

Don't lose sight of your eye health

Your eyes play an important role in your well-being. Eye care is essential for maintaining good vision, preventing eye diseases, and improving overall health. In fact, poor eye health can signal serious problems such as diabetes, high blood pressure, and high cholesterol. Caring for your eyes is a big part of caring for yourself.

Eye care can be as simple as wearing sunglasses with 100 percent UV protection, cutting back on screen time, and eating healthy. While you should take preventive measures to ensure long-term eye health, most people experience eyesight changes as they age. This is why scheduling an annual exam is essential. Whether you've experienced vision changes or not, you'll learn about your eye health and where it stands.

Using your vision benefits

Your new PEBB vision plan will help protect and improve your eye health. Here's what you need to know about your benefits, how they can support your eye health, and how to find the right vision care provider.

Note: If your employer offers medical-only coverage, routine vision is no longer included in your PEBB Program benefits. Please contact your payroll or benefits office for help with routine vision coverage.

Understanding your coverage

Your coverage includes eye exams, vision hardware, and other benefits that can help you stay on top of your eye health.

- **Routine eye exams:** Each vision plan includes an annual eye exam. Routine eye exams help with detecting vision problems and preventing eye diseases that, if left untreated, can impact your quality of life and your ability to work or learn. This is also an opportunity for you to address any issues you've been having with your vision.
- **Vision hardware benefit:** If you use prescription eyeglasses or contact lenses, your PEBB vision plan includes a \$200 benefit. This benefit resets on odd years (2025, 2027, etc.) and can be applied to frames, lenses, and contact lenses.

- **Lens enhancements, LASIK surgery, and more:** Some plans may also include savings on nonprescription sunglasses, lens enhancements, and laser vision correction (LASIK).

For more information on your plan's benefits, or to see the *Vision Benefits At-A-Glance*, visit hca.wa.gov/erb, select your member type, and select *Vision plans & benefits*.

Finding a provider

Finding a vision care provider that participates in your plan is important. Here are a couple of ways to locate a provider in your area:

- **Use the provider search:** Davis Vision by MetLife, EyeMed, and MetLife Vision all offer a directory of in-network vision providers. Find providers by visiting hca.wa.gov/erb, selecting your member type, and selecting *Find a PEBB plan provider* to see which providers are included in your plan.
- **Check with your current provider:** If you have a preferred eye doctor, reach out to them to see if they are a part of your plan's network.



Don't forget!

- **Eye infections, diseases, and injuries:** Treatment for medical conditions such as infection, eye diseases (like glaucoma), and eye injuries will still be covered by your medical plan.
- **Keep your plan info handy:** Whether booking an appointment or purchasing new glasses, always have your insurance card and plan details accessible.
- **Take advantage of discounts:** Many vision plans offer discounts on frames, lenses, or contact lenses. See what savings your provider offers when you make your purchases.

Know your health insurance ABCs

Health insurance can feel like its own language. Here's a guide to some common terms to help you feel more confident when reviewing health materials such as bills from your provider or plan documents.



Allowance: The maximum amount payable by the health plan.



Appeal: If you disagree with a decision made to deny a benefit or payment, you may have the option to request the decision be reconsidered. If you find yourself in a situation to appeal, you will typically be notified of your rights and next steps.



Coinsurance and copayment: Both terms refer to costs you can expect to pay out of pocket when you receive care. A copayment is a set amount (\$) and a coinsurance is a percentage (%) of the cost a provider charges. For instance, if you visit the emergency room, you may owe a copayment of \$75. If you visit the emergency room and owe a 20 percent coinsurance, and the cost to be seen is \$500, you will pay 20 percent, or \$100.



Cost share: Refers to costs you will pay out of pocket. Some examples include your deductible, coinsurance, or copayment.



Deductible: The amount you should expect to pay out of pocket before a plan begins to pay their portion. Plans have deductible exemptions for certain types of care. For instance, certain preventive care is covered before meeting your deductible. Your plan will cover costs for qualifying care before you meet the deductible.



Formulary (preferred drug list): The list of prescription drugs your plan covers. Most formularies have tiers, with lower tier drugs generally having a lower cost share than higher tier drugs. If you need a prescription drug that is not part of your plan's formulary or belongs to a higher tier when a lower cost, equally effective alternative is available, you may need prior authorization (see definition).



