

# Benefits 24/7

Benefits Administrator Manual

PEBB Version

*Chapter 1 – Introduction  
to Benefits 24/7*



## Table of Contents

Introduction .....	4
Contact Information.....	5
Accounting terms .....	6
Invoicing cycle.....	6
Lower limit .....	6
Rescission.....	6
Future dates.....	6
Gap 9 Interface (state agencies using HRMS only).....	7
Gap 16 Interface (state agencies using HRMS only).....	7
HCA code .....	7
Eligibility terminology .....	7
Eligibility date .....	7
Effective date.....	7
Annual open enrollment.....	8
Special open enrollment.....	8
Access Benefits 24/7 .....	8
Log in for State Agencies using WATech’s Office 365 managed services.....	9
Log in for all other Benefit Administrators.....	9
Create a SAW Account .....	9
Add Benefits 24/7 to an existing SAW account and ongoing login.....	13
Administrative dashboard.....	15
Overview of Administrator’s Dashboard Tiles.....	16

Manage subscribers .....	16
Organizational profile.....	16
Special enrollment event verification .....	17
Data depot.....	17
Manage access .....	17
Dependent verification .....	17
Reports .....	18
Subscriber enrollment history.....	19
Menu bar.....	19

# Introduction

This manual is intended for use as a training document only. The purpose of this manual is to assist you with managing employee information that affects Health Care Authority (HCA) sponsored PEBB Program insurance coverage. The following instructions pertain to information relevant to HCA insurance only. If there is any inconsistency between information in this manual and the Revised Code of Washington (RCW) and Washington Administrative Code (WAC), RCW and WAC take precedence.

If you have questions about Benefits 24/7 or any procedures contained in this manual, contact:

Outreach and Training

Phone: 1-800-700-1555

[HCA Support](#)

## Contact Information

<b>Outreach and Training</b> For Benefits Administrators Use Only	
Phone:	1.800.700.1555
Email:	<a href="#">HCA Support</a> – Select the Benefits administrator Inquiry tile
BA website:	<a href="#">PEBB benefits administrators   Washington State Health Care Authority</a>
Order materials:	<a href="#">Order materials</a>
Fax number:	360.725.0771
<b>Insurance Accounting /Accounts Receivable</b>	
Email:	<a href="mailto:HCAPEBBAR@hca.wa.gov">HCAPEBBAR@hca.wa.gov</a>
Fax number:	360.753.9152

# Accounting terms

## *Invoicing cycle*

The monthly insurance invoicing is divided into three billing cycles. “Current process month” identifies the specific period for which the insurance system is billing an agency. The “begin” and “end” date of an employer’s current process month depends on the invoicing cycle of the agency.

**Invoicing cycle 1:** Includes the non-represented employees of the Educational Service Districts and WSIPC employees. Current process month runs from approximately the 24<sup>th</sup> of one month through the 23<sup>rd</sup> of the following month. (e.g., 24<sup>th</sup> of May through the 23<sup>rd</sup> of June is process month June).

**Invoicing cycle 2:** Includes higher education institutions and employer group employees. Current process month runs from approximately the 27<sup>th</sup> of one month through the 26<sup>th</sup> of the following month. (e.g., 27<sup>th</sup> of May through the 26<sup>th</sup> of June is process month June).

**Invoicing cycle 3:** Includes state agency employees. Current process month runs from approximately the 1<sup>st</sup> of the month through the last day of the month. (e.g., 1<sup>st</sup> of June through the 30<sup>th</sup> of June is process month June).

## *Lower limit*

The ‘lower limit’ is a time frame in which PEBB allows employers to make retroactive enrollments, updates, or terminations to an employee’s account. The lower limit can be up to 60 days, based on the current month’s invoicing date. If the correct date to be entered is after the lower limit date, **do not** use an incorrect date, contact Outreach and Training for assistance. Reference the [Lower Limit and Current Process Calendar](#) on the BA website.

If you enter a date further back than the current lower limit date, the field will turn red, and an error message will display. Please contact Outreach and Training for assistance with retro-active enrollments and retro-active terminations.

