# PUBLIC EMPLOYEES BENEFITS BOARD (PEBB)

**RETIREE INSURANCE** 



### AGENDA

- > Introduction
- > PEBB Retiree Insurance
- > Medicare & Enrollment
- > Retiree Life Insurance
- > Annual Leave and Sick Leave Pay-out (VEBA)
- > Retirement Checklist
- > Working after retirement



# **PEBB RETIREE HEALTH INSURANCE**

#### PLEASE HAVE THESE DOCUMENTS READY FOR THIS SEGMENT

#### > Retiree Enrollment Guide

#### > Acronyms used in this segment

- HCA Health Care Authority
- PEBB Public Employees Benefits Board
- FSA Flexible Spending Account
- CDHP Consumer Directed Health Plan
- HSA Health Savings Account
- VEBA Voluntary Employee Beneficiary Association

# HEALTH CARE AUTHORITY (HCA)

- > State agency in Olympia
- > As active employee
  - Receive information from UW about eligibility for health insurance
- > After retirement
  - HCA is your source for your benefit information
  - HCA keeps you informed of your benefits, 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/



You

### **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)



# **PEBB-INITIAL ENROLLMENT**

#### **EXAMPLE**

#### LAST DAY OF WORK IS JUNE 15TH

- > IF you have worked a minimum of 8 hours in the month that you separate from the UW you have employee PEBB insurance benefits through midnight of June 30<sup>th</sup>
- > Contact ISC if you have a nine-month appointment to verify when your UW benefits will end
- > You have 60 days from June 30<sup>th</sup> to submit forms to HCA to start or defer PEBB retiree insurance, coverage begins July 1st

### **PEBB ENROLLMENT**

#### FACTS AND RULES YOU SHOULD KNOW

Cannot re-enroll once coverage is cancelled or terminated

#### Medicare

- > If you or your spouse/partner are Medicare eligible and separated from UW:
  - To continue PEBB retiree insurance, you must enroll in Medicare Parts A & B

### **PEBB-CHANGING PLANS**

- > At retirement date
- > At open enrollment each year in November
- > Within 60 days of a qualifying event\*
- > Within 60 days of moving out of your plan's coverage area (managed care plans or UMP Plus plans)
- > Subscriber becomes eligible for Medicare



### **PEBB-RETIREE MEDICAL PLANS**

#### AT RETIREMENT: IF YOU/DEPENDENTS ARE UNDER AGE 65

#### > Kaiser Permanente WA (formerly Group Health)

- 1. Classic Plan
- 3. SoundChoice

#### > Uniform Medical Plan

- 1. Classic
- 3. UMP Plus UW Medicine ACN
- 2. UMP Plus Puget Sound High Value Network
- 4. CDHP

2. Value Plan

4. CDHP

#### > Kaiser Permanente NW

1. Classic Plan\* 2. CDHP\*

\*Plans offered in Clark and Cowlitz counties in WA, and the Portland, OR area

You pay the HCA monthly premium for you and eligible dependents.

# **ELIGIBILITY FOR CDHP/HSA**

- > To enroll in a CDHP, you must qualify for HSA
- > HSA Requirements:
  - Enroll in CDHP
  - Not be enrolled in Medicare
  - Not be enrolled in an FSA
  - Not be claimed as dependent on someone's tax return
  - Not have TRICARE; no VA benefits for 3 months prior
  - May only have a limited VEBA account
    - > (pays dental/vision only)

### Health Equity:

> 1.877.873.8823 or emberservices@healthequity.com



#### > CDHP/HSA is not available once enrolled in Medicare.

– contributions to HSA cannot be made per IRS



> PEBB recommends employee change plans during annual Open Enrollment the year prior to you or your spouse reach age 65 (or retirement if later).



