

2017 Introduction to PEBB Coverage for K-12/ESDs/Charter Schools



What does the Public Employees Benefits Board (PEBB) Program offer?

The PEBB Program provides a comprehensive insurance package that includes:

- Medical/vision
- Dental
- Life and accidental death and dismemberment (AD&D)
- Long-term disability
- Group discounts for auto and home insurance.

Your employees may select any PEBB health plan available in their county of residence.

The information in this brochure will give you an overview of eligibility, benefits, and the application process. For details, go to www.hca.wa.gov/public-employee-benefits/groups-joining-pebb/school-districts.



How does the PEBB Program work?

The PEBB Program, under the Washington State Health Care Authority (HCA), administers benefits and eligibility for more than 350,000 public employees, retirees, and their dependents. The HCA purchases insurance coverage through competitive bids from private insurance companies, and is able to negotiate competitive premium rates. We do all of the purchasing and contracting so you can focus on your core services.

Medical plans

- Kaiser Permanente WA (formerly Group Health Cooperative) (three managed-care plans)
- Kaiser Permanente WA Options, Inc. (formerly Group Health Options, Inc.) (one consumer-directed health plan)
- Kaiser Permanente NW* (one managed-care plan and one consumer-directed health plan)
- Uniform Medical Plan, administered by Regence BlueShield of Washington (two preferred-provider plans and one consumer-directed health plan)

Dental plans

- DeltaCare, administered by Delta Dental of Washington
- Uniform Dental Plan, administered by Delta Dental of Washington
- Willamette Dental Group

The PEBB Program also includes

- Life and AD&D insurance through Metropolitan Life Insurance Company (MetLife)
- Long-term disability insurance through Standard Insurance Company
- Group discounts on auto and home insurance through Liberty Mutual
- COBRA, and PEBB Continuation Coverage, which includes Leave Without Pay coverage
- Retiree coverage



Eligibility

Groups

The PEBB Program's group coverage is available to K-12 school districts, ESDs, and charter schools.

Coverage is available to:

- Your entire group, or
- Groups of bargaining unit employees, or
- All non-represented employees.

Application process:

Your group must purchase the full package of medical/vision, dental, basic life and AD&D, and basic long-term disability insurance.

1. The HCA will review the application and other materials submitted by your group.
2. Once reviewed for compliance the HCA will charge a start-up fee based on your group's size. Failure to pay the start-up fee or return the Interlocal Agreement before the group's effective date of coverage may result in a delayed coverage date.
3. Once enrolled, your group must participate in the PEBB Program for at least one full calendar year, and may end participation only at the end of the year, which the PEBB Program has defined as the end of October for school districts, ESDs, and charter schools.

Employees

- The PEBB Program outlines employee eligibility in WAC 182-12-114. Employee and dependent eligibility and terms of enrollment for insurance coverage are determined by the criteria outlined in the contract with the PEBB Program.
- Employees may waive medical coverage for themselves if they have other employer-based group medical insurance, Medicare, or TRICARE. If an employee waives PEBB Program medical coverage, he or she cannot enroll dependents in medical. Employees may enroll eligible dependents as outlined in WAC 182-12-262, but are not required to enroll them.
- Employees who waive medical coverage must enroll in the PEBB Program dental, basic life insurance, and basic long-term disability insurance.
- Family members cannot be enrolled in two PEBB medical and dental accounts at the same time, even if eligible under more than one enrolled subscriber.



Retirees

- Retiree eligibility is described in WAC 182-12-171.
- All K-12 employees are eligible under state law to enroll in PEBB Program health coverage upon retirement if they meet eligibility and enrollment criteria. All employees who are retiring must apply to enroll or defer their PEBB Program coverage **no later than 60 days** after their school district or continuous COBRA coverage ends. There cannot be a break in health coverage before enrollment in PEBB retiree coverage begins.

Dependents

As described in WAC 182-12-260, an employee may enroll:

- His or her lawful spouse or state-registered domestic partner.
- Children up to age 26.
- Children of any age with a developmental disability or physical handicap who are incapable of self-sustaining employment and chiefly dependent on the employee for support and ongoing care, provided the condition occurred before age 26.
- Extended dependents in the legal custody or legal guardianship of the subscriber or subscriber's spouse or state-registered domestic partner.

The PEBB Program requires proof of eligibility before enrolling any dependents.

Monthly premiums for K-12/ESDs/charter schools

(Effective September 1, 2017–December 31, 2017)

The premiums reflect the total the PEBB Program will charge the employer. The employee's premium (if any) is determined by the employer.

