



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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

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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 retirees and 2.2 percent for Medicare retirees, 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 Value, Kaiser Permanente Classic (including Senior Advantage), Kaiser Permanente CDHP, Uniform Medical Plan (UMP) Classic, and UMP CDHP.
- One plan's premiums will increase 6.8 percent—Group Health Medicare Plan.

Some dental plans' premiums will also change; however, retiree term life insurance benefits and monthly premium of \$6.57 will stay the same in 2014. → See 2014 medical and dental plan premiums on pages 5-6.

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.

The surcharges won't apply if all covered family members are enrolled in Medicare A and B. More information will come by July 2014.

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

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 Washington 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.

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

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

No benefit changes to Group Health's Medicare Advantage plan

- 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?" below.
- 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?" below.
- **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?" below.
- 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/.)

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)

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

Kaiser Permanente Senior Advantage (Medicare Advantage)

- The family out-of-pocket maximum of \$3,000 is eliminated. The individual \$1,500 out-of-pocket maximum applies to each account, regardless of the number of family members enrolled.
- You pay \$20 copay per spinal manipulation visit.

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?" on page 2.
- **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?" on page 2.
- 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.

How repeal of the Defense of Marriage Act affects PEBB members

In June, the U.S. Supreme Court ruled Section 3 of the Defense of Marriage Act invalid. The U.S. Department of the Treasury and Internal Revenue Service (IRS) have since announced that for federal tax purposes, the IRS will recognize a marriage performed in a state (or any other domestic or foreign jurisdiction) where same-sex marriage is legal, even if the state in which the spouses live does not.

If you are a retiree who enrolled a same-sex spouse who is enrolled in both Parts A and B of Medicare on your PEBB account, the state's contributions toward the spouse's health coverage are no longer considered taxable income. If your account indicates that you are married, the PEBB Program will not issue a 1099 for the 2013 tax year. If your account indicates that you have a state-registered domestic partner enrolled, the PEBB Program will issue a 1099 for the 2013 tax year. This ruling may provide certain retroactive relief, so the PEBB Program recommends that you contact your tax advisor or the IRS for assistance.

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.

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.

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.
- Print your Statement of Insurance. A Statement of Insurance is a formal document that verifies your current coverage and enrollment information.
- 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. You can:

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, coverage, and how it all works—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*.

* You cannot use *My Account* to add a family member, enroll in or leave a Medicare Advantage plan or Premera Blue Cross Medicare Supplement Plan F.

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.

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.

Medicare retirees don’t need to make any changes. If you have Medicare, you are considered already covered.



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

2014 PEBB retiree monthly rates

Effective January 1, 2014 (See “Monthly surcharges effective July 1, 2014” on next page)

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.
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	\$144.79	N/A [‡]	N/A [‡]	\$ 152.99	\$ 223.87
Subscriber & Spouse* (1 Medicare eligible)	N/A [‡]	\$ 727.76	\$ 675.61	735.20	768.68
Subscriber & Spouse* (2 Medicare eligible)	283.36	N/A [‡]	N/A [‡]	299.76	441.52
Subscriber & Child(ren) (1 Medicare eligible)	N/A [‡]	582.02	542.91	589.65	632.48
Subscriber & Child(ren) (2 Medicare eligible)	283.36	N/A [‡]	N/A [‡]	299.76	441.52
Full Family (1 Medicare eligible)	N/A [‡]	1,164.99	1,073.73	1,171.86	1,177.29
Full Family (2 Medicare eligible)	N/A [‡]	720.59	681.48	736.42	850.13
Full Family (3 Medicare eligible)	421.93	N/A [‡]	N/A [‡]	446.53	659.17

* or state-registered domestic partner

[‡] If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber pays 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	\$ 106.37	\$ 196.74
Subscriber & Spouse* (1 Medicare eligible)**	651.18	741.55
Subscriber & Spouse* (2 Medicare eligible – 1 retired, 1 disabled)	296.89	296.89
Subscriber & Spouse* (2 Medicare eligible)	206.52	387.26
Subscriber & Child(ren) (1 Medicare eligible)**	514.98	605.35
Full Family (1 Medicare eligible)**	1,059.79	1,150.16
Full Family (2 Medicare eligible – 1 retired, 1 disabled)**	705.50	705.50
Full Family (2 Medicare eligible)**	615.13	795.87

*or state-registered domestic partner

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

Medicare rates shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.

