## SEBB: Limited Open Enrollment (LOE)

# Thank you for participating in today's webinar **The presentation will start around 10:05 a.m.**

- All attendees will be muted. Please do not unmute yourself if the program allows you to.
- We can not assist with technical issues and apologize if they keep you from participating.
- This webinar will be recorded and posted on the Benefits Administrator website.





## SEBB: Limited Open Enrollment (LOE)

#### Addressing questions during the webinar

- Please use the "questions" feature to send questions throughout the webinar.
- We will address questions:
  - Throughout the presentation when appropriate by topic.
  - At the end of the presentation in summary as time allows.
  - Questions not answered during the webinar will be addressed the following week via either:
    - Email
    - Phone
    - FUZE
- If you have employee related questions or scenarios, please send via FUZE
- For urgent matters, call Outreach & Training (O&T) at 1-800-700-1555





Presented by: Sarah Story School Employees Benefits Board (SEBB) Program Outreach & Training Unit June 24, 2020



SCHOOL EMPLOYEES BENEFITS BOARD

In light of the COVID-19 pandemic, the SEBB Program is offering an opportunity for employees to make some changes to their 2020 SEBB benefits from **July 1, 2020 – July 31, 2020**.

Changes include:

- Enroll in medical coverage
- Enroll in/make changes to Medical FSA/DCAP

All changes will be effective August 1, 2020.



## Agenda

- 1 Limited Open Enrollment
- 2 Communications
  - 6
- Limited Open Enrollment vs.
  Special Open Enrollment
- 4 Changes that can be made

5 BA Responsibilities







## Communications

June 23-26: Navia emails SEBB employees with 2020 Medical FSA or DCAP accounts

June 24: HCA will mail a LOE postcard to SEBB employees

June 29: O&T sends "It's here" GovDelivery to SEBB BA's

- w/ forwardable message for employees
- July 1: HCA and Navia will post COVID-19 LOE forms
- July 15: HCA mails reminder postcard to SEBB employees
- **JULY July 24:** O&T sends "deadline approaching" GovDelivery to SEBB BA's
  - w/ forwardable message for employees

July 24-26: Navia sends "deadline approaching" email to all SEBB employees with 2020 Medical FSA or DCAP accounts



JUNE

### July LOE

#### GovDelivery sent on June 12, 2020

#### Washington State Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

#### Upcoming opportunity to change some SEBB benefits

We know the COVID-19 pandemic may have changed your employees' health care needs. In light of this, from July 1 through 31, 2020, SEBB employees will have a limited open enrollment opportunity to change some of their SEBB benefits effective August 1, 2020. They can:

- Enroll in medical if they are currently enrolled only in dental and vision.
- Add eligible dependents to their medical coverage.
- Increase or decrease their Medical FSA or DCAP annual elections.
- Enroll in a Medical FSA or DCAP for the rest of the 2020 calendar year (if eligible for these benefits).

These changes **do not** require a special open enrollment event. However, dependent verification documents are still required to enroll a dependent.

Please note that employees cannot change their medical plans or waive medical coverage during this limited open enrollment.



### July LOE

#### Postcards are mailing out to SEBB employees

June 24, 2020







#### Limited Open Enrollment vs. Special Open Enrollment

#### LOE

- July 1, 2020 July 31, 2020
- Limited changes
- No qualifying event proof required
- Dependent verification (DV) documents required

#### SOE

- Anytime throughout year
- Several changes
- Requires proof of qualifying event
- DV documents required
- Refer to SOE matrix
  - Policy 45-2A



## LOE: Enroll in Medical Coverage

Employees can:

- Enroll in medical coverage
  - Without a qualifying event
- Add dependents to medical coverage
  - Without a qualifying event



• Must submit dependent verification (DV) documents to prove eligibility

Employees must wait until annual open enrollment (Oct 26-Nov 23) to:

- Change/waive medical plans
- Make changes or enroll dependents to their vision and dental plans



#### How to Enroll in Medical Coverage

Employees should enroll in medical coverage using SEBB My Account (SMA)

#### SEBB COVID-19 Enrollment/Change Form Only for use from July 1 through 31, 2020

In light of the COVID-19 pandemic, the SEBS Program is offering a limited open enrollment from July 1 through 31, 2020. School employees and SEBB Continuation Coverage subscribers can enroll in medical coverage (if they are currently enrolled only in dental and vision) and add dependents to their medical coverage.

Type or print clearly in dark ink and use only capital lettering inside the boxes as shown in the example. Inaccurate, incomplete, or illegible information may delay coverage. Remember to sign and date page x.

