Your SEBB benefits for
2023

School Employee Enrollment Guide

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

HCA 20-0049 (11/22)

Who to contact for help

Contact the plans directly for help with:

- Benefit questions
- ID cards
- Claims
- Checking to see if a health care provider is in the plan's network
- Choosing a health care provider
- Making sure your prescriptions are covered
- Checking if your wellness incentive was applied to your deductible

Contact your payroll or benefits office for help with:

- Eligibility for coverage and enrollment questions or changes
- Accessing paper forms
- Premium surcharge questions
- Updating your contact information (name, address, phone, etc.)
- Enrolling or removing dependents
- Payroll deduction information (including pretax or post-tax contributions)
- Appeals (Also see page 76.)

Help with SEBB My Account

See "How to use SEBB My Account" on page 10.

Medical plans

Kaiser Permanente NW 1, 2, 3

my.kp.org/sebb
1-800-813-2000 (TRS: 711)

Kaiser Permanente WA Core 1, 2, 3, SoundChoice

kp.org/wa/sebb
1-888-901-4636 (TTY: 1-800-833-6388 or TRS: 711)

Kaiser Permanente WA Options Summit PPO 1, 2, 3

kp.org/wa/sebb
1-888-901-4636 (TTY: 1-800-833-6388 or TRS: 711)

Premera HMO, High PPO, Standard PPO

premera.com/sebb
1-800-807-7310 (TRS: 711)

Uniform Medical Plan (UMP) Achieve 1, Achieve 2, High Deductible

Administered by Regence BlueShield and Washington State Rx Services

Medical services:
ump.regence.com/sebb
1-800-628-3481 (TRS: 711)

Prescription drugs:
ump.regence.com/sebb/benefits/prescriptions
1-888-361-1611 (TRS: 711)

UMP Plus–Puget Sound High Value Network

Administered by Regence BlueShield and Washington State Rx Services

Medical services:
pugetsoundhighvaluenetwork.org
1-877-345-8760 (TRS: 711)

Prescription drugs:
ump.regence.com/sebb/benefits/prescriptions
1-888-361-1611 (TRS: 711)

UMP Plus–UW Medicine Accountable Care Network

Administered by Regence BlueShield and Washington State Rx Services

Medical services:
sebb.uwmedicine.org
1-888-402-4238 (TRS: 711)

Prescription drugs:
ump.regence.com/sebb/benefits/prescriptions
1-888-361-1611 (TRS: 711)

1 Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

Dental plans

DeltaCare
deltadentalwa.com/sebb
1-800-650-1583

Uniform Dental Plan
deltadentalwa.com/sebb
1-800-537-3406

Willamette Dental Group
willamettedental.com/sebb
1-855-433-6825 (TRS: 711)

Vision plans

Davis Vision
Underwritten by HM Life Insurance Company
davisvision.com/hcasebb
1-877-377-9353
TTY: 1-800-523-2847

EyeMed Vision Care
Underwritten by Fidelity Security Life Insurance Company
eyemedvisioncare.com/hcasebb
1-800-699-0993
TTY: 1-844-230-6498

MetLife Vision Plan
Underwritten by Metropolitan Life Insurance Company
metlife.com/wshca-sebb
1-833-854-9624
TTY: 1-800-428-4833 (TRS: 711)

FSA and DCAP

Navia Benefit Solutions
sebb.naviabenefits.com
1-800-669-3539 or 425-452-3500

HSA for UMP High Deductible

HealthEquity
learn.healthequity.com/sebb
1-844-351-6853 (TRS: 711)

Life and AD&D insurance

Metropolitan Life Insurance Company (MetLife)
Enrollment and management:
mybenefits.metlife.com/wasebb

Info, docs, and more:
metlife.com/wshca-sebb
1-833-854-9624 (TRS: 711)

Long-term disability (LTD) insurance

Standard Insurance Company
standard.com/mybenefits/wash-state-hca-sebb
1-833-229-4177

Voluntary wellness program

SmartHealth
Log in and complete activities:
smarthealth.hca.wa.gov

Eligibility and deadlines:
hca.wa.gov/sebb-smarthealth
1-855-750-8866

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact your payroll or benefits office.

Welcome

The *School Employee Enrollment Guide* will provide you with information you need to sign up for, use, or change your SEBB benefits. Please keep this guide for reference. An online version is available on the SEBB webpage at **hca.wa.gov/sebb-employee**.

Newly eligible employees have 31 days to enroll in SEBB benefits. See "How to enroll" on page 17.

The annual open enrollment in the fall provides an opportunity for you to change your plans, add or remove dependents, and make other changes. You can also make changes during a special open enrollment if you have a qualifying life event. See "Changing your coverage" on page 66.

For information about options for continuing insurance coverage once your or a dependent's eligibility for SEBB benefits has ended, see "When coverage ends," on page 72.

The SEBB Program is managed by the Washington State Health Care Authority (HCA).

Contents

Quick start guide

Use this for an overview of the enrollment process. Watch for references to page numbers where you'll find more information. Look for the *Good to know!* boxes throughout this guide for quick tips, definitions, and additional information.

1. Find out if you're eligible

To be eligible for SEBB benefits you must meet the criteria described in SEBB Program rules. Your SEBB organization (employer) will determine if you are eligible for SEBB benefits based on your specific work circumstances. See "Employee eligibility" on page 12.

2. Learn about your benefits

A list of the benefits available to eligible employees is on page 9.

You will pay a monthly premium for medical coverage. Your employer pays part of the premium for medical, and all of the premiums for dental and vision coverage, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and employer-paid long-term disability (LTD) insurance, if you are eligible.

You will pay monthly premiums for any supplemental (employee-paid) coverage you are enrolled in. See "Paying for benefits" on page 22.

You may be able to waive SEBB medical enrollment if you have other group coverage. In specific situations, you may also be able to waive SEBB dental and vision. See "Waiving enrollment" on page 20.

Good to know!

Tax-saving programs

To enroll in Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (DCAP), download and print the *Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program Enrollment Form* from Navia's website at **sebb.naviabenefits.com** or call 1-800-669-3539. See "FSAs and DCAP" on page 59.

3. Get ready to enroll your eligible dependents

Do you plan to enroll a spouse, state-registered domestic partner, or children? Enroll your dependents in the same health plans that you choose for yourself. See "Dependent eligibility" on page 14 for rules and information.

To enroll your spouse, state-registered domestic partner, or children, you will need to provide their:

- Name
- Date of birth
- Social Security number
- Verification documents. Make sure you have the right documents on hand to prove their eligibility. These documents are listed on page 15. You may need to submit additional forms. See "Additional required forms for dependents" on page 17.

4. Choose your health plans

Health plans available to you

For information on the types of plans available to you, see "Selecting a medical plan," on page 27; "Selecting a dental plan," on page 46; and "Selecting a vision plan," on page 48.

Check "2023 SEBB employee medical plans available by county," on page 33, and "School employers by county" on page 36, to see what plans are available to you. To enroll in a Premera plan, you must either live or work in one of the counties where it is offered. To enroll in a Kaiser Permanente plan, you must live or work in the service area at least 50 percent of the time. For UMP Plus, you must live in one of the counties where it is offered. Dental and vision availability is based on the network the provider participates in, rather than where you live or work.

Compare health plan benefits and costs

The "2023 SEBB medical benefits comparison and premiums" starts on page 40. The "Dental benefits comparison" is on page 47. The "Vision benefits comparison" is on page 49. These charts give you some basic cost information about deductibles, cost-shares, and out-of-pocket limits so you can compare plans.

Learn more

If you need more details, refer to other sections of this guide. You can also find information on the HCA website at **hca.wa.gov/sebb-employee**.

The virtual benefits fair is available online 24/7 to help you learn more about your benefits. Visit plan booths to watch informative videos and find more

resources. The virtual benefits fair is available on HCA's website at **hca.wa.gov/vbf-sebb**.

Good to know!

Not eligible?

If you are not eligible as described in "Employee eligibility" on page 12, you may be eligible for some SEBB Program benefits if your school district, charter school, or educational service district negotiated eligibility as described in WAC 182-30-130. If you are a represented employee, please check with your union or collective bargaining agreement regarding eligibility. Otherwise, your payroll or benefits office will notify you if you are eligible under this provision.

5. Enroll using SEBB My Account

Enroll your dependents in the same health plans you choose for yourself. Log in to our online enrollment system, SEBB My Account, at **myaccount.hca.wa.gov.** It works on your computer, tablet, or smartphone and is the best and easiest way to enroll. See "How to use SEBB My Account" on page 10 for step-by-step instructions.

Use SEBB My Account to enroll in medical, dental, and vision coverage. You can also use SEBB My Account to enroll eligible dependents and upload verification documents to prove they are eligible.

If you are unable to use SEBB My Account, contact your payroll or benefits office. If you're using paper forms, submit them to your payroll or benefits office.

Either way you enroll, the forms and documents must be received **no later than 31 days** after you become eligible for SEBB benefits.

6. Attest to the premium surcharges

There are two premium surcharges that may apply to you.

- When you enroll in medical coverage, you must attest (respond) to whether you or any enrolled dependents age 13 or older use tobacco products.
- If you are enrolling a spouse or state-registered domestic partner on your medical coverage, you must also attest whether they could have enrolled in another employer-based group medical insurance plan.

If you do not attest, or if your attestations show the surcharges apply to you, you will be charged these premium surcharges in addition to your monthly medical premium. See "Premium surcharges" on page 24 for details and how to attest.

7. Learn about additional benefits

Additional benefits include:

- Life insurance
- Accidental death and dismemberment (AD&D) insurance
- Long-term disability (LTD) insurance
- Medical Flexible Spending Arrangement (FSA)
- Limited Purpose FSA
- Dependent Care Assistance Program (DCAP)

Automatic enrollments

You will be automatically enrolled in basic life insurance, basic AD&D insurance, and employer-paid LTD insurance. You will be enrolled in employee-paid LTD insurance, unless you decline the coverage (see "About employee-paid LTD coverage" on next page). You will also be enrolled in the state's premium payment plan, which allows your employer to deduct premiums and applicable premium surcharges from your paycheck before taxes.

Good to know!

Automatic enrollments

You will be automatically enrolled in the following, if you are eligible.

- Basic (employer-paid) life insurance
- Basic (employer-paid) accidental death and dismemberment (AD&D) insurance
- Employer-paid long-term disability (LTD) insurance
- Employee-paid LTD insurance at the 60-percent coverage level with a 90-day benefit waiting period, unless you reduce to a lower-cost coverage level or decline the coverage. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer. See "Long-term disability insurance" on page 55.
- The state's premium payment plan. See "Payroll deductions and taxes" on page 22.

About employee-paid LTD coverage

Newly eligible employees will be automatically enrolled in employee-paid LTD insurance that covers 60 percent of predisability earnings, with a 90-day benefit waiting period.

At any time, you can use SEBB My Account to reduce to a lower-cost, 50-percent coverage level or decline the coverage. You can also use the *Long Term Disability Insurance Enrollment and Change* form to reduce, decline, enroll in, or increase coverage. The form is available on HCA's LTD webpage at **hca.wa.gov/sebb-ltd**.

If you decide to enroll in or increase coverage past the 31-day newly eligible period, you will have to provide evidence of insurability and be approved by the insurer. See "Long-term disability insurance" on page 55.

Good to know!

You will be automatically enrolled in employee-paid LTD insurance

Newly eligible employees will be automatically enrolled in an employee-paid long-term disability (LTD) plan that covers 60 percent of your predisability earnings with a 90-day benefit waiting period. You can reduce to a lower-cost 50-percent coverage level or decline the coverage at any time. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer. See "Long-term disability insurance" on page 55.

Good to know!

Additional benefits you may like

Medical Flexible Spending Arrangement, Limited Purpose FSA, and Dependent Care Assistance Program (DCAP) are benefits that may suit your financial needs. See "FSAs and DCAP" on page 59.

Consider supplemental life and AD&D Consinsurance

You can enroll yourself and your dependents in supplemental (employee-paid) life and AD&D insurance. See "Life and AD&D insurance" on page 51.

Consider two FSAs and DCAP

You may be eligible to enroll in a Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, or the Dependent Care Assistance Program (DCAP). These are pretax accounts used to pay for certain expenses.

See "FSAs and DCAP" on page 59.

8. What's next

The health plans you choose will send you welcome packets. See "After you enroll" on page 63.

Enrollment checklist

- Check your eligibility and deadlines, page 12.
- Learn about your benefits, page 26
- Consider health plans available to you, page 33.
- Review benefits comparison charts, page 40.
- Visit the virtual benefits fair, page 26.
- Learn about waiving enrollment, page 20.
- Choose your health plans, pages 40 to 50.
- Sign in to SEBB My Account, page 10
- Enroll yourself, page 17
- Enroll dependents and upload verification documents to prove dependents' eligibility and any additional documents needed, pages 14 to 17.
- Attest to premium surcharges, page 24.
- Consider supplemental (employee-paid) life and AD&D insurance, page 51.
- Consider Medical FSA, Limited Purpose FSA, and DCAP, page 59.
- Sign up for email delivery after you're enrolled, see box on right.

Your 2023 SEBB benefits

- Medical insurance
- Health savings account (HSA) for those who enroll in UMP High Deductible
- Dental insurance
- Vision insurance
- Basic life insurance
- Basic accidental death and dismemberment (AD&D) insurance
- Employer-paid long-term disability (LTD) insurance (if eligible)
- Supplemental life insurance
- Supplemental AD&D insurance
- Employee-paid LTD insurance (if eligible)
- Medical FSA
- Limited Purpose FSA
- Dependent Care Assistance Program (DCAP)
- SmartHealth (voluntary wellness program)

Good to know!

Get your news by email

Get the latest news and updates from the SEBB Program by going paperless. When you receive general information and newsletters by email, it's faster for you and helps reduce the toll on the environment. Go to SEBB My Account at **myaccount.hca.wa.gov** to sign up.

How to use SEBB My Account

Eligible school employees can use SEBB My Account, the online enrollment system, on a computer, tablet, or smartphone to enroll in or make changes to their benefits.

What can I do in SEBB My Account?

- Enroll in SEBB benefits
- Waive SEBB medical enrollment
- Enroll your eligible dependents in SEBB benefits
- Upload documents to prove dependent eligibility
- Select your medical, dental, and vision plans
- Access vendor websites to enroll in supplemental (employee-paid) life and supplemental accidental death and dismemberment (AD&D) insurance, a Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (DCAP)
- Employees who are within their 31-day newly eligible period can enroll in, reduce, increase, or decline coverage in employee-paid long-term disability (LTD) insurance in SEBB My Account. Employees who are outside their 31-day newly eligible period can reduce or decline LTD coverage in SEBB My Account at any time.
- Attest to premium surcharges
- Request a change due to a special open enrollment

Good to know!

Google Chrome is the preferred browser for SEBB My Account, but Edge, Firefox, and Safari will also work. For more information, check out the *Help with SEBB My Account login* webpage at **myaccount.hca.wa.gov**.

How do I set up an account?

1. **Visit SEBB My Account** at **myaccount.hca.wa.gov** and click the *Log in to SEBB My Account* button under *Employee/Subscriber login*. You'll be directed to the SecureAccess Washington (SAW) website. SAW is the state's secure central login that lets you access the online services of multiple state agencies. A SAW account will keep your sensitive information secure.
2. **Click** *Sign up* to create a SAW account. If you already have a SAW account, enter your username and password and skip to step 6.
3. **Enter** your name, email address, a username, and password. Save your username and password in a safe place so you don't forget it the next time you log in.
4. **Check the box** to indicate you're not a robot and click *Submit*. Follow the link to activate your account.
5. **Check your email** for a message from SAW. Click on the confirmation link, then close the *Account Activated!* browser window that opens. Return to your original window. Follow the instructions on the screen to finish creating your account.
6. **Watch for your code**. After you log in to SAW, you will be prompted to add multi-factor authentication (MFA). Select how you'd like to receive a code — either email or text message. The system will send you a code.
7. **Enter the code** you received and submit. Next, you'll be provided an opportunity to have SAW remember the device you are using, and then submit.
8. **Finish.** You will be sent back to SEBB My Account. Enter your last name, date of birth, and last four digits of your Social Security number. Click *Verify my information*.
    - If you have logged in to SEBB My Account before, you'll be directed to your dashboard.
    - If this is your first login, after you click *Verify my information*, select your security questions and answers. You'll be directed to your dashboard.

When can I access SEBB My Account?

After your employer enters your eligibility information into SEBB My Account, you can log in and enroll in benefits within your 31-day eligibility period. Then, come back anytime to check your coverage or request special open enrollment changes.

How do I enroll with SEBB My Account?

Once you log in to SEBB My Account, the step-by-step tool at the top of the page will guide you through the enrollment process. The four steps are:

1. **Add your dependents.** Enter your dependents' information. If you are not adding dependents, skip to step 3.
2. **Verify your dependents.** You must provide proof of your dependents' eligibility.

   Upload documents from your computer or mobile device to verify your dependents' eligibility. Your documents must be verified and approved before your dependents are enrolled under your coverage. Acceptable documents (like a birth or marriage certificate, or recent tax return) and file types (PDF, JPEG, JPG, or PNG) are listed in SEBB My Account.

   If you are unable to upload documents online, you can submit paper documents to your payroll or benefits office.

   Please make sure to keep the documents you submit. Receiving approval for verifying your dependents does not mean your dependents are enrolled. You must select the same plans for your dependents as yourself.
3. **Attest to the premium surcharges.** Answer a series of questions to determine whether you'll be charged the monthly $25-per-account tobacco use premium surcharge or the monthly $50 spouse or state-registered domestic partner coverage premium surcharge if adding a dependent.
4. **Select your plans.** When you're ready, select your plans in SEBB My Account by checking the box next to the medical, dental, and vision plans you want for you and any dependents you want to enroll.

If you have another employer-based group medical coverage, a TRICARE plan, or Medicare, you can waive SEBB medical coverage, but not other benefits. **Exception:** You may waive your enrollment in a SEBB medical plan to enroll in a Public Employees Benefits Board (PEBB) medical plan only if you are also enrolled in a PEBB dental plan. In doing so, you waive your enrollment in SEBB dental and vision. You cannot enroll in both SEBB and PEBB health plans. See "Waiving enrollment" on page 20.

Employee eligibility

This guide provides a general summary of employee eligibility for SEBB benefits. In this guide, school employees are also called subscribers.

Your employer will determine if you are eligible for the employer contribution toward SEBB benefits based on your specific work circumstances (see Washington Administrative Code [WAC] 182-31-040) and notify you. Please contact your payroll or benefits office if you have questions about eligibility or when coverage will begin. All eligibility determinations are based on rules in Chapters 182-30 and 182-31 WAC on the SEBB *Rules and policies* webpage at **hca.wa.gov/sebb-rules**. If discrepancies arise between WACs and this guide, the WACs take precedence. If you disagree with an eligibility determination, see "Appeals" on page 76.

Generally, you are eligible for the employer contribution toward SEBB benefits if you work in a school district or charter school or are a represented employee of an educational service district (ESD), and your employer anticipates you will work at least 630 hours during the school year (September 1 through August 31). Paid holidays and paid leave, such as sick, personal, and bereavement leave, count toward the required hours.

Eligibility based on your first day of work

If your employer determines that you are eligible, your eligibility begins on your first day of work. Your first day of work typically determines when your SEBB benefits begin. See "When do my benefits begin?" on page 63.

Eligibility based on a revision to your anticipated work pattern or actual hours worked

If your employer determined that you were not eligible for the employer contribution toward SEBB benefits, but your work circumstance changes and your employer anticipates at that time that you will work at least 630 hours during the school year, you become eligible on the date your work pattern is revised.

If your employer determined that you are not anticipated to work 630 hours, but you do actually work 630 hours, you become eligible for the employer contribution toward SEBB benefits on the day you work your 630th hour.

If your employer determined that you are eligible for the employer contribution toward SEBB benefits, but your work pattern is revised so that your employer no longer anticipates you will work 630 hours during the school year, your eligibility for the employer contribution ends the last day of the month in which the change is effective.

Eligibility based on returning from approved leave

If you return to work from approved leave without pay, you can maintain or establish eligibility for the employer contribution toward SEBB benefits if the work schedule you return to, had it been in effect at the start of the school year, would have resulted in you being anticipated to work the minimum hours to meet SEBB eligibility. You would regain eligibility for the employer contribution toward SEBB benefits on the day you return from approved leave without pay. See "When do my benefits begin?" on page 63.

Eligibility based upon date of hire later in the school year

If you are not anticipated to work 630 hours within the school year because of the time of year you are hired but are anticipated to work at least 630 hours the next school year, you may establish eligibility for the employer contribution toward SEBB benefits if certain criteria are met, as described in WAC 182-31-040(4)(c). Your employer's payroll or benefits office will notify you if you are eligible under this provision.

Eligibility based on hours worked the previous two school years

If you worked at least 630 hours in each of the previous two school years and are returning to the same type of position or combination of positions with the same school district, charter school, or educational service district, you are presumed eligible for the employer contribution toward SEBB benefits at the start of the school year.

If your employer does not consider you eligible after having worked at least 630 hours the previous two school years, they must notify you, in writing, of the specific reason(s) you are not anticipated to work at least 630 hours in the current school year. You have the right to appeal the eligibility determination. See "Appeals" on page 76.

Eligibility based on work within one district, charter school, or ESD

All of the hours you work in your capacity as a school employee and all hours for which you receive compensation from your employer during an approved leave (e.g., sick leave, personal leave, bereavement leave) or a paid holiday, are included in the hours to determine your eligibility. You cannot "stack" hours from different school districts, charter schools, or ESDs to reach eligibility.

Employees returning for the next school year have uninterrupted coverage

If you were enrolled in SEBB benefits in August, you will receive uninterrupted coverage from one school year to the next when you return at the start of the next school year to the same school district, charter school, or as a represented employee of the same ESD, as long as you are still anticipated to be eligible for the employer contribution in the coming school year.

Eligibility when changing jobs between SEBB organizations

Once enrolled in SEBB benefits, you will have uninterrupted coverage when moving from one SEBB organization (school district, charter school, or ESD) to another within the same month or a consecutive month if you are eligible for the employer contribution toward SEBB benefits in the position you are leaving and are anticipated to be eligible for the employer contribution toward SEBB benefits in the new position.

SEBB benefits elections also remain the same if you have a break in employment that does not interrupt the employer contribution toward your SEBB benefits, whether you move to a new SEBB organization or return to the same one. You may need to change health plans if you move to a new county or your new job is in a different county, which would qualify as a special open enrollment event (see "Changing your coverage" on page 66).

Eligibility as both a subscriber and a dependent

You cannot enroll in medical, dental, or vision coverage under two SEBB accounts. If you are an eligible employee and are also eligible as a dependent under your spouse's, state-registered domestic partner's, or parent's account, see "Waiving enrollment" on page 20 for options available to you.

