



Washington School Districts Open Enrollment Guide

2022



OPEN ENROLLMENT:
OCTOBER 25th – NOVEMBER 22nd, 2021



WELCOME

Welcome to your benefits being offered through the School Employee Benefits Board, or SEBB! All school employees will be enrolling through the SEBB My Account portal for all “core” benefits. These include medical, dental, life, disability, vision and liability insurance (such as auto and home insurance). Some of these lines of coverage may not be available in all areas of the State, but SEBB is still the exclusive provider of these benefits for all school districts in Washington.

The SEBB board, made up of union representatives, school administrators, insurance professionals, public health experts and members of the Washington Healthcare Authority (HCA) have procured multiple carrier options, plan designs, and costs for all of these benefits to ensure that employees can purchase affordable coverage to meet their individual needs.

With so many lines of coverage, carrier options, provider networks, and benefit levels available the enrollment process can feel a little overwhelming! This booklet is designed to assist you as you move through the process of finding the right healthcare plan(s). We start by walking you through the enrollment process, then go through the steps you will need to take to log on and make benefit elections. This guide will highlight some key questions to answer before you decide what coverage is right for you and your family.

The largest decision you will have is choosing a medical plan. We provide a general overview of the many medical options, highlighting the pros and cons of each. Additionally, we provide some real world examples of how benefits pay out, helping you see the total cost of a plan vs. just the cost that comes out of your paycheck. We have designed four virtual employee scenarios to illustrate how benefits would pay out. Hopefully your personal situation will closely match one of these examples, helping you find the plan that is the right fit for you and your family. Finally, we have very detailed, side by side comparisons that illustrate the key benefits, network restrictions, and premium costs of each medical plan to help finalize your decision.

Here’s the good news: All of the carriers and plans offer excellent coverage! While we believe there is a “right” decision for each family, we also know that with the plans available all school employees will have a great benefits package through SEBB.

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There are many different ways to try to assess which plan(s) are right for you and your family. With so many choices and the need to process so much information the enrollment process can feel daunting. This booklet gives you simple overviews to help you make these key decisions based on “real world” examples. You will have all the details you will need including each plan’s specific benefits and premium costs.

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HOW TO ENROLL

In order to enroll with SEBB you will need a Secure Access Washington (SAW) account. If you already have a SAW account you can skip to the SEBB My Account instructions below. If you do not have a SAW account please follow the steps below.

Creating an account with Secure Access Washington (SAW)

1. Visit <https://secureaccess.wa.gov>
2. Click the “Sign up!” button
3. Enter required member information
4. Click submit

SEBB My Account Enrollment

1. Open your enrollment packet from SEBB (all eligible school district employees will receive this packet).
2. Using the unique URL provided in the enrollment packet, visit the SEBB My Account website.
3. Follow the prompts to create a SEBB My Account login.
4. Once a login has been created, follow prompts and make plan selections.
5. Review and confirm selections.

If you need assistance or have issues creating your SAW account go to <https://secureaccess.wa.gov> and click on the “Get Help” button. From there you can submit your issue to the state and one of their technicians will follow up. If you need assistance with your SEBB My Account visit the SEBB My Account website and click “Contact SEBB” on the top right.

Help with SEBB My Account during Open Enrollment – M-F 8:00 AM – 5:00 PM 1-855-548-3100

- Secure Access Washington (SAW) registration
- SEBB My Account screen navigation
- Uploading documents



HELPFUL HINTS

To help you in assessing your specific healthcare needs it is sometimes helpful to think “big picture” and decide what is most important to you. The biggest decisions revolve around medical coverage, but there are many key decisions you will be making this year. Here are some things to consider when you elect your coverage:

I LIKE MY CURRENT CARRIER

All three medical carriers have a long history with schools. While networks may change, if you like your PEBB coverage you can stay with Uniform Medical Plan (UMP). If you are a long-time Premera or Kaiser patient rest assured that while benefits may differ, your trusted carrier is offering plans that will fit your needs.

I AM COMFORTABLE WITH CO-PAYS AND EASY TO UNDERSTAND BENEFITS

If you value the convenience of co-pays and low out of pocket risk in case of a major health problem, then you may want to consider a plan that has office visit copays and combines both medical and Rx out of pocket maximums such as Premera or Kaiser PPOs.

I HAVE A LOT OF HEALTH CONCERNS

People with severe health issues tend to want the largest provider networks. If you or a loved one find yourself dealing with a chronic health condition like cancer, blood disorders, severe joint pain such as rheumatoid arthritis, or other on-going need for care, you may find the largest network of hospitals is worth the extra premium.

HOW DO I CHOOSE MY NETWORK?

Health Maintenance Organizations (HMO) are a great option for those who understand how to navigate the healthcare system, but can be frustrating if you don't understand the rules of how to get your care. All carriers offer wide and narrow networks. Take time to look up which providers belong to which network before finalizing your decision.

I DON'T USE MUCH HEALTHCARE

If you are a relatively healthy person, and are not risk adverse, a health savings account (HSA) plan might be the highest value plan for you. You will save a lot on premium, and can put those savings in a tax free account. Be sure that you understand that you will not have co-pays or low deductibles. You may get sticker shock as you start accessing healthcare and are expected to pay the full allowed amount of care until that large deductible is met.

SOME KEY REMINDERS ABOUT MEDICAL COVERAGE

- ✓ Under SEBB there is no local pooling. The prices you see are the prices you will pay through payroll deduction. (unless surcharges apply)
- ✓ You are signing up for coverage for the 2022 plan year. You will have a right to change any enrollment choices at the next open enrollment without restriction. Proof of insurability may apply for increased life insurance.
- ✓ Your enrollment decisions can change during the 2022 calendar year if you have a change of family status. These changes in status include: Marriage, divorce, birth or adoption of a child, death of an enrolled member, or involuntary loss of other coverage (if your spouse or state registered domestic partner loses coverage they can be added mid-year).
- ✓ SEBB will not allow dual coverage within SEBB. If you and your spouse or state-registered domestic partner both work for the same School District you must decide if you will enroll as a single family unit or as two employees. Children will follow one or the other employee, but cannot be covered by both parents.

