

WSR 24-17-042
POLICY STATEMENT
HEALTH CARE AUTHORITY
(Public Employees Benefits Board)
[Filed August 13, 2024, 4:46 p.m.]

**Notice of Public Employees Benefits Board (PEBB) Program
Administrative Policy Statements**

The following is a list of administrative policies published by the PEBB program. These policies are effective January 1, 2025. You can download the complete policy statements on the PEBB program rules and policies page at hca.wa.gov/pebb-rules.

The following policies were amended to support the PEBB program:

Policy 11-3: Correcting employing agency and contracted vendor enrollment errors. This policy clarifies the requirements placed on an employing agency or contracted vendor when they correct their own enrollment errors as described in WAC 182-08-187.

Policy 19-1: Termination due to loss of eligibility or enrollment error. This policy applies whenever coverage for a subscriber or a subscriber's dependent is terminated due to loss of eligibility, or because a subscriber or dependent was enrolled when they were not eligible for coverage.

Addendum 19-1A: Termination due to loss of eligibility or enrollment error: Employee.

Addendum 19-1B: Termination due to loss of eligibility or nonpayment: Self-pay subscriber.

Policy 21-1: Exemption from the retiree deferral form requirement. This policy exempts certain retirees from the "deferral form requirement" under WAC 182-12-171 (1)(e), 182-12-180 (3)(e), 182-12-205 (4)(a), and 182-12-265 (1), (2), and (3).

Policy 31-2: Use of the PEBB spousal plan calculator. This policy provides direction when a PEBB subscriber enrolled in PEBB medical, but not enrolled in medicare Part A and Part B and in the medicare risk pool as described in RCW 41.05.080(3), determining if a premium surcharge will be applied for a spouse or state registered domestic partner enrolled in PEBB medical.

Policy 36-1: Certifying eligibility for a dependent child with a disability who is age 26 or older. This policy applies whenever a subscriber requests to enroll or continue enrollment for a dependent child with a disability who is age 26 or older on their PEBB subscriber account.

Policy 37-1: Certifying eligibility for an extended dependent child. This policy applies when a subscriber submits the required forms to enroll an extended dependent child in the subscriber's PEBB health plan coverage.

Policy 45-2: Special open enrollment (SOE). This policy applies whenever a subscriber requests an enrollment change or election change outside of the PEBB program annual open enrollment period.

Addendum 45-2A: SOE matrix: Summary of permitted election changes.

Policy 56-1: Reinstatement for subscribers with mental or physical impairment or incapacitation. This policy applies whenever a subscriber (or another party acting on behalf of the subscriber) requests reinstatement of continuation coverage, retiree insurance coverage, or the account of a retired employee, retired school employee, or survivor continuing coverage after their employer group ceased participation due to nonpayment of premiums or applicable premium surcharges.

The policy applies when the nonpayment was for the reason of mental or physical impairment or incapacitation; when a state of emergency is declared by the governor of Washington state, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part § 206, Subpart B, the Internal Revenue Service (IRS) recognizes the emergency for purposes of delaying deadlines, and the emergency prevents a subscriber from making a timely payment.

This policy establishes the methodology that the PEBB program will use to make a determination of mental or physical impairment or incapacitation for the purpose of reinstatement of coverage terminated due to nonpayment of premiums or applicable premium surcharges. The policy also establishes the methodology the PEBB program will use to make a determination when a state of emergency is declared by the governor of Washington state, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part § 206, Subpart B, the IRS recognizes the emergency for purposes of delaying deadlines, and the emergency prevents a subscriber from making a timely payment.

This policy provides timing requirements for requesting reinstatement due to nonpayment of premiums, or applicable premium surcharges, for reason of mental or physical impairment or incapacity; when a state of emergency is declared by the governor of Washington state, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part § 206, Subpart B, the IRS recognizes the emergency for purposes of delaying deadlines, and the emergency causes a subscriber to be unable to make premium payments and applicable premium surcharges.

Policy 56-2: Election period tolling for applicants with mental or physical impairment or incapacitation. This policy applies whenever an applicant (or another party acting on behalf of the applicant) requests tolling of enrollment, annual open enrollment, or special open enrollment election periods. Tolling may be requested for reason of mental or physical impairment or incapacitation, when a state of emergency is declared by the governor of Washington state, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part § 206, Subpart B, the IRS recognizes the emergency for purposes of delaying deadlines, and the emergency prevents an applicant from making a timely election.

This policy establishes the methodology that the PEBB program and the health care authority's (HCA) office of legal affairs (OLA) will use to make the PEBB program decision regarding mental or physical impairment or incapacitation for the purpose of tolling the election period of enrollment, annual open enrollment, or special open enrollment. The policy also establishes the methodology the PEBB program and OLA will use to make the PEBB program decision when a state of emergency is declared by the governor of Washington state, as described in chapter 43.06 RCW, or when a federal emergency is declared under 44 C.F.R. Part § 206, Subpart B, the IRS recognizes the emergency for purposes of delaying deadlines, and the emergency prevents an applicant from making a timely election.

This policy provides timing requirements to request tolling of the election period for reason of mental or physical impairment or incapacity.

Policy 90-1: Allowable mid-year termination for an employer group. This policy clarifies when an employer group may terminate their participation in PEBB insurance coverage mid-year.

Policy 90-2: What authority do employer groups need before contracting with HCA for participation in PEBB for insurance coverage?

This policy clarifies what authority is required from employer groups as part of the application process for benefits with HCA and the PEBB program.

Policy 90-3: Determining if an employer group requesting eligibility criteria different from PEBB program rules shall be approved.

This policy clarifies the criteria used by HCA to approve or deny requests to use eligibility criteria that are different from the eligibility criteria used by the PEBB program received from an employer group.

Policy 91-3: Washington wellness worksite designation program incentive requirements. This policy provides a set of requirements for state agencies to use when offering wellness incentives under the Washington wellness worksite designation program.

Policy 93-2: PEBB program payment plans. This policy describes the process HCA will use when authorizing a payment plan request from a subscriber or a subscriber's legal representative for a continuation coverage or retiree account, or for an account of a retired employee, retired school employee, or survivor continuing coverage after their employer group ceased participation.

Policy 94-3: Subscriber mistake—Factor test. This policy applies whenever an employee makes a mistake electing a flexible spending arrangement (FSA), limited purpose FSA, or dependent care assistance program, or a subscriber requests a health plan change when they or their dependent experiences a disruption of medical care because of a mistake, which impacts a documented, ongoing course of treatment.

To receive a hard copy of the policy statements, contact Leanne Clark at P.O. Box 42684, Olympia, WA 98504-2684, email Leanne.Clark@hca.wa.gov.