## Table of Contents

Introduction .................................................................................................................................................. 3  
Resources.................................................................................................................................................. 3  
Create your user account.............................................................................................................................. 4  
The first step – Create a SAW account...................................................................................................... 4  
Add SEBB My Account to an existing SAW account...................................................................................... 9  
SEBB subscriber dashboard.........................................................................................................................11  
  Overview of tiles .....................................................................................................................................11  
  Manage dependents ........................................................................................................................... 11  
  Special open enrollment ..................................................................................................................... 12  
  Document upload ............................................................................................................................... 12  
  Supplemental coverage ...................................................................................................................... 12  
  Coverage elections.............................................................................................................................. 12  
  Profile .................................................................................................................................................. 12  
  Premium surcharge attestations........................................................................................................... 12  
  Coverage Summary ............................................................................................................................. 13  
  Menu bar.................................................................................................................................................13  
Enroll in the SEBB Program benefits ...........................................................................................................14  
  Enrolling when newly eligible or during the first annual open enrollment............................................14  
  Add dependents...................................................................................................................................... 14  
    Extended dependents ......................................................................................................................... 18  
    Dependent with a disability added during the SEBB Program’s first annual open enrollment (10/1/2019-11/15/2019) .................................................................................................................... 18  
  Dependent with disability.......................................................................................................................20  
  Dependent verification ........................................................................................................................... 20  
  Premium surcharge attestations ............................................................................................................ 22  
    Tobacco use premium surcharge attestation ..................................................................................... 22  
    Spouse or state-registered domestic partner coverage premium surcharge.....................................23  
Supplemental coverage ..............................................................................................................................26  
Coverage elections........................................................................................................................................28  
Update your account ..................................................................................................................................33
Dependent’s Social Security number ........................................................................................................ 33
Update your contact information ........................................................................................................... 35
Update your tobacco use premium surcharge attestation ................................................................. 36
Email subscription ............................................................................................................................. 37
  Subscribe ................................................................................................................................. 38
  Unsubscribe .......................................................................................................................... 38
Make changes to your account .......................................................................................................... 39
  Annual open enrollment ........................................................................................................... 39
  Special Open Enrollment .......................................................................................................... 39
Change plans and add/remove dependents ....................................................................................... 41
  Add/remove dependents ....................................................................................................... 43
Introduction

The purpose of this user guide is to provide guidance in navigating the SEBB My Account screens, enrolling in benefits, and uploading required documentation. SEBB My Account will be available beginning October 1, 2019.

Resources

There are many resources to help you make decisions about benefits for you and your dependents:

- SEBB website
- Employee Enrollment Guide sent to your home
- In person benefits fairs
- Virtual benefits fair – online benefits fair. Visit the plans’ ‘booths’ at your leisure.
- Alex – online benefits comparison tool
- Benefits administrators at your district

In addition, a contact center will be available for the initial open enrollment to help answer your questions about SEBB My Account login and enrollment. The contact center staff will be available to help you during the following times:

- September 23 through 30: Monday to Friday 8 am to 5 pm (benefits administrators only)
- October 1 through November 15: Monday to Friday 1 am to 9 pm, Saturdays 10 am to 4 pm

The contact center phone number is: 855-648-3100.
Create your user account

You can access SEBB My Account on your PC, tablet, and your smartphone.

The preferred browser to access SEBB My Account is Google Chrome. Other browsers such as Internet Explorer, Edge, Firefox, and Safari may also be used.

**Security** – SEBB My Account uses Secure Access Washington (SAW) single factor authentication (SFA). The recommendation is to use your personal email when creating your account. That will allow you to continue to use your log in should you move to a different district.

**The first step – Create a SAW account**

The following steps are necessary before you can log into SEBB My Account for the first time (if you do not already have a SAW account).

If you already have a SAW account that you would like to use, skip to ‘Add SEBB My Account to an existing SAW account and ongoing login’ section of this manual.

1. Open SEBB My Account from the link on the SEBB website. Click the SEBB My Account button. Click ‘Log into SEBB My Account’ under ‘Employee/Subscriber login’.
2. Secure Access Washington (SAW) opens. To create your User ID and Password, Click the ‘Sign Up’ button. (Note: The SAW screen will be green, not orange in SEBB My Account).

3. Enter your first name, last name, email address. Create a username and password. Confirm your password. Check the ‘I’m not a robot’ checkbox.
4. Click ‘Submit’. An email is sent to your account with a link to activate your account.

5. Open the email from Secure Access, click the link in the email to activate your account. A message displays indicating your account has been activated.

6. Close the browser window with the ‘Account Activated’ message. Return to the original browser window (The browser that has the ‘Check your Email’ message).

**TIPS**

DO NOT attempt to log in to this new browser window. Close the new browser window and log into the first Secure Access Washington window you were sent to from SEBB My Account. If you have closed that window, open a new browser window, then open SEBB My Account.
7. Close the “Check your Email” message by clicking on the ‘X’ in the upper right-hand corner of the message. Enter your User Name and Password. Click ‘Submit’.

8. To claim your account, enter your last name, date of birth, and the last 4 digits of your Social Security number. Click ‘Verify my information’.
9. Select three security questions and enter the answers.

10. Click ‘Claim this account & go to dashboard’. The Dashboard opens.
Add SEBB My Account to an existing SAW account

Follow these instructions if you currently have a SAW account you would like to associate with SEBB My Account.

1. Open SEBB My Account from the link on the SEBB website. Click the SEBB My Account button. Click ‘Log into SEBB My Account’ under ‘Employee/Subscriber login’.

