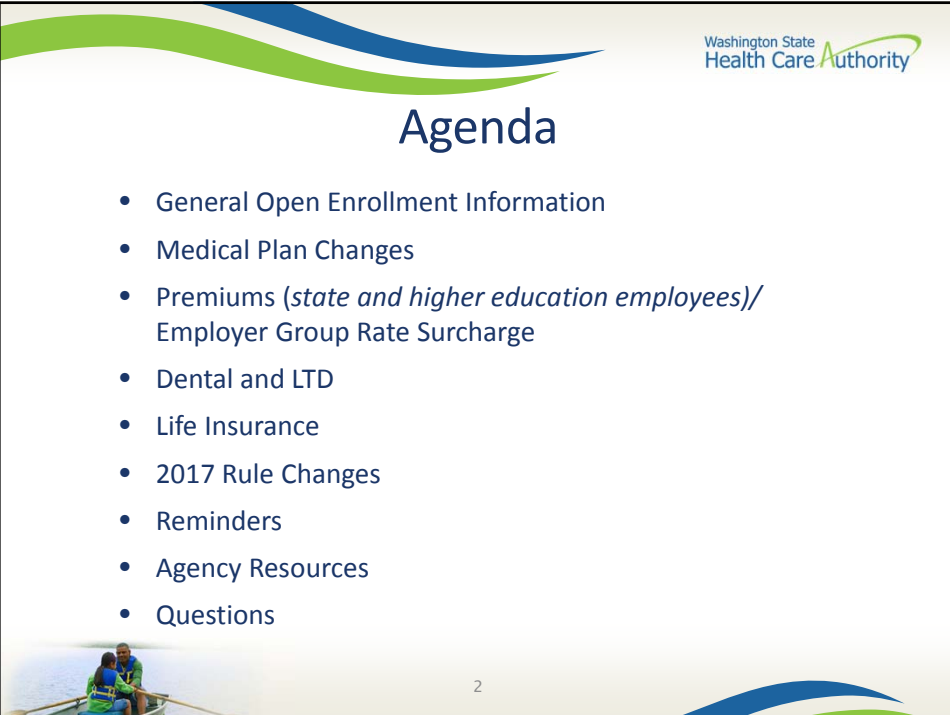


Washington State
Health Care Authority

PEBB 2017 Open Enrollment


Pre-Open Enrollment Presentation
PEBB Outreach and Training
September/October 2016




Washington State
Health Care Authority

Agenda

- General Open Enrollment Information
- Medical Plan Changes
- Premiums (*state and higher education employees*)/
Employer Group Rate Surcharge
- Dental and LTD
- Life Insurance
- 2017 Rule Changes
- Reminders
- Agency Resources
- Questions



2



Washington State
Health Care Authority

General Open Enrollment Information



Washington State
Health Care Authority

2017 Open Enrollment

- Annual Open Enrollment
 - **November 1** through **November 30**
 - All forms must be received by November 30
 - Changes are effective January 1, 2017
- Benefits Fairs
 - 23 fairs statewide
 - **November 1** through **November 18**



4




Benefits Fairs

- Benefits fairs schedule
 - Available in early October on the PEBB and PersPay websites
 - Included in the October *For Your Benefit* newsletter
- Benefits fairs posters
 - Available to agencies in early October
 - Download or print from the PersPay website:
www.hca.wa.gov/perspay/notices-and-updates




5




What Can Employees Do?

- During open enrollment, employees may:
 - Change medical and/or dental plans
 - Reinstatement previously waived medical coverage without proof of loss
 - Waive medical if they have other employer-based group medical, TRICARE or Medicare
 - Coverage under the Health Benefit Exchange (HBE) is **not** considered employer-based coverage




6




What Can Employees Do?

- Add eligible dependents without proof of loss
 - DV documents required if dependent was not previously verified
 - A list of valid DV documents are available on the PEBB website: www.hca.wa.gov/assets/pebb/31-1.pdf
- Remove dependents
- Change premium deduction to pre- or post-tax (*IRC Section 125*)
- Change the tax status of a dependent (*IRC Section 152*)




7





What Can Employees Do?

- PEBB benefits eligible, state agency and higher education institution employees may:
 - Enroll or re-enroll in a Medical FSA and/or DCAP
 - Employees must re-enroll every year if they wish to participate, even if the contribution amount remains the same
 - Employees cannot enroll in both a Consumer Direct Health Plan with a Health Savings Account and a Medical FSA.
 - Employees who enroll in both will be dis-enrolled from the Medical FSA by December 31, 2016.




8






Employee Communications

- *For Your Benefit* newsletter
 - Two versions mailed or emailed on October 13:
 - State agency and higher education institutions
 - Employer group/K-12 school districts
 - This is the only notice the PEBB Program sends to employees about open enrollment




9





Employee Communications

- Email messages to forward to your employees
 - Sent through GovDelivery before and throughout open enrollment
- Open enrollment video for employees
 - Available on the PEBB website in October



10







PAY1 Insurance System

For employees making changes during open enrollment:

- Employers must receive forms and dependent verification documents, if adding dependent(s) between **November 1 – 30**
- Enter OE changes into PAY1 beginning **November 1**
- Key OE changes timely so employees receive medical cards prior to the first of the year




11




The PEBB Program's *My Account*

- Employees may make plan changes online
 - On *My Account* November 1–30
- Employees may also use *My Account* to:
 - View their medical and dental coverage
 - View their life and long-term disability coverage
 - Life Insurance will not be available on the Statement of Insurance after 12/31/2016
 - Subscribe to email notifications from PEBB
 - Print a *Statement of Insurance*




