



Post Launch of  
**Benefits 24/7**  
for Employer Groups

**PEBB**

**Outreach & Training**

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February 13, 2024

Washington State  
Health Care Authority

# Agenda

- 1 Accessing Benefits 24/7
- 2 BA Access
- 3 SOE/DV Verification Tiles
- 4 Other Information
- 5 Resources
- 6 Questions

# Accessing Benefits 24/7

# Getting to Benefits 24/7 Live Environment

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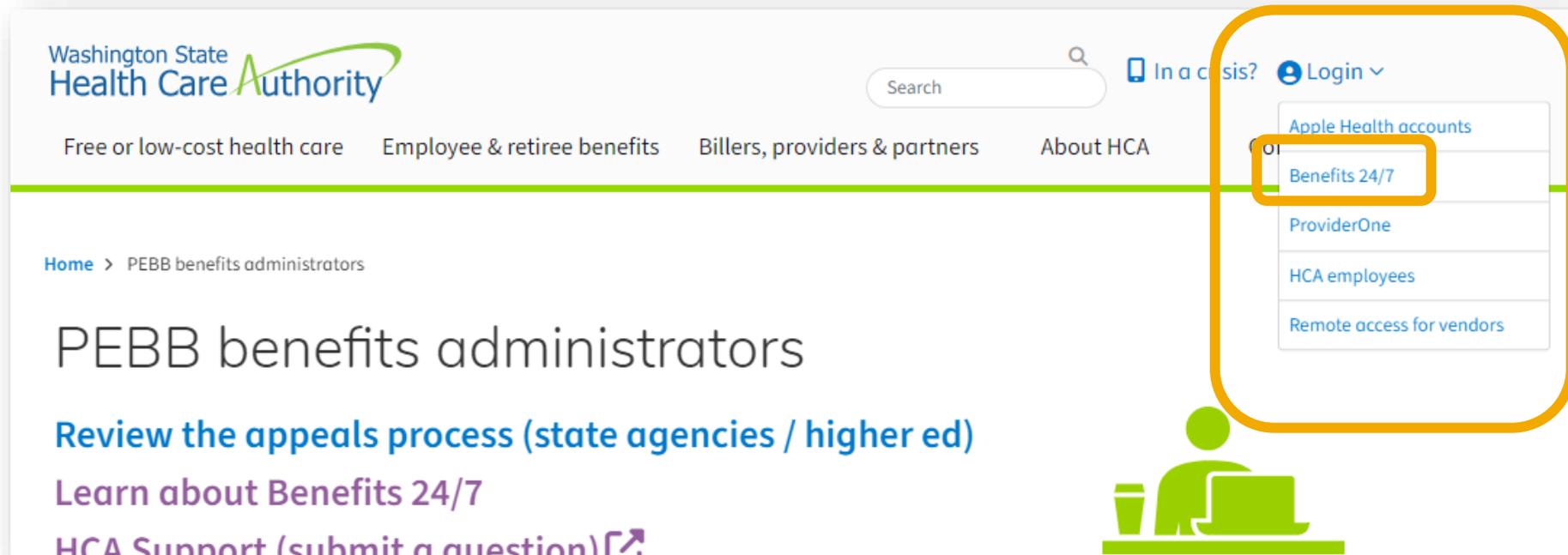
## Link to “Live” Environment

- [benefits247.hca.wa.gov/auth](https://benefits247.hca.wa.gov/auth)



Does not apply to UW and WSU employees who use *WorkDay*

# Getting to Benefits 24/7 Live Environment



The screenshot shows the Washington State Health Care Authority website. The top navigation bar includes the logo, a search bar, and links for 'Free or low-cost health care', 'Employee & retiree benefits', 'Billers, providers & partners', and 'About HCA'. A 'Login' dropdown menu is open, with 'Benefits 24/7' highlighted by an orange box. Below the navigation bar, the page title is 'PEBB benefits administrators'. The main content area includes a link to 'Review the appeals process (state agencies / higher ed)', a link to 'Learn about Benefits 24/7', and a link to 'HCA Support (submit a question)'. An icon of a person at a computer is visible in the bottom right corner of the page.

Does not apply to UW and WSU employees who use *WorkDay*

# Getting to Benefits 24/7 Live Environment



Does not apply to UW and WSU employees who use *WorkDay*

# BA Access

# Requesting/Removing BA "Admin" Access

Home > Support > All Categories

Categories

- All Categories
- For public and school employees
- For public and school retirees/continuation coverage
- For providers
- For public and school benefits administrators only**

All Categories

- General support**  
Use this form for general support inquiries with Washington State Health Care Authority.  
View Details
- Apple Health Pharmacy**  
Submit your Apple Health-related pharmacy questions.  
View Details
- DPT entity registration**  
Register a Drug Price Transparency business entity.  
View Details
- Hospital presumptive eligibility**  
Contracted hospitals use this form to communicate client's hospital presumptive eligibility.

Categories

- All Categories
- For public and school employees
- For public and school retirees/continuation coverage
- For providers
- For public and school benefits administrators only**
- Data requests

**Benefits administrator inquiry**  
For public and school benefits administrator general questions.  
View Details

# Benefits administrator inquiry

For public and school benefits administrator general questions.

[Find tools for PEBB benefits administrators](#)

[Find tools for SEBB benefits administrators](#)

\* Please indicate which program your inquiry is related to

PEBB  SEBB

\* Is this inquiry related to the Benefits 24/7 online enrollment system?

Yes  No

\* What does your Benefits 24/7 inquiry relate to?

Add/Remove admin access

\* Add or remove admin rights?

Add  Remove

## Admin information

\* Admin first and last name

Admin organization

\* Admin email address

Agency code

Attachments are limited to 5 for processing purposes and the max file size per attachment is 125MB.

Files larger than 125MB will fail.

