Agenda

1. General OE Information
2. Pay 1 Changes
3. Medical Plan Changes
4. Premiums
5. Dental, Life and LTD
6. SmartHealth
7. 2019 Rule Changes
8. Reminders
Open Enrollment (OE) Information
2019 Open Enrollment

Annual Open Enrollment

- November 1 through November 30
- All forms must be received no earlier than November 1 and no later than November 30
  - The signature date on the form must not be prior to November 1
  - The request must be on the 2019 Employee Enrollment/Change form
- Changes are effective January 1, 2019

Benefits Fairs

- 22 fairs statewide
- October 30 through November 19
Benefits Fair Schedule

Available in early October on the PEBB and Pers/Pay websites

Included in the October For Your Benefit newsletter
Benefits Fair Posters

Available to agencies in early October

Download or print from the Pers/Pay website:

www.hca.wa.gov/perspay/notices-and-updates
Open Enrollment
November 1–30, 2018

Questions about Public Employee Benefits?

Come to a benefits fair!

Date: November 2, 2018
Time: 8:30 a.m. to 11 a.m.
Place: Everett Community College
Wa’t Price Fitness Center
2000 Tower Street
Everett, WA 98201-1390

Presentation
LIMP Plus Plans
Multipurpose Room; FIT 230
10 a.m. to 10:30 a.m.

Access to information:
www.hca.wa.gov/erb

- Learn about benefit changes, rates, plans and service areas.
- Watch videos.
- Sign up for a webinar.
- Plus, find information on life insurance, long-term disability, auto/home insurance, SmartHealth and Retirement.

Can’t attend? Check out our website at www.hca.wa.gov/erb to review changes to your benefits, make enrollment changes online, or find another benefits fair location.
What Can Employees Do?

During open enrollment, employees may:

- Change medical and/or dental plans
- Reinstate previously waived medical coverage without proof of loss
- Waive medical if they have either:
  - TRICARE
  - Medicare
  - Other employer-based group medical
    - Coverage under the Health Benefit Exchange (HBE) is **not** considered employer based coverage
What Can Employees Do?

During open enrollment, employees may:

- Add eligible dependents without proof of loss
  - Dependent Verification (DV) documents are required
  - A list of valid DV documents are available on the Pers/Pay website:

- Remove dependents

- Change premium deduction to pre- or post-tax (IRC Section 125)

- Change the tax status of a dependent (IRC Section 152)
Medical Flexible Spending Arrangement (FSA) & Dependent Care Assistance Program (DCAP)

PEBB benefits eligible state agency and higher education institution employee’s can:

- Enroll or re-enroll in a Medical FSA and/or DCAP
- Employees must re-enroll every year if they wish to participate
  - Even if the contribution amount remains the same.
- Participate in a webinar hosted by Navia Benefit Solutions
  - Nov 7th, 13th, 15th and 28th
  - 1:00 p.m. each day
  - Register at: https://attendee.gotowebinar.com/rt/1129788173506392066
Medical Flexible Spending Arrangement (FSA)

PEBB benefits eligible state agency and higher education institution employee’s cannot be:

- Enrolled in a Medical FSA and a Consumer Direct Health Plan (CDHP) with a Health Savings Account (HSA).
  - Employees who enroll in both:
    - Dis-enrolled from the Medical FSA by December 31, 2018
    - Remain enrolled in the CDHP w/ HSA

Employees may choose to enroll in DCAP if they are enrolled in a CDHP/HSA
Medical FSA & DCAP
Contribution limits for 2019

Medical Flexible Spending Arrangement (FSA)
- Minimum annual contribution
  - $240
- Maximum annual contribution
  - $2,650 (up from $2,600)

Dependent Care Assistance Program (DCAP)
- $5,000 annually
  - For a single person or
    - Married couple filing a joint tax return
- $2,500 annually
  - For each married participant filing separate tax returns
For Your Benefit newsletter

- Two versions mailed or emailed on October 12th
  - State agency and higher education institutions
  - Employer group/K-12 school districts
- This is the only notice the PEBB Program sends to employees about open enrollment