## *Rescission*

Rescission is the retroactive cancellation of health insurance. Under the Affordable Care Act (ACA), rescission is illegal except in cases of fraud or intentional misrepresentation.

Benefits 24/7 allows terminations and changes as far back as lower limit date (see definition above). Do not enter incorrect effective or termination dates. Refer to [Policy 19-1, Addendum 19-1A – Termination due to loss of eligibility](#) for the correct termination date based on federal rescission rules.

## *Future dates*

The system allows dates to be entered up to one month in advance of the effective date. The entry will pend until the effective date is equal to the current process month (see Current Process Month guidance).

During annual open enrollment, health and dental changes with an effective date of January 1 may be entered two months into the future.

### *Gap 9 Interface (state agencies using HRMS only)*

A daily interface that transfers information from HRMS to Benefits 24/7. This interface populates the Benefits 24/7 system with employees' demographic information.

### *Gap 16 Interface (state agencies using HRMS only)*

A daily interface that transfers enrollment information from Benefits 24/7. This interface contains new enrollment, medical and dental plan changes, family composition changes, terminations, and effective dates.

### *HCA code*

Refers to the agency/sub-agency code assigned to the individual employer responsible for the employee's employer contribution for benefits and maintaining the employee's account in Benefits 24/7.

## Eligibility terminology

### *Eligibility date*

The eligibility date is the date the employee is eligible to enroll in benefits. This date may be different than the effective date of benefits. The employee has 31 days from the date of eligibility to make their elections.

The eligibility date:

- Is typically the employee's first day of work if the employee meets the eligibility criteria under WAC 182-12-114.
- The date the employing agency revises the employee's anticipated work hours or anticipated duration of employment such that the employee meets the eligibility criteria under WAC 182-12-114.
- The first of the month following the six-month averaging period, based on meeting the criteria under WAC 182-12-114.

Reference: [WAC 182-12-114](#)

### *Effective date*

The date benefits begin. Medical, dental, basic life, and employer-paid LTD, and employee-paid LTD begin the first day of the month following the date the employee becomes eligible for benefits. If the employee becomes eligible on the first working day of the month, benefits begin on that date. Refer to the [First working day of the month guidance](#) on the BA website.

## Annual open enrollment

Annual open enrollment is a time each year, usually in the fall, that employees may make changes to their medical and dental enrollment. Employees may reinstate previously waived coverage without proof of loss, add eligible dependents without proof of loss (*dependent verification is required*), remove dependents, change medical and dental plans, change IRC Section 125 waiver status, and enroll or re-enroll in the Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (DCAP). *Note: only state agency and higher education institution employees are eligible to enroll in the State's Medical FSA, Limited Purpose FSA, and DCAP.*

## Special open enrollment

A special open enrollment occurs when an employee or their dependent has a qualifying event that affects health coverage. Depending on the qualifying event, the employee may reinstate previously waived medical coverage with proof of loss, add eligible dependents (dependent verification is required), remove dependents, change medical, dental, and vision plans, and enroll in or change their Medical FSA, Limited Purpose FSA, and DCAP contribution.

Changes to the employee's account must be directly related to the qualifying event. Proof of the event and dependent verification documents are required. To make a change, the employee must submit the request no later than 60 days from the date of the event. Refer to [Policy 45-2, Addendum 45-2A](#) for special open enrollment information.

## Access Benefits 24/7



The preferred browser to access Benefits 24/7 is Google Chrome. Other browsers such as Edge, Firefox, or Safari may also be used.

For easy access, save the Benefits 24/7 link as a favorite in your browser.

Create separate logins for administrative tasks and your own user account. Use your work email to create your administrator account and use your personal email when creating your employee user account.

When changing between administrative login and your user login, clear the cache in your browser.

**Security** – Benefits 24/7 uses Secure Access Washington (SAW) multi-factor authentication (MFA) for both administrators and employees. Use your work email to create your administrator account and use your personal email when creating your employee user account.



