

Child Care Health Benefits Frequently Asked Questions

Q: What is the program, and how do I qualify?

A: As a result of the Collective Bargaining Agreement (CBA) between Washington State and Service Employees International Union (SEIU) 925, licensed family home child care providers may be eligible for health care and dental care benefits.

You must meet all of the following criteria to qualify for benefits:

- You are a Washington State licensed family home child care provider.
- You provide care for at least one child in four of the last six months or two of the last three months, whose participation in care is funded by the Working Connections Child Care, Seasonal Child Care, or Child Welfare subsidy program and are paid through the Social Service Payment System (SSPS).
- You do not have other health insurance coverage.
- You request health care coverage.

Q: What are my options for health and dental benefits?

A: The following two health plans are available based on your zip code: Kaiser Permanente of Washington or Aetna. Please contact us to discuss changes based on your unique situation. The following two dental plans are available based on your zip code: Delta Dental of Washington or Willamette Dental. If you do not choose a dental plan at the time of enrollment, you will be automatically enrolled in Delta Dental.

Q: How much do health and dental benefits cost?

A: The cost is \$30 and will be deducted from your subsidy payment each month.

Q: How do I enroll?

A: Print and complete the enrollment form. Complete, sign, and submit your enrollment form online at <https://www.dcyf.wa.gov/services/ssps/childcarehealthbenefits>, scan and email the completed form to dcyf.healthcare@dcyf.wa.gov, or mail the completed form to the Department of Children, Youth, and Families, Child Care Health Benefits Program, PO Box 40970, Olympia, WA 98504-0970. Please note that DCYF cannot be responsible for the timeliness of the United States Postal Service. Forms may also be requested by calling 1-866- 201-8343.

Q: When can I enroll or apply for benefits? Is there a special enrollment period or open enrollment?

A: You may submit your enrollment form after you have claimed your SSPS service invoice for licensed family child care provided to at least one child receiving subsidy in four of the last six months or two of



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the last three months. There is not a special or open enrollment period. Enrollment is based on eligibility criteria.

Q: When can I start using my benefits?

A: You can begin using your benefits the month after you enroll. Please contact your insurance provider for more specific details about your plan.

Q: How do I maintain my benefits?

A: You must care for at least one child receiving subsidy in four of the last six months or two of the last three months, and submit timely claims to SSPS to maintain coverage, and you must not have other insurance coverage.

Q: Will my family (children, spouse) also be covered?

A: No. Family coverage is not available.

Q: What happens if I miss a month of work or stop caring for at least one child receiving subsidy?

A: Not submitting a claim for an entire month will put you at risk of losing your health care benefits. Missing SSPS claims for four of the last six months or two of the last three months will waive your coverage eligibility. You will need to re-enroll when you meet eligibility criteria again.

Q: What happens if I claim an invoice late?

A: Claim as soon as possible. Invoices must be claimed by the 15th of each month to allow your health care premium to be deducted.

Q: Can I opt out or waive my benefits after I have already been receiving them?

A: Yes, you may opt-out or waive coverage at any time. You need to submit a completed [change form](#) by 4:00 pm on the 20th of the month (or by the business day prior to the 20th if that date falls on a weekend/holiday) if you wish to opt-out for the following month. For example: If a change request is received on April 22, the change will not be effective until June 1.

Q: What if I qualify for other insurance? Can I get both?

A: Per the attestation on your enrollment form, you must let us know that you are receiving other health insurance and no longer qualify for the Child Care Health Benefit.

Q: What changes am I required to report?

A: You are required to email or call to inform us of changes as soon as possible. You need to report if you:

- Are moving.
- Change your primary phone number or email address.
- No longer provide services to at least one family receiving subsidy.



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- Choose to opt-out or waive coverage.

Q: Will I be taxed on my health care benefits?

A: Your health care benefits are considered a form of income and will need to be reported yearly on your taxes. A 1099 tax document will be sent to you by the end of January each year. This information will also be available on the SSPS Provider Portal. If you are not already registered for the SSPS Provider Portal, please contact SSPS at sspsmail@dcyf.wa.gov.

Q: What are the benefits specific to my health plan?

A: Please contact your insurance provider:

- Kaiser Permanente of Washington: 1-888-901-4636 (TTY: 711) or visit www.kp.org/wa
- Aetna: 1-800-370-4526 or visit <https://www.aetna.com/>

You may also visit <https://www.myseiubenefits.org/sbc/>. Under SEIU 925, choose KPWA or Aetna. You may also contact the Child Care Health Benefits Service Desk, and we will help get you to your plan.

Q: When can I make changes to my benefits?

A: Changes can be made when moving in or out of an area where health care benefits are covered, you are no longer eligible for benefits, you become eligible for benefits, or you opt-out by contacting Child Care Health Benefits Service Desk.

Q: What can I do if I move to an area not covered under the benefits I currently have?

A: Your insurance coverage is based on your zip code, and you will be eligible to receive the coverage available in your area. Please contact Child Care Health Benefits Service Desk to discuss changes based on your unique situation.

Q: What is the Child Care Health Benefits waitlist?

A: We have enrolled the maximum number of participants at this time. Our waitlist was started to ensure we can enroll eligible participants when space becomes available.

Q: Should I still apply for benefits if there is a waitlist?

A: Yes, apply for benefits as soon as you meet eligibility criteria. Child Care Health Benefits processes all enrollment forms in the order that they are received. You must be eligible to receive Child Care Health Benefits and submit a completed enrollment form to be added to the waitlist. You must also be eligible to receive Child Care Health Benefits at the time your enrollment form is selected for processing.

Q: How long will I have to wait if there is a waitlist?

A: Each month DCYF will review the number of individual Licensed Family Home Providers that are leaving benefits and enroll the next in line waiting to receive benefits. Your wait time will depend on your place on the waitlist and how many spaces become available.



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Q: What happens if I am not eligible when my space opens up?

A: Child Care Health Benefits will notify you that you have been removed from the waitlist. You will need to reapply when you meet eligibility criteria.

Q: How will I know when a space for benefits opens for me?

A: After submitting a complete enrollment form, Child Care Health Benefits will let you know, via email, if you meet initial eligibility criteria. DCYF will also let you know when your space opens and when benefits begin. Please contact Child Care Health Benefits at any time with questions or concerns about the waitlist at dcyf.healthcare@dcyf.wa.gov or toll free (866) 201-8343.



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