

WAC 182-30-085 What happens if my health plan becomes unavailable due to a change in contracted service area or eligibility for medicare?

(1) A subscriber must select a new health plan during the school employees benefits board (SEBB) annual open enrollment period when their previously selected health plan becomes unavailable due to a change in contracting service area. The required forms must be received no later than the last day of the annual open enrollment.

(a) A school employee must submit the required form to their SEBB organization electing their new health plan.

(b) A subscriber on continuation coverage must submit the required forms to the SEBB program electing their new health plan.

(c) The effective date of the change in their health plan will be January 1st of the following year.

(2) A subscriber who fails to elect a new health plan within the required time period as required in subsection (1) of this section will be enrolled in a health plan designated by the director or their designee.

(3) A subscriber must elect a new health plan when their previously selected health plan becomes unavailable due to the subscriber or subscriber's dependent ceasing to be eligible for their current health plan because of enrollment in medicare. The required forms must be received no later than sixty days after the date the health plan becomes unavailable.

(a) A school employee must submit the required forms to their employing agency electing their new health plan.

(b) A subscriber on continuation coverage must submit the required forms to the SEBB program electing their new health plan.

(c) The effective date of the change in their health plan will be the first day of the month following the later of the date the health plan becomes unavailable or the date the form is received. If that day is the first of the month, the change in the health plan begins on that day.

(4) A subscriber who fails to elect a new health plan within the required time period as required in subsection (3) of this section who is enrolled in a high deductible health plan (HDHP) with a health savings account (HSA), will not be eligible to receive contributions to the HSA, and will be liable for any tax penalties resulting from contributions made when they are no longer eligible.

(5) A subscriber enrolled in a health plan as described in subsection (2) or (4) of this section may not change health plans except as allowed in WAC 182-30-090.

[Statutory Authority: RCW 41.05.021, 41.05.160, 2017 3rd sp.s. c 13, 2018 c 260, and SEBB policy resolutions. WSR 19-14-093 (Admin #2019-01), § 182-30-085, filed 7/1/19, effective 8/1/19.]