## Log in for State Agencies using WATech’s Office 365 managed services

1. If your state agency is part of WATech’s Office 365 managed services, select ‘Log in here’ under Internal Admin/HCA User when acting as a Benefits Administrator. This option does not require a SAW account.

*Note: If you are not sure if your agency is part of Active Directory and you select on this link, you will receive an error message.*

2. The Administrative Dashboard opens.

*Note: When logging in as an employee to make changes to your account, create/use an existing SAW Account with a personal email.*

## Log in for all other Benefit Administrators

### Create a SAW Account

Use the following instructions to create an SAW account. If you already have a SAW account and would prefer to add Benefits 24/7 to that account, follow the instructions in the [Add Benefits 24/7 to an existing SAW account](#) section of this manual. The existing SAW account **must use** the same email address the administrator used to give you permissions.

The following steps are necessary before you can log into Benefits 24/7 for the first time if you do not already have a SAW account.

If you already have a SAW account that you want to use, skip to the [‘Add Benefits 24/7 to an existing SAW account’](#) section of this manual.

1. Open Benefits 24/7. Select ‘Log into Benefits 24/7’.

Benefits 24/7 Login

Log in to Benefits 24/7 to manage benefits for yourself and your dependents, attest to premium surcharges, enroll in PEBB retiree coverage, and get your statement of insurance.

If you need help accessing Benefits 24/7, including resetting your security questions and answers:

- Visit the [Help with Benefits 24/7](#) webpage.
- Employees: Contact your payroll or benefits office.
- Retirees and continuation coverage subscribers: Contact us through HCA Support.

**Subscriber / Benefits administrator login**

Use this log in option if you are a subscriber or a benefits administrator whose agency does not use Active Directory.

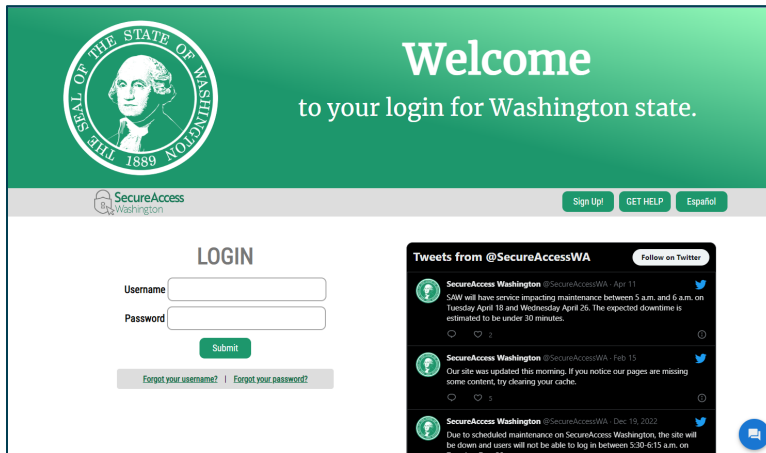
[Log in to Benefits 24/7](#)

**HCA Admin**

Use this log in option if you are an HCA admin or a PEBB benefits administrator whose agency uses Active Directory.

[Log in here](#)

- Secure Access Washington (SAW) opens.



- To create your User ID and Password, Select "Sign Up!".

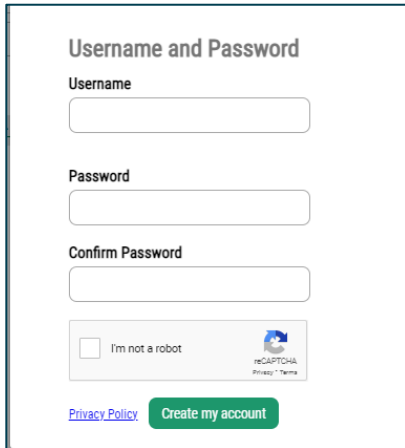


When creating your SAW account username and password – do not create a username with a period at the end. If you have already done so, you will need to copy and paste the link in the activation email.

- Enter your first name, last name, work email (use the email the admin entered to give you access).

- If desired, enter an additional email address and/or a Mobile phone number. These are optional.

