# 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. SEBB My Account will be available beginning October 1, 2019.

### Resources

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

- <u>SEBB website</u>
- Employee Enrollment Guide sent to your home
- In person benefits fairs
- Virtual benefits fair online benefits fair. Visit the plans' 'booths' at your leisure.
- Alex online benefits comparison tool
- Benefits administrators at your district

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

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

### The contact center phone number is: 855-648-3100.

## Create your user account



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

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

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

### The first step – Create a SAW account

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

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

1. Open SEBB My Account from the link on the <u>SEBB website</u>. Click the <u>SEBB My Account</u> button. Click 'Log into SEBB My Account' under 'Employee/Subscriber login'.

Washington State Health Care Authority KRODE EWENTES BORTINS BOARD	SEBB Home About HCA Contact SEBB
School Employees E	Benefits Board - Login
Log into SEBB My Account to view your coverage Account, visit our <u>Help with SEBB My Account</u> we	e and premium surcharge information, get your statement of insurance, and make changes. To learn more about working with SEBB My abpage.
Employee/Subscriber login	Actions you can take during open enrollment (October 1 - November 15) (some restrictions apply)
Log into SEBB My Account	<ul> <li>Enroll in SEBB benefits</li> <li>Attest to the spouse or state-registered domestic partner coverage and tobacco premium surcharges</li> <li>Waive coverage for yourself (employees only)</li> <li>Add dependents (you must provide proof of your dependent's eligibility before they can be enrolled).</li> </ul>
Manage SEBB benefits for your organization	Actions you can take using SEBB My Account year-round
HCA Employee? Log in here	View your coverage information (employees and dependents)     View your coverage information (Continuation Coverage - January 1, 2020)     View your basic employer-paid life and ADSD Insurance information (employees only)     View your long-term disability insurance information (employees only)     Download your statement of insurance     View your permium 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 Ac Ce	ccessibility Language Access Non-discrimination Privacy practices pyright @2019 Washington Health Care Authority BB My Account v.1.0.90722.2

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

STATE CS WASHINGS	<b>WELCOME</b> to your login for Washington state.
Secure Access	SIGN UP! GET HELP TIPS ON
LOGIN USERNAME PASSWORD SUBMIT Eorgot your.username2   Eorgot your.pa	ON BEHALF OF WASHINGTON STATE AGENCIES

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

A STATE OF	SIGN UP! *	Е
	Not sure if you already have an account? CHECK NOW	gton state.
1889 30	FIRST NAME	
R SecureAccess	LAST NAME	N UPI GET HELP TIPS ON
CO WASHINGTON	EMAIL	5.05
USERNAME	USERNAME	
PASSWORD		STATE
	PASSWORD REQUIREMENTS Add at least 10 more characters	JENCIES
Forgot your user	Add a special character or a lower case letter or an uppercase letter or a number PASSWORD	
	CONFIRM PASSWORD	

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 STATE OF WASHINGTON OF THE STATE OF THE	۲ to your lo	<b>VELCOME</b> ogin for Washington state.
SecureAccess Washington		SIGN UP! GET HELP TIPS ON
LOG USERNAME PASSWORD SUBMI	IN	ON BEHALF OF WASHINGTON STATE AGENCIES

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'.

ashington State lealth Care Authority school Employees Benefits Board				SEBB Home	About HCA	Contact SEBB	Sign Out
Verification							
Subscriber verification	B My Account - Please provide th	e following information so we	can first verify that we have you	in our SEBB subscrib	er records.		
Subscriber last name*							
Subscriber date of birth*							
mm/dd/yyyy	-						
Last 4 digits of subscriber SSN							
		Verify my in	iformation				
Contact HCA	Accessibility La Copyright ©2019	nguage Access Non-discrimi Washington Health Care Auth	ination Privacy practices				
	SEBB My Account	t v.1.0.90722.2					

9. Select three security questions and enter the answers.

Woshington State Health Care Authority Science Revioned Biblions State			SEBB Home	About HCA	Contact SEBB	Sign Ou
Verification						
Thank you for logging in to SEBB My Accou	nt - Please provide the following information so w	e can first verify that we have you in our	SEBB subscrib	er records.		
Subscriber verification - Step 2	of 3					
We found the following record matching the i	nformation you provided:					
Name: Robert Williams Employer: ADNA SCHOOL DISTRICT 226						
Please select three security questions a	nd enter your answers - these questions will	be used if you need to recover you	account in th	e future.		
Security question 1*		Security question 1 answer*				
	•	Enter an answer for this questio	n			
Security question 2*		Security question 2 answer*				
	•	Enter an answer for this questio	n			
Security question 3*		Security question 3 answer*				
	¥	Enter an answer for this questio	n			
	Claim this account	t & go to dashboard				
	В	ack				
Contact HCA	Accessibility Language Access Non-discrim	mination Privacy practices				
	Copyright ©2019 Washington Health Care Au	thority				
	SEBB My Account v.1.0.90722.2					

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

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
SEBB S Welcome,	ubscriber Robert Willia	<sup>r</sup> Dashboard ams!						
	Manag Add/remo	ge dependents ove/edit dependents			<b>.</b>	Coverage elections Your 2020 medical, dental, vision	coverage	
•	Special Request a s	l open enrollme	<b>nt</b> due to a qualifying eve	nt		Profile View and manage profile inform	ation	
B	Docume Submit verifi	ent upload			<b>≚</b>	Premium surcharge a View/update your attestations	attestations	
<b>^</b>	Supple Life, AD&E	emental coverage D, LTD, HSA, medical FS	ge A, DCAP		Ō	Coverage summary View/print your current coverage		

## 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 <u>SEBB website</u>. Click the <u>SEBB My Account</u> button. Click 'Log into SEBB My Account' under 'Employee/Subscriber login'.



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

AC THE STATE OF MASHING	<b>WELCOME</b> to your login for Washington state.					
RecureAccess Washington	SIGN UP! GET HELP TIPS ON					
LOGIN USERNAME PASSWORD SUBMIT Eorgot your username? 1 Eorgo	ON BEHALF OF WASHINGTON STATE AGENCIES					

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 Keyloyees BREATS BRAND		SEBB Home	About HCA	Contact SEBB	Sign Out
Verification					
Thank you for logging in to SEE	B My Account - Please provide the following information so we d	can first verify that we have you in our SEBB subscrib	er records.		
Subscriber verification	1 - Step 1 of 3				
Subscriber last name*					
Subscriber date of birth*					
mm/dd/yyyy	<b>a</b>				
Last 4 digits of subscriber SSN					
XXXX					
	Verify my in	formation			
Contact HCA	Accessibility Language Access Non-discrimin Copyright ©2019 Washington Health Care Author SEBB My Accost v.1.0.90722.2	nation Privacy practices ority			

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

Washington State Health Care Authority SCHOLLEWALOYES BEARTIS BOARD			SEBB Home	About HCA	Contact SEBB	Sign Ou
Verification						
Thank you for logging in to SEBB My Account	t - Please provide the following information so w	e can first verify that we have you in our	SEBB subscrib	er records.		
Subscriber verification - Step 2	of 3					
We found the following record matching the in	formation you provided:					
Name: Robert Williams Employer: ADNA SCHOOL DISTRICT 226						
Please select three security questions an	d enter your answers - these questions will	be used if you need to recover you	account in th	e future.		
Security question 1*		Security question 1 answer*				
	•	Enter an answer for this question	on			
Security question 2"		Security question 2 answer*				
	•	Enter an answer for this question	on			
Security question 3*		Security question 3 answer*				
	•	Enter an answer for this question	on			
	Claim this account	: & go to dashboard				
	B	ack				
Contact HCA	Accessibility Language Access Non-discrim	nination Privacy practices				
	Copyright ©2019 Washington Health Care Aut	thority				
	SEBB My Account v.1.0.90722.2					

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



## SEBB subscriber dashboard



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

## Overview of tiles

This is an overview of the tiles on your dashboard.

