



For Your Benefit

Public Employees Benefits Board (PEBB) Program

General Audience Edition | February 2021

Keeping up with COVID-19

It has been nearly a year since COVID-19 began affecting our lives. The PEBB Program and the Health Care Authority (HCA) remain committed to providing resources to help you and your family through this pandemic. We appreciate all you are doing to keep yourself and your community safe.

To find out how HCA is responding to the coronavirus pandemic, visit the HCA website at hca.wa.gov/coronavirus.

COVID-19 vaccines are here

Several vaccines have been authorized by the Food and Drug Administration and are now being administered around the state. The Washington State Department of Health (DOH) is overseeing COVID-19 vaccine distribution. They are working with the federal government and state partners to distribute it in phases. Because we will not have enough vaccines for everyone at once, DOH is building a plan for how to distribute it. To learn more about the phases of distribution, please visit the DOH website at covidvaccinewa.org. To see which phase you're in, visit the DOH Phase Finder online tool at findyourphasewa.org. COVID-19 vaccines will be covered by all PEBB medical plans with no cost to members.

Have you activated Washington's exposure notification app?

If you are a Washington state resident, you can enroll now in WA Notify, a smartphone app that lets you know if you have been exposed to COVID-19. Over a million Washingtonians have already enrolled. This tool is free, completely private, and does not track your activity or identity. To learn how it works or how to add it to your phone, visit wanotify.org.

It's not too late to get a flu shot

Getting a flu shot every year can help prevent the spread of influenza at work, among family members, and in the community. This year it is more important than ever to stay healthy and protect those around you. Make an appointment with your primary care physician or check with your network pharmacy to receive your flu shot.

Find someone to talk to at Washington Listens

Washington Listens is a program that provides non-clinical support to people who feel sad, anxious, or stressed due to COVID-19. Any Washington resident can call, and a support specialist will

listen and help guide you to connections within your community. Washington Listens is free and anonymous.

Call 1-833-681-0211 (TRS 711). Washington Listens is staffed Monday through Friday from 9 a.m. to 9 p.m., and weekends from 9 a.m. to 6 p.m. Language access services are available.

Resources to promote wellness

SmartHealth, our voluntary wellness program, has created activities to help non-Medicare PEBB members stay healthy — physically and mentally — while staying home. Log in to SmartHealth at smarthealth.hca.wa.gov.

Telehealth

Manage your health care and receive the services you need from home. Find tips for effectively using telehealth, or virtual care, on page 5.



New plan year reminders

For 2021, keep a few things in mind about your PEBB coverage. Most importantly, remember that your annual deductibles and out-of-pocket maximums restarted January 1, even if you stayed in the same health plans.

Don't forget about your hearing aid benefits

Hearing instrument coverage has increased for PEBB members in 2021. Check your medical plan's certificate of coverage for details about this important benefit. Find yours on the *Forms & publications* page at hca.wa.gov/erb.

Kaiser Permanente of the Northwest and **Kaiser Permanente of Washington** medical plans cover one hearing instrument per ear in full every 60 consecutive months (or, for Consumer-Directed Health Plan [CDHP] members, after the deductible is met), up to the plan's allowed amount. **For Medicare retirees:** \$1,400 allowance per ear every 60 consecutive months up to the plan's allowed amount. In-network providers will not balance bill for this service.

UnitedHealthcare Medicare Advantage Prescription Drug (MAPD) plans offer hearing aid coverage through UHChearing.com, a large network of providers offering hearing instruments. MAPD plans pay up to \$2,500 for hearing aids every five years. Coverage is only available through UnitedHealthcare Hearing. Hearing aids ordered through other providers are not covered.

Uniform Medical Plan (UMP) will cover one hearing instrument per ear in full every five calendar years, (or, for UMP CDHP members, after the deductible is met), up to the plan's allowed amount.

A new year for SmartHealth

Note: Retirees and PEBB Continuation Coverage (COBRA) subscribers enrolled in Medicare Part A and Part B are not eligible to receive SmartHealth incentives.

SmartHealth is included in your benefits and is a voluntary wellness program that supports your whole person well-being. It helps you manage stress, build resiliency, and adapt to change. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentives.

Who is eligible?

Generally, subscribers and their spouses or state-registered domestic partners enrolled in PEBB medical coverage can participate in SmartHealth activities.