6. Enter a Username and Password. Confirm your password.




**Username and Password**

Username

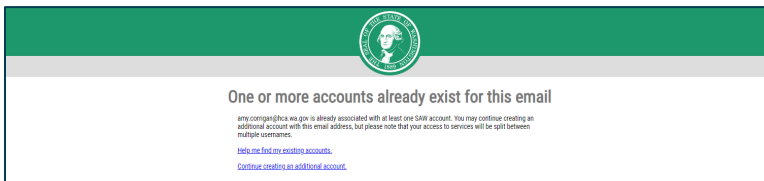
Password

Confirm Password

I'm not a robot   
Privacy Policy [Create my account](#)

7. Select the 'I'm not a robot' checkbox.
8. Select 'Create My Account'.

If you have other SAW accounts associated with the email address, you will be prompted to confirm you wish to create an additional account.

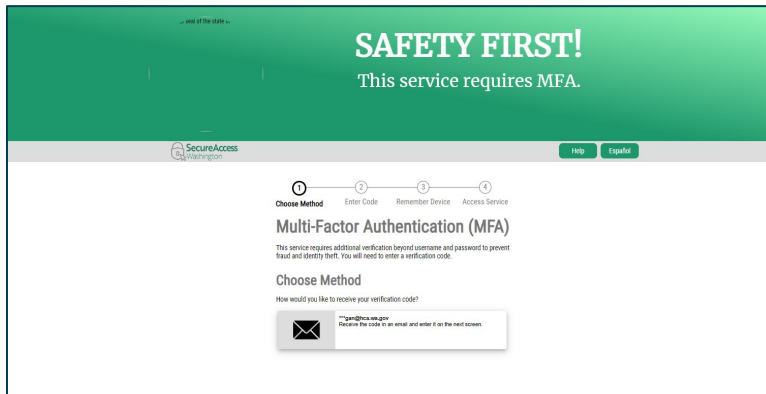


9. An email is sent to the primary email account you listed with a link to activate your account.
10. Open the email from Secure Access, select the link in the email to activate your account. A message displays indicating your account has been activated.
11. Close the browser window with the login screen that opened when you activated the account. Return to the original browser window.

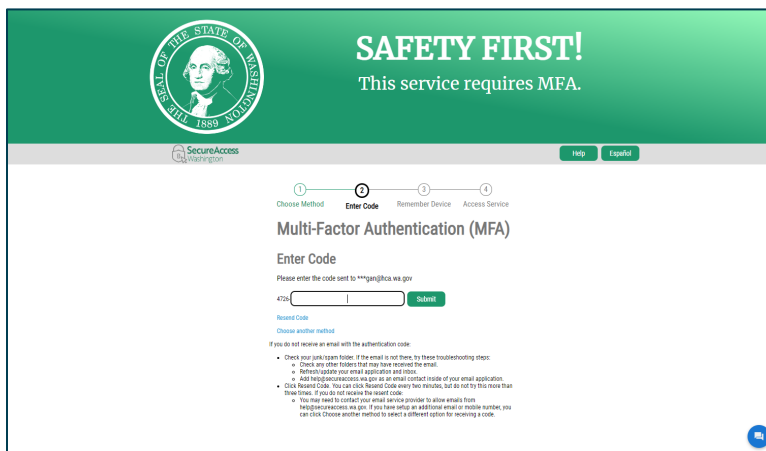


**DO NOT attempt to log into this new browser window. Close the new browser window and log into the first Secure Access Washington window you were sent to from Benefits 24/7.** If you have closed that window, open a new browser window, then open Benefits 24/7 and select 'Log in to Benefits 24/7'.

