



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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PEBB's open enrollment starts November 1—learn what's changing for 2014

Most PEBB plans offer new benefits, stable premiums for 2014

Most of you will see more stable medical and dental plan premiums in 2014, and new medical benefits that reflect the state's interest in helping you and your family be proactive in your health and well-being. In addition, new state and federal health care reforms will expand coverage and apply more of your costs toward your out-of-pocket maximum next year.

All changes described below start January 1, 2014, unless otherwise noted. Cost-sharing for other benefits won't change in 2014; you can view medical and dental benefits comparisons on PEBB's website at www.hca.wa.gov/pebb and at benefits fairs held in November.

Most 2014 premiums show little change

During this year's procurement, the Health Care Authority kept the PEBB Program's medical plan premium increases to less than 1 percent for non-Medicare members and 2.2 percent for Medicare members, on average. This is the lowest increase in many years without increases to copays, coinsurance, or deductibles.

In 2014, you will see the following medical plan premium changes:

- Two plans' premiums will decrease—Group Health Consumer-Directed Health Plan (CDHP) and Premera Blue Cross Medicare Supplement Plan F
- Six plans' premiums will have small to moderate increases—Group Health Classic, Group Health Medicare Plan, Group Health Value, Kaiser Permanente Classic (including Senior Advantage), Kaiser Permanente CDHP, Uniform Medical Plan (UMP) Classic, and UMP CDHP

- One plan's premiums will increase 6.9 percent—Group Health Medicare Plan.

Some dental plans' premiums will also change; however, the basic and supplemental life insurance benefits and premiums will stay the same in 2014.

→ See 2014 medical and dental plan premiums on pages 4-5.

Premium surcharges effective July 1, 2014

Legislative changes will require some members to pay a premium surcharge starting July 1, 2014:

- A monthly \$25-per-account surcharge will apply if you or one of your enrolled family members uses tobacco products.
- A monthly \$50 surcharge will apply if you enroll your spouse or state-registered domestic partner, and the spouse or partner has waived enrollment in other employer-sponsored coverage that is comparable to PEBB coverage.

These surcharges will not apply if you and all covered family members are also enrolled in Medicare Part A and Part B. Details will come closer to July 2014.

→ See more information on the surcharges at www.hca.wa.gov/pebb.



Washington State
Health Care Authority
Public Employees Benefits Board
1-800-200-1004
360-725-0440
www.hca.wa.gov/pebb

Most PEBB plans offer new benefits, stable premiums for 2014

(continued)

New benefit focuses on diabetes prevention and control

In an effort to curb the onset of diabetes, the PEBB Program will offer the NOT ME Diabetes Prevention Program to Group Health and Uniform Medical Plan (UMP) members who have prediabetes or high blood sugar, and are not enrolled in Medicare. (If you're enrolled in Kaiser Permanente, please contact your plan to enroll in its prediabetes coaching program.) The free program

is a 16-week series of one-hour sessions taught by trained health coaches at YMCAs and community centers throughout the state.

In addition, UMP will offer the NOT ME Diabetes Control Program for its members who already have diabetes, and are not enrolled in Medicare. The free program includes a quarterly session with a registered pharmacist who is trained in helping members manage diabetes.

→ *See related article on page 6.*

Other benefit and cost-sharing changes for PEBB's medical plans in 2014*

Group Health Classic, Consumer-Directed Health Plan (CDHP), Original Medicare, and Value

- The annual deductible, all copays, and all coinsurance for covered services will apply to the annual out-of-pocket maximum. See "What doesn't count toward the annual out-of-pocket maximum?" on page 3.
- Acupuncture: Visit limit is eliminated for treatment of chemical dependency.
- Cochlear implants:
 - Outpatient: You pay \$15 copay per primary care office visit, and \$30 copay per specialist office visit (deductible applies to both).
 - Inpatient: You pay \$150 copay up to \$750 per person per admission (deductible applies).
- Outpatient services: The plan will cover routine services provided during a clinical trial; your cost-sharing applies based on service.
- Prescription drugs: The plan will cover preferred prescription drugs provided during a clinical trial; your cost-sharing applies based on drug tier.
- Rehabilitation: No visit limits for rehabilitation due to cancer, pulmonary, respiratory disease, or other chronic conditions.
- Vision hardware: Coverage for members ages 18 and under will change in 2014 to comply with health care reform requirements, but details were not available at the time of printing. Check with Group Health for more information.
- **Group Health CDHP only:** Preventive care under the extended network is not covered, except for screening mammograms (annual deductible and coinsurance apply).

