



For Your Benefit

Public Employees Benefits Board (PEBB) Program

State and higher-education employee edition | October 2021

! 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 page 3. 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).

(Continued on page 2)

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 to make changes to your account.
- Last day to qualify for the SmartHealth \$125 wellness incentive for 2022 (if you're eligible) at smarthealth.hca.wa.gov.

December 31

- Last day to qualify for and claim the SmartHealth \$25 Amazon.com wellness incentive (if you're eligible).
- Last day to reduce or decline your employee-paid (formerly supplemental) LTD insurance before coverage begins on January 1, 2022. See page 5.

January 1, 2022

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

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 prescription from your provider 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 available on the HCA website at hca.wa.gov/pebb-rules. Here are some changes that might affect you:

- To comply with state law, employees and their dependents can no longer enroll in health plans under both the PEBB Program and the School Employees Benefits Board (SEBB) Program. If you are enrolled in both PEBB and SEBB health plans, the PEBB Program will send you a letter explaining what you need to do during open enrollment. You may waive enrollment in PEBB medical to enroll in SEBB medical only if you are also enrolled in SEBB dental and vision. In doing so, you also waive enrollment in PEBB dental. You cannot enroll your dependents in PEBB dental if you are not enrolled.
- All eligible employees will be **automatically enrolled in** an employee-paid LTD plan that covers 60 percent of their monthly predisability income (up to \$16,667), with a 90-day benefit waiting period. See page 5 for details.
- A special open enrollment is available when a dependent enrolls in Medicare or loses eligibility for Medicare.

Other changes coming in 2022

- If you enroll in a Medical Flexible Spending Arrangement (FSA) in 2022, you will be able to carry over funds to 2023, rather than have a grace period to spend down funds. The first time carryover will occur is January 2023. The Medical FSA minimum annual election is also decreasing from \$240 to \$120. Learn more on page 6.
- Employees who enroll in a CDHP with a health savings account (HSA) will have access to a new benefit: the Limited Purpose FSA. It allows you to set aside pre-tax funds for dental and vision expenses, saving your HSA funds for medical expenses. Learn more on page 6.
- The IRS raised the HSA annual maximum contribution to \$3,650 for single subscribers and \$7,300 for families.
- The cost of supplemental life insurance will increase by about 5 percent. The change applies to coverage for employees and spouses or state-registered domestic partners.
- The \$25 Amazon.com gift card incentive for completing the SmartHealth well-being assessment is ending and will no longer be available in 2022.



2022 PEBB medical monthly premiums

Effective January 1, 2022 for state agency and higher-education employees. You do not pay premiums for dental, basic life, basic accidental death and dismemberment, and employer-paid long-term disability insurance benefits.

	Plans									
	Kaiser Foundation Health Plan of the Northwest ¹		Kaiser Foundation Health Plan of Washington				Uniform Medical Plan (administered by Regence BlueShield)			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	Select	CDHP	UMP Plus
Subscriber	\$159	\$26	\$204	\$24	\$50	\$113	\$110	\$39	\$24	\$78
Subscriber & spouse²	\$328	\$62	\$418	\$58	\$110	\$236	\$230	\$88	\$58	\$166
Subscriber & children	\$278	\$46	\$357	\$42	\$88	\$198	\$193	\$68	\$42	\$137
Subscriber, spouse,² & children	\$477	\$82	\$571	\$76	\$148	\$321	\$313	\$117	\$76	\$225

Premium surcharges

Two premium surcharges may apply, in addition to your monthly medical premium. 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 the HCA website at hca.wa.gov/pebb-employee under *Forms & publications*.

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

Changes you can make during open enrollment

You can make the changes listed below 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 health plans, and they are still available in your county next year, you can stay enrolled in your current plans for 2022.

Forms will be available November 1 on our open enrollment webpage at hca.wa.gov/pebb-oe. Changes made through PEBB My Account at hca.wa.gov/my-account must be completed before midnight on November 30. Your payroll or benefits office must receive your forms by November 30. (Washington State University and University of Washington employees must use Workday to make changes.)



Change your medical or dental plan

Log in to PEBB My Account or submit the 2022 *PEBB Employee Enrollment/Change* form. Questions? Visit our open enrollment webpage at hca.wa.gov/pebb-oe or contact your payroll or benefits office.

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.



Add a dependent

Submit the *PEBB Employee Enrollment/Change* form. You must provide proof of the dependent's eligibility. A list of documents we accept to prove eligibility is available on HCA's website at hca.wa.gov/pebb-employee.



Remove a dependent

Log in to PEBB My Account or submit the *PEBB Employee Enrollment/Change* form.



Waive medical or dental coverage

Log in to PEBB My Account or submit the *PEBB Employee Enrollment/Change* form. You can only waive PEBB dental coverage if you enroll in SEBB medical, dental, and vision coverage.



Enroll in medical coverage, if you previously waived

Log in to PEBB My Account or submit the *PEBB Employee Enrollment/Change* form.



