



## Top 10 things to know about your PEBB coverage

### 1. Know your deductible amounts and benefit limits.

A new plan year means your deductibles and benefit limits reset with your PEBB medical and dental plans. Visit [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications* to find these plans' certificates of coverage (COCs) and your medical plan's Summary of Benefits and Coverage (SBC).

### 2. Show your member ID card when you see a provider or fill a prescription.

Providers and pharmacists use the information on your health plans' ID cards to make sure they bill for services correctly. If you don't show your card when you receive services, you may need to submit a claim for reimbursement.

If you changed medical plans during open enrollment, you should have received your ID cards from your new plan in December. If you didn't, contact your plan's customer service. You can find their contact information at [hca.wa.gov/employee-retiree-benefits/contact-us](https://hca.wa.gov/employee-retiree-benefits/contact-us).

### 3. How to find out if a provider is in your plan's network.

You will pay less to see a provider in your plan's network. You can find your plan's online provider directory by visiting [hca.wa.gov/erb](https://hca.wa.gov/erb) and clicking on *Find a provider* under your member type (employee, retiree, or continuation coverage).

### 4. Know the location of network urgent care and emergency care locations.

Know your options for urgent care before you need it. To find a location near you, visit your medical plan's website to locate their online provider directory.

In an emergency, call 911 or go to the nearest emergency care facility. All medically necessary emergency services are paid at the network rate, no matter where you go

for help. You cannot be balance billed if you receive emergency services from out-of-network providers and facilities in Washington, Oregon, and Idaho. You will only be responsible for paying the network rate coinsurance and copayments for these services.

To learn more about balance billing, see "New law protects you from surprise bills" on page 2.

### 5. Know when you need a referral to see a provider.

Some plans require your primary care provider to refer you to specialty providers. Some specialists require a referral even if the plan doesn't. For more information, contact your plan or read your plan's COC, available at [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications*.

### 6. Assign or update beneficiaries for life and accidental death and dismemberment (AD&D) insurance.

Updating your beneficiaries makes sure that your money goes where you intend. Whenever you have a significant life event, such as marriage or adoption, review your policies to make sure the information and beneficiaries are current. To update your beneficiaries, you can:

- Visit Metropolitan Life Insurance Company's (MetLife's) MyBenefits portal at [mybenefits.metlife.com/wapebb](https://mybenefits.metlife.com/wapebb).
- Call MetLife at 1-866-548-7139.
- Complete the *Group Term Life Insurance Beneficiary Designation* form, available at [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications*, and return it to the address on the form.

(continued)

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## Top 10 things to know about your PEBB coverage *(continued)*

### 7. Keep your contact information updated.

If your address, name, or other contact information changes, please notify the following:

- **Employees:** Your personnel, payroll, or benefits office.
- **Retirees and PEBB Continuation Coverage members only:** Mail information to:

Health Care Authority

PEBB Program

PO Box 42684

Olympia, WA 98504-2684

Fax information to: 360-725-0771

Make sure to write the last four digits of your Social Security number on your request so we can identify your account. As an alternative, you can call the PEBB Program at 1-800-200-1004 (TRS: 711) and select menu option 6.

### 8. Sign up for SmartHealth (for non-Medicare subscribers only).

SmartHealth is a voluntary wellness program that supports you on your journey to living well.

Visit [hca.wa.gov/pebb-smarthealth](https://hca.wa.gov/pebb-smarthealth) to learn about changes for 2020 and earn rewards.

### 9. Make the most of your medical and dental benefits.

To learn more about these benefits, read your plan's COC, available at [hca.wa.gov/erb](https://hca.wa.gov/erb) under *Forms & publications*.

Preventive and diagnostic dental care (like routine cleanings) are also provided at no cost to you. For more information about your dental benefits, visit [hca.wa.gov/erb](https://hca.wa.gov/erb) and click on *Dental plans & benefits* under your member type.

### 10. Retiree coverage is available.

Depending on your situation, you may be eligible to enroll in PEBB retiree insurance coverage. Explore this coverage when you're ready to retire — or take action to protect your ability to enroll in the future. Visit [hca.wa.gov/pebb-retirees](https://hca.wa.gov/pebb-retirees) to learn more.

