



# 2020 SEBB Premium Surcharge Attestation Help Sheet

Use the information below to determine whether the premium surcharges apply to you. Then attest on your 2020 enrollment form, in SEBB My Account, or on the *2020 SEBB Premium Surcharge Attestation Change Form*. The surcharges **do not apply** to subscribers who are only enrolled in SEBB dental and/or vision coverage.

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### Tobacco use premium surcharge

#### What are tobacco products?

Tobacco products means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products.

#### Tobacco products do not include:

- E-cigarettes
- Tobacco cessation aids approved by the Food and Drug Administration, such as:
  1. All over-the-counter nicotine replacement products for adults ages 18 and older and children under age 18 if recommended by a doctor, such as:
    - Skin patches — generic (nicotine film), private label, or brand-name (Habitrol or Nicoderm)
    - Chewing gum (also called nicotine gum) — generic (nicotine polacrilex or Thrive), private label, or brand-name (Nicorette)
    - Lozenges — generic (nicotine polacrilex), private label, or brand-name (Nicorette or Commit)
  2. Prescription nicotine replacement products:
    - Nasal spray or oral inhaler—brand name (Nicotrol)
    - Products not containing nicotine, such as pills—generic (bupropion, hydrochloride or brand name (Chantix or Zyban)

#### What is tobacco use?

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

The surcharge will not apply if you and all enrolled dependents who use tobacco meet these requirements:

- Ages 18 and older: are enrolled in the free tobacco cessation program through your medical plan.
- Ages 13 to 17: accessed resources aimed at teens at **teen.smokefree.gov**.

Enrolled dependents ages 12 and younger are automatically defaulted to **No** (non-tobacco users), and you do not have to attest for them. When the dependent turns age 13, you do not need to attest unless the dependent uses, or starts using, tobacco products. If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in SEBB Program Administrative Policy 91-1 at

**[hca.wa.gov/sebb-rules](http://hca.wa.gov/sebb-rules).**

#### Does this mean tobacco use within the past two months from today?

Tobacco products used within the two months before the date you submit your attestation count as "tobacco use."

#### What if my tobacco use changes?

You must change your attestation when:

- **Any** enrolled dependent age 13 and older starts using tobacco products.
- **All** enrolled dependents ages 13 and older have stopped using tobacco products for two months, or have enrolled in or accessed one of the tobacco cessation resources noted above.

Employees can change their tobacco use attestation using SEBB My Account at **[myaccount.hca.wa.gov](http://myaccount.hca.wa.gov)** or submit a *2020 SEBB Premium Surcharge Attestation Change Form* to their payroll or benefits office. SEBB Continuation Coverage subscribers must submit changes to the SEBB Program using the *2020 SEBB Premium Surcharge Attestation Change Form*.

Changes that result in a premium surcharge will begin the first day of the month after the status change (the date you or a dependent started using tobacco products). If that day is the first of the month, the change begins on that day. Changes that result in removing a premium surcharge will begin the first day of the month after receipt of the attestation. If that day is the first of the month, the change begins on that day.

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

If you don't have a spouse or state-registered domestic partner enrolled on your SEBB medical plan, you don't need to attest—this premium surcharge doesn't apply to you. If you will enroll one, you must complete this questionnaire.

Account (employees only), or on your *2020 SEBB Premium Surcharge Attestation Change Form*.

Yes No

1	Are you covering your spouse or state-registered domestic partner in a School Employees Benefits Board (SEBB) medical plan under your account in 2020?	<input checked="" type="checkbox"/>	
2	Will they be eligible for medical coverage through their employer in 2020? (If they will not be employed in 2020, answer <b>No</b> .)	<input type="checkbox"/>	<input type="checkbox"/>
3	Will their employer offer at least one medical plan that serves their county of residence in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
4	Has your spouse or state-registered domestic partner chosen not to enroll in their employer's medical (including PEBB coverage) in 2020?	<input type="checkbox"/>	<input type="checkbox"/>
5	Will the coverage offered by your spouse's or state-registered domestic partner's employer in 2020 not be through the SEBB Program or a TRICARE plan? Answer <b>Yes</b> if their employer <b>does not</b> offer SEBB coverage or a TRICARE plan. Answer <b>No</b> if their employer <b>does</b> offer SEBB coverage or a TRICARE plan.	<input type="checkbox"/>	<input type="checkbox"/>
6	Will their share of the medical premium through their employer be less than \$108.31 per month in 2020?	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered No to ANY of these questions:**  
Check **No** and indicate which question(s) you answered **No** to on your 2020 enrollment form or *2020 SEBB Premium Surcharge Attestation Change Form*. You will not be charged the premium surcharge.

**If you answered Yes to ALL of these questions, you must complete steps 1 and 2 below to find out whether you must pay the surcharge.**

1. Your spouse or state-registered domestic partner should ask their employer for a *2020 Summary of Benefits and Coverage* (SBC) for all medical plans that:
  - Serve the county of residence for your spouse or state-registered domestic partner.
  - Have a monthly premium of less than \$108.31 per month for the employee.
2. Use the SBC information to answer the questions in the *2020 SEBB Spousal Plan Calculator* online tool at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) or download and print a paper version and submit it with your 2020 enrollment form or *2020 SEBB Premium Surcharge Attestation Change Form*.

If you don't have access to the Internet, you may request a paper version of the *2020 SEBB Spousal Plan Calculator* from your employer (if an employee). All other subscribers may call the SEBB Program at 1-800-200-1004 (TRS: 711) and select menu option 5 to request a paper copy.

**If using the online 2020 SEBB Spousal Plan Calculator:**  
Click the *Calculate* button. You will get a **Yes** or **No** response to whether the premium surcharge applies to you. Enter this response on your 2020 enrollment form or *2020 SEBB Premium Surcharge Attestation Change Form*.

**If using a paper version of the 2020 SEBB Spousal Plan Calculator:** Provide all the information requested on the form. Check *Employer or SEBB Program to determine* on your 2020 enrollment form or *2020 SEBB Premium Surcharge Attestation Change Form*. Include a copy of the *2020 SEBB Spousal Plan Calculator* (not this help sheet) when you submit your form. Your employer or the SEBB Program will use these to determine whether your spouse's or state-registered domestic partner's employer-based group medical is comparable to PEBB's Uniform Medical Plan Classic and if the premium surcharge will apply.