

2022

PEBB Initial Notice of COBRA and Continuation Coverage Rights

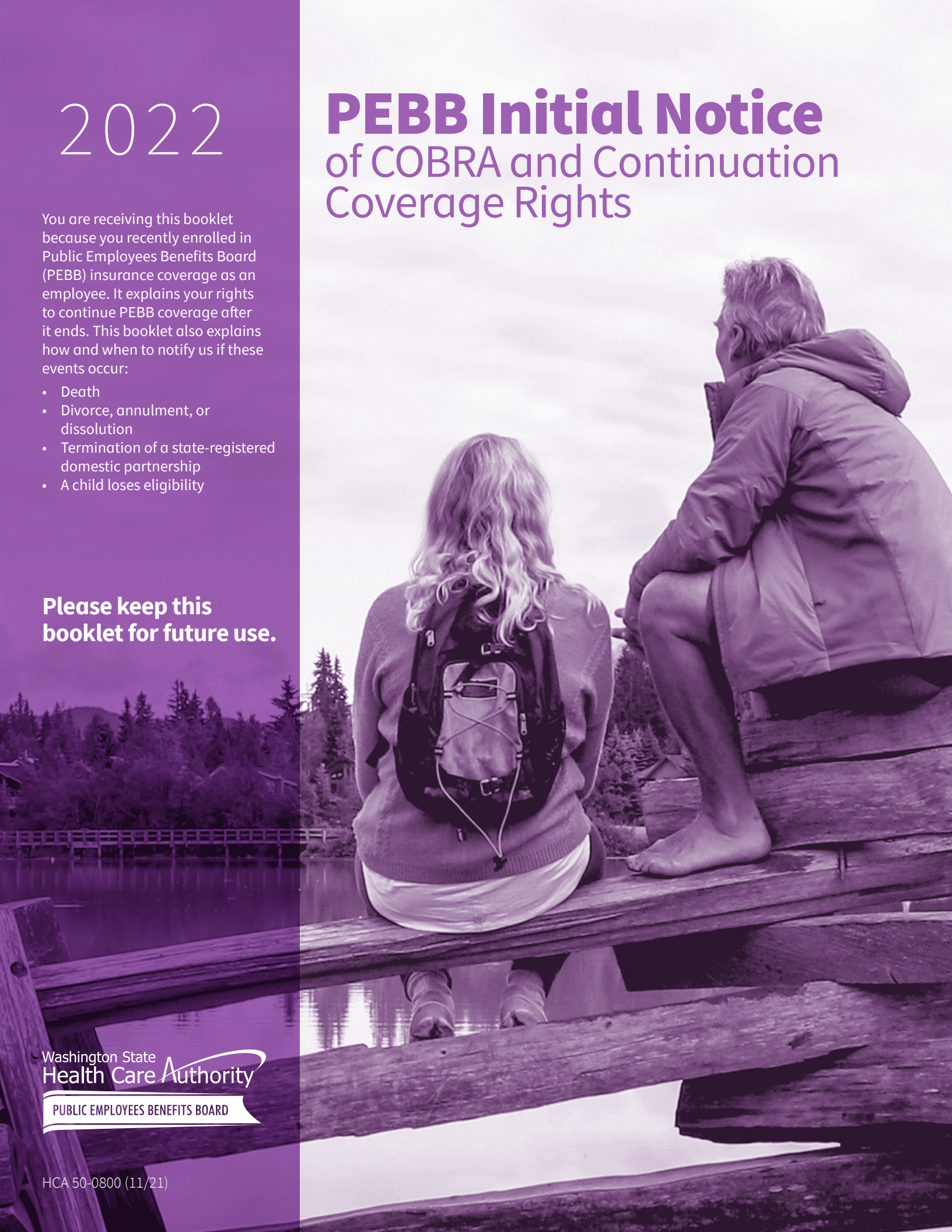
You are receiving this booklet because you recently enrolled in Public Employees Benefits Board (PEBB) insurance coverage as an employee. It explains your rights to continue PEBB coverage after it ends. This booklet also explains how and when to notify us if these events occur:

- Death
- Divorce, annulment, or dissolution
- Termination of a state-registered domestic partnership
- A child loses eligibility

**Please keep this
booklet for future use.**

Washington State
Health Care Authority

PUBLIC EMPLOYEES BENEFITS BOARD



Contact information

If you have questions about PEBB eligibility or your rights to PEBB Continuation Coverage, contact the PEBB Program:

Phone

Monday through Friday, 8 a.m. to 4:30 p.m.
1-800-200-1004 (toll-free) or 360-725-0440 (Olympia area)
(TRS: 711)

Website

hca.wa.gov/erb

Mailing address

Health Care Authority
PEBB Program
PO Box 42684
Olympia, WA 98504

Street address

Health Care Authority
626 8th Avenue SE
Olympia, WA 98501

The Health Care Authority (HCA) is open between 8 a.m. and 5 p.m., Monday through Friday. Visitors are seen on a first-come, first-served basis. The last visitor will be accepted at 4:30 p.m. Because of closures during the COVID-19 pandemic, please call ahead to check whether our office is open before your visit. To check lobby hours, visit hca.wa.gov/employee-retiree-benefits/contact-us.

If you have questions about your rights to continue your Flexible Spending Arrangement (FSA), contact Navia Benefit Solutions, Inc. at 1-800-669-3539 or email customerservice@naviabenefits.com.

Notify your employer of address changes

To protect your rights and the rights of your dependents, you must keep your employer informed of address changes for yourself and all covered dependents. You should also keep a copy of any notices you send to your employer for your records.

Where to find PEBB Program laws and rules

You can find PEBB's existing laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-08, 182-12, and 182-16 of the Washington Administrative Code (WAC). These are available on the Legislature's website at leg.wa.gov.

Federal resources

For more information about your Consolidated Omnibus Budget Reconciliation Act (COBRA) rights, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the Centers for Medicare & Medicaid Services (CMS) website at cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/cobra_fact_sheet.html, or call toll-free at 1-877-267-2323 and select option 6, extension 61565. You may also email CMS with questions at phig@cms.hhs.gov.

For information about health insurance options through the Health Insurance Marketplace, visit:

In Washington State:

Washington Health Benefit Exchange
1-855-923-4633 (TTY 1-855-627-9604)
wahbexchange.org

Outside Washington State:

Health Insurance Marketplace
1-800-318-2596 (TTY 1-855-889-4325)
healthcare.gov

Definition of terms

Here are some important terms used in this booklet.