Eligibility in both SEBB and PEBB

If you are eligible for enrollment in both the SEBB and Public Employees Benefits Board (PEBB) Programs, you and your eligible dependents are each limited to a single enrollment in medical, dental, and vision plans (in the SEBB Program) or medical and dental plans (in the PEBB Program). If you or your dependent are enrolled in both the SEBB and PEBB Programs and you do not take action to resolve the dual enrollment, the SEBB Program or the PEBB Program will automatically enroll or disenroll you as described in WAC 182-31-070(6).

Employees eligible for locally negotiated benefits

If you are not eligible as described in this eligibility section, you may be eligible for some SEBB Program benefits if your school district, charter school, or ESD negotiated eligibility as described in WAC 182-30-130. If you are represented, please check with your union or collective bargaining agreement regarding eligibility.

Good to know!

Medicare and SEBB

If you or any of your dependents are enrolled in Medicare or may soon be, read more about how Medicare and SEBB benefits work together on page 19.

Dependent eligibility

You may enroll the following dependents:

- Your legal spouse
- Your state-registered domestic partner, as defined in WAC 182-30-020 and RCW 26.60.020(1). This includes substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090. Strict requirements apply to these partnerships, including that one partner is age 62 or older and you live in the same residence. Individuals in a state-registered domestic partnership are treated the same as a legal spouse except when in conflict with federal law.
- Your children, as defined in WAC 182-31-140(3) through the last day of the month in which they turn age 26, regardless of marital status, student status, or eligibility for coverage under another plan. It also includes children age 26 or older with a disability, as described below.

How are children defined?

For our purposes, children are defined as described in WAC 182-31-140(3). This definition includes:

- Your children, based on establishment of a parent-child relationship as described in RCW 26.26A.100, except when parental rights have been terminated.
- Children of your spouse, based on establishment of a parent-child relationship as described in RCW 26.26A.100, except when parental rights have been terminated.
- Children you are legally required to support ahead of adoption.
- Children of your state-registered domestic partner, based on establishment of a parent-child relationship as described in RCW 26.26A.100, except when parental rights have been terminated.
- Children named in a court order or divorce decree for whom you are legally required to provide support or health care coverage.
- Extended dependent children who meet eligibility criteria. See ”Extended dependents,” below.
- Children of any age with a developmental or physical disability. See “Children with disabilities” on this page.

Extended dependents

Children may also include extended dependents (such as a grandchild, niece, nephew, or other child) for whom you, your spouse, or your state-registered domestic partner are legal custodians or legal guardians. The legal responsibility for them is shown by a valid court order and the child’s official residence with the custodian or guardian.

An extended dependent child does not include foster children unless you, your spouse, or your state-registered domestic partner are legally required to provide support ahead of adoption.

Children with disabilities

Eligible children also include children of any age with a developmental or physical disability that renders them incapable of self-sustaining employment and chiefly dependent upon the employee for support and ongoing care. Their condition must have occurred before they turned age 26. You must provide proof of the disability and dependency for a child age 26 or older to enroll them on your SEBB health plan coverage or for an enrolled child turning age 26 to continue their enrollment. Newly eligible employees must submit the *Certification of a Child with a Disability* form within the 31-day enrollment period.

The SEBB Program, with input from your medical plan (if the child is enrolled in SEBB medical coverage), will verify the disability and dependency of a child with a disability beginning at age 26. The first verification lasts for two years. After that, we will periodically review their eligibility, but not more than once a year. These verifications may require updated information from you and your child’s doctor. If the SEBB Program does not receive your verification within the time allowed, the child will no longer be covered.

A child with a disability age 26 or older who becomes self-supporting is not eligible as of the last day of the month they become capable of self-support. If the child becomes capable of self-support and later becomes incapable of self-support, they do not regain eligibility.

You must notify the SEBB Program in writing when your child with a disability age 26 or older is no longer eligible. The SEBB Program must receive notice **within 60 days** of the last day of the month your child loses eligibility for SEBB health plan coverage.

Proving dependent eligibility

Verifying (proving) dependent eligibility helps us make sure we cover only people who qualify for health plan coverage. You provide this proof by submitting official documents listed on the next page. We will not enroll a dependent if we cannot verify their eligibility within the enrollment deadline. We reserve the right to review a dependent’s eligibility at any time. HCA may audit dependent eligibility determinations.

A few exceptions apply to the dependent verification process:

- Extended dependent children are reviewed through a separate process.

- Previous dependent verification data verified by the Public Employees Benefits Board (PEBB) Program may be used when a subscriber moves from PEBB Program coverage to SEBB Program coverage and is requesting to enroll an eligible dependent who has been previously verified under the PEBB Program.

Submit the documents in English when you enroll within the SEBB Program enrollment timelines. Documents written in another language must include a translated copy prepared by a professional translator and notarized. These documents must be approved by the SEBB Program.

You can upload your documents for verification in SEBB My Account (see page 10 or provide them directly to your payroll or benefits office.

Good to know!

You have appeals rights

If you disagree with a specific eligibility decision or denial, you can appeal. See "Appeals" on page 76.

Documents to enroll a spouse

Provide a copy of (choose one):

- The most recent year's federal tax return jointly filed that lists the spouse (black out financial information)
- The most recent year's federal tax returns for you and your spouse if filed separately (black out financial information)
- A marriage certificate[1] and evidence that the marriage is still valid (do not have to live together). For example, a utility bill, life insurance beneficiary document, or bank statement dated within the last six months showing both your and your spouse's names (black out financial information)
- A petition for dissolution, petition for legal separation, or petition to invalidate (annul) your marriage. Must be filed within the last six months.
- Defense Enrollment Eligibility Reporting System (DEERS) registration
- Valid J-1 or J-2 visa issued by the U.S. government

Documents to enroll a state-registered domestic partner or partner of a legal union

Provide a copy of (choose one):

- A certificate/card of state-registered domestic partnership[1] or legal union and evidence that the partnership is still valid (do not have to live together). For example, a utility bill, life insurance beneficiary document, or bank statement dated within the last six months showing both your and your state-registered domestic partner's names (black out financial information)
- A petition to invalidate (annul) state-registered domestic partnership. Must be filed within the last six months.

If enrolling a state-registered domestic partner, also attach a completed *SEBB Declaration of Tax Status* to indicate whether they qualify as a dependent for tax purposes.

If enrolling a partner of a legal union, proof of Washington State residency for both the subscriber and the partner is required, in addition to dependent verification documents described above. Additional dependent verification documents will be required within one year of the partner's enrollment for them to remain enrolled. More information can be found in SEBB Program Administrative Policy 33-1 on the HCA website at **hca.wa.gov/sebb-rules**.

Documents to enroll children

Provide a copy of (choose one):

- The most recent year's federal tax return that includes the child as a dependent (black out financial information). You can submit one copy of your tax return as a verification document for all family members listed who require verification.
- Birth certificate (or, if a birth certificate is unavailable, a hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner. If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner in order to enroll the child, even if not enrolling the spouse or partner in SEBB health plan coverage.
- Certificate or decree of adoption showing the name of the parent who is the subscriber, the subscriber's spouse, or state-registered domestic partner
- Court-ordered parenting plan
- National Medical Support Notice
- Defense Enrollment Eligibility Reporting System (DEERS) registration
- Valid J-2 visa issued by the U.S. government

See "Additional required forms" on page 17 for information regarding requirements for an extended dependent, state-registered domestic partner or their eligible children, or child with a disability.

1 If within six months of marriage or partnership, only the certificate/card is required.

What happens when I am required to provide health plan coverage for a child?

When a National Medical Support Notice (NMSN) requires you to provide health plan coverage for your dependent child, you may enroll the child and request changes to their health plan coverage as directed by the NMSN. You must make the change in SEBB My Account and upload the NMSN or submit a *School Employee Change* form and a copy of the NMSN to your payroll or benefits office.

If you fail to request enrollment or health plan coverage changes as directed by the NMSN, your employer or the SEBB Program may make the changes upon request of the child's other parent or child support enforcement program.

The following options are allowed:

- The child will be enrolled under the subscriber's SEBB health plan coverage as directed by the NMSN.
- If you have previously waived SEBB medical coverage, you will be enrolled in medical coverage as directed by the NMSN in order to enroll the child.
- The subscriber's selected health plan will be changed if directed by the NMSN.
- If the child is already enrolled under another SEBB subscriber, the child will be removed from the other health plan coverage and enrolled as directed by the NMSN. If the child is enrolled in both a Public Employees Benefits Board (PEBB) medical plan and a SEBB medical plan as a dependent, the child will be enrolled according to the NMSN.
- If the subscriber is eligible for and elects COBRA or other continuation coverage, the NMSN will be enforced, and the dependent must be covered in accordance with the NMSN.
- When an NMSN requires someone else to provide health plan coverage for your enrolled dependent child, and that health plan coverage is in fact provided, you may remove the child from your coverage. The child will be removed prospectively.

What happens when my dependent loses eligibility?

You must remove an ineligible dependent when they no longer meet SEBB Program eligibility criteria. Remove the dependent from your account in SEBB My Account or submit your completed *School Employee Change* form to your payroll or benefits office. The form must be submitted in SEBB My Account or received by the payroll or benefits office **within 60 days** of the last day of the month the dependent no longer meets SEBB eligibility criteria. If a dependent child with a disability age 26 or older is no longer eligible, written notice must be provided to the SEBB Program. Your dependent will be removed from coverage on the last day of the month they no longer meet the eligibility criteria.

Consequences for not submitting the change within 60 days are explained in WAC 182-31-150(2)(a). The consequences may include, but are not limited to:

- The dependent may lose eligibility to continue SEBB medical, dental, or vision coverage under one of the continuation coverage options described in WAC 182-31-130. See "When coverage ends" on page 72.
- You may be billed for claims paid by the health plan for services that occurred after the dependent lost eligibility.
- You may not be able to recover subscriber-paid insurance premiums for dependents who lost eligibility.
- You may be responsible for premiums paid by the state for a dependent's health plan coverage after the dependent lost eligibility. See "When coverage ends" on page 72.

What happens if I die, or my dependent dies?

See "When coverage ends" on page 72.

When do I enroll?

You must enroll **within 31 days** of becoming eligible for SEBB benefits. If you do not enroll, you will be automatically enrolled as a single subscriber. See "Am I required to enroll? What happens if I don't waive or enroll?" below. You may also have the option to waive your enrollment. See "Waiving enrollment" on page 20.

How do I enroll?

The easiest way to enroll yourself and your dependents is with our online enrollment system, SEBB My Account, at **myaccount.hca.wa.gov**. See these pages for details:

- "Quick start guide" on page 6.
- "How to use SEBB My Account" on page 10.
- "How to enroll with SEBB My Account" on page 11.

If you cannot access the internet to enroll, use the *School Employee Enrollment* form, available from your payroll or benefits office. You must enroll and upload dependent verification documents through SEBB My Account (or your payroll or benefits office must receive them) **no later than 31 days** after you become eligible for SEBB benefits. A list of documents we will accept as proof is on page 15.

If you do not enroll in SEBB My Account or the documents are not received in time, your dependents will not be enrolled and you will not be able to enroll them until the next annual open enrollment or a special open enrollment event that allows enrolling a dependent.

If you are eligible, you will automatically be enrolled in basic life, basic accidental death and dismemberment (AD&D), and employer-paid long-term disability (LTD) insurance. You will also be automatically enrolled in employee-paid LTD insurance, unless you decline this coverage. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer. See "Long-term disability insurance" on page 55.

You may also want to:

- Reduce, increase, or decline employee-paid LTD insurance. You can do this at any time. See "Long-term disability insurance" on page 55.
- Enroll in supplemental life and supplemental AD&D (see page 51). If you miss the deadline to enroll in supplemental life insurance or request coverage over the guaranteed issue coverage amount, evidence of insurability will be required to enroll. Please note that future increases in life insurance coverage amounts will require evidence of insurability. Evidence of insurability is not required for supplemental AD&D insurance.
- Enroll in a Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP). Visit the Navia website at **sebb.naviabenefits.com**.

Additional required forms for dependents

When enrolling one of the dependents described below, in addition to enrolling on SEBB My Account or submitting a *School Employee Enrollment* form, also submit the following applicable forms.

SEBB Declaration of Tax Status: Submit this form when enrolling an extended dependent, state-registered domestic partner, or their eligible children, regardless of tax status, or for any other dependent you are enrolling who does not qualify as your dependent for federal tax purposes.

SEBB Certification of a Child with a Disability: After turning age 26, your child may be eligible for enrollment under your SEBB Program health plans if your child's developmental or physical disability occurred before age 26 and they are incapable of self-sustaining employment and chiefly dependent on you for support and maintenance.

SEBB Extended Dependent Certification: To be considered for enrollment in SEBB health plan coverage as an extended dependent, all of the following conditions must be met:

- The extended dependent must not be your child through birth, adoption, marriage, or a state-registered domestic partnership.
- You, your spouse, or your state-registered domestic partner are the legal guardian or have legal custody of the child.
- The child's official residence is with the guardian or custodian.
- You have provided a valid court order showing that you, your spouse, or your state-registered domestic partner have legal custody or guardianship.
- The child is not a foster child, unless you, your spouse, or your state-registered domestic partner has assumed a legal obligation for support ahead of adoption.

Good to know!

Find your form

Forms are available on the HCA website at **hca.wa.gov/sebb-employee** under *Forms & publications*.

Am I required to enroll? What happens if I don't waive or enroll?

If your employer determines that you are eligible for SEBB benefits, you are required to enroll or waive SEBB enrollment within SEBB Program timelines. You may waive enrollment in SEBB medical coverage if you are enrolled in other employer-based group medical insurance, a TRICARE plan, or Medicare. If you waive enrollment in SEBB medical, you will be enrolled in SEBB dental and vision.

You must indicate your intent to enroll or waive enrollment in SEBB My Account or by submitting a *School Employee Enrollment* form to your payroll or benefits office. See "Waiving enrollment" on page 20 for instructions and timelines.

Exception: You may waive enrollment in SEBB medical to enroll in Public Employees Benefits Board (PEBB) medical only if you are also enrolled in PEBB dental. By doing so, you also waive enrollment in SEBB dental and vision.

If you do not enroll or waive enrollment:

- You will be automatically enrolled as a single subscriber in Uniform Medical Plan (UMP) Achieve 1 for medical coverage, Uniform Dental Plan, MetLife vision, basic life insurance, basic AD&D insurance, and employer-paid LTD insurance (if you are eligible).
- You will also be automatically enrolled in employee-paid LTD insurance. See "Long-term disability insurance" on page 55.
- You will be charged a monthly $42 premium for your medical coverage and a $25 tobacco use premium surcharge. You can change your tobacco use attestation anytime. See "Premium surcharges" on page 24.
- Your dependents will not be enrolled.
- You cannot change plans or add your eligible dependents until the next annual open enrollment, unless you have a special open enrollment event that allows the change. See "Changing your coverage" on page 66.
- If you are enrolled on your spouse's, state-registered domestic partner's, or parent's SEBB health plan coverage, you will be removed from that coverage.
- If you are eligible for enrollment in both the SEBB and PEBB Programs you are limited to a single enrollment in medical, dental, and vision (in the SEBB Program) or medical and dental (in the PEBB Program). If you do not take action to resolve a dual enrollment, the SEBB Program or the PEBB Program will automatically enroll or disenroll you as described in WAC 182-31-070(6).

Can I enroll on two SEBB accounts?

No. Medical, dental, and vision coverage is limited to a single SEBB enrollment per individual.

However, if you are an eligible employee and are also eligible as a dependent under your spouse's, state-registered domestic partner's, or parent's SEBB account, you may choose one of these options:

- Waive SEBB medical under your own account and, instead, stay enrolled in SEBB medical under your spouse's, state-registered domestic partner's, or parent's account. You must be removed from their dental and vision coverage. You must enroll in SEBB dental and vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and employer-paid long-term disability (LTD) insurance (if you're eligible) under your own account. You will also be automatically enrolled in employee-paid LTD insurance (if you are eligible) unless you decline the coverage. See "Waiving enrollment" on page 20.
- Enroll in SEBB medical, as well as SEBB dental and vision coverage, basic life insurance, basic AD&D insurance, and employer-paid LTD insurance, if you're eligible, under your own account. You will also be automatically enrolled in employee-paid LTD insurance (if you are eligible), unless you decline the coverage. You must be removed as a dependent from the other medical, dental, and vision coverage.

Can I enroll in both SEBB and PEBB health plan coverage?

No, you cannot enroll in both PEBB and SEBB. You may **waive** your SEBB medical to enroll in PEBB medical, but only if you are also enrolled in PEBB dental. In doing so, you waive your enrollment in SEBB dental and vision.

If you are enrolled in both SEBB and PEBB health plans, the SEBB Program or the PEBB Program will enroll or disenroll you as described in WAC 182-31-070(6).

For employees and their enrolled spouses enrolled in Medicare, SEBB medical plans provide primary coverage and Medicare coverage is usually secondary.

Waiving SEBB medical or removing your Medicare-eligible dependent

You may choose to waive your enrollment in SEBB medical and have Medicare as your primary medical coverage. However, you will remain enrolled in SEBB dental and vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and employer-paid long-term disability (LTD) insurance, if you are eligible. You will remain enrolled in employee-paid LTD insurance (if you are eligible), unless you decline it. See "Waiving enrollment" on page 20.

You may also choose to remove a dependent who enrolls in Medicare Part A and Part B as a special open enrollment event. See "Changes you can make with a special open enrollment" on page 68.

If you waive SEBB medical for yourself or remove your dependent, you or your dependent can enroll only during the next annual open enrollment (for coverage effective January 1 of the following year) or if you or your dependent have a special open enrollment event that allows you or your dependent to enroll. See "Changes you can make with a special open enrollment" on page 68.

Deferring Medicare

When you or your covered dependent becomes eligible for Medicare Part A and Part B, either by age or disability, the member eligible for Medicare should contact the Social Security Administration to ask about the advantages of immediate or deferred enrollment in Medicare. Find contact information for your local office on the Social Security Administration's website at **ssa.gov/agency/contact**.

In most cases, employees and their spouses covered under a SEBB medical plan can defer enrollment in Medicare Part B and enroll in Part B later, after employment ends, without a late enrollment penalty. If you are eligible for premium-free Medicare Part A, you can enroll in Medicare Part A anytime after you're first eligible for Medicare. If you are receiving a monthly Social Security benefit, you cannot defer Medicare Part A. You can sign up for Medicare Part B during a special enrollment period when you terminate employment or retire.

Deciding on Medicare Part D

Medicare Part D is available to people enrolled in Medicare Part A or Part B. It is a voluntary program that offers prescription drug benefits through private plans. These plans provide at least a standard level of coverage set by Medicare.

All SEBB medical plans available to employees provide creditable prescription drug coverage, which means it is as good as or better than Medicare Part D coverage.

When you enroll in Medicare Part A or Part B, you can keep your SEBB insurance coverage and not pay a Medicare Part D late enrollment penalty if you later decide to enroll in a Medicare Part D plan. To avoid a premium penalty, you cannot be without creditable prescription drug coverage for more than two full months. If you enroll in a Medicare Part D plan, your SEBB medical plan may not coordinate prescription drug benefits with that plan.

If you lose or terminate SEBB medical coverage

To avoid paying a higher premium, you should enroll in a Medicare Part D plan within two months after your SEBB medical coverage ends, unless you have other creditable prescription drug coverage. If you don't enroll within the two-full month deadline, you may have to wait for coverage, and your Medicare Part D plan's monthly premium may increase by 1 percent of the national base beneficiary premium for every month you don't have creditable coverage.

If you enroll or terminate (cancel) enrollment in Medicare Part D, you may need a notice of creditable coverage to prove to Medicare or the prescription drug plan that you have had continuous prescription drug coverage to reenroll later without penalties. You can call the SEBB Program at 1-800-200-1004 to request a notice of creditable coverage.

When you retire

If you retire and are eligible for PEBB retiree insurance coverage (see "When coverage ends" on page 72), you and any enrolled dependents must enroll and stay enrolled in Medicare Part A and Part B, if eligible, to enroll or remain enrolled in a PEBB retiree health plan. Medicare will become the primary insurer, and PEBB medical becomes secondary.

Be aware of enrollment deadlines

Be sure you understand the Medicare enrollment timelines, especially if you will be leaving employment within a few months of your or your covered dependent becoming eligible for Medicare.

Waiving enrollment

Can I waive enrollment?

If you are eligible for SEBB benefits, you can waive your enrollment in SEBB medical coverage if you are enrolled in other employer-based group medical insurance, a TRICARE plan, or Medicare. A specific situation also allows you to waive your enrollment in SEBB dental and vision. See "Can I waive SEBB and enroll in PEBB?" below.

If you waive enrollment in medical

- You must still enroll in SEBB dental and vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and employer-paid long-term disability (LTD) insurance. You will also be enrolled in employee-paid LTD insurance, if you're eligible, unless you decline it.
- You cannot enroll your eligible dependents in SEBB medical, but you can enroll them in SEBB dental and/or vision.
- The premium surcharges will not apply to you.
- You are eligible to participate in the SmartHealth wellness program, but you cannot qualify for the wellness incentives.
- You can enroll in supplemental life insurance, supplemental AD&D insurance, the Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and the Dependent Care Assistance Program (DCAP).

How do I waive medical?

To waive SEBB medical, use SEBB My Account or submit the *School Employee Enrollment* form (see your payroll or benefits office for the form) **no later than 31 days** after you become eligible for SEBB benefits. You can also waive medical during annual open enrollment or a special open enrollment.

You may waive enrollment in a SEBB medical plan to enroll in a PEBB medical plan only if you are also enrolled in PEBB dental. In doing so, you waive your enrollment in SEBB dental and vision. You cannot enroll in both SEBB and PEBB health plans. See "Changing your coverage" on page 66.

Good to know!

What is coinsurance?

Learn the definitions of terms such as coinsurance, copayment, deductible, and out-of-pocket on pages 28 and 29.

What if I'm already enrolled in SEBB health plan coverage?

You cannot be enrolled in two SEBB accounts. If you are a newly eligible employee who is already enrolled in health plan coverage as a dependent under your spouse's, state-registered domestic partner's, or parent's SEBB account, you may choose one of these options:

- Waive SEBB medical and stay enrolled in medical under your spouse's, state-registered domestic partner's, or parent's SEBB account. You must enroll in SEBB dental and vision, basic life insurance, basic AD&D insurance, and employer-paid LTD insurance, if eligible, under your own account. You will be automatically enrolled in employee-paid LTD insurance, if eligible. See "Long-term disability insurance" on page 55. Your spouse, state-registered domestic partner, or parent must use SEBB My Account or submit the *SEBB Employee Change* form to remove you from their dental and vision to prevent two enrollments in SEBB dental and vision coverage.
- Enroll in SEBB health plan coverage under your own account. To do this, use SEBB My Account or submit the *School Employee Enrollment* form to your payroll or benefits office so that the change is made or it is received **no later than 31 days** after the date you become eligible for SEBB benefits. Your spouse, state-registered domestic partner, or parent will need to remove you from their SEBB account to prevent two enrollments in SEBB health plan coverage.

