



September 2017

For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Washington State Health Care Authority
PUBLIC EMPLOYEES BENEFITS BOARD

COBRA, Retirees, and PEBB Continuation Coverage members **only** may call: **1-800-200-1004** or **360-725-0440**
www.hca.wa.gov/pebb

What's inside your envelope? Hint: Your newsletter and more

Next month, your October *For Your Benefit* newsletter will arrive in an envelope. Why? We need to send you some additional federally required information. By using an envelope, we can send everything at once, which helps reduce printing and postage costs.

What's inside your envelope?

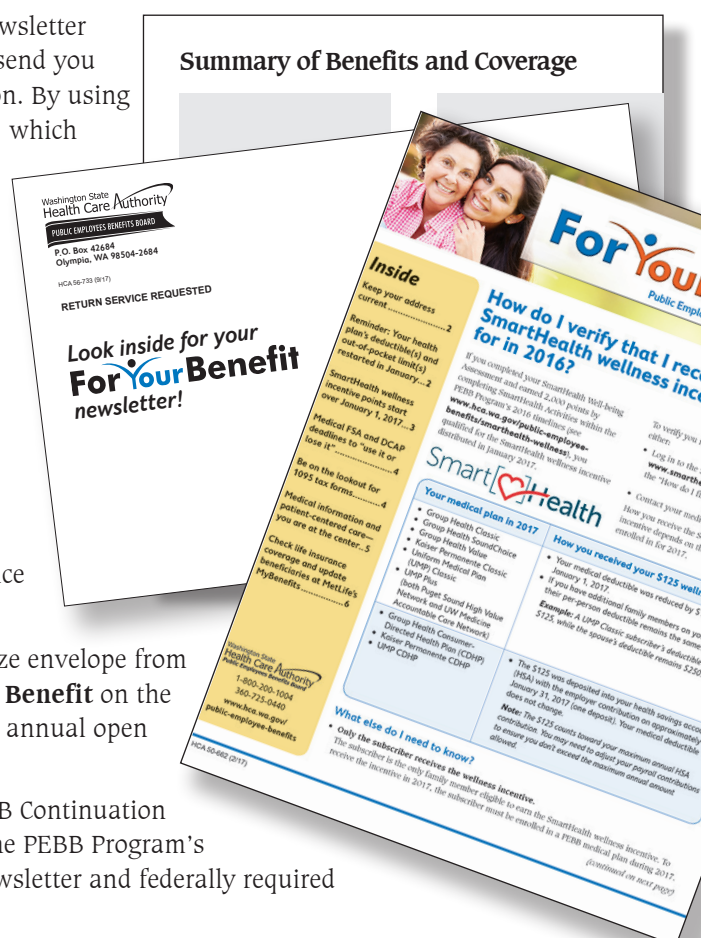
- The October *For Your Benefit* newsletter—Things you need to know for this year's open enrollment, November 1–30, 2017.
- Federally required notices
 - Notice of creditable prescription drug coverage
 - Summary of Benefits and Coverage notice
 - Nondiscrimination notice

This October, watch your mailbox for a midsize envelope from the Health Care Authority that says **For Your Benefit** on the outside. Remember, this mailing is your **only** annual open enrollment notice from the PEBB Program.

Note: Employees, COBRA members, and PEBB Continuation Coverage members who have signed up for the PEBB Program's email subscription service will receive the newsletter and federally required notices by email.

Retirees only: In addition to the above documents, your October envelope will also contain your personalized letter, which shows your current health plan monthly premiums for 2018. It also lists other available health plans and their 2018 monthly premiums. In past years, this letter arrived separately from your newsletter. With these combined mailings, you will have all the information you need to review and make informed health plan decisions during open enrollment.

Retirees will receive their newsletter, notices, and personalized letter by mail, even if they have signed up for email.



My Account redesigned with mobile in mind

We listened to your feedback! My Account has been redesigned to be user-friendly and accommodate the increased number of visitors using mobile devices (like a tablet or smartphone). Since August 2016, mobile visits have averaged 20 percent, increasing an average of 2 percent each month.

