

SEBB

Initial Notice of COBRA and Continuation Coverage Rights

You are receiving this booklet because you recently enrolled in School Employees Benefits Board (SEBB) insurance coverage. It explains your rights to continue SEBB coverage after it ends.

This booklet also explains how and when to notify us if these events occur:

- Death
- Divorce
- Termination of a state-registered domestic partnership
- A child loses eligibility

To continue SEBB coverage, you must follow the notice procedures and timeframes for reporting these events. The forms and instructions you need are available at hca.wa.gov/erb or by calling the SEBB Program at 1-800-200-1004 (TRS: 711) and selecting menu option 5.

Please keep this booklet for future use.



Contact information

If you have questions about your rights to continuation coverage, contact the SEBB Program:

Phone

Monday through Friday
8 a.m. to 4:30 p.m.
1-800-200-1004
(TRS: 711 select menu option 5)

Website

hca.wa.gov/erb

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 98501-98504

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. The last visitor will be accepted at 4:30 p.m.

If you have questions about your rights to continue your Medical Flexible Spending Arrangement (FSA), contact:

Navia Benefit Solutions, Inc.
1-800-669-3539
customerservice@naviabenefits.com

Notify your employer of address changes

To protect your rights and the rights of your dependents, you must keep your employer's payroll and benefit office informed of address changes for yourself and all covered dependents. You should also keep a copy of any notices you send to your employer for your records.

Where to find SEBB Program laws and rules

You can find the School Employees Benefits Board's existing 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 at leg.wa.gov.

Federal resources

For more information about your *Consolidated Omnibus Budget Reconciliation Act* (COBRA) rights, the *Health Insurance Portability and Accountability Act* (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at dol.gov/agencies/ebsa or call 1-866-444-3272.

For information about health insurance options through the Health Insurance Marketplace, visit:

In Washington State

Washington Health Benefit Exchange
wahbexchange.org
1-855-923-4633 (TTY 1-855-627-9604)

Outside Washington State

Health Insurance Marketplace
healthcare.gov
1-800-318-2596 (TTY 1-855-889-4325)

HCA is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please contact your payroll or benefits office.

Contents

Contact information..... 2

Notify your employer of address changes.....	2
Federal resources	2

About SEBB Continuation Coverage ...4

What continuation coverage options are available?	4
When is continuation coverage available?.....	5
What is SEBB Continuation Coverage (COBRA)?	5
What is a qualified beneficiary?	5
What benefits are available to continue under SEBB Continuation Coverage (COBRA)?.....	5
Medical, dental, and vision benefits	5
Medical Flexible Spending Arrangement (FSA)	5
Who is entitled to SEBB Continuation Coverage (COBRA)?	6
Qualifying events for SEBB Continuation Coverage (COBRA).....	6
What benefits are available to continue under SEBB Continuation Coverage (Unpaid Leave)?.....	7
Who is entitled to SEBB Continuation Coverage (Unpaid Leave)?.....	7
Qualifying events for SEBB Continuation Coverage (Unpaid Leave).....	7
Who must provide notice when I lose eligibility for SEBB coverage?	7
Deadline to provide written notice	7
What information is needed to provide notice of a qualifying event?	8
Who can elect continuation coverage?	8
How long does continuation coverage last?	9
When can continuation coverage be extended?	9
Disability extension of coverage	9
Second qualifying event extension of coverage.....	12
When is my first premium payment due?	12
Are there other coverage options besides SEBB Continuation Coverage?.....	13
PEBB retiree insurance coverage	13
Who is entitled to PEBB retiree insurance coverage?.....	13

About SEBB Continuation Coverage

You are receiving this booklet because you have recently enrolled in School Employees Benefits Board (SEBB) insurance coverage. The SEBB Program administers insurance and other benefits within the Washington State Health Care Authority (HCA).

This booklet contains important information about your and your covered dependents' right to continue SEBB coverage, as well as other health plan coverage options that may be available to you (such as the Health Insurance Marketplace).

Continuation coverage options allow you and your covered dependents to enroll in the same medical, dental, and vision plans you had at the time you lost eligibility, but only temporarily and with no employer contribution. You must meet procedural requirements and pay the premium (and any applicable premium surcharges) each month from the date you lose SEBB coverage.

