

# Benefits 24/7 – Changing Coverage Elections

<https://benefits247.hca.wa.gov>

- 1) Click Coverage on open enrollment screen



*\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\**

## 2) Check box for desired Medical plan or Waive medical plan

Current Medical plan - coverage effective date January 1, 2025

Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Achieve 1. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the plan you choose by calling the plan.

### Available Medical plans:

Selection	Medical plan	Premium
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Core 1	23
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Core 2	55
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Options Summit PPO 1	40
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Options Summit PPO 2	114
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Options Summit PPO 3	270
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington SoundChoice	122
<input type="checkbox"/>	Emera HMO	17
<input type="checkbox"/>	Emera High PPO	135
<input type="checkbox"/>	Emera Standard PPO	79
<input type="checkbox"/>	UMP Achieve 1	40
<input type="checkbox"/>	UMP Achieve 2	125
<input type="checkbox"/>	UMP High Deductible	21
<input type="checkbox"/>	UMP Plus-Puget Sound High Value Network	104
<input type="checkbox"/>	UMP Plus-UW Accountable Care Network	104

### Helpful links:

[Compare medical plans](#)

[Medical plans by county](#)

[Find a provider.](#) Make sure you have the correct provider network selected prior to searching for providers.

Read the latest edition of the [Intercom newsletter](#).

[Plan contact information](#)

**Waive medical coverage.** You may waive enrollment in SEBB medical if you are enrolled in other employer-based group medical, a TRICARE plan, or Medicare. You may not waive SEBB medical if you enroll in PEBB retiree insurance coverage, such as a Medicare Advantage with Prescription Drug plan or Medicare Supplement Plan G. Waiving coverage means you and your dependents will not have medical coverage through the SEBB program. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.

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### 3) Check box for desired Dental plan

Current Dental plan - coverage effective date January 1, 2025

**DeltaCare (Group #9601), administered by Delta Dental of Washington.**

Select a dental plan. Before you enroll, make sure the provider you want to use accepts the specific plan and group you choose. If you do not select a dental plan, you will be enrolled in Uniform Dental Plan (Group #9600).

**3** Available Dental plans:

Selection	Dental plan	Premium
<input type="checkbox"/>	DeltaCare (Group #9601), administered by Delta Dental of Washington.	0
<input type="checkbox"/>	Uniform Dental Plan (Group #9600), administered by Delta Dental of Washington.	0
<input type="checkbox"/>	Willamette Dental of Washington Inc. (Group WA 733).	0

Helpful links:  
[Compare dental plans.](#)  
[Find a provider.](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

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### 4) Check box for desired Vision plan

Current Vision plan - coverage effective date January 1, 2025

**EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company**

Available Vision plans:  
Select a vision plan. Before you enroll, make sure the provider you want to use accepts the plan you choose. If you do not choose a vision plan, you will be enrolled in MetLife Vision.

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Selection	Vision plan	Premium
<input type="checkbox"/>	Davis Vision by MetLife, underwritten by Metropolitan Life Insurance Company ("MetLife")	0
<input type="checkbox"/>	EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company	0
<input type="checkbox"/>	MetLife Vision, underwritten by Metropolitan Life Insurance Company "MetLife"	0

Helpful links:  
[Compare vision plans.](#)  
[Find your provider.](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

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\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\*

## 5) Review and Confirm selections

### Confirm selections

#### Medical Selection Message

When using the provider search tools, make sure you have the correct plan and/or network name selected to check provider status. It is recommended to call the plan, not your provider, to ask about provider network status.

#### Dental Selection Message

You have selected DeltaCare, which is a managed-care plan. You must select a primary care dentist in the DeltaCare network. Before you enroll, call DeltaCare at 1-800-650-1583 to make sure the provider you want to use accepts the specific plan and plan group you choose. If you use a dentist not in-network, your claims will not be paid. If you select this plan in error and do not make a plan change by the end of your enrollment period, you will not be eligible to change your plan until the next annual open enrollment period or if allowed due to a special open enrollment event.

#### Vision Selection Message

In-network benefits typically provide the most value, and each plan may have different participating providers. To determine if your provider is in-network, call EyeMed Vision at 1-800-699-0993.

### Please review the information below

If correct, select Confirm. To make a change, select previous.

- You have not made changes to your medical plan.
- You have not made changes to your dental plan.
- You have not made changes to your vision plan.

