

Updates and corrections to the *2020 School Employee Enrollment Guide*

Temporary changes during the COVID-19 state of emergency

Applies to all school employees

The 2020 Legislature passed a law addressing how school employees can maintain eligibility for their School Employees Benefits Board (SEBB) Program health benefits during the Governor's state of emergency. The new law states that school employees eligible for the employer contribution toward SEBB benefits as of February 29, 2020 will maintain their eligibility:

- During any school closures or changes in school operations for the school employee.
- While the school employee is quarantined, or required to care for a family member who is quarantined ("quarantine" is defined in the bill).
- To take care of a child when the child's school or day care facility is closed, or when their regular child care provider is unable to provide services.

These exceptions are in effect only during the Governor's state of emergency related to COVID-19, which started February 29, 2020. The end of the Governor's emergency is not yet defined. Find out more about what the law means at hca.wa.gov/coronavirus.

Applies to SEBB Continuation Coverage timelines

Pages 71–73

On April 2, 2020, the SEB Board passed two resolutions affecting SEBB Continuation Coverage. These resolutions:

- **Extend the enrollment deadline for SEBB Continuation Coverage applicants to 30 days past the date the Governor ends the state of emergency.**
 - This means you may have extra time to enroll in SEBB Continuation Coverage. For example, if your last day to enroll in SEBB Continuation Coverage is April 30, and the state of emergency ends May 15, then your enrollment period will be extended to June 15.
 - If your last day to enroll occurs more than 30 days after the last day of the state of emergency, your deadline **will not** be extended. For example, if your last day to enroll in SEBB Continuation Coverage is July 31, and the state of emergency ends May 15, the extended enrollment date will be June 15. Your enrollment deadline will not be extended.
 - The last day of the state of emergency is unknown at this time. We will provide more information as it becomes available at hca.wa.gov/coronavirus.

- **Extend the maximum continuation coverage period to the last day of the second month after the date the Governor ends the state of emergency.**
 - This means you may have SEBB Continuation Coverage longer than is described in this document.
 - If your continuation coverage period would have **ended between February 29 and the date that the state of emergency ends**, your coverage will continue to the last day of the second month after the date the state of emergency ends. For example, if your coverage period would have ended April 30, and the state of emergency ends on May 15, your coverage will be extended to July 31.
 - If your continuation coverage period would have **ended after the date the state of emergency ends, but before the two-month extension**, your coverage will only continue until the last day of the second month after the date the state of emergency ends. For example, if the state of emergency ends May 15, and your continuation coverage ends June 30, your coverage will be extended to July 31.
 - If your continuation coverage period ends **on the last day of the two-month extension (or later)**, your coverage **will not** be extended. For example, if your coverage is set to end on October 31, and the state of emergency ends on May 15, your coverage will not be extended. It is already set to end more than two months after the end of the state of emergency.


Learn more about these emergency resolutions at hca.wa.gov/coronavirus.

Changes to eligibility due to SEB Board resolutions passed in January 2020

Page 12

Note: These changes are already reflected on page 12 of the electronic version of this document.

- Under the “Who is eligible for SEBB benefits?” section, the last sentence of the first paragraph should read, “Paid holidays and paid leave, such as sick, personal, and bereavement leave, count toward the required hours.”
- At the end of the “Eligibility based on a revision to your anticipated work pattern or actual hours worked” section, added new paragraph: “If you return to work from approved leave without pay you can maintain or establish eligibility if, at the start of the school year, your work schedule would have resulted in meeting the 630-hour eligibility threshold. You would regain eligibility on the day you return from approved leave without pay. Coverage would begin the first day of the following month.”
- Under the “Eligibility based on work within one district, charter school, or ESD” section, the first sentence should read, “All of your paid hours as a school employee within the same school district or charter school, or as a represented employee of the same educational service district (ESD), count in the calculation of hours to determine your eligibility.”



SCHOOL EMPLOYEE ENROLLMENT GUIDE

Your 2020 SEBB Program
benefits inside.



Who to contact for help

Contact the plans directly for help with:

- Benefit questions
- ID cards
- Claims (beginning January 1, 2020)
- Check if a health care provider is in the plan's network
- Choosing a health care provider
- Making sure your prescriptions are covered

Contact your employer's payroll or benefits office for help with:

- Benefit eligibility and enrollment questions or changes
- Accessing paper forms
- Premium surcharges questions
- Updating your contact information (name, address, phone, etc.)
- Adding or removing dependents
- Payroll deduction information (including pre- or post-tax contributions)

Help with SEBB My Account

November 16 to December 31, 2019:
1-855-648-3100

8 a.m. to 5 p.m., Monday through Friday,
for help with:

- SecureAccess Washington (SAW) registration
- SEBB My Account screen navigation
- Uploading documents

Medical plans

Kaiser Foundation Health Plan of the Northwest

Kaiser Permanente NW 1, 2, 3

my.kp.org/sebb

September 1 to December 31, 2019: 1-800-728-2779

January 1, 2020: 503-813-2000 or

1-800-813-2000 (TRS: 711)

Kaiser Foundation Health Plan of Washington

Kaiser Permanente WA Core 1, 2, 3, SoundChoice

Kaiser Foundation Health Plan of Washington Options, Inc.

Kaiser Permanente WA Options Access PPO 1, 2, 3

kp.org/wa/schools

September 1 to December 31, 2019: 1-800-728-2779

January 1, 2020: 1-888-901-4636

(TTY: 1-800-833-6388 or TRS: 711)

Premera Blue Cross

Premera High PPO, Peak Care EPO, Standard PPO

premera.com/sebb

1-800-807-7310 (TTY: 1-800-842-5357 or TRS: 711)

Uniform Medical Plan (UMP), administered by

Regence BlueShield (for medical questions)

UMP Achieve 1, Achieve 2, High Deductible,

UMP Plus

regence.com/ump/sebb

1-800-628-3481 (TRS: 711)

UMP Plus—Puget Sound High Value Network

pugetsoundhighvaluenetwork.org

1-877-345-8760

UMP Plus—UW Medicine Accountable

Care Network

sebb.uwmedicine.org

1-855-520-9400 (TRS: 711)

Washington State Rx Services (for UMP

prescription drug questions)

regence.com/ump/sebb/benefits/prescriptions

1-888-361-1611 (TRS: 711)

<p>Dental plans</p> <p>DeltaCare, administered by Delta Dental of Washington</p> <p>deltadentalwa.com/sebb 1-800-650-1583 (TTY: 1-800-833-6384)</p>	<p>Additional contacts</p> <p>HealthEquity Health savings account for UMP High Deductible</p> <p>learn.healthequity.com/sebb/hsa 1-844-351-6853 (TRS: 711)</p>
<p>Uniform Dental Plan, administered by Delta Dental of Washington</p> <p>deltadentalwa.com/sebb 1-800-537-3406 (TTY: 1-800-833-6384)</p>	<p>SmartHealth SEBB wellness program</p> <p>hca.wa.gov/sebb-smarthealth 1-855-750-8866</p>
<p>Willamette Dental Group</p> <p>sebb.willamettedental.com 1-855-433-6825 (TRS: 711)</p>	<p>Metropolitan Life Insurance Company Life and AD&D insurance</p> <p>metlife.com/wshca-sebb 1-833-854-9624 (TTY: 1-833-854-9624)</p>
<p>Vision plans</p> <p>Davis Vision</p> <p>davisvision.com/hcasebb 1-877-377-9353 (TTY: 1-800-523-2847)</p> <p>EyeMed Vision Care</p> <p>eyemedvisioncare.com/hcasebboe 1-800-699-0993 (TTY: 1-844-230-6498)</p> <p>Metropolitan Life Insurance Company MetLife Vision Plan</p> <p>metlife.com/wshca-sebb 1-855-638-3931 (TTY: 1-800-428-4833)</p>	<p>Navia Benefit Solutions Medical Flexible Spending Arrangement and Dependent Care Assistance Program</p> <p>sebb.naviabenefits.com 1-800-669-3539 or 425-452-3500</p> <p>The Standard Insurance Company Long-term disability insurance</p> <p>standard.com/employee-benefits/washington-state-hca-sebb 1-833-229-4177 (TTY: 1-833-229-4177)</p>

2020 SCHOOL EMPLOYEE ENROLLMENT GUIDE



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Welcome to the SEBB Program

The School Employees Benefits Board (SEBB) Program was designed with you in mind. Providing you and your eligible dependents with affordable and equitable access to quality health insurance and other benefits is our top priority.

This guide provides SEBB Program eligibility, enrollment, and benefit information for school employees and their dependents. In these pages you'll learn about the quality benefits that the SEBB Program has been building since it was established in the summer of 2017.

Sign up for email subscription service

Get the latest news and updates from the SEBB Program by going paperless. When you receive SEBB Program mailings by email, it helps reduce reliance on paper mailings—and their toll on the environment. Go to SEBB My Account at **myaccount.hca.wa.gov** to sign up.

YOUR SEBB PROGRAM BENEFITS

The SEBB Program offers a range of health plans and other benefits for 2020, including:

Employer-paid benefits:

- + Medical insurance
- + Health savings account (HSA) for those who enroll in UMP High Deductible (administered by Regence BlueShield)
- + Wellness programs like SmartHealth and the diabetes prevention program
- + Dental insurance
- + Vision insurance
- + Basic life insurance
- + Basic accidental death and dismemberment (AD&D) insurance
- + Basic long-term disability (LTD) insurance

Additional benefits available for you to elect (employee-paid benefits):

- + Supplemental life insurance
- + Supplemental AD&D insurance
- + Supplemental LTD insurance
- + Medical Flexible Spending Arrangement (FSA)
- + Dependent Care Assistance Program (DCAP)

Quick Start Guide

Enrolling in your SEBB Program benefits is as easy as 1, 2, 3.



1 Find out if you're eligible

Your employer will determine if you are eligible for SEBB benefits based on your specific work circumstances using the criteria described under *Eligibility* on page 12.

Generally, you are eligible for SEBB benefits if you work for a Washington State 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).

Are you enrolling dependents?
See *Dependent eligibility* on page 13 for eligibility rules and information. Make sure you have the right documents to prove their eligibility. These are available on page 14.

If you are not eligible as described in the 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 union contract regarding eligibility. Otherwise, your employer's payroll or benefits office will notify you if you are eligible under this provision.



2 Choose your benefits

There's a lot to think about when selecting your benefits. You need to consider things like provider networks, premiums, out-of-pocket costs, drug formularies, and if the plan and its providers are available to you.

You can also consider additional benefits, like the Medical Flexible Spending Arrangement (FSA), Dependent Care Assistance Program (DCAP), supplemental life insurance, supplemental accidental death and dismemberment (AD&D) insurance, and supplemental long-term disability (LTD) insurance.

Use these online tools at hca.wa.gov/sebb-employee to explore your options:

Virtual benefits fair
An online benefits fair experience that's available at your convenience. Start out in the virtual exhibition hall to see the available benefits, then visit plan "booths" to watch informative videos and access additional resources to learn more.

ALEX
An interactive, online benefits advisor that provides customized plan suggestions and side-by-side benefits comparisons for your consideration, based on your health care needs.



3 Enroll using SEBB My Account

Once you've decided what benefits and plans you want, head over to myaccount.hca.wa.gov to log in and enroll using SEBB My Account, our online enrollment system.

See *Get Started With SEBB My Account* on page 10 for details. You do not need to do anything to enroll in basic life, AD&D, and LTD insurance. You will be automatically enrolled and asked to designate your beneficiaries.

Details on how to enroll in the following benefits are included in this enrollment guide.

- Supplemental life and supplemental AD&D: page 60
- Supplemental LTD: page 63
- Medical FSA and DCAP: page 65

What if I have other coverage?

You can waive SEBB medical coverage if you are enrolled in other employer-based group medical insurance, a TRICARE plan, or Medicare. However, you must enroll in employer-paid dental and vision coverage, as well as basic life insurance, basic AD&D insurance, and basic LTD insurance. See *Waiving medical coverage* on page 20.

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Get Started With SEBB My Account

SEBB My Account is the exclusive online enrollment system for the School Employees Benefits Board (SEBB) Program. Eligible school employees can use SEBB My Account on a computer, tablet, or smartphone to enroll in benefits.

What can I do in SEBB My Account?

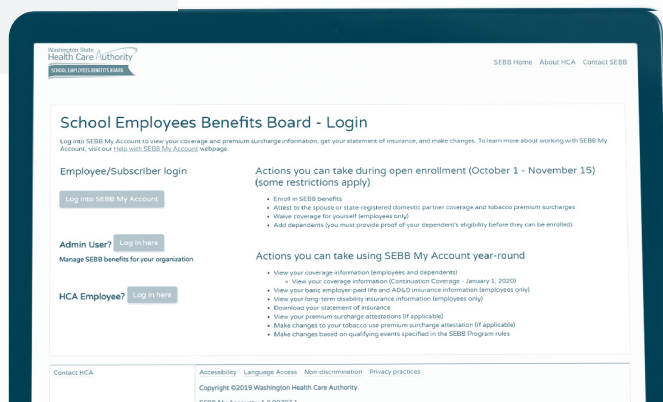
- Enroll in SEBB benefits
- Waive SEBB medical
- Enroll your eligible dependents in SEBB benefits
- Upload documents to prove dependent eligibility
- Select your medical, dental, and vision plans
- Access vendor websites to enroll in supplemental (employee-paid) life and supplemental accidental death and dismemberment insurance, a Medical Flexible Spending Arrangement (FSA), and Dependent Care Assistance Program (DCAP)
- Enroll in supplemental (employee-paid) long-term disability insurance
- Attest to premium surcharges (see the next page for details)
- Request a change due to a special open enrollment

Login notes

- Google Chrome is the preferred browser, but Edge, Internet Explorer, Firefox, and Safari will also work.
- Those enrolling in SEBB Continuation Coverage must use the enrollment forms available at hca.wa.gov/erb under *Forms & publications*, or in the *SEBB Continuation Coverage Election Notice* mailed to them.
- For more information, check out the Help with SEBB My Account page at myaccount.hca.wa.gov.

Setting up your account

- 1 Visit myaccount.hca.wa.gov and click the green **Login to SEBB My Account** button under **Employee/Subscriber**. You'll be directed to SecureAccess Washington (SAW). See next page to learn about SAW.
- 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 5.) Enter your name, email address, a username, and password. Remember to save your username and password in a safe place so you don't forget it the next time you log in.
- 3 Check the box to indicate you're not a robot, click **Submit**, and follow the link to activate your account.
- 4 Check your email for a message from SAW. Click on the confirmation link, then close the **Account Activated!** browser window that opens, and return to your original window. Follow the instructions on the screen to finish creating your account.
- 5 You will be redirected 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**.
- 6 Select your security questions and answers. You'll be directed to the SEBB My Account dashboard.



How to enroll

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

- 1 Add your dependents.** Enter your dependents' information. If you are not adding dependents, you can 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.
- 3 Attest to the premium surcharges.** Answer a series of on-screen questions to determine whether you'll be charged the monthly \$25-per-account tobacco use premium surcharge and, if applicable, the monthly \$50 spouse or state-registered domestic partner coverage premium surcharge.
- 4 Select your plans.** You can follow a link to ALEX, the online benefits advisor, to learn more about which plans might be the best fit for you. 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 other employer-based medical coverage, TRICARE, or Medicare, you can waive SEBB medical coverage.

When can I access SEBB My Account?

Once your employer enters your name into SEBB My Account, you can log in and enroll in benefits. Then, come back any time to check your coverage or request special open enrollment changes.

What information do I need to enroll dependents?

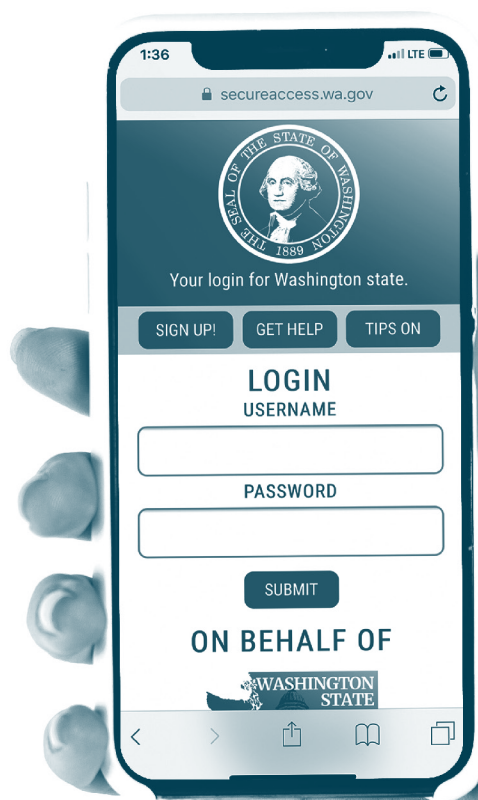
For your spouse, state-registered domestic partner, or any children, you will need:

- Name
- Date of birth
- Social Security number
- Verification documents

A list of acceptable documents is available in SEBB My Account, as well as at hca.wa.gov/sebb-employee and on page 14 of this enrollment guide

SecureAccess Washington

SecureAccess Washington (SAW) is the state's secure single sign-on portal for external users. A SAW account will keep your sensitive information secure. You can access multiple government services online with a single user ID and password that you create and manage yourself.



Eligibility

Who is eligible for SEBB benefits?

This guide provides a summary of employee eligibility for benefits administered by the SEBB Program. 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.

