



Thinking about retirement?

As you transition into retirement, the Public Employees Benefits Board (PEBB) Program is here to help make sure you can continue your medical and dental benefits. You may be eligible for PEBB retiree insurance coverage if:

You are a retiring employee of a:

- PEBB-participating employer group.
- Washington State agency.
- Washington State higher education institution.
- You are a retiring school employee of a:
 - Washington State school district, educational service district, or charter school that participates in the School Employees Benefits Board (SEBB) Program.
 - A nonrepresented employee of an educational service district.

You may also be eligible if you are an elected or full-time appointed official as described in Washington Administrative Code (WAC) 182-12-180.

Why choose the PEBB Program?

We offer a comprehensive health care package providing value, access, and choice.

Access

Our health plans give you access to thousands of providers across Washington State and select counties in Oregon and Idaho. Some offer extended networks so you can see any provider in the United States.

Value

As one of the largest purchasers of health coverage in Washington State, we negotiate competitive premiums and benefits and pass these savings on to you.

Choice

With PEBB retiree insurance coverage, you have options. Our health plans offer a range of designs to fit the way you use health care.

Things to keep in mind:

Am I eligible?

To be eligible for PEBB retiree insurance coverage, you must meet both the procedural and eligibility requirements of WAC 182-12-171, 182-12-180, or 182-12-211. This includes the requirement to enroll and stay enrolled in Medicare Part A and Part B (or a dependent you wish to enroll) are entitled to Medicare.

When are the enrollment timelines?

The PEBB Program must receive your retiree enrollment form requesting to enroll or defer retiree coverage:

- **No later than 60 days** after your PEBB or SEBB employer-paid coverage, Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage, or continuation coverage ends;
- **No later than 60 days** after you leave public office if you are an elected or full-time appointed official as described in WAC 182-12-180; or
- **No later than 60 days** after the date on the determination letter, with a copy of the Washington State-sponsored retirement systems formal determination letter, as described in WAC 182-12-211, if you are determined retroactively eligible for a disability retirement.

If we do not receive your enrollment form (and any other required forms and documents) within the required timeline, you could lose your right to enroll in PEBB retiree insurance coverage.

What coverage can I enroll in?

You can choose to enroll in medical and dental coverage, or medical coverage only. You cannot enroll in only dental coverage. You may enroll eligible dependents, and they must enroll in the same medical and dental plan as you. You may also enroll in retiree term life insurance, if eligible. If you or an eligible dependent are enrolled in Medicare Part A and Part B, we offer a choice of Medicare plans.

How much does it cost?

You can view the monthly premiums at hca.wa.gov/pebb-retirees under *Plan costs*. Generally, premiums change every January 1.

Monthly premium surcharges

Non-Medicare subscribers must attest to the premium surcharges, as applicable. The following monthly premium surcharges may apply in addition to your monthly medical premium:

- A \$25-per-account tobacco use premium surcharge.
- A \$50 spouse or state-registered domestic partner coverage premium surcharge.

These surcharges do not apply if you (the subscriber) are enrolled in Medicare Part A and Part B. For more details, visit hca.wa.gov/pebb-retirees and click on *Surcharges*.

Enrolling is easy! Just follow these steps:

About 90 days before your employer-paid coverage, COBRA coverage, or continuation coverage ends, before you leave public office, or before you apply for disability retirement:

- Complete the card in this brochure and return it to us. We will send you a *PEBB Retiree Enrollment Guide* (including enrollment forms). You can also download the guide and forms at hca.wa.gov/pebb-retirees under *Forms & publications*.
- Contact the Social Security Administration to enroll in Medicare Part A and Part B if you or any dependents you wish to cover are entitled to Medicare due to either age (65 or older) or disability.

60 days before your employer-paid coverage, COBRA coverage, or continuation coverage ends, before you leave public office, or before you apply for disability retirement:

- Return your *PEBB Retiree Coverage Election Form* (form A) and any other required forms and documents to the PEBB Program to enroll in PEBB retiree insurance coverage.
- The PEBB Program must receive your enrollment forms and required documents within the enrollment timelines listed in “When are the enrollment timelines?”

Can I enroll later?

If you have access to other qualifying coverage as described in WAC 182-12-200 (3), you can defer (postpone) enrollment in PEBB retiree insurance coverage and enroll in the future. However, the PEBB Program must receive your enrollment form within one of the timelines listed in this brochure. To learn more, visit hca.wa.gov/pebb-retirees and click on *Defer retiree coverage*.

To request a copy of the *PEBB Retiree Enrollment Guide*

Complete the card below and return it to us. We will mail you a *PEBB Retiree Enrollment Guide* with the enrollment forms you need.

We're here to help

Call the PEBB Program

360-725-0440 or toll-free 1-800-200-1004 option 5 (TRS: 711)
Monday through Friday, 8 a.m. to 4:30 p.m. Pacific Time

Visit our office

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

The Health Care Authority closes at 5 p.m. To make sure the last lobby visit ends by 5 p.m., the last visitor will be accepted at 4:30 p.m. The PEBB Program does not take appointments. We see visitors on a first-come, first-served basis.

Visit hca.wa.gov/pebb-retirees for forms, publications, and information updates.

