



School Employees Benefits Board (SEBB) Program
May 2021

The latest on COVID-19

As this newsletter is being written, more than 1.5 million Washington residents have completed their COVID-19 vaccinations. The state moved school employees to the front of the line for vaccinations on March 1, for a safe and healthy return to school in the state's "Healthy Washington: Roadmap to Recovery" plan. To protect you and your community, we are working with state partners to help you make an informed decision about the vaccine.

To find out how the SEBB Program is responding to the pandemic, visit the HCA website at hca.wa.gov/coronavirus.

How to get your vaccine

As of April 15, all adults age 16 and older are eligible to get the vaccine. COVID-19 vaccines are covered by all SEBB medical plans, with no cost to members. We encourage you to get yours as early as you can.

Learn more about vaccine locations on the Department of Health's website at covidvaccinewa.org.

Be in the know with WA Notify

If you are a Washington State resident, you can enroll in WA Notify, a smart-phone app that sends an alert if you have been exposed to COVID-19. The

tool is free, private, and does not track your activity or identity. To learn more, visit wanotify.org.

Smart[]Health

Resources to promote wellness

SmartHealth, our voluntary wellness program, has activities to help SEBB members stay healthy — physically and mentally — while staying safe. Log in to SmartHealth at smarthealth.hca.wa.gov.

Medical FSA and DCAP enrollees: rule changes due to COVID-19

We're offering extra flexibility with 2020 and 2021 Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) funds. This year, you can:

- Change your 2021 Medical FSA or DCAP elections in June or September without a qualifying event.
- Increase your 2021 DCAP election in June or September to the new, temporary maximum of \$10,500 for a single person or married couple filing jointly (or \$5,250 for married couples filing separately).
- Spend your Medical FSA funds on personal protective equipment related to the COVID-19 pandemic, including face masks, hand sanitizer, and sanitizing wipes. (The IRS has announced that these are now eligible health care expenses.) You may submit claims for these expenses dating back to January 1, 2021.
- Continue using your Medical FSA funds after leaving employment.
- Continue incurring expenses and submitting claims against 2020 DCAP funds through December 31, 2021.

Learn more about these opportunities on the HCA website at hca.wa.gov/sebb-fsa-dcap. These opportunities do not allow you to enroll in a Medical FSA or DCAP for 2021. You can only do so if you have an event that creates a special open enrollment.

Keep children safe with well-child checkups

Due to the COVID-19 pandemic, well-child checkups and vaccination rates have dropped drastically. Right now, it's more important than ever for families to keep their children on a regular schedule for well-child checkups and vaccinations. If you think your child is due for a checkup or vaccine, call your child's provider office to ask.

Following your provider's recommended plan for checkups ensures problems are found and treated early. These exams are covered by all SEBB health insurance plans and include things not done during other visits, including:

- Vaccines
- Family health history
- Routine hearing or vision screening
- Blood lead screening
- Oral health
- Behavioral health



Making sure your child doesn't miss a checkup can also help improve vaccination rates and protect vulnerable populations. Keeping your child up to date on their vaccines not only protects them, but also helps protect other children and individuals with weak immune systems.

Missing routine vaccinations can put children behind schedule and prolong the period they are at risk of contracting diseases. Slowing or stopping vaccinations increases the risk that we could see an outbreak of a vaccine-preventable disease, such as measles or whooping cough.

Adding more outbreaks on top of COVID-19 not only would put more people at risk for infectious disease, but it also could overload the health care system. To learn more about the importance of staying up to date on vaccines during the COVID-19 pandemic, watch Washington First Lady Trudi Inslee's video message on YouTube at bit.ly/GetChildVaccines.

Will your life and AD&D insurance money go where you want it to?

We all want to help protect our loved ones. One way to do that is naming or updating a beneficiary for your life insurance and accidental death and dismemberment (AD&D) insurance.

Many school employees may not be aware that they need to name a beneficiary for their employer-paid SEBB life and AD&D insurance coverage — even if they don't enroll and purchase supplemental coverage. By not naming a beneficiary, these members run the risk that their loved ones won't receive a payment when they need it most.

With a beneficiary named with MetLife

When MetLife learns of the loss, they mail a claim packet to the beneficiary at the address we have on record. After they receive the beneficiary's completed claim and a death certificate, they issue payment in five days, on average.

No beneficiary with MetLife

If no beneficiary is found, MetLife distributes your benefit according to the SEBB life insurance policy — which may not align with what you had intended for the money.

Take a few minutes to protect your loved ones

If you haven't named a beneficiary, MetLife will mail you a letter this summer with instructions about how to name one. It's important to keep your address updated. See page 5.

