



Washington State Health Care Authority
School Employees Benefits Board
P.O. Box 42720 • Olympia, Washington 98504-2720
www.hca.wa.gov/sebb

Name
Address
City State ZIP

<Date>



Some limited open enrollment changes attempted were not allowed

Dear Subscriber:

From July 1 through July 31, 2020, the School Employees Benefits Board (SEBB) Program offered a limited open enrollment allowing you to make some changes to your SEBB benefits. Our records show that you tried to make some changes to your account that were not allowed during this limited open enrollment.

The following changes were allowed during the July limited open enrollment period:

- Enroll in medical coverage if you are currently enrolled only in dental or vision coverage.
- Add dependents to your medical coverage (you must submit dependent verification documents to prove their eligibility).
- Raise or lower your 2020 Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) election amounts, within limits.
- Enroll in a Medical FSA or DCAP for the rest of the calendar year.

Changes **not allowed** during the limited open enrollment include, but are not limited to:

- Change your medical, dental, or vision plans.
- Enroll dependents in dental or vision coverage.
- Remove eligible dependents from medical, dental, or vision coverage.
- Waive medical coverage.

Only the changes you requested that were allowed during this limited open enrollment period have been accepted and applied to your account; all other changes requested have not been accepted and have not been applied to your account. To confirm the changes made to your account, you may access your enrollment information and print a *Statement of Insurance* through SEBB My Account at myaccount.hca.wa.gov. You must register for SEBB My Account to view account information online.

If you have questions about this letter, please contact your payroll or benefits office. You can learn more about your SEBB Program enrollment options at hca.wa.gov/sebb-employee under *Eligibility & enrollment*.

Sincerely,

SEBB Program

SEBB Program Nondiscrimination Notice and Language Access Services

The SEBB Program and its contracted health plans comply with applicable federal civil rights laws and do not discriminate (exclude people or treat them differently) on the basis of race, color, national origin, age, disability, or sex.

The SEBB Program also complies with applicable state civil rights laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained guide dog or service animal by a person with a disability.

The SEBB Program provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe this organization has failed to provide language access services or discriminated in another way...	You can file a grievance with:
SEBB Program	Health Care Authority Enterprise Risk Management Office Attn: HCA ADA/Nondiscrimination Coordinator PO Box 42720 Olympia, WA 98504-2720 1-855-682-0787 (TRS: 711) Fax 360-507-9234 compliance@hca.wa.gov hca.wa.gov/about-hca/non-discrimination-statement
SEBB MEDICAL PLANS	
Kaiser Foundation Health Plan of the Northwest	Member Relations – Kaiser Civil Rights Coordinator 500 NE Multnomah Street, Suite 100 Portland, OR 97232 1-800-813-2000 (TRS: 711) Fax 503-813-3985
Kaiser Foundation Health Plan of Washington	Civil Rights Coordinator Quality GNE-D1E-07 PO Box 9812 Renton, WA 98057 1-888-901-4636 (TRS: 711) Fax 206-901-6205 kp.org/wa/feedback
Kaiser Foundation Health Plan of Washington Options, Inc.	Civil Rights Coordinator Quality GNE-D1E-07 PO Box 9812 Renton, WA 98057 1-888-901-4636 (TRS: 711) Fax 206-901-6205 kp.org/wa/feedback
Premera Blue Cross (for discrimination concerns about any Premera Blue Cross plan, or the Centers of Excellence Program for Uniform Medical Plan [UMP] Achieve 1, UMP Achieve 2, and UMP High Deductible)	Premera Blue Cross Attn: Civil Rights Coordinator – Complaints and Appeals PO Box 91102 Seattle, WA 98111 1-800-722-1471 (TTY: 1-800-842-5357) Fax 425-918-5592 AppealsDepartmentinquiries@Premera.com
Regence BlueShield (for discrimination concerns about any UMP plan)	Regence BlueShield Civil Rights Coordinator PO Box 2998 Tacoma, WA 98401-2998 1-888-344-6347 (TRS: 711) CS@regence.com

