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School Employees Benefits Board (SEBB) Program
October 2021

Open enrollment is October 25 through November 22.

Changes to your 2022 SEBB benefits

It's time to think about your benefits for 2022. This newsletter will give you important information for open enrollment. All changes are effective January 1, 2022, unless otherwise noted. For 2022 monthly premiums, see page 3. Learn more about the changes listed below on the SEBB open enrollment webpage at hca.wa.gov/sebb-oe.

Kaiser Permanente of the Northwest (KPNW) will:



- Change naturopath visits from specialty care (requiring a referral) to primary care, allowing members to self-refer.
- Allow members to self-refer for acupuncture, up to 20 visits per year. For provider referrals, members have unlimited visits.
- Allow members to self-refer for massage therapy, up to 20 visits per year. KPNW will remove the maximum coverage dollar amount for these services.
- Allow members to self-refer for physical, speech, and occupational therapy, up to a combined 60 visits per year. Members will not need prior authorization.
- Add coverage for routine dental services for members who have been referred for an organ transplant.
- Lower the member's out-of-pocket maximum cost for each insulin prescription fill from \$100 to \$75.
- Add PeaceHealth Southwest Medical Center as an in-network provider.

Kaiser Permanente of Washington (KPWA) and KPWA Options will:



- Add in-home infusion therapy through network providers. You will not pay coinsurance for administration of infused medication. A cost share is required for prescription drugs. Out-of-network providers will not be covered under KPWA Options Access PPO plans. CDHP members must meet their annual deductible before coverage begins.
- Cover two urine drug screenings in full per year (not subject to the annual deductible).
- Remove the annual out-of-network maximum out-of-pocket limit for KPWA Options.
- Remove Kittitas County from its service area.

More changes on page 2

Important dates

Early October

Annual open enrollment information is available on the HCA website at hca.wa.gov/sebb-oe.

The SEBB virtual benefits fair is open 24/7 at hca.wa.gov/vbf-sebb.

ALEX, our online, interactive benefits advisor, goes live at hca.wa.gov/alex. See page 7 for more online tools.

October 25

Annual open enrollment begins for coverage in 2022. Forms posted online.

November 2

Tune in for a Facebook Live Q&A about open enrollment at 4 p.m.

November 22

Last day to enroll or make changes to your account.

November 30

Last day for most subscribers to qualify for the SmartHealth \$125 wellness incentive for 2022 (if you're eligible) at smarthealth.hca.wa.gov.

December 31

Last day to make changes to employee-paid LTD plan before coverage begins on January 1, 2022. See page 5.

January 1, 2022

New plan year begins. Open enrollment changes effective.

(Continued from page 1)

- Change the network status of several large providers in 2022, including the removal of MultiCare in Spokane and surrounding counties.



Premera Blue Cross will:

- Add the Quit for Life tobacco cessation program with no cost to members.
- Add Kittitas County to the Premera High PPO and Standard PPO service areas.



Uniform Medical Plan (UMP) will:

- Remove the member coinsurance for inpatient mental health and substance use disorder services for UMP Achieve 1 and 2, and UMP Plus. UMP High Deductible had no coinsurance for these services, so no change was required.
- Allow subscribers who switch to a different UMP plan during a special open enrollment to keep the amounts already accrued toward their annual deductibles, out-of-pocket maximums, and benefit or visit limits.
- Remove Thurston County from the UMP Plus–Puget Sound High Value Network service area. (UMP Plus–UW Medicine Accountable Care Network will still be available in Thurston County.)
- Cover an expanded list of preventive care benefits for certain chronic conditions for UMP High Deductible members without having to pay the annual deductible.
- Allow up to 24 visits for chiropractic, 24 visits for acupuncture, and 24

visits for massage therapy per year. If you see a preferred or network provider, you will pay a \$15 copay per visit. (There is no out-of-network coverage for massage therapy.) UMP High Deductible members must meet their deductible first.

- Cover continuous glucose monitors (CGMs) under the pharmacy benefit instead of the medical benefit. If you are currently receiving CGMs through the medical benefit, you will need a prescription from your provider to receive them through a network pharmacy.
- Change coverage so that Medicare will pay primary for those enrolled as dependents in UMP as a result of being the state-registered domestic partner of a state employee. Medicare benefits will remain secondary for individuals age 65 or over who have UMP as a result of their own employee status, and for individuals age 65 or over who have UMP as a result of the employment status of a spouse of any age.

