



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Washington State Health Care Authority
Public Employees Benefits Board

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

www.hca.wa.gov/public-employee-benefits

PEBB's open enrollment is November 1 – 30, 2016

What's changing with your PEBB health coverage for 2017

All changes are effective January 1, 2017—look inside for more details.

- One-time opportunity to increase your PEBB retiree life insurance
- Medical plan benefits
- UMP Plus expands into new counties
- Individual contribution amounts for the health savings account (HSA)
- PEBB Program rules and policies

One-time opportunity to increase your PEBB retiree life insurance

If you **currently** have PEBB retiree life insurance, you will have a one-time opportunity from November 1-30, 2016 to increase your insurance amount without answering health questions and/or a having medical exam. Watch for more information mailed to you from the PEBB Program and MetLife (the new life insurance carrier starting in 2017) coming in late October and November. You can also visit www.hca.wa.gov/public-employee-benefits for more information or attend the PEBB Program's benefits fairs (see pages 8-9) and speak with MetLife Customer Service representatives about this opportunity.

This opportunity **does not** apply to retirees who are not already enrolled in PEBB retiree term life insurance, because retirees may enroll in PEBB retiree term life insurance only at the time of retirement.



Medical plan benefits

The changes shown on pages 2-3 affect the plans noted. Call the plans directly or visit their websites for more information (see page 11 for contact 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.

(continued)

What's changing with your PEBB health coverage for 2017 *(cont.)*



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) New for 2017	\$150
Tier 5 (nonpreferred specialty) New for 2017	50% up to \$400



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, UMP CDHP, and UMP 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 annual 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.*

- Cover direct-acting, antiviral drugs for treatment of Hepatitis C, regardless of a patient’s level of liver damage. **This change took effect August 17, 2016.** *Applies to UMP Classic, UMP CDHP, and UMP Plus.*

UMP Plus expands into new counties (available to non-Medicare retirees only)

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.



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.*

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 Program 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 is eligible under PEBB Program rules as of January 1, 2017, to continue the domestic partner’s enrollment in 2017.

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, the subscriber must also complete the *Declaration of Tax Status* form, available from the PEBB Program or on HCA’s website.

Individual contribution amounts for health savings account (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 the PEBB Program. Remember to also include the \$125 SmartHealth wellness incentive contributed to your HSA (if you receive the incentive in January 2017) to avoid exceeding the annual HSA contribution limit.

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.

Look for tax form 1095 by February

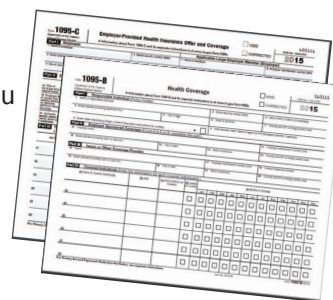
Look for 1095-B or 1095-C tax forms in the mail by February. Required under the Affordable Care Act (ACA), these forms show whether you, your spouse, and your dependents had qualifying health insurance for each month in 2016.

Keep the form(s) so you will have them when preparing your 2016 tax return.

What form(s) will I receive?

Group Health and Kaiser Permanente enrollees: Form 1095-B directly from the plan. You may also receive Form 1095-C from your previous employer.

Uniform Medical Plan enrollees: Form 1095-C from your previous employer.



Reattest to the spouse/state-registered domestic partner coverage premium surcharge for 2017

If you are enrolled in Medicare Part A and Part B, or are not covering a spouse or state-registered domestic partner under your PEBB medical for 2017, this information does not apply to you.

If you are a non-Medicare subscriber covering a spouse or state-registered domestic partner on PEBB medical for 2017

You must reattest for 2017 if:

- You currently pay the monthly \$50 spouse/state-registered domestic partner coverage premium surcharge.
or
- Your spouse or state-registered domestic partner did not enroll in their employer-based group medical in 2016, but you did not have to pay the premium surcharge because either:
 - The *2016 Spousal Plan Calculator* indicated your spouse or state-registered domestic partner's coverage was not comparable to Uniform Medical Plan (UMP) Classic.
- or**
- The medical premium for your spouse or state-registered domestic partner's employer-based group medical was \$89.31 per month or more.