Allowable file types (.DOC, .XLS, .PDF, .TXT, .CSV, .JPG, .JPEG, .GIF, .RTF, .DOCX, .PPTX, .XLSX, .PNG, .MP4)

Submit

Required information

Add or remove admin rights?

Admin first and last name

Admin email address

# SOE/DV Verification Tiles

# SOE Verification Tile

 Manage subscribers Search, view, add or update subscribers	 Manage access
 Organization profile	 Dependent Verification You have 0 verification request(s)
 Special Enrollment Event Verification You have 0 special enrollment event request(s)	 Reports
 Data Depot	 Subscriber Enrollment History View login, enrollment, change history

# SOE Verification Tile

The image shows a dashboard with several tiles. A blue arrow points to the 'Special Enrollment Event Verification' tile. A callout box displays the content of this tile:

- Icon: Three green circles representing people.
- Title: Special Enrollment Event Verification
- Text: You have 0 special enrollment event request(s)

Other visible tiles include:

- Manage subscribers: Search, view, add or update subscribers
- Organization profile
- Data Depot
- Subscriber Enrollment History: View login, enrollment, change history

# “Draft” Verifications Not Included on Tile

Verify special open enrollment requests

Show only pending requests

Subscriber	Event	Status					
<input type="checkbox"/>	Your dependent has a change in their employment status	Draft					
<input type="checkbox"/>	Gain or lose eligibility for Medicaid or CHIP	Draft	2/1/2024	12/1/2023	1/18/2024	1/30/2024	No
<input type="checkbox"/>	Death or Divorce	Draft	12/1/2023	11/16/2023	1/24/2024	1/15/2024	Yes

1 - 3 of 3 items



### Special Enrollment Event Verification

You have 0 special enrollment event request(s)

# Review "Draft" Verifications

Show only pending requests

Subscriber	Event	Status	Effective Date	Event Date	Submit Date	Expiration Date	Verify Date	Has Documents
<input checked="" type="checkbox"/> [Redacted]	Your dependent has a change in their employment status	Draft	2/1/2024	2/1/2024	1/24/2024	4/1/2024		Yes
<input type="checkbox"/> [Redacted]	Gain or lose eligibility for Medicaid or CHIP	Draft	2/1/2024	12/1/2023	1/18/2024	1/30/2024		No
<input type="checkbox"/> [Redacted]	Death or Divorce	Draft	12/1/2023	11/16/2023	1/24/2024	1/15/2024		Yes

1 - 3 of 3 items

# Review Verifications (cont'd)

Subscriber: [REDACTED]

SSN: [REDACTED]

DOB: [REDACTED]

Verification documents

 Type: Statement of Insurance  
On: 01/25/2024

Requested changes

This subscriber has not submitted their SOE event. Please work with the subscriber to complete and submit their SOE request.

This subscriber has not made any new elections as a result of this SOE event. Please work with the subscriber to complete elections for the SOE event or deny the event as applicable.

Verify       Deny       Pending

# Review Subscriber's SOE Tab

## Account changes

This page also allows you to report other changes and information. For example, you can report a death of a dependent, a divorce, or a change of address at any time.

Select the check-box to the left to manage the event and/or view requests

Event	Event Date	Status	Review Deadline	Verification Reason	Manage	Forms
<input checked="" type="checkbox"/> Your dependent has a change in their employment status	2/1/2024	Draft	4/1/2024	Draft	<input type="button" value="Edit"/> <input type="button" value="Cancel"/>	

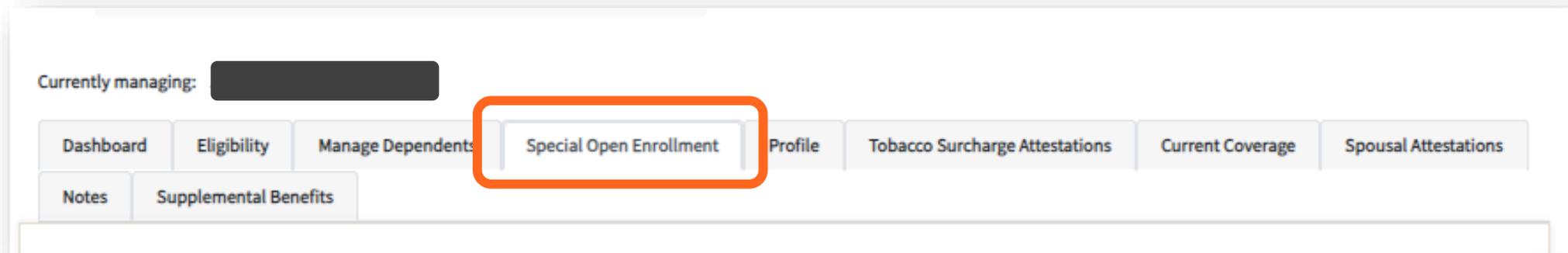
1 - 1 of 1 items

Only one event can be in pending, draft, or submitted status at any given time. You cannot create a new event until the current event is verified, denied, or cancelled. You can cancel an event using the "cancel" button from the list above.

For information regarding special open enrollment events (eligibility, what changes can be made, etc) please see [PEBB special open enrollment](#).

# Review Subscriber's SOE Tab

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# SOE Wizard

Dependents Upload Coverage Attestations Confirmation

Step 6 - Confirmation

You're all done! Please click below to submit your special open enrollment request for review. Once submitted, you cannot edit this request and must remove it to make corrections.

Submit Request

Download elections

Email address\*

Email Address

Sign up for email delivery. You'll receive the For Your Benefit newsletter and other general updates in your inbox.

Previous

# To Remove "Draft" Verifications

## Account changes

This page also allows you to report other changes and information. For example, you can report a death of a dependent, a divorce, or a change of address at any time.

