

## 2024 PEBB Premium Surcharge Attestation Change Form

Subscriber's last name

Social Security number

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### Spouse or state-registered domestic partner (SRDP) coverage premium surcharge



Skip this section if you do not have a spouse or SRDP enrolled on your PEBB medical plan.

A \$50 premium surcharge will be required in addition to your monthly medical premium if you enroll a spouse or SRDP and they have chosen not to enroll in another employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic. The comparison must be to UMP Classic, even if you are not enrolled in that plan.

#### Events that require a change:

You must attest to this premium surcharge:

- If you get a letter from the PEBB Program notifying you to attest during the PEBB Program's annual open enrollment.
- **No later than 60 days** after the date your spouse's or SRDP's employer-based group medical status changes.

See "Surcharges" on HCA's website at [hca.wa.gov/erb](https://hca.wa.gov/erb) to learn about these situations.

#### Answer Yes or No to Questions 2 through 6:

Question 1 does not apply.

	Yes	No
1. Are you covering your spouse or SRDP in a PEBB medical plan under your account in 2024?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Will they be eligible for medical coverage through their employer in 2024? (If they will not be employed in 2024, answer No.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Will their employer offer at least one medical plan that serves their county of residence in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have they chosen not to enroll in their employer's medical (including PEBB) coverage in 2024?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the coverage offered by their employer in 2024 not be through the SEBB Program or a TRICARE plan? a. Answer Yes if their employer does not offer SEBB coverage or a TRICARE plan. b. Answer No if their employer offers SEBB coverage or a TRICARE plan.	<input type="checkbox"/>	<input type="checkbox"/>
6. Will their share of the medical premium through their employer be less than \$117.81 per month in 2024?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **No** to any of these questions, check No and indicate which questions you answered No to below. You will not be charged the surcharge.

If you answered **Yes** to **all** these questions, you must complete the steps below to find out if you will be charged the premium surcharge.

1. Your spouse or SRDP should ask their employer for a 2024 Summary of Benefits and Coverage (SBC) for all medical plans that:
  - a. Serve their county of residence.
  - b. Have a monthly premium of less than \$117.81 per month for the employee.
2. Use the SBC information to answer the questions in the *PEBB Spousal Plan Calculator* online tool on HCA's website at [hca.wa.gov/erb](https://hca.wa.gov/erb). Or you can download a paper version and submit it with your enrollment form or with this form.

If using the online *PEBB Spousal Plan Calculator*:


- You will get a Yes or No response to whether the premium surcharge applies to you. Enter this response below.

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### Does this premium surcharge apply to you? Check one.

 If you enroll a spouse or SRDP on your PEBB medical plan and you check Yes or leave the checkboxes below blank, you will be charged the \$50 premium surcharge.

☐ **Yes**, I am subject to the \$50 premium surcharge. I used the *PEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

☐ **No**, I am not subject to the \$50 premium surcharge. I completed the *PEBB Spousal Plan Calculator* online. Provide the date your spouse's or SRDP's employer-based group medical status changed.

**Required:** Which questions above did you check No? Check all that apply. Question 1 is not applicable.

☐ Question 2    ☐ Question 3    ☐ Question 4    ☐ Question 5    ☐ Question 6

☐ My employer (for employees) or PEBB Program (for retiree or PEBB Continuation Coverage subscribers) to help determine if the premium surcharge applies. I am submitting a printed *PEBB Spousal Plan Calculator* to help determine if my spouse's or SRDP's employer-based group medical is comparable to PEBB's UMP Classic, and if I am subject to this premium surcharge.