Rule changes

All changes to SEBB rules that take effect January 1, 2022 are available on the HCA website at hca.wa.gov/sebb-rules. Here are some of the changes that might affect you.

- To comply with state law, employees and their dependents can no longer enroll in health plans under both the SEBB Program and the Public Employees Benefits Board (PEBB) Program. If you are enrolled in both SEBB and PEBB health plans, the SEBB Program will send you a letter explaining what you need to do during open enrollment. You may waive enrollment in SEBB medical to enroll in PEBB medical only if you are also enrolled in PEBB dental. In doing so, you also waive enrollment in SEBB dental and vision. You cannot enroll your dependents in SEBB dental and vision if you are not enrolled.

- All eligible employees who are not already enrolled in employee-paid (formerly supplemental) long-term disability (LTD) insurance will be **automatically enrolled** in an employee-paid LTD plan that covers 60 percent of their predisability income, with a 90-day benefit waiting period. See page 5 for details.
- Employees may choose a health plan based on their residence or work location. It is no longer required that the work location straddle county lines or be in a county that borders Idaho or Oregon.
- A special open enrollment is available when a dependent enrolls in Medicare or loses eligibility for Medicare.
- WAC 182-31-050, which governs when eligibility for SEBB benefits ends, was changed to address more situations when employees return from approved leave or are hired late in the school year.

Other changes coming in 2022

- If you enroll in a Medical Flexible Spending Arrangement (FSA) in 2022, you will be able to carry over funds to 2023, rather than have a grace period to spend down funds. The first time carryover will occur is January 2023. The Medical FSA minimum annual election is also decreasing from \$240 to \$120. Learn more on page 6.
- Employees who enroll in UMP High Deductible with a health savings account (HSA) will have access to a new benefit: the Limited Purpose FSA. It allows you to set aside pre-tax funds for dental and vision expenses, saving your HSA funds for medical expenses. Learn more on page 6.
- The IRS raised the HSA annual maximum contribution to \$3,650 for single subscribers and \$7,300 for families.

2022 SEBB medical monthly premiums

These premiums are effective January 1, 2022. You do not pay premiums for dental, vision, basic life, basic accidental death and dismemberment, and employer-paid long-term disability insurance benefits.

	Managed Care & EPO Plans							
	Kaiser Foundation Health Plan of the Northwest ¹			Kaiser Foundation Health Plan of Washington				Premera Blue Cross
	NW 1	NW 2	NW 3	Core 1	Core 2	Core 3	SoundChoice	Peak Care (EPO)
Subscriber	\$50	\$69	\$136	\$39	\$44	\$119	\$76	\$41
Subscriber & spouse²	\$100	\$138	\$272	\$78	\$88	\$238	\$152	\$82
Subscriber & children	\$88	\$121	\$238	\$68	\$77	\$208	\$133	\$72
Subscriber, spouse,² & children	\$150	\$207	\$408	\$117	\$132	\$357	\$228	\$123

	PPO Plans								
	Kaiser Foundation Health Plan of Washington Options			Uniform Medical Plan (administered by Regence BlueShield)				Premera Blue Cross	
	Access PPO 1	Access PPO 2	Access PPO 3	Achieve 1	Achieve 2	High Deductible	UMP Plus	High PPO	Standard PPO
Subscriber	\$104	\$133	\$185	\$37	\$101	\$25	\$77	\$87	\$37
Subscriber & spouse²	\$208	\$266	\$370	\$74	\$202	\$50	\$154	\$174	\$74
Subscriber & children	\$182	\$233	\$324	\$65	\$177	\$44	\$135	\$152	\$65
Subscriber, spouse,² & children	\$312	\$399	\$555	\$111	\$303	\$75	\$231	\$261	\$111

Subscribers may also have to pay the following premium surcharges.

Tobacco use premium surcharge: **\$25**

Spouse or state-registered domestic partner coverage premium surcharge: **\$50**

For more information on surcharges, visit hca.wa.gov/sebb-employee and click on *Surcharges*.