You can make beneficiary changes at any time. Name or update a beneficiary using MetLife's MyBenefits portal at mybenefits.metlife.com/wasebb. You may also download the *Group Term Life Insurance Beneficiary Designation* form. Call MetLife at 1-833-854-9624 with questions.

With beneficiary



Payment issued about five days after MetLife receives completed claim packet

Without beneficiary



Payment may be delayed or not align with what you had intended

Confused by health care jargon? Check out these common terms

When you're navigating health care, you hear a lot of terms like "copay" and "balance billing." It's easy to get confused and overwhelmed by all that jargon. Here's a short list of important terms to help you better understand your health plan coverage. If you don't find a term you're looking for, read your certificate of coverage. You can also visit the Glossary of Health Coverage and Medical Terms on the federal health plan marketplace website at healthcare.gov/sbc-glossary.

Allowed amount: The most the plan pays for a specific covered service, supply, or prescription drug. For network providers, the provider cannot bill the member for any amount over the allowed amount.

Balance billing: When a provider bills you for the difference between the provider's billed amount and the plan's allowed amount. Only out-of-network providers can balance bill patients, except in circumstances where the Balance Billing Protection Act applies.

Coinsurance: The percentage of the allowed amount you pay. This includes many medical services and prescription drugs.

Copay: The fixed dollar amount you pay when receiving specific services, treatments, or supplies, such as office visits or prescriptions.

Deductible: A fixed dollar amount you pay each calendar year for some health care and/or prescription drug expenses before the plan starts paying for covered services.

Medically necessary: Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, that meet accepted standards of medicine. Keep in mind that if your doctor prescribes a service or supply, that doesn't always mean that your health plan will consider it medically necessary, and may not cover it.

Out-of-pocket limit: The most you could pay during a calendar year before the plan pays 100 percent of the allowed amount. This includes most covered medical services when you see preferred providers and covered prescription drugs and products when you use a network pharmacy. Read your plan's certificate of coverage for a list of services that do not count toward the plan out-of-pocket limit.

Legislation that may affect you

Several bills that may affect your or your family's health coverage or finances were passed by the Washington State Legislature this year. Here are two that might interest you.

Senate Bill 5195 requires hospitals and certain community behavioral health agencies to provide opioid overdose reversal medication and information about available services to patients with symptoms of opioid use disorder, unless the provider decides it's not appropriate to do so. At press time, this was on its way to Governor Jay Inslee's desk for approval.

Senate Bill 5322 requires individuals eligible for both PEBB and SEBB benefits to choose coverage for health benefits from a single program, rather than selecting benefits from each program. This legislation does not impact eligibility or enrollment in any other PEBB or SEBB benefits. This goes into effect in plan year 2022.



Thinking about retirement?

It's never too early to start weighing your options for health plan coverage after your employer-paid coverage ends. One of your options is retiree insurance coverage through the Public Employees Benefits Board (PEBB) Program. You may be eligible for PEBB retiree insurance coverage if you are a retiring or separating employee of a Washington State:

- Agency or higher-education institution.
- PEBB-participating employer group.
- School district, educational service district, or charter school.

In most cases, you must be vested in and eligible to retire from a Washington State-sponsored retirement plan when your employer-paid coverage, COBRA coverage, or continuation coverage ends. In some cases, you must also immediately begin to receive a monthly retirement plan payment.

If you choose to enroll in PEBB retiree insurance coverage, it doesn't happen automatically. To enroll, submit the *PEBB Retiree Election Form* (form A) and any other required forms and documents to the PEBB Program. We must receive them no later than 60 days after your employer-paid coverage, COBRA coverage, or continuation coverage ends. If you intend to enroll in a Medicare plan, different deadlines may apply. If you choose to pay for this coverage by invoice or

electronic debit service (EDS), you must make your first payment before we can enroll you.

If you are eligible and decide to enroll, you will move from the SEBB Program to the PEBB Program for retiree coverage. Find forms and learn more on HCA's website at hca.wa.gov/pebb-retirees.

If you have other qualifying coverage when you become eligible, you may defer (postpone) your enrollment. Deferring means keeping your right to enroll later. To learn more about how to defer coverage, visit HCA's website at hca.wa.gov/defer-coverage.

Don't miss out!

If we do not receive form A (and any other required forms and documents) by the required deadlines, you could lose your right to enroll in PEBB retiree insurance coverage.

