

SEBB My Account Special Open Enrollment User Guide for employees

A special open enrollment (SOE) can be created for specific life events

Certain events let you make account changes (like changing plans or enrolling a dependent) outside of an annual open enrollment or your initial enrollment period. Gaining initial eligibility for SEBB benefits is not considered a special open enrollment event.

You must provide proof of the event that created the special open enrollment (for example, a marriage or birth certificate) along with the required enrollment/change forms in SEBB My Account or to your payroll or benefits office, **no later than 60 days** after the event. For more information please see [SEBB Administrative Policy 45-2](#) and [Addendum 45-2A](#). Addendum 45-2A provides further details on eligibility documentation required specific to the event.

The table below indicates some of the allowable changes for each SOE event.

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental and/or vision plan	Waive medical coverage	Enroll after waiving SEBB medical coverage
Marriage, registering a domestic partner, birth, adoption, or assuming a legal obligation for total or partial support in anticipation of adoption	Yes ¹	Yes ²	Yes	Yes	Yes
Child becomes eligible as an extended dependent through legal custody or legal guardianship	Yes	No	Yes	No	Yes
Employee or dependent loses eligibility for other coverage under a group health plan or through health insurance, as defined by the Health Insurance Portability and Accountability Act (HIPAA)	Yes	No	Yes	No	Yes
Employee has a change in employment status that affects the employee's eligibility for their employer contribution toward their employer-based group health plan	Yes	Yes	Yes	Yes	Yes

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental and/or vision plan	Waive medical coverage	Enroll after waiving SEBB medical coverage
Employee's dependent has a change in their employment status that affects their eligibility for the employer contribution under their employer-based group health plan	Yes	Yes	Yes	Yes	Yes
Employee has a change in employment from a SEBB organization to a public school district that straddles county lines or is in a county that borders Idaho or Oregon, which results in having different medical plans available.	No	No	Yes	No	No
Employee or dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the SEBB Program's annual open enrollment.	Yes	Yes	No	Yes	Yes
Employee's dependent moves from outside the United States to live within the United States, or from within the United States to live outside of the United States, and that change in residence results in the dependent losing their health insurance.	Yes	Yes	No	No	Yes
Employee or dependent has a change in residence that affects health plan availability.	No	No	Yes	No	No
A court order requires the employee or any other individual to provide a health plan for an eligible child of the employee.	Yes	Yes	Yes	No	Yes

If this event happens	Add dependent	Remove dependent	Change SEBB medical, dental and/or vision plan	Waive medical coverage	Enroll after waiving SEBB medical coverage
Employee or dependent becomes entitled to or loses eligibility for Apple Health (Medicaid) or a state Children's Health Insurance Program (CHIP).	Yes	Yes	Yes	Yes	Yes
Employee or a dependent becomes eligible for a state premium assistance subsidy for SEBB health plan from Apple Health (Medicaid) or a state CHIP.	Yes	No	Yes	No	Yes
Employee or an employee's dependent becomes entitled to coverage under Medicare, or the employee or employee's dependent loses eligibility for coverage under Medicare.	No	No	Yes	Yes	Yes
Employee's or dependent's current health plan becomes unavailable because the employee or dependent is no longer eligible for a Health Savings Account (HSA).	No	No	Yes	No	No
Employee or dependent experiences a disruption of care that could function as a reduction in benefits for the employee or their dependent for a specific condition or ongoing course of treatment (requires approval by the SEBB Program).	No	No	Yes, if approved by SEBB	No	No
Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan.	No	No	No	Yes	Yes

¹ Subscriber may add only the new spouse, state-registered domestic partner, or children of the spouse or partner. Existing dependents may not be added.