Select the check-box to the left to manage the event and/or view requests

Event	Event Date	Status	Review Deadline	Verification Reason	Manage	Forms
<input checked="" type="checkbox"/> Your dependent has a change in their employment status	2/1/2024	Draft	4/1/2024	Draft	<a href="#">Edit</a> <a href="#">Cancel</a>	

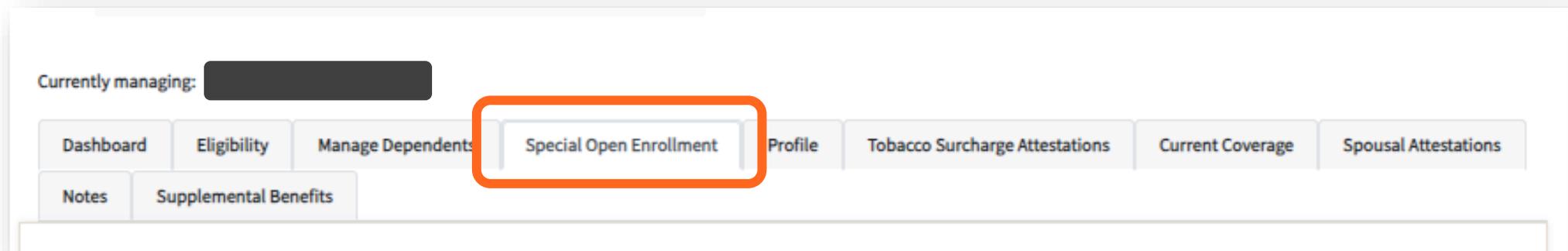
1 - 1 of 1 items

Only one event can be in pending, draft, or submitted status at any given time. You cannot create a new event until the current event is verified, denied, or cancelled. You can cancel an event using the "cancel" button from the list above.

For information regarding special open enrollment events (eligibility, what changes can be made, etc) please see [PEBB special open enrollment](#).

# To Remove “Draft” Verifications

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# Dependent Verification Tile

 Manage subscribers <small>Search, view, add or update subscribers</small>	 Manage access
 Organization profile	 Dependent Verification <small>You have 1 verification request(s)</small>
 Special Enrollment Event Verification <small>You have 1 special enrollment event request(s)</small>	 Reports
 Data Depot	 Subscriber Enrollment History <small>View login, enrollment, change history</small>

# “Pending” Dependent Verifications

## Verify dependents

Use this section to review status of dependent verification requests for your organization. After review of documentation provided, either within PEBB My Account or in person, record verification results.

[Accepted documents for proof of eligibility](#)

Show only PEBB  Show only SEBB

Show only pending requests

Subscriber	Dependent	Reason	Status	Request Date	Verified Date	Has Documents
+ Employee 1	Dependent 1	Dependent (not disabled)	Pending	6/30/2023		No
+ Employee 2	Dependent 2	Non-WA State-registered domestic partner	Pending	11/2/2023		No

# Verification Process

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1



## Special Enrollment Event Verification

You have 0 special enrollment event request(s)

2



## Dependent Verification

You have 14 verification request(s)

# Other Information

# Benefits 24/7 Timing Out

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Will “time out” after 20 minutes of inactivity

# Pay1 – A.23 Screen

## Submit via HCA Support ticket

- HCA will key for you – include:
  - Employee's name & SSN from reconciliation report
  - Adjustment amount
    - Debit or credit

Benefits administrator inquiry

For public and school benefits administrator general questions.

[Find tools for PEBB benefits administrators](#)

[Find tools for SEBB benefits administrators](#)

\* Please indicate which program your inquiry is related to

PEBB  SEBB

\* Is this inquiry related to the Benefits 24/7 online enrollment system?

Yes  No

What does your inquiry relate to?

Accounting

|

-- None --

Accounting

Appeals

Benefits (medical, dental, vision, life, LTD)

Eligibility

Enrollment

FSA, DCAP, HSA, Wellness

Files larger than 125MB will fail.

Allowable file types (.DOC, .XLS, .PDF, .TXT, .CSV, .JPG, .JPEG, .GIF, .RTF, .DOCX, .PPTX, .XLSX, .PNG, .MP4)

 Add attachments



# Pay1 – A.23 Screen

## Submit via HCA Support ticket

- HCA will key for you – include:
  - Employee's name & SSN from reconciliation report
  - Adjustment amount
    - Debit or credit

\* Is this inquiry related to the Benefits 24/7 online enrollment system?  
 Yes  No

\* What does your inquiry relate to?  
Accounting

\* Details   
Please include full SSN, first and last name of subscriber or dependents, dates, etc. if applicable.   
If this is a technical issue, include as much information as possible (e.g. screen the issue occurred on, steps taken before the  
[redacted])

