

SEBB My Account Special Open Enrollment User Guide for employees

A special open enrollment (SOE) can be created for specific life events

Certain events let you make account changes (like changing plans or enrolling a dependent) outside of an annual open enrollment or your initial enrollment period. Gaining initial eligibility for SEBB benefits is not considered a special open enrollment event.

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 in SEBB My Account or to your payroll or benefits office, **no later than 60 days** after the event. For more information please see [SEBB Administrative Policy 45-2](#) and [Addendum 45-2A](#). Addendum 45-2A provides further details on eligibility documentation required specific to the event.

The table below indicates some of the allowable changes for each SOE event.

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental and/or vision plan	Waive medical coverage	Enroll after waiving SEBB medical coverage
Marriage, registering a domestic partner, birth, adoption, or assuming a legal obligation for total or partial support in anticipation of adoption	Yes ¹	Yes ²	Yes	Yes	Yes
Child becomes eligible as an extended dependent through legal custody or legal guardianship	Yes	No	Yes	No	Yes
Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance, as defined by the Health Insurance Portability and Accountability Act (HIPAA)	Yes	No	Yes	No	Yes
Employee has a change in employment status that affects the employee's eligibility for their employer contribution toward their employer-based group health plan	Yes	Yes	Yes	Yes	Yes

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental and/or vision plan	Waive medical coverage	Enroll after waiving SEBB medical coverage
Employee's dependent has a change in their employment status that affects their eligibility for the employer contribution under their employer-based group health plan	Yes	Yes	Yes	Yes	Yes
Employee has a change in employment from a SEBB organization to a public school district that straddles county lines or is in a county that borders Idaho or Oregon, which results in having different medical plans available.	No	No	Yes	No	No
Employee or 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.	Yes	Yes	No	Yes	Yes
Employee's dependent moves from outside the United States to live within the United States, or from within the United States to live outside of the United States, and that change in residence results in the dependent losing their health insurance.	Yes	Yes	No	No	Yes
Employee or dependent has a change in residence that affects health plan availability.	No	No	Yes	No	No
A court order requires the employee or any other individual to provide a health plan for an eligible child of the employee.	Yes	Yes	Yes	No	Yes

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental and/or vision plan	Waive medical coverage	Enroll after waiving SEBB medical coverage
Employee or dependent becomes entitled to or loses eligibility for Apple Health (Medicaid) or a state Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes	Yes
Employee or a dependent becomes eligible for a state premium assistance subsidy for SEBB health plan from Apple Health (Medicaid) or a state CHIP.	Yes	No	Yes	No	Yes
Employee or an employee's dependent becomes entitled to coverage under Medicare, or the employee or employee's dependent loses eligibility for coverage under Medicare.	No	No	Yes	Yes	Yes
Employee's or dependent's current health plan becomes unavailable because the employee or dependent is no longer eligible for a Health Savings Account (HSA).	No	No	Yes	No	No
Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent for a specific condition or ongoing course of treatment (requires approval by the SEBB Program).	No	No	Yes, if approved by SEBB	No	No
Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan.	No	No	No	Yes	Yes

¹ Subscriber may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added.

