August 2012

Employee Edition

For Your Benefit

Public Employees Benefits Board (PEBB) Program

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Washington State Health Care Authority
Public Employees Benefits Board

1-800-200-1004
360-725-0440
www.pebb.hca.wa.gov

Did you know your plan's preventive care services are *free*?

Your PEBB medical and dental plans offer free preventive care benefits to help you get and stay healthy. That means you don't have to pay your plan's annual deductible, copay, or coinsurance to receive preventive care services when received from a network provider. But do you know which services and treatments your plan considers preventive care?

How to contact your plans

Medical	
Group Health	206-901-4636 or 1-888-901-4636 TTY: 711 or 1-800-833-6388 **www.ghc.org/pebb**
Kaiser Permanente	503-813-2000 or 1-800-813-2000 TTY: 1-800-735-2900 **my.kp.org/nw/wapebb**
Uniform Medical Plan	1-888-849-3681 TTY: 711 **www.ump.hca.wa.gov**
Dental	
DeltaCare	1-800-650-1583 **www.deltadentalwa.com/pebb**
Uniform Dental Plan	1-800-537-3406 **www.deltadentalwa.com/pebb**
Willamette Dental Group	1-855-433-6825 **www.WillametteDental.com/WApebb**

Plans may vary in the frequency or type of services that are covered under the preventive care benefit. To find out which ones are covered at no cost to you, you can:

- **Check your plan's website.** Many plans post a schedule of preventive care benefits.
- **Check your plan's certificate of coverage.** This describes your plan's covered services, limits, and exclusions, and is updated every year. You can find the 2012 certificate of coverage on your plan's website or by calling your plan to request a printed copy.
- **Call your plan's customer service (see left) to ask if a certain treatment or service is covered as preventive care.** Keep in mind, even if a preventive care service (such as an annual checkup) is covered in full, certain tests or treatments that your doctor recommends (such as diagnostic or laboratory tests, or x-rays) may not be considered preventive. You may owe your annual deductible and copay or coinsurance.
- **Ask your doctor or other provider if the treatment or service (s)he will provide is considered preventive and covered in full by your plan.** Be sure to mention you are a PEBB member.
- **Verify your provider is in the plan's network.** Many PEBB plans will cover preventive care services in full only when received by a provider in their network. Be sure to verify your provider's participation with your plan or your provider.

How childhood immunizations protect your child, your family, and your community

If your kids will be returning to school this fall, chances are they'll be exposed to illnesses in the classroom. To protect your child, your family, and your community, ask your child's doctor what immunizations are appropriate for him or her **before** returning to school.

Consider this:

- **Serious diseases are still out there.** In Washington State, pertussis (also called whooping cough) has increased to more than 3,000 cases during January 1 through July 14, 2012, up from 219 cases during the same period in 2011.
- **Sick kids + lost work time = financial burden for the family.** Caring for a child who gets a disease that could have been prevented with a vaccine may mean expensive medical bills and days or weeks off from work. This can cause a financial burden for the family.
- **Vaccinations protect your community.** Immunizing your child protects others who your child may come in contact with, such as your friend's newborn baby or a neighbor who has cancer.

For more information, PEBB's medical plans list recommended preventive care schedules and immunizations on their websites.

Group Health

From **www.ghc.org/pebb** select:

- *Health and Wellness Resources*
- *Children's Health,* then *Children's Well Visits and Immunizations*

Kaiser Permanente

From **www.kp.org** select:

- Under Health and Wellness, select *Live Healthy*
- *Preventive care,* then *Screening and immunization guidelines*
- *Oregon and Washington* (or the state you live in)
- *Immunizations for children and adults*

Uniform Medical Plan

Go to the Centers for Disease Control and Prevention website (**www.cdc.gov/vaccines/schedules/index.html**), then select your child's age group under *Easy to read schedules for all ages.*

A drill-down on PEBB's dental plans

Access to quality dental care is one of the core health benefits enjoyed by public employees and their family members. Each of the PEBB Program's dental plans works a little differently—here are the major differences to consider when deciding to change your dental plan.

