



# PEBB 2024 Pre-Open Enrollment

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State Agencies &  
Higher Education Institutions

PEBB Outreach and Training  
ERB

October 8, 2024

Debbie Krumpols & Larry Cade

Washington State  
Health Care Authority

# 2024 PEBB Pre-OE Trainings

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**Thursday, October 10, 10:00 am**

- HCM User Group in-person training, Kirkland, Lake Washington Tech Institute
  - Community & technical college BAs

# Agenda

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- 1 General OE Information
- 2 Medical Plan Changes/Updates
- 3 2025 Premiums & Surcharges
- 4 Dental, *Vision*, Life/AD&D, Long-term Disability
- 5 FSAs & DCAP
- 6 Making OE Changes
- 7 Reminders & Resources

# Open Enrollment (OE) Information

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# 2024 Annual Open Enrollment

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**October 28 through November 25, 2024**

- All enrollment changes must be completed/received no earlier than October 28 and **no later than 11:59 pm, November 25**
  - Keyed in *Benefits 24/7* by the employee (subscriber)
  - **2025 Employee Enrollment/Change** form received by the BA
- Remember – employees need to elect their vision plan
- **Changes are effective January 1, 2025**

\* UW & WSU employees cannot use *Benefits 24/7*– they enter changes into *Workday*

# UW In-Person Benefits Fairs October

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DATE		LOCATION	TIME
October 21	(Monday)	Seattle - Harborview Medical Center	10:00 am to 5:00 pm
October 22	(Tuesday)	Seattle - UW Medical Center Northwest	
October 23	(Wednesday)	Seattle - UW Health Sciences Building/UW Medical Center - Montlake	
October 24	(Thursday)	Seattle - UW Husky Union Building (HUB)/Seattle Campus	

# PEBB In-Person Benefits Fairs – Western WA

DATE		LOCATION	TIME
October 28	(Monday)	Lynnwood - Edmonds College	10:00 am – 6:00 pm
October 29	(Tuesday)	Bellingham – Four Points Sheraton Hotel	
October 30	(Wednesday)	Kirkland – Lake Washington Institute of Technology	
October 31	(Thursday)	Tacoma – Clover Park Technical College	
November 1	(Friday)	Renton Technical College	
November 4	(Monday)	Vancouver – Clark College	
November 5	(Tuesday)	Olympia/Tumwater – ESD #113	
November 6	(Wednesday)	Port Angeles – Red Lion Hotel	
November 7	(Thursday)	Bremerton – Olympic College	

# PEBB In-Person Benefits Fairs – Eastern WA

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DATE		LOCATION	TIME
October 29	(Tuesday)	Spokane Community College	10:00 am – 6:00 pm
October 30	(Wednesday)	Cheney – Eastern Washington University	
October 31	(Thursday)	Wenatchee Red Lion Hotel	
November 5	(Tuesday)	Pullman – Washington State University	
November 6	(Wednesday)	Pasco – Columbia Basin College	
November 7	(Thursday)	Yakima Valley College	



# Virtual Benefits Fair

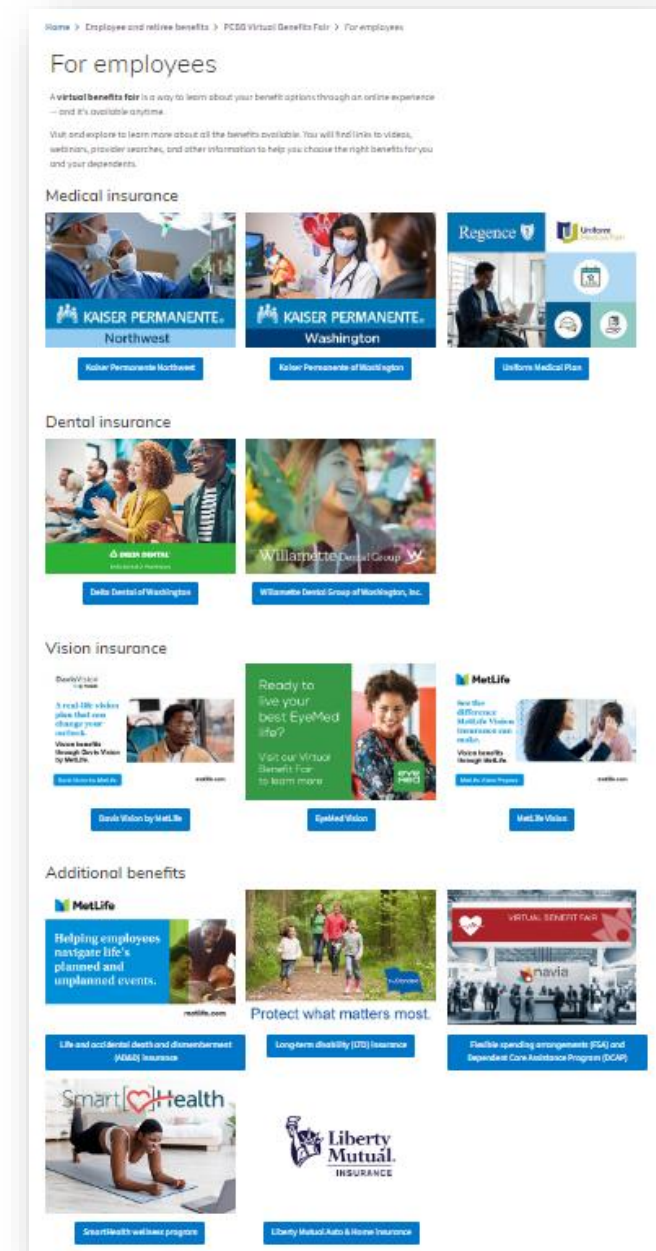
## Provides “virtual booths”:

- Benefit options/information via “online experience”
- 24/7 access
  - Using your computer, tablet, or smartphone
- Informative videos

Visit the PEBB Open Enrollment webpage for more information:

[hca.wa.gov/pebb-oe](https://hca.wa.gov/pebb-oe)

Information available October 4



# Employee OE Communications

## *For Your Benefit* newsletter

- Mailed or emailed in October
- 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



# Employer Communications

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## GovDelivery

- PEBB provides email messages to send to your employees
- Before and throughout open enrollment



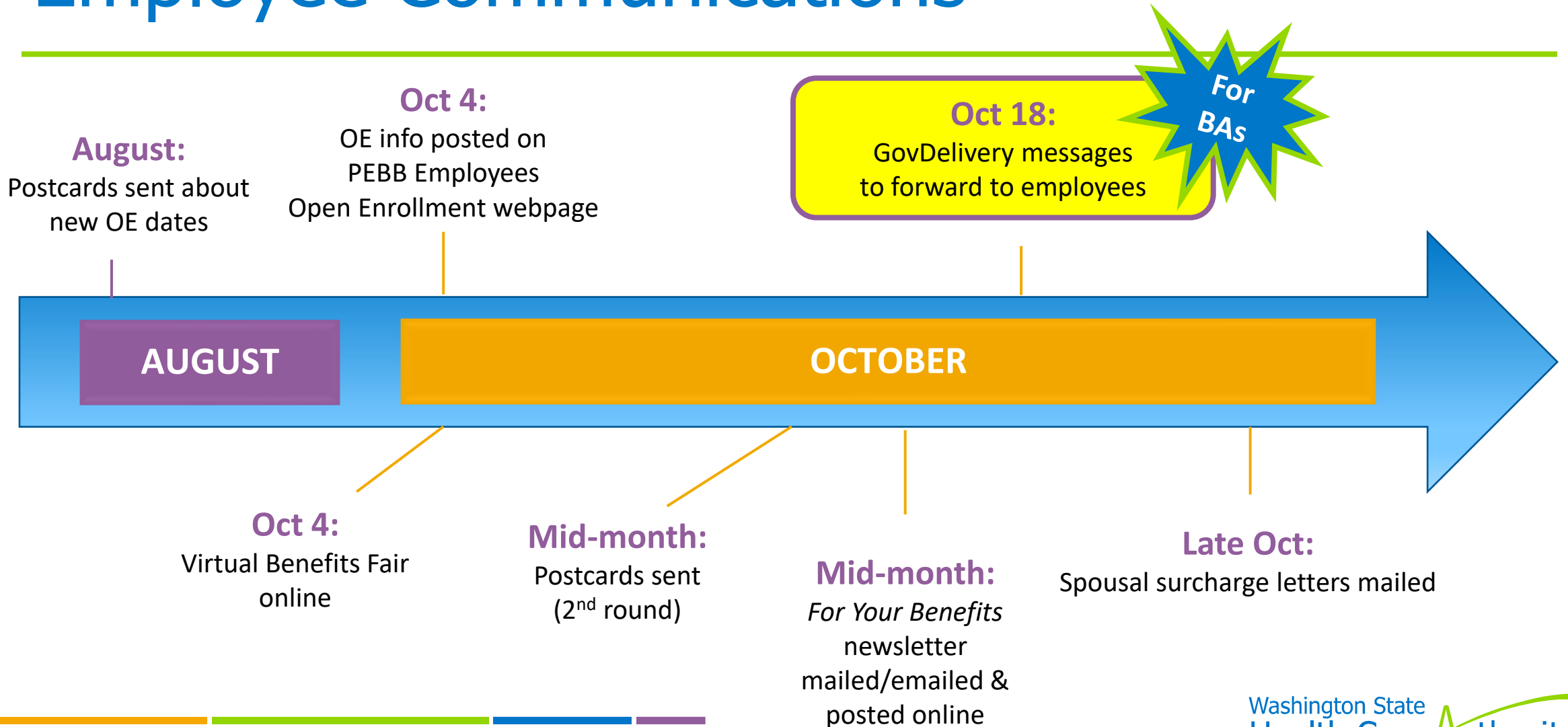
*Are you signed up for....*



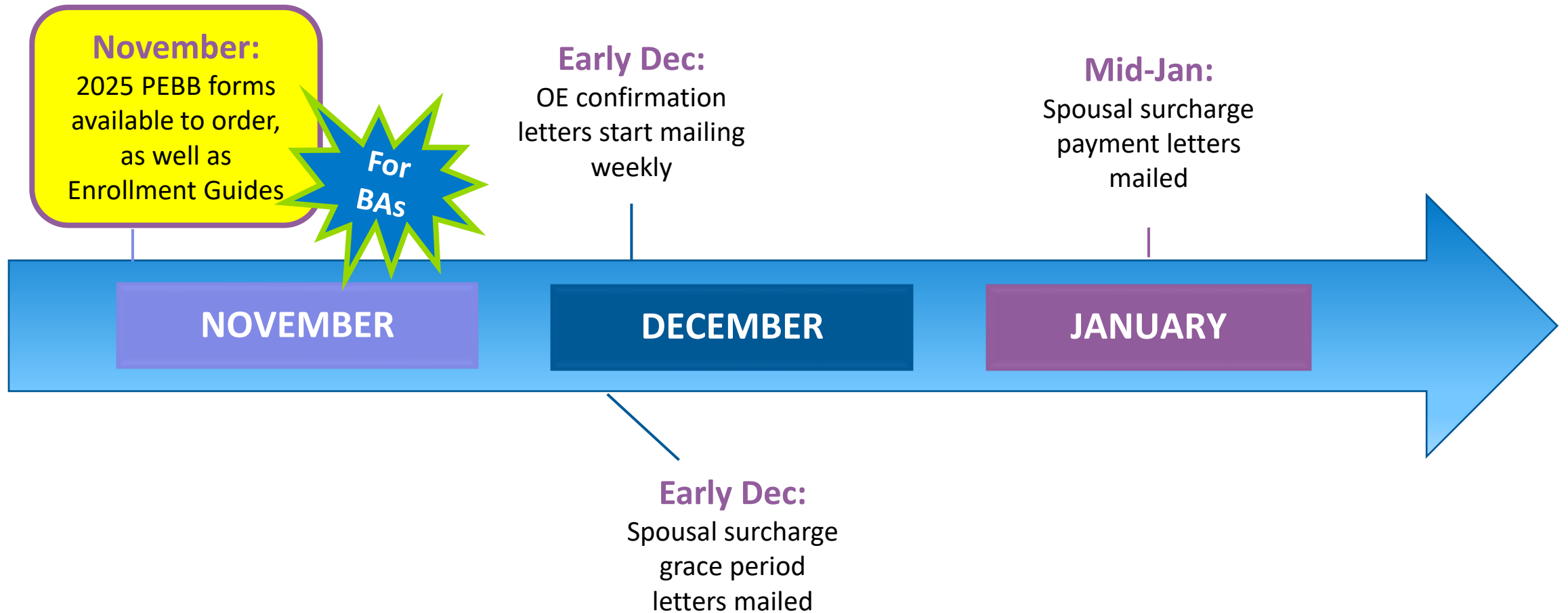
# OE GovDelivery Messages

Message #	Topic	Date Sent to BA	Date BA Sends to EEs
1	PEBB annual open enrollment begins	Oct 18, 2024	Oct 22, 2024
2	Open enrollment resources	Oct 23, 2024	Oct 25, 2024
3	Changes for 2025	Oct 28, 2024	Oct 30, 2024
4	Making elections in B24/7	Oct 30, 2024	Nov 1, 2024
5	FSA/DCAP	Nov 4, 2024	Nov 6, 2024
6	Spousal reattestation	Nov 6, 2024	Nov 8, 2024
7	Have you chosen a vision plan?	Nov 8, 2024	Nov 12, 2024
8	Tips for choosing a health plan	Nov 13, 2024	Nov 15, 2024
9	Open enrollment reminders	Nov 15, 2024	Nov 18, 2024
10	Open enrollment ends	Nov 20, 2024	Nov 22, 2024

