Washington State Health Care Authority
Public Employees Benefits Board

PEBB Open Enrollment 2015

Pre-OE Presentation
PEBB Outreach and Training

Agenda

- General OE Information
- 2015 Plan Changes
- Other Changes
  - Surcharges
  - Affordable Care Act
  - 2016 Wellness Incentive
  - New Plan Codes
  - New Source Codes
  - Pending Rule Changes
- Resources
- Questions

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General OE Information

General OE Information

- Annual Open Enrollment
  - **November 1** through **November 30**
  - Changes are effective January 1, 2015
- Benefits Fairs
  - 24 fairs statewide – **November 3** through **November 21**
- Flex-Plan Services Webinars during OE
  - Links will be available on the PEBB website

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General OE Information

- Benefit Fairs Posters
  - Available to agencies in early October
  - Download or print from the PersPay website
- Benefits Fairs Schedule
  - Available in early October on the PEBB and PersPay websites
  - Included in the October *For Your Benefit* newsletter

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Open Enrollment Changes

- During Annual Open Enrollment, employees may:
  - Change medical and/or dental plans
  - Re-instate previously waived coverage without proof of loss
    - Applicable premium surcharge attestations are required
  - Waive medical if they have other comprehensive group medical coverage, Medicaid, or CHIP
    - Coverage through the Health Benefit Exchange is **not** considered group coverage—employees may not waive to participate in the exchange
  - Add eligible dependents without proof of loss
    - DV documents are required if the dependent was not previously verified
    - Applicable premium surcharge attestations are required
  - Remove dependents

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Open Enrollment Changes

- Employees may also:
  - Change premium deduction to pre- or post-tax *(IRC Section 125)*
  - Change the tax status of a dependent *(IRC Section 152)*
- State agency and higher education institution employees may:
  - Enroll/re-enroll in an FSA and/or DCAP
    - Employees must re-enroll every year, even if the contribution amount remains the same
- Employees with a spouse or domestic partner enrolled in medical on their account for 2015 must
  - Re-attest to the Spouse Premium Surcharge during open enrollment

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Employee Communications

- *For Your Benefit* newsletter
  - Two versions:
    - State agency and higher education—tentative mail date **October 16**
    - Employer Group/K-12 school districts—tentative mail date **October 22**

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Employee Communications

- Open Enrollment Video
  - Available on PEBB website in October
  - Available upon request
    - Contact Outreach and Training through FUZE or call 1-800-700-1555

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PAY1 Insurance System

Agencies may begin accepting OE changes and entering the changes into PAY1 **November 1**

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My Account

- Employee's may make plan changes through *My* Account beginning November 1 through November 30
- Employees may also:
  - Re-attest to the spouse/partner premium surcharge (required) or the tobacco use premium surcharge (if changed)
  - Subscribe to email notifications from PEBB
  - Print a *Statement of Insurance*
    - All agencies other than higher education—the SOI includes medical, dental, life, and LTD enrollment information
    - Higher education institutions—the SOI includes medical, dental, basic life, and basic LTD and a link for supplemental life and optional LTD enrollment

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My Account

- Employees cannot use online enrollment to:
  - Add a dependent not currently enrolled
- Employees should not use *My Account* to:
  - Remove a spouse or domestic partner due to divorce or dissolution of a partnership
    - Dependents do not receive a COBRA packet if removed from the account online

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My Account

- *My Account* is available on the PEBB website

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Online Changes Reported to Agencies

- Web changes are submitted to PAY1 daily
- Online changes are shared with:
  - State Agencies—Through the Daily Tran Log (D2025)
    (if your agency has not turned it off)
  - Four-Year Institutions—Through the Daily Tran Log or a file from HCA
  - Community and Technical Colleges—Through the Change Report shared in mid-December
  - Employer Groups and School Districts—Through a change report shared in mid-December

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2015 Plan Changes

What Hasn't Changed?

