



# Thinking about retirement?

As you transition into retirement, the Public Employees Benefits Board (PEBB) Program is here to help make sure you can continue your medical and dental benefits.

You may be eligible for PEBB retiree insurance coverage if you are a retiring employee of a:

- PEBB-participating employer group.
- State agency.
- Washington higher-education institution.
- Washington State school district, educational service district, or charter school.

You may also be eligible if you are an elected or appointed official as described in WAC 182-12-180.

## Why choose PEBB?

We offer a comprehensive health care package providing value, access, and choice. We also contract with private insurers to accommodate your range of insurance needs.

## Access

Our plans give you access to thousands of providers across Washington State. Some offer extended networks so you can see any provider in the United States.

## Value

As one of the largest purchasers of health coverage in Washington State, we negotiate competitive premiums and benefits and pass these savings on to you.

## Choice

With PEBB retiree insurance coverage, you have options. Our health plans offer a range of designs to fit the way you use health care.

# Things to keep in mind:

## Am I eligible?

To be eligible for PEBB retiree insurance coverage, you must meet both the procedural and eligibility requirements of WAC 182-12-171, 182-12-180, or 182-12-211.

## When are the enrollment timelines?

The PEBB Program must receive your completed retiree enrollment form **no later than 60 days** after your employer-paid coverage, COBRA coverage, or continuation coverage ends, or **no later than 60 days** after you leave office if you are an elected or appointed official as described in WAC 182-12-180. If the PEBB Program does not receive your completed enrollment form (and any other required forms and documents) by the required deadline, you could lose your right to enroll in PEBB retiree insurance coverage.

## What coverage can I enroll in?

You can choose to enroll in medical and dental coverage, or medical coverage only. You cannot enroll in only dental coverage. You may also enroll in retiree term life insurance, if eligible.

If you are enrolled in Medicare Part A and Part B, other medical plan options may be available to you.

## How much does it cost?

You can view the monthly premiums at [www.hca.wa.gov/pebb-retirees](http://www.hca.wa.gov/pebb-retirees) under “Plan costs.” Generally, premiums change every January 1.

## Can I enroll later?

If you have access to other coverage as described on the *Retiree Coverage Election/Change* form, you can defer (postpone) PEBB retiree insurance coverage and enroll in the future. **However, the PEBB Program must receive your election form requesting to defer no later than 60 days after your employer-paid coverage, COBRA coverage, or continuation coverage ends, or no later than 60 days after you leave office if you are an elected or appointed official as described in WAC 182-12-180.**

# Enrolling is easy!

## Just follow these steps:

**About 90 days before your employer-paid coverage, COBRA coverage, or continuation coverage ends, or before you leave public office:**

- Contact the Social Security Administration to enroll in Medicare Part A and Part B if you or any eligible family members you wish to cover are entitled to Medicare due to either age (65 or older) or disability.
- Complete the card in this brochure and return it to us. We will send you a *Retiree Enrollment Guide* (including enrollment forms). You can also download the guide and required forms at [www.hca.wa.gov/pebb-retirees](http://www.hca.wa.gov/pebb-retirees) under “Forms & publications.”

**60 days before your active employment, COBRA coverage, or continuation coverage ends, or before you leave public office:**

- Return your completed *Retiree Coverage Election/Change* form and any other required forms and documents to the PEBB Program to enroll in or defer PEBB retiree insurance coverage.
- The PEBB Program must receive your completed enrollment forms and required documents **no later than 60 days** after your employer-paid coverage, COBRA coverage, or continuation coverage ends, or **no later than 60 days** after you leave office if you are an elected or appointed official as described in WAC 182-12-180.

## Monthly premium surcharges

**Non-Medicare retirees must attest to the premium surcharges, as applicable.** The following monthly premium surcharges may apply in addition to your medical plan premium:

- A monthly \$25-per-account tobacco use premium surcharge.
- A monthly \$50 spouse or state-registered domestic partner coverage premium surcharge.

These surcharges do not apply if you (the subscriber) are enrolled in Medicare Part A and Part B. For more details, see our surcharge pages at [www.hca.wa.gov/pebb-retirees](http://www.hca.wa.gov/pebb-retirees) under “Surcharges.”

## To request a copy of the *Retiree Enrollment Guide*

Complete the card below and return it to us. We will mail you a *Retiree Enrollment Guide* with the enrollment forms you need.

## We're here to help

### Call the PEBB Program

(360) 725-0440 or toll-free 1-800-200-1004 (TRS: 711)  
Monday through Friday, 8 a.m. to 5 p.m. Pacific Time

### Visit our office

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

(Note: The PEBB Program does not take appointments. Visitors are seen on a first come, first served basis.)

Go online to [www.hca.wa.gov/pebb-retirees](http://www.hca.wa.gov/pebb-retirees) for forms, publications, and information updates.