This booklet explains:

- SEBB Continuation Coverage options.
- When these options may become available to you or your covered dependents.
- What you or your covered dependents will need to do to protect your rights to continue SEBB coverage.

The right to continuation coverage was signed into federal law as the *Consolidated Omnibus Budget Reconciliation Act of 1985* (COBRA). It requires group health plans to provide a temporary continuation of coverage to you and your covered dependents when group health plan coverage ends due to a qualifying event.

When you become eligible for SEBB Continuation Coverage, you may also become eligible for other continuation coverage options that may cost less. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are

eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

This notice does not fully describe SEBB Continuation Coverage or other continuation coverage options available to you.

If you have questions about this notice or your eligibility for continuation coverage, or if you would like more information about your rights and obligations under the SEBB Program and federal law, refer to the *2020 SEBB Continuation Coverage Election Notice* booklet at hca.wa.gov/erb under *Forms & publications*, or contact the SEBB Program (see Contact information at the front of this booklet).

What continuation coverage options are available?

The SEBB Program offers several ways for you and your dependents, if eligible, to continue SEBB 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. RCW 26.60.015 and a SEBB policy resolution extend SEBB coverage for dependents not otherwise eligible for COBRA. This means an employee's state-registered domestic partner and the state-registered domestic partner's children may continue SEBB insurance coverage on the same terms and conditions as spouses and other eligible dependents under COBRA. Coverage may be temporarily extended only if the SEBB member experiences a qualifying event.

SEBB Continuation Coverage (Unpaid Leave):

A temporary extension of SEBB insurance coverage as an alternative for employees who lose eligibility for the employer contribution toward insurance coverage due to specific types of leave or other qualifying events.

Life insurance may also be continued if you are eligible and choose to continue these coverages under SEBB Continuation Coverage (Unpaid Leave).

When is continuation coverage available?

The SEBB Program will offer continuation coverage to you or your covered dependents after you, your survivors, a representative acting on your behalf, or your employer notifies the SEBB Program that you or your dependents are no longer eligible for benefits.

When a qualifying event occurs (see pages 10–11) and the SEBB Program is properly notified, we will send a *SEBB Continuation Coverage Election Notice* booklet to you and/or your dependents at the address(es) we have on record. The notice provides information on how to continue SEBB coverage.

What is SEBB Continuation Coverage (COBRA)?

SEBB Continuation Coverage (COBRA) is a continuation of health plan coverage offered when SEBB health plan coverage ends because of a qualifying event. After a qualifying event occurs, the SEBB Program is required to offer SEBB Continuation Coverage (COBRA) to each person who is a qualified beneficiary, and to state-registered domestic partners and their children (see box on right). An employee's state-registered domestic partner and the state-registered domestic partner's children may continue SEBB insurance coverage on the same terms and conditions as spouses and other eligible dependents under COBRA. See a list of qualifying events on pages 10–11.

You, your spouse, your state-registered domestic partner, their children, and your dependent children could become qualified beneficiaries if coverage in a SEBB health plan is lost because of a qualifying event. Each qualified beneficiary has separate election rights. Those choosing to elect SEBB Continuation Coverage (COBRA) must pay the monthly premium and applicable premium surcharges. The type of qualifying event determines how long you may continue SEBB Continuation Coverage (COBRA).

What is a qualified beneficiary?

A qualified beneficiary is an employee, spouse, or their child who lost SEBB health plan coverage due to a qualifying event and is entitled to continue their SEBB Continuation Coverage under federal law (COBRA). State-registered domestic partners and their children who lost SEBB health plan coverage due to the same qualifying events are also entitled to elect SEBB Continuation Coverage (COBRA) under Washington State law (RCW 26.60.015 and SEBB policy resolution), under the same terms and conditions as spouses and other eligible dependents under COBRA federal law.

Exception: You must be an employee, spouse, or qualified tax dependent to be eligible to continue a Medical Flexible Spending Arrangement (FSA). Contact Navia Benefit Solutions at 1-800-669-3539 or customerservice@naviabenefits.com for details.

What benefits are available to continue under SEBB Continuation Coverage (COBRA)?

Medical, dental, and vision benefits

You may continue only the health plan coverage you were enrolled in (medical, dental, vision or all three) the day before the qualifying event occurs. You must self-pay the premiums and applicable premium surcharges to the Health Care Authority (see page 12) If you elect to cover your eligible dependents, they will be enrolled in the same health plans you elect, unless they make independent elections and elect to enroll separately.

