

SEBB Program Informational Materials

Note: Benefits and employee premiums will be finalized and available in early August. The benefit information included here is preliminary.



SEBB Program benefits: affordable, transparent, equitable

It started with an idea.

Back in 2012, the Legislature passed a bill (Engrossed Senate Substitute Bill 5940) to address concerns about the affordability of K-12 employees' health insurance. Fast-forward a few years, a few more bills and a lot of work, and the School Employees Benefits Board (SEBB) Program is gearing up for its first-ever open enrollment.

There are several benefits to having the Health Care Authority (HCA) administer the SEBB Program, including:

- We can leverage the purchasing power of a consolidated group of 140,000 K-12 employees. HCA already
 purchases insurance for state employees and focuses on the state's commitment to value-based purchasing a
 strategy many employers use to improve the quality and value of health care services provided to their
 employees.
- The SEBB Program offers its medical benefits with a 3:1 premium tier ratio, which means that the most an employee will pay to cover their dependents each month (spouse or state-registered domestic partner and children) is no more than three times the employee-only rate for any given plan.
- There's no mystery to the plan costs. Employees will know the monthly cost for every available plan option before annual open enrollment begins. The goal is to provide an affordable option for a variety of health care needs. K-12 employees will know before they make their benefit election how affordable their plan is and their monthly premium amount won't change throughout the plan year. Affordability makes health care benefits more equitable around the state. No matter where an employee works or what their role is within the district, they can qualify for benefits and pay the same monthly premiums as long as they're anticipated to work 630 hours in a school year.

It's affordable. It's transparent. It's equitable.

It's the SEBB Program.



SEBB Program Fact Sheet

About us

What is the School Employees Benefits Board (SEBB) Program?

Starting January 1, 2020, employees of Washington's school districts and charter schools, and represented employees of Washington's educational service districts (ESDs), will receive health and other insurance benefits for their eligible employees through the SEBB Program. Benefits available through the SEBB Program will replace the health and insurance benefits currently provided by school districts, ESDs, and charter schools (SEBB organizations).

How will the SEBB Program be governed?

- The School Employees Benefits Board (SEB Board) will design and approve insurance benefit plans for the SEBB Program, and establish eligibility criteria for participation in these plans.
- The Washington State Health Care Authority (HCA)
 purchases health care for more than 2 million
 Washington residents through Apple Health (Medicaid),
 the Public Employees Benefits Board (PEBB) Program,
 and starting in 2020, the SEBB Program.
- The Office of Financial Management (OFM) provides information, fiscal services, and policy support that the Governor, Legislature, and state agencies need to serve the people of Washington State. OFM will represent the Governor in the bargaining process with unions for the employer's contribution toward school employees' health care benefits.

Background

How were the SEB Board and SEBB Program created?

- The SEB Board and SEBB Program were created by Engrossed House Bill (EHB) 2242, and signed into law on July 6, 2017.
- Engrossed Substitute Senate Bill (ESSB) 6241, signed into law on March 23, 2018, amends and clarifies EHB 2242.

 The SEBB Program is separate and independent from the Public Employees Benefits Board (PEBB) Program, though HCA administers both programs.

Why was the SEBB Program created?

The SEBB Program was created to:

- Promote more transparency and accountability in state expenditures for school employee benefits.
- Eliminate differences in school employee benefit offerings and make them more affordable to employees with dependents.
- Consolidate collective bargaining for school employee benefits.

Roles and responsibilities

What is the SEB Board responsible for?

The SEB Board meets regularly to study statewide insurance matters and discuss best practices for designing a set of cost-efficient, value-based insurance offerings for SEBB Program enrollees and their dependents.

The SEB Board's statutory duties are to:

- Study matters regarding health care coverage and other types of insurance.
- Develop plans that include comprehensive, evidencebased health care benefits.
- Authorize premium contributions to encourage costeffective health care systems.
- Determine terms and conditions of eligibility criteria, enrollment policies, and the scope of coverage.
- Establish penalties for when an employer fails to comply with the terms and conditions.
- Participate with the HCA in approving plan specifications and carrier selection, to leverage efficient purchasing through coordination with the Public Employees Benefits Board (PEB Board).

