

# 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 <sup>1</sup>	Yes <sup>2</sup>	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

<b>If this event happens</b>	<b>Add dependent</b>	<b>Remove dependent</b>	<b>Change SEBB medical, dental and/or vision plan</b>	<b>Waive medical coverage</b>	<b>Enroll after waiving SEBB medical coverage</b>
<b>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</b>	Yes	Yes	Yes	Yes	Yes
<b>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.</b>	No	No	Yes	No	No
<b>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.</b>	Yes	Yes	No	Yes	Yes
<b>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.</b>	Yes	Yes	No	No	Yes
<b>Employee or dependent has a change in residence that affects health plan availability.</b>	No	No	Yes	No	No
<b>A court order requires the employee or any other individual to provide a health plan for an eligible child of the employee.</b>	Yes	Yes	Yes	No	Yes

<b>If this event happens</b>	<b>Add dependent</b>	<b>Remove dependent</b>	<b>Change SEBB medical, dental and/or vision plan</b>	<b>Waive medical coverage</b>	<b>Enroll after waiving SEBB medical coverage</b>
<b>Employee or dependent becomes entitled to or loses eligibility for Apple Health (Medicaid) or a state Children's Health Insurance Program (CHIP).</b>	Yes	Yes	Yes	Yes	Yes
<b>Employee or a dependent becomes eligible for a state premium assistance subsidy for SEBB health plan from Apple Health (Medicaid) or a state CHIP.</b>	Yes	No	Yes	No	Yes
<b>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.</b>	No	No	Yes	Yes	Yes
<b>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).</b>	No	No	Yes	No	No
<b>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).</b>	No	No	Yes, if approved by SEBB	No	No
<b>Employee or dependent becomes eligible and enrolls in a TRICARE plan, or loses eligibility for a TRICARE plan.</b>	No	No	No	Yes	Yes

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

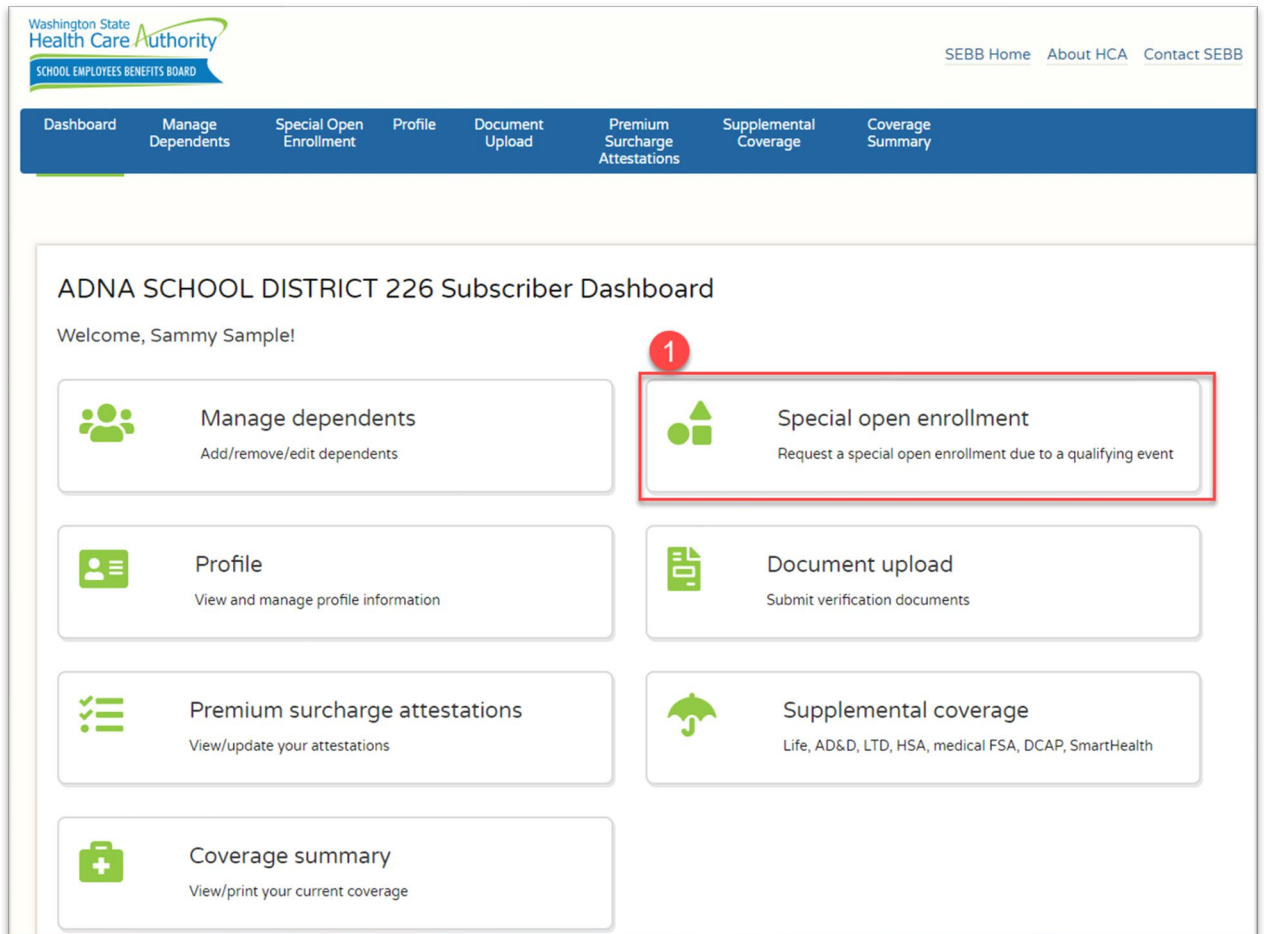
<sup>2</sup> Subscriber may only remove a dependent from SEBB coverage if the dependent enrolls in the new spouse's or state-registered domestic partner's plan.

