

2025 School Employees Benefits Board (SEBB) Program Flexible Spending Arrangement (FSA) Enrollment Guide

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

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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 5179 Fresno, CA 93755

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

Who is eligible?

You are eligible for the FSA if you meet criteria listed in Washington Administrative Code (WAC) [182-31-040](#).

Generally, the 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 Flexible Spending Arrangement (FSA) help me?

An FSA 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 an FSA:

- Setting aside a portion of your pay with an FSA reduces your annual taxable income.
- You can set aside as little as \$120 or as much as \$3,200 for the calendar year. The full amount you elect to set aside for your FSA is available on your first day of coverage for expenses.
- Your FSA helps you pay for deductibles, copays, coinsurance, dental, vision, over-the-counter medication, sunscreen, menstrual care products, and many other expenses. (See "[What health care expenses are eligible?](#)")
- You can use your FSA health care expenses for you, your spouse or state-registered domestic partner (SRDP), or other qualified dependents, even if they are not enrolled on your SEBB medical, dental, or vision plans.

Important: You cannot enroll in both an FSA and UMP High Deductible with a health savings account (HSA) in the same plan year.

What does pre-tax mean?

Funds transferred to your FSA account are deducted from the gross income amount on your paycheck before your taxes are calculated. This lowers your taxable income by the same amount you contribute to your FSA. FSA funds can only be used for qualifying health care expenses, which are not subject to federal tax.

How does the FSA work?

- You estimate your expenses for the plan year and enroll in an 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 after the plan year starts unless a qualifying event, like a birth or marriage, creates a special open enrollment.
- 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 do not pay FICA (7.65%) or federal income tax (10-37%) on your elected dollars.
- You cannot cancel participation in the FSA once the plan year starts unless you end employment, lose eligibility for the FSA, or have a life event that would allow you to make a new election.
- Unused FSA balances up to \$660 can carry over to the next plan year. To receive carryover, you must a) enroll in an FSA the following plan year to carry over any amount up to \$660, or b) have at least \$120 remaining in your account to carry over any balance between \$120 and \$660. Any funds below \$120 if you do not re-enroll or above \$660 (regardless of enrollment status) will be forfeited to the plan administrator, the Health Care Authority. See the "Carryover and use it or lose it" section for details.

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

When can I enroll and how do I do it?

There are three occasions when you are eligible to enroll in an FSA.

1. You are newly eligible.

Enroll no later than 31 days after the date you become eligible for SEBB benefits.

 - To enroll, submit the *SEBB Mid-Year Enrollment Form* to your payroll or benefits office. You can find the form online at sebb.naviabenefits.com, or request it from your employer.
2. You are enrolling during the SEBB Program's annual open enrollment.

Enroll no later than the last day of the SEBB Program's annual open enrollment.

 - You can enroll online using Navia's portal at sebb.naviabenefits.com. Online enrollment through Navia's portal is only available during the SEBB Program's annual open enrollment.
 - 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 25, 2024**. Forms received after that date will not be accepted for 2025 FSA enrollment.
 - You must enroll in an FSA for each year you want to participate. Your participation does not automatically continue from plan year to plan year.
3. You are enrolling after a life event which qualifies for a Special Open Enrollment.

Enroll 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. Follow submission instructions on the enrollment form. (See "[When can I make changes?](#)" for details on special open enrollment events.)

 - If you have a qualifying event, submit the *SEBB Change in Status Form* and return it along with evidence of the event, to your payroll or benefits office within the required timeframe.
 - You can find the form online at sebb.naviabenefits.com, or request it from your employer.

When does my coverage begin?

- If you are eligible to enroll when you first become eligible for SEBB benefits, 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 enroll during the SEBB Program's annual open enrollment, your FSA is effective the following January 1 through December 31.
- If you have a qualifying event that creates a special open enrollment that allows an enrollment or change, it will be effective the first day of the month after the later of:
 - The event date.
 - The date your payroll or benefits office receives the *SEBB Change of Status Form* and evidence of the event. **Exception:** If the special open enrollment is due to the birth, adoption (or legal obligation for support ahead of adoption), the enrollment or change will begin the first of the month in which the event occurs.

Whose expenses qualify?

