

Benefits 24/7

Enrollment Process

To start your benefits enrollment, log into your [Benefits 24/7](#) account. If you need assistance, visit [Help with Benefits 24/7 | Washington State Health Care Authority](#).

If this your first-time logging into Benefits 24/7 and have not set up a SAW account, click on **How to Set Up Your Account** below.

If you already have these accounts set up, click on the **Benefits Enrollment Process**.

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How to Set Up Your Account

1. Visit benefits247.hca.wa.gov and click on the top **Login to Benefits 24/7** button. You'll be directed to SecureAccess Washington (SAW) and will need to create a new login through SAW to access Benefits 24/7 using your personal email address. If you already have a SAW account linked to your personal email address, you don't need to create a new one. SAW is the state's secure single-sign-on portal for external users and will keep your sensitive information secure.

Benefits 24/7 Login

Log in to Benefits 24/7 to manage benefits for yourself and your dependents, attest to premium surcharges, enroll in PEBB retiree coverage, and get your statement of insurance.

If you need help accessing Benefits 24/7, including resetting your security questions and answers:

- Visit the [Help with Benefits 24/7](#) webpage.
- Employees: Contact your payroll or benefits office.
- Retirees and continuation coverage subscribers: Contact us through [HCA Support](#).

Tip: Use the preferred browser, Google Chrome, for best results.

Subscriber / Benefits administrator login

Use this log in option if you are a subscriber or a benefits administrator whose agency does not use Active Directory. Subscribers should use a personal email address to create their account. Benefit Administrators should use their work email address for their BA account.

You will be redirected to the SecureAccess Washington log in page first to access Benefits 24/7.

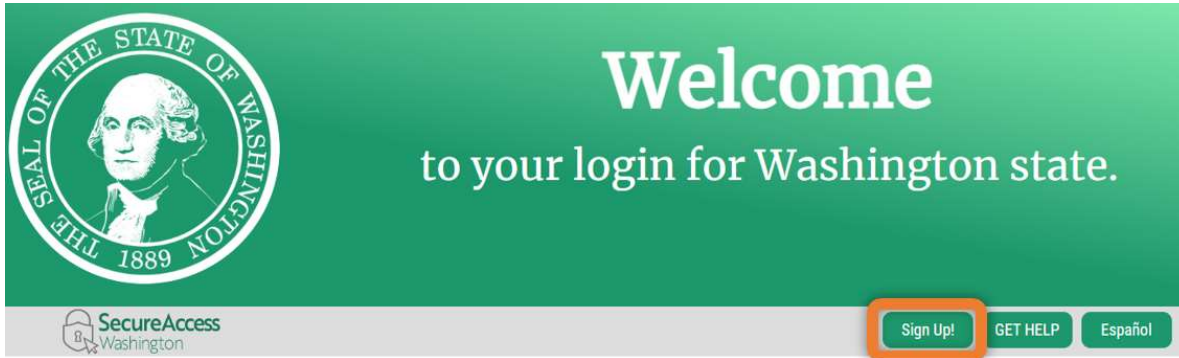
[Log in to Benefits 24/7](#)

HCA admin / PEBB benefits administrator

Use this log in option if you are an HCA admin or a PEBB benefits administrator whose agency uses Active Directory.

[Log in here](#)

2. Click on **Sign Up!** to create a SAW account. (If you already have a SAW account, enter your username and password, and skip to step 5.)



LOGIN

Username

Password

[Forgot your username?](#) | [Forgot your password?](#)

Bad actors are spoofing SecureAccess Washington (SAW)

To avoid becoming a victim, be skeptical of all links on the internet even if they look official. When going to a government agency website, make sure it has a .gov address. The only correct SAW address is <https://secureaccess.wa.gov>.

Washingtonians who use the SecureAccess Washington (SAW) portal to access state services should be on the lookout for spoofed internet ads that purport to be government links to SAW.

WaTech's state Office of Cybersecurity (OCS) has observed fake sponsored ads on search engines with links such as SecureAccess - Washington and as SecureAccess Washington - login.

If users click on the ad, it takes them to a page what looks like a legitimate government website asking for their username and password. If those credentials are provided, bad actors can then use that information to attempt access to user accounts at state agencies.


3. Enter your name, email address (please use your personal email address), a username, and password. Once finished, check the box to indicate that you're not a robot, then select **Create my account**.
*Tip: Remember to save your username and password in a safe place so you don't forget them the next time you log in.
4. Check your email for a message from SAW. Click on the confirmation link in your email, close the *Account Activated!* browser window that opens, and return to your original window. Follow the instructions on the screen to finish creating your account.

5. You will be redirected back to Benefits 24/7. Enter your last name, date of birth, and the last four digits of your Social Security number. Click on **Verify my information**.

Subscriber verification - Step 1 of 2

Subscriber last name*

Subscriber date of birth*

Last 4 digits of subscriber's Social Security number*

Verify my information

6. Select your security questions and type in your answers, then select **Claim this account**. Like your username and password, be sure to save these in a safe place where you can find them.

Subscriber verification - Step 2 of 2

We found the following record(s) matching the information you provided:

Please answer these security questions to reclaim this account:

Security question 1*	Security question 1 answer*
<input type="text" value="What is the first name of your first boyfriend/girlfriend?"/>	<input type="text" value="Enter an answer for this question"/>
Security question 2*	Security question 2 answer*
<input type="text" value="What is your father's middle name?"/>	<input type="text" value="Enter an answer for this question"/>
Security question 3*	Security question 3 answer*
<input type="text" value="What high school did you graduate from?"/>	<input type="text" value="Enter an answer for this question"/>

Claim this account

7. Review and Accept the Benefits 24/7 Terms of Use. Then you will be directed to the Benefits 24/7 dashboard to start the Benefits Enrollment Process.

Benefits 24/7 Terms of Use:

injury sickness, disease, death, injury, or destruction of tangible property including loss of use.

You expressly agree to indemnify and hold harmless the HCA, the program, the State of Washington, its agencies, officials, agents, and employees, for any claim arising out of or incident to this agreement. Your obligation to indemnify and hold harmless will not be eliminated by any actual or alleged concurrent negligence of HCA, the program, the State of Washington, its agencies, officials, agents, and employees.

10. **No waiver**

The failure of the HCA, the program, the State of Washington, its agencies, officials, agents, and employees to enforce their rights under this agreement will not be deemed a waiver by that party as to subsequent enforcement of rights.

11. **Severance**

If any part of this agreement is declared void by any court of appropriate jurisdiction, such declaration will have no effect on the remaining parts.