Additional federally required information will be included

- Notice of creditable prescription drug coverage
- Summary of Benefits and Coverage notice
Employee Communications

Are you signed up for

ListServe?  GovDelivery?
Employee Communications

Email messages to forward to your employees

- Sent through GovDelivery before and throughout open enrollment
- Must be registered in GovDelivery to receive messages

Open enrollment video for employees

- Available on the PEBB website in October
Employee Communications

Are you signed up for GovDelivery?

www.hca.wa.gov/perspay
The PEBB Program’s My Account

Employees may make certain changes online during OE

- On My Account
- Mobile access to My Account

Employees receive a confirmation of the changes made online and should:

- Save a screenshot, or
- Print a copy of the confirmation
# How can employees make changes?

<table>
<thead>
<tr>
<th>Changes that can be made</th>
<th>2019 Enrollment/Change Form</th>
<th>My Account: Online</th>
<th>My Account: Mobile access</th>
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</thead>
<tbody>
<tr>
<td>Change medical or dental plan</td>
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<td>Add a dependent to medical or dental plan</td>
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<tr>
<td>Remove a dependent from medical or dental plan</td>
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<td>Waive enrollment in medical</td>
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<td>Enroll in medical if previously waived</td>
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<tr>
<td>Attest to spouse/SRDP coverage premium surcharge</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>
How employees can make changes

State agency or Higher Education employees

To enroll or reenroll in a Medical FSA or DCAP:

- Submit 2019 OE form to Navia Benefit Solutions, or
- Enroll at www.pebb.naviabenefits.com
How employees can make changes

Change tax status of a dependent

- Submit *Declaration of Tax Status form* to your employer

Change premium deduction to pre- or post-tax

- Submit *Premium Payment Plan Election/Change form* to your employer
Changes made online

Online changes are submitted to PAY1 daily

Online changes are shared with

- **State agencies**: Daily Tran Log (D2025) (if your agency has not turned it off)
- **Four-year institutions**: Daily Tran Log or a file from HCA
- **Community and Technical Colleges**: Change report shared in mid-December
- **Employer groups and school districts**: Change report shared in mid-December
The PEBB Program’s My Account

Employees may also use My Account to:

- View their medical and dental coverage
- View their basic life insurance coverage
  - Optional Life Insurance is available at the MetLife website
- View their basic and optional long-term disability coverage
The PEBB Program’s My Account

Employees may also use *My Account* to:

- Subscribe to email notifications from PEBB
- Print a Statement of Insurance (SOI)
  - The SOI will display current enrollment only.
  - Any changes made during OE will not display until the change is effective.
The PEBB Program’s My Account

Employees may also use My Account to attest to:

- The tobacco use premium surcharge:
  - When any enrolled family member age 13 and older has a change in tobacco use
  - Available all year

- The spousal or state-registered domestic partner coverage premium surcharge:
  - (If required) Only available until December 31, 2018
Employees **cannot** use My Account to:

- Add a dependent who is not currently enrolled in either medical or dental

Employees **should not** use My Account to:

- Remove a spouse or state-registered domestic partner due to divorce or dissolution of a partnership
  - A COBRA packet is not sent if dependent is removed online
The PEBB Program’s My Account

Employees **may not** use *My Account* to:

- Make an address change
- Make life and LTD insurance changes
- Elect FSA and DCAP enrollment
- Change HSA contributions
The PEBB Program’s My Account

https://www.hca.wa.gov/employee-retiree-benefits/public-employees
Employees may print a Statement of Insurance (SOI)
SOI & Attestations Report

**PERS/PAY** staff with PAY1 access can:

- Print a *Statement of Insurance* for an employee from the Subscriber SOI lookup tab
- View/print attestations report
Reminders & Changes
PAY1 Insurance System
OE Reminders

For employees making changes during open enrollment

- Employers must receive forms and dependent verification documents, if adding dependent(s), between November 1 – 30
- Enter OE changes into PAY1 beginning November 1
- Key OE changes timely
  - So employees receive medical cards prior to the first of the year
Pay1 Changes - Stepchildren

Gender specific Relationship Codes will be eliminated for:
- Son
- Daughter

Dependent records for a “son” or “daughter” will be updated:
- To a description of “Child”, and
- “C” Code

Enrollment/Change form will include a checkbox for:
- Child
- Stepchild (not legally adopted)
Pay1 Changes - Stepchildren cont...

