



SEBB My Account User Guide

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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.

Resources

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

- [SEBB website](#)
- [*School Employee Enrollment Guide*](#)
- Alex – online benefits comparison tool
- Benefits administrators at your district

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'.

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

SEBB Home About HCA Contact SEBB

School Employees Benefits Board - Login

Log into SEBB My Account to view your coverage and premium surcharge information, get your statement of insurance, and make changes. To learn more about working with SEBB My Account, visit our [Help with SEBB My Account](#) webpage.

Employee/Subscriber login

[Log into SEBB My Account](#)

Admin User? [Log in here](#)
Manage SEBB benefits for your organization

HCA Employee? [Log in here](#)

Actions you can take during open enrollment (October 1 - November 15) (some restrictions apply)

- Enroll in SEBB benefits
- Attest to the spouse or state-registered domestic partner coverage and tobacco premium surcharges
- Waive coverage for yourself (employees only)
- Add dependents (you must provide proof of your dependent's eligibility before they can be enrolled).

Actions you can take using SEBB My Account year-round

- View your coverage information (employees and dependents)
 - View your coverage information (Continuation Coverage - January 1, 2020)
- View your basic employer-paid life and AD&D insurance information (employees only)
- View your long-term disability insurance information (employees only)
- Download your statement of insurance
- View your premium surcharge attestations (if applicable)
- Make changes to your tobacco use premium surcharge attestation (if applicable)
- Make changes based on qualifying events specified in the SEBB Program rules

Contact HCA

Accessibility Language Access Non-discrimination Privacy practices

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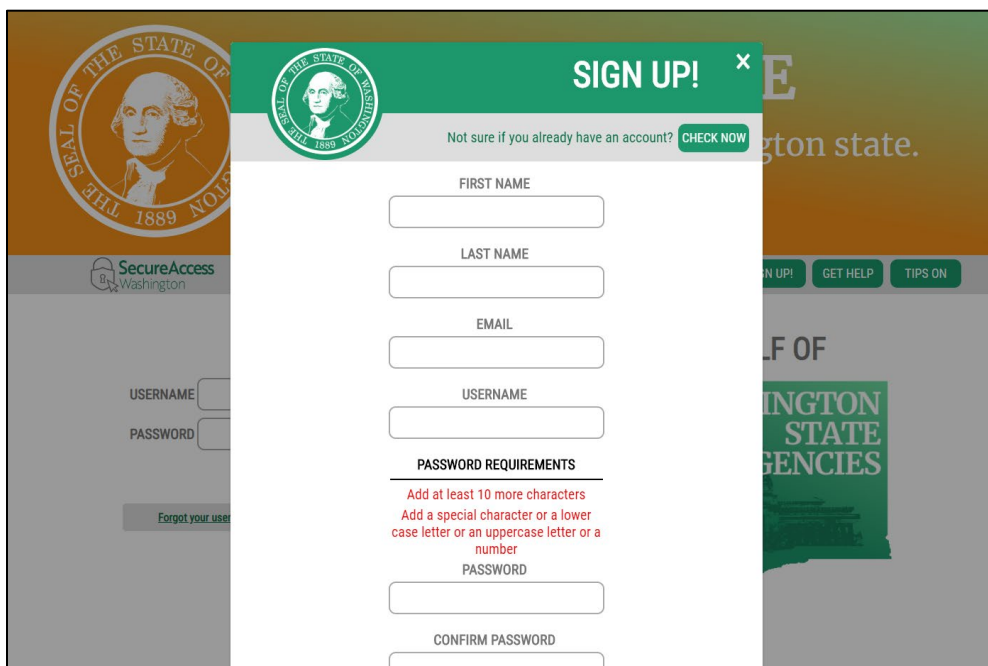
- Secure Access Washington (SAW) opens. To create your User ID and Password, Click the 'Sign Up' button. (Note: The SAW screen will be green, not orange in SEBB My Account).



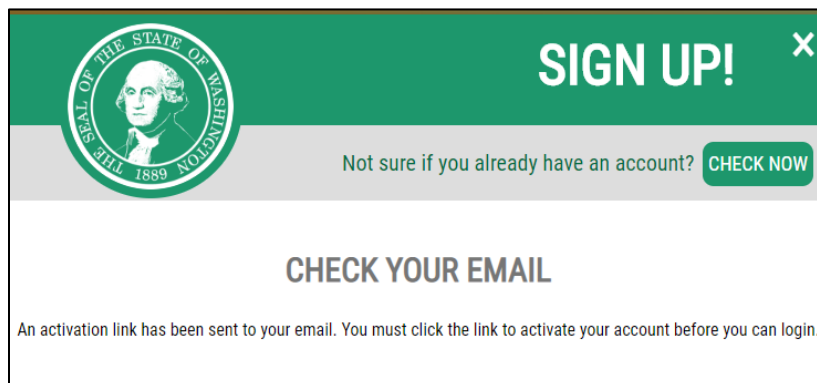
- Enter your first name, last name, email address. Create a username and password. Confirm your password. Check the 'I'm not a robot' checkbox.



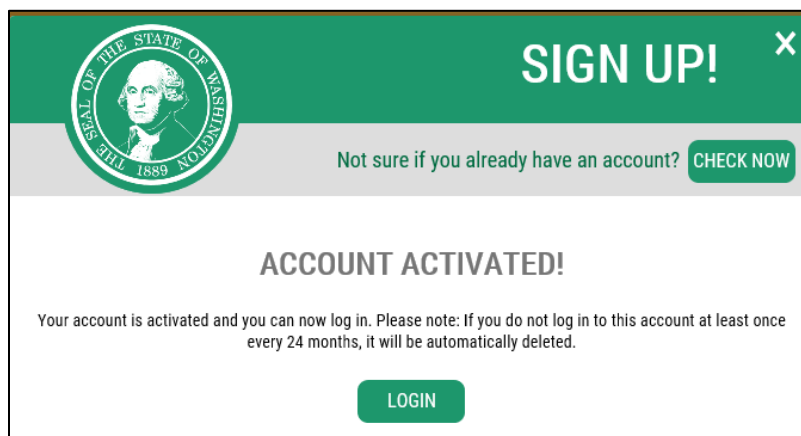
When creating your SAW username and password – do not create a username with a period at the end. If you have already done so, you will need to copy and paste the link in the activation email.



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*).



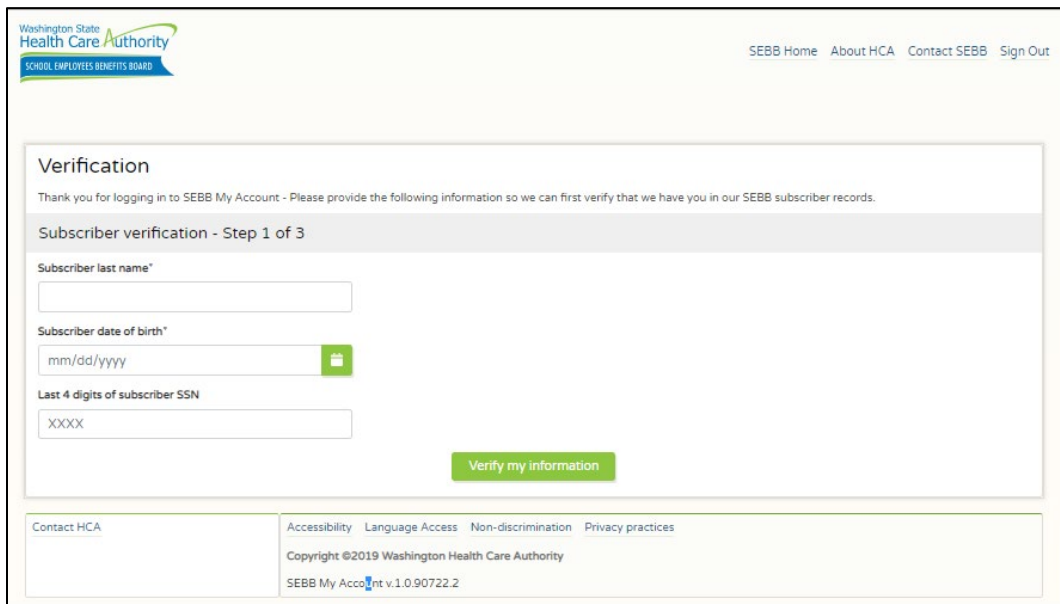
DO NOT attempt to log in to this new browser window. Close the new browser window and log into the first Secure Access Washington window you were sent to from SEBB My Account. If you have closed that window, open a new browser window, then open SEBB My Account.

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’.



The image shows the Washington State SecureAccess login page. At the top left is the Seal of the State of Washington. To its right, the text "WELCOME to your login for Washington state." is displayed. Below this is a navigation bar with the "SecureAccess Washington" logo and three buttons: "SIGN UP!", "GET HELP", and "TIPS ON". The main content area is divided into two sections. The left section, titled "LOGIN", contains input fields for "USERNAME" and "PASSWORD", a "SUBMIT" button, and links for "Forgot your username?" and "Forgot your password?". The right section, titled "ON BEHALF OF", features a green graphic of the Washington State Capitol building with the text "WASHINGTON STATE AGENCIES" overlaid.

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’.



The image shows the "Verification" page of the Washington State Health Care Authority's SEBB My Account. The page header includes the "Washington State Health Care Authority" logo and the "SCHOOL EMPLOYEES BENEFITS BOARD" text. Navigation links for "SEBB Home", "About HCA", "Contact SEBB", and "Sign Out" are in the top right. The main content area is titled "Verification" and includes a message: "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." Below this is a section titled "Subscriber verification - Step 1 of 3" with three input fields: "Subscriber last name*", "Subscriber date of birth*" (with a calendar icon and "mm/dd/yyyy" placeholder), and "Last 4 digits of subscriber SSN" (with "XXXX" placeholder). A "Verify my information" button is at the bottom right of this section. The footer contains links for "Contact HCA", "Accessibility", "Language Access", "Non-discrimination", and "Privacy practices", along with copyright information: "Copyright ©2019 Washington Health Care Authority" and "SEBB My Account v.1.0.90722.2".

