

School Employees Benefits Outreach & Training May 31, 2024



SCHOOL EMPLOYEES BENEFITS BOARD

# Agenda

- 1 End of the school year actions
- 5 Worked 630th hour in August
- 2 Returning Eligible Employees
- 3 Employees not returning next school year
- 4 Transferring Employees

6 Approved Leave

- 7 Terminating Coverage
- 8 Reminders, Tips & Resources





### Actions at the end of each school year

School Year: September 1-August 31 Plan Year: January 1-December 31



### **Organization Profile**

#### Update contacts information

- Add/Remove contacts
  - Can assign multiple roles
    - Benefit Specialist
    - Insurance/Billing
    - LTD (new)
    - Other (new)
    - Payroll
    - Superintendent
- Name, email and phone number



- Billing address	-				₹Ľ \$
Same as physi	ical address				
- Mailing addres	S -				
Same as physi	ical address				
	Mailing Address line 1*				
	2200 M AVE				
	Mailing Address line 2				
	Unit #, Suite #				
	City*	State/Province*	County*	Zip code*	
<ul> <li>Shipping address</li> </ul>	2SS -				
Same as physi	ical address				
Notes:					
					//
Contacts					◆ Add contact
	Submit changes			O Clear changes	



benefits247.hca.wa.gov/auth

4



### **Benefits Admin inquiry**

Send Benefits Admin inquiry using the HCA Support portal

- For public and school benefits administrators only
  - Benefits administrator inquiry
    - Select SEBB Program
    - Select "Is this inquiry related to the Benefits 24/7 online enrollment system?" NO
    - Select 'What does your Benefits 24/7 inquiry relate to?'

Benefits Admins should not use the "general support" form!



5

### Managing Access

Send Admin Access request using the HCA Support portal

- For public and school benefits administrators only
  - Benefits administrator inquiry
    - Select SEBB Program
    - Select "Is this inquiry related to the Benefits 24/7 online enrollment system?" YES
    - Add/Remove admin access
      - Admin Information

Categories	For public and school benefits	administrators only	
☐ All Categoric For public are unoblic to be been loyees	Benefits administrator inquiry For public and school benefits		
For public and school retirees/continuation coverage	administrator general questions.		
For providers	View Details		
For public and school benefits administrators only			
Data requests			



Q

E

### Reminder: Benefits Admin access

#### Managing Administrator access

- <u>Authorizing Security Designee</u> must submit Benefits administrator inquiry form using the HCA Support Portal
  - Is this inquiry related to the Benefits 24/7 online enrollment system? Yes
    - Add/Remove admin access (**Only Access role**)
- Admin roles are responsible for managing edit and read only access
  - Admin role can add/remove edit and read only access
  - Notify HCA for incorrect email addresses under the Manage access tile



# Sign Up for GovDelivery

GovDelivery emails provide BAs with updates, changes, and reminders about the SEBB Program.

SEBB Benefits Admin's website

- Notices and updates
  - Register for GovDelivery







### Returning Eligible Employees next school year

WAC 182-31-040 How do school employees establish eligibility for the employer contribution toward school employees benefits board (SEBB) benefits and when do SEBB benefits begin?



# Returning Eligible Employees

#### **Benefit Elections**

- Benefit elections remain the same until **December 31, 2024** 
  - Plan selections
  - FSA/DCAP contributions
  - No eligibility worksheet required!
- Plan year: January 1 December 31

#### Annual Open Enrollment

- Next Open Enrollment (OE): October 28, 2024 -November 25, 2024
- Enrollment changes must be submitted no later than the last day of annual open
- Changes are effective
   January 1 of the following year

#### Making Changes

- Changes employees can make anytime
  - Change name or address
  - Change employee-paid LTD
  - Enroll or change supplemental Life, AD&D- Update beneficiary
  - Submit SOE events
  - Change HSA contributions/ Update beneficiary information
  - Change tobacco attestation



**Note**: PEBB Program is moving OE to October 28 - November 25, 2024.



# Employees not returning next school year Scenarios

WAC 182-31-050 When does eligibility for the employer contribution for school employees benefits board (SEBB) benefits end?



# Not Returning Next School Year

Markus is an eligible school employee at Granite Falls SD. He submits his letter of resignation effective August 5.

Employer contribution towards SEBB benefits will end **August 31**.

- Complete and provide the C-3 worksheet
- Terminate employee's coverage no earlier than month of coverage ending (**August 1**)
  - Coverage will not end automatically at the end of each school year. (August 31)
- SEBB Program will mail *SEBB Continuation Coverage Election Notice* no later than 14 days after coverage has been terminated
- Employee can apply for SEBB Continuation Coverage using Benefits 24/7
  - SEBB Continuation Coverage Election Notice includes enrollment forms



# **Retiring Employees**

Jackson is an eligible employee at Heights SD. He is retiring and submits his letter of resignation effective June 10. He is enrolling in PEBB Retiree Health Insurance Coverage with an effective of July 1.

Employer contribution towards SEBB benefits will end June 30.

- Complete and provide the C-4 worksheet
- Terminate employee's coverage no earlier than month of coverage ending (**June 1**)
- SEBB Program will mail the *SEBB Continuation Coverage Election Notice* no later than 14 days after coverage has been terminated
  - Employee can apply for Continuation Coverage and PEBB Retiree coverage using Benefits 24/7
- Employee may request a PEBB Retiree Enrollment guide
  - Contact PEBB Customer Service at **1-800-200-1004**
  - Download enrollment guide at the PEBB Retiree website
- 13 hca.wa.gov/employee-retiree-benefits/retirees



#### 2024 PEBB Retiree Health Insurance Webinars

- Outreach and Training (O&T) is offering online PEBB Retiree Insurance webinars.
  - Employees can register on the HCA Retiree website
  - Access or print the 2024 PEBB Retiree Enrollment Guide
    - Contact PEBB Customer
       Service at 1-800-200-1004





# Laid Off Employees

Tiffany is an eligible school employee at Grandview SD. She received notification of her lay off which will result in the termination of her employment relationship effective April 20.

Employer contribution towards SEBB benefits will end **April 30**.

• Complete and provide the C-1 worksheet

15

- Terminate employee's coverage no earlier than month of coverage ending (**April 1**)
- SEBB Program will mail the *SEBB Continuation Coverage Election Notice* no later than 14 days after coverage has been terminated
- Employee can apply for SEBB Continuation Coverage using Benefits 24/7
- Complete and provide D-1 worksheet if employees returns to work



# Layoff Defined

SEBB Program defines "layoff" as a change in employment status due to a SEBB organization's lack of funds or organizational change (**WAC 182-31-020**).

