Benefits 24/7

Benefits Administrator Manual

PEBB Version

Chapter 3 – Managing Employee Accounts

Washington State
Health Care Authority

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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 PEBB Program insurance coverage. The following instructions pertain to information relevant to HCA insurance only. If there is any inconsistency between information in this manual and the Revised Code of Washington (RCW) and Washington Administrative Code (WAC), RCW and WAC take precedence.

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

<div align="center">

Outreach and Training

Phone: 1-800-700-1555

HCA Support

</div>

Contact Information

Outreach and Training	
For Benefits Administrators Use Only	
Phone:	1.800.700.1555
Secure email:	HCA Support – Select the Benefits administrator Inquiry tile
BA website:	PEBB benefits administrators	Washington State Health Care Authority
Order materials:	Order materials
Fax number:	360.725.0771

Insurance Accounting /Accounts Receivable	
Email:	HCAPEBBAR@hca.wa.gov
Fax number:	360.753.9152

Employee enrollment

Employees must complete enrollment (online or paper form) indicating their enrollment elections, including the election to waive medical. Enrollment elections and dependent verification documents must be **received** as follows:

Annual open enrollment– No later than the last day of open enrollment.

Newly eligible employees – No later than 31 days after the date the employee becomes eligible for benefits. *(Generally, the first day of work)*.

Special open enrollment – No later than **60 days** after the date of the event that triggered the special open enrollment.

Benefit Eligibility

Employees must establish eligibility based on the work circumstances described in WAC 182-12-114. Eligibility is determined solely by the criteria of the category that most closely describes the employee's work circumstances.

Hours that are excluded in the determination of eligibility include standby hours and any temporary increase in work hours of six months or less caused by training or emergencies that have not been or are not anticipated to be part of the employee's regular work schedule or pattern. The employer must request approval to include temporary training or emergency hours in determining eligibility.

State agencies and higher education institutions must inform employees, in writing, of their eligibility or ineligibility for PEBB benefits upon employment and when there is a change in eligibility. The written notice must include a description of any hours that are excluded in determining eligibility and information about the employee's right to appeal eligibility and enrollment decisions. (WAC 182-12-113)

The PEBB program has developed worksheets to help employers determine eligibility for the employer contribution for benefits and to meet the requirement of notification to the employee in writing. Worksheets are available on the PEBB BA website, Eligibility Worksheets page. Employer groups and Educational Service Districts are encouraged, but not required, to use this method.

The employee must make elections no later than 31 days after the date of eligibility. If the employee does not make elections before the 31-day deadline, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, basic life insurance, basic accidental death and dismemberment, employer-paid LTD, and 60% employee-paid LTD as a single subscriber (no dependents enrolled). The employee will also be defaulted to incur the $25 monthly tobacco premium surcharge in addition to the monthly premiums.

The employee will automatically be defaulted on day 32 of eligibility in Benefits 24/7.

If the employee chooses to enroll dependents, dependent verification is required. The employee may upload the dependent verification documents in Benefits 24/7 for review or submit documents to the benefits administrator. Policy 31-1 provides a list of valid dependent verification documents. Any other documents submitted by the employee must be approved by the PEBB Program.

Eligible dependents are outlined in WAC 182-12-260.

Full Benefits Package	Medical/Vision Only
Medical/Vision	Medical/Vision
Dental	-
Basic Life and AD&D	-
Supplemental Life and AD&D	-
Employer-paid LTD	-
Employee-paid LTD	-
Optional Auto and Home Insurance	Optional Auto and Home Insurance
State Agencies and Higher Education Institutions Only	
Medical Flexible Spending Arrangement (FSA)	-
Limited Purpose FSA	-
Dependent Care Assistance Program (DCAP)	-

Dual enrollment

Dual enrollment in PEBB coverage or PEBB and SEBB coverage is not permitted for employees or dependents. (WAC 182-12-123)

When an employee or dependent is added to Benefits 24/7, the system searches for existing enrollment. If the employee or dependent is already enrolled in PEBB or SEBB medical, dental, or vision coverage, enrollment will not be allowed.

- An eligible employee may waive PEBB medical and enroll as a dependent under their spouse, state-registered domestic partner, or parent's PEBB account. The employee cannot waive dental.
- An eligible employee may waive PEBB medical and dental to enroll as a dependent under their spouse, state-registered domestic partner, or parent's SEBB account. The employee must be enrolled in PEBB basic life, employer-paid long-term disability (LTD), employee-paid LTD and has an option to enroll in supplemental life insurance. The employee may choose to reduce or decline employee-paid LID.
- If an employee is eligible at more than one PEBB employer, the employee must choose which employer to enroll under.
- If the employee is eligible at both a PEBB and SEBB employer, the employee must choose whether they will enroll in PEBB medical and dental or waive PEBB medical and dental or enroll in SEBB medical, dental, and vision. If the employee enrolls in SEBB the employee must be enrolled in PEBB basic life, employer-paid long-term disability (LTD), employee-paid LTD and an option to enroll in supplemental life insurance. The employee may choose to reduce or decline employee-paid LID.
- If the employee is currently enrolled in SEBB and becomes eligible for PEBB and does not login or submit a form to waive PEBB coverage, the employee will be defaulted to Uniform Medical

Plan Classic, Uniform Dental Plan, basic life insurance, basic accidental death and dismemberment, employer-paid LTD, and 60% employee-paid LTD as a single subscriber (no dependents enrolled). The employee will be defaulted to incur the $25 monthly tobacco premium surcharge in addition to the monthly premiums. The employee will be removed from SEBB medical, dental and vision and remain enrolled in PEBB default plans as described above.

Benefits 24/7 will provide the following message If you enter an employee who is already enrolled as an employee in PEBB or SEBB coverage:
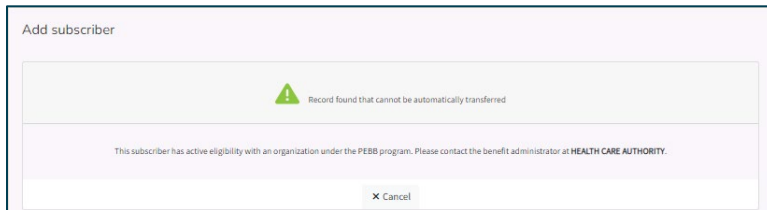
Manually add a newly eligible employee record

The employee record must exist and the employee must show eligibility in Benefits 24/7 for the employee to create a SAW login and enroll themselves and their dependents in benefits.

The following employers can skip to the *Claim an employee record* section to enter a date of eligibility for newly eligible employees.

- **State Agencies utilizing HRMS** – the demographic data will be transferred to Benefits 24/7 in the daily GAP 9 interface.
- **Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority** – A file feed will create a demographic record for newly eligible employees.
- **University of Washington –** Benefits 24/7 will be populated with eligibility and enrollment through a daily file from Workday. UW employees will not have access to Benefits 24/7.

TIPS

When entering data:

- An asterisk (*) indicates a required field.
- If the format of the data is correct, the box will outline in green. If format of the data is incorrect the box will be outline in red. Correct the format to save the record.
- If the date of eligibility is outside the lower limit, contact Outreach and Training through HCA Support. Do not enter an incorrect date and then request to have it updated.
- The system will indicate if the employee is currently enrolled. Follow the dual enrollment process if newly eligible employee shows enrolled. **DO NOT** enroll the employee under an incorrect SSN or ITIN. This will create a second record, cause a dual enrollment issue, and billing issues.

Manually create an employee record:

State agencies utilizing HRMS, Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority *– Go to the* *Claim an employee record* *section of this manual to claim the demographic record and enter a date of eligibility.*

1. Log into Benefits 24/7. From the Administrative dashboard. Select 'Manage subscribers' tile.
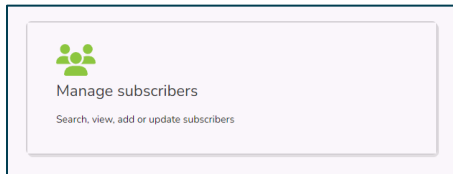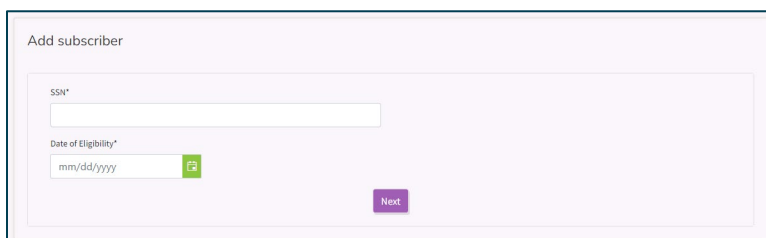
2. Select 'Add new subscriber'.
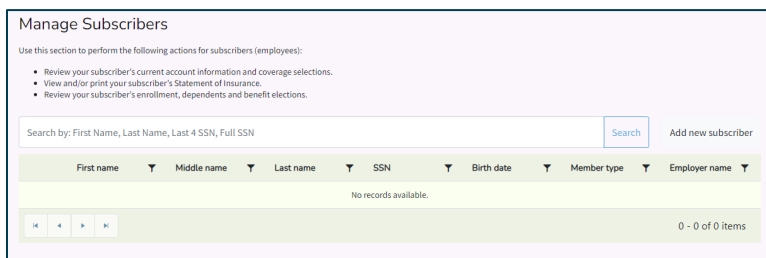
3. Enter the employees SSN or ITIN (Individual Taxpayer Identification Number) and the date of eligibility.