## New law protects you from surprise bills

When you go to a network facility, such as a hospital, you might receive services from an out-of-network provider (such as a surgeon, anesthesiologist, radiologist, or laboratory services). In the past, that out-of-network provider could send you a "surprise bill" or "balance bill" that you weren't expecting.

Balance billing is when a provider bills you for the difference between the amount they charge (called the billed amount) and the allowed amount. The allowed amount is the most

the plan pays for a specific service or supply. For example, if the billed amount is \$100 and the allowed amount is \$70, the provider could bill you for the remaining \$30.

Thanks to the Balance Billing Protection Act that took effect in Washington last month, you're protected from out-of-network providers or facilities charging you a balance bill in some situations.

### Emergency care

You cannot be balance billed if you receive emergency care from out-of-network providers and facilities in Washington, Oregon, and Idaho. You will only be responsible for paying the network rate coinsurance and copayment for these services.

### Surgery or ancillary services at a network facility

You cannot be balance billed if you have surgery or ancillary services (such as radiology, pathology, laboratory,

hospital, or anesthesiology) at a network facility in Washington, Oregon, or Idaho, and your surgeons or ancillary providers are out-of-network. You will only be responsible for paying the network rate coinsurance or copayment for these services.

### Learn more

To make sure you are not overcharged, compare your explanation of benefits (EOB) with what a provider charges you after your plan pays. If you have questions, call your plan's customer service. Their contact information is available at [hca.wa.gov/employee-retiree-benefits/contact-us](https://hca.wa.gov/employee-retiree-benefits/contact-us).

To learn more about surprise medical billing, and how to file a complaint or appeal, visit the Office of the Insurance Commissioner (OIC) at [insurance.wa.gov](https://insurance.wa.gov) or call the OIC consumer hotline at 1-800-562-6900 Monday through Friday, 8 a.m. to 5 p.m.



# New requirements for mental health and substance use disorder providers

Brennen's Law went into effect in January, changing how health plans communicate about mental health and substance use disorder treatment providers and services.

The law requires all health insurance carriers in Washington to post information on their websites describing the carrier's ability to ensure timely access to care for mental health and substance use disorder. They must also maintain provider networks that offer members reasonable access to these covered services.

## How to find a provider

If you or your enrolled dependent need care for mental health and substance use disorders, start by checking in with your primary care physician, or you can go to your medical plan's provider directory.

If you have trouble finding a provider or need more information, call your plan's customer service. Their contact information is available at **[hca.wa.gov/employee-retiree-benefits/contact-us](https://hca.wa.gov/employee-retiree-benefits/contact-us)**. Ask the plan's customer service if they can tell you the average wait time for an appointment. When making appointments, be sure to specify how quickly you need care.

If you have trouble receiving services from your plan, you can file a complaint with the Office of the Insurance Commissioner at **[insurance.wa.gov/file-complaint-or-check-your-complaint-status](https://insurance.wa.gov/file-complaint-or-check-your-complaint-status)** or by calling their consumer hotline at 1-800-562-6900 Monday through Friday, 8 a.m. to 5 p.m.

## Learn more about your plan's coverage

To learn how mental health and substance use disorders are covered, check your plan's certificate of coverage. You can find it at **[hca.wa.gov/erb](https://hca.wa.gov/erb)** under *Forms & publications*.



## Resources for mental health or substance abuse crisis

### For immediate help

Call 911 or go to the nearest emergency care facility for a life-threatening emergency, including active suicide risk.

### For suicide prevention

Contact the National Suicide Prevention Lifeline at 1-800-273-8255 (TTY: 1-800-799-4889).

### For local support

County-based crisis support assistance options in Washington are listed at **[hca.wa.gov/mental-health-crisis-lines](https://hca.wa.gov/mental-health-crisis-lines)**.

### For support, intervention, and referrals

Call the Washington Recovery Help Line at 1-866-789-1511. This anonymous and confidential help line provides crisis intervention and referral services for individuals experiencing substance use disorder, problem gambling, or a mental health challenge. Professionally trained volunteers and staff are available 24/7 to provide emotional support and suggest local treatment or community resources.