## 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 over 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 a dropdown menu for 'Select the applicable event\*' with 'Birth or Adoption' selected (marked with a red circle 'A'). To the right is a 'Date of event' field with '04/15/2020' entered (marked with a red circle 'B'). A 'Submit' button is to the right of the date field (marked with a red circle 'C'). Below this is a table with columns: Event type, Event date, Status, Reason, Enrollment period en..., and Manage. The table is empty, with 'No records available.' displayed. At the bottom right, it says '0 - 0 of 0 items'.

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. If the event allows for adding a dependent, you will be presented with an initial question "Are you adding dependent(s) as part of this SOE request?"

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

Submit a request for special open enrollment:

Select the applicable event\* Birth or Adoption Date of event 05/25/2021 Submit

The subscriber acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption.  
If adding the child does not increase the premium, and you are past sixty days from the event, please submit the [2021 School Employee Change Form](#) to your benefits administrator.

	Event type	Event date	Status	Reason	Enrollment p...	Manage
+ <input checked="" type="checkbox"/>	Birth or Adoption	5/25/2021	Draft	Received	7/24/2021	<span>Submit</span> <span>Delete</span>

1 - 1 of 1 items

3 Are you adding dependent(s) as part of this SOE request?  
☐ Yes ☐ No

Are you adding dependent(s) as part of this SOE request?  
A ☒ Yes ☐ No

Actions available under your special open enrollment for **Birth or Adoption** on **May 25, 2021** :

1 2 3 4  
Add Dependents Submit documentation for dependent(s) Make attestations Make Plan Elections

Your dependents Add dependent

+ Smith, Jane (Self)

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.

DashboardManage DependentsSpecial Open EnrollmentProfileDocument UploadPremium Surcharge AttestationsSupplemental CoverageCoverage Summary

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Add DependentsSubmit documentation for dependent(s)Make attestationsMake Plan Elections

Your dependents

+ Add dependent

+ Smith, Jane (Self)

- Smith, Baby

[Qualified Dependents.](#)

Last name\*First name\*Middle nameSSN\*

SmithBaby

Ex. 123456789

☒ This person currently has no social security number

You will be required to update this information once available.

