February 2017

For Your Benefit

Public Employees Benefits Board (PEBB) Program

Inside

Washington State Health Care Authority
Public Employees Benefits Board

1-800-200-1004
360-725-0440
www.hca.wa.gov/public-employee-benefits

How do I verify that I received the $125 SmartHealth wellness incentive I qualified for in 2016?

If you completed your SmartHealth Well-being Assessment and earned 2,000 points by completing SmartHealth Activities within the PEBB Program's 2016 timelines (see **www.hca.wa.gov/public-employee-benefits/smarthealth-wellness**), you qualified for the SmartHealth wellness incentive distributed in January 2017.

SmartHealth

To verify you received the wellness incentive, either:

- Log in to the SmartHealth website at **www.smarthealth.hca.wa.gov** and select the "How do I find my $125?" activity tile.

OR

- Contact your medical plan directly.

How you receive the SmartHealth wellness incentive depends on the medical plan you are enrolled in for 2017.

Your medical plan in 2017	How you received your $125 wellness incentive
• Group Health Classic • Group Health SoundChoice • Group Health Value • Kaiser Permanente Classic • Uniform Medical Plan (UMP) Classic • UMP Plus (both Puget Sound High Value Network and UW Medicine Accountable Care Network)	• Your medical deductible was reduced by $125 on January 1, 2017. • If you have additional family members on your account, their per-person deductible remains the same. ***Example:*** *A UMP Classic subscriber's deductible drops to $125, while the spouse's deductible remains $250.*
• Group Health Consumer-Directed Health Plan (CDHP) • Kaiser Permanente CDHP • UMP CDHP	• The $125 was deposited into your health savings account (HSA) with the employer contribution on approximately January 31, 2017 (one deposit). Your medical deductible does not change. ***Note:*** *The $125 counts toward your maximum annual HSA contribution. You may need to adjust your payroll contributions to ensure you don't exceed the maximum annual amount allowed.*

What else do I need to know?

- **Only the subscriber receives the wellness incentive.**
  The subscriber is the only family member eligible to earn the SmartHealth wellness incentive. To receive the incentive in 2017, the subscriber must be enrolled in a PEBB medical plan during 2017.

(continued on next page)

How do I verify that I received the $125 SmartHealth wellness incentive I qualified for in 2016? *(continued)*

If the subscriber qualified for the incentive in 2016, and is enrolled in a PEBB Program medical plan **after** January 1, 2017, as a retiree, COBRA subscriber, or PEBB Continuation Coverage subscriber also enrolled in Medicare Part A and Part B, they retain the SmartHealth incentive in 2017.

- **Applicable prescription drug deductibles do not change.** Some PEBB medical plans have a separate prescription drug deductible; this is not affected by the wellness incentive.

Keep your address current

If you move during the year, give your new address to your employer's personnel, payroll, or benefits office.

If you are enrolled in UMP Plus, Group Health, or Kaiser Permanente medical plan, and you move outside of the plan's service area, you are required to change medical plans. Your employer's personnel, payroll, or benefits office must receive an updated *2017 Employee Enrollment/Change Form* **within 60 days of your address change**.

Your annual deductible and out-of-pocket maximum may restart with the new plan.

It is your responsibility to keep your contact information current with your employer's personnel, payroll, or benefits office. For information about plan service areas or changing medical or dental plans, visit **www.hca.wa.gov/public-employee-benefits**.

Reminder: Your health plans' deductible(s) and out-of-pocket limit(s) restarted in January

Even if you did not change health plans for 2017, your plans' deductible(s) and out-of-pocket limit(s) started over again on January 1, 2017. Deductibles and out-of-pocket limits apply to a plan year, January 1 through December 31.

Some PEBB medical plans have a single deductible and out-of-pocket limit that apply to most services. Others have separate deductibles and out-of-pocket limits for medical services and prescription drugs. See dollar amounts and affected services by plan at **www.hca.wa.gov/public-employee-benefits/employees/medical-plans-and-benefits** by clicking on *Medical benefits comparison tool*.

How does a deductible work?

