

## 2020 PEBB Premium Surcharge Attestation Help Sheet

- Use the information below to determine whether the premium surcharges apply to you. Then attest on your 2020 PEBB enrollment form or the 2020 PEBB Premium Surcharge Attestation Change Form.
- The premium surcharges do not apply to subscribers enrolled in PEBB dental coverage only.

## **Tobacco use premium surcharge**

### What are "tobacco products"?

Tobacco products means 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, pipe tobacco, chewing tobacco, snuff, and other tobacco products.

#### **Tobacco products do not include:**

- E-cigarettes.
- Tobacco cessation aids approved by the FDA, such as:
  - Over-the-counter nicotine replacement products for adults ages 18 and older and 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 brandname (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 (buproprion hydrochloride) or brand name (Chantix or Zyban).

#### 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.

The premium surcharge will not apply if you and all enrolled dependents ages 18 and older who use tobacco products are currently enrolled in the free tobacco cessation program through your PEBB medical plan, and any enrolled dependents ages 13 to 17 who use tobacco products have accessed resources at teen.smokefree.gov. Enrolled dependents ages 12 and younger are automatically defaulted to NO (non-tobacco users) and you do not have to attest for them. If a provider finds that ending tobacco use or participating in your medical plan's tobacco cessation program will negatively affect your or your dependent's health, see more information in PEBB Program Administrative Policy 91-1 at hca.wa.gov/pebb-rules.

# Does this mean tobacco use within the past two months from today?

Tobacco products used within the two months before the date you submit your attestestation count as "tobacco use."

#### What if tobacco use changes?

You must change your attestation when:

- Any enrolled dependent age 13 and older starts using tobacco products.
- All enrolled dependents ages 13 and older have stopped using tobacco products for two months, or have enrolled in or accessed one of the tobacco cessation resources noted above.

You can change your attestation online using PEBB My Account at hca.wa.gov/my-account or submit a 2020 PEBB Premium Surcharge Attestation Change Form. Changes that result in a premium surcharge will begin the first day of the month after the status change (the date you or a dependent started using tobacco products). If that day is the first of the month, the change begins on that day. Changes that result in removing a premium surcharge will begin the first day of the month after receipt of the attestation. If that day is the first of the month, the change to the surcharge begins on that day.

(continued)

## Spouse or state-registered domestic partner coverage premium surcharge

If you don't have a spouse or state-registered domestic partner enrolled on your PEBB medical plan, you don't need to attest—this premium surcharge doesn't apply to you. If you have a spouse or state-registered domestic partner enrolled or you will enroll them on your 2020 PEBB medical plan, you must:

1. Answer **YES** or **NO** to the following Questions 2-6.

#### AND

2. Check the corresponding box(es) on your 2020 PEBB enrollment form or 2020 PEBB Premium Surcharge Attestation Change Form.

|   | Questions  | YES      | NO |
|---|--|----------|----|
| 1 | Are you covering your spouse or state-registered domestic partner in a Public Employees Benefits Board (PEBB) medical plan in 2020?            | <b>✓</b> |    |
| 2 | Will they be eligible for medical coverage through their employer in 2020? (If they will not be employed in 2020, answer NO.)                  |          |    |
| 3 | Will their employer offer at least one medical plan that serves their county of residence in 2020?   |          |    |
| 4 | Has your spouse or state-registered domestic partner chosen not to enroll in their employer's medical (including SEBB coverage) in 2020?       |          |    |
|   | Will the coverage offered by your spouse's or state-registered domestic partner's employer in 2020 NOT be through the PEBB Program or TRICARE? |          |    |
| 5 | <ul> <li>Answer YES if their employer does not offer PEBB coverage or a TRICARE plan.</li> </ul>   |          |    |
|   | <ul> <li>Answer NO if their employer offers PEBB coverage or a TRICARE plan</li> </ul>   |          |    |
| 6 | Will their share of the medical premium through their employer be less than \$108.31 per month in 2020?  |          |    |

- ➤ If you answered **NO** to ANY of these questions, check NO on your 2020 PEBB enrollment form or 2020 PEBB Premium Surcharge Attestation Change Form, and check which question(s) you answered NO to. You will not be charged the premium surcharge.
- If you answered YES to ALL of these questions, you must complete steps 1 and 2 below to determine whether you will be charged the premium surcharge.
- 1. Your spouse or state-registered domestic partner should ask their employer for a 2020 Summary of Benefits and Coverage (SBC) for all medical plans that:
  - Serve the county of residence for your spouse or state-registered domestic partner.
  - Have a monthly premium of less than \$108.31 per month for the employee.
- 2. Use the SBC information to answer the questions in the 2020 PEBB Spousal Plan Calculator online tool at hca.wa.gov/erb.

Or, you can download a paper version and submit it with your 2020 PEBB enrollment form or your 2020 PEBB Premium Surcharge Attestation Change Form.

If you don't have access to the Internet, you may request a paper version of the *2020 PEBB Spousal Plan Calculator* from your employer (if an employee). All other subscribers may call the PEBB Program at 1-800-200-1004 (TRS: 711) to request one.

If using the online 2020 PEBB Spousal Plan Calculator:

- Enter all the information requested.
- Click the Calculate button.
- You will be provided with the YES or NO response to the question "Does the spouse or state-registered domestic partner coverage surcharge apply to you?" Enter this response on your 2020 PEBB enrollment form or 2020 PEBB Premium Surcharge Attestation Change Form.

If using a paper version of the 2020 PEBB Spousal Plan Calculator:

- Provide all the information requested.
- Check "Employer or PEBB Program to determine" on the 2020 PEBB enrollment form or 2020 PEBB Premium Surcharge Attestation Change Form.
- Include a copy of the 2020 PEBB Spousal Plan Calculator (not this help sheet) when you submit your form.

Your employer (for employees) or the PEBB Program (for retiree and PEBB Continuation Coverage subscribers) will use these to determine whether your spouse's or state-registered domestic partner's employer-based group medical is comparable to PEBB's UMP Classic, and if the premium surcharge will apply.