

# Temporary changes to SEBB Continuation Coverage deadlines

Some deadlines in this document have changed because of the Health Care Authority's response to the COVID-19 state of emergency. The Governor announced the state of emergency on February 29, 2020.

On April 2, 2020, the SEB Board passed resolutions to:

- **Extend the enrollment deadline to 30 days past the date the Governor ends the state of emergency.**
  - This means you may have extra time to enroll in SEBB Continuation Coverage. For example, if your last day to enroll in SEBB Continuation Coverage is April 30, and the state of emergency ends May 15, then your enrollment period will be extended to June 15.
  - If your last day to enroll occurs more than 30 days after the last day of the state of emergency, your deadline **will not** be extended. For example, if your last day to enroll is July 31, and the state of emergency ends May 15, the extended enrollment date will be June 15. Your enrollment deadline will not be extended.
  - The last day of the state of emergency is unknown at this time. We will provide more information as it becomes available at [hca.wa.gov/coronavirus](https://hca.wa.gov/coronavirus).
- **Extend the maximum continuation coverage period to the last day of the second month after the date the Governor ends the state of emergency.**
  - This means that you may have SEBB Continuation Coverage longer than is described in this document.
  - If your continuation coverage period would have ended between February 29 and the date that the state of emergency ends, your coverage will continue to the last day of the second month after the date the state of emergency ends. For example, if your coverage period would have ended April 30, and the state of emergency ends May 15, your coverage will be extended to July 31.
  - If your continuation coverage period would have **ended after the date the state of emergency ends, but before the two-month extension**, your coverage will continue to the last day of the second month after the date the state of emergency ends. For example, if the state of emergency ends May 15, and your continuation coverage ends June 30, your coverage will be extended to July 31.
  - If your continuation coverage period ends **on the last day of the two-month extension (or later)**, your coverage **will not** be extended. For example, if your coverage is set to end on October 31, and the state of emergency ends on May 15, your coverage will not be extended. It is already set to end more than two months after the end of the state of emergency.

Your first payment is due 45 days after the last day of your enrollment period, whether or not your enrollment period is extended. Learn more about these emergency resolutions at [hca.wa.gov/coronavirus](https://hca.wa.gov/coronavirus).

# 2020 SEBB

## Continuation Coverage Election Notice



### READ NOW

**!** You are receiving this booklet because your School Employees Benefits Board (SEBB) Program coverage recently ended. This booklet explains how you and your dependents, if eligible, can continue your coverage under the SEBB Program.

To continue coverage, you must follow the instructions provided and complete the enclosed form(s). **The SEBB Program must receive your election form(s) (found in this booklet) no later than 60 days from the date your SEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.**

To continue life insurance under the portability or conversion options, complete the form sent to you by Metropolitan Life Insurance Company (MetLife). **MetLife must receive your completed form no later than 60 days after your employer-paid coverage ends. See Appendix A for details.**

Washington State  
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

### For more information

This notice does not fully describe your rights for continuation coverage. You can find more information in the *SEBB Initial Notice of COBRA and Continuation Coverage Rights* online at [hca.wa.gov/erb](http://hca.wa.gov/erb), or from the SEBB Program. Contact the SEBB Program for questions about eligibility.

### Federal resources

For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) website at [dol.gov/agencies/ebsa/key-topics/health-and-other-employee-benefits](http://dol.gov/agencies/ebsa/key-topics/health-and-other-employee-benefits) or call 1-866-444-3272. For more information about health insurance options available through the Health Insurance Marketplace, visit [healthcare.gov](http://healthcare.gov).

### SEBB contact information

If you have questions about your rights to continuation coverage or SEBB eligibility, contact:

SEBB Program  
1-800-200-1004 (toll free) and select menu option 6  
360-725-0440 (Olympia area)  
711 (TRS)

Monday through Friday, 8 a.m. to 4:30 p.m.  
*(Note: Other business activities may result in phones being unavailable during this time.)*

Website:

[hca.wa.gov/erb](http://hca.wa.gov/erb)

Mailing address:

SEBB Program  
Health Care Authority  
PO Box 42684  
Olympia, WA 98504-2684

Street address:

Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

**Note:** The Health Care Authority (HCA) is open between 8 a.m. and 5 p.m. Monday through Friday. Visitors are seen on a first-come, first-served basis. To make sure the last lobby visit ends by 5 p.m., the last visitor will be accepted at 4:30 p.m.

### Notify the SEBB Program of address changes

To protect your rights and the rights of your family, you must keep the SEBB Program informed of address changes for yourself and each of your enrolled dependents by calling us at 1-800-200-1004 (TRS: 711) (select menu option 5), or notifying us in writing at the address listed above. You should also keep a copy of any notices you send to the SEBB Program for your records.

### Where to find SEBB laws and rules

You can find the School Employees Benefits Board's laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-30, 182-31, and 182-32 of the Washington Administrative Code (WAC). These are available at [leg.wa.gov](http://leg.wa.gov).

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call the Health Care Authority at 1-800-200-1004 (TRS: 711).

# 2020 Continuation Coverage Election Notice

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## Introduction

This booklet contains important information about your and your dependents' right to continue coverage under the School Employees Benefits Board (SEBB) Program, as well as other health coverage options that may be available to you, including:

In Washington State:  
Washington Health Benefit Exchange  
**wahbexchange.org** or 1-855-923-4633 (TTY: 1-855-627-9604)


Outside Washington State:  
Health Insurance Marketplace  
**healthcare.gov** or  
1-800-318-2596 (TTY: 1-855-889-4325)

You may be able to get coverage through the Washington Health Benefit Exchange or Health Insurance Marketplace that costs less than SEBB Continuation Coverage.

We use "you" in this notice to refer to each person who will lose SEBB Program coverage.

Please read the information in this notice very carefully before making a decision.

- To elect SEBB Continuation Coverage, the SEBB Program must receive your completed election form(s) (found in this booklet) **no later than 60 days** from the date your SEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.

 Federal law requires that most group health plans (including the SEBB Program) give employees and their dependents the opportunity to continue their health coverage when they lose coverage under an employer's plan.

SEBB Continuation Coverage provides the same medical, dental, and vision benefits, choice of health plans, and cost-sharing (including annual deductibles, copays, and coinsurance) available to other SEBB enrollees who aren't enrolled in continuation coverage.

Each person who elects SEBB Continuation Coverage will have the same rights as other SEBB enrollees, including SEBB Program annual open enrollment and special open enrollment rights.

- If you are not eligible (not on approved unpaid leave) and wish to continue your life insurance under portability or conversion, complete the form sent to you by Metropolitan Life Insurance Company (MetLife). MetLife must receive your completed form **no later than 60 days** after your employer-paid coverage ends. See Appendix A for information on portability or conversion.

**If you or any enrolled dependents losing SEBB eligibility do not elect to continue coverage within these timelines, SEBB Program coverage will end on the last day of the month you and your dependents stop being eligible.** If elected, SEBB Continuation Coverage (COBRA) or SEBB Continuation Coverage (Unpaid Leave) begins the first day of the month after the date your employer paid coverage ended.

To help process your enrollment faster, you should send your first premium payment and applicable premium surcharges with your election form(s). However, your first premium and applicable premium surcharge payment is due to HCA **no later than 45 days** after your 60-day election period ends.

You can find important premium payment information under "When and how do I make payments?" on page 13. If you do not make your premium and applicable premium surcharge payment by the deadline, you will not be enrolled and you will lose your right to enroll in SEBB Continuation Coverage.

# Electing SEBB Continuation Coverage

## What continuation coverage options are available?

The SEBB Program offers one or more ways for you and your dependents, if eligible, to continue SEBB Program coverage.

- SEBB Continuation Coverage (COBRA) — a **temporary extension of SEBB health plan coverage** available to SEBB members defined as qualified beneficiaries under federal Consolidated Omnibus Budget Reconciliation Act (COBRA) rules, and for state-registered domestic partners and their children, based on RCW 26.60.015 and SEBB policy resolution that extends SEBB coverage for dependents not otherwise eligible for COBRA. Coverage may be temporarily extended only if the SEBB member experiences a qualifying event. For eligibility information and forms, see Appendix A.
- SEBB Continuation Coverage (Unpaid leave) — a **temporary extension of SEBB insurance coverage** for employees who lose eligibility for the employer contribution toward insurance coverage due to specific types of leave. For eligibility information and forms, see Appendix B.

Premiums for SEBB Continuation Coverage are on pages 15–16. To enroll, see “How do I elect SEBB Continuation Coverage?” on this page.

## Who can elect SEBB Continuation Coverage?

Qualified beneficiaries (employees, spouses, or dependent children) under federal COBRA continuation coverage, or state-registered domestic partners and their dependent children who are not qualified beneficiaries under federal COBRA rules, are entitled to elect SEBB Continuation Coverage (COBRA) if they lost SEBB health plan coverage due to a qualifying event (see page 6). For more information on who qualifies for SEBB Continuation Coverage (COBRA), see Appendix A.

Each individual (employee or dependent) who lost their SEBB employer-based group health plan due to a qualifying event has an independent election right to SEBB Continuation Coverage (COBRA). For example:

- The employee’s eligible spouse or state-registered domestic partner may elect

continuation coverage, even if the employee does not.

