



For Your Benefit

Public Employees Benefits Board (PEBB) Program

PEBB's open enrollment starts November 1—learn what's changing for 2014

Inside

New PEBB benefit to prevent and control diabetes4

Where do you fit in the health insurance marketplace?5

2014 employee monthly premiums.....5

Plan to enroll in or renew FSA or DCAP?6

Reminders about the CDHP/HSA options.....7

Communicating with your doctor is a two-way street8

How PEBB medical plans compare to Medicare Part D8

What types of changes can I make?9

Benefits fairs schedule ... 10

Who to call for help 11

Your PEBB open enrollment..... 12

Washington State Health Care Authority
Public Employees Benefits Board

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

www.hca.wa.gov/pebb

Most PEBB plans offer new benefits, stable premiums for 2014

Most of you will see more stable medical plan premiums in 2014, and new medical benefits that reflect the state's interest in helping you and your family be proactive in your health and well-being. In addition, new state and federal health care reforms will expand coverage and apply more of your costs toward your out-of-pocket maximum next year.

All changes described below are effective January 1, 2014, unless otherwise noted.

Cost-sharing for other benefits won't change in 2014; you can view medical benefits comparisons at www.hca.wa.gov/pebb and at benefits fairs held in November.

Most medical plan premiums show little change

During this year's procurement, the Health Care Authority kept the PEBB Program's medical plan premium increases to an average of 1.8 percent. This is the lowest increase in many years without increases in copays, coinsurance, or deductibles.

In 2014, you will see the following medical plan premium changes:

- Two plans' premiums will decrease—Group Health Consumer-Directed Health Plan (CDHP) and Group Health Value.
- Four plans' premiums will have small increases—Group Health Classic, Kaiser Permanente CDHP, Uniform Medical Plan (UMP) Classic, and UMP CDHP.
- One plan's premiums will increase more—Kaiser Permanente Classic.

Life and long-term disability insurance benefits and premiums will not change in 2014. Dental

benefits will also remain the same for 2014; there are no employee premiums for dental insurance. *See 2014 medical plan premiums on page 5.*

Premium surcharges effective July 1, 2014

Legislative changes will require some members to pay a premium surcharge starting **July 1, 2014**. More information will be available before July 2014.

- A monthly \$25-per-account surcharge will apply if you or one of your enrolled family members uses tobacco products.
- A monthly \$50 surcharge will apply if you enroll your spouse or state-registered domestic partner, and the spouse or partner has waived enrollment in other employer-sponsored coverage that is comparable to PEBB coverage. *See more information on the surcharges at www.hca.wa.gov/pebb.*

New benefit focuses on diabetes prevention and control

In an effort to curb the onset of diabetes, the PEBB Program will offer the NOT ME Diabetes Prevention Program to Group Health and Uniform Medical Plan (UMP) members who have prediabetes or high blood sugar, and are not enrolled in Medicare. (If you're enrolled in Kaiser Permanente, please contact your plan to enroll in its prediabetes coaching program.)

The free program is a 16-week series of one-hour sessions taught by trained health coaches at YMCAs and community centers throughout the state. NOT ME will also offer onsite lab

(continued)

Most PEBB plans offer new benefits, stable premiums for 2014 *(continued)*

testing to screen employees for diabetes and prediabetes at participating state agency and higher-education workplaces in 2014.

In addition, UMP will offer the NOT ME Diabetes Control

Program for its members who already have diabetes and are not enrolled in Medicare. The free program includes a quarterly session with a registered pharmacist who is trained in helping members manage diabetes. *See related article on page 4.*

