



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Changes for 2012: New health plan choices, some cost-sharing differs

Earlier this year, the PEBB Program projected that costs for providing medical benefits would increase 7.2% for 2012—unsustainable, given the state’s current budget. So to help lower the cost increases for members, while still promoting preventive care and member choice, the PEBB Program will make two changes:

- Offer three new, lower-premium health plans in 2012, in addition to their health maintenance organizations (HMOs) and preferred-provider organization (PPO) plan.
- Change some of the current health plans’ member cost-sharing (such as copays and coinsurance) to promote members’ use of primary care services and lower-cost generic drugs, while increasing cost-sharing for other types of services and treatments.

With these changes, the cost for providing medical benefits increased 4.5% for COBRA and Leave Without Pay members. Based on the health plan you select next year and how you use your benefits, your health-care costs could actually decrease next year.

These and other changes are described below. **All changes are effective January 1, 2012.**

New consumer-directed health plans offer lower monthly premium, health savings account

Some members not enrolled in Medicare may enroll in new plan choices for 2012: the **consumer-directed health plans (CDHPs), linked to health savings accounts (HSAs)**. The CDHPs, offered by Group Health, Kaiser Permanente, and the Uniform Medical Plan, have a lower monthly premium balanced with a higher deductible and higher out-of-pocket maximum. With a higher out-of-pocket maximum, you pay more coinsurance and copays before the CDHP pays 100% for covered benefits. You must also meet the family out-of-pocket maximum before the plan pays 100%. However, you can use funds from your HSA to pay for many out-of-pocket costs (including deductibles), or allow your HSA savings to grow for future medical expenses. You can also use your HSA to pay for your spouse’s and tax dependents’ qualified medical expenses. Your spouse and tax dependents do not need to be covered under your CDHP to pay for their medical expenses with HSA funds.

What are the 2012 monthly premiums for CDHPs?

See page 6.

What is the CDHP/HSA?

See page 8.

How do I know if a CDHP/HSA option is right for me?

See page 9.

Plan changes for Medicare members

The Health Care Authority will no longer offer SecureHorizons (a Medicare Advantage plan) to serve Medicare members in 2012. If you are enrolled in this plan, you will need to select a new medical plan during the annual open enrollment. If you don’t select a new plan for 2012, the PEBB Program will enroll you and your covered family members in Uniform Medical Plan Classic effective January 1, 2012.

(continued)

Washington State
Health Care Authority
Public Employees Benefits Board
1-800-200-1004
360-412-4200
www.pebb.hca.wa.gov

Changes for 2012 *(continued)*

Also, Group Health will only offer one plan—Group Health Original Medicare—for Medicare members who live in a county where Group Health Medicare Advantage is not offered. If you are currently enrolled in either Group Health Classic or Group Health Value and Medicare Parts A and B and do not select a new health plan for 2012, the PEBB Program will automatically enroll you in the Group Health Medicare Plan (either Original Medicare or Medicare Advantage, depending on the county you live in). If you cover family members not enrolled in Medicare,

they can continue in the same Group Health Classic or Value plan they have now, or you and your family members may switch to another PEBB plan available in your county.

New name, same plan

The Uniform Medical Plan, the state's self-insured preferred provider organization (PPO), will be called Uniform Medical Plan Classic (or UMP Classic) in 2012.

Changes to members' costs in 2012

Group Health Classic (non-Medicare members)

Member costs	Member pays in 2011	Member pays in 2012
Annual out-of-pocket maximum	\$2,000/person \$6,000/family	\$2,000/person \$4,000/family
Benefits	Member pays in 2011	Member pays in 2012
Ambulance	\$75 ground \$100 air	20%
Chemotherapy	\$0	\$15
Diagnostics	\$0	\$0; MRI/CT/PET scan \$30
Dialysis	\$25	\$30
Emergency room	\$75	\$150
Hospital services		
Inpatient	\$200/day \$600 max/year per person	\$150/day \$750 max/admission
Outpatient	\$100	\$150
Office visit		
Primary care ¹		\$15
Urgent care		\$15
Specialist	\$25	\$30
Mental health		\$15
Prescription drugs—retail (up to a 30-day supply)	Tier 1: \$20 Tier 2: \$40 Tier 3: \$60	Value tier: \$5 Tier 1: \$20 Tier 2: \$40 Tier 3: 50% up to \$250
Prescription drugs—mail order (up to a 90-day supply)	Tier 1: \$40 Tier 2: \$80 Tier 3: \$120	Value tier: \$10 Tier 1: \$40 Tier 2: \$80 Tier 3: 50% up to \$750
Radiation	\$0	\$30

¹ \$15 copay also applies to chemical dependency, hearing/vision exam, diabetic education, neurodevelopmental therapies, acupuncture, naturopathy, spinal manipulations, and physical/occupational/speech therapies.