    Note: The date of eligibility is typically the first day of work for the employee. It may also be the date an employee who was not initially eligible is determined eligible based on a change in work pattern. This date will start the 31-day clock and determine the effective date of benefits.

    Select 'Next'.

4. If the employee is already enrolled with another employer, in continuation coverage (LWOP or COBRA), or retiree coverage a message will display.
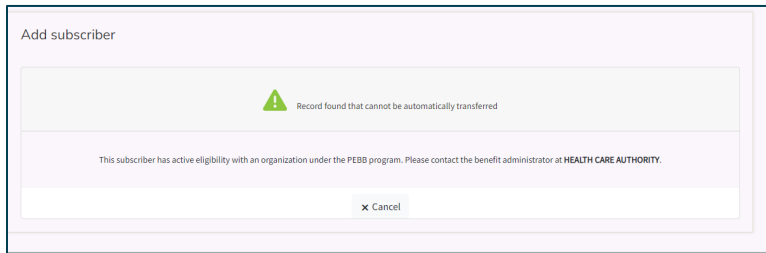
Dual enrollment is not permitted. **Do not** enter an incorrect SSN or ITIN to create the record.

Contact the other employer to work with them to have the record terminated or if the employee has dual eligibility work with the employee to determine who the employee will enroll with.

Run the Statewide Benefits Administrator Contact List report from the Reports tile in Benefits 24/7 for contact information. The report includes contacts for both PEBB and SEBB programs. If you need help with resolution or contact information, send a case through HCA Support, Benefits Administrator tile.

5. If the employee does not already have a record in Benefits 24/7, the Add Subscriber page opens.

When entering the employee's name do not include special characters or accent marks in a name. *For example, enter Ohara or O Hara instead of O'Hara.*

6. Enter the newly eligible employee's Last Name and First Name, and Middle name (Middle name is not required).

7. The SSN field will be prepopulated with the SSN or ITIN previously entered.

8. Enter the Birth date, Sex assigned at birth, and Gender identity. *Note: Fields with an asterisk are required.*

9. If the information is available, add the employee's Home Phone and Work Phone in the appropriate fields. This is optional.

10. Select 'Newly Eligible member' from the 'Eligibility reason' drop-down menu.

11. The 'Date of Eligibility' field will be populated with the date initially entered. The 'Coverage Effective Date' field will be determined by the system based on the date of eligibility entered.

12. Select 'Yes' or 'No' from the 'Is this employee represented' drop-down menu. If the response is 'Yes' enter the effective start date of being represented.

13. Leave the response to 'Yes' if the Employee is eligible for LTD. Select 'No' from the drop-down menu if the employee is not eligible for LTD. *Note: Port Commissioners, School Board Members, and less than 9-month Seasonal Employees are not eligible for long-term disability (LTD).*

14. Enter the employee's monthly salary. This is required for calculating the employee-paid LTD premium. It is important to update the employee's salary anytime there is a change. For hourly employees, estimate the monthly salary.

    Note: Higher education institutions who chose to manage the employee-paid LTD in their payroll system, the salary field is a required field, a salary must be entered when manually entering an account.

15. Enter the employee's 'Date of Hire'.

16. Enter the 'Residential Address', including the county if the employee lives in Washington or Oregon. Use USPS punctuation standards. This is the address all mailings will go to unless the employee provides a mailing address.

Address line 1*			
Street #, Street			
Address line 2			
Unit #, Suite #			
City*	**State/Province***	**County***	**Zip code***
Country*			
United States			

Entering foreign addresses

In the State field, if the address is:

- In Canada, enter the Canadian Province (see chart)
- A military address, enter the military state code (see chart)
- Any other country, enter 'ZZ'

Canadian Province Codes:
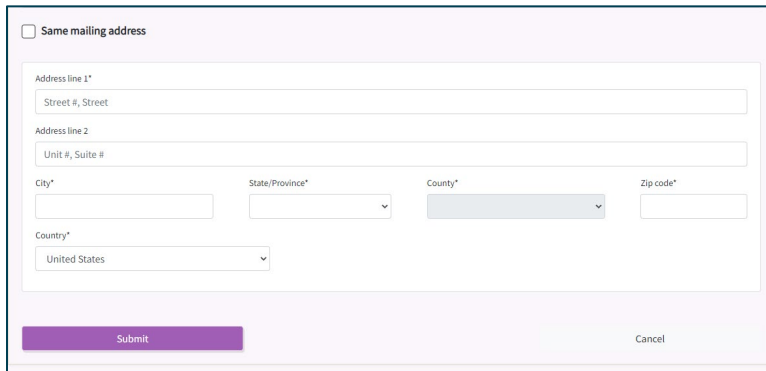
AB	Alberta	NU	Nunavut
BC	British Columbia	ON	Ontario
MB	Manitoba	PE	Prince Edward Island
NB	New Brunswick	QC	Quebec
NL	Newfoundland and Labrador	SK	Saskatchewan
NT	Northwest Territories	YT	Yukon
NS	Nova Scotia		

Military State Codes:

AA	Armed Forces (the Americas)
AE	Armed Forces Europe
AP	Armed Forces Pacific

Select the country from the drop-down menu.

17. Enter a 'Mailing Address' if the employees provided a different address. Otherwise, select the 'Same mailing address' checkbox.

18. Select 'Submit'. The demographic record is created, and eligibility established. The employee may now create a SAW login or use an existing SAW login to make their elections within 31 days of the date of eligibility.

    If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, basic life and AD&D, employer-paid LTD, and 60% employee paid LTD as a single subscriber. The employee will also be defaulted to incur the $25 tobacco use premium surcharge in addition to the monthly premiums.

Claim an employee record

State agencies utilizing HRMS, Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – *Follow these steps to claim a newly eligible employee's record to establish eligibility and when claiming an existing employee's account due to rehire or transfer.*

All other employers – Follow these steps if claiming an existing employee's account.

1. Log into Benefits 24/7. From the Admin Dashboard, select 'Manage Subscribers' tile.
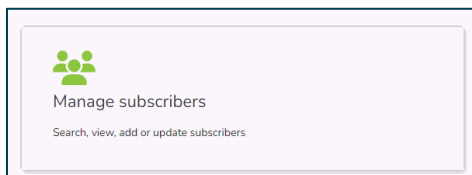
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. A list of accounts that meet the search parameters is returned.

4. Select the checkbox next to the name of the employee. Select 'Manage associated account'.

5. Select 'Eligibility' tab.

6. Verify the information is correct.

7. From the drop-down menu, choose the eligibility reason. Options include:

   - Newly eligible member
   - Return to work faculty/seasonal
   - Return from LWOP
   - Return from Layoff

8. Choose 'Yes' or 'No' from the 'Is this employee represented' drop down menu. If the response is 'Yes' enter the Effective start date of being represented.

9. If the salary is not populated or is incorrect, enter the salary.

10. If the hire date field is not populated, enter the hire date.

11. Select 'Submit'. The employee may now create a SAW login or use an existing SAW to login to make their elections within 31 days of the date of eligibility.

   If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, basic life and AD&D, employer-paid LTD, and

60% employee paid LTD as a single subscriber. The employee will also be defaulted to incur the $25 tobacco use premium surcharge in addition to the monthly premiums.

Oops, the wrong effective date was entered

1. Log into Benefits 24/7. Select the 'Manage subscribers' tile.
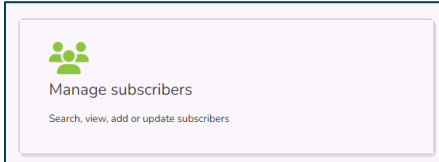
2. In the Search field, enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the name of the employee whose record you want to access. Select 'Manage associated subscriber'.

4. Select the Eligibility tab.

5. Scroll down to the Terminate/Transfer section.

6. Select 'Employee never eligible' from the Termination/Transfer reason drop-down menu. No termination date is required.

Terminate/Transfer subscriber:

Termination/Transfer Reason

Employee never eligi ▾

Submit changes

Note: If the employee made elections or added dependents to the account, the elections and dependents will be removed. Employees need to make new elections within their new 31-day period.

7. Select 'Submit'.

Add the employee with the correct effective date

1. Select the 'Manage subscriber' tile from the Admin dashboard.

Manage subscribers

Search, view, add or update subscribers

2. Select 'Add new subscriber'.

Manage Subscribers

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

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

First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
			No records available.			

0 - 0 of 0 items

3. Enter the employee's SSN or ITIN. Enter the new date of eligibility. Select 'Next'.

Add subscriber

SSN*

Date of Eligibility*

mm/dd/yyyy

Next

4. Select 'Claim'. The record displays.

5. Select 'Newly Eligible Member' from the Eligibility Reason drop down menu.

6. Select 'Yes' or 'No' from the 'Is this employee represented' drop-down menu. If the response is 'Yes' enter the effective start date of becoming represented.

7. Enter the Employee's monthly salary in the 'Employee monthly gross salary'.

8. Enter the date the employee was hired in the 'Hire date' field.

9. Select 'Submit'. The employee may now login or create a SAW login or use an existing login to make their elections within 31 days of the date of eligibility.

   If the employee fails to login and make elections or fails to submit a paper form to the benefits administrator within the required 31 days of their date of eligibility, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, basic life and AD&D, employer-paid LTD, and 60% employee paid LTD as a single subscriber. The employee will also be defaulted to incur the $25 tobacco use premium surcharge in addition to the monthly premiums.

