

# SEBB Webinar Chat Follow-up

These are questions that came up during a recent webinar with benefits administrators.

## Accounting

### Is \$994 the final cost per employee that SEBB is charging for each employee?

Yes. SEBB organizations are charged the \$994 funding rate per eligible employee per month through June 30, 2020 (end of FY20). There is also a monthly third-party administrator fee of \$2.52 for each employee enrolled in FSA/DCAP. SEBB organizations also need to collect the medical monthly premium amount, by plan and by tier, and any applicable surcharges per each enrolled employee, and remit this amount to HCA.

SEBB Funding Rate Components	FY 2020
	Conference Budget (with Final Rates)
EMC (PAUPM) <sup>1</sup>	\$555
Ratio of Adult Units per Employee <sup>2</sup>	1.565
Medical Premium Contribution (PSPM) <sup>3</sup>	\$869
100% Dental Premium (PSPM)	\$95
100% Vision Premium (PSPM)	\$11
100% Basic Life Premium (PSPM)	\$4
100% Basic LTD Premium (PSPM)	\$2
K-12 Remittance (PSPM)	\$70
Admin and other costs (PSPM) <sup>4</sup>	\$24
Surplus/Deficit Spend <sup>5</sup>	(\$81)
<b>Total Cost (PSPM) <sup>6</sup></b>	<b>\$994</b>

**Source:**

SEBB Projection Model Suggested Funding Rate from 3/1/19 Legislative Budget Scenario updated with the following assumptions:

Conference Budget Updates:

- Three-year loan repayment schedule, by June 30, 2022
- Funding rate set at \$994, consistent with the budget language
- K-12 remittance set to \$69.56 per employee per month

HCA Modeling Updates:

- Final EMC
- 7/25/19 presented Bid Rates
- Updated medical enrollment assumptions with the removal of Aetna, Providence, and Premera's Value PPO Plan
- Claims costs were updated to match the latest UMP rate build

**Notes:**

1. PAUPM - Per Adult Unit Per Month
2. 1.565 adult unit factor is a modeled assumption for the SEBB eligible employee population, including enrollment of dependents and employees waiving coverage.
3. PSPM - Per Subscriber Per Month
4. Admin and other costs includes GF-S loan repayment by June 30, 2022
5. Surplus/Deficit from GF-S loan spend and funding rate shortfall
6. Values are rounded within modeling

### Should the total amount of all employee deductions and the funding rate of \$994 per eligible employee be in one check?

Yes, please send one check payment to include both employee and employer costs for coverage.

### Will there be one line of data in the HCA invoice that consolidates four lines of adjustment data?

No. The [example from the webinar](#) shows the one line that was originally billed for January coverage on the January bill. Then there are three lines on the February bill. This shows:

- We are crediting the employee's original bill for January coverage.
- The new invoice for January coverage after the changes were made to the account.
- The invoice for February coverage.

**In the HCA manuals it says to contact Accounting for billing issues and Outreach and Training (O&T) for enrollment issues. However, those issues are usually intertwined. What is the communication between the accounting and enrollment departments when we call to resolve an issue? Or are districts expected to call both departments to resolve one issue?**

You will not usually have to call both departments. Our eligibility system has accounting processes built in. Accounting and O&T work closely together, so when you report an eligibility or enrollment issue, the accounting correction is included when an adjustment is made.

**What is the email address to contact Accounting?**

For regular, ongoing communication, the preferred method of contact is through a secure FUZE email because it may contain personal information. It will be forwarded to Accounting. You can call Accounting at 800-200-1004, menu option 4.

**For method A on the retiree subsidy, do we just need to submit one last payment for the reconciliation of October-December estimates?**

If you file using method A, reconcile October through December payments when you receive the updated SPI reports in January. If the reconciliation results in an adjusting payment owed, pay to HCA as you normally would. If the reconciliation shows you overpaid your estimate payments for October through December, contact HCA for a refund. If you file using method B, your last payment was based on your November payroll.

