



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Look for tax Form 1095 by February 12

Washington State Health Care Authority
Public Employees Benefits Board

1-800-200-1004
360-725-0440

www.hca.wa.gov/public-employee-benefits

PEBB's open enrollment is November 1 – 30, 2016

What's changing with your PEBB health coverage for 2017

All changes are effective January 1, 2017— look inside for more details.

- New life insurance benefits and premiums—and a one-time open enrollment opportunity for LWOP subscribers
- Medical plan benefits
- UMP Plus expands into new counties
- Medical and dental plan premiums
- Individual contribution amounts for the health savings account (HSA)
- Optional long-term disability (LTD) insurance premiums
- PEBB Program rules and policies

New life insurance benefits and premiums—and a one-time open enrollment opportunity

The information below applies only to employees on Leave Without Pay (LWOP) whose employer offers the PEBB Program's full benefits package. Please ask your employer if they offer life insurance benefits through the PEBB Program.

PEBB life insurance is not available to COBRA members.

The PEBB Program strives to provide its members with better benefits and services at competitive costs. This year, the Health Care Authority (HCA) partnered with MetLife to

provide new life insurance benefits to PEBB Program members starting January 1, 2017.

At the same time as the PEBB Program's open enrollment, MetLife will offer a **special, one-time open enrollment opportunity from November 1-30, 2016**, that will allow employees on LWOP to enroll in or increase their optional life insurance or optional accidental death and dismemberment (AD&D) insurance without answering health questions and/or having a medical exam. The new life insurance coverage elections and monthly premiums will start when you return to work and regain eligibility for the employer contribution on or after January 1, 2017.

Even if you are not continuing your optional life insurance while on LWOP, you will need to take action during MetLife's open enrollment. Please see "Life insurance: Your one-time opportunity

(continued)

What's changing with your PEBB health coverage for 2017 (cont.)

in November will guarantee coverage in 2017" on pages 4–5 and www.hca.wa.gov/public-employee-benefits for more information, including monthly premiums. LWOP subscribers will also receive mailings from MetLife in mid-to-late October. MetLife Customer Service representatives will be available and at the PEBB Program's benefits fairs (see pages 10–11) to answer questions.

Medical plan benefits

The changes shown below affect the plans noted. Call the plans directly or visit their websites for more information (see page 9 for contact information).

Other medical benefits won't change in 2017; but keep in mind, costs for prescription drugs can change during the year due to changes to tiers or coverage criteria.



GroupHealth®

In 2017, Group Health will:

- Cover male sterilization at no cost to members (Group Health Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies to Group Health Classic, CDHP, Value, and SoundChoice, including Medicare members.*
- Change the number of covered acupuncture visits to 12 visits total per calendar year. *Applies to Group Health Classic, CDHP, Value, and SoundChoice, excluding Medicare members.*
- Offer telehealth ("virtual") office visits for primary, specialty, and urgent care services at the same member cost-share as in-person primary, specialty, and urgent care visits. *Applies to Group Health Classic, CDHP, Value, and SoundChoice, excluding Medicare members.*

The following changes apply only to Group Health Value (excluding Medicare members):

Annual costs/benefits	Group Health Value members pay in 2017
Medical out-of-pocket limit	\$3,000 per person/\$6,000 per family
Annual deductible	\$250 per person/\$750 per family (without SmartHealth wellness incentive) \$125 per person/\$625 per family (with SmartHealth wellness incentive)
Primary care office visit	\$30
Specialist office visit	\$50
Inpatient hospital services	\$250 per day up to \$1,250 maximum per admission
Skilled nursing facility	\$250 per day up to \$1,250 maximum per admission

Tiers for retail pharmacy	Group Health Value members pay in 2017
Tier 1 (generic)	\$25
Tier 2 (preferred brand)	\$50
Tier 3 (nonpreferred brand)	50% (no maximum)
Tier 4 (preferred specialty) New for 2017	\$150
Tier 5 (nonpreferred specialty) New for 2017	50% up to \$400



In 2017, Kaiser Permanente will:

- Cover male sterilization at no cost to members (Kaiser Permanente Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies to Kaiser Permanente Classic and CDHP, including Medicare members.*
- Increase the copay for spinal manipulations to \$30. *Applies to Kaiser Permanente Senior Advantage.*



Uniform Medical Plan (UMP) will:

- Cover male sterilization at no cost to members (UMP Consumer-Directed Health Plan [CDHP] members must first pay their annual deductible.) *Applies*

to UMP Classic, UMP CDHP, and UMP Plus, including Medicare members.

