



**Agenda Item A1**  
**CSURMA AORMA BENEFITS**  
**Committee**  
**Meeting Date: May 8, 2020**

**ATTACHMENT(S): None.**  
**APPROVAL OF THE AGENDA**

**ISSUE:** The Committee will be asked to approve the agenda for today's meeting.

**RECOMMENDATION:** Staff recommends that the Committee approve the agenda as Presented.

**FISCAL IMPACT:** None

**BACKGROUND:** None

**PUBLICATION:** None

**ATTACHMENT(S):** None

**ATTACHMENT(S):** None.

**APPROVAL OF THE CSURMA AORMA BENEFITS COMMITTEE**  
**PURPOSE**

**ISSUE:** The Committee will be asked to approve the CSURMA AORMA BENEFITS COMMITTEE PURPOSE AS STATED BELOW:

The Benefits Committee will oversee the management of all benefits programs not otherwise assigned to another committee. The Committee will assist in the evaluation of benefit administration, employee benefits initiatives, CSURMA AORMA program offerings, guidelines and related services. Members will review the annual CSURMA AORMA Benefit Plan renewals, associated financials and alternatives. RFP development and selection will also be handled by this Committee.

**RECOMMENDATION:** Staff recommends that the Committee approve the purpose as Presented.

**FISCAL IMPACT:** None

**BACKGROUND:** None

**PUBLICATION:** None

**ATTACHMENT(S):** None

**ATTACHMENT(S): None.**  
**APPROVAL OF THE CSURMA AORMA BENEFITS COMMITTEE**  
**RECOMMENDED CALENDAR**

**ISSUE:** The Committee will be asked to approve the CSURMA AORMA BENEFITS COMMITTEE RECOMMENDED CALENDAR BELOW:

Two meetings per year

- Pre-renewal (March / April )
- Renewal (June)
- Friday June 19<sup>th</sup> 10:00-12:00

**RECOMMENDATION:** Staff recommends that the Committee approve the purpose as Presented.

**FISCAL IMPACT:** None

**BACKGROUND:** None

**PUBLICATION:** None

**ATTACHMENT(S):** None



Your partner in new possibilities.

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## 2021 Renewal Strategic Planning

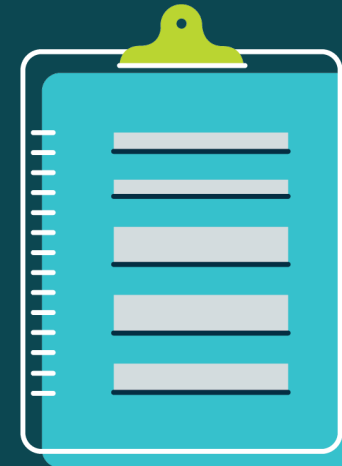
### CSURMA AORMA

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May 8, 2020

# Agenda

- I. **COVID-19 Impact**
- II. **CSURMA AORMA Program Introduction**
- III. **Key Market Trends**
- IV. **Alliant Stewardship Report**
- V. **CSURMA AORMA Plan Performance**
- VI. **2021 Strategy**
- VII. **Next Steps**
- VIII. **Appendix**
  - Innovation in Care, Delivery, Engagement & Communication
  - Employee Engagement
  - CSAC EIA Overview
  - Compliance Update



# Your Dedicated Service Team



**Michael Menerey**

Senior Vice President  
213-270-0972

[Michael.menerey@alliant.com](mailto:Michael.menerey@alliant.com)



**Tom Quirk**

Vice President  
949-660-5952

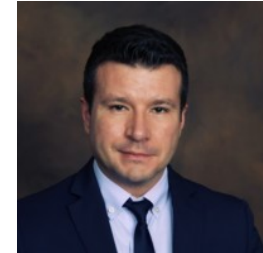
[Tom.quirk@alliant.com](mailto:Tom.quirk@alliant.com)



**Chloe Smith**

Account Executive  
415-403-1437

[Chloe.smith@alliant.com](mailto:Chloe.smith@alliant.com)



**Ferencz David**

Account Executive  
213-270-0112

[Ferencz.David@alliant.com](mailto:Ferencz.David@alliant.com)



**Scott McClave**

Underwriter



**Karen Murray**

Compliance



**Niti Thai**

Wellness Consultant



**James T. Martin**

Benefit Analyst



# COVID-19 Impact



# COVID-19 & Impacts to CSURMA AORMA Auxiliaries

- Unprecedented changes in in personal and professional life for employees and dependents
  - Essential business functions must be supported
  - Concern for personal safety at work and at home
  - Revenues will be impacted
    - Some employers are mandating furloughs or layoffs
    - Others are considering wage and/or or hiring freezes
  - Is your auxiliary expecting any changes to 2020-2021 Budget?
- Possible impact on 2021 health plan renewal rates and other benefit expenses
  - Short term decline in expenses, longer term slight increase?
    - Many unknowns
    - What the models say
      - Delayable and Avoidable expenses
    - EIAHealth, Kaiser, Anthem and Express Scripts
    - Dental and vision plans

# Compliance Resources – COVID-19

<https://alliantbenefits.com/covid-19-resources/>

## COVID-19 Resources

Alliant Employee Benefits' COVID-19 Resources page is your go-to resource for



ALLIANT EMPLOYEE BENEFITS

## Alliant's Coronavirus Workplace Playbook

Alliant Employee Benefits

### Employer Options for Leave, Wages, and Benefits Based on COVID-19 Related Employee Circumstances

Alliant Employee Benefits

### Coronavirus Compliance Guide

FAQs: Furloughs and Layoffs, New Paid Leave Requirements, Cost Containment and Carrier Enrollment Options, and Other Benefit Plan Issues

Alliant Employee Benefits

### Employee Benefits Plan Status Changes Related To COVID-19

April 6, 2020

#### Options for Benefits Changes due to COVID-19 Related Circumstances

Event	Group Health Plan	Health FSA	Dependent Care FSA	Short Term Disability	Comments
Mid-year cost increase to employee	When there's a "significant cost change" (in temp have med if the cov	No change permitted.	Any time there is a change	Not applicable.	There is no specific guidance on

