SEBB My Account
User Guide
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Introduction

The purpose of this user guide is to provide guidance in navigating the SEBB My Account screens, enrolling in benefits, and uploading required documentation.

Resources

There are many resources to help you make decisions about benefits for you and your dependents:

- SEBB website
- School Employee Enrollment Guide
- Alex – online benefits comparison tool
- Benefits administrators at your district
Create your user account

You can access SEBB My Account on your PC, tablet, and your smartphone.

The preferred browser to access SEBB My Account is Google Chrome. Other browsers such as Internet Explorer, Edge, Firefox, and Safari may also be used.

Security – SEBB My Account uses Secure Access Washington (SAW) single factor authentication (SFA). The recommendation is to use your personal email when creating your account. That will allow you to continue to use your log in should you move to a different district.

The first step – Create a SAW account

The following steps are necessary before you can log into SEBB My Account for the first time if you do not already have a SAW account.

If you already have a SAW account that you would like to use, skip to ‘Add SEBB My Account to an existing SAW account and ongoing login’ section of this manual.

1. Open SEBB My Account from the link on the SEBB website. Click the SEBB My Account button. Click ‘Log into SEBB My Account’ under ‘Employee/Subscriber login’.
2. Secure Access Washington (SAW) opens. To create your User ID and Password, Click the ‘Sign Up’ button. (Note: The SAW screen will be green, not orange in SEBB My Account).

3. Enter your first name, last name, email address. Create a username and password. Confirm your password. Check the ‘I’m not a robot’ checkbox.

   When creating your SAW username and password – do not create a username with a period at the end. If you have already done so, you will need to copy and paste the link in the activation email.
4. Click ‘Submit’. An email is sent to your account with a link to activate your account.

![SIGN UP!](image)

An email is sent to your account with a link to activate your account.

5. Open the email from Secure Access, click the link in the email to activate your account. A message displays indicating your account has been activated.

![SIGN UP!](image)

ACCOUNT ACTIVATED!

Your account is activated and you can now log in. Please note: if you do not log in to this account at least once every 24 months, it will be automatically deleted.

6. Close the browser window with the ‘Account Activated’ message. Return to the original browser window (The browser that has the ‘Check your Email’ message).

![TIPS](image)

DO NOT attempt to log in to this new browser window. Close the new browser window and log into the first Secure Access Washington window you were sent to from SEBB My Account. If you have closed that window, open a new browser window, then open SEBB My Account.
7. Close the “Check your Email” message by clicking on the ‘X’ in the upper right-hand corner of the message. Enter your User Name and Password. Click ‘Submit’.

8. To claim your account, enter your last name, date of birth, and the last 4 digits of your Social Security number. Click ‘Verify my information’.
9. Select three security questions and enter the answers.

10. Click ‘Claim this account & go to dashboard’. The Dashboard opens.
Add SEBB My Account to an existing SAW account

Follow these instructions if you currently have a SAW account you would like to associate with SEBB My Account.

1. Open SEBB My Account from the link on the SEBB website. Click the SEBB My Account button. Click ‘Log into SEBB My Account’ under ‘Employee/Subscriber login’.

3. To claim your account, enter your last name, date of birth, and the last 4 digits of your Social Security number. Click ‘Verify my information’. Verification is only required the first time you log in.

4. Select three security questions and enter the answers. Verification is only required the first time you log in.
5. Click ‘Claim this account & go to dashboard’. The SEBB Terms and Conditions displays. Review and accept the terms and conditions.

SEBB My Account Terms of Use:

1. **General description**
   - This agreement is between:
     - The Health Care Authority (HCA), the School Employees Benefits Board (SEBB) Program, the State of Washington, and its officials, agents, and employees
     - Owners of the Open Program’s “My Account” system.
   - This agreement controls when the SEBB Program may use and share personal health information in its possession or control.
   - This agreement does not cover instances in which you give your email address (or other identifiers) directly to our contracted business partners. In such instances, the SEBB Program does not use or share information in a way not covered by this agreement.

2. **How the SEBB Program will use your email address**
   - If you agree, the SEBB Program will use your email address:
     - Used for SEBB Program communications, including solicitations
   - If you agree, the SEBB Program may share your email address:
     - With other business partners
     - With anyone else, including their other business partners
     - Unless required by law, the SEBB Program will not disclose your email address in public record disclosure requests.