However, only eligible subscribers can qualify for the SmartHealth wellness incentives.

Eligible subscribers include employees, PEBB Continuation Coverage (Unpaid Leave) subscribers, non-Medicare retirees, and non-Medicare PEBB Continuation Coverage (COBRA) subscribers. Learn more about eligibility on HCA's website at hca.wa.gov/pebb-smarthealth.

Use your behavioral health resources

The *Behavioral health services by plan* webpage can help you find mental health and substance use disorder services and supports. From this webpage, you can find links and information for behavioral health services in Washington State, whether you are experiencing a crisis or just want someone to talk to. It also includes resources for you to reach your medical plan's customer service, find a provider, and get timely access to care, as required by House Bill 1099 (Brennen's Law). Visit our *Behavioral health services by plan* webpage at hca.wa.gov/bh-pebb.

Have you named a beneficiary?

Many PEBB employees have not named a beneficiary on their employer-paid basic life and accidental death and dismemberment (AD&D) insurance policies. By not naming a beneficiary, these subscribers run the risk that their families will not receive a lump sum payment when they need it most.

Now more than ever, it's important to keep your beneficiary information up-to-date. To make updates online, use MetLife's MyBenefits portal at mybenefits.metlife.com/wapebb. You may also call MetLife at 1-866-548-7139 to ask for a *Group Term Life Insurance Beneficiary Designation* form, or print a copy from our *Forms & publications* page on the HCA website at hca.wa.gov/erb.

How do I earn the wellness incentives?

1. Sign in to SmartHealth at smarthealth.hca.wa.gov.
2. Take the well-being assessment to earn a \$25 Amazon.com gift card.
3. Join and track activities to earn 2,000 total SmartHealth points by November 30, 2021.

How do I find my \$125?

If you qualified for the \$125 wellness incentive in 2020 and you are still enrolled in a PEBB medical plan, you received it by January 31, 2021.

Your \$125 will be applied to your medical deductible or, if you're enrolled in a consumer-directed health plan, it will be deposited into your health savings account. To find your \$125, do one of the following:

- Sign in to SmartHealth and join the "How do I find my \$125?" activity.
- Contact your medical plan.
- Sign in to your medical plan's member portal.

COVID-19 relief: Medical FSA & DCAP changes

We know 2020 probably didn't go as you planned. That's why we're giving you extra flexibility with your 2020 Medical Flexible Spending Arrangement (FSA) and Dependent Care Assistance Program (DCAP) funds. These changes are allowed under the federal COVID-19 relief bill that passed in December 2020. They apply through December 31, 2021.

Keep spending your 2020 DCAP funds

The PEBB Program is extending the deadline to incur expenses and submit claims for your 2020 DCAP funds through December 31, 2021 — giving you an extra 12 months to spend your funds. You can also spend 2020 funds on children up to when they turn age 14. (The normal limit is children up to age 13.)

The 12-month extension does not apply to Medical FSA funds. See below to learn about the Medical FSA grace period.

Use Medical FSA funds after leaving a job

You may use unspent 2020 or 2021 Medical FSA funds after you leave a job, without enrolling in PEBB Continuation Coverage (COBRA). If you left employment in 2020, or plan to do so in 2021, you can continue to submit claims for reimbursement through the end of the plan year in which you left employment (including the grace period). You can be reimbursed only for expenses incurred before you left employment.

For example, if you left employment in October 2020, you have through March 31, 2021 to submit claims against your 2020 funds. See below to learn more about the Medical FSA grace period. Please note that your debit card will not work once you leave employment. All requirements for submitting claims and documentation still apply.

Change 2021 elections with no qualifying event

If you enrolled in a Medical FSA or DCAP for 2021, you can change your elections without a qualifying event. This opportunity will be available three times: in March, June, and September 2021. Normal election minimums and maximums still apply.

Please note than you can only lower your election to the amount you have already contributed or claimed for the year. For example, if you elected \$2,000 for your Medical FSA and you have already contributed or claimed \$400, you can lower your election only to \$400.

To make changes, submit the *Change in Status* form, available on Navia's website at pebb.navabenefits.com, to your payroll or benefits office. For details about changing your elections, please contact your payroll or benefits office.

