

Disclaimer

The information provided in this presentation applies to **both PEBB and SEBB employees** and is intended to be a **general overview** of the Public Employees Benefits

Board (PEBB) Program's Retiree Insurance coverage.

The laws and rules that govern the PEBB Program, along with the specific certificate of coverage for each insurance benefit, are the final authority in deciding eligibility, defining enrollment periods, and determining benefits.



What we'll cover today

- (1) Eligibility for Retiree Insurance
- 2 Deferring Coverage
- 3 PEBB Medical Plans & Premiums
- 4 PEBB Dental Plans & Premiums

- 5 Life Insurance Options
- 6 Enrollment Process & Premium Payment Options
- 7 Making Changes
- 8 Who to Contact



General Information



Public Employees Benefits Board (PEBB)

Administered by the Health Care Authority (HCA)

• PEBB Retiree Insurance offers access to comprehensive health insurance to:

Retiring and separating public employees enrolled in **PEBB benefits**

Retiring and separating school employees enrolled in **SEBB benefits**



PEBB Retiree Benefits

PEBB retiree insurance offers:

- Medical (includes Vision) and Dental Insurance
 - Medicare and Non-Medicare plan options
 - Preferred Provider Organization (PPO)
 - Managed-Care Options (HMO)
- Life Insurance

Vision benefit is included in the medical plans



Deadline to Enroll or Defer

If you plan to enroll in or defer PEBB Retiree Insurance:

- PEBB Retiree Election Form A and any other required documents must be received by the PEBB Program
 - Use Forms A and B to enroll in Premera Blue Cross Medicare Supplement Plan G
- No later than 60 days after employer-paid, COBRA, or continuation coverage ends

If you miss the 60-day election period, you lose all rights to enroll in or defer PEBB retiree insurance coverage unless you regain eligibility in the future.



2024 PEBB Retiree Enrollment Guide

View or download the enrollment guide and forms online

- PEBB Retirees website:
 - Find forms and publications

Contact customer service to request a guide

1-800-200-1004

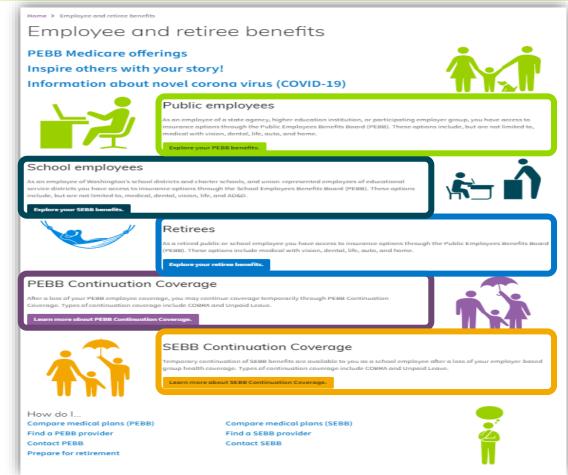




hca.wa.gov/employee-retiree-benefits

Contact

1-800-200-1004



Eligibility

PEBB Retiree Insurance
WAC 182-12-171



PEBB Retiree Insurance Eligibility

Members of:

- PERS, SERS, or TRS Plan 2
- Any DRS Plan 3

Must apply to enroll or defer no later than 60 days after employer-paid, COBRA, or continuation coverage ends

Washington Higher Education Retirement Plan (HERP)

Must be vested & eligible to retire when insurance coverage ends

- Not required to begin receiving pension payment
 - Plan 3, or PERS, SERS, or TRS Plan 2 contact DRS
 - Higher-ed contact your benefits office



PEBB Retiree Insurance Eligibility cont.

All other members:

- Must be vested & eligible to retire when insurance coverage ends
- Must immediately begin receiving pension payment

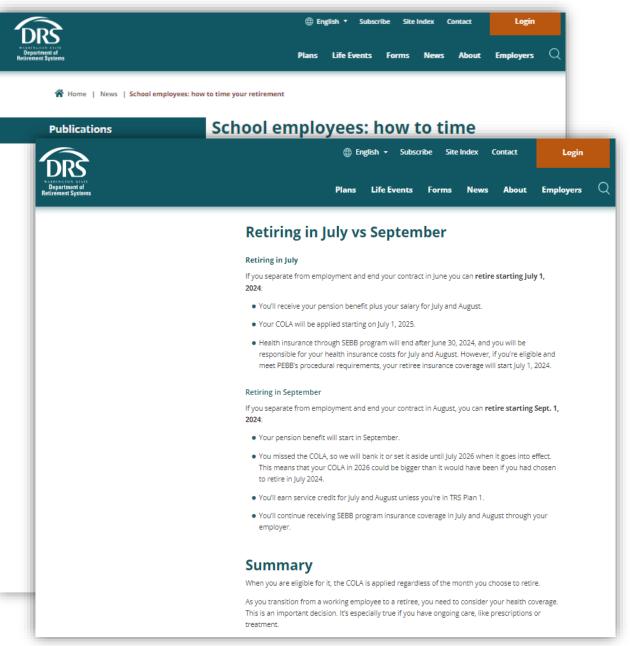
Must apply to enroll or defer no later than 60 days after employer-paid, COBRA, or continuation coverage ends



Understanding When PEBB Retiree Insurance Begins

For school employees:

- Your resignation date affects the date PE Retiree Insurance begins
- "News" article on Department of Retirement Systems (DRS) website
 - Guidance for school employees retiring July vs September