6. The Dashboard opens.

![Dashboard Screenshot](image-url)
SEBB subscriber dashboard

Enrollment must be completed in a specific order, please follow the enrollment instructions in this manual.

Overview of tiles
This is an overview of the tiles on your dashboard.

Manage dependents
Use this tile to:

- Add your email address
- Add eligible dependents to your account
- Update dependent’s date of birth and Social Security Number.

Special open enrollment
Use this tile to request a change outside of annual open enrollment, based on a life event (qualifying event) that allows a change (e.g., birth of a child)

An explanation of special open enrollment events and what is an allowable change to your account, based on the event, is available in SEBB Administrative Policy 45-2, Addendum 45-2A.

Your change request, proof of the event, and dependent verification documentation, if adding a dependent, must be received no later than sixty days after the event occurs. In most cases, the change will be effective the first of the month following the date you submit the request.

Once submitted, the request will be sent to your benefits administrator for approval or denial.

Profile
Use this tile to enter or update your email address, cell phone number, home phone number, and work phone number.

Address changes must be submitted to your payroll or benefits office.

Document upload
Use this tile to upload your dependent verification documents and proof of a special open enrollment event.
Premium surcharge attestations

Use this tile to attest to the tobacco use premium surcharge or update your or your enrolled dependents tobacco use status.

**Tobacco use premium surcharge** – You will be charged a $25 per-account tobacco use premium surcharge in addition to your monthly premium if you or any enrolled dependent (age 13 or older) uses tobacco products or if you do not attest. You do not have to pay this surcharge if you attest that:

- Neither you nor any of your enrolled dependents use tobacco products.
- You and your enrolled dependents who are tobacco users age 18 and older are enrolled in your medical plan’s tobacco cessation program. Tobacco users age 13 to 17 are considered enrolled in a tobacco program if they access information and resources in [Smokefree Teen](#).

Enrolled dependents age 12 and younger are automatically defaulted to nontobacco users.

For more information about the tobacco use premium surcharge, visit the [Tobacco use surcharge](#) page.

**Supplemental coverage**

Use this tile to enroll in supplemental long-term disability insurance, link to the MetLife portal to enroll in supplemental life and accidental death and dismemberment insurance for you and your dependents, link to Health Equity to learn more about enrolling in a high deductible health plan with a Health Savings Account (HSA), link to the Navia Benefit Solutions website to enroll in a Medical Flexible Spending Arrangement (FSA) and/or the Dependent Care Assistance Program (DCAP), and link to the SmartHealth website to participate in the wellness program.

**Coverage Summary**

Use this tile to review your current account information and coverage elections, view or print a Statement of Insurance, and subscribe or unsubscribe from email notifications.

**Menu bar**

The blue menu bar at the top of the page offers you the same options as the tiles. This is just another way to navigate through SEBB My Account.
Enroll in the SEBB Program benefits

Best practice – follow the steps in the order listed in this section. If you are not adding dependents, it is okay to skip steps 1 and 2, ‘Add or remove dependents’ and ‘Submit dependent documentation’ and go right to step 3, ‘Make attestations’.

Enrolling when newly eligible

1. Log into SEBB My Account.

![Dashboard](image-url)
2. Click the Begin Elections button in the Newly Eligible Notice green banner at the top of the page.

Add dependents

Eligible dependents include:

- Legal Spouse. Former spouses are not eligible upon finalization of a divorce or annulment.
- State-registered domestic partner, as defined in RCW 26.60.020(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090. Former state-registered domestic partners are not eligible upon dissolution or termination of a partnership.
- Children through the last day of the month of their 26th birthday.
  - Children based on establishment of a parent-child relationship as described in RCW 26.26.101, unless parental rights have been terminated.
  - Stepchildren (not legally adopted). Children of the spouse or state-registered domestic partner. The stepchild’s relationship ends on the same date of the divorce, annulment, dissolution, termination, or death.
- Children for whom the subscriber has assumed legal obligation for total or partial support in anticipation of adoption.
- Children specified in a court order or divorce decree for whom the subscriber has a legal obligation to provide health coverage.
Children with a developmental or physical disability that renders the child incapable of self-sustaining employment and is chiefly dependent on subscriber for support. The disability must occur prior to age 26. Certification by The SEBB Program is required once the child turns 26 years of age.