# How is my PEBB medical premium set?

It's likely that your PEBB medical premium changed for 2020, even if you stayed in the same plan. You might be wondering why. Here's how medical premiums are determined each year.

Each spring, the Health Care Authority (HCA) and the medical plans work together to develop next year's premiums. First, the plans submit proposed rates to the PEBB Program. They base these rates on their costs for providing health care to PEBB members in past years, and their estimated costs for the next year. Total costs depend on many factors, including:

- How many people are enrolled in each plan.
- How often they go to the doctor.
- Which services or treatments (including prescription drugs) they use.
- How much those services or treatments cost.

In any plan, from year to year, some members receive a lot of care and need expensive services. Others don't need much more than preventive care (or do not visit the doctor at all). Your premiums are an average of the entire population's costs for the year.

## A few other factors also help shape the proposed rates into employee and retiree premiums

- **For employees:** A split between employer and employee monthly contributions toward the total rate HCA charges each month.
  - For state agencies and higher-education institutions, this split is negotiated in a statewide collective bargaining agreement.
  - For employer groups (like municipalities or tribal governments that offer PEBB benefits), this split is decided by the employer.
- **For retirees:** The amount of the monthly subsidy for Medicare retirees' monthly premiums. (Retirees who aren't enrolled in Medicare do not receive an explicit subsidy from the state.)

After all these steps, HCA presents proposed premiums to the PEBB Board. The Board votes on whether to approve them for the upcoming year. Their vote sets the premiums for all retirees, as well as employees of state agencies and higher-education institutions.

## How the PEBB Program supports your health (and wallet)

Our goal is to offer you better health care at a lower cost. We define "better care" as having access to the providers you need when you need them, and receiving care that meets high standards for quality. For example, we include quality measures in our contracts with the medical plans. These measures set high standards for things like maternal health after childbirth and the rate of infections after surgery.

Wellness programs like SmartHealth, the PEBB Diabetes Prevention Program (powered by Omada), and our tobacco cessation programs all focus on helping you get and stay healthier. These programs can help lead to lower health care costs in the future. You can learn more about them on pages 6 and 7, and at [hca.wa.gov/employee-retiree-benefits/wellness-programs](https://hca.wa.gov/employee-retiree-benefits/wellness-programs).

We are also taking steps to moderate the rising costs of health care. For example, prescription drug costs are a big factor in your medical premium and out-of-pocket costs. This year, the PEB Board changed the Preferred Drug List for Uniform Medical Plan to encourage the use of lower-cost (but equally effective) drugs, while making sure members can get the medicine they need when they need it. Learn more at [regence.com/ump/pebb](https://regence.com/ump/pebb).



**COMING SOON!**



## Nationwide PEBB Medicare Advantage plans with Medicare Part D coverage

Starting in January 2021, pending approval by the PEB Board and funding from the state legislature, the PEBB Program will add up to two new Medicare Advantage plans with prescription drug coverage (MAPD). These plans will be available nationwide to PEBB retirees and PEBB Continuation Coverage (COBRA) members enrolled in Medicare Part A and Part B. Members will be able to see any provider who accepts Medicare.

### What are MAPD plans?

These plans provide all of the benefits under Medicare Part A and Part B (called Original Medicare), as well as Medicare prescription drug coverage (Part D). Many Medicare Advantage plans, including the new PEBB plans, also offer more benefits than Original Medicare, such as vision and hearing coverage, and alternative medicine.

### Who will administer these new plans?

In September 2019, the Health Care Authority (HCA) announced UnitedHealthcare and Regence BlueShield as the apparently successful bidders for MAPD plans. Barring any obstacles in contract negotiation, PEB Board approval, or funding, one or both of these two carriers will administer the new MAPD plans under the PEBB Program starting January 1, 2021.

### Why is the PEBB Program offering these plans?

This announcement is our latest step in expanding health plan options for Medicare-eligible PEBB retirees and PEBB Continuation Coverage (COBRA) members. These plans are designed to be more affordable than some other plan options without sacrificing benefits.

