




Benefits 24/7

Benefits Administrator Manual

SEBB Version



*Chapter 1 – Introduction to
Benefits 24/7*

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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 SEBB 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

Outreach and Training	
For Personnel / Payroll / Benefits Use Only	
Outreach and Training	1.800.700.1555
Email:	HCA Support - Select the Benefits Administrator Inquiry tile
BA website:	SEBB benefits administrators Washington State Health Care Authority
Order materials:	Order Materials
Fax Number:	360.725.0771
Insurance Accounting / Account Receivable	
Email	HCASEBBAR@hca.wa.gov
Fax number	360.753.9152

Accounting terms

Invoicing cycle

The monthly insurance billing file is generated on or about the 15th of each month for the following month. Enrollments and plan selections entered on or after the day the billing file runs will be on your next month's billing file.

Lower limit

The 'lower limit' is a time frame in which SEBB 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 billing 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. Contact Outreach and Training for assistance with retro-active enrollments and 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.

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

HCA code

Refers to the agency/sub-agency code assigned to the individual organization 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 becomes eligible to enroll in benefits. This date may be different than the effective date of benefits. The employee has 31 days after the date of eligibility to make their elections. For example: A benefits eligible employee hired on January 15 would have 31 days, or until February 15, to make their coverage elections.

The eligibility date:

- A school employee anticipated to meet the eligibility criteria in WAC 182-31-040 and whose first day of work is on or after September 1st but not later than the first day of school, eligibility begins the first day of work.
- A school employee anticipated to meet the eligibility criteria in WAC 182-31-040 and whose first day of work is at any other time during the year, eligibility begins on the first day of work.
- A school employee not anticipated to meet the eligibility criteria in WAC 182-31-040 and later their work pattern is revised to anticipate they will meet the eligibility criteria becomes eligible on the date of the revision.
- A school employee not anticipated to meet the eligibility criteria in WAC 182-31-040 and later meets the eligibility criteria becomes eligible on that date.
- A school employee who is not anticipated to meet the eligibility criteria based on the time of year they were hired, but is anticipated to meet the criteria the next school year, establish eligibility on the first day of work if:
 - A nine to ten month employee is anticipated to be compensated for at least 17½ hours per week in six of the last eight weeks counting backwards from the week that contains the last day of school.
 - A twelve month employee is anticipated to be compensated for at least 17½ hours per week in six of the last eight weeks counting backward from the week that contains August 31, the last day of the school year.
- A school employee is presumed eligible for the employer contribution at the start of the school year, if they:
 - Worked at least six hundred thirty hours in each of previous two school years; and
 - Are returning to the same type of position (teacher, para educator, food service worker, custodian, etc.) or combination of positions with the same SEBB organization

A SEBB organization can rebut this presumption by notifying the school employee, in writing, of the specific reasons why the school employee is not anticipated to work at least 630 hours in the current school year. The employee must be given appeal rights.

Reference: [WAC 182-31-040](#)

Effective date

The date benefits begin. Medical, vision, dental, basic life, employer-paid LTD, and employee-paid LTD begin as follows:

- A school employee who begins work between September 1st and the first day of school, benefits begin the first day of work for the new school year.
- A school employee who begins work or gains eligibility at any other time of the year, coverage begins the first day of the month following the date the school employee becomes eligible.

Reference: [WAC 182-31-040](#)

Annual open enrollment

The annual open enrollment is a time period each year in which school employees may change medical, dental, and vision plans, reinstate previously waived medical coverage without proof of loss, add eligible dependents without proof of loss (*dependent verification is required*), remove dependents, attest to or change spousal premium surcharge, change IRC Section 125 waiver status, or enroll in or re-enroll in a Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (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 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 benefits administrators and employees. Use your work email to create your administrator account and use your personal email when creating your employee user account.