Children in legal custody or legal guardianship of the subscriber or the subscriber’s spouse or state-registered domestic partner (Extended Dependent). This does not include foster children unless the employee, employee’s spouse or state-registered domestic partner has assumed legal obligation for total or partial support in anticipation of adoption. Certification is required by The SEBB Program.

3. If you are adding dependents, click on step “1”.

![Newly Eligible Notice](image)
4. Click ‘Add dependents’. A line is added. Click the ‘+’ next to ‘New’.

<table>
<thead>
<tr>
<th>Elect Supplemental Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newly Eligible</td>
</tr>
<tr>
<td>Your dependents</td>
</tr>
<tr>
<td>Cool, Joe (Self)</td>
</tr>
<tr>
<td>--New--</td>
</tr>
</tbody>
</table>

**Qualified Dependents:**

- Last name
- First name
- Middle name
- SSN

- This person currently has no social security number
- Suffix
- Birth date
- Birth sex
- Residential address is the same as subscriber
- Relation to subscriber
- Qualifying reason

- Submit changes
- Cancel changes

---

**TIPS**

Do not include special characters or accent marks in a name. For example, enter **OHara** instead of **O’Hara**.

5. Enter your dependents' Last name, First name, Middle name (optional), and Social Security number (SSN). If you do not have your dependent’s SSN, select the ‘This person currently has no Social Security number’ checkbox. The system will assign a temporary SSN.

**Note:** It is very important to promptly enter accurate SSNs (or other applicable TINs) for dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

6. If the dependent’s name includes a suffix, enter the suffix.

7. Enter the date of birth and the birth sex. The choices include ‘Male’ or ‘Female.’
8. If the dependent’s address is different than yours, uncheck the ‘Residential Address is the same as subscriber’ checkbox. If the address is the same, go to step 9.

9. Enter the address including the county if the dependent lives in Washington. Use USPS punctuation standards.

   • **Foreign addresses** – In the State field enter ‘ZZ’ if the address is outside the US and Canada. For a Canadian address, enter the Canadian Province code. See the chart below.

   Canadian Province Codes:

<table>
<thead>
<tr>
<th>AB</th>
<th>Alberta</th>
<th>NU</th>
<th>Nunavut</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>British Columbia</td>
<td>ON</td>
<td>Ontario</td>
</tr>
<tr>
<td>MB</td>
<td>Manitoba</td>
<td>PE</td>
<td>Prince Edward Island</td>
</tr>
<tr>
<td>NB</td>
<td>New Brunswick</td>
<td>QC</td>
<td>Quebec</td>
</tr>
<tr>
<td>NL</td>
<td>Newfoundland and Labrador</td>
<td>SK</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>NT</td>
<td>Northwest Territories</td>
<td>YT</td>
<td>Yukon</td>
</tr>
<tr>
<td>NS</td>
<td>Nova Scotia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   • **Military addresses** – In the state field enter the appropriate military state code. See chart below.

   Military State Codes:

<table>
<thead>
<tr>
<th>AA</th>
<th>Armed Forces (the Americas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AE</td>
<td>Armed Forces Europe</td>
</tr>
<tr>
<td>AP</td>
<td>Armed Forces Pacific</td>
</tr>
</tbody>
</table>

10. From the ‘Relation to subscriber’ drop-down, select the relationship. The choices include:

   • Child
   • Extended dependent
   • Spouse/state-registered domestic partner
   • Step child (not adopted)

11. From the ‘Qualifying reason’ drop-down, select the reason. The choices include:

   • Dependent (not disabled or extended)
   • Disabled child
   • Extended child
   • Married spouse
   • Non-WA State-registered domestic partner
   • WA State-registered domestic partner
12. If adding a spouse or state-registered domestic partner, enter the marriage or partnership registration date in the ‘Partnership start date’.

13. Click ‘Submit changes’. A message displays indicating proof of the dependents’ eligibility is required.

You must provide proof of this dependent’s eligibility within the SEBB Program’s enrollment timelines or your dependent will not be enrolled. See SEBB Eligibility and Enrollment guidelines.

Submit changes  Cancel

14. Click ‘Submit changes’ again. The dependent’s information will collapse with just the name and an indication the dependent is pending verification.