Consider your long-term disability (LTD) coverage

Starting January 1, 2022, you will automatically be enrolled in an employee-paid (formerly called supplemental) LTD plan that covers 60 percent of your pre-disability earnings with a 90-day benefit waiting period. See details on page 5.



Enroll in a Flexible Spending Arrangement (FSA) or the Dependent Care Assistance Program (DCAP)

By November 30, enroll on the Navia Benefit Solutions website at pebb.naviabenefits.com or download and submit the *Navia Open Enrollment* form to Navia. You must enroll in these benefits again every year if you want to participate. Learn more on page 6.



Reattest to the spouse or state-registered domestic partner coverage premium surcharge

The PEBB Program will mail you a letter if you must reattest to this premium surcharge for 2022. You can also check whether you need to reattest in PEBB My Account starting November 1. You can do so in PEBB My Account or by submitting the *PEBB Premium Surcharge Attestation Change Form*.



Important change coming to LTD insurance

Imagine you suddenly became ill, were in an accident, or had a difficult pregnancy and couldn't work for an extended time. How would you pay your bills?

You have an employer-paid long-term disability (LTD) insurance benefit. But if the time comes that you need it, you may be surprised to find it is not enough. The maximum payment you could receive is \$240 a month. That probably wouldn't cover groceries, let alone your other bills.

The PEBB Program is making a change, so if you couldn't work, more of your income would be protected.

Starting January 1, 2022, the PEBB Program will automatically enroll most PEBB-eligible employees¹ in an employee-paid LTD plan, if not already enrolled.

This covers 60 percent of the first \$16,667 of your monthly predisability earnings. If you become disabled, you could get up to \$10,000 a month, reduced by any deductible income, depending on your income. See Standard's website at standard.com/mybenefits/wash-state-hca-pebb for details.

Why do I need LTD insurance?

Long-term disabilities can be caused by accidents, illness, or pregnancy. One in 10 Americans lives with severe disability. One in four 20-year-olds will become disabled before age 67.

If you become disabled, LTD insurance would help you pay for rent or mortgage, car insurance, utilities, child care, phone, groceries, and other things you couldn't do without.

What if I already have supplemental LTD?

If you are already enrolled in employee-paid (formerly called supplemental) LTD insurance, you will continue to be insured for 60 percent of your monthly predisability earnings (up to \$16,667). Your benefit waiting period will be 90 days, and your monthly premium may change.

Using 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 during open enrollment on page 4.) If you make changes during open enrollment, we will mail you a letter in December telling you to check your coverage in PEBB My Account. **Note:** UW and WSU employees must use Workday.

What are my options?

You can reduce to a lower-cost 50-percent coverage level with a maximum monthly benefit of \$8,333, depending on your income, reduced by any deductible income, or you can decline the coverage. If you later decide to enroll in or increase coverage, you will have to provide evidence of insurability and be approved by the insurer.

You can reduce or decline the coverage online by using PEBB My Account at hca.wa.gov/my-account during annual open enrollment, November 1 to 30, 2021. **Exception:** UW and WSU employees, check with your payroll or benefits office for instructions.

After open enrollment, you can reduce or decline the coverage at any time by submitting a *Long Term Disability Insurance Enrollment and Change* form to your payroll or benefits office. The form is available on our LTD webpage at hca.wa.gov/ltd.

If you don't actively reduce or decline your LTD benefit election, you will be automatically enrolled in or transitioned to the 60-percent plan with a 90-day waiting period, and the premium will be deducted from your paycheck for January 2022 coverage.

Check with your payroll or benefits office for when the LTD premium will be deducted from your paycheck for January coverage.

Learn more

Find your premium with the premium calculator on Standard's website at standard.com/calculator-wapebb. Visit our LTD webpage at hca.wa.gov/ltd to find out more about this important benefit.

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.

If you retire or move to PEBB Continuation Coverage, you will need to re-register for PEBB My Account.

¹ Employee-paid LTD insurance is not available to port commissioners or seasonal employees who work a season that is less than nine months

Changes to your FSA and DCAP benefits for 2022

Medical FSA grace period changing to carryover

In 2022, the Medical Flexible Spending Arrangement (FSA) will not offer a grace period for funds not spent by December 31, 2022. Instead, certain unspent funds may carry over into the following year without affecting annual maximums.

To receive carryover, you must enroll in either the Medical FSA or Limited Purpose FSA for the following year **or** have at least \$120 left in your 2022 balance. Unused funds up to \$550 will roll over to 2023. Any funds above \$550 will be forfeited. Carryover will occur for the first time in January 2023.

Introducing the Limited Purpose FSA

For 2022, we are offering a new Limited Purpose Flexible Spending Arrangement (FSA), designed to pay for dental and vision expenses.

The Limited Purpose FSA is intended for employees enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA). The funds can be used **only** for dental and vision expenses, which makes it compatible with an HSA. This benefit allows CDHP enrollees to save more of their HSA funds for medical expenses.