12. **Termination and amendment of agreement**

This agreement is effective until amended or terminated by the HCA, the program, the State of Washington, its officials, agents, and employees. The HCA, the program, the State of Washington, its officials, agents, and employees may amend or terminate all or part of this agreement at any time without notice to you. The most current version of this agreement can be found on the My Medical/Dental Coverage page in the "Benefits 24/7" system by selecting the Subscribe/Unsubscribe to Email Service link, and on the program's website.

13. **Permission**

By selecting "Accept" below, you are granting the program permission to use and share your email address under the terms of this agreement. You understand that if you feel you have received an email that violates the terms of this agreement, you may contact the program to report it.

If you select "Decline", you understand that the program will not use or share your email address under the terms of this agreement.

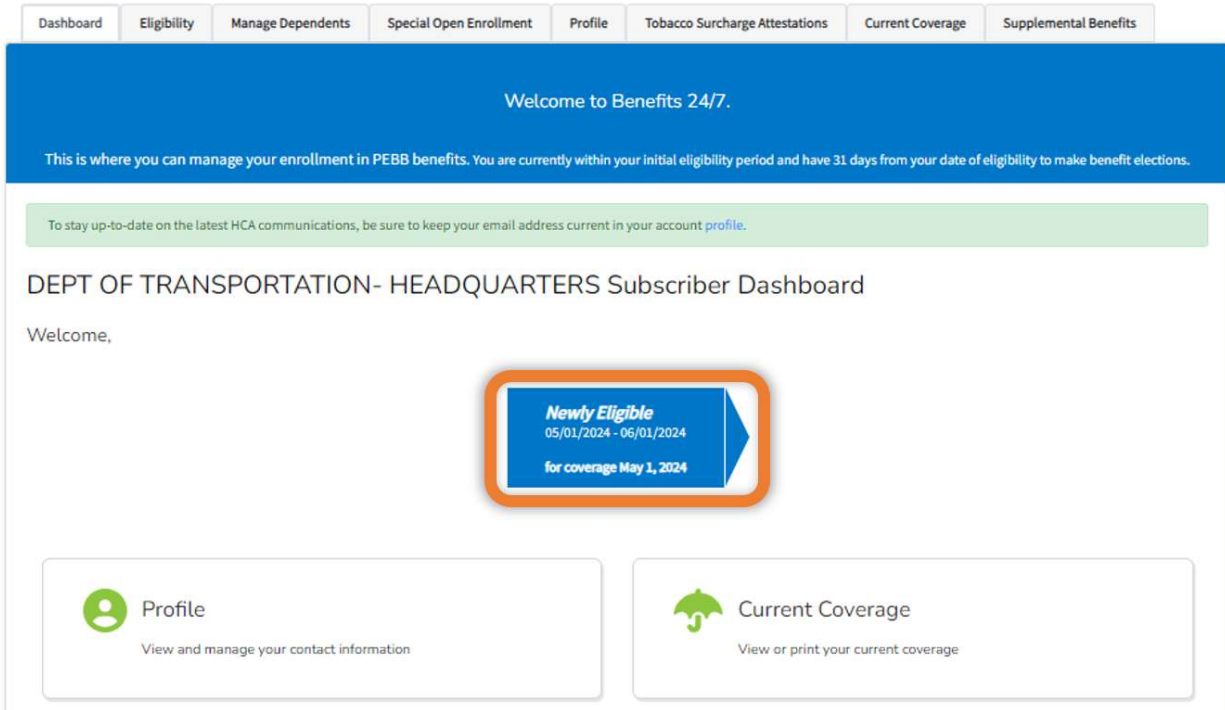
This agreement replaces any previous versions of the program's Terms of Use for its "Benefits 24/7" system.



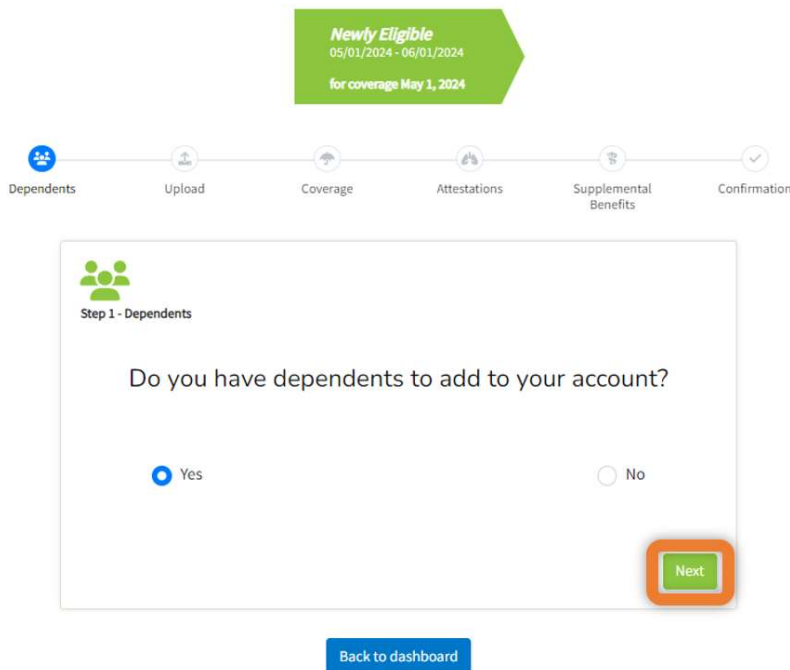
Decline

Benefits Enrollment Process

1. When you log in, you will be directed to your Subscriber Dashboard. You will see a **Newly Eligible** button, that includes the timeframe you have to complete your benefits enrollment and the effective date of your coverage. Click on the button to begin your benefits enrollment.



2. If you have dependents to add to your account, select **Yes**. If you are not adding any dependents to your plans, select **No** and skip to Step 12.



3. Complete the entire dependent section and then select **Let's add coverage to your dependent.**

Dependent information

You may enroll your legal spouse, state-registered domestic partner, or your children. If your dependent is eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in either PEBB or SEBB health plans.

State-registered domestic partner is defined in WAC 182-12-109. Individuals in state-registered domestic partnerships are treated the same as legal spouses except when in conflict with federal law.