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 contributing to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing 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 your health plan coverage ends or from the

(continued)

postmark date on Navia's COBRA election notice, whichever is later. For more information, contact Navia Benefit Solutions at 1-800-669-3539 or customerservice@naviabenefits.com.

Who is entitled to SEBB Continuation Coverage (COBRA)?

Qualified beneficiaries (employees, spouses or former spouses, or dependent children) under federal COBRA rules, or current or former 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 below).

Qualifying events for SEBB Continuation Coverage (COBRA)

Employee

- Your hours of employment are reduced below the number of hours required to be eligible for the employer contribution toward health plan coverage
- Your employment ends for any reason other than gross misconduct

Spouse

- Your spouse (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving spouse
- Your spouse's (the employee's) hours of employment are reduced
- Your spouse's (the employee's) employment ends for any reason other than gross misconduct
- You and your spouse (the employee) divorce. If your spouse reduces or terminates your SEBB health plan coverage in anticipation of a divorce, the divorce may be considered a qualifying event even though you lost coverage before the divorce was final.

State-registered domestic partner

- Your state-registered domestic partner (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent

- Your state-registered domestic partner's (the employee's) hours of employment are reduced
- Your state-registered domestic partner's (the employee's) employment ends for any reason other than gross misconduct
- Your state-registered domestic partnership (with the employee) is terminated. If your state-registered domestic partner reduces or terminates your SEBB health plan coverage in anticipation of the termination, the termination may be considered a qualifying event even though you lost coverage before the legal termination of the state-registered domestic partnership was final.

Dependent child

- Your parent (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent
- Your parent (the employee's) hours of employment are reduced
- Your parent (the employee's) employment ends for any reason other than gross misconduct
- Your eligibility for SEBB health plan coverage as a dependent child ends

State-registered domestic partner's child

- Your parent's state-registered domestic partner (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent
- Your parent's state-registered domestic partner's (the employee's) hours of employment are reduced
- Your parent's state-registered domestic partner's (the employee's) employment ends for any reason other than gross misconduct
- Your eligibility for SEBB health plan coverage as a dependent child ends

Children born to or placed for adoption with the covered employee during the SEBB Continuation Coverage (COBRA) coverage period

A child born to, adopted by, or placed for adoption with a covered employee during a period of SEBB Continuation Coverage (COBRA) is considered a qualified beneficiary under

federal COBRA rules. The child may be enrolled in SEBB Continuation Coverage (COBRA) due to a special open enrollment event or during the SEBB Program's annual open enrollment period. Coverage can last for the duration of the SEBB Continuation Coverage (COBRA) coverage period, measured from the original qualifying event date. To be enrolled in SEBB health plan coverage, the child must otherwise satisfy SEBB eligibility requirements.

Alternate recipients under NMSN or court order

A child of the covered employee who is receiving benefits pursuant to a National Medical Support Notice (NMSN) or court order, received by the employer or the SEBB Program during the covered employee's period of employment, is entitled to the same rights to SEBB Continuation Coverage (COBRA) as an eligible dependent child of the covered employee.

What benefits are available to continue under SEBB Continuation Coverage (Unpaid Leave)?

You may continue only the health plan coverage you were enrolled in (medical, dental, vision, or all three) the day before the qualifying event occurs by self-paying the premiums. You may also continue your Medical Flexible Spending Arrangement (FSA) and life insurance.

Refer to Appendix B in the *2020 SEBB Continuation Coverage Election Notice* (available at hca.wa.gov/erb under *Forms & publications*) for more information.

If you elect to cover your eligible dependents, they will be enrolled in the same health plans you elect. Your eligible dependents do not have independent election rights.

Who is entitled to SEBB Continuation Coverage (Unpaid Leave)?

If you lose SEBB health plan coverage due to one of the events listed on this page, you are entitled to SEBB Continuation Coverage (Unpaid Leave).

Qualifying events for SEBB Continuation Coverage (Unpaid Leave)

Employee

- You are on authorized leave without pay from your organization
- You are receiving time-loss benefits under workers' compensation
- You are called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA)
- Your employment ends due to a layoff
- You are applying for disability retirement
- You are appealing a dismissal action

Who must provide notice when I lose eligibility for SEBB coverage?