Employee eligible for both PEBB and SEBB

If the employee has eligibility with a PEBB organization and a SEBB organization, the employee may waive PEBB medical and dental to enroll in SEBB medical, dental and vision. The employee must be enrolled in basic life, employer-paid LTD, employee-paid LTD. The employee has the option to enroll in supplemental life insurance and reduce or decline employee-paid LTD.

The employee cannot be dual enrolled in both PEBB medical and dental and SEBB medical, dental, and vision. The employee must notify the PEBB organization of their intention to waive the medical and dental to remain enrolled or waive to enroll in SEBB coverage. If no notice is provided, the employee will be defaulted in PEBB benefits as a single subscriber and SEBB benefits will be terminated.

Waive medical and dental to enroll in SEBB benefits

1. Select 'Manage Subscribers' tile from the Admin dashboard.
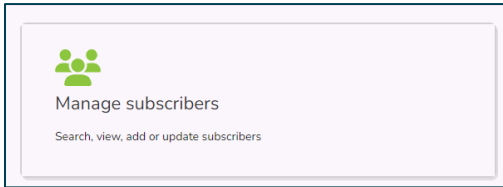
2. Select 'Add new subscriber'.
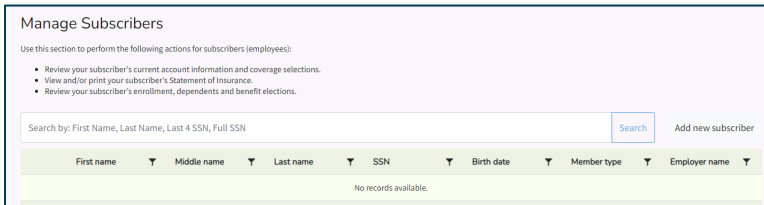
3. Enter the employees first name, last name, SSN or last 4 of the SSN. Select 'Search'.
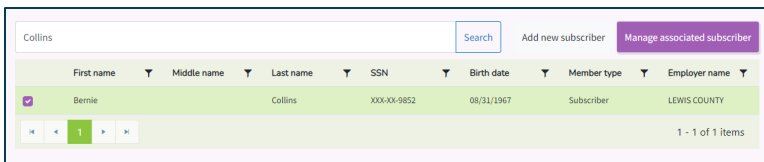
4. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.
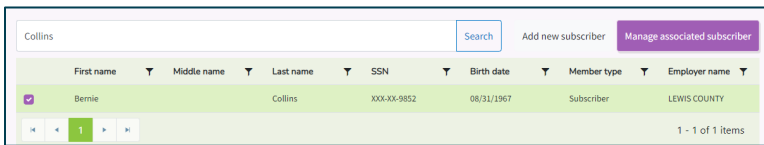
5. Select the employee's 'Eligibility' tab.
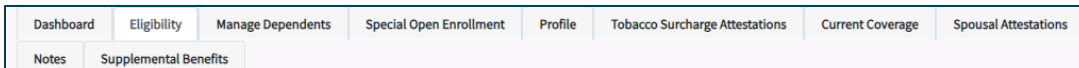
6. Select the checkbox next to 'Eligible for SEBB Benefits'. This enables the employee to waive medical and dental.

7. Select 'Submit'.

If the employee is currently enrolled in SEBB and becomes eligible for PEBB and does not login or submit a form to waive PEBB coverage, the employee will be defaulted to Uniform Medical Plan Classic, Uniform Dental Plan, basic life insurance, basic accidental death and dismemberment, employer-paid LTD, and 60% employee-paid LTD as a single subscriber (no dependents enrolled). The employee will also be defaulted to incur the $25 monthly tobacco premium surcharge in addition to the monthly premiums. The employee will be removed from SEBB medical, dental and vision and remain enrolled in PEBB default plans.

Enroll an employee from a paper form

1. Select 'Manage Subscribers' tile.

2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

4. Select the 'Newly Eligible' chevron. The enrollment wizard opens.

5. If the employee is adding dependents, select the 'Yes' radio button, then select the 'Next' button.

   If the employee is not adding dependents select the 'No' radio button, then select the 'Proceed to elect coverage'.

   If the employee is not adding dependents skip to step 28.

6. On the Dependent Information page enter the dependent's first name, last name, middle name, if provided. Enter a Suffix if applicable.

7. Enter the dependent's date of birth, sex assigned at birth, and gender identity.

8. Select the relationship from the 'Relation' drop-down. The options include Child, Extended Dependent, Spouse/State-Registered Domestic Partner, or Stepchild (not legally adopted). If you

select child, extended dependent, or stepchild, the Qualify Reason will auto populate. If the dependent is age 26 or older Qualify Reason will auto populate with disabled dependent.

- When adding an extended dependent the employee must submit an Extended Dependent Certification form and a copy of the court document granting guardianship. The PEBB Program will approve or deny the certification.
- When adding a dependent with disabilities, age 26 or older, the employee must submit dependent verification and the Dependent with disabilities form. The certification form should be submitted as outlined on the form.
- Dependents will not be enrolled until the dependent is verified.
- Extended dependents and dependents with disabilities will not be enrolled until certified.

If spouse/state-registered domestic partner is selected, enter the partnership start date. From the drop-down select the Qualify Reason. The options include Married Spouse, Non-WA State Domestic Partner, or WA State Domestic Partner.

Note: Non-WA state domestic partners must be verified by the PEBB Program.

9. Enter the dependents SSN or ITIN (Individual Taxpayer Identification Number) or ATIN (Adoption Taxpayer Identification Number). If the dependent, such as a newborn, does not have an SSN at the time of enrollment, select 'This person currently has no Social Security number' checkbox. The dependent will be assigned a temporary SSN.

Note: Temporary SSNs should be updated once the dependent is assigned an SSN.

10. If the dependents' Residential address is the same as the employee's, select the checkbox. If the dependent has a different address, enter the address. Select 'Let's add coverage to your dependent'.

11. Select the checkbox next to the benefits the employee is requesting to enroll the dependent in, medical, dental, or medical or dental. Select 'Let's make tobacco attestations for this dependent'.

12. Select the 'Yes' or 'No' radio button, based on the employee's attestation. If they did not attest for the dependent select 'Yes' for dependents age 13 or older. Select 'Continue to the Spouse or state-registered domestic partner coverage surcharge attestation'. This option will only display if the dependent is a spouse or state registered domestic partner. *Note: The attestation will not display if the dependent is under the age of 13.*

13. If the employee attested, select the 'Yes' or 'No' next to each question. Up to six questions will display when 'Yes' is the response. If you answer 'No', additional questions will not display. The radio button will display the final answer. If the answers to all questions are 'Yes', the employee may complete and submit the spouse and state-registered domestic partner calculator to determine the final response.

14. Select 'Next'.
15. Select 'Proceed to dependent review'. Review the information to verify enrollment is correct. Select 'Save and finish this dependent'.

16. If the employee has additional dependents to add, select the 'Yes' radio button to go back through the previous steps for each dependent. If the employee does not have additional dependents to add, select the 'No' radio button. Select 'Next'.

17. Review the enrollment for the dependent. If updates are required, select 'Edit Dependent'. If the account is correct select 'Let's upload eligibility documents for your dependents'.

18. Dependent verification documents may be uploaded for convenience in verifying the dependents. Employees and employers may choose to bypass this option if employees choose to submit paper copies to their benefits administrator.

19. Select 'Select file' to upload documents. Select the file and select 'Open'. The document is uploaded. Repeat for each dependent, unless one document is uploaded to verify all dependents, such as a tax return. From the 'Document type' drop-down, select the type of document submitted.

    Associate the correct document with the each dependent. Select the checkbox next to the dependent's name the document is associated with. You can choose more than one dependent if the document verifies more than one dependent. Select 'Upload/confirm changes'.

20. Select 'Proceed to elect coverage'.

21. Select the checkbox next to the desired medical plan. Or select the checkbox next to 'Waive medical coverage' if the employee is waiving medical for other employer-sponsored coverage, TRICARE, or Medicare.

    Note: Only plans available in the employee's county of residence are displayed. If the employee is choosing a plan that is available where they work but is not available where they live notify Outreach and Training through HCA Support.

22. Select 'Next'.

    Note: Medical only groups skip to step 24.

23. Select the checkbox next to the desired dental plan. Select 'Next'.

24. Review the elections. Select 'Confirm and let's complete tobacco attestation'.

25. Select 'Next'.

Tobacco use premium surcharge

The PEBB Program requires a $25 per account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in the PEBB Program Administrative Policy 91-1.

Note: Enrolled dependents ages 12 and younger are automatically defaulted to No. You do not need to attest when they turn age 13 unless they use, or begin using, tobacco products.

Additional information on surcharges

Next

26. Enter the response to the tobacco attestation provide by the employee. If the employee did not attest, leave the radio button set to 'Yes'. Select 'Yes'.

Step 4 - Attestations

Tobacco use premium surcharge

Does the tobacco use premium surcharge apply to you?

○ Yes, I am subject to the $25 premium surcharge. I have used tobacco products in the past two months.

○ No, I am not subject to the $25 premium surcharge. I have not used tobacco in the past two months or am enrolled in my medical plan's tobacco cessation program (if age 18 or older).

