

What's changing with your PEBB health coverage for 2017

All changes are effective January 1, 2017

- New life insurance benefits and premiums—**and a one-time open enrollment opportunity for LWOP subscribers**
- Medical plan benefits
- UMP Plus expands into new counties
- Medical and dental plan premiums
- Individual contribution amounts for the health savings account (HSA)
- Optional long-term disability (LTD) insurance premiums
- PEBB Program rules and policies

New life insurance benefits and premiums—and a one-time enrollment opportunity

The information below applies only to employees on Leave Without Pay (LWOP) whose employer offers the PEBB Program's full benefits package. Please ask your employer if they offer life insurance benefits through the PEBB Program.

PEBB life insurance is not available to COBRA members.

The PEBB Program strives to provide its members with better benefits and services at competitive costs. This year, the Health Care Authority (HCA) partnered with MetLife to provide new life insurance benefits to PEBB Program members starting January 1, 2017.

At the same time as the PEBB Program's open enrollment, MetLife will offer a **special, one-time open enrollment opportunity from November 1-30, 2016**, that will allow employees on LWOP to enroll in or increase their supplemental life insurance or supplemental accidental death and dismemberment (AD&D) insurance without answering health questions and/or having a medical exam. The new life insurance coverage elections and monthly premiums will start when you return to work and regain eligibility for the employer contribution on or after January 1, 2017.

Even if you are not continuing your supplemental life insurance while on LWOP, you will need to take action during MetLife's open enrollment. LWOP subscribers will also receive mailings from MetLife in mid-to-late October. MetLife Customer Service representatives will be available and at the PEBB Program's benefits fairs to answer questions.

Medical plan benefits

The changes shown below affect the plans noted. Call the plans directly or visit their websites for more information.

Other medical benefits won't change in 2017; but keep in mind, costs for prescription drugs can change during the year due to changes to tiers or coverage criteria.

In 2017, Group Health will:

- Cover male sterilization at no cost to members (Group Health Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies to Group Health Classic, CDHP, Value, and SoundChoice, including Medicare members.*
- Change the number of covered acupuncture visits to 12 visits total per calendar year. *Applies to Group Health Classic, CDHP, Value, and SoundChoice, excluding Medicare members.*
- Offer telehealth (“virtual”) office visits for primary, specialty, and urgent care services at the same member cost-share as in-person primary, specialty, and urgent care visits. *Applies to Group Health Classic, CDHP, Value, and SoundChoice, excluding Medicare members.*

The following changes apply only to Group Health Value (excluding Medicare members):

Annual costs/benefits	Group Health Value members pay in 2017
Medical out-of-pocket limit	\$3,000 per person/\$6,000 per family
Annual deductible	\$250 per person/\$750 per family (without SmartHealth wellness incentive) \$125 per person/\$625 per family (with SmartHealth wellness incentive)
Primary care office visit	\$30
Specialist office visit	\$50
Inpatient hospital services	\$250 per day up to \$1,250 maximum per admission
Skilled nursing facility	\$250 per day up to \$1,250 maximum per admission

Tiers for retail pharmacy	Group Health Value members pay in 2017
Tier 1 (generic)	\$25
Tier 2 (preferred brand)	\$50
Tier 3 (nonpreferred brand)	50% (no maximum)
Tier 4 (preferred specialty) <i>New for 2017</i>	\$150
Tier 5 (nonpreferred specialty) <i>New for 2017</i>	50% up to \$400

In 2017, Kaiser Permanente will:

- Cover male sterilization at no cost to members (Kaiser Permanente Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies to Kaiser Permanente Classic and CDHP, including Medicare members.*
- Increase the copay for spinal manipulations to \$30. *Applies to Kaiser Permanente Senior Advantage.*



Uniform Medical Plan (UMP) will:

- Cover male sterilization at no cost to members (UMP Consumer-Directed Health Plan [CDHP] members must first pay their deductible.) *Applies to UMP Classic, CDHP, and Plus, including Medicare members.*
- Offer a new Centers of Excellence benefit for members needing total joint replacement (hip and/or knee), to be administered by Premera Blue Cross and provided through Virginia Mason in Seattle. The benefit will be covered at a lower or no cost to members (UMP CDHP members must first pay their deductible), and includes a travel and lodging benefit for members living outside of the Seattle area. More information is available at www.premera.com/health-care-authority/total-joint-replacement/ or by calling Premera Blue Cross Customer Service at 1-855-784-4563. *Applies only to UMP Classic (excluding Medicare members) and UMP CDHP.*

In addition, there may be UMP preferred provider changes in eastern Washington with Providence Health. To confirm provider availability, please refer to the UMP Provider Directory at www.hca.wa.gov/ump or call UMP Customer Service at 1-888-849-3681.