Other benefit and cost-sharing changes for PEBB's medical plans in 2014*

<p>Group Health Classic, Consumer-Directed Health Plan (CDHP), and Value</p>	<ul style="list-style-type: none"> • The annual deductible, all copays, and all coinsurance for covered services will apply to the annual out-of-pocket maximum. <i>See "What doesn't count toward the annual out-of-pocket maximum?" below.</i> • Acupuncture: Visit limit is eliminated for treatment of chemical dependency. • Cochlear implants: <ul style="list-style-type: none"> ▪ Outpatient: You pay \$15 copay per primary care office visit, and \$30 copay per specialist office visit (deductible applies to both). ▪ Inpatient: You pay \$150 copay up to \$750 per person per admission (deductible applies). • Outpatient services: The plan will cover routine services provided during a clinical trial; your cost-sharing applies based on service. • Prescription drugs: The plan will cover preferred prescription drugs provided during a clinical trial; your cost-sharing applies based on drug tier. • Rehabilitation: No visit limits for rehabilitation due to cancer, pulmonary, respiratory disease, or other chronic conditions. • Vision hardware: Coverage for members ages 18 and under will change in 2014 to comply with health reform requirements, but details were not available at the time of printing. Check with Group Health for more information. • Group Health CDHP only: Preventive care under the extended network is not covered, except for screening mammograms (annual deductible and coinsurance apply).
<p>Kaiser Permanente Classic and Consumer-Directed Health Plan (CDHP)</p>	<ul style="list-style-type: none"> • Kaiser Permanente Classic only: The annual deductible, all copays, and all coinsurance (except for prescription drugs, pediatric oral screenings, hearing aids, tooth injuries, vision hardware, out-of-area student coverage, and self-referral to chiropractic care) will apply to the annual out-of-pocket maximum. <i>See "What doesn't count toward the annual out-of-pocket maximum?" below.</i> • Kaiser Permanente CDHP only: The annual deductible, all copays, and all coinsurance will apply to the annual out-of-pocket maximum. <i>See "What doesn't count toward the annual out-of-pocket maximum?" below.</i> • Hearing exams: You pay \$30 copay per exam (subject to deductible for Kaiser Permanente CDHP only). • Vision exams: You pay \$20 copay per exam for members ages 18 and under (subject to deductible for Kaiser Permanente CDHP only). • Vision hardware: No charge for one pair of frames and lenses or contact lenses, once every 24 months for members ages 18 and under. • Members' \$65 copay for tobacco cessation class is eliminated. • No dollar limit on essential health benefits. <i>(For a list of essential health benefits, visit www.healthcare.gov/what-does-marketplace-health-insurance-cover/.)</i>

What doesn't count toward the annual out-of-pocket maximum?

The annual out-of-pocket maximum is the most you pay in a calendar year. Once you have paid this amount, the plans pay 100 percent of allowed charges for most covered benefits for the rest of the calendar year.

These costs do not apply toward your annual out-of-pocket maximum:

- Monthly premiums

- Charges above what the plan pays for a benefit
- Charges above the plan's allowed amount paid to a provider
- Charges for noncovered services or treatments
- Coinsurance for non-network providers
- Prescription-drug deductible and prescription-drug coinsurance (UMP Classic only)

Other benefit and cost-sharing changes for PEBB's medical plans in 2014*

Uniform Medical Plan (UMP) Classic and UMP Consumer-Directed Health Plan (CDHP)

- **UMP Classic only:** The annual medical deductible **and** all copays will apply to the annual out-of-pocket maximum, **in addition to the coinsurance for in-network services. As in 2013, prescription drug costs do not count toward the annual out-of-pocket maximum.** See "What doesn't count toward the annual out-of-pocket maximum?" on page 2.
- **UMP CDHP only:** **As in 2013,** the annual medical deductible, all copays, and all coinsurance will apply to the annual out-of-pocket maximum. See "What doesn't count toward the annual out-of-pocket maximum?" on page 2.
- Ancillary charge for brand-name prescription drugs is eliminated.
- Bariatric surgery (applies to non-Medicare members only): The criteria for consideration of coverage changes from body mass index (BMI) of 40 to:
 - BMI of 40, or
 - BMI of 35 – 39 with diabetes or two related conditions that have documented evidence of failure to control.Coverage of gastric sleeve is permitted if recommended by the performing facility.
- Contact lens fitting fees have a maximum plan payment of \$65.
- Preventive care services performed by a non-network provider will be paid at 100 percent of billed charges if there is no network provider available.
- Vision hardware **for members ages 18 and under:**
 - Eyeglasses: You pay nothing for **one pair (frames and lenses) per year.**
 - Contact lenses: You pay **15** percent of billed charges.

*Your cost-sharing for prescription drugs can change at any time as drugs move into different coverage tiers.

How repeal of the Defense of Marriage Act affects PEBB members

In June, the U.S. Supreme Court ruled Section 3 of the Defense of Marriage Act invalid. The U.S. Department of the Treasury and Internal Revenue Service (IRS) have since announced that for federal tax purposes, the IRS will recognize a marriage performed in a state (or any other domestic or foreign jurisdiction) where same-sex marriage is legal, even if the state in which the spouses live does not.

If you enrolled a same-sex spouse and/or your spouse's children on your PEBB coverage who were not declared as your tax dependents, the cost of their coverage has been considered taxable income. You may now declare these family members as your tax dependents and the cost of their PEBB coverage **will not** be considered taxable income. To change your tax status for the remainder of the 2013 tax year, please contact your employer's personnel, payroll, or benefits office.

