

PEBB Programs and Optional Benefit Plans

HEM Program

The goal of the Health Engagement Model (HEM) program is to engage as many people as possible in improving their health, which can help to contain costs over time.

Active employees have the opportunity to sign up for the next year's program during the annual Open Enrollment.

During Open Enrollment, participants complete an online health assessment, sign up to participate in the coming year and agree to complete two health actions by the next Open Enrollment.

Tobacco Use Program

Members who use tobacco have a deduction to help offset the risks they bring to the group. For current tobacco users, the following amounts are deducted from monthly pay: Employee \$25; Spouse/Partner \$25; Employee and Spouse/Partner \$50. Tobacco users can stop the deduction when they quit using tobacco midyear - not just at Open Enrollment. They get a taxable incentive in pay.

Spouse/Partner-other-coverage Program

When your spouse or domestic partner waives coverage offered by another employer, it shifts risks and costs to PEBB. Members to whom this applies have \$50 per month deducted from monthly pay. They can end the deduction if the spouse or partner gains or loses other coverage midyear.

No-cost Wellness Programs

PEBB benefits also include a range of health and wellness programs for employees.

No-cost wellness programs are the following:

- Cascade East Employee Assistance Program (EAP), which offers confidential counseling and work/life support. 1-800-433-2320.
- ExerciseRewards, which pays members who meet the requirements a subsidy for membership in a qualified fitness facility
- Healthy Team Healthy U, a team-based worksite program that supports healthy behaviors



- MoodHelper, which helps members with depression learn techniques beyond medication that help to lift mood
- WeightWatchers, with the opportunity to participate at no cost at work, online or in the community

Optional Benefit Plans

New and newly eligible employees may enroll in some optional benefit plans as guarantee issue. Guarantee issue means the plan's carrier can't deny enrollment or certain levels of coverage based on medical history.

The state provides no contribution toward premiums for these benefits. Premium rates are determined based on variables such as age, coverage levels and benefit waiting periods:

- Optional Life employee, spouse/partner, and dependents
- Short and Long Term Disability Insurance
- Accidental Death and Dismemberment Insurance
- Flexible Spending Accounts
- Long Term Care Insurance