- If the change in employment status (due to layoff) **results in the termination of the employment relationship**, then the school employee would lose eligibility for the employer contribution towards SEBB benefits.
- If the change in **employment status** <u>does not</u> result in the termination of the employment relationship, then the school employee would remain eligible for the employer contribution towards SEBB benefits, unless the change in employment status meets one of situations as described in WAC 182-31-050 (1).

SCHOOL EMPLOYEES BENEFITS BOARD



16

#### SEBB Benefits may end earlier

Employees who have already worked 630 hours in the school year will maintain coverage through the end of the school year (**August 31**).

• Do not terminate coverage for employees not working during the summer months

#### Employer contribution may end earlier than the end of the school year if:

SEBB organization terminates the employment relationship.

School employee terminates the employment relationship.

School employee's work pattern is revised such that the school employee is no longer anticipated to work sixhundred thirty hours during the school year.

**School employee returns from approved leave without pay and** maintained or established eligibility as described in WAC 182-31-040 (4)(d), who subsequently has a change in work pattern that, had the work pattern been in effect at the start of the school year, would not have resulted in the school employee being anticipated to work the minimum hours to meet SEBB eligibility for the employer contribution in the school year.

(i) A 9-to-10 month school employee anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains the last day of school; or

(ii) A 12 month school employee anticipated to be compensated for at least 17.5 hours a week in six of the last eight weeks counting backwards from the week that contains August 31st, the last day of the school year.

eligible under the criteria described in WAC 182-31-040 (4)(c)(ii).

School employee hired later in the year and eligible for the employer contribution as described in WAC 182-31-040 (4) (c), who is no longer anticipated to work six hundred thirty hours the next school year.



2024 School Employee Enrollment Guide page 75-78

hca.wa.gov/sebb-benefits-admins/eligibility/when-eligibility-benefits-ends



# Transferring Employees Scenarios

WAC 182-30-080 When must a newly eligible school employee, or a school employee who regains eligibility for the employer contribution, elect school employees benefits board (SEBB) benefits and complete required forms?



# Changing SEBB Org – Transfer

Mario is an eligible school employee enrolled in SEBB Benefits at Auburn SD. His last day at Auburn SD will be August 17. He has accepted a new position at Kent SD effective September 3.

#### Auburn SD- Review the A-5 worksheet.

• Transfer employee with effective date of **August 17** 

#### Kent SD- Review the A-5 worksheet.

- Add as newly eligible subscriber with date of eligibility of **September 3** and claim account
- Complete eligibility reason, hire date, and employee represented field
- Uninterrupted coverage with no new elections (unless plan is no longer available)
- Employee may make new elections during annual OE with coverage effective January 1
   Washington State Authority

. EMPLOYEES BENEFITS BOARD

19

# Changing SEBB Org – Transfer

Chloe is an eligible employee enrolled in SEBB Benefits at Elma SD. Her last day at Elma SD will be June 15. She has accepted a new position at Willow SD effective July 1.

#### Elma SD- Review the A-5 worksheet.

• Transfer employee with effective date of June 15

#### Willow SD- Review the A-5 worksheet.

- Determined Chloe eligible on first day of work, July 1
- Anticipated to be compensated 17 1/2 hours in 6 of the last 8 weeks in the school year
- Anticipated to work 630 hours next school year

Will receive uninterrupted coverage from Elma SD to Willow SD

No new elections (unless plan is no longer available)



# Changing SEBB Org – Transfer not eligible in August

Gabe was terminated from Shelton SD on July 5. SEBB Benefits will end July 31. He is hired with Lacey SD with his first day of work on August 22 and is determined eligible for the next school year.

Shelton SD- Complete and provide the C-3 worksheet.

• Terminate employee with effective date of July 5

SEBB Program will mail the *SEBB Continuation Coverage Election Notice* no later than 14 days after coverage has been terminated.

• May enroll in SEBB Continuation Coverage (August) using Benefits 24/7

Lacey SD- Complete and provide the A-1 worksheet.

- Add eligible employee with date of eligibility of August 22
- Coverage is effective September 1



### Transfer Rule

Employees will have uninterrupted coverage when moving from one SEBB organization to another within the <u>same month</u> or a <u>consecutive month</u>, if they are:

- Eligible for the employer contribution towards SEBB benefits in the position they are leaving and
- Anticipated to be eligible for the employer contribution in the new position

Employees may need to change their medical plan if they move to a new county.



# Changing SEBB Org – Not a Transfer

Isabel is an eligible employee enrolled in SEBB Benefits at ESD 101. Her last day at ESD 101 will be June 15. She has accepted a new position at Vancouver SD effective July 27.

#### **ESD 101**- Complete and provide the C-3 worksheet.

• Terminate employee with effective date of **June 15** 

SEBB Program will mail the *SEBB Continuation Coverage Election Notice* no later than 14 days after coverage has been terminated. (**July/August**)

Vancouver SD has determined Isabella is:

- Not anticipated to be compensated 17.5 hours in 6 of the last 8 weeks in the school year (Not eligible for July & August coverage)
- Anticipated to work 630 hours next school year
  - Enter date of eligibility as first day of work



#### Transfers

#### Managing Subscribers

- Employee eligibility information
  - Terminate/Transfer subscriber
    - Combined "Terminate/ Transfer reason" field
    - Added "Cancel Transfer" button which remains on screen until claimed by another SEBB Org as a valid transfer or the transfer out is corrected to a termination.

