



September 2015

For Your Benefit

Public Employees Benefits Board (PEBB) Program

health plan options coming in 2016

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Washington State Health Care Authority
Public Employees Benefits Board

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New medical plan options coming for 2016

The Public Employees Benefits Board (PEBB) Program will offer three new plan options in the Puget Sound area, starting January 1, 2016. These plans are designed to promote higher quality through enhanced care coordination.

Next year, the Uniform Medical Plan (UMP) will have two new medical plan options that will reward you with better coordinated care, more service options, and lower costs when you self-refer to their network providers.

Group Health will also have a new plan option in 2016 with high-quality, coordinated services at an even lower monthly premium than Group Health Value (see “What’s the new Group Health option?” on page 3).

What are the new UMP options?

The PEBB Program has contracted directly with the **Puget Sound High Value Network** and **UW Medicine Accountable Care Network** as new UMP options in 2016. These are in addition to UMP Classic and the UMP consumer-directed health plan (CDHP). Like UMP Classic and UMP CDHP, these new plans will partner with Regence BlueShield and Washington State Rx Services to administer the medical and prescription drug benefits, respectively.

What makes these UMP plans different?

Smaller service areas

These new UMP plans will only be available in some counties in the Puget Sound region. (See “More information coming in October” on page 3.) The PEBB Program plans to expand coverage statewide in 2017.

Who’s eligible

The new plans are available to these PEBB benefits-eligible members who live in the counties served:

- Employees
- Leave Without Pay members
- Retirees not enrolled in Medicare Part A and Part B
- COBRA members not enrolled in Medicare Part A and Part B

Better health, better care, lower costs

The new UMP plans offer:

- Providers who are accountable for and paid based on quality (rather than quantity) of services. Providers’ accountability includes meeting specific quality measures that maintain or improve their patients’ health.
- Lower monthly premiums—about 30 percent less than UMP Classic.

- Lower annual deductibles.
- Lower out-of-pocket costs when members receive care from network providers, and higher costs with non-network and out-of-network providers.
- No out-of-pocket costs when members receive care from primary care network providers.
- Dedicated websites, call centers, and people who can help you navigate the plan’s network.

More coordinated care

These new plans will include a broad array of providers and health systems for members to choose from within the integrated network. These providers and health systems will work together to:

- Encourage you to use a primary care network provider to be your partner in making medical decisions (see “Choosing a high-quality primary care provider” on page 5).
- Allow all network providers, including both physical and mental health, access to your medical records for better care coordination and efficiency.
- Avoid duplicate tests and services.
- Focus on improving your overall health.

Which providers and health systems are included in these plans’ networks?

The plans will provide a full list during the PEBB Program’s open enrollment (November 1–30, 2015).

(continued)



Why is the PEBB Program offering these new options?

These new plan options:

- Are a key part of paying for value, a core strategy of Healthier Washington (www.hca.wa.gov/hw), Governor Jay Inslee's multi-sector partnership to achieve better health and better care at lower costs. The Health Care Authority (HCA), which administers the PEBB Program, also has a leadership role in Healthier Washington.
- Comply with legislation that requires the HCA to increase its value-based contracting for public employee benefits and Medicaid.
- Align with Governor Inslee's goal to improve employee wellness and the PEBB Program's SmartHealth wellness program (www.hca.wa.gov/pebb/Pages/wellness.aspx).



What's the new Group Health option?

Group Health will also offer a new plan option—SoundChoice—to PEBB members in King, Pierce, Snohomish, and Thurston counties next year.

The plan has some similarities and differences to the Group Health Classic and Value plans.

Similar to Group Health Classic and Value, SoundChoice has:

- Access to the same Group Health hospitals and providers within the four counties.
- The same covered services and exclusions.
- Similar annual medical deductible as Group Health Classic.
- A consulting nurse line, direct contact with your provider through secure email, and a dedicated website.

SoundChoice is different from Group Health Classic and Value because it has:

- A higher medical out-of-pocket limit.
- Coinsurance (a percentage of an allowed fee) for more services, instead of a copay (a flat charge).
- No member out-of-pocket costs for the first primary care office visit per year.
- Separate cost tiers for specialty drugs.

More information coming in October

To learn more about these new plan options, you can find details starting in October through mailings from the PEBB Program, on the PEBB Program's website (www.hca.wa.gov/pebb), UMP's website (www.hca.wa.gov/ump), Group Health's website (www.ghc.org/pebb), and at open enrollment benefits fairs in November.



Tools to estimate treatment costs

When facing important treatment decisions, cost is a factor for many of us. Knowing what you can expect to pay out-of-pocket for common exams, tests, and procedures can help you better manage your health and make informed choices about your care.

Medical plans offered by the Public Employees Benefits Board (PEBB) Program have or will soon have tools to help you estimate out-of-pocket expenses so you can plan for the future.