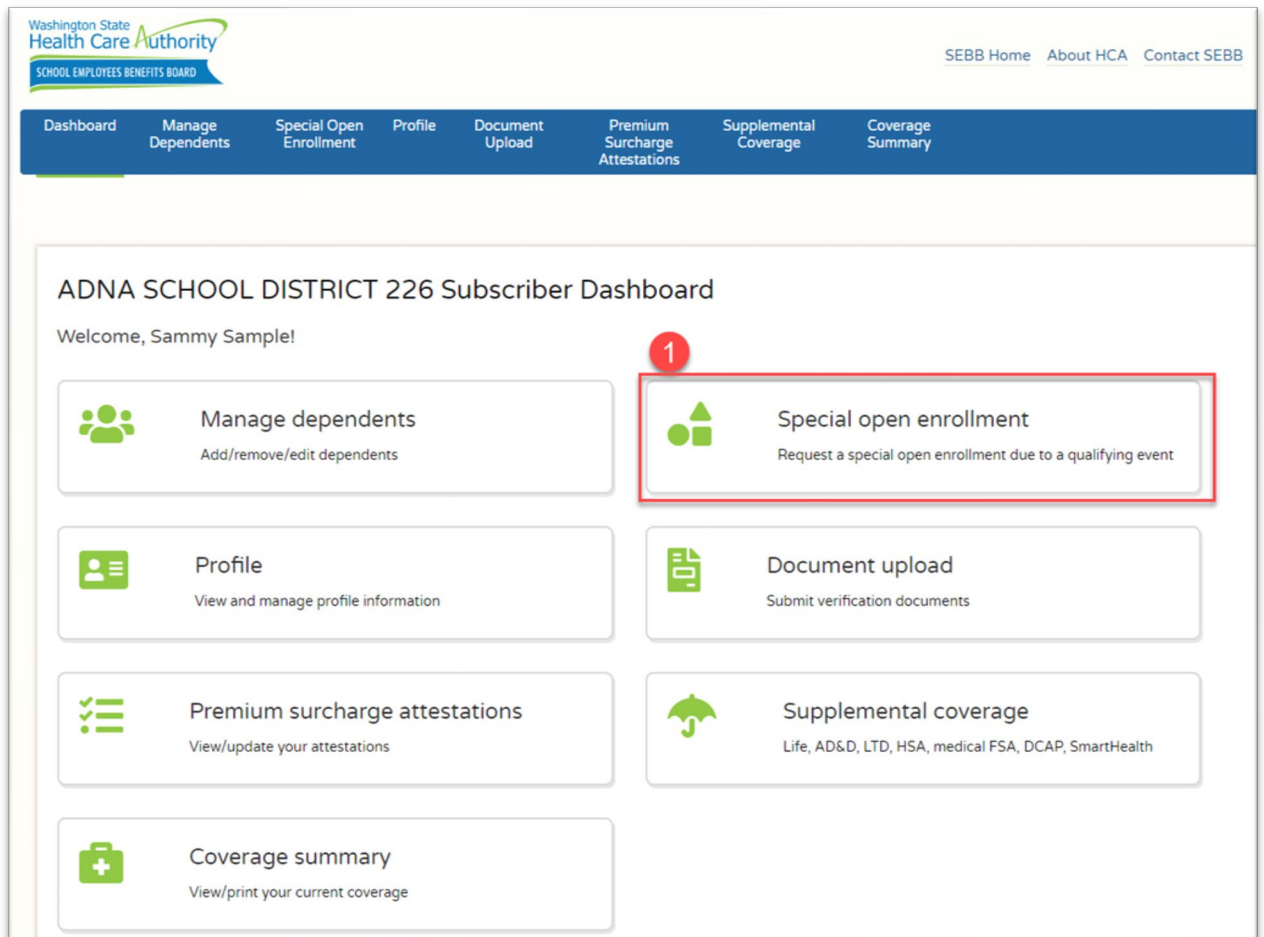
² Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.