What is the HCA responsible for?

The HCA will:

- Procure for and administer insurance coverage under the SEBB Program.
- Propose rules for the SEBB Program, with input from the public and policies approved by the SEB Board.
- Provide information and technical and administrative assistance to the SEB Board.
- Provide guidance to SEBB organizations for making eligibility determinations.
- Create communications for SEBB organizations and members.

What is OFM responsible for?

The state (through OFM) will bargain with a single coalition of union representatives for the employer's contribution toward school employees' health care benefits. The first collective bargaining process occurs July 1 through September 30, 2018, for SEBB Program benefits starting January 1, 2020.

Enrollment

When will enrollment begin in the SEBB Program?

The first annual open enrollment for the SEBB Program begins October 1, 2019, and runs through November 15, 2019. Employees will receive information well in advance, including information about the benefit options, plans, and monthly premiums.

Eligibility

Who's covered?

An estimated 150,000 employees, and their eligible dependents, in Washington State's 295 school districts, nine educational service districts (ESDs), and 12 charter schools (with one more to open in 2019) may be covered. This includes:

- Certificated and classified employees anticipated to work at least 630 hours per school year.
- Legal spouses and state-registered domestic partners.
- Children up to age 26.
- Children of any age with disabilities.
- Extended dependents.

Benefits

What types of benefits will the SEBB Program offer?

Beginning January 1, 2020, SEBB Program benefits will include:

 Managed-care and preferred-provider medical plans, all with:

- Routine preventive care covered 100% within network
- Prescription drug benefits
- Ambulance, emergency care, and hospital care
- Mental health care
- Physical, occupational, and speech therapy
- Chiropractic and massage care
- Two managed-care dental plans.
- One preferred-provider dental plan.
- Group vision plans from up to three carriers.
- Life and accidental death and dismemberment (AD&D) insurance.
- Long-term disability insurance.
- Medical flexible spending arrangement (FSA).
- Dependent Care Assistance Program (DCAP).

Will my school district have to purchase benefits through the SEBB Program?

Yes. Starting January 1, 2020, all school districts, ESDs, and charter schools must offer the benefit plans available under the SEBB Program. This includes SEBB organizations that currently participate with the PEBB Program.

Can my school district offer any benefits after January 1, 2020?

School districts, ESDs, and charter schools may offer benefits as long as they are outside the authority of the SEB Board and HCA's responsibility for the salary reduction plan. They must annually report their benefit offerings to the SEB Board and HCA for review and evaluation beginning in fall 2019.

Plan costs

Will employees' health care costs increase under the SEBB Program?

The answer will be different for everyone. It depends on:

- What you currently pay for benefits, the type of plan you have, and whether you cover dependents.
- Your future decisions about plan selection and dependent coverage under the SEBB Program.

HCA will share cost information and monthly premiums after contracts are in place and the SEB Board votes on premium costs in mid-2019.

Learn more

Visit www.hca.wa.gov/sebb to:

- See the SEB Board's latest announcements.
- Find updates on benefit plans and offerings.
- Sign up for email alerts.

WELCOME TO THE SCHOOL EMPLOYEES BENEFITS BOARD (SEBB) PROGRAM

The SEBB Program is a statewide insurance benefit program for school employees.

The Legislature established the SEBB Program to ensure all certificated and classified school employees and their families have access to affordable, high-quality health care.

WE HAVE YOU COVERED

As well as your spouse or state-registered domestic partner, children, and extended dependents.

That's as many as 300,000 eligible employees and dependents from Washington's 295 school districts, 9 educational service districts, and 12 charter schools!



OR 70 hours

per month

ELIGIBILITY

All school employees anticipated to work 630 hours during the school year are eligible. 630 hours per school year is equal to working:





based on average 10-month school year



BENEFITS



The SEBB Program will offer a broad range of plans tailored to meet your needs.