DON'T FORGET TO PROTECT YOUR ASSETS AND INCOME!

YOU HAVE A GREAT OPPORTUNITY TO BUY SUPPLEMENTAL LIFE INSURANCE:

Most Americans are massively under-insured. As a new employee, through SEBB open enrollment you have the chance to purchase up to \$500,000 of additional life insurance coverage with NO QUESTIONS ASKED (and another \$250,000 of additional life insurance coverage for your spouse or state registered domestic partner).

SEBB rates are very affordable, come with the ease of payroll deduction, and are guaranteed issue, which means you can't be turned down during this one-time open enrollment.

THE BASE LONG-TERM DISABILITY INSURANCE IS PROBABLY NOT ENOUGH COVERAGE:

Disability insurance pays you a portion of your salary while you are out of work to help you keep your house, car, and basic lifestyle stable. This is critical insurance for individuals and families who suddenly find themselves without an income and bills mounting. These payments will continue for your entire working life if you are unable to return to work.

The SEBB LTD base plan (which you do not pay for), is limited to only \$400 per month. You won't last long on that tiny benefit! Most disability plans pay up to 60% of your income; for example, an employee earning \$50,000 a year should purchase supplemental LTD coverage that has a monthly maximum payout of \$2,500.

Your premium is based on both your age and how much insurance you will need. The typical price point for \$2,500 a month in benefit is between \$15-\$25 per month. Please make sure you study the LTD tables to find the right coverage for your needs. DO NOT BE CAUGHT UNDERINSURED by relying on the base plan.

MEDICAL PROS & CONS

SEBB offers so many differing medical plans it can be overwhelming. Different premium costs, carriers, provider networks and even which plans are available in which counties is pretty tough to follow.

Sometimes the best way to compare options is with a “pros and cons” list of each plan and carrier. The following is a table comparing the \$750 deductible plan offered by all three insurance carriers (UMP, Premera and Kaiser). While you can’t necessarily get to an “apples to apples” view, this table helps you see each plan’s unique value in hopes you will find the one that matches your healthcare needs.

This illustration uses the network option for each insurance carrier that is offered in the most counties throughout the state. Please note the Kaiser plan is a Health Maintenance Organization (HMO), which means different access rules and no out of network coverage. UMP and Premera are Preferred Provider Organization (PPO) plans offering less care restrictions (no referrals required) and out of network coverage.

Benefit	Premera	UMP	Kaiser
Office Visit	Copay	Deductible + Coinsurance	Copay
Specialist	Copay	Deductible + Coinsurance	Copay
Prescription	Deductible	Deductible	N/A
Deductible	\$750	\$750	\$750
Co-insurance	75%	80%	80%
Out of Pocket Max	\$3,500	\$5,500	\$3,500
Network	Prime	UMP	Core HMO



PROS: You pay a copay each time you see the doctor, you have lower Rx deductible to meet, many people have been covered by Premera for many years.

PROS: UMP offers a cost competitive monthly premium, UMP provider network is the largest PPO available, UMP has been offered to schools through PEBB for many years.

PROS: Kaiser has the lowest monthly premiums for this plan, Kaiser’s benefit levels are the most competitive (co-pays and out of pocket maximums are lowest), Kaiser has a long history with schools (formerly Group Health).

CONS: Providence Health providers are covered as out of network, The Rx deductible is lower than UMP but higher than Kaiser.

CONS: All doctor visits are subject to \$750 deductible vs copays, the maximum out of pocket liability is much higher (\$5,500 vs \$3,500), the Rx deductible is the highest of all options.

CONS: This is an HMO option so more restrictive access to care applies, Kaiser’s HMO plans are not offered in all counties, there is no out of network coverage for non-emergency or urgent care.

ENROLLMENT EXAMPLES

SEBB offers many choices and finding the right plan for your family can be difficult. The below section shows real life scenarios and how members chose benefits to meet their personal and family needs.



Adam: Wants Predictable Upfront Cost & Lots of Provider Choice

Adam wants a healthcare plan that provides open access to providers, low out of pocket costs when he sees a doctor and limits his financial liability in the event of an accident or large claim. **Adam chose to enroll in the Premera \$750 plan because it's the least expensive option that also provides him financial security in the event of a large claim.**

Carrier	Premera	UMP	Kaiser PPO
Annual Premium Contribution	\$1,044	\$444	\$1,596
3 Provider Office Visits	\$60	\$600	\$75
Annual Generic Rx Cost	\$455	\$1,075	\$600
Total	\$1,559	\$2,119	\$2,271

Open provider access at an affordable cost = Financial stability



Patty: Takes Specialty Meds

Patty is relatively healthy with the exception of taking a few specialty prescriptions. Patty wants a plan where she can get her prescriptions from her provider while keeping costs at a minimum. **Patty chose the UMP \$750 plan because the UMP plan caps prescription costs at \$2,000 per person per year.**

Carrier	Premera	UMP	Kaiser PPO
Annual Premium Contribution	\$1,044	\$444	\$1,596
2 Provider Office Visits	\$40	\$400	\$50
Annual Prescription Cost	\$3,500	\$2,000	\$3,500
Total	\$4,584	\$2,844	\$5,146