Previous   Next

27. Review the Legal Notice. Select 'Next'.

Step 4 - Attestations

Legal notice

By selecting the Next button below:

- I declare that the information I have provided is true, complete, and correct If it isn't, or if I do not provide timely, updated information, I will owe surcharges to the PEBB Program.
- I declare that one (or more) of the attestation events requires an attestation change to the premium surcharges, and that I am reporting it within the PEBB Program's deadlines.
- I am replacing all PEBB Premium Surcharge Attestation Change forms, enrollment form attestations, and electronic attestations previously submitted.
- I understand that changes that result in a premium surcharge will begin the first day of the month after the status change. If that day is the first of the month, the change to the surcharge begins on that day.
- I understand that changes that result in removing a premium surcharge will begin the first day of the month after receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

Previous   Next

28. Review the attestation. Select 'Confirm and let's review supplemental coverage'.

   Note: Medical only groups and higher education institutions skip to step 30.

   Higher Education Institutions – *The LTD page will be available to employees when Benefits 24/7 launches. If you do not want employee's enrolling online, request the employee complete the LTD form instead.*

29. If the employee submitted a Long-Term Disability (LTD) form, select the radio button next to the employee's desired level of coverage. If the employee did not submit an LTD form, leave the radio button at 60% (the default).

   The employee may reduce or decline employee-paid LTD at any time. After the initial 31-days of eligibility, the change is prospective. If the employee decides to enroll or increase employee-paid LTD after the initial 31-days of eligibility, Standard Insurance must approve the change. The employee must submit evidence of insurability to Standard for approval.

   Scroll down and select 'Continue and Review'.

30. Review the enrollment information. Select 'Next'.

✓

Step 6 - Confirmation

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Employer: LEWIS COUNTY

Bernie Collins
123 Main Street
Olympia, WA 98504

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date
Collins, Bernie	06/01/2023	06/01/2023
Collins, Sarah	06/01/2023	06/01/2023
Collins, Sarah	06/01/2023	06/01/2023

HCA-sponsored coverage

Medical coverage provided by:	UMP Classic	
	Medical premium:	Contact your personnel, payroll, or benefits office
	Tobacco surcharge:	$0.00
	Spousal/state-registered domestic partner surcharge:	$0.00
Dental coverage provided by:	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington	
	Dental premium:	Contact your personnel, payroll, or benefits office
	Total monthly premium:	Contact your personnel, payroll, or benefits office

Please review the enrollment information above for accuracy. If the information is correct, select next to proceed. If you need to make a correction to any section, select the section at the top of the page.

[Next]

31. Review the LTD enrollment. Select 'Next'.

✓

Step 6 - Confirmation

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Life insurance coverage

All life insurance is administered by MetLife. If you have questions about your coverage, call MetLife at 1-866-548-7139.

Employer-paid coverages

$35,000.00	Employee Basic Life
$5,000.00	Employee Basic AD&D

optional coverages
Please visit metlife at mybenefits.metlife.com/wasebb to view your optional insurance elections, or call Metlife at 1-866-548-7139.

Long-term disability insurance coverage

Employer-paid LTD with 90-day waiting period
Supplemental ltd coverage: Employee Paid (60% Default Plan)

[Previous]   [Next]

32. Review the Legal Notice. Select 'Confirm'.

33. Select 'Download elections' to provide employee with a copy of the enrollment.

If the employee indicated they would like to receive email notifications, enter the employee's email address. Select 'Sign up for email delivery' checkbox.

*Note: The 'Newly Eligible' wizard will remain available to the employee throughout the initial 31-days of eligibility. Employee's may make changes to their elections during that time. The wizard will remain available to employers through the lower limit date to give you time to enter the employee's elections. **The form must have been received within the 31-days***.

Update enrollment

Employees may make changes to their account as many times as they like within 31 days of becoming newly eligible or within 60 days of the special open enrollment as long as the event has not been submitted for approval.

- The employee can continue to access the Newly Eligible Wizard by logging into Benefits 24/7 within their 31 days of eligibility to make changes to their account.
- If they wish to make changes after the 31 days of eligibility, the employee may make changes only if they have a life event that creates a special open enrollment or during annual open enrollment. *Exception: Employees may attest to or update the tobacco surcharge and reduce or decline employee-paid LTD at any time.*
- If the employee submits a form requesting a change within 31 days of eligibility or an error was made when a benefits administrator entered the enrollment, the benefits administrator can correct the account within lower limit or create a case in HCA Support to make a request for Outreach and Training to make the correction. ***The employee must have submitted a form within 31 days of eligibility.***

## Newly eligible employee

1. From the Administrator Dashboard, select the 'Manage subscribers' tile.
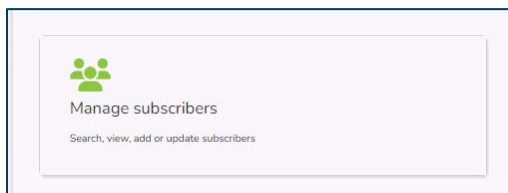
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.
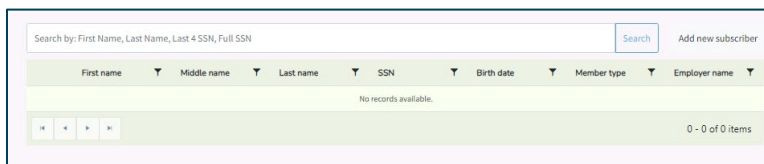
3. Select the checkbox next to the employee's name. Select 'Manage associated subscriber'.
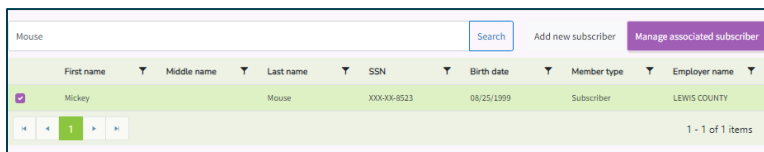
4. Select the 'Newly Eligible' chevron.

5. Walk through the wizard to make corrections to the account. Make the correction and walk through the remainder of the wizard to confirm the change.

The wizard must be walked through to the end to ensure the change is saved.

Dependent verification

Employees are required to submit dependent verification documents when adding a dependent to their account. Dependents will not be enrolled until they are verified by the benefits administrator or the PEBB Program. The list of valid verification documents is included in Policy 31-1. If you receive a document that is not on the list, send a case through HCA Support using the Benefits Administrator tile and the PEBB Program will review and determine if it is acceptable as verification.

The verification documents must be received within the deadline for the enrollment

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

Note: All documents must be submitted in English. Documents written is a foreign language must be accompanied by a translated copy produced by a professional translator and certified with a notary public seal.

Verify a dependent

1. From the Admin dashboard, select the Dependent verification tile.
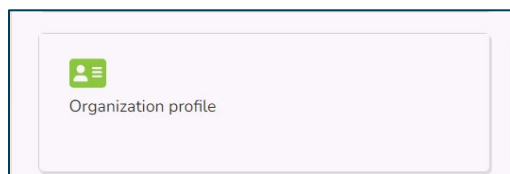
2. Select the + symbol next to the name of the employee with dependents to be verified.

3. Select the icon of the attached document if one was uploaded. If the employee provided paper copies of the verification documents, review the paper copy. Review and verify the document is valid, legible, and complete. Verify it is included as a valid document in Policy 31-1.

TIPS

If the employee selected the document applies to multiple dependents checkbox, the document will display for each dependent to be verified.

The document will automatically be deleted from Benefits 24/7 based on the retention schedule.

If the verification is denied, the document will remain for 180 days as the employee has the right to appeal the denial.

Approve dependent verification

4. If the dependent verification document is valid select 'Verify'.

Select the Verification Status from the drop-down menu.

Options:

Verified	Employee submitted valid documents; dependent is verified
Verified Exempt	Verified where at least one of the partners is age 62 or older
Verified Not WA Registration	Verified any other state equivalent of a state-registered domestic partnership – **Must be approved by the program.**
Verified WA Registration	Verified WA registration

5. Select the 'Document type' from the drop-down menu. The options will change based on the type of dependent.

Deny dependent verification

1. To deny the dependent, select 'Deny'.

Select the status from the 'Verification status' drop-down menu.

Options:

Denied	The dependent is not eligible, based on WAC 182-31-140
Illegible	Not able to read the document – poor quality, not in English
Incomplete	All required documents were not submitted
Invalid	The document is not valid
No DV document provided	Employee did not provide documents or provided documents after the deadline.

2. The Denied Date will default to today's date.

3. Select the 'Document type' from the drop-down menu. If no dependent verification or partial dependent verification was submitted, select the document type missing.

4. Select 'Submit changes'.

5. Notify the employee, in writing, if the dependent was denied and include why the dependent was denied and include appeal rights.

Update denied dependent verification

1. If you receive valid dependent verification documents after you denied the dependent, but within 31-days of initial eligibility or 60-days of the special open enrollment, the verification will need to be updated.

2. Select the 'Dependent Verification' tile on Admin the dashboard.

3. Uncheck the 'Show only pending requests' checkbox.

4. As time goes by, this list can become quite long. Use the funnel icon next to the Subscriber header to search for the employee's name. Or select the 'Subscriber' header to resort the list.
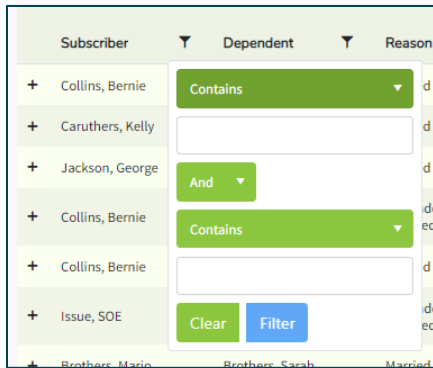
5. Enter the employees first or last name in the search field. Select 'Filter'.

