



## SmartHealth supports you on your journey toward living well

### What's new in 2018?

#### Points reset

Your SmartHealth points (which you receive from activities) reset on January 3, 2018.

#### Two incentives

- You earn a \$25 Amazon.com gift card after you complete your SmartHealth Well-being Assessment. To claim the gift card, click "Claim your gift card" on the SmartHealth website.

**Note:** The gift card is a taxable benefit. You must earn and claim the gift card by **December 31, 2018**.

- To qualify for a \$125 wellness incentive (distributed in January 2019), complete your SmartHealth Well-being Assessment (800 points) and earn 2,000 total points on SmartHealth's website before **September 30, 2018**.

#### SmartHealth Daily

SmartHealth Daily is a new experience on the Limeade mobile app that inspires whole-person well-being with personalized activity tracking, insights, and guidance. SmartHealth Daily asks simple questions including "How is work?" or "How did you sleep?" The app tracks your responses and creates a trend graph, then offers habit-building recommendations to help you improve over time. (See page 2 for how to get the app.)

### Save the date for these 2018 events

#### • Well-being Assessment Week

Celebrate your well-being by completing your SmartHealth Well-being Assessment during February 26–March 2, 2018, and earn the \$25 Amazon.com gift card!

#### • SmartHealth Week

Join us May 7–11, 2018, for a weeklong celebration of fun wellness-related events and activities to encourage us all to be our best.



### How do I find my \$125 that I qualified for in 2017?

If you qualified for the SmartHealth wellness incentive within the PEBB Program's 2017 timelines, it was distributed to you in January.

**The way you received the SmartHealth \$125 wellness incentive depends on the medical plan you are enrolled in for 2018.**

- **Non-CDHP plans:** Your medical plan deductible was reduced by \$125. If you have additional family members on your account, their per-person deductible remains the same.
- **CDHP plans:** The \$125 was deposited into your health savings account (HSA) with the employer contribution (one deposit) by January 31, 2018. 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.

*(continued)*

#### TOP NEWS INSIDE

- Medical FSA and DCAP deadlines
- Life insurance options
- New opioid policy for UMP
- Value of LTD insurance
- Telemedicine v. telehealth
- Reminder to sign up for PEBB email

# SmartHealth supports you on your journey toward living well *(cont.)*

To verify you received the \$125 wellness incentive, you can:

- Log in to the SmartHealth website and select the “How do I find my \$125?” activity tile.
- Sign in to your medical plan’s member portal.
- Contact your medical plan.



For more information  
Online:

SmartHealth wellness program information  
[www.hca.wa.gov/pebb-smarthealth](http://www.hca.wa.gov/pebb-smarthealth)

SmartHealth website  
[www.smarthealth.hca.wa.gov](http://www.smarthealth.hca.wa.gov)

Limeade mobile app:

Available for iOS and Android.  
Program code: SmartHealth

Phone:

If you have trouble with the SmartHealth website or mobile app, call Limeade (the SmartHealth administrator) at 1-855-750-8866.

## Medical FSA and DCAP deadlines to “use it or lose it”

If you have a Medical Flexible Spending Arrangement (FSA) and/or a Dependent Care Assistance Program (DCAP) account, you have upcoming deadlines to spend your 2017 funds.

**Your claim submission deadline is March 31, 2018**  
You must submit all eligible 2017 Medical FSA and DCAP claims for reimbursement to Navia Benefit Solutions by March 31, 2018 (see exception under “If you had a Medical FSA in 2017 and enrolled in a consumer-directed health plan [CDHP] for 2018). 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. This is called the “use it or lose it” rule.



## The Medical FSA grace period is January 1–March 15, 2018

You may continue to incur eligible Medical FSA expenses and use your 2017 funds through March 15, 2018. If you reenrolled in a Medical FSA for 2018, any eligible expenses incurred during the grace period (January 1–March 15, 2018) will be automatically applied to your unused funds from the 2017 plan year before being applied to your 2018 account.

