

SEBB: Retirement, Accounting & Billing

Thank you for participating in today's webinar

The presentation will start around 10:05am.

- All attendees will be muted. Please do not unmute yourself if the program allows you to.
- We can not assist with technical issues and apologize if they keep you from participating.
- This webinar will be recorded and posted on the Benefits Administrator website.



SEBB: Retirement, Accounting & Billing

Addressing questions during the webinar

- Please use the “questions” feature to send questions throughout the webinar.
- We will address questions:
 - Throughout the presentation when appropriate – by topic.
 - At the end of the presentation – in summary – as time allows.
 - Questions not answered during the webinar will be addressed the following week via either
 - Email
 - Phone
 - FUZE



Retirement, Accounting & Billing

School Employees Benefits
Outreach & Training
2020

Washington State
Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD



Accounting & Billing

Billing & Payment Reminders

Monthly Billing

- Billing available in SEBB My Account
 - On the 16th of each month
 - Before the month of coverage
- Payment is due:
 - No later than 5th of the month
 - After the month of coverage
- Must remit exact premium billed

Accounting/Billing Reminders

Be mindful of invoice cycle dates when making enrollment or accounting changes

- Cutoff for eligibility and accounting changes is the 12th of each month.
- Changes submitted after that date may not be reflected on the upcoming billing statement, but on the subsequent one instead.

Please include **organization number** on your remittance check

- **Example:** 600A00
- In SMA – Organization profile – HCA Code

SEBB Funding Rate

Per employee per month funding rate has changed:

- **July & August 2020** – now \$1056
 - Reflected on billing file that posted June 16
 - July bill due August 5th
- September 2020 – August 2021 will be \$1000

Employee contributions will remain the same until January 2021

Reconciling

When sending billing issues through FUZE:

- Please indicate which month you are reconciling.
- Do not send payroll reports
- Check employee's accounts in SMA before requesting changes
 - Surcharges – check employee's Premium Surcharge tab
 - Likely they attested yes OR failed to attest
 - Results in monthly Surcharge

Billing File Example

John Sample is newly eligible May 18, benefits begin June 1, and John has until June 18 to complete his enrollment in SMA.

- John was entered into SMA on May 20th, after the billing file for June coverage was posted.
- Charges will reflect on June 16th billing file

Employer Agency Code	Employee Last Name	Employee First Name	EE Middle Initial	SSN/ITIN	Transaction Date	Transaction Type	Coverage Period	Batch Number	Health Carrier Code	Health Family Composition	Dental Carrier Code	Dental Family Composition	Vision Carrier Code	Vision Family Composition	Transaction Amount	Employee Health Premium Amount	Tobacco-use Surcharge	Spousal Surcharge	LTD Supplemental Percentage Rate	Employer Contribution
600124	SAMPLE	JOHN		122321233	20200616	I	202006	INV0620	ZS	EE ONLY	9S	EE ONLY	TZ	EE ONLY	1,114.00	33.00	25.00	0.00	0.0000000	1,056.00
600124	SAMPLE	JOHN		122321233	20200616	I	202007	INV0620	ZS	EE ONLY	9S	EE ONLY	TZ	EE ONLY	1,114.00	33.00	25.00	0.00	0.0000000	1,056.00

Billing File Example

John completed his enrollment in SMA on June 17 – after June 16th billing file was posted.

- Credit for June & July appears on July 16th billing file.
- Invoice for June, July & August

Employer Agency Code	Employee Last Name	Employee First Name	EE Middle Initial	SSN/ITIN	Transaction Date	Transaction Type	Coverage Period	Batch Number	Health Carrier Code	Health Family Composition	Dental Carrier Code	Dental Family Composition	Vision Carrier Code	Vision Family Composition	Transaction Amount	Employee Health Premium Amount	Tobacco-use Surcharge	Spousal Surcharge	LTD Supplemental Percentage Rate	Employer Contribution
600124	SAMPLE	JOHN		122321233	20200716	C	202006	DLY0617	ZS	EE ONLY	9S	EE ONLY	TZ	EE ONLY	-1,052.00	-33.00	-25.00	0.00	0.000000	-994.00
600124	SAMPLE	JOHN		122321233	20200716	I	202006	DLY0617	PS	EE AND SPOUSE	1S	EE AND SPOUSE	T2	EE AND SPOUSE	1,038.00	44.00	0.00	0.00	0.000000	994.00
600124	SAMPLE	JOHN		122321233	20200716	C	202007	DLY0617	ZS	EE ONLY	9S	EE ONLY	TZ	EE ONLY	-1,114.00	-33.00	-25.00	0.00	0.000000	-1,056.00
600124	SAMPLE	JOHN		122321233	20200716	I	202007	DLY0617	PS	EE AND SPOUSE	1S	EE AND SPOUSE	T2	EE AND SPOUSE	1,100.00	44.00	0.00	0.00	0.000000	1,056.00
600124	SAMPLE	JOHN		122321233	20200716	I	202008	INV0820	PS	EE AND SPOUSE	1S	EE AND SPOUSE	T2	EE AND SPOUSE	1,100.00	44.00	0.00	0.00	0.000000	1,056.00