Medical Life
Dental Accidental death and dismemberment (AD&D)
Vision Long-term disability (LTD)

COST



The SEBB Program will have a medical plan with Rx coverage available for every budget and need. Plus dental, vision, basic life and AD&D, and basic LTD insurance provided at no cost to you.

You may also choose to purchase supplemental life, AD&D, and LTD insurance.

ENROLLMENT

ост 1

OCT. 1 - NOV. 15, 2019

Enrollment begins

JAN. 1, 2020

Coverage begins

LEARN MORE

Stay tuned for updates at hca.wa.gov/sebb





SEBB Program Eligibility

Beginning January 1, 2020, Washington school employees will receive their health insurance and other benefits through the School Employees Benefits Board (SEBB). Here are the basic facts about eligibility. There are some exceptions for specific situations. Get more detailed information at <a href="https://example.com/health/healt

Who is eligible?

You are eligible for SEBB benefits if you work in a school district or charter school, or are a represented employee of an educational service district (ESD), and your employer anticipates you will work at least 630 hours per school year (September 1 through August 31).

Your employer will determine if you are eligible for SEBB benefits based on your specific employment circumstances. You will have the right to appeal the eligibility determination.

Are there different eligibility requirements for certificated and classified employees, or for full-time and part-time employees?

No. They are the same. The only eligibility requirement is being a school employee who is anticipated to work at least 630 hours during the school year, regardless of the employee's job classification.

When do my eligibility and coverage begin?

For initial enrollment, if you are eligible, you will sign up October 1 through November 15. Coverage will begin January 1, 2020.

After that, if you meet the eligibility criteria and you start work on or after September 1, but not later than the first day of school, your eligibility and coverage begin on your first day.

In most cases, if you start at any other time during the year, your **eligibility** begins on your first workday, and your **coverage** begins on the first day of the following month. See the <u>SEBB frequently asked questions</u> for examples and more details.

Do holidays count?

At this time, paid holidays do not count toward the required 630 hours.

Can I cover my family?

Eligible school employees enrolled in SEBB benefits may enroll the following dependents:

- Your legal spouse or state-registered domestic partner
- Your children, up to the last day of the month in which they become age 26
- Children with disabilities who meet specified eligibility criteria
- Extended dependent children who meet specified eligibility criteria

Can I be eligible on two SEBB accounts?

No. You and any enrolled dependents may be enrolled in only one SEBB medical, dental, or vision plan.

What if I work in more than one district?

You can only earn hours that count toward eligibility within a single school district, ESD, or charter school.



SEBB eligibility doesn't have to be complicated

Hearing your benefits are changing can be scary, and the news probably brings with it more questions than answers.

If you're like most employees, a major issue is simply whether you'll be eligible to receive benefits. With the School Employees Benefits Board (SEBB) Program, answering that question doesn't need to be a headache.

Simple rule: 630 hours

The SEBB Program will administer health insurance and other benefits for the employees and dependents of Washington State's more than 300 school districts and charter schools — and represented employees of Washington's educational service districts (ESDs) — starting in January 2020. Qualifying for SEBB benefits is simple:

Any school employee anticipated to work 630 hours a year is eligible. It's the same whether you're full-time or part-time, certificated or classified, instructional or administrative, from a little district or a big one.

Special circumstances

And if that doesn't answer the question, there are extra qualifiers:

- If you're hired mid-year, you can qualify.
- If you're anticipated to work 630 hours after a change in your schedule, you can qualify.
- If you're expected to work 17.5 paid hours in six of your last eight weeks, and anticipated to work 630 hours the next year, you can qualify.

Read complete eligibility details at www.hca.wa.gov/sebb.

Covering your dependents

You can enroll your spouse or state-registered domestic partner. You can also cover your children as dependents until their 26th birthday, and longer if they have a qualifying disability.

Simplified premiums

Once you're eligible, you qualify for the same monthly premiums as everyone else, including the superintendent, whether you're full-time or part-time. The premiums for a plan covering the subscriber, a spouse/state-registered domestic partner, and any children won't be more than three times the amount of a subscriber-only plan.

