Welcome to the SEBB Program

Over the next few months, the School Employees Benefits Board (SEBB) and Health Care Authority (HCA) are putting the finishing touches on the new SEBB Program to provide you and your fellow Washington State school employees with affordable and high-quality benefits.

It’s a big change, but HCA will help you through it. We want to do all we can to ensure your first annual open enrollment experience with the SEBB Program is seamless and successful.

This newsletter contains important information to help you better understand your benefit options.

We’re excited to share the benefits that will be available for you and your eligible dependents:

• Affordable coverage options to fit a variety of financial and family situations.
• Covering your eligible dependents will cost no more than three times the individual employee premium for the same plan.

Monthly medical premiums that won’t change during the plan year unless you change your coverage due to a special open enrollment event.

The same choices of plans and premiums, whether you’re the superintendent, a teacher, or classified staff.

Monthly premiums for each medical plan.

Comparison charts to show covered services, deductibles, copays, and cost-shares associated with each medical, dental, and vision plan, where you can access search directories.

Where to go if you have questions.

We’re looking forward to providing you quality benefits at an affordable cost.

Look for your School Employee Initial Enrollment Guide in mid-September.

During the SEBB Program’s first annual open enrollment, October 1 through November 15, you can select the benefits that best suit your needs. You are eligible if your employer anticipates you will work at least 630 hours during the school year.*

In mid-September, check your mailbox or the SEBB Program website at hca.wa.gov/sebb-employee for your School Employee Initial Enrollment Guide. The guide will include helpful details such as:

• Monthly premiums for each medical plan.
• Comparison charts to show covered services, deductibles, copays, and cost-shares associated with each medical, dental, and vision plan, where you can access search directories.

*Employees anticipated to work fewer than 630 hours may be eligible for some SEBB Program Benefits. If you’re a union-represented employee, please check with your union or union contract regarding your eligibility. Otherwise contact your employer’s payroll or benefits office.

Enroll with online convenience

HCA is developing SEBB My Account, a comprehensive self-service online enrollment system for you to select your new benefits, verify your dependents, and manage your account. You will also have access to an online support tool to help you choose the plans that are right for you. Find out more on page 6.

The SEBB Program’s first annual open enrollment is October 1 through November 15, 2019. Coverage begins January 1, 2020.

Visit hca.wa.gov/sebb-employee for more information.
The big question: Am I eligible?

The first thing you’ll want to know about the SEBB Program is whether you’re going to be eligible for it. The answer is pretty simple.

You are eligible for SEBB benefits if you work in a school district or charter school, or are a union-represented educational service district (ESD) employee, and your employer anticipates you will work at least 630 hours during the school year.

It’s the same for all school employees — whether you’re a librarian, cafeteria worker, teacher, bus driver, superintendent, or any other school employee. It’s the same whether you’re full-time or part-time, certificated or classified.

There are a few rules:

- Paid holidays do not count toward the required 630 work hours. (See “Special circumstances apply if ...” below, for an exception for employees hired late in the school year.)
- You can only earn hours that count toward eligibility within a single school district, ESD, or charter school.

Learn more about eligibility at hca.wa.gov/sebb-employee.

Special circumstances apply if …

You work more than expected
Let’s say that at the beginning of the school year, your employer does not anticipate you will be eligible for SEBB benefits. But things change, and you work 630 hours after all. If that happens, you become eligible for SEBB benefits on the day you reach 630 hours, and your coverage will begin the first day of the following month. The same rules apply if you’re hired mid-year.

You are hired late in the school year
If you start work late in the school year with too few days to work 630 compensated hours before the end of the year, and you’re expected to work 630 hours or more the following school year, there are provisions to determine if you are eligible in the current school year. See details at hca.wa.gov/sebb-employee. Paid holidays do count if you are hired late in the school year.

You change jobs
If you take a new job in another Washington school district, your eligibility will transfer. If you’re eligible in your old job and your new job, you should have uninterrupted coverage.