Monthly surcharges effective July 1, 2014

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

- A monthly \$25-per-account surcharge will apply if the subscriber or one of the enrolled family members uses 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

Retiree Life Insurance Self-Pay Rate – \$6.57 per month

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 saving 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 the total PEBB Program contribution and any 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.

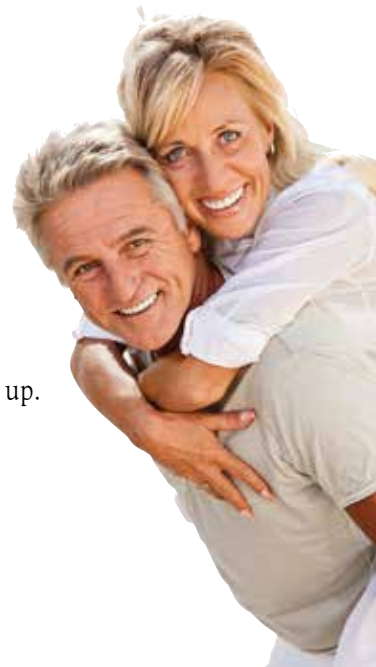
Keep in mind:

- 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 and the PEBB Program 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. Other fees may apply.
- You must contact HealthEquity to stop automatic direct deposits to your HSA if you previously set this up.



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

Retiree Presentation

- Noon to 1 p.m.
Cafeteria Building C
Rooms C130 A & B

Bellingham

November 14, 2013

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

Retiree Presentation

- 10 to 11 a.m.
Room A

Cheney

November 4, 2013

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

Retiree Presentation

- 2 to 3 p.m.
Tawanka Rooms 215 B/C

Ellensburg

November 14, 2013

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

Retiree Presentation

- 2 to 3 p.m.
Room 202

Everett

November 15, 2013

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

Retiree Presentation

- 11 a.m. to noon
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

Retiree Presentation

- Noon to 1 p.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

Retiree Presentation

- 2:30 to 3:30 p.m.
San Juan Room

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

Retiree Presentation

- 3 to 4 p.m.
Room L102

Port Angeles

November 1, 2013

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

Retiree Presentation

- Noon to 1 p.m.
Little Theatre

Pullman

November 5, 2013

8:30 to 10:30 a.m.
Washington State University
Gladish Community Center
View Room
115 NW State Street, Suite 112A

Retiree Presentation

- 9 to 10 a.m.
East Room 213

Seattle

November 5, 2013

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

Retiree Presentations

- 10:30 to 11:30 a.m. &
 - 12:30 to 1:30 p.m.
- HUB Room 203

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

Retiree Presentation

- 2 to 3 p.m.
- Shoreline Room

Spokane

November 4, 2013

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

Retiree Presentation

- 9 to 10 a.m.
- Lair Auditorium

Tumwater

November 12, 2013

9 a.m. to noon
Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

Retiree Presentation

- 10 to 11 a.m.
- Auditorium

Vancouver

November 8, 2013

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

Retiree Presentation

- 1 to 2 p.m.
- Penguin Union Building (PUB)
Rooms 258 A, B, & C

Walla Walla

November 6, 2013

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

Retiree Presentation

- 9:30 to 10:30 a.m.
- Conference Rooms 185 A & B

Wenatchee

November 15, 2013

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

Retiree Presentation

- 1 to 2 p.m.
- Van Tassell Cafeteria
Room 5015A

Yakima

November 14, 2013

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

Retiree Presentation

- 9:30 to 10:30 a.m.
- Centennial Hall Ballroom



What types of changes can I make:

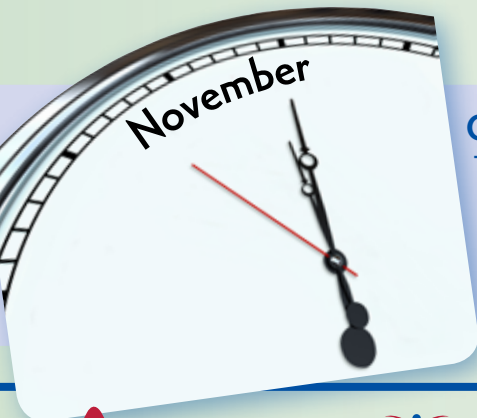
during open enrollment?