Note: If you pay the premium surcharge, and later enroll in Medicare Part A and Part B, the premium surcharge will stop in the month your Medicare enrollment begins. You must notify the PEBB Program when you enroll in Medicare.

You do not have to reattest if:

You attested in 2016 and are not paying the premium surcharge because of one or more of the following:

- Your spouse or state-registered domestic partner's employer offers PEBB Program benefits and they waived enrollment.
- Your spouse or state-registered domestic partner was not eligible for medical through their employer.
- Your spouse or state-registered domestic partner was not employed.
- Your spouse or state-registered domestic partner's employer did not offer at least one medical plan that served his or her county of residence.
- Your spouse or state-registered domestic partner enrolled in their employer's medical coverage.

Note: You need to reattest if any of the above is changing or you are enrolling your spouse or state-registered domestic partner under your PEBB medical coverage for 2017 to see if the spouse/state-registered domestic partner coverage premium surcharge applies to your account.

How to reattest

Starting November 1, log in to *My Account* at www.hca.wa.gov/public-employee-benefits and follow the instructions. **You must reattest by November 30, 2016.** If you do not have internet access, call PEBB Benefit Services at 1-800-200-1004 to request a *2017 Premium Surcharge Change* form. Allow up to seven days to receive your form by mail.

If you are a non-Medicare subscriber enrolling a spouse or state-registered domestic partner on PEBB medical for 2017

During open enrollment:

You must attest to the premium surcharge to check if it applies to your account. Use the *2017 Premium Surcharge Help Sheet* and *2017 Retiree Coverage Election/Change* form, available at

www.hca.wa.gov/public-employee-benefits, or call PEBB Benefits Services at 1-800-200-1004 to request the forms.

Throughout 2017: You must attest to the premium surcharge if you add a spouse or state-registered domestic partner to your PEBB medical during the year.

What happens if I need to reattest for 2017 but do not?

You will pay the monthly \$50 premium surcharge in addition to your monthly premiums starting January 1, 2017 and for the remainder of the plan year. You will only be able to change your attestation if your spouse or state-registered domestic partner's status changes during the year and you submit proof of the change.

Changing your attestation

The attestation you make during open enrollment will be in effect for 2017 unless your spouse or state-registered domestic partner's status changes and you are allowed or required to reattest.

Starting January 1, you can only report a change to the premium surcharge in certain situations and within certain deadlines. To learn more, visit www.hca.wa.gov/public-employee-benefits and search *Surcharges*.

Find it here



Visit www.hca.wa.gov/public-employee-benefits to see:

- Spousal premium surcharge details
- *2017 Premium Surcharge Help Sheet*
- *2017 Spousal Plan Questionnaire*
- *Spousal Plan Calculator*

Wondering what changes you can make during open enrollment?

PEBB's annual open enrollment is your chance to:

- Add an eligible dependent to your PEBB health plan coverage.

Note: If you are a retiree **not** enrolled in Medicare Part A and Part B or you are enrolling a state-registered domestic partner, you must provide proof of your dependent's eligibility with your enrollment form or they will not be enrolled. A list of acceptable documents is available at www.hca.wa.gov/public-employee-benefits in the *For retirees* section under *How do I... Verify my dependents*.

- Remove a dependent from your PEBB health plan coverage.
- Change your medical and/or dental plan.
- Reattest to the spouse or state-registered domestic partner coverage premium surcharge (non-Medicare subscribers only).
- Defer your enrollment in a PEBB health plan if you maintain continuous enrollment in one of the following:
 - Employer-based group medical insurance as an employee or the dependent of an employee. (This does not include medical insurance available to retired employees.)
 - A federal retiree medical plan as a retiree or the dependent of a retiree. (This only includes the Federal Employees Health Benefits Program and TRICARE. It does not include government-sponsored programs such as Medicare or Medicaid.)

- Both Medicare Part A and Part B and a Medicaid program that provides creditable coverage as defined in Washington Administrative Code (WAC) 182-12-109.
- Medical coverage through a health benefit exchange established under the Affordable Care Act.
- A health plan sponsored by PEBB or a Washington State school district as a dependent.
- Enroll in a PEBB health plan if you previously deferred your enrollment as described above. Proof of continuous enrollment from the date of deferral will be required.