# Employee Communications




# Employee Communications (cont'd)



# What Can Employees Do?

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During open enrollment, employees may:

- Change medical and/or dental plans
- **Elect their stand-alone vision plan** 
- Enroll/Re-enroll in FSA/DCAP
- Enroll in PEBB medical coverage (if previously waived) without proof of loss
- Waive PEBB medical if they are enrolled in:
  - TRICARE, Medicare, or other employer-based group medical
    - Coverage under the Health Benefit Exchange (HBE) is **not considered** employer-based coverage



# What Can Employees Do? (cont'd)

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- Add eligible dependents (medical, dental, vision)
  - Dependent Verification (DV) documents are required (if applicable)
    - Not required to enroll dependents in vision if already enrolled in PEBB medical and/or dental
  - A list of valid DV documents is available on the Benefits Administrator website
- Remove dependents from medical and/or dental plans
- Change premium deduction to pre- or post-tax
  - (IRC Section 125)
- Change the tax status of a dependent
  - (IRC Section 152)



# How Employees Can Make Changes

Change Type	Online/Mobile Access <i>Benefits 24/7</i> *	Complete 2025 Enrollment/Change Form
Change medical and/or dental plan		
<b>Elect stand-alone vision plan</b>		
Waive enrollment in medical		
Enroll in medical if previously waived		
Add dependent(s) to medical, dental, <b>vision</b>		
Remove dependent(s) from medical and/or dental		

\* *Benefits 24/7* is not available to UW & WSU employees

# How Employees Can Make Changes (cont'd)

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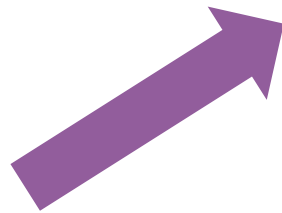
Change Type	Form to Complete
Change tax status of a dependent	Declaration of Tax Status form
Change premium deduction to pre - or post-tax	Premium Payment Plan Election/Change form

These changes cannot be made using *Benefits 24/7*  
[hca.wa.gov/pebb-benefits-admins/forms-and-publications](https://hca.wa.gov/pebb-benefits-admins/forms-and-publications)

# Finding *Benefits 24/7* - Employees

From PEBB Employee website:

[hca.wa.gov/employee-retiree-benefits/public-employees](https://hca.wa.gov/employee-retiree-benefits/public-employees)



Home > Employee and retiree benefits > Public employees

PEBB and SEBB open enrollment is Monday, October 28 through Monday, November 25, 2024.  
Find information on the open enrollment page that's right for you: PEBB retirees, PEBB employees and PEBB continuation coverage subscribers, and SEBB employees and SEBB continuation coverage subscribers.

PEBB and SEBB phones and lobby services unavailable  
PEBB and SEBB customer service phones and lobby services will be unavailable from noon to 2:30 p.m., Thursday, October 3.

## Public employees

Your PEBB benefits include medical (with vision) and dental coverage and discounted auto and homeowners' insurance. You may also have life, accidental death and dismemberment, long-term disability insurance, the option to enroll in a flexible spending arrangement and the Dependent Care Assistance Program.


Explore the benefits available to you as a public employee and learn how to enroll and manage your coverage.

[Benefits 24/7](#)

[Open enrollment](#)

[Benefits fairs](#)

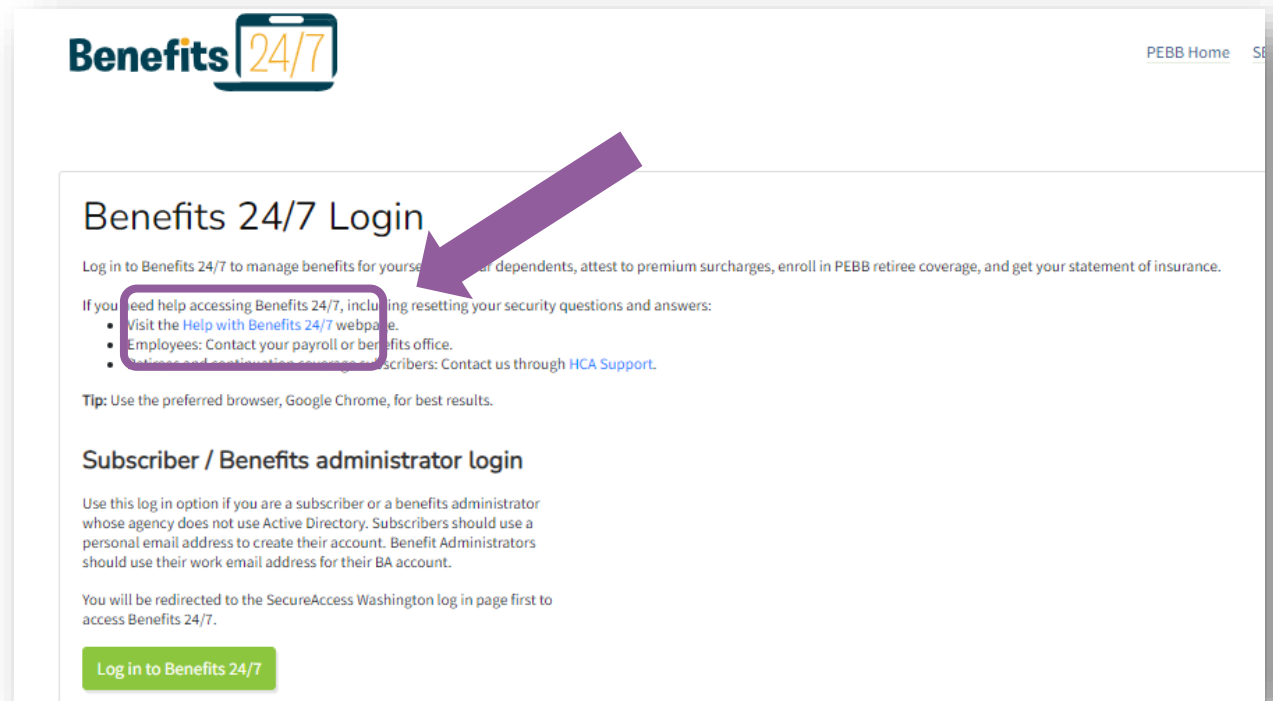
[Virtual benefits fair](#)



# Benefits 24/7 - Employees Register Prior to OE

## Employee resources for help logging in:

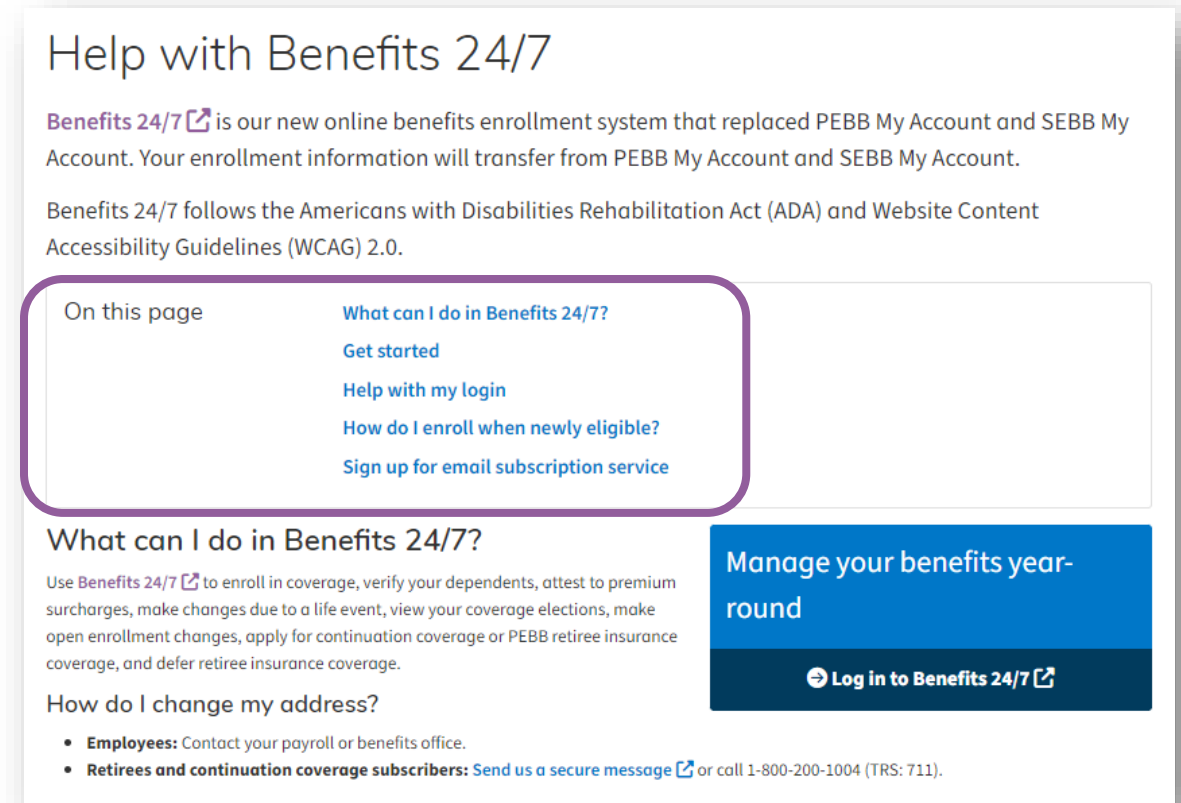
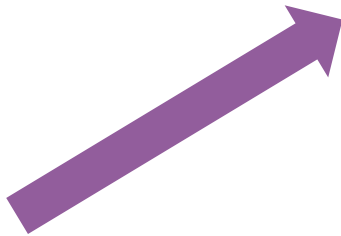
- From *Benefits 24/7* login page
  - “Help with *Benefits 24/7*”



# Employees Register Prior to OE (cont'd)

## Employee resources for help logging in:

- From *Benefits 24/7* login page
  - “Help with *Benefits 24/7*”
    - Things to know before registering
    - Creating a secure SAW account
    - How to log in
    - Help with logging in
      - 866.335.0043



Help with Benefits 24/7

**Benefits 24/7** is our new online benefits enrollment system that replaced PEBB My Account and SEBB My Account. Your enrollment information will transfer from PEBB My Account and SEBB My Account.

