Open Enrollment 2011

PEBB Outreach and Training
PPA Meeting
September 29, 2010

Agenda

- Open Enrollment Information
- PAY1 Changes and Reminders
- Medical Plan Changes
  - Plans
  - Premiums
- UMP Contract Changes
  - New Third-Party Administrator
  - Coordination of Coverage
- National Health Care Reform
  - Dependents to age 26
  - FSA/DCAP
- Dependent Verification
- Resources
- Questions

Open Enrollment

- Annual Open Enrollment
  - **November 1** through **November 30**
  - Changes effective January 1, 2011
- Employees may:
  - Reinstate previously waived coverage without proof of loss
  - Add eligible dependents without proof of loss
    - Dependent verification documents are required
  - Remove dependents
  - Change medical and/or dental plans

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Open Enrollment

- Employees may also:
  - Change premium deduction to pre or post tax
    - IRC Section 125
  - Change the IRC tax status of a dependent
    - Declaration of Tax Status form
  - Enroll/Re-enroll in FSA/DCAP
    - Employees must enroll every year, even if the contribution is the same

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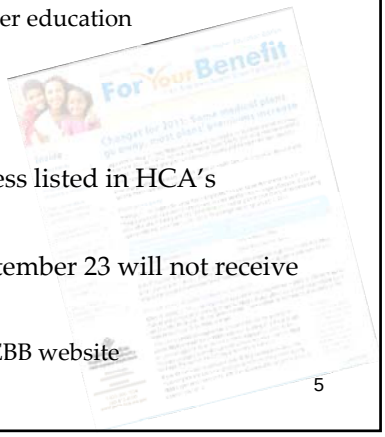
Employee Communications

- ***"For Your Benefit"*** newsletter will be mailed **October 14**:
  - Includes:
    - 2011 Rates for state agencies and higher education
    - Information about plan changes
    - Dependent verification information
  - Will be sent to mailing or home address listed in HCA's insurance system as of **September 22**
  - New employee enrollments after September 23 will not receive the newsletter
    - Newsletter will be available on the PEBB website



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Benefits Fairs

- Benefits Fair Posters
  - Available to agencies on **October 14**
  - Download or Print from Pers/Pay website
- Benefits Fair Schedule
  - Will be available on PEBB and Pers/Pay websites on **October 14**
  - Benefits Fairs **November 1 – November 19**
- Open Enrollment Video
  - Will be available on PEBB website
  - Agencies may request copies through FUZE or by calling 1-800-700-1555

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2011 Materials

- Forms
  - Available on websites for download on **November 1**
    - For Employees: www.pebb.hca.wa.gov
    - For Agency use only: www.perspay.hca.wa.gov
  - May order from warehouse beginning **November 22**
- 2011 New Employee Kit
  - Will be available in November
  - May pre-order beginning **November 15**

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2011 Materials

- Changes to the 2011 New Employee Kit
  - The ***Employee Enrollment Guide*** is the New Employee Kit and will include information about:
    - Eligibility
    - Medical
    - Dental
    - Life Insurance
    - Long-Term Disability Insurance
    - Flexible Spending Account (FSA)
    - Dependent Care Assistance Program (DCAP)
    - Long-Term Care
    - Auto/Home Insurance
  - The following forms will be included:
    - *Employee Enrollment/Change form*
    - *Employee Enrollment/Change form for Medical Only Groups*

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2011 Materials

- *New Employee Kit continued*
  - The *Life Insurance Enrollment Form* and *LTD Enrollment/Change Form* may be included in the New Employee Kit
    - Carriers need OIC approval on forms
    - If forms are not included, Personnel, Payroll, and Benefits staff must:
      - Give a copy of the Life and LTD forms to the employee, or
      - Direct the employee to the PEBB website
  - If the employee would like a copy of the *Life Insurance booklet* or *LTD booklet*, the *Employee Enrollment Guide* will:
    - Direct them to the PEBB website, or
    - Their personnel, payroll, or benefits office

