

Chair Kimberly Hendricks will convene a public meeting of the PEBB Board on Tuesday, March 16, 2021, at 9:30 a.m. The meeting will be held via video conference using Microsoft Teams.

**PEBB BOARD AGENDA  
MARCH 16, 2021**

[Click here to join the meeting](#)

- I. 9:30 a.m. –9:35 a.m. **Welcome & Approval of February 16, 2021 meeting minutes**  
Attachment 1  
**ACTION** *Kimberly Hendricks, Chair*
- II. 9:35 a.m. – 9:45 a.m. **Director’s Report**  
*Ali Hassoun, O/P Director*
- III. 9:45 a.m. – 11:25 a.m. **Medical, Dental, Vision Renewals – Round 2**  
Attachment 2  
**ACTION** *Nick Albert and Mitch Nigro, Mercer Health and Benefits, LLC*
- IV. 11:25 a.m. – 11:35 a.m. **PEBB Admin Fee Increase**  
Attachment 3  
**ACTION** *Ali Hassoun, O/P Director*
- 11:35 a.m. – 11:45 a.m. BREAK**
- V. 11:45 a.m. – 12:15 p.m. **WebMD HTHU**  
Attachment 4  
*Melissa Voigt, Vice President of Client Experience and Maureen Convey, Strategic Executive Account, Staywell*
- VI. 12:15 p.m. – 12:25 p.m. **IWG Update**  
*Shaun Parkman, JIW Vice Chair and Margaret Smith Isa*
- VII. 12:25 p.m. – 12:35 p.m. **Public Comment and Other Business**
- Adjourn**

## Public Employees' Benefit Board Meeting Minutes February 23, 2021

The Public Employees' Benefit Board held a regular meeting on February 23, 2021 via video conference. Chair Kimberly Hendricks called the meeting to order at 9:30 a.m.

### Attendees

#### **Board Members:**

Kimberly Hendricks, Chair  
Shaun Parkman, Vice Chair  
Kim Harman  
Siobhan Martin  
Kate Nass  
Mark Perlman  
Jeremy Vandehey (left at 10:05 a.m.)

#### **Board Members Excused/Absent:**

Dana Hargunani  
Senator Betsy Johnson (non-voting member)  
Representative Andrea Salinas (non-voting member)

#### **PEBB Staff:**

Ali Hassoun, Director  
Damian Brayko, Deputy Director  
Cindy Bowman, Director of Operations  
Margaret Smith Isa, Program Development Coordinator  
Glenn Baly, Policy Program Liaison  
Rose Mann, Board Policy and Planning Coordinator

#### **Mercer Consultants:**

Nick Albert, Mercer Health and Benefits, LLC  
Mitchell Nigro, Mercer Health and Benefits, LLC

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**I. Approval of January 19, 2021 Board meeting minutes (Attachment 1)**

Chair Kimberly Hendricks called for a motion to approve the January 19, 2021 PEBB Board Meeting Minutes.

**MOTION**

*Siobhan Martin moved to approve the minutes from January 19, 2021, PEBB Board meeting as amended to show that Jeremy Vandehey was in attendance. Shaun Parkman seconded the motion. The motion carried.*

**II. COVID 19 Vaccine Update**

Kaiser – Katie Sharff, MD, Infectious Disease, Jennifer Stacy, Director, Strategic Accounts and Dental; Dr. Keith Bachman, PEBB Medical Director and Sophary Sturdevant, Executive Account Manager

Moda – Dr. Robin Singh, Director and Erica Hedberg

8Providence – Greg Dietzman, Vice President of Health Care Services, Helen Noonan Harnsberger, Vice President of Pharmacy, and Cash Spencer, Account Executive

**III. WW Annual Report (Attachment 2)**

Ashley Brown, Client Success Executive, Health Solutions and Nicole Campagna

**IV. Renewal Responses – Round 1 (Attachment 3)**

Nick Albert, Senior Associate, and Mitch Nigro, with Mercer Health and Equity, LLC led the Board in a discussion on the first round of carrier renewal responses.

**MOTION**

*Siobhan Martin moved to accept the recommendation of consultants that carriers continue waiving COVID treatment cost sharing until the end of the month following the lifting of the national public health emergency and; 2) allow all three carriers to continue waiving cost share without continued Board approval. Kim Harman seconded the motion. The motion carried.*

**V. SB 889 Update**

Jeremy Vandehey, Director of Health Policy and Analytics, OHA, presented the Board with an update on SB 889 VBP Committee.

**VI. Legislative Update**

Glenn Baly, Policy/Program Liaison, presented a legislative update.

**VII. Joint Innovation Workgroup Update**

Shaun Parkman, JIW Vice Chair, and Margaret Smith-Isa gave an update on the Joint Innovation Workgroup.

**VIII. Other Business and Public Comment**

There being no public comment nor further business to come before the Board, Chair Hendricks adjourned the meeting at 12:20 p.m.

Attachment 2

# 2022 Round 2 Renewal Reponses + Fertility Discussion

Oregon Public Employees' Benefit Board

March 16, 2021

Nick Albert  
Michael Garrett  
Mitchell Nigro

Photo by [Hasmik Ghazaryan-Olson](#) on [Unsplash](#)

# Agenda

- 1 Round 2 renewal responses + follow-ups
- 2 Fertility and inclusive family planning discussion
- 3 Transgender benefits review + WPATH alignment
- 4 Next steps
- 5 Appendix

# Guiding principles

## Triple Aim

<b>Improve the quality of care</b>	<b>Improve the patient experience</b>	<b>Deliver care more efficiently</b>
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Improving Behavioral Health systems & increase value and pay for performance	Address social determinants of health and equity	Maintain a sustainable cost growth
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## OHA Guiding Principles

<b>Access</b>	<b>Innovation with accountability</b>	<b>Patient-centered</b>	<b>Health equity</b>	<b>Collaborative partnerships</b>	<b>Social determinants of health</b>
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## PEBB Vision

An innovative delivery system in communities statewide that uses evidence-based medicine to maximize health and use dollars wisely	A focus on improving quality and outcomes, not just providing health care	Promotion of health and wellness through consumer education, healthy behaviors, and informed choices	Accessible and understandable information about costs, outcomes, and other health data that is available for informed decision-making	Appropriate provider, health plan and consumer incentives that encourage the right care at the right time and place	Benefits that are affordable to employers and employees
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## Health Plan Success Measure Areas



# Key health equity strategic pillars



## Stakeholders

The Board acknowledges that members are the most important stakeholder in achieving health equity, and that the voice of the members, particularly from the priority populations, will need to be proactively sought and amplified

The Board believes that all stakeholders, including itself, need to incorporate health equity strategies, including:

- Members
- Board
- OHA
- Elected officials, including legislators
- Benefit carriers and vendors
- Health systems, providers, and staff
- Consultants



## Decision Making Based on Health Equity Lens

- The Board and OHA will make policy and operational decisions through the lens of health equity, incorporating our strategies, stakeholders, priority populations, and health equity metrics
- The Board expects that PEBB's carriers, vendors, and consultants will also make their policy and operational decisions through a health equity lens for the PEBB population



## Priority Populations

The priority populations include:

- Black, Indigenous, People of Color, and American Indian/Alaska Natives
- People with low incomes
- People who identify as LGBTQ+
- People with disabilities
- People living in rural areas
- Consider addition of Veterans, Multi-Generational, Women, and People with visible and invisible disabilities, per feedback from the Board Retreat



## Health Equity Metrics

Three strategies to address quality, inequities, & disparities:

- Reporting on a standard set of quality measures
- Monitoring for unintended consequences
- Improving equity



## Bridge and Long Term Benefit Strategies

The Board believes that its bridge strategies can be designed to enhance health equity for the PEBB members, and those strategies include:

- Advocacy services
- Expert medical opinion
- Centers of excellence
- Digital health solutions

The Board believes that its long-term strategy for advancing value based care payments and the Coordinated Care Model can be designed to enhance health equity

# Recap of prior board meeting

## Decisions made

- Board voted to extend coverage of COVID-19 related **treatment** until the end of the month following the end of the national public health emergency for Providence and Moda
- This decision aligns all PEBB plans

# Composite rates

## Historical & projected

Year	Composite Rate Using Prior Year's March Census	% Change	Composite Rate Using Plan Year's March Census	% Change From Prior Composite
2014	\$1,333.58		\$1,327.47	
2015	\$1,321.53	-0.9%	\$1,313.06	-1.5%
2016	\$1,356.47	2.6%	\$1,347.31	2.0%
2017	\$1,416.93	4.5%	\$1,405.13	3.6%
2018	\$1,464.20	3.3%	\$1,452.68	2.5%
2019	\$1,513.98	3.4%	\$1,495.83	2.2%
2020 (w/Premium Tax and 2.676% funding assessment)	\$1,594.86	5.3%	\$1,588.17	4.9%
2021 (w/Premium Tax and -0.855% funding assessment)	\$1,607.63	0.8%		
2022 (w/Premium Tax)	\$1,650.07	2.6%		

- Projected composite rate is below the 3.4% limitation
  - PEBB has approximately \$8.1M buffer projected for 2022

# Renewal overview

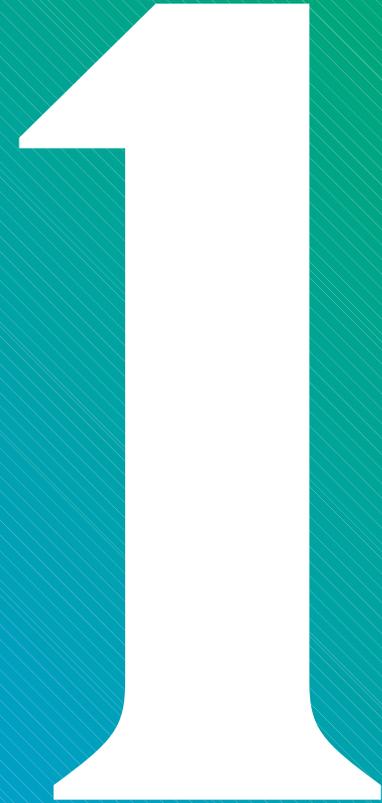
## Summary of coverages

Carrier	Line of Coverage	Admin Fee Increase	Premium / Accrual Rate Increase	Total Projected 2022 Active Premiums	Plan's Share of Composite Increase
Providence - Statewide	Medical / Rx	3.5%	1.1%	\$374,000,000	0.6%
Providence - Choice	Medical / Rx	3.4%	4.0%	\$331,500,000	1.7%
Kaiser	Medical / Rx	n/a	2.7%	\$195,000,000	0.7%
Moda	Medical / Rx	2.9%	-3.3%	\$113,700,000	-0.5%
Moda / DDOR	Dental	1.5%	2.9%	\$50,900,000	0.2%
Willamette Dental Group	Dental	n/a	0.0%	\$15,900,000	0.0%
Kaiser	Dental	n/a	0.0%	\$9,100,000	0.0%
VSP	Vision	0.0%	-1.4%	\$11,100,000	0.0%
The Standard	Basic Life	n/a	0.0%	\$1,100,000	0.0%
<b>Total</b>				<b>\$1,102,300,000</b>	<b>2.6%</b>

Carrier	Line of Coverage	Fee Increase
ASI	Flex	0.0%
BHS	COBRA / Retiree Admin	0.0%
Cascade Centers	EAP	0.0%

Coverage is not included in the composite rate

## Round 2 Renewal Responses + Follow-up



# Medical renewals

## Self-insured administrative fees

Providence Statewide			
	2020	2021	2022
<b>Total</b>	\$55.76	\$57.29	\$59.27
<b>% Increase</b>		2.7%	3.5%

Providence Choice			
	2020	2021	2022
<b>Total</b>	\$73.42	\$75.44	\$78.02
<b>% Increase</b>		2.8%	3.4%

Moda – medical administration			
	2020	2021	2022
<b>Total</b>	\$76.85	\$78.32	\$80.63
<b>% Increase</b>		1.9%	2.9%

Moda 360 – Fixed Costs <sup>1</sup>		
	2021	2022
<b>Total Fixed Costs</b>	\$4.38	\$4.51
<b>% Increase</b>		3.0%

<sup>1</sup> Additional charges apply for members participating in the diabetes program, behavioral health clinic, or telemedicine



**Mercer requested both carriers to provide further information and justification for the proposed fee increases**

**Providence (PHP):**  
 Admin fees cover operational costs associated with administering PEBB plans. Key points, per PHP:

- A portion of administrative fees are associated with the Triple Aim incentive (cost, quality, operational)
- PHP’s admin fees are the lowest of the all the self-funded plans
- Proposed fees include all administrative functions and health improvement programs
- PHP’s fees include PBM services

**Moda**  
 Moda continues to build capacity and expand capabilities to service existing and new business. Moda continues to invest in systems, tools, and people to ensure the best support for customers.