Alliant Employee Benefits

04/17/2020

### Relevant Federal, State, and Local Guidance on COVID-19

Jurisdiction	Government Department (with link included)	Overview (relevant details from resource)
Federal	Equal Employment Opportunity Commission (EEOC) – Title VII, ADA, etc. – Updated March 21, 2020	<p><b>Q: Before an influenza pandemic occurs, may an ADA-covered employer ask an employee to disclose if he or she has a compromised immune system or chronic health condition that the CDC says could make him or her more susceptible to complications of influenza?</b></p> <p><b>A: No.</b> An inquiry asking an employee to disclose a compromised immune system or a chronic health condition is disability-related because the response is likely to disclose the existence of a disability. The ADA does not permit such an inquiry in the absence of objective evidence that pandemic symptoms will cause a direct threat. Such evidence is completely absent before a pandemic occurs.</p> <p><b>Q: Are there ADA-compliant ways for employers to identify which employees are more likely to be unavailable for work in the event of a pandemic?</b></p> <p><b>A: Yes.</b> Employers may make inquiries that are not disability-related. An inquiry is not disability-related if it is designed to identify potential non-medical reasons for absence during a pandemic (e.g., outdated public transportation) on an equal footing with medical reasons (e.g., chronic illnesses that increase the risk of complications). The inquiry should be structured so that the employee gives one answer of "yes" or "no" to the whole question without specifying the factor(s) that apply to him. The answer need not be given anonymously.</p> <p><b>Q: May an employer require new entering employees to have a post-offer medical examination to determine their general health status?</b></p> <p><b>A: Yes.</b> If all entering employees in the same job category are required to undergo the medical examination and if the information obtained regarding the medical condition or history of the applicant is collected and maintained on separate forms and in separate medical files and is treated as a confidential medical record.</p> <p><b>Q: May an ADA-covered employer send employees home if they display influenza-like symptoms during a pandemic?</b></p> <p><b>A: Yes.</b> The CDC states that employees who become ill with symptoms of influenza-like illness at work during a pandemic should leave the workplace. Advising such workers to go home is not a disability-related action if the illness is akin to seasonal influenza or the 2009 spring/summer H1N1 virus. Additionally, the action would be permitted under the ADA if the illness were serious enough to pose a direct threat. Applying this principle to current CDC guidance on COVID-19, this means an employer can send home an employee with COVID-19 or symptoms associated with it.</p> <p><b>Q: During a pandemic, how much information may an ADA-covered employer request from employees who report feeling ill at work or who call in sick?</b></p> <p><b>A: ADA-covered employers may ask such employees if they are experiencing influenza-like symptoms, such as fever or chills and a cough or sore throat. Employers must maintain all information about employee illness as a confidential medical record in compliance with the ADA. If pandemic influenza is like seasonal influenza or spring/summer 2009 H1N1, these inquiries are not disability-related. If pandemic influenza becomes severe, the inquiries, even if disability-related, are justified by a reasonable belief based on objective evidence that the severe form of pandemic influenza poses a direct threat. Applying this principle to current CDC guidance on COVID-19, employers may ask employees who report feeling ill at work, or who call in sick, questions about their symptoms to determine if they have or may have COVID-19. Currently these symptoms include, for example, fever, chills, cough, shortness of breath, or sore throat.</b></p> <p><b>Q: During a pandemic, may an ADA-covered employer take its employees' temperatures to determine whether they have a fever?</b></p> <p><b>A: Generally, measuring an employee's body temperature is a medical examination. If pandemic influenza symptoms become more severe than the seasonal flu or the H1N1 virus in the spring/summer of 2009, or if pandemic influenza becomes widespread in the community as assessed by state or local health authorities or the CDC, then employers may measure employees' body temperature. However, employers should be aware that some people with influenza, including the 2009 H1N1 virus or COVID-19, do not have a fever.</b></p> <p>Because the CDC and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions as of March 2020, employers may measure employees' body temperature. As with all medical information, the fact that an employee had a fever or other symptoms would be subject to ADA confidentiality requirements.</p> <p><b>Q: When an employee returns from travel during a pandemic, must an employer wait until the employee develops influenza symptoms to ask questions about exposure to pandemic influenza during the trip?</b></p> <p><b>A: No.</b> These would not be disability-related inquiries. If the CDC or state or local public health officials recommend that people who visit specified locations remain at home for several days until it is clear they do not have pandemic influenza symptoms, an employer may ask whether employees are returning from these locations, even if the travel was personal. Similarly, with</p>


# COVID-19 BENEFITS RESOURCES

## COVID-19 TESTING AND TREATMENT COSTS - WAIVED

- Anthem Blue Cross and Kaiser are waiving all share of cost for medically necessary screening, testing and treatment received at least through May 31, 2020. for COVID-19 for in network benefits.

## Alternative Access to Care: Call the Nurse Line or Go Virtual

- To help prevent the spread of infection and improve access to care, members can utilize the following virtual care options.
- Kaiser Permanente: Northern California
  - Appointment & Medical Advice Services Line: (866) 454-8855
  - Schedule Video Visits with your PCP or by visiting [www.kp.org](http://www.kp.org)
- Anthem Blue Cross
  - 24/7 NurseLine: (800) 700-9184
  - LiveHealth Online: [www.anthem.com/ca](http://www.anthem.com/ca) and log in to your secure account or download the free mobile app to sign up.
  - Anthem is waiving the cost of LiveHealth Online visits through June 14, 2020
  - Members can access video visits with doctors and mental health professionals free of charge.



CSURMA AORMA  
Program  
Introduction

# CSURMA AORMA Benefits Program

The CSURMA-AORMA Benefits Program joined a larger purchasing pool, CSAC EIA, via the CSURMA JPA in 2019 to provide more flexibility and greater cost stability for our members.



## Pooled Renewals

- CSURMA-AORMA gets the pooled EIA Medical Renewal, subject to performance based adjustments
- CSURMA-AORMA gets the pooled EIA Dental Renewal, subject to performance based adjustments
- CSURMA-AORMA gets the pooled EIA Vision Renewal

# CSURMA AORMA Service Bundles

Scope of Services	Ancillary-only Service Bundle	Program Service Bundle (Medical Members)	Enhanced Service Bundle
<b>AOA Program - level Services</b>	<b>Base plan - included with CSURMA-AORMA Ancillary only</b>	<b>Base plan - included with CSURMA-AORMA Medical membership</b>	<b>Buy-up Plan</b>
Strategic Planning / Annual Objective Setting	X	X	X
Renewal Analysis & Recommendations	X	X	X
Procurement of Alternative Cost Saving Initiatives and Options	X	X	X
AORMA Marketing and Support	X	X	X
Legislative Compliance and Contract Review	X	X	X
Healthcare Reform Compliance & Consulting	X	X	X
AORMA - Attendance, support and presentation at committee meetings	X	X	X
AORMA Benchmarking	X	X	X
Employer Advocacy and Problem Resolution	X	X	X
<b>Communications / Advocacy</b>			
Open Enrollment Coordination	X	X	X
Program Level Active and Retiree Electronic Communication Development (Brochures, Postcards, Presentations)*	X	X	X
Electronic Benefit Summaries, Flyers & Announcements	X	X	X
Monthly Wellness Newsletters	X	X	X
MyBenefits.life Mobile Application and Portal*	X	X	X
Coordination, Attendance, & Support at Open Enrollment Meetings		Limited**	X
Customized Auxiliary-level Active and Retiree Print Communication Development (Postcard, Benefit Guides, Benefit Summaries, Presentations)			X
Wellness Program Consulting, Advice and Recommendations			X
Benefit Advocate / Employee Call Center Service			X
Auxiliary-level Customized Mybenefits.lifeMobile Application and Portal			X
<b>Administrative / HR Services</b>			
Online Enrollment & Eligibility (Procurement, Recommendations, Implementation)	X	X	X
Alliant HR - Employment Law and HR Support	X	X	X
COBRA and FSA Vendor (Procurement, Recommendations, Implementation)		X	X
<b>Alliant Consulting Fee</b>	Included	Included	\$6 PEPM***

\*We can only load AOA sponsored program-level information into Brochures, OE presentations, Ben-IQ Mobile Application and Alliant Connect

\*\* Alliant representative or carrier representative(s) available to attend one half-day health fair (Q&A, no custom presentation)

\*\*\* Based on per enrolled employee per month as of January 1st each year

# CSAC EIA Overview

## CSAC EIA

Established in 1979, CSAC Excess Insurance Authority (EIA) is a risk sharing pool dedicated to controlling losses and providing effective risk management solutions. EIA is a member directed pool serving California public agencies.

