

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2015)

Your health plan enrollment is for an entire year (January 1 through December 31), unless you make changes during a special open enrollment (SOE) or are no longer eligible under PEBB rules.

An SOE is created by a specific life event. This addendum summarizes SOE events from WACs 182-08-198, 182-08-199, 182-12-128, and 182-12-262.

To use the SOE Matrix, simply find the desired change in enrollment (top blue row) and the event (green column) that occurred or will occur. Find where the row and column meet on the matrix to determine if the desired change is allowed, and conditions that may apply.

In *Example 1* below, a "Change health plan election" (blue) is allowed based on the SOE event of "Loss of Other Coverage" (green). If the box indicates "SOE Not Allowed," then no change is allowed.

Example 1

	Change Health Plan Election (Medical and/or Dental) 182-08-198
<p>7 LOSS OF OTHER COVERAGE Subscriber or a subscriber's dependent loses other coverage under a group Health plan or through health Insurance coverage, as defined by HIPAA.</p> <p><i>Enrollment form must be received no later than 60 days after date of loss of other coverage.</i></p> <ul style="list-style-type: none"> <i>. If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.</i> <i>. If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.</i> 	<p>▶▶ Allowed only if Subscriber enrolls or subscriber enrolls dependent who lost other coverage.</p> <p>Effective Date New plan effective date is the first of the month after the later of:</p> <ul style="list-style-type: none"> (a) Date of loss of coverage, or (b) Date form received. <p>If later of (a) or (b) is the 1st of the month, effective date is that day.</p>

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This matrix only summarizes special open enrollment events in chapter 182-08 WAC and 182-12 WAC. It does not describe other circumstances such as initial eligibility, open enrollment, or termination for loss of eligibility. Notification of a special open enrollment (SOE) event **must be received no later than sixty (60) days after the event occurs**, except for birth/adoption SOE events.

▶ Provides example(s) of IRS "consistency rule;" the election change must be allowable under Internal Revenue Code, and correspond to and be consistent with the event that creates the SOE.

Events below may create a Special Open Enrollment:		Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
1	MARRIAGE Acquires a new dependent due to marriage. <i>Enrollment form must be received no later than 60 days after date of marriage.</i>	• Marriage certificate	▶▶ Allowed only if subscriber enrolls new spouse. Effective Date New plan effective date is the first of the month after the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	▶▶ Subscriber may enroll new spouse and any dependent children of spouse. Existing uncovered dependents may not enroll. Enrollment Date Enroll effective first day of month after the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	▶▶ Allowed only if dependent enrolls under the new spouse's plan. Remove Date Remove dependent from coverage the last day of the month of the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	▶▶ Allowed only if employee enrolls under the new spouse's plan. Waive Date Waive coverage the last day of the month of the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	▶▶ Employee may enroll in order to enroll new spouse or children acquired through the marriage. Other dependents may not enroll. Enrollment Date Enroll effective first day of month after the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. Premiums collected pre-tax if spouse and/or dependents qualify as tax dependents (unless otherwise requested).	▶▶ Employee may enroll or increase election for tax-dependent spouse or tax-dependent children, or decrease election if employee or tax-dependent children gain eligibility and enroll under new spouse's health plan or FSA. Enrollment or change is effective first day of month following the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.	▶▶ Employee may enroll or increase election if gaining new IRC Section 21(b)(1) qualifying individual, or decrease or cease election if new tax-dependent spouse is not employed or makes a DCAP coverage election under his or her plan. Enrollment or change is effective first day of month following the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.
2	REGISTERING A DOMESTIC PARTNER Acquires a new dependent due to registering a domestic partnership. <i>Enrollment form must be received no later than 60 days after date of registration.</i>	• Certificate of state-registered domestic partnership or legal union	▶▶ Allowed only if subscriber enrolls new domestic partner. Effective Date New plan effective date is the first of the month after the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	▶▶ Subscriber may enroll newly eligible domestic partner and may enroll any dependent children of new domestic partner. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	▶▶ Allowed only if dependent enrolls under the new domestic partner's plan. Remove Date Remove dependent from coverage the last day of the month of the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	▶▶ Allowed only if employee enrolls under the new domestic partner's plan. Waive Date Waive coverage the last day of the month of the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	▶▶ Employee may enroll in order to enroll domestic partner or children acquired through the domestic partnership. Other dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. In most cases, premiums are collected post-tax. Premiums may be collected pre-tax if domestic partner or children of domestic partner qualify as tax dependent(s).	▶▶ Employee may enroll or increase election for newly eligible tax dependents, or decrease election if employee or tax-dependent children gain eligibility and enroll under new domestic partner's health plan or FSA. Enrollment or change is effective first day of month following the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.	▶▶ Employee may enroll or increase election if gaining new IRC Section 21(b)(1) qualifying individual. Enrollment or change is effective first day of month following the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2015)

