Note: Benefits and employee premiums will be finalized and available in early August. The benefit information included here is preliminary.
It started with an idea.

Back in 2012, the Legislature passed a bill (Engrossed Senate Substitute Bill 5940) to address concerns about the affordability of K-12 employees’ health insurance. Fast-forward a few years, a few more bills and a lot of work, and the School Employees Benefits Board (SEBB) Program is gearing up for its first-ever open enrollment.

There are several benefits to having the Health Care Authority (HCA) administer the SEBB Program, including:

- We can leverage the purchasing power of a consolidated group of 140,000 K-12 employees. HCA already purchases insurance for state employees and focuses on the state’s commitment to value-based purchasing — a strategy many employers use to improve the quality and value of health care services provided to their employees.
- The SEBB Program offers its medical benefits with a 3:1 premium tier ratio, which means that the most an employee will pay to cover their dependents each month (spouse or state-registered domestic partner and children) is no more than three times the employee-only rate for any given plan.
- There’s no mystery to the plan costs. Employees will know the monthly cost for every available plan option before annual open enrollment begins. The goal is to provide an affordable option for a variety of health care needs. K-12 employees will know before they make their benefit election how affordable their plan is — and their monthly premium amount won’t change throughout the plan year. Affordability makes health care benefits more equitable around the state. No matter where an employee works or what their role is within the district, they can qualify for benefits and pay the same monthly premiums as long as they’re anticipated to work 630 hours in a school year.

It’s affordable. It’s transparent. It’s equitable.

It’s the SEBB Program.
Starting January 1, 2020, employees of Washington’s school districts and charter schools, and represented employees of Washington’s educational service districts (ESDs), will receive health and other insurance benefits for their eligible employees through the SEBB Program. Benefits available through the SEBB Program will replace the health and insurance benefits currently provided by school districts, ESDs, and charter schools (SEBB organizations).

The School Employees Benefits Board (SEB Board) will design and approve insurance benefit plans for the SEBB Program, and establish eligibility criteria for participation in these plans.

The Washington State Health Care Authority (HCA) purchases health care for more than 2 million Washington residents through Apple Health (Medicaid), the Public Employees Benefits Board (PEBB) Program, and starting in 2020, the SEBB Program.

The Office of Financial Management (OFM) provides information, fiscal services, and policy support that the Governor, Legislature, and state agencies need to serve the people of Washington State. OFM will represent the Governor in the bargaining process with unions for the employer’s contribution toward school employees’ health care benefits.

About us
What is the School Employees Benefits Board (SEBB) Program?

The School Employees Benefits Board (SEBB) Program was created by Engrossed House Bill (EHB) 2242, and signed into law on July 6, 2017.

Engrossed Substitute Senate Bill (ESSB) 6241, signed into law on March 23, 2018, amends and clarifies EHB 2242.

The SEBB Program is separate and independent from the Public Employees Benefits Board (PEBB) Program, though HCA administers both programs.

Why was the SEBB Program created?
The SEBB Program was created to:

- Promote more transparency and accountability in state expenditures for school employee benefits.
- Eliminate differences in school employee benefit offerings and make them more affordable to employees with dependents.
- Consolidate collective bargaining for school employee benefits.

Roles and responsibilities
What is the SEB Board responsible for?
The SEB Board meets regularly to study statewide insurance matters and discuss best practices for designing a set of cost-efficient, value-based insurance offerings for SEBB Program enrollees and their dependents.

The SEB Board’s statutory duties are to:

- Study matters regarding health care coverage and other types of insurance.
- Develop plans that include comprehensive, evidence-based health care benefits.
- Authorize premium contributions to encourage cost-effective health care systems.
- Determine terms and conditions of eligibility criteria, enrollment policies, and the scope of coverage.
- Establish penalties for when an employer fails to comply with the terms and conditions.
- Participate with the HCA in approving plan specifications and carrier selection, to leverage efficient purchasing through coordination with the Public Employees Benefits Board (PEB Board).

Background
How were the SEB Board and SEBB Program created?

Engrossed House Bill (EHB) 2242, and signed into law on July 6, 2017.

