



For Your Benefit

Public Employees Benefits Board (PEBB) Program

PEBB's open enrollment is November 1-30

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Learn about changes to your health coverage for 2016


All changes are effective January 1, 2016

- New medical plan options
- Medical plan benefits
- Medical and dental plan premiums
- Medical out-of-pocket limits for family accounts enrolled in consumer-directed health plans (CDHPs)
- Family contribution amounts for the health savings account (HSA)
- Supplemental life insurance premiums
- Optional long-term disability (LTD) insurance premiums
- SmartHealth wellness incentive deadlines

New medical plan options

Next year, the PEBB Program will offer three new medical plan options.

Group Health will offer **SoundChoice** with  **GroupHealth.** the same high-quality, coordinated services and same benefits and exclusions as Group Health's Classic and Value plans, but at an even lower monthly premium. Group Health SoundChoice will be available in King, Pierce, Snohomish, and Thurston counties to COBRA accounts in which at least one covered family member is not enrolled in Medicare Part A and Part B, and to all Leave Without Pay accounts in these counties.

Uniform Medical Plan (UMP) will offer **UMP Plus**, a new medical plan that takes what PEBB members like about UMP and adds more. Members can select UMP Plus through **Puget Sound High Value Network** or **UW Medicine Accountable Care Network**.  Both networks are available in King, Kitsap, Pierce, Snohomish, and Thurston counties. UMP Plus is available to COBRA members not enrolled in Medicare Part A and Part B, and to all Leave Without Pay members in these counties. *(continued)*

Find it here 

- Go to www.hca.wa.gov/pebb to see:
- Videos on these new medical plan options, and the PEBB changes for 2016.
 - Who the plans are right for, and may not be right for.
 - Medical plan benefits comparisons.
 - Links to the new plans' websites.

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

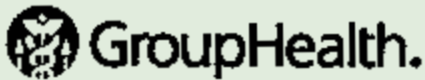
Why is the PEBB Program offering these new options?

These new plans are a key part of paying for value, a core strategy of Healthier Washington. The goal is to achieve better health and better care at lower costs. Visit www.hca.wa.gov/hw to learn more.

Medical plan benefits

The changes shown below affect the plans noted.

Other medical benefits won't change in 2016; but keep in mind, costs for prescription drugs can change at any time as drugs move into different tiers.



In 2016, Group Health will:

- Cover cardiac rehabilitation under the physical, occupational, and speech therapy benefit with a combined limit of 60 inpatient days and 60 outpatient visits per year. *(All Group Health non-Medicare plans)*
- Increase the per-visit copay from \$15 to \$30 *(Group Health Classic and Original Medicare)* and from \$20 to \$40 *(Group Health Value)* for the following provider types:
 - Audiologist
 - Enterostomal therapist
 - Massage therapist
 - Nutritionist
 - Occupational medicine
 - Occupational therapist
 - Physical therapist
 - Respiratory therapist
 - Speech therapist
- Offer lower cost-sharing when receiving some services and prescription drugs from Group Health-designated providers. *(Group Health Consumer-Directed Health Plan [CDHP])*
- Offer a broader Access PPO network. *(Group Health CDHP only)*
- Implement changes listed under “New medical plan options,” “Benefit changes for all non-Medicare Group Health, Kaiser Permanente, and UMP plans,” and “Medical out-of-pocket limits for family accounts enrolled in CDHPs.”



In 2016, Kaiser Permanente will:

- Increase its annual deductible to \$300 per person, \$900 per family. *(Kaiser Permanente Classic)*
- Increase copays for office visits *(Kaiser Permanente Classic)*:
 - Hearing: \$35
 - Mental health: \$25
 - Primary care: \$25
 - Specialty care: \$35
 - Spinal manipulations: \$35
 - Urgent care: \$45
 - Vision care*: \$25