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). All eligibility determinations are based on rules in chapters 182-30 and 182-31 WAC. If discrepancies arise between WACs and this guide, the WACs take precedence. If you disagree with the eligibility determination, see *Appeals* on page 74.

What if I'm eligible for SEBB benefits both as an employee and as a dependent?

You cannot enroll in medical, dental, or vision 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, you may choose one of these options:

- Waive medical coverage under your own account and, instead, enroll under your spouse's, state-registered domestic partner's, or parent's account. You must still enroll in dental, vision, basic life insurance, basic AD&D insurance, and basic LTD insurance under your own account.
- Enroll in medical coverage under your own account.

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

If you are determined not eligible for the employer contribution toward SEBB benefits at the beginning of the school year, 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. Your coverage begins the first day of the following month.

If you are not anticipated to work 630 hours at the beginning of the school year, but you do actually work 630 hours, you become eligible on the day you work your 630th hour. Your coverage begins the first day of the following month.

If you are eligible for the employer contribution toward SEBB benefits at the beginning of the year, but your work pattern is revised so that you are no longer anticipated to work 630 hours during the school year, your eligibility for the employer contribution and coverage end the last day of the month in which the change is effective. If you return to work from approved leave without pay you can maintain or establish eligibility if, at the start of the school year, your work schedule would have resulted in meeting the 630-hour eligibility threshold. You would regain eligibility on the day you return from approved leave without pay. Coverage would begin the first day of the following month. See page 72 for information about continuation coverage.

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.

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) why 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 74.

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

All of your paid hours worked as a school employee within the same school district or charter school, or as a represented employee of the same educational service district (ESD) count in the calculation of hours to determine your eligibility. You cannot "stack" hours from different school districts, charter schools, or ESDs to reach the eligibility level of 630 hours.

Returning school employees have uninterrupted coverage

Once you are enrolled in the SEBB Program, 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 work 630 hours in the coming school year.

Eligibility when changing jobs between SEBB organizations

Once enrolled in the SEBB Program, 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 toward SEBB benefits in the new position. SEBB insurance coverage elections also remain the same if you have a break in employment that does not interrupt the employer contribution toward your SEBB insurance coverage. You may make a change if you have a special open enrollment event (see page 68.)

When do eligibility and coverage end?

Your eligibility for the employer contribution toward SEBB benefits ends the last day of the school year (August 31). Your eligibility for the employer contribution will end earlier if:

- **Your employer terminates your employment.** Eligibility and coverage ends the last day of the month in which the termination notice is effective.
- **You resign.** Eligibility and coverage ends the last day of the month in which your resignation is effective.
- **Your work pattern is revised** and your employer no longer anticipates you will work 630 hours during the school year. Coverage ends the last day of the month in which the change is effective.

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 union contract regarding eligibility. Otherwise, your employer's payroll or benefits office will notify you if you are eligible under this provision.

Dependent eligibility

You may enroll the following dependents:

- Your legal spouse
- Your state-registered domestic partner (as defined in WAC 182-30-020)
- Your children (as defined in WAC 182-31-140) through the last day of the month in which they become age 26
- Your extended dependent children who meet specified eligibility criteria (see *Eligible extended dependents* on page 13)
- Your children of any age with a disability (see *Eligible children with disabilities* on page 14)

If you have dependents currently enrolled in medical, dental, or vision under your school district, charter school, or ESD group insurance on December 31, 2019 who are not eligible as dependents under the SEBB Program, they may be eligible for SEBB Program Continuation Coverage benefits (See *What are my options when coverage ends?* on page 72 for details.)

Children as defined by WAC 182-31-140

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 for whom you have assumed a legal obligation for total or partial support in anticipation of adoption of the child
- 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 specified in a court order or divorce decree for whom you have a legal obligation to provide support or health care coverage

Eligible extended dependents

Eligible school employees enrolled in SEBB benefits may enroll a child up to age 26 that is an extended dependent in the legal custody or legal guardianship of the school employee, the school employee's spouse, or the school employee's

(continued)

state-registered domestic partner. The legal responsibility is demonstrated by a valid court order and the child's official residence with the custodian or guardian.

An extended dependent child does not include a foster child unless the school employee, the school employee's spouse, or the school employee's state-registered domestic partner has assumed a legal obligation for total or partial support in anticipation of adoption.

Eligible children with disabilities

Eligible children also include children of any age with a developmental or physical disability that renders the child incapable of self-sustaining employment and chiefly dependent upon the employee for support and maintenance, provided the condition occurred before age 26.

The SEBB Program, with input from your medical plan (if applicable), will verify the disability of a child beginning at age 26, but no more frequently than annually after the two-year period following the child's 26th birthday, which may require renewed proof from the subscriber.

A child with a developmental or physical 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, the child does not regain eligibility as a child with a disability.

You must notify the SEBB Program, in writing, no later than 60 days after the date your child is no longer eligible.

Surviving dependent eligibility

If you die, your dependents will lose their eligibility for the employer contribution toward SEBB Program benefits. They may be eligible to enroll in Public Employees Benefits Board (PEBB) Program retiree insurance coverage as a survivor, instead of enrolling in SEBB Program continuation coverage. See page 72 for more about continuation coverage.

Proving dependent eligibility

When you enroll dependents on your SEBB Program coverage, you are required to provide proof of their eligibility with a document that shows they are dependents, even if you have previously verified their eligibility with your employer. These documents must be approved (verified) by your payroll or benefits office. You can upload your

documents for verification in SEBB My Account (see page 10), or provide them directly to your employer's payroll or benefits office.

Valid dependent verification documents

Birth certificates, adoption decrees, tax returns, and parenting plans are among the types of documents you can use to prove eligibility. All documents must be submitted in English. Documents written in a foreign language must include a translated copy prepared by a professional translator and be notarized.

Documents to enroll a spouse

Provide a copy of (choose one):

- Your most recent year's jointly filed federal tax return that lists the spouse (black out financial information)
- Your and your spouse's most recent year's federal tax returns if filed separately (black out financial information)
- A marriage certificate and evidence that the marriage is still valid (e.g., a utility bill dated within the past two months showing both your and your spouse's names, a bank statement dated within the past two months [black out financial information] showing both your and your spouse's names)
- Petition for dissolution of marriage
- Legal separation notice
- 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

Provide a copy of (choose one):

- A certificate/card of state registered domestic partnership or legal union and evidence that the partnership is still valid (e.g., utility bill dated within the past two months showing both your and your state-registered domestic partner's names, a bank statement dated within the past two months [black out financial information] showing both your and your partner's names)
- Petition for invalidity (annulment) of state-registered domestic partnership or legal union
- Petition for dissolution of state-registered domestic partnership or legal union
- Legal separation notice of state-registered domestic partnership or legal union
- Valid J-1 or J-2 visa issued by the U.S. government

If enrolling a state-registered domestic partner, also attach a completed *Declaration of Tax Status* form to indicate whether your state-registered domestic partner qualifies as a dependent for tax purposes under Internal Revenue Code (IRC) Section 152, as modified by IRC Section 105(b).

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 and lists them as a son or daughter (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 hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse or 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 state-registered domestic partner in SEBB insurance 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 this page for information regarding requirements for an extended dependent, state-registered domestic partner or their eligible children, or child with a disability.

If you disagree with a specific eligibility decision or denial, you can appeal. See *Appeals* on page 74.

Enrollment

When can I enroll?

If you are eligible for SEBB Program benefits, you must enroll within 31 days of becoming eligible for the employer contribution toward SEBB Program benefits.

How do I enroll?

The easiest way to enroll is online, using SEBB My Account. You can access SEBB My Account using a desktop computer or mobile device. See *Get Started With SEBB My Account* on page 10 to learn how to set up your account. Online enrollment through SEBB My Account must be completed **no later than 31 days** after you become eligible.

If you cannot access the internet, use the *School Employee Enrollment Form*, available from your payroll or benefits office. Your employer's payroll or benefits office must receive any paper forms **no later than 31 days** after you become eligible.

When you receive notice from your employer that you are eligible, log in to SEBB My Account at **myaccount.hca.wa.gov** to:

- Choose your medical, dental, and vision insurance plans.
- Waive medical coverage.
- Enroll in (employee-paid) supplemental long-term disability (LTD) insurance.
- Access vendor websites to enroll in (employee-paid) supplemental life insurance, supplemental accidental death and dismemberment (AD&D) insurance.
- Enroll your eligible dependents.
- Upload dependent verification documents.
- Make attestations for the tobacco use premium surcharge for yourself and each dependent you want to enroll under your coverage and, if applicable, the spouse or state-registered domestic partner coverage premium surcharge.
- Download a summary of your coverage elections.

To enroll in Medical Flexible Spending Arrangement (FSA), and Dependent Care Assistance Program (DCAP), download and print the *Medical Flexible Spending Arrangement (FSA)* and *Dependent Care Assistance Program Enrollment Form* at **sebb.naviabenefits.com** or call 1-800-669-3539.

You do not need to do anything to enroll in (employer-paid) basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and basic long-term disability insurance; you will be automatically enrolled. (See *How do I designate beneficiaries for my life and AD&D insurance*, on page 61). You will also be automatically enrolled as a participant under the premium payment plan (see *How do I pay for coverage?* on page 22).

Additional required forms

Declaration of Tax Status: Employees must complete and submit this form when enrolling an extended dependent, state-registered domestic partner or their eligible children regardless of tax status.

Certification of a Child With a Disability: After turning age 26, your child may be eligible for enrollment under your SEBB Program health plan 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.

Extended Dependent Certification: To be considered for enrollment in SEBB Program 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 the SEBB Program with 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 total or partial support in anticipation of adoption.

If enrolling a:	Also complete this form:
State-registered domestic partner or their eligible children	<i>Declaration of Tax Status</i>
Dependent child with a disability (age 26 and older)	<i>Certification of a Child With a Disability</i>
Extended (legal) dependent child	<i>Extended Dependent Certification</i>

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

Am I required to enroll?

Yes. If your employer determines that you are eligible, you are required to enroll. However, you may waive enrollment in SEBB medical coverage if you are enrolled in other employer-based group medical insurance, a TRICARE plan, or Medicare. In order to waive SEBB medical coverage you must actively indicate your intention to do so in SEBB My Account or by submitting an enrollment form to your payroll or benefits office. If you waive SEBB medical insurance, you must still enroll in SEBB dental, vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and basic long-term disability (LTD) insurance.

If you waive medical coverage for yourself, you cannot enroll your eligible dependents in SEBB medical coverage, but you can enroll them in SEBB vision and dental. See *Waiving medical coverage* on page 20 for instructions and timelines.

What if I don't waive or enroll?

If you are eligible for the employer contribution toward SEBB benefits, but do not waive or enroll in SEBB Program medical coverage within the required timelines, only you (the employee) will be automatically enrolled in UMP Achieve 1 (administered by Regence BlueShield) as your medical plan, Uniform Dental Plan, MetLife vision insurance, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and basic long-term disability (LTD) insurance. Your dependents will not be enrolled. You will be charged a monthly \$33 premium for medical coverage as well as a \$25-per-account monthly tobacco use premium surcharge. See *Waiving medical coverage* on page 20.

If you are defaulted, you cannot change plans or enroll your eligible dependents until the next SEBB Program annual open enrollment in fall 2020, unless you have a special open enrollment event that allows the change. You can change your tobacco use attestation at any time through SEBB My Account or by submitting a *2020 SEBB Premium Surcharge Attestation Change Form* to your payroll or benefits office. See *Premium surcharges* on page 23.

Can I enroll in my own account and as a dependent on someone else's SEBB account?

No. A person may be enrolled in only one SEBB medical, dental, and vision plan. You can waive medical coverage for yourself and enroll as a

dependent on your spouse's, state-registered domestic partner's, or parent's SEBB medical coverage. However, you must enroll in dental and vision coverage, as well as basic life insurance, basic accidental death and dismemberment insurance, and basic long-term disability insurance under your own account if eligible. See *Waiving medical coverage* on page 20.

Can I enroll in SEBB benefits and also have PEBB insurance coverage as a dependent?

Yes. If you are enrolled in SEBB Program benefits, and your spouse or state-registered domestic partner or parent is enrolled in Public Employees Benefits Board (PEBB) Program benefits, you can be enrolled in both programs. Your primary coverage would be through the SEBB Program and your secondary coverage would be through the PEBB Program, which is also administered by the Washington State Health Care Authority.

For example, if you are enrolled in the SEBB Program covering yourself as well as your spouse or state-registered domestic partner as a dependent, and your spouse is enrolled in the Public Employees Benefits Board (PEBB) Program and covers you as a dependent, or vice versa, you and your spouse would not incur the monthly \$50 spouse or state-registered domestic partner coverage premium surcharge as long as you attest that it does not apply to you. However, if your spouse or state-registered domestic partner waives their PEBB medical coverage and enrolls on your account, you will be charged the monthly \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium. Alternatively, if you waive enrollment in SEBB medical and your spouse or state-registered domestic partner enrolls you as a dependent on their PEBB account, they will be charged the monthly \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to their monthly medical premium. See *Premium surcharges* on page 23.

What if I am entitled to Medicare?

Medicare Parts A and B

When you or your covered dependents become entitled to Medicare Part A and Part B, the person entitled to Medicare should contact the nearest Social Security office to ask about the advantages of immediate or deferred enrollment in Medicare Part B. Find contact information for your local office at ssa.gov/agency/contact.

For employees and their enrolled spouses age 65 and older, SEBB medical plans provide primary coverage, and Medicare ordinarily provides secondary coverage. You may choose to waive your enrollment in SEBB medical coverage and have Medicare as your medical coverage. However, you will remain enrolled in SEBB dental, vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and basic LTD insurance. See *Waiving medical coverage* on page 20.

Medicare Part B

In most situations, you and your spouse can elect to defer Medicare Part B enrollment, without penalty, as long as you are an active employee enrolled in a group medical plan. Contact your nearest Social Security office for information on deferring or reinstating Medicare Part B. Make sure you understand the Medicare enrollment timelines to avoid late enrollment penalties.

If your Medicare entitlement is due to a disability, contact a Social Security Office regarding deferred enrollment.

Medicare Part D

Medicare Part D is available to people enrolled in Medicare Part A and/or Part B. Part D coverage provides prescription drug benefits through private plans. These plans provide at least a standard level of coverage set by Medicare.

All SEBB medical plans provide creditable prescription drug benefits that are as good as or better than Medicare Part D coverage. When you become entitled to Medicare Part A and Part B, you do not have to enroll in Medicare Part D. If you enroll in Medicare Part D, your SEBB medical plan may not coordinate prescription drug benefits with your Medicare Part D 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 63 days after your SEBB medical coverage ends, unless you have other creditable drug coverage. If you don't enroll within the 63-day deadline, your Medicare Part D plan's monthly premium may increase by 1 percent or more 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
(continued)

at a later date without penalties. You can call the SEBB Program at 1-800-200-1004 (select menu option 6) to request a notice of creditable coverage.

For questions about Medicare Part D, call the Centers for Medicare & Medicaid Services at 1-800-633-4227 or visit [medicare.gov](https://www.medicare.gov).

What if I'm thinking about retiring?

The SEBB Program does not offer retiree insurance coverage. Retiree insurance coverage for SEBB members is offered through the Public Employees Benefits Board (PEBB) Program. When you become entitled to Medicare Part A and Part B, you must enroll and maintain enrollment in Medicare Part A and Part B to enroll 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.

When you plan to terminate your employment and want to enroll in PEBB retiree insurance coverage, you can contact the PEBB Program about 90 days prior to terminating employment at 1-800-200-1004 (select menu option 5) to ask general PEBB retiree insurance questions. 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.

You can also request a *PEBB Retiree Enrollment Guide* or download it from the web address below. You have 60 days from the date your employer-paid SEBB coverage or COBRA coverage ends for the PEBB Program to receive your application for retiree insurance coverage. Once your form is received, PEBB Program staff will review your form for eligibility and contact you if they have additional questions.

When does coverage begin?

If you become eligible for the employer contribution toward SEBB benefits before December 31, 2019, your SEBB insurance coverage begins January 1, 2020.

If you become eligible for SEBB benefits between January 1 and August 31, 2020, your coverage begins on the first day of the month following the date you become eligible for SEBB benefits.

If you have SEBB benefits during the 2019-20 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 2020-21 school year, you will receive uninterrupted coverage from one school year to the next. A school employee will have uninterrupted coverage when moving from one SEBB organization to another within the same month or a consecutive month if they are eligible for the employer contribution toward SEBB benefits in the position they 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 your residence out of your medical plan's service area, you may need to change plans.)

If your first day of work is on or after September 1, 2020, but not later than the first day of school for the 2020-21 school year, the effective date of coverage is the first day of work.

If your first day of work is at any other time during the school year, the effective date of coverage is the first day of the month following the date you become eligible for the employer contribution toward SEBB benefits.

The required form(s) and proof of your dependents' eligibility must be received by your employer or in SEBB My Account **no later than 31 days** after you become eligible.

When making a change during the SEBB Program's annual open enrollment or when a special open enrollment event occurs, coverage will begin as noted in the table on the next page. See *What changes can I make during a special open enrollment?* on page 68 for more information, and a list of special open enrollment events starting on page 69.

Find information and download forms online at hca.wa.gov/pebb-retirees.