- Offer a new Centers of Excellence benefit for members needing total joint replacement (hip and/or knee), to be administered by Premera Blue Cross and provided through Virginia Mason in Seattle. The benefit will be covered at a lower or no cost to members (UMP CDHP members must first pay their annual deductible), and includes a travel and lodging benefit for members living outside of the Seattle area. More information is available at www.premera.com/health-care-authority/total-joint-replacement/ or by calling Premera Blue Cross Customer Service at 1-855-784-4563. *Applies only to UMP Classic (excluding Medicare members) and UMP CDHP.*
- Cover direct-acting, antiviral drugs for treatment of Hepatitis C, regardless of a patient's level of liver damage. This change took effect August 17, 2016. *Applies to UMP Classic, UMP CDHP, and UMP Plus.*

UMP Plus expands into new counties

Both UMP Plus networks will expand to serve new counties in 2017 (new counties shown in **bold**):

- UMP Plus-Puget Sound High Value Network will serve **Grays Harbor**, King, Kitsap, Pierce, Snohomish, **Spokane**, Thurston, and **Yakima** counties.
- UMP Plus-UW Medicine Accountable Care Network will serve **Grays Harbor**, King, Kitsap, Pierce, **Skagit**, Snohomish, and Thurston counties.

Note: UMP Plus is not available to subscribers and their covered dependents who are enrolled in Medicare Part A and Part B.

Medical and dental plan premiums

See “2017 PEBB COBRA, Leave Without Pay, and Continuation Coverage Monthly Rates” on pages 6–7.

Individual contribution amounts for health savings accounts (HSA)

The annual HSA contribution limit for an individual (subscriber only) account will increase to \$3,400 in 2017, up from \$3,350 in 2016. (The contribution amount for a family stays the same at \$6,750.) Subscribers ages 55 and older can continue to contribute \$1,000 more in addition to these amounts.

The 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 2017 to avoid exceeding the annual HSA contribution limit).

Optional long-term disability (LTD) insurance premiums

Employees on LWOP who are enrolled in the PEBB Program’s optional LTD insurance through Standard Insurance Company will see higher premiums for 2017. While the actual premiums didn’t increase, the PEBB Program used excess claims reserves in 2016 to lower members’ premiums. Those reserves aren’t available to be applied toward the 2017 premiums. You can find the 2017 monthly premiums at www.hca.wa.gov/public-employee-benefits.

PEBB Program rules and policies

These changes take effect January 1, 2017:

- The definition of “tobacco products” related to the PEBB Program’s tobacco use premium surcharge also includes pipe tobacco. It **does not** include e-cigarettes, which are now regulated by the U.S. Food and Drug Administration.
- Eligibility for domestic partners who qualified under PEBB rules before January 1, 2010, is removed. The PEBB Program is aligning eligibility for all domestic partners based on state and federal recognition of same-sex marriages, domestic partnerships, and/or legal unions. Subscribers who

enrolled their domestic partner before January 1, 2010 (and have not since provided proof of marriage, state-registered domestic partnership, or a legal union) must provide proof that their domestic partner is eligible under PEBB Program rules as of January 1, 2017, to continue the domestic partner’s enrollment in 2017.

These subscribers must submit copies of document(s) that prove their domestic partner’s eligibility to the PEBB Program. **These document(s) must be received by December 31, 2016, or PEBB Program coverage for the domestic partner (and the domestic partner’s enrolled children, if not legally related to the subscriber) will be cancelled January 1, 2017.** A list of documents that verify a dependent’s eligibility is available through the PEBB Program or at www.hca.wa.gov/public-employee-benefits under *Dependent verification*. If a state-registered domestic partner’s status has changed for tax purposes, LWOP subscribers must also complete the *Declaration of Tax Status* form, available from the PEBB Program or on HCA’s website.

- Employees who are newly eligible or regain eligibility for PEBB Program benefits will have 31 days to enroll in optional life insurance up to the guaranteed issue amounts, without answering health questions and/or having a medical exam.

Reminder—CDHPs/HSAs and Medicare don’t mix!

If you or a covered family member becomes eligible for Medicare while you are enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA) in 2017, you must change to a non-CDHP PEBB medical plan or remove the Medicare-eligible family member from your coverage. The family member you remove is **not** eligible for COBRA.

Life insurance: Your one-time opportunity in November will guarantee coverage in 2017

COBRA enrollees are not eligible for PEBB life insurance, and the following information does not apply.