9. Select three security questions and enter the answers.

The screenshot shows the 'Verification' page of the SEBB My Account system. At the top, the Washington State Health Care Authority logo is on the left, and navigation links 'SEBB Home', 'About HCA', 'Contact SEBB', and 'Sign Out' are on the right. The main heading is 'Verification', followed by a thank-you message and a request for verification information. Below this, a grey bar indicates 'Subscriber verification - Step 2 of 3'. A message states: 'We found the following record matching the information you provided: Name: Robert Williams, Employer: ADNA SCHOOL DISTRICT 226'. A prompt asks the user to 'Please select three security questions and enter your answers - these questions will be used if you need to recover you account in the future.' There are three rows of security questions, each with a dropdown menu for the question and a text input field for the answer. A green button labeled 'Claim this account & go to dashboard' is centered below the questions, with a 'Back' button underneath it. The footer contains links for 'Contact HCA', 'Accessibility', 'Language Access', 'Non-discrimination', and 'Privacy practices', along with copyright information for 2019 and the version number 'SEBB My Account v.1.0.90722.2'.

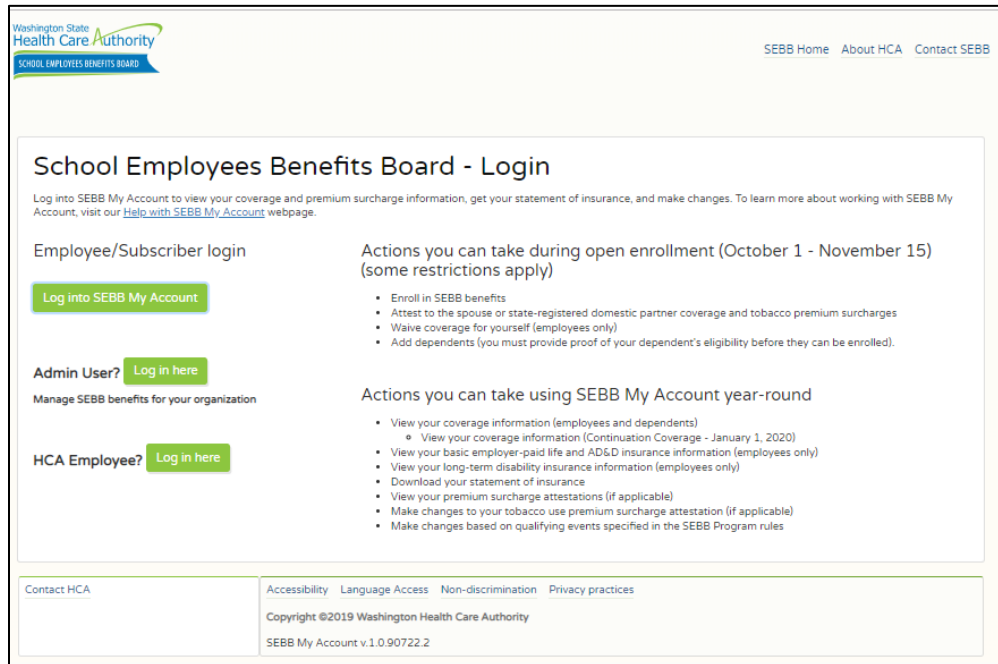
10. Click 'Claim this account & go to dashboard'. The Dashboard opens.

The screenshot displays the 'ADNA SCHOOL DISTRICT 226 Subscriber Dashboard'. At the top, a blue navigation bar contains links: 'Dashboard', 'Manage Dependents', 'Special Open Enrollment', 'Profile', 'Document Upload', 'Premium Surcharge Attestations', 'Supplemental Coverage', 'Coverage Summary', and 'Newly Eligible'. A large green banner at the top of the main content area reads 'Newly Eligible Notice' with the subtext 'You are newly eligible for SEBB benefits!' and a 'Begin Elections' button. Below this, a light green bar advises users to stay up-to-date on HCA communications. The dashboard title is 'ADNA SCHOOL DISTRICT 226 Subscriber Dashboard', followed by a welcome message 'Welcome, Joe Cool!'. The main area features eight interactive tiles arranged in two columns. The left column includes: 'Manage dependents' (Add/remove/edit dependents), 'Profile' (View and manage profile information), 'Premium surcharge attestations' (View/update your attestations), and 'Coverage summary' (View/print your current coverage). The right column includes: 'Special open enrollment' (Request a special open enrollment due to a qualifying event), 'Document upload' (Submit verification documents), and 'Supplemental coverage' (Life, AD&D, LTD, HSA, medical FSA, DCAP, SmartHealth). Each tile has a corresponding icon.

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'.



The screenshot shows the 'School Employees Benefits Board - Login' page. At the top left is the Washington State Health Care Authority logo. At the top right are links for 'SEBB Home', 'About HCA', and 'Contact SEBB'. The main heading is 'School Employees Benefits Board - Login'. Below this is a paragraph explaining the purpose of the account. There are three main login sections: 'Employee/Subscriber login' with a 'Log into SEBB My Account' button, 'Admin User?' with a 'Log in here' button, and 'HCA Employee?' with a 'Log in here' button. To the right of these sections are two lists of actions: 'Actions you can take during open enrollment (October 1 - November 15) (some restrictions apply)' and 'Actions you can take using SEBB My Account year-round'. At the bottom, there is a 'Contact HCA' link and a footer with accessibility links, copyright information, and the version number 'SEBB My Account v.1.0.90722.2'.

2. Secure Access Washington (SAW) opens. Enter your SAW Username and Password. Click 'Submit'.



The screenshot shows the 'SecureAccess Washington' login page. At the top left is the Seal of the State of Washington. The main heading is 'WELCOME to your login for Washington state.' Below this is a navigation bar with 'SecureAccess Washington' logo and links for 'SIGN UP!', 'GET HELP', and 'TIPS ON'. The main content area is divided into two sections. The left section is titled 'LOGIN' and contains fields for 'USERNAME' and 'PASSWORD', a 'SUBMIT' button, and links for 'Forgot your username?' and 'Forgot your password?'. The right section is titled 'ON BEHALF OF' and features a graphic of the Washington State Capitol building with the text 'WASHINGTON STATE AGENCIES' overlaid.

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.

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

SEBB Home About HCA Contact SEBB Sign Out

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 1 of 3

Subscriber last name*

Subscriber date of birth*

mm/dd/yyyy

Last 4 digits of subscriber SSN

XXXX

Verify my information

Contact HCA Accessibility Language Access Non-discrimination Privacy practices

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4. Select three security questions and enter the answers. Verification is only required the first time you log in.

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

SEBB Home About HCA Contact SEBB Sign Out

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 3

We found the following record matching the information you provided:

Name: Robert Williams
Employer: ADNA SCHOOL DISTRICT 226

Please select three security questions and enter your answers - these questions will be used if you need to recover you 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

