



For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Washington State Health Care Authority
Public Employees Benefits Board

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www.pebb.hca.wa.gov

Some out-of-pocket costs, premiums increase for 2010

This year, the Health Care Authority (HCA) faced a challenge: to purchase PEBB health benefits for 2010 with less than anticipated funding, while the cost of medical plans' coverage increased. To do this, the medical plans had to raise members' out-of-pocket costs, premiums, or both in order to meet HCA's budget target. The medical plans raised out-of-pocket costs for some benefits like office visit and pharmacy copays, deductibles, and out-of-pocket maximums to stay within these targets.

Eligibility and enrollment changes

- Seasonal employees are eligible for benefits if they work an average of at least 80 hours per month and at least eight hours in each month of their season. All other non-faculty employees are eligible for benefits if they work an average of 80 hours per month and work at least eight hours in each month for more than six consecutive months.
- Non-faculty employees may "stack" or combine hours worked in more than one position or job to establish and maintain eligibility, as long as the work is within one agency.
- Faculty who lose eligibility for their employer contribution to insurance coverage will regain their eligibility the first quarter or semester they return to working half-time or more, as long as it is within 12 months of the employee losing eligibility.
- Under certain circumstances, faculty who work half-time or more throughout the entire instructional year may be entitled to the employer contribution to insurance coverage for the summer or off-quarter/semester.

- Faculty hired on a quarter/semester basis at institutions of higher education may maintain the employer contribution to insurance coverage through "two-year averaging."
- PEBB subscribers may enroll a Washington State-registered domestic partner for PEBB coverage. This includes opposite-sex domestic partners ages 62 and over, and same-sex domestic partners. Domestic partners newly enrolling in PEBB coverage must register their partnership with the Washington Secretary of State's Office. (Any enrolled qualified domestic partners do not need to do this because they have already met PEBB's criteria.)
- Student dependents who become seriously ill or injured may be able to continue their coverage for up to one year if they are forced to take a medically necessary leave of absence from school under the federal Michelle's Law.
- PEBB can deny enrollment or terminate coverage for dependents if subscribers do not meet PEBB's timelines to enroll their eligible dependents or provide proof of their dependent's eligibility.

For more information about these eligibility rule changes, go to "PEBB Rules" at www.pebb.hca.wa.gov.

Benefit change

Services related to mental health and chemical dependency are no longer limited to a maximum number of visits per year or a dollar amount per year. A copay or coinsurance is due for each visit. Some plans require preauthorization for inpatient treatment.

(continued)

2010 changes in member costs

All medical plans will cover substantially the same benefits as in 2009, but some plans will add or increase deductibles and other out-of-pocket costs in 2010. We have described most of the main changes below; contact your health plan for more specific details about benefits.

Aetna Public Employees Plan (non-Medicare and Medicare members)

Member costs	Member pays in 2009	Member pays in 2010
Annual deductible	\$0	\$250 per person/\$750 per family
Annual out-of-pocket limit	\$750 per person/\$1,500 per family	\$2,000 per person/\$6,000 per family
Benefits	Member pays in 2009	Member pays in 2010
Office visit	\$10	\$25
Prescription drugs—retail (30-day supply)	Tier 1: \$10 Tier 2: \$25 Tier 3: \$40	Tier 1: \$20 Tier 2: \$40 Tier 3: \$60
Prescription drugs—mail order (90-day supply)	Tier 1: \$20 Tier 2: \$50 Tier 3: \$80	Tier 1: \$40 Tier 2: \$80 Tier 3: \$120

Group Health Classic (non-Medicare members only)

