HCA | Health Care Authority
Public Employees Benefits Board

Open enrollment messages for employees

Please share the following messages with employees on the dates recommended below. **Do not make any significant content changes.** Instead, copy and paste the messages and distribute them to employees through your regular communication channels. You may update your payroll or benefits office contact information and customize other employer-specific content as needed (such as using Workday or removing benefit/premium information not applicable to your employees).

Thank you in advance for your time and effort to share these messages as written. If you have comments or suggestions, contact us through HCA Support.

Message #1 – Share Tuesday, October 21

PEBB Program's annual open enrollment begins October 27

The Public Employees Benefits Board (PEBB) Program's annual open enrollment runs from **12 a.m. October 27, 2025, through 11:59 p.m. on November 24**. Please take note of these dates so you don't miss your chance to make benefit changes.

Open enrollment is a time when you can make changes to your health plans and benefit enrollment. **The changes you make during open enrollment will take effect on January 1, 2026.** This means your current enrollment stays the same through December 31, 2025.

Changes you can make

During annual open enrollment, you can:

- Change your medical plan
- Change your dental plan
- Change your vision plan
- Add or remove dependents
- Attest to the spouse or state-registered domestic partner coverage premium surcharge for 2026, if required
- Enroll or reenroll in the Flexible Spending Arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP) through Navia Benefit Solutions
- Enroll in medical coverage, if waived
- Waive your medical coverage if you are enrolled in another employer-based group medical plan, TRICARE, or Medicare

Learn more about open enrollment on the PEBB open enrollment webpage and in the October *For Your Benefit* newsletter.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #2 – Share Friday, October 24

Resources for open enrollment

This year, open enrollment runs from October 27 through November 24. The Public Employees Benefits Board (PEBB) Program has prepared online and in-person resources for you to learn about your PEBB health plan changes, 2026 premiums, and other insurance options.

In-person benefits fairs

Speak directly with plan representatives and get your questions answered at benefits fairs happening across the state. Check out the PEBB Benefits fair webpage to find locations, schedule updates, and presentation information.

Virtual benefits fair

Skip the traffic and explore your benefits anytime, anywhere with the virtual benefits fair. Simply go online to the virtual benefits fair to access videos, plan comparisons, and other tools to help you choose the right coverage and learn about any changes to your health plans.

Open enrollment webpage

Visit the PEBB Open enrollment webpage to compare plans, see 2026 changes, and use Benefits 24/7 to update coverage, manage dependents, and attest to surcharges if required.

For Your Benefit newsletter

The October *For Your Benefit* newsletter is your one-stop shop for the most important open enrollment information, sent directly to your mailbox or email. It includes information about benefit changes for 2026, changes you make during annual open enrollment, how to make changes, and more.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #3 – Share Wednesday, October 29

Changes for 2026

Below are some important changes coming to your Public Employees Benefits Board (PEBB) Program benefits. All changes are effective January 1, 2026, unless otherwise noted. View the announcement for the full list of changes.

UMP Plus plans closing

UMP Plus–Puget Sound High Value Network and UMP Plus–UW Medicine Accountable Care Network medical plans will no longer be available after December 31, 2025. UMP Plus subscribers must choose a new medical plan during open enrollment or they will be automatically enrolled in UMP Classic.

Hearing aid coverage

Hearing aids will no longer be capped at a specific dollar amount. Members must see an in-network provider to receive hearing aids or they will not be covered by the plan, and the member will have to pay for them out of pocket. Members can use the hearing aid benefit every 36 months.

For UMP members, the hearing aid benefit is being changed to an allowed amount for one prescribed hearing aid per ear every 36 months. Members may be responsible for hearing aid charges exceeding the allowed amount.

Consumer-directed health plan (CDHP) deductible

The IRS minimum deductible for CDHPs will increase to $1,700 for individual coverage and $3,400 for family coverage.

Employer-paid long-term disability (LTD)

The maximum monthly benefit for basic (employer-paid) LTD insurance will increase from $240 to $450. Employee-paid LTD premiums will decrease by six percent.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #4 – Share Friday, October 31

Using Benefits 24/7 to make open enrollment changes

Log in to Benefits 24/7 during the Public Employees Benefits Board (PEBB) Program's annual open enrollment, **October 27 through November 24, 2025,** to make changes to your coverage. Open enrollment changes must be made in Benefits 24/7 by 11:59 p.m. on November 24.