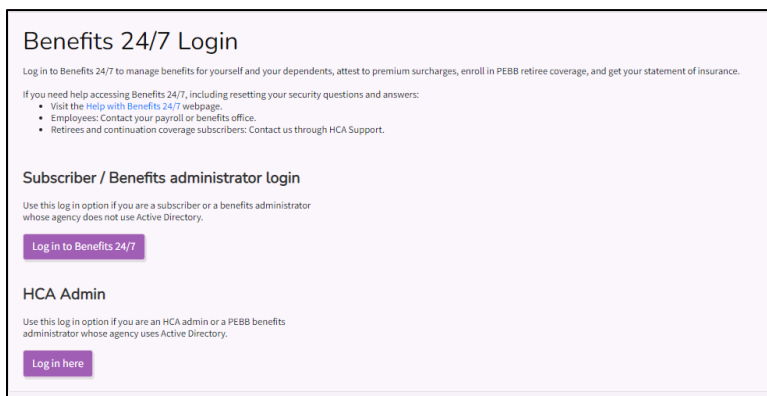
Create a Benefits Administrator SAW account

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 and ongoing login’](#) 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 and ongoing login](#)' section of this manual.

1. Open Benefits 24/7. Select 'Log in to Benefits 24/7'.



The screenshot shows the 'Benefits 24/7 Login' page. At the top, it says '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.' Below this, there is a section for 'Subscriber / Benefits administrator login' with a button 'Log in to Benefits 24/7'. There is also a section for 'HCA Admin' with a button 'Log in here'.

2. Secure Access Washington (SAW) opens.



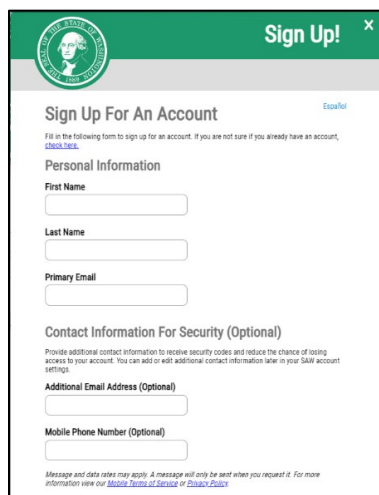
The screenshot shows the 'Secure Access Washington' login page. It features a green header with the state seal and the text 'Welcome to your login for Washington state.' Below the header, there is a 'LOGIN' section with fields for 'Username' and 'Password', a 'Submit' button, and links for 'Forgot your username?' and 'Forgot your password?'. To the right of the login section, there is a 'Tweets from @SecureAccessWA' widget showing three tweets about service maintenance and site updates.

3. To create your User ID and Password, select 'Sign Up!'.



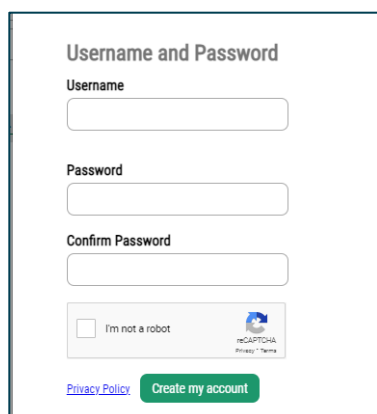
When creating your SAW username and password – do not create a username with a period at the end. If you have already done so, you will need to copy and paste the link in the activation email.

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



The image shows a 'Sign Up!' form with a green header bar containing a logo and the text 'Sign Up!'. Below the header, the title 'Sign Up For An Account' is followed by a small 'Español' link. A note states: 'Fill in the following form to sign up for an account. If you are not sure if you already have an account, [click here](#).' The form is divided into two sections. The first section, 'Personal Information', contains three input fields: 'First Name', 'Last Name', and 'Primary Email'. The second section, 'Contact Information For Security (Optional)', includes a sub-header and a note: 'Provide additional contact information to receive security codes and reduce the chance of losing access to your account. You can add or edit additional contact information later in your SAW account settings.' This section has two optional input fields: 'Additional Email Address (Optional)' and 'Mobile Phone Number (Optional)'. At the bottom, there is a disclaimer: 'Message and data rates may apply. A message will only be sent when you request it. For more information view our [Mobile Terms of Service](#) or [Privacy Policy](#).'