- Same Medical Plans
  - Group Health—Classic, Value, and CDHP
  - Kaiser—Classic and CDHP
  - Uniform Medical Plan—Classic and CDHP
- Same Dental Plans
  - DeltaCare
  - Uniform Dental Plan
  - Willamette Dental

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What's Changing?

- Uniform Medical Plan (UMP) Classic and CDHP plans
  - Cover non-surgical services and prescriptions for the treatment of gender dysphoria (transgender treatment)
    - Effective January 1, 2015
- Group Health Classic, Value, and CDHP plans and Kaiser Classic and CDHP plans
  - Currently cover non-surgical services and prescriptions for the treatment of gender dysphoria

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What's Changing?
- All Plans -

- All Group Health, Kaiser and UMP plans
  - Will cover surgical services for the treatment of gender dysphoria
    - Effective January 1, 2015 pending state funding and PEB Board approval

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What's Changing?
—for Group Health—

- Group Health Classic, Value, and CDHP plans:
  - Cover residential mental health treatment programs
  - Eliminate member cost-sharing for diabetic retinal screening
  - Cover cardiac rehabilitation

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What's Changing?
—for Kaiser Permanente—

- Kaiser Classic and CDHP plans:
  - Apply member cost-sharing for post-surgical immunosuppressive prescription drugs
  - Change the surrogacy exclusion so carrier will seek reimbursement from a member if they have received surrogacy-related coverage *and* payment for surrogacy services from a third party
  - Apply member copays for prescription drugs and spinal manipulations toward the annual out-of-pocket maximum
  - Eliminate the end-of-the-year deductible carryover

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What's Changing?
—for UMP—

- UMP Classic and CDHP plans:
  - Cover or expand coverage for services/treatments previously excluded or that had coverage limits :
    - Circumcision
    - Genetic testing
    - Home health services
    - Massage therapy visits of more than one hour to prevent complications associated with diabetes
    - Orthotics to prevent complications associated with diabetes
    - TMJ treatment

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What's Changing?
—for UMP—

- UMP Classic plan:
  - Separate $2,000-per-person annual out-of-pocket maximum for members' pharmacy costs
  - Cover some non-preferred Tier 3 drugs without generic equivalents at the Tier 2 cost-share when medical criteria are met and the plan approves

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Employee Premium Changes

for State Agencies and Higher Education Institutions

Plan Name	EMPLOYEE PREMIUMS							
	EMPLOYEE		EMPLOYEE & SPOUSE*		EMPLOYEE & CHILD(REN)		FULL FAMILY	
	2014	2015	2014	2015	2014	2015	2014	2015
GH Classic	$117	**$107**	$244	**$224**	$205	**$187**	$332	**$304**
GH Value	65	**75**	140	**160**	114	**131**	189	**216**
GH CDHP	21	**26**	52	**62**	37	**46**	68	**82**
Kaiser Classic	116	**125**	242	**260**	203	**219**	329	**354**
Kaiser CDHP	23	**35**	56	**80**	40	**61**	73	**106**
UMP Classic	79	**84**	168	**178**	138	**147**	227	**241**
UMP CDHP	25	**31**	60	**72**	44	**54**	79	**95**

*or state-registered domestic partner

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Life Insurance Changes

- Premiums for Employee Supplemental life insurance will increase
- ING name changed to Voya Financial
  - ReliaStar continues to underwrite PEBB life insurance
- ReliaStar is changing their definition of "tobacco use"
  - Beginning in January 2015, the definition will align with the HCA definition, with one exception
    - Enrollment in tobacco cessation program will not be considered the same as being tobacco-free for two months

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LTD Insurance Changes

- Premiums for Optional LTD will increase
- Plan change – eliminates the gap between the end of LTD insurance benefits and the beginning of a member's Social Security entitlement date

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HSA

- Maximum* contribution amounts increase for 2015
  - Individual max – increases from $3,300 to $3,350
  - Family max – increases from $6,550 to $6,650
  - Employees age 55 or older may contribute an additional $1,000 per year