Membership in Property & Casualty and Employee Benefit coverages has expanded to include 95% of counties, 60% of cities, as well as numerous school districts, special districts, housing authorities, fire districts, and other Joint Powers Authorities.

## Employee Benefit Coverages Offered

- Medical (EIAHealth – Anthem/Blue Shield/Kaiser)
- Dental (Delta Dental)
- Vision (VSP/MES)
- EAP (MHN/Anthem)
- Life & Disability (Voya/Cigna)

## CSAC EIA Membership Highlights

- Medical – 42 member groups – 36,000 covered
- Dental – 172 member groups – 90,800 covered
- Vision – 103 member groups – 41,000 covered
- EAP – 130 member groups – 47,000 covered
- Life & DI – 123 member groups – 82,000 covered



# EIAHealth Medical Renewal History

Established in 2003 to provide members with a cost effective alternative to their current options

## Renewal Results

RENEWAL HISTORY*			
Plan Year	EIA Health	California PPO Trend	PERS Choice PPO <sup>1</sup>
2004	10.00%	10.00%	18.02%
2005	7.20%	11.00%	5.82%
2006	8.82%	10.00%	9.43%
2007	0.00%	11.00%	12.50%
2008	8.50%	10.00%	6.00%
2009	4.35%	10.00%	0.00%
2010	3.10%	11.00%	5.44%
2011	11.80%	12.00%	10.74%
2012	6.40%	10.00%	1.91%
2013	3.80%	10.00%	16.18%
2014	2.87%	10.00%	3.56%
2015	8.02%	9.00%	1.46%
2016	9.10%	9.00%	13.92%
2017	2.40%	9.00%	4.00%
2018	3.61%	9.00%	-3.62%
2019	3.97%	9.00%	8.25%
2020	2.83%	7.00%	-0.59%
<b>AVERAGE</b>	<b>5.61%</b>	<b>9.81%</b>	<b>6.46%</b>

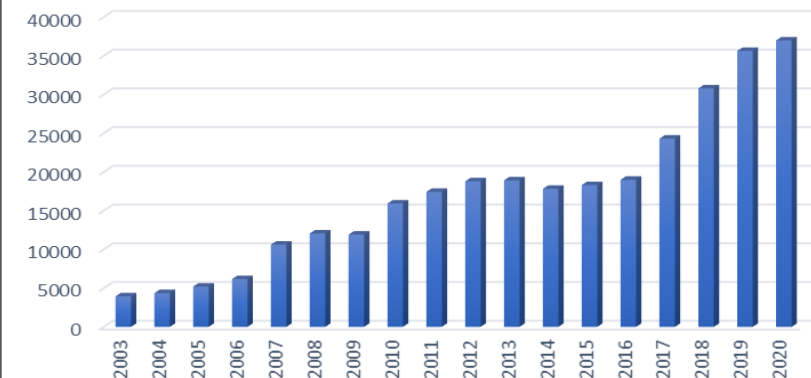
\*Reflects EIAH Aggregate Pool Renewal

1. PERS Choice represent region specific renewal history for Region 1 area

## Growth

- Began with founding 3 Members at 4,000 employee lives and \$30M in annual premium
- For 1/1/20, projected covered employee lives **37,000 and \$520M** in annual premium
- Recent Growth in Covered Lives
  - ✓ 2020 – 7%
  - ✓ 2019 – 16%
  - ✓ 2018 – 27%
  - ✓ 2017 – 28%

EIAHealth Historical Growth



# EIAHealth Renewal Rating Methodology

## Rating Methodology “Good Risk Pool”

- Renewal rate change calculated by combining all claims for all Program members to determine needed annual Program (pooled) rate change by line of coverage (PPO,HMO,HDHP, etc.)
- Current members receive pooled renewal rate change subject to annual adjustment per loss allocation model based on three-year average loss ratio relative to the Program (3 year participation requirement)
- Max of 7.5% loss allocation adjustment up or down
- New members without claims data for initial rating receive pooled rate change for first renewal with no application of loss allocation formula
- New members with claims data for initial rating receive pooled rate change for first 2 renewals with no application of loss allocation formula

# EIAHealth Ancillary Renewal History

EIA Product	Carrier	No. of Lives	Average Renewals Under / Over 250*
Dental	Delta Dental	79,700	2020: rate pass / -.9% 2019: -3.4% / -1.4% 2018: -3.9% / -1.4% 2017: rate pass 2016: -3.7% / -5.8% 2015: -4.5% / -0.8% 2014: rate pass 2013: rate pass 2012: 4.25% / 4.25%
Vision	VSP	37,300	2018-2020: rate pass 2015-2018: rate pass 2013-2015: 4% 2011-2013: rate pass 2009-2011: rate pass

# CSURMA AORMA Participating Auxiliaries

- **Current auxiliaries participating in the CSURMA AORMA program include:**

## Medical/Ancillary

University Corp at Monterey Bay
Aztec Shops, LTD (SDSU)
Cal State Los Angeles University Auxiliary Services Inc.
Associated Students of San Diego State
Cal State University Dominguez Hills Foundation
California State University San Marcos Corporation CSUSM
Associated Students Inc., CSULB
Cal State Fullerton University Auxiliary Services Corp.
CSULB Research Foundation
Forty-Niner Shops, Inc. (CSULB)
University Enterprises, Inc., CSU Sacramento – <b>NEW 7/1/20</b>

## Ancillary Only

CSU Bakersfield Foundation	The University Corporation (CSUN)
CSU Bakersfield Auxiliary for Sponsored Plans Administration	Associated Students Inc., Cal Poly Pomona
CI University Auxiliary Services, Inc.	Associated Students Inc. (CSUSB)
CSUDH Associated Students Inc.	Santos Manuel Student Union (CSUSB)
CSUDH Donald P. & Katherine B. Loker Univ. Student Union Inc.	Associated Students Inc. (SFSU)
Associated Students Inc., CSU Fresno	Associated Students Inc. (SJSU)
CSU Fresno Association	Spartan Shops, Inc. (SJSU)
Associated Students Inc. (CSUN)	Student Union of SJSU
Fresno State Programs for Children	Tower Foundation (SJSU)
The Agricultural Foundation of CSU Fresno	Associated Students Inc. (CSUS)
Associated Students of CSU Fullerton	University Student Union of CSU Stanislaus
Associated Students Inc. at CSLA	Associated Students Inc., Incorporated of California State University Stanislaus
Student Union at Cal State LA	Auxiliary at Fresno – Bulldog Foundation
CSU Fresno Foundation	



# Key Market Trends

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# Key Trends: Medical & RX Pooled Renewal CA

Pooled Renewals				
Carrier	Aetna	Anthem BC	Blue Shield	HealthNet
HMO	N/A	14.8%	12.9% <sup>1</sup>	N/A
PPO	N/A	14.8%	12.9%	N/A
HSA	N/A	14.8%	12.9%	N/A
Rx	N/A	Built in	Built in	N/A
Overall	12%-18% <sup>2</sup>	14.8%	N/A	9.9%-25% <sup>3</sup>

