October 2016

State/Higher-Education Edition

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.

- **New life insurance benefits and premiums—and a one-time open enrollment opportunity**
- **Medical plan premiums**
- **Medical plan benefits**
- **UMP Plus expands into new counties**
- **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 open enrollment opportunity

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 to enroll in or increase their optional life insurance or optional accidental death and dismemberment (AD&D) insurance without answering health questions and/or having a medical exam. Life insurance for you and your dependents is guaranteed up to certain amounts, even if you have been turned down before due to health reasons.

Almost everyone will need to take some action during MetLife's open enrollment. Please see "Life insurance: Your one-time opportunity in November will guarantee coverage starting in 2017" on pages 4–5 and **www.hca.wa.gov/public-employee-benefits** for more information, including monthly premiums. Employees will also receive mailings from MetLife in mid-to-late October. MetLife Customer Service representatives will be available at the PEBB Program's benefits fairs (see pages 8–9) to answer questions.

Medical plan premiums

See "2017 employee monthly premiums" on page 5.

Medical plan benefits

The changes shown on the next page affect the plans noted. Call the plans directly or visit their websites for more information (see page 10 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)

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.)
- Change the number of covered acupuncture visits to 12 visits total per calendar year.
- 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.

The changes above apply to Group Health Classic, CDHP, Value, and SoundChoice.

The following changes apply only to Group Health Value:

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

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.*

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.*
- 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 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

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.

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 receive the incentive in January 2017).

Optional long-term disability (LTD) insurance premiums

Employees 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 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 their personnel, payroll, or benefits office. **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 your personnel, payroll, or benefits office 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 your personnel, payroll, or benefits office or on HCA's website.
- Employees who are newly eligible or regain eligibility for PEBB Program 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.

During open enrollment, you can:

- Change medical and dental plans.
- Add an eligible dependent to your PEBB health plan coverage.

  Note: If you enroll a dependent, 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 employees* section under *How do I…Verify my dependents*.
- Remove a dependent from your PEBB health plan coverage.
- Reattest to the spouse/state-registered domestic partner coverage premium surcharge (even if you do not make any medical plan changes).
- Enroll if you previously waived PEBB medical coverage.
- Waive PEBB medical coverage if you are enrolled in other employer-based group medical insurance, TRICARE, or Medicare.
- Enroll or re-enroll in the Medical Flexible Spending Arrangement (FSA) and/or the Dependent Care Assistance Program (DCAP) through Navia Benefit Solutions and choose your election amount(s). **Your participation and election amount(s) do not automatically continue each year.**

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

Ready to make changes?

Log in to *My Account* to make changes to medical and/or dental plans for you and your enrolled dependents during open enrollment (November 1–30).

If you enroll a dependent using the *2017 Employee Enrollment/Change* form, you must attest to the applicable premium surcharges. The form and dependent verification must be received by your agency's personnel, payroll, or benefits office by November 30, 2016.

Find forms and instructions at **www.hca.wa.gov/public-employee-benefits** under *Forms & Publications* or from your employer.

Note: To make changes to your life insurance for 2017, visit MetLife's website at **www.mybenefits.metlife.com/wapebb.**

Life insurance: Your one-time opportunity in November will guarantee coverage starting in 2017

MetLife will partner with the PEBB Program as the new life insurance carrier starting January 1, 2017. During this transition, you can enroll in or increase your life insurance coverage during MetLife's special, one-time open enrollment opportunity from November 1-30, 2016.

Employee Basic Life Insurance increases

Employee Basic Life Insurance increases from $25,000 to $35,000 at no cost to you. You do not need to take action to increase this coverage; it will increase automatically on January 1, 2017. Employee Basic Accidental Death and Dismemberment (AD&D) Insurance remains at $5,000 at no cost to you.

What do I need to do?

You have a special, one-time open enrollment opportunity to enroll in or increase your optional life insurance without answering health questions and/or having a medical exam. **Life insurance for you and your dependents is guaranteed up to certain amounts, even if you've been turned down before due to health reasons.**

If you currently have Dependent Basic Life Insurance for your spouse/state-registered domestic partner and/or children, this coverage will not transfer to MetLife in 2017. You can obtain coverage for them by enrolling them in optional life insurance for 2017.

Even if you don't enroll in or change your life and/or AD&D insurance, MetLife needs you to name your beneficiaries, as that information won't transfer from the current carrier.

When? During MetLife's special, one-time open enrollment, **November 1-30, 2016**.

How? Create an account at MetLife's *MyBenefits* portal at **https://mybenefits.metlife.com/wapebb** and select *PEBB Benefits–State of Washington* as the employer.

Or you may send a paper form; see "*How to enroll or make changes*" on page 5.

