

2022

PEBB Continuation Coverage Election Notice

PLEASE 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 eligible dependents can continue your coverage under PEBB Continuation Coverage.

Forms are included at the back. 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.

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 the exceptions to the timelines listed in this document, visit HCA's website at hca.wa.gov/coronavirus.

Washington State
Health Care Authority

PUBLIC EMPLOYEES BENEFITS BOARD



PEBB contact information

The Health Care Authority (HCA) administers PEBB Continuation Coverage.

Call us with general questions about PEBB Continuation Coverage eligibility at 1-800-200-1004 (TRS: 711), Monday through Friday, 8 a.m. to 4:30 p.m. (Other business activities may result in phones being unavailable at times.)

Mailing address:

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

Street address:

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

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

Send us a secure message on HCA's website at hca.wa.gov/fuze-questions. You must set up a secure login to use this feature. This helps protect your privacy and sensitive health information. This is separate from PEBB My Account.

For more information

This booklet does not fully describe your rights for continuation coverage. You can find more information on the HCA website at hca.wa.gov/pebb-continuation. Contact the PEBB Program for questions about eligibility.

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 or call 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.

Definitions

Here are some important definitions of 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 are 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.

Conversion: The ability to switch your employer-based and supplemental group life insurance coverage to an individual policy when you lose eligibility. For PEBB life insurance, that means converting from a **group term** life policy to a **whole** life policy in your own name. All premiums are then your responsibility.

Portability: The ability to switch all or part of your employer-based and supplemental group life insurance coverage to an individual policy when you lose eligibility. All premiums are then your responsibility.

Qualified beneficiary: A covered employee, the employee's covered spouse, and covered dependent children including 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.

Service area: Also called coverage area. In the PEBB Program, it means the counties where a health plan is available.

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. During the special open enrollment, you may be able to change health plans and enroll or remove dependents from coverage. Special open enrollment events and the changes that can be made are listed on page 34 and page 47.

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

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

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Introduction

Federal law requires that most group health plans, including the Public Employees Benefits Board (PEBB) Program, give employees and their dependents the opportunity to continue their health plan coverage when they lose eligibility under the employer's plan due to a qualifying event. This booklet provides important information about your and your dependents' rights to continue PEBB Program coverage if your coverage ends.

PEBB Continuation Coverage provides the same choice of medical and dental benefits available to other PEBB enrollees, as well as the same annual deductibles, copays, and coinsurance. Each person who elects PEBB Continuation Coverage has the same rights as other PEBB enrollees, including rights to PEBB Program annual open enrollment and special open enrollment. However, the premiums for PEBB Continuation Coverage are different.

Please read the information in this booklet carefully before deciding on PEBB Continuation Coverage. We use "you" in this booklet to refer to each person who will lose PEBB Program coverage.

What are my responsibilities?

To elect PEBB Continuation Coverage, the PEBB Program must receive your election form(s) (included at the end of 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 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 lose eligibility. If you elect it, PEBB Continuation Coverage begins the first day of the month after the date your PEBB health plan coverage ended.

To help process your enrollment faster, send your first premium payment and applicable premium surcharges with your election form(s). Your first payment is due to HCA **no later than 45 days** after your 60-day election period ends. Your coverage will not be in effect until the first payment is received. You can find important premium payment information under "When and how do I make payments?" on page 13.

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.

What are the PEBB Continuation Coverage options?

The PEBB Program offers two types of continuation coverage.

PEBB Continuation Coverage (COBRA) is a temporary extension of PEBB health plan coverage available to PEBB members who are qualified beneficiaries under federal Consolidated Omnibus Budget Reconciliation Act (COBRA) rules. The Health Care Authority also extends PEBB Continuation Coverage (COBRA) to state-registered domestic partners and their children, based on RCW 26.60.015. Coverage may be temporarily extended only if a PEBB member experiences a qualifying event. For eligibility information, see Appendix A.

PEBB Continuation Coverage (Unpaid Leave) is 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, such as active duty in the uniformed services and authorized leave without pay. See WAC 182-12-133(1)(b) for the kinds of leave included. For eligibility information, see Appendix B.

