ForyenrBenefit



PEBB Continuation Coverage Edition | October 2025

Public Employees Benefits Board (PEBB) Program

Open enrollment is October 27 to November 24

Open enrollment is your opportunity to make changes to your PEBB health coverage for 2026. (This differs from Medicare's open enrollment.) Forms and other helpful tools are available on the *Open enrollment* webpage at hca.wa.gov/pebb-oe.

Whether you're thinking about switching plans, adding or removing dependents, or staying with your current coverage, this is the time to review your options and make sure your benefits are working for you.

Important: UMP Plus-Puget Sound High Value Network (PSHVN) and UMP Plus-UW Medicine Accountable Care Network (ACN) will no longer be available beginning January 1, 2026. If you are enrolled in one of these plans, you must choose a new plan for 2026 or you and your enrolled dependents will be automatically enrolled in UMP Classic.

What changes can I make during open enrollment?

You can make the changes listed below from October 27 to November 24. Changes are effective January 1, 2026. Log in to Benefits 24/7 at **benefits247.hca.wa.gov** to:

- Change your medical, dental, and vision plans.
- Add or remove dependents.
- Cancel your coverage.
- **Non-Medicare members:** Attest to the spousal coverage premium surcharge.

See page 9 for information on how to make changes to your coverage using Benefits 24/7.

How to return your forms

If using paper forms, return them by:

- Sending us a secure message using HCA
 Support at support.hca.wa.gov. After signing in
 using SecureAccess Washington, select Retirees/
 Continuation coverage, and then use the paperclip
 icon to attach your form. (Remember to sign
 your forms and keep a copy for your records.)
- Dropping off in person: 626 8th Avenue SE, Olympia, WA 98501. Lobby hours are Monday through Friday, 8 a.m. to 4 p.m.

- Mailing to: Washington State Health Care Authority, PEBB Program, PO Box 42684, Olympia, WA 98504-2684
- **Faxing to:** 360-725-0771 (**Note:** The fax line may be busy near the end of open enrollment.)

Tips for a smooth open enrollment

We've created a list that highlights important topics:

- Review what's changing. Look over any changes to your current plans, including premiums, deductibles, copays/coinsurance, and provider networks.
- Assess your health care needs. Consider your and any dependents' health status, upcoming treatments, or anticipated life events (pregnancy, surgery, relocation, etc.) that may affect your coverage needs.
- Make changes in Benefits 24/7. This includes adding or removing dependents and changing plans.
- **Stay connected.** Sign up for emails and follow HCA on social media.
- **Need help?** Contact the PEBB Program by sending a secure message through HCA Support or calling 1-800-200-1004 (TRS: 711), Monday to Friday, 8 a.m. to 4:30 p.m.

Important dates

October 20 to November 13

Visit one of the in-person benefits fairs around the state to learn about your health plans and benefits options. See page 7 to find one near you.

October 27

PEBB annual open enrollment begins. Use Benefits 24/7 to make changes. Forms are also available.

November 24

Benefits 24/7 changes must be received by 11:59 p.m. If you are submitting paper forms, the PEBB Program must receive them as of this day.

November 30

Non-Medicare members: Last day for most subscribers to qualify (if eligible) for the SmartHealth \$125 wellness incentive for 2026 at **smarthealth.hca.wa.gov**.

January 1, 2026

The new plan year begins. Open enrollment changes become effective, and benefits, deductibles, and out-of-pocket maximums reset.

Important changes to your 2026 PEBB benefits

All changes are effective January 1, 2026, unless otherwise noted. Learn more about the changes listed below and other changes on the *Open enrollment* webpage at hca.wa.gov/pebb-oe. Any updates that happen after this newsletter mails will be listed on the *Open enrollment* webpage, so we recommend you check there for the latest information.

Note: Premiums are included on page 4. Please review the premiums closely as many have increased.