Subscriber:	Coverage effective date:	Medical Plan:	Dental Plan:	Vision Plan:
<b>Doe, Jane</b> DOB - 11/22/1985	03/01/2023	UMP Achieve 2	DeltaCare (Group #9601), administered by Delta Dental of Washington.	EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company

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Confirm and let's complete tobacco attestation

\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\*

## 6) Make Tobacco attestation



Step 4 - Attestations

### Tobacco use premium surcharge

[Learn about this surcharge.](#) The SEBB Program requires a \$25 per account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use. Tobacco products are any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. Tobacco products do not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids, such as, over-the-counter nicotine replacement products recommended by a doctor, and prescription nicotine replacement products.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in the [SEBB Program Administrative Policy 91-1](#).

Events that require a change: You must change your attestation when your or an enrolled dependents' (age 13 or older) tobacco use status changes.

Note: Enrolled dependents ages 12 and younger are automatically defaulted to NO. You do not need to attest when the dependent turns age 13 unless they use, or begin using, tobacco products.

[Additional information on surcharges](#)

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Step 4 - Attestations

### Tobacco use premium surcharge

#### Does the tobacco use premium surcharge apply to you?

If you check Yes, you will be charged the \$25 premium surcharge.

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Yes, I am subject to the \$25 premium surcharge. I have used tobacco products in the past two months.

No, I am not subject to the \$25 premium surcharge. I have not used tobacco in the past two months or am enrolled in my [SEBB medical plan's tobacco cessation program](#) (if age 18 or older).

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## 7) Click Next

\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\*

8) Read Legal notice and click Next

Step 4 - Attestations

### Legal notice

By selecting the Next button below:

- I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not provide timely, updated information, I will owe surcharges to the SEBB Program.
- I declare that one (or more) of the events requires an attestation change to the premium surcharges, and that I'm reporting it within the SEBB Program's deadlines.
- I am replacing all SEBB Premium Surcharge Attestation Change forms, enrollment form attestations, and electronic surcharge attestations previously submitted.
- I understand that changes that result in a premium surcharge will begin the first day of the month after the status change. If that day is the first of the month, the change to the surcharge begins on that day.
- I understand that changes that result in removing the premium surcharge will begin the first day of the month after receipt of the attestation. If that day is the first day of the month, the change to the surcharge begins on that day.

Exception: If you are required to attest to the premium surcharges during the SEBB Program's annual open enrollment, any changes will become effective January 1 of the following year.

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

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9) Click on Confirm and let's view supplemental coverage options



Step 4 - Attestations

### Tobacco use premium surcharge

You will not be charged the \$25 tobacco use surcharge in addition to your monthly medical premium.

Select Confirm to continue. Select Previous to change your response.

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\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\*

## 10) Review supplemental coverage and click Continue and review



### Step 5 - Supplemental Benefits

#### Employee-paid long-term disability (LTD) insurance

The SEBB Program offers employer-paid and employee-paid LTD insurance.

LTD insurance protects a portion of your salary if you are unable to work due to serious injury or illness. When you enroll in LTD coverage, it pays you a percentage of your monthly predisability earnings if you become disabled.

To learn more about LTD benefits, visit the [Long-term disability webpage](#).

#### Employer-paid LTD insurance

You are automatically enrolled in employer-paid LTD insurance, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health).

- Benefit: 60 percent of the first \$667 of your predisability earnings.
- Minimum: \$100 or 10 percent of the LTD benefit before deductible income (whichever is greater)
- Maximum: \$400 per month

Employer-paid LTD is included in your benefits at no cost to you.

#### Employee-paid LTD

You are automatically enrolled in a plan that covers up to 60 percent of the first \$16,667 of your monthly predisability earnings. You do not need evidence of insurability. The minimum benefit is \$100. The maximum benefit is \$10,000 per month for the 60-percent coverage and \$8,333 per month for the 50-percent coverage.

At any time, you can reduce to a lower-cost 50-percent coverage level or decline the employee-paid coverage.

If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

An increase in coverage takes effect the first day of the month following the date evidence of insurability is approved.

#### Employee-paid LTD cost

These rates are based on the employee's age on January 1, of the current year.

To use the monthly premium calculator, visit [The Standard's Calculator Tool](#). You can also [view employee-paid LTD premiums](#).