Benefits 24/7 follows the Americans with Disabilities Rehabilitation Act (ADA) and Website Content Accessibility Guidelines (WCAG) 2.0.

On this page	<a href="#">What can I do in Benefits 24/7?</a>
	<a href="#">Get started</a>
	<a href="#">Help with my login</a>
	<a href="#">How do I enroll when newly eligible?</a>
	<a href="#">Sign up for email subscription service</a>

**What can I do in Benefits 24/7?**

Use **Benefits 24/7** to enroll in coverage, verify your dependents, attest to premium surcharges, make changes due to a life event, view your coverage elections, make open enrollment changes, apply for continuation coverage or PEBB retiree insurance coverage, and defer retiree insurance coverage.

**How do I change my address?**

- **Employees:** Contact your payroll or benefits office.
- **Retirees and continuation coverage subscribers:** [Send us a secure message](#) or call 1-800-200-1004 (TRS: 711).

[Manage your benefits year-round](#)

[Log in to Benefits 24/7](#)

# Medical Plan Changes

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For all medical plans: KPNW, KPWA, & UMP  
Effective January 1, 2025

# Stand-Alone Vision Coverage

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## Effective January 1, 2025:

- Kaiser and UMP will no longer offer vision hardware benefits
  - Instead, the PEBB Program will offer stand-alone vision plans

EyeMed Vision

Davis Vision

MetLife Vision

# Vision Benefit – All Plans

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## Effective January 1, 2025:

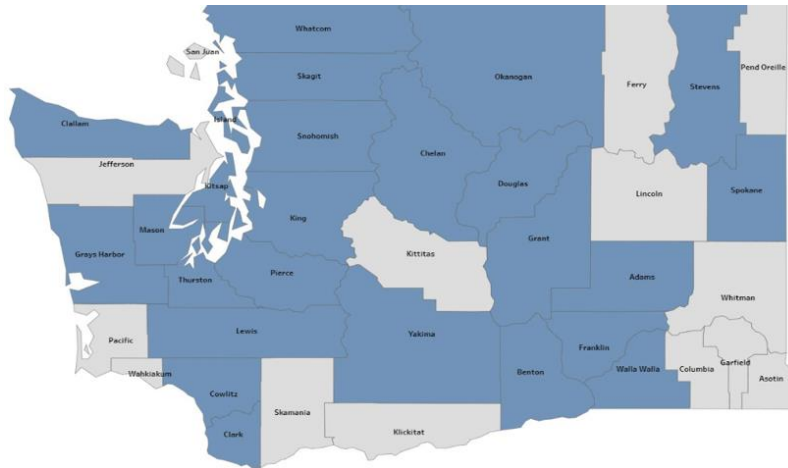
- Yearly routine eye exam for members
- Dependents 19 and under receive a pair of glasses (or contacts in lieu of glasses) **every year**
- **\$200** every two years to be spent on a pair of glasses (frames and lenses) or contacts in lieu of glasses
- Beginning 2025, the two-year benefit reset occurs in numerically odd years (2025, 2027, 2029, etc.)

Some eye-related conditions **will continue to be covered by PEBB medical plans**

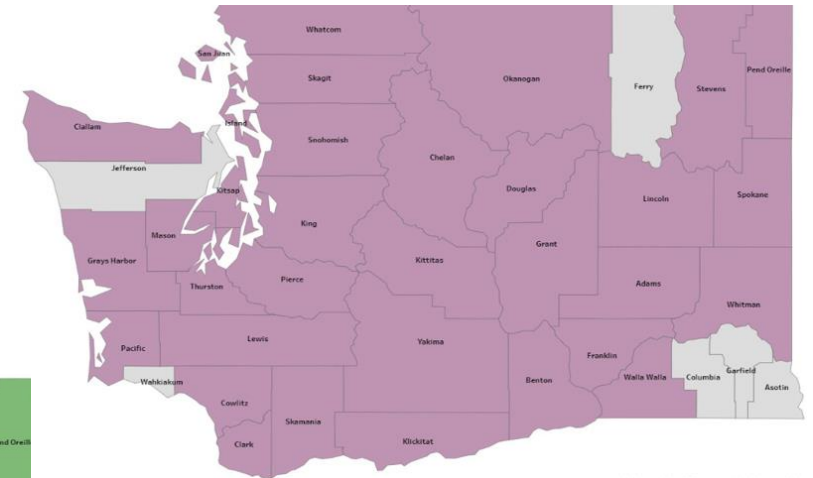


# Vision Service Areas

## Davis Vision



## EyeMed Vision



## MetLife Vision

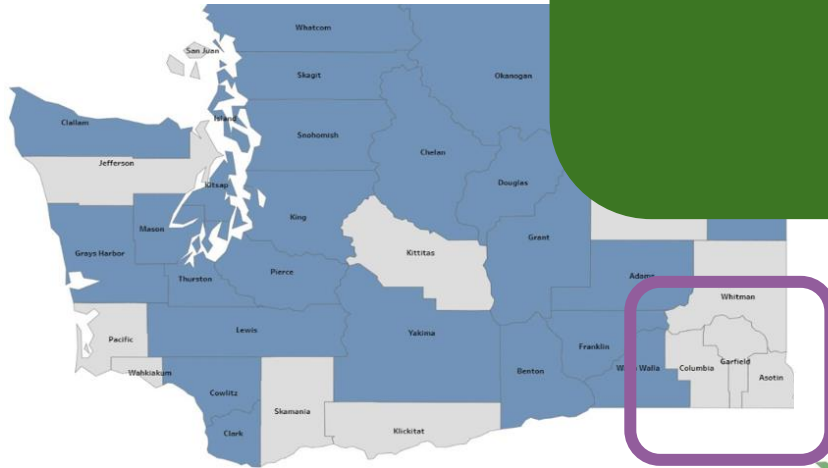


# Vision Services

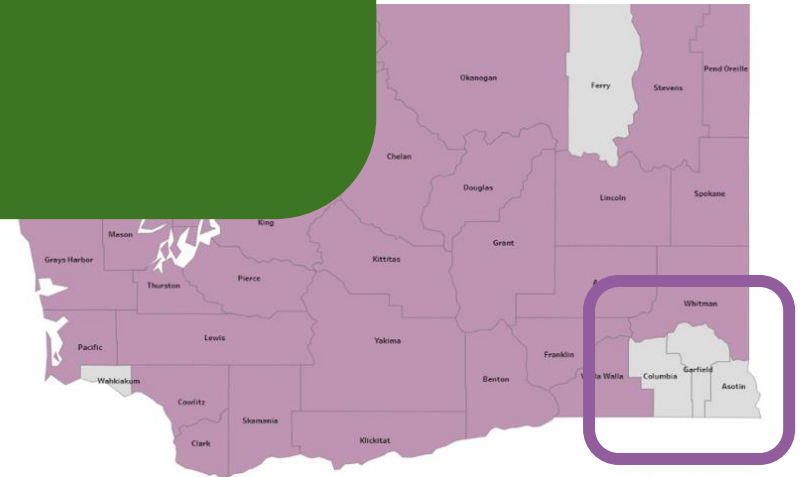
No in-network providers -  
but available within “reasonable distance”

Wahkiakum  
Columbia  
Garfield  
Asotin  
counties

## Davis Vision



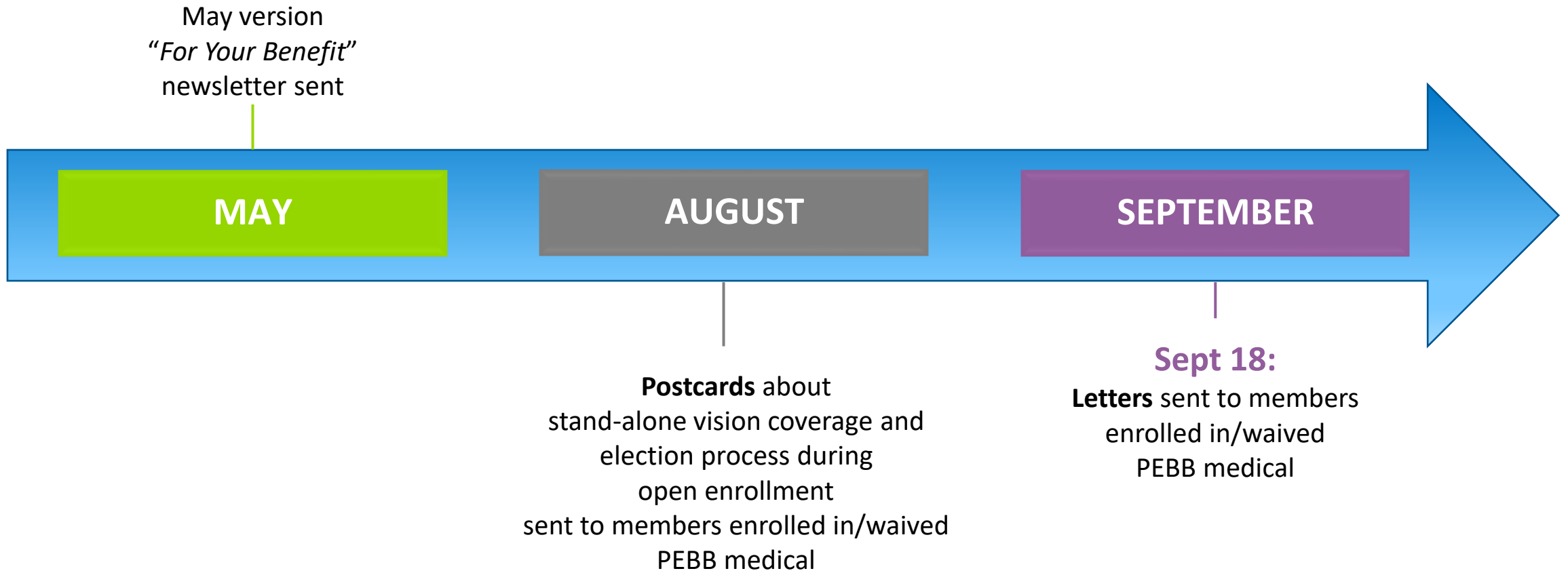
## Med Vision



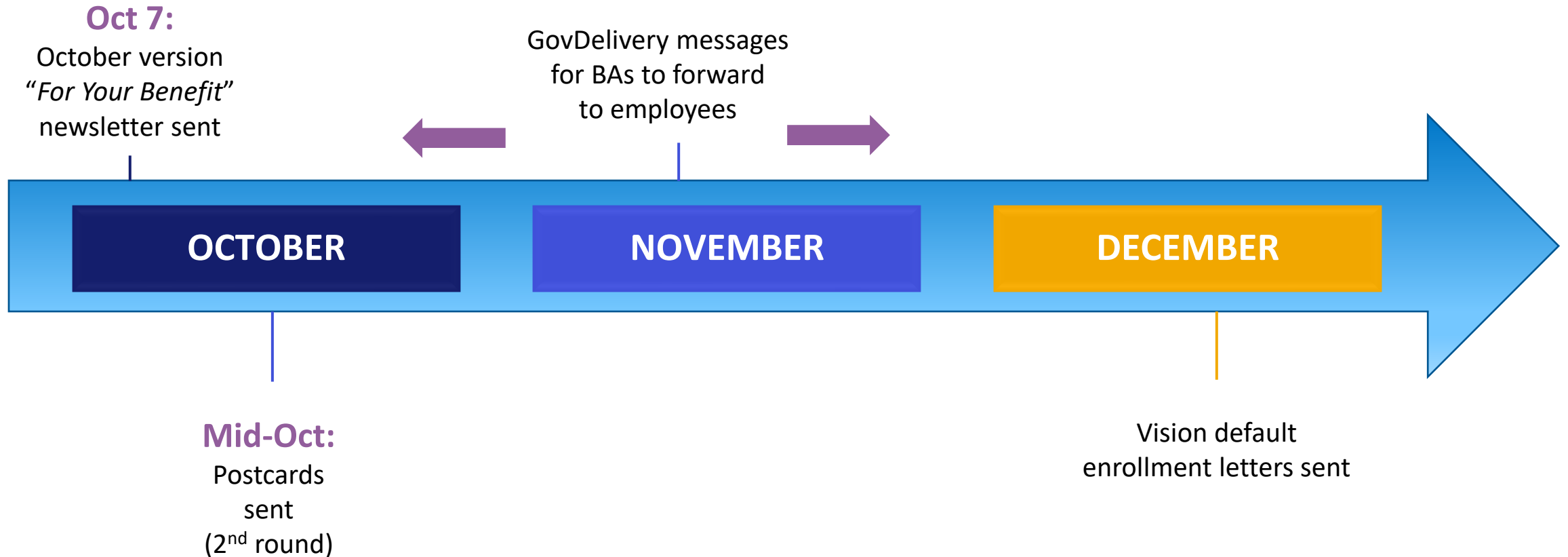
## MetLife Vision



# Communications to Employees – Vision Benefits



# Communications to Employees (cont'd)



# Kaiser Permanente

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KPNW & KPWA

# Plan Changes

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## PEBB Employee OE website

- *Changes to PEBB benefits for 2025*

[hca.wa.gov/about-hca/news/announcements/changes-pebb-benefits-2025](https://hca.wa.gov/about-hca/news/announcements/changes-pebb-benefits-2025)