Hardware: You may see this term when reading about your vision coverage. This refers to frames, lenses, and contact lenses.



In network and out of network: A provider can be in your plan's network, or out. If they are in network, the provider has a contract in place with your plan and you can expect to pay a lower rate. If a provider is out of network, you may pay a higher amount than if you were to see an in-network provider.



Prior authorization: The process of requesting a plan to cover a service or prescription drug if it is not part of your plan's formulary (preferred drug list). A prior authorization requires your provider to state that a service or drug is medically necessary and beneficial for you. It lasts for a set amount of time and will need to be renewed periodically (except for a one-time service such as a surgery).

Sometimes, life changes: When you qualify for a special open enrollment



It's no secret that life can change in an instant, but certain life events can qualify you to change your health plan coverage outside of open enrollment. We call this a special open enrollment (SOE). Examples of qualifying life events are:

- Adding a family member through marriage, birth, or adoption.
- Moving out of a plan's service area.
- Divorcing your spouse or annulling your state-registered domestic partnership.
- Experiencing a change in your or a dependent's employment status.

To view a complete list of qualifying life events, visit hca.wa.gov/erb, select your member type, and select *What is a special open enrollment?* under *Manage benefits*.

If I have a qualifying life event, what do I do?

You must report a qualifying life event **no later than 60 days** after the event. You can request an SOE by logging in to Benefits 24/7 at benefits247.hca.wa.gov, or you can submit the enrollment/change form for your member type to your payroll or benefits office for employees or the PEBB Program for continuation coverage subscribers. In addition, you need to provide proof of the qualifying event.

What can I change during an SOE?

Depending on your life event, you can change your and your dependents' enrollment in:

- Medical coverage.
- Dental coverage.
- Vision coverage.
- Flexible spending arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP).

Note: The change must align with the type of SOE event, for instance, increasing an FSA or DCAP election amount following the birth of a child.



Get help

If you need help making changes mid-year:

- **Employees:** contact your payroll or benefits office.
- **PEBB Continuation Coverage subscribers:** contact the PEBB Program through HCA Support at support.hca.wa.gov or by calling 1-800-200-1004 (TRS: 711).

Looking to live a healthier life? There's an app for that.

In today's world, we rely on technology for just about everything. From staying connected with loved ones through instant messaging to managing our finances online, technology has made our lives more convenient. It's given us immediate access to tools and information that can tackle any problem. Why not apply that to your health as well? As a PEBB member, you have access to virtual wellness programs that are designed to help you live a healthier life and are available at no cost.

Diabetes prevention and management programs

With the Diabetes Prevention Program (DPP) powered by Omada, you can reduce your risk of developing type 2 diabetes with the help of your computer or smartphone. By offering personalized support, the DPP empowers you to take control of your health through lifestyle changes like managing your weight, activity, and making healthier food choices. You get an electronic scale, a health coach, interactive lessons, and a supportive community to help you build healthy habits that can lower your risk of type 2 diabetes.

Am I eligible for the DPP?

The DPP is available to employees and their dependents age 18 and older who:

- Are enrolled in a PEBB medical plan.
- Are not enrolled in Medicare.
- Meet the criteria after completing the 1-minute screener at omadahealth.com/wapebb.

What if I have diabetes?

People diagnosed with diabetes can receive support and resources through their medical plan's diabetes management programs. These programs provide help with tracking and controlling blood sugar, cholesterol levels, and blood pressure. Diabetes management and education are covered by all PEBB medical plans. For more information about your benefits, visit the *Diabetes management programs* section at hca.wa.gov/pebb-diabetes or contact your medical plan.

SmartHealth

SmartHealth is a voluntary wellness program that supports you on your journey toward living well. Whether you're on the go or at home, SmartHealth makes managing your wellness simple, secure, and accessible. For information on accessing SmartHealth, visit hca.wa.gov/accessing-smarthealth.



What does SmartHealth offer?

Below are some ways SmartHealth can help you find your healthy place. Get started today at smarthealth.hca.wa.gov.