Tips for using Benefits 24/7

- You will need a SecureAccess Washington (SAW) account. If you already have a SAW account, you do not need a new one.
- You must start the login process from the Benefits 24/7 login page. Benefits 24/7 is not available to select from the list of services in SAW.
- Google Chrome is the preferred browser. (Edge, Firefox, and Safari also work.)
- If you are already enrolled in PEBB benefits, you will be able to view the current enrollment details for yourself and your enrolled dependents in Benefits 24/7.

Logging in to Benefits 24/7

Visit Benefits 24/7 and click the green "Log into Benefits 24/7" button under the "Subscriber/Benefits administrator" heading. You will be directed to log in through SAW.

If you do not have a SAW account, you will be prompted to create one using the steps below.

1. Click "Sign up."
2. Enter your:
    - Name
    - Personal email address
    - Username
    - Password
    Remember to save your username and password in a safe place so you don't forget them the next time you log in.
3. Check the box to indicate you are not a robot and click the "Submit" button.
4. Follow the link to activate your account.
5. Check your email for a message from SAW.
    - Click on the confirmation link, then close the account-activated browser window that opens and return to your original window.
    - Follow the instructions on the screen to finish creating your account.
6. Watch for your code. After you log in to SAW, you will be prompted to add multifactor authentication. Select how you'd like to receive a code. The system will send you a code.
7. Enter the code and then click "Submit."
8. You will be sent back to Benefits 24/7. Follow the steps under "Log in to Benefits 24/7."

If you already have a SAW account, you do not need to create a new one.

1. Enter your SAW username and password.
2. SAW uses multifactor authentication. Choose the method to receive a code. If only one email address was entered, there will only be one option to select.
3. Enter the code and then click "Submit." If you have logged in to Benefits 24/7 before, you'll be directed to your dashboard.
    - **If this is your first log in:** Provide the requested information and click "Verify my information," then select your security questions and add answers. You will be directed to your dashboard.

How to make open enrollment changes in Benefits 24/7

After logging in to Benefits 24/7:

1. Click on the “Open Enrollment” chevron and follow the prompts.
2. Verify your plan elections and that any dependents are enrolled as expected.
3. Download and save a copy of your elections.

If you need paper forms

Paper forms are available on the HCA Forms & publications webpage or from your payroll or benefits office. Completed forms must be received by November 24.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #5 – Share Tuesday, November 4

UMP Plus plans closing

Beginning January 1, 2026, UMP Plus–Puget Sound High Value Network (PSHVN) and UMP Plus–UW Medicine Accountable Care Network (ACN) will no longer be available.

During annual open enrollment, October 27 through November 24, 2025, UMP Plus subscribers must select a new medical plan, or they and any enrolled dependents will be automatically enrolled in UMP Classic with coverage starting January 1, 2026. View the announcement on the HCA website for more information about this change.

Learn more about your other plan options with benefits comparisons, plan premiums, and more on the PEBB open enrollment webpage.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #6 – Share Friday, November, 7

Attesting to the spouse or state-registered domestic partner coverage premium surcharge

Note: If you will not cover a spouse or state-registered domestic partner (SDRP) under your PEBB medical coverage in 2026, the information below does not apply.

In October, the PEBB Program mailed letters to employees who must attest to the spouse or SDRP coverage premium surcharge during annual open enrollment (October 27 through November 24, 2025). During open enrollment, you can also check whether you need to attest by logging in to Benefits 24/7.

You must attest by November 24, 2025

If you do not attest as required (or if you attest that the surcharge applies), you will be charged the $50 monthly premium surcharge beginning January 1, 2026. The surcharge will remain in effect for the rest of 2026 unless you have a qualifying event that allows you to change the attestation. Learn more about the surcharge on the PEBB Program's Spousal coverage surcharge webpage.

How to attest

If you need to attest, you can either use Benefits 24/7 or the PEBB 2026 Premium Surcharge Attestation Change form.

