



August 2014

For Your Benefit

Public Employees Benefits Board (PEBB) Program

Inside

How you responded to the premium surcharges and wellness incentive 2

Be the boss: PEBB's email list puts you in charge 3

Hidden risks lurk when avoiding dental care 4-5

When can I purchase coverage through the state health care marketplace? 6

Name change for parent company of PEBB life insurance carrier 6

Domestic partnership marriage conversion... 7

Enrollment in long-term care insurance benefit closed effective August 1, 2014 7

Coming soon: Changes to your 2015 health care 8

Washington State Health Care Authority
Public Employees Benefits Board

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Knowing when *more* isn't necessarily *better*

Sometimes, more *is* better for your health: More exercise. More sleep. More fruits and vegetables. But when it comes to health care, more may not be better. Sometimes, more expensive options are not more effective—and can even do more harm than good.

Knowing *what to ask for* and *where to get* your care means you can make smart choices about the care you receive.



1. Talk to your doctor about what care you need—and what care you may be better off without.

Certain drugs, treatments, and tests are offered for common health complaints even though they aren't really necessary or effective. People sometimes ask for things that won't lead to better care or better health, and physicians can struggle with decisions

about whether to prescribe them. Overuse of unnecessary tests and procedures not only drives up the cost of health care, but can also lead to harm because every procedure and prescription has some risk.

2. Know where to go if you are sick or injured.

Some medical events, such as a heart attack, require emergency care. But sometimes less serious health concerns can be treated by a visit to a walk-in clinic. And sometimes a little self-care can help you wait until you can see your regular doctor. Understanding the difference between emergency and non-emergency medical issues means you can make smart choices about the setting of the care you receive, as well as cost; emergency care is usually significantly more expensive.

Need more information about how you can make smarter health care choices for you and your family? Visit www.wacommunitycheckup.org/ownyourhealth to download tools, tips, and resources that can help.

Own Your Health is a campaign presented by the Washington Health Alliance (formerly the Puget Sound Health Alliance) to empower consumers to become active participants in their own health and health care.

Learn more on the Own Your Health website at www.wacommunitycheckup.org/ownyourhealth. Select *Getting the Right Care under Health Topics*.



Own Your Health

How you responded to the premium surcharges and wellness incentive

Earlier this year, the PEBB Program announced potential changes to members' health care costs, and how eligible subscribers* could take action and respond to whether these would apply to them:




- **Tobacco use premium surcharge**
A monthly \$25-per-account surcharge starting July 1, 2014.
- **Spouse or domestic partner coverage premium surcharge**
A monthly \$50 surcharge starting July 1, 2014.
- **SmartHealth wellness incentive**
Depending on the type of plan you are enrolled in during January 2015, a \$125 reduction to the 2015 PEBB medical deductible or a one-time deposit of \$125 in a PEBB health savings account in January 2015.

**The premium surcharges and wellness incentive do not apply to retiree and COBRA subscribers enrolled in Medicare Part A and Part B.*

Subscribers attested to the premium surcharges April 1 through May 15, 2014, and to the wellness incentive from April 1 through June 30, 2014.



Here's a snapshot of subscriber responses as of July 1, 2014:

		
88.3% of eligible subscribers attested to the tobacco use surcharge.	91.6% of eligible subscribers who covered a spouse or domestic partner on PEBB medical benefits attested to the spouse or domestic partner surcharge.	77.3% of eligible subscribers attested to the SmartHealth wellness incentive.
6,362 subscribers reported they will pay the tobacco use surcharge.	2,624 subscribers reported they will pay the spouse or domestic partner surcharge.	76,647 subscribers reported they did the three health-related tasks to be eligible for the SmartHealth wellness incentive.

Second chance to respond to premium surcharges (and potentially receive a refund)

To ensure subscribers have an opportunity to respond or correct their earlier responses to the premium surcharges, the PEBB Program began offering an adjustment period July 1 that runs through August 29, 2014. During this time, subscribers can attest whether the premium surcharges apply to them either online through *My Account* (at www.hca.wa.gov/pebb) or by using a *Premium Surcharge Attestation Form* (get it by calling 1-855-635-8380).

Responses to the premium surcharge must be postmarked by **August 29, 2014** to be considered for a refund. If the surcharges should not have applied to a subscriber's account for July and/or August 2014, the subscriber will receive a refund in the same method the subscriber normally pays his or her premiums. Subscribers who submit their responses after the August 29 deadline will not qualify for a refund of any surcharge(s) paid in July and/or August 2014. Attestation changes after August 29 will affect only surcharges starting the first of the month after the employer or the PEBB Program receives the changes.

Be the boss: PEBB's email list puts you in charge

As of July 1, nearly 125,000 subscribers signed up for an online account on the PEBB website to attest to the premium surcharge and wellness incentive. While there, 22,000 also registered for the PEBB Program's email subscription service.