- Kaiser renewals range from -5% floor to a +15% ceiling

# Key Trends

- Accessing quality primary care is challenging – current reality:
  - Average patient panel: 2500-4000
  - Average patients per hour: 8-14
  - Average wait time for preventative office visit: 2 weeks
  - Average wait time for diagnostic office visit: 4 days
- Core Medical Benefits and EAP's are not sufficient to meet the Behavioral Health Needs of today's workforce
- Employers can leverage meaningful employee benefits programs including emerging and existing marketplace innovations “Point Solutions” to aid in Recruitment & Retention

## Financial Wellness

- Financial Literacy Programs
- Student Loan Repayment Programs



gotzoom Your Path to Student Loan Relief  
Prudential  
iMSA

## Stress Management

- Enhanced Behavioral Health Resources
- Digital Resiliency Tools
- Wellness Resources



Calm  
talkspace

## Employee Engagement

- Health Literacy Programs
- Healthcare Navigation Tools
- Mobile/Video Communications



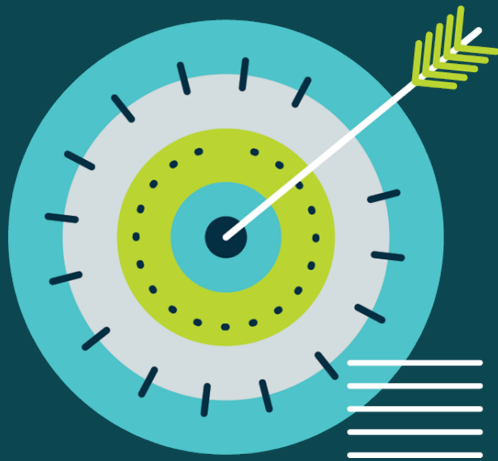
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# Alliant Stewardship Report

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# 2019 Successes



## Last year your Alliant team engaged in the following goals and projects:

- **Program**
  - Medical: CSURMA AORMA, formerly AOA-BUG joined EIA program
  - First year Medical renewal overall average +2.83%
  - Added Enhanced Service Bundle
- **Administrative Resources & Employee Communications**
  - Administrative tools for HR
    - Admin Guide
    - Website (csurma.org)
    - BCC Benefits Administration & Consolidated Billing
    - Full Service Cobra & FSA Administration
  - Employee Communications
    - Template Open Enrollment communications
    - Monthly Wellness and Safety newsletters
- **Compliance**
  - Provided compliance updates, actions and consulting
- **AORMA Conference Sponsorship & Participation**
  - 1/14/19
  - 7/24/19



# CSURMA AORMA Plan Performance

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# 2020 Renewal Results



Coverage	Decision/Outcome
Medical: Kaiser & Anthem (EIA)	<ul style="list-style-type: none"> <li>Medical: +2.83% Overall (based on first year EIA pooled renewal)</li> <li>Anthem HMO/PPO: 0% Change</li> <li>Kaiser: +7%</li> </ul>
Dental: Delta (EIA)	<ul style="list-style-type: none"> <li>Dental HMO: 0.0% no rate change</li> <li>Dental PPO: +4.9% (experience rated adjustment)</li> </ul>
Vision : VSP	<ul style="list-style-type: none"> <li>Vision rates were in a rate guarantee period, no change</li> </ul>
Life/AD&D and LTD: Hartford	<ul style="list-style-type: none"> <li>Life and Disability were in a rate guarantee period, no change</li> </ul>

# 2020 Financial Overview

Lines of Coverage	Enrollment	2019	2020	% Δ	\$ Δ	Rate Guarantee	Next Renewal Expected Release Date
<b>Kaiser HMO \$15</b>	<b>499</b>	\$5,220,828	\$5,584,740	7.0%	\$363,912	1/1/2020 - 12/31/2020	Early Summer
<b>Kaiser HMO \$20</b>	<b>37</b>	\$363,792	\$389,388	7.0%	\$25,596	1/1/2020 - 12/31/2020	Early Summer
<b>Anthem HMO \$15</b>	<b>33</b>	\$483,528	\$483,528	0.0%	\$0	1/1/2020 - 12/31/2020	Early Summer
<b>Anthem HMO \$20</b>	<b>179</b>	\$2,576,592	\$2,576,592	0.0%	\$0	1/1/2020 - 12/31/2020	Early Summer
<b>Anthem PPO 500-20-10</b>	<b>65</b>	\$1,326,204	\$1,326,204	0.0%	\$0	1/1/2020 - 12/31/2020	Early Summer
<b>Anthem PPO 500-20-20</b>	<b>130</b>	\$2,315,088	\$2,315,088	0.0%	\$0	1/1/2020 - 12/31/2020	Early Summer
<b>Delta Dental HMO</b>	<b>75</b>	\$27,598	\$27,598	0.0%	\$0	1/1/2020 - 12/31/2020	Mid Summer
<b>Delta Dental PPO</b>	<b>1642</b>	\$1,557,174	\$1,633,723	4.9%	\$76,549	1/1/2020 - 12/31/2020	Mid Summer
<b>Vision</b>	<b>1701</b>	\$256,236	\$256,236	0.0%	\$0	1/1/2019 - 12/31/2020	Mid Summer
<b>TOTAL ANNUAL PREMIUM</b>		<b>\$14,127,040</b>	<b>\$14,593,097</b>	<b>3.3%</b>	<b>\$466,057</b>		

**ANNUAL DOLLAR CHANGE FROM CURRENT**  
**ANNUAL PERCENTAGE CHANGE FROM CURRENT**

**\$466,057**  
**3.3%**

*Enrollment counts updated 4/7/2020, and includes Actives and Early Retirees (Medicare Retirees not included)*

# CSURMA AORMA Medical Plan Membership

## Medical

Anthem Enrollment	1/1/2020
<b>\$15 HMO</b>	
Actives	31
Non-Medicare Retirees	2
Medicare Retirees	<u>0</u>
<i>Subtotal</i>	33
<b>\$20 HMO</b>	
Actives	165
Non-Medicare Retirees	14
Medicare Retirees	<u>0</u>
<i>Subtotal</i>	179
<b>PPO 500-20-10</b>	
Actives	65
Non-Medicare Retirees	0
Medicare Retirees	<u>0</u>
<i>Subtotal</i>	65
<b>PPO 500-20-20</b>	
Actives	110
Non-Medicare Retirees	14
Medicare Retirees	<u>6</u>
<i>Subtotal</i>	130
<b>PPO Medicare COB EGWP</b>	
Actives	0
Non-Medicare Retirees	0
Medicare Retirees	<u>62</u>
<i>Subtotal</i>	62
<b>Anthem Total</b>	<b>469</b>

## Medical

Kaiser Enrollment	1/1/2020
<b>\$15 HMO</b>	
Actives	478
Non-Medicare Retirees	15
Medicare Retirees	<u>6</u>
<i>Subtotal</i>	499
<b>\$20 HMO</b>	
Actives	37
Non-Medicare Retirees	0
Medicare Retirees	<u>0</u>
<i>Subtotal</i>	37
<b>KPSA</b>	
Actives	0
Non-Medicare Retirees	0
Medicare Retirees	<u>29</u>
<i>Subtotal</i>	29
<b>Kaiser Total</b>	<b>565</b>

