

2021

READ NOW

You are receiving this booklet because your Public Employees Benefits Board (PEBB) Program coverage recently ended. This booklet explains how you and your dependents can continue your PEBB coverage. To continue PEBB coverage, you must follow the instructions provided and complete the appropriate enclosed form(s). **The PEBB Program must receive your election form(s) no later than 60 days from the date your PEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.** To continue life insurance under portability or conversion, complete the form sent to you by Metropolitan Life Insurance Company (MetLife). **MetLife must receive your completed form no later than 60 days after your PEBB Program employee life insurance ends.**

PEBB Continuation Coverage

Election Notice



For more information

This booklet does not fully describe your rights for continuation coverage. You can find more information in the *PEBB Initial Notice of COBRA and Continuation Coverage Rights* on the HCA website at hca.wa.gov/pebb-continuation. Contact the PEBB Program for questions about eligibility. Contact information is provided at the bottom of this page.

Note: Due to the COVID-19 pandemic, the PEBB Program has temporarily changed the deadline to enroll in PEBB Continuation Coverage. If you enroll or are already enrolled, you may be able to keep PEBB Continuation Coverage longer than normal. To learn more about these exceptions to the timelines listed in this document, visit HCA's website at hca.wa.gov/coronavirus.

PEBB contact information

If you have questions about your rights to continuation coverage or PEBB eligibility, contact:

PEBB Program

1-800-200-1004 (toll free)
360-725-0440 (Olympia area)
TRS: 711

Monday through Friday, 8 a.m. to 4:30 p.m. (*Note: Other business activities may result in phones being unavailable during this time.*)

Website:

hca.wa.gov/pebb-continuation

Mailing address:

PEBB Program
Health Care Authority
PO Box 42684
Olympia, WA 98504-2684

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. To make sure the last lobby visit ends by 5 p.m., the last visitor will be accepted at 4:30 p.m.

Because of recent closures during the COVID-19 pandemic, please call ahead to check whether our office is open before your visit.

Federal resources

The U.S. Department of Health and Human Services, through the Centers for Medicare & Medicaid Services (CMS), administers COBRA law as it applies to state government employers and their group health plans. For more information about your COBRA rights, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, visit the 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 more information about health insurance options available through the Health Insurance Marketplace, visit their website at healthcare.gov.

Notify the PEBB Program of address changes

To protect your rights and the rights of your dependents, you must keep the PEBB Program informed of address changes for yourself and each of your enrolled dependents by notifying us in writing at the mailing address noted on the left, or calling us at 1-800-200-1004 (TRS:711). If you notify us in writing, please write the last four digits of your Social Security number on the notification letter so we can identify your account. You should also keep a copy of any notices you send to the PEBB Program for your records.

Where to find PEBB laws and rules

You can find Public Employees Benefits Board 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 Washington State legislature's website at leg.wa.gov.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call 1-800-200-1004 (TRS: 711).

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Introduction

This booklet contains important information about your and your dependents' right to continue Public Employees Benefits Board (PEBB) Program coverage, as well as other health coverage options that may be available to you, including:

- In Washington State:
Washington Health Benefit Exchange
wahbexchange.org or 1-855-923-4633
(TTY: 1-855-627-9604)
Outside Washington State:
Health Insurance Marketplace
healthcare.gov or 1-800-318-2596
(TTY: 1-855-889-4325)

You may be able to get coverage through the Washington Health Benefit Exchange or Health Insurance Marketplace that costs less than PEBB Continuation Coverage.

We use "you" in this booklet to refer to each person who will lose PEBB Program coverage.

Please read the information in this booklet carefully before making a decision

To elect PEBB Continuation Coverage, the PEBB Program must receive your election form(s) (found in this booklet) **no later than 60 days** from the date PEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.

If you are not eligible for PEBB Continuation Coverage (Unpaid Leave) and wish to continue your life insurance under portability or conversion, complete the form sent to you by Metropolitan Life Insurance Company (MetLife). MetLife must receive your completed form **no later than 60 days** after your PEBB Program employee life insurance ends.

If you or any enrolled dependents losing PEBB eligibility do not elect to continue coverage within these timelines, PEBB Program coverage will end on the last day of the month you and your dependents stop being eligible. If elected, PEBB Continuation Coverage (COBRA) or PEBB Continuation Coverage (Unpaid Leave) begins the first day of the month after the date your PEBB coverage ended.

To help process your enrollment faster, you should send your first premium payment and applicable premium surcharges with your election form(s). However, your first payment is due to HCA **no later than 45 days** after your 60-day election period ends. Your coverage will not be effective until the first payment has been received.

You can find important premium payment information under "When and how do I make payments?" on page 12.

If you do not make your premium and applicable premium surcharge payment by the deadline, you will not be enrolled and you will lose your right to enroll in PEBB Continuation Coverage.

Federal law requires that most group health plans (including the PEBB Program) give employees and their dependents the opportunity to continue their health coverage when they lose coverage under an employer's plan.

PEBB Continuation Coverage provides the same medical and dental benefits, choice of health plans, and cost-sharing (including annual deductibles, copays, and coinsurance) available to other PEBB enrollees who aren't enrolled in continuation coverage. However, the premiums are not the same.

Each person who elects PEBB Continuation Coverage will have the same rights as other PEBB enrollees, including PEBB Program annual open enrollment and special open enrollment rights.

Electing PEBB Continuation Coverage

What continuation coverage options are available?

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

- PEBB Continuation Coverage (COBRA) — a temporary extension of PEBB health plan coverage available to PEBB members defined as qualified beneficiaries under federal Consolidated Omnibus Budget Reconciliation Act (COBRA) rules, and for state-registered domestic partners and their children, based on RCW 26.60.015. Coverage may be temporarily extended only if the PEBB member experiences a qualifying event. For eligibility information and forms, see Appendix A.
- PEBB 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. For eligibility information and forms, see Appendix B.

Premiums for PEBB Continuation Coverage are on pages 14–16. To enroll, see “How do I elect PEBB Continuation Coverage?” on this page.

The PEBB Program also offers PEBB retiree insurance coverage—a continuation of PEBB health plan coverage available to employees and survivors who meet retiree eligibility and enrollment requirements. See “Am I eligible for PEBB retiree insurance coverage?” on page 7.

Who can elect PEBB Continuation Coverage?

Qualified beneficiaries (employees, spouses, or dependent children) under federal COBRA continuation coverage, or state-registered domestic partners and their dependent children who are not qualified beneficiaries under federal COBRA rules, can elect PEBB Continuation Coverage (COBRA) if they lost PEBB health plan coverage due to a qualifying event (see page 7). For more information on who qualifies for PEBB Continuation Coverage (COBRA), see Appendix A.

Each individual who lost their PEBB health plan coverage due to a qualifying event has an independent election right to PEBB Continuation Coverage (COBRA). For example, for an employee who lost their PEBB employer-based group health plan due to a qualifying event:

- The employee’s eligible spouse or state-registered domestic partner may elect continuation coverage, even if the employee does not.

- The employee or their eligible spouse or state-registered domestic partner may elect continuation coverage for one, some, or all eligible dependent children. Certain newborns, newly adopted children, and children identified under a court order or National Medical Support Notice may also be eligible for continuation coverage.
- The employee or their eligible spouse or state-registered domestic partner may elect continuation coverage on behalf of their eligible children.

An employee who lost their PEBB employer-based group health plan due to the types of events listed in Appendix B may elect PEBB Continuation Coverage (Unpaid Leave) for themselves and eligible dependents. If an employee does not elect this coverage, their dependents do not have independent election rights to PEBB Continuation Coverage (Unpaid Leave). Your dependents may have an independent right to COBRA. If they wish to enroll, they should complete the form in Appendix A.

How do I elect PEBB Continuation Coverage?

To elect PEBB Continuation Coverage, the PEBB Program must receive your form(s) **no later than 60 days** from the date PEBB health plan coverage ended or from the postmark date on this booklet, whichever is later.

Oral communications (in person or by telephone) and electronic communications (fax or email) are not acceptable methods of making an election and will not preserve your continuation coverage rights.

If the PEBB Program does not receive your form(s) by the required 60-day deadline, your PEBB coverage will end on the last day of the month after the date of the qualifying event.

Mail to (if no payment enclosed):

PEBB Program
Health Care Authority
PO Box 42684
Olympia, WA 98504-2684

Or bring to (8 a.m. to 4:30 p.m., Monday through Friday):

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

Because of recent closures during the COVID-19 pandemic, please call ahead to check whether our office is open before your visit.

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If sending payment with your form(s), see “When and how do I make payments?” on page 12 for information on where to submit them.