Member costs	Member pays in 2009	Member pays in 2010
Annual deductible	0	\$250 per person/\$750 per family
Annual out-of-pocket limit	\$750 per person/\$1,500 per family	\$2,000 per person/\$6,000 per family
Benefits	Member pays in 2009	Member pays in 2010
Office visit	\$10	\$25
Prescription drugs—retail (30-day supply)	Tier 1: \$10 Tier 2: \$30 Tier 3: Not covered	Tier 1: \$20 Tier 2: \$40 Tier 3: \$60
Prescription drugs—mail order (90-day supply)	Tier 1: \$20 Tier 2: \$40 Tier 3: Not covered	Tier 1: \$40 Tier 2: \$80 Tier 3: \$120

Group Health Value (non-Medicare members only)

Member costs	Member pays in 2009	Member pays in 2010
Annual deductible	\$100 per person/\$300 per family	\$350 per person/\$1,050 per family
Annual out-of-pocket limit	\$1,500 per person/\$3,000 per family	\$2,000 per person/\$6,000 per family
Benefits	Member pays in 2009	Member pays in 2010
Hospital—inpatient	\$200 per day/max. \$600 per year	\$300 per day/max. \$900 per year
Hospital—outpatient	\$150	\$100
Office visit	\$15	\$30
Prescription drugs—retail (30-day supply)	Tier 1: \$10 Tier 2: \$30 Tier 3: Not covered	Tier 1: \$20 Tier 2: \$40 Tier 3: \$60
Prescription drugs—mail order (90-day supply)	Tier 1: \$20 Tier 2: \$60 Tier 3: Not covered	Tier 1: \$40 Tier 2: \$80 Tier 3: \$120

Contact your health plan for more specific details about benefits.

Kaiser Permanente Classic (non-Medicare members only)

Member costs	Member pays in 2009	Member pays in 2010
Annual out-of-pocket limit	\$750 per person/\$1,500 per family	\$1,500 per person/\$3,000 per family
Benefits	Member pays in 2009	Member pays in 2010
Ambulance	\$75	\$100
Diagnostic tests, laboratory, and x-rays	\$0	\$10
Hospital—inpatient	\$200 per day/max. \$600 per year	\$200 per day/max. \$1,000 per admission
Office visit (primary care)	\$10	\$20
Office visit injections	\$0	\$5
Prescription drugs—retail (30-day supply)	Tier 1: \$10 Tier 2: \$25 Tier 3: Not covered	Tier 1: \$15 Tier 2: \$30 Tier 3: Not covered
Prescription drugs—mail order (90-day supply)	Tier 1: \$20 Tier 2: \$50 Tier 3: Not covered	Tier 1: \$30 Tier 2: \$60 Tier 3: Not covered
Skilled nursing facility care	\$200 per day/max. \$600 per year	\$200 per day/max. \$1,000 per admission
Specialty care (including spinal manipulations)	\$10	\$30
Urgent care	\$10	\$40
Vision—examination (primary care)	\$10	\$20

Kaiser Permanente Value (non-Medicare members only)

Member costs	Member pays in 2009	Member pays in 2010
Annual deductible	\$100 per person/\$300 per family	\$300 per person/\$900 per family
Annual out-of-pocket limit	\$1,500 per person/\$3,000 per family	\$2,000 per person/\$4,000 per family
Benefits	Member pays in 2009	Member pays in 2010
Ambulance	10%	25%
Diagnostic tests, laboratory, and x-rays	10%	25%
Home health care	10%	25%
Hospital—inpatient	10%	25%
Hospital—outpatient	10%	25%
Office visit (primary care)	\$20	\$30
Prescription drugs—retail (30-day supply)	Tier 1: \$10 Tier 2: \$30 Tier 3: Not covered	Tier 1: \$20 Tier 2: \$40 Tier 3: Not covered
Prescription drugs—mail order (90-day supply)	Tier 1: \$20 Tier 2: \$60 Tier 3: Not covered	Tier 1: \$40 Tier 2: \$80 Tier 3: Not covered
Skilled nursing facility care	10%	25%
Specialty care (including spinal manipulations)	\$20	\$40
Urgent care	\$20	\$50
Vision—examination (primary care)	\$20	\$30

Note: Except for preventive care services, any Kaiser Permanente Value benefits that have a 10% or 20% coinsurance fee in 2009 will have a 25% coinsurance fee in 2010.