This ruling may provide certain retroactive relief, so the PEBB Program recommends that you contact your tax advisor or the IRS for assistance.

HSA contribution limits increase for 2014

For 2014, the annual health savings account (HSA) contribution limit is \$3,300 (individuals) and \$6,550 (you and one or more family members). This is an increase of \$50 and \$100, respectively, from 2013 contribution limits. If you are age 55 or above, you may contribute up to \$1,000 more annually in addition to these limits. **For more information on consumer-directed health plans and HSAs, see page 7.**

New flexible spending account and DCAP vendor

Flex-Plan Services, Inc. has been selected as the new vendor to provide PEBB's flexible spending account (FSA) and Dependent Care Assistance Program (DCAP). ASIFlex, PEBB's current vendor,



will continue to provide services through 2013, including the grace period. **See related article on page 6.**

New name for dental plan administrator

Washington Dental Service administers both DeltaCare and Uniform Dental Plan (UDP). Recently, Washington Dental Service changed its name to Delta Dental of Washington. You will see Delta Dental of Washington associated with both DeltaCare and UDP on the 2014 enrollment forms, on our website, and in the plans' materials.

New PEBB benefit to prevent and control diabetes

11.3% of American adults have diabetes.¹ Another 35 percent have prediabetes—a condition that can lead to diabetes if left unchecked.¹ Most people who have prediabetes don't even know it.

People with prediabetes can bring their blood sugar back to healthy levels. But once prediabetes turns into diabetes, it can't be reversed.

NOT ME

PEBB wants to help you say NOT ME to diabetes

NOT ME is a new type 2 diabetes prevention program for PEBB members starting January 1, 2014. It is provided by the Diabetes Prevention and Control Alliance, a federally supported health care organization. NOT ME has helped many people throughout the U.S. prevent diabetes. Starting in 2014, it will be available at **no cost** to PEBB members who:

- Are ages 18 or over,
- Are enrolled in Group Health or Uniform Medical Plan (UMP), and
- Don't have Medicare as their primary insurance.

Kaiser Permanente members can participate in some parts of the program (see below). Call 1-866-301-3866 (select option 2) to find out about Kaiser's diabetes prevention program.

Here's how it works

NOT ME works through workplace testing events and local health coaches to help you:

1. Find out if you have prediabetes.

PEBB is working to bring blood sugar testing events onsite to state agencies and higher-education institutions throughout Washington in 2014. These events will be available at no cost to all eligible PEBB members. [Check your prediabetes risk with the NOT ME quiz at www.hca.wa.gov/pebb.](http://www.hca.wa.gov/pebb)

2. Learn how to prevent diabetes through small habit changes.

NOT ME will provide a 16-week series of hour-long group coaching sessions to PEBB members who find out they have prediabetes. This part of the program will be available at no cost to eligible PEBB Group Health and UMP members. Sessions will be held once a week by local health coaches at nearby community centers. Members with prediabetes can join and learn ways to:

- Eat healthier.
- Boost activity levels.
- Lose a modest amount of weight.

Research shows that taking these steps can lower high blood sugar levels and prevent type 2 diabetes.

1:3



American adults have prediabetes.

Ask your employer's wellness coordinator about an upcoming NOT ME testing event or keep an eye out at your workplace. You can also talk to your doctor about getting a test if you're at risk (usual plan cost shares apply). If your test shows you have prediabetes (blood sugar levels of 100-125 mg/dL for a fasting glucose test, or an A1c value of 5.7 – 6.4%), you can register for the NOT ME program directly starting January 2014.

For UMP members with diabetes

UMP is also teaming up with NOT ME in 2014 to bring members a special diabetes control program. If you're a UMP member age 18 or over without Medicare as your primary insurance and you've been diagnosed with diabetes, NOT ME will connect you with a local pharmacist. You'll be able to meet with your pharmacist once per quarter at no cost for a consultation about how to manage your condition and live better with diabetes.

¹Centers for Disease Control and Prevention, National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.

Here's how the diabetes prevention program can work for you:



Meet John

- Age 46
- Sedentary lifestyle
- Overweight

John takes a NOT ME quiz to see if he might be at risk for prediabetes. He learns he has a high risk.

John gets his blood sugar tested at an event that NOT ME holds at his workplace. He finds out he has prediabetes.

A NOT ME team member invites John to sign up for a series of local group coaching sessions.

John goes to the sessions. He learns how to help prevent diabetes from developing.

John leads a healthier life and avoids getting type 2 diabetes.

Not an actual case.

Health care reform

Where do you fit in the health insurance marketplace?

Major pieces of health care reform are taking shape, bringing changes to consumers in dozens of ways. Here is how you might fit among the changes in 2014.

