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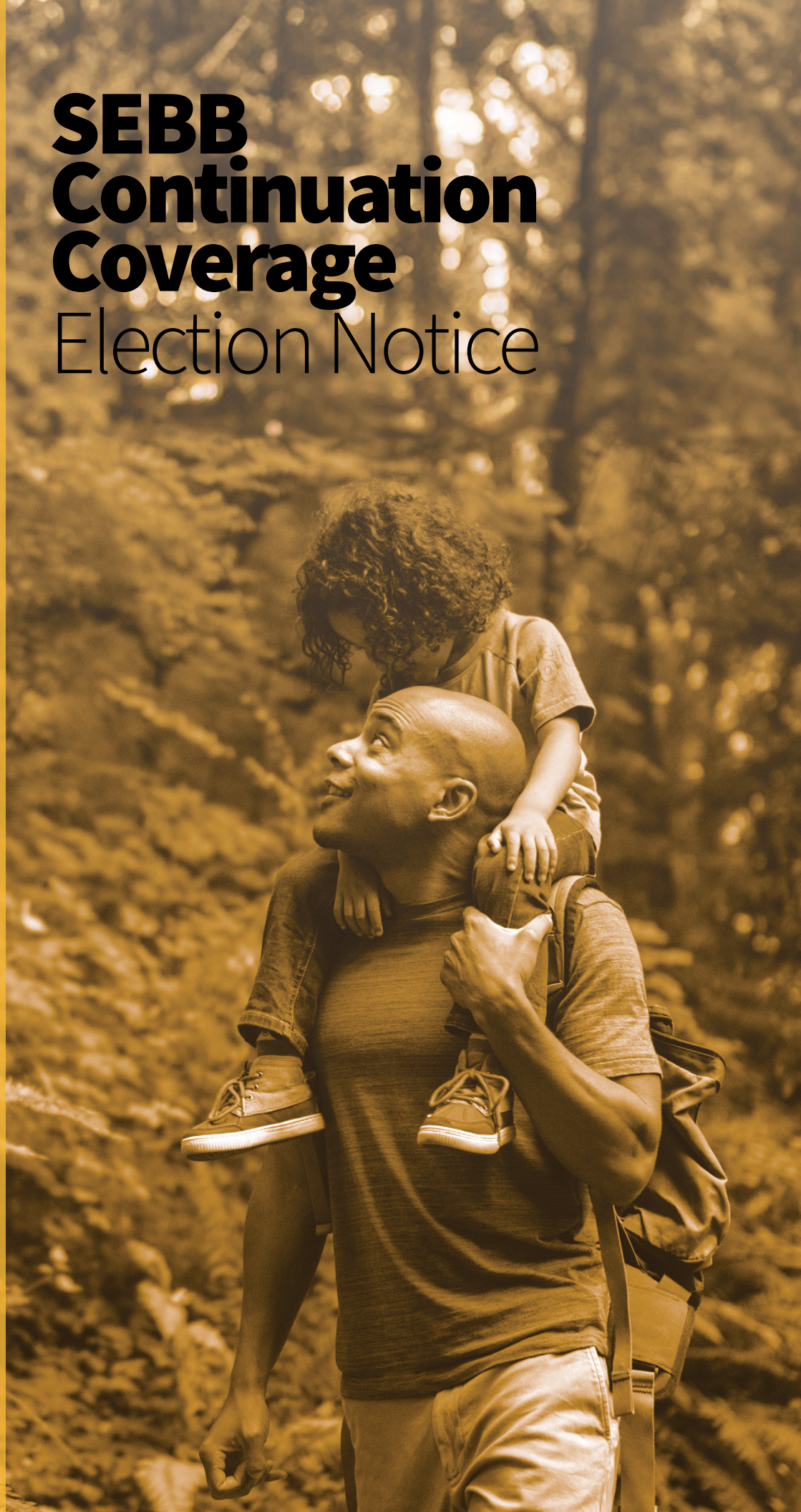
# SEBB Continuation Coverage Election Notice

## PLEASE 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 eligible dependents can continue your coverage under SEBB Continuation Coverage.

Forms are included at the back. 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.



# SEBB contact information

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The Health Care Authority (HCA) administers SEBB Continuation Coverage.

