

Termination due to loss of eligibility: Self-pay subscriber

Continuation coverage, 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 per WAC: <ul style="list-style-type: none"> • 182-12-171 (2)(d) (iii) or (iv) • 182-12-207 (1), (2), (3), 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 the premium and any applicable premium surcharge was paid² <i>Continuation coverage allowed for loss of eligibility such as an employer group leaving (WAC 182-12-171 (2)(d)(iii) or (iv)).</i> <i>Continuation coverage NOT allowed in cases when coverage can be terminated by HCA as defined in WAC 182-12-207 (1), (2), (3), and (4), or if Subscriber enrolled when not eligible.</i> <i>PEBB Continuation Coverage (COBRA) coverage will not exceed the maximum number of months that the subscriber is eligible for.</i>
Death	Yes or No	Yes or No	The last day of the month of death ⁴ <i>Survivor allowed continuation coverage.</i>
Non-payment of full or partial premium	N/A	Yes or No	The last day of the last month the premium and any applicable premium surcharge was paid ²

¹ Lower limit date – The lower limit date is three calendar months before the current process month.³ 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 – Paid means payment of a month’s premium and any applicable premium surcharges, or a month’s premium and any applicable premium surcharges with only an insignificant shortfall. See WAC 182-08-015 for a description of insignificant shortfall.

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

⁴ If premiums and any applicable premium surcharges remain unpaid for 60 days after the death of the subscriber, the deceased subscriber’s coverage will be terminated retroactively to the last day of the last month in which the premium or any applicable premium surcharge was paid. The retroactive termination of the deceased subscribers’ coverage will impact enrollment eligibility for surviving dependents.

Termination due to loss of eligibility: Dependent of self-pay subscriber
Dependent of continuation coverage, retiree, or survivor subscriber loses eligibility
 (e.g., loss of dependent 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 (or) Dependent enrolled when not eligible ³ per WAC 182-12-260 (or) Subscriber enrolled when not eligible	Yes	Yes or No	The last day of the month of loss of eligibility (Continuation coverage allowed)
	No	Yes	The last day of the month of loss of eligibility (Continuation 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 ² (Continuation coverage <u>NOT</u> allowed)	
Death	Yes or No	Yes or No	The last day of the month of death

¹ Lower limit date – The lower limit date is three calendar months before the current process month.³ 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 Current process month – Identifies the specific period of time for which the insurance system is billing an agency. The beginning and end date of an agency’s current process month depends on which one of the three invoicing cycles the agency is in.

³ 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.