Employees who are eligible for the employer contribution for PEBB health plan enrollment will not be eligible for a premium tax credit if they purchase coverage through Washington Healthplanfinder or any other state's health benefit exchange. These employees should remain enrolled in their PEBB medical coverage.

Employees who are not eligible for the employer contribution for PEBB health plan enrollment should consider applying for health insurance in the new marketplace as they may qualify for a premium tax credit or other financial assistance.

Retirees not enrolled in Medicare may defer PEBB retiree coverage at or after retirement if continuously

Find it here



PEBB enrollment forms
www.hca.wa.gov/pebb

What health care reform means to Washington State
www.wahbexchange.org/news-resources/health-reform

Consumer guidance from the Office of the Insurance Commissioner
www.insurance.wa.gov/Current-Issues-Reform/Health-Care-Reform

Federal websites on the Affordable Care Act and Medicaid
www.healthcare.gov
www.medicaid.gov

enrolled in coverage offered through any health benefit exchange established under the Affordable Care Act. These retirees will have a one-time opportunity to enroll back into PEBB retiree coverage later.

COBRA enrollees may contact Washington Healthplanfinder (or the health insurance marketplace in the state where they live) to compare options and find out if they qualify for a premium tax credit. If they decide to enroll in coverage through the exchange, they must send a cancellation letter to the PEBB Program.

2014 employee monthly premiums

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

EMPLOYEE CONTRIBUTION BY FAMILY TIER

PEBB Medical Plans	Employee		Employee & Spouse*		Employee & Child(ren)		Full Family	
	2013	2014	2013	2014	2013	2014	2013	2014
Group Health Classic	\$115	\$117	\$240	\$244	\$201	\$205	\$326	\$332
Group Health CDHP	36	21	82	52	63	37	109	68
Group Health Value	66	65	142	140	116	114	192	189
Kaiser Permanente Classic	98	116	206	242	172	203	280	329
Kaiser Permanente CDHP	21	23	52	56	37	40	68	73
UMP Classic	77	79	164	168	135	138	222	227
UMP CDHP	22	25	54	60	39	44	71	79

*or state-registered domestic partner

Monthly surcharges effective July 1, 2014

The following surcharges will be added to the medical plan premiums starting July 1, 2014. More information will come by July 2014.

- A monthly \$25-per-account surcharge will apply if the subscriber or one or more enrolled family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner, and the spouse or partner has waived enrollment in other employer-sponsored coverage that is comparable to PEBB medical coverage.

Plan to enroll in or renew FSA or DCAP?

Form required each year to participate

If you want to enroll in or renew your flexible spending account (FSA) or the Dependent Care Assistance Program (DCAP) in 2014, you can do so during open enrollment (November 1–30). The process is easy:

1. Decide how much you want to set aside. The minimum annual amount for an FSA is \$240, the maximum annual amount is \$2,500. There is no minimum for DCAP, but the maximum annual amount is \$5,000 (\$2,500 if you and your spouse file separate tax returns).
2. Decide whether you want to enroll online at www.pebb.flex-plan.com

or fill out and submit a paper form. (Check with your employer on their preferred method.)

You can download and print the form at www.pebb.flex-plan.com, or request a paper form from your personnel, payroll, or benefits office or by calling Flex-Plan Services at 1-800-669-3539.

Want to know more about FSA or DCAP?

Both the flexible spending account and the Dependent Care Assistance Program let you deduct pre-tax dollars from your paycheck and put them into a special account. The money you set aside reduces your overall taxable income and can make it easier to afford certain out-of-pocket costs.

You can use your FSA to reimburse costs such as copays, coinsurance, prescription eyewear, dental care, and prescription drugs for you and your qualified tax dependents, even if they are not enrolled in your PEBB health insurance.

DCAP allows you to set aside your pre-tax earnings for elder care expenses and for any of your children under

Do you still have funds in your account?

If you participated in the FSA for 2013, you have an extended grace period from **January 1 through March 15, 2014** to incur eligible expenses for reimbursement from the 2013 plan year. **Note:** ASIFlex will deactivate 2013 debit (“Benny”) cards on December 31, 2013.

You must incur all services during the plan year by December 31, 2013 for DCAP.

Please remember that you must file all requests for reimbursement for FSA and DCAP to ASIFlex by **March 31, 2014**. (Do not submit 2013 reimbursement claims to Flex-Plan Services.) After that date, you forfeit any funds left in your 2013 FSA or DCAP to the Health Care Authority, as required by the Internal Revenue Service.