### Manage dependents

Use this tile to:

- Add eligible dependents to your account
- Remove dependents from your account
- Change dependents' plan enrollment

### Special open enrollment

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

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

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

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

### Document upload

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

### Supplemental coverage

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

### **Coverage elections**

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

### Profile

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

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

### Premium surcharge attestations

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

**Tobacco use premium surcharge** – You will be charged a \$25 per-account tobacco use premium surcharge in addition to your monthly premium if you or any enrolled dependent (age 13 or older) uses tobacco products. You do not have to pay this surcharge if you attest that:

- Neither you nor any of your enrolled dependents use tobacco products.
- You and your enrolled dependents who are tobacco users age 18 and older are enrolled in your medical plan's tobacco cessation program. Tobacco users age 13 to 17 are considered enrolled in a tobacco program if they access information and resources in <u>Smokefree Teen</u>.

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

For more information about the tobacco use premium surcharge, visit the <u>Tobacco use surcharge</u> page.

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

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

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

### Coverage Summary

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

### Menu bar

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

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

## Enroll in the SEBB Program benefits



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

### Enrolling when newly eligible or during the first annual open enrollment

1. Log into SEBB My Account.



## Add dependents

Eligible dependents include:

- Legal Spouse. Former spouses are not eligible upon finalization of a divorce or annulment.
- State-registered domestic partner, as defined in <u>RCW 26.60.020(1)</u> and substantially equivalent legal unions from other jurisdictions as defined in <u>RCW 26.60.090</u>. 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 26<sup>th</sup> birthday.
  - Children based on establishment of a parent-child relationship as described in <u>RCW 26.26.101</u>, 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 selfsustaining employment and is chiefly dependent on subscriber for support. The disability must occur prior to age 26. Certification by The SEBB Program is required once the child turns 26 years of age.
- Children in legal custody or legal guardianship of the subscriber or the subscriber's spouse or state-registered domestic partner (Extended Dependent). This does not include foster children unless the employee, employee's spouse or state-registered domestic partner has assumed legal obligation for total or partial support in anticipation of adoption. Certification is required by The SEBB Program.
- 2. If you're adding dependents, click the 'Manage dependents' tile.

Washington State Health Care	Authority Refits BOARD					SEBB Home	About HCA	Contact SEBB Sign Out
Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Your d	ependents							G Add dependent
+ Willi	ams, Rob <mark>e</mark> rt (Self)							

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

+ Williams,	Robert (Self)				
New					20
	Last name*		First name*		
	Middle name		SSN*		
	This person current	y has no social security number Birth date*	Birth sex*		
	JR, SR	mm/dd/yyyy	-		
	🛃 Residential address	is the same as subscriber			
	Relation to subscriber"		Qualifying reason*		
		•		•	
	Submit changes		Cancel changes	Remove dependent	

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

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

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

- 5. If the dependent's name includes a suffix, enter the suffix.
- 6. Enter the date of birth and the birth sex. The choices include 'Male' or 'Female.'
- 7. If the dependent's address is different than yours, uncheck the 'Residential Address is the same as subscriber' checkbox. If the address is the same, go to step 9.
  - 8. Enter the address including the county if the dependent lives in Washington. Use <u>USPS</u> <u>punctuation standards</u>.
    - **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:

Abbreviation	Province	Abbreviation	Province
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:

Abbreviation	Military code
AA	Armed Forces (the Americas)
AE	Armed Forces Europe
AP	Armed Forces Pacific

- 9. From the 'Relation to subscriber' drop-down, select the relationship. The choices include:
  - Child
  - Extended dependent
  - Spouse/state-registered domestic partner
  - Step child (not adopted)
- 10. From the 'Qualifying reason' drop-down, select the reason. The choices include:
  - Dependent (not disabled or extended)
  - Disabled child
  - Extended child
  - Married spouse
  - State-registered domestic partner
- 11. If adding a spouse or state-registered domestic partner, enter the marriage or partnership registration date in the 'Partnership start date'.

12. Click 'Submit changes'. A message displays indicating proof of the dependents' eligibility is required.



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

Washington Health C	State Care Aut	HORITY					SEBB Home	About HCA	Contact SEBB	Sign Out
Dashbo	ard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Cover	age Iary
_										
Υοι	ur dep	endents							Add depend	lent
+	William	s, Robert (Self)								
+	William	s, Mary						Pending ve	rification 🔒	

14. Repeat the above steps for each dependent.

### Extended dependents

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

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

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

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

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

### Follow steps 1, 2, 3, 5, and 6 under the <u>Dependent with disability</u> section of this manual.

Note: The child must be enrolled on to the employee's new SEBB health plan. This process does not replace the need to request that the dependent be added to the employee's benefits.

## B. Employee and certified dependent with disability are currently enrolled in your SEBB Organization's health plan

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

The attestation may be based on the following:

- Existing school district, charter school, or educational service district enrollment record, finding the dependent child eligible, age 26 or older, based on disability; OR
- Visual verification of a document from the school district's, charter school's, or educational service district's current health plan showing the child as currently enrolled and finding the dependent child eligible at age 26 or older based on disability; OR
- May submit an attestation no later than December 31, 2019 for a child with a disability **who will turn age 26 between October 1, 2019 and December 31, 2019**, and obtain disability status with their current plan, the SEBB organization can continue and attest through December 31, 2019.

### Follow steps 1, 2, 3, 5, and 6 under the <u>Dependent with disability</u> section of this manual.

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

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

Examples include:

- The child was not previously enrolled under a SEBB organization's group health plan; OR
- The child was previously denied by a school district health plan; OR
- The child will attain the age of 26 after January 1, 2020

### Follow all steps under the <u>Dependent with disability</u> section of this manual.

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

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

## Dependent with disability

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

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

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

### Dependent verification

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

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

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

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

**Note:** The HCA auditors will conduct auditing review of dependent verification. Approvals or denials may change based on their determination.

1. Click 'Document upload' on the blue menu bar or click 'Submit dependent documentation' in the steps.

Dashboard	Manage	Coverage	Special Open	Profile	Document	Premium Surcharge	Supplemental	Coverage
	Dependente	Elections	Encollmont		Lieland	Attestations	Couprage	Cummany
	Dependents	Elections	Enroliment	_	Upioad	Attestations	Coverage	Summary

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

Document upload
Eligibility document guidelines
All dependents must be verified (i.e, submit valid dependent verification) when added to an employee's account before they can be enrolled on the employee's coverage. An employee must submit valid dependent verification to their payroll or benefit office, or uploaded into SEBB My Account, no later than:
Newly eligible employees: 31 days after the date of eligibility. Special open enrollment: 60 days after the date of qualifying event. Annual open enrollment: No later than the last date of annual open enrollment.
An eligible dependent is defined in WAC 182-31-140.
Accepted dependent verification documents
Certification of dependent with a disability
All documents must be submitted in English. Documents written in a foreign language must be accompanied by translated copy produced by a professional translator and certified with a notary public seal.
Special open enrollment document guidelines
Valid supporting documentation for life change events must be submitted before the enrollment closing date as indicated on each submitted special open enrollment request.
Accepted special open enrollment verification documents
Select files
Allowed file types: pdf, jpg, jpeg, png