Children must be eligible under PEBB Program rules. This includes children through the month of their 26th birthday, regardless of marital status, student status or eligibility for coverage under another plan, and children age 26 or older with a disability. [Learn more about eligible dependents.](#)

When adding dependents, you must provide proof of their eligibility within the PEBB Program's enrollment timelines or they will not be enrolled. Dependent children with a disability who are over the age of 26 must be certified by the PEBB Program before they can be enrolled in coverage. Timelines and a list of documents we will accept to verify eligibility are available on HCA's website under [Verify and enroll my dependents.](#)

First name*	Last name*	Middle name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="JR, SR"/>
Birth date*	Sex assigned at birth*	Gender Identity*	
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Female"/>	<input type="text" value="Female"/>	

Gender X means a gender that is not exclusively male or female. This field will be kept private to the extent allowable by law. To learn more, visit [HCA's Gender X webpage.](#)

Relation*	Partnership start date*	Qualify reason*	SSN*
<input type="text" value="Spouse/state-register"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="Married spouse"/>	<input type="text"/>

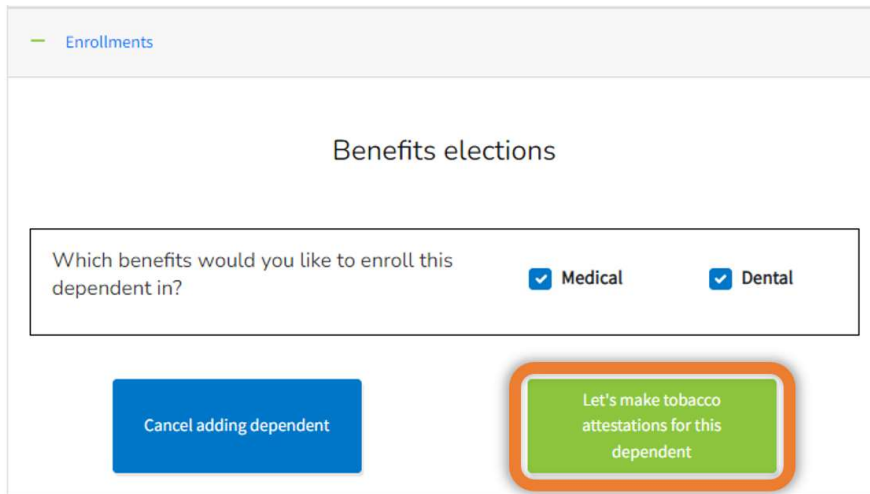
This person currently has no Social Security number*

Select this box if the dependent you're enrolling does not yet have a Social Security Number. You will need to provide the number when you receive it.

Residential address is the same as subscriber

Let's add coverage to your dependent

4. Select the benefits election(s) you would like to enroll your dependent into by checking the applicable boxes. Then select **Let's make tobacco attestations for this dependent**.



Enrollments

Benefits elections

Which benefits would you like to enroll this dependent in?

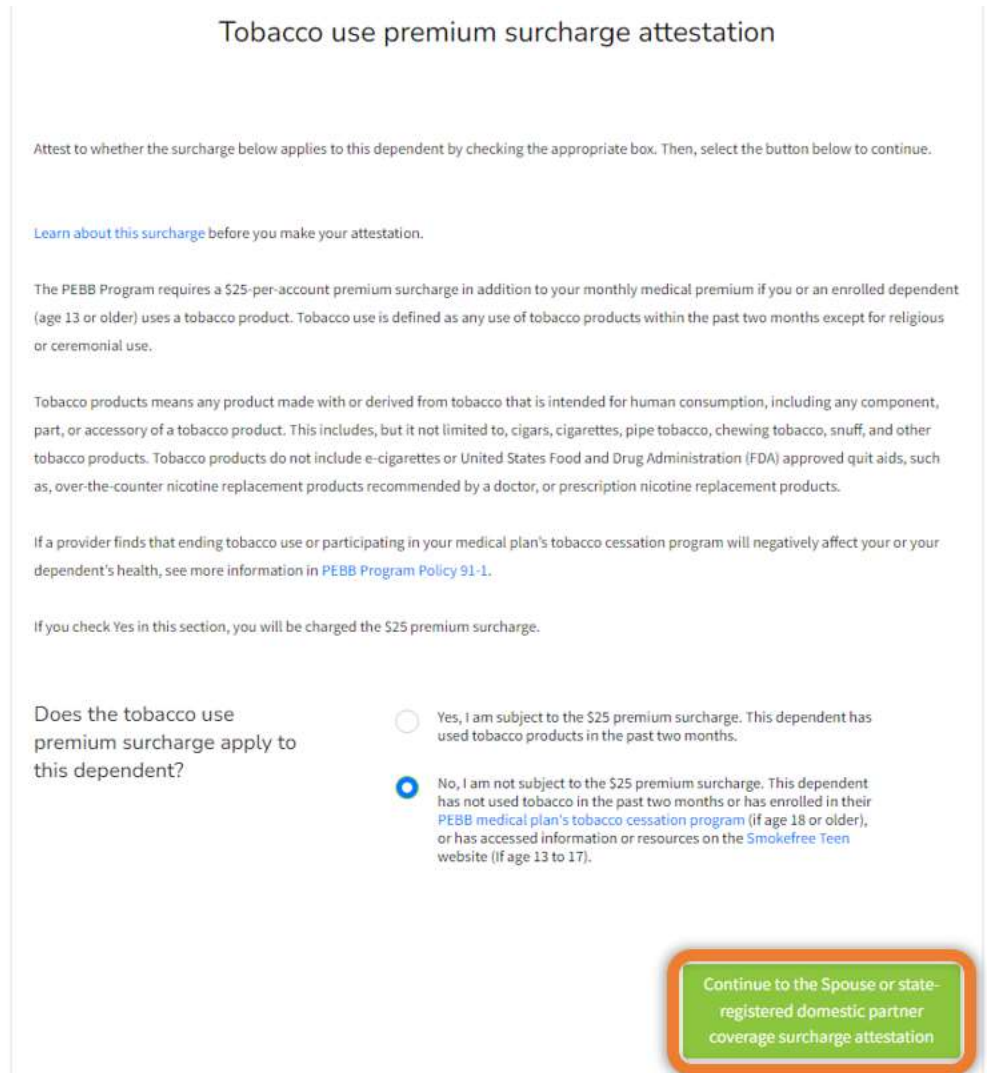
Medical Dental

Cancel adding dependent

Let's make tobacco attestations for this dependent

5. If prompted, complete the **Tobacco use premium surcharge attestation** for your dependent. Then select **Continue to the Spouse or State-Registered Domestic Partner coverage surcharge attestation** to move to the next screen.

***Not applicable for dependents under the age of 13.**



Tobacco use premium surcharge attestation

Attest to whether the surcharge below applies to this dependent by checking the appropriate box. Then, select the button below to continue.

[Learn about this surcharge](#) before you make your attestation.