	1/1/2020
<b>Medical Grand Total</b>	<b>1034</b>

# CSURMA AORMA Ancillary Plan Membership

## Dental

Delta Dental DHMO Enrollment	1/1/2020
DHMO Plan 10A	75
DHMO Plan 11A	0
DHMO Plan 12A	0
<b>Total</b>	<b>75</b>

Delta Dental DPPO Enrollment	1/1/2020
DPPO Plan A	210
DPPO Plan B	1138
DPPO Plan C	294
<b>Total</b>	<b>1642</b>

	1/1/2020
<b>Dental Grand Total</b>	<b>1717</b>

## Vision

VSP Vision	1/1/2020
Signature Enhanced Plan B	250
Signature Plan C	854
Choice A with Tints	328
Choice Plan C with Tints and CVC	269
<b>Total</b>	<b>1701</b>

## Life and Disability

The Hartford	2020 Plan Year
Basic Life	1,396
Voluntary Life	142
Long Term Disability	1,202
Short Term Disability	107

# Delta Dental Utilization Report

## DOLLAR-BANDED UTILIZATION REPORT (Excluding Orthodontics)

**Paid Period: January 1, 2019 - December 31, 2019**

Banded Range	Utilizers	
<= \$399.99	1,396	62.7%
\$400 to \$799.99	343	15.4%
\$800 to \$1,199.99	190	8.5%
\$1,200 to \$1,599.99	277	12.4%
\$1,600 to \$1,999.99	11	0.5%
>= \$2,000	9	0.4%
<b>Total</b>	<b>2,226</b>	<b>100.0%</b>

Note: Includes waiver for D&P, if applicable.

## NETWORK UTILIZATION REPORT BY PAID AMOUNT (Excluding Orthodontics)

**Paid Period: January 1, 2019 - December 31, 2019**

	Paid Amount	PEPM	
Delta Dental PPO	\$674,425	\$34.26	60.8%
Delta Dental Premier	\$399,770	\$20.31	36.0%
Non-Contracted	\$34,831	\$1.77	3.1%
<b>Total</b>	<b>\$1,109,026</b>	<b>\$56.34</b>	<b>100.0%</b>

# Carrier Satisfaction



- Kaiser (EIA) Medical
- Anthem (EIA) Medical
- Delta Dental (EIA)
- VSP (EIA) Vision
- Hartford Life/AD&D and Disability
- BCC TPA



# 2021 Strategy

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# 2021 Strategy & Considerations

- COVID-19 Considerations
- Promote Virtual Healthcare Resources & Available Programs
  - Kaiser Telehealth
  - LiveHealth Online
  - Carrum Surgery Benefit
- 2021 initiatives for consideration at next meeting include:
  - Employee Self-Service Enrollment Capabilities
  - Life & Disability RFP – need help with census collection
  - High Deductible Health Plans (HDHP)
  - Medicare PPO COB Plan
  - Financial Wellness
  - Voluntary Benefits

# CSURMA AORMA Program Renewal Milestones

March - April	Pre-renewal meetings with Clients
<b>March - April</b>	<b>Submit plan changes for underwriting review and decrements</b>
May 21 <sup>st</sup>	EIA Health Renewal approved by EIA Committee
May - June	Renewal Letters released to clients •Clients considering exiting EIA Health must give notice to EIA by June 1 <sup>st</sup>
<b>May - June</b>	<b>Renewal meetings with Clients</b>
July	Clients review renewal and make decisions on changes
August	<b>August 1<sup>st</sup> - Clients confirm renewal</b>
	<b>August 15<sup>th</sup> - Clients confirm any changes</b> •Changes submitted after August 15 <sup>th</sup> <i>will delay open enrollment, ID cards, etc.</i> • <b><u>No changes will be accepted after September 1<sup>st</sup></u></b>
September	September 1 <sup>st</sup> - All renewals not yet confirmed are <i>auto-confirmed with no changes</i>
September	Member open enrollment materials developed and sent by Clients to members Clients and Alliant Service teams audit any changes in TPA system for accuracy
October	October 1 <sup>st</sup> - 31 <sup>st</sup> - EIA Health Open Enrollment
November	November 1 <sup>st</sup> - 7 <sup>th</sup> - Clients review open enrollment changes and submit any last minute adjustments to TPA
	November 7 <sup>th</sup> - 30 <sup>th</sup> TPA creates test files and begins testing files with carriers
December	December 1 <sup>st</sup> - EIA Health files sent to carriers ID cards generated and mailed to members
January 1 <sup>st</sup>	Plans active and ready for members to access care



# Next Steps

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# Next Steps

- Next Benefit Committee Meeting – June 19<sup>th</sup>, 2020 (pending committee approval)
- Review 2021 initiatives for consideration at next meeting:
  - Life & Disability RFP – **need help with census collection**
  - High Deductible Health Plans (HDHP)
  - Medicare PPO COB Plan
  - Financial Wellness
  - Voluntary Benefits



# Appendix

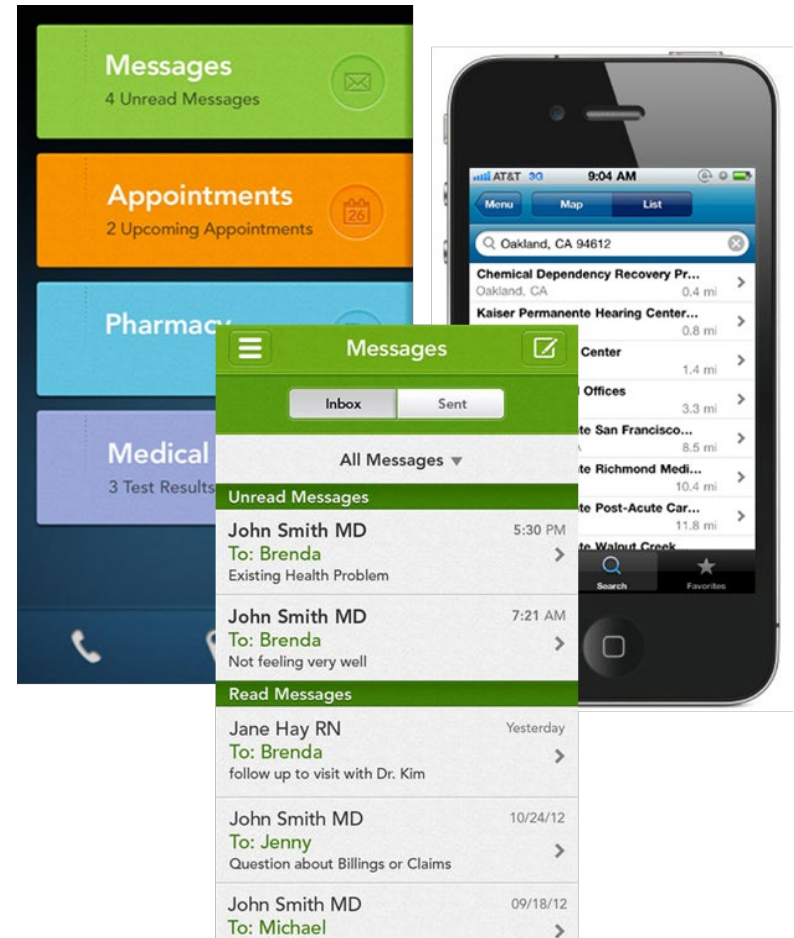
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# Innovation in Core Delivery, Engagement and Communications