New code (P) will be created for stepchild

You will see the changes in Pay1 as of November 1, 2018

- The change takes effect January 1, 2019

Pay1 will automatically term a dependent with a (P) code in the event of:

- Divorce/dissolution (reason code 42)
- Death (reason code 35) of the spouse or state-registered domestic partner
Medical Plan Changes
Medical Plan Changes for 2019

Kaiser Permanente (NW) Classic and CDHP

**Adding** the following **Oregon** counties/ZIP Codes to its network:

- Linn County, OR
- Lane County, OR
  - 25 Zip Codes being added, for full listing see:
    - October Newsletter, PEBB website, Employee Enrollment Guide
- Benton County, OR
  - ZIP Code 97456
Medical Plan Changes for 2019

Kaiser Permanente (NW) Classic and CDHP

Removing from its network:

- Marion County, Oregon
  - Zip Code 97350

- Clackamas County, Oregon
  - Zip Code 97028
Medical Plan Changes for 2019

Kaiser Permanente (WA)

- Reference to “formerly Group Health” will be removed from:
  - Publications
  - PEBB website

- Offer a Virtual Diabetes Prevention Program for non-Medicare members
Medical Plan Changes for 2019

Kaiser Permanente WA SoundChoice

- Lowered medical deductibles to:
  - $125/person (was $250 in 2018)
  - $375/family (was $750 in 2018)

- Added network coverage in the following counties
  - Kitsap
  - Spokane
Medical Plan Changes for 2019

Kaiser Permanente WA SoundChoice

- Remove the cost share for primary care visits
  - Was 15% coinsurance (in 2018)

- Provide separate limit for massage therapy
  - 16 visits per year

- Change inpatient hospital services to $500 per admission
  - Was $200 per day, up to $1,000 max in 2018
Medical Plan Changes for 2019

Uniform Medical Plans will:

- No longer offer UMP Plus in Grays Harbor County, WA
  - Puget Sound High Value Network (PSHVN)
  - UW Medicine Accountable Care Network (UW ACN)
- Offer a Virtual Diabetes Prevention Program for non-Medicare members
Medical Plan Changes for 2019

Uniform Medical Plans will:

- Offer a spinal care Centers of Excellence (COE) Program to qualifying members of
  - UMP Classic
  - UMP CDHP

- Cover male condoms at 100%:
  - With no deductible for
    - UMP Classic
    - UMP Plus
  - After meeting the deductible for
    - UMP CDHP
CDHP w/HSA Contribution Amounts

The HSA employer contribution amount remains at:

- $700.08 per year ($58.34 per month) for an individual
- $1,400.04 per year ($116.67 per month) for a Family
The IRS maximum* contribution amounts for 2019:

- Increased to $3,500 for an individual (up from $3,450)
- Increased to $7,000 for a family (up from $6,900)
- Employee’s age 55 or older may contribute additional $1,000 per year

Employer, employee contributions and wellness incentives if earned, may not exceed the IRS maximum
Premiums & Employer Group Rate Surcharge

Premiums provided are for state and higher education employees.
# Employee Premium Changes

For State Agencies and Higher Education Institutions

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<th>Plan Name</th>
<th>EMPLOYEE</th>
<th>EMPLOYEE &amp; SPOUSE/PARTNER</th>
<th>EMPLOYEE &amp; CHILD(REN)</th>
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Employer Group and K-12 School District Premiums

Available on the Pers/Pay website (https://www.hca.wa.gov/perspay)
Rates page under:

- K-12 School Districts, Educational Service Districts and Charter Schools
- Counties, Municipalities, Other Political Subdivisions, and Tribal Governments (employer group rate surcharge applies)
- Other Employer Groups (employer group rate surcharge does not apply)

Employer determines the employee premiums
Employer Group Rate Surcharge

The rates were lowered for 2019, including the offset:

- $12 for a single subscriber  
  *(was $20 in 2018)*
- $24 for a subscriber and spouse/partner  
  *(was $40 in 2018)*
- $21 for a subscriber and child(ren)  
  *(was $35 in 2018)*
- $33 for a full family  
  *(was $55 in 2018)*

Rates were reduced based on employer group claims experience.