Kaiser Permanente Classic and Consumer-Directed Health Plan (CDHP)

- **Kaiser Permanente Classic only:** The annual deductible, all copays, and all coinsurance (except for prescription drugs, pediatric oral screenings, hearing aids, tooth injuries, vision hardware, out-of-area student coverage, and self-referral to chiropractic care) will apply to the annual out-of-pocket maximum. See "What doesn't count toward the annual out-of-pocket maximum?" on page 3.
- **Kaiser Permanente CDHP only:** The annual deductible, all copays, and all coinsurance will apply to the annual out-of-pocket maximum. See "What doesn't count toward the annual out-of-pocket maximum?" on page 3.
- Hearing exams: You pay \$30 copay per exam (subject to deductible for Kaiser Permanente CDHP only).
- Vision exams: You pay \$20 copay per exam for members ages 18 and under (subject to deductible for Kaiser Permanente CDHP only).
- Vision hardware: No charge for one pair of frames and lenses or contact lenses, once every 24 months for members ages 18 and under.
- Members' \$65 copay for tobacco cessation class is eliminated.
- No dollar limit on essential health benefits. (For a list of essential health benefits, visit www.healthcare.gov/what-does-marketplace-health-insurance-cover/.)

Uniform Medical Plan (UMP) Classic and UMP Consumer-Directed Health Plan (CDHP)

- **UMP Classic only:** The annual medical deductible **and** all copays will apply to the annual out-of-pocket maximum, **in addition to the coinsurance for in-network services. As in 2013, prescription drug costs do not count toward the annual out-of-pocket maximum.** (See “*What doesn’t count toward the annual out-of-pocket maximum?*”)
- **UMP CDHP only:** **As in 2013,** the annual medical deductible, all copays, and all coinsurance will apply to the annual out-of-pocket maximum. See “*What doesn’t count toward the annual out-of-pocket maximum?*” below.
- Ancillary charge for brand-name prescription drugs is eliminated.
- Bariatric surgery (applies to non-Medicare members only): The criteria for consideration of coverage changes from body mass index (BMI) of 40 to:
 - BMI of 40, or
 - BMI of 35 – 39 with diabetes or two related conditions that have documented evidence of failure to control.Coverage of gastric sleeve is permitted if recommended by the performing facility.
- Contact lens fitting fees have a maximum plan payment of \$65.
- Preventive care services performed by a non-network provider will be paid at 100 percent of billed charges if there is no network provider available.
- Vision hardware **for members ages 18 and under:**
 - Eyeglasses: You pay nothing for **one pair (frames and lenses) per year.**
 - Contact lenses: You pay **15** percent of billed charges for members ages 18 and under.

**Your cost-sharing for prescription drugs can change at any time as drugs move into different coverage tiers.*

What doesn’t count toward the annual out-of-pocket maximum?

The annual out-of-pocket maximum is the most you pay in a calendar year. Once you have paid this amount, the plans pay 100 percent of allowed charges for most covered benefits for the rest of the calendar year.

These costs do not apply toward your annual out-of-pocket maximum:

- Monthly premiums
- Charges above what the plan pays for a benefit
- Charges above the plan’s allowed amount paid to a provider
- Charges for noncovered services or treatments
- Coinsurance for non-network providers
- Prescription-drug deductible and prescription-drug coinsurance (UMP Classic only)

HSA contribution limits increase for 2014

For 2014, the annual health savings account (HSA) contribution limit is \$3,300 (individuals) and \$6,550 (you and one or more family members). This is an increase of \$50 and \$100, respectively, from 2013 contribution limits. If you are age 55 or above, you may contribute up to \$1,000 more annually in addition to these limits.