The information below applies only to employees on Leave Without Pay (LWOP). To take advantage of MetLife's special, one-time open enrollment opportunity, LWOP subscribers must enroll in or make changes to their life insurance from November 1-30, 2016, even if they will not return to work until after that period. Any changes to your PEBB life insurance will be effective when you return to work and regain eligibility for the employer contribution.

MetLife will partner with the PEBB Program as the new PEBB life insurance carrier starting January 1, 2017. During this transition, you can enroll in or increase your life insurance during MetLife's special, **one-time open enrollment opportunity from November 1-30, 2016.**

Employee Basic Life Insurance increases

Employee Basic Life Insurance will increase from \$25,000 to \$35,000. You do not need to take action; this coverage; will increase automatically on January 1, 2017. Employee Basic Accidental Death and Dismemberment (AD&D) Insurance remains at \$5,000.

Changes to Dependent Basic Life Insurance

The current Dependent Basic Life Insurance is not available through MetLife as of 2017; if you currently have this coverage for your spouse/state-registered domestic partner and/or children, see the table on page 5 for optional life and AD&D insurance options to enroll your dependents in for 2017.

You must make a new election under the new plan options or you will no longer have coverage for these dependents.

Beneficiaries won't transfer—you must take action

You need to name beneficiaries with MetLife, even if you don't make changes to your life and/or AD&D insurance for 2017. Your beneficiary designations will not transfer to MetLife.

Odd coverage amounts can be rounded up or down

With MetLife, optional life insurance is available in \$10,000 increments for employees, and \$5,000 for spouses/state-registered domestic partners and children. If you currently have an odd amount of optional life insurance (not in these increments), you should round your coverage up or down at this time. If you don't, your current coverage will transfer, but future changes must be made by paper form and may require answering health questions and/or having a medical exam.

Premiums

You can find the new monthly premiums for optional life and AD&D insurance on MetLife's website, the Health Care Authority's (HCA) website, or by calling MetLife (see contact information on facing page).

What do I need to do?

If you are enrolled in Leave Without Pay (LWOP): You have a **special, one-time open enrollment opportunity** to enroll in or increase your optional life insurance without answering health questions and/or having a medical exam. **Life insurance for you and your dependents is guaranteed up to certain amounts, even if you've been turned down before due to health reasons.**

If you currently have Dependent Basic Life Insurance for your spouse/state-registered domestic partner and/or children, **this coverage will not transfer to MetLife in 2017.** You can

obtain coverage for them by enrolling them in optional life insurance for 2017.

Even if you don't enroll in or change your life and/or AD&D insurance, MetLife needs you to name your beneficiaries, as that information won't transfer from the current carrier.

When? During MetLife's special, one-time open enrollment, **November 1-30, 2016.**

How? LWOP subscribers making changes will need to use MetLife's paper forms. See "How to enroll or make changes" on page 5.

How to make payments

Life insurance premiums will no longer be billed with your medical and/or dental plan premiums.

- **If your premium is electronically deducted from your bank account:**
 - You will receive a bill from MetLife for your life insurance premiums, unless you set up an electronic deduction through MetLife.
 - The HCA will continue to deduct your medical and/or dental plan premiums from your bank account.
- **If you currently receive a bill for your premiums from the HCA:**
 - You will receive a separate bill from MetLife for your life insurance premium.

- The HCA will continue to send you a bill for your medical and/or dental plan premiums.
- **After you return to work:**
 - You will pay PEBB medical and/or dental plan premiums through payroll deduction.
 - **State agency and higher-education employees:** You will pay your life insurance premiums to MetLife through payroll deduction.
 - **Employer groups:** You will receive a direct bill from MetLife for your life insurance premiums.

You will continue to pay your current monthly premiums to the HCA through December 31, 2016, for your \$10,000 employee optional life insurance. Starting January 1, 2017, you will be billed directly by MetLife for your \$10,000 life insurance coverage until you return to work.

If you return to work on March 15, 2017, your newly elected \$500,000 in employee optional life insurance and new monthly premium will become effective April 1, 2017, the first of the month after you regain eligibility for the employer contribution. You will pay your new life insurance monthly premiums starting in April by the method described above, "After you return to work."

How does enrollment in the new coverage work while I'm on LWOP?

Example: You are currently self-paying for \$10,000 in employee optional life insurance, and elect \$500,000 during MetLife's one-time open enrollment opportunity (November 1-30, 2016).

How to enroll or make changes

In late October, MetLife will mail a packet to you. To take advantage of this special, one-time enrollment opportunity, **MetLife must receive your completed enrollment form by November 30, 2016.**

MetLife

For more information

Call MetLife at 1-866-548-7139 or visit www.mybenefits.metlife.com/wapebb.