If continuing your Medical Flexible Spending Arrangement or life insurance, please see Appendix A for PEBB Continuation Coverage (COBRA) or Appendix B for PEBB Continuation Coverage (Unpaid Leave) for how to elect these coverages.

Are there other coverage options besides PEBB Continuation Coverage?

Yes. 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 should carefully compare your other coverage options with PEBB Continuation Coverage and choose the coverage that is best for you. For example, if you move to other coverage, you may pay more out of pocket than you would under PEBB Continuation Coverage because the new coverage may impose a new deductible.

What is the Health Insurance Marketplace?

The Marketplace offers “one-stop shopping” to find and compare private health insurance options. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums and cost-sharing (your out-of-pocket costs for deductibles, coinsurance, and copays).

You can see what your premium, deductibles, and out-of-pocket costs will be before you enroll. Through the Marketplace, you’ll also learn if you qualify for free or low-cost coverage from Medicaid (called Apple Health in Washington State) or the Children’s Health Insurance Program (CHIP).

You can access the Marketplace for your state at the healthcare.gov website. Washington State residents can access the Washington Health Benefit Exchange website at wahbexchange.org.

Coverage through the Health Insurance Marketplace may cost less than PEBB Continuation Coverage. Being offered PEBB Continuation Coverage won’t limit your eligibility for coverage or for a tax credit through the Marketplace.

When can I enroll in Marketplace coverage?

You have 60 days from the time you lose your employer-based group health plan to enroll in the Marketplace (because losing your employer-based group health plan is

a qualifying special enrollment event). **After 60 days, your special enrollment period ends and you may not be able to enroll; take action right away.** In addition, anyone can enroll in Marketplace coverage without a qualifying event during its open enrollment period.

To find out more about enrolling in the Marketplace, such as when their next open enrollment period is and what you need to know about qualifying events and special enrollment periods, visit the HealthCare.gov website. Washington State residents can visit the Washington Health Benefit Exchange website at wahbexchange.org.

Can I switch between PEBB Continuation Coverage and the Marketplace?

If you sign up for PEBB Continuation Coverage, you can switch to a Marketplace plan during the Marketplace’s open enrollment period. You can also end PEBB Continuation Coverage early and switch to a Marketplace plan if you have a qualifying event that triggers a special enrollment period (such as marriage or birth of a child). Be careful — if you terminate PEBB Continuation Coverage without a qualifying event, you’ll have to wait to enroll in Marketplace coverage until the next Marketplace open enrollment period. You could end up without health plan coverage and may be charged high out-of-pocket costs if you receive health care services. To find out when the Marketplace open enrollment period is, visit the Washington Health Benefit Exchange website at wahbexchange.org (in Washington State) or the HealthCare.gov website (in all other states).

When your PEBB Continuation Coverage expires, you’ll be eligible to enroll in Marketplace coverage through a special enrollment period, even if the Marketplace open enrollment period has ended.

If you sign up for Marketplace coverage instead of PEBB Continuation Coverage, you cannot switch to PEBB Continuation Coverage for any reason.

Can I enroll in another group health plan?

You may be eligible to enroll in coverage under another group health plan (like a spouse’s plan) if you request enrollment **no later than 30 days** after your PEBB coverage ends because of a qualifying event.

If you or your dependent elects PEBB Continuation Coverage, you will have another opportunity to enroll in the other group health plan under special enrollment rights **no later than 30 days** after your PEBB Continuation Coverage ends.

What factors should I consider when choosing coverage options?

When considering your options for health plan coverage, you may want to think about:

- **Premiums.** Your previous health plan can charge up to 102 percent of total health plan premiums under COBRA rules. The PEBB Program charges 100 percent of the total health plan premiums for PEBB Continuation Coverage (COBRA) and PEBB Continuation Coverage (Unpaid Leave), as well as applicable tobacco use and spouse or state-registered domestic partner coverage premium surcharges. Other options, like coverage under a spouse's plan or through the Marketplace, may be less expensive.
- **Provider networks.** If you're currently getting care or treatment for a condition, a change in your health plan coverage may affect your access to a particular health care provider. You may want to check if your current health care providers participate in a health plan you're considering.
- **Drug formularies.** If you're currently taking prescription medications, a change in your health plan coverage may affect your prescription drug costs — and in some cases, your medication may not be covered by another plan. Check if your current medications are covered by the health plan you are considering.
- **Severance payments.** Under federal COBRA rules, if you lose your job and receive a severance package from your former employer, your former employer may offer to pay some or all of your PEBB Continuation Coverage (COBRA) payments for a period of time. In this scenario, call the U.S. Department of Labor at 1-866-444-3272 (TTY: 1-877-889-5627) to discuss your options.
- **Where you live.** Some health plans limit their benefits to specific service or coverage areas. If you move to another area of the state or country, you may not be able to use your benefits. You may want to see if your health plan has a service or coverage area, or other similar limitations.
- **Other cost-sharing.** In addition to monthly premiums or contributions for health plan coverage, you probably pay out-of-pocket costs, such as copays, deductibles, coinsurance, or other fees when you receive health care services. Check what the cost-sharing requirements are for your health plan options. For example, one health plan option may have lower monthly premiums, but a higher deductible and higher copayments.

Am I eligible for PEBB retiree insurance coverage?

PEBB retiree insurance coverage is available to employees and their survivors who meet eligibility and enrollment requirements as described in Washington Administrative Code (WAC):

- Retiring employees, including employees determined eligible for a disability retirement, and elected or full-time appointed officials leaving public office, as described in WAC 182-12-171, 182-12-180, and 182-12-211.
- Surviving dependents of emergency service personnel killed in the line of duty, as described in WAC 182-12-250.
- Surviving dependents of employees, elected and full-time appointed officials, and retirees, as described in WAC 182-12-180 and 182-12-265.

To find out if you are eligible for PEBB retiree insurance coverage:

- Visit hca.wa.gov/pebb-retirees, or
- Call the PEBB Program at 1-800-200-1004 (TRS: 711) to request a *PEBB Retiree Enrollment Guide*.

To enroll in or defer enrollment in PEBB retiree insurance coverage, the PEBB Program must receive the required form(s) **no later than 60 days** after your employer-paid, COBRA, or Continuation Coverage ends, or no later than 60 days after the date you leave public office if you are an elected or full-time appointed official as described in WAC 182-12-180(1). Timelines differ for surviving dependents and employees eligible for a disability retirement. Please check the *PEBB Retiree Enrollment Guide* for details.

What if I decline PEBB Continuation Coverage?

If you reject or decline PEBB Continuation Coverage **before** the due date, you may change your mind as long as the PEBB Program receives your election form(s) **no later than 60 days** from the postmark date on this booklet, or from the date your PEBB health plan coverage ended, whichever is later.

How long can I remain on PEBB Continuation Coverage?

Your maximum coverage period is determined by the qualifying event that caused you to lose PEBB coverage.

PEBB Continuation Coverage provides temporary health plan coverage and, in some instances, life, accidental death and dismemberment (AD&D), and long-term disability (LTD) insurance. Maximum coverage periods vary based on your qualifying event, and are described in this section. In some situations, coverage can end before the maximum coverage period (see page 11).

1. When the qualifying event is a termination of employment or reduction in hours

PEBB Continuation Coverage (COBRA) can generally last up to 18 months if you meet other requirements explained in this booklet. Additional coverage may be available under PEBB Continuation Coverage (Unpaid Leave) as described in number 3 of this section. Coverage

(Continued)

may be extended due to disability or a second qualifying event as described in number 5 of this section.

2. When the covered employee becomes enrolled in Medicare less than 18 months before their termination of employment or reduction in hours, it affects both the employee and their dependents

Employees

When the covered employee enrolls in Medicare less than 18 months **before** their termination of employment or reduction in hours, the employee may:

- Elect PEBB Continuation Coverage (COBRA) for up to 18 months; or
- Enroll in PEBB retiree insurance coverage, if the employee is an eligible retiree as described in WAC 182-12-171.

When the covered employee enrolls in Medicare **after** enrolling in PEBB Continuation Coverage (COBRA), the employee may:

- Continue health plan coverage under PEBB Continuation Coverage (COBRA) for the rest of the 18-month coverage period under PEBB Program rules; or
- Enroll in PEBB retiree insurance coverage, if the employee is an eligible retiree as described in WAC 182-12-171.

Dependents

When the covered employee enrolls in Medicare less than 18 months before their termination of employment or reduction in hours, the employee's spouse or state-registered domestic partner and dependent children become eligible for PEBB Continuation Coverage (COBRA) for up to 36 months from the date of the employee's Medicare enrollment.

For example, if a covered employee enrolls in Medicare eight months before their termination of employment or reduction in hours, and the employee's covered dependents elect PEBB Continuation Coverage (COBRA), the dependents may continue coverage for 28 months after the continuation coverage enrollment date. (The 36 months allowed under COBRA, minus the eight months the employee was enrolled in Medicare before their termination of employment or reduction in hours, equals 28 months.)

