

Disclaimer

Willis Towers Watson has prepared this information solely in our capacity as consultants under the terms of our engagement with you with knowledge and experience in the industry and not as legal advice. This information is exclusively for the State of Delaware's State Employee Benefits Committee to use in the management, oversight and administration of your state employee group health program. It may not be suitable for use in any other context or for any other purpose and we accept no responsibility for any such use.

Willis Towers Watson is not a law firm and therefore cannot provide legal or tax advice. This document was prepared for information purposes only and it should not be considered a substitute for specific professional advice. As such, we recommend that you discuss this document with your legal counsel and other relevant professional advisers before adopting or implementing its contents. This document is based on information available to Willis Towers Watson as of the date of delivery and does not account for subsequent developments after that date.

Willis Towers Watson shares available medical and pharmacy research and the views of our health management practitioners in our capacity as a benefits consultant. We do not practice medicine or provide medical, drug, or legal advice, and encourage our clients to consult with both their legal counsel and qualified health advisors as they consider implementing various health improvement and wellness initiatives.

This material was not prepared for use by any other party and may not address their needs, concerns or objectives. This document may not be reproduced, disclosed or distributed to any other party, whether in whole or in part, other than as agreed with you in writing, except as may be required by law.

We do not assume any responsibility, or accept any duty of care or liability to any other party who may obtain a copy of this material and any reliance placed by such party on it is entirely at their own risk.

WTW normally receives a management fee on Lyra Health and Spring Health revenue related to mutual clients over the course of our contract with Lyra Health and Spring Health. This fee is used to offset the significant time required to analyze, select, establish and enhance preferred pricing and terms, with innovative partnership solutions such as Lyra Health and Spring Health, and to help them better align and maintain their solution to serve the needs of our employer clients. The fee also offsets the administrative costs associated with developing and maintaining partnerships, and the dedicated support resources and allocated Subject Matter Experts to ensure they are client-first. Specifically for the State of Delaware, WTW will not collect any management fee attributable to the State of Delaware if the State Employee Benefits Committee awards a contract to Lyra Health or Highmark (which has subcontracted with Spring Health for this procurement) at the conclusion of this RFP process.

Contents

- Context for today's discussion
- Summary of the background and process for the following requests for proposals (RFPs):
 - Flexible spending account, pre-tax commuter and COBRA administration
 - Employee assistance program
 - Group accident and critical illness supplemental insurance
- High level RFP objectives
- RFP timelines
- Next steps



Context for today's discussion

- The State of Delaware has engaged Willis Towers Watson to assist with administering requests for proposals (RFPs) and evaluating vendors for the following benefits:
 - Flexible spending account (FSA), pre-tax commuter, and Consolidated Omnibus Budget Reconciliation Act (COBRA)
 administration
 - Employee assistance program (EAP)
 - Group accident and critical illness supplemental insurance
- The SEBC is required to periodically conduct procurements for all benefit programs (typically every 5 years) and last marketed each of these benefits in 2019-2020
- Proposal Review Committees (PRCs) consisting of SEBC members or their designees were established for each of these RFPs; these PRCs have met several times in the last 2 months to discuss vendor proposals, interview and evaluate vendor finalists, score proposals on evaluation criteria, and formulate recommendations for the SEBC's consideration
- Following today's presentation, the SEBC will reconvene in December 2024 to review the Proposal Review Committee's Summary and Findings and recommendation. The SEBC will be asked to vote to approve the recommendations to begin contract negotiations.

FSA, pre-tax commuter, and COBRA administration RFP

- FSAs and pre-tax commuter benefits allow eligible employees to pay for certain qualified expenses using pre-tax dollars
- COBRA is a Federal law that requires a group health plan to provide continuation coverage when plan coverage would otherwise end because of a life event known as a "qualifying event"
- Application Software, Inc. (ASI) is the incumbent FSA (health care and dependent), pre-tax commuter benefit and COBRA program administrator and has been providing these services to the SEBC and State employees since:
 - 2005 for FSA services (via ASIFlex)
 - 2007 for pre-tax commuter benefits (via ASIFlex)
 - 2020 for COBRA administration (via ASI COBRA)
- The RFP explored several considerations related to feedback on opportunities for improvement from the Statewide Benefits Office and/or employees, including but not limited to:
 - Opportunity to automate the new hire enrollment process for FSA outside of annual Open Enrollment
 - Market practices related to FSA, such as debit card functionality and direct pay options for dependent care
 - Possible integration with a new benefits administration system, potentially during the expected contract term
 - Administrative considerations associated with a limited purpose health care FSA; relevant if the SEBC decides to
 offer an IRS-qualified high deductible health plan with a health savings account (HSA) in the future
 - Capabilities to administer Health Savings Accounts (HSA) as an optional component for vendors' responses



EAP RFP

- Employee assistance programs (EAPs) include counseling services, critical incident response support, and work/life services such as child and elder care referrals, one-time financial and legal consultations, etc.
- ComPsych is the incumbent EAP administrator
 - ComPsych has administered the EAP since 1/1/2021 (following the 2019 RFP)
 - The previous EAP administrator was Health Advocate from 7/1/2004 to 12/31/2020
- The EAP vendor marketplace has evolved considerably since the prior EAP RFP; a new class of market-leading EAP models has emerged as competition for the traditional EAP models

Traditional EAP models		Market-leading EAP models
 Tend to offer fewer covered EAP sessions (e.g., 5-8 visits), primarily rely on telephonic contact as the entry point, and focus on addressing critical needs and therapy. 	•	Allow for more covered EAP sessions (e.g., 7-25 visits), use both telephonic and digital entry points, and focus on a full spectrum of mental health needs including coaching, therapy and psychiatry.
 Provider networks are broader but may have limited diversity and longer wait times (e.g., days or weeks for an initial appointment). 	•	Provider networks are smaller but are more focused on provider quality, with greater diversity and shorter wait times (e.g., 1-3 days for an initial appointment, often virtual).
	•	Tend to cost more than traditional models, but have greater engagement, improved care coordination, tighter medical plan integration, and improved reporting capabilities. May lead to lower medical costs.

