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

Changes to PEBB benefits for 2023

All changes are effective January 1, 2023, unless otherwise noted. For 2023 monthly premiums, see page 3. Learn more about the changes listed below and other changes on the Open enrollment webpage at hca.wa.gov/pebb-oe.

Changes to all health plans:

• Limit the amount members will pay to no more than $35 per month for covered insulin to comply with insulin affordability legislation.
• Increase the deductible for consumer-directed health plans to $1,500 for single subscribers and $3,000 for all other subscribers. This deductible increase is required to maintain compliance with IRS rules, so that a subscriber can make eligible health savings account (HSA) contributions in 2023.

Kaiser Permanente Washington (KPWA) will:

• Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the PEBB Program and the School Employees Benefits Board Program during a special open enrollment and stay with KPWA. This does not apply to the consumer-directed health plan.
• Introduce Advanced Care at Home, which will offer members a chance to recover at home rather than in a hospital when clinically appropriate.

Kaiser Permanente Northwest (KPNW) will:

• Increase the maximum out-of-pocket amount for the Classic plan to $2,500 for a single subscriber and $5,000 for all other subscribers.
• Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the PEBB Program and the School Employees Benefits Board Program during a special open enrollment and stay with KPNW.
• Implement the First Fill program for maintenance drugs only, which allows the first prescription to be filled at any in-network pharmacy. Subsequent refills must be filled via mail order or at a Kaiser Permanente retail pharmacy.
• Introduce Advanced Care at Home, which will offer members a chance to recover at home rather than in a hospital when clinically appropriate.

(Continued on next page)
Two times you can change your coverage

Once you are enrolled in the PEBB Program, you can change your coverage:

**DeltaCare®**

**DeltaCare will:**
- Increase pediatric coverage to 100 percent for children through age 19, less applicable copays.
- Remove optional treatment fees for elective materials, such as composite fillings for rear teeth.

**Rule changes**

All changes to PEBB rules will be available on the HCA website at [hca.wa.gov/pebb-rules](http://hca.wa.gov/pebb-rules) and take effect January 1, 2023. Here are some changes that might affect you:
- If you are called to active duty in the uniformed services and you lose eligibility for the employer contribution toward PEBB benefits, you regain eligibility for the employer contribution toward PEBB benefits the day you return from active duty. Your employer-paid PEBB benefits will begin the first day of the month in which you return from active duty.
- If you are eligible for the employer contribution toward PEBB benefits and waive enrollment in a PEBB medical plan when you are enrolled in TRICARE, Medicare, or other employer-based group medical and are not enrolled in School Employees Benefits Board (SEBB) medical, you may waive your PEBB dental only if you are enrolled in both a SEBB dental plan and a SEBB vision plan as a SEBB-eligible dependent.
- If you are on a leave of absence and maintain eligibility for the employer contribution, you will have your employee-paid long-term disability (LTD) insurance premiums waived for the first 90 days.
- When an employee’s dependent has a change in their own employment status that affects the dependent’s or another dependent’s (such as a dependent child) eligibility for the employer contribution toward the dependent’s employer-based group health plan, it creates a special open enrollment.

**Other changes**
- The IRS raised the health savings account (HSA) annual maximum contribution to $3,850 for single subscribers and $7,750 for families. Members age 55 and above may continue to contribute $1,000 more in addition to these amounts.
- The annual maximum contribution for Medical and Limited Purpose Flexible Spending Arrangements (FSAs) increased to $2,850.

**Uniform Medical Plan (UMP) will:**
- Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the PEBB Program and the School Employees Benefits Board Program during a special open enrollment and stay with UMP.
- Provide coverage before meeting the deductible for a specific list of high-value drugs for the UMP consumer-directed health plan.
- No longer apply out-of-network amounts paid for dialysis services toward the medical out-of-pocket limit. Like other benefits, the plan will pay for dialysis services based on the allowed amount and network status of the provider.
- Provide myStrength, a self-paced, online behavioral health program, in addition to existing behavioral health options.
- Add Costco as a network mail-order pharmacy option in addition to the current option, Postal Prescription Services.