<p><i>Events below may create a Special Open Enrollment:</i></p>		<p>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.</p>	<p>Change Health Plan Election (Medical and/or Dental) 182-08-198</p>	<p>Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262</p>	<p>Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262</p>	<p>Waive Enrollment in Medical (Employees Only) 182-12-128</p>	<p>Return from Waived Enrollment in Medical (Employees Only) 182-12-128</p>	<p>Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199</p>	<p>Enroll In or Change Medical FSA (Employees Only) 182-08-199</p>	<p>Enroll In or Change DCAP (Employees Only) 182-08-199</p>
<p>3</p>	<p>BIRTH OR ADOPTION Acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption. Notice Requirement: <i>The subscriber should submit an enrollment form as soon as possible. If adding the child increases the premium, the subscriber must submit the enrollment form no later than 12 months after the date of birth, adoption, or when assuming legal obligation.</i></p>	<ul style="list-style-type: none"> • Birth certificate (or hospital certificate with the child's footprints on it) showing the name of parent who is the subscriber, the subscriber's spouse, or the subscriber's registered domestic partner; or • Certificate or decree of adoption; or • Placement letter from adoption agency 	<p>▶▶ Allowed only if subscriber enrolls new child and if subscriber provides notice no later than 60 days after the event. Effective Date New plan effective date is the first of the month of birth, adoption or when assuming legal obligation. May result in different dates for dependent enrollment and plan change.</p>	<p>▶▶ If subscriber provides notice no later than 60 days after the event, spouse or domestic partner may enroll. Existing uncovered dependent children may <u>not</u> enroll. Enrollment Date Enroll newborn or newly adopted child effective day of birth, adoption or day assuming legal obligation.- Enroll spouse or domestic partner effective first day of month of birth, adoption or when assuming legal obligation.</p>	<p>▶▶ Allowed only if dependent being removed enrolls in other coverage due to the birth or adoption of a child, and if subscriber provides notice no later than 60 days after the event. Does not apply to other existing dependent children. Remove Date Remove dependent from coverage the last day of month of the birth, adoption or when assuming legal obligation.</p>	<p>▶▶ Allowed only if employee enrolls in coverage under spouse or domestic partner due to birth or adoption, and if employee provides notice no later than 60 days after the event. Waive Date Waive coverage the last day of the month after later of: (a) Birth, adoption or when assuming legal obligation, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.</p>	<p>▶▶ If employee provides notice no later than 60 days after the event, employee may enroll in order to enroll new child. Spouse or domestic partner may enroll. Other dependent children may <u>not</u> enroll. Enrollment Date Enroll effective first day of month of birth, adoption or when assuming legal obligation.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. If notice is provided more than 60 days after the event, any related increase in the employee premium is post-tax. The employee must submit a <i>Premium Payment Plan Election/Change Form</i> during the next open enrollment if he or she wants to request to change back to pre-tax premiums.</p>	<p>▶▶ Employee may enroll or increase election for new tax dependent child or spouse, or decrease election if employee or existing child dependent gains eligibility and enrolls under spouse or domestic partner's health plan or FSA. Enroll or change election within 60 days of birth or adoption. Enrollment or change is effective first day of month of birth, adoption, or assuming legal obligation.</p>	<p>▶▶ Employee may enroll or increase election for new IRC Section 21(b)(1) qualifying individual, or decrease election if employee or existing IRC Section 21(b)(1) qualifying individual gains eligibility and enrolls under spouse or domestic partner's DCAP. Enroll or change election within 60 days of birth or adoption. Enrollment or change is effective first day of month of birth, adoption, or assuming legal obligation.</p>
<p>4</p>	<p>NEWLY ELIGIBLE EXTENDED DEPENDENT Acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship. <i>Enrollment form must be received no later than 60 days after date becoming eligible as an extended dependent.</i></p>	<ul style="list-style-type: none"> • Completed and signed Extended Dependent Certification form AND • Valid court order showing legal custody; guardianship, or temporary guardianship, signed by a Judge or officer of the court. 	<p>▶▶ Allowed only if subscriber enrolls new extended dependent. Effective Date New plan effective date is first day of month following date the PEBB Program certifies new extended dependent.</p>	<p>▶▶ Subscriber may enroll new extended dependent. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month following date PEBB Program certifies new extended dependent.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>▶▶ Employee may enroll in order to enroll new extended dependent. Other dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month following date PEBB Program certifies new extended dependent.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. Premiums may be collected pre-tax if extended dependent qualifies as tax dependent.</p>	<p>▶▶ Employee may enroll or increase election only if tax dependent gains eligibility under health plan or FSA. Enrollment or change is effective first day of month following the later of: (a) Date PEBB Program certifies new extended dependent, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	<p>▶▶ Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) qualifying individual. Enrollment or change is effective first day of month following the later of: (a) Date PEBB Program certifies new extended dependent, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>