Dashboard	Eligibility	Manage Dependents	Special Open E	nrollment	Profile	Tobacco Surchar	ge Attestations	Current Covera	ge	Supplemental Benefits
Manage	eligibilit	y information								
ast name*			First name*				Middlename		SSN*	
Smith			Willard				Р		111-	-11-1212
uffix	Birth da	ate"	Sex assigned at bi	ath"		Gender Identity*		Gender X r	means a	a gender that is not exclusively
JR, SR	09/2	25/1968 🛱	Male		~	Male	•	male or fer     the extent     HCA's web	male. T allowal site at l	This field will be kept private to ble by law. To learn more, visit hca.wa.pov/gender-x.
ligibility reason'				Date of	Eligibility*					
Newly Eligib	le Member		~	• 03/	01/2023	E	a			
mplayee month	ily gross salary		Hire	date*		Welline	ss participant:			
\$6,000.00			0	3/01/2023		E		No		•
this employee	represented?*	Effective start d	ate*	isti	his employee	locally elisible?*				
		••			Yes."					
Yes		• 03/01/202	1			U NO				
Eligible fo	or PEBB Bene		1			UND.				
Terminate/ Terminate/ Termination/	or PEBB Bene Transfer sub: Transfer Reason	fits scriber: Transfer Date* 05/16/2023	ä	cl	<b>Canc</b> aimec	el Transfe l by anoth ransfer ou	er butto er SEBB t is corre	<b>n</b> -remair Org as a t ected to a	ns o vali a ter	on screen until d transfer or tl rmination.
Terminate/ Terminate/ Termination/ Transfer	or PEBB Bene Transfer sub: Transfer Reason	fits scriber: Transfer Date * 05/16/2023	Ê	cl	<b>Canc</b> aimec	el Transfe d by anoth ransfer ou	er butto er SEBB t is corre	<b>n</b> -remair Org as a ected to a	ns o vali a ter	on screen until d transfer or tl rmination.
Terminate/ Terminate/ Terminater Submit d	or PEBB Bene Transfer sub: Transfer Reason hanges hate/Tran		oer:	cl	Canc aimec ti	<b>tel Transfe</b> I by anoth ransfer ou	er butto er SEBB t is corre	<b>n</b> -remair Org as a ected to a	ns o vali a ter	on screen until d transfer or tl rmination.
Terminate/ Terminate/ Terminate/ Transfer Submit d	or PEBB Bene Transfer sub: Transfer Reason hanges hanges hate/Tran		ber: Transf	cl er Date	Canc aimec ti	el Transfe d by anoth ransfer ou	er butto er SEBB t is corre	<b>n</b> -remair Org as a ected to a	ns o vali a ter	on screen until d transfer or tl rmination.
Terminate/ Terminate/ Termination/ Transfer Submit d Termina Termina	hanges		ber: Transf	er Date	Canc aimec ti	el Transfe d by anoth ransfer ou	er butto er SEBB t is corre	<b>n</b> -remair Org as a ected to a	ns o vali a ter	on screen until d transfer or tl rmination.



#### Transfers cont.

Benefit Administrators who are <u>uncertain</u> if a school employee is eligible for SEBB Benefits at the new SEBB organization should:

- Terminate subscriber
  - Enter termination reason and termination effective date
    - New SEBB Organization can claim account when adding as a new subscriber

Dashboard	Eligibility	Manage Deper	odents	Special Open Enrollme	nt Profile	Tobacco Surchar	ge Attestations	Current Cov	erage	Supplemental Benefits
Manage ist name* Bencs dfix JR, SR igBility reason* Newly Eligibil reployee monthl \$6,000.00 this employee r No	eligibilit Birth da 09/2 Ie Member Iy gross salary	y informa	employee motor	First name* April x assigned at birth* Female  Hire date* 03/31/2	ee of Eligibility* 03/31/2023	Gender Identity* Female Wolfne Confirm	Middlename	Gender male or the eat HCAsy No	SSN* 55 X means r female. ent allow website a	5-67-6677 s a gender that is not exclusiv This field will be kept private able by fax. To learn more, v thca.wa.gov/gender.s.
		•		Are you s	ure you	want to te	rminate	coverag	ge fc	or this membe
Eligible fo	r PEBB Bene Transfer Reason tent Ending	fits Terminat	ion effective	Are you s If this m de	ure you ember is pendent	want to te the prima t's covera <u>c</u>	rminate ary subsc ge will be	covera <u>c</u> criber or e termin	ge fo n an atec	or this membe account, thei as well.
Eligible fo Termination/T Employm Are you sur Submit ch	r PEBB Bene Transfer Reason tent Ending re you want to to acc	Terminate DS/01	ion effective /2023 2 for this mer	Are you s If this m det date • mber? If the member is go will be terminated a	ure you ember is pendent	want to te the prima t's covera <u>c</u>	rminate ary subsc ge will be	coverag criber or e termin	ge fc n an atec	or this membe account, thei as well.
Eligible fo Termination/T Employm Are you sur Submit ch + Medica	r PEBB Bene Transfer Reason tent Ending re you want to to acc	Terminate DS/01 rminate coverage ount their dependent information	ion effective /2023 2 for this men	Are you s If this m det date •	ure you ember is pendent	want to te the prima t's coverag	rminate ary subsc ge will be	coverag criber or e termin	ge fc n an atec	or this membe account, thei as well.
Eligible fo Termination/T Employm Are you sur Submit ch + Medica + Centae	r PEBB Bene Transfer Reason tent Ending re you want to to acco tenges	Terminate DSJ01 rminate coverage ount their dependent information	ion effective /2023	Are you s If this m det date •	ure you ember is pendent	want to te the prima t's coverag	rminate ary subsc ge will be	coverag criber or e termin	ge fc n an atec	or this membe account, thei as well. @ <b>%</b> []
<ul> <li>Eligible fo</li> <li>Termination/T</li> <li>Employm</li> <li>Are you sur</li> <li>Are you sur</li> <li>Submit ch</li> <li>+ Medica</li> <li>+ Contac</li> <li>+ Reside</li> </ul>	r PEBB Bene Transfer Reason tent Ending re you want to to acco te corrollment at information ntial address	Terminat DSJ01 Terminate coverage ount their dependent information	ion effective //2023 er for this men lent's covera	Are you s If this m det date •	ure you ember is pendent	want to te the prima t's coverag	rminate ary subsc ge will be	coverag criber or e termin	ge fc n an atec	or this membe account, thei as well. @ <b>\</b> []
<ul> <li>Eligible fo</li> <li>Termination/T</li> <li>Employm</li> <li>Are you sur</li> <li>Are you sur</li> <li>Submit ch</li> <li>+ Medica</li> <li>+ Contac</li> <li>+ Reside</li> <li>+ Mailing</li> </ul>	r PEBB Bene Transfer Reason tent Ending re you want to to acco te corrollment at information ntial address g address	Terminat 05/01 rminate coverage ount their dependent information	ion effective //2023 of for this men lent's covera	Are you s If this m det date *	ure you ember is pendent	want to te the prima t's coverag	rminate ary subsc ge will be	coverag criber or e termin	ge fc n an atec	or this membe account, thei as well. @





### Worked 630th hour in August Scenarios

- Eligible?
- Yes, no, yes, no 🙂



# Works 630th Hour in August

Savanah is an employee at Bremerton SD and was anticipated to **only** work 550 hours in the school year but reaches 630 hours worked on August 5.

