



New Medicare cards are coming

The Centers for Medicare and Medicaid Services (CMS) are issuing new Medicare cards to members. The new cards no longer list members' Social Security numbers. Instead, each card has a Medicare number that's unique to the member.

This change will help prevent identity theft. Your Medicare benefits are **not** changing. We're letting you know about the new cards because the federal government has asked states to help raise awareness.

It will take until April 2019 for CMS to issue new cards to all 58 million Medicare members. Residents of most states, including Washington, are scheduled to begin receiving their

new cards after June 2018. Keep in mind that you may receive your new card earlier or later than your friends or family members—even if you share an address.

To make sure you receive your new card, check your address with the Social Security Administration (SSA) at ssa.gov/myaccount or 1-800-772-1213 (TTY: 1-800-325-0778). CMS uses the name and address the SSA has on file to contact you. **Note:** The PEBB Program cannot check the address the SSA has for you; we are different organizations.



Should I send a copy of my new card to the PEBB Program?

If you are enrolled in PEBB retiree insurance coverage and have already sent us a copy of your old Medicare card, you do not need to send a copy of your new one.

If you are a **new** Medicare enrollee, you need to send a copy of your Medicare card to the PEBB Program. Write the subscriber's full name and the last four digits of their SSN on the copy.

Visit go.medicare.gov/newcard for more information.
If you have any questions, call CMS at 1-800-633-4227 (TTY: 1-877-486-2048).

TOP NEWS INSIDE

- Benefits from actively engaging in your health care
- Updated HCA website
- Have you heard of SEBB?
- Free will preparation and estate resolution services from MetLife

Benefits from actively engaging in your health care: Part 2*

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Many studies suggest that if you understand and act on information relevant to your health, you may have fewer procedures, save time, and spend less money on health care than those who are less engaged and informed.

In short, you want the best information about three things:

1. Your **condition** (diagnosis, symptoms, what you can expect, etc.).
2. **Options** for managing your condition, including doing nothing or closely watching the condition.
3. The **pros and cons of each option** (such as benefits and harms), supported with high-quality medical studies.

Managing a condition should be specific to your unique personal requirements, not a “one-size-fits-all” approach. Your provider will likely base their recommendations on studies done on patients who may differ from you (such as age, gender, race, physical type, severity of the condition, or other conditions the patients may have). That’s why it’s important to get the information you need to fit your situation.

Consider asking your provider these seven questions about your condition and options. Make sure your questions get answered to your satisfaction. If you think of others, add them to this list.

1. What do I have or what might I get?

In addition to the information your provider gives you, sometimes it can be helpful to get information

from people or organizations that have actual experience with your particular condition, such as through a local support group or association linked with that condition. Also consider good internet sites, such as:

- Centers for Disease Control and Prevention (www.cdc.gov)
- National Institutes of Health (www.nih.gov)
- Hospitals that lead in the treatment of the condition

2. Why do I have it or how did I get it? Or how might I get it?

Compare information sources for agreement.

3. What might it do to me?

- Ask how long the condition will last.
- Ask your provider to quantify the benefits and risks of your condition (for example, how many times out of 100 does the condition go away on its own with no treatment).

4. What is known and unknown about what might happen to me? How certain are the outcomes for me, and are they supported by high-quality studies?

5. What choices do I have?

- How will each choice affect me, including if I do nothing?
- Is there high-quality scientific evidence available to help answer this question?

Your values and preferences are also important in weighing the benefits and risks of whether to treat your condition.

6. What would you, as my health care provider, advise? And why?

- Does your provider view your condition the same way you do?
- Do your values fit with what your provider recommends?

7. What details do I need to manage or treat it?

- What do you need to do? What does your provider do?
- Who else will be involved?
- What is the timeline (how long will treatment last)?
- How frequently do you meet for follow-up care?
- Who do you call if you have questions during treatment?

Studies suggest that if you actively engage with your provider and other sources of medical information, you will be more satisfied with your decisions and your care.

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.

Updated HCA website

When you visit HCA's website at www.hca.wa.gov, you will notice the *Public employee benefits* banner has changed to *Employee and retiree benefits*. This change was made to accommodate the new School Employees Benefits Board (SEBB) Program. (For more about the SEBB Program see page 4.)

What changed?

The content under the *Employee and retiree benefits* section has not changed—it has been reorganized. Instead of having three main audience sections, the *Employee and retiree benefits* section now has four:

- **Public employees** – for state agency and higher-education employees covered under PEBB.
- **School employees (starting January 1, 2020)** – for K-12 school employees covered under the SEBB Program effective January 1, 2020.
- **Retirees** – for retirees covered under PEBB.
- **COBRA/continuation coverage subscribers** – for subscribers in PEBB who are covered by COBRA or continuation coverage.

