



June 2014

For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Note: The PEBB Program has changed its web address to 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

Earn \$125 in **1** **2** **3**

Have you responded that you're eligible for the SmartHealth wellness incentive yet? If not, do it today! You have until **June 30, 2014**, to do the three incentive requirements and attest that you have completed them to qualify for the \$125 incentive.

What will I get?	Who can get it?
\$125 reduction in your 2015 PEBB medical deductible OR One-time deposit of \$125 into your PEBB health savings account (if you're enrolled in a consumer-directed health plan with a health savings account in January 2015).	<ul style="list-style-type: none"> Employee subscribers. Retiree subscribers without Medicare Parts A and B. COBRA or PEBB Extension of Coverage subscribers without Medicare Parts A and B. Leave Without Pay subscribers. <p>To get the incentive, you must still be in one of these eligible groups and enrolled in PEBB medical coverage in January 2015.</p> <p>Note: Subscribers enrolled in PEBB dental coverage only are not eligible for wellness incentive.</p>

Meet three requirements

1 Choose a primary care provider.

A primary care provider is the health care professional you see for routine or preventive care. If you already have one, you're done with this requirement. If you don't and need help finding one, talk with your medical plan's customer service or check their online provider directory.

Uniform Medical Plan
1-888-849-3681
www.hca.wa.gov/ump

Group Health
206-901-4636 or
1-888-901-4636
www.ghc.org/pebb

Kaiser Permanente
503-813-2000 or
1-800-813-2000
<http://my.kp.org/wapebb>

2 Complete your PEBB medical plan's health assessment (between January 1 and June 30, 2014). Your health assessment is a 20-30 minute quiz that tells you about your health and ways to improve. (Remember, any personal information you enter is kept private and secure by federal law.)

Uniform Medical Plan
Log in to www.myregence.com/ump and complete the *General Health Assessment*.

Group Health
Log in to <https://member.ghc.org> and complete the *Health Profile*.

Kaiser Permanente
Log in to <http://www.kp.org/tha> and complete the *Total Health Assessment*.

3 Begin a SmartHealth wellness activity.

There are seven activities you can choose from: four through your health plan and three you can do on your own. Pick one and start today! See the list at www.hca.wa.gov/pebb/Pages/wellness.aspx.

Earn \$125 in 1 2 3

(continued)

Almost done...attest to finish

Log in to My Account at www.hca.wa.gov/pebb by **June 30, 2014**, to attest that you've completed your three requirements. (Remember to print and keep your confirmation page as proof of completion.) Don't have internet access? Call 1-855-635-8380 to request a paper form. Returned paper forms must be postmarked by June 30, 2014, to qualify.

If your health status prevents you from doing the three incentive requirements, you may be able to earn the same incentive by doing different things. Visit www.hca.wa.gov/pebb and select SmartHealth wellness incentive to learn more.



What's next for the premium surcharges?

Since the premium surcharge attestation period (April 1 through May 15, 2014) has ended, here's what subscribers can expect.

What method did you use to respond?

I used *My Account* between April 1 and May 15, 2014.

After confirming your responses on *My Account*, you received an attestation confirmation page to print. Your attestation results should now also appear in *My Account* for your records; you can log in to *My Account* to review your attestation results at any time. You will not receive a confirmation letter in the mail from the PEBB Program.

I used the *Premium Surcharge Attestation Form* between April 1 and May 15, 2014.

Paper forms take longer to process, so it may several weeks before you receive a response to your attestation. Please do not contact the PEBB Program to check the status of your form at this time; forms are processed in the order received.

When will the premium surcharges begin?

If applicable, both premium surcharges will begin July 1, 2014. Premium surcharges do **not** apply to subscribers enrolled in PEBB dental coverage only.

How will I pay for the premium surcharges?

If either premium surcharge applies to you, you will pay for it the same way you pay for your medical plan premium.

Employees: The surcharge(s) will be deducted from your paycheck, divided among the number of paychecks you receive in a month.

