

2021

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 as an employee. 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, annulment, or dissolution
- 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 on HCA's website at hca.wa.gov/sebb-continuation or by calling the SEBB Program at 1-800-200-1004 (TRS: 711).

Note: Due to the COVID-19 pandemic, the SEBB Program has temporarily changed the deadline to enroll in SEBB Continuation Coverage. To learn more about these exceptions to the timelines listed in this document, visit HCA's website at hca.wa.gov/coronavirus.

Please keep this booklet for future use.

Washington State
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD



Contact information

If you have questions about SEBB eligibility or your rights to SEBB Continuation Coverage, contact the SEBB Program:

Phone

Monday through Friday
8 a.m. to 4:30 p.m.
1-800-200-1004 (toll-free) or 360-725-0440
(Olympia area) (TRS: 711)

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.

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

If you have questions about your rights to continue your Medical Flexible Spending Arrangement (FSA), contact **Navia Benefit Solutions, Inc.** at 1-800-669-3539 or email customerservice@naviabenefits.com.

Note: Due to the COVID-19 pandemic, the SEBB Program has temporarily changed the deadline to enroll in SEBB Continuation Coverage. To learn more about these exceptions to the timelines listed in this document, visit HCA's website at hca.wa.gov/coronavirus.

Notify your employer of address changes

To protect your rights and the rights of your dependents, you must keep your employer 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 SEBB'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 on the Legislature's website 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 Centers for Medicare & Medicaid Services (CMS) website at cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_fact_sheet.html, or call toll-free at 1-877-267-2323 and select option 6, extension 61565. You may also email CMS with questions at phig@cms.hhs.gov.

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

In Washington State

Washington Health Benefit Exchange
wabhexchange.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.

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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 right (and your covered dependents' right) to continue SEBB coverage if one of you were to lose eligibility. It also lists other health plan coverage options that may be available to you, such as the Health Insurance Marketplace.

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.

SEBB 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. In some cases, you may also continue life insurance and accidental death and dismemberment insurance. You must meet procedural requirements and pay the premium (and applicable premium surcharges) each month from the date you or your covered dependent lose 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 or a covered dependent become eligible for SEBB Continuation Coverage, that person 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 *SEBB Continuation Coverage Election Notice* on HCA's website at hca.wa.gov/sebb-continuation under *Forms & publications*, or contact the SEBB Program (See page 2).

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 *COBRA* rules, and for state-registered domestic partners and their children, based upon RCW 26.60.015. This means an employee's state-registered domestic partner and the state-registered domestic partner's children may continue SEBB health plan 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 benefits for employees who lose eligibility for the employer contribution toward SEBB benefits due to specific types of leave or other qualifying events.

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

When is SEBB 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 page 6) and the SEBB Program is properly notified, we will send a *SEBB Continuation Coverage Election Notice* to you 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 below). An employee's state-registered domestic partner and the state-registered domestic partner's children may continue SEBB health plan coverage on the same terms and conditions as spouses and other eligible dependents under COBRA. See a list of qualifying events on page 6.

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 eligible 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 eligible to elect SEBB Continuation Coverage (COBRA) under Washington State law (RCW 26.60.015), under the same terms

and conditions as spouses and other eligible dependents under federal COBRA law.

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

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

Medical, dental, and vision benefits

You or your dependents 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 FSA and your employment ends, you may be eligible to keep contributing to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing SEBB Continuation Coverage (COBRA).

If you are eligible for this option, Navia Benefit Solutions will mail a COBRA election notice to you. Navia Benefit Solutions must receive your election **no later than 60 days** from the date your health plan coverage ends or from the postmark date on Navia's COBRA election notice, whichever is later. For more information, contact Navia Benefit Solutions at 1-800-669-3539 or email customerservice@naviabenefits.com.

Who is eligible for 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 eligible to elect SEBB Continuation Coverage (COBRA) if they lost SEBB health plan coverage due to a qualifying event.

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 SEBB benefits.
- 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) get a divorce, annulment, or dissolution of marriage. 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 (SRDP)

- Your SRDP (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent.
- Your SRDP's (the employee's) hours of employment are reduced.
- Your SRDP'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 SRDP 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 termination 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's (the employee's) hours of employment are reduced.

- Your parent'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 as described in WAC 182-31-140(3).

SRDP's child

- Your parent's SRDP (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent.
- Your parent's SRDP's (the employee's) hours of employment are reduced.
- Your parent's SRDP's (the employee's) employment ends for any reason other than gross misconduct.
- Your eligibility for SEBB health plan coverage as a dependent child ends as described in WAC 182-31-140(3).

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 eligible to the same rights to SEBB Continuation Coverage (COBRA) as an eligible dependent child of the covered employee.

Who is eligible for SEBB Continuation Coverage (Unpaid Leave)?

If you lose SEBB insurance coverage due to one of the events listed below, you are eligible for 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 grievance action.

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), life insurance, and accidental death and dismemberment insurance.

Read Appendix B in the *SEBB Continuation Coverage Election Notice* (available on HCA's website at hca.wa.gov/sebb-continuation under *Forms & publications*) for more information.

You must enroll in SEBB Continuation Coverage (Unpaid Leave) to enroll your eligible dependents. If you choose to cover your dependents, they will be enrolled in the same health plans you elect. Your eligible dependents do not have independent election rights.

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 payroll or benefits office when:

- You experience a divorce, annulment, dissolution, or terminate a state-registered domestic partnership.
- Your child loses eligibility (dependent status) under SEBB Program rules.
- Your dependent dies.