SEBB Benefit Payments

Premium payments are due no later than the 5th of the month following month of coverage

- Remittance must be sent to lockbox and must **include organization number**
 - Example: 600A00
- For health plan payments (including employer AND employee contribution) send to:
 - HCA – SEBB Benefits
 - PO Box 94194
 - Seattle, WA 98124-6494

Navia Payments (FSA/DCAP)

One week prior to pay date, upload actual payroll deductions to SMA.

- Use approved Navia file format
- Upload file on Medical FSA / DCAP tab in SMA
- Send payment to SEBB Flex Spend lockbox

Navia Payments (FSA/DCAP)

SEBB Organization must remit employee contributions after each pay period.

- Send remittance to following lockbox:
 - HCA – SEBB Flex Spend
 - PO Box 84245
 - Seattle, WA 98124-5545
- Please include **organization number**
- FSA & DCAP amounts should be split

FSA/DCAP Admin Fee

SEBB Organizations will receive bill **quarterly**

- Must remit exact fee billed
- Send to lockbox:
 - HCA – SEBB Quarterly FSA
 - PO Box 94081
 - Seattle, WA 98124-9481
- Must include **organization number**

**Future enhancement to
have Admin Fee invoice
post quarterly in SMA**

Late 2020



Retiring Employees

When Coverage Ends

The employer contribution ends on the last day of the month in which the school year ends (August 31)

- Benefits may end earlier if:
 - SEBB Organization terminates the employment relationship,
 - School employee terminates the employment relationship, or
 - School employee's work pattern is revised and is no longer anticipated to work 630 hours

Retiring Employee

Bob submits a letter of resignation indicating he plans on retiring

- Resignation date is effective June 17 – last day of school
- SEBB Benefits will end June 30
- Letter indicates he is retiring on July 1

Retiring Employee

Actions BA needs to complete:

- Terminate coverage in SMA
 - Termination Reason: Retirement
 - Termination Effective Date: 6/17/2020
- Complete and provide C-4 worksheet

Terminating Coverage in SMA

Terminate subscriber:

Termination Reason: Retirement

Termination effective date: 06/17/2020

Are you sure you want to terminate coverage for this member? If this member is the primary subscriber on an account their dependent's coverage will be terminated as well.

Terminate coverage

Termination reason*: Retirement

Benefit Termination Date*: 06/17/2020

Last day of coverage*: 06/30/2020

Terminations can be done no earlier than month prior to termination date

Providing Notification

C-4 worksheet provides notification of coverage ending.

- Contains information on retiree insurance options
 - Continuation Coverage
 - Retiree Coverage