Rates for counties, municipalities, other political subdivisions and tribal governments include the employer group rate surcharge.

K-12 School Districts, Educational Service Districts and Charter Schools **don’t** pay the employer group rate surcharge.
Dental, Life and AD&D, and Long-Term Disability
Life and LTD Benefit Changes

No changes to benefits or rates for 2019.

Attention:

- There will be a “special” open enrollment period regarding supplemental LTD in early 2019.
- See announcement in the October For Your Benefit Newsletter
- More information to come….make sure you are signed up to receive O&T messages via GovDelivery.
Dental Benefit Changes

Uniform Dental Plan will:

- Reduce the limit on class III restorations (crowns) from 7 years to 5 years.

Delta Care & Willamette

- No Changes for 2019
In addition to the $125 SmartHealth incentive:

- A $25 Amazon gift card
  - Awarded for completing the Well-being assessment
  - Between January 1, 2019 and December 31, 2019
  - Email will be sent to the employee.
  - To claim the gift card, they must click on the link

- The gift card is considered taxable income
  - Employers receive a monthly list of employees who earned the card
  - Employers report the $25 on the W-2
2019 Rule Changes
Chapter 182-08 WAC

WAC 182-08-185 Premium surcharges

Clarified language around “reasonable alternatives” with regards to tobacco cessation programs.

- Subsection (1) (c) (i):
  - “An enrollee who is eighteen years and older and uses tobacco products is currently enrolled in the free tobacco cessation program through their PEBB medical”.
  - Previously stated “has access to”
Chapter 182-08 WAC

WAC 182-08-185  Premium surcharges

Clarified language around “reasonable alternatives” with regards to tobacco cessation programs.

- Subsection (1) (c) (ii):
  - “An enrollee who is thirteen through seventeen years old and uses tobacco products accessed the information and resources aimed at teens on the WA St Dept. of Health’s web site....”

  - Previously stated “may access the information...”
Chapter 182-08 WAC

WAC 182-08-187 Error Correction

Added language to account for when an employee or their dependents are enrolled who were not eligible.

- New subsection (1) (e):
  - Enrolling an employee or their dependents in PEBB insurance coverage when they are not eligible ...and it is clear there was no fraud or intentional misrepresentation by the employee involved.
WAC 182-08-187  Error Correction

Added “termination” language to account for when an employee or their dependents are enrolled who were not eligible.

- New subsection (2) (e): Enrollment *or termination*
  - The employee’s or their dependent’s PEBB insurance coverage will be terminated prospectively as of the last day of the month.
Chapter 182-08 WAC

WAC 182-08-187 Error Correction

Added language to account for when an employee or their dependents are enrolled who were not eligible.

- New subsection (3) (c): Premium Payments
  - Premiums and any applicable premium surcharges will be refunded by the employing agency to the employee without rescinding the insurance coverage.
WAC 182-08-197 (4) Medical FSA/DCAP Enrollment

- Clarified language

New hires may not resume participation in DCAP or medical FSA until the beginning of the next plan year....

- Unless the time between employments is thirty days or less and within the current plan year.
Chapter 182-(08) (12) WAC’s

National Medical Support Notices (NMSNs) were removed from the Special Open Enrollment (SOE) events and the following WAC’s:

- WAC 182-08-198 (When may a subscriber change health plans)
- WAC 182-08-199 (When may an employee enroll or change enrollment in premium payment plan, medical FSA or DCAP)
- WAC 182-12-128 (When may an employee waive medical)
- WAC 182-12-262 (When may subscribers enroll or remove eligible dependents)
National Medical Support Notices (NMSNs) were removed from the Special Open Enrollment (SOE) events and the following WAC’s:

- NMSN’s
  - Levied against the agency and are outside of the cafeteria plan
    - The agency itself does not have SOE rights