3. Select the document. Click 'Open'.

Document upload
Eligibility document guidelines
All dependents must be verified (i.e., submit valid dependent verification) when added to an employee's account before they can be enrolled on the employee's coverage. An employee must submit valid dependent verification to their payroll or benefit office, or uploaded into SEBB My Account, no later than: Newly eligible employees: 31 days after the date of eligibility. Special open enrollment: No later than the last date of annual open enrollment. An eligible dependent verification documents Certification of dependent verification documents Certification of dependent with a disability All documents must be submitted in English. Documents written in a foreign language must be accompanied by translated copy produced by a professional translator and certified with a notary public seal. Special open enrollment document guidelines Valid supporting documentation for life change events must be submitted before the enrollment closing date as indicated on each submitted special open enrollment request. Accepted special open enrollment ty verification documents
Select files
2019 AV Summary by Plan - FINAL 20180828.pdf     X       Allowed file types: pdf, jpg, jpgg, png     X
Associate documents Verification applicable to:
2019 AV Summary by Plan - FINAL 20180828.pdf Volume Final Street
Clear Upload document

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.

2019 AV Summary by Plan - FINAL 2 438.87 KB	20180828.pdf		
amazing-animal-beautiful-beautiful.	ipg		
owed file types: pdf, jpg, jpeg, png			
Associate documents	V	erification applicable to:	
2019 AV Summary by Plan - FINAL 20180828.pdf	Document type Tax Return	<ul> <li>Mary Williams - Pending</li> <li>Joesph Williams - Pending</li> <li>Baby Williams - Pending</li> </ul>	
amazing-animal-beautiful- beautifull.jpg	Document type Extended Dependent Certifical 🔻	Mary Williams - Pending Joeph Williams - Pending Baby Williams - Pending	

- 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 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 <u>Smokefree Teen</u>.

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 peraccount 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 <u>Tobacco use surcharge</u> page.

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

	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Attes	Surcharge tations	Supplemental Coverage	Coverage Summary
Premiu	ım surchar	ne attestatio	ons						
erify that the	le surcharges below		king the appropriate bo	y(es) then click	the Continue but	on at the botto	m to submit		
erry criac cr	ie surenarges seron		ang the uppropriate bo	x(cs) then ener	continue bat		in to submit.		
obaco	co use pren	nium surcha	arge						
earn about	this surcharge befo	ore you change your a	ttestation.						
earn about vents that i	this surcharge before equire a change: Yo	<b>ore you change your a</b> ou must change your a	ttestation. attestation when you or	your enrolled fa	amily members' (a	ges 13 and olde	er) tobacco use sta	itus changes.	
earn about vents that i you check	this surcharge before equire a change: Yo YES or leave the cho	<b>ore you change your a</b> ou must change your a eckboxes blank for yo	ttestation. attestation when you or urself or any family mer	your enrolled fa mbers listed bel	amily members' (a low, you will pay tl	ges 13 and olde	er) tobacco use sta harge.	itus changes.	
earn about vents that i you check ote: Enrolle	this surcharge before equire a change: Yo YES or leave the chi d family members a ng tobacco produc	ore you change your a ou must change your a eckboxes blank for yo ages 12 and younger a	ttestation. attestation when you or urself or any family mer are automatically defaul	your enrolled fa mbers listed bel lted to NO. You	amily members' (a low, you will pay tl ı do not need to re	ges 13 and olde ne monthly surc attest when the	er) tobacco use sta harge. family member to	itus changes. urns age 13 unless the fa	mily member uses,
earn about vents that i you check ote: Enrolle r begins us	this surcharge befor equire a change: Yo YES or leave the ch of family members a ng, tobacco produc	bre you change your a ou must change your a eckboxes blank for yo ages 12 and younger a ts.	ttestation. attestation when you or urself or any family mer are automatically defaul	your enrolled fa mbers listed bel lted to NO. You	amily members' (a low, you will pay th do not need to re	ges 13 and olde ne monthly surc attest when the	er) tobacco use sta harge. family member tu	itus changes. urns age 13 unless the fa	mily member uses,
earn about vents that i you check ote: Enrolle r begins us Has this p informati	this surcharge before equire a change: Yo YES or leave the characteristic of ed family members and ng, tobacco productor person used tobacco on or resources in Si	ore you change your a ou must change your a eckboxes blank for yo ages 12 and younger a cts. o products in the last t mokefree Teen (if age	ttestation. Attestation when you or urself or any family mer are automatically defaul two months? If he or she is 13-17), select NO.	your enrolled fa mbers listed bel lited to NO. You e is enrolled in c	amily members' (a low, you will pay th I do not need to re <b>Dur SEBB medical</b>	ges 13 and olde he monthly surce attest when the plan's tobacco	er) tobacco use sta harge. : family member to cessation program	atus changes. urns age 13 unless the fa n (if age 18 or older) or h	mily member uses, as accessed
earn about vents that i you check ote: Enrolle r begins us Has this p informati	this surcharge before equire a change: Yo YES or leave the chi d family members a ng, tobacco product person used tobacco on or resources in S	ore you change your a but must change your a eckboxes blank for yo ages 12 and younger a ts. b products in the last t mokefree Teen (if age	ttestation. attestation when you or urself or any family mer are automatically defaul two months? If he or she is 13-17), select NO.	your enrolled fa mbers listed bel lited to NO. You e is enrolled in c	amily members' (a low, you will pay tl u do not need to re <b>our SEBB medical</b>	ges 13 and olde ne monthly surce attest when the plan's tobacco	er) tobacco use sta harge. family member to cessation program	atus changes. urns age 13 unless the fa n (if age 18 or older) or h	mily member uses, as accessed
earn about vents that i you check ote: Enrolle r begins us Has this p informati	this surcharge before equire a change: Yo YES or leave the ch- ed family members a ing, tobacco productore person used tobacco on or resources in Second	ore you change your a ou must change your a eckboxes blank for yo ages 12 and younger a ts. o products in the last t <u>mokefree Teen</u> (if age	ttestation. tttestation when you or uurself or any family mer are automatically defaul two months? If he or sh s 13-17), select NO. Response ☑ All YES?	your enrolled fa mbers listed bel lited to NO. You e is enrolled in c	amily members' (a low, you will pay tl u do not need to re <b>our SEBB medical</b>	ges 13 and oldd ne monthly surc attest when the plan's tobacco All NO?	er) tobacco use sta harge. family member to cessation program Date started	itus changes. urns age 13 unless the fa h (if age 18 or older) or h	mily member uses, as accessed
earn about vents that i you check ote: Enrolli r begins us Has this j informati Member n Robert Wi	this surcharge before equire a change: YO YES or leave the chr def family members a ing, tobacco product berson used tobacco on or resources in S ame liams	ore you change your a but must change your a eckboxes blank for yo ages 12 and younger a ts. o products in the last t mokefree Teen (if age	ttestation. httestation when you or urself or any family mer are automatically defaul two months? If he or shi s 13-17), select NO. Response ✓ All YES? Yes	your enrolled fa mbers listed bel lted to NO. You e is enrolled in c	amily members' (a low, you will pay ti I do not need to re <b>our SEBB medical</b>	ges 13 and olde ne monthly surce attest when the plan's tobacco All NO?	rr) tobacco use stat harge. family member tr cessation program Date started mm/dd/vvvv	itus changes. urns age 13 unless the fa n (if age 18 or older) or h	imily member uses, as accessed
earn about vents that i you check ote: Enrolle r begins us Has this p informati Member n Robert Wi	this surcharge before equire a change: YO YES or leave the chr def family members a ing, tobacco product person used tobacco on or resources in S ame	ore you change your a but must change your a eckboxes blank for yo ages 12 and younger a ts. o products in the last t mokefree Teen (if age	ttestation. httestation when you or urself or any family mer are automatically defaul two months? If he or sho s 13-17), select NO. Response ✓ All YES? Yes	your enrolled fa mbers listed bel lted to NO. You e is enrolled in c	amily members' (a low, you will pay ti do not need to re <b>our SEBB medical</b>	ges 13 and olde re monthly surce attest when the plan's tobacco All NO?	rr) tobacco use stat harge. family member tr cessation program Date started mm/dd/yyyyy	itus changes. urns age 13 unless the fa n (if age 18 or older) or h	imily member uses, as accessed
earn about vents that i you check ote: Enrolli r begins us Has this ; informati Member n Robert Wi	this surcharge before equire a change: YO YES or leave the chi- di family members a ing, tobacco produc- berson used tobacco on or resources in Si ame liams	ore you change your a but must change your a eckboxes blank for yo ages 12 and younger a ts. o products in the last t mokefree Teen (if age	ttestation. httestation when you or urself or any family mer are automatically defaul two months? If he or shi s 13-17), select NO. Response ✓ All YES? Yes Yes	your enrolled fa mbers listed bel lited to NO. You e is enrolled in c	amily members' (a low, you will pay tl do not need to re <b>our SEBB medical</b>	ges 13 and olde re monthly surce attest when the plan's tobacco All NO?	r) tobacco use statharge. family member to cessation program Date started mm/dd/yyyyy mm/dd/yyyyy	itus changes. urns age 13 unless the fa n (if age 18 or older) or h	as accessed

