



2020 School Employees Benefits Board (SEBB) Program Medical Flexible Spending Arrangement (FSA) Enrollment Guide

How you can use your pre-tax earnings to pay for health
care expenses

Email: customerservice@naviabenefits.com
Fax: 425-451-7002 or toll-free fax 1-866-535-9227
Customer Service: 425-452-3500 or 1-800-669-3539



In July 2020, you have an opportunity to change some of your SEBB benefits

We know the COVID-19 pandemic may have changed your health care needs. In light of this, the SEBB Program is offering subscribers a limited open enrollment during which you can to make changes to some SEBB benefits. (Normally, members would need to have a life event, like a birth or marriage, to make these changes midyear.)

From July 1 through 31, 2020, you can make the changes below:

- Add an eligible dependent to medical coverage.
- Enroll in medical coverage if you are currently enrolled only in dental or vision.
- Raise or lower your 2020 Medical Flexible Spending Arrangement (FSA) or Dependent Care Assistance Program (DCAP) election amounts.
- Enroll in a Medical FSA or DCAP for the rest of the calendar year (if you are eligible for these benefits).

Any changes you make are effective on August 1, 2020. Learn more about this limited open enrollment, including how to make changes, at hca.wa.gov/sebb-oe.

Table of Contents

Who is eligible?	3
How can a Medical Flexible Spending Arrangement (FSA) help me?	3
How does the Medical FSA work?	3
When can I enroll and how do I submit my enrollment?	3
When does my benefit coverage begin?	4
Whose expenses qualify under the Medical FSA?	4
What health care expenses are eligible?	4
Do all prescription medicines qualify for the Medical FSA reimbursement?	4
When is additional documentation required?	5
Orthodontia expenses	5
Stockpiling	5
Ineligible health care expenses	5
How do I get reimbursed?	5
"Use it or lose it" and claim submission deadline	6
How do I receive information from Navia Benefit Solutions?	7
The Navia Benefits Card	7
Lost or stolen cards and additional debit card requests	7
IIAS and participating merchants	7
When can I make changes?	8
Approved leave of absence (including Leave Without Pay)	8
Transfers between school districts, educational service districts, and charter schools	9
Continuation coverage through COBRA	10
What happens if my employment ends?	10
How do I appeal a denied claim?	11

How to contact Navia Benefit Solutions

Business hours: Monday – Friday, 5 a.m. – 5 p.m. PT

Phone: 1-800-669-3539

Email: customerservice@naviabenefits.com

Fax: 1-425-451-7002 or toll-free fax 1-866-535-9227

Mail: Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015

The Health Care Authority contracts with Navia Benefit Solutions to manage the Medical Flexible Spending Arrangement (FSA), process claims, and provide customer service for School Employees Benefits Board (SEBB) enrollees.

Who is eligible?

You are eligible for the Medical FSA if you meet criteria listed in Washington Administrative Code (WAC) 182-31-040. A link to the WAC is available at hca.wa.gov/sebb-employee under the "Rules & policies" tab.

Generally, the Medical FSA is available to school employees who are expected to work at least 630 hours during the school year. School employees hired mid-year may also be eligible if they are expected to work at least 17.5 hours a week for six of the last eight weeks of the school year, and are expected to work 630 hours the next school year.

How can a Medical Flexible Spending Arrangement (FSA) help me?

A Medical FSA is an employer-sponsored benefit that allows you to set aside money from your paycheck on a pre-tax basis to pay for out-of-pocket health care costs. Here are some of the ways you can benefit from a Medical FSA:

- Setting aside a portion of your pay with a Medical FSA reduces your annual taxable income and helps you pay for out-of-pocket health expenses large and small.
- You can set aside as little as \$240 or as much as \$2,700 for the calendar year. The full amount you elect to set aside for your Medical FSA is available on your first day of coverage for expenses.
- Your Medical FSA helps you pay for deductibles, copays, coinsurance, dental, vision, and many other expenses. (See "[What health care expenses are eligible?](#)")
- You can use your Medical FSA for you, your spouse or state-registered domestic partner, or other qualified dependent's health care expenses, even if they are not enrolled on your SEBB medical, dental, or vision plans.