As part of this investment, periodic inflation-based increases are necessary to update the infrastructure Moda uses to serve customers

# Medical renewals

## Moda 360 — Dental integration

- Moda is proposing a number of enhancements for their Moda 360 program for the 2022 plan year
- The Moda dental integration has a proposed additional charge of **\$0.46 PEPM**
  - This charge would apply to all Moda medical members, regardless of whether they have Moda dental
- The program would allow the following to happen within the Moda 360 portal:
  - Identify members without recent dental claims to help connect them to a dental home
  - Identify lapses in frequency of preventive dental services to close gaps of care
  - Educate members with chronic conditions on the role oral health has in disease management

**Mercer requested Moda to reconsider charging an additional fee for this service, given this type of integration should already be happening within the Moda 360 platform**

### **Moda:**

Adding medical/dental integration has a few components that increase cost:

- Currently, Health Navigators answer calls for only medical and pharmacy questions. Moda is proposing to have dental calls/chats also go to Health Navigators. The Navigators will be able to provide additional support to those dental members, including chronic condition and/or gaps in care support
- Moda is adding digital dental tools to help members manage their oral health, as part of their member dashboard

The added cost includes the costs associated with having additional Navigators to assist members as well as the enhanced digital tools

# Non-Medical renewals

## Vision Service Plan

### Vision Therapy enhancement:

- Vision therapy that provides coverage for the following sensory and/or muscular deficiency:
  - Strabismus (turned eye)
  - Dysfunctions of binocularity (eye taming)
  - Amblyopia (lazy eye)
  - Accommodation (eye focusing)
  - Ocular motor functions (general eye movement ability)
  - Visual-perception-motor abilities
- Coverage includes
  - Up to \$85 for sensorimotor examinations and then up to \$750 for orthoptic and/or pleoptic training (therapy session) annually
- Estimated cost impacts of this plan change are **+1.8% or +\$200,000**

**Mercer requested additional information on benchmarking from VSP, including reviewing the medical policies to examine other coverage alternatives**

### Benchmarks:

- Vision therapy is typically not covered by either routine vision or health plans
- Out of VSP's 62,500 group clients, 157 currently offer the Vision Therapy rider. Of those offering coverage, Vision Therapy utilization tends to be very low, representing less than 1% of total claims volume over a 12 month period.

### Medical Plan Coverage:

Vision therapy or training is not covered. In some cases, a member may have physical therapy for these conditions. If that's the case, coverage would fall under the outpatient rehab benefit. There are not specific exclusions for the conditions themselves

## Fertility and Inclusive Family Planning



# Current state of fertility benefits

## PEBB and OEGB

Benefit	PEBB Benefit	OEGB Benefit
Cost Sharing	All INF services covered at 50% Do not apply to the OOPM (for Kaiser, benefit applies to OOPM)	Diagnostic services at standard plan coinsurance Ovulation induction and intrauterine insemination are covered at 50% Pharmacy benefits at standard coinsurance Does not apply to OOPM
Diagnosis	Covered (unless infertility is not the result of a medical condition or is the result of the aging process)	Covered (unless infertility is not the result of a medical condition)
Treatment of Infertility	Covered	Covered, includes surgery to treat the underlying cause of infertility
Ovulation Induction & Intrauterine Insemination	Artificial insemination is covered with a lifetime max of 6 cycles and sperm wash (for Kaiser, 50% coinsurance)	Covered at 50% up to a lifetime max of \$15,000
Removal and preservation of oocytes	Not covered	Covered only when there is a diagnosis of cancer and prior to any cancer treatment (Kaiser: not covered)
In-vitro Fertilization and other Advanced Reproductive services	Not covered, including: <ul style="list-style-type: none"> <li>• IVF – In-vitro Fertilization</li> <li>• ZIFT – Zygote Intra-Fallopian Transfer</li> <li>• GIFT – Gamete Intra-Fallopian Transfer</li> <li>• PGD – Pre-Implantation Genetic Diagnosis</li> <li>• ICSI – Intracytoplasmic Sperm Injection</li> <li>• Ovum microsurgery</li> </ul>	Not covered, including: <ul style="list-style-type: none"> <li>• IVF – In-vitro Fertilization</li> <li>• ZIFT – Zygote Intra-Fallopian Transfer</li> <li>• GIFT – Gamete Intra-Fallopian Transfer</li> <li>• PGD – Pre-Implantation Genetic Diagnosis</li> <li>• ICSI – Intracytoplasmic Sperm Injection</li> <li>• Ovum microsurgery</li> </ul>
Infertility medications	Infertility related medications injectable and supplies are covered (Kaiser: oral and injectable infertility meds not covered)	Pharmacy services and supplies related to infertility covered at plan coinsurance up to a lifetime maximum of \$10,000
Reversal of voluntary sterilization	Not covered	Not covered
Eligibility for infertility services	Infertility is determined by a demonstrated inability to become pregnant or 3 miscarriages	More complex definition
Donor compensation	Acquisition cost for semen covered Donor semen from donor banks or other providers not covered	Acquisition costs for semen covered No donor compensation for time & efforts
Surrogacy costs	Services for unenrolled surrogate mothers not covered	Services for unenrolled surrogate mothers not covered

PEBB not subject to lifetime dollar max for basic medical treatment of infertility

Advanced reproductive services are NOT covered by either entity

PEBB Rx benefits covered under pharmacy benefit, without a cap



Notes:

1. PEBB infertility definition excludes same sex partners while OEGB does not
2. Infertility medications are not covered for PHP Statewide

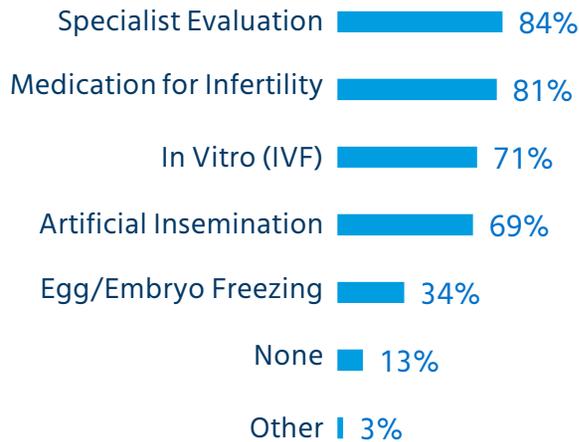
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# Benchmarking on fertility benefits

## Survey from the National Business Group on Health

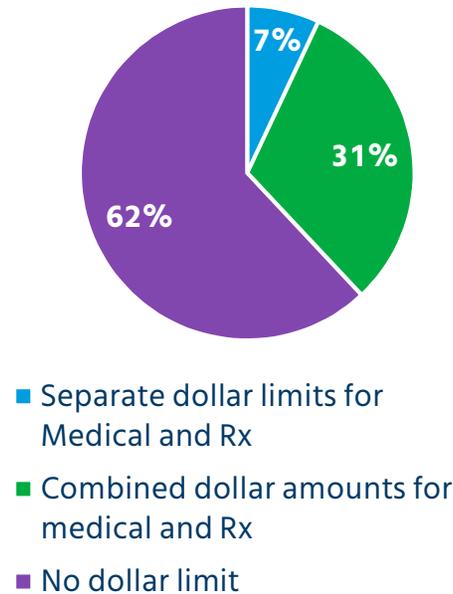
### % of Infertility Treatments (With or Without Restrictions) Covered by Health Plans

(Based on 68 respondents)



### Types of Dollar Limits in Place for Infertility Treatments

(Based on 55 Respondents)



### Lifetime Dollar limits for Infertility Treatment

(Based on 28 Respondents)

Minimum	\$5,000
Median	\$20,000
Maximum	\$75,000
Average	\$23,800

Benchmarking data comes from the October 2018 National Business Group on Health survey



# Reminder: there are other family friendly benefits to consider...

Maternity	Infertility treatment	Fertility Support	Surrogacy	Adoption
<p><i>Unlimited coverage in number of journeys and pregnancy complications</i></p>	<p><i>Infertility diagnosis and treatment</i></p> <p>Assisted reproductive technology (IVF)</p>	<p><i>Fertility diagnosis</i></p> <p><i>Infertility treatment</i></p> <p>Fertility care</p> <p>Assisted reproductive technology (IVF)</p> <p>Egg freezing</p> <p>Sperm storage</p> <p>Egg, Sperm Procurement</p>	<p>Surrogate compensation</p> <p>Agency fees</p> <p>Assisted reproductive technology (IVF)</p> <p>Eggs, sperm, embryo donors</p> <p>Gametes and embryo freezing</p>	<p>Travel expenses</p> <p>International services</p> <p>Legal fees</p> <p>Parental Leave</p>
Counseling		Mental health	Medical expenses	New born care

*Currently Covered*

**Could be reviewed alongside infertility coverage, or added during a later renewal**

# Guiding principles for fertility benefits

## Mercer's recommendation



- Benefits should:
  - Focus on the goal of facilitating healthy babies for all employees wanting a child
  - Reflect the best science and practice
  - Remove unnecessary barriers
  - Be wise stewards of employer and employee dollars
  - Be relevant to all kinds of families regardless of sexual orientation, single or partnered, medical condition
  - In keeping with the American Society of Reproductive Medicine guidelines, single embryo transfer should be encouraged
  - Align with OHA and PEBB goals on health equity
- To the extent PEBB can align with OHA or the Oregon Office of Equity and Inclusion (OEI), we should do so

# Multi-year family planning roadmap

## Remove existing barriers to care

Implement 2022

- Currently, coverage for infertility services is only provided when a diagnosis of infertility has been established
- The requirement for having a diagnosis of infertility would exclude women (single women and women in a same sex couple) without male partners, as well as same sex male couples
- **Mercer recommends removing the infertility diagnosis requirement across all PEBB plans**

## Add coverage for ARTs

Implement 2022

- PEBB provides coverage for the diagnosis and basic treatment of infertility
- Mercer recommends adding coverage for ARTs, including IVF, for the 2022 plan year

## Evaluate entire suite of inclusive family planning benefits

Implement 2023+

- Full inclusive benefits review to start after renewals are finalized, with benefits to be implemented for 2023+ plan years
- Include adoption, surrogacy, and other fertility support

# ART coverage

## Possible benefit design + cost

Benefit Design	ART Coverage Limit
Medical benefits	\$10,000 per year
Pharmacy benefits	\$25,000 per year
<b>Total benefit</b>	<b>\$35,000 per year</b>

Total estimated impact for the self-funded plans is \$5M, or 0.6% of 2022 "Status Quo" premiums

Component	Methodology and Assumptions
<b>Projected number of members utilizing the services</b>	
# of female PEBB members age 18-45	• 24,928
% using infertility services in their lifetime	• 0.6%
Total number of women seeking treatment	• 249
<b>Projected number to use various services</b>	
Mercer assumes 25% of those seeking treatment would first try IUI	
IUI (intrauterine insemination)	• 55 members would be able to successfully use IUI
IVF	• 194 members would do a combination of IUI, IUI+IVF, or IVF only
<b>Projected Treatment cost for each type of treatment</b>	
IUI (already covered by PEBB)	• \$1,000 - \$3,000 per IUI
IVF (new costs)	• \$20,000 - \$30,000 per IVF cycle
Total average cost for members seeking treatment	• \$24,000 (average of some members needing multiple IVF, and cost variations in IVF treatment)
<b>Pregnancy costs</b>	
Normal prenatal costs	• \$22,000 per pregnancy
Total expected success rate of treatment	• 22% based on PEBB-specific age distribution, total members would be 55
Of those pregnancies, there is a chance of complications	<ul style="list-style-type: none"> <li>• Mercer assumed providers would follow clinical guidelines and use eSET where possible</li> <li>• Complication rate of using eSET drops to 4%, compared to 16% without eSET</li> <li>• Total complicated pregnancies would be 5</li> <li>• Cost per complication \$149,000</li> </ul>
<b>Total Final Costs</b>	
<b>Expected cost for IVF + possible additional ARTs</b>	<b>\$3,500,000</b>
<b>Expected cost for pregnancies</b>	<b>\$1,500,000</b>
<b>Total cost impact</b>	<b>\$5,000,000 / 0.6%</b>

**Important:** Fertility treatment will have a wide variation in costs; first year utilization could run higher than future years due to induced demand

# ART coverage

## Design considerations

- The American Society for Reproductive Medicine and the National Business Group on Health help outline considerations when designing a program
- Mercer requested feedback from carriers on a number of these topics