- 2. Select 'Yes' or 'No' for yourself and each dependent age 13 or older. Or, select the 'All Yes?' checkbox if everyone uses tobacco products or the 'All No' check box if no one has used tobacco products in the past 2 months.
- 3. If you selected 'Yes' for anyone, enter the date tobacco use started.
- 4. If you have not enrolled a spouse or state-registered domestic partner, scroll down to the bottom of the page and click 'Continue'.

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

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

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

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

If you have a spouse or state-registered domestic partner enrolled on your SEBB Program medical account and you do not attest, you will be charged the \$50 premium surcharge in addition to your monthly medical plan premium.

For more information about the spouse and state-registered domestic partner coverage premium surcharge, visit the <u>Spousal coverage surcharge</u> page.

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

Spo	oouse or state-registered domestic partner coverage premium surd	charge
Learn	rn about this surcharge before you change your attestation.	
1.	1. Are you covering your spouse or state-registered domestic partner in a School Employees Benefits Board (SEBB) media	cal plan under your account in 2020?
2.	<ol> <li>Will your spouse or state-registered domestic partner be eligible for medical coverage through their employer in 2020? not be employed in 2020, answer NO.)</li> </ol>	(If your spouse or state-registered domestic partner will
	No No	Yes
З.	<ol> <li>Will your spouse's or state-registered domestic partner's employer offer at least one medical plan that serves their cour</li> <li>No</li> </ol>	nty of residence in 2020?
4.	<ol> <li>Has your spouse or state-registered domestic partner elected not to enroll in their employer's medical (including PEBB No</li> </ol>	coverage) in 2020?
5.	<ol> <li>Will the coverage offered by your spouse's or state-registered domestic partner's employer in 2020 NOT be through th spouse's or state-registered domestic partner's employer does not offer SEBB coverage or a TRICARE plan. Answer NC employer offers SEBB coverage or TRICARE</li> </ol>	e SEBB Program or TRICARE? Answer YES if your ) if your spouse's or state-registered domestic partner's
	No No	Yes
6.	<ol> <li>Will your spouse's or state-registered domestic partner's share of the medical premium through their employer be less         Interview of the medical premium through their employer be less     </li> </ol>	than \$111.16 per month in 2020?
After o Yes No	may have to pay the spouse or state-registered domestic partner coverage surcharge in 2020. <u>Go to the 2020 spousal pla</u> er completing the 2020 spousal plan calculator, did the calculator indicate the spouse or state-registered domestic surchare fes, I will pay the 550-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.	<u>in calculator</u> to determine. ge coverage applies to you in 2020?
	LEGAL NOTICE	
By sel	<ul> <li>selecting the Continue button below:</li> <li>I declare that the information I have provided is true, complete, and correct If it isn't, or if I do not provide timely, update</li> <li>I declare that one (or more) of the event(s) above occurred that requires me to change my attestation to the tobacco use coverage surcharge, and that I'm reporting it within the SEBB Program's deadlines.</li> <li>I am replacing all Premium Surcharge Attestation forms, Premium Surcharge Change forms, and electronic surcharge att hat day is the first of the month, the change to the surcharge begins on that day (but no earlier than Jan 1, 2020).</li> <li>A change that results in removing the premium surcharge (family member(s) stopped using tobacco products or enrolled will begin the first day of the month, the change to the attestation. If that day is the first 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 is the first of the month, the change to the surcharge that test that day is the first of the month following receipt of the attestation. If that day is the first of the month, the change t</li> <li>If I pay my monthly premiums by pension deduction or Electronic Debit Service. I authorize the Department Of Retireme surcharge the one accounts.</li> </ul>	d information, I will owe surcharges to the SEBB Program. and/or spouse or state-registered domestic partner testations previously submitted. the family member(s) started using tobacco products). If d in your SEBB medical plan's tobacco cessation program) o the surcharge begins on that day. nt Systems or Health Care Authority to deduct any
HCA's	A's privacy notice: We will keep your information private as allowed by law. See Our <u>privacy notice</u> .	
	► 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 stateregistered 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'.

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Your p	remium sur	charge atte	station chan	ges				
			,	Attestatio	n change aler	t		
		Bas	sed on your current atte	estations, you	will NOT pay the	\$25 tobacco use surcharge		
				Attestatio	n change aler	t		
		E	ased on your current a	ttestations, y	ou will NOT pay th	e \$50 spousal surcharge.		

6. If the attestations are correct, click 'Ok'.

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Your p	remium sui	charge atte	station chan	ges				
				Tha	ank you!			
If corr	ect, select <i>Confirm.</i> T	o adjust your answer,	, select <i>Cancel.</i>					
Gener be eff	ally, changes which r ective that month. Cl	esult in adding or rem nanges made during a	ioving a surcharge will ti annual open enrollment	ake effect the will be effect	e month following tive January 1 of tl	the status change. Changes receive le following plan year.	ed on the first day of the r	month will
	You will NOT pay th	ie \$25 tobacco use pr	emium surcharge in add	dition to your	r monthly medical	premium.		
•	You will NOT pay th	ne \$50 spouse or state	registered domestic pa	artner covera	age premium surcl	arge in addition to your monthly m	edical premium.	
		► Confirm				× Cane	cel	