Important: You cannot enroll in both a Medical FSA and a high-deductible health plan (HDHP) with a health savings account (HSA) in the same plan year. If records show that you enrolled in both for the next plan year, the SEBB Program will disenroll you from the Medical FSA before the plan year starts.

How does the Medical FSA work?

- You estimate your expenses for the plan year and enroll in a Medical FSA for that amount. The more accurate you are in estimating your expenses, the better this benefit will work for you.
- You cannot change your election amount or cancel your participation after the plan year starts unless a special open enrollment event (qualifying event) occurs, or you cease to be eligible for the employer contribution toward SEBB benefits.
- The amount deducted from your pay is your annual election amount divided by the number of paychecks you will receive in the plan year.
- Your election will be deducted from your paycheck pre-tax throughout the plan year, so you don't pay FICA (7.65%) or federal income tax (10-35%) on your elected dollars.
- You cannot cancel participation in the Medical FSA once the plan year starts unless you end employment, lose eligibility for the Medical FSA, or have a life event that would allow you to make a new election.

When can I enroll and how do I submit my enrollment?

You may enroll in the Medical FSA at the following times:

1. **No later than 31 days** after the date you become eligible for SEBB benefits. To enroll, fill out the *SEBB Mid-Year Enrollment Form* and return it to your payroll or benefits office. You can find the form online at sebb.naviabenefits.com or request it from your employer.

2. **No later than the last day** of the SEBB Program’s annual open enrollment.
 - For each new plan year, you must enroll or reenroll to participate in the next plan year. Your participation does not automatically continue from plan year to plan year.
 - You can enroll online through Navia’s portal at sebb.naviabenefits.com. Online enrollment through Navia’s portal is only available during the SEBB Program’s annual open enrollment period.
 - Instead of enrolling online, you can download and print the *SEBB Open Enrollment Form* at sebb.naviabenefits.com. Navia must **receive** your enrollment form **by November 15, 2019**. Forms received after that date will not be accepted for 2020 Medical FSA enrollment.
3. **No later than 60 days** after you or an eligible dependent experience a qualifying event that creates a special open enrollment during the plan year. See “[When can I make changes?](#)” for details on special open enrollment events.
 - If you have an event that allows for a change, fill out the *SEBB Change of Status Form* and return it (along with evidence of the event) to your employer’s payroll or benefits office.
 - You can find the form online at sebb.naviabenefits.com, or request it from your employer.

When does my coverage begin?

- If you enroll during the SEBB Program’s first annual open enrollment period (October 1 through November 15, 2019), your Medical FSA is effective January 1, 2020.
- If you enroll as a newly eligible school employee, enrollment begins the first day of the month after the date you become eligible for benefits. **Exception:** If you start on or after September 1 and no later than the first day of the school year, your benefits start on that day.
- If you are a school employee eligible for the employer contribution who experienced a special open enrollment event that allows you to enroll or make a new election, the enrollment or change will be effective the first day of the month after the later of:
 - The event date.
 - The date the *SEBB Change of Status Form* and evidence of the event that created the special open enrollment is received by your payroll or benefits office. **Exception:** If the special open enrollment is due to the birth, adoption, or assumption of legal obligation for total or partial support in anticipation of adoption of a child, the enrollment or change will begin the first of the month in which the event occurs.

Whose expenses qualify under my Medical FSA?

The Medical FSA covers health care expenses incurred during the coverage period for you, your spouse, or your qualified dependents, even if they are not enrolled in your SEBB medical, dental, or vision plans. You may also claim certain expenses for a child for whom you don’t get the tax exemption due to a divorce decree, as long as one parent claims the child as a dependent. The tax exemption may switch from year to year between parents. As long as one parent receives the tax exemption, the medical, dental or vision expenses you pay on behalf of the child may qualify for the Medical FSA reimbursement.