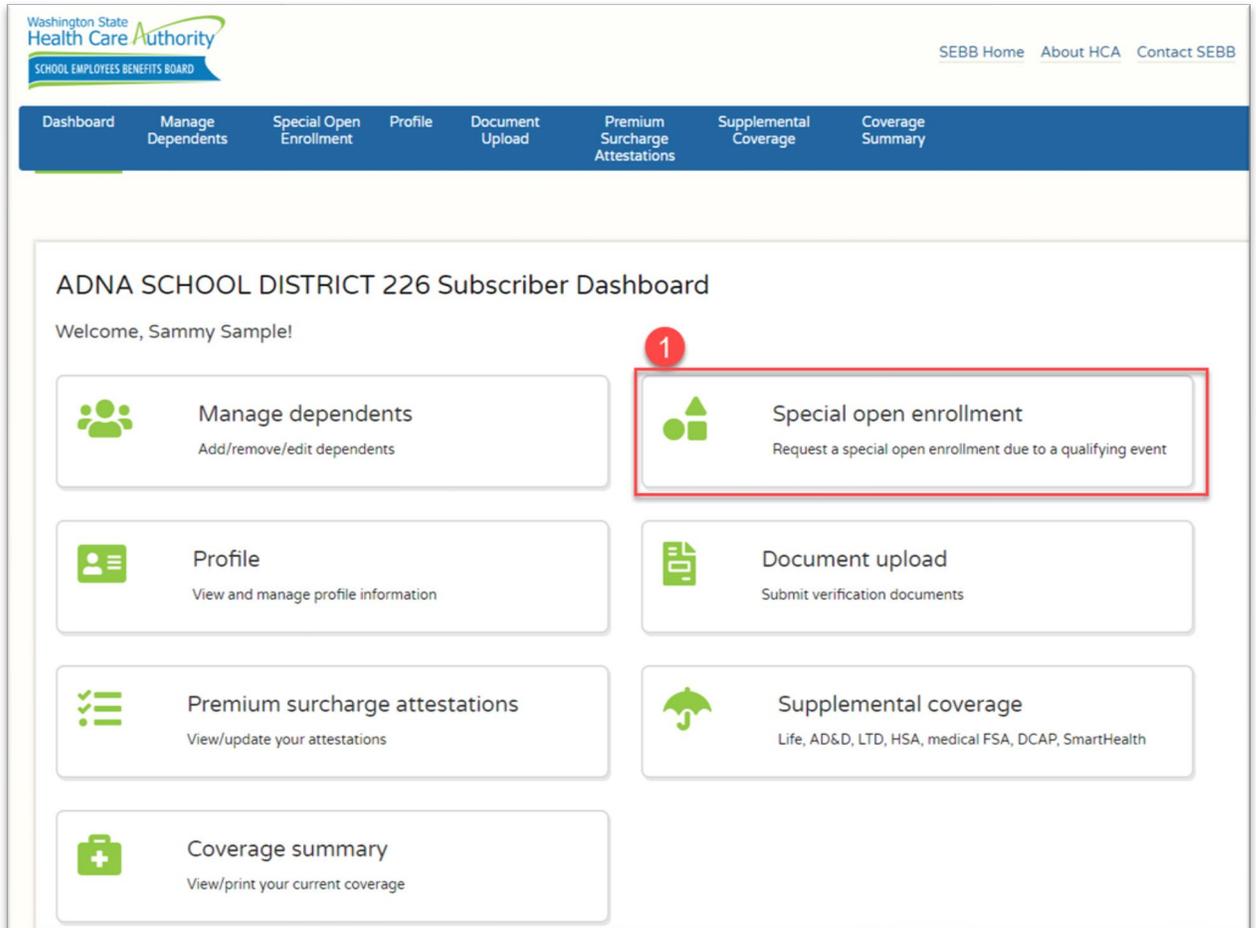
² Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.

Available special open enrollments that can be submitted via SEBB My Account

- Marriage
- Registering a state registered domestic partnership
- Birth or adoption
- Newly eligible extended dependent
- Dependent loses eligibility
- Loss of other coverage
- Change in employment status (dependent)
- Change in school district
- Change under other employer-based group health plan's open enrollment
- Dependent moves from outside USA to USA, or from USA to outside USA
- Change in residence (Subscriber must notify district to update address in SEBB My Account for new plan elections)
- Court order
- Gain or lose eligibility for Medicaid or CHIP
- Become eligible for state premium assistance subsidy for SEBB health plan coverage from Medicaid or CHIP
- Gain or lose eligibility for Medicare
- Health plan becomes unavailable
- Continuity of care
- Gain or lose eligibility for Tricare

Special Open Enrollment steps in SEBB My Account

1. Select 'Special open enrollment' from the dashboard.



2. View the available special open enrollment events (SOE) from the drop-down list.
 - a. Select the SOE applicable to your life event.
 - b. Enter the date of the event, in this case the date of birth for a newborn.
 - c. Select the "Submit" button to create the event.

The image shows a screenshot of a web application interface for Special Open Enrollment. At the top is a navigation bar with the following tabs: Dashboard, Manage Dependents, Special Open Enrollment (active), Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, and Coverage Summary.

The main content area is titled "Special Open Enrollment" and contains a list of event types. A red arrow points to the "Birth or Adoption" option in the list. Below the list is a date input field with a calendar icon and a "Submit" button.

