



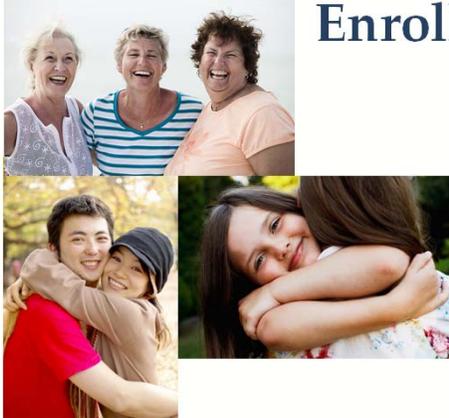
PEBB 2016 Open Enrollment

Pre-Open Enrollment Presentation
PEBB Outreach and Training
October 2015

Agenda

- General OE information
- My Account
- New PEBB plans
- 2016 plan changes
- Other changes
- Rule changes
- Agency resources
- Questions

General Open Enrollment Information



Open Enrollment

- Annual Open Enrollment
 - **November 1** through **November 30**
 - Changes are effective January 1, 2016
- Benefits Fairs
 - 23 fairs statewide
 - **November 2** through **November 20**

Open Enrollment

- Benefits fairs posters
 - Available to agencies in early October
 - Download or print from the PersPay website
- Benefits fairs schedule
 - Available in early October on the PEBB and PersPay websites
 - Included in the October *For Your Benefit* newsletter

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Open Enrollment

- During open enrollment, employees may:
 - Change medical and/or dental plans
 - Reinstate previously waived coverage without proof of loss
 - Waive medical if they have other employer-based group medical insurance
 - Coverage under the Health Benefit Exchange (HBE) is **not** considered employer-based coverage—employees may not waive to participate in HBE
 - Add eligible dependents without proof of loss
 - DV documents are required if the dependent was not previously verified
 - Remove dependents

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Open Enrollment

- Employees may also:
 - Change premium deduction to pre- or post-tax (*IRC Section 125*)
 - Change the tax status of a dependent (*IRC Section 152*)
- State agency and higher education institution employees may:
 - Enroll or re-enroll in an FSA and/or DCAP
 - Employees must re-enroll every year, even if the contribution amount remains the same

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FSA/DCAP Reminders

- Flex Plan Services has changed their name to **Navia Benefit Solutions**
 - No benefit changes
 - Same vendor and service
- Employees can enroll on Navia Benefit Solutions' website at <http://pebb.naviabenefits.com>
- Employees **cannot** enroll in an FSA if:
 - Employee or spouse or registered domestic partner are enrolled in a CDHP
 - Employee changes to a CDHP plan in 2016

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Employee Communications

- *For Your Benefit* newsletter
 - Two versions mailed or emailed on October 14:
 - State agency and higher education institutions
 - Employer group/K-12 school districts

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Employee Communications

- Annual open enrollment video
 - Available on PEBB website in October
 - For copies, contact Outreach and Training:
 - FUZE
 - 1-800-700-1555

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PAY1 Insurance System

- Employees must submit changes between **November 1** and **November 30**
- Begin entering OE changes into PAY1 on **November 1**



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PAY1 Insurance System

- New Plan Codes

Code	Plan Name
U1	UMP Plus UW Medicine ACN
U1W	UMP Plus UW Medicine ACN SmartHealth
U2	UMP Plus Puget Sound High Value Network (PSHVN)
U2W	UMP Plus Puget Sound High Value Network SmartHealth
C1	Group Health SoundChoice
C1W	Group Health SoundChoice SmartHealth

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PEBB's *My Account*

- Employees may make plan changes online through
 - *My Account* November 1 – 30
- Employees may also use *My Account* to:
 - Subscribe to email notifications from PEBB
 - Print a *Statement of Insurance*
 - Attest or re-attest to the tobacco use and spousal premium surcharges
 - *My Account* will remain open all year for tobacco use premium surcharge attestations
 - *My Account* will allow spousal premium surcharge attestations during annual open enrollment only

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PEBB's *My Account*

- Employees **may not** use *My Account* to:
 - Add a dependent not currently enrolled
 - Remove a spouse or registered domestic partner due to divorce or dissolution of a partnership
 - COBRA packet is not sent if dependent is removed online

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PEBB's My Account




All Sites

HCA Home
Health Benefits >
Agency Program

PUBLIC EMPLOYEES BENEFITS BOARD (PEBB) PROGRAM

PEBB

[Log In to My Account](#)

[Find a Provider](#)

[Contact the Plans](#)

[Get a Form](#)

PEBB Program

[Health Benefits](#) ▾

[More Benefits](#) ▾

[Premiums](#) ▾

[Surcharges](#) ▾

[SmartHealth Wellness Program](#)

[Publications](#)

[Frequently Asked Questions](#)

PEBB Administration

[About PEBB](#)

[PEBB Board](#) ▾

[PEBB Rules and Policies](#)

[Groups Joining PEBB](#) ▾

[File an Appeal](#)



Fun, easy, and engaging!