Group Health Value (non-Medicare members)

Member costs	Member pays in 2011	Member pays in 2012
Annual out-of-pocket maximum	\$2,000/person \$6,000/family	\$2,000/person \$4,000/family
Benefits	Member pays in 2011	Member pays in 2012
Ambulance	\$75 ground \$100 air	20%
Chemotherapy	\$0	\$20
Diagnostics	\$0	\$0; MRI/CT/PET scan \$40
Dialysis	\$25	\$40
Emergency room	\$75	\$200
Hospital services		
Inpatient	\$300/day \$900 max/year per person	\$200/day \$1,000 max/admission
Outpatient	\$100	\$200
Office visit		
Primary care ¹		\$20
Urgent care		\$20
Specialist	\$30	\$40
Mental health		\$20
Prescription drugs—retail (up to a 30-day supply)	Tier 1: \$20 Tier 2: \$40 Tier 3: \$60	Value tier: \$5 Tier 1: \$20 Tier 2: \$40 Tier 3: 50% up to \$250
Prescription drugs—mail order (up to a 90-day supply)	Tier 1: \$40 Tier 2: \$80 Tier 3: \$120	Value tier: \$10 Tier 1: \$40 Tier 2: \$80 Tier 3: 50% up to \$750
Radiation	\$0	\$40

¹ \$20 copay also applies to chemical dependency, hearing/vision exam, diabetic education, neurodevelopmental therapies, acupuncture, naturopathy, spinal manipulations, and physical/occupational/speech therapies.

Kaiser Permanente Classic (non-Medicare members)

Member costs	Member pays in 2011	Member pays in 2012
Annual deductible ¹	\$0	\$150/person \$450/family
Benefits	Member pays in 2011	Member pays in 2012
Ambulance	\$100	15%
Hospital services		
Inpatient	\$200/day \$1,000 max/admission	15%
Outpatient	\$100	15%

¹Benefits may be subject to annual deductible and plan limitations.

(continued)

Changes for 2012 *(continued)*

Uniform Medical Plan Classic (non-Medicare members)

Benefit	Member pays in 2011	Member pays in 2012
Prescription drugs—retail (up to a 90-day supply)	Tier 1: 10% (up to \$75 per 30-day supply) Tier 2: 30% (up to \$75 per 30-day supply) Tier 3: 50%	Value tier: 5% (up to \$10 per 30-day supply) Tier 1: 10% (up to \$25 per 30-day supply) Tier 2: 30% (up to \$75 per 30-day supply) Tier 3: 50%
Prescription drugs—mail order (up to a 90-day supply)	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100	Value tier: 5% (up to \$30 per 90-day supply) Tier 1: 10% (up to \$75 per 90-day supply) Tier 2: 30% (up to \$225 per 90-day supply) Tier 3: 50% Specialty drugs: 50% (up to \$150 per 30-day supply)

Group Health Medicare Advantage (Medicare members)

Member costs	Group Health Classic Medicare Advantage member pays in 2011	Group Health Value Medicare Advantage member pays in 2011	Group Health Medicare Advantage member pays in 2012
Annual out-of-pocket maximum	\$750	\$1,000	\$2,500
Benefits	Group Health Classic Medicare Advantage member pays in 2011	Group Health Value Medicare Advantage member pays in 2011	Group Health Medicare Advantage member pays in 2012
Ambulance	\$75	\$150	\$150
Emergency room	\$50	\$50	\$65
Hearing (routine annual exam)	\$10	\$20	\$20
Hospital services			
Inpatient	\$100/day \$600 max/year per person	\$200 for first 5 days	\$200 for first 5 days
Outpatient	\$100	\$200	\$200
Office visit			
Primary care	\$10	\$20	\$20
Urgent care			
Specialist			
Mental health			
Physical, occupational, and speech therapy (per-visit cost for up to 60 visits/year combined)	\$10	\$20	\$20
Prescription drugs—retail (up to a 30-day supply)	Tier 1: \$10 Tier 2: \$30 Tier 3: N/A	Tier 1: \$10 Tier 2: \$30 Tier 3: N/A	Tier 1: \$20 Tier 2: \$40 Tier 3: 50% up to \$250
Prescription drugs—mail order (up to a 90-day supply)	Tier 1: \$20 Tier 2: \$40 Tier 3: N/A	Tier 1: \$20 Tier 2: \$60 Tier 3: N/A	Tier 1: \$40 Tier 2: \$80 Tier 3: 50% up to \$750