6. Select the + symbol next to the employee's name.

7. Select the 'Verify' checkbox.

8. Select 'Verified' from the Verification Status drop-down.

9. Select the Document Type from the drop-down.

10. Select 'Submit changes'.

Special open enrollments

An employee may submit a Special Open Enrollment (SOE) when they experience a life event that allows a change to benefits. Valid SOE events are outlined in Policy 45-2, Addendum 45-2A.

Benefits administrators may also submit a special SOE for the employee, if a paper form is received.

Do not use the SOE to remove an ex-spouse or in the event of a death. See the Reporting a divorce or death section in this manual.

If dependents were added during a special open enrollment, in addition to verifying the special open enrollment event with proof of the event, the dependent must be verified. If the special open enrollment event is approved, go to the 'Dependent verification' tile to verify the dependents.

Submit an SOE on behalf of an employee

1. From the Admin dashboard, select the 'Manage Subscribers' tile.
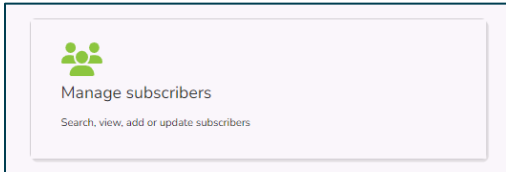
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.
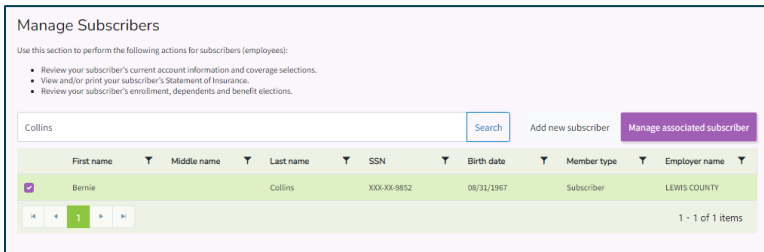
3. Select the checkbox next to the employee's name. Select 'Manage associated subscriber.'
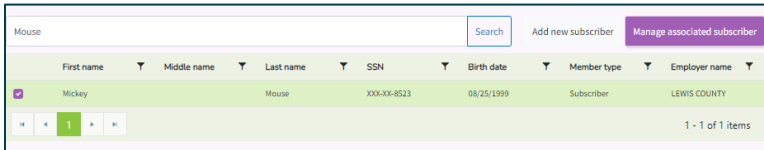
4. On the employee's dashboard select the 'Special Open Enrollment' tile.
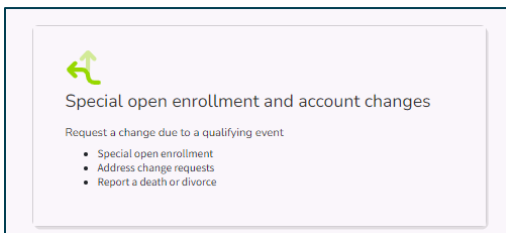
5. The top section lists the Special Open Enrollment Events. From the top section, select the SOE event from the drop-down list.

6. Enter the date of the event in the 'Event Date' field. Select 'Add new event'.

   Note: The 'Coverage Effective Date Override' is only used in a specific circumstance. The date override is to be used only when you receive a form from the employee and the special open enrollment event was not entered into the system timely.

   For example, the employee submits a form for a special open enrollment event on the last day of the month 6.30. The event is created the following month on 7.3. The effective date should have been the first of the following month, 7.1. Enter the coverage effective date of 7.1 in the override field.

   *This field is **not** to be used to change the effective date to a date prior to the receipt of the form.*

7. The wizard will look different depending on the event selected and the changes allowable under that event. The example used is adding a new adding a dependent. Select 'Yes'. Select 'Next'.

8. Enter the dependent's information. Select 'Let's add coverage to your dependent'.

9. Select the benefits in which to enroll the dependent. Select 'Next'.

10. Select 'Yes' or 'No' based on the employee's response to the tobacco attestation for the dependent. If the employee did not attest, select 'Yes'. 'Select 'Proceed to dependent review'.

Note: The attestation will not display if the dependent is under the age of 13.

11. Select 'Continue to the Spouse or state-registered domestic partner coverage surcharge attestation'.

Note: This option will only display if the dependent is a spouse or state registered domestic partner.

12. Review the enrollment information. Select 'Save and finish this dependent'.

13. Review the enrollment information. Select 'Let's upload eligibility documents for your dependent(s)'.

14. Upload dependent verification. Select 'Upload/confirm changes'.

If the employee provided paper copies it is not necessary to upload the documents. Dependent verification can be completed from the paper copies.

If the employee is adding an extended dependent the certification form and copy of the court document approved or denied by the program. Uploaded documents are visible to Outreach and Training.

If the employee is adding a dependent with disabilities, age 26 or older, the certification form must be sent based on instructions on the form. Dependent verification documents are required for the dependent with disabilities.

Select 'Proceed to elect coverage'.

15. If the employee has the option to change plans, select the medical plan. Select 'Next'.

    Note: This option will not display if the SOE does not allow a plan change.

16. If the employee has the option to change plans, select the dental plan. Select 'Next'.

    Note: This option will not display if the SOE does not allow a plan change.

17. Confirm the elections. Select 'Confirm and let's complete tobaccos attestation'.

18. Select 'Next'.

Tobacco use premium surcharge

The PEBB Program requires a $25 per account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in the PEBB Program Administrative Policy 91-1.

Note: Enrolled dependents ages 12 and younger are automatically defaulted to No. You do not need to attest when they turn age 13 unless they use, or begin using, tobacco products.

Additional information on surcharges

Next

19. If the employee has updated their tobacco attestation, select 'Yes' or 'No' based on the employee's response. Select 'Next'.

Tobacco use premium surcharge

Does the tobacco use premium surcharge apply to you?

○ Yes, I am subject to the $25 premium surcharge. I have used tobacco products in the past two months.

● No, I am not subject to the $25 premium surcharge. I have not used tobacco in the past two months or am enrolled in my medical plan's tobacco cessation program (if age 18 or older).

Previous   Next

20. Review the Legal notice. Select 'Next'.

Step 4 - Attestations

Legal notice

By selecting the Next button below:

- I declare that the information I have provided is true, complete, and correct If it isn't, or if I do not provide timely, updated information, I will owe surcharges to the PEBB Program.
- I declare that one (or more) of the attestation events requires an attestation change to the premium surcharges, and that I am reporting it within the PEBB Program's deadlines.
- I am replacing all PEBB Premium Surcharge Attestation Change forms, enrollment form attestations, and electronic attestations previously submitted.
- I understand that changes that result in a premium surcharge will begin the first day of the month after the status change. If that day is the first of the month, the change to the surcharge begins on that day.
- I understand that changes that result in removing the premium surcharge will begin the first day of the month after receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

Previous   Next

21. Select 'Confirm and let's review'.

22. Review the Summary of coverage elections. Select 'Next' to review page 2.

23. Select 'Next'.

24. Review the Legal Notice. Select 'Confirm'.

25. There are two options to choose from prior to submitting the request.

- Select 'Download elections' to provide a summary to the employee

- Sign the employee up for email delivery of the newsletters and general updates. Enter the employees email address, select the 'Sign-up' checkbox.

Select 'Submit Request' to send the SOE request to the SOE tile on the Admin dashboard for approval or denial.

26. The SOE shows in 'Pending' status with a reason of 'Waiting' for review'.
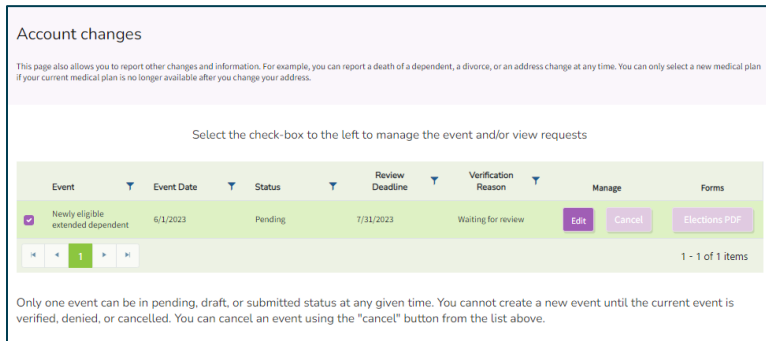
Update a Special Open Enrollment

Employees may make changes to their account as many times as they like within 60 days of the special open enrollment.

- The employee can continue to access the Special Open Enrollment (SOE) event within 60 days of the event date if the event is in draft and has not been submitted for approval.

- If the event has been submitted for approval, but has not been approved by the benefits administrator, the employee can delete the request and resubmit only if they are within 60 days of the date of the event. Or the benefits administrator can cancel the event if it has not been approved or denied. *Note: This could change the effective date of the enrollment, based on the date submitted.*

- If the employee wishes to make changes after the 60 days of eligibility, the employee may make changes only if they have another life event that creates a special open enrollment or during annual open enrollment. *Exception: Employees may attest to or update the tobacco surcharge and reduce or decline employee-paid LTD at any time.*

- If the employee submits a form requesting a change within 60 days of the date of the event or an error was made when a benefits administrator entered the original request, the benefits administrator can correct the SOE event within lower limit only if the event has not been approved.

