



# Preparing for the Start of the new School Year

School Employees Benefits  
Outreach & Training  
August 4, 2023.

Washington State  
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

# Agenda

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- 1 Actions at the start of each school year
- 2 Returning eligible employees
- 3 Ineligible or not returning employees
- 4 Transferring employees
- 5 Newly eligible employees
- 6 Appeals process
- 7 Changes and updates
- 8 Reminders, tips & resources





# Actions at the start of each school year

School Year: **September 1 - August 31**

Plan year: **January 1 - December 31**

# Organization Profile

## Update “new” first day of school

- Complete no later than August 1
  - Update before entering newly hired employees for the next school year
  - Update anytime during the year
    - Add annual calendar reminder
- Multiple first days of school
  - Enter the latest date
- Educational Service Districts (ESDs)
  - Enter first working day in September

SEBB My Account manual, chapter 2, pages 7-10

[hca.wa.gov/sebb-benefits-admins/forms-and-publications](https://hca.wa.gov/sebb-benefits-admins/forms-and-publications)

Admin Dashboard | Dependent Verification | SOE Verification | Subscribers | Access | Eligibility | Billing | Data Depot | Currently managing: SHELTON SCHOOL DISTRICT 309

Reports | Profile | Enrollment Docs | FSA / DCAP

### Organization profile

You can use this section to update organization profile information to include contacts. Please keep contact information current to ensure HCA can reach appropriate personnel to disseminate information and resolve any issues.

OSPI district number\* 23309 Federal tax ID number\* 911124683 HCA code\* 600D33

SEBB organization name SHELTON SCHOOL DISTRICT 309

Effective date\* 01/01/2019 Termination date mm/dd/yyyy First day of school\* 09/06/2023

Physical Address line 1\* 700 S FIRST ST

Physical Address line 2 Unit #, Suite #

City\* SHELTON State/Province\* WA County\* Mason Zip code\* 98584

☒ Same mailing/shipping/billing address

Notes:

Contacts Add contact

# Update the first day of school in SMA

GovDelivery sent on July 5, 2023.

- BAs with admin access must:
  - Update the first day of school
    - **No later than August 1, 2023**
  - Ensures effective date of coverage is calculated correctly by SMA
- Reconcile your billing file monthly
  - Guidance for reconciling the billing file is available in the Accounting Manual

## Important reminders

Update first day of school and reconciliation of billing files

### Update the first day of school

As your attention shifts to the new school year and new staff are hired before you begin to enter new staff into SEBB My Account (SMA), it is critical that the first day of school be updated in the Organizational Profile prior to entering employees who will be eligible beginning in September.

Updating the first day of school before entering new employees into SMA ensures the employee's effective date of benefits will be calculated correctly by the system.

Updating the first day of school before entering new employees into SMA ensures the employee's effective date of benefits will be calculated correctly by the system. As a reminder, the effective date of benefits is determined differently in September than the rest of the year. If a newly eligible employee's first day of work is on or after September 1, but not later than the first day of school for the current school year, the employee is eligible for the employer contribution on their first day of work and benefits begin on that day. ([WAC 182-31-040](#))

### Process to update the first day of school

*BA must have admin access in SMA to update the first day of school*

1. Log into SMA. Select the Organizational Profile tile.
2. Update the date in the 'First Day of School' field. If there are multiple dates within the district, enter the latest date.
3. Select 'Submit Changes'.

Update the first day of school no later than August 1, 2023.

### Reminder: Reconcile your billing file monthly

To ensure the W-2 data provided to you by HCA at the end of the year is accurate it is important to:

1. Correct any eligibility or enrollment errors timely.
2. Compare the billing file to your records (typically payroll deduction reports) each month. Guidance for reconciling your billing file is available in the [SEBB Accounting Manual](#) posted on the SEBB BA website.

[Learn more about this thing](#)

WAC 182-31-040

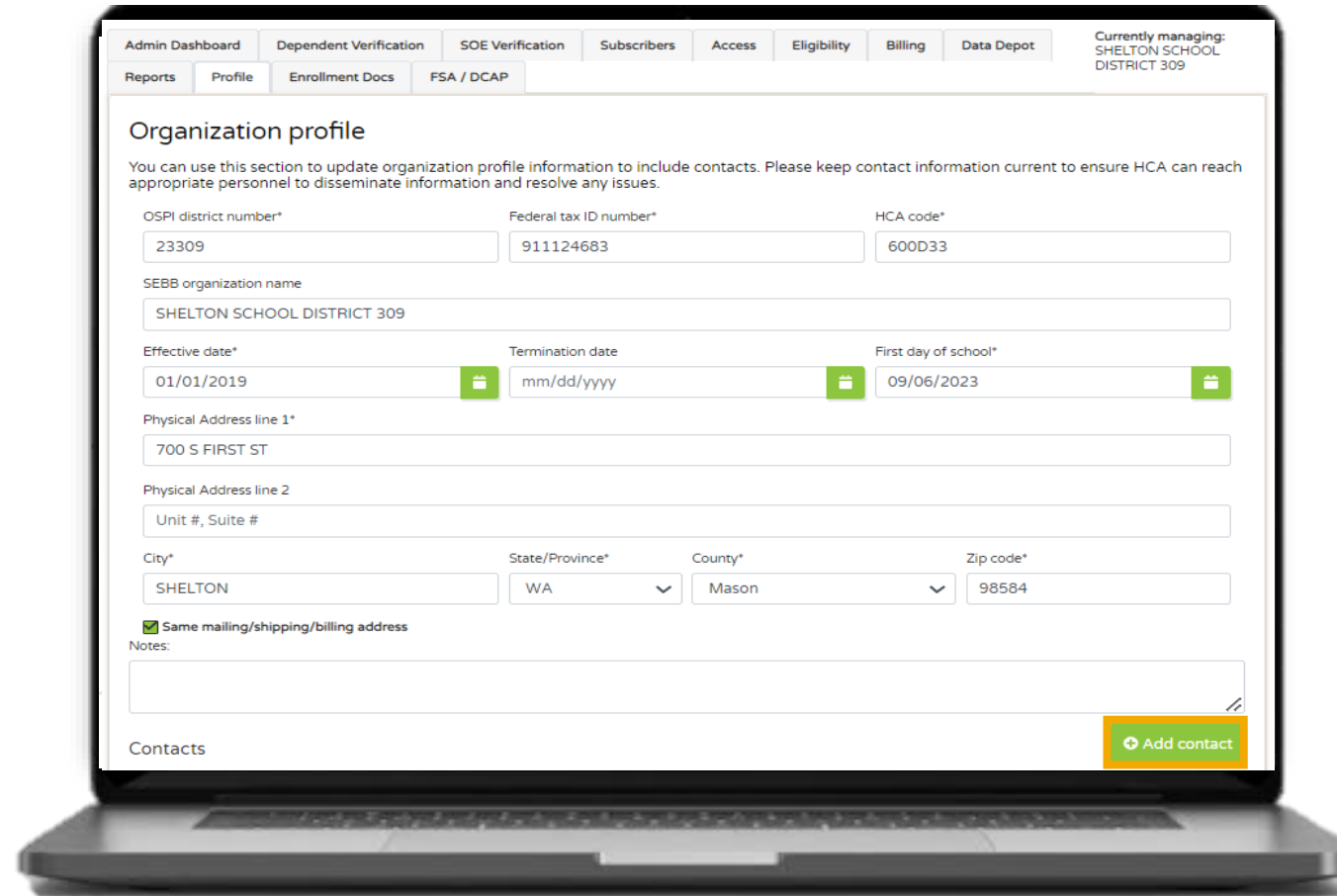
<https://content.govdelivery.com/accounts/WAHCA/bulletins/363acba>



# Organization Profile

## Update SEBB Org contacts

- Add/Remove contacts
- Multiple roles can be assigned
  - Benefit Specialist
  - Insurance/Billing
  - Payroll
  - Superintendent
- Include email & phone number



The screenshot shows a web application interface for managing organization profiles. At the top, there is a navigation bar with tabs: Admin Dashboard, Dependent Verification, SOE Verification, Subscribers, Access, Eligibility, Billing, Data Depot, and Reports. A sub-navigation bar includes Profile, Enrollment Docs, and FSA / DCAP. The current user is identified as 'Currently managing: SHELTON SCHOOL DISTRICT 309'. The main section is titled 'Organization profile' and contains a description: 'You can use this section to update organization profile information to include contacts. Please keep contact information current to ensure HCA can reach appropriate personnel to disseminate information and resolve any issues.' The form fields are organized as follows: OSPI district number\* (23309), Federal tax ID number\* (911124683), and HCA code\* (600D33). The SEBB organization name is 'SHELTON SCHOOL DISTRICT 309'. The Effective date\* is '01/01/2019', Termination date is 'mm/dd/yyyy', and First day of school\* is '09/06/2023'. Physical Address line 1\* is '700 S FIRST ST'. Physical Address line 2\* is 'Unit #, Suite #'. City\* is 'SHELTON', State/Province\* is 'WA', County\* is 'Mason', and Zip code\* is '98584'. There is a checkbox for 'Same mailing/shipping/billing address' which is checked. A Notes section is present with a text area. At the bottom, there is a 'Contacts' section with an 'Add contact' button.

Used by Health Care Authority staff members to contact SEBB Organizations

[hca.wa.gov/sebb-benefits-admins/forms-and-publications](https://hca.wa.gov/sebb-benefits-admins/forms-and-publications)

# Managing Access

## Update admin access

- Submit *Admin Appointment/Removal form* via HCA Support request for processing
  - Forms and publications webpage
- Add/Remove **admin access only**
- Superintendent signature required

## Admin's can assign user roles:

- Access management, edit, finance and read-only

### SEBB My Account Administrator Appointment/Removal



Use this form to authorize appointment or removal of up to two SEBB My Account administrators.

By signing this authorization form, the appointed SEBB My Account administrator(s) acknowledge that they have read, understand, and agree to abide by the security protocols stated in the HCA Acceptable Use Policy and the SEBB Organization Acceptable Use Policy. As SEBB My Account administrator, you acknowledge that you are responsible and accountable for user security within your organization. This includes, but is not limited to, managing access for employees and contractors, assigning applications roles, modifying existing access, and revoking access.

1 Appointment of SEBB My Account administrator(s)		
Last name	First name	Email
Effective date	Signature of this administrator	
Last name	First name	Email
Effective date	Signature of this administrator	

2 Removal of SEBB My Account administrator(s)		
Last name	First name	
Email		Effective date
Last name	First name	
Email		Effective date

3 Superintendent authorization	
The individual(s) named above have been duly appointed by me as the SEBB My Account administrator(s). SEBB organization	
Superintendent last name	Superintendent first name
Superintendent signature	Date
To submit this form press the submit button or email it to <a href="mailto:hcasebbsupport@hca.wa.gov">hcasebbsupport@hca.wa.gov</a>	

Submit

Access management role can release subscriber accounts for reclaiming.