## Phone

Call us with general questions about SEBB Continuation Coverage eligibility at 1-800-200-1004 (TRS: 711), Monday through Friday, 8 a.m. to 4:30 p.m. (Other business activities may result in phones being unavailable at times.)

## Email

Send us a secure message through HCA Support at [support.hca.wa.gov](https://support.hca.wa.gov). You must set up a secure login using SecureAccess Washington (SAW) to use this feature, as explained on the HCA Support website. This helps protect your privacy and sensitive health information.

## Mailing address

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

## Street address

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

Visitors are seen on a first-come, first-served basis at the HCA office, Monday through Friday. The visitor office opens at 8 a.m. and the last visitor is seen at 4 p.m.

## For more information

This booklet does not fully describe your rights for continuation coverage. You can find more information on the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation). Contact the SEBB Program for questions about eligibility.

If there are updates or corrections to this document, you can find the latest version on the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under *Forms & publications*.

## Federal resources

The U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS), administers federal Consolidated Omnibus Budget Reconciliation Act (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](https://cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections)
- Call 1-877-267-2323 and select option 6, extension 61565.
- 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 their website at [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 **within 60 days** of your move at the mailing address noted at the beginning of this section, sending us a secure message through HCA Support, or by calling us. 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) or on the HCA's website at [hca.wa.gov/sebb-rules](https://hca.wa.gov/sebb-rules).

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).

# Definitions

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Here are some important definitions of terms used in this booklet.

**Continuation coverage:** Temporary continuation of SEBB benefits available to enrollees under COBRA, 42 U.S.C. Secs. 300bb-1 through 300bb-8; the Uniformed Services Employment and Reemployment Rights Act (USERRA), 38 U.S.C. Secs. 4301 through 4335; or SEBB policies. The types of continuation coverage offered by the SEBB Program include COBRA and Unpaid Leave.

**Continuation Coverage (COBRA):** The federal Consolidated Omnibus Budget Reconciliation Act, as administered under 42 U.S.C. Secs. 300bb-1 through 300bb-8. In general, under COBRA, if you were covered by an employer-based group health plan on the day before a qualifying event that causes the loss of that coverage, you may be able to elect COBRA continuation coverage for a limited time.

**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.

**Conversion:** The ability to switch your employer-based and supplemental group life insurance coverage to an individual policy when you lose eligibility. For SEBB life insurance, that means converting from a **group term** life policy to a **whole** life policy in your own name. All premiums are then your responsibility.

**Portability:** The ability to switch all or part of your employer-based and supplemental group life insurance coverage to an individual policy when you lose eligibility. All premiums are then your responsibility.

**Qualified beneficiary:** A covered employee, the employee's covered spouse, and covered dependent children, including children who are born to or adopted by a covered employee during a period of continuation coverage. A qualified beneficiary may also include an enrolled school board member or their spouse or dependent children who lose eligibility.

**Qualifying event:** A life event, such as a termination of employment or a reduction in hours, that causes loss of coverage.

**Service area:** Also called coverage area. In the SEBB Program, it means the counties or ZIP codes where a health plan is available.

**Special open enrollment:** A period of time when you may make changes to your health plan enrollment elections outside of the annual open enrollment period when specific life events occur, such as a marriage or birth of a child. During the special open enrollment, you may be able to change health plans and enroll or remove dependents from coverage. Special open enrollment events and the changes that can be made are listed in the enclosed *SEBB Continuation Coverage (COBRA) Election/Change* form and the *SEBB Continuation Coverage (Unpaid Leave) Election/Change* form.

**WAC:** The Washington Administrative Code comprises the laws of Washington State.

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Federal law requires that most group health plans, including the School Employees Benefits Board (SEBB) Program, give employees and their dependents the opportunity to continue their health plan coverage when they lose eligibility under the employer's plan due to a qualifying event. The opportunity to continue health plan coverage is also provided to a school board member or their dependents who lose eligibility. This booklet provides important information about your and your dependents' rights to continue SEBB Program coverage if your coverage ends.