Exception: If you choose to enroll in a consumer-directed health plan with a health savings account (HSA) for 2014, you must use your entire FSA balance before January 1, 2014.

age 13. Eligible expenses include daycare, babysitting, registration fees, general purpose day camps, and pre-kindergarten programs, while you and your spouse (if married) work, attend school, or are looking for work.

Find it here



Details about FSA and DCAP, including eligible expenses list

www.pebb.flex-plan.com

General information about the FSA

www.hca.wa.gov/pebb/Pages/fsa.aspx

General information about the DCAP

www.hca.wa.gov/pebb/Pages/dcap.aspx

New, better, more: Discover your PEBB website

At www.hca.wa.gov/pebb log in to *My Account* to:

- See what medical and dental plans you’re enrolled in right now.
- Change your medical or dental plan online during open enrollment (November 1–30).

The PEBB website features tools and information to help you decide what plans and benefits are right for you. You can:

Compare plans side by side

The **Medical Benefits Comparison** tool lets you compare benefits from up to three plans at a time.

You can also print each medical plan’s **Summary of Benefits and Coverage** that explain costs, coverage, and how it all works—in simple terms.

Find more details on optional benefits

Go to **See More Benefits** to learn about optional life, long-term disability, auto/home, and long-term care insurance.

Watch and learn

Can’t make it to a benefits fair? The 2014 benefits presentations are available at any time through the online **Video Library**.

New! To provide better, faster customer service, your *Statement of Insurance* is now available to view and print through *My Account*. Check your *Statement of Insurance* annually to verify your current medical, dental, optional life, and optional LTD coverage and enrollment information. To request a paper copy of your *Statement of Insurance*, please contact your personnel, payroll, or benefits office.

Reminders about the CDHP/HSA options

A **consumer-directed health plan (CDHP)** is a type of insurance plan that has lower premiums, but a higher annual deductible, and higher out-of-pocket maximum than traditional health plans. All PEBB plans, including the CDHPs, provide 100 percent coverage for preventive care services received in the plan's network, without having to first pay the deductible.

A **health savings account (HSA)** is a tax-exempt account that you, your employer, or anyone can deposit funds into on your behalf.

You can use the funds in your HSA to pay for IRS-qualified, out-of-pocket medical expenses (such as deductibles, copays, and coinsurance), including some expenses and services that may not be covered by your health plan. You also can spend HSA funds on medical expenses for your spouse or other tax dependents, even if they are not covered under your PEBB plan. And your HSA funds are yours, even if you leave the plan or retire.

When you enroll in a CDHP, your plan automatically sets up a health savings account for you with HealthEquity, the trustee for your HSA. HealthEquity will send you information about how to use your account.

Your employer deposits money into your HSA

When you enroll in a PEBB CDHP, your employer contributes \$700.08 for an individual subscriber or \$1,400.04 for a family account. Contributions from your employer go into the HSA in monthly installments over the year. The entire annual amount is **not** deposited in your HSA on January 1, 2014.

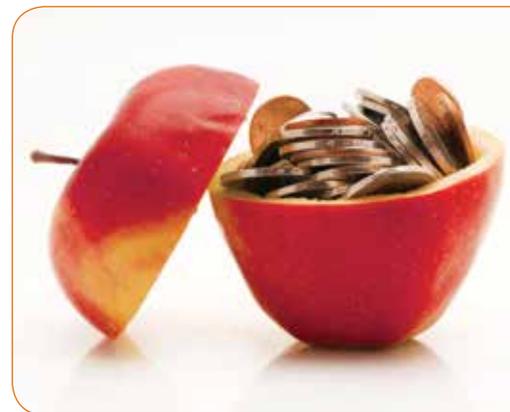
HSA contribution limits increase in 2014

In 2014, the Internal Revenue Service will increase the annual limit for HSA

contributions from all sources, bringing it to \$3,300 for single subscribers and \$6,550 for families (up from \$3,250 and \$6,450 in 2013, respectively). Members ages 55 and older may contribute up to \$1,000 more annually in addition to the limits above. You must calculate the total employer contribution and any additional contributions you plan to make for the entire year (either via payroll deduction or direct deposit through HealthEquity) to ensure that you do not go over the allowable limit for HSA contributions. Over-contribution of funds may result in an IRS penalty, and you may also incur fees with HealthEquity to bring your account down to the annual limit.

