

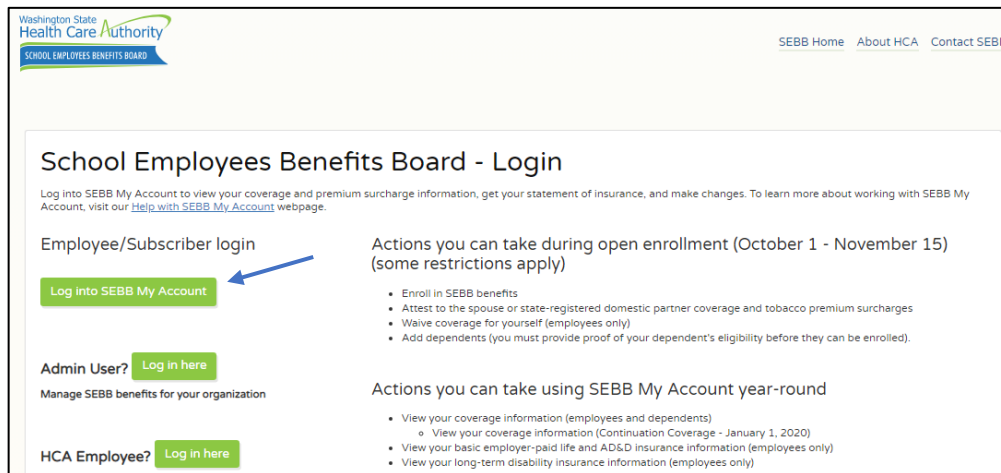
How to Report a Special Open Enrollment (SOE):

Certain events let you make account changes (like changing plans or enrolling a dependent) outside of annual open enrollment. A [special open enrollment event](#) must be an event other than an employee gaining initial eligibility for SEBB benefits, such as birth, marriage, or loss of other coverage.

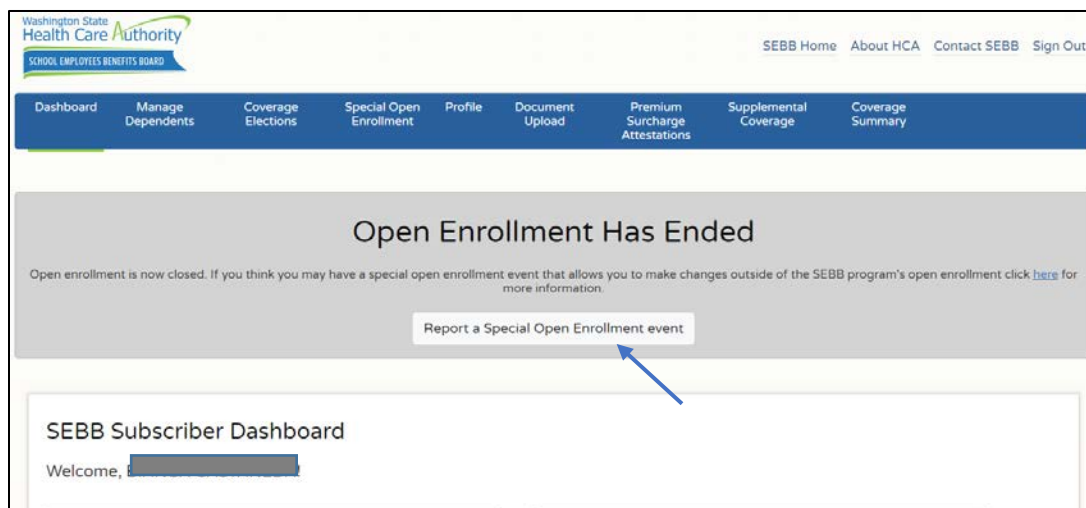
You must upload proof of the event that created the special open enrollment to [SEBB My Account](#) **no later than 60 days** after the event.

In many instances, the date your change is received affects the effective date of the change in enrollment. Enrollment for a newborn or adopted child will be effective on the date of birth or adoption. All other SOEs will be effective the 1st of the month following the date when all required verification is uploaded in SEBB My Account.

1. Login to SEBB My Account at myaccount.hca.wa.gov.



2. Report a Special Open Enrollment.



- Report the event type and date (date of birth, marriage, or termination/effective date of other coverage).