SEBB Continuation Coverage provides the same choice of medical, dental, and vision benefits available to other SEBB enrollees, as well as the same annual deductibles, copays, and coinsurance. Each person who enrolls in SEBB Continuation Coverage has the same rights as other SEBB enrollees, including rights to SEBB Program annual open enrollment and special open enrollment. However, the premiums for SEBB Continuation Coverage are different.

Please read the information in this booklet carefully before deciding on SEBB Continuation Coverage. We use "you" in this booklet to refer to each person who will lose SEBB Program coverage.

## What are my responsibilities?

### Enroll in SEBB Continuation Coverage

The SEBB Program must receive your election form(s) (included at the end of this booklet) **no later than 60 days** from the date SEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.

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 lose eligibility. If you choose to enroll in it, SEBB Continuation Coverage begins the first day of the month after the date your SEBB health plan coverage ended.

### Send your first payment

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

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.

## What are the SEBB Continuation Coverage options?

The SEBB Program offers two types of continuation coverage.

### SEBB Continuation Coverage (COBRA)

This is a temporary extension of SEBB health plan coverage available to SEBB members who are qualified beneficiaries under the rules of the federal Consolidated Omnibus Budget Reconciliation Act (COBRA), and to a school board member or their spouse or dependent children who lose eligibility. The Health Care Authority also extends SEBB Continuation Coverage (COBRA) to state-registered domestic partners and their children, based on RCW 26.60.015. Coverage may be temporarily extended only if a SEBB member experiences a qualifying event. For eligibility information, see Appendix A.

### SEBB Continuation Coverage (Unpaid Leave)

This is 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, such as active duty in the uniformed services and authorized leave without pay. See WAC 182-31-100 (1)(b) for the kinds of leave included. Also see WAC 182-31-120 for an additional event that allows for continuation coverage. For eligibility information, see Appendix B.

# Enrolling in SEBB Continuation Coverage

## Am I eligible for SEBB Continuation Coverage?

Under federal COBRA rules, employees, spouses, and dependent children are qualified beneficiaries. A qualified beneficiary may also include a school board member or their spouse or dependent children who lose eligibility. We also include state-registered domestic partners and their dependent children as dependents entitled to elect SEBB Continuation Coverage (COBRA) if they lose SEBB health plan coverage due to a qualifying event. For more information on who qualifies for SEBB Continuation Coverage (COBRA), see Appendix A.

### Eligibility for COBRA

Each individual who loses their SEBB health plan coverage due to a qualifying event has an independent election right to SEBB Continuation Coverage (COBRA). See page 20 for a list of qualifying events.

For example, if an employee loses 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. Either the employee or their eligible spouse or state-registered domestic partner may elect continuation coverage for any eligible dependent children.

### Eligibility for Unpaid Leave

An employee who loses 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 the employee does not elect this coverage, their dependents do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave).

## How do I enroll in SEBB Continuation Coverage?

The SEBB Program must receive your election form(s) **no later than 60 days** from the date SEBB health plan coverage ends or from the postmark date on this booklet, whichever is later. In-person or telephone conversations, fax, and email are not acceptable methods of making an election and will not preserve your continuation coverage rights.

### Coverage timeline

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 the qualifying event

occurred. If you elect SEBB Continuation Coverage within the timeline, it will begin the first day of the month after the date your SEBB health plan coverage ended.

### Submitting your form(s) and payment

To help process your enrollment faster, send your first premium payment and applicable premium surcharges with your election form(s).

Your first payment is due to the Health Care Authority (HCA), which administers SEBB Continuation Coverage, **no later than 45 days** after your 60-day election period ends. You will not be enrolled until the first payment has been received.

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

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

If sending payment with your form(s), see "When and how do I make payments?" on page 13 for information on where to submit them.

### Or bring forms in person to:

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

Visitors are seen on a first-come, first-served basis, 8 a.m. to 4 p.m., Monday through Friday.

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.

## Can I continue my life insurance, AD&D insurance, and FSA?

In some cases, SEBB Continuation Coverage subscribers may continue life and accidental death and dismemberment (AD&D) insurance and a flexible spending arrangement (FSA).

If you want to continue your life and AD&D insurance, FSA, or Limited Purpose FSA, please see Appendix A for SEBB Continuation Coverage (COBRA) or Appendix B for SEBB Continuation Coverage (Unpaid Leave) for how to enroll in these coverages.