See life insurance FAQs on HCA's website at www.hca.wa.gov/public-employee-benefits.

Want to see your current coverage?

Go to *My Account* at www.hca.wa.gov/public-employee-benefits and select the *Statement of Insurance* tab.

Optional life and AD&D insurance available through MetLife

Types of optional coverage	Employee (subscriber)	Spouse or state-registered domestic partner	Child(ren) (ages 2 weeks to 26 years)
Optional life insurance Elections made November 1-30, 2016 only (coverage effective January 1, 2017)	<ul style="list-style-type: none"> • \$10,000 to \$500,000 (in \$10,000 increments) with no health questions/medical exam • \$510,000 to \$1,000,000 (in \$10,000 increments) with health questions/medical exam 	<ul style="list-style-type: none"> • \$5,000 to \$100,000 (in \$5,000 increments*) with no health questions/medical exam • \$105,000 to \$500,000 (in \$5,000 increments*) with health questions/medical exam 	<ul style="list-style-type: none"> • \$5,000 to \$10,000 (in \$5,000 increments) with no health questions/medical exam • \$15,000 to \$20,000 (in \$5,000 increments) with health questions/medical exam
Optional life insurance Elections made on or after December 1, 2016 (coverage effective in 2017)	Up to \$1,000,000 (in \$10,000 increments)—any election or increase will require health questions/medical exam	Up to \$500,000 (in \$5,000 increments*)—any election or increase will require health questions/medical exam	Up to \$20,000 (in \$5,000 increments)—any election or increase will require health questions/medical exam
Optional AD&D insurance Elections made on or after November 1, 2016 (coverage effective in 2017)	\$10,000 to \$250,000 (in \$10,000 increments) with no health questions/medical exam	\$10,000 to \$250,000 (in \$10,000 increments) with no health questions/medical exam	\$5,000 to \$25,000 (in \$5,000 increments) with no health questions/medical exam

*Spouse/state-registered domestic partner optional life insurance cannot exceed 50% of employee's optional life insurance.

2017 PEBB COBRA, Leave Without Pay, and Continuation Coverage Monthly Rates

Effective January 1, 2017 (See “Monthly Premium Surcharges” on next page)

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Medicare Part A and Part B. (Medicare rates are not available to Leave Without Pay members.)
2. Medicare-enrolled subscribers in Group Health Cooperative’s Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

For more information on these requirements, contact your health plan’s customer service department.

Medical Plans

Members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
Group Health Classic	\$676.52	\$1,348.32	\$1,180.37	\$1,852.17
Group Health CDHP	\$563.28	\$1,115.34	\$ 991.91	\$1,485.64
Group Health SoundChoice	\$575.80	\$1,146.88	\$1,004.11	\$1,575.19
Group Health Value	\$598.81	\$1,192.90	\$1,044.38	\$1,638.47
Kaiser Permanente Classic	\$661.10	\$1,317.48	\$1,153.39	\$1,809.77
Kaiser Permanente CDHP	\$564.83	\$1,117.94	\$ 994.25	\$1,489.03
UMP Classic	\$623.65	\$1,242.58	\$1,087.85	\$1,706.78
UMP CDHP	\$562.91	\$1,114.60	\$ 991.26	\$1,484.62
UMP Plus-PSHVN	\$595.49	\$1,186.26	\$1,038.57	\$1,629.34
UMP Plus-UW Medicine ACN	\$595.49	\$1,186.26	\$1,038.57	\$1,629.34

Members enrolled in Medicare Part A and Part B:	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Group Health Classic	N/A	\$997.97	N/A [†]	\$830.02	N/A [†]	\$1,501.82	\$1,151.47	N/A [†]
Group Health Medicare Plan	\$326.17	N/A [†]	\$647.62	N/A [†]	\$647.62	N/A [†]	N/A [†]	\$ 969.07
Group Health Sound-Choice	N/A	\$897.25	N/A [†]	\$754.48	N/A [†]	\$1,325.56	\$1,075.93	N/A [†]
Group Health Value	N/A	\$920.26	N/A [†]	\$771.74	N/A [†]	\$1,365.83	\$1,093.19	N/A [†]
Kaiser Permanente Senior Advantage	\$313.63	\$970.01 ^{‡‡}	\$622.54	\$805.92 ^{‡‡}	\$622.54	\$1,462.30 ^{‡‡}	\$1,114.83 ^{‡‡}	\$ 931.45
UMP Classic	\$428.13	\$1,047.06	\$851.54	\$892.33	\$851.54	\$1,511.26	\$1,315.74	\$1,274.95

(continued)

* or state-registered domestic partner

[†] If a Group Health subscriber is enrolled in Medicare Part A and Part B and covers a family member who is not eligible for Medicare, the family member must enroll in a Group Health Classic, SoundChoice, or Value plan and the subscriber will pay a combined Medicare and non-Medicare rate.