Kaiser Permanente Classic Medicare Advantage Plan (Medicare members)

Member costs	Member pays in 2011	Member pays in 2012
Annual out-of-pocket maximum	\$600	\$1,500
Benefits	Member pays in 2011	Member pays in 2012
Hospital services Inpatient	\$0	\$500/admission
Office visit Primary care (includes hearing & vision exams)	\$20	\$30
Urgent care		\$35
Specialist		\$30
Mental health		\$30
Prescription drugs—retail (up to a 30-day supply)	Tier 1: \$10 Tier 2: \$25 Tier 3: N/A	Tier 1: \$20 Tier 2: \$40 Tier 3: N/A
Prescription drugs—mail order (up to a 90-day supply)	Tier 1: \$20 Tier 2: \$50 Tier 3: N/A	Tier 1: \$40 Tier 2: \$80 Tier 3: N/A

Uniform Medical Plan Classic (Medicare members)

Member costs	Member pays in 2011	Member pays in 2012
Annual out-of-pocket maximum	\$2,000	\$2,500
Benefits	Member pays in 2011	Member pays in 2012
Hospital services Inpatient	\$200/day \$600 max/year + 15%	\$200/day \$600 max/admission + 15%
Prescription drugs—retail (up to a 90-day supply)	Tier 1: 10%; (up to \$75 per 30-day supply) Tier 2: 30%; (up to \$75 per 30-day supply) Tier 3: 50%	Value tier: 5% (up to \$10 per 30-day supply) Tier 1: 10% (up to \$25 per 30-day supply) Tier 2: 30% (up to \$75 per 30-day supply) Tier 3: 50%
Prescription drugs—mail order (up to a 90-day supply)	Tier 1: \$10 Tier 2: \$50 Tier 3: \$100	Value tier: 5% (up to \$30 per 90-day supply) Tier 1: 10% (up to \$75 per 90-day supply) Tier 2: 30% (up to \$225 per 90-day supply) Tier 3: 50% Specialty drugs: 50% (up to \$150 per 30-day supply)

Supplemental life insurance changes

For Leave Without Pay (LWOP) subscribers enrolled in PEBB life insurance: The PEBB Program's Part C (Optional Life Insurance) and Part D (Supplemental Life Insurance) will merge into a single employee supplemental option starting January 1, 2012. This change will be reflected in the life insurance materials for employees newly enrolling for 2012.

The PEBB Program and ReliaStar Life Insurance Company (a member of the ING family of companies) will hold a limited reenrollment opportunity during February 2012 to allow many LWOP subscribers to increase their supplemental life insurance without evidence of good health. PEBB members will receive more information about this at the benefit fairs and in January 2012.

To allow for this transition to the new supplemental life insurance, **current LWOP members cannot make any changes to their coverage amounts from November 1, 2011 through January 31, 2012.** If you wish to make any changes to your life insurance, submit your application by October 31, 2011 or wait until February 2012. Newly eligible employees will still be able to enroll in the plan.