COBRA: Consolidated Omnibus Budget Reconciliation Act is continuation coverage as administered under 42 U.S.C. Secs. 300bb-1 through 300bb-8. In general, under COBRA, if you were covered by an employer-based group health plan on the day before the occurrence of a qualifying event, you may be able to elect COBRA continuation coverage for a limited time upon that qualifying event.

Continuation coverage: Temporary continuation of PEBB benefits available to enrollees under COBRA, the Uniformed Services Employment and Reemployment Rights Act (USERRA), 38 U.S.C. Secs. 4301 through 4335, or PEB board policies, by self-paying premiums after a loss of your employer-based group health coverage. Types of continuation coverage include COBRA and Unpaid Leave.

Continuation Coverage (Unpaid Leave): A temporary extension of PEBB insurance coverage for employees who lose eligibility for the employer contribution toward PEBB benefits due to specific types of leave.

Qualified beneficiary: A covered employee, the employee's covered spouse, and covered dependent children or children who are born to, or adopted by, a covered employee during a period of continuation coverage.

Qualifying event: A life event, such as a termination of employment or a reduction in hours, that causes loss of coverage.

Special open enrollment: A period of time when you may make changes to your health plan enrollment elections outside of the annual open enrollment period when specific life events occur, such as a marriage or birth of a child.

WAC: Washington Administrative Code are the laws of Washington State.

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About PEBB Continuation Coverage

You are receiving this booklet because you have recently enrolled in Public Employees Benefits Board (PEBB) insurance coverage as an employee. The PEBB Program administers insurance and other benefits within the Washington State Health Care Authority (HCA).

This booklet contains important information about your right (and your covered dependent's right) to continue PEBB coverage if one of you were to lose eligibility. It also lists other health plan coverage options that may be available to you, such as through the Health Insurance Marketplace. This booklet explains:

- PEBB Continuation Coverage options.
- When these options may become available to you or your covered dependents.
- What you or your covered dependents will need to do to protect your rights to continue PEBB coverage.

PEBB Continuation Coverage options allow you and your covered dependents to enroll in the same medical and dental plans you had at the time you lost eligibility, but only temporarily and with no employer contribution. In some cases, you may also continue life insurance, accidental death and dismemberment insurance, and long-term disability insurance. You must meet procedural requirements and pay the premium, plus applicable premium surcharges, each month from the date you or your covered dependent lose PEBB coverage.

The right to continuation coverage was signed into federal law as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). It requires group health plans to provide a temporary continuation of coverage to you and your covered dependents when group health plan coverage ends due to a qualifying event.

When you or a covered dependent become eligible for PEBB Continuation Coverage, that person may also become eligible for other continuation coverage options that may cost less. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

This booklet does not fully describe PEBB Continuation Coverage or other continuation coverage options available to you.

If you have questions about this booklet or your eligibility for continuation coverage, or if you would like more information about your rights and obligations under the

PEBB Program and federal law, see the *PEBB Continuation Coverage Election Notice*. The booklet is available on HCA's website at hca.wa.gov/pebb-continuation under *Forms & publications* or through the PEBB Program. You can also contact the Centers for Medicare & Medicaid Services (CMS). See the front of this booklet for contact information.

Which continuation coverage options are available?

The PEBB Program offers one or more ways for you and your dependents, if eligible, to continue PEBB coverage.

PEBB Continuation Coverage (COBRA): a temporary extension of PEBB health plan coverage available to PEBB members defined as qualified beneficiaries under federal COBRA rules, and for state-registered domestic partners and their children, based upon RCW 26.60.015. This means a state-registered domestic partner and their children may continue PEBB health plan coverage on the same terms and conditions as spouses and other eligible dependents under COBRA. Coverage may be temporarily extended only if the PEBB member experiences a qualifying event.

PEBB Continuation Coverage (Unpaid Leave): a temporary extension of PEBB health plan coverage for employees who lose eligibility for the employer contribution toward PEBB benefits due to specific types of leave or other qualifying events. Life, accidental death and dismemberment, and long-term disability insurance may also be continued if you are eligible and choose to continue these coverages.

The PEBB Program also offers PEBB retiree insurance coverage. This coverage is a continuation of PEBB health plan coverage. It is available to employees and survivors who meet retiree eligibility and enrollment requirements. You can find more information on HCA's website at hca.wa.gov/pebb-retirees.

When is PEBB Continuation Coverage available?

The PEBB Program will offer continuation coverage to you or your covered dependents after you, your survivors, a representative acting on your behalf, or your employer notifies the PEBB Program that you or your dependents are no longer eligible for PEBB benefits. When a qualifying event occurs and the PEBB Program is properly notified (see page 7), we will send a *PEBB Continuation Coverage Election Notice* to you and/or your dependents at the address(es) we have on record. The booklet provides information on how to continue PEBB coverage.

What is PEBB Continuation Coverage (COBRA)?

PEBB Continuation Coverage (COBRA) is a continuation of health plan coverage offered when PEBB health plan coverage ends because of a qualifying event. After a qualifying event occurs, the PEBB Program is required to offer PEBB Continuation Coverage (COBRA) to each person who is a qualified beneficiary, and to state-registered domestic partners and their children. A state-registered domestic partner and their children may continue PEBB health plan coverage on the same terms and conditions as spouses and other eligible dependents under COBRA.

You, your spouse, your dependent children, and your state-registered domestic partner and their children could become qualified beneficiaries if coverage in a PEBB health plan is lost because of a qualifying event. Each qualified beneficiary has separate election rights. Those choosing to elect PEBB Continuation Coverage (COBRA) must pay the monthly premium and applicable premium surcharges. The type of qualifying event determines how long you may continue PEBB Continuation Coverage (COBRA).

What is a qualified beneficiary?

A qualified beneficiary is an employee, spouse, or their child who lost PEBB health plan coverage due to a qualifying event and is eligible to continue their PEBB Continuation Coverage under federal law (COBRA). State-registered domestic partners and their children who lost PEBB health plan coverage due to the same qualifying events are also eligible to elect PEBB Continuation Coverage (COBRA) under Washington State law (RCW 26.60.015), under the same terms and conditions as spouses and other eligible dependents under federal COBRA law.

Exception: You must be an employee, spouse, or qualified tax dependent to be eligible to continue a Medical Flexible Spending Arrangement (FSA) or Limited Purpose FSA. Call Navia Benefit Solutions at 1-800-669-3539 or email Navia Customer Service at customerservice@naviabenefits.com for details.

What benefits are available to continue under PEBB Continuation Coverage (COBRA)?