The PEBB Program requires a \$25-per-account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use.

Tobacco products means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. Tobacco products do not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids, such as, over-the-counter nicotine replacement products recommended by a doctor, or prescription nicotine replacement products.

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 [PEBB Program Policy 91-1](#).

If you check Yes in this section, you will be charged the \$25 premium surcharge.

Does the tobacco use premium surcharge apply to this dependent?

Yes, I am subject to the \$25 premium surcharge. This dependent has used tobacco products in the past two months.

No, I am not subject to the \$25 premium surcharge. This dependent has not used tobacco in the past two months or has enrolled in their [PEBB medical plan's tobacco cessation program](#) (if age 18 or older), or has accessed information or resources on the [Smokefree Teen](#) website (if age 13 to 17).

Continue to the Spouse or state-registered domestic partner coverage surcharge attestation

6. If prompted, complete the **Spouse or State-Registered Domestic Partner (SRDP) coverage premium surcharge** by answering each of the questions. Then select **Next**.
- *Not applicable for non-spouse/domestic partner dependents.

Spouse or state-registered domestic partner (SRDP) coverage premium surcharge

A \$50 premium surcharge may apply if you have a spouse or SRDP enrolled on your medical coverage. [Learn about this surcharge](#) before you make your attestation.

1. Are you covering your spouse or SRDP in a PEBB medical plan in 2024?
 Yes No
2. Will they be eligible for medical coverage through their employer in 2024? (If they will not be employed in 2024, answer NO.)
 Yes No
3. Will their employer offer at least one medical plan that serves their county of residence in 2024?
 Yes No
4. Have they chosen not to enroll in their employer's medical (including PEBB) coverage in 2024?
 Yes No
5. Will the coverage offered by their employer in 2024 NOT be through the PEBB Program or a TRICARE plan??
 Yes No
6. Will their share of the medical premium through their employer be less than \$117.81 per month in 2024?
 Yes No

You may have to pay the spouse or state-registered domestic partner coverage surcharge in 2024. [Go to the 2024 spousal plan calculator](#) to determine.

After completing the 2024 spousal plan calculator, did the calculator indicate the spouse or state-registered domestic surcharge coverage applies to you in 2024?

Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2024

No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2024.

7. You will be notified if the \$50 spouse/state-registered domestic partner surcharge applies or not. Select **Proceed to dependent review**.

Spouse or state-registered domestic partner (SRDP) coverage premium surcharge

Based on your current attestations, you will not be charged the \$50 spouse/state-registered domestic partner surcharge each month in addition to your premium.

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Proceed to dependent review

8. Verify the information on the **Dependent Review** screen is accurate. If everything is correct, select **Save and finish this dependent**.

Dependent review

Please review the information for the dependent you have added. You can make changes by selecting one of the sections above.


Reminder --

- Your child with a disability will not be enrolled in coverage until the PEBB Certification of a Child with a Disability has been submitted as instructed on the form, received within the timelines, and approved by the PEBB Program.
- An extended dependent will not be enrolled until they are approved by the PEBB Program.

DOB:	Medical: Enrolled	Tobacco use: No
Spouse/state-registered domestic partner	Dental: Enrolled	Spousal surcharge: Yes

Save and finish this dependent

9. If you have any additional dependents to add to your coverage, select **Yes** and complete Steps 3-8. If you do not have additional dependents to add, select **No** and move to Step 10.



Newly Eligible
05/01/2024 - 06/01/2024
for coverage May 1, 2024

Progress bar: Dependents (active), Upload, Coverage, Attestations, Supplemental Benefits, Confirmation

Step 1 - Dependents

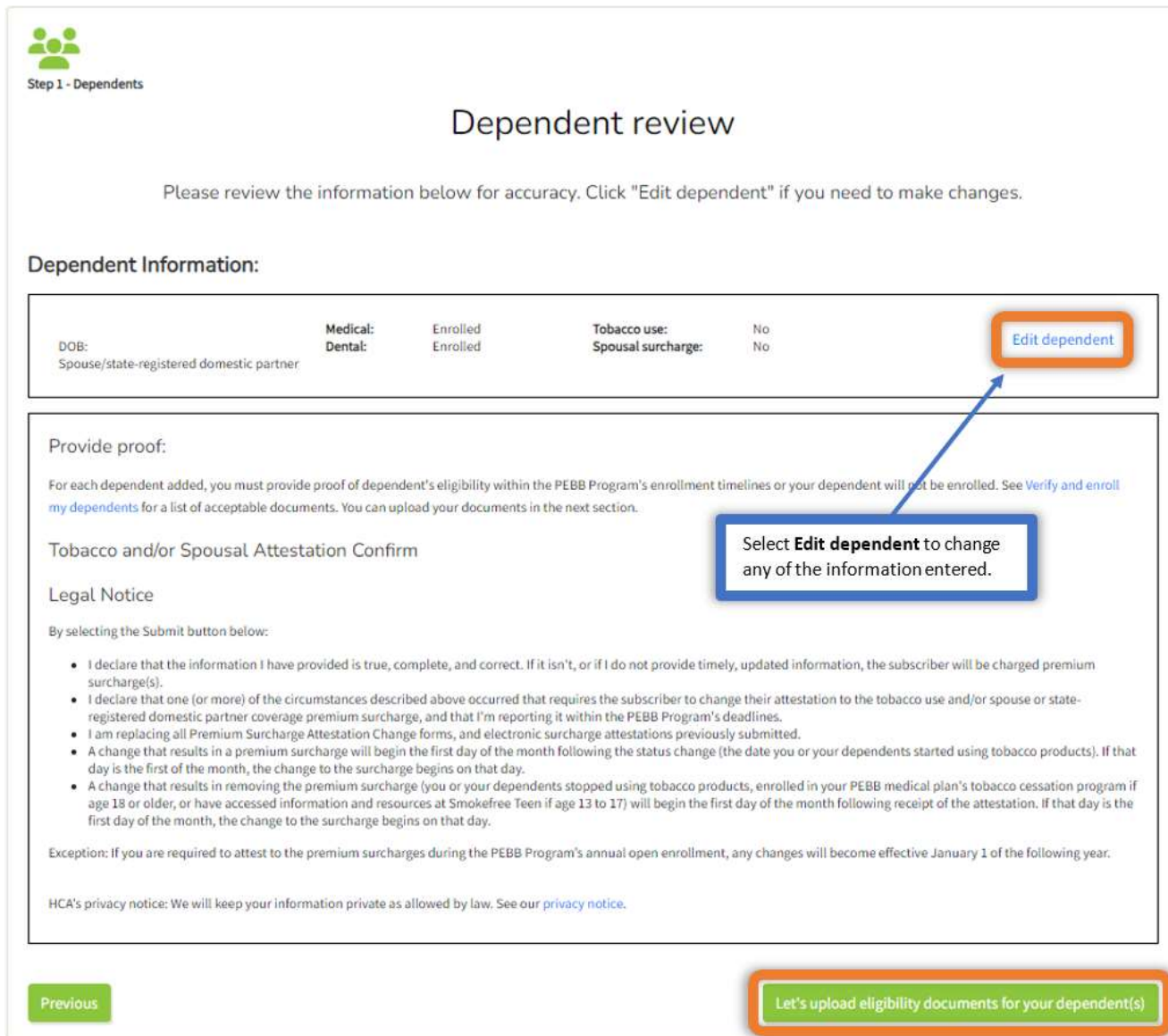
You have successfully added Do
you have additional dependents to add?