PEBB's annual open enrollment is your chance to:

- Add an eligible family member to your PEBB coverage.
Note: If you are a retiree not enrolled in Medicare, you must provide proof of your family member's eligibility with your enrollment form, or he or she will not be enrolled. You can find a list of acceptable documents at www.hca.wa.gov/pebb under *How to verify dependents*.
- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.
- Defer your PEBB medical coverage if you maintain continuous enrollment in:
 - Comprehensive employer-sponsored medical coverage as an employee or the dependent of an employee;
 - Federal retiree medical coverage as a retiree or the dependent of a retiree (Federal Employees Health Benefits or TRICARE);
 - Medicare Part A and Part B, and a Medicaid program that provides creditable coverage;
 - Medical coverage through a health benefit exchange established under the Affordable Care Act; or
 - PEBB-sponsored or Washington State K-12 school district-sponsored medical coverage as a dependent.

You can make some enrollment changes online during open enrollment at www.hca.wa.gov/pebb by selecting *My Account*. You **cannot** use *My Account* to add a family member, enroll in or leave Group Health Medicare Advantage or Kaiser Permanente Senior Advantage, or enroll in Premera Blue Cross Medicare Supplement Plan F. Instead, please go to the *Get a Form* page and select the appropriate enrollment forms. Submit the completed form(s) to the PEBB Program by November 30, 2013.

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 a family member based on an event that allows for a special open enrollment (such as marriage, or birth of a child). **Note:** If you are a retiree not enrolled in Medicare, you must provide proof of your family member's eligibility with your enrollment form, or he or she will not be enrolled. You can find a list of acceptable documents at www.hca.wa.gov/pebb under *How to verify dependents*.
- 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 your PEBB coverage. Coverage ends the last day of the month the PEBB Program receives the subscriber's form.
- Change your medical and/or dental plan, if you or a covered family member has an event that allows for a plan change.
- Defer your PEBB medical coverage if you maintain continuous enrollment in:
 - Comprehensive employer-sponsored medical coverage as an employee or the dependent of an employee;
 - Federal retiree medical coverage as a retiree or the dependent of a retiree (Federal Employees Health Benefits or TRICARE);
 - Medicare Part A and Part B, and a Medicaid program that provides creditable coverage;
 - Medical coverage through a health benefit exchange established under the Affordable Care Act; or
 - PEBB-sponsored or Washington State K-12 school district-sponsored medical coverage as a dependent.
- Change your life insurance or health savings account beneficiary information.
- Apply for auto, home, or long-term care 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.

Open enrollment timing

The PEBB Program's annual open enrollment is November 1-30, 2013. This means if you wish to make an account change for the 2014 plan year, such as change your health plan, or add or remove a dependent, you must take action no later than midnight November 30. Other agencies, such as Medicare and the new Health Insurance Marketplace, have different open enrollment schedules with later timelines than the PEBB Program's.

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 or 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 Group	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 eligible family members to your PEBB coverage.*
- You can find more information on PEBB's website, from your health plans, at PEBB's benefits fairs, or by ordering a Retiree Enrollment Guide with forms by calling PEBB's automated line at 1-866-577-2793.

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 8-9.

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.

Personalized letter is on its way to you

The PEBB Program helps you take action during PEBB's annual open enrollment with a personalized letter. Look for your letter to arrive this month with information on your 2014 monthly premiums. It will also include a list of other PEBB health plans available in your county and their monthly premiums.

The letter is simply for your convenience. If you don't want to make any coverage changes, you don't have to take action during PEBB's annual open enrollment.



***Non-Medicare retirees:** To add an eligible family member to your PEBB coverage, you must provide proof of his or her eligibility with your enrollment form, or he or she will not be enrolled. You can find a list of acceptable documents at www.hca.wa.gov/pebb under *How to verify dependents*.

To obtain this document in another format (such as Braille or audio) or to request special accommodations, call 1-800-200-1004. TTY users may call through the Washington Relay service by dialing 711.