What health care expenses are eligible?

Below is a list of common expenses that may be eligible for reimbursement. **Not all eligible items are on this list.** For a complete list, visit sebb.naviabenefits.com or call 1-800-669-3539.

Acupuncture	Cold sore treatment	Home medical equipment	Prescription glasses
Allergy & sinus medication	Cold/cough medication	Individual counseling	Reading glasses
Antacids	Contacts & solutions	Insect bite treatment	Respiratory treatments
Antibiotic ointment	Contraceptives	Lab work	Saline nasal spray
Anti-diarrheal	Copays	Lactation consultant	Sleep aids & sedatives
Antifungal foot cream	CPAP machine	Lactose intolerance pills	Sleep deprivation treatment
Anti-gas medication	Crutches	Laser eye surgery	Smoking cessation programs and products
Anti-itch cream/gel	Deductibles	Laxative	Speech therapy
Antiseptic	Dental services	Lice treatment products	Sterilization procedures
Asthma treatment	Diabetic supplies	Menstrual care products	Stool softener
Bandages/gauze	Diaper rash ointment	Motion sickness relief	Sunscreen SPF 15 or more
Birthing classes or Lamaze	Digestive aids	Naturopathic visits	Thermometer
Blood pressure monitor	Drug addiction treatment	Orthodontia	Throat lozenges
Braces (knee, ankle, wrist)	Feminine anti-fungal/anti-itch	Oxygen and equipment	Vaccinations
Breast pump	Fertility monitor	Pain relievers	
Braille books		Parasitic treatment	

Burn cream	Fertility treatment	Physical exams	Vision care
Chiropractic services	Flu shots	Physical therapy	Walker
Coinsurance	Hearing aids & supplies	Pregnancy test	Wart treatment
	Hemorrhoid medication	Prenatal vitamins	Wheelchair & repair
		Prescription drugs	

Do all prescription medicines qualify for the Medical FSA reimbursement?

Generally, yes, as long as they are prescribed by a physician and are legal under federal and state laws. However, prescriptions that are purchased solely for cosmetic purposes and that don't treat an existing medical condition do not qualify.

Can I be reimbursed for over-the-counter (OTC) medicines and drugs?

As of January 1, 2011, many OTC medicines or drugs require a prescription for reimbursement. If the OTC medicine or drug contains an active ingredient, then you must have a doctor's prescription in order to be reimbursed for the expense. You can ask the doctor to complete the *Letter of Medical Necessity*. See below for details.

When is additional documentation required?

Certain expenses cannot be reimbursed under a Medical FSA unless a licensed health care practitioner states in writing to Navia Benefit Solutions that the service or product is medically necessary. Navia Benefit Solutions will need a Letter of Medical Necessity (LMN) for the items below before they can be reimbursed. **Not all items requiring an LMN are on this list.** For a complete list and to download a printable copy of the LMN, go to sebb.naviabenefits.com or call 1-800-669-3539.

Acne treatment	Breast reduction	Lodging and meals	Vitamins & supplements
Automobile modifications	Cosmetic procedures	Special foods	Weight loss programs
Breast augmentation	In vitro fertilization	Veneers	

Orthodontia expenses

Unlike other Medical FSA expenses, which are deemed incurred when the services are rendered, orthodontia expenses are deemed **incurred when paid**. Therefore, only payments made during your eligibility period or plan year (whichever ends first) may be reimbursed. Proof of payment to an orthodontia provider or a completed *SEBB Orthodontia Contract* is required for reimbursement. You can download a printable copy of the *SEBB Orthodontia Contract* by visiting sebb.naviabenefits.com or calling Navia Benefit Solutions at 1-800-669-3539.