It's new, but it's not scary. It's the SEBB Program.

The School Employees Benefits Board Program Eligibility Basics



SCHOOL EMPLOYEES BENEFITS BOARD

How do I know if I'm eligible?

- If you're a school employee anticipated to work 630 hours during the school year, you're fully eligible.
- It doesn't matter whether you're full-time, part-time or a substitute.
- It doesn't matter whether you're certificated, classified, or an administrator.
- It doesn't matter which Washington State school district, ESD, or charter school you work for.

Is my family eligible?

- Yes. You can get medical, dental, and vision coverage for:
 - Your spouse or state-registered domestic partner.
 - Your children up to age 26, or children of any age with a disability who meet specified eligibility criteria.
 - Your extended dependents (children up to age 26 in your legal custody or guardianship).
- You can also buy supplemental life and accidental death and dismemberment insurance, and long-term disability insurance, for your dependents.

Are there any special circumstances?

- If you're not anticipated to work 630 hours at the beginning of the school year, but you actually do work 630 hours before the end of the school year, you're eligible.
- If your work schedule is revised during the year and you are then anticipated to work 630 hours, you're eligible.
- You can only count hours worked in one school district.
- Paid holiday and vacation hours do not count, except in some instances of midyear hirings.

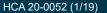
Can I enroll under my own account and someone else's?

You can only enroll in SEBB medical, dental, and vision under one account. You can't be enrolled on your own SEBB account at the same time you're enrolled as a dependent on your spouse's, state-registered domestic partner's, or parent's account.

How can I learn more?



Visit the SEBB webpages at hca.wa.gov/sebb for details and frequently asked questions.







THE FUNDING PROCESS

FOR STATE-FUNDED POSITIONS

In the SEBB Program, the funding rate is built to cover the cost of insuring all eligible state-funded school employees. That funding rate is what the state provides the districts, and the amount the districts send to HCA for state-funded positions.





The state sets the funding rate. This includes:

- + The employer medical contribution (in a way that takes into account an assumed number of enrolled dependents)
- + Full premium contributions for dental, vision, basic life and accidental death and dismemberment (AD&D), and basic long-term disability insurance
- + The K-12 remittance fee
- + Administrative and other costs

The number of state-funded full-time equivalent employees (FTEs) is then multiplied by the benefit allocation factor (BAF).



This figure is based on the prototypical school funding model. The BAF helps address the difference between the number of state-funded FTEs and the

Washington State
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

actual number of benefits-eligible school employees. It also takes into account that multiple employees may be hired at part-time capacities. The monthly funding rate is multiplied by the district's state funded FTE as adjusted by the BAF to reach the total monthly insurance benefit allocation.



Districts pay the Washington State Health Care Authority (HCA) the same amount for each employee's benefits, regardless of:

Whether they enroll a spouse, state-registered domestic partner, or dependents



Whether they waive coverage



What plan they choose to enroll in



The monthly insurance benefit allocation is sent to school districts and charter schools each month.

The funding rate represents an *average*, and assumes a certain number of employees will waive coverage.

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School districts and charter schools pay HCA the funding rate, plus the employees' monthly medical premiums, and any applicable surcharges for each benefits eligible employee.

Learn more at hca.wa.gov/sebb

WAIVING DOESN'T MEAN SAVING





The employer contribution, or funding rate, that school districts, educational school districts, and charter schools pay to the Health Care Authority for each eligible employee represents an average portion of the state's total contribution to school employee benefits. The funding rate also assumes a certain number of employees will waive medical coverage, based on previous enrollment data.

Say there are a total of 10 employees statewide. We know that one of them will waive medical benefits, but we don't know



The total cost per month of benefits for the nine employees who enroll in medical coverage is \$10,000.

The districts would be given a monthly funding rate of \$1,000 per employee. If the district with the one employee who waives medical doesn't pay the \$1,000 for that employee, the total funding coming to HCA would only be \$9,000 — and the program would be underfunded.







9 EMPLOYEES × \$1,111.12 \$10,000 By the same token, if the employee who waives medical was not factored at the statewide level, the per-employee funding rate would be adjusted accordingly.