**We are required to report medical premiums (employee and employer) on the employee's W-2 at the end of the year. How do we have the correct amount if we are paying one lump sum to HCA? Does HCA mail out a letter to the employees similar to what they do for PEBB employees?**

The billing file lists the employee premiums separately. Also, what is reported for cost of employer-sponsored health care is not the employer share, \$994. HCA will mail a 1095 tax form to employees similar to what we do for PEBB after the 2020 plan year has ended.

**There is a letter about W-2 reporting of employer-sponsored health care, but the amounts it says we should report do not match what we actually pay. Shouldn't we report what we actually pay to HCA for the medical component?**

The amount listed on the W-2 reporting guidance is the value of the health care (medical, dental, and vision). The amount of the employer contribution for the health savings account (HSA) for each employee will be provided in January 2021 for W-2 reporting.

**We have a couple of employees who terminated employment during open enrollment. They did not complete SEBB enrollment. Their termination information was entered into SEBB My Account, but they just received default letters. How do I reconcile this in the billing?**

Once the terminations are recognized in our billing system, your next bill will be adjusted, so you should pay what was billed and you will be credited on a future bill. These employees' billing discrepancies will be reconciliation items until your payroll records and our eligibility records

align and have processed through both payroll and the bill. Please pay the amount shown in the invoice. You can find details on the process for reconciling these adjustments in the [SEBB Accounting Manual](#). There's an example of how adjustments will appear on your bill on the sample billing file spreadsheet.

**We have over a dozen people who were terminated in SEBB My Account prior to open enrollment, yet they were defaulted and are on our bill.**

We are looking at each terminated employee individually, as part of our data fix process. For now, please notify us of terminated employees that are on the invoice.

**We have employees that are newly eligible (still in their 31-day window to enroll) and our billing file has them set up with default elections and premiums. These employees should not have to pay these premiums when they still have time to make a selection.**

The funding rate paid by the employer and the employee's contributions should begin on the effective date of coverage. Each payroll office will decide how and when to set up employee deductions. These will be reconciling items between your SEBB bill and what occurs on your payroll, and the bill will be adjusted when the newly eligible employees' elections are made.

**Will employees who were affected by the "incomplete health plan confirmation" issue be expected to pay increased premiums in January for the SEBB decision to place them in coverage they did not select? If we must pay exact amount of billing file, how can we accommodate these employees who have been erroneously entered into a plan by SEBB?**

This will have to go through our appeals process and be reconciled on billing later. Your organization can decide not to deduct from the employee's paycheck if you can cover the cost until the adjustments have been made.

## SEBB My Account

**None of my newly hired employees are able to elect benefits, and they are still in the 31-day window.**

Newly eligible employees should be able to elect, but if not, email [sebbitsupport@hca.wa.gov](mailto:sebbitsupport@hca.wa.gov) and we'll look into it.

**I had an employee who was told by SEBB that his benefits administrator is the person to reset his password. I cannot find instructions for that in the manuals.**

Here are the instructions to reset a password, from the [SEBB My Account manual, chapter 2](#).

3. Click on the 'Manage subscriber' tile and search for the employee.

ABERDEEN SCHOOL DISTRICT 005

Manage subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of insurance.
- Review your subscriber's enrollment, dependants and benefit elections.

t Search Add new subscriber Manage associated subscriber

First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
Tester	H	McGee	XXX-XX-5309	10/12/1961	Subscriber	ABERDEEN SCHOOL DISTRICT 005

1 - 1 of 1 items

Disassociate this subscriber account? The member will be prompted to re-claim their account upon next login.

4. Verify the identity of the employee having the access issue.
5. Once you have confirmed the identity of the employee and verified that this is the issue preventing access click the button indicated above 'Disassociate this subscriber account?'.

This action will release the old SAW account from the employee record. The employee will then need to go through the steps to claim their account again (entering in their demographic information, selecting and providing answers for their security questions).

**Has HCA considered a support number for employees? Your communications say contact the benefits administrator, yet benefits administrators are not able to make changes in the system.**

Our system is set up so that employees first go to their employer for assistance with any questions they have. Benefits administrators are trained and provided with information to address employee questions or concerns, and can use FUZE if there is something they are not able to answer/change.