When PEBB Retiree Insurance Begins

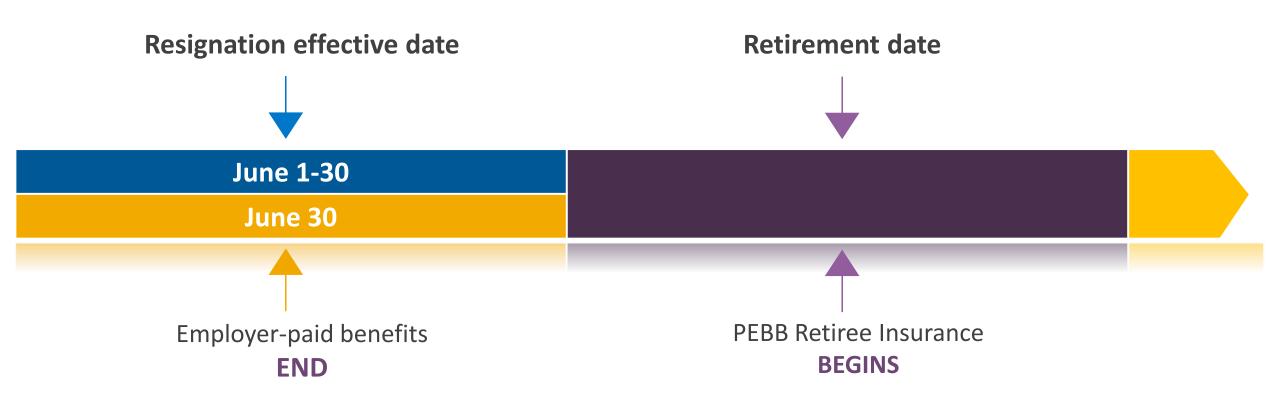
The first day of the month after

your employer-paid, COBRA, or continuation coverage ends

Your employer-paid, COBRA, or continuation coverage will end the last day of the month, in which you resign or separate from employment



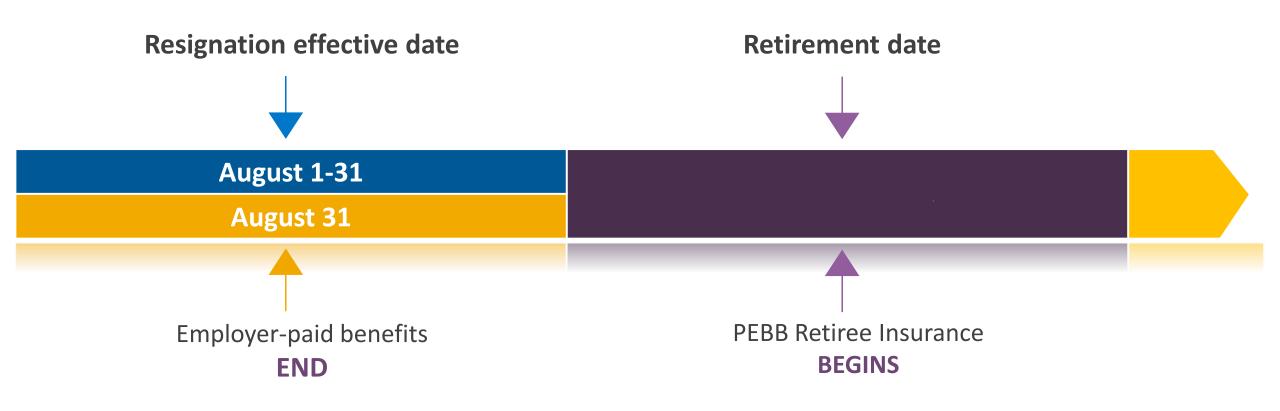
Example: July Retirement



Employee's retirement date can be July 1 at the earliest (No service credit for July/August)



Example: September Retirement



Employee will earn service credit for July/August (except for TRS Plan 1)



COBRA Bridge



COBRA

- An extension of some of your current employer's benefits, paid by the employee, and generally available for up to 18 months
- Employees may use **up to 18 months** of COBRA as a "**bridge**" to PEBB retiree insurance coverage eligibility if:

The employee has met the years of service requirement of their retirement plan, but has not met the age requirement



COBRA Bridge Example: Retire at Age 55



Employer-paid coverage ends

Age 53 ½

Does not meet age requirement,

DOES meet years of service requirement

for retirement

Now Age 55
Meets both
age and years of service
requirement



COBRA Bridge Example: Retire at Age 65



Employer-paid coverage ends

Age 63 ½

Does not meet age requirement,

DOES meet years of service requirement

for retirement

Now Age 65
Meets both
age and years of service
requirement



Deferring Enrollment

PEBB Retiree Insurance

WAC 182-12-200 & WAC 182-12-205



Deferring Enrollment

Deferring means pausing or postponing your enrollment in PEBB retiree insurance coverage, so you keep your eligibility to enroll later.

Retiree Election form A must be received by the PEBB Program no later than 60 days after employer-paid, COBRA, or continuation coverage ends

Election Form A must indicate:

- You are deferring
- Type of medical coverage you are enrolling in that allows you to defer



Deferring Enrollment

You may defer if you will be continuously enrolled in other qualified medical coverage

- Employer based group medical
 - As an employee or dependent of an employee
- PEBB or SEBB Program
 - As a dependent
- Federal retiree plan* (such as TRICARE)
 - As a retiree or a dependent of a retiree
- Civilian Health & Medical Program of the Department of Veteran's Affairs* (CHAMPVA)
 As a dependent
- Health Benefit Exchange*
 - (Non-Medicare subscriber only)
- Medicare Parts A and B, and a Medicaid plan that provides creditable coverage

2024 PEBB Retiree Enrollment Guide, page 22-24



^{*}One-time opportunity to enroll in a PEBB retiree health plan after deferring.

Retiree Election Form A

Complete Retiree Election Form A and submit to the PEBB Program.

No later than 60 days after employer-paid, COBRA, or continuation coverage ends!

2024 PEBB Retiree Enrollment Guide, page 22-24

2024 PEBB Retiree Election Form (form A)

Washington State
Health Care Authority

Benefits 24/7, the new online enrollment system, will be available January 2024.

Complete this form to enroll in or defer (postpone) enrollment in PEBB retiree insurance coverage. If you wish to make a change to an existing retiree account, go to the online enrollment system or use the PEBB Retiree Change Form (form E). To review eligibility guidelines for retiree coverage (per WAC 182-12-171), see the Retiree eligibility section of the Retiree Enrollment Guide. All forms and documents mentioned and a self-paced tutorial about how to complete this form are available on HCA's website at

Complete this enrollment form to choose your plan coverage. If more information is needed, the PEBB Program will contact you. You will not

2024 PEBB Retiree Electic Subscriber's last name

Social Security number

If deferring or enrol/ deferring, check the box(es) below that apply to you.

rolled as a graph in a health plan sponsored by the PEBB Program, a Washington State educational service district, a Sahog ees Benefits Board (SEBB) Program. This includes coverage under COBRA or continuation coverage.

to rolle of your based group medical as an employee or employee's dependent, including medical insurance on tinued under COBRA or continuation coverage. This does not include an employer's retiree coverage.

trolled in medical coverage as a retiree or dependent of a retiree in a TRICARE plan or the Federal Employees Health enefits Program. You have a one-time opportunity to enroll in a PEBB retiree health plan.

forled in a Medicaid program that provides creditable coverage and in Medicare Part A and Part B. You may continue to over eligible dependents who are not eligible for creditable coverage under Medicaid.