If you'd prefer to receive communications from the PEBB Program by email, you can sign up at any time.

Sign up for the email subscription service so you can:

- Be among the first to receive new information about your medical, dental, and other benefits.
- Have access to handy links to details about your benefits.
- Receive select messages on ways to make the most of your benefits.

Plus: You have access to an archive of messages we sent you. You can unsubscribe at any time if the emails don't meet your needs. When you unsubscribe through the PEBB website, we will return to sending your general PEBB communications by U.S. mail.



How to sign up:

1. Go to **www.hca.wa.gov/pebb** and log in to *My Account*. If this is your first time registering on the site, you will need to supply an email address and create a password.
2. Select the *Subscribe/Unsubscribe to Email Service* link under Section A.
3. Enter the email address you want PEBB to send your messages to, and select *Yes, I want to subscribe to PEBB's email service and agree to the Terms of Use*.
4. Select *Submit*.

Note: It's still important to keep your regular mailing address up to date through your personnel, payroll, or benefits office (employees) or the PEBB Program (all others).

The PEBB email subscription list is only for general messages, such as the *For Your Benefit* newsletter and reminders. Only use our secure online portal (**www.hca.wa.gov/pebb/Pages/contact.aspx**) to receive or send messages that contain your sensitive account information. The service doesn't include any communications from health plans or providers.

Hidden risks lurk when avoiding dental care

Children suffer most from missed visits

Dave likes to feel he is ready for anything. But he gets nervous when it comes to dental treatment. His trips to the dentist were awkward and intimidating growing up, so the single dad has avoided checkups for himself and his daughter, Olivia.

When the 7-year-old started complaining of a toothache, Dave figured it was just another wobbly tooth. Then he got a call from the nurse at his daughter's school.

Fact:

Tooth decay affects more children in the United States than any other chronic condition, and it's almost 100% preventable.

"Olivia needs to see a dentist as soon as possible," the nurse advised. "It's probably nothing serious, but sometimes a problem with your teeth can be a warning of possible trouble in your general health."

Dave knew he needed to take action and put aside his jitters for Olivia's sake.

Dave went to his dental plan's website to find Olivia a dentist. While he was there, he also found lots of useful information.

Fact:

Over 59,000 members enrolled in PEBB's Uniform Dental Plan (UDP) get no dental care each year.

As a public service employee, Dave realized he has excellent dental coverage. He is enrolled in a managed-care plan, which means he receives his dental care from a specific list of providers in his plan's network. This dental plan has no annual deductible or annual coverage limit, which cuts down the cost he has to pay out-of-pocket as long as he sees a network provider. Copays are predictable and within his family's budget.

Dave's coworker, Sally, raves about the dental clinic she goes to, but she is in the preferred-provider plan, Uniform Dental Plan. It has a different provider network than Dave's and allows her to stay with the same clinic whether it's in-network or not.

While this means her coinsurance payments are higher, she values the long-term relationship with this provider.

Although the coworkers are in different types of dental plans with separate provider networks, they both get free annual preventive care visits so they can keep tabs on their oral health.

Fact:

More than 45,000 members enrolled in UDP only go to the dentist for emergency or extensive care. This is 6 to 10 percent higher than other employer groups served by Delta Dental of Washington, a leading dental service provider.

On the dental plan's website, Dave could see that his assigned provider was a short drive from home. After a brief phone call, Olivia was set up for a visit. As it turned out, Olivia was suffering from a cavity, a preventable form of tooth decay. But after a couple of treatments she was back to smiling brightly.

Realizing that Olivia needed him to set a good example, Dave even got up the nerve to schedule a visit for himself.

Fears are treatable

More than 20 million Americans are so scared of the dentist, they don't bother to go. But there are things you can do to calm your nerves:

- Find a distraction. For example, bring a portable audio player so you can listen to music during your visit. This will also help drown out the sound of a drill, whether it's being used on you or in the room across the hall.
- Chat in the chair. Ask to be told exactly what you'll feel and how long it will last.
- Find a dentist who understands your nervousness and will help you feel comfortable.
- Afraid of needles? Ask about oral sedatives or topical anesthetics.