(Continued from previous page)
2023 PEBB employee medical monthly premiums

Effective January 1, 2023, 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.

<table>
<thead>
<tr>
<th>Plans</th>
<th>Kaiser Permanente Northwest¹</th>
<th>Kaiser Permanente Washington</th>
<th>Uniform Medical Plan (UMP)²</th>
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<td>$292</td>
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<tr>
<td>Subscriber, spouse,⁴ &amp; children</td>
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</table>

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 PEBB Premium Surcharge Attestation Help Sheet on the HCA website at [hca.wa.gov/pebb-employee](http://hca.wa.gov/pebb-employee) under Forms & publications.

Don’t confuse these dental plans

The PEBB Program offers two dental plans that are often confused. 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 with a narrow network. You must choose a primary care dentist within the network or you will be assigned a primary care dentist. 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.

**Uniform Dental Plan (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.

Compare your dental plan options on HCA’s website at [hca.wa.gov/pebb-employee](http://hca.wa.gov/pebb-employee) and select Dental plans & benefits. Before you enroll in a dental plan, check with the plan (DeltaCare or UDP, not the provider) to see if your provider is in the plan’s network and confirm the group number. You can call the dental plan’s customer service or use the plan’s online directory.
How to make changes during open enrollment

You can make the changes listed below during the PEBB Program’s annual open enrollment, November 1 through 30. Changes are effective January 1, 2023.

If you do not want to change health plans, and they are still available in your county for next year, you do not have to take action to remain enrolled in the same plans.

Some changes can be made in PEBB My Account at hca.wa.gov/my-account and must be completed before midnight on November 30.

Change your medical or dental plan
Log in to PEBB My Account or submit the PEBB Employee Enrollment/Change form.

Add a dependent
Submit the PEBB Employee Enrollment/Change form. You must provide proof of your dependent’s eligibility. A list of documents to prove eligibility is available on HCA’s website at hca.wa.gov/pebb-employee under Verify & enroll my dependents.

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 must have other employer-based group medical coverage, a TRICARE plan, or Medicare to waive medical coverage.

You can only waive PEBB dental coverage if you enroll in School Employees Benefits Board (SEBB) medical, dental, and vision coverage, and in specific situations. Learn more on the HCA website at hca.wa.gov/pebb-employee under Waive my dental coverage.

Enroll in medical coverage if you previously waived
Log in to PEBB My Account or submit the PEBB Employee Enrollment/Change form.

Enroll in an FSA or DCAP
Enroll in a flexible spending arrangement (FSA) or the Dependent Care Assistance Program (DCAP) on the Navia Benefit Solutions website at pebb.naviabenefits.com or submit the Navia Open Enrollment form to Navia. You must enroll in these benefits again every year if you want to participate. See reminders on page 8.

Reattest to the spouse or state-registered domestic partner coverage premium surcharge
The PEBB Program will mail you a letter if you must reattest for 2023. You can also check whether you need to reattest in PEBB My Account starting November 1. Reattest in PEBB My Account or submit the PEBB Premium Surcharge Attestation Change Form.

Questions?
Visit our Open enrollment webpage at hca.wa.gov/pebb-oe or contact your payroll or benefits office.

Your medical plan can help you kick tobacco

You’ve heard all the reasons tobacco is bad for you, but we know quitting is difficult. Your medical plan can help you live tobacco free and save $25 a month by not having to pay the tobacco use premium surcharge.

You and your enrolled dependents 18 and older can sign up for a tobacco cessation program through your medical plan. Visit our Living tobacco free webpage at hca.wa.gov/tobacco-free for how to get started.

For enrolled dependents 17 and under, contact your medical plan for programs they offer. Additional resources are available at teen.smokefree.gov.
Meet us at the in-person benefits fairs

During open enrollment, you can learn more about your health plan and other insurance options by attending one of the PEBB Program benefits fairs. Additional retirement overviews are held after the fairs end, except for the Seattle fairs. Find maps, parking information, mask requirements, and additional details at hca.wa.gov/pebb-fairs. Please check the website for any late changes before you go. If you have had COVID-19 symptoms or a positive COVID test within the past five days, please help keep others healthy by attending the virtual benefits fairs instead of the in-person ones.