1. From the Admin Dashboard, select the 'Special Enrollment Event Verification' tile.

2. Select the checkbox next to the name of the employee.

3. Select 'Click here to edit request'.

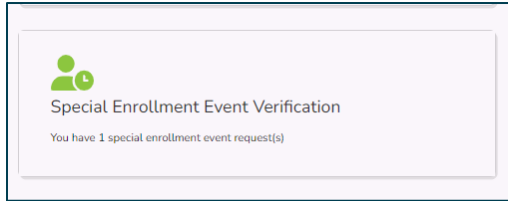4. Follow the wizard all the way through to make requested changes/corrections. Select 'Submit Request'.

5. Verify the SOE if valid proof of the event and valid dependent verification, if required has been submitted.

Approve or deny an SOE event

If the employee is adding an extended dependent or a disabled dependent, the PEBB Program must certify the dependent.

1. From the Admin dashboard, select the 'Special Open Enrollment Verification' tile.

2. Select the checkbox next to the employee's SOE event.

3. The event opens. Review the proof of the event. Verify it shows proof of what the employee is requesting to change. Valid proof is included in Policy 45-2, Addendum 45-2A.

- If the proof is valid, select 'Valid'. Select 'Verify' from the drop-down menu. Select the Document Type from the drop-down menu.

- If the proof is not valid or has not submitted, select 'Deny'. Select 'Denied' from the Verification status drop-down. Select the document type needed from the drop-down.

4. Select 'Submit changes'.

5. If dependents were added to the account, select the 'Dependent Verification' tile.

6. Verify the dependent if valid dependent verification documents have been submitted. See Dependent Verification for steps to verify a dependent. The dependent(s) will not be enrolled until verified.

Reporting a divorce or death

1. From the employee's dashboard, select the 'Special Open Enrollment' tile.
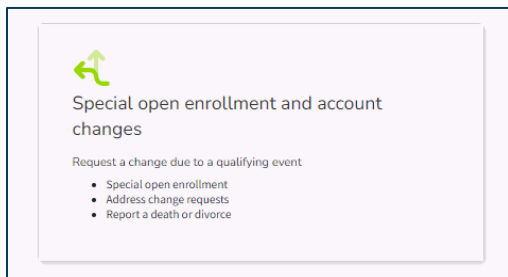
2. Based on the employee's situation, select 'Death or Divorce' from the second drop-down menu. Enter the date of the death or divorce. Select 'Add new event'

3. Select the checkbox for either 'Death' or 'Divorce'. Select 'Upload documents'.

4. Select 'Select files'. Upload valid proof of the event. Select 'Proceed to confirmation'.

    Note: It is not necessary to upload proof of the event if the employee submitted paper copies.

5. Review the Legal notice. Select 'Confirm'.

6. Select 'Yes' or 'No' as to whether the notification of the death or divorce is within 60 days of the event. Select 'Submit Request'.

Approve or deny a death or divorce

1. From the Admin dashboard select the 'Special Open Enrollment' tile.

2. Select the checkbox next to the employee's name.

3. Review the proof of the event. A copy of the death certificate to report a death or a copy of the petition for dissolution or final divorce papers to report a divorce.

   Note: Separation is not a valid reason to remove a spouse.

4. Verify or deny the event.

- If valid proof was submitted, select the 'Verify' checkbox. Select 'Verified' from the drop-down. Select the document type from the drop-down. The verification date will be prefilled with today's date.

   Select 'Yes' if the request was submitted within 60 days of the event.

   Select 'No' if the event was submitted after 60 days of the event.

   Select 'Submit changes'.

- If the proof was not valid or was not submitted, select 'Deny'. Select the verification status from the drop-down. Select the document type that was needed to approve from the drop-down.

   Notify the employee, in writing, that the event was denied and why. Include appeal rights.

   Select 'Submit changes'.

Print a Statement of Insurance

The Statement of Insurance shows the employee's current enrollment and elections, including dependents enrolled on the account. The Statement of Insurance does not show changes to the account that have not become effective.

Employees can log into Benefits 24/7 and print a 'Statement of Insurance at any time.

1. From the Admin dashboard, select the 'Manage subscribers' tile.
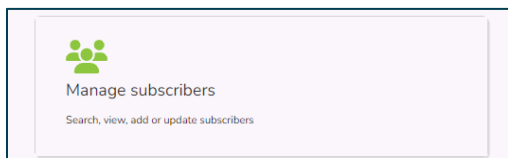
2. Enter the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.
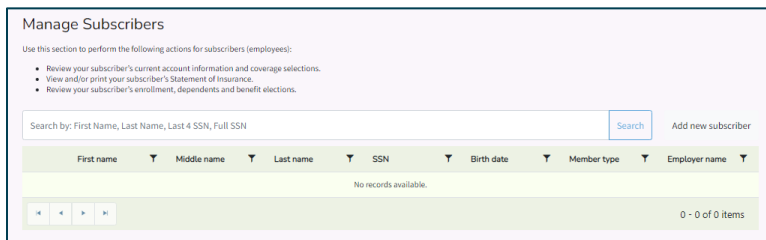
3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.
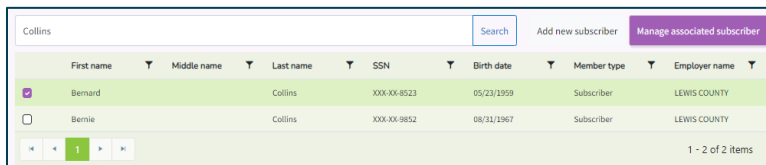
4. From the employee's Dashboard, select the 'Current Coverage' tile.
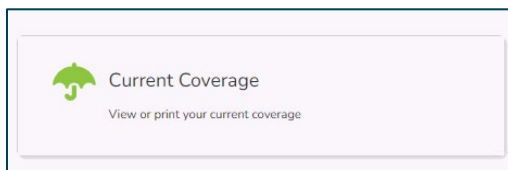
5. Select 'Statement of Insurance'. The statement will download.

6. Open the document. Select 'Save' on the PDF viewer.

Note: Changes made to an account will be included in the Statement of Insurance once they are effective.

7. Print or save the document for the employee.

Transfer an employee

An employee is a transfer when their benefits end at the end of one month and they begin with the new employer on the first day of the following month or the first working day of the following month.

When an employee transfers from one PEBB employer to another their elections remain the same. They cannot make plan changes unless the plan they are enrolled in is not available based on where they live or work. They cannot add or remove dependents.

Exception: Employees "transferring" from a Medical Only employer group to a full benefits employer group may elect dental, supplemental life insurance, and will be defaulted into basic life, employer-paid LTD, 60% employee-paid LTD. The employee may reduce or decline the employee-paid LTD.

Employees cannot be transferred between the PEBB Program and the SEBB Program.

Do not use the transfer option if you are not sure the employee is transferring. Terminate the employee instead. The gaining agency will claim the account and if the employee is a transfer, the system will continue the employees current elections.

Losing agency

1. From the Admin dashboard, select the 'Manage subscribers' tile.

   Manage subscribers
   Search, view, add or update subscribers

2. Enter the employees first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

   HEALTH CARE AUTHORITY
   Manage Subscribers
   Use this section to perform the following actions for subscribers (employees):
   - Review your subscriber's current account information and coverage selections.
   - View and/or print your subscriber's Statement of Insurance.
   - Review your subscriber's enrollment, dependents and benefit elections.

Search by: First Name, Last Name, Last 4 SSN, Full SSN			Search	Add new subscriber

First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
			No records available.			

   0 - 0 of 0 items

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

Collins			Search	Add new subscriber	Manage associated subscriber

	First name	Middle name	Last name	SSN	Birth date	Member type	Employer name
☑	Bernie		Collins	XXX-XX-9852	08/31/1967	Subscriber	LEWIS COUNTY

   1 - 1 of 1 items

4. Select the employee's 'Eligibility' tab.

5. Scroll down to the Termination/Transfer subscriber section. Select 'Transfer' from the drop-down menu. Enter the date of the last day of work with your organization.

   If you are not sure if this is a transfer, select 'Employment ending/ineligible position. Enter the date of the last day of work with your organization.

6. Select 'Submit changes'.

Gaining Agency

Note: The employee is considered a transfer if their first day of work with the gaining agency is the first day of the month or the first working day of the month following the termination of benefits.

1. From the Admin Dashboard select 'Manage Subscribers'.
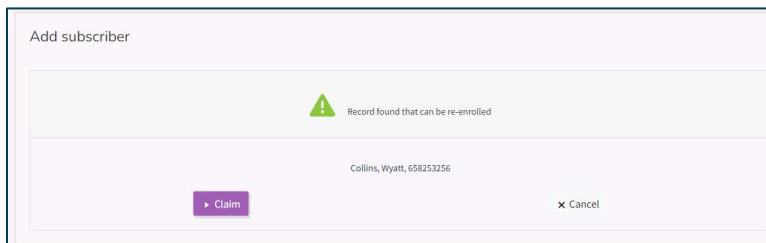
2. Select 'Add new subscriber'. Enter the employee's SSN or ITIN. Enter the date of eligibility. Select 'Next'.

Add subscriber

SSN*

Date of Eligibility*

mm/dd/yyyy

Next
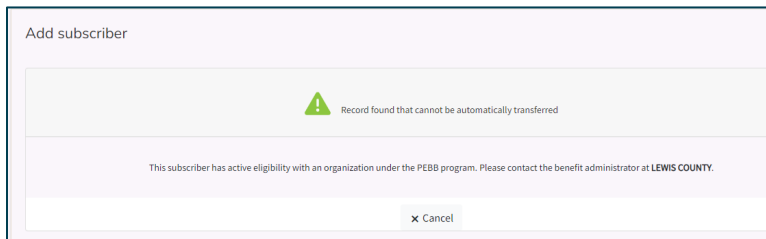
3. If the record has been transferred or terminated by the losing agency, claim the record.

