

# 2021 SEBB

## Continuation Coverage Election Notice



### ! READ NOW

You are receiving this booklet because your School Employees Benefits Board (SEBB) Program coverage recently ended. This booklet explains how you and your dependents, if eligible, can continue your coverage under the SEBB Program.

To continue SEBB coverage, you must follow the instructions provided and complete the appropriate enclosed form(s). **The SEBB Program must receive your election form(s) no later than 60 days from the date your SEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.**

To continue life insurance under portability or conversion, complete the form sent to you by Metropolitan Life Insurance Company (MetLife). **MetLife must receive your completed form no later than 60 days after your SEBB Program employee life insurance ends.**

## For more information

This booklet does not fully describe your rights for continuation coverage. You can find more information in the *SEBB Initial Notice of COBRA and Continuation Coverage Rights* on the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation), or from the SEBB Program. Contact the SEBB Program for questions about eligibility. Contact information is provided at the bottom of this page.

**Note:** Due to the COVID-19 pandemic, the SEBB Program has temporarily changed the deadline to enroll in SEBB Continuation Coverage. If you are enrolling or already enrolled, you may be able to keep SEBB Continuation Coverage longer than normal. To learn more about these exceptions to the timelines listed in this document, visit HCA's website at [hca.wa.gov/coronavirus](https://hca.wa.gov/coronavirus).

## SEBB contact information

If you have questions about your rights to continuation coverage or SEBB eligibility, contact:

### SEBB Program

1-800-200-1004 (toll free)

360-725-0440 (Olympia area) TRS: 711

Monday through Friday, 8 a.m. to 4:30 p.m. (Note: Other business activities may result in phones being unavailable during this time.)

Website: [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation)

Mailing address:  
SEBB Program  
Health Care Authority  
PO Box 42720  
Olympia, WA  
98504-2720

Street address:  
Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

**Note:** The Health Care Authority (HCA) is open between 8 a.m. and 5 p.m., Monday through Friday. Visitors are seen on a first-come, first-served basis. To make sure the last lobby visit ends by 5 p.m., the last visitor will be accepted at 4:30 p.m.

Because of recent closures during the COVID-19 pandemic, please call ahead to check whether our office is open before your visit.

## Federal resources

The U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS), administers COBRA law as it applies to state government employers and their group health plans. For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the CMS website at [cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra\\_fact\\_sheet.html](https://cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_fact_sheet.html) or call toll free at 1-877-267-2323 and select option 6, extension 61565. You may also email CMS with questions at [phig@cms.hhs.gov](mailto:phig@cms.hhs.gov). For more information about health insurance options available through the Health Insurance Marketplace, visit [healthcare.gov](https://healthcare.gov).

## Notify the SEBB Program of address changes

To protect your rights and the rights of your dependents, you must keep the SEBB Program informed of address changes for yourself and each of your enrolled dependents by notifying us in writing at the mailing address noted above, or calling us at 1-800-200-1004 (TRS: 711). If you notify us in writing, please write the last four digits of your Social Security number on the notification letter so we can identify your account. You should also keep a copy of any notices you send to the SEBB Program for your records.

## Where to find SEBB laws and rules

You can find School Employees Benefits Board laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-30, 182-31, and 182-32 of the Washington Administrative Code (WAC). These are available on the Washington State legislature's website at [leg.wa.gov](https://leg.wa.gov).

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call 1-800-200-1004 (TRS: 711).

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## Introduction

This booklet contains important information about your and your dependents' right to continue School Employees Benefits Board (SEBB) Program coverage, as well as other health coverage options that may be available to you, including:

In Washington State:  
Washington Health Benefit Exchange  
**wahbexchange.org** or 1-855-923-4633  
(TTY: 1-855-627-9604)

Outside Washington State:  
Health Insurance Marketplace  
**healthcare.gov** or  
1-800-318-2596 (TTY: 1-855-889-4325)

You may be able to get coverage through the Washington Health Benefit Exchange or Health Insurance Marketplace that costs less than SEBB Continuation Coverage.

We use “you” in this booklet to refer to each person who will lose SEBB Program coverage.

Please read the information in this booklet carefully before making a decision.


- To elect SEBB Continuation Coverage, the SEBB Program must receive your completed election form(s) (found in this booklet) **no later than 60 days** from the date your SEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.

- If you are not eligible for SEBB Continuation Coverage (Unpaid Leave) and wish to continue your life insurance under portability or conversion, complete the form sent to you by Metropolitan Life Insurance Company (MetLife). MetLife must receive your form **no later than 60 days** after your SEBB Program employee life insurance ends.

**If you or any enrolled dependents losing SEBB eligibility do not elect to continue coverage within these timelines, SEBB Program coverage will end on the last day of the month you and your dependents stop being eligible.** If elected, SEBB Continuation Coverage (COBRA) or SEBB Continuation Coverage (Unpaid Leave) begins the first day of the month after the date your SEBB coverage ended.

To help process your enrollment faster, you should send your first premium payment and applicable premium surcharges with your election form(s). However, your first payment is due to HCA **no later than 45 days after your 60-day election period ends.** Your coverage will not be effective until the first payment has been received.

You can find important premium payment information under “When and how do I make payments?” on page 12. **If you do not make your premium and applicable premium surcharge payment by the deadline, you will not be enrolled and you will lose your right to enroll in SEBB Continuation Coverage.**

 Federal law requires that most group health plans (including the SEBB Program) give employees and their dependents the opportunity to continue their health coverage when they lose coverage under an employer's plan.

SEBB Continuation Coverage provides the same medical, dental, and vision benefits, choice of health plans, and cost-sharing (including annual deductibles, copays, and coinsurance) available to other SEBB enrollees who aren't enrolled in continuation coverage. However, the premiums are not the same.

Each person who elects SEBB Continuation Coverage will have the same rights as other SEBB enrollees, including SEBB Program annual open enrollment and special open enrollment rights.

## Electing SEBB Continuation Coverage

### What continuation coverage options are available?

The SEBB Program offers one or more ways for you and your dependents, if eligible, to continue SEBB Program coverage.

- SEBB Continuation Coverage (COBRA) — **a temporary extension of SEBB health plan coverage** available to SEBB members defined as qualified beneficiaries under federal Consolidated Omnibus Budget Reconciliation Act (COBRA) rules, and for state-registered domestic partners and their children, based on RCW 26.60.015. Coverage may be temporarily extended only if the SEBB member experiences a qualifying event. For eligibility information and forms, see Appendix A.
- SEBB Continuation Coverage (Unpaid leave) — **a temporary extension of SEBB insurance coverage** for employees who lose eligibility for the employer contribution toward SEBB benefits due to specific types of leave. For eligibility information and forms, see Appendix B.

Premiums for SEBB Continuation Coverage are on pages 14–15. To enroll, see “How do I elect SEBB Continuation Coverage?” on this page.

### Who can elect SEBB Continuation Coverage?

Qualified beneficiaries (employees, spouses, or dependent children) under federal COBRA continuation coverage, or state-registered domestic partners and their dependent children who are not qualified beneficiaries under federal COBRA rules, are entitled to elect SEBB Continuation Coverage (COBRA) if they lost SEBB health plan coverage due to a qualifying event (see page 8). For more information on who qualifies for SEBB Continuation Coverage (COBRA), see Appendix A.

Each individual who lost their SEBB health plan coverage due to a qualifying event has an independent election right to SEBB Continuation Coverage (COBRA). For example, for an employee who lost their SEBB employer-based group health plan due to a qualifying event:

- The employee’s eligible spouse or state-registered domestic partner may elect continuation coverage, even if the employee does not.

- The employee or their eligible spouse or state-registered domestic partner may elect continuation coverage for one, some, or all eligible dependent children. Certain newborns, newly adopted children, and children identified under a court order or National Medical Support Notice may also be eligible for continuation coverage.
- The employee or their eligible spouse or state-registered domestic partner may elect continuation coverage on behalf of their eligible children.

An employee who lost their SEBB employer-based group health plan due to the types of events listed in Appendix B may elect SEBB Continuation Coverage (Unpaid Leave) for themselves and eligible dependents. If an employee does not elect this coverage, their dependents do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave). Your dependents may have an independent right to COBRA. If they wish to enroll they should complete the form in Appendix A.