12




The PEBB Program's *My Account*

- Employees may also use *My Account* to:
 - Attest to the tobacco use premium surcharge when any enrolled family member age 13 and older has a change in tobacco use (*available all year*)
 - Attest to the spousal or state-registered domestic partner coverage premium surcharge (*only available until December 31, 2016*)
 - Employees who previously attested “Y”, “N”, “N” to question 6, or were defaulted because they did not attest must attest again during annual open enrollment




13



The PEBB Program's *My Account*

- Employees **may not** use *My Account* to:
 - Add a dependent who is not currently enrolled
 - Remove a spouse or state-registered domestic partner due to divorce or dissolution of a partnership
 - COBRA packet is not sent if dependent is removed online
 - Make an address change
 - Make life insurance changes
 - Elect FSA and DCAP enrollment
 - Change HSA contributions



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Washington State Health Care Authority

The PEBB Program's *My Account*

Washington State Health Care Authority

Home > Public employee benefits

Public employee benefits

Information for... [dropdown] Forms & publications News Wellness programs About Rules & policies Contact

My Account [dropdown]

- Compare medical plans
- 2016 wellness programs
- Prepare for retirement

For employees	For retirees	For COBRA and Leave Without Pay subscribers
<ul style="list-style-type: none">Eligibility & enrollmentMedical plans & benefitsDental plans & benefitsAdditional benefits	<ul style="list-style-type: none">Eligibility & enrollmentMedical plans & benefitsDental plans & benefitsAdditional benefits	<ul style="list-style-type: none">Eligibility & enrollmentMedical plans & benefitsDental plans & benefitsAdditional benefits

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Washington State Health Care Authority

Statement of Insurance

- Employee may print *Statement of Insurance*

Washington State Health Care Authority
Public Employees Benefits Board
pebb member coverage

PEBB Home Contact HCA Sign Out

my medical/dental coverage my life/LTD coverage my attestations my login information
subscriber SOI lookup

2016 Account and Coverage Information

Statement of Insurance [print icon]

Section A - Subscriber Account Information


Subscriber Name:
County of Residence:
Email Address:
Change of Address? Notify your personnel, payroll, or benefits office.

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Washington State
Health Care Authority

Statement of Insurance

- Agencies with PAY1 access
 - Can print a *Statement of Insurance* for an employee from the Subscriber SOI lookup tab
 - View/print attestations report




17


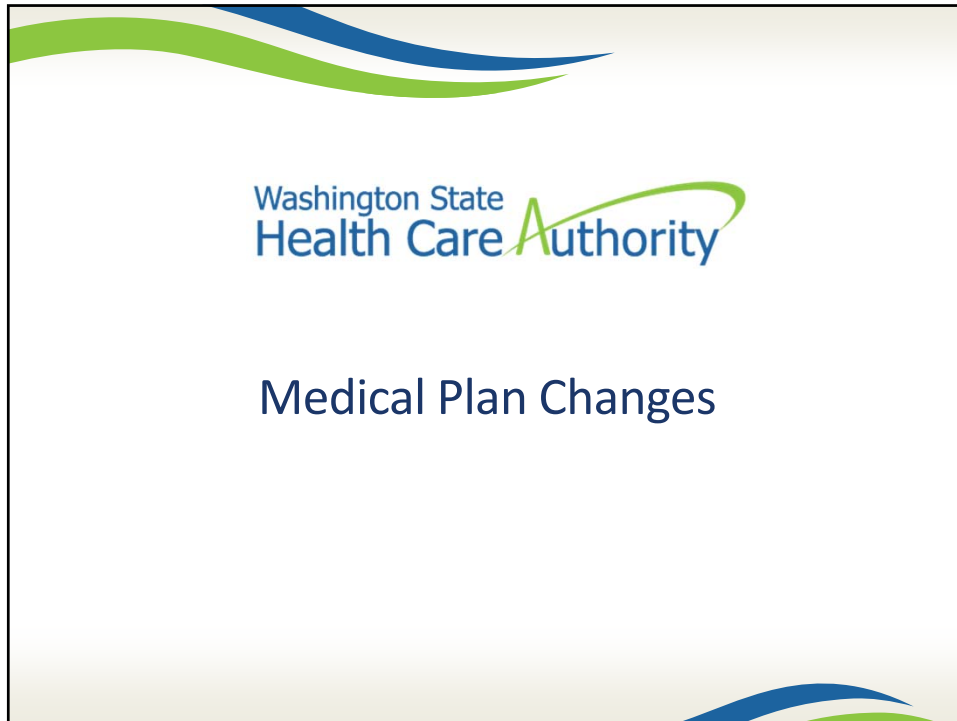
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On-Line Changes

- Online changes are submitted to PAY1 daily
- Online changes are shared with:
 - State agencies: Daily Tran Log (D2025)
(if your agency has not turned it off)
 - Four-year institutions: Daily Tran Log or a file from HCA
 - Community and Technical Colleges: Change report shared in mid-December
 - Employer groups and school districts: Change report shared in mid-December




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Medical Plan Changes

- Male sterilization will be covered
 - At no cost to members enrolled in:
 - Group Health Classic, Value or SoundChoice
 - Kaiser Classic
 - Uniform Medical Plan (UMP) Classic
 - At no additional cost, after deductible is met, for members enrolled in:
 - Group Health CDHP with an HSA
 - Kaiser CDHP with an HSA
 - UMP CDHP with an HSA




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Group Health Benefit Changes