How do I enroll later if I've waived medical?

If you waive SEBB enrollment, you can enroll only during the next annual open enrollment (for coverage effective January 1 the following year) or if you have a special open enrollment event that allows it. See "Changes you can make with a special open enrollment" on page 68.

What happens if I don't enroll in or waive medical coverage?

If you are eligible for the employer contribution toward SEBB benefits but do not either enroll in or waive SEBB enrollment within SEBB Program timelines, you will be automatically enrolled as a single subscriber in Uniform Medical Plan (UMP) Achieve 1, Uniform Dental Plan, MetLife vision insurance, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and employer-paid long-term disability (LTD) insurance, if you are eligible.

You will also be automatically enrolled in employee-paid LTD insurance, if eligible, for which you pay a premium, unless you decline the coverage. See "Long-term disability insurance" on page 55.

You will be charged a monthly $42 premium for your medical coverage as well as a $25 tobacco use premium surcharge (see page 24).

You can change your tobacco use attestation anytime through SEBB My Account at **myaccount.hca.wa.gov** or by submitting a *SEBB Premium Surcharge Attestation Change* form to your payroll or benefits office. See "Premium surcharges" on page 24.

If you are enrolled on your spouse's, state-registered domestic partner's, or parent's SEBB health plan coverage, you will be removed from that coverage.

If you are automatically enrolled, you cannot change plans or enroll your eligible dependents until the next SEBB Program annual open enrollment, unless you have a special open enrollment event that allows the change.

Can I waive SEBB and enroll in PEBB?

Yes, within certain rules. You may waive your enrollment in a SEBB medical plan to enroll in a Public Employees Benefits Board (PEBB) medical plan only if you are also enrolled in PEBB dental. In doing so, you waive your enrollment in SEBB dental and vision.

Paying for benefits

What does my employer pay?

If you are eligible for SEBB benefits, your employer pays a portion of the medical premium and all of the premiums for dental and vision coverage for you and your dependents.

Your employer also pays the premiums for basic life insurance, basic AD&D insurance, and employer-paid long-term disability (LTD) insurance (if you are eligible). You pay nothing for these basic benefits.

What do I pay?

Monthly premiums

You pay a monthly medical premium for yourself and any enrolled dependents on your account. Your medical premiums pay for a full calendar month of coverage. You will also pay a monthly premium for any supplemental and employee-paid insurance you buy as described below. Your monthly premium cannot be prorated for any reason, including when a member dies before the end of the month. See pages 40 to 50 for premiums and other costs.

Premium surcharges

In addition to your monthly medical premium, you may be charged a $25-per-account tobacco use premium surcharge and/or a $50 spouse or state-registered domestic partner coverage premium surcharge. See "Premium surcharges" on page 24 for details.

Out-of-pocket costs

You are responsible for paying any out-of-pocket costs for deductibles, coinsurance, or copayments for services under the medical, dental, and vision plans you choose. See the medical, dental, and vision benefits comparisons on pages 40 through 50 for side-by-side comparisons of many common benefits and costs for services for each plan.

Supplemental and employee-paid insurance

You can buy supplemental life insurance and supplemental AD&D insurance for yourself and your eligible dependents. You will be automatically enrolled in employee-paid LTD insurance, although you can reduce to a lower-cost coverage level or decline the coverage at any time. If you later decide to enroll in or increase employee-paid LTD coverage, you will have to provide evidence of insurability and be approved by the insurer. See "Life and AD&D insurance" on page 51 and "Long-term disability insurance" on page 55.

How much will my monthly medical premiums be?

See "2023 SEBB medical benefits comparisons and premiums" on page 40. There are no employee premiums for dental or vision coverage.

Payroll deductions and taxes

Your monthly medical premiums and applicable premium surcharges are deducted from your paychecks before taxes, under the state's premium payment plan, unless you request otherwise.

Exception: If you enroll a dependent who does not qualify as a tax dependent (e.g., a state-registered domestic partner), your monthly medical premiums and applicable premium surcharges for these dependents will be deducted from your paycheck post-tax. However, you will be able to make premium payments for your own insurance coverage with pretax payroll deductions. Please submit the *SEBB Declaration of Tax Status* if you enroll a dependent who does not qualify as a tax dependent.

Why would I pay my monthly premiums with pretax dollars?

Paying your premiums pretax allows you to keep more money in your paycheck because the premium, applicable premium surcharges, and/or contributions are deducted before taxes are calculated. This reduces your taxable income, which lowers your taxes.

Would it benefit me not to have a pretax deduction?

Deducting your premiums pretax may affect the following benefits:

Social Security: If your base salary is less than the annual federal taxable maximum (find it on the Social Security Administration's website at **ssa.gov/oact/cola/cbb.html**), paying your premiums pretax reduces your Social Security taxes now. However, your lifetime Social Security earnings would be calculated using the lower salary, which lowers your Social Security benefit when you retire.

Unemployment compensation: Paying your premiums pretax also reduces the base salary used to calculate unemployment compensation.

To learn more about the tax laws and their impact on other benefits, talk to a qualified financial planner or tax specialist, or visit your local Social Security office.

Good to know!

Changing your pretax payments

If you do not want your SEBB medical premiums or applicable premium surcharges paid with pretax earnings, you must submit the *SEBB Premium Payment Plan Election/Change* form to your payroll or benefits office.

Can I change my mind about having my medical premiums withheld pretax?

Yes. You may opt out or opt in to the state's premium payment plan during the SEBB Program's annual open enrollment or if you have a special open enrollment event that allows the change. See "Changes you can make with a special open enrollment" on page 68.

Premium surcharges

Two premium surcharges may apply if you are enrolled in a SEBB medical plan:

- Tobacco use premium surcharge
- Spouse or state-registered domestic partner coverage premium surcharge

If you do not attest (respond) to these surcharges within the SEBB Program's timelines explained below, or if your attestation shows the surcharge applies to you, you may be charged the surcharge in addition to your monthly medical premium.

For more information on the premium surcharges, visit the *Surcharges* webpage at **hca.wa.gov/sebb-employee**.

Tobacco use premium surcharge

You will be charged a $25-per-account tobacco use premium surcharge in addition to your monthly medical premium if you or any dependents (age 13 or older) enrolled on your SEBB medical coverage have used a tobacco product in the past two months.

The surcharge will not apply if:

- You and all enrolled dependents age 18 and older who use tobacco products are enrolled in a tobacco cessation program through your medical plan, or
- Enrolled dependents age 13 to 17 who use tobacco products have accessed information and resources on the Smokefree Teen website at **teen.smokefree.gov**.

You do not have to attest for enrolled dependents age 12 and younger. You do not need to attest when the dependent turns age 13, unless the dependent uses, or starts using, tobacco products.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program would negatively affect your or your dependent's health, read about your options in SEBB Program Administrative Policy 91-1 on the SEBB Rules and policies webpage at **hca.wa.gov/sebb-rules**.

Good to know!

If you don't attest, you will be charged

You will be charged a $25-per-account monthly tobacco use premium surcharge if you do not attest for all enrolled dependents age 13 and older, or if your attestation shows the surcharge applies to you.

You will be charged a $50 monthly surcharge if you enroll a spouse or state-registered domestic partner and do not attest to the spouse or state-registered domestic partner coverage premium surcharge or if your attestation shows the surcharge applies to you.

How to attest to this surcharge

To find out if the tobacco use surcharge applies to your account, use the *SEBB Premium Surcharge Attestation Help Sheet* at the back of this guide.

You must attest when you enroll, either online in SEBB My Account or by submitting the *School Employee Enrollment* form to your payroll or benefits office. Request the form from your payroll or benefits office.

How to report a change in tobacco use

You can report a change in tobacco use anytime if:

- Any enrolled dependent age 13 and older starts using tobacco products.
- You or your enrolled dependent have not used tobacco products within the past two months.
- You or your enrolled dependent who is age 18 or older and uses tobacco products enrolls in the free tobacco cessation program through your SEBB Program medical plan.
- Your enrolled dependent who is age 13 to 17 and uses tobacco products accesses the tobacco cessation resources on the Smokefree Teen website at **teen.smokefree.gov**.

You may report the change in tobacco product use anytime in one of two ways:

- Go to SEBB My Account at **myaccount.hca.wa.gov** to change your attestation.
- Submit a *SEBB Premium Surcharge Attestation Change Form* to your payroll or benefits office. The form is under *Forms & publications* on the HCA website at **hca.wa.gov/sebb-employee**.

If the change in tobacco use you report means that the surcharge applies to you, the surcharge is effective the first day of the month following the status change.

If that day is the first of the month, then the surcharge begins on that day.

If the change in tobacco use means the surcharge no longer applies to you, the surcharge will be removed from your account the first day of the month after we receive your new attestation. If that day is the first of the month, then the change to your account begins on that day.

Good to know!

Ready to kick tobacco?

Your medical plan can help you live tobacco free! You and your enrolled dependents 18 and older can sign up for a tobacco cessation program through your medical plan. Visit our *Living tobacco free* webpage at **hca.wa.gov/tobacco-free** for how to get started.

For enrolled dependents 17 and under, contact your medical plan for programs they offer. Additional resources are available at **teen.smokefree.gov**.

Spouse or state-registered domestic partner coverage premium surcharge

If you do not enroll a spouse or state-registered domestic partner on your SEBB medical coverage, this premium surcharge does not apply to you, and you do not need to attest.

You will be charged a $50 premium surcharge in addition to your monthly medical premium if you enroll a spouse or state-registered domestic partner on your SEBB medical coverage, and one of the following applies:

- That person chose not to enroll in another employer-based group medical insurance that is comparable to the Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan (UMP) Classic plan.
- You do not attest by the required deadline.
- Your attestation response results in incurring the premium surcharge.

How to attest to this surcharge

If you enroll a spouse or state-registered domestic partner on your SEBB medical coverage, go to *Spouse or state-registered domestic partner coverage premium surcharges* in SEBB My Account or use the *SEBB Premium Surcharge Attestation Help Sheet* at the back of this guide to find out if this premium surcharge applies to you. Then, attest either in SEBB My Account or using the *School Employee Enrollment* form. If you use the form, submit it to your payroll or benefits office.

If you enroll a spouse or state-registered domestic partner on your SEBB medical coverage but do not respond to the surcharge, or if the attestation results in you incurring the surcharge, you will be charged the $50 spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium.

To report a change to this surcharge

Outside of annual open enrollment, you can only report a change to this surcharge within 60 days of a change in your spouse's or state-registered domestic partner's employer-based group medical insurance.

To change your attestation, go to SEBB My Account at **myaccount.hca.wa.gov**, or submit the *SEBB Premium Surcharge Attestation Change Form* to your payroll or benefits office. The form is found under *Forms & publications* on the HCA website at **hca.wa.gov/sebb-employee**. In most cases, you must provide proof of the qualifying event.

If you submit a change that results in incurring the premium surcharge, the change is effective the first day of the month after the status change. If that occurs on the first of the month, then the change begins on that day.

If the change results in removal of the premium surcharge, the change is effective the first day of the month after receipt of the attestation. If that occurs on the first of the month, then the change begins that day.

Good to know!

Premium surcharges and dependents

When you enroll dependents (age 13 and older) on your SEBB medical coverage, you must attest in SEBB My Account or on your enrollment form as to whether the tobacco use premium surcharge applies for each dependent you enroll.

If enrolling a spouse or state-registered domestic partner, you must attest as to whether the spouse or state-registered domestic partner coverage premium surcharge applies.

See the *SEBB Premium Surcharge Attestation Help Sheet* at the back of this guide for details.

Choosing your benefits

The SEBB Program and our benefit plan carriers have a variety of tools to help you choose the plans that are right for you and decide which additional benefits you may want to enroll in.

Benefits comparison charts

You'll find benefits comparison charts for health plans in this guide and on the *School employee* webpages at **hca.wa.gov/sebb-employee**. These charts will help you compare the costs and availability of the most widely used features of plans. See "2023 SEBB medical benefits comparison and premiums" on page 40; "Dental benefits comparison" on page 47; and "Vision benefits comparison" on page 49.

Benefits booklets

The health plans provide benefits booklets, also called certificates of coverage (COCs) or evidence of coverage, with detailed information about plan benefits and what is and is not covered. You can find the COCs for all SEBB health plans on the *Medical plans and benefits* webpage at **hca.wa.gov/sebb-employee**.

Summary of Benefits and Coverage

Summaries of Benefits and Coverage (SBCs) are required under the federal Affordable Care Act to help members understand plan benefits and medical terms. SBCs help you compare things like:

- Whether there are services a plan doesn't cover.
- What isn't included in a plan's out-of-pocket limit.
- Whether you need a referral to see a specialist.
- The SEBB Program and medical plans provide SBCs, or explain how to get one, at different times throughout the year (like when you apply for coverage or renew your plan). SBCs are available upon request in your preferred language.

You can get SBCs on the *Medical plans and benefits* webpage at **hca.wa.gov/sebb-employee**, or from the medical plans' websites. You can also call the plan's customer service or the SEBB Program at 1-800-200-1004 to request a copy at no charge. Medical plan websites and customer service phone numbers are listed at the front of this guide.

SBCs do not replace medical benefits comparisons or the plans' certificates of coverage.

Virtual benefits fair

The virtual benefits fair is a convenient way to learn about your benefit options through an online experience that's available anytime, day or night. Use your computer, tablet, or smartphone to visit and explore at your own pace.

At the virtual benefits fair, each insurance carrier and plan administrator has a booth that displays information about their plan options. You can find out about medical, dental, and vision plans, as well as life insurance, accidental death and dismemberment (AD&D) insurance, long-term disability insurance, Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, Dependent Care Assistance Program (DCAP), and SmartHealth (our voluntary wellness program). You'll get links to videos, downloadable content, and other information to help you choose the right plans for you and your dependents. Visit the virtual benefits fair on the HCA website at **hca.wa.gov/vbf-sebb**.

Good to know!

Information online, 24/7

The virtual benefits fair is designed to help answer your questions about plans and benefits. Visit the HCA website at **hca.wa.gov/vbf-sebb.**

In-person benefits fairs

When conditions permit, the SEBB Program offers in-person open enrollment benefits fairs in several places around the state during open enrollment. Watch for announcements on the HCA website at **hca.wa.gov/erb** and in the October issue of the *Intercom* newsletter.

Supplemental life and AD&D insurance

In addition to your employer-paid life and accidental death and dismemberment (AD&D) insurance, you can buy more coverage for yourself and your family. See "Life and AD&D insurance" on page 51.

Employee-paid LTD insurance

If you are eligible for employer-paid LTD, you will also be automatically enrolled in employee-paid LTD insurance, although you can decline the coverage. See "Long-term disability insurance" on page 55.

Next step

On the following pages, "Selecting a medical plan" will provide more information to consider in making your choices. Also see "Selecting a dental plan" on page 46, and "Selecting a vision plan" on page 48.

Selecting a medical plan

When choosing your medical plan, be sure to consider how it could influence your overall care. This is especially important if you have a high-risk pregnancy, are currently undergoing treatment, have a chronic condition (such as diabetes, heart disease, depression, or cancer), or are taking a high-cost medication. If you cover eligible dependents, they must enroll in the same medical, dental, and vision plans. You should also consider plan eligibility and availability.

Eligibility

Not everyone qualifies to enroll in UMP High Deductible with a health savings account (HSA). See "UMP High Deductible with an HSA" on page 30.

Availability

All school employees are offered a selection of plans based on their county of residence or the county where their school district, charter school, or educational service district is based. You must live or work in the medical plan's service area to join the plan.

Exceptions: To enroll in a Kaiser Permanente plan, you must live or work at least 50 percent of the time in one of the counties where it is offered; your residential, school district, charter school, or ESD address where you work must be in Kaiser Permanente's service area. Uniform Medical Plan (UMP) plans are available in all Washington counties and nationwide, except for UMP Plus, which requires that you live in one of the counties where it is offered. See "2023 SEBB employee medical plans available by county" on page 33. Be sure to contact the medical plans you're interested in to ask about provider availability in your county.

If you move out of your plan's service area or change jobs to a different school district, charter school, or educational service district, you may need to change your plan. You must report your new address and any request to change your medical plan to your payroll or benefits office **no later than 60 days** after you move.

Good to know!

Only one account

SEBB medical, dental, and vision coverage is limited to a single enrollment per individual. See "Can I enroll on two SEBB accounts?" on page 18.

What types of plans are available?

The SEBB Program offers several types of medical plans.

Value-based plans

Value-based plans aim to provide high-quality care at a lower cost. Providers have committed to follow evidence-based treatment practices, coordinate care with other providers in your network, and meet specific criteria about the quality of care they provide. This means your providers are dedicated to ensuring you get the right care at the right time, which usually results in lower out-of-pocket costs for you. The plans listed below in bold are value-based plans.

Managed-care plans

Managed-care plans may require you to select a primary care provider within the medical plan's network to fulfill or coordinate all of your health care needs. You can change providers at any time, for any reason, within the contracted network. Some outpatient specialty services are available in network participating medical offices without a referral. This type of plan may not pay benefits if you see a non-contracted provider for non-emergency services.

The following SEBB medical plans are managed-care plans (value-based plans are in bold).

- **Kaiser Permanente NW[1] 1**
- **Kaiser Permanente NW[1] 2**
- **Kaiser Permanente NW[1] 3**
- **Kaiser Permanente WA Core 1**
- **Kaiser Permanente WA Core 2**
- **Kaiser Permanente WA Core 3**
- **Kaiser Permanente WA SoundChoice**
- Premera HMO

1 Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

Preferred provider organization (PPO) plans

PPOs allow you to self-refer to any approved provider in most cases, but usually provide a higher level of coverage if the provider contracts with the plan. The following SEBB medical plans are PPO plans (value-based plans are in bold).

- **Kaiser Permanente WA Options Summit PPO 1**
- **Kaiser Permanente WA Options Summit PPO 2**
- **Kaiser Permanente WA Options Summit PPO 3**
- Premera High PPO
- Premera Standard PPO
- UMP Achieve 1, administered by Regence BlueShield and Washington State Rx Services
- UMP Achieve 2, administered by Regence BlueShield and Washington State Rx Services
- **UMP Plus–Puget Sound High Value Network,** administered by Regence BlueShield and Washington State Rx Services
- **UMP Plus–UW Medicine Accountable Care Network,** administered by Regence BlueShield and Washington State Rx Services

High-deductible health plans (HDHP)

An HDHP lets you use a tax-free health savings account (HSA) to help pay for out-of-pocket medical expenses, has a lower monthly premium than most plans, a higher deductible, and a higher out-of-pocket limit. If you enroll in an HDHP, you can also enroll in a Limited Purpose Flexible Spending Arrangement (FSA), which allows you to set aside pretax money to pay for dental and vision expenses. See "UMP High Deductible with an HSA" on page 30.

The SEBB Program has one HDHP. This is a PPO plan.

- UMP High Deductible, administered by Regence BlueShield and Washington State Rx Services

How can I compare the medical plans?

All SEBB medical plans cover the same basic health care services. They vary in other ways, such as provider networks, premiums, out-of-pocket costs, and drug formularies. The SEBB Program has a variety of tools and resources to help you choose the plan that's right for you. See "Choosing your benefits" on page 26.

Medical plan differences to consider

When choosing your SEBB medical plan, here are some things to keep in mind.

Your providers

If you want to see specific providers, contact the SEBB medical plan (not the provider) to see who is in the plan's network before you join. Plan contact information is listed at the beginning of this guide. For links to the plans' provider searches, visit the *Find a provider* webpage at **hca.wa.gov/sebb-employee**.

Your current care

Discuss with your current providers and care specialists how switching to a new medical plan may impact your care. You'll want to learn how a new plan could affect your or your dependent's ability to continue care with the same medical team, at the same facilities, and with the same prescription medications.

Network adequacy

All health carriers in Washington State are required to maintain provider networks that provide enrollees reasonable access to covered services. Check the plans' provider directories to see how many providers are accepting new patients and what the average wait time is for an appointment.

Mental health and substance use treatment

On their websites, carriers must provide additional information to consumers on the ability to ensure timely access to mental health and substance use care. See "Behavioral health coverage" on page 32.

Coordination with your other benefits

All SEBB medical plans coordinate benefit payments with other group plans, Apple Health (Medicaid), and Medicare. This is called coordination of benefits. It ensures the highest level of reimbursement for services when a person is covered by more than one plan. Payment will not exceed the benefit amount.

If you are also covered by another health plan, call the medical plans directly to ask how they will coordinate benefits. This is especially important for those also enrolled in Apple Health.

SEBB medical, dental, and vision coverage is limited to a single enrollment per individual.

You cannot enroll in both the SEBB and Public Employees Benefits Board (PEBB) health plans.

If you enroll in both SEBB and PEBB health plans, the SEBB Program or the PEBB Program will automatically enroll or disenroll you as described in WAC 182-31-070(6).

Premiums

A premium is the monthly amount the employee or employer pays to the plan to cover the cost of insurance. The premium does not cover copays, coinsurance, or deductibles. Premium amounts vary by medical plan. A higher premium doesn't necessarily mean higher quality of care or better benefits; each plan has the same basic level of benefits. Generally, plans with higher premiums may have lower annual

deductibles, copays, or coinsurance costs. Plans with lower premiums may have higher deductibles, coinsurance, copays, and more limited networks. See “2023 SEBB medical benefits comparison and premiums," on page 40.

Deductibles

A deductible is a fixed dollar amount you must pay each calendar year for covered health care expenses before the plan starts paying for covered services. Medical plans may also have a separate annual deductible for prescription drugs. The deductible does not apply to covered preventive care services when you see a network provider. This means you do not have to pay your deductible before the plan pays for the covered preventive service.

Coinsurance or copays

When you receive care, some plans require you to pay a fixed amount, called a copay. Other plans require you to pay a percentage of an allowed amount, called coinsurance. These amounts vary by plan and are based on the type of care received.

Out-of-pocket limit

The annual out-of-pocket limit is the most you pay in a calendar year for covered benefits. Some plans have a separate out-of-pocket limit for prescription drugs. Once you have reached the out-of-pocket limit, the plan pays 100 percent of the allowed amount for most in-network covered services for the rest of the calendar year. Certain charges (such as your annual deductible, copays, and coinsurance) may count toward your out-of-pocket limit. Others, such as your monthly premiums, do not count toward your out-of-pocket limit. See the plan’s certificate of coverage for details.

Referral procedures

Some plans allow you to self-refer to network providers for specialty care. Others require you to have a referral from your primary care provider. When you enroll in a medical plan, you may choose your primary care provider. Although some medical plans may not require a referral from your primary care provider to see a specialist, the specialist may require you to have one prior to seeing them for services.

Paperwork

In general, SEBB medical plans don’t require you to file claims. However, if you have a Uniform Medical Plan (UMP) plan, you may need to file a claim if you receive services from an out-of-network provider. Or if you have a Kaiser Permanente plan, you may need to file a claim if you receive services out-of-area, including out of country. Urgent or emergency care may also require you to submit claims. If you have UMP High Deductible, you should keep paperwork from providers and for qualified health care expenses to verify eligible payments from your health savings account.