Changes made during open enrollment are effective January 1, 2017.



Ready to make changes?

Log in to *My Account* to make changes online to your medical and/or dental plan during open enrollment (November 1–30).

You cannot use *My Account* to add or remove a dependent, enroll in or leave Group Health Medicare Advantage or Kaiser Permanente Senior Advantage, or enroll in Premera Blue Cross Medicare Supplement Plan F.

Find forms and instructions at www.hca.wa.gov/public-employee-benefits under *Forms & Publications*. You can also order a retiree forms packet, by calling the PEBB Program's automated line at 1-866-577-2793. **The PEBB Program must receive your completed form(s) by November 30, 2016.**

Has your family's tobacco use changed?

Applies to retirees not enrolled in Medicare Part A and Part B

You do **not** need to reattest at open enrollment to the tobacco use premium surcharge if you and your dependents have no tobacco use changes.

You must reattest to the tobacco use premium surcharge at any point in the year if:

- You add a new dependent age 13 or older in PEBB medical.
- You or a PEBB-covered dependent age 13 or older starts or stops using tobacco products.

- You or a PEBB-covered dependent age 18 or older enrolls in your PEBB medical plan's tobacco cessation program.
- Your PEBB-covered dependent age 13-17 accesses the information and resources aimed at teens at <http://teen.smokefree.gov>

To change your premium surcharge attestation, log in to *My Account* at www.hca.wa.gov/public-employee-benefits and follow the instructions.

2017 PEBB Retiree Monthly Rates

Effective January 1, 2017

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Medicare Parts A and Part B.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

For more information on these requirements, contact your health plan's customer service department.

Medical Plans				
Members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
Group Health Classic	\$676.52	\$1,348.32	\$1,180.37	\$1,852.17
Group Health CDHP	\$563.28	\$1,115.34	\$991.91	\$1,485.64
Group Health SoundChoice	\$575.80	\$1,146.88	\$1,004.11	\$1,575.19
Group Health Value	\$598.81	\$1,192.90	\$1,044.38	\$1,638.47
Kaiser Permanente Classic	\$661.10	\$1,317.48	\$1,153.39	\$1,809.77
Kaiser Permanente CDHP	\$564.83	\$1,117.94	\$994.25	\$1,489.03
UMP Classic	\$623.65	\$1,242.58	\$1,087.85	\$1,706.78
UMP CDHP	\$562.91	\$1,114.60	\$991.26	\$1,484.62
UMP Plus—PSHVN	\$595.49	\$1,186.26	\$1,038.57	\$1,629.34
UMP Plus—UW Medicine ACN	\$595.49	\$1,186.26	\$1,038.57	\$1,629.34

Members enrolled in Medicare Part A and B:	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Group Health Classic	N/A	\$847.97	N/A	\$680.02	N/A†	\$1,351.82	\$851.47	N/A†
Group Health Medicare Plan	\$176.17	N/A†	\$347.62	N/A†	\$347.62	N/A†	N/A†	\$519.07
Group Health SoundChoice	N/A	\$747.25	N/A	\$604.48	N/A†	\$1,175.56	\$775.93	N/A†
Group Health Value	N/A	\$770.26	N/A	\$621.74	N/A†	\$1,215.83	\$793.19	N/A†
Kaiser Permanente Senior Advantage	\$163.63	\$820.01††	\$322.54	\$655.92††	\$322.54	\$1,312.30††	\$814.83††	\$481.45
UMP Classic	\$278.13	\$897.06	\$551.54	\$742.33	\$551.54	\$1,361.26	\$1,015.74	\$824.95

(continued)

* or state-registered domestic partner

† If a Group Health subscriber is enrolled in Medicare Part A and Part B and covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic, SoundChoice, or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

†† If a Kaiser Permanente subscriber is enrolled in Medicare Part A and Part B and covers a family member not eligible for Medicare, the family member will be enrolled in Kaiser Permanente Classic. The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente Senior Advantage.

For rate information, contact the PEBB Program at 1-800-200-1004.