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

Special Open Enrollment

Special open enrollment guidelines

A special open enrollment is a period of time after specific life events (such as a birth or marriage) when subscribers may make changes outside of the SEBB Program's annual open enrollment. During the special open enrollment, subscribers may, change health plans, enroll or remove dependents from coverage, or enroll in or waive enrollment in SEBB medical. Employees eligible to participate in the salary reductions plan may enroll in or revoke their election (or make a new election) under the Dependent Care Assistance Program, Medical Flexible Spending Arrangement, or the premium payment plan.

The SEBB Program allows changes outside of the SEBB Program's annual open enrollment when certain events create a special open enrollment. The change in enrollment must be allowable under the Internal Revenue Code and Treasury Regulations, and correspond to and be consistent with the event that creates the special open enrollment for the employee, the employee's dependents, or both.

The Internal Revenue Code and Treasury Regulations require the change must correspond and be consistent with the event that affects eligibility for coverage.

You must provide proof of the event that created the special open enrollment (for example, a marriage certificate or birth certificate).

Submit a request for special open enrollment:

Select the applicable event:

Date of event:

- After clicking "Submit", select the event type to see the actions available under the SOE.

Submit a request for special open enrollment:

Select the applicable event:

Date of event:

Event type	Event date	Status	Reason	Enrollment period ...	Manage
<input checked="" type="checkbox"/> Birth or Adoption	12/30/2019	Pending	Received	2/28/2020	<input type="button" value="Delete"/>

1 - 1 of 1 items

Actions available under your special open enrollment for Birth or Adoption on Dec 30, 2019 :

- > [Add New Dependents](#)
- > [Make Plan Elections](#)
- > [Waive Medical Plan](#)

- Start with "Add New Dependents" (when applicable) and complete steps 1-3. [What are valid dependent verification documents?](#)

Event type Event date Status Reason Enrollment period ... Manage

<input checked="" type="checkbox"/> Birth or Adoption	12/30/2019	Pending	Received	2/28/2020	<input type="button" value="Delete"/>
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1 - 1 of 1 items

Actions available under your special open enrollment for Birth or Adoption on Dec 30, 2019 :

- > [Add New Dependents](#)
- > [Make Plan Elections](#)
- > [Waive Medical Plan](#)
- > [Return from waived](#)

Complete steps 1-3

1 Add dependents 2 Submit documentation for dependent(s) 3 Make attestations

6. Visit “Make Plan Elections” to select or change your plans, and elect the coverage that you want for yourself and/or dependents.

Benefits coverage enrollments for 2020

Make any changes below and use the **continue** button at the bottom to submit.

Coverage effective Feb 1, 2020

Subscriber name: [REDACTED]

County of residence: King

2020 Medical plan: UMP Plus–Puget Sound High Value Network

2020 Dental plan: DeltaCare (Group # 09601)


2020 Vision plan: Davis Vision

2020 Life plan: MetLife

2020 AD&D plan: Employee AD&D

Need more help deciding on plans?

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



Select subscriber's medical plan

Available medical plans:

	Medical plan	Premium
<input type="checkbox"/>	Kaiser Permanente WA Core 1	\$26
<input type="checkbox"/>	Kaiser Permanente WA Core 2	\$38
<input type="checkbox"/>	Kaiser Permanente WA Options Access	\$78

✓ [Compare medical plans.](#)

[Medical plans available by county.](#)

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

✓ Plan [contact information.](#)

Subscriber and dependents enrollment (Effective Feb 1, 2020)

Enroll dependents for the upcoming year. Select Yes from the drop-down next to the dependent you wish to enroll for each form of coverage. Your dependents will be enrolled in the same plans as you.

Member Name	Enroll in MEDICAL coverage	Enroll in DENTAL coverage	Enroll in VISION coverage
[REDACTED]	Yes ▼	Yes ▼	Yes ▼
[REDACTED] (Pending Verification)	Yes ▼	Yes ▼	Yes ▼

▶ Continue

✕ Clear changes

Please note, your Special Open Enrollment request and dependents will remain as “pending” until all valid documentation is submitted. If acceptable documentation isn’t submitted by the 61st day of your event, your request will be denied.

Visit <https://hca.wa.gov/sebb-employee> for more information, or contact Human Resources at 206-631-3059 or benefits@highlineschools.org.