



Washington State Health Care Authority  
*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-725-0440 • TTY 711 • FAX 360-725-0771 • [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

## Premium surcharges and a wellness incentive are coming: *Take action on the four steps below starting April 1, 2014*

We recently notified you about upcoming changes to your Public Employees Benefits Board (PEBB) health coverage costs:

- **Tobacco use premium surcharge**—You will pay a monthly \$25-per-account surcharge in addition to your premium starting **July 1, 2014**, if you or a family member enrolled on your PEBB medical coverage uses a tobacco product.
- **Spouse or domestic partner coverage premium surcharge**—You will pay a \$50-per-month surcharge in addition to your premium starting **July 1, 2014**, if you have a spouse or domestic partner enrolled on your PEBB medical coverage, and your spouse or domestic partner has chosen not to enroll in medical coverage through his or her employer that is comparable to Uniform Medical Plan (UMP) Classic.
- **SmartHealth wellness incentive program**—You can earn a wellness incentive in **January 2015** by doing three health-related tasks. The incentive will be a \$125 reduction in your medical deductible or, for subscribers in a consumer-directed health plan, a one-time deposit of \$125 into your PEBB health savings account if you are an eligible subscriber\* in 2015 (pending approval for state funding).
- \*See [www.hca.wa.gov/pebb/Pages/wellness.aspx](http://www.hca.wa.gov/pebb/Pages/wellness.aspx) for eligibility requirements.

## Respond to the three items above by following these steps:

- Step One** ▶ Learn how to respond to the tobacco use surcharge (see page 1 of the enclosure).
- Step Two** ▶ Learn how to respond to the spouse or domestic partner coverage surcharge if it applies to you (see page 2 of the enclosure).
- Step Three** ▶ Learn about the three things you must do to earn the wellness incentive (see page 3 of the enclosure).
- Step Four** ▶ Make sure you have a login for *My Account* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb). Use that login to:
- Respond between **April 1 and May 15, 2014**, to the tobacco use surcharge and the spouse or domestic partner coverage surcharge (if it applies to you).
  - Make changes to your PEBB account during the premium surcharge implementation period between **April 1 and May 15, 2014**, if you choose (see the back of this letter).
  - Respond between **April 1 and June 30, 2014**, that you've met the requirements to be eligible for a wellness incentive in 2015.

See page 4 of the enclosure for instructions on how to respond to both the premium surcharges and the wellness incentive.

*(continued)*

## What happens if I don't respond ...

**Between April 1 and May 15, 2014?** **Tobacco use surcharge:** You will pay the monthly \$25-per-account surcharge starting **July 1, 2014**.

**Spouse or domestic partner coverage surcharge:** You will pay the monthly \$50 surcharge starting **July 1, 2014** (only applies if you have a spouse or domestic partner enrolled on your PEBB medical coverage).

**Between April 1 and June 30, 2014?** You will not be eligible for a wellness incentive in **January 2015**.

## Can I make changes to my account?

Between April 1 and May 15, 2014 (the premium surcharge implementation period), you can make the following changes:	Can I make this change using...	
	My Account?	Paper enrollment form?
<b>Add an eligible family member to your PEBB coverage.</b>	NO	YES
<b>Remove a family member from your PEBB coverage.</b>	YES	YES
<b>Change your medical and/or dental plan.</b> If you change plans, your annual deductible and annual out-of-pocket maximum will restart with your new plan.	YES	YES
<b>Waive or defer PEBB medical coverage (employees and retirees only).</b> Refer to the <i>2014 Employee Enrollment/Change form</i> or the <i>2014 Retiree Coverage Election Form</i> for specific types of medical coverage you must have to waive or defer PEBB medical coverage.	Employees: YES Retirees: NO	YES
<b>Enroll if you are currently waiving or deferring PEBB medical coverage (employees and retirees only).</b>	Employees: YES Retirees: NO	YES
<b>Elect to have premiums and surcharges (if applicable) deducted on a pretax or post-tax basis by changing your election in the state's premium payment plan (employees only).</b> To do this, use the <i>Premium Payment Plan Election/Change Form</i> .	NO	NO

**State agency and higher-education employees:** You **may not** enroll in, cancel enrollment in, or change your contribution amounts in the flexible spending arrangement (FSA) or Dependent Care Assistance Program (DCAP) during the premium surcharge implementation period.

Forms are available at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb). All changes made during the premium surcharge implementation period (not related to a special open enrollment) become effective **July 1, 2014**.

## If you have questions or need help

PEBB's website: [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb) (FAQs, resources, tools, how to register on *My Account*)

**Employees:** Please contact your personnel, payroll, or benefits office.

**Retirees and COBRA, PEBB Extension of Coverage, or Leave Without Pay members:**  
Call PEBB Benefits Services at 1-800-200-1004.