Medical and dental benefits

You or your dependents may continue only the health plan coverage you were enrolled in (medical, dental, or both) the day before the qualifying event occurs by self-paying the premiums and applicable premium surcharges. If you elect

to cover your eligible dependents, they will be enrolled in the same health plans you elect, unless they make independent elections to enroll separately.

Flexible Spending Arrangement (FSA)

If you are enrolled in a PEBB Medical FSA or Limited Purpose FSA and your employment ends, you may be eligible to keep contributing to your FSA through Navia Benefit Solutions until the end of the plan year by electing PEBB Continuation Coverage (COBRA). If you are eligible for this option, Navia Benefit Solutions will mail a COBRA election booklet to you. Navia Benefit Solutions must receive your election **no later than 60 days** from the date your PEBB health plan coverage ends or from the postmark date on Navia's COBRA election notice, whichever is later. For more information, call Navia Benefit Solutions at 1-800-669-3539 or email Navia Customer Service at customerservice@naviabenefits.com.

Who is eligible for PEBB Continuation Coverage (COBRA)?

Qualified beneficiaries (employees, spouses or former spouses, or dependent children) under federal COBRA rules, (or current or former state-registered domestic partners and their dependent children who are not qualified beneficiaries under federal COBRA rules) are eligible to elect PEBB Continuation Coverage (COBRA) if they lose PEBB health plan coverage due to a qualifying event.

Qualifying events

Employee

- Your hours of employment are reduced below the number of hours required to be eligible for the employer contribution toward PEBB benefits.
- Your employment ends for any reason other than gross misconduct.

Spouse

- Your spouse (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving spouse.
- Your spouse's (the employee's) hours of employment are reduced.
- Your spouse's (the employee's) employment ends for any reason other than for gross misconduct.
- You and your spouse (the employee) get a divorce, annulment, or dissolution of marriage. If your spouse reduces or terminates your PEBB health plan coverage in anticipation of a divorce, the divorce may be considered a qualifying event even though you lost coverage before the divorce was final.

State-registered domestic partner (SRDP)

- Your SRDP (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent.

- Your SRDP's (the employee's) hours of employment are reduced.
- Your SRDP's (the employee's) employment ends for any reason other than gross misconduct.
- Your state-registered domestic partnership with the employee is terminated. If your SRDP reduces or terminates your PEBB health plan coverage in anticipation of the termination, the termination may be considered a qualifying event even though you lost coverage before the termination was final.

Dependent child

- Your parent (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent.
- Your parent's (the employee's) hours of employment are reduced.
- Your parent's (the employee's) employment ends for any reason other than gross misconduct.
- Your eligibility for PEBB health plan coverage as a dependent child ends as described in WAC 182-12-260(3).

SRDP's child

- Your parent's SRDP (the employee) dies, and you don't qualify for PEBB retiree insurance coverage as a surviving dependent.
- Your parent's SRDP's (the employee's) hours of employment are reduced.
- Your parent's SRDP's (the employee's) employment ends for any reason other than gross misconduct.
- Your eligibility for PEBB health plan coverage as a dependent child ends as described in WAC 182-12-260(3).

Children born to or placed for adoption with the covered employee during the PEBB Continuation Coverage (COBRA) coverage period

A child born to, adopted by, or placed for adoption with a covered employee during a period of PEBB Continuation Coverage (COBRA) is considered a qualified beneficiary under federal COBRA rules. The child may be enrolled in PEBB Continuation Coverage (COBRA) due to a special open enrollment event or during the PEBB Program's annual open enrollment. Coverage can last for the duration of the PEBB Continuation Coverage (COBRA) coverage period, measured from the original qualifying event date. To be enrolled in PEBB health plan coverage, the child must otherwise satisfy PEBB eligibility requirements.

Alternate recipients under a National Medical Support Notice or court order

A child of the covered employee who is receiving benefits due to a National Medical Support Notice (NMSN) or court order, received by the employer or the PEBB Program during the employee's period of employment, is eligible to the same rights to PEBB Continuation Coverage (COBRA) as an eligible dependent child of the employee.

Who is eligible for PEBB Continuation Coverage (Unpaid Leave)?

If you lose PEBB insurance coverage due to one of the events listed below, you are eligible for PEBB Continuation Coverage (Unpaid Leave).

Qualifying events

Employee

- You are on authorized leave without pay from your agency.
- You are on approved educational leave.¹
- You are receiving time-loss benefits under workers' compensation.
- You are called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).¹
- Your employment ends due to a layoff.
- You are applying for disability retirement.
- You are reverting (for reasons other than a layoff) to a position that is not eligible for the employer contribution toward PEBB benefits.
- You are a faculty member who is between periods of eligibility.
- You are a seasonal employee who is between periods of eligibility.
- You are appealing a dismissal action.

What benefits are available to continue under PEBB Continuation Coverage (Unpaid Leave)?

You may continue only the health plan coverage you are enrolled in (medical, dental, or both) the day before the qualifying event occurs by self-paying the premiums and applicable premium surcharges. You may also continue your Flexible Spending Arrangement (FSA), life insurance, accidental death and dismemberment insurance, and in some cases, long-term disability insurance.

Refer to Appendix B in the *PEBB Continuation Coverage Election Notice* (available on HCA's website at hca.wa.gov/pebb-continuation under *Forms & publications*) for more information.

You must enroll in PEBB Continuation Coverage (Unpaid Leave) to enroll your eligible dependents. If you choose to cover your dependents, they will be enrolled in the same health plans you elect. Your eligible dependents do not have independent election rights.

¹ You may also be eligible to continue long-term disability insurance. State-registered domestic partners and their children who lost coverage due to a qualifying event as described under "Who is eligible for PEBB Continuation Coverage (COBRA)?" on page 6 are allowed to extend the period of PEBB Continuation Coverage (COBRA) in the same situations as a spouse or child who is a qualified beneficiary.

Who is eligible for PEBB retiree insurance coverage?

PEBB retiree insurance coverage is available to:

- Retiring employees.
- Elected or full-time appointed officials as described in WAC 182-12-180.
- Surviving dependents of emergency service personnel killed in the line of duty.
- Surviving dependents of employees and retirees.

To be eligible to enroll in PEBB retiree insurance coverage, you must meet both the procedural and eligibility requirements of WAC 182-12-171, 182-12-180, 182-12-211, 182-12-250, or 182-12-265. If you are eligible for PEBB retiree insurance coverage, your opportunity to enroll will be affected if you do not submit your forms by the required deadline.

For details on retiree eligibility, enrollment, premiums, and available plan options, refer to the *PEBB Retiree Enrollment Guide*. You can find it on HCA's website at hca.wa.gov/pebb-retirees or get a copy by calling the PEBB Program at 1-800-200-1004 (TRS: 711).