3. To claim your account, enter your last name, date of birth, and the last 4 digits of your Social Security number. Click ‘Verify my information’. Verification is only required the first time you log in.

4. Select three security questions and enter the answers. Verification is only required the first time you log in.
5. Click ‘Claim this account & go to dashboard’. The Dashboard opens.

SEBB subscriber dashboard

Enrollment must be completed in a specific order, please follow the enrollment instructions in this manual.

Overview of tiles

This is an overview of the tiles on your dashboard.

Manage dependents

Use this tile to:

- Add eligible dependents to your account
- Remove dependents from your account
- Change dependents’ plan enrollment
Special open enrollment

Use this tile to request a change outside of the first annual open enrollment, based on a life event (qualifying event) that allows a change (e.g., birth of a child)

An explanation of special open enrollment events and what is an allowable change to your account, based on the event, is available in SEBB Administrative Policy 45-2, Addendum 45-2A.

Your change request, proof of the event, and dependent verification documentation, if adding a dependent must be received no later than sixty days after the event occurs. In most cases, the change will be effective the first of the month following the date you submit the request.

Once submitted, the request will be sent to your benefits administrator for approval or denial.

Document upload

Use this tile to upload your dependent verification documents and proof of a special open enrollment event.

Supplemental coverage

Use this tile to enroll in supplemental long-term disability insurance, link to the MetLife portal to enroll in supplemental life insurance for you and your dependents, link to Health Equity to learn more about enrolling in a high deductible health plan with a Health Savings Account (HSA), link to the Navia Benefit Solutions website to enroll in a Medical Flexible Spending Arrangement (FSA) and/or the Dependent Care Assistance Program (DCAP), and link to the SmartHealth website to participate in the wellness program.

Coverage elections

Use this tile to select your medical, vision, and dental plans, waive your medical if you have other employer-sponsored coverage, TRICARE, or Medicare, and enroll your dependents in any combination of medical, vision, and dental coverage.

Profile

Use this tile to enter or update your email address, cell phone number, home phone number, and work phone number.

Address changes must be submitted to your payroll or benefits office.

Premium surcharge attestations

Use this tile to attest to the tobacco use premium surcharge and the spouse or state-registered domestic partner coverage premium surcharge.

Tobacco use premium surcharge – You will be charged a $25 per-account tobacco use premium surcharge in addition to your monthly premium if you or any enrolled dependent (age 13 or older) uses tobacco products. You do not have to pay this surcharge if you attest that:
- Neither you nor any of your enrolled dependents use tobacco products.

- You and your enrolled dependents who are tobacco users age 18 and older are enrolled in your medical plan’s tobacco cessation program. Tobacco users age 13 to 17 are considered enrolled in a tobacco program if they access information and resources in Smokefree Teen.

Enrolled dependents age 12 and younger are automatically defaulted to nontobacco users.

For more information about the tobacco use premium surcharge, visit the Tobacco use surcharge page.

**Spouse or state-registered domestic partner coverage premium surcharge** – You will be charged a $50 surcharge in addition to your monthly medical premium if you enroll a spouse or state-registered domestic partner on your SEBB medical plan, and they have elected not to enroll in their employer-based group medical insurance that is comparable to the PEBB Program’s Uniform Medical Plan (UMP) Classic.

There are premium surcharge questions to help you determine if you are required to pay the spouse or state-registered domestic partner coverage premium surcharge.

For more information about the spouse and state-registered coverage premium surcharge, visit the, Spousal coverage surcharge page.

**Coverage Summary**

Use this tile to review your current account information and coverage selections, view or print a Statement of Insurance, subscribe or unsubscribe from email notifications, and during open enrollment review and change your elections.

**Menu bar**

The blue menu bar at the top of the page offers you the same options as the tiles. This is just another way to navigate through SEBB My Account.
Enroll in the SEBB Program benefits

Best practice – follow the steps in the order listed in this section. If you are not adding dependents, it is okay to skip steps 1 and 2, ‘Add or remove dependents’ and ‘Submit dependent documentation’ and go right to step 3, ‘Make attestations’.

Enrolling when newly eligible or during the first annual open enrollment

1. Log into SEBB My Account.

Add dependents

Eligible dependents include:

- Legal Spouse. Former spouses are not eligible upon finalization of a divorce or annulment.

- State-registered domestic partner, as defined in RCW 26.60.020(1) and substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090. Former state-registered domestic partners are not eligible upon dissolution or termination of a partnership.

- Children through the last day of the month of their 26th birthday.
  - Children based on establishment of a parent-child relationship as described in RCW 26.26.101, unless parental rights have been terminated.
- Stepchildren (not legally adopted). Children of the spouse or state-registered domestic partner. The stepchild’s relationship ends on the same date of the divorce, annulment, dissolution, termination, or death.
- Children for whom the subscriber has assumed legal obligation for total or partial support in anticipation of adoption.
- Children specified in a court order or divorce decree for whom the subscriber has a legal obligation to provide health coverage.
- Children with a developmental or physical disability that renders the child incapable of self-sustaining employment and is chiefly dependent on subscriber for support. The disability must occur prior to age 26. Certification by The SEBB Program is required once the child turns 26 years of age.
- Children in legal custody or legal guardianship of the subscriber or the subscriber’s spouse or state-registered domestic partner (Extended Dependent). This does not include foster children unless the employee, employee’s spouse or state-registered domestic partner has assumed legal obligation for total or partial support in anticipation of adoption. Certification is required by The SEBB Program.

2. If you’re adding dependents, click the ‘Manage dependents’ tile.
3. Click ‘Add dependents’. A line is added. Click the ‘+’ next to ‘New’.