2012 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Special Requirements

Effective January 1, 2012

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare. (Medicare rates are not available to Leave Without Pay members.)
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* to enroll in one of these plans. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans

Members not eligible for Medicare (or enrolled in Part A only):	Group Health Classic	Group Health Value	Group Health CDHP	Kaiser Permanente Classic	Kaiser Permanente CDHP	UMP Classic	UMP CDHP
Subscriber Only	\$ 550.48	\$ 501.58	\$ 482.92	\$ 538.18	\$ 481.27	\$ 531.11	\$ 485.22
Subscriber & Spouse*	1,095.43	997.63	957.35	1,070.83	953.55	1,056.69	961.45
Subscriber & Child(ren)	959.19	873.62	853.32	937.67	850.06	925.30	856.97
Full Family	1,504.14	1,369.67	1,269.42	1,470.32	1,264.01	1,450.88	1,274.87

Members enrolled in Part A & Part B of Medicare:	Group Health Medicare Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	UMP Classic
Subscriber Only	\$258.19	N/A [†]	N/A [†]	\$ 292.94	\$ 363.87
Subscriber & Spouse* (1 Medicare eligible)	N/A [†]	\$ 803.14	\$ 754.24	825.59	889.45
Subscriber & Spouse* (2 Medicare eligible)	510.85	N/A [†]	N/A [†]	580.35	722.21
Subscriber & Child(ren) (1 Medicare eligible)	N/A [†]	666.90	630.23	692.43	758.06
Subscriber & Child(ren) (2 Medicare eligible)	510.85	N/A [†]	N/A [†]	580.35	722.21
Full Family (1 Medicare eligible)	N/A [†]	1,211.85	1,126.28	1,225.08	1,283.64
Full Family (2 Medicare eligible)	N/A [†]	919.56	882.89	979.84	1,116.40
Full Family (3 Medicare eligible)	763.51	N/A [†]	N/A [†]	867.76	1,080.55

* or qualified/Washington State-registered domestic partner

[†] If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

Medicare Supplement Plans

	Premera Blue Cross	
	Plan F (age 65 or older, eligible by age)	Plan F (under age 65, eligible by disability)
Subscriber Only	\$ 188.48	\$ 320.40
Subscriber & Spouse* (1 Medicare eligible)**	719.59	851.51
Subscriber & Spouse* (2 Medicare eligible - 1 retired, 1 disabled)	508.88	508.88
Subscriber & Spouse* (2 Medicare eligible)	376.96	640.80
Subscriber & Child(ren) (1 Medicare eligible)**	588.20	720.12
Full Family (1 Medicare eligible)**	1,113.78	1,245.70
Full Family (2 Medicare eligible - 1 retired, 1 disabled)**	908.60	908.60
Full Family (2 Medicare eligible)**	776.68	1,040.52

*or qualified/Washington State-registered domestic partner

**If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan, administered by Washington Dental Service	Willamette Dental
Subscriber Only	\$ 39.53	\$ 45.20	\$ 42.68
Subscriber & Spouse*	79.06	90.40	85.36
Subscriber & Child(ren)	79.06	90.40	85.36
Full Family	118.59	135.60	128.04

*or qualified/Washington State-registered domestic partner

Dental Plans Dental Only	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan, administered by Washington Dental Service	Willamette Dental
Subscriber Only	\$ 45.06	\$ 50.73	\$ 48.21
Subscriber & Spouse*	84.59	95.93	90.89
Subscriber & Child(ren)	84.59	95.93	90.89
Full Family	124.12	141.13	133.57

What is the CDHP/HSA?

In 2012, Group Health, Kaiser Permanente, and the Uniform Medical Plan (UMP) will all offer a new type of health plan: **the consumer-directed health plan (CDHP), linked to a health savings account (HSA).**

A **CDHP** is a type of insurance plan that has lower premiums and a higher annual deductible than traditional health plans. A CDHP can be combined with a tax-free HSA which you can use to pay for IRS-qualified out-of-pocket medical expenses (such as deductibles, copays, and coinsurance), including some expenses and services that may not be covered by your health plan. The CDHP/HSA gives you greater flexibility and discretion over how you use your health care dollars.

An **HSA** is a tax-exempt account that is set up with a qualified trustee to pay for or reimburse your costs for qualified medical services. HealthEquity, Inc. is the qualified trustee that will manage the PEBB members' HSAs for Group Health, Kaiser Permanente, and the UMP.

A portion of your premium will go into your HSA in monthly installments over the year. This will add up to \$700 annually for a single subscriber (about \$58.34 each month), or \$1,400 annually for a subscriber with one or more family members enrolled in the CDHP (about \$116.67 each month). The entire amount is **not** deposited in your HSA on January 1, 2012. You may also choose to make your own tax-free contributions to your HSA, up to IRS annual limits of \$3,100 for single subscribers and \$6,250 for families (subscriber with one or more family members enrolled in the CDHP). Members ages 55 and older may contribute up to \$1,000 more annually (in addition to the limits above).