- Court Orders (remain in WAC and SOE’s)
  - Levied against the employee
  - Must be administered under the cafeteria plan and SOE regulations
When employee may enroll or revoke their election and make a new election under the premium payment plan, medical FSA or DCAP

Clarifying language added to subsection (3): During a SOE

To make a change or enroll, the employee must submit the required form to their employing agency. The **employing agency must receive** the required form and **evidence of the event that created the SOE** no later than sixty days after the event occurs.
Clarifying language added:

If an employing agency revises an employee’s work hours or anticipated duration of employment such that the employee meets the eligibility criteria in (a) of this subsection, the employee becomes eligible when the revision is made.
WAC 182-12-260  Who are eligible dependents?

clarifying language added:

- The PEBB program reserves the right to review a dependent's eligibility at any time.
WAC 182-12-300 (4)  Wellness incentive program

- Clarifying language added about claiming the Amazon gift card:
  - Once earned, subscribers must claim the incentive on or before December 31st of the same calendar year it was earned.
Reminders
Spousal Premium Surcharge

Employees who attested:

- “Yes”
- “No”
- “No” to Question 6
- Or, were defaulted to incur the premium surcharge during 2018

Will need to attest during OE
Default process?

Employees required to attest will be defaulted in Pay1 prior to OE

- The attestation will display as a “D” in Pay1.
- The default in Pay1 will remain if the employee does not attest
How to attest?

Employees must attest via My Account or on paper form:

- During Annual Open Enrollment, **November 1 - 30, 2018**, or
- During the change period from **December 1 - 31, 2018**

Not attesting between Nov 1 – Dec 31 will result in:

- The employee defaulting to incur the $50 monthly surcharge
  - Effective **January 1, 2019**
Employee Notification(s)

Employees required to attest may receive up to three written/mailed notifications

1) At the end of October

2) At the beginning of December, if they did not attest during open enrollment

3) In January, if they did not attest by **December 31, 2018** – includes appeal rights
   - This notice informs the employee they will be charged the premium surcharge for 2019
Reporting a change in 2019

The surcharge will remain in effect for 2019 unless:

- The employee has a special open enrollment (SOE) event:
  - That allows a change to the spousal attestation

- The spouse/state-registered domestic partner’s employer-based group medical insurance changes
Surcharge report for PERS/PAY staff

Employers may review attestations by accessing the Attestation Report through *My Account*

- If you do not have Pay1 access, contact the PEBB Program through FUZE to request an Attestation Report
Dependent Verification (DV)

DV is due at the same time as other required enrollment forms

- No later than 31 days after the date of eligibility
- No later than 60 days after the special open enrollment event
- No later than November 30, 2018 during annual open enrollment

Follow-up with employees when DV documents are:

- Not submitted by the employee, or
- Are invalid, illegible or incomplete
UMP Plus Plan Webinars

UMP Plus – Puget Sound High Value Network

- Monday, October 29th
- Noon – 1 p.m. Pacific Time
- Preregister at: https://attendee.gotowebinar.com/register/262985738374334978

UMP Plus – UW Medicine Accountable Care Network

- Wednesday, November 7th
- Noon – 1 p.m. Pacific Time
- Preregister at: https://register.gotowebinar.com/register/8026164796162365953
CDHP/HSA Reminders

Employees changing plans from a CDHP with an HSA to a traditional plan must:

- Stop any automatic payroll deduction for their HSA
- Stop any direct contributions to HealthEquity

Employees are not eligible for the HSA if:

- They or their spouse enrolls in a Medical FSA for 2019
  - Unless the Medical FSA is made “limited purpose”
  - PEBB Medical FSA cannot be made limited purpose

Other exclusions apply. Refer to IRS publication 969 for other exclusions
CDHP/HSA Reminders

Employees age 65+ or turning 65 in 2019

- Should be discouraged from enrolling in a CDHP with HSA without seeking professional tax advice
  - Medicare can be enrolled up to 6 months retro unless a specific request is made to Medicare
Medical FSA Reminders