- Classic, Value, CDHP with an HSA, and SoundChoice
 - Acupuncture
 - Change in the number of covered visits from 8 per medical diagnosis to 12 total per year
 - TeleHealth (“virtual”) office visits
 - For primary, specialty, and urgent care services
 - Delivered by licensed health care providers
 - Online, real-time video conferencing, including smart phones, laptops, and tablets
 - Scheduled phone visits and secure messaging for chronic disease management




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Group Health Value Plans Changes

	2016	2017
Maximum out of pocket	\$2,000 per enrollee \$4,000 per family	\$3,000 per enrollee \$6,000 per family
Annual deductible	\$350/\$1,050 \$225/\$925 with Wellness	\$250/\$750 \$125/\$625 with Wellness
Primary office visit copay	\$20	\$30
Specialty office visit copay	\$40	\$50
Inpatient hospital copay	\$200 per day with 3-day cap	\$250 per day with 5-day cap
Skilled nursing facility	\$200 per day with 3-day cap	\$250 per day with 5-day cap



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Group Health Benefit Changes


Applies to all Group Health Plans:

Drug Tiers	2016	2017
Tier 0—Value copay	\$5	\$5
Tier 1—Generics copay	\$20	\$25
Tier 2—Preferred brand copay	\$40	\$50
Tier 3—Non-preferred coinsurance	50% up to \$250	50% (no cap)
Tier 4*—Preferred specialty copay	N/A	\$150
Tier 5*—Non-preferred specialty coinsurance	N/A	50% up to \$400

*Specialty drugs available through the Group Health Specialty Pharmacy up to a 30-day supply.




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Uniform Medical Plan

- Centers of Excellence benefit for UMP members – Total Joint Replacement (hip and/or knee)
 - UMP Classic members covered at no cost to member
 - UMP CDHP members covered at no additional cost, after they meet their annual deductible
 - Total Joint Replacement (hip and/or knee)
 - Includes a travel benefit for members living outside the Seattle area
 - Subscribers access the benefit through Premera (Administered by Premera Blue Cross) and provided through Virginia Mason



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UMP Plus Expansion


- UMP Plus—two network options:
 - UMP Plus—Puget Sound High Value Network (PSHVN)
 - UMP Plus—UW Medicine Accountable Care Network

Network	2016 Counties	Additional 2017 Counties
Puget Sound High Value Network (PSHVN)	King, Kitsap, Pierce, Snohomish, and Thurston	Grays Harbor, Spokane, Yakima
UW Medicine Accountable Care Network	King, Kitsap, Pierce, Snohomish, and Thurston	Grays Harbor, Skagit

- Employees must live in a county where the UMP Plus networks are available




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UMP Plus

- Regence BlueShield administers services for the UMP Plus networks
 - Not all Regence providers are part of the UMP Plus networks
 - Employee should confirm provider participation with plan before enrolling
 - Ancillary providers (e.g., chiropractors, massage therapists) are available to members as in-network providers
 - Members who see providers outside the UMP Plus network they are enrolled in will pay 50% co-insurance




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HSA Contributions

- The HSA employer contribution amount remains at:
 - \$700.08 per year (\$58.34 per month) for an individual
 - \$1,400.04 per year (116.67 per month) for a Family (employee + one or more family members)
- The IRS maximum* contribution amount is:
 - Increased to \$3,400 for an individual
 - Remains at \$6,750 for a family
 - Employee's age 55 or older, may contribute additional \$1,000 per year

**Employer, employee contributions and wellness incentive if earned, may not exceed the IRS maximum*




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Medical FSA/DCAP

- For state agency and higher education institution employees only
 - Medical Flexible Spending Arrangement (FSA)
 - Minimum annual contribution – \$240
 - Maximum annual contribution – \$2,500
 - Dependent Care Assistance Program (DCAP)
 - \$5,000 annually for a single person or married couple filing a joint tax return
 - \$2,500 annually for each married participant filing separate tax returns




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Premiums

(state and higher education employees)
and

Employer Group Rate Surcharge





Employee Premium Changes

for State Agencies and Higher Education Institutions

Plan Name	EMPLOYEE		EMPLOYEE & SPOUSE/PARTNER		EMPLOYEE & CHILD(REN)		FULL FAMILY	
	2016	2017	2016	2017	2016	2017	2016	2017
GH Classic	\$118	\$147	\$246	\$304	\$207	\$257	\$335	\$414
GH Value	\$81	\$69	\$172	\$148	\$142	\$121	\$233	\$200
GH SoundChoice	\$45	\$46	\$100	\$102	\$79	\$81	\$134	\$137
GH CDHP	\$22	\$25	\$54	\$60	\$39	\$44	\$71	\$79
Kaiser Classic	\$144	\$131	\$298	\$272	\$252	\$229	\$406	\$370
Kaiser CDHP	\$29	\$26	\$68	\$62	\$51	\$46	\$90	\$82
UMP Classic	\$84	\$94	\$178	\$198	\$147	\$165	\$241	\$269
UMP Plus	\$59	\$66	\$128	\$142	\$103	\$116	\$172	\$192
UMP CDHP	\$21	\$25	\$52	\$60	\$37	\$44	\$68	\$79


NOTE: Employer groups determine employee share






Employer Group Rate Surcharge

- Beginning January 1, 2017
 - All participating counties, municipalities, political subdivisions and tribal governments will incur an employer group rate surcharge
 - The change is based on Senate Bill 6475 passed during the 2016 legislative session and described in RCW 41.05.050(2)
 - Applied to the monthly rate
 - Based on historical medical claims experience
 - Will be calculated each summer for the subsequent year




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Employer Group Rate Surcharge

- Implemented to account for the increased cost of benefits for the state and state employees
- Applied to both current and future participating counties, municipalities, political subdivisions and tribal governments
- Does not apply to employee organizations representing state civil service employees, blind vendors determined eligible by the Dept. of Services for the Blind, and the Health Benefit Exchange




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Employer Group Rate Surcharge

- Rates posted on the Perspay website include the employer group rate surcharge
- For 2017, the surcharge is:
 - \$20 for a single subscriber
 - \$40 for a subscriber and spouse/partner
 - \$35 for a subscriber and child(ren)
 - \$55 for a full family
 - Any remaining difference between the non-political subdivision rates and the political subdivision rates reflects the offset from the employer group rate surcharge.