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.

## 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, you may have a lower deductible with SEBB Continuation Coverage than with another coverage.

### Health Insurance Marketplace

The Marketplace offers private health insurance options. In Washington State, you can access private health insurance plans through the Washington Health Benefit Exchange. You can find out if you're eligible for a tax credit that lowers your monthly premiums and out-of-pocket costs for deductibles, coinsurance, and copays. You'll also learn if you qualify for free or low-cost coverage from Medicaid (called Apple Health in Washington State), the Children's Health Insurance Program (CHIP), or Cascade care plans.

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.

### Enrolling in Marketplace coverage

You have **60 days** from the time you lose your employer-based group health plan to enroll in the Marketplace. (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. In addition, anyone can enroll in Marketplace coverage without a qualifying event during its open enrollment period, generally in the fall.

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 Washington Health Plan Finder website at [wahealthplanfinder.org](http://wahealthplanfinder.org) in Washington State or the [healthcare.gov](http://healthcare.gov) website in other states.

## 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 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). 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.

Be careful — if you terminate SEBB Continuation Coverage before it expires 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.

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 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. To avoid a lapse in coverage, you may need to request enrollment in the other group health plan prior to your SEBB coverage ending.

If you or your dependent elects SEBB Continuation Coverage, you will have another opportunity to enroll in another 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?

### 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, 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 have lower premiums.

### Provider networks

If you're currently getting care or treatment for a condition, a change in your health plan coverage may affect your access to a particular health care provider. 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 plan 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. If this is the case, 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 health 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. Check your health plan's service or coverage area and other similar limitations.

### Cost sharing

In addition to monthly premiums or contributions for health plan coverage, you 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 school employees, including school employees determined eligible for a disability retirement, as described in WAC 182-12-171 and 182-12-211.
- Surviving dependents of school employees, 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 your own employer-paid coverage, COBRA coverage, 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. Your opportunity to enroll in PEBB retiree insurance coverage will be affected if these deadlines are not met.

## If I decline SEBB Continuation Coverage, can I enroll later?

If you decline SEBB Continuation Coverage **before** the required deadline, you may change your mind as long as the SEBB Program receives your election form(s) **no later than 60 days** from the date your SEBB health plan coverage ended or the postmark date on this booklet, whichever is later. After that date, you will lose your opportunity to enroll unless you regain eligibility.

## 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, as described in this section. In some situations, coverage can end before the maximum coverage period (see page 11).

### 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 “When an employee is on approved leave or employment ends due to a layoff” in this section. Coverage may be extended due to disability or a second qualifying event as described in “When SEBB Continuation Coverage (COBRA) may be extended” in this section.

### **When the covered employee enrolls in Medicare**

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

- Enroll in 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 or 182-12-211.

SEBB Continuation Coverage will end earlier than the maximum coverage period for a member that becomes eligible for Medicare due to turning age 65 or older or when enrolled in Medicare due to a disability **after** enrolling in SEBB Continuation Coverage (COBRA).

#### **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 for 28 months after the continuation coverage enrollment date. (The 36 months allowed under 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.

### **When an employee is on approved leave or employment ends due to a layoff**

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

- 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 above 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 under SEBB Continuation Coverage (COBRA).

### **When an employee is awaiting a hearing outcome of a grievance action**

For an employee awaiting the hearing outcome 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 dismissal 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, 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 under SEBB Continuation Coverage (COBRA).

### **When the qualifying event is death, divorce, annulment, dissolution, or termination of a state-registered domestic partnership, or child's loss of eligibility**

When SEBB insurance coverage is lost due to the employee's or school board member'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) can last up to 36 months.

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

### **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, reports an existing disability, or a second qualifying event occurs.

#### **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.

You may also be eligible to extend coverage if you or your eligible dependent has an existing disability. The disability must last at least until the end of the 18-month continuation coverage period.

You must notify the SEBB Program no later than 60 days after the start of continuation coverage or after the date the Social Security Administration determines you are disabled to extend the continuation coverage period. An existing disability must be reported no later than 60 days from the date the SEBB health plan coverage ends, or from the postmark date on this booklet, whichever is later. If you fail to provide the

notice within the timeframe allowed, you will lose the right to extend continuation coverage.