Engrossed Substitute Senate Bill (ESSB) 6241, signed into law on March 23, 2018, amends and clarifies EHB 2242.
What is the HCA responsible for?
The HCA will:

- Procure for and administer insurance coverage under the SEBB Program.
- Propose rules for the SEBB Program, with input from the public and policies approved by the SEB Board.
- Provide information and technical and administrative assistance to the SEB Board.
- Provide guidance to SEBB organizations for making eligibility determinations.
- Create communications for SEBB organizations and members.

What is OFM responsible for?
The state (through OFM) will bargain with a single coalition of union representatives for the employer’s contribution toward school employees’ health care benefits. The first collective bargaining process occurs July 1 through September 30, 2018, for SEBB Program benefits starting January 1, 2020.

Enrollment

When will enrollment begin in the SEBB Program?
The first annual open enrollment for the SEBB Program begins October 1, 2019, and runs through November 15, 2019. Employees will receive information well in advance, including information about the benefit options, plans, and monthly premiums.

Eligibility

Who’s covered?
An estimated 150,000 employees, and their eligible dependents, in Washington State’s 295 school districts, nine educational service districts (ESDs), and 12 charter schools (with one more to open in 2019) may be covered. This includes:

- Certificated and classified employees anticipated to work at least 630 hours per school year.
- Legal spouses and state-registered domestic partners.
- Children up to age 26.
- Children of any age with disabilities.
- Extended dependents.

Benefits

What types of benefits will the SEBB Program offer?
Beginning January 1, 2020, SEBB Program benefits will include:

- Managed-care and preferred-provider medical plans, all with:
  - Routine preventive care covered 100% within network
  - Prescription drug benefits
  - Ambulance, emergency care, and hospital care
  - Mental health care
  - Physical, occupational, and speech therapy
  - Chiropractic and massage care
  - Two managed-care dental plans.
  - One preferred-provider dental plan.
  - Group vision plans from up to three carriers.
  - Life and accidental death and dismemberment (AD&D) insurance.
  - Long-term disability insurance.
  - Medical flexible spending arrangement (FSA).
  - Dependent Care Assistance Program (DCAP).

Will my school district have to purchase benefits through the SEBB Program?
Yes. Starting January 1, 2020, all school districts, ESDs, and charter schools must offer the benefit plans available under the SEBB Program. This includes SEBB organizations that currently participate with the PEBB Program.

Can my school district offer any benefits after January 1, 2020?
School districts, ESDs, and charter schools may offer benefits as long as they are outside the authority of the SEB Board and HCA’s responsibility for the salary reduction plan. They must annually report their benefit offerings to the SEB Board and HCA for review and evaluation beginning in fall 2019.

Plan costs

Will employees’ health care costs increase under the SEBB Program?
The answer will be different for everyone. It depends on:

- What you currently pay for benefits, the type of plan you have, and whether you cover dependents.
- Your future decisions about plan selection and dependent coverage under the SEBB Program.

HCA will share cost information and monthly premiums after contracts are in place and the SEB Board votes on premium costs in mid-2019.

Learn more
Visit [www.hca.wa.gov/sebb](http://www.hca.wa.gov/sebb) to:

- See the SEB Board’s latest announcements.
- Find updates on benefit plans and offerings.
- Sign up for email alerts.
WELCOME TO THE SCHOOL EMPLOYEES BENEFITS BOARD (SEBB) PROGRAM

The SEBB Program is a statewide insurance benefit program for school employees. The Legislature established the SEBB Program to ensure all certificated and classified school employees and their families have access to affordable, high-quality health care.

WE HAVE YOU COVERED

As well as your spouse or state-registered domestic partner, children, and extended dependents. That’s as many as 300,000 eligible employees and dependents from Washington’s 295 school districts, 9 educational service districts, and 12 charter schools!

ELIGIBILITY

All school employees anticipated to work 630 hours during the school year are eligible. 630 hours per school year is equal to working:

- 3.5 hours per day
- OR 17.5 hours per week
- OR 70 hours per month

based on average 10-month school year

BENEFITS

The SEBB Program will offer a broad range of plans tailored to meet your needs.

<table>
<thead>
<tr>
<th>Medical</th>
<th>Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>Accidental death and dismemberment (AD&amp;D)</td>
</tr>
<tr>
<td>Vision</td>
<td>Long-term disability (LTD)</td>
</tr>
</tbody>
</table>

COST

The SEBB Program will have a medical plan with Rx coverage available for every budget and need. Plus dental, vision, basic life and AD&D, and basic LTD insurance provided at no cost to you.