### How do I elect SEBB Continuation Coverage?

To elect SEBB Continuation Coverage, the SEBB Program must receive your form(s) **no later than 60 days** from the date SEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.

Oral communications (in person or by telephone) and electronic communications (fax or email) are not acceptable methods of making an election and will not preserve your continuation coverage rights.

If the SEBB Program does not receive your form(s) by the required 60-day deadline, your SEBB coverage will end on the last day of the month after the date of the qualifying event.

#### Mail to (if no payment enclosed):

SEBB Program  
Health Care Authority  
PO Box 42720  
Olympia, WA 98504-2720

#### Or bring to (8 a.m. to 4:30 p.m., Monday–Friday):

Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

Because of recent closures during the COVID-19 pandemic, please call ahead to check whether our office is open before your visit.

(continued)



If sending payment with your form(s), see “When and how do I make payments?” on page 12 for information on where to submit them.

If continuing your Medical Flexible Spending Arrangement or life insurance, please see Appendix A for SEBB Continuation Coverage (COBRA) or Appendix B for SEBB Continuation Coverage (Unpaid Leave) for how to elect these coverages.

## Are there other coverage options besides SEBB Continuation Coverage?

Yes. There may be other coverage options for you and your dependents through the Health Insurance Marketplace, Medicaid, or other group health plan coverage (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less.

You should carefully compare your other coverage options with SEBB Continuation Coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under SEBB Continuation Coverage because the new coverage may impose a new deductible.

## What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums and cost-sharing (your out-of-pocket costs for deductibles, coinsurance, and copays).

You can see what your premium, deductibles, and out-of-pocket costs will be before you enroll. Through the Marketplace, you’ll also learn if you qualify for free or low-cost coverage from Medicaid (Apple Health in Washington State) or the Children’s Health Insurance Program (CHIP).

You can access the Marketplace for your state at the **HealthCare.gov** website. Washington State residents can access the Washington Health Benefit Exchange website at **wahbexchange.org**.

Coverage through the Health Insurance Marketplace may cost less than SEBB Continuation Coverage. Being offered SEBB Continuation Coverage won’t limit your eligibility for coverage or for a tax credit through the Marketplace.

## When can I enroll in Marketplace coverage?

You have 60 days from the time you lose your employer-based group health plan to enroll in the Marketplace (because losing your employer-based group health plan is a qualifying special enrollment event). **After 60 days, your special enrollment period ends and you may not be able to enroll; take action right away.** In addition, anyone can enroll in Marketplace coverage without a qualifying event during its open enrollment period.

To find out more about enrolling in the Marketplace (such as when their next open enrollment period is and what you need to know about qualifying events and special enrollment periods), visit the **HealthCare.gov** website. Washington State residents can visit the Washington Health Benefit Exchange website at **wahbexchange.org**.

## Can I switch between SEBB Continuation Coverage and the Marketplace?

If you sign up for SEBB Continuation Coverage, you can switch to a Marketplace plan during the Marketplace’s open enrollment period. You can also end SEBB Continuation Coverage early and switch to a Marketplace plan if you have a qualifying event that triggers a special enrollment period (such as marriage or birth of a child). Be careful — if you terminate SEBB Continuation Coverage without a qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next Marketplace open enrollment period. You could end up without health plan coverage and may be charged high out-of-pocket costs if you receive health care services. To find out when the Marketplace open enrollment period is, visit the Washington Health Benefit Exchange website at **wahbexchange.org** (in Washington State) or the **HealthCare.gov** website (in all other states).

When your SEBB Continuation Coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if the Marketplace open enrollment period has ended.

If you sign up for Marketplace coverage instead of SEBB Continuation Coverage, you cannot switch to SEBB Continuation Coverage for any reason.

## Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan) if you request enrollment **no later than 30 days** after your SEBB coverage ends because of a qualifying event.

If you or your dependent elects SEBB Continuation Coverage, you will have another opportunity to enroll in the other group health plan under special enrollment rights **no later than 30 days** after your SEBB Continuation Coverage ends.

## What factors should I consider when choosing coverage options?

When considering your options for health plan coverage, you may want to think about:

- **Premiums.** Your previous health plan can charge up to 102 percent of total health plan premiums under COBRA rules. The SEBB Program charges 100 percent of the total health plan premiums for SEBB Continuation Coverage (COBRA) and SEBB Continuation Coverage (Unpaid Leave), as well as applicable tobacco use and spouse or state-registered domestic partner coverage premium surcharges. Other options, like coverage under a spouse's plan or through the Marketplace, may be less expensive.
- **Provider networks.** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check if your current health care providers participate in a health plan you're considering.
- **Drug formularies.** If you're currently taking prescription medications, a change in your health coverage may affect your prescription drug costs — and in some cases, your medication may not be covered by another plan. Check if your current medications are covered by the health plan you are considering.
- **Severance payments.** Under federal COBRA rules, if you lose your job and receive a severance package from your former employer, your former employer may offer to pay some or all of your SEBB Continuation Coverage (COBRA) payments for a period of time. In this scenario, call the U.S. Department of Labor at 1-866-444-3272 (TTY: 1-877-889-5627) to discuss your options.
- **Where you live.** Some medical plans limit their benefits to specific service or coverage areas. If you

move to another area of the state or country, you may not be able to use your benefits. You may want to see if your medical plan has a service or coverage area, or other similar limitations.

- **Other cost-sharing.** In addition to monthly premiums or contributions for health plan coverage, you probably pay out-of-pocket costs, such as copays, deductibles, coinsurance, or other fees when you receive health care services. Check what the cost-sharing requirements are for your health plan options. For example, one health plan option may have lower monthly premiums, but a higher deductible and higher copayments.

## Am I eligible for PEBB retiree insurance coverage?

Public Employees Benefits Board (PEBB) retiree insurance coverage is available to school employees and their survivors who meet eligibility and enrollment requirements as described in Washington Administrative Code (WAC):

- Retiring employees, including employees determined eligible for a disability retirement, as described in WAC 182-12-171 and 182-12-211.
- Surviving dependents of employees and retirees, as described in WAC 182-12-265.

To find out if you are eligible for PEBB retiree insurance coverage:

- Visit [hca.wa.gov/pebb-retirees](https://hca.wa.gov/pebb-retirees), or
- Call the PEBB Program at 1-800-200-1004 (TRS: 711) to request a *PEBB Retiree Enrollment Guide*.

To enroll in or defer enrollment in PEBB retiree insurance coverage, the PEBB Program must receive the required form(s) **no later than 60 days** after the school employee's employer-paid, COBRA, or continuation coverage ends. Timelines differ for surviving dependents and employees eligible for a disability retirement. Please check the *PEBB Retiree Enrollment Guide* for details.

## What if I decline SEBB Continuation Coverage?

If you reject or decline SEBB Continuation Coverage **before** the due date, you may change your mind as long as the SEBB Program receives your election

form(s) **no later than 60 days** from the postmark date on this booklet, or from the date your SEBB health plan coverage ended, whichever is later.

## How long can I remain on SEBB Continuation Coverage?

Your maximum coverage period is determined by the qualifying event that caused you to lose SEBB coverage.

SEBB Continuation Coverage provides temporary health plan coverage and, in some instances, life and accidental death and dismemberment (AD&D) insurance. Maximum coverage periods vary based on your qualifying event, and are described in this section. In some situations, coverage can end before the maximum coverage period (see page 11).

### (1) When the qualifying event is a termination of employment or reduction in hours

SEBB Continuation Coverage (COBRA) can generally last up to 18 months if you meet other requirements explained in this booklet. Additional coverage may be available under SEBB Continuation Coverage (Unpaid Leave) as described in number (3) of this section. Coverage may be extended due to disability or a second qualifying event as described in number (5) of this section.

### (2) When the covered employee becomes entitled to Medicare less than 18 months before their termination of employment or reduction in hours, it affects both the employee and their dependents

#### Employees

When the covered employee enrolls in Medicare benefits less than 18 months **before** their termination of employment or reduction in hours, the employee may:

- Elect SEBB Continuation Coverage (COBRA) for up to 18 months; or
- Enroll in PEBB retiree insurance coverage, if the employee is an eligible retiree as described in WAC 182-12-171.