15. Repeat the above steps for each dependent.

Extended dependents

If you’re adding an extended dependent, you must include the Extended Dependent Certification form and a copy of the court order when you upload dependent verification documents. The SEBB Program will review and make a determination to approve or deny the dependent.

Dependent with disability

If you are adding a dependent with disabilities, age 26 or older, you must submit the Certification of Dependent with a Disability form and dependent verification document.

1. Follow the ‘Add Dependent’ section of this manual.
2. From the ‘Relationship to subscriber’ drop down, select ‘Child’ or ‘Step child’, as appropriate.
3. From the ‘Qualifying reason’ drop down, select ‘Disabled child’.
4. Send the Certification of Dependent with Disabilities form to the carrier or the SEBB Program, as directed on the form.
5. Click on ‘Upload verification documents’ to add dependent verification document(s) to the account.
6. ‘Submit changes’.
7. The SEBB Program will review the documents and approve or deny the dependent.
8. The SEBB Program will notify the employer and the employee of the approval or denial.

Dependent verification

You must provide verification documents when you add dependents to your medical, dental, and/or vision coverage. The verification documents must be received within the required deadline for enrollment –

- **Annual open enrollment** – no later than the last day of open enrollment
- **Newly eligible employees** – no later than 31 days after the date of eligibility
- **Special open enrollment** – no later than 60 days after the date of the event

Valid dependent verification documents are outlined in SEBB Administrative Policy 31-1. If you have any questions as to what is acceptable dependent verification, contact payroll or benefits office.

The dependent is not enrolled until the verification process has been completed and the dependent is approved for enrollment.

**Note:** The HCA auditors will conduct auditing review of dependent verification. Approvals or denials may change based on their determination.

1. Click step “2” Submit documentation for dependents.
2. Click ‘Select files...’ **Note: The document format must be a PDF, JPG, JPEG, or PNG file.**

![Document upload form](image1)

3. Select the document. Click ‘Open’.

![Document upload form](image2)
4. Select the ‘Document type’ from the drop-down.

5. Select the checkbox next to the dependent(s) the document is associated with. One document may verify more than one dependent, for instance, a tax return that includes all dependent’s names.

6. Repeat the steps for each dependent verification document.

7. Click ‘Upload documents’.

8. Click ‘OK’ to confirm the document upload.

**Premium surcharge attestations**

**Tobacco use premium surcharge attestation**

You must attest to whether you and all dependents, 13 years of age or older, you are enrolling under your coverage have used tobacco products within the last two months.

You do not have to pay this surcharge if you attest that:

- Neither you nor any of your enrolled dependents use tobacco products.
- You and your dependents who are tobacco users age 18 and older are enrolled in your medical plan’s tobacco cessation program. Tobacco users age 13 to 17 are considered enrolled in a tobacco program if they access information and resources in [Smokefree Teen](#).

You may attest at any time. However, if you do not attest to the tobacco use for yourself and each dependent age 13 and older you’re enrolling under your coverage, you will be charged a $25 per-account tobacco use premium surcharge in addition to your monthly medical premiums.

The default for you and your dependents age 13 and older is ‘Yes’. The default for children 12 and younger is ‘No’.
For more information about the tobacco use premium surcharge, visit the Tobacco use surcharge page.

1. Click step “3” Make attestations.

2. Select ‘Yes’ or ‘No’ for yourself and each dependent age 13 or older. Or, select the ‘All Yes?’ checkbox if everyone uses tobacco products or the ‘All No’ check box if no one has used tobacco products in the past 2 months.

3. If you selected ‘Yes’ for anyone, enter the date tobacco use started.

4. If you have not enrolled a spouse or state-registered domestic partner, scroll down to the bottom of the page and click ‘Continue’.
   
   If you enrolled a spouse or state-registered domestic partner, continue with the next section.

**Spouse or state-registered domestic partner coverage premium surcharge**

You need to attest to this surcharge if you are enrolling your spouse or state-registered domestic partner on your SEBB medical coverage.
A $50 premium surcharge will be charged, in addition to your monthly medical plan premium, if you have a spouse or state-registered domestic partner enrolled on your SEBB medical coverage and they have elected not to enroll in their employer-based group medical insurance that is comparable to the PEBB Program’s Uniform Medical Plan (UMP) Classic. The comparison must be to the Public Employee’s Benefits Board (PEBB) Program’s UMP Classic, even if you are not enrolled in that plan.