Add subscriber

⚠ Record found that can be re-enrolled

Collins, Wyatt, 658253256

▶ Claim   ✕ Cancel

If the record has not been transferred or terminated, contact the losing agency to coordinate the transfer. Run the 'Statewide Benefits Administrator Contact List' report from the Reports tile in Benefits 24/7 to coordinate the transfer.

DO NOT enroll the employee under an incorrect SSN or ITIN. This will create a second record, cause a dual enrollment issue, billing issues, and require corrections to the account.

Add subscriber

⚠ Record found that cannot be automatically transferred

This subscriber has active eligibility with an organization under the PEBB program. Please contact the benefit administrator at **LEWIS COUNTY**.

✕ Cancel

4. Verify the information is correct on the 'Eligibility' tab. Correct information as needed.

5. Enter the hire date.

6. Select 'Submit'. Employees maintain their current elections. The employee may only make a plan change if their current plan is not available where they live or work. The employee may not add or remove dependents.

Terminate an employee

Note: Do not transfer an employee if you are not sure the employee is transferring. If in doubt, terminate the account instead. If it is a transfer the elections will remain the same.
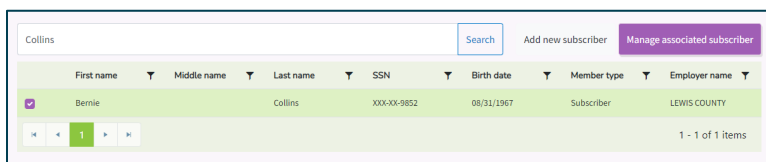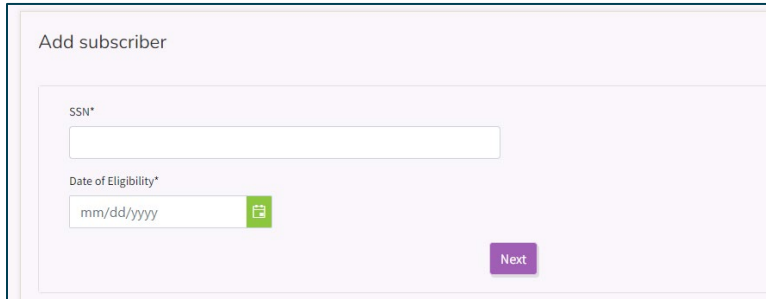
1. From the Admin dashboard select the 'Manage Subscribers' tile.
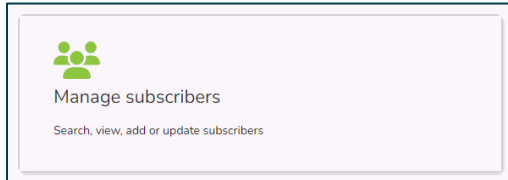
2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.
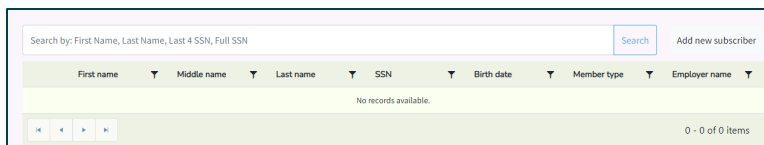
3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.
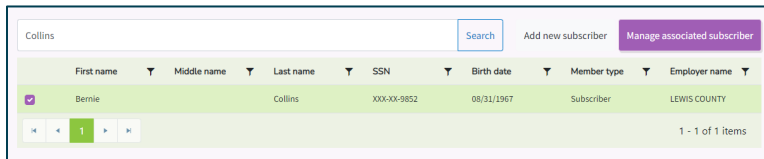
4. Select the employee's Eligibility tab.

5. Go to the 'Termination/Transfer subscriber' section. Select the reason for termination from the drop-down menu. Enter the date of the last day of work.

Terminate/Transfer subscriber:

Termination/Transfer Reason   Termination effective date *

Employment Ending/I ▼   05/31/2023

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

Submit changes

6. Select 'Submit changes'.

Reinstatement

If an employee is terminated in error, follow the steps below to reinstate the employee with no break in coverage.

1. From the Admin dashboard select the 'Manage subscribers' tile.

Manage subscribers

Search, view, add or update subscribers

2. Select 'Add new subscriber'.

Search by: First Name, Last Name, Last 4 SSN, Full SSN   Search   Add new subscriber   Manage associated subscriber

First name ▼ Middle name ▼ Last name ▼ SSN ▼ Birth date ▼ Member type ▼ Employer name ▼

No records available.

0 - 0 of 0 items
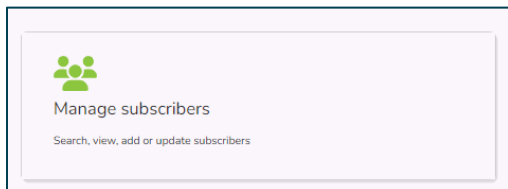
3. Enter the employee's SSN or ITIN. Enter the last day of the month the employee was terminated in error.

Add subscriber

SSN*

Date of Eligibility*

mm/dd/yyyy

Next

4. A message displays indicating the employee can be claimed. Select 'Claim'.

5. Select the 'Newly eligible member' reason from the drop-down. Enter the hire date.

6. Select 'Submit'. The employee's account is reinstated with no break in coverage.

Update employer-paid LTD

Employees may reduce or decline their employee-paid LTD at any time. Reenrollment or increasing LTD requires the employee to submit an Evidence of Insurability form to Standard for approval.

Update the employee-paid LTD on the employee's Supplemental coverage tile.

1. From the Admin dashboard select the 'Manage Subscribers' tile.
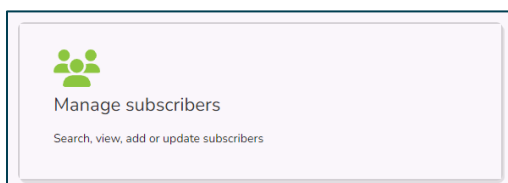
2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

4. Select the 'Supplemental coverage' tile.

5. Select 'Employee Paid (50% Buy Down Plan' or the 'Decline employee-paid LTD' option based on the form submitted.


6. Select 'Submit changes'.

Temporary LTD Premium Waiver

When an employee maintains eligibility while on approved leave, during the first 90 days of the approved leave, employee-paid LTD insurance is continued, but premiums are waived.
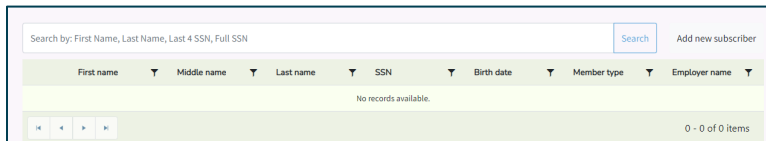
After 90 days, remove the waiver and start collecting the employee-paid LTD premiums.

Run the 'LTD 90 Day Waiver' report each month and update the account when the 90 day waiver expires.
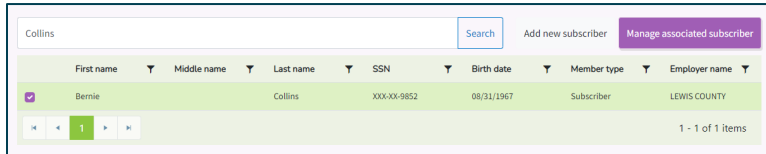
1. From the Admin dashboard select the 'Manage Subscribers' tile.
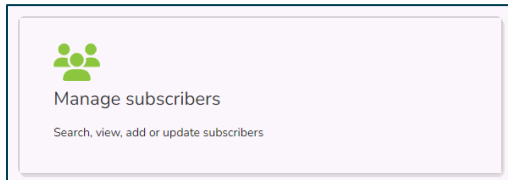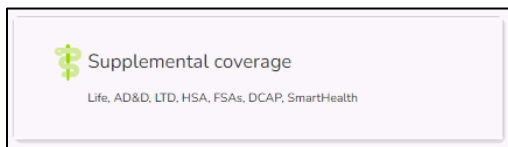

2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the name of the employee. Select 'Manage associated subscriber'.

4. Select the 'Supplemental coverage' tile.

5. Select 'Temporary Waiver'.

Employee-paid long-term disability (LTD) insurance

The SEBB Program offers employer-paid and employee-paid LTD insurance.

LTD insurance protects a portion of your salary if you are unable to work due to serious injury or illness. When you enroll in LTD coverage, it pays you a percentage of your monthly predisability earnings if you become disabled.

To learn more about LTD benefits, visit the Long-term disability webpage.

Employer-paid LTD insurance
You are automatically enrolled in employer-paid LTD insurance, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health).

- Benefit: 60 percent of the first $667 of your predisability earnings.
- Minimum: $100 or 10 percent of the LTD benefit before deductible income (whichever is greater)
- Maximum: $400 per month

Employer-paid LTD is included in your benefits at no cost to you.

Employee-paid LTD
You are automatically enrolled in a plan that covers up to 60 percent of the first $16,667 of your monthly predisability earnings. You do not need evidence of insurability. The minimum benefit is $100. The maximum benefit is $10,000 per month for the 60-percent coverage and $8,333 per month for the 50-percent coverage.

At any time, you can reduce to a lower-cost 50-percent coverage level or decline the employee-paid coverage.

If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

An increase in coverage takes effect the first day of the month following the date evidence of insurability is approved.

Employee-paid LTD cost
These rates are based on the employee's age on January 1, of the current year.