¹ Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

² Or state-registered domestic partner

Changes you can make during open enrollment

You can make the changes listed below during the SEBB Program's annual open enrollment, October 25 through November 22, 2021. Changes are effective January 1, 2022. If you do not want to change health plans, and they are still available in your county next year, you can stay enrolled in your current plans for 2022.

Changes made on SEBB My Account at myaccount.hca.wa.gov must be completed before midnight on November 22. If you can't use SEBB My Account, contact your payroll or benefits office to request paper forms, starting October 25. Your payroll or benefits office must receive your forms and other required documents by November 22.

Change your medical, dental, or vision plan

Log in to SEBB My Account or submit the *2022 School Employee Change* form. Questions? Visit HCA's website at hca.wa.gov/sebb-employee or contact your payroll or benefits office. Members often confuse DeltaCare and Uniform Dental Plan, both administered by Delta Dental. Please see "How to tell the Delta Dental plans apart" on page 9.

Add a dependent

Log in to SEBB My Account or submit the *School Employee Change* form. You must provide proof of the dependent's eligibility by November 22. A list of documents to prove eligibility is available on HCA's website at hca.wa.gov/sebb-employee.

Remove a dependent

Log in to SEBB My Account or submit the *School Employee Change* form.

Waive medical, dental, or vision coverage

Log in to SEBB My Account or submit the *School Employee Change* form. You must have other employer-based group medical coverage, a TRICARE plan, or Medicare to waive medical coverage. You can only waive SEBB dental or SEBB vision coverage if you enroll in PEBA medical and dental coverage.

Enroll in medical coverage, if you previously waived

Log in to SEBB My Account or submit the *School Employee Enrollment* form.

Consider your long-term disability (LTD) coverage

Starting January 1, 2022, the SEBB Program will automatically enroll employees in an employee-paid (formerly called supplemental) LTD plan that covers 60 percent of your predisability earnings up to \$16,667. See details on page 5.

Enroll in a Flexible Spending Arrangement (FSA) or the Dependent Care Assistance Program (DCAP)

By November 22, enroll online or download and submit the *Open Enrollment* form to Navia Benefit Solutions on the Navia website at sebb.naviabenefits.com. You must enroll in these benefits every year if you want to participate. Learn about these benefits on page 6.

Reattest to the spouse or state-registered domestic partner coverage premium surcharge

The SEBB Program will mail you a letter if you must reattest for 2022. You can also check whether you need to reattest on SEBB My Account starting October 25. You can reattest in SEBB My Account or submit the *SEBB Premium Surcharge Attestation Change Form*.



Update your mailing address

Keep your mailing address up to date so we can send you important account information, including eligibility or payment deadlines, that can't be emailed. Doing so can keep you informed about changes to your coverage or important alerts. This also ensures that your health plans send information to your correct address.

Let your payroll or benefits office know of any address changes. You can't update your mailing address in SEBB My Account.



Sign up for email delivery

Would you like to be among the first to receive *Intercom*? Sign up for email delivery! Email is the fastest and most efficient way to receive general updates and policy changes, with the added benefit of helping to reduce the toll on the environment.

Here's how to sign up: Visit SEBB My Account at myaccount.hca.wa.gov. Go to *Profile* and open *Contact Information* to add your email address. Then go to *Coverage Summary* and check the box for receiving email notifications.

Important change coming to LTD insurance

Imagine you suddenly became ill, were in an accident, or had a difficult pregnancy and couldn't work for an extended time. How would you pay your bills?

You have an employer-paid long-term disability (LTD) insurance benefit. But if the time comes that you need it, you may be surprised to find it is not enough. The maximum payment you could receive is \$400 a month. That probably wouldn't cover groceries, let alone your other bills.

The SEBB Program is making a change, so if you couldn't work, more of your income would be protected.

Starting January 1, 2022, the SEBB Program will automatically enroll all SEBB-eligible employees in an employee-paid LTD plan, if not already enrolled. This covers 60 percent of the first \$16,667 of your monthly predisability earnings. If you become disabled, you could get up to \$10,000 a month, reduced by any deductible income, depending on your income. See Standard's website at standard.com/mybenefits/wash-state-hca-sebb for details.

Why do I need LTD insurance?

Long-term disabilities can be caused by accidents, illness, or pregnancy. One in 10 Americans lives with severe disability. One in four 20-year-olds will become disabled before age 67.