**Maximum includes employer and employee contributions*

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CDHP/HSA Reminders

- Employees who are changing plans from a CDHP to a traditional plan:
  - Must advise payroll to stop any automatic payroll deduction for their HSA
- **Cannot** enroll in a CDHP/HSA if:
  - The employee or the employee's spouse/partner enrolls in an FSA for 2015 unless the FSA is a limited-purpose FSA
    - The state FSA cannot be made limited-purpose
  - Other exclusions may apply
- Employees age 65 or older should be discouraged from enrolling in a CDHP/HSA account

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FSA/DCAP

State agencies and higher education institutions only:

- Contribution minimum and maximums remain the same for the FSA
  - Minimum $240 and maximum $2,500
- Beginning in 2015, the Flexi card (debit card for FSA) will be optional
  - Employees have the option to elect the debit card when they enroll

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FSA/DCAP

State agencies and higher education institutions only:

- Enrollment/Re-Enrollment in the FSA/DCAP
  - Employees must submit their forms as directed on the enrollment form or enroll online no later than November 30
  - Forms must be received by FPS or the agency no later than November 30
  - Agencies should not accept late enrollment forms – employee may appeal through the regular appeals process
  - If agency receives enrollment forms, all forms received by November 30 must be forwarded to FPS no later than December 3
  - Agency received forms should be submitted to FPS weekly during open enrollment to expedite processing

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FSA/DCAP

- Remind employees:
  - They can enroll in the FSA and DCAP through Flex-Plan's PEBB website during Open Enrollment, if the agency allows online enrollment (http://pebb.flex-plan.com)
  - They **cannot** enroll in an FSA if:
    - They or their spouse are enrolled in a CDHP with an HSA, or
    - They change their plan to a CDHP/HSA for 2015
  - Other exclusion may apply

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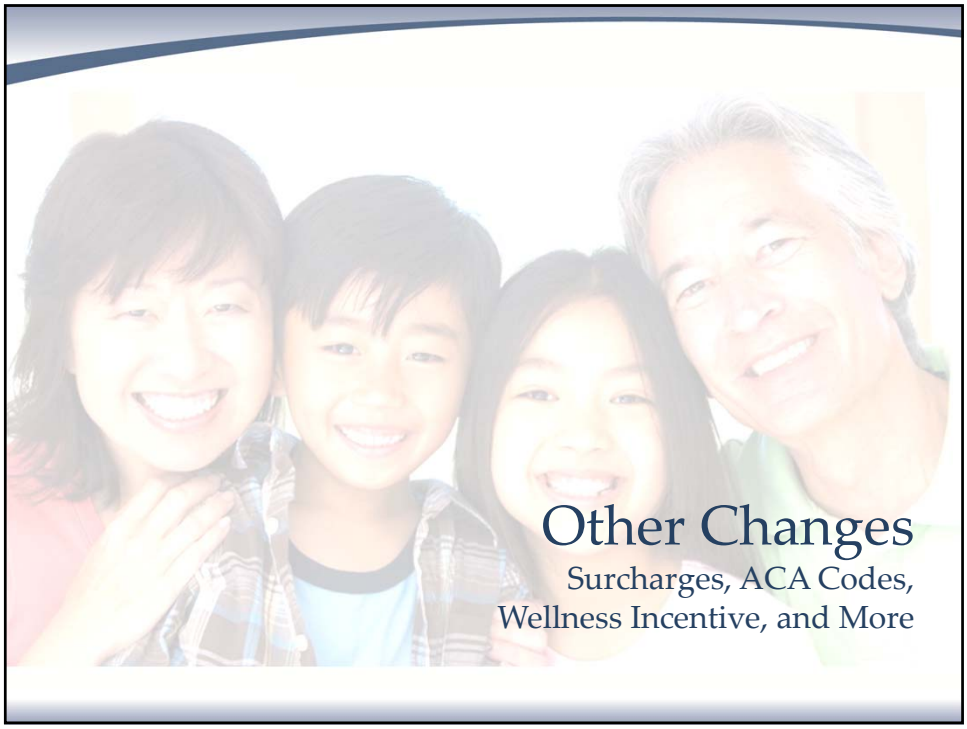