If you believe this organization has failed to provide language access services or discriminated in another way...	You can file a grievance with:
Washington State Rx Services (for discrimination concerns about prescription drug benefits for any UMP plan)	Washington State Rx Services Appeals Unit PO Box 40168 Portland, OR 97204-0168 1-888-361-1611 (TRS: 711) Fax 866-923-0412 compliance@modahealth.com
SEBB DENTAL PLANS	
Delta Dental of Washington (for discrimination concerns about DeltaCare and the Uniform Dental Plan)	Delta Dental Compliance/Privacy Officer PO Box 75983 Seattle, WA 98175 1-800-554-1907 (TTY: 1-800-833-6384) Fax 206-729- 5512 Compliance@DeltaDentalWA.com
Willamette Dental of Washington, Inc.	Willamette Dental of Washington, Inc. Member Services Department 6950 NE Campus Way Hillsboro, Oregon 97124 1-855-433-6825 (TRS: 711) Fax 503-952-2684 memberservices@willamettedental.com
SEBB VISION PLANS	
Davis Vision, Inc.	Davis Vision Complaints and Appeals Department PO Box 791 Latham, NY 12110 1-888-343-3470 (TTY: 1-800-523-2847) Fax 888-343-3475
EyeMed Vision Care	FAA/EyeMed Vision Care Quality Assurance Department 4000 Luxottica Place Mason, OH 45040 1-800-699-0993 (TTY: 1-844-230-6498) Fax 513-492-3259
Metropolitan Life Insurance Company (for discrimination concerns about Metropolitan Life Insurance Company vision plan)	Metropolitan Life Insurance Company Complaint & Grievance Unit PO Box 997100 Sacramento, CA 95899-7100 1-855-638-3931 (TTY: 1-800-428-4833) inquiries@mymetlifevision.com

You can also file a civil rights complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights
 200 Independence Avenue, SW Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019 (TDD: 1-800-537-7697)
ocrportal.hhs.gov/ocr/portal/lobby.jsf (to submit complaints electronically)
hhs.gov/ocr/office/file/index.html (to find complaint forms online)

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Employees: Contact your personnel, payroll, or benefits office. Retirees, PEBB and SEBB Continuation Coverage members: Call the Health Care Authority at 1-800-200-1004 (TRS: 711).

[Amharic] የድምጽ እገዛ እገልግሎት፣ ተርጓሚዎችን እና የተተረጎሙ የታተሙ ጽሁፎችን ጨምሮ፣ በአገልግሎት ሰጪዎች፣ የፐርሶኔል፣ የደምወዝ፣ ወይም የጥቅማጥቅም ቢሮውን ያገኛሉ። ጠረጎሞች፣ የግንባር ሰጪ ሰጪዎች የጥቅማጥቅም ቦርድ (PEBB) እና የትምህርት ቤት ሰጪዎች የጥቅማጥቅም ቦርድ (SEBB) ቀጣይ ሽጎን አገልግሎት፣ የHealth Care Authority ስለ 1-800-200-1004 (TRS: 711) ደውሎ ያነጋግሩ።

[Arabic] تتوفر المساعدة اللغوية، بما في ذلك الترجمة الفورية وترجمة المواد المطبوعة، مجاناً. الموظفون: الاتصال مع شؤون الموظفين و الرواتب و مكتب المزاياء. المتقاعدون، وعضاء متابعية تغطية هيئة مزاياء الموظفين الحكوميين Health Care Authority على الرقم: (TRS: 711) 1-800-200-1004.

[Burmese] စကားပြန်များ၊ ပုံနှိပ်ထားသည့် စာရွက်စာတမ်းများကို ဘာသာပြန်ပေးမှုများ အပါအဝင် ဘာသာစကား အထောက်အကူပြု ဝန်ဆောင်မှုများကို အခမဲ့ စီစဉ်ပေးနိုင်ပါသည်။ ဝန်ထမ်းများသည် မိမိ၏ ဝန်ထမ်း လွှဲပြောင်းရေးသည့် ရုံး သို့မဟုတ် အကျိုးခံစားခွင့်များ စီစဉ်ပေးသည့်ရုံးကို ကပ်သွယ်ပါ။ အငြိမ်းစားယူထားသူများ၊ အစိုးရ ဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘုံအဖွဲ့ (PEBB) နှင့် ကျောင်းဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘုံအဖွဲ့ (SEBB) အာမခံ ကံလက်ခံစားရေး အဖွဲ့ဝင်များ Health Care Authority ထံ 1-800-200-1004 (TRS: 711) တွင် ကပ်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកប្រែ និងការបកប្រែឯកសារបោះពុម្ព មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងបុគ្គលិក បញ្ជីបើកប្រាក់ខែ ឬការិយាល័យអគ្គប្រយោជន៍របស់អ្នក។ និរត្តជន សមាជិកបម្រុងបន្តសិក្សាវិទ្យាល័យបណ្ឌិតសាលាសាធារណៈ (PEBB) និងសិក្សាប្រឹក្សាវិទ្យាល័យបណ្ឌិតសាលាសាធារណៈ (SEBB) សូមហៅទូរស័ព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 711)។