- The employee or their eligible spouse or state-registered domestic partner may elect continuation coverage for one, some, or all eligible dependent children. Certain newborns, newly adopted children, and children identified under a court order or National Medical Support Notice may also be eligible for continuation coverage.
- The employee or their eligible spouse or state-registered domestic partner may elect continuation coverage on behalf of their eligible children.

An employee who lost their SEBB employer-based group health plan due to the types of events listed in Appendix B may elect SEBB Continuation Coverage (Unpaid Leave) for themselves and eligible dependents. If an employee does not elect this coverage, their dependents do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave). Your dependents may have an independent right to COBRA. If they wish to enroll they should complete the form in Appendix A.

## How do I elect SEBB Continuation Coverage?

To elect SEBB Continuation Coverage, the SEBB Program must receive your completed form(s) **no later than 60 days** from the date SEBB health plan coverage ended or from the postmark date on this notice, whichever is later.

Oral communications (in person or by telephone) and electronic communications (fax or email) are not acceptable methods of making an election and will not preserve your continuation coverage rights.

If the SEBB Program does not receive your completed form(s) by the required 60-day deadline, your SEBB coverage will end on the last day of the month following the date of the qualifying event.

## Mail to (if no payment enclosed):

SEBB Program  
Health Care Authority  
PO Box 42684  
Olympia, WA 98504-2684

*(continued)*

**Or bring to (8 a.m. to 4:30 p.m. Monday–Friday):**

Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

If sending payment with your form(s), see “When and how do I make payments?” on page 13 for information on where to submit your form(s) with payment.

If continuing your Medical Flexible Spending Arrangement or life insurance, please see Appendix A for SEBB Continuation Coverage (COBRA) or Appendix B for SEBB Continuation Coverage (Unpaid Leave) for how to elect these coverages.

## Are there other coverage options besides SEBB Continuation Coverage?

Yes. Instead of enrolling in SEBB Continuation Coverage, there may be other coverage options for you and your dependents through the Health Insurance Marketplace, Medicaid, or other group health plan coverage (such as a spouse’s plan) through what is called a “special enrollment period.” Some of these options may cost less.

You should carefully compare your other coverage options with SEBB Continuation Coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under SEBB Continuation Coverage because the new coverage may impose a new deductible.

### What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums and cost-sharing (your out-of-pocket costs for deductibles, coinsurance, and copays).

You can see what your premium, deductibles, and out-of-pocket costs will be before you enroll. Through the Marketplace, you’ll also learn if you qualify for free or low-cost coverage from Medicaid (Apple Health in Washington State) or the Children’s Health Insurance Program (CHIP).

You can access the Marketplace for your

state at [healthcare.gov](https://www.healthcare.gov). Washington State residents can access it at [wahbexchange.org](https://www.wahbexchange.org).

Coverage through the Health Insurance Marketplace may cost less than SEBB Continuation Coverage. Being offered SEBB Continuation Coverage won’t limit your eligibility for coverage or for a tax credit through the Marketplace.

### When can I enroll in Marketplace coverage?

You have 60 days from the time you lose your employer-based group health plan to enroll in the Marketplace (because losing your employer-based group health plan is a qualifying “special enrollment” event). **After 60 days, your special enrollment period ends and you may not be able to enroll; take action right away.** In addition, anyone can enroll in Marketplace coverage without a qualifying event during its open enrollment period.

To find out more about enrolling in the Marketplace (such as when their next open enrollment period is and what you need to know about qualifying events and special enrollment periods), visit [healthcare.gov](https://www.healthcare.gov). Washington State residents can visit [wahbexchange.org](https://www.wahbexchange.org).

### Can I switch between SEBB Continuation Coverage and the Marketplace?

If you sign up for SEBB Continuation Coverage, you can switch to a Marketplace plan during the Marketplace’s open enrollment period. You can also end SEBB Continuation Coverage early and switch to a Marketplace plan if you have a qualifying event that triggers a “special enrollment period” (such as marriage or birth of a child). Be careful — if you terminate SEBB Continuation Coverage without a qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next Marketplace open enrollment period. You could end up without health plan coverage and may be charged high out-of-pocket costs if you receive health care services. To find out when the Marketplace open enrollment period is, visit [wahbexchange.org](https://www.wahbexchange.org) (in Washington State) or [healthcare.gov](https://www.healthcare.gov) (all other states).

When your SEBB Continuation Coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if the Marketplace open enrollment period has ended.

If you sign up for Marketplace coverage instead of SEBB Continuation Coverage, you cannot switch to SEBB Continuation Coverage under any circumstance.

### Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse's plan) if you request enrollment **no later than 30 days** after your SEBB coverage ends because of a qualifying event.

If you or your dependent elects SEBB Continuation Coverage, you will have another opportunity to enroll in the other group health plan under special enrollment rights **no later than 30 days** after your SEBB Continuation Coverage ends.

### What factors should I consider when choosing coverage options?

When considering your options for health plan coverage, you may want to think about:

- **Premiums.** Your previous health plan can charge up to 102 percent of total health plan premiums under COBRA rules. The SEBB Program charges 100 percent of the total health plan premiums for SEBB Continuation Coverage (COBRA) and SEBB Continuation Coverage (Unpaid Leave), as well as applicable tobacco use and spouse or state-registered domestic partner coverage premium surcharges. Other options, like coverage under a spouse's plan or through the Marketplace, may be less expensive.
- **Provider networks.** If you're currently getting care or treatment for a condition, a change in your health coverage may affect your access to a particular health care provider. You may want to check if your current health care providers participate in a health plan you're considering.
- **Drug formularies.** If you're currently taking prescription medications, a change in your health coverage may affect your prescription drug costs — and in some cases, your medication may not be covered by another plan. Check if your current medications are covered by the health plan you are considering.
- **Severance payments.** Under federal COBRA rules, if you lose your job and receive a severance package from your former employer, your former employer may offer to pay some or all of your

SEBB Continuation Coverage (COBRA) payments for a period of time. In this scenario, contact the U.S. Department of Labor at 1-866-444-3272 (TTY: 1-877-889-5627) to discuss your options.

- **Where you live.** Some medical plans limit their benefits to specific service or coverage areas based on where you live or, for SEBB Continuation Coverage (Unpaid Leave), the district you work in. If you move to another area of the country, you may not be able to use your benefits. You may want to see if your medical plan has a service or coverage area, or other similar limitations.
- **Other cost-sharing.** In addition to monthly premiums or contributions for health plan coverage, you probably pay out-of-pocket costs, such as copays, deductibles, coinsurance, or other fees when you receive health care services. Check what the cost-sharing requirements are for your health plan options. For example, one health plan option may have lower monthly premiums, but a higher deductible and higher copayments.

### What if I'm thinking of retiring?

Public Employees Benefits Board (PEBB) retiree insurance coverage is available to school employees and their survivors who meet eligibility and enrollment requirements as described in Washington Administrative Code (WAC):

- Retiring employees, including employees determined eligible for a disability retirement, as described in WAC 182-12-171, 182-12-180, and 182-12-211.
- Surviving dependents of employees and retirees, as described in WAC 182-12-180 and 182-12-265.

To find out if you are eligible for PEBB retiree insurance coverage:

- Visit [hca.wa.gov/pebb-retirees](https://hca.wa.gov/pebb-retirees), or
- Call the PEBB Program at 1-800-200-1004 (TRS: 711) and select option 5 to request a *PEBB Retiree Enrollment Guide*.

To enroll in or defer enrollment in PEBB retiree insurance coverage, the PEBB Program must receive the required form(s) **no later than 60 days** after the school employee's employer-paid, COBRA, or continuation coverage ends.

(continued)



## What if I decline SEBB Continuation Coverage?

If you reject or decline SEBB Continuation Coverage **before** the due date, you may change your mind as long as the SEBB Program receives your completed election form(s) **no later than 60 days** from the postmark date on this booklet, or from the date your SEBB health plan coverage ended, whichever is later.

## How long can I remain on SEBB Continuation Coverage?

Your maximum coverage period is determined by the “qualifying event” that caused you to lose employer-based coverage.

SEBB Continuation Coverage provides temporary health plan coverage and, in some instances, life insurance. Maximum coverage periods vary based on your qualifying event, and are described below in this section. In some situations, coverage can end before the maximum coverage period (see page 10).

### (1) When the qualifying event is a termination of employment or reduction in hours

SEBB Continuation Coverage (COBRA) can generally last up to 18 months if you meet other requirements explained in this booklet. Additional coverage may be available under SEBB Continuation Coverage (Unpaid Leave) as described in number (3) of this section. Coverage may be extended due to disability or a second qualifying event as described in number (5) of this section.

### (2) When the covered employee becomes entitled to Medicare less than 18 months before their termination of employment or reduction in hours, it affects both the employee and their dependents

#### Employees

When the covered employee becomes entitled to Medicare benefits less than 18 months **before** their termination of employment or reduction in hours, the employee may:

- Elect SEBB Continuation Coverage (COBRA) for up to 18 months; or

- Enroll in PEBB retiree insurance coverage, if the employee is an eligible retiree as defined in WAC 182-12-171.