**Ophthalmology visits will have a \$35 copay*
- Change emergency room cost-sharing to 15% coinsurance (annual deductible still applies). *(Kaiser Permanente Classic)*
- Add new cost-sharing for medications administered during an inpatient, outpatient, or office visit: 15% coinsurance (annual deductible and separate copay for type of visit still applies). *(Kaiser Permanente Classic)*
- Increase the annual medical out-of-pocket maximum to \$5,100 per person/\$10,200 per family. *(Kaiser Permanente CDHP)*
- Change its prescription drug tiers and costs *(Kaiser Permanente Classic and CDHP)*:

Prescription drug tiers	Retail pharmacy	Mail-order
Tier 1 – Generic	\$15	\$30
Tier 2 – Preferred brands	\$40	\$80
Tier 3 – Non-preferred brands	\$75	\$150
Tier 4 – Specialty	50% up to \$150	50% up to \$150

- Expand out-of-area coverage for enrolled dependent children to include 10 office visits, 10 lab/x-ray visits, and 10 prescription-drug refills per year without preauthorization. *(Kaiser Permanente Classic and CDHP)*
- Implement changes listed under “Benefit changes for all non-Medicare Group Health, Kaiser Permanente, and UMP plans” and “Medical out-of-pocket limits for family accounts enrolled in CDHPs.”



Uniform Medical Plan (UMP) will implement changes listed under:

- “New medical plan options” (page 1).
- “Benefit changes for all non-Medicare Group Health, Kaiser Permanente, and UMP plans” (below).
- “Medical out-of-pocket limits for family accounts enrolled in CDHPs” (this page).

Benefit changes for all non-Medicare Group Health, Kaiser Permanente, and UMP plans

- Expand coverage for end-of-life counseling.
- Provide coverage for short-term alcohol and substance abuse treatment in various settings, by various provider types.
- Expand coverage for preventive services including:
 - Tobacco cessation quit medications and aids—Coverage for all medications and nicotine replacement therapy with a prescription.
 - Coverage for eight new preventive services with no member cost-sharing:
 1. **Sexually transmitted infections**—Provide intensive behavioral counseling for sexually active adolescents and adults at increased risk.
 2. **Chlamydia and gonorrhea**—Screen sexually active women ages 24 or younger, and older women based on risk.
 3. **Hepatitis B**—Screen non-pregnant adolescents and adults at high risk.
 4. **Cardiovascular disease**—Offer or refer adults at risk to intensive behavioral counseling.
 5. **Dental caries (cavities)**—Prescribe fluoride at age 6 months when water supply is fluoride-deficient; also provide fluoride varnish at primary tooth eruption.
 6. **Abdominal aortic aneurysm**—Screen men ages 65-75 via ultrasonography if they have ever smoked.
 7. **Gestational diabetes mellitus**—Screen pregnant women with no symptoms after 24 weeks of pregnancy.
 8. **Preeclampsia**—Use low-dose aspirin after 12 weeks of pregnancy for women at high risk for preeclampsia.

Medical and dental plan premiums

COBRA, Leave Without Pay, and PEBB Extension of Coverage members will see changes to their monthly premiums in 2016. See “2016 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates” on pages 6–7.

Medical out-of-pocket limits for family accounts enrolled in consumer-directed health plans (CDHPs)

In 2016, the Group Health, Kaiser Permanente, and UMP CDHPs will pay 100 percent for covered benefits for individual family members who meet certain out-of-pocket limits, even if the family out-of-pocket limit has not been reached.

Annual medical out-of-pocket limits for families in 2016

Group Health CDHP Kaiser Permanente CDHP	UMP CDHP
\$10,200 per family If a family member reaches \$5,100 in eligible out-of-pocket costs, the plan will pay 100% for covered benefits for that family member.	\$8,400 per family If a family member reaches \$6,850 in eligible out-of-pocket costs, the plan will pay 100% for covered benefits for that family member.

Family contribution amounts for the health savings account (HSA)

The annual HSA contribution limit for a family account (subscriber and at least one family member enrolled on the CDHP) will go up to \$6,750 in 2016. (The contribution amount for an individual stays the same at \$3,350.) Subscribers ages 55 and older can continue to contribute \$1,000 more in addition to these amounts.