Worksheet Reminders	
<ul style="list-style-type: none">• This worksheet is for employees leaving employment due to retirement who may be eligible for PEBB retiree insurance coverage.• See WAC 182-12-171 for procedural and eligibility requirements for PEBB Retiree coverage.• If the employee is applying for disability retirement, see the C-1 worksheet	
1. Resignation effective date	Date
Enter the date the employee's coverage will terminate.	6/30/2020
2. When Employee Coverage Ends	
<p>Medical, dental and vision will end on the last day of the month in which the employee is eligible for the employer contribution for benefits.</p> <p>Life and Accidental Death & Dismemberment (AD&D) Insurance: Basic life and AD&D insurance will end on the last day of the month in which the employee is eligible for the employer contribution for benefits. Supplemental life and AD&D insurance generally ends the end of the period for which the last premium has been paid.</p> <p>Long-term disability (LTD): Basic LTD will end on the last day of the month in which the employee is eligible for the employer contribution for benefits. Supplemental LTD generally ends the date the last period ends for which you made a premium contribution.</p> <p>Participation in the Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) ends the last day of the month Navia Benefit Solutions received the employee's contribution through payroll deduction. Reimbursement requests, up to the amount of available funds, may be submitted through March 31 of the following year for expenses incurred on or before the termination date.</p>	
3. Retiree Options for Continuation Coverage	
<ul style="list-style-type: none">• A SEBB Continuation of Coverage Election Notice will be mailed to the employee no later than 14 days after benefits are terminated in the SEBB My Account (SMA) insurance system. NOTE: This notice does not contain the PEBB Retiree insurance enrollment forms.• To receive a PEBB Retiree Enrollment Guide, call PEBB Customer Service at 1-800-200-1004 or download the Guide on the PEBB website at hca.wa.gov/employee-retiree-benefits. NOTE: The PEBB Retiree enrollment guide is not automatically sent to members.	
4. Eligibility Requirements for PEBB Retiree Insurance Coverage (WAC 182-12-171)	
<p>If you are vested in a Washington State retirement plan, contact the Department of Retirement Systems (DRS) at 1-800-547-6657 or visit the DRS website at www.drs.wa.gov to request an estimate of your benefit and/or register for a DRS retirement seminar.</p>	
All Retirees	
<ul style="list-style-type: none">• If you and any enrolled dependents are entitled to Medicare, you must enroll in and maintain enrollment in Medicare Parts A and B to be eligible to enroll in and maintain PEBB retiree insurance coverage.	

Contact Information

Department of Retirement Systems (DRS)

- 1-800-547-6657

PEBB Customer Service

- 1-800-200-1004
 - PEBB Retiree Insurance, and
 - Continuation Coverage


Applying for PEBB Retiree Coverage

Subscriber will receive letter once PEBB Customer Service receives election forms

- What to expect
- Next steps

Washington State Health Care Authority
Public Employees Benefits Board
PO Box 42684 • Olympia, Washington 98504-2684
www.hca.wa.gov/eb

Name _____ <Date>
Address _____
City State ZIP Code _____



We received your election form for PEBB retiree insurance coverage

Dear Subscriber:

We received your election form to enroll in Public Employees Benefits Board (PEBB) retiree insurance coverage. We want to make sure you have a smooth transition from your School Employees Benefits Board (SEBB) Program coverage or educational service district coverage. We will review your form to make sure you are eligible.

Here's what you can expect:

1. If your form is incomplete or we need more information, we will send you a separate letter asking for the information.
2. If you chose to pay your premiums and applicable premium surcharges **by invoice or electronic debit service (EDS)**, we must receive your first payment **no later than 45 days** after your 60-day election period ends. This may be the last reminder we send about your first payment. **If we do not receive your first premium payment and applicable premium surcharges by the required deadline, you will not be enrolled** and you may lose your right to PEBB retiree insurance coverage. You can find monthly premiums in the *PEBB Retiree Enrollment Guide* and at hca.wa.gov/pebb-retirees under *Plan costs*.
If you have already sent your payment, please ignore this request. Otherwise, please send payment to:
Health Care Authority
PO Box 42691
Olympia, WA 98504-2691

If you requested that your premiums and applicable premium surcharges be deducted from your retirement pension through the Department of Retirement Systems (DRS), your payments will be deducted from your end-of-the month pension check. For example, if your coverage is effective January 1, your January 31 check will show your deduction for January. Please note that due to timing issues with DRS, you may receive an invoice for any premiums and applicable premium surcharges not deducted from your pension when you first enrolled. We will send you an invoice if we need a first payment.

3. If we find you are eligible, we will enroll you once we receive your election form, all other required documents, and your first premium payment and applicable premium surcharges (if needed) by the required deadlines.
4. After your enrollment begins, your health plans will send you a welcome packet.

