



For Your Benefit

Public Employees Benefits Board (PEBB) Program

PEBB's open enrollment starts November 1—learn what's changing for 2015

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Washington State Health Care Authority
Public Employees Benefits Board
1-800-200-1004
360-725-0440
www.hca.wa.gov/pebb

More covered benefits, new SmartHealth website for 2015

The PEBB Program's 2015 medical benefits are expanding to cover more of members' health-care needs. Some benefit changes help PEBB's medical plans better align with state and federal laws. In addition, PEBB's health benefits will have a stronger connection with the new SmartHealth wellness program, to encourage non-Medicare subscribers to take advantage of their plans' preventive care services and improve their health and well-being.

All changes described below are effective January 1, 2015, unless otherwise noted.

Medical benefits expand in 2015

The changes below affect all plans offered under each insurance carrier unless noted differently.

Other medical benefits won't change in 2015; but keep in mind, costs for prescription drugs can change at any time as drugs move into different tiers. You can find medical benefit comparisons at www.hca.wa.gov/pebb and at the PEBB Program's benefits fairs held in November.

Group Health will:

- Cover non-surgical services and prescriptions for the treatment of gender dysphoria (transgender treatment). *(Group Health Medicare Advantage only; all other Group Health plans already cover these.)*

- Cover residential mental health treatment programs. *(All plans except Group Health Medicare Advantage, which already covers this.)*
- Eliminate member costs for diabetic retinal screening. *(All plans except Group Health Medicare Advantage, which has a cost-share.)*
- Cover cardiac rehabilitation. *(All plans except Group Health Medicare Advantage, which already covers this.)*
- Cover surgical services for the treatment of gender dysphoria (transgender treatment), pending approval for a January 1, 2015 effective date by the PEB Board and state funding.

Kaiser Permanente will:

- Apply members' copays for prescription drugs toward the annual out-of-pocket maximum, based on requirements of the Affordable Care Act. *(Kaiser Permanente Classic only; already applies to Kaiser Permanente CDHP)*
- Apply members' copays for spinal manipulations toward the annual out-of-pocket maximum. *(Kaiser Permanente Classic and Senior Advantage only; already applies to Kaiser Permanente CDHP)*
- Eliminate the deductible carryover (applying members' out-of-pocket costs from the last quarter of 2014 toward the 2015 annual medical deductible). *(Kaiser Permanente Classic only)*

(continued)

More covered benefits, new SmartHealth website for 2015

(continued)

- Charge members for post-surgical immunosuppressive prescription drugs. (*Kaiser Permanente Classic and CDHP only; charges already apply for Kaiser Permanente Senior Advantage*)
- Change the surrogacy coverage exclusion so that Kaiser will seek reimbursement from a member if she has received coverage and payment for surrogacy services from a third party.
- Cover surgical services for the treatment of gender dysphoria (transgender treatment), pending approval for a January 1, 2015 effective date by the PEB Board and state funding. (Non-surgical services and prescriptions are already covered.)
- Temporomandibular joint (TMJ) disorder: Non-surgical services will be covered in addition to surgery.
- Cover non-surgical services, surgical services, and prescriptions for the treatment of gender dysphoria (transgender treatment), pending approval for a January 1, 2015 effective date by the PEB Board and state funding.

For more details about your 2015 medical benefits, contact your plan. *See “Who to contact for help” on page 11.*

Medical plan premiums change for 2015

All COBRA, Extension of Coverage, and Leave Without Pay (LWOP) subscribers will see increases to their 2015 premiums, mostly due to the cost of claims. *See 2015 medical plan premiums on pages 6–7.*

Some dental plan premiums change

Next year, premiums will increase slightly for Uniform Dental Plan and decrease slightly for Willamette Dental Plan. Premiums for DeltaCare will not change. *See 2015 dental plan premiums on page 7.*

Some life insurance premiums increase

Leave Without Pay members enrolled in PEBB's supplemental life and accidental death and dismemberment (AD&D) insurance through ReliaStar Life Insurance Company will see an increase in their premiums in 2015, because excess reserves that have been used to keep these premiums low since 2011 have been spent. The basic dependent life insurance premium will also increase slightly; however, the basic employee life insurance premium will decrease. *See 2015 life and AD&D insurance premiums at www.hca.wa.gov/pebb.*