Who must provide notice when eligibility for PEBB coverage ends?

Your employer must notify the PEBB Program when:

- Your (the employee's) employment ends.
- Your (the employee's) hours of employment are reduced.
- You (the employee) go on approved leave without pay.
- You (the employee) die.
- You (the retiree) lose eligibility because your employer group ends participation in PEBB health plan coverage. Retirees of an educational service district (ESD) can continue PEBB retiree insurance coverage, even if the ESD ends participation.

You, your dependent, or a representative acting on your behalf must provide written notice to your payroll or benefits office when:

- You experience a divorce, annulment, dissolution, or terminate a state-registered domestic partnership.
- Your child loses eligibility (dependent status) under PEBB Program rules.
- Your dependent dies.

Deadline to provide written notice

You, your dependent, or your representative must provide written notice to your payroll or benefits office or the PEBB Program **no later than 60 days** after:

- The date of the qualifying event; or
- The date you or a covered dependent loses (or would lose) eligibility for PEBB coverage due to a qualifying event, whichever occurs later.

Example 1: If you and your spouse divorce on June 15, the qualifying event date is June 15. Your former spouse loses eligibility for PEBB health plan coverage on the last day of the month (June 30) in which the divorce occurred. Your payroll or benefits office must receive written notice of the qualifying event **no later than 60 days** after the qualifying event date or the date eligibility ends, whichever occurs later. In this case, eligibility for PEBB health plan coverage ends on June 30, after the qualifying event date (June 15). Therefore, your payroll or benefits office must receive written notice **no later than 60 days** after June 30.

Example 2: You terminate coverage for your spouse on December 31 in anticipation of a divorce, but your divorce is not final until June 15. The PEBB Program must receive written notice of the qualifying event **no later than 60 days** after the qualifying event date (June 15) or the date PEBB health plan coverage ends (December 31). In this case, the qualifying event date occurs June 15, after PEBB health plan coverage ends. Therefore, the PEBB Program must receive written notice **no later than 60 days** after June 15.

Once your employer or the PEBB Program is notified of the qualifying event, a *PEBB Continuation Coverage Election Notice* will be mailed to the address you provide.

If you, your dependent, or your representative does not notify your employer or the PEBB Program in writing within the timelines allowed by law, you and your covered dependents will lose the right to elect PEBB Continuation Coverage.

What information is needed to provide notice of a qualifying event?

Any written notice you, your dependent, or your representative provides must include:

1. The name and address of the employee or retiree who is (or was) covered.
2. The name, address, telephone number, and signature of the person providing the notice.
3. The names and addresses of all qualified beneficiaries who lost coverage because of the qualifying event.
4. The qualifying event and the date it happened.

AND

If providing written notice of a divorce, annulment, dissolution, or termination of a state-registered domestic partnership: In addition to items 1–4 above, include proof of the divorce, annulment, dissolution, or termination of state-registered domestic partnership.

AND

If providing written notice of a disability (or that a disability has ended), your notice must include items 1–4

above and:

- The name and address of the disabled qualified beneficiary.
- The date that the qualified beneficiary became disabled.
- The names and addresses of all qualified beneficiaries who are receiving PEBB Continuation Coverage.
- A copy of the Social Security Administration's letter showing the disability determination date or a statement from the Social Security Administration that the qualified beneficiary is no longer disabled.

If providing written notice of a second qualifying event, your notice must include items 1–4 above and:

- The second qualifying event and the date it happened.
- The names and addresses of all qualified beneficiaries who are receiving PEBB Continuation Coverage.
- Proof of the second qualifying event.

See below for more information on disability and second qualifying event extensions of coverage.

Who can elect PEBB Continuation Coverage?

Once the PEBB Program receives timely notice that a qualifying event has occurred, PEBB Continuation Coverage will be offered to each qualified beneficiary. Each qualified beneficiary who loses PEBB health plan coverage will have an independent right to elect PEBB Continuation Coverage (COBRA). Employees may elect PEBB Continuation Coverage (Unpaid Leave) under some circumstances. Dependents do not have independent election rights to PEBB Continuation Coverage (Unpaid Leave) and can only be enrolled if the employee enrolls.

Employees may elect PEBB Continuation Coverage on behalf of their spouse or state-registered domestic partner, and parents may elect PEBB Continuation Coverage on behalf of their children. Any qualified beneficiary for whom PEBB Continuation Coverage is not elected within the 60-day period specified in the *PEBB Continuation Coverage Election Notice* **will lose their right to elect PEBB Continuation Coverage.**

When can PEBB Continuation Coverage be extended?

If you or your qualified beneficiaries¹ are enrolled in PEBB Continuation Coverage (COBRA) for 18 months due to the employee's termination of employment or reduction of hours, there are two ways in which this 18-month period of PEBB Continuation Coverage can be extended:

1. When the Social Security Administration determines that you or a qualified beneficiary are disabled.

2. When a second qualifying event occurs.

A Medical FSA or Limited Purpose FSA may only be continued through the year in which the original qualifying event occurred. Therefore, the extension of coverage rule does not apply to FSAs, and they cannot be extended under any circumstances.

Disability extension of coverage

If the Social Security Administration determines that any qualified beneficiary¹ is disabled, you and all other qualified beneficiaries you cover may be eligible to receive up to 11 months of additional PEBB Continuation Coverage (for a total of 29 months). This extension is available only to those individuals who are receiving PEBB Continuation Coverage (COBRA) because of the covered employee's termination of employment or reduction of hours.

The disability must have started during the first 60 days of PEBB Continuation Coverage (COBRA), and must last at least until the end of the 18-month PEBB Continuation Coverage (COBRA) period.

The disability extension is available only if you notify the PEBB Program in writing and submit a *PEBB Continuation Coverage (COBRA) Election/Change* form and a copy of the disability award letter from the Social Security Administration **no later than 60 days** after the last of the following events:

- The date of the Social Security Administration's disability determination.
- The date of the covered employee's termination of employment or reduction of hours.
- The date the qualified beneficiary loses (or would lose) coverage under PEBB Program rules as a result of the covered employee's termination of employment or reduction of hours.
- The date the PEBB Program mails a *PEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the PEBB Program.

You must also provide this notice before the end of the initial 18 months of PEBB Continuation Coverage (COBRA) to be eligible for a disability extension. If the notice procedures in this booklet are not followed or if the notice is not submitted to the PEBB Program during the 60-day notice period and before the end of the initial 18 months of PEBB Continuation Coverage (COBRA), there will be no disability extension of PEBB Continuation Coverage (COBRA).