Consideration	Mercer commentary and/or plan response
Assess eligibility definitions for services <ul style="list-style-type: none"> <li>• Success rates for fertility treatments typically decrease for women over 40</li> <li>• Inclusive coverage for all members</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure plans align with the clinical coverage limits set forth by the American Society for Reproductive Medicine</li> <li>• Mercer recommends removing the criteria of infertility to ensure access for all members</li> </ul>
Coverage for out-of-network providers	<ul style="list-style-type: none"> <li>• Mercer recommends limiting ART coverage to in-network providers only</li> </ul>
Cycle limitations and/or lifetime limitations	<ul style="list-style-type: none"> <li>• Most employers require some member cost sharing, however, Mercer’s recommendation is to provide this coverage at normal plan cost sharing, not carved out as a separate benefit max</li> <li>• One of PEBB’s priority populations is people with low incomes</li> </ul>
Member cost sharing	<ul style="list-style-type: none"> <li>• Providing this benefit as any other service, with a maximum but without coinsurance (e.g., 50%) would allow members of all income levels to receive treatment</li> </ul>
eSET (elective single embryo transfer)	<ul style="list-style-type: none"> <li>• eSET usage has been proven to lower complication rates and reduce the number of multiple births</li> <li>• Mercer asked the plans if they could limit the number of embryos transferred through ART to promote eSET usage               <ul style="list-style-type: none"> <li>• PHP: No, this is something that would be managed by the treating provider, not the plan</li> <li>• Moda: No, this is a provider/patient discussion</li> <li>• Kaiser: No, this is a provider/patient discussion</li> </ul> </li> </ul>
Centers of Excellence (COE) requirements	<ul style="list-style-type: none"> <li>• Mercer asked the plans whether they have ART-related COEs where PEBB could steer members to utilize COEs that promote eSET usage               <ul style="list-style-type: none"> <li>• PHP: No, PHP does not have ART-related COEs</li> <li>• Moda: No, Moda does not have ART-related COEs</li> <li>• Kaiser: No, Kaiser does not have ART-related COEs</li> </ul> </li> </ul>

# ART coverage

## Outstanding issues

- Mercer working with Kaiser to obtain benefits and pricing that would align with recommendations on the self-funded plan
- The Board will ultimately need to decide upon:
  - Benefit maximum, either yearly or lifetime
  - Member coinsurance or cost sharing
  - Whether to provide coverage for out-of-network providers

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**Mercer will consolidate Board feedback from the March meeting and adjust plan design & pricing as necessary**

## Transgender Benefits Review + WPATH Alignment



# Transgender benefit

## Alignment with WPATH standards of care

- In the September Board meeting, the Board made a motion, based on Mercer's recommendation, to proceed with the following:
  - Request the plans provide the pricing impact in their 2021 (now 2022) renewals to modify their medical coverage policies to explicitly include coverage for all of the services in the World Professional Association for Transgender Health (WPATH) Standards of Care, except for:
    - Fertility and Infertility
    - Costs for services, travel, and lodging from international centers of excellence (COE)
- Effective, 1/1/2021, Kaiser modified their clinical criteria to ensure comprehensive coverage for gender affirmation treatment at no premium impact
- For 1/1/2022, Mercer priced the expected costs for the self-insured plans at a **+0.05%** claims impact, or **\$350K** between Providence and Moda
- **Mercer will incorporate this pricing into the final renewal rates, as the Board already made the motion to align with WPATH standards**

**Next Steps**

**4**

# April Board meeting

- ❑ Review Round 3 carrier responses
  - Will include best and final offers
- ❑ Finalize fertility benefit design
- ❑ Provide further information on:
  - Providence's new agreement with Cigna for out-of-area claims
- ❑ Composite update with further evaluation of carrier recommendations
  - Including outline of all Board decisions needing to be made

**Appendix**

**5**

# Providence

## Preliminary 2022 contract & benefit changes

Benefit changes	Explanation	Mercer Preliminary Recommendation
Osteopathic manipulation	<ul style="list-style-type: none"> <li>Separate the service from the office visit copay when assessed by the PCP. The osteopathic manipulation service will map to the outpatient service benefit and the office visit will remain with that cost share. The member would now have two separate cost shares with this change.</li> <li>This would be a negative impact to members as it would be shifting cost to the members for a minimal savings to PEBB</li> <li>In 2020, 2,492 claims were submitted on behalf of 597 members; 3,166 claims in 2019 on behalf of 698 members. The average cost per visit was approximately \$111</li> </ul>	<ul style="list-style-type: none"> <li>Decline this change as it leads to a leaner benefit and possible member confusion now having two charges vs. one</li> </ul>
Pain management	<ul style="list-style-type: none"> <li>This change would move pain management from the Physical Therapy benefit, which has a visit limitation, to be covered as an outpatient services.</li> </ul>	<ul style="list-style-type: none"> <li>Accept this change as it would enhance benefits removing limitations with minimal costs</li> </ul>
Applied Behavior Analysis (ABA)	<ul style="list-style-type: none"> <li>Removes the exclusion around neurofeedback based on PHP's interpretation of mental health parity laws</li> </ul>	<ul style="list-style-type: none"> <li>Accept this change as it enhances benefits and lowers compliance risk</li> </ul>
Coverage for wigs for drug-induced alopecia	<ul style="list-style-type: none"> <li>Add language in the handbook explicitly stating wigs are covered for pharmaceutical drug-induced Alopecia (e.g., cancer treatment)</li> </ul>	<ul style="list-style-type: none"> <li>Accept this change as it clarifies PHP's existing policy</li> </ul>
Biofeedback	<ul style="list-style-type: none"> <li>A mind-body technique that involves using visual or auditory feedback to gain control over involuntary bodily functions such as blood flow, blood pressure and heart rate</li> <li>Limit visits to 10 visits per lifetime</li> <li>In 2019 one member had 13 visits. There were no visits in 2020.</li> </ul>	<ul style="list-style-type: none"> <li>TBD based on cost estimate and members affected; but likely would not recommended limiting to 10 visits per lifetime</li> </ul>
eviCore	<ul style="list-style-type: none"> <li>A medical necessity review program requiring the provider to notify eviCore for codes identified as outpatient rehab services</li> </ul>	<ul style="list-style-type: none"> <li>Delay implementing eviCore at this time due to the needed communication and education that is need to ensure provider adoption</li> </ul>
Kaia Health	<ul style="list-style-type: none"> <li>A virtual pain management therapy for musculoskeletal (MSK) pain management</li> <li>Fees are based on a per usage basis – an initial \$200 per user per month for the first three months then \$20 there after. There is no charge until the member has their second visit.</li> </ul>	<ul style="list-style-type: none"> <li>Consider implementing this program as a preventive measure for members with chronic MSK conditions</li> </ul>

# Moda

## Moda 360 — enhancements for considerations

- Moda is evaluating and proposing the following enhancements to the Moda 360 program:

Consideration	Explanation	Cost
Dental Integration	<ul style="list-style-type: none"> <li>• For members with both Moda Health and Delta Dental coverage, Moda 360 navigators and care management teams will have integrated view of members' health information</li> <li>• Navigators will be able to:               <ul style="list-style-type: none"> <li>• Identify members without recent dental claims to help connect them to a dental home</li> <li>• Identify lapses in frequency of preventive dental services to close gaps of care</li> <li>• Educate members with chronic conditions on the role oral health has in disease management</li> </ul> </li> </ul>	\$0.46 PEPM
Advanced Imaging Steerage	<ul style="list-style-type: none"> <li>• Navigators would screen prior authorizations for advanced imaging procedures requesting authorization at a high cost facility</li> <li>• Navigators would reach out to the member to let them know of alternative lower cost facilities, and help with rescheduling if needed</li> <li>• Program would be voluntary for the member</li> <li>• Moda recommends a pilot program focusing on steerage from a few high cost facilities</li> </ul>	No associated cost impact
Chronic Kidney Disease Management	<ul style="list-style-type: none"> <li>• This program aims to slow the progression of the disease and decrease morbidity and mortality</li> <li>• The program uses predictive analytics to identify members who may need intervention</li> <li>• It would engage members with education on decision making, and partners with their primary care provider to evaluate the possibility of providing home dialysis for members instead of in-office dialysis</li> </ul>	Moda is evaluating vendors and will provide details later
Enhanced Musculoskeletal Program	<ul style="list-style-type: none"> <li>• Moda looking to partner with a vendor to provide virtual physical therapy as an alternative to in-person care</li> <li>• The digital solution could be used to address acute and chronic musculoskeletal pain associated with both soft tissue and joints</li> <li>• Members could utilize these services for pre- and post-surgical intervention</li> </ul>	Moda is evaluating vendors and will provide details later

# Moda

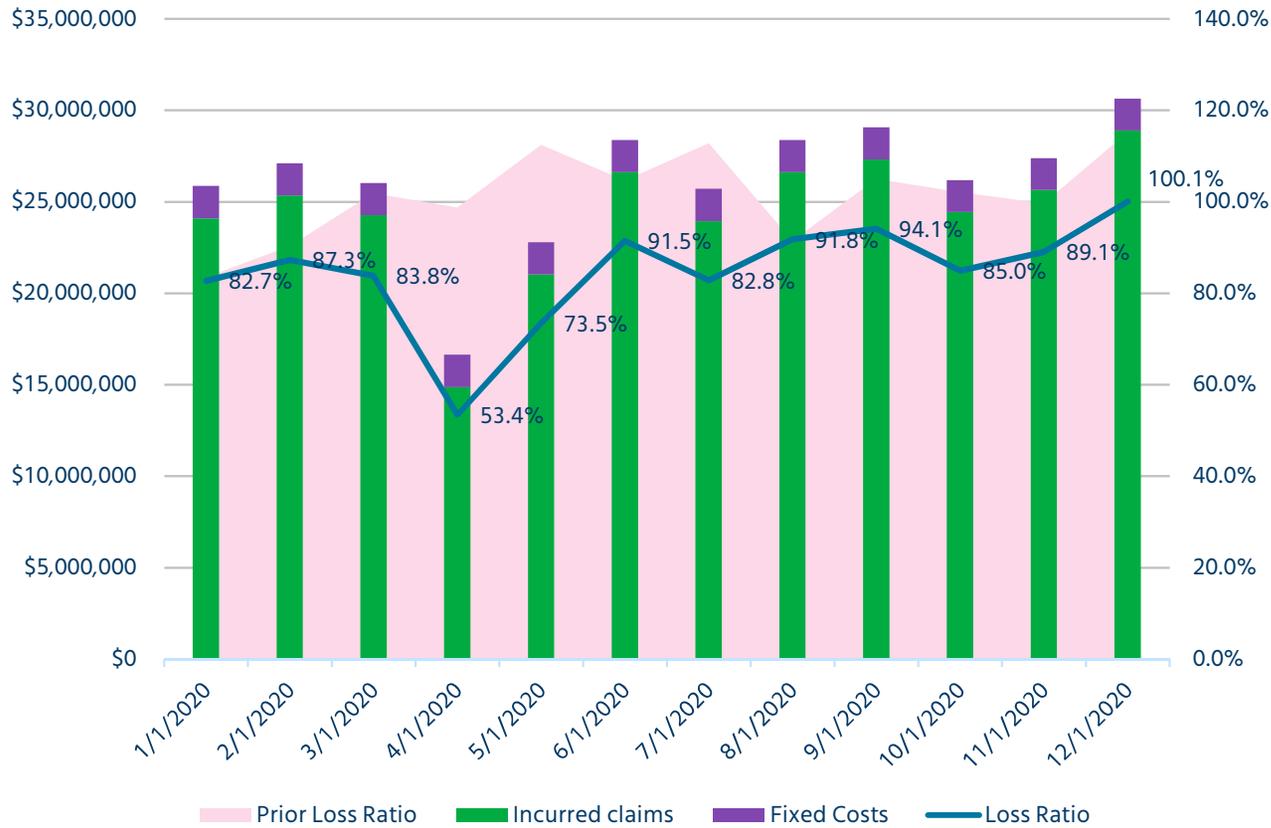
## Other recommendations

- No Board action is required at this time; Mercer will provide final recommendations in coming Board meetings

Consideration	Explanation	Cost
Cost share for generic and preferred medications	<ul style="list-style-type: none"> <li>• In order to further incentivize the use of generic equivalents/biosimilars, Moda proposing aligning the generic/preferred specialty generic copay with the generic retail cost-share at \$10</li> <li>• This lowers the member out-of-pocket cost and incentivizes steerage to lower cost drugs</li> </ul>	+0.01%
Emerging cellular and gene therapies	<ul style="list-style-type: none"> <li>• Gene therapies work to manipulate the expression of a gene or alter the biological properties of living cells to treat or cure a rare disease</li> <li>• Moda is pursuing the opportunity to establish Centers of Excellence models which will steer recipients of gene therapies to hospital(s) with the expertise to manage these complex therapies</li> <li>• Moda recommends PEBB adopt member handbook language that would allow steerage to Centers of Excellence for gene therapy</li> </ul>	No impact currently, but could save costs in future years
Coordinated specialty programs for behavioral health	<ul style="list-style-type: none"> <li>• Covering services that have generally not been covered by commercial insurance plans, despite their cost effectiveness               <ul style="list-style-type: none"> <li>• Crisis and Transition Services (CATS) – divert children and youth from inpatient psychiatric hospitalization or emergency department boarding</li> <li>• Early Assessment and Support Alliance (EASA) – treatment for psychosis for youth and young adults</li> <li>• Assertive Community Treatment (ACT) – treatment for individuals with severe and persistent mental illness who have difficulty engaging in traditional mental health services</li> <li>• Intensive Children’s Treatment Services (ICTS/IOSS) – Similar to CATS, without the component of initial ED outreach</li> <li>• Intensive In-Home Behavioral Health Treatment (IIBHT) – Similar to ICTS/IOSS but with enhanced service levels</li> </ul> </li> </ul>	+0.02%
Disease Management Programs to Treat Pain	<ul style="list-style-type: none"> <li>• Provides reimbursement for members receiving comprehensive treatment for pain management and potential opioid addiction</li> <li>• Programs address both psychological and physical components of pain</li> </ul>	+0.01%