A deductible is a dollar amount you pay to your providers for health care services before the plan begins to pay its share. Some services are exempt from a deductible; for example, services covered as preventive are usually paid in full by the plan and are not subject to a deductible. Only services that are covered by your plan count toward a deductible. For example, if your plan doesn't cover LASIK surgery, your expenses for those services do not count toward your deductible (or out-of-pocket limit).

How does an out-of-pocket limit work?

An out-of-pocket limit is the most you'll pay for in-network services during a plan year before the plan begins to pay 100 percent. Usually, the plan does not pay providers outside the plan's network at 100 percent, even after your out-of-pocket limit is met. Contact your plan for details about your plan's out-of-pocket limit(s) by visiting **www.hca.wa.gov/public-employee-benefits/employees/contact-plans**.

TIP: An out-of-pocket limit does not limit how much the plan pays for services. No PEBB Program medical plan has an annual or lifetime limit on how much the plan pays for services.

SmartHealth wellness incentive points start over January 1, 2017

As a new year begins, so does another opportunity to qualify for the $125 SmartHealth wellness incentive. To qualify for an incentive that will be distributed in January 2018, complete your SmartHealth Well-being Assessment and earn 2,000 points by completing activities on SmartHealth's website before September 30, 2017. Subscribers and their spouses or state-registered domestic partners enrolled in PEBB medical coverage can participate in SmartHealth; however, only subscribers can qualify for the $125 wellness incentive and SmartHealth promotions.

What is SmartHealth?

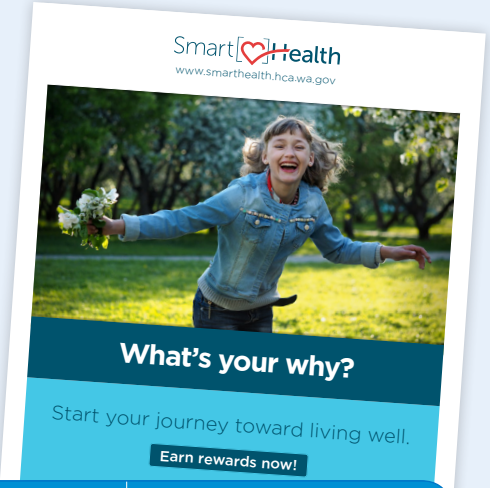
SmartHealth is Washington State's voluntary online wellness program for eligible PEBB Program members. Use SmartHealth to explore your purpose and what means the most to you: family, friends, career, community. We call it "What's Your Why?"

Make time to care for yourself. Choose simple activities that improve nutrition, sleep, exercise, and stress levels. Try new activities and track what you already do–it all counts. SmartHealth supports you on your journey toward living well.

Begin your journey by joining our "What's Your Why?" campaign at **www.smarthealth.hca.wa.gov**.

In addition to the $125 wellness incentive, each quarter in 2017, you have a chance to win gift cards (through random drawings) by completing the requirements of certain SmartHealth activities. You can win multiple times, just not in the same quarter. See the chart below for details.

For more information about SmartHealth, the wellness incentive, and the official gift card drawing rules, visit the SmartHealth page at **www.hca.wa.gov/public-employee-benefits/smarthealth-wellness**.



Deadlines	Requirements to qualify for gift cards	Gift cards
January 1–March 31, 2017	Complete the Well-being Assessment by **March 31, 2017**. If you complete your Well-being Assessment by March 31, 2017, you are automatically entered into the second quarter drawing.	A $50 Amazon.com gift card to 20 SmartHealth subscribers who qualify.
April 1–June 30, 2017	Complete the Well-being Assessment by **June 30, 2017**.	A $50 REI gift card to 30 SmartHealth subscribers who qualify.
July 1–September 30, 2017	Complete the Well-being Assessment **and** earn at least 2,000 points by **September 30, 2017**. The more points you earn by September 30, 2017, the more chances you have to win the grand prize. **Level 1 – Earn It** Earn 2,000 to 3,499 points and complete your Well-being Assessment for ***four*** chances to win. **Level 2 – Keep Going** Earn 3,500 to 4,999 points and complete your Well-being Assessment for ***five*** chances to win. **Level 3 – Leading the Way** Earn 5,000 points or more and complete your Well-being Assessment for ***six*** chances to win.	Grand Prize Vacation Getaway: A $400 Hotels.com gift card to six SmartHealth subscribers who qualify.
October 1–December 31, 2017	Complete the SmartHealth survey by **October 20, 2017**.	A $25 Amazon.com gift card to 20 SmartHealth subscribers who qualify.