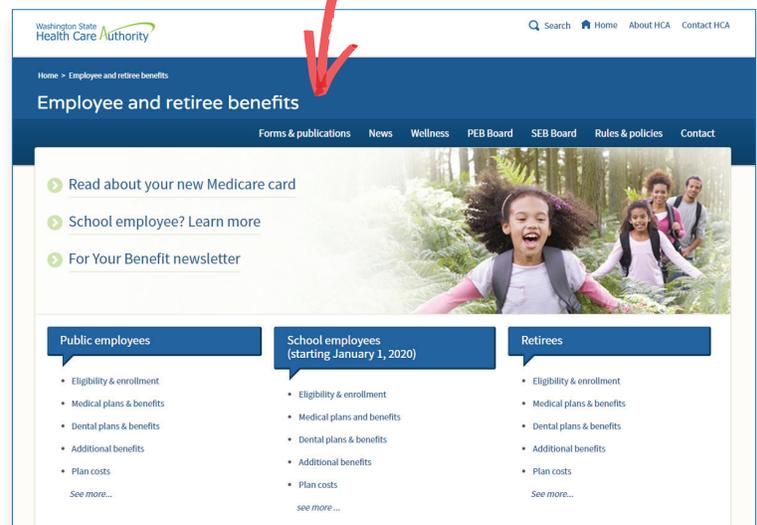
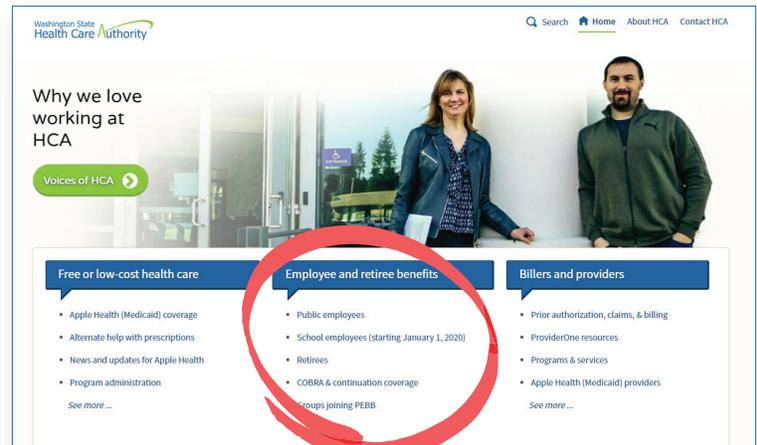
New section for K-12 school employees

There is a new section—School employees. This section is specifically for all K-12 school employees who will have benefits under the SEBB Program effective January 1, 2020. New and existing school district retirees will continue to receive their benefits through the PEBB Program.

New link, same content

The link to view public employee benefits online was www.hca.wa.gov/public-employee-benefits. The new link is www.hca.wa.gov/employee-retiree-benefits. If you use the old link, you will be directed to the new location.

Similarly, www.hca.wa.gov/erb takes you to the *Employee and retiree benefits* main page. Don't forget to update your bookmarks!



My Account button

The green *My Account* button that was on the *Public employee benefits* main page is absent from the *Employee and retiree benefits* main page.

To access *My Account*, click into your audience section. The green *My Account* button is in the upper right corner of the web page. We are in the process of determining if the SEBB Program will use *My Account*.

Forms & publications

A new Customer Type (School employees) was added to the *Forms & publications* page.

What do I need to do?

- Familiarize yourself with the new structure of the website.
- Update any bookmarks you may have.

Have you heard of SEBB?

Last year, the Legislature passed House Bill 2242 creating the School Employees Benefits Board (SEB Board) and School Employees Benefits Board (SEBB) Program. Starting January 1, 2020, all K-12 school districts, educational service districts, and charter schools will be required to purchase their eligible employees' health insurance coverage and other benefits (such as life insurance) through the SEBB Program.

The creation of the SEBB Program **does not** affect new or currently enrolled K-12 retirees. All eligible K-12 retirees will receive or continue to receive benefits through the PEBB Program.

The SEB Board has been meeting regularly since October 2017 to establish eligibility criteria for participation in the SEBB Program, and to design and approve benefits. Procurements are underway for many benefits.

How can I find out more?

As new information is available, the HCA will post announcements and updated FAQs on the SEBB Program web page at www.hca.wa.gov/sebb. You can also sign up to receive emails about SEB Board meetings.

Free will preparation and estate resolution services from MetLife

If you are enrolled in retiree term life insurance through MetLife, then you can take advantage of MetLife's will preparation and estate planning services at no additional cost to you. Eligible retirees and their spouses or state-registered domestic partners have access to MetLife's Will Preparation Service and Estate Resolution ServicesSM offered by Hyatt Legal Plans, Inc., a MetLife Company. These services are part of the comprehensive suite of services available through MetLife AdvantagesSM.

MetLife's Will Preparation Service provides telephone and in-person access to a participating Hyatt Legal Plans attorney to prepare or update a will, living will, and powers of attorney.

MetLife's Estate Resolution ServicesSM (ERS) provides probate services to the representative (executor or administrator) of a deceased retiree's estate and the estate of the retiree's spouse or state-registered domestic partner. Examples of probate services covered under ERS include participating plan attorneys' fees for phone and in-person consultations, preparation of documents, and representation at necessary court proceedings.

To learn more about all of MetLife's support and planning services, follow these steps:

- Register or log into your MyBenefits account at www.mybenefits.metlife.com/wapebb.
- Select *Learn About Life Insurance*, then select *MetLife AdvantagesSM – For support, planning and protection when you need it most*.
- Select the service(s) you're interested in.

You may also call Hyatt Legal Plans directly at 1-800-821-6400.

