

2025 SEBB Insurance Accounting Manual

SEBB organizations

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Invoicing for Medical, Dental, and Vision

- **Monthly billing** (INVmmyy) is an automated process. It runs on “cycle 4”, for SEBB organizations. The billing file is for coverage for the following month (for example, cycle 4 billing created on 12/15/2023 will be for 01/2024 coverage month, billing file created on 01/12/2024 for 02/2024 coverage month and so on).
- **Daily billing** (DLYmddd) is triggered daily when an eligibility change is entered. For example, if an organization retro-enrolls a subscriber on 05/17/2024 with an effective date of 04/01/2024, the daily process would recognize that the April and May billing file had already run and would post both invoices as part of the daily process. Changes made after monthly billing will show on the next month’s bill (in this example June).
- **Manual billing** (ADJmm/dd) occurs when an organization requests an adjustment via [HCA Support](#) because the correction for an eligibility change can’t be entered into Benefits 24/7. In most cases, this occurs when the effective date you need to use for enrollment or termination does not fall within the lower limit date parameters; the effective date of the enrollment change is prior to an existing effective date already on the employee’s account; or to need to correct a keying error. If the discrepancy was caused by an enrollment change that has not been keyed or has been keyed incorrectly, correct the enrolment in Benefits 24/7. You will see the effect of the change on your next month’s billing file.

Payments

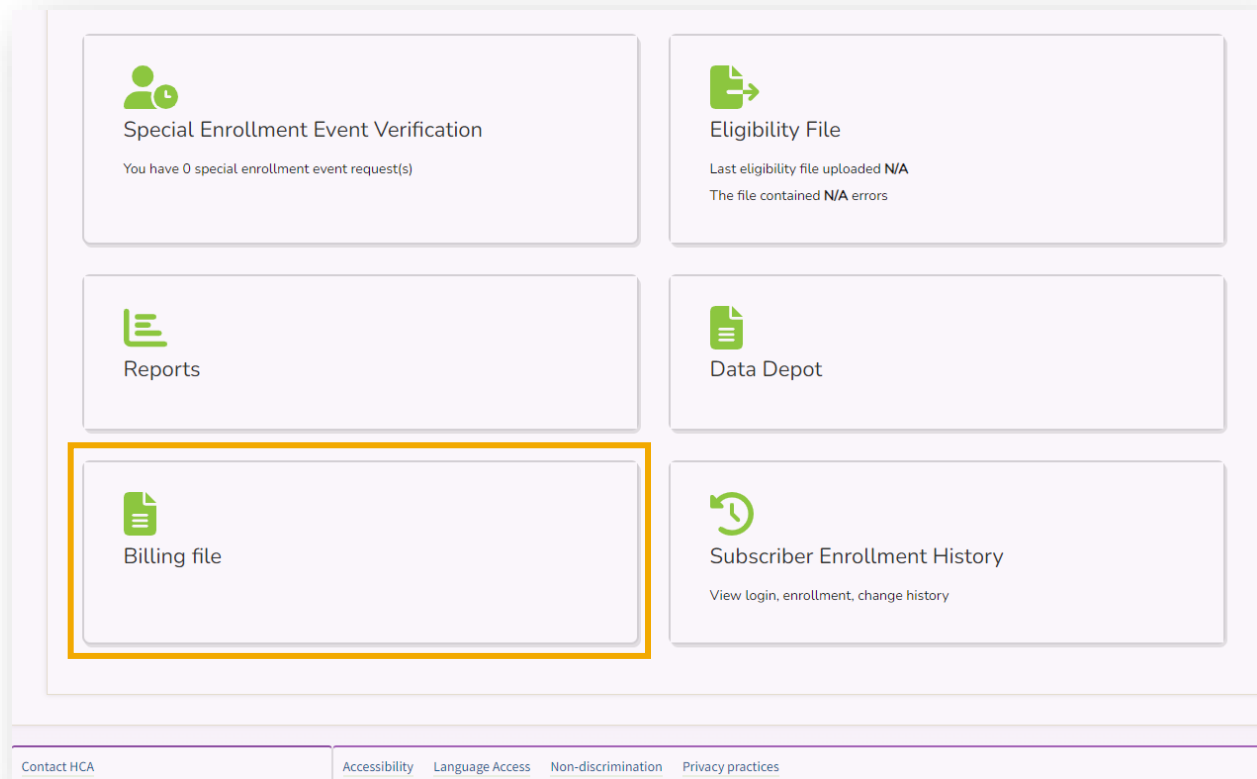
- Premium payments are due no later than the 5th of the month following the month of coverage (January 2025 coverage is due 02/05/2025).
 - Remittance will be sent to lockbox and **must include your unique organization number:**
HCA-SEBB BENEFITS
PO Box 94194
SEATTLE, WA 98124-6494
 - This lockbox is for medical/dental/vision/basic life/employer-paid LTD payments only.
- SEBB organizations must remit exact premium billed.
 - If you are expecting a credit or additional charges, as a result of a retroactive change, you are encouraged to wait to “take the credit” or pay the extra months’ premiums until you see it on your invoice. This will make monthly reconciliations much easier.