Non-Medicare retiree, non-Medicare COBRA, and Leave Without Pay subscribers:

The surcharge(s) will be charged as follows:

If you pay your monthly premiums by...	Surcharge(s) will be...
Pension deduction	Deducted from your pension, in addition to your monthly premium.
Electronic debit service	Deducted from your checking or savings account (the same account that you pay your monthly premiums from), in addition to your monthly premium.
Monthly invoice	Itemized as separate charge(s) to be paid in addition to your monthly premium.

What if I have a change to my spouse or domestic partner coverage attestation?



You can stop paying the spouse or domestic partner coverage premium surcharge if your spouse or domestic partner:

1. Lost eligibility for his or her employer-based group medical insurance; **OR**
2. Lost access to all employer-based medical plans in his or her county of residence; **OR**
3. Chose to enroll in his or her employer-based group medical insurance; **OR**
4. Gained eligibility for PEBB medical coverage as a subscriber (even if he or she has chosen to remain on your PEBB medical coverage as a dependent); **OR**
5. Had an increase in the cost of his or her employer-based group medical insurance to \$84.56 or more per month; **OR**
6. Had a change in the employer-based group medical insurance that makes it no longer comparable to UMP Classic; **OR**
7. Has been removed from your PEBB medical coverage (a special open enrollment event is required if you are an employee).

For reasons 1 through 6 on the left: You must complete and immediately submit a *Premium Surcharge Change Form* to your employer's personnel, payroll, or benefits office (if you're an employee) or the PEBB Program (all other subscribers). You will stop paying the spouse or domestic partner coverage surcharge starting the first of the month after the change. The form is available at www.hca.wa.gov/pebb.

For reason 7 on the left: You must complete and submit the appropriate enrollment form to remove your spouse or domestic partner from PEBB medical coverage. Certain deadlines may apply, and in some cases, a special open enrollment event is required to make the change. Refer to the appropriate employee, retiree, or continuation of coverage publication and forms at www.hca.wa.gov/pebb for details. In this case, you do not need to complete the *Premium Surcharge Attestation Form* to stop paying the spouse or domestic partner coverage surcharge.

You may have to pay the spouse or domestic partner coverage premium surcharge if:

1. You add your spouse or domestic partner to your PEBB medical coverage based on a qualifying event; **OR**
2. Your spouse or domestic partner has a change in eligibility, premiums, or benefits for employer-based group medical insurance.

To verify whether this surcharge will apply to you, follow these steps:

For reason 1 above: You must complete and submit the appropriate enrollment form to enroll your spouse or domestic partner. Certain deadlines may apply, and a special open enrollment event is required to make the change. Refer to the appropriate employee, retiree, or continuation of coverage publication and forms at www.hca.wa.gov/pebb for details. You must also submit the *Premium Surcharge Attestation Form* within the same timelines for adding a spouse or domestic partner to your PEBB medical coverage.

For reason 2 on the left:

- Complete the *Spousal Plan Questionnaire* (and *Spousal Plan Calculator*, if directed) to determine whether the spouse or domestic partner coverage premium surcharge will apply to you. You can find the *Spousal Plan Questionnaire* and *Spousal Plan Calculator* at www.hca.wa.gov/pebb.
- Report your result by completing and submitting the *Premium Surcharge Change Form*.

What if I have a change to my tobacco use attestation?



You can stop paying the tobacco use premium surcharge if all family members who you reported using tobacco products have done any of the following:

1. Stopped using tobacco products for two months (for example, you quit smoking on June 1, 2014; on August 1, 2014, you can re-attest as a non-tobacco user); **OR**
2. Enrolled in your PEBB medical plan's tobacco cessation program; **OR**
3. Been removed from your PEBB medical coverage (a special open enrollment event may be required if you are an employee).

Note: As long as any family member covered under your PEBB medical plan uses tobacco, you will pay the tobacco use surcharge.

For reasons 1 and 2 above: You must complete and submit a *Premium Surcharge Change Form* to your employer's personnel, payroll, or benefits office (if you're an employee) or the PEBB Program (all other subscribers). The form is available at www.hca.wa.gov/pebb.

For reason 3 above: You must complete and submit the appropriate enrollment form to remove the family member(s) from PEBB medical coverage. Certain deadlines may apply, and in some cases, a special open enrollment event is required to make the change. Refer to the appropriate employee, retiree, or continuation of coverage publication and forms at www.hca.wa.gov/pebb for details. In this case, you do not need to complete the *Premium Surcharge Change Form* to stop paying the tobacco use surcharge if you identified the family member(s) who were tobacco users on your account.