### What happens next?

PEBB retirees and PEBB Continuation Coverage (COBRA) subscribers who are enrolled in Medicare will be able to choose one of the new MAPD plans during the PEBB Program annual open enrollment for coverage starting January 1, 2021. More information on the plans' benefits and costs will be available in October 2020.

# Be your best with SmartHealth

**Note: SmartHealth is not available to subscribers enrolled in Medicare Part A and Part B.**

SmartHealth is a voluntary wellness program included in your PEBB benefits at no extra cost. It supports you on your journey toward living well.

Try the fun and secure website to help you be your best. Whether you are trying to sleep better, eat healthier, or reduce stress, SmartHealth has something for everyone.

## How does SmartHealth work?

1. Visit **smarthealth.hca.wa.gov** and complete the Well-being Assessment (worth 800 points) to qualify for the \$25 Amazon.com gift card.
2. Join and track fun activities such as sleeping better, eating healthier, and reducing stress to earn at least 2,000 total points by November 30, 2020.
3. Way to go! You qualified for the \$125 wellness incentive for 2021.

## What's new for 2020?

### Extended deadline

The deadline for qualifying for the \$125 wellness incentive is now November 30, 2020.

### Did you waive medical coverage? You can join, too!

Employees who waive PEBB medical coverage can now access SmartHealth. However, they are not eligible for the \$125 wellness incentive nor the \$25 Amazon.com gift card.

## How do I find my \$125?

If you qualified for the \$125 wellness incentive in 2019, just sign in to SmartHealth and join the *How do I find my \$125?* activity.

## Where can I learn more about SmartHealth?

Visit **[hca.wa.gov/pebb-smarthealth](https://hca.wa.gov/pebb-smarthealth)**.



# Virtual Diabetes Prevention Program



## PEBB employees have lost almost 23,300 pounds so far. What do you have to lose?

Over 2,970 employees have already joined the virtual Diabetes Prevention Program (DPP) powered by Omada. Collectively, they've lost 23,298 pounds since January 2019 — and that's just the beginning.

The best part is, your PEBB medical plan will cover the entire cost of DPP.

## What is DPP?

DPP is a digital lifestyle program that inspires healthy habits you can maintain over time. It combines the science of behavior change with personal support, so you can make changes that actually stick. This approach is shown to reduce risk factors for type 2 diabetes.

## Who is eligible?

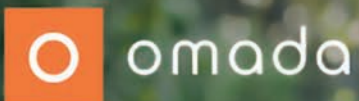
Employees and their dependents ages 18 and older who:

- Are enrolled in a PEBB medical plan.
- Are not enrolled in Medicare Part A and Part B.
- Meet the criteria after completing the 1-minute screener at [omadahealth.com/wapebb](https://omadahealth.com/wapebb).

## What does the program include?

- A professional health coach to keep you on track.
- A wireless scale and smart device integration to monitor your progress.
- Weekly online interactive lessons.
- A supportive online peer group of participants for real-time support.

Learn more at [hca.wa.gov/prevent-diabetes](https://hca.wa.gov/prevent-diabetes).



# Healthy is...

- having energy for my kids
- sleeping soundly at night
- still enjoying chocolate
- fitting into my pants
- managing my stress
- **possible**

# Use it or lose it: Medical FSA and DCAP deadlines are coming

If you enrolled in a Medical Flexible Spending Arrangement (FSA) or the Dependent Care Assistance Program (DCAP) last year, you have deadlines to spend your 2019 funds.

**Note:** If someone in your family enrolled in SEBB benefits for 2020, this information does not apply to them. Visit **sebb.naviabenefits.com** to learn more about the SEBB Medical FSA and DCAP.

## The Medical FSA grace period: January 1 through March 15, 2020

You may continue to incur eligible Medical FSA expenses and use your 2019 funds through March 15, 2020. If you reenrolled in a Medical FSA for 2020, any eligible expenses incurred during the grace period will be reimbursed from your unused 2019 funds before being applied to your 2020 account.