You may also choose to purchase supplemental life, AD&D, and LTD insurance.

ENROLLMENT

OCT. 1 – NOV. 15, 2019

Enrollment begins

JAN. 1, 2020

Coverage begins

LEARN MORE

Stay tuned for updates at hca.wa.gov/sebb

HCA 20-0008 (11/18)
Beginning January 1, 2020, Washington school employees will receive their health insurance and other benefits through the School Employees Benefits Board (SEBB). Here are the basic facts about eligibility. There are some exceptions for specific situations. Get more detailed information at [hca.wa.gov/sebb](http://hca.wa.gov/sebb).

**Who is eligible?**
You are eligible for SEBB benefits if you work in a school district or charter school, or are a represented employee of an educational service district (ESD), and your employer anticipates you will work at least 630 hours per school year (September 1 through August 31).

Your employer will determine if you are eligible for SEBB benefits based on your specific employment circumstances. You will have the right to appeal the eligibility determination.

**Are there different eligibility requirements for certificated and classified employees, or for full-time and part-time employees?**
No. They are the same. The only eligibility requirement is being a school employee who is anticipated to work at least 630 hours during the school year, regardless of the employee’s job classification.

**When do my eligibility and coverage begin?**
For initial enrollment, if you are eligible, you will sign up October 1 through November 15. Coverage will begin January 1, 2020.

After that, if you meet the eligibility criteria and you start work on or after September 1, but not later than the first day of school, your eligibility and coverage begin on your first day.

In most cases, if you start at any other time during the year, your **eligibility** begins on your first workday, and your **coverage** begins on the first day of the following month. See the [SEBB frequently asked questions](http://sebb frequently asked questions) for examples and more details.

**Do holidays count?**
At this time, paid holidays do not count toward the required 630 hours.

**Can I cover my family?**
Eligible school employees enrolled in SEBB benefits may enroll the following dependents:

- Your legal spouse or state-registered domestic partner
- Your children, up to the last day of the month in which they become age 26
- Children with disabilities who meet specified eligibility criteria
- Extended dependent children who meet specified eligibility criteria

**Can I be eligible on two SEBB accounts?**
No. You and any enrolled dependents may be enrolled in only one SEBB medical, dental, or vision plan.

**What if I work in more than one district?**
You can only earn hours that count toward eligibility within a single school district, ESD, or charter school.
SEBB eligibility doesn’t have to be complicated

Hearing your benefits are changing can be scary, and the news probably brings with it more questions than answers.

If you’re like most employees, a major issue is simply whether you’ll be eligible to receive benefits. With the School Employees Benefits Board (SEBB) Program, answering that question doesn’t need to be a headache.

Simple rule: 630 hours
The SEBB Program will administer health insurance and other benefits for the employees and dependents of Washington State’s more than 300 school districts and charter schools — and represented employees of Washington’s educational service districts (ESDs) — starting in January 2020. Qualifying for SEBB benefits is simple: Any school employee anticipated to work 630 hours a year is eligible. It’s the same whether you’re full-time or part-time, certificated or classified, instructional or administrative, from a little district or a big one.

Special circumstances
And if that doesn’t answer the question, there are extra qualifiers:

- If you’re hired mid-year, you can qualify.
- If you’re anticipated to work 630 hours after a change in your schedule, you can qualify.
- If you’re expected to work 17.5 paid hours in six of your last eight weeks, and anticipated to work 630 hours the next year, you can qualify.

Read complete eligibility details at www.hca.wa.gov/sebb.

Covering your dependents
You can enroll your spouse or state-registered domestic partner. You can also cover your children as dependents until their 26th birthday, and longer if they have a qualifying disability.

Simplified premiums
Once you’re eligible, you qualify for the same monthly premiums as everyone else, including the superintendent, whether you’re full-time or part-time. The premiums for a plan covering the subscriber, a spouse/state-registered domestic partner, and any children won’t be more than three times the amount of a subscriber-only plan.