# 2020 self-insured experience

## Statewide



### 2020 Overview :

- Average number of subscribers: 18,107
- Full plan year loss ratio: 84.6%
- Cost components:
  - Claims: \$293.0M
  - Fixed: \$21.1M
- Total surplus: \$57.4M

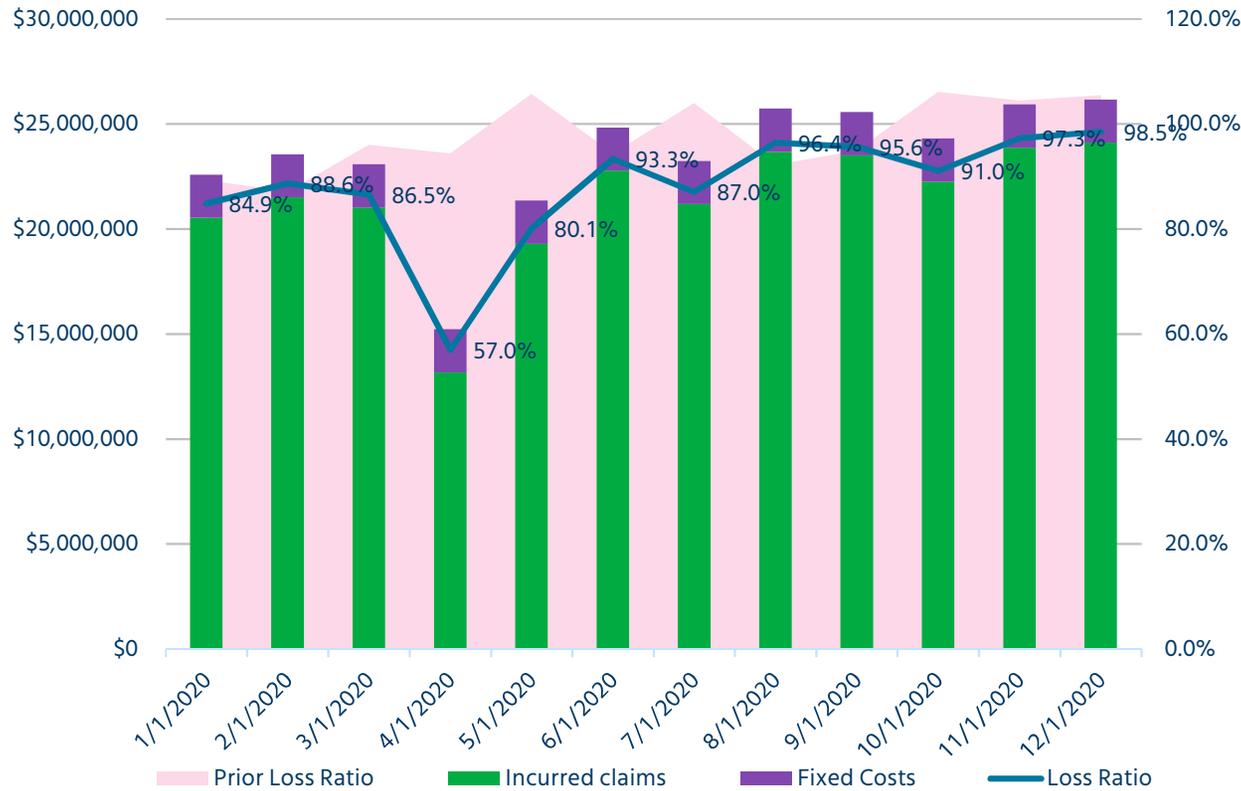
### 2019 Overview :

- Average number of subscribers: 18,707
- Full plan year loss ratio: 101.4%
- Cost components:
  - Claims: \$340.2M
  - Fixed: \$19.4M
- Total surplus: (\$5.1)M

- Claims include: medical claims, pharmacy claims, rebates (Rx + facility)
- Fixed costs include administrative fees, consultant commissions, premium taxes, PEBB admin

# Self-insured experience

## Choice



### 2020 Overview :

- Average number of subscribers: 19,218
- Full plan year loss ratio: 88.0%
- Cost components:
  - Claims: \$256.8M
  - Fixed: \$24.7M
- Total surplus: \$38.3M

### 2019 Overview:

- Average number of subscribers: 19,284
- Full plan year loss ratio: 97.8%
- Cost components:
  - Claims: \$276.2M
  - Fixed: \$22.7M
- Total surplus: \$6.6M

- Claims include: medical claims, pharmacy claims, rebates (Rx + facility)
- Fixed costs include administrative fees, consultant commissions, premium taxes, PEBB admin

# Self-insured experience

## Moda Medical



### 2020 Overview :

- Average number of subscribers: 6,132
- Full plan year loss ratio: 82.0%
- Cost components:
  - Claims: \$79.3M
  - Fixed: \$8.2M
- Total surplus: \$19.2M

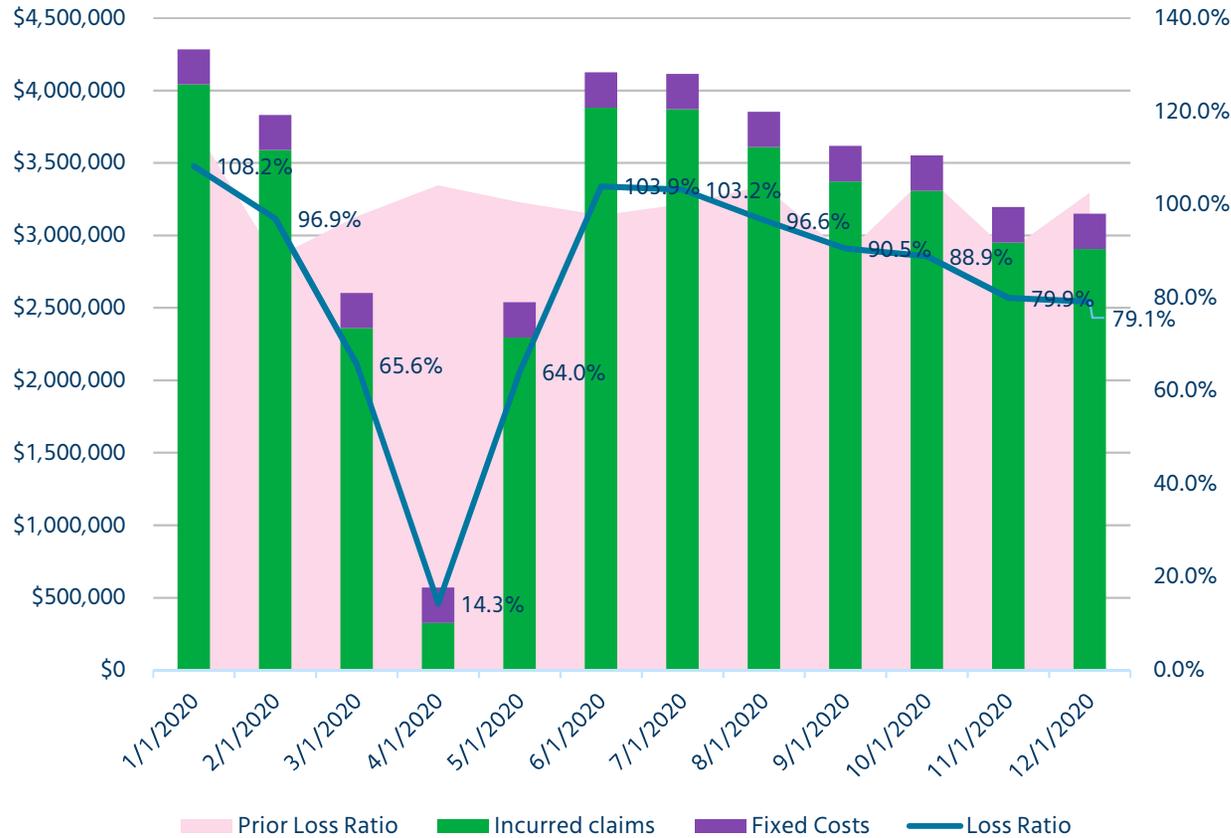
### 2019 Overview:

- Average number of subscribers: 5,051
- Full plan year loss ratio: 96.6%
- Cost components:
  - Claims: \$73.8M
  - Fixed: \$6.3M
- Total surplus: \$2.8M

- Claims include: medical claims, pharmacy claims, rebates (Rx only)
- Fixed costs include administrative fees, consultant commissions, premium taxes, PEBB admin

# Self-insured experience

## Moda Dental



### 2020 Overview:

- Average number of subscribers: 35,516
- Full plan year loss ratio: 82.6%
- Cost components:
  - Claims: \$36.5M
  - Fixed: \$2.9M
- Total surplus: \$8.3M

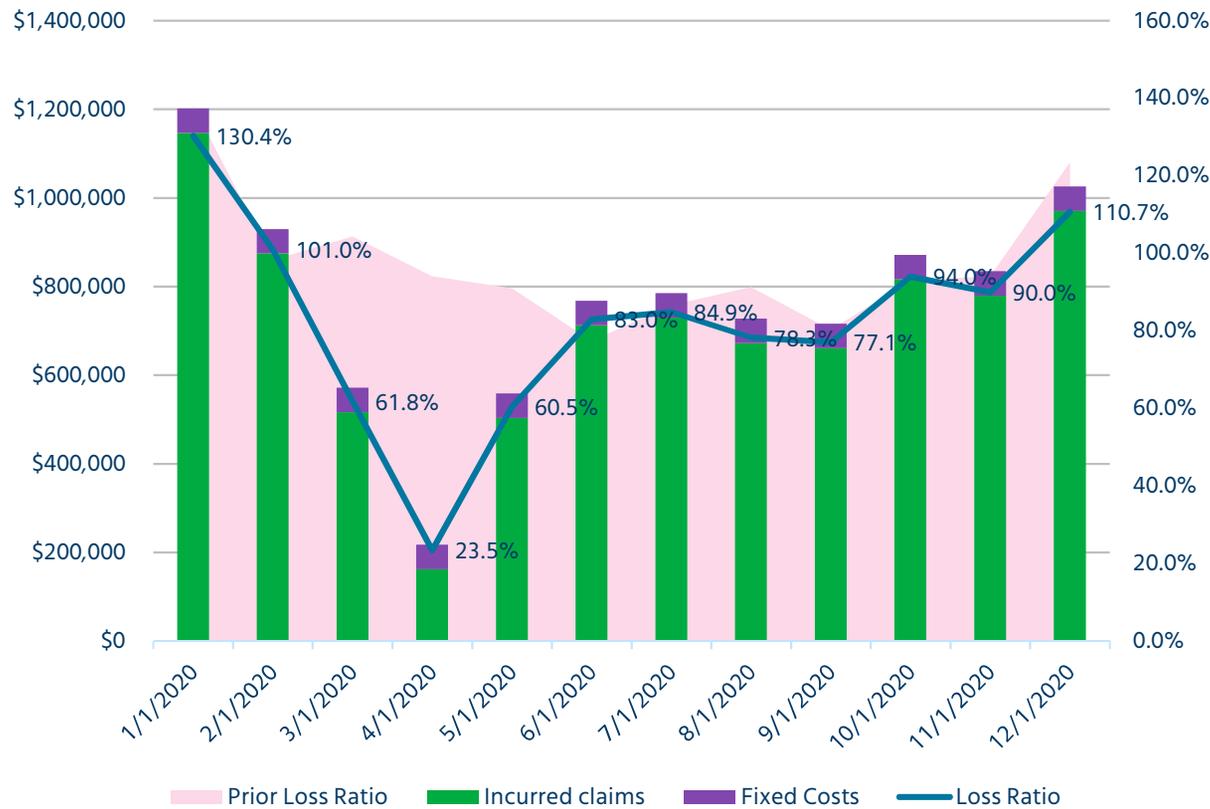
### 2019 Overview:

- Average number of subscribers: 35,136
- Full plan year loss ratio: 99.7%
- Cost components:
  - Claims: \$42.1M
  - Fixed: \$2.8M
- Total surplus: \$134K

- Claims include: dental claims
- Fixed costs include administrative fees, consultant commissions, PEBB admin