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Insurance System

- Open enrollment keying dates:
  - State Agencies – **November 1**
  - K-12 School Districts and ESD's – **October 25**
  - Higher Education and Employer Groups – **October 27**

Online Enrollment

- Available from **November 1** through **November 30**
- Employees may:
  - Change medical and/or dental plans
  - Waive or reinstate medical coverage for themselves
  - Remove a dependent from coverage
  - Enroll a dependent in dental if currently enrolled in medical
  - Enroll a dependent in medical if currently enrolled in dental
- Cannot use online enrollment to:
  - Add a dependent not currently enrolled
    - Employee must submit a form and dependent verification documents to their personnel, payroll, or benefits office

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Online Enrollment

- Web changes are submitted to PAY1 daily
- Change shared daily with each state agency through the Daily Tran Log (D2025)

```
REPORT NO: 2025 DEPT. OF PERSONNEL..DATE:          11/01/10

ON-LINE PERSONNEL/PAYROLL TRANSACTION LOG TIME: 19:02        AGY PAGE 1
AGY/SUB:  095 ……………………….APPOINTMENT CHANGES

DOE, JOHN     INSURANCE              999 99 9999              DATA UPDATED 11/01/2010 AT 13:34
                                                              BY 999 99 9999      095     USING WEB
              PHYS CLINIC ID      :   OE1234        NEW HLTH CARRIER:     CV
              NEW HLTH EFF DAT:   00/0000
                                        01/2011
```

- A file with a list of employees who made online changes will be shared with employers other than state agencies

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Online Enrollment

- A.44 screen example:

```
          ***** A.44 - HEALTH AND DENTAL COVERAGE *****          MAPA441

 SOCIAL SECURITY NUMBER: 559 71 5804     NAME    :  ACKERSON, MARK A
 ELIGIBILITY TYPE      : N               EMPLOYER CONTRIBUTION :     0.00
============================= HEALTH INSURANCE
  ==============================
 SUBSCRIBER ENROLLED: D                  HEALTH CHANGE DATE  :
 HEALTH ENR REASON  :
 HEALTH CARRIER     : Z    NO PLAN       PHYSICIAN CLINIC ID :
 HEALTH MEDICARE A  : N                  HEALTH MEDICARE B   : N
 HEALTH EFF DATE    : 10 01 2007         HEALTH END DATE     : 10 01 2007
 PREMIUM EFF DATE   : 10 01 2007         PREMIUM - EMPLOYEE  :     0.00
 NEW HEALTH CARRIER: U UNIFORM MED W    NEW CARRIER EFF DATE: 01/2011
 PENDING ENROLLMENT :                    PENDING EFF DATE    :
============================= DENTAL INSURANCE
  ==============================
 SUBSCRIBER ENROLLED: N                  DENTAL CHANGE DATE  :
 DENTAL ENR REASON  :
 DENTAL CARRIER     : 1    UNIFORM DE    DENTAL CLINIC ID    :
 DENTAL EFF DATE    : 10 01 2007         DENTAL END DATE     : 01 31 2009
 PREMIUM EFF DATE   : 02 01 2009         PREMIUM - EMPLOYEE  :     0.00
 NEW DENTAL CARRIER :                    NEW CARRIER EFF DATE:
 PENDING ENROLLMENT :                    PENDING EFF DATE    :
NEXT FUNCTION: A 45 TYPE: I SSA: 559 71 5804 AGY: 111 SUB:     PAY ACTION:
INQUIRY ONLY     ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
```

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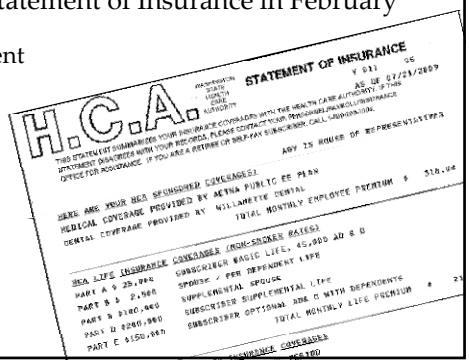
Statement of Insurance

