



Frequently Asked Questions - School Employees' Benefits Board (SEBB)

When does SEBB start, and who is covered?

SEBB starts in January 2020, and it covers all K-12 public school employees in Washington.

All current K-12 employees who are anticipated to work 630 hours in a school year, which averages to 3.5 hours per day over 180 days, are eligible for benefits. This includes any and all hours worked in a district – including hours as a substitute or coach.

Health care options for retirees remain unchanged. Those eligible to participate in the state health care system will continue to enroll in the PEBB (Public Employees Benefits Board) program. More information on [PEBB health care for retirees can be found here](#).

When is SEBB open enrollment?

Open enrollment for the new SEBB health care system is Oct. 1 – Nov. 15, 2019.

What medical plans are available through SEBB?

The medical insurance plans available through SEBB vary based on county and school district. They are not the same everywhere. *All* K-12 employees will have access to plans based on where they live. [This chart lists the plans available in each county](#).

Premera and Kaiser are the two private insurance companies offering plans through SEBB. The state's self-insured plan (Uniform Medical Plan/ UMP) is administered by Regence. These UMP plans are available in every county and are available to anyone living outside of Washington, including those who live in Idaho and Oregon: UMP Achieve 1, UMP Achieve 2, and UMP High Deductible.

School employees who work in districts that cross county lines or in districts in counties that border Oregon or Idaho may have additional plans available depending on the school district. [Here is a chart that lists possible additional plans listed by district](#).

Employees can choose from the plans offered in the counties where they live and any additional plans listed by their district.

Why are there fewer plan options in some areas, such as Clark County?

Besides the state's Uniform Medical Plan, which is offered statewide, other plans in the SEBB are offered by private insurance companies. Service areas were one of many issues under negotiation through the contracting process with the state. Ultimately, not all plans were made available statewide. The Kaiser Permanente plans generally are tied to the location of their facilities. Other plans, including the UMP Plus plans, have narrow doctor networks that are only available in certain geographic areas. WEA will continue to advocate for more plan options in future years.

What dental and vision plans are available?

All SEBB dental and vision plans are offered statewide. Service provider networks vary by plan, so school employees should check to see if their dentists and eye doctors are covered. How to find that information will be included in the enrollment guide mailed in September.

Here are the dental and vision insurance plans available through SEBB:

Dental:

- DeltaCare (managed care)
- Willamette (managed care)
- Uniform Dental Plan – administered by Delta Dental (Preferred Provider/PPO)

Vision:

- Davis Vision
- EyeMed
- MetLife

What was WEA's role in moving to the SEBB?

Health insurance and health care costs impact every family differently, and the SEBB is impacting WEA members in different ways.

Some members who have paid thousands of dollars per month in out-of-pocket premiums will see their premiums decrease dramatically under SEBB – and they will receive an immediate increase in take-home pay. Part-time employees who work on average of 3.5 hours per day, or 630 hours per year, will now receive the same coverage as superintendents and other full-time staff. This means many of our ESP members, who work fewer hours and make less money, will finally have access to affordable health care, possibly for the first time ever.

Some school employees, particularly those without dependents, may see an increase in their premiums.

The cost and coverage will vary based on the plans that are selected.

WEA opposed the creation of SEBB partially because our members didn't trust the Legislature to fund it adequately. However, once the Legislature approved the creation of the SEBB, WEA fought to make sure it was funded by the state. Overall, the state will be paying hundreds of millions of dollars more for K-12 employees' health insurance each year, money that previously was paid by employees themselves. The WEA Board and WEA Legislative Strategy Committee will continue to closely monitor the SEBB implementation.

Can school employees opt out of coverage?

You can waive medical coverage if you are enrolled in another employer-sponsored health care plan, TRICARE (military), or Medicare. The new system is moving from a local pooling system to a statewide pool. The savings generated by those who waive coverage will benefit the overall pool and keep costs down for everyone.

How do we find out which plans cover specific procedures or medicines?

