

For Your Benefit

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Web site helps consumers compare hospitals

Would you ever buy a new car without first doing some research and shopping around? Probably not. Selecting a hospital should be no different.

Making the right choices about your hospital can help you stay healthy, affect how quickly you get better if you're sick, and prevent a tragic outcome.

The Washington State Health Care Authority works with major employers in our state to help consumers make health care decisions based on quality. We are part of The Leapfrog Group, a national organization working to educate consumers about the importance of health care quality.

The Leapfrog Group released its latest Hospital Quality and Safety Survey in July. You can find it at www.leapfroggroup.org.

The Leapfrog Group Web site will help you compare hospitals in your area and nationwide. This information, reported by individual hospitals, can guide you in picking a hospital that best meets your needs based on its quality and safety record.



The Leapfrog Group's mission is to trigger giant leaps forward in the safety, quality, and affordability of health care by:

- Supporting informed health care decisions by those who use and pay for health care; and
- Promoting high-value health care through incentives and rewards.



What is The Leapfrog Group?

When you buy a new car, you have many resources that you can use to compare quality. Organizations such as Leapfrog provide a similar tool for evaluating health care. Leapfrog collects and reports information on hospital quality and patient safety efforts to help consumers make informed decisions about where to receive hospital care.

www.leapfroggroup.org


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Your Benefits

Dental care— a few facts to chew on

Good dental care is an important part of your overall health. Research has found significant links between periodontal disease (gum disease) and heart disease, stroke, diabetes, and bacterial pneumonia.

Why do some dental offices ask for a complete health history?

Because of the connection between oral health and overall health, it is important that your dental professional knows your family medical history, including any chronic diseases and the foods you eat. Providing an accurate health history, including medication use, will help your dentist accurately assess your risk of oral disease and ensure that you get the most appropriate care.

More about oral health and overall health

Good oral health has an impact on your entire body and total health. Many diseases or conditions that affect the whole body show up in the mouth first.

- Diabetics have a greater risk for gum disease—called the “sixth complication of diabetes.”
- Gum disease can increase the likelihood of heart and lung disease, as well as stroke.
- Tooth decay and dental infections can cause pain, making eating difficult.

Can my dentist diagnose my overall health?

Dental professionals do not diagnose medical conditions when they do exams of your mouth; however, they can recognize many symptoms that may indicate something going on within your body. In fact, 120 signs of disease can be found in your mouth. Your mouth can serve as an early warning system and may indicate the need for you to see a physician for follow up.

What can I do to keep my mouth and body healthy?

Maintain healthy teeth and gums by making regular visits to your dental professional. For most of us, thorough daily oral hygiene lays the foundation for a healthy smile. Here are some tips:

- Visit your dental provider regularly for cleanings and oral examinations.
- Brush twice a day with a soft-bristled toothbrush and fluoride toothpaste.
- Floss between your teeth daily.
- Avoid tobacco products.
- Cut down on sugary snacks between meals.
- Limit your intake of food and beverages that are high in added sugar.
- Drink lots of water, preferably fluoridated. (Most bottled water does not contain fluoride, but a few do. Check the label.)
- Tell your dentist about changes in your overall health, particularly recent illnesses or chronic conditions.
- If you are pregnant or planning to become pregnant, tell your dentist.



PEBB dental benefits

Our dental plans:

DeltaCare offers a network of dentists through the Washington Dental Service. Contact DeltaCare at 1-800-650-1583 or www.deltadentalwa.com/pebb.htm. Please make sure to select the DeltaCare portion of this Web site when looking for providers.

The **Uniform Dental Plan (UDP)** allows you to receive your dental care from any licensed dentist. However, you have the opportunity to receive a higher level of coverage when you choose a dentist who is part of the network. Contact UDP at 1-800-537-3406 or go to www.deltadentalwa.com/pebb.htm.

Willamette Dental requires that you receive care from Willamette Dental dentists and specialists. Contact 1-800-360-1909 or www.WillametteDental.com/WApebb to confirm dentist and clinic participation.

Sources: Washington Dental Service and the Health Care Authority

Health risk assessments offer a road map to improving your health

You may be aware of your family’s history for certain diseases or conditions, such as diabetes, heart disease, or high blood pressure, but do you know how to monitor for these diseases?

The first step is sharing your family’s health history with your personal doctor. The next step is taking a health risk assessment (HRA), which gives you an important tool for building your awareness of risk factors for chronic diseases. You can also find what steps you can take to help you improve your health.

What is an HRA?

An HRA is a simple questionnaire that asks about your diet, exercise, and preventive care habits. It takes about 20-30 minutes to complete, and provides personal, immediate feedback on your health and risk factors. Any covered family member age 18 or over on your health plan can complete an HRA annually.



