

For more information about your PEBB benefits

In addition to this newsletter, you can find more information about your PEBB benefits online at www.pebb.hca.wa.gov.

Washington State
Health Care Authority
Steve Hill
Administrator

Public Employees
Benefits Board
P.O. Box 42684
Olympia, WA 98504-2684
1-800-200-1004
360-412-4200
www.pebb.hca.wa.gov

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Got other health insurance? You may defer your PEBB coverage and save money

If you have access to health insurance through one of the following, you may save money by deferring your PEBB health coverage:

- Your employer
- Your spouse's or domestic partner's employer
- Medicare and Medicaid
- Federal retirement program

If you defer medical coverage for yourself, PEBB will also defer coverage for your family members. If you also have PEBB dental coverage, we will cancel it for you and your covered family members. PEBB rules do not allow you to remain in PEBB dental coverage only.

How do I defer my PEBB coverage?

To defer your PEBB coverage, complete a *PEBB-Sponsored Retiree Coverage Election Form*, found at

www.pebb.hca.wa.gov. You may also request this form by calling PEBB Benefit Services at 1-800-200-1004.

Did you know?

Certain PEBB retirees who have both Medicare and Medicaid benefits can defer their PEBB coverage. If their eligible dependents don't qualify for Medicaid, the dependents may keep their PEBB coverage.

Enrollees who have Medicaid coverage that pays for their medical services qualify for this option.

Retirees who lose Medicaid coverage may re-enroll in PEBB coverage within 60 days of losing Medicaid coverage.

Let us know about your Medicare coverage

If you or a covered family member is about to turn 65, you must send a copy of the Medicare card for the family member who will be turning 65 to PEBB Benefit Services. If you are entitled to Medicare, you must enroll in Part A and Part B to keep your PEBB coverage.

If you or a covered family member is entitled to Medicare Part A and Part B after 24 months of Social Security Disability, please send a copy of the Medicare card, regardless of age.

You may find the Public Employees Benefits Board's existing laws in chapter 41.05 of the Revised Code of Washington (RCW), and rules in chapters 182-04, 182-08, 182-12, 182-13, and 182-16 of the Washington Administrative Code (WAC). These are available on the Office of the Code Reviser's Web site at slc.leg.wa.gov.

Legislature expands access to PEBB coverage

The 2007 Legislature passed bills that expand access to PEBB coverage for certain groups. Governor Gregoire has signed these bills into law:

Bill number	Brief description	Laws' effective date
Substitute House Bill (SHB) 1417	Applies to the spouse and dependent children of a Washington State Patrol Retirement System member who dies from injuries sustained in the course of employment. Eligible survivors receive premium reimbursements if they choose to continue PEBB coverage after the member's death.	July 22, 2007
Substitute Senate Bill (SSB) 5336	Directs the PEBB program to recognize certificates of domestic partnership issued by the Secretary of State's office to fulfill eligibility criteria for an enrollee to add a same-sex domestic partner. Enrollees will still need to complete a <i>Declaration of Tax Status</i> form.	July 22, 2007
Senate Bill (SB) 5640	Allows tribal governments to apply to purchase PEBB benefits for their employees. This is similar to coverage available to K-12 school districts and certain employer groups.	January 1, 2009
Engrossed Second Substitute Senate Bill (E2SSB) 5930	Expands PEBB eligibility for unmarried children up to age 25. This includes non-student children ages 20-24, and students age 24. Except for children with disabilities (of any age) and students ages 20-23, all other children ages 20-24 who choose PEBB coverage must pay the full cost.	January 1, 2009

We will provide more information on these changes in future enrollee communications and online at www.pebb.hca.wa.gov. You may also read these bills online at apps.leg.wa.gov/billinfo.

Making changes? Please let us know!

Whether you're changing your address, name, or family status, keep the PEBB program in the loop. We can update your information in the state systems to make sure you'll continue to receive retiree and benefit information, and adjust your PEBB premium if necessary.

In certain situations, you may make some changes (such as adding or removing a dependent from your coverage). In these cases below, complete and send the appropriate form(s) to PEBB Benefit Services within 60 days of the change.

If you're reporting this change...	Then complete and return this form to the PEBB program	Other information you should know
Address change	<i>PEBB-Sponsored Retiree Coverage Election Form</i>	If your medical plan is not available in your new area, or if a new medical plan is available to you, you can change plans. Also call the Department of Retirement Systems at 1-800-547-6657, or your retirement plan.
Name change	<i>PEBB-Sponsored Retiree Coverage Election Form</i>	Also call the Department of Retirement Systems at 1-800-547-6657, or your retirement plan.
Adding a spouse or qualified domestic partner	<ul style="list-style-type: none"> • <i>PEBB-Sponsored Retiree Coverage Election Form</i> • <i>Declaration of Marriage or Qualified Domestic Partnership form</i> 	<p>Your premium will increase. See “Compare plan costs” at PEBB’s Web site at www.pebb.hca.wa.gov.</p> <p>If enrolled, you may also wish to review your beneficiary designation for your retiree term life insurance.</p>
Adding a child under age 20	<i>PEBB-Sponsored Retiree Coverage Election Form</i>	If you don’t already cover other children on your account, your premium will increase.
Adding a child age 20-23	<ul style="list-style-type: none"> • <i>PEBB-Sponsored Retiree Coverage Election Form</i> • <i>Student Certification/Change form</i> 	If you don’t already cover other children on your account, your premium will increase.
Removing a spouse or qualified domestic partner	<i>PEBB-Sponsored Retiree Coverage Election Form</i>	<p>Your premium will decrease.</p> <p>If divorcing, you must disenroll your spouse at the time of divorce, even if your divorce agreement states you must provide health insurance to him or her. However, your former spouse (or domestic partner) may qualify to continue PEBB coverage temporarily under his or her own account.</p> <p>PEBB rules limit premium refunds to three months.</p> <p>If enrolled, you may also wish to review your beneficiary designation for your retiree term life insurance.</p>

