



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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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

PEBB's open enrollment is November 1 – 30

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)
- SmartHealth wellness incentive deadlines

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.

New medical plan options

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



Group Health will offer **SoundChoice** with 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 retiree accounts in which at least one covered family member is not enrolled in Medicare Part A and Part B.

Uniform Medical Plan (UMP) will offer **UMP Plus**, a new medical plan that takes what PEBB members like about UMP and adds more. UMP Plus is available



to retirees and their covered family members not enrolled in Medicare Part A and Part B. 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.

Medical plan benefits

The changes shown starting on page 2 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.

(continued)



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.”



- 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 will implement changes listed under:

- “New medical plan options” (page 1).
- “Benefit changes for all non-Medicare Group Health, Kaiser Permanente, and UMP plan” (page 3).
- Medical out-of-pocket limits for family accounts enrolled in CDHPs” (page 3).

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

Retirees will see changes to their monthly premiums in 2016. *See “2016 retiree monthly premiums” 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. |

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.

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.*

Learn about changes to your health coverage for 2016 *(continued)*

SmartHealth wellness incentive deadlines

Retiree subscribers not enrolled in Medicare Part A and Part B 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 |

Respond to the spousal coverage premium surcharge for 2016

If you are enrolled in Medicare Part A and Part B, or 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 are a non-Medicare subscriber covering 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.

Note: If you attest that the premium surcharge applies to your account, and later enroll in Medicare Part A and Part B, the premium surcharge will stop in the month your Medicare enrollment begins. You must notify the PEBB Program of your Medicare enrollment.

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.

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 are a non-Medicare subscriber enrolling 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. Use the *2016 Premium Surcharge Help Sheet* and *2016 Retiree Coverage Election/Change Form*, available at www.hca.wa.gov/pebb, or call PEBB Benefits Services at 1-800-200-1004 to request the forms.

(continued)

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*.

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.

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

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, you will need to enroll in Premera Blue Cross Medicare Supplement Plan F to keep your PEBB coverage.** 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 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.

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 (non-Medicare subscribers only)

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 4 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. Retirees enrolled in a 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 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 in to *My Account* to change your medical and/or dental plan online during open enrollment (November 1–30). See "Wondering what changes you can make during open enrollment?" on page 9 to learn more.

You cannot use *My Account* to add or remove a family member, enroll in or cancel enrollment in a Medicare Advantage plan, or enroll in Premera Blue Cross Medicare Supplement Plan F. These plans require you to complete, sign, and return a form to PEBB (forms are available on the PEBB website under *Get a Form*). Additional exceptions may apply. If you cannot make a change online, you will be directed to the appropriate 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.

2016 PEBB retiree monthly premiums

Effective January 1, 2016

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) | 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† | \$740.65 | N/A† | \$589.46 | N/A† | \$1,194.21 | \$719.33 | N/A† |
| Group Health Medicare Plan | \$135.90 | N/A† | \$265.77 | N/A† | \$265.77 | N/A† | N/A† | \$395.64 |
| Group Health SoundChoice | N/A† | 667.96 | N/A† | 534.95 | N/A† | 1,067.01 | 664.82 | N/A† |
| Group Health Value | N/A† | 703.86 | N/A† | 561.87 | N/A† | 1,129.83 | 691.74 | N/A† |
| Kaiser Permanente Senior Advantage | 158.70 | 789.99†† | 311.37 | 632.17†† | 311.37 | 1,263.46†† | 784.84†† | 464.04 |
| UMP Classic | 267.89 | 838.64 | 529.75 | 695.95 | 529.75 | 1,266.70 | 957.81 | 791.61 |

* 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, SoundChoice, or Value plan and the subscriber pays 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 must enroll in Kaiser Permanente Classic and the subscriber will pay a combined Medicare and non-Medicare rate.

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 | \$109.86 | \$680.61 | \$312.87 | \$213.69 | \$537.92 | \$1,108.67 | \$740.93 | \$641.75 |
| Plan F Under age 65, eligible by disability | 209.04 | 779.79 | 312.87 | 412.05 | 637.10 | 1,207.85 | 740.93 | 840.11 |

*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 also 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 (age 13 or older) 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 medical coverage through his or her 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

| | Subscriber Only | Subscriber and Spouse* | Subscriber and Child(ren) | Full Family |
|---|-----------------|------------------------|---------------------------|-------------|
| DeltaCare, administered by Delta Dental of Washington | \$39.53 | \$79.06 | \$79.06 | \$118.59 |
| Uniform Dental Plan, administered by Delta Dental of Washington | 44.63 | 89.26 | 89.26 | 133.89 |
| Willamette Dental of Washington, Inc. | 42.37 | 84.74 | 84.74 | 127.11 |

*or registered domestic partner

Retiree Life Insurance Self-Pay Rate – \$7.75 per month

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.

Note: Not every PEBB member qualifies for an HSA. **You cannot be enrolled in Medicare and 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 plan for 2016:

- You can't contribute 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.