- **Well-being assessment:** Get a personalized health report in 10 minutes by completing the well-being assessment.
- **Wellness challenges:** Join fun wellness challenges, including the "Seize the Zzzz" challenge where you can earn points by improving your sleep. Register by February 26 and start getting the sleep you've been dreaming of.
- **Download the app:** Access SmartHealth anywhere, anytime with the Wellness At Your Side app, available to download from the Apple App Store or Google Play Store.

Qualify for a \$125 wellness incentive in 2026!

By participating in SmartHealth, you can qualify for a \$125 wellness incentive. Simply complete the well-being assessment and earn 2,000 total points by November 30, 2025. Learn more about how to qualify at hca.wa.gov/pebb-smarthealth.

How do I find my \$125 from 2024?

If you qualified for the \$125 in 2024, it was applied to your medical deductible or as a one-time deposit in your health savings account if you have a consumer-directed health plan. Sign in to SmartHealth and select the "How do I find my \$125" activity.

What is your heart telling you?

A common part of a visit to your doctor or even dentist is to have your blood pressure checked, either with a cuff around your arm or a device on your wrist. The person who is taking your blood pressure tells you that it's this number over that number. You know it's important, but for many of us, we don't know exactly what those numbers mean or if they are bad or good.

What do the numbers mean?

Blood pressure is measured with two values, systolic (first number) and diastolic (second number). Often it is presented as systolic value over diastolic value (120/80). According to the American Heart Association, systolic blood pressure "measures the pressure your blood is pushing against your artery walls when the heart beats." Diastolic blood pressure "measures the pressure your blood is pushing against your artery walls while the heart muscle rests between beats" ("Understanding Blood Pressure Readings," [heart.org](https://www.heart.org)). The higher your blood pressure is, the harder your heart is working.

What should my blood pressure be?

Blood pressure is generally given in ranges of low, normal, elevated, and high. It's important to address high blood pressure because it can lead to heart attack, stroke, and other health problems. Many people who have high blood pressure don't realize it.



Normal blood pressure:

- Systolic blood pressure of less than 120
- Diastolic blood pressure of less than 80



Elevated blood pressure:

- Systolic blood pressure of 120 to 129
- Diastolic blood pressure of less than 80



High blood pressure, known as hypertension:

- Systolic blood pressure of higher than 130
- Diastolic blood pressure of higher than 80

Most of the time when you hear about blood pressure, it's about high blood pressure, but low blood pressure can also cause health problems, including confusion, dizziness, nausea, headaches, fatigue, passing out, and more. This is called hypotension and is a systolic blood pressure of less than 90 and a diastolic blood pressure of less than 60.

Where can I learn more?

If you are concerned about your blood pressure, consult your doctor. They will be able to check your blood pressure and other health indicators and if needed, work with you to make a plan for how to get your blood pressure into a healthy range.

To learn more about blood pressure and how it affects your health, visit the American Heart Association at [heart.org](https://www.heart.org).

To learn more about wellness programs, SmartHealth, and other resources available to you as a part of your medical coverage, see "Looking to live a healthier life? There's an app for that."



Tips for the new year

Make behavioral health a priority

Have you been looking for someone you can talk to? This year, take time to take care of your mental and emotional well-being by learning about your plan's behavioral health services at hca.wa.gov/bh-pebb. Many PEBB employees also qualify for the Employee Assistance Program. You can check with your payroll and benefits office for more information.

You can also access our wellness program, SmartHealth, to complete challenges and earn points towards an incentive. See "Looking to live a healthier life? There's an app for that" on page 4.

You may receive a new ID card

If you are enrolled in Uniform Medical Plan (UMP) or if you changed your medical coverage for 2025, you will be receiving a new ID card from the health plan. You can also expect a new card from your new standalone vision plan. If you have not received a new ID card, you can find your plan's contact information by visiting hca.wa.gov/erb, selecting your member type, and clicking *Contact the plans* to request a card.

Did you name a beneficiary?

You can name any beneficiary you wish for your basic or supplemental life or accidental death and dismemberment (AD&D) insurance.

Sign up for emails

Get the latest news and updates from the PEBB Program in your inbox.