- Statement of Insurance:
  - Will be suppressed **November 1** through **January 31**
  - Will begin generating again on **February 1, 2011**
  - Employees will receive their Statement of Insurance in February
    - A Statement of Insurance is sent anytime there is a change to the employee's account



PAY1 Changes and Reminders

PAY1 Changes

- New Termination Reason Codes
  - Use the correct reason code for the employee's situation
  - May trigger or suppress a COBRA packet to employee or dependent
  - Helps PEBB when enrolling an employee in continuation of coverage or retiree coverage
    - Should mean less emails between personnel, payroll, and benefits staff and PEBB customer service
  - New list on Pers/Pay website **www.perspay.hca.wa.gov**:
    - On the Quick Reference Guides page, and
    - In the PAY1 manuals

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Reason Codes

- One change to the enrollment codes:

Reason Code:	Enrollment Reason:	Available for Screen:
01	Newly eligible member	A.41; A.43
03	Retiree Rehire	A.41
04	Return to work from Layoff	A.41
05	Return to work from LWOP	A.41
07	Domestic Partnership	A.43
08	Marriage	A.43
10	Return from Waiver/Defer	A.41; A.43; A.44 *(HCA only – except during annual open enrollment)*
49	Not Elected	A.43

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Reason Codes

- Some changes to termination codes:

Reason Code:	Enrollment Reason:	Available for Screen:	Use when:
31	Employment Ending/Ineligible Position *(previously Termination/Employment Ending)*	A.41	• Termination • Resignation • Loss of Eligibility due to a change in work status • Triggers COBRA packet
32	Gross Misconduct *(previously Termination – Gross Misconduct)*	A.41	• Termination due to Gross Misconduct
33	Approved LWOP	A.41	• Employees on approved LWOP
34	Layoff	A.41	• Loss of eligibility due to lack of funds or org change

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Reason Codes

Reason Code:	Enrollment Reason:	Available for Screen:	Use when:
35	Death	A.41; A.43	• A.41 - Death of Employee or death of spouse • A.43 – Death of dependent other than spouse • Suppresses COBRA packet to deceased
36	Retirement	A.41	• Employee retiring • Triggers COBRA packet
38	Applying for Disability Retirement	A.41	• Employee is applying for disability retirement
39	Voluntary Termination of Coverage	A.41 *(HCA only)*	• Applies only to retirees, self-pay and COBRA subscribers

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Reason Codes

Reason Code:	Enrollment Reason:	Available for Screen:	Use when:
40	Employee Waives/Dependent Voluntarily Terms *(previously Waived)*	A.43; A.44	• A.44 - Employee waives coverage • A.43 - Dependent is removed
41	Dependent loses eligibility *(previously Loss of Eligibility)*	A.43	• Child dependent loses eligibility • Triggers COBRA packet
42	Divorce/Dissolution	A.41	• Triggers COBRA packet
43	Legal Separation	A.43	• Triggers COBRA packet
49	Not Elected	A.43; A.44	• A.43 – Dependent not enrolling in medical and/or dental • A.44 – Medical Only Groups for Dental

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Reason Codes

- New termination codes:

Reason Code:	Enrollment Reason:	Available for Screen:	Use when:
50	Faculty/Seasonal between eligibility	A.41	• Faculty with gaps in eligibility • Seasonal employees between seasons
51	USERRA or Educational Leave	A.41	• Employee on military leave or approved educational leave

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Reminders – Questions

- When asking questions through FUZE:
  - Be clear about what you are asking
  - Try to include all pertinent information
- This can help to:
  - Prevent e-mails going back and forth asking for clarification, and
  - Allow us to respond more quickly and accurately

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Reminders – Verifying Coverage

- Plans are not immediately notified when coverage is keyed into PAY1 – This may take 2-7 days, depending on the plan
- When you request we verify coverage with a carrier, plans may take 24 to 48 hours to update the employee's account
- Before keying into PAY1, verify all information
- Questions about claims should be directed to the plan, not HCA