The amounts include contributions made by both you and the PEBB Program. Remember to include the \$125 SmartHealth wellness incentive if you earned it in 2016. *For more information on HSAs, see page 8.*



Supplemental life insurance premiums

Leave Without Pay members enrolled in PEBB's supplemental life insurance through ReliaStar Life Insurance Company will see lower premiums for 2016. The premiums are available on the PEBB Program's website at www.hca.wa.gov/pebb.

Optional long-term disability (LTD) insurance premiums

Leave Without Pay members enrolled in PEBB's optional LTD insurance will see higher premiums in 2016. The premiums are available on the PEBB Program's website at www.hca.wa.gov/pebb.

SmartHealth wellness incentive deadlines

COBRA subscribers not enrolled in Medicare Part A and Part B and all Leave Without Pay subscribers can participate in SmartHealth to qualify for a \$125 wellness incentive. In 2016, the deadlines will change as follows:

For eligible subscribers...	The deadline to complete the SmartHealth program requirements to receive a PEBB wellness incentive the following year is:
Continuing enrollment in PEBB medical	September 30
For eligible subscribers enrolling in PEBB medical with an effective date in...	The deadline to complete the SmartHealth program requirements to receive a PEBB wellness incentive the following year is:
January, February, March, April, May, or June	September 30
July or August	120 days from the subscriber's PEBB medical effective date
September, October, November, or December	December 31

Annual notice of creditable prescription drug coverage

If you or a family member is entitled to Medicare (or will be soon), you may hear about Medicare Part D prescription drug plans. If you are thinking about enrolling in a Medicare Part D plan, keep in mind:



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 creditable prescription drug coverage. This means that the prescription drug coverage offered

by the PEBB Program is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage.

After you become entitled to Medicare Part A or Part B, you can continue your enrollment in PEBB coverage. Since your PEBB medical plan provides creditable prescription drug

coverage, you will not pay a late enrollment penalty if you enroll in a Medicare Part D plan later.

If you drop or lose your current PEBB coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month you did not have that coverage.

- **If you enroll in Medicare Part D, your PEBB medical plan may or may not coordinate prescription drug benefits with your Medicare Part D plan.**
- **If you enroll or cancel enrollment in a Medicare Part D plan, you may need a notice of creditable coverage to prove continuous prescription drug coverage.** You may request a notice of creditable coverage from PEBB at 1-800-200-1004.

For questions about Medicare Part D, call the Centers for Medicare & Medicaid Services at 1-800-633-4227 or visit medicare.gov.

Respond to the spousal coverage premium surcharge for 2016

If you are not covering a spouse or registered domestic partner under your PEBB medical for 2016, the information below does not apply to you.

If you cover a spouse or registered domestic partner on PEBB medical for 2016

You must reattest for 2016 if:

- You are currently paying the monthly \$50 spouse or registered domestic partner coverage premium surcharge.

or

- Your spouse or registered domestic partner elected not to enroll in his or her employer-based group medical insurance in 2015, but you did not have to pay the premium surcharge because of one of the following:

- The *2015 Spousal Plan Calculator* indicated your spouse or registered domestic partner's coverage was not comparable to Uniform Medical Plan (UMP) Classic.

or

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

You do not have to reattest if:

You attested in 2015 and are not paying the premium surcharge because of one or more of the following:

- Your spouse or registered domestic partner's employer offers PEBB benefits and he or she waived enrollment.
- Your spouse or registered domestic partner was not eligible for medical coverage through his or her employer.
- Your spouse or registered domestic partner was not employed.
- Your spouse or registered domestic partner's employer did not offer at least

one medical plan that served his or her county of residence.

- Your spouse or registered domestic partner chose to enroll in his or her employer's medical coverage.
- You are a COBRA subscriber enrolled in both Medicare Part A and Part B, regardless of whether your spouse or registered domestic partner is enrolled in Medicare. **Exception:** Subscribers enrolled in Leave Without Pay coverage need to reattest to the spousal coverage surcharge, even if enrolled in Medicare Part A and Part B.