12. Enter your Username and Password. Select 'Submit'.

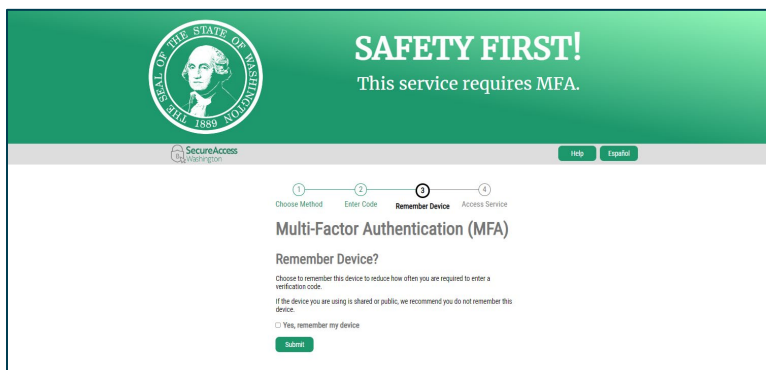


13. Select the method to receive a code. If you only entered your email address, then that will be the only option listed. Select the icon of the method you wish to use.

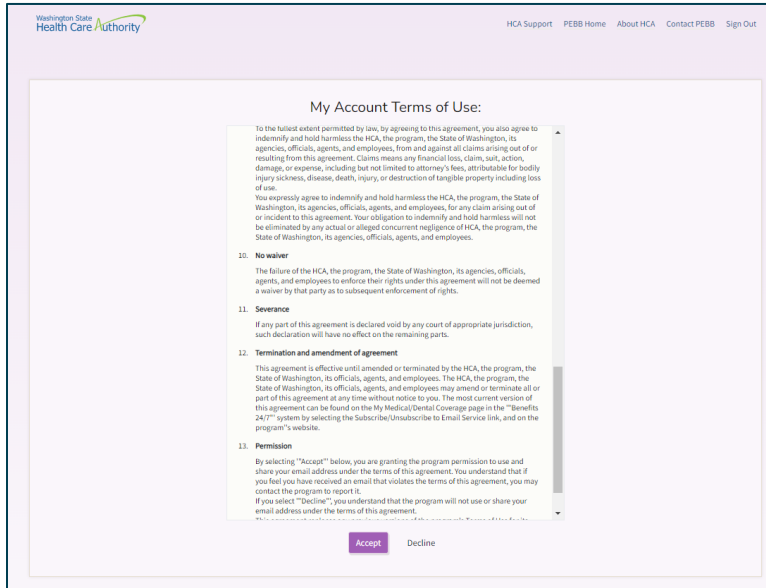


14. Enter the last 6 digits of the code that was sent. Select Submit.

15. If you would like SAW to remember your computer, select the checkbox for 'Yes, remember my computer'. Otherwise, select 'Submit'.



16. Read and 'Accept' the Terms and Conditions. *Note: the terms and conditions will display the first time you log into Benefits 24/7.*



17. The Administrative Dashboard opens.

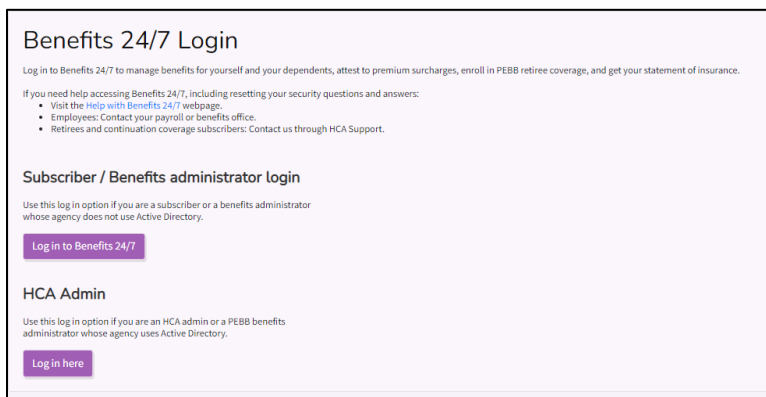
Go to the '[Administrative dashboard](#)' section of this chapter for an explanation of the tiles.