Source: TheMightyMouth.org

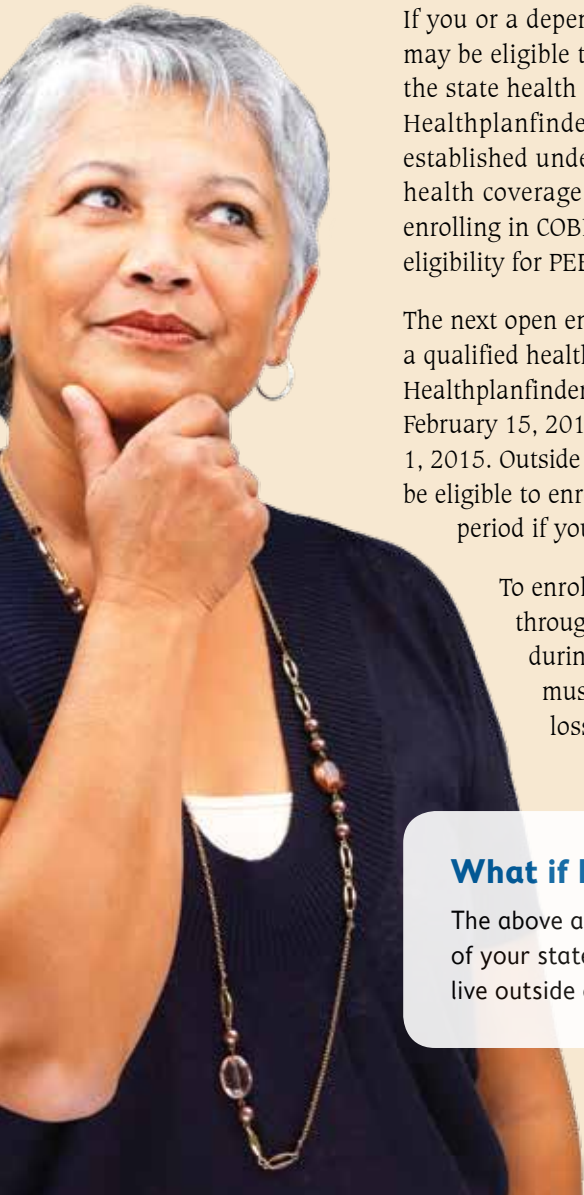
What Dave found out

Why it's important to see a dentist regularly:

- Dental professionals can find and treat dental disease before it gets out of control.
- Dental professionals can spot symptoms that could indicate serious health problems elsewhere in the body that need attention.
- Good oral hygiene saves you money. Each cavity you prevent through regular oral health checkups and good hygiene can save nearly \$2,000 in total treatment costs in the future.
- Regular visits give kids the chance to establish good oral health habits and prevent decay before it starts.



When can I purchase coverage through the state health care marketplace?



If you or a dependent loses PEBB coverage, you may be eligible to purchase coverage through the state health care marketplace, Washington Healthplanfinder, the insurance exchange established under the Affordable Care Act. This health coverage may be an option in lieu of enrolling in COBRA, or as a bridge before you gain eligibility for PEBB retiree coverage or Medicare.

The next open enrollment period to enroll in a qualified health plan through Washington Healthplanfinder is November 15, 2014 through February 15, 2015, for coverage beginning January 1, 2015. Outside of that open enrollment, you may be eligible to enroll under a special enrollment period if you lose your PEBB coverage.

To enroll in a qualified health plan through Washington Healthplanfinder during a special enrollment period, you must do so within 60 days from the loss in coverage.

If you are retiring, you must enroll in or defer PEBB retiree coverage within 60 days of losing your employee or COBRA coverage. Non-Medicare retirees who want to enroll in the health care marketplace must first contact the PEBB Program about deferring their PEBB coverage to avoid loss of eligibility for future PEBB benefits.

You will need to complete an application and submit documentation online through Washington Healthplanfinder to enroll. The review process may take two to three weeks, so it's a good idea to start as soon as you know you're losing coverage.

Visit www.wahealthplanfinder.org for information and instructions about special enrollment options, or call 1-855-923-4633 Monday through Friday, 7:30 a.m. to 8 p.m.

What if I live outside the state of Washington?

The above applies only to residents of Washington State. You should contact the administrator of your state's health plan exchange or visit www.healthcare.gov for more information if you live outside of Washington State.

News at a glance

Name change for parent company of PEBB life insurance carrier

As part of your PEBB benefits, your group term life insurance is issued by ReliaStar Life Insurance Company, a member of the ING U.S. family of companies. This spring, ING's name changed to Voya Financial. Members can expect to see Voya replace ING in PEBB's open enrollment and other communications. This name change does not change your PEBB group life insurance policy or the insurance company issuing the policy.