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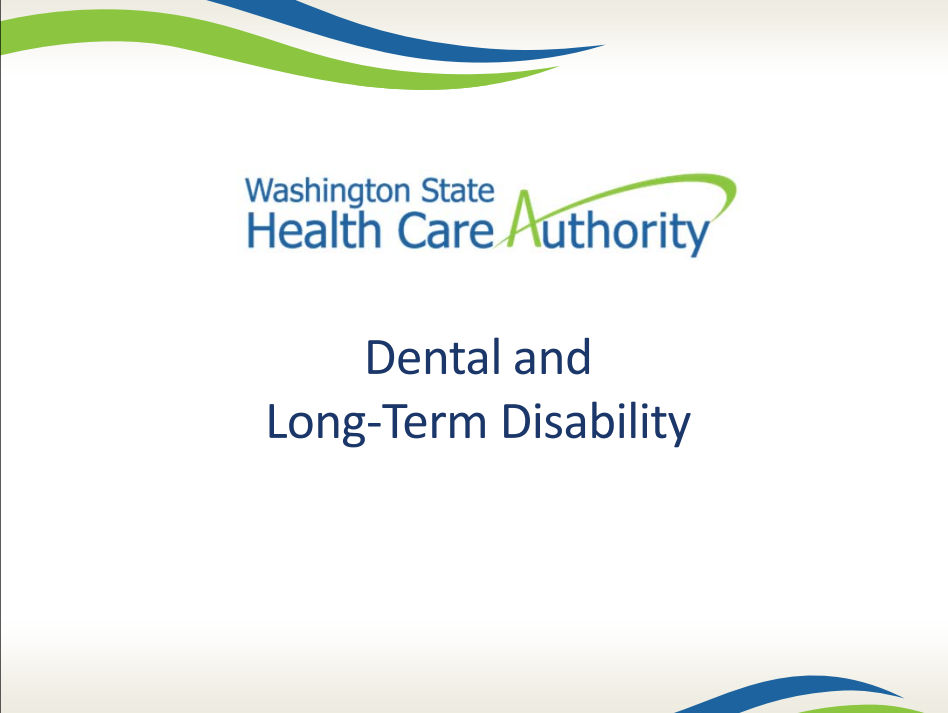


Employer Group Rate Surcharge

- The employer group rate surcharge will display on the monthly invoice as a separate line item each month
- The rate will not change mid-year
- Changes to the medical claims experience will be reflected in the subsequent year's rate surcharge
- Unlike the tobacco use and spousal surcharges – employers decide whether to pass the employer group rate surcharge onto employees

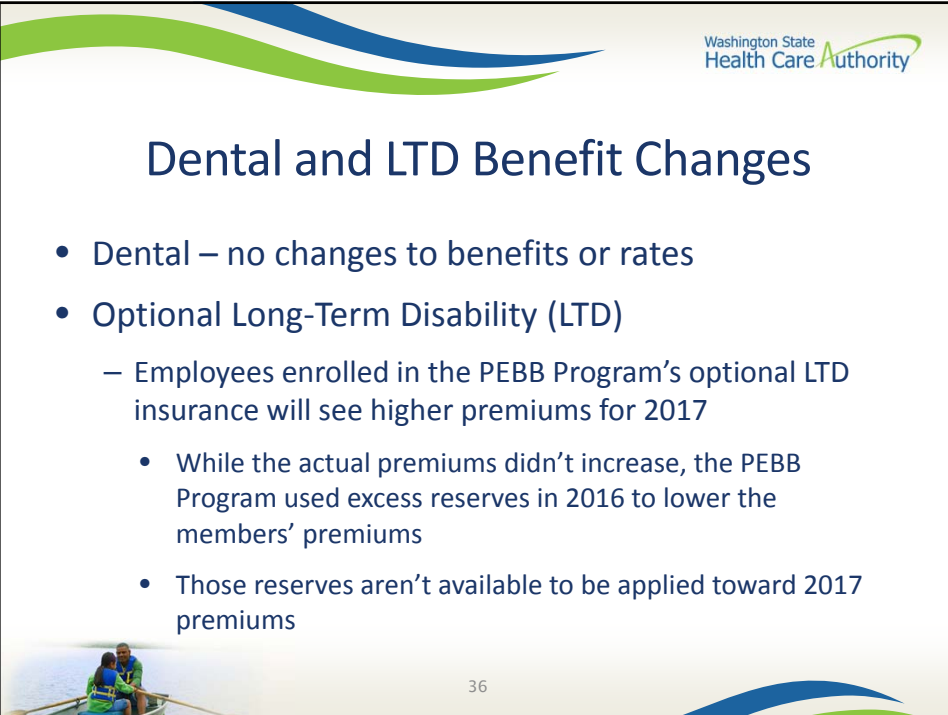


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Dental and Long-Term Disability




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Dental and LTD Benefit Changes