^{‡‡} If a Kaiser Permanente subscriber is enrolled in Medicare Part A and Part B and covers a family member who is not eligible for Medicare, the family member will be enrolled in Kaiser Permanente Classic. The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente Senior Advantage.

Medicare Supplement Plan F (Group), administered by Premera Blue Cross

	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)	Full Family			
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$209.74	\$833.39	\$566.29	\$419.48	\$678.66	\$1,297.59	\$1,035.21	\$ 888.40
Plan F Under age 65, eligible by disability	\$356.55	\$980.20	\$566.29	\$713.10	\$825.47	\$1,444.40	\$1,035.21	\$1,182.02

*or state-registered domestic partner

**If a subscriber selects a Medicare supplement plan, non-Medicare eligible dependents are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Monthly Premium Surcharges

You will pay the following surcharges in addition to your medical plan premium if they apply to you. These surcharges **do not** apply to COBRA and PEBB Continuation Coverage subscribers enrolled in Medicare Part A and Part B.

- A monthly \$25-per-account surcharge will apply if the subscriber or any family member (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in PEBB medical and the spouse or state-registered domestic partner has chosen not to enroll in employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2017 Premium Surcharge Help Sheet* at www.hca.wa.gov/public-employee-benefits.

Dental Plans with Medical Plan	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 39.53	\$ 45.07	\$ 42.37
Subscriber and Spouse*	\$ 79.06	\$ 90.14	\$ 84.74
Subscriber and Child(ren)	\$ 79.06	\$ 90.14	\$ 84.74
Full Family	\$118.59	\$135.21	\$127.11

Dental Plans Dental Only	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 44.25	\$ 49.79	\$ 47.09
Subscriber and Spouse*	\$ 83.78	\$ 94.86	\$ 89.46
Subscriber and Child(ren)	\$ 83.78	\$ 94.86	\$ 89.46
Full Family	\$123.31	\$139.93	\$131.83

*or state-registered domestic partner

For more rate information, contact the PEBB Program at 1-800-200-1004.

Reattest to the spouse/state-registered domestic partner coverage premium surcharge for 2017

If you are not covering a spouse or state-registered domestic partner under your PEBB medical for 2017, this information does not apply to you.

If you cover a spouse or state-registered domestic partner on PEBB medical for 2017

You must reattest for 2017 if:

- You currently pay the monthly \$50 spouse/state-registered domestic partner coverage premium surcharge.
- Your spouse or state-registered domestic partner did not enroll in their employer-based group medical in 2016, but you did not have to pay the premium surcharge because either:
 - The *2016 Spousal Plan Calculator* indicated your spouse or state-registered domestic partner's coverage was not comparable to Uniform Medical Plan (UMP) Classic.
- The medical premium for your spouse or state-registered domestic partner's employer-based group medical was \$89.31 per month or more.

You do not have to reattest if:

You attested in 2016 and are not paying the premium surcharge because of one or more of the following:

- Your spouse or state-registered domestic partner's employer offers PEBB Program benefits and they waived enrollment.
- Your spouse or state-registered domestic partner was not eligible for medical coverage through their employer.
- Your spouse or state-registered domestic partner was not employed.

- Your spouse or state-registered domestic partner's employer did not offer at least one medical plan that served his or her county of residence.
- Your spouse or state-registered domestic partner enrolled in their employer's medical coverage.
- You are a COBRA subscriber enrolled in both Medicare Part A and Part B, regardless of whether your spouse or state-registered domestic partner is enrolled in Medicare. **Exception:** Subscribers enrolled in PEBB continuation coverage (Leave Without Pay coverage) must reattest, even if enrolled in Medicare Part A and Part B.

Note: You need to reattest if any of the above is changing or you are enrolling your spouse or state-registered domestic partner under your PEBB medical for 2017 to see if this premium surcharge applies to your account.

How to reattest

Starting November 1, log in to *My Account* at www.hca.wa.gov/public-employee-benefits and follow the instructions. **You must reattest by November 30, 2016.**

If you do not have internet access, call PEBB Benefits Services at 1-800-200-1004 to request a *2017 Premium Surcharge Change* form. Allow up to seven days to receive your form by mail.