Changes to all PEBB plans

- **Deductible for consumer-directed health plans (CDHPs):** The IRS raised the minimum deductible for high-deductible health plans to \$1,700 for single subscribers and \$3,400 for families.
- **Health savings accounts (HSAs):** The IRS raised the health savings account annual maximum contribution to \$4,400 for single subscribers and \$8,750 for families.
- Medicare plans with Part D coverage: The maximum out-of-pocket cost will increase to \$2,100 to comply with the Centers for Medicare & Medicaid Services (CMS) changes.

Medical plan changes



Kaiser Permanente Northwest (KPNW):

- Hearing aids will no longer be capped at a specific dollar amount. Members must see an in-network provider to receive hearing aids or they will not be covered by the plan, and the member will have to pay for them out of pocket. Members can use the hearing aid benefit every 36 months.
- ClassPass Affinity (access to discounted fitness and wellness perks) will no longer be offered after December 31, 2025.

Kaiser Permanente Washington (KPWA):

- Hearing aids will no longer be capped at a specific dollar amount. Members must see an in-network provider to receive hearing aids or they will not be covered by the plan, and the member will have to pay for them out of pocket. Members can use the hearing aid benefit every 36 months.
- ClassPass Affinity (access to discontinued fitness and wellness perks) will no longer be offered after December 31, 2025.



Uniform Medical Plan (UMP):

- UMP Plus-Puget Sound High Value Network (PSHVN) and UMP Plus-UW Medicine Accountable Care Network (ACN) will no longer be offered. If you are enrolled in one of these plans, you must choose a new plan during open enrollment or you and your enrolled dependents will be automatically enrolled in UMP Classic.
- Hearing aids will no longer be capped at a specific dollar amount. Members can use the hearing aid benefit every 36 months. This change applies to members who are not enrolled in Medicare.
- **Diagnostic and supplemental breast exams** are covered without member cost share. This change is effective retroactive to January 1, 2025.



UnitedHealthcare (UHC):

 Personal Emergency Response System benefit will no longer be covered after December 31, 2025. Members who use this service will have the option to pay for this service privately.

Dental plan changes

Uniform Dental Plan (UDP) only. These changes do not apply to the DeltaCare or Willamette Dental plan:

- **Coverage for children:** The annual deductible will be removed for children up to age 15.
- **TMJ** (temporomandibular joint dysfunction) limits will increase to \$1,000 annually and \$5,000 lifetime.

Long-term disability (LTD) insurance

- **Employer-paid LTD:** The monthly benefit for basic (employer-paid) LTD insurance will increase to \$450.
- **Employee-paid LTD:** Rates will decrease by 6 percent.

Rule changes

All changes to PEBB rules will be available on the HCA website at **hca.wa.gov/pebb-rules** and take effect January 1, 2026, unless otherwise noted. Here are some changes that might affect you:

- Effective August 1, 2025, when a subscriber or their dependent who is permanently living outside of the United States must be disenrolled from a Medicare Advantage plan, Medicare Advantage Prescription Drug (MAPD) plan, or a Medicare Part D plan as required by federal law, their PEBB medical plan enrollment will terminate on the last day of the month as required by federal law.
- When a subscriber or their dependent gains, loses, or has a change in low-income subsidy (LIS) eligibility as described in 42 CFR Sec. 423.38(c)(9), they may enroll in an MAPD plan, Medicare supplement plan, or UMP Classic Medicare, if eligible, within three months after a gain, loss, or change in LIS eligibility, or notice of such a change, whichever is later. The subscriber may also request to enroll or remove a dependent from PEBB health plan coverage.

Open enrollment quick links

Use these online tools and guides to help you throughout open enrollment.

Open enrollment webpage:

hca.wa.gov/pebb-oe

Find forms, benefits comparisons, what's changing, premiums, and what you need to do.

Compare medical plans:

hca.wa.gov/compare-medical-pebb

Compare up to three medical plans.

Benefits fairs:

hca.wa.gov/oe-fairs

Attend a fair to learn about your benefits.

Virtual benefits fairs:

hca.wa.gov/vbf-pebb

Learn about your benefit options online.

Benefits 24/7:

benefits247.hca.wa.gov

Sign in to Benefits 24/7 to make changes and attest to the spousal coverage premium surcharge.

HCA Support:

support.hca.wa.gov

Contact the PEBB Program and submit your forms.

