

SEBB My Account – Changing Coverage Elections

<https://myaccount.hca.wa.gov>

1) Click 4 – Make Plan Elections

1) Add or Remove Dependents

2) Submit documentation for dependent(s)

3) Make attestations

4) Make Plan Elections

5) Elect Supplemental Coverage

Benefits coverage enrollments for [REDACTED]

This is your current enrollment and will remain effective January 1, [REDACTED] unless you make changes.

Coverage effective Jan 1, 2021

Subscriber name:	IC DUGLE
County of residence:	King
2021 Medical plan:	UMP Achieve 1
2021 Dental plan:	Uniform Dental Plan (Group #09600)
2021 Vision plan:	MetLife Vision
2021 Life plan:	MetLife
2021 AD&D plan:	Employee AD&D

Need more help deciding on plans?
Let [ALEX](#) walk you through this.

2) Check box for desired Medical plan or Waive medical plan

Select your medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	Kaiser Permanente WA Core 1	\$28
<input type="checkbox"/>	Kaiser Permanente WA Core 2	\$37
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 1	\$116
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 2	\$170
<input type="checkbox"/>	Kaiser Permanente WA Options Access PPO 3	\$256
<input type="checkbox"/>	Kaiser Permanente WA SoundChoice	\$89
<input type="checkbox"/>	Premera High PPO	\$133
<input type="checkbox"/>	Premera Standard PPO	\$49
<input checked="" type="checkbox"/>	UMP Achieve 1	\$58
<input type="checkbox"/>	UMP Achieve 2	\$172
<input type="checkbox"/>	UMP High Deductible	\$44
<input type="checkbox"/>	UMP Plus–Puget Sound High Value Network	\$119
<input type="checkbox"/>	UMP Plus–UW Medicine Accountable Care Network	\$119

Waive medical coverage. Waiving coverage means you and your spouse / state-registered domestic partner / dependents will not have medical coverage. You cannot enroll in medical coverage until the next annual open enrollment period, or if you experience an event that qualifies as a special open enrollment.

[Compare medical plans.](#)
[Medical plans available by county.](#)
Ensure that your provider of choice is available in the selected plan: [Find your provider.](#) Make sure you have the correct provider network selected prior to searching for providers.
[Plan contact information.](#)
Read the latest edition of the [Intercom newsletter.](#)

3) Check box for desired Dental plan

4) Check box for desired Vision plan

Change your 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"/>	Willamette Dental of Washington, Inc.	\$0

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• [Compare dental plans.](#)

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

Change your vision plan

Available vision plans:

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

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• [Compare vision plans.](#)

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

5) Assign coverages to dependents

6) Click Continue

Life and accidental death and dismemberment (AD&D) insurance

Employer-paid, basic benefit

Employee life insurance: \$35,000.00

Employee AD&D insurance: \$5,000.00

If you wish to increase your life and AD&D insurance, you may elect supplemental employee-paid insurance. To learn more about electing supplemental life and AD&D insurance, click on the Supplemental Coverages from your dashboard after completing your enrollments on this page.

Beneficiaries are needed for both basic life and basic AD&D insurance. To designate a beneficiary, create an account through the MetLife portal, visit Group Life insurance on your profile page, and then click on the Beneficiaries tab. You can also call MetLife at 1-833-854-9624 to request a Group Term Life Beneficiary Designation form.

Long term disability (LTD) insurance

Employer paid, basic benefit

- \$400/month maximum LTD benefit, (60% of first \$667 of your predisability earnings (monthly base pay), reduced by any deductible income).
- 90 day benefit waiting period

*Applicable only to SEBB-eligible employees anticipated to work 630 hours in the school year.

If you wish to increase your LTD insurance, you may elect supplemental employee-paid LTD insurance. To elect supplemental LTD insurance, you must click on *Supplemental Coverages* from your dashboard after completing your enrollments on this page.

Subscriber and dependents enrollment (Effective January 1, [REDACTED])

Enroll dependents for the upcoming plan year. Select Yes from the drop-down menu for each dependent you wish to enroll for each plan. 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
MC DUGLE	Yes	Yes	Yes
Open Enrollment (Pending Verification)	No	No	No
Mc Dugle	Yes	Yes	Yes
Mc Dugle	Yes	Yes	Yes

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Continue

Clear changes

7) Click Confirm

Your open enrollment selections for █████

Please review the information below

If correct, select *Confirm*. To adjust your answer, select *Cancel*.

