

May 2015

For Your Benefit

Public Employees Benefits Board (PEBB) Program



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Will you earn your wellness incentive in 2016?

If you've registered on SmartHealth's website this year, you've seen it's fun and easy to rack up points by completing your SmartHealth Well-being Assessment and participating in a variety of wellness activities.

If you haven't yet reached your 2,000 points to qualify for a wellness incentive in 2016, there's still time. Plus, there are plenty of activities to choose from.

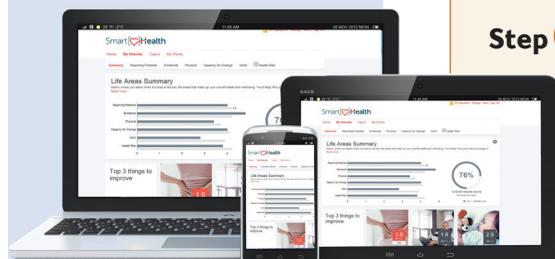
The three-step requirements below apply to eligible subscribers whose PEBB medical coverage effective date was before April 1, 2015 (see "Different SmartHealth deadlines, requirements for some PEBB subscribers" on page 2 for exceptions).

How it works:

Step 1 → Visit www.smarthealth.hca.wa.gov and select *Get started* to activate your account.

Step 2 → **Take the SmartHealth Well-being Assessment.***
After signing in, find the Well-being Assessment at the top of the page. The assessment can help you understand your strengths and areas of improvement, and suggest SmartHealth activities to help you reach your well-being goals. You earn **800 points** by completing the SmartHealth Well-being Assessment in 2015.

Step 3 → **Join activities that interest you.**
After completing the Well-being Assessment, you need to complete activities to earn **1,200** more points. When you earn 2,000 total points by **June 30, 2015** (see "Different SmartHealth deadlines, requirements for some PEBB subscribers" on page 2 for exceptions), you'll qualify to receive a wellness incentive in 2016.



How do I know when I've earned enough points to qualify?

With the SmartHealth website, you can instantly see when you've reached your 2,000 points. SmartHealth takes care of the technical work so you can focus on having fun!

*You can no longer earn SmartHealth points by completing your PEBB medical plan's health assessment. Only the SmartHealth Well-being Assessment earns points toward the wellness incentive.

Washington State
Health Care Authority
Public Employees Benefits Board

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www.hca.wa.gov/pebb

(continued)

Different SmartHealth deadlines, requirements for some PEBB subscribers

If your PEBB medical coverage effective date starts April through December 2015, you have different deadlines and requirements to qualify for the SmartHealth wellness incentive.

What are the different deadlines?

Subscribers with a PEBB medical effective date in...	...must meet the SmartHealth points requirement by this deadline:
April, May, June, July, or August 2015	120 days from their medical coverage effective date
September, October, November, or December 2015	December 31, 2015

Medical coverage effective dates can start (or restart) based on different situations, such as:

- Newly eligible employees with PEBB medical coverage starting April through December 2015.
- Eligible subscribers who have a termination in their PEBB medical coverage and regain eligibility for PEBB medical coverage (becoming newly eligible again) between April and December 2015, such as:
 - Employees transferring between PEBB-participating employers.
 - Subscribers who have a change in their PEBB eligibility status (such as changing from an employee to a retiree or COBRA subscriber who does not have Medicare Part A and Part B as primary coverage).
 - Seasonal employees who return to work and regain eligibility for PEBB medical coverage between April and December 2015.

What are the different requirements?

If your PEBB medical coverage effective date starts April through December 2015, here are the activities you must complete by the deadlines above to qualify for a \$125 wellness incentive in 2016:

1. Visit www.smarthealth.hca.wa.gov and select *Get started* to activate your account. **(1,000 points)**
2. Complete the SmartHealth Well-being Assessment. **(800 points)**
3. Join a SmartHealth activity. **(200 points)**

For more details, see the SmartHealth Wellness Program page at www.hca.wa.gov/pebb.

Taking care of yourself means taking an active role in your health

So you just left your primary care doctor's office with a plan. It could be filling a prescription and taking it as directed. Or you got the results of a cholesterol screening and worked out a healthy diet plan with your doctor. Now what?

Remember you have that plan because you've worked hard to build a strong relationship with your doctor. You've asked questions, listened, learned, and possibly even researched your health issue. Now it's time to follow through.

Here are three tips to help you take care of yourself:

1. Know that you're the expert on yourself, but only if you stay aware and act on it.

- Think of the times you've followed through on taking care of yourself. What do they have in common? Did you understand your plan better? Did you ask why you needed a specific prescription?
- Then think of the times you haven't followed through. What was happening in those moments in which you didn't take action? Maybe you forgot, so putting it on your calendar will help. Or maybe you didn't understand what the plan was about, or if it was right for you. Whatever the case, you should talk to your doctor or health care provider.