Members who have Medicare as their primary coverage are not eligible to contribute to an HSA or enroll in a consumer-directed health plan. Other exclusions apply.

→ *For more information on consumer-directed health plans and HSAs, see page 7.*

New name for dental plan administrator

Washington Dental Service administers both DeltaCare and Uniform Dental Plan (UDP). Recently, Washington Dental Service changed its name to Delta Dental of Washington. You will see Delta Dental of Washington associated with both DeltaCare and UDP on the 2014 enrollment forms, on our website, and in the plans’ materials.

2014 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2014

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare. (Medicare rates are not available to Leave Without Pay members.)
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

For more information on these requirements, contact your health plan's customer service department.

Medical Plans

Members not eligible for Medicare (or enrolled in Part A only):	Group Health Classic	Group Health Value	Group Health CDHP	Kaiser Permanente Classic	Kaiser Permanente CDHP	UMP Classic	UMP CDHP
Subscriber Only	\$ 589.19	\$ 537.04	\$ 500.69	\$ 588.43	\$ 503.93	\$ 551.03	\$ 504.56
Subscriber & Spouse*	1,172.16	1,067.86	992.20	1,170.64	998.18	1,095.84	999.94
Subscriber & Child(ren)	1,026.42	935.16	883.91	1,025.09	889.20	959.64	890.68
Full Family	1,609.39	1,465.98	1,317.09	1,607.30	1,325.12	1,504.45	1,327.73

Members enrolled in Part A & Part B of Medicare:	Group Health Medicare Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	UMP Classic
Subscriber Only	\$283.37	N/A [†]	N/A [†]	\$ 299.76	\$ 373.87
Subscriber & Spouse* (1 Medicare eligible)	N/A [†]	\$ 866.34	\$ 814.19	881.97	918.68
Subscriber & Spouse* (2 Medicare eligible)	560.52	N/A [†]	N/A [†]	593.30	741.52
Subscriber & Child(ren) (1 Medicare eligible)	N/A [†]	720.60	681.49	736.42	782.48
Subscriber & Child(ren) (2 Medicare eligible)	560.52	N/A [†]	N/A [†]	593.30	741.52
Full Family (1 Medicare eligible)	N/A [†]	1,303.57	1,212.31	1,318.63	1,327.29
Full Family (2 Medicare eligible)	N/A [†]	997.75	958.64	1,029.96	1,150.13
Full Family (3 Medicare eligible)	837.67	N/A [†]	N/A [†]	886.84	1,109.17

* or state-registered domestic partner

† If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member who is not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber will pay a combined Medicare and non-Medicare rate.

Medicare Supplement Plan F, administered by Premera Blue Cross

	Plan F (age 65 or older, eligible by age)	Plan F (under age 65, eligible by disability)
Subscriber Only	\$ 200.31	\$ 340.52
Subscriber & Spouse* (1 Medicare eligible)**	751.34	891.55
Subscriber & Spouse* (2 Medicare eligible - 1 retired, 1 disabled)	540.83	540.83
Subscriber & Spouse* (2 Medicare eligible)	400.62	681.04
Subscriber & Child(ren) (1 Medicare eligible)**	615.14	755.35
Full Family (1 Medicare eligible)**	1,159.95	1,300.16
Full Family (2 Medicare eligible - 1 retired, 1 disabled)**	955.66	955.66
Full Family (2 Medicare eligible)**	815.45	1,095.87

*or state-registered domestic partner

**If a subscriber selects a Medicare supplement plan, non-Medicare eligible dependents are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Monthly surcharges effective July 1, 2014

The following surcharges will be added to the medical plan premiums starting July 1, 2014. More information will come by July 2014. These surcharges **do not** apply if all enrolled family members are also enrolled in Medicare Part A and Part B.

- A monthly \$25-per-account surcharge will apply if the subscriber or one or more enrolled family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner, and the spouse or partner has waived enrollment in other employer-sponsored coverage that is comparable to PEBB medical coverage.

