

## READ FIRST: Additional information about how to continue coverage under the SEBB Program in 2020.

Information in the enclosed *SEBB Continuation Coverage Election Notice* booklet applies to school employees and their dependents who lose eligibility for School Employees Benefits Board (SEBB) health plan coverage. It contains details about their right to continue coverage under the SEBB Program, as well as other health coverage options that may be available to them. It also covers information such as eligibility rules, monthly premiums and premium surcharges, and how to enroll.

This insert explains how you and your dependents, if eligible, can continue your coverage under the SEBB Program in 2020. It covers information related to your situation that may differ from what is provided in the *SEBB Continuation Coverage Election Notice* booklet.



## Why are you receiving this insert?

Different rules apply for those who are currently on continuation coverage through a school district, charter school, or educational service district (SEBB organization) on December 31, 2019.

You may receive this insert because you are one of the following:

1. A school employee and their dependents who are enrolled in medical, dental, or vision under a group plan offered by a SEBB organization on December 31, 2019, who loses eligibility because the school employee is not eligible under WAC 182-31-040.
2. A dependent of a SEBB eligible school employee who is enrolled in medical, dental, or vision under a school employee's account on December 31, 2019, who loses eligibility because they are not an eligible dependent under WAC 182-31-140.
3. A dependent of a school employee who is continuing medical, dental, or vision coverage through a SEBB organization on December 31, 2019, who may elect to finish out their remaining months, up to the maximum number of months authorized by Consolidated Omnibus Budget Reconciliation Act (COBRA) for a similar event.

## Timeline for enrollment

Your *SEBB Continuation Coverage (COBRA) Enrollment/Change form* or *SEBB Continuation Coverage (Unpaid Leave) Enrollment/Change* must be received by the SEBB Program no **later than 60 days** after January 1, 2020 for benefits effective January 1, 2020.

## When and how do I make payments?

Your first premium payment and applicable premium surcharges are due to the Health Care Authority (HCA) **no later than 60 days** after January 1, 2020. If your monthly premium or applicable premium surcharges remain unpaid for 60 days from the original due date, your SEBB benefits will be terminated back to the last day of the month for which the monthly premium and applicable premium surcharges were paid as described in WAC 182-30-040(1)(b).

If you are currently under a SEBB organization's continuation coverage, you cannot have a gap in premium payment. You must provide verification that your account under your current continuation coverage is up-to-date as of December 30, 2019 (for example, a copy of your check).

## Benefits available to you

This insert includes benefit comparisons and service area information for the plans available to you. However, if you are electing to enroll in SEBB Continuation Coverage for 2020, your coverage is limited to what you previously had through your SEBB organization. For example:

1. If you had medical and dental coverage while enrolled in continuation coverage through your SEBB organization, you will also be able to enroll in SEBB medical and dental benefits, if eligible for SEBB Continuation Coverage. This means you will not be able to elect SEBB vision benefits.
2. If you had vision-only coverage under your current continuation coverage through your SEBB organization, you can only enroll in SEBB Continuation Coverage for vision benefits. This means you will not be able to elect medical and dental benefits.

Life insurance and long-term disability benefits  
You are **not** eligible to enroll in these benefits.

## PEBB retiree insurance coverage information

This information may not apply to your situation unless you are eligible to retire per WAC 182-12-171(2)(e).

## SmarthHealth

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.


### What is the wellness incentive?

Subscribers can qualify for a SmartHealth wellness incentive each year. A \$50 incentive is applied in January 2020 if you qualify.

### How do I qualify during the first annual open enrollment?

1. Go to **smarthealth.hca.wa.gov** and click *Get Started*.
2. Complete the SmartHealth Well-being Assessment by November 15, 2019 to qualify for a \$50 wellness incentive (applied in January 2020).

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 The printed version of this insert included the following documents. Click on the document's title to follow the web link.

**2020 SEBB Continuation Coverage Medical Plan Premiums and Deductibles Available by County** (20-0165)

**2020 SEBB Medical Plans Available by School District** (20-0146)

**2020 SEBB Medical Benefits Comparison** (20-0046)

**2020 SEBB Dental Benefits Comparison** (20-0053)

**2020 SEBB Vision Benefits Comparison** (20-0054)