Medicare Supplement Plan F (Group), administered by Premera Blue Cross

	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)	Full Family			
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible**	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$109.59	\$728.52	\$316.14	\$214.46	\$573.79	\$1,192.72	\$781.84	\$678.66
Plan F Under age 65, eligible by disability	\$211.27	\$830.20	\$316.14	\$417.82	\$675.47	\$1,294.40	\$781.84	\$882.02

*or state-registered domestic partner

** If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Medicare rates shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.

Monthly Premium Surcharges

The following surcharges will be billed in addition to the medical premiums due from subscribers.

These surcharges do not apply if the subscriber is also enrolled in Medicare Part A and Part B.

- A monthly \$25-per-account surcharge will apply if the subscriber or any family member (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner, and the spouse or state-registered domestic partner elected not to enroll in employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2017 Premium Surcharge Help Sheet* at www.hca.wa.gov/public-employee-benefits.

Dental Plans with Medical Plan

	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
DeltaCare, administered by Delta Dental of Washington	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan, administered by Delta Dental of Washington	\$45.07	\$90.14	\$90.14	\$135.21
Willamette Dental of Washington, Inc.	\$42.37	\$84.74	\$84.74	\$127.11

*or state-registered domestic partner

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, life insurance, and auto/home insurance companies.

Aberdeen

November 7, 2016

12 to 2 p.m.

Grays Harbor College
1620 Edward P. Smith Drive
Schermer Building, Room 4134A

UMP Plus Presentation

12:30 to 1 p.m.

Schermer Building
Room 4134B

Bellevue

November 10, 2016

1 to 3 p.m.

Bellevue College
Cafeteria Building C, Rooms C120 A&B
3000 Landerholm Circle SE

Retiree Presentation

1:30 to 2:30 p.m.

Cafeteria Building C
Rooms C130 A&B

UMP Plus Presentation

1:30 to 2 p.m.

Library Events Center
Building D, Room D106

Bellingham

November 16, 2016

8:30 to 10:30 a.m.

St. Luke's Community Health
Education Center
Rooms E&F
3333 Squalicum Parkway

Cheney

November 1, 2016

1 to 4 p.m.

Eastern Washington University
Hargreaves Hall, Room 201
Corner of C and Seventh Streets

Retiree Presentation

2:30 to 3:30 p.m.

Tawanka Rooms 215 B/C

UMP Plus Presentation

1 to 1:30 p.m.

Tawanka Rooms 215 B/C

Ellensburg

November 4, 2016

12:30 to 3 p.m.

Central Washington University
Lombard Room
400 E. University Way

Retiree Presentation

1:30 to 2:30 p.m.

Lombard Dining Room

Everett

November 18, 2016

9 a.m. to 12:30 p.m.

Everett Community College
Walt Price Fitness Center
2000 Tower Street

Retiree Presentation

9:30 to 10:30 a.m.

Multipurpose Room

UMP Plus Presentation

11:30 a.m. to 12 p.m.

Multipurpose Room

Lakewood

November 9, 2016

9 to 11:30 a.m.

Clover Park Technical College
McGavick Conference Center
Building 23, Room 301
4500 Steilacoom Boulevard SW

Retiree Presentation

9:30 to 10:30 a.m.

Room 302

UMP Plus Presentation

10:30 to 11 a.m.

Room 302

Mount Vernon

November 17, 2016

8:30 to 10:30 a.m.

Best Western Plus
Skagit Valley Inn Convention Center
Fidalgo Room
2300 Market Street

Retiree Presentation

9 to 10 a.m.

San Juan Room

Olympia

November 8, 2016

11 a.m. to 1 p.m.

John A. Cherberg Building
Senate Hearing Rooms 1 & 4
304 15th Avenue

UMP Plus Presentation

12 to 12:30 p.m.

Senate Hearing Room 3

Pasco

November 3, 2016

1 to 3:30 p.m.

Columbia Basin College
Byron Gjerde Center, H Building
2600 N. 20th Avenue

Retiree Presentation

2 to 3 p.m.

Byron Gjerde Center, H Building

Webinar: UMP Plus – UW Medicine Accountable Care Network

The UMP Plus – UW Medicine Accountable Care Network will host a webinar to present information and answer questions about the services and benefits it offers.