Here’s what some employees have said about taking an HRA:

“I liked the information about what my plan offers in relation to the survey. Knowing that information can encourage me to go to the doctor without worrying whether it is covered on my plan or not—I already know.”

“I think it is really a great idea to have people personally invested in their health and this was a wonderful tool to make it happen. Making them aware of areas for their own personal health will help us all as a society (especially with keeping medical costs low). Great idea, great program—being innovative in this arena!”

“Thank you, having this yearly survey is a great idea. Even though I tell myself I’m paying attention to health matters, this survey makes me stop and re-think about it for a moment.”

To learn more about HRAs

The Washington Wellness Web site (www.wellness.wa.gov) has general information about HRAs, including frequently asked questions, resources for common health risks, and links to your medical plan’s Web site. You can also go to your plan’s Web site directly to take an HRA.



If you are a member of...	Go to...
Aetna Public Employees Plan	www.aetnahca.com and select Health Risk Assessment
Group Health	www.ghc.org/pebb and register for MyGroupHealth to take the health profile
Kaiser Permanente	www.kaiserpermanente.org , select Health and Wellness, then select Member Programs and Classes, then Total Health Assessment
Uniform Medical Plan (UMP)	www.ump.hca.wa.gov , go to Health Counts! and select Log Into Health Counts

Sources: Washington Wellness Web site, UMP Web site

Savings plan helps cover daycare and elder care costs

A growing family

Marsha and John made lots of preparations before their daughter, Meg, was born. They enjoyed shopping for baby clothes and splurged a little on items for the nursery.

When the two-income couple started researching daycare centers, they found

because the deductions are pre-tax, she'll never pay taxes on that part of her salary. This could help Marsha at tax time because her DCAP contributions reduce her taxable income.

Making ends meet

Greg works for the state Department of Transportation. He and his wife, Beth, care for her 91-year-old mother in their home.

Beth had left her part-time job to stay home with her mother, but with costs going up, she needs to return to work.

They have started looking at elder care centers in her city. Beth can bring her mom to the elder-care center during her work shift at a nearby department store.

By enrolling in DCAP, Greg and Beth can set aside part of his paycheck to cover the elder-care center costs.

Greg needs to sign up for DCAP each year during the annual open enrollment for public employee benefits. For 2009 participation, open enrollment will be October 27 through November 30, 2008.

To continue your participation in the Dependent Care Assistance Program you must enroll each year, even if you aren't changing your deduction amount.

ASIFlex manages DCAP for the state and accepts claim forms and processes reimbursement checks. Payments can be provided by direct deposit and, if he wants, Greg can even receive an e-mail from ASIFlex, letting him know the payment is on its way.

that monthly fees of \$250 and up were common. Putting Meg in a daycare center would cost her family an extra \$3,000 per year.

Marsha was very interested to hear that as a state employee her benefits include a tax-free savings plan to help cover dependent care costs. Through the Dependent Care Assistance Program (DCAP), Marsha can set aside money from her salary each year to pay for her daughter's daycare.

She made sure to sign up within the first 60 days of Meg's birth and set aside \$2,200 to cover not only the daycare costs but also the application fees. The \$2,200 would be spread out through the remaining paychecks in the year and,



Does the Dependent Care Assistance Program (DCAP) pay for tuition for schooling?

Expenses for education do not qualify for DCAP. However, if you are charged for "before or after-care" (for the portion of the day that your child attends the school for care and well-being while you're at work), this charge does qualify for DCAP.

Does my dependent care provider have to be a licensed daycare center?

You don't have to use a licensed dependent care provider unless they care for enough individuals to require licensing in Washington. The provider must give you its Tax ID Number or his or her Social Security Number for payment of services.

Can I be reimbursed if I pre-pay the daycare provider?

No. You can only submit claims after services have been provided.

Commonly claimed expenses include:

- Before and after school care
- Daycare
- Day camps

For more information about allowable expenses, please see www.asiflex.com/pebb.

How to add a student dependent to your PEBB coverage

Do you have a young adult age 20 through 23 in your home who is in high school or registered for college? If so, you may be able to include him or her on your PEBB coverage. Just follow these steps:

1 Check if your student qualifies

You can add a student dependent to your PEBB coverage if he or she:

- Is age 20 through 23.
- Attends high school or is a registered student at an accredited secondary school, college, university, vocational school, or school of nursing. You can verify the school's accreditation through the school or online at www.collegesource.org/home.asp or www.chca.org/search/default.asp.
- Is unmarried, or if married, qualifies as your dependent under Internal Revenue Service rules.

2 Fill out an application for coverage

If your student dependent is eligible, then you must complete and return the *Student Certification/Change* form within the first 60 days of eligibility, usually within the first two months of registering at a school. You can find the form online at www.pebb.hca.wa.gov.