The right to the disability extension may be terminated if the Social Security Administration determines that the disabled qualified beneficiary is no longer disabled. You or your qualified beneficiaries have 30 days after the Social Security Administration's determination to notify the PEBB Program when a qualified beneficiary is no longer disabled.

¹ State-registered domestic partners and their children who lost coverage due to a qualifying event as described under "Who is eligible for PEBB Continuation Coverage (COBRA)?" on page 7 are allowed to extend the period of PEBB Continuation Coverage (COBRA) in the same situations as a spouse or child who is a qualified beneficiary.

Second qualifying event extension of coverage

If your qualified beneficiary¹ experiences a second qualifying event while receiving 18 months of PEBB Continuation Coverage (COBRA) (or 29 months, if the second event occurs during the disability extension), they may be eligible to receive up to another 18 months of PEBB Continuation Coverage. This extension results in a maximum of 36 months of PEBB Continuation Coverage (COBRA).

To qualify for a second qualifying event extension of coverage, the second event must:

- Occur during the initial PEBB Continuation Coverage (COBRA) period resulting from termination of employment, reduction of hours, or the retiree's loss of PEBB retiree insurance due to termination of employer group participation with PEBB insurance coverage; and
- Cause a qualified beneficiary¹ to lose coverage under PEBB Program rules **if the first qualifying event had not occurred**. This includes:
 - The employee's or retiree's death.
 - Divorce, annulment, or dissolution of marriage.
 - Termination of a state-registered domestic partnership.
 - The dependent child loses eligibility for coverage under PEBB Program rules.

Note: The second qualifying event extension is not available when an employee becomes entitled to Medicare after their termination of employment or reduction of hours. However, the employee and covered dependents may remain enrolled in PEBB Continuation Coverage (COBRA) for the duration of the coverage period.

Eligible dependents must have been covered under the plan on the day before the first qualifying event. Newborns or adopted children added after the first qualifying event are also eligible for the second qualifying event extension.

To request a second qualifying event extension, you or your qualified beneficiary must notify the PEBB Program in writing and provide information as noted in "What information is needed to provide notice of a qualifying event?" (see page 9) **no later than 60 days** after the last of the following events:

- The date of the second qualifying event.
- The date the qualified beneficiary would lose coverage under PEBB Program rules as a result of the second qualifying event.
- The date the PEBB Program provides the qualified beneficiary with a Summary Plan Document (also called a Certificate of Coverage) either in print or online on HCA's website at hca.wa.gov/pebb-continuation, informing the beneficiary of their responsibility and the procedures to notify the PEBB Program.
- The date the PEBB Program mails a *PEBB Continuation Coverage Election Notice* to the qualified beneficiary, informing the beneficiary of their responsibility and the procedures to notify the PEBB Program.

¹ State-registered domestic partners and their children who lost coverage due to a qualifying event as described under "Who is eligible for PEBB Continuation Coverage (COBRA)?" on page 7 are allowed to extend the period of PEBB Continuation Coverage (COBRA) in the same situations as a spouse or child who is a qualified beneficiary.

How long does PEBB Continuation Coverage last?

PEBB Continuation Coverage provides temporary health plan coverage. Maximum coverage periods are described below. Coverage can end earlier, as described in the *PEBB Continuation Coverage Election Notice*.

Qualifying event (reason that you or your covered dependent lost PEBB coverage)	Eligible member	Maximum continuation coverage period
Termination of employment (other than for gross misconduct) or reduction of hours	<ul style="list-style-type: none"> Employee Spouse State-registered domestic partner Children 	<p>18 months² Additional months of coverage may be available under PEBB Continuation Coverage (Unpaid Leave).</p>
Eligible for Medicare within 18 months before termination of employment or reduction of hours	<ul style="list-style-type: none"> Spouse State-registered domestic partner Children 	<p>Up to 36 months, measured from the date of the employee's Medicare enrollment.</p>
<ul style="list-style-type: none"> Authorized leave without pay Employment ends due to a layoff Receiving time-loss benefits under workers' compensation Applying for disability retirement Called to active military duty, as defined by USERRA Approved educational leave 	Employee ¹	<p>29 months An employee who is no longer eligible for PEBB Continuation Coverage (Unpaid Leave), but who has not used the maximum number of months allowed under PEBB Continuation Coverage (COBRA), may continue medical, dental, or both for the remaining difference in months allowed under COBRA (see WAC 182-12-133(2)).</p>
Reverting (for reasons other than a layoff) to a position that is not eligible for the employer contribution toward PEBB benefits	Employee ¹	<p>18 months An employee who is no longer eligible for PEBB Continuation Coverage (Unpaid Leave), but who has not used the maximum number of months allowed under PEBB Continuation Coverage (COBRA), may continue medical, dental, or both for the remaining difference in months allowed under COBRA (see WAC 182-12-141).</p>
Faculty or seasonal employee who is between periods of eligibility	Employee ¹	<p>12 months Faculty and seasonal employees who use up the 12 months of PEBB Continuation Coverage (Unpaid Leave) may continue coverage for the remaining difference in months allowed under PEBB Continuation Coverage (COBRA) (see WAC 182-12-142).</p>
Appealing a dismissal action	Employee ¹	<p>29 months If the dismissal is upheld and the employee has not used the maximum number of months allowed under PEBB Continuation Coverage (COBRA), they may continue medical, dental, or both for the remaining difference in months allowed under COBRA (see WAC 182-12-148).</p>

Qualifying event (reason that you or your covered dependent lost PEBB coverage)	Eligible member	Maximum continuation coverage period
Death ³ of employee or retiree	<ul style="list-style-type: none"> Spouse State-registered domestic partner Children 	36 months PEBB retiree insurance coverage may also be available in certain cases. See WAC 182-12-180, 182-12-250, and 182-12-265
Divorce, annulment, dissolution, or termination of a state-registered domestic partnership	<ul style="list-style-type: none"> Spouse State-registered domestic partner Step-children 	36 months
Child loses eligibility under PEBB Program rules	<ul style="list-style-type: none"> Children 	36 months
An employer group terminates participation with the PEBB Program (with the exception of an educational service district)	<ul style="list-style-type: none"> A retired⁴ or disabled employee Spouse State-registered domestic partner Children 	18 months² See WAC 182-12-146(4) and 182-08-245(7).

When is my first premium payment due?