Monday, November 21, 12 – 1 p.m. Pacific Time

To attend, pre-register at <https://pgi.webcasts.com/starthere.jsp?ei=1116022>.

Port Angeles

November 10, 2016

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

Retiree Presentation
11:30 a.m. to 12:30 p.m.
Room J47

Pullman

November 2, 2016

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

Retiree Presentation
9:30 to 10:30 a.m.
Compton Union Building (CUB)
Junior Ballroom, East Room 210

Seattle

November 1, 2016

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

UMP Plus Presentation
1:15 to 1:45 p.m.
Hogness Auditorium
(Room A420)

November 2, 2016

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

UMP Plus Presentation
10 to 10:30 a.m.
Research and Training
Auditorium

November 3, 2016

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

Retiree Presentation
10 to 11 a.m.
HUB Room 203
UMP Plus Presentation
12:30 to 1 p.m.
HUB Room 203

Shoreline

November 17, 2016

1 to 3:30 p.m.
Shoreline Conference Center
Shoreline Room
18560 First Avenue NE

Retiree Presentation
1:30 to 2:30 p.m.
Spartan Room

UMP Plus Presentation
2:30 to 3 p.m.
Spartan Room

Spokane

November 1, 2016

8 to 11 a.m.
Spokane Community College
Building 6
Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

Retiree Presentation
8:30 to 9:30 a.m.
Lair Auditorium
UMP Plus Presentation
10 to 10:30 a.m.
Lair Auditorium

Tumwater

November 18, 2016

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

Retiree Presentation
10 to 11 a.m.
Auditorium
UMP Plus Presentation
12:30 to 1 p.m.
Auditorium

Vancouver

November 4, 2016

10:30 a.m. to 1 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Retiree Presentation
11 a.m. to 12 p.m.
Penguin Union Building (PUB)

Walla Walla

November 3, 2016

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

Retiree Presentation
9 to 10 a.m.
Conference Rooms 185 A&B

Wenatchee

November 8, 2016

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

Retiree Presentation
10 to 11 a.m.
Van Tassell Cafeteria
Room 5015A

Yakima

November 4, 2016

8:30 to 10:30 a.m.
Howard Johnson Plaza
Orchard Room
9 N. 9th Street

Retiree Presentation
9 to 10 a.m.
Plum Room
UMP Plus Presentation
8 to 8:30 a.m.
Plum Room

Need Directions?

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

Find more information online at HCA's website

The public employee benefits section of the Health Care Authority's website can help you choose which plans and benefits are right for you. From www.hca.wa.gov/public-employee-benefits, you can:

- **Respond to the 2017 spouse or state-registered domestic partner coverage premium surcharge** (non-Medicare subscribers only). Between November 1–30, log in to *My Account* to attest to the 2017 spouse or state-registered domestic partner coverage premium surcharge. To determine if this premium surcharge applies to you, see “Reattest to the spouse/state-registered domestic partner coverage premium surcharge for 2017” on page 4, or check *My Account*.
- **Know what PEBB Program benefits you are currently enrolled in.** Check your *Statement of Insurance* on *My Account* to verify your current Public Employees Benefits Board (PEBB) Program enrollment and

benefits information. Retirees currently enrolled in VEBA can use their *Statement of Insurance* to confirm their premiums for reimbursements to VEBA. **Note:** The *Statement of Insurance* will not display plan selections for 2017 until January 1, 2017.

- **Research medical and dental plans.**
 - Use the *Medical Benefits Comparison* tool to compare up to three medical plans at a time.
 - Use the plan-specific pages under the *Medical plans & benefits* section to read details about plan benefits.
 - Compare dental plans and find in-network providers under *Dental plans & benefits*.
- **Make your open enrollment changes.** Log in to *My Account* to change your medical and/or dental plan

online* during open enrollment, November 1–30. See “Wondering what changes you can make during open enrollment?” on page 5 to learn more.

- **Scan the video library.** The PEBB Program's video library offers a summary of changes for 2017, including information on medical plans and more.

