



# For Your Benefit

Public Employees Benefits Board (PEBB) Program

## Inside

Stay up-to-date with PEBB's email subscription service... 5

Tap into tools and resources on PEBB's website..... 5

What is the CDHP/HSA? ..... 6

How does an HSA differ from an FSA? .... 8

What types of changes can I make? ..... 9

Benefits fairs schedule ..... 10

Who to call for help ..... 11

How to take action during open enrollment ..... 12

## 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 balance the state's share with members' costs, while still promoting preventive care and member choice, the PEBB Program will make two changes:

- Offer three new, low-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 state's total cost for providing medical benefits increased 4.5%—the lowest increase in several years. (Your employer can provide information on your 2012 monthly premiums.) Based on the health plan you select 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

Employees will see new plan choices in 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 low 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 is the CDHP/HSA?**  
*See pages 6-7.*

**Is a CDHP/HSA right for me?**  
*See pages 6-7.*

### 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.

*(continued)*

Washington State  
**Health Care Authority**  
Public Employees Benefits Board  
1-800-200-1004  
360-412-4200  
[www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)

# Changes for 2012 *(continued)*

## Changes to members' costs in 2012

### Group Health Classic

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
<b>Hospital services</b>		
Inpatient	\$200/day \$600 max/year per person	\$150/day \$750 max/admission
Outpatient	\$100	\$150
<b>Office visit</b>		
Primary care <sup>1</sup>		\$15
Urgent care		\$15
Specialist	\$25	\$30
Mental health		\$15
<b>Prescription drugs</b>		
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
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

<sup>1</sup> \$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

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
<b>Hospital services</b>		
Inpatient	\$300/day \$900 max/year per person	\$200/day \$1,000 max/admission
Outpatient	\$100	\$200
<b>Office visit</b>		
Primary care <sup>1</sup>	\$30	\$20
Urgent care		\$20
Specialist		\$40
Mental health		\$20
<b>Prescription drugs</b>		
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
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
<b>Radiation</b>	\$0	\$40

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

# Changes for 2012 *(continued)*

## Kaiser Permanente Classic

Member costs	Member pays in 2011	Member pays in 2012
Annual deductible <sup>1</sup>	\$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%

<sup>1</sup> Benefits may be subject to annual deductible and plan limitations.

## Uniform Medical Plan Classic

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%
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

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 employees 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 employees 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.

## Stay up-to-date on your benefits with PEBB's email subscription service

The PEBB Program is committed to keeping you informed about your health benefits. But in today's wired world, U.S. Postal Service mail doesn't make sense for everyone and mailings represent rising costs to the Health Care Authority (HCA), which administers the program.

If you would like to help reduce the HCA's reliance on paper mailings, and their toll on the environment, sign up for PEBB's email subscription service. The service will replace some of PEBB's general mailings (such as newsletters and reminders) but **will not** include account-specific messages or any email

arrangements you may have with your health plan.

After you sign up, you will receive select messages from PEBB that will help you take better advantage of your benefits and the many resources on the PEBB website. By directing PEBB messages to your email box, you can save them for quick retrieval when you need them.



To sign up for the email subscription service:

1. Go to [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and select *My Account* under the *Coverage* header in the left navigation panel.
2. Complete the sign-in screen, then select *Continue*.
3. Select the link next to the *Email Address* header to subscribe.

### Fast facts about the email subscription service

- Your email address will not be shared with any of PEBB's insurance vendors.
- If you're ever dissatisfied with the email service, you can easily unsubscribe and return to receiving paper mailings.
- Emails from PEBB will not include any specific information about you.

Find more information about the service as well as frequently asked questions at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).



## Tap into tools and resources on PEBB's website

Go to [www.pebb.hca.wa.gov](http://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, or waive medical coverage 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.

# 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.

Your employer's contribution goes into the 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 an HSA?

Per IRS rules, to enroll in a 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 also would 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.

## 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](http://www.healthequity.com/pebb) for more information on the HSA. We encourage you to get more information so you can make the best decision for you and your family.

## 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.

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

- Go to PEBB's website ([www.pebb.hca.wa.gov](http://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](http://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](http://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.*

### If I separate from state service or retire, can I stay enrolled in a CDHP?

*You can stay enrolled in a CDHP by electing PEBB continuation of coverage (including PEBB retiree coverage), if eligible.*

### 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 if I leave my job or retire?

*You get to keep your HSA—it's in your name, and it's your account.*



# How does an HSA differ from an FSA?

If you currently have a flexible spending account (FSA) through your employer, you may wonder how the FSA differs from a health savings account (HSA), which is linked to the new consumer-directed health plans. Here are some similarities/differences to consider:

	Flexible spending account	Health savings account
<b>Who can participate?</b>	Eligible employees, as defined by your employer. You do not need to enroll in a specific health plan to enroll in an FSA. If you enroll in the FSA for 2012, you cannot enroll in the CDHP/HSA.	All PEBB benefit-eligible employees who qualify under Internal Revenue Service rules, and enroll in a consumer-directed health plan (CDHP). If you enroll in the CDHP/HSA, you cannot enroll in an FSA.
<b>How much can I contribute to this account?</b>	Varies by employer	Up to \$3,100 for an individual, or \$6,250 for a family (employee and one or more family members enrolled in the CDHP) each year. These limits include your employer's annual contributions (\$700 for an individual, \$1,400 for a family). Members ages 55 and older may contribute up to \$1,000 more annually (in addition to the limits above).
<b>Who owns the account?</b>	Your employer	You, even if you separate from employment or retire.
<b>When can I access my dollars?</b>	You can withdraw your entire annual election amount at any time during the year, even if you have not contributed the full annual amount from your paychecks.	You can access only what has been deposited into your account to date (like a bank account). Your employer's contribution goes into the HSA in monthly installments over the year.
<b>Who can contribute to my account?</b>	You, through payroll deductions.	Your HSA can be funded by any of the following: <ul style="list-style-type: none"> <li>• You</li> <li>• Your employer</li> <li>• Others (such as a family member)</li> </ul>
<b>What happens to my unspent dollars at the end of the year?</b>	Any FSA dollars not spent by the end of the calendar year or grace period are forfeited to your employer.	Any HSA dollars not spent at the end of the calendar year roll over, and stay in your account.
<b>What can I spend my account dollars on?</b>	Qualified medical expenses as defined in <i>IRS Publication 502—Medical and Dental Expenses</i> .	<ul style="list-style-type: none"> <li>• Qualified medical expenses as defined in <i>IRS Publication 502—Medical and Dental Expenses</i>.</li> <li>• Retiree health insurance premiums (except for Medicare supplement policies).</li> <li>• COBRA premiums.</li> <li>• Long-term care insurance premiums.</li> <li>• Health insurance premiums, if receiving unemployment benefits.</li> </ul>
<b>Do I need to prove my medical costs are “qualified medical expenses”?</b>	Federal rules require you to prove that your medical costs are eligible, and receipts or detailed billing statements are required.	You do not have to prove your medical costs are eligible to use your HSA dollars, but you should keep all receipts or documents in case of an IRS audit.

This comparison is a summary, and does not include every similarity or difference between the FSA and HSA. If you have specific questions, please contact your employer's FSA administrator or HealthEquity (for HSA) at 1-877-873-8823.

# What types of changes can I make:

## during open enrollment?

**PEBB's annual open enrollment is your chance to make the following changes to your account:**

- Change your medical plan.
- Change your dental plan.
- Remove family members from your coverage.
- Add an eligible family member to your coverage.
  - If your family member lost coverage because you did not respond to our request for dependent verification documents, you must provide proof of your family member's eligibility with your enrollment form, or he or she will not be enrolled.
  - If you want to add a newly eligible family member to your coverage, you must provide proof of his or her eligibility with your enrollment form, or he or she will not be enrolled. You can get a list of acceptable documents from your employer or at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) under *Dependent Verification*.
- Waive your PEBB medical coverage, if you have other comprehensive group medical coverage.

You can make plan changes online during open enrollment by going to [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and selecting *My Account* under the *Coverage* header. You cannot enroll a family member online; please complete and submit the *Employee Enrollment/Change* form and return it to your personnel, payroll, or benefits office. For more information or to get forms, go to PEBB's website or contact your personnel, payroll, or benefits office.

*Any changes you make during open enrollment become effective January 1, 2012.*

## throughout the year?

**During 2012, you can make the following changes:**

- Waive your PEBB medical coverage if you gain other comprehensive group medical coverage.
- Change your medical and/or dental plan, if you or a family member moves outside of your plan's service area or if there is a new PEBB plan available in your new county.
- Change your life insurance beneficiary information.
- Apply for optional long-term disability insurance, or change the benefit waiting period.
- Apply for auto and home insurance.
- Apply for long-term care insurance.
- Remove family members from your coverage when they become ineligible (required).
- Add a newly eligible family member, based on a qualifying event (such as marriage or birth of your child). You must provide proof of the family member's eligibility with your enrollment form within PEBB's timelines or he or she will not be enrolled. You can get a list of acceptable documents from your employer or at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) under *Dependent Verification*.



# Benefits fairs schedule

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](http://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

## Vancouver

*November 18, 2011*

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

## Wenatchee

*November 9, 2011*

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

## Tumwater

*November 4, 2011*

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

## Walla Walla

*November 3, 2011*

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

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

Health Savings Account Trustee	Website address	Customer service phone number
HealthEquity, Inc.	<a href="http://www.healthequity.com/pebb">www.healthequity.com/pebb</a>	1-877-873-8823

Dental plans	Website address	Customer service phone numbers
DeltaCare, administered by Washington Dental Service	<a href="http://www.deltadentalwa.com/pebb">www.deltadentalwa.com/pebb</a>	1-800-650-1583
Uniform Dental Plan, administered by Washington Dental Service	<a href="http://www.deltadentalwa.com/pebb">www.deltadentalwa.com/pebb</a>	1-800-537-3406
Willamette Dental	<a href="http://www.WillametteDental.com/WApebb">www.WillametteDental.com/WApebb</a>	1-855-433-6825

## 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 fit you best. You can find more information on PEBB's website, from your health plans, from your employer, and at the PEBB benefits fairs.

#### Important dates

- |                        |   |
|------------------------|---|
| <b>November 1 – 30</b> | Open enrollment is your chance to change your PEBB medical and/or dental plans, and remove or add eligible family members to your account. If you add family members, you must provide documents that prove their eligibility before enrolling them on your account. You can make plan changes, download and print our forms, and find a list of dependent verification documents at <a href="http://www.pebb.hca.wa.gov">www.pebb.hca.wa.gov</a> . |
| <b>November 1 – 18</b> | Benefits fairs are held throughout the state. Meet representatives from the plans and other benefits vendors. See the full schedule on pages 10-11.   |
| <b>November 30</b>     | Last day to make changes to your PEBB coverage. Open enrollment ends at midnight.   |
| <b>January 1, 2012</b> | New plan year begins; plan changes become effective.  |