2026 PEBB Continuation Coverage monthly medical premiums (for members not enrolled in Medicare)

Effective January 1, 2026. The term "spouse" is interchangeable with "state-registered domestic partner."

You pay this amount each month			Manage	d-care plans			Preferred provider organization (PPO) plans			
	Kaiser Pern	nanente NW	Kaiser Permanente WA				Uniform Medical Plan			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	CDHP	Select	
Subscriber only	\$1,081.63	\$889.16	\$966.75	\$855.84	\$927.91	\$975.67	\$970.43	\$887.83	\$907.50	
Subscriber & spouse	\$2,157.51	\$1,771.31	\$1,927.75	\$1,704.67	\$1,850.07	\$1,945.59	\$1,935.11	\$1,768.65	\$1,809.25	
Subscriber & children	\$1,888.54	\$1,565.36	\$1,687.50	\$1,507.05	\$1,619.53	\$1,703.11	\$1,693.94	\$1,563.03	\$1,583.81	
Subscriber, spouse, & children	\$2,964.42	\$2,389.18	\$2,648.50	\$2,297.55	\$2,541.69	\$2,673.03	\$2,658.62	\$2,385.52	\$2,485.56	

Monthly premium surcharges

In addition to your monthly medical premium, two premium surcharges may apply. (They do not apply if you, the subscriber, are enrolled in Medicare Part A and Part B.)

- \$25-per-account tobacco use
- \$50 spouse or state-registered domestic partner coverage

Vision plan monthly premiums

Effective January 1, 2026.

You pay this amount each month 🌂	Davis Vision by MetLife	EyeMed	MetLife Vision	
Subscriber only	\$5.02	\$6.57	\$8.30	
Subscriber & spouse	\$10.04	\$13.14	\$16.60	
Subscriber & children	\$8.79	\$11.50	\$14.53	
Subscriber, spouse, & children	\$13.81	\$18.07	\$22.83	

Dental plan monthly premiums

Effective January 1, 2026.

You pay this amount each month 🔰	Managed-	Preferred provider organization (PPO) plan		
' '	DeltaCare	Willamette Dental	Uniform Dental Plan	
Subscriber only	\$46.48	\$59.84	\$52.45	
Subscriber & spouse	\$92.96	\$119.68	\$104.90	
Subscriber & children	\$92.96	\$119.68	\$104.90	
Subscriber, spouse, & children	\$139.44	\$179.52	\$157.35	

Premera Blue Cross Medicare Supplement Plan F and Plan G monthly premiums

Effective January 1, 2026. Note: Plan F is closed to new enrollees. If a Medicare Supplement plan is selected, non-Medicare enrollees are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans.

Vou nay this amount	Plan F (closed to	new members)	Plan G			
You pay this amount each month	Age 65 or older, eligible based on age	Under age 65, eligible based on disability	Age 65 or older, eligible based on age	Under age 65, eligible based on disability		
Subscriber only						
1 eligible	\$274.79	\$467.15	\$233.34	\$396.68		
Subscriber & spouse						
1 eligible	\$1,245.22	\$1,437.58	\$1,203.77	\$1,367.11		
2 eligible: 1 retired, 1 disabled	\$741.94	\$741.94	\$630.02	\$630.02		
2 eligible	\$549.58	\$934.30	\$466.68	\$793.36		
Subscriber & children						
1 eligible	\$1,004.05	\$1,196.41	\$962.60	\$1,125.94		
Subscriber, spouse, & ch	ildren					
1 eligible	\$1,968.73	\$2,161.09	\$1,927.28	\$2,090.62		
2 eligible: 1 retired, 1 disabled	\$1,471.20	\$1,471.20	\$1,359.28	\$1,359.28		
2 eligible	\$1,278.84	\$1,663.56	\$1,195.94	\$1,522.62		

Medicare monthly medical plan premiums

Effective January 1, 2026. For members enrolled in Medicare Part A and Part B. If you have more Medicare-eligible members than are shown here, contact the PEBB Program at 1-800-200-1004 (TRS: 711) for your rate.

