

How to Enroll in Benefits 24/7

1. Log in to [Benefits 24/7](#), then click on 'Log in to Benefits 24/7' under Subscriber/Benefits administrator login.

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.

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](#)

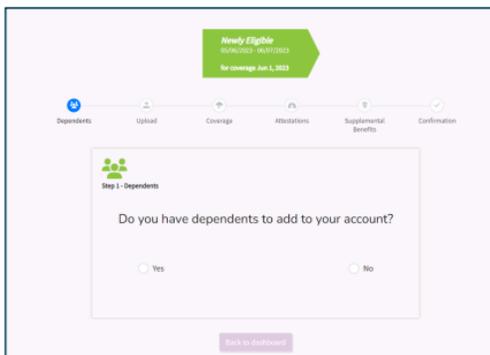
When you first log into Benefits 24/7, you will be asked to create a SecureAccess Washington (SAW) account for security purposes. If you need help, visit [Help with Benefits 24/7](#).

2. When you are in Benefits24/7, select the “Newly Eligible” chevron.



If the chevron does not show up, contact Payroll. Payroll needs to set up your PEBB eligibility first before the chevron shows up. If it is not there, you might have not been set up yet.

3. The enrollment wizard opens.



- If you are adding dependents, select the “Yes” radio button, then select the ‘Next’ button.
If you are not adding dependents select the ‘No’ radio button, then select the ‘Proceed to elect coverage’. Skip to step 16.
- On the Dependent Information page enter the dependent’s information.

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 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 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"/>	<input type="text"/>	
		<small>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.</small>	
Relation*	Qualify reason*	SSN*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> This person currently has no Social Security number*			

- Select ‘Let’s add coverage to your dependent’.
- Select the checkbox next to the benefits you are requesting to enroll the dependent in, medical, dental, or medical or dental.

Enrollments

Benefits elections

Which benefit would you like to enroll this dependent in?

Medical Dental

Cancel adding dependent

Next

8. Select 'Let's make tobacco attestations for this dependent'. Select the 'Yes' or 'No' radio button, based on your dependent's attestation. The tobacco surcharge screen does not display if the dependent is under the age of 13. Select 'Continue to the Spouse or state-registered domestic partner coverage surcharge attestation'. This option will only display if the dependent is a spouse or state registered domestic partner.

Tobacco use premium surcharge attestation

Attest to whether the surcharges below apply 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. If you check Yes in this section, you will be charged the \$25 premium surcharge. 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](#).

Does the tobacco use premium surcharge apply to this dependent?

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 medical plan's [tobacco cessation program](#) (if age 18 or older).

[Continue to the Spouse or state-registered domestic partner coverage surcharge attestation](#)

9. Select the 'Yes' or 'No' next to each question. Up to six questions will display when 'Yes' is the response. If you answer 'No', additional questions will not display. The radio button will display the final answer. If the answers to all questions are 'Yes', you may complete and submit the spouse and state-registered domestic partner calculator to determine the final response.

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

[Additional information on surcharges.](#)

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.

Answer Yes or No to Questions 2 through 6 below.

1. Are you covering your spouse or SRDP in a PEBA medical plan in 2023?
 Yes No

2. Will they be eligible for medical coverage through their employer in 2023? (If they will not be employed in 2023, answer NO.)
 Yes No

Yes, I will pay the \$50-per-month spouse or state-registered domestic partner coverage surcharge in 2023

No, the spouse or state-registered domestic partner coverage surcharge does not apply in 2023.

[Next](#)

10. Select 'Next'.

11. Select 'Proceed to dependent review'. Review the information to verify enrollment 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.

Collins, Sarah	Medical: Enrolled	Tobacco use: No
DOB: 05/23/1964	Dental: Enrolled	Spousal surcharge: No
Spouse/state-registered domestic partner		

Save and finish this dependent

12. If you have additional dependents to add, select the 'Yes' radio button to go back through the previous steps for each dependent. If you do not have additional dependents to add, select the 'No' radio button. Select 'Next'.

Step 1 - Dependents

You have successfully added Sarah Collins. Do you have additional dependents to add?

Yes No

Previous Next

13. Review the enrollment for the dependent. If updates are required, select 'Edit Dependent'. If the account is correct select 'Let's upload eligibility documents for your dependents'.

Step 2 - Dependents

Dependent review

Please review the information below for accuracy associated with the dependents added to your account and make any necessary changes.

Dependent Information:

Collins, Sarah	Medical: Enrolled	Tobacco user: No	Edit dependent
DOB: 05/23/1964	Dental: Enrolled	Spousal surcharge: No	
Spouse/state-registered domestic partner			

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

Previous Let's upload eligibility documents for your dependents!

14. Upload dependent verification documents.

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.

[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, within the last six months showing both your and your spouse's name (black out any financial information). If within six months of marriage, only the certificate is required.
- 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
- VADM 2-3 or 2-2 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 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 you and your partner's name (black out any financial information). If within six months of state registration, only the card is required.
- 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 23.1](#).

