The PEBB Program’s open enrollment is November 1–30, 2021

Changes to your PEBB benefits for 2022

It’s time to think about your benefits for 2022. This newsletter will give you important information for open enrollment. All changes are effective January 1, 2022, unless otherwise noted. For 2022 monthly premiums, see pages 4-6. Learn more about the changes listed below on the open enrollment webpage at hca.wa.gov/pebb-oe.

Kaiser Permanente of the Northwest (KPNW) will:
- Change naturopath visits from specialty care (requiring a referral) to primary care, allowing members to self-refer.
- Allow members to self-refer for acupuncture, up to 12 visits per year. For provider referrals, members have unlimited visits.
- Allow members to self-refer for massage therapy, up to 12 visits per year.
- Allow members to self-refer for physical, speech, and occupational therapy, up to a combined 60 visits per year. Members will not need prior authorization.
- Add coverage for routine dental services for members who have been referred for an organ transplant.
- Lower the member’s maximum out-of-pocket cost for each insulin prescription fill from $100 to $75.
- Add PeaceHealth Southwest Medical Center as an in-network provider.

Kaiser Permanente of Washington (KPWA) will:
- Add in-home infusion therapy through network providers. You will not pay coinsurance for administration of infused medication. A cost share is required for prescription drugs. CDHP members must pay their annual deductible before coverage begins.
- Cover two urine drug screenings in full per year (not subject to the annual deductible).
- Remove Kittitas County from its service area.
- Change the network status of several large providers in 2022, including the removal of MultiCare in Spokane and surrounding counties. As open enrollment approaches, please confirm provider network status by calling 1-866-648-1928 (TTY: 1-800-833-6388).

Important dates

Early October
- Annual open enrollment information is available on the HCA website at hca.wa.gov/pebb-oe. Get the schedule for webinars to help you learn about your options.
- The PEBB virtual benefits fair is open 24/7 at hca.wa.gov/vbf-pebb to help you make benefits choices.

November 1
- Annual open enrollment begins for coverage in 2022, and forms are posted online.
- Tune in for a Facebook Live Q&A about open enrollment at 4 p.m. at facebook.com/wahealthcareauthority.

November 30
- Last day for open enrollment changes.
- Last day to qualify for the SmartHealth $125 wellness incentive (if you’re eligible) at smarthealth.hca.wa.gov.

January 1, 2022
New plan year begins. Open enrollment changes become effective, if you made any.

(Continued on page 2)
Changes to your PEBB benefits for 2022

(Continued from first page)

Uniform Medical Plan (UMP) will:

• Remove the member coinsurance for inpatient mental health and substance use disorder services for UMP Classic, UMP Select, and UMP Plus. UMP Consumer-Directed Health Plan (CDHP) had no coinsurance for these services, so no change was required.

• Allow subscribers who switch to a different UMP plan during a special open enrollment to keep the amounts already accrued toward their annual deductibles, out-of-pocket maximums, and benefit or visit limits.

• Remove Thurston County from the UMP Plus–Puget Sound High Value Network service area. (UMP Plus–UW Medicine Accountable Care Network will still be available in Thurston County.)

• Cover an expanded list of preventive care benefits for certain chronic conditions for UMP CDHP members without having to pay the annual deductible.

• Allow up to 24 visits for chiropractic, 24 visits for acupuncture, and 24 visits for massage therapy per year. If you see a preferred or network provider, you will pay a $15 copay per visit. (There is no out-of-network coverage for massage therapy.) UMP CDHP members must pay their deductible first.

• Cover continuous glucose monitors (CGMs) under the pharmacy benefit instead of the medical benefit. If you are currently receiving CGMs through the medical benefit, you will need a provider prescription to receive them through a network pharmacy.

• Change coverage so that Medicare will pay primary for those enrolled as dependents in UMP as a result of being the state-registered domestic partner of a state employee. Medicare benefits will remain secondary for individuals age 65 or over who have UMP as a result of their own employee status, and for individuals age 65 or over who have UMP as a result of the employment status of a spouse of any age.