[hca.wa.gov/assets/perspay/20-0117-SEBB-sma-admin-appointment-removal-form-fillable.pdf](https://hca.wa.gov/assets/perspay/20-0117-SEBB-sma-admin-appointment-removal-form-fillable.pdf)



# Manage Access Tips

## Updating/changing email

- Do not cut and paste/change new email over old email
  - Delete old BA then add new BA
- Email address **must match identically** with the SAW email
- Enter email as lower-case without spaces
- Do not share a group email to access SMA or HCA Support
  - Not in compliance with OCIO information security requirements

The screenshot shows the 'Manage application access' page for ABERDEEN SCHOOL DISTRICT 005. The page has a blue header with navigation links: Admin Dashboard, Subscribers, Access, 3rd Party Access, API Access, Dependent Verification, SOE Verification, Organizations, Reports, Account Correction, and Settings. Below the header, there are tabs for Admin Dashboard, Dependent Verification, SOE Verification, Subscribers, Access, Eligibility, Billing, and Data Depot. The 'Access' tab is selected. The page title is 'ABERDEEN SCHOOL DISTRICT 005'. The main content area is titled 'Manage application access' and contains a list of roles and their permissions:

- Access Management
  - Release subscriber accounts for reclaiming
- Admin
  - Assign perspay user roles
- Edit
  - Add eligible subscribers
  - Assist subscribers with benefit enrollment
  - Approve/Deny life event requests (eg. approve the addition of a dependent)
  - Update/Change enrollment data on behalf of subscriber
  - Terminate coverage
  - Upload enrollment file
  - Upload eligibility file
  - Access to reports
- Finance
  - Download billing file
  - Download SmartHealth file
  - Access to reports
- Read only
  - View enrollment and eligibility data for subscribers
  - Access to reports

At the bottom right of the list is a green button labeled 'Add system user'. Below the list is a table with columns: First name, Last name, Email, Access Management, Admin, Edit, Finance, Read Only, Access Ended, and Manage. The table contains one row with the following data:

First name	Last name	Email	Access Management	Admin	Edit	Finance	Read Only	Access Ended	Manage
Cindy	Lee	clee@asd5.org	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Save"/>



# Eligibility worksheets

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SEBB Organizations should determine employee eligibility and provide the required notification (if necessary) for SEBB benefits at the **start of each school year (September 1)**.

**Provide notification for newly eligible employees**

\*Provide appropriate A series worksheet

**Terminate coverage for employee's ineligible or not returning**

\*Provide appropriate C series worksheet

**Provide notification for employees who are returning to work from certain types of leave or due to layoff**

\*Provide appropriate D series worksheet



# Returning eligible employees

**WAC 182-31-040** How do school employees establish eligibility for the employer contribution toward school employees benefits board (SEBB) benefits and when do SEBB benefits begin?

# Returning eligible employees

## Benefit Elections

- Benefit elections remain the same until the end of the plan year. (**December 31**)
  - Plan selections
  - FSA/DCAP contributions
  - No new elections until next Annual OE
  - No eligibility worksheet required
- Plan year: **January 1 - December 31**

## Annual Open Enrollment

- Next Open Enrollment (OE): **October 30 - November 20, 2023.**
- Enrollment changes must be completed by the last day of Annual open enrollment (**November 20**)
- New elections effective: **January 1, 2024**



# Changes that can be made anytime

Change employee's or dependent's name or address  
(Updated by BA)

Change employee's email address or phone number  
(Updated by employee)

Remove a dependent from coverage when they lose eligibility  
(Submit SOE Event)

Apply, cancel, change coverage amounts, and update beneficiary information for supplemental life and AD&D insurance (EOI may be required)

Reduce coverage level, decline coverage, or enroll in employee-paid LTD insurance  
(EOI may be required)

Start, stop, or change the employee HSA contribution or change HSA beneficiary info

Change tobacco use premium surcharge attestation

Sign up to receive SEBB program email subscription service using SMA

# Worksheet scenarios

## Employment Ends:

Month of May.  
Loses eligibility May 31.

Employees who are not  
currently eligible

Month of August.  
Loses eligibility August 31.

## Rehired:

September of the  
new school year.

September of the  
new school year.

September of the  
new school year.

## Worksheet:

Provide appropriate A-series  
worksheet due to being more  
than a month's break in  
coverage.

Provide D-4 worksheet.  
If determined to be eligible or  
presumed eligible due to a two-  
year look-back, employee will  
receive new elections.

Provide D-5 worksheet.  
If determined to be eligible,  
employee is re-enrolled with no  
new elections.



# Ineligible or not returning employees

**WAC 182-31-030** SEBB Organizations must routinely monitor all school employees work hours to establish eligibility and maintain the employer contribution toward SEBB benefits.

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



# D-3 Worksheet scenario

The employee is not eligible for the employer contribution. The SEBB Organization rebuts a presumption of eligibility due to the following specific reasons why the school employee is not anticipated to work at least 630 hours in the current school year.

- If the employee is currently enrolled in SEBB benefits, their coverage will end. They may be eligible for continuation of coverage\* benefits. After listing the specific reasons below, continue with #3 of this worksheet.
- If the employee is not currently enrolled in SEBB benefits, they will remain unenrolled. After listing the specific reasons below, continue with skip to section 6 of this worksheet.

Reasons:

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D-3 includes space to provide reasons why employee does not meet 2-year lookback.

# Terminating coverage

## When to terminate coverage

- Terminate coverage no earlier than the month before for employees:
  - Leaving SEBB Organization
  - Not eligible next school year
- **Example:**
  - Last day: Aug 10
  - Term no earlier than July 1
- Provide appropriate C series worksheet.

## Employees losing eligibility

- Terminate coverage
  - Before August 12 cut off date to be removed from September billing file
  - Coverage will not end automatically at the end of the school year (**August 31**)
  - Provide appropriate C series worksheet

# Correcting termination dates

## Termination date changes within the same month

- Update those dates in SMA (No affect on the date coverage ends).
- **Example:**
  - Date entered: May 5
  - Correct date: May 25
  - Coverage ends: May 31

## Termination date changes outside the month entered

- Send O&T a secure message to change
- O&T will update the systems
- **Example:**
  - Date entered March 5
  - Correct date: April 5
  - Coverage ends: April 30



# When coverage ends earlier

Employees who reached 630 hours in the school year will maintain coverage through the end of the school year. (**August 31**)

- Employees not working during the summer will maintain coverage

Employer contribution will end earlier if:

Employment  
relationship is  
terminated

Revised work  
pattern and no  
longer  
anticipated to  
work 630 hours  
during the  
school year.

Employee returns from  
approved LWOP, maintained  
or established eligibility, has  
a change in work pattern,  
had the work pattern been in  
effect at the start of the  
school year, would NOT have  
resulted in being anticipated  
to work 630 hours.

Eligible  
employee hired  
late in the year  
has a change in  
work pattern  
and is no longer  
eligible under  
WAC 182-31-  
040 (4)(c)(i/ii).

Eligible  
employee hired  
late in the year  
and eligible  
under WAC 182-  
31-040 (4)(c),  
who is no longer  
anticipated to  
work 630 hours  
the next school  
year.



# Transferring employees

**WAC 182-30-080** When must a newly eligible school employee, or a school employee who regains eligibility for the employer contribution, elect school employees benefits board (SEBB) benefits and complete required forms?

# Transferring employees

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## Determine eligibility

- **Eligible** – Review & complete A-5 transfer worksheet
- **Ineligible** – Review & provide appropriate A series worksheet

## Benefits continue uninterrupted

- Moving from **one** SEBB organization **to another within the same month or a consecutive month and**
- Eligible in the position they are **leaving and**
- Anticipated to be eligible at the **new position.**

## No new election

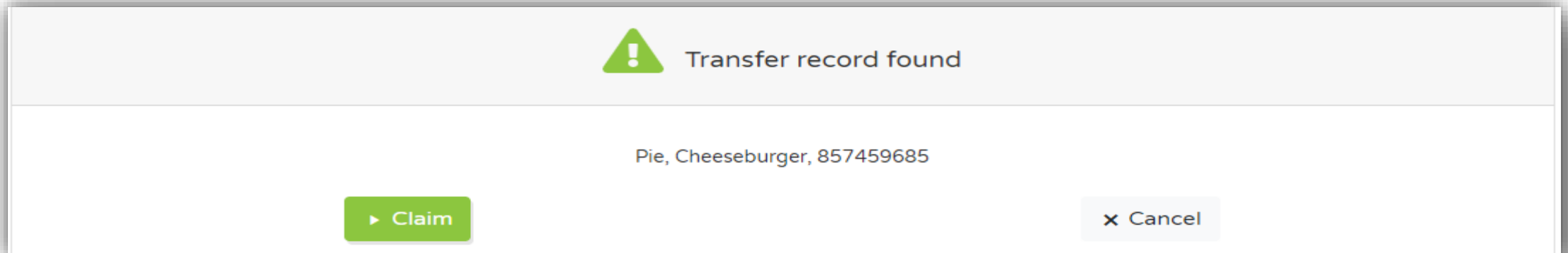
- Unless health plan is no longer available
- Submit SOE
  - Change in School Districts



# Transferring employees in SMA



Adding a newly eligible employee who has been transferred or terminated by previous SEBB Organization in SMA.

- **Add as a new subscriber** and **enter SSN**
- Message shows employees "**Transfer record found**"
- Click "**Claim**" to transfer employees account to new SEBB Organization



Adding a newly eligible employee who has been transferred or terminated by previous SEBB Organization in SMA.




- ### Add subscriber

Last name*	First name*	Middle name	SSN*
<input type="text" value="Pie"/>	<input type="text" value="Cheeseburger"/>	<input type="text"/>	<input type="text" value="857459685"/>
Suffix	Birth date*	Birth sex*	
<input type="text" value="JR, SR"/>	<input type="text" value="06/03/1964"/> 	<input type="text" value="Male"/> 	

**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
<input type="text"/>	<input type="text"/>

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Eligibility reason*	Date of Eligibility*
<input type="text"/>	<input type="text" value="09/01/2020"/> 
Eligibility Type*	Hire date*
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/> 
Employee monthly salary	
<input type="text"/>	
Is this employee represented?*	
<input type="text" value="No"/> 	

[Submit changes](#)
[Cancel changes](#)

# Reminder: Transferring employees

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School employee who has not been transferred or terminated in SEBB My Account **leaving** your SEBB Organization.

