When Coverage Ends

School Employees Benefits Board (SEBB)
Outreach & Training
2020
When does coverage end?

WAC 182-31-050

When does eligibility for the employer contribution for school employees benefits board (SEBB) benefits end?
When does coverage end? **WAC 182-31-050**

The employer contribution ends on the **last day of the month** in which the school year ends (August 31)

- **Benefits may end earlier if:**
  - SEBB organization terminates the employment relationship,
  - School employee terminates the employment relationship, or
  - School employee’s work pattern is revised and is no longer anticipated to work 630 hours
When does coverage end? **WAC 182-31-050**

**SEBB organization terminates the employment relationship**

- Eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective

**Example:**

- If employment relationship is terminated April 3,
- Then coverage ends April 30.
- [C-3 worksheet](#) to be completed
When does coverage end? [WAC 182-31-050]

**SEBB organization terminates the employment relationship**

- Eligibility for the employer contribution ends the last day of the month in which the employer-initiated termination notice is effective

**Example:** Employee eligible through last day of school year

- Employee worked 630+ hours
- Employee not returning for the next school year
- Coverage ends August 31
When does coverage end? **WAC 182-31-050**

**School employee terminates the employment relationship**

- Eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective

**Example:** Employee submits letter of resignation on May 5

- If June 10 is the effective date of resignation,  
- Then coverage ends June 30.  
- **C-3 worksheet** to be completed
When does coverage end? WAC 182-31-050

School employee terminates the employment relationship

- Eligibility for the employer contribution ends the last day of the month in which the school employee's resignation is effective

Example: Employee submits letter of resignation on Feb 15th

- If August 31 is the effective date of resignation,
- Then coverage ends August 31.
- C-3 worksheet to be completed
When does coverage end? **WAC 182-31-050**

School employee’s work pattern is revised and is no longer anticipated to work 630 hours

- Eligibility for the employer contribution ends as of the last day of the month in which the change is effective

**Example:** Employee is notified on January 10 of reduction in hours, effective March 5, and is no longer anticipated to reach 630 hours

- Since the change in work pattern was effective on March 5
- Then benefits end on the last day of the month, March 31.
- B-3 worksheet to be completed
When does coverage end? **WAC 182-31-050**

School employee’s work pattern is revised and is no longer anticipated to work 630 hours

- If the SEBB organization deducted the school employee's portion of the premium for SEBB benefits from their pay after the school employee was no longer eligible for the employer contribution, SEBB benefits end the last day of the month for which school employee premiums were deducted.
  - Delay in terminating in SMA & SEBB Org payroll system, and
  - Premium was deducted
    - Benefits end last day of the month in which premium was deducted
Family Medical Leave Act (FMLA)  WAC 182-31-110

Non-payment of premium while on FMLA

• Employee is on approved FMLA or PFML and fails to pay monthly premium for 60 days from original due date.
  • Benefits terminated retroactive to the last day of the month that the premiums were paid.
  • [C-2 worksheet](#) for going on approved FMLA or PFML
SEBB Worksheets

*C Series* worksheets determine eligibility and provide notification for benefits eligible employees who are leaving work

- **C-1 Worksheet**
  - Employee who is currently eligible for benefits and leaving work on approved leave.

- **C-2 Worksheet**
  - Employee is currently eligible for benefits and ceases active work and is approved for FMLA or PFML.

- **C-3 Worksheet**
  - Employee is currently eligible who is terminating.
C Series worksheets determine eligibility and provide notification for benefits eligible employees who are leaving work

• **C-4 Worksheet**
  - Employees leaving employment due to retirement who may be eligible for PEBB retiree health insurance coverage.

• **C-5 Worksheet**
  - Employee deceased: Describes the SEBB Cont. Cov./PEBB retiree insurance options for the employee’s surviving dependents.

• **B-3 Worksheet**
  - Employee is currently eligible but due to revision in work pattern is no longer anticipated to work 630 hours.
End of the School Year

Employee is who not going to be eligible for the next school year

• Coverage ends August 31
• Terminate employee’s coverage in SMA
Election Notice

Employee will receive a SEBB Continuation Coverage Election Notice booklet after termination is completed in SEBB My Account

- Includes coverage options and enrollment forms
SEBB Continuation Coverage
SEBB Continuation Coverage

The Health Care Authority (HCA) administers continuation coverage for SEBB organizations

- Mail the SEBB Continuation Coverage Election Notice and letters
- Verify eligibility and enroll members in coverage
- Invoice and collect member payments
- Communicate with members
- Provide customer service
SEBB Continuation Coverage

*A temporary extension of SEBB health plan benefits*

- SEBB Continuation Coverage (COBRA)
- SEBB Continuation Coverage (Unpaid Leave)
SEBB Continuation Coverage (COBRA)

What continuation coverage options are available to school employees and their dependents who lose eligibility for SEBB benefits?
COBRA

Eligible school employees and dependents may **self-pay**:  
• Medical,  
• Dental, and/or  
• Vision  
Up to **18 months**  
• For school employees (and their enrolled dependents)  
Up to **36 months**  
• For dependents (enrolling under their own coverage)