If you become disabled, LTD insurance helps you pay for rent or mortgage, car insurance, utilities, child care, phone, groceries, and other things you couldn't do without.

What if I already have supplemental LTD?

If you are already enrolled in employee-paid (formerly called supplemental) LTD insurance, you will continue to be insured for 60 percent of your monthly predisability earnings (up to \$16,667 a month). Your monthly premium may change.

What are my options?

You can reduce to a lower-cost 50-percent coverage level, with a maximum monthly benefit of \$8,333, or you can decline the coverage. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

You can reduce or decline this coverage online by using SEBB My Account at myaccount.hca.wa.gov during annual open enrollment, October 25 to November 22, 2021.

After open enrollment, you can reduce or decline your coverage at any time by submitting a *Long Term Disability Insurance Enrollment and Change* form to your payroll or benefits office. The form is available on our LTD webpage at hca.wa.gov/sebb-ltd.

If you don't actively reduce or decline your LTD benefit election, you will be automatically enrolled in the 60-percent plan with a 90-day waiting period, and the premium will be deducted from your paycheck for January 2022 coverage. Check with your payroll or benefits office for when the LTD premium will be deducted from your paycheck for January coverage.

Learn more

Find your premium easily with the premium calculator on Standard's website at standard.com/calculator-wasebb. Visit HCA's LTD webpage at hca.wa.gov/sebb-ltd to find out more about the terms of this important benefit.



Changes to FSA and DCAP benefits for 2022

Medical FSA grace period changing to carryover

In 2022, the Medical Flexible Spending Arrangement (FSA) will not offer a grace period for funds not spent by December 31, 2022. Instead, certain unspent funds may carry over into the following year without affecting annual maximums.

To receive carryover, you must enroll in either the Medical FSA or Limited Purpose FSA for the following year or have at least \$120 left in your 2022 balance. Unused funds up to \$550 will roll over to 2023. Any funds above \$550 will be forfeited. The first time carryover will occur is January 2023.

Keep in mind

You must enroll in the Medical FSA, Limited Purpose FSA, or DCAP for each year you want to participate. Learn more about how each of these benefits work on Navia's website at sebb.naviabenefits.com.

Ready to enroll and save?

During open enrollment, October 25 through November 22, sign up for these benefits on Navia's website at sebb.naviabenefits.com.

Introducing the Limited Purpose FSA

For 2022, we are offering a new Limited Purpose Flexible Spending Arrangement (FSA), designed to pay for dental and vision expenses.

The Limited Purpose FSA is intended for employees enrolled in UMP High Deductible with a health savings account (HSA). The funds can be used only for dental and vision expenses, which makes it compatible with an HSA. This benefit allows UMP High Deductible enrollees to save more of their HSA funds for medical expenses.

The Limited Purpose FSA offers tax advantages on dental and vision expenses. In contrast, the Medical FSA offers tax advantages on a much wider range of health care expenses, including deductibles and copays, medications, and more. You cannot enroll in both the Medical FSA and Limited Purpose FSA in the same year.

For the Limited Purpose FSA and the Medical FSA, you choose how much you can contribute, between \$120 and \$2,750 for 2022.

Deadlines for 2021 enrollees

The 2021 Medical FSA plan year still has a grace period. Medical FSA enrollees must incur eligible expenses by March 15, 2022 and submit claims to Navia Benefit Solutions by March 31, 2022.

Dependent Care Assistance Program (DCAP) enrollees have until December 31, 2022 to incur expenses and submit claims against their 2021 DCAP funds. This extra 12 months is a leniency offered because of the ongoing effects of the COVID-19 pandemic.

Questions?

To learn more about these benefits and see full lists of eligible expenses, visit sebb.naviabenefits.com. You can also call Navia Benefit Solutions at 425-452-3500 between 5 a.m. and 5 p.m. on weekdays.

Learn more with Navia

Navia is hosting webinars to offer more information and answer your questions about the Medical FSA, Limited Purpose FSA, and DCAP. Join a webinar on:

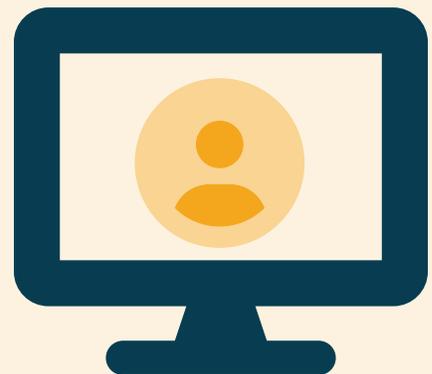
- Tuesday, October 26 at 4 p.m.
- Tuesday, November 9 at 4 p.m.

