

The State of Delaware

Diversity, Equity and Inclusion Benefits Review –
Update

SEBC Meeting

January 29, 2024

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Diversity, Equity and Inclusion Benefits Review

Recap

- Also called “Inclusive Benefits Review”
- Prior discussion with this Subcommittee has centered on:
 - Goals and objectives of this review, including how it supports the future state of the GHIP
 - Overview of the review process, including the specific health benefits reviewed
 - Key strengths and high-level opportunities related to current health benefits
- Further details captured in the Appendix

Diversity, Equity and Inclusion Benefits Review

Recap (continued)

- Short-term opportunities – i.e., potential changes that could be implemented for FY25 – were discussed with the Health Policy & Planning Subcommittee in November and December
- Longer-term opportunities – i.e., potential changes for FY26 or later – identified by this review will be tracked for potential consideration in the future
- Between the time that the DEI benefits review was conducted in early 2023 and now, the fiscal situation of the GHIP has materially changed
- Recognizing that some of the opportunities stemming from the DEI benefits review have cost implications, the goal for today's discussion is to update the Subcommittee on open questions from the December meeting so that the Subcommittee can weigh in on support for the potential changes stemming from the DEI benefits review as well as the timing and prioritization of the opportunities with an associated cost

Diversity, Equity and Inclusion Benefits Review

Updates on open questions from December Subcommittee meeting

Broad wellbeing –

- Emerging trends with employer-sponsored coverage of hearing aids and also Medicaid coverage and any Medicare movement toward providing coverage.

Medicaid does cover hearing aids for all children and covered people under the age of 21, with certain limitations.

Medicare Parts A and B do not cover hearing aids or hearing aid specific exams.

See slide 10 for further details on emerging trends in employer-sponsored coverage and Medicaid coverage.

- Subcommittee member expressed interest in learning more about when acupuncture is covered under the GHIP and under Medicare, Medicaid.

See slide 11 for further details on coverage provisions for acupuncture. Both Aetna and Highmark offer resources to find discounted acupuncture services. Medicare Part B covers up to 12 acupuncture visits in 90 days for chronic low back pain. Medicare covers an additional 8 sessions if plan participant shows improvement. If plan participant isn't showing improvement, Medicare won't cover the 8 additional treatments. Plan participant can get a maximum of 20 acupuncture treatments in a 12-month period. Currently, this is only limited to chronic low back pain.

Diversity, Equity and Inclusion Benefits Review

Updates on open questions from December Subcommittee meeting

Family Forming Benefits -

- Case studies specific to family forming benefits for opposite and same sex couples and plan design/coverage.
See appendix.

Mental health / emotional wellbeing –

- Further review of GHIP participant frequency of reaching current 5 visit limit for EAP; Aetna/Highmark costs to assume visits not covered by EAP above 5; clarify EAP vendor costs to increase from 5 to 10 visits; CBT utilization and applicability and access of CBT as another alternative to increasing current 5 visit model.

In progress and will be available for review by the Subcommittee in February

Dental

- Further review into discrepancy between dental portion costs and medical portion based on Subcommittee feedback that seems like low utilization and trying to correlate to high medical cost.

In progress and will be available for review by the Subcommittee in February

Appendix

Case studies on employers who have offered expanded coverage of fertility treatment

Manufacturing company looking to modernize family building benefits

Background

- Following a DEI benefits review, the manufacturing client wanted to modernize their family building benefits to offer a more robust and equitable plan design for their employees and their families
- Client's objectives:
 - Support their employees on their family building journey.
 - Support healthy pregnancies and improve birth outcomes.
 - Provide parenting and return to work support.
 - Enhance and integrate their ecosystem offerings.

How our team helped

- WTW met with the client to establish benefit design objectives and goals for the family building offering and educated them on the maternity and fertility market landscape, also including trends and best practices around adoption and surrogacy, cryopreservation and donor tissue purchase
- Kicked off a three-phased project including:
 - Vendor showcase and client-specific opportunity analysis
 - Debrief call to discuss findings and narrow vendors under consideration
 - Additional follow-ups for BAFO, PGs, and any client requested clarifications and compliance considerations
 - Optional vendor implementation oversight (purchased)
 - Guidance on program components, integrations, communications and data exchanges
 - Ongoing post-launch support

Results of the project

- Client decided to elect a family building solution best aligned with their needs
- Based on enhanced understanding of family building best practices and implementation of these vendors, the client was able to:
 - Offer an equitable and inclusive benefit design for all types of families.
 - Expand adoption and surrogacy amounts.
 - Increase Rx coverage for fertility medications.
 - Add coverage for cryopreservation and donor tissue purchase (while coordinating with their counsel on any compliance and tax implications).