Changes to Dependent Basic Life Insurance

The current Dependent Basic Life Insurance is not available through MetLife as of 2017; if you currently have this coverage for your spouse/state-registered domestic partner and/or children, see the table below for optional life and AD&D insurance options to enroll your dependents in for 2017. **You must make a new election under the new plan options or you will no longer have coverage for these dependents.**

Beneficiaries won't transfer—you must take action

You also need to name your beneficiaries with MetLife, even if you don't make changes to your life and/or AD&D insurance for 2017. Your beneficiary designations will not transfer to MetLife.

Odd coverage amounts can be rounded up or down

With MetLife, optional life insurance is available in $10,000 increments for employees, and $5,000 increments for spouses/state-registered domestic partners and children. If you currently have an odd amount of optional life insurance (not in these increments), you should round your coverage up or down at this time. If you don't, your current coverage will transfer, but future changes must be made by paper form and may require answering health questions and/or having a medical exam.

(continued)

Optional life and AD&D insurance available through MetLife

Types of optional coverage	Employee (subscriber)	Spouse or state-registered domestic partner	Child(ren) (ages 2 weeks up to 26 years)
Optional life insurance Elections made **November 1-30, 2016 only** (coverage effective January 1, 2017)	• $10,000 to $500,000 (in $10,000 increments) with **no** health questions/medical exam • $510,000 to $1,000,000 (in $10,000 increments) **with** health questions/medical exam	• $5,000 to $100,000 (in $5,000 increments*) with **no** health questions/medical exam • $105,000 to $500,000 (in $5,000 increments*) **with** health questions/medical exam	• $5,000 to $10,000 (in $5,000 increments) with **no** health questions/medical exam • $15,000 to $20,000 (in $5,000 increments) **with** health questions/medical exam
Optional life insurance Elections made on or after **December 1, 2016** (coverage effective in 2017)	Up to $1,000,000 (in $10,000 increments)—any election or increase will require health questions/medical exam	Up to $500,000 (in $5,000 increments*)—any election or increase will require health questions/medical exam	Up to $20,000 (in $5,000 increments)—any election or increase will require health questions/medical exam
Optional AD&D insurance Elections made on or after **November 1, 2016** (coverage effective in 2017)	$10,000 to $250,000 (in $10,000 increments) with **no** health questions/medical exam	$10,000 to $250,000 (in $10,000 increments) with **no** health questions/medical exam	$5,000 to $25,000 (in $5,000 increments) with **no** health questions/medical exam

*Spouse/state-registered domestic partner optional life insurance cannot exceed 50% of employee's optional life insurance.

Premiums

You can find the new monthly premiums for optional life and AD&D insurance on MetLife's website, the Health Care Authority's (HCA) website, or by calling MetLife (see contact information on the right).

If enrolled, you will pay optional life and AD&D insurance monthly premiums through payroll deduction.

How to enroll or make changes

In late October, MetLife will mail an enrollment packet to you. You can also create an account on MetLife's *MyBenefits* portal at **www.mybenefits.metlife.com/wapebb**. To take advantage of this special, one-time enrollment opportunity, **MetLife must receive your completed enrollment form or your online elections by November 30, 2016**.

Retiring on or after January 1, 2017?

If eligible, you may enroll in $5,000-$20,000 of retiree term life insurance (in $5,000 increments) without answering health questions and/or having a medical exam. The PEBB Program must receive your completed *2017 Retiree Coverage Election/Change* form (which will include your life insurance election) within its enrollment timelines.

For more information

Call MetLife at 1-866-548-7139 or visit **www.mybenefits.metlife.com/wapebb**.

See life insurance FAQs on HCA's website at **www.hca.wa.gov/public-employee-benefits**.

State employees: Want to see your current coverage? Go to *My Account* at **www.hca.wa.gov/public-employee-benefits** and select the *Statement of Insurance* tab. The Statement of Insurance will only display 2016 coverage, even if you change it for 2017.

2017 employee monthly premiums

These premiums apply to employees in state agencies, higher-education institutions, and community and technical colleges.

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 insurance benefits.

PEBB Medical Plans	Employee	Employee & Spouse*	Employee & Child(ren)	Full Family
Group Health Classic	$147	$304	$257	$414
Group Health Consumer-Directed Health Plan (with a health savings account)	$ 25	$ 60	$ 44	$ 79
Group Health SoundChoice	$ 46	$102	$ 81	$137
Group Health Value	$ 69	$148	$121	$200
Kaiser Permanente Classic	$131	$272	$229	$370
Kaiser Permanente Consumer-Directed Health Plan (with a health savings account)	$ 26	$ 62	$ 46	$ 82
Uniform Medical Plan Classic	$ 94	$198	$165	$269
UMP Consumer-Directed Health Plan (with a health savings account)	$ 25	$ 60	$ 44	$ 79
UMP Plus-Puget Sound High Value Network	$ 66	$142	$116	$192
UMP Plus-UW Medicine Accountable Care Network	$ 66	$142	$116	$192

*or state-registered domestic partner

Monthly premium surcharges

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

- 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 in PEBB medical, 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**.

