

2024

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, a spouse, or a state-registered domestic partner. It explains your rights to continue SEBB coverage after eligibility for the employer contribution 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).

**Please keep this booklet
for future use.**



Contact information

SEBB Program questions

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. (Pacific)
1-800-200-1004 (toll-free)
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

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. Please visit HCA's website at hca.wa.gov to check whether our office is open before your visit.

FSA questions

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

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, 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:

Washington

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

Other states

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

Definition of terms

Here are some important terms used in this booklet.

Continuation coverage: Temporary continuation of SEBB benefits available to enrollees by self-paying premiums after a loss of coverage. The types of continuation coverage offered by the SEBB Program include COBRA and continued coverage during specific types of unpaid leave. These are administered 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.

Continuation Coverage (COBRA): The federal Consolidated Omnibus Budget Reconciliation Act. 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. This is administered under 42 U.S.C. Secs. 300bb-1 through 300bb-8.

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.

Qualified beneficiary: A covered employee, the employee's covered spouse, and covered dependent children or 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. A qualified beneficiary may also include an enrolled retiree, their spouse, or dependent children who lose eligibility.

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 *SEBB Continuation Coverage (COBRA) Election/Change form* and the *SEBB Continuation Coverage (Unpaid Leave) Election/Change form*, available on the HCA website at hca.wa.gov/erb under *Forms and publications*.

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

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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' rights) 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, plus 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 booklet does not fully describe SEBB Continuation Coverage or other continuation coverage options available to you. If you have questions about this booklet 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, see the *SEBB Continuation Coverage Election Notice*. The booklet is available on HCA's website at hca.wa.gov/sebb-continuation under *Forms & publications*, or by contacting the SEBB Program. You can also contact the Centers for Medicare & Medicaid Services (CMS). See page 2 for contact information.

What SEBB Continuation Coverage options are available?

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

SEBB Continuation Coverage (COBRA)

This is 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 a state-registered domestic partner and their 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)

This is a temporary extension of SEBB health plan coverage for employees who lose eligibility for the employer contribution toward SEBB benefits due to specific types of leave or other qualifying events. Life and accidental death and dismemberment insurance may also be continued if you are eligible and choose to continue these coverages.

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 SEBB benefits. When a qualifying event occurs and the SEBB Program is properly notified (see page 8), we will send a *SEBB Continuation Coverage Election Notice* to you and/or your dependents at the address(es) we have on record. The booklet 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 below). A state-registered domestic partner and their children may continue SEBB health plan coverage on the same terms and conditions as spouses and other eligible dependents under COBRA.

You, your spouse or 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 a school employee, spouse, or qualified tax dependent to be eligible to continue a Medical Flexible Spending Arrangement (FSA) or Limited Purpose 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. 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.

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

Flexible Spending Arrangement (FSA)

If you are enrolled in a SEBB Medical FSA or Limited Purpose FSA and your employment ends, you may be eligible to keep contributing to your 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 SEBB health plan coverage ends or from the postmark date on Navia's COBRA election notice, whichever is later. For more information, call Navia Benefit Solutions at 1-800-669-3539 or email Navia Customer Service at customerservice@naviabenefits.com.

Who is eligible for SEBB Continuation Coverage (COBRA)?

Qualified beneficiaries (employees, spouses, former spouses, or dependent children) under federal COBRA rules or nonqualified beneficiaries (current or former state-registered domestic partners and their dependent children) under federal COBRA rules are eligible to elect SEBB Continuation Coverage (COBRA) if they lose SEBB health plan coverage due to a qualifying event.

Qualifying events

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 retiree insurance coverage through the Public Employees Benefits Board (PEBB) Program 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 of the state-registered domestic partnership, it 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. 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 due 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

Employee

- You are on authorized leave without pay from your SEBB organization (employer or employer group).
- 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 and 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. If you choose to cover your dependents, they will be enrolled in the same health plans you elect. You must enroll in SEBB Continuation Coverage (Unpaid Leave) to enroll your eligible dependents. Your eligible dependents do not have independent election rights.

You may also continue your 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.

Who must provide notice when eligibility for SEBB coverage ends?

Your employer must notify the SEBB Program when:

- Your employment ends.
- Your hours of employment are reduced below the number of hours required to be eligible for the employer contribution toward SEBB benefits.
- You go on approved leave without pay.
- You 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 or the SEBB Program **no later than 60 days** after the later of:

- 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.