SuffixBirth date\*Sex assigned at birth\*Gender Identity

JR, SR05/25/2021FemaleFemale

This field is required for health services.\*

Gender X means a gender that is not exclusively male or female. This field is optional and will be kept private to the extent allowable by law.

☒ Residential address is the same as subscriber

Relation to subscriber\*Qualifying reason\*

ChildDependent (not disabled or extended)

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.](#)

Don't forget to add coverage for your dependent under "Coverage Elections." You must select all of the health plans (medical/dental/vision) you want the dependent enrolled in, even if the dependent verification is not complete. Employees are responsible for selecting the plans that they want the dependent enrolled in within the applicable timelines and this can be completed even if the dependent verification is still pending review.

Submit changesCancel

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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.

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

1 2 3 4

Add Dependents Submit documentation for dependent(s) Make attestations Make Plan Elections

### Document upload

#### Eligibility document guidelines

Dependent eligibility must be verified when adding a dependent to an employee's account before they can be enrolled on the employee's health plan coverage. An employee must submit valid dependent verification documents to their payroll or benefit office, or upload into SEBB My Account, no later than:

**Newly eligible employees:** 31 days after becoming eligible for SEBB benefits.  
**Special open enrollment:** 60 days after the date of qualifying event.  
**Annual open enrollment:** No later than the last date of the annual open enrollment.

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

[Accepted dependent verification documents](#)

[Certification of a child 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 a translated copy produced by a professional translator and certified with a notary public seal.

#### Special open enrollment document guidelines

Valid supporting documentation for changes outside of the annual open enrollment must be submitted before the no later than 60 days after the event as indicated on each submitted special open enrollment request.

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 (preferred) or to your payroll or benefits office no later than 60 days after the event. Special open enrollment 'Birth of a child/Adoption'; if adding a child results in no increase to medical premium, the 60 day limit does not apply. Please submit a paper form to your benefit administrator in this case. If premium will be increased you may submit through SEBB My Account. Please refer to [SEBB Administrative policy 45-2](#) and [Addendum 45-2A](#) for more information.

Select files... **B**

birth-certificate.jpg 34.82 KB

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

Associate documents

Document type **D**

birth-certificate.jpg **C**

Birth Certificate

Verification applicable to:

☒ Baby Smith - Pending ☒ Birth or Adoption - May 2021 - Draft

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](#)

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ptions available under your special open enrollment for **Birth or Adoption on May 25, 2021** :

✓

Add Dependents

✓

Submit documentation for dependent(s)

A

Make attestations

✓

Make Plan Elections

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### Premium surcharge attestations

Attest to whether the surcharges below apply to you by checking the appropriate boxes, then click **Submit** 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 dependents' (age 13 or older) tobacco use status changes. If you check YES or leave the checkboxes blank for yourself or any dependents listed below, you will be charged the monthly \$25 premium surcharge.

**Note:** Enrolled dependents ages 12 and younger are automatically defaulted to NO. You do not need to attest when the dependent turns age 13 unless they use, or begin using, tobacco products.

Have the people listed below used tobacco products in the last two months? Select Yes or No below. If they are enrolled in their SEBB medical plan's tobacco cessation program (if age 18 or older) or have accessed information or resources in [Smokefree Teen](#) (if ages 13-17), select NO. If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in the [SEBB Program Administrative Policy 91-1](#).

Member name	Response <input type="checkbox"/> All YES? <input checked="" type="checkbox"/> All NO?	Date started tobacco use
Jane Smith	No	

#### LEGAL NOTICE

By selecting the **Submit** button below:

- I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not provide timely, updated information, I will be charged premium surcharge(s).
- I declare that one (or more) of the circumstances described above occurred that requires me to change my attestation to the tobacco use and/or spouse or state-registered domestic partner coverage premium surcharge, and that I'm reporting it within the SEBB Program's deadlines.
- I am replacing all Premium Surcharge Attestation Change forms, and electronic surcharge attestations previously submitted.
- A change that results in a premium surcharge will begin the first day of the month following the status change (the date you or your dependents started using tobacco products). If that day is the first of the month, the change to the surcharge begins on that day.
- A change that results in removing the premium surcharge (you or your dependents stopped using tobacco products, enrolled in your SEBB medical plan's tobacco cessation program if age 18 or older, or have accessed information and resources at Smokefree Teen if age 13 to 17) will begin the first day of the month following receipt of the attestation. If that day is the first day of the month, the change to the surcharge begins on that day.

