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Employee Health Benefits Policy
and Administration

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4/1/22



STATE OF WASHINGTON
HEALTH CARE AUTHORITY

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

SEB BOARD MEETING SCHEDULE

2022 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 27, 2022 - 9:00 a.m. – 4:00 p.m.

March 3, 2022 - 9:00 a.m. – 2:00 p.m.

April 7, 2022 - 9:00 p.m. – 2:00 – p.m.

May 5, 2022 - 9:00 a.m. – 2:00 p.m.

June 2, 2022 - 9:00 a.m. – 2:00 p.m.

June 23, 2022 - 9:00 a.m. – 2:00 p.m.

July 7, 2022 - 9:00 a.m. – 2:00 p.m.

July 21 2022 - 9:00 a.m. – 2:00 p.m.

July 28, 2022 - 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

7/16/21

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: July 16, 2021

TIME: 2:29 PM

WSR 21-15-080

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



2024 Uniform Dental Plan (UDP) Benefit Design Options

Ellen Wolfhagen
Senior Account Manager
Employees and Retirees Benefits Division
May 5, 2022

Objectives

- Follow up from April meeting
- Review specific proposals of benefit design enhancements for the Uniform Dental Plan (UDP)
- Provide relative financial impacts to help guide prioritization discussion

Follow-Up Questions from April

UDP Current Provider Networks - Coverage

- Preferred Providers
 - Class I – 100%
 - Class II – 80%
 - Class III – 50%
- Premier Providers
 - Class I – 80%
 - Class II – 70%
 - Class III – 40%

Benefit Proposal Reminders

- Annual plan maximum adjustment
- Composite posterior fillings
- Incentive plan design promoting preventive services
- No deductible for children's benefits
- TMJ lifetime benefit limit adjustment

Market Comparison – Crown Coverage

Current Uniform Dental Plan	Delta Book of Business	WEA Plan (Pre-SEBB)
Crowns – Class III	Crowns – Class III	Crowns – Class II
50%	50%	70% – 100% (depending on dental visit in previous year)

Crown Coverage Benefit Insights

**Current UDP Coverage – 50% (Class III) Preferred
40% (Class III) Premier
(All examples reflect 10% lower coverage for Premier providers)**

Potential Increase	PSPM* Cost Impact	Comparison to Other Benefit PSPM* Impacts
Increase to 60% Preferred	+ > \$2.25	More than any of the 5 individual options
Increase to 70% Preferred	+ > \$4.00	Lower end of cost for all other 5 options combined
Increase to 80% Preferred (becomes Class II)	+ > \$5.50	Higher end of cost for all other 5 options combined

*PSPM = Per Subscriber Per Month

Prioritization Discussion

Initial Premium Insights on Incentive, Composite Fillings, & Annual Plan Maximum

- The premium impacts of *each* of these three benefit change proposals, for *each* of the PEBB & SEBB Programs, is estimated as:
 - Between \$1.25 and \$2.25 PSPM
- For the State and SEBB Organizations from a budget funding rate perspective, any of these changes individually would impact the funding rate

Initial Premium Insights on TMJ & Child Deductible Proposals

- The combined premium impacts of these two benefit change proposals are estimated as:
 - under \$0.50 PSPM for the SEBB Program
 - under \$0.25 PSPM for the PEBB Program
- For the State and SEBB Organizations from a budget funding rate perspective, these two changes combined are unlikely to impact the funding rate

Funding For All Five Benefit Proposals

- Total combined cost estimated at ~\$5-\$7 for *each* program
 - Estimated combined costs to the State to implement in both the PEBB & SEBB Programs would be \$15M-\$21M
- Additional PSPM increases for crowns, as noted on Slide 7

Funding for All Five Benefit Proposals (*Cont.*)

- Reminders
 - Estimates based on 2021 pandemic period utilization
 - Actual premium increases may vary
 - As a self-insured plan, ultimately the State has claims' liability

Prioritization: Using Population Impacts

Proposed Benefit Change	2021 SEBB Program Population Impacts
Exclude Preventive visits from Annual Plan Maximum	208,240 (81%)
Cover Composite fillings same as Amalgam	97,692 (38%)
Incentive Plan for Class II changes based on prior year Class I utilization	57,860 (29%)
Eliminate Children's Deductible (up to age 15)	48,223 (19%)
TMJ Annual and Lifetime Increase	531 (0.2%)

Prioritization: Using Estimated Premium Impacts (lowest impact to highest impact)