UMP High Deductible with an HSA

The Uniform Medical Plan (UMP) High Deductible plan is combined with a health savings account (HSA). This type of plan generally has lower premiums with higher out-of-pocket costs than other types of medical plans.

When you enroll in UMP High Deductible, you are automatically enrolled in a tax-free HSA that you can use to pay for IRS-qualified out-of-pocket medical expenses (like deductibles, copays, and coinsurance), including some that your health plans may not cover. For details, see *Publication 969 — Health Savings Accounts and Other Tax Favored Health Plans* on the IRS website at **irs.gov**.

If you have an HSA, you can also enroll in a Limited Purpose Flexible Spending Arrangement (FSA) and the Dependent Care Assistance Program (DCAP). See "FSAs and DCAP" on page 59.

The HSA is administered by HealthEquity, Inc.

Some subscribers are not eligible

You cannot enroll in UMP High Deductible with an HSA if:

- You are enrolled in Medicare Part A or Part B.
- You are enrolled in Apple Health (Medicaid).
- You are enrolled in another comprehensive health plan.
- You, your spouse, or your state-registered domestic partner is enrolled in a Voluntary Employee Beneficiary Association Medical Expense Plan (VEBA MEP). However, you may enroll if you convert it to limited health reimbursement account (HRA) coverage.
- You have a TRICARE plan.
- You are enrolled in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).
- You are enrolled in a Medical Flexible Spending Arrangement (FSA). This also applies if your spouse has a Medical FSA, even if you are not covering your spouse on your UMP High Deductible plan. It does not apply if your spouse's Medical FSA or HSA is a limited-purpose account or a post-deductible Medical FSA. The Limited Purpose FSA, however, is compatible with an HSA.
- You are claimed as a dependent on someone else's tax return.

Other exclusions apply. To confirm whether you qualify, check *The Complete HSA Guidebook* on the HealthEquity website at **learn.healthequity.com/sebb/hsa** under *Documents*; read the *IRS Publication 969 — Health Savings Accounts and Other Tax-Favored Health Plans* on the IRS website at **irs.gov**; contact your tax advisor; or call HealthEquity toll-free at 1-844-351-6853 (TRS: 711).

Employer contributions

After your HSA is automatically established through HealthEquity, you can start to receive employer contributions. If you are eligible, the Health Care Authority will contribute the following amounts to your HSA:

- $31.25 each month for an individual subscriber, up to $375 annually for 2023; or
- $62.50 each month for a subscriber with one or more enrolled dependents, up to $750 annually for 2023.

The entire annual amount is not deposited to your HSA in January. Contributions from your employer are deposited into your HSA in installments on the last day of each month. If you qualify for the SmartHealth wellness incentive, $125 will be deposited in your HSA at the end of January the following year.

Your contributions

You can choose to contribute to your HSA in either of two ways.

- Contact your payroll or benefits office to set up pretax payroll deductions.
- Contact HealthEquity to set up direct deposits to your HSA.

The IRS has an annual limit for HSA contributions from all sources. In 2023, the limit is $3,850 (for subscriber only) and $7,750 (for you and one or more enrolled dependents). If you are age 55 or older, you may contribute an additional amount up to $1,000 annually.

To make sure you do not go beyond the limit, take into account your employer's contributions, your contributions, and the SmartHealth wellness incentive in January (if you qualify for it).

Other features of UMP High Deductible with an HSA

If you cover dependents, you must pay the entire family deductible before the plan begins paying benefits. Your prescription drug costs count toward the annual deductible and out-of-pocket maximum.

Your HSA balance can grow over the years, earn interest, be invested, and build savings that you can use to pay for health care as needed and/or pay for Medicare Part B premiums.

Can I enroll in UMP High Deductible and Medicare Part A or Part B?

No. If you enroll in Medicare Part A or Part B and are enrolled in UMP High Deductible with an HSA, you should change medical plans, or you could be subject to IRS tax penalties.

The SEBB Program recommends sending your medical plan change request 30 days before the Medicare enrollment date but must receive it **no later than 60 days** after the Medicare enrollment date.

Are there special considerations if I enroll in UMP High Deductible mid-year?

Yes. Enrolling in UMP High Deductible and opening an HSA mid-year may limit the amount you (or your employer) can contribute in the first year. If you have any questions about this, talk to your tax advisor.

How do I name or update beneficiaries for my HSA?

You will name beneficiaries when you enroll in the HSA. To review and update your HSA beneficiary information, use HealthEquity's online member portal at **learn.healthequity.com/sebb/hsa**. You can also download and print the *Beneficiary Designation Form* or contact HealthEquity at 1-844-351-6853 to request a copy.

What happens to my HSA when I leave UMP High Deductible?

If you later choose a medical plan that is not UMP High Deductible, you won't forfeit any unspent funds in your HSA. You can spend your HSA funds on qualified medical expenses in the future. However, you, your employer, the SEBB Program, and other individuals can no longer contribute to your HSA. If you set up automatic payroll deductions to your HSA, contact your payroll office to stop them. If you set up direct deposits to your HSA, contact HealthEquity to stop them.

If you leave employment or retire, HealthEquity will charge you a monthly fee if you have less than $2,500 in your HSA after December 31. Other fees may apply. Contact HealthEquity for details.

Behavioral health coverage

Ensuring timely access to care

Your mental health affects your physical health. If you or a loved one need access to services for mental health and substance use disorders, you can use this guide to research each plan's network and timely access to services for substance use, mental health, and recovery care.

All health carriers in Washington State must maintain provider networks that provide enrollees reasonable access to covered services. To find a provider for mental health, physical health, or substance use, you can start by checking your plans' provider directory. If you need more information, call the plan's customer service number. The plan will know what providers are accepting new patients. Wait times may vary, depending on whether you are seeking emergent, urgent, or routine care. Ask your plan about wait times when considering your plan enrollment and make sure to specify how quickly you need care when scheduling appointments.

All carriers must provide information on their websites for mental health and substance use treatment providers' ability to ensure timely access to care. For more information, see RCW 48.43.765.

If you are having trouble receiving services from your plan, including the ability to schedule an appointment, you can file a complaint on the Office of the Insurance Commissioner website at **insurance.wa.gov/file-complaint-or-check-your-complaint-status**, or by calling 1-800-562-6900.

Compare coverage by plan

When you need information about what mental health and substance use disorders are covered, you can read the SEBB medical plans' certificates of coverage, which are on the *Medical plans and benefits* webpage at hca.wa.gov/sebb-employee. Also see the *Behavioral health services by plan* webpage at **hca.wa.gov/bh-sebb**.

Key words to look for in these documents include inpatient and outpatient coverage, mental health, chemical dependency, residential treatment facility, and substance use disorder. The "2023 SEBB medical benefits comparison and premiums" beginning on page 40 includes a high-level summary of coverage by plan.

Crisis information

If you or a family member is experiencing a mental health or substance use crisis:

For immediate help

Call 911 for a life-threatening emergency or 988 for a mental health emergency.

For immediate help with a mental health crisis or thoughts of suicide

Contact the National Suicide Prevention Lifeline at 1-800-273-8255 (TTY: 1-800-799-4889) or call, text, or chat 988. The line is free, confidential, and available 24/7/365. You can also dial 988 if you are worried about a loved one who may need crisis support.

For additional support

The HCA website at **hca.wa.gov/mental-health-crisis-lines** includes county-based crisis support assistance options.

Washington Recovery Help Line

Call 1-866-789-1511 anytime, day or night. This anonymous and confidential help line provides crisis intervention and referral services for individuals in Washington State experiencing substance use disorder, problem gambling, and/or a mental health challenge. Professionally trained volunteers and staff are available to provide emotional support 24 hours a day, seven days a week. In addition, they can suggest local treatment resources for substance use, problem gambling, and mental health, as well as other community services.

2023 SEBB employee medical plans available by county

All eligible school employees are offered a selection of plans based on their county of residence or the county where their school district, charter school, or educational service district is based. Some school employees may have more plan options if they work in a district that crosses county lines (see the school employers by county list following this for more information). Be sure to call the medical plans you are interested in to ask about provider availability. In addition to the locations in the table below, Uniform Medical Plan Achieve 1, Achieve 2, and High Deductible plans are available worldwide. If you move out of your medical plan's service area or change jobs, you may need to change your plan. You must report your new address and any request to change your medical plan to your payroll or benefits office no later than 60 days after you move.

✓ Available ⊘ Unavailable 98541 Available in listed ZIP code(s) only

	Kaiser Permanente NW[1]	Kaiser Permanente WA				Premera Blue Cross			Uniform Medical Plan (UMP)		
	NW 1 NW 2 NW 3	Core 1, Core 2	Core 3	SoundChoice	Options Summit PPO 1, 2, & 3	High PPO	Standard PPO	Premera HMO	Achieve 1, Achieve 2, High Deductible	UMP Plus–Puget Sound High Value Network	UMP Plus–UW Medicine Accountable Care Network
Washington											
Adams	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Asotin	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Benton	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Chelan	⊘	⊘				✓	✓	⊘	✓	✓	⊘
Clallam	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Clark	✓	⊘				⊘	⊘	⊘	✓	⊘	⊘
Columbia	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Cowlitz	✓	⊘				✓	✓	⊘	✓	⊘	⊘
Douglas	⊘	⊘				⊘	⊘	⊘	✓	✓	⊘
Ferry	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Franklin	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Garfield	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Grant	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Grays Harbor	⊘	⊘				⊘	✓	⊘	✓	⊘	⊘
Island	⊘	✓	✓	⊘	⊘	⊘	⊘	⊘	✓	⊘	⊘
Jefferson	⊘	⊘				⊘	✓	⊘	✓	⊘	⊘
King	⊘	✓	⊘	✓	✓	✓	✓	⊘	✓	✓	✓

1 Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

	Kaiser Permanente NW[1]	Kaiser Permanente WA				Premera Blue Cross			Uniform Medical Plan (UMP)		
	NW 1 NW 2 NW 3	Core 1, Core 2	Core 3	SoundChoice	Options Summit PPO 1, 2, & 3	High PPO	Standard PPO	Premera HMO	Achieve 1, Achieve 2, High Deductible	UMP Plus–Puget Sound High Value Network	UMP Plus–UW Medicine Accountable Care Network
Kitsap	⊘	✓	⊘	✓	✓	✓	✓	⊘	✓	✓	✓
Kittitas	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Klickitat	⊘	⊘				⊘	⊘	⊘	✓	⊘	⊘
Lewis	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Lincoln	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Mason	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Okanogan	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Pacific	⊘	⊘				⊘	✓	⊘	✓	⊘	⊘
Pend Oreille	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Pierce	⊘	✓	⊘	✓	✓	✓	✓	✓	✓	✓	✓
San Juan	⊘	⊘				⊘	⊘	⊘	✓	⊘	⊘
Skagit	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	✓
Skamania	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Snohomish	⊘	✓	⊘	✓	✓	⊘	✓	⊘	✓	✓	✓
Spokane	⊘	✓	⊘	✓	✓	✓	✓	✓	✓	⊘	✓
Stevens	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Thurston	⊘	✓	⊘	✓	✓	✓	✓	✓	✓	⊘	✓
Wahkiakum	⊘	⊘				✓	✓	⊘	✓	⊘	⊘
Walla Walla	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Whatcom	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Whitman	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	⊘	⊘
Yakima	⊘	✓	✓	⊘	⊘	✓	✓	⊘	✓	✓	⊘

	Kaiser Permanente NW[1]	Kaiser Permanente WA				Premera Blue Cross			Uniform Medical Plan (UMP)		
	NW 1 NW 2 NW 3	Core 1, Core 2	Core 3	SoundChoice	Options Summit PPO 1, 2, & 3	High PPO	Standard PPO	Premera HMO	Achieve 1, Achieve 2, High Deductible	UMP Plus–Puget Sound High Value Network	UMP Plus–UW Medicine Accountable Care Network
Oregon											
Benton	97330 97331 97333 97339 97370	⊘				⊘			✓	⊘	⊘
Clackamas	✓	⊘				⊘			✓	⊘	⊘
Columbia	✓	⊘				⊘			✓	⊘	⊘
Hood River	97014	⊘				⊘			✓	⊘	⊘
Lane	✓	⊘				⊘			✓	⊘	⊘
Linn	97321 97322 97335 97348 97355 97358 97360 97374 97377 97389	⊘				⊘			✓	⊘	⊘
Marion	✓	⊘				⊘			✓	⊘	⊘
Multnomah	✓	⊘				⊘			✓	⊘	⊘
Polk	✓	⊘				⊘			✓	⊘	⊘
Washington	✓	⊘				⊘			✓	⊘	⊘
Yamhill	✓	⊘				⊘			✓	⊘	⊘
All other Oregon counties	⊘	⊘				⊘			✓	⊘	⊘
Idaho											
All counties	⊘	⊘				⊘			✓	⊘	⊘

School employers by county

Use this chart to look up what county your school district, charter school, or educational service district (ESD) is in. Districts with an asterisk (*) cross county lines and are listed under more than one county. Be sure to check all the counties your employer is listed in to maximize the number of plans available to you.

Adams

Benge
Endicott*
LaCrosse*
Lamont*
Lind
North Franklin*
Odessa*
Othello*
Ritzville*
Sprague*
Warden*
Washtucna*

Asotin

Asotin-Anatone
Clarkston*

Benton

Finley
Grandview*
Kennewick
Kiona-Benton City
Paterson
Prosser*
Richland

Chelan

Cascade
Cashmere
Entiat
Lake Chelan*
Manson
North Central ESD 171
Pateros*
Pinnacles Prep
Stehekin
Wenatchee

Clallam

Cape Flattery
Crescent
Port Angeles
Quillayute Valley*
Sequim*

Clark

Battle Ground
Camas
ESD 112
Evergreen
Green Mountain
Hockinson
La Center
Mt. Pleasant*
Ridgefield
Rooted School
Vancouver
Washougal*
Woodland*

Columbia

Dayton
Pomeroy*
Prescott*
Starbuck
Waitsburg*

Cowlitz

Castle Rock*
Kalama
Kelso
Longview
Toutle Lake
Woodland*

Douglas

Brewster*
Bridgeport*
Coulee-Hartline*
Eastmont
Ephrata*
Grand Coulee Dam*
Lake Chelan*
Mansfield
Orondo
Palisades
Quincy*
Waterville

Ferry

Curlew*
Inchelium
Keller
Kettle Falls*
Orient*
Republic*

Franklin

ESD 123
Kahlotus
North Franklin*
Othello*
Pasco
Star
Washtucna*

Garfield

Clarkston*
Pomeroy*

Grant

Almira*
Coulee-Hartline*
Ephrata*
Grand Coulee Dam*
Moses Lake
Odessa*
Othello*
Quincy*
Royal
Soap Lake
Wahluke*
Warden*
Wilson Creek*

Grays Harbor

Aberdeen
Cosmopolis
Elma*
Hoquiam
Lake Quinault
Mary M. Knight*
McCleary*
Montesano
North Beach
North River*
Oakville*
Ocosta*
Satsop
Taholah
Wishkah Valley

Island

Coupeville
Oak Harbor
South Whidbey
Standwood-Camano*

Jefferson

Brinnon
Chimacum
Port Townsend
Queets-Clearwater
Quilcene
Quillayute Valley*
Sequim*

King

Auburn*
Bellevue
Enumclaw
Federal Way
Fife*
Highline
Impact Public Schools*
Issaquah
Kent
Lake Washington
Mercer Island
Northshore*
Puget Sound ESD 121
Rainier Prep
Rainier Valley Leadership Academy
Renton
Riverview
Seattle
Shoreline
Skykomish
Snoqualmie Valley
Summit Public Schools*
Tahoma
Tukwila
Vashon Island
Why Not You Academy

Kitsap

Bainbridge Island
Bremerton
Catalyst Public Schools
Central Kitsap
North Kitsap
North Mason*
Olympic ESD 114
South Kitsap

Kittitas

Cle Elum-Roslyn
Damman
Easton
Ellensburg
Kittitas
Naches Valley*
Selah*
Thorp

Klickitat

Bickleton*
Centerville
Glenwood
Goldendale
Klickitat
Lyle
Prosser*
Roosevelt
Trout Lake
White Salmon Valley*
Wishram

Lewis

Adna
Boistfort
Castle Rock*
Centralia*
Chehalis
Eatonville*
Evaline
Morton
Mossyrock
Napavine
Oakville*
Onalaska
Pe Ell*
Rochester*
Toledo
White Pass
Winlock

Lincoln

Almira*
Creston
Davenport
Grand Coulee Dam*
Harrington
Odessa*
Reardan-Edwall*
Ritzville*
Sprague*
Wilbur
Wilson Creek*

Mason

Elma*
Grapeview
Hood Canal
Mary M. Knight*
McCleary*
North Mason*
Pioneer
Shelton
Southside

Okanogan

Brewster*
Bridgeport*
Curlew*
Grand Coulee Dam*
Lake Chelan*
Methow Valley
Nespelem
Okanogan
Omak
Oroville
Pateros*
Republic*
Tonasket

Pacific

Naselle-Grays
River Valley*
North River*
Ocean Beach
Ocosta*
Pe Ell*
Raymond
South Bend
Willapa Valley

Pend Oreille

Cusick
Deer Park*
Loon Lake*
Newport*
Riverside*
Selkirk

Pierce

Auburn*
Bethel
Carbonado
Clover Park
Dieringer
Eatonville*
Fife*
Franklin Pierce
Impact Public Schools*
Orting
Peninsula
Puyallup
Steilacoom Historical
Summit Public Schools*
Sumner
Tacoma
University Place
White River
Yelm*

San Juan

Lopez Island
Orcas Island
San Juan Island
Shaw Island

Skagit

Anacortes
Burlington-Edison
Concrete*
Conway
Darrington*
La Conner
Mount Vernon
Northwest ESD 189
Sedro-Woolley*

Skamania

Mill A
Mt. Pleasant*
Skamania
Stevenson-Carson
Washougal*
White Salmon Valley*
Woodland*

Snohomish

Arlington
Darrington*
Edmonds
Everett
Granite Falls
Index
Lake Stevens
Lakewood
Marysville
Monroe
Mukilteo
Northshore*
Snohomish
Stanwood-Camano*
Sultan

Spokane

Central Valley
Cheney*
Deer Park*
East Valley
Freeman
Great Northern
Liberty
Lumen High School
Mead
Medical Lake
Newport*
Northeast WA ESD 101
Nine Mile Falls*
Orchard Prairie
Pride Schools
Reardan-Edwall*
Riverside*
Rosalia*
Spokane
Spokane International Academy
St. John*
Tekoa*
West Valley

Stevens

Chewelah
Columbia
Colville
Deer Park*
Evergreen
Kettle Falls*
Loon Lake*
Mary Walker
Nine Mile Falls*
Northport
Onion Creek
Orient*
Summit Valley
Valley
Wellpinit

Thurston

Centralia*
Capital Region ESD 113
Griffin
North Thurston
Olympia
Rainier
Rochester*
Tenino
Tumwater
Yelm*

Wahkiakum

Naselle-Grays
River Valley*
Wahkiakum

Walla Walla

College Place
Columbia
Dixie
Prescott*
Touchet
Waitsburg*
Walla Walla
Willow Public Charter School

Whatcom

Bellingham
Blaine
Concrete*
Ferndale
Lynden
Meridian
Mount Baker
Nooksack Valley
Sedro-Woolley*
Whatcom International High School

Whitman

Cheney*
Clarkston*
Colfax
Colton
Endicott*
Garfield
LaCrosse*
Lamont*
Oakesdale
Palouse
Pullman
Pullman Community Montesori
Rosalia*
St. John*
Steptoe
Tekoa*

Yakima

Bickleton*
East Valley
ESD 105
Grandview*
Granger
Highland
Mabton
Mount Adams
Naches Valley*
Selah*
Sunnyside
Toppenish
Union Gap
Wahluke*
Wapato
West Valley
Yakima
Zillah

2023 SEBB medical benefits comparison and premiums

Use the following charts to compare the deductibles, out-of-pocket limits, per-visit out- of-pocket costs, and prescription drug costs for SEBB medical plans. Most coinsurance (%) does not apply until after you pay your annual deductible unless noted that the deductible is waived. Most copays ($) apply regardless of your deductible unless enrolled in UMP High Deductible. You must pay the deductible first for most covered services before copays or coinsurance apply to UMP High Deductible.

Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31). Call the plans directly for specific benefit information, including preauthorization requirements and exclusions. If anything in these tables conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.