Yes No

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10. Another **Dependent Review** screen will appear with all the dependents that have been added. Verify the information for each dependent is accurate. If everything is correct, select **Let's upload eligibility documents for your dependent**.




Step 1 - Dependents

Dependent review

Please review the information below for accuracy. Click "Edit dependent" if you need to make changes.

Dependent Information:

DOB: Spouse/state-registered domestic partner	Medical: Dental: Enrolled Enrolled	Tobacco use: Spousal surcharge: No No	Edit dependent
--------------------------------------------------	-----------------------------------------------------------	--------------------------------------------------------------	--------------------------------

Provide proof:

For each dependent added, you must provide proof of dependent's eligibility within the PEBB Program's enrollment timelines or your dependent will not be enrolled. See [Verify and enroll my dependents](#) for a list of acceptable documents. You can upload your documents in the next section.

Tobacco and/or Spousal Attestation Confirm

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, the subscriber will be charged premium surcharge(s).
- I declare that one (or more) of the circumstances described above occurred that requires the subscriber to change their attestation to the tobacco use and/or spouse or state-registered domestic partner coverage premium surcharge, and that I'm reporting it within the PEBB 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 PEBB 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.

Exception: If you are required to attest to the premium surcharges during the PEBB Program's annual open enrollment, any changes will become effective January 1 of the following year.

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

[Previous](#) [Let's upload eligibility documents for your dependent\(s\)](#) [Back to dashboard](#)

11. On the **Document upload** screen, upload your [Dependent Verification](#) document(s) (if applicable). For questions on required documents, please contact our Employee Services Team at HRHelp@wsdot.wa.gov. Once all required documents have been uploaded, select **Proceed to elect coverage**.

Document upload

Guidelines

Verifying (proving) dependent eligibility helps us make sure we cover only people who qualify for health plan coverage. You provide this proof by submitting official documents. We will not enroll a dependent if we cannot prove their eligibility by the required deadline. We reserve the right to check a dependent's eligibility at any time.

All documents must be submitted in English. Documents written in another language must be accompanied by a translated copy produced by a professional translator and certified with a notary public seal. You can upload your documents below or give them to your payroll or benefits office.

[Accepted dependent verification documents by dependent type.](#)

To enroll a spouse:

- **The most recent year's federal tax return (black out financial information), either:**
 - A single return that lists you and your spouse, if you filed jointly.
 - Each return for you and your spouse, if filed separately.
- **A marriage certificate and proof that the marriage is still valid** (you do not have to live together), such as a utility bill, life insurance beneficiary document, or bank statement, dated within the last six months showing both your and your spouse's names (black out any financial information). If within six months of marriage, only the marriage certificate is required. If using a utility bill, separate bills with the same address are allowed.
- **Petition for dissolution, petition for legal separation, or petition to invalidate (annul) marriage.** Must be filed within the last six months.
- **Defense Enrollment Eligibility Reporting System (DEERS)** registration
- **Valid J-1 or J-2 visa** issued by the U.S. government

To enroll a state-registered domestic partner:

In addition to one of the following, also upload the [PEBB Declaration of Tax Status](#) (to indicate whether they qualify as a dependent for tax purposes). Provide a copy of (choose one):

- **Certificate/card of a state-registered domestic partnership or a legal union and proof the partnership is still valid** (you do not have to live together), such as a utility bill, life insurance beneficiary document, or bank statement dated within the last six months showing both your and your partner's names (black out any financial information). If within six months of state registration, only the certificate/card is required. If using a utility bill, separate bills with the same address are allowed.
- **Petition to invalidate (annul) (recently filed, within the last six months)** a state-registered domestic partnership.

If you are enrolling a partner of a legal union also provide:

- Proof of Washington State residency for both you and your partner.

Additional dependent verification documents will be required within one year of the partner's enrollment for them to remain enrolled. More information can be found in [PEBB Program Administrative Policy 33-1](#).

To enroll children:

Provide a copy of a (choose one):

- **The most recent year's federal tax return** that includes the child as a dependent (black out financial information) You can submit one copy of your tax return if it includes all family members that require verification.
- **Birth certificate** (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner. If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner in order to enroll the child, even if not enrolling the spouse or state-registered domestic partner in PEBB insurance coverage.
- **Certificate or decree of adoption** showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner
- **Court-ordered parenting plan**
- **National Medical Support Notice**
- **Defense Enrollment Eligibility Reporting System (DEERS)** registration
- **Valid J-2 visa** issued by the U.S. government

Upload eligibility documents and indicate applicable dependents:

Select files...Drop files here to upload

Allowed file types: **pdf, jpg, jpeg, png**

Maximum file size: **10mb**

Proceed to elect coverage

12. On the **Medical Coverage** screen, select the medical plan you would like to enroll in from the options listed for you, or select the **Waive medical coverage** box. Then select **Next**.



Step 3 - Coverage

Current Medical plan - coverage effective date May 1, 2024

UMP Classic

Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Classic. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the plan to check.

Available Medical plans:

Selection	Medical plan	Premium
<input type="checkbox"/>	Kaiser Foundation Health Plan of the Northwest CDHP	195
<input type="checkbox"/>	Kaiser Foundation Health Plan of the Northwest Classic	331
<input type="checkbox"/>	UMP CDHP	35
<input checked="" type="checkbox"/>	UMP Classic	124
<input type="checkbox"/>	UMP Select	59

Helpful links:

[Compare medical plans](#)

[Medical plans by county](#)

[Find a provider](#) Make sure you have the correct provider network selected before searching for providers.


[Plan contact information](#)

Waive medical coverage. Waiving coverage means you and your dependents will not have medical coverage. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.