# Digital Health Resources for Kaiser Members

## My Health Manager Mobile App

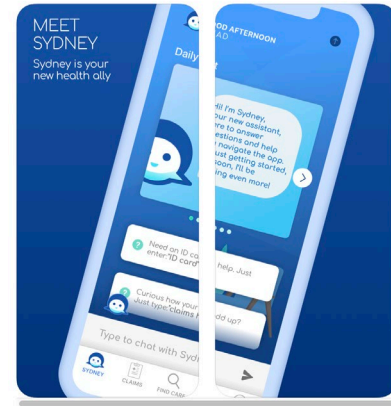
- E-mail your doctor
- Schedule, view and cancel appointments
- Video and Phone Visits available
- Refill prescriptions and check the status of a prescription order
- Access your medical record
- Use location finder to pinpoint Kaiser medical facilities



# Digital Health Resources for Anthem Members

## Available Now

- Check claims status
- See claims history
- Order refills
- Confidential video access to care 24X7
- HIPAA Compliant
- Adult and Adolescent services
- CSURMA AORMA had just 7 members utilize Live Health Online in 2019



# Anthem – Virtual Resources Sydney

## Sydney – Anthem’s Mobile App

- Meet Sydney, the mobile app that’s all about you, your plan and your health care needs. It connects your questions to answers – and you to the right resources. Using it is like having a personal health assistant in the palm of your hand.
- You get one-click access to benefits info, your member ID card and wellness resources. That means you can quickly find what you need.
- The more you use it, the more Sydney can help you stay healthy and save money. And Sydney’s interactive chat feature can answer your questions in real time.
- Find care and check costs, view claims, see your benefits, view your ID card and more

## Sydney Care – Anthem’s Mobile App – COVID-19

- Self-guided assessment about the member’s risk for COVID-19
- If the assessment determines that the member should speak with a doctor, they can do one of two things:
  - Virtual Care Text Chat with a doctor through the Sydney Care App (first virtual text session free/additional ones are \$19 each) OR
  - Connect with a LiveHealth Online doctor for a “video chat”.

Sydney Care (available for [Apple](#) and [Android](#) devices) is a convenient and inexpensive way to access quality health care right on your smartphone.

### Fast and Free

Take as little as 4 minutes to answer questions on your symptoms.

### Answers Tailored to You

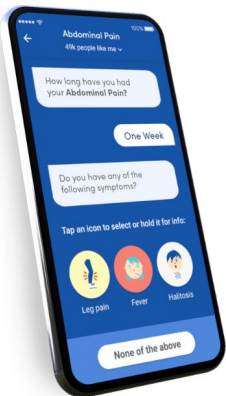
Get personalized answers based on your gender, age and medical history.

### Convenient and Accessible

Available 24/7, 365 days a year.

### Path to Treatment

Get information on what OTC medicine to take, and see projected recovery times.



## Doctor Visits At Home

### A Health Experience Tailored to You

Have the option to connect with doctors who can diagnose conditions, prescribe medicine, order lab tests, or recommend specialists.

### OTC Recommendations

Get expert advice from doctors who can recommend the best over-the-counter medicine for your condition.

### Get Your Prescriptions

Our doctors can prescribe and have your medicine available for pick up at your drug store of choice.

# Making Live Health Online Work

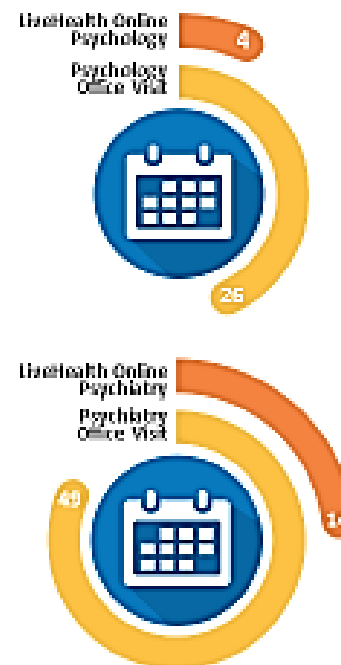
- For Behavioral Health

## Here's how LiveHealth Online can help

- Video visits with in-network licensed Psychologists, Therapists and board certified Psychiatrists
- Continuity of care between online visit practices allow doctors and therapists to refer members if additional support is needed
- Similar to the cost of an office therapy visit.
- Self-scheduled appointments, 7 days a week
- Private, easy to access and convenient
- Available in 50 states
- Access via smart phone, tablet or computer

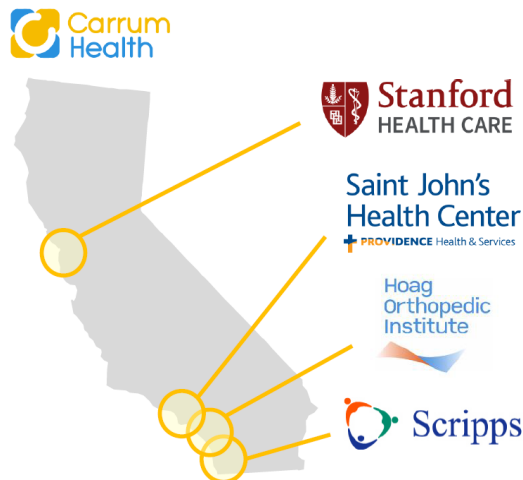
\*<https://www.namih.org/sites/default/files/Summary%20Report%204%2028%2014%20Waiting%20for%20Help%20FINAL2.pdf>

## Days Before First Visit\*



## Carrum Health Surgery Benefit (Available to Anthem PPO Members)

- Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence”
- These facilities and doctors provide for an improved patient experience, high quality of care, and zero or minimal out of pocket costs
- CSURMA AORMA members have not engaged with carrum in 2019:
- When shelter in place is lifted, opportunity for education
- Below is a list of eligible procedures:



Location	Procedures
SF Bay Area, CA	Hip and Knee Replacement Spinal Fusion Surgery
Santa Monica, CA	Hip and Knee Replacement
Orange County, CA	80 Orthopedic Procedures (Shoulder, Elbow, Wrist, Hand, Hip, Knee, Ankle, Foot and Spine)
San Diego, CA	Hip and Knee Replacement Multiple Spine Procedures Coronary Bypass (CABG) Bariatric (Weight Loss) Surgery



# Employee Engagement

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# Sample CSURMA AORMA Communications

## Open Enrollment Presentation



### Preventive vs. diagnostic care

Both can include physical exams, lab tests, immunizations and prescriptions

**EXAMPLES**  
 Annual physicals  
 Well woman exams & mammograms  
 Childhood & recommended adult immunizations  
 Visit [healthcare.gov](http://healthcare.gov) for complete list

**PREVENTIVE**  
 Helps you stay healthy by checking for disease before you feel sick  
**FREE** when obtained in-network

**DIAGNOSTIC**  
 Checks for disease after you have symptoms or because of a known health issue  
 Subject to deductible, copays & coinsurance

**EXAMPLES**  
 Sick office visits  
 Mammogram due to a lump  
 Travel immunizations  
 Blood pressure medicine  
 Full body scans  
 Other health issues

### Open Enrollment

Decisions you make during Open Enrollment affect your benefits for January 1 through December 31, 2020



Deadline and requirements vary by Auxiliary, please check with Human Resources or refer to Open Enrollment materials provided.