You are anticipated to work fewer than 630 hours
Employees anticipated to work fewer than 630 hours may be eligible for some SEBB Program benefits. If you’re a union-represented employee, please check with your union or union contract regarding your eligibility. Otherwise, contact your employer’s payroll or benefits office.

School year
September 1 through August 31
Plan year
January 1 through December 31

Hey, PEBB subscribers — Welcome to the SEBB Program

If you’re a K-12 employee who is currently enrolled in the Public Employees Benefits Board (PEBB) Program, your PEBB coverage will change to the SEBB Program for 2020. There is an exception for educational service district (ESD) employees who are not represented by a collective bargaining unit.

For K-12 PEBB members who are eligible for the SEBB Program, you will need to enroll during the first annual open enrollment, October 1 through November 15, 2019. If you choose to enroll your eligible dependents for the 2020 plan year, you won’t have to provide documents that prove their eligibility if they are currently enrolled in PEBB Program benefits.

Watch for the School Employee Initial Enrollment Guide in mid-September for more details.
Your SEBB Program benefits

The SEBB Program offers a range of health care insurance and other benefits, including:

- Medical insurance
- Dental insurance
- Vision insurance
- Basic life and accidental death and dismemberment (AD&D) insurance
- Supplemental life and AD&D insurance
- Basic long-term disability (LTD) insurance
- Supplemental LTD insurance
- Medical Flexible Spending Arrangement (FSA)
- Dependent Care Assistance Program (DCAP)
- High-deductible health plan (HDHP) with a health savings account (HSA)
- SmartHealth (wellness program)

Our SEBB plan carriers and vendors

The SEBB Program is completing the design of insurance plans, determining costs, and finalizing availability by county. The following potential carriers are in negotiations to provide benefits for the SEBB Program. Final decisions on carriers and plans will be made by the SEB Board this summer.

Medical insurance
- Kaiser Permanente Northwest
- Kaiser Permanente Washington
- Kaiser Permanente Washington Options
- Premera Blue Cross
- Providence Health Plan
- Uniform Medical Plan, administered by Regence BlueShield and Washington State Rx Services

Dental insurance
- DeltaCare, administered by Delta Dental of Washington
- Uniform Dental Plan, administered by Delta Dental of Washington
- Willamette Dental of Washington, Inc.

Vision insurance
- Davis Vision
- EyeMed
- Metropolitan Life Insurance Company

Life and accidental death and dismemberment insurance
- Metropolitan Life Insurance Company

Long-term disability insurance
- The Standard Insurance Company

Medical Flexible Spending Arrangement and Dependent Care Assistance Program
- Navia Benefit Solutions

Health savings accounts
- HealthEquity, Inc.

Supporting you on your journey toward living well

SmartHealth is the SEBB Program’s voluntary wellness program.
Learn more at hca.wa.gov/sebb-smarthealth
Enrolling — It’s all in the family

If you’re eligible for SEBB Program benefits, you can enroll the following eligible dependents:

• Your spouse or state-registered domestic partner
• Your children, up to the last day of the month in which they turn 26
• Children of any age with disabilities (additional criteria may apply over age 26)
• Extended dependent children who meet specified eligibility criteria

You may enroll your eligible dependents during the first annual open enrollment for coverage beginning January 1, 2020, or within 60 days of an event that creates a special open enrollment for your dependent, like getting married or having a baby.

You will need to provide documents that prove your dependents are eligible, even if you have previously verified them with your employer, such as a marriage or birth certificate, certificate of domestic partnership, or tax return, before they can be enrolled under your coverage. The full list of acceptable documents will be in the School Employee Initial Enrollment Guide.

You can upload your verification documents in SEBB My Account when you enroll, or take your paper documents to your payroll or benefits office for verification.

Once your dependents are approved, the documents will be deleted (if they are submitted electronically) or returned to you or destroyed (if submitted via paper). If your documents are not approved, they will remain in the system pending additional clarification. If your dependents are denied for enrollment, you will have an opportunity to appeal.