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Reminders – Proof of Loss

- Proof of Loss is required:
  - When employee's and/or dependents are enrolled during a special open enrollment *(WAC 182-12-262)*
- Proof of loss may be a letter from the previous employer or a letter from the insurance company identifying:
  - The individual(s) losing coverage
    - Must include names of each person to be enrolled in PEBB coverage
  - The effective date of coverage
  - The termination date of coverage

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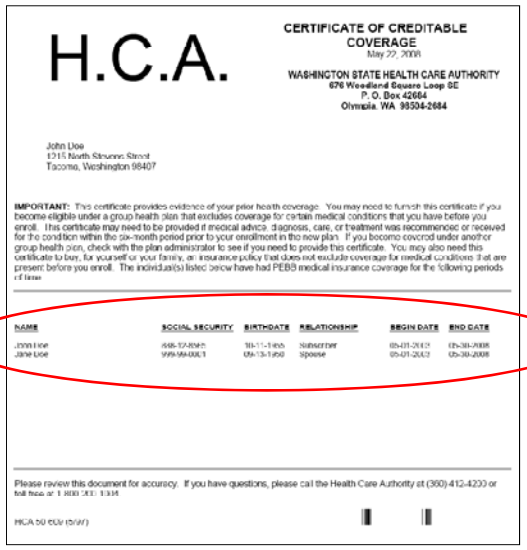
Reminders – Proof of Loss



H.C.A.

CERTIFICATE OF CREDITABLE COVERAGE
May 22, 2008

WASHINGTON STATE HEALTH CARE AUTHORITY
676 Woodland Square Loop SE
P. O. Box 42684
Olympia, WA 98504-2684

John Doe
1215 North Stevens Street
Tacoma, Washington 98407

IMPORTANT: This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the six-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll. The individual(s) listed below have had PEBB medical insurance coverage for the following periods of time.

NAME	SOCIAL SECURITY	BIRTHDATE	RELATIONSHIP	BEGIN DATE	END DATE
John Doe	888-12-8965	10-11-1955	Subscriber	05-01-2002	05-30-2008
Jane Doe	999-99-0001	09-13-1950	Spouse	05-01-2002	05-30-2008

Please review this document for accuracy. If you have questions, please call the Health Care Authority at (360) 412-4200 or toll free at 1-800-200-1004

HCA 50 609 (5/97)

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Plan Changes

Medical Plans

- Plans no longer available in 2011:
  - Aetna Public Employees Plan
  - Kaiser Value Plan
- Employees enrolled in these plans:
  - Will receive a letter about their plan ending in 2011
  - Information will also be included in the October newsletter

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Medical Plans

- Employees enrolled in Aetna or Kaiser Value Plan:
  - During open enrollment, the employee must EITHER:
    - Submit an *Employee Enrollment/Change Form*, OR
    - Change their plan on-line, OTHERWISE

Employees enrolled in:	Will default to:
Aetna Public Employees Plan	Uniform Medical Plan
Kaiser Value Plan	Kaiser Classic Plan

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Medical Plans

- Encourage all employees affected to make an active plan choice even if the choice is the default
- By actively making a plan choice:
  - Plans will be notified sooner
  - Employee will receive identification cards sooner
  - Can prevent problems if a doctor visit is necessary at the beginning of the year

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Premiums

- All medical plan premiums will increase in 2011 except for the Group Health Classic Plan

Plan Name	State Agency and Higher Education							
	Employee		Employee and Spouse*		Employee and Child(ren)		Full Family	
	2010	**2011**	2010	**2011**	2010	**2011**	2010	**2011**
Group Health Classic	71	**71**	152	**152**	124	**124**	205	**205**
Group Health Value	22	**30**	54	**70**	39	**53**	71	**93**
Kaiser Classic	72	**105**	154	**220**	126	**184**	208	**299**
Uniform Medical Plan	41	**60**	92	**130**	72	**105**	123	**175**

**and Domestic Partners*

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Certificates of Coverage

- Plan Certificates of Coverage
  - Will be available for download in December on the:
    - Plan websites
    - Pers/Pay website
  - No hard copies are being sent to agencies
  - May request hard copies from plans
    - We will share how and when to request via ListServ as soon as we have the information