Long-term disability premiums increase

Leave Without Pay members enrolled in PEBB's long-term disability (LTD) insurance through Standard Insurance Company will also see an increase in their premiums in 2015. This is because of a change that eliminates the gap between the end of the LTD insurance benefits and the beginning of the employee's Social Security entitlement date. (Currently, LTD insurance benefits end at age 65.) *See 2015 LTD insurance premiums at www.hca.wa.gov/pebb.*

SmartHealth incentive and a new interactive website coming

In 2014, PEBB introduced its new wellness program, SmartHealth. By participating and responding to three requirements, subscribers were eligible for a \$125 wellness incentive in 2015.

The PEBB Program will launch a new personalized wellness program experience through an interactive website starting January 2015.

Can I also earn a wellness incentive for 2016?

Yes, as long as you meet the two criteria below **both** when you complete the required activities within the PEBB Program's timelines in 2015, and when the incentive is distributed in 2016.

1. You (the subscriber) are enrolled in a PEBB medical plan.
AND
2. You are not enrolled in Medicare Part A and Part B as your primary coverage.

Eligible subscribers and their spouses or domestic partners enrolled in PEBB medical coverage can earn points by participating in a wide range of activities through the new SmartHealth website; however, only eligible subscribers will qualify for a wellness incentive in 2016.

You will receive more information about SmartHealth's new website and incentive in the mail in early 2015.

Uniform Medical Plan (UMP) will:

- Have a separate \$2,000 per person annual out-of-pocket maximum for members' prescription drug costs, as required under the Affordable Care Act. This is in addition to the \$2,000 per person/\$4,000 per family annual out-of-pocket maximum for members' medical costs. (*UMP Classic only*)
- Cover some non-preferred Tier 3 drugs (you pay 50 percent coinsurance) that don't have generic equivalents at the Tier 2 level (you pay 30 percent coinsurance, up to \$75 per 30-day supply) when medical criteria are met and the plan approves it. (*UMP Classic only*)
- Cover (or expand coverage for) certain services and treatments that were previously excluded or had coverage limits. This includes:
 - Circumcision.
 - Orthotics to prevent complications associated with diabetes.
 - Genetic testing for family planning and testing for children to predict adult disease.
 - Home health services.
 - Massage therapy services for more than one hour, when medical criteria are met.

HSA contribution limits will grow for 2015

The annual health savings account (HSA) contribution limits will change in 2015 as follows:

		2014	2015
Subscriber under age 55	Individual	\$3,300	\$3,350
	Family	\$6,550	\$6,650
Subscriber age 55 and older	Individual	\$4,300	\$4,350
	Family	\$7,550	\$7,650

These contribution limits include any voluntary contributions made by you, plus contributions from the PEBB Program (including the \$125 wellness incentive, if you are eligible to earn it in 2015). *For more information on HSAs, see pages 8-9.*

Approaching age 65 or retiring in 2015? Think ahead about Medicare

If you or your spouse will turn age 65 in 2015, you will want to become familiar with how Medicare enrollment rules could affect you.

Understanding how Medicare enrollment works will help you avoid late enrollment or unintended gaps in health care coverage.

Some Medicare basics:

- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS). The Social Security Administration works with CMS by enrolling people in Medicare.
- Medicare covers certain medical services and supplies in hospitals, doctors' offices, and other health care settings. Your PEBB insurance helps provide coverage for services and supplies that are not covered by Medicare.
- If you are enrolled in COBRA or PEBB Extension of Coverage, your medical plan premiums will decrease after you enroll in Medicare Part A and Part B. If you plan to enroll in PEBB retiree insurance, PEBB rules require you to enroll in both Medicare Part A and Part B, if entitled.
- Leave Without Pay members are not required to enroll in Medicare Part A and Part B, and the lower Medicare premiums do not apply.

Timing is everything—avoid possible snags

Enroll in Medicare Part A and Part B on time. Contact Social Security about three months before you become entitled to Medicare to start the enrollment process. Medicare has a late enrollment penalty for people who don't sign up for Part B when initially eligible.