Employees may not enroll or re-enroll in a Medical FSA if:

- Employee or spouse/state-registered domestic partner is enrolled in a CDHP in 2019
- Employee changes to a CDHP plan in 2019

2018 Medical FSA enrollees who enroll in a CDHP for 2019

- Must use all their funds and have all claims paid by December 31, 2018
- If all Medical FSA funds are not used and all claims paid by December 31, 2018
  - No contributions – employer or employee – may be made to their HSA account until April 1, 2019
Newborn/Adoption

Employees adding a newborn or adopted child in December

- Key as quickly as possible in December
  - Delays and confusion occur at the carrier if the employee made a plan change during open enrollment or had a change in their wellness incentive status.

- Effective date is date of birth, date of adoption or date assume financial responsibility for the child.

- If you are unable to enter the date of birth/adoPTION
  - Contact PEBB through FUZE to have us key the birth.
  - **Do not** key an incorrect date and ask us to fix it later.
FUZE & Phones

Open enrollment and the months following are a busy time for everyone.

- We are asking for your patience
  - When our responses to FUZE are delayed
  - When phone wait times are long
  - We understand your employees can be impatient, adding to your pressure
  - We are all working quickly to respond to your questions
  - You are our number one priority

Reopening a FUZE to check the status puts you at the end of the queue for a response - we respond in the order in which the FUZE is received.
Please **do not share** the following with employees:

- The PEB Division Outreach and Training 800-700-1555 number
  - This is for Pers/Pay staff only

- PEB Division Customer Service 800-200-1004 number
  - This is for Retiree, COBRA and continuation coverage members only

- Outreach and Training FUZE

- Our individual email addresses

- Our direct phone numbers
Agency Resources

Personnel, payroll, and benefits staff only

- Outreach and Training: **1-800-700-1555**
- Pers/Pay website at [www.hca.wa.gov/perspay](http://www.hca.wa.gov/perspay)
- FUZE
- Eligibility and PAY1 Manuals and other guidance
- Available for personnel, payroll, and benefits staff only

Please contact us with your employee’s questions—employees should not contact us directly
Employee & Agency Resources

- PEBB website (for employees): [hca.wa.gov/erb](http://hca.wa.gov/erb)
- Individual plan websites (see employee enrollment guide)
- Navia Benefit Solutions (Medical FSA/DCAP)
  - Website: [pebb.naviabenefits.com](http://pebb.naviabenefits.com)
  - Customer Service: **1-800-669-3539**
- Health Equity (HSA)
  - Website: [healthequity.com/pebb](http://healthequity.com/pebb)
  - Customer Service: **1-877-873-8823**
Employee & Agency Resources

MetLife customer service and website

- Customer Service: **1-866-548-7139**
- Website: [https://mybenefits.metlife.com/wapebb](https://mybenefits.metlife.com/wapebb)

SmartHealth Wellness Program

- Customer Service: **1-855-750-8866**
- Website: [www.smarthealth.hca.wa.gov](http://www.smarthealth.hca.wa.gov)
- Email: support@limeade.com
Employee Resources

Employees should contact the plans directly for help with:

- Benefit questions
- ID cards
- Claims
- Making sure their doctor or dentist contracts with the plan
- Choosing a doctor or dentist
- Making sure their prescriptions are covered
Employee Resources

Employees should contact YOU (Pers/Pay staff) directly for help with:

- Eligibility questions or changes
- Enrollment questions or procedures
- Premium surcharge questions
- Finding forms
- Adding or removing dependents
- Life and LTD insurance eligibility/enrollment questions
- Payroll deduction information
New *Employee and Retiree Benefits (ERB)* Division at the HCA

- PEBB is one program within ERB
- SEBB (School Employee’s Benefits Board) is a second program within ERB
  - Effective January 1, 2020

Changes reflected on the PEBB website

- New ERB web page with links to:
  - PEBB
  - SEBB
  - Retirees
  - Continuation Coverage
New ERB webpage

PEBB

Continuation Coverage

PEBB

Retirees
Web pages for each program

- Public employees
- School employees
- Retirees
- COBRA and continuation coverage
Questions?