Electing PEBB Continuation Coverage

Am I eligible for PEBB Continuation Coverage?

Under federal COBRA rules, employees, spouses, and dependent children are qualified beneficiaries. We also include state-registered domestic partners and their dependent children as dependents entitled to elect PEBB Continuation Coverage (COBRA) if they lose PEBB health plan coverage due to a qualifying event (see page 23). For more information on who qualifies for PEBB Continuation Coverage (COBRA), see Appendix A.

Eligibility for COBRA

Each individual who loses their PEBB health plan coverage due to a qualifying event has an independent election right to PEBB Continuation Coverage (COBRA). See page 23 for a list of qualifying events.

For example, if an employee loses 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. Either the employee or their eligible spouse or state-registered domestic partner may elect continuation coverage for any eligible dependent children.

Eligibility for Unpaid Leave

An employee who loses 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 the employee does not elect this coverage, their dependents do not have independent election rights to PEBB Continuation Coverage (Unpaid Leave).

How do I elect PEBB Continuation Coverage?

The PEBB Program must receive your election form(s) **no later than 60 days** from the date PEBB health plan coverage ends or from the postmark date on this booklet, whichever is later. In person or telephone conversations, fax, and email are not acceptable methods of making an election and will not preserve your continuation coverage rights.

Coverage timeline

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. If you elect PEBB Continuation Coverage, it will begin the first day of the month after the date your PEBB health plan coverage ended.

Submitting your form(s) and payment

To help process your enrollment faster, send your first premium payment and applicable premium surcharges with your election form(s). See important premium payment information under "When and how do I make payments?" on page 13.

Your first payment is due to the Health Care Authority (HCA), which administers PEBB Continuation Coverage, **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.

Mail forms to (if no payment enclosed):

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

If sending payment with your form(s), see "When and how do I make payments?" on page 13 for information on where to submit them, **or:**

Bring forms in person to:

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

Visitors are received on a first-come, first-served basis, 8 a.m. to 4:30 p.m., Monday through Friday. Because of closures during the COVID-19 pandemic, please call ahead or visit HCA's website at hca.wa.gov to check whether our office is open before your visit.

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.

Can I continue my life insurance, AD&D insurance, and FSA?

In some cases, PEBB Continuation Coverage subscribers may continue life and accidental death and dismemberment (AD&D) insurance and a flexible spending arrangement (FSA).

If you want to continue your life insurance, Medical Flexible Spending Arrangement (FSA), or Limited Purpose FSA, please see Appendix A for PEBB Continuation Coverage (COBRA) or Appendix B for PEBB Continuation Coverage (Unpaid Leave) for how to elect these coverages. Also see

“How long can I remain on PEBB Continuation Coverage?” on page 8.

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 form **no later than 60 days** after your PEBB Program employee life insurance ends.

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, you may have a lower deductible with PEBB Continuation Coverage than with another coverage.

Health Insurance Marketplace

The Marketplace offers private health insurance options. You can find out if you’re eligible for a tax credit that lowers your monthly premiums and out-of-pocket costs for deductibles, coinsurance, and copays. 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).

Washington State residents can access the Washington Health Benefit Exchange website at wahbexchange.org. Residents of other states go to the federal website at healthcare.gov.

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.

Enrolling in Marketplace coverage

You have **60 days** from the time you lose your employer-based group health plan to enroll in the Marketplace. (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. In addition, anyone can enroll in Marketplace coverage without a qualifying event during its open enrollment period, generally in the fall.

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

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 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. 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 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 another 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?

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, 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 cost less.

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. 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. If this is the case, 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. Check your health plan's service or coverage area, or other similar limitations.

Cost-sharing. In addition to monthly premiums or contributions for health plan coverage, you 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 and for those electing to enroll in a Medicare Advantage plan. Please check the *PEBB Retiree Enrollment Guide* for details. Your opportunity to enroll in PEBB retiree insurance coverage will be affected if these deadlines are not met.

If I decline PEBB Continuation Coverage, can I enroll later?