## Add Benefits 24/7 to an existing SAW account and ongoing login

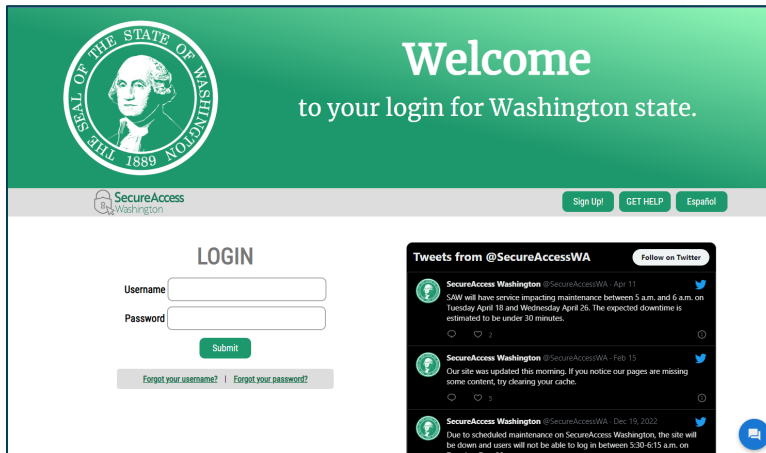


If using an existing SAW account, the SAW account email address must be the same email address the admin used to assign permissions in Benefits 24/7.

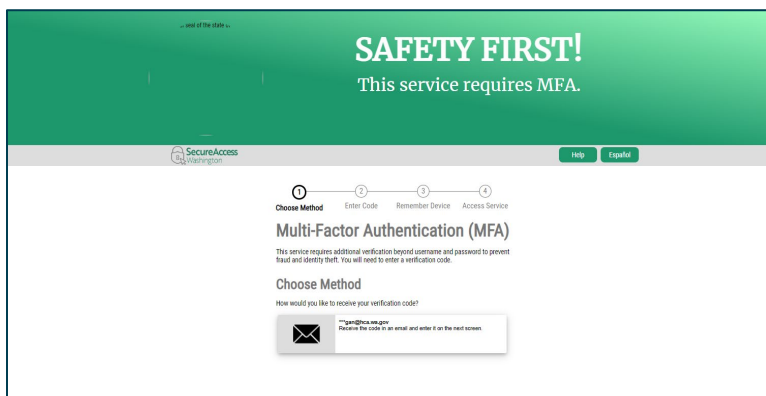
1. Open Benefits 24/7. Select 'Log in to Benefits 24/7' under Employee/Subscriber/External Admin Login.



2. Enter your SAW Username and Password. Select 'Submit'.

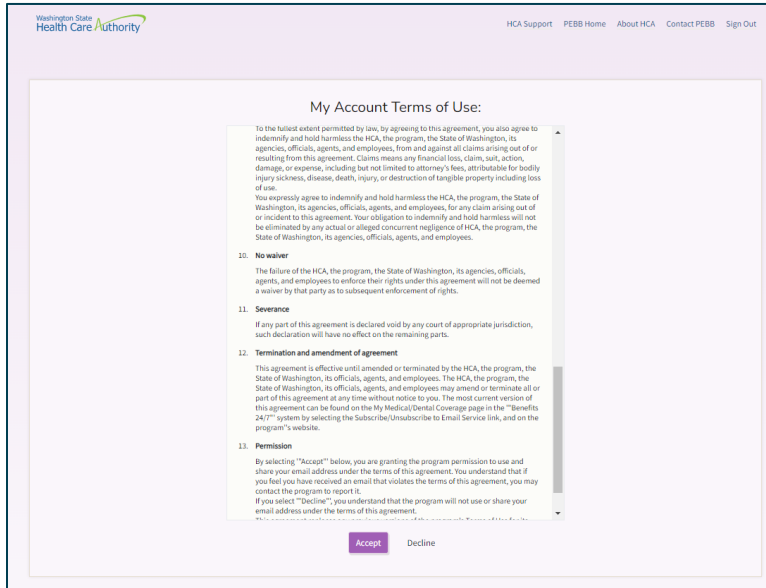


3. Select how you would like to receive the MFA (Multifactor Authentication) code. Depending on what information is associated with your account, the options may be Email, Call or Text. Select the icon of the method you want to receive the code.