Ensure your care continues when changing medical plans

The potential SEBB Program medical plans are working hard to ensure a seamless and safe transition from your current medical coverage to your new SEBB Program benefits. When choosing your SEBB Program medical plan this fall, be sure to consider how it could influence your overall care.

This is especially important if you are currently undergoing treatment, have a chronic condition, like diabetes, heart disease, depression, or cancer, have a high-risk pregnancy, or are taking a high-cost medication.

Discuss with your current providers and care specialists how switching to a new medical plan may impact your care. You’ll want to learn how a new plan could affect your ability to continue care with the same medical team, at the same facilities, and with the same prescription medications. If you have received prior authorization for any services under your current plan, during the first annual open enrollment it will be important that you research which SEBB Program plans will honor existing preauthorization and for how long.

The SEBB Program is still working out final details with the plans. Details will be included in the School Employee Initial Enrollment Guide, mailed out in mid-September. Additionally, the plans’ provider search directories will be available during the first annual open enrollment, October 1 through November 15.
How to enroll in SEBB Program benefits

Eligible Washington State school employees will enroll in SEBB Program benefits during the first annual open enrollment this fall, October 1 through November 15.

Enroll yourself
To make your enrollment as fast and smooth as possible, use our new online enrollment system, SEBB My Account starting October 1. It’s easy and accessible on your computer, tablet, or smartphone. When you log in during the first annual open enrollment, you’ll be able to:

• Choose your medical, dental, and vision insurance plans.
• Enroll your eligible dependents.
• Submit documents that prove a dependent’s eligibility.
• Elect supplemental LTD coverage.
• Submit attestations for the premium surcharges (see below).
• Download a summary of your coverage elections (statement of insurance).
• Connect to carrier portals to elect supplemental life and accidental death and dismemberment insurance, Medical Flexible Spending Arrangement, and Dependent Care Assistance Program benefits.

For employees without internet access, paper enrollment forms will be available that you can submit to your payroll or benefits office.

Understand the premium surcharges
There are two premium surcharges that may be charged monthly to your account.

Spouse or state-registered domestic partner coverage premium surcharge
If your spouse or state-registered domestic partner enrolls on your SEBB Program medical coverage instead of their own employer’s group health plan (including PEBB Program medical coverage), the SEBB Program may charge you a $50-per-month surcharge in addition to your monthly medical premium. When you enroll your spouse or state-registered domestic partner, you must confirm whether their health plan is comparable to the Public Employees Benefits Board (PEBB) Program’s Uniform Medical Plan Classic plan. This determines whether the surcharge applies to you.

Enroll your dependents
If you enroll dependents, you must provide proof of their eligibility by November 15. Birth certificates, tax returns, and parenting plans are examples of documents you can use to prove eligibility. The full list of acceptable documents will be included in the School Employee Initial Enrollment Guide.

You must prove each dependent’s eligibility, even if you have previously verified their eligibility with your employer. You can upload the verification documents in SEBB My Account, or provide paper documents to your payroll or benefits office. If you do not provide these documents by November 15, your dependents will not be enrolled under your SEBB Program coverage.

Enroll if you’re a non-English speaker
SEBB My Account, the online enrollment system, will only be available in English for now. However, if you’re a non-English speaker, you will be able to enroll in the SEBB Program using paper publications and forms in other languages upon request. To learn how to request documents in another language, visit hca.wa.gov/about-hca/language-access or refer to the language access notice in the back of this newsletter.

Tobacco use premium surcharge
If you or any enrolled dependents who are age 13 or older use tobacco products (or if you do not attest to the tobacco use premium surcharge during the first annual open enrollment), the SEBB Program will charge you a monthly $25-per-account premium surcharge in addition to your monthly medical premium.

Next steps
When you enroll during the first annual open enrollment, October 1 through November 15, you will be asked to attest whether the premium surcharges apply to you. Read more about the premium surcharges at hca.wa.gov/sebb-employee.

Instructions and help sheets to determine whether the surcharges apply to you will be available in the School Employee Initial Enrollment Guide.
Visit our virtual benefits fair

Find out more about SEBB Program benefits online, at a time that is convenient for you, with our virtual benefits fair.