You pay this amount each month		Mana	iged-care plan	S		Preferred provider organization (PPO) plans			
	Kaiser Permanente NW		Kaiser Pern	nanente WA	Uniform Medical Plan	UnitedHealthcare			
	Senior Advantage with Part D	Classic	Medicare Advantage with Part D	SoundChoice	Value	Classic Medicare with Part D (PDP)	PEBB Balance	PEBB Complete	
Subscriber only	Subscriber only								
1 eligible	\$343.13	N/A	\$403.61	N/A	N/A	\$520.67	\$339.92	\$403.18	
Subscriber & spouse									
1 eligible	\$1,419.01	\$1,364.61	N/A	\$1,325.77	\$1,373.53	\$1,485.35	\$1,304.60	\$1,367.86	
2 eligible	\$680.51	N/A	\$801.47	N/A	N/A	\$1,035.59	\$674.09	\$800.61	

		Managed-care plans					Preferred provider organization (PPO) plans			
You pay this amount each month	Kaiser Permanente NW Kaiser Permanente WA					Uniform Medical Plan	UnitedHealthcare			
	Senior Advantage with Part D	Classic	Medicare Advantage with Part D	SoundChoice	Value	Classic Medicare with Part D (PDP)	PEBB Balance	PEBB Complete		
Subscriber & children										
1 eligible	\$1,150.04	\$1,124.36	N/A	\$1,095.23	\$1,131.05	\$1,244.18	\$1,063.43	\$1,126.69		
2 eligible	\$680.51	N/A	\$801.47	N/A	N/A	\$1,035.59	\$674.09	\$800.61		
3 eligible	\$1,017.89	N/A	\$1,199.33	N/A	N/A	\$1,550.51	\$1,008.26	\$1,198.04		
Subscriber, spo	use, & children									
1 eligible	\$2,225.92	\$2,085.36	N/A	\$2,017.39	\$2,100.97	\$2,208.86	\$2,028.11	\$2,091.37		
2 eligible	\$1,487.42	\$1,522.22	N/A	\$1,493.09	\$1,528.91	\$1,759.10	\$1,397.60	\$1,524.12		
3 eligible	\$1,017.89	N/A	\$1,199.33	N/A	N/A	\$1,550.51	\$1,008.26	\$1,198.04		
4 eligible	\$1,355.27	N/A	\$1,597.19	N/A	N/A	\$2,065.43	\$1,342.43	\$1,595.47		

What is a consumer-directed health plan?

If you don't need to visit the doctor often, choosing a consumer-directed health plan (CDHP) can save you money. However, they are unique medical plans, so it's best to understand how they work.

How is a CDHP different from other plan types?

A CDHP offers similar coverage to other PEBB medical plans. Three key differences are:

- A lower monthly premium.
- Higher out-of-pocket costs (maximum out-of-pocket limits for the UMP CDHP are \$4,200 for an individual and \$8,400 for a family. Kaiser Permanente CDHPs have different limits) with a deductible of \$1,700 for an individual and \$3,400 for a family.
- A health savings account (HSA).

Preventive care is covered before meeting your deductible. While CDHPs have some higher costs, all PEBB medical plans cover the same basic health care services. You can compare plans and costs using the medical benefits comparison tool at hca.wa.gov/compare-medical-pebb.

Not everyone is eligible to enroll in a CDHP. If you are enrolled in another health plan (including Apple Health

or your spouse's or state-registered domestic partner's coverage), you cannot enroll in a CDHP because of IRS restrictions. Learn more about who is eligible to enroll in CDHPs at **irs.gov/publications/p969**.

About the HSA

An HSA is a tax-advantaged account, which means you do not pay payroll taxes on the money you contribute. The PEBB Program is required to make contributions to your HSA and you can choose to make contributions in addition for IRS-qualified out-of-pocket expenses (like deductibles, copays, and coinsurance), including some expenses and services your health plans may not cover.

Your HSA balance can grow over the years, earn interest, and build savings that you can use to pay for health care as needed. The money is yours, even if you change health plans, get a new job, or retire. **It never expires**.