To use the monthly premium calculator, visit The Standard's Calculator Tool. You can also view employee-paid LTD premiums.

Select your LTD coverage
- ● Employee Paid (60% Default Plan)
- ○ Employee Paid (50% Buy Down Plan)
- ○ Decline employee-Paid LTD
- ○ Temporary Waiver

[Submit Changes]

6. Select 'Submit changes'.

7. Run the 'LTD 90 Day Waiver' report each month and update the account when the 90 days waiver expires. See the 'Update employer-paid LTD' section of this manual.

Update an account

Update employee salary

State Agencies utilizing HRMS – *Salary information will be updated through the GAP 9 file.*

Higher Education Institutions – *If you are not using Benefits 24/7 for LTD, you do not need to update salaries.*

Medical Only Groups – *You do not need to update salaries in Benefits 24/7.*

Salary information must be kept up to date to ensure the LTD premiums are correctly calculated for the employee. Salaries should be updated immediately in Benefits 24/7 when there is a change to ensure the LTD premiums are correctly calculated and employees do not owe back premiums.
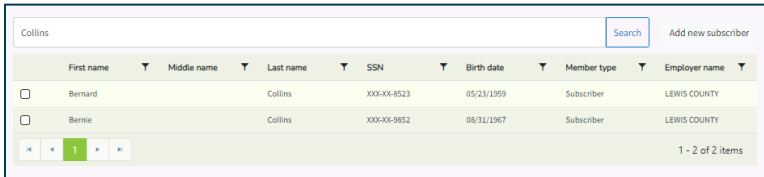
If the salary change has a retroactive date, contact Outreach and Training through HCA Support. Retroactive premiums for LTD must be manually calculated by HCA. Collecting incorrect premiums will affect an employee's claim.

1. Select the 'Manage subscribers' tile.
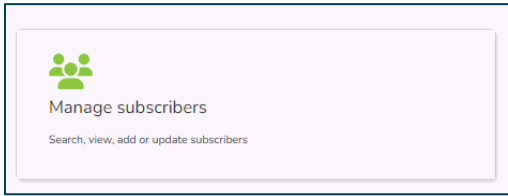
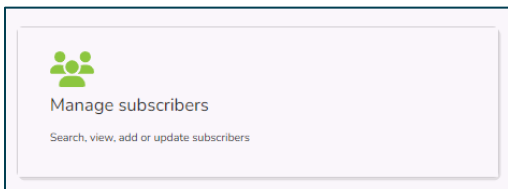2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of SSN. Select 'Search'.

3. Select the 'Eligibility' tab. Update the 'Employee monthly gross salary'.

4. Select 'Submit'.

Update tobacco attestation

1. From the Admin dashboard select the 'Manage subscribers' tile.

2. Enter the employee's first name, last name, SSN or ITIN, or last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the employee. Select 'Manage associated subscriber'.

4. From the employee's dashboard, select the 'Tobacco Attestations' tile.

5. Go to the 'Select the member to update' section.

6. Change the attestation from 'Yes' to 'No' or from 'No' to 'Yes'. Enter the effective date of the change. Select 'Next'.

7. Review the Legal Notice.

8. Select 'Submit and return to dashboard'.

Update a social security number

The following organizations update employee SSN, ITIN or ATIN in your payroll system.

State Agencies utilizing HRMS – the updates will be transferred to Benefits 24/7 by the daily GAP 9 interface.

Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – A file feed will update the SSN.
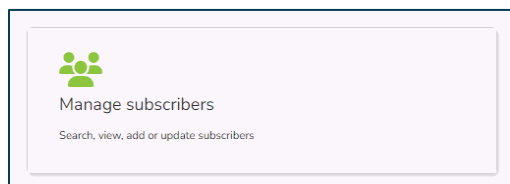
University of Washington – SSNs will be updated through a daily file from Workday. UW employees will not have access to Benefits 24/7.

Every effort should be made to enter a valid Social Security number (SSN) at the time of enrollment.

Note: It is very important to promptly key accurate SSNs (or other applicable ITIN (Individual Taxpayer Identification Number) or ATIN (Adoption Taxpayer Identification Number)) for employees and dependents. SSNs, ITIN, or ATIN must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant employer penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

If it is not possible to do at that time or the number is entered incorrectly, the record may be updated later. Employees cannot update their own SSN or their dependent's SSN in Benefits 24/7.

1. From the Administrator's Dashboard select the 'Manage Subscribers' tile.

2. Enter the first name, last name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.

3. Select the checkbox next to the employee's name. Select 'Manage associated subscriber'.

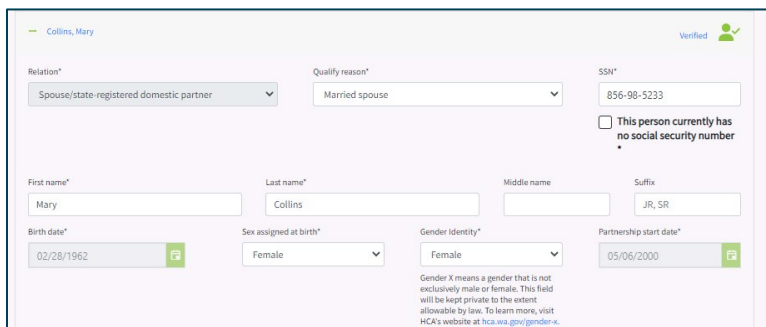# Update employee's SSN

1. Select the 'Eligibility' tab.

2. Make the change to the SSN or ITIN.

3. Select 'Submit'.

Update dependent's SSN

1. Select the 'Manage dependents' tab on the employee's dashboard.

2. Select the + next to the dependent's name.
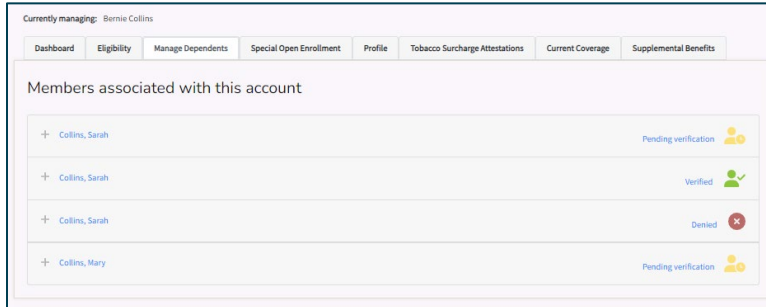
3. Update the dependents SSN, ITIN (Individual Taxpayer Identification Number), or ATIN (Adoption Taxpayer Identification Number). If the 'This person currently has no social security number' checkbox is selected, uncheck the box prior to entering the SSN, ITIN, or ATIN.

4. Select 'Submit Changes'.

Update address, phone number, or email

The following organizations update employee addresses in your payroll system.

State Agencies utilizing HRMS – the updates will be transferred to Benefits 24/7 by the daily GAP 9 interface.

Community and Technical Colleges, Western Washington University, Central Washington University, The Evergreen State College, and King County Housing Authority – The file feed will update the information.

University of Washington – The information will be updated through a daily file from Workday. UW employees will not have access to Benefits 24/7.

Employees can update their email address and phone numbers in Benefits 24/7.

Employees cannot update their address(es). The employee must submit the address change to their benefits administrator to be updated in Benefits 24/7. This will ensure the employee's address is corrected in both the payroll system and in Benefits 24/7.
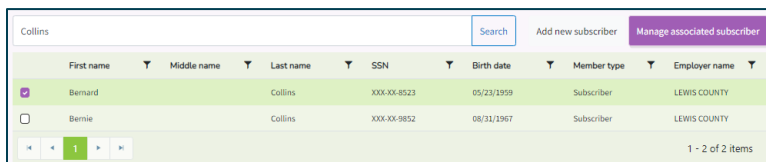
1. From the Administrator's Dashboard select the 'Manage Subscribers' tile.
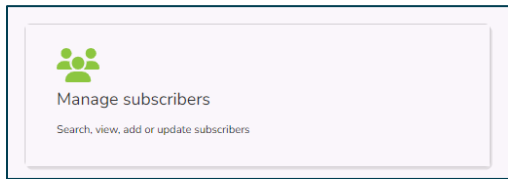
2. Enter the first Name, last Name, SSN or ITIN, or the last 4 of the SSN. Select 'Search'.
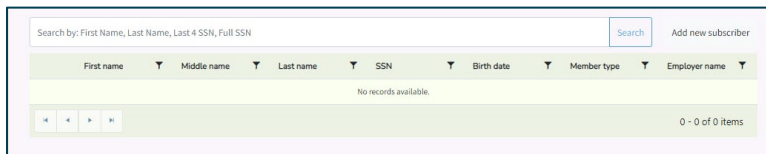
3. Select the checkbox next to the employee's name. Select 'Manage associated subscriber'.

Update employee

1. Select the 'Eligibility' tab.

2. **Phone number and email** – Select the + symbol next to 'Contact information'. Enter/update the email address and phone numbers. If the employee would like to opt in to email notification select the 'Opt in' checkbox. If the employee would like to opt out of email notifications deselect the 'Opt out' checkbox.

Residential and mailing address – Select the + symbol next to the Residential address or Mailing address. Enter the new address.

3. When all updates are complete, select 'Submit'.

Update dependent

1. Select the 'Manage dependents' tab.

2. If the dependent currently has the same address as the employee, the 'Residential address' checkbox will be selected. To add a different address, uncheck the checkbox.

   Enter the dependent's address.

   If the address is changing to match the employee's address, enter the employee's current address.

3. Select 'Submit Changes'.