Other Changes

Surcharges, ACA Codes, Wellness Incentive, and More

Surcharge Attestations

- Due to the change in the UMP Classic premium for 2015
  - All employees with a spouse/partner enrolled in medical coverage in 2015 must re-attest to the Spouse/Domestic Partner Premium Surcharge during Open Enrollment
  - Employees may re-attest online through *My Account* or by paper attestation form submitted to their agency
- Employees returning from waive status must attest to the tobacco use premium surcharge and the spouse/partner premium surcharge, if applicable
- After open enrollment, *My Account* will remain open year round for re-attestation of the premium surcharges

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2015 Form Changes

- The 2015 *Employee Enrollment/Change* form will:
  - Include the tobacco use and spouse/domestic partner premium surcharge attestation information
    - Newly eligible employees and employees making a change may attest or re-attest to the premium surcharges when they complete their enrollment/change form
    - Existing employee's may change their attestation online or by using the *Premium Surcharge Change* form

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Affordable Care Act Codes

State agencies and higher education institutions only

- Ensure a full, accurate ACA status code is determined and assigned to every new or returning employee, or when an employee experiences a change in employment status
  - ACA codes help comply with new federal reporting requirements
  - ACA codes do not determine an employee's eligibility for PEBB benefits
  - ACA status code guidance is available on the PersPay website worksheets page

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New Source Codes for R-74

- New source codes were created for employees converted to marriage on July 1, 2014
  - Employers can see new codes in the verification field
  - New codes are for HCA use only
    - AM – Sec of State conversion to marriage
    - SR – Sec of State reported marriage (employee married prior to 6/30/2014)
    - OR – Proof of out-of-state residency

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New Plan Codes for 2015 Wellness Incentive

- Wellness Incentive Plan Codes:
  - Employers will see new codes in PAY1 in late December, employers do not key the codes
  - Codes include:
    - CW – Group Health Classic SmartHealth
    - CVW – Group Health Value SmartHealth
    - CHSW – Group Health CDHP/HSA SmartHealth
    - DW – Kaiser Classic SmartHealth
    - DHSW – Kaiser CDHP/HSA SmartHealth
    - UW – Uniform Medical Plan Classic SmartHealth
    - UHSW – Uniform Medical Plan CDHP/HSA SmartHealth

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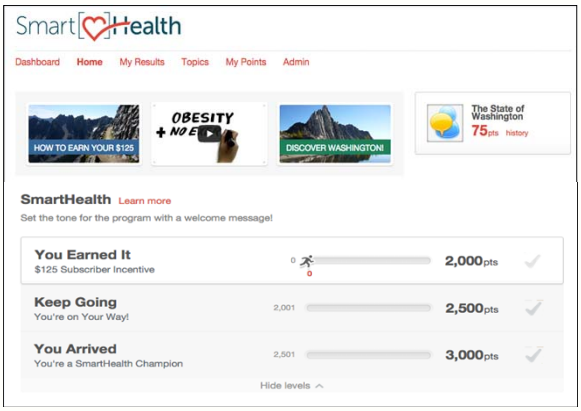
2016 Wellness Incentive

- New web portal for the SmartHealth Wellness Program launches January 1, 2015



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SmartHealth Web Portal

- To earn the SmartHealth wellness incentive for 2016, employees may access the SmartHealth website to:
  - Earn points for the 2016 wellness incentive:
    - Complete the well-being assessment, instead of taking the health assessment on the individual plan websites
    - Select activities and track completion of those activities on the website
    - Set goals and track progress in reaching those goals

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SmartHealth Web Portal

- Agencies can:
  - Add activities specific to their agency and assign points for employee participation
- Employees must earn enough points to qualify for the incentive by June 30, 2015
  - More information will be available after open enrollment

