Changes to your PEBB employee benefits for 2022

All changes are effective January 1, 2022, unless otherwise noted.

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).
- Include the University of Washington Medical Center as a network provider for Classic, Consumer-Directed Health Plan (CDHP), SoundChoice, and Value, back to June 1, 2021.
- Remove MultiCare in Spokane County as a network provider for the Classic, CDHP, and Value plans. There will be no change for the surrounding counties.
- Remove Kittitas County from its service area. If a subscriber lives in Kittitas County but works in a county where KPWA is offered, they may still enroll in a plan offered in the county where they work. See the Medical plans available by county webpage to find out which plans are offered in the county where you live or work. Members who want to do this will need to speak with their payroll or benefits office to select a plan based on where they work. KPWA will notify affected subscribers to change to a different plan during open enrollment or they will be automatically enrolled in Uniform Medical Plan (UMP) Classic in 2022.

If you have questions about these changes, call Kaiser Permanente of Washington at 1-866-648-1928 (TTY: 1-800-833-6388).
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 on the PEBB rules and policies webpage. 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.
- 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.
- 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.
- 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.