Your open enrollment preview

The PEBB Program’s annual open enrollment is November 1 through 30, which is approaching quickly. In light of the COVID-19 pandemic, open enrollment events will be different this year. Here’s a preview of what to expect.

Introducing the virtual benefits fair
During the COVID-19 pandemic, we prioritize our members’ health and safety above all. We also follow the state guidelines for large gatherings. As a result, we will not offer in-person benefits fairs for this year’s open enrollment.

We understand the importance of benefits fairs to our members, which is why we are offering a new way to learn about benefits from the comfort of your home. A virtual benefits fair is a new way to learn about your options online — and it’s available anytime, day or night, starting in October.

Visit and explore to learn more about all the benefits available. You will find links to videos, downloadable content, and other information to help you choose the right benefits for you and your dependents. Use your computer, tablet, or smartphone to explore at your own pace.

More information about the virtual benefits fair will be available in the October edition of the For Your Benefit newsletter.

The PEBB Program will also not offer in-person lobby services for retirees or PEBB Continuation Coverage subscribers for the foreseeable future due to the COVID-19 pandemic. That means these services will not be available during open enrollment.

PEBB My Account: change your benefits with ease during open enrollment
Did you know you can change your medical or dental plan online during open enrollment using PEBB My Account? (Exception: UW employees must use Workday.)

Employees: After you sign into PEBB My Account, select your new plan choices and submit your changes. That’s it! Note: You’ll need to submit a paper form if you want to add new dependents (along with documents that prove their eligibility).

Retirees and PEBB Continuation Coverage subscribers: After you sign into PEBB My Account, select your new plan. If you cannot make changes online, PEBB My Account will direct you to the correct forms.

Supplemental life insurance enrollment opportunity
During open enrollment, MetLife is offering employees and PEBB Continuation Coverage (Unpaid Leave) subscribers a simplified enrollment opportunity to enroll in or increase their supplemental life insurance coverage by answering just five health questions. This one-time opportunity is unique and will only be available this year. MetLife will communicate more details about this in November.

Tools from MetLife
If you have basic or supplemental life insurance, be sure to check out MetLife’s concierge services, including will preparation and estate resolution services. Visit MetLife’s website for:

Employees: metlife.com/wshca/metlife-advantages.

In addition to MetLife Advantages, PEBB members and their families in the United States can access the Crisis Support Line 24/7 at 1-877-757-7587, which offers support on civil unrest and racial injustice. When you call, you will receive professional emotional support and referrals to community resources.

Top news inside
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- Medicare enrollees, learn about two new PEBB medical plans
- Coming soon: Gender identity on forms
- Don’t miss out on SmartHealth incentives
- What is a consumer-directed health plan?
- Why your feedback on surveys matters
Support for COVID-19 stress

Here’s some news about resources we are offering to help you and your family get through the pandemic.

Someone to talk to
Washington Listens is a program that provides non-clinical support to people experiencing stress due to COVID-19. Speak to a support specialist and get connected to community resources in your area. The program is anonymous. Call Washington Listens at 1-833-681-0211, Monday through Friday, 9 a.m. to 9 p.m.; and weekends, 9 a.m. to 6 p.m. Learn more at the program’s website at walistens.org.

New SmartHealth activities
SmartHealth, our voluntary wellness program, has created activities to help non-Medicare PEBB members stay healthy — physically and mentally — while staying home. Log into SmartHealth at smarthealth.hca.wa.gov.

More to know
For more details on the PEBB Program’s response to the pandemic, see hca.wa.gov/coronavirus. For general information about COVID-19, see coronavirus.wa.gov.

Medicare enrollees, learn about two new PEBB medical plans

Starting in January 2021, the PEBB Program will add two new Medicare Advantage plans with prescription drug coverage (MAPD). These preferred provider organization (PPO) plans are administered by UnitedHealthcare. These plans will be available nationwide to PEBB retirees and PEBB Continuation Coverage (COBRA) members enrolled in Medicare Part A and Part B. You will be able to see any provider who accepts Medicare, and you do not need a referral to see a specialist. More information about these MAPD plans will be available closer to open enrollment, including in the October For Your Benefit newsletter.

MAPD plans cover 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 two new PEBB plans — also offer more benefits than Original Medicare, such as vision and hearing coverage, gym memberships, chiropractic care, and naturopathic medicine.

While the PEBB Program will not hold in-person benefits fairs this year because of the COVID-19 pandemic, you can learn more about the new MAPD plans by attending a virtual town hall: either a conference call, which are noted in bold below, or a video call. The video calls will include a visual presentation, though you may also choose to phone in to the video call without viewing the presentation. You can choose to attend whichever type of town hall best suits your needs. During these events, representatives from UnitedHealthcare will present details about these plans and answer your questions. To register for a town hall, visit the HCA website at hca.wa.gov/pebb-mapd. All times below are in Pacific Time.