Domestic partnership marriage conversion

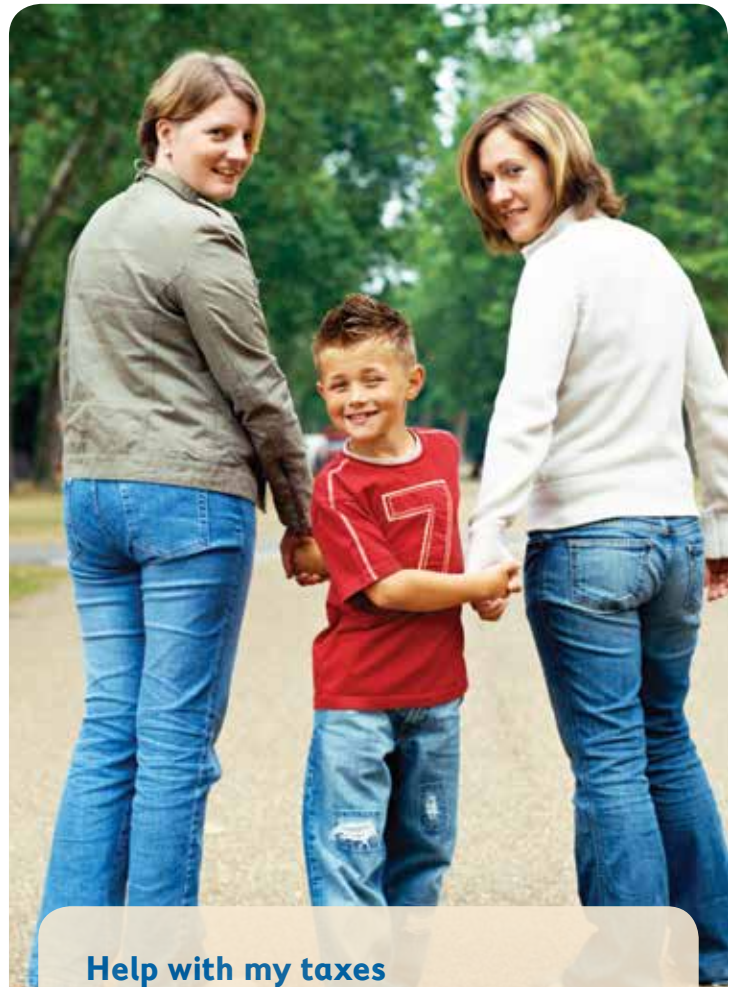
Most, but not all, Washington state-registered domestic partnerships automatically converted to a marriage on June 30, 2014. Information on the conversion, along with helpful FAQs, is available on the Secretary of State's website at www.sos.wa.gov/corps/domesticpartnerships.

Special open enrollment for employees with FSA and/or DCAP benefits ends August 28, 2014

State agency and higher-education employees who were converted to married status have a 60-day special open enrollment event that ends August 28 to make the following changes:

- An employee may enroll in or increase his or her current medical flexible spending arrangement (FSA) election for a tax-dependent spouse or tax-dependent children (minimum of \$240, up to a maximum of \$2,500).
- An employee may decrease or end his or her FSA election if the employee or tax-dependent children gain eligibility and enroll under the new spouse's health plan or FSA.
- An employee may enroll in or increase his or her Dependent Care Assistance Program (DCAP) election if gaining a new IRC Section 21(b)(1) qualifying individual (maximum of \$5,000 per household or \$2,500 if employee and spouse file separate tax returns).
- An employee may decrease or end his or her DCAP election if the new tax-dependent spouse is not employed or makes a DCAP coverage election under his or her plan.

Enrollment in or changes to the FSA and/or DCAP must be submitted to your employer's personnel, payroll, or benefits office by August 28. Forms are available on the Flex-Plan Services website at <https://pebb.flex-plan.com/part/forms.aspx>. The effective date of the enrollment is the first of the month following the date Flex-Plan Services receives the form.



Help with my taxes

The FSA and DCAP are tax-favored accounts. The PEBB Program and Flex-Plan Services cannot provide tax advice related to the accounts, so employees should seek advice from a qualified tax advisor if they have questions.

Enrollment in long-term care insurance benefit closed effective August 1, 2014

The PEBB Program communicated to members in June that John Hancock Life Insurance Company (U.S.A.) closed its long-term care insurance plan to new applicants. Financial forecasts made it no longer viable to offer coverage to new participants. There are currently no approved group long-term care insurance carriers selling new policies in Washington State. The PEBB Program does not know if or when it will be able to offer a long-term care insurance benefit again.

Members enrolled in the long-term care insurance plan as of August 1, 2014, will continue to receive coverage through John Hancock as long as they continue to pay their monthly premiums on time.



Coming soon: Changes to your 2015 health care

Don't forget, open enrollment is coming this November! This is your annual opportunity to choose your medical and dental coverage for next year, and enroll or re-enroll in a flexible spending arrangement or in the Dependent Care Assistance Program.

Note: The PEBB flexible spending arrangement and Dependent Care Assistance Program are available only to employees eligible for PEBB benefits who work at state agencies, higher-education institutions, or community and technical colleges.

Our next newsletter will explain benefit changes and new programs for 2015. Exploring your plan options will be the best way to make sure you enroll in or keep the plans that work for you and your family.



**2015
MEDICAL**

**2015
DENTAL**



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