



For Your Benefit

Public Employees Benefits Board (PEBB) Program

PEBB's open enrollment starts November 1—learn what's changing for 2015

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Washington State Health Care Authority
Public Employees Benefits Board

1-800-200-1004
360-725-0440

www.hca.wa.gov/pebb

More covered benefits, new SmartHealth website for 2015

The PEBB Program's 2015 medical benefits are expanding to cover more of members' health-care needs. Some benefit changes help PEBB's medical plans better align with state and federal laws. In addition, PEBB's health benefits will have a stronger connection with the new SmartHealth wellness program, to encourage employees to take advantage of their plans' preventive care services and improve their health and well-being.

All changes described below are effective January 1, 2015, unless otherwise noted.

Medical benefits expand in 2015

The changes below affect all plans offered under each insurance carrier unless noted differently.

Other medical benefits won't change in 2015; but keep in mind, costs for prescription drugs can change at any time as drugs move into different tiers. You can find medical benefit comparisons at www.hca.wa.gov/pebb and at the PEBB Program's benefits fairs held in November.

Group Health will:

- Cover residential mental health treatment programs.
- Eliminate member costs for diabetic retinal screening.
- Cover cardiac rehabilitation.
- Cover surgical services for the treatment of gender dysphoria (transgender treatment), pending approval for a January 1, 2015 effective date by the PEB Board and state funding. (Non-surgical services and prescriptions are already covered.)

Kaiser Permanente will:

- Apply members' copays for prescription drugs toward the annual out-of-pocket maximum, based on requirements of the Affordable Care Act. (*Kaiser Permanente Classic only; already applies to Kaiser Permanente CDHP*)
- Apply members' copays for spinal manipulations toward the annual out-of-pocket maximum. (*Kaiser Permanente Classic only; already applies to Kaiser Permanente CDHP*)
- Eliminate the deductible carryover (applying members' out-of-pocket costs from the last quarter of 2014 toward the 2015 annual medical deductible). (*Kaiser Permanente Classic only*)
- Charge members for post-surgical immunosuppressive prescription drugs.
- Change the surrogacy coverage exclusion so that Kaiser will seek reimbursement from a member if she has received coverage and payment for surrogacy services from a third party.
- Cover surgical services for the treatment of gender dysphoria (transgender treatment), pending approval for a January 1, 2015 effective date by the PEB Board and state funding. (Non-surgical services and prescriptions are already covered.)

(continued)

Uniform Medical Plan (UMP) will:

- Have a separate \$2,000 per person annual out-of-pocket maximum for members' prescription drug costs, as required under the Affordable Care Act. This is in addition to the \$2,000 per person/\$4,000 per family annual out-of-pocket maximum for members' medical costs. *(UMP Classic only)*
- Cover some non-preferred Tier 3 drugs (you pay 50 percent coinsurance) that don't have generic equivalents at the Tier 2 level (you pay 30 percent coinsurance, up to \$75 per 30-day supply) when medical criteria are met and the plan approves it. *(UMP Classic only)*
- Cover (or expand coverage for) certain services and treatments that were previously excluded or had coverage limits. This includes:
 - Circumcision.
 - Orthotics to prevent complications associated with diabetes.
 - Genetic testing for family planning and testing for children to predict adult disease.
 - Home health services.
 - Massage therapy services for more than one hour, when medical criteria are met.
 - Temporomandibular joint (TMJ) disorder: Non-surgical services will be covered in addition to surgery.
- Cover non-surgical services, surgical services, and prescriptions for the treatment of gender dysphoria (transgender treatment), pending approval for a January 1, 2015 effective date by the PEB Board and state funding.

For more details about your 2015 medical benefits, contact your plan. *See "Who to contact for help" on page 11.*



Medical plan premiums change for 2015

Most employees will see small to moderate increases to their 2015 premiums, mostly due to the cost of claims. Group Health Classic premiums, however, will decrease next year. *See "2015 employee monthly premiums" on page 3.*

HSA contribution limits will grow for 2015

The annual health savings account (HSA) contribution limits will change in 2015 as follows:

HSA contribution limits		Year	
		2014	2015
Subscriber under age 55	Individual	\$3,300	\$3,350
	Family	\$6,550	\$6,650
Subscriber age 55 and older	Individual	\$4,300	\$4,350
	Family	\$7,550	\$7,650

These contribution limits include any voluntary contributions made by you, your employer, and the PEBB Program (including the \$125 wellness incentive, if you are eligible to earn it in 2015). *For more information on HSAs, see pages 6-7.*