If you have a spouse or state-registered domestic partner enrolled on your SEBB Program medical account and you do not attest, you will be charged the $50 premium surcharge in addition to your monthly medical plan premium.

For more information about the spouse and state-registered domestic partner coverage premium surcharge, visit the Spousal coverage surcharge page.

1. Answer the 6 questions. If you enrolled your spouse or state-registered domestic partner, the answer to question number one is ‘Yes’.

2. As soon as you enter a ‘No’ response, the rest of the questions will collapse and your attestation is complete.
If you answered ‘Yes’ to all 6 questions, complete the Spousal plan calculator to determine if your spouse or state-registered domestic partner’s plan is comparable to the PEBB Program UMP Classic plan. There is a link to the plan calculator just below the questions.

Your spouse will need to request a Summary of Benefits and Coverage (SBC) from their employer for each of the plans available to them.

3. Complete the calculator online and the calculator will determine if you will pay the spouse or state-registered domestic partner coverage premium surcharge.

4. Based on the calculator’s determination, select the radio button next to the ‘Yes’ or ‘No’.

5. Click ‘Continue’. If the attestations are correct, click ‘OK’.

6. Click ‘Confirm’ to confirm your attestations.
Coverage elections

1. Click step 4 – Make plan elections.

2. To learn more about your benefits, click on the ‘Alex’ icon.

ALEX, the online benefits advisor:
- Walks you through comparisons of the medical, vision, and dental plans,
- Provides information on life insurance and long-term disability insurance, and
- Explains the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP)
3. Select a medical plan. Your dependents will be enrolled in the same plan. All school employees will be offered a selection of plans based on their county of residence. Some school employees, including employees who live outside Washington State, may have more plan options if they work in a district that crosses county lines or is in a county that borders Idaho or Oregon.

Contact the plan to ensure your provider(s) are preferred providers in your plan of choice.

If you choose to waive medical coverage, select the ‘Waive medical coverage’ checkbox. You may waive medical coverage for other employer-sponsored coverage, TRICARE, or Medicare.

If you choose to waive medical, your dependents cannot be enrolled in medical coverage.

4. Select a dental plan. If you choose to enroll your dependents in dental, they will be enrolled in the same plan, but do not have to use the same providers.

Contact the plan to ensure your provider(s) are preferred providers in your plan of choice.

5. Select your vision plan. If you choose to enroll your dependents in vision, they will be enrolled in the same plan, but do not have to use the same providers.

Contact the plan to ensure your provider(s) are preferred providers in your plan of choice.
6. If you selected a medical plan, your enrollment in medical coverage will default to ‘Yes’. If you waived medical coverage, your enrollment will default to ‘No’. You cannot waive employer-paid vision or dental.

To enroll your dependents in medical, vision, and/or dental, select ‘Yes’ from the drop-down menu next to their name for each type of coverage. The dependent will not be enrolled unless you choose ‘Yes’ next to each of the benefits.

7. Review your selections to ensure you have made the correct selections.

8. Click ‘Continue’. Click ‘Accept’ to confirm your plan choices. Click ‘Cancel’ to go back and change your plan choices.
9. Click ‘Confirm’.

10. Click ‘Download’ to download and print a copy of your selections.

If you do not see the document open, it may be available in the tray at the bottom left corner of your screen. This is a record of the plan choices and the dependents you are choosing to add. Dependents are not enrolled until they are verified and approved for enrollment. The ‘effective date’ field indicates when the benefits begin.

Example of Summary of Coverage of Elections
Supplemental coverage


![Newly Eligible Notice](image)

2. The Supplemental Coverage Options page opens.

![Newly Eligible](image)

3. If you choose to enroll in supplemental long-term disability (LTD) with a 90-day waiting period, select the ‘radio button next to Begin enrollment in supplemental LTD to enroll in supplemental LTD’. Click ‘Submit’.

Your premium is based on your monthly salary and your age and will be deducted from your paycheck.
4. Use the MetLife portal link to enroll in supplemental life and AD&D insurance for yourself and your dependents. If you choose not to request supplemental coverage, you will still want to log into the MetLife portal and name beneficiary(ies) for your basic coverages.

**Supplemental life and accidental death & dismemberment (AD&D) insurance**

The SEBB program provides basic life insurance and AD&D insurance at no cost to eligible employees. This coverage is offered through MetLife.