It’s new, but it’s not scary. It’s the SEBB Program.
The School Employees Benefits Board Program
Eligibility Basics

How do I know if I’m eligible?
• If you’re a school employee anticipated to work 630 hours during the school year, you’re fully eligible.
• It doesn’t matter whether you’re full-time, part-time or a substitute.
• It doesn’t matter whether you’re certificated, classified, or an administrator.
• It doesn’t matter which Washington State school district, ESD, or charter school you work for.

Is my family eligible?
• Yes. You can get medical, dental, and vision coverage for:
  • Your spouse or state-registered domestic partner.
  • Your children up to age 26, or children of any age with a disability who meet specified eligibility criteria.
  • Your extended dependents (children up to age 26 in your legal custody or guardianship).
  • You can also buy supplemental life and accidental death and dismemberment insurance, and long-term disability insurance, for your dependents.

Are there any special circumstances?
• If you’re not anticipated to work 630 hours at the beginning of the school year, but you actually do work 630 hours before the end of the school year, you’re eligible.
• If your work schedule is revised during the year and you are then anticipated to work 630 hours, you’re eligible.
• You can only count hours worked in one school district.
• Paid holiday and vacation hours do not count, except in some instances of midyearhirings.

Can I enroll under my own account and someone else’s?
• You can only enroll in SEBB medical, dental, and vision under one account. You can’t be enrolled on your own SEBB account at the same time you’re enrolled as a dependent on your spouse’s, state-registered domestic partner’s, or parent’s account.

How can I learn more?
Visit the SEBB webpages at hca.wa.gov/sebb for details and frequently asked questions.
HCA 20-0052 (1/19)
In the SEBB Program, the funding rate is built to cover the cost of insuring all eligible state-funded school employees. That funding rate is what the state provides the districts, and the amount the districts send to HCA for state-funded positions.

1. The state sets the funding rate. This includes:
   - The employer medical contribution (in a way that takes into account an assumed number of enrolled dependents)
   - Full premium contributions for dental, vision, basic life and accidental death and dismemberment (AD&D), and basic long-term disability insurance
   - The K-12 remittance fee
   - Administrative and other costs

2. The number of state-funded full-time equivalent employees (FTEs) is then multiplied by the benefit allocation factor (BAF).
   - This figure is based on the prototypical school funding model. The BAF helps address the difference between the number of state-funded FTEs and the actual number of benefits-eligible school employees. It also takes into account that multiple employees may be hired at part-time capacities. The monthly funding rate is multiplied by the district’s state funded FTE as adjusted by the BAF to reach the total monthly insurance benefit allocation.

3. The monthly insurance benefit allocation is sent to school districts and charter schools each month.
   - The funding rate represents an average, and assumes a certain number of employees will waive coverage.

4. Districts pay the Washington State Health Care Authority (HCA) the same amount for each employee’s benefits, regardless of:
   - Whether they enroll a spouse, state-registered domestic partner, or dependents
   - Whether they waive coverage
   - What plan they choose to enroll in

5. School districts and charter schools pay HCA the funding rate, plus the employees’ monthly medical premiums, and any applicable surcharges for each benefits eligible employee.

Learn more at hca.wa.gov/sebb
HCA 20-0118 (5/19)
WAIVING DOESN’T MEAN SAVING
WHY DO EMPLOYERS STILL PAY THE FUNDING RATE
FOR EMPLOYEES WHO WAIVE COVERAGE?

The employer contribution, or funding rate, that school districts, educational school districts, and charter schools pay to the Health Care Authority for each eligible employee represents an average portion of the state’s total contribution to school employee benefits. The funding rate also assumes a certain number of employees will waive medical coverage, based on previous enrollment data.

Say there are a total of 10 employees statewide. We know that one of them will waive medical benefits, but we don’t know which one.

The districts would be given a monthly funding rate of $1,000 per employee. If the district with the one employee who waives medical doesn’t pay the $1,000 for that employee, the total funding coming to HCA would only be $9,000 — and the program would be underfunded.

By the same token, if the employee who waives medical was not factored at the statewide level, the per-employee funding rate would be adjusted accordingly.

In this example, each district would receive a monthly funding rate of $1,111.12 per employee, and would pay the $1,111.12 employer contribution for benefits, to come to a total of $10,000. This process would result in additional administrative complexities for each district, each month.