The disability extension is available only if you notify the SEBB Program in writing and submit a *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.
- 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.

#### **Second qualifying event extension of coverage**

If your qualified beneficiary<sup>1</sup> 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 up to an additional 18 months of continuation coverage, for a maximum of 36 months of SEBB Continuation Coverage (COBRA). You must notify the SEBB Program **no later than 60 days** after a second qualifying event to extend the continuation coverage period.

<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.

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, or a school board member's loss of eligibility for SEBB health plan coverage; 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 or school board member's death.
  - Divorce, annulment, or dissolution of marriage.
  - Termination of a state-registered domestic partnership.
  - The dependent child's loss of eligibility for coverage under SEBB Program rules.

The second qualifying event extension is not available for an employee when they enroll 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 latest 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.

The notice 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.

## **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 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.

### **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 or if the employer stops providing any group health plan for its employees (this is particularly important for people eligible through an employer group, such as an employee organization representing school employees or a tribal school).

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.

## Medicare enrollment or other group health plan coverage

SEBB Continuation Coverage (COBRA) will terminate early if you enroll in Medicare benefits **after** the date you elect SEBB Continuation Coverage (COBRA). SEBB Continuation Coverage (COBRA) will terminate the last day of the month prior to the month Medicare coverage begins. 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 terminate early if you enroll in another 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 enrolls in 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.

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.

## A qualified beneficiary stops being disabled

If the Social Security Administration determines that a qualified beneficiary is no longer disabled, and you receive an 11-month extension of SEBB Continuation Coverage (COBRA), you must notify the SEBB Program in writing **no later than 30 days after** 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.

## Request to terminate coverage

If a subscriber would like to terminate coverage before the end of the maximum coverage period, they may 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.

To reduce or cancel life or accidental death and dismemberment (AD&D) insurance, call MetLife at 1-833-854-9624.

# Paying for SEBB Continuation Coverage

## How much does SEBB Continuation Coverage cost?

See “SEBB Continuation Coverage and School Board Member Monthly Premiums” on page 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 school employee.

You will also be charged the tobacco use premium surcharge and 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 17.

## 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 from the postmark 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: A SEBB subscriber’s employment ends on September 15, and they lose coverage on September 30. They elect SEBB Continuation Coverage (COBRA) on November 15. If they make the first payment in November, it must cover the premium and applicable premium surcharges for October. If they make 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) to speak with Accounting.

**We will not enroll you** until we receive your election form requesting to continue your SEBB coverage and you make the first premium payment, including applicable premium surcharges, within the timelines provided.

## How to make monthly premium and applicable premium surcharge payments

Monthly premiums and applicable premium surcharges for continuing SEBB medical coverage must be made to HCA, as well as premiums associated with continuing SEBB dental and vision.

Mail or bring your **first** payment to the Health Care Authority (HCA). Make checks payable to Health Care Authority.

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

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

### Bring to:

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

Visitors are seen on a first-come, first-served basis at the HCA office, Monday through Friday. The visitor office opens at 8 a.m. and the last visitor is seen at 4 p.m.

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

### Personal check or money order

**Mail to:**  
Health Care Authority  
SEBB Program  
PO Box 94115  
Seattle, WA 98124-6415

### Automatic bank account withdrawals

To set up 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/sebb-continuation](http://hca.wa.gov/sebb-continuation) under *Forms & publications*. Approval takes six to eight weeks, so you must continue to pay the total due as invoiced each month until you receive a letter from HCA with your electronic debit start date.

For payment questions, call 1-800-200-1004 (TRS: 711) to speak with Accounting.

## When are premium payments 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 on the previous page 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.

## What are the due dates for monthly payments?

After you enroll in SEBB Continuation Coverage and make your first payment, ongoing premium and applicable premium surcharge payments are due on the 15th day of the month for that month's coverage. 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.

## Is there a grace period for monthly 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.

Your payments are due on the 15th of each month. If they are not paid by 60 days from the original due date, your coverage will be terminated back to the last day of the month for which they were paid.

## What if my payment is late?

After the first premium 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.
- 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.