SCORE LINE FOR FOLD

Fold along dotted line, Health Care Authority address facing outward; moisten glue strip and seal. Please do not staple.

Name

Address

Unit/apt. number

City

State

ZIP Code

Mailing address (if different)

City

State

ZIP Code

Phone number

Last 4 digits of Social Security number
(required to verify eligibility)

Retirement date

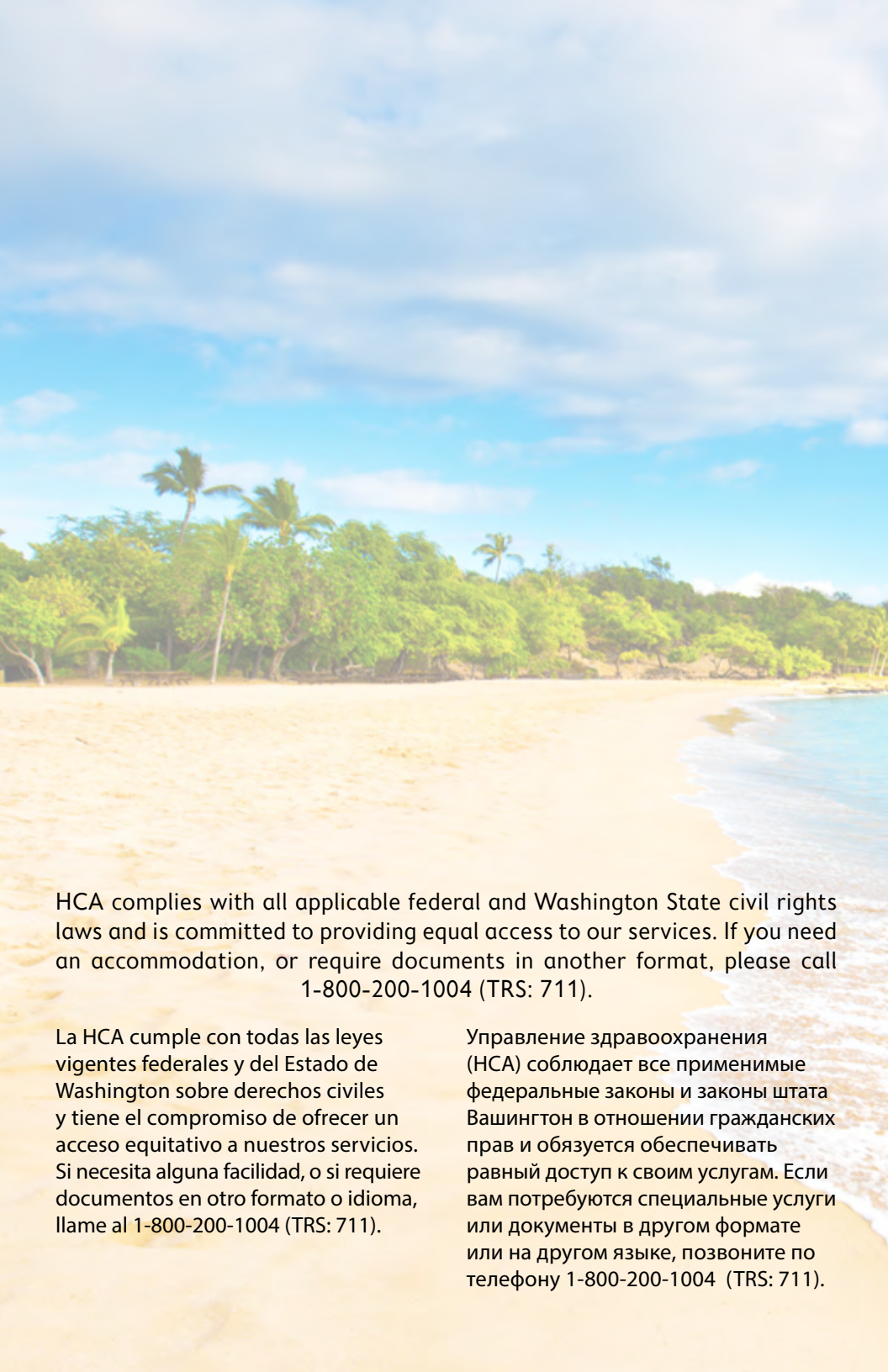
Current employer

Place
First Class
Stamp
Here

HCA 51-535 (11/19)

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

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HCA complies with all applicable federal and Washington State civil rights laws and is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call 1-800-200-1004 (TRS: 711).

La HCA cumple con todas las leyes vigentes federales y del Estado de Washington sobre derechos civiles y tiene el compromiso de ofrecer un acceso equitativo a nuestros servicios. Si necesita alguna facilidad, o si requiere documentos en otro formato o idioma, llame al 1-800-200-1004 (TRS: 711).

Управление здравоохранения (HCA) соблюдает все применимые федеральные законы и законы штата Вашингтон в отношении гражданских прав и обязуется обеспечивать равный доступ к своим услугам. Если вам потребуются специальные услуги или документы в другом формате или на другом языке, позвоните по телефону 1-800-200-1004 (TRS: 711).