Separate Cap on Prescription Meds = More Money In Patty's Pocket



Sam: A Young Health Family That Is Concerned About Budget

Sam covers his spouse and 3 kids on the insurance plan. Sam wants the lowest cost plan that provides access to a carrier with a large provider network. **Sam chose the Premera \$1,250 deductible plan because it was the least expensive plan with access to a wide choice of doctors and hospitals. If Sam was not as concerned about a large network, the Kaiser \$1,250 deductible HMO plan is also an option to consider with the overall cheapest cost.**

Carrier	Premera	UMP	Kaiser Core	Kaiser PPO
6 Provider Office Visits	\$120	\$1,080	\$180	\$180
Lab & X-Ray	\$150	\$150	\$0	\$150
Generic Drugs	\$56	\$120	\$40	\$80
Brand Name Drugs	\$250	\$250	\$50	\$100
Annual Premium Contribution	\$1,332	\$900	\$1,404	\$3,744
Total	\$1,908	\$2,500	\$1,674	\$4,254

Large National Network = Traveling without Worry



Sara: Comfortable In Her HMO

Sara is a single employee who was previously enrolled on an HMO plan. She is willing to give up provider choice in exchange for rich benefits and low premium costs. **Sara chose the Kaiser Sound Choice plan because it has the lowest deductible offered at the most competitive price.**

Carrier	Premera Peak Care	UMP Plus	Kaiser Sound Choice
Annual Premium Contribution	\$492	\$924	\$912
Deductible	\$750	\$125	\$125
Total	\$1,242	\$1,049	\$1,037

Narrow Network = Rich Benefits at An Affordable Cost



DEPENDENT VERIFICATION RULES

You will need to provide eligibility verification documents for all dependents before they can be enrolled on your coverage. Your dependents may include your spouse or state-registered domestic partner, and/or children (as defined in Washington Administrative Code (WAC) 182-31-140).

Important: You should collect the documents you will need to verify your dependents' eligibility now, before the first annual open enrollment begins October 26th.

To verify a spouse or state-registered domestic partner, you can use:

- Marriage certificates
- Tax returns
- Certificates of legal union

To verify children, you may need:

- Tax returns
- Birth certificates
- Other documents (full list will be available closer to open enrollment)

You will need to be prepared to submit these documents if you want to enroll dependents during the first annual open enrollment.

MEDICAL PLAN AVAILABILITY

	Premera BlueCross			UMP					Kaiser Washington			Kaiser Washington Core				Kaiser Northwest		
	Standard PPO	High PPO	Peak Care EPO	Achieve 1	Achieve 2	High Deductible	UMP Plus - UW ACN	UMP Plus - PSHVN	PPO 1	PPO 2	PPO 3	Core 1	Core 2	Core 3	SoundChoice	Plan 1	Plan 2	Plan 3
Adams	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Asotin	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Benton	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No
Chelan	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No
Cllalam	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Clark	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes
Columbia	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No
Cowlitz	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	Yes	Yes	Yes	Yes
Douglas	No	No	No	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No	No	No
Ferry	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Franklin	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No
Garfield	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Grant	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Grays Harbor	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Island	No	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Jefferson	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
King	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Kitsap	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Kittitas	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No
Klickitat	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Lewis	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Lincoln	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Mason	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Okanogan	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Pacific	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Pend Oreille	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Pierce	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No
San Juan	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Skagit	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Skamania	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Snohomish	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Spokane	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Stevens	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Thurston	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No
Wahkiakum	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Walla Walla	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No
Whatcom	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Whitman	Yes	Yes	No	Yes	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	No	No	No	No
Yakima	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	No	No	No

*Plan availability is based upon county of residence or county of work. One exception is UMP members must live in a county serviced by the plan.

MEDICAL – PPO PLAN OPTIONS

	Premera		UMP	
	High PPO	Standard PPO	Achieve 1	Achieve 2
Benefits				
Deductible (Single/Family)	\$750/\$1,875	\$1,250/\$3,125	\$750/\$2,250	\$250/\$750
Out of Pocket Maximum (Single/Family)	\$3,500/\$7,000	\$5,000/10,000	\$3,500/\$7,000	\$2,000/\$4,000
Combined OOPM (Medical/RX)	\$3,500/\$7,000	\$5,000/10,000	\$5,500/\$11,000	\$4,000/\$8,000
Coinsurance	75/25	80/20	80/20	85/15
Ambulance	25%	20%	20%	20%
Diagnostic Tests, lab and x-rays	25%	20%	20%	15%
Emergency Room	\$150 Copay + 25%	\$150 Copay + 20%	\$75 Copay + 20%	\$75 Copay + 15%
Inpatient Services	25%	20%	\$200/day up to \$600 + 20%	\$200/day up to \$600 + 15%
Outpatient services	25%	20%	20%	15%
Preventative care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Spinal Manipulations	25%	20%	20%	15%
Primary Care	\$20 Copay	\$20 Copay	20%	15%
Specialist	\$40 Copay	\$40 Copay	20%	15%
Urgent Care	25%	20%	20%	15%
Mental Health (Outpatient)	\$20 Copay	\$20 Copay	20%	15%
PT, OT and ST	\$40 Copay	\$40 Copay	20%	15%
Rx deductible	\$125/\$312	\$250/\$750*	\$250/\$750 (does not apply to tier 1)	\$100/\$300 (does not apply to tier 1)
Rx out-of pocket limit	Applies to Max	Applies to Max	\$2,000/\$4,000	\$2,000/\$4,000
Retail: Value Tier	N/A	N/A	5% up to \$10	5% up to \$10
Retail: Tier 1 (Generics)	\$7 Copay	\$7 Copay	10% up to \$25	10% up to \$25
Retail: Tier 2 (Preferred Brand)	\$30 Copay	30%	30% up to \$75	30% up to \$75
Retail: Tier 3 (Non-Preferred)	30%	50%	N/A	N/A
(Most Specialty)	\$50 Copay	40%	30% up to \$75	30% up to \$75
Employee Contributions				
Employee Only	\$87	\$37	\$37	\$101
Employee + Spouse	\$174	\$74	\$74	\$202
Employee + Spouse + Children	\$261	\$111	\$111	\$303
Employee + Children	\$152	\$65	\$65	\$177

Note: All plans cover legally-required preventative prescription drugs at 100%, with no deductible.

