

WSR 24-12-022

EMERGENCY RULES

HEALTH CARE AUTHORITY

(Public Employees Benefits Board)

[Admin #2024-03.02—Filed May 24, 2024, 12:06 p.m., effective May 24, 2024, 12:06 p.m.]

Effective Date of Rule: Immediately upon filing.

Purpose: The health care authority (HCA) is refiling new WAC 182-12-5100 What options for health plan enrollment are available to a retired employee of an employer group that previously ended participation in public employees benefits board (PEBB) insurance coverage, as authorized in SHB 1804, section 3, chapter 312, Laws of 2023.

Citation of Rules Affected by this Order: New WAC 182-12-5100.

Statutory Authority for Adoption: RCW 41.05.951; SHB 1804, section 3, chapter 312, Laws of 2023, 68th legislature, 2023 regular session.

Other Authority: RCW 41.05.021 and 41.05.160.

Under RCW 34.05.350 the agency for good cause finds that immediate adoption, amendment, or repeal of a rule is necessary for the preservation of the public health, safety, or general welfare, and that observing the time requirements of notice and opportunity to comment upon adoption of a permanent rule would be contrary to the public interest.

Reasons for this Finding: This emergency rule making is necessary to preserve public peace, health, or safety, or support of the state government and its existing public institutions by establishing enrollment rules for eligible retired or disabled employees of employer groups whose participation in insurance plans or contracts under RCW 41.05.080(1) ended due to the termination of the contractual agreement between HCA and an employer group on or before January 1, 2023. This emergency rule making is necessary to implement SHB 1804, section 3, chapter 312, Laws of 2023, while HCA conducts the permanent rule-making process.

This filing continues the emergency rules filed under WSR 24-04-012, filed on January 26, 2024. HCA is finalizing the revisions of the PEBB chapters and is preparing to file CR-102 under permanent rule making shortly.

Number of Sections Adopted in Order to Comply with Federal Statute: New 0, Amended 0, Repealed 0; Federal Rules or Standards: New 0, Amended 0, Repealed 0; or Recently Enacted State Statutes: New 1, Amended 0, Repealed 0.

Number of Sections Adopted at the Request of a Nongovernmental Entity: New 0, Amended 0, Repealed 0.

Number of Sections Adopted on the Agency's own Initiative: New 0, Amended 0, Repealed 0.

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

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

Date Adopted: May 24, 2024.

Wendy Barcus
Rules Coordinator

OTS-4617.2

NEW SECTION

WAC 182-12-5100 What options for health plan enrollment are available to a retired employee of an employer group that previously ended participation in public employees benefits board (PEBB) insurance coverage? (1) A retired employee of an employer group as defined in WAC 182-12-109, whose participation in public employees benefits board (PEBB) retiree insurance coverage ended due to the employer group ending participation in PEBB insurance coverage on or before January 1, 2023, must be allowed to enroll in PEBB health plan coverage if the requirements as described in subsection (4) of this section are met.

(2) For this section only, "subscriber" means the retired employee as described in subsection (1) of this section who is requesting enrollment in PEBB health plan coverage.

(3) The subscriber may elect to enroll in PEBB medical, dental, or both by self-paying the premium and applicable premium surcharges set by the health care authority (HCA). The subscriber enrolled under this section is not eligible for any subsidy provided under RCW 41.05.085.

(4) The subscriber must submit the required forms to the PEBB program, and they must be received by December 31, 2023:

(a) The subscriber may enroll eligible dependents as described in WAC 182-12-260 and must include the dependent's enrollment information on the required forms;

(b) If the subscriber elects to enroll a dependent in PEBB health plan coverage, the dependent will be enrolled in the same PEBB medical and PEBB dental plans as the subscriber;

Exception: If the subscriber selects a medicare supplement plan or medicare advantage prescription-drug (MA-PD) plan, nonmedicare enrollees will be enrolled in the UMP Classic. If the subscriber selects any other medicare plan, they must also select a nonmedicare plan with the same contracted vendor available to nonmedicare enrollees.

(c) The subscriber's account may incur a premium surcharge in addition to their monthly medical premium and the subscriber must attest as described in WAC 182-08-185 (1) and (2). A premium surcharge will be applied to a subscriber who does not attest. If the subscriber's attestation results in a premium surcharge, it will take effect the same date as PEBB medical begins;

(d) The subscriber's first premium payment and applicable premium surcharges are due to HCA no later than 45 days after the effective date of coverage as described in subsection (5) of this section. Following the first premium payment, premiums and applicable premium surcharges must be paid as premiums become due. If the subscriber's monthly premium and applicable premium surcharges remain unpaid for 60 days from the original due date, the subscriber's PEBB insurance coverage will be terminated retroactive to the last day of the month for which the monthly premium and applicable premium surcharges were paid as described in WAC 182-08-180 (1) (c).

Exception: For a subscriber enrolled in a medicare advantage (MA) or a MA-PD plan a notice will be sent to them notifying them that they are delinquent on their monthly premiums and that the enrollment will be terminated prospectively to the end of the month after the notice is sent.

(5) The effective date of enrollment in PEBB health plan coverage will be the first day of the month following the date the required form is received. If that day is the first of the month, then enroll-

ment begins on that day except for a MA or MA-PD plan which will begin the first day of the month following the signature date on the form.

(6) PEBB health plan coverage may continue unless the subscriber requests to terminate enrollment as described in subsection (8) of this section, or premiums and applicable premium surcharges are no longer paid as described in subsection (4)(d) of this section. If PEBB health plan coverage is terminated for these reasons, the subscriber and their enrolled dependents will not be eligible to reenroll.

(7) The subscriber enrolled under this section may make enrollment changes on the same terms and conditions as retirees who are eligible for Consolidated Omnibus Budget Reconciliation Act (COBRA) as described in WAC 182-08-185, 182-08-196, 182-08-198, and 182-12-262.

(8) The subscriber enrolled under this section who requests to voluntarily terminate their PEBB health plan coverage must do so in writing. PEBB health plan coverage will end on the last day of the month in which the PEBB program receives the termination request or on the last day of the month specified in the subscriber's termination request, whichever is later. If the termination request is received on the first day of the month, PEBB health plan coverage will end on the last day of the previous month.

Exception: When a subscriber or their dependent is enrolled in a MA or MA-PD plan, then enrollment in PEBB health plan coverage will terminate on the last day of the month when the MA plan disenrollment form is received.