Event	When coverage begins
SEBB Program's annual open enrollment	January 1 of the following year
Marriage or registering for a state-registered domestic partnership	The first of the month after 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 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.
Birth, adoption, or assumed legal obligation for total or partial support in anticipation of adoption	<p>The date of birth (for a newly born child), the date of placement or the date a legal obligation is assumed in anticipation of adoption, whichever is earlier (for a newly adopted child).</p> <p>If you enroll yourself in order to enroll a newly born or newly adopted child, medical coverage will begin the first day of the month in which the event occurs.</p> <p>If you enroll your eligible spouse or state-registered domestic partner in your SEBB Program 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.</p> <p>If the child's date of birth or adoption is before the 16th day of the month, you pay the higher premium for the full month (if adding the child increases the premium). If the child's date of birth or adoption is on or after the 16th, the higher premium will begin the next month.</p> <p>If elected, dependent child life insurance for a newly born child begins on the 14th day after birth.</p> <p>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.</p>
Child becomes eligible as an extended dependent	The first day of the month following eligibility certification.
Other events that create a special open enrollment See pages 69–71.	The first of the month after the date of the event or the date your payroll or benefits office receives your completed online enrollment or form, 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.

Waiving medical coverage

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. If you are eligible for the employer contribution toward SEBB benefits and you waive medical coverage, you must still enroll in dental coverage, vision coverage, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and basic long-term disability (LTD) insurance for yourself.

If you waive enrollment in SEBB medical coverage:

- You cannot enroll your eligible dependents in SEBB medical coverage, but you can enroll them in SEBB dental and/or vision coverage.
- The premium surcharges will not apply to you.
- You are still eligible to participate in the SmartHealth wellness program, but you cannot qualify for the wellness incentives.
- You can still enroll in supplemental life insurance, supplemental AD&D insurance, supplemental LTD insurance, the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP).

How do I waive medical coverage?

To waive enrollment in medical coverage, use SEBB My Account or the *School Employee Enrollment Form* **no later than 31 days** after you become eligible (see your payroll or benefits office for the form).

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

If you are eligible for the employer contribution toward SEBB benefits but don't either enroll in or waive medical coverage within SEBB Program timelines, only you (the employee) will be automatically enrolled in UMP Achieve 1 (administered by Regence BlueShield) medical coverage, Uniform Dental Plan, MetLife vision insurance, basic life insurance, basic AD&D insurance, and basic LTD insurance. Your dependents will not be enrolled. You will be charged a monthly \$33 premium for your medical coverage and a monthly \$25 tobacco use premium surcharge.

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

If you waive medical coverage, you can only enroll during the next annual open enrollment (for coverage effective January 1 the following year). The only exception is if you have a special open enrollment event that allows you to enroll in medical coverage, such as losing eligibility for other coverage, getting married, or having a child. See *What changes can I make during a special open enrollment?* on page 68.

Monthly Medical Plan Premiums

There are no employee premiums for dental, vision, basic life insurance, basic accidental death and dismemberment insurance, and basic long-term disability insurance. There are also no employee premiums to cover dependents on your dental or vision insurance. These premiums are paid by your employer. You only pay the employee share of the monthly medical premium as shown in the table below. Additional premium surcharges may apply (see page 23 for details).

Medical plans	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren) ²	Subscriber, spouse ¹ and child(ren) ²
Kaiser Permanente NW 1	\$28	\$56	\$49	\$84
Kaiser Permanente NW 2	\$41	\$82	\$72	\$123
Kaiser Permanente NW 3	\$106	\$212	\$186	\$318
Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267
Kaiser Permanente WA SoundChoice	\$49	\$98	\$86	\$147
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348
Premiera High PPO	\$70	\$140	\$123	\$210
Premiera Peak Care EPO	\$31	\$62	\$54	\$93
Premiera Standard PPO	\$22	\$44	\$39	\$66
Uniform Medical Plan (UMP) Achieve 1 ³	\$33	\$66	\$58	\$99
UMP Achieve 2 ³	\$98	\$196	\$172	\$294
UMP High Deductible (with a health savings account) ³	\$25	\$50	\$44	\$75
UMP Plus–Puget Sound High Value Network ³	\$68	\$136	\$119	\$204
UMP Plus–UW Medicine Accountable Care Network ³	\$68	\$136	\$119	\$204

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

Paying for benefits

What will I have to pay?

You pay a monthly medical premium for yourself and any enrolled dependents on your account.

In addition to your monthly medical premium, you may be charged a monthly \$25-per-account tobacco use premium surcharge and/or a monthly \$50 spouse or state-registered domestic partner coverage premium surcharge. See *Premium surcharges* on page 23 for details on whether the premium surcharges apply to you.

Your medical premiums pay for a full calendar month of coverage. Your premiums cannot be prorated for any reason, including when a member dies before the end of the month.

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 Benefits Comparison* chart on pages 44–53 for a side-by-side comparison of many common benefits and costs for services for each plan.

How do I pay for coverage?

When you enroll, you are automatically included as a participant under the premium payment plan, so your monthly medical plan premiums and applicable premium surcharges are deducted from your paycheck before taxes, unless you request otherwise. Internal Revenue Code (IRC) Section 125 allows your employer to deduct money from your paycheck before calculating federal withholding, Social Security, and Medicare taxes.

Exception: If you enroll a dependent who does not qualify as an IRC Section 125 dependent (i.e., state-registered domestic partner), your medical premiums associated with the dependent's enrollment and the \$50 monthly spouse or state-registered domestic partner coverage premium surcharge (if applicable) will be deducted from your paycheck post-tax.

If you do not want your SEBB medical premiums or applicable premium surcharges paid with pretax earnings, you must complete and submit the *Premium Payment Plan Election/Change* form to your employer's payroll or benefits office. You cannot do this on SEBB My Account.

Why should I pay my monthly premiums with pretax dollars?

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

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 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 IRC Section 125 and its impact on other benefits, talk to a qualified financial planner, tax specialist, or visit your local Social Security office.

Can I change my mind about having my premium payments withheld pretax?

Yes. You may change your participation under the state's premium payment plan (opt out of, or revoke your election and elect to opt in) during the SEBB Program's annual open enrollment or if you have an applicable special open enrollment event as described in WAC 182-30-100. See *What changes can I make during a special open enrollment?* on page 68.

Premium surcharges

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

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

Tobacco use premium surcharge

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

The surcharge will not apply if:

- You and/or all enrolled dependents ages 18 and older who use tobacco products are enrolled in a tobacco cessation program through your medical plan, or
- Enrolled dependents ages 13 to 17 who use tobacco products have accessed information and resources aimed at teens at **teen.smokefree.gov**.

Enrolled dependents age 12 and younger are automatically defaulted to non-tobacco users. This means you do not have to attest for 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 will negatively affect your or your dependent's health, see more information in SEBB Program Administrative Policy 91-1 at **hca.wa.gov/sebb-rules**.

How to attest to this surcharge

To find out if the tobacco use surcharge applies to your account, use the *2020 SEBB Premium Surcharge Attestation Help Sheet* on page 79. You must attest when you enroll either online on SEBB My Account or using the *School Employee Enrollment Form*. If you use the paper form, submit the completed enrollment form to your employer's payroll or benefits office.

You will be charged a monthly \$25-per-account tobacco use premium surcharge in addition to your monthly medical premium if you do not attest for all dependents you enroll, or if the attestation results in you incurring the surcharge.

How to report a change in tobacco use

You can report a change in tobacco use status 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 13 years or older and uses tobacco products enrolls in the free tobacco cessation program through your SEBB Program medical plan.
- Your enrolled dependent who is 13 to 17 years old and uses tobacco products accesses the tobacco cessation resources aimed at teens mentioned in the *2020 SEBB Premium Surcharge Attestation Help Sheet*.

Go to **myaccount.hca.wa.gov** to change your attestation, or complete a *2020 SEBB Premium Surcharge Attestation Change Form* (see page 79). Submit the form to your employer's payroll or benefits office.

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

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

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.

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

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- That person chose not to enroll in another employer-based group medical insurance that is comparable to the Public Employees Benefits Board (PEBB) Program Uniform Medical Plan (UMP) Classic plan.
- You do not attest for the spouse or state-registered domestic partner you wish to enroll by the required deadline.
- Your 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 Program medical coverage, use the *2020 SEBB Premium Surcharge Attestation Help Sheet* on page 79 or go to *Spouse or state-registered domestic partner coverage premium surcharges* in SEBB My Account to find out if the spouse or state-registered domestic partner coverage surcharge applies to you. Then, you must attest when you enroll, either online in SEBB My Account or using the paper *School Employee Enrollment Form*. If you use the paper form, submit the completed enrollment form to your employer's payroll or benefits office.

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

When and how to report a change to your spouse or state-registered domestic partner coverage

Outside of the SEBB Program's annual open enrollment, you can only report a change to this surcharge in the following situations:

- When adding a spouse or state-registered domestic partner to your SEBB medical coverage
- Within 31 days of the day you regain eligibility for the employer contribution toward SEBB benefits
- 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 **myaccount.hca.wa.gov**, or complete either a *2020 School Employee Change Form* or *2020 SEBB Premium Surcharge Attestation Change Form* (see page 79). Submit the form to your employer's

payroll or benefits office. 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 of the month after the status change. If the status change 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 the status change occurs on the first of the month, then the change begins that day.

Premium surcharge reminders

When you enroll dependents on your SEBB medical coverage, you must attest on your enrollment form or online in SEBB My Account to whether the tobacco use premium surcharge applies to all enrolled dependents and, if enrolling a spouse or state-registered domestic partner, whether the spouse or state-registered domestic partner coverage premium surcharge applies. See the *2020 SEBB Premium Surcharge Attestation Help Sheet* on page 79 for details. You may not be charged the premium surcharges, depending on your answers.

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. You can access these tools at **hca.wa.gov/sebb-employee**.

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.

The virtual benefits fair includes an exhibit hall where each insurance carrier and plan administrator has a booth that displays information about their plan options. You can get information about medical, dental, and vision plans, as well as life insurance, accidental death and dismemberment insurance, and long-term disability insurance, the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP), and SmartHealth, our wellness program. You'll get links

to videos, downloadable content, provider searches, and other information to help you choose the right plans for you and your dependents.

In the virtual benefits fair you'll also be able to learn more about eligibility and enrollment details, access ALEX, our online benefits advisor, and get helpful hints to prepare for enrollment. When you're ready to enroll, you'll be able to head straight to SEBB My Account, our online enrollment system, to start choosing your plans.

ALEX

Our online, interactive benefits advisor, ALEX, will help you understand your benefits and guide you through choosing your medical, dental, and vision plans. ALEX will suggest plans for you to consider. Your responses to ALEX are private and confidential. You'll find links to ALEX on the homepage of the virtual benefits fair and within SEBB My Account.

Selecting a medical plan

The SEBB Program is working hard to ensure a seamless and safe transition from your current medical plan to your new SEBB Program 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. 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 page 28). If you cover eligible dependents, everyone must enroll in the same medical, dental, and vision plans.

Availability. In most cases, you must live in the medical plan's service area to join the plan. All school employees are offered a selection of plans based on their county of residence. Some school employees, including employees who live outside Washington State, may have more plan options if they work in a district that crosses county lines or is in a county that borders Idaho or Oregon. See what plans are available to you by county on pages 33–38 or by district on pages 39–43.

If you move out of your medical plan's service area or change jobs to a different school district, charter school, or educational service district as a

represented employee, 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.

How can I compare the medical plans?

All SEBB Program medical plans cover the same basic health care services, but 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 24.

Medical plan differences to consider

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

Your providers. If you need to see specific doctors or health care providers, contact the SEBB medical plan 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 hca.wa.gov/sebb-employee and search *Find providers*.

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. Beginning in 2020, for mental health and substance abuse treatment, carriers must also provide additional information on their websites to consumers on the ability to ensure timely access to care. For more information, see page 30 or Engrossed Substitute House Bill 1099 (Brennen's Law) at leg.wa.gov.

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.

Preauthorization. If you have received prior authorization for any services under your current plan, it is important that you research which SEBB Program medical plans will honor existing preauthorization and for how long. This information may be available on the medical plan's website, in their certificates of coverage, or in written

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correspondence sent to you from your plan. Contact the medical plan or website for more information. Plan contact information is listed at the beginning of this guide.

Coordination with your other benefits. If you are also covered through your spouse's or state-registered domestic partner's comprehensive group health coverage, call the medical, dental, and/or vision plans directly to ask how they will coordinate benefits. This is especially important for those coordinating benefits between the SEBB and PEBB programs, and those also enrolled in Apple Health (Medicaid). You cannot be enrolled in two SEBB accounts.

All SEBB medical plans coordinate benefit payments with other group medical plans, Medicaid, and Medicare. This coordination 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 have other comprehensive group health coverage, you may not enroll in UMP High Deductible with an HSA. Call HealthEquity at 1-877-873-8823 (TRS: 711) to ask about certain exceptions.

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. Premiums for all SEBB medical plans are listed on page 21.

Deductibles. All medical plans require you to pay a certain amount of plan costs, such as fees for office visits, before the plan pays for covered services. This is known as the deductible. Medical plans may also have a separate annual deductible for specific prescription drugs. Covered preventive care services are exempt from the medical plan deductible. This means you do not have to pay your deductible before the plan pays for the covered preventive service.

If you enroll in UMP High Deductible, keep in mind:

- If you cover one or more dependents, you must pay the entire family deductible before the plan begins paying benefits (except for covered preventive care).
- High-deductible health plans (HDHPs) have a combined medical and prescription drug

deductible that must be met before the plan begins to pay for benefits. This means you will pay the full cost of your medical claims and prescription drugs until you meet your deductible.

Coinsurance or copays. Some medical plans require you to pay a fixed amount when you receive care, called a copay. Other medical plans require you to pay a percentage of an allowed fee, 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 allowed charges for most covered benefits for the rest of the calendar year. Certain charges incurred during the year (such as your annual deductible, copays, and coinsurance) may count toward your out-of-pocket limit.

There are a few costs that do not apply toward your out-of-pocket limit (see the plans' certificates of coverage for specifics):

- Monthly premiums and applicable surcharges
- Charges that exceed the plan's allowed amount of billed charges
- Charges for services or treatments the plan doesn't cover
- Coinsurance for non-network providers

Referral procedures. Some medical plans allow you to self-refer to any network provider; others require you to have a referral from your primary care provider. All plans allow self-referral to network providers for women's health-care services.

Paperwork. In general, SEBB medical plans don't require you to file claims. However, Uniform Medical Plan (UMP) members may need to file a claim if they receive services from an out-of-network provider. UMP High Deductible members also should keep paperwork received from their provider or for qualified health care expenses to verify eligible payments or reimbursements from their HSA.

What type of plan should I select?

The SEBB Program offers several types of medical plans: managed-care plans, preferred provider organization (PPO) plans, and an HDHP. In addition, some plans are also considered value-based 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.

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 needs. 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:

- Kaiser Permanente NW 1*
- Kaiser Permanente NW 2*
- Kaiser Permanente NW 3*
- Kaiser Permanente WA Core 1*
- Kaiser Permanente WA Core 2*
- Kaiser Permanente WA Core 3*
- Kaiser Permanente WA SoundChoice*

Preferred provider organization 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 are PPO plans.

- Kaiser Permanente WA Options Access PPO 1
- Kaiser Permanente WA Options Access PPO 2
- Kaiser Permanente WA Options Access PPO 3
- Premera High PPO
- Premera Peak Care EPO*
- Premera Standard PPO
- UMP Achieve 1 (administered by Regence BlueShield)
- UMP Achieve 2 (administered by Regence BlueShield)
- UMP Plus—Puget Sound High Value Network (administered by Regence BlueShield)*
- UMP Plus—UW Medicine Accountable Care Network (administered by Regence BlueShield)*

* *Value-based plan*

High-deductible health plans. HDHPs let you use a health savings account (HSA) to help pay for

out-of-pocket qualified medical expenses tax-free, have a lower monthly premium than most other medical plans, a higher deductible, and a higher out-of-pocket limit. The SEBB Program has one HDHP. This is a PPO plan.

- UMP High Deductible (administered by Regence BlueShield)

UMP High Deductible with a health savings account (HSA)

The SEBB Program's UMP High Deductible plan is combined with a health savings account (HSA). When you enroll in UMP High Deductible, you can enroll in a tax-free HSA through HealthEquity that you can use to pay for IRS-qualified out-of-pocket medical expenses (such as deductibles, copays, and coinsurance), including some expenses and services that your health plans may not cover. (See *IRS Publication 969 Health Savings Accounts and Other Tax Favored Health Plans* at [irs.gov](https://www.irs.gov) for details.)

The HSA is administered by HealthEquity, Inc. You can use your HSA funds to pay for or reimburse your costs for qualified medical expenses.

Employer contributions

You must establish an HSA with HealthEquity to receive any employer contributions. If you are eligible, the Health Care Authority, on behalf of your employer, may contribute the following amounts to your HSA:

- \$31.25 each month for an individual subscriber, up to \$375 for the 2020 calendar year; or
- \$62.50 each month for a subscriber with one or more enrolled dependents, up to \$750 for the 2020 calendar year.
- \$125 if you qualify for the SmartHealth wellness incentive in 2020 (applied in January 2021).

The entire annual amount is not deposited to your HSA in January. Contributions from your employer go into your HSA in monthly installments over the year and are deposited on or around the last day of each month. If you are eligible and qualify for the SmartHealth wellness incentive, it is deposited at the end of January 2021 with your first HSA installment.