Uniform Medical Plan (non-Medicare and Medicare members)

Member costs	Member pays in 2009	Member pays in 2010
Annual medical deductible	\$200 per person/\$600 per family	\$250 per person/\$750 per family
Annual out-of-pocket limit	\$1,500 per person/\$3,000 per family	\$2,000 per person/\$4,000 per family
Benefits	Member pays in 2009	Member pays in 2010
Coinsurance for network services*	10%	15%

*This includes several benefits, including but not limited to, acupuncture, diagnostic tests, laboratory tests, x-rays, durable medical equipment, home health care, massage therapy, mental health, outpatient surgery, office visits, spinal manipulations and vision exams.

Contact your health plan for more specific details about benefits.

Do you have family members on your account?

Remember to verify their eligibility or remove them from your account

If you cover family members on your PEBB account, you should have received a letter in September asking you to either provide proof of their eligibility or to disenroll them if they're no longer eligible.

Don't forget—you have until November 30, 2009 to send this information to us. You can find the eligibility requirements in your September letter, along with the

different types of proof you must provide. If your family member(s) do not qualify for PEBB coverage, complete and submit the *Request to Cancel Dependent Coverage* form mailed with the letter and return it in the envelope provided.

Use the *Request to Cancel Dependent Coverage* form **only** when you want to disenroll your **ineligible** dependent(s). We will remove them from coverage effective December 31, 2009. **To keep** family members on your account, submit the proof of eligibility (such as tax return) as instructed in the letter.

We will keep your information private as required by law—it will be used for dependent verification purposes only.



Mail proof of your family members' eligibility or the *Request to Cancel Dependent Coverage* form to:

Washington State Health Care Authority
P.O. Box 42685
Olympia, WA 98504-2685

2010 monthly employee premiums

These premiums apply to employees in state agencies, higher-education institutions, and community and technical colleges.

PEBB Medical Plans	Employee	Employee & Spouse*	Employee & Child(ren)	Employee, Spouse* & Child(ren)
Aetna Public Employees Plan	\$132.00	\$274.00	\$231.00	\$373.00
Group Health Classic	71.00	152.00	124.00	205.00
Group Health Value	22.00	54.00	39.00	71.00
Kaiser Permanente Classic	72.00	154.00	126.00	208.00
Kaiser Permanente Value	42.00	94.00	74.00	126.00
Uniform Medical Plan	41.00	92.00	72.00	123.00

*or Washington State-registered domestic partner

Two benefits can help curb rising costs

Flexible spending account (FSA) helps you save on health expenses

Increases in your health plan's copays, coinsurance, and deductibles can be a challenge to your budget. The state offers a benefit that helps with these costs.

With an FSA, you contribute pre-tax dollars; your taxable income is reduced and as a result you pay fewer taxes.

The FSA helps with such costs as prescription eyewear, dental care, prescribed drugs and even many over-the-counter medicines. ASIFlex, the administrator for PEBB's FSA, has a full list of eligible expenses at www.asiflex.com/pebb.

How it works

- You decide how much you want to set aside for eligible health care costs in 2010. The minimum is \$240 and the maximum is \$3,600 per plan year per family. If your spouse works for the State of Washington, you may each set aside up to the max.
- The total you set aside is divided by the number of pay periods in the year, and deducted each pay period.
- When you have eligible health care expenses, you can pay with an FSA debit card or submit a claim form to ASIFlex via email, toll-free fax or by mail. Forms and information on how to submit claims are available on the ASIFlex website.

Dependent Care Assistance Program (DCAP) helps you save on child, elder care expenses

You can set aside up to \$5,000 in pre-tax earnings to receive DCAP reimbursement for day care, day camp, or pre-kindergarten expenses, as well as elder care costs. Find out more about DCAP at the PEBB benefits fairs (see schedule on pages 6-7) or at www.asiflex.com/pebb.