- *For Your Benefit* newsletter

- October version

[hca.wa.gov/assets/pebb/for-your-benefit-pebb-state-agency-higher-ed-october-2024.pdf](https://hca.wa.gov/assets/pebb/for-your-benefit-pebb-state-agency-higher-ed-october-2024.pdf)

# Uniform Medical Plan

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(UMP)

# UMP Plus Changes

Effective January 1, 2025:

<b>Puget Sound High Value Network (PSHVN)</b>	
<b>Service Area Changes</b>	<b>Leaving:</b> *Chelan County *Douglas County
<b>Contract Changes</b>	<b>Leaving:</b> *Confluence Health
<b>2025 Service Areas</b>	King, Kitsap, Pierce, Snohomish and Yakima counties

Letters sent in September to impacted members; “default” letters sent December, after OE



# UMP Plus Changes (cont'd)

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If impacted employees  
**do not make a new plan election  
during open enrollment,**  
they will be  
**defaulted into UMP Classic medical plan,**  
(including dependents enrolled in medical)

Letters sent in September to impacted members; “default” letters sent December, after OE

# Consumer-Directed Health Plan with a Health Savings Account

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(CDHP w/HSA)

# Increase in Deductible for CDHP Plans

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Beginning January 1, 2025

	Current 2024	New 2025
Single subscriber	\$1,600	<b>\$1,650</b>
All other tiers	\$3,200	<b>\$3,300</b>

# CDHP w/HSA: Employer Contribution Amounts

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The HSA **employer contribution** amount remains at:

- Subscriber only
  - **\$700.08 per year** (\$58.34 per month)
- Subscriber with one or more enrolled dependents
  - **1,400.04 per year** (\$116.67 per month)

**No changes for 2025**

# CDHP w/HSA: Employee Contribution Amounts

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## Employees can also contribute monies to their HSA

- IRS maximum contribution amounts for 2025\*
  - Subscriber only
    - **Increased to \$4,300** (up from \$4,140)
  - Subscriber with one or more enrolled dependents
    - **Increased to \$8,550** (up from \$8,300)
  - Employees age 55 or older may contribute additional \$1,000 per year

\*Employer & employee contributions, plus wellness incentives if earned, may not exceed the IRS maximum

# Health Savings Account (HSA)

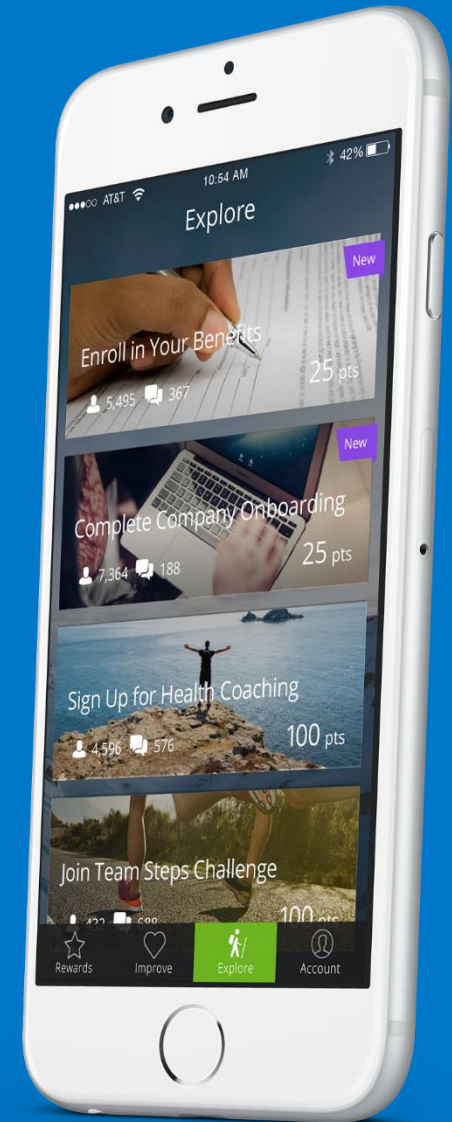
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**At anytime**, employees enrolled in a high-deductible medical plan can:

- Start, stop, increase, or decrease contributions to their HSA
  - Complete HSA Payroll Deduction Form
  - Go online to “HealthEquity” (after-tax contributions)
  - Link to *HealthEquity* **within *Benefits 24/7***
    - “Supplemental coverage” tile (after-tax contributions)

# Smart [Heart] Health

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# SmartHealth \$125 Incentive

Remains for 2025

## Eligible employees will receive \$125 end of January 2025:

- Towards employee's 2025 medical plan deductible, or
- Deposited into employee's 2025 HSA if enrolled in a CDHP medical plan
  - Does count towards the annual IRS maximum

## Deadlines for completing the financial incentive requirements:

- **November 30, 2024**
  - Subscribers continuing enrollment in PEBB medical or enrolling in PEBB medical with an effective date in January - September 2024
- **December 31, 2024**
  - Subscribers enrolling in PEBB medical with an effective date in October - December 2024



# Premiums

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Premiums provided are for  
state agency and  
higher education employees

# Employee Premiums – State Agencies and Higher Education

PLAN NAME	EMPLOYEE		EMPLOYEE & SPOUSE/PARTNER		EMPLOYEE & CHILD(REN)		EMPLOYEE, SPOUSE/PARTNER & CHILD(REN)	
	2024	2025	2024	2025	2024	2025	2024	2025
KP <b>NW</b> Classic	\$331	<b>\$189</b>	\$662	<b>\$378</b>	\$579	<b>\$331</b>	\$910	<b>\$520</b>
KP <b>NW</b> CDHP	\$195	<b>\$37</b>	\$390	<b>\$74</b>	\$341	<b>\$65</b>	\$536	<b>\$102</b>
KP <b>WA</b> Classic	\$226	<b>\$128</b>	\$452	<b>\$256</b>	\$396	<b>\$224</b>	\$622	<b>\$352</b>
KP <b>WA</b> CDHP	\$26	<b>\$25</b>	\$52	<b>\$50</b>	\$46	<b>\$44</b>	\$72	<b>\$69</b>
KP <b>WA</b> SoundChoice	\$69	<b>\$73</b>	\$138	<b>\$146</b>	\$121	<b>\$128</b>	\$190	<b>\$201</b>
KP <b>WA</b> Value	\$211	<b>\$119</b>	\$422	<b>\$238</b>	\$369	<b>\$208</b>	\$580	<b>\$327</b>
UMP Classic	\$124	<b>\$133</b>	\$248	<b>\$266</b>	\$217	<b>\$233</b>	\$341	<b>\$366</b>
UMP Select	\$59	<b>\$83</b>	\$118	<b>\$166</b>	\$103	<b>\$145</b>	\$162	<b>\$228</b>
UMP CDHP	\$35	<b>\$46</b>	\$70	<b>\$92</b>	\$61	<b>\$81</b>	\$96	<b>\$127</b>
UMP Plus	\$109	<b>\$158</b>	\$218	<b>\$316</b>	\$191	<b>\$277</b>	\$300	<b>\$435</b>

# Premium Surcharges

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Tobacco Use  
and  
Spouse/SRDP Coverage

# Premium Surcharges

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## Tobacco Use

- No changes

## Spouse/SRDP Coverage

- New rate for determining if surcharge applies
  - **Question #6:**  
*Will spouse/SRDP's share of the medical premium through their employer be less than **\$126.36** per month in 2025?*
    - Was \$117.81 for 2024

# Dental, Vision, Life & AD&D, & Long-term Disability

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# PEBB Dental Benefits & Plans

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The same dental plans are available:

- Uniform Dental Plan
- DeltaCare Dental
- Willamette Dental of WA

**No benefit changes for 2025**

# PEBB Dental Plans: Reminder

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Delta Dental of Washington **administers both:**

- Uniform Dental Plan (UDP) – Group 3000
  - Preferred-provider plan
- DeltaCare – Group 3100
  - Managed care plan

**The network of providers are different**

- **Call the plan** directly to verify which network your dentist participates in
- For plan contact information visit the *Contact the Plans* section of the PEBB website

# Stand-Alone Vision Coverage

Effective January 1, 2025:

## Stand-Alone Vision Plans

**EyeMed Vision**

**Davis Vision**

**MetLife Vision**

**Same services**

**Different provider networks**

**Different copays/coinsurance**

**Employer paid – no additional monthly premium for employee and eligible dependents**

**Subscribers will receive “vision ID card” after enrollment**



# Compare Vision Plans

## Employees can compare vision plans:

- PEBB Employee OE website
  - “Compare vision plans” tool
  - *PEBB Vision Benefits At-a-Glance*
  - Find plan providers
- Visit vendor booths:
  - *Virtual Benefits Fair* webpage
  - In-person benefit fairs

### Vision plans and benefits

Find out about vision plans available to you. You and your dependents will be enrolled in the same vision plan. Employees who work for a city, county, port, water district, hospital, etc., check with your payroll or benefits office to see if you have PEBB vision coverage as part of your benefits.

#### What is vision insurance?

Vision insurance reduces or eliminates out-of-pocket costs for eye exams and preventive care. Vision insurance helps cover the cost of vision expenses. It can also be used to pay for glasses (both frames and lenses) or contacts to correct vision problems.

#### Plan options

- [Davis Vision by MetLife](#)
- [EyeMed](#)
- [MetLife Vision](#)

#### Tools to help you choose

[Compare vision plans](#) using benefit comparisons.

#### Plan resources

- [Find a provider](#) for care.
- [Contact the plans.](#)
- [Benefits while traveling.](#) Learn how to access care when traveling.