Rule changes

All changes to PEBB rules that take effect January 1, 2022 will be on the HCA website at hca.wa.gov/pebb-rules. One rule change clarifies that a special open enrollment is available when a dependent enrolls in Medicare or loses eligibility for Medicare.

Other changes coming in 2022

• The cost of supplemental (employee-paid) life insurance will increase by about 5 percent. The change applies to coverage for employees and spouses or state-registered domestic partners.

• The IRS raised the health savings account (HSA) annual maximum contribution to $3,650 for single subscribers and $7,300 for families.

• The $25 Amazon.com gift card incentive for completing the SmartHealth well-being assessment is ending and will no longer be available in 2022.

Update your mailing address

Keep your address up to date so we can send you important account information, including eligibility or payment deadlines, that can’t be emailed. Doing so can keep you informed about changes to your coverage or important alerts. This also ensures that your health plans send information to your correct address. Learn how to update your address by visiting the HCA website at hca.wa.gov/employee-retiree-benefits/contact-us and selecting your member type.

Sign up for email delivery

Would you like to be among the first to receive For Your Benefit? Sign up for email delivery! Email is the fastest and most efficient way to receive general updates and policy changes, with the added benefit of helping to reduce the toll on the environment.

Here’s how: Visit PEBB My Account at hca.wa.gov/my-account. Go to the My medical/dental coverage tab. Under Section A — Subscriber Account Information, select Subscribe/unsubscribe to email service.
Changes you can make during open enrollment

You can make the changes listed here during the PEBB Program’s annual open enrollment, November 1 through 30, 2021. Changes are effective January 1, 2022. If you do not want to change medical or dental plans, and they are still available in your county next year, you will stay enrolled in your current plans for 2022.

Forms will be available on November 1 on our open enrollment webpage, hca.wa.gov/pebb-oe. Some subscribers can make changes online through PEBB My Account at hca.wa.gov/my-account until midnight on November 30. If you cannot make changes online, PEBB My Account will direct you to the correct forms. The PEBB Program must receive your forms by November 30.

Change your medical or dental plan
Log in to PEBB My Account or submit the 2022 PEBB Continuation Coverage (COBRA) Election/Change form or the 2022 PEBB Continuation Coverage (Unpaid Leave) Election/Change form.

Members often confuse DeltaCare and Uniform Dental Plan, both administered by Delta Dental. See “How to tell the Delta Dental plans apart” on page 7.

Terminate your coverage
To end your coverage, submit the PEBB Continuation Coverage (COBRA) Election/Change form or the PEBB Continuation Coverage (Unpaid Leave) Election/Change form.

Add or remove a dependent
Submit the PEBB Continuation Coverage (COBRA) Election/Change form or the PEBB Continuation Coverage (Unpaid Leave) Election/Change form.

If you are enrolling a state-registered domestic partner, partner of a legal union, or their children, you must provide proof of the dependents’ eligibility. A list of documents to prove eligibility is available on HCA’s website at hca.wa.gov/pebb-continuation under Eligibility and enrollment.

Non-Medicare subscribers only: Reattest to the spouse or state-registered domestic partner premium surcharge
The PEBB Program will mail you a letter if you must reattest to the premium surcharge for 2022. You can also check whether you need to reattest in PEBB My Account starting November 1. You can reattest in PEBB My Account or submit the PEBB Premium Surcharge Attestation Change Form.

Do more, learn more, online

Visit the virtual benefits fair
Drop by the virtual benefits fair on HCA’s website at hca.wa.gov/vbf-pebb. It’s a great way to learn about benefits anytime, day or night, from the comfort of home.

Use your computer, tablet, or smartphone to explore at your own pace. You’ll find links to videos, plan comparisons, downloadable content, and other information to help you choose the right benefits for you and your family.

