Steps on Setting Up Your SEBB Account

Step 1: Visit <u>myaccount.hca.wa.gov</u>

<u>Click green</u> "Log into SEBB My Account"

School Employees Benefits Board - Login

Log into SEBB My Account to view your coverage and premium surcharge information, get your statement Account, visit our <u>Help with SEBB My Account</u> webpage.

Employee/Subscriber login

Log into SEBB My Account

Actions you can take durii (some restrictions apply)

- Enroll in SEBB benefits
- Attest to the spouse or state-regist
- Waive coverage for yourself (employ
- Add dependents (you must provide

Step 2: Click "Sign Up"



SEBB Setting

up Account

Step 3: Enter personal information

- First and Last Name
- Email Address
- Username
- Password
- <u>Check box to indicate</u> "I'm not a robot"
- Click <u>Submit</u>
 Write down username and password and keep in safe place! You will need for login.

SIGN UP!	×
Not sure if you already have an account? CHEOK NO	
FIRST NAME	
LAST NAME	
EMAIL	
USERNAME	
PASSWORD REQUIREMENTS	
Add at least 10 more characters Add a special character or a lower case letter or an uppercase letter or a number PASSWORD	
CONFIRM PASSWORD	
I'm not a robot	
Privacy Notice SUBMIT	

<u>Step 4</u>: Check your email account for a message from Secure Access Washington (SAW)

• Click on the confirmation link to activate your account

SecureAccess Washington : Welcome to SecureAccess Washington 🕨 Inbox 🛪						
secureaccess@cts.wa.gov 7:28 PM (0 minutes ago)						
to me ▼ You are almost finished. Wilma						
Thank you for signing up with Secure Access Washington.						
Your username is: wflinstone						
To activate your account, please click: https://test-secureaccess.wa.gov/public/saw/pub/regConfirm.do?s=32408&userId=wflinstone						
For questions or concerns about your SecureAccess Washington account, please visit https://test-secureaccess.wa.gov/public/saw/pub/help.do						
Thank you, The Secure Access Washington Team						

Step 5: You should see "Account Activated!"

Click "Login"



Step 6: You will be redirected back to SAW Login Screen

- Enter username and password
- Click "Submit"



Step 7: Verification

- Enter Last Name, Date of Birth, Last 4 digits of SSN
- Click "Verify my Account"

Verification

Thank you for logging in to SEBB My Account - Please provide the following information so we can first verify

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Subscriber verification - Step 1 of 3

Subscriber last name*

Subscriber date of birth*

mm/dd/yyyy

Last 4 digits of subscriber SSN

XXXX



SEBB Setting up Account <u>Step 8:</u> Select your security questions and answers.

Click "Claim this account & go to dashboard"

Verification

Thank you for logging in to SEBB My Account - Please provide the following information so we can first verify that we have you in our SEBB subscriber records.

Subscriber verification - Step 2 of 2

We found the following record matching the information you provided:

Name: Patti Bowen Employer: LONGVIEW SCHOOL DISTRICT 122

Please select three security questions and enter your answers - these questions will be used if you need to recover your account in the future.

Security question 1*	Security question 1 answer*
	 Enter an answer for this question
Security question 2*	Security question 2 answer*
	Enter an answer for this question
Security question 3*	Security question 3 answer*
	Enter an answer for this question
	Claim this account & go to dashboard

<u>Step 9:</u>

Click "Accept" for SEBB My Account Terms of Use.

 You will need to scroll down the "Terms of Use" for the accept button to activate.

SEBB My Account Terms of Use:

General description

This agreement is between:

The Health Care Authority (HCA), the School Employees Benefits Board (SEBB) Program, the State of Washington, and its officials, agents, and employees AND

Users of the SEBB Program's "My Account" system.

This agreement controls when the SEBB Program may use and share an email address registered with the "My Account" system with the SEBB Program's contracted business partners. READ THIS USER AGREEMENT CAREFULLY BEFORE CHECKING EITHER BUTTON BELOW.

This agreement does not cover instances in which you give your email address (or other information) directly to our contracted business partners. In such instances, the contracted business partner's terms of use will govern. Please check the terms of use and privacy policies of other entities before providing any information to them through their websites.

2. How the SEBB Program will use your email address

If you agree, the SEBB Program will bring you up-to-date benefit information in a faster and less costly way by (1) using the email you provide for the SEBB Program's email subscription service (if you sign up for that service), and (2) sharing that email address with the SEBB Program's contracted business partners. These business partners have agreed that your email address will not be:

 Used for non-SEBB communications, including solicitations for other services they may offer.