The new design is **responsive**. It is the same design desktop users access, except it changes size and format based on the needs of the mobile device.

Note: My Account is no longer available to University of Washington employees. Please use Workday at <https://isc.uw.edu>.

What does this mean for you?

Now, when you visit our site using a mobile device, you no longer have to zoom in to fill in text boxes or scroll left and right to read content. The website adapts to your device's screen size without losing the integrity of the site.

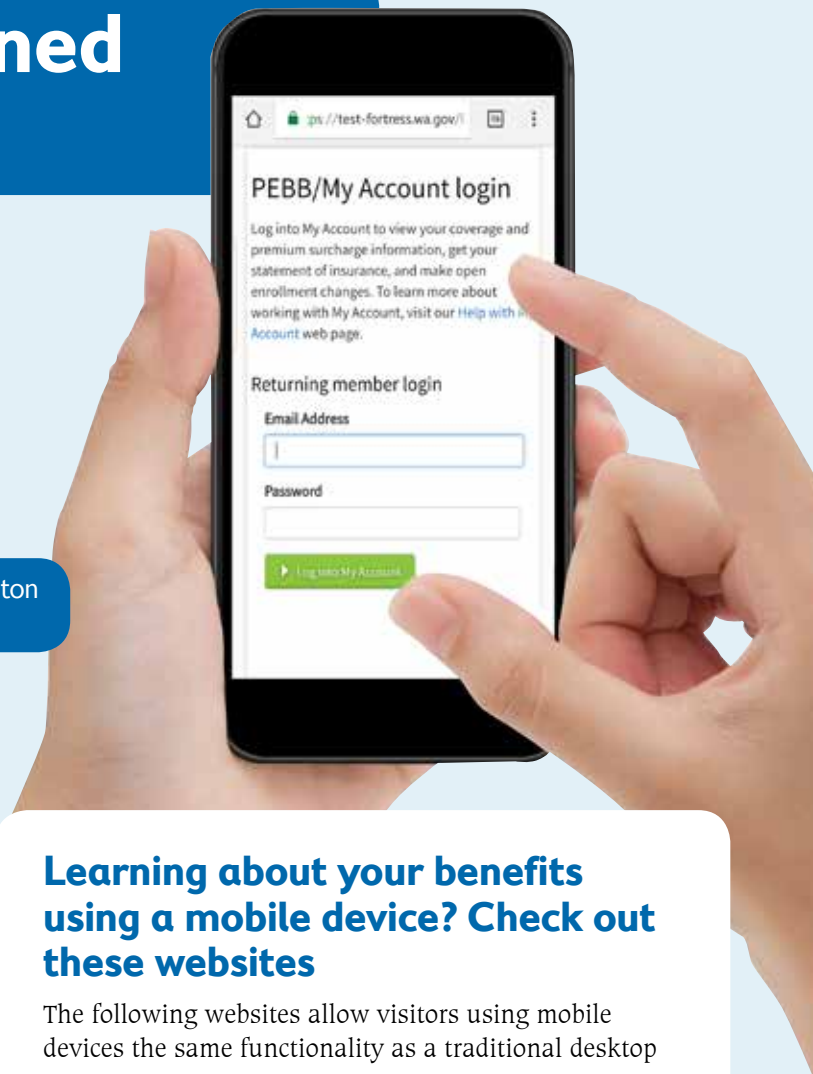
From your mobile device, the new design allows you to easily:

- View medical and dental coverage information.
- View covered dependents.
- View basic life, accidental death & dismemberment (AD&D), and long-term disability insurance information. (Sign in to MetLife's *MyBenefits* portal to view optional life and AD&D insurance coverage amounts.)
- Download your statement of insurance.
- View spouse or state-registered domestic partner and/or tobacco use premium surcharge attestation(s).
- Change your tobacco use premium surcharge attestation.
- Subscribe/unsubscribe to emails from the PEBB Program.