In this example, each district would receive a monthly funding rate of \$1,111.12 per employee, and would pay the \$1,111.12 employer contribution for benefits, to come to a total of \$10,000. This process would result in additional administrative complexities for each district, each month.

Why assume the number of employees who will waive coverage instead of calculating the funding rate using actual enrollment figures?

Assuming the number of employees who will waive medical coverage is a core component of HCA's collective purchasing structure. The policy in place requires employers to make contributions for all eligible employees. That way, making contributions — or not making contributions — doesn't create an incentive or a barrier to employees choosing to enroll in medical coverage.

Learn more at hca.wa.gov/sebb



SEBB Program Monthly Billing Cycle

Generally, invoices from the Health Care Authority (HCA) will be available in Benefits 24/7 on the 16th of each month before the month of coverage, and payment is due by the 5th of the month after the month of coverage. This billing cycle will repeat monthly throughout the year. For example, an invoice for February coverage would be available in Benefits 24/7 on January 16, and payment for February coverage would be due by March 5.

Invoices will include billing details based on school employee enrollment as of the last day of the current process month, which is 1 to 3 days before the invoice date. To view invoice and current process month dates, see the **Lower Limit and Current Process Month Calendar**.

Coverage begins on the 1st of the month

The invoice will arrive on the 16th of the month before coverage.





Payment is due on the 5th of the month after coverage.





This is a summary, and is not inclusive of all covered services. Figures, plans, and carriers shown are subject to legislative funding and final decisions by the SEB Board.

Medical benefits

	Kaiser NW		Kaiser WA			Kaiser WA Options				
Previous Name	Plan 1	Plan 2	Plan 3	Plan 1	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3
Annual Costs/Benefits	KPNW 1	KPNW 2	KPNW 3	KPWA Core 1	KPWA Core 2	KPWA Core 3	KPWA Sound Choice	KPWAO Access PPO 1	KPWAO Access PPO 2	KPWAO Access PPO 3
Deductible (single / family)	\$1,250 / \$2,500	\$750 / \$1,500	\$125 / \$250	\$1,250 / \$3,750	\$750 / \$2,250	\$250 / \$750	\$125 / \$375	\$1,250 / \$3,750	\$750 / \$2,250	\$250 / \$750
Out-of-pocket max	\$4,000 / \$8,000	\$3,500 / \$7,000	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,000 / \$4,000	\$4,500 / \$9,000	\$3,500 / \$7,000	\$2,500 / \$5,000
Coinsurance	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%
Rx deductible	None	None	None							
Rx out-of-pocket limit	Applies to max	Applies to max	Applies to max							

		Premera			UMP			
Previous Name	Plan 1		Plan 2 Plan 3					
Annual Costs/Benefits	Value PPO	High PPO	Peak Care EPO	Standard PPO	UMP Achieve 1	UMP Achieve 2	UMP High Deductible	UMP Plus
Deductible (single / family)	\$1,250 / \$3,125	\$75	0 / \$1,875	\$1,250 / \$3,125	\$750 / \$2,250	\$250 / \$750	\$1,400 / \$2,800 (Combined Med/Rx)	\$125 / \$375
Out-of-pocket max	\$5,000 / \$10,000	\$3,500 / \$7,000		\$5,000 / \$10,000	\$3,500 / \$7,000	\$2,000 / \$4,000	\$4,200 / \$8,400**	\$2,000 / \$4,000
Coinsurance	20%		25%	20%	20%	15%	15%	15%
Rx deductible	\$500 / \$1,250*	\$250 / \$625*‡		\$250 / \$750*	Tier 2 and specialty; \$250 / \$750	Tier 2 and specialty; \$100 / \$300	Applied to medical deductible	None
Rx out-of-pocket limit	Applies to max	Appl	ies to max	Applies to max	\$2,000 per person	\$2,000 per person	Applies to max	\$2,000 per person

^{*}Waived for preferred generic prescription drugs.