The SEBB enrollment guide that will be mailed to school employees in September will include website addresses where plan details will be available. There will also be online benefit comparison tools and benefit fairs starting in October.

Are massage and acupuncture covered?

Yes. Acupuncture and massage will be covered through these plans, but the limits or networks of providers may be different among the plans. The SEBB enrollment guide that will be mailed to school employees in September will include website addresses where plan details will be available. There will also be online benefit comparison tools and benefit fairs starting in October.

What are premium surcharges?

There are two potential surcharges that an employee might pay in addition to the monthly premium. One is related to tobacco use, and the other is called a spousal surcharge.

During open enrollment, there will be “attestations” to indicate if an employee and their dependents are smokers and whether their spouse qualifies for other health insurance. Employees who do not fill out these forms will pay the surcharges (although the spousal surcharge is only applied for those enrolling a spouse or state-registered domestic partner). Note: tobacco attestation can be changed at any time, but the spousal surcharge attestation can only be changed during open enrollment or during a qualifying special enrollment.

These are the two potential premium surcharges:

Tobacco use surcharge - \$25 per month

This surcharge will apply if the employee or any dependent (age 13 or older) enrolled on their SEBB medical plan uses a tobacco product.

Spouse or state-registered domestic partner coverage surcharge - \$50 per month

This surcharge will apply if an employee’s spouse or state-registered domestic partner enrolled on their SEBB medical plan, **and** the spouse or state-registered domestic partner has elected not to enroll in their employer-based group medical insurance that is comparable to PEBB’s Uniform Medical Plan (UMP) Classic. This surcharge occurs when a spouse or domestic partner’s SEBB enrollment is making SEBB a primary insurance when they had access to other outside insurance. It does not apply if your spouse/state registered domestic partner did not have access to other health insurance nor if they had access to SEBB insurance. The following tables may address some questions about what is allowed / not allowed for double coverage and when the spousal surcharge applies.

<i>Scenario</i>	<i>Allowed?</i>	<i>Does the Spousal Surcharge Apply?</i>
My spouse or state registered domestic partner works in same or different K-12 District/SEBB employer:		
Can I double-cover my spouse, state-registered domestic partner or children for medical?	No – only one SEBB enrollment per person allowed	n/a
Can my spouse, state registered domestic partner or children waive their SEBB coverage to enroll in mine as a family?	Yes	No
Can I double cover my spouse (state registered domestic partner)/dependent(s) for vision or dental?	No – only one SEBB enrollment per person allowed	n/a
My spouse (or state registered domestic partner) does not work in K-12 District/SEBB employer:		
Can I double-cover my spouse (state registered domestic partner)/dependent(s) for medical?	Yes	If my spouse does not waive their own (primary) coverage, SEBB is the 2 nd insurance, and the surcharge will not apply.
Can my spouse (state registered domestic partner)/dependent(s) waive their employer’s medical coverage, to be enrolled in SEBB?	Yes	Yes, the surcharge will apply if the spouse or state registered domestic partner’s coverage option was generally equivalent to SEBB.
Can I double-cover only in vision and/or dental (not medical)?	Yes	No
Can I enroll my spouse or state registered domestic partner who is eligible for Medicare coverage (but they waive that coverage)?	Yes	No, and the surcharge will not apply, because Medicare is not an employer-sponsored plan.

How can I find out more?

In September, the state will mail a SEBB enrollment guide directly to K-12 employees. This will include many details about open enrollment processes, benefits, and more. In addition, the guide will include information on how to contact carriers directly for more detailed information on plans, provider networks, prescription drug coverage, and more.

In addition, the HCA is offering benefit fairs regionally. [Here is a list](#). Some school districts will be hosting their own benefit fairs. Starting Oct. 1, SEBB MyAccount will be the system employees use to sign up for benefits. That website will also include an online benefit fair and an Ask Alex interactive tool that will compare plan options. Details about SEBB MyAccount will be included in the enrollment guide.