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

If you 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 cover 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.

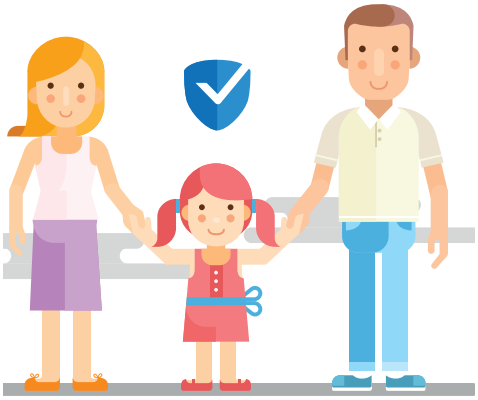
    or

  - The medical premium for your spouse or state-registered domestic partner's employer-based group medical was $89.31 per month or more.

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***



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 coverage 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 for 2017 to see if this 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, contact your personnel, payroll, or benefits office to request a *2017 Premium Surcharge Change* form.

If you enroll 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 Employee Enrollment/Change* form, available at **www.hca.wa.gov/public-employee-benefits** or through your personnel, payroll, or benefits office.

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 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*.

Saving money with a Medical FSA or DCAP

You can save money on your taxable income by enrolling in a Medical Flexible Spending Arrangement (FSA) or the Dependent Care Assistance Program (DCAP).

How a Medical FSA works

This account allows you to set aside pretax funds ($240 to $2,500 for the year) to pay eligible health care expenses for you and your qualified dependents (who need not be enrolled in a PEBB medical or dental plan). If you still have funds in your Medical FSA as of December 31, 2017, you may continue to incur additional eligible expenses through the grace period, which ends March 15, 2018.

All claims must be submitted to Navia Benefit Services for reimbursement by March 31, 2018; any funds remaining after that date will be forfeited.*

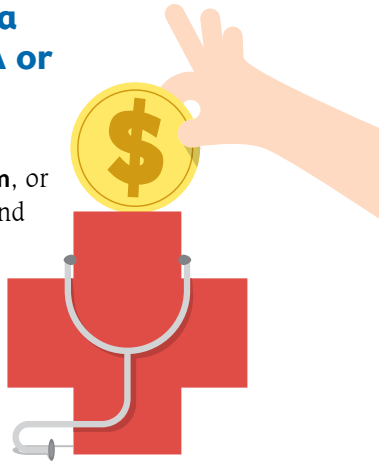
What you need to know

- You must enroll or re-enroll through Navia Benefit Solutions each year during open enrollment (November 1-30), even if your contribution amounts do not change.
- You are not eligible to enroll in the Medical FSA for 2017 if you enroll in a consumer-directed health plan (CDHP) with a health savings account (HSA) for 2017.
- You may enroll or re-enroll in DCAP if you have a CDHP with an HSA.

How DCAP works

This program allows you to set aside pretax funds (up to $5,000, or $2,500 if you and your spouse file separate tax returns) to pay for dependent care expenses for children under age 13, or other qualified dependents who are physically or mentally incapable of self-care and live with you for over half the year. All DCAP expenses must be incurred by December 31, 2016; there is no grace period for DCAP. You may enroll in DCAP even if you are enrolled in a CDHP with an HSA.

Enrolling in a Medical FSA or DCAP



Enroll at **pebb.naviabenefits.com**, or use the forms found at that website.

Deadlines: You must submit all claims for reimbursement to Navia Benefit Solutions by March 31, 2018*, for either the Medical FSA or DCAP. Money remaining in your account after that date cannot be refunded. It will be forfeited to the Health Care Authority as the plan administrator according to the "use it or lose it" rule under the IRS.

***Exception:** The March 31, 2018, deadline does not apply if you have a Medical FSA in 2017 and during the November 2017 open enrollment, choose a consumer-directed health plan (CDHP) with a health savings account (HSA) for 2018. In this case, you must submit claims and fully exhaust your 2017 Medical FSA funds by December 31, 2017.

Has your family's tobacco use changed?

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.

Need more information?

navia benefit solutions

Navia Benefit Solutions has the answers! You can see informational videos, webinars, and enrollment guides at **pebb.naviabenefits.com**. You can also contact Navia Customer Service representatives at 1-800-669-3539. For more information, visit **www.hca.wa.gov/public-employee-benefits**.

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 presentations about the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP), and the UMP Plus plan.