If you 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 date your PEBB health plan coverage ended or the postmark date on this booklet, whichever is later. After that date, you will lose your opportunity to enroll unless you regain eligibility.

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, as described in this section. In some situations, coverage can end before the maximum coverage period (see page 11).

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 "When an employee is on approved leave or employment ends due to a layoff" in this section. Coverage may be extended due to disability or a second qualifying event, as described in "When PEBB Continuation Coverage (COBRA) may be extended" in this section.

When the covered employee enrolls 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.

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

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 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 under PEBB Continuation Coverage (COBRA).

For faculty 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. Faculty 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 under PEBB Continuation Coverage (COBRA).

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 and 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 under PEBB Continuation Coverage (COBRA).

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 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 under PEBB Continuation Coverage (COBRA).

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 under PEBB Continuation Coverage (COBRA).

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

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.

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.

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 in WAC 182-12-180 or 182-12-265.

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 **no later than 60 days** after a disability or a second qualifying event to extend the continuation coverage period. If you fail to provide the notice within the timeframe allowed, you will lose the right to extend continuation coverage.

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). 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 *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).

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.

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.

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 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.

Second qualifying event extension

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.

The notice 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.

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 PEBB Continuation Coverage (Unpaid Leave) will satisfy the 18-month COBRA coverage period. Likewise, if you are no longer eligible for PEBB Continuation Coverage (Unpaid Leave) and have not used the maximum 18 months allowed under PEBB Continuation Coverage (COBRA), you may switch to COBRA for the remaining months, for a total of 18 months.

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.

Automatic termination before the end of the maximum coverage period

PEBB Continuation Coverage will terminate automatically before the end of the maximum period if:

- Any required premium and applicable premium surcharge is not paid on time.
- 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 earlier than the end of the maximum coverage period 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.

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.

PEBB Continuation Coverage (COBRA) will terminate early if you enroll in another 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 enrolls in another employer group health plan coverage.

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

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.

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) for all qualified beneficiaries will end 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.

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.

To reduce or cancel life or accidental death and dismemberment (AD&D) insurance, call MetLife at 1-866-548-7139.

Paying for PEBB Continuation Coverage

How much does PEBB Continuation Coverage cost?

See monthly premiums for PEBB Continuation Coverage on pages 15–17. 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 page 18.

When and how do I make payments?

First premium 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 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: A PEBB subscriber’s employment ends on September 15, and they lose coverage on September 30. They elect PEBB Continuation Coverage (COBRA) on November 15. If they make the first payment in November, it must cover the premium and applicable premium surcharges for October. If they make 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

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.

Mail or bring your **first** payment to the Health Care Authority (HCA). Make checks payable to Health Care Authority.

Mail to (for first payments only):

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

Or bring to:

Health Care Authority
626 8th Avenue SE
Olympia, WA 98501
(8 a.m. to 4:30 p.m., Monday–Friday)

Because of closures during the COVID-19 pandemic, please call ahead to check whether our visitor office is open before your visit. To check lobby hours, visit hca.wa.gov/employee-retiree-benefits/contact-us.

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 for your second and subsequent payments:

Personal check or money order

Mail to:

Health Care Authority
PEBB Program
PO Box 34270
Seattle, WA 98124-1270

You may also pay in cash at the HCA office only. Bring payments to the street address listed above.

Automatic bank account withdrawals

To set up 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 as invoiced 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 are premiums considered paid?

We consider your premium 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.

What are the due dates for monthly 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.

Is there a grace period for monthly 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.

What if my payment is late?

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.

How do I make payments for life and AD&D insurance?

Premiums associated with life insurance and accidental death and dismemberment (AD&D) insurance coverage must be made to Metropolitan Life Insurance Company (MetLife).

See "When an employee is on approved leave or employment ends due to a layoff" on page 9 for who is eligible for life and AD&D insurance.

