

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.

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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 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 to 17: 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.

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.

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|----------|--|---|-----------------------------|
| 1 | Are you covering your spouse or SRDP in a SEBB medical plan under your account in 2023? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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).