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UMP Contract Changes

UMP Contract Changes

- UMP's third-party administrator will be Regence beginning January 1, 2011
  - Regence offers:
    - The Regence BlueShield provider network in Washington, and
    - The Blue Cross Blue Shield provider plan networks worldwide
  - Regence will also provide:
    - Customer service
    - Claims processing
    - Medical review
    - Telephone support and on-line tools

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UMP Contract Changes

- PEBB will continue to determine
  - Health care benefits provided through UMP
  - Member premiums
  - All other cost-sharing amounts
- Washington State Rx services will continue to provide the prescription drug benefit

UMP Coordination of Benefits

- Beginning January 1, 2011
  - UMP will continue to coordinate with other health plans as secondary, but will not pay more than it would have if UMP was your primary coverage

Coordination of Coverage	Example A	Example B	Example C
Charge for Service	$100	$100	$100
UMP Coverage Limit	$85	$85	$85
Amt paid by Primary Ins Carrier	$85	$75	$45
Amount paid by UMP*	$0	$10	$40

**Assumes annual deductible has been met*

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UMP Coordination of Benefits

- UMP is making this change to:
  - Ensure members with more than one health plan receive benefits up to UMP allowable amounts, but not more
  - Help eliminate higher administrative fees, which helps keep premiums more affordable
  - Maintain member costs for health care services

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National Health Care Reform

National Health Care Reform

- Beginning January 1, 2011
  - Dependents up to age 26 may be enrolled on a subscriber's medical and/or dental coverage as a dependent
    - Dependents will no longer be verified as a student at the age of 20
    - Certification for dependents with disabilities will begin at age 26 instead of age 20
      - Proof the disability occurred prior to age 26 will be required
    - Adult Dependent coverage will no longer be offered
  - Dependents up to age 26 may also remain enrolled or be enrolled in Part B Child(ren) Life Insurance
    - Part B Child(ren) Life never requires evidence of insurability

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National Health Care Reform

- Eligible employee* has a dependent, age 20-25, who lost eligibility due to age:

…and…	Employee may enroll the dependent during…	To enroll dependent, employee must submit…	Coverage begins…
Is enrolled in COBRA	• Annual Open Enrollment (November 1 – 30, 2010)	• A *COBRA election form* to HCA to remove dependent from COBRA, and • An *Employee Enrollment/ Change form* to the personnel, payroll, or benefits office, and • Verification documents	January 1, 2011
	• Special Open Enrollment (January 1 – March 1, 2011)		January 1, 2011
Is not enrolled in COBRA	• Annual Open Enrollment (November 1 – 30, 2010)	• An *Employee Enrollment/ Change form* to their personnel, payroll, or benefits office, and • Verification documents	January 1, 2011
	• Special Open Enrollment (January 1 – March 1, 2011)		

**If employee previously waived coverage, employee may enroll to enroll the dependent . Employee may also change their medical and/or dental plan.*

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National Health Care Reform

- Eligible employee has a dependent:

Enrolled as a…	Dependent will…
Dependent turning age 20 on December 1, 2010 or later	Remain enrolled on the employee's account
Student verified through December 31, 2010 or later	Remain enrolled on the employee's account
Dependent with Disabilities* certified through December 31, 2010 or later	Remain enrolled on the employee's account
Dependent with Disabilities** (age 26 or older) certified through December 31, 2010 or later	Remain enrolled on the employee's account
Adult Dependent	HCA will enroll on the employee's account

**Recertification of dependents with disabilities will continue when child turns age 26 or next scheduled recertification date, whichever is later.*

***Recertification will continue as usual.*

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National Health Care Reform

- Employee would like to remove the dependent:

Enrolled as a…	Employee may remove dependent during…	To remove dependent, employee must submit…	Coverage ends…
Dependent turning age 20 on December 1, 2010 or later	• Annual Open Enrollment (November 1 – 30, 2010)	Employee Enrollment/ Change form	December 31, 2010
	• Special Open Enrollment (January 1 – March 1, 2011)		January 31, 2011
Student verified through December 31, 2010 or later	• Annual Open Enrollment (November 1 – 30, 2010)	Employee Enrollment/ Change form	December 31, 2010
	• Special Open Enrollment (January 1 – March 1, 2011)		January 31, 2011
Dependent with Disabilities (age 20 or older) certified through December 31, 2010 or later	• Annual Open Enrollment (November 1 – 30, 2010)	Employee Enrollment/ Change form	December 31, 2010
	• Special Open Enrollment (January 1 – March 1, 2011)		January 31, 2011
Adult Dependent	• Annual Open Enrollment (November 1 – 30, 2010)	Employee Enrollment/ Change form	December 31, 2010
	• Special Open Enrollment (January 1 – March 1, 2011)		January 31, 2011

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National Health Care Reform

- Eligible employee has a newly eligible dependent with disabilities:

Age 26 or over…	…and…	Employee may add dependent during…	To add dependent, employee must submit…	Coverage begins…
Has never been certified as a dependent with disabilities	Became incapable of support when age 0-25	• Annual Open Enrollment *(November 1 – 30, 2010)*	• Employee Enrollment/ Change form, with • Dependent Verification Documents • Dependent with Disabilities Certification form	January 1, 2011
	Became incapable of support when age 20-25	• Annual Open Enrollment *(November 1 – 30, 2010)* • Special Open Enrollment *(January 1 – March 1, 2011)*		
Was previously certified, lost certification prior to age 26 because became capable of self-support	Became incapable of self-support again when age 20-25	• Annual Open Enrollment *(November 1 – 30, 2010)*	• Employee Enrollment/ Change form with • Dependent Verification Documents • Dependent with Disabilities Certification form	January 1, 2011
		• Special Open Enrollment *(January 1 – March 1, 2011)*		

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National Health Care Reform

- Beginning January 1, 2011
  - Flexible Spending Account (FSA) participants
    - Over-the-counter medicines will not be reimbursable through FSA without a doctor's prescription
    - Expenses incurred for over-the-counter drugs through December 31, 2010 are still eligible
    - All claims for 2010 must be filed by March 31, 2011
    - Equipment, supplies, and diagnostic devices will remain eligible for reimbursement without a prescription *(e.g. hearing aid batteries, blood sugar test kits, etc.)*

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National Health Care Reform

- Examples of over-the-counter medicine categories no longer eligible for reimbursement from your FSA without a prescription:
  - Acid Controllers
  - Allergy and Sinus
  - Antibiotics
  - Baby Rash Ointments
  - Cold Sore Remedies
  - Cough, Cold and Flu Products
  - Digestive Aids
  - Motion Sickness
  - Pain Relief
  - Respiratory Treatments
  - Sleep Aids and Sedatives
  - Stomach Ailment Remedies
- For a complete list visit the ASIFlex website: **http://pebb.asiflex.com**

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FSA/DCAP Reminders

- Employees must enroll in the FSA and DCAP every year, even if the contribution amount remains the same
- FSA offers a grace period for the previous years unused funds through March 15, 2011
  - Except for over-the-counter medicines requiring a prescription
- All claims for 2010 must be filed by March 31, 2011
- The Benny Card *(debit card)* only accesses funds for the current year
  - Once 2011 begins, all debit purchases are taken from your 2011 funds
  - To access unused funds, employees must submit a paper claim

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Dependent Verification

Dependent Verification

- Employees will be required to:
  - Verify dependents added to their account who have an effective date of January 1, 2011 or later when
    - Employee is first eligible to enroll in PEBB benefits
    - A dependent is added after the initial enrollment period *(annual open enrollment or special open enrollment)*
  - This will be an on-going requirement for all employees
  - A list of acceptable verification documents is available on the PEBB website: **www.pebb.hca.wa.gov**
- Dependents are defined as:
  - Spouse, WA state-registered domestic partner, and children