**Note:** SEBB Continuation Coverage will end earlier than the maximum coverage period for a member that becomes enrolled in Medicare benefits after enrolling in SEBB Continuation

Coverage (COBRA) (see “Can SEBB Continuation Coverage be terminated before the end of the maximum coverage period?” on page 11).

#### Dependents

When the covered employee enrolls in Medicare **less than 18 months** before their termination of employment or reduction in hours, the employee’s spouse or state-registered domestic partner and dependent children become eligible for SEBB Continuation Coverage (COBRA) for up to 36 months from the date of the employee’s Medicare enrollment.

For example, if a covered employee enrolls in Medicare eight months before their termination of employment or reduction in hours, and the employee’s covered dependents elect SEBB Continuation Coverage (COBRA), the dependents may continue coverage 28 months after the continuation coverage enrollment date. (The 36 months allowed under SEBB Continuation Coverage [COBRA], minus the eight months the employee was enrolled in Medicare before their termination of employment or reduction in hours, equals 28 months.)

This special Medicare extending rule for a spouse or state-registered domestic partner and dependent child is available only if the covered employee enrolls in Medicare less than 18 months before the termination of employment or reduction of hours.

### (3) When an employee is on approved leave or when employment ends due to a layoff

(a) For the following events, SEBB Continuation Coverage (Unpaid Leave) generally can last for a maximum of 29 months as described in WAC 182-31-100:

- The employee is on authorized leave without pay.
- The employee is receiving time-loss benefits under workers’ compensation.
- The employee is called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).
- The employee is applying for disability retirement.
- The employee’s employment ends due to layoff as defined in WAC 182-31-020.



The employee may continue:

- Medical
- Dental
- Vision
- Life insurance
- Accidental death and dismemberment (AD&D) insurance

An employee who is no longer eligible for SEBB Continuation Coverage (Unpaid Leave) as described on the previous page, but has not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, and/or vision for the remaining difference in months allowed under SEBB Continuation Coverage (COBRA). However, the employee cannot continue life and AD&D insurance.

- (b) For an employee awaiting hearing of a grievance action, SEBB Continuation Coverage (Unpaid Leave) generally can last until the grievance is upheld or overturned for up to 29 months as described in WAC 182-31-120. The employee may continue :

- Medical
- Dental
- Vision
- Life insurance
- AD&D insurance

If the grievance is upheld and the employee is no longer eligible for SEBB Continuation Coverage (Unpaid Leave), all insurance coverage will terminate at the end of the month in which the decision is entered or the date to which the premiums have been paid, whichever is later.

An employee whose grievance is upheld and is no longer eligible as described above, and who has not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, vision, or all three benefits for the remaining difference in months allowed under SEBB Continuation Coverage (COBRA). However, the employee cannot continue life and AD&D insurance.

**(4) When the qualifying event is death, divorce, termination of a state-registered domestic partnership, or child's loss of eligibility**

- (a) When SEBB insurance coverage is lost due to the employee's death, divorce, or termination of a state-registered domestic partnership, or the

dependent child losing eligibility (as described in WAC 182-31-140), SEBB Continuation Coverage (COBRA) coverage can last up to 36 months.

- (b) If you are a surviving spouse, state-registered domestic partner, or dependent child of an eligible employee, you may be eligible to enroll in PEBB retiree insurance coverage if you meet the procedural and eligibility requirements in and 182-12-265.

**(5) When SEBB Continuation Coverage (COBRA) may be extended**

You may be able to extend the maximum 18-month period of SEBB Continuation Coverage (COBRA) if you or a qualified dependent becomes disabled or a second qualifying event occurs. You must notify the SEBB Program **no later than 60 days** after a disability or a second qualifying event to extend the continuation coverage period. If you fail to provide the notice within the timeframe allowed, you will lose the right to extend continuation coverage.

- (a) Disability

If the Social Security Administration determines that any qualified beneficiary<sup>1</sup> is disabled, you and all of the qualified beneficiaries in your family may be eligible to receive up to 11 months of additional continuation coverage (for a total of 29 months). This extension is available only to those individuals who are receiving continuation coverage because of the covered employee's termination of employment or reduction of hours.

The disability must have started during the first 60 days of SEBB Continuation Coverage (COBRA) and must last at least until the end of the 18-month continuation coverage period.

The disability extension is available only if you notify the SEBB Program in writing and submit a *2021 SEBB Continuation Coverage (COBRA) Election/Change* form and a copy of the disability award letter from the Social Security Administration **no later than 60 days** after the last of the following events:

- The date of the covered employee's termination of employment or reduction of hours.
- The date the qualified beneficiary loses (or would lose) coverage under SEBB Program rules as a result of the covered employee's termination of employment or reduction of hours.

<sup>1</sup> State-registered domestic partners and their children who lost coverage due to a qualifying event are allowed to extend the period of continuation coverage in the same situations as a spouse or child who is a qualified beneficiary.

- The date the SEBB Program mails a *SEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the SEBB Program.
- The date of the Social Security Administration's disability determination.

You must also provide this notice before the end of the initial 18 months of SEBB Continuation Coverage (COBRA) to be eligible for a disability extension. If the procedures in this booklet are not followed or if the notice is not submitted to the SEBB Program during the 60-day notice period and before the end of the initial 18 months of SEBB Continuation Coverage (COBRA), there will be no disability extension of SEBB Continuation Coverage (COBRA).

The right to the disability extension may be terminated if the Social Security Administration determines that the disabled qualified beneficiary is no longer disabled. You or your qualified beneficiaries have 30 days after the Social Security Administration's determination to notify the SEBB Program when a qualified beneficiary is no longer disabled.

(b) Second qualifying event extension of coverage

If your qualified beneficiary experiences a second qualifying event while receiving 18 months of SEBB Continuation Coverage (COBRA) (or 29 months, if the second event occurs during a disability extension), they may be eligible for receive up to an additional 18 months of continuation coverage, for a maximum of 36 months of SEBB Continuation Coverage (COBRA).

To qualify for a second qualifying event extension of coverage, the second event must:

- Occur during the initial continuation coverage period resulting from termination of employment or reduction of hours;

AND

- Cause a qualified beneficiary to lose coverage under SEBB Program rules if the first qualifying event had not occurred. This includes:
  - The employee's death.
  - Divorce, annulment, of dissolution of marriage.
  - Termination of a state-registered domestic partnership.
  - The dependent child's loss of eligibility for coverage under SEBB Program rules.

**Note:** The second qualifying event extension

is not available when an employee enrolls in Medicare after their termination of employment or reduction of hours.

Eligible dependents must have been covered under the plan on the day before the first qualifying event. Newborns or adopted children added after the first qualifying event are also eligible for the second qualifying event extension.

To request a second qualifying event extension, you or your qualified beneficiary must notify the SEBB Program in writing and provide notice of a second qualifying event within the required deadline noted below.

This notice of a second qualifying event must be submitted **no later than 60 days** after the later of:

- The date of the second qualifying event.
- The date the qualified beneficiary would lose coverage under SEBB Program rules as a result of the second qualifying event.
- The date the SEBB Program provides the qualified beneficiary with a Summary Plan Document (also called a Certificate of Coverage or benefits booklet) either in print or on HCA's website at [hca.wa.gov/erb](http://hca.wa.gov/erb), informing the beneficiary of their responsibility and the procedures to notify the SEBB Program.
- The date the SEBB Program mails a *SEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the SEBB Program.

It must include:

- The second qualifying event and the date it happened.
- The names and addresses of all qualified beneficiaries who are receiving continuation coverage.
- Proof of the second qualifying event.

(c) When SEBB Continuation Coverage (Unpaid Leave) counts toward your maximum SEBB Continuation Coverage (COBRA) coverage period

If you are eligible for and elect to continue coverage under SEBB Continuation Coverage (Unpaid Leave), the maximum number of months allowed under SEBB Continuation Coverage (COBRA) are included in the maximum number of months allowed under SEBB Continuation Coverage (Unpaid Leave). For example, if you are eligible for 29 months of SEBB Continuation Coverage (Unpaid Leave) under SEBB Program

rules, and eligible for 18 months of SEBB Continuation Coverage (COBRA) because of your qualifying event, the first 18 months of SEBB Continuation Coverage (Unpaid Leave) will satisfy the 18-month SEBB Continuation Coverage (COBRA) coverage period. Likewise, if you are no longer eligible for SEBB Continuation Coverage (Unpaid Leave) and have not used the maximum 18 months allowed under SEBB Continuation Coverage (COBRA), you may switch to COBRA for the remaining months for a total of 18 months.