- Before transferring employee
  - Access “Benefits Admin Contact List” report for new BA contact information and confirm eligibility with New SEBB Organization

School District	Benefit Admin First Name	Benefit Admin Last Name	Benefit Admin Email Address
ABERDEEN SCHOOL DISTRICT 005	Cindy	Lee	Lee.cindy@asd5.org
ADNA SCHOOL DISTRICT 226	James	Forrest	forest.james@adnaschools.org

- Terminating Benefits not as a transfer
  - New SEBB Organization can claim account as a transfer

# No Access to SMA

Employees who can not access SMA may submit forms to their payroll or benefits office.

- **Newly eligible employees-** Submit *2023 School Employee Enrollment form* to their payroll and benefits office
- **Existing employees-** Submit *2023 School Employee Change form* to their payroll and benefits office

Clear form

Washington State Health Care Authority  
SCHOOL EMPLOYEES BENEFITS BOARD

## 2023 School Employee Enrollment Form

**Please use this form only if you are unable to use the online enrollment system, SEBB My Account.**

The information written on this form replaces all enrollment forms previously submitted. Therefore, you must complete the entire form, including the dependent section for any children you wish to continue to cover. Inaccurate, incomplete, or illegible information may delay coverage.

To make changes during annual open enrollment or a special open enrollment, go to SEBB My Account or submit a *School Employee Change Form* to your payroll or benefits office.

Benefits differ for employees whose eligibility was locally negotiated under WAC 182-30-130(6). See *Am I eligible?* on HCA's website at [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) for details.

All members who are eligible for both the SEBB Program and Public Employees Benefits Board (PEBB) Program are limited to enrolling in health plans through either the SEBB Program or the PEBB Program. Subscribers must choose enrollment through one program or the other in medical, dental, and vision plans (SEBB Program) or medical and dental plans (PEBB Program). Choosing some SEBB plans and some PEBB plans is no longer allowed.

Type or print clearly in blue or black ink and use all capital lettering in the spaces provided. Example: J O H N

**Remember to read and sign Section 6. To enroll children, complete Section 8 on page 9.**

### 1 Subscriber

Social Security number \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex assigned at birth<sup>1</sup> ☐ Male ☐ Female

Last name \_\_\_\_\_ Gender identity<sup>2</sup> ☐ Male ☐ Female ☐ X

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Suffix \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Street address \_\_\_\_\_

Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP/Postal code \_\_\_\_\_ County \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Mailing address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP/Postal code \_\_\_\_\_ County \_\_\_\_\_

1 This field is required for health care services.  
2 Gender X means a gender that is not exclusively male or female. This field is optional and 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).

**⚠ If your address changes, you must give your new address to your payroll or benefits office no later than 60 days after you move.**

HCA 20-0055 (8/22)





# Newly eligible employees

**WAC 182-31-040** How do school employees establish eligibility for the employer contribution toward school employees benefits board (SEBB) benefits and when do SEBB benefits begin?

# Determining eligibility

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New school employees who are anticipated to work at least 630 hours in the next school year.

- Provide appropriate A series worksheet as written notification.
- When anticipating hours for determining eligibility, **include all hours**:

Worked in the **capacity as a school employee** with the SEBB Organization

Worked from **multiple positions** (stacking hours) within the **same SEBB Organization**.

**Compensated by the SEBB Organization** during an approved leave (e.g., sick leave, personal leave, bereavement leave) or a paid holiday

# Hours worked in August

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School employees who start work in August should count those hours towards the next school year.

## **Example:**

School employee is working in August 2023 as part of their contract for the 2023-2024 school year.

- Hours should count towards the new school year
- Hours should not be applied to the current school year (2022-2023)
  - Regardless if the first day of school is in August or September
  - Work is to support the upcoming school year

# Notifying eligibility timely

Notification should be provided within a reasonable time frame.

Eligible employees must have **no less than 10 calendar days after** the date of receiving notice to elect coverage.

## Example:





# Notifying eligibility timely cont.

## If you don't:

- Timely enter eligibility date in SMA
- Timely provide written notification of eligibility (worksheet)

## Then you must:

- Provide School Employee Enrollment Form after 31-day election period
- Manually enter elections in SMA
- Possibly begin the error correction process

Do not change an employee's eligibility date once entered in SMA.

# Enrollment process

Newly hired employees who meet the eligibility criteria, have **31-days after** their date of eligibility to complete and submit required enrollment forms indicating their enrollment elections.

- No enrollment elections **until** the date of eligibility has been reached

## Example:



# Entering the correct date of eligibility

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Eligible employee's first day of work is **March 20**.

- SMA will automatically calculate **April 1** as the coverage effective date

Incorrectly entering an **April 1** date of eligibility

- Benefits will not begin until **May 1**

**Important:** BA's who discover entering an incorrect date:

1. Do NOT Attempt to Correct/Fix the date in SMA once submitted.

2. Send O&T a secure message indicating that the date of eligibility needs to be adjusted.

3. O&T staff will make the necessary adjustments



# Newly eligible employees

SEBB My Account process



# Adding newly eligible employees

## Two Options

- **Option #1** - Manually enter employees
  - Preferred method
- **Option #2** - Upload an eligibility file
  - Requires specific file specifications
  - Bulk upload of employees
  - Errors may occur

## When adding New eligible employees

- Only add eligible employees
  - Provide timely notification
  - Add as a new subscriber
  - Add before the date of eligibility
  - Enter correct date of eligibility
    - Never enter the effective date/date coverage begins

Do not change an employee's eligibility date once entered in SMA.

# Adding newly eligible employees

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SEBB Organizations can enter newly eligible employees in SMA **before** their date of eligibility.

## Example:



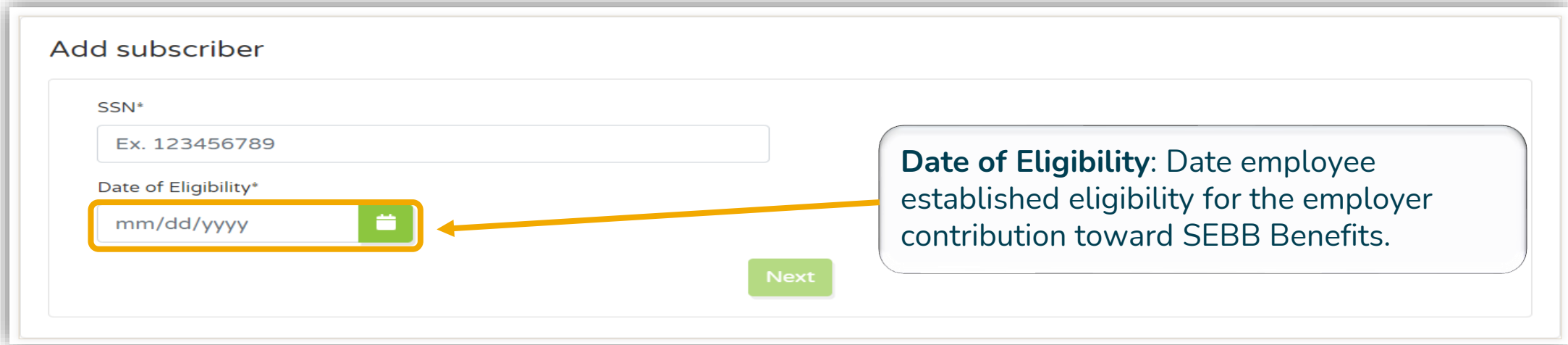
Employee will not show on monthly invoice until date of eligibility is reached.

# Adding newly eligible employees cont.

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Employee is determined to be eligible

- Click "Add new subscriber" 
- Enter SSN and date of eligibility



The screenshot shows a web form titled "Add subscriber". It contains two input fields: "SSN\*" with the example "Ex. 123456789" and "Date of Eligibility\*" with the placeholder "mm/dd/yyyy" and a calendar icon. An orange box highlights the "Date of Eligibility\*" field, and an orange arrow points from a text box to it. The text box contains the definition: "Date of Eligibility: Date employee established eligibility for the employer contribution toward SEBB Benefits." A green "Next" button is located below the input fields.


Add subscriber

SSN\*

Ex. 123456789

Date of Eligibility\*

mm/dd/yyyy



**Date of Eligibility:** Date employee established eligibility for the employer contribution toward SEBB Benefits.

Next

SEBB My Account will automatically determine/calculate when coverage begins.

# Adding newly eligible employees cont.

Enter appropriate employee information and submit changes.

Submit changes

**Hire Date:** Date when the employee was first hired with the SEBB Organization.

**Effective Start Date:** Date when the employee became represented. This date does not affect the benefit effective start date.

**Do not enter the date coverage will begin as SMA will automatically calculate this date based off the date of eligibility entered.**

The screenshot shows the 'Manage employee information' form with the following fields and tabs:

- Tabs: Employment, Manage Dependents, Special Open Enrollment, Profile, Document Upload, Coverage Elections, Premium Surcharge Attestations, Supplemental Coverage, Coverage Summary, Newly Eligible.
- Form Title: Manage employee information
- Fields: Last name\*, First name\*, Middle name, SSN\*, Suffix (JR, SR), Birth date\* (with a calendar icon), Sex assigned at birth\* (dropdown), Gender Identity (dropdown with a note: 'Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law. Gender X'), Email, Eligibility Type\* (SEBB (630 or more hours/year)), Employee monthly salary, Hire date\* (with a calendar icon), Is this employee represented?\* (dropdown), Effective start date\* (with a calendar icon), Eligibility reason\* (dropdown), Date of Eligibility\* (with a calendar icon).

Orange boxes highlight the Hire date\*, Effective start date\*, and Date of Eligibility\* fields.



# Enrolled Dependents → Newly eligible employee

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Enrolled dependents that are now eligible school employees

- Log into SEBB My Account - **Add new subscriber and SSN**

## Add subscriber

This subscriber has existing SEBB coverage as a dependent. Enrolling this subscriber will automatically replace existing dental and vision coverage once effective date is reached. Subscriber may waive medical if choosing to continue medical coverage under a different SEBB subscriber.