Stockpiling

IRS regulations prohibit you from receiving a reimbursement from your Medical FSA for a large quantity of any item in any one transaction. Buying more than three items in any one transaction is considered stockpiling and will not be reimbursed.

Ineligible health care expenses

The following expenses are not eligible under a Medical FSA. Under no circumstances will the following items be reimbursed. Do not submit claims for these items. For a complete list, visit sebb.naviabenefits.com or call Navia Benefit Solutions at 1-800-669-3539.

Activity tracker	Funeral expenses	Liposuction
Airborne	Gym membership	Marijuana
Books	Hair growth products	Marriage counseling
Boutique practice fees	Hair transplant	Massage chair
COBRA premiums	Household help	Mattress
College insurance	Hygiene products	Missed appointment fee
CPR classes	Illegal operations/substances	Teeth whitening
Electric toothbrush/picks	Imported OTC items	Toiletries
Electrolysis/laser hair removal	Imported prescriptions	Warranties
Face lift	Insurance premiums	
Finance charges	Late fees	

An expense is also not eligible for reimbursement under a Medical FSA if the expense has already been reimbursed under this plan or by any other source. When submitting an expense for reimbursement you

will also be required to certify that you will not seek or be reimbursed for the expense by any other source or insurance.

How do I get reimbursed?

Navia Benefit Solutions will send you a claim form when you enroll in the Medical FSA. Complete and submit your claim and documentation to Navia Benefit Solutions for reimbursement of incurred expenses. For each claimed expense, documentation must show the:

- Provider's name
- Name of the person receiving the service or expense
- Date(s) of service
- Cost
- Type of expense or description of the service(s)

You can use bills from your providers or statements from your insurance company as documentation. Do not submit copies of canceled checks or credit or debit card receipts. Your documentation will not be returned. Remember that:

- Expenses must be incurred during the plan year while you are an active participant in the plan. You may not submit claims for services incurred after your employment has ended, after you lose eligibility for the Medical FSA, or after you revoke your election because of a life event.
- Navia Benefit Solutions will not reimburse any expenses that were incurred before your effective date of enrollment.
- An expense is "incurred" when the health care is provided or the eligible item is purchased – not when you are billed, charged, or when you pay for the medical care.

Navia Benefit Solutions offers several convenient ways to submit your claim and documentation. Choose one of the following:

- **Online:** sebb.naviabenefits.com (you will need to create a login and password)
- **Fax:** 425-451-7002 or toll-free fax 1-866-535-9227
- **Email:** claims@naviabenefits.com
- **Mail:** Navia Benefit Solutions, PO Box 53250 Bellevue, WA 98015-3250
- **Mobile App:** The *MyNavia* app is available on both Google Play and the App Store. You can find the app by searching *MyNavia* or Navia Benefit Solutions.

Navia Benefit Solutions will process your claim within a few business days and either make an electronic funds transfer into your bank account (if you enrolled in direct deposit), or mail you a reimbursement check. If your claim requires additional substantiation, processing could be delayed.

You may enroll in direct deposit at any time by logging into your participant account at sebb.naviabenefits.com. Keep in mind that deposits by electronic funds transfer may take a few business days to appear in your account. Navia will deduct a \$10 fee from your Medical FSA balance for any returned items due to incorrect banking information.

Lost or expired Medical FSA reimbursement checks can be reissued 10 business days after the original check date. A check reissue requires at least one business day to process. Any fees associated with presenting a canceled check will be deducted from your account as well as the face value of the check.

Navia Benefit Solutions will send you a quarterly statement showing your account balance to the mailing address or email address you designate, until your balance reaches \$0. It is important to read these statements carefully so you understand the balance remaining to pay for eligible expenses. Remember, all services should be incurred either by the end of the plan year or before the end of the grace period (see below for more information).

"Use it or lose it" and claim submission deadline

If you have not spent all the funds in your Medical FSA by December 31, 2020, and you are still an active participant (meaning you are still employed and didn't lose eligibility for the Medical FSA), you may continue to incur eligible health care expenses through the grace period. The Medical FSA grace period ends March 15, 2021.

