

Changes to your PEBB employer-group benefits for 2023

All changes are effective January 1, 2023, unless otherwise noted.

Changes to all medical plans

- Limit the amount members will pay to no more than \$35 per month for covered insulin to comply with insulin affordability legislation.
- Increase the deductible for consumer-directed health plans to \$1,500 for single subscribers and \$3,000 for all other subscribers. This deductible increase is required to maintain compliance with IRS rules, so that a subscriber can make eligible health savings account (HSA) contributions in 2023.



Kaiser Permanente Northwest (KPNW)

- Increase the maximum out-of-pocket amount for the Classic plan to \$2,500 for a single subscriber and \$5,000 for all other subscribers.
- Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the PEBB Program and the School Employees Benefits Board Program during a special open enrollment and stay with KPNW. This does not apply to the consumer-directed health plan.
- Introduce Advanced Care at Home, which will offer members a chance to recover at home rather than in a hospital when clinically appropriate.

Kaiser Permanente Washington (KPWA)

- Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the PEBB Program and the School Employees Benefits Board (SEBB) Program during a special open enrollment and stay with KPWA.
- Implement the First Fill program for maintenance drugs only, which allows the first prescription to be filled at any in-network pharmacy. Subsequent refills must be filled via mail order or at a Kaiser Permanente retail pharmacy.
- Introduce Advanced Care at Home, which will offer members a chance to recover at home rather than in a hospital when clinically appropriate.



Uniform Medical Plan (UMP)

- Transfer certain accumulators, such as deductibles and out-of-pocket limits, for the existing plan year when subscribers and their enrolled dependents change between the PEBB Program and the School Employees Benefits Board (SEBB) Program during a special open enrollment and stay with UMP.
- Provide coverage before meeting the deductible for a specific list of high-value drugs for the UMP consumer-directed health plan.

- No longer apply out-of-network amounts paid for dialysis services toward the medical out-of-pocket limit. Like other benefits, the plan will pay for dialysis services based on the allowed amount and network status of the provider.
- Provide myStrength, a self-paced, online behavioral health program, in addition to existing behavioral health options.
- Add Costco as a network mail-order pharmacy option in addition to the current option, Postal Prescription Services.

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- Increase pediatric coverage to 100 percent for children through age 19, less applicable copays.
- Remove optional treatment fees for elective materials, such as composite fillings for rear teeth.

Rule changes

All changes to PEBB rules will be available on the [PEBB rules and policies webpage](#) and take effect January 1, 2023. Here are some changes that might affect you:

- If you are called to active duty in the uniformed services and you lose eligibility for the employer contribution toward PEBB benefits, you regain eligibility for the employer contribution toward PEBB benefits the day you return from active duty. Your employer-paid PEBB benefits will begin the first day of the month in which you return from active duty.
- If you are eligible for the employer contribution toward PEBB benefits and waive enrollment in a PEBB medical plan when you are enrolled in TRICARE, Medicare, or other employer-based group medical and are not enrolled in School Employees Benefits Board (SEBB) medical, you may waive your PEBB dental only if you are enrolled in both a SEBB dental plan and a SEBB vision plan as a SEBB-eligible dependent.
- If you are on a leave of absence and maintain eligibility for the employer contribution, you will have your employee-paid long-term disability (LTD) insurance premiums waived for the first 90 days.
- When an employee's dependent has a change in their own employment status that affects the dependent's or another dependent's (such as a dependent child) eligibility for the employer contribution toward the dependent's employer-based group health plan, it creates a special open enrollment.

Other changes

- The IRS raised the health savings account (HSA) annual maximum contribution to \$3,850 for single subscribers and \$7,750 for families. Members aged 55 and above may continue to contribute \$1,000 more in addition to these amounts.
- The annual maximum contribution for Medical and Limited Purpose Flexible Spending Arrangements (FSAs) increased to \$2,850.