4. Enter the last six digits of the code that was sent from SAW. Select 'Submit'.

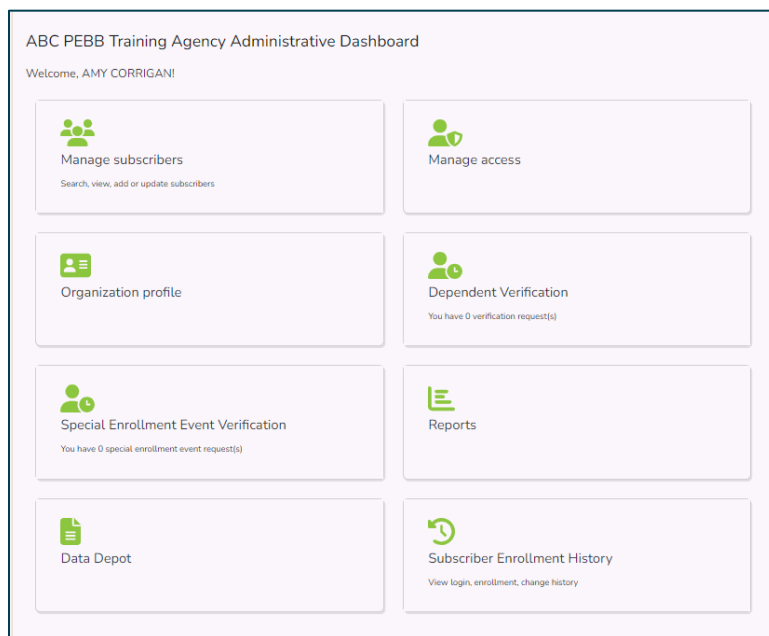
5. Read and 'Accept' the Terms and Conditions. *Note: the terms and conditions will display the first time you log into Benefits 24/7.*



6. The Administrative dashboard opens.

Go to the '[Administrative dashboard](#)' section of the manual for an explanation of the tiles.

## Administrative dashboard



# Overview of Administrator's Dashboard Tiles

## Manage subscribers

This tile is used to:

- Search for an employee's record. You can search by first name, last name, SSN or ITIN, or the last 4 of the SSN.
- View the employee's current plan enrollment, dependents enrolled on the employee's account, and the employee's attestations.
- Create a record for a newly eligible employee, claim an existing employee's record, transfer an employee, and terminate employees.

*Note: For State agencies on HRMS, new employee's demographic information will be fed to Benefits 24/7 on the daily Gap 9. Community and Technical Colleges, Western WA University, Central WA University, The Evergreen State College, and King County Housing Authority a file feed will create a demographic record.*

- Update and employee's record
  - Add a dependent,
  - Update the employee's coverage elections,
  - Update an employee's attestation,
  - Enter a Special Open Enrollment Event for an employee,
  - View uploaded documents,
  - Update the employee's address,
  - View/Approve/Deny a submitted Special Open Enrollment Event

Additional guidance and processes are available in Chapter 3.

## Organizational profile

This tile contains basic information about the employer, including organization name, type of organization, effective date, benefits structure (full benefits/medical only), contract number, if applicable, rate structure (Composite or Tiered), employer group rate surcharge status, address, contacts, and whether the employer is on the state HRMS payroll system.

Updates to organizational profile information must be sent to Outreach and Training through HCA Support

It is the employers responsibility to add and update contacts. These contacts are used by Outreach and Training, Accounting, Customer Service, and other employers to contact the employer concerning employee accounts for resolution of issues and transfers. Ensure contacts are kept up to date.

Additional guidance is available in Chapter 2.



## Special enrollment event verification

This tile is used to review, approve, or deny requested changes based on a life event that created a special open enrollment. The number of pending request displays on the tile. Pending status is removed once the request is approved or denied.

An explanation of special open enrollment events and what employees may change based on the event is available in [Policy 45-2, Addendum 45-2A](#).

Employees have 60 days from the date of the event to submit the requested change, proof of the event, and dependent verification documents, if applicable. In most cases the change is prospective.