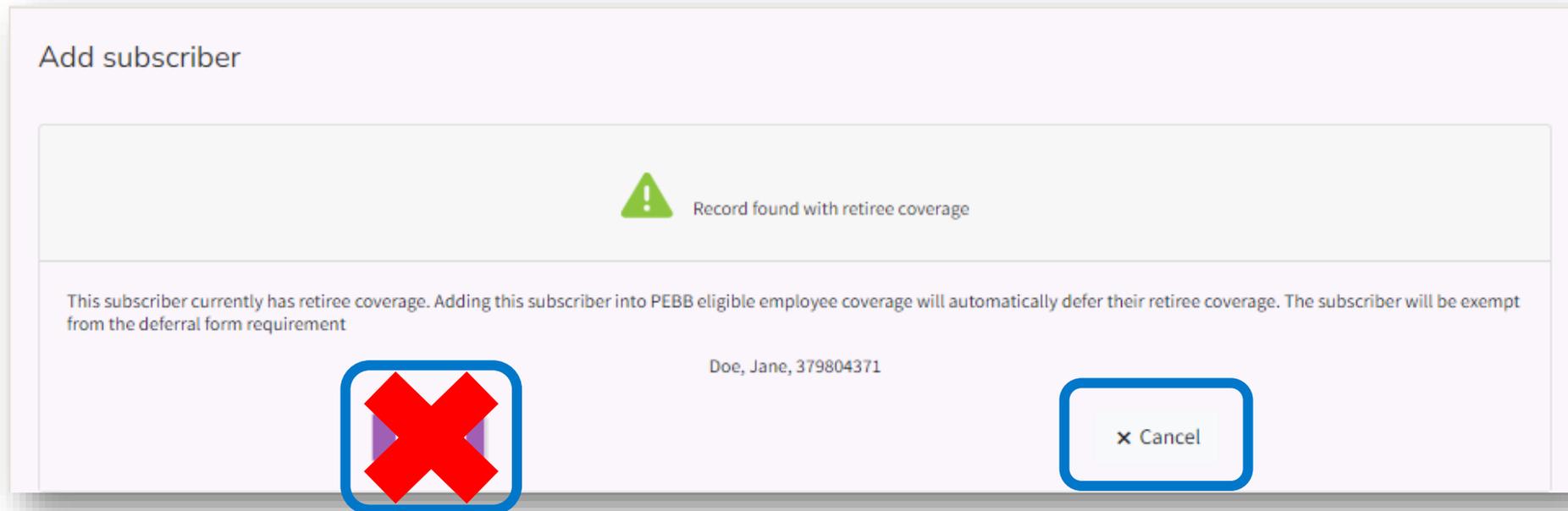
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Files larger than 125MB will fail.

Allowable file types (.DOC, .XLS, .PDF, .TXT, .CSV, .JPG, .JPEG, .GIF, .RTF, .DOCX, .PPTX, .XLSX, .PNG, .MP4)

# Adding New Subscriber

When currently enrolled in PEBB Retiree or Continuation Coverage:

- Will receive message – **do not claim them**



The screenshot shows a web form titled "Add subscriber". At the top, there is a warning icon (a green triangle with an exclamation mark) and the text "Record found with retiree coverage". Below this, a message states: "This subscriber currently has retiree coverage. Adding this subscriber into PEBB eligible employee coverage will automatically defer their retiree coverage. The subscriber will be exempt from the deferral form requirement". The name and ID of the subscriber are listed as "Doe, Jane, 379804371". At the bottom left, there is a red "X" icon over a button, indicating that the "Add" action is blocked. At the bottom right, there is a "Cancel" button.

# Adding New Subscriber

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When currently enrolled in PEBB Retiree or Continuation Coverage:

- Will receive message – **do not claim them**
- Submit HCA Support ticket and HCA will terminate retiree/continuation coverage
- Then you can add new subscriber and claim them

# Date of Eligibility

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Add subscriber

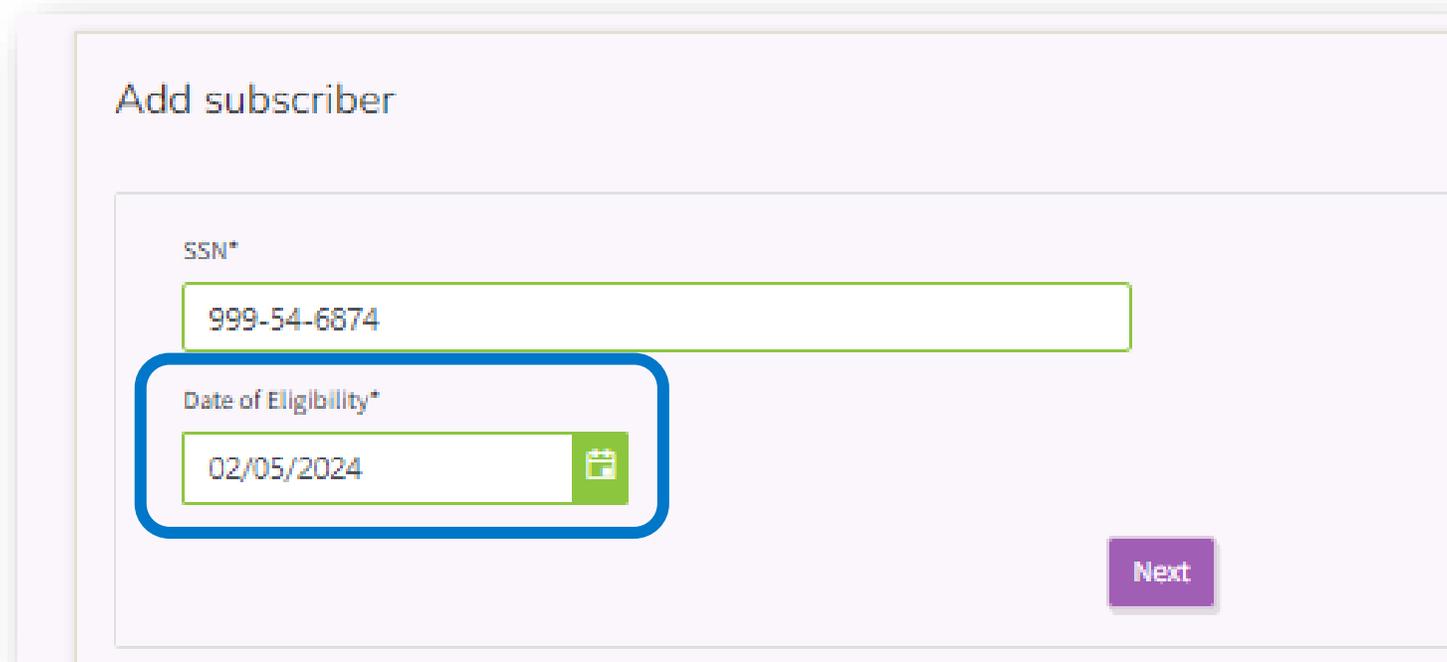
SSN\*

999-54-6874

Date of Eligibility\*

02/05/2024

Next

A screenshot of a web form titled "Add subscriber". The form contains two input fields. The first field is labeled "SSN\*" and contains the value "999-54-6874". The second field is labeled "Date of Eligibility\*" and contains the value "02/05/2024". The "Date of Eligibility\*" field is highlighted with a blue rounded rectangular border. To the right of the date field is a small calendar icon. Below the input fields is a purple button labeled "Next".

