

How do I receive the \$125 SmartHealth wellness incentive I earned?

If you earned the wellness incentive in 2016, you will receive it in 2017. How you receive it depends on which plan you are enrolled in for 2017. To qualify for the \$125 incentive, you must be enrolled in a PEBB medical plan and not enrolled in Medicare Part A and Part B as your primary coverage.

What else do I need to know?

The subscriber receives the wellness incentive

The subscriber is the only family member eligible to earn the SmartHealth wellness incentive. To receive the incentive in 2017, the subscriber must be enrolled in a PEBB Program medical plan during 2017.

If the subscriber qualifies for the incentive in 2016, and is enrolled in a PEBB Program medical

plan after January 1, 2017, as a retiree, COBRA subscriber, or PEBB Continuation of Coverage subscriber also enrolled in Medicare Part A and Part B, they will still receive the SmartHealth incentive in 2017.

Any applicable prescription drug deductible does not change

Some PEBB Program medical plans have a separate prescription drug deductible; this is not affected by the wellness incentive.

Some services don't count toward the deductible

Some medical services, such as preventive care, do not count toward your deductible. See your plan's certificate of coverage at www.hca.wa.gov/pebb for details.

Your medical plan in 2017	How do I get my \$125 wellness incentive?
<ul style="list-style-type: none"> ▪ Group Health Classic ▪ Group Health SoundChoice ▪ Group Health Value ▪ Kaiser Permanente Classic ▪ Uniform Medical Plan Classic (UMP Classic) ▪ UMP Plus (both networks: Puget Sound High Value Network and UW Medicine Accountable Care Network) <p>Medical out-of-pocket limit: For these plans, if out-of-pocket expenses reach the plan out-of-pocket limit, the plan begins paying for all family members, even if the family deductible was not met.</p>	<ul style="list-style-type: none"> ▪ The subscriber's medical deductible is reduced by \$125. ▪ The \$125 reduction in the subscriber's medical deductible is effective on January 1, 2017. ▪ With one spouse or dependent on your account, their deductible remains the same. <p>Example: A UMP Plus subscriber's deductible drops to \$0, while their spouse or dependent's deductible remains \$125. Since the subscriber has no deductible, their medical expenses do not count toward the family deductible. However, they do count toward the medical out-of-pocket limit.</p> <p>For accounts with three or fewer family members:</p> <ul style="list-style-type: none"> ▪ The maximum family medical deductible is reduced by \$125. ▪ Each family member must meet their own medical deductible before the plan pays. If any one member meets their deductible, the plan begins paying for that person. That person no longer contributes to the family deductible. <p>For accounts with four or more family members:</p> <ul style="list-style-type: none"> ▪ The maximum family medical deductible is reduced by \$125. ▪ After the family deductible is met, the plan begins paying for services for the whole family, even if an individual family member did not meet their medical deductible.
<p>The Consumer-Directed Health Plans (CDHP):</p> <ul style="list-style-type: none"> ▪ Group Health CDHP ▪ Kaiser Permanente CDHP ▪ UMP CDHP 	<ul style="list-style-type: none"> ▪ \$125 is deposited into the subscriber's Health Savings Account (HSA) on January 31, 2017. The deductible does not change. <p>Note: This counts toward your maximum annual HSA contribution. You may need to adjust your payroll contributions to ensure you don't exceed the maximum allowed.</p>