Dental Plans with Medical Plan	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 39.53	\$ 44.72	\$ 43.23
Subscriber & Spouse*	79.06	89.44	86.46
Subscriber & Child(ren)	79.06	89.44	86.46
Full Family	118.59	134.16	129.69

*or state-registered domestic partner

Dental Plans Dental Only	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 45.75	\$ 50.94	\$ 49.45
Subscriber & Spouse*	85.28	95.66	92.68
Subscriber & Child(ren)	85.28	95.66	92.68
Full Family	124.81	140.38	135.91

New PEBB benefit to prevent and control diabetes

11.3% of American adults have diabetes.¹ Another 35% have prediabetes—a condition that can lead to diabetes if left unchecked.¹ Most people who have prediabetes don't even know it.

People with prediabetes can bring their blood sugar back to healthy levels. But once prediabetes turns into diabetes, it can't be reversed.

NOT ME

PEBB wants to help you say **NOT ME to diabetes**

NOT ME is a new type 2 diabetes prevention program for PEBB members starting January 1, 2014. It is provided through the Diabetes Prevention and Control Alliance, a federally supported health care organization. NOT ME has helped many people throughout the U.S. prevent diabetes. Starting in 2014, it will be available at no cost to PEBB members who:

- Are ages 18 or over,
- Are enrolled in Group Health or Uniform Medical Plan (UMP), and
- Don't have Medicare as their primary insurance.

Kaiser Permanente members can call 1-866-301-3866 (select option 2) to find out about Kaiser's diabetes prevention program.

Here's how it works

NOT ME will provide a 16-week series of hour-long group coaching sessions to PEBB members with prediabetes. Sessions will be held once a week by local health coaches at nearby community centers. Members with prediabetes can join and learn ways to:

1. Eat healthier.
2. Boost activity levels.
3. Lose a modest amount of weight.

Research shows that taking these steps can lower high blood sugar levels and prevent type 2 diabetes.

¹Centers for Disease Control and Prevention, National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

Are you at risk?

Visit www.hca.wa.gov/pebb to take a prediabetes risk quiz. If you find out you're at risk, talk to your doctor about getting a blood sugar test (usual plan cost shares apply). If your test shows you have prediabetes (blood sugar levels of 100-125 mg/dL for a fasting glucose test, or an A1c value of 5.7 - 6.4%), you can register for the NOT ME program directly, starting January 2014.

For UMP members with diabetes

UMP is also teaming up with NOT ME in 2014 to bring members a special diabetes control program. If you're a UMP member age 18 or over without Medicare as your primary insurance and you've been diagnosed with diabetes, NOT ME will connect you with a local pharmacist. You'll be able to meet with your pharmacist once per quarter **at no cost** for a consultation about how to manage your condition and live better with diabetes.



Here's how the diabetes prevention program can work for you:

Meet John

- Age 46
- Sedentary lifestyle
- Overweight

John takes a NOT ME quiz to see if he might be at risk for prediabetes. He learns he has a high risk.

John gets his blood sugar tested at his doctor's office. He finds out he has prediabetes.

John calls NOT ME to sign up for a series of local group health coaching sessions.

John goes to the sessions. He learns how to help prevent diabetes from developing.

John leads a healthier life and avoids getting type 2 diabetes.

Not an actual case.

Reminders about the CDHP/HSA options

A **consumer-directed health plan (CDHP)** is a type of insurance plan that has lower premiums, but a higher annual deductible, and higher out-of-pocket maximum than traditional health plans. All PEBB plans, including the CDHPs, provide 100 percent coverage for preventive care services received in the plan's network, without having to first pay the deductible.

A **health savings account (HSA)** is a tax-exempt account that you, the PEBB Program, or anyone can deposit funds into on your behalf, up to limits set by the Internal Revenue Service. You can use the funds in your HSA to pay for IRS-qualified, out-of-pocket medical expenses (such as deductibles, copays, and coinsurance), including some expenses and services that may not be covered by your health plan. You also can spend HSA funds on medical expenses for your spouse or other tax dependents, even if they are not covered under your PEBB plan. And your HSA funds are yours, even if you leave the plan.