The SEBB program's benefits package includes basic life at no cost to employees. It provides:
- $35,000 for death from any cause
- $5,000 in case of accidental death or dismemberment (AD&D)

In addition to basic coverage, eligible employees can choose to enroll in supplemental life and AD&D insurance for themselves or their eligible dependents. Create an account through MetLife MyBenefits Portal.

5. Use the HealthEquity website link to learn more about the Health Savings Account (HSA). Enrollment in an HSA is tied to enrollment in the high deductible health plan (HDHP). The enrollment in the HSA is automatic when you enroll in an HDHP. You cannot enroll in an HDHP with an HSA and a Medical Flexible Spending Arrangement (FSA) unless the medical FSA can be made limited purpose. The SEBB Program Medical FSA cannot be made limited purpose.

**Health savings account (HSA)**

When you enroll in the UMP high deductible health plan through SEBB you are eligible for a Health savings account (HSA) through HealthEquity. Your HSA is a tax advantaged spending and savings account that can be used to pay for qualified medical expenses. Your HSA is funded by pre-tax contributions from you, your employer, or both. Contact your employer to determine if you can arrange automatic payroll deductions to your HSA.

To confirm the maximum annual contribution to your HSA, please visit the FSA website.

For a list of items and services you can pay for with your HSA funds, visit the HealthEquity website or call 1-877-783-8823.

6. Use the Navia Benefit Solutions link to enroll in the Medical Flexible Spending Arrangement (FSA) and/or the Dependent Care Assistance Program (DCAP). You cannot enroll in a Medical FSA and an HDHP with an HSA unless the Medical FSA can be made limited purpose. The SEBB Program Medical FSA cannot be made limited purpose. Note: You can enroll in DCAP and a HDHP with an HSA.

**Medical flexible spending arrangement (FSA) and dependent care assistance program (DCAP)**

The Medical FSA allows you to set aside pre-tax money from your paycheck to pay for out-of-pocket healthcare costs.

The DCAP lets you set aside pre-tax money from your paycheck to help pay for qualified child care or elder care expenses.

The Health Care Authority contracts with Navia Benefit Solutions to process claims and provide customer service for SEBB program subscribers.

You can set up a Medical FSA or DCAP account:
- No later than 31 days after the date you become eligible for SEBB benefits.
- During the SEBB programs annual open enrollment period (October 1st through November 15th)
- No later than 60 days after you or an eligible dependent has a qualifying event that creates a special open enrollment.

To enroll or re-enroll, please visit benefitsolutions.navia.com.

7. Use the ‘Start your wellness journey by learning more about SmartHealth rewards’ link to learn how to earn a $50 reduction in your deductible or receive a $50 deposit into your HSA account.

**SmartHealth**

SmartHealth is your voluntary wellness program that supports you on your journey toward living well. The secure, easy-to-use, mobile-friendly website offers tips and tools through fun activities such as sleeping better, eating healthier, and planning for retirement. Whether you are trying something new or adding to what you already do, SmartHealth has something for everyone.

Start your wellness journey by learning more about SmartHealth rewards.
Coverage Elections

The Coverage Elections tab shows the current coverage you’re enrolled in. If you are newly eligible and make your selections prior to the effective date of your benefits, this screen will not populate with your elections until you reach the effective date.
Statement of Insurance

The Statement of Insurance may be downloaded to show proof of your current enrollment.
Update your account

You will be able to complete some changes in SEBB My Account, others will need to be submitted to your benefits administrator. The following are changes you may make in SEBB My Account.

The following changes may be made at any time during the year.

**Dependent’s Social Security number**

Every effort should be made to enter a valid Social Security number (SSN) at the time of enrollment.

*Note: It is very important to promptly enter accurate SSNs (or other applicable TINs) for your dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095.*

1. Log into SEBB My Account.
2. Click the ‘Manage dependents’ tile.

3. Click the ‘+’ next to the name of the dependent.

4. If you previously selected the ‘This person currently has no social security number’ checkbox, uncheck the box. If you are correcting the SSN, skip this step.

5. Enter the SSN.

6. Click ‘Submit changes’. A message displays indicating proof of the dependents’ eligibility is required. If you have already submitted dependent verification you can disregard this message.