Understand when your coverage will start. The effective date of your Medicare coverage is tied to the month you turn age 65 and when you sign up for Medicare Part A and Part B. Learn the differences between Medicare's Initial Enrollment Period, Special Enrollment Period, General Enrollment Period, and the deadlines to enroll. Missing Medicare's Initial Enrollment Period could mean you won't have Medicare coverage until after the General Enrollment Period, potentially leaving you without Medicare coverage for several months.

Medicare and consumer-directed health plans (CDHPs) don't mix. IRS and PEBB rules don't allow you to enroll in a consumer-directed health plan with a health savings account (HSA) if you or a spouse or domestic partner is enrolled in Medicare or Medicaid (called Apple Health for Washington residents). You can face tax penalties if you contribute to an HSA in the same year as your Medicare enrollment.

If you are currently enrolled in a CDHP with an HSA, change your medical plan during PEBB's annual open enrollment instead of waiting until you turn age 65. Changing PEBB medical plans midyear will restart your annual deductibles and out-of-pocket maximums.

For more information on HSAs, see pages 8-9.

How to get help

- Call Social Security at 1-800-772-1213 or go to www.ssa.gov/medicare/apply.html for information about your Medicare eligibility and to sign up for Part A or Part B.
- Visit www.medicare.gov for general information about enrolling.
- Get free personalized health insurance counseling from the Statewide Health Insurance Benefits Advisors (SHIBA) at 1-800-562-6900 or go to www.insurance.wa.gov/shiba.
- Call the PEBB Program at 1-800-200-1004 for questions about Medicare enrollment with COBRA or retiree coverage.

Action required:

Respond during open enrollment to the spousal coverage premium surcharge for 2015

You might ask, “Didn’t I already do that?” Maybe, but that was in response to your spouse’s or domestic partner’s 2014 employer-sponsored medical coverage. You must re-attest:

- **During open enrollment (November 1–30, 2014)** if you will have a spouse or domestic partner enrolled on your 2015 PEBB medical coverage (see exceptions under “Who does not need to attest?” below).
- **Anytime** your enrolled spouse or domestic partner has a change in his or her employer’s medical plan premiums or plan design (such as changes in the deductible, out-of-pocket maximum, coinsurance, and copays).

Why do I need to re-attest for 2015?

Subscribers who attested to the spousal coverage surcharge in 2014 must determine whether the spousal coverage surcharge applies in 2015. You must compare the premiums, benefits, and other features of Uniform Medical Plan (UMP) Classic with medical coverage offered by your spouse’s or domestic partner’s employer. Because UMP Classic benefits and premiums are changing in 2015, you must recalculate whether the spousal coverage surcharge will apply next year using 2015 plan information.

By law, you must make your comparison against the UMP Classic plan even if you are enrolled in a different PEBB medical plan. The *Spousal Plan Calculator* on the PEBB website can help you with this.

Who does not need to attest?

- You do not have to attest if you are **not** enrolling your spouse or domestic partner on your 2015 medical coverage.

Exception: If you enroll a spouse or domestic partner later, you will need to attest to the spousal coverage surcharge at that time.

- You do not have to attest if you are enrolled in both Medicare Part A and B, regardless of whether your spouse or domestic partner is enrolled in Medicare.

Exception: Subscribers enrolled in PEBB’s Leave Without Pay (LWOP) coverage must attest to the spousal coverage surcharge, even if enrolled in Medicare Part A and B.

How do I attest for 2015?

Log into *My Account* at www.hca.wa.gov/pebb starting November 1, and follow the instructions.

If you do not have access to the internet, starting November 1 you can call 1-855-635-8380 to request a *Premium Surcharge Change Form*. Allow up to seven days to receive your form by mail. The PEBB Program must receive your completed form by the November 30 deadline.

Note: If you need to re-attest for 2014, use the *Premium Surcharge Change Form* found at www.hca.wa.gov/pebb. You cannot re-attest online for your 2014 plan year coverage.

What happens if I don’t attest for 2015?

You will pay the monthly \$50 spousal coverage surcharge starting January 1, 2015, if you have a spouse or domestic partner enrolled on your medical coverage.

Find it here



Go to www.hca.wa.gov/pebb to see:

- Spousal coverage surcharge details
- Frequently asked questions
- *2015 Spousal Plan Questionnaire*
- *2015 Spousal Plan Calculator*

Has your family’s tobacco use changed?