Uniform Medical Plan (UMP)

The UMP Treatment Cost Estimator (UMP estimator) uses your location and plan benefits to estimate how much you'll pay for certain health care services from providers in your area. With the UMP estimator you can:

- Look up average out-of-pocket costs for common medical conditions, surgeries, tests, and exams.
- Find and compare treatment options, facilities, and providers.
- Get alerts on options to save money.
- See the highlighted option that would cost you the least.

To access the UMP estimator, log in to your **regence.com** account and select *Estimate Treatment Costs*.

To get the most from the tool, ask your provider for specifics about any proposed treatments you want to look up. For example, there are a lot of options under MRIs; if you don't know which one to choose, your results may not include all providers offering the service.

Questions? Call 1-888-849-3681 or use Live Chat on **regence.com**.

Kaiser Permanente

Kaiser Permanente's online cost calculator, *Estimates*, gives you out-of-pocket cost estimates for many common treatments and services.

To come up with the estimate, *Estimates* considers the average cost of a service in your area, then applies your plan benefits and how much you've spent so far for care. You'll see the low, likely, and high cost for the service. This includes the costs you are responsible for, such as deductible or copay.

With an estimate, you get a general idea of what you'll pay for a particular service. What you actually pay may be higher or lower, depending on the care you receive.

To use *Estimates*, go to **kp.org/costestimates**. You'll need to be registered on **kp.org** to use this secure tool.

Group Health

Group Health is on target to have a fully functional cost estimator available to members by late 2015. Group Health clinics currently have a cost estimator that allows members to approximate the cost of select services, which facilitates decision-making conversations with the member's care team.

For example, the Group Health oncology department has developed a cost estimator for high-priced chemotherapies, which allows members and their families to make fully informed decisions to best fit their needs. Go to **ghc.org** to find more decision-making resources.

Note: The information provided by these tools is not a guarantee of coverage, a guarantee of payment, or an authorization for a particular service. Your actual costs may vary depending upon the specifics of your benefit plan and the particular services and supplies you receive.



Name change for Flex-Plan Services, Inc.

Flex-Plan Services, Inc. provides enrollment and reimbursement services for the Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) available to PEBB benefits-eligible employees who work at state agencies, higher-education institutions, and community and technical colleges. Flex-Plan Services, Inc. is changing its name to **Navia Benefit Solutions**. Members can expect to see an updated website this fall. The name change and new website do not change your Medical FSA or DCAP benefits.



Choosing a high-quality primary care provider

New medical plans in 2016 promote use of primary care providers—see pages 2-3.

Your primary care provider is your partner in health, so you should be thoughtful in choosing one. For example, make sure your provider is in your medical plan's network. You can also check out resources that help make sure you'll get the best care.

One resource that measures provider quality is the Community Checkup website (www.wacommunitycheckup.org). Select *Choosing Your Medical Group or Clinic*, then *Where to Go for Primary Care*. Choose a quality measure that matters to you, then review the scores. You can even search by county.

Other things to consider:

- Do you want a provider who has a special focus on a medical condition?
 - Do you have a provider gender preference? An older or a younger provider?
 - Do you need a provider who speaks a language besides English?
 - Is the provider taking new patients?
 - Which hospital does the provider send patients to?
- You may also want to ask about the provider's education, training, and board certification. No matter who you choose, your primary care provider is the one person who understands all of your tests, medicines, and treatments and can help you make medical decisions.
- If you have a family, do you want one provider for your family or separate providers for each family member?

Keeping up with SmartHealth

*Results from
January 1-June 30, 2015*

51,528
subscribers
registered on
SmartHealth
website

28,888
subscribers qualified
to earn the wellness
incentive by completing
the Well-being
Assessment and reaching
2,000 points.

8,147
subscribers
achieved the level
of SmartHealth
Champion by reaching
3,000 points.

To learn about SmartHealth activities, log on at www.smarthealth.hca.wa.gov

Coming soon: 2016 open enrollment

Open enrollment is coming soon. From November 1–30, you have the opportunity to make changes to your medical and dental coverage. You can also enroll or re-enroll in a Medical Flexible Spending Arrangement (FSA) or in the Dependent Care Assistance Program (DCAP).

Watch for the October *For Your Benefit* newsletter to **learn more about benefit changes and new plan options in 2016**. Take time to explore the options and what will work best for you and your family.

Keep your email or mailing address up-to-date to make sure you receive important open enrollment and plan information.

If you subscribe to the PEBB Program's email subscription service: Log into *My Account* at www.hca.wa.gov/pebb and make sure your email address is current.

Employees: Report mailing address changes to your personnel, payroll, or benefits office.

Retirees, COBRA, or Leave Without Pay members: Report mailing address changes to PEBB Benefits Services at 1-800-200-1004 (360-725-0440 in the Olympia area).



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.

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