**Note:** There is no grace period to incur services for the Dependent Care Assistance Program. Eligible expenses for 2017 DCAP funds had to be incurred by December 31, 2017.

If you have questions, contact Navia customer service at 1-800-669-3539 or visit their website at <http://pebb.naviabenefits.com>.

## If you had a Medical FSA in 2017 and enrolled in a consumer-directed health plan (CDHP) for 2018

If you did not use all of your 2017 Medical FSA funds and have all claims paid by Navia Benefit Solutions by December 31, 2017, you cannot use or contribute to your CDHP health savings account (HSA) until April 1, 2018. Funds from your employer contribution will not be deposited in your HSA until the end of April, including the \$125, 2018 SmartHealth wellness incentive earned during 2017.

Submit claims and supporting documentation by fax, email, or mail to:

Fax: (425) 451-7002 or toll-free (866) 535-9227

Email: [claims@naviabenefits.com](mailto:claims@naviabenefits.com)

Mail: Navia Benefit Solutions  
P.O. Box 53250  
Bellevue, WA 98015-3250

# New opioid policy for Uniform Medical Plan starts in 2018

Opioid use disorder (misuse and addiction) is a national public health crisis. Over the past decade, an average of 700 Washingtonians have died every year from opioid overdoses. Since 1999, the number of overdose deaths per year in America has more than quadrupled.

To help combat the crisis, Governor Jay Inslee issued Executive Order 16-09 in 2016. As part of the state's strategy, Uniform Medical Plan (UMP) will limit the number of opioids that providers can prescribe to members starting January 2, 2018:

- **For members ages 20 or younger:** 18 pills or 90 milliliters of liquid per prescription (about a three-day supply)



- **For members ages 21 or older:** 42 pills or 210 milliliters of liquid per prescription (about a week's supply)

However, providers can prescribe amounts above these limits if it is medically necessary for you.

This new UMP policy also requires prescribers to attest that the care they provide to patients who need long-term opioid treatment meets recommendations from state and national guidelines.

Other health systems are also joining the effort to curb the opioid crisis.

In 2018, Kaiser Permanente Health Plan of the Northwest and Kaiser Permanente Health Plan of Washington will continue to focus on supporting safe prescribing practices by developing

tools for clinicians and leaders, while increasing pain care resources for members.

For more information, read the UMP opioid clinical policy at [www.hca.wa.gov/ump](http://www.hca.wa.gov/ump) or call Washington State Rx Services at 1-888-361-1611 (TRS: 711).

## The new UMP opioid policy does not apply to members who are:

- Already receiving ongoing opioid therapy, meaning they have filled at least one opioid prescription per month in three of the last four months.
- Receiving cancer treatment.
- In hospice care, palliative care, or end-of-life care.

## Telemedicine v. telehealth: What's the difference and what's covered

As technology becomes a larger part of our health care system, you may hear people using terms like "telehealth" and "telemedicine." These terms can be confusing and the difference between the two is not always clear.

PEBB health plans are authorized to cover telemedicine under Washington State law. Broadly speaking, telemedicine means patients and providers can use technology like video conferencing (Skype, Facetime, etc.), for the purpose of diagnosis, consultation, or treatment. Telemedicine does not include calling, emailing, or faxing your provider.

All PEBB health plans cover telemedicine services. Kaiser Permanente NW and Kaiser Permanente WA (formerly Group Health) also use the term "virtual care" for some services that allow a patient to interact with a provider who is not physically at the same location. Your deductible may apply and you may need to pay coinsurance or a copayment when using telemedicine or virtual care services.

To find out more about your benefits, call your plan or read your plan's certificate of coverage.

- Kaiser Permanente NW members: Call 1-800-813-2000 (TRS: 711) or

visit [www.hca.wa/pebb](http://www.hca.wa/pebb), go to *Forms & publications*, and select "certificate of coverage" from the Topic drop down menu.