Find the right vision plan for you

[Compare vision plans](#)

# Vision Plans – In Network Retail Locations

In addition to local providers' offices (not all inclusive):

Retail Location	Davis Vision	EyeMed Vision	MetLife Vision
America's Best	✓		✓
Costco Optical	✓		✓
LensCrafters		✓	
Pearle Vision		✓	✓
Sam's Club	✓		✓
Target Optical		✓	
Visionworks	✓		✓
Walmart	✓		✓

# Life and AD&D

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## **Employer-paid** (employee):

- Basic life \$35,000
- Basic AD&D \$5,000

## **Employee-paid:**

- Supplemental life
- Supplemental AD&D



**No rate or benefit changes for 2025**

# Supplemental Life and AD&D

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## Premiums change when employee:

- Reaches new age bracket
- Increases or decreases amount of coverage

When reach new age bracket, life insurance  
rate increase becomes effective  
**January of following year**

# Long-term Disability (LTD)

**No change to employer-paid LTD rates or benefits for 2025**

**Employee-paid LTD rates will decrease** effective January 1, 2025

Coverage Level	Higher-Ed Retirement Plan		TRS, PERS & Other Retirement Plans	
	2024	2025	2024	2025
60%	0.0059	<b>0.0053</b>	0.0047	<b>0.0042</b>
50%	0.0035	<b>0.0032</b>	0.0028	<b>0.0025</b>

# Flexible Spending Arrangements & Dependent Care Assistance Program

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FSA & DCAP

# FSA's and Name Change

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## Beginning January 1, 2025:

- **New name – “Flexible Spending Arrangement” (FSA)**
  - *Removing the word “medical”*
- **Limited Purpose Flexible Spending Arrangement (LPFSA)**
  - *No name change*

# 2025 FSA Contribution Limits

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## Minimum annual contribution

- **\$120** (no change)

## Maximum annual contribution

- **\$3,200** (up from \$3,050)



Includes Limited Purpose FSA



# Qualifying for FSA "Carryover" to 2025

## Criteria #1

**Minimum of \$120 remaining**  
end of plan year  
(December 31, 2024)

OR

## Criteria #2

Enroll in  
an FSA  
**next plan year**  
(2025)

## Carryover Result

**Up to \$640**  
Remaining funds  
above \$640 -  
**FORFEITED**

Carryover applies even if employee elects **maximum** contributions to FSA in next plan year (\$3,200)

# CBA \$250 FSA Contribution

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## For represented employees only:

- Occupy position with annual base salary of \$60,000 or less on November 1, 2024, and
- Meet eligibility for PEBB medical benefits January 1, 2025, and
- Are not enrolled in a CDHP w/HSA medical plan in 2025

**Receive \$250 distribution  
in January 2025**

# CBA \$250 FSA Contribution (cont'd)

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## Paid by the employer

- Employee **not required** to enroll in FSA in 2025

## \$250 added to:

- **Current debit card** for currently enrolled employees
- **New debit card** for employees not currently enrolled

- \$250 contribution **does not count** toward IRS FSA maximum
  - Employee could end up with a \$3,450 FSA in 2025
- Eligible employees not enrolled in PEBB medical (as a subscriber or dependent):
  - Will not receive the \$250
  - Benefit will be forfeited

# CBA \$250 FSA Communications

Letter mailed to likely recipients late  
September 2024



September 26, 2024

Name  
Address  
City, St ZIP

## You may receive a \$250 FSA contribution in 2025

Dear Subscriber:

You may be eligible for a \$250 Flexible Spending Arrangement (FSA) (formerly called the Medical FSA) contribution through your collective bargaining agreement. You may be eligible for this benefit if:

- You are employed in a PEBB benefits-eligible position on January 1, 2025.
- You are a union-represented employee.
- Your union is part of the Health Care Coalition described in RCW 41.80.020(3).
- Your rate of pay on November 1, 2024 is \$80,000 or less for a full-time equivalent position.
  - If you work part-time, you may still qualify for this contribution if your position pays a salary of \$80,000 or less per year as a full-time employee. For example, if you earn \$30,000 and work 20 hours per week, your full-time salary would be \$80,000 and you would still qualify.
- You met the other eligibility criteria as described in the Health Care Coalition Agreement, including PEBB Program eligibility requirements and eligible medical plan enrollment.

### How can I spend the \$250?

You can use your FSA to pay for health care costs that your insurance doesn't cover like copays, deductibles, over-the-counter medications, and more. Use the funds for qualified medical expenses for yourself, your spouse, or other qualified dependents, even if they are not enrolled on your PEBB medical, dental, or vision plan.

If you are eligible, you will get the \$250 contribution automatically in late January 2025. It will not come out of your paycheck and you do not have to do anything to get the funds.

### How will I get the \$250?

If this is your first time getting this benefit and you do not enroll in an FSA for 2025, Navia Benefit Solutions (the FSA administrator) will open an account in your name with the \$250 contribution. They will mail you a welcome letter with your enrollment confirmation, followed by a Navia Benefits Debit Mastercard that you can use to spend the funds. For security purposes, the debit card comes in a plain envelope and is not labeled with a Navia or PEBB logo.

If you got this benefit in January 2024, or you've had an FSA in the last three years, you will not get a new debit card from Navia Benefit Solutions. Instead, the \$250 will be added to your existing FSA. If you need a new debit card, contact Navia at 1-800-669-3539. You will still get a welcome letter in the mail along with your enrollment confirmation notice.

HCA 50-0015 (05/24) incl. 57-0401

*continued*

# CBA \$250 FSA Communications (cont'd)

## Benefits Administrators:

- FAQs posted on the Benefits Administrator website
  - FSA/DCAP page

## Employees:

- Article in the October *For Your Benefit* newsletter

### FAQs: \$250 FSA contribution to union-represented PEBB Program members

Translation services are available. For translation of this document or other PEBB Program materials, contact your payroll or benefits office for assistance. For translation of Navia materials (such as an enrollment form, enrollment guide, or letters), contact Navia Customer Service at 1-800-669-3539 or email [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com).

#### 1. What is an FSA?

A Flexible Spending Arrangement (FSA) is an account which allows you to set aside funds from each paycheck, pretax, to use for qualifying healthcare expenses. **Note:** The PEBB Program previously referred to this benefit as the Medical FSA. There are no changes to this benefit other than the name.

#### 2. How do I get this benefit?

You are likely eligible to receive this contribution if you meet the following criteria:

- You are employed in a PEBB benefits-eligible position on January 1.
- You are a union-represented employee.
- Your union is part of the Health Care Coalition described in [RCW 41.80.020\(3\)](#).
- Your rate of pay on November 1 of the previous year is \$60,000 or less for a full-time equivalent position.
  - If you work part-time, you may still qualify for this contribution if your position would provide a salary of \$60,000 or less as full-time. For example, if you earn \$30,000 and work 20 hours per week, your full-time salary would be \$60,000 and you would still qualify.
- You or your spouse or state-registered domestic partner (SRDP) are not enrolled in a consumer-directed health plan (CDHP) with a health savings account (HSA).
- You met the other eligibility criteria as described in the Health Care Coalition Agreement, including PEBB Program eligibility requirements and eligible medical plan enrollment.

If eligible, you will receive the \$250 contribution automatically from Navia Benefit Solutions (the FSA administrator) on behalf of your employer as part of your collective bargaining agreement.

#### 3. How will I be notified if I am likely eligible for the \$250?

The PEBB Program mails a letter at the end of September. The letter informs employees:

- They are likely eligible for a \$250 FSA contribution the following January.
- They can only receive this benefit if they or their spouse or SRDP do **not** enroll in a CDHP with an HSA, and they do not waive PEBB medical coverage (unless they waived to enroll as a dependent on someone else's PEBB account).
- They will receive a welcome letter from Navia Benefit Solutions (the FSA administrator) and a Navia Benefits Debit MasterCard if they meet all eligibility requirements.

This \$250 contribution is also mentioned in the state and higher education edition of the October *For Your Benefit* newsletter.

#### 4. What would make me ineligible to receive this benefit?

You will **not** receive this \$250 contribution if:

- Your rate of pay on November 1 of the previous year exceeds \$60,000 per year.
  - This includes if you work part-time and your position, if full-time, would pay \$60,000 or more per year.
- You are no longer part of the union-represented group on January 1.
- You waive PEBB medical coverage, unless you waive to enroll as a dependent on someone else's PEBB medical plan (that is not a CDHP with an HSA).
- You are no longer eligible for PEBB medical coverage on January 1 of the plan year. If you terminate your employment, retire, or lose coverage by the date the benefit is distributed, you will not receive this benefit.
- **Note:** you cannot use the funds if your spouse or SRDP enroll in a CDHP with a health savings account (HSA) for 2024. Internal Revenue Service rules do not permit a person to have both an FSA and an HSA because both are tax-preferred benefits. If you cannot receive the \$250 for this reason, the collective bargaining agreement does not allow the \$250 to be distributed or used in any other way. You will forfeit this benefit.

HCA 50-0042 (7/24)

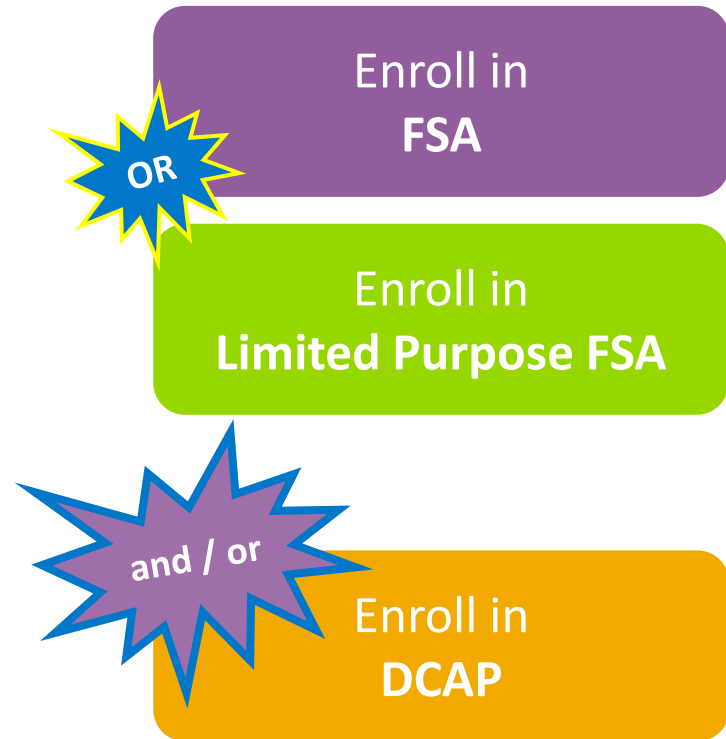
(continued)

# Contribution Limits – DCAP

Filing Status	Current (2024) Annual Contribution Maximum	2025 Annual Contribution Maximum	Must incur 2024 services by <b>December 31, 2024</b>
Single person	\$5,000	<b>\$5,000</b>	Must submit 2024 claims by <b>March 31, 2025</b>
Married couple filing jointly	\$5,000	<b>\$5,000</b>	
Married couple filing separately	\$2,500	<b>\$2,500</b>	Unused DCAP funds forfeited <b>after March 31, 2025</b>

# How Employees Make FSA/DCAP Changes During OE

October 28 – November 25, 2024:



Complete enrollment via:

- *Navia's* online portal
  - Link within *Benefits 24/7*
    - “Supplemental coverage” tile
- PEBB FSA/DCAP open enrollment form

**Must enroll each plan year - enrollment does not automatically continue year-to-year**

[pebb.naviabenefits.com/enrollment/](https://pebb.naviabenefits.com/enrollment/)

# Enrollment in FSA & CDHP w/HSA

---

Employees **cannot**:

- Enroll in **both** an FSA and a Consumer-Directed Health Plan with a Health Savings Account (CDHP w/HSA)
- If they do, then during open enrollment:
  - Dis-enrolled from the FSA
  - Remain enrolled in the CDHP w/HSA
    - Can enroll in a Limited Purpose FSA (not automatic)



# New PEBB *Navia* Employer Portal

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## Effective July 23, 2024:

- BAs can securely upload member forms (includes payroll files & signed forms):
  - Enrollment ~ Change status ~ Terminate coverage
- BAs no longer need to email, fax or mail forms
  - Unless BA is not set up in *Navia* portal and needs to send forms timely
- No change to “process” for completing, signing & collecting forms

# FSA/DCAP Enrollment Reports

---

## Enrollments made during the 2024 open enrollment period:

- Reports will be made available sometime in December
- Placed on *Benefits 24/7* BA Dashboard under “Data Depot” tile
  - BAs will receive GovDelivery message when available

Submit enrollment forms to *Navia* at least weekly during OE

# Making OE Chgs via B24/7

---

# Statement of Insurance – BA and Employee Access

From employee's "Current coverage" tab/tile in *Benefits 24/7*:

This page displays coverage effective as of today.