Subscriber contributions

You can also choose to contribute to your HSA two ways. Contact your payroll or benefits office to set up pretax payroll deductions or contact HealthEquity to set up direct deposits to your HSA. You may be able to deduct your HSA contributions from your federal income taxes.

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The IRS has an annual limit for contributions from all sources into an HSA. In 2020, the annual HSA contribution limit is \$3,550 (subscriber only) and \$7,100 (subscriber and one or more dependents). If you are age 55 or older, you may contribute up to \$1,000 more annually in addition to these limits.

To ensure you do not go beyond the maximum allowable limit, make sure to calculate your employer's contribution amount(s) for the year, the SmartHealth wellness incentive in January (if eligible and you qualify for it), and any amount you contribute during the year.

Who is eligible for UMP High Deductible with an HSA?

You cannot enroll in UMP High Deductible if:

- You are enrolled in Apple Health (Medicaid).
- You are enrolled in Medicare Part A or Part B.
- You are enrolled in another health plan that is not an IRS-qualified high-deductible health plan (HDHP)—for example, on a spouse's or state-registered domestic partner's plan—unless the health plan coverage is limited coverage, such as dental, vision, or disability coverage.
- You or your spouse or state-registered domestic partner is enrolled in a Voluntary Employee Beneficiary Association Medical Expense Plan (VEBA MEP), unless you convert it to limited health reimbursement account (HRA) coverage.
- You have a TRICARE plan.
- You 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 HDHP. This does not apply if your spouse's Medical FSA or HSA is a limited purpose account, or a post-deductible Medical FSA. If you try to enroll in both a Medical FSA and UMP High Deductible, you will only be enrolled in the UMP High Deductible with an HSA.
- You are claimed as a dependent on someone else's tax return.

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

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 of contributions you (or your employer) can make in the first year. If you have any questions about this, talk to your tax advisor.

Other features of UMP High Deductible with an HSA

- If you cover one or more 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, and build savings that you can use to pay for health care as needed and/or pay for Medicare Part B premiums.

How do I designate or update beneficiaries for my HSA?

You will designate 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. At the portal 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 health savings account 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.

How do I find Summaries of Benefits and Coverage (SBC)?

The Affordable Care Act requires the SEBB Program and medical plans to provide a standardized comparison of medical plan benefits, terms, and conditions, called the *Summary of Benefits and Coverage (SBC)*. The SBC allows you to compare things like:

- What is not included in the plan's out-of-pocket limit?
- Do I need a referral to see a specialist?
- Are there services this plan doesn't cover?

The SEBB Program and medical plans must provide an SBC (or explain how to get one) at different times throughout the year, such as when someone applies for coverage, upon plan renewal, and when requested. The SBC is available upon request in your preferred language.

You can get SBCs online at **hca.wa.gov/sebb-employee** under *Forms & publications* (enter SBC in the search field), 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 paper copy at no charge. Medical plan websites and customer service phone numbers are listed at the front of this guide.

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 resource 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, you can call the plan's customer service number. The plan will know what providers are accepting new patients and can tell you what the average wait time is for an appointment. Wait times may vary, depending on whether you are seeking emergent, urgent, or routine care. Research different wait times when considering your plan enrollment and make sure to specify how quickly you need care when scheduling appointments.

Starting in 2020, all carriers must provide information on their websites for mental health and substance abuse treatment providers' ability to ensure timely access to care. For more information, see Engrossed Substitute House Bill 1099 (Brennen's Law) at leg.wa.gov.

If you are having trouble receiving services from your plan, including the ability to schedule an appointment, you can file a complaint with the Office of the Insurance Commissioner at insurance.wa.gov/file-complaint-or-check-your-complaint-status or call 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 online at hca.wa.gov/sebb-employee under *Medical plans and benefits*.

Key words to look for in these documents are: inpatient and outpatient coverage, mental health, chemical dependency, and substance use disorder. The chart on the next page is a high-level summary of coverage by plan based on where you receive services.

Crisis information

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

For immediate help: Call **911** or go to the nearest emergency care facility for a life-threatening emergency.

For suicide prevention: Contact the National Suicide Prevention Lifeline at 1-800-273-8255 (TTY: 1-800-799-4889)

For additional county-based crisis support assistance options in Washington state, refer to hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines.

Washington Recovery Help Line:
1-866-789-1511 (24/7)

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.

Behavioral Health Benefit Comparison

Treatment of neuropsychiatric and mental health conditions, behavioral issues, applied behavioral analysis (ABA) therapy, substance use disorder, chemical dependency, etc., are accessible as indicated below by appropriately licensed providers. Care needs and circumstances are unique to each individual. For more information, please refer to the plan's Certificate of Coverage or call the plan's customer service number.

Note: Cost shares listed are for covered services with in-network providers and assume you have not reached your out-of-pocket maximum.

SEBB carriers	Office visits E.g., independent provider offices, medical groups, freestanding clinics, etc.)	Inpatient facility E.g., residential treatment centers, hospitals, psychiatric hospitals, etc.	Outpatient facility E.g., outpatient facilities, freestanding clinics, hospital affiliated clinics, etc.	Virtual care or telemedicine Care received from a licensed physician without an in-person visit
Kaiser Foundation Health Plan of the Northwest Current members call: 1-800-813-2000 (TRS: 711) or call the Mental Health Service Access Line at 1-855-632-8280 Not yet a member? Call: 1-800-728-2779				
Kaiser Permanente NW 1	\$30 (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente NW 2	\$25 (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente NW 3	\$20 (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Foundation Health Plan of Washington Current members call: 1-888-901-4636 (TTY: 1-800-833-6388 or TRS: 711) Not yet a member? Call: 1-800-728-2779				
Kaiser Permanente WA Core 1	\$30 (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente WA Core 2	\$25 (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente WA Core 3	\$20 (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente WA SoundChoice	\$0	Deductible, then 15%	Deductible, then 15%	\$0

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SEBB carriers	Office visits	Inpatient facility	Outpatient facility	Virtual care or telemedicine
	E.g., independent provider offices, medical groups, freestanding clinics, etc.)	E.g., residential treatment centers, hospitals, psychiatric hospitals, etc.	E.g., outpatient facilities, freestanding clinics, hospital affiliated clinics, etc.	Care received from a licensed physician without an in-person visit
Kaiser Foundation Health Plan of Washington Options, Inc. Current members call: 1-888-901-4636 (TTY: 1-800-833-6388 or TRS: 711) Not yet a member? Call: 1-800-728-2779				
Kaiser Permanente WA Options Access PPO 1	\$30 (\$20*) (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente WA Options Access PPO 2	\$25 (\$15*) (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Kaiser Permanente WA Options Access PPO 3	\$20 (\$10*) (\$0 up to age 17)	Deductible, then 20%	Deductible, then 20%	\$0
Premera Blue Cross 1-800-807-7310 (TRS: 711)				
Premera High PPO	\$20	Deductible, then 25%	Deductible, then 25%	\$20
Premera Peak Care EPO	\$20	Deductible, then 25%	Deductible, then 25%	\$20
Premera Standard PPO	\$20	Deductible, then 20%	Deductible, then 20%	\$20
Uniform Medical Plan (administered by Regence BlueShield) 1-800-628-3481 (TRS: 711)				
UMP Achieve 1	Deductible, then 20%	\$200/day up to \$600 for facility plus 20% for professional services	Deductible, then 20%	Deductible, then 20%
UMP Achieve 2	Deductible, then 15%	\$200/day up to \$600 for facility plus 15% for professional services	Deductible, then 15%	Deductible, then 15%
UMP High Deductible	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%	Deductible, then 15%
UMP Plus (both PSHVN & UW Medicine ACN)	Deductible, then 15%	\$200/day up to \$600 for facility plus 15% for professional services	Deductible, then 15%	Deductible, then 15%

Medical Plan Premiums and Deductibles Available by County

All school employees will be offered a selection of plans based on their county of residence. Some school employees, including those who live outside Washington State, may have more plan options if they work in a district that crosses county lines or is in a county that borders Idaho or Oregon (see *Medical Plans Available by School District* on page 39 for more information). Be sure to call the medical plan(s) you are interested in to ask about provider availability.

Adams, Asotin, Chelan, Clallam, Ferry, Garfield, Grant, Lincoln, Okanogan, Pend Oreille, Skamania, Stevens, Wahkiakum

Plan	Employee monthly premium				Annual deductible
	Subscriber (employee only)	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children ²	Employee/family
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

Benton, Columbia, Franklin, Walla Walla, Whitman

Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267	\$250/\$750
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

Clark

Kaiser Permanente NW 1	\$28	\$56	\$49	\$84	\$1,250/\$2,500
Kaiser Permanente NW 2	\$41	\$82	\$72	\$123	\$750/\$1,500
Kaiser Permanente NW 3	\$106	\$212	\$186	\$318	\$125/\$250
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

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Plan	Employee monthly premium				Annual deductible
	Subscriber (employee only)	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children ²	Employee/family
Kaiser Permanente NW 1	\$28	\$56	\$49	\$84	\$1,250/\$2,500
Kaiser Permanente NW 2	\$41	\$82	\$72	\$123	\$750/\$1,500
Kaiser Permanente NW 3	\$106	\$212	\$186	\$318	\$125/\$250
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

Douglas, Klickitat, San Juan

UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

Grays Harbor, Jefferson, Pacific

Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

Island

Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267	\$250/\$750
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

King, Kitsap

Plan	Employee monthly premium				Annual deductible
	Subscriber (employee only)	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children ²	Employee/family
Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Sound Choice	\$49	\$98	\$86	\$147	\$125/\$375
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
Premiera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premiera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800
UMP Plus–PSHVN ³	\$68	\$136	\$119	\$204	\$125/\$375
UMP Plus–UW Medicine ACN ³	\$68	\$136	\$119	\$204	\$125/\$375

Kittitas

Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267	\$250/\$750
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

(continued)

Lewis, Mason, Whatcom

Plan	Employee monthly premium				Annual deductible
	Subscriber (employee only)	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children ²	Employee/family
Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267	\$250/\$750
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800

Pierce, Thurston

Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Sound Choice	\$49	\$98	\$86	\$147	\$125/\$375
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Peak Care EPO	\$31	\$62	\$54	\$93	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800
UMP Plus–PSHVN ³	\$68	\$136	\$119	\$204	\$125/\$375
UMP Plus–UW Medicine ACN ³	\$68	\$136	\$119	\$204	\$125/\$375

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

Skagit

Plan	Employee monthly premium				Annual deductible
	Subscriber (employee only)	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children ²	Employee/family
Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267	\$250/\$750
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800
UMP Plus–UW Medicine ACN ³	\$68	\$136	\$119	\$204	\$125/\$375

Snohomish

Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Sound Choice	\$49	\$98	\$86	\$147	\$125/\$375
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800
UMP Plus–PSHVN ³	\$68	\$136	\$119	\$204	\$125/\$375
UMP Plus–UW Medicine ACN ³	\$68	\$136	\$119	\$204	\$125/\$375

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

(continued)

Spokane

Plan	Employee monthly premium				Annual deductible
	Subscriber (employee only)	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children ²	Employee/family
Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Sound Choice	\$49	\$98	\$86	\$147	\$125/\$375
Kaiser Permanente WA Options Access PPO 1	\$39	\$78	\$68	\$117	\$1,250/\$3,750
Kaiser Permanente WA Options Access PPO 2	\$69	\$138	\$121	\$207	\$750/\$2,250
Kaiser Permanente WA Options Access PPO 3	\$116	\$232	\$203	\$348	\$250/\$750
Premera High PPO	\$70	\$140	\$123	\$210	\$750/\$1,875
Premera Peak Care EPO	\$31	\$62	\$54	\$93	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800
UMP Plus–UW Medicine ACN ³	\$68	\$136	\$119	\$204	\$125/\$375

Yakima

Kaiser Permanente WA Core 1	\$13	\$26	\$23	\$39	\$1,250/\$3,750
Kaiser Permanente WA Core 2	\$19	\$38	\$33	\$57	\$750/\$2,250
Kaiser Permanente WA Core 3	\$89	\$178	\$156	\$267	\$250/\$750
Premera High PPO	\$70	\$140	\$122	\$210	\$750/\$1,875
Premera Standard PPO	\$22	\$44	\$39	\$66	\$1,250/\$3,125
UMP Achieve 1 ³	\$33	\$66	\$58	\$99	\$750/\$2,250
UMP Achieve 2 ³	\$98	\$196	\$172	\$294	\$250/\$750
UMP High Deductible ³	\$25	\$50	\$44	\$75	\$1,400/\$2,800
UMP Plus–PSHVN ³	\$68	\$136	\$119	\$204	\$125/\$375

¹ Or state-registered domestic partner

² You pay the monthly medical premium shown regardless of how many children you enroll.

³ Administered by Regence BlueShield

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

Medical Plans Available by School District

If you work in a school district that crosses county lines, or is in a county that borders Idaho or Oregon, you may have access to more School Employees Benefits Board (SEBB) Program medical plans than what is available in your county of residence. Those school districts are listed in the chart below. Available medical plans for each district are marked by blue boxes.

! If your school district is not listed below, see the **Medical Plan Premiums and Deductibles Available by County** chart on pages 33–38.

	Kaiser NW			Kaiser WA				Kaiser WA Options			Premera			Uniform Medical Plan*		
School district	KP NW 1	KP NW 2	KP NW 3	Core 1	Core 2	Core 3	SoundChoice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care EPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
Almira																
Asotin-Anatone																
Auburn																
Battle Ground																
Bickleton																
Brewster																
Bridgeport																
Camas																
Castle Rock																
Centerville																
Central Valley																
Centralia																
Cheney																
Clarkston																
Colfax																
College Place																
Colton																
Columbia (Walla Walla)																

*Administered by Regence BlueShield

(continued)

	Kaiser NW			Kaiser WA				Kaiser WA Options			Premera			Uniform Medical Plan*		
School district	KP NW 1	KP NW 2	KP NW 3	Core 1	Core 2	Core 3	SoundChoice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care EPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
Concrete																
Coulee-Hartline																
Curlew																
Cusick																
Darrington																
Dayton																
Deer Park																
Dixie																
East Valley (Spokane)																
Eatonville																
Elma																
Endicott																
Ephrata																
Evergreen (Clark)																
Fife																
Finley																
Freeman																
Garfield																
Glenwood																
Goldendale																
Grand Coulee Dam																
Grandview																
Great Northern																
Green Mountain																
Hockinson																
Kalama																
Kelso																

*Administered by Regence BlueShield

	Kaiser NW			Kaiser WA				Kaiser WA Options			Premera			Uniform Medical Plan*		
School district	KP NW 1	KP NW 2	KP NW 3	Core 1	Core 2	Core 3	SoundChoice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care EPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
Kennewick																
Kettle Falls																
Kiona-Benton City																
Klickitat																
La Center																
LaCrosse																
Lake Chelan																
Lamont																
Liberty																
Longview																
Loon Lake																
Lyle																
Mary M. Knight																
McCleary																
Mead																
Medical Lake																
Mill A																
Mount Pleasant																
Naches Valley																
Naselle-Grays River Valley																
Newport																
Nine Mile Falls																
North Franklin																
North Mason																
North River																
Northshore																
Oakesdale																
Oakville																

*Administered by Regence BlueShield

(continued)

	Kaiser NW			Kaiser WA				Kaiser WA Options			Premera		Uniform Medical Plan*			
School district	KP NW 1	KP NW 2	KP NW 3	Core 1	Core 2	Core 3	SoundChoice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care EPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
Ocean Beach																
Ocosta																
Odessa																
Orchard Prairie																
Orient																
Othello																
Palouse																
Pateros																
Paterson																
Pe Ell																
Pomeroy																
Prescott																
Prosser																
Pullman																
Quillayute Valley																
Quincy																
Raymond																
Reardan-Edwall																
Republic																
Richland																
Ridgefield																
Ritzville																
Riverside																
Rochester																
Roosevelt																
Rosalia																

*Administered by Regence BlueShield

	Kaiser NW			Kaiser WA				Kaiser WA Options			Premera			Uniform Medical Plan*		
School district	KP NW 1	KP NW 2	KP NW 3	Core 1	Core 2	Core 3	SoundChoice	Access PPO 1	Access PPO 2	Access PPO 3	High PPO	Peak Care EPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
Sedro-Woolley																
Selah																
Selkirk																
Sequim																
Skamania																
South Bend																
Spokane																
Sprague																
St. John																
Stanwood-Camano																
Starbuck																
Steptoe																
Stevenson-Carson																
Tekoa																
Touchet																
Toutle Lake																
Trout Lake																
Vancouver																
Wahkiakum																
Wahluke																
Waitsburg																
Walla Walla																
Warden																
Washougal																
Washtucna																
West Valley (Spokane)																
White Salmon Valley																
Willapa Valley																
Wilson Creek																
Wishram																
Woodland																
Yelm																

*Administered by Regence BlueShield

Medical Benefits Comparison

The chart below briefly compares the medical deductibles and per-visit out-of-pocket costs of some in-network benefits for SEBB medical plans. Copays and coinsurances may apply; some copays and coinsurance do not apply until after you have paid your annual deductibles. Call the plans directly

for more information on specific benefits, including preauthorization requirements and exclusions. If anything in these charts conflicts with the plan's Certificate of Coverage (COC), the COC takes precedence and prevails.