When you enroll in a CDHP, your plan automatically sets up a health savings account for you with HealthEquity, the trustee for your HSA. HealthEquity will send you information about how to use your account.

PEBB deposits money into your HSA

When you enroll in a PEBB CDHP, the PEBB Program contributes \$700.08 for an individual subscriber or \$1,400.04 for a family account. Contributions from PEBB go into the HSA in monthly installments over the year. The entire annual amount is **not** deposited in your HSA on January 1, 2014.

HSA contribution limits increase in 2014

In 2014, the IRS will increase the annual limit for HSA contributions from all sources, bringing it to \$3,300 for single subscribers and \$6,550 for families (up from \$3,250 and \$6,450 in 2013, respectively). Members ages 55 and older may contribute up to \$1,000 more annually in addition to the limits above. You must calculate all contributions you plan to make for the entire year to ensure that you do not go over the allowable limit for HSA contributions. Over-contribution of funds may result in an IRS penalty, and you may also incur fees with HealthEquity to bring your account down to the annual limit.

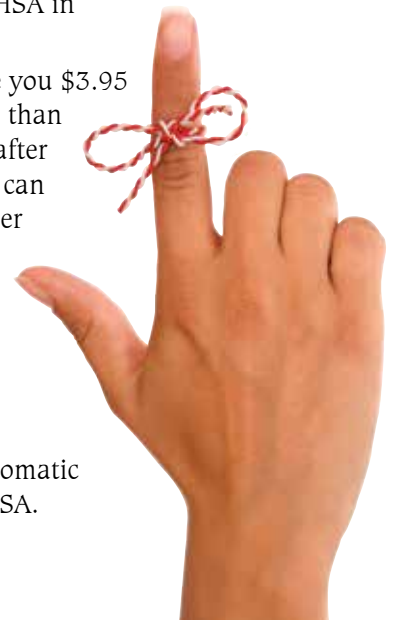
Keep in mind:

- If you are enrolled in a CDHP for 2013 and wish to remain enrolled in the same CDHP for 2014, **you do not need to do anything**. Your current CDHP enrollment and your unspent HSA funds will carry over next year.
- **If you or a covered family member is enrolled in Medicare, you are not eligible for an HSA.** If you enroll in a CDHP for 2014 and become eligible for Medicare Part A or Part B during the year, you must change to another PEBB medical plan that is not a CDHP. If that happens, any previous CDHP contributions toward your annual deductible and out-of-pocket maximum will not apply to your new plan. You can keep the unspent funds in your HSA, but you and the PEBB Program may no longer contribute to it. Depending on your account balance, HealthEquity may charge a fee.
- You can name beneficiaries to receive any unspent HSA funds if you die. Complete the *Beneficiary Designation Form* (found at www.healthequity.net/pebb) and submit it to HealthEquity.
- Not every PEBB member qualifies for an HSA, and a CDHP/HSA option is not right for everyone. Other exceptions apply. To learn more, visit PEBB's website at www.hca.wa.gov/pebb/pages/cdhp.aspx.

Planning to change from a CDHP?

If you choose another medical plan that is not a CDHP for 2014, you should know:

- You won't forfeit any unspent funds in your HSA. You can spend your HSA funds on qualified medical expenses in 2014, or you can leave them for the future. However, you can't contribute to your HSA in 2014.
- HealthEquity will charge you \$3.95 monthly if you have less than \$2,500 in your account after December 31, 2013. You can avoid this charge by either ensuring that you have at least \$2,500 in your HSA or spending all of your HSA funds by December 31.
- You must contact HealthEquity to stop automatic direct deposits to your HSA.



What types of changes can I make...

during open enrollment?

PEBB's annual open enrollment is your chance to:

- Add an eligible family member to your PEBB coverage.
- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.