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Dependent Verification

- Verification documents must be submitted:
  - Within PEBB's enrollment deadlines, or
  - PEBB will not enroll the dependent on the employee's account
  - Employee will have to wait until the next annual open enrollment or a special open enrollment event to add dependent
- Employee will receive a letter from PEBB when:
  - Documents are invalid, incomplete, illegible, the dependent is not eligible, and when the dependent is successfully verified

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Dependent Verification

- Employees with an effective date of November 1 or December 1, 2010
  - May choose to verify dependents being added to their account
- A list of acceptable verification documents is available on the PEBB website: **www.pebb.hca.wa.gov**
- If the employee does not verify their dependent at the time they are added
  - Employee will be required to verify in the spring of 2011 or the dependent will be removed from coverage

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Dependent Verification

- Agencies are expected to:
  - Create the dependent record in PAY1
    - When record is saved (F10) the Y for enrolled will change to N, and
    - Reason code 11 will populate the Reason Code field
      - Reason Code 11 – Enrollment has been requested and is being held for verification
  - Send the verification documents to PEBB
- DV documents should be sent to:
  - DV email address: **PEBBDV@hca.wa.gov**, or
  - Fax to **360-923-2602**

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Dependent Verification

- PEBB will:
  - Review the documents, and
  - Process the enrollment or denial, or
  - Request further verification information from the employee
- Do not send verification documents through FUZE
  - This can delay the verification process

Dependent Verification

- To check the status of the verification
  - Check the verification status codes on the A.43 screen

Code	Represents	What code means
R	Received	Documents have been received, scanned, and are waiting for review
V	Verified	Verification is complete – *dependent is enrolled*
D	Denied	Failed to meet eligibility requirements – *dependent is not enrolled and employee has been notified of appeal rights*
IL	Illegible	Documents could not be read – *dependent is not enrolled and employee has been asked to submit legible documents*
I	Incomplete	Did not receive all required documents – *dependent is not enrolled and employee has been asked to submit additional documents*
IV	Invalid	Documentation not on list of acceptable documents – *dependent is not enrolled and employee has been asked to submit valid documents*

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Conclusion

Resources

- PEBB Outreach and Training: **1-800-700-1555**
  (agency use only)
- PEBB Customer Service: **1-800-200-1004**
  (for retiree, COBRA, self-pay, and eligibility calls to carrier)
- Pers/Pay website: **www.perspay.hca.wa.gov**
  (agency use only)
- PEBB website: **www.pebb.hca.wa.gov**
- ASIFlex website: **www.asiflex.com/pebb**

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Closing

- Questions and Answers
- Thank You

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Valid Dependent Verification Documents

Beginning January 1, 2011 PEBB will verify all dependents added to an employee's account. Use this list to determine which verification documents the employee must submit.

Employees must submit the verification documents before the dependent(s) will be enrolled.

A dependent is defined as a spouse, WA state-registered domestic partner, and children.

Dependent	Documents
Spouse	• Copy of page 1 of the prior year's *Married Filing Jointly* Federal Tax Return that lists the spouse *(black out financial information)* • Copy of page 1 of the prior year's *Married Filing Separately* Federal Tax Return for employee and spouse *(black out financial information)* • Copy of marriage certificate AND proof of common residence (e.g. a utility bill) • Copy of marriage certificate AND proof of financial interdependency (e.g. bank statement) *(black out financial information)* • Copy of Petition for Dissolution of Marriage • Copy of Legal Separation notice • Copy of Defense Enrollment Eligibility reporting System (DEERS) registration
WA state-registered Domestic Partner	• Copy of registered domestic partnership card or certificate, issued by the Washington secretary of State's office
Children	• Copy of page 1 of the prior year's *Married Filing Jointly* Federal Tax Return that lists the child as a dependent *(black out financial information)* • Copy of a birth certificate showing the name of parent who is the subscriber, the subscriber's spouse, or the subscriber's Washington state-registered domestic partner • Copy of a certificate or decree of adoption • Copy of a court ordered parenting plan • Copy of a Qualified Medical Support Order • Copy of Defense Enrollment Eligibility Reporting System (DEERS) registration