- ➔ **Log in** to Benefits 24/7 at benefits247.hca.wa.gov.
- ➔ **Select** *Profile*, then *Contact information* and add your email address.
- ➔ **Check the box** next to *Opt-in to receive email notifications*.
- ➔ **Select** the *Submit* button.

To name or update a beneficiary, visit MetLife's MyBenefits portal at mybenefits.metlife.com/wapebb. You can also call MetLife at 1-866-548-7139 to request a *Group Term Life Insurance Beneficiary Designation form*.

Deductibles and out-of-pocket maximums start over with the start of the year

Each year on January 1, your medical plans reset your deductible. You will be responsible for out-of-pocket costs until you meet your deductible for 2025. For more details about out-of-pocket costs and services that are covered prior to meeting your deductible, you can view your plan's benefits booklet.

Change your tobacco attestation anytime

If you, your spouse or state-registered domestic partner (SRDP), or dependent age 13 or older has a change in tobacco use status, you can report this change to the PEBB Program at any time by logging in to Benefits 24/7 at benefits247.hca.wa.gov. If tobacco use has stopped, or you or a dependent has accessed a tobacco cessation program, you will no longer be charged the \$25-per-account tobacco use premium surcharge.

Remember your eyes and your smile

You have new vision coverage! See "Don't lose sight of your eye health" on page 1 to learn more.

In addition to your annual checkup with your general care provider, with each new year comes the time to schedule your dental checkup.

You will receive reminders, general information, and this newsletter electronically. We recommend using your personal email address. You may not be able to access your work email address outside of work hours, if you take another position, or if you retire.

FSA and DCAP reminders

Submit your FSA and DCAP claims by March 31

If you have eligible flexible spending arrangement (FSA), Limited Purpose FSA, or Dependent Care Assistance Program (DCAP) expenses that you incurred in 2024, you have until March 31 to submit a claim for reimbursement.

FSAs now have a higher carryover limit

If you were enrolled in an FSA or Limited Purpose FSA last year and reenrolled for 2025, you could carry over remaining funds up to \$660 (increasing from \$640). You could have qualified for carryover, even if you did not reenroll, if you had at least \$120 remaining in your FSA.

DCAP funds availability

As you make contributions from each paycheck, you can be reimbursed for eligible expenses. However, the amount you are reimbursed cannot be more than the amount available in your DCAP at the time of your request.

\$250 FSA contribution for union-represented PEBB subscribers

Union-represented PEBB subscribers whose rate of pay on November 1 of the previous year was \$60,000 or less for a full-time equivalent position and did not enroll in a consumer-directed health plan (CDHP) with a health savings account (HSA), may have received \$250 in an FSA contribution in January. If you qualified, you received a welcome letter from the PEBB Program, and a confirmation from Navia Benefit Solutions, the FSA administrator. Additionally, if this is your first year in an FSA, you received a debit card.

Have questions?

Contact your plan directly if you have questions about the topics below. For phone numbers and website links, visit hca.wa.gov/erb, select your member type, then select *Contact the plans* under *Get help*.

- Benefits
- ID cards
- Appeals for payments, procedures, and preauthorizations
- Copayments, coinsurance, deductibles, or claims
- Checking if your provider is in network
- Choosing a provider
- Making sure your prescriptions are covered

Contact your employer's payroll or benefits office for questions about the topics below. PEBB Continuation Coverage subscribers can send a secure message through HCA Support at support.hca.wa.gov or call 1-800-200-1004 (TRS: 711) to contact the PEBB Program.

- Eligibility and enrollment
- Premium surcharges
- Help with Benefits 24/7
- Appeals for surcharges, enrollment, and eligibility
- Updating your name, address, or phone number
- Adding or removing dependents
- Premium payments
- Finding forms
- Payroll deductions

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) or visit hca.wa.gov/about-hca/nondiscrimination-statement.

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) o visite hca.wa.gov/about-hca/nondiscrimination-statement.

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) или посетите сайт hca.wa.gov/about-hca/nondiscrimination-statement.

Here's your **forYourBenefit** newsletter



LOOK INSIDE!

**See how to use your
new vision benefits**

Find providers, schedule your routine
eye exam, and use your vision
hardware benefit.