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 August 29 (60 days after June 30).

Example 2: You terminate coverage for your spouse during open enrollment in anticipation of a divorce. Your spouse's coverage ends December 31, but your divorce is not final until March 15 the following year. The SEBB Program must receive written notice of the qualifying event **no later than 60 days** after the qualifying event date. In this case, the qualifying event date occurs March 15, when the divorce is final. Therefore, the SEBB Program must receive written notice no later than May 14 (60 days after March 15).

Once your payroll or benefits office 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 payroll or benefits office 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 because 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 through 4 above, include proof of the divorce, annulment, dissolution, or termination of a state-registered domestic partnership.

And, if providing written notice of a disability (or that a disability has ended)

Your notice must include items 1 through 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 SEBB 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.

And, if providing written notice of a second qualifying event

Your notice must include items 1 through 4 above and:

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

See page 10 for more information about second qualifying event extensions 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).

Employees may elect SEBB Continuation Coverage (COBRA) on behalf of their spouse or state-registered domestic partner, and parents may elect SEBB Continuation Coverage on behalf of their children.

Employees may elect SEBB Continuation Coverage (Unpaid Leave) under some circumstances. Dependents do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave) and can only be enrolled if the employee enrolls.

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 the Social Security Administration determines that you or a qualified beneficiary is disabled (prior to or within 60 days of qualifying for Continuation Coverage (COBRA)).
- When a second qualifying event occurs.

A Medical FSA or Limited Purpose 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 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 eligible to receive up to 11 months of additional SEBB 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). You may also be eligible to extend coverage if you or your qualified beneficiary has an existing disability. The disability must last at least until the end of the 18-month SEBB Continuation Coverage (COBRA) period.

You must notify the SEBB Program no later than 60 days after the start of a disability 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 the SEBB Continuation Coverage Election Notice sent, 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

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.

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 Program rules because 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 eligible for 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), you will not receive a 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 SEBB Continuation Coverage. This extension results in 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 SEBB Program rules.

When a subscriber who is already enrolled in SEBB Continuation Coverage (COBRA) enrolls in Medicare, their SEBB Continuation Coverage (COBRA) coverage will terminate the end of the month in which they become eligible for Medicare due to age or disability. 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 9) **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.

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.

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	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	Spouse State-registered domestic partner Children	Up to 36 months , measured from the date of the employee's Medicare enrollment
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 USERRA	Employee ²	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	Employee ²	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 ³	Spouse State-registered domestic partner Children	36 months PEBB retiree insurance coverage may also be available in certain cases. See SEBB WACs 182-12-265, 182-31-130, and 182-31-135.
Divorce, annulment, dissolution, or termination of a state-registered domestic partnership	Spouse State-registered domestic partner Step-children	36 months
Child loses eligibility under SEBB Program rules	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). Both extensions are described under "When can SEBB Continuation Coverage be extended?" on page 9.
2. Employee must enroll to cover dependents. Dependents do not have independent election rights under SEBB Continuation Coverage (Unpaid Leave).
3. If the qualifying event is the death of a school employee (WAC 182-12-265), surviving dependents may be eligible for PEBB retiree insurance coverage. Under PEBB retiree insurance coverage, the spouse or state-registered domestic partner may continue coverage until their death, and children may continue coverage until they lose eligibility for PEBB benefits according to WAC 182-12-260.

When is my first premium payment due?

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. 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 first premium 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 after 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 under *Explore plan costs*.

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.

Health Insurance Marketplace

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 healthplanfinder.org.

PEBB retiree insurance coverage

The Public Employees Benefits Board (PEBB) Program also offers PEBB retiree insurance coverage, which is available to:

- Retiring school employees.
- Surviving dependents of school employees.

To be eligible to enroll in PEBB retiree insurance coverage, you must meet both the procedural and eligibility requirements of WAC 182-12-171, 182-12-211, 182-12-265, 182-12-5110, or 182-12-5200. If you are eligible, your opportunity to enroll will be affected if you do not submit your forms by the required deadline.

For details on retiree eligibility, enrollment, premiums, and available plan options, refer to the *PEBB Retiree Enrollment Guide*. You can find it on HCA's website at hca.wa.gov/pebb-retirees or get a copy by calling the PEBB Program at 1-800-200-1004 (TRS: 711).