Why assume the number of employees who will waive coverage instead of calculating the funding rate using actual enrollment figures?

Assuming the number of employees who will waive medical coverage is a core component of HCA’s collective purchasing structure. The policy in place requires employers to make contributions for all eligible employees. That way, making contributions — or not making contributions — doesn’t create an incentive or a barrier to employees choosing to enroll in medical coverage.
Generally, invoices from the Health Care Authority (HCA) will be available in SEBB My Account on the 16th of each month before the month of coverage, and payment is due by the 5th of the month after the month of coverage. This billing cycle will repeat monthly throughout the year. Here are the first few dates.

- **February 5, 2020**: First payment from SEBB organizations due to HCA for January 2020 coverage (through lockbox or other method).
- **March 5, 2020**: Payment from SEBB organizations due to HCA for February 2020 coverage (through lockbox or other method).
- **January 16, 2020**: The invoice for February coverage will be available in SEBB My Account. Invoice will include billing details based on school employee enrollment and any payment received as of January 15. (Invoices for both January and February will arrive before the January payment is due to HCA.)
- **February 18, 2020**: The invoice for March coverage will be available in SEBB My Account. Invoice will include billing details based on school employee enrollment and any payment received prior to February 14.
School Employees Benefits Board (SEBB) Program benefits: A high-level overview
This is a summary, and is not inclusive of all covered services. Figures, plans, and carriers shown are subject to legislative funding and final decisions by the SEB Board.

Medical benefits

<table>
<thead>
<tr>
<th>Previous Name</th>
<th>Kaiser NW</th>
<th>Kaiser WA</th>
<th>Kaiser WA Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan 1</td>
<td>Plan 2</td>
<td>Plan 3</td>
</tr>
<tr>
<td>Annual Costs/Benefits</td>
<td>KPNW 1</td>
<td>KPNW 2</td>
<td>KPNW 3</td>
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<tr>
<td>Deductible (single / family)</td>
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<td>$750 / $1,500</td>
<td>$125 / $250</td>
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<tr>
<td>Out-of-pocket max</td>
<td>$4,000 / $8,000</td>
<td>$3,500 / $7,000</td>
<td>$2,000 / $4,000</td>
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<tr>
<td>Coinsurance</td>
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<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Rx deductible</td>
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<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Rx out-of-pocket limit</td>
<td>Applies to max</td>
<td>Applies to max</td>
<td>Applies to max</td>
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<table>
<thead>
<tr>
<th>Premera</th>
<th>UMP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Name</td>
<td>Plan 1</td>
</tr>
<tr>
<td>Annual Costs/Benefits</td>
<td>Value PPO</td>
</tr>
<tr>
<td>Deductible (single / family)</td>
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</tr>
<tr>
<td>Out-of-pocket max</td>
<td>$5,000 / $10,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20%</td>
</tr>
<tr>
<td>Rx deductible</td>
<td>$500 / $1,250*</td>
</tr>
<tr>
<td>Rx out-of-pocket limit</td>
<td>Applies to max</td>
</tr>
</tbody>
</table>

*Waived for preferred generic prescription drugs.
‡Rx deductible for Premera Plan 2 shows the SEB Board-approved deductible; Premera has proposed changing this figure to $125 / $312.
**Out of pocket expenses for a single member under a family account are not to exceed $6,850.
School Employees Benefits Board (SEBB) Program benefits: A high-level overview

This is a summary, and is not inclusive of all covered services. Figures, plans, and carriers shown are subject to legislative funding and final decisions by the SEB Board.

Medical benefits (continued)

<table>
<thead>
<tr>
<th>Previous Name</th>
<th>Kaiser NW</th>
<th>Kaiser WA</th>
<th>Kaiser WA Options</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>KPNW 1</td>
<td>KPNW 2</td>
<td>KPNW 3</td>
</tr>
<tr>
<td>Annual Costs/Benefits</td>
<td>KPWA Core 1</td>
<td>KPWA Core 2</td>
<td>KPWA Core 3</td>
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<tr>
<td>Ambulance</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency room</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Primary care</td>
<td>$30</td>
<td>$25</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$35</td>
<td>$30</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50</td>
<td>$45</td>
<td>$40</td>
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</table>