**HCA's privacy notice:** We will keep your information private as allowed by law. See Our [privacy notice](#).

Continue

Clear changes

## 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.

DashboardManage DependentsSpecial Open EnrollmentProfileDocument UploadPremium Surcharge AttestationsSupplemental CoverageCoverage Summary

Actions available under your special open enrollment for Birth or Adoption on May 25, 2021 :

✓

✓

✓

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Add DependentsSubmit documentation for dependent(s)Make attestationsMake Plan Elections

Benefits coverage enrollments for 2021

This is your current enrollment and will remain effective May 1, 2021 unless you make changes.

Coverage effective May 1, 2021

Subscriber name:Jane Smith

County of residence:Thurston

2021 Medical plan:Waived

2021 Dental plan:DeltaCare (Group # 09601)

2021 Vision plan:Davis Vision

2021 Life plan:MetLife

2021 AD&D plan:Employee AD&D

Need more help deciding on plans?

Let [ALEX](#) walk you through this.

Subscriber and dependents enrollment (Effective May 1, 2021)

Enroll dependents for the upcoming plan year. Select Yes from the drop-down next to the dependent you wish to enroll for. If you select No, dependents will be enrolled in the same plans as you.

Member Name	Enroll in MEDICAL coverage	Enroll in VISION coverage	Enroll in DENTAL coverage
Jane Smith	No	Yes	Yes
Baby Smith (Pending Verification)	No	No	No

Add coverage for dependents has moved to the top of the coverage elections page

You must continue below in order to save changes.

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You must continue below in order to save changes.

## 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"/>	Premiera High PPO	\$133
<input type="checkbox"/>	Premiera Peak Care EPO	\$65
<input type="checkbox"/>	Premiera 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	\$119

✓ [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.](#)

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

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.

9. Once all steps have been completed, the Submit button will be engaged. Once you select Submit, the request will go to your Benefit Administrator to review and verify.
  - a. Once the event has been submitted, you will see the status change to Submitted. Further, you can expand the event, and review the actions you have taken as part of your SOE.

The screenshot displays the Special Open Enrollment (SOE) system interface. At the top is a navigation bar with links: Dashboard, Manage Dependents, Special Open Enrollment, Profile, Document Upload, Premium Surcharge Attestations, Supplemental Coverage, and Coverage Summary.

The main content area shows a table of events. The first event is "Birth or Adoption" on 5/25/2021, with a status of "Draft". A red callout points to the "Submit" button, stating: "Once all steps have been completed, the Submit button is engaged. Once you select 'Submit' - the request will go to your Benefits Admin to review and verify."

Below the table, a form asks "Are you adding dependent(s) as part of this SOE request?" with "Yes" selected. A progress bar shows four steps: "Add Dependents", "Submit documentation for dependent(s)", "Make attestations", and "Make Plan Elections", all marked as complete.

There are two buttons: "Download" and "Return to coverage elections".

Below this, a section titled "Submit a request for special open enrollment:" shows the event "Birth or Adoption" with a date of 05/25/2021. A red callout points to the "Submit" button, stating: "Once the event has been submitted, you'll see the status change to Submitted."

Below the submission form, a table shows the event status has changed to "Submitted". A red callout points to the "Delete" button, stating: "If you expand the event, you can also review the actions you have taken as part of your SOE".

Below the table, a section titled "Special open enrollment changes" lists the actions taken:

- Jane Smith
  - Changed medical plan from waived to "UMP Achieve 1" effective 05/01/2021
- Baby Smith (Child)
  - Added dependent Baby Smith

The bottom of the page shows a pagination bar with "1" and "1 - 1 of 1 items".