![Dependent form](image)

Do not include special characters or accent marks in a name. For example, enter O'Hara instead of O’Hara.

4. Enter your dependents’ Last name, First name, Middle name (optional), and Social Security number (SSN). If you do not have your dependent’s SSN, select the ‘This person currently has no Social Security number’ checkbox. The system will assign a temporary SSN.

**Note:** It is very important to promptly enter accurate SSNs (or other applicable TINs) for dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095. IRS can assess significant penalties if SSNs are inaccurate or missing from forms provided to employees or filed with IRS (Internal Revenue Code 6721 and 6722).

5. If the dependent’s name includes a suffix, enter the suffix.

6. Enter the date of birth and the birth sex. The choices include ‘Male’ or ‘Female.’

7. If the dependent’s address is different than yours, uncheck the ‘Residential Address is the same as subscriber’ checkbox. If the address is the same, go to step 9.

8. Enter the address including the county if the dependent lives in Washington. Use USPS punctuation standards.

- **Foreign addresses** – In the State field enter ‘ZZ’ if the address is outside the US and Canada. For a Canadian address, enter the Canadian Province code. See the chart below.
Canadian Province Codes:

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Province</th>
<th>Abbreviation</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>AB</td>
<td>Alberta</td>
<td>NU</td>
<td>Nunavut</td>
</tr>
<tr>
<td>BC</td>
<td>British Columbia</td>
<td>ON</td>
<td>Ontario</td>
</tr>
<tr>
<td>MB</td>
<td>Manitoba</td>
<td>PE</td>
<td>Prince Edward Island</td>
</tr>
<tr>
<td>NB</td>
<td>New Brunswick</td>
<td>QC</td>
<td>Quebec</td>
</tr>
<tr>
<td>NL</td>
<td>Newfoundland and Labrador</td>
<td>SK</td>
<td>Saskatchewan</td>
</tr>
<tr>
<td>NT</td>
<td>Northwest Territories</td>
<td>YT</td>
<td>Yukon</td>
</tr>
<tr>
<td>NS</td>
<td>Nova Scotia</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Military addresses** – In the state field enter the appropriate military state code. See chart below.

**Military State Codes:**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Military code</th>
</tr>
</thead>
<tbody>
<tr>
<td>AA</td>
<td>Armed Forces (the Americas)</td>
</tr>
<tr>
<td>AE</td>
<td>Armed Forces Europe</td>
</tr>
<tr>
<td>AP</td>
<td>Armed Forces Pacific</td>
</tr>
</tbody>
</table>

9. From the ‘Relation to subscriber’ drop-down, select the relationship. The choices include:
- Child
- Extended dependent
- Spouse/state-registered domestic partner
- Step child (not adopted)

10. From the ‘Qualifying reason’ drop-down, select the reason. The choices include:
- Dependent (not disabled or extended)
- Disabled child
- Extended child
- Married spouse
- State-registered domestic partner

11. If adding a spouse or state-registered domestic partner, enter the marriage or partnership registration date in the ‘Partnership start date’.
12. Click ‘Submit changes’. A message displays indicating proof of the dependents’ eligibility is required.

You must provide proof of this dependent’s eligibility within the SEBB Program’s enrollment timelines or your dependent will not be enrolled. See SEBB Eligibility and Enrollment guidelines.

Submit changes Cancel

13. Click ‘Submit changes’ again. The dependent’s information will collapse with just the name and an indication the dependent is pending verification.

14. Repeat the above steps for each dependent.

**Extended dependents**

If you’re adding an extended dependent, you must include the *Extended Dependent Certification* form and a copy of the court order when you upload dependent verification documents. The SEBB Program will review and make a determination to approve or deny the dependent.

**Dependent with a disability added during the SEBB Program’s first annual open enrollment (October 1 through November 15, 2019)**

The process for adding a dependent with disabilities will be a little different during this initial annual open enrollment. Find the section (A, B, or C) that best fits your situation and follow the appropriate steps.

**A. Employee and certified dependent with disability are currently enrolled in the Public Employees Benefits Board (PEBB) Program coverage**

If you are a currently enrolled member of the PEBB Program and your dependent with disabilities has been certified by the PEBB Program, the certification will be migrated into the SEBB My Account. Nothing further will be required until the next certification period.

*Follow steps 1, 2, 3, 5, and 6 under the Dependent with disability section of this manual.*

*Note: The child must be enrolled on to the employee’s new SEBB health plan. This process does not replace the need to request that the dependent be added to the employee’s benefits.*
B. **Employee and certified dependent with disability are currently enrolled in your SEBB Organization’s health plan**

If you are a currently enrolled member and your certified dependent with disability is also currently enrolled in the SEBB organization’s current health plan, the SEBB organization payroll or benefits office is authorized to attest to the dependent child’s disability status based on eligibility as a dependent child, age 26 or older, with a disability.

The attestation may be based on the following:

- Existing school district, charter school, or educational service district enrollment record, finding the dependent child eligible, age 26 or older, based on disability; OR

- Visual verification of a document from the school district’s, charter school’s, or educational service district’s current health plan showing the child as currently enrolled and finding the dependent child eligible at age 26 or older based on disability; OR

- May submit an attestation no later than December 31, 2019 for a child with a disability who will turn age 26 between October 1, 2019 and December 31, 2019, and obtain disability status with their current plan, the SEBB organization can continue and attest through December 31, 2019.