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 fingerprints 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
- VADM 2-3 or 2-2 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, png, mp3
Maximum file size: 10mb

Proceed to elect coverage

15. Once document is uploaded, select "Proceed to elect coverage".

16. Select the checkbox next to the desired medical plan. Or select the checkbox next to 'Waive medical coverage' if you are waiving medical for other employer-sponsored coverage, TRICARE, or Medicare.

Current Medical plan - coverage effective date June 1, 2023

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 Washington SoundChoice	0	
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington CDHP	0	You must contact your benefits office for premium information
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Classic	0	
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Value	0	Helpful links: Compare medical plans Medical plans by county Ensure your provider is available in the selected plans and a provider. Make sure you have the correct provider network selected before searching for providers. Plan contact information
<input type="checkbox"/>	UMP CDHP	0	
<input checked="" type="checkbox"/>	UMP Classic	0	
<input type="checkbox"/>	UMP Plus UW Medicine Accountable Care Network	0	
<input type="checkbox"/>	UMP Select	0	

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.

Next

17. Select “Next” then select the checkbox next to the desired dental plan. Select “Next” again.

Current Dental plan - coverage effective date June 1, 2023

Default -- not enrolled with a valid plan

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 #3000).

Available Dental plans:

Selection	Dental plan	Premium	
<input type="checkbox"/>	DeltaCare (Group #3100), administered by Delta Dental of Washington	0	You must contact your benefits office for premium information Helpful links: Compare dental plans Ensure your provider is available in the selected plan: Find a provider Make sure you have the correct provider network selected before searching for providers. Plan contact information
<input 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	

[Previous](#) [Next](#)

18. Review the elections. Select ‘Confirm and let’s complete tobacco attestation’.

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 requested to change your medical plan from Default -- not enrolled with a valid plan to UMP Classic.
- You requested to change your dental plan from Default -- not enrolled with a valid plan to Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington.

Subscriber:	Coverage effective date:	Medical Plan:	Dental Plan:
Collins, Bernie DOB - 08/31/1967	06/01/2023	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington
Collins, Sarah DOB - 05/23/1964	06/01/2023	UMP Classic	Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

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

19. Select “Next”.

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.

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](#).

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](#)

20. Select 'Yes' or 'No' on the tobacco surcharge question.

The screenshot shows a web form titled "Step 4 - Attestations" with a green lungs icon. The main heading is "Tobacco use premium surcharge". Below it is the question: "Does the tobacco use premium surcharge apply to you?". There are two radio button options: the first is selected and reads "Yes, I am subject to the \$25 premium surcharge. I have used tobacco products in the past two months."; the second is unselected and reads "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 medical plan's tobacco cessation program (if age 18 or older)". At the bottom are "Previous" and "Next" buttons.

21. Review the Legal Notice. Select "Next".

The screenshot shows a web form titled "Step 4 - Attestations" with a green lungs icon. The main heading is "Legal notice". Below it is the instruction: "By selecting the Next button below:". This is followed by a list of five bullet points detailing the legal implications of the surcharge. At the bottom are "Previous" and "Next" buttons.

22. Review the attestation. Select 'Confirm and let's review supplemental coverage'.

The screenshot shows a web form titled "Step 4 - Attestations" with a green lungs icon. The main heading is "Tobacco use premium surcharge". Below it is the text: "You will be charged the \$25 tobacco use surcharge in addition to your monthly medical premium." Further down is the instruction: "Select Confirm to continue. Select Previous to change your response." At the bottom are two buttons: "Previous" and "Confirm and let's view supplemental coverage options".

23. Select the desired employee-paid LTD coverage.

Employee-paid LTD

You are automatically enrolled in a plan that covers up to 60 percent of the first \$16,067 of your monthly predictability earnings. You do not need evidence of insurability. The minimum benefit is \$200. The maximum benefit is \$10,000 per month for the 60-percent coverage and \$6,333 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 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 predictability monthly earnings provided by your employer.

Employee Paid (60-percent plan)

<input checked="" type="radio"/>	Predictability monthly earnings	Percentage rate	Monthly premium	Monthly benefit amount
	3568	0.47	16.77	2140.80

Employee Paid (50-percent plan)

<input type="radio"/>	Predictability monthly earnings	Percentage rate	Monthly premium	Monthly benefit amount
	3568	0.28	9.99	1784.00

Decline employee-Paid LTD

24. Scroll down and select “Continue and Review”.

25. Review the health coverage enrollment information. Select “Next”.

26. Review the LTD enrollment. Select “Next”.

27. Review the Legal Notice. Select “Confirm”.

28. Select “Download elections” and keep a copy of the enrollment summary. If you would like to receive email notifications, enter your email address. Select “Sign up for email delivery” checkbox.

29. Notify Payroll at despayroll@des.wa.gov.