

What's changing with your PEBB health coverage for 2018

All changes are effective January 1, 2018

- Medical plan benefits
- Medical plan premiums
- Contribution amounts for the health savings account (HSA)
- Medical Flexible Spending Arrangement (FSA) maximum contribution
- PEB Board policy resolutions

Medical plan benefits

The only plans with benefit changes for 2018 are Kaiser Permanente of Washington (formerly Group Health) and Uniform Medical Plan.



In 2018, Kaiser Permanente of Washington (formerly Group Health) will:

- Introduce a new prescription drug deductible and prescription drug out-of-pocket maximum to all of their plans except for the consumer-directed health plan (CDHP) with a health savings account (HSA).
- Switch the CDHP with an HSA network from Access PPO to Core HMO, adding:
 - Consulting Nurse Helpline for advice 24/7.
 - Access to CareClinics at Bartell Drugs at select Seattle-area locations.
 - Diagnosis and treatment for routine issues with a Kaiser Permanente online visit (cost is identical to an office visit).



Uniform Medical Plan will change coverage for headaches:

Based on a recent [Health Technology Clinical Committee \(HTCC\)](#) decision, coverage of treatments for chronic migraine and chronic tension-type headaches will change for 2018. UMP will no longer cover some treatments—such as massage therapy, chiropractic services, or acupuncture—for these types of headaches. Botox for treatment of chronic migraines will be a covered benefit with limitations and conditions. Read some [FAQs about this change](#) to learn more.

UMP is required by law to follow HTCC decisions. For more information about the HTCC, this decision, or other health technology reviews, visit the [health technology assessment](#) webpage.

Medical plan premiums

See [2018 employee monthly premiums](#).

Contribution amounts for the health savings account (HSA)

For those with a consumer-directed health plan (CDHP) with an HSA, the annual HSA contribution limit for an individual (subscriber only) account will increase to \$3,450 in 2018, up from \$3,400 in 2017. The

contribution amount for a family will increase to \$6,900 in 2018, up from \$6,750 in 2017. Subscribers ages 55 and older can continue to contribute an additional \$1,000 per year to these amounts. The maximum yearly allowable amounts include all contributions made from both you and your employer. Remember to also include the \$125 SmartHealth wellness incentive contributed to your HSA if you receive the incentive in January 2018.

Medical Flexible Spending Arrangement (FSA) maximum contribution

The Medical FSA contribution limit will increase to \$2,600 in 2018, up from \$2,500 in 2017, to align with the IRS-allowed maximum (at the time of this printing).

PEB Board policy resolutions

To see all changes to PEBB rules that take effect January 1, 2018, visit [Rules & policies](#).

- The definition of “Season” means any recurring, annual period of work at a specific time of year that lasts three to eleven consecutive months.
- The surviving dependent of an employee who receives a monthly retirement benefit no later than 120 days from the date of death of the employee satisfies the requirement to immediately receive a monthly retirement benefit. This means the surviving dependent is eligible to enroll as a survivor in PEBB retiree insurance coverage.
- The following elected and appointed officials are eligible to continue enrollment or defer enrollment in PEBB insurance coverage under the same terms as outgoing legislators when they voluntarily or involuntarily leave public office: A statewide elected official of the executive branch.
- An executive appointed directly by the Governor as the single head of an executive branch agency.
- An official appointed directly by a state legislative committee as the single head of a legislative branch agency, or an official appointed as the Secretary of the Senate or as the Chief Clerk of the House of Representatives.
- All SmartHealth-eligible subscribers will receive a separate PEBB wellness incentive after completing their SmartHealth Well-being Assessment on or before December 31 of the current plan year. This separate PEBB wellness incentive may be earned only once per plan year. This means that a SmartHealth-eligible PEBB subscriber may complete the Well-being Assessment and qualify for the separate wellness incentive, even if they don’t satisfy the requirements to qualify for the \$125 wellness incentive. Learn more by visiting the [SmartHealth](#) web page.