2025 Billing/Invoicing Dates

Coverage month	Billing date Cycle 4
January 2025	12/13/2025
February 2025	01/15/2025
March 2025	02/14/2025
April 2025	03/14/2025
May 2025	04/15/2025
June 2025	05/15/2025
July 2025	06/13/2025
August 2025	07/15/2025
September 2025	08/15/2025
October 2025	09/15/2025
November 2025	10/15/2025
December 2025	11/14/2025
January 2026	12/15/2025

Billing File (Invoice File)

Accessed: Benefits 24/7



Description:

- This report shows the total premiums billed for those school employees (and any enrolled dependents on their account) who are enrolled in the designated coverage period, plus any retroactive eligibility changes since the prior billing file. The billing file should be reviewed for accuracy and to ensure that billing correctly matches eligibility information.
- The billing file may include amounts due from previous coverage periods, which are displayed in the coverage period column.
- Please contact SEB Accounting, as soon as possible, if a discrepancy is found.

Timing: Produced monthly at billing cycle 4

Field definition

Your organization's name appears in the top left corner of the billing statement.

The Pay1 system has assigned a unique organization number to ensure your account is properly billed and credited. It is the "Employer Agency Code" shown in the "Selected Billing File" box, as well as on each line of your employees-column titled "Employer Agency Code", e.g., 600-A01, 600-D05, etc.

Employees are listed alphabetically by last name, first name and middle initial.

Reading across the page, the next column is the employee's social security number (**SSN**).

Transaction date is the date the transaction occurred.

Transaction type indicates an invoice (**I**) or credit (**C**).

Coverage Period indicates the coverage period, year, and month (**YYYYMM**) the transaction relates to.

Batch Number is assigned by the billing system and shows the source of the transaction:

DLYmdd is a system-generated transaction due to an eligibility change

ADJmm/dd is a manual adjustment made by HCA ERB Accounting staff

INVmmy is system-generated billing from the monthly billing cycle

Health Carrier Code indicates the medical insurance carrier for which the bill was created.

Health Family Composition i.e. Full Family, EE (employee) and spouse, EE only, EE and children or waive.

Dental Carrier Code indicates the dental carrier and plan selected.

Dental Family Composition i.e. Full Family, EE (employee) and spouse, EE only, EE and children or waive.

Vision Carrier Code indicates the vision carrier and plan selected.

Vision Family Composition i.e. Full Family, EE (employee) and spouse, EE only, EE and children or waive.

Transaction Amount is the total amount to be remitted to HCA, includes employer contributions, employee health premium, tobacco surcharge (if applicable) and spousal surcharge (if applicable).

Employee Health Premium Amount is the employee's portion of the health premium.

Tobacco-use Surcharge if applicable.

Spousal Surcharge if applicable.

LTD Supplemental Percentage Rate formatted .00000

Employer Contribution or "Funding Rate"

Current Month Invoice of SEBB Organization is total current month's billing for all employees, **SSN** is 000000000 and **Last Name** is Total.

Balance Forward Amount of SEBB Organization is any outstanding balance or credit that remained on the account from previous months when the current month’s billing was created. **SSN** is 000000000 and **Last Name** is Total.