3 Check student eligibility

After your student dependent has been approved for coverage, we will send you a *Student Certification/Change* form once a year. You will need to complete and return this form on time to confirm your child's current and expected future enrollment.

We may require you to provide a transcript at any time to confirm your child's enrollment at an accredited school. If we find your child is not enrolled or does not meet PEBB's student eligibility criteria, we will disenroll him or her from your coverage. You also may have to pay for any services received while your dependent was not eligible. Your next opportunity to enroll your dependent will be during PEBB's next open enrollment held in the fall or during a special open enrollment.

- Plan ahead and learn about the enrollment process so your dependent can continue his or her health coverage.
- Once we enroll your student, you must recertify the student's eligibility each year.
- You can continue to cover the student up to his or her 24th birthday.



Your Benefits

Transitioning into retirement

Checklist for enrolling in PEBB retiree coverage

- ✓ Submit your completed retiree enrollment form(s) on time. You can mail or hand-deliver the form(s) to the PEBB Program at the address on the forms. (The PEBB enrollment forms are not the same forms you complete to receive a pension.)
- ✓ Select how you wish to pay your monthly premium.
- ✓ If required, make sure you submit the first premium payment with your retiree enrollment form(s).

Before you retire, find out if you are eligible for PEBB benefits and know the steps to follow to make your transition to retiree health coverage easier.

Understanding your eligibility

To continue PEBB health coverage as a retiree, you must be eligible to retire under a Washington state-sponsored retirement plan when your employer-paid or Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage ends.

You must immediately begin receiving a monthly retirement allowance, except in these situations:

- You receive a lump-sum pension payment because the monthly benefit is less than the minimum amount determined by the Department of Retirement Systems (DRS).
- You are a member of a Plan 3 retirement system and meet the retirement plan's age and length of service requirements when your PEBB employee coverage ends.
- You are a member of a Washington higher-education retirement plan and meet your plan's age requirement, or are at least age 55 with 10 years of service.
- You are an appointed or elected official of the legislative or executive branch of state government who leaves public office.



60 days to enroll

Once your employer-paid or COBRA coverage ends, you have **60 days** to return your completed retiree enrollment form(s) to the PEBB Program.

You have several payment options for your PEBB retiree health coverage:

- Pension deduction.
- Automatic bank account withdrawal.
- Personal check or money order.
- Volunteer Employee Benefit Association (VEBA) account. (However, VEBA will not pay for retiree term life insurance.)

Unless you choose to deduct your health premium from your monthly pension check, the Health Care Authority must receive your first premium payment before processing your enrollment.

Want to put your health benefits "on hold"?

If you are a PEBB-eligible retiree and have other comprehensive employer-sponsored medical coverage either as an employee or an employee's dependent, you can defer your PEBB medical and dental coverage. You may also defer PEBB coverage if you or a spouse retired from the federal government and have federal retiree medical insurance. You have **60 days** after you qualify to apply for PEBB retiree benefits to turn in your *Retiree Coverage Election Form* to the PEBB Program to defer your coverage.

If you are eligible for retiree life insurance, you may enroll in retiree life only, but you cannot defer retiree life insurance. However, if you defer medical coverage, you cannot enroll in dental coverage only.

What happens if I miss the 60-day deadline?

If you do not send us completed form(s) to enroll in or defer your retiree coverage within **60 days**, you will lose your future right to enroll in PEBB retiree coverage.

Using COBRA coverage

COBRA allows employees whose comprehensive health insurance ends to continue their health insurance by paying for it themselves. You can also enroll in COBRA to bridge the gap between when your employee health coverage ends and your retiree eligibility begins.

Once your COBRA coverage ends, you have **60 days** to enroll in or defer PEBB retiree coverage. It's up to you to let PEBB know that you want to continue or defer your health coverage.

For K-12 employees only

Check with your school district to find out if COBRA ends earlier when you become entitled to Medicare. In this case, you may not continue COBRA coverage for the full 18 months.



What is a health care flexible spending account?

The health care Flexible Spending Account (FSA) allows you to pay for your family's out-of-pocket health care costs by using tax-free deductions from your salary. The money you set aside can cover such expenses as copayments, deductibles, prescriptions, prescription glasses and contacts, orthodontics, even some cold and flu products. The FSA is available to employees eligible for PEBB insurance who work at state agencies, higher-education institutions, and community and technical colleges.

To find out more, contact our vendor, ASIFlex at 1-800-659-3035 or go to www.asiflex.com/pebb.

Your new PEBB newsletter

We have enhanced your *PEBB Perspective* newsletter and given it a new name. We are proud to introduce *For Your Benefit*. This newsletter will continue to be your resource for the latest information on your health benefits and how to make the most of them.

Enjoy!



To obtain this document in another format, call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805. TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or call toll-free 1-888-923-5622.

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