Anticipated to work 630 hours in the next school year.

- Eligible for benefits effective Sept 1
- Provide eligibility D-4 worksheet
- Employee may make new elections during annual OE

Changes are effective January 1

Not anticipated to work 630 hours in the next school year

- Does not become eligible for coverage in the new school year
- Eligibility worksheet not required
  - No change in eligibility status



• Ineligible-Ineligible



# Works 630<sup>th</sup> Hour in August cont.

Savanah is an employee at Bremerton SD and was anticipated to **only** work 550 hours in the school year but reaches 630 hours worked on August 5.

#### Two-year lookback

- Worked the past two school years at least 630 hours per year, and
- Is returning to the same type of position(s) and same SEBB organization
  - Presumed eligible for SEBB benefits on **September 1**
  - Complete and provide the D-4 worksheet

The SEBB organization may rebut this by notifying the school employee, in writing, of the specific reasons why the employee is not anticipated to work 630 hours in the next school year.





### **Approved Leave Scenarios**

WAC 182-31-110 What options are available if a school employee is approved for the federal Family and Medical Leave Act (FMLA) or the paid family and medical leave program?

From one school year to the next school year.



# Approved Leave- FMLA

Victoria is an eligible school employee at Central SD. She is placed on approved FMLA in August. Her approved leave ends October 16.

Complete and provide the C-1 worksheet

Anticipated to work 630 hours in next school year (2024-2025)

- SEBB Benefits coverage continue uninterrupted, no new elections
  - SEBB organization is responsible for determining FMLA eligibility
  - May continue supplemental life and AD&D, and employee-paid LTD insurance
- No action taken in Benefits 24/7
- Employee may make new elections during annual OE
- Changes are effective **January 1**

WAC 182-31-110



# Approved Leave- FMLA/ PFML

Sharron is an eligible school employee at Lakes SD. She is approved for FMLA and PFML in August. Her FMLA lasts until October 30. Her PFML overlaps FMLA for another 4 weeks – ending November 27.

- Complete and provide the C-2 worksheet
- Goes on approved LWOP.
  - As a result, she is not anticipated to work 630 hours this school year
  - Coverage terminates November 30
    - When approve PFML ends
      - Employment Security Department is responsible for determining PFML eligibility



Please refer to WAC 192-700-020. WAC 182-31-110

# Returning from Approve LWOP Rule

School employees who return from approved leave without pay will maintain or establish eligibility for the employer contribution toward SEBB benefits if their:

- Work schedule, had it been in effect at the start of the school year, would have resulted in the school employee being anticipated to work the minimum (630) hours to meet SEBB eligibility for the employer contribution in the school year
- School employee will regain eligibility for the employer contribution as of the date they returned from approved leave without pay

SEBB Organizations should calculate how many hours the school employee is <u>expected to work with the new schedule</u>

WAC 182-31-040 (4d) Refer to the D-1 Eligibility worksheet



#### D-1 Eligibility Worksheet

#### Employee returning from LWOP:

- Is anticipated to work at least 630 hours in the school year or
- Their work schedule had it been in effect at the start of the schoo year would have resulted in the employee being anticipated to work the minimum hours to meet SEBB eligibility for the employer contribution in the school year or
- Is returning from active duty

#### SEBB Benefit Eligibility



D-1: Employee who lost eligibility for the employer contribution due to leaving work on authorized Leave Without Pay (LWOP), worker's compensation, Paid Family and Medical Leave (PFML - which is not concurrent with FMLA), layoff that results in employment ending, active military duty (USERRA), applying for disability retirement or appealing a grievance, and is now returning to work.

Employee Name:

SEBB Organization:

Date notice provided to employee

Notice should be provided to the employee within a reasonable time frame as part of the return to work process. If the
employee is determined to be eligible, they must have no less than ten calendar days after the date of receiving notice to elect

1. Requirements for Maintaining or Regaining Eligibility (WAC R2-34-040 and R2-30-080/3))

	Employee returning from LWOP:	Enter a Y or N
	<ul> <li>a) Is anticipated to work at least 630 hours in the school year</li> <li>Or.</li> <li>Their work schedule - had it been in effect at the start of the school year - would have resulted in the employee being anticipated to work the minimum hours to meet SEBB eligibility for the employer contribution in the school year.</li> <li>Or.</li> <li>Is returning from active duty.</li> </ul>	y
	<ul> <li>b) Previously lost the employer contribution by no longer being anticipated to work at least 630 hours due to leaving work for at least one of the following reasons:</li> <li>Called to active military duty (USERRA),</li> <li>Authorized Leave Without Pay (LWOP),</li> <li>Paid Family and Medical Leave (PFML - which is not concurrent with FMLA),</li> <li>Appealing a grievance (WAC 182-31-120)</li> <li>Applying for a disability retirement,</li> <li>Receiving time-loss benefits under workers' compensation</li> <li>Employment ends due to layoff (as defined in WAC 182-31-020)</li> </ul>	y
l	2. Eligibility Decision	Decision
	If you answered <b>"Yes"</b> to all of the requirements in section 1, the employee is eligible for the employer contribution. Continue with section 3.	Yes
	If you answered <b>"No"</b> to any of the requirements, the employee is not eligible for the employer contribution. Routinely monitor the employee's eligible hours to determine potential eligibility based on the appropriate B-1 or B-2 worksheet. Skip to section 6.	





### Terminating employee coverage

WAC 182-31-050 When does eligibility for the employer contribution for school employees benefits board (SEBB) benefits end?



# Terminating coverage

#### When to terminate coverage

- Terminate coverage <u>no earlier than the</u> <u>month of coverage ending</u> for employees:
  - Leaving SEBB Organization
  - Not eligible next school year
- Example:
  - Last day: August 10
  - $\circ~$  Enter term date: No earlier than Aug 1 ~
- Provide appropriate C series worksheet

#### Employees losing eligibility at the end of the school year

- Terminate coverage
  - **Before August 12 cut off date** to be removed from September billing file
  - Coverage will not end automatically at the end of each school year (August 31)
  - Provide appropriate C series worksheet



# Terminating subscriber

#### Search for subscriber

- Eligibility Tab
  - Terminate/Transfer subscriber field
    - Enter Termination reason
    - Enter Termination effective date

Send O&T secure message using HCA Support to correct errors with termination dates.