**Note:** SEBB Continuation Coverage will end earlier than the maximum coverage period for a member that become entitled to Medicare benefits after enrolling in SEBB Continuation Coverage (COBRA) (“Can SEBB Continuation Coverage be terminated before the end of the maximum coverage period?” on page 11).

#### Dependents

When the covered employee becomes entitled to Medicare **less than 18 months** before their termination of employment or reduction in hours, the employee’s spouse or state-registered domestic partner and dependent children become entitled to continuation coverage for up to 36 months from the date of the employee’s Medicare entitlement.

For example, if a covered employee becomes entitled to Medicare eight months before their termination of employment or reduction in hours, and the employee’s covered dependents elect SEBB Continuation Coverage (COBRA), the dependents may continue coverage 28 more months after the continuation coverage enrollment date. (The 36 months allowed under SEBB Continuation Coverage (COBRA), minus the eight months the employee was entitled to Medicare before their termination of employment or reduction in hours, equals 28 months left.)

This special Medicare extending rule for a spouse and dependent child is available only if the covered employee becomes entitled to Medicare less than 18 months before the termination of employment or reduction of hours.

### (3) When an employee is on approved leave or when employment ends due to a layoff

(a) For the following events, SEBB Continuation Coverage (Unpaid Leave) generally can last for a maximum of 29 months as described in WAC 182-31-100:

- The employee is on authorized leave without pay.
- The employee is receiving time-loss benefits under workers’ compensation.
- The employee is called to active duty in

the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

- The employee is applying for disability retirement.
- The employee's employment ends due to layoff as defined in WAC 182-31-100.

The employee may continue any combination of:

- Medical
- Dental
- Vision
- Life insurance
- AD&D insurance
- Medical Flexible Spending Arrangement (FSA)

An employee who is no longer eligible for SEBB Continuation Coverage (Unpaid Leave) as described above, but has not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, and/or vision or the remaining difference in months allowed under SEBB Continuation Coverage (COBRA). However, life insurance and AD&D insurance cannot be continued under SEBB Continuation Coverage (COBRA).

- (b) For an employee awaiting hearing of a dismissal action, SEBB Continuation Coverage (Unpaid Leave) generally can last until the dismissal is upheld or overturned for up to 29 months as described in WAC 182-31-120. An employee awaiting hearing of a dismissal action may continue any combination of:

- Medical
- Dental
- Vision
- Life insurance
- AD&D insurance

If the dismissal is upheld and the employee is no longer eligible for SEBB Continuation Coverage (Unpaid Leave), all insurance coverage will end at the end of the month in which the decision is entered or the date to which the premiums have been paid, whichever is later.

Employees whose dismissal is upheld and are no longer eligible as described above, and who have not used the maximum number of months allowed under federal

COBRA rules, may continue medical, dental, vision, or all three benefits for the remaining difference in months allowed under SEBB Continuation Coverage (COBRA). However, life insurance and AD&D insurance cannot be continued under SEBB Continuation Coverage (COBRA).

**(4) When the qualifying event is death, divorce, termination of a state-registered domestic partnership, or child's loss of eligibility**

- (a) When SEBB insurance coverage is lost due to the employee or retiree's death, divorce, or termination of a state-registered domestic partnership, or the dependent child losing eligibility (as described in WAC 182-31-140), SEBB Continuation Coverage (COBRA) coverage can last up to 36 months.

- (b) If you are a surviving spouse, state-registered domestic partner, or dependent child of any employee or retiree, you may be eligible to enroll in PEBB retiree insurance coverage if you meet the procedural and eligibility requirements in WAC 182-12-180 and 182-12-265.

**(5) When SEBB Continuation Coverage (COBRA) may be extended**

You may be able to extend the maximum 18-month period of SEBB Continuation Coverage (COBRA) if you or a qualified dependent becomes disabled or a second qualifying event occurs. You must notify the SEBB Program **no later than 60 days** after a disability or a second qualifying event to extend the continuation coverage period. If you fail to provide the notice within the timeframe allowed, you will lose the right to extend continuation coverage.

**(a) Disability**

If the Social Security Administration determines that any qualified beneficiary\* is disabled, you and all of the qualified beneficiaries in your family may be entitled to receive up to 11 months of additional continuation coverage (for a total of 29 months). This extension is available only to those individuals who are receiving continuation coverage because of the covered employee's termination of employment or reduction of hours.

*(continued)*

The disability must have started before the 61st day after the covered employee's termination of employment or reduction in hours and must last at least until the end of the 18-month continuation coverage period.

The disability extension is available only if you notify the SEBB Program in writing and submit a *2020 SEBB Continuation Coverage (COBRA) Election/Change* form and a copy of the disability award letter from the Social Security Administration **no later than 60 days** after the last of the following events:

- The date of the covered employee's termination of employment or reduction of hours.
- The date the qualified beneficiary loses (or would lose) coverage under SEBB rules as a result of the covered employee's termination of employment or reduction of hours.
- The date the SEBB Program mails a *SEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the SEBB Program.
- The date of the Social Security Administration's disability determination.

You must also provide this notice within 18 months after the covered employee's termination of employment or reduction of hours to be entitled to a disability extension. If the notice procedures in this booklet are not followed or if the notice is not submitted to the SEBB Program during the 60-day notice period and within 18 months after the covered employee's termination of employment or reduction of hours, there will be no disability extension of SEBB Continuation Coverage (COBRA).

The right to the disability extension may be terminated if the Social Security Administration determines that the disabled qualified beneficiary is no longer disabled. You or your qualified beneficiaries have 30 days after the Social Security Administration's determination to notify the SEBB Program when a qualified beneficiary is no longer disabled.

(b) **Second qualifying event extension of coverage**

If your qualified beneficiary experiences a second qualifying event while receiving 18 months of continuation coverage (or 29

months, if the second event occurs during a disability extension), they may be entitled to receive up to an additional 18 months of continuation coverage, for a maximum of 36 months of continuation coverage.

To qualify for a second qualifying event extension of coverage, the second event must:

- Occur during the initial continuation coverage period resulting from termination of employment or reduction of hours;

**AND**

- Cause a qualified beneficiary to lose coverage under SEBB Program rules if the first qualifying event had not occurred. This includes:
  - The employee's death.
  - Divorce.
  - Termination of a state-registered domestic partnership.
  - The dependent child's loss of eligibility for coverage under SEBB Program rules.

**Note:** The second qualifying event extension is not available when an employee becomes entitled to Medicare benefits after their termination of employment or reduction of hours.

Eligible dependents must have been covered under the plan on the day before the first qualifying event. Newborns or adopted children added after the first qualifying event are also eligible for the second qualifying event extension.

To request a second qualifying event extension, you or your qualified beneficiary must notify the SEBB Program in writing and provide notice of a second qualifying event within the required deadline noted below.

This notice of a second qualifying event must be submitted **no later than 60 days** after the later of:

- The date of the second qualifying event.
- The date the qualified beneficiary would lose coverage under SEBB Program rules as a result of the second qualifying event.
- The date the SEBB Program provides the qualified beneficiary with a Summary Plan Document (also called a Certificate of Coverage or benefits booklet) either in print or online at [hca.wa.gov/erb](http://hca.wa.gov/erb), informing the

beneficiary of their responsibility and the procedures to notify the SEBB Program.

- The date the SEBB Program mails a *SEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the SEBB Program.

It must include:

- The second qualifying event and the date it happened.
- The names and addresses of all qualified beneficiaries who are receiving continuation coverage.
- Proof of the second qualifying event.

(c) **When SEBB Continuation Coverage (Unpaid Leave) counts toward your maximum SEBB Continuation Coverage (COBRA) coverage period**

If you are eligible for and elect to continue coverage under SEBB Continuation Coverage (Unpaid Leave), the maximum number of months allowed under SEBB Continuation Coverage (COBRA) are included in the maximum number of months allowed under SEBB Continuation Coverage (Unpaid Leave). For example, if you are eligible for 29 months of SEBB Continuation Coverage (Unpaid Leave) under SEBB Program rules, and eligible for 18 months of SEBB Continuation Coverage (COBRA) because of your qualifying event, the first 18 months of SEBB Continuation Coverage (Unpaid Leave) will satisfy the 18-month SEBB Continuation Coverage (COBRA) coverage period.

**Can SEBB Continuation Coverage be terminated before the end of the maximum coverage period?**

Yes. SEBB Continuation Coverage can be terminated before the end of the maximum coverage period for the reasons listed below.

(1) **Automatic termination before the end of the maximum coverage period**

SEBB Continuation Coverage will terminate earlier than the end of the maximum coverage period if any required premium and applicable premium surcharges are not paid on time.

SEBB Continuation Coverage may also end earlier than the end of the maximum coverage period for the same reasons coverage could end for any other SEBB

enrollee (such as fraud). Once your coverage ends, you are not eligible to reenroll in SEBB Continuation Coverage.

(2) **Medicare entitlement or other group health plan coverage**

COBRA will terminate earlier than the maximum coverage period if you become entitled to Medicare benefits after the date you elect SEBB Continuation Coverage (COBRA). The early termination does not affect the COBRA rights of other qualified beneficiaries who are not entitled to Medicare benefits. (E.g. The spouse or child of the Medicare-entitled beneficiary.)