You must submit all claims for your Medical FSA to Navia Benefit Solutions for reimbursement by **March 31, 2021**. Money left in your account after that date **cannot be refunded and will be forfeited to the plan administrator, the Health Care Authority**. This is called the “use it or lose it” rule.

The March 31, 2021 claim submission deadline does not apply to enrollees who had a Medical FSA in 2020 and enroll in a SEBB high-deductible health plan (HDHP) with a health savings account (HSA) for the 2021 plan year. Because HSA and Medical FSA contributions are both treated as tax-preferred, the Internal Revenue Service prohibits SEBB members from receiving or making any HSA contributions if they still have access to any unused Medical FSA funds on January 1, 2021. **If you enroll in an HDHP with an HSA for 2021, you must use all your 2020 Medical FSA funds and have all your claims paid by Navia Benefit Solutions by December 31, 2020.** If you don't, this will prevent you and the state from contributing to your HSA account until April 1, 2021.

If you reenroll in a Medical FSA for the following plan year (i.e., you reenroll in 2021 for coverage in 2022), any claims incurred during the grace period (January 1 through March 15, 2022) will be applied first to unused funds from your 2021 enrollment plan year, whether you use your debit card or submit a claim.

How do I receive information from Navia Benefit Solutions?

You can choose your method of communication. For example, if you provide an email address, statements and other communications will be sent automatically to your email. You may change your method of communication or opt out of electronic correspondence either online or by contacting Navia Benefit Solutions at 1-800-669-3539.

The Navia Benefits Card

The Navia Benefits Card is a convenient way to pay for eligible out-of-pocket medical expenses for you, your spouse, and your qualified dependents. The debit card is accepted from participating merchants using the Inventory Information Approval System (IIAS) and from medical care merchants using the MasterCard® system.

Rather than filing a claim and waiting for reimbursement for your out-of-pocket eligible expenses, you can use the debit card at participating merchants to pay your provider directly. The expense is deducted from your Medical FSA balance.

This system allows Navia Benefit Solutions to electronically substantiate the eligibility of your expense. However, the IRS has strict regulations about where the debit card can be used and when follow-up documentation is required for transactions that can't be substantiated electronically.

Using the debit card does not eliminate the need to submit follow-up documentation when requested by Navia Benefit Solutions. If any of your debit card charges do require substantiation, you will receive a summary of your card activity for those charges from Navia Benefit Solutions at the beginning of each month. **We recommend you always save all your receipts and documentation.**

If you use the debit card for an ineligible expense, the card will be suspended after 75 days to prevent further use and will remain suspended if the expense is not substantiated or repaid by the end of the plan year. You may still submit claims by email, mobile app, fax, or mail. To correct the reimbursement of an ineligible debit card charge, you must either repay the amount of the ineligible expense back to Navia, or request the substitution or offset of future claims to repay the amount. Navia Benefit Solutions will reactivate the debit card once you reimburse the account for the amount of the ineligible expense.

The debit card feature is only available for the Medical FSA benefit. You must provide a valid email address in order to receive the debit card when you enroll.

Lost or stolen cards and additional debit card requests

You may request a debit card when you enroll or through the Navia Benefit Solutions website. You may request additional cards at no cost. If your debit card is lost or stolen, contact Navia Benefit Solutions immediately so we can help protect your account from unauthorized transactions.

IIAS and participating merchants

You can use the Navia Benefits Card at IIAS-participating merchants and medical care merchants using the MasterCard® system. The IIAS system recognizes most eligible Medical FSA expenses. Purchasing health services and items through these merchants can lower the number of additional substantiation requests. Remember to keep your receipts in case additional proof is requested.

Participating merchants generally include:

- Provider offices
- Dental and vision clinics
- Hospitals
- Mail order Rx programs
- IIAS participating merchants

You can find a list of IIAS participating merchants at sebb.naviabenefits.com.