Some life insurance premiums increase

Employees enrolled in PEBB's supplemental life and accidental death and dismemberment (AD&D) insurance through ReliaStar Life Insurance Company will see an increase in their premiums in 2015, because excess reserves that have been used to keep these premiums low since 2011 have been spent. The basic dependent life insurance premium will also increase slightly. The basic employee life insurance premium will continue to be paid in full by your employer. *See 2015 life and AD&D insurance premiums at www.hca.wa.gov/pebb.*

Optional long-term disability insurance premiums increase

Employees enrolled in PEBB's optional long-term disability (LTD) insurance through Standard Insurance Company will also see an increase in their premiums in 2015. This is because of a change that eliminates the gap between the end of the LTD insurance benefits and the beginning of the employee's Social Security entitlement date. (Currently, LTD insurance benefits end at age 65.) *See 2015 optional LTD insurance premiums at www.hca.wa.gov/pebb.*

SmartHealth incentive and a new interactive website coming

In 2014, PEBB introduced its new wellness program, SmartHealth. By participating and responding to three requirements, subscribers were eligible for a \$125 wellness incentive in 2015.

The PEBB Program will launch a new, personalized wellness program experience through an interactive website starting January 2015.

Can I also earn a wellness incentive for 2016?

Yes, as long as you meet the two criteria below **both** when you complete the required activities within the PEBB Program's timelines in 2015, and when the incentive is distributed in 2016.

1. You (the subscriber) are enrolled in a PEBB medical plan.

AND

2. You are not enrolled in Medicare Part A and Part B as your primary coverage.

Eligible subscribers and their spouses or domestic partners enrolled in PEBB medical coverage can earn points by participating in a wide range of activities through the new SmartHealth website; however, only eligible subscribers will qualify for a wellness incentive in 2016.

You will receive more information about SmartHealth's new website and incentive in the mail in early 2015.

SmartHealth



2015 employee monthly premiums

The premiums below apply to employees in state agencies and higher-education institutions.

Note: These premiums do not include the monthly premium surcharges, if applicable to your account (see below). There are no employee premiums for dental, basic life, and basic long-term disability benefits.

Employee Contribution by Family Tier

PEBB Medical Plans	Employee		Employee & Spouse*		Employee & Child(ren)		Full Family	
	2014	2015	2014	2015	2014	2015	2014	2015
	Group Health Classic	\$117	\$107	\$244	\$224	\$205	\$187	\$332
Group Health CDHP	21	26	52	62	37	46	68	82
Group Health Value	65	75	140	160	114	131	189	216
Kaiser Permanente Classic	116	125	242	260	203	219	329	354
Kaiser Permanente CDHP	23	35	56	80	40	61	73	106
UMP Classic	79	84	168	178	138	147	227	241
UMP CDHP	25	31	60	72	44	54	79	95

*or registered domestic partner

Monthly premium surcharges

You will pay the following surcharges if they apply to you, in addition to your medical plan premium.

- A monthly \$25 surcharge will apply if the subscriber or any family member enrolled in PEBB medical coverage uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or registered domestic partner in PEBB medical coverage, and the spouse or domestic partner has chosen not to enroll in other employer-based group medical insurance that is comparable to Uniform Medical Plan (UMP) Classic.

Action required: Respond during open enrollment to the spousal coverage premium surcharge for 2015

You might ask, “Didn’t I already do that?”

Maybe, but that was in response to your spouse’s or domestic partner’s 2014 employer-sponsored medical coverage.