If an employee waives medical coverage, the employer must still pay \$913 each month to the PEBB Program, and the employee must enroll in dental, basic life and AD&D, and basic long-term disability insurance. The rates for subscriber and child(ren) do not vary based on the number of children enrolled.

Employees must pay the following surcharges in addition to the medical plan premium, if applicable.

- A monthly \$25 surcharge per account will apply if the subscriber or one or more of the enrolled family members use tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in PEBB medical coverage, and the spouse or state-registered domestic partner has chosen not to enroll in other employer-based group medical insurance that is comparable to Uniform Medical Plan (UMP) Classic.

Plan name	Subscriber	Subscriber & Spouse ¹	Subscriber & Child(ren)	Full Family
Kaiser Permanente WA (formerly Group Health) Classic	\$1,060.00	\$1,217.00	\$1,170.00	\$1,327.00
Kaiser Permanente WA (formerly Group Health) CDHP	\$ 938.00	\$ 973.00	\$ 957.00	\$ 992.00
Kaiser Permanente WA (formerly Group Health) SoundChoice Available only in King, Pierce, Snohomish, and Thurston counties.	\$ 959.00	\$1,015.00	\$ 994.00	\$1,050.00
Kaiser Permanente WA (formerly Group Health) Value	\$ 982.00	\$1,061.00	\$1,034.00	\$1,113.00
Kaiser Permanente NW² Classic	\$1,044.00	\$1,185.00	\$1,142.00	\$1,283.00
Kaiser Permanente NW² CDHP	\$ 939.00	\$ 975.00	\$ 959.00	\$ 995.00
Uniform Medical Plan Classic	\$1,007.00	\$1,111.00	\$1,078.00	\$1,182.00
UMP CDHP	\$ 938.00	\$ 973.00	\$ 957.00	\$ 992.00
UMP Plus–PSHVN Available only in Grays Harbor, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, and Yakima counties.	\$ 979.00	\$1,055.00	\$1,029.00	\$1,105.00
UMP Plus–UW Medicine ACN Available only in Grays Harbor, King, Kitsap, Pierce, Skagit, Snohomish, and Thurston counties.	\$ 979.00	\$1,055.00	\$1,029.00	\$1,105.00
Medical waived (remain enrolled for dental, life, and long-term disability)	\$ 913.00	\$ 913.00	\$ 913.00	\$ 913.00
Effective July 1, 2014 the following surcharges will be applied to some employees:				
Tobacco use surcharge	\$25.00	\$25.00	\$25.00	\$25.00
Spouse¹ surcharge		\$50.00		\$50.00

¹Or state-registered domestic partner

²Kaiser Foundation Health Plan of the Northwest, with plans in Clark and Cowlitz counties in WA, and the Portland, OR area.

Application requirements

The required information and documents for application must be submitted to the PEBB Program at least 60 days before the requested coverage date.

Send application materials to:

Amy Corrigan, Manager
PEB Division Outreach and Training
Washington State Health Care Authority
P.O. Box 42684
Olympia, WA 98504-2684
or email to amy.corrigan@hca.wa.gov

Please include all of these items:

1. A letter of application that includes:
 - a. A reference to the district's authorizing statute.
 - b. A description of the district's organizational structure and a description of the employee bargaining unit(s) or group of nonrepresented employees for which the district is applying.
 - c. Employer tax ID number (TIN).
 - d. An estimate of the number of employees and dependents to be enrolled.
2. A resolution* from the district's governing body authorizing the purchase of PEBB benefits.
3. A signed governmental function attestation document* affirming that the employees of the applying district substantially perform governmental functions.

*Sample available at www.hca.wa.gov/public-employee-benefits/groups-joining-pebb/school-districts.

Review process

The HCA will review the application for compliance with HCA terms and conditions of participation. We will respond within 30 days and process your group's enrollment or request additional information.

Please contact us at 1-800-700-1555 if you have questions or have not heard from us as expected.



For more information on these topics, visit www.hca.wa.gov/public-employee-benefits

- Medical and dental provider search tools
- Medical plans available by county
- Life/AD&D and long-term disability insurance (including costs)
- Auto and home insurance



Group start-up fees

Group size (includes employees)	Fee
Fewer than 100 potential enrollees	\$10 per person
100–500 potential enrollees	\$1,500
501–700 potential enrollees	\$2,000
701–1,000 potential enrollees	\$2,500
More than 1,000 potential enrollees	\$4,000