When can I make changes?

You cannot cancel participation in the Medical FSA or change your election amount once the plan year starts unless you end employment, lose eligibility for the Medical FSA, or experience a special open enrollment (SOE) event such as:

- School employee acquires a new dependent due to:
 - Marriage;
 - Registering a domestic partnership, if the state-registered domestic partner qualifies as a tax dependent;
 - Birth, adoption, or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption; or
 - A child becoming eligible as an extended dependent through legal custody or legal guardianship;
- School employee's dependent no longer meets SEBB eligibility criteria due to:
 - School employee's change in marital status;
 - School employee's domestic partnership with a state registered domestic partner, who is a tax dependent, is dissolved or terminated;
 - A dependent losing eligibility as an extended dependent or as a dependent with a disability;
 - A dependent child turning age 26; or otherwise no longer meeting dependent child eligibility; or
 - A dependent dies.
- School employee or dependent loses other coverage under a group health plan or through health insurance coverage, as defined by the Health Insurance Portability and Accountability Act (HIPAA).
- School employee or dependent has a change in employment status that affects the employee's or a dependent's eligibility for the Medical FSA.
- A court order requires the school employee or any other person to provide insurance coverage for an eligible dependent of the school employee.
- School employee or dependent becomes entitled to or loses eligibility for coverage under Medicaid or a state Children's Health Insurance Program (CHIP).
- School employee or dependent becomes entitled to or loses eligibility for coverage under Medicare.

If you experience a qualifying event as described above, and need to enroll, make a new election, or cancel your participation in your Medical FSA, download the *SEBB Change in Status Form* from sebb.naviabenefits.com.

Return your *SEBB Change in Status Form* to your payroll or benefits office for approval. Unless stated otherwise, your employer must receive the *SEBB Change in Status Form* and evidence of the SOE event **no later than 60 days** after the event. Your employer will submit the form to Navia Benefit Solutions for processing.

Approved leave of absence (including Leave Without Pay)

You may elect to continue your Medical FSA participation while you are on an approved leave of absence because of one of the following events:

- You are on authorized Leave Without Pay (LWOP) from your employer, whether you have already worked 630 hours for the school year or your employer still anticipates you will do so.

- Your employment ends due to a layoff.
- You are a school employee who reverted to a position that is not eligible for the employer contribution toward insurance coverage.
- You are appealing a grievance action.
- You are receiving time-loss benefits under workers' compensation.
- You are applying for disability retirement.
- You are called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).

The SEBB Program will mail you the *SEBB Continuation Coverage Election Notice* and you may elect to continue your SEBB health plan coverage by self-paying the full premium (LWOP coverage). You may also continue your Medical FSA contributions on a post-tax basis by making Medical FSA contributions to Navia Benefit Solutions as follows:

- Pay your contributions during the leave **directly** to Navia Benefit Solutions; or
- Pre-pay your contributions to Navia Benefit Solutions **before you go on leave**. If you choose this option, you must arrange this before going on leave by completing the *SEBB Change in Status Form*, available at sebb.naviabenefits.com or by calling Navia Benefit Solutions at 1-800-669-3539.

If you are taking a leave of absence that qualifies as an approved Family Medical Leave Act (FMLA) or Uniformed Services Employment and Reemployment Rights Act (USERRA or military) leave, you may cease all or part of required contributions consistent with the requirements of the FMLA or USERRA. This choice will not affect your ability to continue enrollment in the SEBB's other benefits (as provided by SEBB rules).

If you choose to discontinue contributions during the approved FMLA or USERRA leave, upon your return you may:

- Resume participation at the same annual amount elected at the start of the plan year, with a corresponding increase in per-pay-period contributions for the remainder of the plan year; or
- Participate at a reduced annual amount for the plan year, and resume the per-pay-period contribution in effect before the FMLA or USERRA leave.