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13. On the **Dental Coverage** screen, select the dental plan you would like to enroll in from the options listed. Then select **Next**.



Step 3 - Coverage

Current Dental plan - coverage effective date May 1, 2024

Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

Select a dental plan. Before you enroll, make sure the provider you want to use accepts the specific plan and group you choose. If you do not select a dental plan, you will be enrolled in Uniform Dental Plan (Group #9600).

Available Dental plans:

Selection	Dental plan	Premium
<input type="checkbox"/>	DeltaCare (Group #3100), administered by Delta Dental of Washington	0
<input checked="" type="checkbox"/>	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington	0
<input type="checkbox"/>	Willamette Dental of Washington, Inc. (Group WA82)	0

Helpful links:
[Compare dental plans](#)
[Find a provider](#) Make sure you have the correct provider network selected before searching for providers.
[Plan contact information](#)

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14. Verify your selections are accurate. Then select **Confirm and let's complete tobacco attestation**. If you waived medical coverage, select **Confirm and let's view supplemental coverage options** and skip to Step 19.

Confirm selections

Medical Selection Message

When using the provider search tools, make sure you have the correct plan and/or network name selected to check provider status. It is recommended to call **the plan**, not your provider, to ask about provider network status.

Please review the information below

If correct, select Confirm. To make a change, select previous.

- You have not made changes to your medical plan.
- You have not made changes to your dental plan.

Subscriber:	Coverage effective date:	Medical Plan:	Dental Plan:
	05/01/2024	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington
	05/01/2024	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

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[Confirm and let's complete tobacco attestation](#)

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15. Review the information on the **Tobacco use premium surcharge screen**. Then select **Next**.



Step 4 - Attestations

Tobacco use premium surcharge

The PEBB Program requires a \$25 per account premium surcharge in addition to your monthly medical premium if you or an enrolled dependent (age 13 or older) uses a tobacco product. Tobacco use is defined as any use of tobacco products within the past two months except for religious or ceremonial use.

Tobacco products means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products. Tobacco products do not include e-cigarettes or United States Food and Drug Administration (FDA) approved quit aids, such as, over-the-counter nicotine replacement products recommended by a doctor, and prescription nicotine replacement products.

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 [PEBB Program Administrative Policy 91-1](#).

Events that require a change: You must change your attestation when you or your enrolled dependents' (age 13 or older) tobacco use status changes.

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

[Additional information on surcharges](#)

Next

16. Select the option that applies to you for the tobacco use premium surcharge. Then select **Next**.



Step 4 - Attestations

Tobacco use premium surcharge

Does the tobacco use premium surcharge apply to you?

If you check Yes, you will be charged the \$25 premium surcharge.

Yes, I am subject to the \$25 premium surcharge. I have used tobacco products in the past two months.

No, I am not subject to the \$25 premium surcharge. I have not used tobacco in the past two months or am enrolled in my [PEBB medical plan's tobacco cessation program](#) (if age 18 or older).

Previous

Next

17. Review the **Legal notice**. Then select **Next**.

Legal notice

By selecting the Next 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 owe surcharges to the PEBB Program.
- I declare that one (or more) of the attestation events requires an attestation change to the premium surcharges, and that I am reporting it within the PEBB Program's deadlines.
- I am replacing all PEBB Premium Surcharge Attestation Change forms, enrollment form attestations, and electronic attestations previously submitted.
- I understand that changes that result in a premium surcharge will begin the first day of the month following the status change (i.e. 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.
- I understand that changes that result in removing the premium surcharge (you or your dependents stopped using tobacco products, enrolled in your PEBB medical plan's tobacco cessation program, or accessed information and resources at Smokefree Teen) will begin the first day of the month following receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

Exception: If you are required to attest to the premium surcharges during the PEBB Program's annual open enrollment, any changes will become effective January 1, of the following year.

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18. The system will notify you if the tobacco surcharge applies to you. Select **Confirm** and let's view supplemental coverage options.

Step 4 - Attestations

Tobacco use premium surcharge

You will not be charged the \$25 tobacco use surcharge in addition to your monthly medical premium.

Select Confirm to continue. Select Previous to change your response.

19. Review your supplemental coverage options and select between the three Employee-Paid LTD options. The approximate monthly premium for each election is listed based on your monthly salary.

Your supplemental coverage options

Long-term disability (LTD) insurance

The PEBB Program offers employer-paid and employee-paid LTD insurance.

LTD insurance protects a portion of your salary if you are unable to work due to serious injury or illness. LTD coverage pays you a percentage of your monthly predisability earnings if you become disabled.

Employer-paid LTD

You are automatically enrolled in employer-paid LTD insurance, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health).

- Benefit: 60 percent of the first \$400 of your predisability earnings.
- Minimum: \$100 or 10 percent of the LTD benefit before deductible income (whichever is greater)
- Maximum: \$240 per month

Employer-paid LTD is included in your benefits at no cost to you.

Employee-paid LTD

You are automatically enrolled in a plan that covers up to 60 percent of the first \$16,667 of your monthly predisability earnings. You do not need evidence of insurability. The minimum benefit is \$100. The maximum benefit is \$10,000 per month for the 60-percent coverage and \$8,333 per month for the 50-percent coverage. **At any time**, you can reduce to a lower-cost 50-percent coverage level or decline the 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.

An increase or enrollment in coverage takes effect the first day of the month following the date evidence of insurability is approved.

Employee-paid LTD cost

Coverage level	Higher-education employees retirement plan	TRS, PERS, and other retirement plans
60 percent	0.0059	0.0047
50 percent	0.0035	0.0028

The monthly employee-paid premium displayed is based on the predisability monthly earnings provided by your employer.

Employee Paid (60-percent plan)

Predisability monthly earnings: 10000 × Percentage rate: 0.47 = Monthly premium: 47.00 Monthly benefit amount: 6000.00

Employee Paid (50-percent plan)

Predisability monthly earnings: 10000 × Percentage rate: 0.28 = Monthly premium: 28.00 Monthly benefit amount: 5000.00

Decline employee-Paid LTD

20. Review the additional coverages. If you would like to enroll in any of the supplemental coverages listed below, complete the form or online enrollment for each of these coverages. You are unable to enroll in these coverages through Benefits 24/7. See step 24 on how to enroll. Select **Continue and review**.