Appendix

DEI Benefits Review information shared in December

Considerations identified through the DEI benefits review

Family forming benefits

Consideration	Description	Annual Cost Estimate (assuming 7/1/24 effective date)
Plan Design / Coverage		
Remove the demonstration of infertility requirements for opposite sex, same sex and transgender couples, and single parent by choice	<ul style="list-style-type: none"> About 54% of employers cover fertility services beyond diagnosis of infertility¹ Expands access to this benefit to any covered member regardless of sexual orientation or marital status 	Range: \$1.5m - \$3.0m, depending on utilization. Further discussion on potential utilization required. Compare to FY22 spend on infertility treatments of about \$3.0m.
Evaluate holistic family forming programs available through medical carrier partnerships	<ul style="list-style-type: none"> Offers support for accessing fertility treatments through high quality providers and in coordination with the member's medical provider network CVS Health/Aetna offers partnership with Progyny Highmark offers partnership with WINFertility 	Varies based on utilization and vendor(s) selected. Based on limited feedback from the Subcommittee about this topic, WTW suggests moving this item to a longer-term consideration and revisiting in FY25.

- At the November meeting, one Subcommittee member voiced support for further consideration of removing the requirement of demonstrating a diagnosis of infertility
- Is there interest among Subcommittee members in further analysis of the potential GHIP cost and utilization related to removing this requirement, including collection of comparative data from other large employers who have made this change?

1. Source: 2022 WTW Emerging Trends in Healthcare Survey.

Considerations identified through the DEI benefits review

Women's health

Consideration	Description	Annual Cost Estimate (assuming 7/1/24 effective date)
Plan Design / Coverage		
Enhance coverage for wigs for any treatment, illness or injury resulting in hair loss and align benefit maximum across Aetna and Highmark (e.g., \$1,000)	<ul style="list-style-type: none"> Typically covered as an allowance (e.g., up to \$1,000) provided annually 	Range: \$25,000 - \$50,000, depending on utilization
Add coverage allowance for cooling caps (scalp hypothermia) which reduces hair loss due to chemotherapy, typically used for breast cancer patients	<ul style="list-style-type: none"> Typically covered as an allowance (e.g., up to \$1,000) provided annually Often aligned with wig allowance (same amount provided for both) 	Range: \$25,000 - \$50,000, depending on utilization
Alignment of coverage of mastectomy bra across medical carriers	<ul style="list-style-type: none"> Covered under both medical carriers today, though coverage parameters vary Aetna: Covers up to 6 bras in the first 12 months, then up to 4 bras every 12 months afterwards Highmark: Covers up to 4 bras in first 12 months following mastectomy, then up to 2 bras every 12 months afterwards 	<\$10,000, depending on utilization

- At the November meeting, two Subcommittee members voiced support for further consideration of these plan design enhancements
- Is there broader support among Subcommittee members for these changes?

Considerations identified through the DEI benefits review

Broad wellbeing

Consideration	Description	Annual Cost Estimate (assuming 7/1/24 effective date)
Plan Design / Coverage		
Expand hearing aid benefit to adults over age 23 (Highmark) / 24 (Aetna)	<ul style="list-style-type: none"> Proposed enhancement would remove age limit Consider administering with a dollar limit (e.g., up to \$3,000 max, every 3 years) 	High end estimate: Coverage with no age limit, no dollar maximum: up to \$750,000 for non-Medicare population, up to \$1.0m for Medicare population.
Expand coverage for alternative medicine to include acupuncture	<ul style="list-style-type: none"> Proposed enhancement would add coverage for a specific number of visits Aetna: see comments below; Highmark: not covered 	Range: \$0.5m - \$1.0m, depending on utilization and plan design (e.g., up to 10 visits)

- At the November meeting, several questions were raised about hearing aids, including the future outlook on the affordability of these devices and the expansion of Medicare coverage to include them
 - There has been significant growth in the over-the-counter market for hearing aids and more published literature around the prevalence of hearing loss, including linking hearing loss with dementia¹
 - While Medicare still excludes coverage of hearing aids and most employer-sponsored plans only cover prescribed hearing aids with large out-of-pocket expenses, given the above activities, more employers may explore revisiting coverage in the future
 - Is there interest among Subcommittee members in further analysis of the potential GHIP cost and plan design alternatives related to expanding hearing aid coverage?
- Also in November were questions about the differences in coverage of acupuncture across the GHIP non-Medicare medical plans
 - Following the meeting, Aetna provided details from its coverage policy on acupuncture to clarify current GHIP coverage (see box at right for excerpt) beyond in lieu of anesthesia

Excerpt from Aetna's Coverage Policy on Acupuncture

Aetna considers acupuncture (manual or electroacupuncture) medically necessary for *any* of the following indications:

- Chronic (minimum 12 weeks duration) neck pain; *or*
- Chronic (minimum 12 weeks duration) headache; *or*
- Low back pain; *or*
- Nausea of pregnancy; *or*
- Pain from osteoarthritis of the knee or hip (adjunctive therapy); *or*
- Post-operative and chemotherapy-induced nausea and vomiting; *or*
- Post-operative dental pain; *or*
- Temporomandibular disorders (TMD).