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<p>5</p>	<p>NEWLY ELIGIBLE DEPENDENT WITH A DISABILITY Acquires a new dependent due to a child becoming eligible as a dependent with a disability. <i>Enrollment form must be received no later than 60 days after date becoming eligible as dependent with a disability.</i></p>	<ul style="list-style-type: none"> Completed and signed Certification of Dependent With a Disability form 	<p>▶▶ Allowed only if subscriber enrolls new dependent with a disability. Effective Date New plan effective date is first day of month following date the PEBB Program certifies new dependent with a disability.</p>	<p>▶▶ Subscriber may enroll new dependent with a disability. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month following date PEBB Program certifies new dependent with a disability.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>▶▶ Employee may enroll in order to enroll new dependent with a disability. Other dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month following date PEBB Program certifies new dependent with a disability.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. Premiums may be collected pre-tax if dependent with a disability qualifies as tax dependent.</p>	<p>▶▶ Employee may enroll or increase election only if tax dependent gains eligibility under health plan or FSA. Enrollment or change is effective first day of month following the later of: (a) Date PEBB Program certifies new dependent with a disability, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	<p>▶▶ Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) qualifying individual. Enrollment or change is effective first day of month following the later of: (a) Date PEBB Program certifies new dependent with a disability, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>
<p>6</p>	<p>DEPENDENT LOSES ELIGIBILITY Subscriber's dependent no longer meets PEBB eligibility criteria: - Divorce, annulment - Dissolution of registered domestic partnership (when domestic partner was tax dependent) - A child dependent ceases to be eligible - A dependent dies <i>Enrollment form must be received no later than 60 days after date the dependent no longer meets PEBB eligibility criteria.</i></p>	<p>Evidence only required for FSA election change:</p> <ul style="list-style-type: none"> Petition for Dissolution of marriage (divorce); or Petition for Dissolution of domestic partnership; or Copy of a death certificate (only for a change in FSA election) 	<p>SOE Not Allowed A dependent's loss of PEBB eligibility does not provide a special open enrollment opportunity. WAC 182-12-262(2)(a) requires a subscriber to remove a dependent(s) within sixty (60) days of the date the dependent(s) no longer meets the eligibility criteria in WAC 182-12-250 or 182-12-260. See Policy 19-1 <i>Termination Due to Loss of Eligibility</i> (Addendums 19-1A and 19-1B).</p>				<p>Premium payment plan changes allowed when tax dependent coverage termed for loss of eligibility.</p>	<p>Employee may prospectively decrease or revoke election due to loss of tax-dependent eligibility; or increase election if dependent losing eligibility remains a tax dependent. Enrollment or change is effective first day of month following the later of: (a) Date of loss of eligibility, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	<p>SOE Not Allowed See Triggering Event #19: "Changed Number of DCAP Qualifying Individuals" (N/A for child turning 26)</p>	

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7	<p>LOSS OF OTHER COVERAGE</p> <p>Subscriber or a subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA.</p> <p><i>Enrollment form must be received no later than 60 days after date of loss of other coverage.</i></p> <ul style="list-style-type: none"> <i>If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.</i> <i>If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.</i> 	<ul style="list-style-type: none"> Certificate of Creditable Coverage; or Letter of termination of coverage from health plan; or Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office; or COBRA election notice <p>Note: Evidence requirement is met when loss of other coverage is PEBB coverage, and loss is verified by PEBB when enrolling the subscriber or dependent to coverage.</p>	<p>▶▶ Allowed only if subscriber enrolls or subscriber enrolls dependent who lost other coverage.</p> <p>Effective Date New plan effective date is the first of the month after the later of: (a) Date of loss of coverage, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>▶▶ Subscriber may enroll a dependent who lost other coverage. Existing uncovered dependents may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date of loss of coverage, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	SOE Not Allowed	SOE Not Allowed	<p>▶▶ Employee <u>must</u> have lost other coverage. Or, if SOE due to dependent(s) loss of coverage, employee may enroll in order to enroll dependent. Other dependents who did not lose other coverage may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date of loss of coverage, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment.</p> <p>The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>▶▶ If employee or tax dependent loses other coverage, employee may enroll or increase election.</p> <p>Enrollment or change is effective first day of month following the later of: (a) Date of loss of other coverage, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	SOE Not Allowed