Life and accidental death & dismemberment (AD&D) insurance

Basic life and AD&D insurance

The PEBB Program provides basic life and basic AD&D insurance at no cost to you (paid by your employer). You will be automatically enrolled in these benefits, even if you waive medical coverage. You do not need to provide evidence of insurability (proof of good health). [Learn more about life and AD&D insurance.](#)

As an employee, basic life insurance covers you and pays your designated beneficiaries in the event of your death. Basic AD&D insurance provides extra benefits for certain injuries or death resulting from a covered accident.

These benefits provide:

- \$35,000 for basic life insurance
- \$5,000 for basic AD&D insurance

[Name your beneficiaries](#) for your basic life and basic AD&D insurance.

Supplemental life and AD&D insurance

You may enroll in supplemental life and supplemental AD&D insurance for yourself and your dependents. To enroll your dependents in supplemental life and AD&D insurance, you must enroll in supplemental life insurance for yourself.

To enroll in supplemental life insurance, create an account through [MetLife MyBenefits Portal](#).

Flexible spending arrangements (FSAs) and Dependent Care Assistance Program (DCAP)

FSAs

FSAs allow you to set aside pretax money from your paycheck to pay for out-of-pocket health care costs. [Navia Benefit Solutions](#) processes claims and provides customer service for the PEBB Program.

You must enroll in an FSA each year you want to participate. Enrollment does not automatically continue from plan year to plan year.

The PEBB Program offers a Medical FSA and a Limited Purpose FSA. You cannot have both a Limited Purpose FSA and a Medical FSA. [Learn more about FSAs and DCAP.](#)

Medical FSA

The Medical FSA allows you to pay for out-of-pocket health care costs like deductibles, copays, coinsurance, medications, menstrual care products, dental care, vision services, and more (see [eligible expenses](#)). You cannot have a Medical FSA and be enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA).

Limited Purpose FSA

The Limited Purpose FSA covers only dental and vision expenses. It is intended for employees enrolled in a consumer-directed health plan (CDHP) with a health savings account. It allows you to pay for out-of-pocket dental and vision costs like glasses, contact lenses and solution, dentures, dental copays, orthodontia, and more (see [eligible expenses](#)).

DCAP

The DCAP allows you to set aside pretax money from your paycheck to help pay for qualifying child care or elder care expenses. [Learn more about DCAP and enroll.](#)

You can set up an FSA or DCAP account:

- During the PEBB Program's annual open enrollment.
- No later than 31 days after you become eligible for PEBB benefits.
- No later than 60 days after you or an eligible family member has a qualifying event that creates a special open enrollment.

Health savings account (HSA)

When you enroll in a consumer-directed health plan, you are also enrolled in a health savings account (HSA) through HealthEquity. Your HSA is a tax-advantaged spending and savings account that can be used to pay for qualified medical expenses. Your HSA is funded by pretax contributions from your employer. You can choose to make additional contributions to your HSA. Contact your payroll or benefits office to see if you can arrange automatic payroll deductions to your HSA. [Learn more about health plans with HSAs.](#)

For a list of items and services you can pay for with your HSA funds and to see the maximum annual contribution limits to your HSA, visit [HealthEquity's website](#).



SmartHealth is Washington State's voluntary wellness program that supports you on your journey toward living well. Join activities that support all of you, including managing stress, building resiliency, and adapting to change. As you progress on your wellness journey, you may also qualify for the SmartHealth wellness incentive. [Learn more about SmartHealth.](#)

Auto and home insurance


PEBB members may receive a discount of up to 12 percent off Liberty Mutual's auto insurance rates and up to 5 percent off Liberty Mutual's home insurance rates. You can enroll in auto and home insurance coverage at any time.

To request a quote for auto and home insurance, you can visit [Liberty Mutual's website](#) or call Liberty Mutual at 1-800-706-5525. Mention you are a State of Washington PEBB member (client #8246).

Liberty Mutual does not guarantee the lowest rate to all PEBB members; rates are based on underwriting for each individual, and not all applicants will qualify. Discounts and savings are available where state laws and regulations allow and may vary by state.

[Continue and review](#)

21. Review your **Summary of coverage election** screens for accuracy. If everything is correct, select **Next** through each screen.

 **Step 6 - Confirmation**

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Employer: DEPT OF TRANSPORTATION- HEADQUARTERS

Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date
	05/01/2024	05/01/2024
	05/01/2024	05/01/2024

HCA-sponsored coverage

Medical coverage provided by: UMP Classic


Medical premium: \$248.00
Tobacco surcharge: \$0.00
Spousal/state-registered domestic partner surcharge: \$0.00


Dental coverage provided by: Uniform Dental Plan (Group #3000),
administered by Delta Dental of Washington

Dental premium: \$0.00

Total monthly premium: \$248.00

Please review the enrollment information above for accuracy. If the information is correct, select next to proceed. If you need to make a correction to any section, select the section at the top of the page.



 **Step 6 - Confirmation**

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Life insurance coverage

All life insurance is administered by MetLife. If you have questions about your coverage, call MetLife at 1-833-854-9624.


Employer-paid coverages


\$35,000.00 Employee Basic Life
\$5,000.00 Employee Basic AD&D

Supplemental coverages
Please visit MetLife to view your optional insurance elections, or call MetLife at 1-833-854-9624.

Long-term disability insurance coverage

Employer-paid LTD with 90-day waiting period
LTD coverage: Employee Paid (60% Default Plan)





22. Review the **Legal notice** and select **Confirm**.



Step 6 - Confirmation

Legal notice

By submitting this form, I declare that the information I have provided is true, complete, and correct. If it isn't, or if I do not update this information within the timelines in PEBB Program rules, to the extent permitted by federal and state laws, I must repay any claims paid by my health plans or premiums paid on my behalf. My dependents and I may also lose PEBB benefits as of the last day of the month we were eligible. To the extent permitted by law, the PEBB Program or my employer may retroactively terminate coverage for me and my dependents if I intentionally misrepresent eligibility. In addition, I understand that it is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of PEBB insurance benefits.

If adding a state-registered domestic partner (SRDP) to my account, I declare that my domestic partner and I have registered through the Washington Secretary of State's Office or another state. Enrollment is not complete until the PEBB Program verifies the dependent's eligibility. I understand that if I am applying to add a dependent to my PEBB insurance coverage, I must provide copies of documents that verify the dependent's eligibility within the PEBB Program's enrollment timelines, or the dependent will not be enrolled.