Please check the change(s) you would like to make:

Enroll in medical coverage

🗆 Add	dependent(s)	to	medical	coverage
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#### Section 1: Subscriber information

Last name		Suffix					
First name		Middle initial	Date of birth (mm/dd/yyyy)				
Social Security number	Sex M F						
Phone number		Work phone nu	Work phone number				
Street address							
Address line 2							
City		State	ZIP Code				
		County of resi	dence				
Mailing address (if differe	nt)	I					
Mailing address line 2							
Cite		C+a+a	ZIR Code				

If you are enrolled in SEBB Continuation Coverage (COBRA), complete the information below. If you are an employee, skip ahead to the "Tobacco Use Premium Surcharge" section.

		-		
Covered by another group medical plan?		Yes	No	If yes, effective date
Covered by another group dental plan?		Yes	No	If yes, effective date
Disabled under Title II (OASDI) of the Social	Security Act?	Yes	No	If yes, effective date
Disabled under Title XVI (SSI) of the Social S	ecurity Act?	Yes	No	If yes, effective date
If yes, you must send a copy of your depen may be eligible for additional months of co	dent's Social Security verage.	Disability	Award	d letter. You and your enrolled dependents
Enrolled in Medicare Part(s) A and/or B?	Part A (hospital)	Yes	No	If yes, effective date
	Part B (medical)	Yes	No	If yes, effective date
If yes, proof is required. Attach a copy of y digits of your Social Security number on th B when you become eligible. Fe	your dependent's Med e copy. Note: You cou deral rules do not allo	licare car ld face pe w you to y	d to thi nalties waive I	is form. Write your full name and the last four s if you don't enroll in Medicare Part A and Part Medicare while on COBRA coverage.



## How to Enroll in Medical Coverage

Employees should enroll in Medical using SEBB My Account (SMA)

- SMA will not allow employees to make multiple changes to their enrollment
  - Employees who wish to rescind their enrollment they made during LOE will need to fill out the 2020 School Employee Change Form and return to BA
  - BAs must submit a FUZE with the employee's completed *2020 School Employee Change Form* to have HCA perform changes

All required forms and DV must be received no later than July 31, 2020



Clear form

#### 2020 School Employee Change Form

Employees will indicate they are wishing to 'waive medical coverage' or 'remove dependent'

- All changes submitted other than waiving coverage or removing dependents will not be made.
- Form can be ordered on the BA website



#### 2020 School Employee Change Form



OOL EMPLOYEES BENEFITS BOARL

Please use this form only if you are unable to use the online enrollment system, SEBB My Account. Type or print clearly in black ink and use all capital lettering in the spaces provided. Example: J O H N.

Use this form only to make changes outside of the annual open enrollment period. Inaccurate, incomplete, or illegible information may delay coverage. The information submitted on this form replaces all enrollment or change forms previously submitted. Benefits differ for employees whose eligibility was locally negotiated under WAC 182-30-130(6). See *Eligibility & enrollment* at hca.wa.gov/sebb-employee for details.

Remember to read and sign section 7. To add or remove dependent children, complete section 9 on page 13.

#### What changes are you making?

Date of event/change (mm/dd/yyyy) Check all that apply.

Changes you can make anytime

Name change

Address change

Remove dependent(s) from coverage due to loss of eligibility (divorce, dissolution of stateregistered domestic partnership or legal union, death, etc.). Your payroll or benefits office must receive this form and proof of the event no later than 60 days after the date the dependent no longer meets SEBB eligibility criteria. Coverage will be terminated the last day of the month of loss of eligibility. If applicable, provide former dependent's new address:

Residential address	
Address line 2	
City	State
ZIP/Postal Code	
Country	
	Washington State
	Health Care Authority



### SEBB My Account (SMA)



## Trouble Logging into SMA

# SMA requires BAs to have 'access management' role





## Trouble Logging into SMA

- 1. Click 'Manage Subscriber' tile and search for the employee.
- 2. Verify employee identity.
- 3. Check box next to employee's name.
- 4. Click 'Disassociate this subscriber account?'

Refer to chapter 2 pages 20-21 in SMA Manual

https://www.hca.wa.gov/sebb-benefits-admins/manuals#sebb-my-account

na	age subsc	ribe	rs													
e th	is section to perfo	im the	following actions (	for sub	scribers (employ	ees2										
: :	Review your subso View and/or print	criber's your su	current account in ibscriber's Stateme	format ent of l	tion and coverage	e selecti	ons									
- 1	Review your subsc	criber's	enrollment, depen	dents	and benefit elect	tons.										
								Sea	irch	Add	new sub	oscriber	Mane	9e a	issociated subscri	iber
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#### **SMA LOE Process**

During LOE, SMA will have its own page to allow employees to elect and make changes during the month of July.

> Click 'make some changes to your coverage.'