What you pay	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Foundation Health Plan of the Northwest[1]			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Annual costs								
Medical deductible	$1,250/ person $2,500/ family	$750/person $1,500/ family	$125/person $250/family	$1,250/ person $3,750/ family	$750/person $2,250/ family	$250/person $750/family	$125/person $375/family	$750/person $1,500/ family
Medical out-of-pocket limit	$4,500/ person $9,000/ family	$4,000/ person $8,000/ family	$2,500/ person $5,000/ family	$4,000/ person $8,000/ family	$3,000/ person $6,000/ family	$2,000/person $4,000/family		$3,500/ person $7,000/ family
Prescription drug deductible	None			None				None
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit				Combined with medical limit
Monthly premiums								
Subscriber	$31	$57	$89	$38	$43	$120	$74	$25
Subscriber & spouse[2]	$62	$114	$178	$76	$86	$240	$148	$50
Subscriber & children	$54	$100	$156	$67	$75	$210	$130	$44
Subscriber, spouse[2], & children	$93	$171	$267	$114	$129	$360	$222	$75

1. *Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.*
2. *Or state-registered domestic partner.*

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options[1]			Premera Blue Cross		Uniform Medical Plan[2]			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible
Annual costs									
Medical deductible	$1,250/ person $2,500/ family	$750/ person $1,500/ family	$250/ person $500/ family	$750/ person $1,875/ family	$1,250/ person $3,125/ family	$750/ person $2,250/ family	$250/ person $750/ family	$125/ person $375/ family	$1,500/ person $3,000/ family
Medical out-of-pocket limit	$4,500/ person $9,000/ family	$3,500/ person $7,000/ family	$2,500/ person $5,000/ family	$3,500/ person $7,000/ family	$5,000/ person $10,000/ family	$3,500/ person $7,000/ family	$2,000/person $4,000/family		$4,200[3]/ person $8,400[3]/ family
Prescription drug deductible	None			$125/ person $312/ family	$250/ person $750/ family	$250[4]/ person $750[4]/ family	$100[4]/ person $300[4]/ family	None	Combined with medical deductible
Prescription drug out-of-pocket limit	Combined with medical limit			Combined with medical limit		$2,000/person $4,000/family			Combined with medical limit[3]
Monthly premiums									
Subscriber	$77	$106	$142	$97	$49	$42	$105	$83	$28
Subscriber & spouse[5]	$154	$212	$284	$194	$98	$84	$210	$166	$56
Subscriber & children	$135	$186	$249	$170	$86	$74	$184	$145	$49
Subscriber, spouse[5], & children	$231	$318	$426	$291	$147	$126	$315	$249	$84

1. *Cost shares shown are only for Tier 1 providers and pharmacies. Replaces Access PPO plans..*
2. *Administered by Regence BlueShield and Washington State Rx Services.*
3. *Not to exceed $7,000/member.*
4. *Applies to Tier 2 only, except covered insulins.*
5. *Or state-registered domesitc partner.*

What you pay	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Foundation Health Plan of the Northwest[1]			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Emergency services								
Ambulance	20%			20% (deductible waived)				20%
Emergency room				$150 + 20%			$150 + 15%	$150 + 20%
Hearing services								
Hearing aids	$0; one per ear every 60 months[2]			$0; one per ear any consecutive 60 months[2]				$0; one per ear every 5 yrs[2]
Routine annual hearing exam	$40	$35	$30	$30[3] ($40[4])	$25[3] ($35[4])	$20[3] ($30[4])	$0 ($30[4])	$0
Hospital services								
Inpatient Outpatient	20%			20%			15%	20%
Office visits								
Behavioral health	$30[3]	$25[3]	$20[3]	$30[3]	$25[3]	$20[3]	$0	$10
Preventive care[2]	$0			$0				$0
Primary care	$30[3]	$25[3]	$20[3]	$30[3]	$25[3]	$20[3]	$0	$10
Specialist	$40	$35	$30	$40	$35	$30		$40
Urgent care	$50	$45	$40	$30[3] ($40[4])	$25[3] ($35[4])	$20[3] ($30[4])	$30	$25
Telemedicine/ telehealth/ virtual care	$0			$0				See note[5]
Therapies (max number of visits/year)								
Acupuncture	$40 (20/yr)	$35 (20/yr)	$30 (20/yr)	$30[3] (20/yr)	$25[3] (20/yr)	$20[3] (20/yr)	$0 (20/yr)	$10 (24/yr)
Chiropractic/ spinal manip.	$40 no limit	$35 no limit	$30 no limit	$30[3] ($40[4]) (20/yr)	$25[3] ($35[4]) (20/yr)	$20[3] ($30[4]) (20/yr)		
Massage therapy	$25 (20/yr)			$40[4] (20/yr)	$35[4] (20/yr)	$30[4] (20/yr)		
Physical, occupational, speech, and neurodev. therapy	$40 (60 combined/yr)	$35 (60 combined/yr)	$30 (60 combined/yr)	$40[4] (60 combined/ yr, no limit for NDT)	$35[4] (60 combined/ yr, no limit for NDT)	$30[4] (60 combined/ yr, no limit for NDT)		$40 (45 combined/yr; 45 NDT/yr)

1. *Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.*
2. *Deductible waived.*
3. *$0 for ages 17 and under.*
4. *Specialist copay.*
5. *Telemedicine or e-visit, $10 or $40. Virtual care: Medical/ dermatology, $5; Behavioral health, $10.*

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Foundation Health Plan of Washington Options[1]			Premera Blue Cross		Uniform Medical Plan[2]			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	UMP Plus	High Deductible
Emergency services									
Ambulance	10%			25%	20%	20%			
Emergency room	$100 + 10%			$150 + 25%	$150 + 20%	$75 + 20%	$75 + 15%		15%
Hearing services									
Hearing aids	$0; one per ear any consecutive 60 months[3]			$0; one per ear every 5 years[3]		$0; one per ear every 5 years[3]			$0; one per ear every 5 years
Routine annual hearing exam	$20[4] ($40[5])	$10[4] ($20[5])		$0		$0			15%
Hospital services									
Inpatient	10% (30% for Tier 2 hospitals)			25%	20%	$200/day up to $600 + 20% for pro. services[6]	$200/day up to $600 + 15% for professional services[6]		15%
Outpatient						20%	15%		
Office visits									
Behavioral health	$20[4]	$10[4]		$25		20%	15%		
Preventive care[2]	$0			$0		$0			
Primary care	$20[4]	$10[4]		$25		20%	15%	$0	15%
Specialist	$40	$20		$50				15%	
Urgent care	$20[4] ($40[5])	$10[4] ($20[5])		25%	20%				
Telemedicine/ telehealth/ virtual care	$0			Telemedicine or e-visit, $25 or $50. Virtual care: Medical/dermatology, $5; Behavioral health, $25.		Varies, see COC			
Therapies (max number of visits/year)									
Acupuncture	$20[4] (20/yr)	$10[4] (20/yr)		$25 (24/yr)		$15 (24/yr)[7]			
Chiropractic/spinal manipulations	$20[4] ($40[5]) (20/yr)	$10[4] ($20[5]) (20/yr)							
Massage therapy	$40 (20/yr)	$20 (24/yr)							
Physical, occupational, speech, and neurodev. therapy	$40 (60 combined/yr, no limit for NDT	$20 (60 combined/yr, no limit for NDT		$50 (45 combined/ yr; 45 NDT/yr)		20% (80 combined/ yr)	15% (80 combined/ yr)	15% (60 combined/ yr)	15% (80 combined/ yr)

1. *Cost shares shown are only for Tier 1 providers and pharmacies. Replaces Access PPO plans.*
2. *Administered by Regence BlueShield and Washington State Rx Services.*
3. *Deductible waived.*
4. *$0 for ages 17 and under.*
5. *Specialist copay.*
6. *0% professional services for behavioral health.*
7. *After deductible*

Prescription drug benefits comparison

Amounts in the following tables show what you pay for prescription drugs. Under the prescription drug benefit, most copays and coinsurance do not apply until after you have paid your annual deductible unless noted that the deductible is waived. **Note:** All plans cover legally required preventive prescription drugs at 100 percent of allowed amount with no deductible. Deductible is waived for covered insulins and you pay no more than $35 per 30-day supply.

Drug tiers	Kaiser Foundation Health Plan of the Northwest[1]					
	Retail (30-day supply)			**Mail-order** (90-day supply)		
	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3
Generic	$20	$15	$10	$40	$30	$20
Preferred brand-name	$40	$30	$20	$80	$60	$40
Non-preferred brand-name	50% up to $100			50% up to $200		
Specialty	50% up to $150			Not covered		

Drug tiers	Kaiser Foundation Health Plan of Washington							
	Retail (30-day supply)				**Mail-order** (90-day supply)			
	Core 1	Core 2	Core 3	SoundChoice	Core 1	Core 2	Core 3	SoundChoice
Preferred generic	$5	$10			$10	$20		
Preferred brand-name	$25				$50			
Non-preferred generic and brand-name	$50				$100			
Specialty	50% up to $150				50% up to $300			

Drug tiers	Premera Blue Cross					
	Retail (30-day supply)			**Mail-order** (90-day supply)		
	HMO	High PPO	Standard PPO	HMO	High PPO	Standard PPO
Preferred generic	$9	$9 (deductible waived)		$18	$18 (deductible waived)	
Preferred brand-name	$40	$40	30%	$80	$80	30%
Non-preferred generic and brand-name	50%	50%		50%	50%	
Specialty (Limited to 30-day supply through Premera's mail-order specialty pharmacy)	Not covered	Not covered		$75 (30-day supply)	$75 (30-day supply	40% (30-day supply)

1. *Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties and ZIP codes in Oregon.*

Drug tiers	Kaiser Foundation Health Plan of Washington Options[1]					
	Retail (30-day supply)			**Mail-order** (90-day supply)		
	Summit PPO 1	**Summit PPO 2**	**Summit PPO 3**	**Summit PPO 1**	**Summit PPO 2**	**Summit PPO 3**
Preferred generic	$10	$5		$20	$10	
Preferred brand-name	$20	$30		$40	$60	
Non-preferred generic and brand-name	$30	$65		$60	$130	
Non-preferred specialty	30%			Not covered		
Specialty	$150					

Drug tiers	Uniform Medical Plan[2]							
	Retail and mail-order (30-day supply)				**Retail and mail-order** (90-day supply)			
	Achieve 1	**Achieve 2**	**UMP Plus**	**High Deductible**	**Achieve 1**	**Achieve 2**	**UMP Plus**	**High Deductible**
Value	5% up to $10			15%; covered insulins 5% up to $10	5% up to $30			15%; covered insulins 5% up to $30
Tier 1 (Primarily low-cost generic)	10% up to $25			15%; covered insulins 10% up to $25	10% up to $75			15%; covered insulins 10% up to $75
Tier 2 (Preferred brand-name, high-cost generic, and specialty drugs)	30% up to $75; covered insulins 30% up to $35			15%; covered insulins 30% up to $35	30% up to $225; covered insulins 30% up to $105			15%; covered insulins 30% up to $105

1. *Cost shares shown are only for Tier 1 providers and pharmacies. Replaces Access PPO Plans*
2. *Administered by Regence BlueShield and Washington State Rx Services*

Selecting a dental plan

If you are eligible for SEBB Program benefits, dental coverage is included for you and your eligible dependents. Your employer pays the premium. You and any enrolled dependents must enroll in the same SEBB dental plan. If you do not select a dental plan, you will be automatically enrolled in Uniform Dental Plan.

There are three SEBB Program dental plans to choose from — two managed-care plans and one preferred-provider plan. See "Dental benefits comparison" on the next page.

Check with the plan to see if your dental provider is in the plan's network

Carefully review your selection before enrolling. Make sure you check with the plan (not your dentist) to see if the dental provider you want is in the plan's network. Also check that you correctly identify your dental plan's network and group number (see table below). This is especially important because DeltaCare and Uniform Dental Plan are sometimes confused. You can call the dental plan's customer service number (listed in the beginning of this guide) or use the dental plan network's online directory.

How do the DeltaCare and Willamette Dental Group plans work?

DeltaCare and Willamette Dental Group are managed-care plans. You choose and receive care from a primary care dental provider (PCD) in that plan's network. Your PCD must give you a referral to see a specialist. You may change network providers at any time. If you seek services from a dental provider not in the plan's network, these plans will not pay your claims.

Neither plan has an annual deductible. You don't need to track how much you have paid out of pocket before the plan begins covering benefits. You pay a set amount (copay) when you receive dental services. Neither plan has an annual maximum that they pay for covered benefits (with some exceptions).

DeltaCare is administered by Delta Dental of Washington. Its network is DeltaCare (Group 09601).

Willamette Dental Group is underwritten by Willamette Dental of Washington, Inc. Its network is Willamette Dental Group, P.C., with dental offices in Washington, Oregon, and Idaho. Willamette Dental Group administers its own dental network (WA733).

How does the Uniform Dental Plan (UDP) work?

UDP is a preferred-provider organization (PPO) plan. You can choose any dental provider and change providers at any time. More than three out of four dentists in Washington State participate with this PPO.

When you see a network preferred provider, your out-of-pocket expenses are generally lower than if you chose a provider who is not part of this network. Under UDP, you pay a percentage of the plan's allowed amount (coinsurance) for dental services after you have met the annual deductible. UDP pays up to an annual maximum of $1,750 for covered benefits for each enrolled dependent, including preventive visits.

The UDP network is Delta Dental PPO (Group 9600).

Dental plan options

Make sure you confirm with your dental provider that they accept the specific plan network and plan group.

Plan name	Plan type	Plan network	Plan group number
DeltaCare	Managed-care plan	DeltaCare	Group 09601
Uniform Dental Plan (UDP)	Preferred-provider plan	Delta Dental PPO	Group 09600
Willamette Dental Group Plan	Managed-care plan	Willamette Dental Group, P.C.	WA733

2023 SEBB dental benefits comparison

The chart below shows what you pay for dental services. Before you select a plan or provider, compare dental plans to find out what services are covered, which providers are in-network, and your costs for care. For information on specific benefits and exclusions, refer to the plan's certificate of coverage (COC) or contact the plan directly. If anything in these charts conflict with the plan's COC, the COC takes precedence and prevails.

DeltaCare and Willamette Dental Group are managed-care plans. You must select and receive care from a primary care dental provider in that plan's network.

Uniform Dental Plan is a preferred-provider organization (PPO) plan. You can choose any dental provider and change providers at any time. You must meet the deductible before the plan pays for most services under this plan.

All dental plans include a nonduplication of benefits clause, which applies when you have dental coverage under more than one account.

Cost of Benefits (What you pay)	**Managed Care Plans**		**Preferred Provider Organization (PPO)**	
	DeltaCare (Group 09601)	**Willamette Dental Group** (Group WA733)[1]	**Uniform Dental Plan** (Group 09600 Delta Dental PPO)	
			PPO and out-of-state	**Non-PPO**
Annual costs				
Deductible	None		You pay $50/person, $150/family	
Annual maximum	None		You pay amounts over $1,750	
Services				
Crowns	$100 to $175		50%	60%
Dentures	$140 for complete upper or lower		50%	60%
Fillings	$10 to $50		20%	30%
Nonsurgical TMJ	30% of costs, then any amount after plan has paid $1,000 per year, then any amount over $5,000 in member's lifetime	Any amount after plan has paid $1,000 per year, then any amount over $5,000 in member's lifetime	30% of costs until plan has paid $500, then any amount over $500 in member's lifetime	
Oral surgery	$10 to $50 to extract a tooth		20%	30%
Orthodontia	Up to $1,500 copay per case		50% of costs until plan has paid $1,750, then any amount over $1,750 in member's lifetime (deductible doesn't apply)	
Orthognathic surgery	30% of costs until plan has paid $5,000, then any amount over $5,000 in member's lifetime		30% of costs until plan has paid $5,000, then any amount over $5,000 in member's lifetime	
Periodontic services (treatment of gum disease)	$15 to $100		20%	30%
Preventive services	$0		$0 (deductible doesn't apply)	20%
Root canals (endodontics)	$100 to $150		20%	30%

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. **Employees:** Your payroll or benefits office. **SEBB Continuation Coverage members:** Call us at 1-800-200-1004 (TRS: 711).

1 Underwritten by Willamette Dental of Washington, Inc. Managed care plan.

Selecting a vision plan

If you are eligible for SEBB Program benefits, vision coverage is included for you and your eligible dependents; your employer pays the premium. If you do not select a vision plan, you will be automatically enrolled in MetLife Vision. You and any enrolled dependents must enroll in the same SEBB vision plan. See "Vision Benefits Comparison" starting on the next page or the plans' certificates of coverage for details.

Before you select a vision plan, check with the plan (not the provider) to see if the vision provider you want is in the plan's network. You can call the vision plan's customer service number (listed in the beginning of this guide) or use the vision plan network's online directory.

Vision plan options

There are three SEBB Program vision plans to choose from.

- Davis Vision, underwritten by HM Life Insurance Company
- EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company
- MetLife Vision, underwritten by Metropolitan Life Insurance Company

2023 SEBB vision benefits comparison

The figures listed below show what you pay for in-network services. **The amounts in parentheses show the most the plan would reimburse you for out-of-network services.** If anything in these charts conflicts with the vision plan's certificate of coverage (COC), the COC takes precedence and prevails. For information on specific benefits and exclusions, refer to the plan's COC or contact the plan directly.

Adults 19+ (What you pay)	**Davis Vision**	**EyeMed**	**MetLife**
Vision care service			
Routine eye exam (once per calendar year, starting January 1)	$0 ($40)	$0 ($84)	$0 ($45)
Frames (renews every January 1 of even years)	$0 up to $150, then 80% of balance ($50); $0 at Visionworks or for any of the Davis Vision Frame Collection	$0 up to $150, then 80% of balance ($75)	$0 up to $150, then 80% of balance ($70); or $85 allowance at Costco, Walmart, or Sam's Club
Lenses (renews every January 1 of even years)	$0 (single $40; bifocal $60; trifocal $80; lenticular $100)	$0 (single $25; bifocal $40; trifocal $55; lenticular $55)	$0 (single $30; bifocal $50; trifocal $65; lenticular $100)
Progressive lenses (renews every January 1 of even years)	$50 to $175 ($60)	$55 to $175 ($55)	$0 to $175 ($50)
Lens enhancements[1]			
Anti-reflective coating	$35 to $85	$45 to $85 ($5)	$41 to $85
Scratch-resistant	$0	$0 ($5)	$17 to $33
Polycarbonate	$30	$40	$31 to $35
Photochromic/transitions	$65	$75	$47 to $82
Polarized	$75	80% of retail price	80% of retail price
Tinting	$0	$15	$17 to $44
UV treatment	$12	$15	$0
Contact lenses (instead of glasses)[2]			
Conventional	$0 up to $150, then 85% of balance ($105); or 4 boxes from Collection lenses	$0 up to $150, then 85% of balance ($150)	$0 up to $150, then 100% of balance ($105)
Disposable	$0 up to $150, then 85% of balance ($105); or 8 boxes from Collection lenses	$0 up to $150, then 100% of balance ($150)	$0 up to $150, then 100% of balance ($105)
Medically necessary	$0 ($225)	$0 ($300)	$0 ($210)
Additional member treatments			
Additional prescription glasses	30% off (some limitations apply)	Up to 40% off complete pairs	20% off (some limitations apply)
LASIK surgery	40% to 50% off national average price of traditional LASIK	15% off retail price or 5% off a promotional offer	15% off retail price or 5% off a promotional offer

1 For Davis Vision and EyeMed, no out-of-network lens enhancement reimbursement is available unless noted in parentheses. For MetLife, reimbursement for out-of-network lens enhancements is applied to the out-of-network reimbursement amount for each lens (single $30; bifocal $50; trifocal $65; lenticular $100; progressive $50).

2 EyeMed members may use both their $150 contact lens allowance and $150 frame allowance during the same visit. Your provider will offer a 20% discount on lenses for your frames.

Children under 19 (What you pay)	**Davis Vision**	**EyeMed**	**MetLife**
Vision care service (once per calendar year)			
Routine eye exam	$0 ($40)	$0 ($90)	$0 ($45)
Frames	$0 up to $150, then 80% of balance ($50); or $0 at Visionworks or for any of the Davis Vision Frame Collection	$0 up to $150, then 80% of balance ($75)	$0 up to $150, then 80% of balance ($70); or $85 allowance at Costco, Walmart, or Sam's Club
Lenses	$0 (single $40; bifocal $60; trifocal $80; lenticular $100)	$0 (single $25; bifocal $35; trifocal $53; lenticular $53)	$0 (single $30; bifocal $50; trifocal $65; lenticular $100)
Progressive lenses	$50 to $175	$0 to $175 ($40)	$0 to $175 ($50)
Lens enhancements			
Anti-reflective coating (depends on level of coating)	$35 to $85	$45 to $85 ($5)	$41 to $85
Scratch-resistant	$0	$0 ($8)	$0
Polycarbonate	$0	$0 ($20)	$0
Photochromic/transitions	$0	$75	$47 to $82
Polarized	$75	$0	$0
Tinting	$0	$15	$17 to $44
UV treatment	$0	$15	$0
Contact lenses (instead of glasses)[1]			
Conventional	$0 up to $300, then 85% of balance ($105); or 4 boxes from Collection lenses	Any amount over $300 (50% of charge up to $300)	Any amount over $300 ($105)
Disposable	$0 up to $300, then 85% of balance ($105); or 8 boxes from Collection lenses		
Medically necessary	$0 ($225)		$0 ($210)
Additional member treatments			
Additional prescription glasses	30% discount (some limitations apply)	Up to 40% off complete pairs	20% off (some limitations apply)
LASIK surgery	40% to 50% off national average price of traditional LASIK	15% off retail price or 5% off a promotional offer	15% off retail price or 5% off a promotional offer

1 EyeMed members may use both their $150 contact lens allowance and $150 frame allowance during the same visit. Your provider will offer a 20% discount on lenses for your frames.

Life and AD&D insurance

The SEBB Program provides basic life insurance and basic accidental death and dismemberment (AD&D) insurance at no cost to school employees who are eligible for the employer contribution toward SEBB benefits. You will be automatically enrolled in basic life and basic AD&D insurance, even if you waive medical coverage. You can also enroll in supplemental life insurance and supplemental AD&D insurance for yourself and your eligible dependents.

Supplemental life insurance is not available to school employees whose eligibility was locally negotiated under Washington Administrative Code (WAC) 182-30-130. See "Employee eligibility" on page 12.

Life and AD&D insurance is provided through Metropolitan Life Insurance Company (MetLife), plan number 219743. The information below is only a summary of benefits. If anything conflicts with the certificate of coverage (COC), the COC prevails. To see the COC, visit *Forms & publications* on HCA's website at **hca.wa.gov/sebb-employee** or call MetLife at 1-833-854-9624. The certificate of coverage can also be found on MetLife's website at **metlife.com/wshca-sebb**.

What is (employer-paid) basic life insurance?

As an employee, you are automatically enrolled in basic life insurance, which covers you and pays your designated beneficiaries in the event of your death. This benefit is paid for by your employer, and you do not have to provide evidence of insurability (proof of good health). Basic life insurance coverage is $35,000 for death from any cause.

What is (employee-paid) supplemental life insurance?

You can buy the following kinds of supplemental life insurance.

For employees

You may enroll in supplemental life insurance for yourself in increments of $10,000 up to $1 million. You can enroll in up to $500,000 of coverage (the guaranteed issue amount) without evidence of insurability if elected **no later than 31 days** after becoming eligible for the employer contribution toward SEBB benefits. Evidence of insurability is always required for coverage above $500,000, up to the maximum of $1 million.

For spouse or state-registered domestic partner

If you enroll yourself in supplemental life insurance, you may enroll your spouse or state-registered domestic partner in increments of $5,000 up to $500,000, not to exceed one-half the supplemental amount you get for yourself as an employee. You can enroll them in up to $100,000 of coverage (the guaranteed issue amount) without evidence of insurability if elected **no later than 31 days** after becoming eligible for the employer contribution toward SEBB benefits. Evidence of insurability is always required for coverage above $100,000, up to the maximum of $500,000.

For children

If you enroll in supplemental life insurance for yourself, you may enroll your children in $5,000 increments up to $20,000 (the guaranteed issue amount) without evidence of insurability. One premium covers all your enrolled children.

Evidence of insurability

MetLife must approve your evidence of insurability if you apply for:

- More than $500,000 in supplemental employee life insurance **within 31 days** of becoming eligible for SEBB benefits.
- More than $100,000 in supplemental spouse or state-registered domestic partner life insurance **within 31 days** of becoming eligible for SEBB benefits.
- Any amount of supplemental life insurance for yourself, your spouse, or your state-registered domestic partner **after 31 days** of you becoming eligible for SEBB benefits.

What does supplemental life insurance cost?

The table on the next page shows the monthly cost per $1,000 of coverage, based on your (the employee's) age as of December 31, 2022, and tobacco use by the insured person.

Supplemental life insurance monthly rates

Age of employee	Monthly cost per $1,000	
	Non-tobacco user	Tobacco user
Less than 25	$0.038	$0.050
25–29	$0.042	$0.060
30–34	$0.046	$0.080
35–39	$0.058	$0.090
40–44	$0.088	$0.100
45–49	$0.128	$0.150
50–54	$0.188	$0.230
55–59	$0.346	$0.400
60–64	$0.534	$0.630
65–69	$0.962	$1.220
70+	$1.438	$1.988
Cost for your children	$0.124	N/A

Good to know!