# Step One

## Will the tobacco use premium surcharge apply to me?

You will need to answer the following two questions for you and your family members who are enrolled in your PEBB medical coverage. If you **and** your family members are enrolled in PEBB dental coverage **only**, this surcharge does not apply to you. You do not need to respond unless you enroll in PEBB medical coverage.

### Questions

1

Have you and all of your enrolled family members been free from tobacco product use in the past two months? (For a definition of tobacco products and tobacco use, see below.)  
*If you answer "YES," skip question 2. If you answer "NO," go to question 2.*

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

2

Are you and all enrolled family members who use tobacco products enrolled in your PEBB medical plan's tobacco cessation program?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

### If you answered "YES" to EITHER of these questions:

You will not have to pay the surcharge if you submit a response.

See "When and how do I respond?" on page 4 for instructions on how to report your result between **April 1 and May 15, 2014**.

### If you answered "NO" to BOTH of these questions:

You will have to pay the surcharge.

See "When and how do I respond?" on page 4 for instructions on how to report your result between **April 1 and May 15, 2014**.

## What are "tobacco products"?

Tobacco products are defined as any product made with or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product. This includes, but is not limited to, cigars, cigarettes, chewing tobacco, snuff, and other tobacco products.

### Tobacco products do not include:

- E-cigarettes (until their tobacco-related status is determined by the U.S. Food and Drug Administration [FDA]).
- Tobacco cessation aids approved by the FDA, such as:

#### 1 Over-the-counter nicotine replacement products

- All over-the-counter tobacco cessation products for adults ages 18 and older.
- All over-the-counter tobacco cessation products for children under age 18 if recommended by a doctor.

Examples of over-the-counter nicotine replacement products include:

- Skin patches—generic (nicotine film), private label, or brand-name (Habitrol or Nicoderm)
- Chewing gum (also called nicotine gum)—generic (nicotine polacrilex or Thrive), private label, or brand-name (Nicorette)
- Lozenges—generic (nicotine polacrilex), private label, or brand-name (Nicorette or Commit)

#### 2 Prescription nicotine replacement products\*

- Nasal spray or oral inhaler—brand name (Nicotrol)
- Products not containing nicotine, such as pills—generic (bupropion hydrochloride) or brand name (Chantix or Zyban)

*\*To determine if a prescribed drug is covered, check with your medical plan's formulary first.*

## What is "tobacco use"?

Tobacco use is defined as any use of tobacco products within the past two months. It does not include the religious or ceremonial use of tobacco.

# Step Two

## Will the spouse or domestic partner coverage premium surcharge apply to me?

If you have a spouse or domestic partner who is currently enrolled on your PEBB medical plan, answer “YES” or “NO” to the following questions.

If you do not have a spouse or domestic partner currently enrolled on your PEBB medical plan, this surcharge does not apply to you. Skip to Step 3 on page 3.

### Questions

	YES	NO
<b>1</b> Is your spouse or domestic partner eligible for medical coverage through his or her employer? <i>If your spouse or domestic partner is unemployed, check “NO.”</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Does your spouse’s or domestic partner’s employer offer at least one medical plan that serves your spouse’s or domestic partner’s county of residence?	<input type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Has your spouse or domestic partner chosen not to enroll in his or her employer’s medical coverage?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b> Is the coverage offered by your spouse’s or domestic partner’s employer <b>not</b> through the PEBB Program? <i>YES = My spouse or domestic partner’s employer <b>does not</b> offer PEBB coverage.</i> <i>NO = My spouse or domestic partner’s employer <b>does</b> offer PEBB coverage.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Would your spouse’s or domestic partner’s share of the medical premium through his or her employer be less than \$84.56 per month?	<input type="checkbox"/>	<input type="checkbox"/>

### If you answered “YES” to ALL of these questions:

**You may have to pay the spouse or domestic partner coverage surcharge.**

To find out whether you do, complete the *Spousal Plan Calculator* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb) or call 1-855-635-8380 starting April 1 to request a paper version.

Before you begin, your spouse or domestic partner should ask his or her employer (or the employer’s medical plan) for a *Summary of Benefits and Coverage* for **all** medical plans that serve your spouse’s or domestic partner’s county of residence **and** would cost an employee less than \$84.56 per month.

See “When and how do I respond?” on page 4 for instructions on how to report your result between **April 1 and May 15, 2014.**

### If you answered “NO” to ANY of these questions:

**You will not have to pay the surcharge if you submit a response.**

See “When and how do I respond?” on page 4 for instructions on how to report your result between **April 1 and May 15, 2014.**

# Step Three

## What do I need to do to be eligible for the wellness incentive?

If you are enrolled in PEBB dental coverage **only**, you are not eligible for the wellness incentive. You do not need to respond unless you enroll in PEBB medical coverage.