*Waived for preferred generic prescription drugs

**After deductible met

	UMP	Kaiser WA Options		
	High Deductible	Access PPO 1	Access PPO 2	Access PPO 3
Benefits				
Deductible (Single/Family)	\$1,400/\$2,800*	\$1,250/\$3,750	\$750/\$2,250	\$250/\$750
Out of Pocket Maximum (Single/Family)	\$4,200/\$8,400**	\$4,500/\$9,000	\$3,500/\$7,000	\$2,500/\$5,000
Combined OOPM (Medical/RX)	\$4,200/\$8,400**	\$4,500/\$9,000	\$3,500/\$7,000	\$2,500/\$5,000
Coinsurance	85/15	80/20	80/20	80/20
Ambulance	20%	20%	20%	20%
Diagnostic Tests, lab and x-rays	15%	20%	20% over \$500	20%
Emergency Room	15%	\$150 Copay + 20%	\$150 Copay + 20%	\$150 Copay + 20%
Inpatient Services	15%	20%	20%	20%
Outpatient services	15%	20%	20%	20%
Preventative care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Spinal Manipulations	15%	\$30 Copay	\$25 Copay	\$20 Copay
Primary Care	15%	\$30 Copay	\$25 Copay	\$20 Copay
Specialist	15%	\$40 Copay	\$35 Copay	\$30 Copay
Urgent Care	15%	\$30 Copay	\$25 Copay	\$20 Copay
Mental Health (Outpatient)	15%	\$30 Copay	\$25 Copay	\$20 Copay
PT, OT and ST	15%	\$40 Copay	\$35 Copay	\$30 Copay
Rx deductible	Combined with medical deductible	None	None	None
Rx out-of-pocket limit	Applies to max	Applies to Max	Applies to Max	Applies to Max
Retail: Value Tier	15%**	N/A	N/A	N/A
Retail: Tier 1 (Generics)	15%**	\$10 Copay	\$10 Copay	\$10 Copay
Retail: Tier 2 (Preferred Brand)	15%**	\$50 Copay	\$50 Copay	\$50 Copay
Retail: Tier 3 (Non-Preferred)	N/A	50% up to \$125	50% up to \$125	50% up to \$125
(Most Specialty)	15%**	50% up to \$150	50% up to \$150	50% up to \$150
Employee Contributions				
Employee Only	\$25	\$104	\$133	\$185
Employee + Spouse	\$50	\$208	\$266	\$370
Employee + Spouse + Children	\$75	\$312	\$399	\$555
Employee + Children	\$44	\$182	\$233	\$324

Note: All plans cover legally-required preventative prescription drugs at 100%, with no deductible.

*Waived for preferred generic prescription drugs

**After deductible met

MEDICAL – HMO/NARROW NETWORK OPTIONS

	Premera	UMP	Kaiser WA	
	Peak Care EPO	UMP Plus	KPWA Core 1	KPWA Core 2
Benefits				
Deductible (Single/Family)	\$750/\$1,875	\$125/\$375	\$1,250/\$3,750	\$750/\$2,250
Out of Pocket Maximum (Single/Family)	\$3,500/\$7,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,000/\$6,000
Combined OOPM (Medical/RX)	\$3,500/\$7,000	\$4,000/\$8,000	\$4,000/\$8,000	\$3,000/\$6,000
Coinsurance	75/25	85/15	80/20	80/20
Ambulance	25%	20%	20%	20%
Diagnostic Tests, lab and x-rays	25%	15%	20% over \$500	20% over \$500
Emergency Room	\$150 Copay + 25%	\$75 Copay + 15%	\$150 Copay + 20%	\$150 Copay + 20%
Inpatient Services	25%	\$200/day up to \$600 + 15%	20%	20%
Outpatient services	25%	15%	20%	20%
Preventative care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Spinal Manipulations	25%	15%	\$30 Copay	\$25 Copay
Primary Care	\$20 Copay	\$0 Copay	\$30 Copay	\$25 Copay
Specialist	\$40 Copay	15%	\$40 Copay	\$35 Copay
Urgent Care	25%	15%	\$30 Copay	\$25 Copay
Mental Health (Outpatient)	\$20 Copay	15%	\$30 Copay	\$25 Copay
PT, OT and ST	\$40 Copay	15%	\$40 Copay	\$35 Copay
Rx deductible	\$125/\$312	None	None	None
Rx out-of pocket limit	Applies to Max	\$2,000/\$4,000	Applies to Max	Applies to Max
Retail: Value Tier	N/A	5% up to \$10	N/A	N/A
Retail: Tier 1 (Generics)	\$7 Copay	10% up to \$25	\$5 Copay	\$10 Copay
Retail: Tier 2 (Preferred Brand)	\$30 Copay	30% up to \$75	\$25 Copay	\$25 Copay
Retail: Tier 3 (Non-Preferred)	30%	N/A	\$50 Copay	\$50 Copay
(Most Specialty)	\$50 Copay	30% up to \$75	50% up to \$150	50% up to \$150
Employee Contributions				
Employee Only	\$41	\$77	\$39	\$44
Employee + Spouse	\$82	\$154	\$78	\$88
Employee + Spouse + Children	\$123	\$231	\$117	\$132
Employee + Children	\$72	\$135	\$68	\$77

Note: All plans cover legally-required preventative prescription drugs at 100%, with no deductible.