The FSA covers health care expenses that occur during the plan year 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 do not get the tax exemption due to a divorce decree, so long as one parent claims the child as a dependent. The exemption may switch from year to year between parents. If one parent receives the tax exemption, the medical or dental expenses you pay on behalf of the child may qualify for the 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 full list, visit sebb.naviabenefits.com/benefits/expenses or call Navia Benefit Solutions at 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	Vision care
Braille books	Fertility treatment	Parasitic treatment	Walker
Burn cream	Flu shots	Physical exams	Wart treatment
Chiropractic services	Hearing aids & supplies	Physical therapy	Wheelchair & repair
Coinsurance	Hemorrhoid medication	Pregnancy test	
		Prenatal vitamins	
		Prescription drugs	

Do all prescription medicines qualify for 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 do not treat an existing medical condition do not qualify.

When is additional documentation required?

Certain expenses cannot be reimbursed under the 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 Navia Benefits Decisions at 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 FSA expenses, which are deemed incurred when the services occur, orthodontia expenses are considered **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 reimbursement from your FSA for a large quantity of any item in any one transaction. Buying more than three of the same item in any one transaction is considered stockpiling and will not be reimbursed.

Ineligible health care expenses

The following expenses are not eligible under an FSA. Under no circumstances will the following items be reimbursed. Do not submit claims for these items; they will be denied. 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 the FSA if the expense has already been reimbursed under this plan or by any other source. When submitting an expense, 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 FSA. Submit your claim and documentation to Navia Benefit Solutions for reimbursement. The documentation must show the:

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

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 occur during the plan year while you are an active participant in the plan. You may not submit claims for services that occurred after your employment has ended, after you lose eligibility for the FSA, after you revoke your election because of a life event, or after you have retired.
- Navia Benefit Solutions will not reimburse any expenses that occurred before your effective date of enrollment.
- An expense is "incurred" when the health care occurs 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 5179 Fresno, CA 93755
- **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 FSA balance for any returned items due to incorrect banking information.

Lost or expired 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 attempting to cash or deposit the canceled check will be deducted from your Navia account as well as the amount 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 by the end of the plan year.

Claim submission deadline

You must submit all claims to Navia Benefit Solutions for reimbursement by **March 31, 2026**. If you are no longer employed or have retired and still have money left in your account, you can still submit claims for reimbursement by March 31, so long as the services took place while you were employed.

Carryover and “Use it or lose it”

If you have not spent all the funds in your FSA by December 31 — and you are still employed and eligible for this benefit — you may be able to take advantage of the carryover feature.

Carryover allows you to keep some funds for the next plan year. The maximum contribution limit is set by the IRS, and the amount is usually announced in late fall after HCA's annual open enrollment begins. Due to the timing of the IRS announcement, HCA adopts the increased maximum contribution limit for the following plan year. The maximum carryover amount is at least \$660. (Because of the timing of IRS updates, this amount may increase slightly during the plan year. It will not decrease.)

To receive carryover, you must enroll in an FSA for the next plan year or have at least \$120 left in your account on December 31. Any funds below \$120 if you do not re-enroll or above \$660 (regardless of enrollment status) will be forfeited to the plan administrator, the Health Care Authority. Once the money is forfeited, you cannot claim it. This is referred to as “use it or lose it.”

If you enroll in an HDHP with an HSA for 2025, you cannot enroll in an FSA. However, you can enroll in a Limited Purpose FSA and carry over your remaining FSA funds up to \$660 from the previous plan year. See the Limited Purpose FSA Enrollment Guide and the examples below for details.

Carryover examples

Less than \$120 remaining

Sharon has \$100 left in her FSA on December 31 (less than the \$120 minimum). If she enrolls in an FSA for the next year, the \$100 will carry over and be added to her FSA election for the next plan year.

If she enrolls in a HDHP for the next plan year, she cannot enroll in an FSA. However, if she enrolls in a Limited Purpose FSA, her remaining \$100 will carry over and be added to her Limited Purpose FSA election for the next plan year.

If she does not enroll in an FSA for the next plan year, the \$100 will be forfeited because it is below the \$120 minimum.

Between \$120 and \$660 remaining

Jerry has \$150 left in his FSA on December 31 (between the carryover minimum and maximum amounts). If he enrolls in an FSA, the \$150 will carry over and be added to his FSA election for the next plan year. If he does not enroll in an FSA, the \$150 will still carry over to establish an FSA for his use in the next plan year.

If he enrolls in a HDHP and a Limited Purpose FSA, the \$150 will carry over and be added to his Limited Purpose FSA election for the next plan year. If he does not enroll in an FSA, the \$150 will still carry over to establish a Limited Purpose FSA for his use in the next plan year.