Whenever you or a family member enrolled on your medical coverage has a change in tobacco use or enrollment in your PEBB medical plan’s tobacco cessation program, you must re-attest to the \$25-per-account tobacco use premium surcharge. **You do not need to re-attest at open enrollment** if there are no changes to the tobacco use status of any enrolled members on your medical coverage.

To change your tobacco use surcharge attestation, log in to *My Account* at www.hca.wa.gov/pebb and follow the instructions

For more details, go to www.hca.wa.gov/pebb and see *Surcharges*.



What types of changes can I make...

during open enrollment?

New for 2015—If you cover a spouse or domestic partner under your PEBB medical coverage for 2015, you must re-attest to the spousal coverage surcharge, even if you do not make any plan changes (see page 4 for exceptions).

PEBB's annual open enrollment is your chance to:

- Add an eligible family member to your PEBB coverage. In addition:
 - COBRA and Extension of Coverage subscribers not enrolled in Medicare Part A and Part B, and LWOP subscribers must attest to the tobacco use and spousal coverage surcharges to determine whether the premium surcharges apply. Dental-only subscribers, and COBRA or Extension of Coverage subscribers enrolled in Medicare Part A and Part B do not need to attest.
 - If you are enrolling a domestic partner, you must also provide proof of your domestic partner's eligibility with your enrollment form or he or she will not be enrolled.
- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.

In most cases, you can make plan changes online during open enrollment at www.hca.wa.gov/pebb by selecting *My Account*. You cannot add family members and attest online; to do this, complete and submit a *COBRA Continuation of Coverage Election* form (if a COBRA or Extension of Coverage member) or a *Leave Without Pay (LWOP) Continuation Coverage Election* form (if a LWOP member) to the PEBB Program. Forms can be found on PEBB's website.

Any changes you make during open enrollment become effective January 1, 2015. If you do not want to make any changes, you don't need to do anything.

throughout the year?

You can make these changes at any time:

- Add or remove a family member based on an event that allows for special open enrollment (such as marriage or birth of a child). In addition:
 - COBRA and Extension of Coverage subscribers not enrolled in Medicare Part A and Part B, and LWOP subscribers must attest to the tobacco use and spousal coverage surcharges to determine whether the premium surcharges apply. Dental-only and COBRA or Extension of Coverage subscribers enrolled in Part A and Part B do not need to attest.
 - If you are enrolling a domestic partner, you must also provide proof of your domestic partner's eligibility with your enrollment form or he or she will not be enrolled.
- Remove a family member from your PEBB coverage when they become ineligible (required).
- Change your medical and/or dental plan if you or a covered family member has an event that allows for a plan change.
- Cancel PEBB coverage for you or your family members.
- Change your health savings account (HSA) or life insurance beneficiary information (for LWOP members enrolled in PEBB life insurance).

Changes you make during the year have various effective dates and specific deadlines. Also, you must provide documentation of events that trigger the opportunity for enrollment changes. Call the PEBB Program at 1-800-200-1004 for details.

Get the answers you need online

Your PEBB website can help you choose what plans and benefits are right for you. From www.hca.wa.gov/pebb, you can:

Respond to spousal coverage premium surcharge

Starting November 1, log in to *My Account* to attest to the 2015 spousal coverage premium surcharge. See "You must respond during open enrollment to the spousal coverage premium surcharge for 2015" on page 4 for more details.

Know where you're at before you act

Check your *Statement of Insurance* from *My Account* to verify your current benefits and enrollment information. **Note:** The *Statement of Insurance* cannot display your plan selections for 2015 until January 1, 2015.

Research medical and dental plans

- Use the *Medical Benefits Comparison* tool to compare benefits from up to three plans at a time.
- Use the *Summaries of Benefits and Coverage* to read details about plan benefits.
- Compare the dental plans and find in-network providers under *Health Benefits*.

Scan the video library

The PEBB Program's *Video library* offers a summary of changes for 2015 and more.

Make your open enrollment changes

Log into *My Account* to change your medical and dental plan online* during open enrollment (November 1–30). You cannot use *My Account* to add a family member; you must complete an enrollment form to do this.