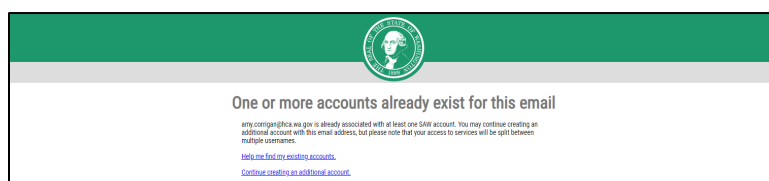
5. If desired, enter an additional email address and/or a Mobile phone number. These are optional.
6. Enter a Username and Password. Confirm your password.



The image shows a 'Username and Password' form. It has three input fields: 'Username', 'Password', and 'Confirm Password'. Below these fields is a checkbox labeled 'I'm not a robot' next to a CAPTCHA image. At the bottom left is a link for 'Privacy Policy', and at the bottom right is a green button labeled '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.



The image shows a message box with a green header bar containing a logo. The main text reads: 'One or more accounts already exist for this email'. Below this, a smaller note says: 'anyone@hhs.gov is already associated with at least one SAW account. You may continue creating an additional account with this email address, but please note that your access to services will be split between multiple usernames.' At the bottom, there are two links: '[Help me find my existing accounts](#)' and '[Continue creating 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 in to this new browser window. Close the new browser window and log in to 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.

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

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

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 must use the same email address the admin used to give you permissions.

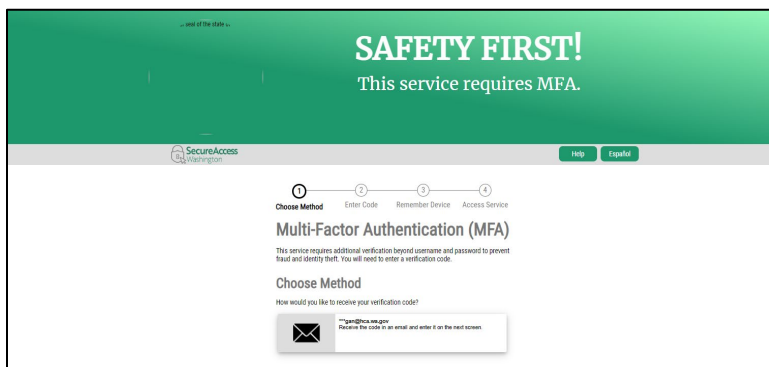
1. Open Benefits 24/7. Select 'Log in to Benefits 24/7' next to Admin User?

The screenshot shows the 'Benefits 24/7 Login' page. At the top, it says '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.' Below this, it lists help resources: 'Visit the Help with Benefits 24/7 webpage', 'Employees: Contact your payroll or benefits office', and 'Retirees and continuation coverage subscribers: Contact us through HCA Support.' There are three login sections: 'Subscriber / Benefits administrator login' with a 'Log in to Benefits 24/7' button, 'HCA Admin' with a 'Log in here' button, and a third section for 'Log in here' at the bottom.

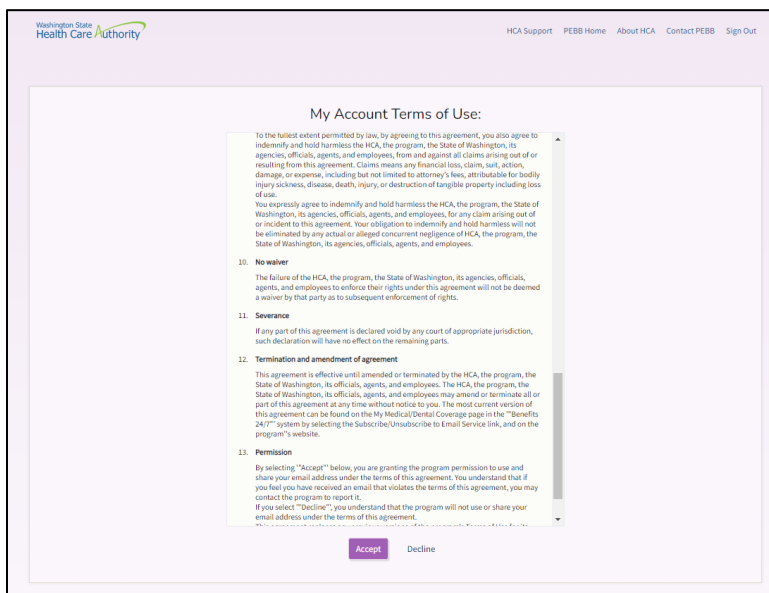
2. Enter your SAW username and password. Select 'Submit'.

