



What is your heart telling you?

A common part of a visit to your doctor or even dentist is to have your blood pressure checked, either with a cuff around your arm or a device on your wrist. The person who is taking your blood pressure tells you that it's this number over that number. You know it's important, but for many of us, we don't know exactly what those numbers mean or if they are bad or good.



What do the numbers mean?

Blood pressure is measured with two values, systolic (first number) and diastolic (second number). Often it is presented as systolic value over diastolic value (120/80). According to the American Heart Association, systolic blood pressure “measures the pressure your blood is pushing against your artery walls when the heart beats.” Diastolic blood pressure “measures the pressure your blood is pushing against your artery walls while the heart muscle rests between beats” (“Understanding Blood Pressure Readings,” heart.org). The higher your blood pressure is, the harder your heart is working.

What should my blood pressure be?

Blood pressure is generally given in ranges of low, normal, elevated, and high. It's important to address high blood pressure because it can lead to heart attack, stroke, and other health problems. Many people who have high blood pressure don't realize it.

Normal blood pressure

Systolic blood pressure of less than 120
Diastolic blood pressure of less than 80

Elevated blood pressure

Systolic blood pressure of 120 to 129
Diastolic blood pressure of less than 80

High blood pressure, known as hypertension

Systolic blood pressure of higher than 130
Diastolic blood pressure of higher than 80

Most of the time when you hear about blood pressure, it's about high blood pressure, but low blood pressure can also cause health problems, including confusion, dizziness, nausea, headaches, fatigue, passing out, and more. This is called hypotension and is a systolic blood pressure of less than 90 and a diastolic blood pressure of less than 60.

Where can I learn more?

If you are concerned about your blood pressure, consult your doctor. They will be able to check your blood pressure and other health indicators and if needed, work with you to make a plan for how to get your blood pressure into a healthy range.

To learn more about blood pressure and how it affects your health, visit the American Heart Association at heart.org.

To learn more about wellness programs, SmartHealth, and other resources available to you as a part of your medical coverage, see “Looking to live a healthier life? There's an app for that.”



Don't lose sight of your eye health

Your eyes play an important role in your well-being. Eye care is essential for maintaining good vision, preventing eye diseases, and improving overall health. In fact, poor eye health can signal serious problems such as diabetes, high blood pressure, and high cholesterol. Caring for your eyes is a big part of caring for yourself.

Eye care can be as simple as wearing sunglasses with 100 percent UV protection, cutting back on screen time, and eating healthy. While you should take preventive measures to ensure long-term eye health, most people experience eyesight changes as they age. This is why scheduling an annual exam is essential. Whether you've experienced vision changes or not, you'll learn about your eye health and where it stands.

Using your vision benefits

Your SEBB vision plan will help protect and improve your eye health. Here's what you need to know about your benefits, how they can support your eye health, and how to find the right vision care provider.

Understanding your coverage

Your coverage includes eye exams, vision hardware, and other benefits that can help you stay on top of your eye health.

- **Routine eye exams:** Each vision plan includes an annual eye exam. Routine eye exams help with detecting vision problems and preventing eye diseases that, if left untreated, can impact your quality of life and your ability to work or learn. This is also an opportunity for you to address any issues you've been having with your vision.
- **Vision hardware benefit:** If you use prescription eyeglasses or contact lenses, your SEBB vision plan includes a \$200 benefit. This benefit resets on odd

years (2025, 2027, etc.) and can be applied to frames, lenses, and contact lenses.

- **Lens enhancements, LASIK surgery, and more:** Some plans may also include savings on nonprescription sunglasses, lens enhancements, and laser vision correction (LASIK).

For more information on your plan's benefits, or to see the *Vision benefits at-a-glance*, visit hca.wa.gov/erb, select your member type, then select *Vision plans & benefits*.

Finding a provider

Finding a vision care provider that participates in your plan is important. Here are a couple of ways to locate a provider in your area:

- **Use the provider search:** Davis Vision by MetLife, EyeMed, and MetLife Vision all offer a directory of in-network vision providers. Find providers by visiting hca.wa.gov/erb and selecting *Find a SEBB plan provider* to see what providers are included in your plan.
- **Check with your current provider:** If you have a preferred eye doctor, reach out to them to see if they are a part of your plan's network.