## How do I make payments for life and AD&D insurance?

Premiums associated with life insurance and accidental death and dismemberment (AD&D) insurance coverage must be made to Metropolitan Life Insurance Company (MetLife). See "When an employee is on approved leave or employment ends due to a layoff" on page 9 for who is eligible for life and AD&D insurance.

# 2025 SEBB Continuation Coverage and School Board Member Monthly Premiums

**Effective January 1, 2025**

The amounts shown are the monthly costs for PEBB medical, dental, and vision coverage.

The term spouse is interchangeable with state-registered domestic partner.

What you pay	Managed Care Plans							
	Kaiser Permanente WA			Kaiser Permanente WA				Premera
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Subscriber only	\$779.42	\$814.43	\$980.54	\$739.43	\$771.17	\$924.07	\$838.35	\$732.90
Subscriber & spouse	\$1,552.86	\$1,622.89	\$1,955.09	\$1,472.88	\$1,536.37	\$1,842.15	\$1,670.73	\$1,459.83
Subscriber & children	\$1,359.50	\$1,420.77	\$1,711.45	\$1,289.52	\$1,345.07	\$1,612.63	\$1,462.63	\$1,278.10
Subscriber, spouse, & children	\$2,326.31	\$2,431.34	\$2,929.65	\$2,206.33	\$2,301.56	\$2,760.24	\$2,503.10	\$2,186.75

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

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Permanente WA			Premera		Uniform Medical Plan			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible	UMP Plus
Subscriber only	\$755.81	\$829.67	\$986.37	\$851.09	\$794.83	\$755.52	\$840.72	\$742.41	\$819.84
Subscriber & spouse	\$1,505.64	\$1,653.36	\$1,966.77	\$1,696.20	\$1,583.69	\$1,505.06	\$1,675.46	\$1,478.32	\$1,633.70
Subscriber & children	\$1,318.18	\$1,447.44	\$1,721.67	\$1,484.92	\$1,386.47	\$1,317.67	\$1,466.77	\$1,302.15	\$1,430.23
Subscriber, spouse, & children	\$2,255.47	\$2,477.05	\$2,947.16	\$2,541.30	\$2,372.54	\$2,254.60	\$2,510.20	\$2,182.98	\$2,447.56

Uniform Medical Plan (UMP) is administered by Regence BlueShield and ArrayRx (formerly Washington State Rx Services).

**Medical premium surcharges**

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if you do not attest when required or as described below.

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

Visit HCA’s website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under Surcharges for more information.

## Dental plan premiums

What you pay	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare	Willamette Dental Group	Uniform Dental Plan
Subscriber only	\$43.40	\$52.37	\$52.22
Subscriber & spouse	\$86.80	\$104.74	\$104.44
Subscriber & children	\$86.80	\$104.74	\$104.44
Subscriber, spouse, & children	\$130.20	\$157.11	\$156.66

## Vision plan premiums

What you pay	Davis Vision	EyeMed Vision Care	MetLife Vision
Subscriber only	\$4.97	\$6.60	\$7.78
Subscriber & spouse	\$9.94	\$13.20	\$15.56
Subscriber & children	\$8.70	\$11.55	\$13.62
Subscriber, spouse, & children	\$14.91	\$19.80	\$23.34

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



# Premium surcharges

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

- A monthly \$25-per-account tobacco use premium surcharge.
- A monthly \$50 spouse or state-registered domestic partner coverage premium surcharge.

## What is the tobacco use premium surcharge?

You will be charged a monthly \$25-per-account tobacco use premium surcharge in addition to your medical premium if you or any dependent (age 13 or older) enrolled on your SEBB medical coverage has 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 age 18 and older who use tobacco products are enrolled in a tobacco cessation program through your medical plan.
- Enrolled dependents age 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 age 12 and younger. You do not need to attest when a dependent turns 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 Program rules and policies webpage at [hca.wa.gov/sebb-rules](https://hca.wa.gov/sebb-rules).

## How to attest to this surcharge

You must attest when you enroll, using either the *SEBB Continuation Coverage (COBRA) Election/Change* form or the *SEBB Continuation Coverage (Unpaid Leave) Election/Change* form. The SEBB Program must receive the form by the required deadline. The forms are available at the back of this booklet.

## 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 has not used tobacco products within the past two months.
- You or your enrolled dependent who is 18 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 on the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under *Surcharges*.