At this time, benefits administrators do not have full access to SEBB My Account because we are resolving issues from the first annual open enrollment. Please make use of FUZE or the appeals process.

## Life insurance

**For MetLife life insurance, if they direct-bill in January, they are paying for January coverage that should start January 1. What if someone died on January 15 but we wouldn't have paid for that coverage until the January 31 payroll? How would this work for the employee's family?**

As long as a subscriber is current on their premiums, there would not be an issue. In this specific example, payout to beneficiaries would occur, less the January 31 payroll deduction amount for January coverage.

**We would like to give our employees that will be getting a bill in the mail this week for supplemental life a heads up so that they do not disregard the invoice as junk mail. Can you please provide an update on getting this information to us?**

All SEBB organizations with subscribers on direct billing were emailed a spreadsheet listing all employees who have enrolled in supplemental life and AD&D with MetLife. This email was sent on Friday, December 13, from [ERBCORR@hca.wa.gov](mailto:ERBCORR@hca.wa.gov).

## Medical FSA/DCAP

**How much will the Medical FSA or DCAP admin fees will be?**

There is a monthly third-party administrator fee of \$2.52 for each employee enrolled in the Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program (DCAP). If an employee enrolls in both Medical FSA and DCAP, there is only one fee of \$2.52 charged. On the [benefits administrator website](#), on the bottom of the page, click on "Find rates," and there is information about the Medical FSA/DCAP admin fees.

**What is the rationale for the Medical FSA/DCAP accounts to charge districts a monthly admin fee, enter the deductions, but any unused balances at the end of the year go to HCA and not the districts?**

Districts receive an employer FICA savings that offsets the Medical FSA/DCAP administrative fees. According to [RCW 41.05.123](#), any forfeited balances at the end of the year remain within the Medical FSA/DCAP program funds. HCA uses this balance to offset future administrative costs paid by the districts to run the program, including administrative fees paid to the third-party administrator.

**For Medical FSA do we need to deduct their monthly amount from the December paycheck in order for them to be able to use their Navia card for expenditures in January?**

For the Medical FSA and DCAP, deductions need to occur in the month of coverage. January deductions need to be taken from the January 31 paycheck, February deductions taken from the February 28 paycheck, and so on. The actual deduction report must be uploaded to SEBB My Account approximately five days prior to the pay date.

## Health Savings Account (HSA)

**When an employee is on the UMP High Deductible plan, the HSA contribution will be made by HCA each month, correct?**

Yes, the deposits are typically deposited on the last business day of each month, so employees can expect the first deposit in their HSA accounts on January 31.

**For employees who signed up for HSA, is either SEBB or HealthEquity sending them a welcome packet so they can set up their account?**

Employees will receive a welcome packet and a debit card from HealthEquity.

## Special open enrollment

**Has anyone addressed the ability of non-admin users to approve special enrollment events (SOEs)?**

Yes. This was fixed during the week of January 20.

**Are there step-by-step instructions on how to do the SOEs? How to enroll once the SOE is verified/approved? We have quite a few, and our employees are struggling. We are unsure how it works, also.**

Please see the instructions on the SEBB Program webpages under [Change your coverage](#), and scroll to the section on [Special open enrollment](#). See page 15 of the [benefits administrator training manual](#) on how to approve/deny. We have had requests for special open enrollment training and will conduct some trainings and/or webinars on this topic in coming months.

**In an SOE, what if the documents listed under Verify/deny do not apply to the situation? Do we just pick one of them?**

The SEBB program has [policies that explain which documents are acceptable](#) for verifying eligibility. [SEBB policy 45-2A](#) explains what changes may be made for each of the special open enrollment events and what documents are needed.