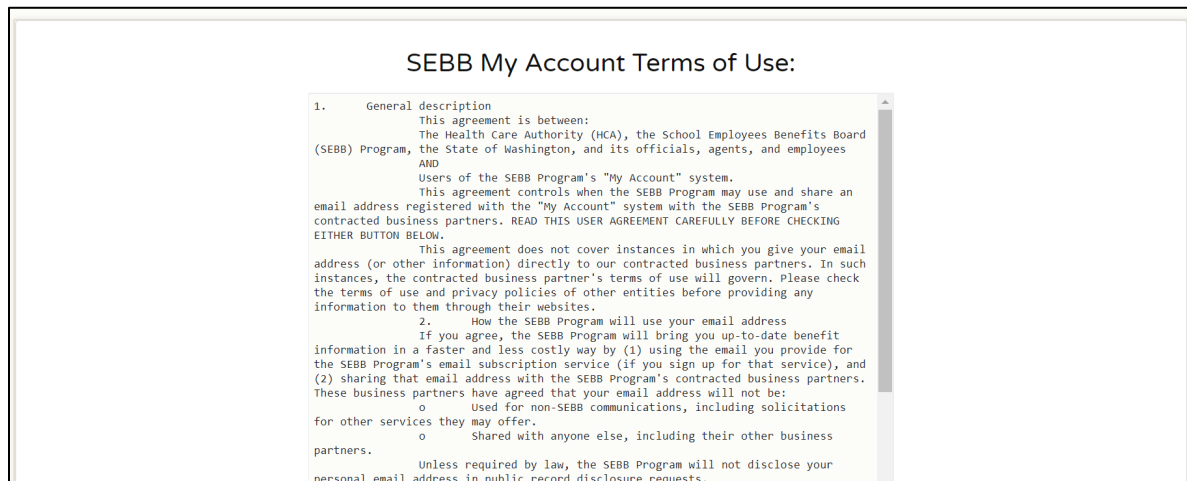
Back

Contact HCA Accessibility Language Access Non-discrimination Privacy practices

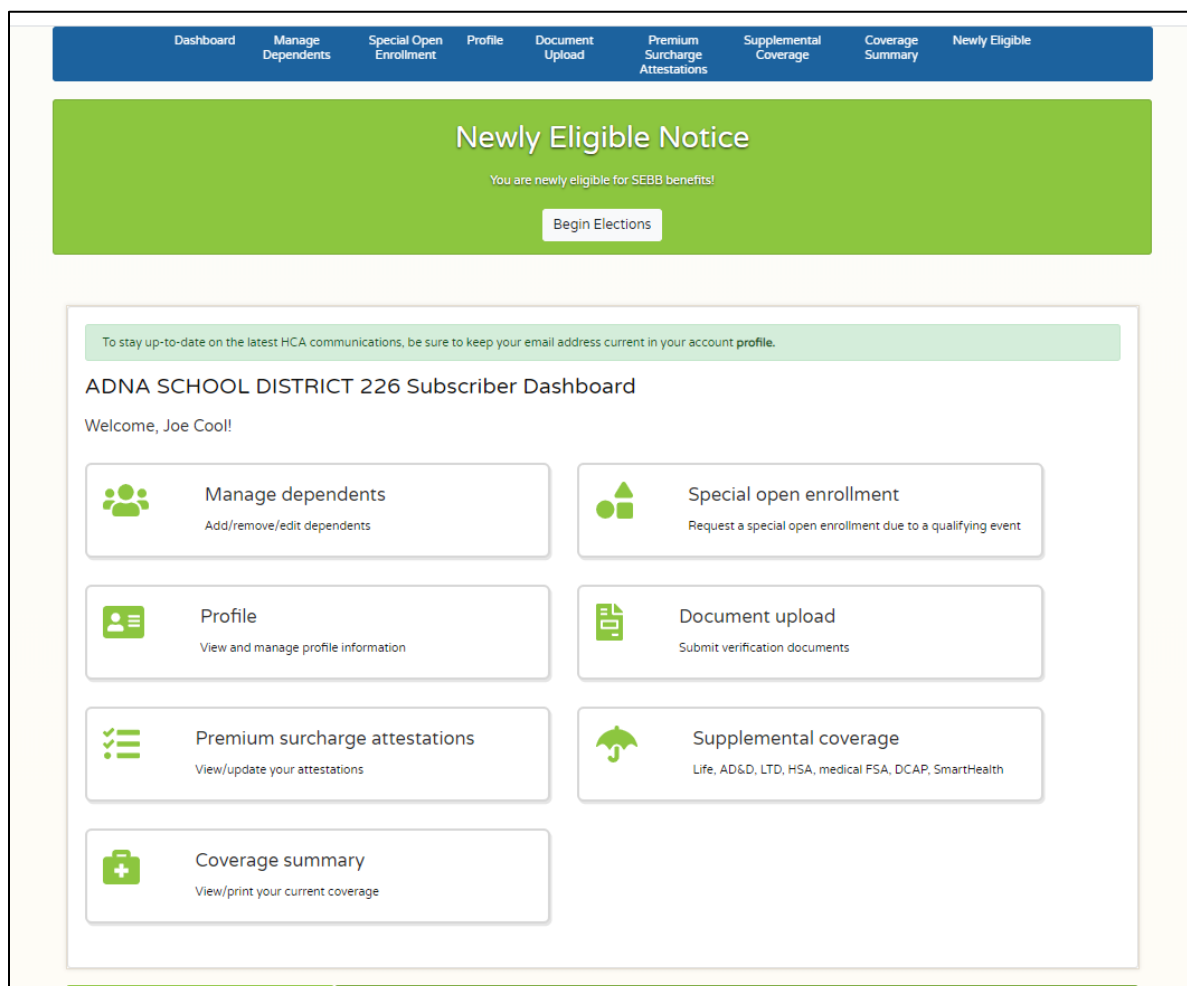
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SEBB My Account v.1.0.90722.2

5. Click 'Claim this account & go to dashboard'. The SEBB Terms and Conditions displays. Review and accept the terms and conditions.



6. 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 your email address
- Add eligible dependents to your account
- Update dependent's date of birth and Social Security Number.

Special open enrollment

Use this tile to request a change outside of 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.

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.

Document upload

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

Premium surcharge attestations

Use this tile to attest to the tobacco use premium surcharge or update your or your enrolled dependents tobacco use status.

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 or if you do not attest. 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.

Supplemental coverage

Use this tile to enroll in supplemental long-term disability insurance, link to the MetLife portal to enroll in supplemental life and accidental death and dismemberment 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 Summary

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

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.

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
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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

1. Log into SEBB My Account.

The screenshot displays the 'ADNA SCHOOL DISTRICT 226 Subscriber Dashboard'. At the top, a blue navigation bar contains links: Dashboard, Manage Dependents, Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, Coverage Summary, and Newly Eligible. Below this, a green banner reads 'Newly Eligible Notice' with the subtext 'You are newly eligible for SEBB benefits!' and a 'Begin Elections' button. A light green message box states: 'To stay up-to-date on the latest HCA communications, be sure to keep your email address current in your account profile.' The main content area is titled 'ADNA SCHOOL DISTRICT 226 Subscriber Dashboard' and 'Welcome, Joe Cool!'. It features eight interactive tiles arranged in two columns:

- Manage dependents**: Add/remove/edit dependents (icon: three people)
- Special open enrollment**: Request a special open enrollment due to a qualifying event (icon: house with triangle)
- Profile**: View and manage profile information (icon: person with list)
- Document upload**: Submit verification documents (icon: document with checkmark)
- Premium surcharge attestations**: View/update your attestations (icon: list with checkmarks)
- Supplemental coverage**: Life, AD&D, LTD, HSA, medical FSA, DCAP, SmartHealth (icon: umbrella)
- Coverage summary**: View/print your current coverage (icon: medical cross)

2. Click the Begin Elections button in the Newly Eligible Notice green banner at the top of the page.

The screenshot shows the 'Newly Eligible Notice' page for the Washington State Health Care Authority's School Employees Benefits Board (SEBB). The page has a blue header with the SEBB logo and navigation links: SEBB Home, About HCA, Contact SEBB, and Sign Out. Below the header is a blue navigation bar with links: Dashboard, Manage Dependents, Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, Coverage Summary, and Newly Eligible (which is highlighted). The main content area features a green banner with the title 'Newly Eligible Notice' and a message: 'You are newly eligible for SEBB benefits! Follow the steps below to begin your medical, dental, and vision plan selections for coverage beginning Aug 1, 2020. Begin by selecting Step 1, when adding dependents. Proceed to Step 3, Make attestations, if not adding dependents. You will be able to make or alter coverage elections until Aug 31, 2020.' Below the banner is a five-step process flow: 1. Add Dependents, 2. Submit documentation for dependent(s), 3. Make attestations, 4. Make Plan Elections, and 5. Elect Supplemental Coverage. Step 1 is currently selected. Below the process flow is a white box with the text 'Newly Eligible'. At the bottom of the page is a footer with links: Contact HCA, Accessibility, Language Access, Non-discrimination, and Privacy practices. It also includes copyright information: Copyright ©2019 Washington Health Care Authority and SEBB My Account v.1.0.200729.3 / 3.0.200624.2.

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.

3. If you are adding dependents, click on step “1”.

The screenshot displays the Washington State Health Care Authority (HCA) School Employees Benefits Board (SEBB) portal. At the top, there is a navigation bar with links for SEBB Home, About HCA, Contact SEBB, and Sign Out. Below this is a menu bar with options: Dashboard, Manage Dependents, Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, Coverage Summary, and Newly Eligible (which is highlighted). The main content area features a green banner titled "Newly Eligible Notice" with instructions: "You are newly eligible for SEBB benefits! Follow the steps below to begin your medical, dental, and vision plan selections for coverage beginning Aug 1, 2020. Begin by selecting Step 1, when adding dependents. Proceed to Step 3, Make attestations, if not adding dependents. You will be able to make or alter coverage elections until Aug 31, 2020." Below the banner is a 5-step process flow: 1. Add Dependents, 2. Submit documentation for dependent(s), 3. Make attestations, 4. Make Plan Elections, and 5. Elect Supplemental Coverage. Step 1 is currently selected. Below the process flow, there is a section titled "Newly Eligible" containing a box labeled "Your dependents" with a green "Add dependent" button. A list of dependents is shown below, including "Cool, Joe (Self)".

- Click 'Add dependents'. A line is added. Click the '+' next to 'New'.

Elect Supplemental Coverage

Newly Eligible

Your dependents ➕ Add dependent

+ Cool, Joe (Self)

--New-- 👤

[Qualified Dependents](#)

Last name* First name* Middle name SSN*

☐ This person currently has no social security number

Suffix Birth date* Birth sex*

☒ Residential address is the same as subscriber

Relation to subscriber* Qualifying reason*

Submit changes Cancel changes



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

- 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).

- If the dependent's name includes a suffix, enter the suffix.
- Enter the date of birth and the birth sex. The choices include 'Male' or 'Female.'

8. 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.
9. 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:

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

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

Military State Codes:

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

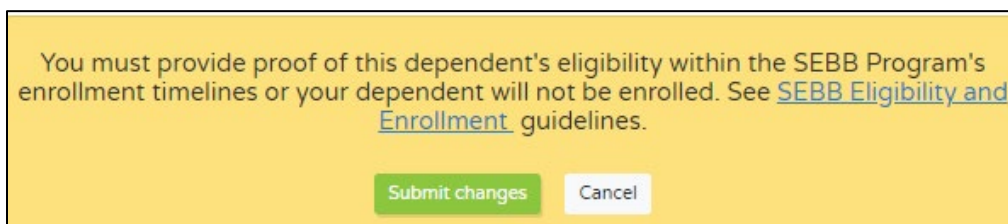
10. From the 'Relation to subscriber' drop-down, select the relationship. The choices include:

- Child
- Extended dependent
- Spouse/state-registered domestic partner
- Step child (not adopted)

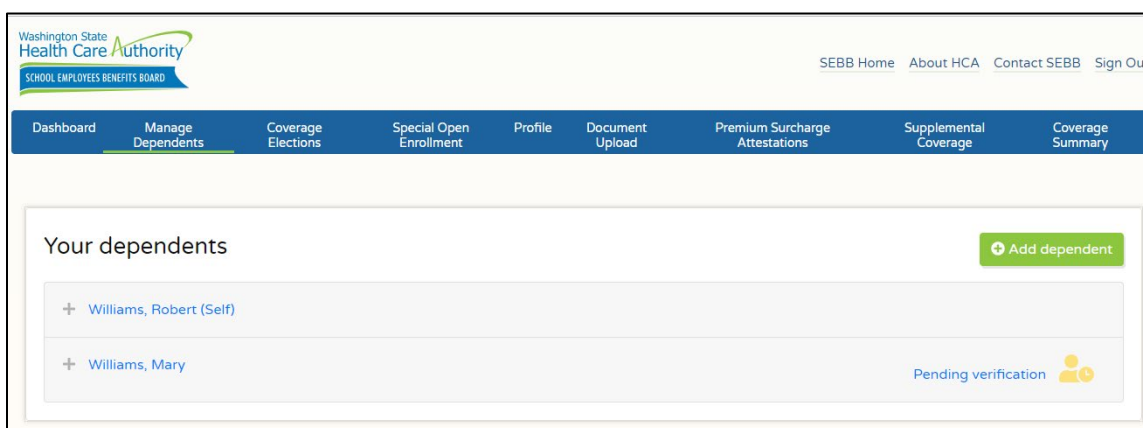
11. From the 'Qualifying reason' drop-down, select the reason. The choices include:

- Dependent (not disabled or extended)
- Disabled child
- Extended child
- Married spouse
- Non-WA State-registered domestic partner
- WA State-registered domestic partner

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



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



15. 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 disability

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 –

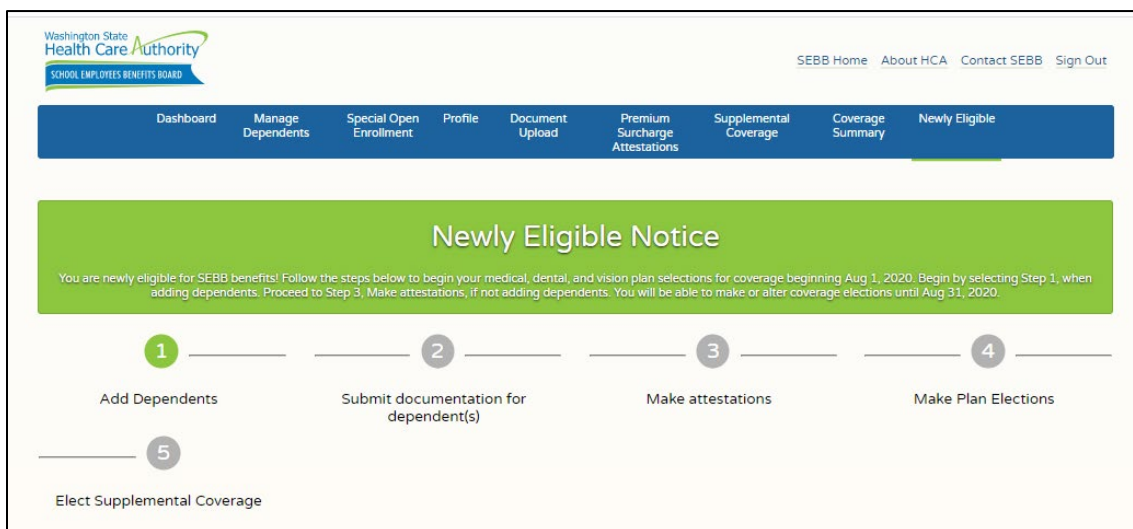
- **Annual open enrollment** – no later than the last day of open enrollment
- **Newly eligible employees** – no later than 31 days after the date of eligibility
- **Special open enrollment** – no later than 60 days after the date of the event

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 step “2” Submit documentation for dependents.



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

The screenshot shows the 'Document upload' page with a blue navigation bar at the top containing links: Dashboard, Manage Dependents, Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, Coverage Summary, and Newly Eligible. The main content area has a heading 'Document upload' and a subheading 'Eligibility document guidelines'. Below this, there is a paragraph stating that all dependents must be verified. It lists three enrollment periods: Newly eligible employees (31 days), Special open enrollment (60 days), and Annual open enrollment (no later than the last date of annual open enrollment). It also defines an eligible dependent according to WAC 182-31-140. There are three links: 'Accepted dependent verification documents', 'Certification of dependent with a disability' (with a note to follow form instructions and not upload to SEBB My Account), and 'Extended dependent certification'. Another paragraph states that all documents must be submitted in English. Below this is a subheading 'Special open enrollment document guidelines' and a paragraph about supporting documentation for life change events. At the bottom of the guidelines section is a 'Select files...' button. Below the button, it lists allowed file types (pdf, jpg, jpeg, png) and a maximum file size of 6mb.

3. Select the document. Click 'Open'.

This screenshot shows the same 'Document upload' page, but with the 'Associate documents' section expanded. The 'Select files...' button has been replaced by a document card for 'Aura Avaya Voicemail Setup.pdf'. To the right of the document card is a 'Document type' dropdown menu currently set to 'Tax Return'. Further right is a 'Verification applicable to:' section with a checked checkbox for 'Mary Cool - Pending' and a small dropdown arrow. At the bottom of the section are two buttons: a light blue 'Clear' button and a green 'Upload document' button.

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.

You must provide proof of the event that created the special open enrollment (for example, a marriage or birth certificate) along with the required enrollment/change forms to your payroll or benefits office, or in SEBB My Account, no later than 60 days after the event. Please refer to [SEBB Administrative policy 45-2](#) and [addendum 45-2A](#) for more information.

Select files...

Allowed file types: pdf, jpg, jpeg, png
Maximum file size: 6mb

Associate documents

Aura Avaya Voicemail Setup.pdf

Document type
Tax Return

Verification applicable to:
☒ Mary Cool - Pending

Clear Upload document

6. Repeat the steps for each dependent verification document.
7. Click 'Upload documents'.

Confirmation of proof of eligibility submission

Thank you for submitting proof of eligibility for your dependents. Please respond promptly to employer requests for additional information or verification documents.

You will receive a letter in the mail indicating whether or not you submitted valid dependent verification.

Ok

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, 13 years of age or older, 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:

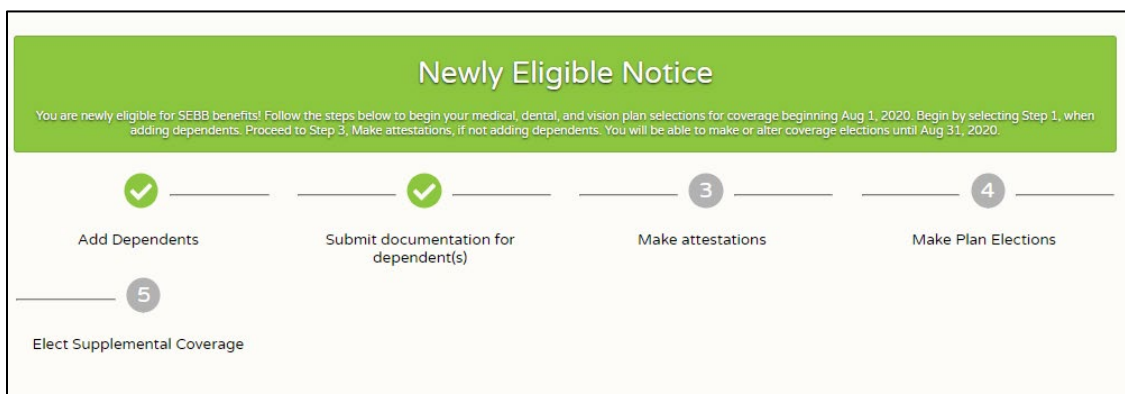
- Neither you nor any of your enrolled dependents use tobacco products.
- You and your dependents who are tobacco users age 18 and older are enrolled in your medical plan's tobacco cessation program. Tobacco users age 13 to 17 are considered enrolled in a tobacco program if they access information and 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 step “3” Make attestations.



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.

Newly Eligible

Premium surcharge attestations

Verify that the surcharges below apply to you by checking the appropriate box(es) then click the **Continue** button at the bottom to submit.
[Additional information on surcharges.](#)

Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.

Events that require a change: You must change your attestation when you or your enrolled family members' (ages 13 and older) tobacco use status changes. If you check YES or leave the checkboxes blank for yourself or any family members listed below, you will pay the monthly surcharge.

Note: Enrolled family members ages 12 and younger are automatically defaulted to NO. You do not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Has this person used tobacco products in the last two months? If he or she is enrolled in our SEBB medical plan's tobacco cessation program (if age 18 or older) or has accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select NO.

Member name	Response <input checked="" type="checkbox"/> All YES? <input type="checkbox"/> All NO?	Date started tobacco use
Joe Cool	<input checked="" type="checkbox"/> Yes	mm/dd/yyyy
Mary Cool	<input checked="" type="checkbox"/> Yes	mm/dd/yyyy

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 question number one is 'Yes'.

Dashboard Manage Dependents Special Open Enrollment Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary Newly Eligible

Spouse or state-registered domestic partner coverage premium surcharge

[Learn about this 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?
☐ No ☐ Yes
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.)
☐ No ☐ Yes
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?
☐ No ☐ Yes
4. Has your spouse or state-registered domestic partner elected not to enroll in their employer's medical (including PEBB coverage) in 2020?
☐ No ☐ Yes
5. Will the coverage offered by your spouse's or state-registered domestic partner's employer in 2020 NOT be through the SEBB Program or TRICARE? Answer YES if your spouse's or state-registered domestic partner's employer does not offer SEBB coverage or a TRICARE plan. Answer NO if your spouse's or state-registered domestic partner's employer offers SEBB coverage or TRICARE.
☐ No ☐ Yes
6. Will your spouse's or state-registered domestic partner's share of the medical premium through their employer be less than \$108.31 per month in 2020?
☐ No ☐ Yes

☐ 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. If it isn't, or if I do not provide timely, updated information, I will owe surcharges to the SEBB Program.
- I declare that one (or more) of the event(s) above occurred that requires me to change my attestation to the tobacco use and/or spouse or state-registered domestic partner coverage surcharge, and that I'm reporting it within the SEBB Program's deadlines.
- 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(s) 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
- A change that results in removing the premium surcharge (family member(s) stopped using tobacco products or enrolled in your SEBB medical plan'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 pension deduction or Electronic Debit Service, I authorize the Department Of Retirement Systems or Health Care Authority to deduct any surcharge(s) owed from these accounts.

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

[Continue](#) [Clear changes](#)

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'. If the attestations are correct, click 'OK'.