Who can enroll in a consumer-directed health plan with a health savings account?

Per IRS rules, to enroll in an HSA you must:

- Have a qualified, high-deductible health plan (also called a consumer-directed health plan).
- Have no other comprehensive health coverage, with certain exceptions allowed by the IRS (for example, dental, vision, long-term care, and disability coverage are allowed).
- Not be enrolled in Medicare.
- Not be enrolled in a flexible spending account (FSA) as of January 1, 2012. If you're currently enrolled in an FSA and want to enroll in a CDHP/HSA in 2012, you must use all of your FSA dollars by December 31, 2011. This would also apply if your spouse has an FSA, even if you are not covering your spouse on your CDHP.
- Not be claimed as a dependent on someone else's tax return.
- Not have received Veterans' Administration benefits (including prescription drugs) in the three months before your CDHP enrollment begins, or have TRICARE coverage.

- Have a limited VEBA account (if you or your spouse has VEBA).

Other exceptions apply. Check *IRS Publication 969—Health Savings Accounts and Other Tax-Favored Health Plans*, with your tax advisor, or call HealthEquity toll-free at 1-877-873-8823 to verify whether you qualify.

In addition, PEBB will not allow non-Medicare subscribers who have a covered family member enrolled in Medicare to select the CDHP/HSA. If you are a non-Medicare subscriber with a Medicare dependent enrolled on your account, you must disenroll your Medicare dependent from your PEBB coverage to enroll in a CDHP. Your disenrolled family member will not qualify for COBRA or other continuation coverage options through the PEBB Program.

What happens if a non-Medicare subscriber who covers non-Medicare family members enrolls in a CDHP/HSA for 2012, and one of the family members later becomes entitled to Medicare?

If the subscriber becomes entitled to Medicare

The subscriber must choose a new health plan **no later than 60 days** after enrolling in Medicare Part A and Part B. The subscriber can keep the HSA, but no longer contribute to it. Your annual deductible and annual out-of-pocket maximum will restart with your new plan.

If a covered family member becomes entitled to Medicare

The subscriber must either:

- Disenroll the family member from PEBB coverage **no later than 60 days** after he or she enrolls in Medicare Part A and B.
- OR
- Choose a new health plan. Your annual deductible and annual out-of-pocket maximum will restart with your new plan. (In this case, the subscriber can keep the HSA, but can no longer contribute to it.)

For more information on consumer-directed health plans or HSAs:

- Go to PEBB's website (www.pebb.hca.wa.gov) or your health plan's website. **The PEBB Program cannot answer questions about your eligibility for the HSA. Please contact HealthEquity toll-free at 1-877-873-8823 or your tax advisor for HSA-related questions.**
- Visit HealthEquity's education website (www.healthequity.com/pebb) for information on HSAs and frequently asked questions. HealthEquity is the HSA trustee for Group Health, Kaiser Permanente, and the Uniform Medical Plan.

Facts about the consumer-directed health plans and health savings accounts

Are all CDHPs the same?

No—each plan's benefits and cost-sharing differ. See the *Medical Benefits Comparison* on PEBB's website at www.pebb.hca.wa.gov for more details, or contact your plan.

Do CDHPs cover preventive care at 100%, like other PEBB plans?

Yes, for in-network benefits—you do not have to pay toward your annual deductible first. However, the CDHP's covered preventive-care services may differ from your current plan's covered services; contact your plan for more information.

What if I enroll in a CDHP, and later become entitled to Medicare?

You cannot stay enrolled in a CDHP, but you may keep your HSA. You will need to choose another health plan within PEBB's timelines. Your annual deductible and annual out-of-pocket maximum will restart with your new plan.

Who owns the HSA?

You do.

What types of services can I spend my HSA on?

Qualified medical expenses, as defined by *IRS Publication 502—Medical and Dental Expenses*.

Do my HSA dollars roll over from year to year, or do I lose the money at the end of the year?

The money rolls over from year to year.

What happens to my HSA after I become entitled to Medicare?

You can still use your HSA dollars to pay for qualified medical expenses, but you won't be able to make contributions to your HSA.

How do I know if a CDHP/HSA option is right for me?