In PEBB Program	In SEBB Program
TMJ Annual and Lifetime Increase	TMJ Annual and Lifetime Increase
Eliminate Children's Deductible (up to age 15)	Eliminate Children's Deductible (up to age 15)
Cover Composite fillings same as Amalgam	Incentive Plan for Class II changes based on prior year Class I utilization
Incentive Plan for Class II changes based on prior year Class I utilization	Cover Composite fillings same as Amalgam
Exclude Preventive visits from Annual Plan Maximum	Exclude Preventive visits from Annual Plan Maximum

Feedback from April PEB Board Meeting

- Preventive services should be emphasized
- Significant skepticism of the incentive plan design
 - For employees, no real incentive because premiums are employer paid and preventive covered at 100% already
 - Concern about “penalizing” for not getting preventive services (variety of reasons people make decisions)
 - Numbers based on pandemic year and could reflect continued fears about exposure

Feedback from April PEB Board Meeting (*Cont.*)

- General support for the child-focused aspects of proposals
 - Concern about segmentation of population
 - Limited impact, and retirees have to pay increase
- Composites used for (posterior) baby teeth
 - Crowns need “medically necessary” determination
- Eventually need to compare projections with actual utilization to determine true impact (could be more or less)

Discussion

- Is the focus on population impacts the correct lens?
- What, if anything, should be dropped?
- What, if anything, should be ranked higher, and why?

Next Steps

- Board consensus on recommendations
- HCA will gather other stakeholder input
- HCA will prepare decision package for submission this fall

Questions?

Ellen Wolfhagen, Senior Account Manager
Employees and Retirees Benefits Division

Ellen.Wolfhagen@hca.wa.gov

Appendix

2021 SEBB Utilization – Members

Members	Class I Preventive	Class II Fillings	Class III Crowns, etc.	TMJ
0-15	43,308	11,987	169	13
15 +	155,658	56,537	27,854	497

TAB 4



Vision Benefit Discussion

Beth Heston
Senior Account Manager
Employees and Retirees Benefits Division
May 5, 2022

Objectives

- Share the results of our 2022 Vision Benefit Member Survey
- Discuss current vision benefits in the SEBB & PEBB Programs
- Have a benefit change discussion
- Review the decision package process and how it affects possible benefit changes

ERB Vision Benefit Survey

Web-based survey conducted
January 26, 2022, through February 11, 2022

Vision Benefit Survey Goals

- Get opinions of members regarding desired benefit changes
 - Prioritizing the popular enhancements
 - Learning about member out-of-pocket expenses
- Concrete, measurable information about vision benefit use
 - Which portions of the benefit are most important