## Can SEBB Continuation Coverage be terminated before the end of the maximum coverage period?

Yes. SEBB Continuation Coverage can be terminated before the end of the maximum coverage period for the reasons listed below.

### (1) Automatic termination before the end of the maximum coverage period

SEBB Continuation Coverage will terminate earlier than the end of the maximum coverage period if any required premium and applicable premium surcharges are not paid on time.

SEBB Continuation Coverage may also end earlier than the end of the maximum coverage period for the same reasons coverage could end for any other SEBB enrollee (such as fraud). Once your coverage ends, you are not eligible to reenroll in SEBB Continuation Coverage.

### (2) Medicare enrollment or other group health plan coverage

COBRA will terminate earlier than the maximum coverage period if you enroll in Medicare benefits after the date you elect SEBB Continuation Coverage (COBRA). SEBB Continuation Coverage will terminate on the last day of the month in which the Medicare coverage becomes effective. The early termination does not affect the COBRA rights of other qualified beneficiaries who are not enrolled in Medicare benefits. (e.g., the spouse or child of the Medicare-entitled beneficiary).

SEBB Continuation Coverage (COBRA) will also terminate early if you become covered under another employer's group health plan coverage.

After electing SEBB Continuation Coverage (COBRA), you must notify the SEBB Program in writing **no later than 60 days** after you or a qualified dependent becomes covered under

another employer's group health plan coverage.

There are limitations on plans imposing pre-existing exclusions, and such exclusions are prohibited under the Affordable Care Act.

**Note:** Qualified beneficiaries who are eligible to elect SEBB Continuation Coverage (COBRA) may do so even if they have other group health plan coverage or are enrolled in Medicare benefits before the date on which SEBB Continuation Coverage (COBRA) is elected.

### (3) A qualified beneficiary stops being disabled

If the Social Security Administration determines that a qualified beneficiary is no longer disabled, and you have received an 11-month extension of SEBB Continuation Coverage (COBRA), you must notify the SEBB Program in writing **no later than 30 days** after the Social Security Administration sends you notice of the determination. SEBB Continuation Coverage (COBRA) for all qualified beneficiaries will end either on the first day of the month that is more than 30 days after a final determination by the Social Security Administration, or the end of the coverage period that applies (without regard to the disability extension), whichever is later.

### (4) Request to terminate coverage

If an enrollee would like to terminate coverage before the end of the maximum coverage period, they must submit a written request to:

Health Care Authority  
SEBB Program  
PO Box 42720  
Olympia, WA 98504-2720

Generally, coverage will end on the last day of the month in which the SEBB Program receives your written request, or on the last day of the month specified in the termination request, whichever is later. If your written request is received on the first day of the month, coverage will end on the last day of the previous month.

Life and AD&D insurance continued under SEBB Continuation Coverage (Unpaid Leave) must be terminated in writing and submitted to MetLife.

## How much does SEBB Continuation Coverage cost?

See monthly premiums for SEBB Continuation Coverage on pages 14–15. Generally, you are required to pay the entire cost of SEBB Continuation Coverage, similar to the total cost paid by both the employer and employee.

You will also be charged the tobacco use premium surcharge and/or spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium if they apply to you. For more information, see “Premium surcharges” on page 16.

## When and how do I make payments?

### First premium payment for SEBB Continuation Coverage

Your first premium payment and applicable premium surcharges are due to the Health Care Authority (HCA) **no later than 45 days** after your election period ends. Your election period ends **no later than 60 days** from the date SEBB health plan coverage ended or the mailing date on this booklet, whichever is later.

**Your first payment must cover the cost of continuation coverage from the time your SEBB coverage ends through the end of the previous month and must include applicable premium surcharges.** For example, Sue’s employment ends on September 15, and she loses coverage on September 30. Sue elects SEBB Continuation Coverage (COBRA) on November 15. If she makes the first payment in November, it must cover the premium and applicable premium surcharge for October. If Sue makes the first payment in December, it must cover premiums and applicable premium surcharges for October and November.

You must make sure the amount of your first payment is correct. To confirm the amount due, call 1-800-200-1004 (TRS: 711) and select the menu option available to speak with Accounting. **We will not enroll you until you elect to continue your SEBB coverage and make the first premium payment, including applicable premium surcharges, within the timelines provided.**

## How to make premium and applicable premium surcharge payments

You must mail or bring your **first** premium payment to the Health Care Authority (HCA).

### Mail to (for first payments only):

Health Care Authority  
PO Box 42691  
Olympia, WA 98504-2691

### Or bring to (8 a.m. to 4:30 p.m., Monday–Friday):

Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

Make checks payable to **Health Care Authority**.

After HCA receives your first payment, you must pay all continuation coverage premiums and applicable premium surcharges as they become due. Here are your premium payment options:

- **A personal check or money order**

You may also pay in cash at the HCA office only. Bring payments to the street address listed on the left or mail to:

Health Care Authority  
SEBB Program  
PO Box 94115  
Seattle, WA 98124-6415

- **Automatic bank account withdrawals**

- Fill out the *SEBB Electronic Debit Service Agreement* form and submit it to HCA. The form is available on the HCA website at [hca.wa.gov/erb](http://hca.wa.gov/erb) under *Forms & publications*. Approval takes six to eight weeks, so you must continue to pay the total due each month until you receive a letter from the HCA with your electronic debit start date.

For premium payment questions, call 1-800-200-1004 (TRS: 711) and select the menu option to speak with Accounting.

## When premium payments are considered paid

We consider your premium and applicable premium surcharges paid on the date you mailed or hand delivered your payment to HCA at one of the addresses above, or submitted it through electronic debit service. If your check is returned due to insufficient funds or for any other reason, it is not considered paid.

## Due dates for monthly SEBB Continuation Coverage and applicable premium surcharge payments

After you elect SEBB Continuation Coverage and make your first payment, ongoing premium and applicable premium surcharge payments are due on the first of the month in which SEBB insurance coverage is effective. If you make a premium payment on or before the 15th day of the current month, your SEBB coverage will continue for that month. If your monthly premium or applicable premium surcharges remain unpaid for 30 days, your premium payment will be delinquent and your account may be terminated, depending on the amount owed.

**The monthly premium may change at the beginning of each calendar year.** We will notify you of changes to premiums and benefits before the beginning of each calendar year.

Depending on your payment method, you may or may not receive an invoice for your continuation coverage premium and applicable premium surcharges as a reminder of your responsibility to make these payments on time. You must pay them on time, even if you do not receive an invoice.

## Grace period for monthly premium payments

You are allowed a 30-day grace period from the date that your monthly premium or applicable premium surcharges become delinquent to pay the unpaid balance. **If your monthly premium or applicable premium surcharges remain unpaid for 60 days from the original due date, your coverage will be terminated back to the last day of the month for which the monthly premium and applicable premium surcharges were paid.**

Premiums associated with life insurance and AD&D insurance coverage must be made to MetLife.

Monthly payments for continuing SEBB medical, dental, and/or vision coverage must be made to HCA.

After the first payment, premiums and applicable premium surcharges must be paid as they become due. They are considered delinquent (unpaid) if:

- HCA doesn't receive payment for your monthly premium or applicable premium surcharges and it remains unpaid for 30 days after the original due date; or
- HCA receives an underpayment that is more than an insignificant shortfall (as defined in WAC 182-30-020),

and the monthly premium or applicable premium surcharges remain underpaid for 30 days after the original due date.

If paying the unpaid premium balance creates a hardship for you (and HCA agrees), you may request that HCA set up a payment plan for up to 12 months in duration.

All premium payments and applicable premium surcharges received by the SEBB Program will be applied to the oldest month in which a premium or applicable premium surcharge was unpaid or underpaid in the following order:

- The oldest month owed: The insurance coverage premium will be paid first, and then any applicable premium surcharges.
- The next oldest month owed: The insurance coverage premium will be paid first, and then any applicable premium surcharges.



If you fail to pay premiums and applicable premium surcharges within the required deadline, coverage will be terminated as of the last day of the month for which the monthly premium and applicable premium surcharges were paid.