Use this page to perform the following actions:

- Review subscriber account information and coverage selections
- View/print statement of Insurance
- Subscribe or unsubscribe from email notifications

Select the *Statement of Insurance* button to get a PDF statement showing all insurance coverages, except supplemental life and accidental death and dismemberment insurance, as of today. Go to the [MetLife MyBenefits portal](#) to view supplemental life and accidental death and dismemberment insurance.

Statement of Insurance

Section A - Subscriber account information

# Statement of Insurance (cont'd)

**STATEMENT OF INSURANCE**

THIS STATEMENT SUMMARIZES YOUR INSURANCE COVERAGES WITH THE HEALTH CARE AUTHORITY. IF THIS STATEMENT DISAGREES WITH YOUR RECORDS, PLEASE CONTACT YOUR EMPLOYER'S PERSONNEL, PAYROLL, OR BENEFITS OFFICE (IF YOU ARE AN EMPLOYEE) OR PEBB BENEFITS SERVICES AT 1-800-200-1004 (IF YOU ARE A RETIREE, COBRA, OR LEAVE WITHOUT PAY SUBSCRIBER).

Print date: 08/11/2024  
**Employer:** DEPT OF ECOLOGY

3

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Coverage elections information

Member name	Medical coverage Effective date	Dental coverage Effective date
[REDACTED]	01/01/2016	03/03/2014
[REDACTED]	01/01/2016	03/03/2014

---

HCA-sponsored coverage

Medical coverage provided by:	UMP Classic	
		Medical premium: \$248.00
		Tobacco surcharge: \$25.00
		Spousal/state-registered domestic partner surcharge: \$0.00
Dental coverage provided by:	Willamette Dental of Washington, Inc. (Group WA82)	
		Dental premium: \$0.00
		Total monthly premium: \$273.00

# Employee OE Changes

**Statement of Insurance will not reflect OE changes:**

- Within B24/7 “OE Wizard”
  - Under “Confirmation”

The screenshot displays the 'Open Enrollment Wizard' interface. At the top, a green arrow-shaped box indicates the 'Open Enrollment' period from 07/18/2024 to 08/18/2024, for coverage starting on Jan 1, 2025. Below this, a progress bar shows five steps: 'Upload', 'Coverage', 'Attestations', 'Supplemental Benefits', and 'Confirmation'. The 'Confirmation' step is highlighted with a purple circle and a checkmark icon. A large purple arrow points from the 'Confirmation' step back to the 'Open Enrollment' box. Another large purple arrow points from the 'Confirmation' step down to the main content area. The main content area is titled 'Step 1 - Dependents' and contains the question: 'Do you have additional dependents to add to your account?'. Below the question are two radio button options: 'Yes' and 'No'. At the bottom of the form is a 'Back to dashboard' button.

# Summary of Coverage Elections During OE

- Reflects elections made during open enrollment window
  - Coverage effective January 1, 2025

## OE Wizard available to:

- Employees – entire OE period
- BAs – through end of February (lower limit period)

Step 6 - Confirmation

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made during the next open enrollment or special open enrollment. Benefits 24/7 during open enrollment.

Member name: [REDACTED] Employer: DEPT OF ECOLOGY

Coverage elections information					
Member name	Vision coverage	Effective date	Medical coverage	Dental coverage	Effective date
[REDACTED]		01/01/2025	01/01/2025	01/01/2022	
[REDACTED]		01/01/2025	01/01/2025	01/01/2022	

HCA-sponsored coverage

Medical coverage provided by: UMP Select

Medical premium: \$128.00  
Tobacco surcharge: \$25.00  
Spousal/state-registered domestic partner surcharge: \$0.00

Dental coverage provided by: Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

Dental premium: \$0.00

Vision coverage provided by: MetLife Vision

Vision premium: \$0.00

Total monthly premium: \$153.00

# No Vision Plan Elected During Open Enrollment

---

All benefit-eligible employees as of December 31, 2024 that **do not make an election** during open enrollment:

- Will be **defaulted** into **MetLife Vision plan**



# Elect Stand-Alone Vision Plan

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Similar to dental, employee cannot waive vision coverage

- Unless waiving PEBB medical/dental/vision to enroll in SEBB medical/dental/vision

# How To Elect Stand-Alone Vision Plan #1

Welcome to Benefits 24/7.

This is where you can manage your enrollment in PEBB benefits.

To stay up-to-date on the latest HCA communications, be sure to keep your email address current in your account [profile](#).

### HEALTH CARE AUTHORITY Subscriber Dashboard

Welcome, [Redacted]

**Open Enrollment**  
11/01/2023 - 11/30/2023  
for coverage Jan 1, 2024

**Profile**  
View and manage your contact information

**Current Coverage**  
View or print your current coverage

The image shows a screenshot of the Health Care Authority Subscriber Dashboard. A purple arrow points from the top right towards the 'Open Enrollment' button, which is highlighted with a purple rounded rectangle. The dashboard includes a blue header with a welcome message, a green notification bar, and two main action buttons at the bottom: 'Profile' and 'Current Coverage'.

# How To Elect Stand-Alone Vision Plan #2

View for employees  
with no dependents  
currently enrolled  
in PEBB benefits

The screenshot shows the 'Open Enrollment' process for the period 09/30/2024 - 10/15/2024, for coverage starting on Nov 2, 2024. A progress bar at the top includes steps: Dependents, Upload, Coverage, Attestations, Supplemental Benefits, and Confirmation. The 'Dependents' step is active. Below the progress bar, the 'Step 1 - Dependents' section is titled 'Current Dependents' and displays 'No dependents on the account'. A purple arrow points from this section to the 'Confirmation' step in the progress bar. Below this, a question asks 'Do you have dependents to add to your account?' with radio buttons for 'Yes' and 'No'. A 'Back to dashboard' button is located at the bottom of the form.

# Elect Stand-Alone Vision Plan #2 (cont'd)

View for employees  
with dependents  
currently enrolled  
in PEBB benefits

**Open Enrollment**  
09/30/2024 - 10/15/2024  
for coverage Nov 2, 2024

Dependents Upload Coverage Attestations Supplemental Benefits Confirmation

**Step 1 - Dependents**

**Current Dependents**


ONWUMRP, NONV-LUM DOB: 05/16/1980 Spouse/state-registered domestic partner	Medical: Enrolled Dental: Enrolled Vision: Not Enrolled	Enrolled Enrolled Not Enrolled	Tobacco use: No Spousal surcharge: No	No No
ONWUMRP, CHENORV- DOB: 05/18/2011 Child	Medical: Enrolled Dental: Enrolled Vision: Not Enrolled	Enrolled Enrolled Not Enrolled	Tobacco use: No Spousal surcharge: Not applicable	No Not applicable
ONWUMRP, ADAORA DOB: 02/28/2002 Child	Medical: Enrolled Dental: Enrolled Vision: Not Enrolled	Enrolled Enrolled Not Enrolled	Tobacco use: No Spousal surcharge: Not applicable	No Not applicable

Do you have additional dependents to add to your account?

Yes  No



# How To Elect Stand-Alone Vision Plan #3

  
Step 1 - Dependents

## Dependent review

Please review the information below for accuracy. Click "Edit dependent" if you need to make changes.

**Dependent Information:**

Heart, Spouse DOB: 01/01/1964 Spouse/state-registered domestic partner	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Not Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> No	<a href="#">Edit dependent</a>
Heart, Child DOB: 01/01/2000 Child	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Not Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> Not applicable	<a href="#">Edit dependent</a>
Heart, Stepchild DOB: 02/01/2000 Stepchild (not legally adopted)	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Not Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> Not applicable	<a href="#">Edit dependent</a>

# How To Elect Stand-Alone Vision Plan #4

**Dependent information**

You may enroll your legal spouse, state-registered domestic partner, or your children. If your dependent is eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in either PEBB or SEBB health plans.

State-registered domestic partner is defined in WAC 182.12.109. Individuals in state-registered domestic partnerships are treated the same as legal spouses except when in conflict with federal law.

Children must be eligible under PEBB Program rules. This includes children through the month of their 26th birthday, regardless of marital status, student status or eligibility for coverage under another plan, and children age 26 or older with a disability. [Learn more about eligible dependents.](#)

When adding dependents, you must provide proof of their eligibility within the PEBB Program's enrollment timelines or they will not be enrolled. Dependent children with a disability who are over the age of 26 must be certified by the PEBB Program before they can be enrolled in coverage. Timelines and a list of documents we will accept to verify eligibility are available on HCA's website under [Verify and enroll my dependents.](#)

First name*	Last name*	Middle name	Suffix
<input type="text" value="Spouse"/>	<input type="text" value="Heart"/>	<input type="text"/>	<input type="text" value="JR, SR"/>

Birth date*	Sex assigned at birth*	Gender Identity*
<input type="text" value="01/01/1964"/>	<input type="text" value="Male"/>	<input type="text" value="Male"/>

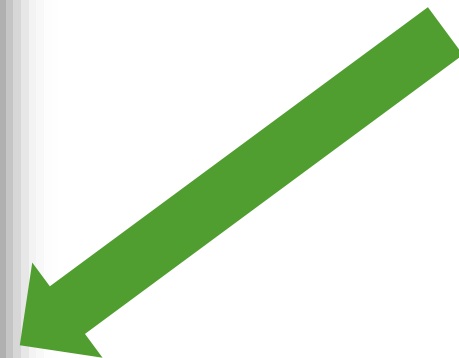
Gender X means a gender that is not exclusively male or female. This field will be kept private to the extent allowable by law. To learn more, visit [HCA's Gender X webpage.](#)

Relation*	Partnership start date*	Qualify reason*	SSN*
<input type="text" value="Spouse/state-registered"/>	<input type="text" value="04/01/1988"/>	<input type="text" value="Married spouse"/>	<input type="text" value="385-73-8579"/>

This person currently has no Social Security number\*

Residential address is the same as subscriber

**Let's add coverage to your dependent**



# How To Elect Stand-Alone Vision Plan #5

Enrollments

## Benefits elections

Which benefits would you like to enroll this dependent in?

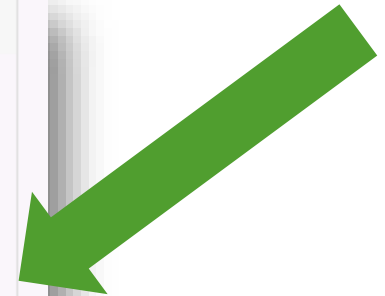
Medical    Dental    Vision

Next

+ Tobacco attestations

+ Spouse/State-registered partner attestation

+ Dependent review



# How To Elect Stand-Alone Vision Plan #6

Dependents Upload Coverage Attestations Supplemental Benefits Confirmation

Step 3 - Coverage

Current Vision plan - coverage effective date January 1, 2025

Waived

**Available Vision plans:**  
Select one vision plan. Before you enroll, call the plan to make sure the provider you want to use accepts the specific plan you choose. If you do not choose a vision plan, you will be enrolled in MetLife Vision.

Selection	Vision plan	Premium
<input type="checkbox"/>	Davis Vision	0
<input type="checkbox"/>	EyeMed Vision Care	0
<input type="checkbox"/>	MetLife Vision	0

Helpful links:  
[Compare Vision plans.](#)  
[Find a provider](#) Make sure you have the correct provider network selected before searching for providers.

Previous Next



# How To Elect Stand-Alone Vision Plan #7

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made during the open enrollment period or during the special open enrollment period. For more information, see the Summary of Benefits 24/7 during open enrollment or special open enrollment.