*Waived for preferred generic prescription drugs

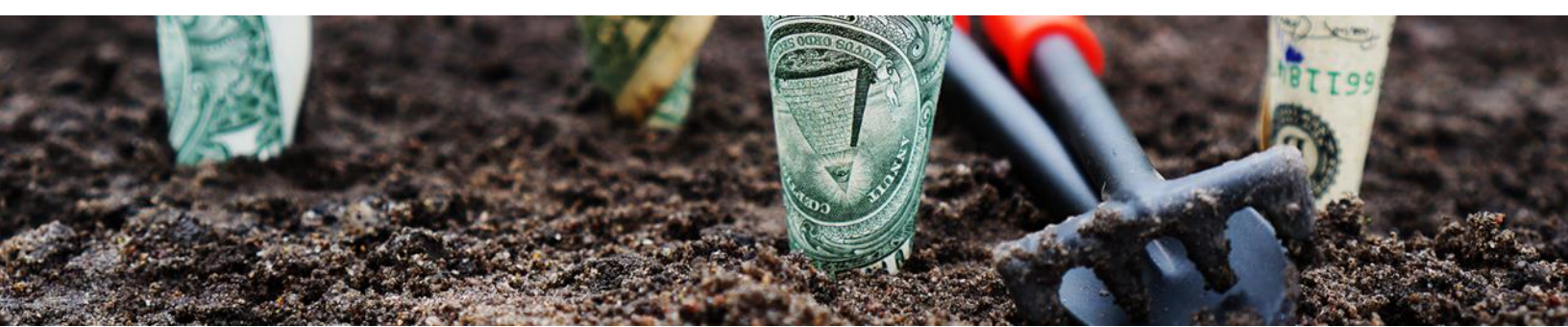
**After deductible met

	Kaiser WA		Kaiser NW		
	KPWA Core 3	Sound Choice	KPNW 1	KPNW 2	KPNW 3
Benefits					
Deductible (Single/Family)	\$250/\$750	\$125/\$375	\$1,250/\$2,500	\$750/\$1,500	\$125/\$250
Out of Pocket Maximum (Single/Family)	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000	\$2,000/\$4,000
Combined OOPM (Medical/RX)	\$2,000/\$4,000	\$2,000/\$4,000	\$4,000/\$8,000	\$3,500/\$7,000	\$2,000/\$4,000
Coinsurance	80/20	85/15	80/20	80/20	80/20
Ambulance	20%	20%	20%	20%	20%
Diagnostic Tests, lab and x-rays	20%	15%	\$30 Copay	\$25 Copay	\$20 Copay
Emergency Room	\$150 Copay + 20%	\$150 Copay + 15%	20%	20%	20%
Inpatient Services	20%	15%	20%	20%	20%
Outpatient services	20%	15%	20%	20%	20%
Preventative care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Spinal Manipulations	\$20 Copay	\$0 Copay	\$40 Copay	\$35 Copay	\$30 Copay
Primary Care	\$20 Copay	\$0 Copay	\$30 Copay	\$25 Copay	\$20 Copay
Specialist	\$30 Copay	\$30 Copay	\$40 Copay	\$35 Copay	\$30 Copay
Urgent Care	\$20 Copay	\$0 Copay	\$50 Copay	\$45 Copay	\$40 Copay
Mental Health (Outpatient)	\$20 Copay	\$0 Copay	\$30 Copay	\$25 Copay	\$20 Copay
PT, OT and ST	\$30 Copay	\$30 Copay	\$40 Copay	\$35 Copay	\$30 Copay
Rx deductible	None	None	None	None	None
Rx out-of pocket limit	Applies to Max	Applies to Max	Applies to Max	Applies to Max	Applies to Max
Retail: Value Tier	N/A	N/A	N/A	N/A	N/A
Retail: Tier 1 (Generics)	\$10 Copay	\$10 Copay	\$20 Copay	\$15 Copay	\$10 Copay
Retail: Tier 2 (Preferred Brand)	\$25 Copay	\$25 Copay	\$40 Copay	\$30 Copay	\$20 Copay
Retail: Tier 3 (Non-Preferred)	\$50 Copay	\$50 Copay	50% up to \$100	50% up to \$100	50% up to \$100
(Most Specialty)	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150	50% up to \$150
Employee Contributions					
Employee Only	\$119	\$76	\$50	\$69	\$136
Employee + Spouse	\$238	\$152	\$100	\$138	\$272
Employee + Spouse + Children	\$357	\$228	\$150	\$207	\$408
Employee + Children	\$208	\$133	\$88	\$121	\$238

Note: All plans cover legally-required preventative prescription drugs at 100%, with no deductible.

*Waived for preferred generic prescription drugs

**After deductible met



SURCHARGES, CREDITS & WAIVING

There are two ways your SEBB premium MAY change vs what you are seeing in this packet of information.

1. Spouse waiver

SEBB will assess a \$50 premium surcharge if you have a spouse or state-registered domestic partner enrolled on your medical plan, and if they elected not to enroll in other employer-based group medical that is comparable to the Uniform Medical Plan (UP) Classic option. If they did not have access to other coverage then the surcharge will not apply.

2. Tobacco surcharge

A monthly surcharge of \$25 will be applied to all employees who fail to attest that they, and all covered members of the employee's family (age 13 or older) are tobacco free.

Waiving Medical

You do not have to purchase medical insurance through SEBB. However, if you do not want coverage you must check the waive box during enrollment. If you don't want medical and fail to properly indicate that you are waiving, you will be automatically enrolled in the default medical plan (UMP Achieve 1).

Wellness Bonus! Get an incentive during enrollment!

As an enrolled member of SEBB you have access to the full wellness program called SmartHealth. SmartHealth is an easy to use, mobile friendly website with tips and tools to improve your health.

