

What's changing with your PEBB health coverage for 2018

All changes are effective January 1, 2018.

- Medical plan benefits
- Medical and dental plan premiums
- Contribution amounts for the health savings account (HSA) (non-Medicare retirees only)
- 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.



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 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).
- Align with Kaiser Permanente's national coverages for the Medicare Advantage plan to offer the following additions at no cost to the member:
 - Diabetes Prevention Program
 - Annual physical exam
 - Telehealth
 - 6th prescription drug tier: \$0 vaccine tier



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 and dental plan premiums

See [2018 PEBB Retiree Monthly Rates](#).

Non-Medicare subscribers only: Contribution amounts for the health savings account (HSA)

For those enrolled in 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.

These maximum allowable amounts include all contributions made from both you and the PEBB Program. Remember to also include the \$125 SmartHealth wellness incentive contributed to your HSA if you receive it in January 2018.

PEB Board policy resolutions

To see all of the policy resolutions adopted by the PEB Board, as well as changes to PEBB rules that take effect January 1, 2018, visit [Rules & policies](#).

For retirees not enrolled in Medicare Part A and Part B: 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 on the [SmartHealth](#) webpage.