How to reattest

Starting November 1, log in to *My Account* at www.hca.wa.gov/pebb and follow the instructions. **You must reattest by November 30, 2015.**

If you do not have internet access, call PEBB Benefits Services at 1-800-200-1004 to request a *2016 Premium Surcharge Change Form*. Allow up to seven days to receive your form by mail.

What happens if I need to reattest for 2016 but do not?

You will pay the monthly \$50 premium surcharge in addition to your monthly premiums starting January 1, 2016.

If you enroll a spouse or registered domestic partner on PEBB medical for 2016

During open enrollment: You must attest to the premium surcharge to find out whether it applies to your account. To attest, use the *2016 Premium Surcharge Help Sheet* and *2016 COBRA Continuation of Coverage* or *PEBB Extension of Coverage Election/Change* form or the *2016 Leave Without Pay (LWOP) Election/Change* form.

In 2016: You must attest to the premium surcharge if you are adding a spouse or registered domestic partner to your PEBB medical based on a special open enrollment event during the year.

Changing your attestation

The attestation you make during open enrollment (or a corrected attestation received no later than December 31, 2015) will be in effect for 2016 unless there is a change in your spouse or registered domestic partner's status that allows or requires you to reattest.

Starting January 1, you can only report a change to the premium surcharge in certain situations and within certain deadlines. To learn more, go to www.hca.wa.gov/pebb and select *Surcharges*.

Find it here



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

- Spousal premium surcharge details
- *2016 Premium Surcharge Help Sheet*
- 2016 Spousal Plan Questionnaire
- *2016 Spousal Plan Calculator*

Has your family's tobacco use changed?

Whenever you or a family member (age 13 or older) enrolled on your medical coverage has a change in tobacco use or enrollment in your PEBB medical plan's tobacco cessation program, you must reattest to the \$25 tobacco use premium surcharge. **You do not need to reattest 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 premium 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 select *Surcharges*.

2016 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2016 (See “Monthly Premium Surcharges” on page 7)

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)	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
Group Health Classic	\$610.78	\$1,215.53	\$1,064.34	\$1,669.09
Group Health CDHP	522.80	1,034.28	920.99	1,374.14
Group Health SoundChoice	538.09	1,070.15	937.14	1,469.20
Group Health Value	573.99	1,141.95	999.96	1,567.92
Kaiser Permanente Classic	637.32	1,268.61	1,110.79	1,742.08
Kaiser Permanente CDHP	530.09	1,048.36	933.38	1,393.32
UMP Classic	576.78	1,147.53	1,004.84	1,575.59
UMP CDHP	522.47	1,033.62	920.42	1,373.24
UMP Plus-PSHVN	552.40	1,098.77	962.18	1,508.55
UMP Plus-UW Medicine ACN	552.40	1,098.77	962.18	1,508.55

Members enrolled in Part A and Part B of Medicare:	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Group Health Classic	N/A†	\$870.52	N/A†	\$719.33	N/A†	\$1,324.08	\$ 979.07	N/A†
Group Health Medicare Plan	\$265.77	N/A†	\$525.51	N/A†	\$525.51	N/A†	N/A†	\$ 785.25
Group Health SoundChoice	N/A†	797.83	N/A†	664.82	N/A†	1,196.88	924.56	N/A†
Group Health Value	N/A†	833.73	N/A†	691.74	N/A†	1,259.70	951.48	N/A†
Kaiser Permanente Senior Advantage	308.70	939.99‡	611.37	782.17‡	611.37	1,413.46‡	1,084.84‡	914.04
UMP Classic	417.89	988.64	829.75	845.95	829.75	1,416.70	1,257.81	1,241.61

(continued)

* 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, SoundChoice, or Value plan and the subscriber will pay a combined Medicare and non-Medicare rate.