**Available for all plans except Medicare Advantage and Medicare Supplement Plan F. These plans require you to complete, sign, and return a form (available through Get a Form).*

2015 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2015 (See “Monthly Premium Surcharges” on facing page)

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare. (Medicare rates are not available to Leave Without Pay members.)
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):	Group Health Classic	Group Health Value	Group Health CDHP	Kaiser Permanente Classic	Kaiser Permanente CDHP	UMP Classic	UMP CDHP
Subscriber Only	\$ 600.80	\$ 569.38	\$ 530.10	\$ 619.65	\$ 540.35	\$ 578.51	\$ 535.82
Subscriber & Spouse*	1,195.35	1,132.51	1,044.74	1,233.05	1,064.74	1,150.77	1,056.18
Subscriber & Child(ren)	1,046.71	991.73	930.66	1,079.70	948.23	1,007.71	940.67
Full Family	1,641.26	1,554.86	1,386.97	1,693.10	1,414.29	1,579.97	1,402.70

Members enrolled in Part A & Part B of Medicare:	Group Health Medicare Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	UMP Classic
Subscriber Only	\$290.04	N/A [†]	N/A [†]	\$ 299.79	\$ 384.69
Subscriber & Spouse* (1 Medicare eligible)	N/A [†]	\$ 884.59	\$ 853.17	913.19	956.95
Subscriber & Spouse* (2 Medicare eligible)	573.83	N/A [†]	N/A [†]	593.33	763.13
Subscriber & Child(ren) (1 Medicare eligible)	N/A [†]	735.95	712.39	759.84	813.89
Subscriber & Child(ren) (2 Medicare eligible)	573.83	N/A [†]	N/A [†]	593.33	763.13
Full Family (1 Medicare eligible)	N/A [†]	1,330.50	1,275.52	1,373.24	1,386.15
Full Family (2 Medicare eligible)	N/A [†]	1,019.74	996.18	1,053.38	1,192.33
Full Family (3 Medicare eligible)	857.62	N/A [†]	N/A [†]	886.87	1,141.57

* or registered domestic partner

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

Medicare Supplement Plan F, administered by Premera Blue Cross

	Plan F (age 65 or older, eligible by age)	Plan F (under age 65, eligible by disability)
Subscriber Only	\$ 207.66	\$ 353.01
Subscriber & Spouse* (1 Medicare eligible)**	786.17	931.52
Subscriber & Spouse* (2 Medicare eligible - 1 retired, 1 disabled)	560.67	560.67
Subscriber & Spouse* (2 Medicare eligible)	415.32	706.02
Subscriber & Child(ren) (1 Medicare eligible)**	643.11	788.46
Full Family (1 Medicare eligible)**	1,215.37	1,360.72
Full Family (2 Medicare eligible - 1 retired, 1 disabled)**	996.12	996.12
Full Family (2 Medicare eligible)**	850.77	1,141.47

*or registered domestic partner

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

Monthly Premium Surcharges

You will pay the following surcharges in addition to your medical plan premium if they apply to you. These surcharges **do not** apply to COBRA and PEBB Extension of Coverage subscribers enrolled in Medicare Part A and Part B.

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

Dental Plans with Medical Plan	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 39.53	\$ 45.22	\$ 42.37
Subscriber & Spouse*	79.06	90.44	84.74
Subscriber & Child(ren)	79.06	90.44	84.74
Full Family	118.59	135.66	127.11

Dental Plans	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Dental Only			
Subscriber Only	\$ 45.78	\$ 51.47	\$ 48.62
Subscriber & Spouse*	85.31	96.69	90.99
Subscriber & Child(ren)	85.31	96.69	90.99
Full Family	124.84	141.91	133.36

*or registered domestic partner

Is a high-deductible plan right for me?

A **consumer-directed health plan (CDHP)** is a type of insurance plan that has lower monthly 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, the PEBB Program, or anyone can deposit funds into on your behalf, up to limits set by the Internal Revenue Service. Any amount that you contribute can be deducted from your taxable income, giving you a tax savings.

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 can also 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. Unused funds in your HSA at the end of the plan year remain available in the account, and roll over from year to year.

When you enroll in a CDHP, your plan automatically sets up a health savings account for you with HealthEquity, the trustee for your HSA. Once the HSA has funds available, you will be able to use it to pay for qualified medical expenses by:

- Using your HealthEquity debit card at the time of service.
- Logging in to your HSA and designating payment to be sent by HealthEquity directly to the provider.
- Logging in to your HSA and paying yourself back for a medical expense you paid using non-HSA funds.