Go to our [SmartHealth page](#) to find out:

- What's new for 2015
- Who is eligible
- How to get started

My Account

Log in to [My Account](#) so you can:

- See your coverage.
- Sign up for [PEBB notices by email](#).
- Review your [premium surcharge](#) attestations.

Need help using My Account?

See [Help Using PEBB's My Account](#).



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Statement of Insurance

- Employee may print *Statement of Insurance*
 - Select the *Statement of Insurance* button




PEBB Home
Contact HC

my medical/dental coverage
my life/LTD coverage
my attestations
my login information

subscriber SOI lookup

2015 Account and Coverage Information

Statement of Insurance

Section A - Subscriber Account Information

Subscriber Name:

County of Residence:

Email Address: [Subscribe/Unsubscribe to Email Service](#)

Change of Address? Notify your personnel, payroll, or benefits office.



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Statement of Insurance

- Agencies with PAY1 access
 - Can print a *Statement of Insurance* for an employee from the Subscriber SOI lookup tab
 - To print an SOI enter date of birth and SSN
- Attestations Report
 - Attestation report will include dependent tobacco use attestation

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pebb member coverage

PEEB Home Contact HCA Sign Out

my medical/dental coverage my life/LTD coverage my attestations my login information

subscriber SOI lookup Attestations Report

Subscriber Statement of Insurance Lookup

Enter the Subscriber information below:

Subscriber Date of Birth: (mm/dd/yyyy)

Last 4 Digits of Subscriber SSN: (example: 4321)

Continue

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Open Enrollment

- Online changes are submitted to PAY1 daily
- Online changes are shared with:
 - State agencies: Daily Tran Log (D2025)
(if your agency has not turned it off)
 - Four-year institutions: Daily Tran Log or a file from HCA
 - Community and Technical Colleges: Change report shared in mid-December
 - Employer groups and school districts: Change report shared in mid-December

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New PEBB Plans

Group Health SoundChoice
and UMP Plus



Introduction to Value-Based Purchasing

- Better Care
 - Emphasis on primary care, best practices and care coordination
- Better Health
 - Improve health of PEBB members – focus on prevention, wellness and managing chronic disease
- Lower Cost Trend
 - Reduce unnecessary or duplicative care and generate savings for both employees and employers

Group Health SoundChoice

- Available in four Puget Sound counties:
 - Snohomish
 - King
 - Pierce
 - Thurston
- Same high-quality, coordinated services, and exclusions as Group Health Classic and Value
- Same annual medical deductible as Group Health Classic
- Lower monthly premium than Group Health Classic or Value
- A consulting nurse line, direct contact with your provider through secure email, and a dedicated website

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Group Health SoundChoice

- A higher medical out-of-pocket limit than Group Health Classic and Value
- Co-insurance for more services instead of a copay
- No member out-of-pocket costs for first non-preventative primary care office visit (per year)
- Separate cost tiers for specialty drugs
- Who's eligible:
 - Employees who live or work in county where plan is available
 - At least one person on the account must **not** be enrolled in Medicare

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UMP Plus

- Available in five Puget Sound counties for 2016:
 - Snohomish
 - King
 - Kitsap
 - Pierce
 - Thurston
- UMP Plus—two network options:
 - UMP Plus—Puget Sound High Value Network (PSHVN)
 - UMP Plus—UW Medicine Accountable Care Network

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UMP Plus

- UMP Plus is available through two networks of providers
- UMP Plus networks offer
 - Integrated systems that deliver whole-person care
 - Coordinated care and transitions
 - Lower point-of-service cost (co-insurance, deductible) when using services within the network, especially for primary care services
 - Dedicated call centers and web portals
 - Call centers will schedule appointments or transfer the call to a provider's office for member to make an appointment. Call center representatives stay on the line if call is transferred.