2. Recognize that taking care of ourselves is a common challenge.

- You may leave your doctor's appointment with the best intentions. But later you may have a sense of disappointment (or failure) when you find yourself following old patterns. You're not alone.
- Get support from your health care team, and reach out to family, friends, and even patient networking groups and websites (see below).

3. Make taking care of yourself habit-forming.

- We hear a lot about bad habits, but you can also create good ones. Focus on the benefits of taking care of yourself, such as that good feeling after exercise or a mini-vacation you're planning with the money you saved by giving up smoking.
- Taking care of yourself might not make you feel better in the moment, but it will in the long run. Be realistic about what you can expect from healthy habits and remember why you're doing them. Reward yourself along the way when you achieve some goals.

What can you do next?

Visit www.wacommunitycheckup.org/ownyourhealth to download tools, tips, and resources that can help.

*Own Your Health is a campaign promoted by the **Washington Health Alliance** to empower consumers to become active participants in their own health and health care.*



Own Your Health

Premium surcharges: What do I need to know?

In 2014, you were asked to respond to premium surcharges for tobacco use and to spousal or registered domestic partner coverage, as required by state law. The law requires a monthly \$25 surcharge for tobacco use, and a monthly \$50 surcharge for spousal or registered domestic partner coverage.

The PEBB Program has created rules and policies around the surcharges, so the requirements are consistent for all of our eligible subscribers. When you submit your response to the surcharges, we call this an attestation. This means you are making a statement that is true and correct about whether the surcharge(s) apply to you or your enrolled dependents.

Who doesn't have to attest to the premium surcharges?

The surcharges do not apply to you or your enrolled dependents if you are:

- An employee who has waived PEBB medical coverage.
- A retiree or COBRA subscriber enrolled in both Medicare Part A and Part B.

When is a response required?

When do I attest to the tobacco use surcharge?

When an employee is newly eligible or has regained eligibility for the employer contribution and enrolls in PEBB medical coverage.

When a retiree not enrolled in Medicare Part A and Part B is newly eligible, and enrolls in PEBB medical coverage or enrolls in PEBB medical coverage after deferring.

When a subscriber enrolls a dependent age 13 or older in PEBB medical coverage.

When there is a change in tobacco use status for the subscriber or a dependent aged 13 and older enrolled in the subscriber's PEBB medical coverage.

When a subscriber continues PEBB medical coverage through COBRA, PEBB retiree coverage, or as a surviving dependent.
Exception: Subscribers who previously attested do not have to re-attest if their and any enrolled dependents' tobacco use status has not changed.

When can I change my tobacco use attestation?

You can only change your attestation when there is a change to your or your enrolled family members' tobacco use. See the *2015 Premium Surcharge Help Sheet* for details.

When do I attest to the spouse or registered domestic partner coverage surcharge?

When an employee is newly eligible or has regained eligibility for the employer contribution for benefits, and enrolls his or her spouse or registered domestic partner in PEBB medical coverage.

When a retiree not enrolled in Medicare Part A and Part B is newly eligible, and enrolls in PEBB medical coverage or enrolls in PEBB medical coverage after deferring, and enrolls a spouse or registered domestic partner.

When a subscriber enrolls a spouse or registered domestic partner in PEBB medical coverage.

During the PEBB Program's annual open enrollment in November, and each year thereafter, if enrolling or continuing enrollment for a spouse or registered domestic partner.

When there is a change in the spouse's or registered domestic partner's employer-based group medical insurance.

When can I change my spouse or registered domestic partner coverage surcharge attestation?

The events listed above show when a subscriber **must attest** to the spousal or registered domestic partner coverage surcharge, and are the **only** times a subscriber is allowed to attest or change an attestation.

To make a change for either premium surcharge, use the *2015 Premium Surcharge Change Form* and *2015 Premium Surcharge Help Sheet*, or log in to *My Account* at www.hca.wa.gov/pebb.

Details about the premium surcharges and surcharge attestation forms are at www.hca.wa.gov/pebb.

Open enrollment satisfaction survey results

Each year after open enrollment, we keep in touch with our subscribers through a quick survey to make sure we continue to meet your needs for benefits information. Of the 113 responses we received last year, more than 97 percent of the feedback was supplied by employees while about 3 percent came from retirees. Below are the results.



How easy was it to find the open enrollment information you needed to make your decisions?

Easy 77%
Not easy 23%



Was the information you used helpful?

Yes 84%
No 16%



Which open enrollment information was most helpful?

- #1 Most helpful: PEBB website
- #2 Most helpful: Personnel, payroll, or benefits office

We will continue to solicit feedback from our members during and after this year's open enrollment to make sure we're providing the information you need to make the best plan choices.

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