PEBB Continuation Coverage non-Medicare medical plan premiums

Effective January 1, 2022	Managed Care Plans						Preferred Provider Organization (PPO) Plans			
	Kaiser Foundation Health Plan of the Northwest ¹		Kaiser Foundation Health Plan of Washington				Uniform Medical Plan (administered by Regence BlueShield)			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP	Classic	Plus	Select	CDHP

Monthly premiums

Subscriber	\$768.23	\$643.88	\$813.24	\$659.19	\$721.89	\$641.39	\$718.68	\$687.13	\$647.73	\$638.69
Subscriber & spouse ²	\$1,531.47	\$1,277.21	\$1,621.48	\$1,313.37	\$1,438.79	\$1,272.99	\$1,432.35	\$1,369.26	\$1,290.45	\$1,270.29
Subscriber & children	\$1,340.66	\$1,133.46	\$1,419.42	\$1,149.82	\$1,259.56	\$1,129.67	\$1,253.93	\$1,198.73	\$1,129.77	\$1,126.97
Subscriber, spouse, ¹ & children	\$2,103.90	\$1,708.47	\$2,227.66	\$1,804.01	\$1,976.46	\$1,702.94	\$1,967.61	\$1,880.86	\$1,772.50	\$1,700.24

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 when required.

- 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 *2022 PEBB Premium Surcharge Attestation Help Sheet* under *Forms & publications* on the HCA website at hca.wa.gov/erb.

PEBB Continuation Coverage dental plan premiums

	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare ³	Willamette Dental Group	Uniform Dental Plan ³

Monthly premiums

Subscriber	\$39.53	\$44.45	\$48.64
Subscriber & spouse ²	\$79.06	\$88.90	\$97.28
Subscriber & children	\$79.06	\$88.90	\$97.28
Subscriber, spouse, ² & children	\$118.59	\$133.35	\$145.92

1. 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.

2. Or state-registered domestic partner.

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

	Plans							
	Kaiser Permanente NW ¹	Kaiser Permanente WA				Uniform Medical Plan	UnitedHealthcare ²	
	Senior Advantage	Classic	Medicare Advantage	SoundChoice	Value	Classic	PEBB Balance	PEBB Complete
Subscriber only								
1 eligible	\$340.58	N/A ⁵	\$346.39	N/A ⁵	N/A ⁵	\$547.87	\$246.98	\$292.36
Subscriber and spouse³								
1 eligible	\$1,103.81 ⁴	\$1,154.63	N/A ⁵	\$1,000.58	\$1,063.28	\$1,261.55	\$960.66	\$1,006.04
2 eligible	\$676.16	N/A ⁵	\$687.78	N/A ⁵	N/A ⁵	\$1,090.74	\$488.96	\$579.72
Subscriber and children								
1 eligible	\$913.01 ⁴	\$952.57	N/A ⁵	\$837.03	\$884.06	\$1,083.13	\$782.24	\$827.62
2 eligible	\$676.16	N/A ⁵	\$687.78	N/A ⁵	N/A ⁵	\$1,090.74	\$488.96	\$579.72
Subscriber, spouse,³ and children								
1 eligible	\$1,676.24 ⁴	\$1,760.81	N/A ⁵	\$1,491.21	\$1,600.95	\$1,796.80	\$1,495.91	\$1,541.29
2 eligible	\$1,248.59 ⁴	\$1,293.96	N/A ⁵	\$1,178.42	\$1,225.45	\$1,626.00	\$1,024.22	\$1,114.98
3 eligible	\$1,011.74	N/A ⁵	\$1,029.17	N/A ⁵	N/A ⁵	\$1,633.61	\$730.94	\$867.08

1. 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.
2. 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 reflect the total due, including premiums for both plans.
3. Or state-registered domestic partner.
4. 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 NW¹ Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.
5. 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.

