SELF INSURANCE BOARD COMMITTEE AGENDA

Sumner County Administration Building
Conference Room 112
June 30, 2026
4:00 pm

MEMBERS
Bob Brown-Chairman
Don Schmit-Vice-Chairman
Mary Genung
Merrol Hyde
John Isbell-non voting
Bethany Browning-non voting
Vacant

I. CALL TO ORDER
   A. Invocation
   B. Approval of Agenda
   C. Recognition of Public
   D. Approval of Minutes-June 8, 2026 (Page 2)

II. REPORT OF THE COMMITTEE CHAIRMAN

III. REPORT OF THE FINANCE DIRECTOR

IV. NEW BUSINESS
   A. Health Risk Assessment Appeals
   B. Health Risk Assessment Exception & Appeal Policy (Draft) (Pages 3-6)

V. ADJOURNMENT

SELF INSURANCE BOARD COMMITTEE MINUTES
June 8, 2026

MEMBERS PRESENT
Bob Brown-Chairman
Don Schmit-Vice-Chairman
Merrol Hyde
John Isbell-non voting
Bethany Browning-non voting
OTHERS PRESENT
Eric Sitler
Aimee Langley
Jessica Allison
Tracye Bryant
Wendy Swaby
Chad Long

I. CALL TO ORDER by Chairman Brown at 5:00pm in room 112 of the Sumner County Administration Building in Gallatin, TN.
   A. Invocation- Led by Commissioner Brown.
   B. Approval of Agenda- Motion by Commissioner Hyde to approve, second by Commissioner Schmit, unanimous approval.
   C. Recognition of Public
      - Tracye Bryant, 5318 Dowlen Road, Cedar Hill, TN, expressed her concerns regarding the health risk assessment deadline.
      - Wendy Swaby, 309 Dry Creek Rd, Goodlettsville, TN, expressed her support for the health risk assessment exception for a current employee.
      - Chad Long, 130 S Water Avenue, Gallatin, TN, expressed his support for the health risk assessment exception for a current employee.
   D. Approval of Minutes-May 12, 2026- Motion by Commissioner Schmit to approve, second by Commissioner Brown, unanimous approval.

II. REPORT OF THE COMMITTEE CHAIRMAN- None

III. REPORT OF THE FINANCE DIRECTOR-None

IV. OLD BUSINESS- None

V. NEW BUSINESS
   A. FY2027 Liability and Property Insurance Package- Law Director Sitler briefly spoke. Motion by Commissioner Brown to approve, second by Commissioner Schmit, unanimous approval.
   B. Health Risk Assessment for current employee- There was lengthy discussion. Motion by Commissioner Hyde to approve an exception for this specific case, second by Commissioner Schmit, unanimous approval.

VI. ADJOURNMENT- Motion by Commissioner Brown to adjourn at 5:30pm.

SUMNER COUNTY EMPLOYEES' INSURANCE TRUST

Health Risk Assessment (HRA) Exception and Appeal Policy

1. Purpose

The purpose of this policy is to establish a fair, consistent, and documented process for reviewing requests for exceptions, extensions, reasonable alternatives, and appeals related to the annual Health Risk Assessment (HRA), wellness program requirements, and Preferred Plan eligibility.

The County recognizes that employees and covered spouses may experience circumstances beyond their control that affect their ability to timely complete required wellness activities. This policy is intended to ensure equitable administration of the health plan while maintaining compliance with applicable federal and state laws.

2. Scope

This policy applies to all employees, retirees (if applicable), and covered spouses participating in the County's employee health plan who are required to complete:

- Annual Health Risk Assessments (HRA);
- Biometric screenings;
- Nicotine tests;
- Wellness program requirements;
- Follow-up appointments;
- Physician certifications;
- Plan of Care compliance documentation; and
- Any other requirements established by the Self Insurance Board (SIB) and/or County Commission.