Deadline to provide written notice

You, your dependent, or your representative must provide written notice to your 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.

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 health plan coverage on the last day of the month (June 30) in which the divorce occurred. Your payroll or benefits office 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 health plan coverage ends on June 30, after the qualifying event date (June 15). Therefore, your payroll or benefits office 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 health plan coverage ends (December 31). In this case, the qualifying event date occurs June 15, after SEBB health plan coverage ends. Therefore, 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 *SEBB Continuation Coverage Election Notice* will be mailed to the address you provide.

If you, your dependent, or your representative does not notify your employer or the SEBB Program in writing within the timelines allowed by law, you and your covered dependents will lose the right to elect SEBB Continuation Coverage.

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, annulment, dissolution, or termination of a state-registered domestic partnership: In addition to items 1–4 above, include proof of the divorce, annulment, dissolution, or termination of a 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 above 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 the 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 for information on second qualifying event extension of coverage.

Who can elect SEBB Continuation Coverage?

Once the SEBB Program receives timely notice that a qualifying event has occurred, SEBB Continuation Coverage will be offered to each qualified beneficiary. Each qualified beneficiary 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 spouse or state-registered domestic partner, and parents may elect continuation coverage on behalf of their children. **Any qualified beneficiary for whom SEBB Continuation Coverage is not elected within the 60-day period specified in the *SEBB Continuation Coverage Election Notice* will lose their right to elect SEBB Continuation Coverage.**

When can SEBB Continuation Coverage be extended?

If you or your qualified beneficiaries¹ 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 SEBB 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 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 beneficiary¹ 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 *2021 SEBB Continuation Coverage (COBRA) Election/Change* form and a copy of the disability award letter from the Social Security Administration **no later than 60 days** after the last of the following events:

- The date of the 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.

Second qualifying event extension of coverage

If your qualified beneficiary¹ 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 eligible 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 beneficiary¹ to lose coverage under SEBB Program rules if the first qualifying event had not occurred. This includes:
 - The employee's death
 - Divorce, annulment, or dissolution of marriage
 - Termination of a state-registered domestic partnership
 - The dependent child loses eligibility for coverage under the SEBB Program rules

When a former employee enrolls in Medicare, their SEBB Continuation Coverage (COBRA) coverage will end the last day of the month in which the Medicare coverage becomes effective. 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

¹ *State-registered domestic partners and their children who lost coverage due to a qualifying event as described under "Who is eligible for 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.*

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 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) either in print or on HCA's website at **hca.wa.gov/sebb-continuation**, 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

How long does SEBB Continuation Coverage last?

SEBB Continuation Coverage provides temporary health plan coverage. Maximum coverage periods are described below. Coverage can end earlier, as described in the *SEBB Continuation Coverage Election Notice*.

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 	18 months¹ Additional months of coverage may be available under SEBB Continuation Coverage (Unpaid Leave).
Eligible for Medicare within 18 months before termination of employment or reduction of hours	<ul style="list-style-type: none"> Spouse State-registered domestic partner Children 	Up to 36 months , measured from the date of the employee's Medicare enrollment.
<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 USERRA 	<ul style="list-style-type: none"> Employee Employee must enroll to cover dependents. Dependents do not have independent election rights under SEBB Continuation Coverage (Unpaid Leave).	29 months 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 SEBB Continuation Coverage (COBRA), may continue medical, dental, vision, or all three for the remaining difference in months allowed under COBRA (see WAC 182-31-100(2)).
Appealing a grievance action	<ul style="list-style-type: none"> Employee Employee must enroll to cover dependents. Dependents do not have independent election rights under SEBB Continuation Coverage (Unpaid Leave).	29 months If the grievance is upheld and the employee has not used the maximum number of months allowed under SEBB Continuation Coverage (COBRA), they may continue medical, dental, vision, or all three for the remaining difference in months allowed under COBRA (see WAC 182-31-120).
Death of employee	<ul style="list-style-type: none"> Spouse State-registered domestic partner Children 	36 months PEBB retiree insurance coverage may also be available in certain cases. See SEBB WACs 182-31-130, 182-31-135 and PEBB WAC 182-12-265.
Divorce, annulment, dissolution, or termination of a state-registered domestic partnership	<ul style="list-style-type: none"> Spouse State-registered domestic partner Step-children 	36 months
Child loses eligibility under SEBB Program rules	<ul style="list-style-type: none"> Children 	36 months

¹ In certain circumstances, qualified beneficiaries eligible for 18 months of SEBB Continuation Coverage (COBRA) may become eligible for 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 SEBB Continuation Coverage be extended?" on page 9.

When is my first premium payment due?

If you elect SEBB Continuation Coverage, you must make your first premium payment, including applicable premium surcharges, to 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 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 SEBB 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 SEBB Continuation Coverage (unless you regain SEBB eligibility in the future).

You may call the SEBB Program at 1-800-200-1004 (TRS: 711) to confirm the amount due. The SEBB Program will enroll you when you elect to continue

your SEBB coverage and make the first payment within the required deadlines.

You can find SEBB Continuation Coverage monthly premiums on HCA's website at hca.wa.gov/sebb-continuation.

Are there other coverage options besides SEBB Continuation Coverage?

Yes. Instead of enrolling in SEBB Continuation Coverage, 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 can learn more about the Health Insurance Marketplace and Medicaid (called Apple Health in Washington State) on the federal healthcare website at healthcare.gov. Washington State residents can find this information on the Washington Health Benefit Exchange website at wabhexchange.org.