- Tuesday, October 6 at 10 a.m. and 2 p.m.
- Thursday, October 8 at 2 p.m.
- Tuesday, October 13 at 2 p.m.
- Wednesday, October 14 at 10 a.m.
- Thursday, October 15 at 10 a.m.
- Tuesday, October 20 at 10 a.m.
- Wednesday, October 21 at 2 p.m.

UnitedHealthcare will offer more town halls during open enrollment in November. We will include the schedule for these events in the October For Your Benefit newsletter.
If you use paper forms during open enrollment this year, you might notice a new field that allows you to indicate your gender identity as male, female, or gender X.

What’s gender X?
"X" means a gender that is not exclusively male nor female. Some examples include transgender, nonbinary, or agender.

The gender identity field is optional — you may choose not to complete it. However, we must continue asking for "Sex Assigned at Birth," either male or female. Responding to this field remains mandatory. We need this information for federal reporting and gender-specific medical claims processing. For example, uterine cancer screenings are only covered for those who were assigned female at birth, and prostate exams are only covered for those who were assigned male at birth. The "Sex Assigned at Birth" data makes sure people are getting the health services they need.

We will keep this information confidential to the extent possible.

Learn more by reading the Public Records Act, described in Revised Code of Washington 42.56, at the Washington State Legislature’s website at apps.leg.wa.gov/rcw.

Why add this option?
We have added this option to align with the Department of Health (DOH) and the Department of Licensing (DOL). As of 2018, people born in Washington State can change their sex designation on their birth certificate from male or female to the new designation of "X" to reflect their gender identity. In late 2019, DOL also began allowing Washington drivers to change their gender designation on their driver’s licenses to X.

This “X” option helps to ensure that all Washington residents have consistent identity documents. Consistent documents help residents of all genders access the public services they need, and it reduces the risk of violence, discrimination, and harassment. We are extending the same option for PEBB members’ health coverage.

Don’t miss out on the SmartHealth incentives

Note: SmartHealth is available to subscribers and their spouses or state-registered domestic partners who are not enrolled in Medicare Part A and Part B. Only subscribers enrolled in a PEBB medical plan can qualify for and receive the wellness incentives.

You still have time to qualify for the wellness incentives. The $125 wellness incentive deadline is later this year. You now have until November 30, 2020 to qualify — two months longer than last year. The $25 Amazon.com gift card deadline remains December 31, 2020.

To be eligible for the wellness incentives, you must be enrolled in a PEBB medical plan.

You must also be one of the following:
• An employee.
• A retiree or PEBB Continuation Coverage (COBRA) subscriber not enrolled in Medicare Part A and Part B.
• A PEBB Continuation Coverage (Unpaid Leave) subscriber.

To qualify for the wellness incentives, you must:
• Complete the SmartHealth Well-being Assessment. In doing so, you’ll qualify for the $25 Amazon.com gift card. This is a taxable benefit and must be claimed by December 31, 2020.
• Earn 2,000 total points by November 30 for the $125 wellness incentive.

Sign in to SmartHealth today to complete activities and earn points at smarthealth.hca.wa.gov. Learn more about SmartHealth at hca.wa.gov/pebb-smarthealth.
What is a consumer-directed health plan?

A consumer-directed health plan (CDHP) is a high-deductible plan with a health savings account (HSA). When you enroll in a CDHP, you are automatically enrolled in an HSA. An HSA is a tax-advantaged account, which means the money you contribute to it is not taxed. The PEBB Program also contributes to your HSA each month.

You can use HSA funds to pay for eligible out-of-pocket health care expenses, like deductibles, copays, lab fees, dental or vision care, and more—including some expenses that your health plans may not cover. You can spend HSA funds on qualified expenses for your spouse or other tax dependents, even if they aren’t covered on your medical plan.

Your HSA balance can grow over the years, earn interest, and build savings that you can use to pay for health care as needed. The money is yours, even if you change health plans, get a new job, or retire. After you’re 65, you can withdraw HSA dollars for any expense — you’ll just need to pay income taxes. Of course, if you use the money for qualified medical expenses, you never pay taxes at all. Of course, if you use the money for qualified medical expenses, you never pay taxes at all.

CDHPs can encourage you to make informed decisions about your health care and spend HSA funds wisely. Those who enroll in a CDHP should prepare to invest time and energy in seeking qualified HSA expenses from network providers.

General rules apply to the HSA:

- Generally, CDHPs work well for people who:
  
  - Can meet the eligibility requirements (for example, are not enrolled in Medicare or a TRICARE plan).
  - Prefer a lower monthly premium.
  - Want to save on taxes by contributing to an HSA through pre-tax payroll deductions.
  - Are willing to check which services and supplies are qualified HSA expenses.
  - Can keep track of HSA expenses in case of an IRS audit.