Annual costs (what you pay)	Medical deductible (applies to medical out-of-pocket limit)	Medical out-of-pocket limit (see separate prescription drug out-of-pocket limit for some plans)
Kaiser Foundation Health Plan of the Northwest		
Kaiser Permanente NW 1	\$1,250/person \$2,500/family	\$4,000/person \$8,000/family
Kaiser Permanente NW 2	\$750/person \$1,500/family	\$3,500/person \$7,000/family
Kaiser Permanente NW 3	\$125/person \$250/family	\$2,000/person \$4,000/family
Kaiser Foundation Health Plan of Washington		
Kaiser Permanente WA Core 1	\$1,250/person \$3,750/family	\$4,000/person \$8,000/family
Kaiser Permanente WA Core 2	\$750/person \$2,250/family	\$3,000/person \$6,000/family
Kaiser Permanente WA Core 3	\$250/person \$750/family	\$2,000/person \$4,000/family
Kaiser Permanente WA SoundChoice	\$125/person \$375/family	\$2,000/person \$4,000/family
Kaiser Foundation Health Plan of Washington Options, Inc.		
Kaiser Permanente WA Options Access PPO 1	\$1,250/person \$3,750/family	\$4,500/person \$9,000/family
Kaiser Permanente WA Options Access PPO 2	\$750/person \$2,250/family	\$3,500/person \$7,000/family
Kaiser Permanente WA Options Access PPO 3	\$250/person \$750/family	\$2,500/person \$5,000/family
Premera Blue Cross		
Premera High PPO	\$750/person \$1,875/family	\$3,500/person \$7,000/family
Premera Peak Care EPO	\$750/person \$1,875/family	\$3,500/person \$7,000/family
Premera Standard PPO	\$1,250/person \$3,125/family	\$5,000/person \$10,000/family
Uniform Medical Plan (administered by Regence BlueShield)		
UMP Achieve 1	\$750/person \$2,250/family	\$3,500/person \$7,000/family
UMP Achieve 2	\$250/person \$750/family	\$2,000/person \$4,000/family
UMP High Deductible	\$1,400/person \$2,800/family ²	\$4,200/person \$8,400/family ³
UMP Plus (both PSHVN & UW Medicine ACN)	\$125 person \$375/family	\$2,000/person \$4,000/family

¹ Waived for preferred generic prescription drugs

² Combined medical and prescription drug deductible

³ Out-of-pocket expenses for a single family member are not to exceed \$6,900

Prescription drug deductible	Prescription drug out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
None	Applies to medical out-of-pocket limit
\$125/person \$312/family ¹	Applies to medical out-of-pocket limit
\$125/person \$312/family ¹	Applies to medical out-of-pocket limit
\$250/person \$750/family ¹	Applies to medical out-of-pocket limit
Tier 2 and specialty; \$250/person \$750/family (applies to prescription out-of-pocket limit)	\$2,000/person \$4,000/family
Tier 2 and specialty; \$100/person \$300/family (applies to prescription out-of-pocket limit)	\$2,000/person \$4,000/family
Combined (medical and prescription) deductible	Combined (medical and prescription) out-of-pocket limit
None	\$2,000/person \$4,000/family

(continued)

Benefits (what you pay)	Ambulance (air or ground) per trip	Diagnostic tests, laboratory, and x-rays	Durable medical equipment, supplies, and prosthetics
Kaiser Foundation Health Plan of the Northwest			
Kaiser Permanente NW 1	20%	\$30	20%
Kaiser Permanente NW 2	20%	\$25	20%
Kaiser Permanente NW 3	20%	\$20	20%
Kaiser Foundation Health Plan of Washington			
Kaiser Permanente WA Core 1	20%	20% over \$500	20% (\$300 allowance/ year for orthotic devices)
Kaiser Permanente WA Core 2	20%	20% over \$500	20% (\$300 allowance/ year for orthotic devices)
Kaiser Permanente WA Core 3	20%	20%	20% (\$300 allowance/ year for orthotic devices)
Kaiser Permanente WA SoundChoice	20%	15%	15% (\$300 allowance/ year for orthotic devices)
Kaiser Foundation Health Plan of Washington Options, Inc.			
Kaiser Permanente WA Options Access PPO 1	20%	20% over \$500	20% (\$300 allowance/ year for orthotic devices)
Kaiser Permanente WA Options Access PPO 2	20%	20% over \$500	20% (\$300 allowance/ year for orthotic devices)
Kaiser Permanente WA Options Access PPO 3	20%	20%	20% (\$300 allowance/ year for orthotic devices)
Premera Blue Cross			
Premera High PPO	25%	25%	25%
Premera Peak Care EPO	25%	25%	25%
Premera Standard PPO	20%	20%	20%
Uniform Medical Plan (administered by Regence BlueShield)			
UMP Achieve 1	20%	20%	20%
UMP Achieve 2	20%	15%	15%
UMP High Deductible	20%	15%	15%
UMP Plus (both PSHVN & UW Medicine ACN)	20%	15%	15%

* Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory). These providers offer services at the lowest cost share.

Emergency room (copay waived if admitted)	Routine annual hearing exam	Hearing hardware	Home health	Therapy: Physical, occupational, speech, and neurodevelopmental (per-office visit cost)
20%	\$40	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$40 (60 combined/year)
20%	\$35	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$35 (60 combined/year)
20%	\$30	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$30 (60 combined/year)
\$150+20%	\$30	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$40 (60/year)
\$150+20%	\$25	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$35 (60/year)
\$150+20%	\$20	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$30 (60 combined/year)
\$150+15%	\$0	\$400 max benefit per ear every 36 months	15% for 130 days/year	\$30 (60 combined/year)
\$150+20%	\$30 (\$20*)	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$40 (\$30*, 60 combined/year)
\$150+20%	\$25 (\$15*)	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$35 (\$25*, 60 combined/year)
\$150+20%	\$20 (\$10*)	\$400 max benefit per ear every 36 months	20% for 130 days/year	\$30 (\$20*, 60 combined/year)
\$150+25%	\$0	\$1,000 max benefit every 3 years	25%	\$40 (45 PT/ST/OT combined/year) \$40 (45 NDT/year)
\$150+25%	\$0	\$1,000 max benefit every 3 years	25%	\$40 (45 PT/ST/OT combined/year) \$40 (45 NDT/year)
\$150+20%	\$0	\$1,000 max benefit every 3 years	20%	\$40 (45 PT/ST/OT combined/year) \$40 (45 NDT/year)
\$75+20%	\$0	\$800 max benefit every 3 years	20%	20% (80 combined/year)
\$75+15%	\$0	\$800 max benefit every 3 years	15%	15% (80 combined/year)
15%	15%	\$800 max benefit every 3 years	15%	15% (80 combined/year)
\$75+15%	\$0	\$800 max benefit every 3 years	15%	15% (60 combined/year)

(continued)

Benefits (what you pay)	Hospital services: Inpatient	Hospital services: Outpatient	Office visit: Primary care
Kaiser Foundation Health Plan of the Northwest			
Kaiser Permanente NW 1	20%	20%	\$30
Kaiser Permanente NW 2	20%	20%	\$25
Kaiser Permanente NW 3	20%	20%	\$20
Kaiser Foundation Health Plan of Washington			
Kaiser Permanente WA Core 1	20%	20%	\$30
Kaiser Permanente WA Core 2	20%	20%	\$25
Kaiser Permanente WA Core 3	20%	20%	\$20
Kaiser Permanente WA SoundChoice	15%	15%	\$0
Kaiser Foundation Health Plan of Washington Options, Inc.			
Kaiser Permanente WA Options Access PPO 1	20%	20%	\$30 (\$20*)
Kaiser Permanente WA Options Access PPO 2	20%	20%	\$25 (\$15*)
Kaiser Permanente WA Options Access PPO 3	20%	20%	\$20 (\$10*)
Premera Blue Cross			
Premera High PPO	25%	25%	\$20
Premera Peak Care EPO	25%	25%	\$20
Premera Standard PPO	20%	20%	\$20
Uniform Medical Plan (administered by Regence BlueShield)			
UMP Achieve 1	\$200/day up to \$600 for facility+20% for professional services	20%	20%
UMP Achieve 2	\$200/day up to \$600 for facility+15% for professional services	15%	15%
UMP High Deductible	15%	15%	15%
UMP Plus (both PSHVN & UW Medicine ACN)	\$200/day up to \$600 for facility+15% for professional services	15%	\$0 plus 15% for related services

* Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory). These providers offer services at the lowest cost share.

Office visit: Urgent care	Office visit: Specialist	Office visit: Mental health	Number of visits covered per year:		
			Chiropractic	Acupuncture	Massage therapy
\$50	\$40	\$30	No limit	20	20
\$45	\$35	\$25	No limit	20	20
\$40	\$30	\$20	No limit	20	20
\$30	\$40	\$30	20	20	20
\$25	\$35	\$25	20	20	20
\$20	\$30	\$20	20	20	20
\$30	\$30	\$0	20	20	20
\$30 (\$20*)	\$40 (\$30*)	\$30 (\$20*)	20	20	20
\$25 (\$15*)	\$35 (\$25*)	\$25 (\$15*)	20	20	20
\$20 (\$10*)	\$30 (\$20*)	\$20 (\$10*)	20	20	20
25%	\$40	\$20	12	12	12
25%	\$40	\$20	12	12	12
20%	\$40	\$20	12	12	12
20%	20%	20%	16	16	16
15%	15%	15%	16	16	16
15%	15%	15%	16	16	16
15%	15%	15%	10	16	16

(continued)

Benefits (what you pay) Prescription drugs: Retail pharmacy (up to a 30-day supply)	Value Tier (specific high-value prescrip- tion drugs used to treat certain chronic conditions)	Tier 1 (primarily low-cost generic drugs)
Kaiser Foundation Health Plan of the Northwest		
Kaiser Permanente NW 1	N/A	\$20
Kaiser Permanente NW 2	N/A	\$15
Kaiser Permanente NW 3	N/A	\$10
Kaiser Foundation Health Plan of Washington		
Kaiser Permanente WA Core 1	N/A	\$5
Kaiser Permanente WA Core 2	N/A	\$10
Kaiser Permanente WA Core 3	N/A	\$10
Kaiser Permanente WA SoundChoice	N/A	\$10
Kaiser Foundation Health Plan of Washington Options, Inc.		
Kaiser Permanente WA Options Access PPO 1	N/A	\$10 (\$5*)
Kaiser Permanente WA Options Access PPO 2	N/A	\$10 (\$5*)
Kaiser Permanente WA Options Access PPO 3	N/A	\$10 (\$5*)
Premiera Blue Cross		
Premiera High PPO	N/A	\$7
Premiera Peak Care EPO	N/A	\$7
Premiera Standard PPO	N/A	\$7
Uniform Medical Plan (administered by Regence BlueShield)		
UMP Achieve 1	5% up to \$10	10% up to \$25
UMP Achieve 2	5% up to \$10	10% up to \$25
UMP High Deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible
UMP Plus (both PSHVN & UW Medicine ACN)	5% up to \$10	10% up to \$25

* Enhanced benefit: Enhanced in-network cost shares apply when a member uses designated integrated providers and pharmacies (Kaiser Permanente Medical Centers and providers, or other designated providers as identified in the provider directory). These providers offer services at the lowest cost share.

Tier 2 (preferred brand-name drugs, high-cost generic drugs, and specialty drugs for UMP)	Tier 3 (nonpreferred brand-name drugs and nonpreferred generic drugs ⁴)	Tier 4 (specialty and certain high cost generic drugs)
\$40	50% up to \$100	50% up to \$150
\$30	50% up to \$100	50% up to \$150
\$20	50% up to \$100	50% up to \$150
\$25	\$50	50% up to \$150
\$25	\$50	50% up to \$150
\$25	\$50	50% up to \$150
\$25	\$50	50% up to \$150
\$50 (\$40*)	50% up to \$125	50% up to \$150
\$50 (\$40*)	50% up to \$125	50% up to \$150
\$50 (\$40*)	50% up to \$125	50% up to \$150
\$30	30%	\$50
\$30	30%	\$50
30%	50%	40%
30% up to \$75 after deductible	N/A	N/A
30% up to \$75 after deductible	N/A	N/A
15% after combined (medical and prescription) deductible	N/A	N/A
30% up to \$75	N/A	N/A

⁴ Includes nonpreferred generic drugs for Kaiser Permanente WA, Kaiser Permanente WA Options, and Premera plans.



All plans pay 100% for covered preventive prescription drugs, with no deductible. Exception: On the UMP High Deductible plan, male condoms and male spermicides are paid at 100% after you meet the plan deductible.

(continued)

Benefits (what you pay) Prescription drugs: Mail order (up to a 90-day supply)	Value Tier (specific high-value prescription drugs used to treat certain chronic conditions)	Tier 1 (primarily low-cost generic drugs)
Kaiser Foundation Health Plan of the Northwest (deductibles do not apply)		
Kaiser Permanente NW 1	N/A	\$40
Kaiser Permanente NW 2	N/A	\$30
Kaiser Permanente NW 3	N/A	\$20
Kaiser Foundation Health Plan of Washington (deductibles do not apply)		
Kaiser Permanente WA Core 1	N/A	\$10
Kaiser Permanente WA Core 2	N/A	\$20
Kaiser Permanente WA Core 3	N/A	\$20
Kaiser Permanente WA SoundChoice	N/A	\$20
Kaiser Foundation Health Plan of Washington Options, Inc. (deductibles do not apply)		
Kaiser Permanente WA Options Access PPO 1	N/A	\$10
Kaiser Permanente WA Options Access PPO 2	N/A	\$10
Kaiser Permanente WA Options Access PPO 3	N/A	\$10
Premera Blue Cross		
Premera High PPO	N/A	\$14 (deductible waived)
Premera Peak Care EPO	N/A	\$14 (deductible waived)
Premera Standard PPO	N/A	\$14 (deductible waived)
Uniform Medical Plan (administered by Regence BlueShield)		
UMP Achieve 1	5% up to \$30	10% up to \$75
UMP Achieve 2	5% up to \$30	10% up to \$75
UMP High Deductible	15% after combined (medical and prescription) deductible	15% after combined (medical and prescription) deductible
UMP Plus (both PSHVN & UW Medicine ACN)	5% up to \$30	10% up to \$75

! All plans pay 100% for covered preventive prescription drugs, with no deductible. Exception: On the UMP High Deductible plan, male condoms and male spermicides are paid at 100% after you meet the plan deductible.

Tier 2 (preferred brand-name drugs)	Tier 3 (nonpreferred brand-name drugs and nonpreferred generic drugs ⁴)
\$80	50% up to \$200
\$60	50% up to \$200
\$40	50% up to \$200
\$50	\$100
\$50	\$100
\$50	\$100
\$50	\$100
\$80	50% up to \$250
\$80	50% up to \$250
\$80	50% up to \$250
\$60	deductible, then 30%
\$60	deductible, then 30%
30%	50%
30% up to \$225	N/A
30% up to \$225	N/A
15% after combined (medical and prescription) deductible	N/A
30% up to \$225	N/A

⁴ Includes nonpreferred generic drugs for Kaiser Permanente WA, Kaiser Permanente WA Options, and Premera plans.

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.

There are three SEBB Program dental plans to choose from—two managed care plans and one preferred-provider plan. Make sure you check with the plan to see if the dentist you want is in the plan's network. The dental benefit comparison chart is available on pages 55–56.

Things to keep in mind before you select a dental plan or provider

DeltaCare and Willamette Dental Group are managed-care plans. You must choose a primary dental provider within their networks. If you do not choose a primary dental provider, one will be chosen for you. These plans will not pay claims if you see a provider outside of their network.

Uniform Dental Plan (UDP) is a preferred provider organization (PPO) plan. You may choose any dental provider, but will generally have lower out-of-pocket costs if you see network providers.

Check with the plan to see if your dentist is in the plan's network. Make sure you correctly identify your dental plan's network and group number (see table below). This is especially important because DeltaCare and UDP are both administered by Delta Dental of Washington. You can call the dental plan's customer service (listed in the beginning of this guide), or use the dental plan network's online

directory. Carefully review your selection before enrolling in SEBB My Account or submitting your paper enrollment form.

How do the DeltaCare and Willamette Dental Group plans work?

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. If you choose one of these plans and seek services from a dentist not in the plan's network, the plan will not pay your dental claims. Before enrolling, call the plan to make sure your dentist is in the plan's network. Do not rely solely on information from your dentist's office.

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 (some specific exceptions apply). Referrals are required from your primary care dental provider to see a specialist. You may change providers in your plan's network at any time.

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

Dental plan options

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

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 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. UDP is administered by Delta Dental of Washington. Its network is Delta Dental PPO (Group 09600).

Dental Benefits Comparison

For information on specific benefits and exclusions, refer to the dental plan's certificate of coverage or contact the plan directly. A PPO refers to a preferred-provider organization (network). If anything in these charts conflicts with the plan's Certificate of Coverage (COC), the COC takes precedence and prevails.