For complete details, see:

https://www.aetna.com/cpb/medical/data/100_199/0135.html

¹ Sources: Jiang et al. "Association between hearing aid use and all-cause and cause-specific dementia: an analysis of the UK Biobank cohort." *Lancet Public Health* 2023; 8: e329–38. [https://doi.org/10.1016/S2468-2667\(23\)00048-8](https://doi.org/10.1016/S2468-2667(23)00048-8). Huang et al. Hearing Loss and Dementia Prevalence in Older Adults in the US. *JAMA*. 2023 Jan 10;329(2):171-173. <https://doi.org/10.1001/jama.2022.20954>.

Considerations identified through the DEI benefits review

Gender-affirming care / LGBT+

Consideration	Description	Annual Cost Estimate (assuming 7/1/24 effective date)
Communications		
Review/enhance supervisor toolkit and training to support employees who are transitioning	<ul style="list-style-type: none"> Toolkit is now available through ComPsych and on SBO's website (https://dhr.delaware.gov/benefits/compsych/documents/lgbtqia-workplace-toolkit.pdf) SBO is exploring other trainings available through the medical TPAs, and DHR's DEI team 	N/A
Provide targeted communications, education, and resources for LGBT+ health	<ul style="list-style-type: none"> The SBO will build out a "Your Health" webpage that will include LGBT+ resources 	N/A
Reporting / Monitoring		
Work with PHRST, Merative, Aetna, and Highmark to determine acceptance of non-binary gender markers in vendors' coding system and reporting	<ul style="list-style-type: none"> In general., medical vendors are slowly expanding their capability to accept all markers in their systems Medical carriers have confirmed that claims systems have turned off any restrictions for gender-based claim coding and have advised that "U" can be accommodated in their enrollment system Ensure alignment between HRIS system and carrier's capabilities 	N/A

Considerations identified through the DEI benefits review

Mental health / emotional wellbeing

Consideration	Description	Annual Cost Estimate (assuming 7/1/24 effective date)
Communications		
Work with Aetna and Highmark to evaluate provider network diversity (e.g., race and language) and ability for members to find culturally competent providers (race/ethnicity, LGBT+, etc.)	<ul style="list-style-type: none"> • Current vendor capabilities vary • SBO/WTW to continue to discuss current and future roadmap for these capabilities with Aetna, Highmark and ComPsych 	N/A
Plan Design / Coverage		
Explore enhanced EAP models with higher session limit	<ul style="list-style-type: none"> • Current plan provides 5 covered sessions per issue per person per household per year • A growing number of employers are offering higher numbers of covered sessions (e.g., 8-10 visits) 	Range: \$0.3m - \$0.4m (incremental to current EAP fees), depending on covered visit limit

Considerations identified through the DEI benefits review

Dental

Consideration	Description	Annual Cost Estimate (assuming 7/1/24 effective date)
Communications		
Ensure consistent communication of ability to receive extra cleanings and information for members who self-report as having a qualifying chronic condition (e.g., diabetes, heart disease, pregnancy) across dental carriers	<ul style="list-style-type: none"> SBO/WTW engaging with dental carriers to all relevant member communications about these benefits is obtained and made available via the SBO website 	N/A
Plan Design / Coverage		
Expand coverage for all missing teeth (no limitations)	<ul style="list-style-type: none"> Includes both dental coverage and medical coverage (removal of exclusion for dental care in cases of congenital anomalies) 	<p>State cost: About \$1.0m to remove medical plan exclusion for dental care in cases of congenital abnormalities.</p> <p>Member cost: Estimated increase in DPPO dental premiums of about \$2.18 annually (total cost: \$86,000). DHMO cost is TBD but it is anticipated that it would be a similar level of increased premiums.</p>
Confirm Delta Dental and Dominion's capacity to support mobile dentistry to certain populations/locations if there is a need	<ul style="list-style-type: none"> Option for employers to offer expanded access to members residing in areas with limited dental providers Both Delta Dental and Dominion National have confirmed they partner with third parties to deliver mobile dentistry services 	TBD based on need and estimated participation, which may vary by location

DEI benefits review – next steps

- Is there broader Subcommittee support for any of the following benefit enhancements with an associated cost?
- If there is broader support, what does the Subcommittee suggest in terms of timing and prioritization for further review and consideration by the SEBC?