Dashboard	Manage Dependents	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary	Limited Open Enrollment
We know the COVID-19 pan from June 01 - 30, 2020 mai	Jemic may have ch re some changes t	Limited	Ope care needs. rective July Ber	In Ight of that, th 01. During this op lefit Solutions' we	Iment O e SEBB Program is portunity, you can a <u>bsite</u> to learn more.	offering you oppo also change your 2020	ity rtunity to make so 0 Medical FSA or i	ome changes to your SEBB benefits DCAP election amounts. See <u>Navia</u>



#### **SMA LOE Process**

SMA will only allow enrollment in Medical coverage and adding dependents to Medical coverage.

Dashboard	Manage Dependents	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary	Limited Open Enrollment
						4		
om June 01 through 30, y	pen Enroll	ment Opp	B medical co	<b>ty</b> overage or enroll i	n medical coverage	f you are currently o	only enrolled in dent	tal or vision coverage. Any
hanges you make are effe you want to add a depenc	ctive on July 1st 20. dent to your dental o	20. or vision coverage	, you will nee	ed to wait until the	e annual open enroll	ment this fall, or a s	pecial open enrollm	ent event.
	1 -		_ 2	) (	3		4	
,	Add Dependen	ts Sub f	mit docur or depend	nentation dent(s)	Make attest	ations A	dd Medical Enr	ollment



## SMA Support

During the LOE period, HCA has set up a call center to help employees with SMA issues.

- 1-855-648-3100
- Monday-Friday
  - 7:00 5:30 PM
- July 1, 2020- July 31, 2020
  - July 3, 2020 closed due to holiday
- GovDelivery will be sent out





## Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP)

Navia Benefit Solutions

• All changes will be effective August 1, 2020



## LOE: Medical FSA

If currently enrolled in the Medical FSA, employees can:

- Decrease their 2020 annual contribution amount to no less than:
  - The amount that has already been contributed, or
  - The amount that has already been claimed
- Increase their 2020 annual contribution amount up to the allowed maximum of \$2,700

Employees can enroll in Medical FSA for the remainder of the 2020 plan year.



## Medical FSA Scenario

An employee elected \$2,000 for their Medical FSA annual contribution during Annual OE, they have already had \$900 deducted from their paychecks, and have not claimed more than \$900 in reimbursements.

- What can the employee lower their Medical FSA contribution down to during LOE?
  - The employee can lower their Medical FSA election to \$900.



### LOE: DCAP

If currently enrolled in DCAP, employees can:

- Decrease their annual contribution amount to no less than:
  - The amount that has already been contributed, or
  - The amount that has been already claimed
- Increase their 2020 annual contribution amount up to the allowed maximum of \$5,000

Employees can enroll in DCAP for the remainder of the 2020 plan year.



## **DCAP** Scenario

An employee originally elected \$3,000 for their DCAP election during Annual OE and they have already had \$1,000 deducted from their paychecks.

- What can the employee lower their DCAP contribution down to during this LOE?
  - The employee can lower their DCAP election to \$1,000.
- How much could the employee increase to?
  - The employee could increase an additional \$2,000 to bring them up to the annual maximum contribution limit of \$5,000.



#### Enrolling or making changes to Medical FSA/DCAP

Employees must fill out the SEBB COVID-19 Medical FSA & DCAP Change form.

- Available on the Navia Benefit Solutions website
- Completed forms must be returned to BAs no later than July 31, 2020.

Please **do not** tell employees to contact Navia to initiate new accounts or change annual elections.

• Employees must go through their BA to do this by submitting the required form.



#### **COVID-19 Medical FSA** and DCAP Change form



In light of the COVID-19 pandemic, we recognize that your health care needs may have changed. As a result, the SEBB Program has created a limited open enrollment opportunity from July 1 through 31, 2020. During this month, school employees may enroll in a Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) or change their 2020 election(s) without a special open enrollment. Any changes you make are effective August 1, 2020. Keep in mind that you can only lower your election to the amount you have already contributed or spent for the year, whichever is higher.

Your employer must receive this form no later than July 31, 2020. Your employer must verify your change in Section III before sending this form to Navia, Benefit Solutions. If you do not wish to enroll or change your existing annual election, you do not need to complete this form.