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SmartHealth Web Portal

- Results will be reported to PEBB
  - Employees will not be required to complete an attestation form to earn the wellness incentive for 2016
- The website is "*Powered by Limeade",* Limeade has:
  - User support available
  - Phone line to take the well-being assessment, off-line coaching and paper forms for employees with no Internet access
  - Section 508 of the Rehabilitation Act compliant (e.g., screen reader)

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Pending Rule Changes for 2015

- Premium Surcharges – WAC 182-08-185
  - Newly eligible and employee's regaining eligibility for the employer contribution must attest to the premium surcharges when an enrollment form is submitted to the agency enrolling the employee in medical.
  - Any changes to the premium surcharge attestation is effective the first day of the month following receipt of the form. If that day is the first of the month, the change begins that day.
  - When adding a dependent, applicable premium surcharges are effective the same date medical begins.
  - Spousal premium surcharge re-attestation is required:
    - During annual open enrollment
    - When a spouse/partner's employer-based insurance changes

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Pending Rule Changes for 2015

- Error Correction – WAC 182-08-197
  - Medical and dental enrollment are effective the first of the month following the date the enrollment error is identified, unless HCA determines additional recourse is warranted.
  - If the enrollment error is identified on the first day of the month, the enrollment correction error is effective that day

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Pending Rule Changes for 2015

- Special Open Enrollment
  - Change in residence expanded to include dependents leaving the US (WAC 182-12-128, 182-12-262, 182-08-199)
  - FSA/DCAP enrollment or change in election is effective the first day of the month following the later of the event date or the date the form is received. If that date is the first of the month, the enrollment or change in election begins that day. (WAC 182-08-199)
  - FSA/DCAP – If enrollment or change is due to birth, adoption or the assumption of legal obligation for total or partial support in anticipation of adoption, the change will begin the first of the month in which the event occurs. (WAC 182-08-199)

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Pending Rule Changes for 2015

- National Medical Support Notice (NMSN) or court order – WAC 182-12-263
  - The enrollment/plan change is effective the first of the month following receipt of the NMSN or court order.
  - If the NMSN or court order is received on the first day of the month, enrollment/plan change begins that day.
  - If the dependent is currently enrolled on another PEBB account, the dependent will be removed the last day of the month in which the NMSN or court order was received
  - If the NMSN or court order is received on the first of the month, the dependent will be removed the last day of the previous month.

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Pending Rule Changes for 2015

- Wellness Incentive Appeals
  - For appeals concerning eligibility to participate in the wellness incentive program or eligibility to receive the wellness incentive, employees appeal to PEBB. (WAC 182-16-025)
  - For appeals concerning the administration of the wellness incentive, the first level appeal is to the third-party administrator; the second level appeal is to PEBB (WAC 182-16-035)
- FSA/DCAP Appeals
  - For appeals concerning an enrollment decision in FSA or DCAP, employees appeal through the regular appeals process. (WAC 182-16-036)
  - For appeals concerning claim decisions, the first level appeal is to the third party administrator; the second level appeal is to PEBB (WAC 182-16-036)

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Pending Rule Changes for 2015

- 21 new sections added to rules under 182-16
  - Clarifies processes and procedures for appeals and administrative hearings

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Resources

Agency Resources

- Personnel, payroll and benefits staff only
  - Outreach and Training: **1-800-700-1555**
  - Website: www.hca.wa.gov/perspay
  - FUZE
  - Eligibility and PAY1 Manuals
    - Available for personnel, payroll and benefits staff only
  - Please contact us with your employees questions—don't have the employee contact us directly

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Employee and Agency Resources

- PEBB
  - Website: www.hca.wa.gov/pebb
- Flex-Plan Services (FSA and DCAP)
  - Website: http://pebb.flex-plan.com
  - Customer Service: 1-800-669-3539
- Health Equity (HSA)
  - Website: www.healthequity.com/pebb
  - Customer Service: 1-877-873-8823

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Questions?

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