Dashboard Eligib	Manage D	Dependents	Special Open Enroll	ment Profile	Tobacco Surcharg	ge Attestations	Current Cove	erage	Supplemental Benefits
Manage eligi	bility infor	mation							
ast name*			First name*			Middlename		SSN*	
Benes			April			A		55	5-67-6677
uffix	Birth date*		Sex assigned at birth*		Gender Identity*		Gender	X means	a gender that is not exclusive This field will be beet existent
JR, SR	09/22/1998	e l	Female	~	Female	×	<ul> <li>the external HCA's w</li> </ul>	ent allow vebsite a	able by law. To learn more, vis t hca.wa.gov/gender-x.
ligibility reason*				Date of Eligibility*					
Newly Eligible Mem	ber		~	03/31/2023	6	3			
mplayee monthly gross	salary		Hire date		Wellnes	s participant:	No		~
\$6,000.00			03/31	/2023					
Eligible for PEBB Terminate/Transfe	Benefits			lf this men depe	nber is the p endent's cov	orimary s verage wi	ubscribe ill be ter	er on mina	an account, the ated as well.
Eligible for PEBB     Terminate/Transfe     Termination/Transfer     Employment En     Are you sure you w	Benefits ar subscriber: Reason Tern ding ant to terminate cov account their de	nination effecti 5/01/2023 erage for this m pendent's cove	ve date *	If this men depe	nber is the p endent's cov	orimary s verage wi	ubscribe ill be ter	er on mina	an account, the
Eligible for PEBE     Terminate/Transfe     Termination/Transfer     Employment En     Are you sure you w     Submit changes     the Medicage energy	Benefits ar subscriber: Reason Terr ding ant to terminate cov account their de	nination effecti s5/01/2023 erage for this m ppendent's cove	ve date *	If this men depe	nber is the p endent's cov	orimary s verage wi	ubscribe ill be ter	er on mina	an account, the
Eligible for PEBE Terminate/Transfe Termination/Transfe Employment En Are you sure you w Submit changes  Medicare enre	Benefits ar subscriber: Reason Terr ding  Terr ant to terreinate covo account their de allment information mation	nination effecti S/01/2023 erage for this m prendent's cove	ve date * range will be terminated	If this men depe	aber is the p endent's cov	orimary s verage wi	ubscribe ill be teri	er on mina	an account, the
Eligible for PEBB     Terminate/Transfe     Termination/Transfe     Employment En     Are you sure you w     Submit changes     + Medicare enre     + Contact inform	Benefits ar subscriber: Reason Terr ding  ant to terminate cov account their de allment informatio mation	nination effecti 5/01/2023 erage for this m ppendent's cove	ve date *	If this men depe	nber is the pendent's cov	orimary s verage wi	ubscribe ill be ter	er on mina	an account, the ated as well.
Eligible for PEBB Terminate/Transfe Termination/Transfe Employment En Are you sure you w Submit changes + Medicare enre + Contact inforr + Residential ac	Benefits  ar subscriber:  Reason  Tern  ding  ant to terminate cov  account their de  allment informatio  mation  ddress	nination effecti 5/01/2023 erage for this m ppendent's cove	ve date *	If this men depe	nber is the pendent's cov	orimary s verage wi	ubscribe ill be ter	er on mina	an account, the ated as well.
Eligible for PEBE Terminate/Transfe Termination/Transfe Employment En Are you sure you w Submit changes  Are dicare enre Contact inform Residential ac Amailing addre	Benefits	nination effecti 5/01/2023 erage for this m ppendent's cove	ve date *	If this men depe	riber is the pendent's cov	orimary s verage wi	ubscribe ill be ter	er on	an account, the ated as well.



#### Terminating employee never eligible scenario

Human Resources (HR) notified Benefits Admin that Larry Martin was eligible for SEBB Benefits on May 7. Benefit Admin entered him in the Benefits 24/7 system. HR notified Benefits Office on May 20 that employee never worked and has accepted a position at another School District.

Eligibility Tab

- Terminate/Transfer subscriber field
  - Enter Termination reason "Employee never eligible"
  - Benefit End Date Auto populates with an effective date: June 1
  - Submit changes

	Eligibility	Manage Dependents	Special Open En	rollment	Profile	Tobacco Sure	charge Attestations	Current	Coverage	Spousal Attestations
Notes Supp	olemental Ber	nefits								
Manago	ligibili	ty informatic								
ast name*	rigibiti	ty informatic	First name*				Middle name		CCN*	
Martin			Larry				A		888-45-6	6777
Suffix	Birth dat	te*	Sex assigned at birth		Ge	nder Identity*		Gender X	means a gen	der that is not exclusively
JR, SR	09/1	1/1998 🛱	Male		~	Male	~	male or female. This field will be kept private to the extent allowable by law. To learn more, visit		eld will be kept private to y law. To learn more, visit
								HCA's wet	osite at hca.w	va.gov/gender-x.
ligibility reason*	Marchan			Date of Eligit	bility*					
Newly Eligible	Member		Ť	05/07/2	024					
Employee monthly	gross salary		Wellnes	s participant:						
					N	lo	~			
					N	10	~			
s this employee rep	presented?*	Is this employe	e locally eligible?		Ν	10	_×_	on Mo	55290	
s this employee rep	presented?*	Is this employee	e locally eligible?*	If this si	ubscri	<sup>™</sup> <b>Co</b>	nfirmatio	<b>on Me</b> erminat	<b>ssage</b> ed in e	error and needs
s this employee rep	presented?*	Is this employe	e locally eligible?	f this suberce	ubscri	<b>Co</b> ber/acco	• nfirmation punt was to ut a break	<b>on Me</b> erminat in bene	<b>ssage</b> ed in e	error and needs
s this employee rep	presented?*	Is this employe Yes*	e locally eligible <sup>24</sup>	f this su be ree again	ubscri nrolle using	ber/acco	• nfirmation ount was to ut a break jibility date	on Me erminat in bene e that is	<b>ssage</b> ed in e efits, ac	e error and needs dd the subscrib rst of the mont
s this employee rep	presented?* PEBB Bene	Is this employe Yes*	e locally eligible**	f this su be ree again	ubscri nrolle using	<b>Co</b> ber/acco d withou g the elig follow	• <b>nfirmati</b> ount was to ut a break yibility dato wing the b	on Me erminat in bene e that is enefit e	<b>ssage</b> ed in e efits, ac the fi end dat	e error and needs dd the subscrib rst of the mont te.
s this employee rep	PEBB Bene	Is this employs Ves*	• locally eligible>	lf this su be ree again	ubscri nrolle usin <u>c</u>	ber/acco ber/acco ed withou g the elig follow	onfirmation punt was to ut a break yibility date ving the b	on Me erminat in bene e that is enefit e	<b>ssage</b> ed in e efits, ac the fi end dat	error and needs dd the subscrib rst of the mont te.
s this employee rep	presented?* PEBB Bene	Is this employe Yes* Pfits	No*	f this su be ree again	ubscri nrolle usin <u>c</u>	ber/acco d withou the elig follow	onfirmation ount was to ut a break pibility date ving the b	on Me erminat in bene e that is enefit e	ssage ed in e efits, ac the fi end dat	e error and needs dd the subscrib rst of the mont te.
s this employee rep Eligible for Terminate/Tr Termination/Tra Employee	presented?* PEBB Bene ransfer sub ansfer Reason	Is this employe Yes* Pfits Scriber: Benefit End Date	No*	f this su be ree again	ubscri nrolle using	<b>Co</b> ber/acco d withou g the elig follow	nfirmation bunt was to ut a break jibility date ving the b	on Me erminat in bene e that is enefit e	ssage red in e efits, ac the fi end dat	error and needs dd the subscrib rst of the mont te.
s this employee rep Eligible for Terminate/Tr Termination/Tra Employee r	PEBB Bene ansfer sub ansfer Reasor never elig	Is this employe Yes* efits scriber: Benefit End Date V6/01/2024	• locally eligible >*	f this so be ree again	ubscri nrolle usin <u>c</u>	ber/acco d withou the elig follow	nfirmatic punt was to ut a break jibility date ving the b "this subscriber/acc moled without a br aeliebility date of the subscriber."	on Me erminat in bene e that is enefit e	ssage red in e efits, ac the fi end dat	error and needs dd the subscrib rst of the mont te. or and needs to be re- bscriber again using ilowian the banefit