Eligible employees must enroll in PEBB dental, basic life, basic accidental death and dismemberment (AD&D), and employer-paid long-term disability (LTD) insurance. Employees will be enrolled in employee-paid LTD insurance unless they decline coverage. Employees who choose to waive PEBB medical coverage (when they become newly eligible, during annual open enrollment, or due to a special open enrollment event) must be enrolled in another employer-based group medical plan, a TRICARE plan, or Medicare. If I waive medical coverage, I understand I can enroll during the annual open enrollment period or no later than 60 days after a special open enrollment event as defined in PEBB Program rules. If I waive medical coverage for myself, I cannot enroll my eligible dependents in medical coverage. I can waive my enrollment in PEBB medical to enroll in school employees benefits board (SEBB) medical only if I am enrolled in SEBB dental and SEBB vision. If I waive enrollment in PEBB medical to enroll in SEBB medical, I must also waive enrollment in PEBB dental. If I waive PEBB medical because I am enrolled in other employer-based group medical, a TRICARE plan, or Medicare, and I am not enrolled in SEBB medical, I understand that I may waive enrollment in PEBB dental only if I am enrolled in both SEBB dental and SEBB vision as an eligible dependent in the SEBB program.

If I am eligible for the employer contribution toward PEBB benefits but do not waive or enroll in PEBB medical coverage, I will be enrolled automatically as a single subscriber in Uniform Medical Plan (UMP) Classic. My dependents will not be enrolled. I will be charged a monthly premium for medical coverage as well as a \$25 monthly tobacco use premium surcharge.

I allow my employer to deduct money from my earnings to pay for insurance coverage and any applicable premium surcharges. I understand I am responsible for paying applicable tobacco use premium surcharge and spouse or SRDP coverage premium surcharge in addition to my monthly premium.

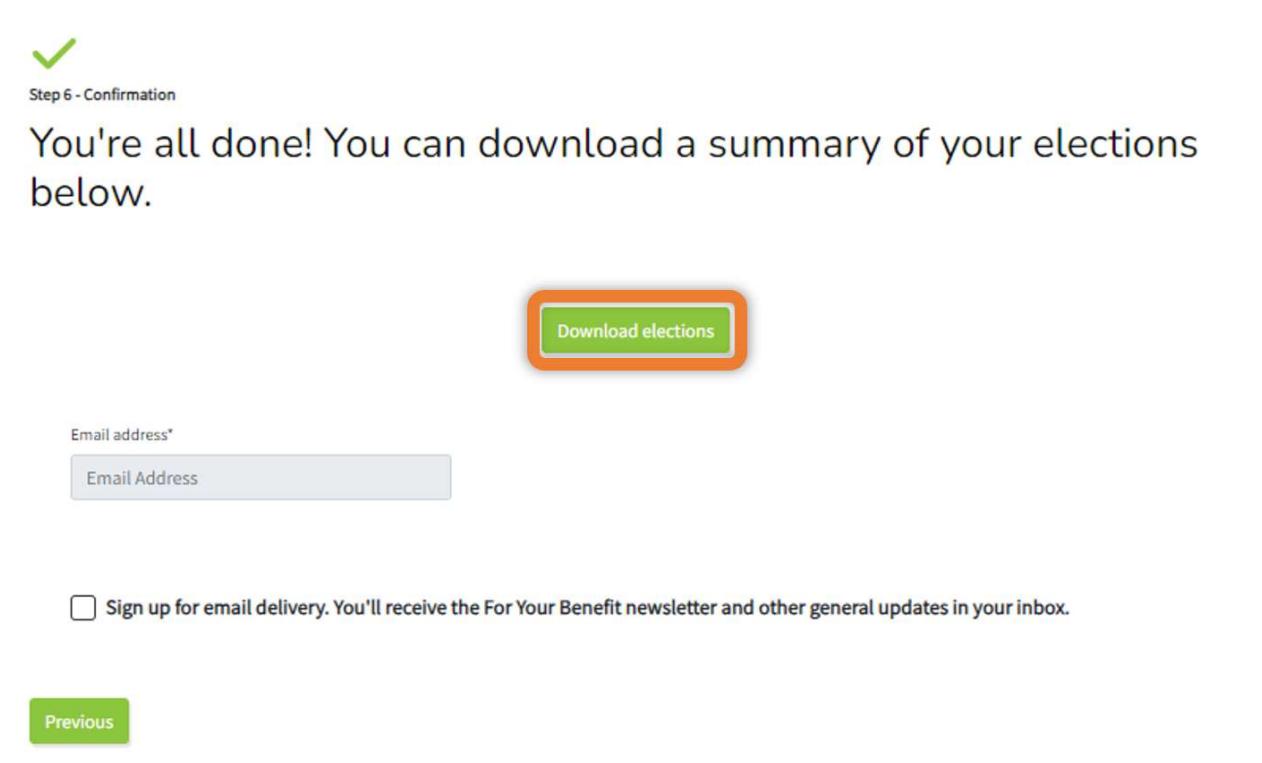
If I enroll in a consumer-directed health plan with a health savings account (HSA), I must meet HSA eligibility conditions. I understand that my employer will contribute to an HSA on my behalf based on the information I have provided, and that there are limits to these contributions and my HSA contributions (if any) under federal tax law.

I understand that my enrollment and my dependents' enrollment are subject to my adherence to all applicable deadlines and PEBB rules and policies. Failure to comply with applicable deadlines and PEBB rules and policies may result in my benefits selection being rejected or defaulted. This form replaces all enrollment forms previously submitted. Any changes made on Benefits 24/7 or PEBB enrollment or change forms submitted and dated later than this online enrollment will replace this online enrollment.

Previous

Confirm

23. Your new enrollment is now complete and has been sent to our HR Services Team for review. If further information is needed, someone from the team will reach out. You can download a summary of your elections by selecting the **Download elections** button.



The screenshot shows a confirmation screen with a green checkmark icon at the top left. Below the icon, the text reads "Step 6 - Confirmation". The main heading says "You're all done! You can download a summary of your elections below." In the center, there is a green button with the text "Download elections" that is highlighted with an orange border. Below the button is a text input field labeled "Email address*" with the placeholder text "Email Address". At the bottom left, there is a green button labeled "Previous". To the right of the "Previous" button, there is a checkbox followed by the text "Sign up for email delivery. You'll receive the For Your Benefit newsletter and other general updates in your inbox."

*Please note: You have 31 days from your date of eligibility to make changes to your benefits. Even if you complete the process, you may still go back to Step 1 in the Benefits Enrollment Process to make changes up through the end of your 31-day enrollment period as listed on your subscriber dashboard. If you do make any changes, be sure you finish out each screen in the process all the way through Step 23 for your changes to be saved.

24. To enroll in supplemental coverages, go to the [New Employee Orientation \(NEO\) website](#) and complete the applicable forms/online enrollment listed in the “Due within 31 days” section.