If you enroll a spouse or state-registered domestic partner on PEBB medical for 2017

During open enrollment: You must attest to the premium surcharge to check if it applies to your account. Use the *2017 Premium Surcharge Help Sheet* and *2017 COBRA Election/Change* form or the *2017 Continuation Coverage Election/Change* form to attest.

Throughout 2017: You must attest to the premium surcharge if you add a spouse or state-registered domestic partner to your PEBB medical during the year.

What happens if I need to reattest for 2017 but do not?

You will pay the monthly \$50 premium surcharge in addition to your monthly premiums starting January 1, 2017 and for the remainder of the plan year. You will only be able to change your attestation if your spouse or state-registered domestic partner's status changes during the year and you submit proof of the change.

Changing your attestation

The attestation you make during open enrollment will be in effect for 2017 unless your spouse or state-registered domestic partner's status changes and you are allowed or required to reattest.

Starting January 1, you can only report a change to the premium surcharge in certain situations and within certain deadlines. To learn more, visit www.hca.wa.gov/public-employee-benefits and search *Surcharges*.

Find it here



Visit www.hca.wa.gov/public-employee-benefits to see:

- Spousal premium surcharge details
- *2017 Premium Surcharge Help Sheet*
- *2017 Spousal Plan Questionnaire*
- *Spousal Plan Calculator*

Has your family's tobacco use changed?

You do not need to reattest at open enrollment to the tobacco use premium surcharge if you and your dependents have no tobacco use changes.

You must reattest to the tobacco use premium surcharge **at any point in the year if:**

- You add a new dependent age 13 or older in PEBB medical.
- You or a PEBB-covered dependent age 13 or older starts or stops using tobacco products.
- You or a PEBB-covered dependent age 18 or older enrolls in your PEBB medical plan's tobacco cessation program.
- Your PEBB-covered dependent age 13–17 accesses the information and resources aimed at teens at <http://teen.smokefree.gov>.

To change your premium surcharge attestation, log in to *My Account* at www.hca.wa.gov/public-employee-benefits and follow the instructions.

Who to contact for help

Contact the plans directly for help with:

- Benefit questions.
- Choosing a doctor or dentist.
- Making sure your doctor or dentist contracts with the plan.
- Making sure your prescriptions are covered.
- ID cards.
- Claims.

Medical plans	Website addresses	Customer service phone numbers	TTY* customer service phone numbers
Group Health Classic, CDHP, Medicare Advantage, Original Medicare, SoundChoice, or Value	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic, CDHP, or Senior Advantage	www.my.kp.org/nw/wapebb	503-813-2000 or 1-800-813-2000 Medicare members: 1-877-221-8221	711
Medicare Supplement Plan F, administered by Premera Blue Cross	www.premera.com	1-800-817-3049	1-800-842-5357
Uniform Medical Plan Classic, UMP CDHP, or UMP Plus, administered by Regence BlueShield	www.hca.wa.gov/ump	1-888-849-3681	711
UMP Plus–Puget Sound High Value Network	www.pugetsoundhighvaluenetwork.org	1-855-776-9503	711
UMP Plus–UW Medicine Accountable Care Network	www.uwmedicine.org/umpplus	1-855-520-9500	711

Health savings account (HSA) trustee	Website address	Customer service phone number	TTY* customer service phone number
HealthEquity	www.healthequity.com/pebb	1-877-873-8823	711

Dental plans	Website addresses	Customer service phone numbers
DeltaCare, administered by Delta Dental of Washington	www.deltadentalwa.com/pebb	1-800-650-1583
Uniform Dental Plan, administered by Delta Dental of Washington	www.deltadentalwa.com/pebb	1-800-537-3406
Willamette Dental of Washington, Inc.	www.willamettedental.com/wapebb	1-855-4DENTAL (433-6825)

Life insurance	Website address	Customer service phone number
MetLife	www.mybenefits.metlife.com/wapebb	1-866-548-7139

*Text telephone service for deaf, hard of hearing, or speech impaired

Wondering what changes you can make during open enrollment?

PEBB's annual open enrollment is your chance to:

- Add an eligible dependent to your PEBB health plan coverage.
Note: If you enroll a state-registered domestic partner, you must provide proof of that person's eligibility with your enrollment form or they will not be enrolled. A list of acceptable documents is available at www.hca.wa.gov/public-employee-benefits in the For COBRA and Leave Without Pay section under *How do I... Verify my dependents*.
- Remove a dependent from your PEBB health plan coverage.
- Change your PEBB medical and/or dental plan.
- Reattest to the spouse/state-registered domestic partner coverage premium surcharge.