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

	Plan F ¹		Plan G	
	Age 65 or older, eligible by age	Under age 65, eligible by disability	Age 65 or older, eligible by age	Under age 65, eligible by disability
Subscriber				
1 Medicare eligible	\$222.23	\$377.77	\$188.70	\$320.79
Subscriber and spouse¹				
1 Medicare eligible ²	\$940.91	\$1,096.45	\$907.38	\$1,039.47
2 Medicare eligible: 1 retired, 1 disabled	\$600.00	\$600.00	\$509.49	\$509.49
2 Medicare eligible	\$444.46	\$755.54	\$377.40	\$641.58
Subscriber and children				
1 Medicare eligible ²	\$762.49	\$918.03	\$728.96	\$861.05
Subscriber, spouse,¹ and children				
1 Medicare eligible ²	\$1,476.17	\$1,631.70	\$1,442.63	\$1,574.73
2 Medicare eligible: 1 retired, 1 disabled ²	\$1,140.26	\$1,140.26	\$1,049.75	\$1,049.75
2 Medicare eligible ²	\$984.72	\$1,295.80	\$917.66	\$1,181.84

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. Plan F is available only to existing members.

Premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions below apply, or if you do not attest to the surcharges. The premium surcharges apply to PEBB subscribers who are enrolled in a PEBB medical plan but are not enrolled in Medicare as their primary coverage.

- A monthly \$25-per-account tobacco use medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled on your 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 UMP Classic.

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

What is the tobacco use premium surcharge?

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 tobacco use premium surcharge in addition to your monthly medical premium if you or any dependent (age 13 or older) enrolled on your PEBB medical coverage has used a tobacco product in the past two months, or if you do not attest to this premium surcharge 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 a dependent turns 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 Program 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 *PEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov/pebb-continuation under *Forms & publications*.

You must attest when you enroll using either the *PEBB Continuation Coverage (COBRA) Election/Change* form or the *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 has 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 *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 the premium surcharge begins on that day.

What is the spouse or state-registered domestic partner coverage premium surcharge?

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 your 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 *PEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov/pebb-continuation 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 *PEBB Continuation Coverage (COBRA) Election/Change* form or the *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 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 *PEBB Premium Surcharge Attestation Change form* (found on HCA's website at hca.wa.gov/pebb-continuation 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 to the premium surcharge 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 to the premium surcharge 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 included in your benefits and is a voluntary wellness program that supports you on your journey toward living well.

Participate in activities to support your whole person well-being, such as managing stress, building resiliency, and adapting to change. As you progress on your wellness journey, you can qualify for the SmartHealth wellness incentive each year.

Who is eligible?

You (the subscriber) and your spouse or state-registered domestic partner enrolled in PEBB medical coverage can use SmartHealth. However, only the following continuation coverage subscribers enrolled in PEBB medical coverage can qualify for the SmartHealth wellness incentive.

- PEBB Continuation Coverage (Unpaid Leave) subscribers
- PEBB Continuation Coverage (COBRA) subscribers not enrolled in Medicare Part A and Part B

What is the wellness incentive?

Each year, subscribers can qualify for a \$125 wellness incentive. How you receive the incentive depends on the type of medical plan you enroll in.

- **For consumer-directed health plans (CDHPs):** A one-time deposit of \$125 goes into the subscriber's health savings account (HSA).
- **For all other PEBB medical plans:** Subscribers get a \$125 reduction in their 2023 PEBB medical plan deductible.

When do I get the wellness incentive?

If you qualify for the \$125 wellness incentive in 2022, you will receive the SmartHealth incentive by the end of January 2023, if you are still enrolled in PEBB medical as your primary coverage. If you are enrolled in Medicare Part A and Part B as your primary coverage on January 1, 2023, you will not receive the incentive even if you earned it the prior year.

How do I qualify for the wellness incentive each year?

Complete all three steps within the deadlines described below to qualify each year.

- Sign in to SmartHealth at smarthealth.hca.wa.gov.
- Complete the SmartHealth well-being assessment. It takes about 15 minutes and is worth 800 points.
- Join and track more activities to earn at least 2,000 total points before your deadline.

When is my deadline?

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 a PEBB medical plan, your deadline is November 30, 2022.
- If you are a new subscriber with a PEBB medical coverage effective date of January through September 2022, your deadline is November 30, 2022.
- If you are a new subscriber with a PEBB medical coverage effective date of October through December 2022, your deadline is December 31, 2022.

What if I can't complete the activities?