Name				<input type="text"/>			
Address			Unit/apt. number				
<input type="text"/>							
City		State		ZIP Code			
<input type="text"/>		<input type="text"/>		<input type="text"/>			
Mailing address (if different)			City		State		ZIP Code
<input type="text"/>							
Phone number			Last 4 digits of Social Security number (required to verify eligibility)				
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Retirement date		Current employer					
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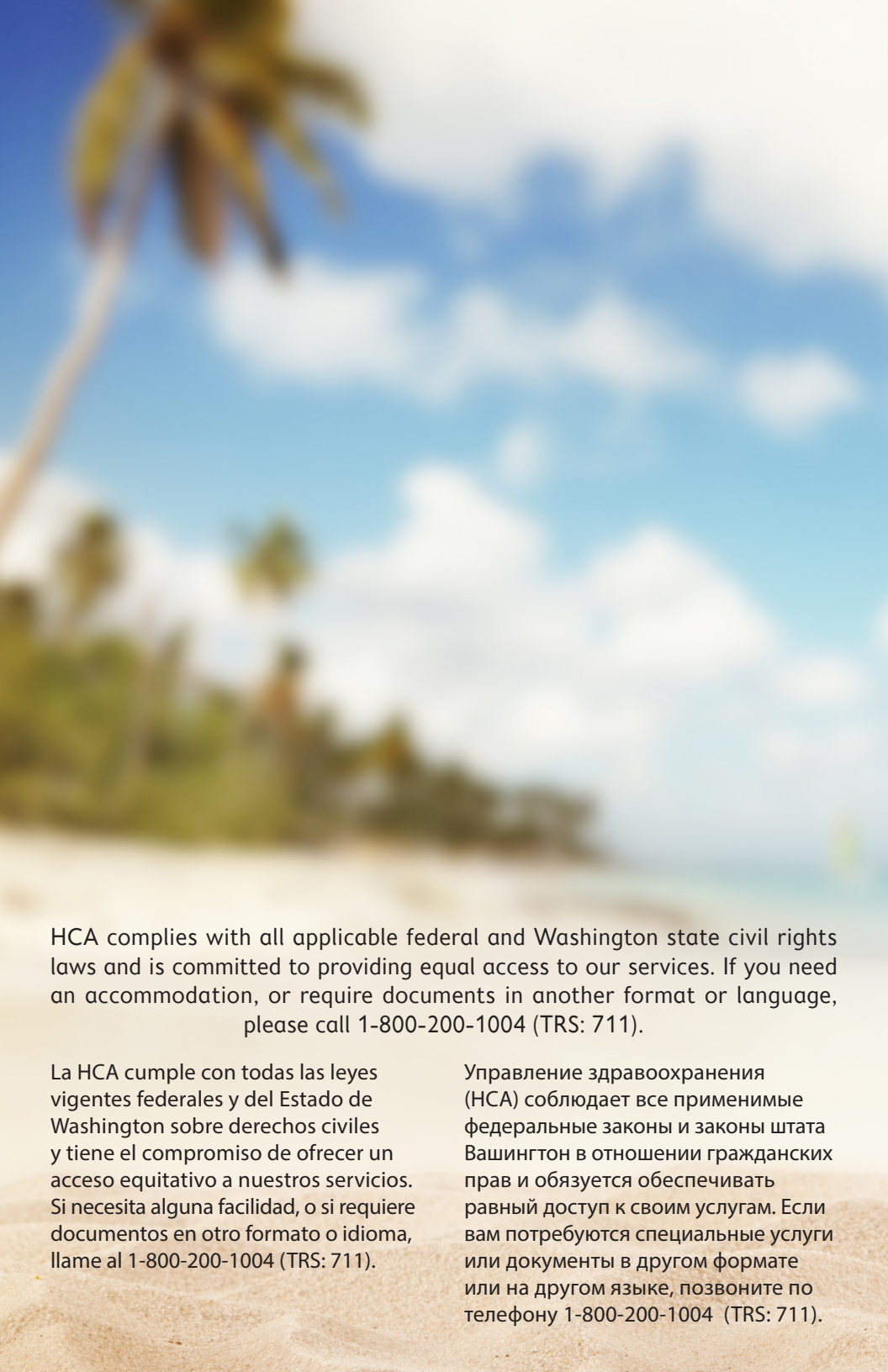
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HCA 51-535 (12/17)

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

Please place into an envelope to mail to the PEBB Program  
in order to meet USPS requirements.



HCA complies with all applicable federal and Washington state civil rights laws and is committed to providing equal access to our services. If you need an accommodation, or require documents in another format or language, please call 1-800-200-1004 (TRS: 711).

La HCA cumple con todas las leyes vigentes federales y del Estado de Washington sobre derechos civiles y tiene el compromiso de ofrecer un acceso equitativo a nuestros servicios. Si necesita alguna facilidad, o si requiere documentos en otro formato o idioma, llame al 1-800-200-1004 (TRS: 711).

Управление здравоохранения (HCA) соблюдает все применимые федеральные законы и законы штата Вашингтон в отношении гражданских прав и обязуется обеспечивать равный доступ к своим услугам. Если вам потребуются специальные услуги или документы в другом формате или на другом языке, позвоните по телефону 1-800-200-1004 (TRS: 711).