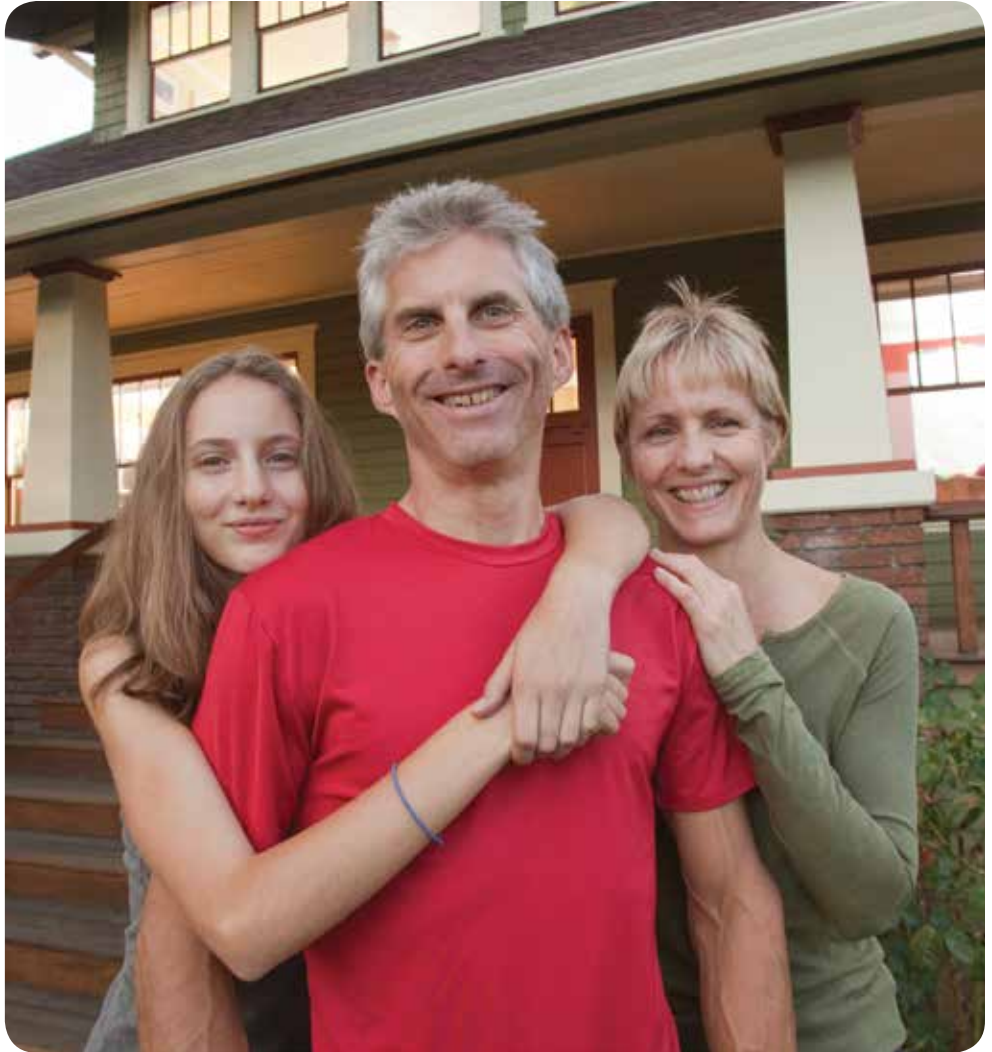
You must re-attest:

- **During open enrollment (November 1–30, 2014)** if you will have a spouse or domestic partner enrolled on your 2015 PEBB medical coverage (see exceptions under “Who does not need to attest?” below).
- **Anytime** your enrolled spouse or domestic partner has a change in his or her employer’s medical plan premiums or plan design (such as changes in the deductible, out-of-pocket maximum, coinsurance, and copays).

Why do I need to re-attest for 2015?

Subscribers who attested to the spousal coverage surcharge in 2014 must determine whether the spousal coverage surcharge applies in 2015. You must compare the premiums, benefits, and other features of Uniform Medical Plan (UMP) Classic with medical coverage offered by your spouse’s or domestic partner’s employer. Because UMP Classic’s benefits and premiums are changing in 2015, you must recalculate whether the spousal coverage surcharge will apply next year using 2015 plan information.

By law, you must make your comparison against the UMP Classic plan even if you are enrolled in a different PEBB medical plan. The *Spousal Plan Calculator* can help you with this.



Who does not need to attest?

You do not have to attest if you are **not** enrolling your spouse or domestic partner on your 2015 medical coverage.

Exception: If you enroll a spouse or domestic partner later, you will need to attest to the spousal coverage surcharge at that time.

How do I attest for 2015?

Log into *My Account* at www.hca.wa.gov/pebb starting November 1, and follow the instructions.

Note: If you need to re-attest for 2014, use the *Premium Surcharge Change Form* found at www.hca.wa.gov/pebb and submit it to your personnel, payroll, or benefits office. You cannot re-attest online for your 2014 plan year coverage. If you do not have access to the internet, contact your personnel, payroll, or benefits office.

What happens if I don’t attest for 2015?

You will pay the monthly \$50 spousal coverage surcharge starting January 1, 2015, if you have a spouse or domestic partner enrolled on your medical coverage.

Has your family's tobacco use changed?