# Self-insured experience

## VSP Vision



### 2020 Overview:

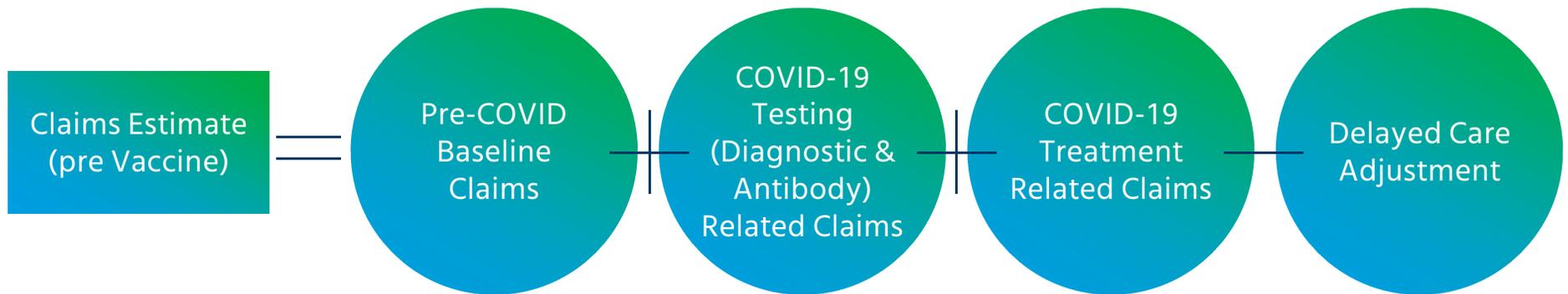
- Average number of subscribers: 42,706
- Full plan year loss ratio: 82.9%
- Cost components:
  - Claims: \$8.5M
  - Fixed: \$0.7M
- Total surplus: \$1.9M

### 2019 Overview:

- Average number of subscribers: 41,945
- Full plan year loss ratio: 97.6%
- Cost components:
  - Claims: \$9.5M
  - Fixed: \$0.6K
- Total surplus: \$248K

- Claims include: vision claims
- Fixed costs include administrative fees, consultant commissions, PEBB admin

# Primary impact of COVID-19 on health care claims



Separate from the primary factors above, tracking impact of COVID-19 on secondary factors such as behavioral health claims, use of telehealth, utilization management loosening, case severity due to delayed care, pressure on provider reimbursement, may be warranted, and also considered when setting 2021 and 2022 trend

# Impact of COVID-19 on health care claims

## Constructing and communicating scenarios

### COVID-19 Testing Related Claims

- Mercer estimates antibody and diagnostic testing costs to be **\$50-\$100**, with actual rates varying by carrier and site of service
- Additional costs for site of testing (office visit, emergency room, etc.) are included in the model

### COVID-19 Treatment Related Claims

- Of those that test positive, there are three treatment pathways: Mild (Home), Severe (Hospitalization), Critical (ICU)
- Emerging experience is indicating commercial hospitalizations will be approximately **8% to 11%** of confirmed cases
- Treatment pathway is correlated with age, underlying conditions, system capacity, and other factors

### Delayed Care Adjustment

- Significant reduction in elective care seen, especially pronounced in April 2020
- By end of June, claims costs has come back close to expected pre-COVID levels
- Still unknown is what percent of deferred services will never come back

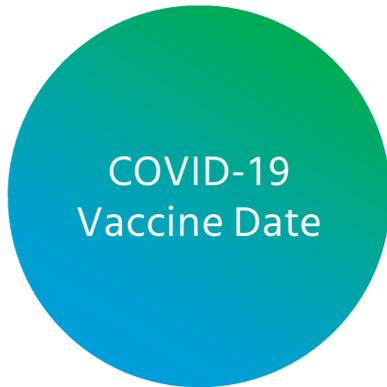
Source: Chinese Center for Disease Control  
March 22, 2020 Albany, NY | Governor Cuomo Accepts Recommendation of Army Corps of Engineers for Four Temporary Hospital Sites in New York

# Vaccine modeling

- A successful vaccine campaign will mark an inflection point and materially change assumptions regarding COVID-19 impact
- Key vaccine assumptions (can be changed within the model)
  - Vaccine release date
  - Percentage of members vaccinated
  - Cost
- Other vaccine-related assumptions include
  - Rollout of vaccine
    - Model assumes vaccinations are evenly distributed over three months
  - Delayed care assumptions
    - Factors are reduced by 1/3rds, 2/3rds, 100% over the three month rollout
  - Capacity for returning care increases to full capacity over the three month rollout

# Impact of COVID-19 vaccine

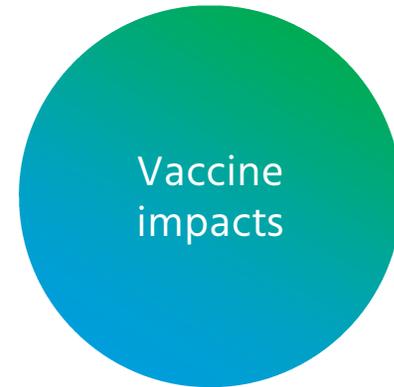
## Constructing and communicating scenarios



- Potential implementation date up to December 2022
- Assumes three month roll in of vaccinations to ultimate vaccination percentage



- In 2021 the cost of the vaccine (i.e., ingredients) will be covered by the government
- For 2022 projections we have assumed the government will continue to cover the cost of the vaccine
- Assumes two vaccinations per person, and \$25 vaccine administration fee per dose (total cost of vaccine administration is \$50 per year)



- No reduction for the efficacy of the vaccine as studies indicate 90%+
- Reduction in cases proportional to the percentage of the members who opt for vaccinations
- Assumes delayed care no longer occurs once population is fully vaccinated

Source: U.S. Centers for Disease Control and Prevention

# 2021 final plan design changes

Coverage	Category	Current Plan Design	Proposed Plan Design	Premium Impact	Composite Impact
<b>Medical / Rx – Providence and Moda</b>	Viscosupplementation Coverage	Plans provide coverage for viscosupplementation	Exclude viscosupplementation due to lack of robust clinical evidence supporting it's effectiveness	(\$300,000)	-0.02%
<b>Medical / Rx - Moda</b>	Specialty Lite	Coverage for all specialty drugs limited to 30-day supply	Certain specialty drugs would be allowed to refill with 90-day supply	n/a	n/a
<b>Medical / Rx - Moda</b>	Real time benefit check (RTBC)	n/a	RTBC is built into provider EMR systems and can help providers and patients find the most appropriate and lowest cost drug	n/a	n/a
<b>Medical / Rx – Moda</b>	Moda 360	n/a	Moda360 is an enhanced member concierge and advocacy program with built-in connections to digital health point solutions	\$200,000	0.02%
<b>Medical / Rx – Providence</b>	Optum ED Analyzer	n/a	Optum ED Analyzer is a tool designed to identify and mitigate emergency department upcoding	(\$800,000)	-0.1%
<b>Medical / Rx – Kaiser</b>	Vision Hardware	\$200 allowance every 2 years	\$200 allowance every year	\$700,000	0.07%
<b>Dental – Moda</b>	Basic / Major Services Waiting Period	12 months	No waiting period	\$500,000	0.05%
<b>Dental – Moda</b>	Orthodontia Waiting Period	24 months	No waiting period	\$200,000	0.02%
<b>Life / Disability – The Standard</b>	Life Insurance Maximum	\$5,000 flat benefit	\$10,000 flat benefit	\$450,000	0.04%

- Items evaluated but ultimately rejected:
  - Increasing the alternative care benefit maximum
  - Increasing Kaiser’s vision hardware benefit beyond \$200
  - Keeping a 12-month waiting period on orthodontia
- Total projected impact of 2021 decisions: \$950K

# Glossary

- **Aneuploidy** is the presence of an abnormal number of chromosomes in a cell, and the risk of having a child with an aneuploidy increases as a woman ages
- **Assisted Hatching** is a lab technique where embryologists create a small hole in the zona pellucida (the thick transparent membrane surrounding a mammalian ovum before implantation) to improve success of implantation
- **Elective Single-Embryo Transfer (eSET)** occurs when only a single embryo is chosen for transfer when multiple embryos are available
- **Freeze all cycle** occurs when all the embryos are immediately frozen and the woman is given several months to recover before implantation rather than an immediate fresh implantation
- **Frozen Embryo Transfer (FET)** may be chosen if genetic testing of embryos for chromosomal abnormalities or gender selection is desired. Women desiring to avoid birth control may safely freeze embryos (cryopreserve) for later use in a FET cycle
- **Gamete intra-fallopian transfer (GIFT)** uses multiple eggs collected from the ovaries. The eggs are placed into a thin flexible tube (catheter) along with the sperm to be used. The gametes (both eggs and sperm) are then injected into the fallopian tubes using a surgical procedure called laparoscopy.
- **Intracytoplasmic Sperm Injection (ICSI)** uses only one sperm and is injected directly into the egg for fertilization.
- **Pre-implantation genetic testing** is a technique used to identify genetic defects in embryos created through in vitro fertilization (IVF) before pregnancy
- **Preimplantation genetic diagnosis (PGD)** refers specifically to when one or both genetic parents has a known genetic abnormality and testing is performed on an embryo to determine if it also carries a genetic abnormality.
- **Pre-implantations Genetic Screening (PGS)** is a procedure designed to assess embryos from presume chromosomally normal genetic parents are screened for aneuploidy to provide assurance that a viable embryo is transferred to reduce failed IVF and miscarriages
- **Zygote intrafallopian transfer (ZIFT)** combines in vitro fertilization (IVF) and GIFT. Eggs are stimulated and collected using IVF methods. Then the eggs are mixed with sperm in the lab. Fertilized eggs (zygotes) are then laparoscopically returned to the fallopian tubes where they will be carried into the uterus.

# Budget / cost projections

## Assumptions

- Paid claims information provided by: Providence and Moda
- Enrollment information provided by: Providence and Moda
- Enrollment information by plan and tier provided by: Providence and Moda
- Projections use incurred claims through December 2020
- Budget projections based off enrollment for the month of: January 2021
- Includes the following employee classes: actives, retirees, COBRA

# Budget / cost projections

## Underwriting methodology

- Mercer uses underwriting techniques, based on actuarial guidelines, to project the future plans costs for the self-funded plans. The key factor in projecting future results is the prior experience of a group, especially when the group consists of a large population. The process of forecasting past claims experience into the future takes into account plan designs, member demographics, trends and group credibility. These processes are widely accepted within the insurance market as the standard to establishing budget and premium levels that are appropriate to cover future risks.
- As a starting point to developing the Jan 2022 - Dec 2022 period funding rates, Mercer collected monthly paid claims and enrollment for Oregon PEBB's medical and pharmacy self-funded plans from the respective vendors (as previously stated in the Assumptions section). Mercer has utilized the information provided by you and/or your vendors/carriers to develop the enclosed budget projections. As such, Mercer has not independently verified this information for accuracy.
- The average cost per enrolled employee was then calculated by dividing the total claims paid by the average number of enrolled employees in each plan on an incurred or lagged basis as previously state in the Assumptions section.
- Once the average claims costs per employee were calculated, claims costs were projected to the Jan 2022 - Dec 2022 period by application of trend factors. The trend factors used in the projections are within the acceptable trend ranges published by Mercer's Actuarial and Financial Group.
- These guidelines are published for active and retiree populations, by benefit plan and product. They fall within the framework established by the Actuarial Standards Board, which has responsibility for the development of actuarial standards of practice used by all professional organizations. The primary components of medical trend include the following:
  - Inflation in unit prices for the same services
  - Changes in utilization of the same services
  - Out-of-pocket leveraging
  - New technology/services (increases or decreases depending on the mix and cost of services)
  - Cost shifting from public payors (Medicare and Medicaid) to private plan payors
  - Population aging
- After application of trend, a margin was also added. Credibility reflects a degree of confidence and accuracy in using the past group's specific information in projecting future costs. A mixture of the size of the group and the period of time the data reflects, determines a group's credibility. Generally, the larger the group and/or the longer the period of available historical information, the greater the degree of confidence and accuracy of using a past group's specific data to project the future costs. Higher margin levels are required for smaller groups since it is designed to cover the potential variation and volatility in actual cost relative to the projected costs.
- The last step is the addition of the administrative fees to the projected costs. These fees include medical and pharmacy administrative costs, and the addition of stop loss premiums. The combination of the administrative fees and trended claims costs allows us to establish funding levels that are appropriate to cover future risks. It is important to remember that these projections are only estimates. As with all estimates, they are based upon the information available at the point in time and are subject to unforeseen and random events. They must be interpreted as having a likely range of variability from the point estimate.



welcome to brighter

# PEBB Administrative Fee Options

March 16, 2021  
Ali Hassoun  
OEBB/PEBB Director



## Background

The Public Employees' Benefit Board Other Funds revenue pays for PEBB administration through an administrative assessment added to core insurance premiums. By statute (ORS 243.185), PEBB can collect an amount that equals up to 2 percent of total premiums to meet administrative and operational costs.