If you elect PEBB Continuation Coverage, you must make your first premium payment, including applicable premium surcharges, to HCA **no later than 45 days** after your election period ends. Your election period ends no later than 60 days from the date PEBB health plan coverage ended, or from the postmark date on the election notice sent by the PEBB Program, whichever is later.

Your first payment must cover the cost of PEBB Continuation Coverage from the time your PEBB coverage ends through the end of the previous month. If you don't elect coverage or you don't pay premiums and applicable premium surcharges within these deadlines, you will not be enrolled and you will lose your right to PEBB Continuation Coverage (unless you regain PEBB eligibility in the future).

You may call the PEBB Program at 1-800-200-1004 (TRS: 711) to confirm the amount due. The PEBB Program will enroll you when you elect to continue your PEBB coverage

and make the first payment within the required deadlines.

You can find PEBB Continuation Coverage and retiree monthly premiums on HCA's website at hca.wa.gov/pebb-continuation under *Plan costs*.

Are there other coverage options besides PEBB Continuation Coverage?

Yes. Instead of enrolling in PEBB Continuation Coverage, there may be other coverage options for you and your dependents through the Health Insurance Marketplace, Medicaid, or other group health plan coverage (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less. You can learn more about the Health Insurance Marketplace and Medicaid (called Apple Health in Washington State) on the federal healthcare website at healthcare.gov. Washington State residents can find this information on the Washington Health Benefit Exchange website at wahbexchange.org.

1 Employee must enroll to cover dependents. Dependents do not have independent election rights under PEBB Continuation Coverage (Unpaid Leave).

2 In certain circumstances, qualified beneficiaries eligible for 18 months of PEBB Continuation Coverage (COBRA) may become eligible for an extension. A disability extension provides an additional 11 months of coverage (for a total maximum of 29 months), and an extension due to a second qualifying event occurring provides an additional 18 months of coverage (for a total maximum of 36 months). Both extensions are described under "When can PEBB Continuation Coverage be extended?" on page 10.

3 If the qualifying event is the death of an emergency service personnel killed in the line of duty (see WAC 182-12-250), the death of an employee or retiree (WAC 182-12-265), or death of an elected or full-time appointed official (WAC 182-12-180), surviving dependents may be eligible for PEBB retiree insurance coverage. Under PEBB retiree insurance coverage, the spouse or state-registered domestic partner may continue coverage until their death, and children may continue coverage until they lose eligibility for PEBB benefits according to WAC 182-12-260.

4 Employee who enrolled after September 15, 1991, who is currently enrolled in PEBB retiree insurance coverage.

PEBB Program Nondiscrimination Notice and Language Access Services

The PEBB Program and its contracted health plans comply with applicable federal civil rights laws and do not discriminate (exclude people or treat them differently) on the basis of race, color, national origin, age, disability, or sex.

The PEBB Program complies with applicable state civil rights laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained guide dog or service animal by a person with a disability.

The PEBB Program provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you believe this organization has failed to provide language access services or discriminated in another way, you can file a grievance with:

PEBB Program

Health Care Authority Enterprise Risk Management Office

Attn: ADA/Nondiscrimination

Coordinator

PO Box 42704

Olympia, WA 98504-2704

1-855-682-0787 (TRS: 711)

Fax: 360-507-9234

Email: compliance@hca.wa.gov

Online: hca.wa.gov/about-hca/non-discrimination-statement

PEBB MEDICAL PLANS

Kaiser Foundation Health Plan of the Northwest

Attn: Member Relations Department

500 NE Multnomah Street, Suite 100

Portland, OR 97232

1-800-813-2000 (TTY: 711)

Fax: 855-347-7239

Kaiser Foundation Health Plan of Washington

Civil Rights Coordinator

Phone: 206-630-4636

1-888-901-4636

(TTY: 1-800-833-6388 or 711)

Online: kp.org/wa/feedback

Premera Blue Cross

(For discrimination concerns about PEBB Medicare Supplement plans and the Centers of Excellence Program for Uniform Medical Plan [UMP] Classic and UMP Consumer-Directed Health Plan [CDHP] members)

Attn: Appeals Coordinator

PO Box 91102

Seattle, WA 98111-9202

1-855-332-4535 (TRS: 711)

Fax: 425-918-5592

Email:

appealsdepartmentinquiries@premera.com

Regence BlueShield

(For discrimination concerns about Uniform Medical Plan [UMP] Classic, UMP Select, UMP CDHP, and UMP Plus)

Civil Rights Coordinator

MS: CS B32B, PO Box 1271

Portland, OR 97207-1271

1-888-344-6347 (TRS: 711)

Email: CS@regence.com

Regence BlueShield

(For discrimination concerns about Uniform Medical Plan [UMP] Classic for Medicare members)

Civil Rights Coordinator

MS: B32AG, PO Box 1827

Medford, OR 97501

1-866-749-0355 (TTY: 711)

Fax: 1-888-309-8784

Email: medicareappeals@regence.com

Washington State Rx Services

(For discrimination concerns about prescription drug benefits for Uniform Medical Plan [UMP])

Attn: Appeal Unit

PO Box 40168

Portland, OR 97240-0168

1-888-361-1611 (TRS: 711)

Fax: 1-866-923-0412

Email: compliance@modahealth.com

UnitedHealthcare

(For discrimination concerns about PEBB Complete and PEBB Balance)

Civil Rights Coordinator

UnitedHealthcare Civil Rights Grievance

PO Box 30608

Salt Lake City, UT 84130

1-855-873-3268 (TRS: 711)

Email: UHC_Civil_Rights@uhc.com

PEBB DENTAL PLANS

Delta Dental

(For discrimination concerns about DeltaCare and the Uniform Dental Plan)

Attn: Compliance/Privacy Officer

PO Box 75983

Seattle, WA 98175

1-800-554-1907 (TTY: 1-800-833-6384)

Fax: 206-729-5512

Email:

Compliance@DeltaDentalWA.com

Willamette Dental of Washington, Inc.

(For discrimination concerns about Willamette Dental Group Plan)

Attn: Member Services Department

6950 NE Campus Way

Hillsboro, OR 97124

1-855-433-6825 (TRS: 711)

Fax: 503-952-2684

Email:

memberservices@willamettedental.com

You can also file a civil rights complaint with:

U.S. Department of Health and Human Services, Office for Civil Rights

200 Independence Avenue, SW Room 509F,

HHH Building

Washington, D.C. 20201

1-800-368-1019 (TDD: 1-800-537-7697)

ocrportal.hhs.gov/ocr/portal/lobby.jsf (to submit complaints electronically)

hhs.gov/ocr/office/file/index.html (to find complaint forms online)

[English] Language assistance services, including interpreters and translation of printed materials, are available free of charge. Employees: Contact your payroll or benefits office. PEBB Retirees, PEBB and SEBB Continuation Coverage members: Call the Health Care Authority at 1-800-200-1004 (TRS: 711).