7. Click 'Confirm' to confirm your attestations.

## Supplemental coverage

1. Select the 'Supplemental coverage' tab on the blue menu bar.

our sup	oplementa	al coverage	options				
Supplen	nental long	-term disability	<u>y (LTD) insuran</u>	ce			
The SEBB Pr	ogram provides L	TD insurance up to \$4	00 per month as a basi	ic benefit for eligible employee	Eligible employees can purchase	supplemental LTD insurar	nce to protect
(EOI).	income in the ev	ent of a disability, sup	piementai ci Dis availa	ble during the Initial Open Enit	ament and for newly eligible empiri-	oyees without Evidence of	mouraonity
Check bo	x to begin enrollm	nent in supplemental L	.TD				
o learn mor	e about suppleme	ental LTD benefits or to	o enroll outside of Oper	n Enrollment, visit the Long-Ter	m Disability webpage. Amount yo	will pay with a monthly e	arning of
\$1,000.							
Amount	ou will pay						
			Pate applied	f to explore			
Age			nate applies	a to earnings	Amount per \$10	DO	
Age 0 to 29			0.0014	z to earnings	51.40	00	
Age 0 to 29 30 to 34			0.0014	a co saminga	\$1.40 \$1.90	00	
Age 0 to 29 30 to 34 35 to 39			0.0014 0.0019 0.0029	a so cerringe	\$1.40 \$1.90 \$2.90	20	
Age 0 to 29 30 to 34 35 to 39 40 to 44			0.0014 0.0019 0.0029 0.0041	a to tearininga	\$1.40 \$1.90 \$2.90 \$4.10	20	
Age 0 to 29 30 to 34 35 to 39 40 to 44 45 to 49			0.0014 0.0019 0.0029 0.0041 0.0056	a o contingo	\$1.40 \$1.90 \$2.90 \$4.10 \$5.60	20	
Age 0 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54			0.0014 0.0019 0.0029 0.0041 0.0056 0.0077		\$1.40 \$1.90 \$2.90 \$4.10 \$5.60 \$7.70	20	
Age 0 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59			0.0014 0.0019 0.0029 0.0041 0.0056 0.0077 0.0093		\$1.40 \$1.90 \$2.90 \$4.10 \$5.60 \$7.70 \$9.30	20	
Age 0 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64			0.0014 0.0019 0.0029 0.0041 0.0056 0.0077 0.0093 0.0096		\$1.40 \$1.40 \$1.90 \$2.90 \$4.10 \$5.60 \$7.70 \$9.30 \$9.60	20	
Age 0 to 29 30 to 34 35 to 39 40 to 44 45 to 49 50 to 54 55 to 59 60 to 64 65 and old	er		0.0014 0.0019 0.0029 0.0041 0.0056 0.0077 0.0093 0.0096 0.0098		Xmount per 310           \$1.40           \$1.90           \$2.90           \$4.10           \$5.60           \$7.70           \$9.30           \$9.60           \$9.80	20	

- 2. If you choose to enroll in supplemental long-term disability (LTD) with a 90-day waiting period, select the 'Check box to enroll in supplemental LTD'. Your premium is based on your monthly salary and your age and will be deducted from your paycheck.
- 3. Use the MetLife portal link to enroll in supplemental life and AD&D insurance for yourself and your dependents. If you choose not to request supplemental coverage, you will still want to log into the MetLife portal and name beneficiary(ies) for your basic coverages.

Dashboard :	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Suppl	emental life a	nd accidental	dealth & dism	emberme	ent (AD&D) in	nsurance		
The SEBE	8 program provides b	asic life insurance and	I AD&D insurance at no	o cost to eligit	ole employees. This	coverage is offered through Met	Life.	
The SEBE	3 program's benefits (	package includes basi	ic life at no cost to emp	loyees. It prov	vides:			
• \$35 • \$5	5,000 for death from 000 in case of accide	any cause ntal death or dismem	berment (AD&D)					
In additio <u>Metlife M</u>	on to basic coverage, ly <u>Benefits Portal</u>	eligible employees ca	n choose to enroll in su	pplemental lif	e and AD&D insura	nce for themselves or their eligib	le dependents. Create an a	account through
Health	n savings acco	ount (HSA)						
When you spending employer	u enroll in the UMP hi and savings account to determine if you c	igh-deductible health that can be used to p can arrange automatic	plan through SEBB yo ay for qualified medica payroll deductions to	u are eligible f el expenses. Y your HSA.	or a health savings our HSA is funded b	account (HSA) through HealthEc y pre-tax contributions from you	quity. Your HSA is a tax adv u, your employer, or both. I	vantaged Contact your
To confin	m the maximum annu	al contribution to you	ir HSA, please visit the	IRS website.				
For a list	of items and services	you can pay for with	your HSA funds, visit th	e <u>HealthEqui</u>	ty website or call 1-	877-783-8823		
Medic	al flexible spe	ending arrang	ement (FSA) ai	nd deper	ndent care as	sistance program (D	CAP)	
The Medi	ical FSA allows you to	set aside pretax mor	ey from your paycheck	to pay for ou	t-of-pocket healthc	are costs.		
The DCA The Healt	P lets you set aside p th Care Authority con	retax money from you tracts with <u>Navia Ben</u>	ir paycheck to help pay efit Solutions to proces	for qualifying is claims and	g child care or elder provide customer se	care expenses. ervice for SEBB program subscril	bers.	
You can s	et up a Medical FSA	or DCAP account:						
<ul> <li>No</li> <li>Dui</li> <li>No</li> </ul>	later than 31 days afr ring the SEBB progra later than 60 days afr	ter the date you beco ms annual open enrol ter you or an eligible o	me eligible for SEBB be Iment period (October Jependent has a qualifi	enefits. 1st through N ving event tha	lovember 15th) it creates a special o	pen enrollment.		
To enroll	or re-enroll, please vi	sit <u>Navia Benefit Solu</u>	tions					

- 4. Use the HealthEquity website link to learn more about the Health Savings Account (HSA). Enrollment in an HSA is tied to enrollment in the high deductible health plan (HDHP). The enrollment in the HSA is automatic when you enroll in an HDHP. You cannot enroll in an HDHP with an HSA and a Medical Flexible Spending Arrangement (FSA) unless the medical FSA can be made limited purpose. The SEBB Program Medical FSA cannot be made limited purpose.
- 5. Use the Navia Benefit Solutions link to enroll in the Medical Flexible Spending Arrangement (FSA) and/or the Dependent Care Assistance Program (DCAP). You cannot enroll in a Medical FSA and an HDHP with an HSA unless the Medical FSA can be made limited purpose. The SEBB Program Medical FSA cannot be made limited purpose. Note: You can enroll in DCAP and a HDHP with an HSA.
- 6. Use the 'Start your wellness journey by learning more about SmartHealth rewards' link to learn how to earn a \$50 reduction in your deductible or receive a \$50 deposit into your HSA account.