Visit sebb.naviabenefits.com/enrollment to register.

Using SEBB My Account

Use SEBB My Account at myaccount.hca.wa.gov to see your coverage, attest to the premium surcharges, and make changes during open enrollment. (See what changes are allowed during open enrollment on page 4.) If you make changes during open enrollment, we will mail you a letter in December asking you to check your coverage in SEBB My Account.

If you haven't registered with SEBB My Account, you will need to create an account. If you forgot your password or need help, visit the *Help with SEBB My Account Login* webpage.



Premium surcharges: You may need to reattest

Even if you do not make plan changes, if your spouse or state-registered domestic partner (SRDP) is covered on your SEBB benefits, you may be required to reattest to the spouse or SRDP coverage premium surcharge each year during annual open enrollment. If you need to reattest, the SEBB Program will mail you a letter directing you to do so.

Starting October 25, you can also use SEBB My Account at myaccount.hca.wa.gov to find out if you must reattest. If required, you must reattest by November 22, 2021. If you are required to reattest but do not, or if your attestation means you will incur the surcharge, you will be charged the \$50 surcharge in addition to your monthly medical premium, starting January 1, 2022. To learn more, visit HCA's website at hca.wa.gov/sebb-employee and click on *Surcharges*.

You may not need to reattest to the tobacco use premium surcharge during open enrollment. You reattest to this surcharge only if you (or a dependent age 13 or older enrolled in medical coverage) has a change in tobacco use status. If you need to report a change to your previous tobacco use surcharge attestation, you can do it online through SEBB My Account or submit the *SEBB Premium Surcharge Attestation Change Form*, available on HCA's website at hca.wa.gov/sebb-employee.

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Do more, learn more, online

Visit the virtual benefits fair

Drop by the virtual benefits fair on HCA's website at hca.wa.gov/vbf-sebb. It's a great way to learn about your benefits anytime, day or night, from the comfort of home.

Use your computer, tablet, or smartphone to explore at your own pace. You'll find links to videos, plan comparisons, downloadable content, and other information to help you choose the right benefits for you and your family.

Compare benefits with ALEX

Our online, interactive benefits advisor, ALEX, will help you understand your SEBB benefits and guide you through choosing your medical, dental, and vision plans. ALEX will suggest plans for you to consider, based on your

responses to questions (your responses to ALEX are private and confidential). Starting in early October, access ALEX at hca.wa.gov/alex and within SEBB My Account at myaccount.hca.wa.gov. After using ALEX, you can make your benefit elections or changes through SEBB My Account.

Learn more with webinars

Attend informative live and recorded webinars hosted by our medical and dental carriers, plus the carriers of the Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, Dependent Care Assistance Program (DCAP), and long-term disability benefits. Learn about plans or benefits you're interested in. View and register for webinars on our open enrollment webpage at hca.wa.gov/sebb-oe.

Tune in to Facebook Live

Join us for a Facebook Live event to learn more about open enrollment at 4 p.m. on November 2 at facebook.com/wahealthcareauthority. Bring your questions for our resident expert.

Reattest to the spouse or state-registered domestic partner premium surcharge

During open enrollment, if required, reattest to this premium surcharge using SEBB My Account on HCA's website at myaccount.hca.wa.gov.

Want more?

Visit our open enrollment webpage at hca.wa.gov/sebb-oe.

- Compare medical and dental plans.
- Read the Summary of Benefits and Coverage (SBC) for details about medical plan benefits.
- Register for a webinar.
- Learn more about the premium surcharges.

Who to contact for help

Contact your payroll or benefits office for help with:

- Eligibility for coverage, enrollment, or changes to your account
- Premium surcharge questions
- Updating your name, address, phone number, and email
- Adding or removing dependents
- Payroll deduction information
- Getting paper forms. You can also find many of them on HCA's website at hca.wa.gov/sebb-oe.

Find websites, phone numbers, and mailing addresses on the HCA website at hca.wa.gov/sebb-employee-contact-plan.

