



Washington State Health Care Authority

Public Employees Benefits Board

P.O. Box 42684 • Olympia, Washington 98504-2684

360-412-4200 • FAX 360-923-2608 • TTY 360-923-2701 • www.pebb.hca.wa.gov

UPDATED information about the new COBRA subsidy

Dear Former PEBB Member,

You recently received a packet from us, notifying you of your possible rights to a second election opportunity for coverage under COBRA (the Consolidated Omnibus Budget Reconciliation Act), and to a nine-month premium reduction. That notice stated that you could not apply the COBRA premium reduction toward dental-only coverage. **The federal government has told us that this is incorrect.**

So what are my coverage options?

If you had this type of PEBB coverage as an employee...	You can select one of these types of PEBB coverage...	But you cannot change to this type of PEBB coverage
Medical and dental	Medical and dental Medical only Dental only	N/A
Medical only	Medical only Dental only	Medical and dental
Dental only	Dental only	Medical and dental Medical only

What do I need to do?

If you wish to elect dental-only coverage under the COBRA premium reduction, you cannot use the election form we sent you earlier. Please complete and return the enclosed *COBRA Continuation Coverage Election Form for Premium Reduction*, along with the *Request for Treatment as an Assistance Eligible Individual* form we sent in your earlier packet. You can also find the dental-only reduced premiums in the enclosed rate sheet. **We must receive these forms by July 16, 2009, or you will lose your right to enroll in COBRA and receive the reduced premium.**

If you have any questions or concerns about this letter, please call us at 1-800-200-1004. We apologize for any confusion this may have caused you.

Sincerely,

PEBB Benefits Services

Enclosures

HCA 50-285 (5/09)