



School Employees Benefits Board (SEBB) Program
May 2022

Which kind of medical plan serves you best?

When thinking about your medical plan during annual open enrollment this fall, consider how it could influence your overall care. This is especially important if you are currently undergoing treatment, have a chronic condition, or are taking a high-cost medication.

You have a few kinds of medical plans to choose from, which are described below. Usually, you must live in the plan's service area to enroll. If you have eligible dependents, they must enroll in the same plan as you. Generally, once you choose your plan, you must stay enrolled for the entire year (unless you qualify for a special open enrollment).

Whichever plan you choose, you can decide where to receive care. We encourage you to research different providers and places of service, and whether they are in the plan's network. Some might charge a different amount for the same services. Call the plan's customer service or use your plan's online cost transparency tool to help you estimate your expenses at different providers. You can also find costs for nearly 100 medical treatments and services at the Washington Health Care Compare website at wahealthcarecompare.com. After you search for a treatment, be sure to use the "Estimate what you might pay" feature to get results specific to your plan's coverage.

Managed-care plans

Managed-care plans usually require you to choose a primary care provider (PCP) in their network to meet or coordinate your health care needs. Generally, you must get a referral from your PCP to see other providers. Some outpatient specialty services are available in network medical offices without a referral. You can change PCPs at any time, for any reason, within the network. This type of plan may not pay benefits if you see a provider outside the network (except for emergency services).

These plans are good options if you value the convenience of having several providers in one location who can coordinate your care for you. The following are managed-care plans.

- Kaiser Permanente NW* 1, 2, or 3
- Kaiser Permanente WA Core 1, 2, or 3
- Kaiser Permanente WA SoundChoice

Preferred provider organization (PPO) plans

PPOs usually allow you to see any approved provider. However, you will usually pay less if the provider contracts with the plan. These plans are good options if you value the freedom to see a variety of

providers. While you may not be required to choose a primary care provider with these plans, doing so can help catch issues early and guide you through the health system. You can confirm whether a provider is in-network before your visit by using the online provider search or calling the plan's customer service. The following are PPO plans.

- Kaiser Permanente WA Options Access PPO 1, 2, or 3
- Premiera High PPO
- Premiera Standard PPO
- UMP Achieve 1 or 2
- UMP Plus–Puget Sound High Value Network
- UMP Plus–UW Medicine Accountable Care Network

Exclusive provider organization (EPO) plan

An EPO is a hybrid health plan in which a primary care provider referral is not required when seeking most specialty care, but health care providers must be chosen from within a predetermined network. The SEBB Program offers one EPO plan: **Premiera Peak Care EPO**.

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* Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

High-deductible health plan (HDHP)

An HDHP has a lower monthly premium and a higher annual deductible than other types of plans. A major feature of an HDHP is a health savings account (HSA), which allows you and your employer (if applicable) to deposit money into the account tax free. You may use your HSA to pay for certain medical

expenses, including some that your medical plan may not cover. These plans may be a good option for you if you do not have many health care expenses or are willing to pay out of pocket for expenses before meeting your deductible.

The SEBB Program offers one HDHP: **UMP High Deductible**.

Compare your options

To compare benefits and costs between these plans, visit the HCA website at hca.wa.gov/erb and select your member type (school employee or SEBB Continuation Coverage). Then click on *Medical plans and benefits*.

Don't overlook your vision benefits

An annual eye exam is an essential part of your overall health care. Your vision changes over time, and so does your environment. Do you use a computer all day? Do you drive at night? Do you find your eyes getting more tired than they used to? Updating your glasses or contacts is important to keeping your vision the best it can be.

Even if you don't wear glasses or contacts, an eye exam can find early signs of glaucoma or cataracts. And besides ensuring your eyes are getting the attention they need, an eye exam can detect more than 35 other health problems, including diabetes, thyroid disease, high blood pressure, high cholesterol, and neurologic issues.

You are already enrolled in one of the SEBB Program's three vision plans:

- Davis Vision, underwritten by HM Life Insurance Company: davisvision.com/hcasebb
- EyeMed Vision Care, underwritten by Fidelity Security Life Insurance Company (FSL): eyemedvisioncare.com/hcasebb
- MetLife Vision: metlife.com/wshca-sebb/vision-insurance

For employees, vision premiums are paid by your employer.

What your vision benefit covers

All three plans provide a free annual eye exam with in-network providers and varying amounts reimbursed for out-of-network providers.

Frames are covered up to \$150 plus 20 percent of the balance with in-network providers (and varying amounts reimbursed for out-of-network providers) every even-numbered year. If you became eligible for benefits in an odd-numbered year, you would be covered that year and then on every even-numbered year.

Eyeglass lenses are free with in-network providers (and varying amounts reimbursed for out-of-network

providers) every even-numbered year, except for progressive lenses.