The HSA administrator for the PEBB Program is HealthEquity. Visit **learn.healthequity.com/pebb/hsa** to learn more about how an HSA works.

Benefits fairs schedule

During open enrollment, you can speak with health plan and other insurance representatives by attending one of the inperson benefits fairs.

Time: All fairs will run from 10 a.m. to 4:30 p.m., except the fairs held at the University of Washington, which will run from 10 a.m. to 5 p.m.

i More information: Get presentation schedules, parking information, maps, and additional details at hca.wa.gov/oe-fairs.

Important: Check HCA's website for any late changes before you go.

Seattle/University of Washington

Note: The PEBB health plans and other insurance representatives will attend benefits fairs held at and sponsored by the University of Washington.

October 20

Harborview Medical Center Research and Training Building • 300 9th Ave.

October 21

Husky Union Building
• 4001 E. Stevens Way NE

October 22

UW Medical Center – Montlake Health Science Building ● 1959 NE Pacific St.

October 23

UW Medical Center – Northwest E. Wing Auditorium ● 1550 N. 115th St.

iii October 27

Olympia/Tumwater

Department of Labor and Industries
7273 Linderson Way SW
Tumwater

October 28

Pasco

Columbia Basin College Hawk Union Building (H Building) • 2600 N 20th Ave

October 29

Vancouver

Clark College Gaiser Hall

1933 Fort Vancouver Way

Yakima

Yakima Valley College Kaminski Conference Center • W. Nob Hill & S. 16th Ave.

October 30

Wenatchee

Wenatchee Convention Center Orchard Exhibit South

121 N. Wenatchee Ave.

November 3

Federal Way/Des Moines

Highline College Student Union Building (Building 8) • 2400 S 240th St. Des Moines

iii November 4

Bremerton

Olympic College
College Instruction Center (Building 7)
• 1600 Chester Ave.

Spokane

Spokane Falls Community College Student Union Building 17 •• 3410 W. Whistalks Way

iii November 5

Cheney

Eastern Washington University Hargreaves Hall • 616 Study Ln.

Port Angeles

Red Lion Hotel Port Angeles Harbor, Main building

221 N. Lincoln St.

November 6

Pullman

City of Pullman Parks and Recreation Center Building B

190 SE Crestview St.

November 10 Tacoma/Lakewood

Clover Park Technical College McGavick Conference Center • 4500 Steilacoom Blvd. SW

iii November 12

Lynnwood

Edmonds College Woodway Hall (Building 26) • 20000 68 Ave. W

November 13

Bellingham

Bellingham Public Schools
District office, Rooms 102/103
1985 Barkley Blvd.

Reminders for open enrollment

Remember your SmartHealth incentive

For members not enrolled in Medicare: You can still qualify to receive a \$125 SmartHealth incentive in 2026. Visit hca.wa.gov/pebb-smarthealth to learn how to qualify.

Reattest to the spouse or stateregistered domestic partner coverage premium surcharge

For members not enrolled in Medicare: The PEBB Program will mail you a letter if you need to reattest for 2026. You can also check if you need to reattest in your Benefits 24/7 dashboard at **benefits247.hca.wa.gov** starting October 27. You can reattest in Benefits 24/7 or submit the PEBB Premium Surcharge Attestation Change Form.

Medicare doesn't mix with HSAs

The IRS does not allow individuals who are enrolled in Medicare to make contributions to a health savings account (HSA). If you are enrolled in Medicare and in a consumer-directed health plan (CDHP) with an HSA, you will be responsible for any tax penalties that result from contributions to your HSA after you are no longer eligible. Check out your Medicare plan options on HCA's website at hca.wa.gov/vbf-pebb.

Is your mailing address up to date?

If not, let us know your updated address so we can send important personal information to you. Include your first and last name and the last four digits of your Social Security number, so we can identify your account. Mail it to the address below, update it in Benefits 24/7, send it via secure message using HCA Support, or call 1-800-200-1004 (TRS: 711). **Note:** Plans require you to provide a permanent street address (not a PO Box).

Health Care Authority PEBB Program PO Box 42684 Olympia, WA 98504-2684

You've got email!