To resume your Medical FSA, you must fill out and send the *SEBB Change in Status Form* and evidence of the qualifying event to your payroll or benefits office **no later than 60 days** after the qualifying event. Your employer will submit an approved form to Navia Benefit Solutions for processing. If you submit your form more than 60 days after returning to work, Navia Benefit Solutions will deny your request.

Important: If you are unable to pay your contributions in full while on approved FMLA or any other benefits-eligible leave, you can continue to submit claims for reimbursement for that period. For example, if you are on benefits-eligible leave in September and do not submit your Medical FSA contributions, claims incurred during that month can be submitted for reimbursement. Future contributions should be recalculated to ensure they meet your annual election total by the end of the plan year.

If you are ineligible for benefits while on leave, you will not be able to claim services incurred during your leave of absence.

Transfers between school districts, ESDs, and charter schools

If you enroll in a Medical FSA and later change jobs and move to another Washington school district, educational service district, or charter school, your enrollment will continue as long as:

- Your new position is benefits-eligible for participation in the SEBB Medical FSA; and
 - You notify your new employer's payroll or benefits office of your transfer **no later than 31 days** after your first day of work in the new position; and
 - There is no more than a 30-day lapse in employment or reemployment within the same plan year.
- Note:** If you have more than a 30-day break in SEBB benefits coverage, you cannot enroll or reenroll in the Medical FSA during the same plan year.

If you are eligible to continue your enrollment, your per-paycheck deductions may increase, if necessary, to meet the annual contribution amount by the end of the plan year.

Note: A move between two SEBB organizations is not a qualifying event to change your Medical FSA election or to change your health plan. You may not participate in a Medical FSA **and** enroll in an HDHP with an HSA.

If your transfer satisfies the above guidelines, please submit the *SEBB School Employment Transfer Form* to your new employer's payroll or benefits office **no later than 31 days** after the date you transfer, but before the end of the plan year. The new employer must submit your form to Navia Benefit Solutions.

Continuation coverage through COBRA

A participant, their spouse, or qualified dependent may choose to continue the Medical FSA if one or more of the following qualifying events occur:

- Death of the participant.
- Termination of the participant's employment (other than for gross misconduct) or a reduction in hours.
- Divorce of the participant; or dissolution or termination of a state-registered domestic partnership with a domestic partner who qualified as a dependent.
- A dependent child loses eligibility for SEBB insurance coverage.
- A participant becomes entitled to benefits under Medicare.

When any of these occur, you or a dependent must notify Navia Benefit Solutions. If, on the date of the qualifying event, your remaining benefits for the current year are greater than your remaining contribution payments, Navia Benefit Solutions will give each eligible dependent the right to choose Medical FSA continuation coverage.

If you are eligible for this option, Navia Benefit Solutions will mail a COBRA election notice to you. If you elect Medical FSA continuation coverage through Navia Benefit Solutions, you must do so **no later than 60 days** from the date the notice of continuation rights was mailed to you.

You may continue participating in the Medical FSA by making post-tax contributions directly to Navia Benefit Solutions for the remainder of the plan year. Participation in the Medical FSA would continue through December 31, 2020 or until you stop making the monthly contribution on the predetermined payment date. If you do not make a payment on time, you may submit claims only for expenses incurred through your last active month of paid participation.

You also cannot receive reimbursement from your Medical FSA if the date of service for the expense is during an unpaid work period when eligibility is lost. For example, if you lose eligibility beginning July 1, 2020, you can only receive reimbursements for the rest of the 2020 plan year if:

- You continue making contributions directly to Navia Benefit Solutions during the months of July through December 2020, **and**
- The dates of service for the expenses occur during the months you continue to contribute.

Finally, if you maintain your Medical FSA contribution during your continuation coverage through December 31, 2020, you will also have access to the grace period (January 1 to March 15, 2021) to incur expenses, and until the March 31, 2021 deadline to submit claims to Navia Benefit Solutions for your 2020 Medical FSA balance. **Exception:** The March 15, 2021 grace period does not apply to subscribers who enroll in a high-deductible health plan with a health savings account for the 2021 plan year. (See ["Use it or lose it' and claim submission deadline"](#) above.)