The CDHP/HSA option is not right for everyone, but here are some guidelines. Call your health plan or visit their website for details on CDHP benefits, and call HealthEquity or visit their education page at www.healthequity.com/pebb for more information on the HSA.

A CDHP/HSA is best for those who:

- Want the lowest monthly premium.
- Can pay upfront for treatments and services needed early in the year, if there are not enough dollars accrued in the HSA.
- Do not have catastrophic medical needs and/or use specialty drugs (high-cost injectable, oral, or inhaled drugs).
- Are willing to track their HSA dollars, and verify which out-of-pocket expenses or non-covered services or supplies are qualified medical expenses.
- Can save additional money of their own in their HSA for expenses or tax-free savings.

A CDHP/HSA is not recommended for those who:

- Cannot pay upfront for treatments and services needed early in the year.
- Have catastrophic medical needs and/or use specialty drugs (high-cost injectable, oral, or inhaled drugs).
- Do not wish to track their HSA dollars, or verify which out-of-pocket expenses or non-covered services or supplies are qualified medical expenses.

Tap into tools and resources on PEBB's website

Go to www.pebb.hca.wa.gov to review changes to your PEBB health plans in 2012. You also can:

Compare plan benefits

If you're thinking of changing plans or want to review your plan's benefits, select *Benefits* from the left navigation panel, then select *Medical* or *Dental*. You can choose which plans to compare, as well as view only the benefit differences among those plans.

Find plans in your county

Select *Benefits* from the left navigation panel, then select *Medical* and *Your Rate/Premium*. Answer the questions to find the plans available in your county of residence.

Change plans for 2012

During open enrollment, you can change your medical and dental plans for 2012 by selecting *My Account* under the *Coverage* header on PEBB's home page.

Visit your health plan's website

From the *Benefits* link, select *Medical* and *Contact the Plans* for phone numbers and links to the plans' websites. The plans' websites also include publications, drug formularies, special plan features, provider directories, and other helpful information.

Benefits fairs

During open enrollment, you can learn more about your health plan and other insurance options by attending one of the PEBB Program's benefits fairs. You can pick up information and speak personally with representatives from the health plans, the PEBB Program, Department of Retirement Systems, life insurance, long-term disability insurance, and auto/home insurance companies.

Maps to the benefits fairs are available online at www.pebb.hca.wa.gov.

Bellevue

November 18, 2011

1 to 4:30 p.m.
Bellevue College
Cafeteria Building C, Rooms C120 A&B
3000 Landerholm Circle SE

Bellingham

November 8, 2011

8:30 a.m. to 12 p.m.
St. Luke's Health Education Center
Meeting Rooms E&F
333 Squalicum Parkway

Cheney

November 1, 2011

8 a.m. to 12 p.m.
Eastern Washington University
Hargreaves Hall, Room 201
905 Elm Street

Ellensburg

November 8, 2011

12 to 3:30 p.m.
Central Washington University
Student Union & Recreation Center
(SURC) Ballroom
400 E. University Way

Everett

November 9, 2011

8:30 a.m. to 12 p.m.
Everett Community College
White Horse Hall, Room 260
2000 Tower Street

Lacey

November 7, 2011

10 a.m. to 2 p.m.
Lacey Community Center
Banquet Rooms A&B
6729 Pacific Avenue

Mount Vernon

November 8, 2011

2 to 5:30 p.m.
Skagit Valley College
Campus Center Building
Multipurpose Room
2405 E. College Way

Olympia

November 14, 2011

10 a.m. to 2 p.m.
General Administration
210 11th Avenue SW

Pasco

November 3, 2011

2 to 5:30 p.m.
Columbia Basin College
Byron Gjerde Center, H Building
2600 N. 20th Avenue

Port Angeles

November 15, 2011

11 a.m. to 2 p.m.
Peninsula College
PUB Conference Room
1502 E. Lauridsen Boulevard

Pullman

November 2, 2011

9 a.m. to 12 p.m.
Gladish Community Center
115 NW State Street, Ste. 112A

November 2, 2011

1 to 4 p.m.
Washington State University
Compton Union Building (CUB)
Junior Ballroom, West Room 212

Seattle

November 1, 2011

10 a.m. to 3 p.m.
University of Washington
Mary Gates Hall

November 2, 2011

10 a.m. to 3 p.m.
Harborview Medical Center
Research & Training Building
325 9th Avenue

November 3, 2011

10 a.m. to 3 p.m.
UW Medical Center & Health Sciences
Lobbies
1959 NE Pacific

Shoreline

November 9, 2011

2 to 5:30 p.m.
Department of Transportation
Cafeteria
15700 Dayton Avenue N.