Any subscriber for whom it is medically inadvisable or due to a medical condition, unreasonably difficult to attempt to satisfy the requirement for a PEBB Wellness Incentive Program can request an alternative requirement that will allow them to qualify for the PEBB Wellness Incentive or waive the requirement.

To request an alternative requirement, call SmartHealth Customer Service at 1-855-750-8866. To learn more, including how to appeal if your request is denied, see the SmartHealth Reasonable Alternative Standard FAQs on HCA's website at hca.wa.gov/pebb-smarthealth.

What if I don't have internet access?

Call SmartHealth Customer Service at 1-855-750-8866, Monday through Friday, 7 a.m. to 7 p.m. (Pacific) to learn more.

Who can I contact for more help?

For technical questions about using SmartHealth, contact SmartHealth Customer Service:

- Call 1-855-750-8866, 7 a.m. to 7 p.m. (Pacific), Monday through Friday
- Email support@limeade.com

To learn more about SmartHealth, go to the HCA website at hca.wa.gov/pebb-smarthealth.

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 ሸፋን 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) المشاركون في التغطية المستمرة: اتصلوا بـ 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) အာမခံ ဆက်လက်ခံစားရေး အဖွဲ့ဝင်များ- Health Care Authority တံ 1-800-200-1004 (TRS: 711) တွင် ဆက်သွယ်ပါ။

[Cambodian] សេវាជំនួយផ្នែកភាសា រួមទាំងអ្នកបកស្រាយ និងការបកប្រែឯកសារដែលបានបោះពុម្ព មានផ្តល់ជូនដោយឥតគិតថ្លៃ។ និយោជិត៖ ទាក់ទងការិយាល័យបើកប្រាក់ខែ ឬអគ្គនាយកដ្ឋានសំបុត្រ។ អ្នកចូលនិវត្តន៍នៃក្រុមប្រឹក្សាភិបាលអគ្គនាយកដ្ឋានសំបុត្រនិយោជិតសាធារណៈ (PEBB), សមាជិកសេវាបំប៉នបន្តពីក្រុមប្រឹក្សាភិបាលអគ្គនាយកដ្ឋានសំបុត្រនិយោជិតសាធារណៈ (PEBB) និងក្រុមប្រឹក្សាភិបាលផ្តល់អត្ថប្រយោជន៍ដល់និយោជិតរូបសាស្ត្រ (SEBB)៖ ទូរស័ព្ទទៅ Health Care Authority តាមរយៈលេខ 1-800-200-1004 (TRS: 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。僱員：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: 711) 聯絡 Health Care Authority。

[Korean] 통역 및 인쇄물 번역을 포함한 언어 지원 서비스를 무료로 제공해드리고 있습니다. 직역: 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, ລວມທັງນາຍພາສາ ແລະ ການແປເອກະສານທີ່ພິມແມ່ນມີໃຫ້ໂດຍບໍ່ເສຍຄ່າ. ພະນັກງານ: ຕິດຕໍ່ຫ້ອງການເງິນເດືອນ ຫຼື ຫ້ອງການຊ່ວຍເຫຼືອຂອງທ່ານ. ສະມາຊິກບໍານານຂອງຄະນະກຳມະການດ້ານສິດທິພົນປະໂຫຍດຂອງພະນັກງານສາທາລະນະ (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, ਮੁਫ਼ਤ ਉਪਲੱਬਧ ਹਨ। ਕਰਮਚਾਰੀ: ਆਪਣੇ ਤਨਖ਼ਾਹ ਜਾਂ ਫ਼ਾਇਦੀਆਂ ਦੇ ਦਫ਼ਤਰ 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 pagasalalin-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 ሓዊቡ፡ ካብ ክፍሊት ነጻ ዝርከቡ እዮም። ስራተኛታት፡ ናይ ስርዓት ክፍሊት ወይ ናይ ረብሓታት ቢሮ ኣዘርቡ። ናይ ህዝቢ ስራተኛታት ረብሓታት ቦርድ (PEBB) ጠረፋታት፡ ናይ ናይ ህዝቢ ስራተኛታት ረብሓታት ቦርድ (PEBB)ን ናይ ቤት ትምህርቲ ስራተኛታት ረብሓታት ቦርድ (SEBB)ን ወጽዖልታ ሸፋን 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).