Annual costs	PPO	Managed-care plans	
	Uniform Dental Plan (Group 09600)	DeltaCare (Group 09601)	Willamette Dental Group (Group WA733)
Deductible	\$50 individual/ up to \$150 family	None	None
Plan maximum (see specific benefit maximums below)	\$1,750	No general plan maximum	No general plan maximum
Benefits	PPO	Managed-care plans	
	Uniform Dental Plan (Group 09600)	DeltaCare (Group 09601)	Willamette Dental (Group WA733)
	You pay after deductible:	You pay:	
Dentures	50% PPO and out of state; 60% non-PPO	\$140 for complete upper or lower	\$140 for complete upper or lower
Root canals (endodontics)	20% PPO and out of state; 30% non-PPO	\$100 to \$150	\$100 to \$150
Nonsurgical TMJ	30% of costs until plan has paid \$500 for PPO, out of state, or non-PPO; then any amount over \$500 in member's lifetime	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 over \$1,000 per year and \$5,000 in member's lifetime
Oral surgery	20% PPO and out of state; 30% non-PPO	\$10 to \$50 to extract erupted teeth	\$10 to \$50 to extract erupted teeth

(continued)

Benefits	PPO	Managed-care plans	
	Uniform Dental Plan (Group 09600 PPO)	DeltaCare (Group 09601)	Willamette Dental (Group WA733)
	You pay after deductible:	You pay:	
Orthodontia	50% of costs until the plan has paid a maximum of \$1,750 for member's lifetime (separate from the annual maximum of \$1,750)	Up to \$1,500 copay per case	Up to \$1,500 copay per case
Orthognathic surgery	30% of costs until plan has paid \$5,000 for PPO, out of state, or non-PPO; then any amount over \$5,000 in member's lifetime	30% of the lesser of the maximum allowable or the fees actually charged; then any amount over \$5,000 in member's lifetime	30%, then any amount over \$5,000 in member's lifetime
Periodontic services (treatment of gum disease)	20% PPO and out of state; 30% non-PPO	\$15 to \$100	\$15 to \$100
Preventive/ diagnostic (deductible doesn't apply)	\$0 PPO; 10% out of state; 20% non-PPO	\$0	\$0
Restorative fillings	20% PPO and out of state; 30% non-PPO	\$10 to \$50	\$10 to \$50
Restorative crowns	50% PPO and out of state; 60% non-PPO	\$100 to \$175	\$100 to \$175

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. You and any enrolled dependents must enroll in the same SEBB vision plan. The vision benefit comparison chart is available on pages 57–59.

Vision plan options

There are three SEBB Program vision plans to choose from.

- Davis Vision
- EyeMed Vision Care
- MetLife Vision

Routine eye exams are covered once a year at 100 percent under any of the three plans. In general, the plans cover frames up to \$150 then pay 20 percent of the balance over \$150. See the *Vision Benefits Comparison* chart or the plans' certificates of coverage for details.

Before you select a vision plan, check with the plan to see if the vision provider you want is in the plan's network. You can call the vision plan's customer service (listed in the beginning of this guide), or use the vision plan network's online directory.

Some vision plans have their own clinics, where you get the plan's best price for services and hardware.

Vision Benefits Comparison

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

Adults (19 and older) — what you pay for in-network services

Vision care service	Davis Vision	EyeMed	MetLife
Routine eye exam (once per calendar year, starting January 1)	\$0 (\$40)	\$0 (\$84)	\$0 (\$45)
Frames (once every 24 months starting January 1 in even years)	\$0 up to \$150, then 80% of balance over \$150; or \$0 at Visionworks; or \$0 for any of the Exclusive Frame Collection (\$50)	\$0 up to \$150, then 80% of balance over \$150 (\$75)	\$0 up to \$150, then 80% of balance over \$150 (\$70)
Lenses (once every 24 months starting January 1 in 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 in even years)	\$50–\$140 (\$60)	\$55–\$175 (\$55)	\$0–\$175 (\$50)
Lens enhancements	Davis Vision	EyeMed	MetLife
Anti-reflective coating	\$35–\$60 ²	\$45–\$85 (\$5)	\$41–\$85 ¹
Scratch-resistant	\$0 ²	\$0 (\$5)	\$17–\$33 ¹
Polycarbonate	\$30 ²	\$40 ²	\$31–\$35 ¹
Photochromic/transitions	\$65 ²	\$75 ²	\$47–\$82 ¹
Polarized	\$75 ²	80% of retail price ²	80% of retail price ¹
Tinting	\$0 ²	\$15 ²	\$17–\$44 ¹
UV treatment	\$12 ²	\$15 ²	\$0 ¹

¹ 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 No out-of-network lens enhancement reimbursement is available.

‡ or \$0 for any frame at LensCrafters, Target Optical and Sears Optical (some brand exclusions apply)

(continued)

Contact lenses (in lieu of glasses)	Davis Vision	EyeMed	MetLife
Conventional*	\$0 up to \$150, then 85% of balance over \$150; or four boxes from Collection lenses (\$105)	\$0 up to \$150, then 85% of balance over \$150 (\$150)	\$0 up to \$150, then 100% of balance over \$150 (\$105)
Disposable*	\$0 up to \$150, then 85% of balance over \$150; or eight boxes from Collection lenses (\$105)	\$0 up to \$150, then 100% of balance over \$150 (\$150)	\$0 up to \$150, then 100% of balance over \$150 (\$105)
Medically necessary	\$0 (\$225)	\$0 (\$300)	\$0 (\$210)

* Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year. Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week.

Additional member savings	Davis Vision	EyeMed	MetLife
Additional glasses	30% off	Up to 40% off	20% off
LASIK surgery	40–50% off national average	15% off retail price; or, 5% off a promotional offer	15% off retail price; or, 5% off a promotional offer

Children (under age 19) – what you pay for in-network services

Vision care service (once per calendar year)	Davis Vision	EyeMed	MetLife
Routine eye exam	\$0	\$0	\$0
Frames	\$0 up to \$150, then 80% of balance above \$150 ‡	\$0 up to \$150, then 80% of balance above \$150	\$0 up to \$150, then 80% of balance above \$150
Lenses	\$0	\$0	\$0
Progressive lenses	\$50–\$140	\$0–\$175	\$0–\$175

Lens enhancements	Davis Vision	EyeMed	MetLife
Anti-reflective coating	\$35–\$60	\$45–\$85	\$41–\$85
Scratch-resistant	\$0	\$0	\$0
Polycarbonate	\$0	\$0	\$0
Photochromic/transitions	\$65	\$75	\$47–\$82
High Index	\$0	\$0	\$0
Tinting	\$0	\$15	\$17–\$44
UV treatment	\$0	\$15	\$0

§ or \$0 at Visionworks; or \$0 for any of the Exclusive Frame Collection (§50)

‡ or \$0 for any frame at LensCrafters, Target Optical and Sears Optical (some brand exclusions apply)

Contact lenses (in lieu of glasses)	Davis Vision	EyeMed	MetLife
Conventional*	\$0 up to 4 boxes annually	Any amount over \$300	Any amount over \$300
Disposable*	\$0 up to 8 boxes annually	Any amount over \$300	Any amount over \$300
Medically necessary	\$0	Any amount over \$300	\$0

* Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year. Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week.

Additional member savings	Davis Vision	EyeMed	MetLife
Additional glasses	50% off at Visionworks; 30% off at other providers	40% off	20% off

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. If eligible, you will automatically be enrolled in basic coverage, even if you waive medical coverage.

You can buy supplemental life insurance and supplemental AD&D insurance for yourself and your eligible dependents. Supplemental life and AD&D insurance is not available to employees whose eligibility was locally negotiated under Washington Administrative Code (WAC) 182-30-130 (see *Eligibility* on page 12).

These benefits are provided through Metropolitan Life Insurance Company (plan number 219743). The information below is a summary of benefits only; if anything conflicts with the certificate of coverage (COC), the COC takes precedence and prevails. To see the COC, visit hca.wa.gov/sebb-employee under *Forms & publications* or contact MetLife directly at 1-833-854-9624.

What are (employer-paid) basic life insurance and basic AD&D insurance?

As an employee, your basic life insurance covers you and pays your designated beneficiaries in the event of your death. Basic accidental death and dismemberment (AD&D) insurance provides benefits for certain injuries or death resulting from a covered accident. These benefits are paid for by your employer, and you do not have to provide evidence of insurability (proof of good health).

The SEBB Program's benefits package includes basic life insurance and basic AD&D insurance for all school employees who are eligible for the employer contribution toward SEBB benefits. It provides:

- \$35,000 for death from any cause.
- Up to \$5,000 in case of accidental death or dismemberment (AD&D).

What are (employee-paid) supplemental life and AD&D insurance?

If you enroll in supplemental life insurance and supplemental AD&D insurance for yourself, you may also buy supplemental life and supplemental AD&D insurance for your eligible dependents.

The following are the kinds of supplemental life and AD&D insurance you can buy.

Supplemental life insurance for employees

You may enroll in supplemental life insurance for yourself in increments of \$10,000 up to \$500,000 with no evidence of insurability if elected **no later than 31 days** after becoming eligible for the employer contribution toward SEBB benefits. You can buy supplemental life insurance coverage up to a maximum of \$1,000,000 with evidence of insurability.

Supplemental life insurance for spouse or state-registered domestic partner

If you are enrolled in supplemental life insurance, you may buy supplemental life insurance for 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 buy up to \$100,000 of coverage with no 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 above \$100,000, up to a maximum of \$500,000.

Supplemental life insurance for children

If you enroll in supplemental life insurance for yourself, you may buy coverage for your children in \$5,000 increments up to \$20,000. One premium covers all your enrolled children. Evidence of insurability is not required for children.

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 non-accidental causes and never requires evidence of insurability.

Supplemental AD&D insurance for spouse or state-registered domestic partner

You can choose to cover your spouse or state-registered domestic partner with AD&D coverage in increments of \$10,000 up to \$250,000. Evidence of insurability is not required.

Supplemental AD&D insurance for children

For your children, supplemental AD&D coverage is available in \$5,000 increments up to \$25,000. One premium covers all your enrolled children. Evidence of insurability is not required.

How do I designate beneficiaries for my life and AD&D insurance?

To assign, review, or update beneficiaries for life and AD&D insurance, 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 at hca.wa.gov/sebb-employee under *Forms & publications*.

What do supplemental life and AD&D insurance cost?

The table below shows the monthly cost per \$1,000 of coverage, based on your (the subscriber's) age as of December 31, 2019, and tobacco use by the insured person.

Supplemental life insurance monthly rates for employees and spouse or state-registered domestic partner, and children

Age	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 children	\$0.124	\$0.124

Sample calculation—supplemental life insurance

To cover yourself, the monthly rate for one person age 40–44 who is 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

Supplemental AD&D insurance monthly rates

The table below shows the monthly cost per \$1,000 of coverage.

Sample calculation—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

Employee	\$0.019
Spouse or state-registered domestic partner	\$0.019
All dependent children	\$0.016

When can I enroll in supplemental life insurance?

You may enroll for the following supplemental coverage without providing evidence of insurability **no later than 31 days** after becoming eligible for the employer contribution toward SEBB benefits:

- Supplemental life insurance for employees up to \$500,000
- Supplemental life insurance for a spouse or state-registered domestic partner up to \$100,000
- Supplemental life insurance for children, in increments of \$5,000 up to \$20,000

MetLife must approve your request for additional levels of coverage. You must provide evidence of insurability to MetLife if you apply for:

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

When can I enroll in supplemental AD&D insurance?

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

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How do I enroll in supplemental life and supplemental AD&D insurance?

Enroll online using MetLife's MyBenefits portal at **mybenefits.metlife.com/wasebb**. It can take up to 30 days to process the MetLife enrollment/change form. If you have any questions about enrollment or need to request paper forms, please contact MetLife at 1-833-854-9624.

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. **If you see Enter your company name, type SEBB** into the field and a dropdown of options should appear. Select *WA State Health Care Authority SEBB*.

3

Click the *Submit* button. This will take you to a *Welcome to MyBenefits* screen that has *Life Insurance* and *Tools & Resources* boxes in the center of the screen and a *Not Registered?* box on the right.

If you have visited MyBenefits before and completed steps 2 and 3, you will see the *Welcome to MyBenefits* screen that has *Life Insurance* and *Tools & Resources* boxes when you click the MetLife MyBenefits portal link above.

4

In the *Not Registered?* box on the right, click the *Register Now!* button.

5

Complete the registration form.

6

Click the *Register* button.

7

On the next screen, click the *Continue* button.

You will see a personalized screen that reads, "Your Name, WA State Health Care Authority SEBB" in the upper right. Your registration is now complete.

You will receive a thank you email from MetLife that includes a link back to the MyBenefits page. If you have questions regarding enrollment or the MetLife website, please contact MetLife at 1-833-854-9624, Monday through Friday, 5 a.m. to 8 p.m. Pacific Time (except for major holidays).

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. Complete and mail the application to the address on the application.

Portability Provision

Under the Portability Provision of your SEBB Program employee life insurance, you can apply to continue your employee basic life and supplemental life insurance until age 100 if certain conditions are met. You must be actively enrolled (or **within 60 days** from when your coverage ended) to have the opportunity to continue all or part of your coverage through portability.

You may also apply to continue your dependent child and your spouse or state-registered domestic partner supplemental life insurance at the same time you apply to continue your own life insurance coverage under the Portability Provision. Dependent child and spouse or state-registered domestic partner 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 employee life insurance ends.

Any amount of life insurance not ported may be converted.

Conversion of Life Insurance Provision

You may convert your basic life, supplemental life, spouse or state-registered domestic partner, or dependent child 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 must apply to continue your coverage under the Conversion of Life Insurance Provision. You have 60 days to apply for conversion coverage after your employee life insurance ends.

Contact MetLife directly at 1-833-854-9624 with any questions.

Long-term disability insurance

Long-term disability (LTD) insurance helps protect you from the financial risk of lost earnings due to serious injury or illness. When you enroll in LTD coverage, it pays a percentage of your monthly earnings to you if you become disabled.

The SEBB Program provides (employer-paid) basic LTD insurance at no cost to school employees who are eligible for the employer contribution toward SEBB benefits. If eligible, you will automatically be enrolled in basic LTD insurance coverage, even if you waive SEBB medical coverage. You may also buy (employee-paid) supplemental LTD insurance.

Basic and supplemental LTD insurance are not available to employees whose eligibility was locally negotiated under WAC 182-30-130 (see *Eligibility* on page 12).

These benefits are provided through The Standard Insurance Company. The information below is a summary; 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 a form, go to hca.wa.gov/sebb-employee under *Additional benefits* or contact your employer's payroll or benefits office.

What is (employer-paid) basic LTD insurance?

The SEBB Program's basic LTD insurance provides:

- **Benefit:** 60 percent of the first \$667 of your predisability earnings, reduced by any deductible income
 - **Minimum:** \$100/month
 - **Maximum:** \$400/month
- Benefits start after the benefit-waiting period, which is the longer of:
- 90 days
 - The period of sick leave (excluding shared leave) for which you are eligible under your employer's sick leave, paid time off (PTO), or other salaried continuation plan (excluding vacation leave)
 - The period of Washington Paid Family and Medical Leave for which you are receiving benefits.

Benefits continue during disability up to the maximum benefit period. The maximum benefit period is determined by your age when disability begins. See *What is the maximum benefit period?* on page 64.

What is (employee-paid) supplemental LTD insurance?

If you are eligible for basic LTD, you can buy supplemental LTD to cover yourself.

Supplemental LTD provides:

- **Benefit:** 60 percent of the first \$16,667 of your predisability earnings, reduced by any deductible income
- **Minimum:** Greater of \$100/month or 10 percent of LTD benefit before reduction by deductible income
- **Maximum:** \$10,000/month

Supplemental LTD benefits start and continue in the same manner as basic LTD.

What does supplemental LTD insurance cost?

Your monthly supplemental LTD premium is based on your age and your predisability earnings (your monthly gross pay before you became disabled). To calculate your premium, multiply your monthly gross pay (up to \$16,667) by the appropriate age-banded rate (your age on January 1, 2020) shown below.

Supplemental LTD rates based on your age on January 1, 2020.

Age	Rate
<30	0.0014
30–34	0.0019
35–39	0.0029
40–44	0.0041
45–49	0.0056
50–54	0.0077
55–59	0.0093
60–64	0.0096
65+	0.0098

Sample calculation—LTD insurance

If your monthly earnings are \$1,000, the 40–44 age rate is \$4.10 per month.

Earnings:	\$1,000 per month
40–44 age rate:	x 0.0041
Monthly cost:	\$4.10

(continued)

How do I enroll in supplemental LTD insurance?

If you are newly eligible and **within 31 days** of becoming eligible for the employer contribution toward SEBB Program benefits, you can enroll online using SEBB My Account or by completing and submitting the *Long-term Disability Enrollment/Change Form* to your employer's payroll or benefits office.

If you are enrolling **after 31 days** of becoming eligible for the employer contribution toward SEBB Program benefits, you must use the *Long-term Disability Enrollment/Change Form* and submit it to your employer's payroll or benefits office.

For questions about enrollment, contact your employer's payroll or benefits office. If you have a specific question about a claim, contact The Standard Insurance Company at 1-833-229-4177, beginning January 1, 2020.

When can I enroll in supplemental LTD insurance?

You may enroll in supplemental LTD coverage at any time until December 31, 2020, without providing evidence of insurability.

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 long-term disability 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 the maximum benefit period?

For both basic LTD and supplemental LTD insurance, the "maximum benefit period" means the benefit duration, which is based on your age when the disability begins.

Age	Maximum benefit period
61 or younger	To age 65, or to SSNRA* 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

* SSNRA is your Social Security normal retirement age

Medical FSA and DCAP

Both the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) are available to school employees eligible for the employer contribution toward SEBB benefits. These benefits are not available to employees whose eligibility was locally negotiated under WAC 182-30-130 (see *Eligibility* on page 12).

