

## 2016 Premium Surcharge Help Sheet

- Use the information below to attest on your 2016 enrollment form or the 2016 Premium Surcharge Change Form whether the premium surcharges apply.
- The surcharges do not apply to subscribers and any family members enrolled in PEBB dental coverage only.
- The surcharges do not apply to retirees, COBRA, or extension of coverage subscribers enrolled in Medicare Part A and Part B.
- The tobacco use surcharge does not apply to any enrolled family members ages 12 and younger.

### Tobacco use premium surcharge

#### What are “tobacco products”?

Tobacco products are defined as any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, chewing tobacco, snuff, and other tobacco products.

#### Tobacco products do not include:

- E-cigarettes (until their tobacco-related status is determined by the U.S. Food and Drug Administration [FDA]).
- Tobacco cessation aids approved by the FDA, such as:
  1. Over-the-counter nicotine replacement products.
    - All over-the-counter tobacco cessation products for adults ages 18 and older.
    - All over-the-counter tobacco cessation products for children under age 18 if recommended by a doctor.

Examples of over-the-counter nicotine replacement products include:

- Skin patches—generic (nicotine film), private label, or brand-name (Habitrol or Nicoderm).
  - Chewing gum (also called nicotine gum)—generic (nicotine polacrilex or Thrive), private label, or brand-name (Nicorette).
  - Lozenges—generic (nicotine polacrilex), private label, or brand-name (Nicorette or Commit).
2. Prescription nicotine replacement products.
    - Nasal spray or oral inhaler—brand name (Nicotrol)
    - Products not containing nicotine, such as pills—generic (bupropion hydrochloride) or brand name (Chantix or Zyban).

#### What is “tobacco use”?

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

The surcharge **will not** apply if you and all enrolled family members ages 18 and older who use tobacco products are enrolled in your PEBB medical plan’s tobacco cessation program, or if enrolled family members ages 13–17 who use tobacco products access information and resources at [www.teen.smokefree.gov](http://www.teen.smokefree.gov). Enrolled family members ages 12 and younger are automatically defaulted to NO (non-tobacco users); this means you do not have to attest for family members ages 12 and younger. You do not need to attest when the family member turns age 13 unless the family member uses, or begins using, tobacco products.

#### Does this mean tobacco use within the past two months from today?

Tobacco products used within the two months before the date you complete this form count as “tobacco use.”

#### What if tobacco use changes?

You must change your attestation when:

- **Any** enrolled family member age 13 and older starts using tobacco products.
- **All** enrolled family members ages 13 and older have stopped using tobacco products for two months, or have used the tobacco cessation resources noted above.

You can change your attestation online using *My Account* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb) or submit a 2016 Premium Surcharge Change Form. Changes that add or remove a surcharge will take effect the month after the change is received. Changes received on the first day of the month will be made for that month.

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# Spouse or registered domestic partner coverage premium surcharge

## Will the spouse or registered domestic partner coverage premium surcharge apply to me?

If you don't have a spouse or registered domestic partner enrolled on your PEBB medical plan, you don't need to complete this questionnaire—this surcharge doesn't apply to you. If you have a spouse or registered domestic partner enrolled on your 2016 PEBB medical plan, answer YES or NO to the following questions. **Check the corresponding box(es) on your 2016 enrollment form or 2016 Premium Surcharge Change Form.**

Questions	YES	NO
1 Are you covering your spouse or registered domestic partner in Public Employees Benefits Board (PEBB) medical coverage under your account in 2016?		
2 Will your spouse or registered domestic partner be eligible for medical coverage through his or her employer in 2016? (If your spouse or registered domestic partner will not be employed in 2016, answer NO.)		
3 Will your spouse's or registered domestic partner's employer offer at least one medical plan that serves your spouse's or registered domestic partner's county of residence in 2016?		
4 Has your spouse or registered domestic partner elected not to enroll in his or her employer's medical coverage in 2016?		
5 Will the coverage offered by your spouse's or registered domestic partner's employer in 2016 NOT be through the PEBB Program or TRICARE? Answer YES if your spouse's or registered domestic partner's employer <b>does not</b> offer PEBB or TRICARE coverage. Answer NO if your spouse's or registered domestic partner's employer <b>does</b> offer PEBB or TRICARE coverage.		
6 Will your spouse's or registered domestic partner's share of the medical premium through his or her employer be less than \$89.31 per month in 2016?		

► **If you answered YES to ALL of these questions, you must do 1 and 2 below to find out whether you must pay the surcharge.**

1. Your spouse or registered domestic partner should ask his or her employer for a *2016 Summary of Benefits and Coverage (SBC)* for **all** medical plans that:
  - Serve the county of residence for your spouse or registered domestic partner.
  - Have a monthly premium of less than \$89.31 per month for the employee.
2. Use the *2016 Summary of Benefits and Coverage (SBC)* information to answer the questions in the *2016 Spousal Plan Calculator* online tool at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb).

Or, you can download a paper version of the *2016 Spousal Plan Calculator* from the website and submit it with your 2016 enrollment form or your *2016 Premium Surcharge Change Form*.

If you don't have access to the internet, you may request a paper *2016 Spousal Plan Calculator* from your employer (if an employee). Retirees, COBRA, Extension of Coverage, and Leave Without Pay subscribers may call the PEBB Program at 1-800-200-1004 to request a paper copy.

If using the online *2016 Spousal Plan Calculator*:

- Provide all the information requested by the form.
- Click the Compute button.
- You will be provided with the YES or NO response to the question "Does the spouse or registered domestic partner coverage surcharge apply to you?" Enter this response on your 2016 enrollment form or *2016 Premium Surcharge Change Form*.

If using a paper *2016 Spousal Plan Calculator*:

- Provide all the information requested by the form.
- Check "Employer or PEBB Program to determine."
- Include a copy of the *2016 Spousal Plan Calculator* (not this Help Sheet) when you submit your 2016 enrollment

form or *2016 Premium Surcharge Change Form*.

► **If you answered NO to ANY of these questions, you will not have to pay the surcharge if you check NO on your 2016 enrollment form or 2016 Premium Surcharge Change Form.**

- Your employer or the PEBB Program will determine whether your spouse's or registered domestic partner's employer-based group medical insurance is comparable to UMP Classic.