### 2020 Benefits Open Enrollment

**Anthem** **Anthem PPO**

Plan Name	Plan Type	Network	Summary of Benefits and Coverage
...	...	...	...
...	...	...	...

Register or sign to find providers  
[www.1.800.your.coverage4health.com](http://www.1.800.your.coverage4health.com)  
 OR  
[www.anthem.com](http://www.anthem.com)

## Supporting Open Enrollment Communications

**2020**  
 Annual Notices

TABLE OF CONTENTS

- Medicare Part D
- Available and Priority Service Rules
- PSA Notice of Special Enrollment Rights
- The Women's Health and Cancer Right Act
- Unborn and Abortion Health Insurance Coverage
- Notice of Risk of Loss
- Medicare Last
- Health Insurance Notice Under the Children's Health Insurance Program (CHIP)
- Vendor Information and Accessibility Requirements

**2020 Open Enrollment**

**Benefits Open Enrollment begins on December 11<sup>th</sup>, 2019**

Open Enrollment is your once-a-year opportunity to review current benefit elections and make changes such as:

- Change medical, dental, vision plans
- Add or drop dependents

There are no plan changes this year. There are new rates effective January 1<sup>st</sup>, 2020.

Deadline to submit open enrollment changes is December 27<sup>th</sup>, 2019.

If you are keeping your current coverage, as long as you continue to pay premium, no action is required by you.

If you would like to make a change please complete the enclosed COBRA Open Enrollment form and mail back to Benefit Coordinators Corporation (BCC). Changes must be postmarked by December 27<sup>th</sup>, 2019.

Requested changes will be effective January 1<sup>st</sup>, 2020.

If you have any questions please don't hesitate to contact BCC at (800) 885-6100

**Important Information You Need to Know About Your Prescription Coverage through ANTHEM:**

- This communication applies to Anthem PPO members only.
- Starting on the enrollment date, certain drugs are covered under the new prescription drug benefit.
- If you receive a notice from Anthem regarding the new plan, please take time to review the new plan and review the new plan.

For more information, please visit [www.1.800.your.coverage4health.com](http://www.1.800.your.coverage4health.com) or call 1-800-885-6100.

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# CSAC EIA Information

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# EIAHealth Strategic Initiatives

## On The Horizon: Program-level Initiatives

### Next 3-18 Months 2021 and 2022 Plan Years

- TPA Evaluation and Assessment
- Program Communication Enhancements
- Pharmacy Benefit Manager Assessment
  - Market Evaluation
- Benchmark Plan Design Evaluation
- Dependent Audit
- Leveraging and applying Data Analytics and Reporting
- Program-level Cost Containment Opportunities
  - Catastrophic bill review
  - Ambulatory surgery center network

### Next 18-48 Months 2022 Plan Year and Beyond

- Site of Care Cost Initiatives
- Aggregate Claim Risk Assessment
- Network Optimization

# EIAHealth Overview – Value Added Services

**Solera 4 Me – Diabetes Prevention Program:** Solera is a 16 week cutting edge program that can help your employees lose weight, adopt healthy habits, and significantly reduce their risk of developing type 2 diabetes. It's available at no cost to qualified health plan members. Your employees will be able to choose from an array of national and local programs like Weight Watchers, Retrofit, and Healthslate.

**Carrum Health Surgery Benefit:** Carrum Health is a special surgery benefit that provides exclusive access to “Centers of Excellence”. These facilities and doctors provide for an improved patient experience, high quality of care, and zero or minimal out of pocket costs. Eligible procedures include: total hip and total knee replacement, outpatient musculoskeletal procedures of the shoulder, elbow, wrist/hand, hip, knee, or ankle/foot, outpatient back pain management, spinal procedures, bariatric weight loss surgery, and coronary bypass surgery

**Prescription Smart90 Program:** As part of your prescription benefit, you have access to a money-saving feature for your maintenance medications (those drugs you take regularly for ongoing conditions). Through your plan, you must fill a 90-day supply of your maintenance medications at a preferred pharmacy – but you could pay less for each 90-day supply than you would pay for three 30-day supplies at a non-preferred retail pharmacy.

**CSAC EIA Wellness Dollars:** EIA carriers provided the pool with \$25,000 in wellness dollars for their members. Funds are made available to Anthem, Blue Shield and Kaiser groups and are to be used for wellness. **CSURMA Estimated Funds: 2019: \$3,030/ 2020: \$2,750 = \$5,780 Total**



# Compliance Updates

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# Families First Coronavirus Response Act (FFCRA)

Effective April 1, 2020 (ending December 31, 2020), the Families First Coronavirus Response Act (FFCRA) requires employers with fewer than 500 employees (and public agencies with one or more employee) to provide:

- 80 hours of paid sick leave (reduced for part-time employees) for immediate use for COVID-19 related purposes
- Up to 12 weeks of FMLA leave for school closures or where childcare is not available as a result of the COVID-19 crisis to employees after 30 days of employment
  - The first 10 days are unpaid and up to 10 remaining weeks are paid
  - Tax credits will be available to offset the cost of these two new provisions.
  - More information is available in our compliance [Alert 2020-11 - DOL Releases Comprehensive FFCRA Regulations](#)

# Action Items

**Annual Notices:** Ensure annual notices are current and distributed timely and in a compliant manner. SPDs should be updated with 2020 benefit plan information, including any changes in contribution limits.

**Electronic Distribution:** Electronic distribution of notices is generally allowed for employees who have regular daily workplace access to a computer. For those who don't, electronic distribution requires the employee's affirmative consent.

**Medicare Part D Reporting:** As part of the disclosure requirements under Medicare Part D, employer-sponsored group health plans that offer prescription drug coverage to Part D-eligible individuals are required to submit an electronic disclosure notice to the CMS on an annual basis, reporting whether that coverage is creditable or non-creditable

# Contribution Limits & ACA Indexing

## **Ensure plan documents and employee communications include updated contribution limits.**

- For 2020, Health Savings Account (HSA) contribution limits are \$3,550 for self-only coverage (an increase of \$50 from 2019) and \$7,100 for family coverage (an increase of \$100 from 2019).
- Flexible Spending Arrangements (FSA) contribution limit is \$2,750 for 2020 (an increase of \$50 from 2019).
- The monthly limit for transportation increases to \$270, up five dollars from the limit for 2019. The monthly limit for qualified parking also increases to \$270.

## **ACA cost sharing limits and other important thresholds are also changing in 2020.**

- Out-of-pocket limits for essential health benefits for 2020 will be \$8,150 for self-only coverage and \$16,300 for other than self-only coverage (note embedded individual limit for family coverage).
- Pay or Play penalties are projected to increase to \$2,570 for the Part (a) Penalty and \$3,860 for the Part (b) Penalty (IRS to confirm).
- The threshold for employee cost sharing used to determine whether an employer's offer of coverage is affordable will be 9.78% of household income (down from 9.86% in 2019).

# ACA Reporting & Fees

Applicable Large Employers (ALEs) are required to make a sufficient offer of coverage to their full-time employees (and their dependents) in order to avoid ACA Pay or Play penalties.