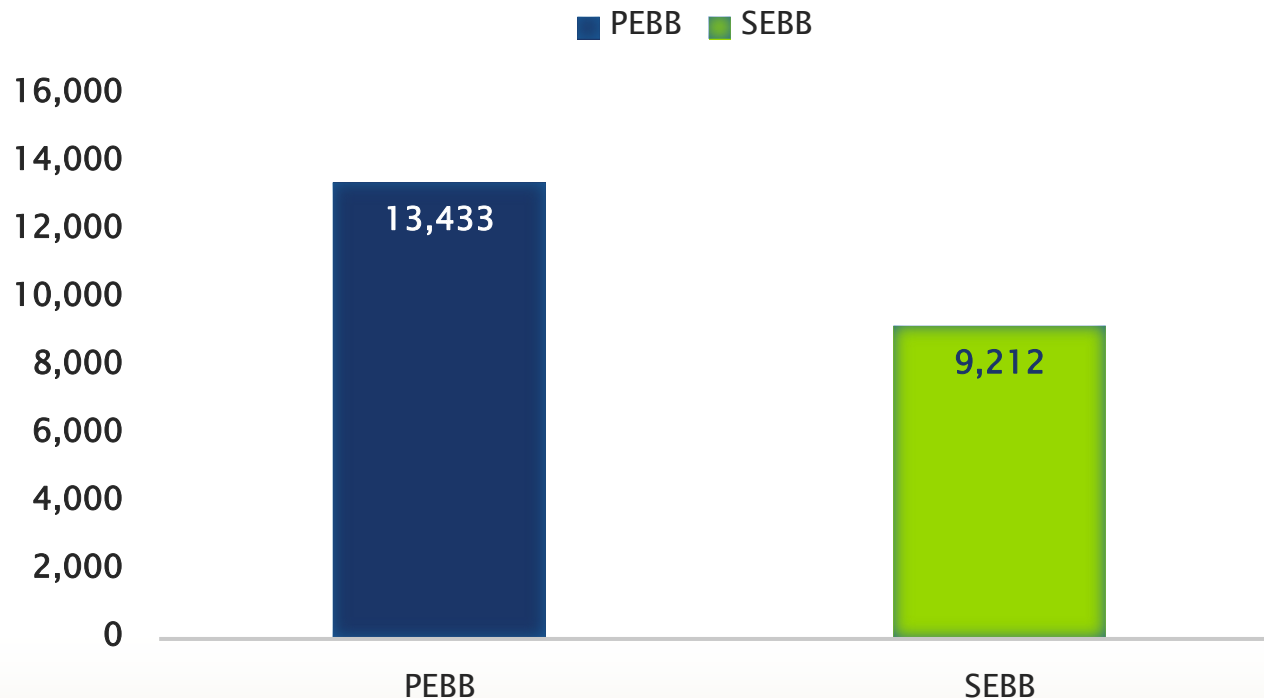
Survey Creation and Promotion

- Created online survey tool
 - How are you eligible for benefits?
 - Which parts of the benefit do you currently use?
 - How satisfied are you with your benefits?
 - What's the most important portion of your benefit?
 - What benefit enhancements would be most important to you?
 - How much do you spend yearly on vision?
- Created a communications plan to solicit participants
- Analyzed results carefully to quantify the answers

Survey Results

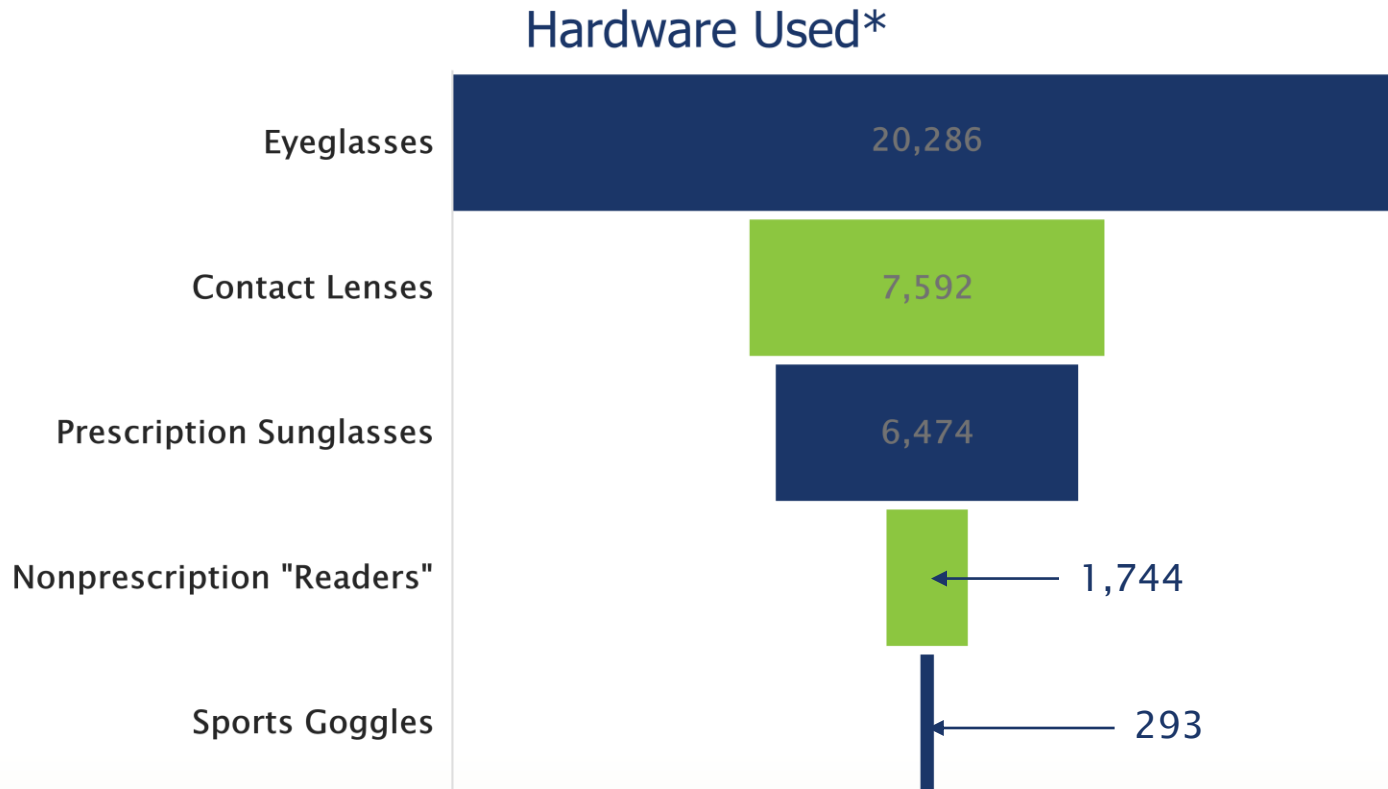
Of which ERB Program are you a member?