Continue

- SMA will terminate the dependent's dental and vision coverage
- Subscriber may waive medical to continue dependent medical coverage
- SOE not required to remove dependent

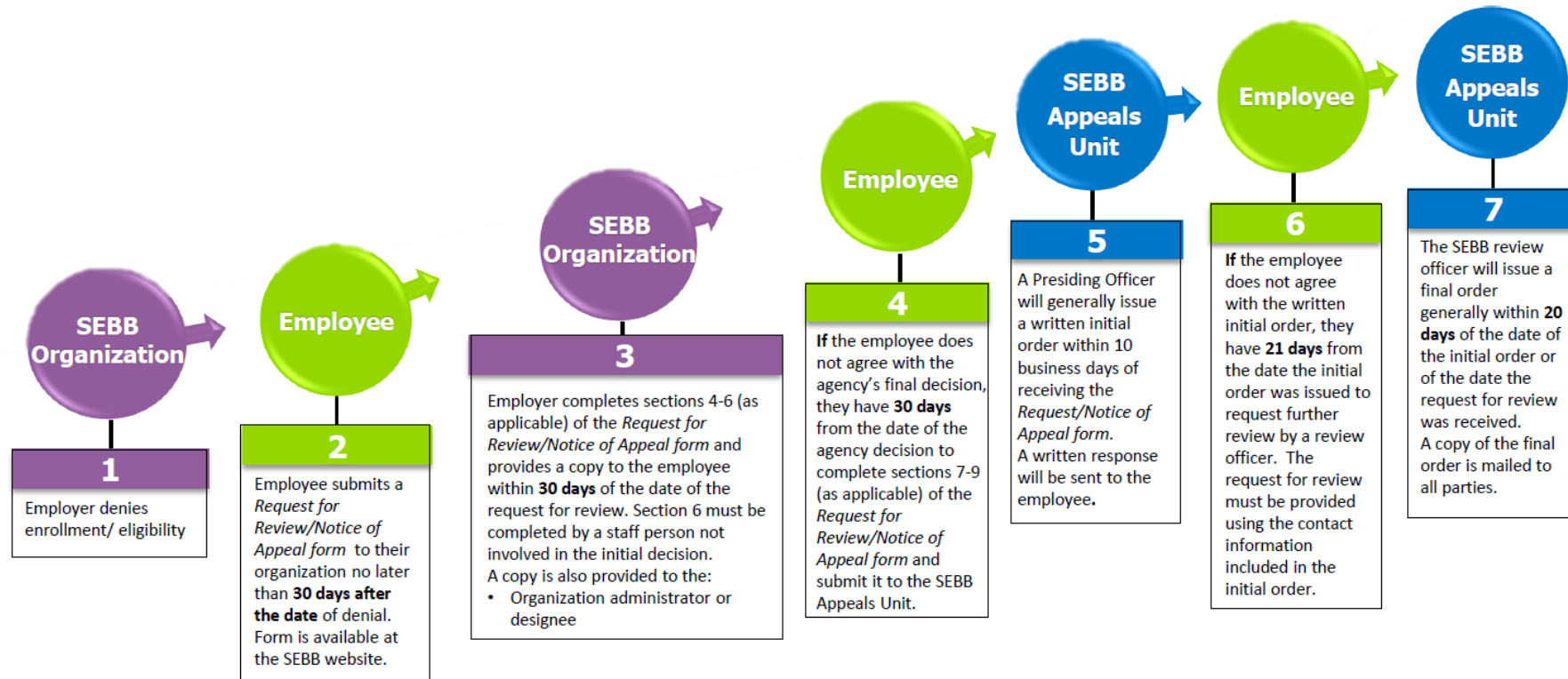


# Appeals process

**WAC 182-32-2020** Appealing a decision made by a school employees benefits board (SEBB) organization about eligibility, premium surcharges, or enrollment in benefits.

# Appeals process map

The **employer is responsible** for making all eligibility or enrollment decisions to ensure that RCW, WAC, and SEBB policies are followed.



WAC 182 -31 -030 – SEBB Organization obligations

[hca.wa.gov/assets/perspay/SEBB-appeals-process-map.pdf](http://hca.wa.gov/assets/perspay/SEBB-appeals-process-map.pdf)



# Appeals form Instructions

## Disagree with a decision made by the employer

- Appeal to the employer's payroll or benefits office

## Disagree with a review decision by the employer

- Appeal to the SEBB Appeals Unit

## Disagree with SEBB Program decision

- Appeal to the SEBB Program
- **Do not use this form.** Follow the appeal instructions on the decision letter received from the SEBB Program

## Disagree with SEBB medical dental or vision plan or contracted vendor decision

- Appeal to the medical, dental or vision plan
- **Do not use this form.** Contact the medical, dental or vision plan or contracted vendor for appeal instructions

## SEBB Employee Request for Review/Notice of Appeal

Type or print clearly in dark ink and use all capital, block lettering in the spaces provided. Example: J O H N .  
Keep a copy of your form for your records.  
Use this appeal form if you are a current or former employee (or their dependent). Follow the instructions under the heading that describes your situation.

**If you disagree with a decision made by the employer** and you are requesting the employer's review about premium surcharges or eligibility for or enrollment in:

- A premium payment plan
- Medical coverage
- Dental coverage
- Vision coverage
- Life insurance
- Accidental death and dismemberment (AD&D) insurance
- Long-term disability (LTD) insurance
- Medical Flexible Spending Arrangement (FSA) or Limited Purpose FSA
- Dependent Care Assistance Program (DCAP)

Complete Sections 1 through 3 of this form and submit it to the employer's payroll or benefits office.

The employer must receive this form **no later than 30 calendar days** after the date on the denial notice regarding the decision you are appealing.

**If you disagree with a review decision made by the employer** and you are requesting a SEBB Appeals Unit review of the employer's decision

Complete Section 7, sign and date Section 9 of this form, and submit it to the SEBB Appeals Unit.

The SEBB Appeals Unit must receive this form **no later than 30 calendar days** after the employer's written review decision date in Section 4.

**If you disagree with a decision from the SEBB Program about:**

- Eligibility for or enrollment in:
  - A premium payment plan
  - Medical Flexible Spending Arrangement (FSA) or Limited Purpose FSA
  - Dependent Care Assistance Program (DCAP)
  - Life insurance
  - AD&D insurance
  - LTD insurance
- Eligibility to participate in SmartHealth or receive a wellness incentive
- Eligibility and enrollment for a dependent, extended dependent, or dependent child with a disability
- Premium surcharges
- Premium payments

**Do not use this form.**

Follow the appeal instructions on the decision letter you received from the SEBB Program.

**If you disagree with a decision made by a SEBB medical, dental, or vision plan or contracted vendor about:**

- A benefit or claim
- Completion of SmartHealth requirements or a request for a reasonable alternative to a SmartHealth requirement
- Life insurance and AD&D insurance premium payments

**Do not use this form.**

Contact the medical, dental, or vision plan or contracted vendor to request information on how to appeal the decision.



# Employee appeals process: 30 Days

Appeals form is **only used** once an **initial denial notice from the employer** has been made and the employee wants **someone else at the district** to review that decision. **Complete sections 1-3**

If the employee does not agree with a decision made by their SEBB organization about eligibility for benefits, enrollment, or premium surcharges and wishes to appeal, the:

Employee must...	...no later than...	...and then
Request a review by their organization in writing (the <a href="#">Employee Request for Review/Notice of Appeal form</a> )	The form must be received by the SEBB organization no later than <b>30 calendar days</b> after the date of the initial denial notice for the decision the employee is appealing.	The SEBB organization shall render a written decision on the Employee Request for Review/Notice of Appeal form no later than <b>30 calendar days</b> after receiving the request for review.

Employees must complete section 1-3 using the most updated form.

[hca.wa.gov/sebb-benefits-admins/appeals-process](https://hca.wa.gov/sebb-benefits-admins/appeals-process)

# Employer appeals process: 30 Days

SEBB Organization must have one or more staff not involved in initial decision review denial. **Complete sections 4-6.**

When the SEBB organization receives the Employee Request for Review/Notice of Appeal form:

Employer must...	...no later than...	...and then
<p>Have one or more staff who were not involved in the initial decision, make a complete review of the denial and complete sections 4 through 6 (as applicable) of the <a href="#">Employee Request for Review/Notice of Appeal form</a>.</p> <p><b>Complete section 4:</b> Employer Response to Employee's Request for Review</p> <p><b>Complete section 5:</b> Employer response, <b>if the employer agrees</b> that a wrong decision or action occurred, due to employer delay or error. If the employer stands by their initial decision (the denial), skip section 5.</p> <p><b>Complete section 6:</b> Employer Signature</p>	<p><b>30 calendar days</b> after the date the request for review is received.</p>	<p>If the <b>employer agrees that a wrong decision or action occurred</b> due to employer delay or error, <b>the appeals process ends</b>, and the employer must correct the error. Learn how to <a href="#">correct employer errors</a>.</p> <p>If the <b>employer stands by the denial</b>, provide a copy of the Employee Request for Review/Notice of Appeal form with sections 4 and 6 completed to:</p> <ul style="list-style-type: none"><li>• Your organization administrator or designee, and</li><li>• The employee.</li></ul>

# Appeals Form – employer sections 4-6

## Section 4: Employer checks **one box**.

- ☐ Employer stands by the denial
- ☐ Employer believes that a wrong decision or action occurred-complete Section 5.

## Section 5: Complete only if in section 4 the employer checked “employer believes that a wrong decision or action occurred”

- ☐ SEBB organization delay
- ☐ SEBB organization error

If employer is unable to correct

- Send O&T a secure message

**4** **Employer response to appellant request for review**

**Instructions for employer**  
Complete Sections 4 through 6 (as applicable) to provide the requested review of your decision. For life, AD&D, or LTD insurance eligibility, enrollment, or premium issues, forward your appeal to the SEBB Appeals Unit.

List the SEBB Program rule(s) the denial or decision was based on, if known:

**Please be as detailed as possible**

Date of employer's review decision on employee request for review. The SEBB Appeals Unit must receive the next level of appeal **no later than 30 days** after this date. If the SEBB Appeals Unit receives your appeal by the deadline, it will be considered timely.

**Employer must check only one box:**

- ☐ The employer stands by the denial. The appellant has the right to appeal this decision by completing Section 7. The SEBB Appeals Unit must receive this form **no later than 30 calendar days** after the date of the SEBB organization's review decision noted above.
- ☐ The employer believes that a wrong decision or action occurred and must complete Section 5.

If the appeal relates to a decision made by the SEBB Program, the appellant is responsible for complying with the timelines described on the decision letter. Please note that this appeal form does not need to be used if the SEBB Program has already sent a decision letter.

**5** **Employer response (if applicable)**

To be completed by the employer only when the employer agrees a wrong decision or action occurred. Why do you believe a wrong decision or action occurred?

- ☐ SEBB organization delay
- ☐ SEBB organization error

Please explain the delay or error:

**Please be as detailed as possible**

**6** **Employer signature**

To be completed by a reviewer who did not participate in the initial denial or decision-making process under appeal, such as the employer's administrator or a designee. Complete this section after the employer completes Section 4 (and Section 5, if applicable).