[Amharic] የድምጽ እገዛ አገልግሎት፣ ተርጓሚዎችን እና የተተረጎሙ የታተሙ ጽሁፎችን ጨምሮ፣ በነጻ እዚህ ይገኛል። ስራተኞች፡ የደመወዝዎን ወይም የጥቅም ጥቅምን ጽ/ቤትን ያነጋግሩ። የመንግሥት ሠራተኞች ጥቅሞች በርድ ጠረጣሪዎች (PEBB), የመንግሥት ሠራተኞች ጥቅሞች በርድ እና የትምህርት ቤት ስራተኞች ጥቅሞች በርድ (SEBB) ቀጣይነት ሽፋን አገልግሎት፡ Health Care Authority በ 1-800-200-1004 (TRS: 711) ይደውሉ።

[Arabic] تتوفر خدمات المساعدة اللغوية، بما فيها المترجمون الفوريون وترجمة المواد المطبوعة، مجاناً. الموظفون: اتصلوا بمكتب كشوف المرتبات أو المستحقات الخاص بكم. متقاعدو مجلس استحقاقات الموظفين العموميين (PEBB)، وأعضاء PEBB ومجلس استحقاقات موظفي المدارس (SEBB) المشاركين في التغطية المستمرة: اتصلوا ب Health Care Authority على الرقم 1-800-200-1004 (خدمة ترحيل الاتصالات (TRS: 711).

[Burmese] စကားပြန်များ၊ ပုံနှိပ်ထားသည့် စာရွက်စာတမ်းများကို ဘာသာပြန်ဆွဲပေးမှုများ အပါအဝင် ဘာသာစကား အထောက်အကူပြု ဝန်ဆောင်မှုများကို အခမဲ့ စီစဉ်ဆောင်ရွက်ပေးနေပါသည်။ ဝန်ထမ်းများ- မိမိအား လစာထုတ်ပေးသည့် ရုံး သို့မဟုတ် အကျိုးခွဲစားခွင့်များ စီစဉ်ပေးသည့်ရုံးကို ဆက်သွယ်ပါ။ အစိုးရ ဝန်ထမ်းများ အကျိုးခွဲစားခွင့် ဘုတ်အဖွဲ့ (PEBB) PEBB နှင့် ကျောင်းဝန်ထမ်းများ အကျိုးခွဲစားခွင့် ဘုတ်အဖွဲ့ (SEBB) အစိုးရ ဆက်လက်ခွဲစားရေး အဖွဲ့ဝင်များ- Health Care Authority တံ 1-800-200-1004 (TRS: 711) တွင် ဆက်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកស្រាយ និងការបកប្រែឯកសារដែលបានបោះពុម្ព មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងការិយាល័យបើកប្រាក់ខែ ឬអគ្គប្រយោជន៍របស់អ្នក។ អ្នកចូលនិវត្តន៍នៃក្រុមប្រឹក្សាភិបាលអគ្គប្រយោជន៍របស់និយោជិតសាធារណៈ (PEBB), សមាជិកសេវាវិបល្លាសបន្តក្រុមប្រឹក្សាភិបាលអគ្គប្រយោជន៍របស់និយោជិតសាធារណៈ (PEBB) និងក្រុមប្រឹក្សាភិបាលផ្តល់អគ្គប្រយោជន៍ដល់និយោជិតរបស់សាលា (SEBB)៖ ទូរស័ព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 711)។

[Chinese] 可免费提供语言援助服务，包括口译服务和列印资料翻译服务。雇员：请联络薪资部或福利办公室。公職人員福利委員會 (PEBB) 退休人員、PEBB 及學校職工福利委員會 (SEBB) 續保會員：請致電 1-800-200-1004 (TRS: 711) 聯絡 Health Care Authority。

[Korean] 통역 및 인쇄물 번역을 포함한 언어 지원 서비스를 무료로 제공해드리고 있습니다. 직원: 경리과 또는 복리후생과에 문의하십시오. 공무원 복지 혜택 위원회(PEBB) 은퇴자 및 PEBB 와 교직원 복지 혜택 위원회(SEBB) 연속 보장 회원: Health Care Authority 1-800-200-1004 (TRS: 711)로 전화하십시오.

[Laotian] ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມທັງມາຍພາສາ ແລະ ການແປເອກະສານທີ່ພິມແມ່ນມີໃຫ້ໂດຍບໍ່ເສຍຄ່າ. ພະນັກງານ: ຕິດຕໍ່ຫ້ອງການເງິນເດືອນ ຫຼື ຫ້ອງການຊ່ວຍເຫຼືອຂອງທ່ານ. ສະມາຊິກບ້ານນະຄອນລະດັບສູງສຸດທີ່ພິມປະໂຫຍດຂອງພະນັກງານສາທາລະນະ (PEBB), PEBB ແລະ ຄະນະກຳມະການດ້ານສິດທິພົນປະໂຫຍດຂອງພະນັກງານໄມໂຮງຮຽນ (SEBB) ສືບຕໍ່ການຄຸ້ມຄອງ: Health Care Authority ຫຼື 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajjila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachisetti hiikuu, kaffaltii kamiyyu malee ni jiru. Qaccaramtoota: Kutaa kaffaltii keessan yookiin biiroo deeggarsa keessan qunnaama. Gabatee faayidaa hojjetoota hawaasa (PEBB) Sooramaa ba'aa, Gabatee faayidaa hojjetoota hawaasa (PEBB) fi Gabatee Faayidaa hojjetoota mana barumsa (School employees benefit board SEBB) miseensota hirmaatan walitti aansun: Garaa Health care Authority bilbilaa karaa 1-800-200-1004 (TRS: 711).

[Persian] خدمات کمک زبانی، شامل مترجم شفاهی و ترجمه مطالب چاپی، به صورت رایگان ارائه می‌شود. کارمندان: با دفتر حسابداری یا مزایای خود تماس بگیرید. بازنشستگان هیئت عمومی مزایای کارمندان (PEBB)، اعضای پوشش مستمر PEBB و هیئت مزایای کارمندان مدرسه (SEBB): با Health Care Authority شماره 1-800-200-1004 (TRS: 711) تماس بگیرید.

