

2021 changes to your PEBB employee benefits

All changes are effective January 1, 2021 unless otherwise noted.



Kaiser Permanente of the Northwest and Kaiser Permanente of Washington will:

- Cover one hearing instrument per ear every five years at no cost, up to the plan's allowed amount (or, for Consumer-Directed Health Plan [CDHP] members, after the deductible is met). In-network providers may not balance bill you for this service.



Uniform Medical Plan (UMP) will:

- Add a new medical plan option called UMP Select. This plan has the same covered services and provider networks as UMP Classic. Some cost shares differ, though. [Learn more about UMP Select on the UMP website.](#)
- Cover one hearing instrument per ear every five years at no cost, up to the plan's allowed amount (or, for CDHP members, after the deductible is met). Providers may not balance bill you for this service.
- Offer vision coverage through Vision Service Plan (VSP) providers.
- Add Chelan and Douglas counties to UMP Plus – Puget Sound High Value Network's (PSHVN) service area.
- Add The Everett Clinic to UMP Plus – PSHVN's provider network effective October 2020.
- Add Confluence Health to UMP Plus – PSHVN's provider network effective January 1, 2021.

Other changes coming in 2021

- The maximum annual contribution for the Medical Flexible Spending Arrangement (Medical FSA) will increase to \$2,750 (up from \$2,700 in 2020).
- The maximum annual contribution for health savings accounts will increase to \$3,600 for individuals (up from \$3,550 in 2020) and \$7,200 for families (up from \$7,100 in 2020). Subscribers ages 55 and older can continue to contribute an extra \$1,000 per year.

Rule changes

All changes to PEBB rules that take effect January 1, 2021 will be available on the [PEBB rules and policies webpage](#). A few rule changes are highlighted below.

- If a special open enrollment event (SOE) allows the enrollment of an extended dependent or a dependent with a disability, the enrollment will begin the first day of the month after the event date or eligibility certification, whichever is later.
- If an employee regains eligibility for PEBB benefits after a period of approved leave (as described in rules), and has a life event that creates an SOE at the same time, they will have 31 days to make new benefit elections.

- PEBB employers cannot terminate PEBB benefits while an employee is on Family and Medical Leave Act (FMLA) leave and their premiums are unpaid for 60 days.

Good news!

Your premiums for supplemental life insurance and supplemental accidental death and dismemberment insurance won't increase for 2021 (unless you change age brackets or increase your coverage). Your premium for supplemental long-term disability insurance won't increase for 2021, either (unless your wages increase or you shorten your waiting period). To learn more about these benefits, visit the [HCA website](#) and click on *Additional benefits*.

During this year's open enrollment, MetLife is offering a unique opportunity to enroll in or increase your supplemental life insurance with just five health questions.

Covering a spouse or state-registered domestic partner for 2021?

Even if you do not make plan changes, you may have to reattest to the \$50 spouse or state-registered domestic partner coverage premium surcharge if you attested in 2020 and will continue to cover your spouse or partner on your PEBB medical in 2021.

If you have to reattest, the PEBB Program will mail a letter to you in late October. Starting November 1, you can also use [PEBB My Account](#) to find out if you must reattest. If required, you must reattest by November 30, 2020. If you are required to reattest but do not, or if your attestation means you will incur the surcharge, you will be charged the monthly \$50 surcharge in addition to your monthly medical premium starting January 1, 2021.

To learn more, visit the [HCA website](#) and click on *Surcharges*.

How to tell the two Delta Dental plans apart

The PEBB Program offers two Delta Dental plans: DeltaCare and Uniform Dental Plan (UDP). 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. You must choose a primary dental provider within the network. This plan will not pay claims if you see a provider outside of their network.

UDP (Group 3000) is a preferred-provider plan. You may choose any dental provider, but you will usually have lower out-of-pocket costs if you see network providers.

Don't forget! Before you enroll in a dental plan, check with the plan to see if your dentist is in the plan's network and check the group number. You can check by calling the dental plan's customer service or use the dental plan network's online directory.