

WSR 24-13-026
PERMANENT RULES
DEPARTMENT OF
RETIREMENT SYSTEMS

[Filed June 7, 2024, 12:00 p.m., effective July 8, 2024]

Effective Date of Rule: Thirty-one days after filing.

Purpose: Medical insurance premium reimbursements: Providing further clarification regarding reimbursement of medical premiums for law enforcement officers' and firefighters' Plan 2 members who are catastrophically disabled in the line of duty.

Citation of Rules Affected by this Order: Amending WAC 415-104-4801.

Statutory Authority for Adoption: RCW 41.50.050.

Adopted under notice filed as WSR 24-10-105 on May 1, 2024.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 0, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 1, Repealed 0.

Number of Sections Adopted in Order to Clarify, Streamline, or Reform Agency Procedures: New 0, Amended 1, Repealed 0.

Number of Sections Adopted using Negotiated Rule Making: New 0, Amended 1, Repealed 0; Pilot Rule Making: New 0, Amended 0, Repealed 0; or Other Alternative Rule Making: New 0, Amended 0, Repealed 0.

Date Adopted: June 7, 2024

Tracy Guerin
Director

OTS-5181.2

AMENDATORY SECTION (Amending WSR 23-17-019, filed 8/7/23, effective 9/7/23)

WAC 415-104-4801 Medical reimbursement for LEOFF 2 catastrophically disabled members. (1) What type of medical premiums are available for reimbursement for a LEOFF Plan 2 member who is catastrophically disabled in the line of duty?

(a) LEOFF Plan 2 members who are catastrophically disabled in the line of duty are eligible for reimbursement of medical premiums ~~((of:))~~.

(i) For members who are not eligible for medicare, DRS will pay for the member, spouse, state-registered domestic partner, and eligible dependents:

(A) Employer-provided medical insurance((=));

~~((=ii))~~ (B) Medical insurance offered under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)((=)); or

~~((=iii))~~ (C) Other medical premiums, which could include vision and dental, not to exceed the COBRA amount. DRS will not pay for separate supplemental plans for vision, dental, and prescriptions.

~~((iv))~~ (ii) For members who are eligible for medicare, DRS will pay medicare Part A and B.

(b) LEOFF Plan 2 members who are catastrophically disabled are eligible for reimbursement for medical insurance premiums paid after June 30, 2013. ~~((DRS will not reimburse for any supplemental health plans.))~~

(2) **What if I am eligible for medicare coverage?** If you or your spouse become eligible for medicare coverage, you must notify DRS when you become eligible. To remain eligible for the reimbursement payment, you must enroll in and maintain enrollment in medicare Part B. At that point, DRS will only reimburse for medicare Part A and B ~~((and vision and dental coverage for that individual))~~. DRS will not reimburse for any medicare supplemental or prescription plans.

(3) **How do I apply for medical premium reimbursements?** To receive medical premium reimbursements, you must first complete a request for medical reimbursement form and provide proof of medical insurance coverage and premium payment to DRS.

(4) **What is acceptable as proof of insurance coverage?** DRS will accept these documents as proof of insurance coverage:

- (a) Invoice from insurance provider.
- (b) Certificate from insurance provider.
- (c) Invoice from medicare.
- (d) Social Security Form SSA-1099.

(5) **What is acceptable as proof of premium payment?** DRS will accept these documents as proof of payment:

- (a) Letter from the Social Security Administration showing your medicare deduction from your monthly benefit;
- (b) Bank or credit card statement showing insurance payment that is supported by other documentation showing this is for medical insurance;
- (c) Receipt from insurance provider; or
- (d) Copies of both sides of cashed checks ~~((~~or~~~~
- ~~((Letter from the Social Security Administration showing deduction amount))~~.

(6) **What if my premiums are deducted from my DRS benefit or my spouse's payroll checks?** DRS will accept these documents as proof of both insurance coverage and premium payment:

- (a) Premium deduction authorization from your insurance provider, if premium payments are being paid directly from DRS.
- (b) Copy of spouse's or partner's pay stub showing insurance deduction amount.

(7) **When is documentation required?**

(a) You must provide proof of insurance coverage and premium payments at the time you apply for reimbursement. After you are enrolled in the reimbursement program, you must submit this form each ~~((June and December))~~ time DRS requests, at a minimum twice a year, along with requested documentation.

(b) DRS will reach out to each retiree receiving medical reimbursement payments, and retirees will have 90 days from the date of the letter to provide proof of premium payment. DRS will provide notifications of the 90-day window to ensure that retirees are aware of the requirement to reapply and supply proof.

(c) After 90 days, DRS will suspend reimbursement until ~~((receiving))~~ proof of insurance coverage and premium payments have been received for each missed period. After DRS receives ~~((this))~~ supporting information, DRS will reinstate reimbursement payments for the month(s) that documentation supports were paid.

(d) Any adjustment in or cancellation of medical premiums paid by retirees may result in an overpayment of the reimbursement paid to the retiree, so changes should be reported to DRS when they occur.