*Follow steps 1, 2, 3, 5, and 6 under the Dependent with disability section of this manual.*

C. **Employee’s dependent with disabilities is not currently enrolled in a PEBB Program health plan or the SEBB Organizations coverage or is unable to obtain an attestation from the SEBB Organization**

If you are not currently enrolled in a PEBB Program health plan or a SEBB organization health plan or you are unable to obtain an attestation from the SEBB organization, enroll yourself and your dependent using the dependent with disabilities process.

Examples include:

- The child was not previously enrolled under a SEBB organization’s group health plan; OR

- The child was previously denied by a school district health plan; OR

- The child will attain the age of 26 after January 1, 2020

*Follow all steps under the Dependent with disability section of this manual.*

D. **Employee’s dependent with disabilities turns 26 on or after January 1, 2020.**

If your child will turn age 26 on or after January 1, 2020, follow the Dependent with disability process to enroll the child in the SEBB Program benefits.
Dependent with disability

During this first annual open enrollment period, please review the instructions in the Dependent with a disability during the SEBB Program’s first annual open enrollment section of this manual to determine the process prior to entering the dependent in SEBB My Account.

If you are adding a dependent with disabilities, age 26 or older, you must submit the Certification of Dependent with a Disability form and dependent verification document.

1. Follow the ‘Add Dependent’ section of this manual.
2. From the ‘Relationship to subscriber’ drop down, select ‘Child’ or ‘Step child’, as appropriate.
3. From the ‘Qualifying reason’ drop down, select ‘Disabled child’.
4. Send the Certification of Dependent with Disabilities form to the carrier or the SEBB Program, as directed on the form.
5. Click on ‘Upload verification documents’ to add dependent verification document(s) to the account.
6. ‘Submit changes’.
7. The SEBB Program will review the documents and approve or deny the dependent.
8. The SEBB Program will notify the employer and the employee of the approval or denial.

Dependent verification

You must provide verification documents when you add dependents to your medical, dental, and/or vision coverage. The verification documents must be received within the required deadline for 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

Valid dependent verification documents are outlined in SEBB Administrative Policy 31-1. If you have any questions as to what is acceptable dependent verification, contact payroll or benefits office.

The dependent is not enrolled until the verification process has been completed and the dependent is approved for enrollment.

**Note:** The HCA auditors will conduct auditing review of dependent verification. Approvals or denials may change based on their determination.
1. Click ‘Document upload’ on the blue menu bar or click ‘Submit dependent documentation’ in the steps.

2. Click ‘Select files…’ Note: The document format must be a PDF, JPG, JPEG, or PNG file.

3. Select the document. Click ‘Open’.

4. Select the ‘Document type’ from the drop-down.
5. Select the checkbox next to the dependent(s) the document is associated with. One document may verify more than one dependent, for instance, a tax return that includes all dependent’s names.

6. Repeat the steps for each dependent verification document.

7. Click ‘Upload documents’.

8. Click ‘OK’ to confirm the document upload.

**Premium surcharge attestations**

**Tobacco use premium surcharge attestation**

You must attest to whether you and all dependents you are enrolling under your coverage have used tobacco products within the last two months.

You do not have to pay this surcharge if you attest that:

- Neither you nor any of your enrolled dependents use tobacco products.

- You and your dependents who are tobacco users age 18 and older are enrolled in your medical plan’s tobacco cessation program. Tobacco users age 13 to 17 are considered enrolled in a tobacco program if they access information and resources in Smokefree Teen.

You may attest at any time. However, if you do not attest to the tobacco use for yourself and each dependent age 13 and older you’re enrolling under your coverage, you will be charged a $25 per-account tobacco use premium surcharge in addition to your monthly medical premiums.
The default for you and your dependents age 13 and older is ‘Yes’. The default for children 12 and younger is ‘No’.

For more information about the tobacco use premium surcharge, visit the Tobacco use surcharge page.

1. Click ‘Premium surcharge attestations’ in the blue menu bar or click ‘Make attestations’ in the next step.

   ![Premium surcharge attestations](image)

2. Select ‘Yes’ or ‘No’ for yourself and each dependent age 13 or older. Or, select the ‘All Yes?’ checkbox if everyone uses tobacco products or the ‘All No’ check box if no one has used tobacco products in the past 2 months.

3. If you selected ‘Yes’ for anyone, enter the date tobacco use started.

4. If you have not enrolled a spouse or state-registered domestic partner, scroll down to the bottom of the page and click ‘Continue’.

   If you enrolled a spouse or state-registered domestic partner, continue with the next section.

**Spouse or state-registered domestic partner coverage premium surcharge**

You need to attest to this surcharge if you are enrolling your spouse or state-registered domestic partner on your SEBB medical coverage.

A $50 premium surcharge will be charged, in addition to your monthly medical plan premium, if you have a spouse or state-registered domestic partner enrolled on your SEBB medical coverage and they have elected not to enroll in their employer-based group medical insurance that is comparable to the PEBB Program’s Uniform Medical Plan (UMP) Classic. The comparison must be to the Public Employee’s Benefits Board (PEBB) Program’s UMP Classic, even if you are not enrolled in that plan.
If you have a spouse or state-registered domestic partner enrolled on your SEBB Program medical account and you do not attest, you will be charged the $50 premium surcharge in addition to your monthly medical plan premium.

For more information about the spouse and state-registered domestic partner coverage premium surcharge, visit the [Spousal coverage surcharge](#) page.

1. Answer the 6 questions. If you enrolled your spouse or state-registered domestic partner, the answer to the first question is ‘Yes’.