7. Click ‘Submit changes’ again. The dependent’s information will collapse with just the name.
Update your contact information

1. Log into SEBB My Account. Click the ‘Profile’ tile.

2. Click the ‘+’ next to ‘Contact information’.

3. Enter or update your email address, cell phone number, home number and/or your work number.

4. Click ‘Submit changes’. A message displays at the bottom of the page indicating your information has been updated.

Update your premium surcharge attestations

Spouse or state-registered domestic partner coverage premium surcharge – There are certain times you may attest or update your attestation. If you enrolled a spouse or state-registered domestic partner, you may attest at the following times:
• When you first become eligible for SEBB benefits. The attestation must be submitted no later than 31 days after you become eligible to apply for benefits.
• During annual open enrollment.
• When there is a change to your spouse or state-registered domestic partner’s employer-based group medical.

Update the tobacco use premium surcharge

You may update your or your dependents’ tobacco use premium surcharge attestation any time during the year.

If there is a change in the tobacco use status of any enrollee, thirteen years and older enrolled in SEBB medical, you must update your attestation.

• A change that results in a premium surcharge will begin the first day of the month following the status change. If that day is the first day of the month, the change to the surcharge begins that day.
• A change that results in removing the premium surcharge will begin the first day of the month following the receipt of the change in attestation. If that day is the first day of the month, the change to the surcharge begins that day.

1. Log into SEBB My Account.
2. Click the ‘Premium surcharge attestations’ tile.
3. Update the attestation from ‘Yes’ to ‘No’, or from ‘No’ to ‘Yes’.
4. If you update the response to ‘Yes’, enter the date tobacco use began.
5. Click ‘Continue’. Click ‘OK’ on the change alerts.

6. Click ‘Confirm’ to your attestation changes.

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**Email subscription**

Sign up for the SEBB Program’s email subscription service. This service replaces many of the SEBB Program’s general mailings like newsletters. It means less paper, and you get your information more quickly right to your inbox.

The SEBB program:

- Will not share your email address with any SEBB health plan or insurance vendor. Your personal email address will not be provided in public disclosure requests.
- Will continue to send some communications to you by mail, including those required by rules and laws.
• You may unsubscribe at any time through SEBB My Account at no charge. The program will remove your email address from the email subscription service and mail printed communications to your address on file.

**Subscribe**

1. Log into SEBB My Account.
2. Follow the instructions in the ‘Update your contact information’ section of this manual to add your email address to your profile, if you have not already done so.
3. Click the ‘Coverage summary’ tab in the blue menu bar.

![Screenshot of SEBB My Account interface](image)

4. Click the checkbox next to ‘You wish to receive email notification from the SEBB Program’ in Section A under your name and county of residence.

**Unsubscribe**

1. Log into SEBB My Account.
2. Click the ‘Coverage summary’ tab on the blue menu bar.
3. Uncheck the checkbox next to ‘You wish to receive email notifications from the SEBB Program’.

**Address changes** – Address changes for you and your dependents must be submitted to your benefits administrator.
Make changes to your account

You may make changes to your account each year during annual open enrollment or throughout the year if you experience a life event, also referred to as a qualifying event that triggers a special open enrollment.

Annual open enrollment

Changes made during the annual open enrollment are effective January 1 of the following year. You must submit the changes and required dependent verification documents, if applicable, no later than the last day of open enrollment.

During annual open enrollment you may:

- Change medical, dental, and vision plans.
- Return from waive status without proof of loss (Premium surcharge attestation(s) are required).
- Waive medical coverage if you have other employer-based medical, TRICARE, or Medicare.
- Add eligible dependents without proof of loss (dependent verification and premium surcharge attestation(s) are required).
- Remove dependents from your coverage
- Change premium payment plan (IRC Section 125) waiver status.
- Change the IRC tax status of a dependent.
- Enroll or reenroll in a Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program (DCAP).
- Attest or reattest to the spouse or state-registered domestic partner premium surcharge, if applicable. You will be notified if you need to reattest during the annual open enrollment.

Special Open Enrollment

Certain life events or qualifying events allow you to make changes to your account (such as changing your health plan or enrolling or removing a dependent) outside of the annual open enrollment.

You must provide proof of the event and dependent verification if adding dependents. SEBB Administrative Policy 45-2, Addendum 45-2A provides guidance on allowable changes and required proof of the event.