Learn more with webinars
Attend informative live and recorded webinars hosted by our medical and dental carriers, and the long-term disability carrier, to learn about plans or benefits you’re interested in. View and register for webinars on our open enrollment webpage at hca.wa.gov/pebb-oe.

Tune in to Facebook Live
Join other PEBB subscribers for a Facebook Live event to learn more about open enrollment at 4 p.m. on November 1 at facebook.com/wahealthcareauthority. Bring your questions for our resident expert.

Reattest to the spouse or state-registered domestic partner premium surcharge
Non-Medicare subscribers only: During open enrollment, reattest to this premium surcharge using PEBB My Account on HCA’s website at hca.wa.gov/my-account.

Want more?
Visit our annual open enrollment webpage at hca.wa.gov/pebb-oe to:
• Compare medical and dental plans.
• Read the Summary of Benefits and Coverage (SBC) for details about medical plan benefits.
• Register for a webinar.
2022 PEBB Continuation Coverage monthly premiums
Effective January 1, 2022

Non-Medicare medical plan premiums

<table>
<thead>
<tr>
<th>Plans</th>
<th>Kaiser Foundation Health Plan of the Northwest(^1)</th>
<th>Kaiser Foundation Health Plan of Washington</th>
<th>Uniform Medical Plan (administered by Regence BlueShield)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Classic CDHP</td>
<td>Classic CDHP</td>
<td>SoundChoice Value</td>
</tr>
<tr>
<td>Subscriber</td>
<td>$768.23</td>
<td>$643.88</td>
<td>$813.24</td>
</tr>
<tr>
<td>Subscriber &amp; spouse(^2)</td>
<td>$1,531.47</td>
<td>$1,277.21</td>
<td>$1,621.48</td>
</tr>
<tr>
<td>Subscriber &amp; children</td>
<td>$1,340.66</td>
<td>$1,133.46</td>
<td>$1,419.42</td>
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<tr>
<td>Subscriber, spouse,(^2) &amp; children</td>
<td>$2,103.90</td>
<td>$1,708.47</td>
<td>$2,227.66</td>
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Premium surcharges
Two premium surcharges may apply, in addition to your monthly medical premium. They only apply if you, the subscriber, are not enrolled in Medicare Part A and Part B. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges.

- A monthly $25-per-account premium surcharge will apply if you or any dependent (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly $50 premium surcharge will apply if you enroll a spouse or state-registered domestic partner, and they have chosen not to enroll in another employer-based group medical plan that is comparable to UMP Classic.

For more guidance on whether these premium surcharges apply to you, see the 2022 PEBB Premium Surcharge Attestation Help Sheet on our website at hca.wa.gov/pebb-continuation.
## Medicare medical plan premiums

For members enrolled in Medicare Part A and Part B.

<table>
<thead>
<tr>
<th>Plans</th>
<th>Kaiser Permanente NW&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Kaiser Permanente WA</th>
<th>Uniform Medical Plan</th>
<th>UnitedHealthcare</th>
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<tbody>
<tr>
<td></td>
<td>Senior Advantage</td>
<td>Medicare Advantage</td>
<td>SoundChoice</td>
<td>Value</td>
</tr>
<tr>
<td><strong>Subscriber only</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 eligible</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Subscriber only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 eligible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber and spouse&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>1 eligible</td>
<td>$1,103.81&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$1,154.63</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
<td>$1,000.58</td>
</tr>
<tr>
<td>2 eligible</td>
<td>$676.16</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
<td>$687.78</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1 eligible</td>
<td>$913.01&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$952.57</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
<td>$837.03</td>
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<tr>
<td>2 eligible</td>
<td>$676.16</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
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<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>Subscriber, spouse, and children</td>
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<tr>
<td>1 eligible</td>
<td>$1,676.24&lt;sup&gt;1&lt;/sup&gt;</td>
<td>$1,760.81</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>2 eligible</td>
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<td>3 eligible</td>
<td>$1,011.74</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
<td>$1,029.17</td>
<td>N/A&lt;sup&gt;4&lt;/sup&gt;</td>
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1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