The screenshot shows a web application interface with a blue navigation bar at the top containing links: Dashboard, Manage Dependents, Coverage Elections, Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations (highlighted), Supplemental Coverage, and Coverage Summary. Below the navigation bar, the main content area is titled 'Your premium surcharge attestation changes'. It contains two identical alert boxes. Each alert box has a light gray header with the text 'Attestation change alert'. Below the header, the text reads: 'Based on your current attestations, you will NOT pay the \$25 tobacco use surcharge.' followed by a green 'OK' button. The second alert box has the same header but the text reads: 'Based on your current attestations, you will NOT pay the \$50 spousal surcharge.' followed by a green 'OK' button.

6. Click 'Confirm' to confirm your attestations.

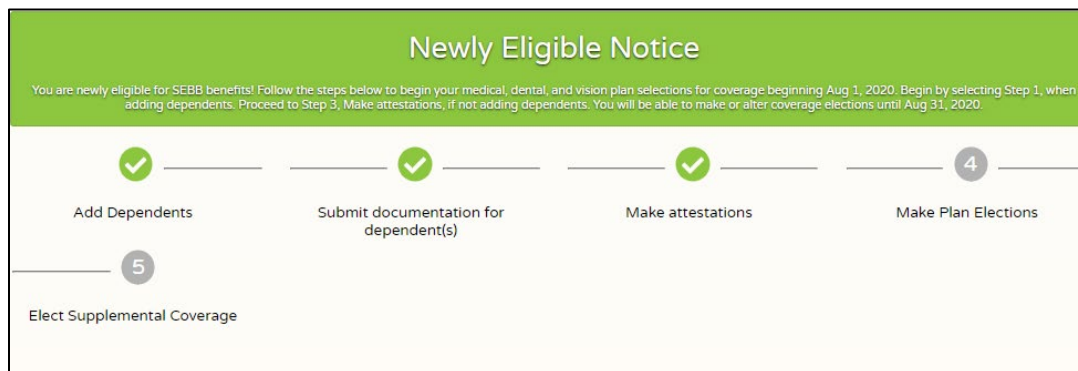
The screenshot shows the same web application interface as the previous one. The main content area is titled 'Your premium surcharge attestation changes'. It contains a large light gray box with the text 'Thank you!' at the top. Below this, it says 'If correct, select *Confirm*. To adjust your answer, select *Cancel*.' followed by a paragraph: 'Generally, changes which result in adding or removing a surcharge will take effect the month following the status change. Changes received on the first day of the month will be effective that month. Changes made during annual open enrollment will be effective January 1 of the following plan year.' Below this paragraph is a bulleted list:

- You will NOT pay the \$25 tobacco use premium surcharge in addition to your monthly medical premium.
- You will NOT pay the \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium.

At the bottom of the box are two buttons: a green 'Confirm' button and a gray 'Cancel' button.

Coverage elections

1. Click step 4 – Make plan elections.



2. To 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)

Benefits coverage enrollments for 2020

Make any changes below and use the **continue** button at the bottom to submit.

Coverage effective Jan 1, 2020

Subscriber name: Robert M Williams
County of residence: Thurston
2020 Medical plan: Default -- not enrolled with a valid plan
2020 Dental plan: Default -- not enrolled with a valid plan
2020 Vision plan: Default -- not enrolled with a valid plan
2020 Life plan: MetLife
2020 AD&D plan: Employee AD&D

Need more help deciding on plans?
Let ALEX walk you through this.

Select your medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	Kaiser Permanente WA Core 1	\$100
<input type="checkbox"/>	Kaiser Permanente WA Core 2	\$100
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 1	\$100
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 2	\$100
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 3	\$100
<input type="checkbox"/>	Kaiser Permanente WA SoundChoice	\$100
<input type="checkbox"/>	Premiera High PPO	\$100
<input type="checkbox"/>	Premiera Peak Care EPO	\$100
<input type="checkbox"/>	Premiera Standard PPO	\$100
<input type="checkbox"/>	UMP Achieve 1	\$100
<input type="checkbox"/>	UMP Achieve 2	\$100
<input type="checkbox"/>	UMP High Deductible	\$100
<input type="checkbox"/>	UMP Plus-Puget Sound High Value Network	\$100
<input type="checkbox"/>	UMP Plus-UW Medicine Accountable Care Network	\$100

☐ Waive medical coverage. Waiving coverage means you and your spouse / state-registered domestic partner / dependents will not have medical coverage. You cannot enroll for medical coverage until the next open enrollment period, or until you experience a special open enrollment based on a qualifying event.

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.

The screenshot shows the 'Coverage Elections' section of the SEBB My Account interface. It features a navigation bar with links: Dashboard, Manage Dependents, Coverage Elections (active), Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, and Coverage Summary. Below the navigation bar, there are two main sections: 'Change your dental plan' and 'Change your vision plan'. Each section contains a table of available plans and a link to compare plans.

Change your dental plan

Available dental plans:

	Dental plan	Premium
<input type="checkbox"/>	DeltaCare (ET09601)	\$100
<input type="checkbox"/>	Uniform Dental Plan (ET09600)	\$100
<input type="checkbox"/>	Willamette Dental of Washington, Inc.	\$100

[Compare dental plans and benefits](#) for the dental plans that are available to you .

Change your vision plan

Available vision plans:

	Vision plan	Premium
<input type="checkbox"/>	Davis Vision	\$100
<input type="checkbox"/>	EyeMed Vision Care	\$100
<input type="checkbox"/>	MetLife Vision	\$100

[Compare vision plans and benefits](#) for the vision plans that are available to you .

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 for each type of coverage. The dependent will not be enrolled unless you choose 'Yes' next to each of the benefits.

Subscriber and dependents enrollment (Effective Aug 1, 2020)

Enroll dependents for the upcoming year. Select Yes from the drop-down next to the dependent you wish to enroll for each form of coverage. Your dependents will be enrolled in the same plans as you.

Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage	Enroll in DENTAL coverage
Joe Cool	Yes	Yes	Yes
Mary Cool (Pending Verification)	No	No	No

[Continue](#) [Clear changes](#)

7. Review your selections to ensure you have made the correct selections.
8. Click 'Continue'. Click 'Accept' to confirm your plan choices. Click 'Cancel' to go back and change your plan choices.

Your open enrollment selections for 2020

Confirm selections

Medical change

Vision change

Dental change

You have selected DeltaCare, which is a managed-care plan. You must select and receive care from a primary care dental provider in DeltaCare's network. Please make sure your dentist is in DeltaCare's network by calling DeltaCare at 1-800-650-1583. If you use a dentist not in network, your claims will not be paid. If you select this plan in error and do not make a plan change by November 15, 2019, you will not be eligible to change your plan until the next annual open enrollment period or if allowed due to a special open enrollment event.

Medical change

Dental change

Vision change

[Accept](#) [Cancel](#)

9. Click 'Confirm'.

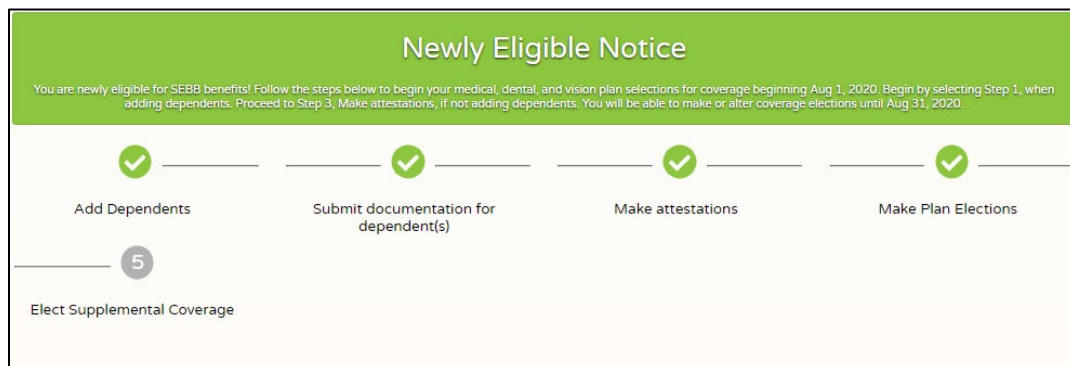
10. Click 'Download' to download and print a copy of your selections.

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.

Example of Summary of Coverage of Elections

Supplemental coverage

1. Click step '5' – Elect Supplemental Coverage.



2. The Supplemental Coverage Options page opens.

Newly Eligible

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. Enrolling is simple; select the begin button below and click submit.

☐ **Begin enrollment in supplemental LTD**

Submit

To utilize Standard's monthly premium calculator, visit the Standard Calculator Tool standard.com/mybenefits/sebb/premium-ltd.html

To calculate your monthly LTD premium yourself, please use the formula below. Your monthly insured earnings (not to exceed \$16,667) x Age Rate = Monthly Premium

Supplemental LTD rate table

Age	Rate applied to earnings
0 to 29	0.0014
30 to 34	0.0019
35 to 39	0.0029
40 to 44	0.0041
45 to 49	0.0056
50 to 54	0.0077
55 to 59	0.0093
60 to 64	0.0096
65 and older	0.0098

To learn more about supplemental LTD benefits, visit the [Long-Term Disability webpage](#).

3. If you choose to enroll in supplemental long-term disability (LTD) with a 90-day waiting period, select the 'radio button next to **Begin enrollment in supplemental LTD** to enroll in supplemental LTD'. Click 'Submit'.

Your premium is based on your monthly salary and your age and will be deducted from your paycheck.

4. 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.

[Supplemental life and accidental death & dismemberment \(AD&D\) insurance](#)

The SEBB program provides basic life insurance and AD&D insurance at no cost to eligible employees. This coverage is offered through MetLife.

The SEBB program's benefits package includes basic life at no cost to employees. It provides:

- \$35,000 for death from any cause
- \$5,000 in case of accidental death or dismemberment (AD&D)

In addition to basic coverage, eligible employees can choose to enroll in supplemental life and AD&D insurance for themselves or their eligible dependents. Create an account through [MetLife MyBenefits Portal](#).

5. 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.