One of the key features of SmartHealth is an on-line health risk assessment. This questionnaire allows you to learn more about your current health status, and also how to take action to improve your overall health. All of your information is completely private and you will be the only person to see your results.



FSA/DCAP

Flexible Spending Account (FSA)

Flexible Spending Accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

Essentially, the Internal Revenue Service (IRS) set up FSAs as a means to provide a tax break to employees and their employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, which is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state or local income taxes—effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. As a result of the personal tax savings you incur, your spendable income will increase.

Dependent Care Assistance Program (DCAP)

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care. The annual maximum amount you may contribute is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

If you elect to contribute to the dependent care FSA, you may be reimbursed for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Additional benefit maximum contributions	
Medical Flexible Spending Arrangement (FSA)	
Maximum contribution	\$2,750
Dependent Care Assistance Program (DCAP)	
Maximum contribution	\$5,000 for a joint income tax return / \$2,500 each for separate income tax returns



Dental

SEBB offers multiple dental programs, with two different delivery systems to access your care.

Uniform Dental offers a PPO Dental program. PPO means you can access care from a wide array of private dental practices who are in network, or you can access care from an out of network provider for much less coverage.

DeltaCare also offers a network of independent dentists, but like an HMO for medical, the list is much more restrictive and there is no out of network coverage.

Willamette Dental offers Dental Maintenance Organization (DMO) coverage. Similar to an HMO, under Willamette you will access dental care at Willamette owned and operated clinics. There is no out of network coverage. Willamette access fees are very low, but access to providers is more limited.

Benefit	Uniform Dental	DeltaCare	Willamette
Plan Type	PPO	Managed Care	Managed Care
Annual maximum	\$1,750	No Max	No Max
Deductible	\$50 (individual) \$150 (family)	\$0	\$0
General office visit (after deductible)	\$0	\$0	\$0
Routine/emergency exams	100%	100%	100%
Fillings	80%	\$10-\$50	\$10-\$50
Crowns	50%	\$100-\$175	\$100-\$175
Root canal	80%	\$100-\$150	\$100-\$150
Orthodontia	50% until plan has paid \$1,750; then any amount over \$1,750	\$1,500 per case	\$1,500 per case

Plan Cost	Paid 100% by state for all tiers
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Vision

Vision coverage helps with the cost of eyeglasses or contacts. Even if you don't need vision correction, an annual eye exam checks the health of your eyes and can even detect more serious health issues such as diabetes, high blood pressure, high cholesterol, and thyroid disease.

SEBB offers three vision options through Davis Vision, EyeMed and MetLife.

Benefit	Davis Vision	EyeMed	MetLife
Routine Exam (Renews January 1st)	\$0	\$0	\$0
Frames (Renews January 1st in even years)	\$0 up to \$150, then 80%	\$0 up to \$150, then 80%	\$0 up to \$150, then 80%
Lenses	\$0	\$0	\$10
Progressive Lenses	\$175	\$55-\$175	\$0-\$175
Conventional* contact lenses	\$0 up to \$150, then 85% (or 4 boxes from collection lenses)	\$0 up to \$150, then 85%	\$0 up to \$150, then 100%
Disposable* contact lenses		\$0 up to \$150, then 100%	

*Disposable contact lenses are single-use lenses and are removed and discarded after a determined period of time, typically at the end of each day or week. Conventional lenses, with proper care and cleaning, can be used to longer periods of time, from one month to up to one year.

Plan Cost	Paid 100% by the state for all tiers
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LIFE AND AD&D

Life insurance can fill a number of financial gaps for a family recovering from the death of a loved one. Consider your current and future financial needs when evaluating how much coverage you want. The most common short and long-term financial needs include:

- Medical bills and funeral expenses
- Living expenses for the surviving family (housing, food, clothing, utilities, etc.)
- Large expenses, e.g., college education, or home mortgage
- Taxes and debts that need to be settled



Make sure that you have named a beneficiary for your life insurance benefit, and update it if your family or marital status changes.

State-provided coverage

Basic Life and AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D (Accidental Death & Dismemberment) provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident. The cost of coverage is paid in full by the state.

LIFE AND AD&D PLAN

Basic Life	\$35,000
Basic AD&D	\$5,000

Voluntary coverage

Supplemental Life

Voluntary Life Insurance allows you to purchase additional life insurance to protect your family's financial security. Coverage is available for your spouse and/or child(ren) if you purchase coverage for yourself.

Supplemental (Employee Paid)	
Employee Supplemental Life	Guaranteed issue (GI)* up to \$500,000 in \$10,000 increments, up to a maximum of \$1,000,000
	Evidence of insurability (EOI)* required for amounts over \$500,000
Supplemental spouse term life (tied to employee coverage amount)	Up to 50% of employee's supplemental
	GI up to \$100,000 in \$5,000 increments
	EOI required over \$100,000
Supplemental dependent child term life	GI up to \$20,000 in \$5,000 increments
	For dependents age 2 weeks to 26 years
Supplemental employee, spousal, and child AD&D	Employee: GI up to \$250,000 in \$10,000 increments
	Spouse: GI up to \$250,000 in \$10,000 increments
	Child: GI up to \$25,000 in \$5,000 increments

*Guaranteed issue benefits are available to any eligible employee, with no evidence of insurability. Evidence of insurability (or proof of good health), for these plans, is provided through an online questionnaire. Eligibility is approved or denied upon completion of the questionnaire.