Reviewer's last name

First name

Phone number

Reviewer's signature

Date

# Employee appeals process: 30 Days

Employee who do not agree with the SEBB Org's final decision should **complete section 7-9**. Employer should not send the appeals form through HCA support on the employee's behalf.

If the employee does not agree with the organization's final decision, the:

Employee may...	...no later than...	...and then
<b>Complete section 7</b> of their <a href="#">Employee Request for Review/Notice of Appeal form</a> and submit to the SEBB Appeals Unit at the address listed on the form	<b>30 calendar days</b> after the agency decision date in section 4 of the Employee Request for Review/Notice of Appeal form.	<p>A Presiding Officer generally will render a written initial order within 10 business days of receiving the Employee Request for Review/Notice of Appeal form.</p> <p>The Presiding Officer may extend the 10-day time requirement for rendering a decision if a continuance is granted. The employee will be notified in writing if an extension is required.</p>

Employee must complete section 7-9 and send to the SEBB Appeals Unit.

[hca.wa.gov/sebb-benefits-admins/appeals-process](https://hca.wa.gov/sebb-benefits-admins/appeals-process)



# Appealing a SEBB Program decision: 30 Days

SEBB Appeals Unit **must** receive employees notice of appeal **no later than 30 days** after the date of the SEBB Program's written action or decision.

## Follow decision letter appeal instructions

- **Do not use** the SEBB Employee Request for Review/Notice of Appeal form.
- Write a letter to the SEBB Appeals Unit stating disagreement with the decision and would like to file an appeal.

## Failing to timely request

- Brief adjudicative proceeding **within 30 days**
- Results in the prior SEBB Program decision becoming the Health Care Authorities' final order without further action

WAC 182-32-2020

[hca.wa.gov/sebb-benefits-admins/appeals-process](https://hca.wa.gov/sebb-benefits-admins/appeals-process)


# Appeal scenario

School employee receives a mailed letter from the SEBB Program indicating they will be required to pay the monthly \$50 Spousal or SRDP premium surcharge due to failing to attest during Open Enrollment. Letter contains specific instructions appealing directly to the SEBB Program.


School employee should follow the specific appeal instructions on the letter and **respond within 30 days**.

Benefit office should not reply on behalf of the employee.

[hca.wa.gov/sebb-benefits-admins/appeals-process](https://hca.wa.gov/sebb-benefits-admins/appeals-process)

  
**Washington State Health Care Authority**  
*School Employees Benefits Board*  
PO Box 42720 • Olympia, Washington 98504-2720  
[hca.wa.gov/sebb](https://hca.wa.gov/sebb)

Name \_\_\_\_\_ <Date> \_\_\_\_\_  
Address \_\_\_\_\_  
City State ZIP Code \_\_\_\_\_



**The monthly \$50 spouse or state-registered domestic partner coverage premium surcharge will apply to your account in 2023**

Dear Subscriber:

Effective January 1, 2023, you will be charged the monthly \$50 spouse or state-registered domestic partner (SRDP) coverage premium surcharge on your School Employees Benefits Board (SEBB) Program account. This is in addition to your monthly medical premium.

You are subject to this premium surcharge because either:

- You (or if requested, your employer) found that it applies to your SEBB account.
- You did not attest to this premium surcharge by December 31, 2022 as required.

This premium surcharge applies to your SEBB Program account for all of 2023 unless a special open enrollment event allows you to change your attestation.

**Changing your attestation**  
You can **only** report a change to this surcharge in the following situations:

- When adding a spouse or SRDP to your SEBB medical coverage.
- During open enrollment
- Within **31 days** of the date you regain eligibility for the employer contribution toward SEBB benefits.
- Within **60 days** of a change in your spouse's or SRDP's employer-based group medical insurance.

For more information, see [hca.wa.gov/sebb-employee](https://hca.wa.gov/sebb-employee) under *Surcharges*, then select *Spouse or state-registered domestic partner coverage premium surcharge*.

**You can appeal this surcharge**  
If you believe you submitted your attestation by December 31, 2022 and we incorrectly applied this surcharge to your SEBB Program account, you may file an appeal to the SEBB Appeals Unit. Do not send the appeal to your employer.

If you choose to appeal, the SEBB Appeals Unit must receive your written appeal **no later than 30 calendar days** after the date of this letter. You can learn more about how to submit an appeal below and at [hca.wa.gov/sebb-appeals](https://hca.wa.gov/sebb-appeals).

HCA 20-0205 (11/22) incl. 20-0050 - employees continued

# Benefits Admin Resource

## Benefits Admin website

- Enrollment
  - Appeals and corrections
    - Appeals process
- General guidance for SEBB Organization level appeals
- Where do current or former employees and their dependents appeal decisions?
- SEBB Appeals Unit contact information

The screenshot shows the Washington State Health Care Authority website. The header includes the logo, a search bar, and links for 'In a crisis?' and 'Login'. The main navigation bar lists: 'Free or low-cost health care', 'Employee & retiree benefits', 'Billers, providers & partners', 'About HCA', and 'Contact'. The breadcrumb trail reads: 'Home > SEBB benefits administrators > Enrollment > Appeals and corrections > Appeals process'. The page title is 'Appeals process'. The introductory text states: 'This information is applicable to benefit administrators responding to employee appeals. Looking for information about the [appeals process for educational service districts](#) who have nonrepresented employees enrolled in the PEBB Program?'. A section titled 'On this page' contains two links: 'General guidance for SEBB Organization level appeals' and 'Where do current or former employees and their dependents appeal decisions?'. The main content area is titled 'General guidance for SEBB Organization (employer) level appeals' and contains a bulleted list of five points regarding employer responsibilities, O&T staff roles, administrative review requests, response timelines, and BAP submissions. A light blue box contains the heading 'What if the SEBB Organization agrees with the employee that a wrong decision or action occurred?' followed by text about resolving issues without continuing the appeals process. The final section is titled 'Where do current or former employees and their dependents appeal decisions?' and contains a bulleted list of two points regarding review requests for eligibility and wellness incentive program participation.

Washington State Health Care Authority

Search

In a crisis? Login

Free or low-cost health care Employee & retiree benefits Billers, providers & partners About HCA Contact

Home > SEBB benefits administrators > Enrollment > Appeals and corrections > Appeals process

## Appeals process

This information is applicable to benefit administrators responding to employee appeals.

Looking for information about the [appeals process for educational service districts](#) who have nonrepresented employees enrolled in the PEBB Program?

On this page

- [General guidance for SEBB Organization level appeals](#)
- [Where do current or former employees and their dependents appeal decisions?](#)

### General guidance for SEBB Organization (employer) level appeals

- The **employer is responsible** for making all eligibility or enrollment decisions is to ensure that RCW, WAC, and SEBB policies (including those in SEBB publications) are followed. This applies to the original decision made by the SEBB organization, as well as responses to any appeals considered.
- Outreach and Training (O&T) staff are available to offer guidance in the process or applicable RCW, WAC, or SEBB policy. However, O&T cannot make the decision for the SEBB organization.
- When an employee disagrees with a decision made by the SEBB organization, they can request an administrative review of that decision by completing sections 1-3 of the [Employee Request for Review/Notice of Appeal form](#) and submitting it to their organization's payroll or benefits office no later than 30 days after the date of the initial denial notice/decision they are appealing.
- An employee who disagrees with their employer's written decision in response to a request for administrative review has 30 days from the date of the employer decision to request a Brief Adjudicative Proceeding (BAP) by sending the completed Employee Request for Review/Notice of Appeal form to the SEBB appeals unit. The employee should be directed to the instructions found on the form. The employer should not send the appeal on the employee's behalf.

**What if the SEBB Organization agrees with the employee that a wrong decision or action occurred?**

The SEBB Organization resolves the issue without continuing the appeals process. Learn how to [correct SEBB Organization errors](#). Neither the organization nor the employee should submit an appeal to the SEBB Program.

### Where do current or former employees and their dependents appeal decisions?

- For a decision made by the SEBB organization with regard to eligibility for benefits, enrollment, or the premium surcharge, the employee may submit a request for review of the decision to the SEBB Organization by the process outlined in [WAC 182-32-2020](#). See chart below.
- For a decision made by the SEBB program with regard to eligibility for benefits, enrollment, premium payments, a premium surcharge, or eligibility to participate in the SEBB (SmartHealth) wellness incentive program or receive a SEBB wellness incentive, the current or former employee or employee's





# Changes and updates



# Benefits 24/7 rescheduled

---

GovDelivery sent on July 10, 2023.

- Rescheduled for **January 2024**
- Continue to use SEBB My Account and forms
- Employee notification will be included in the October Intercom newsletter

The launch date of Benefits 24/7, our new enrollment system, has been rescheduled for January 2024. HCA took members' and employers' feedback into account when determining the new launch date to ensure a smooth transition.

Employees should continue to use SEBB My Account and forms, as they normally would.

A notice to employees will be included in the October Intercom newsletter.

For further information, please visit the Benefits 24/7 announcement.

[View the announcement](#)

**Thank you for subscribing to receive notices from Outreach and Training**

**Have questions?**

Benefits administrators can visit the [SEBB BA website](#) or contact Outreach and Training through [HCA Support](#) or at 1-800-700-1555.

# New base funding rate

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GovDelivery sent on July 13, 2023.

- Employer base funding rate will change from **\$1,026 to \$1,100**
- Effective **September 1, 2023** through **August 31, 2024**
- Rate letter is available on the BA website (Rates page)

## New base funding rate

The employer base funding rate will change from \$1,026 to \$1,100 per employee per month on September 1, 2023 for school year 2023-24. The employer base funding rate is the rate the employer pays each month for each employee, also referred to as the funding rate.

The new rate is effective September 1, 2023 through August 31, 2024. Employee contributions remain unchanged until January 2024.

The [rate letter](#) is available on the BA website, [Rates](#) page.

## Reminder: Update the first day of school in SMA

Updating the first day of school before entering newly eligible employees for September ensures the employee's effective date of benefits will be calculated correctly by SMA. The effective date for benefits is determined differently in September than the rest of the year. If the newly eligible employee's first day of work is on or after September 1, but not later than the first day of school for the current school year, the employee is eligible for the employer contribution on the first day of work and benefits begin that day.

### Update the first day of school

The BA with administrator access must:

1. Go to the Organizational profile in SMA.
2. Update the date in the 'First day of school' field. If there are multiple dates within the district, enter the latest date.
3. Click 'Submit changes'.

Update the first day of school in SMA no later than August 1, 2023.

If you have any issues updating the first day of school, send a request through HCA Support.