Your employer must notify the SEBB Program when:

- Your (the employee's) employment ends.
- Your (the employee's) hours of employment are reduced.
- You (the employee) die.

You, your dependent, or a representative acting on your behalf must provide written notice to your employer's payroll or benefits office when:

- You divorce or terminate a state-registered domestic partnership.
- Your child loses eligibility (dependent status) under SEBB rules.
- Your dependent or a representative acting on your behalf must notify the SEBB Program either in writing or by phone when you die.

Deadline to provide written notice

You, your dependent, or your representative must provide written notice to your employer's payroll or benefits office **no later than 60 days** after:

- The date of the qualifying event, or;
- The date you or a covered dependent loses (or would lose) eligibility for SEBB coverage due to a qualifying event, whichever occurs later.

(continued)

Example 1: If you and your spouse divorce on June 15, the qualifying event date is June 15. Your former spouse loses eligibility for SEBB benefits on the last day of the month (June 30) in which the divorce occurred. The SEBB Program must receive written notice of the qualifying event **no later than 60 days** after the qualifying event date or the date eligibility ends, whichever occurs later. In this case, eligibility for SEBB coverage ends on June 30, after the qualifying event date (June 15). Therefore, your employer or the SEBB Program must receive written notice **no later than 60 days** after June 30.

Example 2: You terminate coverage for your spouse on December 31 in anticipation of a divorce, but your divorce is not final until June 15. The SEBB Program must receive written notice of the qualifying event **no later than 60 days** after the qualifying event date (June 15) or the date SEBB coverage ends (December 31). In this case, the qualifying event date occurs June 15, after SEBB coverage ends. Therefore, your employer or the SEBB Program must receive written notice **no later than 60 days** after June 15.

Once your employer or the SEBB Program is notified of the qualifying event, a *2020 SEBB Continuation Coverage Election Notice* will be mailed to the address you provide.

What information is needed to provide notice of a qualifying event?

Any written notice you, your dependent, or your representative provides must include:

1. The name and address of the employee who is (or was) covered.
2. The name, address, telephone number, and signature of the person providing the notice.
3. The names and addresses of all qualified beneficiaries who lost coverage as a result of the qualifying event.
4. The qualifying event and the date it happened.

AND

If providing written notice of a divorce or termination of state-registered domestic partnership: In addition to items 1–4 above, include proof of the divorce or termination of state-registered domestic partnership. If you notify the SEBB Program that your coverage

was reduced or terminated in anticipation of a divorce or termination of a state-registered domestic partnership, your notice must include proof that your coverage was reduced or terminated.

AND

If providing written notice of a disability (or that a disability has ended), your notice must include items 1–4 in left column and:

- The name and address of the disabled qualified beneficiary.
- The date that the qualified beneficiary became disabled.
- The names and addresses of all qualified beneficiaries who are receiving continuation coverage.
- A copy of the Social Security Administration’s letter showing the disability determination date or a statement from the Social Security Administration that the qualified beneficiary is no longer disabled.

If providing written notice of a second qualifying event, your notice must include items 1–4 in left column.

AND

- 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.

See page 9 for more information on disability and page 12 for information on second qualifying event extension of coverage.

Who can elect continuation coverage?

Once the SEBB Program receives timely notice that a qualifying event has occurred, continuation coverage will be offered to each qualified beneficiary. Each covered dependent who loses SEBB health plan coverage will have an independent right to elect SEBB Continuation Coverage (COBRA). Dependents do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave) and can only be enrolled if the employee enrolls.

Employees may elect continuation coverage on behalf of their spouses or state-registered domestic partners, and parents may elect continuation coverage on behalf of their children. **Any qualified beneficiary for whom continuation coverage is not elected within the 60-day period specified in the 2020 SEBB Continuation Coverage Election Notice will lose their right to elect continuation coverage.**

How long does continuation coverage last?

COBRA and SEBB Continuation Coverage provide temporary health plan coverage. Maximum continuation coverage periods are described on pages 10–11. Coverage can end earlier, as described in the *2020 SEBB Continuation Coverage Election Notice*.

When can continuation coverage be extended?