Supplemental employee and spouse life insurance month Premiums (per \$1,000 of coverage)		
Age	Non-smoker	Smoker
<25	\$0.038	\$0.050
25 – 29	\$0.042	\$0.060
30 – 34	\$0.046	\$0.080
35 – 39	\$0.058	\$0.090
40 – 44	\$0.088	\$0.100
45 – 49	\$0.128	\$0.150
50 – 54	\$0.188	\$0.230
55 – 59	\$0.346	\$0.400
60 – 64	\$0.534	\$0.630
65 – 69	\$0.962	\$1.220
70+	\$1.438	\$1.988

Supplemental AD&D (Per \$1,000 of coverage)	
Employee/Spouse or SRDP	\$0.019
Child	\$0.016

Supplemental insurance: Premium Examples

35-Year old smoker

- \$200,000 supplemental life for employee: \$18/month
- \$100,000 supplemental life for spouse: \$9/month

50-Year old non-smoker

- \$150,000 supplemental life for employee: \$28.50/ month
- \$75,000 supplemental life for spouse: \$14.25/month

Any eligible employee (guaranteed issue)

- \$20,000 supplemental life for child: \$2.48/month
- \$250,000 supplemental AD&D for employee or spouse: \$4.75/month
- \$25,000 supplemental AD&D for child: \$0.40/month

If you don't sign up for benefits after your initial open enrollment, you will need to submit an Evidence of Insurability form with additional information about your health in order for the insurance company to approve this higher amount of coverage.

2022 Long-Term Disability (LTD) changes

FAQ for SEBB-eligible employees

The following provides answers to common questions about upcoming changes to the employee-paid LTD benefit, effective January 1, 2022. The changes do not affect benefits during the 2021 plan year.

1. What is long-term disability LTD insurance?

LTD insurance pays a monthly benefit to you if you are injured or ill and can't work.

The SEBB Program provides two types of LTD insurance: employer-paid and employee-paid. Here are the differences:

Type of LTD offered	Cost to you	Maximum monthly benefit
Employer-paid	\$0	\$400
Employee-paid	You pay the monthly premium. See "What does it cost?"	\$10,000 (60% coverage) OR \$8,333 (50% coverage)

2. What is changing?

Starting January 1, 2022, most SEBB-eligible employees will be automatically enrolled in the employee-paid LTD plan.

Coverage levels: At the automatic coverage level, 60 percent of your monthly predisability earnings (up to \$16,667) is covered. At any time, you can reduce to a lower-cost 50-percent coverage level. You can also decline the employee-paid coverage at any time. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

Benefit waiting period: The employee-paid LTD plan has a 90-day benefit waiting period and is not changing.

3. Why do I need employee-paid LTD?

No one expects a disability, but it can happen anytime to anyone. According to the Social Security Administration, one in four 20-year-olds will become disabled before age 67. And one in 10 Americans lives with a severe disability.

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?

The plan also helps you get back to work. For instance, if a worksite modification would enable you to return to work, the coverage could help your employer make approved modifications.

4. Why is this automatic enrollment happening?

You already have an employer-paid long-term disability (LTD) 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 from the employer-paid benefit is \$400 a month. That probably wouldn't cover groceries, let alone your other bills.

The SEBB Program is making this change so that if you became disabled and couldn't work, employee-paid LTD insurance would help you pay for rent or mortgage, car insurance, utilities, child care, phone, groceries, and other things you couldn't do without.

5. I already have employee-paid (supplemental) LTD. Does this affect me?

Yes. You will continue to be covered at the 60-percent coverage level and 90-day benefit waiting period. Your monthly premium will change (see below).

6. What does it cost?

Standard Insurance Company provides SEBB LTD coverage at competitive group rates.

Your monthly employee-paid LTD premium is based on your employee retirement plan, your desired coverage level (either 60 percent or 50 percent), your age, and your monthly predisability earnings. To find your premium, use the premium calculator on Standard's website at standard.com/calculator-wasebb.

Monthly employee-paid LTD rates

Your age	60% coverage level rate	50% coverage level rate
<30	0.0011	0.0007
30–34	0.0015	0.0009
35–39	0.0023	0.0014
40–44	0.0032	0.0019
45–49	0.0044	0.0026
50–54	0.0060	0.0036
55–59	0.0072	0.0044
60–64	0.0075	0.0045
65+	0.0076	0.0046

Examples of employee-paid premiums

Your exact premium depends on your age, your monthly predisability earnings (gross earnings before tax and other deductions), and the coverage level you choose. Here are some examples.

60% coverage level

Examples of monthly predisability earnings	Age of subscriber on January 1								
	0 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65+
\$3,000	\$3.30	\$4.50	\$6.90	\$9.60	\$13.20	\$18.00	\$21.60	\$22.50	\$22.80

Examples of monthly predisability earnings	Age of subscriber on January 1								
	0 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65+
\$4,000	\$4.40	\$6.00	\$9.20	\$12.80	\$17.60	\$24.00	\$28.80	\$30.00	\$30.40
\$5,000	\$5.50	\$7.50	\$11.50	\$16.00	\$22.00	\$30.00	\$36.00	\$37.50	\$38.00
\$6,000	\$6.60	\$9.00	\$13.80	\$19.20	\$26.40	\$36.00	\$43.20	\$45.00	\$45.60
\$7,000	\$7.70	\$10.50	\$16.10	\$22.40	\$30.80	\$42.00	\$50.40	\$52.50	\$53.20
\$8,000	\$8.80	\$12.00	\$18.40	\$25.60	\$35.20	\$48.00	\$57.60	\$60.00	\$60.80
\$9,000	\$9.90	\$13.50	\$20.70	\$28.80	\$39.60	\$54.00	\$64.80	\$67.50	\$68.40
\$10,000	\$11.00	\$15.00	\$23.00	\$32.00	\$44.00	\$60.00	\$72.00	\$75.00	\$76.00
\$11,000 to \$16,667	\$12.10 to \$18.33	\$16.50 to \$25.00	\$25.30 to \$38.33	\$35.20 to \$53.33	\$48.40 to \$73.33	\$66.00 to \$100.00	\$79.20 to \$120.00	\$82.50 to \$125.00	\$83.60 to \$126.67

