

CUSTOMER SERVICE

If you have questions regarding specific benefits or claim problems, call the following numbers.

COVERAGE	GROUP NUMBER	CUSTOMER SERVICE	WEB ADDRESS
MEDICAL			
Uniform Medical Plan through PEBB	900 C97	888-849-3681	www.hca.wa.gov/ump
HSA BANK			
HealthEquity	Personal Banking Number	1-877-873-8823	www.healthequity.net/pebb
DENTAL			
Delta Dental of WA	03941	800-554-1907	www.deltadentalwa.com
VISION			
Vision Server Plan (VSP)	30002568	800-877-7195	www.vsp.com
LIFE AND VOLUNTARY LIFE			
Mutual of Omaha - Group Term Life Voluntary Term Life	G000AHXG GVTL-AHXG	800-877-5176	www.mutualofomaha.com
EMPLOYEE ASSISTANCE PROGRAM			
Mutual of Omaha	Douglas County	800-316-2796	www.mutualofomaha.com/eap
SECTION 125 PLAN			
AFLAC – Christina Richards	0LQU7	425-503-0928	www.aflac.com christina_richards@us.aflac.com
UNION PLANS			
Inland Empire Teamsters Trust NW Administrators Local Teamsters Office		800-872-8979 206-329-4900 509-663-2753	www.nwadmin.com

If you have difficulty obtaining answers to questions or resolving issues using the numbers listed above, contact Jessica Carr or Naomi Lamoureux at **OneDigital**, 888-858-5115 or jcarr@onedigital.com / nlamoureux@onedigital.com.

ENROLLMENT INSTRUCTIONS

INSTRUCTIONS

- Choose the medical plan in which you wish to participate.
- Obtain the enrollment form(s) from the Human Resources office (medical, dental, voluntary vision, etc.)
- Fill out the enrollment form(s) in full, sign and date the form, submit to the Human Resources office.
- If your plan costs are greater than the County’s contribution, the additional premium will be deducted pre-tax from your payroll.