[‡]Rx deductible for Premera Plan 2 shows the SEB Board-approved deductible; Premera has proposed changing this figure to \$125 / \$312.

^{**}Out of pocket expenses for a single member under a family account are not to exceed \$6,850.



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Medical benefits (continued)

	Kaiser NW			Kaiser WA			Kaiser WA Options			
Previous Name	Plan 1	Plan 2	Plan 3	Plan 2	Plan 2	Plan 3	Plan 4	Plan 1	Plan 2	Plan 3
Annual Costs/Benefits	KPNW 1	KPNW 2	KPNW 3	KPWA Core 1	KPWA Core 2	KPWA Core 3	KPWA Sound Choice	KPWAO Access PPO 1	KPWAO Access PPO 2	KPWAO Access PPO 3
Ambulance	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Emergency room	20%	20%	20%	\$150 + 20%	\$150 + 20%	\$150 + 20%	\$150 + 15%	\$150 + 20%	\$150 + 20%	\$150 + 20%
Inpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%
Outpatient services	20%	20%	20%	20%	20%	20%	15%	20%	20%	20%
Primary care	\$30	\$25	\$20	\$30	\$25	\$20	\$0	\$30	\$25	\$20
Specialist	\$40	\$35	\$30	\$40	\$35	\$30	\$30	\$40	\$35	\$30
Urgent care	\$50	\$45	\$40	\$30	\$25	\$20	\$0	\$30	\$25	\$20

			Premera		UMP			
Previous Name	Plan 1		Plan 2	Plan 3	UMP Achieve 1	UMP Achieve 2	UMP High Deductible	UMP Plus
Annual Costs/Benefits	Value PPO	High PPO	Peak Care EPO	Standard PPO				
Ambulance	20%		25%	20%	20%	20%	20%	20%
Emergency room	\$150 + 20%	\$1	150 + 25%	\$150 + 20%	\$75 + 20%	\$75 + 15%	15%	\$75 + 15%
Inpatient services	20%		25%	20%	\$200/day, up to \$600 + 20%	\$200/day, up to \$600 + 15%	15%	\$200/day, up to \$600 + 15%
Outpatient services	20%		25%	20%	20%	15%	15%	15%
Primary care	\$20		\$20	\$20	20%	15%	15%	\$0
Specialist	\$40		\$40	\$40	20%	15%	15%	15%
Urgent care	20%		25%	20%	20%	15%	15%	15%



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Dental benefits

	DeltaCare	Uniform Dental	Willamette
	Managed care	PPO	Managed care
Annual maximum	No max	\$1,750	No max
Deductible	\$0	\$50 (individual) / \$150 (family)	\$0
General office visit (after deductible)	\$0	\$0	\$0
Routine/emergency exams	100%	100%	100%
Fillings / crowns	\$10 - \$50 / \$100 - \$175	50%	\$10 - \$50 / \$100 - \$175
Root canal	\$100 – \$150	80%	\$100 – \$150
Orthodontia	\$1,500 per case	50% until plan has paid \$1,750; then any amount over \$1,750	\$1,500 per case

Vision Benefits

	Davis Vision	EyeMed	MetLife
Routine exam (renews January 1)	\$0	\$0	\$0
Frames (renews January 1 in even years)	\$0 up to \$150, then 80%	\$0 up to \$150, then 80%	\$0 up to \$150, then 80%
Lenses	\$0	\$0	\$10
Progressive lenses	\$50 – \$140	\$55 – \$175	\$0 – \$175
Conventional* contact lenses	\$0 up to \$150, then 85% (or 4	\$0 up to \$150, then 85%	\$0 up to \$150, then
Disposable* contact lenses	boxes from collection lenses)	\$0 up to \$150, then 100%	100%

^{*}Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week. Conventional lenses, with proper care and cleaning, can be used for longer periods of time, from one month to up to one year.