Employer: ABC PEBB Trust, State Agency

Member: Zoey Heart  
123 Main St  
Shelton, WA 98584

Coverage elections information			
Member name	Vision coverage Effective date	Medical coverage Effective date	Dental coverage Effective date
Heart, Zoey	01/01/2025	11/01/2023	11/01/2023
Heart, Child	01/01/2025	01/01/2025	01/01/2025
Heart, Stepchild	01/01/2025	01/01/2025	01/01/2025
Heart, Spouse	01/01/2025	01/01/2025	01/01/2025

HCA-sponsored coverage

Medical coverage provided by: UMP Classic

Medical premium: \$366.00  
Tobacco surcharge: \$0.00  
Spousal/state-registered domestic partner surcharge: \$0.00

Dental coverage provided by: Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

Dental premium: \$0.00

Vision coverage provided by: MetLife Vision

Vision premium: \$0.00

# Remove Dependent Coverage

---

From medical and/or dental

# How To Remove Dependent Coverage #1

Currently managing: Zoey Heart

Dashboard Eligibility Manage Dependents Special Open Enrollment Profile Tobacco Surcharge Attestations Current Coverage Spousal Attestations

Notes Supplemental Benefits

Welcome to Benefits 24/7.  
This is where you can manage your enrollment in PEBB benefits.

To stay up to date on the latest HCA communications, be sure to keep your email address current in your account profile.

ABC PEBB Training Agency State Agency Subscriber Dashboard


Welcome, Zoey Heart!

**Open Enrollment**  
09/03/2024 - 10/27/2024  
for coverage Jan 1, 2025

**Profile**  
View and manage your contact information

**Current Coverage**  
View or print your current coverage

# How To Remove Dependent Coverage #2

  
Step 1 - Dependents

## Dependent review

Please review the information below for accuracy. Click "Edit dependent" if you need to make changes.

**Dependent Information:**

Heart, Spouse DOB: 01/01/1964 Spouse/state-registered domestic partner	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Not Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> No	<a href="#">Edit dependent</a>
Heart, Child DOB: 01/01/2000 Child	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Not Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> Not applicable	<a href="#">Edit dependent</a>
Heart, Stepchild DOB: 02/01/2000 Stepchild (not legally adopted)	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Not Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> Not applicable	<a href="#">Edit dependent</a>

# How To Remove Dependent Coverage #3

**Dependent information**

You may enroll your legal spouse, state-registered domestic partner, or your children. If your dependent is eligible to enroll in both the PEBB and SEBB Programs, they are limited to a single enrollment in either PEBB or SEBB health plans.

State-registered domestic partner is defined in WAC 182.12.109. Individuals in state-registered domestic partnerships are treated the same as legal spouses except when in conflict with federal law.

Children must be eligible under PEBB Program rules. This includes children through the month of their 26th birthday, regardless of marital status, student status or eligibility for coverage under another plan, and children age 26 or older with a disability. [Learn more about eligible dependents.](#)

When adding dependents, you must provide proof of their eligibility within the PEBB Program's enrollment timelines or they will not be enrolled. Dependent children with a disability who are over the age of 26 must be certified by the PEBB Program before they can be enrolled in coverage. Timelines and a list of documents we will accept to verify eligibility are available on HCA's website under [Verify and enroll my dependents.](#)

First name*	Last name*	Middle name	Suffix
<input type="text" value="Spouse"/>	<input type="text" value="Heart"/>	<input type="text"/>	<input type="text" value="JR, SR"/>

Birth date*	Sex assigned at birth*	Gender Identity*
<input type="text" value="01/01/1964"/>	<input type="text" value="Male"/>	<input type="text" value="Male"/>

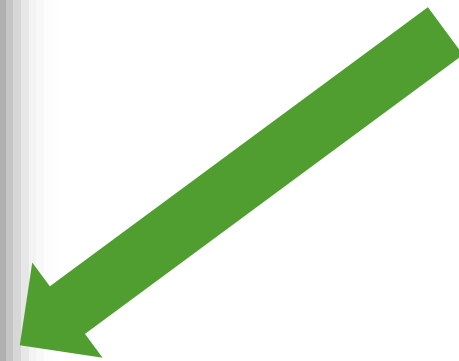
Gender X means a gender that is not exclusively male or female. This field will be kept private to the extent allowable by law. To learn more, visit [HCA's Gender X webpage.](#)

Relation*	Partnership start date*	Qualify reason*	SSN*
<input type="text" value="Spouse/state-registered"/>	<input type="text" value="04/01/1988"/>	<input type="text" value="Married spouse"/>	<input type="text" value="385-73-8579"/>

This person currently has no Social Security number\*

Residential address is the same as subscriber

**Let's add coverage to your dependent**



# How To Remove Dependent Coverage #4

Enrollments

## Benefits elections

Which benefits would you like to enroll this dependent in?

Medical  Dental  Vision

Next

+ Tobacco attestations

+ Spouse/State-registered partner attestation

+ Dependent review

# How To Remove Dependent Coverage #5

---

Benefits elections

Which benefits would you like to enroll this dependent in?

Medical  Dental  Vision

Proceed to dependent review

# How To Remove Dependent Coverage #6

Step 6 - Confirmation

### Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

**Employer:** ABC PEBB Training Agency State Agency

Zoey Heart  
123 Main St  
Shelton, WA 98584

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Coverage elections information

Member name	Vision coverage Effective date	Medical coverage Effective date	Dental coverage Effective date
Heart, Zoey	01/01/2025	11/01/2023	11/01/2023
Heart, Child	NOT ENROLLED	NOT ENROLLED	NOT ENROLLED
Heart, Stepchild	NOT ENROLLED	NOT ENROLLED	NOT ENROLLED
Heart, Spouse	NOT ENROLLED	NOT ENROLLED	NOT ENROLLED

---

HCA-sponsored coverage

Medical coverage provided by: UMP Classic



# How To Remove Dependent Coverage #7

Currently managing: Zoey Heart

Dashboard Eligibility **Manage Dependents** Special Open Enrollment Profile Tobacco Surcharge Attestations Current Coverage Spousal Attestations

Notes Supplemental Benefits

## Members associated with this account

+ <a href="#">Heart, Child</a>	Pending verification
+ <a href="#">Heart, Stepchild</a>	Pending verification
+ <a href="#">Heart, Spouse</a>	Pending verification

# Waive Medical

---

## Example:

- Employee and dependents currently enrolled in PEBB medical, dental and vision
  - Remove them all from medical
  - Maintain employee/dependent enrollment in dental and vision

# How To Waive Medical #1

Currently managing: Zoey Heart

Dashboard Eligibility Manage Dependents Special Open Enrollment Profile Tobacco Surcharge Attestations Current Coverage Spousal Attestations

Notes Supplemental Benefits

Welcome to Benefits 24/7.  
This is where you can manage your enrollment in PEBB benefits.

To stay up to date on the latest HCA communications, be sure to keep your email address current in your account profile.

ABC PEBB Training Agency State Agency Subscriber Dashboard


Welcome, Zoey Heart!

**Open Enrollment**  
09/03/2024 - 10/27/2024  
for coverage Jan 1, 2025

**Profile**  
View and manage your contact information

**Current Coverage**  
View or print your current coverage

# How To Waive Medical #2

  
Step 1 - Dependents


## Dependent review

Please review the information below for accuracy. Click "edit dependent" if you need to make changes.

**Dependent Information:**

Heart, Spouse DOB: 01/01/1964 Spouse/state-registered domestic partner	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> No	<a href="#">Edit dependent</a>
Heart, Child DOB: 01/01/2000 Child	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> Not applicable	<a href="#">Edit dependent</a>
Heart, Stepchild DOB: 02/01/2000 Stepchild (not legally adopted)	<b>Medical:</b> Enrolled <b>Dental:</b> Enrolled <b>Vision:</b> Enrolled	<b>Tobacco use:</b> No <b>Spousal surcharge:</b> Not applicable	<a href="#">Edit dependent</a>

# How To Waive Medical #3

 Step 3 - Coverage

Current Medical plan - coverage effective date January 1, 2025

**UMP Classic**

Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Classic. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the plan to

Available Medical plans:  See all plans

Selection	Medical plan	Premium
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington CDHP	69
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Classic	352
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Value	327
<input type="checkbox"/>	UMP CDHP	127
<input checked="" type="checkbox"/>	UMP Classic	366
<input type="checkbox"/>	UMP Select	228

Helpful links:  
[Compare medical plans](#)  
[Medical plans by county](#)  
[Find a provider](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

**Waive medical coverage.** Waiving coverage means you and your dependents will not have medical coverage. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.

Next

# How To Waive Medical #4

Current Medical plan - coverage effective date January 1, 2025

**Waived**

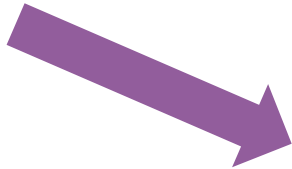
Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Classic. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the plan to check.

Available Medical plans:  See all plans

Selection	Medical plan	Premium
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington CDHP	69
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Classic	352
<input type="checkbox"/>	Kaiser Foundation Health Plan of Washington Value	327
<input type="checkbox"/>	UMP CDHP	127
<input type="checkbox"/>	UMP Classic	366
<input type="checkbox"/>	UMP Select	228

Helpful links:  
[Compare medical plans](#)  
[Medical plans by county](#)  
[Find a provider](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

**Waive medical coverage.** Waiving coverage means you and your dependents will not have medical coverage. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.



# How To Waive Medical #4 (cont'd)

Current Medical plan - coverage effective date January 1, 2025

**Waived**

Choose one medical plan. If you do not select a medical plan, you will be enrolled in UMP Classic. Contact the plans with questions about benefits and provider information. Before you enroll, make sure the provider you want to use accepts the specific plan you choose by calling the plan to check.

Available Medical plans:  See all plans

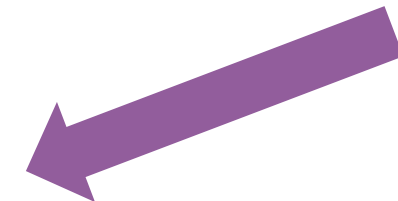
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<input type="checkbox"/>	UMP Select	228

Helpful links:  
[Compare medical plans](#)  
[Medical plans by county](#)  
[Find a provider](#) Make sure you have the correct provider network selected before searching for providers.  
[Plan contact information](#)

**Waive medical coverage.** Waiving coverage means you and your dependents will not have medical coverage. You cannot enroll in medical coverage until the next open enrollment period, or until you experience a qualifying life event that creates a special open enrollment.

You have selected to waive enrollment in medical coverage. You cannot enroll dependents in medical unless you are enrolled. Your dependents will not be enrolled into medical coverage if you waive medical coverage.

Next



# How To Waive Medical #5

Summary of coverage elections

This is a summary of your coverage elections with the Health Care Authority. This is not a statement of insurance. Changes to elections can be made through Benefits 24/7 during open enrollment or special open enrollment.

Employer: ABC PEBB Training Agency State Agency

Zoey Heart  
123 Main St  
Shelton, WA 98584

Coverage elections information

Member name	Vision coverage Effective date	Medical coverage Effective date	Dental coverage Effective date
Heart, Zoey	01/01/2025	NOT ENROLLED	11/01/2023
Heart, Child	01/01/2025	NOT ENROLLED	01/01/2025
Heart, Stepchild	01/01/2025	NOT ENROLLED	01/01/2025
Heart, Spouse	01/01/2025	NOT ENROLLED	01/01/2025

HCA-sponsored coverage

Medical coverage provided by: **Waived**

Medical premium: \$0.00  
Tobacco surcharge: \$0.00  
Spousal/state-registered domestic partner surcharge: \$0.00

Dental coverage provided by: Uniform Dental Plan (Group #3000), administered by Delta Dental of Washington

Dental premium: \$0.00

Vision coverage provided by: MetLife Vision

Vision premium: \$0.00

Total monthly premium: \$0.00



# *Benefits 24/7* - Open Enrollment Reports

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Enrollments/changes made in *Benefits 24/7* during the 2024 open enrollment period:

- Under “Reports Tile” on BA Dashboard
  - “Benefit Election Status” report

# OE Changes Outside of *Benefits 24/7*

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## For changes to:

- Medical, dental, vision plans, or
- To add/remove dependents

## Employee must submit to BA:

- *2025 PEBB Employee Enrollment/Change Form*
  - No earlier than October 28, and **no later than 11:59 pm, November 25**
  - Must submit dependent verification documents if adding dependent(s)

# Reattestation Reminders

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Spouse or state-registered domestic partner (SRDP) coverage  
premium surcharge

# Spousal/SRDP Surcharge Reattestation

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Employees required to reattest – will be mailed up to **three 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, 2024 (includes appeal rights)
  - Informs employee they will be charged the premium surcharge for 2025

# How to Attest?

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Employees must attest (if applicable):

During open enrollment window October 28 – <b>December 31, 2024</b>	<b>Benefits 24/7*</b> October 28 – November 25
	<b>Paper Form</b> October 28 – December 31

Not attesting between October 28 – December 31 will result in:

- The employee **defaulting to incur the \$50 monthly surcharge**
  - Effective January 1, 2025 (in addition to their monthly PEBB medical premium)

\*Does not apply to UW or WSU employees

# Reattest to Spousal Premium Surcharge in B24/7

Currently managing: Alan Jackson

Dashboard Eligibility Manage Dependents Special Open Enrollment Profile Tobacco Surcharge Attestations Current Coverage Spousal Attestations

Notes Supplemental Benefits

Welcome to Benefits 24/7.