If your coverage is terminated, you will be financially responsible for all medical, dental, and/or vision services received after the termination effective date. Once your continuation coverage is terminated, you cannot reenroll.



## 2021 SEBB Continuation Coverage Monthly Premiums

Effective January 1, 2021

| Plan   | Subscriber | Subscriber & spouse <sup>1</sup> | Subscriber & children | Subscriber, spouse <sup>1</sup> & children |
|--|------------|----------------------------------|-----------------------|--|
| Kaiser Permanente NW 1 <sup>2</sup>                              | \$599.37   | \$1,193.76                       | \$1,045.16            | \$1,788.15                                 |
| Kaiser Permanente NW 2 <sup>2</sup>                              | \$612.42   | \$1,219.86                       | \$1,068.00            | \$1,827.30                                 |
| Kaiser Permanente NW 3 <sup>2</sup>                              | \$678.95   | \$1,352.92                       | \$1,184.43            | \$2,026.89                                 |
| Kaiser Permanente WA Core 1                                      | \$576.14   | \$1,147.31                       | \$1,004.52            | \$1,718.47                                 |
| Kaiser Permanente WA Core 2                                      | \$581.20   | \$1,157.42                       | \$1,013.37            | \$1,733.64                                 |
| Kaiser Permanente WA Core 3                                      | \$651.16   | \$1,297.33                       | \$1,135.79            | \$1,943.51                                 |
| Kaiser Permanente WA SoundChoice                                 | \$611.22   | \$1,217.46                       | \$1,065.90            | \$1,823.69                                 |
| Kaiser Permanente WA Options Access PPO 1                        | \$625.71   | \$1,246.44                       | \$1,091.26            | \$1,867.17                                 |
| Kaiser Permanente WA Options Access PPO 2                        | \$656.81   | \$1,308.64                       | \$1,145.68            | \$1,960.47                                 |
| Kaiser Permanente WA Options Access PPO 3                        | \$706.29   | \$1,407.60                       | \$1,232.28            | \$2,108.91                                 |
| Premera High PPO   | \$636.25   | \$1,267.51                       | \$1,109.70            | \$1,898.78                                 |
| Premera Peak Care EPO  | \$597.02   | \$1,189.07                       | \$1,041.05            | \$1,781.11                                 |
| Premera Standard PPO   | \$587.79   | \$1,170.60                       | \$1,024.90            | \$1,753.41                                 |
| Uniform Medical Plan (UMP) Achieve 1 <sup>3</sup>                | \$592.92   | \$1,180.86                       | \$1,033.88            | \$1,768.81                                 |
| UMP Achieve 2 <sup>3</sup>                                       | \$657.51   | \$1,310.04                       | \$1,146.90            | \$1,962.56                                 |
| UMP High Deductible (with a health savings account) <sup>3</sup> | \$591.89   | \$1,175.85                       | \$1,037.68            | \$1,728.57                                 |
| UMP Plus—Puget Sound High Value Network <sup>3</sup>             | \$628.10   | \$1,251.22                       | \$1,095.44            | \$1,874.34                                 |
| UMP Plus—UW Medicine Accountable Care Network <sup>3</sup>       | \$628.10   | \$1,251.22                       | \$1,095.44            | \$1,874.34                                 |

<sup>1</sup> Or a state-registered domestic partner

<sup>2</sup> Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. KFHPNW Medicare plans have a larger service area.

<sup>3</sup> Administered by Regence BlueShield

## Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions below apply, or if you do not attest to the surcharges.

- A monthly \$25-per-account tobacco medical use premium surcharge will apply if you or any dependent (age 13 and older) enrolled on your SEBB coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in SEBB medical coverage, and they have chosen not to enroll in another employer-based group medical plan that is comparable to UMP Classic (a Public Employees Benefits Board [PEBB] Program plan).

For more guidance on whether these surcharges apply to you, see the *2021 SEBB Premium Surcharge Attestation Help Sheet* on the HCA website at [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications*.

## Monthly dental premiums

| Plan                                   | Subscriber | Subscriber & spouse <sup>1</sup> | Subscriber & children <sup>2</sup> | Subscriber, spouse <sup>1</sup> & children |
|--|------------|----------------------------------|------------------------------------|--|
| DeltaCare <sup>3</sup>                 | \$41.33    | \$82.66                          | \$82.66                            | \$123.99                                   |
| Uniform Dental Plan (UDP) <sup>3</sup> | \$47.63    | \$95.26                          | \$95.26                            | \$142.89                                   |
| Willamette Dental Group                | \$49.90    | \$99.80                          | \$99.80                            | \$149.70                                   |

## Monthly vision premiums

| Plan                            | Subscriber | Subscriber & spouse <sup>1</sup> | Subscriber & children <sup>2</sup> | Subscriber, spouse <sup>1</sup> & children |
|---------------------------------|------------|----------------------------------|------------------------------------|--|
| Davis Vision <sup>4</sup>       | \$4.36     | \$8.72                           | \$7.63                             | \$13.08                                    |
| EyeMed Vision Care <sup>5</sup> | \$5.96     | \$11.92                          | \$10.43                            | \$17.88                                    |
| MetLife Vision <sup>6</sup>     | \$6.66     | \$13.32                          | \$11.66                            | \$19.98                                    |

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please call us at 1-800-200-1004 (TRS: 711).

<sup>1</sup> Or state-registered domestic partner

<sup>2</sup> You pay the same regardless of how many children you enroll.

<sup>3</sup> Administered by Delta Dental

<sup>4</sup> Underwritten by HM Life Insurance Company

<sup>5</sup> Underwritten by Fidelity Security Life Insurance Company

<sup>6</sup> Underwritten by Metropolitan Life Insurance Company

## Premium surcharges

The surcharges apply to SEBB subscribers who are enrolled in a SEBB medical plan.

### Tobacco use premium surcharge

You will be charged a monthly \$25-per-account tobacco use premium surcharge in addition to your monthly medical premium if you or any dependent (age 13 or older) enrolled on your SEBB medical coverage have used a tobacco product in the past two months, or if you do not attest to this premium surcharge as required under SEBB Program rules.

The surcharge will not apply if:

- You and 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](https://teen.smokefree.gov).

You do not have to attest for dependents ages 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, read about your options in SEBB Program Administrative Policy 91-1 on the SEBB rules and policies webpage at [hca.wa.gov/sebb-rules](https://hca.wa.gov/sebb-rules).

### How to attest to this surcharge

To find out if the tobacco use premium surcharge applies to you, use the *2021 SEBB Premium Surcharge Attestation Help Sheet* (see link on page 25).

You must attest when you enroll using either the *2021 SEBB Continuation Coverage (COBRA) Election/Change* form or *2021 SEBB Continuation*

*Coverage (Unpaid Leave) Election/Change* form. The SEBB Program must receive the form by the required deadline.

### To report a change

You must report a change in tobacco use status if:

- You or any enrolled dependent age 13 and older starts using tobacco products.
- You or any enrolled dependent age 13 and older 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 *2021 SEBB Premium Surcharge Attestation Help Sheet*.

You may report the change in tobacco use status anytime by completing a *2021 SEBB Premium Surcharge Attestation Change Form* (found on the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under *Forms & publications*). Submit the form to the SEBB Program as instructed on the form.

If the change you report means that the premium surcharge applies to you, the surcharge is effective the first day of the month after you or your dependent age 13 or older begin tobacco use. If that day is the first of the month, then the surcharge begins on that day.

If the change you report results in removal of the premium surcharge, the change is effective the first day of the month after we receive your new attestation. If that day is the first of the month, then the change to your account begins on that day.

## Spouse or state-registered domestic partner coverage premium surcharge

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

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

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

### How to attest to this surcharge

If you enroll a spouse or state-registered domestic partner on your SEBB Program medical coverage, use the *2021 SEBB Premium Surcharge Attestation Help Sheet* (see link on page 25) to find out if the spouse or state-registered domestic partner coverage premium surcharge applies to you. Then, you must attest when you enroll by completing the *2021 SEBB Continuation Coverage (COBRA) Election/Change* form or the *2021 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form. The SEBB Program must receive the form by the required deadline.

If you enroll a spouse or state-registered domestic partner on your medical coverage but do not attest to the surcharge, 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.