The PRC took into consideration the recommendation made by the Health Policy & Planning Subcommittee in early 2024 to consider changing the current EAP visit limit. The RFP was silent on the SEBC's intent to evaluate both types of models or to change the EAP limit.

Group accident and critical illness supplemental insurance RFP

- Group Accident and Critical Illness supplemental insurance benefits are offered as required by legislation (DE Code Reference: 29 Del.C. §52C)
- This is an employee-pay-all program allowing those who enroll to pay for their benefit elections through a post-tax general deduction taken from their paycheck
- Securian is the incumbent for the group accident and critical illness supplemental insurance benefits since 7/1/2020
- Prior to Securian, the vendor was Continental/AFLAC from 7/1/2015 to 6/30/2020
- The RFP explored several considerations related to feedback on opportunities for improvement from the Statewide Benefits Office and/or employees, including but not limited to:
 - Review of vendor proposals to operationalize the provision in Delaware Code that requires cumulative claims loss ratio of no less than 60%, otherwise excess premiums must be paid out to plan participants at end of contract term
 - Review of vendor capabilities to support referrals to other State benefits resources (e.g., EAP) and online educational materials (e.g., financial wellbeing resources)
 - Market practices related to inclusion of COVID-19 rider, waiver of premium provisions on critical illness insurance
 - Possible integration with a new benefits administration system, potentially during the expected contract term
 - Provisions for continuation of coverage for individuals who no longer meet active employee eligibility requirements
 and the vendor's process to set up individuals who do elect to continue coverage on a direct billing basis



High level RFP objectives

Objectives consistent across all three RFPs – identify vendors that:

- Possess extensive experience administering the requested scope of services for clients of comparable size, complexity, etc.
- Offer state of the art services.
- Provide excellent customer service to participants, including superior member-facing online tools and resources
- Provide excellent account management services to the State, including timely reporting
- Provide competitive financial terms and performance guarantees
- Are responsive to changes in the programs and requests of the SEBC and SBO
- Agree to comply with all privacy and data usage policies as required by the State of Delaware, Department of Technology and Information (DTI)

Objectives unique to each RFP – identify vendors that:

FSA, Pre-Tax Commuter and COBRA Administration

 Are able to administer these benefits in accordance with statutory and regulatory requirements

EAP

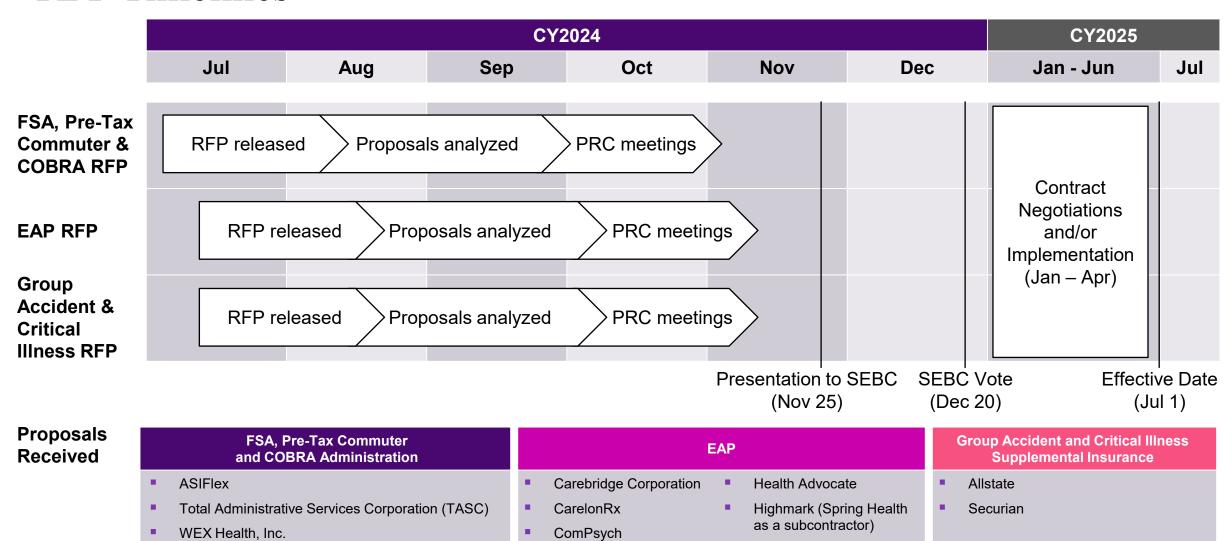
- Provide robust network of EAP providers
- Provide support for critical incidents with onsite resources
- Formulate and execute a comprehensive communication strategy that advertises the full suite of EAP and work/life benefits to eligible members throughout the plan year

Group Accident and Critical Illness Supplemental Insurance

- Are able to meet all technology requirements set forth by the State
- Are able to formulate and execute a comprehensive communication strategy targeting eligible plan participants prior and during open enrollment
- Are able to comply with 29 Del.C. §52C



RFP Timelines



CuraLinc Healthcare

Lyra Health



Next steps

- Final copies of the PRC recommendations for these RFPs will be shared with the SEBC in advance of the December meeting.
- Following today's presentation, the SEBC will reconvene in December 2024 to review the Proposal Review Committee's Summary and Findings and recommendation. The SEBC will be asked to vote to approve the recommendations to begin contract negotiations.