- Dental – no changes to benefits or rates
- Optional Long-Term Disability (LTD)
 - Employees enrolled in the PEBB Program’s optional LTD insurance will see higher premiums for 2017
 - While the actual premiums didn’t increase, the PEBB Program used excess reserves in 2016 to lower the members’ premiums
 - Those reserves aren’t available to be applied toward 2017 premiums



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Life Insurance




Life Insurance Plan Design

- The PEBB Program contracted with MetLife to provide increased life insurance benefits to eligible employees and retirees beginning January 1, 2017

Basic Life Insurance (employer-paid)		
Insurance Type	VOYA/ReliaStar (effective until 12/31/16)	MetLife (effective 1/1/17)
Employee basic	\$25,000	\$35,000
Employee Basic AD&D	\$5,000	\$5,000



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Life Insurance Plan Design


Optional Life Insurance (employee-paid)

Insurance Type	VOYA/ReliaStar (effective until 12/31/16)	MetLife (effective 1/1/2017)
Employee optional	<ul style="list-style-type: none"> Up to \$250,000 guaranteed issue Up to \$750,000 with EOI 	<ul style="list-style-type: none"> Up to \$500,000 guaranteed issue (\$10,000 increments) Up to \$1,000,000 with SOH*
Spouse/state-registered domestic partner optional	<ul style="list-style-type: none"> Up to \$50,000 guaranteed issue (50% of employee supplemental total) Up to \$375,000 with EOI 	<ul style="list-style-type: none"> Up to \$100,000 guarantee issue (50% of employee optional total) (\$5,000 increments) Up to \$500,000 with SOH*

**SOH – Statement of Health which is MetLife’s name for their online Evidence of Insurability*



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Life Insurance Plan Design


Optional Life Insurance (employee-paid)

Insurance Type	VOYA/ReliaStar (effective until 12/31/16)	MetLife (effective 1/1/2017)
Spouse/state-registered domestic partner Basic	<ul style="list-style-type: none"> \$2,500 	<ul style="list-style-type: none"> N/A
Child Life (Dependent Basic under VOYA) (14 days up to age 26)	<ul style="list-style-type: none"> \$2,500 per dependent 	<p>During open enrollment:</p> <ul style="list-style-type: none"> Up to \$10,000 guaranteed issue (\$5,000 increments) Up to \$20,000 with SOH* <p>Newly eligible employees beginning January 1, 2017:</p> <ul style="list-style-type: none"> Up to \$20,000 guaranteed issue (\$5,000 increments)

**SOH – Statement of Health which is MetLife’s name for their online Evidence of Insurability*




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Life Insurance Plan Design

Accidental Death and Dismemberment (AD&D) (employee-paid)		
Insurance Type	VOYA/ReliaStar (effective until 12/31/16)	MetLife (effective 1/1/2017)
Employee AD&D	<ul style="list-style-type: none"> Up to \$250,000 for employee 	<ul style="list-style-type: none"> \$10,000 up to \$250,000 (in \$10,000 increments)
Spouse/State-Registered Domestic Partner AD&D	<ul style="list-style-type: none"> 40% of employee total for spouse/partner 	<ul style="list-style-type: none"> \$10,000 up to \$250,000 (in \$10,000 increments)
Child AD&D <i>(14 days up to age 26)</i>	<ul style="list-style-type: none"> 5% of employee total if spouse/partner is also covered 10% of employee total if spouse/partner not covered 	<ul style="list-style-type: none"> \$10,000 up to \$25,000 (in \$5,000 increments)




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Life Insurance – Employees

- Employee and spouse VOYA supplemental life insurance will move to optional MetLife on January 1, 2017
 - For other coverage, the new life insurance structure is different, so
 - Child Basic and Spouse Basic will not move over to MetLife
 - AD&D will not move over to MetLife
 - Employees who wish to continue Child coverage and AD&D coverage, must go to the MetLife website *MyBenefits* and enroll between November 1 and November 30
 - Beneficiaries – employees must name their beneficiaries – current beneficiaries with VOYA will not move to MetLife




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Life Insurance – Employees

- November 1 through 30 –
 - All benefits eligible employees – even those not currently enrolled or who were previously denied for life insurance
 - Have a one-time opportunity to enroll in or increase their life insurance, up to the new guaranteed issue amount of \$500,000 without carrier approval
 - Have a one-time opportunity to enroll in or increase their spouse/state-registered domestic partner’s life insurance, up to the new guaranteed issue amount of \$100,000 without carrier approval




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Life Insurance – Employees

- November 1 through 30 –
 - Make new life insurance elections for their children, up to \$10,000 without SOH
 - Make new elections for AD&D for themselves and their family
 - All elections, up to the guaranteed issue amounts, may be made without Statement of Health
 - Employee’s with life insurance not in increments of \$10,000 are encouraged to adjust the amount to a \$10,000 increment
- New amounts will be effective January 1, 2017




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Life Insurance – Premiums

- Optional life insurance premiums are calculated differently
 - Employee premiums continue to be based on the age and tobacco use
 - Spousal/state-registered domestic partner premiums will be based on the spouse/partner's age and tobacco use
 - Child life insurance will be based on the amount of coverage selected
 - Optional AD&D will be based on the amount selected for employee, spouse/partner and child




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Life Insurance – Employees

- Employees hired with an effective date of November 1 through December 1
 - Complete enrollment for both the current life insurance vendor (VOYA) and new life insurance vendor (MetLife)
 - Only VOYA life insurance is enrolled in Pay1
 - The A.45 screen will be turned off March 31, 2017