This special Medicare extending rule for a spouse or state-registered domestic partner and dependent child is available only if the covered employee enrolls in Medicare less than 18 months before the termination of employment or reduction of hours.

3. When an employee is on approved leave or when employment ends due to a layoff

- a. For the following events, PEBB Continuation Coverage (Unpaid Leave) generally can last for a maximum of 29 months as described in WAC 182-12-133:
 - The employee is on authorized leave without pay.
 - The employee is on approved educational leave.
 - The employee is receiving time-loss benefits under workers' compensation.
 - The employee is called to active duty in the uniformed services, as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA).
 - The employee is applying for disability retirement.
 - The employee's employment ends due to layoff as defined in WAC 182-12-109.

The employee may continue:

- Medical
- Dental
- Life insurance
- Accidental death and dismemberment (AD&D) insurance
- Long-term disability (LTD) insurance (only if employee is on USERRA or educational leave)

An employee who is no longer eligible for PEBB Continuation Coverage (Unpaid Leave) as described above, but who has not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, or both for the remaining difference in months allowed under PEBB Continuation Coverage (COBRA). However, the employee cannot continue life, AD&D, and LTD insurance.

- b. For a faculty employee who is between periods of eligibility, PEBB Continuation Coverage (Unpaid Leave) generally can last for a maximum of 12 months as described in WAC 182-12-142. The faculty employee may continue:

- Medical
- Dental
- Life insurance
- AD&D insurance

Faculty who are no longer eligible for PEBB Continuation Coverage (Unpaid Leave) as described above, who have not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, or both for the remaining months allowed under PEBB Continuation Coverage (COBRA). However, faculty cannot continue life and AD&D insurance.

- c. For a seasonal employee who is between periods of eligibility, PEBB Continuation Coverage (Unpaid Leave) generally can last for a maximum of 12 months as described in WAC 182-12-142. Seasonal employees may continue:

- Medical
- Dental
- Life insurance
- AD&D insurance

Seasonal employees who are no longer eligible for PEBB Continuation Coverage (Unpaid Leave) as described above, who have not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, or both for the remaining months allowed under federal COBRA. However, seasonal employees cannot continue life and AD&D insurance.

- d. If an employee reverts from an eligible position for reasons other than a layoff and is not eligible for the employer contribution toward PEBB benefits, PEBB Continuation Coverage (Unpaid Leave) generally can last for a maximum of 18 months as described in WAC 182-12-141. The employee may continue:

- Medical
- Dental
- Life insurance
- AD&D insurance

An employee who reverts for reasons other than a layoff and who is no longer eligible for PEBB Continuation Coverage (Unpaid Leave) as described above, but who has not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, or both for the remaining months allowed under PEBB Continuation Coverage (COBRA). However, the employee cannot continue life and AD&D insurance.

- e. For an employee awaiting hearing of a dismissal action, PEBB Continuation Coverage (Unpaid Leave) generally can last until the dismissal is upheld or overturned for up to 29 months as described in WAC 182-12-148. The employee may continue:

- Medical
- Dental
- Life insurance
- AD&D insurance

If the dismissal is upheld and the employee is no longer eligible for PEBB Continuation Coverage (Unpaid Leave), all insurance coverage will terminate at the end of the month in which the decision is

entered or the date to which the premiums have been paid, whichever is later.

An employee whose dismissal is upheld and is no longer eligible as described above, and who has not used the maximum number of months allowed under federal COBRA rules, may continue medical, dental, or both for the remaining difference in months allowed under PEBB Continuation Coverage (COBRA). However, the employee cannot continue life and AD&D insurance.

4. When the qualifying event is death, divorce, annulment, dissolution, or termination of a state-registered domestic partnership, or child's loss of eligibility

- a. When PEBB insurance coverage is lost due to the employee or retiree's death, divorce, or termination of a state-registered domestic partnership, or the dependent child losing eligibility (as described in WAC 182-12-260), PEBB Continuation Coverage (COBRA) can last up to 36 months.
- b. If you are a surviving spouse, state-registered domestic partner, or dependent child of an emergency service worker who was killed in the line of duty, you may be eligible to enroll in PEBB retiree insurance coverage if you meet both the procedural and eligibility requirements as outlined in WAC 182-12-250.
- c. If you are a surviving spouse, state-registered domestic partner, or dependent child of an eligible employee or retiree, you may be eligible to enroll in PEBB retiree insurance coverage if you meet the procedural and eligibility requirements as outlined in WAC 182-12-180 and 182-12-265.

5. When PEBB Continuation Coverage (COBRA) may be extended

You may be able to extend the maximum 18-month period of PEBB Continuation Coverage (COBRA) if you or a qualified dependent becomes disabled or a second qualifying event occurs. You must notify the PEBB Program of a disability or a second qualifying event to extend the continuation coverage period during the required timeframe. If you fail to provide the notice within the timeframe allowed, you will lose the right to extend continuation coverage.

a. Disability

If the Social Security Administration determines that any qualified beneficiary¹ is disabled, you and all of the qualified beneficiaries in your family may be eligible to receive up to 11 months of additional continuation coverage (for a total of 29 months).

¹ State-registered domestic partners and their children who lost coverage due to a qualifying event are allowed to extend the period of continuation coverage in the same situations as a spouse or child who is a qualified beneficiary.

(Continued)

This extension is available only to those individuals who are receiving continuation coverage 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 continuation coverage period.

The disability extension is available only if you notify the PEBB Program in writing and submit a *2021 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 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.
- The date of the Social Security Administration's disability determination.

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 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.

b. **Second qualifying event extension of coverage**

If your qualified beneficiary experiences a second qualifying event while receiving 18 months of PEBB Continuation Coverage (COBRA) (or 29 months, if the second event occurs during a disability extension), they may be eligible for up to an additional 18 months of continuation coverage, for 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 continuation coverage period resulting from termination of employment,

reduction of hours, or the retiree's loss of PEBB retiree insurance coverage due to termination of employer group participation with PEBB health plan coverage;

AND

- Cause a qualified beneficiary 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's loss of eligibility for coverage under PEBB Program rules.

Note: The second qualifying event extension is not available when an employee enrolls in Medicare after their termination of employment or reduction of hours. However, the employee and covered dependents may stay 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 notice of a second qualifying event within the required deadline noted below. This notice of a second qualifying event must be submitted **no later than 60 days** after the later of:

- 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 or benefits booklet) either in print or on HCA's website at hca.wa.gov/erb, 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. It must include:
 - The second qualifying event and the date it happened.

- The names and addresses of all qualified beneficiaries who are receiving continuation coverage.
 - Proof of the second qualifying event.
- c. **When PEBB Continuation Coverage (Unpaid Leave) counts toward your maximum PEBB Continuation Coverage (COBRA) coverage period**

If you are eligible for and elect to continue coverage under PEBB Continuation Coverage (Unpaid Leave), the maximum number of months allowed under PEBB Continuation Coverage (COBRA) are included in the maximum number of months allowed under PEBB Continuation Coverage (Unpaid Leave). For example, if you are eligible for 29 months of PEBB Continuation Coverage (Unpaid Leave) under PEBB Program rules, and eligible for 18 months of PEBB Continuation Coverage (COBRA) because of your qualifying event, the first 18 months of Unpaid Leave will satisfy the 18-month COBRA coverage period. Likewise, if you are eligible for 12 months of Unpaid Leave and eligible for 18 months of COBRA because of your qualifying event, you may switch to COBRA for six months after the 12 months of Unpaid Leave. This results in a total of 18 months of continuation coverage.

Can PEBB Continuation Coverage be terminated before the end of the maximum coverage period?

Yes. PEBB Continuation Coverage can be terminated before the end of the maximum coverage period for the reasons listed below.

1. Automatic termination before the end of the maximum coverage period

- PEBB Continuation Coverage will terminate automatically before the end of the maximum period if:
- a. Any required premium and applicable premium surcharge is not paid on time.
 - b. The employer stops providing any group health plan for its employees (this is particularly important for people eligible through an employer group such as a political subdivision).

PEBB Continuation Coverage may also end for the same reasons coverage could end for any other PEBB enrollee (such as fraud).

Once your coverage ends, you are not eligible to reenroll in PEBB Continuation Coverage.

2. Medicare enrollment or other group health plan coverage

As stated on page 8, under PEBB Program rules, if you or a qualified dependent enroll in Medicare, you may

continue your health plan coverage through PEBB Continuation Coverage (COBRA) for the rest of your coverage period.

If you elect PEBB Continuation Coverage (COBRA), your coverage will terminate early if you enroll in other group health plan coverage.