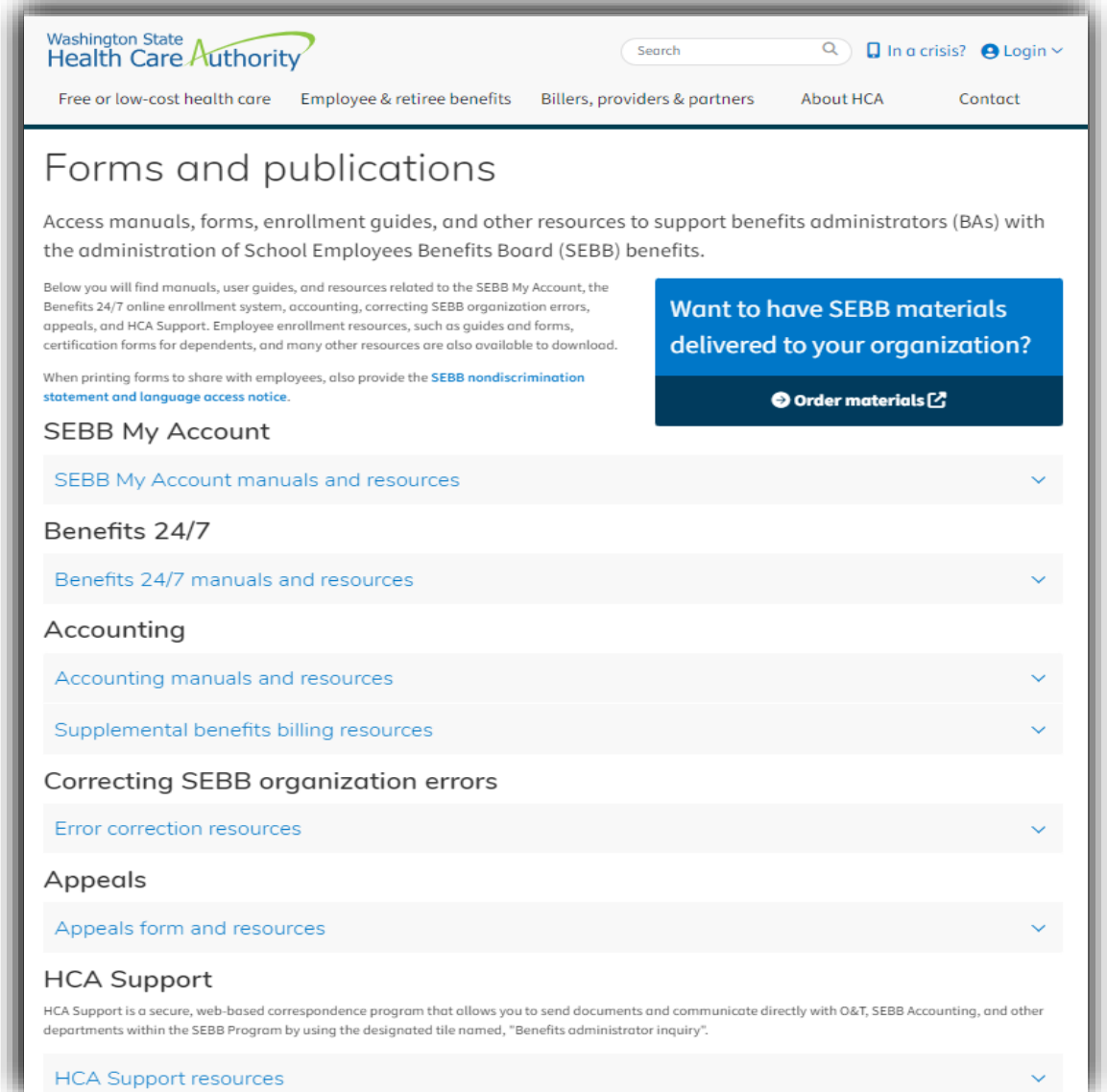
# BA website update

## Forms & publications webpage change

- Includes manuals and other resources

## Manuals webpage change

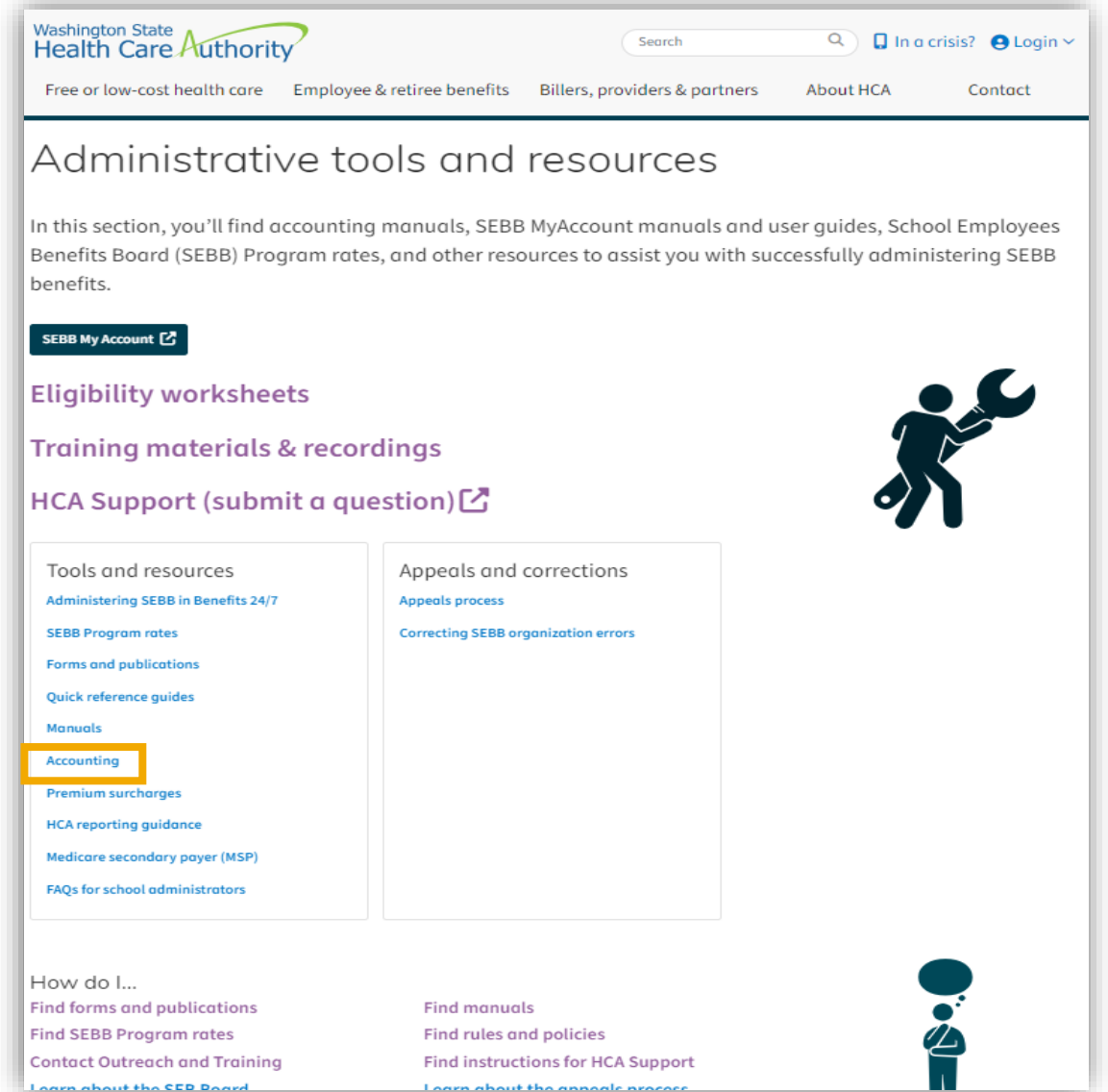
- Contains redirects to the Forms and publications webpage and other webpages
- Manuals webpage will be removed on **August 11, 2023**



# BA website update

## Accounting webpage change

- New Accounting webpage added
  - Administrative tools and resources
    - Tools and resources
      - Accounting
- Contains accounting manual, monthly billing cycle info, and supplemental benefits billing resources







# Reminders, tips & resources

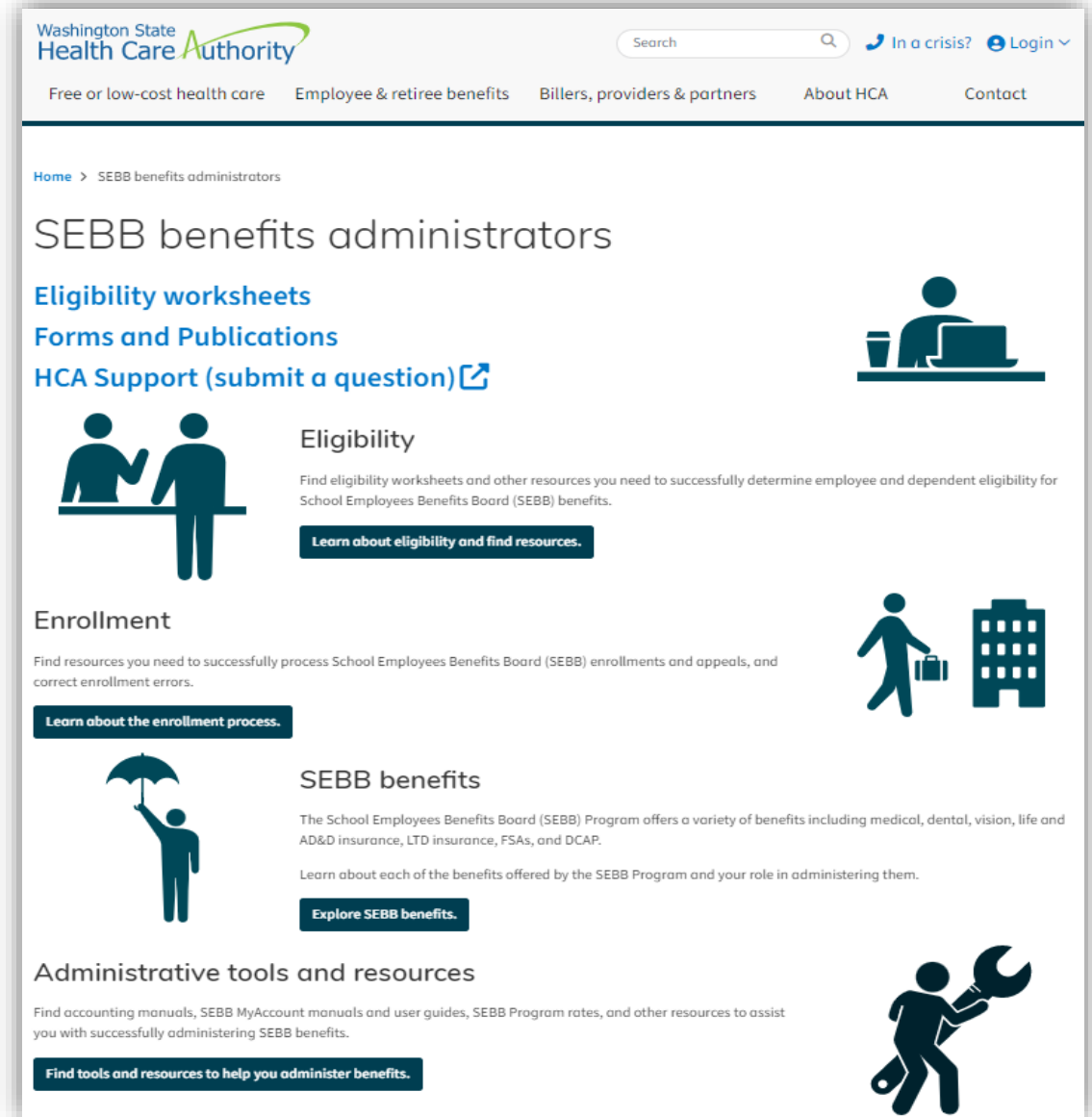
# Benefit Administrator Resources

## SEBB BA website

- Eligibility, Enrollment, Benefits, Administrative tools and resources, and Training Resources