Maximize your preventive health benefits to minimize your health risks

If you've taken your medical plan's health risk assessment (HRA), it may have recommended steps you can take to improve your health. So where can you go to monitor your health or get advice about starting a new activity? Look no further than your primary care provider (PCP)—such as your doctor or nurse—for a checkup!

You can share your HRA results with your PCP, and discuss any health goals you want to achieve. Whether you want to lose weight, reduce stress, or increase physical activity, your PCP can review your health history and recommend ways to get started. Best of all, your medical plan covers these preventive care checkups at no cost to you!

If you haven't taken an HRA, scheduling a checkup with your PCP can help you learn more about your health to report and track on your HRA. For example, your health plan's HRA may ask for your:

- Weight
- Blood pressure
- Total cholesterol
- LDL level (low-density lipoprotein, or "bad" cholesterol)



If you don't know these numbers, your PCP can collect this information during your checkup and explain what they mean. Then you can track your numbers when you take your health plan's HRA next year.

You can also ask your PCP about any screenings you should have, such as mammograms and immunizations, to monitor your health and keep you well.

To get started, check with your health plan's certificate of coverage or call your health plan directly to find out which preventive care services and treatments they cover.

To obtain this document in another format, 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.

Benefits CheckUp

We know some of our retirees have modest pension benefits and struggle to make ends meet each month. So we encourage you to go to www.benefitscheckup.org to learn about all kinds of programs for seniors. You can get help using the Internet at your local library, senior citizens center, or Area Agency on Aging. Benefits CheckUp is a public service sponsored by the National Council on Aging.

Thinking about Medicare Part D? Things you should know before joining

Getting your questions answered

When you call the PEBB program at 1-800-200-1004, our phone system will help you get your questions answered as quickly as possible.

Press 1 first

to identify yourself as a retiree or COBRA member;

Then press 1 again

for enrollment, payment, or life insurance information;

Or stay on the line to talk with a benefits specialist.



You've seen the ads, stating that you can save money on your prescription drugs by joining a Medicare Part D plan. (Medicare Part D is the federal program that provides coverage for outpatient prescription drugs.) But did you know that your Public Employees Benefits Board (PEBB) medical plan probably has prescription-drug benefits **as good as or better than** Part D?

You do not have to enroll in Medicare Part D. With the exception of Medicare Supplement Plan E and Plan J, all PEBB medical plans already provide prescription-drug coverage that is as good as or better than Medicare Part D. Also, these plans will not coordinate with Medicare Part D benefits.

Changes to make if you enroll in Part D

If you decide to enroll in Medicare Part D and want to continue your PEBB coverage, you **must** enroll in PEBB Medicare Supplement Plan E or Plan J. (Premera Blue Cross administers both plans.) These plans do not have prescription-drug benefits, and will coordinate with Medicare Part D.

If you enroll in Part D and do not switch your medical plan to Plan E or Plan J, we will disenroll you and your covered family members. (You will also lose dental coverage, if enrolled.) **You will have no future right to re-enroll in PEBB coverage.**

If you lose PEBB health coverage in 2007

If you drop or lose your PEBB coverage and you qualify for Medicare, you will have a limited time to enroll in Medicare Part D without paying more.

If you go 63 days or longer without creditable prescription-drug coverage (like that in PEBB's managed-care plans and the Uniform Medical Plan [UMP]), your Medicare Part D premium will increase at least 1% per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your Medicare Part D premium will always cost at least 19% more than what many other people pay. You'll have to pay this higher premium as long as you have Medicare Part D coverage.

For more information

To learn more about Medicare Part D and plans in your area, call Medicare at 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TDD users). You can also find information online at **www.medicare.gov**.

Verify your account online, anytime

Ever need to check a family member's PEBB coverage, or verify your own coverage during a doctor's visit or trip to the pharmacy? You can do it online—anytime—at www.pebb.hca.wa.gov by choosing "Verify my coverage."



What does this Web site show?

After you log in with your last name, last four digits of your social security number, and date of birth, the site shows your:

- County of residence.
- Medical plan and monthly premium.
- Dental plan and dental premium (if enrolled).
- Enrollment date in your plan(s).
- Family members who have enrolled in or deferred PEBB coverage.

What if my doctor or pharmacist doesn't have Internet access?

To verify your or your family member's enrollment, the doctor or pharmacist can either:

- Call your medical or dental plan's customer service number during business hours.
- Call the PEBB program's 24-hour, self-service line at 1-800-335-1062.

Both options require the subscriber's 9-digit social security number to get information.

Change Service Requested

Washington State
 Health Care Authority
Public Employees Benefits Board
 P.O. Box 42684
 Olympia, WA 98504
 HCA 51-575 (7/07)