Whenever you or a family member enrolled on your medical coverage has a change in tobacco use or enrollment in your PEBB medical plan's tobacco cessation program, you must re-attest to the \$25-per-account tobacco use premium surcharge. **You do not need to re-attest during open enrollment** if there are no changes to the tobacco use status of any enrolled members on your medical coverage.

To change your tobacco use surcharge attestation, log into *My Account* at www.hca.wa.gov/pebb and follow the instructions.

For more details, go to www.hca.wa.gov/pebb and see *Surcharges*.



Annual notice of creditable prescription-drug coverage

Thinking about enrolling in Medicare Part D? PEBB already has you covered

If you or a family member is entitled to Medicare (or will be soon), you may hear about Medicare Part D prescription drug plans. If you are thinking about enrolling in a Medicare Part D plan, keep in mind:

- **All PEBB medical plans available to employees provide creditable prescription drug coverage.** This means the plans provide prescription drug benefits that are as good as or better than Medicare Part D coverage. After you become entitled to Medicare Part A or Part B, you can continue your enrollment in PEBB coverage. Since all PEBB medical plans available to employees provide creditable prescription drug coverage, you will not pay a late enrollment penalty if you decide to enroll in a Medicare Part D plan later.
- **If you do enroll in Medicare Part D, your PEBB medical plan may not coordinate prescription drug benefits with your Medicare Part D plan.**
- **If you enroll or cancel enrollment in a Medicare Part D plan, you may need a “notice of creditable coverage” to prove continuous prescription-drug coverage.** You may request a notice of creditable coverage by calling the PEBB Program at 1-800-200-1004.

For questions about Medicare Part D, call the Centers for Medicare & Medicaid Services at 1-800-633-4227 or visit www.medicare.gov.



Find it here



Go to www.hca.wa.gov/pebb to see:

- Spousal coverage surcharge details
- Frequently asked questions
- *2015 Spousal Plan Questionnaire*
- *2015 Spousal Plan Calculator*

Is a high-deductible plan right for me?

A **consumer-directed health plan (CDHP)** is a type of insurance plan that has lower monthly 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, your employer, the PEBB Program, or anyone can deposit funds into on your behalf, up to limits set by the Internal Revenue Service. Any amount that you contribute can be deducted from your taxable income, giving you a tax savings.

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 can also 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 or retire. Unused funds in your HSA at the end of the plan year remain available in the account, and roll over from year to year.

When you enroll in a CDHP, your plan automatically sets up a health savings account for you with HealthEquity, the trustee for your HSA. Once the HSA has funds available, you will be able to use it to pay for qualified medical expenses by:

- Using your HealthEquity debit card at the time of service.
- Logging in to your HSA and designating payment to be sent by HealthEquity directly to the provider.
- Logging in to your HSA and paying yourself back for a medical expense you paid using non-HSA funds.

Eligibility

You must meet certain eligibility requirements to enroll in an HSA. IRS rules require that an individual must:

- Have a qualified high-deductible health plan (also called a consumer-directed health plan).
- Have no other comprehensive health coverage, with certain exceptions allowed by the IRS (for example, dental, vision, long-term care, and disability are allowed).
- Not be enrolled in Medicare (this applies to the subscriber only).
- Not be claimed as a dependent on someone else's tax return.
- Not have received Veterans Administration benefits (including prescription drugs) in the three months before your CDHP enrollment begins, or have TRICARE coverage.
- Have a "limited" VEBA account (if you or your spouse has VEBA).

Other exceptions apply. Call HealthEquity Inc. toll-free at 1-877-873-8823 to verify whether you qualify.

Not every PEBB member qualifies for an HSA, and a CDHP/HSA option is not right for everyone. To learn more, visit PEBB's website at www.hca.wa.gov/pebb/pages/cdhp.aspx. You can also find information at www.irs.gov.

Keep in mind

If you are enrolled in a CDHP for 2014 and wish to remain enrolled in the same CDHP for 2015, you do not need to reenroll. Your current CDHP enrollment and your unspent HSA funds will carry over to next year.

Switching from a CDHP/HSA

If you choose another medical plan that is not a CDHP for 2015, you should know:

- You won't forfeit any unspent funds in your HSA. You can spend your HSA funds on qualified medical expenses in 2015, or you can leave them for the future. However, you and your employer can't contribute to your HSA in 2015.
- HealthEquity will charge you \$3.95 monthly if you have less than \$2,500 in your HSA after December 31, 2014. 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 your personnel, payroll, or benefits office to stop automatic payroll deductions and transfers to your HSA, if you previously set them up. Contact HealthEquity if you set up direct deposits through them.
- If you enroll in a flexible spending account (FSA), you don't have to have spent all your HSA dollars. You can keep your HSA dollars, you just can't contribute to the HSA if you have an FSA.