Already enrolled in an FSA or the DCAP?

If you wish to continue your FSA or DCAP for 2010, you must complete an enrollment form during open enrollment—even if you don't wish to change your contribution amounts. Return the enrollment form using the instructions provided on the form.

If you don't enroll or reenroll in the FSA or DCAP, you cannot participate in these programs in 2010 unless you or an eligible family member has a qualifying event that creates a special open enrollment.

You can find the enrollment forms at www.asiflex.com/pebb.

What types of changes can I make during open enrollment?

- Change your medical plan.
- Change your dental plan.
- Add an eligible family member to your coverage.
- Disenroll family members from your coverage.
- Waive your PEBB medical coverage, if you have other employer-sponsored medical coverage.
- Enroll or reenroll in an FSA and DCAP.

The changes you make during open enrollment are effective January 1, 2010.



What types of changes can I make throughout the year?

Some examples include:

- Add a newly eligible family member, based on a qualifying event (such as marriage or birth of a child).
- Disenroll family members from your coverage based on a qualifying event (required).
- Waive your PEBB medical coverage if you gain other medical coverage.
- Change your medical and/or dental plan, if you move outside of your plan's service area or if there is a new plan available in your service area.
- Apply to enroll in or increase optional life insurance.
- Change/update your life insurance beneficiary information.
- Apply to enroll in, increase or decrease optional long-term disability insurance.
- Apply for auto and home insurance.
- Apply for long-term care insurance.

The changes you make during the year are effective on varying dates based on the circumstance.

You can make plan changes online during open enrollment by going to www.pebb.hca.wa.gov and selecting "Change My Coverage." For more information or to get forms, go to PEBB's website or contact your personnel, payroll, or benefits office.

Benefits fairs schedule

During open enrollment, you can learn more about your health and other insurance plans 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, flexible spending account program, Dependent Care Assistance 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 13, 2009

1:30 to 4:30 p.m.

Bellevue Community College
Cafeteria Building C
Room C115
3000 Landerholm Circle SE

Bellingham

November 5, 2009

9 a.m. to 12 p.m.

Western Washington University
Viking Union
Rooms 565B & C
516 High Street

Cheney

October 27, 2009

1:30 to 4:30 p.m.

Eastern Washington University
Louise Anderson (LA) Hall Lounge
905 Elm Street

Ellensburg

November 3, 2009

9 a.m. to 12 p.m.

Central Washington University
Student Union & Recreation Center (SURC)
400 E. University Way

Everett

November 6, 2009

9 a.m. to 12 p.m.

Everett Community College
Jackson Center
Jackson Conference Room
2000 Tower Street

Lacey

November 10, 2009

10 a.m. to 2 p.m.

St. Martin's University
Worthington Conference Center
5300 Pacific Avenue

Mount Vernon

November 5, 2009

1:30 to 4:30 p.m.

Skagit Valley College
Campus Center Building
Multipurpose Room
2405 E. College Way

Olympia

November 18, 2009

9 a.m. to 12 p.m.

John A. Cherberg Building
Senate Hearing Rooms 1 & 4
304 15th Avenue

Pasco

October 29, 2009

2 to 4 p.m.

Columbia Basin College
Byron Gjerde Center
H Building
2600 N. 20th Avenue

Port Angeles

November 9, 2009

11 a.m. to 2 p.m.

Vern Burton Center
308 East 4th Street

Pullman

October 28, 2009

9 a.m. to 2 p.m.

Washington State University
Compton Union Building (CUB)
Junior Ballroom

Seattle

October 27, 2009

10 a.m. to 3 p.m.

University of Washington
Main Campus
Husky Union Building (HUB)
East Ballroom

October 28, 2009

10 a.m. to 3 p.m.

UW Medical Center & Health Sciences
Lobbies
1959 NE Pacific

October 29, 2009

10 a.m. to 3 p.m.