If you wear contacts instead of glasses, all three plans cover the cost up to \$150. They cover different amounts for balances over \$150 and for out-of-network providers. Also, for Davis Vision, the number of boxes of lenses depends on whether you wear conventional or disposable lenses. EyeMed Vision Care members may use both their \$150 contact lens allowance and \$150 frame allowance during the same visit.

If your contact lenses are medically necessary, meaning you can't wear glasses to correct your vision, the lenses are covered in full.

All three plans offer additional benefits, discounts, and enhancements for eyeglasses. Benefit amounts for children under age 19 are similar to those above.



More to see

The websites for these carriers include more information about benefits, provider search features, fact sheets, FAQs, and videos. EyeMed includes interesting descriptions of lens types, materials, and enhancements; as well as interactive quizzes and videos. Davis Vision and EyeMed Vision Care have vision simulators to show you what your vision would look like with different vision conditions.

You'll also find more plan comparisons and links to the plans' certificates of coverage on the HCA website. Visit hca.wa.gov/erb and select your member type (school employee or SEBB Continuation Coverage). To find a provider, check the plan's website.

Retirement planning: Don't forget health insurance

If you're retiring this year, consider your health insurance after your current coverage ends. Although the SEBB Program does not offer retiree health insurance, the Public Employees Benefits Board (PEBB) Program is an option you should consider.

Am I eligible?

To apply for PEBB retiree insurance coverage, you must be vested in and eligible to retire from a Washington State-sponsored retirement plan, such as TRS Plan 2 or SERS Plan 2, when your employer-paid coverage, COBRA, or continuation coverage ends. TRS and SERS Plan 3 members must be at least age 55 with at least 10 years of service. In most cases, you must also immediately start to receive a monthly retirement plan payment to be eligible.

What do I do?

Contact your retirement plan about six months before you end employment to make sure you're eligible to retire or separate.

Contact the Social Security Administration about 90 days before your 65th birthday to sign up for Medicare. If you or a covered dependent are age 65 and eligible for Medicare, you must enroll and stay enrolled in Part A and Part B to enroll in or remain eligible for PEBB retiree insurance coverage. If you are employed when you near your 65th birthday, we will send you a letter explaining what to do.

About 60 days before your employee or continuation coverage ends, call the PEBB Program to request the *PEBB Retiree Enrollment Guide*, which includes enrollment forms, or download the guide and

the necessary forms from the retiree webpages (see "Resources," below).

The guide will provide a general summary of retiree eligibility, enrollment processes, monthly premiums, which plans are available to you, and a comparison of plans. As a retiree, you'll have a different set of medical plans to choose from, but the benefits and structure are similar to your employee plan options.

How do I enroll?

Submit the *PEBB Retiree Election Form* (form A) and any required documents to the PEBB Program. We must receive forms and documents no later than 60 days after your employer-paid coverage, COBRA, or continuation coverage ends. Your retiree insurance coverage will be retroactive to your retirement date (the day after your other coverage ends).

Exception: If you plan to enroll in a Medicare Advantage plan, we must receive Form A and the *PEBB Medicare Advantage Plan Election Form* (form C) no later than the last day of the month in which your employer or continuation coverage ends. You may need to choose a different medical plan if we don't receive the forms by this deadline.

The PEBB Program cannot enroll you until we receive your first payment of monthly premiums and applicable premium surcharges. If you choose to pay by pension deduction and receive an invoice, you must make the first payment by the deadline on the invoice.

Can I wait?

If you are eligible, you can defer (postpone) enrollment in PEBB retiree insurance coverage while

you are enrolled in other qualifying coverage, such as federal retiree coverage or a spouse's insurance. You must submit Form A to defer your enrollment. If we do not receive Form A by the required deadline, you could lose your right to enroll in PEBB retiree insurance coverage later.

Where can I learn more?

Sign up for a webinar on the HCA website at hca.wa.gov/retiree-webinars. You'll learn:

- Who's eligible.
- Your medical and dental plan choices. (Vision is included in medical plans, except for Premera Blue Cross Medicare Supplement Plan G.)
- How retiree medical plans differ from your employee plans.
- Monthly premiums to cover yourself and your family.
- How and when to enroll or defer.
- How and when you can use COBRA if you're retiring early.
- What happens if you work past age 65.
- When you can change plans or add dependents.

Resources

Explore our PEBB retiree webpages for more information, including a step-by-step tutorial that guides you through filling out Form A.

PEBB retiree webpages, *Retiree Enrollment Guide*, and forms: hca.wa.gov/pebb-retirees


PEBB retiree webpage on deferring: hca.wa.gov/defer-coverage


Request an enrollment guide, ask general questions on retiree eligibility and enrollment: 1-800-200-1004 (TRS: 711)


Prepare for summer adventures


As we near the summer months, most of us are looking forward to vacations, whether to the next town over or across the world. Have you thought about preparing in case you need to access health care while you are away from home? Here are some ideas to get you started:


 Pack your health plans' ID cards.