New for this year's open enrollment

My Account will accept most open enrollment changes from a mobile device (some exceptions apply). Log into *My Account* on a mobile device during the PEBB Program's annual open enrollment (November 1–30, 2017) to:

- Make changes to your coverage (for a January 1, 2018 coverage start date).
- Attest to the spouse or state-registered domestic partner coverage premium surcharge.



Learning about your benefits using a mobile device? Check out these websites

The following websites allow visitors using mobile devices the same functionality as a traditional desktop computer.

- HCA (www.hca.wa.gov)
- PEBB Program (www.hca.wa.gov/pebb)
- Uniform Medical Plan (UMP) (www.hca.wa.gov/ump)
- UMP Plus–Puget Sound High Value Network (www.pugetsoundhighvaluenetwork.org)
- UMP Plus–UW Accountable Care Network (aco.uwmedicine.org/umpplus)
- Regence BlueShield (www.regence.com)
- SmartHealth (www.smarthealth.hca.wa.gov)
- Kaiser Permanente NW (my.kp.org/wapebb)
- Premera Blue Cross (www.premera.com/wa/visitor)
- Delta Dental of Washington (www.deltadentalwa.com/group/pebb)
- Navia Benefit Solutions, for Medical Flexible Spending Arrangement and Dependent Care Assistance Program (pebb.naviabenefits.com)
- Liberty Mutual Insurance, for auto and home insurance (find the link that applies to you under Auto and Home Insurance on www.hca.wa.gov/pebb)

Would you rather get information from us through email?

The PEBB Program's email subscription service replaces many general mailings, like newsletters, notices, and reminders. It means less paper, and you get up-to-date information more quickly right to your inbox. This also saves money on printing and mailing costs!

Sign up by logging in to *My Account* at www.hca.wa.gov/pebb.

Note: *My Account* is not available to University of Washington (UW) employees. UW employees must use Workday to sign up for emails.

To unsubscribe from the email subscription service at any time, just log in to *My Account*. (If you are a UW employee, log in to Workday to change your subscription status.)

For more information about the PEBB Program's email subscription service, visit www.hca.wa.gov/public-employee-benefits/contact-pebb-program.

Verify your dental plan enrollment before making changes

The PEBB Program has noticed an increase in the number of subscribers who are changing their Delta Dental plan enrollment when making other enrollment changes. For PEBB members, there are two plans administered by Delta Dental of Washington, but they are quite different. The two plans are:

- **DeltaCare (Group 3100), which is a managed-care plan.** You must select and receive care from a primary care dental provider in DeltaCare's network. Referrals are also required from your primary care dental provider to see a specialist.
- **Uniform Dental Plan (UDP) (Group 3000), which is a preferred-provider organization plan.** You can choose any dental provider and change providers at any time. A referral to see a specialist is not required, but you may want to ask your dentist for a recommendation.

It's important to understand the difference between the two Delta Dental plans. Make sure you're selecting the one that's right for you when making changes during the PEBB Program's open enrollment, or at any other time during the plan year.

Before making a change, you should verify which Delta Dental plan's network your provider participates in, or which plan's providers are available in your area. You can search Delta Dental's online provider directories at www.hca.wa.gov/public-employee-benefits/employees/find-provider, or contact Delta Dental's customer service call center at 1-800-554-1907. If you contact the call center, please mention the group numbers referenced above to identify the plans.

If you're unsure which Delta Dental plan you're enrolled in, you can check your enrollment online using *My Account* at www.hca.wa.gov/pebb. (UW employees use Workday.) Or, if you don't have an account:

- **Employees:** Contact your personnel, payroll, or benefits office.
- **Retiree, COBRA, and Continuation Coverage members only:** Contact the PEBB Program.



Have you stopped (or started) using tobacco? Let us know

Note: This information does not apply to Medicare retirees.