Don't forget!

- **Eye infections, diseases, and injuries:** Treatment for medical conditions such as infection, eye diseases (like glaucoma), and eye injuries are covered by your medical plan.
- **Keep your plan info handy:** Whether booking an appointment or purchasing new glasses, always have your insurance card and plan details accessible.
- **Take advantage of discounts:** Many vision plans offer discounts on frames, lenses, or contact lenses. See what savings your provider offers when you make your purchases.

Tips for the new year

This year, make behavioral health a priority

Have you been looking for someone you can talk to? This year, take time to take care of your mental and emotional well-being by learning about your plan's behavioral health services at hca.wa.gov/bh-sebb.

You can also access our wellness program, SmartHealth, to complete challenges and earn points towards an incentive. See "Looking to live a healthier life? There's an app for that." on [page 5](#).

Deductibles and out-of-pocket maximums start over with the start of the year

January 1 of each year, your medical plans will reset your deductible. You will be responsible for out-of-pocket costs until you meet your deductible for 2025. For more details about out-of-pocket costs and services that are covered prior to meeting your deductible, you can view your plan's benefits booklet.

You may receive a new ID card

Make sure you have up-to-date ID cards for your plans. If you are enrolled in one of the Uniform Medical Plans (UMP) for your medical coverage, you will be receiving a new ID card from Regence. You will also receive a card if you enrolled in a new plan for 2025. If you have not received a new ID card, you can find your plan's contact information by visiting hca.wa.gov/erb, selecting your member type, and then clicking *Contact the plans* to request a card.

Did you name a beneficiary?

You can name any beneficiary you wish for your basic or supplemental life or accidental death and dismemberment (AD&D) insurance. To name or update a beneficiary, visit MetLife's MyBenefits portal at mybenefits.metlife.com/wasebb. You can also call MetLife at 1-833-854-9624 to request a *Group Term Life Insurance Beneficiary Designation form*.

You can change your tobacco attestation anytime

If you, your spouse or state-registered domestic partner (SRDP), or dependent age 13 or older has a change in tobacco use status, you can report this change to the SEBB Program at any time by logging in to Benefits 24/7 at benefits247.hca.wa.gov. If tobacco use has stopped, or you or a dependent has accessed a tobacco cessation program, you will no longer be charged the \$25-per-account tobacco use premium surcharge.

A healthy smile is one more thing to smile about!

With each new year comes the time to schedule your dental checkup.

FSA and DCAP reminders

Submit your FSA and DCAP claims by March 31

If you have eligible flexible spending arrangement (FSA) or Dependent Care Assistance Program (DCAP) expenses from 2024, you have until March 31 to submit a claim for reimbursement.

FSAs now have a higher carryover limit

If you were enrolled in an FSA or Limited Purpose FSA last year and reenrolled for 2025, you can carry over remaining funds up to \$660 (increasing from \$640). You can also qualify for carryover, even if you did not reenroll, if you had at least \$120 remaining in your FSA.

DCAP funds availability

As you make contributions from each paycheck, you can be reimbursed for eligible expenses. However, the amount you are reimbursed cannot be more than the amount available in your DCAP at the time of your request.



Have questions?

Contact your plan directly if you have questions about the topics below. For phone numbers and website links visit hca.wa.gov/erb, select your member type, then select *Contact the plans* under *Get help*.

- Benefits
- ID cards
- Appeals for payments, procedures, and preauthorizations
- Copayments, coinsurance, deductibles, or claims
- Checking if your provider is in network
- Choosing a provider
- Making sure your prescriptions are covered

Contact your employer's payroll or benefits office for questions about the topics below. SEBB Continuation Coverage subscribers can send a secure message through HCA Support at support.hca.wa.gov or call 1-800-200-1004 (TRS: 711).

- Eligibility and enrollment
- Premium surcharges
- Help with Benefits 24/7
- Appeals for surcharges, enrollment, and eligibility
- Updating your name, address, or phone number
- Adding or removing dependents
- Premium payments
- Finding forms
- Payroll deductions



Sign up for emails

Get the latest news and updates from the SEBB Program in your inbox.