 Shared with anyone else, including their other business partners.

Unless required by law, the SEBB Program will not disclose your personal email address in public record disclosure requests.

Keeping your email address up-to-date

When you provide an email address for the email subscription service, we will assume that is the most accurate and up-to-date way to reach you. If your email address is incorrect or changes, you will be responsible for updating it in the "My Account" system. Neither the SEBB Program nor your employer can do this for you.

To sign up for the SEBB Program's email subscription service, select the My Medical/Dental Coverage page in My Account. Choose Subscribe/Unsubscribe to Email Service. The email address that you enter here will be used for communications from the SEBB Program and its business partners.

You will still receive some SEBB communications by regular

The SEBB Program may continue to send some communications to you by Luding those required by rules or laws.

5. How to unsubscribe to SEBB's email subscription service You can unsubscribe from the SEBB Program's email subscription service at any time through the "My Account" system at no charge. To do so, go to the My Medical/De al Coverage page in My Account, and select Subscribe/Unsubscribe to Email service. Coverage the box "Unsubscribe and remove my email address from my

ccept

Decline

SEBB Setting up Account <u>Step 9:</u> You will be directed to the SEBB Subscriber Dashboard. Now you are ready to enroll!

Washington State Authority Health Care Authority SCHOOL EMPLOYEES BENEFITS BOARD SEBB Home										
Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary		
			Open	Enrol	Iment	Notice				
Follow the steps below to begin your medical, dental, and vision plan selections for 2020. Begin by selecting Step 1, when adding dependents. Proceed to Step 3, Make attestations, if not adding dependents.										
	1		2			3	(4		
Add or Rem	nove Dependent	s Submit	dependent docun	nentation		Make attestations	Make plar	n elections		
SEBB Subscriber Dashboard										
Welcome, Patti Bowen!										
	Manage dependents				Cov	Coverage elections				
	Add/remove	Add/remove/edit dependents			60	Your 2020 medical, dental, vision	coverage			
•	Special c	pen enrollme	nt			Profile				
	Request a spe	ecial open enrollment	due to a qualifying eve	ent		view and manage profile inform	lation			

Steps on How to Enroll

Step 1: Add Dependents

Click "Manage Dependents" to add/remove/edit dependents.



Step 2: Verify your dependents

Return to this step later if you need to gather documents. Required step – don't forget!

SEBB Subscriber Dashboard

Welcome, Patti Bowen!



Step 3: Attest to Premium Surcharges

Answer a series of onscreen questions to determine if you'll be charged \$25-per-account tobacco use or monthly \$50 spouse or state-registered domestic partner surcharge.

SEBB Subscriber Dashboard

Welcome, Patti Bowen!



<u>Step 4:</u> Selecting your Basic SEBB Benefit Plans – Medical Dental, Vision coverage

- If you are ready to enroll, click "Coverage Elections"
- Helpful Resources:
 - > Virtual Benefits Fair, option through online experience
 - Follow link to ALEX, online benefits advisor
 - School Employee Initial Enrollment Guide



IMPORTANT:

- Medical benefits are offered based on the county you live in, not the county/school district you work!
- Some exceptions apply to those who live outside of Washington State. Oregon residents who work for LVSD see Cowlitz County plan offerings.
- See enrollment guide for more details.



IMPORTANT:

 Benefit eligible employees will be automatically enrolled in Basic Life Insurance, Basic AD&D, and Basic LTD Insurance



<u>Step 5:</u> Enroll in <u>Supplemental (employee paid)</u> life insurance, AD&D, LTD, HSA, Medical Flexible Spending (FSA), and Dependent Care Asst Program (DCAP).

SEBB Subscriber Dashboard

Welcome, Patti Bowen!



Current Optional Supplemental Benefits

Current optional supplemental benefits as a payroll deduction ending December 31, 2019!

With the transition to SEBB, the District will no longer be allowed to offer our current optional supplemental benefits.

- <u>Sunlife Plans</u>: Life Insurance, Short-term and Long-term Disability Insurance
- American Fidelity Plans: Cancer and Accident Insurance
- <u>Hartford</u>: Accidental Death and Dismemberment (AD&D)

Contact vendors directly to find out options for continuing supplemental benefits and available personal payment options.