- Kaiser Permanente WA (formerly Group Health) members: Call 1-888-901-4636 (TRS: 711) or visit [www.hca.wa/pebb](http://www.hca.wa/pebb), go to *Forms & publications*, and select "certificate of coverage" from the Topic drop down menu.
- Uniform Medical Plan members: Call 1-888-849-3681 (TRS: 711) or visit [www.hca.wa/ump](http://www.hca.wa/ump) and select *Get your certificate of coverage*.

# Know your options after a mastectomy

Seven out of 10 women don't know they have the right to reconstructive breast surgery after a mastectomy (surgery to remove all or part of the breast). Under the law, most health plans that cover mastectomies must also cover related services like breast reconstruction.

All PEBB medical plans cover reconstructive surgery, and breast prostheses or forms if you don't choose surgery, after a mastectomy.

Covered services related to mastectomies include all of the following:

- All stages of reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical or balanced appearance.

- Any external prostheses that fit into your bra before or during the reconstruction, as well as mastectomy bras, which are designed to hold external prostheses in place.
- Treatment of physical complications of all states of the mastectomy, including lymphedema or fluid build-up in the arm or chest.
- Any medically necessary hospitalization for treatment.

PEBB medical plans cover the above services even if your mastectomy is not due to a cancer diagnosis and even if you delay your decision to have reconstructive surgery.

In a recent campaign to raise awareness about breast reconstruction, Governor Jay Inslee said, "Trudi and I urge all women and men to learn about their rights and options around breast reconstruction. Patients should make the decision that is right for them, but insurance coverage should be the least of their worries during this time."

Know your options so you can make informed decisions about your health care. To learn more about your benefits after a mastectomy, call your plan or read your plan's certificate of coverage.

## For more information

- Kaiser Permanente NW members: Call 1-800-813-2000 (TRS: 711) or visit [www.hca.wa/pebb](http://www.hca.wa/pebb), go to *Forms & publications*, and select "certificate of coverage" from the Topic drop-down menu.
- Kaiser Permanente WA (formerly Group Health) members: Call 1-888-901-4636 (TRS: 711) or visit [www.hca.wa/pebb](http://www.hca.wa/pebb), go to *Forms & publications*, and select "certificate of coverage" from the Topic drop-down menu.
- Uniform Medical Plan members: Call 1-888-849-3681 (TRS: 711) or visit [www.hca.wa/ump](http://www.hca.wa/ump) and select *Get your certificate of coverage*.

## Did you know...

- You may be eligible for a free screening mammogram.
- PEBB medical plans cover screening mammograms for certain groups of members at no cost. For example, women ages 40 and older pay nothing for yearly screening mammograms.

This screening is covered under your plan's preventive care benefits. To learn more about this and other preventive care benefits, call your plan or read your plan's certificate of coverage.





# Benefits from actively engaging in your health care: Part 1

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

Working together with your health care providers is crucial for getting good care. This involves:

**Being aware.** Consider how you think about things, including your decision-making style. How do you relate to information and other people, including your provider?

**Preparing.** Find out what is best for your health. At your next provider visit, come prepared to ask questions about your condition, including the pros and cons of treatments, and if there are alternatives.

**Participating.** Follow through on your treatment plan, and let your provider know if your condition changes.

For example, many experts estimate that up to 30 percent of your health care is unnecessary. This can result in harm, waste, inconvenience, and other problems. That fact should prompt you to work together with your providers on health care decision-making for you and your family.

Another important factor is that often providers feel pressure by patients to do something. But many times, doing nothing or closely watching your condition is actually the best care for you.

Actively engaging in your health care may also save everyone time. A normal office visit takes about 15 minutes—an incredibly short time for something so important and complex as a person's health and well-being. Limited time makes it important for you to come prepared before, during, and after your visit. Studies have shown that providers overlook—or may not know—needed information to help with patient decision-making. They may need more time to find the right answers for you. Also, studies have shown that patients are generally more conservative in their treatment choices than providers think they will be.

