

2023 PEBB Premium Surcharge Attestation Help Sheet

Use the information below to determine whether the premium surcharges apply to you. Then attest (respond) in the surcharge sections in PEBB My Account, on your enrollment form, or the *2023 PEBB Premium Surcharge Attestation Change Form*. **Note:** Pierce County, Washington State University (WSU), and University of Washington (UW) employees must attest through Workday.

The premium surcharges may apply if you or your dependents are enrolled in PEBB medical coverage.

1

Tobacco use premium surcharge

What are tobacco products?

Tobacco products means any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, pipe tobacco, chewing tobacco, snuff, and other tobacco products.

Tobacco products **do not** include:

- E-cigarettes.
- Tobacco cessation aids approved by the Food and Drug Administration, such as:
 1. All over-the-counter nicotine replacement products if recommended by a doctor, such as:
 - Skin patches — generic (nicotine film), private label, or brand name (Habitrol or Nicoderm).
 - Chewing gum (also called nicotine gum) — generic (nicotine polacrilex or Thrive), private label, or brand name (Nicorette).
 - Lozenges — generic (nicotine polacrilex), private label, or brand name (Nicorette or Commit).
 2. Prescription nicotine replacement products:
 - Nasal spray or oral inhaler — brand name (Nicotrol).
 - Products not containing nicotine, such as pills — generic (bupropion hydrochloride) or brand name (Chantix or Zyban).

What is tobacco use?

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

The premium surcharge **will not** apply if you and all enrolled dependents who use tobacco products meet these requirements:

- Age 18 and older: enrolled in the free tobacco cessation program through your medical plan (visit HCA's website at hca.wa.gov/tobacco-free).
- Age 13 to 17: accessed resources aimed at teens at teen.smokefree.gov.

Enrolled dependents age 12 and younger are automatically defaulted to **No** (non-tobacco users). You **do not** have to attest for them. When they turn age 13, you do not need to attest unless they use, or start using, tobacco products.

If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in PEBB Program Administrative Policy 91-1 on HCA's website at hca.wa.gov/pebb-rules.

Does this mean tobacco use within the past two months from today?

Tobacco products used within the two months before the date you submit your attestation count as tobacco use.

What if my tobacco use changes?

You must change your attestation when you or any enrolled dependents age 13 and older:

- Starts using tobacco products.
- Have stopped using tobacco products for two months or have enrolled in or accessed one of the tobacco cessation resources noted above.

You can change your tobacco use attestation online using PEBB My Account at hca.wa.gov/my-account (Pierce County, WSU, and UW employees use Workday) or you can submit a *PEBB Premium Surcharge Attestation Change Form*. Changes that result in a premium surcharge will begin the first day of the month after the status change (the date you or a dependent started using tobacco products). If that day is the first of the month, the change begins on that day. Changes that result in removing a premium surcharge will begin the first day of the month after your attestation is received. If that day is the first of the month, the change to the surcharge begins on that day.

2

Spouse or state-registered domestic partner coverage premium surcharge

If you are not enrolling a spouse or state-registered domestic partner (SRDP) on your PEBB medical plan, you don't need to complete this questionnaire or attest — this surcharge doesn't apply to you. If you have one enrolled, or you will enroll them on your 2023 PEBB medical plan, you must complete this questionnaire.

Answer **Yes** or **No** to Questions 2 through 6 below. You must also check the corresponding boxes on your enrollment form, in PEBB My Account, or on the *PEBB Premium Surcharge Attestation Change* form.

1	Are you covering your spouse or SRDP in a PEBB medical plan in 2023?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2	Will they be eligible for medical coverage through their employer in 2023? (If they will not be employed in 2023, answer No.)	Yes	No
3	Will their employer offer at least one medical plan that serves their county of residence in 2023?	Yes	No
4	Have they chosen not to enroll in their employer's medical (including SEBB) coverage in 2023?	Yes	No
5	Will the coverage offered by their employer in 2023 not be through the PEBB Program or a TRICARE plan? <ul style="list-style-type: none"> • Answer Yes if their employer does not offer PEBB coverage or a TRICARE plan. • Answer No if their employer offers PEBB coverage or a TRICARE plan. 	Yes	No
6	Will their share of the medical premium through their employer be less than \$137.76 per month in 2023?	Yes	No

If you answered **No** to any of these questions, check **No** in PEBB My Account (or Workday), on your enrollment form, or *PEBB Premium Surcharge Attestation Change Form*, and check which questions you answered **No** to. **You will not be charged the premium surcharge.**

If you answered **Yes** to all of these questions, you must complete steps 1 and 2 below to find out whether you will be charged the premium surcharge.

1. Your spouse or SRDP should ask their employer for a 2023 *Summary of Benefits and Coverage* (SBC) for all medical plans that:
 - Serve their county of residence.
 - Have a monthly premium of less than **\$137.76** per month for the employee.
2. Use the SBC information to answer the questions in the 2023 *PEBB Spousal Plan Calculator* online tool on HCA's website at hca.wa.gov/erb. Or you can download and submit it with your enrollment form or your *PEBB Premium Surcharge Attestation Change Form*.

If using the online *PEBB Spousal Plan Calculator*:

- You will get a Yes or No response to whether the premium surcharge applies to you. Enter this response in PEBB My Account (or Workday), on your enrollment form, or *PEBB Premium Surcharge Attestation Change Form*.

If using a paper version of the *PEBB Spousal Plan Calculator*:

- Provide all the information requested.
- Check "My employer or PEBB Program to help determine" on the enrollment form or *PEBB Premium Surcharge Attestation Change Form*.
- Include a copy of the *PEBB Spousal Plan Calculator* (not this help sheet) for each medical plan that meets the criteria when you submit your attestation.
- Your payroll or benefits office (for employees) or the PEBB Program (for non-Medicare retirees and PEBB Continuation Coverage subscribers) will use these to help determine whether your spouse's or SRDP's employer-based group medical is comparable to PEBB's Uniform Medical Plan Classic, and if the premium surcharge will apply.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following. **Employees:** Your payroll or benefits office. **Retirees and PEBB Continuation Coverage subscribers:** The PEBB Program at 1-800-200-1004 (TRS: 711).