After electing PEBB Continuation Coverage (COBRA), you must notify the PEBB Program in writing **no later than 60 days** after you or a qualified dependent becomes covered under other group health plan coverage.

There are limitations on plans imposing pre-existing exclusions, and such exclusions are prohibited under the Affordable Care Act.

Note: Qualified beneficiaries who are eligible to elect PEBB Continuation Coverage (COBRA) may do so even if they have other group health plan coverage or are enrolled in Medicare benefits before the date on which PEBB Continuation Coverage (COBRA) is elected.

3. A qualified beneficiary stops being disabled

If the Social Security Administration determines that a qualified beneficiary is no longer disabled, and you receive an 11-month extension of PEBB Continuation Coverage (COBRA), you must notify the PEBB Program in writing **no later than 30 days** after the Social Security Administration sends you notice of the determination.

PEBB Continuation Coverage (COBRA) will end for all qualified beneficiaries either on the first day of the month that is more than 30 days after a final determination by the Social Security Administration, or the end of the coverage period that applies (without regard to the disability extension), whichever is later.

4. Request to terminate coverage

If an enrollee would like to terminate coverage before the end of the maximum coverage period, they may submit a written request to:

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

Generally, coverage will end on the last day of the month in which the PEBB Program receives your written request, or on the last day of the month specified in the termination request, whichever is later. If your written request is received on the first day of the month, coverage will end on the last day of the previous month.

Life and AD&D insurance continued under PEBB Continuation Coverage (Unpaid Leave) must be terminated in writing and submitted to MetLife.

(Continued)

How much does PEBB Continuation Coverage cost?

See monthly premiums for PEBB Continuation Coverage on pages 14–15. Generally, you are required to pay the entire cost of PEBB Continuation Coverage, similar to the total cost paid by both the employer and employee.

You will also be charged the tobacco use premium surcharge and spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium if they apply to you. For more information, see “Premium surcharges” on pages 17–18.

When and how do I make payments?

First payment for PEBB Continuation Coverage

Your first premium payment and applicable premium surcharges are due to the Health Care Authority (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 this booklet, whichever is later.

Your first premium payment must cover the cost of continuation coverage from the time your PEBB coverage ends through the end of the previous month and must include applicable premium surcharges.

For example: Sue’s employment ends on September 15, and she loses coverage on September 30. Sue elects PEBB Continuation Coverage (COBRA) on November 15. If she makes the first payment in November, it must cover the premium and applicable premium surcharges for October. If Sue makes the first payment in December, it must cover premiums and applicable premium surcharges for October and November.

You must make sure the amount of your first payment is correct. To confirm the amount due, call 1-800-200-1004 (TRS: 711) and select the menu option available to speak with Accounting. **We will not enroll you until you elect to continue your PEBB coverage and make the first premium payment, including applicable premium surcharges, within the timelines provided.**

How to make monthly premium and applicable premium surcharge payments

You must mail or bring your first payment to the Health Care Authority (HCA).

Mail to (for first payments only):

Health Care Authority
PO Box 42691
Olympia, WA 98504-2691

Or bring to (8 a.m. to 4:30 p.m., Monday–Friday):

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

Make checks payable to **Health Care Authority**.

After HCA receives your first payment, you must pay all continuation coverage premiums and applicable premium surcharges as they become due. Here are your payment options:

- **A personal check or money order**

You may also pay in cash at the HCA office only. Bring payments to the street address listed above or mail to:
Health Care Authority
PEBB Program
PO Box 34270
Seattle, WA 98124-1270

- **Automatic bank account withdrawals**

Fill out the *PEBB Electronic Debit Service Agreement* form and submit it to HCA. The form is available on the HCA website at hca.wa.gov/pebb-continuation under *Forms & publications*. Approval takes six to eight weeks, so you must continue to pay the total due each month until you receive a letter from HCA with your electronic debit start date.

For payment questions, call 1-800-200-1004 (TRS: 711) and select the menu option available to speak with Accounting.

When premiums are considered paid

We consider your premiums and applicable premium surcharges paid on the date you mailed or hand delivered your payment to HCA at one of the addresses above, or submitted it through electronic debit service. If your check is returned due to insufficient funds or for any other reason, it is not considered paid.

Due dates for monthly PEBB Continuation Coverage and applicable premium surcharge payments

After you elect PEBB Continuation Coverage and make your first payment, ongoing premium and applicable premium surcharge payments are due on the 15th day of the month for that month’s coverage. If you make a premium payment on or before the 15th day of the current month, your PEBB coverage will continue for that month. If your monthly premium or applicable premium surcharges remain unpaid for 30 days, your premium payment will be delinquent and your account may be terminated depending on the amount owed.

The monthly payment may change at the beginning of each calendar year. We will notify you of changes to premiums and benefits before the beginning of each calendar year.

Depending on your payment method, you may or may not receive an invoice for your continuation coverage premium and applicable premium surcharges as a reminder of your responsibility to make these payments on time. You must pay them on time, even if you do not receive an invoice.

Grace period for monthly premium payments

You are allowed a 30-day grace period from the date that your monthly premium or applicable premium surcharges become delinquent to pay the unpaid balance. **If your monthly premium or applicable premium surcharges remain unpaid for 60 days from the original due date, your coverage will be terminated back to the last day of the month for which the monthly premium and any applicable premium surcharges were paid.**

Premiums associated with life insurance and AD&D insurance coverage must be made to MetLife.

Monthly premiums and applicable premium surcharges for continuing PEBB medical must be made to HCA, as well as premiums associated with continuing PEBB dental or long-term disability insurance coverage.

After the first premium payment, premiums and applicable premium surcharges must be paid as they become due. They are considered delinquent (unpaid) if:

- HCA doesn't receive payment for your monthly premium or applicable premium surcharge and it remains unpaid for 30 days after the original due date; or
- HCA receives an underpayment that is more than an insignificant shortfall (as defined in WAC 182-08-015), and the monthly premium or applicable premium surcharge remains underpaid for 30 days after the original due date.

If paying the unpaid premium balance creates a hardship

for you (and HCA agrees), you may request that HCA set up a payment plan for up to 12 months in duration.

All premium payments and applicable premium surcharges received by the PEBB Program will be applied to the oldest month in which a premium or applicable premium surcharge was unpaid or underpaid in the following order:

- The oldest month owed: The insurance coverage premium will be paid first, and then any applicable premium surcharges.
- The next oldest month owed: The insurance coverage premium will be paid first, and then any applicable premium surcharges.

If you fail to pay premiums and applicable premium surcharges within the required deadline, coverage will be terminated as of the last day of the month for which the monthly premium and applicable premium surcharges were paid.

If your coverage is terminated, you will be financially responsible for all medical and/or dental services received after the termination effective date.

Once your continuation coverage is terminated, you cannot reenroll.

2021 PEBB Continuation Coverage Monthly Premiums

PEBB Continuation Coverage non-Medicare medical plan premiums

For members not eligible for Medicare (or enrolled in Part A only)	Subscriber	Subscriber & spouse ¹	Subscriber & children	Subscriber, spouse ¹ & children
Kaiser Permanente NW Classic²	\$745.66	\$1,485.75	\$1,300.73	\$2,040.82
Kaiser Permanente NW CDHP²	\$618.76	\$1,226.30	\$1,089.00	\$1,638.21
Kaiser Permanente WA Classic	\$775.39	\$1,545.22	\$1,352.76	\$2,122.58
Kaiser Permanente WA CDHP	\$619.29	\$1,227.86	\$1,090.30	\$1,640.54
Kaiser Permanente WA SoundChoice	\$641.43	\$1,277.28	\$1,118.32	\$1,754.17
Kaiser Permanente WA Value	\$698.96	\$1,392.34	\$1,219.00	\$1,912.38
UMP Classic	\$691.72	\$1,377.86	\$1,206.32	\$1,892.47
UMP Select	\$623.50	\$1,241.43	\$1,086.95	\$1,704.88
UMP CDHP	\$618.52	\$1,226.31	\$1,088.95	\$1,638.41
UMP Plus—PSHVN	\$658.79	\$1,312.02	\$1,148.71	\$1,801.93
UMP Plus—UW Medicine ACN	\$658.79	\$1,312.02	\$1,148.71	\$1,801.93

Medical premium surcharges (for non-Medicare subscribers only)

Two premium surcharges may apply in addition to your monthly medical premium if you, the subscriber, are not enrolled in Medicare Part A and Part B. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges.

- A monthly \$25-per-account medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled in PEBB medical coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in PEBB medical coverage, and they have chosen not to enroll in another employer-based group medical plan that is comparable to PEBB's UMP Classic.

For more guidance on whether these premium surcharges apply to you, see the *2021 PEBB Premium Surcharge Attestation Help Sheet* under *Forms & publications* on the HCA website at hca.wa.gov/erb.