Changes you make during open enrollment are effective January 1, 2017.

Ready to make changes?

Log in to *My Account* to make changes online to medical and/or dental plans for you and your enrolled dependents during open enrollment (November 1–30).

You **cannot** use *My Account* to add a dependent, or enroll in or cancel enrollment in a Medicare Advantage plan or Premera Blue Cross Medicare Supplement Plan F.

Find forms and instructions at www.hca.wa.gov/public-employee-benefits under *Forms and Publications*. Completed form(s) must be received by the PEBB Program by November 30, 2016.

Benefits fairs schedule

During open enrollment you can learn more about your health plan and other insurance options by attending one of the PEBB Program's benefits fairs. You can pick up information and speak personally with representatives from the health plans, the PEBB Program, Department of Retirement Systems, and other vendors that administer benefits for PEBB subscribers. Some of the fairs include a presentation about the UMP Plus plan.

Aberdeen

November 7, 2016

12 to 2 p.m.

Grays Harbor College
1620 Edward P. Smith Drive
Schermer Building, Room 4134A

UMP Plus Presentation

12:30 to 1 p.m.

Schermer Building
Room 4134B

Bellevue

November 10, 2016

1 to 3 p.m.

Bellevue College
Cafeteria Building C, Rooms C120 A&B
3000 Landerholm Circle SE

UMP Plus Presentation

1:30 to 2 p.m.

Library Events Center
Building D, Room D106

Bellingham

November 16, 2016

8:30 to 10:30 a.m.

St. Luke's Community Health
Education Center
Rooms E&F
3333 Squalicum Parkway

November 16, 2016

12 to 2 p.m.

Western Washington University
Viking Union Building
Rooms 565 A/B/C

Cheney

November 1, 2016

1 to 4 p.m.

Eastern Washington University
Hargreaves Hall, Room 201
Corner of C and Seventh Streets

UMP Plus Presentation

1 to 1:30 p.m.

Tawanka Rooms 215 B/C

Ellensburg

November 4, 2016

12:30 to 3 p.m.

Central Washington University
Lombard Room
400 E. University Way

Everett

November 18, 2016

9 a.m. to 12:30 p.m.

Everett Community College
Walt Price Fitness Center
2000 Tower Street

UMP Plus Presentation

11:30 a.m. to 12 p.m.

Multipurpose Room

Lakewood

November 9, 2016

9 to 11:30 a.m.

Clover Park Technical College
McGavick Conference Center
Building 23, Room 301
4500 Steilacoom Boulevard SW

UMP Plus Presentation

10:30 to 11 a.m.

Room 302

Mount Vernon

November 17, 2016

8:30 to 10:30 a.m.

Best Western Plus
Skagit Valley Inn Convention Center
Fidalgo Room
2300 Market Street



Webinar: UMP Plus – UW Medicine Accountable Care Network

The UMP Plus – UW Medicine Accountable Care Network will host a webinar to present information and answer questions about the services and benefits it offers.

**Monday, November 21, 12 – 1 p.m.
Pacific Time**

To attend, pre-register at
<https://pgi.webcasts.com/starthere.jsp?ei=1116022>.

Olympia

November 8, 2016

11 a.m. to 1 p.m.

John A. Cherberg Building
Senate Hearing Rooms 1 & 4
304 15th Avenue

UMP Plus Presentation

12 to 12:30 p.m.

Senate Hearing Room 3

Pasco

November 3, 2016

1 to 3:30 p.m.

Columbia Basin College
Byron Gjerde Center, H Building
2600 N. 20th Avenue

Port Angeles

November 10, 2016

11 a.m. to 1 p.m.

Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard



Need directions?

Find maps and parking information by selecting the benefits fairs link at www.hca.wa.gov/public-employee-benefits.

Pullman

November 2, 2016

9 a.m. to 1:30 p.m.

Washington State University
Compton Union Building (CUB)
Junior Ballroom, West Room 212

Seattle

November 1, 2016

10 a.m. to 3 p.m.

UW Medical Center
Health Sciences Lobby, 3rd floor
1959 NE Pacific Street

UMP Plus Presentation

1:15 to 1:45 p.m.

**Hogness Auditorium
(Room A420)**

November 2, 2016

10 a.m. to 3 p.m.

Harborview Medical Center
Research and Training Building
Lobby
325 9th Avenue

UMP Plus Presentation

10 to 10:30 a.m.