### **Requesting Retiree/Continuation Coverage**



### Subscriber Dashboard

- Profile
- Current coverage
- SOE and account changes
- Manage dependents
- Supplemental coverage
- Tobacco Attestation
- Retiree and continuation coverage
  - Request enrollment in PEBB retiree insurance coverage, COBRA or Unpaid Leave





# Subscriber Retiree/Continuation Coverage





Retiree/Continuation coverage Inquiry

Retirees and continuation coverage employees can send request using the HCA Support portal

- For public and school retiree/continuation coverage
  - Retiree and continuation coverage
    - Accounting, Appeals, Add/Remove dependent...
    - Retiree eligibility and enrollment, term life insurance...



SCHOOL EMPLOYEES BENEFITS BOARD



#### Troubleshooting Benefits 24/7 Access



#### Release/Unlock Subscriber account

Release/Unlock subscriber account

- Step 1-Check box next to name
- Step 2-Click Manage Associated subscriber

Added to release/unlock previously claimed subscriber SAW account

Used when subscriber has forgotten answers to their security questions

• Verify subscriber information

ishboard	Subscribers	Access	Dependent Verification	Special Enrollment	Self Pay Dashboard	Organiz	ations	Reports	Settings
				Verification		_			
ck to search res	ults								
lmin Dashboard	Dependent V	erification	Special Enrollment Verification	Subscribers	Access Reports	Profile		Currently r ANACORTE	managing: ES SCHOOL DISTRICT
<ul> <li>Review your</li> </ul>	subscriber's curre	ent account info	rmation and coverage selections.						
Review your:     View and/or p     Review your:	subscriber's curre print your subscri subscriber's enro	ent account info iber's Statemen Ilment, depend	rmation and coverage selections. t of Insurance. ents and benefit elections.		Search	Add new sub:	scriber	Manage ass	ociated subscribe
Review your:     View and/or p     Review your: flint Firs	subscriber's curre orint your subscri subscriber's enro	ent account info iber's Statemen Ilment, depend	Immation and coverage selections. to finsurance. ents and benefit elections.	▼ SSN	Search	Add new sub:	scriber fember type	Manage ass	iociated subscribe Employer name 🍸
Review your:     View and/or j     Review your:     flint     Firs     SUS	subscriber's curre print your subscri subscriber's enro	ent account info iber's Statemen Illment, depend	In and coverage selections. tof Insurance. ents and benefit elections.	▼ SSN XXX-XX-601	Search T Birth dat	Add new sub:	scriber lember type	Manage ass	Employer name ANACORTES SCHOOL DISTRICT 103
Review your:     View and/or provide your:     Review your:     Firs     SUS     SUS     I    1	subscriber's umr yrint your subscri subscriber's enro t name T AN	ent account info iber's Statemen Illment, depend	ame Y Last name FLINT	▼ S5N X0X×XX-601	Search T Birth dat	Add new sub:	fember type	Manage ass	Employer name T ANACORTES SCHOOL DISTRICT 103
Review your: View and/or Review your: flint  SUS  SUS  4 1	t name T AN Releas	ert account info iber's Statemen Ilment, depend ' Middle n e/unlock sub:	ame T Last name FLINT scriber account?	▼ SSN X00:X0:-601	Search The member will be p	Add new sub:	fember type m their accou	Manage ass T E A I I A	iociated subscribe Employer name T ANACORTES SCHOOL DISTRICT 103 1 - 1 of 1 items tlogin.
e Review your: View and/or pr View and/or pr Review your: flint  Firs SUS  Gurrently manage	t name T Releas	e/unlock sub:	ame T Last name FLINT	▼ SSN X0X-XX-601	Search T Birth dat 2 The member will be p	Add new sub:	tember type	Manage ass T E A E Int upon next	Employer name T ANACORTES SCHOOL DISTRICT 103 1 - 1 of 1 items tlogin.



#### Subscriber Troubleshooting Tips

#### Visit the help with Benefits 24/7 webpage.

Get started

44

- Create a SecureAccess Washington (SAW) account
- Log in to Benefits 24/7
- Help with my login
- How do I enroll when newly eligible?

#### Security questions must have a minimum of four characters

Benefits 24/7 employee login assistance phone number 1-866-335-0043.

hca.wa.gov/employee-retiree-benefits/help-benefits-24/7



Free or low-cost health care Employee & retiree benefits

About HCA Contact

📮 In a crisis? 🕒 Login 🗸

Home > Employee and retiree benefits > Help with Benefits 24/7

#### Help with Benefits 24/7

Benefits 24/7 🗹 is our new online benefits enrollment system that replaced PEBB My Account and SEBB My Account. Your enrollment information will transfer from PEBB My Account and SEBB My Account.