Forolled in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). You have a one-time opportunity to enroll in a PEBB retiree health plan.

I on-Medicare subscribers only: Enrolled in qualified health plan coverage through a health benefit exchange established inder the Affordable Care Act. This does not include Medicaid (called Apple Health in Washington State). You have a one-time opportunity to enroll or reenroll in a PEBB retiree health plan.

Separating: Eligible under Plan 3 or a higher-education retirement plan, separating as of

For new nonrepresented employees of a Washington State educational service district who are retiring

Educational Service District (ESD)

When does your current health plan coverage through your ESD, COBRA, or continuation coverage end?

mm/dd/yyyy)

Note: If you are applying to enroll in or defer retiree insurance coverage after your COBRA or continuation coverage ends, you must submit proof of your continuous health coverage with this form.



Enroll After Deferring

To enroll in PEBB retiree insurance after deferring the PEBB Program must receive:

- Retiree election form A
- Proof of continuous enrollment in other qualified medical coverage

No later than 60 days after other qualifying medical coverage ends!

2024 PEBB Retiree Enrollment Guide, page 24

2024 PEBB Retiree Election Form (form A)



Benefits 24/7, the new online enrollment system, will be available January 2024.

Complete this form to enroll in or defer (postpone) enrollment in PEBB retiree insurance coverage. If you wish to make a change to an existing retiree account, go to the online enrollment system or use the PEBB Retiree Change Form (form E). To review eligibility guidelines for retiree coverage (per WAC 182-12-171), see the Retiree eligibility section of the Retiree Enrollment Guide. All forms and documents mentioned and a self-paced tutorial about how to complete this form are available on HCA's website at hca.wa.gov/pebb-retirees.

Complete this enrollment form to choose your plan coverage. If more information is needed, the PEBB Program will contact you. You will not lose your coverage.

Remember to read Section 8 and sign Section 9. To enroll children, fill out Section 3. This form replaces all retiree election or change forms submitted in the past.

Type or print in dark ink using all capital lettering in the spaces provided. Inaccurate, incomplete, or illegible information

Required General information

Retiree, employee, or school employee information only

If you are a surviving spouse, state-registered domestic partner (defined in WAC 182-12-109), or dependent, provide the deceased employee's or retiree's information below. Provide your personal information in Section 1.

Retiree, employee, or school employee last name Social Security number

Washington state-sponsored retirement plan

Retirement date (or separation date for P) or higher-education retirement plans

Check one:

Enrolling: I am a new retires surviving dependent requesting to enroll in coverage

Deferring: I am a new retiree or a surviving dependent deferring (postponing) my coverage. Select your reason for

Enrolling after deferring: Date other qualifying medical coverage ended

With this form, you must provide proof of your continuous enrollment in other qualifying coverages (qualifying coverages

HCA 51-4031 (10/23)





Dependent Eligibility



Eligible Dependents

Non-Medicare subscribers or those enrolling a SRDP must provide dependent verification









Legal spouse or State-Registered Domestic Partner (SRDP)

Children up to age 26

Biological, stepchildren, legally adopted

Extended Dependents

Niece, nephew, grandchild

Dependent Child with a Disability

Age 26 and older





Surviving Dependents

In the event of the retiree's death, the surviving eligible dependent(s) may continue, enroll in or defer retiree coverage

- An eligible surviving spouse/SRDP may continue coverage indefinitely, so long as premiums are paid in full, and
 - The spouse/SRDP maintains enrollment in Medicare Parts A and B, if eligible
- Dependents may continue coverage until they lose eligibility
 - PEBB Program WAC 182-12-260

Surviving eligible dependent(s) must notify PEBB Program no later than 60 days after the retiree's death to continue, enroll in or defer retiree coverage.



PEBB Medical Plans



Plan Availability

Based on:

- Where you live
- Your eligibility for Medicare





PEBB Non-Medicare Plans

Medical Plan Options & Premiums for retirees not enrolled in Medicare



PEBB Non-Medicare Plans

Managed Care Plans (HMO)

More restricted network of providers

- Not available in all geographical locations
- Primary care doctor manages most of your healthcare
 - Including specialty care

Preferred Provider Plans (PPO)

Large network of providers

- Available nationwide & worldwide
- Choose your doctors
- Self-refer for specialty care



PEBB Non-Medicare Plans (cont'd)

Managed Care Plans (HMO)

Preferred Provider Plans (PPO)

- Kaiser Permanente WA
- Kaiser Permanente NW
 - Clark & Cowlitz counties

- Uniform Medical Plans (UMP)
 - Administered by Regence BlueShield



What the Medical Plans Cover

All plans cover the same basic health care services:

Hospital Services: Inpatient & Outpatient

Office Visits:
Primary & Urgent Care,
Specialists

Prescription Drugs

Preventative Care, Emergency Room, Ambulance

Hearing, Vision,
Spinal Manipulations

Physical, Occupational, & Speech Therapy

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Kaiser Permanente - Non-Medicare Plan Premiums

	Managed Care (HMO) Plans							
2024		Kaiser Perr	Kaiser Permanente NW					
	Classic	Value	SoundChoice	CDHP	Classic	CDHP		
Subscriber Only	\$933.56	\$919.37	\$777.41	\$738.98	\$1,039.18	\$907.72		
Subscriber & Spouse	\$1,861.16	\$1,832.77	\$1,548.87	\$1,470.63	\$2,072.40	\$1,808.12		
Subscriber & Child(ren)	\$1,629.26	\$1,604.42	\$1,356.00	\$1,302.30	\$1,814.10	\$1,597.60		
Subscriber, Spouse, & Child(ren)	\$2,556.86	\$2,517.83	\$2,127.45	\$1,975.63	\$2,847.32	\$2,439.67		



Uniform - Non-Medicare Plan Premiums

Preferred Provider Organization (PPO) Plans

2024

Uniform Medical Plan

	Classic	CDHP	Select	Plus PSHVN	Plus UW ACN
Subscriber Only	\$831.68	\$747.79	\$766.61	\$816.50	
Subscriber & Spouse	\$1,657.40	\$1,488.26	\$1,527.27	\$1,62	27.04
Subscriber & Child(ren)	\$1,450.97	\$1,317.73	\$1,337.10	\$1,424.41	
Subscriber, Spouse, & Child(ren)	\$2,276.69	\$1,999.87	\$2,097.76	\$2,234.95	