**Research and Training
Auditorium**

November 3, 2016

10 a.m. to 3 p.m.

University of Washington
Husky Union Building (HUB)
North Ballroom

UMP Plus Presentation

12:30 to 1 p.m.

HUB Room 203

Shoreline

November 17, 2016

1 to 3:30 p.m.

Shoreline Conference Center
Shoreline Room
18560 First Avenue NE

UMP Plus Presentation

2:30 to 3 p.m.

Spartan Room

Spokane

November 1, 2016

8 to 11 a.m.

Spokane Community College
Building 6
Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

UMP Plus Presentation

10 to 10:30 a.m.

Lair Auditorium

Tumwater

November 18, 2016

12 to 2 p.m.

Dept. of Labor & Industries
Auditorium
7273 Linderson Way SW

UMP Plus Presentation

12:30 to 1 p.m.

Auditorium

Vancouver

November 4, 2016

10:30 a.m. to 1 p.m.

Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Walla Walla

November 3, 2016

8 to 10:30 a.m.

Walla Walla Community College
D Building
Back Dining Area
500 Tausick Way

Wenatchee

November 8, 2016

9 a.m. to 12 p.m.

Wenatchee Valley College
Wells Hall, Campus Theater
1300 Fifth Street

Yakima

November 4, 2016

8:30 to 10:30 a.m.

Howard Johnson Plaza
Orchard Room
9 N. 9th Street

UMP Plus Presentation

8 to 8:30 a.m.

Plum Room

Annual notice of creditable prescription drug coverage

If you or a family member is entitled to Medicare (or will be soon), you may hear about Medicare Part D prescription drug plans. If you are thinking about enrolling in a Medicare Part D plan, keep in mind:

- **You do not have to enroll in Medicare Part D.** All PEBB medical plans except for Medicare Supplement Plan F, administered by Premera Blue Cross, already provide creditable prescription drug coverage. This means that prescription drug coverage offered by the PEBB Program is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage.

What does this mean to me?

If you have PEBB coverage when you become entitled to Medicare Part A and Part B: You can continue your PEBB coverage enrollment. You will not pay a late enrollment penalty if you enroll in a Medicare Part D plan as described below.

If you drop or lose your current PEBB coverage: To avoid paying a higher premium later, you should enroll in a Medicare Part D plan within 63 days after your PEBB coverage ends. If you go 63 days or more without creditable prescription drug coverage, your monthly premium for a Medicare Part D plan may increase by 1 percent or more of the Medicare base premium for every month you did not have coverage.

- **If you enroll in a Medicare Part D plan, your PEBB medical plan may or may not coordinate prescription drug benefits with your Medicare Part D plan.**
- **If you enroll or cancel enrollment in a Medicare Part D plan, you may need a “notice of creditable coverage” to prove continuous prescription drug coverage.** You may request a notice of creditable coverage from PEBB Benefits Services at 1-800-200-1004.

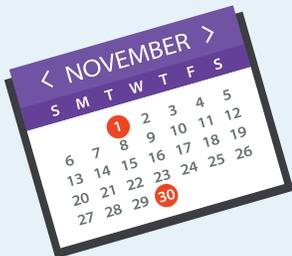
For questions about Medicare Part D, call the Centers for Medicare & Medicaid Services at 1-800-633-4227 or visit medicare.gov.



This is your *only* 2016 open enrollment notice.

Important dates to remember:

- November 1–30, 2016** Your 2017 open enrollment period. See “Wondering what changes you can make during open enrollment?” on page 9.
- November 1–18, 2016** PEBB benefits fairs held throughout Washington. Meet our plan representatives and other benefit vendors to learn about your options. See our full schedule on pages 10–11.
- November 30, 2016** Last day to make changes to your PEBB coverage. **Note:** Online plan changes on *My Account* (from www.hca.wa.gov/public-employee-benefits) end at midnight Pacific Time. Remember that some changes **cannot** be made online, and the PEBB Program must receive all forms by November 30, 2016.
- January 1, 2017** New plan year begins. Open enrollment changes become effective.



Look for tax Form 1095 by February

Look for 1095-B or 1095-C tax forms arriving by mail in February. Required under the Affordable Care Act (ACA), these forms show whether you, your spouse, and your dependents had qualifying health insurance for each month in 2016.



Keep the form(s) so you will have them when preparing your 2016 tax return.

What form(s) will I receive?

Group Health and Kaiser Permanente enrollees:

Form 1095-B directly from the plan. You may also receive Form 1095-C from your employer.

Uniform Medical Plan enrollees:

Form 1095-C from your employer.