#### Select your LTD coverage

- Employee-paid (60-percent plan)
- Employee-paid (50-percent plan)
- Decline employee-paid LTD

To calculate your monthly LTD premium yourself, use the formula below.

Your monthly predisability earnings (not to exceed \$16,667) x age rate = monthly premium.

#### Employee-paid LTD rates

These rates are based on the employee's age on January 1 of the current year, except for employees who become newly eligible. Newly eligible employees will be based on age as of their enrollment date for the first calendar year of coverage.

Age	60-percent plan	50-percent plan
0 to 29	0.0009	0.0006
30 to 34	0.0012	0.0007
35 to 39	0.0018	0.0011
40 to 44	0.0026	0.0015
45 to 49	0.0035	0.0021
50 to 54	0.0048	0.0029
55 to 59	0.0058	0.0035
60 to 64	0.0060	0.0036
65 and older	0.0061	0.0037

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

**\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\***

### Basic life and AD&D insurance

The SEBB Program provides basic life and basic AD&D insurance at no cost to you. You will be automatically enrolled in these benefits, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health). Learn more about [life and AD&D insurance](#).

As an employee, basic life insurance covers you and pays your designated beneficiaries in the event of your death. Basic AD&D insurance provides extra benefits for certain injuries or death resulting from a covered accident.

These benefits provide:

- \$35,000 for basic life insurance
- \$5,000 for basic AD&D insurance

[Name your beneficiaries](#) for your basic life and basic AD&D insurance.

### Supplemental life and AD&D insurance

You may enroll in supplemental life and supplemental AD&D insurance for yourself and your dependents. To enroll your dependents in supplemental life and AD&D insurance, you must enroll in supplemental life insurance for yourself. To enroll in supplemental life insurance, create an account through [MetLife MyBenefits Portal](#).

## Flexible spending arrangements (FSAs) and Dependent Care Assistance Program (DCAP)

### FSAs

FSAs allow you to set aside pretax money from your paycheck to pay for out-of-pocket health care costs. Navia Benefit Solutions processes claims and provides customer service for the SEBB Program.

You must enroll in an FSA each year you want to participate. Enrollment does not automatically continue from plan year to plan year.

The SEBB Program offers a FSA and a Limited Purpose FSA. You cannot have both a Limited Purpose FSA and an FSA. Learn more about FSAs.

### FSA (formerly known as Medical FSA)

You cannot have an FSA and be enrolled in a high deductible health plan with a health savings account (HSA). The FSA allows you to pay for out-of-pocket health care costs like deductibles, copays, coinsurance, prescription drugs, chiropractic care, dental care, vision services, and more (see [eligible expenses](#)).

### Limited Purpose FSA

The Limited Purpose FSA covers only dental and vision expenses. It is intended for employees enrolled in a high deductible health plan with a health savings account. It allows you to pay for out-of-pocket dental and vision costs like glasses, contact lenses and solution, dentures, dental copays, orthodontia, and more (see [eligible expenses](#)).

### DCAP

The DCAP allows you to set aside pretax money from your paycheck to help pay for qualifying child care or elder care expenses. [Learn more about DCAP and enroll.](#)

You can enroll and set up an FSA or DCAP account on the [Navia SEBB Portal](#)

- During the SEBB Program's annual open enrollment.
- No later than 31 days after you become eligible for SEBB benefits.
- No later than 60 days after you or an eligible family member has a qualifying event that creates a special open enrollment.

### Health savings account (HSA)

When you enroll in a high deductible health plan, you are also enrolled in a health savings account (HSA) through HealthEquity. Your HSA is a tax-advantaged spending and savings account that can be used to pay for qualified medical expenses. Your HSA is funded by pretax contributions from your employer. You can choose to make additional contributions to your HSA. Contact your payroll or benefits office to see if you can arrange automatic payroll deductions to your HSA. [Learn more about health plans with HSAs.](#)

For a list of items and services you can pay for with your HSA funds and to see the maximum annual contribution limits to your HSA, visit [HealthEquity's website](#) or call 1-844-351-6853.



SmartHealth is Washington State's voluntary wellness program that supports you on your journey toward living well. Join activities that support all of you, including managing stress, building resiliency, and adapting to change. As you progress on your wellness journey, you may also qualify for the SmartHealth wellness incentive. [Learn more about SmartHealth.](#)

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Continue and review

**\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\***

11) Review Summary of Coverage Elections to confirm it is accurate and click Next



Step 6 - Confirmation

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 Benefits 24/7 during open enrollment or special open enrollment.