Finally, research has shown that providers often don't check whether patients understand the provider's explanations. If your provider doesn't explain things well or ensure your understanding, let them know. Say something like, "Okay, let me see if I understand this correctly." Or respond to information given to you by stating your understanding. For example, "So are you saying that I have developed a [condition] and that means that I can expect...?" Or, "Can we go over how likely I could have a blood clot in my legs when I am under general anesthesia?"



In summary, **be aware, prepare, and participate.** Good health care decisions require working together with your health care provider to make sure you have the right information, delivered in the right way, at the right time. If your provider is not explaining information well enough for you, let them know. It is perfectly okay to ask for help in understanding your health issues.

*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](http://www.delfini.org). More information for patients is available at [www.delfinigrouppublishing.com/patientguide.htm](http://www.delfinigrouppublishing.com/patientguide.htm).*

# Life insurance options when you retire

**Note: This applies only if your employer offers PEBB life insurance.**

If you're considering retiring, the PEBB Program's life insurance vendor, MetLife, offers coverage options when you retire. As a PEBB retiree, you may be eligible to purchase life insurance on a self-pay basis through the following options:

1. PEBB retiree term life insurance
2. Conversion coverage
3. Portability coverage

Here's what you need to know about each option:

## 1. PEBB retiree term life insurance

Retirees can elect life insurance coverage from \$5,000 – \$20,000 without providing proof of good health. This is available if you:

- Meet PEBB's retiree eligibility requirements and had life insurance through the PEBB Program as an employee OR are retiring from an eligible employer group, Washington State school district, or educational service district and had life insurance through the PEBB Program as an employee.

AND

- Are not on a waiver of premium due to disability.

Premiums will increase as you age every five years, but the coverage amount you elect will not decrease. This coverage is for the retiree only, and does not include dependents.

## 2. Conversion coverage

Retiring employees and their dependents may be entitled to convert their life insurance to an individual policy without providing proof of good health if the application and premium are made within MetLife's timelines.

## 3. Portability coverage

Under MetLife's portability provision, you can apply to continue your terminated employee Basic Life and Optional Life Insurance (minimum of \$10,000, up to the lesser of your total life insurance in effect on the date you elect portability coverage or \$2,000,000) until age 100 if you meet certain conditions. You will not have to provide proof of good health.

You may also apply to continue your spouse or state-registered domestic partner and child optional life insurance; coverage amounts are defined in MetLife's certificate of coverage.

## For more information

Retiree eligibility requirements: [www.hca.wa.gov/public-employee-benefits/retirees/how-determine-eligibility](http://www.hca.wa.gov/public-employee-benefits/retirees/how-determine-eligibility)

Retiree life insurance: [www.hca.wa.gov/public-employee-benefits/retirees/life-insurance](http://www.hca.wa.gov/public-employee-benefits/retirees/life-insurance)

MetLife: [www.metlife.com/wshca-retirees/index.html](http://www.metlife.com/wshca-retirees/index.html) or 1-866-548-7139

## How to submit a claim when a death occurs

**Note: This applies only if your employer offers PEBB life insurance.**

Although no one likes to think about it, some day you or a loved one may need to file a life insurance claim when a covered family member passes away.

When an individual covered under your life insurance policy dies, it is important to contact MetLife at 1-866-548-7139 as soon as is reasonably possible after the death. MetLife will send a claim form to the designated beneficiary or beneficiaries. The beneficiary or beneficiaries should complete the claim form and return it along with the certificate of death to MetLife as instructed on the form.

For more information about your life and accidental death and dismemberment coverages, log in to the *My Benefits* portal at [www.mybenefits.metlife.com/wapebb](http://www.mybenefits.metlife.com/wapebb). There you can also find tools and resources to provide guidance when a death occurs.





# Consider optional long-term disability (LTD) insurance

**Note: This applies only if your employer offers PEBB long-term disability (LTD) insurance.**

Long-term disability (LTD) insurance can be an important part of your financial plan in the event you become ill or injured and are unable to work for an extended period of time. LTD insurance replaces some lost monthly earnings while you are disabled.