You must pay the tobacco use premium surcharge if you or a family member enrolled on PEBB medical coverage starts using a tobacco product, or ceases enrollment in your plan's tobacco cessation program.

To do this, complete the *Premium Surcharge Change Form*, found at www.hca.wa.gov/pebb. You must submit the form to your personnel, payroll, or benefits office (if you're an employee) or to the PEBB Program (all other subscribers) immediately after you or a family member starts using a tobacco product. You will pay the tobacco use surcharge starting the first of the month after you or your family member starts using a tobacco product or doesn't complete your plan's tobacco cessation program.

Note: If you add a family member to your PEBB medical coverage, you must complete the appropriate enrollment form (to enroll the family member) and the *Premium Surcharge Change Form* (to re-attest to the tobacco use surcharge). Be sure to attest to tobacco use for all family members you enroll, regardless of their age. Certain deadlines may apply, and may require a special open enrollment event to make the change. Refer to the appropriate employee, retiree, or continuation of coverage publication or forms at www.hca.wa.gov/pebb.

Are you really taking care of yourself?

When it comes to taking care of ourselves, we all have challenges. What matters is doing your best to face these challenges. And that can include getting help along the way—from your health care team, family, friends, trustworthy websites and more. But whether you get support or go it alone, you still need to take action.



Own Your Health

Finding and visiting a primary care doctor you trust is an important way to take care of yourself. So is doing your best to get the right care and communicate effectively with your health care team.

Here are some tips on taking care of yourself:

Get clear on what you need to do

- Did your doctor prescribe a new medication? Make sure you understand what it's for and how to take it.
- When you leave the hospital, you should receive clear instructions about what to do at home. Following through on them can help you avoid unnecessary readmission to the hospital.
- Diagnosed with something new? This means you'll have to find new ways to take care of yourself.

Stay aware and informed about your health issues

- During a medical visit, be sure you fully understand your treatment plan. Before and after your exam, take the time to learn about your condition and treatment options. Getting more information can help you understand what you can do to help recover as quickly as possible.
- If you start a new medication or treatment, watch carefully for side effects or other problems and record them. Report your experiences so that your medication or treatment can be adjusted if appropriate.
- By checking in with yourself, you can stay aware of any health issues or challenges you experience and take action as needed. While it's tempting to ignore symptoms, especially if they aren't constant, instead try focusing on yourself and listening to your body.

Think about your environment and community

- Has your doctor suggested you take a walk a few times a week? If that's a challenge where you live, getting involved in your neighborhood to improve conditions can also help improve your health. This might mean planting a community garden to help get access to nutritious food, organizing a neighborhood cleanup, or starting an exercise group.
- Connect with people facing similar health issues through local or national community-based organizations, or through patient networking websites or groups.

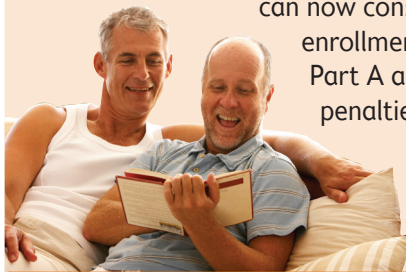
Find more ways to take care of yourself at the Washington Health Alliance's website at www.wacommunitycheckup.org/ownyourhealth by selecting *Taking Care of Yourself* under *Health Topics*.

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.



Medicare now accepting coverage requests for people in same-sex marriages

The Social Security Administration is now processing requests from eligible enrollees in same-sex marriages. The federal agency, which administers enrollment in Medicare, can now consider requests for special enrollment periods for Medicare Part A and Part B, and to reduce penalties for late enrollment.



In June 2013, the U.S. Supreme Court ruled section 3 of the Defense of Marriage Act was unconstitutional. As a result, Medicare now recognizes same-sex marriages for determining entitlement to or eligibility for Medicare.

For more information, go to www.medicare.gov or call 1-800-MEDICARE (633-4227) or the Social Security Administration at 1-800-772-1213.

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