The Medical FSA and DCAP are administered by Navia Benefit Solutions, Inc. For full details, visit sebb.naviabenefits.com.

What is a Medical Flexible Spending Arrangement (FSA)?

A Medical FSA allows 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. You can set aside as little as \$240 or as much as \$2,700 per calendar year. The full amount you elect to set aside for your Medical FSA is available on the first day your benefits become effective.

You cannot enroll in both a Medical FSA and UMP High Deductible with a health savings account (HSA). If you try to enroll in both, you will only be enrolled in the UMP High Deductible.

How does the Medical FSA work?

Your Medical FSA helps you pay for deductibles, copays, coinsurance, and many other expenses. You can use your Medical FSA 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.

To figure out how much you may want to contribute, estimate your out-of-pocket health care expenses for the calendar year and enroll in a Medical FSA for that amount. The more accurate you are in estimating your expenses, the better this benefit will work for you. The amount you set as your annual election cannot be changed after you enroll (i.e., after your initial allowable 31 days of enrollment) unless a special open enrollment event (also called a qualifying event) occurs during the plan year. Common special open enrollment events include birth, death, adoption, marriage, and divorce. Your change in election amount must be consistent with the qualifying event.

Your election amount will be 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 won't pay federal taxes on your elected Medical FSA dollars.

What is the Dependent Care Assistance Program (DCAP)?

The Dependent Care Assistance Program (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) 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 a married person filing a separate income tax return).

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.

When can I enroll in Medical FSA and DCAP?

You may enroll in the Medical FSA and/or the DCAP at the following times:

- During the SEBB Program's annual open enrollment
- **No later than 31 days** after the date you become newly eligible for the employer contribution toward 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 in Medical FSA and DCAP?

To enroll in these benefits, download and print the *Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) Enrollment Form* at sebb.naviabenefits.com or call 1-800-669-3539.

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Navia Benefit Solutions must receive your enrollment within the SEBB Program timelines listed above. Email questions to **customerservice@naviabenefits.com**.

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. You are eligible to enroll in DCAP.

When can I change my Medical FSA or DCAP election?

Once you enroll in a Medical FSA or DCAP, you can change your election only if you experience a special open enrollment event (i.e., qualifying event). The requested change must correspond to and be consistent with the qualifying event.

For details, see *SEBB Policy Addendum 42-2A* at **hca.wa.gov/sebb-employee** and click on *Rules & policies*.

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

For more information, see the *Medical FSA Enrollment Guide* or *DCAP Enrollment Guide* at **sebb.naviabenefits.com**.

SmartHealth

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

The secure, easy-to-use, mobile-friendly website offers fun activities to help you reach your wellness goals, such as sleeping better, eating healthier, and planning for retirement. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentive.

Who is eligible for SmartHealth?

You (the subscriber) and your spouse or state-registered domestic partner enrolled in SEBB medical coverage can participate in SmartHealth. Only subscribers enrolled in SEBB medical coverage can qualify for the SmartHealth wellness incentive.

Are you waiving SEBB medical coverage? You can still access SmartHealth, but you won't be eligible to qualify for the SmartHealth wellness incentive.

What is the wellness incentive starting in 2020?

Subscribers can qualify for a \$125 wellness incentive each year. The 2020 incentive is applied in January 2021 if you qualify.

To get the incentive, you must complete program requirements one year and still be enrolled in SEBB medical coverage as a subscriber the following year. How the incentive applies depends on what type of SEBB medical plan you choose.

- **High-deductible health plans:** A one-time deposit into the subscriber's health savings account (HSA).
- **All other plans:** A reduction to the subscriber's SEBB medical plan deductible.

How do I qualify for the wellness incentive starting in January 2020?

- 1 Go to **smarthealth.hca.wa.gov** and click *Get Started*.
- 2 Complete the SmartHealth Well-being Assessment (WBA).
 - Only takes 15 minutes
 - Works on computers, laptops, tablets, and smartphones
 - Learn your top strengths and areas to improve
- 3 Join and track fun activities to earn at least 2,000 points by your deadline to qualify for a \$125 wellness incentive (applied in January 2021).

What is my deadline to qualify for the wellness incentive?

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

- November 2019 through September 2020: Deadline is November 30, 2020.
- October through December 2020: Deadline is December 31, 2020.

What if I don't have internet access?

Contact SmartHealth Customer Service to participate in SmartHealth by phone.

SmartHealth contacts

Find out more about SmartHealth at **hca.wa.gov/sebb-smarthealth**. Visit **smarthealth.hca.wa.gov** to track activities. If you have questions, call SmartHealth Customer Service 7 a.m. to 7 p.m., Monday through Friday, at 1-855-750-8866.

Making changes in coverage

How do I make changes in 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 during the annual open enrollment period, and change your selections.
- Submit the required form(s) to your employer's payroll or benefits office during the annual open enrollment period.
- Log in to SEBB My Account or submit the required form(s) to your payroll or benefits office when a special open enrollment event occurs, within the SEBB Program's timelines.

What changes can I make at any time?

You can make some changes outside of annual open enrollment without a special open enrollment event.

- Change your name and/or address by notifying your payroll or benefits office. You cannot change this through SEBB My Account.
- Apply for or terminate (cancel) coverage, change coverage amounts, and update beneficiary information for supplemental life insurance, supplemental accidental death and dismemberment (AD&D) insurance, and supplemental long-term disability insurance. Evidence of insurability may be required. (See *Life and AD&D insurance* on page 60 and *Long-term disability insurance* on page 63.)
- Remove dependent(s) from coverage due to loss of eligibility (this is required). You must make this change in SEBB My Account or submit the completed *School Employee Change Form* to your employer's payroll or benefits office **no later than 60 days** after the event. You may also need to provide proof of the event before the dependent can be removed.
- Enroll in, or cancel supplemental long-term disability coverage. You can do this on SEBB My Account during the annual open enrollment period or with the *Long-Term Disability Enrollment/Change Form* after the annual open enrollment period.
- Start, stop, or change your contribution to your health savings account (HSA). Use the *Employee Authorization for Payroll Deduction to Health Savings Account* form at hca.wa.gov/sebb-employee under *Forms & publications*.

- Change your HSA beneficiary information. Use the *Health Savings Account Beneficiary Designation* form available at learn.healthequity.com/sebb/hsa.
- Make changes to your tobacco use surcharge attestation. You can do this on SEBB My Account or use the *SEBB Premium Surcharge Change Form* at hca.wa.gov/sebb-employee under *Forms & publications*.

What changes can I make only during annual open enrollment?

During the annual open enrollment you can:

- Change your medical, dental, and vision plans.
- Enroll your eligible dependents.
- Waive medical coverage or enroll after waiving.
- Enroll in a Medical Flexible Spending Arrangement (FSA).
- Enroll in the Dependent Care Assistance Program (DCAP).
- Attest to the spouse or state-registered domestic partner coverage premium surcharge.

What changes can I make during a special open enrollment?

Certain 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 changes shown on pages 69–71 may be allowed as a special open enrollment.

In addition, subscribers can make changes to supplemental life and AD&D insurance, Medical Flexible Spending Arrangements (FSA), and Dependent Care Assistance Program (DCAP) during a special open enrollment.

How do I make changes during a special open enrollment?

You must provide evidence of the event that created the special open enrollment (for example, a marriage or birth certificate) along with the *School Employee Change Form* (and other required forms) to your payroll or benefits office, or in SEBB My Account, **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.

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental, or vision plan	Waive SEBB medical coverage	Enroll after waiving SEBB medical coverage
Marriage, registering a domestic partner, birth, adoption, or assuming a legal obligation for total or partial support in anticipation of adoption	Yes ¹	Yes ²	Yes	Yes	Yes
Child becomes eligible as an extended dependent through legal custody or legal guardianship	Yes	No	Yes	No	Yes
Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance, as defined by the Health Insurance Portability and Accountability Act (HIPAA)	Yes	No	Yes	No	Yes
Employee has a change in employment status that affects the employee's eligibility for their employer contribution toward their employer-based group health plan	Yes	Yes	Yes	Yes	Yes
Employee's dependent has a change in their employment status that affects their eligibility for the employer contribution under their employer-based group health plan	Yes	Yes	Yes	Yes	Yes
Employee has a change in employment from a SEBB organization to a school district that straddles county lines or is in a county that borders Idaho or Oregon, which results in having different medical plans available	No	No	Yes	No	No
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	Yes	Yes	No	Yes	Yes

¹ Subscriber may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added.

² Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.

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If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental, or vision plan	Waive SEBB medical coverage	Enroll after waiving SEBB medical coverage
Employee's dependent moves from outside the United States to live within the United States, or from within the United States to live outside of the United States, and that change in residence results in the dependent losing their health insurance	Yes	Yes	No	No	Yes
Employee or dependent has a change in residence that affects health plan availability	No	No	Yes	No	No
A court order requires the employee or any other individual to provide a health plan for an eligible child of the employee	Yes	Yes	Yes	No	Yes
Employee or dependent becomes entitled to or loses eligibility for Apple Health (Medicaid) or a state Children's Health Insurance Program (CHIP)	Yes	Yes	Yes	Yes	Yes
Employee or dependent becomes eligible for a state premium assistance subsidy for SEBB health plan from Apple Health (Medicaid) or CHIP	Yes	No	Yes	No	Yes
Employee or dependent becomes entitled to coverage under Medicare, or the employee or dependent loses eligibility for coverage under Medicare	No	No	Yes	Yes	Yes
Employee's or dependent's current health plan becomes unavailable because the employee or dependent is no longer eligible for a Health Savings Account (HSA)	No	No	Yes	No	No
¹ Subscriber may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added. ² Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.					

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental, or vision plan	Waive SEBB medical coverage	Enroll after waiving SEBB medical coverage
Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent for a specific condition or ongoing course of treatment (requires approval by the SEBB Program).	No	No	Yes, if approved by SEBB Program	No	No
Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan	No	No	No	Yes	Yes

¹ Subscriber may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added.

² Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.

What happens when my dependent loses eligibility?

You must remove an ineligible dependent **no later than 60 days** after the date they no longer meet SEBB Program eligibility. 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 received **no later than 60 days** after the date the dependent no longer meets SEBB eligibility criteria. 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 of the last day of the month your dependent loses eligibility are explained in WAC 182-31-150. The consequences may include (but are not limited to):

- The dependent may lose eligibility to continue health plan coverage under one of the continuation options described on page 72.
- The subscriber may be billed for claims paid by the health plan for services that were rendered after the dependent lost eligibility.
- The subscriber may not be able to recover subscriber-paid insurance premiums for dependents who lost eligibility.

- The subscriber may be responsible for premiums paid by the state for a dependent's health plan coverage after the dependent lost eligibility.

What happens to my dependent's coverage if they die?

If your covered dependent dies, you must use SEBB My Account or submit a *School Employee Change Form* to your employer's payroll or benefits office to remove the deceased dependent from your coverage **no later than 60 days** after the event. By submitting this change, your premium may be reduced to reflect the change in coverage. For example, if the deceased individual was the only covered dependent on your account, then the premium withheld from your paycheck will be lower when they are removed.

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 life insurance coverage for your dependent, or are unsure if you elected supplemental life insurance for the dependent, contact MetLife at 1-833-854-9624. Also

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consider reviewing and updating any beneficiary designations for benefits such as your life insurance beneficiaries, Department of Retirement Systems administered pension benefits, or other administered deferred compensation program accounts.

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

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 complete and submit a *School Employee Change Form* and a copy of the NMSN to your payroll and 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 Program 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 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 coverage is in fact provided, you may remove the child from your coverage. The child will be removed the last day of the month the NMSN is received. If that day is the first of the month, the change in enrollment will be made the last day of the previous month.

When SEBB Program coverage ends

SEBB insurance coverage ends as described below.

- When the SEBB organization terminates the employment relationship. Eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective.
- When the school employee terminates 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 the school employee's work pattern is revised such that the school employee is 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.

In the event 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 74. If your dependent loses eligibility, you must remove the ineligible dependent **no later than 60 days** after the date they are no longer eligible. See *What happens when my dependent loses eligibility?* on page 71.

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

What are my options when coverage ends?

If you have dependents currently on continuation coverage through your SEBB organization on December 31, 2019 who are not eligible as dependents under the SEBB Program, continuation coverage options may be available. They may choose to self-pay to continue their coverage for up to 18 months.

After eligibility for employer-paid coverage ends, 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 with no contribution from your employer.

You can also enroll on your spouse's or state-registered domestic partner's employer-paid SEBB coverage as a dependent. Options for continuing coverage vary based on the reason eligibility is lost.

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

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 the election notice is not received by the deadline, you will lose all rights to continue SEBB insurance coverage.

There are three possible continuation coverage options you and your eligible dependents may qualify for:

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

The first two options temporarily extend SEBB health plan coverage when your or your dependent's SEBB health plan coverage ends due to a qualifying event.

PEBB retiree insurance is only available to PEBB-eligible retirees who meet eligibility and procedural requirements. When you plan to terminate your employment and want to enroll in PEBB retiree health plan coverage, you should contact the PEBB Program about 90 days prior to terminating employment at 1-800-200-1004 to discuss your PEBB retiree health plan enrollment and request a *Retiree Enrollment Guide*. You have **60 days** from the date your employer-paid SEBB coverage or COBRA coverage ends for the PEBB Program to receive your application for retiree insurance coverage. You can also find information online at hca.wa.gov/erb.

COBRA eligibility is defined in federal law and governed by federal rules. If you qualify for both SEBB Continuation Coverage options, you may choose to enroll in only one of the options.

SEBB Continuation Coverage (COBRA) includes eligibility and administrative requirements under federal law and also includes coverage for some enrollees who are not qualified beneficiaries under federal COBRA continuation coverage.

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 also allows you to continue life insurance. If an employee does not elect this coverage, their dependents do not have independent election right to SEBB Continuation Coverage (Unpaid Leave).

The SEBB Program administers all continuation coverage options. For information about your rights and obligations under SEBB rules and federal law, refer to the *SEBB Initial Notice of COBRA and Continuation Coverage Rights* (mailed to you after you enroll in SEBB insurance coverage), or the *SEBB Continuation Coverage Election Notice*, at hca.wa.gov/sebb-employee under *Forms & publications*.

What happens to my Medical FSA funds when coverage ends?

When your SEBB insurance coverage ends or you go on unpaid leave that is not approved under the Family and Medical Leave Act (FMLA) or military leave, you are no longer eligible to contribute to your Medical Flexible Spending Arrangement. Eligibility ends on the last day of the month of loss of coverage or unapproved leave. You will be able to claim expenses incurred while employed, up to your remaining benefit, unless you are eligible to continue your Medical FSA coverage 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.

What happens to my DCAP funds when coverage ends?

If you terminate employment and have unspent Dependent Care Assistance Program 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 the DCAP.

For more information on when coverage ends, see the *Medical FSA Enrollment Guide* or *DCAP Enrollment Guide* at sebb.naviabenefits.com.

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You can also contact Navia Benefit Solutions at 1-800-669-3539 or send an email to **customerservice@naviabenefits.com**.

What happens to my health savings account (HSA) when coverage ends?

If you enroll in UMP High Deductible (HDHP) with an HSA, then later switch to another type of plan, leave employment, or retire, any unspent funds in your HSA will remain, 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, contact HealthEquity to stop them.

See *Selecting a medical plan* on page 25 to learn more about the UMP High Deductible with an HSA.

What happens to my life insurance when coverage ends?

If your SEBB Program life insurance ends as an employee, 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. For more information, see *Life and AD&D insurance* on page 60 or contact MetLife at 1-833-854-9624.

Appeals

How do I appeal a decision made by a plan?

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

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

If you or your dependent disagrees with a specific decision or denial, you or your dependent may file an appeal. You can find guidance on filing an appeal in WAC 182-32 and at **hca.wa.gov/sebb-appeals** or see the table on page 75.

How do I appeal a decision made by a SEBB Appeals presiding officer?

You can appeal the SEBB Appeals Unit's presiding officer's initial order by filing a written request for review or by making an oral request for review.

Information detailing your right to request review is included in the SEBB Appeals Unit's presiding officer's initial order. Once your request for review is received by the Appeals Unit, a final order will generally be mailed within 20 days.

Mail your written request to:

Health Care Authority
SEBB Appeals
PO Box 45504
Olympia, WA 98504-5504
By Fax: 360-586-9080

Request an oral review by calling 1-800-351-6827.

Deadline: The SEBB Appeals Unit must **receive** your request for review **no later than 21 calendar days** after the service date of the initial order.

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

You must provide the SEBB Program with a completed *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 at **hca.wa.gov**. If you have questions please call the SEBB Appeals unit at 1-800-351-6827.