Here are the denial reasons for SOE:

Verify special open enrollment requests

Show only pending requests

Subscriber	Type	Status	Verified date
Eligible, Newly	Marriage	Pending	

Verify
  Deny
  Pending

Verification status\*

Denied  
 Illegible  
 Incomplete  
 Invalid  
 No Document Provided

Denied date\*

01/03/2020

Here are the verify reasons for SOE:

Verify special open enrollment requests

Show only pending requests

Subscriber	Type	Status	Verified date
Eligible, Newly	Marriage	Pending	1/3/2020

Verify
  Deny
  Pending

Verification status\*

Verified  
 Verified Exempt  
 Verified Not WA Registration  
 Verified WA Registration

Verify date\*

01/03/2020

**Is any documentation required when an employee is enrolling (self only) due to a special enrollment event?**

Yes. The school employee must provide evidence of the event that creates the special open enrollment.

**I have an employee who lost her coverage on December 31. She put in an SOE, made a mistake on the date and added another one. I went in to deny the one and verify the correct one, but when I look at them, I don't see the date, so don't know which one to deny.**

We plan to add "submitted date" to the SOE grid for administrators in the future. For this specific instance, you'll have to find out from the subscriber what the date should be, then open each request and deny the correct one. In the future, we recommend denying the first one before having the subscriber submit a new one.

**Do employees have 31 days from the date of the event for an SOE?**

They have 60 days. If the employee wishes to enroll dependents, the employee must provide proof of the event that created the special open enrollment (for example, a marriage or birth certificate) in SEBB My Account, or with the required enrollment/change forms to the payroll or benefits office, no later than 60 days after the event before the dependent can be enrolled under the employees' coverage

## COBRA/Terminations/Leave

**Is it true that once an employee works 630 hours they are eligible for benefits through August 31, 2020? Even if they go on unpaid leave after they work 630 hours?**

Yes, once they have reached 630 hours, the employee is still eligible until August 31, unless either the employee or employer terminate the employment relationship.

**Does paid leave count towards the 630 hours?**

On January 27, 2020 the SEB Board passed resolution SEBB 2020-01. The resolution requires that all hours for which a school employee receives compensation from their SEBB organization must be included when determining the school employee's anticipated hours and their actual hours. This includes sick leave, personal leave, and bereavement leave, as well as holiday hours.

**When we term someone in SEBB My Account, does that trigger a SEBB Continuation Coverage packet?**

Yes, a termination in SEBB My Account will automatically trigger a SEBB Continuation Coverage packet at the address on record in the system within 14 days of the date the benefits terminate. The SEBB Continuation Coverage packet mails to the employee and all covered dependents.



**When I'm ending coverage for an employee who left on December 31, the termination reason I selected (the first one, Employment Ending) appeared. But then when I filled out the termination date and checked the box, the Reason box cleared and I got an error message saying I needed to report a termination reason.**

We could not recreate this in SEBB My Account. If this re-occurs, please report the screen you're on and the error messages using the following steps:

1. Ensure you are using Chrome.
2. On your keyboard, press and hold CTRL.
3. Press and hold SHIFT.
4. Press the letter I.
5. On the window that appears, click on "console."
6. Email a screenshot of the page you're on and the console app to [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov).

**If an employee works 400 hours, then goes on unpaid leave, and is anticipated to come back and work 300 hours, do they stay on SEBB the entire time?**

Yes, as long as the organization anticipates the employee will work 630 hours for the school year, the employee remains eligible for the employer contribution for benefits while on leave and until August 31 upon their return. Eligibility for the employer contribution ends earlier than the end of the school year only upon termination.

**Is there a difference between anticipated to be paid for 630 hours or actually worked for 630 hours? Pertains to someone off on paid leave for most of the year.**

The answer is dependent on the subscriber's specific situation so is best answered through FUZE. There **is** a difference between someone who has worked 630 hours and someone who is anticipated to work 630 hours but hasn't yet. If they haven't yet reached 630 hours, the anticipation can change.

**Currently our contract states if you work in December you would be covered through January 31. Under SEBB, effective January 1, 2020, the rule changes and it would end on the last day of the month. So if I have an employee who terminated in mid-December, under old rules his benefits would end January 31. Is that still correct, since SEBB started effective until January 1? What would I put in as a termination date in SEBB My Account so that his benefits end January 31, 2020?**

The employer determines the termination date and will be invoiced for all employees not yet terminated. The organization could provide the employee the cost of insurance that would normally have been paid for the employee's coverage, which the employee could use to pay towards COBRA for January.