The PEBB Program offers two levels of LTD insurance:

- Employer-paid basic coverage, which is free for employees enrolled in the full benefits package and provides a maximum benefit of \$240 a month.
- Optional coverage, which is offered to employees enrolled in the full benefits package, is available for purchase and provides up to 60 percent of the first \$10,000 of your monthly salary.

As you decide whether to purchase optional LTD insurance, consider the following factors:

1. **Your risk of becoming disabled:** How much risk do you experience every day?
2. **The amount of savings you have:** How long could you support yourself and your dependents with your savings if you were not able to work?
3. **Your assets:** How do assets, such as your house or other sources of income, affect your financial situation?
4. **Your accrued sick leave:** How much sick leave do you usually have? (Keep reading to learn how sick leave affects the LTD benefit.)

If you decide to purchase optional LTD insurance, you will then choose your benefit waiting period: the amount of time that passes before you receive LTD benefits. Options range from 30 to 360 days. Your LTD benefit starts after the period of sick leave (excluding shared leave) for which you are eligible or at the end of the waiting period you choose, whichever is longer.

**If you apply for LTD insurance after 31 days of initial eligibility for PEBB benefits, or wish to decrease the waiting period for optional LTD coverage, you must submit evidence of insurability to Standard Insurance Company.**



The longer benefit waiting period you choose, the lower your monthly premiums. A 90-day waiting period is the most popular choice. Many people feel it maximizes the LTD benefit (with a lower premium) while minimizing risk (the waiting period is still relatively short).

The four factors listed at left may also affect which benefit waiting period you choose. For example, if you have many hours of accrued sick leave, you may choose a longer waiting period. If you have only one source of income or a small amount of savings, you may decide on a shorter waiting period.

Learn more about optional LTD insurance at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb) by clicking on *Additional benefits* under your member type (employee, retiree, or COBRA/continuation coverage). Contact your employer for help with enrollment and premium payments. You can also call Standard Insurance Company at 1-800-368-2860 for help with plan details.

# Have you checked your beneficiary designations recently?

Keeping up-to-date beneficiary information ensures that your money goes where you want it to. Any time you have a major life event, it's a good time to review all your policies and make sure your beneficiaries are current. If you don't, you may find that your beneficiaries are not who they should be—especially if you have married, divorced, or had children.

You can update your beneficiaries at any time. Here's how to update the beneficiaries on your PEBB accounts.

## Life insurance

Even if you have not elected optional life insurance coverage, you should designate a beneficiary for the \$35,000 employer-paid basic life insurance benefit.

Use MetLife's MyBenefits portal at [www.mybenefits.metlife.com/wapebb](http://www.mybenefits.metlife.com/wapebb) to review and make updates online. You may also call MetLife at 1-866-548-7139 to request a *Group Term Life Insurance Beneficiary Designation* form. This form is also available to download and print from the *Forms & publications* page at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb).

## Health savings account

If you have a consumer-directed health plan (CDHP) with a health savings account (HSA), you can review and update your HSA beneficiary information using HealthEquity's online member portal at [www.healthequity.com/pebb](http://www.healthequity.com/pebb). You may also download and print the *Beneficiary Designation Form* or contact HealthEquity at 1-877-873-8823 to request a copy.



## Sign up! Email service brings you PEBB news faster

Save time, paper, and mailing costs by signing up for the PEBB Program's email subscription service.

When you provide your email address, you agree to receive general communications (such as newsletters, reminders, and notices) from the PEBB Program by email. This service does not include communications your health plan, provider mails to you, or PEBB communications specific to your account.

Signing up is easy! Log in to *My Account* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb), and under Subscriber Information, click *Subscribe to email notifications* next to Email address.

**Note:** *My Account* is not available to University of Washington employees. To sign up for emails, log in to Workday.