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

- Go to Benefits 24/7 at [benefits247.hca.wa.gov](https://benefits247.hca.wa.gov) to change your attestation.
- Submit a *SEBB Premium Surcharge Attestation Change* form to the SEBB Program. The form can be found on the HCA website at [hca.wa.gov/sebb-continuation](https://hca.wa.gov/sebb-continuation) under *Forms & publications*.

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 the premium surcharge begins on that day.

## What is the 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 surcharge does not apply to you. You do not need to attest.

You will be charged a monthly \$50 premium surcharge in addition to your 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 information provided in the *SEBB Continuation Coverage (COBRA) Election/Change* or *SEBB Continuation Coverage (Unpaid Leave) Election/Change* form (provided in the back of this booklet) to find out if the spouse or state-registered domestic partner coverage premium surcharge applies to you.

You must attest when you enroll by completing the *SEBB Continuation Coverage (COBRA) Election/Change* form or the *SEBB Continuation Coverage (Unpaid Leave) Election/Change* form. The SEBB Program must receive the form by the required deadline.

### 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 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 *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 evidence of the event, to the SEBB Program no later than 60 days after the spouse's or state-registered domestic partner's employer-based group medical status changes.

If you submit a change that results in incurring the premium surcharge, the change is effective the first day of the month after the status change. If that day is the first day of the month, then the change to the premium surcharge 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 to the premium surcharge 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 is included in your benefits and is a voluntary wellness program that supports you on your journey toward living well. Participate in activities to support your whole person well-being, including managing stress, building resiliency, and adapting to change. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentive each year.

## Who is eligible?

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

## What is the wellness incentive?

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

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

## When do I get the wellness incentive?

If you qualify for the \$125 wellness incentive in 2025, and you are still enrolled in SEBB medical coverage on January 1, 2026, you will receive the SmartHealth incentive by the end of January 2026.

## How do I qualify for the wellness incentive?

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

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

## When is my deadline?

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

- If you are continuing enrollment in a SEBB medical plan in 2025, your deadline is November 30, 2025.
- If you are a subscriber with a SEBB medical coverage effective date of January through September 2025, your deadline is November 30, 2025.
- If you are a subscriber with a SEBB medical coverage effective date of October through December 2025, your deadline is December 31, 2025.

## What if I can't complete the activities?

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

To request an alternative requirement, call SmartHealth Customer Service at 1-800-947-9541. To learn more, including how to appeal if your request is denied, see the *SmartHealth Reasonable Alternative Standard FAQs* on HCA's website at [hca.wa.gov/sebb-smarthealth](https://hca.wa.gov/sebb-smarthealth).

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

Call SmartHealth Customer Service at 1-800-947-9541, Monday through Friday, 6 a.m. to 6 p.m. (Pacific) to learn how you can participate.

## Who can I contact for more help?

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

- Call 1-800-947-9541, 6 a.m. to 6 p.m. (Pacific), Monday through Friday.
- Online at [smarthealth.hca.wa.gov/contact](https://smarthealth.hca.wa.gov/contact).

To learn more about SmartHealth, go the HCA website at [hca.wa.gov/sebb-smarthealth](https://hca.wa.gov/sebb-smarthealth).

# Appendix A: SEBB Continuation Coverage (COBRA)

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## Qualifying events

Complete the enclosed *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.

See page 22 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 or school board member) died. You may qualify for SEBB Continuation Coverage (COBRA) or in some cases, 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 or school board member) have experienced a divorce, annulment, or dissolution of marriage.

### State-registered domestic partner

- Your state-registered domestic partner (the employee or school board member) died. You may qualify for SEBB Continuation Coverage (COBRA) or in some cases, 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 or school board member) terminated.

### Dependent child

- Your parent (the employee or school board member) died. You may qualify for SEBB Continuation Coverage (COBRA) or in some cases, PEBB retiree insurance coverage as a surviving dependent.
- 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 child

- Your parent's state-registered domestic partner (the employee or school board member) died. You may qualify for SEBB Continuation Coverage (COBRA) or in some cases, PEBB retiree insurance coverage as a surviving dependent.
- Your parent's state-registered domestic partner's (the employee's) hours of employment were reduced.
- Your parent's state-registered domestic partner'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).