Contact your medical, dental, or vision plan directly for help with:

- Benefit questions
- ID cards
- Claims
- Making sure your doctor or dentist contracts with the plan
- Choosing a doctor or dentist
- Making sure your prescriptions are covered

Contact HealthEquity about:

- Health savings account (HSA) for UMP High Deductible medical plan

Go to HealthEquity's website at learn.healthequity.com/sebb/hsa or call 1-844-351-6853 (TRS: 711).

Contact Metropolitan Life Insurance Company (MetLife) about:

- Life insurance
- Accidental death and dismemberment (AD&D) insurance

Go to MetLife's website at metlife.com/wshca-sebb or call 1-833-854-9624 (TTY: 1-833-854-9624).

Contact Navia Benefit Solutions about:

- Medical Flexible Spending Arrangement (FSA)
- Limited Purpose FSA
- Dependent Care Assistance Program (DCAP)

Go to Navia's website at sebb.naviabenefits.com or call 1-800-669-3539 (TRS: 711).

Contact Standard Insurance Company about:

- Long-term disability insurance

Go to The Standard's website at standard.com/employee-benefits/washington-state-hca-sebb, or call 1-833-229-4177 (TTY: 1-833-229-4177).

SEBB My Account

Visit our *Help with SEBB My Account Login* webpage at hca.wa.gov/sebb-employee. During annual open enrollment, October 25 through November 22, our call center is open Monday through Friday, 8 a.m. to 5 p.m. You can reach our representatives at 1-855-648-3100 for help with SEBB My Account, such as uploading documents and SEBB My Account screen navigation.



Summary of Benefits and Coverage available to you

Required federal notice

The Affordable Care Act requires the SEBB Program and its medical plans to provide a Summary of Benefits and Coverage (SBC). SBCs help you compare medical plan benefits, terms, and your costs for care from network and out-of-network providers.

To get an SBC from a SEBB medical plan, you can:

- Go to the *Medical plans and benefits* webpage at hca.wa.gov/sebb-employee (or the plan's website) to view or print it online.
- Request a paper copy at no charge.

For your current SEBB medical plan

Call your plan. Your plan can also provide paper copies translated in other languages.

For other SEBB medical plans

Call the SEBB Program at 1-800-200-1004.

Annual notice of creditable prescription drug coverage

Required federal notice

If you or a family member is (or will soon be) enrolled in Medicare, you may hear about your opportunity to enroll in Medicare Part D for prescription drug coverage.

All SEBB medical plans provide creditable prescription drug coverage, so you do not have to enroll in Medicare Part D. The prescription drug coverage offered by these SEBB medical plans is expected to pay out, on average, as much as Medicare Part D coverage.

When you enroll in Medicare, you can keep your SEBB medical plan and not pay a penalty if you enroll in your Part D plan later.

If you lose or terminate your current SEBB medical plan

To avoid paying a higher premium, you should enroll in a Medicare Part D plan within 63 days after your SEBB medical plan ends. If you enroll after the 63-day deadline, your Part D plan's monthly premium may increase by 1 percent or

more for every month you didn't have coverage.

If you enroll in a Medicare Part D plan, your SEBB medical plan may not coordinate prescription drug benefits with your Part D plan.

For questions about Medicare Part D

Visit the Centers for Medicare & Medicaid Services website at medicare.gov or call 1-800-633-4227.



How to tell the Delta Dental plans apart

The SEBB Program offers two dental plans administered by Delta Dental: DeltaCare and Uniform Dental Plan (UDP). Sometimes members intend to enroll in one Delta Dental plan but accidentally enroll in the other. During open enrollment, be careful to choose the one you want.

DeltaCare (Group 09601) is a managed-care plan. You must choose a primary dental provider within their network. This plan will not pay claims if you see a provider outside of their network. Your primary care dentist must give you a referral to see a specialist.

UDP (Group 09600) is a preferred-provider plan. You may choose and change any dental provider at any time, but you will usually have lower out-of-pocket costs if you see in-network providers.

Compare your dental plan options on HCA's website at hca.wa.gov/sebb-employee-dental. Before you enroll in a dental plan, check with the plan (DeltaCare or UDP) to see if your dentist is in the plan's network and confirm the group number. You can call the dental plan's customer service or use the plan's online directory.

PO Box 42720
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