Spokane

November 1, 2011

2 to 5:30 p.m.
Spokane Community College
Building 6
Lair Sasquatch/Bigfoot Room
1810 N. Greene Street

Tacoma

November 4, 2011

2 to 5:30 p.m.
Bates Technical College
Building E Breezeway
2201 S. 78th Street

Tumwater

November 4, 2011

10 a.m. to 2 p.m.
Dept. of Labor & Industries Auditorium
7273 Linderson Way SW

Vancouver

November 18, 2011

11 a.m. to 2:30 p.m.
Clark College
Gaiser Hall Student Center
1933 Fort Vancouver Way

Walla Walla

November 3, 2011

8:30 a.m. to 12 p.m.
Walla Walla Community College
Back Dining Area
500 Tausick Way

Wenatchee

November 9, 2011

9 a.m. to 12:30 p.m.
Wenatchee Valley College
Wells Hall – Campus Theater
1300 Fifth Street

Yakima

November 7, 2011

1 to 4 p.m.
Yakima Valley Museum
Jewett Entrance Gallery
2105 Tieton Drive

Who to call for help

Contact the plans directly for help with benefit questions, choosing a doctor or dentist, verifying that your provider contracts with their plan, verifying that your prescriptions are covered, ID cards, and claims.

Medical Plans	Website addresses	Customer service phone numbers	TTY customer service phone numbers (deaf, hard of hearing, or speech impaired)
Group Health Classic, Value, or CDHP	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic or CDHP	www.kp.org	503-813-2000 or 1-800-813-2000	1-800-735-2900
Uniform Medical Plan Classic or CDHP	www.ump.hca.wa.gov	1-888-849-3681	711

Medicare Supplement Plan	Website address	Customer service phone number	TTY customer service phone number (deaf, hard of hearing, or speech impaired)
Medicare Supplement Plan F, administered by Premera Blue Cross	www.premera.com	1-800-817-3049	1-800-842-5357

Medicare Plans	Website addresses	Customer service phone numbers	TTY customer service phone numbers (deaf, hard of hearing, or speech impaired)
Group Health Medicare Plan	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic (Medicare Advantage)	www.kp.org	1-877-221-8221	1-800-735-2900

Health Savings Account Trustee	Website address	Customer service phone number
HealthEquity, Inc.	www.healthequity.com/pebb	1-877-873-8823

Dental Plans	Website addresses	Customer service phone numbers
DeltaCare, administered by Washington Dental Service	www.deltadentalwa.com/pebb	1-800-650-1583
Uniform Dental Plan, administered by Washington Dental Service	www.deltadentalwa.com/pebb	1-800-537-3406
Willamette Dental	www.WillametteDental.com/WApebb	1-855-433-6825

Contact the PEBB Program at 1-800-200-1004 for help with:

- Eligibility and enrollment questions (for CDHP or HSA-related questions, contact the plans and HealthEquity)
- Eligibility changes (Medicare enrollment, change in marital status, etc.)
- Account updates (address, phone number, etc.)
- Eligibility complaints or appeals
- Payment and premium information



This is your *only* 2012 open enrollment notice.

How to take action during open enrollment

Don't miss these opportunities to find out more about changes to your coverage in 2012 and ensure that your plan(s) still fits you best. You can find more information on PEBB's website, from your health plans, and at the PEBB benefits fairs.

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|------------------------|---|
| November 1 – 30 | Open enrollment is your chance to change your PEBB medical and/or dental plans, remove or add eligible family members to your account. You can make plan changes and download and print our forms at www.pebb.hca.wa.gov . |
| November 1 – 18 | Benefits fairs are held throughout the state. Meet representatives from the plans and other benefits vendors. See the full schedule on page 10. |
| November 30 | Last day to make changes to your PEBB coverage. Open enrollment ends at midnight. |
| January 1, 2012 | New plan year begins; plan changes become effective. |