[Health savings account \(HSA\)](#)

When you enroll in the UMP high-deductible health plan through SEBB 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 employer to determine if you can arrange automatic payroll deductions to your HSA.

To confirm the maximum annual contribution to your HSA, please visit the [IRS website](#).

For a list of items and services you can pay for with your HSA funds, visit the [HealthEquity website](#) or call 1-877-783-8823.

6. 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.

[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 healthcare costs.

The DCAP lets you set aside pretax money from your paycheck to help pay for qualifying child care or elder care expenses. The Health Care Authority contracts with [Navia Benefit Solutions](#) to process claims and provide customer service for SEBB program subscribers.

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 programs annual open enrollment period (October 1st through November 15th)
- No later than 60 days after you or an eligible dependent has a qualifying event that creates a special open enrollment.

To enroll or re-enroll, please visit [Navia Benefit Solutions](#).

7. 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.



SmartHealth is your voluntary wellness program that supports you on your journey toward living well. The secure, easy-to-use, mobile-friendly website offers tips and tools through fun activities such as sleeping better, eating healthier, and planning for retirement. Whether you are trying something new or adding to what you already do, SmartHealth has something for everyone.

[Start your wellness journey by learning more about SmartHealth rewards.](#)

Coverage Elections

The Coverage Elections tab shows the current coverage you're enrolled in. If you are newly eligible and make your selections prior to the effective date of your benefits, this screen will not populate with your elections until you reach the effective date.

Subscriber's Current Coverage

This page displays coverage effective as of today. Your open enrollment benefits will be in effect January 1, 2020. Please see [Coverage Elections for Open Enrollment selections](#).

[Statement of Insurance](#)

Use this page to perform the following actions:

- Review subscriber's current account information and coverage selections
- View subscriber's Statement of Insurance
- Subscribe or unsubscribe from email notifications
- Review subscriber enrollment

Section A - Subscriber account information

Subscriber name: Madison Smith
County of residence: King
Email address:

☐ Subscriber wishes to receive email notifications from the SEBB program

Current medical plan: UMP Achieve 1
Medical premium: \$33.00
Tobacco use surcharge*: \$0.00
Spousal coverage surcharge*: \$0.00
Total: \$33.00
*Surcharges are in addition to the monthly medical premium.

Current dental plan: Uniform Dental Plan (Group #09000)
Dental premium: \$0.00
Current vision plan: MetLife Vision
Vision premium: \$0.00

Section B - Subscriber and/or dependent coverage information

Coverage information
Note: newly added dependents will not appear here unless they will receive coverage for the current year based on an event that creates a Special Open Enrollment.

Member Name	Medical effective dates	Dental effective dates	Vision effective dates
Madison Smith	05/01/2020 - Current	05/01/2020 - Current	05/01/2020 - Current

Attestations

Tobacco use premium surcharge:

If subscriber responded NO for any of the dependents below, they either have not used tobacco products in the last two months, or are currently enrolled in subscriber's medical plan's tobacco cessation program (if ages 18 or older) or have accessed information and resources at [Smokefree Teen](#) (if ages 13-17). Enrolled dependents ages 12 and younger are automatically defaulted to NO. If the employee responded YES for themselves or any of the dependents listed below, they will be charged the monthly \$25 per-account premium surcharge in addition to their monthly medical premiums.

Member name	Tobacco use
Madison Smith	No

Subscriber will pay the spouse or state-registered domestic partner surcharge: No

Select the [Statement of Insurance](#) button at the top of this page to get a PDF statement showing all of subscriber's insurance coverages, except supplemental life insurance, as of today. Go to the [MetLife MyBenefits portal](#) to view your supplemental life and accidental death and dismemberment insurance.

Statement of Insurance

The Statement of Insurance may be downloaded to show proof of your current enrollment.

Washington State
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

STATEMENT OF INSURANCE

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR RECORDS, PLEASE CONTACT YOUR EMPLOYER'S PERSONNEL, PAYROLL, OR BENEFITS OFFICE (IF YOU ARE AN EMPLOYEE) OR SEBB BENEFITS SERVICES AT 1-800-200-1004 (IF YOU ARE A RETIREE, COBRA, OR LEAVE WITHOUT PAY SUBSCRIBER).

SEATTLE, WA 98159

ENROLLMENT INFORMATION			
MEMBER NAME	MEDICAL COVERAGE ENROLLED DATE	DENTAL COVERAGE ENROLLED DATE	VISION COVERAGE ENROLLED DATE
SMITH, MADISON	05/01/2020	05/01/2020	05/01/2020

HCA-SPONSORED COVERAGE

MEDICAL COVERAGE
PROVIDED BY: UMP ACHIEVE 1

DENTAL COVERAGE
PROVIDED BY: UNIFORM DENTAL PLAN
(GROUP #09600)

VISION COVERAGE
PROVIDED BY: METLIFE VISION

MEDICAL PREMIUM: \$33.00

TOBACCO SURCHARGE: \$0.00

SPOUSAL/STATE-REGISTERED DOMESTIC PARTNER PREMIUM SURCHARGE: \$0.00

DENTAL PREMIUM: \$0.00

VISION PREMIUM: \$0.00

TOTAL MONTHLY PREMIUM: \$33.00

THIS STATEMENT IS NOT A GUARANTEE OF INSURANCE. IT IS INTENDED TO BE A STATEMENT OF RECORD OF YOUR ENROLLMENT. THE INSURANCE COVERAGE IS GOVERNED BY THE INSURANCE CONTRACT OR CERTIFICATE OF COVERAGE.

Page 1 of 2

Washington State
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

STATEMENT OF INSURANCE

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR RECORDS, PLEASE CONTACT YOUR EMPLOYER'S PERSONNEL, PAYROLL, OR BENEFITS OFFICE (IF YOU ARE AN EMPLOYEE) OR SEBB BENEFITS SERVICES AT 1-800-200-1004 (IF YOU ARE A RETIREE, COBRA, OR LEAVE WITHOUT PAY SUBSCRIBER).

EMPLOYER-PAID COVERAGES

\$35,000.00 Life

\$5,000.00 AD&D

OPTIONAL COVERAGES

PLEASE VISIT METLIFE AT mybenefits.metlife.com/wasebb TO VIEW YOUR OPTIONAL INSURANCE ELECTIONS, OR CALL METLIFE AT 1-833-854-9624.

HCA LONGTERM DISABILITY INSURANCE COVERAGE

BASIC LTD WITH 90-DAY WAITING PERIOD

SUPPLEMENTAL LTD COVERAGE: WAIVED / NOT CURRENTLY ENROLLED

THIS STATEMENT IS NOT A GUARANTEE OF INSURANCE. IT IS INTENDED TO BE A STATEMENT OF RECORD OF YOUR ENROLLMENT. THE INSURANCE COVERAGE IS GOVERNED BY THE INSURANCE CONTRACT OR CERTIFICATE OF COVERAGE.

Page 2 of 2

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.

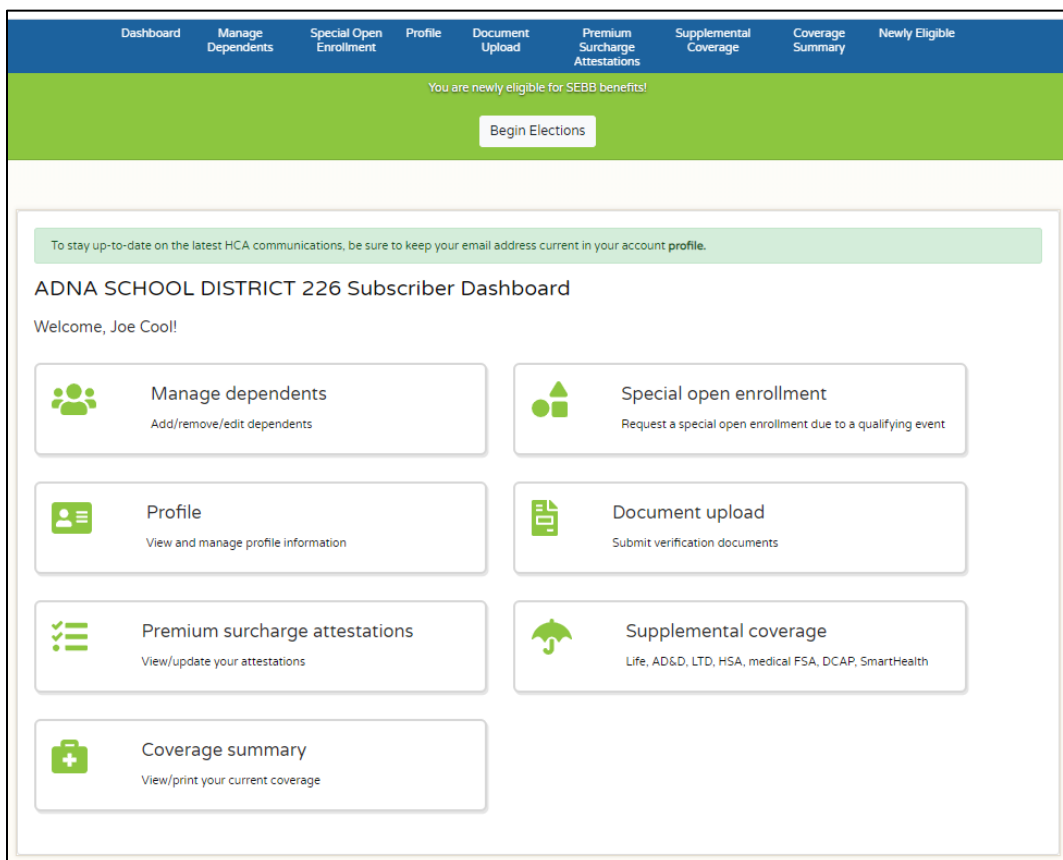
The following changes may be made at any time during the year.

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.