   ![Spousal coverage surcharge page](image)

   **Spousal or state-registered domestic partner coverage premium surcharge**

   *Learn about the surcharge before you change your attestation.*

   1. Are you covering your spouse or state-registered domestic partner in a School Employees Benefits Board (SEBB) medical plan under your account in 2020?
      - Yes
      - No
   2. Will your spouse or state-registered domestic partner be eligible for medical coverage through their employer in 2020? (If your spouse or state-registered domestic partner will not be employed in 2020, answer NO.)
      - Yes
      - No
   3. Will your spouse’s or state-registered domestic partner’s employer offer at least one medical plan that serves their county of residence in 2020?
      - Yes
      - No
   4. Have your spouse or state-registered domestic partner elected to enroll in their employer’s medical plan (including SEBB coverage) in 2020?
      - Yes
      - No
   5. Will the coverage offered by your spouse’s or state-registered domestic partner’s employer in 2020 be through the SEBB Program or TRICARE?
      - Yes if your spouse’s or state-registered domestic partner’s employer offers SEBB coverage or TRICARE.
      - No if your spouse’s or state-registered domestic partner’s employer offers TRICARE.
   6. Will your spouse’s or state-registered domestic partner’s share of the medical premium through their employer be less than $111.16 per month in 2020?
      - Yes
      - No

   You may have to pay the spouse or state-registered domestic partner coverage surcharge in 2020. [Go to the 2020 spouse plan calculator](#) to determine.

   After completing the 2020 spouse plan calculator, did the calculator indicate the spouse or state-registered domestic partner coverage surcharge applies to you in 2020?
   - Yes, I will pay the $50 per month spouse or state-registered domestic partner coverage surcharge in 2020.
   - No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2020.

   **LEGAL NOTICE**

   By selecting the Continue button below:
   - I declare that the information I have provided is true, complete, and correct and if it isn't, or if I do not provide timely, updated information, I will owe surcharges to the SEBB Program.
   - I am replacing all Premium Surcharge Attestation forms, Premium Surcharge Change forms, and electronic surcharge attestations previously submitted.
   - A change that results in a premium surcharge will begin the first day of the month following the status change (the date the family member started using tobacco products). If that day is the first of the month, the change to the surcharge begins on that day, but no earlier than Jan 1, 2020.
   - A change that results in removing the premium surcharge (family member stopped using tobacco products or enrolled in your SEBB Program’s tobacco cessation program) will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.
   - If I pay my monthly premiums by preauthorized deduction or Electronic Debit Service, I authorize the Department of Retirement Systems or Health Care Authority to deduct any surcharges owed from these accounts.

   HCA’s privacy notice: We will keep your information private as allowed by law. See Our [privacy notice](#).

   ![Continue button](image)

2. As soon as you enter a ‘No’ response, the rest of the questions will collapse and your attestation is complete.

   If you answered ‘Yes’ to all 6 questions, complete the [Spousal plan calculator](#) to determine if your spouse or state-registered domestic partner’s plan is comparable to the PEBB Program UMP Classic plan. There is a link to the plan calculator just below the questions.

   Your spouse will need to request a Summary of Benefits and Coverage (SBC) from their employer for each of the plans available to them.

3. Complete the calculator online and the calculator will determine if you will pay the spouse or state-registered domestic partner coverage premium surcharge.
4. Based on the calculator’s determination, select the radio button next to the ‘Yes’ or ‘No’.
5. Click ‘Continue’.

6. If the attestations are correct, click ‘Ok’.

7. Click ‘Confirm’ to confirm your attestations.
Supplemental coverage

1. Select the ‘Supplemental coverage’ tab on the blue menu bar.

Your supplemental coverage options

**Supplemental long-term disability (LTD) insurance**
The SEBB Program provides LTD insurance up to $400 per month as a basic benefit for eligible employees. Eligible employees can purchase supplemental LTD insurance to protect more of their income in the event of a disability. Supplemental LTD is available during the Initial Open Enrollment and for newly eligible employees without evidence of insurability within 30 days.

- **Check box to begin enrollment in supplemental LTD**

Amount you will pay

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate applied to earnings</th>
<th>Amount per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 29</td>
<td>0.0014</td>
<td>$1.40</td>
</tr>
<tr>
<td>30 to 34</td>
<td>0.0019</td>
<td>$1.90</td>
</tr>
<tr>
<td>35 to 39</td>
<td>0.0025</td>
<td>$2.50</td>
</tr>
<tr>
<td>40 to 44</td>
<td>0.0031</td>
<td>$3.10</td>
</tr>
<tr>
<td>45 to 49</td>
<td>0.0036</td>
<td>$3.60</td>
</tr>
<tr>
<td>50 to 54</td>
<td>0.0041</td>
<td>$4.10</td>
</tr>
<tr>
<td>55 to 59</td>
<td>0.0046</td>
<td>$4.60</td>
</tr>
<tr>
<td>60 to 64</td>
<td>0.0051</td>
<td>$5.10</td>
</tr>
<tr>
<td>65 and older</td>
<td>0.0057</td>
<td>$5.70</td>
</tr>
</tbody>
</table>

**Supplemental life and accidental death & dismemberment (AD&D) insurance**

- **Check box to enroll in supplemental AD&D**

Additional benefits package includes basic life insurance at no cost to eligible employees. This coverage is offered through MetLife.

**Health savings account (HSA)**

When you enroll in the SEBB health plan, you are eligible for a Health Savings Account (HSA) through HealthEquity. Your HSA is a tax-advantaged spending and savings account that can be used to pay for qualified medical expenses. Your HSA is funded by pre-tax contributions from you, your employer, or both. Contact your HSA administrator if you can arrange automatic payroll contributions to your HSA.

To confirm the maximum annual contribution to your HSA, please visit the HSA website.