2. Or state-registered domestic partner

3. If a Kaiser Permanente NW member is enrolled in Medicare Part A and Part B and other enrolled members are not eligible for Medicare, the non-Medicare members will be enrolled in Kaiser Permanente NW Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

4. If a Kaiser Permanente WA member is enrolled in Medicare Part A and Part B, and other enrolled members are not eligible for Medicare, the non-Medicare members must enroll in Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.
## Premera Blue Cross Medicare Supplement Plan F and Plan G premiums

**Note:** Plan F is closed to new enrollees.

<table>
<thead>
<tr>
<th></th>
<th>Plan F</th>
<th>Plan G</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Age 65 or older, eligible by age</td>
<td>Age 65 or older, eligible by age</td>
</tr>
<tr>
<td></td>
<td>Under age 65, eligible by disability</td>
<td>Under age 65, eligible by disability</td>
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### Subscriber

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<tr>
<th>Enrollment Status</th>
<th>Plan F</th>
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<tbody>
<tr>
<td>1 Medicare eligible</td>
<td>$222.23</td>
<td>$188.70</td>
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<tr>
<td></td>
<td>$377.77</td>
<td>$320.79</td>
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### Subscriber and spouse¹

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<tr>
<th>Enrollment Status</th>
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<th>Plan G</th>
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<tbody>
<tr>
<td>1 Medicare eligible²</td>
<td>$940.91</td>
<td>$907.38</td>
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<td>$1,096.45</td>
<td>$1,039.47</td>
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<th>Enrollment Status</th>
<th>Plan F</th>
<th>Plan G</th>
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</thead>
<tbody>
<tr>
<td>1 Medicare eligible, 1 retired, 1 disabled</td>
<td>$600.00</td>
<td>$509.49</td>
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<td>$600.00</td>
<td>$509.49</td>
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<th>Enrollment Status</th>
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<td>$755.54</td>
<td>$641.58</td>
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### Subscriber and children

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<tbody>
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<td>1 Medicare eligible²</td>
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<td></td>
<td>$918.03</td>
<td>$861.05</td>
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### Subscriber, spouse,¹ and children

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<tr>
<th>Enrollment Status</th>
<th>Plan F</th>
<th>Plan G</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Medicare eligible²</td>
<td>$1,476.17</td>
<td>$1,442.63</td>
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<td>$1,631.70</td>
<td>$1,574.73</td>
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<tr>
<th>Enrollment Status</th>
<th>Plan F</th>
<th>Plan G</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Medicare eligible, 1 retired, 1 disabled²</td>
<td>$1,140.26</td>
<td>$1,049.75</td>
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<tr>
<td></td>
<td>$1,140.26</td>
<td>$1,049.75</td>
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<tr>
<th>Enrollment Status</th>
<th>Plan F</th>
<th>Plan G</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Medicare eligible²</td>
<td>$984.72</td>
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<tr>
<td></td>
<td>$1,295.80</td>
<td>$1,181.84</td>
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### Dental plan premiums

You must enroll in medical coverage to enroll in dental.

<table>
<thead>
<tr>
<th>Enrollment Status</th>
<th>DeltaCare, administered by Delta Dental of Washington</th>
<th>Uniform Dental Plan, administered by Delta Dental of Washington</th>
<th>Willamette Dental of Washington, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber</td>
<td>$39.53</td>
<td>$48.64</td>
<td>$44.45</td>
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<tr>
<td>Subscriber and spouse¹</td>
<td>$79.06</td>
<td>$97.28</td>
<td>$88.90</td>
</tr>
<tr>
<td>Subscriber and children</td>
<td>$79.06</td>
<td>$97.28</td>
<td>$88.90</td>
</tr>
<tr>
<td>Subscriber, spouse,¹ and children</td>
<td>$118.59</td>
<td>$145.92</td>
<td>$133.35</td>
</tr>
</tbody>
</table>

¹ Or state-registered domestic partner

² 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.
Do you need to pay premium surcharges?