Benefit	Consideration	Annual Cost Estimate (assuming 7/1/24 effective date)
Family forming benefits	Remove the demonstration of infertility requirements for opposite sex, same sex and transgender couples, and single parent by choice	Range: \$1.5m - \$3.0m, depending on utilization. Further discussion on potential utilization required. Compare to FY22 spend on infertility treatments of about \$3.0m.
Women's health	Enhance coverage for wigs for any treatment, illness or injury resulting in hair loss and align benefit maximum across Aetna and Highmark (e.g., \$1,000)	Range: \$25,000 - \$50,000, depending on utilization
Women's health	Add coverage allowance for cooling caps (scalp hypothermia) which reduces hair loss due to chemotherapy, typically used for breast cancer patients	Range: \$25,000 - \$50,000, depending on utilization
Women's health	Alignment of coverage of mastectomy bra across medical carriers	<\$10,000, depending on utilization
Broad wellbeing	Expand hearing aid benefit to adults over age 23 (Highmark) / 24 (Aetna)	High end estimate: Coverage with no age limit, no dollar maximum: up to \$750,000 for non-Medicare population, up to \$1.0m for Medicare population.
Broad wellbeing	Expand coverage for alternative medicine to include acupuncture	Range: \$0.5m - \$1.0m, depending on utilization and plan design (e.g., up to 10 visits)
Mental health / emotional wellbeing	Explore enhanced EAP models with higher session limit	Range: \$0.3m - \$0.4m (incremental to current EAP fees), depending on covered visit limit
Dental	Expand coverage for all missing teeth (no limitations)	State cost: About \$1.0m to remove medical plan exclusion for dental care in cases of congenital abnormalities. Member cost: Estimated increase in DPPO dental premiums of about \$2.18 annually (total cost: \$86,000). DHMO cost is TBD but it is anticipated that it would be a similar level of increased premiums.

Inclusive benefits review – goals and objectives



Do our current benefit programs meet the needs of a diverse workforce?



How do benefits impact our ability to attract and retain employees?



Does the current benefits package support an inclusive and diverse culture, and align with the State's Diversity, Equity, and Inclusion goals?



Are there opportunities to improve the wellbeing of State employees (financial, physical, and/or emotional wellbeing)?

Support Development of GHIP Future State

Meaningful Choice – Several medical plan options that are meaningfully different in terms of price tags and benefit value (including an IRS-qualified HSA plan)

Personalized Benefit Offerings – After-tax Lifestyle Savings Account aimed at meeting the participants' life needs in any given year (e.g., child/elder care, student loan repayment, pet insurance, etc.)

Voluntary Benefits – Strategic approach driven by employee demographics, supported by robust benchmarking, market knowledge and enrollment services

Flexible Subsidization – Employees receive fixed amount towards suite of core and voluntary benefit offerings such that employees can purchase based on their own unique needs

Meets Variety of Needs – Scope of benefit offerings are flexible to meet the needs and preferences of the State's diverse workforce

Inclusive benefits review – overview of process

Health benefits reviewed

- Family forming benefits
- Gender-affirming care / LGBT+
- Women’s health
- Mental health / emotional wellbeing
- Broad wellbeing
- Dental

Areas for potential future study/review

- Disability plan and policies
- Leave/time off programs
- Retirement readiness and benefit offerings
- Caregiving benefits
- Perks/ancillary benefits
- Benefits education, communications and resources

Benefits are reviewed on a “**good, better, best**” scale for select provisions through a DEI lens, using:

- Corporate indices, such as Human Rights Campaign’s Corporate Equality Index
- Published clinical guidelines and best practices (e.g., WPATH)
- Employer prevalence data and surveys
- Employee surveys and input

Strengths in current offerings

Health benefit reviewed	Strengths
Family forming benefits	<ul style="list-style-type: none"> • Generous fertility benefit implemented in August 2019 with medical and Rx maximums above benchmark for members that meet requirement of demonstrated infertility
Gender-affirming care / LGBT+	<ul style="list-style-type: none"> • Transgender surgery coverage generally aligned with WPATH¹ Standards of Care v.7 based on Aetna and Highmark's standard policies
Women's health	<ul style="list-style-type: none"> • Current benefits cover many services to support women's health and wellbeing at all life stages
Mental health / emotional wellbeing	<ul style="list-style-type: none"> • Robust mental health and substance abuse support through Aetna, Highmark, CVS and ComPsych EAP
Broad wellbeing	<ul style="list-style-type: none"> • Robust clinical programs and wellbeing offering to support members in managing physical health through best-in-class partnerships • Workplace Wellbeing Policy executed in July 2022
Dental	<ul style="list-style-type: none"> • Current dental benefits aligned with most best practices through DEI lens, recognizing that the State has more flexibility with the Delta Dental plans vs. Dominion HMO

1. The World Professional Association for Transgender Health (WPATH) is currently the main group creating evidence-based guidelines for treatment of transgender individuals.