

ENROLLMENT FOR PEBB RETIREE HEALTH INSURANCE



HEALTH CARE AUTHORITY (HCA)

- > **State agency in Olympia**
- > **To enroll/ defer for retiree coverage**
 - Send your enrollment information (*forms & payment*) directly to HCA
- > **After retirement**
 - HCA is your primary source for your insurance information
 - HCA keeps you informed of your insurances, open enrollment, plan changes
 - UW does not have access to your HCA retiree records
- > **Contact the HCA**
 - 1-800-200-1004
 - www.hca.wa.gov/



PEBB-INITIAL ENROLLMENT

- > **60- day deadline to submit form(s) to:**
 - *Start* PEBB retiree insurance coverage; or
 - *Defer* PEBB retiree coverage if you have enrolled in other qualifying coverage (generally employer sponsored coverage)

If you miss the deadline your eligibility will be cancelled and you cannot enroll

To continue PEBB retiree insurance, you must enroll in Medicare Parts A & B



PEBB RETIRE HEALTH INSURANCE ENROLLMENT

- > **Please pause this video and open the link to the following forms:**
 - **PEBB Retiree Enrollment Guide**

HCA/PEBB ENROLLMENT FORMS

PEBB RETIREE COVERAGE ELECTION FORM (FORM A)

- > All retirees complete this form**
- > Enroll, defer, terminate coverage**
- > If enrolling for a Medicare Advantage Plan Only:**
 - > Form cannot be signed more than 90 days before effective date of coverage**
 - > Forms received by the HCA after requested coverage start date will not result in retroactive Medicare Advantage coverage.**
- > Form A Tutorial:**
 - https://fortress.wa.gov/hca/pebbtutorial/retireeform/story_html5.html**
- > Find examples of Form A linked below**

HCA/PEBB ENROLLMENT FORMS

MEDICARE SUPPLEMENT ENROLLMENT (FORM B)

- > **Only complete if**
 - Medicare eligible and
 - enrolling in Medicare Supplement Plan G (with Premera)

**Find examples these enrollment forms at this [link](#)*

HCA/PEBB ENROLLMENT FORMS

- > **Electronic Debit Service Agreement Form (All Plans)**
 - Authorizes automatic payments for premium payments after your first month's premiums.
 - Can be used if not electing to deduct premiums from DRS pension
 - > (PERS/TRS/ LEOFF)



PEBB RETIRE HEALTH INSURANCE ENROLLMENT

FORMS FOR THIS SEGMENT

- > **Please pause this video and open the link to the following webpage:**
 - **How Do I Enroll:**
 - > **<https://www.hca.wa.gov/employee-retiree-benefits/retirees/how-do-i-enroll>**

HCA/PEBB COMPLETING ENROLLMENT FORMS

- > **Form A Tutorial available online**
 - Description for new enrollees as well as those deferring enrollment
- > **Declaration of Tax Status (All Plans)**
 - Only if enrolling new Qualified Domestic Partner
- > **Verification needed for any new dependents (All Plans)**



SMARTHEALTH

NON-MEDICARE SUBSCRIBERS ONLY

- > **Subscriber can earn one of the following financial wellness incentive for participating:**
 - A reduction in next year's subscriber PEBB program medical deductible, or
 - A one-time deposit into the subscriber's health savings account (if enrolled in a PEBB consumer-directed health plan next year)
- > **See PEBB Retiree Enrollment Guide for information and how to get started.**

HCA/PEBB ENROLLMENT FORMS

DEFER YOUR ENROLLMENT

- > **If you have medical coverage which qualifies to defer PEBB retiree coverage**
 - Check “Defer my Coverage” box and select the appropriate eligible deferral option box immediately below.

HCA/PEBB ENROLLMENT FORMS

DEFER YOUR ENROLLMENT

- > **Contact HCA to re-enroll no later than 60 days after loss of your qualified deferred coverage noted above. To qualify you must:**
 - **Submit a new PEBB Retiree Election form within 60 days**
 - **Have no break in other qualifying medical coverage (not even one day)**
 - **Include a loss of coverage letter**
 - **Questions: Contact Health Care Authority at 1-800-200-1004.**

SHIBA

STATEWIDE HEALTH INSURANCE BENEFITS ADVISORS

- > **Volunteer advisors under the Office of WA State Insurance
Commissioner: 1-800-562-6900**
- > **One on one counseling or in person to assist with:**
 - **Assess health care coverage needs**
 - **Evaluate and compare health plans and programs**
 - **Provide enrollment help with Medicare**
 - **Assist with choosing a Medicare Part D prescription drug plan**
 - **Make referrals to other agencies and programs**
 - **For those on limited income, assist with eligibility for help with Medicare costs.**

THANK YOU FOR ATTENDING!

UW Benefits office contact information:

Web: <http://hr.uw.edu/benefits/>
Email: benefits@uw.edu
Phone: 206-543-4444
Address: 4300 Roosevelt Way NE , Box 354969, Seattle, WA 98195-4969