### School Board member

You are a school board member whose elected or appointed term has ended.

Please read the following information carefully before completing the form(s).

## Medical, dental, and vision benefits

You may only elect to continue the medical, dental, and/or vision coverage you were enrolled in on the day before the qualifying event. Unless your dependent elects to enroll in SEBB Continuation Coverage (COBRA) under their own election right, eligible dependents you elect to cover will be enrolled in the same plan(s) that you elect.

To enroll, complete the enclosed *SEBB Continuation Coverage (COBRA) Election/Change* form and submit it to the SEBB Program at the address shown at the end of the form.

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.

The SEBB Program must receive your election 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). If not, SEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original SEBB coverage.

## Flexible spending arrangement (FSA) and Limited Purpose FSA

If you are enrolled in a SEBB flexible spending arrangement (FSA) or a Limited Purpose FSA and your employer-based coverage ends, you may be eligible to continue making contributions 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. Navia Benefit Solutions must receive your election **no later than 60 days** from the date SEBB health plan coverage ended or the postmark date on Navia's COBRA election notice, whichever is later.

You can find more information in the *SEBB 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

You may elect to continue life insurance either by portability or conversion.

### Portability coverage

If you become ineligible for SEBB Program coverage for any reason, and your basic and supplemental 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, policy rate changes, and state availability.

Portability is also available for dependent term life insurance coverage you've selected for your spouse or state-registered domestic partner and dependent children.

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/sebb-continuation](http://hca.wa.gov/sebb-continuation) 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. MetLife will send conversion information to you, which will include instructions on how to continue coverage.

Conversion is not available for accidental death and dismemberment (AD&D) coverage.

# Appendix B: SEBB Continuation Coverage (Unpaid Leave)

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## Qualifying events

Complete the enclosed *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 employer.
- Your employment ends due to a layoff.
- You are appealing a grievance action.
- You are receiving time-loss benefits under workers' compensation.
- You are applying for disability retirement.
- You are called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

Please read the following information carefully before completing the form(s).

## Medical, dental, and vision benefits

You may only elect to continue the medical, dental, and/or vision coverage you were enrolled in on the day before the qualifying event. 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 *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.

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

The SEBB Program must 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). If not, SEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original SEBB coverage.

## Flexible spending arrangement (FSA) and Limited Purpose FSA

If you are enrolled in a SEBB flexible spending arrangement (FSA) or a Limited Purpose FSA and your employer-based coverage ends, you may be eligible to continue making contributions 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 the COBRA election notice Navia will mail you, whichever is later.

You can find more information in the *SEBB 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 and AD&D 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 insurance 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 1-833-854-9624.

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 (proof of health) to increase or apply for supplemental life insurance upon your return.

All enrollment forms must be submitted to MetLife for processing.

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

When you return to work, your basic life insurance and basic AD&D insurance will be automatically reinstated the first day of the month after the date you regain eligibility for the employer contribution toward SEBB benefits.

**Note:** If you lost eligibility for the employer contribution toward SEBB benefits due to being called to active military duty in the uniformed services under Uniformed Services Employment and Reemployment Rights Act (USERRA), you regain eligibility for the employer contribution toward SEBB benefits the day you return from active duty. Your basic life insurance and basic AD&D insurance will begin the first day of the month in which you return from active duty.

If you chose to continue your supplemental life and AD&D insurance under SEBB Continuation Coverage (Unpaid Leave), no action is needed. Coverage will be continued 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 may be required.

## **Long-term disability insurance**

### **Reinstating LTD insurance when you return to work**

Your employer-paid and employee-paid LTD insurance will be automatically reinstated to the same level of coverage you were enrolled in before your leave on the first day of the month following the date you regain eligibility for the employer contribution toward SEBB benefits. You do not have to submit any forms, as described in WAC 182-30-180 (3)(b).

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

# Enrollment forms

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**2025 SEBB Continuation Coverage (COBRA) Election/Change Form**

**2025 SEBB Continuation Coverage (Unpaid Leave) Election/Change Form**





**PO Box 42720**  
**Olympia, WA 98504-2720**

**We have you covered.**  
Here's your guide to SEBB Continuation Coverage.