Keep in mind:

- If you are enrolled in a CDHP for 2013 and wish to remain enrolled in the same CDHP for 2014, **you do not need to do anything**. Your current CDHP enrollment and your unspent HSA funds will carry over next year.
- You cannot enroll in a CDHP/HSA and a flexible spending account (FSA) in the same year. This also applies if your spouse has an FSA through his or her employer.
- **If you are enrolled in Medicare, you are not eligible for an HSA.** If you enroll in a CDHP for 2014 and become eligible for Medicare Part A or Part B during the year, you must change to another PEBB medical plan that is not a CDHP. If that happens, any previous CDHP contributions toward your annual deductible and out-of-pocket maximum will not apply to your new plan. You can keep the unspent funds in your HSA, but you and your employer may no longer contribute to it. Depending on your account balance, HealthEquity may charge a fee.
- You can name beneficiaries to receive any unspent HSA funds if you die. Complete the *Beneficiary*



Designation Form (found at www.healthequity.net/pebb) and submit it to HealthEquity.

- Not every PEBB member qualifies for an HSA, and a CDHP/HSA option is not right for everyone. Other exceptions apply. To learn more, visit PEBB's website at www.hca.wa.gov/pebb/Pages/cdhp.aspx.

Planning to change from a CDHP?

If you choose another medical plan that is not a CDHP for 2014, you should know:

- You won't forfeit any unspent funds in your HSA. You can spend your HSA funds on qualified medical expenses in 2014, or you can leave them for the future. However, you and your employer can't contribute to your HSA in 2014.
- HealthEquity will charge you \$3.95 monthly if you have less than \$2,500 in your account after December 31, 2013. You can avoid this charge by either ensuring that you have at least \$2,500 in your HSA or spending all of your HSA funds by December 31.
- You must contact your personnel, payroll, or benefits office to stop automatic payroll deductions and transfers to your HSA, if you previously set them up. Contact HealthEquity if you set up direct deposits through them.

Communicating with your doctor is a two-way street

The PEBB Program is teaming with the nonprofit Puget Sound Health Alliance to present Own Your Health, a campaign to empower consumers to become active participants in their own health and health care.



In an April 2013 Own Your Health survey of PEBB members, about half of the respondents reported having a strong relationship with their primary care doctor. That means about half don't. One of the ways you can improve your relationship with your doctor is to communicate freely by asking questions

when you don't understand something.

Speaking your mind might feel awkward, but keeping your thoughts to yourself could affect your health. Even if you don't normally share how you feel, the doctor's office is a place where you should make an exception, take a risk, and share.

Own Your Health has gathered a number of resources to help you talk to your doctor, including an online tool to help you develop questions, and tips for working with your doctor if you are deaf or hard of hearing.

Your doctor has a wealth of information to share with you. By speaking up, you can get the detailed information you need. By taking an active role in preparing for your doctor appointment (such as writing down your questions in advance) and speaking up and listening while you're there, you can make your relationship with your doctor strong and successful, helping you stay as healthy as you can. **See more at www.wacommunitycheckup.org/ownyourhealth/.**

Things physicians and patients should question

Should your doctor order imaging for low back pain? What about EKGs or other cardiac screenings? Would you know when to question your doctor?

The Puget Sound Health Alliance has partnered with the Choosing Wisely campaign, which helps physicians and patients have conversations about the overuse of tests and procedures. As part of Choosing Wisely, national organizations representing medical specialists have created lists of five common tests or procedures whose use should be discussed or questioned. These “**Things Physicians and Patients Should Question**” lists provide specific, evidence-based recommendations physicians and patients should discuss to help make wise decisions about the most appropriate care.

See more at www.wacommunitycheckup.org/ownyourhealth/choosingwisely/.

How PEBB medical plans compare to Medicare Part D

Affordable drug coverage is a critical component of your health benefits and the annual open enrollment is a good time to review whether your plan is working for you and your family. If you or a family member is enrolled in Medicare or approaching age 65, you may hear about Medicare Part D.

All PEBB health plans offer a prescription-drug benefit except Medicare Supplement Plan F, administered by Premera Blue Cross.

PEBB medical plans that offer prescription-drug coverage are as

good as or better than Medicare Part D. This means you have “creditable coverage.” Because these plans’ prescription-drug benefits are at least as good as Medicare Part D benefits, you can stay enrolled in your medical plan and not pay a higher premium (penalty) if you decide later to join a Medicare Part D plan.

If you enroll in or cancel enrollment in a Medicare Part D plan, you may need a “notice of creditable coverage.” If you are not making a change to your PEBB medical coverage, you don't need to take any action. You may request a notice of

creditable coverage by calling the PEBB Program at 1-800-200-1004. In some cases, the PEBB Program may ask for a written request to issue you a certificate of creditable coverage.