Benefits 24/7 follows the Americans with Disabilities Rehabilitation Act (ADA) and Website Content Accessibility Guidelines (WCAG) 2.0.

On this page	What can I do in Benefits 24/7?
	Get started
	Help with my login
	How do I enroll when newly eligible?
	Sign up for email subscription service

#### What can I do in Benefits 24/7?

Use Benefits 24/7 🖸 to enroll in coverage, verify your dependents, attest to premium surcharges, make changes due to a life event, view your coverage elections, make open enrollment changes, apply for continuation coverage or PEBB retiree insurance coverage, and defer retiree insurance coverage

Manage your benefits yearround Log in to Benefits 24/7 2

#### Employees: Contact your payroll or benefits office.

How do I change my address?

• Retirees and continuation coverage subscribers: Send us a secure message 🖓 or call 1-800-200-1004 (TRS: 711)

#### Workday users continue to use Workday

Benefits 24/7 is not available to Pierce County, Washington State University, and University of Washington employees. Please use Workdo Exception: You can use Benefits 24/7 to request to enroll in PEBB retiree insurance coverage.

#### Get started

Use these steps to set up your Benefits 24/7 account

#### Things to know before you register

Create a SecureAccess Washington (SAW) account



### **Releasing Benefits Admin Account**

First name	Last name	Email	Role	Access start date	Access end date	Manage
Victoria	Morrison	victoria.morrison@kent.k	Read On 👻	01/16/2024	mm/dd/yyyy	Save Release account
Erica	Coughlin	erica.coughlin@kent.k12.	Read On 👻	01/16/2024	mm/dd/yyyy	Save Release account
Yolanda	Atwood	yolanda.atwood@kent.k1	Edit 👻	01/16/2024	mm/dd/yyyy 🛱	Save Release account
Amanda	Davis	amanda.davis@kent.k12.	Read On 👻	01/16/2024	mm/dd/yyyy	Save
Judy	Weaver	judith.weaver@kent.k12.v	Edit 🗸	01/16/2024 (	mm/dd/yyyy 😭	Save
Jaime	Frazier	jaime.frazier@kent.k12.w	Admin 👻	01/16/2024 [	mm/dd/yyyy	Save Release account
Malia	Siufanua	malia.suifanua@kent.k12	Edit 👻	01/16/2024 (	mm/dd/yyyy	Save
Amy	Valentin	amy.valentin@kent.k12.w	Edit 👻	01/16/2024 (	mm/dd/yyyy	Save Release account

<u>benefits247.hca.wa.gov/auth</u>

# Benefits Admin Troubleshooting Tips

Benefits Admin is being sent to their subscriber acct rather than admin acct or Benefits 24/7 is not recognizing the SAW account being used.

- If redirected to the verification process page (Last name, DOB, and last 4 of SSN)?
  - Do not enter your subscriber information
    - Release/unlock subscriber account
  - Clear browsing data (Cached images, history and files)
  - Log in using your correct Admin SAW account with your work email

Email address used in SAW account login **MUST MATCH** exactly the email address entered in Benefits 24/7 manage access tile.

- Do not create a new SAW account. Verify Benefits 24/7 and SAW email address match
  - Check for additional spaces or periods

Go to SAW directly to change/update any SAW account info!



#### Troubleshooting Benefits 24/7

Benefits 24/7 BA Manual Chapter 2

- Need instructions on Troubleshooting employee access
  - Employee attempting to claim their account for the first time: **Page 13-14**
  - Releasing an old SAW account for an employee: Pages 15-16



Releasing an employee account requires Benefits 24/7 Admin access.



47



# Reminders, Tips & Resources



#### **Benefit Admin Resource**

SEBB Benefits Administrator website

 Eligibility, Enrollment, Benefits, Administrative tools and resources, and Training Resources

#### Contact Outreach & Training

- 1-800-700-1555
- Online via <u>HCA Support</u> secure messaging system
  - support.hca.wa.gov/hcasupport



SCHOOL EMPLOYEES BENEFITS BOARD

### **Benefit Admin Resource**

SEBB Benefits Admin Training

Send training request using HCA Support

- Attn: O&T Training Request
- Provide dates & times available, how many hours and subjects

Benefits 24/7, BA website and HCA Support application overview



SCHOOL EMPLOYEES BENEFITS BOARD

### **Employee Communications**

# May SEBB Intercom newsletter mailed and emailed on **May 15, 2024**.

- Includes article about:
  - Advice for preparing for retirement
    - How can I prepare?
    - What PEBB benefits are available?
  - Reminder to set up Benefits 24/7
  - Benefits of carrying naloxone
  - Steps if a provider leaves a plan's network
  - How smartphones affect us
  - Employer-paid and employee-paid LTD



#### Preparing for retirement

Preparing for retirement can be overwhelming. Before deciding when you want to retire, you should understand how several factors affect your health care benefits.

#### Am I eligible?

Generally, retiring or separating employees of Washington school districts, educational service districts, SEBB-participating employer groups, or charter schools are eligible. Additionally, surviving dependents or spouses and full-time elected or appointed officials may be eligible. Retiree health care benefits for eligible SEBB retirees are offered through the PEBB Program. If you are eligible for PEBB retiree insurance coverage, but you have other qualifying coverage, you may defer (pastpone) your enrollment. Deferring keeps your right to enroll later. To learn more about how to defer coverage, visit hca.wa.gov/defer-coverage.

#### How can I prepare?

#### Six months before retirement

If you have a Department of Retirement Systems (DRS) retirement plan, contact DRS to request an estimate of your benefit. If you don't have a DRS retirement plan, contact your employer to determine if you have a retirement plan and, if so, when you will be eligible to retire from the plan.

#### Three months before turning 65

You or any covered dependents who will soon turn 65 must enroll in both Medicare Part A and Part B to stay enrolled in a PEBB retiree health plan. You're encouraged to apply for Medicare three months before turning 65. To enroll, call the Social Security Administration at 1-800-772-1213 or TTY: 1-800-325-0778, or visit **medicare.gov**.

#### 60 days before retirement

Submit your retirement application to DRS. You should apply for PEBB retiree insurance coverage using Benefits 24/7 at **benefits247.hca.wa.gov** (or the PEBB Retiree Election Form, form A) and submit supporting documents, including proof of Medicare.

#### What if I retire before or after age 65?

If you retire **before** age 65, you can enroll in a PEBB retiree non-Medicare medical plan until you are eligible to enroll in Medicare Part A and Part B.