1. Log in to Benefits 24/7 at benefits247.hca.wa.gov.
2. Select *Profile*, then *Contact information* and add your email address.
3. Check the box next to *Opt-in to receive email notifications*.
4. Select the *Submit* button.

You will receive reminders, general information, and this newsletter electronically. We recommend using your personal email address. You may not be able to access your work email address outside of work hours, if you take another position, or if you retire.

Sometimes, life changes: When you qualify for a special open enrollment

It's no secret that life can change in an instant, but certain life events can qualify you to change your health plan coverage outside of open enrollment. We call this a special open enrollment (SOE). Examples of qualifying life events are:

- Adding a family member through marriage, birth, or adoption.
- Moving out of a plan's service area.
- Divorcing your spouse or annulling your state-registered domestic partnership.
- Experiencing a change in your or a dependent's employment status.

To view a complete list of qualifying life events, visit hca.wa.gov/erb, select your member type, and select *What is a special open enrollment?* under *Manage benefits*.

If I have a qualifying life event, what do I do?

You must report a qualifying life event **no later than 60 days** after the event. You can request an SOE by logging in to Benefits 24/7 at benefits247.hca.wa.gov, or you can submit the enrollment/change form for your member type to your payroll or benefits office for employees or the SEBB Program for continuation coverage subscribers. In addition, you need to provide proof of the qualifying event.

What can I change during an SOE?

Depending on your life event, you can change your and your dependents' enrollment in:

- ➔ Medical coverage.
- ➔ Dental coverage.
- ➔ Vision coverage.
- ➔ Flexible spending arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP).

Note: The change must align with the type of SOE event, for instance, increasing an FSA or DCAP election amount following the birth of a child.

Get help

If you need help making changes mid-year, **employees:** contact your payroll or benefits office. **SEBB Continuation Coverage subscribers:** contact the SEBB Program through HCA Support at support.hca.wa.gov or by calling 1-800-200-1004 (TRS: 711).



Looking to live a healthier life? There's an app for that.

In today's world, we rely on technology for just about everything. From staying connected with loved ones through instant messaging to managing our finances online, technology has made our lives more convenient. It's given us immediate access to tools and information that can tackle any problem. Why not apply that to your health as well? As a SEBB member, you have access to virtual wellness programs that are designed to help you live a healthier life at no cost to you.

Diabetes prevention and management programs

With the Diabetes Prevention Program (DPP), you can reduce your risk of developing type 2 diabetes with the help of your computer or smartphone. By offering personalized support, the DPP empowers you to take control of your health through lifestyle changes like managing your weight, activity, and making healthier food choices. You get an electronic scale, a health coach, interactive lessons, and a supportive community to help you build healthy habits that can lower your risk of type 2 diabetes.

Am I eligible for the DPP?

The DPP is available to employees and their dependents age 18 and older who:

- Are enrolled in a SEBB medical plan.
- Are not enrolled in Medicare.
- Meet the diabetes program criteria. Visit hca.wa.gov/sebb-diabetes for more information.

Note: Kaiser Permanente and Uniform Medical Plan (UMP) members can access the Diabetes Prevention Program powered by Omada. Premera Blue Cross members have access to the Diabetes Prevention Program by Livongo.

What if I have diabetes?

People diagnosed with diabetes can receive support and resources through their medical plan's diabetes management program. These programs provide help with tracking and controlling blood sugar, cholesterol levels, and blood pressure. Diabetes management and education are covered by all SEBB medical plans. For more information about your benefits, visit the *Diabetes management programs* section at hca.wa.gov/sebb-diabetes or contact your medical plan.

SmartHealth

SmartHealth is a voluntary wellness program that supports you on your journey toward living well. Whether you're on the go or at home, SmartHealth makes managing your wellness simple, secure, and accessible. For information on accessing SmartHealth, visit hca.wa.gov/accessing-smarthealth.

What does SmartHealth offer?

Below are some ways SmartHealth can help you find your healthy place. Get started today at smarthealth.hca.wa.gov.