WA STATE SEBB NAVIA BENEFIT SOLUTIONS

	SSN-		Date of Birth:		
	City:	State:	ZIP Code:		
	School District, ESD, or Ch	arter School Name:			
Section IV – Signature	9				
Employee's Signature				Date	
Employer's Signature				Date	
Employment Transfer: UK Medical FSA or DCAP elect your new payroll or benefit work with the new SEBB employment transfer.	o not use this form. Y tion(s) and notify you s office about your M Organization and be	ou must complete Ir new payroll or l edical FSA or DC efore December 3	e the SEBB Schoo benefits office to o AP account <b>no la</b> 31, 2020. You can	or Employment Transfer Form to continu continue your contributions. You must n ater than 31 days after your first day anot change your election due to an	ue you otify of
For payroll or benefit Return the completed	ts office staff: Re form to Navia Ben	view this form, efit Solutions b	check Section y fax, email, or	III for accuracy, and sign Section mail.	IV.
Fax: (425) 233-6366	Email: election@	naviabenefits.c	om_Mail: P.O.	. Box 53250 Bellevue, WA 98015	
Fax: (425) 233-6366 Customer Service Li	Email: <u>election@</u> ne: (800) 669-353	<u>naviabenefits.c</u> 9 or visit us at	<u>om Mail</u> : P.O. sebb.naviaben	Box 53250 Bellevue, WA 98015 hefits.com	
	Section IV – Signature Employee's Signature Employer's Signature R Separation from Service: preak in SEBB benefits con Employment Transfer: Do Vedical FSA or DCAP elect your new payroll or benefit work with the new SEBB employment transfer. For payroll or benefit	Section IV – Signature  Employee's Signature  Employee's Signature  RETURN THIS FOR  Separation from Service: If the employee revolution of the same picture in the s	Section IV – Signature  Employee's Signature  Employee's Signature  RETURN THIS FORM TO YOUR I  Separation from Service: If the employee revokes existing elect preak in SEBB benefits coverage in the same plan year, they can Employment Transfer: Do not use this form. You must complete Vedical FSA or DCAP election(s) and notify your new payroll or benefits office about your Medical FSA or DCAP election(s) and notify your new payroll or benefits office about your Medical FSA or DCAP overk with the new SEBB Organization and before December 3 employment transfer.  For payroll or benefits office staff: Review this form,	Section IV – Signature           Employee's Signature           Employer's Signature           RETURN THIS FORM TO YOUR EMPLOYER B           Separation from Service: If the employee revokes existing elections due to termiscreak in SEBB benefits coverage in the same plan year, they cannot enroll or reer           Employment Transfer: Do not use this form. You must complete the SEBB School           Vedical FSA or DCAP election(s) and notify your new payroll or benefits office to to your new payroll or benefits office about your Medical FSA or DCAP account no to work with the new SEBB Organization and before December 31, 2020. You car employment transfer.           For payroll or benefits office staff: Review this form, check Section	Section IV – Signature

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## **BA Responsibilities**



## BA Responsibilities – Medical Plan

Employees can enroll in Medical using SEBB My Account (SMA)

- SMA will not allow employees to make multiple changes to their enrollment
  - Employees who wish to rescind their enrollment they made during LOE will need to fill out the 2020 School Employee Change Form and return to BA
    - BA will send completed form to HCA via FUZE

Employees submitting the SEBB COVID-19 Enrollment/Change form:

- Verify employees are only making the changes allowed during this LOE
  - Enrolling in Medical coverage
    - Employees **cannot** change medical, dental or vision plans.
  - Adding a dependent to Medical coverage
    - BAs must verify DV documents



## BA Responsibilities – Medical FSA/DCAP

All new enrollments and any changes to a Medical FSA or DCAP account, must go through BAs.

When employees submit forms, BAs must:

- Check that employee request falls within contribution amount/annual max limits.
  - Navia will contact BAs if an employee has requested a decrease that is lower than what they've already claimed.
- Sign and date
- Adjust payroll/make requested payroll deduction changes
- Send forms to Navia weekly
  - Please **do not** wait until July 31 to send forms





#### Resources



#### Resources

#### SEBB LOE website

• <u>hca.wa.gov/sebb-oe</u>

School Employee Enrollment Guide

 <u>https://www.hca.wa.gov/assets/p</u> <u>ebb/20-0049-school-employee-</u> <u>enrollment-guide-2020.pdf</u>





#### Resources

#### Navia Benefit Solutions

- <u>SEBB.NaviaBenefits.com</u>
- 1-800-669-3539
- <u>customerservice@naviabenefits.com</u>





Reminder: Employees should not contact Navia for enrollments/changes.

## **Upcoming Webinars**

June 26: Retirement, Accounting & Billing

July 31: Understanding Error Correction

Aug 14: Preparing for the upcoming school year



# **Coming Soon:** A series of recorded presentations on each SOE event

How to register: <u>https://www.hca.wa.gov/sebb-benefits-admins/training-schedule</u>



## **Questions & Answers**

We will now address some of the questions that did not get answered during the webinar.

- Any questions that do not get addressed today will be responded to by phone, email or FUZE
- Employee specific questions or scenarios should be sent through FUZE
- After the webinar, participants will receive a follow up email that includes a brief survey. We would greatly appreciate your feedback.



## Thank you for participating