## Coverage elections

1. Select the 'Coverage elections' tab in the blue menu bar.

shboard	Manage Dependents	Coverage Spe Elections Er	ecial Open Pro nrollment	file Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Benefi	ts coverag	e enrollments for	2020				
ake any ch	hanges below and u	se the <i>continue</i> button at the bo	ttom to submit.				
Cover	rage effectiv	e Jan 1, 2020					
Subscrib County o 2020 Me 2020 Der 2020 Vis 2020 Life 2020 AD	er name: f residence: dical plan: ntal plan: ion plan: e plan: %D plan:	Robert M T Default not enrolled with a vi Default not enrolled with a vi Default not enrolled with a vi Employe	Williams Thurston alid plan alid plan alid plan MetLife ie AD&D	Ne Let	ed more help deciding on plans? ALEX walk you through this.		
Select	t your medic	al plan					
Available	e medical plans:	Medical plan	Premium	✓ <u>Compare</u> available	medical plans, benefits, and month to you .	<u>ly costs</u> for the medical p	lans that are
		Kaiser Permanente WA Core 1	\$100				
		Kaiser Permanente WA Core 2	\$100				
		Kaiser Permanente WA Options Access PPO 1	\$100				
		Kaiser Permanente WA Options Access PPO 2	\$100				
		Kaiser Permanente WA Options Access PPO 3	\$100				
		Kaiser Permanente WA SoundChoice	\$100				
		Premera High PPO	\$100				
		Premera Peak Care EPO	\$100				
		Premera Standard PPO	\$100				
		UMP Achieve 1	\$100				
		UMP Achieve 2	\$100				
		UMP High Deductible	\$100				
		UMP Plus–Puget Sound High Value Network	\$100				
		UMP Plus–UW Medicine Accountable Care Network	\$100				
Waive	medical coverage. al coverage until the	Waiving coverage means you and e next open enrollment period, or	d your spouse / state r until you experience	registered domestic pa a special open enrollm	rtner / dependents will not have me ent based on a qualifying event.	dical coverage. You cann	ot enroll for

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

ALEX, the online benefits advisor:

- Walks you through comparisons of the medical, vision, and dental plans,
- Provides information on life insurance and long-term disability insurance, and
- Explains the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP)
- 3. Select a medical plan. Your dependents will be enrolled in the same plan. All school employees will be offered a selection of plans based on their county of residence. Some school employees,

including employees who live outside Washington State, may have more plan options if they work in a district that crosses county lines or is in a county that borders Idaho or Oregon.

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

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

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

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

iboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverag Summa
Chang	ge your denta	l plan						
Available	dental plans:				Compare	dental plans and benefits for	the dental plans that are ava	ilable to you .
		Dental plan	Premium			anna 1999 an Ionaidh an Ionaidh an I		
		DeltaCare (ET09601	\$100					
		Uniform Dental Plan (ET09600)	\$100					
		Willamette Dental of Washington, Inc.	\$100					
Chang	ge your vision	ı plan						
Available	vision plans:	Vision plan	Dramiter		<u>Compare</u>	vision plans and benefits for	the vision plans that are avai	lable to you .
		Vision plan	é100					
		Davis Vision	\$100					
		Evenied vision care	\$100					
Employee	e life insurance: \$35, e AD&D insurance: \$	5,000.00						
Go to the Subso Enroll dep the same	e <u>MetLife MyBenefits</u> criber and dep pendents for the upo	portal to view your suppl pendents enrolln oming year. Select Yes fro	emental life and ac	ve Jan 1, next to the de	2020)	ent insurance.	rage. Your dependents will b	e enrolled in
Membe	er Name	Foroll in	MEDICAL coverage	10	Enroll in VISIO	N coverage	Foroll in DENTAL coverage	
Det	14.000			-				
Hobert	williams	Yes			Yes	*	res	•
Mary V	Villiams (Pending Ver	ification) No		٣	No	Ŧ	No	•

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

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

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

6. If you selected a medical plan, your enrollment in medical coverage will default to 'Yes'. If you waived medical coverage, your enrollment will default to 'No'. You cannot waive employer-paid vision or dental.

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

- 7. Review your selections to ensure you have made the correct selections.
- 8. Click 'Continue'.

Dashbo	ird Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Υοι	ır open enrollr	nent selectio	ons for 2020					
			C	onfirm	selection	ne.		
				20111111	Selection	15		
м	edical change							
Vi	sion change							
De	ntal change							
) r e	ou have selected DeltaCa lentist is in DeltaCare's ne ot make a plan change b nrollment event.	rre, which is a managed twork by calling Deltac y November 15, 2019, y	-care plan. You must se are at 1-800-650-158 you will not be eligible t	elect and rece 3. If you use a to change you	ive care from a p dentist not in ne ur plan until the n	rimary care dental provider in Delta twork, your claims will not be paid. ext annual open enrollment period	Care's network. Please ma If you select this plan in er or if allowed due to a spec	ike sure your rror and do tial open
м	edical change							
De	ntal change							
Vi	sion change							
		► Accept				× Cance	21	

9. Click 'Accept' to confirm your plan choices. Click 'Cancel' to go back and change your plan choices.

Das	nboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Y	our o	pen enrollr	ment selectio	ons for 2020					
				Please	review th	e information	below		
	If corre	ct, select <i>Confirm</i> . 1	To adjust your answer, s	select Cancel.					
	•	You requested to c	hange your medical pla	an from Default not e	nrolled with a	a valid plan to Prer	nera Peak Care EPO.		
		You requested to c	hange your dental plan	from Default not en	rolled with a	valid plan to Unifo	rm Dental Plan (ET09600).		
	•	You requested to c	hange your vision plan	from Default not enr	olled with a v	alid plan to EyeMe	ed Vision Care.		
	By cor inform plan(s) permit eligibil to an i job.	mpleting this onlii nation within the i ) or premiums pai tted by law, the S lity, or do not pay nsurance compai	ne enrollment, I decl timelines in SEBB Pr id on my behalf. My EBB Program or my , premiums when du ny for the purpose o	are that the informa ogram rules, to the e dependents and I m employer may retro e. In addition, I unde f defrauding the cor	tion I have p extent perm ay also lose actively ten rstand that npany. Pena	provided is true, itted by federal SEBB benefits minate coverage it is a crime to k alties include im	complete, and correct. If it isn and state laws, I must repay as so of the last day of the month for me and my dependents if mowingly provide false, incom prisonment, fines, denial of in:	t, or if I do not update ny claims paid by my h we were eligible. To th i intentionally misrepre plete, or misleading int surance benefits, and k	this ealth sent formation oss of my
			► Confirm				× Can	cel	

10. Click 'Confirm'.

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Downl	oad a sumr	mary of cove	erage electio	ns				
		- Download				Aeturn to coverage e	lections	