- Statements to Individuals: ALEs must send 1095-C statements by March 2, 2020 (delayed by Notice 2019-63). Interestingly, the IRS has also offered some reporting relief for providers of Minimum Essential Coverage (MEC). Employers with self-funded plans may not need to furnish MEC reporting statements to covered individuals who were not ACA full-time employees during any month in 2019.
- Filing with IRS: Reporting to the IRS is due for electronic filers by March 31st.

In late December 2019, the Senate passed the Further Consolidated Appropriations Act of 2020 (HR 1865). This Act includes several provisions relating to ACA fees/taxes, including:

- A complete and permanent repeal of the "Cadillac Tax" (40% excise tax on high cost coverage)
- An extension of the PCORI fee for an additional 10 years (sunset date is now plan or policy years ending after 9/30/29)
- A complete and permanent repeal of the Insurers' Fee (fee imposed on carriers that was generally passed along to policyholders, averaging 2-3% of premium)

# California State Law Developments

## Individual Mandate

Effective January 1, 2019, the Tax Cuts and Jobs Act zeroed out the ACA's Federal Tax Penalty for failure to maintain Minimum Essential Coverage (the employer mandate and ACA reporting still apply).

To stabilize their individual markets, several states enacted state individual mandates with associated state tax penalties for failure to maintain health coverage. New Jersey, District of Columbia, California, Rhode Island residents are generally required to maintain health coverage under new state individual mandate provisions. (Massachusetts residents have been required to maintain health coverage since 2007).

California residents must have minimum essential health insurance or pay a state tax penalty effective January 1, 2020. In summary:

- The state tax penalty mirrors individual mandate penalties under the ACA - \$695 or 2.5 percent of household income whichever is greater, for state residents who do not obtain coverage or qualify for an exemption or hardship waiver.
- The law also includes a requirement that providers of Minimum Essential Coverage (or MEC) make annual reports to the state Franchise Tax Board.
- The law also extends Exchange premium assistance subsidy eligibility to individuals with modified adjusted household incomes at or below 600% of the federal poverty level (a significant increase to the ACA's 400% eligibility threshold) through 2022.

## Domestic Partner Definition Expanded

Effective January 1, 2020, California expands who can register with the California Secretary of State as Domestic Partners.

- The new law removes the requirement that opposite sex couples must be over 62 years of age in order to enter into a Registered Domestic Partnership.
- Insured medical policies must extend coverage to all California Registered Domestic Partners, so the law will extend benefits eligibility to younger, opposite sex couples who choose to register with the Secretary of State.
- This new group of potential Registered Domestic Partners will not have imputed income for benefits provided to these Registered Domestic Partners under state law. Federal tax law remains unchanged.

# California State Law Developments

## **Paid Family Leave Update**

- Effective July 1, 2020, California will extend the maximum duration of paid family leave (PFL) benefits individuals may receive from six to eight weeks.
- As a reminder, PFL benefits are a wage replacement generally administered through the state's Employment Development Department for employees on leave to care for a seriously ill child, spouse, parent, grandparent, grandchild, sibling, or domestic partner or to bond with a minor child within one year of the birth or placement of the child via foster care or adoption.
- Effective January 1, 2021, California will extend PFL benefits to employees who are unable to work due to qualifying exigency.

## **Flexible Spending Account (FSA) Notice Requirements**

- Effective January 1, 2020, California employers will have to notify all employees who participate in a flexible spending account (FSA), of any deadline to withdraw funds before the end of the plan year
- Notice must be provided in at least two different forms, with only one form permitted to be electronic (e.g., email, text message, etc.)
- The law is confusing and leaves many unanswered questions regarding compliance.
  - Absent additional guidance, best practices are to include details on when expenses must be incurred and when they must be submitted in open enrollment materials, if those materials are provided electronically, we recommend a second notice be provided in hard copy mid plan year.
  - If hard copy open enrollment materials are provided, then a mid-year notice could be provided electronically.
  - Employers may also consider providing a reminder of these deadlines upon termination
  - Most TPAs are working to adjust current practices to comply with the law

# California State Law Developments

## **California Privacy Act (CCPA)**

The California Consumer Privacy Act (CCPA) went into effect January 1, 2020. Enforcement of the law is delayed until 6 months after final regulations are issued, or July 1, 2020. Final regulations have not yet been issued so we can expect enforcement of the law effective July 1, 2020.

The applicability of the CCPA is expansive in terms of the organizations covered and the information protected. Almost all companies that do business in California would be covered, and protected information includes information that can reasonably be linked to a “consumer” or “household”.

The CCPA provides consumers with new rights to know what information companies have collected about them over the prior 12 months and for what reason, to access and request deletion of the information, and to opt out of the sale of the information

Organizations must provide a privacy policy that is accessible on its website, and implement procedures to respond to consumers’ requests to access, delete, or opt out of the sale of their information. Organizations must also provide a notice at the point of data collection disclosing the information to be collected and for what purpose

The California Attorney General (AG) is responsible for CCPA enforcement and can impose fines of up to \$7500 for each intentional failure to comply with the CCPA, including a failure to respond to a consumer’s request to delete information.

This is provided as an overview; organizations should consult with their data privacy and security advisors and experts to determine the overall impact of the CCPA on their operations, systems, and partnerships

# Wellness Rules Updates & HRA Regulations

## Wellness Updates:

After years of litigation challenging Equal Employment Opportunity Commission (EEOC) incentive limits for wellness plans that involve a medical exam or inquiry (HRA or biometrics), the EEOC formally removed those limits from its final regulations on wellness plans and the ADA.

The rules on permissive incentive limits under the ADA essentially revert back to a reasonableness standard. That said, the EEOC is extremely unlikely to challenge any program that complies with the 30% incentive limit it was forced to remove. Note that all other aspects of the final ADA wellness plan regulations remain in force.

## HRA Regulations:

Final regulations from 2019 allow integration of HRAs with individual market coverage under certain limited circumstances. Employers will be allowed to pay for employees' individual coverage through an HRA if they can meet the requirements in the regulations:

- Employees can't be eligible for both an HRA integrated with an individual coverage (individually integrated HRA) and a traditional group health plan.
- Eligibility for either an individually integrated HRA or traditional group health plan must also be based on specific, enumerated classes of employees.

The regulations also create a new "excepted benefit" class of HRA that falls outside of ACA regulation. These HRAs must be offered alongside traditional group health plan coverage, reimbursements are limited to \$1,800, and they cannot reimburse most health insurance premiums.

# Health Savings Accounts (HSA)

## The IRS Issues Expanded List of Preventive Care under an HDHPs

- Individuals covered by a HDHP generally may contribute to a HSA as long as they have no disqualifying health coverage.
- To qualify as an HDHP, the plan cannot provide benefits below the minimum statutory deductible.
- An HDHP will not lose its status solely because it provides coverage for preventive care.
- IRS expanded preventive care to treatment of chronic conditions listed in [Notice 2019-45](#)
- Also Permissible:
  - Coverage for preventive care under the ACA;
  - Coverage for preventive care/screenings described in [Notice 2004-23](#) and [2004-50](#);
  - See full list in recently updated HSA FAQ and Insight Implementing a HSA/HDHP