UMP Plus expands into new counties

Both UMP Plus networks will expand to serve new counties in 2017 (new counties shown in **bold**):

- UMP Plus-Puget Sound High Value Network will serve **Grays Harbor**, King, Kitsap, Pierce, Snohomish, **Spokane**, Thurston, and **Yakima** counties.
- UMP Plus-UW Medicine Accountable Care Network will serve **Grays Harbor**, King, Kitsap, Pierce, **Skagit**, Snohomish, and Thurston counties.

Note: UMP Plus is available only to retirees and their dependents who are not enrolled in Medicare Part A and Part B.

Medical and dental plan premiums

See [COBRA and Continuation Coverage premiums](#).

Individual contribution amounts for health savings accounts (HSA)

The annual HSA contribution limit for an individual (subscriber only) account will increase to \$3,400 in 2017, up from \$3,350 in 2016. (The contribution amount for a family stays the same at \$6,750.) Subscribers ages 55 and older can continue to contribute \$1,000 more in addition to these amounts.

The amounts include all contributions made, from both you and your employer. Remember to also include the \$125 SmartHealth wellness incentive contributed to your HSA (if you qualify for the incentive in 2017).

Reminder—CDHPs/HSAs and Medicare don't mix! If you or a covered family member becomes eligible for Medicare while you are enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA) in 2017, you must change to a non-CDHP PEBB medical plan or remove the Medicare-

eligible family member from your coverage. The family member you remove is **not** eligible for COBRA.

Optional long-term disability (LTD) insurance premiums

Employees on LWOP who are enrolled in PEBB's optional LTD insurance through Standard Insurance Company will see higher premiums for 2017. While the actual premiums didn't increase, the PEBB Program used excess claims reserves in 2016 to lower members' premiums. Those reserves aren't available to be applied toward the 2017 premiums. You can find the 2017 monthly premiums at www.hca.wa.gov/public-employee-benefits.

PEBB Program rules and policies

These changes take effect January 1, 2017:

- The definition of "tobacco products" related to the PEBB Program's tobacco use premium surcharge also includes pipe tobacco. It **does not** include e-cigarettes, which are now regulated by the U.S. Food and Drug Administration.
- Eligibility for domestic partners who qualified under PEBB rules before January 1, 2010, is removed. The PEBB Program is aligning eligibility for all domestic partners based on state and federal recognition of same-sex marriages, domestic partnerships, and/or legal unions. Subscribers who enrolled their domestic partner before January 1, 2010 (and have not since provided proof of marriage, state-registered domestic partnership, or a legal union) must provide proof that their domestic partner still qualifies under current PEBB Program rules to continue the domestic partner's enrollment in 2017. (**Exception:** This does not apply to COBRA subscribers enrolled in Medicare Part A and Part B who cover their state-registered domestic partner.)

These subscribers must submit copies of document(s) that prove their domestic partner's eligibility to the PEBB Program. **These document(s) must be received by December 31, 2016, or PEBB Program coverage for the domestic partner (and the domestic partner's enrolled children, if not legally related to the subscriber) will be cancelled January 1, 2017.** A list of documents that verify a dependent's eligibility is available through the PEBB Program or at www.hca.wa.gov/public-employee-benefits under *Dependent verification*. If a state-registered domestic partner's status has changed for tax purposes, LWOP subscribers must also complete the *Declaration of Tax Status* form, available from the PEBB Program or on HCA's website.

- Employees who are newly eligible or regain eligibility for PEBB benefits will have 31 days to enroll in optional life insurance up to the guaranteed issue amounts, without answering health questions and/or having a medical exam.