TOTAL PARTICIPANTS = 22,645



Survey Results (*Cont.*)

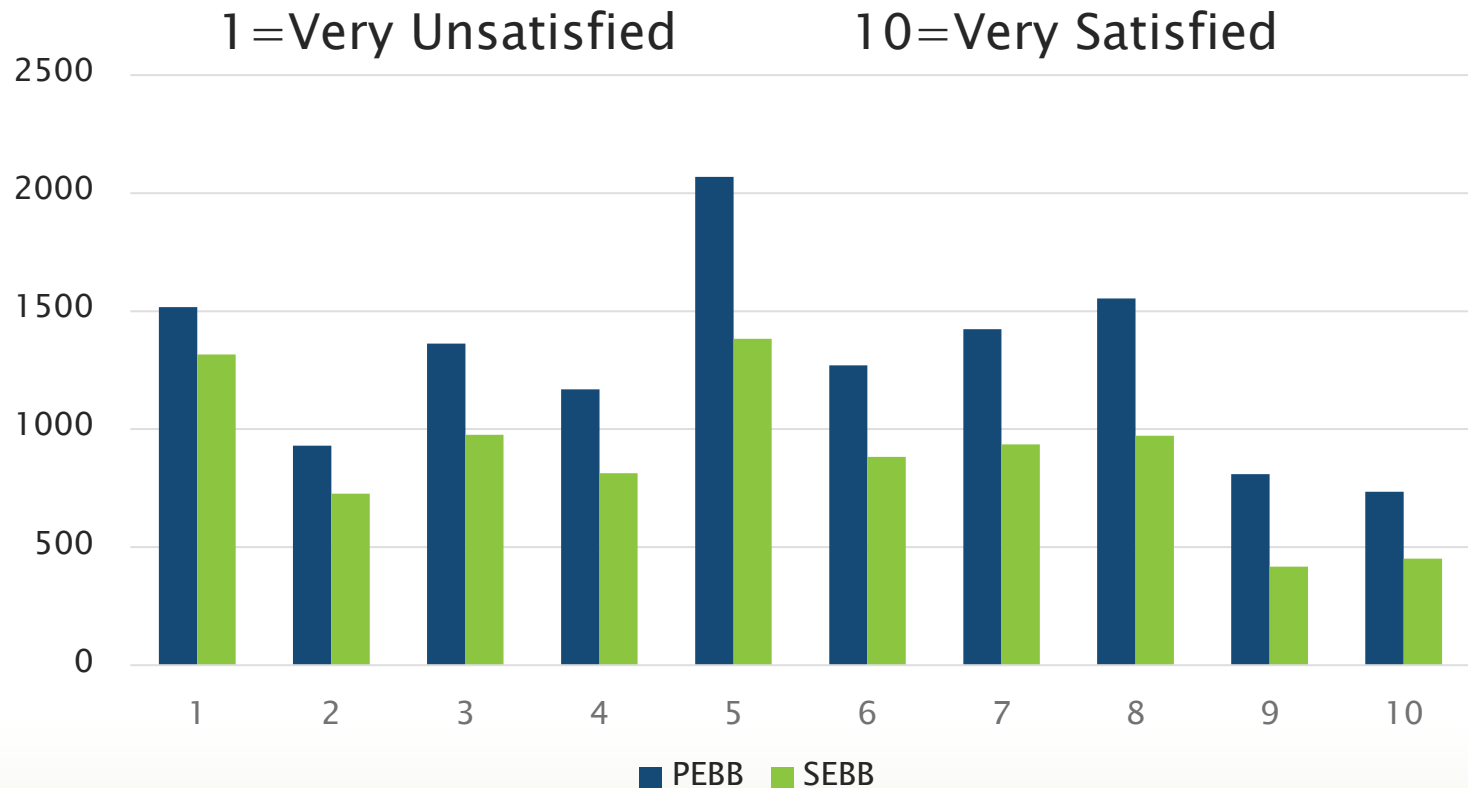
Which vision hardware do you use?