If you or your qualified beneficiaries* are enrolled in SEBB Continuation Coverage (COBRA) for 18 months due to the employee's termination of employment or reduction of hours, there are two ways in which this 18-month period of continuation coverage can be extended:

- When you or a qualified beneficiary is determined disabled by the Social Security Administration
- When a second qualifying event occurs

A Medical Flexible Spending Arrangement (FSA) may only be continued through the year in which the original qualifying event occurred. Therefore, the extension of coverage rule does not apply to Medical FSAs, and they cannot be extended under any circumstances.

Disability extension of coverage

If the Social Security Administration determines that any qualified beneficiary* is disabled, you and all other qualified beneficiaries you cover may be entitled 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 SEBB

Continuation Coverage (COBRA) 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 SEBB Continuation Coverage (COBRA) period.

The disability extension is available only if you notify the SEBB Program in writing and submit a *2020 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 Social Security Administration's disability determination
- 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 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

You must also provide this notice before the end of the initial 18 months of SEBB Continuation Coverage (COBRA) to be entitled to a disability extension. If the notice 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.

(continued on page 12)

* *State-registered domestic partners and their children who lost coverage due to a qualifying event as described under Who is entitled to SEBB Continuation Coverage (COBRA)? on page 6 are allowed to extend the period of SEBB Continuation Coverage (COBRA) in the same situations as a spouse or child who is a qualified beneficiary.*

Qualifying event (reason that you or your covered dependent lost SEBB coverage)	Eligible member	Maximum continuation coverage period
Termination of employment (other than gross misconduct) or reduction of hours	<ul style="list-style-type: none"> • Employee • Spouse • State-registered domestic partner • Children 	<p>18 months¹</p> <p>Additional months of coverage may be available under SEBB Continuation Coverage (Unpaid Leave).</p>
Entitled to Medicare within 18 months before termination of employment or reduction of hours	<p>Spouse</p> <p>State-registered domestic partner</p> <p>Children</p>	<p>Up to 36 months, measured from the date of the employee's Medicare entitlement.</p>
<ul style="list-style-type: none"> • Authorized leave without pay • Employment ends due to a layoff • Receiving time-loss benefits under workers' compensation • Applying for disability retirement • Called to active military duty, as defined by the Uniformed Services Employment and Reemployment Rights Act (USERRA) 	<ul style="list-style-type: none"> • Employee • Employee must enroll to cover dependents. <p>Dependents do not have independent election rights under SEBB Continuation Coverage (Unpaid Leave).</p>	<p>29 months</p> <p>An employee who is no longer eligible for SEBB Continuation Coverage (Unpaid Leave), but who has not used the maximum number of months allowed under COBRA, may continue medical, dental, vision, or all three for the remaining difference in months allowed under COBRA (see WAC 182-31-110(2)).</p>
Appealing a grievance action	<ul style="list-style-type: none"> • Employee • Employee must enroll to cover dependents. <p>Dependents do not have independent election rights under SEBB Continuation Coverage (Unpaid Leave).</p>	<p>29 months</p> <p>If the dismissal is upheld and the employee has not used the maximum number of months allowed under COBRA, they may continue medical, dental, vision, or all three for the remaining difference in months allowed under COBRA (see WAC 182-31-120).</p>
Death of employee	<ul style="list-style-type: none"> • Spouse • State-registered domestic partner • Children 	<p>36 months (from the date employer-based coverage ended)</p> <p>PEBB retiree insurance coverage may also be available in certain cases. See WAC 182-31-090, 182-31-135 and 182-12-265.</p>