SEBB Continuation Coverage (COBRA) will also terminate early if you become covered under another employer's group health plan coverage.

After electing SEBB Continuation Coverage (COBRA), you must notify the SEBB Program in writing **no later than 60 days** after you or a qualified dependent becomes entitled to Medicare benefits (Part A, Part B, or both) or becomes covered under another employer's group health plan coverage.

There are limitations on plans imposing pre-existing exclusions, and such exclusions are prohibited under the Affordable Care Act.

**Note:** Qualified beneficiaries who are entitled to elect SEBB Continuation Coverage (COBRA) may do so even if they have other group health plan coverage or are entitled to Medicare benefits before the date on which SEBB Continuation Coverage (COBRA) is elected.

(continued)

**(3) A qualified beneficiary stops being disabled**

If the Social Security Administration determines that a qualified beneficiary is no longer disabled, and you have received an 11-month extension of SEBB Continuation Coverage (COBRA), you must notify the SEBB Program in writing **no later than 30 days** after the Social Security Administration sends you notice of the determination. SEBB Continuation Coverage (COBRA) for all qualified beneficiaries will end either on the first day of the month that is more than 30 days after a final determination by the Social Security Administration, or the end of the coverage period that applies (without regard to the disability extension), whichever is later.

**(4) Request to terminate coverage**

If an enrollee would like to terminate coverage before the end of the maximum coverage period, they must submit a written request to:

Health Care Authority  
SEBB Program  
PO Box 42684  
Olympia, WA 98504-2684

Generally, coverage will end on the last day of the month in which the SEBB Program receives your written request. If your written request is received on the first day of the month, coverage will end on the last day of the previous month.

**How much does SEBB Continuation Coverage cost?**

See monthly premiums for SEBB Continuation Coverage on pages 15–16. Generally, you are required to pay the entire cost of SEBB Continuation Coverage, similar to the total cost paid by both the employer and employee.

You will also be charged the tobacco use premium surcharge and/or spouse or state-registered domestic partner coverage premium surcharge in addition to your medical plan premium if they apply to you. For more information, see “Premium surcharges” on page 17.

## **When and how do I make payments?**

### **First premium payment for SEBB Continuation Coverage**

Your first premium payment and applicable premium surcharge is due to the Health Care Authority (HCA) **no later than 45 days** after your election period ends. Your election period ends **no later than 60 days** from the date SEBB health plan coverage ended or the mailing date on this booklet, whichever is later.

**Your first premium payment must cover the cost of continuation coverage from the time your SEBB coverage ends through the end of the previous month and must include applicable premium surcharges.**

For example, Sue’s employment ends on September 15, and she loses coverage on September 30. Sue elects SEBB Continuation Coverage (COBRA) on November 15. If the first premium payment is made in November, it must cover the premium and applicable premium surcharge for October. If Sue’s first premium payment is made in December, it must cover premiums and applicable premium surcharges for October and November.

You must make sure the amount of your first premium payment is correct. To confirm the amount due, call 1-800-200-1004 (TRS: 711) and select option 4 to speak with SEBB Accounting. **We will not enroll you until you elect to continue your SEBB coverage and make the first premium payment including applicable premium surcharges within the timelines provided.**

### **How to make premium and applicable premium surcharge payments**

You must mail or bring your **first** premium payment to the Health Care Authority (HCA).

**Mail to (for first payments only):**

Health Care Authority  
PO Box 42691  
Olympia, WA 98504-2691

**Or bring to (8 a.m. to 4:30 p.m. Monday–Friday):**

Health Care Authority  
626 8th Avenue SE  
Olympia, WA 98501

Make checks payable to **Health Care Authority**.

After HCA receives your first premium payment and applicable premium surcharges, you must pay all continuation coverage premiums and applicable premium surcharges as they become due. Here are your premium payment options:

- **A personal check or money order**

You may also pay in cash at the HCA office only. Bring payments to the street address listed above or mail to:

Health Care Authority  
SEBB Program  
PO Box 94115  
Seattle, WA 98124-4115

- **Automatic bank account withdrawals**

- **Fill out the Electronic Debit Service Agreement** form and submit it to HCA. The form is available at [hca.wa.gov/erb](http://hca.wa.gov/erb) under *Forms & publications*. Approval takes six to eight weeks, so you must continue to pay the total due each month until you receive a letter from the HCA with your electronic debit start date.

For premium payment questions, call 1-800-200-1004 (TRS: 711) and select option 4 to speak with SEBB Accounting.

### **When premium payments are considered made**

We consider your premium and applicable premium surcharge payment made on the date it was received at one of the addresses above, hand delivered to HCA, or through electronic debit service. Premium payment is not considered made if your check is returned due to insufficient funds or for any other reason.

### **Due dates for monthly continuation coverage and applicable premium surcharge payments**

After you elect continuation coverage and make your first premium and applicable premium surcharge payment, ongoing premium and applicable premium surcharge payments are due on the 1st of the month in which SEBB insurance coverage is effective. If you make a premium

payment on or before the 15th day of the current month, your SEBB coverage will continue for that month. If your monthly premium or applicable premium surcharges remain unpaid for 30 days, your premium payment will be delinquent and your account may be terminated depending on the amount owed.

**The monthly premium payment may change at the beginning of each calendar year.** We will notify you of changes to premiums and benefits before the beginning of each calendar year.

Depending on your premium payment method, you may or may not receive an invoice for your continuation coverage premium and applicable premium surcharges as a reminder of your responsibility to pay your premiums and applicable premium surcharges on time. You must pay your monthly premium and applicable premium surcharges on time, even if you do not receive an invoice.

### **Grace period for monthly premium payments**

You will be allowed a 30-day grace period from the date that your monthly premium or applicable premium surcharges become delinquent to pay the unpaid premium balance or premium surcharges. **If your monthly premium or applicable premium surcharges remain unpaid for 60 days from the original due date, your coverage will be terminated retroactive to the last day of the month for which the monthly premium and applicable premium surcharges were paid.**

Monthly premiums and applicable premium surcharges for continuing SEBB medical, dental, and/or vision coverage must be made to HCA. Premiums associated with life insurance and AD&D insurance coverage must be made directly to MetLife.

(continued)


Following the first premium payment, premiums and applicable premium surcharges must be paid as premiums become due. Monthly premiums and applicable premium surcharges are considered delinquent (unpaid) if:

- HCA doesn't receive payment for your monthly premium or applicable premium surcharges and it remains unpaid for 30 days after the original due date; or
- HCA receives an underpayment that is more than an insignificant shortfall (as defined in WAC 182-30-020), and the monthly premium or applicable premium surcharges remain underpaid for 30 days after the original due date.

If paying the unpaid premium balance creates a hardship for you (and HCA agrees), you may request that HCA set up a payment plan.

All premium payments and applicable premium surcharges received by the SEBB Program will be applied to the oldest month in which a premium or applicable premium surcharges were unpaid or underpaid in the following order:

- The oldest month owed: The insurance coverage premium will be paid first, and then any applicable premium surcharges.
- The next oldest month owed: The insurance coverage premium will be paid first, and then any applicable premium surcharges.

 If you fail to pay premiums and applicable premium surcharges within the required deadline, coverage will be terminated the last day of the month for which the monthly premium and applicable premium surcharges were paid.

If your coverage is terminated, you will be financially responsible for all medical, dental and/or vision services received after the termination effective date. Once your continuation coverage is terminated, you cannot reenroll.

## 2020 SEBB Continuation Coverage Monthly Premiums

Medical plan premiums	Subscriber	Subscriber and spouse <sup>1</sup>	Subscriber and child(ren)	Subscriber, spouse <sup>1</sup> and child(ren)
Kaiser Permanente NW 1	\$588.52	\$1,171.27	\$1,025.58	\$1,754.02
Kaiser Permanente NW 2	\$601.31	\$1,196.85	\$1,047.97	\$1,792.39
Kaiser Permanente NW 3	\$666.54	\$1,327.31	\$1,162.12	\$1,988.08
Kaiser Permanente WA Core 1	\$573.46	\$1,141.15	\$999.23	\$1,708.84
Kaiser Permanente WA Core 2	\$579.50	\$1,153.23	\$1,009.80	\$1,726.96
Kaiser Permanente WA Core 3	\$650.01	\$1,294.25	\$1,133.19	\$1,938.49
Kaiser Permanente WA SoundChoice	\$609.28	\$1,212.79	\$1,061.91	\$1,816.30
Kaiser Permanente WA Options Access PPO 1	\$599.71	\$1,193.65	\$1,045.17	\$1,787.59
Kaiser Permanente WA Options Access PPO 2	\$629.44	\$1,253.11	\$1,097.19	\$1,876.78
Kaiser Permanente WA Options Access PPO 3	\$676.78	\$1,347.79	\$1,180.04	\$2,018.80
Premera High PPO	\$630.34	\$1,254.90	\$1,098.76	\$1,879.47
Premera Peak Care EPO	\$591.39	\$1,177.01	\$1,030.60	\$1,762.63
Premera Standard PPO	\$582.51	\$1,159.24	\$1,015.06	\$1,735.98
Uniform Medical Plan (UMP) Achieve 1 <sup>2</sup>	\$593.56	\$1,181.35	\$1,034.40	\$1,769.13
UMP Achieve 2 <sup>2</sup>	\$658.42	\$1,311.06	\$1,147.90	\$1,963.71
UMP High Deductible (with a health savings account) <sup>2</sup>	\$591.24	\$1,172.88	\$1,035.28	\$1,723.27
UMP Plus–Puget Sound High Value Network <sup>2</sup>	\$628.88	\$1,252.00	\$1,096.22	\$1,875.11
UMP Plus–UW Medicine Accountable Care Network <sup>2</sup>	\$628.88	\$1,252.00	\$1,096.22	\$1,875.11

<sup>1</sup> Or state-registered domestic partner  
<sup>2</sup> Administered by Regence BlueShield

(continued)



## Monthly medical premium surcharges

You will be charged the following surcharges in addition to your monthly medical premium if they apply to you.