Premium Surcharges

For non-Medicare subscribers only

Tobacco Use Premium Surcharge

- If you or an enrolled dependent (age 13 and older)
- Uses a tobacco product

- Pay \$25 monthly surcharge
- Per account

Spouse/SRDP Coverage Premium Surcharge

- If your enrolled spouse/SRDP
- Elects not to enroll in their employer-based group medical
- Pay \$50 monthly surcharge



Consumer Directed Health Plans (CDHP)

A CDHP is a high-deductible health plan with a health savings account (HSA)

- The PEBB Program contributes to the HSA each month
 - \$58.34 per month for an individual subscriber
 - Up to \$700.08/year
 - \$116.67 per month for a subscriber with one or more enrolled dependents (non-Medicare)
 - Up to \$1,400.04/year

Only non-Medicare subscribers can participate in a CDHP plan



HSA Contribution Limits

Subscribers can contribute monies to their HSA:

- IRS maximum contribution amounts for 2024*
 - Subscriber only
 - **\$4,150**
 - Subscriber with one or more enrolled dependents (non-Medicare)
 - **\$8,300**
 - Subscribers age 55 or older may contribute additional \$1,000 per year



CDHP Enrollment Once Medicare Eligible

If subscriber enrolled in CDHP w/HSA, and becomes eligible/enrolls in Medicare mid-year, subscriber must change medical plan

Results in the annual deductible and out-of-pocket maximum starting over

If any enrolled dependent becomes eligible/enrolls in Medicare, the subscriber may:

- Change their medical plan, or
- Remove the dependent who is enrolled in Medicare
 - Dependent(s) not eligible to enroll in PEBB Continuation Coverage



PEBB Medicare Plans

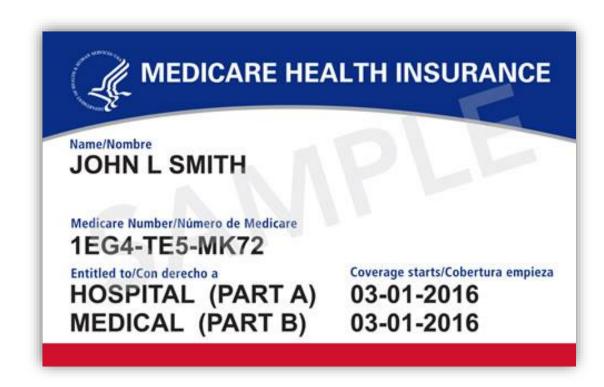
Medical Plan Options for retirees enrolled in Medicare Parts A & B



Medicare

Subscriber and any dependents enrolled in Medicare:

- Must submit a copy of:
 - Medicare card, or
 - Entitlement letter
- Showing the effective date of Medicare Parts A and Part B





PEBB Medicare Plans

The PEBB Program offers three types of Medicare Plans:

- 1. Coordination of Benefits (COB)
- 2. Medicare Advantage (MA) and Medicare Advantage plus prescription drug (Part D) coverage (MAPD)
- 3. Medicare Supplement (Medigap) without prescription drug coverage



PEBB Medicare COB Plans

- UMP Classic Medicare
- Kaiser Permanente WA Original Medicare

- Original Medicare (Parts A & B)
 - Medicare pays primary on medical claims
 - PEBB Plan (UMP or Kaiser) pays secondary on medical claims
- Additional medical benefits
 - Including services Medicare may not cover
- Creditable prescription drug coverage *





^{*} At least as good as, or better than, Medicare Part D drug coverage

PEBB MA Plans

- Kaiser Permanente NW Senior Advantage
- Kaiser Permanente WA Medicare Advantage

- Original Medicare (Parts A & B)
- Additional medical benefits
- Creditable drug coverage*







PEBB MAPD Plans

- UnitedHealthcare (UHC) PEBB Complete
- UnitedHealthcare (UHC) PEBB Balance

- Original Medicare (Parts A & B)
- Additional medical benefits
- Part D prescription drug coverage





Medicare Advantage Plans & Individual Medicare Plans

If member wants to enroll in a PEBB Retiree Medicare Advantage health plan (MA or MAPD):

Kaiser Permanente NW Senior Advantage
Kaiser Permanente WA Medicare Advantage
United Healthcare PEBB Complete
United Healthcare PEBB Balance

- Cannot sign up for another individual Medicare plan (another MA/MAPD plan outside of PEBB, or Medicare Part D plan)
- If enroll in both, member's PEBB MA/MAPD coverage will end
 - Medicare only allows enrollment in one Medicare prescription drug plan



PEBB Medicare Supplement Plans

- Premera Plan G
- Premera Plan F
 - Closed to new enrollment as of January 1, 2020

- Original Medicare (Parts A & B)
- Closes the gap between original Medicare coverage and out-of-pocket costs





Things to Consider

When choosing your plan:

- Is it available where you live?
- Are your doctors on the plan?
- How much is the monthly premium?
- How much are you willing to pay for your annual deductible?
- What is the annual out-of-pocket maximum you will have to pay before the plan pays 100%?
- How are your prescriptions covered?
- What do you pay each time you receive medical services?
 - Copay or coinsurance?



Medicare Plans Comparison

Plan	Original Medicare			Medicare Supplement		
Features	UMP Classic	Kaiser WA Original Medicare	Kaiser NW Senior Advantage	Kaiser WA Medicare Advantage	UnitedHealthcare PEBB Balance/Complete	Premera Plan G
Nationwide Coverage	Yes	No	No	No	Yes	Yes
Medical Deductible	Yes	Yes	No	No	No	Yes
Pharmacy Deductible	Yes	No	No	No	Yes	N/A
Hearing Aids, Glasses/Contacts	Yes	Yes	Yes	Yes	Yes	No
Chiropractic, Acupuncture, Massage Therapy	Yes	Yes	Yes	Yes	Yes	Medicare Approved Only
Drug Coverage	Yes	Yes	Yes	Yes	Yes	No
Gym Membership	No	No	Yes	Yes	Yes	No



Medicare Plans Comparison (cont'd)