## Eligibility/Beginning of coverage

### **For a new employee starting January 6, when would their benefits start?**

In this scenario, benefits begin February 1.

### **Does coverage always begin the following the month of hire? So if they start on February 1, their coverage starts March 1? Likewise, if they start on February 20 their coverage begins March 1?**

Yes. In general, the benefits begin the first of the month following the date the employee becomes eligible to apply for benefits. However, the date benefits begin when an employee becomes eligible in September may be different.

### **When will the C and D series worksheets be available?**

We anticipate these will be ready early in February.

## BA Website

### **Several links on the benefits administrator website prompt an Access Denied message that says "you're not authorized to access this page." Are these pages not live yet? Or how do we get access?**

The pages are not live yet. That message comes up when a page we are working on is not completed. The benefits administrator site is a work in progress. As we receive additional information, those pages will be available to you.

## Mandatory notices

### **What mandatory state and federal notices does HCA send related to health care?**

HCA sends the following federal notices:

- *Children's Health Insurance Program (CHIP) Notice* annually to the organization for distribution to employees.
- *Notice of Creditable Prescription Drug Coverage* annually to all employees in the fall newsletter. (Provided in the *School Employee Initial Enrollment Guide* for 2020.)
- The *Initial Notice of COBRA and Continuation Coverage Rights* to employees when enrolled in SEBB benefits, and the *SEBB Continuation Coverage Election Notice* upon termination.
- *Summaries of Benefits and Coverage* to help members understand plan benefits and medical terms. (Provided [online](#) or upon request by mail.)

## Appeals

**If we know that SEBB has created an error in the billing, how can we correct that before withholding the employee amount? It's not their fault, nor the district's, so we shouldn't be withholding the money from their checks.**

**The letters that went to employees confirming their enrollments "Your 2020 SEBB Program health plan enrollment confirmation," direct the employee to contact their payroll or benefits office if they believe the information in the letter is incorrect. What are we authorized to do, or what steps should we take to assist the employee when they come to us with this?**

If the employee received a confirmation letter and they believe it is incorrect, they could appeal directly to the SEBB Appeals Unit. The SEBB Program is using the appeals process for individual members to notify us of issues related to their enrollment so they can be properly resolved. Organizations should pay the amount invoiced, but the organization is not required to deduct from the employee's paycheck if the organization can afford to cover the incorrect employee contribution until adjustments can be made.

**Is the appeals phone number for our employees to call? Or just for the BAs?**

It's just for the benefits administrators. Please have the employees go to the benefits administrators first and see if they can answer the question. If not, then the BA can call the Appeals Unit. Due to the high number of appeals received, we are not always able to tell you the status of the appeal. We are working the appeals as fast as possible, and the employee will receive confirmation that we received the appeal, once the appeal is processed.

**How many outstanding appeals are in process right now?**

The number changes daily, but it was about 5,400 as of January 24, 2020.

**How does the employee get confirmation that their appeal paperwork was received?**

We are sending letters to confirm we received an appeal. Employees can call our customer service center to check whether we got the appeal.

**If we look in the system and a child was denied verification, and the document was there before open enrollment ended, can't we just fix that rather than making them wait for the appeal?**

There are legal restrictions on making changes to accounts outside of open enrollment. Also, we need to review the case to determine why verification was denied. The appeal process allows all of the information to be shared with the parties.

## Follow-up webinars

Thank you for letting us know your questions. We are planning more webinars in the coming months and would welcome suggestions for topics of interest. In the meanwhile, the [benefits](#)

[administrators webpage](#) provides answers to many of the questions asked during the webinar. The [supplemental benefit payroll set-up checklist](#) on the BA webpage is a reference as you go through set-up activities. As issues arise, we will notify BAs of additional guidance through the weekly *SEBB Update* emails.