



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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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*)
- 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

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

effective date by the PEB Board and state funding. (Non-surgical services and prescriptions are already covered.)

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.
 - 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

Most retirees will see increases to their 2015 premiums, mostly due to the plans' cost of claims. Subscribers enrolled in Medicare Supplement Plan F will see premiums decrease. *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.*

Retiree term life insurance premium increases

Next year, the monthly premium will increase from \$6.57 to \$7.78, due to increased claims.

SmartHealth incentive and a new interactive website coming

In 2014, PEBB introduced its new wellness program, SmartHealth. By participating and responding to three requirements, non-Medicare 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 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.



HSA contribution limits will grow for 2015

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

		2014	2015	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). <i>For more information on HSAs, see pages 8-9.</i>
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	

Action required:

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

This information does not apply if you are enrolled in both Medicare Part A and Part B or you are not enrolling your spouse or domestic partner on your PEBB medical coverage in 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.
- **Anytime** your enrolled spouse or domestic partner has a change in his or her employer’s medical 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.

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 into *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*.

Approaching age 65 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.

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 its General Enrollment Period, potentially leaving you without Medicare coverage for several months.



Some Medicare basics:

- Medicare is administered by the Centers for Medicare & Medicaid Services (CMS). The Social Security Administration works with CMS to enroll 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.
- PEBB rules require you to enroll in both Medicare Part A and Part B, if entitled, to continue your PEBB retiree insurance. PEBB will send a letter to you about three months before your 65th birthday to explain your options and request a copy of your Medicare card.

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 your 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 retiree coverage.

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 the spousal coverage premium surcharge

Starting November 1, log in to *My Account* to attest to the 2015 spousal coverage premium surcharge. See “Respond during open enrollment to the spousal coverage premium surcharge for 2015” on page 3 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. Retirees enrolled in VEBA can use their *Statement of Insurance* to confirm their premium for reimbursements to VEBA. **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 in to *My Account* to change your medical or dental plan online during open enrollment (November 1–30).

You cannot use *My Account* to add a family member, enroll in, or cancel enrollment in a Medicare Advantage plan or the Premera Blue Cross Medicare Supplement Plan F. These plans require you to complete, sign, and return a form (available through *Get a Form*).



2015 PEBB retiree monthly premiums

Effective January 1, 2015

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.
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 and Spouse*	1,195.35	1,132.51	1,044.74	1,233.05	1,064.74	1,150.77	1,056.18
Subscriber and 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 and Part B of Medicare:	Group Health Medicare Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	UMP Classic
Subscriber Only	\$148.14	N/A [†]	N/A [†]	\$ 153.02	\$ 234.69
Subscriber and Spouse* (1 Medicare eligible)	N/A [†]	\$ 742.69	\$ 711.27	766.42	806.95
Subscriber and Spouse* (2 Medicare eligible)	290.03	N/A [†]	N/A [†]	299.79	463.13
Subscriber and Child(ren) (1 Medicare eligible)	N/A [†]	594.05	570.49	613.07	663.89
Subscriber and Child(ren) (2 Medicare eligible)	290.03	N/A [†]	N/A [†]	299.79	463.13
Full Family (1 Medicare eligible)	N/A [†]	1,188.60	1,133.62	1,226.47	1,236.15
Full Family (2 Medicare eligible)	N/A [†]	735.94	712.38	759.84	892.33
Full Family (3 Medicare eligible)	431.92	N/A [†]	N/A [†]	446.56	691.57

*or registered domestic partner

[†] If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber pays 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	\$ 110.08	\$ 209.26
Subscriber and Spouse* (1 Medicare eligible)**	682.34	781.52
Subscriber and Spouse* (2 Medicare eligible – 1 retired, 1 disabled)	313.09	313.09
Subscriber and Spouse* (2 Medicare eligible)	213.91	412.27
Subscriber and Child(ren) (1 Medicare eligible)**	539.28	638.46
Full Family (1 Medicare eligible)**	1,111.54	1,210.72
Full Family (2 Medicare eligible – 1 retired, 1 disabled)**	742.29	742.29
Full Family (2 Medicare eligible)**	643.11	841.47

*or registered domestic partner

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

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

Monthly Premium Surcharges

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

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

- A monthly \$25-per-account surcharge will apply if the subscriber or one or more of the enrolled family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or registered domestic partner, and the spouse or partner has chosen not to enroll in 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 and Spouse*	79.06	90.44	84.74
Subscriber and Child(ren)	79.06	90.44	84.74
Full Family	118.59	135.66	127.11

*or registered domestic partner

Retiree Life Insurance Self-Pay Rate – \$7.78 per month

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.

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

Eligibility

Not every PEBB member qualifies for an HSA, and a CDHP/HSA option is not right for everyone. Learn more at www.hca.wa.gov/pebb/pages/cdhp.aspx. You can also find 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 from 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.

Medicare alert:

If you enroll in a CDHP for 2015 and you or a covered family member 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 or remove the Medicare-eligible family member from your PEBB coverage. The family member you remove will not be eligible for COBRA continuation of coverage through PEBB. If you change your medical plan, 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 the PEBB Program may no longer contribute to it.