# Date of Eligibility

**Add subscriber**

Last name\*  First name\*  Middle name  SSN\*

Suffix  Birth date\*   Sex assigned at birth\*  Gender Identity\*

Gender X means a gender that is not exclusively male or female. This field will be kept private to the extent allowable by law. To learn more, visit HCA's website at [hca.wa.gov/gender-x](https://hca.wa.gov/gender-x).

Phone numbers are used by HCA and health plan carriers to contact subscribers to resolve issues and provide customer support.

Home phone number  Work phone number

Eligibility reason\*  Date of Eligibility\*   Coverage Effective Date

Is this employee represented?\*  Employee eligible for LTD\*  Employee monthly gross salary\*

# Date of Eligibility

**Manage Subscribers**

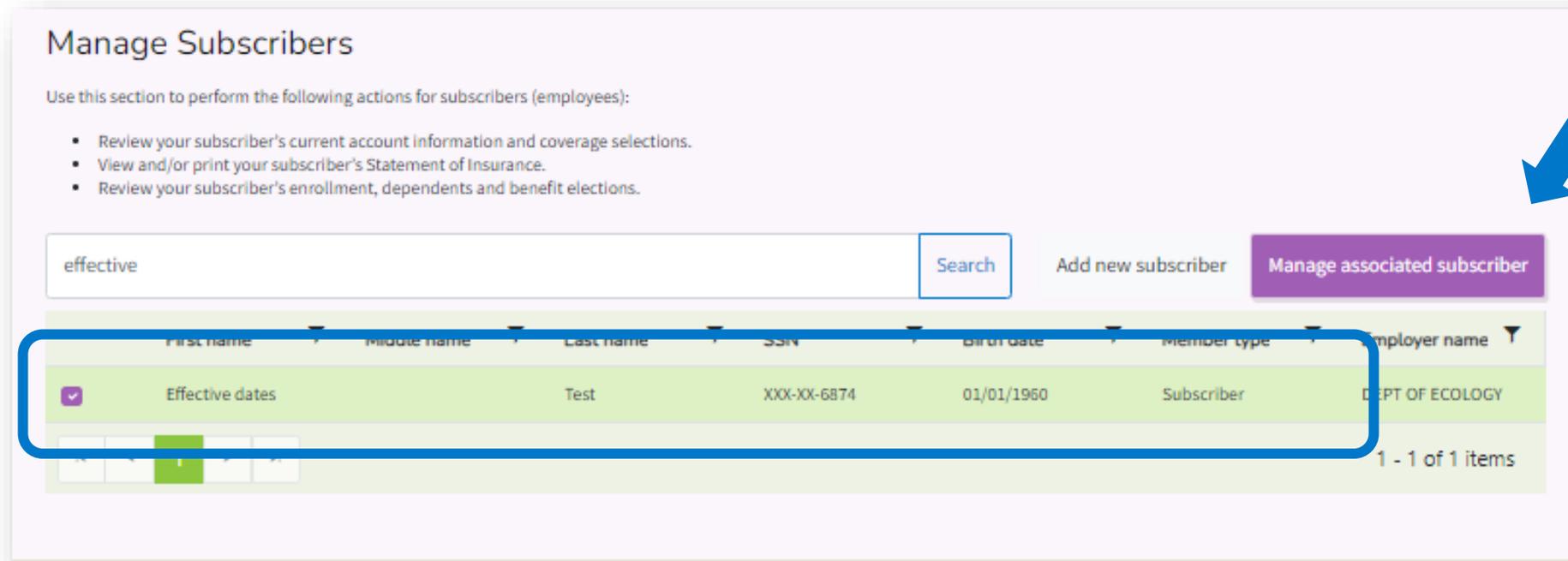
Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

effective

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input checked="" type="checkbox"/>	Effective dates		Test	XXX-XX-6874	01/01/1960	Subscriber	DEPT OF ECOLOGY

1 - 1 of 1 items



# Date of Eligibility

Currently managing: Effective dates Test

Dashboard Eligibility Manage Dependents Profile Tobacco Surcharge Attestations Current Coverage Spousal Attestations Notes

Supplemental Benefits

### Manage eligibility information

Last name\* Test First name\* Effective dates Middle name SSN\* 999-54-6874

Suffix JR, SR Birth date\* 01/01/1960 Sex assigned at birth\* Male Gender Identity\* Male

Eligibility reason\* Newly Eligible Member Date of Eligibility\* 02/05/2024 Mail-stop (region)

Employee monthly gross salary\* \$5,000.00

Is this employee represented?\* No Employee eligible for LTD\* Yes

Eligible for SEBB Benefits

Gender X means a gender that is not exclusively male or female. This field will be kept private to the extent allowable by law. To learn more, visit HCA's website at [hca.wa.gov/gender-x](https://hca.wa.gov/gender-x).

# Finding Date of Eligibility Later

## “History tile”

- “Subscriber Eligibility” option

Effective dates Test  
999-54-6874 01/01/1960

[Subscriber Eligibility](#) 1 Record

Agency/Subagency	Agency Elig Eff Date	Agency Elig Eff End Date	Eligibility Type	Eligibility Reason	Eligibility Created Date	Modified Date	Created/Modified By
DEPT OF ECOLOGY	03/01/2024		Y	01	02/05/2024 3:34:39 pm		deborah.krumpols@hca.wa.gov

1 - 1 of 1 items

# Termination Dates

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- **Termination effective date** – last day worked/pay-status
- **Benefit end date** – automatically determined by system

Terminate/Transfer subscriber:

Termination/Transfer Reason	Termination effective date *	Benefit End Date
Employment Ending/I ▼	02/05/2024	02/29/2024

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.