**Medical flexible spending arrangement (FSA) and dependent care assistance program (DCAP)**

The Medical FSA allows you to set aside pretax money from your paycheck to pay for out-of-pocket health care costs.

The DCAP lets you set aside pretax money from your paycheck to pay for qualified dependent care expenses. The DCAP lets you set aside pretax money from your paycheck to pay for qualified dependent care expenses.

You can set up a Medical FSA or DCAP account:

- **No later than 31 days after the date you become eligible for SEBB benefits.**
- **During the SEBB plan annual open enrollment period (October 1st through November 15th).**

No later than 31 days after you or an eligible dependent has a qualifying event that creates a special open enrollment.

**To re-enroll, please click Enroll Benefits Online.**

2. If you choose to enroll in supplemental long-term disability (LTD) with a 90-day waiting period, select the ‘Check box to enroll in supplemental LTD’. Your premium is based on your monthly salary and your age and will be deducted from your paycheck.

3. Use the MetLife portal link to enroll in supplemental life and AD&D insurance for yourself and your dependents. If you choose not to request supplemental coverage, you will still want to log into the MetLife portal and name beneficiary(ies) for your basic coverages.
4. Use the HealthEquity website link to learn more about the Health Savings Account (HSA). Enrollment in an HSA is tied to enrollment in the high deductible health plan (HDHP). The enrollment in the HSA is automatic when you enroll in an HDHP. You cannot enroll in an HDHP with an HSA and a Medical Flexible Spending Arrangement (FSA) unless the medical FSA can be made limited purpose. The SEBB Program Medical FSA cannot be made limited purpose.

5. Use the Navia Benefit Solutions link to enroll in the Medical Flexible Spending Arrangement (FSA) and/or the Dependent Care Assistance Program (DCAP). You cannot enroll in a Medical FSA and an HDHP with an HSA unless the Medical FSA can be made limited purpose. The SEBB Program Medical FSA cannot be made limited purpose. Note: You can enroll in DCAP and a HDHP with an HSA.

6. Use the ‘Start your wellness journey by learning more about SmartHealth rewards’ link to learn how to earn a $50 reduction in your deductible or receive a $50 deposit into your HSA account.
Coverage elections

1. Select the ‘Coverage elections’ tab in the blue menu bar.

![Coverage elections tab]

2. Learn more about your benefits, click on the ‘Alex’ icon.

ALEX, the online benefits advisor:

- Walks you through comparisons of the medical, vision, and dental plans,
- Provides information on life insurance and long-term disability insurance, and
- Explains the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP)

3. Select a medical plan. Your dependents will be enrolled in the same plan. All school employees will be offered a selection of plans based on their county of residence. Some school employees,
including employees who live outside Washington State, may have more plan options if they work in a district that crosses county lines or is in a county that borders Idaho or Oregon.

Contact the plan to ensure your provider(s) are preferred providers in your plan of choice.

If you choose to waive medical coverage, select the ‘Waive medical coverage’ checkbox. You may waive medical coverage for other employer-sponsored coverage, TRICARE, or Medicare.

If you choose to waive medical, your dependents cannot be enrolled in medical coverage.

4. Select a dental plan. If you choose to enroll your dependents in dental, they will be enrolled in the same plan, but do not have to use the same providers.

Contact the plan to ensure your provider(s) are preferred providers in your plan of choice.

5. Select your vision plan. If you choose to enroll your dependents in vision, they will be enrolled in the same plan, but do not have to use the same providers.

Contact the plan to ensure your provider(s) are preferred providers in your plan of choice.
6. If you selected a medical plan, your enrollment in medical coverage will default to ‘Yes’. If you waived medical coverage, your enrollment will default to ‘No’. You cannot waive employer-paid vision or dental.

   To enroll your dependents in medical, vision, and/or dental, select ‘Yes’ from the drop-down menu next to their name. The dependent will not be enrolled unless you choose ‘Yes’ next to each of the benefits.

7. Review your selections to ensure you have made the correct selections.

8. Click ‘Continue’.

9. Click ‘Accept’ to confirm your plan choices. Click ‘Cancel’ to go back and change your plan choices.
10. Click ‘Confirm’.

11. Click ‘Download’ to download and print a copy of your selections. If you do not see the document open, it may be available in the tray at the bottom left corner of your screen. This is a record of the plan choices and the dependents you are choosing to add. Dependents are not enrolled until they are verified and approved for enrollment. The ‘effective date’ field indicates when the benefits begin.

![Summary of Coverage Elections](image)

**SUMMARY OF COVERAGE ELECTIONS**

**MEMBER NAME**

ROBERT WILLIAMS  
1000 ANY ST  
LACEY, WA 98504

**COVERAGE ELECTIONS INFORMATION**

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>MEDICAL COVERAGE</th>
<th>DENTAL COVERAGE</th>
<th>VISION COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>WILLIAMS, ROBERT</td>
<td>01/01/2020</td>
<td>01/01/2020</td>
<td>01/01/2020</td>
</tr>
<tr>
<td>WILLIAMS, MARY</td>
<td>01/01/2020</td>
<td>01/01/2020</td>
<td>01/01/2020</td>
</tr>
<tr>
<td>WILLIAMS, JOSEPH</td>
<td>01/01/2020</td>
<td>01/01/2020</td>
<td>01/01/2020</td>
</tr>
</tbody>
</table>

**HCA-Sponsored Coverage**

| MEDICAL COVERAGE PROVIDED BY | UNIFORM MEDICAL PLAN CLASSIC | MEDICAL PREMIUM | $295.00  
| TOBACCO SURCHARGE | $0.00 |
| DENTAL COVERAGE PROVIDED BY | WILLAMETTE DENTAL GROUP  
| DENTAL PREMIUM | $0.00 |
| VISION COVERAGE PROVIDED BY | UNIFORM VISION PLAN  
| VISION PREMIUM | $0.00 |

**HCA LIFE INSURANCE COVERAGE**

ALL LIFE INSURANCE IS ADMINISTERED BY METLIFE. IF YOU HAVE QUESTIONS ABOUT YOUR COVERAGE, CONTACT METLIFE AT 1-866-545-7130.