Example of supplemental life insurance

To cover yourself, the monthly rate at age 40 to 44 for a non-tobacco user is $0.088 per $1,000 coverage. For $10,000 of supplemental life insurance coverage, the monthly cost is $0.88.

$10,000 coverage:	10
40–44 age rate:	x 0.088
Monthly cost:	$ 0.88

When can I enroll in supplemental life insurance?

You may enroll in supplemental life insurance for yourself or your dependents at any time. The guaranteed issue amounts on the previous page are available without submitting evidence of insurability when your enrollment is no later than:

- **31 days** after the date you become eligible for SEBB benefits.
- **60 days** after the date of marriage or registering a state-registered domestic partnership.
- **60 days** after the birth or adoption of a child. A newly born child must be at least 14 days old before supplemental dependent life insurance coverage is effective.
- **60 days** after a child becoming eligible as an extended dependent through legal custody or legal guardianship.

Once you have enrolled one child in child dependent life insurance, each succeeding child you enroll will be covered for the same amount on the date that child becomes eligible as defined in MetLife's certificate of coverage. If you apply for or change your employee, spouse, or state-registered domestic partner supplemental life insurance coverage after the deadline, you must provide evidence of insurability to MetLife for approval, regardless of the coverage amount requested.

Requests submitted within the above deadlines for coverage over the guaranteed issue amount (described in "What is (employee-paid) supplemental life insurance?" on page 51) will require evidence of insurability only for anything over the guaranteed issue amount. If the additional amount is denied, the employee or family member will be enrolled in the guaranteed issue amount.

How do I enroll in supplemental life insurance?

Enroll online using MetLife's *MyBenefits* portal at **mybenefits.metlife.com/wasebb** **no later than 31 days** after you become eligible for SEBB benefits or no later than 60 days after you acquire a new dependent due to marriage or state-registered domestic partnership, birth or adoption of a child, or an extended dependent through legal custody or legal guardianship. If you have any questions about enrollment or need a paper form, please call MetLife at 1-833-854-9624.

How do I cancel (employee-paid) supplemental life insurance?

You can cancel your supplemental life at any time by submitting the *SEBB Cancellation of Supplemental Life and AD&D Insurance* form to MetLife, or by calling MetLife directly at 1-833-854-9624. For dependents who are no longer eligible due to events such as divorce or a child turning age 26, notice should be provided as soon as possible to avoid overpayment of premiums and loss of eligibility for portability or conversion of coverage.

How do I create an online account with MetLife?

1. Visit MetLife's *MyBenefits* portal at **mybenefits.metlife.com/wasebb**. A Welcome to MyBenefits screen will appear.
2. You should see "WA State Health Care Authority SEBB" in the *Account Sign-in* box.
3. Select the *Register now* button.
4. Complete the registration form and verification process.
5. Select *Go to Accounts* in the registration confirmation pop-up.

If you have questions regarding enrollment or the MetLife website, or you need paper forms, please call MetLife at 1-833-854-9624, Monday through Friday, 5 a.m. to 8 p.m. (Pacific), except for major holidays.

Good to know!

Designate beneficiaries for your life and AD&D insurance

You must name a beneficiary for your life and AD&D insurance, even if you do not enroll in supplemental coverage. To name or update beneficiaries, use MetLife's *MyBenefits* portal at **mybenefits.metlife.com/wasebb**. You can also call MetLife at 1-833-854-9624 to request a *Group Term Life Insurance Beneficiary Designation* form or download the form under *Forms & publications* on HCA's website **hca.wa.gov/sebb-employee**. You may also designate a beneficiary via phone by contacting MetLife customer service at 1-833-854-9624.

Can I waive basic life and AD&D insurance?

If you are eligible for SEBB benefits, you cannot waive basic life and AD&D insurance. However, if you object to this coverage, you have two options:

- You can name a charity as your beneficiary.
- On your enrollment form, you can leave the beneficiary information blank. Tell your family and anyone who might be handling your estate not to file a claim on your death. If you choose not to identify a beneficiary, the benefit amount will be turned over to the state as abandoned property.

If I leave employment, can I continue life insurance coverage?

If you're eligible for portability or conversion due to termination or other reasons, MetLife will send you information and an application. Please contact the MetLife customer service team at 1-833-854-9624 following your separation of employment if you do not receive a portability and conversion application via mail. When porting or converting your employee life insurance coverage, your coverage will become an individual policy that is not tied to the SEBB Program.

Portability Provision

Under the Portability Provision you can apply to continue all or part of your basic life, supplemental life, and supplemental dependent life insurance. You must be actively enrolled and apply **within 60 days** from when your coverage ended to have the opportunity to continue your coverage through portability. Dependent life insurance may be continued even if you choose not to continue your life insurance.

To continue life insurance under the Portability Provision, you must apply to MetLife **within 60 days** after the date your SEBB Program life insurance ends, including if you move to PEBB retiree term life insurance. Any amount of life insurance not ported may be converted.

Conversion Provision

You may apply to convert your basic life, supplemental life, or supplemental dependent life insurance to an individual policy. The amount of the individual policy will be equal to (or, if you choose, less than) the amount of life insurance you or your insured dependents had on the termination date of the policy you are converting.

You have **60 days** to apply for conversion coverage after your SEBB employee life insurance ends. Call MetLife at 1-833-854-9624 with any questions.

Is there an accelerated benefit in SEBB Program life insurance coverage?

Yes, our basic and supplemental life insurance plans have an accelerated benefits option. If a subscriber becomes terminally ill and is expected to die within 24 months, they can request to receive a portion of their life insurance benefit before their death.

Subscribers may receive up to 80 percent of their basic life benefit amount, not to exceed $28,000. Subscribers may receive up to 80 percent of their combined basic life and supplemental life benefit amount, not to exceed $500,000. This option is also available for spouse or state-registered domestic

partner dependent life insurance. Please note that the maximum accelerated benefit for spouse or state-registered domestic partner is 80 percent of the dependent life amount, not to exceed $400,000.

What is (employer-paid) basic AD&D insurance?

You will be automatically enrolled in basic accidental death and dismemberment (AD&D) insurance, which provides benefits for certain injuries or death resulting from a covered accident. This benefit is paid for by your employer. Basic AD&D coverage is $5,000.

What is (employee-paid) supplemental AD&D insurance?

You can buy the following types of supplemental AD&D insurance.

For employees

You may enroll in supplemental AD&D coverage in increments of $10,000 up to $250,000. Supplemental AD&D insurance does not cover death and dismemberment from nonaccidental causes and never requires evidence of insurability.

For your spouse or state-registered domestic partner

If you enroll in supplemental AD&D insurance for yourself, you can choose to cover your spouse or state-registered domestic partner in increments of $10,000 up to $250,000. Evidence of insurability is not required.

For children

If you enroll in supplemental AD&D insurance for yourself, you can enroll your children in $5,000 increments up to $25,000. One premium covers all your enrolled children. Evidence of insurability is not required.

Supplemental AD&D insurance monthly rates

Monthly cost per $1,000	
Employee	$0.019
Spouse or state-registered domestic partner	$0.019
All dependent children	$0.016

Good to know!

Example of supplemental AD&D insurance

To cover yourself, the monthly rate is $0.019 per $1,000 coverage. For $10,000 of supplemental AD&D insurance coverage, the monthly cost is $0.19.

$10,000 coverage:	10
Monthly rate:	x 0.019
Monthly cost:	$ 0.19

When can I enroll in supplemental AD&D insurance?

You can enroll in supplemental AD&D anytime. Supplemental AD&D insurance never requires evidence of insurability.

How do I enroll in supplemental AD&D insurance?

Enroll online using MetLife's *MyBenefits* portal at **mybenefits.metlife.com/wasebb**. If you have any questions about enrollment or need to request a form, please call MetLife at 1-833-854-9624.

How do I cancel (employee-paid) supplemental AD&D insurance?

You can cancel your supplemental AD&D insurance at any time by submitting the *SEBB Cancellation of Supplemental Life and AD&D Insurance* form to MetLife, or by calling MetLife directly at 1-833-854-9624. For dependents who are no longer eligible due to events such as divorce or a child turning age 26, notice should be provided as soon as possible to avoid overpayment of premiums and loss of eligibility for portability or conversion of coverage.

Long-term disability insurance

Long-term disability (LTD) insurance pays a portion of your monthly salary if you are unable to work due to serious injury or illness. The SEBB Program offers two kinds of LTD insurance:

- Employer-paid
- Employee-paid

LTD insurance is not available to school employees whose eligibility was locally negotiated under WAC 182-30-130 (see "Employee eligibility" on page 12).

These benefits are provided through Standard Insurance Company at competitive group rates. The information below is only a summary of benefits. If anything conflicts with the LTD plan booklet, the LTD plan booklet takes precedence and prevails. To see the LTD plan booklet or to get forms, go to the *Long-term disability insurance* webpage on HCA's website at **hca.wa.gov/sebb-ltd** or contact your payroll or benefits office.

What is considered a disability?

Disability is defined as being unable to perform with reasonable continuity the duties of your own occupation as a result of sickness, injury, or pregnancy during the benefit waiting period and the first 24 months for which LTD benefits are payable. During this period, you are considered partially disabled if you are working but unable to earn more than 80 percent of your indexed predisability earnings.

After the first 24 months, disability as a result of sickness, injury, or pregnancy means being unable to perform with reasonable continuity the material duties of any gainful occupation for which you are reasonably able through education, training, or experience. During this period, you are considered partially disabled if you are working but unable to earn more than 60 percent of your indexed predisability earnings in that occupation and in all other occupations for which you are reasonably suited.

What is employer-paid LTD insurance?

Employer-paid LTD insurance offers coverage at no cost to school employees who are eligible for the employer contribution toward SEBB benefits. In the event of a disability, employer-paid LTD insurance provides you a monthly benefit, with a minimum of $100 or 10 percent of the LTD benefit before deductible income, whichever is greater. **The maximum monthly benefit is $400 a month.** The amount you receive is based on 60 percent of the first $667 of your predisability earnings.

Good to know!

You will be automatically enrolled in employee-paid LTD

If you are eligible, you will be automatically enrolled in an employee-paid LTD plan that covers 60 percent of your insured income with a 90-day benefit waiting period.

You can reduce to a lower-cost 50-percent coverage or decline the coverage at any time. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

What is employee-paid LTD insurance?

If you are eligible for employer-paid LTD, you will also be automatically enrolled in employee-paid LTD insurance that covers 60 percent of your monthly predisability earnings (up to $16,667).

You can reduce your employee-paid LTD to a lower-cost 50-percent coverage level or decline the coverage at any time. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

In the event of a disability, employee-paid LTD provides you a monthly benefit based on either 60 percent or 50 percent (depending on the coverage level you choose) of your monthly predisability earnings (up to $16,667), reduced by any deductible income. The minimum is $100 a month or 10 percent of the LTD benefit before deductible income, whichever is greater. The maximum benefit is $10,000 a month for the 60-percent coverage level, or $8,333 for the 50-percent coverage level.

What does employee-paid LTD insurance cost?

Your monthly employee-paid LTD premium is based on your desired coverage level (either 60 percent or 50 percent), your age, and your monthly predisability earnings (base pay). To find your premium quickly, use the premium calculator on Standard's website at **standard.com/calculator-wasebb**.

Employee-paid LTD rates

These rates are based on the employee's age on January 1, 2023, except for employees who become newly eligible. Newly eligible employees will be based on age as of their enrollment date for the first calendar year of coverage..

Age	60% rate	50% rate
Less than 30	0.0011	0.0007
30-34	0.0015	0.0009
35-39	0.0023	0.0014
40-44	0.0032	0.0019
45-49	0.0044	0.0026
50-54	0.0060	0.0036
55-59	0.0072	0.0044
60-64	0.0075	0.0045
65+	0.0076	0.0046

Examples of employee-paid premiums

Your exact premium depends on your age, your monthly predisability earnings, and the coverage level you choose. Here are some examples.

Examples of premiums, by monthly predisability earnings and age at the 60%-coverage level

Monthly earnings	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
$3,000	$3.30	$4.50	$6.90	$9.60	$13.20	$18.00	$21.60	$22.50	$22.80
$4,000	$4.40	$6.00	$9.20	$12.80	$17.60	$24.00	$28.80	$30.00	$30.40
$5,000	$5.50	$7.50	$11.50	$16.00	$22.00	$30.00	$36.00	$37.50	$38.00
$6,000	$6.60	$9.00	$13.80	$19.20	$26.40	$36.00	$43.20	$45.00	$45.60
$7,000	$7.70	$10.50	$16.10	$22.40	$30.80	$42.00	$50.40	$52.50	$53.20
$8,000	$8.80	$12.00	$18.40	$25.60	$35.20	$48.00	$57.60	$60.00	$60.80
$9,000	$9.90	$13.50	$20.70	$28.80	$39.60	$54.00	$64.80	$67.50	$68.40
$10,000	$11.00	$15.00	$23.00	$32.00	$44.00	$60.00	$72.00	$75.00	$76.00
$11,000	$12.10	$16.50	$25.30	$35.20	$48.40	$66.00	$79.20	$82.50	$83.60
$16,667 (max.)	$18.33	$25.00	$38.33	$53.33	$73.33	$100.00	$120.00	$125.00	$126.67

Examples of premiums, by monthly predisability earnings and age at the 50% coverage level.

Monthly earnings	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
$3,000	$2.10	$2.70	$4.20	$5.70	$7.80	$10.80	$13.20	$13.50	$13.80
$4,000	$2.80	$3.60	$5.60	$7.60	$10.40	$14.40	$17.60	$18.00	$18.40
$5,000	$3.50	$4.50	$7.00	$9.50	$13.00	$18.00	$22.00	$22.50	$23.00
$6,000	$4.20	$5.40	$8.40	$11.40	$15.60	$21.60	$26.40	$27.00	$27.60
$7,000	$4.90	$6.30	$9.80	$13.30	$18.20	$25.20	$30.80	$31.50	$32.20
$8,000	$5.60	$7.20	$11.20	$15.20	$20.80	$28.80	$35.20	$36.00	$36.80
$9,000	$6.30	$8.10	$12.60	$17.10	$23.40	$32.40	$39.60	$40.50	$41.40
$10,000	$7.00	$9.00	$14.00	$19.00	$26.00	$36.00	$44.00	$45.00	$46.00
$11,000	$7.70	$9.90	$15.40	$20.90	$28.60	$39.60	$48.40	$49.50	$50.60
$16,667 (max.)	$11.67	$15.00	$23.33	$31.67	$43.33	$60.00	$73.33	$75.00	$76.67

When will I be automatically enrolled in employee-paid LTD insurance?

You will be automatically enrolled in an employee-paid LTD plan during your initial 31-day enrollment period. You will not need to provide evidence of insurability. The coverage will start when your other SEBB benefits start. **Exception:** The starting date may be different for a school employee regaining eligibility when they are returning from active duty in the uniformed services under the Uniformed Services Employment and Re-employment Rights Act (USERRA).

How do I reduce or decline my employee-paid LTD insurance?

You can reduce or decline employee-paid LTD insurance at any time.

You can use SEBB My Account to reduce to a lower-cost 50-percent coverage level or decline the coverage. To reduce, decline, enroll in, or increase coverage, use the *2023 Long Term Disability Insurance Enrollment and Change* form. The form is available on HCA's LTD webpage at **hca.wa.gov/sebb-ltd**.

If you decline employee-paid LTD **within the 31-day newly eligible period**, you are not required to pay premiums.

If you reduce or decline employee-paid LTD **after the 31-day newly eligible period,** the date of the change in coverage will be the first day of the month following the date the employer receives the required election. If you decline the employee-paid LTD insurance, premiums will be assessed until the coverage has ended.

If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability. An increase in coverage takes effect the day the evidence of insurability is approved.

Benefit waiting period for employer-paid and employee-paid LTD

Benefits start after the benefit waiting period, whichever is the longer of:

- 90 days
- The entire period of sick leave (excluding shared leave) for which you are eligible
- The "fractionated period" of paid time off (PTO) for which you are eligible, if your employer has a PTO plan, as those terms are defined in the policy
- The entire period of other non-vacation salaried continuation leave for which you are eligible
- The end of Washington's Paid Family and Medical Leave for which you are receiving benefits

Benefits continue during your disability up to the maximum benefit period. See "What is the maximum benefit period?" on the next page.

What is the maximum benefit period?

For both employer-paid and employee-paid LTD insurance, the maximum benefit period means the benefit duration, which is based on your age when the disability begins.

Age	Maximum benefit period
Up to 61	To age 65 or to SSNRA[1] or 42 months, whichever is longer
62	To SSNRA or 42 months, whichever is longer
63	To SSNRA or 36 months, whichever is longer
64	To SSNRA or 30 months, whichever is longer
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

Terms and conditions apply

LTD insurance has limitations, including a pre-existing condition exclusion. Please read your certificate of coverage carefully to understand this benefit.

Questions?

For help with enrollment and premium payments, please contact your benefits or payroll office.

For help with plan details, please contact Standard Insurance Company at 1-833-229-4177.

1 Social Security normal retirement age

FSAs and DCAP

The SEBB Program has several benefits that allow you to set aside money on a pretax basis to pay for your out-of-pocket health care expenses and dependent care costs:

- Medical Flexible Spending Arrangement (FSA)
- Limited Purpose FSA, for those enrolled in UMP High Deductible
- Dependent Care Assistance Program (DCAP)

All three are available to school employees eligible for SEBB benefits. You may enroll in the DCAP and either a Medical FSA or Limited Purpose FSA. You must enroll in a Medical FSA, Limited Purpose FSA, or DCAP for each year you want to participate. Enrollment does not automatically continue from plan year to plan year. You may choose different amounts for each. See the *Life, LTD, FSA, & DCAP benefits* webpage on HCA's website at **hca.wa.gov/sebb-employee** to learn more.

These benefits are not available to school employees whose eligibility was locally negotiated under WAC 182-30-130 (see "Employee eligibility" on page 12).

These benefits are administered by Navia Benefit Solutions, Inc. For details and forms, visit the Navia website at **sebb.naviabenefits.com** or call 1-800-669-3539. Email questions to **customerservice@naviabenefits.com**.

What is a flexible spending arrangement (FSA)?

The Medical FSA and Limited Purpose FSA allow you to set aside money from your paycheck on a pretax basis to pay for qualifying out-of-pocket health care costs for you and your qualified tax dependents. Your election amount is deducted from your pay, divided by the number of paychecks you will receive in the calendar year. Your election amount will be deducted pretax, which reduces your taxable income, so you don't pay federal taxes on your elected Medical FSA or Limited Purpose FSA dollars.

How does an FSA work?

You cannot enroll in a Medical FSA and a Limited Purpose FSA in the same year. If you are not enrolled in UMP High Deductible with a health savings account (HSA) and you elect both a Medical FSA and a Limited Purpose FSA, you will be enrolled in the Medical FSA only.

You can contribute as little as $120 or as much as $2,850 per calendar year.

To figure out how much you may want to contribute, estimate your out-of-pocket medical expenses for the calendar year and enroll in a Medical FSA for that amount. For the Limited Purpose FSA, estimate your dental and vision expenses. The more accurate you are in estimating your expenses, the better this will work for you.

The full amount you elect to set aside for your Medical FSA or Limited Purpose FSA is available on the first day your benefits become effective. **Exception:** Unlike other qualified expenses, orthodontia costs are reimbursed only after you have paid the provider.

The amount you set as your annual election cannot be changed unless a qualifying event creates a special open enrollment during the plan year. Common qualifying events include birth, adoption, marriage, or death. Your change in election amount must be consistent with the qualifying event.

If you have not spent all the funds in your Medical FSA or Limited Purpose FSA by December 31 and you are still employed and eligible for this benefit, you may be able to take advantage of the carryover feature.

You must submit all claims to Navia Benefit Solutions for reimbursement by March 31, 2024 for services incurred during the 2023 plan year.

What is carryover?

Both the Medical FSA and the Limited Purpose FSA allow you to carry over leftover funds. Carryover helps reduce the amount of money employees will forfeit by allowing them to keep it for future years. The IRS sets the maximum amount employees are allowed to carry over each year. For 2023, the maximum carryover amount will be at least $570. (Because of the timing of the IRS updates to this limit, we cannot include all updates in this guide. This carryover amount may increase slightly. It will not decrease.)

If you have at least $120 left in your Medical FSA or Limited Purpose FSA account on December 31, 2023 and are still employed and eligible for this benefit or have enrolled in an FSA for the next year for at least $120, you can carry over up to $570 of unused funds to the next plan year without affecting annual maximums. Eligible funds will be rolled over in late January 2024. Any amount over $570 will be forfeited to the Health Care Authority.

What is a Medical FSA?

Your Medical FSA helps you pay for deductibles, copays, coinsurance, and many other expenses. You can use this benefit for your health care expenses or those of your spouse or qualified tax dependent, even if they are not enrolled in your SEBB medical, dental, or vision plan.

You cannot enroll in both a Medical FSA and UMP High Deductible with a health savings account (HSA) in the same plan year. If you do, you will be enrolled in the Limited Purpose FSA instead, see the next page for details.

What is a Limited Purpose FSA?

Your Limited Purpose FSA funds can be spent only on dental and vision expenses. It reimburses these expenses for you and your qualified tax dependents. This benefit is intended for subscribers enrolled in UMP High Deductible with an HSA and allows enrollees to save their HSA funds for medical expenses. Your Limited Purpose FSA is compatible with your HSA, so you can spend funds from both accounts in the same plan year.

What is the Dependent Care Assistance Program (DCAP)?

The DCAP allows you to set aside money from your paycheck on a pretax basis to help pay for qualifying child care or elder care expenses while you and your spouse attend school full-time, work, or look for work.

A qualifying dependent must live with you and must be 12 years old or younger. A dependent age 13 or older qualifies only if they are physically or mentally incapable of self-care and regularly spend at least eight hours each day in your household. The care must be provided during the hours the parent(s)/caretaker(s) work, look for work, or attend school.

You can set aside as much as $5,000 annually (for a single person or married couple filing a joint income tax return) or $2,500 annually (for each married person filing a separate income tax return). The minimum DCAP annual contribution is $120.

The total amount of your contribution cannot be more than either your earned income or your spouse's earned income, whichever is less. Earned income means wages, salaries, tips, and other employee compensation, as well as net earnings from self-employment.

How does DCAP work?

The DCAP helps you pay for eligible expenses including elder day care, babysitting, day care, preschool, and registration fees.

Estimate your child or elder care expenses for the calendar year and enroll in the DCAP for that amount. Your election amount is deducted from your pay, divided by the number of paychecks you will receive in the calendar year. Your election amount will be deducted from your paychecks pretax, which reduces your taxable income.

You must incur all expenses by December 31, 2023. DCAP does not offer the carryover feature. Submit all claims for DCAP expenses to Navia Benefit Solutions for reimbursement by March 31, 2024. Money left in your account after that date will be forfeited to the Health Care Authority.