 Note your plans' toll-free and local numbers in case you need to use them. If you are traveling internationally, be sure you are comfortable with making international calls.

 Pack prescription drugs and medications in the original bottle or package, and if you are going to be gone for an extended time, ask your plans about getting extra refills.

 Wear a medical ID bracelet for any allergies or special medical needs.

 Research any travel restrictions or other requirements, such as restrictions related to COVID-19 or required vaccinations.

 Pack sunscreen! Skin cancer affects people from all walks of life and, according to the Skin Cancer Foundation, your risk doubles if you've had more than five sunburns.



This newsletter is awesome. But it could be *awesomer*.

We send you this newsletter three times a year to give you news about your benefits — rule changes, new plans, updated tools, and tips to help you get the most from your health care. In the fall issue you get everything you need for the annual open enrollment, including the new premiums.

If you're receiving a print copy in the mail, consider signing up for the email version instead. It arrives sooner, doesn't clutter up your mailbox, and has the added benefit of helping reduce the toll on the environment. You'll also receive wellness tips and invitations to participate in surveys and focus groups.

To sign up for email delivery, visit SEBB My Account at myaccount.hca.wa.gov. Click on *Profile* and open *Contact Information* to add your email address. Then go to

Coverage Summary and check the box for receiving email notifications.

Update your mailing address

Even if you get *Intercom* by email, keeping your mailing address updated is important. The SEBB Program and your health plans mail personal information to you, such as changes to your coverage or service area, important alerts, notices about eligibility, invoices, and ID cards. Learn how to update your address at hca.wa.gov/address-change-let-us-know.

Could a stroke happen to you?





May is Stroke Awareness month. The Washington Department of Health defines a stroke as “a brain attack, caused when an artery is blocked by a clot or bursts — and part of the brain starts to die.” The American Stroke Association lists stroke as the fifth highest cause of death and the leading cause of disability nationally. Someone in the U.S. has a stroke every 40 seconds, on average.

A stroke can happen to anyone, but there are factors that put you at a higher risk. Here are a few of the major ones:

- High blood pressure, which often has no symptoms
- High cholesterol
- Diabetes
- Lifestyle factors, such as weight, diet, physical activity, smoking, and alcohol consumption

Warning signs

One very important thing you can do is to learn the warning signs of a stroke so you can act quickly if needed. To remember the warning signs of a stroke, think **F.A.S.T.**

 <p>Face Ask the person to smile. Does their face droop on one side?</p>	 <p>Arm Ask the person to lift both arms. Does one arm stay down or drift down?</p>	 <p>Speech Is speech slurred, garbled, or slow? Do they have trouble talking?</p>	 <p>Time If someone has any of these signs, call 911 immediately.</p>
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Other symptoms of stroke include a sudden onset of:

- Numbness or weakness of face, arm, or leg, especially on one side of the body.
- Confusion or trouble understanding speech.
- Trouble seeing in one or both eyes.
- Trouble walking, dizziness, or loss of balance or coordination.
- Severe headache with no known cause.

Reduce your risk

The good news is there are steps you can take to reduce your risk factors for stroke. In addition to living a healthy lifestyle, you can also visit your doctor for regular preventive care checkups to watch for elevated blood pressure or cholesterol or pre-diabetes. For more information, visit the American Stroke Association at stroke.org.

The Diabetes Prevention Program is another great resource. The digital lifestyle change program is personalized to help you reach your goals. It combines the latest technology with ongoing support to help you build healthy habits that last. Learn more at hca.wa.gov/sebb-dpp.

Get moving with the SmartHealth Washington Moves event

Join the SmartHealth Washington Moves event from May 16 through 27. This event is for all SmartHealth participants — all ages and abilities. Any type of movement that gets you breathing harder and your heart beating faster for about 25 minutes at a time counts. Walking, dancing, chair aerobics, rowing, whatever you like. Movement supports your quality of life. It can help improve your mental health by lowering stress, and lower your risk of conditions like heart disease, diabetes, and cancer. Track any activity that gets your heart beating faster and earn 200 points. Sign in at smarthealth.hca.wa.gov to get started!

Share your story

Have your SEBB health benefits made a difference in your life? We invite you to share your story at hca.wa.gov/share-your-story. Besides inspiring other members, you could be selected to be featured in a future issue of this newsletter.



A photograph of two young girls with long dark hair, wearing white t-shirts, eating ice cream bars. They are outdoors, with a blurred background of greenery and a white fence. The girl on the left is looking down at her ice cream, while the girl on the right is looking towards the camera.

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Your SEBB benefits newsletter