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Life Insurance – Employees

- November 1 through 30 –
 - Employees on LWOP (*using at least 8 hours of pay status to maintain the employer contribution*)
 - Will have the same opportunity to enroll in or increase their life insurance, enroll/increase their spouse or state-registered domestic partner life insurance, enroll children in life insurance and enroll in AD&D
 - If the employee chooses to increase their life insurance, employer may have to contact employee with new amount due to cover all premiums due while on leave




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Life Insurance – Employees

- November 1 through 30 –
 - Employees on LWOP (*not using 8 hours of pay status*) and seasonal and faculty between periods of eligibility
 - Will have the same opportunity to enroll in or increase their life insurance, enroll/increase their spouse or state-registered domestic partner life insurance, enroll children in life insurance and enroll in AD&D
 - New amounts will be effective the first day of the month in which the employee returns to work with at least 8 hours of pay status



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Life Insurance – Employees

- Employers with
 - Employees on LWOP not using at least 8 hours of pay status
 - Faculty between periods of eligibility
 - Seasonal employees between periods of eligibility
- PEBB cannot identify these employees in Pay1
 - Reach out to these employees and let them know they have an opportunity to enroll in or make changes to their life insurance during annual open enrollment
 - PEBB wants everyone to have the same opportunity


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Life Insurance – Beneficiaries

- All employees – even if they are not making changes to their life insurance coverage
 - Must name their beneficiary(ies) with MetLife
 - Currently all beneficiary information is on paper forms at individual employers


Note: Employee is the beneficiary for spouse/state-registered domestic partner and children

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Life Insurance – Enrollment/Changes

- Employees access the MetLife *MyBenefits* portal to:
 - Enroll in or make changes to their life insurance
 - Name their beneficiary(ies)
- A paper enrollment form and beneficiary form will be available for employees who do not have internet access.
 - Employees may call MetLife to name their beneficiary




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Life Insurance – Payment

- Basic Life Insurance
 - HCA will continue to pay the carrier
- Optional Life Insurance
 - Payroll deduction will continue for employees of
 - State agencies on HRMS,
 - Higher education institutions, and
 - Community and technical colleges



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Life Insurance – Payment


- Optional Life Insurance
 - All other employers
 - MetLife will direct bill your employees for optional life insurance
- Payments more than 60 days delinquent or with a significant shortfall will
 - Result in termination of optional coverage (*employers and employees*)

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Life Insurance – MetLife


- MetLife will be the system of record for life insurance
 - Direct employees with questions about optional life insurance to MetLife Customer Service
 - MetLife Customer Service will be available beginning **October 10 – 1-866-548-7139**
 - MetLife *MyBenefits* portal (www.metlife.com/wshca) will be available beginning:
 - **October 10** for general information and
 - **November 1** to create an account, enroll and name beneficiaries

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Life Insurance – Claims

- Claims (*Death Claim, Accelerated Death Benefit, Waiver of Premium*)
 - Claims prior to January 1, 2017– submit to VOYA as usual
 - Employers PEBB keys for – submit information to PEBB O&T as usual
 - Claims for January 1, 2017 or after – direct employee/family member to MetLife to file the claim
 - MetLife will contact PEBB if no beneficiary was named
 - PEBB will work with the employer to ensure any prior beneficiary information in paper files with employer is shared with MetLife




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Life Insurance – 2017

- Newly Eligible Employees –
 - When employee is enrolled in Pay1, eligibility is sent to MetLife daily
 - Once MetLife receives eligibility, the employee may create an account in the MetLife *MyBenefits* portal
 - The employee will be required to name a beneficiary prior to enrolling in optional life insurance
 - Employee must enroll no later than **31 days** after the date of eligibility




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Life Insurance – 2017

- Retiree rehires may continue their retiree life insurance during employment
 - Premiums for retiree life will continue to be direct billed by MetLife or deducted through pension deduction
- Employees who terminate
 - Will be offered the option of portability or conversion
 - MetLife will mail the notification when they receive the termination from the PEBB Program




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Life Insurance – Pay1 Changes

- MetLife Optional life insurance will not be keyed on the A.45 screen in Pay1
- Three new fields on the A.41 screen
 - Life Insurance
 - Date Eligible to Apply (DT ELIG TO APPLY)
 - Date Regained Eligibility (DT REGAIN ELIG)
- One new reason code
 - 12 – Return to Work Faculty/Seasonal



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Life Insurance – Pay1 Changes

```

<message area>
      A.41 - SUBSCRIBER DATA *****                MAPA411
SOC SEC NBR: 999 99 9999      ID#: 000237570      NAME : RETIREE, TEST
HOME AGENCY      : 107                HOME SUB AGENCY : A
TRANSFER REASON  :                    TRANSFER EFF DT :
HOME PHONE       : 360 123 4567      BUSINESS/MSG PH : 360 923 2848
MAIL STOP        :                    COUNTY           : 34 THURSTON
ELIGIBILITY CODE : R RETIREE          ELIG   EFF DATE:
ELIGIBILITY REASON :                    LIFE INSURANCE:
DT REGAIN ELIG   :                    DT ELIG TO APPLY:
QUALIFY REASON   :                    COBRA/SELF END DT:
PENDING ELIG CODE :                    PENDING EFF DATE:
ORIG SOC SEC NUM :                    ORIG AGENCY      : 107
APPT STATUS      :                    AGY EFF/END DATE: 07 01 2005
PAY METHOD        : S SELF PAY         MONTHLY SALARY  : 4694.00
MARITAL STATUS   : M (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 10 06 1979      DECEASED DATE:
RETIRED DATE    : 07 01 2005         TERM REASON:
SPOUSE/PARTNER DIV/DIS/DEC DATE:    60-DAY:
BASIC LIFE/LTD DATE:                SUPP LIFE:          OPT LTD:
NEXT FUNCTION: A 43 TYPE: I SSA: 999 99 9999_AGY: 107 SUB: A PAY ACTION:
INQUIRY ONLY    ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY

```


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Life Insurance – Pay1 Changes


- Life Insurance field will default to:
 - “Y” when eligibility is enrolled on the A.41 screen
 - “N” when eligibility is terminated on the A.41 screen
- Date Eligible to Apply (DT ELIG TO APPLY) field:
 - Enter the date a newly eligible employee becomes eligible to apply for benefits (the date that starts the 31-day enrollment clock)
- Date Regained Eligibility (DT REGAIN ELIG) field:
 - Enter the day of the month in which the employee returns to work from LWOP, etc. and regains eligibility for the employer contribution for benefits
 - Required when Reason Code 04, 05, and 12 are entered on the A.41

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Life Insurance – Pay1 Changes


- Reason codes:
 - To ensure MetLife receives correct enrollment/termination information for continuing life insurance, use the correct reason code for the situation
 - For example, a faculty/seasonal between periods of eligibility
 - When a faculty/seasonal is between periods of eligibility, losing the employer contribution, use reason code 50. This will alert MetLife that they may continue paying for optional life insurance
 - When a faculty/seasonal returns within 12 months, eligible for the employer contribution, use reason code 12 return to work faculty/seasonal to alert MetLife to verify employee self-paid life insurance



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2017 Rule Changes




Chapter 182-08 WAC

- WAC 182-08-015:
 - “Employer-based group health plan” definition clarified:
 - Means group medical and group dental related to a current employment relationship. It does not include medical or dental coverage available to retired employees, individual market medical or dental coverage, or government-sponsored programs such as Medicare and Medicaid.
 - “Tobacco Products” definition clarified:
 - Added pipe tobacco as an additional example of tobacco products.
 - “Registered Domestic Partner” clarified:
 - The word “state” has been added – now state-registered domestic partner




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Chapter 182-08 WAC

- WAC 182-08-197:
 - Regaining eligibility start date clarified:
 - Added under sub-section 3 – “PEBB medical and dental begins the first day of the month the employee is in pay status eight or more hours.”
- WAC 182-08-198, 182-08-199, WAC 182-12-128, WAC 182-12-262:
 - SOE Clarified:
 - Separated subscriber and dependent with a change in employment status into two separate sections. This change will affect Policy 45-2, Addendum 45-2A




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Chapter 182-08 WAC

- WAC 182-08-235 through 182-08-245
 - Employer group application process changed based on Senate Bill 6475 (2016)
 - “Counties, municipalities, political subdivisions and tribal governments must pay the monthly employer group rate surcharge in the amount invoiced by the authority” (WAC 182-08-245(3))




65




Chapter 182-08 WAC

- WAC 182-08-235 through 182-08-245
 - The employer group rate surcharge will apply to all participating counties, municipalities, political subdivisions and tribal governments beginning January 1, 2017
 - The employer group rate surcharge does not apply to K-12 school districts, educational service districts, charter schools, employee organizations representing state civil services employees, the WA Health Benefit Exchange, and blind vendors deemed eligible by the Department of Services for the Blind




66




Chapter 182-12 WAC

- WAC 182-12-131
 - Clarification for seasonal employee’s off-season coverage –
 - Seasonal employees who work a season of nine months or more are eligible for the employer contribution through the off-season following each season worked, *but the eligibility may not exceed a total of twelve consecutive months for the combined season and off-season. (subsection (2)(b)(iii))*




67



Chapter 182-12 WAC

- WAC 182-12-260
 - State-registered domestic partners clarified/redefined –
 - State registered domestic partner as defined in RCW 26.60.020(1) and *substantially equivalent legal unions from other jurisdictions as defined in RCW 26.60.090.*
 - Removed from WAC – Grandfathered domestic partners who qualified under PEBB eligibility as a domestic partner prior to January 1, 2010, and were continually enrolled under the subscriber in a PEBB health plan or life insurance




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Chapter 182-12 WAC

- The PEBB Program is working with the employers with affected employees
 - Employees must provide proof of marriage or state registration by December 31, 2016
 - If no proof is submitted, the domestic partner will be removed from the employee's coverage December 31, 2016




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Spousal Premium Surcharge

- Employees who attested:
 - “Yes”
 - “No”
 - “No” to Question 6
 - Or, were defaulted to incur the premium surcharge during 2016
- Must attest during annual open enrollment
- PEBB will mail a letter to affected employees
- Employers can review attestations by accessing the Attestation Report through My Account
 - If you do not have Pay1 access, contact PEBB through FUZE to request an Attestation Report




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Spousal Premium Surcharge

- Employees may attest on *My Account* or by paper form no later than November 30, 2016.
 - All required forms must be received no later than the last day of the annual open enrollment (November 30).
- Those who do not attest during annual open enrollment will be reminded to do so.
 - Final attestations must be received by December 31, 2016
- If employee does not attest, they will be defaulted to incur the \$50 per month premium surcharge effective January 1, 2017.