Submit changes

# MetLife Enrollment

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## Same process as before the launch of Benefits 24/7

- **Newly eligible** – paper enrollment forms
  - Protects “guaranteed issue” supplemental life coverage
  - Employee continues to submit to MetLife directly
- **Outside 31-day eligibility window** – Benefits 24/7
  - From supplemental benefits/coverage tab/tile – link to MetLife portal
  - Apply for supplemental life and/or AD&D
  - Update beneficiary information

Not applicable to “Medical Only” groups

# Organization Profile Tile - Contact Information

“Contacts” automatically updated from HCA database

- Verify data is accurate

Contacts

+ Add contact

+ [Redacted]	Insurance/Billing
+ [Redacted]	Benefit Specialist

# Contact Information (cont'd)

Contacts + Add contact

Insurance/Billing

First name\*  Middle initial  Last name\*

Email address\*  Phone\*  Fax

Address same as organization physical address

Mailing Address line 1\*

Mailing Address line 2\*

Unit #, Suite #

City\*  State/Province\*

Zip code\*

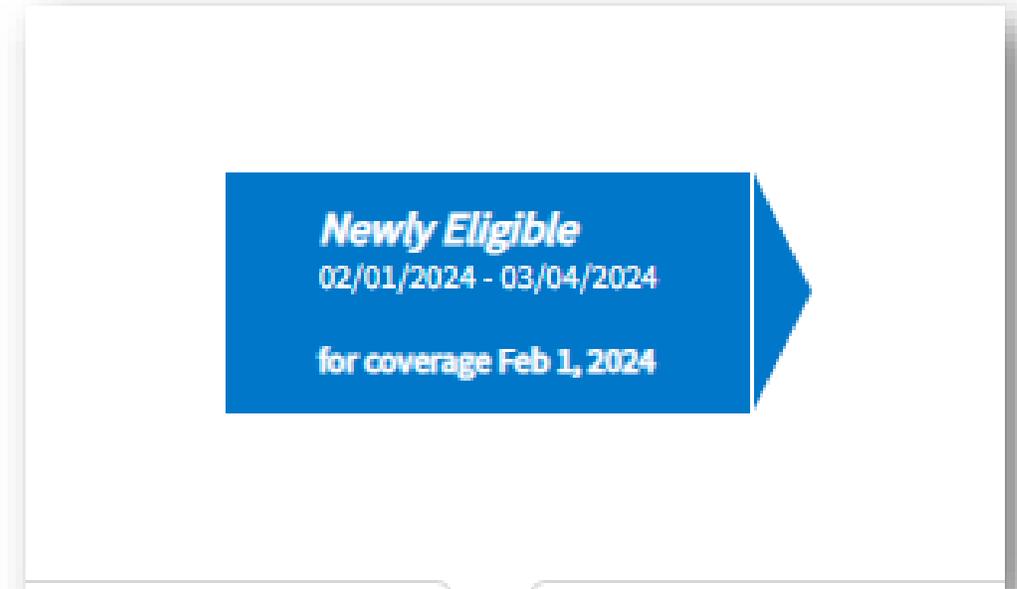
Contact types:

Benefit Specialist  Insurance/Billing  LTD  Other  Payroll  Superintendent

# Types of Wizards

## Newly Eligible

- Shows up on employee's dashboard when:
  - “Added as new subscriber” to your organization in B24/7, and
    - never been a **subscriber** in PEBB benefits
    - were previously enrolled as a subscriber in PEBB benefits, but there has been a break in their PEBB coverage



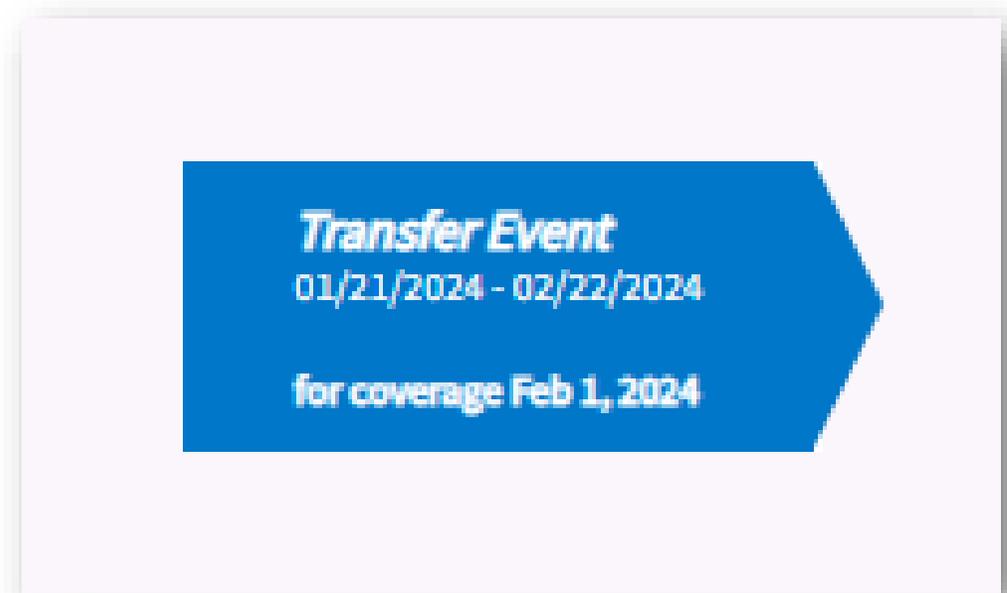
Does not show up on employee's dashboard until "date of eligibility"

# Types of Wizards (cont'd)

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## Transfer Event

- Shows up on the employee's dashboard when:
  - “Added as new subscriber” to your organization in B24/7, and
    - were previously enrolled in PEBB benefits with a **PEBB Medical Only employer, with no break in PEBB coverage**, allowing employee to enroll in PEBB dental and employee-paid LTD, as well as add dependents to PEBB dental



# Types of Wizards (cont'd)

## SOE Event

- Shows up when:
  - Employee/BA enters an SOE event under the SOE tile/tab

Select the check-box to the left to manage the event and/or view requests

Event	Event Date	Status	Review Deadline	Verification Reason	Manage	Forms
<input type="checkbox"/> Birth or adoption	2/2/2024	Draft	4/2/2024	Draft		

1 - 1 of 1 items

Only one event can be in pending, draft, or submitted status at any given time. You cannot create a new event until the current event is verified, denied, or cancelled. You can cancel an event using the "cancel" button from the list above.