### To report a change

Outside of the SEBB Program's annual open enrollment, you can only report a change to this surcharge **within 60 days** of the following events:

- When you regain eligibility for the employer contribution toward SEBB benefits.
- When there is a change in your spouse's or state-registered domestic partner's employer-based group medical.
- **To change your attestation**, submit a *2021 SEBB Premium Surcharge Attestation Change Form* (found on HCA's website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under *Forms & publications*) with proof of the qualifying event to the SEBB Program **no later than 60 days after** the qualifying event.

If you submit a change that results in incurring the premium surcharge, the change is effective the first day of the month following the status change. If that day is the first day 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 we receive the new attestation. If that day is the first day of the month, then the change begins that day.

For more information on the premium surcharges, visit the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under *Surcharges*.

## SmartHealth

SmartHealth is included in the benefits of subscribers enrolled in SEBB medical coverage. It is a voluntary wellness program that supports you on your journey toward living well.

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

### 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. However, only subscribers enrolled in SEBB medical coverage can qualify for the SmartHealth wellness incentive.

### What is the wellness incentive?

You can qualify for a \$125 SmartHealth wellness incentive each year.

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.

- UMP High Deductible: A one-time deposit into your health savings account (HSA).
- All other plans: A reduction to your SEBB medical plan deductible.

### How do I qualify for the wellness incentive?

To qualify for the \$125 wellness incentive, complete the SmartHealth well-being assessment and earn a total of 2,000 points within the deadline requirement. To receive the \$125 wellness incentive in 2022, the subscriber must still be enrolled in a SEBB medical plan in 2022.

SmartHealth will work with a subscriber who cannot complete a wellness incentive requirement in order to provide an alternative requirement that

will allow the subscriber to qualify for the wellness incentive or waive the requirement.

Note that you can only earn the wellness incentive once in every calendar year.

### How do I get started?

1. Register or sign in at [smarthealth.hca.wa.gov](https://smarthealth.hca.wa.gov).
2. Take the SmartHealth well-being assessment to 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 (distributed by January 31, 2022).

### 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 becomes effective.

- If you are already enrolled in SEBB medical coverage or are a new subscriber with an effective date of January through September 2021: Deadline is November 30, 2021.
- If your SEBB medical coverage effective date is October through December 2021: Deadline is December 31, 2021.

### What if I don't have internet access?

If you don't have internet access, call SmartHealth Customer Service toll-free at 1-855-750-8866 (Monday through Friday, 7 a.m. to 7 p.m. Pacific Time) to complete the assessment by phone.

### SmartHealth contacts

Find out more on the HCA website at [hca.wa.gov/sebb-smarthealth](https://hca.wa.gov/sebb-smarthealth). Visit the SmartHealth portal at [smarthealth.hca.wa.gov](https://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.



# 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 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 42704  
Olympia, WA 98504-2720  
1-855-682-0787 (TRS: 711)  
Fax 360-507-9234  
E-mail: [compliance@hca.wa.gov](mailto:compliance@hca.wa.gov)  
Online: [hca.wa.gov/about-hca/non-discrimination-statement](http://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

Phone: 206-630-4636  
Toll-free: 1-888-901-4636  
TTY Washington Relay Service:  
1-800-833-6388 or 711  
TTY Idaho Relay Service:  
1-800-377-3529 or 711  
Electronically: [kp.org/wa/feedback](http://kp.org/wa/feedback)

### Kaiser Foundation Health Plan of Washington Options, Inc.

#### Civil Rights Coordinator

Phone: 206-630-4636  
Toll-free: 1-888-901-4636  
TTY Washington Relay Service:  
1-800-833-6388 or 711  
TTY Idaho Relay Service:  
1-800-377-3529 or 711  
Electronically: [kp.org/wa/feedback](http://kp.org/wa/feedback)

## Premiera Blue Cross

*(for discrimination concerns about any Premiera Blue Cross plan, or the Centers of Excellence Program for Uniform Medical Plan [UMP] Achieve 1, UMP Achieve 2, and UMP High Deductible)*

### Premiera 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  
Email: [AppealsDepartmentinquiries@Premiera.com](mailto:AppealsDepartmentinquiries@Premiera.com)

## Regence BlueShield

*(for discrimination concerns about any UMP plan)*

### Civil Rights Coordinator

MS: CS B32B, P.O. Box 1271  
Portland, OR 97207-1271  
1-888-344-6347 (TRS: 711)  
Email: [CS@regence.com](mailto:CS@regence.com)

## Washington State Rx Services

*(for discrimination concerns about prescription drug benefits for any UMP plan)*

### Attn: Appeals Unit

PO Box 40168  
Portland, OR 97204-0168  
1-888-361-1611 (TRS: 711) | Fax 866-923-0412  
Email: [compliance@modahealth.com](mailto:compliance@modahealth.com)

## SEBB DENTAL PLANS

### Delta Dental of Washington

*(for discrimination concerns about DeltaCare and the Uniform Dental Plan)*

### Attn: Compliance/Privacy Officer

PO Box 75983  
Seattle, WA 98175  
1-800-554-1907 (TTY: 1-800-833-6384)  
Fax 206-729- 5512  
Email: [Compliance@DeltaDentalWA.com](mailto:Compliance@DeltaDentalWA.com)

## Willamette Dental of Washington, Inc.

*(for discrimination concerns about Willamette Dental Group Plan)*

### Member Services Department

6950 NE Campus Way  
Hillsboro, Oregon 97124  
1-855-433-6825 (TRS: 711)  
Fax 503-952-2684  
Email:  
[memberservices@willamettedental.com](mailto: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)*

#### Complaint & Grievance Unit

PO Box 997100  
Sacramento, CA 95899-7100  
1-855-638-3931 (TTY: 1-800-428-4833)  
Email: [inquiries@mymetlifevision.com](mailto: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](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

*(to submit complaints electronically)*

[hhs.gov/ocr/office/file/index.html](http://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 payroll or benefits office. PEBB 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፡ በስድስት ሰዓታት በሰዓት፡ የደመወዝዎን ወይም የጥቅማ ጥቅምን ጽ/ቤትን ያነጋግሩ። የመንግሥት ሠራተኞች ጥቅሞች በርድ ጡረተኞች (PEBB), የመንግሥት ሠራተኞች ጥቅሞች በርድ እና የትምህርት ቤት ሰራተኞች ጥቅሞች በርድ (SEBB) ቀጣይነት ሽፋን አላላት፡፡ Health Care Authority በ 1-800-200-1004 (TRS: 711) ይደውሉ፡፡

[Arabic] تتوفر خدمات المساعدة اللغوية، بما فيها المترجمون الفوريون وترجمة المواد المطبوعة، مجاناً. الموظفون: اتصلوا بمكتب كشوف المرتبات أو المستحقات الخاص بكم. متقاعدو مجلس استحقاقات الموظفين العموميين (PEBB)، وأعضاء PEBB ومجلس استحقاقات موظفي المدارس (SEBB) المشاركون في التغطية المستمرة: اتصلوا بـ Health Care Authority على الرقم 1-800-200-1004 (خدمة ترحيل الاتصالات (TRS: 711).

[Burmese] စကားပြန်များ၊ ပုံနှိပ်ထားသည့် စာရွက်စာတမ်းများကို ဘာသာပြန်ဆွဲပေးမှုများ အပါအဝင် ဘာသာစကား အထောက်အကူပြု ဝန်ဆောင်မှုများကို အခမဲ့ စီစဉ်ဆောင်ရွက်ပေးနေပါသည်။ ဝန်ထမ်းများ- မိမိအား လစာထုတ်ပေးသည့် ရုံး သို့မဟုတ် အကျိုးခွဲစားခွင့်များ စီစဉ်ပေးသည့်ရုံးကို ဆက်သွယ်ပါ။ အစိုးရ ဝန်ထမ်းများ အကျိုးခွဲစားခွင့် ဘုတ်အဖွဲ့ (PEBB) PEBB နှင့် ကျောင်းဝန်ထမ်းများ အကျိုးခွဲစားခွင့် ဘုတ်အဖွဲ့ (SEBB) အာမခံ ဆက်လက်ခွဲစားရေး အဖွဲ့ဝင်များ- Health Care Authority ထံ 1-800-200-1004 (TRS: 711) တွင် ဆက်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកស្រាយ និងការបកប្រែឯកសារដែលបានបោះពុម្ព មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងការិយាល័យបើកប្រាក់ខែ ឬអគ្គនាយកដ្ឋានសម្របសម្រួល។ អ្នកចូលនិវត្តន៍នៃក្រុមប្រឹក្សាភិបាលអគ្គនាយកដ្ឋានសម្របសម្រួលនិយោជិតសាធារណៈ (PEBB), សមាជិកសេវាបងបន្តពីក្រុមប្រឹក្សាភិបាលអគ្គនាយកដ្ឋានសម្របសម្រួលនិយោជិតសាធារណៈ (PEBB) និងក្រុមប្រឹក្សាភិបាលផ្តល់អគ្គនាយកដ្ឋានសម្របសម្រួលនិយោជិតសាធារណៈ (SEBB) ឬស្រីពូទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 711)។