Available special open enrollments that can be submitted via SEBB My Account

- Marriage
- Registering a state registered domestic partnership
- Birth or adoption
- Newly eligible extended dependent
- Dependent loses eligibility
- Loss of other coverage
- Change in employment status (dependent)
- Change in school district
- Change under other employer-based group health plan's open enrollment
- Dependent moves from outside USA to USA, or from USA to outside USA
- Change in residence (Subscriber must notify district to update address in SEBB My Account for new plan elections)
- Court order
- Gain or lose eligibility for Medicaid or CHIP
- Become eligible for state premium assistance subsidy for SEBB health plan coverage from Medicaid or CHIP
- Gain or lose eligibility for Medicare
- Health plan becomes unavailable
- Continuity of care
- Gain or lose eligibility for Tricare

Special Open Enrollment steps in SEBB My Account

1. Select 'Special open enrollment' from the dashboard.



2. View the available special open enrollment events (SOE) from the drop-down list.
 - a. Select the SOE applicable to your life event.
 - b. Enter the date of the event, in this case the date of birth for a newborn.
 - c. Select the "Submit" button to create the event.

The screenshot shows the 'Special Open Enrollment' form. A red arrow points to the dropdown menu for selecting an event type. The dropdown list includes the following options:

- Become Eligible for State Premium Assistance Subsidy for SEBB Health Plan Coverage from Medicaid or CHIP
- Birth or Adoption
- Change Under Other Employer-based Group Health Plan's Open Enrollment
- Change in Employment Status (Self)
- Change in School District
- Change of Address
- Continuity of Care
- Court Order or National Medical Support Notice (NMSN)
- Dependent Loses Eligibility
- Dependent moves to or from USA
- Dependent's change in employment status
- Gain or Lose Eligibility For Medicare
- Gain or Lose Eligibility for Medicaid or CHIP
- Gain or Lose Eligibility for Tricare
- Health Plan No Longer Available
- Loss of Other Coverage
- Marriage
- Newly Eligible Extended Dependent
- State Registration of Domestic Partnership

Below the dropdown menu is a date field labeled 'mm/dd/yyyy' and a 'Submit' button. A red circle with the number '2' is placed next to the dropdown menu.

The bottom part of the image shows a zoomed-in view of the 'Submit a request for special open enrollment' section. It includes the following fields:

- Select the applicable event***: A dropdown menu with 'Birth or Adoption' selected. A red circle with the letter 'A' is next to it.
- Date of event**: A date field with '04/15/2020' entered. A red circle with the letter 'B' is next to it.
- Submit**: A green button. A red circle with the letter 'C' is next to it.

Below these fields is a table with the following columns: Event type, Event date, Status, Reason, Enrollment period en..., and Manage. The table is empty, with the text 'No records available.' displayed below it. A red circle with the number '2' is placed next to the 'Event type' column header.

3. The enrollment period (the time you have to complete your SOE request) is 60 days from the date of the event and is displayed on the screen. The current status will show as pending. If the event was created in error, select 'Delete' and start over.

The available actions specific to the event selected are now visible. Actions available will differ by the special open enrollment event selected.

- a. Select the desired action, in this case the family is adding a newborn dependent.

Dashboard Manage Dependents Special Open Enrollment Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary

Submit a request for special open enrollment:

Select the applicable event* Birth or Adoption

Date of event 04/15/2020

Submit

	Event type	Event date	Status	Reason	Enrollment period en...	Manage
<input checked="" type="checkbox"/>	Birth or Adoption	4/15/2020	Pending	Received	6/14/2020	Delete

1 - 1 of 1 items

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

- > Return from waived Steps Complete
- > Add New Dependents A
- > Waive Medical Plan
- > Make Plan Elections

3

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

- > Return from waived Steps Complete
- > Add New Dependents
- > Waive Medical Plan
- > Make Plan Elections Steps Complete

1 Add dependents

2 Submit documentation for dependent(s)

3 Make attestations

4. Click on Step 1, Add Dependents

- a. A list of your current dependents (including yourself) will display, select 'Add Dependent.'
- b. Fill in demographic information for the new dependent (i.e, last name, first name, etc.).
 - i. If the dependent does not have a social security number then check the box 'This person currently has no social security number'. A social security number will be required at later date.
- c. Select relationship to the subscriber (the employee) and qualifying reason.
- d. Submit changes, and confirm.