The administrative fee is the only revenue stream currently funding the Boards' operating expenses.

The fee was increased for the 2021 plan year to a 0.90% administrative fee. This increase has covered our current budgetary expenses and has sustained a working capital balance sufficient to cover PEBB Operating Expenses in Plan Year 2021. For Plan Year 2022, there will be new bodies of work that will exceed our current administrative revenue stream requiring an increase in the current administrative fee. These bodies of work include:

- The second phase of the Joint PEBB/OEBB Benefit Management System (BMS) replacement project
- Funding Secretary of State audit findings in the areas of
  - Communications (Enhance Open Enrollment resources, develop Member Education Tools)
  - Perform program-wide Claims Audit and Clinical Audit (Consultant Costs)
  - Pharmaceutical Costs and Hospital Payment Cap Audits (Consultant Costs)
- Supporting a policy position from 2021-23 Policy Package advancing the coordinated care model

## Action

### **Board action is requested.**

PEBB staff is requesting an increase to the overall administrative fee from its current 0.90% to 1.15% for the 2022 Plan Year. This increase will allow PEBB to fund the new bodies of work listed above that support the Mission and long-term goals of the board and fund an appropriate response to the SOS findings.

The administrative fee will continue to be reevaluated each plan year to ensure appropriate funds are maintained for funding PEBB Operating Expenses.

**PEBB HTHU**

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# Core Member Programs and Resources

- Sessions
  - Review educational material, participate in a game or quiz activity and complete a goal
- Challenges
  - Fruit and Vegetable
  - Strength
  - Steps
- Activity Trackers
- Educational Resources
  - Workout Videos
  - Healthy Recipes
  - Articles
- Device Integration

# 2020 Reimagined - New Engagement Opportunities

- Educational Webinars (live/recording available via HTHU on demand)
  - Stress Management
  - Holiday Wellness
  - Stress Education Series (4 part)
  - Optimizing Your Sleep – March 17
  - Plant-based Eating for Everyone...Even Carnivores! – April 7
- Healthy Teams Healthy News Newsletter
  - Aligns with webinar topic
- Virtual Wellness Breaks – Coming Soon
  - Engage in light and energizing physical activities
- Virtual Worksite Presentations – Coming Soon
  - Increase awareness and drive platform engagement
- COVID 19 resources
- Beyond Well Podcasts

Webinars <sup>1</sup> 6,033 registered  
4,814 attended

Recording Views 200-400 per  
webinar topic

HTHN Subscriptions <sup>2</sup> 1,163

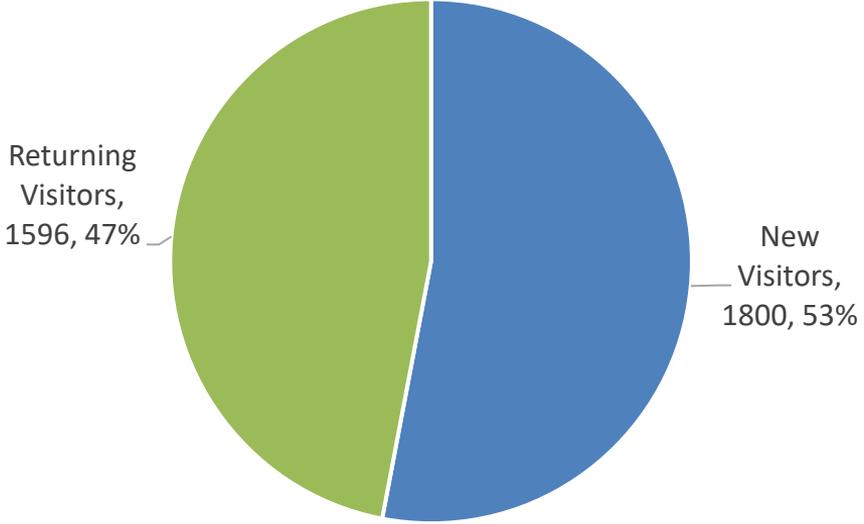
1. Launched in October

2. Launched in December

# PEBB Semi-Annual Report

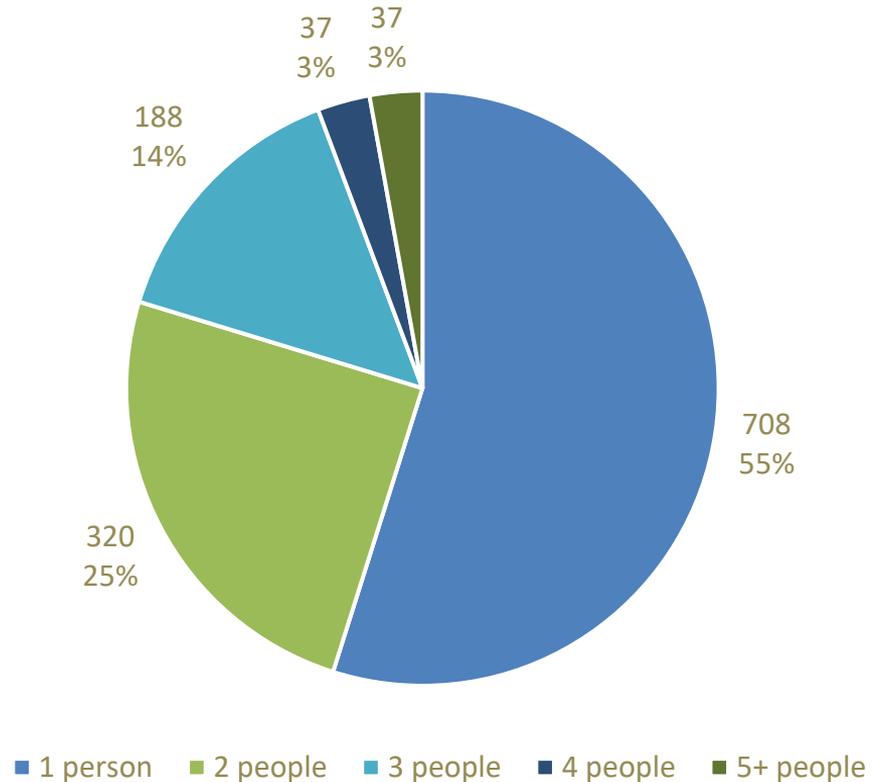
# Platform Utilization

Total number of sessions = 3,396

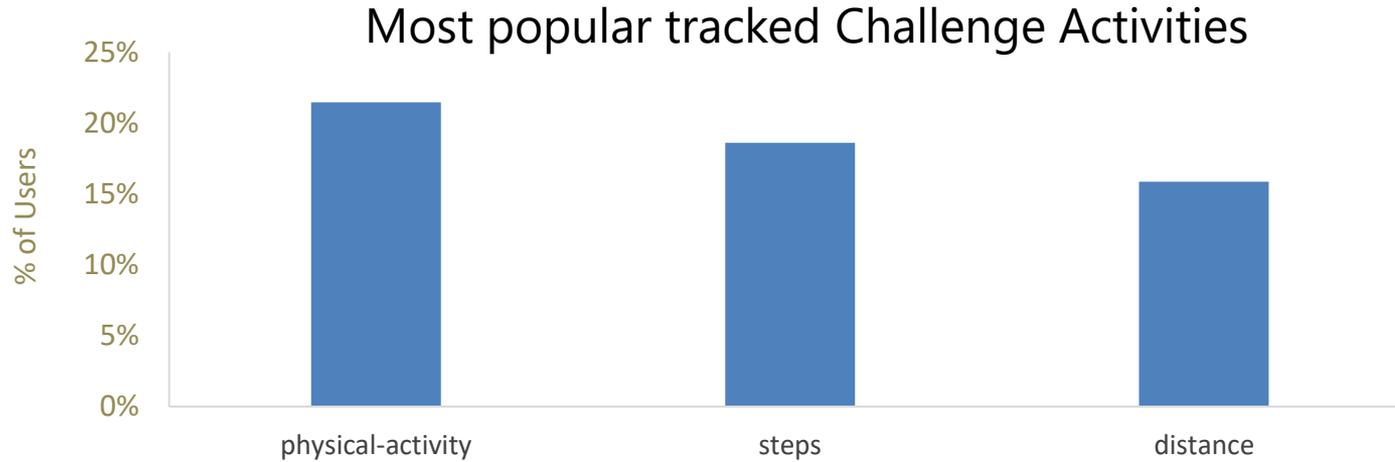


# Team Activity

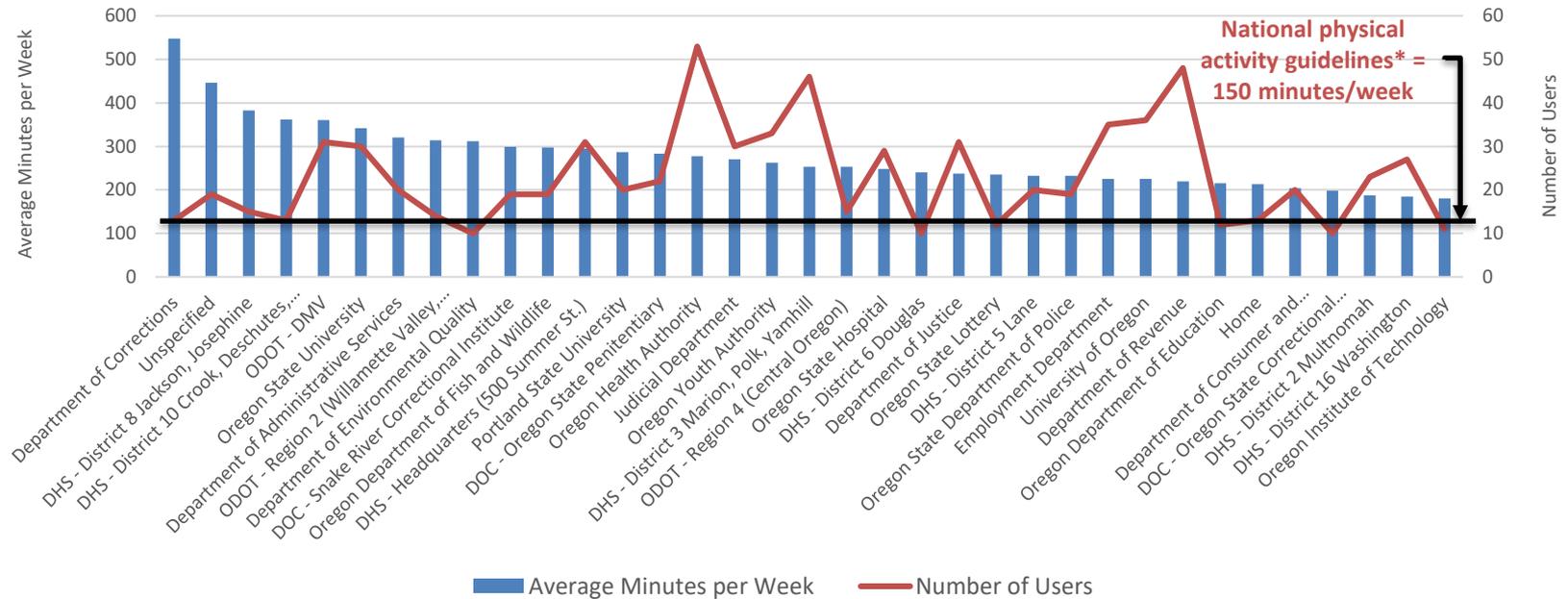
- There were 1,290 active teams during the full program period. Of these teams, 55% were a “team of one”
- 14% of teams had at least 2 people and 11% had 3+ people



# Challenge Tracking



# Physical Activity: Average Minutes Per Week by Affiliation

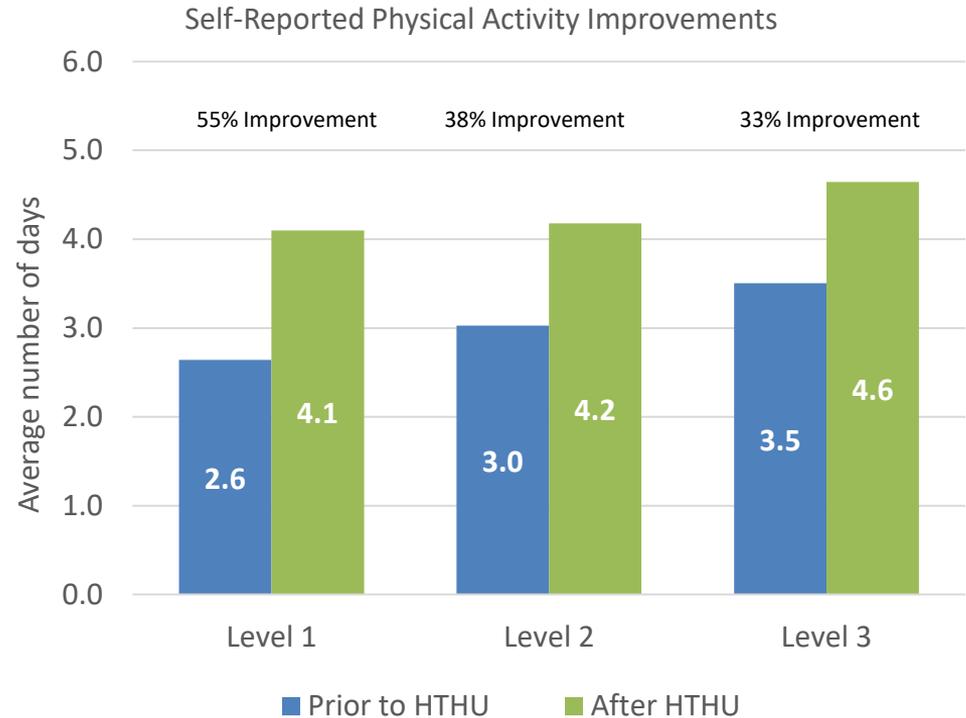


Based on enrollment dates 1.1.2020-12/31/2020 among all plans, n=809 users among presented affiliation groups; Chart displays affiliations with 10+ users.