Special open enrollment events include:

- Become eligible for State premium assistance subsidy for SEBB health plan coverage for Medicaid or CHIP – as required by HIPAA, the employee or employee’s dependent becomes eligible for state premium assistance subsidy for SEBB health plan coverage for Medicaid or a state children’s health insurance program (CHIP)
- Birth or adoption – employee acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption.
- Change under other employer-based group health plans open enrollment – the employee or employee’s 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.

- **Change in employment status (self)** – employee has a change in employment status that affects the employee’s eligibility for their employer contribution toward their employer-based group health plan.

- **Change of address** – employee or employee’s dependent has a change in residence that affects health plan availability. If the employee moves and the employee’s current health plan is not available in the new location the employee must select a new health plan. *Note: A dental plan is considered to be available if within 50 miles of employee’s new residence.*

- **Continuity of care** – employee or the employee’s dependent experiences a disruption of care that could function as a reduction in benefits for the employee or the employee’s dependent for a specific condition or ongoing course of treatment.

- **Court order or national medical support notice** – a court order requires the employee or any other individual provide coverage for an eligible child of the employee.

- **Dependent loses eligibility** – Employee’s dependent no longer meets SEBB eligibility criteria (divorce, annulment, dissolution of state-registered domestic partnership, dependent ceases to be eligible, dependent dies.

- **Dependent moves to or from USA** – employee’s dependent has a change in residence from outside of the United States to within the United States or from within the United States to outside the United States.

- **Dependent’s change in employment status** – employee’s dependent has a change in employment status that affects their eligibility for their employer contribution under employer-based group health plan.

- **Gain or lose eligibility for Medicaid or CHIP** – employee or the employee’s dependent becomes entitled to coverage under Medicaid or a state children’s health insurance program (CHIP), or the employee or employee’s dependent loses eligibility for Medicaid or CHIP.

- **Gain or lose eligibility for TRICARE**

- **Health plan no longer available** – employee or the employee’s dependent current health plan becomes unavailable because the employee or enrolled dependent is no longer eligible for a health savings account (HSA). Evidence that the subscriber or subscriber’s dependent is no longer eligible may be required.

- **Loss of other coverage** – employee or employee’s dependent loses other coverage under a group health plan through health insurance coverage, as defined by HIPAA.

- **Marriage** – employee acquires a new dependent due to marriage.

- **Newly eligible extended dependent** – employee acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship.

- **State-registered domestic partnership** – employee acquires a new dependent due to registering a state-registered domestic partnership.
Change plans and add/remove dependents

1. Log into SEBB My Account.

2. Click the ‘Special open enrollment’ tile.
3. Select the event from the ‘Select applicable event’ drop-down.

4. Enter the date of the event.

5. Click ‘Submit’. The event moves into the list.

6. Click the checkbox next to the event. The allowable actions open.

7. Select the ‘>’ next to the change(s) you would like to make.
8. Click on the action to request the desired change. In some cases, one action requires that you complete another action first. In the example below, before you can make a plan change, you must first remove a dependent or add a qualified spouse or add a dependent.

Add/remove dependents

When adding dependents:

- Upload dependent verification documents and proof of the special open enrollment (in some cases this may be the same document), and
- Complete the required attestations, and
- Even if you are not changing your plan(s), select the ‘Make plan elections’ section to enroll the dependent in coverage.

1. Expand the ‘Add New Dependents’ section, click on step ‘1’.
2. Click the green ‘Add Dependent’ button, click the ‘+’ next to ‘New’ and complete the information.

3. Click ‘Submit Changes’. Click ‘Submit Changes’ again.
4. Upload dependent verification documents.
5. Attest to the appropriate premium surcharges.
6. To enroll the new dependent in coverage, click ‘Make Plan Elections’.
7. If you are making plan changes, select the new medical, dental, and/or vision plan. Otherwise, verify the correct plan is selected. Scroll to the bottom of the page.

8. Select ‘Yes’ for each benefit the dependent will be enrolled in.
10. Download a Summary of Coverage Elections.

When removing dependents:

- To remove a dependent from all or select coverage only, click the ‘Coverage election’ tab and change the ‘Yes’ to ‘No’ next to each of the desired coverages.
- Complete all desired allowable changes. Your special open enrollment request will pend for approval by your benefits administrator. Dependents are not enrolled until they are verified and approved for enrollment.