3. Grounds for Exceptions

An exception, extension, or alternative compliance method may be granted when an individual demonstrates that timely completion was prevented by one or more of the following circumstances:

A. Medical Circumstances

- Serious illness or injury;
- Hospitalization;
- Pregnancy-related complications;
- Disability;
- Mental health conditions;
- Ongoing medical treatment;
- Physician-imposed restrictions;

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- Recovery from surgery; or
- Any condition that makes participation medically inadvisable.

B. Employment Circumstances

- Approved FMLA leave;
- Military leave;
- Workers' compensation leave;
- Extended approved leave of absence;
- Temporary assignment outside the service area;
- Shift assignments that materially interfere with participation.

C. Family or Personal Hardship

- Death of an immediate family member;
- Serious illness of a dependent or spouse;
- Natural disaster;
- Declared emergency;
- Court-ordered obligations;
- Other extraordinary personal hardships.

D. Administrative Circumstances

- Vendor scheduling errors;
- Lost or delayed paperwork;
- Technology failures;
- Incorrect notices;
- County administrative error;
- Inability to obtain a timely appointment despite reasonable efforts.

4. Reasonable Alternative Standards

No participant shall be denied eligibility for wellness incentives solely because a medical condition prevents completion of a standard wellness requirement.

When medically appropriate, the County shall offer a reasonable alternative standard, including but not limited to:

- Physician certification;
- Alternative educational programs;
- Alternative wellness activities;
- Extended compliance periods;
- Alternative screening methods;
- Waiver of specific activities upon provider recommendation.

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Participants may be required to provide documentation from a licensed healthcare provider supporting the requested alternative.

5. Request Procedure

Requests for an exception, extension, or alternative standard shall be submitted to the Benefits Specialist within thirty (30) days of the participant becoming aware of the circumstance requiring relief, but no later than the end of October.

Requests should include:

1. Employee name and employee number;
2. Description of the circumstance;
3. Requested relief;
4. Supporting documentation, if applicable;
5. Contact information.

The Benefits Specialist may request additional information as necessary.

6. Temporary Administrative Relief

Pending review of a timely submitted request, no adverse plan action shall occur until a determination is made.

The Benefits Specialist may grant temporary extensions not exceeding ninety (90) days when sufficient information indicates the request may qualify for relief.

7. Determination

The Benefits Specialist shall review all requests and issue a written determination within thirty (30) days of receipt whenever practicable. The HRA must be completed by the employee and their spouse, if applicable, during this time period if it has not already been done.

The determination shall include:

- Approval or denial;
- Basis for decision;
- Any conditions imposed;
- New compliance deadlines, if applicable;
- Appeal rights.

8. Appeals

Any participant whose request is denied may appeal.

Level One Appeal

A written appeal must be submitted within thirty (30) days of the denial.

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The appeal shall be reviewed by the Finance Director or the Finance Director's Designee not involved in the original determination.

A written decision shall be issued within thirty (30) days.

Level Two Appeal

If the participant disagrees with the Level One decision, a final appeal may be submitted within thirty (30) days to the SIB.

The Committee may:

- Uphold the denial;
- Reverse the denial;
- Modify the determination;
- Grant an exception, extension, or alternative standard.

The Committee's decision shall be final.

9. Good Cause Extensions

The Benefits Specialist may grant automatic extensions of up to ninety (90) days for:

- Hospitalization;
- Active military service;
- Approved FMLA leave;
- Disability leave;
- Declared emergencies;
- Vendor-caused delays.

Documentation may be required.

10. Non-Retaliation

No employee shall be disciplined, retaliated against, or otherwise adversely treated for requesting an exception, accommodation, or appeal under this policy.

11. Preservation of Coverage

Unless specifically prohibited by the Plan Document, participants who timely request an exception or appeal shall remain eligible for coverage while the request is under review.

If relief is granted, any premium differential or plan placement shall be adjusted retroactively as appropriate.

12. Authority

The SIB retains authority to interpret and administer this policy and may adopt procedures necessary for its implementation.

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