The Medical FSA grace period still applies

You may continue to incur eligible Medical FSA expenses and use your 2020 funds through March 15, 2021. If you reenrolled

in a Medical FSA for 2021, any eligible expenses incurred during the grace period will be reimbursed from your unused 2020 funds before being applied to your 2021 account.

You must submit all eligible 2020 Medical FSA claims for reimbursement by March 31, 2021. (If you enrolled in a CDHP for 2021, please see below for a different deadline.) After March 31, IRS rules require that any funds left in your account be returned to the Health Care Authority. Once returned, you cannot reclaim those funds.

Submit claims and supporting documentation by:

- Logging into your Navia account at pebb.navabenefits.com
- Email: claims@navabenefits.com
- Fax: 1-425-451-7002 or toll-free 1-866-535-9227
- Mail: Navia Benefit Solutions, PO Box 53250, Bellevue, WA 98015-3250

If you had a Medical FSA in 2020 and enrolled in a CDHP for 2021

If you did not use all your 2020 Medical FSA funds and receive reimbursement by December 31, 2020, neither you nor your employer can contribute to your health savings account (HSA) until April 1, 2021. In April, the employer contributions from January through March (and the SmartHealth \$125 wellness incentive, if you earned it) will be deposited into your HSA.

Are you a represented employee whose rate of pay on November 1, 2020 was \$50,004 a year or less?

If so, you likely received a \$250 Medical FSA contribution from your employer in January 2021. This employer-paid benefit allows you to spend these funds on eligible health care expenses, like copays, deductibles, dental or vision expenses, over-the-counter medication, or menstrual care products.

You received these funds even if you didn't enroll in a Medical FSA. This \$250 will not come out of your paycheck. If you were eligible for this benefit, Navia either sent you a debit card loaded with the \$250, or they added the funds to your existing account and debit card.

If you received this benefit in January 2020, you have until March 15, 2021 to spend that \$250. You can submit claims

for eligible expenses through March 31, 2021. That means you can apply these funds to any eligible expense, dating back to January 2020 — even if you didn't use your debit card at the time.

If you received this benefit again in January 2021, you **will not** receive a new debit card. Your existing debit card will be loaded with the new funds. If you have misplaced your debit card, please call Navia Benefit Solutions at 1-800-669-3539.

Remember, you cannot receive this benefit if you enrolled in a CDHP for 2021 or waived PEBB medical coverage (except to enroll as a dependent on another PEBB account) for 2021.

We support health equity

At the Health Care Authority (HCA), we see inequities in the physical and behavioral health care system. The circumstances in which individuals live, work, and play also determine health outcomes. Through our Health Equity Workgroup, HCA has created a strategy for incorporating health equity principles into our operations, programs, and initiatives. This effort supports HCA's mission for a healthier Washington. We remain committed to the long-term work of advancing health equity.

What is health equity?

We define health equity as everyone having a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health, such as poverty and discrimination, and their consequences, including powerlessness, lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity is a core value of HCA, and by extension, a core value of the PEBB Program.

Health equity and the PEBB Program

We strive to find meaningful and strategic ways to use our financial influence to improve health outcomes, including making health care more affordable and accessible.



The PEBB Program and the collective bargaining agreement have been advancing health equity through Medical Flexible Spending Arrangement (FSA) contributions. In an effort to help employees with financial health care costs, represented employees with PEBB benefits whose annual rate of pay on November 1, 2020 is \$50,004 or less automatically received a \$250 Medical FSA contribution from their employers in January. To learn more about this employer-paid benefit, see page 3.

The PEBB Program has also added gender identity options, including gender X, to enrollment forms. As of 2018, people born in Washington State can change their sex designation on their birth certificate from male or female to the new designation of "X" to reflect their gender identity. This allows all Washington residents to have consistency across their legal documents needed to access services. Find out more on the HCA website at hca.wa.gov/gender-x.

Paid Family and Medical Leave: Help when you need time off from work

The state's Paid Family and Medical Leave (Paid Leave) program started just over a year ago, allowing most Washington employees access to what the Employment Security Department (ESD) calls "the most generous paid family and medical leave program in the U.S." You can use Paid Leave for:

- Caring for yourself, a spouse, child, parent, spouse's parent, sibling, grandchild, grandparent, spouse's grandparent, son-in-law, or daughter-in-law due to a serious illness or injury.
- Welcoming a new child into your home through birth, adoption, or foster placement.
- Attending certain military-connected events for a family member in the armed forces (either active duty or in the reserves). These might include issues arising from short-notice deployment, attending official ceremonies and briefings, and spending time with the service member during R&R leave, among others.