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

THIS IS A SUMMARY OF VOUR	COVERAGE ELECTIONS WITH THE			SUPANCE
CHANGES TO ELECTIONS CAN	BE MADE THROUGH SEBB MY ACC	COUNT DURING OPEN ENROLLMENT	OR OTHER QUALIFYING	EVENT.
			PRINT DATE: 08/02/	/2019
ROBERT WILLIAMS		EMPLOYER:	ADNA SCHOOL DISTR	ICT 226
1500 ANY ST				
LACEY, WA 91804		CTIONS INFORMATION		
		DENTAL COVERAGE	VISION COVER	ACE
MEMBER NAME	FEFECTIVE DATE	EFFECTIVE DATE	EFFECTIVE DA	ATE
WILLIAMS, ROBERT	01/01/2020	01/01/2020	01/01/2020	112
WILLIAMS, MARY	01/01/2020	01/01/2020	01/01/2020	
WILLIAMS, JOESPH	01/01/2020	01/01/2020	01/01/2020	
WILLIAMS, BABY	01/01/2020	01/01/2020	01/01/2020	
	HCA-SPONS	ORED COVERAGE		
MEDICAL COVERAGE PROV	VIDED BY: UNIFORM MEDICA	AL PLAN CLASSIC		
		N	MEDICAL PREMIUM:	\$295.00
		TOB	ACCO SURCHARGE:	\$0.00
	SPOUSAL/STATE-REGIST	ERED DOMESTIC PARTNER PRE	MIUM SURCHARGE:	\$0.00
		TAL GROUP		
DENTAL COVERAGE PROVI	IDED BT. WILLAMETTE DEN		DENTAL DREMILING	eo oo
		PLAN	DENTAL PREMIUM:	\$0.00
VISION COVERAGE PROVI	DED BY: UNIFORM VISION	PLAN	DENTAL PREMIUM:	\$0.00 \$0.00
DENTAL COVERAGE PROVI	DED BY: UNIFORM VISION	PLAN	VISION PREMIUM:	\$0.00 \$0.00 \$295.00
DENTAL COVERAGE PROVI	DED BY: UNIFORM VISION	PLAN TOTAL M	USION PREMIUM:	\$0.00 \$0.00 \$295.00
VISION COVERAGE PROVID	DED BY: UNIFORM VISION HCA LIFE INSI MINISTERED BY METLIFE. IF YC	PLAN TOTAL M URANCE COVERAGE DU HAVE QUESTIONS ABOUT YO	USION PREMIUM: ONTHLY PREMIUM: UR COVERAGE, CONT	\$0.00 \$0.00 \$295.00 ACT
VISION COVERAGE PROVI VISION COVERAGE PROVID	HCA LIFE INSI MINISTERED BY METLIFE. IF YO	PLAN TOTAL M URANCE COVERAGE DU HAVE QUESTIONS ABOUT YO	DENTAL PREMIUM: VISION PREMIUM: ONTHLY PREMIUM: UR COVERAGE, CONT	\$0.00 \$0.00 \$295.00 ACT
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Nashington State Health Care Authority	
SCHOOL EMPLOYEES BENEFITS BOARD SUMMARY OF COVERAGE ELE	CTION
HIS IS A SUMMARY OF YOUR COVERAGE ELECTIONS WITH THE HEALTH CARE AUTHORITY. THIS IS NOT A STATEMENT OF II CHANGES TO ELECTIONS CAN BE MADE THROUGH SEBB MY ACCOUNT DURING OPEN ENROLLMENT OR OTHER QUALIFYING	NSURANCE.
HCA LONGTERM DISABILITY INSURANCE COVERAGE	
SASIC LTD WITH 90-DAY WAITING PERIOD	
OPTIONAL LTD WITH 180-DAY WAITING PERIOD	
THIS STATEMENT IS NOT A GUARANTEE OF INSURANCE. IT IS INTENEDED TO BE A STATEMENT OF COVERAGE ELECTIONS. INSURANCE COVERAGE IS GOVERNED BY THE INSURANCE CONTRACT OR CERTIFICATE OF COVERAGE	THE
NUMMUE UVERMEE IS OVERMEE BY THE INSUMINGE 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.

	V Add depende
+ Williams, Robert (Self)	
+ Williams, Mary	Pending verification
+ Williams, Joesph	Pending verification 🔒
+ Williams, Baby	Pending verification

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

/our dependents				O Add depender
+ Williams, Robert (Self)				
+ Williams, Mary			Pending v	verification
+ Williams, Joesph			Pending v	verification
— Williams, Baby			Pending v	verification
Last name*		First name*		
Williams		Baby		
Middle name		SSN*		
This person currently h	as no social security number	You will be required to update this in	formation once available.	
Suffix	Birth date*	Birth sex*		
JR, SR	07/15/2019	Female	•	
🏹 Residential address is t	he same as subscriber			
Relation to subscriber*	Qualif	ving reason*		
Child	• Dep	pendent (not disabled or extended)	•	
Submit changes	Upload dependent verification d	ocuments Cancel changes	O Remove dependent	
	Verifica	ion documents		
Type: Tay On: 08/0 Status: P On:	(Return 1/2019 ending	amazing-animal-beautiful- beautifull.jpg	Remove	

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

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



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

#### Update your contact information

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

ioard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coveraç Summa
anag	ge your acco	ount inform	ation					
+ (	Contact informatio	'n					@.	10
+ 1	Residential addres	s - This address is (	used to determine m	edical carri	er availability in y	our area.		*
+ 1	Mailing address - 1	This address is used	d to receive mailed c	orresponde	nce from HCA an	d your carriers.		
+ 6	Billing address - Th	nis address is used	in the event that you	ır organizat	ion is not making	payments on your behalf.		EL S

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

- Conta	@ 🤳 🖬		
	Email	Cell phone number	
	email		
	Home phone number	Work phone number	
	Submit changes		
+ Resid	ential address - This address is used to determi	ne medical carrier availability in your area.	*
+ Mailir	ig address - This address is used to receive mai	led correspondence from HCA and your carriers.	
L Dilling	addrass. This addrass is used in the quest tha	it your organization is not making payments on your bobalf	EL

- 3. Enter or update your email address, cell phone number, home number and/or your work number.
- 4. Click 'Submit changes'. A message displays at the bottom of the page indicating your information has been updated.

### Update your tobacco use premium surcharge attestation

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

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

- A change that results in a premium surcharge will begin the first day of the month following the status change. If that day is the first day of the month, the change to the surcharge begins that day.
- A change that results in removing the premium surcharge will begin the first day of the month following the receipt of the change in attestation. If that day is the first day of the month, the change to the surcharge begins that day.
- 1. Log into SEBB My Account.
- 2. Click the 'Premium surcharge attestations' tile.

Dashboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Attes	Surcharge stations	Supplemental Coverage	Coverage Summary
Premit Verify that t	um surcharg	ge attestatic	DIDS	(es) then clic	ck the <i>Continue</i> but	ton at the botto	ım to submit.		
Tobac Learn abou Events that If you check Note: Enroll or begins u	CO USE DIEM <u>t this surcharge</u> befor require a change: You X YES or leave the che led family members as sing, tobacco product	nium surcha re you change your at u must change your a ickboxes blank for you ges 12 and younger a s.	rge testation. ttestation when you or y urself or any family mem re automatically default	rour enrolled Ibers listed b red to NO. Yo	i family members' (/ elow, you will pay t ou do not need to r	ages 13 and old he monthly surd eattest when the	er) tobacco use st. charge. e family member t	atus changes. urns age 13 unless the fa	mily member uses,
Has this informat	person used tobacco tion or resources in <u>Sn</u>	products in the last to nokefree Teen (if ages	wo months? If he or she 5 13-17), select NO.	is enrolled ir	n our SEBB medica	plan's tobacco	cessation prograr	n (if age 18 or older) or ha	as accessed
Member	name		Response All YES?			🖌 Ali NO?	Date started		
Robert W	filliams		No			¥	mm/dd/yyyy	/	<b>—</b>
Mary Will	iams		No			•	mm/dd/yyyy	/	

- 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.

Your premium surcharge attestation changes
Attestation change alert
Based on your current attestations, you WILL pay the \$25 tobacco use surcharge each month in addition to your premium.
Attestation change alert
Based on your current attestations, you will NOT pay the \$50 spousal surcharge.

6. Click 'Confirm' to your attestation changes.

	Thank you!
If correct, select <i>Confirm</i> . To adjust your answer, select	ct Cancel.
Generally, changes which result in adding or removin be effective that month. Changes made during annu- You will pay the \$25 tobacco use surcharge in You will NOT pay the \$50 spouse or state-reg	ig a sufficient will take effect the month following the status change. Changes received on the first day of the month will al open enrollment will be effective January 1 of the following plan year. n addition to your monthly medical premium. jistered domestic partner coverage premium surcharge in addition to your monthly medical premium.