**Note:** There is no grace period for DCAP. The deadline to incur eligible DCAP expenses for 2019 was December 31, 2019.

## Submit all claims by March 31, 2020

You must submit all eligible 2019 Medical FSA and DCAP claims for reimbursement to Navia Benefit Solutions by March 31, 2020. (If you enrolled in a consumer-directed health plan with a health savings account for 2020, please see the next section for a different deadline.) After March 31, IRS regulations require that any funds left in your account be returned to the plan administrator, the Health Care Authority. Once returned, you cannot reclaim those funds.

Submit claims and supporting documentation by:

- Logging into your account at **pebb.naviabenefits.com**
- Email: **claims@naviabenefits.com**
- Mail: Navia Benefit Solutions  
PO Box 53250  
Bellevue, WA 98015-3250
- Fax: 1-425-451-7002 or toll-free 1-866-535-9227

## If you had a Medical FSA in 2019 and enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA) for 2020

The March 2020 claim submission deadline and grace period do not apply.

If you did not use all your 2019 Medical FSA funds and receive Navia's reimbursement for your claims by December 31, 2019, neither you nor your employer can contribute to your HSA until April 1, 2020. In April, the employer contributions from January through March (and the SmartHealth \$125 wellness incentive, if you earned it) will be deposited into your HSA.


For more information, call Navia Customer Service at 1-800-669-3539 or visit **pebb.naviabenefits.com**.

## Transferring to another Washington State agency or higher-education institution that offers PEBB benefits?

You can continue your Medical FSA or DCAP elections if the time between employment is 30 days or less and within the current plan year. Submit the *PEBB Agency Transfer Form* to your new agency's personnel, payroll, or benefits office no later than 31 days after your first day of work.

If you end employment during the plan year or retire, complete the *PEBB Medical FSA Termination* form. Both of these forms are available at **pebb.naviabenefits.com**.

# Have you checked your beneficiaries lately?



Make sure your money goes where you want it to. Keep your beneficiaries up-to-date on your PEBB accounts. Any time you have a major life event, it's a good time to review your policies.

If you don't, you may find that your beneficiaries are not who they should be—especially if you have married, divorced, or had children.

## You can update your beneficiaries at any time. Here's how.

### Life insurance

Even if you do not have supplemental life insurance coverage, you should name a beneficiary for the employer-paid benefits: \$35,000 in basic life insurance and \$5,000 in basic accidental death & dismemberment insurance.

To make updates online, use MetLife's MyBenefits portal at [mybenefits.metlife.com/wapebb](https://mybenefits.metlife.com/wapebb). You may also call MetLife at 1-866-548-7139 to ask for a *Group Term Life Insurance Beneficiary Designation* form, or print a copy from the *Forms & publications* page at [hca.wa.gov/erb](https://hca.wa.gov/erb).

### Health savings account

If you have a consumer-directed health plan (CDHP) with a health savings account (HSA), you can review and update your HSA beneficiaries using HealthEquity's online portal at [healthequity.com/pebb](https://healthequity.com/pebb). You may also print the *Beneficiary Designation Form* from their website or call HealthEquity at 1-877-873-8823 to ask for a copy.

**10** minutes  
questions  
years  
It takes just 10 minutes  
to answer 10 questions that  
will shape investments in  
your community for 10 years.  
[ofm.wa.gov/2020census](https://ofm.wa.gov/2020census)



April 1, 2020 is Census Day

# Would you rather receive this newsletter by email?

You can—sign up for the PEBB Program's email subscription service through PEBB My Account at **[hca.wa.gov/my-account](http://hca.wa.gov/my-account)**. University of Washington employees can sign up in Workday.

## Use your personal email

We recommend using your personal email address to sign up for this service. If you use a state email address (ending in wa.gov), you may not be able to access that email account outside of business hours.

## Changing your email address

If you're already signed up for email subscription through a state email, you can switch to a different email address in PEBB My Account. To do so, log in and click on *Subscribe/unsubscribe to emails*. Then enter your personal email.

If you update your email, please note that it takes 24 hours for the system to update. You will not see your new email the same day you change it.