- You have not made changes to your medical plan.
- You have not made changes to your dental plan.
- You have not made changes to your vision plan.

By submitting this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in the SEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plans or premiums paid on my behalf.

My dependents and I may also lose SEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the SEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility.

In addition, I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If adding a state-registered domestic partner to my account, I declare that my domestic partner and I have registered through the Washington Secretary of State's Office or another state.

Enrollment of any dependent is not complete until the SEBB Program verifies the eligibility of my dependents. I understand that if I am applying to add a dependent to my SEBB health plan coverage, I must provide copies of documents that verify the dependent's eligibility within the SEBB Program's enrollment timelines, or the dependent will not be enrolled.

Eligible employees must enroll in SEBB dental, vision, basic life, basic accidental death and dismemberment, and basic long-term disability insurance. Employees that elect to waive SEBB medical coverage must be enrolled in other employer-based group medical, a TRICARE plan, or Medicare. If I waive medical coverage, I understand I can enroll during the annual open enrollment period or no later than 60 days after a special open enrollment event as defined in the SEBB Program rules. If I waive medical coverage for myself, I cannot enroll my eligible dependents in medical coverage.



If I am eligible for the employer contribution toward SEBB benefits but do not waive or enroll in SEBB Program medical coverage, I will be enrolled automatically as a single subscriber in Uniform Medical Plan (UMP) Achieve 1. My dependents will not be enrolled. I will be charged a monthly \$33 premium for medical coverage as well as a \$25 monthly tobacco use premium surcharge. Other automatic plan enrollment for if I do not make elections include Uniform Dental Plan, MetLife Vision, basic life insurance, basic accidental death and dismemberment (AD&D) insurance, and, if applicable, basic long-term disability (LTD) insurance.

I allow my employer to deduct money from my earnings to pay for insurance coverage and applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharge and spouse or state-registered domestic partner coverage premium surcharge in addition to my monthly medical premium.

If I enroll in a high-deductible health plan with a health savings account (HSA), I must meet HSA eligibility conditions. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and that there are limits to these contributions and my HSA contributions (if any) under federal tax law.



I understand that my enrollment and my dependents' enrollment are subject to me abiding by all applicable deadlines and SEBB Program rules and policies. Failure to comply with applicable deadlines and SEBB Program rules and policies may result in my benefits selection being rejected or defaulted.

This form replaces all enrollment forms previously submitted. Any changes made in SEBB My Account or SEBB enrollment or change forms submitted and dated later than this online enrollment will replace this online enrollment.

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8) Click Download (Summary of Coverage Elections)

Download a summary of coverage elections

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

9) Review Summary of Coverage Elections to confirm it is accurate and save for your records.

COVERAGE ELECTIONS INFORMATION			
MEMBER NAME	MEDICAL COVERAGE	DENTAL COVERAGE	VISION COVERAGE
	EFFECTIVE DATE	EFFECTIVE DATE	EFFECTIVE DATE
MC DUGLE, I	01/01/2020	01/01/2020	01/01/2020
ENROLLMENT, OPEN	01/01/2020	01/01/2020	01/01/2020
MC DUGLE,	01/01/2020	01/01/2020	01/01/2020
MC DUGLE,	01/01/2020	01/01/2020	01/01/2020

HCA-SPONSORED COVERAGE	
MEDICAL COVERAGE PROVIDED BY:	UMP ACHIEVE 1
	MEDICAL PREMIUM: \$99.00
	TOBACCO SURCHARGE: \$0.00
	SPOUSAL/STATE-REGISTERED DOMESTIC PARTNER PREMIUM SURCHARGE: \$0.00
	UNIFORM DENTAL PLAN (GROUP #09600)
DENTAL COVERAGE PROVIDED BY:	
	DENTAL PREMIUM: \$0.00
VISION COVERAGE PROVIDED BY:	METLIFE VISION
	VISION PREMIUM: \$0.00
	<u>TOTAL MONTHLY PREMIUM: \$99.00</u>

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