Watch your contributions

When you enroll in a PEBB CDHP, your employer contributes \$700.08 for an individual subscriber or \$1,400.04 for a family account. The contributions go into the HSA in equal monthly installments over the year.

People covered on CDHP	Employer's monthly deposit into HSA		Total deposited by the end of the year
Subscriber only	\$58.34	x 12 months	\$700.08
Subscriber and one or more family members	\$116.67	x 12 months	\$1,400.04

The entire annual amount is **not** deposited in your HSA on January 1, 2015. HSA funds are not available until deposited.

It is your responsibility not to exceed the maximum annual contributions allowed under Internal Revenue Service rules. Before you make your own contributions, first count the annual contribution from your employer. Also count the \$125 SmartHealth incentive for 2015 if you receive it in January 2015. For 2015 the maximum allowed is \$3,350 for subscriber, or \$6,650 for a subscriber with at least one family member enrolled on the CDHP. If contributions from all sources exceed the maximum allowed, you may be subject to IRS penalties and/or fees from HealthEquity.

Members ages 55 and older may contribute up to \$1,000 more per year in addition to the limits above.

To learn more:

- For CDHP information, contact the individual plan.
- For HSA information, contact HealthEquity.
- For other questions, visit PEBB's website at www.hca.wa.gov/pebb/pages/cdhp.aspx.

Top 5 questions and answers about PEBB's flexible spending arrangement (FSA) and the Dependent Care Assistance Program (DCAP)

1. How can the FSA or DCAP help me?

There are several benefits:

Setting aside a portion of your pay with an FSA or DCAP reduces your annual taxable income and helps you manage the costs for out-of-pocket health or dependent care expenses.

You can use your FSA for yourself or your qualified tax dependents' eligible health care expenses, even if they are not enrolled in your PEBB medical or dental plan.

You can set aside dependent care expenses for children under age 13 who are your tax dependents, or a spouse, or any IRS-recognized tax dependent who is physically or mentally incapable of self-care.

2. Is there a limit to how much I can contribute to FSA and DCAP for 2015?

The annual maximum you can contribute to the FSA is \$2,500.

The annual maximum you can contribute to DCAP is \$5,000 (\$2,500 if you and your spouse file separate tax returns).

3. How does the "use it or lose it" part work?

Use the account to pay for your eligible expenses during the 2015 plan year. You must submit your claims to Flex-Plan Services (the FSA and DCAP administrator) no later than March 31, 2016. You must incur all services during the plan year by December 31, 2015 for the DCAP. However, January 1 through March 15, 2016 is a grace period to incur additional eligible expenses for the FSA. After March 2016, you forfeit your funds to the Health Care Authority and you will not be able to claim money left in your account.

4. If I enrolled in FSA or DCAP for 2014 do I have to take action to reenroll for 2015?

Yes. During open enrollment you must let us know whether you want to continue your FSA or DCAP and how much you want to set aside. If you don't provide this information, you will not have an FSA or DCAP in 2015. Follow enrollment instructions at www.pebb.flex-plan.com.

5. Can I enroll in FSA, DCAP, and a health savings account (HSA)?

You may not have an FSA and an HSA at the same time. However, you may enroll in DCAP if you have an FSA or an HSA.

Have more questions about the FSA or DCAP?

Flex-Plan Services has the answers! Go to www.pebb.flex-plan.com for:

- Easy online enrollment.
- Videos that explain benefits.
- Eligible expenses list.
- Easy online reimbursement.
- Downloadable forms and the Flexi App.

Find it here



Details about FSA and DCAP, including eligible expenses list
www.pebb.flex-plan.com

General information about the FSA
www.hca.wa.gov/pebb/pages/fsa.aspx

General information about the DCAP
www.hca.wa.gov/pebb/pages/dcap.aspx

Approaching age 65 or retiring in 2015? Think ahead about Medicare

If you or your spouse will turn age 65 in 2015, or are over age 65 and still working, you will want to become familiar with how Medicare enrollment rules could affect you.

Understanding how Medicare enrollment works will help you avoid late enrollment or unintended gaps in health care coverage.