PEBB Continuation Coverage dental plan premiums

	Subscriber	Subscriber & spouse ¹	Subscriber & children	Subscriber, spouse ¹ & children
DeltaCare¹	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan³	\$48.00	\$96.00	\$96.00	\$144.00
Willamette Dental of Washington, Inc.	\$44.45	\$88.90	\$88.90	\$133.35

¹ Or state-registered domestic partner

² If a Medicare supplement plan is selected, non-Medicare enrollees are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans

³ Administered by Delta Dental of Washington

Special requirement for Medicare premiums

- At least one member on your account must be enrolled in Medicare Part A and Part B.
- Medicare premiums are not available to PEBB Continuation Coverage (Unpaid Leave) members.

For more information on this requirement, contact your medical plan's customer service department. For more information on premiums, contact the PEBB Program at 1-800-200-1004 (TRS: 711).

PEBB Continuation Coverage Medicare medical plan premiums

For members enrolled in Medicare Part A and Part B	Subscriber	Subscriber & spouse ¹		Subscriber & children		Subscriber, spouse ¹ & children		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Kaiser Permanente NW Senior Advantage²	\$343.26	\$1,083.35 ³	\$680.96	\$898.33 ³	\$680.96	\$1,638.42 ³	\$1,236.03 ³	\$1,018.65
Kaiser Permanente WA Classic	N/A	\$1,118.47	N/A ⁴	\$926.01	N/A ⁴	\$1,695.83	\$1,269.08	N/A ⁴
Kaiser Permanente WA Medicare Plan	\$348.64	N/A ⁴	\$691.71	N/A ⁴	\$691.71	N/A ⁴	N/A ⁴	\$1,034.79
Kaiser Permanente WA SoundChoice	N/A	\$984.50	N/A ⁴	\$825.53	N/A ⁴	\$1,461.39	\$1,168.61	N/A ⁴
Kaiser Permanente WA Value	N/A	\$1,042.03	N/A ⁴	\$868.68	N/A ⁴	\$1,562.07	\$1,211.75	N/A ⁴
UMP Classic	\$519.30	\$1,205.45	\$1,033.04	\$1,033.91	\$1,033.04	\$1,720.06	\$1,547.65	\$1,546.77
UnitedHealthcare⁵ PEBB Balance	\$260.29	\$946.44	\$515.01	\$774.90	\$515.01	\$1,461.04	\$1,029.62	\$769.73
UnitedHealthcare⁵ PEBB Complete	\$308.05	\$994.20	\$610.53	\$822.66	\$610.53	\$1,508.50	\$1,125.14	\$913.01

¹ Or state-registered domestic partner

² Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. KFHPNW Medicare plans have a larger service area.

³ If a Kaiser Permanente NW member is enrolled in Medicare Part A and Part B and other enrolled members are not eligible for Medicare, the non-Medicare members will be enrolled in Kaiser Permanente NW Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

⁴ If a Kaiser Permanente WA member is enrolled in Medicare Part A and Part B, and other enrolled members are not eligible for Medicare, the non-Medicare members must enroll in Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

⁵ UnitedHealthcare (UHC) plans are Medicare Advantage plus Part D (MAPD) plans. If a UHC Medicare plan is selected, non-Medicare eligible members are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans.

(Continued)

PEBB Continuation Coverage Blue Cross Medicare Supplement Plan F and Plan G premiums

	Subscriber	Subscriber & spouse¹		Subscriber & children	Subscriber, spouse¹ & children			
	1 Medicare eligible	1 Medicare eligible ²	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible ²	1 Medicare eligible ²	2 Medicare eligible: 1 retired, 1 disabled ²	2 Medicare eligible ²
Plan F Age 65 or older, eligible by age	\$222.23	\$913.95	\$600.00	\$444.46	\$742.41	\$1,428.56	\$1,120.18	\$964.64
Plan F Under age 65, eligible by disability	\$377.77	\$1,069.49	\$600.00	\$755.54	\$897.95	\$1,584.09	\$1,120.18	\$1,275.72
Plan G Age 65 or older, eligible by age	\$188.70	\$880.42	\$509.49	\$377.40	\$708.88	\$1,395.02	\$1,029.67	\$897.58
Plan G Under age 65, eligible by disability	\$320.79	\$1,012.51	\$509.49	\$641.58	\$840.97	\$1,527.12	\$1,029.67	\$1,161.76

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call us at 1-800-200-1004 (TRS: 711).

¹ Or state-registered domestic partner

² If a Medicare supplement plan is selected, non-Medicare enrollees are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans

Premium surcharges

The premium surcharges may apply to PEBB subscribers who:

- Are enrolled in a PEBB medical plan;
AND
- Do not have Medicare Part A and Part B as their primary coverage.

Tobacco use premium surcharge

Note: If you are enrolled in Medicare Part A and Part B as your primary coverage, this surcharge does not apply to you. You do not need to attest.

You will be charged a monthly \$25-per-account premium surcharge in addition to your monthly medical premium if you or any dependent (age 13 or older) enrolled on your PEBB medical coverage have used a tobacco product in the past two months, or if you do not make a premium surcharge attestation as required under PEBB Program rules.

The surcharge will not apply if:

- You and all enrolled dependents age 18 and older who use tobacco products are enrolled in a tobacco cessation program through your medical plan, or
- Enrolled dependents age 13 to 17 who use tobacco products have accessed information and resources aimed at teens at teen.smokefree.gov.

You do not have to attest for dependents age 12 and younger. You do not need to attest when the dependent turns age 13 unless the dependent uses, or starts 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, read about your options in PEBB Program Administrative Policy 91-1 on the PEBB rules and policies webpage at hca.wa.gov/pebb-rules.

How to attest to this surcharge

To find out if the tobacco use premium surcharge applies to you, use the *2021 PEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov under *Forms & publications*.

You must attest when you enroll using either the *2021 PEBB Continuation Coverage (COBRA) Election/Change* form or *2021 PEBB Continuation Coverage (Unpaid Leave) Election/Change* form. The PEBB Program must receive the form by the required deadline.

To report a change

You must report a change in tobacco use status if:

- You or any enrolled dependent age 13 and older starts using tobacco products.
- You or any enrolled dependent age 13 and older have not used tobacco products within the past two months.
- You or your enrolled dependent who is 18 years or older and uses tobacco products enrolls in the free tobacco cessation program through your PEBB Program medical plan.
- Your enrolled dependent who is 13 to 17 years old and uses tobacco products accesses the tobacco cessation resources aimed at teens mentioned in the *PEBB Premium Surcharge Attestation Help Sheet*.

You may report the change in tobacco use status anytime in one of two ways:

- Go to PEBB My Account at hca.wa.gov/my-account to change your attestation.
- Submit a *2021 PEBB Premium Surcharge Attestation Change Form* (found on the HCA website at hca.wa.gov/pebb-continuation under *Forms & publications*) to the PEBB Program.

If the change you report means that the premium surcharge applies to you, the surcharge is effective the first day of the month after you or your dependent age 13 or older begin tobacco use. If that day is the first of the month, then the surcharge begins on that day.

If the change you report results in removal of the premium surcharge, the change is effective the first day of the month after we receive your new attestation. If that day is the first of the month, then the change to your account begins on that day.

(Continued)

Spouse or state-registered domestic partner coverage premium surcharge

Note: If you do not enroll a spouse or state-registered domestic partner on your PEBB medical coverage, or if you are enrolled in Medicare Part A and Part B as your primary coverage, this surcharge does not apply to you. You do not need to attest.

You will be charged a monthly \$50 premium surcharge in addition to your monthly medical premium if you enroll a spouse or state-registered domestic partner on your PEBB medical coverage, and one of the following applies:

- That person chose not to enroll in another employer-based group medical insurance that is comparable to PEBB's Uniform Medical Plan (UMP) Classic plan. (This is true regardless of whether you enroll in UMP Classic.)
- You do not attest by the required deadline.
- Your attestation response results in incurring the premium surcharge.

How to attest to this surcharge

If you enroll a spouse or state-registered domestic partner on your PEBB Program medical coverage, use the *2021 PEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov under *Forms & publications*. to find out if the spouse or state-registered domestic partner coverage premium surcharge applies to you. Then you must attest when you enroll by completing the *2021 PEBB Continuation Coverage (COBRA) Election/Change* form or *2021 PEBB Continuation Coverage (Unpaid Leave) Election/Change* form. The PEBB Program must receive the form by the required deadline.

If you enroll a spouse or state-registered domestic partner on your PEBB medical coverage but do not attest to the surcharge, or if the attestation results in you incurring the surcharge, you will be charged the \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to your monthly medical premium.