Prefer to receive emails? You can sign up to receive newsletters in your inbox in Benefits 24/7. Select the *Profile* tile and then *Contact information*. Check the *Opt-in to receive email notifications* box and then click *Submit*.



Who to contact for help

Contact your plan if you have questions about the topics below. For phone numbers and web addresses, visit **hca.wa.gov/pebb-continuation** and select *Contact the plans* under *Get help.*

- · Benefits
- ID cards
- Claims
- Checking if your provider is in network
- Choosing a provider
- Making sure your prescriptions are covered

Contact the PEBB Program by sending us a secure message through HCA Support at **support.hca.wa.gov** for questions about:

- Eligibility and enrollment
- Premium surcharges
- Changing your name, address, or phone number
- Adding or removing dependents
- Premium payments
- Finding forms. You can also find them on the *Open* enrollment webpage at **hca.wa.gov/pebb-oe**

You can also call us at 1-800-200-1004 (TRS: 711), Monday through Friday, 8 a.m. to 4:30 p.m. Due to high call volumes during open enrollment, wait times may be long.

Make changes in Benefits 24/7

Use Benefits 24/7 to make changes to your coverage during open enrollment, October 27 to November 24. Changes in Benefits 24/7 must be completed by 11:59 p.m. on November 24. Paper forms are also available and the PEBB Program must receive them by November 24.

Get started

- 1. Log in to your account at benefits247.hca.wa.gov.
- 2. Click on the Account changes tile.
- **3.** In the drop-down menu, select *COBRA open enrollment change request*.
- **4.** Follow the guide to make changes.
- **5.** Download and save a copy of your request. **Note**: Any changes you make during open enrollment won't show in your account until January 1, 2026.
- **6.** Click *Submit* to finalize your open enrollment request.

First time here? Create an account

- 1. Visit **benefits247.hca.wa.gov** and click on the green *Log in to Benefits 24/7* button. You'll be directed to SecureAccess Washington (SAW).
- 2. Click Sign up to create a SAW account. (If you already have a SAW account, enter your username and password, and skip to step 5.) Enter your name, email address, a username, and password.
- **3.** Check the box to prove you're not a robot, click *Submit*, and follow the link to activate your account.
- **4.** Check your email for a message from SAW. Click on the confirmation link, close the *Account Activated!* browser window that opens, and return to your original window. Follow the instructions on the screen to finish creating your account. You will be directed to Benefits 24/7.
- **5.** Enter your last name, date of birth, and the last four digits of your Social Security number. Click *Verify my information*.
- **6.** Select your security questions and answers. You'll be directed to the Benefits 24/7 dashboard.

Need help?

Visit the *Help with Benefits 24/7* webpage at **benefits247.hca.wa.gov** for FAQs and troubleshooting tips. If you need further assistance, contact the PEBB Program at 1-800-200-1004 (TRS: 711).



What to think about when choosing a dental plan

Your PEBB benefits include dental coverage, and you have three dental plan options:

- Uniform Dental Plan (UDP), administered by Delta Dental of Washington (Group 3000)
- DeltaCare, administered by Delta Dental of Washington (Group 3100)
- Willamette Dental (Group WA82)

Here are some things to keep in mind when comparing your dental plan options.

Check if your dental provider is in the plan's network

The best way to do this is by contacting the plan, not your dentist. You can also visit **hca.wa.gov/pebb-continuation** and select *Find a PEBB plan provider* to search online provider directories.

Understand the different plan structures

Determine which type of plan best fits your needs.

Uniform Dental Plan is a preferred provider organization (PPO) plan. This means you can change providers

at any time and don't need a referral to see a specialist. After meeting your annual deductible, you pay a percentage (coinsurance) of the plan's allowed amount. There is a lower coinsurance when you see a dentist in the Delta Dental PPO network (more than three out of four dentists in Washington State are in network).