Timing is everything—avoid possible snags

Understand when your coverage will start. The effective date of your Medicare coverage is tied to the month you turn age 65 and when you sign up for Medicare Part A and Part B. Learn the differences between Medicare's Initial Enrollment Period, Special Enrollment Period, General Enrollment Period, and the deadlines to enroll in Medicare after employer coverage ends. Missing Medicare's Initial Enrollment Period or Special Enrollment Period could mean you won't have Medicare coverage until after Medicare's General Enrollment Period, potentially leaving you without Medicare coverage for several months.

Medicare and consumer-directed health plans (CDHPs) don't mix. IRS and PEBB rules don't allow you to enroll in a consumer-directed health plan with

a health savings account (HSA) if you or your spouse or domestic partner is enrolled in Medicare or Medicaid (called Apple Health for Washington residents). You can face tax penalties if you contribute to an HSA in the same year as your Medicare enrollment.

If you are currently enrolled in a CDHP with an HSA, change your medical plan during PEBB's annual open enrollment instead of waiting until you turn age 65. Changing PEBB medical plans midyear will restart your annual deductibles and out-of-pocket maximums.

For more information on HSAs, see pages 6-7.

How to get help

- Call Social Security at 1-800-772-1213 or go to www.ssa.gov/medicare/apply.html for information about your Medicare eligibility and to sign up for Part A or Part B.
- Visit www.medicare.gov for general information about enrolling.
- Get free personalized health insurance counseling from the Statewide Health Insurance Benefits Advisors (SHIBA) at 1-800-562-6900 or go to www.insurance.wa.gov/shiba.

- Call the PEBB Program at 1-800-200-1004 for questions about Medicare enrollment with retiree, COBRA, or Leave Without Pay coverage.

Some Medicare basics:

- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS). The Social Security Administration works with CMS to enroll people in Medicare.
- Medicare covers certain medical services and supplies in hospitals, doctors' offices, and other health care settings. Your PEBB insurance helps provide coverage for services and supplies that are not covered by Medicare.
- PEBB rules require you to enroll in both Medicare Part A and Part B, if entitled, to be eligible for PEBB retiree insurance. However, if you continue to work beyond age 65, you can delay enrolling in Medicare Part B until you retire. If you are retiring within three months of turning age 65, be sure to enroll within Medicare's Initial Enrollment Period, as its Special Enrollment Period timelines do not take effect unless you work four or more months beyond your 65th birthday.

Get the answers you need online

Your PEBB website can help you choose what plans and benefits are right for you. From www.hca.wa.gov/pebb, you can:

Respond to the spousal coverage premium surcharge

Starting November 1, log in to *My Account* to attest to the 2015 spousal coverage premium surcharge. See "Respond during open enrollment to the spousal coverage premium surcharge for 2015" on pages 4-5 for more details.

Know where you're at before you act

Check your *Statement of Insurance* from *My Account* to verify your current benefits and enrollment information.

Research medical and dental plans

- Use the *Medical Benefits Comparison* tool to compare benefits from up to three plans at a time.
- Use the *Summary of Benefits and Coverage* to read details about plan benefits.
- Compare dental plans and find in-network providers under *Health Benefits*.

Scan the video library

The PEBB Program's *Video library* offers a summary of changes for 2015 and more.

Make your open enrollment changes

Log into *My Account* to change your medical and/or dental plan online during open enrollment (November 1–30). You cannot use *My Account* to add a family member to your account; you must complete and return an *Employee Enrollment/Change* form to do this.

Note: The *Statement of Insurance* cannot display your plan selections for 2015 until January 1, 2015.

What types of changes can I make...

during open enrollment?

New for 2015—If you continue to cover a spouse or domestic partner under your PEBB medical coverage for 2015, you must re-attest to the spousal coverage surcharge, even if you do not make any plan changes (see pages 4-5).

PEBB's annual open enrollment is also your chance to:

- Add an eligible family member to your PEBB coverage.*
- Enroll if you previously waived PEBB medical coverage (and attest to the premium surcharges).
- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.
- Waive PEBB medical coverage if you have other comprehensive group medical coverage.
- Enroll or reenroll in a flexible spending arrangement (FSA) or Dependent Care Assistance Program (DCAP).

You can make plan changes online during open enrollment at www.hca.wa.gov/pebb by selecting *My Account*.



Any changes you make during open enrollment become effective January 1, 2015. If you do not want to make any plan changes, you do not need to do anything.