DCAP works like a bank account. Reimbursement cannot exceed the account balance at the time you submit your claim, and you will not receive reimbursement until after the service has been provided.

When can I enroll?

You may enroll in the Medical FSA, Limited Purpose FSA, and DCAP at the following times:

- During the SEBB Program's **annual open enrollment**
- **No later than 31 days** after the date you become eligible for SEBB benefits
- **No later than 60 days** after you or an eligible dependent experience a qualifying event that creates a special open enrollment

How do I enroll?

Before you enroll, make sure to review the following on the Navia website at **sebb.naviabenefits.com**:

- *SEBB Medical FSA Enrollment Guide*
- *SEBB Limited Purpose FSA Enrollment Guide*
- *SEBB DCAP Enrollment Guide*

During the SEBB Program's annual open enrollment, enroll in the Medical FSA, Limited Purpose FSA, or DCAP on the Navia member portal or by downloading the *SEBB Open Enrollment* form at **sebb.naviabenefits.com**. Online enrollment is available only during the annual open enrollment period. To enroll in these benefits when you are newly eligible for SEBB benefits, download and print the *Midyear Enrollment Form for Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (DCAP)* on the Navia member portal at **sebb.naviabenefits.com**. You must return the form to your payroll or benefits office **no later than 31 days** after you become eligible for SEBB benefits.

If you enroll in UMP High Deductible with a health savings account (HSA), you cannot also enroll in a Medical FSA in the same plan year. If you do, you will be enrolled in the Limited Purpose FSA instead. You also cannot enroll in the Medical FSA and the Limited Purpose FSA in the same plan year. If you are not enrolled in UMP High Deductible with an HSA and you elect both a Medical FSA and a Limited Purpose FSA, you will be enrolled in the Medical FSA. However, you can enroll in a Medical FSA or a Limited Purpose FSA and DCAP in the same plan year.

Call Navia Benefit Solutions at 1-800-669-3539 if you have questions.

When can I change my election?

You can enroll or change your election in a Medical FSA, Limited Purpose FSA, or DCAP if you have a qualifying event that creates a special open enrollment. Your election change must be consistent with the qualifying event. For example, you cannot reduce your annual election if you get married; you can only increase it.

If you have a qualifying event and want to change your elections, your payroll or benefits office must receive your *SEBB Change of Status* form and proof of the qualifying event that created the special open enrollment **no later than 60 days** after the date of the event.

SmartHealth

SmartHealth is included in your benefits and is a voluntary wellness program that supports you on your journey toward living well.

Participate in activities to support your whole person well-being, including managing stress, building resiliency, and adapting to change. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentive each year.

Who is eligible?

You (the subscriber) and your spouse or state-registered domestic partner enrolled in SEBB medical coverage can use SmartHealth. If you waive SEBB medical coverage, you can still access SmartHealth, but you cannot qualify for the SmartHealth wellness incentive. Only subscribers enrolled in SEBB medical coverage can qualify for the SmartHealth wellness incentive.

What is the wellness incentive?

Each year, subscribers can qualify for a $125 wellness incentive. How you receive the incentive depends on the type of medical plan you enroll in.

- **For UMP High Deductible:** A one-time deposit of $125 goes into the subscriber's health savings account (HSA).
- **For all other SEBB medical plans:** Subscribers get a $125 reduction in their SEBB medical plan deductible.

When do I get the wellness incentive?

The $125 wellness incentive you qualify for in 2023 will be applied by the end of January 2024, if you are still enrolled in SEBB medical as your primary coverage on January 1, 2024. If you are enrolled in Medicare Part A and Part B as your primary coverage on January 1, 2024, you will not receive the incentive, even if you earned it the prior year.

How do I qualify for the wellness incentive each year?

Complete all three steps within the deadlines described below to qualify each year.

1. Sign in to SmartHealth at **smarthealth.hca.wa.gov**.
2. Complete the SmartHealth well-being assessment. It takes about 15 minutes and is worth 800 points.
3. Join and track more activities to earn at least 2,000 total points before your deadline.

When is my deadline?

Your deadline to qualify for the $125 wellness incentive depends on the date your SEBB medical coverage becomes effective.

- If you are already enrolled in a SEBB medical plan, your deadline is November 30, 2023.
- If you are a new subscriber with a SEBB medical coverage effective date of January through September 2023, your deadline is November 30, 2023.
- If you are a new subscriber with a SEBB medical coverage effective date of October through December 2022, your deadline is December 31, 2023.

What if I can't complete the activities?

Any subscriber for whom it is medically inadvisable or, due to a medical condition, unreasonably difficult to attempt to satisfy the requirement for a SEBB Wellness Incentive Program can request an alternative requirement that will allow them to qualify for the SEBB wellness incentive or request to waive the requirement.

To request an alternative requirement, call SmartHealth Customer Service at 1-855-750-8866. To learn more, including how to appeal if your request is denied, see the *SmartHealth Reasonable Alternative Standard FAQs* on HCA's website at **hca.wa.gov/sebb-smarthealth**.

What if I don't have internet access?

Call SmartHealth Customer Service at 1-855-750-8866, Monday through Friday, 7 a.m. to 7 p.m. (Pacific) to learn how you can participate.

Who can I contact for more help?

For technical questions about using SmartHealth, contact SmartHealth Customer Service:

- Call 1-855-750-8866, Monday through Friday, 7 a.m. to 7 p.m. (Pacific)
- Email **support@limeade.com**

To learn more about SmartHealth, go the HCA website at **hca.wa.gov/sebb-smarthealth**.

What to expect next

Once you make your health plan elections, you can download a copy of your *Statement of Insurance* (a list of the plans you chose) in SEBB My Account. This shows your elections regardless of whether your dependents are approved. After you're enrolled in coverage, your current coverage is displayed on the *Coverage summary* tab.

You should receive a welcome packet or letter from your new health plans.

If you have questions that you can't find on HCA's website at **hca.wa.gov/sebb-employee** or in this guide, contact your payroll or benefits office.

Good to know!

Special open enrollment

See "Changes you can make with a special open enrollment" on page 68. When a special open enrollment event occurs, coverage will begin as noted in the table that begins on that page.

When do my benefits begin?

For newly eligible employees, your medical, dental, and vision coverage, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, employer-paid long-term disability (LTD) insurance, and employee-paid LTD insurance (unless you decline this insurance) begin as described below.

Supplemental life and AD&D insurance begin on the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

If you request to enroll in or increase your employee-paid LTD insurance coverage, it is effective the day the evidence of insurability is approved by the insurer. A decrease in coverage takes effect the first day of the month following the date your SEBB organization receives the required form.

Contact your payroll or benefits office with questions about eligibility and when your benefits begin.

Eligibility starting in August

If you are a school employee who establishes eligibility for the employer contribution toward SEBB benefits at any time in the month of August, SEBB benefits begin on September 1 only if you are also determined to be eligible for the employer contribution toward SEBB benefits for the school year that begins on September 1. The same effective date will apply for enrollment in the Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP) if you are eligible for these benefits and elect them.

Early September start-work dates

If your first day of work is on or after September 1, but not later than the first day of school for the school year, benefits begin the first day of work. The same effective date will apply for enrollment in the Medical FSA, Limited Purpose FSA, or DCAP if you are eligible for these benefits and elect them.

Other start-work dates

If your first day of work is at any other time during the school year, benefits begin the first day of the month following the date you become eligible for the employer contribution toward SEBB benefits. The same effective date will apply for enrollment in the Medical FSA, Limited Purpose FSA, or DCAP if you are eligible for these benefits and elect them.

Several other circumstances, such as a revision in your work pattern or returning from approved leave without pay, have specific dates for eligibility and benefits to begin.

Returning employees

If you have SEBB benefits during the 2022–23 school year and return to the same SEBB organization or a different SEBB organization and are anticipated to work at least 630 hours in the 2023–24 school year, you will receive uninterrupted coverage from one school year to the next.

When do my benefits begin when I am regaining eligibility after unpaid leave?

If you are returning from unpaid leave that did not last more than 29 months after losing the employer contribution, your medical, dental, and vision coverage will begin the first day of the month after you return to work if you are expected to be eligible for the employer contribution.

If you continued your supplemental life insurance or supplemental AD&D insurance while on leave, your coverage would start the first day of the month after you return to work if you are expected to be eligible for the employer contribution. If you were eligible to continue your supplemental life and supplemental AD&D insurance, and chose not to, your insurance would begin the first day of the month following the date the contracted vendor receives the required form or approves the enrollment.

Employee-paid LTD insurance would start the first day of the month following the date you regain eligibility for the employer contribution toward SEBB benefits.

Note: When a school employee who is called to active duty in the uniformed services under the Uniformed Services Employment and Reemployment Rights Act (USERRA) loses eligibility for the employer contribution toward SEBB benefits, they regain eligibility for the employer contribution toward SEBB benefits the day they return from active duty. Medical, dental, vision, basic life insurance, basic AD&D insurance, and employer-paid LTD insurance will begin the first day of the month in which they return from active duty.

What if I change jobs?

You will have uninterrupted coverage when moving from one SEBB organization to another within the same month or a consecutive month if you are eligible for the employer contribution toward SEBB benefits in the position you are leaving and are anticipated to be eligible for the employer contribution in the new position. This includes when you transfer to a different SEBB organization at the start of the school year.

If you move and your new residence is out of your medical plan's service area, you may need to change plans. See "What is a special open enrollment?" on page 67. If you have a Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP), submit a *School Employment Transfer Form*, available on the Navia website at **sebb.naviabenefits.com**.

Good to know!

ID cards

After you enroll, your medical plan will send you an identification (ID) card to show providers when you receive care. If you have questions about your ID card, contact your plan directly.

The Uniform Dental Plan (UDP) does not mail ID cards, but you may download one from the UDP website at **deltadentalwa.com/sebb**.

When coverage begins

If you enroll or make changes during annual open enrollment: January 1 of the following year

If you are newly eligible (except September 1 through first day of school): Generally, the first day of the month following the date you become eligible. If you become eligible on the first working day of the month, SEBB benefits begin on that day. See "When do my benefits begin?" or "When do my benefits begin when I am regaining eligibility?"

If you are eligible September 1 through first day of school: The first day of work

If you get married or register a state-registered domestic partnership: The first of the month after the date of the event or the date your payroll or benefits office receives your completed enrollment form with proof of your dependent's eligibility, whichever is later. If that day is the first of the month, coverage for your dependent begins on that day. You can submit the proof of eligibility later than the online enrollment or form, as long as it is within 60 days of the event date.

If you have a birth, adoption, or assume legal obligation for support in anticipation of adoption:

- **For a newly born child:** The date of birth
- **For a newly adopted child:** The date of placement or the date a legal obligation is assumed in anticipation of adoption, whichever is earlier.

If you enroll yourself in order to enroll a newly born or newly adopted child, medical coverage begins the first day of the month in which the event occurs.

If you enroll your eligible spouse or state-registered domestic partner in your SEBB health plan coverage due to your child's birth or adoption, their medical coverage begins the first day of the month in which the birth or adoption occurs.

If adding the child increases the premium, and the child's date of birth or adoption is before the 16th day of the month, you pay the higher premium for that full month. If the child's date of birth or adoption is on or after the 16th, the higher premium will begin the next month.

A newly born child must be at least 14 days old before supplemental dependent life insurance and AD&D insurance coverage purchased by the employee becomes effective.

You can submit the proof of eligibility later than the enrollment form, as long as it is within 60 days of the event period.

If a child becomes eligible as an extended dependent: The first day of the month following the event date or eligibility certification, whichever is later.

When an employee returns from active duty in the uniformed services: Their employer-paid SEBB benefits will begin the first day of the month they return from active duty.

Other events that create a special open enrollment: The first of the month after the date of the event or the date your payroll or benefits office receives your online enrollment or form (and proof of the event that created the special open enrollment) with any other required documents, whichever is later. If that day is the first of the month, coverage begins on that day. You can submit the proof of eligibility later than the online enrollment or form, as long as it is within 60 days of the event.

Changing your coverage

How do I make changes to my health plan coverage?

You can make changes to your enrollment or health plan elections in one of these ways:

- Log in to SEBB My Account or submit the required forms to your payroll or benefits to change your selections during the **annual open enrollment**. Changes are effective January 1 of the following year.
- Log in to SEBB My Account or submit the required forms to your payroll or benefits office within the SEBB Program's timelines when a special open enrollment event occurs. The effective date depends on the change requested and the date it is received.

Changes you can make anytime

- Change your name or address by notifying your payroll or benefits office. You cannot change this through SEBB My Account.
- Apply for, cancel, change coverage amounts, and update beneficiary information for basic and supplemental life insurance, as well as basic and supplemental accidental death and dismemberment (AD&D) insurance. Evidence of insurability may be required. See "Life and AD&D insurance" on page 51.
- Remove dependents from coverage due to loss of eligibility (this is required). Make this change in SEBB My Account or submit the *School Employee Change* form to your payroll or benefits office **within 60 days** of the last day of the month the dependent loses eligibility for SEBB health plan coverage. If submitting the form, it must be received by the deadline. You may also need to provide proof of the event before the dependent can be removed.
- Use SEBB My Account to reduce to a lower-cost 50-percent coverage level or decline the coverage. You can also use the *Long Term Disability Insurance Enrollment and Change* form to reduce, decline, enroll in, or increase coverage. The form is available on HCA's LTD webpage at **hca.wa.gov/sebb-ltd**. To enroll in or increase coverage, you will have to provide evidence of insurability. See "Long-term disability insurance" on page 55.
- Make changes to your tobacco use premium surcharge attestation. You can do this on SEBB My Account at **myaccount.hca.wa.gov** or use the *SEBB Premium Surcharge Attestation Change* form found under *Forms & publications* on HCA's website at **hca.wa.gov/sebb-employee**.
- Start, stop, or change your contribution to your health savings account (HSA). Use the *SEBB Employee Authorization for Payroll Deduction to Health Savings Account* form under *Forms & publications* on HCA's website at **hca.wa.gov/sebb-employee**.
- Change your HSA beneficiary information. Use the *Health Savings Account Beneficiary Designation* form available on HealthEquity's website at **learn.healthequity.com/sebb/hsa**.

Good to know!

Reenroll in the Medical FSA, Limited Purpose FSA, and DCAP

Your participation in the Medical FSA, Limited Purpose FSA, and DCAP does not automatically continue from plan year to plan year. If you wish to participate, you must enroll in these benefits annually.

Changes you can make during annual open enrollment

Enrollment changes must be completed by the last day of annual open enrollment. They are effective January 1 of the following year.

Changes using SEBB My Account

The changes in the list below can be completed using SEBB My Account at **myaccount.hca.wa.gov**.

- Change your medical, dental, and vision plans.
- Enroll or remove eligible dependents.
- Enroll in a medical plan if you previously waived SEBB medical.
- Waive SEBB medical coverage. See "Waiving enrollment" on page 20.
- Attest to the spouse or state-registered domestic partner coverage premium surcharge.
- Reduce, decline, or enroll in employee-paid LTD coverage. See "Long-term disability insurance" on page 55. (At any time after open enrollment, use the *Long Term Disability Enrollment and Change* form.)

Changes that cannot be done in SEBB My Account

Changes must be completed by the last day of annual open enrollment.

- Enroll in or opt out of participation under the premium payment plan. Submit the *SEBB Premium Payment Plan Election/Change* form to your payroll or benefits office. See "Paying for benefits" on page 22.
- Enroll or reenroll in the Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (DCAP) on the Navia Benefit Solutions website at **sebb.naviabenefits.com** (a link to the site is also available in SEBB My Account). If you cannot use the Navia website, your payroll or benefits office must receive FSA and DCAP enrollment form by the last day of open enrollment.

What is a special open enrollment?

Certain qualifying events let you make account changes (like changing plans or enrolling a dependent) outside of annual open enrollment. We call these "special open enrollment events."

The change in enrollment must be allowable under the Internal Revenue Code and Treasury Regulations and correspond to and be consistent with the event that creates the special open enrollment for the employee, the employee's dependents, or both. A special open enrollment event must be an event other than an employee gaining initial eligibility or regaining eligibility for SEBB benefits.

The changes shown on the next page through page 71 may be allowed as a special open enrollment.

How do I make changes during a special open enrollment?

You must provide proof of the event that created the special open enrollment (for example, a marriage or birth certificate) via SEBB My Account or with the *School Employee Change* form (and other required forms) to your payroll or benefits office **no later than 60 days** after the event. In many instances, the date your change is received affects the effective date of the change in enrollment.

You may want to submit your request sooner to avoid a delay in the enrollment or change. When the special open enrollment is for birth or adoption, submit the required forms and proof of your dependent's eligibility and/or the event as soon as possible to ensure timely payment of claims. If adding the child increases the premium, your payroll or benefits office must receive the enrollment form and proof of your dependent's eligibility and/or the event **no later than 60 days** after the date of birth, adoption, or the date you assume legal obligation for support in anticipation of adoption.

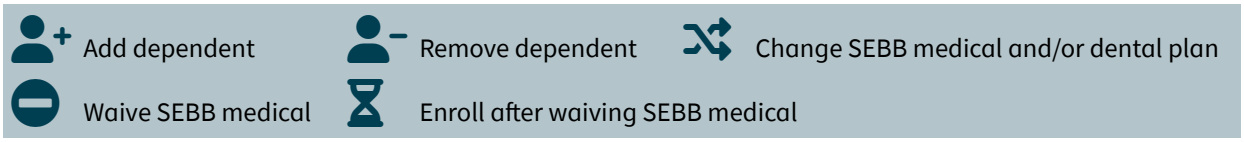
Good to know!

Learn more

For more information about the changes you can make during these events, see SEBB Program Administrative Policy Addendum 45-2A on the HCA website at **hca.wa.gov/sebb-rules**.

Changes you can make with a special open enrollment

The icons listed here will indicate which changes may be available in your situation. Grayed-out icons indicate that the change is not permitted in that situation.



Marriage or registration of a state-registered domestic partner

Submit these documents

Marriage certificate; certificate of state-registered domestic partnership or legal union

For a state-registered domestic partner or partner of a legal union, also submit *SEBB Declaration of Tax Status*. An employee may not change their health plan if the state-registered domestic partner or their state-registered domestic partner's child is not a tax dependent.

Please note: Employee may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added.

Employee may remove a dependent from SEBB health plan coverage only if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.

Employee may change their plan only if the employee enrolls the new spouse or new state-registered domestic partner or the child acquired through the state-registered domestic partnership who is also a newly eligible tax dependent.

Waiving for this event is allowed only if the employee enrolls in medical under the new spouse's or state-registered domestic partner's employer-based group health plan.

Birth, adoption, or assuming a legal obligation for support in anticipation of adoption

Submit these documents

Birth certificate (or, if a birth certificate is unavailable, a hospital certificate with child's footprints); certificate or decree of adoption; placement letter from adoption agency

All valid documents for proof of this event must show the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner; and a *SEBB Declaration of Tax Status* is required if enrolling a child of a state-registered domestic partner.

Please note: Waiving for this event is allowed only if the employee enrolls in medical under the new spouse or state-registered domestic partner due to birth or adoption.

Child becomes eligible as an extended dependent through legal custody or guardianship

Submit these documents

Valid court order showing legal custody, guardianship, or temporary guardianship, signed by a judge or officer of the court; a signed *SEBB Extended Dependent Certification* form; and a *SEBB Declaration of Tax Status* form

Employee or dependent loses other coverage under a group health plan or through health insurance, as defined by the Health Insurance Portability and Accountability Act (HIPAA)

Submit these documents
Certificate of creditable coverage; letter of termination of coverage from health plan or payroll or benefits office; COBRA election notice

Employee has a change in employment status that affects their eligibility for the employer contribution toward their employer-based group health plan

Submit these documents
Employee hire letter from employer that contains information about benefits eligibility; employment contract; termination letter; letter of resignation; statement of insurance; certificate of coverage

Please note: Waiving for this event is allowed only if the employee enrolls in medical under another employer-based group health plan based upon a change in the employment status that affects the eligibility for the employer contribution.

Employee's dependent has a change in employment status that affects their eligibility or their dependent's eligibility for their employer contribution under their employer-based group health plan. "Employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 26 C.F.R. 54.9801-6.

Submit these documents
Employee hire letter from their employer that contains information about benefits eligibility; employment contract; termination letter; letter of resignation; statement of insurance; certificate of coverage

Please note: Waiving for this event is allowed only if the employee enrolls in medical under the dependent's employer-based group health plan where they gained eligibility for the employer contribution.

Employee has a change in employment from a SEBB organization to a public school district that results in having different medical plans available

Submit these documents
Employee hire letter from employer that contains information about benefits eligibility; employment contract

Add dependent | Remove dependent | Change SEBB medical and/or dental plan
Waive SEBB medical | Enroll after waiving SEBB medical

Employee or dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the SEBB Program's annual open enrollment

Submit these documents
Certificate of creditable coverage; letter of enrollment or termination of coverage from the health plan; letter of enrollment or termination of coverage from the employer's payroll or benefits office; proof of waiver

Please note: Waiving for this event is allowed only if the employee enrolls in medical during an open enrollment under another employer-based group health plan.

Employee's dependent moves from another country to live in the United States, or from within the U.S. to another country, and that change in residence resulted in the dependent losing their health insurance

Submit these documents
Visa or passport with date of entry; proof of former and current residence (e.g., utility bill); letter or document showing coverage was lost (e.g., certificate of creditable coverage)

Employee or dependent has a change in residence that affects health plan availability

Submit these documents
Proof of former and current residence (e.g., utility bill); certificate of creditable coverage

A court order requires the employee or any other individual to provide insurance coverage for an eligible child of the employee

Submit these documents
Valid court order

Employee or dependent enrolls in or loses eligibility for Apple Health (Medicaid) or a state Children's Health Insurance Program (CHIP)

Submit these documents
Enrollment or termination letter from Medicaid (Apple Health in Washington) or CHIP reflecting the date the subscriber or subscriber's dependent enrolled in Medicaid or CHIP or the date at which the subscriber or subscriber's dependent lost eligibility for Medicaid or CHIP.

Employee or dependent becomes eligible for a state premium assistance subsidy for SEBB medical plan coverage from Medicaid or CHIP

Submit these documents
Eligibility letter from Medicaid or CHIP

Employee or dependent enrolls in or loses eligibility for Medicare. If waiving SEBB medical, only allowed if enrolling in Medicare. If enrolling after waiving SEBB medical, only allowed if lost eligibility for Medicare.

Medicare benefit verification letter; copy of Medicare card; notice of denial of Medicare coverage; Social Security denial letter; Medicare entitlement or cessation of disability form

Please note: A dental or vision plan change is not allowed.

Employee's or dependent's current medical plan becomes unavailable because the employee or enrolled dependent is no longer eligible for a health savings account (HSA)

Submit these documents

Cancellation letter from the high deductible health plan; coverage confirmation in a new health plan; Medicare entitlement letter; copy of current tax return claiming employee as a dependent.