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

UMP Plus Presentation
1:30 to 2 p.m.
Library Events Center
Building D, Room D106

Medical FSA/DCAP webinars

Navia Benefit Solutions will host four webinars during open enrollment:

- **Wednesday, November 2, 1:15–1:45 p.m.**
- **Tuesday, November 8, 1:15–1:45 p.m.**
- **Wednesday, November 9, 1:15–1:45 p.m.**
- **Wednesday, November 23, 1:15–1:45 p.m.**

To pre-register, go to pebb.naviabenefits.com.

Bellingham

November 16, 2016
8:30 to 10:30 a.m.
St. Luke's Community Health Education Center
Rooms E&F
3333 Squalicum Parkway

November 16, 2016
12 to 2 p.m.
Western Washington University
Viking Union Building
Rooms 565 A/B/C

Medical FSA/DCAP Presentation
12 to 12:30 p.m.
Rooms 565 A/B/C

Cheney

November 1, 2016
1 to 4 p.m.
Eastern Washington University
Hargreaves Hall, Room 201
Corner of C and Seventh streets

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

Everett

November 18, 2016
9 a.m. to 12:30 p.m.
Everett Community College
Walt Price Fitness Center
2000 Tower Street

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

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

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

Port Angeles

November 10, 2016
11 a.m. to 1 p.m.
Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

Pullman

November 2, 2016
9 a.m. to 1:30 p.m.
Washington State University
Compton Union Building (CUB)
Junior Ballroom, West Room 212

Medical FSA/DCAP Presentation
12 to 12:30 p.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

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

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

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

Tumwater

November 18, 2016
12 to 2 p.m.
Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

Medical FSA/DCAP Presentation
11:30 to 12 p.m.
Auditorium

UMP Plus Presentation
12:30 to 1 p.m.
Auditorium

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.

Need directions?

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

Vancouver

November 4, 2016
10:30 a.m. to 1 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Walla Walla

November 3, 2016
8 to 10:30 a.m.
Walla Walla Community College
D Building
Back Dining Area
500 Tausick Way

Wenatchee

November 8, 2016
9 a.m. to 12 p.m.
Wenatchee Valley College
Wells Hall, Campus Theater
1300 Fifth Street

Yakima

November 4, 2016
8:30 to 10:30 a.m.
Howard Johnson Plaza
Orchard Room
9 N. 9th Street

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

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 Flexible Spending Arrangement (FSA)/ Dependent Care Assistance Program (DCAP) eligiblity and enrollment questions.

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 or CDHP	**www.my.kp.org/nw/wapebb**	503-813-2000 or 1-800-813-2000	711
Uniform Medical Plan Classic, UMP CDHP, or UMP Plus, administered by Regence BlueShield	**www.hca.wa.gov/ump**	1-888-849-3681	711
UMP Plus–Puget Sound High Value Network	**www.pugetsoundhighvaluenetwork.org**	1-855-776-9503	711
UMP Plus–UW Medicine Accountable Care Network	**www.uwmedicine.org/umpplus**	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.willamettedental.com/wapebb**	1-855-4DENTAL (433-6825)

Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP)	Website address	Customer service phone number
Navia Benefit Solutions	**pebb.naviabenefits.com**	1-800-669-3539 or 425-452-3500

Life insurance	Website address	Customer service phone number
MetLife	**www.mybenefits.metlife.com/wapebb**	1-866-548-7139

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

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**. 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 6, 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. **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. You cannot use *My Account* to add a dependent to your account; you must complete and return a *2017 Employee Enrollment/Change* form to your personnel, payroll, or benefits office. Additional exceptions may apply. See "During open enrollment, you can" on page 3 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.

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:

- **All PEBB medical plans available to employees provide creditable prescription drug coverage.** This means that 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?

If you have PEBB health plan coverage when you become entitled to Medicare Part A and Part B: You can continue your PEBB coverage enrollment. You will not pay a late enrollment penalty if you enroll in a Medicare Part D plan as described below.

If you drop or lose your current PEBB health plan coverage: To avoid paying a higher premium later, you should enroll in a Medicare Part D plan within 63 days after your PEBB 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, your PEBB medical plan may or 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.** This notice is also important if you re-enroll in a Medicare Part D plan later. You may request a notice of creditable coverage from PEBB Benefits Services 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.**

Washington State
Health Care Authority
Public Employees Benefits Board
P.O. Box 42684
Olympia, WA 98504
HCA 50-658 (10/16)

This is your *only* 2016 open enrollment notice.

Important dates to remember:

November 1–30, 2016 Your 2017 open enrollment period. See "During open enrollment, you can" on page 3.

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.

January 1, 2017 New plan year begins. Open enrollment changes become effective.

Look for tax Form 1095 by February

Look for 1095-B or 1095-C tax forms arriving by mail in 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 employer.

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

Questions?

Contact your agency's personnel, payroll, or benefits office.

HCA is committed to providing equal access to our services. If you need accommodation, please call 1-800-200-1004 or 711 for relay services.