**You cannot enroll or attest for family members online unless they already are enrolled in either your medical or dental coverage. To add a family member, complete and submit a 2015 Employee Enrollment/Change form to your personnel, payroll, or benefits office. Be sure to provide proof of your family member's eligibility. Forms can be found on PEBB's website or from your employer. You must also attest to the tobacco use surcharge (regardless of a family member's age) and the spousal coverage surcharge (if applicable) to determine whether the premium surcharge(s) will apply to your account.*

throughout the year?

You can make these changes at any time:

- Add or remove a family member based on an event that allows for a special open enrollment (such as marriage or birth of a child).*



- Remove a family member from your PEBB coverage when they become ineligible (required).
- Change your medical and/or dental plan if you or a covered family member has an event that allows for a plan change.
- Waive your PEBB medical coverage if you gain other comprehensive group medical coverage.
- Enroll if you previously waived PEBB medical coverage (and attest to the premium surcharges).
- Enroll in or change your FSA or DCAP contributions if you or an eligible family member has a triggering event that allows for a special open enrollment.
- Change your HSA contribution amount or beneficiary information. Contact your employer's personnel, payroll, or benefits office to change your payroll deduction amount or HealthEquity to change your direct deposit amount.
- Apply for optional long-term disability insurance, or change the benefit waiting period.
- Apply for supplemental life or accidental death and dismemberment (AD&D) insurance for yourself or your family members (may require evidence of insurability).
- Apply for auto or home insurance.

Changes you make during the year have various effective dates and specific deadlines. You must provide documentation of events that trigger the opportunity for enrollment changes. Check with your employer's personnel, payroll, or benefits office for details.

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, and other vendors that administer benefits for PEBB subscribers. Some of the fairs include a presentation about the flexible spending arrangement (FSA) and Dependent Care Assistance Program (DCAP).

Bellevue

November 21, 2014

1 to 3 p.m.
Bellevue College
Cafeteria Building C
Rooms C120 A & B
3000 Landerholm Circle SE

FSA and DCAP Presentation
12:30 to 1 p.m.
Cafeteria Building C
Rooms C130 A & B

Bellingham

November 13, 2014

9 to 11 a.m.
Western Washington University
Viking Union Building
Rooms 656 A/B/C

FSA and DCAP Presentation
9 to 9:30 a.m.
Rooms 656 A/B/C

November 13, 2014

12:30 to 2:30 p.m.
St. Luke's Health Education Center
Rooms E & F
3333 Squalicum Parkway

Cheney

November 3, 2014

8 to 11 a.m.
Eastern Washington University
Hargreaves Hall, Room 201
Corner of C and Seventh Streets

FSA and DCAP Presentation
8 to 8:30 a.m.
Tawanka Rooms 215 B/C

Ellensburg

November 6, 2014

12:30 to 3 p.m.
Central Washington University
Lombard Room
400 E. University Way

FSA and DCAP Presentation
12:30 to 1 p.m.
Lombard Dining Room

Everett

November 12, 2014

12 to 2:30 p.m.
Everett Community College
Fitness Center
2000 Tower Street

FSA and DCAP Presentation
11:30 a.m. to 12 p.m.
Multipurpose Room

Lakewood

November 20, 2014

9 to 11 a.m.
Clover Park Technical College
McGavick Conference Center
(Building 23), Room 301
4500 Steilacoom Boulevard SW

FSA and DCAP Presentation
8:30 to 9 a.m.
Room 302

Mount Vernon

November 14, 2014

9 to 11 a.m.
Best Western Cotton Tree Inn
Convention Center
Fidalgo Room
2300 Market Street

Olympia

November 18, 2014

11 a.m. to 1 p.m.
General Administration Auditorium
210 11th Avenue SW

Pasco

November 5, 2014

1 to 3:30 p.m.
Columbia Basin College
Byron Gjerde Center, H Building
2600 N. 20th Avenue

FSA and DCAP Presentation
1 to 1:30 p.m.
Byron Gjerde Center, H Building

Port Angeles

November 14, 2014

11 a.m. to 1 p.m.
Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

Pullman

November 4, 2014

9 a.m. to 1:30 p.m.
Washington State University
Compton Union Building (CUB)
Junior Ballroom, West Room 212

FSA and DCAP Presentation
12 to 12:30 p.m.
Junior Ballroom, East Room 210

Seattle

November 4, 2014

10 a.m. to 3 p.m.
Health Sciences Lobby, 3rd floor
UW Medical Center, Plaza Cafe, 1st floor
1959 NE Pacific Street