HCA 51-845 (1/20) incl. 57-401 (10/16) continued



Reminders, Tips & Resources

Reminders

- Enter first day of school for the next school year
- Terminate employees not returning/not eligible
 - Complete prior to 8/12 to show reflected on Sept billing
- Funding rate change for July & August
 - Changes again in September for 2020-2021 school year
- Remit payment as posted on billing file

FUZE Tips

When sending FUZE messages, please remember the following:

- Include full details, **including your SEBB Org**, in the message
 - Employee first and last name
 - DOB
 - Full SSN
- Choose category based on the scenario/question
- Please respond within same message for additional information on the same message
 - FUZE messages get auto assigned to staff

Resources

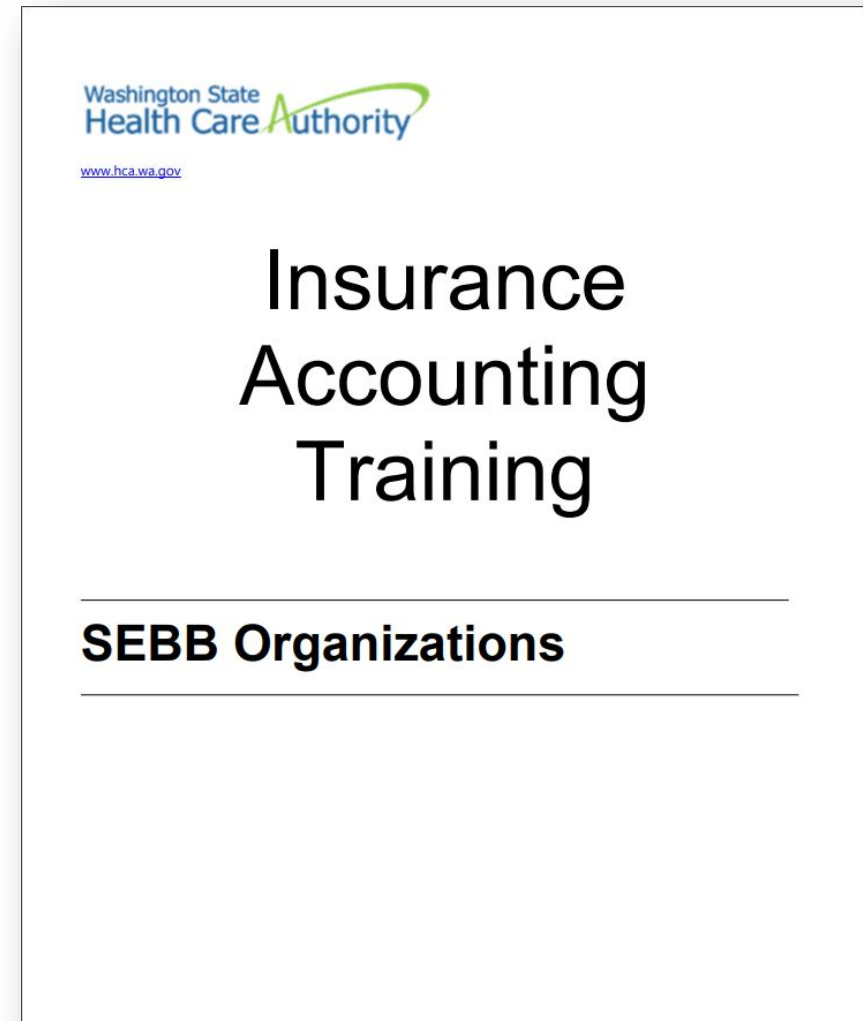
SEBB BA website

- hca.wa.gov/sebb-benefits-admins

Outreach & Training

- [FUZE](#) secure messaging system
- 1-800-700-1555

Accounting Manual



The thumbnail shows the cover of a training document. At the top left is the Washington State Health Care Authority logo and the website address www.hca.wa.gov. The main title is 'Insurance Accounting Training' in large, bold, black font. Below the title, there are two horizontal lines, and the text 'SEBB Organizations' is centered between them.

SOE Guides – Now Available!

SEBB BA website

- hca.wa.gov/sebb-benefits-admins
 - Manuals
 - Quick Reference Guides
- [Benefits Administrator](#)
- [Employee](#)

Upcoming Webinars

July 31: Error Correction

Aug 14: Preparing for the upcoming school year



Coming Soon: A series of recorded presentations on each SOE event

How to register: <https://www.hca.wa.gov/sebb-benefits-admins/training-schedule>

Questions & Answers

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 email, phone, or FUZE
- Employee specific questions or scenarios should be sent through FUZE
- After the webinar, participants will receive a follow up email that includes a brief survey. We would greatly appreciate your feedback.

Thank you!