Eligibility

You must meet certain eligibility requirements to enroll in an HSA. IRS rules require that an individual must:

- Have a qualified high-deductible health plan (also called a consumer-directed health plan).
- Have no other comprehensive health coverage, with certain exceptions allowed by the IRS (for example, dental, vision, long-term care, and disability are allowed).
- Not be enrolled in Medicare (this applies to the subscriber only).
- Not be claimed as a dependent on someone else's tax return.
- Not have received Veterans Administration benefits (including prescription drugs) in the three months before your CDHP enrollment begins, or have TRICARE coverage.

- Have a "limited" VEBA account (if you or your spouse has VEBA).

Other exceptions apply. Call HealthEquity Inc. toll-free at 1-877-873-8823 to verify whether you qualify.

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

You can also find more information at www.irs.gov.

Keep in mind

If you are enrolled in a CDHP for 2014 and wish to remain enrolled in the same CDHP for 2015, you do not need to reenroll. Your current CDHP enrollment and your unspent HSA funds will carry over to next year.

Switching to a CDHP/HSA

If you choose another medical plan that is not a CDHP for 2015, you should know:

- You won't forfeit any unspent funds in your HSA. You can spend your HSA funds on qualified medical expenses in 2015, or you can leave them for the future. However, you and the PEBB Program can't contribute to your HSA in 2015.
- HealthEquity will charge you \$3.95 monthly if you have less than \$2,500 in your HSA after December 31, 2014. 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. Other fees may apply.
- You must contact HealthEquity to stop automatic direct deposits to your HSA if you previously set this up.



Watch your contributions

When you enroll in a PEBB CDHP, the PEBB Program contributes \$700.08 for an individual subscriber or \$1,400.04 for a family account. The contributions go into the HSA in equal monthly installments over the year.

People covered on CDHP	PEBB Program's monthly deposit into HSA		Total deposited by the end of the year
Subscriber only	\$58.34	x 12 months	\$700.08
Subscriber and one or more family members	\$116.67	x 12 months	\$1,400.04

The entire annual amount is **not** deposited in your HSA on January 1, 2015. HSA funds are not available until deposited.

It is your responsibility not to exceed the maximum annual contributions allowed under Internal Revenue Service rules. Before you make your own contributions, first count the annual contribution from the PEBB Program. Also count the \$125 SmartHealth incentive for 2015, if you receive it in January 2015. For 2015 the maximum allowed is \$3,350 for a subscriber or \$6,650 for a subscriber with a least one other family member enrolled on the CDHP. If contributions from all sources exceed the maximum allowed, you may be subject to IRS penalties and/or fees from HealthEquity.

Members ages 55 and older may contribute up to \$1,000 more per year in addition to the limits above.

To learn more:

- For CDHP information, contact the individual plan.
- For HSA information, contact HealthEquity.
- For other questions, visit PEBB's website at www.hca.wa.gov/pebb/pages/cdhp.aspx.

ANNUAL NOTICE OF CREDITABLE PRESCRIPTION-DRUG COVERAGE

Thinking about enrolling in Medicare Part D? PEBB already has you covered

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 prescription drug benefits that are as good as or better than Medicare Part D coverage. This is called "creditable coverage."

As long as the PEBB medical plan you are enrolled in provides creditable prescription drug coverage, you can enroll in a Medicare Part D plan at a later date without a penalty.

- **If you enroll in Medicare Part D, you will need to enroll in Premera Blue Cross Medicare Supplement Plan F to keep your PEBB coverage.** The only PEBB medical plan that allows enrollment in Medicare Part D is Medicare Supplement Plan F. If you are enrolled in any other PEBB medical plan, you cannot enroll in Medicare Part D and keep your PEBB coverage.

Note: Medicare Supplement Plan F is not available to PEBB's Leave Without Pay members, even if enrolled in Medicare Part A and Part B.

- **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 by calling the PEBB Program 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 www.medicare.gov.



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.

Bellevue

November 21, 2014

1 to 3 p.m.

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

Bellingham

November 13, 2014

9 to 11 a.m.

Western Washington University
Viking Union Building
Rooms 656 A/B/C

November 13, 2014

12:30 to 2:30 p.m.