November 5, 2014

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

November 6, 2014

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

Shoreline

November 19, 2014

12:30 to 2:30 p.m.
Shoreline Conference Center Lobby
18560 First Avenue NE

FSA and DCAP Presentation
12 to 12:30 p.m.
Shoreline Room

Spokane

November 3, 2014

1 to 4 p.m.
Spokane Community College
Building 6
Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

FSA and DCAP Presentation
1 to 1:30 p.m.
Lair Auditorium

Tacoma

November 20, 2014

1 to 3 p.m.
Tacoma Community College
Harned Center for Health Careers
Building, 1st floor
6501 S. 19th Street

FSA and DCAP Presentation
1 to 1:30 p.m.
Building 12, Room 120

Tumwater

November 17, 2014

12 to 2 p.m.
Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

FSA and DCAP Presentation
11:30 a.m. to 12 p.m.
Auditorium

Vancouver

November 7, 2014

12 to 2 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

FSA and DCAP Presentation
12 to 12:30 p.m.
Penguin Union Building (PUB)
Room 257

Wenatchee

November 7, 2014

9 a.m. to 12 p.m.
Wenatchee Valley College
Wells Hall - Campus Theater
1300 Fifth Street

Yakima

November 6, 2014

8:30 to 10:30 a.m.
Yakima Valley Museum
Jewett Entrance Gallery
2105 Tieton Drive

FSA and DCAP Presentation
8 to 8:30 a.m.
Centennial Hall Ballroom

Need directions?

Find maps and parking information by selecting the benefits fairs link at www.hca.wa.gov/pebb.

Walla Walla

November 5, 2014

8 to 10:30 a.m.
Walla Walla Community College
D Building, Back Dining Area
500 Tausick Way

FSA and DCAP Presentation
8 to 8:30 a.m.
Conference Rooms 185 A & B

Who to contact for help

Contact the plans directly for help with:

- Benefit questions.
- Making sure your doctor or dentist contracts with the plan.
- ID cards.
- Choosing a doctor or dentist.
- Making sure your prescriptions are covered.
- Claims.
- Flexible spending arrangement (FSA)/Dependent Care Assistance Program (DCAP) eligibility and enrollment questions.

Medical plans	Website addresses	Customer service phone numbers	TTY* customer service phone numbers
Group Health Classic, CDHP, or Value	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic or CDHP	www.my.kp.org/nw/wapebb	503-813-2000 or 1-800-813-2000	711
Uniform Medical Plan Classic or UMP CDHP, administered by Regence BlueShield	www.hca.wa.gov/ump	1-888-849-3681	711

Health savings account (HSA) 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, administered by Delta Dental of Washington	www.deltadentalwa.com/pebb	1-800-650-1583
Uniform Dental Plan, administered by Delta Dental of Washington	www.deltadentalwa.com/pebb	1-800-537-3406
Willamette Dental Group	www.willamettedental.com/wapebb	1-855-4DENTAL (433-6825)

Flexible spending arrangement (FSA) and Dependent Care Assistance Program (DCAP)	Website address	Customer service phone number
Flex-Plan Services, Inc.	www.pebb.flex-plan.com	1-800-669-3539

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

This is your *only* 2015 open enrollment notice.

Your 2015 open enrollment | November 1-30

PEBB's open enrollment is your annual chance to:

- Change medical or dental plans.
- Enroll if you previously waived medical coverage.[†]
- Add or remove eligible family members to your coverage.^{††}
- Enroll or reenroll in a flexible spending arrangement (FSA) or Dependent Care Assistance Program (DCAP).



Important dates to remember

November 1–30, 2014 Your 2015 open enrollment period

November 3–21, 2014 PEBB benefits fairs held throughout Washington. Meet our plan representatives and other benefit vendors to learn about your options. See our full schedule on pages 10-11.

November 30, 2014 Last day you can make changes to your PEBB coverage.
Note: Online plan changes on *My Account* (from www.hca.wa.gov/pebb) end at midnight.

January 1, 2015 New plan year begins. Open enrollment changes become effective.

[†] If you enroll in medical coverage, you must attest to the tobacco use and spousal coverage surcharges, as applicable to your account, to determine whether the premium surcharge(s) apply. You can download the *Premium Surcharge Attestation Form* at www.hca.wa.gov/pebb and return it with your *Employee Enrollment/Change* form to your personnel, payroll, or benefits office for processing before November 30.

^{††} To add an eligible family member to your coverage, see requirements on page 9.