## Outreach & Training for guidance

- **1-800-700-1555**
- Online via **HCA Support** secure messaging system
  - [support.hca.wa.gov/hcasupport](https://support.hca.wa.gov/hcasupport)



# HCA Support Portal

Welcome to the Washington State Health Care Authority support portal. Please select the option below that best describes you.



Public inquiry

I am a resident of Washington State and do not currently work for a state agency. I am making a request on behalf of myself or someone else.

[View login instructions](#)



Agency to agency inquiry

I am a(n):

- Active employee of a Washington State agency that uses WaTech's Office 365 managed services.
- PEBB benefits administrator and I am making a request related to my work with HCA.

Note: If you are a SEBB benefits administrator or your agency does not use WaTech's Office 365 managed service, please use the public login.

[View login instructions](#)

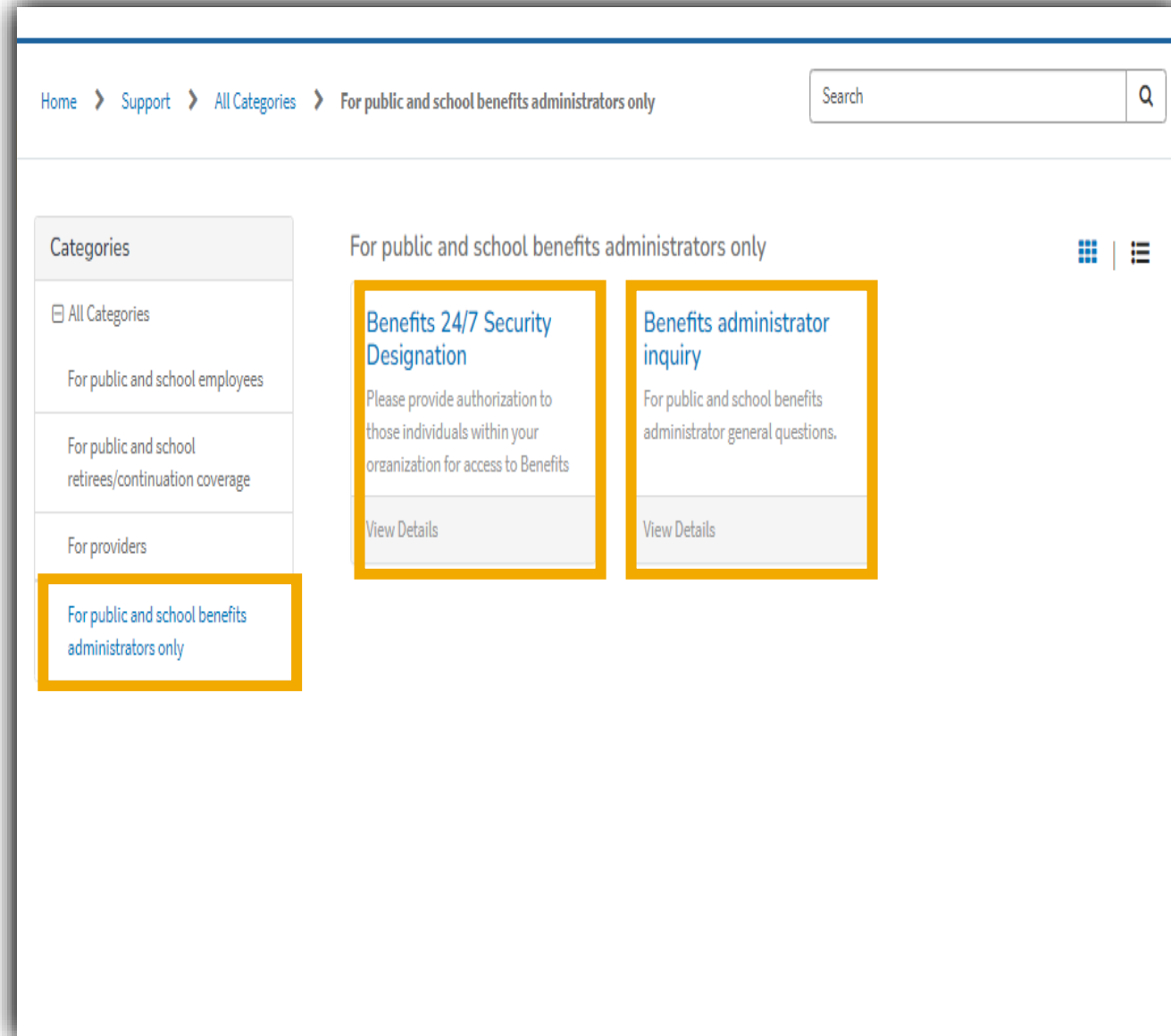
Send Outreach and Training (O&T) a secure message!

<https://support.hca.wa.gov/hcasupport>

# Reminder: HCA Support Portal

## Make a request

- For public and school benefits administrators only
  - **Benefits administrator inquiry**
    - Send O&T a secure message
  - **Benefits 24/7 Security Designation**
    - Add/Remove Admin Access role

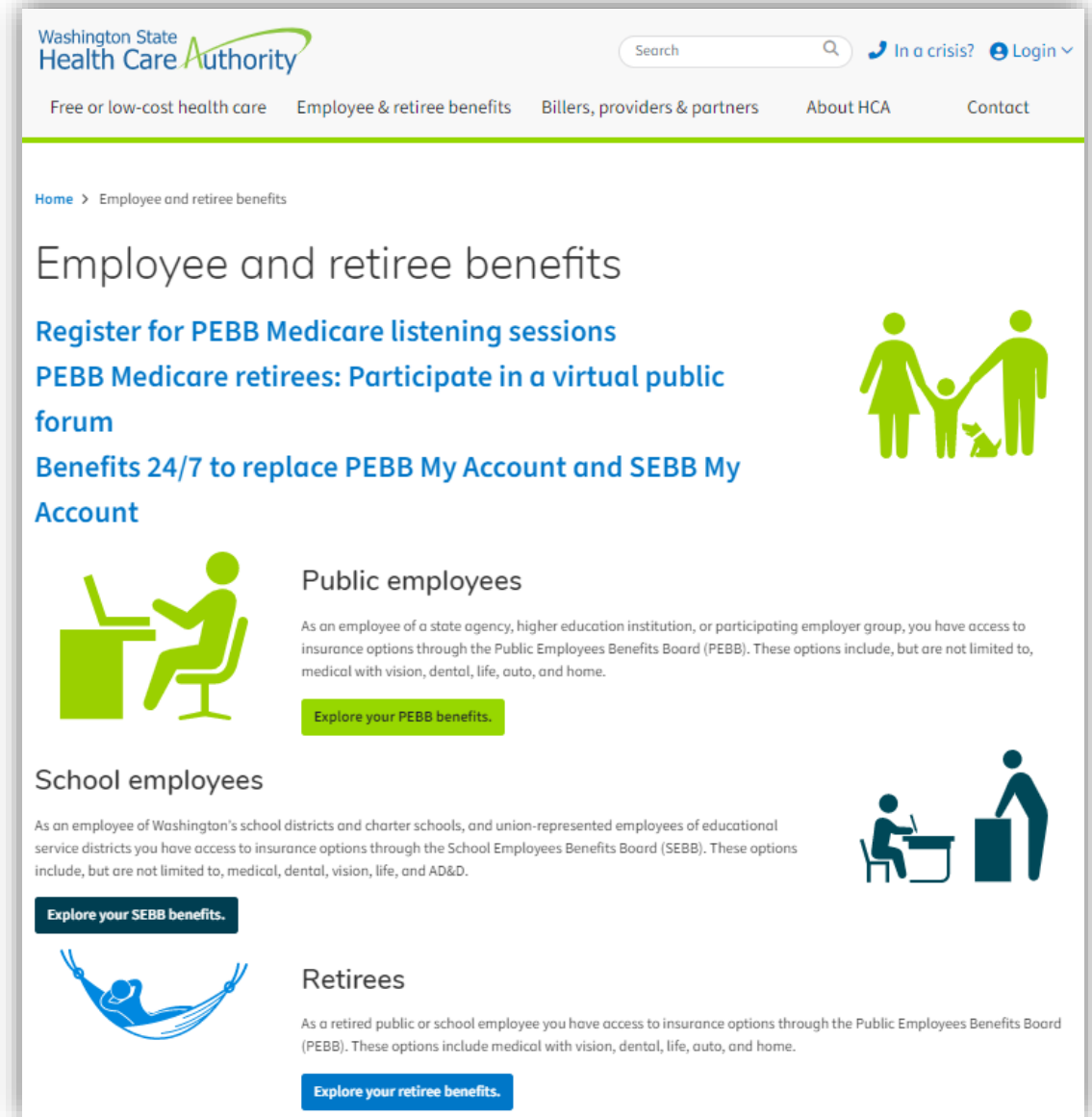




# PEBB Retiree Health Insurance Webinars

Outreach and Training (O&T) is offering monthly PEBB Retiree Insurance webinars.

- Employees can register on the HCA Retiree website.
- Access or print the 2023 PEBB Retiree Enrollment Guide
  - [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)
- Contact PEBB Customer Service at **1-800-200-1004**.