Dependents Upload Coverage Attestations Confirmation

**Step 1 - Dependents**

Do you have dependents to add to your account?

Yes  No

# Types of Wizards (cont'd)

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## Open Enrollment

- Shows up on the employee's dashboard :
  - Each year during the open enrollment window, November 1 through November 30



# Enrollment/Change Forms

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## Available on PEBB BA website only

- Employees enrolling/making changes via paper form must obtain from BA
  - Stated in *Employee Enrollment Guide* as well
- Do not refer employees to BA website

# Order Guides & Forms

BAs may order supply of hardcopy forms

- From PEBB BA website - forms and publications page

Home > PEBB benefits administrators > Forms and publications

## Forms and publications

Access manuals, forms, enrollment guides, and other resources to support benefits administrators (BAs) with the administration of Public Employees Benefits Board (PEBB) benefits.

Below you will find manuals, user guides, and resources related to the PAY1 insurance system, the Benefits 24/7 online enrollment system, accounting, correcting employer errors, appeals, and HCA Support. Employee enrollment resources, such as guides and forms, certification forms for dependents, and many other resources are also available to download.

When printing forms to share with employees, also provide the [PEBB nondiscrimination statement and language access notice](#).

### PAY1 insurance system

[PAY1 manuals and resources](#)

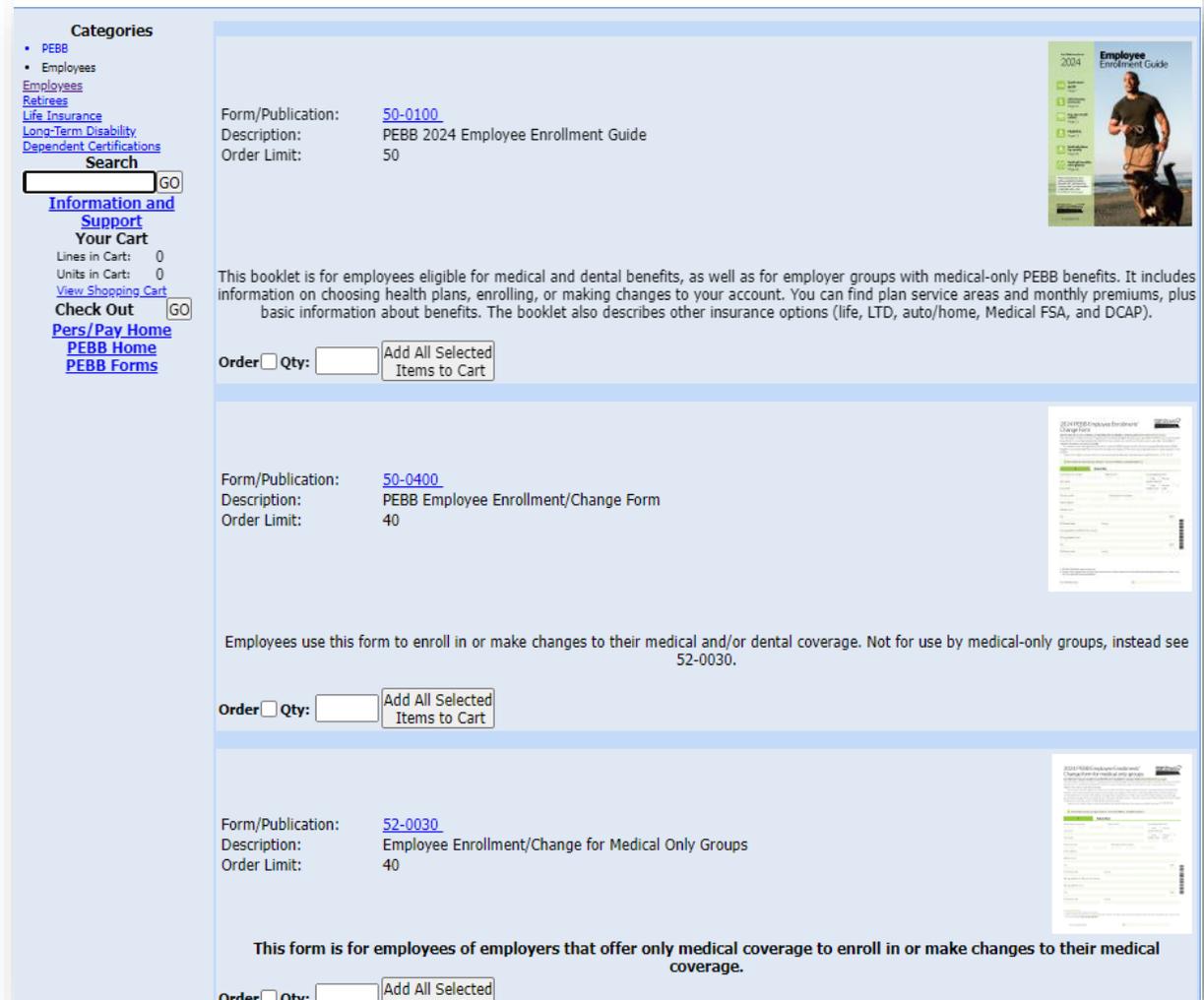
Want to have PEBB materials delivered to your organization?