‡ If a Kaiser Permanente subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member will be enrolled in Kaiser Permanente Classic. The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente Senior Advantage.

Medicare Supplement Plan F (Group), administered by Premera Blue Cross

	Subscriber Only	Subscriber and Spouse*			Subscriber and Child(ren)	Full Family		
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$207.66	\$784.44	\$560.67	\$415.32	\$641.75	\$1,212.50	\$994.76	\$849.41
Plan F Under age 65, eligible by disability	353.01	929.79	560.67	706.02	787.10	1,357.85	994.76	1,140.11

*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 (age 13 or older) enrolled in PEBB medical coverage uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or 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.

For more guidance on whether these surcharges apply to you, see the *2016 Premium Surcharge Help Sheet* at www.hca.wa.gov/pebb.

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	\$ 44.63	\$ 42.37
Subscriber & Spouse*	79.06	89.26	84.74
Subscriber & Child(ren)	79.06	89.26	84.74
Full Family	118.59	133.89	127.11

Dental Plans Dental Only	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 45.56	\$ 50.66	\$ 48.40
Subscriber & Spouse*	85.09	95.29	90.77
Subscriber & Child(ren)	85.09	95.29	90.77
Full Family	124.62	139.92	133.14

*or registered domestic partner

Manage your expenses with a health savings account

Your enrollment in a **consumer-directed health plan (CDHP)** includes a **health savings account (HSA)**.

An HSA is a tax-exempt account that you, the PEBB Program, or anyone can deposit funds into on your behalf, up to annual limits set by the IRS.

Use your HSA funds to pay for qualified medical expenses as defined by the IRS; this includes deductibles, copays, coinsurance, and some expenses not covered by your plan. You can use your HSA to pay for costs incurred by you, your spouse, or other tax dependents, even those not covered under your PEBB plan. And your HSA funds are always yours, rolling over from year to year, and available even if you leave the plan.

You must meet certain eligibility requirements and IRS rules to enroll in an HSA. Call HealthEquity, the HSA trustee, at 1-877-873-8823 with questions.

What you need to know for 2016

Since the HSA is part of your CDHP, you don't need to do anything to enroll. If you had an HSA with HealthEquity before January 2016, your existing HSA carries over into the following year.

Thinking of changing plans?

If you are enrolled in a CDHP for 2015 and choose a non-CDHP for 2016:

- You can't make contributions to your HSA in 2016. Make sure to contact HealthEquity to stop automatic deductions from your bank account.
- You won't lose any unspent funds; you can continue to use your HSA for

qualified medical expenses in 2016 or save for the future.

- If you drop below \$2,500 in your HSA after you are no longer enrolled in a CDHP, you will pay a \$3.95 monthly service charge. Other fees may apply. If you have questions, contact HealthEquity at 1-877-873-8823.

Contributions

Qualified for your 2016 SmartHealth wellness incentive? If you enroll or remain enrolled in a CDHP for 2016, \$125 will be deposited into your HSA at the end of January 2016.

When you enroll in an HSA, the PEBB Program contributes monthly to your account. You can also contribute to your account with deductions directly from your bank account. HSA funds are not available until deposited.

To avoid tax penalties, make sure your total annual contributions do not go over the yearly limit set by the IRS. Add all your contributions with the **total PEBB Program contribution** (including the 2016 \$125 SmartHealth incentive, if you qualified). The IRS limit for 2016 is \$3,350 for an individual and \$6,750 for a family. Subscribers ages 55 and older may contribute up to \$1,000 more.

To learn more:

- For CDHP information, contact your individual plan.
- For HSA information, contact HealthEquity.
- Check out www.hca.wa.gov/pebb/pages/cdhp.aspx.

Wondering what changes you can make during open enrollment?

PEBB's annual open enrollment is your chance to:

- Add an eligible family member to your PEBB coverage.

Note: If you are enrolling a registered domestic partner, you must provide proof

of your registered domestic partner's eligibility with your enrollment form, or he or she will not be enrolled. A list of acceptable documents is at

www.hca.wa.gov/pebb under *How to verify my dependents*.

- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.
- Reattest to the spousal coverage premium surcharge.

Changes you make during open enrollment are effective January 1, 2016. If you do not want to make any plan changes, you do not need to do anything.

Ready to make changes?

Log in to *My Account* to change your and your enrolled dependents' medical or dental plan online during open enrollment (November 1–30).

You **cannot** use *My Account* to add a family member, or enroll in or cancel enrollment in a Medicare Advantage plan or Premera Blue Cross Medicare Supplement Plan F.

Find forms and instructions on PEBB's website at www.hca.wa.gov/pebb and select the *Get a Form* page. Submit the completed form(s) to the PEBB Program by November 30, 2015.



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 about the new medical plans.

Bellevue

November 13, 2015

1 to 3 p.m.

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

New Medical Plans Presentation
1:30 to 2 p.m.
Library Events Center
Building D, Room D106

Bellingham

November 19, 2015

9 to 11 a.m.

Western Washington University
Viking Union Building
Rooms 565 A/B/C

Cheney

November 2, 2015

1 to 4 p.m.

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

Ellensburg

November 5, 2015

12:30 to 3 p.m.

Central Washington University
Lombard Room
400 E. University Way

Everett

November 20, 2015

9 a.m. to 12 p.m.

Everett Community College
Walt Price Fitness Center
2000 Tower Street

New Medical Plans Presentation
11 to 11:30 a.m.
Multipurpose Room

Lakewood

November 10, 2015

9 to 11 a.m.

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

New Medical Plans Presentation
10 to 10:30 a.m.
Room 209

Longview

November 17, 2015

1 to 3 p.m.

Lower Columbia College
Rose Center Lobby
1600 Maple Street

Mount Vernon

November 18, 2015

1 to 3 p.m.

Best Western Plus
Convention Center
Fidalgo Room
2300 Market Street

Olympia

November 13, 2015

11 a.m. to 1 p.m.

John A. Cherberg Building
Senate Hearing Rooms 1 & 4
304 15th Avenue

New Medical Plans Presentation
12 to 12:30 p.m.
Hearing Room 3

Pasco

November 4, 2015

1 to 3:30 p.m.

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

Port Angeles

November 6, 2015

11 a.m. to 1 p.m.

Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard



Need directions?

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

Pullman

November 3, 2015

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

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

Seattle

November 3, 2015

10 a.m. to 3 p.m.

UW Medical Center
Health Sciences Lobby, 3rd floor
1959 NE Pacific Street

November 4, 2015

10 a.m. to 3 p.m.

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

New Medical Plans Presentation
10 to 10:30 a.m.
Auditorium

November 5, 2015

10 a.m. to 3 p.m.

University of Washington
Husky Union Building (HUB)
North Ballroom

New Medical Plans Presentation
12:30 to 1 p.m.
Room 203

Shoreline

November 12, 2015

12:30 to 3 p.m.

Shoreline Conference Center
Shoreline Room
18560 First Avenue NE

New Medical Plans Presentation
2:15 to 2:45 p.m.
Spartan Room

(continued)

Benefits fairs schedule *(continued)*

Spokane

November 2, 2015

8 to 11 a.m.

Spokane Community College
Building 6

Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

Tumwater

November 16, 2015

12 to 2 p.m.

Dept. of Labor & Industries
Auditorium

7273 Linderson Way SW

New Medical Plans Presentation
12:30 to 1 p.m.
Auditorium

Vancouver

November 9, 2015

12 to 2 p.m.

Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Walla Walla

November 4, 2015

8 to 10:30 a.m.

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

Wenatchee

November 6, 2015

9 a.m. to 12 p.m.

Wenatchee Valley College
Wells Hall, Campus Theater
1300 Fifth Street

Yakima

November 5, 2015

8:30 to 10:30 a.m.

Howard Johnson Plaza
Orchard Room
9 N. 9th Street

Webinars about value-based purchasing and the new medical plans in 2016

The PEBB Program will host four webinars to present information and answer questions on value-based purchasing and the new medical plans available in 2016.