### Email subscription

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

The SEBB program:

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

### Subscribe

- 1. Log into SEBB My Account.
- 2. Follow the instructions in the '<u>Update your contact information</u>' section of this manual to add your email address to your profile, if you have not already done so.
- 3. Click the 'Coverage summary' tab in the blue menu bar.

shboard	Manage Dependents	Coverage Elections	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverag
🔒 Staten	nent of Insurance							
se this pag	e to perform the folio	wing actions:						
Review     View y     Subsc     During	v your current accour your Statement of Insu ribe or unsubscribe fr g Open Enrollment - R	at information and o urance om email notificatio leview/Change you	overage selections ins enrollment					
Section	A - Subscriber acc	ount information						
Subscribe	er name: f residence		Robert Williams Thurston					
You	wish to receive	email notificati	ons from the SEB	B program				
tou	wish to receive	email notificati	ons from the SEB	s program	9			
Current n	nedical plan:		Not Enrolled					
Medical p	premium:		\$0.00					
Spousal	use surcharge": coverage surcharge*:		\$0.00					
Total:			\$0.00 *Surcharges are in	addition to th	ie monthly medical p	premium.		
Current d	lental plan:		Not Enrolled					
Dental pr Current v Vision pr	remium: ísion plan: emium:		Not Enrolled					
Section	B - Subscriber and	/or dependent c	verage information					
Coverage	e information							
Note: new	wly added dependent	s will not appear he	re unless they will receiv	e coverage fo	or the current year b	ased on an event that creates a	Special Open Enrollment.	
Men	nber Name		fedical effective dates		Dental effectiv	e dates Vi	sion effective dates	
				No reci	ords available.			

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

### Unsubscribe

- 1. Log into SEBB My Account.
- 2. Click the 'Coverage summary' tab on the blue menu bar.
- 3. Uncheck the checkbox next to 'You wish to receive email notifications from the SEBB Program'.



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

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

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

## Make changes to your account

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

### Annual open enrollment

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

During annual open enrollment you may:

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

### Special Open Enrollment

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

You must provide proof of the event and dependent verification if adding dependents. <u>SEBB</u> <u>Administrative Policy 45-2</u>, <u>Addendum 45-2A</u> 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.



2. Click the 'Special open enrollment' tile.

Dashboard	Manage Dependents	Special Open Enrollment	Profile	Document Upload	Premium Surcharge Attestations	Supplemental Coverage	Coverage Summary
Spec	ial Open Enro	ollment					
Special	open enrollment	guidelines					
A special enrollmer Employee Flexible S	open enrollment is a pe nt. During the special op es eligible to participate pending Arrangement, o	riod of time after specific lif en enrollment, subscribers in the salary reductions pla or the premium payment pl	e events may, cha n may er an.	(such as a birth or m inge health plans, en iroll in or revoke their	arriage) when subscribers may mak roli or remove dependents from cov election (or make a new election) u	e changes outside of the S erage, or enroll in or waive nder the Dependent Care /	EBB Program's annual open enroliment in SEBB medical. Assistance Program, Medical
The SEBE allowable employee	Program allows change under the Internal Reve 's dependents, or both.	es outside of the SEBB Prog nue Code and Treasury Reg	gram's ar gulations	nnual open enrollmer , and correspond to a	it when certain events create a spec and be consistent with the event tha	ial open enrollment. The ch t creates the special open	hange in enrollment must be enrollment for the employee, the
The Intern	nal Revenue Code and T	reasury Regulations require	the cha	nge must correspond	and be consistent with the event ti	nat affects eligibility for co	verage.
You must	provide proof of the eve	ent that created the special	open en	rollment (for example	e, a marriage certificate or birth cert	ificate).	
Submi	t a request for special o	pen enrollment:					
Sele	ct the applicable event"				Date of event		
					mm/dd/yyyy		Submit

- 3. Select the event from the 'Select applicable event' drop-down.
- 4. Enter the date of the event.
- 5. Click 'Submit'. The event moves into the list.

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

electi	the applicable event.			Dute of eve	erne.			-	
Stat	te Registration of Domesti	: Partnership	•	09/08/2	2019			<b>=</b> 5	iubmii
				Carbon				-	Ŧ
	State Registration of Domestic	event date	,	Pending	1	Received	1	11/7/2019	,
а н	Partnership							1-1011	items
									itering.
tions	s available under your	special open enr	ollment fo	r State Registrat	tion of Dor	mestic Partners	hip on Sep	98, 2019 :	
tions	s available under your	special open enr	ollment fo	r State Registrat	tion of Dor	mestic Partners	hip on Sep	o 8, 2019 :	
tions	s available under your > Make Plan Elections	special open enn	ollment fo	r State Registrat	tion of Dor	mestic Partners	hip on Sep	9 8, 2019 :	
tions	s available under your > Make Plan Elections > Return from waived	special open enr	ollment fo	r State Registrat	tion of Dor	mestic Partners	hip on Sep	98, 2019 :	
tions	s available under your > Make Plan Elections > Return from waived > Waive Medical Plan	special open enr	ollment foi	r State Registrat	tion of Dor	mestic Partners	hip on Sep	9 8, 2019 :	
tion	s available under your > Make Plan Elections > Return from waived > Waive Medical Plan > Remove Existing Depend	special open enr	ollment foi	r State Registrat	tion of Dor	mestic Partners	hip on Sep	o 8, 2019 :	
tions	s available under your > Make Plan Elections > Return from waived > Waive Medical Plan	special open enn	ollment for	r State Registrat	tion of Dor	mestic Partners	hip on Sep	o 8, 2019 :	

- 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.

Actions	available under your special open enrollment for State Registration of Domestic Partnership on Jul 10, 2019 :
2	PRemove Existing Dependents
3	PReturn from waived
	<u> Make Plan Elections </u>
	Requirements:     Add a qualified spouse       OR     Make plan elections       Add a qualified spouse     OR       OR     Add a dependent
2	> Waive Medical Plan
3	Add New Dependents
2	Add a Spouse

### Add/remove dependents

When adding dependents:

+ Williams, I	Robert (Self)				
+ Henry, Co	rey			Pending verification	on 🔒
New					20
	Last name*		First name*		
	Middle name		SSN*		
	This person currently	y has no social security number			
	Suffix JR, SR	Birth date*	Birth sex*		
	Residential address	is the same as subscriber			
	Relation to subscriber*	Qu	alifying reason*		
	Submit changes	Cana	al changes	Remove dependent	

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

#### When removing dependents:

roll dependents for the upcoming year. 5 e same plans as you.	elect res from the grop-down next to the (	rependent you wish to enroll h	or each form of cov	rerage, rour dependents	will be enrolled in
Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage		Enroll in DENTAL coverage	
Robert Williams	Yes	Yes	٣	Yes	٣
Mary Williams (Pending Verification)	No	No	Ŧ	No	
loesph Williams (Pending Verification)	No	No	Ŧ	No	Ŧ
Baby Williams (Pending Verification)	No	• No	٠	No	

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

9. 'Steps complete' will display next to each action you have completed.

	State Registration of Domestic Partnership	7/10/2019	Pending	Received	9/8/2019		
	Birth or Adoption	8/5/2019	Pending	Received	10/4/2019		
	4 <b>1</b> > H				1 - 3 of 3 items		
	7.11			i Barandi II	10 2010		
10	ns available under your sp	pecial open enrollment fo	or State Registration of Do	mestic Partnership on Jul	10, 2019 :		
	> Remove Existing Dependents						
	> Return from waived				🔗 Steps Complete		
	Make Plan Elections	Make Plan Elections			Steps Complete		
	> Waive Medical Plan						
	> Add New Dependents						
	<ul> <li>&gt; Add New Dependents</li> <li>&gt; Add a Spouse</li> </ul>				Steps Complete		

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