Medicare exception

If you or a covered family member becomes eligible for Medicare while you are enrolled in a CDHP in 2016, you must change to a non-CDHP PEBB medical plan or remove the Medicare-eligible family member from your coverage. The family member you remove is not eligible

for COBRA continuation of coverage. If you change your plan mid-year, the plan deductible and out-of-pocket maximum may start over. You keep and may use any remaining funds in your HSA, but no deposits are allowed. HealthEquity may charge an administrative fee for an account balance under \$2,500.

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.

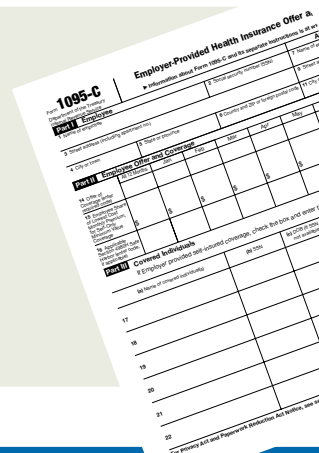
To avoid tax penalties, make sure your total annual contributions do not go over the yearly limit set by the IRS. Add all your contributions with **the total PEBB Program contribution** (including the 2016 \$125 SmartHealth incentive, if you qualified). The IRS limit for 2016 is \$3,350 for an individual 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.

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.



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 a retiree **not** enrolled in Medicare Part A and Part B, you must provide proof of your family member'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 surcharge (see page 4).
- Defer your enrollment in a PEBB health plan if you maintain continuous enrollment in one of the following:
 - Employer-based group medical insurance as an employee or the dependent of an employee. (This does not include medical insurance coverage available to retired employees.)
 - A federal retiree medical plan as a retiree or the dependent of a retiree. (This only includes the Federal Employees Health Benefits Program and TRICARE. It does not include government-sponsored programs such as Medicare or Medicaid.)
 - Both Medicare Part A and Part B and a Medicaid program that provides creditable coverage as defined in WAC 182-12-109.
 - Medical coverage through a health benefit exchange established under the Affordable Care Act (applies to non-Medicare retirees only).
 - A health plan sponsored by PEBB or a Washington State school district as a dependent.
- Enroll in a PEBB health plan if you previously deferred your enrollment as described above.

Changes made during open enrollment are effective January 1, 2016. If your current plan is available in your county of residence in 2016 and 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 medical or dental plan online during open enrollment (November 1–30).

You **cannot** use *My Account* to add or remove a family member, enroll in or cancel enrollment in a Medicare Advantage plan, or enroll in 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. You can also order forms by calling PEBB's automated line at 1-866-577-2793. Submit 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, life insurance, and auto/home insurance companies.

Some of the fairs include presentations about the new medical plans and open enrollment information for retirees.

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

Retiree Presentation

1:30 to 2:30 p.m.

Cafeteria Building C

Rooms C130 A & B

Bellingham

November 19, 2015

12:30 to 2:30 p.m.
St. Luke's Health Education
Center
Rooms E & F
3333 Squaticum Parkway

Retiree Presentation

1 to 2 p.m.

Room A

Cheney

November 2, 2015

1 to 4 p.m.
Eastern Washington
University
Hargreaves Hall, Room 201
Corner of C and Seventh
Streets

Retiree Presentation

2:30 to 3:30 p.m.

Tawanka Rooms 215 B/C

Ellensburg

November 5, 2015

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

(continued)

NEED DIRECTIONS?

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

Benefits fairs schedule *(continued)*

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

Retiree Presentation
9:30 to 10:30 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

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

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

Retiree Presentation
1:30 to 2:30 p.m.
San Juan Room

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

Retiree Presentation
2 to 3 p.m.
Gjerde Center
H Building

Port Angeles

November 6, 2015

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 3, 2015

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.
Compton Union Building
(CUB)
Junior Ballroom
East Room 210

Seattle

November 3, 2015

10 a.m. to 3 p.m.
UW Medical Center Health
Sciences Lobby
3rd floor
1959 NE Pacific Street

Seattle *(continued)*

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

Retiree Presentation
10 to 11 a.m.
HUB 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

Retiree Presentation
1 to 2 p.m.
Spartan Room

Spokane

November 2, 2015

8 to 11 a.m.
Spokane Community
College
Building 6
Lair Sasquatch/Bigfoot
Room
1810 N. Greene Street

Retiree Presentation
9 to 10 a.m.
Lair Auditorium

Tumwater

November 16, 2015

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

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

Retiree Presentation
10 to 11 a.m.
Auditorium

Vancouver

November 9, 2015

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 4, 2015

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 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

Retiree Presentation
9 to 10 a.m.
Plum Room

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.

Who to contact for help

Contact the plans directly for help with:

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

| Medical plans | Website addresses | Customer service phone numbers | TTY* customer service phone numbers |
|---|--|---|-------------------------------------|
| Group Health Classic, CDHP, 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

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 9.

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.

Watch for your customized letter coming later this month

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

- Information on your 2016 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 may need to reattest to the spousal coverage surcharge for 2016; see “Respond to the spousal coverage premium surcharge for 2016” on page 4.

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.