**Tobacco use premium surcharge**
If you or any enrolled dependent age 13 or over uses tobacco products, this surcharge applies to you. A $25-per-account premium surcharge will be added to your monthly medical premiums.

At any time, you can stop the tobacco use premium surcharge if you report you or your dependents doing any of the following:
- Stop using tobacco products for at least two months.
- Enroll in your PEBB medical plan’s tobacco cessation program (for ages 18 and older).
- Access the information and resources on the Smokefree Teen website at [teen.smokefree.gov](http://teen.smokefree.gov) (for ages 13 to 17).

You do not need to retest to the tobacco use premium surcharge at open enrollment. However, you must attest any time there is a change in your or any enrolled dependents’ tobacco use. If you need to report a change to your previous attestation, you can do it online using PEBB My Account at [hca.wa.gov/my-account](http://hca.wa.gov/my-account), or you can submit the PEBB Premium Surcharge Attestation Change Form, available on HCA’s website at [hca.wa.gov/pebb-continuation](http://hca.wa.gov/pebb-continuation).

You may be exempt from the tobacco surcharge if your provider finds that ending tobacco use or participating in your medical plan’s tobacco cessation program will negatively affect your or your dependent’s health. For more information, see PEBB Program Administrative Policy 91-1 on HCA’s website at [hca.wa.gov/pebb-rules](http://hca.wa.gov/pebb-rules). For information on cessation programs, see the HCA website at [hca.wa.gov/tobacco-free](http://hca.wa.gov/tobacco-free).

**Spouse or state-registered domestic partner coverage premium surcharge**
Non-Medicare subscribers only: Even if you do not make plan changes, you may have to retest to the $50 spouse or state-registered domestic partner coverage premium surcharge.

If you have to retest, the PEBB Program will mail a letter to you in late October. Starting November 1, you can also use PEBB My Account at [hca.wa.gov/my-account](http://hca.wa.gov/my-account) to find out if you must retest. If required, you must retest by November 30, 2021. If you are required to retest but do not, or if your attestation means you will incur the surcharge, you will be charged the $50 surcharge in addition to your monthly medical premium starting January 1, 2022.

To learn more about premium surcharges, visit the HCA website at [hca.wa.gov/pebb-continuation](http://hca.wa.gov/pebb-continuation) and click on Surcharges.

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**How to tell the Delta Dental plans apart**
The PEBB Program offers two dental plans administered by Delta Dental: DeltaCare and Uniform Dental Plan (UDP). Sometimes members intend to enroll in one Delta Dental plan but accidentally enroll in the other. During open enrollment, be careful to choose the one you want.

**DeltaCare (Group 3100)** is a managed-care plan. You must choose a primary care dentist within the network. Your primary care dentist must give you a referral to see a specialist. This plan will not pay claims if you see a provider outside of their network.

**UDP (Group 3000)** is a preferred-provider plan. You may choose and change any dental provider at any time, but you will usually have lower out-of-pocket costs if you see in-network providers.

Before you enroll in a dental plan, check with the plan (DeltaCare or UDP, not the dentist) to see if your dentist is in the plan’s network and check the group number. You can call the dental plan’s customer service or use the dental plan’s online directory.
Who to contact for help

Contact the plans directly for help with:
• Benefit questions
• ID cards
• Claims
• Making sure your doctor or dentist contracts with the plan
• Choosing a doctor or dentist
• Making sure your prescriptions are covered

Find websites, phone numbers, and mailing addresses on the HCA website at hca.wa.gov/cobra-contact-plan.

Contact the PEBB Program for help with:
• Eligibility questions or changes (Medicare, divorce, adoption, etc.)
• Enrollment questions or procedures
• Premium surcharge questions
• Changing your name, address, phone number, etc.
• Adding or removing dependents
• Premium payments
• Getting forms. You can also find them on the PEBB Continuation Coverage webpages at hca.wa.gov/pebb-continuation.