Below the main form is a table with the following columns: Event type, Event date, Status, Reason, Enrollment period en..., and Manage. The table currently shows "No records available".

A modal window titled "Submit a request for special open enrollment:" is overlaid on the bottom right. It contains the following fields:

- "Select the applicable event*": A dropdown menu with "Birth or Adoption" selected. A red circle with the letter "A" is next to it.
- "Date of event": A date input field with "04/15/2020" entered. A red circle with the letter "B" is next to it.
- "Submit": A green button with a white cursor icon. A red circle with the letter "C" is next to it.

Below the modal is another table with the same columns as the one above, also showing "No records available". At the bottom right of the modal area, it says "0 - 0 of 0 items".

3. The enrollment period (the time you have to complete your SOE request) is 60 days from the date of the event and is displayed on the screen. The current status will show as pending. If the event was created in error, select 'Delete' and start over.

The available actions specific to the event selected are now visible. Actions available will differ by the special open enrollment event selected.

- a. Select the desired action, in this case the family is adding a newborn dependent.

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

Submit a request for special open enrollment:

Select the applicable event* Date of event

Event type	Event date	Status	Reason	Enrollment period en...	Manage
<input checked="" type="checkbox"/> Birth or Adoption	4/15/2020	Pending	Received	6/14/2020	<input type="button" value="Delete"/>

1 - 1 of 1 items

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

- > Return from waived Steps Complete
- > Add New Dependents **A**
- > Waive Medical Plan
- > Make Plan Elections

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

- > Return from waived Steps Complete
- > Add New Dependents
 - 1 Add dependents
 - 2 Submit documentation for dependent(s)
 - 3 Make attestations
- > Waive Medical Plan
- > Make Plan Elections Steps Complete

4. Click on Step 1, Add Dependents

- a. A list of your current dependents (including yourself) will display, select 'Add Dependent.'
- b. Fill in demographic information for the new dependent (i.e, last name, first name, etc.).
 - i. If the dependent does not have a social security number then check the box 'This person currently has no social security number'. A social security number will be required at later date.
- c. Select relationship to the subscriber (the employee) and qualifying reason.
- d. Submit changes, and confirm.

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

> Return from waived Steps Complete

4 [Add New Dependents](#)

1 Add dependents 2 Submit documentation for dependent(s) 3 Make attestations

> Waive Medi
> Make Plan f

Your dependents

A + Add dependent

- + Sample, Sammy (Self)
- + Sample, Wife Pending verification
- Sample, Infant

[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*

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

D Submit changes

5. Click on Step 2, Submit documentation for proof of the special open enrollment event and if necessary, dependent eligibility.
 - a. Select 'Submit documentation for dependent(s)'.
 - i. Links to accepted documents are provided.
 - b. Select files to choose a file to upload.
 - c. Select document type.
 - d. Select which dependent this applies to and the special open enrollment.
 - e. Upload document, and confirm.

Alternatively, the eligibility documentation can be submitted in paper form to your benefits administrator. Submitting electronically in SEBB My Account allows for your benefits administrator to review and approve in SEBB My Account, expediting this process.

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

1 - 1 of 1 items

Options available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

> Return from waived Steps Complete

> Add New Dependents

✓ Add dependents
2 Submit documentation for dependent(s)
3 Make attestations

> Waive Medical Plan

> Make Plan Elect

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](#) (follow form instructions, do not upload to SEBB My Account)
[Extended dependent certification](#)

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... B

A Birth Certificate.pdf X

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

Associate documents

Verification applicable to:

A Birth Certificate.pdf C Document type: Birth Certificate D

Infant Sample - Pending E Birth or Adoption - Apr 2020 - Pending

Clear Upload document

6. Click on Step 3, Make attestations as appropriate.
 - a. Select 'Make attestations.'
 - b. Complete the tobacco and spousal premium surcharge attestations as appropriate, and Continue.

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		Date started tobacco use
	<input type="checkbox"/> All YES?	<input type="checkbox"/> All NO?	
Sammy Sample	<input type="text" value="Yes"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
Wife Sample	<input type="text" value="Yes"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>
Infant Sample	<input type="text" value="No"/>	<input type="text"/>	

7. Verify health plans/add coverage for new dependent.

First, verify/update health plan elections by clicking on 'Make plan elections'. Second, in order to enroll the dependent in medical, dental, and/or vision select from drop down 'Yes' for each type of coverage you would like to enroll dependent in.