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UMP Plus

- Regence BlueShield, the third-party administrator for UMP plans, performs administration and pre-authorization services for both UMP Plus networks
 - Not all Regence providers are part of the UMP Plus networks
 - Employee should confirm provider participation with plan before enrolling
 - Ancillary providers (e.g., chiropractors, massage therapists) are available to members as in network providers
 - Members who see providers outside the UMP Plus network they are enrolled in will pay 50% co-insurance
- Who is not eligible to enroll in UMP Plus networks:
 - Employees who don't live in a county where the networks are available

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New Plan Resources

- PEBB website: www.hca.wa.gov/pebb
 - *Employee Enrollment Guide*
 - Certificates of Coverage
 - How to select a value-based plan
 - Video library
- Group Health website: www.ghc.org/pebb
- UMP website: www.hca.wa.gov/ump
- UMP Plus individual network websites
- UMP Plus individual network customer service centers
- *For Your Benefit* newsletter (mailed in October)

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2016 Plan Changes



Benefit Change for All Plans

- All plans will:
 - Provide short-term alcohol and substance abuse treatment
 - Expand coverage for end-of-life counseling
 - Expand coverage for preventative services based on U.S. Preventative Services Task Force Recommendations
 - Tobacco cessation quit medications and aids
 - All medications and Nicotine Replacement Therapy (NRT) with Rx
 - Coverage for 8 new preventative services with no member cost sharing

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Terminology

- Annual deductible:
 - The amount the member must pay each year before the plan begins to pay for covered medical expenses
- Maximum out-of-pocket:
 - The maximum amount the member will pay each year for covered medical expenses
 - When the maximum out-of-pocket is met for the year, the plan pays 100% for covered medical expenses

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Benefit Change for CDHP Plans

- Group Health, Kaiser, and UMP CDHPs will change how they administer the maximum out-of-pocket limit for families (two or more enrolled on an account)
 - **In 2015:** Families enrolled in a CDHP must meet the family out-of-pocket maximum before the plan pays 100% for covered benefits
 - **In 2016:** If one family member meets the new individual out-of-pocket limit, the plan will pay 100% of covered services for that individual

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Benefit Change for CDHP Plans

Plan	2016 Annual Maximum Out-of-Pocket Limits for Families
Group Health CDHP	\$10,200 per family If one family member reaches \$5,100 in eligible out-of-pocket expenses, the plan will pay 100% for covered services for that individual
Kaiser Permanente CDHP	\$10,200 per family If one family member reaches \$5,100 in eligible out-of-pocket expenses, the plan will pay 100% for covered services for that individual
UMP CDHP	\$8,400 per family If one family member reaches \$6,850 in eligible out-of-pocket expenses, the plan will pay 100% for covered services for that individual

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Group Health Benefit Changes

- Classic and Value plans
 - Cardiac rehabilitation
 - Included under physical, occupational, and speech therapy benefit with combined limits of 60 inpatient days and 60 outpatient visits per year
- CDHP plan
 - Broader access PPO network

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Kaiser Permanente Benefit Changes

- Classic plan
 - Annual medical deductible increase from \$250 to \$300 (no Rx deductible)
 - Increase in copays for office visits
 - Primary care: \$20 to \$25
 - Specialty care: \$30 to \$35
 - Urgent care: \$40 to \$45
 - Emergency room cost share
 - From \$75 copay to 15% co-insurance (deductible still applies)

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Kaiser Permanente Benefit Changes

- Classic and CDHP plans
 - Changes to Rx drug tiers

	2015	2016
Tier 1: Generic	\$15 copay	\$15 copay
Tier 2: Preferred brands	\$30 copay	\$40 copay
Tier 3: Non-preferred brands	No Tier 3; \$30 copay	\$75 copay
Tier 4: Specialty	No Tier 4; \$30 copay	50% co-insurance up to \$150

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Kaiser Permanente Benefit Changes

- Cost sharing for administered medications during outpatient visits
 - 15% co-insurance after deductible
 - Applies to medication only
 - Separate copay based on type of visit

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HSA Contributions

- The HSA employer contribution amount is:
 - Individual: \$700.08 per year
 - Family (employee + one or more): \$1,400.04 per year
- The IRS maximum* contribution amount is:
 - Individual: \$3,350 (no change)
 - Family: \$6,750 (increase of \$100 per year)
 - If age 55 or older, employees may contribute an additional \$1,000 per year

**Includes employer and employee contributions*

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CDHP/HSA Reminders

- Employees who are changing plans from a CDHP to a traditional (non-high deductible) plan must:
 - Stop any automatic payroll deduction for their HSA
- Employees **cannot** enroll in a CDHP/HSA if:
 - They or their spouse or registered domestic partner enrolls in an FSA for 2016
 - Unless the FSA is a limited-purpose FSA
 - The PEBB FSA cannot be made limited-purpose
- Employees age 65 or older should be discouraged from enrolling in a CDHP/HSA account