In most cases, you can make plan changes online during open enrollment at www.hca.wa.gov/pebb by selecting *My Account*. You cannot enroll family members online; to do this, complete and submit a *COBRA Continuation of Coverage Election* form (if a COBRA member) or a *Leave Without Pay (LWOP) Continuation Coverage Election* form (if a LWOP member) to the PEBB Program. Forms can be found on PEBB's website.

Any changes you make during open enrollment become effective January 1, 2014. If you do not want to make any changes, you don't need to do anything.

throughout the year?

You can make these changes at any time:

- Add or remove a family member based on an event that allows for special open enrollment (such as marriage, or birth of a child).
- Remove a family member from your PEBB coverage when he or she becomes ineligible (required). Coverage ends the last day of the month the family member lost eligibility.
- Remove an eligible family member from PEBB coverage. Coverage ends the last day of the month the PEBB Program receives the subscriber's form or written request.
- Change your medical and/or dental plan, if you or a covered family member has an event that allows for a plan change.
- Change your health savings account (HSA) or life insurance beneficiary information (for Leave Without Pay members enrolled in PEBB life insurance).

Changes you make during the year have various effective dates and specific deadlines. Also, you must provide documentation of events that trigger the opportunity for enrollment changes. Call the PEBB Program at 1-800-200-1004 for details.

Health care reform

Where do you fit in the health insurance marketplace?

Major pieces of health care reform are taking shape, bringing changes to consumers in dozens of ways. Here is how you might fit among the changes in 2014.

Retirees not enrolled in Medicare may defer PEBB retiree coverage at or after retirement if continuously enrolled in coverage offered through any health benefit exchange established under the Affordable Care Act. These retirees will have a one-time opportunity to enroll back into PEBB retiree coverage later.

COBRA enrollees may contact Washington Healthplanfinder (or the health insurance marketplace in the state where you live) to compare options and find out if you qualify for a premium tax credit. If you decide to enroll in coverage through the exchange, send a cancellation letter to the PEBB Program.

Find it here



PEBB enrollment forms
www.hca.wa.gov/pebb

What health care reform means to Washington State
www.wahbexchange.org/news-resources/health-reform

Consumer guidance from the Office of the Insurance Commissioner
www.insurance.wa.gov/Current-Issues-Reform/Health-Care-Reform

Federal websites on the Affordable Care Act and Medicaid
www.healthcare.gov
www.medicaid.gov

Communicating with your doctor is a two-way street

The PEBB Program is teaming with the nonprofit Puget Sound Health Alliance to present *Own Your Health*, a campaign to empower consumers to become active participants in their own health and health care.

In an April 2013 Own Your Health survey of PEBB members, about half of the respondents reported having a strong relationship with their primary care doctor. That means about half don't. One of the ways you can improve your relationship with your doctor is to

communicate freely by asking questions when you don't understand something. Speaking your mind might feel awkward, but keeping your thoughts to yourself could affect your health. Even if you don't normally share how you feel, the doctor's office is a place where you should make an exception, take a risk, and share.

Own Your Health has gathered a number of resources to help you talk to your doctor, including an online tool to help you develop questions, and tips

for working with your doctor if you are deaf or hard of hearing. See more at www.wacommunitycheckup.org/ownyourhealth/. Your doctor has a wealth of information to share with you. By speaking up, you can get the detailed information you need. By taking an active role in preparing for your doctor appointment (such as writing down your questions in advance) and speaking up and listening while you're there, you can make your relationship with your doctor strong and successful, helping you stay as healthy as you can.

New, better, more: Discover your PEBB website

At www.hca.wa.gov/pebb log in to *My Account* to:

- See what plans you're enrolled in right now.
- Change your medical or dental plan online* during open enrollment (November 1-30).

The PEBB website features tools and information to help you decide what plans and benefits are right for you.

Compare plans side by side

The **Medical Benefits Comparison** tool lets you compare benefits from up to three plans at a time. You can also view and print each medical plan's **Summary of Benefits and Coverage** that explain costs, and coverage—in simple terms.