Subscribers may choose from three dental plans when they enroll:

DeltaCare	Willamette Dental Group	Uniform Dental Plan (UDP)

How DeltaCare and Willamette Dental Group work

DeltaCare and Willamette Dental Group are managed care plans. This means you must select and receive care from a primary care provider in that plan's network or, as needed, receive a referral from your provider to see a specialist.

DeltaCare is administered by Washington Dental Service (WDS), and its network is DeltaCare PEBB (Group 3100). Willamette Dental Group administers its own dental network.

These plans don't have an annual deductible, so you don't have to keep track of how much you have paid out of pocket before the plan begins covering benefits. And you pay a set amount (called a copay) when you receive dental services. DeltaCare and Willamette Dental Group also do not have an annual maximum that they pay for covered benefits (some specific exceptions apply).

Note: You may change providers in the plan's network any time during the year. If you wish to change to a provider who is not in DeltaCare's or Willamette Dental Group's network, you must wait until the PEBB Program's annual open enrollment and select a new dental plan. The change would be effective January 1 of the following year.

How Uniform Dental Plan works

UDP is a preferred provider organization (PPO) plan. Under this plan you can choose any dental provider and change providers at any time.

UDP is also administered by WDS, and its network is Delta Dental PPO (Group 3000). When you see a network provider, your out-of-pocket expenses are generally lower than if you chose a dentist who is not part of this network.

Under UDP, you pay a percentage of the plan's allowed amount (called coinsurance) for dental services after you have met the annual deductible. UDP pays up to an annual maximum of $1,750 for covered benefits for each enrolled family member, including preventive visits.

Before you select a plan or provider

- The best way to confirm that a specific provider is within a dental plan's network is to speak with the provider. He or she can tell you if their practice is "in-network" for your plan. Or you can call the dental plan's customer service (see page 1).
- Make sure you correctly identify your dental plan's network. For example, mention PEBB Group 3000 if you want to enroll in UDP, or Group 3100 if you want to enroll in DeltaCare.
- Confirm the selection you've made on your enrollment form *before* you submit it. Did you want a PPO or a managed care plan?

Are UDP and DeltaCare the same as Delta Dental?

Delta Dental is a national association of dental providers, and Washington Dental Service (or WDS, which administers both UDP and DeltaCare) is a member of Delta Dental. Within the association, providers are part of different dental plans and different networks. How much you pay for services depends on the specific *provider network* for your dental plan.

Common Terms

Dental plan

An organization that contracts with the Health Care Authority to provide dental insurance and access to providers for eligible PEBB members. Your dental plan determines which providers (or types of providers) you may see, what benefits you receive, and the costs you will pay.

Managed care plan

A type of plan where you receive care from a provider in that plan's network. The provider will refer you to specialists as needed.

Network (or provider network)

The facilities, providers, and suppliers your plan has contracted with to provide health care services.

Preferred provider organization (PPO)

A type of plan that offers lower out-of-pocket costs if members see providers in the plan's network. Members may still see providers outside of the network, but will generally pay more to do so.

Provider

A physician, health care professional, or health care facility licensed, certified, or accredited as required by state law.

Results from PEBB's open enrollment survey

Nearly 4,800 of you responded to the PEBB Program's online survey last December, and provided your feedback on how we could communicate better before and during PEBB's annual open enrollment. Here's a summary of survey responses:

- Most members (73%) got their information from the PEBB Program's website or the *For Your Benefit* newsletter (41%) that was mailed to subscribers last October. One-third also found helpful information on their agencies' employee web pages.
- Finding information was "moderately easy" for 45.6%, and "extremely easy" for 27%.
- More than 70% felt they had enough information to make decisions during open enrollment.

A detailed breakdown of poll responses is available at **www.pebb.hca.wa.gov** under *News Releases*.

More than 1,700 members provided suggestions when asked about ways they would like us to provide open enrollment information. Most respondents encouraged expanding the hours and locations of PEBB's benefits fairs. Members also want information about changes to benefits earlier and presented in ways that are easier to understand.