You don't have to reattest every year or wait until open enrollment to report a change to the tobacco use premium surcharge. You can report it any time you (or an enrolled family member you reported as using tobacco products) do any of the following:

- Stop using tobacco products for at least two months.
- Enroll in your PEBB medical plan's tobacco cessation program (for ages 18 and older).
- Access the resources in Smokefree Teen at www.teen.smokefree.gov (for ages 13-17).

You must also report a change if you or any enrolled family member age 13 or older starts using a tobacco product, or stops participating in your PEBB medical plan's tobacco cessation program.

To change your tobacco use premium surcharge attestation, you must either complete and submit a *Premium Surcharge Change Form* or log in to *My Account* at www.hca.wa.gov/pebb. **Note:** UW employees must use Workday to report their change.

When will my change take effect?

Changes that result in adding a premium surcharge will begin the first day of the month after the status change (the date the family member[s] started or stopped using tobacco products). If that day is the first of the month, the change to the surcharge begins on that day.

Changes that result in removing a premium surcharge will begin the first day of the month after your attestation is received. If that day is the first of the month, the change to the surcharge begins on that day.



Making the best of your medical encounter

By Michael E. Stuart, M.D. and
Sheri A. Strite, Delfini Group

A helpful way of understanding the medical encounter with your health care provider is to consider it a collaboration between two experts. You are the expert in your symptoms, feelings, circumstances, values, and preferences. The provider has expertise in gathering information from you, and from the physical exam and any testing, to identify and interpret problems, make diagnoses, and provide you with treatment options. Both of you need enough information and time to comfortably complete the necessary tasks.

To make sure you get the most out of your medical encounter, here's how an ideal medical encounter should work.

What is an ideal medical encounter?

It starts with a warm greeting. You are then invited to discuss your concerns—in essence, tell your “story.” The first part of the visit is crucial for what is to follow. When you are telling your story, some providers listen carefully, but many interrupt and begin asking questions. If this happens, you might need to let your provider know that you have more information to share. Your provider should give you his or her complete attention and listen without interruption except to clarify or provide empathy.

When you are finished, your provider will gather more information by asking questions. He or she should end the visit by asking an open-ended question such as, “Is there anything else you want to tell me about, or is there anything else I should know before I examine you?” After the exam,

you should expect more questions from your provider and an exchange of information. Feel free to take notes to help you remember information about your condition, and treatment options.

Be alert if your provider says, “This is the way we usually handle this.” In some contexts this may be fine; but unless your provider has shared all reasonable treatment options, this may be a red flag that you are not being given enough information or that your values and preferences are not being considered. You should feel that you and your provider are working together as collaborative partners.

During your medical encounters, be alert for times when you need to ask questions. If you feel that you are not at the center of your care experience, you may need to guide the discussion to be more patient-centered. You might say something like, “I would like...” or “My preference is...”

Only after you and your provider have exchanged the needed information and you fully understand your options is it time to make a decision. The medical encounter should be formally closed by ensuring that you understand your decision, whether it is a treatment plan or other course of action.

It is perfectly acceptable to bring a family member, friend, or patient advocate with you to the visit as another set of eyes and ears. After the visit, take time to review your notes so that you remember as much of the discussion as possible. Studies have shown that patients frequently forget key details, so you will want to do this step soon after your appointment.



Delfini Group is dedicated to improved clinical care through the use of reliable and clinically helpful medical evidence. They are authors of the Delfini Evidence-Based Practice Series and creators of the popular training program: How to Read the Medical Literature—A Simplified Approach. Learn more at www.delfini.org. More information for patients is available at www.delfinigrouppublishing.com/patientguide.htm.



Don't miss out on SmartHealth wellness incentives

Note: This information does not apply to Medicare retirees.

Complete your Well-being Assessment and earn at least 2,000 points by **September 30, 2017**, to

- Qualify for a chance to win one of six Grand Prize Vacation Getaways (a \$400 Hotels.com gift card).
- Qualify for the \$125 wellness incentive distributed in January 2018.