Plan	Original Medicare			Medicare Supplement		
Features	UMP Classic	Kaiser WA Original Medicare	Kaiser NW Senior Advantage	Kaiser WA Medicare Advantage	UnitedHealthcare PEBB Balance/Complete	Premera Plan G
Nationwide Coverage	Yes	No	No	No	Yes	Yes
Medical Deductible	Yes	Yes	No	No	No	Yes
Pharmacy Deductible	Yes	No	No	No	Yes	N/A
Hearing Aids, Glasses/Contacts	Yes	Yes	Yes	Yes	Yes	No
Chiropractic, Acupuncture, Massage Therapy	Yes	Yes	Yes	Yes	Yes	Medicare Approved Only
Drug Coverage	Yes	Yes	Yes	Yes	Yes	No
Gym Membership	No	No	Yes	Yes	Yes	No



Medicare Plans

Coverages and Premiums

Medicare Part B Premium \$175/month



What the Plans Cover

All* plans cover the same basic health care services:

Hospital Services: Inpatient & Outpatient

Office Visits:
Primary & Urgent Care,
Specialists

Prescription Drugs

Preventative Care, Emergency Room, Ambulance

Hearing, Vision,
Spinal Manipulations

Physical, Occupational, & Speech Therapy



^{*}Except PEBB Medicare Premera Blue Cross – Medicare Supplement Plan G

2024 Monthly Premiums for members enrolled in Medicare Parts A and B (Medicare Part B premium not included)		Kaiser Permanente NW		Kaiser Permanente WA			
		Senior Advantage	Classic (non-Medicare)	Medicare (Original or Advantage)	Classic (non-Medicare)	Value (non-Medicare)	SoundChoice (non-Medicare)
Subscriber only	1 Medicare eligible	\$193.95	-	\$188.62	-	-	-
Subscriber & spouse	1 Medicare eligible	-	\$1,227.17		\$1,116.22	\$1,102.03	\$960.07
	2 Medicare eligible	\$381.94	-	\$371.29	-	-	-
Subscriber	1 Medicare eligible	-	\$968.87	-	\$884.32	\$873.67	\$767.21
& child(ren)	2 Medicare eligible	\$381.94	-	\$371.29	-		-
Subscriber,	1 Medicare eligible	-	\$2,002.09		\$1,811.92	\$1,787.08	\$1,538.66
spouse,	2 Medicare eligible	-	\$1,156.86		\$1,066.99	\$1,056.34	\$949.88
& child(ren)	3 Medicare eligible	\$569.93	-	\$553.95	-		-

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2024 Monthly Premiums for members enrolled in Medicare Parts A and B (Medicare Part B premium not included)		Uniform Medical Plan		UnitedHealthcare				
		Classic Medicare	UMP Classic (non-Medicare)	PEBB Balance	UMP Classic (non-Medicare)	PEBB Complete	UMP Classic (non-Medicare)	
Subscriber only	1 Medicare eligible	\$532.94	-	\$135.65	-	\$160.58	-	
Subscriber	1 Medicare eligible		\$1,358.66	-	\$961.37	-	\$986.30	
& spouse	2 Medicare eligible	\$1,059.92	-	\$265.34	-	\$315.21	-	
Subscriber	1 Medicare eligible	-	\$1,152.23	-	\$754.94	-	\$779.87	
& child(ren)	2 Medicare eligible	\$1,059.92	-	\$265.34		\$315.21	-	
Subscriber,	1 Medicare eligible	-	\$1,977.95		\$1,580.66		\$1,605.59	
spouse, &	2 Medicare eligible	-	\$1,679.21		\$884.63		\$934.50	
child(ren)	3 Medicare eligible	\$1,586.90	-	\$395.03		\$469.83	-	

2024 PEBB Retiree Enrollment Guide, page 10



Premera Blue Cross Medicare Supplement Plan G

Coverages and Premiums



What Supplement Plan G Covers

Inpatient Hospital Care

(Part A deductible & coinsurance, + 365 additional days)

Medical Services

(Part B coinsurance)

Typically, 20% of Medicare-approved services

Skilled Nursing Facility Care

Hospice Care





What Plan G Doesn't Cover





2024 Monthly Premiums for members enrolled in Medicare Parts A and B (Medicare Part B premium not included)		Premera Plan G					
		Plan G Age 65+, eligible by age	UMP Classic (non-Medicare)	Plan G Under age 65, eligible by disability	UMP Classic (non-Medicare)		
Subscriber only	1 Medicare eligible	\$101.99	-	\$169.20	-		
	1 Medicare eligible	-	\$927.71		\$994.92		
Subscriber & spouse	2 Medicare eligible: 1 retired, 1 disabled	\$265.23	-	\$265.23	-		
	2 Medicare eligible	\$198.02	-	\$332.44	-		
Subscriber & child(ren)	1 Medicare eligible	-	\$721.28	-	\$788.49		
C. handler	1 Medicare eligible	-	\$1,547.00	-	\$1,614.21		
Subscriber, spouse, & child(ren)	2 Medicare eligible: 1 retired, 1 disabled	-	\$885.27	-	\$885.27		
& chiliu(tell)	2 Medicare eligible	-	\$817.31	-	\$951.73		

Washington State
Health Care Authority

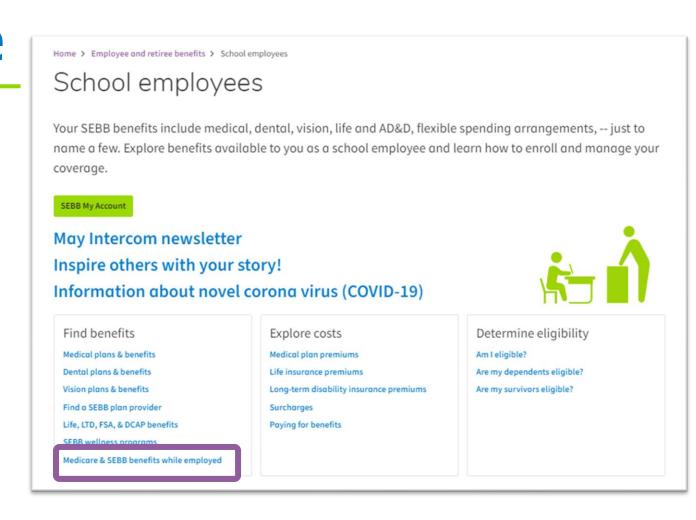
Employee Benefits & Medicare

Planning to continue working past age 65?