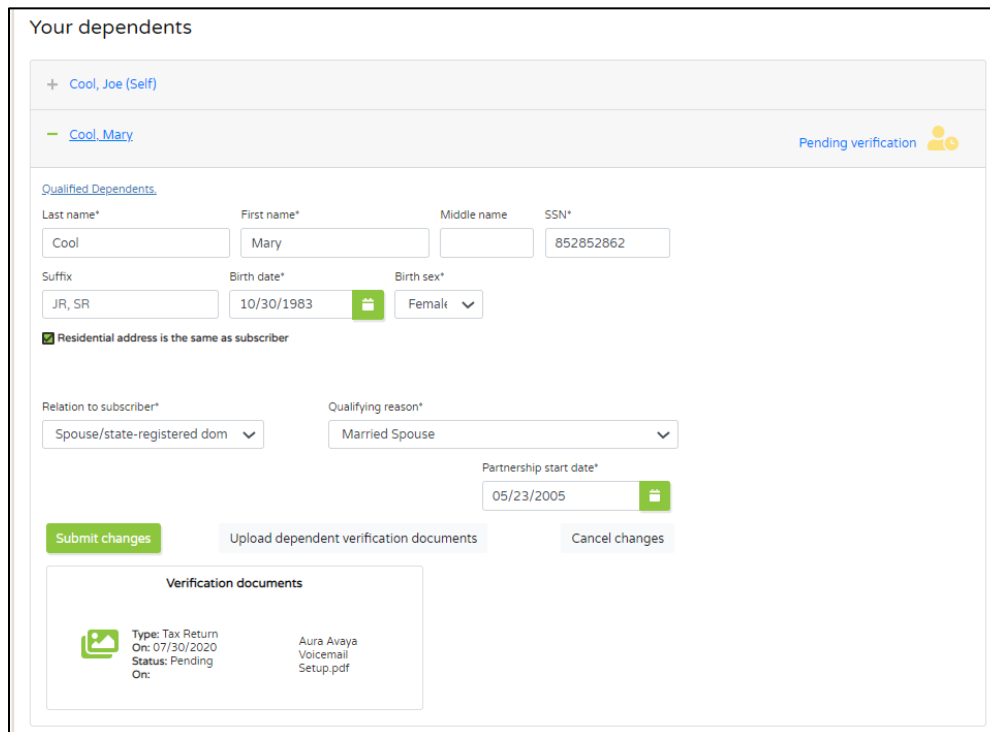
2. Click the 'Manage dependents' tile.



Your dependents

- + Cool, Joe (Self)
- + Cool, Mary Pending verification

3. Click the '+' next to the name of the dependent.



Your dependents

- + Cool, Joe (Self)
- Cool, Mary Pending verification

Qualified Dependents

Last name* First name* Middle name SSN*


Suffix Birth date* Birth sex*

☒ Residential address is the same as subscriber

Relation to subscriber* Qualifying reason*

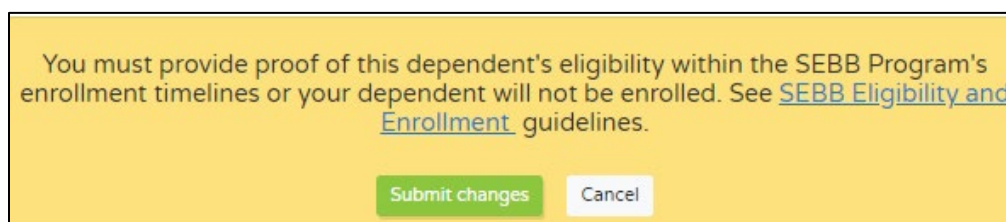
Partnership start date*

Verification documents

 Type: Tax Return
On: 07/30/2020
Status: Pending
On:

Aura Avaya
Voicemail
Setup.pdf

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 this 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.

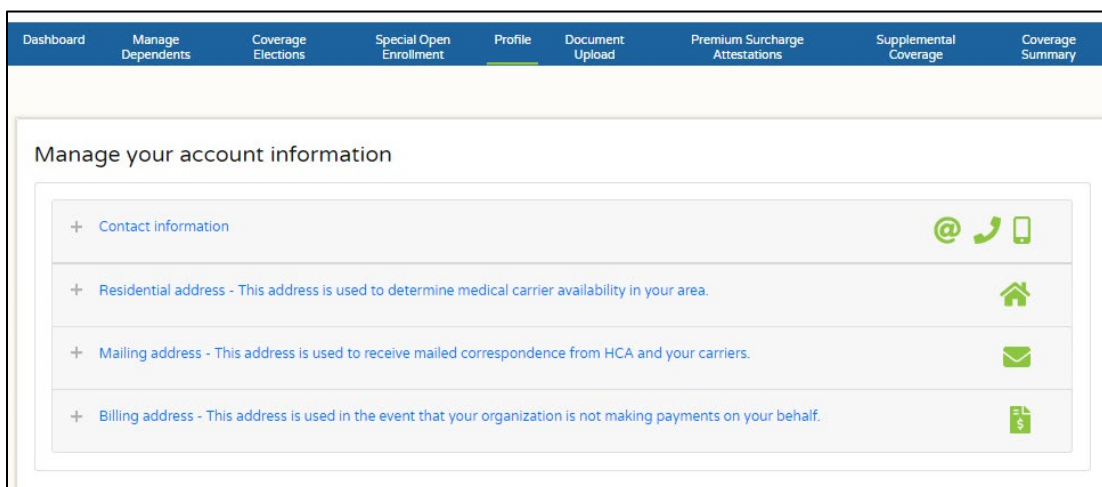


You must provide proof of this dependent's eligibility within the SEBB Program's enrollment timelines or your dependent will not be enrolled. See [SEBB Eligibility and Enrollment](#) guidelines.

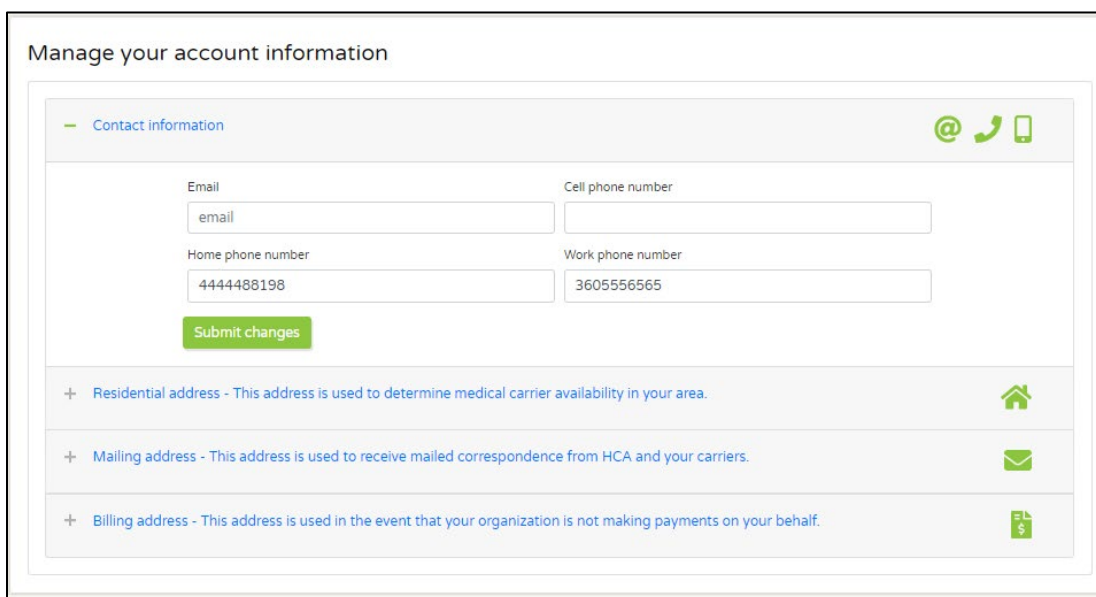
7. Click 'Submit changes' again. The dependent's information will collapse with just the name.

Update your contact information

1. Log into SEBB My Account. Click the 'Profile' tile.



2. Click the '+' next to 'Contact information'.



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 premium surcharge attestations



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.

Update the tobacco use premium surcharge

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.

Premium surcharge attestations

Verify that the surcharges below apply to you by checking the appropriate box(es) then click the **Continue** button at the bottom to submit.
[Additional information on surcharges.](#)

Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.

Events that require a change: You must change your attestation when you or your enrolled family members' (ages 13 and older) tobacco use status changes. If you check YES or leave the checkboxes blank for yourself or any family members listed below, you will pay the monthly surcharge.

Note: Enrolled family members ages 12 and younger are automatically defaulted to NO. You do not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Member name	Response	Date started tobacco use
Joe Cool	<input type="checkbox"/> All YES? <input checked="" type="checkbox"/> All NO?	

Has this person used tobacco products in the last two months? If he or she is enrolled in our SEBB medical plan's tobacco cessation program (if age 18 or older) or has accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select NO.

No

LEGAL NOTICE

By selecting the **Continue** button below:

- I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not provide timely, updated information, I will owe surcharges to the SEBB Program.
- I declare that one (or more) of the event(s) above occurred that requires me to change my attestation to the tobacco use and/or spouse or state-registered domestic partner coverage surcharge, and that I'm reporting it within the SEBB Program's deadlines.
- 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(s) started using tobacco products). If that day is the first of the month, the change to the surcharge begins on that day.
- A change that results in removing the premium surcharge (family member(s) stopped using tobacco products or enrolled in your SEBB medical plan'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 pension deduction or Electronic Debit Service, I authorize the Department Of Retirement Systems or Health Care Authority to deduct any surcharge(s) owed from these accounts.

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

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.

The screenshot shows two sequential pop-up windows. The first window has a title bar 'Your premium surcharge attestation changes' and a header 'Attestation change alert'. The main text reads: 'Based on your current attestations, you WILL pay the \$25 tobacco use surcharge each month in addition to your premium.' Below the text is a green 'Ok' button. The second window is identical in layout but the main text reads: 'Based on your current attestations, you will NOT pay the \$50 spousal surcharge.' with another green 'Ok' button.