[Chinese] 可免費提供語言援助服務，包括口譯服務和列印資料翻譯服務。僱員：請聯絡薪資部或福利辦公室。公職人員福利委員會 (PEBB) 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 인쇄물 번역을 포함한 언어 지원 서비스를 무료로 제공해 드리고 있습니다. 직원: 경리과 또는 복리후생과에 문의하십시오. 공무원 복지 혜택 위원회(PEBB) 은퇴자 및 PEBB 와 교직원 복지 혜택 위원회(SEBB) 연속 보장 회원: Health Care Authority 1-800-200-1004 (TRS: 711)로 전화하십시오.

[Laotian] ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມທັງນາຍພາສາ ແລະ ການແປເອກະສານທີ່ພິມແມ່ນມີໄວ້ໂດຍບໍ່ເສຍຄ່າ. ພະນັກງານ: ຕິດຕໍ່ຫ້ອງການເງິນເດືອນ ຫຼື ຫ້ອງການຊ່ວຍເຫຼືອຂອງທ່ານ. ສະມາຊິກບໍານານຂອງຄະນະກຳມະການດ້ານສິດທິພົນປະໂຫຍດຂອງພະນັກງານສາທາລະນະ (PEBB), PEBB ແລະ ຄະນະກຳມະການດ້ານສິດທິພົນປະໂຫຍດຂອງພະນັກງານໃນໂຮງຮຽນ (SEBB) ສືບຕໍ່ການຄຸ້ມຄອງ: Health Care Authority ປຶ 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachisetti hiikuu, kaffaltii kamiyyu malee ni jiru. Qaccaramtoota: Kutaa kaffaltii keessan yookiin biiroo deeggarsa keessan qunnaama. Gabatee faayidaa hojjetoota hawaasa (PEBB) Sooramaa ba'aan, Gabatee faayidaa hojjetoota hawaasa (PEBB) fi Gabatee Faayidaa hojjetoota mana barumsa (School employees benefit board SEBB) miseensota hirmaatan walitti aansun: Garaa Health care Authority bilbilaa karaa 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 حسابداری یا مزایای خود تماس بگیرید. بازنشستگان هیئت عمومی مزایای کارمندان (PEBB)، اعضای پوشش مستمر مزایای کارمندان (SEBB) و هیئت مزایای کارمندان (SEBB): با Health Care Authority به شماره 1-800-200-1004 (TRS: 711) تماس بگیرید.

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

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpret și traducerea materialelor tipărite. Angajați: contactați-vă biroul de plată a salariilor sau de beneficii. Pensionari ai Comisiei de beneficii pentru angajați publici (PEBB), membri ai Comisiei de beneficii pentru angajați publici (PEBB) și ai Comisiei de beneficii pentru angajați ai școlilor (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 выплаты заработной платы или выплаты льгот и пособий. Пенсионеры, продление договора страхования для членов Совета по выплате льгот и помощи для государственных служащих (PEBB) и Совета по выплате льгот и помощи работникам школ (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: La xidhiidha xafiiska mushaharka ama gunooyinka. Hawlgabka Gudida Gunoooyinka Shaqaalaha Shacabka (PEBB), Xubnaha Bixinta Sii Socota ee PEBB iyo Gudida Gunoooyinka Shaqaalaha Dugsiga (SEBB): 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 nómina o de beneficios. Jubilados de la Junta de Beneficios para Empleados Públicos (PEBB), miembros de la Cobertura de Continuación de la PEBB y de la Junta de Beneficios para Empleados Escolares (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. Wafanyakazi: Wasiliana na ofisi yako ya malipo au manufaa. Wastaafu wa Halmashauri ya Manufaa ya Wafanyakazi wa Umma (PEBB), Wanachama wa Halmashauri ya Manufaa ya Wafanyakazi wa Umma (PEBB) na Bima Endelevu ya Halmashauri ya Manufaa ya Wafanyakazi wa Shule (SEBB): Wasiliana na Health Care Authority kwa nambari 1-800-200-1004 (TRS: 711).

[Tagalog] Makakakuha ng walang bayad na mga serbisyo ng tulong sa wika, kasama ang mga interpreter at pagsasalalin-wika ng mga naka-print na materyal. Mga Empleyado: Makipag-ugnayan sa opisina ng inyong payroll o mga benepisyo. Para sa mga Retirado ng Lupon para sa Mga Benepisyo ng Mga Pamublikong Empleyado (PEBB), mga miyembro ng PEBB at Lupon para sa Mga Benepisyo ng mga Empleyado ng Paaralan (SEBB): Tawagan ang Health Care Authority sa 1-800-200-1004 (Mga Serbisyo sa Telepono para sa May Kapansanan (TRS: 711).

[Tigrigna] ናይ ቋንቋ ኣገዛ ኣገልግሎታት፡ ተርጓሚቲን ናይ ሕትመት ናውቲ ትርጉምን ሓዊሱ፡ ኣብ ክፍሊት ነጻ ዝርከቡ እዮም። ሰራሕተኛታት፡ ናይ ሰርዓት ክፍሊት ወይ ናይ ረብሓት ቢሮ ኣዘራርቡ። ናይ ህዝቢ ሰራሕተኛታት ረብሓት ቢሮ (PEBB) ጡረተኛታት፡ ናይ ናይ ህዝቢ ሰራሕተኛታት ረብሓት ቢሮ (PEBB)፡ ናይ ቤት ትምህርት ሰራሕተኛታት ረብሓት ቢሮ (SEBB)ን ወጽእልታ ሽፋን ኣላላት፡ ናብ Health Care Authority ኣብ 1-800-200-1004 (TRS: 711) ይደውሉ።

[Ukrainian] Послуги мовної підтримки, включаючи усних перекладачів і переклад друкованих матеріалів, надаються безкоштовно. Співробітникам: зв'яжіться з вашим відділом виплати заробітної плати або виплати пільг і допомог. 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 trả lương hoặc phúc lợi cho bạn. Người về hưu, hội viên hưởng Quyền Lợi Liên Tục của Ủy Ban Phúc Lợi Viên Chức (PEBB) và Ủy Ban Phúc Lợi Nhân Viên Giáo Dục (SEBB): Xin gọi đến Health Care Authority theo số 1-800-200-1004 (TRS: 711).

## Appendix A: SEBB Continuation Coverage (COBRA)

### Qualifying events

Complete the *2021 SEBB Continuation Coverage (COBRA) Election/Change form* if the qualifying event is one of the following:

#### Employee

- Your employment ended for any reason other than gross misconduct.
- Your hours of employment were reduced below the number of hours required to be eligible for the employer contribution toward SEBB benefits.

**Note:** See pages 8-9 for a list of events that may qualify you for SEBB Continuation Coverage (Unpaid Leave), which may allow a longer coverage period and different benefits.

#### Spouse

- Your spouse (the employee) died. **Note:** You may qualify for SEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.
- Your spouse's (the employee's) hours of employment were reduced.
- Your spouse's (the employee's) employment ended for any reason other than gross misconduct.
- You and your spouse (the employee) have experienced a divorce, annulment, or dissolution.

#### State-registered domestic partner

- Your state-registered domestic partner (the employee) died. **Note:** You may qualify for SEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.
- Your state-registered domestic partner's (the employee's) hours of employment were reduced.
- Your state-registered domestic partner's (the employee's) employment ended for any reason other than gross misconduct.
- Your state-registered domestic partnership (with the employee) terminated.

#### Dependent child

- Your parent (the employee) died. **Note:** You may qualify for SEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.