- > If you wait to enroll in Medicare mid-year, you have 60 days to change enrollment to a non-CDHP.
  - restart deductible & out of pocket maximums



> If you defer Medicare Part A to maintain enrollment in a CDHP, Medicare Part A will retro back 6 months or age 65, whichever is less, when you enroll later.



| Plan Name             | Non-Medi<br>Retiree | Non-Medicare Re<br>& Spouse* | Non-Medicare<br>Retiree & Child(re | Full Family |
|-----------------------|---------------------|------------------------------|------------------------------------|-------------|
| Kaiser WA Classic     | \$71 <b>N</b>       | on-Medicare                  | Retiree 53.42                      | 1966.79     |
| Kaiser WA CDHP        | 589                 | & Spouse                     | * 37.41                            | 1557.27     |
| Kaiser WA SoundChoice | 607.11              | 1209.20                      | 1058.68                            | 1660.77     |
| Kaiser WA Value       | 633.52              | 1262.02                      | 1104.90                            | 1733.40     |
| Kaiser NW Classic     | 692.66              | 1380.30                      | 1208.39                            | 1896.03     |
| Kaiser NW CDHP        | 590.87              | 1170.25                      | 1039.99                            | 1561.04     |
| Uniform Classic       | 657.86              | 1310.70                      | 1147.49                            | 1800.33     |
| UNIP COMP             | 588.91              | 1100.83                      | 1036.93                            | 1556.52     |
| UMP Plus-PSHVN        | 600.56              | 1196.10                      | 1047.22                            | 1642.76     |
| UMP Plus-UW Med ACN   | 600.56              | 1196.10                      | 1047.22                            | 1642.76     |

# **PEBB MEDICARE PLANS**

FOR MEDICARE ELIGIBLE RETIREES

- > PEBB plans offer secondary coverage to Medicare Parts A & B and provide coverage for important services not covered by Medicare.
  - Uniform Medical Classic (Coordination of Benefit Plan)
  - Kaiser Permanente WA & NW (Medicare Advantage Plans)
  - Medicare Supplement Plan F (administered by Premera)
- > You pay the monthly premium to the HCA for you and your eligible dependent (s)

### 2018 MEDICARF

|   |                      |          | S 5                    | Subscriber and |                        |      |                        |      |                       |          |                        |                        |                        |
|---|----------------------|----------|------------------------|----------------|------------------------|------|------------------------|------|-----------------------|----------|------------------------|------------------------|------------------------|
| For members   | S                    | Subscri  |                        | abser          |                        | ana  |                        | ubso | crib                  | er and   |                        | Full Family            |                        |
| enrolled in<br>Medicare Pa<br>and B:                    | 1 Medica<br>eligible |          | 1 Medicare<br>eligible |                | 2 Medicare<br>eligible |      | 1 Medicare<br>eligible |      | 2 Medicar<br>eligible |          | 1 Medicare<br>eligible | 2 Medicare<br>eligible | 3 Medicare<br>eligible |
| Kaiser Permanent<br>Senior Advantage                    |                      | \$173.07 | \$86                   | 0.71           | \$341.                 | .12  | \$688.                 | .80  |                       | \$341.12 | \$1,376.44             | \$856.85               | \$509.17               |
| Kaiser Permanento<br>(formerly Group H<br>Classic       |                      | N/A      | \$88                   | 38.77          | N/A                    |      | \$710.                 | .43  |                       | N/A      | \$1,423.80             | \$880.81               | N/A                    |
| Kaiser Permanento<br>(formerly Group H<br>Medicare Plan | -                    | \$175.40 | N/A                    | Ą              | \$345.                 | .78  | N/A                    |      |                       | \$345.78 | N/A                    | N/A                    | \$516.16               |
| Kaiser Permanenta<br>(formerly Group H<br>SoundChoice   |                      | N/A      | \$77                   | 77.49          | N/A                    |      | \$626.                 | .97  |                       | N/A      | \$1,229.06             | \$797.35               | N/A                    |
| Kaiser Permanente<br>(formerly Group H                  |                      | N/A      | \$80                   | )3.90          | N/A                    |      | \$646.                 | 78   |                       | N/A      | \$1275.28              | \$817.16               | N/A                    |
| MP Classic  |                      | 33.6     | \$986                  | .48            | \$6                    | 62.2 |                        | .27  |                       | \$662.26 | \$1476.11              | \$1151.89              | \$990.88               |