Medical FSA and DCAP deadlines to "use it or lose it"

If you had a Medical Flexible Spending Arrangement (FSA) or a Dependent Care Assistance Program (DCAP) account in 2016, you have upcoming deadlines.

The Medical FSA grace period to incur services is January 1–March 15, 2017

You may continue to incur eligible Medical FSA expenses using your 2016 funds through March 15, 2017. If you reenrolled in a Medical FSA for 2017, any eligible expenses incurred during the grace period (January 1–March 15, 2017) will be automatically applied to your unused funds from the 2016 plan year before being applied to your 2017 account.

If you have questions, contact Navia Customer Service at 1-800-669-3539 or visit http://pebb.naviabenefits.com.

Note: There is no grace period for DCAP. All eligible DCAP expenses must have been incurred by December 31, 2016.

Your claim submission deadline is March 31, 2017

You must submit all 2016 Medical FSA and DCAP claims for reimbursement to Navia Benefit Solutions by March 31, 2017.

After that date, the Internal Revenue Service requires that any funds left in your account be forfeited to the Health Care Authority, the plan administrator. Once forfeited, the funds cannot be refunded. This is called the "use it or lose it" rule.

Completed claim forms and supporting documentation must be faxed, emailed, or mailed:

Fax: (425) 451-7002
or toll-free 1-866-535-9227
Email: claims@naviabenefits.com
Mail: Navia Benefit Solutions
P.O. Box 53250
Bellevue, WA 98015-3250

If you had a Medical FSA in 2016 and enrolled in a Consumer-Directed Health Plan (CDHP) for 2017

If you did not spend down your 2016 Medical FSA funds by December 31, 2016, you cannot contribute to your CDHP health savings account (HSA) until April 1, 2017. Funds from your employer contribution will not be deposited in your HSA until after that date, including any 2017 SmartHealth wellness incentive earned during 2016.

Be on the lookout for 1095 tax forms

If you were covered by PEBB medical in 2016, or your employer determined you were full-time for at least one month in 2016, you may receive one or more 1095 tax forms. Forms should arrive in the mail in March.

You do *not* need the forms to file your 2016 tax return, but you *should* keep the forms for your tax records. Your tax preparer might require the forms to complete your return.

Which Form 1095 will I get?

Large employers, such as state agencies and higher-education institutions, should issue full-time employees a Form 1095-C. Small employers, such as some local governments, might not be required to issue Form 1095-C to their full-time employees.

Group Health and Kaiser Permanente enrollees: You will receive Form 1095-B from the plan. You might also receive a Form 1095-C from your employer.

Uniform Medical Plan enrollees: You will receive Form 1095-C from your employer. Small employers might instead send Form 1095-B.

Do I need Form 1095 to file my taxes?

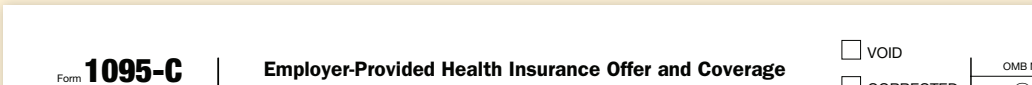
While not needed to file your taxes, the forms are required by the Affordable Care Act to prove that you, your spouse, and your dependents were enrolled in qualifying health insurance for 2016.

Questions?

About your Form 1095-C:
Contact your agency's personnel, payroll, or benefits office. The contact number is listed on Line 10 of Form 1095-C.

About your Form 1095-B:
Contact Group Health or Kaiser Permanente (or your employer if they issued Form 1095-B). The contact number is listed on Line 18 of Form 1095-B.

About your taxes:
Contact your tax professional or the IRS.