DeltaCare and Willamette Dental are both managed-care plans. You must choose a primary care dental provider in the plan's network, and you will need a referral to see a specialist. These plans will not pay claims for services you receive from providers outside their network. When you visit your in-network dentist, you pay a set amount (copay), and there are no annual deductibles. DeltaCare's service area is limited to Washington State, and Willamette Dental has offices in Washington, Oregon, and Idaho

Don't confuse Uniform Dental Plan and DeltaCare

Double check that you are searching the correct provider directory or calling the right plan to ensure you choose the plan you want during open enrollment.



Required federal notice

Summary of benefits and coverage available to you

The Affordable Care Act requires the PEBB Program and its medical plans to provide a Summary of Benefits and Coverage (SBC). These documents help you compare medical plan benefits, terms, and your costs for care from network and out-of-network providers.

To get an SBC for your current PEBB medical plan, go to the *Medical plans and benefits* webpage at **hca.wa.gov/pebb-continuation** (or the plan's website) to view or print it. You can also call your plan to ask for a paper copy at no charge. Your plan can also provide copies translated into other languages.

For other PEBB medical plans, call the PEBB Program at 1-800-200-1004 (TRS: 711).

Medicare plans do not provide SBCs

SBCs are not available for Kaiser Permanente NW Senior Advantage with Part D, Kaiser Permanente WA Medicare Advantage with Part D, Premera Blue Cross Medicare Supplement Plan F or Plan G, or UnitedHealthcare PEBB Balance or PEBB Complete plans offered by the PEBB Program. Details of these plans are available on the Medical plans and benefits webpage at hca.wa.gov/pebb-continuation.

Required federal notice

Annual notice of creditable prescription drug coverage

You will receive this notice each year in this newsletter, and you will also receive this notice if your PEBB coverage changes. You may request a copy of this notice at any time by calling the PEBB Program at 1-800-200-1004 (TRS: 711).

If you or a family member is (or will soon be) enrolled in Medicare, you may hear about your opportunity to enroll in Medicare Part D for prescription drug coverage.

Premera Blue Cross Medicare Supplement plans do not provide creditable prescription drug coverage. If you enroll in one, you will also need to enroll in a Medicare Part D plan outside of PEBB.

All other PEBB medical plans provide creditable prescription drug coverage or Medicare Part D coverage, so you do not have to enroll in a separate Medicare Part D plan. The prescription drug coverage offered by these PEBB medical plans is expected to pay out, on average, as much as Medicare Part D coverage pays.

When you enroll in Medicare, you can keep your PEBB medical plan with creditable drug coverage or Medicare Part D coverage and not pay a penalty if you decide to enroll in a Medicare Part D plan later.

If you enroll in a Medicare Part D plan outside of PEBB, you will need to enroll in a Premera Blue Cross Medicare Supplement plan offered by the PEBB Program to keep your PEBB health plan coverage. You cannot enroll in a Medicare Part D plan outside of PEBB and stay enrolled in any other PEBB medical plan.

If you lose or terminate your current PEBB medical plan

To avoid paying a Medicare Part D late enrollment penalty, you should enroll in a Medicare Part D plan within 63 days after your PEBB medical plan ends. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For questions about Medicare Part D

Visit Medicare's website at **medicare.gov** or call 1-800-633-4227.

HCA complies with all applicable federal and Washington State civil rights laws and is committed to providing equal access to our services. If you need an accommodation or require documents in another format, please call 1-800-200-1004 (TRS: 711) or visit hca.wa.gov/about-hca/nondiscrimination-statement.

La HCA cumple con todas las leyes vigentes federales y del Estado de Washington sobre derechos civiles y tiene el compromiso de ofrecer un acceso equitativo a nuestros servicios. Si necesita alguna facilidad, o si requiere documentos en otro formato o idioma, llame al 1-800-200-1004 (TRS: 711) o visite

hca.wa.gov/about-hca/nondiscrimination-statement.

Управление здравоохранения (HCA) соблюдает все применимые федеральные законы и законы штата Вашингтон в отношении гражданских прав и обязуется обеспечивать равный доступ к своим услугам. Если вам потребуются специальные услуги или документы в другом формате или на другом языке, позвоните по телефону 1-800-200-1004 (TRS: 711) или посетите сайт hca.wa.gov/about-hca/nondiscrimination-statement.



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