Find more details on optional benefits

You can learn more about what PEBB offers for auto or home insurance and long-term care insurance under **See More Benefits**.

Watch and learn

Can't make it to a benefits fair? The 2014 benefits presentations are available at any time through the online **Video Library**.

New! To provide better, faster customer service, your **Statement of Insurance** is now available to view and print through **My Account**. A **Statement of Insurance** is a formal document that verifies your current coverage and enrollment information.

*Available for all plans except Medicare Advantage and Medicare Supplement Plan F. These plans require you to complete and sign their forms (available on the PEBB website through Get a Form).

How PEBB medical plans compare to Medicare Part D

Affordable drug coverage is a critical component of your health benefits, and the annual open enrollment is a good time to review whether your plan is working for you and your family. If you or a family member is enrolled in Medicare or approaching age 65, you may hear about Medicare Part D. All PEBB health plans offer a prescription-drug benefit except Medicare Supplement Plan F, administered by Premera Blue Cross.

PEBB medical plans that offer prescription-drug coverage are **as good as or better** than Medicare Part D. This means you have "creditable coverage." Because these plans' prescription-drug benefits are at least as good as Medicare Part D benefits, you can stay enrolled in your medical plan and not pay a higher premium (penalty) if you decide later to join a Medicare Part D plan.

If you enroll in or cancel enrollment in a Medicare Part D plan, you may need a "notice of creditable coverage." You may request a notice of creditable coverage by calling the PEBB Program at 1-800-200-1004. In some cases, the PEBB Program may ask for a written request to issue you a certificate of creditable coverage. **If you are not making a change to your PEBB medical coverage, you don't need to take any action.**

Note: If you cover a dependent or a domestic partner, who has end-stage renal disease and the dependent or domestic partner has Medicare as his or her primary insurance coverage (meaning that Medicare pays first), the Group Health CDHP and Kaiser Permanente CDHP will not provide your dependent or domestic partner with creditable prescription-drug coverage.

Benefits fairs schedule

During open enrollment, you can learn more about your health plan and other insurance options by attending one of the PEBB Program's benefits fairs. You can pick up information and speak personally with representatives from the health plans, the PEBB Program, Department of Retirement Systems, life insurance, and auto/home insurance companies.

Maps to the benefits fairs are available online at www.hca.wa.gov/pebb.

Bellevue

November 1, 2013

11 a.m. to 2 p.m.
Bellevue College
Cafeteria Building C
Rooms C120 A & B
3000 Landerholm Circle SE

Bellingham

November 14, 2013

9 a.m. to noon
St. Luke's Health Education Center
Rooms E & F
3333 Squalicum Parkway

Cheney

November 4, 2013

1 to 4 p.m.
Eastern Washington University
Hargreaves Hall, Room 201
Corner of C and Seventh Streets

Ellensburg

November 14, 2013

1 to 3:30 p.m.
Central Washington University
Student Union & Recreation Center
Ballroom
400 E. University Way

Everett

November 15, 2013

9 a.m. to 12:30 p.m.
Everett Community College
Fitness Center
2000 Tower Street

Wellness Presentation

- 10 to 10:30 a.m.
Multipurpose Room

Lakewood

November 4, 2013

10 a.m. to 2 p.m.
Clover Park Technical College
McGavick Conference Center
Building 23, Room 301
4500 Steilacoom Boulevard SW

Wellness Presentation

- 11 to 11:30 a.m.
Room 302

Mount Vernon

November 14, 2013

2 to 4 p.m.
Best Western Cotton Tree Inn
Convention Center
Fidalgo Room
2300 Market Street

Olympia

November 18, 2013

11 a.m. to 2 p.m.
General Administration Auditorium
210 11th Avenue SW

Pasco

November 6, 2013

2 to 4:30 p.m.
Columbia Basin College
Byron Gjerde Center, H Building
2600 N. 20th Avenue

Port Angeles

November 1, 2013

11 a.m. to 2 p.m.
Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

Pullman

November 5, 2013

Noon to 3 p.m.
Washington State University
Compton Union Building (CUB)
Junior Ballroom, West Room 212

