

Changes to SEBB benefits for 2025

The School Employees Benefits Board (SEB Board) has authorized the following changes **effective January 1, 2025**. The School Employees Benefits Board (SEBB) Program will provide more information about these and other changes before the annual open enrollment, October 28 through November 25, 2024.

Policy changes

All changes to SEBB rules will be available at [SEBB Rules and policies](#) and take effect January 1, 2025, unless otherwise noted. The SEB Board has passed resolutions that make the following changes:

- **Moving out of a medical plan's coverage area:** If a subscriber moves their residence or employment location and their medical plan is no longer available in the new location, they must change their medical plan within the timeframe allowed by the special open enrollment. If they don't choose a new medical plan within the timeframe, the Health Care Authority will enroll them in a new medical plan.
- **SEBB Continuation Coverage eligibility is expanding** to include nonrepresented educational service district (ESD) school employees and their dependents.

Changes to all SEBB plans

- **Health savings accounts (HSAs):** The IRS raised the health savings account annual maximum contribution to \$4,300 for single subscribers and \$8,550 for families.
- **Flexible spending arrangements (FSAs):** The annual maximum contribution for Medical and Limited Purpose FSAs increased to \$3,200.
- **Reduction in cost for inhalers and epinephrine injectors:** Out-of-pocket costs will be capped at \$35 for a 30-day supply of inhaled corticosteroids or inhaled corticosteroids combination products, and epinephrine autoinjectors.
- **Increasing access to Human Immunodeficiency Virus (HIV) Post-Exposure Prophylaxis (PEP):** Plans will be prohibited from cost-sharing or prior authorization requirements for at least one full PEP regimen.
- **Vision hardware benefit** will increase up to \$200 (from \$150) for prescription eyeglasses or contact lenses and will reset on odd years (2025, 2027, etc.).

Health plan changes



Kaiser Permanente of the Northwest (KPNW):

- **myStrength discontinued:** Members no longer have access to myStrength, now known as Teladoc Health, as of July 31, 2024.

Kaiser Permanente of Washington (KPWA) and KPWA Options:

- **Advanced Care at Home program discontinued:** Members will have access to services at home through their care providers, as available. Cost-shares will apply based on the services provided.
- **End stage renal disease dialysis benefit:** Members who have end stage renal disease (ESRD) qualify for **Medicare after a 90-day waiting period**. Once a member becomes eligible for Medicare, the plan may waive cost-shares or reimburse members for the cost of their Medicare Part B.

Premera Blue Cross:

- **Premera High PPO** will no longer be available in Clallam and Mason counties. Members must choose a new plan.
- **Premera Standard PPO** will no longer be available in Clallam, Jefferson, and Mason counties. Members must choose a new plan.
- ***If the employee works in a county served by their Premera High PPO or Premera Standard PPO plan in 2025, they are still eligible to remain enrolled in their plan and are not required to change plans***



Uniform Medical Plan (UMP):

- **Deductible for UMP High Deductible:** The IRS raised the minimum deductible for high-deductible health plans to \$1,650 for single subscribers and \$3,300 for families.
- **Diagnostic and supplemental breast exam coverage:** Diagnostic and supplemental breast exams will be covered without cost to members. UMP High Deductible members need to meet their deductible before the plan will pay.
- **UMP Plus–Puget Sound High Value Network (PSHVN)** will no longer be available in Chelan or Douglas County. Members in Chelan and Douglas counties must change plans. Confluence Health will no longer be part of UMP Plus–PSHVN.
- **Washington State Rx Services (WSRxS)** has changed its name to ArrayRx.

LTD Insurance

Employee-paid long-term disability (LTD) insurance rates will decrease effective January 1, 2025.

Rule Changes

All changes to SEBB rules will be available on the HCA website at hca.wa.gov/sebb-rules and take effect January 1, 2025, unless otherwise noted. Here are some changes that might affect you:

- **Dual enrollment:** School employees or public employees and their dependents may be enrolled in medical, vision, and dental benefits in either the SEBB or the PEBB Program (not both). They may waive their enrollment only if they are enrolled in another employer-based group medical plan, such as a school employee enrolling in PEBB benefits. If they try to enroll in some SEBB and some PEBB benefits, they will be auto-enrolled or disenrolled according to WAC 182-12-123 and 182-31-070.
- **Continuation coverage for school board members when their terms end:** When school board members' terms end or they leave office, they may continue enrollment in SEBB medical, dental, or vision benefits for the maximum number of months allowed under COBRA on a self-pay basis.
- **Continuation coverage for dependents of school board members:** When school board members' terms end or they leave office, their dependents may enroll in medical, dental, or vision for a maximum of 36 months on a self-pay basis.