*You cannot use *My Account* to add or remove a dependent, enroll in or cancel enrollment in a Medicare Advantage plan, or enroll in Premera Blue Cross Medicare Supplement Plan F. These plans require you to complete, sign, and return a form and any other additional required documents to the PEBB Program. (Forms are available at www.hca.wa.gov/public-employee-benefits under *Forms & Publications*). Additional exceptions may apply. If you cannot make a change online, you will be directed to the appropriate form.

Annual notice of creditable prescription drug coverage

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:

- **You do not have to enroll in Medicare Part D.** All PEBB medical plans except Medicare Supplement Plan F, administered by Premera Blue Cross, already provide creditable prescription drug coverage. This means the prescription drug coverage offered by the PEBB Program is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage.

What does this mean to me?

As long as your PEBB medical plan provides creditable prescription drug coverage, you can enroll in a Medicare Part D plan later (as described below) without a penalty.

If you drop or lose your current PEBB Program coverage: To avoid paying a higher premium later, you should enroll in a Medicare Part D plan within

63 days after your PEBB Program coverage ends. If you go 63 days or more without creditable prescription drug coverage, your monthly premium for a Medicare Part D plan may increase by 1 percent or more of the Medicare base premium for every month you did not have coverage.

- **If you enroll in a Medicare Part D plan, you will need to enroll in Premera Blue Cross Medicare Supplement Plan F to keep your PEBB Program coverage.** If you enroll in any other PEBB medical, you cannot enroll in Medicare Part D and keep your PEBB Program coverage.
- **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 from PEBB 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 medicare.gov.

Who to contact for help

Contact the plans directly for help with:

- Benefit questions.
- ID cards.
- Claims.
- Making sure your doctor or dentist contracts with the plan.
- Choosing a doctor or dentist.
- Making sure your prescriptions are covered.



Medical plans	Website addresses	Customer service phone numbers	TTY* customer service phone numbers
Group Health Classic, CDHP, SoundChoice, or Value	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic, CDHP, or Senior Advantage	www.my.kp.org/nw/wapebb	503-813-2000 or 1-800-813-2000 Medicare members:1-877-221-8221	711
Medicare Supplement Plan F, administered by Premera Blue Cross	www.premera.com	1-800-817-3049	1-800-842-5357
Uniform Medical Plan Classic, UMP CDHP, or UMP Plus, administered by Regence BlueShield	www.hca.wa.gov/ump	1-888-849-3681	711
<i>UMP Plus-Puget Sound High Value Network</i>	www.pugetsoundhighvaluenetwork.org	1-855-776-9503	711
<i>UMP Plus-UW Medicine Accountable Care Network</i>	www.uwmedicine.org/umplus	1-855-520-9500	711

Health savings account (HSA) trustee	Website address	Customer service phone number	TTY* customer service phone number
HealthEquity	www.healthequity.com/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 of Washington, Inc.	www.willametedental.com/wapebb	1-855-4DENTAL (433-6825)

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

Contact the PEGB Program at 1-800-200-1004 (TTY* 711) for help with:

- Eligibility and enrollment. **For CDHP- or HSA-related questions, contact the medical plans or HealthEquity.**
- Eligibility changes (Medicare enrollment, divorce, etc.).
- Adding or removing family members.
- Changes to your name, address, phone number, etc.
- Eligibility complaints or appeals.
- Premium payment information.

Important dates to remember:

- November 1–30, 2016** Your 2017 open enrollment period. See “Wondering what changes you can make during open enrollment?” on page 5.
- November 1–18, 2016** 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 8-9.
- November 30, 2016** Last day to make changes to your PEBB coverage. **Note:** Online plan changes on *My Account* (from www.hca.wa.gov/public-employee-benefits) end at midnight Pacific Time. Remember that some changes cannot be made online, and PEBB Program must receive all forms by November 30, 2016.
- January 1, 2017** New plan year begins. Open enrollment changes become effective.

Watch for your personalized letter

We want to help you during open enrollment with a personalized letter containing information just for you. Your letter will arrive this month and will include:

- Information on your 2017 monthly premiums.
- A list of health plans available in your county and their monthly premiums.

The letter is for your convenience. No response is required if you are not making any medical or dental plan changes. Non-Medicare retirees may need to reattest to the spouse or state-registered domestic partner coverage premium surcharge for 2017 (see page 4).