* 964 of total indicated no hardware used

Survey Results (*Cont.*)

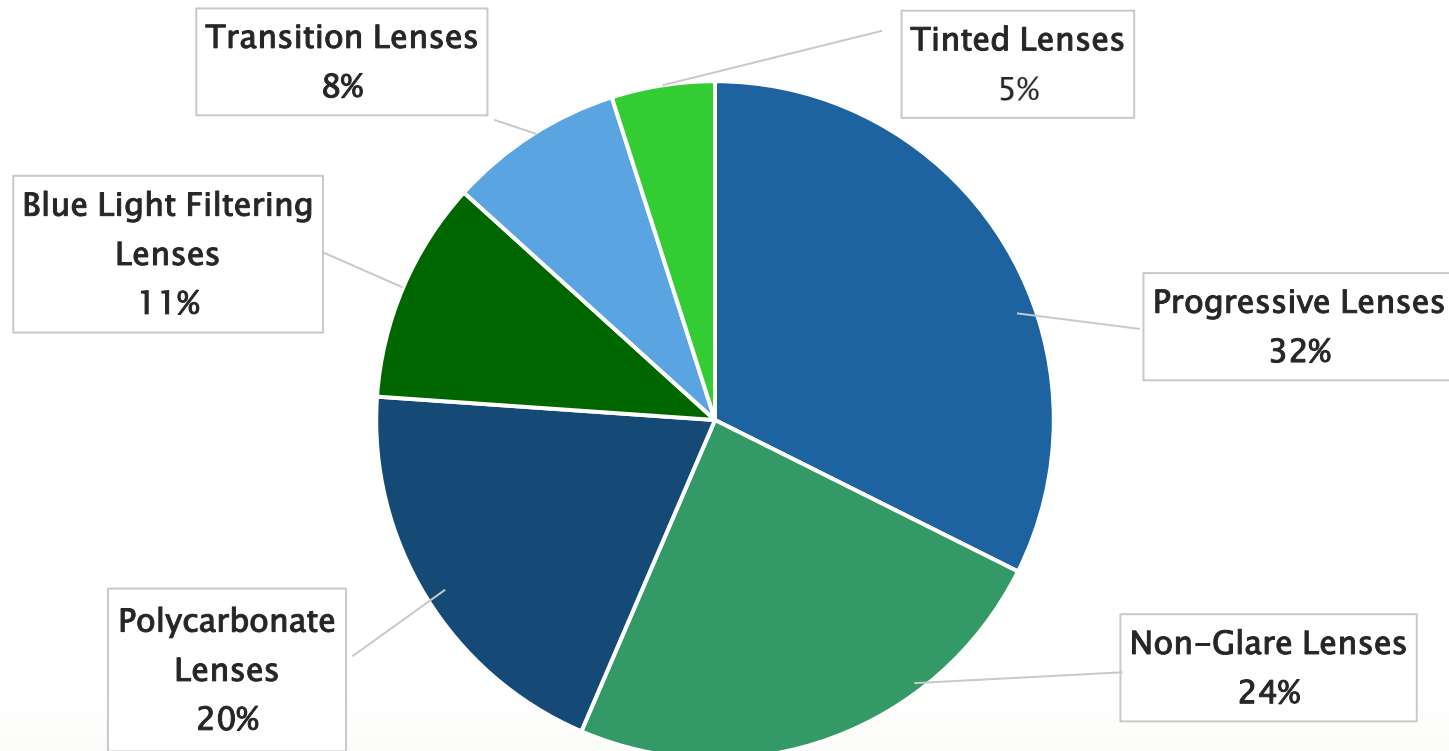
How satisfied are you with your current vision plan?



Survey Results (*Cont.*)