50% coverage level

Examples of monthly predisability earnings	Age of subscriber on January 1								
	0 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65+
\$3,000	\$2.10	\$2.70	\$4.20	\$5.70	\$7.80	\$10.80	\$13.20	\$13.50	\$13.80
\$4,000	\$2.80	\$3.60	\$5.60	\$7.60	\$10.40	\$14.40	\$17.60	\$18.00	\$18.40
\$5,000	\$3.50	\$4.50	\$7.00	\$9.50	\$13.00	\$18.00	\$22.00	\$22.50	\$23.00
\$6,000	\$4.20	\$5.40	\$8.40	\$11.40	\$15.60	\$21.60	\$26.40	\$27.00	\$27.60
\$7,000	\$4.90	\$6.30	\$9.80	\$13.30	\$18.20	\$25.20	\$30.80	\$31.50	\$32.20
\$8,000	\$5.60	\$7.20	\$11.20	\$15.20	\$20.80	\$28.80	\$35.20	\$36.00	\$36.80
\$9,000	\$6.30	\$8.10	\$12.60	\$17.10	\$23.40	\$32.40	\$39.60	\$40.50	\$41.40
\$10,000	\$7.00	\$9.00	\$14.00	\$19.00	\$26.00	\$36.00	\$44.00	\$45.00	\$46.00
\$11,000 to \$16,667	\$7.70 to \$11.67	\$9.90 to \$15.00	\$15.40 to \$23.33	\$20.90 to \$31.67	\$28.60 to \$43.33	\$39.60 to \$60.00	\$48.40 to \$73.33	\$49.50 to \$75.00	\$50.60 to \$76.67

7. What do I need to do?

You don't have to do anything. You will be automatically enrolled in or transitioned to the 60-percent coverage level with a 90-day benefit waiting period. Your premium will be deducted from your paycheck starting with January 2022 coverage. Check with your payroll or benefits office for when the LTD premium will be deducted from your paycheck for January coverage (the LTD deduction may happen in December, depending on your employer's payroll cycle).

8. How do I reduce or decline coverage for 2022?

At any time, you can reduce to a lower-cost 50-percent coverage level or decline the employee-paid 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. **For changes to take effect for January 1, 2022 coverage, you must reduce or decline by December 31, 2021.**

You can reduce or decline your employee-paid LTD plan for 2022 using SEBB My Account at myaccount.hca.wa.gov, or you can reduce or decline the coverage by submitting a *Long Term Disability Insurance Enrollment and Change* form to your payroll or benefits office. The form is available on HCA’s LTD webpage at hca.wa.gov/sebb-ltd.

9. What if I don’t do anything?

If you don’t reduce or decline your LTD benefit election, you will be automatically enrolled in or transitioned to 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 (the LTD deduction may occur in December, depending on your employer’s payroll cycle).

10. What about the new long-term care benefit?

Your SEBB long-term disability benefit is different from the state’s new long-term care benefit, which is called The WA Cares Fund. Your SEBB long-term disability benefit replaces a portion of income lost due to accident, illness, or pregnancy.

The WA Cares Fund pays for the cost of caregiving for you when you need assistance with activities of daily living, at whatever age you may need assistance, including long after retirement. For more information about the new long-term care benefit, visit wacaresfund.wa.gov.

11. How can I learn more?

If you have questions about enrollment or premium payments, please contact your payroll or benefits office. More information is available on these websites.

Website	More information	Web address
LTD calculator	Find your premium	standard.com/calculator-wasebb
Standard	Details about the plan, including deductible income, exclusions, maximum benefit period, and survivor’s benefit	standard.com/mybenefits/wash-state-hca-sebb
LTD webpage	Details about eligibility and how to enroll in LTD coverage	hca.wa.gov/sebb-ltd
HCA forms and publications search	Find the LTD benefits booklet or <i>2022 Long Term Disability Insurance Enrollment and Change</i> form	hca.wa.gov/employee-retiree-benefits/forms-and-publications
SEBB My Account	Reduce or decline coverage during annual open enrollment	myaccount.hca.wa.gov
SEBB virtual benefits fair	Information about all SEBB benefits and webinars; opens October 1	hca.wa.gov/vbf-sebb



CONTACTS

Plan Type	Provider	Phone	Web
Medical PPO	(Uniform Medical Plan) Regence Blue Shield	1-800-628-3481	regence.com/ump/sebb
Medical PPO	Premera Blue Cross	1-800-807-7310	premera.com/sebb
Medical PPO/HMO	Kaiser Permanente of Washington	1-800-901-4636	https://wa-my.kp.org/sebb
Medical HMO	Kaiser Permanente Northwest	1-800-813-2000	https://my.kp.org/sebb/
Dental PPO	Uniform Dental	1-800-537-3406	deltadentalwa.com/sebb
Managed Dental	Delta Care	1-800-650-1583	deltadentalwa.com/sebb
	Willamette Dental Insurance, Inc.	1-855-433-6825	sebb.willamettedental.com
Vision	Davis Vision	1-877-377-9353	davisvision.com/hcasebb
	EyeMed	1-800-699-0993	eyemedvisioncare.com/hcasebboe
	MetLife	1-855-638-3931	metlife.com/wshca-sebb/vision-insurance/
Life and AD&D	MetLife	1-833-854-9624	metlife.com/wshca-sebb
Long Term Disability (LTD)	Standard Insurance Group	1-833-229-4177	standard.com/employee-benefits/washington-state-hca-sebb
Flexible Spending Account (FSA)	Navia	1-800-669-3539	sebb.naviabenefits.com
Health Savings Account (HSA)	Health Equity	1-844-351-6853	learn.healthequity.com/sebb/hsa
Voluntary Benefits	Aflac	1-833-783-7792	www.aflac.com/waschools

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