The screenshot shows the Washington State Health Care Authority website. The header includes the logo, a search bar, and links for "In a crisis?" and "Login". The main navigation bar lists "Free or low-cost health care", "Employee & retiree benefits", "Billers, providers & partners", "About HCA", and "Contact". The breadcrumb trail reads "Home > Employee and retiree benefits". The main heading is "Employee and retiree benefits". Below this, there are three links: "Register for PEBB Medicare listening sessions", "PEBB Medicare retirees: Participate in a virtual public forum", and "Benefits 24/7 to replace PEBB My Account and SEBB My Account". To the right of these links is an icon of a family. Below the links, there are three sections: "Public employees" with an icon of a person at a desk, "School employees" with an icon of a person at a desk, and "Retirees" with an icon of a person in a hammock. Each section has a brief description of the insurance options and a button to "Explore your [PEBB/SEBB/retiree] benefits."

Washington State Health Care Authority

Search

In a crisis? Login

Free or low-cost health care Employee & retiree benefits Billers, providers & partners About HCA Contact


Home > Employee and retiree benefits

## Employee and retiree benefits

[Register for PEBB Medicare listening sessions](#)

[PEBB Medicare retirees: Participate in a virtual public forum](#)

[Benefits 24/7 to replace PEBB My Account and SEBB My Account](#)



### Public employees


As an employee of a state agency, higher education institution, or participating employer group, you have access to insurance options through the Public Employees Benefits Board (PEBB). These options include, but are not limited to, medical with vision, dental, life, auto, and home.

[Explore your PEBB benefits.](#)

### School employees

As an employee of Washington's school districts and charter schools, and union-represented employees of educational service districts you have access to insurance options through the School Employees Benefits Board (SEBB). These options include, but are not limited to, medical, dental, vision, life, and AD&D.


[Explore your SEBB benefits.](#)



### Retirees

As a retired public or school employee you have access to insurance options through the Public Employees Benefits Board (PEBB). These options include medical with vision, dental, life, auto, and home.

[Explore your retiree benefits.](#)



# SEBB BA Training

Available to all BA's

Send training request using the HCA Support portal

- Attn: O&T Training Request
- Provide dates & times available, how many hours and subjects

SEBB My Account, BA Website and HCA Support application overview

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

\* What does your inquiry relate to?  
Training request

\* Details ⓘ  
Please include full SSN, first and last name of subscriber or dependents, dates, etc. ✖

Attachments are limited to 5 (one per attachment button) and the max file size per attachment is : 125MB. Files larger than this will fail.  
Allowable File Types (.DOC, .XLS, .PDF, .TXT, .CSV, .JPG, .JPEG, .GIF, .RTF, .DOCX, .PPTX, .XLSX, .PNG, .MP4)


Attachment

Attachment

Attachment

Attachment

Attachment



# Reminder: Benefits 24/7 training videos

## Benefits 24/7 Instructional videos available on the BA website

- Training materials and recordings
  - Benefits 24/7
    - Instructional videos
- Training materials and recordings
  - Miscellaneous topics
    - Recorded webinars
    - Presentations

Washington State Health Care Authority

Search In a crisis? Login

Free or low-cost health care Employee & retiree benefits Billers, providers & partners About HCA Contact

Home > SEBB benefits administrators > Training resources > Need training? > Training materials & recordings

### Training materials and recordings

Access recorded webinars, instructional videos, presentations, and supporting materials on SEBB related topics developed specifically for BA training.

Outreach and Training (O&T) provides periodic training for benefits administrators (BAs) to enhance their knowledge and skills in administering SEBB benefits effectively.

Trainings provided in webinar format are recorded and added to this webpage along with instructional videos, presentations, and supporting materials for easy access by BAs.

**Benefits 24/7**

**Instructional videos**

- [Overview of the Benefits 24/7 online enrollment system](#)
- [Enrolling an employee and their dependents](#)
- [Dual enrollment](#)
- [Rehire/restore employee eligibility](#)

**Recorded webinars**

**Presentations**

**Supplemental benefits billing information**

Find training materials for the following supplemental benefits.

- [Life and Accidental Death and Dismemberment \(AD&D\) insurance](#)
- [Long-term disability \(LTD\)](#)
- [Flexible Spending Arrangements \(FSAs\) and Dependent Care Assistance Program \(DCAP\)](#)

# SEBB Org Benefit Fair Info

## HCA Representatives for SEBB Org Benefits Fairs.

- FAQ's for school administrators
  - Search-Fair
    - FAQ Topc- Any
      - List of SEBB Program vendor contacts for events

The screenshot shows the Washington State Health Care Authority website. The header includes the logo, a search bar, and links for 'In a crisis?' and 'Login'. The main navigation bar lists 'Free or low-cost health care', 'Employee & retiree benefits', 'Billers, providers & partners', 'About HCA', and 'Contact'. The breadcrumb trail reads: Home > SEBB benefits administrators > Administrative tools & resources > Tools and resources > FAQs for school administrators.

Two yellow alert boxes are present:

- Be aware of Medicaid renewal scams:** Washington has received reports of fake texts and phone calls to Apple Health (Medicaid) clients about renewing their Apple Health coverage. We're asking Apple Health clients to be aware of suspicious contact seeking money to maintain their health coverage. [View our announcement for more information.](#)
- Apple Health public health emergency (PHE):** **Important: Stay covered!** Are you enrolled in Apple Health (Medicaid) coverage? It may be time to complete your renewal. Make sure your address and phone number are up to date so you can stay enrolled. [Report a change.](#)

The main heading is 'FAQs for school administrators'. Below it, a paragraph states: 'The following frequently asked questions (FAQs) help you understand the SEBB Program and how it affects your school district, educational service district, or charter school.'

A search filter section includes a 'Search' input field with the text 'fair', an 'FAQ topic' dropdown menu with '- Any -' selected, and 'Filter' and 'Reset' buttons.

The first FAQ entry is: 'Can representatives of the Health Care Authority's SEBB Program attend our employer-sponsored event or benefits fair?'. The answer text reads: 'As the ERB Outreach & Training team administers benefits and provides Open Enrollment training for more than 700 organizations across the SEBB and PEBB programs, we regret that we cannot support requests for each individual organization's Open Enrollment events due to resource constraints. However, we will continue to provide annual HCA-sponsored Open Enrollment events and training for the SEBB benefits administrator community. If you would like to invite benefits carrier representatives to your event, we have compiled a [list of vendor contacts](#) for your convenience. To ensure fairness and impartiality, we request that you invite all SEBB vendors who offer benefits in your area, and PEBB retiree vendors, when extending invitations to vendors.'



# 2023 HCA In-Person Benefits Fairs Western Washington

Date	Time	Location	Address
November 01, 2023	11:00 am - 7:00 pm	Vancouver	Clark Community College (Gaiser Hall) 1933 Fort Vancouver Way, Vancouver, WA 98663
November 02, 2023	11:00 am - 7:00 pm	Centralia	Southwest Washington Fairgrounds (Community Events Building) 1909 S Gold St, Centralia, WA 98531
November 03, 2023	11:00 am - 7:00 pm	Olympia	South Puget Sound Community College (Lacey Campus Building) 4220 6th Ave SE Lacey, WA 98503
November 06, 2023	11:00 am - 7:00 pm	Bellingham	Whatcom Community College (Pavilion (PAV)) 237 W Kellogg Rd, Bellingham, WA 98226
November 07, 2023	11:00 am - 7:00 pm	Everett	Everett Community College (Henry M. Jackson Conference Center) 2000 Tower St. Everett, WA 98201
November 08, 2023	11:00 am - 7:00 pm	Seattle	Shoreline Community College (Building 9000 (Pagoda Student Union Building)) 16101 - Greenwood Avenue N. Shoreline, WA 98133
November 09, 2023	11:00 am - 7:00 pm	Tacoma	Clover Park Technical College (McGavick Conference Center) 4500 Steilacoom Blvd SW, Lakewood, WA 98499
November 14, 2023	11:00 am - 7:00 pm	Port Angeles	Red Lion Hotel Port Angeles Harbor (Main Building) 221 N. Lincoln, Port Angeles, WA 98362
November 14, 2023	11:00 am - 7:00 pm	Bremerton	Olympic College (Student Center) 1600 Chester Ave, Bremerton, WA 98337
Note: 11-3PM PEBB/SEBB Retiree, 4-7 PEBB/SEBB Employees, Carrier presentation will be held throughout the Benefit fair.			

# 2023 HCA In-Person Benefits Fairs Eastern Washington

Date	Time	Location	Address
November 01, 2023	11:00 am - 7:00 pm	Spokane	Spokane Community College (Lair Student Center) 1801 N Greene St, Spokane WA 99217
November 02, 2023	11:00 am - 7:00 pm	Cheney	Eastern Washington University (Hargreaves Hall) 616 Study Ln, Cheney, WA 99004
November 03, 2023	10:00 am - 6:00 pm	Pullman	Washington State University (Compton Union Building) 1500 Glenn Terrell Mall , Pullman, WA 99163
November 06, 2023	11:00 am - 7:00 pm	Pasco	Columbia Basin Community College (Hawk Union Building (H Building)) 2600 N. 20th Ave. Pasco, WA 99301
November 07, 2023	11:00 am - 7:00 pm	Yakima	Yakima Convention & Event Center 10 N. 8th Street, Yakima, WA 98901
November 08, 2023	11:00 am - 7:00 pm	Ellensburg	Central Washington University (Student Union and Recreation Center (SURC)) 1007 N. Chestnut St. Ellensburg, WA 98926
Note: 11-3PM PEBB/SEBB Retirees, 4-7PM PEBB/SEBB Employees, Carrier presentation will be held throughout the Benefit fair. Pullman, WA: 10-2 PM PEBB/SEBB Retirees, 3-6 PM PEBB/SEBB Employees			

# Upcoming Webinars

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**October 20:** SEBB Pre-Annual Open Enrollment (OE) webinar

**October 27:** Navia FSA/ DCAP Benefits OE webinar

Where to register:

- [hca.wa.gov/sebb-benefits-admins/training-schedule](https://hca.wa.gov/sebb-benefits-admins/training-schedule)

All webinars are recorded and posted to the BA website.

- [hca.wa.gov/sebb-benefits-admins/training-materials-and-recordings](https://hca.wa.gov/sebb-benefits-admins/training-materials-and-recordings)



# Q&A

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

- Any questions that do not get addressed today will be responded to by phone, email or HCA Support request
- Employee specific questions or scenarios should be sent through HCA Support request

After the webinar, participants will receive a follow up email that includes a brief survey. We would appreciate your feedback.



# Thank you for participating!

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