

! For questions 4 through 7, look at the SBC under “Common Medical Events” and “Services You May Need.” Only look at amounts for a **single person** (or individual) using a **preferred** (or in-network) provider.

4. What is the plan’s most common coinsurance (%) among these three services?

1. Primary care visit to treat an injury or illness
 2. Diagnostic test
 3. Durable medical equipment
- If you only see copays (\$) for all three services, skip this question.
 - If you see the same coinsurance for at least two of these services, write that amount. _____ %
 - If you see different coinsurance amounts, or copays with coinsurance, write the highest coinsurance amount you see.
\$ _____

5. How much is the plan’s copay (\$) for a primary care visit to treat an injury or illness? \$

Skip this question if you see:

- Only coinsurance (%), **or**
- Copay and coinsurance.

6. How much is the plan’s copay (\$) for emergency room services? \$

Skip this question if you see:

- Only coinsurance (%), **or**
- Copay and coinsurance.

7. How much is the plan’s coinsurance (%) or copay (\$) for preferred brand-name drugs (or formulary drugs)?

Answer either A or B. Don’t answer both.

A. _____ % coinsurance, **or**

B. \$ _____ copay

3

Signature

By signing this form, I declare that the information I have provided is true, complete, and correct. If it isn’t, or if I do not provide timely, updated information, I will be charged the \$50 spouse or state-registered domestic partner coverage premium surcharge in addition to my monthly medical premium.

Signature _____

Date _____

Last four digits of Social Security number _____ Last name _____

Employing agency (employees only) _____

4

Form return

Sign, date, and return this calculator with your enrollment form or the *2024 PEBB Premium Surcharge Attestation Change Form* to the appropriate location:

For employees: Your payroll or benefits office.

For retirees and PEBB Continuation Coverage subscribers, mail to:

PEBB Program
Washington State Health Care Authority
PO Box 42684
Olympia, WA 98504-2684

Fax to: 360-725-0771

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please contact the following:

Employees: Your payroll or benefits office.

Retirees and PEBB Continuation Coverage subscribers:
The PEBB Program at 1-800-200-1004 (TRS: 711).

HCA Privacy Notice: HCA will keep your information private as allowed by law. To see our Privacy Notice, go to hca.wa.gov/erb.