A special open enrollment (SOE) can be created for specific life events

Certain events let you make account changes (like changing plans or enrolling a dependent) outside of an annual open enrollment or your initial enrollment period. Gaining initial eligibility for SEBB benefits is not considered a special open enrollment event.

You must provide proof of the event that created the special open enrollment (for example, a marriage or birth certificate) along with the required enrollment/change forms in SEBB My Account or to your payroll or benefits office, no later than 60 days after the event. For more information please see SEBB Administrative Policy 45-2 and Addendum 45-2A. Addendum 45-2A provides further details on eligibility documentation required specific to the event.

The table below indicates some of the allowable changes for each SOE event.

<table>
<thead>
<tr>
<th>If this event happens</th>
<th>Add dependent</th>
<th>Remove dependent</th>
<th>Change SEBB medical, dental and/or vision plan</th>
<th>Waive medical coverage</th>
<th>Enroll after waiving SEBB medical coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage, registering a domestic partner, birth, adoption, or assuming a legal obligation for total or partial support in anticipation of adoption</td>
<td>Yes¹</td>
<td>Yes²</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Child becomes eligible as an extended dependent through legal custody or legal guardianship</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance, as defined by the Health Insurance Portability and Accountability Act (HIPAA)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee has a change in employment status that affects the employee’s eligibility for their employer contribution toward their employer-based group health plan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<td>-------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Employee’s dependent has a change in their employment status that affects their eligibility for the employer contribution under their employer-based group health plan</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee has a change in employment from a SEBB organization to a public school district that straddles county lines or is in a county that boarders Idaho or Oregon, which results in having different medical plans available.</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Employee or dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the SEBB Program’s annual open enrollment.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee’s dependent moves from outside the United States to live within the United States, or from within the United States to live outside of the United States, and that change in residence results in the dependent losing their health insurance.</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee or dependent has a change in residence that affects health plan availability.</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>A court order requires the employee or any other individual to provide a health plan for an eligible child of the employee.</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
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<td>Add dependent</td>
<td>Remove dependent</td>
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<td>---------------</td>
<td>------------------</td>
<td>-----------------------------------------------</td>
<td>----------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Employee or dependent becomes entitled to or loses eligibility for Apple Health (Medicaid) or a state Children’s Health Insurance Program (CHIP).</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee or a dependent becomes eligible for a state premium assistance subsidy for SEBB health plan from Apple Health (Medicaid) or a state CHIP.</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee or an employee’s dependent becomes entitled to coverage under Medicare, or the employee or employee’s dependent loses eligibility for coverage under Medicare.</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Employee’s or dependent’s current health plan becomes unavailable because the employee or dependent is no longer eligible for a Health Savings Account (HSA).</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent for a specific condition or ongoing course of treatment (requires approval by the SEBB Program).</td>
<td>No</td>
<td>No</td>
<td>Yes, if approved by SEBB</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan.</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1 Subscriber may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added.

2 Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse’s or state-registered domestic partner’s plan.
Available special open enrollments that can be submitted via SEBB My Account

- Marriage
- Registering a state registered domestic partnership
- Birth or adoption
- Newly eligible extended dependent
- Dependent loses eligibility
- Loss of other coverage
- Change in employment status (dependent)
- Change in school district
- Change under other employer-based group health plan’s open enrollment
- Dependent moves from outside USA to USA, or from USA to outside USA
- Change in residence (Subscriber must notify district to update address in SEBB My Account for new plan elections)
- Court order
- Gain or lose eligibility for Medicaid or CHIP
- Become eligible for state premium assistance subsidy for SEBB health plan coverage from Medicaid or CHIP
- Gain or lose eligibility for Medicare
- Health plan becomes unavailable
- Continuity of care
- Gain or lose eligibility for Tricare
Special Open Enrollment steps in SEBB My Account

1. Select ‘Special open enrollment’ from the dashboard.
2. View the available special open enrollment events (SOE) from the drop-down list.
   a. Select the SOE applicable to your life event.
   b. Enter the date of the event, in this case the date of birth for a newborn.
   c. Select the “Submit” button to create the event.
3. The enrollment period (the time you have to complete your SOE request) is 60 days from the date of the event and is displayed on the screen. The current status will show as pending. If the event was created in error, select ‘Delete’ and start over.