Call us at 1-800-200-1004 (TRS: 711).

Contact HealthEquity about your HSA:
HealthEquity’s website at learn.healthequity.com/pebb has resources about your health savings account (HSA), or call the phone number below that applies to you:

UMP members: 1-844-351-6853 (TRS: 711)
All other members: 1-877-873-8823 (TRS: 711)

Contact Metropolitan Life Insurance Company (MetLife) about:
• Life insurance
• Accidental death and dismemberment (AD&D) insurance

Go to MetLife’s website at mybenefits.metlife.com/wapebb or call 1-866-548-7139.

Contact Standard Insurance Company about:
• Long-term disability insurance

Go to The Standard’s website at standard.com/mybenefits/wash-state-hca-pebb or call 1-800-368-2860 (TRS: 711).

For help with wellness topics, contact:

SmartHealth
hca.wa.gov/pebb-smarthealth
1-855-750-8866 (TRS: 711)

Diabetes prevention
hca.wa.gov/prevent-diabetes
Contact your medical plan’s customer service.

Living tobacco free
hca.wa.gov/tobacco-free
Contact your medical plan’s customer service.
Summary of Benefits and Coverage available to you

Required federal notice
The Affordable Care Act requires the PEBB Program and its medical plans to provide a Summary of Benefits and Coverage (SBC) to help you compare medical plan benefits, terms, and your costs for care from network and out-of-network providers. To get an SBC from a PEBB medical plan, you can:

- Go to the Health Care Authority website at hca.wa.gov/erb (or the plan’s website) to view or print it online.
- Request a paper copy at no charge.

For your current PEBB medical plan: Call your plan. Your plan can also provide paper copies translated in other languages.

For other PEBB medical plans: Call the PEBB Program at 1-800-200-1004.

SBCs are not available for the Medicare Advantage or Premera Blue Cross Medicare Supplement plans offered by the PEBB Program.

Annual notice of creditable prescription drug coverage

Required federal notice
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. The UnitedHealthcare Medicare Advantage Prescription Drug (MAPD) plans include Medicare Part D prescription drug coverage.

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

When you enroll in Medicare, you can keep your PEBB medical plan and not pay a penalty if you enroll in Medicare Part D later.

Employees and PEBB Continuation Coverage members
If you enroll in a Medicare Part D plan, your PEBB medical plan may not coordinate prescription drug benefits with Medicare Part D.

PEBB Continuation Coverage (COBRA) members enrolled in Medicare Part A and Part B
If you enroll in a Medicare Part D plan, you will need to enroll in a Premera Blue Cross Medicare Supplement plan offered by the PEBB Program. Otherwise, your PEBB medical plan may not coordinate prescription drug benefits with Medicare Part D.

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

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

If you lose or terminate your current PEBB medical plan
To avoid paying a higher Medicare Part D plan premium, you should enroll in a Medicare Part D plan within 63 days after your PEBB medical plan ends. If you enroll after the 63-day deadline, your Medicare Part D plan’s monthly premium may increase by 1 percent or more for every month you didn’t have coverage.

Try PEBB My Account
Use PEBB My Account to see your coverage, attest to the premium surcharges, and make changes during open enrollment. (See what changes are allowed on page 3.) If you make changes during open enrollment, we will mail you a letter in December asking you to check your coverage in PEBB My Account.

If you haven’t registered with PEBB My Account, you will need to create an account. If you forgot your password or need help, visit the Help with PEBB My Account webpage at hca.wa.gov/my-account.

Recently enrolled in PEBB Continuation Coverage? You will need to re-register for PEBB My Account. You will not be able to register until you are enrolled in PEBB Continuation Coverage.
Here's your *For Your Benefit* newsletter

Open enrollment is November 1 through 30, 2021.
This is your only open enrollment notice.