To attest in Benefits 24/7:

1. Log in to Benefits 24/7.
2. Click on the blue "Open Enrollment" chevron on your dashboard to begin using the Open Enrollment (OE) wizard.
3. If you are not adding dependents, choose "No." If you are adding dependents, choose "Yes" and complete the steps. When you are done adding dependents, choose "No." The dependent review screen will appear and list all your covered dependents.
4. Click the "Next" button to complete your attestation.
5. Respond to the questions. You may need to gather information about your spouse's or SRDP's available medical plans and use the link to the *Spousal Plan Calculator* to find out if their plan is comparable to UMP Classic.
6. Once the attestation is complete, continue through the OE wizard to make any additional changes. Be sure to go all the way through the wizard and then click "Confirm" on the last screen.
7. Download and save a summary of your elections for your records.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #7 – Share Monday, November 10

Flexible Spending Arrangement (FSA), Limited Purpose FSA, and Dependent Care Assistance Program (DCAP)

If you want to participate in the FSA, Limited Purpose FSA, or DCAP for 2026, you must enroll during annual open enrollment, even if you are enrolled for the current year. Don't wait until the last minute! The PEBB open enrollment deadline is closer than you think. Navia Benefit Solutions must receive your enrollment **no later than November 24, 2025**. (**Exception:** You do not have to be enrolled in an FSA to receive the $300 contribution per your collective bargaining agreement, if eligible. Learn more below.)

About FSA and DCAP

An FSA allows you to set aside pretax money from your paycheck to pay for out-of-pocket health care costs. A Limited Purpose FSA is limited to only dental and vision expenses. DCAP allows you to set aside pretax money from your paycheck to pay for qualifying childcare or elder care expenses.

Contribution limits

The minimum contribution for the FSA and Limited Purpose FSA in 2026 is $120 and the maximum contribution limit is $3,400. The minimum contribution for DCAP is $120 and the maximum contribution limit for DCAP increased to $7,500 per household for 2026 ($3,750 each if you are married and filing separate tax returns).

How to enroll

You have two options for how to enroll:

- Log in and enroll on the Navia Benefit Solutions website.
- Complete Navia's PEBB 2026 Open Enrollment form, available on Navia's Forms & Documents webpage and submit it as instructed on the form.

Navia Benefit Solutions must receive your enrollment no later than November 24, 2025.

FSAs and CDHPs don't mix

If you or your spouse or state-registered domestic partner have a consumer-directed health plan (CDHP) with an HSA, you can enroll in a Limited Purpose FSA for eligible dental and vision expenses, but you cannot enroll in the FSA. If you enroll in an FSA and CDHP, you will be automatically disenrolled from the FSA.

If you enroll in a CDHP with an HSA and still have at least $120 in your FSA from a previous year, the leftover amount (up to $660) will be converted to a Limited Purpose FSA.

FSA funds may carry over

If you have an FSA in 2025, unused funds up to $660 may carry over and be used for 2026. IRS rules require that any amount over $660 be forfeited to the plan administrator, the Health Care Authority. The minimum carryover amount is $120. Any amount under $120 will be forfeited unless you enroll in an FSA for 2026.

Deadlines for claims

All 2025 FSA, Limited Purpose FSA, and DCAP expenses must be incurred by December 31, 2025. You must submit all 2025 claims to Navia Benefit Solutions for reimbursement by March 31, 2026.

$300 FSA contribution for represented employees

If you're a represented employee earning $68,004 or less annually as of November 1, 2025, you might qualify for a $300 FSA contribution in January 2026, per your collective bargaining agreement (CBA). The funds will not be deducted from your paycheck, and no action is required to receive the funds.

You will be notified by February 2026 if you are awarded this contribution. If you already have an FSA, the $300 will be added to your existing account and will not count against your annual maximum contribution. If you do not have an FSA, Navia Benefit Solutions will create your account and send you a Navia Benefits Debit MasterCard loaded with $300. The debit card is mailed in an unmarked envelope for your security.

To qualify, you must not waive PEBB medical coverage, unless you're covered as a dependent on another PEBB medical plan that is not a consumer-directed health plan (CDHP). You cannot be enrolled in an FSA and a CDHP with an HSA at the same time.

For more details, including a full list of eligibility requirements, please see the CBA FAQs.

Questions

For questions about:

FSA/DCAP: Visit the PEBB Program's Flexible Spending Arrangements and Dependent Care Assistance Program webpages or contact Navia Benefit Solutions at 1-800-669-3539 from 5 a.m. to 5 p.m. (Pacific), Monday through Friday.

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Health plan benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #8 – Share Friday, November 14

Tips for choosing a plan

If you are considering changing your medical, dental, or vision plan for 2026, it is important to review your current plan and benefit changes to make sure it still meets your needs. Here are some things to think about as you evaluate which plans are right for you.