| I    | <b>2018 MEDICA</b>                                       |                        |                        |                        |                        | BRATES                 |                        |                        |                        |  |  |
|------|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|--|--|
|      | For members<br>enrolled in                               | Sub                    | Spouse                 |                        |                        | ber and<br>(ren)       | Full Family            |                        |                        |  |  |
|      | Medicare Parts A<br>and B:                               | 1 Medicare<br>eligible | 1 Medicare<br>eligible | 2 Medicare<br>eligible | 1 Medicare<br>eligible | 2 Medicare<br>eligible | 1 Medicare<br>eligible | 2 Medicare<br>eligible | 3 Medicare<br>eligible |  |  |
|      | Kaiser Permanente NW<br>Senior Advantage                 | \$173.07               | \$860.71               | \$341.12               | \$688.80               | \$341.12               | \$1,376.44             | \$856.85               | \$509.17               |  |  |
|      | Kaiser Permanente WA<br>(formerly Group Health)          | N/A                    | \$888.77               | A                      | \$710.43               | N/A                    | \$1,423.80             | \$880.81               | N/A                    |  |  |
| (for | er Permanente WA<br>merly Group Health)<br>dicare Plan   | .40                    |                        |                        | N/A                    | \$345.78               | N/A                    | N/A                    | \$516.16               |  |  |
|      | (formerly Group Health)<br>SoundChoice                   | ╞══╧╢╴┾                |                        | <u>_</u>               | \$626.97               | N/A                    | \$1,229.06             | \$797.35               | N/A                    |  |  |
|      | Kaiser Permanente WA<br>(formerly Group Health)<br>Value | N/A                    | \$803.90               | N/A                    | \$646.78               | N/A                    | \$1275.28              | \$817.16               | N/A                    |  |  |
|      | UMP Classic  | \$333.64               | \$986.48               | \$662.26               | \$823.27               | \$662.26               | \$1476.11              | \$1151.89              | \$990.88               |  |  |

# **2018 MEDICARE SUPPLEMENT PLAN**

#### PLAN F (PREMERA BLUE CROSS)

#### **Requirements: Age 65 or older- non-disabled**

| Plan F (Premera Blue Cross)                                |                        |  |  |  |
|--|------------------------|--|--|--|
| Retiree Only   | \$111.21               |  |  |  |
| <b>Retiree &amp; Spouse/Partner (1 Medicare eligible)*</b> | \$764.05               |  |  |  |
| Retiree & Spouse/Partner (both Medicare eligible)          | \$217.40               |  |  |  |
| *Non-Medicare dependent (s) are enrolled in Uniform        | n Medical Classic Plan |  |  |  |

### **2018 DENTAL PREMIUM**

#### MEDICARE & NON-MEDICARE

| Plan Name                                       | Subscriber | Subscriber &<br>Spouse* | Subscriber<br>& Child(ren) | Full Family |
|---|------------|-------------------------|----------------------------|-------------|
| DeltaCare                                       | \$39.53    | \$79.06                 | 79.06                      | 118.59      |
| Uniform Dental Plan                             | 45.82      | 91.64                   | 91.64                      | 137.46      |
| Willamette Dental                               | 42.37      | 84.74                   | 84.74                      | 127.11      |
| *Or qualified/state-registered domestic partner |            |                         |                            |             |

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# THANK YOU FOR ATTENDING!

**Total Benefits office contact information:** 

| Web:     | http://hr.uw.edu/benefits/                            |
|----------|---|
| Email:   | <u>totalben@uw.edu</u>                                |
| Phone:   | 206-543-4444  |
| Address: | UW Tower, Box 359556, Seattle, WA 98195               |
|          | 4333 Brooklyn Ave NE, UW Tower, O Building, 1st floor |