Source: U.S. Department of Health and Human Services 2008 Physical Activity Guidelines for Americans. Recommendation for adults = at least 150 minutes/week of moderate intensity exercise or 75 minutes/week of vigorous activity, or an equivalence combination of moderate and vigorous aerobic activity. <https://health.gov/paguidelines/guidelines/>

# Physical Activity

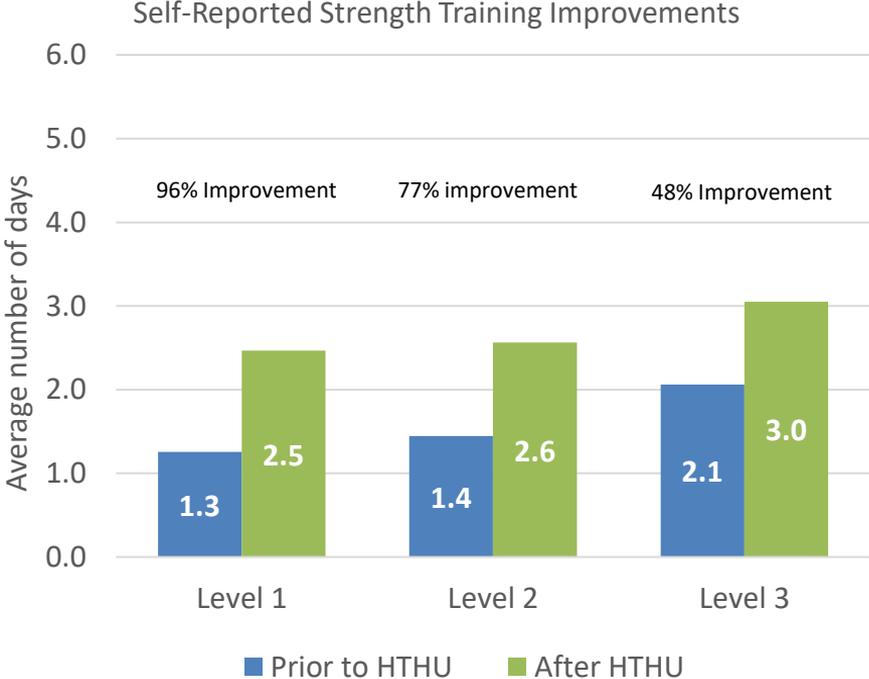
Among HTHU participants, the average number of days of physical activity increased 42% across all levels



Based on enrollment dates 1/1/2020-12/31/2020 among all plans. Results do not reflect a cohort. Total number of responses to each survey item varied slightly. Level 1 n=187-191, Level 2 n=150-151, and Level 3 n=101.

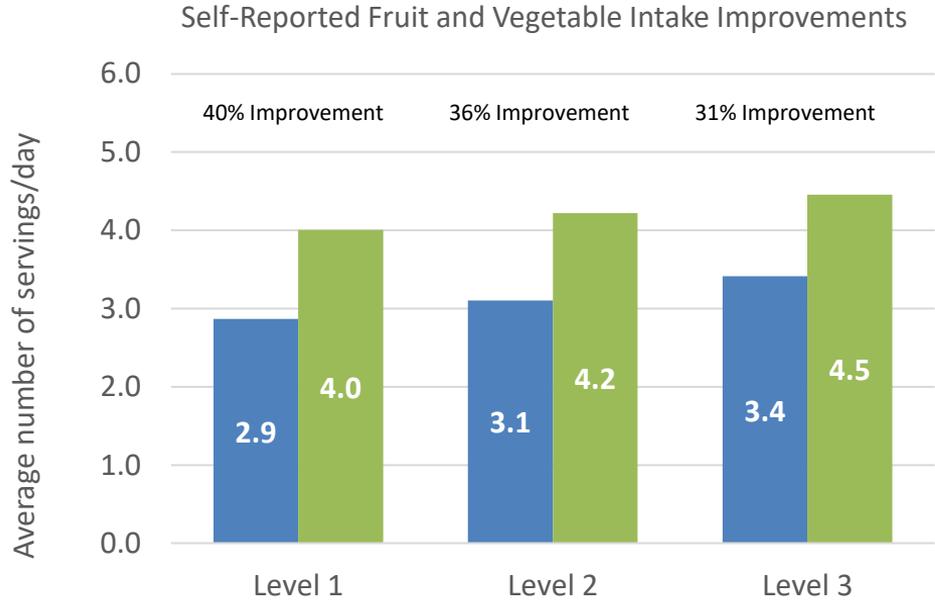
# Strength Training

Overall, the average number of days spent strength training increased 74% among HTHU participants



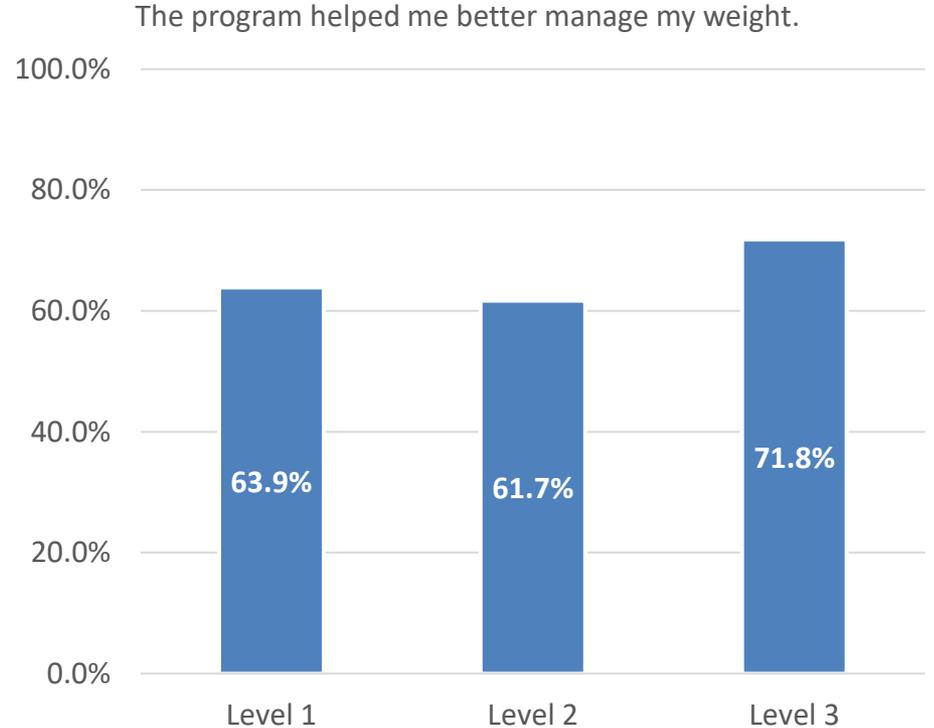
# Healthy Eating

Overall, average number of servings of fruits and vegetables increased 35% among HTHU program participants



# Healthy Weight

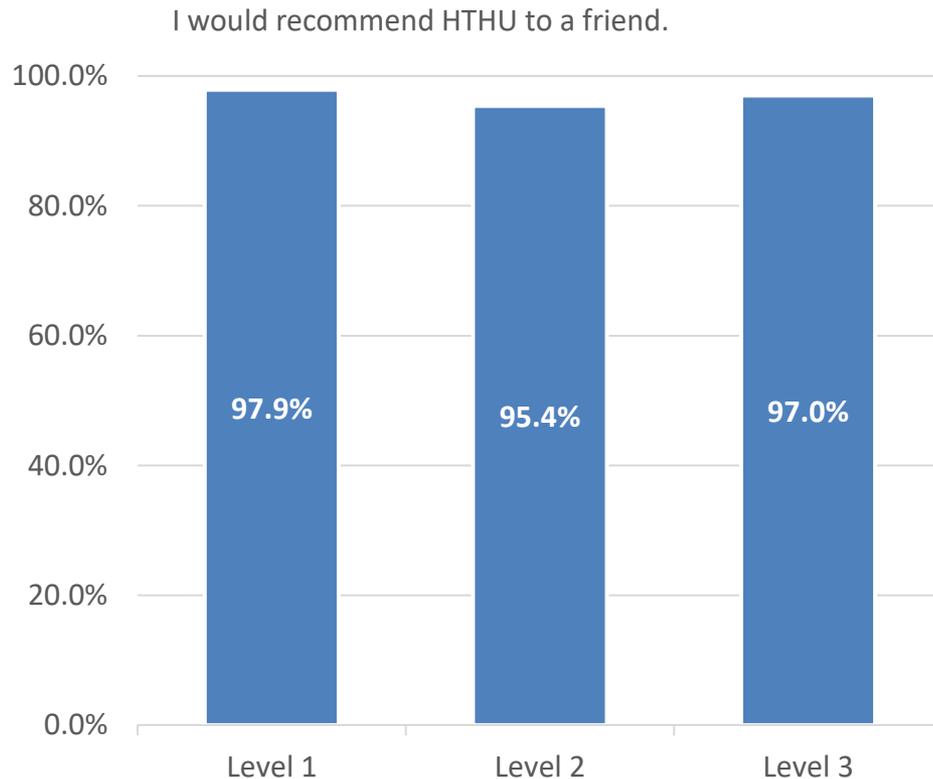
Overall, 65% of participants reported that the HTHU program helped them better manage their weight



Based on enrollment dates 1/1/2020-12/31/2020 among all plans. Level 1 n=191, Level 2 n=151, and Level 3 n=102.

# HTHU Program Satisfaction

Program satisfaction was very high, with over 95% HTHU participants reporting that they would recommend the HTHU program to a friend



# Well-Being Is Personal

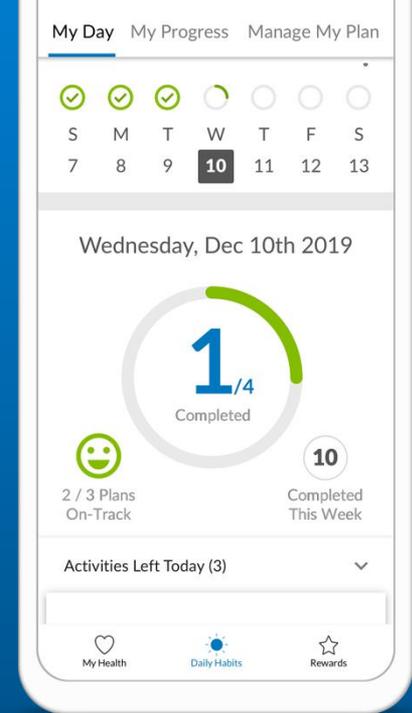
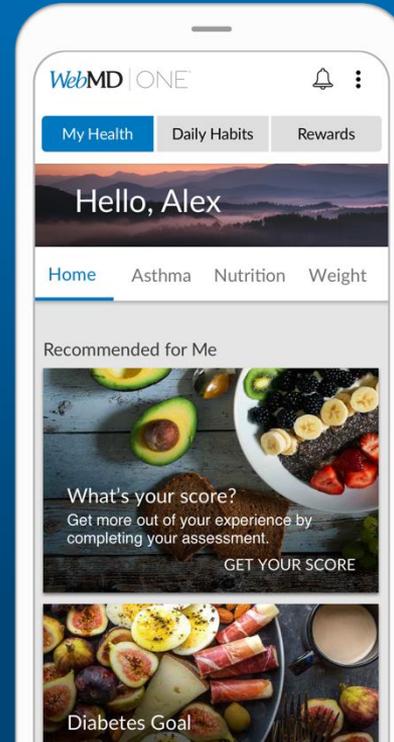
WebMD ONE Platform

**WebMD**  
health services



# WebMD ONE Platform

- Delivers a holistic well-being experience
- Focuses on driving behavior change for sustainable outcomes
- Drives deeper connections with segmentation and personalization
- Champions personal connections



# Onboarding Survey

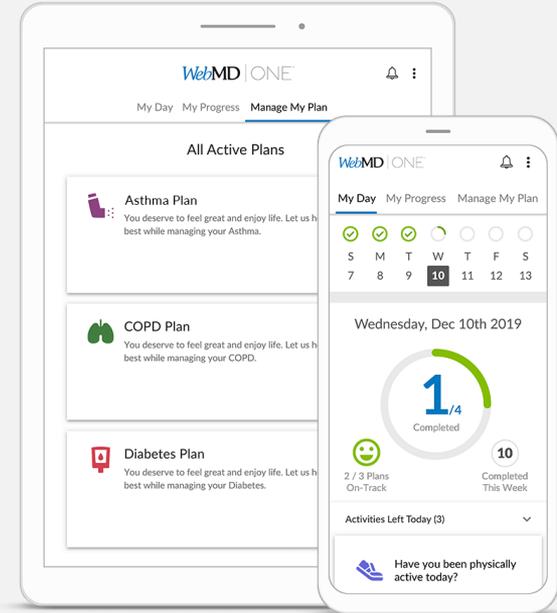
## Select Your Interests

- |   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
|  Asthma              | <input type="checkbox"/>            |  CAD              | <input type="checkbox"/> |
|  COPD                | <input type="checkbox"/>            |  Diabetes         | <input type="checkbox"/> |
|  Exercise            | <input checked="" type="checkbox"/> |  Heart Failure    | <input type="checkbox"/> |
|  High Blood Pressure | <input type="checkbox"/>            |  High Cholesterol | <input type="checkbox"/> |
|  Nutrition           | <input checked="" type="checkbox"/> |  Sleep            | <input type="checkbox"/> |
|  Stress              | <input type="checkbox"/>            |  Quitting Tobacco | <input type="checkbox"/> |
|  Weight             | <input checked="" type="checkbox"/> |   |                          |

# Daily Habits

Digital coaching developed with physicians, clinicians and our clinical advisory board.