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

- > Return from waived ✔ Steps Complete
- > Add New Dependents ✔ Steps Complete
- > Waive Medical Plan
- ▼ Make Plan Elections ✔ Steps Complete

Requirements:

- ✔ Add a dependent

✔  Make plan elections

Previously selected plans are visible. This SOE allows you to make changes to your previous plan elections.

Select subscriber's medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	Kaiser Permanente WA Core 1	\$39
<input type="checkbox"/>	Kaiser Permanente WA Core 2	\$57
<input type="checkbox"/>	Premiera High PPO	\$210
<input type="checkbox"/>	Premiera Peak Care EPO	\$93
<input type="checkbox"/>	Premiera Standard PPO	\$66
<input type="checkbox"/>	UMP Achieve 1	\$99
<input checked="" type="checkbox"/>	UMP Achieve 2	\$294
<input type="checkbox"/>	UMP High Deductible	\$75
<input type="checkbox"/>	UMP Plus-Puget Sound High Value Network	\$204
<input type="checkbox"/>	UMP Plus-UW Medicine Accountable Care Network	\$204

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

Change subscriber's dental plan

Available dental plans:

	Dental plan	Premium
<input type="checkbox"/>	DeltaCare (Group # 09601)	\$0
<input checked="" type="checkbox"/>	Uniform Dental Plan (Group #09600)	\$0
<input type="checkbox"/>	Williamette Dental of Washington, Inc.	\$0

Change subscriber's vision plan

Available vision plans:

	Vision plan	Premium
<input checked="" type="checkbox"/>	Delta Vision	\$0
<input type="checkbox"/>	EyeMed Vision Care	\$0
<input type="checkbox"/>	MetLife Vision	\$0

Subscriber and dependents enrollment (Effective Apr 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
Sammy Sample	Yes	Yes	Yes
Wife Sample (Pending Verification)	Yes	Yes	Yes
Infant Sample (Pending Verification)	Yes	<div style="border: 1px solid blue; padding: 2px;"> No Yes No </div>	No


Continue
✕ Clear changes

- Once all confirmations are made on plan changes and/or health plan elections for dependent(s), a Summary of Coverage Elections can be downloaded.

Summary of Coverage Elections reflects the elections made, but are not necessarily in effect until SOE is approved by benefits administrator.

Contact HCA

Accessibility Language Access Not

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SEBB My Account v.1.0.200420.1

Washington State Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

SUMMARY OF COVERAGE ELECTIONS

THIS IS A SUMMARY OF YOUR COVERAGE ELECTIONS WITH THE HEALTH CARE AUTHORITY. THIS IS NOT A STATEMENT OF INSURANCE. CHANGES TO ELECTIONS CAN BE MADE THROUGH SEBB MY ACCOUNT DURING OPEN ENROLLMENT OR OTHER QUALIFYING EVENT.

PRINT DATE: 04/27/2020
EMPLOYER: ADNA SCHOOL DISTRICT 226

SAMMY SAMPLE
ANY STREET
ANY, WA 98502

COVERAGE ELECTIONS INFORMATION			
MEMBER NAME	MEDICAL COVERAGE	DENTAL COVERAGE	VISION COVERAGE
	EFFECTIVE DATE	EFFECTIVE DATE	EFFECTIVE DATE
SAMPLE, SAMMY	04/01/2020	04/01/2020	04/01/2020
SAMPLE, WIFE	04/01/2020	04/01/2020	04/01/2020
SAMPLE, INFANT	04/01/2020	04/01/2020	04/01/2020

HCA-SPONSORED COVERAGE

MEDICAL COVERAGE PROVIDED BY: UMP ACHIEVE 2

MEDICAL PREMIUM: \$294.00
TOBACCO SURCHARGE: \$0.00
SPOUSAL/STATE-REGISTERED DOMESTIC PARTNER PREMIUM SURCHARGE: \$0.00
UNIFORM DENTAL PLAN (GROUP #09600)

DENTAL COVERAGE PROVIDED BY: #09600

DENTAL PREMIUM: \$0.00

VISION COVERAGE PROVIDED BY: DAVIS VISION

VISION PREMIUM: \$0.00
TOTAL MONTHLY PREMIUM: \$294.00