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Other Changes

Dental | Life and LTD | Employee Rate Changes
Premium Surcharges | SmartHealth



Dental Insurance

- Dental benefit
 - No changes
- Dental premiums
 - Uniform Dental Plan
 - Slight decrease in premiums
 - DeltaCare and Willamette
 - No change to premiums

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Life Insurance

- Basic life
 - Decrease from **\$4.08** in 2015 to **\$3.89** in 2016
- Employee supplemental life
 - Decrease in premiums for 2016
 - Example: If a 45–49-year-old tobacco user has \$250K of employee supplemental coverage:
 - \$28.75 premium in 2015
 - \$20.75 premium in 2016
- Rates posted on Perspay site

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LTD Insurance

- Basic LTD
 - No change in premium
- Optional LTD
 - Increase in premiums for 2016
 - Example: If an employee makes \$4,500 per month and elects optional coverage:
 - \$24.75 premium in 2015
 - \$27.45 premium in 2016
- Rates posted on Perspay site

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Employee Premium Changes for State Agencies and Higher Education Institutions

Plan Name	EMPLOYEE		EMPLOYEE & SPOUSE/PARTNER		EMPLOYEE & CHILD(REN)		FULL FAMILY	
	2015	2016	2015	2016	2015	2016	2015	2016
GH Classic	\$107	\$118	\$224	\$246	\$187	\$207	\$304	\$335
GH Value	75	81	160	172	131	142	216	233
GH SoundChoice	N/A	45	N/A	100	N/A	79	N/A	134
GH CDHP	26	22	62	54	46	39	82	71
Kaiser Classic	125	144	260	298	219	252	354	406
Kaiser CDHP	35	29	80	68	61	51	106	90
UMP Classic	84	84	178	178	147	147	241	241
UMP Plus	N/A	59	N/A	128	N/A	103	N/A	172
UMP CDHP	31	21	72	52	54	37	95	68

NOTE: Employer groups determine employee share

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SmartHealth

- Eligible subscribers may qualify for one of the wellness incentives:
 - A \$125 reduction in the employee's medical deductible
 - A one-time deposit of \$125 into the employee's health savings account if enrolled in a CDHP



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SmartHealth*

- Change to SmartHealth wellness incentive deadlines
 - Employees continuing enrollment in PEBB medical or enrolling with an effective date in January through June:
 - Earn 2,000 points by September 30
 - Employees with an effective date in July and August:
 - Earn 2,000 points within 120 days
 - Employees with an effective date in September through December:
 - Earn 2,000 points by December 31
- An employee will receive the 2016 wellness incentive if eligible for PEBB benefits in January 2017

*WAC 182-12-300 rule change

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Re-Attesting During Open Enrollment

- Employees only need to re-attest to the tobacco use premium surcharge if there is a change in tobacco use status
 - See *Premium Surcharge Help Sheet* for more information
- Employees must re-attest to the spousal premium surcharge* if they:
 - Attested “no” to Question 6

Does the spouse or registered domestic partner coverage surcharge apply to you? Check one:					
<input type="checkbox"/>	I previously attested to the spouse or registered domestic partner coverage premium surcharge for 2015 and the attestation has not changed.				
<input type="checkbox"/>	YES. I used the 2015 Premium Surcharge Help Sheet and completed the 2015 Spousal Plan Calculator online.				
<input checked="" type="checkbox"/>	NO. I used the 2015 Premium Surcharge Help Sheet and, if needed, completed the 2015 Spousal Plan Calculator online.				
Which questions, if any, on the 2015 Premium Surcharge Help Sheet did you check NO? Check all that apply.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Question 1	Question 2	Question 3	Question 4	Question 5	Question 6

- Attested “no”
- Attested “yes”
- Were defaulted to incur the premium surcharge

*WAC 182-08-185 rule change

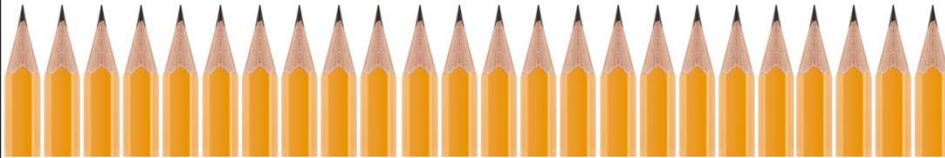
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Re-Attesting During Open Enrollment

- PEBB will notify employees who need to re-attest
 - Employees may re-attest on *My Account* or by paper form no later than December 31, 2015
 - If employee doesn't re-attest, they will be defaulted and will incur the spousal premium surcharge
 - Employees required to re-attest will be defaulted prior to open enrollment
 - Attestation report is available on *My Account* for employers with Pay1 access

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Rule Changes



Rule Changes

— Error Correction and Recourse —

WAC 182-08-187: How do employing agencies correct enrollment errors and is there a limit on retroactive enrollment?