Medical plans

1. Check the Medical plans available by county webpage to make sure the plan serves the area where you live. UMP Plus plans will no longer be available beginning January 1, 2026.
2. Compare the benefits and costs. You can use:
   - The Medical Benefits Comparison tool to see what's covered and the out-of-pocket costs for services such as deductibles, coinsurance, and copays.
   - The Benefits and coverage by plan webpage to find the plans' benefits booklets, Summary of Benefits and Coverage (SBC), and preauthorization criteria.
   - The Behavioral health services by plan webpage to find out what behavioral health services are available to you based on your plan.
   - The Benefits while traveling webpage to learn how your coverage works when traveling.
3. If you prefer to see a specific health care provider, make sure they are in the plan's network. Some plans have smaller networks, and services may cost more if your provider is not in-network.

Dental plans

The PEBB Program offers three dental plans—two managed-care plans, Delta Care and Willamette Dental, and one preferred-provider plan, Uniform Dental Plan. DeltaCare and Uniform Dental Plan are both administered by Delta Dental but have different provider networks. The Delta Dental plans are often confused, so be careful when choosing a dental plan.

1. Compare your dental plan options using the PEBB Dental Benefits Comparison.
2. Check the dental plans' provider search or call the plan to verify your provider is in the plan's network.

Vision plans

Use the following resources to learn more about each vision plan's network and benefits.

1. Compare the vision plans using the PEBB Vision Benefits Comparison.
2. Visit the vendor booths at the virtual benefits fair or at one of the in-person benefits fairs.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #9 – Share Tuesday, November 18

Update your beneficiaries

Annual open enrollment (October 27 through November 24, 2025) is a great time to review and update beneficiary information for your PEBB life insurance and, if applicable, your health savings account (HSA). It's important to make sure the right person—or people—are listed and that their contact details are current. You should also consider reviewing beneficiaries on other accounts, such as retirement savings or other insurance plans.

How to check your beneficiaries and make changes

Life and AD&D insurance

To check or update your PEBB life insurance beneficiaries, log in to MetLife's MyBenefits portal. Select 'My Accounts,' then click 'Update Beneficiaries' in the Life Insurance box. If you prefer, you can call MetLife or use the Group Term Life Insurance Beneficiary Designation form.

Health savings account (HSA)

If you have an HSA, you can update or designate your beneficiaries through your HealthEquity account. Select 'Beneficiaries' from the 'Add Individuals' menu located under the 'My Account' tab and follow the prompts. Another option is to complete and submit the Beneficiary Designation form, available through HealthEquity.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.

Message #10 – Share November 20

PEBB open enrollment ends November 24

Time is running out—PEBB annual open enrollment ends **Monday, November 24**. If you still need to make changes, don't delay. Here are some last-minute open enrollment reminders that may apply to you.

UMP Plus plans closing

If you're currently enrolled in a UMP Plus plan, you must choose a new medical plan during open enrollment or you and any enrolled dependents will be automatically enrolled in UMP Classic. See the announcement for details.

How to make changes

Log in to Benefits 24/7 to make changes to your coverage, add or remove dependents, waive or return from waived coverage, and attest to surcharges. Use the blue "2026 Open Enrollment" chevron. If you prefer not to use Benefits 24/7, you can use an enrollment/change form. Get forms and learn more on the PEBB open enrollment webpage.

Attest to surcharges

If you're required to attest to the spouse or state-registered domestic partner coverage premium surcharge, you can use Benefits 24/7 or the PEBB 2026 Premium Surcharge Attestation Change form.

All forms and any required dependent verification must be submitted through Benefits 24/7 or to your payroll or benefits office no later than 11:59 p.m. on **Monday, November 24**. Visit the Spousal coverage surcharge webpage for more information.

You must enroll each year to participate in an FSA or DCAP

(For state agencies and higher-education institutions only)

To enroll in a Flexible Spending Arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP), enroll online through Navia Benefit Solutions or download the *PEBB 2026 Open Enrollment Form* from Navia's Forms & Documents webpage. Navia must receive your enrollment by **November 24**.

Questions

For questions about:

Your enrollment or PEBB account: Check Benefits 24/7. If you still have questions, contact your payroll or benefits office.

Benefits: Contact the plans.

Benefits 24/7: Go to the Help with Benefits 24/7 webpage or call the login assistance phone line at 1-866-335-0043. **This line is for login issues only**. Contact your payroll or benefits office for other account-related issues.