To report a change

Outside of the PEBB Program's annual open enrollment, you can only report a change to this surcharge **within 60 days** of the following events:

- When you regain eligibility for the employer contribution toward PEBB benefits.
- When there is a change in your spouse's or state-registered domestic partner's employer-based group medical.

To change your attestation, submit a *2021 PEBB Premium Surcharge Attestation Change Form* (on HCA's website at hca.wa.gov/erb under *Forms & publications*) with proof of the qualifying event to the PEBB Program **no later than 60 days** after the qualifying event.

If you submit a change that results in incurring the premium surcharge, the change is effective the first day of the month after the status change. If that day is the first day of the month, then the change begins on that day.

If the change results in removal of the premium surcharge, the change is effective the first day of the month after we receive the new attestation. If that day is the first day of the month, then the change begins that day.

For more information on the premium surcharges, visit the HCA website at hca.wa.gov/pebb-continuation under *Surcharges*.

SmartHealth

SmartHealth is Washington State's voluntary wellness program that supports you on your journey toward living well. It is included in the benefits of subscribers enrolled in PEBB medical coverage.

Participate in activities to support your whole person well-being, including managing stress, building resiliency, and adapting to change. As you progress on your wellness journey, you can qualify for SmartHealth wellness incentives.

Who is eligible for SmartHealth?

Generally, a non-Medicare subscriber and their spouse or state-registered domestic partner enrolled in PEBB medical coverage can participate in SmartHealth. However, only the subscriber can qualify for financial wellness incentives.

Subscribers enrolled in Medicare Part A and Part B as their primary coverage are not eligible to participate in SmartHealth. If you become eligible for Medicare Part A and Part B, you will no longer be able to access the SmartHealth website to earn points toward the wellness incentives.

What are the wellness incentives?

Eligible subscribers can qualify for two wellness incentives:

- A \$25 Amazon.com gift card. (Please note this is a taxable benefit.)
- Either a \$125 reduction in the subscriber's 2022 PEBB medical deductible, or a one-time deposit of \$125 into the subscriber's health savings account (if enrolled in a PEBB consumer-directed health plan in 2022). The 2021 incentive is distributed by January 31, 2022 if you qualify.

Note that you can only earn each wellness incentive once in every calendar year.

How do I qualify for the wellness incentives?

To qualify for the \$25 Amazon.com gift card wellness incentive, you must:

- Take the SmartHealth well-being assessment.
- Claim the \$25 Amazon.com gift card by December 31, 2021.
- You do not earn SmartHealth points for completing your PEBB medical plan's health assessment.

To qualify for the \$125 wellness incentive:

- Complete the SmartHealth well-being assessment.
- Earn 2,000 total points within the deadline.
- To receive the \$125 wellness incentive in 2022, the subscriber must still be enrolled in a PEBB medical plan in 2022.

SmartHealth will work with a subscriber who cannot complete a wellness incentive requirement in order to provide an alternative requirement that will allow the subscriber to qualify for the wellness incentive or waive the requirement.

If a subscriber qualifies for the \$125 wellness incentive in 2021, and enrolls in Medicare Part A and Part B as their primary coverage while enrolled in a PEBB medical plan after January 1, 2022, they will still receive the SmartHealth incentive in 2022.

How do I get started?

1. Register or sign in at smarthealth.hca.wa.gov.
2. Take the SmartHealth well-being assessment to learn your top strengths and areas to improve. After completing the assessment, you qualify for a \$25 Amazon.com gift card. The gift card is taxable.
3. Join and track activities to earn at least 2,000 points by your deadline to qualify for a \$125 wellness incentive (distributed by January 31, 2022).

What are the deadlines?

Your deadline to qualify for and claim the \$25 Amazon.com gift card is **December 31, 2021**.

Your deadline to qualify for the \$125 wellness incentive depends on the date your PEBB medical coverage becomes effective.

- If you are already enrolled in PEBB medical or are a new subscriber and your PEBB medical effective date is January through September 2021, your deadline is **November 30, 2021**.
- If your PEBB medical effective date is from October through December 2021, your deadline is **December 31, 2021**.

What if I don't have internet access?

If you don't have internet access, call SmartHealth Customer Service toll-free at 1-855-750-8866 (Monday through Friday, 7 a.m. to 7 p.m. Pacific Time) to complete the assessment by phone.

SmartHealth contacts

Find out more on the HCA website at hca.wa.gov/pebb-smarthealth. Visit the SmartHealth portal at smarthealth.hca.wa.gov to track activities. If you have questions, call SmartHealth Customer Service, 7 a.m. to 7 p.m., Monday through Friday, at 1-855-750-8866.

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: HCA ADA/Nondiscrimination Coordinator
PO Box 42704
Olympia, WA 98504-2704
1-855-682-0787 (TRS: 711)
Fax 360-507-9234
E-mail: 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, Suite 100
Portland, OR 97232
503-813-2000 (TRS: 711)
Fax 503-813-3985

Kaiser Foundation Health Plan of Washington

Civil Rights Coordinator
Phone: 206-630-4636
Toll-free: 1-888-901-4636
TTY Washington Relay Service:
1-800-833-6388 or 711
TTY Idaho Relay Service:
1-800-377-3529 or 711
Electronically: 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: Civil Rights Coordinator - Complaints and Appeals

PO Box 91102
Seattle, WA 98111
1-855-332-4535 (TTY: 1-800-842-5357)
Fax 425-918-5592
Email: AppealsDepartmentInquiries@Premera.com

Regence BlueShield

(for discrimination concerns about 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 UMP Classic for Medicare members)

Civil Rights Coordinator

MS: B32AG, PO Box 1827
Medford, OR 97501
1-866-749-0355 (TRS: 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: Appeals Unit

PO Box 40168
Portland, OR 97204-0168
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 509-685-6662
Email:
memberappeals@deltadentalwa.com

Willamette Dental of Washington, Inc.

(for discrimination concerns about Willamette Dental Group Plan)

Attn: Member Services

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] የዚህን አገኗ አገላግሎት፣ ተርጓሜዎችን እና የተተረጋገጠው የታተሙ ዘመኑን
ሙሉም፡ በነፃ አዘጋጅ ይገኘል፡ ለረተቶች፣ የደመዱትዎን ወይም የጥቅም ጥቅምን ድ/ቤትን
የነጋግሩ፡ የመግለጫዎት ሲሆን ተቀምቷል፡ በርድ በራተቶች (PEBB), የመግለጫዎት
ሁሆኔታዎች ጥቅምቷል፡ በርድ እና የተሞበርት በጥ ለረተቶች ጥቅምቷል፡ (SEBB) ቅዱያት
ኩራን አባላት፡ የHealth Care Authority በ 1-800-200-1004 (TRS: 711) ይደውሉ፡

[Burmese] စာကားပြုများ၊ ပို့ပို့တော်သည် တရှုက်တာမ်းများကို
ဘာသာပြန်သွေ့ပေးများ အပါအဝေး ဘာသာစုစုံကဲ့ အထောက်အကြပ် ဝန်ဆောင်မှုများကို
အခဲ့ စုစုံဖော်ပြန်ရေးနေ့ဖြင့်သိသော ဝန်ဆောင်မှုများ မြိမ်အား လတုထတ်ပေးသော ရဲး
သမုပ္ပဒ်တ အကျိုးခေါ်များ စိတ်ပေးသော်လည်းကောင် ဆက်သွယ်ပါ။ အော်ရ ဝန်ဆောင်မှုများ
အကျိုးခံတဲ့ အကျိုးခေါ်များ (PEBB) PEBB နဲ့ ကျော်ခွင့်ထဲမှုများ အကျိုးခေါ်များ
ဘာတအဖဲ့ (SEBB) အမေးဆက်လက်စုံများ အဆိုင်များ- Health Care Authority
ထ 1-800-200-1004 (TRS: 711) တွင် ဆက်သွယ်ပါ။

[Cambodian] សេវាដំណឹងយុទ្ធករាណ មួនទៅអ្នកបកស្រាយ និងការបកប្រើកសាលាបានទោះពីរ មានសូលមូនដោយតតិតិត្រ។ និយាយដឺទៅការងារការឃាតុលីយាមីក្រាត់ខ្លួន ឬអ្នកប្រើបាយដែលបានស្វែងរក។
 អ្នកចូលនិគ្គនៃក្រុមហ៊ុកកិច្ចាលអ្នកប្រើបាយដែលបានស្វែងរក ឬយោងឯកសារណ៍: (PEBB), សមាជិកសេវាប៉ែបន្ទូនក្រុមហ៊ុកកិច្ចាលអ្នកប្រើបាយដែលបានស្វែងរក ឬយោងឯកសារណ៍: (PEBB) និងក្រុមហ៊ុកកិច្ចាលសូលមូនដែលបានស្វែងរក ឬយោងឯកសារណ៍: (SEBB)។
 ទូរសព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS ទី 711)។