Appendix A:

PEBB Continuation Coverage (COBRA)

Qualifying events

Complete the *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.

See page 25 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. 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 of marriage.

State-registered domestic partner

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

Dependent child

- Your parent (the employee or retiree) died. You may qualify for PEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage as a surviving dependent.
- 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 child

- Your parent's state-registered domestic partner (the employee or retiree) dies. You may qualify for PEBB Continuation Coverage (COBRA) or PEBB retiree insurance coverage as a surviving dependent.
- Your parent's state-registered domestic partner's (the employee's) hours of employment are reduced.
- Your parent's state-registered domestic partner'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.

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

Medical and dental benefits

You may only elect to continue the medical and/or dental coverage you were enrolled in on the day before the qualifying event 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) that you elect.

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

The PEBB Program must 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). If not, 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) and Limited Purpose FSA

If you are enrolled in a PEBB Medical Flexible Spending Arrangement (FSA) or Limited Purpose FSA and your employer-based coverage ends, you may be eligible to continue making contributions 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, whichever is later.

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

Life insurance

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 and supplemental 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, policy rate changes, and state availability.

Portability is also available for dependent term life insurance 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/pebb-continuation 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 *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).¹
- You are on approved educational leave.¹
- You are a faculty member who is between periods of eligibility.
- You are a seasonal employee who is between periods of eligibility.

Please read the following information carefully before completing the form(s).

Medical and dental benefits

You may only elect to continue the medical and/or dental coverage you were enrolled in on the day before the qualifying event 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 *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.

The PEBB Program must 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). If not, 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) and Limited Purpose FSA

If you are enrolled in a PEBB Medical Flexible Arrangement (FSA) or Limited Purpose FSA and your employer-based coverage ends, you may be eligible to continue making contributions 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 the *PEBB Medical Flexible Spending Arrangement Enrollment Guide* on Navia's website at pebb.naviabenefits.com. You may also contact Navia Benefit Solutions at 1-800-669-3539 or customerservice@naviabenefits.com.

Life and AD&D insurance

You may choose to continue your life insurance 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 insurance 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 (proof of health) to increase or apply for supplemental life insurance upon your return. All enrollment forms must be submitted to MetLife for processing.

¹ You may also be eligible to continue long-term disability insurance. See page 26 for information on continuing long-term disability (LTD) insurance while on USERRA or approved educational leave.

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 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 extend your life and AD&D insurance coverage by submitting the PEBB Continuation Coverage (Unpaid Leave) Election/Change form and self-paying your premium. You must make your premium payments to MetLife.

If you do not continue life and AD&D insurance and return to eligibility for PEBB benefits before the end of the 29 months in which you began active duty, you may reinstate your previous coverage without evidence of insurability (proof of health). If you return to eligibility for PEBB benefits after the end of 29 months and choose to enroll in supplemental life insurance coverage, you may be required to provide evidence of insurability.

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 may be required.

Long-term disability insurance

Continuing LTD insurance coverage while on USERRA or educational leave

You may self-pay employer-paid and employee-paid 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.

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

Reinstating employee-paid LTD insurance when you return to work

Your employer-paid and employee-paid LTD insurance will be automatically reinstated to the same level of coverage you were enrolled in before your leave, the first day of the month you regain eligibility for the employer contribution toward SEBB benefits. You do not have to submit any forms as described in WAC 182-08-197 (3)(a)(iii).

Enrollment forms

Below are links to the forms that are found in the printed version of this guide.

2022 PEBB Premium Surcharge Attestation Help Sheet (50-0226)

2022 PEBB Medicare Advantage Plan Election Form (51-0576)

2022 PEBB Continuation Coverage Election/Change (Unpaid Leave) Form (50-0135)

2022 PEBB Continuation Coverage Election/Change (COBRA) Form (50-0136)