



Thinking about retirement?

The PEBB Program is here to help so you can focus on what's important to you. As you transition into retirement, we want to make sure you can continue your medical and dental benefits.

Why choose PEBB insurance?

We offer a comprehensive health care package providing value, access, and choice. We also contract with private insurers to accommodate your range of insurance needs.

Value

As one of the largest purchasers of health coverage in Washington State, we negotiate competitive premiums and benefits, and pass these savings on to you.

Access

Our plans give you access to thousands of providers across Washington State. Some offer extended networks so you can see any provider in the United States.

Choice

With our retiree coverage, you have options. Our health plans offer a range of designs to fit the way you use health care.

For details, review the *2016 Retiree Enrollment Guide* at www.hca.wa.gov/pebb or request a copy (see inside).

Things to keep in mind:

When are the enrollment timelines?

The PEBB Program must receive your completed retiree enrollment form **no later than 60 days** after your employer-paid coverage, COBRA coverage, or continuation coverage ends. If PEBB does not receive your completed enrollment form (as well as other required forms and documents) by this deadline, you could lose your rights to enroll in PEBB retiree insurance.

What coverage can I enroll in?

You can choose to continue your medical and dental coverage, or medical coverage only. You can also enroll in retiree term life insurance.

If you are enrolled in Medicare Part A and Part B, you may also have other medical plan options available to you.

How much does it cost?

You can view the monthly premiums at www.hca.wa.gov/pebb. Generally, premiums change every January 1.

Can I enroll later?

If you have access to other coverage as described in the *2016 Retiree Coverage Election/Change* form, you can defer (postpone) PEBB retiree insurance and enroll in the future. **However, the PEBB Program must receive your enrollment form requesting deferment no later than 60 days after your employer-paid coverage, COBRA coverage, or continuation coverage ends.**

Enrolling is easy!

Just follow these steps:

About 90 days before your employer-paid coverage, COBRA coverage, or continuation coverage ends

- Contact the Social Security Administration to enroll in Medicare Part A and Part B if you or any eligible family members you wish to cover are entitled to Medicare due to either age (65) or disability.
- Complete the card in this brochure, and return it to us. We will send you a *2016 Retiree Enrollment Guide* (including enrollment forms). You can also download the guide and required forms at www.hca.wa.gov/pebb.

60 days before your active employment, COBRA coverage, or continuation coverage ends

Return your completed *2016 Retiree Coverage Election/Change* form and any other required forms and documents to the PEBB Program to enroll in or defer PEBB retiree coverage.

The PEBB Program must receive your completed enrollment forms and required documents **no later than 60 days** after your employer-paid coverage, COBRA coverage, or continuation coverage ends.

Monthly premium surcharges

Monthly premium surcharges may apply in addition to medical plan premiums. These surcharges do not apply if you are also enrolled in Medicare Part A and Part B:

- A monthly \$25-per-account tobacco use premium surcharge
- A monthly \$50 spouse or registered domestic partner coverage premium surcharge

For more details, see our surcharge pages at www.hca.wa.gov/pebb.

(See next page for more information)



To request a copy of the 2016 Retiree Enrollment Guide

Complete the card below and return it to us. We will mail you a 2016 Retiree Enrollment Guide with the enrollment forms you need.

Need more help?

Call the PEBB Program

360-725-0440 or toll-free 1-800-200-1004

Monday through Friday, 8 a.m. to 5 p.m. Pacific Time

Visit our office

Health Care Authority

626 8th Avenue SE

Olympia, WA 98501

Go online to www.hca.wa.gov/pebb for forms, publications, and information updates.

Name

Address

Unit/apt. number

City

State

ZIP Code

Mailing address (if different)

City

State

ZIP Code

Phone number

Last 4 digits of Social Security number
(required to verify eligibility)

Retirement date

Current employer

HCA 51-535 (12/15)

PEBB Program
Washington State Health Care Authority
PO Box 42684
Olympia, WA 98504-2684

*Please place into an envelope to mail to PEBB
in order to meet USPS requirements.*