[Order materials](#)

# Order Guides & Forms

BAs may order supply of hardcopy forms

- From PEBB BA website - forms and publications page



# “Filter” Features

ABC PEBB Training Agency

## Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

[Add new subscriber](#)

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Barry		Jones	XXX-XX-7878	05/05/1980	Subscriber	ABC PEBB Training Agency
<input type="checkbox"/>	Jan		Novak	XXX-XX-7778	01/07/1957	Subscriber	ABC PEBB Training Agency
<input type="checkbox"/>	Melissa		Jones	XXX-XX-3875	04/01/1980	Subscriber	ABC PEBB Training Agency

◀ ◁ 1 ▷ ▶

1 - 3 of 3 items

# “Filter” Features (cont’d)

## ABC PEBB Training Agency

### Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber’s current account information and coverage selections.
- View and/or print your subscriber’s Statement of Insurance.
- Review your subscriber’s enrollment, dependents and benefit elections.

a  [Add new subscriber](#)

	First name ▼	Middle name ▼	Last name ▲ ▼	SSN ▼	Birth date ▼	Member type ▼	Employer name ▼
<input type="checkbox"/>	Barry		Jones	XXX-XX-7878	05/05/1980	Subscriber	ABC PEBB Training Agency
<input type="checkbox"/>	Melissa		Jones	XXX-XX-3875	04/01/1980	Subscriber	ABC PEBB Training Agency
<input type="checkbox"/>	Jan		Novak	XXX-XX-7778	01/07/1957	Subscriber	ABC PEBB Training Agency

◀ ◁ 1 ▷ ▶ ▶▶ 1 - 3 of 3 items

# “Filter” Features (cont’d)

DEPT OF ECOLOGY

## Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and coverage selections.

a   [Add new subscriber](#)

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Beth		Able	XXX-XX-4589	01/01/1957	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Steve		Adams	XXX-XX-6784	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Toni		Adams	XXX-XX-6843	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Test Term		Add New EE	XXX-XX-3684	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Put on Leave		Add To Test	XXX-XX-6138	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Muhammed		Alli	XXX-XX-4640	01/01/1960	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Carmen		Alvarez	XXX-XX-9438	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Mandy		Alvarez	XXX-XX-9846	01/01/2000	Subscriber	DEPT OF ECOLOGY

# “Filter” Features (cont’d)

DEPT OF ECOLOGY

## Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber’s current account information and coverage selections.
- View and/or print your subscriber’s Statement of Insurance.
- Review your subscriber’s enrollment, dependents and benefit elections.

a  [Add new subscriber](#)

	First name	Middle	Last	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Beth			XXX-XX-4589	01/01/1957	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Steve			XXX-XX-6784	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Toni			XXX-XX-6843	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Test Term		ew EE	XXX-XX-3684	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Put on Leave		o Test	XXX-XX-6138	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Muhammed			XXX-XX-4640	01/01/1960	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Carmen		z	XXX-XX-9438	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Mandy		Alvarez	XXX-XX-9846	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Art		Angus	XXX-XX-3893	01/01/1977	Subscriber	DEPT OF ECOLOGY

The image shows a filter dropdown menu for the 'First name' column. The dropdown is open, showing a search box with 'art' entered, a 'Clear' button, and a 'Filter' button. The dropdown also shows a 'Contains' filter option.

# “Filter” Features (cont’d)

DEPT OF ECOLOGY

## Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

a  [Add new subscriber](#)

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Art		Angus	XXX-XX-3893	01/01/1977	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Martin		Maynard	XXX-XX-8746	01/01/1960	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Marty		Smith	XXX-XX-8476	01/01/2000	Subscriber	DEPT OF ECOLOGY

# “Filter” Features (cont’d)

DEPT OF ECOLOGY  
Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and make selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and make selections.

a

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Martin		d	XXX-XX-8746	01/01/1960	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Marty			XXX-XX-8476	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Art			XXX-XX-3893	01/01/1977	Subscriber	DEPT OF ECOLOGY

1 2 3

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# “Filter” Features (cont’d)

DEPT OF ECOLOGY

## Manage Subscribers

Use this section to perform the following actions for subscribers (employees):

- Review your subscriber's current account information and coverage selections.
- View and/or print your subscriber's Statement of Insurance.
- Review your subscriber's enrollment, dependents and benefit elections.

a  [Add new subscriber](#)

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
<input type="checkbox"/>	Chdisability		Employee	XXX-XX-2945	01/01/1976	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Late Verif		Check	XXX-XX-8046	01/01/1964	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	May		West	XXX-XX-5794	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Donald		Smith	XXX-XX-3048	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Zoey		Heart	XXX-XX-9765	01/01/1970	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Carmen		Barkley	XXX-XX-4865	01/01/2000	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Employee		Out of State	XXX-XX-6362	01/01/1990	Subscriber	DEPT OF ECOLOGY
<input type="checkbox"/>	Thomas		Danny	XXX-XX-7439	01/01/1976	Subscriber	DEPT OF ECOLOGY

Filters work similarly on the different screens

# Resources

# Benefits Administrators

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## Submit HCA Support ticket

- Select “yes” for Benefits 24/7 inquiry
- No emails directly to O&T staff
- Provide employee name & SSN

## Benefits 24/7 FAQs

- *Administering PEBB in Benefits 24/7* page

## Benefits 24/7 Manuals & Resources

## Training Videos

## GovDelivery

# Employees

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- **PEBB Employee website**
- ***For Your Benefit* newsletter - February 2024 issue**
- ***Quick Start Guide* sent January 23**
- **Employee Enrollment Guides** (for newly eligible employees)
- **Benefits Administrators**

# Questions

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# Thank You