Based on the survey responses, the PEBB Program will:

- Provide information about 2013 changes earlier as details become available.
- Provide information on its website (**www.pebb.hca.wa.gov**) earlier, starting in early October.
- Define insurance terms more clearly (for example, the Common Terms shown with the dental article at left).
- Display links to open enrollment information more prominently on PEBB's home page before and during open enrollment.

Other requested changes will need further study based on the PEBB Program's budget. The PEBB Program will continue to hold benefits fairs for the 2013 open enrollment, and benefit fair locations have been carefully selected to provide better parking. PEBB will also continue to provide an open enrollment video on its website for those who don't attend a fair.

Thank you to those who completed the survey. We invite all members to give us input so we can continue to improve the PEBB Program.

Turning 65?

PEBB's CDHP/HSA enrollment and Medicare don't mix

If you're enrolled in a PEBB consumer-directed health plan with a health savings account (CDHP/HSA) through Group Health, Kaiser Permanente, or UMP and become eligible for Medicare benefits, ***you must take action!***

Federal rules do not allow subscribers who have Medicare to be enrolled in a CDHP/HSA like those offered through PEBB. This means if you have Medicare (generally starts automatically when you turn age 65), you must change to another PEBB medical plan that is not a CDHP/HSA **no later than 60 days** after your Medicare begins.

Note: If you are under age 65 and working, and your spouse or dependent has Medicare, you can continue to cover your Medicare dependent under your CDHP/HSA.

Which plans are available to me?

To ensure you change from a CDHP within the required timelines, there are steps you can take to prepare.

Find which health plans are available in your county of residence by going to **www.pebb.hca.wa.gov** and selecting *Rates*, then *Your Rate/Premium*, then completing your information. This will show which plans are in your county and their 2012 premiums.

You can also use the website to compare benefits available under different plans by selecting *Medical Benefits Comparison*.

How do I change plans?

Complete and submit an employee enrollment/change form to your personnel, payroll, or benefits office. You can find the form at **www.pebb.hca.wa.gov** under *Forms*. You must do this **no later than 60 days** after your Medicare effective date. Keep in mind, when you change medical plans, your annual deductible and out-of-pocket maximum restart with your new plan.

What happens to my HSA?

You keep the funds in your HSA and can continue to use the HSA to pay for qualified medical expenses on a tax-free basis. However, you can no longer contribute to your HSA. Once you're retired, you can also use these funds to pay for your Medicare Part B premium. For more information on spending from your HSA, call HealthEquity (the HSA administrator for PEBB plans) toll-free at **1-877-873-8823** or visit **www.healthequity.com/pebb**.

Help us find you before open enrollment begins!

If your address has changed this year, or if your mailing address is different than your street address, please notify your employer's personnel, payroll, or benefits office to let them know by mid-September. If they don't have your updated address by then, our October issue of *For Your Benefit* may not find you.

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. This service replaces some of PEBB's general mailings (such as newsletters and reminders).

To sign up for the email subscription service, go to www.pebb.hca.wa.gov and select *My Account*. Details about the service are also on this website under *Announcements*.

More details about your 2013 benefits coming in October

The PEBB Program's annual open enrollment is coming soon—November 1–30, 2012. During this time, you can make changes to your PEBB health coverage effective January 1, 2013.

To learn more about changes to your PEBB benefits, look for:

- The October *For Your Benefit* newsletter will include a summary of changes to PEBB health plan benefits and premiums effective January 1, 2013. The newsletter will also list dates and times for PEBB's benefits fairs, including presentations.

  Look for the newsletter in late October via postal mail or email (if you have opted in to PEBB's email subscription service—see page 5). We will also post the newsletter at **www.pebb.hca.wa.gov** on our *Publications* page.
- Information on PEBB's website (**www.pebb.hca.wa.gov**) starting in early October. The website will include medical and dental plan benefit comparisons, 2013 premiums, and more. Enrollment forms and online plan changes will be available starting November 1.

To obtain this document in another format (such as Braille or audio) call 1-800-200-1004.
TTY users may call this number through the Washington Relay Service by dialing 711.

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