

Termination Due to Loss of Eligibility (Non-CDHP/HSA)

COBRA/LWOP, Retiree, or Survivor Subscriber Loses Eligibility

Subscriber is no longer eligible due to which <u>event</u> ?	Was notification provided within 60 days of date of loss of eligibility or death?	Will you key the PAY1 termination within the lower limit date ¹ relative to the <u>event</u> ?	Key termination of coverage...
Loss of Eligibility WACs: 182-12-171(2)(a) or (b) 182-12-207(1), (2) or (4) 182-12-250 182-12-265 (or) Subscriber enrolled when not eligible per WAC	Yes or No	Yes or No	The later of the following: <ul style="list-style-type: none"> • The last day of the month of loss of eligibility, or • The last day of the last month premium was paid in full² <i>Continuation of coverage allowed for loss of eligibility such as an employer group leaving (WAC 182-12-171(2)(a) or (b)).</i> <i>Continuation of coverage NOT allowed in cases defined in WAC 182-12-207(1), (2) or (4), or if Subscriber enrolled when not eligible.</i>
Death	Yes	Yes or No	The last day of the month of death <i>Survivor allowed continuation of coverage.</i>
	No	Yes	The last day of the month of death <i>Survivor(s) may elect survivor enrollment if premiums paid in full² since death.</i>
		No	The last day of the month of the lower limit date ¹ for the <u>current process month</u> ³ <i>Survivor(s) may elect survivor enrollment if premiums paid in full² since death.</i>
Non-payment of full or partial premium	N/A	Yes or No	The last day of the last month premium was paid in full ²

¹ Lower limit date – The lower limit date is three calendar months before the current process month³. For example: if the current process month is June, three calendar months before would be March, therefore the lower limit date for terminations would be March 31.

² Paid in full – Considered payment of a full month’s premium, or a month’s premium with only an insignificant shortfall, defined as the lesser of \$50 or 10% of one month’s premium

³ Current process month – Identifies the specific period of time for which the insurance system is billing an agency. The begin and end date of an agency’s current process month depends on which one of the three invoicing cycles the agency is in.

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Death	Yes	The later of the following: <ul style="list-style-type: none"> • The last day of the month of death, or • The last day of the last month premium was paid in full² <i>Survivor allowed continuation of coverage.</i>
	No	The last day of the month premium was paid in full ² <i>Survivor allowed to elect survivor enrollment if premiums were paid since death.</i>
Non-payment of full or partial premium	N/A	The last day of the last month premium was paid in full ²

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Termination Due to Loss of Eligibility (Non-CDHP/HSA)

*Dependent of COBRA/LWOP, Retiree, or Survivor Subscriber Loses Eligibility
(e.g., loss of eligibility per WAC 182-12-260 or death)*

Dependent is no longer eligible due to which <u>event</u> ?	Was notification provided within 60 days of date of loss of eligibility or death?	Will you key the PAY1 termination within the lower limit date ¹ relative to the <u>event</u> ?	Key termination of coverage...
Loss of Eligibility per WAC 182-12-260 • Stepchild Note ⁴ • Dual Enrollment Note ⁵ (or) Dependent enrolled when not eligible ⁶ per WAC 182-12-260, or if subscriber enrolled when not eligible.	Yes	Yes or No	The last day of the month of loss of eligibility (Continuation of coverage allowed.)
	No	Yes	The last day of the month of loss of eligibility (Continuation of coverage <u>NOT</u> allowed)
		No	The last day of the month of the lower limit date ¹ for the <u>current</u> process month ³ (Continuation of coverage <u>NOT</u> allowed)
Death	Yes	Yes or No	The last day of the month of death
	No	Yes	The last day of the month of death
		No	The last day of the month of the lower limit date ¹ for the <u>current</u> process month ³

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⁴ Stepchild loss of eligibility – The stepchild relationship to a subscriber ends on the same date the subscriber’s legal relationship with the spouse or domestic partner ends through divorce, annulment, dissolution, or termination.

⁵ Dual enrollment is prohibited – PEBB health plan coverage is limited to a single enrollment per individual. A dependent of a PEBB subscriber who becomes eligible as an employee for the employer contribution toward PEBB coverage must return forms to enroll in or waive PEBB medical within 31-days after they become newly eligible. If he or she does not waive medical, termination of coverage as a dependent must coincide with the date coverage begins as an employee.

⁶ Dependent enrolled when not eligible – If a dependent was enrolled when not eligible for PEBB coverage, assume “No” to question “Was notification provided within 60 days of date of loss of eligibility or death?” and key termination of dependent coverage as directed.

Termination Due to Loss of Eligibility (CDHP/HSA)

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(e.g., loss of eligibility per WAC 182-12-260 or death)*

Dependent is no longer eligible due to which event?	Was notification provided within 60 days of date of loss of eligibility or death?	Key termination of coverage...
Loss of Eligibility per WAC 182-12-260 • Stepchild Note ⁴ • Dual Enrollment Note ⁵ (or) Dependent enrolled when not eligible ⁶ per WAC 182-12-260, or if subscriber enrolled when not eligible.	Yes	The later of the following: <ul style="list-style-type: none"> • The last day of the month of loss of eligibility, or • The last day of the last month premium was paid in full²
	No	Last day of the last month premium was paid in full ²
Death	Yes	The later of the following: <ul style="list-style-type: none"> • The last day of the month of death, or • The last day of the last month premium was paid in full²
	No	Last day of the last month premium was paid in full ²

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