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Life and accidental death & dismemberment (AD&D) insurance

	Employer paid
Insurance type	Basic
Employee basic life	\$35,000
Employee basic (AD&D)	\$5,000
	Employee paid
Insurance type	Supplemental
Employee supplemental life	 Guaranteed issue (GI)* up to \$500,000 in \$10,000 increments, up to a maximum of \$1,000,000 Evidence of insurability (EOI)* required for amounts over \$500,000
Supplemental spousal term life (tied to employee coverage amount)	 Up to 50% of employee's supplemental GI up to \$100,000 in \$5,000 increments EOI required over \$100,000
Supplemental dependent child term life	GI up to \$20,000 in \$5,000 incrementsFor dependents age 2 weeks to 26 years
Supplemental employee, spousal, and child AD&D	 Employee: GI up to \$250,000 in \$10,000 increments Spouse: GI up to \$250,000 in \$10,000 increments Child: GI up to \$25,000 in \$5,000 increments

^{*}Guaranteed issue benefits are available to any eligible employee, with no evidence of insurability. Evidence of insurability (or proof of good health), for these plans, is provided through an online questionnaire. Eligibility is approved or denied upon completion of the questionnaire.

Supplemental employee and spouse life insurance monthly premiums (per \$1,000 of coverage)				
Age	Non-smoker	Smoker		
<25	\$0.038	\$0.050		
25-29	\$0.042	\$0.060		
30-34	\$0.046	\$0.080		
35-39	\$0.058	\$0.090		
40-44	\$0.088	\$0.100		
45-49	\$0.128	\$0.150		
50-54	\$0.188	\$0.230		
55-59	\$0.346	\$0.400		
60-64	\$0.534	\$0.630		
65-69	\$0.962	\$1.220		
70+	\$1.438	\$1.988		

Supplemental insurance: Premium examples

35-year-old smoker

- \$200,000 supplemental life for employee: \$18/month
- \$100,000 supplemental life for spouse: \$9/month

50-year-old non-smoker

- \$150,000 supplemental life for employee: \$28.50/month
- \$75,000 supplemental life for spouse: \$14.25/month

Any eligible employee (guaranteed issue)

- \$20,000 supplemental life for child: \$2.48/month
- \$250,000 supplemental AD&D for employee or spouse: \$4.75/month
- \$25,000 supplemental AD&D for child: \$0.40/month



This is a summary, and is not inclusive of all covered services. Figures shown are subject to legislative funding and final decisions by the SEB Board.

Long term disability (LTD) insurance

Employer-paid basic LTD plan design				
Insurance type Basic				
Benefit waiting period*	90 days or the end of family / medical paid leave, whichever is longer			
Pension	Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)			
Sick leave	No choice (The benefit will not begin paying until the end of the member's existing sick leave, whether or not the employee uses and receives payment for the sick leave.)			
Maximum monthly benefit	\$400			

Employee-paid supplemental LTD plan design				
Insurance type	Supplemental			
Benefit waiting period*	90 days or the end of family / medical paid leave, whichever is longer			
Enrollment type	Opt in (The member must actively enroll in this benefit.)			
Pension	Choice (The member can choose to be paid from their pension; if they do, it is deducted from their disability benefit.)			
Sick leave	No choice (The benefit will not begin paying until the end of the member's sick leave, whether or not the employee uses and receives payment for the sick leave.)			
Maximum monthly benefit	\$10,000			

^{*}Benefit waiting period: The length of time between the beginning of a member's disability claim and the first payment the member would receive.

Supplemental LTD cost examples					
Annual income	Estimated monthly premiums	Estimated monthly benefit (includes basic benefit)			
\$30,000	\$9 – \$15	\$1,500			
\$50,000	\$15 – \$25	\$2,500			
\$80,000	\$25 – \$40	\$4,000			
\$100,000	\$31 – \$51	\$5,000			



This is a summary, and is not inclusive of all covered services. Figures shown are subject to legislative funding and final decisions by the SEB Board.

Additional benefits

Additional benefit maximum contributions				
Medical flexible spending arrangement (FSA)				
Maximum contribution \$2,700 (anticipated amount for 2020)				
Dependent care assistance program (DCAP)				
Maximum contribution	\$5,000 for a joint income tax return / \$2,500 each for separate income tax returns			