**EMPLOYEE-PAY COVERAGE**

| $35,000.00 | Employee Life Insurance  
| $5,000.00 | Employee AD&D |

**OPTIONAL COVERAGES**

PLEASE VISIT METLIFE AT WWW.METLIFE.COM/EMPERS TO VIEW YOUR OPTIONAL INSURANCE ELECTIONS, OR CALL METLIFE AT 1-866-545-7130.

**THIS STATEMENT IS NOT A GUARANTEE OF INSURANCE. IT IS INTENDED TO BE A STATEMENT OF COVERAGE ELECTIONS. THE INSURANCE COVERAGE IS GovernED BY THE INSURANCE CONTRACT OR CERTIFICATE OF COVERAGE.**
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 SEBB My Account during open enrollment or other qualifying event.

HCA Long Term Disability Insurance Coverage

Basic LTD with 90-Day Waiting Period
Optional LTD with 180-Day Waiting Period
Supplemental LTD Coverage

This statement is not a guarantee of insurance. It is intended to be a statement of coverage elections. The insurance coverage is governed by the insurance contract or certificate of coverage.
Update your account

You will be able to complete some changes in SEBB My Account, others will need to be submitted to your benefits administrator. The following are changes you may make in SEBB My Account.

The following changes may be made at any time during the year.

Dependent’s Social Security number

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 enter accurate SSNs (or other applicable TINs) for your dependents. SSNs must be used when preparing Internal Revenue Service (IRS) Forms 1095.

1. Log into SEBB My Account.
2. Click the ‘Manage dependents’ tile.

3. Click the ‘+’ next to the name of the dependent.

4. If you previously selected the ‘This person currently has no social security number’ checkbox, uncheck the box. If you are correcting the SSN, skip the step.

5. Enter the SSN.
6. Click ‘Submit changes’. A message displays indicating proof of the dependents’ eligibility is required. If you have already submitted dependent verification you can disregard this message.

![](image)

7. Click ‘Submit changes’ again. The dependent’s information will collapse with just the name and an indication the dependent is pending verification.

**Update your contact information**

1. Log into SEBB My Account. Click the ‘Profile’ tile.

![Manage your account information](image)  

2. Click the ‘+’ next to ‘Contact information’.

![Manage your account information](image)
3. Enter or update your email address, cell phone number, home number and/or your work number.

4. Click ‘Submit changes’. A message displays at the bottom of the page indicating your information has been updated.

**Update your tobacco use premium surcharge attestation**

You may update your or your dependents’ tobacco use premium surcharge attestation any time during the year.

If there is a change in the tobacco use status of any enrollee, thirteen years and older enrolled in SEBB medical, you must update your attestation.

- A change that results in a premium surcharge will begin the first day of the month following the status change. If that day is the first day of the month, the change to the surcharge begins that day.
- A change that results in removing the premium surcharge will begin the first day of the month following the receipt of the change in attestation. If that day is the first day of the month, the change to the surcharge begins that day.

1. Log into SEBB My Account.

2. Click the ‘Premium surcharge attestations’ tile.

3. Update the attestation from ‘Yes’ to ‘No’, or from ‘No’ to ‘Yes’.

4. If you update the response to ‘Yes’, enter the date tobacco use began.
5. Click ‘Continue’. Click ‘OK’ on the change alerts.

6. Click ‘Confirm’ to your attestation changes.

---

**Email subscription**

Sign up for the SEBB Program’s email subscription service. This service replaces many of the SEBB Program’s general mailings like newsletters. It means less paper, and you get your information more quickly right to your inbox.

The SEBB program:

- Will not share your email address with any SEBB health plan or insurance vendor. Your personal email address will not be provided in public disclosure requests.
- Will continue to send some communications to you by mail, including those required by rules and laws.
- You may unsubscribe at any time through SEBB My Account at no charge. The program will remove your email address from the email subscription service and mail printed communications to your address on file.
Subscribe

1. Log into SEBB My Account.

2. Follow the instructions in the ‘Update your contact information’ section of this manual to add your email address to your profile, if you have not already done so.

3. Click the ‘Coverage summary’ tab in the blue menu bar.

4. Click the checkbox next to ‘You wish to receive email notification from the SEBB Program’ in Section A under your name and county of residence.

Unsubscribe

1. Log into SEBB My Account.

2. Click the ‘Coverage summary’ tab on the blue menu bar.

3. Uncheck the checkbox next to ‘You wish to receive email notifications from the SEBB Program’.

Address changes – Address changes for you and your dependents must be submitted to your benefits administrator.

Spouse or state-registered domestic partner coverage premium surcharge – There are certain times you may attest or update your attestation. If you enrolled a spouse or state-registered domestic partner, you may attest at the following times:

- When you first become eligible for SEBB benefits. The attestation must be submitted no later than 31 days after you become eligible to apply for benefits.
- During annual open enrollment.
- When there is a change to your spouse or state-registered domestic partner’s employer-based group medical.
Make changes to your account

You may make changes to your account each year during annual open enrollment or throughout the year if you experience a life event, also referred to as a qualifying event that triggers a special open enrollment.