[Chinese] 可免費提供語言援助服務，包括口譯服務和列印資料 翻譯服務。雇員：請聯絡薪資部或福利辦公室。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 : 71) 聯絡 Health Care Authority。

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

[Laotek] ການຊື່ການຊ່ວຍເຫຼືອດ້ານພາສາ, ລວມທັງນາຍພາສາ ແລະ ການປະເປົກຂາສາທິພິບໍຕໍ່ໃຫ້ໂດຍບໍ່ສໍາຄັ້ນ. ພະນັກງານ: ຕິດຕໍ່ທ້ອງການງົດເດືອນ ຫຼື ທ້ອງການຊ່ວຍເຫຼືອຂອງທ່ານ. ສະມາຊິກທຳນານຂອງຄະນະກຳມະການດ້ານສົດທີເຜົ້ນປະໂຫຍດຂອງພະນັກງານສາທາລະນະ (PEBB), PEBB ແລະ ຄະນະກຳມະການດ້ານສົດທີເຜົ້ນປະໂຫຍດຂອງພະນັກງານໃນໂຮງຮຽນ (SEBB) ສືບຕໍ່ຖ່ານຄຸນຄອງ: Health Care Authority ເມື 1-800-200-1004 (TRS: 711).

[Oromo] Tajaajila deeggarsa afaanii, afaan hiikuu fi waraqawwan afaan barbaachiseti hiikuu, kaffaltii kamiyu malee ni jiru. Qaccaramtoota: Kutaa kaffaltii keessan yookiin biiroo deeggarsa keessan qunnaama. Gabatee faayidaa hoijetoota hawaasa (PEBB) Sooramaa ba'aan, Gabatee faayidaa hoijetoota hawaasa (PEBB) fi Gabatee Faayidaa hoijetoota mana barumsa (School employees benefit board SEBB) misesensota 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 می شود. کارمندان با دفتر حسابداری یا مزایای خود نهادنگیرند. بازنشستگان هیئت عمومی مزایای کارمندان (PEBB)، اعضای پوشش مستمر PEBB و هیئت مزایای کارمندان مدرسه (SEBB)؛ با Health Care Authority به شماره 1-800-200-1004 (TRS: 711) تماس بگیرند.

[Punjabi] ਭਾਸ਼ਾ ਸਬੰਧੀ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਦੁਆਰਿਏ ਅਤੇ ਪ੍ਰਿੰਟ ਕੀਤੀ ਹੋਈ ਸਮੱਗਰੀ ਦਾ ਅਨੁਕਾਨ ਕਰਨਾ ਸ਼ਾਮਲ ਹੈ, ਮੁਫ਼ਤ ਉਪਲੰਬਿਤ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਤਨਖਾਹ ਜਾਂ ਫਾਈਲਾਈਂਡ ਦੇ ਦੱਤਤਰ ਨਾਲ ਸੰਪਰਕ ਕਰੋ। ਜਨਤਕ ਕਰਮਚਾਰੀ ਫਾਇਦਾ ਬੋਰਡ (PEBB) ਤੋਂ ਰਿਟਾਈਰ ਹੋ ਚੁੱਕੇ ਕਰਮਚਾਰੀ, ਜਨਤਕ ਕਰਮਚਾਰੀ ਫਾਇਦਾ ਬੋਰਡ (PEBB) ਅਤੇ ਸਕੂਲ ਕਰਮਚਾਰੀ ਫਾਇਦਾ ਬੋਰਡ (SEBB) ਜਾਰੀ ਰੱਖਣ ਵਾਲੇ ਕਵਰੇਜ ਸੱਦੱਸ਼: ਹੈਲਥ ਕੇਂਦਰ ਅਥਰਾਹਿਟੀ (Health Care Authority) ਨੂੰ 1-800-200-1004 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

[Romanian] Sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv interpreții 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 Gunoooyinka Shaqaalaha Shacabka (PEBB) , Xubnaha Bixinta Sii Socota ee PEBB iyo Gudida Gunoooyinka 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. Wastaifu 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 benepisyos. Para sa mga Retirado ng Lupon para sa Mga Benepisyos ng Mga Pampublikong Empleyado (PEBB), mga miyembro ng PEBB at Lupon para sa Mga Benepisyos ng mga Empleyado ng Paaralan (SEBB): Tawagan ang Health Care Authority sa 1-800-200-1004 (Mga Serbisyo sa Telefono para sa May Kapansanan (TRS: 711).

[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).

Appendix A:

PEBB Continuation Coverage (COBRA)

Qualifying events

Complete the *2021 PEBB Continuation Coverage (COBRA) Election/Change* form if the qualifying event is one of the following:

Employee

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

Note: See page 8 for a list of events that may qualify you for PEBB Continuation Coverage (Unpaid Leave), which may allow a longer coverage period and different benefits.

Spouse

- Your spouse (the employee or retiree) died. **Note:** You may qualify for PEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.
- Your spouse's (the employee's) hours of employment were reduced.
- Your spouse's (the employee's) employment ended for any reason other than gross misconduct.
- You and your spouse (the employee or retiree) have experienced a divorce, annulment, or dissolution.

State-registered domestic partner (SRDP)

- Your SRDP (the employee or retiree) died. **Note:** You may qualify for PEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.
- Your SRDP's (the employee's) hours of employment were reduced.
- Your SRDP's (the employee's) employment ended for any reason other than gross misconduct.
- Your SRDP (with the employee or retiree) terminated.

Dependent child

- Your parent (the employee or retiree) died. **Note:** You may qualify for PEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage.
- Your parent's (the employee's) hours of employment were reduced.
- Your parent's (the employee's) employment ended for any reason other than gross misconduct.
- Your eligibility for PEBB health plan coverage as a dependent child ended (see WAC 182-12-260(3)).

State-registered domestic partner's (SRDP's) child

- Your parent's SRDP (the employee or retiree) 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 ended (see WAC 182-12-260(3)).

Retiree or retiree's dependent

- You are a retiree and your employer group ends participation in PEBB health plan coverage.
- You are a retiree and the Department of Retirement Systems has determined that you are no longer disabled, so your pension has stopped.
- You are a retiree and you or your dependent did not meet the procedural requirement to enroll or stay enrolled in Medicare Part A and Part B as required by PEBB Program rules.

Medical and dental benefits

You may elect to continue only the coverage that you were enrolled in on the day before the qualifying event (medical, dental, or both) by self-paying the premiums. Unless you make a separate election and elect to enroll separately, eligible dependents you elect to cover will be enrolled in the same plan(s) you elect.

To enroll, complete the *2021 PEBB Continuation Coverage (COBRA) Election/Change* form and submit it to the PEBB Program at the address shown at the end of the form.

If the PEBB Program does not receive your form no later than 60 days from the date your PEBB health plan coverage ended or from the postmark date on this booklet (whichever is later), PEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original PEBB coverage.

After your enrollment begins, you can change health plans during the PEBB Program's annual open enrollment or after a qualifying event creates a special open enrollment.

Medical Flexible Spending Arrangement (FSA)

If you are enrolled in a PEBB Medical Flexible Spending Arrangement (FSA) and your employment ends, you may be eligible to continue making contributions to your Medical 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 notice to you. Navia Benefit Solutions must receive your election **no later than 60 days** from the date PEBB health plan coverage ended or the postmark date on Navia's COBRA election notice.

You can find more information in the *2021 PEBB Medical Flexible Spending Arrangement Enrollment Guide* on Navia's website at pebb.navabenefits.com. You may also contact Navia Benefit Solutions at 1-800-669-3539 or email customerservice@navabenefits.com.

Life insurance benefits

You may elect to continue life insurance one of two ways: portability or conversion

Portability coverage

If you become ineligible for PEBB Program coverage for any reason, and your basic, supplemental, and dependent term life insurance under MetLife terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability.

Portability is also available on coverage you've selected for your spouse or state-registered domestic partner and dependent child(ren).

Generally, there is no minimum time that you must be covered by the plan before you can take advantage of the portability feature. For details, please see your MetLife certificate of coverage, available on the HCA website at hca.wa.gov/erb under *Forms & publications*. MetLife will send portability information to you, which will include instructions on how to continue coverage.

Conversion coverage

Generally, you can convert your group term life insurance to an individual whole life insurance policy if your coverage terminates due to loss of eligibility for employer-sponsored coverage. Conversion is available on all group life insurance coverages. Conversion is not available on accidental death and dismemberment (AD&D) coverage. MetLife will send conversion information to you, which will include instructions on how to continue coverage.