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

Cheney

November 3, 2014

8 to 11 a.m.

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

Ellensburg

November 6, 2014

12:30 to 3 p.m.

Central Washington University
Lombard Room
400 E. University Way

Everett

November 12, 2014

12 to 2:30 p.m.

Everett Community College
Fitness Center
2000 Tower Street

Lakewood

November 20, 2014

9 to 11 a.m.

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

Mount Vernon

November 14, 2014

9 to 11 a.m.

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

Olympia

November 18, 2014

11 a.m. to 1 p.m.

General Administration Auditorium
210 11th Avenue SW

Pasco

November 5, 2014

1 to 3:30 p.m.

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

Port Angeles

November 14, 2014

11 a.m. to 1 p.m.

Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

Pullman

November 4, 2014

9 a.m. to 1:30 p.m.

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

Seattle

November 4, 2014

10 a.m. to 3 p.m.

Health Sciences Lobby, 3rd floor
UW Medical Center, Plaza Cafe, 1st floor
1959 NE Pacific Street

November 5, 2014

10 a.m. to 3 p.m.

Harborview Medical Center
Research & Training Building Lobby
325 9th Avenue

November 6, 2014

10 a.m. to 3 p.m.

University of Washington
Husky Union Building (HUB)
North Ballroom

Shoreline

November 19, 2014

12:30 to 2:30 p.m.

Shoreline Conference Center Lobby
18560 First Avenue NE

Spokane

November 3, 2014

1 to 4 p.m.

Spokane Community College
Building 6
Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

Tacoma

November 20, 2014

1 to 3 p.m.

Tacoma Community College
Harned Center for Health Careers
Building, 1st floor
6501 S. 19th Street

Tumwater

November 17, 2014

12 to 2 p.m.

Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

Vancouver

November 7, 2014

12 to 2 p.m.

Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Walla Walla

November 5, 2014

8 to 10:30 a.m.

Walla Walla Community College
D Building, Back Dining Area
500 Tausick Way

Wenatchee

November 7, 2014

9 a.m. to 12 p.m.

Wenatchee Valley College
Wells Hall - Campus Theater
1300 Fifth Street

Yakima

November 6, 2014

8:30 to 10:30 a.m.

Yakima Valley Museum
Jewett Entrance Gallery
2105 Tieton Drive

Need directions?

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

Who to contact for help

Contact the plans directly for help with:

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

Medical plans	Website addresses	Customer service phone numbers	TTY* customer service phone numbers
Group Health Classic, CDHP, Medicare Advantage, Original Medicare, 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, <i>administered by Premera Blue Cross</i>	www.premera.com	1-800-817-3049	1-800-842-5357
Uniform Medical Plan Classic or UMP CDHP, <i>administered by Regence BlueShield</i>	www.hca.wa.gov/ump	1-888-849-3681	711

Health savings account trustee (HSA)	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, <i>administered by Delta Dental of Washington</i>	www.deltadentalwa.com/pebb	1-800-650-1583
Uniform Dental Plan, <i>administered by Delta Dental of Washington</i>	www.deltadentalwa.com/pebb	1-800-537-3406
Willamette Dental Group	www.willamettedental.com/wapebb	1-855-4DENTAL (433-6825)

Contact the PEBB 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.

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

This is your *only* 2015 open enrollment notice.

Your 2015 open enrollment | November 1-30

PEBB's open enrollment is your annual chance to:

- Change medical or dental plans.
- Add or remove eligible family members to your coverage.*



Important dates to remember:

- | | |
|----------------------------|--|
| November 1–30, 2014 | Your 2015 open enrollment period |
| November 3–21, 2014 | PEBB benefits fairs held throughout Washington. Meet our plan representatives and other benefit vendors to learn about your options. See our full schedule on page 10. |
| November 30, 2014 | Last day you can make changes to your PEBB coverage. Note: Online plan changes on <i>My Account</i> (from www.hca.wa.gov/pebb) end at midnight. |
| January 1, 2015 | New plan year begins. Open enrollment changes become effective. |

*To add an eligible family member to your coverage, you must provide proof of their eligibility with your enrollment form. You can find a list of acceptable documents on *How to verify my dependents* at www.hca.wa.gov/pebb.