This is where you can manage your enrollment in PEBB benefits.

DEPT OF ECOLOGY Subscriber Dashboard

Welcome, Alan Jackson!

**Open Enrollment**  
09/03/2024 - 10/27/2024  
for coverage Jan 1, 2025

**Spousal Attestation**

Based on your last spouse or state-registered domestic partner premium surcharge attestation, you are required to attest again for coverage effective January 2025. If you do not attest, you will default into a monthly surcharge of \$50.

# Reporting a Change in 2025

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The surcharge will remain in effect for 2025 unless:

- The employee's:
  - Spouse/state-registered domestic partner's **employer-based group medical insurance changes**

# Surcharge Report for Benefits Administrators

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Lists employees that need to reattest during annual open enrollment:

- In *Benefits 24/7*, under “Reports Tile” on BA Dashboard
  - “Spousal Re-attestation for an Organization” report
  - Effective OE year “2024”



# Other Reminders

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# CDHP w/HSA Reminders

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Employees changing plans from a CDHP w/HSA to **any other medical plan**:

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

Employees are **not eligible** to enroll in a CDHP w/HSA if:

- Their spouse/SRDP is enrolled in an **FSA** for 2025
  - Even if the spouse/SRDP is not enrolled in the employee's PEBB medical

# CDHP w/HSA Reminders (cont'd)

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## Employees age 65+ or turning 65 in 2025

- Should be discouraged from enrolling in a CDHP with/HSA without seeking professional tax advice
  - Tax consequences when **enroll in** Medicare
  - Medicare can be retroactively enrolled in, as far back as 6 months, while enrolled in CDHP w/HSA

# Dependent Verification (DV)

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## DV is due at the same time as enrollment deadline

- No later than **November 25, 2024** during annual open enrollment
- No later than 31 days after the date of eligibility
- No later than 60 days after the special open enrollment event

## Follow-up with employees when DV documents are:

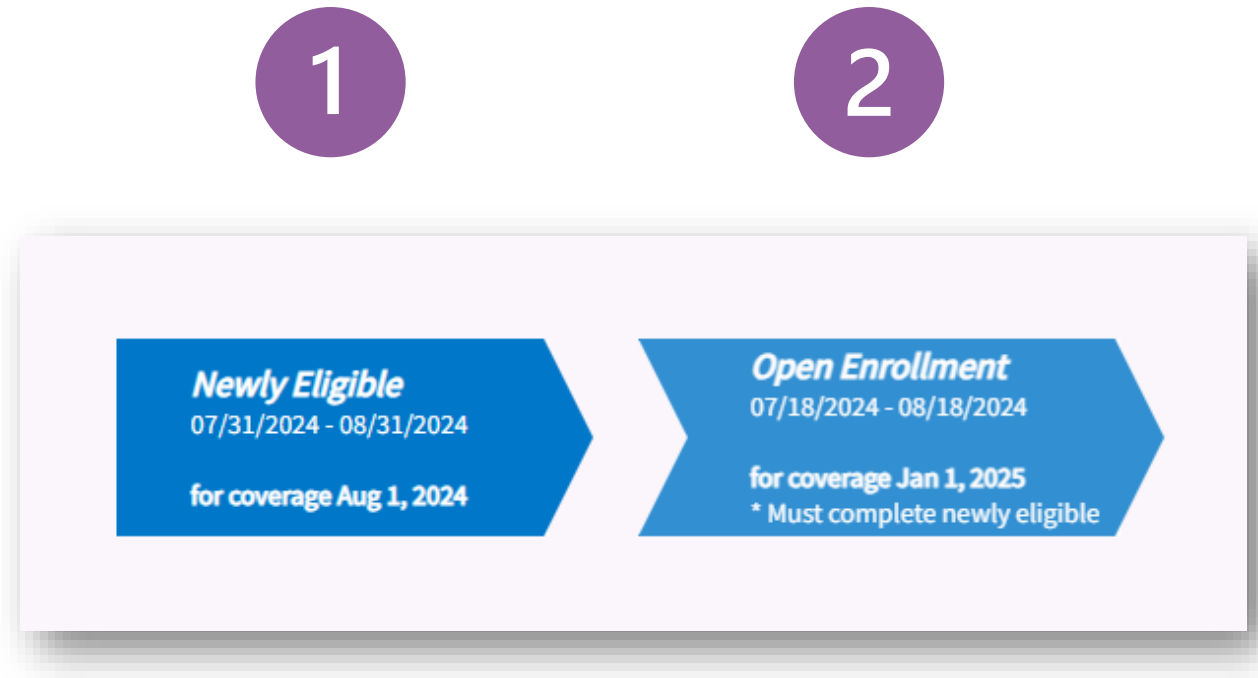
- Not submitted by the employee, or
- Are invalid, illegible or incomplete

# Newly Eligible and OE Wizard

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When employee has eligibility date within OE timeframe:

- Complete ***Newly Eligible*** wizard
  - For 2024 coverage (no stand-alone vision)
- Then ***Open Enrollment*** wizard
  - For 2025 coverage (elect stand-alone vision)



# Newly Eligible November 26 – December 2

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## 2024 Elections:

- “Newly eligible” wizard in *Benefits 24/7*, or
- Complete *2024 Enrollment/Change Form*

## 2025 Elections:

- Complete *2025 Enrollment/Change Form*
  - Elect vision plan
  - For employee and eligible dependents

# SOE Events During Annual OE

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Check changes submitted during “annual open enrollment”

- Be sure not actually an SOE event
  - Example - newborn submitted as OE change - coverage effective January 1, 2025
  - Child born October 10, 2024
  - **This is an SOE event**, with effective date October 10, 2024
  - **Effective date** is the date of birth

# Ensure Employee Addresses Up-to-Date

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## PEBB uses to communicate with employees

- OE Newsletters
- Updates/changes to plan coverages
- Spousal attestation notices
- Letters confirming changes made during OE

## State agencies

- Update through HRMS

## HE institutions

- CTC users update your system
- Non-CTC users, update your system and *Benefits 24/7*



# When a Provider Leaves a Plan's Network

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**Carriers administer the PEBB health plans** (Regence BlueShield, Kaiser Permanente)

- Manage provider networks (hospitals, physicians, pharmacies)
- Negotiate contracts with expiration dates
  - Between plan carrier and providers – **does not include HCA**

**When providers leave and results in “significant reduction” of “in-network” providers**

- HCA will notify impacted employees and employers
- Allow “special open enrollment” to elect new plan
- Provide instructions to employees and employers

# Resources

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# Benefits Administrator (BA) Resources

## PEBB Outreach & Training

- 800.700.1555

## PEBB BA Website

- [hca.wa.gov/pebb-benefits-administrators](https://hca.wa.gov/pebb-benefits-administrators)
- HCA Support
  - Submit questions



# Employee Resources

## Benefits Administrator

## PEBB Employee Website

- [hca.wa.gov/employee-retiree-benefits/public-employees](https://hca.wa.gov/employee-retiree-benefits/public-employees)
- Open enrollment



Home > Employee and retiree benefits > Public employees

PEBB and SEBB open enrollment is Monday, October 28 through Monday, November 25, 2024.

Find information on the open enrollment page that's right for you: **PEBB retirees**, **PEBB employees** and **PEBB continuation coverage subscribers**, and **SEBB employees** and **SEBB continuation coverage subscribers**.

### Public employees

Your PEBB benefits include medical (with vision) and dental coverage and discounted auto and homeowners' insurance. You may also have life, accidental death and dismemberment, long-term disability insurance, the option to enroll in a flexible spending arrangement and the Dependent Care Assistance Program.

Explore the benefits available to you as a public employee and learn how to enroll and manage your coverage.

Benefits 24/7

**Open enrollment**

[Benefits fairs](#)

[Virtual benefits fair](#)

# Employee Resources (cont'd)

Benefits Administrator

PEBB Employee Website

- [hca.wa.gov/employee-retiree-benefits/public-employees](https://hca.wa.gov/employee-retiree-benefits/public-employees)
- Open enrollment



Home > Employee and retiree benefits > PEBB open enrollment

PEBB and SEBB open enrollment is Monday, October 28 through Monday, November 25, 2024.

Find information on the open enrollment page that's right for you: **PEBB retirees**, **PEBB employees** and **PEBB continuation coverage subscribers**, and **SEBB employees** and **SEBB continuation coverage subscribers**.

## Open enrollment (PEBB)

Review information to help you make benefits decisions for 2025. Open enrollment is **October 28 through November 25, 2024**.

Enrollments, changes, and premiums are effective January 1, 2025.

If you are a Medicare COBRA subscriber, visit the [Retiree open enrollment webpage](#).

**Ready to make changes?**  
Find your form: **Employees** or **PEBB Continuation Coverage**. Learn **how to return your form**. Benefits 24/7 will be available to make changes on October 28. (**Note:** Pierce County, WSU, and UW employees must use Workday.)

On this page

- Important changes to benefits and plans
- How much will it cost?
- What do I need to do?
- Medical, dental, and vision plan information
- More to explore

### Important changes to benefits and plans

There are many important changes to 2025 benefits and plans. See [everything that's changing](#).

# Employee Resources

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Employees should **contact the plans directly** for help with:

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

# Employee Resources (cont'd)

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Employees should **contact you** (Benefits Administrator) directly for help with:

- Eligibility questions or changes
- Enrollment questions or procedures
- Premium surcharge questions
- *Benefits 24/7*
- Name, address, phone number changes
- Finding forms
- Adding or removing dependents
- Life and LTD insurance eligibility/enrollment questions
- Payroll deduction information

# Employee & Agency Resources

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## PEBB employee website

- [hca.wa.gov/employee-retiree-benefits/public-employees](https://hca.wa.gov/employee-retiree-benefits/public-employees)
- Individual plan websites

## Navia Benefit Solutions (FSA/DCAP)

- [pebb.naviabenefits.com/](https://pebb.naviabenefits.com/)
- 1.800.669.3539

## HealthEquity (HSA)

- [thehealthequity.com/pebb](https://thehealthequity.com/pebb)
- 1.844.351.6853 for UMP members
- 1.877.873.8823 for all other members

## MetLife

- [mybenefits.metlife.com/wapebb](https://mybenefits.metlife.com/wapebb)
- 1.866.548.7139

## SmartHealth Wellness Program

- [hca.wa.gov/pebb-smarthealth](https://hca.wa.gov/pebb-smarthealth)
- 1.800.947.9541

Available on the  
**Contact the Plans** section  
of the PEBB Employee website



# HCA Support & Phones

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Open enrollment and the months following are a busy time

We ask your patience

# For Benefits Administrators Only

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Please **do not share** with employees:

- PEBB's Outreach and Training **1.800.700.1555** number
- PEBB's Customer Service **1.800.200.1004** number
  - For Retiree, COBRA and continuation coverage members only
- HCA Support portal
- Our email addresses
- Our direct phone numbers





Thank you