Rank the following enhancements in order of preference

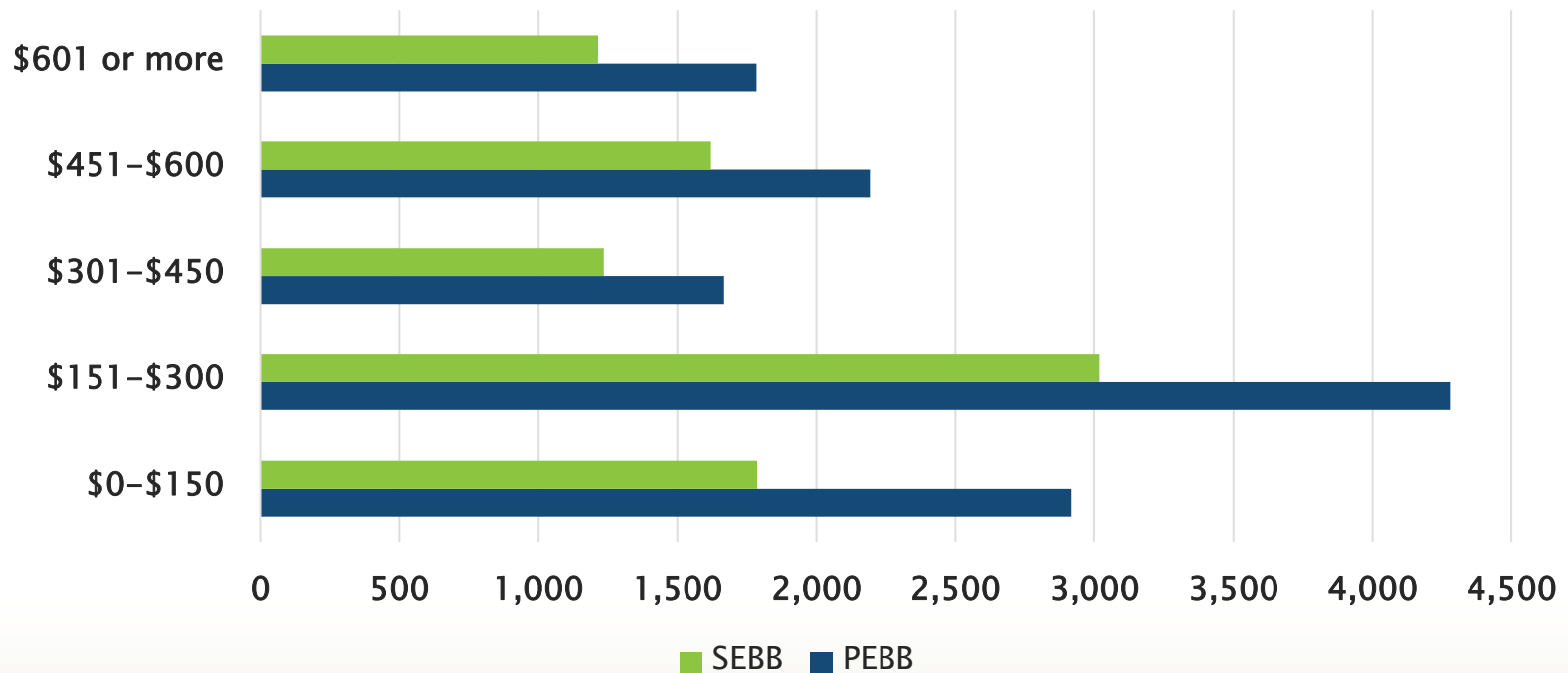
Most Important Lens Enhancements



Survey Results (*Cont.*)

How much do you spend out of pocket on vision each year?

Out-of-Pocket Amount



Current PEBB and SEBB Programs

- Embedded versus Standalone
 - PEBB vision is offered through the PEBB medical plans, while SEBB vision is offered through standalone plans from vision carriers
- Benefit Administration
 - PEBB vision is paid through employee premiums (15%) as well as employer contribution (85%), while SEBB vision is 100% employer paid

Current PEBB and SEBB Programs (*Cont.*)

- Network Differences
 - PEBB vision uses the medical plan network, while SEBB vision uses networks established by the vision carriers
- Benefit Allowances Align
 - Annual eye exams
 - Frames and lenses or contact lenses covered every two years (resets on even years for SEBB)
 - \$150 in-network allowance for hardware

Possible Changes to ERB Vision Benefit

- Embed both programs' benefits in the medical plans
- Offer both programs' benefits through standalone vision plans
 - Consider creating a self-insured Uniform Vision Plan to offer alongside other standalone vision plans

Board Timeline

- May
 - Introduction of vision points of discussion
- June
 - Data on utilization and potential costs
- July
 - Consensus discussion

Remaining Benefit Design Cycle

- Summer/Fall 2022
 - HCA Introduction of budget decision package
- December 2022
 - Budget proposals finalized by Governor
- Spring 2023
 - Biennial budget for FYs 2023-2025 finalized
- Benefit change introduction
 - January 1, 2025

Other Possible Benefit Changes

- Are there changes not suggested here you would like to see?
- Are there topics you would like researched further for future presentations?

Questions?

Beth Heston, Senior Account Manager
Portfolio Management and Monitoring Section
Employees and Retirees Benefits Division
Beth.Heston@hca.wa.gov

APPENDIX

PEBB Vision Benefit

	Kaiser Northwest	Kaiser Washington	Uniform Medical Plan
Routine Annual Eye Exam	\$20-\$25 copay	\$15-\$50 copay	\$0 coinsurance
Lenses and Frames OR	Member pays any amount over \$150 every 2 calendar years	Member pays any amount over \$150 every 2 calendar years	\$0 up to the allowed amount for one pair of standard lenses and frames once every two calendar years
Contacts	Member pays any amount over \$150 every 2 calendar years	Member pays any amount over \$150 every 2 calendar years (includes \$30 contact fitting fee)	Plan pays up to \$150 for elective contact lenses. Member pays \$30 fitting fee.
Medically Necessary Contacts	\$30-\$35 copay	\$15-\$30 copay (10% coinsurance for CDHP)	\$0 up to the allowed amount. Member pays \$30 fitting fee for contact lenses.
Lens Enhancements	Covered with \$150 allowance	Covered with \$150 allowance	Covered with \$150 allowance
Lasik Surgery	Member pays 100%	N/A	Member pays 100%