[Punjabi] ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿੰਨਾਂ ਵਿੱਚ ਦੁਆਰਾ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦਾ ਅਨੁਵਾਦ ਕਰਨਾ ਸ਼ਾਮਲ ਹੈ, ਮੁਫਤ ਉਪਲੱਬਧ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਤਨਖਾਹ ਜਾਂ ਫ਼ਾਇਦੀਆਂ ਦੇ ਦਫਤਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਜਨਤਕ ਕਰਮਚਾਰੀ ਫ਼ਾਇਦਾ ਬੋਰਡ (PEBB) ਤੋਂ ਰਿਟਾਇਰ ਹੋ ਚੁੱਕੇ ਕਰਮਚਾਰੀ, ਜਨਤਕ ਕਰਮਚਾਰੀ ਫ਼ਾਇਦਾ ਬੋਰਡ (PEBB) ਅਤੇ ਸਕੂਲ ਕਰਮਚਾਰੀ ਫ਼ਾਇਦਾ ਬੋਰਡ (SEBB) ਜਾਰੀ ਰੱਖਣ ਵਾਲੇ ਕਵਰੇਜ ਸਦੱਸ: ਹੈਲਥ ਕੇਅਰ ਅਥਾਰਿਟੀ (Health Care Authority) ਨੂੰ 1-800-200-1004 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpret și traducerea materialelor tipărite. Angajați: contactați-vă biroul de plată a salariilor sau de beneficii. Pensionari ai Comisiei de beneficii pentru angajați publici (PEBB), membri ai Comisiei de beneficii pentru angajați publici (PEBB) și ai Comisiei de beneficii pentru angajați ai școlilor (SEBB) acoperiți în continuare: apelați Health Care Authority la numărul de telefon 1-800-200-1004 (TRS: 711).

[Russian] Услуги языковой поддержки, включая устных переводчиков и перевод печатных материалов, предоставляются бесплатно. Сотрудникам: свяжитесь с вашим отделом выплаты заработной платы или выплаты льгот и пособий. Пенсионеры, продление договора страхования для членов Совета по выплате льгот и помощи для государственных служащих (PEBB) и Совета по выплате льгот и помощи работникам школ (SEBB): свяжитесь с Health Care Authority по номеру 1-800-200-1004 (TRS: 711).

[Somali] Adeegyada kaalmada luuqada, waxaa kamid ah turjumaad iyo turjubaan wixii daabacan, waxaana lagu heli karaa bilaash. Shaqaalaha: La xidhiidha xafiiska mushaharka ama gunooyinka. Hawlgabka Gudida Gunooyinka Shaqaalaha Shacabka (PEBB), Xubnaha Bixinta Sii Socota ee PEBB iyo Gudida Gunooyinka Shaqaalaha Dugsiga (SEBB): Kala Hadal Health Care Authority 1-800-200-1004 (TRS: 711).

[Spanish] Los servicios de asistencia lingüística, incluidos los intérpretes y la traducción de los materiales impresos, están disponibles de forma gratuita. Empleados: Comuníquense con su oficina de nómina o de beneficios. Jubilados de la Junta de Beneficios para Empleados Públicos (PEBB), miembros de la Cobertura de Continuación de la PEBB y de la Junta de Beneficios para Empleados Escolares (SEBB): Llamen a Health Care Authority al 1-800-200-1004 (TRS: 711).

[Swahili] Huduma za usaidizi wa lugha, ikiwemo wakalimani na tafsiri ya nyenzo zilizochapishwa, zinapatikana bila malipo. Wafanyakazi: Wasiliana na ofisi yako ya malipo au manufaa. Wastaafu wa Halmashauri ya Manufaa ya Wafanyakazi wa Umma (PEBB), Wanachama wa Halmashauri ya Manufaa ya Wafanyakazi wa Umma (PEBB) na Bima Endelevu ya Halmashauri ya Manufaa ya Wafanyakazi wa Shule (SEBB): Wasiliana na Health Care Authority kwa nambari 1-800-200-1004 (TRS: 711).

[Tagalog] Makakakuha ng walang bayad na mga serbisyo ng tulong sa wika, kasama ang mga interpreter at pagsasalin-wika ng mga naka-print na materyal. Mga Empleyado: Makipag-ugnayan sa opisina ng inyong payroll o mga benepisyo. Para sa mga Retirado ng Lupon para sa Mga Benepisyo ng Mga Pamublikong Empleyado (PEBB), mga miyembro ng PEBB at Lupon para sa Mga Benepisyo ng mga Empleyado ng Paaralan (SEBB): Tawagan ang Health Care Authority sa 1-800-200-1004 (Mga Serbisyo sa Telepono para sa May Kapansanan (TRS: 711).

[Tigrigna] ናይ ቋንቋ ሓገዝ ኣገልግሎታት፣ ተርጓሚቲን ናይ ሕትመት ናዊቲ ትርጉምን ሓዊሱ፡ ካብ ክፍሊት ነጻ ዝርከቡ እዮም። ስራሕተኛታት፡ ናይ ስርዓት ክፍሊት ወይ ናይ ረብሓታት ቢሮ ኣዘራርቡ። ናይ ህዝቢ ስራሕተኛታት ረብሓታት ቢሮ (PEBB) ጠረፋታታት፡ ናይ ናይ ህዝቢ ስራሕተኛታት ረብሓታት ቢሮ (SEBB)፣ ናይ ቤት ትምህርቲ ስራሕተኛታት ረብሓታት ቢሮ (SEBB)ን ወጽዖልታ ሽፋን ኣገልግሎት፡ ናብ Health Care Authority ኣብ 1-800-200-1004 (TRS: 711) ይደውሉ።

[Ukrainian] Послуги мовної підтримки, включаючи усних перекладачів і переклад друкованих матеріалів, надаються безкоштовно. Співробітникам: зв'яжіться з вашим відділом виплати заробітної плати або виплати пільг і допомог. Пенсіонери, продовження договору страхування для членів Ради з виплати пільг та допомоги для державних службовців (PEBB) і Ради з виплати пільг та допомоги шкільним працівникам (SEBB): зв'яжіться з Health Care Authority за номером 1-800-200-1004 (TRS: 711).

[Vietnamese] Chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ, bao gồm thông dịch và biên dịch các tài liệu in. Nhân viên: Liên hệ với văn phòng phụ trách trả lương hoặc phúc lợi cho bạn. Người về hưu, hội viên hưởng Quyền Lợi Liên Tục của Ủy Ban Phúc Lợi Viên Chức (PEBB) và Ủy Ban Phúc Lợi Nhân Viên Giáo Dục (SEBB): Xin gọi đến Health Care Authority theo số 1-800-200-1004 (TRS: 711).