A virtual benefits fair is a new way to learn about your benefit options through an online, interactive, and personalized experience — and it will be available anytime, day or night, during the first annual open enrollment, October 1 through November 15, at hca.wa.gov/sebb.

Use your computer, tablet, or smartphone to visit at your own pace, so the experience is personalized for your needs. Start out in the “lobby” of the virtual exhibition hall and decide where to go within the fair.

- Want to learn more about SEBB Program benefits? Visit and explore the various plan “booths.” Plans will have videos, downloadable content, provider searches, and other important information. Also learn about life insurance, long-term disability insurance, and other benefits.
- Need eligibility details? There’s a spot for that.

Need help deciding on plans?

Our new online support tool, ALEX, will help you understand your benefits and guide you through choosing your medical, dental, and vision plans. It’s all in simple, easy-to-understand language. It’s online, it’s easy, and it’s fun!

The online support tool will ask you a few questions about your health care needs, like what type of medical care you expect to use (doctor visits, surgeries, prescriptions, etc.) and how many dependents you plan to enroll. Then ALEX will use your answers to suggest plans that might make the most sense for you to consider. Your responses to ALEX are private and confidential, so no worries about privacy.

You’ll find links to ALEX on the homepage of the virtual benefits fair and within SEBB My Account. ALEX will be available during the first annual open enrollment, October 1 through November 15.
Medical FSA and DCAP: How to prepare for your switch to the SEBB Program

Next year, the SEBB Program will offer a Medical Flexible Spending Arrangement (FSA) and a Dependent Care Assistance Program (DCAP) to employees eligible for these benefits. The SEBB Program contracts with Navia Benefit Solutions to manage these benefits.

If your current FSA offers ...

**Carryover:** You will not be able to carryover any FSA funds from the 2019 plan year to the 2020 plan year. You must spend your Medical FSA balance and submit all your claims to your current Medical FSA administrator by your current plan’s deadline or December 31, 2019, whichever is earlier.

**A grace period:** You may still be able to take advantage of it — even if the grace period runs past December 31, 2019 — depending on how your employer or FSA administrator handles this transition. Please contact your payroll or benefits office to learn more.

Spend your FSA funds

We encourage anyone with an FSA to use up all the funds by your current plan’s deadline or December 31, 2019, whichever is earlier. Doing so will minimize the risk that you will forfeit funds. It may also lessen any confusion you might experience during the switch to the SEBB Program.

When to enroll for 2020

For the 2020 plan year, employees eligible for these benefits can enroll in a Medical FSA and/or DCAP through the SEBB Program during the first annual open enrollment, October 1 through November 15, 2019.

Please note, you can’t have a Medical FSA while you are enrolled in a high-deductible health plan with a health savings account (HSA). Check with a tax advisor if you intend to enroll in this type of plan.

Learn more

Visit [hca.wa.gov/sebb-employee](http://hca.wa.gov/sebb-employee) and select Additional benefits to learn more about the SEBB Medical FSA or DCAP.

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**Apple Health and your SEBB Program benefits**

If you or your children are currently enrolled in Washington Apple Health (Medicaid) coverage, and you are eligible for SEBB Program coverage, here’s what you need to know.

You cannot waive your SEBB medical benefits for Apple Health coverage

If you are eligible, you must enroll in SEBB Program benefits. This includes medical, dental, and vision coverage.

You can keep your Apple Health coverage and enroll in SEBB Program benefits

Your SEBB Program benefits will be your primary health plan and will pay first for covered services. Your Apple Health coverage may pay copays, deductibles, and other services that your SEBB Program benefits don’t cover.

Your children may lose eligibility for Apple Health for Kids with premiums (CHIP) coverage

If you and your children are eligible for the SEBB Program, your children cannot be enrolled in Apple Health for Kids with premiums coverage. You will need to enroll your eligible children in SEBB Program coverage during the first annual open enrollment, October 1 through November 15. If you don’t enroll your children during open enrollment, they will experience a lapse in coverage effective January 1, 2020.