A monthly \$25-per-account tobacco use premium surcharge will apply if the subscriber or any dependent (age 13 and older) enrolled on your SEBB coverage uses a tobacco product.

A monthly \$50 spouse or state-registered domestic partner coverage premium surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in a SEBB medical plan, and your spouse or state-registered domestic partner has elected not to enroll in another employer-based group medical plan that is comparable to UMP Classic (a Public Employees Benefits Board [PEBB] Program plan).

For more guidance on whether these surcharges apply to you, see the *2020 SEBB Premium Surcharge Attestation Help Sheet* at [hca.wa.gov/erb](http://hca.wa.gov/erb) under *Forms & publications*.

Dental plan premiums	Subscriber	Subscriber and spouse <sup>1</sup>	Subscriber and child(ren)	Subscriber, spouse <sup>1</sup> and child(ren)
DeltaCare	\$41.33	\$82.66	\$82.66	\$123.99
Uniform Dental Plan	\$48.67	\$97.34	\$97.34	\$146.01
Willamette Dental Group	\$49.90	\$99.80	\$99.80	\$149.70

Vision plan premiums	Subscriber	Subscriber and spouse <sup>1</sup>	Subscriber and child(ren)	Subscriber, spouse <sup>1</sup> and child(ren)
Davis Vision	\$4.36	\$8.72	\$7.63	\$13.08
EyeMed Vision Care	\$5.96	\$11.92	\$10.43	\$17.88
MetLife	\$6.66	\$13.32	\$11.66	\$19.98

<sup>1</sup> Or state-registered domestic partner

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please call the Health Care Authority at 1-800-200-1004 (TRS: 711).

## Premium surcharges

These premium surcharges apply to SEBB subscribers who:

- Are enrolled in a SEBB medical plan, and
- Do not have Medicare Part A and Part B as their primary coverage

### Tobacco use premium surcharge

You will be charged a monthly \$25-per-account tobacco use premium surcharge in addition to your monthly medical plan premium if you or a dependent (age 13 or older) enrolled on your SEBB Program medical account has used a tobacco product in the past two months.

The surcharge will not apply if:

- You and/or all enrolled dependents ages 18 and older who use tobacco products are enrolled in a tobacco cessation program through your medical plan, or
- Enrolled dependents ages 13 to 17 who use tobacco products have accessed information and resources aimed at teens at [teen.smokefree.gov](https://teen.smokefree.gov).

Enrolled dependents age 12 and younger are automatically defaulted to non-tobacco users. This means you do not have to attest for dependents age 12 and younger. You do not need to attest when the dependent turns age 13 unless the dependent uses, or starts using, tobacco 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 SEBB Program Administrative Policy 91-1 at [hca.wa.gov/sebb-rules](https://hca.wa.gov/sebb-rules).

How to attest to this surcharge

To find out if the tobacco use premium surcharge applies to your account, use the *2020 SEBB Premium Surcharge Attestation Help Sheet* on page 60.

You must attest when you enroll using either the *2020 SEBB Continuation Coverage (COBRA) Election/Change form* or *2020 SEBB Continuation Coverage (Unpaid Leave) Election/Change form*. The SEBB Program must receive the form by the required deadline.

To report a change

You can report a change in tobacco use status anytime if:

- Any enrolled dependent age 13 and older starts using tobacco products.
- You or your enrolled dependent have not used tobacco products within the past two months.
- You or your enrolled dependent who is 13 years or older and uses tobacco products enrolls in the free tobacco cessation program through your SEBB Program medical plan.
- Your enrolled dependent who is 13 to 17 years old and uses tobacco products accesses the tobacco cessation resources aimed at teens mentioned in the *2020 SEBB Premium Surcharge Attestation Help Sheet*.

To change your attestation complete a *2020 SEBB Premium Surcharge Attestation Change Form* (found at [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications*). Submit the form to the SEBB Program as instructed on the form.

If you submit a change that results in incurring the tobacco use premium surcharge, the change is effective the first day of the month following the status change. If that day is the first of the month, then the change begins on that day.

If the change results in the removal of the tobacco use premium surcharge, the change is effective the first day of the month following receipt of the attestation. If that day is the first of the month, then the change begins on that day.

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

**Note:** If you do not enroll a spouse or state-registered domestic partner on your SEBB medical plan, or if you have enrolled in Medicare Part A and Part B as your primary coverage, this surcharge does not apply to you.

You will be charged a monthly \$50 surcharge in addition to your monthly medical premium if you are enrolling your spouse or state-registered domestic partner in SEBB medical coverage and they have elected not to enroll in other employer-based group medical coverage where their share of the medical premium is less than 95 percent of the additional cost a school employee would be required to pay to

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enroll a spouse or state-registered domestic partner in the Public Employees Benefits Board (PEBB) Program's Uniform Medical Plan (UMP) Classic, and the benefits have an actuarial value of at least 95 percent of the actuarial value of the PEBB UMP Classic's benefits.

How to attest to this surcharge

If you enroll a spouse or state-registered domestic partner on your SEBB Program medical coverage, use the *2020 SEBB Premium Surcharge Attestation Help Sheet* (found on page 60) to find out if the spouse or state-registered domestic partner coverage premium surcharge applies to you. Then, you must attest when you enroll by completing the *2020 SEBB Continuation Coverage (COBRA) Election/Change* form or the *2020 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form. The SEBB Program must receive the form by the required deadline.

If you enroll a spouse or state-registered domestic partner on your medical account but do not complete the attestation, or if the attestation results in you incurring the surcharge, you will be charged the spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium.

During the SEBB Program's annual open enrollment, you must attest to the premium surcharge if you enroll a spouse or state-registered domestic partner on your SEBB medical and you are:

- Incurring the surcharge;
- Not incurring the surcharge because your spouse's or state-registered domestic partner's share of the medical premium through their employer-based group medical is not comparable to UMP Classic's premium; or
- Not incurring the surcharge because the benefits provided by your spouse's or state-registered domestic partner's employer-based group medical are not comparable to UMP Classic.

You must update your attestation by submitting the required *2020 SEBB Premium Surcharge Attestation Change Form*. If your attestation is not received within the SEBB Program annual open enrollment timeframe, or if your attestation results in incurring the surcharge, you will be charged the monthly \$50 premium surcharge (in addition to your monthly premiums) for

the full plan year. **You will then only be able to change your attestation if your spouse or state-registered domestic partner's employer-based group medical status changes during the year and you submit proof of the event.**

To report a change

Outside of the SEBB Program's annual open enrollment, the following events allow you to make a new attestation to add or remove the spouse/state-registered domestic partner coverage premium surcharge:

- When there is an event that creates a special open enrollment to add a spouse or state-registered domestic partner to your SEBB medical, such as marriage or state-registered domestic partnership. A full list of events that allow you to add a spouse or state-registered domestic partner is available on the *2020 SEBB Continuation Coverage (COBRA) Election/Change* form and *2020 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form.
- When you regain eligibility for the employer contribution for SEBB benefits, if there is no break in SEBB medical.
- When there is a change in your spouse's or state-registered domestic partner's employer-based group medical.

**If adding or removing a spouse or state-registered domestic partner from your SEBB medical**, you must report the change by completing and submitting proof of the qualifying event with a *2020 SEBB Continuation Coverage (COBRA) Election/Change* form or *2020 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form to the SEBB Program **no later than 60 days after** the qualifying event.

**To change your current attestation (without adding or removing your spouse or state-registered domestic partner from SEBB medical)**, complete and submit a *2020 SEBB Premium Surcharge Attestation Change Form* (found at [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications*) with proof of the qualifying event to the SEBB Program **no later than 60 days after** the qualifying event.

If you submit a change that results in incurring the premium surcharge, the change is effective the first day of the month following the status change. If that day is the first day of the month, then the change begins on that day.

If the change results in the removal of the premium surcharge, the change is effective the first day of the month following the receipt of the attestation. If that day is the first day of the month, then the change begins that day.

For more information on the premium surcharges, visit [hca.wa.gov/erb](https://hca.wa.gov/erb).

## SmartHealth

SmartHealth is included in your benefits and is a voluntary wellness program that supports you on your journey toward living well.

The secure, easy-to-use, mobile-friendly website offers fun activities to help you reach your wellness goals, such as sleeping better, eating healthier, and planning for retirement. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentive.