If you're eligible, you may be able to take up to 12 weeks off work, or more in some cases, and receive up to 90 percent of your typical wage. The maximum benefit amount in 2021 is \$1,206 a week. To qualify, you must have worked at least 820 hours (about 16 hours per week) during the previous year.

Leave does not have to be taken all at once. You can take one day (eight consecutive hours is the minimum), one day a week, or any number of days up to the limit.

Apply directly to ESD, which will take two to three weeks to process. You must also provide 30 days' written notice to your employer for planned leave, or notify them as soon as possible for emergencies.

Recipients who also meet the criteria for federal Family and Medical Leave Act (FMLA) (i.e., worked for their employer for a year, and worked at least 1,250 hours over the year prior to the leave), will have job-protected absences. When applicable, federal FMLA and the state's Paid Leave

run concurrently. Be sure to carefully read the information on the websites noted below.



Need to know more?

Learn more on the state's Paid Leave website at paidleave.wa.gov. The site includes tools to evaluate eligibility, estimate your weekly pay, and check off tasks as you get ready to apply. You can also contact your payroll or benefits office for more information.

Visit the Department of Labor's website at dol.gov/agencies/whd/fmla for more information on FMLA.

Get the most from your virtual visit

When the COVID-19 pandemic started last year, the medical industry quickly expanded telehealth (also called virtual care) capabilities for provider visits. Video chat visits are available from all PEBB medical carriers.

We asked Kaiser Permanente, Premera, and Regence BlueShield (administrator for Uniform Medical Plan [UMP]), how telehealth is working. All three reported that patients have quickly adapted to the new environment and seem to appreciate the convenience. There's no traffic, and you don't have to go out when you don't feel well or take sick children out of their familiar environments. "It's almost like a house call," said Dr. Josephine Young, medical director for commercial markets at Premera.

Video visits work well for providers, too, because they see patients in their own

environments. "Providers can see patients' facial cues, which tell them more about what's going on," said Dr. Avantika Waring, medical director for commercial business at Kaiser Permanente.

"Telehealth options can solve a lot of needs," said Mike Zwick, virtual care product manager for UMP. "Our goal is to make virtual care as affordable and accessible as possible." Zwick added that UMP has seen a 242 percent increase in behavioral health visits through virtual care since last March.

Asked about the future of virtual care beyond the pandemic, these carriers expect to see some long-term changes to how health care is delivered, and that virtual care will continue to see high levels of participation.



Tips for patients

- Sign up for virtual care options or online accounts through your plan's website before you need care.
- Put as much medical information in your profile as you can. This saves time later.
- Before your virtual visit, test that your audio and/or video work.
- When it's time for your appointment, find a quiet spot to have a conversation with your provider where you can speak candidly.
- It's okay to have caretakers or others attend if you want.
- Have your medications handy in case there's a question about them.
- Don't be shy about appearing on video. Your provider is happy to see your face.
- The provider may ask you to do things like show a rash or point to where it hurts.
- Be sure to ask your questions and that you understand instructions before the visit ends.

How to access telehealth

Find out more about how your plan offers care away from the doctor's office. Contact your plan, read your certificate of coverage, or explore these websites.

Kaiser Permanente NW

healthy.kaiserpermanente.org/oregon-washington/get-care

Kaiser Permanente WA

kp.org/wa/getcare

Premera Blue Cross Medicare

Supplement Plans F & G (These plans cover the same telehealth services as Medicare.)

medicare.gov/coverage/telehealth

UMP, administered by Regence BlueShield

ump.regence.com/pebb/benefits/telementedicine

UnitedHealthcare

uhcretiree.com/wapebb

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Look inside for your **For Your Benefit** *newsletter*



Looking for the most recent COVID-19 information?

Inside, read about COVID-19 vaccines, using WA Notify, and staying healthy during the pandemic.

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Update your mailing address

Keep your address up to date so we can send you important account information that can't be emailed.

Learn how to update your address on the HCA website at hca.wa.gov/employee-retiree-benefits/contact-us by selecting your member type.