Form **1095-C**
Department of the Treasury
Internal Revenue Service

Employer-Provided Health Insurance Offer and Coverage

► Information about Form 1095-C and its separate instructions is at *www.irs.gov/f1095c.*

☐ VOID
☐ CORRECTED

OMB

Part I Employee

1 Name of employee

2 Social security number (SSN)

3 Street address (including apartment no.)

Applicable Large Employer Member (Employer)

7 Name of employer

8 Employer identi

9 Street address (including room or suite no.)

10 Contact telepho

Medical information and patient-centered care—you are at the center

By Michael E. Stuart, M.D., and Sheri A. Strite, Delfini Group

Patient-centered care is about treating you as a unique person with questions or problems—which can be quite different from simply treating a disease. It is also about choice.

Most patients will be faced with making medical decisions during visits with their health care providers. The decisions are usually about tests, treatments, or procedures. Health care providers are very good at helping patients understand when decisions should be made, but many don't spend enough time describing choices and their consequences. For the care that is best for you, **you should take an active role** to understand what decision has to be made, along with your choices, and make your preferences known before your provider orders any treatments.

Therefore, you will want to ask about what other alternatives are available, including doing nothing or closely watching the condition, and the likelihood of benefits and harms from each choice. At times, you will want to ask about the quality of the science to support this information.

Why is good medical information important?

Research study results should not be seriously considered unless the study is of good quality. If the evidence does not come from good studies, results may be distorted and there could be many uncertainties about the benefits and risks of a recommended treatment.

It is important that you feel comfortable asking your providers to describe the scientific evidence or medical literature that supports their recommendation. Treatments based on your providers' experience are usually less reliable than those based on high-quality medical studies and national guidelines. At times, you might have to wait for your providers to review the medical evidence before making treatment recommendations that are right for you.

Good information is a major part of making good decisions

When good-quality evidence is lacking, it means that no one can accurately predict what will happen to you with that treatment or procedure.

You need to voice your concerns, feelings, and preferences when discussing decisions. You can't do this unless you understand the information provided to you. Often it is worthwhile to review what your provider has covered—sometimes more than once. If you are unsure of something, you might ask, "I am still not quite clear about some of this—can you repeat all the options again, and the benefits and risks of those options?" You should feel comfortable exploring options, benefits, and risks until you really understand the issues involved. Only then is it time to make a decision.

Do not worry about asking stupid questions. There are none. You simply must know the likelihood of good and bad outcomes for each choice and how you feel about the tradeoffs, guided by your health issues, circumstances, values, and preferences, which inform your health care needs and wants.

Delfini Group is dedicated to improved clinical care through the use of reliable and clinically helpful medical evidence. They are authors of the Delfini Evidence-Based Practice Series and creators of the popular training program: How to Read the Medical Literature—A Simplified Approach. *Learn more at* **www.delfini.org**.

More information for patients is available at **www.delfinigrouppublishing.com/patientguide.htm**.

Check life insurance coverage and update beneficiaries at MetLife's MyBenefits

From now on, you should contact MetLife for all life insurance questions. Use MetLife's MyBenefits portal at **www.mybenefits.metlife.com/wapebb** to:

- Enroll in or view your life insurance coverage.
- Update/change your beneficiaries. Even if you didn't make changes to your life insurance, you need to confirm your beneficiaries with MetLife, as your beneficiary designations with ReliaStar did not transfer to MetLife.

Increases to life insurance coverage could require a medical exam and/or health questions.

If you have any questions about life insurance coverage, beneficiary designations, or billing, call MetLife at 1-866-548-7139.

Some members might not be billed by MetLife in January 2017 due to the short amount of time between the extended life insurance open enrollment in 2016 and 2017 billing cycles. If this happens, the January premium will be spread equally across the next three months (February, March, and April 2017) by adding the amount owed to your existing premium.

Example (for illustration purposes only): Your monthly premium is $21. If you were not billed in January, $7 ($21 divided by 3) will be added to your bill in February, March, and April for a $28 premium. Beginning in May 2017, your premium will be $21 again.

If you have questions about your bill, call MetLife at **1-866-548-7139.**

RETURN SERVICE REQUESTED

Washington State Health Care Authority
Public Employees Benefits Board
P.O. Box 42684
Olympia, WA 98504
HCA 50-662 (2/17)