SEBB Employee Benefits & Medicare

Medicare and SEBB benefits while employed:





Working Past Age 65

- Age 65+, and
- Still working, and
- Enrolled in PEBB/SEBB benefits through your employer

*You may:

- Sign up for Medicare Part A, and
- Wait to enroll in Medicare Part B

*Applies to enrolled spouse/SRDP age 65+

Contact Social Security Administration

- 60-90 days before your PEBB/SEBB employee coverage ends
- To enroll in Medicare Part B (required for enrollment in PEBB retiree coverage)

Social Security Administration 1-800-772-1213



PEBB Dental Plans



PEBB Dental Plans

Preferred-Provider (PPO)

- Uniform Dental Plan (UDP)
 - Choose your dental providers

Managed Care Plans

- DeltaCare
- Willamette Dental
 - More restricted network of providers

Retirees who elect dental coverage <u>must</u>:

- Enroll in medical coverage
- Enroll all dependents on your account in dental
 - Terminating dental coverage for dependents also terminates their medical coverage





PEBB Dental Plans (cont'd)

Delta Dental of Washington administers both:

- Uniform Dental Plan (PPO)
- DeltaCare (managed care plan)

The network of providers are different

- Call the plan directly to verify which network your dentist participates in
 - Uniform Dental Plan: 1.800.537.3406
 - DeltaCare: 1.800.650.1583
 - Willamette: 1.855.433.6825



2024 Dental Plan Premiums

	PPO Plan	Managed Care Plans			
	Uniform Dental Plan	DeltaCare	Willamette Dental		
Subscriber Only	\$48.92	\$41.50	\$48.87		
Subscriber & Spouse	\$97.74	\$83.00	\$97.84		
Subscriber & Child(ren)	\$97.84	\$83.00	\$97.74		
Subscriber, Spouse, & Child(ren)	\$146.76	\$124.50	\$146.61		

Washington State
Health Care Authority

Life Insurance

Administered by MetLife



Life Insurance

Options for continuing life insurance into retirement

PROVISION

Individual term life insurance policy

CONVERSION PROVISION

Whole life insurance policy

Contact MetLife directly to discuss your options

PEBB - 1.866.548.7139 **SEBB** - 1.833.854.9624

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PEBB RETIREETERM LIFE INSURANCE

complete & submit required forms
to the PEBB Program
no later than 60 days after
your PEBB/SEBB
basic life insurance coverage ends

\$5,000, \$10,000, \$15,000 or \$20,000 policies available

no health questions or medical exam



Retirement Resources



Verify Your Retirement Eligibility

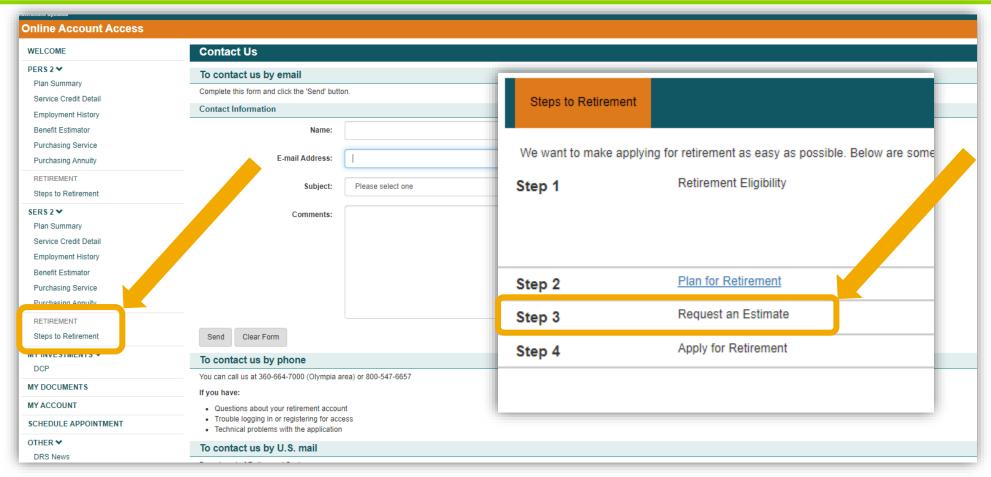
Department of Retirement Systems (DRS)

- Contact DRS about 6 months before your planned retirement date
 - 1-800-547-6657
 - Submit questions/inquiries via DRS secure messaging system





Verify Your Retirement Eligibility cont.





Retirement Resources

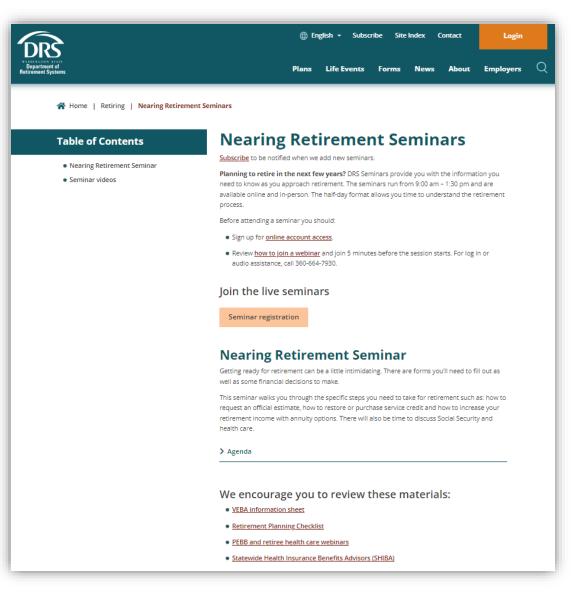
Department of Retirement Systems

Visit the DRS website to:

 Watch recorded videos or register for a live seminar or webinar

Higher Education Retirement Plan or non-DRS retirement plan

 Contact your benefits office or retirement plan for more information



drs.wa.gov/life/retire/seminar/#seminar-videos



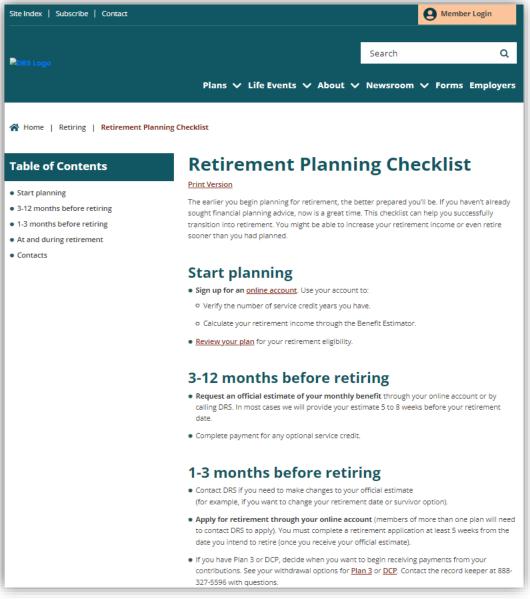
Retirement Resources

Department of Retirement Systems

Visit the DRS website to:

- Review Retirement Planning Checklist
 - Start planning
 - 3-12 months before retiring
 - 1-3 months before retiring
 - At and during retirement
 - Tips for a better retirement
 - Contacts

drs.wa.gov/life/retire/check/





Enrollment Process & Premium Payment Options



Requesting Retiree Insurance Information

Approximately **60 days before** your coverage ends:

View or download the enrollment guide and forms online

- PEBB Retirees website:
 - Find forms and publications

Contact customer service to request a guide

- 1-800-200-1004
- Request a PEBB Retiree Enrollment Guide

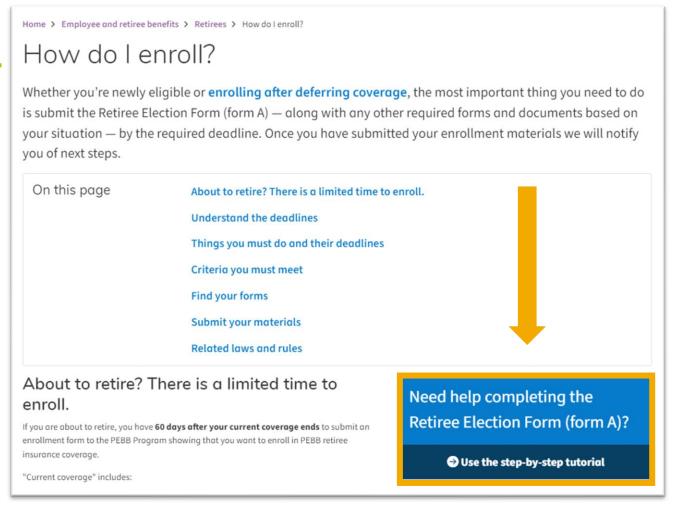




Completing Retiree Enrollment Forms

Find out which forms you need and how to complete them

- Use the step-by-step tutorial
- Form A all plans
 Form B Premera Plan G
 supplement plan

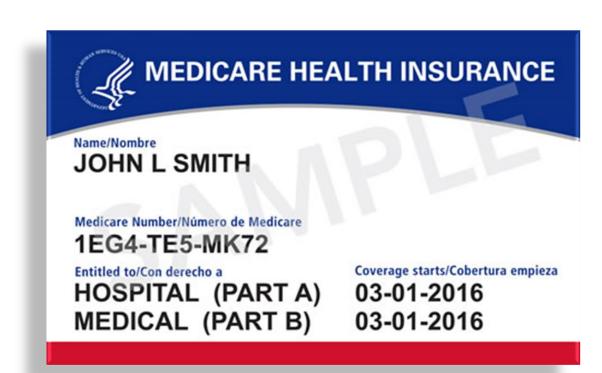




Medicare requirement

Subscriber and any dependents are eligible for Medicare must be enrolled in Medicare Part A and Part B.

- Must submit a copy of the:
 - Medicare card, or
 - Entitlement letter
- Showing the effective date of Medicare Parts A & B







Enrolling in Coverage

UHC PEBB Complete or UHC PEBB Balance plan:

Forms must be received by the PEBB Program prior to the coverage effective date.

If forms are received **after** retiree coverage is set to begin:

- Subscriber and enrolled dependents will be enrolled in UMP Classic during the gap months
 - Prior to when the UHC plan coverage begins

Any other PEBB Retiree medical plan:

Forms must be received by the PEBB Program **no later than 60 days** after employer-paid, COBRA, or continuation coverage ends.

Election forms may be submitted to the PEBB Program as early as **90 days before employer** coverage ends

Election forms may be submitted as early as 90 days before coverage ends.



Premium Payment & Options

First premium payment is due to HCA no later than 45 days after your 60-day election period ends.

Pension deduction

May get an invoice for first payment (Due to DRS timing issues)

Automatic bank withdrawal

Submit Electronic Debit Service (EDS) Agreement form (6-8 weeks approval)

Personal check or money order

Receive and pay a monthly invoice from HCA (Due 15th of each month)

Voluntary Employees' Beneficiary Association (VEBA)

(Cannot pay your monthly premiums directly to the PEBB Program.) **veba.org/ 1-888-828-4953**



Retirement Example Timeline

Election forms may be submitted as early as <u>90 days</u> before coverage ends.

- 1. Contact Department of Retirement Services (DRS)
- **3-12 months before** retirement date

(Submit your retirement application to DRS 60 days before retirement)

2. Contact Social
Security Administration
(SSA)
60-90 days before
retirement date

(If eligible for Medicare)

3. Request PEBB Retiree
Enrollment Guide
60 days before
employer coverage ends

4. PEBB Program must receive forms no later than 60 days after employer coverage ends (Attach copy of Medicare card if eligible for Medicare)

5. First premium payment due no later than 45 days after your 60-day election period ends

Forms must be received prior to the coverage effective date if electing a UHC plan



Making Changes



Annual Open Enrollment

During the month of November, subscribers may:

- Change medical or dental plan
- Add dental coverage
- Enroll an eligible dependent
- Remove a dependent
- Terminate or defer (postpone) PEBB retiree insurance coverage
- Return from deferring with proof of continuous coverage

Required forms/documents must be received by the PEBB Program no later than the last day of annual open enrollment. (November 30) Changes are effective January 1 of the following year.



2024 PEBB Retiree Enrollment Guide, page 43



Changes Outside of Open Enrollment

Any time throughout the year, subscribers may:

Change name, address or phone number

Terminate or defer (postpone) your PEBB retiree insurance coverage

Remove a dependent

Change beneficiary information

- Retiree term life insurance
- Health Savings Account (HSA) (non-Medicare subscribers)

Non-Medicare subscribers may also:

- Change your tobacco use premium surcharge attestation
- Change spouse or SRDP coverage premium surcharge attestation due to SOE event
- Start, stop, or change HSA contributions

Washington State
Health Care Authorit

Special Open Enrollment (SOE) Event

A "qualifying event" triggers a Special Open Enrollment

- Examples:
 - Marriage or registering a state-registered domestic partnership
 - Divorce/dissolution
 - Required to remove a spouse/partner in the event of divorce/dissolution
 - Enroll in Medicare
 - Subscriber or dependent loses eligibility for other qualifying coverage

Required forms/documents must be received by the PEBB Program no later than 60 days after the date of the event



To Learn More.....