- Your parent's (the employee's) hours of employment were reduced.
- Your parent's (the employee's) employment ended for any reason other than gross misconduct.
- Your eligibility for SEBB health plan coverage as a dependent child ended (see WAC 182-31-140(3)).

#### State-registered domestic partner's (SRDP's) child

- Your parent's SRDP (the employee) died. **Note:** You may qualify for SEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.
- Your parent's SRDP's (the employee's) hours of employment are reduced.
- Your parent's SRDP's (the employee's) employment ends for any reason other than gross misconduct.
- Your eligibility for SEBB health plan coverage as a dependent child ended (see WAC 182-31-140(3)).

**Read the following information carefully before completing the form(s).**

### Medical, dental, and vision benefits

You may elect to continue only the medical, dental, and/or vision coverage that you were enrolled in on the day before the qualifying event by self-paying the premiums. Unless you make a separate election and elect to enroll separately, eligible dependents you elect to cover will be enrolled in the same plan(s) you elect. To enroll, complete the enclosed *2021 SEBB Continuation Coverage (COBRA) Election/Change form* and submit it to the SEBB Program at the address shown at the end of the form.

**If the SEBB Program does not receive your form no later than 60 days from the date your SEBB health plan coverage ended or from the postmark date on this booklet (whichever is later), SEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original SEBB coverage.**

After your enrollment begins, you can change health plans during the SEBB Program's annual open enrollment or after a qualifying event creates a special open enrollment.

## Medical Flexible Spending Arrangement (FSA)

If you are enrolled in a SEBB Medical Flexible Spending Arrangement (FSA) and your employment ends, you may be eligible to continue making contributions to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing SEBB Continuation Coverage (COBRA).

If you are eligible for this option, Navia Benefit Solutions will mail a COBRA election notice to you. Benefit Solutions must receive your election **no later than 60 days** from date SEBB health plan coverage ended or the postmark date on Navia's COBRA election notice. You can find more information in the *2021 SEBB Medical Flexible Spending Arrangement Enrollment Guide* on Navia's website at [sebb.naviabenefits.com](http://sebb.naviabenefits.com). You may also contact Navia Benefit Solutions at 1-800-669-3539 or email [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com).

## Life insurance benefits

You may elect to continue life insurance one of two ways: portability or conversion.

### Portability coverage

If you become ineligible for PEBB Program coverage for any reason, and your basic, supplemental, and dependent term life Insurance under MetLife

terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability.

Portability is also available on coverage you've selected for your spouse or state-registered domestic partner and dependent child(ren).

Generally, there is no minimum time that you must be covered by the plan before you can take advantage of the portability feature. For details, please see your MetLife certificate of coverage, available on the HCA website at [hca.wa.gov/erb](http://hca.wa.gov/erb) under *Forms & publications*. MetLife will send portability information to you, which will include instructions on how to continue coverage.

### Conversion coverage

Generally, you can convert your group term life insurance to an individual whole life insurance policy if your coverage terminates due to loss of eligibility for employer-sponsored coverage. Conversion is available on all group life insurance coverages. Conversion is not available on accidental death and dismemberment (AD&D) coverage. MetLife will send conversion information to you, which will include instructions on how to continue coverage.

## Appendix B: SEBB Continuation Coverage (Unpaid Leave)

### Qualifying events

Complete the *2021 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form if you are an employee who will lose your SEBB insurance coverage because of one of the following events:

- You are on authorized leave without pay from your school district, educational service district, or charter school.
- Your employment ends due to a layoff.
- You reverted to a position that is not eligible for the employer contribution toward SEBB benefits.
- You are appealing a grievance action.
- You are receiving time-loss benefits under workers' compensation.
- You are applying for disability retirement.

Read the following information carefully before completing the form(s).

### Medical, dental, and vision benefits

You may elect to continue only the medical, dental, and/or vision coverage you were enrolled in on the day before the qualifying event by self-paying the premiums. Your eligible dependents will be enrolled in the same plan(s) that you elect. If you do not elect SEBB Continuation Coverage (Unpaid Leave), your dependent(s) may not enroll independently because they do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave). To enroll, complete the enclosed *2021 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form and submit it to the SEBB Program at the address shown at the end of the form.

**If the SEBB Program does not receive your form no later than 60 days from the date your SEBB health plan coverage ended or from the postmark date on this booklet (whichever is later), SEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original SEBB coverage.**

After your enrollment begins, you can change health plans during the SEBB Program's annual open enrollment or after a qualifying event creates a special open enrollment.

### Medical Flexible Spending Arrangement (FSA)

If you are enrolled in a SEBB Medical Flexible Arrangement (FSA) and your employer-based coverage ends, you may be eligible to continue making contributions to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing SEBB Continuation Coverage (Unpaid Leave).

If you are eligible for this option, your election must be received by Navia Benefit Solutions **no later than 60 days** from the date your SEBB health plan coverage ends or from the postmark date on this booklet, whichever is later. You can find more information in the *2021 SEBB Medical Flexible Spending Arrangement Enrollment Guide* on Navia's website at [sebb.naviabenefits.com](http://sebb.naviabenefits.com). You may also contact Navia Benefit Solutions at 1-800-669-3539 or [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com).

### Life and AD&D insurance

You may choose to continue your life insurance and accidental death and dismemberment (AD&D) insurance coverage while on SEBB Continuation Coverage (Unpaid Leave). If you choose to continue your life insurance coverage, both the \$35,000 basic life insurance and \$5,000 basic AD&D Insurance must be continued at a cost of \$3.955 per month. If you continue basic life and basic AD&D insurance, you may also continue supplemental life and AD&D insurance. If you wish to decrease your supplemental life and/or AD&D insurance while on SEBB Continuation Coverage (Unpaid Leave), call MetLife at 1-866-548-7139.

If you do not continue your life and AD&D insurance or if you continue coverage and self-pay for a reduced amount of supplemental life and AD&D insurance, you must reapply for supplemental life and AD&D insurance when you regain eligibility. You may need to submit evidence of insurability (Statement of Health) to increase or apply for supplemental life insurance upon your return.



**Please note: If you continue coverage while on active military duty**

If you are called to active military duty in the uniformed services as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA), you may extend life and AD&D insurance coverage to a maximum of 29 months after your active duty began.

If you do not choose to continue your life and A&D insurance coverage under one of the following options, all life and AD&D insurance coverage, including basic life insurance and basic AD&D Insurance coverage paid by your employer, will end at the end of the month in which you begin active duty. You can extend your life and AD&D insurance by self-paying your premium and completing the *2021 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form. You must make your premium payments to MetLife.

If you do not continue life and AD&D insurance

and return to full-time employment status before the end of the 29 months in which you began active duty, you may reinstate your previous coverage without evidence of insurability (Statement of Health). If you return to full-time employment status after the end of 29 months, and choose to enroll in supplemental life insurance coverage, you may be required to provide a Statement of Health.

**Reinstating life and AD&D insurance when you return to work**

When you return to work, no action is needed if you chose to continue your supplemental life and AD&D insurance through self-pay. Coverage will be reinstated when you return to work. If you did not continue supplemental life and AD&D insurance coverage under SEBB Continuation Coverage (unpaid leave), evidence of insurability (Statement of Health) may be required.

## **SEBB Continuation Coverage forms**

These forms referenced in this book are available online:

2021 SEBB Continuation Coverage (COBRA) Election/Change Form

[hca.wa.gov/assets/pebb/20-0060-sebb-continuation-coverage-election-change-cobra-2021.pdf](https://hca.wa.gov/assets/pebb/20-0060-sebb-continuation-coverage-election-change-cobra-2021.pdf)

2021 SEBB Continuation Coverage (Unpaid Leave) Election/Change Form

[hca.wa.gov/assets/pebb/20-0059-sebb-continuation-coverage-election-change-unpaid-leave-2021.pdf](https://hca.wa.gov/assets/pebb/20-0059-sebb-continuation-coverage-election-change-unpaid-leave-2021.pdf)

2021 SEBB Premium Surcharge Attestation Help Sheet

[hca.wa.gov/assets/pebb/20-0040-sebb-premium-surcharge-attestation-help-sheet-2021.pdf](https://hca.wa.gov/assets/pebb/20-0040-sebb-premium-surcharge-attestation-help-sheet-2021.pdf)