[Chinese] 可免費提供語言援助服務，包括口譯及列印資料翻譯服務。僱員：請洽人事部、薪資部或福利辦公室。退休人員、(PEBB)及學校職工福利委員會(SEBB)續保會員：請致電1-800-200-1004 (TRS: 711) 聯絡 Health Care Authority。

[Korean] 통역 및 번역된 인쇄물을 포함한 언어 지원 서비스를 무료로 제공해 드리고 있습니다. 고용인: 귀하의 인사부, 경리부, 복지혜택부서에 문의하여 주십시오. 은퇴자, 공무원복지혜택위원회 (PEBB) 및 교직원복지혜택위원회 (SEBB) 연속 보장 회원 Health Care Authority 전화번호 1-800-200-1004 (TRS: 711)로 문의하여 주십시오

[Laotian] ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມເຖິງ ມາຫາສາ ແລະ ການແປ ເອກະສານ, ແມ່ນມີ ໃຫ້ໂດຍເສື່ອນ. ພະນັກງານ: ຂໍໃຫ້ຕິດຕໍ່ພະແນກບຸກຄະລາກອນ, ບັນຊີຄ່າຈ້າງ, ຫຼື ຫ້ອງການ ສິດທິປະໄຫດຕ່າງໆ. ຜູ້ອອກກິນເບັງບ້ານ, ສະມາຊິກຜູ້ຮັບການຄຸ້ມຄອງຕໍ່ເມືອງຂອງໂຄງການ ການຈັດການດູແລສິດທິປະໄຫດສໍາລັບລູກຈ້າງຂອງ ຮັງ (PEBB) ແລະ ໂຄງການການຈັດການດູ ແລະສິດທິປະໄຫດສໍາລັບລູກຈ້າງຂອງ ໂຮງຮຽນ (SEBB); ໂທສຳເລັດຕໍ່ໂຄງການ Health Care Authority ທີ່ບິໂນ 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachiseti hiikuu, kafaltii kamiyu malee. Mindeffamtonni: Nama isin to'atu, galmeef kalfaltii, yookiin biiroo fayyadamtan qunnama. Sorooma, miseensota Cufuu Itti fufiinsan Boordii Fayyadamtoota Mindeffamtoota Uumattaa (PEBB) fi Boordii Fayyadamtoota Mindeffamtoota mana Barumsa (SEBB); Health Care Authority bilbila 1-800-200-1004 (TRS: 711).

[Persian] خدمات کمک زبانی، شامل مترجم شفاهی و ترجمه مطالب چاپی، به صورت رایگان ارائه می‌شود. کارمندان: با دفتر پرسنل، حسابداری یا مزایای خود تماس بگیرید. بازنشستگان، اعضای پوشش مستمر هیئت عمومی مزایای کارمندان (PEBB) و هیئت مزایای کارمندان مدرسه (SEBB): با Health Care Authority به شماره (TRS: 711) 1-800-200-1004 تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿੰਨਾਂ ਵਿੱਚ ਦੁਭਾਸ਼ਿਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋ ਸਮੱਗਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨਾ ਸ਼ਾਮਲ ਹੈ, ਮੁਫ਼ਤ ਉਪਲੱਬਧ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਅਮਲੇ, ਤਨਖ਼ਾਹ ਜਾਂ ਫ਼ਾਇਦੀਆਂ ਦੇ ਦਫ਼ਤਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਰਿਟਾਇਰ ਹੋ ਚੁੱਕੇ, PEBB ਅਤੇ SEBB ਜਾਰੀ ਰੱਖਣ ਵਾਲੇ ਕਵਰੇਜ ਸਦੱਸ: Health Care Authority (ਹੈਲਥ ਕੇਅਰ ਅਥਾਰਿਟੀ) ਨੂੰ 1-800-200-1004 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpretii și traducerea materialelor tipărite. Angajați: contactați-vă biroul de personal, de plată a salariilor sau de beneficii. Membri pensionari, ai PEBB și ai SEBB acoperiți în continuare: apelați Health Care Authority la numărul de telefon 1-800-200-1004 (TRS: 711).