Note: If you cover a dependent or a domestic partner who has end-stage renal disease, and the dependent or domestic partner has Medicare as his or her primary insurance coverage (meaning that Medicare pays first), the Group Health CDHP and Kaiser Permanente CDHP will not provide your dependent or domestic partner with creditable prescription-drug coverage.

What types of changes can I make...

during open enrollment?

PEBB's annual open enrollment is your chance to:

- Add an eligible family member to your PEBB coverage.
Note: You must provide proof of his or her eligibility with your enrollment form, or he or she will not be enrolled. You can find a list of acceptable documents at www.hca.wa.gov/pebb under *How to verify dependents*.
- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.
- Waive PEBB medical coverage if you have other comprehensive group medical coverage.
- Enroll if you previously waived PEBB medical coverage.
- Enroll or reenroll in a flexible spending account (FSA) or Dependent Care Assistance Program (DCAP). **Note:** If you or your spouse enrolls in an FSA for 2014, you cannot enroll in a consumer-directed health plan (CDHP) with a health savings account (HSA) for 2014—even if you do not cover your spouse on your CDHP. If you're currently enrolled in an FSA and want to enroll in a CDHP/HSA in 2014, you must spend all of your FSA dollars by December 31, 2013.

You can make plan changes online during open enrollment at www.hca.wa.gov/pebb by selecting *My Account*. You cannot enroll family members online unless they already are enrolled in either your medical or dental coverage. To add a family member, complete and submit a *2014 Employee Enrollment/Change* form to your personnel, payroll, or benefits office. Forms can be found on PEBB's website or from your employer.

Any changes you make during open enrollment become effective January 1, 2014.

throughout the year?

You can make these changes at any time:

- Add or remove a family member based on an event that allows for a special open enrollment (such as marriage or birth of a child). **Note:** To add a dependent, you must provide proof of his or her eligibility with your enrollment form within PEBB's timelines, or he or she will not be enrolled. You can find a list of acceptable documents at www.hca.wa.gov/pebb under *How to verify dependents*.
- Remove a family member from your PEBB coverage when he or she becomes ineligible (required). Coverage ends the last day of the month the family member lost eligibility.
- Change your medical and/or dental plan, if you or a covered family member has an event that allows for a plan change.
- Waive your PEBB medical coverage if you gain other comprehensive group medical coverage.
- Enroll if you previously waived PEBB medical coverage, when you lose other comprehensive group medical coverage.
- Enroll in or change your FSA or DCAP contributions if you or an eligible family member has a triggering event that allows for a special open enrollment.
- Change your life insurance or health savings account (HSA) beneficiary information.
- Change your HSA contribution amount. Contact your employer's personnel, payroll, or benefits office to change your payroll deduction amount or HealthEquity to change your direct deposit amount.
- Apply for optional long-term disability insurance, or change the benefit waiting period.
- Apply for auto, home, or long-term care insurance.

Changes you make during the year have various effective dates and specific deadlines. You must provide documentation of events that trigger the opportunity for enrollment changes. Check with your employer's personnel, payroll, or benefits office.



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.

Maps to the benefits fairs are available online at www.hca.wa.gov/pebb.

Bellevue

November 1, 2013

11 a.m. to 2 p.m.

Bellevue College
Cafeteria Building C
Rooms C120 A & B

3000 Landerholm Circle SE

Flexible Spending Account Presentation

- 11 to 11:30 a.m.
Cafeteria Building C
Rooms C130 A & B

Bellingham

November 14, 2013

9 a.m. to noon

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

Cheney

November 4, 2013

1 to 4 p.m.

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

Flexible Spending Account Presentation

- 1 to 1:30 p.m.
Tawanka Rooms 215 B/C

Ellensburg

November 14, 2013

1 to 3:30 p.m.

Central Washington University
Student Union & Recreation Center
Ballroom
400 E. University Way

Flexible Spending Account Presentation

- 1 to 1:30 p.m.
Room 202

Everett

November 15, 2013

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

Everett Community College
Fitness Center
2000 Tower Street

Flexible Spending Account Presentation

- 9 to 9:30 a.m.
Multipurpose Room

Wellness Presentation

- 10 to 10:30 a.m.
Multipurpose Room

Lakewood

November 4, 2013

10 a.m. to 2 p.m.

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

Flexible Spending Account Presentation

- 10 to 10:30 a.m.
Room 302

Wellness Presentation

- 11 to 11:30 a.m.
Room 302

Mount Vernon

November 14, 2013

2 to 4 p.m.

Best Western Cotton Tree Inn
Convention Center
Fidalgo Room
2300 Market Street

Olympia

November 18, 2013

11 a.m. to 2 p.m.