- Turn small, attainable goals into long-term behavior change
- Build daily habits that align with individual interests and health status
- Support individual accountability, reinforce change
- 28-day lifestyle and 84-day chronic condition programs
- 16 programs available



# Wellness Challenges



Nutrition



Walking



Stress



Activity Choice



Hydration



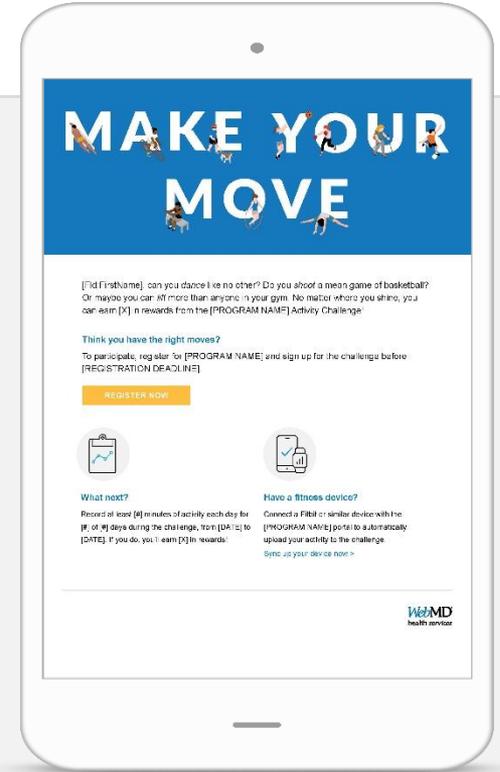
The Invitational



Sleep



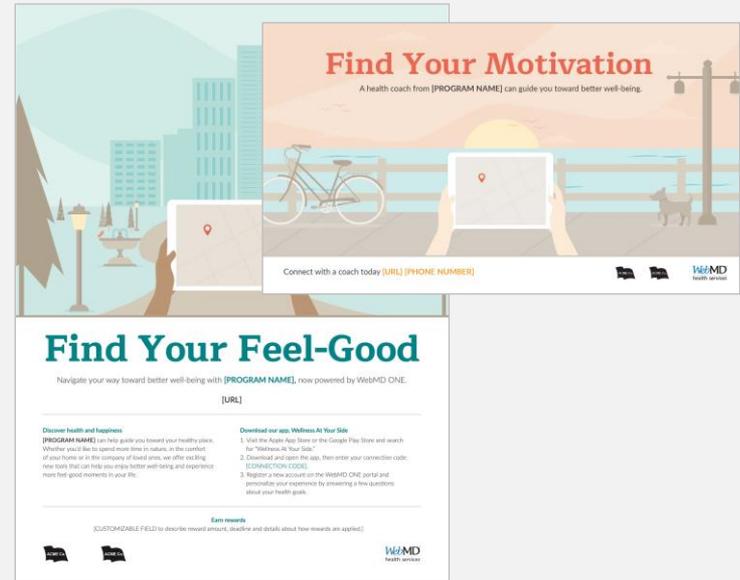
HTHU Specific



# Motivate and Inspire

## Bringing HTHU program to life

- Our Creative Shop provides comprehensive communications and deliverables for you to configure to your population, culture, and brand
  - Includes 100 hours of custom communication support
- Best practice communications plan that incorporates:
  - Multiple product campaigns,
  - Well-being awareness campaign
  - Product generated emails



# Creative Shop

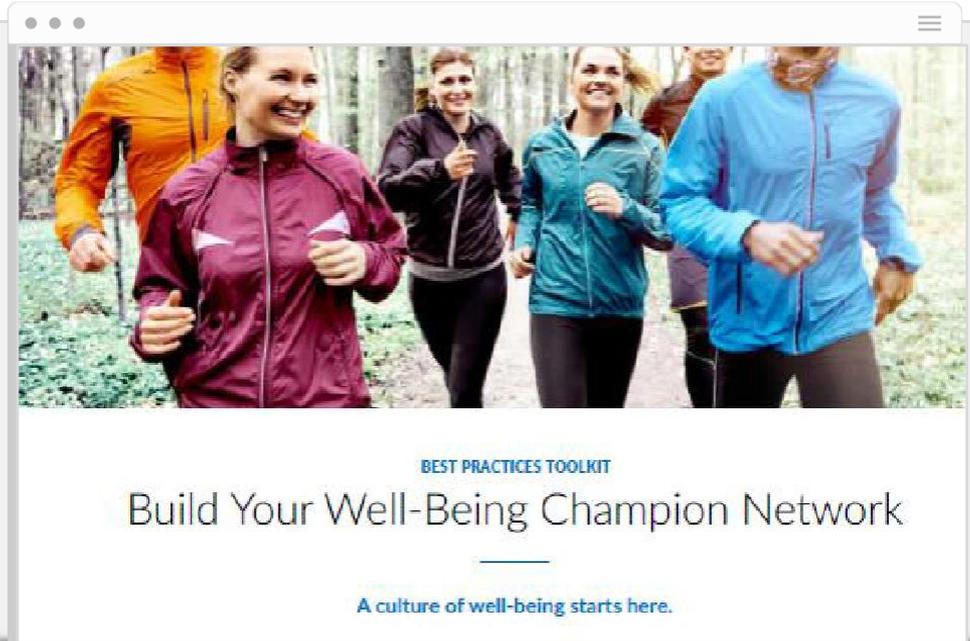
Configurable, ready-to-use materials designed to engage members in HTHU program

## CAMPAIGNS: WELL-BEING AWARENESS



# Wellness Champion Networks

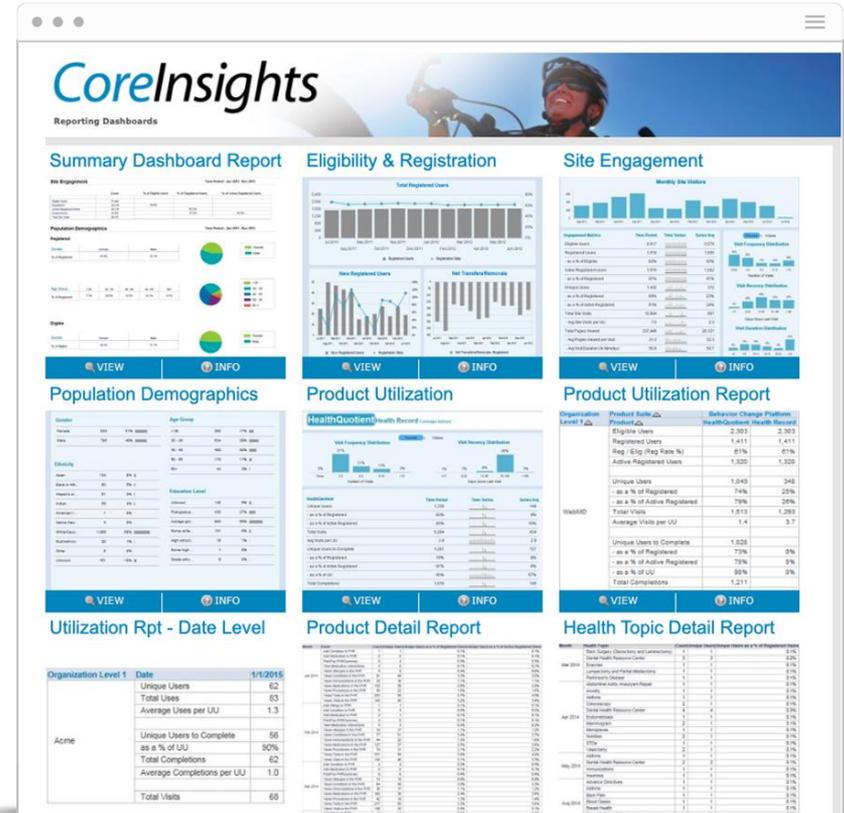
- National Practice
- 40+ years of dedicated well-being experience
- Provide tailored support for PEBB's current champion network initiatives



# WebMD's Core Insights

## Meaningful Data On-Demand

- Summary dashboards
- Over 20 standard reports available.
- Customized reports available via report wizard
- Push out reports through scheduled emails



# WebMD ONE Pricing

# Pricing October 1, 2021 – September 30, 2024

Product & Services	PEPM
<b>WebMD ONE Platform (mobile and desktop)</b> <ul style="list-style-type: none"> <li>• Interest survey to personalize the platform experience</li> <li>• Daily Habits behavior change programs – all topics</li> <li>• Wellness Challenges – unlimited</li> <li>• Educational resources</li> <li>• Ability to integrate device and app information</li> </ul>	\$0.25 Per eligible participant per month (PEPM)
<b>Full-time Dedicated Program Coordinator</b> <ul style="list-style-type: none"> <li>• 12 (monthly) educational webinars</li> <li>• 12 (monthly) newsletters</li> <li>• 52 (weekly) virtual wellness breaks</li> <li>• Develop and managing a Wellness Champion Network</li> <li>• Deploy communications to increase engagement in WebMD ONE</li> <li>• Support other needs as requested by schools, departments or OEGB leadership</li> </ul>	
<b>Communications and Engagement Support</b> <ul style="list-style-type: none"> <li>• 100 hours of custom communication support</li> <li>• Access to the online creative shop</li> </ul>	
<b>Access to On-Demand Reporting Tool: Core Insights</b> <ul style="list-style-type: none"> <li>• Ability to view, segment, and analyze meaningful data</li> </ul>	
<b>Customer Service Support</b> <ul style="list-style-type: none"> <li>• Assist participants with platform access and navigating the platform</li> </ul>	

# Enrollments

PEBB Groups	2018	2019	2020	2021 (Jan/Feb)
Kaiser	2,148	1,806	283	16
Moda	693	738	137	10
Providence	5,815	5,056	597	60
Webinars (All Groups)			1,260	4,773
Total Enrollment	8,656	7,600	2,227	4,859
Total Fee (HTHU only)	\$727,104	\$638,400	\$84,213 (1,017)	\$5,762 (86)

WEBMD HEALTH SERVICES

Clinically Driven. Behavior Change.

# Healthy Team Healthy You Renewal

March 16, 2021

Margaret Smith-Isa, Program Development  
Coordinator



## Background

PEBB has offered Healthy Team Healthy You as a comprehensive wellness program for members since 2013. Over the years the program has evolved to incorporate enhanced content and features through the online platform. The program is currently provided by WebMD, and for the 2022 plan year continuation of the program requires that PEBB migrate to the new WebMD One platform and a global pricing structure at the cost of \$0.25 per eligible participant per month (\$3.00 per eligible participant per year). All members age 18 and older who are enrolled in a PEBB medical plan are eligible to participate in the program, which equates to approximately 103,000 eligible participants and a total program cost of approximately \$309,000 for the 2022 plan year.

## Action

### **Board action is requested.**

Staff recommend continuation of the HTHU program in 2022 via the WebMD One portal along with transition to a global pricing structure.

Although enrollment in the program declined in 2020, there has been increasing interest in program webinars and content in 2021. Staff expect to work closely with the program vendor on strategies to support member engagement and wellness.