The more points you earn by September 30, the more chances you have to win the Grand Prize Vacation Getaway.

Level 1 – Earn It

Earn 2,000 to 3,499 points for four chances to win.

Level 2 – Keep Going

Earn 3,500 to 4,999 points for five chances to win.

Level 3 – Leading the Way

Earn 5,000 points or more for six chances to win.

For more information about SmartHealth, visit

www.hca.wa.gov/public-employee-benefits/smarthealth-wellness.

Make sure your contact information is current

The PEBB Program's open enrollment is coming soon. Keep your contact information current to make sure you get important plan and open enrollment information. Here's how to do it:

Report email address changes as follows:

If you signed up for the PEBB Program's email subscription service, log in to *My Account* at www.hca.wa.gov/pebb to make sure your email address is correct.

Note: *My Account* is not available to UW employees. UW employees must sign in to Workday to make sure their email address is correct.

Report mailing address changes as follows:

- **Employees:** To your personnel, payroll, or benefits office.
- **Retirees, COBRA, or PEBB Continuation Coverage members only:** To the PEBB Program in one of these ways:
 - Send your mailing address changes to:
Health Care Authority
PEBB Program
P.O. Box 42684
Olympia, WA 98504-2684
 - Fax your mailing address changes to
360-725-0771.
 - Send a secure message (secure log in required) requesting an address change at www.fuzeqna.com/pebb/consumer/question.asp.
 - Call PEB Division Customer Service at 1-800-200-1004.

Discounts available to PEBB subscribers

PEBB medical plans offer subscribers added benefits besides just medical benefits. PEBB subscribers enrolled in Kaiser Permanente NW, Kaiser Permanente WA, Premera Blue Cross Medicare Supplement Plan F, or Uniform Medical Plan are entitled to various discounts: membership to gyms, tobacco cessation programs, classes to help members live a healthy life, and many other services and products.

For a list of discounts available through PEBB medical plans, visit the Plan discounts page under Additional benefits on HCA's website at www.hca.wa.gov/pebb.

Bonus! If you're eligible to participate in SmartHealth, you can also earn points for learning more about these discounts. Join the "Find health plan discounts" activity tile when you log in to SmartHealth at www.smarthealth.hca.wa.gov.



P.O. Box 42684
Olympia, WA 98504
HCA 50-684 (9/17)

RETURN SERVICE REQUESTED

How PEBB medical premiums are determined

Your PEBB medical premium (your monthly cost for health insurance) is determined by several factors—here's how it works.

Every year, the **Legislature sets the funding levels** for:

- How much state agencies and higher-education institutions will contribute toward their employees' PEBB health care coverage.
- The maximum allowed monthly subsidy for Medicare retirees' monthly premiums (which the PEB Board usually supports).

Note: K-12 and employer group employees' premiums are determined by their employer. Retirees not enrolled in Medicare do not receive a monthly subsidy from the state.

Each spring, **HCA and the medical plans negotiate** premiums based on the funding levels. First, proposed premiums are submitted to the PEBB Program. These premiums are based on the plans' health care costs for previous years and their total cost estimates of the upcoming

year's services. Total costs depend on estimates of how many people will enroll in each plan, how often they go to the doctor, which services they need, and how much those services cost.

After the negotiations, the **premiums are presented to the PEB Board**, which votes on them to set premiums for the upcoming calendar year.

Throughout this process, the goal is to provide better health and better care at a lower cost. For example, HCA has quality measures in its contracts with the medical plans to make sure your care meets certain standards. Wellness programs like SmartHealth focus on improving member health, which will lead to lower health care costs in the future. The PEBB Program is also studying strategies to moderate the increasing costs of prescription drugs.

Many factors affect your medical premium, but the PEB Board and HCA's PEBB Program are always working to lower costs while providing high-quality care to meet your needs.

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call 1-800-200-1004. People who have hearing or speech disabilities please call 711 for relay services.