6. Click 'Confirm' to your attestation changes.

The screenshot shows a confirmation screen with the title 'Your premium surcharge attestation changes' and a header 'Thank you!'. Below the header, it says 'If correct, select *Confirm*. To adjust your answer, select *Cancel*.' A paragraph follows: 'Generally, changes which result in adding or removing a surcharge will take effect the month following the status change. Changes received on the first day of the month will be effective that month. Changes made during annual open enrollment will be effective January 1 of the following plan year.' Below this are two bullet points: '• You will pay the \$25 tobacco use surcharge in addition to your monthly medical premium.' and '• You will NOT pay the \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium.' At the bottom, there is a green button with a right arrow and the text 'Confirm', and a grey button with a left arrow and the text 'Cancel'.

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

- Log into SEBB My Account.
- 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.
- Click the 'Coverage summary' tab in the blue menu bar.

- 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

- Log into SEBB My Account.
- Click the 'Coverage summary' tab on the blue menu bar.
- 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.

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 and required dependent verification documents, if applicable, 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 (such as changing your 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 ate-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.

Dashboard Manage Dependents Special Open Enrollment Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary Newly Eligible

You are newly eligible for SEBB benefits!

Begin Elections

To stay up-to-date on the latest HCA communications, be sure to keep your email address current in your account profile.

ADNA SCHOOL DISTRICT 226 Subscriber Dashboard

Welcome, Joe Cool!

Manage dependents
Add/remove/edit dependents

Special open enrollment
Request a special open enrollment due to a qualifying event

Profile
View and manage profile information

Document upload
Submit verification documents

Premium surcharge attestations
View/update your attestations

Supplemental coverage
Life, AD&D, LTD, HSA, medical FSA, DCAP, SmartHealth

Coverage summary
View/print your current coverage

2. Click the 'Special open enrollment' tile.

Special Open Enrollment

Special open enrollment guidelines

A special open enrollment is a period of time after specific life events (such as a birth or marriage) when subscribers may make changes outside of the SEBB Program's annual open enrollment. During the special open enrollment, subscribers may, change health plans, enroll or remove dependents from coverage, or enroll in or waive enrollment in SEBB medical. Employees eligible to participate in the salary reductions plan may enroll in or revoke their election (or make a new election) under the Dependent Care Assistance Program, Medical Flexible Spending Arrangement, or the premium payment plan.

The SEBB Program allows changes outside of the SEBB Program's annual open enrollment when certain events create a special open enrollment. The change in enrollment must be allowable under the Internal Revenue Code and Treasury Regulations, and correspond to and be consistent with the event that creates the special open enrollment for the employee, the employee's dependents, or both.

The Internal Revenue Code and Treasury Regulations require the change must correspond and be consistent with the event that affects eligibility for coverage.

You must provide proof of the event that created the special open enrollment (for example, a marriage certificate or birth certificate).

Submit a request for special open enrollment:

Select the applicable event* Date of event

Event type	Event date	Status	Reason	Enrollment period e...	Manage
No records available.					

0 - 0 of 0 items

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.

Special Open Enrollment

Special open enrollment guidelines

A special open enrollment is a period of time after specific life events (such as a birth or marriage) when subscribers may make changes outside of the SEBB Program's annual open enrollment. During the special open enrollment, subscribers may, change health plans, enroll or remove dependents from coverage, or enroll in or waive enrollment in SEBB medical. Employees eligible to participate in the salary reductions plan may enroll in or revoke their election (or make a new election) under the Dependent Care Assistance Program, Medical Flexible Spending Arrangement, or the premium payment plan.

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The Internal Revenue Code and Treasury Regulations require the change must correspond and be consistent with the event that affects eligibility for coverage.

You must provide proof of the event that created the special open enrollment (for example, a marriage certificate or birth certificate).

Submit a request for special open enrollment:

Select the applicable event*

Birth or Adoption

Date of event

07/30/2020

Submit

	Event type	Event date	Status	Reason	Enrollment period e...	Manage
<input type="checkbox"/>	Birth or Adoption	7/30/2020	Pending	Received	9/28/2020	Delete

1 - 1 of 1 items

6. Click the checkbox next to the event. The allowable actions open.

Submit a request for special open enrollment:

Select the applicable event*

Birth or Adoption

Date of event

07/30/2020

Submit

	Event type	Event date	Status	Reason	Enrollment period e...	Manage
<input checked="" type="checkbox"/>	Birth or Adoption	7/30/2020	Pending	Received	9/28/2020	Delete

1 - 1 of 1 items

Actions available under your special open enrollment for **Birth or Adoption** on **Jul 30, 2020** :

> Waive Medical Plan

> Add New Dependents

> Make Plan Elections

> Return From Waived

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.

The screenshot shows a table with the following data:

	Event type	Event date	Status	Reason	Enrollment period e...	Manage
<input checked="" type="checkbox"/>	Birth or Adoption	7/30/2020	Pending	Received	9/28/2020	Delete

Below the table, there is a section titled "Actions available under your special open enrollment for Birth or Adoption on Jul 30, 2020 :". This section contains a list of actions: "Waive Medical Plan", "Add New Dependents", "Make Plan Elections", "Requirements: Add a dependent", "Return From Waived", and "Make Plan Elections" (with a lock icon).

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.

1. Expand the 'Add New Dependents' section, click on step '1'.

The screenshot shows the "Add New Dependents" section expanded, displaying a three-step process: 1. Add Dependents, 2. Submit documentation for dependent(s), and 3. Make attestations. Below the steps, there is a "Your dependents" section with a list of dependents: "Cool, Joe (Self)" and "Cool, Mary". A "Pending verification" status is shown next to "Cool, Mary".

- Click the green 'Add Dependent' button, click the '+' next to 'New' and complete the information.

Your dependents + Add dependent

+ Cool, Joe (Self)

+ Cool, Mary Pending verification

- --New-- + Add dependent

Qualified Dependents:

Last name* First name* Middle name SSN*

☐ This person currently has no social security number

Suffix Birth date* Birth sex*

☒ Residential address is the same as subscriber

Relation to subscriber* Qualifying reason*

Submit changes Cancel changes

- Click 'Submit Changes'. Click 'Submit Changes' again.
- Upload dependent verification documents.
- Attest to the appropriate premium surcharges.
- To enroll the new dependent in coverage, click 'Make Plan Elections'.

Benefits coverage enrollments for 2020

Make any changes below and use the [continue](#) button at the bottom to submit.

Coverage effective Aug 1, 2020

Subscriber name: Joe A Cool
County of residence: Thurston
2020 Medical plan: UMP / Achieve 1
2020 Dental plan: Uniform Dental Plan (Group #09600)
2020 Vision plan: MetLife Vision
2020 Life plan: MetLife
2020 AD&D plan: Employee AD&D

Need more help deciding on plans?
Let [ALEX](#) walk you through this.

Select your medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	Kaiser Permanente WA Core 1	\$26
<input type="checkbox"/>	Kaiser Permanente WA Core 2	\$38
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 1	\$78
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 2	\$138
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 3	\$232
<input type="checkbox"/>	Kaiser Permanente WA SoundChoice	\$98
<input type="checkbox"/>	Premiera High PPO	\$140
<input type="checkbox"/>	Premiera Peak Care EPO	\$62
<input type="checkbox"/>	Premiera Standard	\$44

✓ [Compare medical plans.](#)
[Medical plans available by county.](#)
Ensure that your provider of choice is available in the selected plan: [Find your provider.](#)
✓ [Plan contact information.](#)

- If you are making plan changes, select the new medical, dental, and/or vision plan. Otherwise, verify the correct plan is selected. Scroll to the bottom of the page.

Dashboard
Manage Dependents
Special Open Enrollment
Profile
Document Upload
Premium Surcharge Attestations
Supplemental Coverage
Coverage Summary
Newly Eligible

Employee AD&D Insurance: \$5,000.00

If you wish to increase your life and AD&D benefits, you may elect supplemental employee paid coverages. To learn more about electing supplemental life and AD&D coverage, click on the Supplemental Coverages from your dashboard after completing your enrollments on this page.

To designate a beneficiary, create an account through the MetLife portal, visit *Group Life Insurance* on your profile page, and then click the *Beneficiaries* tab. You can also call MetLife at 1-833-854-9624 to request a Group Term Life Beneficiary Designation form.

Long term disability (LTD) insurance

Employer paid, basic benefit

- \$400/month maximum LTD benefit. (60% the first \$667 of your pre-disability earnings (monthly base pay), reduced by any deductible income).
- 90 day benefit waiting period

*Applicable only to SEBB eligible employees anticipated to work 630+ hours/year.

If you wish to increase your LTD benefit, you may elect supplemental employee paid LTD coverage. To elect supplemental LTD coverage, you must click on *Supplemental Coverages* from your dashboard after completing your enrollments on this page.

Subscriber and dependents enrollment (Effective Aug 1, 2020)

Enroll dependents for the upcoming year. Select Yes from the drop-down next to the dependent you wish to enroll for each form of coverage. Your dependents will be enrolled in the same plans as you.

Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage	Enroll in DENTAL coverage
Joe Cool	Yes	Yes	Yes
Mary Cool (Pending Verification)	Yes	Yes	Yes
Sammy Cool (Pending Verification)	No	No	No

Continue
Clear changes

- Select 'Yes' for each benefit the dependent will be enrolled in.
- Click 'Continue'. 'Accept' your selections. Confirm your changes.
- Download a Summary of Coverage Elections.

When removing dependents:

Subscriber and dependents enrollment (Effective Jan 1, 2020)

Enroll dependents for the upcoming year. Select Yes from the drop-down next to the dependent you wish to enroll for each form of coverage. Your dependents will be enrolled in the same plans as you.

Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage	Enroll in DENTAL coverage
Robert Williams	Yes	Yes	Yes
Mary Williams (Pending Verification)	No	No	No
Joseph Williams (Pending Verification)	No	No	No
Baby Williams (Pending Verification)	No	No	No

Continue
Clear changes

- 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.
- 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.