Total Amount Due from SEBB organization

[Download in Excel format example](#)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Employer Agency Code	Employee Last Name	Employee First Name	Employee MI	SSN/ITIN	Transaction Date	Transaction Type	Coverage Period	Batch Number	Health Carrier Code	Health Family Composition	Dental Carrier Code	Dental Family Composition	Transaction Amount	Employee Health Premium Amount
2	600D02	TOTAL			000000000	0		201901						00,000.00	00,000.00
3	600D02	COREY	IXER	S	879431777	20191202	I	201901	INV0120	V	EE AND SPOUSE	EE AND SPOUSE	EE AND SPOUSE	\$1,140.00	00,224.00
4	600D02	BLANKA	RANNIE	P	766875405	20191202	I	201901	INV0120	V	EE AND SPOUSE	EE AND SPOUSE	FULL FAMILY	\$1,190.00	00,224.00
5	600D02	LANEY	TWOMEY	T	876262564	20191202	I	201901	INV0120	V	EE ONLY	EE ONLY	EE ONLY	\$1,023.00	00,107.00
6	600D02	ATHENE	MEWE	I	328538449	20191202	I	201901	INV0120	V	EE ONLY	FULL FAMILY	FULL FAMILY	\$1,023.00	00,107.00
7	600D02	ELISABETT	CLAPP	M	152166721	20191202	I	201901	INV0120	V	FULL FAMILY	FULL FAMILY	FULL FAMILY	\$1,220.00	00,304.00

Note: Not all columns are shown in the image above

Download instructions:

- Open Excel and import the data “From Text”
- Click on Open file
- Navigate to the folder where you downloaded the file
- Select the file that you downloaded (you might have to change the file type from “All Excel files” to “All files”
- On page 1 of the Text Import Wizard pop-up, choose “delimited” as the file type
- On page 2 of the Text Import Wizard pop-up, check the Semicolon box as the delimiter
- On page 3 of the Text Import Wizard pop-up, click Finish

SEBB Carrier Codes

Medical Plan Codes	
Plan code	Plan name
KN1	Kaiser Permanente NW 1
KN2	Kaiser Permanente NW 2
KN3	Kaiser Permanente NW 3
KW1	Kaiser Permanente WA Core 1
KW2	Kaiser Permanente WA Core 2
KW3	Kaiser Permanente WA Core 3
KWS	Kaiser Permanente WA SoundChoice
KP1	Kaiser Permanente WA Summit PPO 1
KP2	Kaiser Permanente WA Summit PPO 2
KP3	Kaiser Permanente WA Summit PPO 3
PH	Premera High PPO
PM	Premera HMO
PS	Premera Standard PPO
V	Uniform Medical Plan Achieve 1
VA	Uniform Medical Plan Achieve 2
VHSA	Uniform Medical Plan High Deductible
V1	Uniform Medical Plan Plus-UW
V2	Uniform Medical Plan Accountable Care Plan (ACP) Puget Sound High Value Network

Vision Plan Codes	
Plan code	Plan name
T1	Davis Vision
T2	EyeMed
T3	MetLife

Dental Plan Codes	
Plan code	Plan name
1S	Uniform Dental Plan
3S	Willamette Dental
4S	DeltaCare

FSA and DCAP Payroll Deductions

SEBB organizations must remit employee contributions after each pay period. Remittance will be sent to lockbox and **must include your unique organization number and FSA/DCAP amounts split:**

HCA-SEBB FLEX SPEND

PO Box 84245

SEATTLE, WA 98124-5545

- This lockbox is for FSA/DCAP payroll deductions only.

Reconciling Your Account

In order to determine adjustments needed, we recommend the following:

1. Review billing files downloaded from Benefits 24/7 to verify that necessary HCA adjustments appear and that the adjustment amounts are correct.
2. Compare the detail billing from HCA to your records (generally payroll deduction reports).
3. Use the following “Reconciliation Assistance Chart” to determine the cause and solution for any discrepancies revealed by the comparison.