Webinar dates and times follow. To attend, members must pre-register at



www.hca.wa.gov/pebb by selecting the *Webinars* link.

- 🖥️ October 21, 2015 | 2 – 2:30 p.m.
- 🖥️ October 22, 2015 | 8 – 8:30 a.m.
- 🖥️ October 29, 2015 | 3 – 3:30 p.m.
- 🖥️ November 23, 2015 | 2 – 2:30 p.m.

Find more information on PEBB's website

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

- ✓ **Respond to the 2016 spousal coverage premium surcharge**
Between November 1–30 log in to *My Account* to attest to the 2016 spousal coverage premium surcharge. To find out if this applies to you, see “Respond to the spousal coverage premium surcharge for 2016” on page 5 for more details, or check *My Account*.
- ✓ **Know what PEBB benefits you are currently enrolled in before you act**
Check your *Statement of Insurance* on *My Account* to verify your current PEBB benefits and enrollment information.
Note: *The Statement of Insurance* cannot display your plan selections for 2016 until January 1, 2016.
- ✓ **Research medical and dental plans**
 - Use the *Medical Benefits Comparison* tool to compare benefits from up to three plans at a time.
 - Use the *Summary of Benefits and Coverage* to read details about plan benefits.
 - Compare dental plans and find in-network providers under *Health Benefits*.

✓ **Make your open enrollment changes**

Log into *My Account* to change your medical and/or dental plan online* during open enrollment (November 1–30). You cannot use *My Account* to add a family member to your account; you must complete and return a 2016 enrollment form to the PEBB Program to do this. Additional exceptions may apply. If you cannot make a change online, you will be directed to the appropriate form. See “Wondering what changes you can make during open enrollment?” on page 8 to learn more.

**Available for all plans except Medicare Advantage and Medicare Supplement Plan F, administered by Premera Blue Cross (applies to COBRA only). These plans require you to complete, sign, and return a form (forms are available on the PEBB website under Get a Form).*

✓ **Scan the video library**

The PEBB Program’s video library offers a summary of changes for 2016, including information on the new medical plans and more.

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, SoundChoice, 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, UMP CDHP, or UMP Plus, administered by Regence BlueShield	www.hca.wa.gov/ump	1-888-849-3681	711
<i>UMP Plus–Puget Sound High Value Network</i>	www.pugetsoundhighvaluenetwork.org	1-855-776-9503	711
<i>UMP Plus–UW Medicine Accountable Care Network</i>	www.uwmedicine.org/umpplus	1-855-520-9500	711

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

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

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.

RETURN SERVICE REQUESTED

This is your *only* 2016 open enrollment notice.

Your 2016 open enrollment | November 1-30

Important dates to remember:

- November 1–30, 2015** Your 2016 open enrollment period. See “*Wondering what changes you can make during open enrollment?*” on page 8.
- November 2–20, 2015** 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 9–10.
- November 30, 2015** Last day you can make changes to your PEBB coverage. **Note:** Online plan changes on *My Account* (from www.hca.wa.gov/pebb) end at midnight Pacific Time.
- January 1, 2016** New plan year begins. Open enrollment changes become effective.

New tax form coming in 2016

You will receive Form 1095-C or Form 1095-B in January 2016 if you, your spouse, or a dependent is enrolled in PEBB medical. **Keep this tax form**—you will need it to complete your 2015 tax return.

The image shows a portion of Form 1095-C, titled '1095-C Employer-Provided Health Insurance Details'. It includes sections for 'Part I Employee' and 'Part II Employer-Provided Health Insurance Details'. The 'Part II' section contains a table with columns for 'Year', 'Type of Coverage', 'State or province', 'City or town', and 'Country and ZIP or foreign postal code'. The 'Part I' section includes fields for 'Social Security number (SSN)', 'Street address (incl. apt. no.)', 'City or town', 'State or province', and 'Country and ZIP or foreign postal code'.

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.