<table>
<thead>
<tr>
<th>Previous Name</th>
<th>Plan 1</th>
<th>Plan 2</th>
<th>Plan 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Costs/Benefits</td>
<td>Value PPO</td>
<td>High PPO</td>
<td>Peak Care EPO</td>
</tr>
<tr>
<td>Ambulance</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$150 + 20%</td>
<td>$150 + 25%</td>
<td>$150 + 20%</td>
</tr>
<tr>
<td>Inpatient services</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>20%</td>
<td>25%</td>
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</tr>
<tr>
<td>Primary care</td>
<td>$20</td>
<td>$20</td>
<td>$20</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40</td>
<td>$40</td>
<td>$40</td>
</tr>
<tr>
<td>Urgent care</td>
<td>20%</td>
<td>25%</td>
<td>20%</td>
</tr>
</tbody>
</table>
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### Dental benefits

<table>
<thead>
<tr>
<th></th>
<th>DeltaCare Managed care</th>
<th>Uniform Dental PPO</th>
<th>Willamette Managed care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual maximum</strong></td>
<td>No max</td>
<td>$1,750</td>
<td>No max</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
<td>$50 (individual) / $150 (family)</td>
<td>$0</td>
</tr>
<tr>
<td><strong>General office visit (after deductible)</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Routine/emergency exams</strong></td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Fillings / crowns</strong></td>
<td>$10 – $50 / $100 – $175</td>
<td>50%</td>
<td>$10 – $50 / $100 – $175</td>
</tr>
<tr>
<td><strong>Root canal</strong></td>
<td>$100 – $150</td>
<td>80%</td>
<td>$100 – $150</td>
</tr>
<tr>
<td><strong>Orthodontia</strong></td>
<td>$1,500 per case</td>
<td>50% until plan has paid $1,750; then any amount over $1,750</td>
<td>$1,500 per case</td>
</tr>
</tbody>
</table>

### Vision Benefits

<table>
<thead>
<tr>
<th></th>
<th>Davis Vision</th>
<th>EyeMed</th>
<th>MetLife</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine exam (renews January 1)</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Frames (renews January 1 in even years)</strong></td>
<td>$0 up to $150, then 80%</td>
<td>$0 up to $150, then 80%</td>
<td>$0 up to $150, then 80%</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td>$0</td>
<td>$0</td>
<td>$10</td>
</tr>
<tr>
<td><strong>Progressive lenses</strong></td>
<td>$50 – $140</td>
<td>$55 – $175</td>
<td>$0 – $175</td>
</tr>
<tr>
<td><em><em>Conventional</em> contact lenses</em>*</td>
<td>$0 up to $150, then 85% (or 4 boxes from collection lenses)</td>
<td>$0 up to $150, then 85%</td>
<td>$0 up to $150, then 100%</td>
</tr>
<tr>
<td><em><em>Disposable</em> contact lenses</em>*</td>
<td>$0 up to $150, then 100%</td>
<td>$0 up to $150, then 100%</td>
<td>$0 up to $150, then 100%</td>
</tr>
</tbody>
</table>

*Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week. Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year.
School Employees Benefits Board (SEBB) Program benefits: A high-level overview
This is a summary, and is not inclusive of all covered services. Figures shown are subject to legislative funding and final decisions by the SEB Board.

Life and accidental death & dismemberment (AD&D) insurance

<table>
<thead>
<tr>
<th>Employer paid</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee basic life</td>
<td>$35,000</td>
</tr>
<tr>
<td>Employee basic (AD&amp;D)</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee paid</th>
<th>Supplemental</th>
</tr>
</thead>
</table>
| Employee supplemental life | • Guaranteed issue (GI)* up to $500,000 in $10,000 increments, up to a maximum of $1,000,000  
• Evidence of insurability (EOI)* required for amounts over $500,000 |
| Supplemental spousal term life (tied to employee coverage amount) | • Up to 50% of employee’s supplemental  
• GI up to $100,000 in $5,000 increments  
• EOI required over $100,000 |
| Supplemental dependent child term life | • GI up to $20,000 in $5,000 increments  
• For dependents age 2 weeks to 26 years |
| Supplemental employee, spousal, and child AD&D | • Employee: GI up to $250,000 in $10,000 increments  
• Spouse: GI up to $250,000 in $10,000 increments  
• Child: GI up to $25,000 in $5,000 increments |

*Guaranteed issue benefits are available to any eligible employee, with no evidence of insurability. Evidence of insurability (or proof of good health), for these plans, is provided through an online questionnaire. Eligibility is approved or denied upon completion of the questionnaire.