SEBB Vision Benefit

	Davis Vision	EyeMed	MetLife Vision
Routine Eye Exam (once per calendar year, starting January 1)	\$0 copay (\$40 maximum for out of network)	\$0 copay (\$84 maximum for out of network)	\$0 copay (\$45 maximum for out of network)
Lenses	\$0 copay (Single, \$40; bifocal, \$60; trifocal, \$80; lenticular, \$100 maximum for out of network)	\$0 copay (Single, \$25; bifocal, \$40; trifocal, \$55; lenticular, \$55 maximum for out of network)	\$0 copay (Single, \$30, bifocal, \$50; trifocal, \$65; lenticular, \$100 maximum for out of network)
Frames	\$0 up to \$150, then 80% of balance over \$150 (\$50 maximum for out of network); \$0 at Visionworks; or \$0 for any of the Davis Vision Frame Collection.	\$0 copay up to \$150, then 80% of balance over \$150 (\$75 maximum for out of network)	\$0 copay up to \$150, then 80% of balance over \$150 (\$70 maximum for out of network); or \$85 allowance at Costco, Walmart, and Sam's Club
Contacts	\$0 up to \$150, then 85% of balance over \$150 (\$105 maximum for out of network); or 8 boxes from Collection lenses.	\$0 copay up to \$150, then 100% of balance over \$150 (\$150 maximum for out of network)	\$0 copay up to \$150, then 100% of balance over \$150 (\$105 maximum for out of network)

SEBB Vision Benefit (*Cont.*)

	Davis Vision	EyeMed	MetLife Vision
Medically Necessary Contacts	\$0 copay (\$225 maximum for out of network)	\$0 copay (\$300 maximum for out of network)	\$0 copay (\$210 maximum for out of network)
Lens Enhancements	Discounts available by specific enhancement for anti-glare, scratch resistance, polycarbonate lenses, transition lenses, polarization, tinting, UV treatments	Discounts available by specific enhancement for anti-glare, scratch resistance, polycarbonate lenses, transition lenses, polarization, tinting, UV treatments	Discounts available by specific enhancement for anti-glare, scratch resistance, polycarbonate lenses, transition lenses, polarization, tinting, UV treatments
Lasik Surgery	40% to 50% OFF the national average price	15% off retail price; or, 5% off a promotional offer	15% off retail price; or 5% off a promotional offer

TAB 5



Tax-Advantaged Accounts Procurement Overview

Kelsie Pele, MPH
Senior Account Manager
Portfolio Management & Monitoring
Employees & Retirees Benefits Division
May 5, 2022

Overview

- Benefit recap
- Recent refinements
- Significant scope of work changes
- Procurement details

Benefit Recap

Salary Reduction: School 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
 - \$120 minimum/\$2,750 maximum per year for 2022, with annual IRS COLAs
- Limited Purpose FSA
 - Can only be used for eligible dental and vision expenses; benefit intended for SEBB Program members enrolled in a high-deductible plan
- Dependent Care Assistance Program (DCAP)
 - Employees pay for eligible child and elder care expenses
 - \$120 minimum/\$5,000 maximum per year payroll deduction (no COLAs)

Recent Refinements

COVID-19 leniencies

- 2020: Limited Open Enrollment in July
- 2021: Allowed participants to prospectively adjust or end their elections in both DCAP and FSA in March, July, and September

FSA design changes effective 2022

- Lowered minimum elections by 50%
- Transitioned from a grace period to carryover design
- Added Limited Purpose FSA

Significant Scope of Work Changes

- SEBB Onboarding
 - Added the school employees to the existing Navia contract
- Compact of Free Association (COFA) Islander Program

The COFA Islander population originates from the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau, but currently resides in Washington State.