- Enrollment error correction now includes failure to accurately:
 - Reflect premium surcharge status
 - Enroll employee's dependent as elected
- Employing agency must reconcile premium surcharges
 - The employing agency must also remit, if applicable, to HCA premium surcharges from the date insurance coverage begins
- Agency may only collect the employee contribution for health plan premiums and premium surcharges for coverage for months following notification of new enrollment period

Error Correction Reminders

- Notify PEBB of the error
 - Send a request through FUZE
- Contact PEBB for a sample *Error Correction* letter
- Document the recourse solution and provide a copy to both the employee and PEBB program
- Visit Perspay website (www.hca.wa.gov/perspay), Quick Reference Guides for lower limit dates and WAC, RCW, and PEBB policy

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Rule Changes

– Tobacco Use Premium Surcharge –

WAC 182-08-185: What are the requirements regarding premium surcharges?

- Applies only to dependents age 13 or older
- Newly eligible employees, employees regaining eligibility and employees enrolling dependents in PEBB medical must attest on the *Employee Enrollment/Change* form
- If a change in tobacco use status results in:
 - **Incurring premium surcharge**
 - Effective first of the month following the **status change**, unless that day is the first of the month, then change begins on that day
 - **Removal of premium surcharge**
 - Effective the first day of the month following **receipt of the attestation**, unless that day is the first of the month, then the change begins on that day

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Rule Changes

— Tobacco Use Premium Surcharge —

- When enrolling a **new dependent** in PEBB medical, the employee must re-attest for themselves and attest for any dependent age 13 or older on the *Employee Enrollment/Change* form
- If employee or dependent returns from waived status, they must attest or re-attest
- Tobacco users over age 18 may enroll in their PEBB medical plan's smoking cessation program and attest "no"
- Tobacco users between ages 13–17 can access <http://teen.smokefree.gov> and attest "no"
- Employee can re-attest by paper form and submit to their employing agency or re-attest on *My Account*

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Rule Changes

— Spousal Premium Surcharge —

- Employees may only attest or re-attest during the following times:
 1. When employee is eligible to enroll a spouse or registered domestic partner in PEBB medical.
 2. During annual open enrollment, if employee:
 - Attested "no" to Question 6, Attested "no", Attested "yes", Was defaulted to incur the premium surcharge

Attestation must be received no later than December 31
 3. When there is a change in the spouse or registered domestic partner's employer-based group medical insurance. Attestation must be received no later than 60 days from the date of the change.

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Rule Changes

—Spousal Premium Surcharge—

WAC 182-08-185: What are the requirements regarding premium surcharges?

- If changing the spousal attestation results in:
 - **Incurring premium surcharge**
 - Effective first of the month following the **status change**, unless that day is the first of the month, then change begins on that day
 - **Removal of premium surcharge**
 - Effective the first day of the month following **receipt of the attestation**, unless that day is the first of the month, then the change begins on that day

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Rule Changes

WAC 182-12-128: When may an employee waive enrollment in PEBB medical and when may he or she return from waive?

- An employee may waive enrollment in PEBB medical if he or she is enrolled in other employer-based group medical insurance, TRICARE or Medicare.

WAC 182-08-199: When may an employee enroll in or change their election under the premium payment plan, Medical FSA, or DCAP?

- Special open enrollment (SOE) event now includes when employee or employee's dependent becomes eligible and enrolls in TRICARE, or loses eligibility for TRICARE

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Agency Resources

Agency Resources

- Personnel, payroll, and benefits staff
 - Outreach and Training: **1-800-700-1555**
 - PersPay website at www.hca.wa.gov/perspay
 - FUZE
 - Eligibility and PAY1 Manuals and other guidance
 - Available for personnel, payroll, and benefits staff only
 - Please contact us with your employee's questions—don't have the employee contact us directly

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Employee and Agency Resources

- PEBB website (for employees): hca.wa.gov/pebb
- Individual plan websites
- Navia Benefit Solutions (FSA/DCAP)
 - Website: <http://pebb.naviabenefits.com>
 - Customer Service: 1-800-669-3539
- Health Equity (HSA)
 - Website: healthequity.com/pebb
 - Customer Service: 1-877-873-8823

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Questions?



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