- To find out if you are eligible for a CDHP, or to learn more about your medical plan options, visit the HCA website at hca.wa.gov/erb. Click on “Medical plans and benefits” under your member type (public employee, retiree, or Continuation Coverage).

### Medical plans

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<th>Medical plans</th>
<th>2020 employee monthly premium (single subscriber)</th>
<th>Deductible (single subscriber)</th>
<th>The PEBB Program’s annual contribution to your HSA (for a single subscriber)</th>
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**Note:** Monthly premiums for 2021 will be available in October.
Why your feedback on member surveys matters

We know filling out surveys can be bothersome. But what you say, think, and feel about your PEBB benefits makes a big difference. Member feedback allows us to fine-tune our customer service, address problems, assess the performance of your medical plan, and even make program changes.

We offer several member surveys. For example, the HCA website survey helps us understand user experience. That feedback allows us to improve our web content and tools on a weekly basis.

Another survey is offered by the Uniform Medical Plan (UMP) Centers of Excellence (COE) Program. This survey covers things like the comfort of a member’s inpatient stay, and access to and positive experience with doctors. If members’ ratings drop, we can be proactive in addressing issues. When members give high ratings, we know that we are providing high-quality care. Responsiveness to member feedback is one reason why the COE Program consistently receives rankings of 9.5 or higher (out of 10) on member surveys.

The PEBB Program asks members to complete surveys for many reasons. Survey results are used to:

- Help us work to address problems that you find with your PEBB benefits.
- Understand your expectations and opinions on the PEBB Program and the benefits we offer.
- Identify areas for improvement.
- Evaluate the performance of our customer service teams and service providers.
- Improve our processes and standards.
- Spot trends by comparing survey data from year-to-year.
- Evaluate the effectiveness of changes made.
- Tailor existing or create new benefits that you want and will use.

Your medical plan also uses member surveys. The Kaiser Permanente plans rely on an external survey called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). This annual, nationwide survey is administered by the Agency for Healthcare Research and Quality (AHRQ). It is designed to measure members’ overall satisfaction with their health plan.

For the PEBB Kaiser Permanente plans, the data from this survey is tied to something called a performance guarantee. These guarantees ensure that the plan offers high-quality health care. If a plan earns a low scores on these guarantees, they must pay a financial penalty. UMP medical plans also have performance guarantees tied to member satisfaction and the quality of the care the plan offers.

Survey results are shared with the PEBB Board, Health Care Authority (HCA) leadership, our medical plans, and PEBB Program staff. They look for trends, ways to improve your health care experience, and ways to save you money. We can each play a role in shaping the future of our benefits by filling out surveys from providers, your plans, and the PEBB Program.

Employees, did you receive a $250 Medical Flexible Spending Arrangement (FSA) contribution in 2020 through your collective bargaining agreement?

If you did, Navia Benefit Solutions sent you a debit card loaded with these funds earlier this year.

Though you may be seeking less routine care during the COVID-19 pandemic, you still have opportunities to spend these funds. Use the debit card to pay for over-the-counter medications, menstrual care products, contacts or glasses, dental expenses, copays, deductibles, and much more.

If you have questions about this employer-paid benefit, please contact your payroll or benefits office.
Is your contact information current?
The PEBB Program’s annual open enrollment is coming in November. Keep your mailing and email addresses current to make sure you get important information about changes coming next year.

Update your mailing address
Keep your mailing address up-to-date so we can send you important account information that can’t be emailed. Sorry, you can’t update your mailing address in PEBB My Account.

Employees, let your payroll or benefits office know of any address changes. (UW employees must use Workday to update their address.)

Retirees and PEBB Continuation Coverage members, let the PEBB Program know of any address changes. Send us a written note to update your mailing address. Write the last four digits of your Social Security number at the top so we can identify your account. Mail your address change to:

Health Care Authority
PEBB Program
PO Box 42684
Olympia, WA 98504-2684

You can also send us a secure message at hca.wa.gov/fuze-questions or fax a letter with your name, last four digits of your Social Security number, and new address to 1-360-725-0771.

We recommend you use mail, fax, or secure message to update your address whenever it changes, but especially during open enrollment (November 1 through 30). However, you can also change your address by calling PEBB Customer Service at 1-800-200-1004 (TRS: 711). But keep in mind that around open enrollment, our call volume increases up to 10 times the normal amount. As a result, wait times are longer because we’re busy helping members.

Sign up for email delivery
Get For Your Benefit and other news about your PEBB benefits by email instead of your mailbox. This is a useful option now more than ever; policy changes related to the COVID-19 pandemic can get to you faster by email.

Here’s how: Visit PEBB My Account at hca.wa.gov/my-account. Go to Profile and open Contact Information to add your email address. Then go to Coverage Summary and check the box for receiving email notifications.