Bellevue
November 10
Noon to 3 p.m.
Bellevue College
Main Campus, Building C

Bellingham
November 9
Noon to 3 p.m.
Western Washington University
Viking Union Building 565

Olympia
November 8
Noon to 3 p.m.
Lacey Community Center

Pasco
November 2
11 a.m. to 2 p.m.
Columbia Basin College
H Building

Seattle (sponsored by University of Washington)
October 25
10 a.m. to 3 p.m.
Husky Union Building
October 26
8 a.m. to 2 p.m.
UW Medical Center
Health Sciences Building
October 27
8 a.m. to 2 p.m.
Harborview Medical Center
Norm Maleng Building

Spokane
November 1
Noon to 3 p.m.
Spokane Community College Lair
Student Center

Vancouver
November 7
Noon to 3 p.m.
Clark College
Main Campus
Penguin Union Building

Wenatchee
November 4
Noon to 3 p.m.
Wenatchee Valley College
Mish ee Twie Building

Yakima
November 3
Noon to 3 p.m.
Yakima Convention Center

And don’t forget the virtual benefits fair is open 24/7 at hca.wa.gov/vbf-pebb.

Share Your Story Spotlight

We asked our community of members — public and school employees, retirees, and continuation coverage members — to share some of the ways their benefits have impacted their lives. Thank you to those who have shared their stories! We received a great response, and we hope you enjoy the story we featured. Would you like to share your story and inspire others? Visit hca.wa.gov/share-your-story to get started.

Lauren, Tri-Cities, WA
“When I moved, I was worried about switching primary care providers. In my first meeting with my new nurse practitioner specialist, not only did she ask about my health history, she asked about my health goals. Together we made a plan for me to reach a lifelong goal to climb Mount Kilimanjaro! My trip is this September, and as I count down the days, I know I’ll be ready for the challenge.”
New website alert! See what’s changed

HCA’s website recently got a new look. The site was reorganized, based on data and testing provided by users like you. Visit our refreshed site at hca.wa.gov/pebb-employee.

What you can expect

Navigation. You’ll find information that’s right for you through a large expandable menu. Look under Employee and retiree benefits and select Public employees.

Simplified content. We know your benefits are important to you, and we value your time. We revised the webpages to make it easier to scan for relevant information.

Colorways. To help you know you’re in the right section of the website, we added color to identify member types. Public employees are green.

Try these online tools and resources

Drop by the virtual benefits fair
It’s a great way to learn about your benefits anytime, day or night, without leaving your home. You’ll find links to videos and plan comparisons to help you choose the right benefits for you and your family.

Attend webinars
Register and attend live and recorded webinars hosted by our medical and dental plan carriers.

Change your coverage easily using PEBB My Account
During open enrollment, if applicable, make changes and attest to the spouse or state-registered domestic partner (SRDP) coverage premium surcharge using PEBB My Account. (UW and WSU employees use Workday.)

Visit the Open enrollment webpage
- Find your premiums.
- Find your forms.
- Compare medical and dental plans benefits and premiums.
- Change your plans and attest to the spouse or SRDP premium surcharge using PEBB My Account.
- Register for a webinar.
- Read the Summary of Benefits and Coverage (SBC) for details about medical plan benefits.

Quick links

Open enrollment
hca.wa.gov/pebb-oe

Virtual benefits fair
hca.wa.gov/vbf-pebb

PEBB My Account
hca.wa.gov/my-account

Employee and retiree benefits
hca.wa.gov/erb
Would you like to stay informed of PEB Board meetings and policy decisions? Join our email list.

2. In the Want to receive meeting notices? box, click Sign up to receive emails.
3. Submit your email address. If you are signed up for other emails, you can also change or remove them under Preferences.