The screenshot displays the 'Your dependents' section of the SEBB Program enrollment interface. At the top, a banner indicates 'Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :'. Below this, a progress bar shows three steps: 1. Add dependents (highlighted with a red circle '4'), 2. Submit documentation for dependent(s), and 3. Make attestations. A green checkmark and 'Steps Complete' are visible on the right. The 'Add New Dependents' link is highlighted with a red circle '4'. Below the progress bar, a list of current dependents is shown: 'Sample, Sammy (Self)', 'Sample, Wife' (marked 'Pending verification'), and 'Sample, Infant'. The 'Add dependent' button is marked with a red circle 'A'. The 'Qualified Dependents' section contains a form with fields for Last name* (Sample), First name* (Infant), Middle name, SSN* (100881212), Suffix (JR, SR), Birth date* (04/15/2020), and Birth sex* (Female). A checkbox for 'Residential address is the same as subscriber' is checked. The 'Relation to subscriber*' dropdown is set to 'Child' (marked with a red circle 'C'), and the 'Qualifying reason*' dropdown is set to 'Dependent (not disabled or extended)'. A yellow warning box at the bottom states: 'You must provide proof of this dependent's eligibility within the SEBB Program's enrollment timelines or your dependent will not be enrolled. See [qualified dependents](#)'. The 'Submit changes' button is marked with a red circle 'D', and the 'Cancel' button is also visible.

5. Click on Step 2, Submit documentation for proof of the special open enrollment event and if necessary, dependent eligibility.
 - a. Select 'Submit documentation for dependent(s)'.
 - i. Links to accepted documents are provided.
 - b. Select files to choose a file to upload.
 - c. Select document type.
 - d. Select which dependent this applies to and the special open enrollment.
 - e. Upload document, and confirm.

Alternatively, the eligibility documentation can be submitted in paper form to your benefits administrator. Submitting electronically in SEBB My Account allows for your benefits administrator to review and approve in SEBB My Account, expediting this process.

Dashboard Manage Dependents Special Open Enrollment Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary

1 - 1 of 1 items

Options available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

> Return from waived Steps Complete

> Add New Dependents

✓ Add dependents
 2 Submit documentation for dependent(s)
 3 Make attestations

> Waive Medical Plan

> Make Plan Elect

Eligibility document guidelines

All dependents must be verified (i.e. submit valid dependent verification) when added to an employee's account before they can be enrolled on the employee's coverage. An employee must submit valid dependent verification to their payroll or benefit office, or uploaded into SEBB My Account, no later than:

Newly eligible employees: 31 days after the date of eligibility.
Special open enrollment: 60 days after the date of qualifying event.
Annual open enrollment: No later than the last date of annual open enrollment.

An eligible dependent is defined in WAC 182-31-140.

[Accepted dependent verification documents](#)

[Certification of dependent with a disability](#) (follow form instructions, do not upload to SEBB My Account)

[Extended dependent certification](#)

All documents must be submitted in English. Documents written in a foreign language must be accompanied by translated copy produced by a professional translator and certified with a notary public seal.

Special open enrollment document guidelines

Valid supporting documentation for life change events must be submitted before the enrollment closing date as indicated on each submitted special open enrollment request.

[Accepted special open enrollment verification documents](#)

Select files... B

A Birth Certificate.pdf

Allowed file types: pdf, jpg, jpeg, png
Maximum file size: 6mb

Associate documents

Document type: Birth Certificate D

Verification applicable to: ☒ Infant Sample - Pending ☒ Birth or Adoption - Apr 15, 2020 - Pending

A Birth Certificate.pdf C

Clear E Upload document

6. Click on Step 3, Make attestations as appropriate.
 - a. Select 'Make attestations.'
 - b. Complete the tobacco and spousal premium surcharge attestations as appropriate, and Continue.