University of Washington
Harborview Medical Center Research
and Training Building
325 9th Avenue

Selah

November 3, 2009

1:30 to 4:30 p.m.

Selah Civic Center
Legion Room
216 S. 1st Street

Shoreline

November 6, 2009

1:30 to 4:30 p.m.

Department of Transportation
Cafeteria
15700 Dayton Avenue N

Contact the plans

Contact the plans directly for help with:

- Benefit questions
- Choosing a doctor or dentist
- Verifying that your doctor or dentist contracts with the plan
- Verifying that your prescription drugs are covered
- ID cards
- Copayments, coinsurance, deductibles, and claims

Spokane

October 27, 2009

9 a.m. to 12 p.m.

Spokane Community College
Building 6

Lair Sasquatch Room

1810 N. Greene Street

**Flexible Spending Account
Presentation**

- 9 to 10 a.m.

Little Foot Room

**Flexible Spending Account
Presentation**

- 9 to 10 a.m.

Room S129

- 10 to 11 a.m.

Room S129

William A. Grant
Water and Environmental
Center Building
Room 2023
500 Tausick Way

Wenatchee

November 4, 2009

9 a.m. to 12 p.m.

Wenatchee Valley College

Wells Hall

Campus Theatre

1300 Fifth Street

Tacoma

November 5, 2009

9 a.m. to 12 p.m.

Bates Technical College

South Campus Auditorium

Rooms E102 & E103

2201 S. 78th Street

Vancouver

November 6, 2009

9 a.m. to 12 p.m.

Clark College

Gaiser Hall Student Center

1933 Fort Vancouver Way

**Flexible Spending Account
Presentation**

- 9 to 10 a.m.

Fireside Room

Walla Walla

October 29, 2009

9 a.m. to 12 p.m.

Walla Walla Community College

Tumwater

November 12, 2009

9 a.m. to 12 p.m.

Department of Labor & Industries

Auditorium

7273 Linderson Way SW



Medical plans	Website address	Customer service phone numbers	TTY customer service phone numbers (deaf, hard of hearing, or speech impaired)
Aetna Public Employees Plan	www.aetnahca.com	1-800-222-9205	1-800-628-3323
Group Health Classic and Value	www.ghc.org/pebb	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic and Value	www.kaiserpermanente.org	503-813-2000 or 1-800-813-2000	1-800-735-2900
Uniform Medical Plan	www.ump.hca.wa.gov	1-800-762-6004	360-923-2701 or 1-888-923-5622

Dental plans	Website address	Customer service phone numbers
DeltaCare, administered by Washington Dental Service	www.deltadentalwa.com/pebb.htm	1-800-650-1583
Uniform Dental Plan	www.deltadentalwa.com/pebb.htm	1-800-537-3406
Willamette Dental	www.willamettedental.com/wapebb	1-800-360-1909

This is your *only* 2010 open enrollment notice.

Please read this carefully to become familiar with your benefit options.

For more information and to make changes to your 2010 coverage, go to www.pebb.hca.wa.gov.

Important open enrollment dates

October 26 – November 30	2010 open enrollment—your chance to change your PEBB medical and/or dental plans, enroll or reenroll in the flexible spending account (FSA) or Dependent Care Assistance Program (DCAP), disenroll family members or add eligible family members to your coverage.
October 26	First day you can make changes to your PEBB coverage, effective for January 1, 2010
October 27	Benefits fairs begin; see schedule on page 6.
November 11	State holiday; PEBB Program office closed.
November 26 – 27	State holiday; PEBB Program office closed.
November 30	Last day to make changes to your PEBB coverage. You may make changes online or complete and submit the enrollment form to your personnel, payroll, or benefits office. (You can download and print forms from www.pebb.hca.wa.gov or request them from your personnel, payroll, or benefits office.)

To obtain this document in another format or to request special accommodations, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or call toll-free 1-888-923-5622.

8 October 2009 **ForYourBenefit**

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