Over \$660 remaining

Taylor has \$690 left in their FSA on December 31 (over the \$660 maximum that can be carried over). If they enroll in an FSA, \$660 of the \$690 will carry over and be added to their FSA election for the next plan year; the remaining \$30 will be forfeited. If they do not enroll in an FSA, \$660 will still carry over to establish an FSA for their use in the next plan year.

If they enroll in a HDHP and a Limited Purpose FSA, \$660 of the \$690 will carry over and be added to their Limited Purpose FSA election for the next plan year; the remaining \$30 will be forfeited. If they do not enroll in an FSA, \$660 will still carry over to establish a Limited Purpose FSA for their use in the next plan year.

The Navia Benefits Debit Card

This debit card is a convenient way to pay for eligible out-of-pocket medical expenses for you, your spouse or SRDP, and your qualified dependents. Participating merchants using the Inventory Information Approval System (IIAS) and medical care merchants using the MasterCard® system can accept the debit card. You can find a list of IIAS participating merchants at sebb.naviabenefits.com.

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 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 cannot 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, 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 ineligible expense. If you do not, 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.

You must provide a valid email address to receive the debit card when you enroll. If you enroll in both the FSA and DCAP, the same debit card will work for both benefits.

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 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.

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 email delivery either online at sebb.naviabenefits.com or by calling Navia Benefit Solutions at 1-800-669-3539.

When can I make changes?

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

- School employee gains a new dependent due to:
 - Marriage;
 - Registering a state-registered domestic partnership, if the state-registered domestic partner qualifies as a tax dependent of the employee;
 - Birth, adoption, or when the subscriber has assumed a legal obligation for support ahead 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 eligibility for the 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 enrolls in, or loses eligibility for, coverage under Medicaid or a state Children's Health Insurance Program (CHIP).
- School employee or dependent enrolls in, or loses eligibility for, coverage under Medicare.

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

Return your *SEBB Change in Status Form*, along with proof of your qualifying event, 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 qualifying event **no later than 60 days** after the qualifying event. Your employer will submit an approved form to Navia Benefit Solutions for processing. The change to your FSA election may be delayed or denied if proof of the qualifying event is not received with the *SEBB Change in Status Form*.

Approved leave of absence (including Leave Without Pay)

You may elect to continue your 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 (Unpaid Leave coverage). You may also continue your FSA contributions on a post-tax basis by making 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 pause 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 FSA, you must submit 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 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 an FSA and later change jobs and move to another Washington school district, educational service district, or charter school that offers SEBB benefits, your enrollment will continue as long as:

- Your new position is benefits-eligible for participation in the 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. If you have more than a 30-day break in SEBB benefits coverage, you cannot enroll or reenroll in the 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.

A move between two SEBB organizations is **not** a qualifying event to change your FSA election or to change your health plan. You may not participate in an 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 SRDP, or qualified dependent may choose to continue the 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 dependent child is automatically removed from SEBB insurance coverage due to dual enrollment restrictions between the PEBB and SEBB Programs.
- A participant enrolls in 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 FSA continuation coverage.

If you are eligible for this option, Navia Benefit Solutions will mail a COBRA election notice to you. If you elect 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 FSA by making post-tax contributions directly to Navia Benefit Solutions for the rest of the plan year. Participation in the FSA would continue through December 31, 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 month as an active participant.

You also cannot receive reimbursement from your 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, you can only receive reimbursements for the rest of the plan year if:

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

Finally, if you maintain your FSA contribution during your continuation coverage through December 31, you can submit claims to Navia Benefit Solutions through the following March 31 for your FSA balance.

What happens if my employment ends?

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

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, 2026.

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 an FSA.

If you end employment during the plan year or retire, 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, 2026.
- **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, 2026**. 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 dates 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 FSA's.

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 5179 Fresno, CA 93755

If you receive a denial of your appeal from Navia Benefit Solutions and you disagree with that decision, you may submit a second-level appeal through the Brief Adjudicative Proceeding (BAP) process to the School Employees Benefits Board (SEBB) Appeals Unit as described in Washington Administrative Code (WAC) 182-32-2070. The SEBB Appeals Unit must receive your request for a BAP **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 BAP 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 submit the *School Employee Request for Review/Notice of Appeal* form with your appeal, which is available at hca.wa.gov/sebb-appeals.

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:** 360-763-4709
- **Mail:** Health Care Authority
SEBB Appeals
PO Box 45504
Olympia, WA 98504-5504

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