### Who is eligible for SmartHealth?

You (the subscriber) and your spouse or state-registered domestic partner enrolled in SEBB medical coverage can participate in SmartHealth. Only subscribers enrolled in SEBB medical coverage can qualify for the SmartHealth wellness incentive.

### How do I qualify for the wellness incentive?

- 1** Go to [smarthealth.hca.wa.gov](https://smarthealth.hca.wa.gov) and select "Get started."
- 2** Take the SmartHealth Well-being Assessment.
  - Only takes 15 minutes
  - Works on computers, laptops, tablets, and smart phones
  - Learn your top strengths and areas to improve
- 3** Join and track fun activities to earn at least 2,000 points by November 30, 2020 to qualify for a \$125 wellness incentive (applied in January 2021).

### What is the wellness incentive?

You can qualify for a SmartHealth wellness incentive each year. A \$125 incentive is applied in January 2021 if you qualify.

To get the incentive, you must complete program requirements one year and still be enrolled in SEBB medical coverage as a subscriber the following year. How the incentive applies depends on what type of SEBB medical plan you choose.

- UMP High Deductible: A one-time deposit into your health savings account (HSA).
- All other plans: A reduction to your SEBB medical plan deductible.

### What if I don't have internet access?

Contact SmartHealth Customer Service at the number below to participate in SmartHealth by phone.

### SmartHealth contacts

About: [hca.wa.gov/sebb-smarthealth](https://hca.wa.gov/sebb-smarthealth)  
Website: [smarthealth.hca.wa.gov](https://smarthealth.hca.wa.gov)  
Customer Service: 1-855-750-8866

Toll-free Monday through Friday,  
7 a.m. to 7 p.m. Pacific Time

## SEBB Program Nondiscrimination Notice and Language Access Services

The SEBB Program and its contracted health plans comply with applicable federal civil rights laws and do not discriminate (exclude people or treat them differently) on the basis of race, color, national origin, age, disability, or sex.

The SEBB Program also complies with applicable state civil rights laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained guide dog or service animal by a person with a disability.

The SEBB Program provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

<b>If you believe this organization has failed to provide language access services or discriminated in another way...</b>	<b>You can file a grievance with:</b>
<b>SEBB Program</b>	Health Care Authority Enterprise Risk Management Office Attn: HCA ADA/Nondiscrimination Coordinator PO Box 42720 Olympia, WA 98504-2720 1-855-682-0787 (TRS: 711)   Fax 360-507-9234 <a href="mailto:compliance@hca.wa.gov">compliance@hca.wa.gov</a> <a href="http://hca.wa.gov/about-hca/non-discrimination-statement">hca.wa.gov/about-hca/non-discrimination-statement</a>
<b>SEBB MEDICAL PLANS</b>	
<b>Kaiser Foundation Health Plan of the Northwest</b>	Member Relations – Kaiser Civil Rights Coordinator 500 NE Multnomah Street, Suite 100 Portland, OR 97232 1-800-813-2000 (TRS: 711)   Fax 503-813-3985
<b>Kaiser Foundation Health Plan of Washington</b>	Civil Rights Coordinator Quality GNE-D1E-07 PO Box 9812 Renton, WA 98057 1-888-901-4636 (TRS: 711)   Fax 206-901-6205 <a href="http://kp.org/wa/feedback">kp.org/wa/feedback</a>
<b>Kaiser Foundation Health Plan of Washington Options, Inc.</b>	Civil Rights Coordinator Quality GNE-D1E-07 PO Box 9812 Renton, WA 98057 1-888-901-4636 (TRS: 711)   Fax 206-901-6205 <a href="http://kp.org/wa/feedback">kp.org/wa/feedback</a>
<b>Premera Blue Cross</b> (for discrimination concerns about any Premera Blue Cross plan, or the Centers of Excellence Program for Uniform Medical Plan [UMP] Achieve 1, UMP Achieve 2, and UMP High Deductible)	Premera Blue Cross Attn: Civil Rights Coordinator – Complaints and Appeals PO Box 91102 Seattle, WA 98111 1-800-722-1471 (TTY: 1-800-842-5357)   Fax 425-918-5592 <a href="mailto:AppealsDepartmentinquiries@Premera.com">AppealsDepartmentinquiries@Premera.com</a>

<b>If you believe this organization has failed to provide language access services or discriminated in another way...</b>	<b>You can file a grievance with:</b>
<b>Regence BlueShield</b> (for discrimination concerns about any UMP plan)	Regence BlueShield Civil Rights Coordinator PO Box 2998 Tacoma, WA 98401-2998 1-888-344-6347 (TRS: 711) <b>CS@regence.com</b>
<b>Washington State Rx Services</b> (for discrimination concerns about prescription drug benefits for any UMP plan)	Washington State Rx Services Appeals Unit PO Box 40168 Portland, OR 97204-0168 1-888-361-1611 (TRS: 711)   Fax 866-923-0412 <b>compliance@modahealth.com</b>
<b>SEBB DENTAL PLANS</b>	
<b>Delta Dental of Washington</b> (for discrimination concerns about DeltaCare and the Uniform Dental Plan)	Delta Dental Compliance/Privacy Officer PO Box 75983 Seattle, WA 98175 1-800-554-1907 (TTY: 1-800-833-6384)   Fax 206-729- 5512 <b>Compliance@DeltaDentalWA.com</b>
<b>Willamette Dental of Washington, Inc.</b>	Willamette Dental of Washington, Inc. Member Services Department 6950 NE Campus Way Hillsboro, Oregon 97124 1-855-433-6825 (TRS: 711)   Fax 503-952-2684 <b>memberservices@willamettedental.com</b>
<b>SEBB VISION PLANS</b>	
<b>Davis Vision, Inc.</b>	Davis Vision Complaints and Appeals Department PO Box 791 Latham, NY 12110 1-888-343-3470 (TTY: 1-800-523-2847)   Fax 888-343-3475
<b>EyeMed Vision Care</b>	FAA/EyeMed Vision Care Quality Assurance Department 4000 Luxottica Place Mason, OH 45040 1-800-699-0993 (TTY: 1-844-230-6498)   Fax 513-492-3259
<b>Metropolitan Life Insurance Company</b> (for discrimination concerns about Metropolitan Life Insurance Company vision plan)	Metropolitan Life Insurance Company Complaint & Grievance Unit PO Box 997100 Sacramento, CA 95899-7100 1-855-638-3931 (TTY: 1-800-428-4833) <b>inquiries@mymetlifevision.com</b>

You can also file a civil rights complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights  
 200 Independence Avenue, SW Room 509F, HHH Building  
 Washington, D.C. 20201  
 1-800-368-1019 (TDD: 1-800-537-7697)  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) (to submit complaints electronically)  
[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html) (to find complaint forms online)

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Employees: Contact your personnel, payroll, or benefits office. Retirees, PEBB and SEBB Continuation Coverage members: Call the Health Care Authority at 1-800-200-1004 (TRS: 711).

[Amharic] የደምጽ እገዛ አገልግሎት ተርጓሚዎችን እና የተተረጎሙ የተተረጎሙ ጽሁፎችን ጨምሮ፣ በእገዛ ይገኛል። ሰራተኞች፡ የፕሮሰሪያ፣ የደምጽ፣ ወይም የጥቅም ጥቅም ቢሮውን ያናግሩ። ጠረጎሞች፡ የጥራት ሰራተኞች የጥቅም ጥቅም ቢሮ (PEBB) እና የትምህርት ስነ ሰራተኞች የጥቅም ጥቅም ቢሮ (SEBB) ቀጣይ ሽፋን አገለገሉ። የHealth Care Authorityን በ 1-800-200-1004 (TRS: 711) ደውሎ ያገኙ።

[Arabic] تتوفر المساعدة اللغوية، بما في ذلك الترجمة الفورية وترجمة المواد المطبوعة، مجاناً. الموظفين: الاتصال مع شؤون الموظفين و الرواتب و مكتب المزايا. المتقاعدين، وعضء متابعة تغطية هيئة مزايا الموظفين الحكوميين Health Care Authority على الرقم: 1-800-200-1004 (TRS: 711).