- ➡ **Well-being assessment:** Get a personalized health report in 10 minutes by completing the well-being assessment.
- ➡ **Wellness challenges:** Join fun wellness challenges, including the "Seize the Zzzz" challenge where you can earn points by improving your sleep. Register by February 26 and start getting the sleep you've been dreaming of.
- ➡ **Download the app:** Access SmartHealth anywhere, anytime with the Wellness At Your Side app, available to download from the Apple App Store or Google Play Store.

Qualify for a \$125 wellness incentive in 2026!

By participating in SmartHealth, you can qualify for a \$125 wellness incentive. Simply complete the well-being assessment and earn 2,000 total points by November 30, 2025. Learn more about how to qualify at hca.wa.gov/sebb-smarthealth.

How do I find my \$125 from 2024?

If you qualified for the \$125 in 2024, it was applied to your medical deductible or as a one-time deposit in your health savings account if you are enrolled in UMP High Deductible. Sign in to SmartHealth and select the "How do I find my \$125" activity.

Know your health insurance ABCs

Health insurance can feel like its own language. Here's a guide to some common terms to help you feel more confident when reviewing health materials such as bills from your provider or plan documents.

Allowance: The maximum amount payable by the health plan.

Appeal: If you disagree with a decision made to deny a benefit or payment, you may have the option to request for the decision to be reconsidered. If you find yourself in a situation to appeal, you will typically be notified of your rights and next steps.

Coinsurance and copayment: Both terms refer to costs you can expect to pay out of pocket when you receive care. A copayment is a set amount (\$) and a coinsurance is a percentage (%) of the cost a provider charges. For instance, if you visit the emergency room, you may owe a copayment of \$75. If you visit the emergency room and owe a 20 percent coinsurance, and the cost to be seen is \$500, you will pay 20 percent, or \$100.

Cost share: Refers to costs you will pay out of pocket. Some examples include your deductible, coinsurance, or copayment.

Deductible: The amount you should expect to pay out of pocket before a plan begins to pay their portion. Plans have deductible exemptions for certain types of care. For instance, certain preventive care is covered before meeting your deductible. Your plan will cover costs for qualifying care before you meet the deductible.

Formulary (preferred drug list): The list of prescription drugs your plan covers. Most formularies have tiers, with lower tier drugs generally having a lower cost share than higher tier drugs. If you need a prescription drug that is not part of your plan's formulary or belongs to a higher tier when a lower cost, equally effective alternative is available, you may need prior authorization (see the definition below).

Hardware: You may see this term when reading about your vision coverage. This refers to frames, lenses, and contact lenses.

In network and out of network: A provider can be in your plan's network, or out. If they are in network, the provider has a contract in place with your plan and you can expect to pay a lower rate. If a provider is out of network, you may pay a higher amount than if you were to see an in-network provider.

Prior authorization: The process of requesting a plan to cover a service or prescription drug if it is higher risk or higher cost than other services or drugs, or if a drug is not part of your plan's formulary (preferred drug list). A prior authorization requires your provider to state that a service or drug is medically necessary and beneficial for you. It lasts for a set amount of time and will need to be renewed periodically (except for a one-time service such as surgery).



HCA complies with all applicable federal and Washington State civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-200-1004 (TRS: 711) or visit hca.wa.gov/about-hca/nondiscrimination-statement.

La HCA cumple con todas las leyes vigentes federales y del Estado de Washington sobre derechos civiles y tiene el compromiso de ofrecer un acceso equitativo a nuestros servicios. Si necesita alguna facilidad, o si requiere documentos en otro formato o idioma, llame al 1-800-200-1004 (TRS: 711) o visite hca.wa.gov/about-hca/nondiscrimination-statement.

Управление здравоохранения (HCA) соблюдает все применимые федеральные законы и законы штата Вашингтон в отношении гражданских прав и обязуется обеспечивать равный доступ к своим услугам. Если вам потребуются специальные услуги или документы в другом формате или на другом языке, позвоните по телефону 1-800-200-1004 (TRS: 711) или посетите сайт hca.wa.gov/about-hca/nondiscrimination-statement



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