Get the scoop

We are here to help you understand PEBB retiree insurance coverage. Join us for a free webinar to learn about eligibility, your medical (which includes vision) and dental plan choices, monthly premiums, and how to enroll. To sign up for a webinar, visit hca.wa.gov/retiree-webinars. If you are close to retirement and have questions about eligibility or enrollment, please call us at 1-800-200-1004 (TRS: 711).

Invest in your mental health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps us determine how we handle stress, relate to others, and make healthy choices. Here are some resources to help you. To find plan-specific resources, visit the *Behavioral health services by plan* webpage on HCA's website at hca.wa.gov/bh-sebb.

Tips for pressing pause: A webinar

Chronic stress can impair your immune system. We can help you learn how to slow down, reduce stress, and focus on quality sleep. The Diabetes Prevention Program (DPP) powered by Omada is offering a webinar to all SEBB members to help you focus on small, doable steps, including:

- Establishing a good sleep schedule.
- Coping with uncertainty and pressure.
- Avoiding stress eating and sliding into unhealthy habits.

Webinar details

- Date: Tuesday, May 25, 2021
- Time: 4 to 4:50 p.m.
- Register at hca.wa.gov/sebb-dpp

Learn more about DPP

Get health tips and inspiration all year round. If eligible, your SEBB medical plan will cover the cost of the program for you and your dependents age 18 and older. Learn more on HCA's website at hca.wa.gov/sebb-dpp.

The SEBB Diabetes Prevention Program is available to SEBB members enrolled in Kaiser Permanente or UMP plans. Premiera Blue Cross members have a different program available.



May is mental health month

No one should feel alone or without the support they need. Staying connected to others and making time for things you enjoy can help your mental well-being. For more information and links to plan resources, join the "May is Mental Health Month" activity through May 31 in SmartHealth at smarthealth.hca.wa.gov.

What is SmartHealth?

SmartHealth is included in your benefits. This voluntary wellness program supports your whole person well-being. It helps you manage stress, build resiliency, and adapt to change. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentive. Learn more on HCA's website at hca.wa.gov/sebb-smarthealth.

Why your feedback on member surveys matters

We know filling out surveys can be bothersome. But what you say, think, and feel about your SEBB benefits makes a big difference. Member feedback allows us to address problems, assess the performance of your health plans, fine-tune our communications, and even make program changes.

We offer several member surveys. For example, the SEBB Program website survey helps us understand user experience. That feedback allows us to improve our web content and tools on a weekly basis.

Another survey is offered by the Uniform Medical Plan (UMP) Centers of Excellence (COE) Program. This survey covers things like the comfort of a member's inpatient stay, and access to and experience with doctors. If members' ratings drop, we can be proactive in addressing issues. When members give high ratings, we know that we are providing high-quality care. Responsiveness to member feedback is one reason the COE Program consistently receives rankings of 9.5 or higher (out of 10) on member surveys.

The SEBB Program asks members to complete surveys for many reasons. Survey results are used to:

- Help us work to address issues that you find with your SEBB benefits.
- Understand your expectations and opinions on the SEBB Program and the benefits we offer.
- Identify areas for improvement.
- Evaluate the performance of our customer service teams and service providers.
- Improve our processes and standards.
- Spot trends by comparing survey data from year to year.
- Evaluate the effectiveness of changes made.
- Tailor existing or create new benefits that you want and will use.

Your medical plan also uses member surveys. All SEBB medical plans rely on an external survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). This annual, nationwide survey is administered by the Agency for Healthcare Research and Quality (AHRQ). It is designed to measure members' overall satisfaction with their health plan. The data from this survey is tied to a performance guarantee. These guarantees ensure that the plans offer high-quality health care. If a plan earns low scores on these guarantees, they must pay a financial penalty. All SEBB medical plans have performance guarantees tied to member satisfaction and the quality of the care the plan offers.

Survey results are shared with the SEB Board, Health Care Authority (HCA) leadership, our medical plans, and SEBB Program staff. They look for trends, ways to improve your health care experience, and ways to save you money. We can each play a role in shaping the future of our benefits by filling out surveys from providers, your plans, and the SEBB Program.

Stay in touch

Important! Update your mailing address

Keep your mailing address up to date so we can send you important account information that can't be emailed.

Learn how to update your address by visiting the HCA website at hca.wa.gov/employee-retiree-benefits/contact-us and selecting your member type.

Sign up for email delivery

Want your newsletter faster? Sign up to receive the *Intercom* newsletter and other general news about your SEBB benefits by email instead of your mailbox. Here's how: Visit SEBB My Account at myaccount.hca.wa.gov. After logging in, 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.





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