[Burmese] စကားပြန်များ၊ ပုံနှိပ်ထားသည့် စာရွက်စာတမ်းများကို ဘာသာပြန်ပေးမှုများ အပါအဝင် ဘာသာစကား အထောက်အကူပြု ဝန်ဆောင်မှုများကို အခမဲ့ စီစဉ်ပေးပေးနေပါသည်။ ဝန်ထမ်းများသည် မိမိ၏ ဝန်ထမ်း လစာထုတ်ပေးသည့် ရုံး သို့မဟုတ် အကျိုးခံစားခွင့်များ စီစဉ်ပေးသည့်ရုံးကို ကပ်သွယ်ပါ။ အခြားခံစားခွင့်များ၊ အစိုးရ ဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘတ်အဖွဲ့ (PEBB) နှင့် ကျောင်းဝန်ထမ်းများ အကျိုးခံစားခွင့် ဘတ်အဖွဲ့ (SEBB) အစားခံ ကလက်ခံစားရေး အဖွဲ့ဝင်များ Health Care Authority ထံ 1-800-200-1004 (TRS: 711) တွင် ကပ်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកប្រែ និងការបកប្រែឯកសារជាដើម មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងបុគ្គលិក បញ្ជីបើកប្រាក់ខែ ឬការិយាល័យអគ្គប្រយោជន៍របស់អ្នក។ និរន្តរ៍សមាជិករបស់មន្ទីរសុខាភិបាលផ្តល់អត្ថប្រយោជន៍ដល់បុគ្គលិកសាធារណៈ (PEBB) និងក្រុមប្រឹក្សាភិបាលផ្តល់អត្ថប្រយោជន៍ដល់បុគ្គលិកសាលារៀន (SEBB) សូមទូរស័ព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 711)។

[Chinese] 可免費提供語言援助服務，包括口譯及列印資料翻譯服務。僱員：請洽人事部、薪資部或福利辦公室。退休人員、(PEBB)及學校職工福利委員會(SEBB) 續保會員：請致電 1-800-200-1004 (TRS: 711) 聯絡 Health Care Authority。

[Korean] 통역 및 번역된 인쇄물을 포함한 언어 지원 서비스를 무료로 제공해 드리고 있습니다. 고용인: 귀하의 인사부, 경리부, 복지혜택부서에 문의하여 주십시오. 은퇴자, 공무원복지혜택위원회 (PEBB) 및 교직원복지혜택위원회 (SEBB) 연속 보장 회원 Health Care Authority 전화번호 1-800-200-1004 (TRS: 711)로 문의하여 주십시오

[Laotian] ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມເຖິງ ນາພາສາ ແລະ ການແປ ເອກະສານ, ແມ່ນມີໃຫ້ໂດຍເສີຍຣາ. ພະນັກງານ: ຂໍໃຫ້ຕິດຕໍ່ພະແນກບຸກຄະລາກອນ, ບັນຊີຄ່າຈ້າງ, ຫຼື ຫ້ອງການສິດທິພາບ-ໂຫດດ່າງ. ຜູ້ອອກກິນບັນຊີບ້ານ, ສະມາຊິກຜູ້ຮັບການຄຸ້ມຄອງຕໍ່ເນື່ອງຂອງໂຄງການການຈັດການດູແລສິດທິພາບ-ໂຫດສໍາລັບລູກຈ້າງຂອງ ຣັດ (PEBB) ແລະ ໂຄງການການຈັດການດູແລສິດທິພາບ-ໂຫດສໍາລັບລູກຈ້າງຂອງ ໂຮງຮຽນ (SEBB): ໂທຕິດຕໍ່ຫ້ອງການ Health Care Authority ທີ່ເບີໂທ 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachiseti hiikuu, kafaltii kamiyu malee. Mindeffamtonni: Nama isin to'atu, galmee kaffaltii, yookiin biiroo fayyadamtan qunnama. Soorooma, miseensota Cufuu Itti fuufiinsan Boordii Fayyadamtoota Mindeffamtoota Uumattaa (PEBB) fi Boordii Fayyadamtoota Mindeffamtoota mana Barumsa (SEBB): Health Care Authority bilbila 1-800-200-1004 (TRS: 711).

[Persian] خدمات کمک زبانی، شامل مترجم شفاهی و ترجمه مطالب چاپی، به صورت رایگان ارائه می‌شود. کارمندان: با دفتر پرسنل، حسابداری یا مزایای خود تماس بگیرید. بازنشستگان، اعضای پوشش مستمر هیئت عمومی مزایای کارمندان (PEBB) و هیئت مزایای کارمندان مدرسه (SEBB): با Health Care Authority به شماره 1-800-200-1004 (TRS: 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿੰਨਾਂ ਵਿੱਚ ਦੁਭਾਸ਼ਿਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋ ਸਮੱਗਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨਾ ਸ਼ਾਮਲ ਹੈ, ਮੁਫਤ ਉਪਲੱਬਧ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਅਮਲੇ, ਤਨਖ਼ਾਹ ਜਾਂ ਫ਼ਾਇਦੀਆਂ ਦੇ ਦਫਤਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਰਿਟਾਇਰ ਹੋ ਚੁੱਕੇ, PEBB ਅਤੇ SEBB ਜਾਰੀ ਰੱਖਣ ਵਾਲੇ ਕਵਰੇਜ਼ ਸਦੱਸ: Health Care Authority (ਹੈਲਥ ਕੇਅਰ ਅਥਾਰਿਟੀ) ਨੂੰ 1-800-200-1004 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpretii și traducerea materialelor tipărite. Angajați: contactați-vă biroul de personal, de plată a salariilor sau de beneficii. Membri pensionari, ai PEBB și ai SEBB acoperiți în continuare: apelați Health Care Authority la numărul de telefon 1-800-200-1004 (TRS: 711).

[Russian] Услуги языковой поддержки, включая устных переводчиков и перевод печатных материалов, предоставляются бесплатно. Сотрудникам: свяжитесь с вашим отделом кадров, отделом выплаты заработной платы или выплаты льгот и пособий. Пенсионеры, продление договора страхования для членов PEBB и SEBB: свяжитесь с Health Care Authority по номеру 1-800-200-1004 (TRS: 711).

[Somali] Adeegyada kaalmada luuqada, waxaa kamid ah turjumaad iyo turjubaan wixii daabacan, waxaana lagu heli karaa bilaash. Shaqaalaha: Waxaad la xidhiidhaa xafiiskaaga shaqaalaha, mushahar, ama gunooyin. Dib uga noqosho, PEBB iyo SEBB Usii Wadida Caymiska ee xubnaha: Kala Hadal Health Care Authority 1-800-200-1004 (TRS: 711).

[Spanish] Los servicios de asistencia lingüística, incluidos los intérpretes y la traducción de los materiales impresos, están disponibles de forma gratuita. Empleados: Comuníquense con su oficina de personal, de nómina o de beneficios. Jubilados, miembros de la PEBB y de la SEBB: Llaman a Health Care Authority al 1-800-200-1004 (TRS: 711).

[Swahili] Huduma za usaidizi wa lugha, ikiwemo wakalimani na tafsiri ya nyenzo zilizochapishwa, zinapatikana bila malipo. Waajiriwa: Wasiliana na ofisi yako ya wafanyakazi, malipo au manufaa. Wastaafu, wanachama wa PEBB na SEBB Continuation Coverage: Wasiliana na Health Care Authority kwa nambari 1-800-200-1004 (TRS: 711).

[Tagalog] Makakakuha ng mga walang bayad na mga serbisyo ng tulong sa wika, kasama ang mga interpreter at pagsasalina-wika ng mga naka-print na materyal. Mga empleyado: Makipag-ugnayan sa iyong opisina ng personnel, payroll, o mga benepisyo. Mga retirado, mga miyembro ng Pagpapatuloy ng Coverage ng PEBB at SEBB: Tawagan ang Health Care Authority sa 1-800-200-1004 (TRS: 711).

[Tigrigna] ናይ ቋንቋ ሓገዝ ግልጋሎታት ፣ ብሕትሙት ናይ ዘለዉ ጽሑፋት ትርጉምን ሙተርጎምን ሓዊሱ፣ ብዘይ ምንም ክፍሊት ንህብ ኢና። ቅሬረኛታት፣ ምስ ናይ ሰራተኛ ጉዳያት ኣስፈፃሚ ቢሮ፣ ምስ ቢሮ ክፍሊት ሙሃያ፣ ወይ ከፃ ምስ ቢሮ ጥቅም ጥቅሚ ተራኽቡ። ጠረጎሞች፣ ናይ ህዝቢ ሰራተኛታት ጥቅሚ ቢሮ (PEBB)ን ናይ ትምህርት ትኅሳብ ሰራተኛታት ጥቅሚ ቢሮ (SEBB) ኣባላት ዝኾንኩም፣ ናብ Health Care Authority በዚ 1-800-200-1004 (TRS: 711) ቁፅሪ ኢኪ ይደውሉ።

[Ukrainian] Послуги мовної підтримки, включаючи усних перекладачів і переклад друкованих матеріалів, надаються безкоштовно. Співробітникам: Зв'яжіться з вашим відділом кадрів, відділом виплати заробітної плати або виплати пільг і допомоги. Пенсіонери, продовження договору страхування для членів Ради з виплати пільг та допомоги для державних службовців (PEBB) і Ради з виплати пільг та допомоги шкільним працівникам (SEBB): зв'яжіться з Health Care Authority за номером 1-800-200-1004 (TRS: 711).

[Vietnamese] Chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ, bao gồm thông dịch và biên dịch các tài liệu in. Nhân viên: Liên hệ với văn phòng phụ trách nhân sự, bảng lương hoặc chế độ phúc lợi. Người về hưu, hội viên hưởng Quyền Lợi Liên Tục của Ủy Ban Quyền Lợi Nhân Viên Chính Phủ (PEBB) và Ủy Ban Quyền Lợi Nhân Viên Giáo Dục (SEBB): Xin gọi đến Health Care Authority theo số 1-800-200-1004 (TRS: 711).