Employer: FEDERAL WAY SCHOOL DISTRICT 210

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date	Vision coverage Effective date
Doe, Jane	01/01/2025	03/01/2023	03/01/2023

HCA-sponsored coverage

Medical coverage provided by:	UMP Achieve 2	Medical premium:	\$125.00
		Tobacco surcharge:	\$0.00
		Spousal/state-registered domestic partner surcharge:	\$0.00
Dental coverage provided by:	DeltaCare (Group #9601), administered by Delta Dental of Washington.	Dental premium:	\$0.00
Vision coverage provided by:	EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company	Vision premium:	\$0.00
Total monthly premium:			\$125.00

Please review the enrollment information above for accuracy. If the information is correct, select next to proceed. If you need to make a correction to any section, select the section at the top of the page.

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Next

\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\*

## 12) Read Legal notice and click Confirm

  
Step 6 - Confirmation

### Legal notice

By submitting this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in the SEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plans or premiums paid on my behalf.

My dependents and I may also lose SEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the SEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility.

I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of SEBB benefits.

If adding a state-registered domestic partner (SRDP) to my account, I declare that my domestic partner and I have registered through the Washington Secretary of State's Office or another state.

Enrollment of any dependent is not complete until the SEBB Program verifies the eligibility of my dependents. I understand that if I am applying to add a dependent to my SEBB insurance coverage, I must provide copies of documents that verify the dependent's eligibility within the SEBB Program's enrollment timelines, or the dependent will not be enrolled.

Eligible employees must enroll in SEBB dental, vision, basic life, basic accidental death and dismemberment (AD&D), and employer-paid long-term (LTD) disability insurance (if eligible). Employees who choose to waive SEBB medical coverage (when they become newly eligible, during annual open enrollment, or due to a special open enrollment) must be enrolled in another employer-based group medical, a TRICARE plan, or Medicare. If I waive medical coverage, I understand I can enroll during the annual open enrollment period or no later than 60 days after a special open enrollment event as defined in SEBB Program rules. If I waive medical coverage for myself, I understand I can enroll during the annual open enrollment period or no later than 60 days after a special open enrollment event as defined in SEBB Program rules. If I waive medical coverage for myself, I cannot enroll my eligible dependents in medical coverage. If I waive SEBB medical coverage to enroll in Public Employees Benefits Board (PEBB) medical coverage, I must enroll in PEBB dental and vision. If I waive enrollment in SEBB medical to enroll in PEBB medical, I also waive enrollment in SEBB dental and SEBB vision.

If I am eligible for the employer contribution toward SEBB benefits but do not waive or enroll in SEBB medical coverage, I will be enrolled automatically as a single subscriber in Uniform Medical Plan (UMP) Achieve 1. My dependents will not be enrolled. I will be charged a monthly premium for medical coverage as well as a \$25 monthly tobacco use premium surcharge.

I allow my employer to deduct money from my earnings to pay for insurance coverage and applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharge and spouse or state-registered domestic partner coverage premium surcharge in addition to my monthly medical premium.

If I enroll in a high-deductible health plan with a health savings account (HSA), I must meet HSA eligibility conditions. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and that there are limits to these contributions and my HSA contributions (if any) under federal tax law.

I understand that my enrollment and my dependents' enrollment are subject to me abiding by all applicable deadlines and SEBB rules and policies. Failure to comply with applicable deadlines and SEBB rules and policies may result in my benefits selection being rejected or defaulted.

This form replaces all enrollment forms previously submitted. Any changes made in Benefits 24/7 or SEBB enrollment or change forms submitted and dated later than this online enrollment will replace this online enrollment.

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**\*\*\*Please note that the images provided are examples only and not suggestions for selections\*\*\***

### 13) Download elections

**Open Enrollment**  
10/28/2024 - 11/25/2024  
for coverage Jan 1, 2025

Dependents Upload Coverage Attestations Supplemental Benefits Confirmation

✓  
Step 6 - Confirmation

You're all done! You can download a summary of your elections below.

**13** Download elections

Email address\*  
janedoe@email.com

Sign up for email delivery. You'll receive the For Your Intercom newsletter and other general updates in your inbox.

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