You may qualify for the Premium Payment Program

If you are a current Apple Health client, you can apply for the Premium Payment Program, which provides reimbursement for your SEBB Program medical premiums. Find out more at [hca.wa.gov/premium-payment-program](http://hca.wa.gov/premium-payment-program).

More information about Apple Health and your SEBB Program benefits will be available in September in the School Employee Initial Enrollment Guide and online at [hca.wa.gov/sebb-employee](http://hca.wa.gov/sebb-employee).
Paying for your SEBB Program benefits

An important goal for the SEBB Program is making sure that Washington’s school employees will get health insurance for their families at an affordable cost. Here’s how that works.

Your cost for care

The amount you’ll pay each month in medical insurance premiums will depend on which plan you select during the first annual open enrollment, October 1 through November 15. It will also depend on whether you cover your spouse or state-registered domestic partner or children.

Your monthly medical premiums will be deducted from your paycheck pretax, unless you arrange with your payroll or benefits office for your premiums to be deducted post-tax.

Your employer will contribute:

- A predetermined amount towards the monthly medical premium for you and any eligible dependents you enroll, regardless of which plan you select.
- Your employer will also contribute the entire monthly premiums for:
  - Dental and vision insurance for you and your enrolled dependents, regardless of which plan you select.
  - Basic life and accidental death and dismemberment (AD&D) insurance for you.
  - Basic long-term disability (LTD) insurance for you.

Your costs include:

- Your portion of the monthly medical premiums for you and your enrolled dependents.
- Deductibles, copays, and coinsurance for medical, dental, and vision insurance for you and your enrolled dependents.
- Premium surcharges, if applicable (see page 5 for more information).
- Monthly premiums for supplemental life and AD&D coverage, and supplemental LTD coverage.
- Other supplemental benefits you may select, such as the Medical Flexible Spending Arrangement and/or Dependent Care Assistance Program.

How the premium tier ratio works

The premium tier ratio ensures that for the same medical plan, you will pay no more than three times the employee-only rate to insure yourself, your spouse or state-registered domestic partner, and your eligible children.

The premium tier ratio is used to calculate the monthly medical premium you will pay, as illustrated in the following table.

<table>
<thead>
<tr>
<th>Tier level</th>
<th>Premium tier ratio</th>
<th>Employee’s monthly medical premium (amounts are examples only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee only</td>
<td>1</td>
<td>$100 ($100 x 1)</td>
</tr>
<tr>
<td>Employee and spouse or state-registered domestic partner</td>
<td>2</td>
<td>$200 ($100 x 2)</td>
</tr>
<tr>
<td>Employee and any children</td>
<td>1.75</td>
<td>$175 ($100 x 1.75)</td>
</tr>
<tr>
<td>Employee and spouse or state-registered domestic partner and any children</td>
<td>3</td>
<td>$300 ($100 x 3)</td>
</tr>
</tbody>
</table>

Need more information?

Watch for the School Employee Initial Enrollment Guide to arrive in your mailbox in mid-September. Until then, to learn about eligibility and enrollment for you and your dependents, waiving medical coverage, and more, check out our webpages at hca.wa.gov/sebb-employee. Find fact sheets at hca.wa.gov/sebb-factsheets. For frequently asked questions, visit hca.wa.gov/sebb-faq.
What you should know about waiving medical coverage

You can choose to waive (opt out of) SEBB Program medical coverage during the first annual open enrollment. To waive medical coverage, you must be enrolled in other employer-based group medical insurance, a TRICARE plan, or Medicare. You cannot waive medical coverage and be uninsured. You also cannot waive medical insurance and instead get coverage through Apple Health (Medicaid) or a retirement plan. They do not qualify as employer-based group medical insurance.

If you waive medical coverage, the premium surcharges will not apply to you.