Medical, vision, and dental are paid to HCA.
SEBB Continuation Coverage (Unpaid Leave)

What continuation coverage options are available to school employees enrolled in SEBB benefits who go on approved leave but have not worked 630 hours and are no longer anticipated to reach 630 hours during the school year?
Unpaid Leave (Continuation Coverage)

Eligible school employees on approved leave or layoff may **self-pay**:

- Medical,
- Dental,
- Vision, and/or
- Life and AD&D

Up to **29 months**

- May add eligible dependents

Medical, vision, and dental are paid to HCA. Life and AD&D are paid to MetLife.
Approved Leave

A school employee who **has not** yet worked 630 hours, is no longer anticipated to reach 630 hours worked, and is on approved:

- **Leave without pay** (LWOP)
- **Worker’s comp**
- **Active duty** (military) leave
- **Layoff**
- **Or is applying for disability retirement**

May continue benefits by **self-paying** premiums

- No longer eligible for employer contribution

If a school employee on approved leave **has worked 630 hours, or is still anticipated to reach 630 hours worked**, eligibility for employer contribution continues.
Enrollment Procedures

To enroll in SEBB Continuation Coverage:

- BAs will terminate the employee in SEBB My Account
  - *SEBB Continuation Coverage Election Notice* will be mailed to employee

- Enrollment forms must be received by
  - SEBB Program no later than **60 days after coverage ends**
    - Or the postmark on the mailed booklet (whichever is later)
    - Cannot enroll through SEBB My Account

- First premium payment
  - Due no later than **45 days** after 60 day election period ends
PEBB Retiree Health Insurance

WAC 182-12-171
PEBB Retiree Benefits

The Public Employees Benefits Board

- Offers access to comprehensive health insurance to retiring public employees
  - Washington State School District,
  - Charter School, or
  - Educational Service District (ESD)
- One-time opportunity to enroll in or defer coverage
- Enrollment forms must be received by PEBB no later than 60 days after employer-paid, COBRA, or continuation coverage ends
PEBB Retiree Benefits

PEBB Retiree Health Insurance includes

• **Medical** (includes Vision) and **Dental** Insurance
  - Managed-care and PPO options
    - Before and after Medicare
  - Medical plans available are different than SEBB medical plans

• **Life Insurance** (MetLife)
  - Portability Choice: An individual term life insurance policy
  - Convert: A whole life policy
  - Retiree: A group term life insurance policy
Enrollment Procedures

To enroll in PEBB Retiree coverage:

• BAs will terminate the employee in SEBB My Account
  • Use appropriate SEBB worksheet to provide notification and information to employee for PEBB Retiree Insurance

• Enrollment forms must be received by
  • PEBB Program no later than 60 days after coverage ends
  • Cannot enroll through SEBB My Account

• First premium payment
  • Due no later than 45 days after 60 day election period ends
COVID-19

Engrossed Substitute Senate Bill (ESSB) 6189
Eligibility during COVID-19 outbreak

The new law states that school employees eligible for the employer contribution toward SEBB benefits as of February 29, 2020 will maintain their eligibility:

- During any school closures or changes in school operations for the school employee.
- While the school employee is quarantined, or required to care for a family member who is quarantined ("quarantine" is defined in the bill).
- To take care of a child when the child’s school or day care facility is closed, or when their regular child care provider is unable to provide services.
Eligibility during COVID-19 outbreak

When regular school operations resume, school employees maintain their eligibility for SEBB benefits for the remainder of the school year:

• If they return to what their regular work schedule was in place before February 29, 2020; or

• If there is a change in their work schedule, had it been in effect at the start of the school year, would have resulted in the school employee meeting the minimum hours for SEBB Benefits

Reminder: School employees who have already met eligibility criteria will remain on benefits through August 31, unless employment is terminated, or employee resigns.
SEBB My Account

Terminate subscriber:

Termination Reason

Termination effective date

mm/dd/yyyy
SEBB My Account

Terminate subscriber:

Termination Reason
- Employment Ending/Ineligible Position
- Approved LWOP
- Layoff
- Death
- Retirement
- Applying for Disability Retirement
- USERRA or Educational Leave
- Deactivated

Termination effective date

mm/dd/yyyy

Submit changes

Cancel changes
SEBB My Account

Terminate subscriber:

Termination Reason: Employment Ending/Ineligible Pos
Termination effective date: 03/31/2020

Are you sure you want to terminate coverage for this member? If this member is the primary subscriber on an account their dependent's coverage will be terminated as well.

Terminate coverage
Resources

Employee eligibility tools and worksheets

- "B" Series
- "C" Series
Benefit Administrator's Contacts

Outreach & Training for guidance

- **1-800-700-1555**
- Online via FUZE secure messaging system

https://www.hca.wa.gov/sebb-benefits-admins
Resources

School Employee Enrollment Guide

- **When SEBB Program Coverage Ends**
  - Pages 72-74
Upcoming Webinars

April 17: Understanding eligibility
May 1: Preparing for the end of the school year

How to register:

• [https://www.hca.wa.gov/sebb-benefits-admins/training-schedule](https://www.hca.wa.gov/sebb-benefits-admins/training-schedule)
Thank you for your input!