General Administration Auditorium
210 11th Avenue SW

Pasco

November 6, 2013

2 to 4:30 p.m.

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

Flexible Spending Account Presentation

- 2 to 2:30 p.m.
Lee R. Thorton Center for Science
Diversity & Technology
T Building, Room TD-415

Port Angeles

November 1, 2013

11 a.m. to 2 p.m.

Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

Pullman

November 5, 2013

Noon to 3 p.m.

Washington State University
Compton Union Building (CUB)
Junior Ballroom, West Room 212

Flexible Spending Account Presentation

- Noon to 12:30 p.m.
Compton Union Building (CUB)
Junior Ballroom, East Room 210

Health Savings Account Presentation

- 1 to 1:30 p.m.
Compton Union Building (CUB)
Junior Ballroom, East Room 210

Seattle

November 5, 2013

10 a.m. to 3 p.m.

University of Washington
North Ballroom
Husky Union Building (HUB)

November 6, 2013

10 a.m. to 3 p.m.

Harborview Medical Center
Research & Training Building
325 9th Avenue

November 7, 2013

10 a.m. to 3 p.m.

UW Medical Center & Health Sciences
Lobbies
1959 NE Pacific Street

Shoreline

November 18, 2013

1 to 4 p.m.

Shoreline Conference Center Lobby
18560 First Avenue NE

Flexible Spending Account Presentation

- 12:30 to 1 p.m.
Shoreline Room

Spokane

November 4, 2013

8 to 11 a.m.

Spokane Community College
Building 6

Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

Flexible Spending Account Presentation

- 8 to 8:30 a.m.
Lair Auditorium

Tumwater

November 12, 2013

Noon to 3:30 p.m.

Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

(continued)

Flexible Spending Account Presentation

- 11:30 a.m. to noon
Auditorium

Wellness Presentation

- 12:30 to 1 p.m.
Auditorium

Vancouver

November 8, 2013

1 to 4 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Flexible Spending Account Presentation

- 12:30 to 1 p.m.
Penguin Union Building (PUB)
Room 257

Walla Walla

November 6, 2013

8:30 to 11 a.m.
Walla Walla Community College
Back Dining Area, D Building
500 Tausick Way

Flexible Spending Account Presentation

- 8:30 to 9 a.m.
Conference Rooms 185 A & B

Wenatchee

November 15, 2013

Noon to 3 p.m.
Wenatchee Valley College
Wells Hall - Campus Theater
1300 Fifth Street

Yakima

November 14, 2013

9 to 11 a.m.
Yakima Valley Museum
Jewett Entrance Gallery
2105 Tieton Drive

Flexible Spending Account Presentation

- 8:30 to 9 a.m.
Centennial Hall Ballroom



Who to call for help

Contact the plans directly for help with:

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

Medical plans	Website addresses	Customer service phone numbers	TTY customer service phone numbers*
Group Health Classic, CDHP, 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	1-800-735-2900
Uniform Medical Plan Classic or UMP CDHP administered by Regence BlueShield	www.hca.wa.gov/ump	1-888-849-3681	711

Health savings account trustee	Website address	Customer service phone number	TTY* customer service phone number
HealthEquity	www.healthequity.net/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)

Flexible spending account (FSA) and Dependent Care Assistance Program (DCAP)	Website addresses	Customer service phone numbers
For 2014: Flex-Plan Services, Inc.	www.pebb.flex-plan.com	1-800-669-3539
For 2013: ASIFlex	http://pebb.asiflex.com	1-800-659-3035

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

This is your *only* 2014 open enrollment notice.

Your PEBB open enrollment | November 1-30



PEBB's open enrollment is almost here. Open enrollment is your annual chance to:

- Change medical or dental plans.
- Add or remove eligible family members to your PEBB coverage.*
- Enroll or reenroll in a Flexible Spending Account (FSA) or Dependent Care Assistance Program (DCAP).

Important dates to remember

11/1 – 11/30	PEBB's open enrollment period
11/1 – 11/18	PEBB benefits fairs are held throughout Washington. Learn about your benefit options and meet PEBB plan representatives. See the full schedule on pages 10-11.
11/30	Last day to make changes to your PEBB coverage. Note: Online plan changes on <i>My Account</i> (at www.hca.wa.gov/pebb) end at midnight.
1/1	New plan year begins. Open enrollment changes become effective.

*To add an eligible family member to your PEBB coverage, you must provide proof of his or her eligibility with your enrollment form, or he or she will not be enrolled. You can find a list of acceptable documents at www.hca.wa.gov/pebb under *How to verify dependents*.