Would you like to receive For Your Benefit and other general updates in your inbox? Sign up for email delivery.

2. Go to the My medical/dental coverage tab.
3. Under Section A — Subscriber Account Information, select Subscribe/unsubscribe to email service.

*UW and WSU employees must use Workday

Is your mailing address up to date?

Certain account information, including eligibility or payment deadlines, can’t be emailed.

Contact your payroll or benefits office. You can’t update your mailing address in PEBB My Account.

Who to contact for help

**Contact your plan carrier** if you have questions about the topics below. For phone numbers and web addresses, visit [hca.wa.gov/pebb-employee](http://hca.wa.gov/pebb-employee) and select Get help and Contact the plans.

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

**Contact your employer’s payroll or benefits office** for questions about:

- Eligibility and enrollment
- Premium surcharges
- Changing your name, address, or phone number
- Finding forms
- Adding or removing dependents
- Payroll deductions
- Eligibility and enrollment for life and long-term disability insurance
Your FSA funds may carry over to 2023

If you are enrolled in a Medical Flexible Spending Agreement (FSA) or a Limited Purpose FSA for 2022, unused funds up to $570 may carry over to 2023. If you don’t enroll in an FSA for 2023, any amount over $570 or under $120 will be forfeited to the Health Care Authority after December 31, 2022.

To carry over your unused funds up to $570, you must either enroll in the Medical FSA or Limited Purpose FSA for 2023 or have at least $120 left in your 2022 balance.

Deadlines for claims
Medical and Limited Purpose FSA expenses must be incurred by December 31, 2022. You must submit all claims to Navia Benefit Solutions for reimbursement by March 31, 2023.

DCAP enrollees have until December 31, 2022 to incur expenses and submit claims against their 2021 or 2022 DCAP funds. (This extra 12 months for 2021 enrollees is a one-time leniency because of the COVID-19 pandemic.)

FSA and DCAP reminders
You must enroll in the Medical FSA, Limited Purpose FSA, or Dependent Care Assistance Program (DCAP) each year you want to participate. Enroll in these benefits during annual open enrollment, November 1 through 30, on Navia’s website at pebb.naviabenefits.com. (University of Washington and Washington State University employees use Workday.)

For the Medical FSA and Limited Purpose FSA, you choose how much to contribute each year — between $120 and $2,850 for 2023.

Please note that you cannot enroll in both a Medical FSA and a consumer-directed health plan (CDHP) with a health savings account (HSA) in the same year, but you can enroll in a Limited Purpose FSA if enrolled in a CDHP. You cannot enroll in both the Medical FSA and the Limited Purpose FSA in the same year. The Limited Purpose FSA is for eligible dental and vision expenses only.

$250 Medical FSA contribution
Are you a represented employee whose rate of pay on November 1, 2022 is $50,004 a year or less? If so, you may be eligible to receive a $250 Medical FSA contribution from your employer in January 2023. This is part of your collective bargaining agreement. It will not come out of your paycheck. No action is required on your part. If you enroll in a CDHP for the 2023 plan year and still have at least $120 left over from the previous year, the leftover amount will be converted to a Limited Purpose FSA.

Find out more on HCA’s website at hca.wa.gov/pebb-employee under Life, home, auto, AD&D, LTD, FSA & DCAP benefits.

Questions?
Visit Navia’s website at pebb.naviabenefits.com or call 1-800-669-3539 between 5 a.m. and 5 p.m., Monday through Friday.
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-employee (or the plan’s website) to view or print it. Or, 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).

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 need to enroll in a Medicare Part D plan outside of PEBB.

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 with creditable drug coverage and not pay a penalty if you enroll in Medicare Part D later.

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

If you lose or terminate your current PEBB medical plan

To avoid paying a higher Medicare Part D plan late-enrollment penalty, 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 Part D plan’s monthly premium may increase, depending on how long you didn’t have creditable prescription drug coverage.

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

This is your only 2023 open enrollment notice
The information you need is inside.