If you retire **after** age 65, you should already have Medicare Part A. You will need to enroll in Medicare Part B to enroll in a PEBB Medicare plan.

#### Submit proof of Medicare

Once you or your dependent enroll in Medicare Part A and Part B, you must send us proof of the enrollment by sending either:

- A copy of the Medicare card or entitlement letter showing the effective date of Medicare Part A and Part B, or;
- A copy of the Medicare denial letter from the Social Security Administration.

You will have a special open enrollment for turning 65 or upon retirement and you will be able to enroll in a PEBB Medicare plan. There are many plans to choose from to fit your and your family's needs.

#### Limited time to act!

You must request to enroll in or defer enrollment **no** later than 60 days after your employer-paid, COBRA, or continuation coverage ends, or you will lose your right to enroll later.



HCA 20-0119 (05/24)



#### **Benefits Admin Resource**

Sign up for SEBB Board emails

#### Visit the School Employees Benefits (SEB) Board website:

- 2024 Meeting schedule
- Agenda
- Briefing books and minutes
- Link to join Zoom meeting or attend in person



Home > About HCA > Programs & initiatives > School Employees Benefits Board (SEBB) Program > Meetings & materials

#### Meetings and materials

Get the School Employees Benefits (SEB) Board meeting schedule, along with agendas, briefing books, and minutes.

On this page 2024 meeting schedule Meeting materials Approved resolutions Location and directions Need an accommodation? 2024 meeting schedule Want to receive meeting All meetings begin at 9 a.m. notices? January 25, 2024 March 14, 2024 April 4, 2024 ⇒ Sign up to receive emails May 2, 2024 June 6, 2024 June 20, 2024 July 10, 2024 July 17, 2024 July 24, 2024 July 31, 2024 Meeting materials 2024 Date Materials May 2 Agenda (05-02-2024) 🔂 Briefing Book (05-02-2024) 🔂



#### HCA Support Portal/ Benefits 24/7 Tips

- Provide BA business phone #
- ✓ Do not use benefits or payroll department names as usernames in manage access or HCA support
- ✓ Have employee's SSN ready when waiting in phone queue
- ✓ Enter newly eligible employees who have two last names with a hyphen without spaces. (Example: Jones-Morris)
- Use eligibility tab when updating/ editing employee addresses. Addresses can not be updated on the profile tab

_onsumer Us	er		Open Record
User ID		Email	
First name	Mark	Notification 🕐	Enable
Last name	Simmons	Calendar	Outlook
Consumer	Mark Simmons	Time zone	
Title		Date format 🕐	
VIP		Business phone	
Department		Mobile phone	
Manager		Company	
Active 🕐	$\checkmark$	Photo	
CSM External User		Distinguished Name	
		Source	
Location			
Street			



# HCA Support Portal/ Benefits 24/7 Tips cont.

GovDelivery sent on May 1, 2024.

- ✓ Benefits 24/7 employee login assistance phone number 1-866-335-0043
- Employees should contact Benefits office for any non-login related account issues
- $\checkmark$  Do not submit <u>multiple tickets</u> on the same issue
- ✓ Include employees full name, full SSN, BA name, school district and BA phone # in all inquiries
- ✓ Submit HCA support ticket <u>then</u> call **1-800-**700-1555 for urgent issues

Important Updates on Benefits 24/7 and Ticket Handling Procedures Washington State Health Care Authority sent this bulletin at 05/01/2024 12:46 PM PD
Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

#### 5.1.2024

Can't access the links? Add "Inks.gd" to the allowlist of your content blocking software

We appreciate your dedication and cooperation as we implement the new Benefits 24/7 system. To ensure we address the questions and concerns of BAs and their employees efficiently, we'd like to remind you of some important auidelines

- 1. Proper Use of the Benefits 24/7 Support Line: The Benefits 24/7 login assistance phone line (1-866-335-0043) is designated solely for employee login issues. Please advise employees to contact you directly for any nonlogin related account issues. If you're unable to resolve their concerns, please escalate the matter by submitting a ticket through HCA Support. Our Outreach & Training (O&T) team is here to assist you with these escalated issues
- 2. Handling of Tickets: We're currently experiencing a high volume of inquiries, leading to longer response times. If you have an open ticket, we ask for your patience. Please refrain from submitting follow-up tickets about the same issue, as this increases the backlog and delays response times for everyone
- 3. Emergency Situations: For urgent issues, BAs are advised to submit a ticket and then call the O&T phone line (1-800-700-1555) to ensure the matter is prioritized appropriately. Please use discretion to determine true emergencies, helping us maintain focus on the most critical issues first. Note: The O&T phone line is for BA assistance only. Please do not give this number to employees

#### Your Role is Crucial

As BAs, you play a critical role in the smooth operation and support of our systems. Proper channeling of inquiries not only helps streamline our internal processes but also ensures that your employees receive timely and accurate assistance

Thank you for your ongoing commitment to efficient and effective service deliverv



### Update: Premera Blue Cross and MultiCare

GovDelivery sent on May 24, 2024.

55

MultiCare will **continue to remain in network** with no break in coverage:

- Premera members enrolled through the SEBB Program.
- Uniform Medical Plan (UMP) members in Spokane County enrolled through the PEBB and SEBB Programs.



#### Update on Premera Blue Cross and MultiCare contract negotiations

Premera Blue Cross announced that they have reached an agreement with MultiCare. MultiCare will continue to remain in network with no break in coverage for Premera members enrolled through the School Employees Benefits Board (SEBB) Program, and Uniform Medical Plan (UMP) members in Spokane County enrolled through the Public Employees Benefits Board (PEBB) and SEBB Programs. <u>See Premera's announcement.</u>

Premera Blue Cross - MultiCare Announcement



# **Upcoming Webinars**



**August 2:** SEBB Preparing for the start of the new school year **TBD:** SEBB Pre-Annual Open Enrollment (OE) 2024 Where to register:

- hca.wa.gov/sebb-benefits-admins/training-schedule
- All webinars are recorded and posted to the BA website.
  - hca.wa.gov/sebb-benefits-admins/training-materials-and-recordings



### Q&A

We will now address some of the questions that did not get answered during the webinar.

- Any questions that do not get addressed today will be responded to by phone, email or HCA Support request
- Employee specific questions or scenarios should be sent through HCA Support request

After the webinar, participants will receive a follow up email that includes a brief survey. We would greatly appreciate your feedback.



# Thank you for participating!