Supplemental employee and spouse life insurance monthly premiums (per $1,000 of coverage)

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-smoker</th>
<th>Smoker</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25</td>
<td>$0.038</td>
<td>$0.050</td>
</tr>
<tr>
<td>25-29</td>
<td>$0.042</td>
<td>$0.060</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.046</td>
<td>$0.080</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.058</td>
<td>$0.090</td>
</tr>
<tr>
<td>40-44</td>
<td>$0.088</td>
<td>$0.100</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.128</td>
<td>$0.150</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.188</td>
<td>$0.230</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.346</td>
<td>$0.400</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.534</td>
<td>$0.630</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.962</td>
<td>$1.220</td>
</tr>
<tr>
<td>70+</td>
<td>$1.438</td>
<td>$1.988</td>
</tr>
</tbody>
</table>

Supplemental insurance: Premium examples

35-year-old smoker
• $200,000 supplemental life for employee: $18/month
• $100,000 supplemental life for spouse: $9/month

50-year-old non-smoker
• $150,000 supplemental life for employee: $28.50/month
• $75,000 supplemental life for spouse: $14.25/month

Any eligible employee (guaranteed issue)
• $20,000 supplemental life for child: $2.48/month
• $250,000 supplemental AD&D for employee or spouse: $4.75/month
• $25,000 supplemental AD&D for child: $0.40/month
School Employees Benefits Board (SEBB) Program benefits: A high-level overview
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**Long term disability (LTD) insurance**

<table>
<thead>
<tr>
<th>Insurance type</th>
<th>Basic</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit waiting period</strong> *</td>
<td>90 days or the end of family / medical paid leave, whichever is longer</td>
</tr>
<tr>
<td><strong>Pension</strong></td>
<td>Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)</td>
</tr>
<tr>
<td><strong>Sick leave</strong></td>
<td>No choice (The benefit will not begin paying until the end of the member’s existing sick leave, whether or not the employee uses and receives payment for the sick leave.)</td>
</tr>
<tr>
<td><strong>Maximum monthly benefit</strong></td>
<td>$400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insurance type</th>
<th>Supplemental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit waiting period</strong> *</td>
<td>90 days or the end of family / medical paid leave, whichever is longer</td>
</tr>
<tr>
<td><strong>Enrollment type</strong></td>
<td>Opt in (The member must actively enroll in this benefit.)</td>
</tr>
<tr>
<td><strong>Pension</strong></td>
<td>Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)</td>
</tr>
<tr>
<td><strong>Sick leave</strong></td>
<td>No choice (The benefit will not begin paying until the end of the member’s sick leave, whether or not the employee uses and receives payment for the sick leave.)</td>
</tr>
<tr>
<td><strong>Maximum monthly benefit</strong></td>
<td>$10,000</td>
</tr>
</tbody>
</table>

*Benefit waiting period: The length of time between the beginning of a member’s disability claim and the first payment the member would receive.

**Supplemental LTD cost examples**

<table>
<thead>
<tr>
<th>Annual income</th>
<th>Estimated monthly premiums</th>
<th>Estimated monthly benefit (includes basic benefit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$30,000</td>
<td>$9 – $15</td>
<td>$1,500</td>
</tr>
<tr>
<td>$50,000</td>
<td>$15 – $25</td>
<td>$2,500</td>
</tr>
<tr>
<td>$80,000</td>
<td>$25 – $40</td>
<td>$4,000</td>
</tr>
<tr>
<td>$100,000</td>
<td>$31 – $51</td>
<td>$5,000</td>
</tr>
</tbody>
</table>
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### Additional benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Maximum contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical flexible spending arrangement (FSA)</td>
<td>$2,700 (anticipated amount for 2020)</td>
</tr>
<tr>
<td>Dependent care assistance program (DCAP)</td>
<td>$5,000 for a joint income tax return / $2,500 each for separate income tax returns</td>
</tr>
</tbody>
</table>