 - Health Benefit Account (HBA)
 - Initially accessed debit cards for 1,600 Pacific Islanders who were not eligible for Apple Health
 - Congress restored Medicaid to COFA Islanders, but still need to keep service for those ineligible for Medicaid
 - SEBB does not finance or subsidize this program

Procurement

- 2020 Procurement
 - Significant changes and demands on the contract due to an expanded scope of work
 - Participation increased by 150%
- Results
 - The procurement was cancelled after no agreement was reached with the Apparent Successful Bidder (ASB) during contract negotiations
 - Renegotiated current Navia rate, resulting in over \$300,000 savings in 2022 & 2023

2020 Procurement Lessons Learned

- Set minimums for the number of accounts' bidders managed both in their book of business and largest client
- Clarified how we present future implementation of the administration of the Health Savings Accounts (HSA)
- Divided the bid evaluation into two phases:
 - Security/Technical Review
 - Written & Cost Proposal

2022 Procurement

- Services to be included in the Request for Proposal (RFP)
 - Medical FSA
 - Limited Purpose FSA
 - Collective Bargaining Agreement Benefit (PEBB)
 - Dependent Care Assistance Program
 - Health Benefit Account (for COFA Islander Programs)
 - Future HSA business

2022 Procurement Timeline

Schedule (tentative):

- Currently drafting the RFP
- Issue RFP in late-May
- Contract negotiations and implementation
- New contract anticipated to go into effect January 1, 2024

Questions?

More Information:

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

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TAB 6



SmartHealth Update

Kristen Stoimenoff, Manager
Washington Wellness Program
Employees & Retirees Benefits Division
May 5, 2022

Jenny Switzer, Senior Account Manager
Portfolio Management & Monitoring Section
Employees & Retirees Benefits Division

Limeade ONE Launch

- April 12, 2022
- Enhanced security features, including multi-factor authentication
- Access to the latest mobile and web user experience
- Easy access to information about available resources and benefits
- Continued access to a variety of activities to support health and well-being

Extensive E-Communications to Members, Wellness Coordinators, and Benefits Administrators:

- ✓ Email to all registered SmartHealth users from Limeade
- ✓ “Toolkit” for Wellness Coordinators & Benefits Administrators
- ✓ GovDelivery email from HCA
- ✓ Forwardable message for employees
- ✓ HCA social media posts
- ✓ Post-launch email



A new SmartHealth experience

We are excited to announce a new and improved SmartHealth experience! With the new upgrades you will have easy access to:

- Benefit information and resources.
- Announcements to keep you up to date on program news.
- Great well-being activities and challenges.
- Latest mobile and web user experience.

A new app

Starting April 12, delete the existing Limeade app and download the Limeade ONE app for **iOS** and **Android**.

More information

For more information about the new platform, join the “Coming Soon...A New SmartHealth Experience” activity through April 3.

What is SmartHealth?

SmartHealth is a voluntary wellness program that supports your whole person well-being. With SmartHealth, there are activities for everyone, no matter where you are on your wellness journey. As you progress on your journey, you can earn points, achieve levels, and **qualify for the SmartHealth wellness incentive**.

Get ready

You'll need your registered email address and password to log in. Can't remember which email you registered with? Below are the steps to find it in your SmartHealth profile. Make sure you're using a computer (not the mobile app).

- 1 Click your profile picture (also known as avatar) located in the upper right-hand corner.
- 2 Choose “Settings.”
- 3 Go to “Notification Settings.”
- 4 Look under *Contact Information* for your registered email address. Use this email address to log in.

If you need help, call SmartHealth customer service at 1-855-750-8866.

What if I am new to SmartHealth?
Visit [SmartHealth](#) and click [Get Started](#).

Upcoming Promotion

Minnesota Lynx vs. Seattle Storm
(August 3, 2022)



Wellness Procurement

Background

- Executive Order 13-06 on improving the health and productivity of state employees was signed by the Governor on October 30, 2013
- HCA initiated a competitive procurement to procure a virtual wellness vendor to support state employees
- Limeade was selected as the successful bidder and HCA entered into a contract with them that could last up to ten years
- As the end of this contract is nearing, HCA has begun the procurement process

Program Wellness Procurement Goals

- The state wellness program must be a holistic program that seeks to improve employee health and well-being
- Must encourage participants to complete self-reported health assessments and activities to improve various dimensions of health and to set actionable goals
- Activities and resources within the wellness portal must be targeted to ensure information is impactful to appropriate audiences
- The portal must meet the highest level of security and accessibility standards

RFI Timeline

- HCA initiated a Request for Information (RFI) in early March to help us understand wellness offerings in the market
- Industry research on virtual wellness offerings along with our current program were used to help develop RFI requirements and vendor questions
- Review of RFI respondent materials took place in late March
- HCA met with a selection of vendors that submitted materials to hear more about their program offerings

Preliminary Procurement Insights

- HCA is developing a Request for Proposal (RFP) for release and response later this year
- After respondent materials and presentations are scored against programmatic and technical requirements, an apparently successful bidder will be announced
- Final launch under the new contract is anticipated to be January 1, 2024

Questions?

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