To qualify for the wellness incentive in **January 2015**, you must be an eligible subscriber\* and respond between **April 1 and June 30, 2014**, that you met these three requirements on or after January 1, 2014.

\*See [www.hca.wa.gov/pebb/Pages/wellness.aspx](http://www.hca.wa.gov/pebb/Pages/wellness.aspx) for eligibility requirements.

### 1 Choose a primary care provider.

*Already have one?* See “When and how do I respond?” on page 4 to let us know.

*Don't have one?* Visit your medical plan's website to search its provider directory, or call its Customer Service if you need help finding a primary care provider in your area. Once you've chosen a primary care provider, see “When and how do I respond?” on page 4 to find out how to confirm you've done this.

#### Group Health

[www.ghc.org/pebb](http://www.ghc.org/pebb) | 206-901-4636 or 1-888-901-4636 | TTY 711 or 1-800-833-6388

#### Kaiser Permanente

[www.my.kaiserpermanente.org/nw/wapebb](http://www.my.kaiserpermanente.org/nw/wapebb) | 503-813-2000 or 1-800-813-2000 | TTY 1-800-735-2900

#### Uniform Medical Plan (UMP), administered by Regence BlueShield

[www.hca.wa.gov/ump](http://www.hca.wa.gov/ump) | 1-888-849-3681 | TTY 711

### 2 Complete your PEBB medical plan's health assessment.

*Already did this in 2014?* See “When and how do I respond?” on page 4 to let us know.

*Haven't done this yet in 2014?* Visit [www.hca.wa.gov/pebb/Pages/wellness.aspx](http://www.hca.wa.gov/pebb/Pages/wellness.aspx) for details on how to complete your medical plan's health assessment online, or call your plan's Customer Service to request a paper health assessment. Once you've completed the health assessment, see “When and how do I respond?” on page 4 to find out how to confirm you've done this.

### 3 Start a SmartHealth wellness program activity.

Attest that you have started **one** of the following activities between **January 1 and June 30, 2014**. See “When and how do I respond?” on page 4 to find out how to confirm you've done this.

- Enrolled in the Diabetes Prevention Program (for Group Health and UMP members who have prediabetes).
- Enrolled in the Diabetes Control Program (for UMP members who have diabetes).
- Enrolled in your PEBB medical plan's tobacco cessation program (for members who use tobacco products).
- Enrolled in a weight management program, such as one offered through your health plan or another program not covered by your health plan.
- Do at least 90 minutes of moderate to vigorous physical activity per week (such as walking, running, or other aerobic activity) for at least 10 consecutive weeks.
- Eat six or more servings of fruits or vegetables per day for at least 10 consecutive weeks.
- Work with your primary care provider to get all recommended preventive care (such as immunizations and screenings).

**Exception:** If your health status prevents you from doing the three things needed to earn a wellness incentive, you may be eligible for the same incentive by doing different things. You'll need to send documentation from your health care provider explaining the medical condition that prevents you from completing the requirement(s) to the PEBB Program (**not** your employer). More information will be available about how to do this by April 1 at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb).

# Step Four

## When and how do I respond?

### Tobacco use surcharge

Respond between **April 1 and May 15, 2014**. If you do not respond, you will pay the monthly \$25-per-account surcharge starting **July 1, 2014**.

### Spouse or domestic partner coverage surcharge

Respond between **April 1 and May 15, 2014**. If you do not respond, you will pay the monthly \$50 surcharge starting **July 1, 2014** (only applies if you have a spouse or domestic partner enrolled on your PEBB medical coverage).

### SmartHealth wellness incentive

Respond between **April 1 and June 30, 2014**. If you do not respond, you will not be eligible to receive the wellness incentive in January 2015.

## Go to *My Account* at [www.hca.wa.gov/pebb](http://www.hca.wa.gov/pebb)

If you haven't registered as a New User since October 1, 2013, you will need to register first. After registering, you can log in as a Returning Subscriber.

At the top of the 2014 Account and Coverage Information page, you will see the *My Attestations* tab. Select it to respond about the tobacco use surcharge, spouse or domestic partner coverage surcharge, and whether you've done the three wellness program activities to be eligible for a wellness incentive in January 2015 (provided you are an eligible subscriber in 2015).



After you respond online, you will receive an automatic confirmation, which remains on *My Account*.

## What if I have no internet access?

If you don't have access to the internet, you can call 1-855-635-8380 starting April 1 to request paper attestation forms. When you call, you will need to use a touch-button phone and provide the subscriber's Social Security number to verify your PEBB enrollment. Allow up to seven days to receive your forms. You must submit the paper forms by the required response date, so be sure to allow enough time to receive the forms and submit them. After the PEBB Program processes your forms, you will receive a confirmation letter in the mail. Due to an expected large volume of mail, this may take several weeks.