ANNUAL NOTICE OF CREDITABLE PRESCRIPTION-DRUG COVERAGE

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.

The entire annual amount is **not** deposited in your HSA on January 1. 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 at 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.

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	x12 months	\$1,400.04

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.

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.
- **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. Some of the fairs include a presentation for retirees.

Bellevue

November 21, 2014

1 to 3 p.m.

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

- **Retiree Presentation**
1:30 to 2:30 p.m.
Cafeteria Building C,
Rooms C130 A & B

Bellingham

November 13, 2014

12:30 to 2:30 p.m.

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

- **Retiree Presentation**
1 to 2 p.m.
Room A

Cheney

November 3, 2014

8 to 11 a.m.

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

- **Retiree Presentation**
9 to 10 a.m.
Tawanka Rooms 215 B/C

Ellensburg

November 6, 2014

12:30 to 3 p.m.

Central Washington University
Lombard Room
400 E. University Way

- **Retiree Presentation**
1:30 to 2:30 p.m.
Lombard Dining Room

Everett

November 12, 2014

12 to 2:30 p.m.

Everett Community College
Fitness Center
2000 Tower Street

- **Retiree Presentation**
12:30 to 1:30 p.m.
Multipurpose Room

Lakewood

November 20, 2014

9 to 11 a.m.

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

- **Retiree Presentation**
9:30 to 10:30 a.m.
Room 302

Mount Vernon

November 14, 2014

9 to 11 a.m.

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

- **Retiree Presentation**
9:30 to 10:30 a.m.
San Juan Room

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

- **Retiree Presentation**
2 to 3 p.m.
Byron Gjerde Center, H Building

Port Angeles

November 14, 2014

11 a.m. to 1 p.m.

Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

- **Retiree Presentation**
11:30 a.m. to 12:30 p.m.
Little Theatre

Pullman

November 4, 2014

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

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

- **Retiree Presentation**
9:30 to 10:30 a.m.
Junior Ballroom, East Room 210

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

- **Retiree Presentations**
10:30 to 11:30 a.m.
12:30 to 1:30 p.m.
HUB Room 203

Shoreline

November 19, 2014

12:30 to 2:30 p.m.

Shoreline Conference Center Lobby
18560 First Avenue NE

- **Retiree Presentation**
1 to 2 p.m.
Shoreline Room

Spokane

November 3, 2014

1 to 4 p.m.

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

- **Retiree Presentation**
2 to 3 p.m.
Lair Auditorium

Who to contact for help

Tumwater

November 17, 2014

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

- Retiree Presentation
10 to 11 a.m.
Auditorium

Vancouver

November 7, 2014

12 to 2 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

- Retiree Presentation
12:30 to 1:30 p.m.
Penguin Union Building (PUB)
Rooms 258 A, B, C

Walla Walla

November 5, 2014

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

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

Wenatchee

November 7, 2014

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

- Retiree Presentation
9:30 to 10:30 a.m.
Van Tassell Cafeteria Room
5015A

Yakima

November 6, 2014

8:30 to 10:30 a.m.
Yakima Valley Museum
Jewett Entrance Gallery
2105 Tieton Drive

- Retiree Presentation
9 to 10 a.m.
Centennial Hall Ballroom

Contact the plans directly for help with:

- Benefit questions.
- Making sure your prescriptions are covered.
- Choosing a doctor or dentist.
- ID cards.
- Making sure your doctor or dentist contracts with the plan.
- 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, administered by Premera Blue Cross	www.premera.com	1-800-817-3049	1-800-842-5357
Uniform Medical Plan Classic or UMP CDHP, administered by Regence BlueShield	www.hca.wa.gov/ump	1-888-849-3681	711

Health savings account (HSA) trustee	Website address	Customer service phone number	TTY* customer service phone number
HealthEquity	www.healthequity.net/pebb	1-877-873-8823	711

Voluntary Employee Beneficiary Association Trust (VEBA)	Website address	Customer service phone number	TTY* customer service phone number
Meritain Health	www.veba.org	1-888-828-4953	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 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

NEED DIRECTIONS?

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

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.*

You can find more information on PEBB's website, from your health plans, and at PEBB's benefit fairs. If you need to make a change you can call 1-866-577-2793 to request enrollment forms.

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 pages 10-11.

November 30, 2014

Last day you can make changes to your coverage.

Note: Online plan changes on *My Account* (from www.hca.wa.gov/pebb) end at midnight.

January 1, 2015

New plan year begins. Open enrollment changes become effective.

Watch for more info in your customized letter



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

- Information on your 2015 monthly premiums
- A list of health plans available in your county and their monthly premiums.

The letter is simply for your convenience. You don't need to respond to the letter if you do not want to make any medical or dental plan changes.

***Non-Medicare retirees:** 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.

To obtain this document in another format (such as Braille or audio) or to request special accommodations, call 1-800-200-1004. TTY users may call through the Washington Relay service by dialing 711.