Health Savings Account Presentation

- 1 to 1:30 p.m.
Compton Union Building (CUB)
Junior Ballroom, East Room 210

Seattle

November 5, 2013

10 a.m. to 3 p.m.
University of Washington
North Ballroom
Husky Union Building (HUB)

November 6, 2013

10 a.m. to 3 p.m.
Harborview Medical Center
Research & Training Building
325 9th Avenue

November 7, 2013

10 a.m. to 3 p.m.
UW Medical Center & Health Sciences
Lobbies
1959 NE Pacific Street

Shoreline

November 18, 2013

1 to 4 p.m.
Shoreline Conference Center Lobby
18560 First Avenue NE

Spokane

November 4, 2013

8 to 11 a.m.
Spokane Community College
Building 6
Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

Tumwater

November 12, 2013

Noon to 3:30 p.m.
Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

Vancouver

November 8, 2013

1 to 4 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Walla Walla

November 6, 2013

8:30 to 11 a.m.
Walla Walla Community College
Back Dining Area, D Building
500 Tausick Way

Wenatchee

November 15, 2013

Noon to 3 p.m.
Wenatchee Valley College
Wells Hall - Campus Theater
1300 Fifth Street

Yakima

November 14, 2013

9 to 11 a.m.
Yakima Valley Museum
Jewett Entrance Gallery
2105 Tieton Drive

Who to call for help

Contact the health plans for:

- Benefit questions.
- Choosing a doctor or dentist.
- Making sure your doctor or dentist contracts with the plan.
- Making sure your prescriptions are covered.
- ID cards.
- Claims.

Medical plans	Website addresses	Customer service phone numbers	TTY* customer service phone numbers
Group Health Classic, CDHP, Medicare Advantage, Original Medicare, or Value	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic, CDHP, or Senior Advantage	www.my.kp.org/nw/wapebb	503-813-2000 or 1-800-813-2000 Medicare members: 1-877-221-8221	1-800-735-2900
Medicare Supplement Plan F <i>administered by Premera Blue Cross</i>	www.premera.com	1-800-817-3049	1-800-842-5357
Uniform Medical Plan Classic, CDHP <i>administered by Regence BlueShield</i>	www.hca.wa.gov/ump	1-888-849-3681	711

Health Savings Account Trustee	Website address	Customer service phone number	TTY* customer service phone number
HealthEquity	www.healthequity.net/pebb	1-877-873-8823	711

Dental plans	Website addresses	Customer service phone numbers
DeltaCare <i>administered by Delta Dental of Washington</i>	www.deltadentalwa.com/pebb	1-800-650-1583
Uniform Dental Plan <i>administered by Delta Dental of Washington</i>	www.deltadentalwa.com/pebb	1-800-537-3406
Willamette Dental of Washington, Inc.	www.WillametteDental.com/WApebb	1-855-4DENTAL (433-6825)

Contact the PEBB Program at 1-800-200-1004 (TTY*: 711) for help with:

- Eligibility and enrollment.
For CDHP-or HSA-related questions contact the medical plans or HealthEquity.
- Eligibility changes (Medicare enrollment, divorce, etc.).
- Adding or removing family members.
- Changes to your name, address, phone number, etc.
- Eligibility complaints or appeals.
- Premium payment information.

*Text telephone service for deaf, hard of hearing, or speech impaired

Your PEBB open enrollment—November 1-30

PEBB's open enrollment is almost here. Open enrollment is your annual chance to:

- Change medical or dental plans.
- Add or remove eligible family members to your account.

Important dates to remember:

November 1-30, 2013

PEBB's open enrollment period

November 1-18, 2013

PEBB benefits fairs are held throughout Washington. Learn about your benefit options and meet PEBB plan representatives. See the full schedule on Pages 10-11

November 30, 2013

Last day to make changes to your PEBB coverage.

Note: Online plan changes on My Account (at www.hca.wa.gov/pebb) end at midnight.

January 1, 2014

New plan year begins. Open enrollment changes become effective.