The Limited Purpose FSA offers tax advantages on dental and vision expenses. In contrast, the Medical FSA offers tax advantages on a much wider range of health care expenses, including deductibles and copays, medications, and more. You cannot enroll in both the Medical FSA and Limited Purpose FSA in the same year.

For the Limited Purpose FSA and the Medical FSA, you choose how much you can contribute, between \$120 and \$2,750 for 2022.



Deadlines for 2021 enrollees

The 2021 Medical FSA plan year still has a grace period. Medical FSA enrollees must incur eligible expenses by **March 15, 2022** and submit claims to Navia Benefit Solutions by **March 31, 2022**.

Dependent Care Assistance Program (DCAP) enrollees have until **December 31, 2022** to incur expenses and submit claims against their 2021 DCAP funds. This extra 12 months is a leniency offered because of the ongoing effects of the COVID-19 pandemic.

Keep in mind

You must enroll in the Medical FSA, Limited Purpose FSA, or DCAP each year you want to participate. Learn more about how these benefits work on Navia's website at pebb.naviabenefits.com.

Ready to enroll and save?

During open enrollment this November, sign up for these benefits on Navia's website at pebb.naviabenefits.com. (UW and WSU employees use Workday.)

\$250 Medical FSA contribution

Are you a represented employee whose rate of pay on November 1, 2021 will be \$50,004 a year or less? If so, and you do not enroll in a CDHP with an HSA or waive PEBB medical coverage (except to enroll as a dependent on another PEBB account) for 2022, you will receive a \$250 Medical FSA contribution from your employer in January 2022. It will not come out of your paycheck. If you are eligible for this benefit and you:

- Do not enroll in a Medical FSA for 2022, Navia Benefit Solutions will open an account for you and send you a welcome letter with a debit card loaded with \$250.
- Enroll in a Medical FSA for 2022, the \$250 will be added to your account in January. Keep this amount in mind as you consider your annual election during open enrollment.

If you have questions about this contribution, please contact your payroll or benefits office.

Questions?

To learn more about these benefits, and see full lists of eligible expenses, visit Navia's website at pebb.naviabenefits.com. You can also call Navia Benefit Solutions at 425-452-3500 between 5 a.m. and 5 p.m. on weekdays.

Learn more with Navia

Navia is hosting webinars to offer more information and answer your questions about the Medical FSA, Limited Purpose FSA, and DCAP. Join a webinar on:

- Thursday, November 4 at 1 p.m.
- Thursday, November 18 at 1 p.m.

Visit pebb.naviabenefits.com/enrollment to register.

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 plan's online directory.

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 your 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 plan carriers, plus the carriers of the Medical Flexible Spending Arrangement (FSA), Limited Purpose FSA, Dependent Care Assistance Program (DCAP), and long-term disability insurance benefits. Learn more 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 us 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

During open enrollment, reattest to this premium surcharge using PEBB My Account on HCA's website at hca.wa.gov/my-account. (UW and WSU employees must use Workday.)

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.
- Learn more about the premium surcharges.

Premium surcharges: You may need to reattest

Even if you do not make plan changes, if your spouse or state-registered domestic partner (SRDP) is covered on your PEBB benefits, you may be required to reattest to the spouse or SRDP coverage premium surcharge each year during open enrollment. If you need to reattest, the PEBB Program will mail you a letter directing you to do so. Starting November 1, you can also use PEBB My Account at hca.wa.gov/my-account to find out if you must reattest.

If required, you must reattest by November 30, 2021. If you are required to reattest 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, visit the

HCA website at hca.wa.gov/pebb-employee and click on *Surcharges*.

You may not need to reattest to the tobacco use premium surcharge during open enrollment. You reattest to this surcharge only if you (or a dependent age 13 or older enrolled in medical coverage) has a change in tobacco use status. If you need to report a change to your previous tobacco surcharge attestation, you can do it online through PEBB My Account or submit the *PEBB Premium Surcharge Attestation Change Form*, available on HCA's website at hca.wa.gov/pebb-employee.

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/employees-contact-plan.

Contact your payroll or benefits office for help with:

- Eligibility questions or changes (Medicare, divorce, adoption, etc.)
- Enrollment questions or procedures
- Premium surcharge questions
- Changing your name, address, phone number, email, etc.
- Finding forms
- Adding or removing dependents
- Life, accidental death and dismemberment (AD&D), and long-term disability (LTD) insurance eligibility and enrollment questions
- Payroll deduction information

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 Navia Benefit Solutions about:

- Medical Flexible Spending Arrangement (FSA)
- Limited Purpose FSA
- Dependent Care Assistance Program (DCAP)

Go to Navia's website at pebb.naviabenefits.com or call 1-800-669-3539 (TRS: 711).

Contact Metropolitan Life Insurance Company (MetLife) about:

- Life insurance
- Accidental death and dismemberment (AD&D) insurance

Go to MetLife's website at metlife.com/wshca 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.



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. It also ensures 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.

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*.

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). SBCs 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.

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.

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.

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.

Here's your **For Your Benefit** newsletter



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