Appendix B: PEBB Continuation Coverage (Unpaid Leave)

Qualifying events

Complete the *2021 PEBB Continuation Coverage (Unpaid Leave) Election/Change* form if you are an employee who will lose your PEBB insurance coverage because of one of the following events:

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

* You may also be eligible to continue long-term disability coverage. See page 45 for information on continuing long-term disability (LTD) coverage while on USERRA or approved educational leave.

Read the following information carefully before completing the form(s).

Medical and dental benefits

You may elect to continue only the coverage you were enrolled in on the day before the qualifying event (medical, dental, or both) by self-paying the premiums. Your eligible dependents will be enrolled in the same plan(s) that you elect. If you do not elect PEBB Continuation Coverage (Unpaid Leave), your dependent(s) may not enroll independently because they do not have independent election rights to PEBB Continuation Coverage (Unpaid Leave). To enroll, complete the enclosed *2021 PEBB Continuation Coverage (Unpaid Leave) Election/Change* form and submit it to the PEBB Program at the address shown at the end of the form.

If the PEBB Program does not receive your form no later than 60 days from the date your PEBB health plan coverage ended or from the postmark date on this booklet (whichever is later), PEBB coverage will end on the last day of the month you and your dependent(s) stopped being eligible for your original PEBB coverage.

After your enrollment begins, you can change health plans during the PEBB Program's annual open enrollment or after a qualifying event creates a special open enrollment.

Medical Flexible Spending Arrangement (FSA)

If you are enrolled in a PEBB Medical Flexible Arrangement (FSA) and your employer-based coverage ends, you may be eligible to continue making contributions to your Medical FSA through Navia Benefit Solutions until the end of the plan year by electing PEBB Continuation Coverage (Unpaid Leave).

If you are eligible for this option, your election must be received by Navia Benefit Solutions **no later than 60 days** from the date your PEBB health plan coverage ends or from the postmark date on this booklet, whichever is later. You can find more information in Navia Benefits Solutions' *2021 PEBB Medical Flexible Spending Arrangement Enrollment Guide* on Navia's website at pebb.navabenefits.com. You may also contact Navia Benefit Solutions at 1-800-669-3539 or customerservice@navabenefits.com.

Life and AD&D insurance

You may choose to continue your life and accidental death and dismemberment (AD&D) insurance coverage while on PEBB Continuation Coverage (Unpaid Leave). If you choose to continue your life and AD&D insurance coverage, both the \$35,000 basic life insurance and \$5,000 basic AD&D insurance must be continued at a cost of \$3.955 per month. If you continue basic life and basic AD&D insurance, you may also continue supplemental life and AD&D insurance. If you wish to decrease your supplemental life and/or AD&D insurance while on PEBB Continuation Coverage (Unpaid Leave), call MetLife at 1-866-548-7139.

If you do not continue your life and AD&D insurance, or if you continue coverage and self-pay for a reduced amount of supplemental life and AD&D insurance, you must reapply for supplemental life and AD&D insurance when you regain eligibility. You may need to submit evidence of insurability (Statement of Health) to increase or apply for supplemental life insurance upon your return. All enrollment forms must be submitted to MetLife for processing.

Active military duty

Please note the following: If you continue coverage while on active military duty

If you are called to active military duty in the uniformed services as defined under the Uniformed Services Employment and Reemployment Rights Act (USERRA), you may extend life and AD&D insurance coverage to a maximum of 29 months after your active duty began.

If you do not choose to continue your life and AD&D insurance coverage under one of the following options, all life and AD&D insurance coverage, including basic life insurance and basic AD&D insurance coverage paid by your employer, will end at the end of the month in which you begin active duty. There are two options for extending life and AD&D insurance:

- You can use employer annual or military leave to maintain a minimum of eight hours pay status each month. Employer-sponsored basic life insurance and basic AD&D insurance will be continued. You are responsible for paying the premium for any supplemental life and AD&D insurance.
- You can self-pay your life and AD&D insurance coverage by completing the *2021 PEBB Continuation Coverage (Unpaid Leave) Election/Change form*. You must make your premium payments to MetLife.

If you do not continue life and AD&D insurance and return to full-time employment status before the end of the 29 months in which you began active duty, you may reinstate your previous coverage without evidence of insurability (Statement of Health). If you return to full-time employment status after the end of 29 months, and choose to enroll in supplemental life insurance coverage, you may be required to provide a Statement of Health.

Reinstating life and AD&D insurance when you return to work

When you return to work, no action is needed if you chose to continue your supplemental life and AD&D insurance through self-pay. Coverage will be reinstated when you return to work.

If you did not continue supplemental life and AD&D insurance coverage under PEBB Continuation Coverage (unpaid leave), evidence of insurability (Statement of Health) may be required.

Long-term disability insurance coverage
You may self-pay basic and supplemental long-term disability (LTD) insurance when you are on approved educational leave or called to active duty in the uniformed services as defined under USERRA. Your payroll or benefits office has a definition of educational leave.

Continuing LTD insurance coverage while on USERRA or educational leave

If you choose to continue LTD insurance coverage, you must pay the \$2.10 monthly premium for basic LTD coverage along with additional premiums for supplemental LTD insurance you choose to continue. If you are eligible to continue supplemental LTD insurance coverage under PEBB Continuation Coverage (Unpaid Leave) but choose not to elect it, you must provide evidence of insurability (Statement of Health) when you regain eligibility as described in WAC 182-08-197 (3)(a)(iii).

Reinstatement requirements

Reinstating your LTD insurance coverage when you return to work from unpaid leave will differ based on whether you continued LTD insurance coverage during your leave. The following information describes the requirements for each circumstance.

USERRA or educational leave only

You discontinued LTD insurance while on leave

To apply for supplemental LTD insurance, your payroll or benefits office must receive your *PEBB Long Term Disability Enrollment/Change form*, and Standard Insurance Company must receive your *PEBB Long Term Disability Evidence of Insurability Form* no later than 31 days after you regain eligibility for the employer contribution. Your insurance will not become effective until approved by Standard Insurance Company.

You self-paid for LTD insurance under PEBB

Continuation Coverage (Unpaid Leave) and you return to active work immediately following your leave period

If you become eligible for the employer contribution immediately following your leave during the first 29 months, your LTD insurance does not end. You do not have to submit any forms to continue the amount of coverage you had during PEBB Continuation Coverage (Unpaid Leave).

If you wish to increase your waiting period for supplemental LTD insurance coverage, your employer must receive your PEBB Long Term Disability Enrollment/Change Form no later than 31 days after you regain eligibility for the employer contribution.

If you wish to decrease your waiting period for supplemental LTD insurance coverage, your payroll or benefits office must receive your completed *PEBB Long Term Disability Enrollment/Change form* and Standard Insurance Company must receive your *PEBB Long Term Disability Evidence of Insurability Form* after you regain eligibility for the employer contribution. The decreased waiting period would not become effective until approved by Standard Insurance Company. Otherwise, you will continue to be enrolled in the same level of basic and supplemental LTD insurance you had under PEBB Continuation Coverage (Unpaid Leave).

You self-paid for LTD insurance coverage under PEBB Continuation Coverage (Unpaid Leave) but did not return to active work immediately following your leave period

If you do not immediately return to work after your approved leave period and your insurance ends, you are eligible to enroll in basic and supplemental LTD insurance the first day of the month after the day you regain eligibility for the employer contribution toward PEBB benefits. Your payroll or benefits office must receive your *PEBB Long Term Disability Enrollment/Change form* and Standard Insurance Company must receive your *PEBB Long Term Disability Evidence of Insurability Form* no later than 31 days after becoming eligible for PEBB benefits.

All other types of leave

You were not eligible to continue LTD insurance under PEBB Continuation Coverage (Unpaid Leave)

Your basic and supplemental LTD insurance is reinstated the first day of the month you regain eligibility for the employer contribution, to the same level of coverage you were enrolled in before your leave. You do not have to submit any forms per WAC 182-08-197 (3)(b)(ii).

PEBB Continuation Coverage forms

These forms referenced in this book are available online:

2021 PEBB Continuation Coverage (COBRA) Election/Change Form

hca.wa.gov/assets/pebb/50-0136-pebb-continuation-coverage-election-change-cobra-2021.pdf

2021 PEBB Medicare Advantage Plan Election Form

hca.wa.gov/assets/pebb/51-0576-medicare-advantage-plan-election-form-2021.pdf

2021 PEBB Continuation Coverage (Unpaid Leave) Election/Change Form

hca.wa.gov/assets/pebb/50-0135-pebb-continuation-coverage-election-change-unpaid-leave-2021.pdf

2021 PEBB Premium Surcharge Attestation Help Sheet

hca.wa.gov/assets/pebb/50-0226-pebb-premium-surcharge-attestation-help-sheet-2021.pdf