What happens if my employment ends?

Because a Medical FSA is an employee benefit, you can no longer contribute to your Medical FSA when your employment ends or you go on unpaid leave (that is not approved FMLA or military leave), except as noted in the [When Can I Make Changes](#) section.

This means that your participation ends on the last day of the calendar month in which you were employed. You will only be able to claim expenses incurred while employed, up to your available balance, unless you are eligible to continue coverage (WAC 182-31-100). You may continue to submit claims for reimbursement to Navia Benefit Solutions until March 31, 2021.

Except as stated in the [Continuation coverage through COBRA](#) section, Navia Benefit Solutions will not reimburse any expenses incurred while you were not actively enrolled in a Medical FSA.

If you end employment during the plan year or lose eligibility for the Medical FSA, contact your payroll or benefits office to find out if you can request one of these options (not all SEBB organizations can permit the options below):

- **Stop deductions:** Your deduction and participation will cease at the end of the month in which you are benefit eligible. You may be reimbursed only for services incurred on or before the termination date. You may continue to submit claims for reimbursement to Navia Benefit Solutions until March 31, 2021.
- **Accelerate deductions:** You can authorize your employer to take future deductions from your final paycheck only. This final deduction will be pre-tax and you can participate in the plan to the extent contributions are made.
- **Continue with COBRA:** Under certain circumstances, you may be eligible to continue participation through Navia Benefit Solutions on an after-tax basis through COBRA. (See "[Continuation coverage through COBRA](#)" above.)

How do I appeal a denied claim?

You will receive written notice of any denied claims within seven calendar days of when Navia Benefit Solutions receives the claim. The notice will include the reasons for the denial, a description of any additional information needed to process the claim, and an explanation of the claims review procedure.

You may resubmit your claim to Navia Benefit Solutions with additional information **no later than March 31, 2021**. If you wish to file an appeal, Navia Benefit Solutions must receive your appeal **no later than 30 calendar days** from the date the denial was issued.

Your appeal must include:

- A statement outlining why you think your request should not have been denied.
- Your employer's name.
- The date(s) of the services denied.
- A copy of your original claim.
- A copy of the denial letter you received.
- Any additional documents or information that supports your appeal.

Navia Benefit Solutions will send you a written notice of the resolution of your appeal within 30 calendar days. Appeals are approved only if the extenuating circumstances and supporting documentation are within IRS regulations and the document that governs the SEBB Medical FSAs.

To file a first-level appeal with Navia Benefit Solutions, use one of the methods below:

- **Email:** claims@naviabenefits.com
- **Fax:** 1-425-451-7002 or toll-free fax 1-866-535-9227
- **Mail:** Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015

If you receive a denial of your appeal from Navia Benefit Solutions and you disagree with that decision, you may appeal that decision by submitting a written request to the SEBB Appeals Unit for a Brief Adjudicative Proceeding.

The request for a Brief Adjudicative Proceeding must be received by the SEBB Appeals Unit **no later than 30 calendar days** after the date of the Navia Benefit Solutions decision on your appeal. The contents of your request for a Brief Adjudicative Proceeding are to be provided as described in WAC 182-32-2070. Include a copy of the denial notice you received from Navia Benefit Solutions with your appeal along with any supporting documentation.

You may complete and submit the *School Employee Request for Review/Notice of Appeal* form with your appeal, which is available at hca.wa.gov/sebb-employee.

You may send the form and any supporting documents by one of the following methods:

- **Hand Delivery:** Health Care Authority

626 8th Ave SE
Olympia, WA 98501

- **Fax:** 360-725-0771
- **Mail:** Health Care Authority
SEBB Appeals
PO Box 45504
Olympia, WA 98504-5504

[*Back to the Table of Contents*](#)