If you waive SEBB Program medical coverage, you cannot enroll your eligible dependents in SEBB Program medical coverage. However, if you have an event that creates a special open enrollment (such as a marriage, divorce, birth or adoption), you may enroll yourself and your eligible dependents (once you provide evidence of your dependents’ eligibility) in SEBB Program medical coverage without waiting for the next annual open enrollment. Time limits apply.

If you’re eligible for SEBB Program benefits, you must enroll in dental, vision, basic life and accidental death and dismemberment (AD&D) insurance, and basic long-term disability (LTD) insurance. You cannot waive enrollment in these benefits.

You can enroll your dependents in dental, vision, life and AD&D coverage even if you waive medical. They must be on the same dental and vision plans as you.

Visit hca.wa.gov/sebb-employee to learn more about waiving medical coverage.

What happens if you don’t select your benefits?

If you are eligible for SEBB Program benefits but don’t submit your benefit choices during the first annual open enrollment, you will be enrolled by default as a single subscriber in the coverage listed below. The specific default plans have not been identified yet, but they will be listed in the School Employee Initial Enrollment Guide, as well as on the SEBB Program webpages when available.

Basic health coverage
(only the employee will be enrolled by default)

• Medical insurance
• Dental insurance
• Vision insurance

Basic additional benefits

• Life insurance
• Accidental death and dismemberment (AD&D) insurance
• Long-term disability (LTD) insurance

Please note

If you are enrolled by default, you will be charged a monthly premium. The amount will be described in the School Employee Initial Enrollment Guide, once the default medical plan is identified. Your dependents will not be enrolled. In addition, you won’t be able to change plans or enroll any eligible dependents until the next SEBB Program annual open enrollment unless you have a special open enrollment event that allows the change, such as a marriage, birth, or adoption.

Also, you will be charged the tobacco use premium surcharge in addition to your monthly medical premiums, unless you submit an attestation, either on SEBB My Account or the paper enrollment form, that it does not apply to you.

See “Understand the premium surcharges” on page 5 for details.

First Annual Open Enrollment
October 1 – November 15, 2019
Discrimination Is Against the Law

The Washington State Health Care Authority complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Care Authority does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

The Health Care Authority also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

The Health Care Authority provides:

• Free aids and services to people with disabilities so they can communicate effectively with us, such as:
  ► Qualified sign language interpreters
  ► Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Free language services to people whose primary language is not English, such as:
  ► Qualified interpreters
  ► Information written in other languages

If you need these services, contact 1-855-682-0787.

If you believe that the Health Care Authority has failed to provide these services or discriminated in another way, you can file a grievance with:

Health Care Authority
Compliance Officer
(ADA/nondiscrimination coordinator)
Enterprise Risk Management Office
Health Care Authority
PO Box 42704
Olympia, WA 98504-2704
1-855-682-0787
Fax: 1-360-507-9234
Compliance@hca.wa.gov

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Health Care Authority Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/complaints/index.html.
Language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-855-682-0787 (TRS: 711).

Free language assistance services, including interpreters and translation of printed materials, are available free of charge. Call 1-855-682-0787 (TRS: 711).

Hay servicios de asistencia con idiomas, incluyendo intérpretes y traducción de materiales impresos, disponibles sin costo. Llame al 1-855-682-0787 (TRS: 711).

Mga serbisyong tulong sa wika, kabilang intérpretes at traducción de materiales imprimados, están disponibles de forma gratuita. Llame al 1-855-682-0787 (TRS: 711).

Mga serbisyong tulong sa wika, kabilang intérpretes at traducción de materiales imprimados, están disponibles de forma gratuita. Llame al 1-855-682-0787 (TRS: 711).

Моравите услуги за поддържање на език, вклучително интерпретатори и превод на напечатани материали, са достъпни безплатно. Позвонете по номера 1-855-682-0787 (TRS: 711).

Говорете на 1-855-682-0787 (TRS: 711) за безплатна помощ със езици, включително интерпретатори и превод на напечатани материали.
Do we have the right information for you?

If your name or address on this newsletter needs updating, please tell your payroll or benefits office.

School Employees Benefits Board Program
First Annual Open Enrollment
October 1 – November 15