Dashboard Manage Dependents Special Open Enrollment Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary

<input checked="" type="checkbox"/>	Birth or Adoption	4/15/2020	Pending	Received	6/14/2020	Delete
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1 - 1 of 1 items

Actions available under your special open enrollment for **Birth or Adoption** on **Apr 15, 2020** :

- > [Return from waived](#) ✔ Steps Complete
- ▼ [Add New Dependents](#)

Add dependents

Submit documentation for dependent(s)

Make attestations

- > [Waive Medical Plan](#)
- > [Make Plan Election](#)

Premium surcharge attestations

Verify that the surcharges below apply to you by checking the appropriate box(es) then click the **Continue** button at the bottom to submit.
[Additional information on surcharges.](#)

Tobacco use premium surcharge

[Learn about this surcharge](#) before you change your attestation.

Events that require a change: You must change your attestation when you or your enrolled family members' (ages 13 and older) tobacco use status changes. If you check YES or leave the checkboxes blank for yourself or any family members listed below, you will pay the monthly surcharge.

Note: Enrolled family members ages 12 and younger are automatically defaulted to NO. You do not need to reattest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

Has this person used tobacco products in the last two months? If he or she is enrolled in our SEBB medical plan's tobacco cessation program (if age 18 or older) or has accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select NO.

Member name	Response <input type="checkbox"/> All YES? <input type="checkbox"/> All NO?	Date started tobacco use
Sammy Sample	Yes	mm/dd/yyyy
Wife Sample	Yes	mm/dd/yyyy
Infant Sample	No	

7. Verify health plans/add coverage for new dependent.

First, verify/update health plan elections by clicking on 'Make plan elections'. Second, in order to enroll the dependent in medical, dental, and/or vision select from drop down 'Yes' for each type of coverage you would like to enroll dependent in.

Actions available under your special open enrollment for Birth or Adoption on Apr 15, 2020 :

- > Return from waived ✓ Steps Complete
- > Add New Dependents ✓ Steps Complete
- > Waive Medical Plan
- ✓ **Make Plan Elections** ✓ Steps Complete

Requirements:
✓ Add a dependent ✓ **Make plan elections**

Previously selected plans are visible. This SOE allows you to make changes to your previous plan elections.

Select subscriber's medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	Kaiser Permanente WA Core 1	\$39
<input type="checkbox"/>	Kaiser Permanente WA Core 2	\$57
<input type="checkbox"/>	Premiera High PPO	\$210
<input type="checkbox"/>	Premiera Peak Care PPO	\$93
<input type="checkbox"/>	Premiera Standard PPO	\$66
<input type="checkbox"/>	UMP Achieve 1	\$99
<input checked="" type="checkbox"/>	UMP Achieve 2	\$294
<input type="checkbox"/>	UMP High Deductible	\$75
<input type="checkbox"/>	UMP Plus-Puget Sound High Value Network	\$204
<input type="checkbox"/>	UMP Plus-UW Medicine Accountable Care Network	\$204

[Compare medical plans.](#)
[Medical plans available by county.](#)
Ensure that your provider of choice is available in the selected plan: [Find your provider.](#)
[Plan contact information.](#)

☐ Waive medical coverage. Waiving coverage means subscriber and their spouse / state-registered domestic partner / dependents will not have medical coverage. Subscriber cannot enroll for medical coverage until the next open enrollment period, or until they experience a special open enrollment based on a qualifying event.