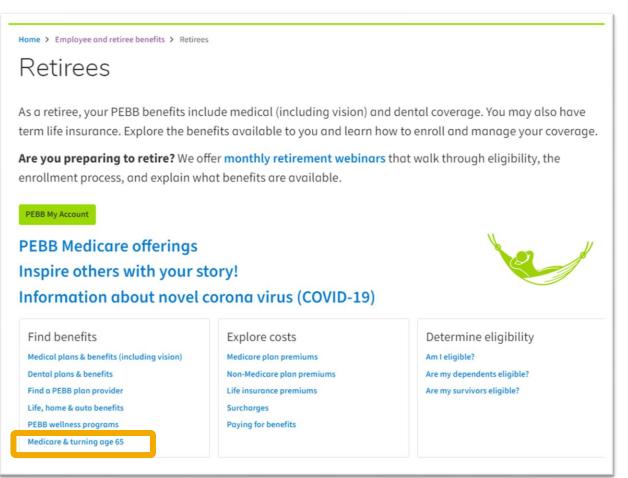


PEBB Retiree Benefits and Medicare

Visit the PEBB Retirees website:

www.hca.wa.gov/retirees-age-65

- What are the different parts of Medicare?
- What must I do when I am eligible for Medicare?
- What are my medical plan options?
- Do I need to enroll in Part D?
- FAQs





Medical Benefits Comparison Tool

Home > Employee and retiree benefits > Retirees > Medical plans & benefits

Medical plans and benefits

Explore the medical plans and benefits available to PEBB retiree subscribers and dependents.

- Benefits and coverage by plan
- Compare medical plans
- · Behavioral health services by plan
- Medical plans available by county
- Kaiser Permanente NW plans

Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

Kaiser Permanente WA plans

Kaiser Foundation Health Plan of Washington

Medicare Supplement Plan F

Closed to new enrollment as of January 1, 2020.

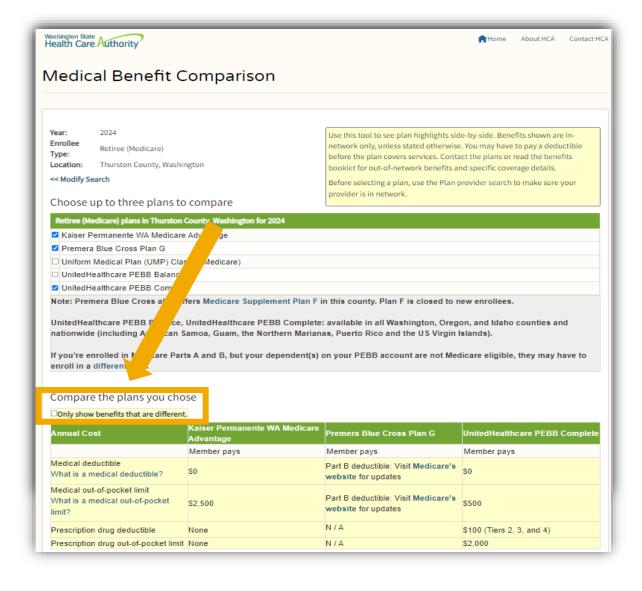
- Medicare Supplement Plan G
- Uniform Medical Plan (UMP)

Administered by Regence BlueShield and WSRxS

- UnitedHealthcare plans
- · Health plans with health savings accounts (HSA) (non-Medicare subscribers only)

Get a side-by-side comparison of common medical benefits and costs for service.

Medical benefits comparison tool





Who to Contact



Who to Contact

Health Plans

- Specific benefit questions
- How the health plan works
- Network health care providers
- Specific prescription coverage
- Claims
- ID cards

Health Plan Contact Information

- PEBB Retiree Enrollment Guide: page 6-7
- PEBB Retiree website:
 www.hca.wa.gov/pebb-retirees
- Benefits ID card



Need help with Medicare

Medicare

1-800-633-4227 medicare.gov

Social Security Administration (SSA)

Medicare enrollment

1-800-772-1213 ssa.gov

Statewide Health Insurance Benefits Advisors (SHIBA)

Office of insurance commissioner

Free, unbiased and confidential help with Medicare

1-800-562-6900 insurance.wa.gov/shiba



PEBB Customer Service

For questions about:

- Eligibility and enrollment.
- Making changes to your account
- How to change your name, address, or phone number.
- Enrolling or removing dependents.
- Finding downloadable forms.
- Premium surcharge questions.
- Eligibility complaints or appeals.

2024 PEBB Retiree Enrollment Guide, page 6

Online

hca.wa.gov/pebb-retirees

Send us a secure message support.hca.wa.gov

Phone

1-800-200-1004

Monday – Friday

8 a.m. to 4:30 p.m.

Visit our Office

Health Care Authority 626 8th Avenue SE Olympia, WA 98501



Online HCA Support Portal

Welcome to the Washington State Health Care Authority support portal. Please select the option below that best describes you.



Public inquiry

I am a resident of Washington State and do not currently work for a state agency. I am making a request on behalf of myself or someone else.

View login instructions



Agency to agency inquiry

I am a(n):

- Active employee of a Washington State agency that uses WaTech's Office 365 managed services.
- PEBB benefits administrator and I am making a request related to my work with HCA.

Note: If you are a SEBB benefits administrator or your agency does not use WaTech's Office 365 managed service, please use the public login.

View login instructions

support.hca.wa.gov/hcasupport



Key takeaways

Use PEBB Retiree website and PEBB Retiree Enrollment guide as a resource

Subscribers must have medical to enroll in dental coverage. Cannot enroll in dental only.

Enroll, defer or submit an SOE no later than 60 days

PEBB Program must receive elections form even if you plan to defer

- Medical and dental premium go to HCA
- Medicare Part B premium go to SSA

Questions: Contact PEBB customer service, send us a secure message or visit HCA during business hours



Thank You!