[Russian] Услуги языковой поддержки, включая устных переводчиков и перевод печатных материалов, предоставляются бесплатно. Сотрудникам: свяжитесь с вашим отделом кадров, отделом выплаты заработной платы или выплаты льгот и пособий. Пенсионеры, продление договора страхования для членов PEBB и SEBB: свяжитесь с Health Care Authority по номеру 1-800-200-1004 (TRS: 711).

[Somali] Adeegyada kaalmada luuqada, waxaa kamid ah turjumaad iyo turjubaan wixii daabacan, waxaana lagu heli karaa bilaash. Shaqaalaha: Waxaad la xidhiidhaa xafiiskaaga shaqaalaha, mushahar, ama gunooyin. Dib uga noqosho, PEBB iyo SEBB Usii Wadida Caymiska ee xubnaha: Kala Hadal Health Care Authority 1-800-200-1004 (TRS: 711).

[Spanish] Los servicios de asistencia lingüística, incluidos los intérpretes y la traducción de los materiales impresos, están disponibles de forma gratuita. Empleados: Comuníquense con su oficina de personal, de nómina o de beneficios. Jubilados, miembros de la PEBB y de la SEBB: Llamen a Health Care Authority al 1-800-200-1004 (TRS: 711).

[Swahili] Huduma za usaidizi wa lugha, ikiwemo wakalimani na tafsiri ya nyenzo zilizochapishwa, zinapatikana bila malipo. Wajajiriwa: Wasiliana na ofisi yako ya wafanyakazi, malipo au manufaa. Wastaafu, wanachama wa PEBB na SEBB Continuation Coverage: Wasiliana na Health Care Authority kwa nambari 1-800-200-1004 (TRS: 711).

[Tagalog] Makakakuha ng mga walang bayad na mga serbisyo ng tulong sa wika, kasama ang mga interpreter at pagsasalin-wika ng mga naka-print na materyal. Mga empleyado: Makipag-ugnayan sa iyong opisina ng personnel, payroll, o mga benepisyo. Mga retirado, mga miyembro ng Pagpapatuloy ng Coverage ng PEBB at SEBB: Tawagan ang Health Care Authority sa 1-800-200-1004 (TRS: 711).

[Tigrigna] ናይ ቋንቋ ግልጺ ልቦና ስራታት፣ ብሎት ሙከራ ናይ ዘለዉ ጽሑፍታት ትርጉምን ሙተርጎምታን ሓዲሱ፣ ብዘይ ምንም ክፍሊት ንህብ ኢና፣ ቅፅረታት፣ ምስ ናይ ስራት ተቋማት ኣሰፈጻሚ ቢሮ፣ ምስ ቢሮ ክፍሊት ሙከራ፣ ወይ ከፍ ምስ ቢሮ ጥቅማ ጥቅሚ ተራሽቡ። ጠረጎሞች፣ ናይ ህዝቢ ስራት ተቋማት ጥቅሚ ቢሮ (PEBB)ን ናይ ትምህርት ትግላት ስራት ተቋማት ጥቅሚ ቢሮ (SEBB) ኣገላጥ ዝኾንኩም፣ ናብ Health Care Authority በዚ 1-800-200-1004 (TRS: 711) ቁፅሪ እዚ ደውሉ።

[Ukrainian] Послуги мовної підтримки, включаючи усних перекладачів і переклад друкованих матеріалів, надаються безкоштовно. Співробітникам: Зв'яжіться з вашим відділом кадрів, відділом виплати заробітної плати або виплати пільг і допомог. Пенсіонери, продовження договору страхування для членів Ради з виплати пільг та допомоги для державних службовців (PEBB) і Ради з виплати пільг та допомоги шкільним працівникам (SEBB): зв'яжіться з Health Care Authority за номером 1-800-200-1004 (TRS: 711).

[Vietnamese] Chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ, bao gồm thông dịch và biên dịch các tài liệu in. Nhân viên: Liên hệ với văn phòng phụ trách nhân sự, bảng lương hoặc chế độ phúc lợi. Người về hưu, hội viên hưởng Quyền Lợi Liên Tục của Ủy Ban Quyền Lợi Nhân Viên Chính Phủ (PEBB) và Ủy Ban Quyền Lợi Nhân Viên Giáo Dục (SEBB): Xin gọi đến Health Care Authority theo số 1-800-200-1004 (TRS: 711).