



2021 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 2021 enrollment form, in SEBB My Account (employees only), or on the *2021 SEBB Premium Surcharge Attestation Change Form*.

The premium surcharges **do not apply** to subscribers who are only enrolled in SEBB dental and vision coverage.

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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 for adults age 18 and older and children under age 18 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 meet these requirements:

- Age 18 and older: enrolled in the free tobacco cessation program through your SEBB medical plan.
- Age 13 to 17: accessed resources on the Smokefree teen website at teen.smokefree.gov.

Enrolled dependents ages 12 and younger are automatically defaulted to No (non-tobacco users). You do not have to attest for them. When the dependent turns age 13, you do not need to attest 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 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:

- **Any** enrolled dependent age 13 and older starts using tobacco products.
- **All** enrolled dependents ages 13 and older 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 *2021 SEBB Premium Surcharge 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 to the surcharge 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 to the surcharge begins on that day.

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 2021 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 in SEBB My Account, on your 2021 enrollment form or on your *2021 SEBB Premium Surcharge Change Form*.

1	Are you covering your spouse or SRDP in a School Employees Benefits Board (SEBB) medical plan under your account in 2021?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Will they be eligible for medical coverage through their employer in 2021? (If they will not be employed in 2021, answer NO.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Will their employer offer at least one medical plan that serves their county of residence in 2021?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Has your spouse or SRDP elected not to enroll in their employer's medical (including PEBB coverage) in 2021?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Will the coverage offered by your spouse's or SRDP's employer in 2021 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Will your spouse's or SRDP's share of the medical premium through their employer be less than \$109.26 per month in 2021?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered No to any of these questions, check No and indicate which questions you answered No to on SEBB My Account, your 2021 enrollment form, or your *2021 SEBB Premium Surcharge 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 2021 *Summary of Benefits and Coverage (SBC)* for all medical plans that:
 - Serve the county of residence for your spouse or SRDP.
 - Have a monthly premium of less than \$109.26 per month for the employee.
2. Use the 2021 SBC information to answer the questions in the *2021 SEBB Spousal Plan Calculator* online tool on HCA's website at hca.wa.gov/erb. Or, you can download a paper version of the *2021 SEBB Spousal Plan Calculator* from the website and submit it with your 2021 enrollment form or your *2021 SEBB Premium Surcharge Attestation Change Form*.

School employees: If you don't have access to the Internet, you may request a paper version of the *2021 SEBB Spousal Plan Calculator* from your payroll or benefits office.

SEBB Continuation Coverage subscribers: Call the SEBB Program at 1-800-200-1004 (TRS: 711) to request a paper copy.

If using the online 2021 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 2021 enrollment form or *2021 SEBB Premium Surcharge Attestation Change Form*.

If using a paper version of the 2021 SEBB Spousal Plan Calculator:

- Provide all the information requested by the form.
- Check "Employer to help determine (or SEBB Program for SEBB Continuation Coverage subscribers)" on the 2021 enrollment form or *2021 SEBB Premium Surcharge Attestation Change form*.
- Include a copy of the *2021 SEBB Spousal Plan Calculator* (not this help sheet) when you submit your form.
- 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 (UMP) Classic, and if the premium surcharge will apply.