


**Title: Administering PEBB retiree medical plan enrollment in coordination with Medicare Part D**

**PEBB Program Administrative Policy 26-1**

<b>Contact:</b>	Policy and Rules Coordinator, ERB Division	<b>Effective:</b>	January 1, 2024
<b>Associated RCW:</b>	41.05.068 41.05.085	<b>Owner:</b>	Policy, Rules, & Compliance Manager, ERB Division
<b>Associated PEBB Board Policy Resolutions:</b>		<b>Approved by:</b>	
<b>Associated WAC:</b>	182-08-015 182-08-198 182-12-109 182-12-171 182-12-180 182-12-205 182-12-207 182-12-211 182-12-262 182-12-265	<b>Position:</b>	Director of the PEBB Program
<b>Assoc. fed law/reg:</b>	42 U.S.C. § 1395w-132 42 C.F.R. § 423.880-.894 42 C.F.R. § 422.62(b) 42 C.F.R. § 423.38(c)	<b>Date approved:</b>	September 5, 2023
<b>Associated Forms &amp; Communication</b>	HCA 51-4031 (PEBB Retiree Election Form [Form A]) HCA 51-0007 (PEBB Retiree Change Form [Form E]) 021586 (Group Medicare Supplement Enrollment Application [Form B]) HCA 51-0556 (PEBB Medicare Advantage Plan Disenrollment Form [Form D])		

**PURPOSE**

To administer Public Employees Benefits Board (PEBB) retiree medical plan enrollment to participate in the employer incentive program established in 42 U.S.C. § 1395w-132.

**POLICY**

1. The PEBB Program manages member enrollment in PEBB retiree medical and dental insurance based on the member's Medicare Part D enrollment.
  - a. The PEBB Program gathers Medicare subsidy eligibility information from the Retiree Drug Subsidy Program.
  - b. The PEBB Program informs the subscriber of their option(s) in writing so they can make an educated decision.
  - c. The PEBB Program determines a subscriber's option(s) based on their specific circumstance as outlined in the table below.

Circumstance	Coordination of enrollment in PEBB retiree medical insurance
<p>A. <b>Subscriber, or subscriber's spouse or state registered domestic partner</b>, is enrolled in Medicare Part A and Part B</p> <p>AND</p> <p>Subsequently enrolls in a Medicare Part D plan</p>	<ol style="list-style-type: none"> <li>1. Subscriber, or subscriber's spouse or state registered domestic partner must:               <ol style="list-style-type: none"> <li>a. Terminate their Medicare Part D plan enrollment to retain enrollment in the selected PEBB medical plan.                   <ol style="list-style-type: none"> <li>i. Proof of their Medicare Part D plan termination is required.</li> </ol> </li> </ol> <p style="text-align: center;">OR</p> <li>b. Enroll in PEBB's Medicare Supplement Plan G to retain enrollment in PEBB retiree medical and dental insurance.                   <ol style="list-style-type: none"> <li>i. The subscriber must complete a Group Medicare Supplement Plan Enrollment Application (Form B). If the subscriber or any dependents are enrolled in a Medicare Advantage or Medicare Advantage prescription-drug plan, they must also complete a PEBB Medicare Advantage Plan Disenrollment Form (Form D).</li> <li>ii. Non-Medicare enrollees on the account will be enrolled in Uniform Medical Plan Classic.</li> </ol> <p style="text-align: center;">OR</p> <li>c. Terminate PEBB retiree medical and dental insurance. If the subscriber terminates their insurance coverage, this will also terminate medical and dental insurance coverage for all dependents enrolled under the subscriber's account. The subscriber must submit a written request for termination.</li> </li></li></ol> <li>2. Subscribers are required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) to remain enrolled in PEBB retiree medical and dental insurance.               <ol style="list-style-type: none"> <li>a. If a subscriber fails to respond regarding themselves, then the PEBB Program will terminate coverage for the subscriber and any enrolled dependents on the subscriber's account as described in WAC 182-12-207(1).</li> <li>b. If a subscriber fails to respond regarding their spouse or state registered domestic partner, then the PEBB Program will terminate coverage for the spouse or state registered domestic partner as described in WAC 182-12-207(1).</li> </ol> </li>
<p>B. <b>Subscriber</b> is enrolled in a Medicare Part D plan and is dually eligible for full Medicare and Medicaid benefits</p>	<ol style="list-style-type: none"> <li>1. The PEBB Program will defer the subscriber's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled in PEBB retiree insurance coverage if they meet criteria described in WAC 182-12-205 (3)(c).               <ol style="list-style-type: none"> <li>a. The subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) to stop the deferral and remain enrolled in PEBB retiree medical and dental insurance. To remain enrolled:</li> </ol> </li> </ol>

Circumstance	Coordination of enrollment in PEBB retiree medical insurance
	<ul style="list-style-type: none"> <li>i. Subscriber must terminate their Medicare Part D plan or terminate their enrollment in Medicaid and enroll in PEBB's Medicare Supplement Plan G; and</li> <li>ii. Provide proof of termination of their Medicare Part D plan or Medicaid.</li> </ul>
<p>C. <b>Subscriber's spouse or state registered domestic partner</b> is enrolled in a Medicare Part D plan and is dually eligible for full Medicare and Medicaid benefits.</p>	<ol style="list-style-type: none"> <li>1. The PEBB Program will terminate the subscriber's spouse or state registered domestic partner's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled in PEBB retiree insurance coverage if they meet criteria described in WAC 182-12-205 (3)(c). <ul style="list-style-type: none"> <li>a. Subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) as described in WAC 182-12-207(1) to stop their spouse or state registered domestic partner's coverage termination and remain enrolled in PEBB retiree medical and dental insurance. To remain enrolled: <ul style="list-style-type: none"> <li>i. Subscriber's spouse or state registered domestic partner must terminate their Medicare Part D plan or terminate their enrollment in Medicaid and enroll in PEBB's Medicare Supplement Plan G; and</li> <li>ii. Provide proof of termination of their Medicare Part D plan or Medicaid.</li> </ul> </li> </ul> </li> </ol>
<p>D. <b>Subscriber's dependent child</b> is enrolled in Medicare Part A or B or both Parts A and B</p> <p>AND</p> <p>Subsequently enrolls in Medicare Part D</p>	<ol style="list-style-type: none"> <li>1. The PEBB Program will continue the dependent child's PEBB retiree medical insurance coverage in the medical plan selected through the last day of the month in which their 26th birthday occurred if they meet PEBB eligibility criteria. <ul style="list-style-type: none"> <li>a. The subscriber may choose to remove the dependent child from coverage.</li> </ul> </li> <li>2. The PEBB Program will continue coverage for the dependent child age 26 or older with a disability as long as they remain eligible.</li> </ol>