If your situation is:	Follow these instructions and submission deadlines:
<p>You disagree with a decision made by your employer and you are requesting your employer's review about:</p> <ul style="list-style-type: none"> • Premium surcharges • Eligibility for or enrollment in: <ul style="list-style-type: none"> • Medical coverage • Dental coverage • Vision coverage • Life insurance • Long-term disability insurance • Medical Flexible Spending Arrangement (FSA) • Dependent Care Assistance Program (DCAP) 	<p>Instructions: Submit the <i>Employee Request for Review/Notice of Appeal</i> form (available at hca.wa.gov/sebb-employee under <i>Forms & publications</i>) to your employer.</p> <p>Deadline: Your employer must receive the form no later than 30 calendar days after the date of the initial denial notice or decision you are appealing.</p>
<p>You disagree with a review decision made by your employer, or agree that further review is needed because your employer did not grant you the relief you requested, and you are now requesting the SEBB Program's review of your employer's decision.</p>	<p>Instructions: Submit the <i>SEBB Employee Request for Review/Notice of Appeal</i> form to the SEBB Appeals Unit as directed on the form, or follow the appeal rules as outlined in WAC 182-32-2070.</p> <p>Deadline: The SEBB Appeals Unit must receive the form no later than 30 calendar days after the date of your employer's review decision.</p>
<p>Your appeal concerns a decision from the SEBB Program about:</p> <ul style="list-style-type: none"> • Eligibility for or enrollment in: <ul style="list-style-type: none"> • Premium payment plan • Medical Flexible Spending Arrangement (FSA) • Dependent Care Assistance Program (DCAP) • Life insurance • Eligibility to participate in SmartHealth or receive a wellness incentive • Dependent, extended dependent, or disabled dependent eligibility • Premium surcharges • Premium payments 	<p>Instructions: Submit the <i>SEBB Employee Request for Review/Notice of Appeal</i> form to the SEBB Appeals Unit as directed on the form, or follow the appeal rules as outlined in WAC 182-32-2070.</p> <p>Deadline: The SEBB Appeals Unit must receive the form no later than 30 calendar days after the date of the denial notice or decision you are appealing.</p>

SEBB Program Nondiscrimination Notice and Language Access Services

The SEBB Program and its contracted health plans comply with applicable federal civil rights laws and do not discriminate (exclude people or treat them differently) on the basis of race, color, national origin, age, disability, or sex.

The SEBB Program also complies with applicable state civil rights laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained guide dog or service animal by a person with a disability.

The SEBB Program provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe this organization has failed to provide language access services or discriminated in another way...	You can file a grievance with:
SEBB Program	Health Care Authority Enterprise Risk Management Office Attn: HCA ADA/Nondiscrimination Coordinator PO Box 42720 Olympia, WA 98504-2720 1-855-682-0787 (TRS: 711) Fax 360-507-9234 compliance@hca.wa.gov hca.wa.gov/about-hca/non-discrimination-statement
SEBB MEDICAL PLANS	
Kaiser Foundation Health Plan of the Northwest	Member Relations – Kaiser Civil Rights Coordinator 500 NE Multnomah Street, Suite 100 Portland, OR 97232 1-800-813-2000 (TRS: 711) Fax 503-813-3985
Kaiser Foundation Health Plan of Washington	Civil Rights Coordinator Quality GNE-D1E-07 PO Box 9812 Renton, WA 98057 1-888-901-4636 (TRS: 711) Fax 206-901-6205 kp.org/wa/feedback
Kaiser Foundation Health Plan of Washington Options, Inc.	Civil Rights Coordinator Quality GNE-D1E-07 PO Box 9812 Renton, WA 98057 1-888-901-4636 (TRS: 711) Fax 206-901-6205 kp.org/wa/feedback
Premera Blue Cross (for discrimination concerns about any Premera Blue Cross plan, or the Centers of Excellence Program for Uniform Medical Plan [UMP] Achieve 1, UMP Achieve 2, and UMP High Deductible)	Premera Blue Cross Attn: Civil Rights Coordinator – Complaints and Appeals PO Box 91102 Seattle, WA 98111 1-800-722-1471 (TTY: 1-800-842-5357) Fax 425-918-5592 AppealsDepartmentinquiries@Premera.com

If you believe this organization has failed to provide language access services or discriminated in another way...	You can file a grievance with:
Regence BlueShield (for discrimination concerns about any UMP plan)	Regence BlueShield Civil Rights Coordinator PO Box 2998 Tacoma, WA 98401-2998 1-888-344-6347 (TRS: 711) CS@regence.com
Washington State Rx Services (for discrimination concerns about prescription drug benefits for any UMP plan)	Washington State Rx Services Appeals Unit PO Box 40168 Portland, OR 97204-0168 1-888-361-1611 (TRS: 711) Fax 866-923-0412 compliance@modahealth.com
SEBB DENTAL PLANS	
Delta Dental of Washington (for discrimination concerns about DeltaCare and the Uniform Dental Plan)	Delta Dental Compliance/Privacy Officer PO Box 75983 Seattle, WA 98175 1-800-554-1907 (TTY: 1-800-833-6384) Fax 206-729- 5512 Compliance@DeltaDentalWA.com
Willamette Dental of Washington, Inc.	Willamette Dental of Washington, Inc. Member Services Department 6950 NE Campus Way Hillsboro, Oregon 97124 1-855-433-6825 (TRS: 711) Fax 503-952-2684 memberservices@willamettedental.com
SEBB VISION PLANS	
Davis Vision, Inc.	Davis Vision Complaints and Appeals Department PO Box 791 Latham, NY 12110 1-888-343-3470 (TTY: 1-800-523-2847) Fax 888-343-3475
EyeMed Vision Care	FAA/EyeMed Vision Care Quality Assurance Department 4000 Luxottica Place Mason, OH 45040 1-800-699-0993 (TTY: 1-844-230-6498) Fax 513-492-3259
Metropolitan Life Insurance Company (for discrimination concerns about Metropolitan Life Insurance Company vision plan)	Metropolitan Life Insurance Company Complaint & Grievance Unit PO Box 997100 Sacramento, CA 95899-7100 1-855-638-3931 (TTY: 1-800-428-4833) inquiries@mymetlifevision.com

You can also file a civil rights complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (TDD: 1-800-537-7697)
ocrportal.hhs.gov/ocr/portal/lobby.jsf (to submit complaints electronically)
hhs.gov/ocr/office/file/index.html (to find complaint forms online)

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Employees: Contact your personnel, payroll, or benefits office. Retirees, PEBB and SEBB Continuation Coverage members: Call the Health Care Authority at 1-800-200-1004 (TRS: 711).

[Amharic] የድምጽ እገዛ አገልግሎት፣ ተርጓሚዎችን እና የተተረጎሙ የታተሙ ጽሁፎችን ጨምሮ፣ በእነዚህ ይገኛል። ሰራተኞች፡ የፕሮሰኔ፣ የደምወዝ፣ ወይም የጥቅማጥቅም ቢሮውን ያጥናሉ። ጠብቂዎች፡ የማህበረሰብ ሰራተኞች የጥቅማጥቅም ቢሮ (PEBB) እና የትምህርት ቤት ሰራተኞች የጥቅማጥቅም ቢሮ (SEBB) ቀጣይ ሽፋን አግኝተው፡ የHealth Care Authorityን በ 1-800-200-1004 (TRS: 711) ደውለው ያነጋግሩ።

[Arabic] تتوفر المساعدة اللغوية، بما في ذلك الترجمة الفورية وترجمة المواد المطبوعة، مجاناً. الموظفون: الاتصال مع شؤون الموظفين و الرواتب و مكتب المزايا. المتقاعدون، وعضء متابعة تغطية هيئة مزايا الموظفين الحكوميين (PEBB)، هيئة مزايا موظفي المدارس (SEBB): الاتصال على Health Care Authority على الرقم: 1-800-200-1004 (TRS: 711).

[Burmese] စကားပြန်များ၊ ပုံနှိပ်ထားသည့် စာရွက်စာတမ်းများကို ဘာသာပြန်ပေးမှုများ အပါအဝင် ဘာသာစကား အထောက်အကူပြု ဝန်ဆောင်မှုများကို အခမဲ့ စီစဉ်ပေးနေပါသည်။ ဝန်ထမ်းများသည် မိမိ၏ ဝန်ထမ်း လွှဲပြောင်းပေးသည့် ရုံး သို့မဟုတ် အကျိုးခံစားခွင့်များ စီစဉ်ပေးသည့်ရုံးကို ကပ်သွယ်ပါ။ အငြိမ်းစားယူထားသူများ၊ အစိုးရ ဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘုတ်အဖွဲ့ (PEBB) နှင့် ကျောင်းဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘုတ်အဖွဲ့ (SEBB) အာမခံ ကံလက်ခံစားရေး အဖွဲ့ဝင်များ Health Care Authority ထံ 1-800-200-1004 (TRS: 711) တွင် ကပ်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកប្រែ និងការបកប្រែឯកសារបោះពុម្ព មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងបុគ្គលិក បញ្ជីបើកប្រាក់ខែ បុគ្គលិកយោធន៍ប្រយោជន៍របស់អ្នក។ និរុត្តរនិស្សិត បុគ្គលិកបរិវេណបុគ្គលិកយោធន៍ប្រយោជន៍របស់អ្នក។ (PEBB) និងក្រុមប្រឹក្សាភិបាលផ្តល់អត្ថប្រយោជន៍ដល់បុគ្គលិកសាលារៀន (SEBB) សូមហៅទូរស័ព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 711)។

[Chinese] 可免費提供語言援助服務，包括口譯及列印資料翻譯服務。僱員：請洽人事部、薪資部或福利辦公室。退休人員、(PEBB) 及學校 職工福利委員會 (SEBB) 續保會員：請致電 1-800-200-1004 (TRS: 711) 聯絡 Health Care Authority。

[Korean] 통역 및 번역된 인쇄물을 포함한 언어 지원 서비스를 무료로 제공해드리고 있습니다. 고용인: 귀하의 인사부, 경리부, 복지혜택부서에 문의하여 주십시오. 은퇴자, 공무원복지혜택위원회 (PEBB) 및 교직원복지혜택위원회 (SEBB) 연속 보장 회원 Health Care Authority 전화번호 1-800-200-1004 (TRS: 711)로 문의하여 주십시오

[Laotian] ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມເຖິງ ນາພາສາ ແລະການແປ ເອກະສານ, ແມ່ນມີ ໃຫ້ໄດ້ບໍ່ເສັຽຄ່າ. ພະນັກງານ: ຂໍໃຫ້ຕິດຕໍ່ພະແນກບຸກຄະລາກອນ, ບັນຊີຄ່າຈ້າງ, ຫຼື ຫ້ອງການ ສິດທິພົນປະໂຫດດ່າງ. ຜູ້ອອກກິນເບັ້ງບ້ານ, ສະມາຊິກຜູ້ຮັບການຄຸ້ມຄອງຕໍ່ເມືອງຂອງໂຄງການ ການຈັດການດູແລສິດພົນປະໂຫດສຳລັບລູກຈ້າງຂອງ ຮົງ (PEBB) ແລະ ໂຄງການການຈັດການດູ ແລສິດພົນປະໂຫດສຳລັບລູກຈ້າງຂອງ ໂຮງຮຽນ (SEBB): ໂທສື່ຕິດຕໍ່ຫ້ອງການ Health Care Authority ຫຼືໂທ 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachisetti hiikuu, kafaltii kamiyya malee. Mindeffamtonni: Nama isin to'atu, galmee kaffaltii, yookiin biiroo fayyadamtan qunnama. Sorooma, miseensota Cufuu Itti fufiinsan Boordii Fayyadamtoota Mindeffamtoota Uumattaa (PEBB) fi Boordii Fayyadamtoota Mindeffamtoota mana Barumsa (SEBB): Health Care Authority bilbila 1-800-200-1004 (TRS: 711).

[Persian] خدمات کمک زبانی، شامل مترجم شفاهی و ترجمه مطالب چاپی، به صورت رایگان ارائه می‌شود. کارمندان: با دفتر پرسنل، حسابداری یا مزایای خود تماس بگیرید. بازنشستگان، اعضای پوشش مستمر هیئت عمومی مزایای کارمندان (PEBB) و هیئت مزایای کارمندان مدرسه (SEBB): با Health Care Authority به شماره 1-800-200-1004 (TRS: 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿੰਨਾਂ ਵਿੱਚ ਦੁਆਬੀਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋ ਸਮੱਗਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨਾ ਸ਼ਾਮਲ ਹੈ, ਮੁਫ਼ਤ ਉਪਲੱਬਧ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਅਮਲੇ, ਤਨਖ਼ਾਹ ਜਾਂ ਫ਼ਾਇਦੀਆਂ ਦੇ ਦਫ਼ਤਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਰਿਟਾਇਰ ਹੋ ਚੁੱਕੇ, PEBB ਅਤੇ SEBB ਜਾਰੀ ਰੱਖਣ ਵਾਲੇ ਕਵਰੇਜ਼ ਸਦੱਸ: Health Care Authority (ਹੈਲਥ ਕੇਅਰ ਅਥਾਰਿਟੀ) ਨੂੰ 1-800-200-1004 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpreții și traducerea materialelor tipărite. Angajați: contactați-vă biroul de personal, de plată a salariilor sau de beneficii. Membri pensionari, ai PEBB și ai SEBB acoperiți în continuare: apelați Health Care Authority la numărul de telefon 1-800-200-1004 (TRS: 711).

[Russian] Услуги языковой поддержки, включая устных переводчиков и перевод печатных материалов, предоставляются бесплатно. Сотрудникам: свяжитесь с вашим отделом кадров, отделом выплаты заработной платы или выплаты льгот и пособий. Пенсионеры, продление договора страхования для членов PEBB и SEBB: свяжитесь с Health Care Authority по номеру 1-800-200-1004 (TRS: 711).

[Somali] Adeegyada kaalmada luuqada, waxaa kamid ah turjumaad iyo turjubaan wixii daabacan, waxaana lagu heli karaa bilaash. Shaqaalaha: Waxaad la xidhiidhaa xafiiskaaga shaqaalaha, mushahar, ama gunooyin. Dib uga noqosho, PEBB iyo SEBB Usii Wadida Caymiska ee xubnaha: Kala Hadal Health Care Authority 1-800-200-1004 (TRS: 711).

[Spanish] Los servicios de asistencia lingüística, incluidos los intérpretes y la traducción de los materiales impresos, están disponibles de forma gratuita. Empleados: Comuníquense con su oficina de personal, de nómina o de beneficios. Jubilados, miembros de la PEBB y de la SEBB: Llamen a Health Care Authority al 1-800-200-1004 (TRS: 711).

[Swahili] Huduma za usaidizi wa lugha, ikiwemo wakalimani na tafsiri ya nyenzo zilizochapishwa, zinapatikana bila malipo. Waajiriwa: Wasiliana na ofisi yako ya wafanyakazi, malipo au manufaa. Wastaafu, wanachama wa PEBB na SEBB Continuation Coverage: Wasiliana na Health Care Authority kwa nambari 1-800-200-1004 (TRS: 711).

[Tagalog] Makakakuha ng mga walang bayad na mga serbisyo ng tulong sa wika, kasama ang mga interpreter at pagsasalin-wika ng mga naka-print na materyal. Mga empleyado: Makipag-ugnayan sa iyong opisina ng personnel, payroll, o mga benepisyo. Mga retirado, mga miyembro ng Pagpapatuloy ng Coverage ng PEBB at SEBB: Tawagan ang Health Care Authority sa 1-800-200-1004 (TRS: 711).

[Tigrigna] ናይ ቋንቋ ሓገዝ ግልጋሎታት፣ ናይ ስሕተታት ናይ ዘለዉ ጽሑፋት ትርጉምን ሙተርጎምን ሓዊስ፣ ብዘይ ምንም ክፍሊት ንህብ ኢና። ቅፅረኛታት፡ ምስ ናይ ሰራተኛ ጉዳያት ኣስፈፃሚ ቢሮ፣ ምስ ቢሮ ክፍሊት ሙሃያ፣ ወይ ከዓ ምስ ቢሮ ጥቅማ ጥቅሚ ተራኹ። ጠብቂታት፣ ናይ ህዝቢ ሰራተኛታት ጥቅሚ ቢሮ (PEBB)ን ናይ ትምህርቲ ትኅሳት ሰራተኛታት ጥቅሚ ቢሮ (SEBB) ኣግለት ዝኾነኩም፡ ናብ Health Care Authority በዚ 1-800-200-1004 (TRS: 711) ቁፅሪ እዚ ደውሉ።

[Ukrainian] Послуги мовної підтримки, включаючи усних перекладачів і переклад друкованих матеріалів, надаються безкоштовно. Співробітникам: зв'яжіться з вашим відділом кадрів, відділом виплати заробітної плати або виплати пільг і допомоги. Пенсіонери, продовження договору страхування для членів Ради з виплати пільг та допомоги для державних службовців (PEBB) і Ради з виплати пільг та допомоги шкільним працівникам (SEBB): зв'яжіться з Health Care Authority за номером 1-800-200-1004 (TRS: 711).

[Vietnamese] Chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ, bao gồm thông dịch và biên dịch các tài liệu in. Nhân viên: Liên hệ với văn phòng phụ trách nhân sự, bảng lương hoặc chế độ phúc lợi. Người về hưu, hội viên hưởng Quyền Lợi Liên Tục của Ủy Ban Quyền Lợi Nhân Viên Chính Phủ (PEBB) và Ủy Ban Quyền Lợi Nhân Viên Giáo Dục (SEBB): Xin gọi đến Health Care Authority theo số 1-800-200-1004 (TRS: 711).

SEBB enrollment forms

These forms referenced in this book are available online:

Navia Medical FSA/DCAP enrollment form

portal.naviabenefits.com/pdf/SEBB_Midyear_Enrollment_Form_2020.pdf

2020 SEBB Premium Surcharge Attestation Help Sheet

hca.wa.gov/assets/pebb/sebb-premium-surcharge-attestation-help-sheet-20-0040-2020.pdf