Annual open enrollment

Changes made during the annual open enrollment are effective January 1 of the following year. You must submit the changes no later than the last day of open enrollment.

During annual open enrollment you may:

- Change medical, dental, and vision plans.
- Return from waive status without proof of loss (Premium surcharge attestation(s) are required).
- Waive medical coverage if you have other employer-based medical, TRICARE, or Medicare.
- Add eligible dependents without proof of loss (dependent verification and premium surcharge attestation(s) are required).
- Remove dependents from your coverage
- Change premium payment plan (IRC Section 125) waiver status.
- Change the IRC tax status of a dependent.
- Enroll or reenroll in a Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program (DCAP).
- Attest or reattest to the spouse or state-registered domestic partner premium surcharge, if applicable. You will be notified if you need to reattest during the annual open enrollment.

Special Open Enrollment

Certain life events or qualifying events allow you to make changes to your account (like health plan or enrolling or removing a dependent) outside of the annual open enrollment.

You must provide proof of the event and dependent verification if adding dependents. SEBB Administrative Policy 45-2, Addendum 45-2A provides guidance on allowable changes and required proof of the event.

Special open enrollment events include:

- **Become eligible for State premium assistance subsidy for SEBB health plan coverage for Medicaid or CHIP** – as required by HIPAA, the employee or employee’s dependent becomes eligible for state premium assistance subsidy for SEBB health plan coverage for Medicaid or a state children’s health insurance program (CHIP)
- **Birth or adoption** – employee acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption.
- **Change under other employer-based group health plans open enrollment** – the employee or employee’s dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the SEBB program’s annual open enrollment.
- **Change in employment status (self)** – employee has a change in employment status that affects the employee’s eligibility for their employer contribution toward their employer-based group health plan.
- **Change of address** – employee or employee’s dependent has a change in residence that affects health plan availability. If the employee moves and the employee’s current health plan is not available in the new location the employee must select a new health plan. *Note: A dental plan is considered to be available if within 50 miles of employee’s new residence.*
- **Continuity of care** – employee or the employee’s dependent experiences a disruption of care that could function as a reduction in benefits for the employee or the employee’s dependent for a specific condition or ongoing course of treatment.
- **Court order or national medical support notice** – a court order requires the employee or any other individual provide coverage for an eligible child of the employee.
- **Dependent loses eligibility** – Employee’s dependent no longer meets SEBB eligibility criteria (divorce, annulment, dissolution of state-registered domestic partnership, dependent ceases to be eligible, dependent dies.
- **Dependent moves to or from USA** – employee’s dependent has a change in residence from outside of the United States to within the United States or from within the United States to outside the United States.
- **Dependent’s change in employment status** – employee’s dependent has a change in employment status that affects their eligibility for their employer contribution under employer-based group health plan.
- **Gain or lose eligibility for Medicaid or CHIP** – employee or the employee’s dependent becomes entitled to coverage under Medicaid or a state children’s health insurance program (CHIP), or the employee or employee’s dependent loses eligibility for Medicaid or CHIP.
- **Gain or lose eligibility for TRICARE**
- **Health plan no longer available** – employee or the employee’s dependent current health plan becomes unavailable because the employee or enrolled dependent is no longer eligible for a health savings account (HSA). Evidence that the subscriber or subscriber’s dependent is no longer eligible may be required.
- **Loss of other coverage** – employee or employee’s dependent loses other coverage under a group health plan through health insurance coverage, as defined by HIPAA.
- **Marriage** – employee acquires a new dependent due to marriage.
- **Newly eligible extended dependent** – employee acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship.
- **State-registered domestic partnership** – employee acquires a new dependent due to registering a state-registered domestic partnership.
Change plans and add/remove dependents

1. Log into SEBB My Account.

2. Click the ‘Special open enrollment’ tile.

3. Select the event from the ‘Select applicable event’ drop-down.

4. Enter the date of the event.

5. Click ‘Submit’. The event moves into the list.
6. Click the checkbox next to the event. The allowable actions open.

7. Select the ‘>’ next to the change(s) you would like to make.

8. Click on the action to request the desired change. In some cases, one action requires that you complete another action first. In the example below, before you can make a plan change, you must first remove a dependent or add a qualified spouse or add a dependent.
Add/remove dependents

When adding dependents:

- Upload dependent verification documents and proof of the special open enrollment (in some cases this may be the same document), and
- Complete the required attestations, and
- Even if you are not changing your plan(s), select the ‘Make plan elections’ section to enroll the dependent in coverage.

When removing dependents:

- Click the ‘Remove dependents’ link to completely remove the dependent from all coverage. Use this link with caution, as if you ever want to add the dependent into coverage in the future, you will have to recreate the record.
- To remove a dependent from all or select coverage only, click the ‘Coverage election’ tab and change the ‘Yes’ to ‘No’ next to each of the desired coverages.
9. ‘Steps complete’ will display next to each action you have completed.

<table>
<thead>
<tr>
<th>Action</th>
<th>Steps Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove Existing Dependents</td>
<td></td>
</tr>
<tr>
<td>Return from waived</td>
<td></td>
</tr>
<tr>
<td>Make Plan Elections</td>
<td></td>
</tr>
<tr>
<td>Waive Medical Plan</td>
<td></td>
</tr>
<tr>
<td>Add New Dependents</td>
<td></td>
</tr>
<tr>
<td>Add a Spouse</td>
<td></td>
</tr>
</tbody>
</table>

10. Complete all desired allowable changes. Your special open enrollment request will pend for approval by your benefits administrator. Dependents are not enrolled until they are verified and approved for enrollment.