Change subscriber's dental plan

Available dental plans:

	Dental plan	Premium
<input type="checkbox"/>	DeltaCare (Group # 09601)	\$0
<input checked="" type="checkbox"/>	Uniform Dental Plan (Group #09600)	\$0
<input type="checkbox"/>	Williamette Dental of Washington, Inc.	\$0

[Compare dental plans.](#)
Ensure that your provider of choice is available in the selected plan: [Find your provider.](#)

Change subscriber's vision plan

Available vision plans:

	Vision plan	Premium
<input checked="" type="checkbox"/>	Davis Vision	\$0
<input type="checkbox"/>	EyeMed Vision Care	\$0
<input type="checkbox"/>	MetLife Vision	\$0

[Compare vision plans.](#)
Ensure that your provider of choice is available in the selected plan: [Find your provider.](#)

Subscriber and dependents enrollment (Effective Apr 1, 2020)

Enroll dependents for the upcoming year. Select Yes from the drop-down next to the dependent you wish to enroll for each form of coverage. Your dependents will be enrolled in the same plans as you.

Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage	Enroll in DENTAL coverage
Sammy Sample	Yes	Yes	Yes
Wife Sample (Pending Verification)	Yes	Yes	Yes
Infant Sample (Pending Verification)	Yes	No	No

Yes

[Continue](#) [Clear changes](#)

D&D insurance

8. Once all confirmations are made on plan changes and/or health plan elections for dependent(s), a Summary of Coverage Elections can be downloaded.

Summary of Coverage Elections reflects the elections made, but are not necessarily in effect until SOE is approved by benefits administrator.

Dashboard Manage Dependents Special Open Enrollment Profile Document Upload Premium Surcharge Attestations Supplemental Coverage Coverage Summary

> Return from waived Steps Complete

> Add New Dependents Steps Complete

> Waive Medical Plan

▼ Make Plan Elections Steps Complete

Requirements: Add a dependent

Make plan elections

Download a summary of coverage elections

Download Return to coverage elections

Proceed to [Supplemental Coverage](#) options (LTD, Life/AD&D, HSA, FSA/DCAP, SmartHealth)

Contact HCA Accessibility Language Access Not
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Washington State Health Care Authority

SCHOOL EMPLOYEES BENEFITS BOARD

SUMMARY OF COVERAGE ELECTIONS

THIS IS A SUMMARY OF YOUR COVERAGE ELECTIONS WITH THE HEALTH CARE AUTHORITY. THIS IS NOT A STATEMENT OF INSURANCE. CHANGES TO ELECTIONS CAN BE MADE THROUGH SEBB MY ACCOUNT DURING OPEN ENROLLMENT OR OTHER QUALIFYING EVENT.

PRINT DATE: 04/27/2020
EMPLOYER: ADNA SCHOOL DISTRICT 226

SAMMY SAMPLE
ANY STREET
ANY, WA 98502

COVERAGE ELECTIONS INFORMATION			
MEMBER NAME	MEDICAL COVERAGE EFFECTIVE DATE	DENTAL COVERAGE EFFECTIVE DATE	VISION COVERAGE EFFECTIVE DATE
SAMPLE, SAMMY	04/01/2020	04/01/2020	04/01/2020
SAMPLE, WIFE	04/01/2020	04/01/2020	04/01/2020
SAMPLE, INFANT	04/01/2020	04/01/2020	04/01/2020

HCA-SPONSORED COVERAGE

MEDICAL COVERAGE PROVIDED BY: UMP ACHIEVE 2

MEDICAL PREMIUM: \$294.00
TOBACCO SURCHARGE: \$0.00
SPOUSAL/STATE-REGISTERED DOMESTIC PARTNER PREMIUM SURCHARGE: \$0.00

DENTAL COVERAGE PROVIDED BY: UNIFORM DENTAL PLAN (GROUP #09600)

DENTAL PREMIUM: \$0.00

VISION COVERAGE PROVIDED BY: DAVIS VISION

VISION PREMIUM: \$0.00
TOTAL MONTHLY PREMIUM: \$294.00