The available actions specific to the event selected are now visible. Actions available will differ by the special open enrollment event selected. If the event allows for adding a dependent, you will be presented with an initial question “Are you adding dependent(s) as part of this SOE request?”

   a. Select the desired action, in this case the family is adding a newborn dependent.

4. Click on Step 1, Add Dependents
   a. A list of your current dependents (including yourself) will display, select ‘Add Dependent.’
   b. Fill in demographic information for the new dependent (i.e, last name, first name, etc.).
      i. If the dependent does not have a social security number then check the box ‘This person currently has no social security number’. A social security number will be required at later date.
c. Select relationship to the subscriber (the employee) and qualifying reason.

d. Submit changes, and confirm.
5. Click on Step 2, Submit documentation for proof of the special open enrollment event and if necessary, dependent eligibility.
   a. Select ‘Submit documentation for dependent(s).
      i. Links to accepted documents are provided.
   b. Select files to choose a file to upload.
   c. Select document type.
   d. Select which dependent this applies to and the special open enrollment.
   e. Upload document, and confirm.

Alternatively, the eligibility documentation can be submitted in paper form to your benefits administrator. Submitting electronically in SEBB My Account allows for your benefits administrator to review and approve in SEBB My Account, expediting this process.
6. Click on Step 3, Make attestations as appropriate.
   a. Select ‘Make attestations.’
   b. Complete the tobacco and spousal premium surcharge attestations as appropriate, and Continue.
7. Verify health plans/add coverage for new dependent.

First, verify/update health plan elections by clicking on 'Make plan elections'. Second, in order to enroll the dependent in medical, dental, and/or vision select from drop down ‘Yes’ for each type of coverage you would like to enroll dependent in.
You must continue below in order to save changes.

Select your medical plan

<table>
<thead>
<tr>
<th>Available medical plans</th>
<th>Medical plan</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kaiser Permanente WA Core 1</td>
<td>$28</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente WA Core 2</td>
<td>$37</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente WA Options Access PPO 1</td>
<td>$116</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente WA Options Access PPO 2</td>
<td>$170</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente WA Options Access PPO 3</td>
<td>$256</td>
</tr>
<tr>
<td></td>
<td>Kaiser Permanente WA SoundChoice</td>
<td>$89</td>
</tr>
<tr>
<td></td>
<td>Premera High PPO</td>
<td>$133</td>
</tr>
<tr>
<td></td>
<td>Premera Peak Care EPO</td>
<td>$65</td>
</tr>
<tr>
<td></td>
<td>Premera Standard PPO</td>
<td>$49</td>
</tr>
<tr>
<td></td>
<td>UMP Achieve 1</td>
<td>$58</td>
</tr>
<tr>
<td></td>
<td>UMP Achieve 2</td>
<td>$172</td>
</tr>
<tr>
<td></td>
<td>UMP High Deductible</td>
<td>$44</td>
</tr>
<tr>
<td></td>
<td>UMP Plus–Puget Sound High Value Network</td>
<td>$119</td>
</tr>
</tbody>
</table>

- **Compare medical plans.**
- **Medical plans available by county.**
- Ensure that your provider of choice is available in the selected plan. Find your provider. Make sure you have the correct provider network selected prior to searching for providers.
- **Plan contact information.**
- **Read the latest edition of the Intercom newsletter.**

Previously selected plans are visible. This SOE allows you to make changes to your previous plan elections.
8. Once all confirmations are made on plan changes and/or health plan elections for dependent(s), a Summary of Coverage Elections can be downloaded. Summary of Coverage Elections reflects the elections made, but are not necessarily in effect until SOE is approved by benefits administrator.

9. Once all steps have been completed, the Submit button will be engaged. Once you select Submit, the request will go to your Benefit Administrator to review and verify.
   a. Once the event has been submitted, you will see the status change to Submitted. Further, you can expand the event, and review the actions you have taken as part of your SOE.