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Spousal Premium Surcharge

- The surcharge will remain in effect for 2017 unless the employee has a:
 - Special open enrollment event, or
 - The spouse/state-registered domestic partner's employer-based group medical insurance has a change
- Employees required to attest will be defaulted in Pay1 prior to open enrollment
 - The default in Pay1 will remain if the employee does not attest as requested




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Spousal Premium Surcharge

- Employees who do not attest between November 1 and November 30, or
- Attest during the change period from December 1-December 31, 2016 may attest at the following times:
 - When a special open enrollment event occurs (*form required*)
 - During the next annual open enrollment (*online or a form*)
 - When the spouse or state-registered domestic partner's employer-based group medical insurance status changes (within 60 days of the change)
- Employees who do not attest may appeal through the appeal process




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Error Correction

- Notify Outreach and Training (O&T) of the error through FUZE
- Download and complete appropriate sample letter posted on the Perspay website Quick Reference Guides page under Error Correction
- Document the recourse solution and provide a copy to both employee and O&T for review and approval
- Visit the Quick Reference Guides page for other information
 - Lower limit dates, WAC, RCW, and PEBB Policy



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Dependent Verification (DV)

- Employers are responsible for
 - Communicating to their employees about submitting the required dependent verification documents with their enrollment forms
- DV is due at the same time as other required enrollment forms
 - No later than **31 days** after the date of eligibility
 - No later than **60 days** after the special open enrollment event
 - No later than November 30, 2016 during annual open enrollment




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Dependent Verification (DV)

- New DV code
 - JV – to be used when employee is submitting a J-1 or J-2 Visa as proof of dependent's eligibility
- DV letters
 - Beginning October 3, 2016, PEBB will no longer mail DV letters to employees
 - Follow-up with employees when, DV documents are:
 - Not submitted by the employee, or
 - Are invalid, illegible or incomplete




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Dependent Verification (DV)

- If employee submits invalid, illegible, or incomplete DV:
 - Work with the employee on what is considered acceptable (Policy 31-1)
 - **Do not** key a dependent's enrollment in PAY1 until the employee submits valid, eligible, and complete DV documents within the required deadline for enrollment
 - **Do not** key DV that is not timely submitted




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CDHP/HSA Reminders

- Employees changing plans from a CDHP with an HSA to a traditional plan must:
 - Stop any automatic payroll deduction for their HSA
 - Stop any direct contributions to HealthEquity
- Employees are not eligible for the HSA if:
 - They or their spouse enrolls in a Medical FSA for 2017
 - Unless the Medical FSA is made “limited purpose” (*PEBB Medical FSA cannot be made limited purpose*)
 - Other exclusions apply. Refer to IRS publication 969 for other exclusions




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CDHP/HSA Reminders

- Employees age 65 or older
 - Should be discouraged from enrolling in a CDHP with HSA without seeking professional tax advice
 - Medicare can be enrolled up to 6 months retro unless a specific request is made to Medicare




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Medical FSA Reminders

- Employees may enroll on Navia Benefit Solutions' website at pebb.naviabenefits.com
- Employees **may not** enroll or re-enroll in a Medical FSA if:
 - Employee or spouse/state-registered domestic partner is enrolled in a CDHP in 2017
 - Employee changes to a CDHP plan in 2017
- *2016 Medical FSA enrollees who enroll in a CDHP for 2017*
 - Must use all their funds and have all claims paid by December 31, 2016
 - If all Medical FSA funds are not used and all claims paid by December 31, 2016, no contributions – employer or employee – may be made to their HSA account until April 1, 2017




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Newborn/Adoption

- Employees adding a newborn or adopted child in December
 - Key as quickly as possible in December
 - Delays and confusion occur at the carrier if the employee made a plan change during open enrollment or had a change in their wellness incentive status
 - Effective date is date of birth, date of adoption or date assume financial responsibility for the child
 - If you are unable to enter the date of birth/adoption
 - Contact PEBB through FUZE to have us key the birth
 - **Do not** key an incorrect date and ask us to fix it later




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FUZE and Phones

- Open enrollment and the months following are a busy time for everyone and we anticipate this year it will be busier than usual with the implementation of the new life insurance
 - We are asking for your patience
 - When our responses to FUZE are delayed (*Note: reopening a FUZE to ask when we will answer puts you at the end of the queue for response – we respond in the order in which the FUZE is received*)
 - When phone wait times are long
 - We understand your employees can be impatient for an answer adding to your pressure




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FUZE and Phones

- We are all working quickly to respond to your questions, and
- You are our number one priority
- Please do not share the following with employees
 - The PEBB Outreach and Training 800 number
 - PEBB Customer Service 800 number which is for Retiree, COBRA and self-pay members
 - Outreach and Training FUZE
 - Our individual email addresses
 - Our direct phone numbers




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Agency Resources

- Personnel, payroll, and benefits staff only
 - Outreach and Training: **1-800-700-1555**
 - PersPay website at www.hca.wa.gov/perspay
 - FUZE
 - Eligibility and PAY1 Manuals and other guidance
 - Available for personnel, payroll, and benefits staff only
 - Please contact us with your employee's questions—employees should not contact us directly




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Employee and Agency Resources

- PEBB website (for employees):
 - hca.wa.gov/public-employee-benefits
- Individual plan websites
- Navia Benefit Solutions (Medical FSA/DCAP)
 - Website: pebb.naviabenefits.com
 - Customer Service: 1-800-669-3539
- Health Equity (HSA)
 - Website: healthequity.com/pebb
 - Customer Service: 1-877-873-8823



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Employee and Agency Resources



- MetLife customer service and website
 - Available beginning October 10**
 - Customer Service: 1-866-548-7139
 - Website: <https://mybenefits.metlife.com/wapebb>
- SmartHealth Wellness Program
 - Customer Service: 1-855-750-8866
 - Website: www.smarthealth.hca.wa.gov
 - Email: support@limeade.com



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Questions?



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