Qualifying event (reason that you or your covered dependent lost SEBB coverage)	Eligible member	Maximum continuation coverage period
Divorce or termination of a state-registered domestic partnership	<ul style="list-style-type: none"> • Spouse • State-registered domestic partner • Step-children 	36 months (from the date coverage ended)
Child loses eligibility under SEBB rules	Children	36 months
A dependent of a school employee who is continuing medical, dental, or vision coverage through a SEBB Organization on December 31, 2019	<ul style="list-style-type: none"> • Spouse • State-registered domestic partner • Children 	Finish out their remaining months, up to the maximum number of months authorized by COBRA for a similar event. See WAC 182-31-091.
A school employee and their dependents who are enrolled in medical, dental, or vision under a group plan offered by a SEBB Organization on December 31, 2019, who lose eligibility because the school employee is not eligible under the SEBB Program	<ul style="list-style-type: none"> • Employee • Spouse • State-registered domestic partner • Children 	Finish out their remaining months, up to the maximum number of months authorized by COBRA for a similar event. See WAC 182-31-091.
A dependent of a SEBB eligible school employee who is enrolled in medical, dental, or vision under a school employee's account on December 31, 2019, who loses eligibility because they are not an eligible dependent according to SEBB Program rules.	A dependent of a SEBB-eligible school employee who is enrolled in medical, dental, or vision under a school employee's account on December 31, 2019 who loses eligibility because they are not an eligible dependent under the SEBB Program 31, 2019 who loses eligibility because they are not an eligible dependent under the SEBB Program	A dependent of a SEBB-eligible school employee who is enrolled in medical, dental, or vision under a school employee's account on December 31, 2019 who loses eligibility because they are not an eligible dependent under the SEBB Program

¹ In certain circumstances, qualified beneficiaries entitled to 18 months of SEBB Continuation Coverage (COBRA) may become entitled to a disability extension of an additional 11 months (for a total maximum of 29 months) or an extension of an additional 18 months due to the occurrence of a second qualifying event (for a total maximum of 36 months) as described under When can continuation coverage be extended? on page 9.

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 the disability extension), they may be entitled to receive up to another 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 SEBB Continuation Coverage (COBRA) period resulting from termination of employment or reduction of hours, and
- Cause a qualified beneficiary* to lose coverage under SEBB rules if the first qualifying event had not occurred. This includes:
 - The employee's death
 - Divorce
 - Termination of a state-registered domestic partnership
 - The dependent child loses eligibility for coverage under the SEBB Program rules

When a former employee becomes entitled to Medicare, their COBRA coverage will end (see other coverage options available in the next column). This will create a second qualifying event for the dependents.

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 information as noted in *What information is needed to provide notice of a qualifying event?* (see page 8) **no later than 60 days** after the last of the following events:

- The date of the second qualifying event
- The date the qualified beneficiary would lose coverage under SEBB 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 online at **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 *2020 SEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the SEBB Program

When is my first premium payment due?

If you elect continuation coverage, you must make your first premium and applicable premium surcharge payment to the Health Care Authority 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 the election notice sent by the SEBB Program, whichever is later.

Your first premium payment and applicable premium surcharge payment must cover the cost of continuation coverage from the time your SEBB coverage ends through the end of the previous month. If you don't elect coverage or you don't pay premiums and applicable premium surcharges within these deadlines, you will not be enrolled and you will lose your right to continuation coverage (unless you regain SEBB eligibility in the future).

* *State-registered domestic partners and their children who lost coverage due to a qualifying event as described under Who is entitled to SEBB Continuation Coverage (COBRA)? on page 6 are allowed to extend the period of SEBB Continuation Coverage (COBRA) in the same situations as a spouse or child who is a qualified beneficiary.*

You may contact the SEBB Program by calling 1-800-200-1004 (TRS: 711) and selecting menu option 4 to confirm the amount due.

You can find continuation coverage monthly premiums at hca.wa.gov/erb under SEBB continuation coverage.

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, Apple Health (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 can learn more about the Health Insurance Marketplace and Apple Health at healthcare.gov. Washington State residents can find this information at wahbexchange.org.

PEBB retiree insurance coverage

SEBB subscribers who retire and survivors of SEBB subscribers who meet retiree or survivor eligibility and enrollment requirements have the option to enroll in PEBB retiree coverage. You can find more information at hca.wa.gov/PEBB-retirees.

Who is entitled to PEBB retiree insurance coverage?

PEBB retiree insurance coverage is available to:

- Retiring employees
- Surviving dependents of employees and retirees.

To be eligible to enroll in PEBB retiree insurance coverage, you must meet both the procedural and eligibility requirements of WAC 182-12-171, 182-12-180, 182-12-211, 182-12-250, or 182-12-265.

For detailed information on retiree eligibility, enrollment, premiums, and available plan options, refer to the *PEBB Retiree Enrollment Guide*. You can find this at

hca.wa.gov/PEBB-retirees or get a copy by calling the PEBB Program at 1-800-200-1004 (TRS: 711) and selecting menu option 5.