Employee or dependent experiences a disruption of care for active and ongoing treatment that could function as a reduction in benefits for the employee or their dependent (requires approval by the SEBB Program)

Changing SEBB medical, dental and/or vision plans can only be approved by the SEBB Program.

Submit request for a plan change to:

Health Care Authority
SEBB Program
PO Box 42684
Olympia, WA 98504-2684

Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan

Submit these documents

Certificate of creditable coverage; proof of enrollment or termination of coverage from a TRICARE plan

In addition, employees can make changes to supplemental life and supplemental AD&D insurance during a special open enrollment. See "Life and AD&D insurance on page 51."

Learn more

For more information about the changes you can make during these events (such as changes to FSA/DCAP and premium payment plans), see SEBB Program Administrative Policy Addendum 45-2A on the HCA website at **hca.wa.gov/sebb-rules**.

When coverage ends

Your or your dependent's SEBB insurance coverage ends as described below. Your dependent's insurance coverage will end if you fail to comply with the SEBB Program's procedural requirements, including failure to provide information or documentation by the due date in written requests from the SEBB Program.

When the school district, charter school, or ESD terminates your employment relationship. Eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective.

When you terminate the employment relationship. Eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective.

When your work pattern is revised such that you are no longer anticipated to work 630 hours during the school year. Eligibility for the employer contribution ends as of the last day of the month in which the change is effective.

When you return from approved leave without pay as described in WAC 182-31-040 (4)(d) and subsequently have a change in work pattern that, if it had been in effect at the start of the school year, would not have resulted in you being anticipated to work the minimum hours to meet SEBB eligibility for the employer contribution. Eligibility for the employer contribution ends as of the last day of the month in which the change is effective.

When you are a 9- or 10-month school employee hired late in the school year and were eligible for SEBB benefits under WAC 182-31-040(4)(c)(i), but you have a change in work pattern and are no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backward from the week that contains the last day of school. Eligibility for the employer contribution ends as of the last day of the month in which the change is effective.

When you are a 12-month school employee hired late in the school year and were eligible for SEBB benefits under WAC 182-31-040 (4)(c)(ii), but you have a change in work pattern and are no longer anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backward from the week that contains August 31. Eligibility for the employer contribution ends as of the last day of the month in which the change is effective.

When you are a school employee hired late in the school year and were eligible for SEBB benefits under WAC 182-31-040 (4)(c) but are no longer anticipated to work 630 hours in the next school year. Eligibility for the employer contribution ends as of the last day of the month in which the change in anticipation occurs.

Note: If your school district, charter school, or ESD deducted your portion of the premium for SEBB insurance coverage from your pay after you were no longer eligible for the employer contribution, SEBB insurance coverage ends the last day of the month for which premiums were deducted.

Good to know!

Your options when coverage ends

You may be eligible to enroll on your spouse's, state-registered domestic partner's, or parent's SEBB insurance coverage as a dependent.

You, your dependents, or both may be able to temporarily continue your SEBB insurance coverage by self-paying the premiums and applicable premium surcharges on a post-tax basis. Your employer will make no contribution toward the premiums.

There are three options administered by HCA that you and your eligible dependents may qualify for when employee coverage ends:

- SEBB Continuation Coverage (COBRA)
- SEBB Continuation Coverage (Unpaid Leave)
- PEBB retiree insurance coverage

What happens if I or my dependent loses eligibility?

If you lose eligibility, your employer will notify you and give you the opportunity to appeal the decision. You can find information on how to appeal on page 76.

If your dependent loses eligibility, you must remove the ineligible dependent from your account. Your payroll or benefits office must receive your request to remove the dependent via SEBB My Account or the *School Employee Change* form **within 60 days** of the last day of the month your dependent is no longer eligible.

The SEBB Program collects premiums for the entire last calendar month of coverage and will not prorate them for any reason.

How does SEBB Continuation Coverage work?

SEBB Continuation Coverage (COBRA and Unpaid Leave) temporarily extend SEBB health plan coverage when your or your dependent's SEBB health plan coverage ends due to a qualifying event. You can enroll in only one of these options at a time.

We will mail a *SEBB Continuation Coverage Election Notice* to you or your dependent at the address we have on file when your employer-paid coverage ends. The notice explains the continuation coverage options and includes enrollment forms to apply.

You or your eligible dependents must submit the appropriate election form to the SEBB Program **no later than 60 days** from the date SEBB health plan coverage ended or from the postmark date on the *SEBB Continuation Coverage Election Notice*, whichever is later. If we do not receive the form by the deadline, you will lose all rights to continue SEBB insurance coverage.

For information about your rights and obligations under SEBB Program rules and federal law, refer to the *SEBB Initial Notice of COBRA and Continuation Coverage Rights* (mailed to you soon after you enroll in SEBB insurance coverage), or the *SEBB Continuation Coverage Election Notice*, (mailed to you when your SEBB benefits are terminated), or the *PEBB Retiree Enrollment Guide*. You can find these under *Forms & publications* on the HCA website at **hca.wa.gov/sebb-employee**.

SEBB Continuation Coverage (COBRA)

SEBB Continuation Coverage (COBRA) is for current and former school employees and their dependents who are qualified beneficiaries under federal COBRA Continuation Coverage law. COBRA eligibility is defined in federal law and governed by federal rules. SEBB Continuation Coverage (COBRA) also includes coverage for some members who are not qualified beneficiaries under federal COBRA Continuation Coverage. Your dependents may have independent election rights to SEBB Continuation Coverage (COBRA).

SEBB Continuation Coverage (Unpaid Leave)

SEBB Continuation Coverage (Unpaid Leave) is an alternative created by the SEBB Program with wider eligibility criteria and qualifying event types, such as a layoff, approved leave of absence, or when called to active duty in the uniformed services. This option allows you to continue life insurance. If you do not elect this coverage, your dependents do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave).

PEBB retiree insurance coverage

The SEBB Program does not offer retiree insurance coverage. However, retiree insurance coverage for eligible SEBB members is offered through the Public Employees Benefits Board (PEBB) Program.

PEBB retiree insurance is available only to those who meet eligibility and procedural requirements. You can find information on HCA's website at **hca.wa.gov/pebb-retirees**.

When you plan to terminate your employment and want to enroll in PEBB retiree insurance coverage, download a *PEBB Retiree Enrollment Guide* on HCA's website at **hca.wa.gov/pebb-retirees**. You can also request it by calling the PEBB Program at 1-800-200-1004. (This phone line is only for retiring employees and continuation coverage members. Employees should contact their payroll or benefits office with questions about the SEBB Program or their account-related questions.) We also offer an online tutorial that walks you through filling out the retiree Form A at your own pace. If you need help with the form, the tutorial is available on HCA's website at **hca.wa.gov/forma-tutorial**.

We suggest you request or review this information about three months before your employment is terminated if you want to enroll in PEBB retiree insurance coverage. Generally, you have **60 days** from the date your employer-paid SEBB coverage, COBRA coverage, or continuation coverage ends for the PEBB Program to receive your application for retiree insurance coverage.

Note: If you elect to enroll in a Medicare Advantage Prescription Drug plan, and the required forms are received by the PEBB Program after the date the PEBB retiree insurance coverage is to begin, you will be enrolled in UMP Classic Medicare during the gap month(s) prior to when the Medicare Advantage Prescription Drug Coverage begins.

Once we receive your form, PEBB Program staff will review it for eligibility and contact you if they need more information. Your opportunity to enroll in PEBB retiree insurance coverage may be affected if the 60-day deadline is not met.

When you become eligible for Medicare, you must enroll and stay enrolled in Medicare Part A and Part B to enroll in or remain eligible for PEBB retiree insurance coverage. Be sure you understand the Medicare enrollment timelines, especially if you are leaving employment within a few months of becoming eligible for Medicare or are in your Medicare Initial Enrollment Period (IEP) and want to enroll in PEBB retiree insurance coverage. See "Medicare and SEBB" on page 19.

For general eligibility and enrollment questions regarding continuation coverage or retiree insurance coverage, you can also call the PEBB Program at 1-800-200-1004 (TRS: 711). This phone line is only for retiring employees and continuation coverage members. Or you can send a secure message with HCA Support at **support.hca.wa.gov**. You must set up a secure login for this option. This helps protect your privacy and sensitive health information. Employees should contact their payroll or benefits office with questions about the SEBB Program or their account-related questions.

What happens to my Medical FSA or Limited Purpose FSA when coverage ends?

When your SEBB insurance coverage ends or you go on unpaid leave that is not approved under the federal Family and Medical Leave Act (FMLA), Washington's Paid Family and Medical Leave program, or military leave, you are no longer eligible to contribute to your Medical Flexible Spending Arrangement (FSA) or Limited Purpose FSA.

Eligibility ends on the last day of the month of loss of coverage or unapproved leave. You will be able to claim only expenses incurred while employed up to your remaining benefit, unless you are eligible to continue your Medical FSA or Limited Purpose FSA under SEBB Continuation Coverage (COBRA) or SEBB Continuation Coverage (Unpaid Leave) through Navia Benefit Solutions. Claims may be submitted up to your account balance and must be submitted to Navia Benefit Solutions by March 31 of the following plan year.

Good to know!

For more information on when FSA and DCAP coverage ends

See the *SEBB Medical FSA Enrollment Guide, SEBB Limited Purpose FSA Enrollment Guide, and SEBB Dependent Care Assistance Program Guide* on the Navia member portal at **sebb.naviabenefits.com**. You can also call Navia Benefit Solutions at 1-800-669-3539 or send an email to **customerservice@naviabenefits.com**.

What happens to my DCAP funds when coverage ends?

If you terminate employment and have unspent Dependent Care Assistance Program (DCAP) funds, you may continue to submit claims for eligible expenses as long as the expenses allow you to attend school full-time, look for work, or work full-time. Claims may be submitted up to your account balance and must be submitted to Navia Benefit Solutions by March 31 of the following plan year. You cannot incur expenses after December 31 of the plan year. There are no continuation coverage rights for DCAP.

What happens to my HSA when coverage ends?

If you enroll in UMP High Deductible with a health savings account (HSA), then later switch to another type of plan, leave employment, or retire, any unspent funds in your HSA will remain available to you, unless you close your account. There is a fee for account balances below a certain threshold. Contact HealthEquity for information about fees.

You can use your HSA funds on qualified medical expenses, or you can leave them for the future. However, you, your employer, the SEBB Program, and others may no longer contribute to your HSA.

Contact HealthEquity with questions on how your HSA works when you switch plans, enroll in continuation coverage, or retire. If you set up automatic payroll deductions to your HSA, contact your payroll office to stop them. If you set up direct deposits to your HSA, call HealthEquity to stop them. See "Who to contact for help" at the front of this guide and "UMP High Deductible with an HSA" on page 30.

What happens to my life and AD&D insurance when coverage ends?

When your SEBB employee life insurance ends, you may have an opportunity to continue all or part of your coverage through a portability or conversion option. If you are eligible for these options, MetLife will send you information and an application. Accidental death and dismemberment (AD&D) insurance is not eligible for portability or conversion. For more information, see "Life and AD&D insurance" on page 51 or contact MetLife at 1-833-854-9624.

If I die, are my surviving dependents eligible?

If you die, your dependents will lose their eligibility for the employer contribution toward SEBB Program benefits. Your dependents (a spouse, state-registered domestic partner, or children) may be eligible to enroll in or defer (postpone or pause) enrollment in PEBB retiree insurance coverage as a survivor. To do so, they must meet the procedural and eligibility requirements described in WAC 182-12-265.

The PEBB Program must receive all required forms **no later than 60 days** after the date of the employee's death or the date the survivor's SEBB insurance coverage ends, whichever is later.

If your surviving spouse, state-registered domestic partner, or dependent child does not meet the eligibility requirements described in WAC 182-12-265, they may be eligible to continue health plan enrollment in SEBB Continuation Coverage (COBRA) as described in WAC 182-31-090. See "What are my options when coverage ends?" on page 72.

What do I do if a dependent dies?

If your covered dependent dies, submit the *School Employee Change* form to your payroll or benefits office to remove the deceased dependent from your coverage **no later than 60 days** after the death.

By submitting this form, your premium may be reduced to reflect the change in coverage. For example, if the deceased person was the only dependent on your account, then the premium withheld from your paycheck will be lower.

The SEBB Program collects premiums for the entire calendar month and will not prorate them for any reason, including when a member dies before the end of the month. The deceased dependent's coverage will end the last day of the month in which the dependent dies. Any change to your premium will be effective the first day of the following month.

If you have supplemental life insurance or supplemental AD&D insurance for your dependent, or if you are unsure, call MetLife at 1-833-854-9624. Also consider updating any beneficiary designations for benefits such as your life or AD&D insurance, Department of Retirement Systems administered pension benefits, or other administered deferred compensation program accounts.

Appeals

How do I appeal a decision made by a health plan?

If you are seeking a review of a decision by a SEBB Program medical, dental, or vision plan or insurance carrier, contact the plan or insurance carrier to request information on how to appeal its decision. For example, you would contact your medical plan to appeal a denial of a medical claim. Contact information is listed at the beginning of this guide.

How do I appeal a decision made by my employer or the SEBB Program?

If you or your dependent disagree with a specific decision or denial, you or your dependent may file an appeal. You have **30 days** to request an appeal. You can find guidance on filing an appeal in Chapter 182-32 WAC and on the HCA website at **hca.wa.gov/sebb-appeals**, or see "Appeal instructions and deadlines," beginning on the next page.

How do I request a review of an initial order?

You can file a written request or call the SEBB Appeals to request a review.

Information detailing your right to request a review is included in the presiding officer's initial order.

Mail your written request to:

Health Care Authority
SEBB Appeals Unit
PO Box 45504
Olympia, WA 98504-5504

Send a fax to 360-763-4709

Request a review by calling: 1-800-351-6827

Deadline for requesting a review of the initial order

The SEBB Appeals Unit must receive your request for review **no later than 21 calendar days** after the service date of the initial order. Once your request for review is received, a final order will generally be mailed within 20 days.

How can I make sure my personal representative has access to my health information?

Send the SEBB Program an *Authorization for Release of Information* form or a copy of a valid power of attorney naming your representative and authorizing them to access your medical records and/or SEBB Program account information and exercise your rights under the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rule. The form is available on the SEBB Appeals webpage at **hca.wa.gov/sebb-appeals**. If you have questions, please call the SEBB Appeals unit at 1-800-351-6827.

Appeal instructions and deadlines

If your situation is

You disagree with a decision made by your employer and you are requesting your employer's review about your premium surcharges, eligibility for, or enrollment in:

- Medical coverage
- Dental coverage
- Vision coverage
- Life insurance
- Accidental death and dismemberment (AD&D) insurance
- Long-term disability (LTD) insurance
- Medical Flexible Spending Arrangement (FSA)
- Limited Purpose FSA
- Dependent Care Assistance Program (DCAP)

Instructions: Complete Sections 1 through 3 of the *SEBB Employee Request for Review/Notice of Appeal* form (available on the SEBB Appeals webpage at **hca.wa.gov/sebb-appeals**) and submit it to your payroll or benefits office.

Deadline: Your employer must receive the form **no later than 30 calendar days** after the date on the denial notice or decision you are appealing.

If your situation is

You disagree with a review decision made by your employer and you are now requesting the SEBB Appeals Unit review of your employer's decision.

Instructions: Complete Section 7 of the *SEBB Employee Request for Review/Notice of Appeal* form (available on the SEBB Appeals webpage at **hca.wa.gov/sebb-appeals**) and submit it to the SEBB Appeals Unit as directed on the form.

Deadline: The SEBB Appeals Unit must receive the form **no later than 30 calendar days** after your employer's written review decision date in Section 4 of the form.

If your situation is

You disagree with a decision from the SEBB Program about:

- Eligibility for or enrollment in:
  - Life insurance
  - AD&D insurance
  - Long-term disability insurance
  - Medical FSA
  - Limited Purpose FSA
  - DCAP
- Eligibility to participate in SmartHealth or receive a wellness incentive
- Eligibility and enrollment for a dependent, extended dependent, or dependent child with a disability age 26 or older
- Premium surcharges
- Premium payments
- Premium payment plan

Instructions: Follow the appeal instructions on the decision letter you received from the SEBB Program.

If your situation is

You are seeking a review of a decision made by a SEBB medical, dental, or vision plan or insurance carrier about:

- A benefit or claim
- Life insurance premium payments

Instructions: Contact the medical, dental, or vision plan or insurance carrier to request information on how to appeal the decision.

2023 SEBB Premium Surcharge Attestation Help Sheet

Use the information below to determine whether the premium surcharges apply to you. Then attest (respond) in the surcharge sections on your enrollment form, in SEBB My Account, or on the *2023 SEBB Premium Surcharge Attestation Change* form.

The premium surcharges **may apply** to subscribers who are only enrolled in SEBB dental and vision coverage.

1 Tobacco use premium surcharge

What are tobacco products?

Tobacco products means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products.
Tobacco products **do not** include:

- E-cigarettes.
- Tobacco cessation aids approved by the Food and Drug Administration, such as:
  1. All over-the-counter nicotine replacement products if recommended by a doctor, such as:
     - Skin patches — generic (nicotine film), private label, or brand name (Habitrol or Nicoderm).
     - Chewing gum (also called nicotine gum) — generic (nicotine polacrilex or Thrive), private label, or brand name (Nicorette).
     - Lozenges — generic (nicotine polacrilex), private label, or brand name (Nicorette or Commit).
  2. Prescription nicotine replacement products.
     - Nasal spray or oral inhaler — brand name (Nicotrol).
     - Products not containing nicotine, such as pills — generic (bupropion hydrochloride) or brand name (Chantix or Zyban).

What is tobacco use?

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

The premium surcharge **will not** apply if you and all enrolled dependents who use tobacco products meet these requirements:

- Age 18 and older: enrolled in the free tobacco cessation program through your SEBB medical plan (visit HCA's website at **hca.wa.gov/tobacco-free-sebb**).
- Age 13 to17: accessed resources aimed at teens at **teen.smokefree.gov**.

Enrolled dependents age 12 and younger are automatically defaulted to **No** (non-tobacco users). You **do not** have to attest for them. When they turn age 13, you do not need to attest unless they use, or start using, tobacco products.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in SEBB Program Administrative Policy 91-1 on HCA's website at **hca.wa.gov/sebb-rules**.

Does this mean tobacco use within the past two months from today?

Tobacco products used within the two months before the date you submit your attestation count as tobacco use.

What if my tobacco use changes?

You must change your attestation when you or any enrolled dependents age 13 and older:

- Starts using tobacco products.
- Have stopped using tobacco products for two months or have enrolled in or accessed one of the tobacco cessation resources noted to the left.

You can change your tobacco use attestation online using SEBB My Account (employees only) at **myaccount.hca.wa.gov**, or you can submit a *SEBB Premium Surcharge Attestation Change* form. Changes that result in a premium surcharge will begin the first day of the month after the status change (the date you or a dependent started using tobacco products). If that day is the first of the month, the change begins on that day. Changes that result in removing a premium surcharge will begin the first day of the month after your attestation is received. If that day is the first of the month, the change begins on that day.

2 Spouse or state-registered domestic partner coverage premium surcharge

If you are not enrolling a spouse or state-registered domestic partner (SRDP) on your SEBB medical plan, you don't need to complete this questionnaire or attest — this surcharge doesn't apply to you. If you have one enrolled, or you will enroll them on your 2023 SEBB medical plan, you must complete this questionnaire.

Answer **Yes** or **No** to Questions 2 through 6 below. You must also check the corresponding boxes on your enrollment form, in SEBB My Account, or on the *2023 SEBB Premium Surcharge Attestation Change* form.

1	Are you covering your spouse or SRDP in a SEBB medical plan under your account in 2023?	✓ Yes	■ No
2	Will they be eligible for medical coverage through their employer in 2023? (If they will not be employed in 2023, answer No.)	☐ Yes	☐ No
3	Will their employer offer at least one medical plan that serves their county of residence in 2023?	☐ Yes	☐ No
4	Have they chosen not to enroll in their employer's medical (including PEBB) coverage in 2023?	☐ Yes	☐ No
5	Will the coverage offered by their employer in 2023 **not** be through the SEBB Program or a TRICARE plan? • Answer Yes if their employer **does not** offer SEBB coverage or a TRICARE plan. • Answer No if their employer **offers** SEBB coverage or a TRICARE plan.	☐ Yes	☐ No
6	Will their share of the medical premium through their employer be less than $137.76 per month in 2023?	☐ Yes	☐ No

If you answered No to any of these questions, check **No** and indicate which questions you answered **No** to in SEBB My Account, on your enrollment form, or *SEBB Premium Surcharge Attestation Change* form. **You will not be charged the surcharge**.

If you answered **Yes** to all of these questions, you must complete steps 1 and 2 below to find out whether you will be charged the premium surcharge.

1. Your spouse or SRDP should ask their employer for a *2023 Summary of Benefits and Coverage* (SBC) for all medical plans that:
   - Serve their county of residence.
   - Have a monthly premium of less than **$137.76** per month for the employee.
2. Use the SBC information to answer the questions in the *2023 SEBB Spousal Plan Calculator* online tool on HCA's website at **hca.wa.gov/erb**. Or you can download a paper version and submit it in SEBB My Account, with your enrollment form, or with your *SEBB Premium Surcharge Attestation Change* form.

If using the online *SEBB Spousal Plan Calculator*:

- You will get a **Yes** or **No** response to whether the premium surcharge applies to you. Enter this response on your enrollment form or *SEBB Premium Surcharge Attestation Change* form.

If using a paper version of the *SEBB Spousal Plan Calculator:*

- Provide all the information requested.
- Check "My employer or SEBB Program (for SEBB Continuation Coverage subscribers) to help determine" in SEBB My Account, on the enrollment form, or *SEBB Premium Surcharge Attestation Change* form.
- Include a copy of the *SEBB Spousal Plan Calculator* (not this help sheet) for **each** medical plan that meets the criteria when you submit your attestation.
- Your payroll or benefits office (for employees) or the SEBB Program (for SEBB Continuation Coverage subscribers only) will use these to help determine whether your spouse's or SRDP's employer-based group medical is comparable to the Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan Classic, and if the premium surcharge will apply.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following: **Employees:** Your payroll or benefits office. **SEBB Continuation Coverage subscribers:** The SEBB Program at 1-800-200-1004 (TRS: 711).

Enrollment forms

Premium Surcharge Attestation Help Sheet

hca.wa.gov/assets/pebb/20-0040-sebb-premium-surcharge-help-sheet-2023.pdf

Long Term Disability (LTD) Insurance Enrollment and Change Form

www.standard.com/eforms/7533_756494a.pdf

Washington State Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

Update your mailing address

Keep your address up to date so we can send you important account information that can't be emailed., including eligibility or payment deadlines. This also ensures that the health plans you are enrolled in send information to the right address. Let your payroll or benefits office know of any address changes. (You can't update your mailing address in SEBB My Account.)