Additional guidance is available in Chapter 3.

## Data depot

This tile is used to provide reports to Business Administrators that were previously sent through secure email. For example, if the employer previously received the W-2 data in January through secure email, the file will be provided through the data depot instead. A GovDelivery message will be sent anytime the program uploads files to the depot. This is a more secure way to provide the data to employers.

## Manage access

This tile is used by the employer's Benefits 24/7 administrator to add, change, and remove access to Benefits 24/7. There are three roles that may be assigned.

- **Administrator** – This role assigns other staff security roles to manage or view employee accounts and has the ability to update contacts and mailing, shipping, and billing addresses. This role requires written permission from the designated authority. The PEBB Program will add or remove the administrator as requested by the employer.
- **Edit** – This role allows benefit administrators to add eligible employees, verify or deny dependent verification, assist employees with benefit enrollment, approve or deny special open enrollment events, update or change enrollment data on behalf of the employee, terminate coverage, and access reports.
- **Read only** – This role allows a user to view employee accounts and access reports.



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It is important for the administrator to remove the benefit administrators access once they leave or move to another position that does not require access, as the benefits administrator may have the ability to continue to access and affect employee accounts.

Refer to the Manage access section in Chapter 2.

## Dependent verification

This tile is used to review dependent verification documents, uploaded documents into Benefits 24/7, and approve or deny based on documents submitted or not submitted. The number of pending requests will be shown in the tile.

All dependents must be verified when added to an employee's account. The employee must submit valid dependent verification documents to their benefits administrator through Benefits 24/7 or via paper before the dependent can be enrolled. If documents are submitted via paper, once approved or denied, there is no requirement to maintain the documents. Either shred the documents or return them to the employee. Documents in Benefits 24/7 will be deleted based on the retention schedule.

The deadlines for employees to submit dependent verification are:

- **Newly eligible** – No later than 31 days from the date of eligibility
- **Annual open enrollment** – No later than the last day of open enrollment
- **Special open enrollment** – No later than 60 days from the date of the event

A list of valid dependent verification documents is available on the [Benefits Administrators website](#) and in [Policy 31.1](#).

If you have questions about valid dependent verification, contact Outreach and Training through [HCA Support](#) (select the Benefits Administrator Inquiry tile) or call 1-800-700-1555.

Additional guidance and processes are available in Chapter 3.

## Reports

This tile is used to run reports that may be needed by the benefits administrators.

- **API Submission Report** – This report provides success and error details for records received through application program interface (API) for reporting newly eligible and updating eligibility of existing subscribers. The search is based on the date range entered.
- **Benefit Election Status** – This report returns the employees who have made their enrollment elections and employees who have not made their elections. The search is based on the date range entered.
- **Dependents turning 26** – This report returns dependents who have turned age 26 and lost eligibility. Employees will be mailed a letter approximately three months prior to the date benefits will end. The search is based on the date range entered.
- **Dependents without SSN for an Organization** – This report returns dependents who have been enrolled without a valid SSN. (*dependent's with 'This person currently has no social security number checkbox elected*)
- **LTD 90-day waivers** – This report returns subscribers who have a 90-day LTD waiver and shows when the waiver expires.
- **Represented employees** – This report returns a list of employees that are labeled in the system as represented by a collective bargaining agreement.
- **Spousal re-attestation for an organization** – This report returns the subscribers that will need to complete the spousal attestation for the selected open enrollment. This report will be available just prior to annual open enrollment.
- **Statewide Benefit Administrator Contact List** – This report returns a list of PEBB and SEBB benefit administrators by organization.

Additional guidance and processes are available in Chapter 2.

## Subscriber enrollment history

This tile provides the history of the employee's account including who made changes and when the changes were made.

The history includes subscriber eligibility, enrollment, special open enrollments, address changes, attestations, login history, marital status, dependents, documents uploaded, and dependent elections.

Additional guidance and processes are available in Chapter 2 of this manual.

## Menu bar

The menu bar can be used to navigate instead of using the tiles and offers the ability to return to the Admin Dashboard.