## Appendix A: SEBB Continuation Coverage (COBRA)

Complete the *2020 SEBB Continuation Coverage (COBRA) Election/Change form* if the qualifying event is one of the following:

### Employee:

- Your employment ended for any reason other than gross misconduct.
- Your hours of employment were reduced below the number of hours required to be eligible for the employer contribution toward health plan coverage.

**Note:** See pages 6–8 for a list of events that may qualify you for SEBB Continuation Coverage (Unpaid Leave), which may allow a longer coverage period and different benefits.

### Spouse:

- Your spouse's (the employee's) hours of employment were reduced.
- Your spouse's (the employee's) employment ended for any reason other than gross misconduct.
- You and your spouse (the employee or retiree) divorced.

### State-registered domestic partner:

- Your state-registered domestic partner's (the employee's) hours of employment were reduced.
- Your state-registered domestic partner's (the employee's) employment ended for any reason other than gross misconduct.
- Your state-registered domestic partnership (with the employee) terminated.


### Dependent child:

- Your parent's (the employee's) hours of employment were reduced.
- Your parent's (the employee's) employment ended for any reason other than gross misconduct.

- Your eligibility for SEBB health plan coverage as a dependent child ended (see WAC 182-31-140(3)).

### State-registered domestic partner's child:

- Your parent's state-registered domestic partner's (the employee's) hours of employment are reduced.
- Your parent's state-registered domestic partner's (the employee's) employment ends for any reason other than gross misconduct.
- Your eligibility for SEBB health plan coverage as a dependent child ended (see WAC 182-31-140(3)).

 **Read the following information carefully before completing the form(s).**

### Medical, dental, and vision benefits

You may elect to continue only the medical, dental, and/or vision coverage that you were enrolled in on the day before the qualifying event by self-paying the premiums. Unless you make a separate election and elect to enroll separately, eligible dependents you elect to cover will be enrolled in the same plan(s) you elect. To enroll, complete the enclosed *2020 SEBB Continuation Coverage (COBRA) Election/Change form* and submit it to the SEBB Program at the address shown at the end of the form.

**If the SEBB Program does not receive your completed form no later than 60 days from the date your SEBB health plan coverage ended or from the postmark date on this booklet (whichever is later), SEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original SEBB coverage.**

After your enrollment begins, you can change health plans during the SEBB Program's annual open enrollment or after a qualifying event creates a special open enrollment.



## Medical Flexible Spending Arrangement (FSA)

If you are enrolled in a SEBB Medical Flexible Spending Arrangement (FSA) and your employment ends, you may be eligible to continue making contributions to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing SEBB Continuation Coverage (COBRA).

If you are eligible for this option, Navia Benefit Solutions will mail a COBRA election notice to you. Your election must be received by Navia Benefit Solutions **no later than 60 days** from the postmark date on Navia's COBRA election notice. You can find more information in the *2020 SEBB Medical Flexible Spending Arrangement Enrollment Guide* at **sebb.naviabenefits.com**. You may also contact Navia Benefit Solutions at 1-800-669-3539 or **customerservice@naviabenefits.com**.

## Life insurance benefits

You may elect to continue life insurance one of two ways:

### Portability coverage

If you become ineligible for SEBB Program coverage for any reason, and your Basic, Supplemental, and Dependent Term Life Insurance under MetLife terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability.

Portability is also available on coverage you've selected for your spouse or state-registered domestic partner and dependent child(ren).

Generally, there is no minimum time that you must be covered by the plan before you can take advantage of the portability feature. For specific details, please see your MetLife certificate of coverage, available at **hca.wa.gov/erb** under *Forms & publications*. MetLife will send portability information to you, which will include instructions on how to continue coverage.


### Conversion coverage

Generally, you can convert your group term life insurance to an individual whole life insurance policy if your coverage terminates due to loss of eligibility for employer-sponsored coverage. Conversion is available on all group life insurance coverages. Conversion is not available on accidental death and dismemberment (AD&D) coverage. MetLife will send conversion information to you, which will include instructions on how to continue coverage.

## Appendix B: SEBB Continuation Coverage (Unpaid Leave)

you are an employee who will lose your SEBB insurance coverage because of one of the following events:

- You are on authorized leave without pay from your school district, educational service district, or charter school.
- Your employment ends due to a layoff.
- You reverted to a position that is not eligible for the employer contribution toward insurance coverage.
- You are appealing a dismissal action.
- You are receiving time-loss benefits under workers' compensation.
- You are applying for disability retirement.

 Read the following information carefully before completing the form(s).

### Medical, dental, and vision benefits

You may elect to continue only the medical, dental, and/or vision coverage you were enrolled in on the day before the qualifying event by self-paying the premiums. Your enrolled eligible dependents will be enrolled in the same plan(s) that you elect. If you do not elect SEBB Continuation Coverage (Unpaid Leave), your dependent(s) may not enroll independently because they do not have independent election rights to SEBB Continuation Coverage (Unpaid Leave). To enroll, complete the enclosed *2020 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form and submit it to the SEBB Program at the address shown at the end of the form.

**If the SEBB Program does not receive your completed form no later than 60 days from the date your SEBB health plan coverage ended or from the postmark date on this booklet (whichever is later), SEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original SEBB coverage.**

After your enrollment begins, you can change health plans during the SEBB Program's annual open enrollment or after a qualifying

event creates a special open enrollment.

### Medical Flexible Spending Arrangement (FSA)

If you are enrolled in a SEBB Medical Flexible Arrangement (FSA) and your employer-based coverage ends, you may be eligible to continue making contributions to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing SEBB Continuation Coverage (Unpaid Leave).

If you are eligible for this option, your election must be received by Navia Benefit Solutions **no later than 60 days** from the date your health plan coverage ends or from the postmark date on this booklet, whichever is later. You can find more information in the *2020 SEBB Medical Flexible Spending Arrangement Enrollment Guide* at [sebb.naviabenefits.com](http://sebb.naviabenefits.com). You may also contact Navia Benefit Solutions at 1-800-669-3539 or [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com).

### Life insurance benefits

You may choose to continue all or part of your life insurance and accidental death & dismemberment (AD&D) insurance coverage while on SEBB Continuation Coverage (Unpaid Leave). If you choose to continue any part of your supplemental life insurance coverage, you must also continue the \$35,000 Basic Life Insurance and \$5,000 Basic AD&D Insurance at a cost of \$3.95 per month.

If you do not continue your life insurance or AD&D insurance coverage and wish to reenroll when you return to work, you may need to submit evidence of insurability (Statement of Health) depending on the coverage elected. All enrollment forms must be submitted to MetLife for processing.

### Please note the following:

If you wish to continue spouse/state-registered domestic partner coverage

The amount of supplemental Spouse/State-Registered Domestic Partner Life Insurance coverage continued cannot exceed 50 percent of the Employee supplemental Life Insurance coverage in force.

If you continue coverage while on active military duty

If you are called to active military duty in the uniformed services as defined under

the Uniformed Services Employment and Reemployment Rights Act (USERRA), you may extend life insurance coverage to a maximum of 29 months after your active duty began.

If you do not choose to continue your life insurance coverage, all life insurance coverage, including Basic Life Insurance and Basic AD&D Insurance coverage paid by your employer, will end at the end of the month in which you begin active duty. You can extend your life insurance and AD&D insurance coverage by self-paying your life insurance premium and completing the *2020 SEBB Continuation Coverage (Unpaid Leave) Election/Change* form. You must make your premium payments directly to MetLife.

If you return to full-time employment status before the end of the 29 months in which you began active duty, you may reinstate your original coverage without evidence of insurability (Statement of Health). If you return to full-time employment status after the end of 29 months, and choose to enroll

in life insurance coverage, you may be required to provide a Statement of Health.

Reinstating life insurance when you return to work

When you return to work, you have the following options for your employer-sponsored basic and supplemental coverage:

- If you choose to self-pay supplemental coverage under SEBB Continuation Coverage (Unpaid Leave), your employee coverage will be reinstated when you return to work without a Statement of Health.
- If you choose not to pay for supplemental coverage under SEBB Continuation Coverage (Unpaid Leave), complete the *MetLife Enrollment/Change Form*. Your enrollment may require a Statement of Health depending on the coverage you elect.

## SEBB Continuation Coverage forms

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These forms referenced in this book are available online:

SEBB Continuation Coverage (Unpaid Leave) Election/Change Form  
[hca.wa.gov/assets/pebb/sebb-continuation-coverage-unpaid-leave-election-change-form-20-0059-2020.pdf](https://hca.wa.gov/assets/pebb/sebb-continuation-coverage-unpaid-leave-election-change-form-20-0059-2020.pdf)

SEBB Continuation Coverage (COBRA) Election/Change Form  
[hca.wa.gov/assets/pebb/sebb-continuation-coverage-cobra-election-change-form-20-0060-2020.pdf](https://hca.wa.gov/assets/pebb/sebb-continuation-coverage-cobra-election-change-form-20-0060-2020.pdf)

2020 SEBB Premium Surcharge Attestation Help Sheet  
[hca.wa.gov/assets/pebb/sebb-premium-surcharge-attestation-help-sheet-20-0040-2020.pdf](https://hca.wa.gov/assets/pebb/sebb-premium-surcharge-attestation-help-sheet-20-0040-2020.pdf)