The screenshot shows the 'SecureAccess Washington' login page. It features the Washington state seal and the text 'Welcome to your login for Washington state.' Below the header, there are links for 'Sign Up!', 'GET HELP', and 'Español'. The main section is titled 'LOGIN' and contains fields for 'Username' and 'Password', a 'Submit' button, and links for 'Forgot your username?' and 'Forgot your password?'. On the right side, there is a 'Tweets from @SecureAccessWA' section with three tweets about service maintenance and site updates.

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.



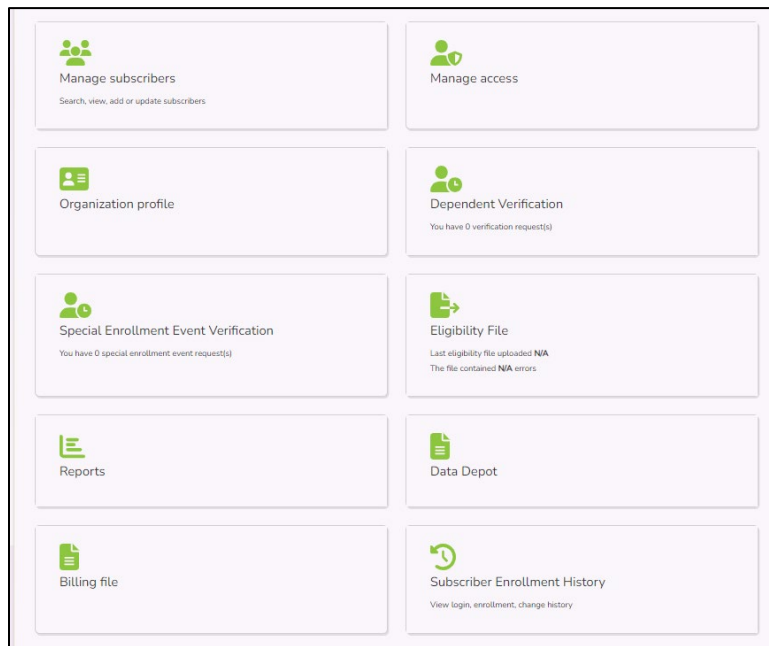
4. Enter the last six digits of the code that was sent from SAW. Select 'Submit'.
5. Read and 'Accept' the Terms and Conditions. *Note: The terms and conditions will display the first time you log in to Benefits 24/7.*



6. The Administrator Dashboard opens.

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

Administrative dashboard



Overview of 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.
- 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 Chapters 3.

Organization profile

This tile contains basic information about the employer, including organization name, type of organization, effective date, benefits structure, contract number, if applicable, rate structure (Composite or Tiered), employer group rate surcharge status, address, and contacts.

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 the 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 the employee can 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.

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.

Billing file

Use this tile to retrieve your billing file each month. The file will be available on or around the 15th of each month. The invoicing schedule is available on the [benefits administrator's website](#).

Additional guidance and processes are available in Chapter 2.

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 to be assigned. The SEBB 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.



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 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 employee** – 31 days after the date of eligibility

- **Annual open enrollment** – No later than the last day of open enrollment
- **Special open enrollment** – No later than 60 days after 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.

Eligibility files

Use this tile to upload eligibility files to Benefits 24/7. The file must be a pipe-delimited .csv or .txt file format. Organizations may upload newly eligible employees.

For guidance on uploading the eligibility file and handling errors, refer to Chapter 2.

Data depot

This tile is used to provide reports to Business Administrators. For example, W-2 data in January. 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.

For guidance on accessing files in the Data Depot, refer to 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.

Menu bar

The menu bar offers all the same options as the tiles plus an ability to return to the Admin Dashboard when a tile is open.

Admin Dashboard	Dependent Verification	SOE Verification	Subscribers	Access	Reports	Profile	History
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