Reconciliation assistance chart

Problem	Cause	Solution
HCA did not bill for an employee	Employee’s coverage has not been enrolled (i.e., keyed in the system).	<ol style="list-style-type: none"> 1. Key enrollment in Benefits 24/7. 2. Contact the Employees and Retirees Benefits (ERB) Division Outreach and Training either using HCA Support or 1-800-700-1555 concerning retroactive enrollment.
HCA billed for terminated employee	Employee’s coverage has not been terminated in the system	<ol style="list-style-type: none"> 1. Key termination in Benefits 24/7. 2. Contact the Employees and Retirees Benefits (ERB) Division Outreach and Training either using HCA Support or 1-800-700-1555 concerning retroactive terminations.
For termed employee - employer (ER) amount refunded, but employee (EE) amount not refunded.	HCA system limitation	Contact SEB Accounting for billing correction using HCA Support .
Billing amount (ER or EE) doesn’t match between the HCA billing and your organization calculation.	Problem can be either HCA or your organization. HCA’s enrollment doesn’t match your organization’s enrollment , or your organization paid incorrect rate (may have used payroll deduction amount and not the billing file).	<ol style="list-style-type: none"> 1. Check actual enrollment; correct enrollment as needed. 2. Contact SEB Accounting for billing correction using HCA Support.

Reconciliation notes

- It is your SEBB organization's responsibility to reconcile your billing records to HCA's.
- SEB Accounting staff are unable to determine your SEBB organization's reconciliation as your monthly payment posts as a lump sum to your SEBB organization's account and as such, we are unable to determine the amount of premiums you intended to pay for each employee.
- Each month, you need to compare your payroll records to the HCA billing file for differences between what you were billed and what you expected to be billed.
- For any differences noted, you need to determine the cause and determine if the error occurred on your side or on the HCA side.
- If the error is caused by an enrollment change that has not been keyed or has been keyed incorrectly, correct the enrollment in Benefits 24/7. If you need further assistance, please contact the ERB Division Outreach & Training using [HCA Support](#) or at 1-800-700-1555.
- If the eligibility is correct, but the billing is still wrong, please contact the SEB Accounting for corrections using [HCA Support](#).
- Differences caused by HCA billing should be reported immediately to SEB Accounting staff for corrections using [HCA Support](#).
- Re-check the previous month's differences on next month's bill to see if it was corrected. HCA billing errors should be corrected within two billing cycles of being reported. Contact SEB Accounting staff again if the discrepancies still haven't been corrected.
- Per the HCA "Retroactive Termination Policy 19-1A. If the termination isn't processed timely, you could end up being responsible for premiums for those months the employee wasn't eligible for coverage.

Reminders

- **Be mindful of invoice cycle dates when making enrollment or accounting changes.**
 - Cutoff for eligibility and accounting changes in Benefits 24/7 is the day before invoicing each month.
 - Changes submitted after that date may not be reflected on the upcoming billing statement, but on the subsequent one instead.
- **Read your billing file carefully.**
 - What appears to be a double invoice may be billing for prior month(s) and current month.
 - The coverage period field will indicate the month(s) which are invoiced for each employee.
- **Eligibility and accounting changes should be reflected on your billing file within two months of entering/reporting them to HCA.**
 - If you have entered such a change and your billing file does not reflect the change within two months, contact SEB Accounting using [HCA Support](#).
- **Take credits only once.**
 - If you take the credit before it appears on your billing file, and then take it again when it does appear on a future billing file, your account will be out of balance with HCA, and you may receive a past due notice.
- **Ensure your “Agency” and “Sub-Agency” are noted on your payment.**
 - If you mail your payment to the Seattle lockbox without this information, the bank will not process the payment.
 - This will delay posting of the payment to your account.
- **Keep your account reconciled within 60 days of receiving each invoice.**
 - This will prevent you receiving a Past Due Letter,
 - Contact the Outreach and Training unit directly (using [HCA Support](#) or at 1-800-700-1555) for eligibility or enrollment questions.
 - SEB Accounting can only assist you with billing questions.
- **Contact SEB Accounting if the employee’s eligibility is correct, but the billing file is incorrect.**
 - Requests through HCA Support are preferred over telephone calls as it gives us reference documentation for any adjustments that must be done.

Submit a secure question

To submit a secure question to PEB Accounting or the Outreach and Training unit, go to the [SEBB benefits administrators](#) website and click on [HCA Support \(submit a question\)](#).