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8	<p>CHANGE IN EMPLOYMENT STATUS</p> <p>Subscriber or a subscriber's dependent has a change in employment status that affects the subscriber's or the subscriber's dependent's eligibility for their employer contribution toward employer-based group health insurance.</p> <p><i>Enrollment form must be received no later than 60 days after date of change in employment status.</i></p>	<ul style="list-style-type: none"> Employee hire letter from his or her employer; or Employment contract; or Termination letter; or Letter of resignation 	<p>▶▶ Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for the employer contribution toward coverage due to change in employment.</p> <p>Effective Date New plan effective date is the first of the month after the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>▶▶ Subscriber may enroll dependent(s) who lost eligibility for the employer contribution toward coverage. Existing uncovered dependents who did not lose eligibility for coverage may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>▶▶ Allowed only if dependent(s) being removed enroll(s) under employer plan when newly eligible.</p> <p>Remove Date Remove coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.</p> <p>Note: If new coverage is PEBB, remove date must coincide with enrollment.</p>	<p>▶▶ Allowed only when employee enrolls in comprehensive group medical coverage when a change in employment status affects eligibility for the employer contribution toward group health coverage.</p> <p>Waive Date Waive coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.</p> <p>Note: If new coverage is PEBB, waive date must coincide with enrollment.</p>	<p>▶▶ Employee must have lost eligibility for the employer contribution toward coverage under another plan, or have a change in employment status that affects eligibility for the employer contribution toward group health coverage. Or, if SOE due to dependent(s) loss of eligibility for coverage, employee may enroll in order to enroll dependent. Other dependents who did not have a change in employment status may not enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment.</p> <p>The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>▶▶ FSA change is only allowed when change in employment status affects employee or a dependent's eligibility for the FSA.</p> <p>If employee or tax dependent gains eligibility under other plan, employee may decrease or cease election.</p> <p>If employee or tax dependent loses eligibility under other plan, employee may enroll or increase election.</p> <p>Enrollment or change is effective first day of month following the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	<p>▶▶ DCAP change is only allowed when change in employment status affects employee or a dependent's eligibility for DCAP.</p> <p>If tax dependent gains eligibility and is enrolled under other plan, employee may revoke or decrease election. If tax dependent loses eligibility under other plan, employee may enroll or increase election.</p> <p>Also, if tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), employee may elect or revoke DCAP election accordingly.</p> <p>Enrollment or change is effective first day of month following the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>

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9	<p>CHANGE UNDER OTHER EMPLOYER-BASED GROUP HEALTH INSURANCE PLAN'S OPEN ENROLLMENT</p> <p>Subscriber or a subscriber's dependent has a change in enrollment under another employer-based group health insurance plan during its annual open enrollment that does not align with the PEBB program's annual open enrollment.</p> <p><i>Enrollment form must be received no later than 60 days after date of other employer-based group health insurance plan's open enrollment effective date.</i></p>	<ul style="list-style-type: none"> • Certificate of Creditable Coverage; or • Letter of enrollment or termination of coverage from the health plan; or • Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office; or • Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change); or • Proof of Waiver 	SOE Not Allowed	<p>▶▶ Subscriber may enroll dependent(s) who ended coverage during an open enrollment under another employer-based group health insurance plan. Existing uncovered dependents who did not end coverage under another employer plan may not enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Other plan's open enrollment effective date, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>▶▶ Allowed only if dependent(s) being removed enroll(s) during an open enrollment under the other employer-based group health insurance plan.</p> <p>Remove Date Remove coverage the last day of the month of the later of: (a) Other plan's open enrollment effective date, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.</p>	<p>▶▶ Allowed only when employee enrolls during an open enrollment under the other employer-based group health insurance plan.</p> <p>Waive Date Waive coverage the last day of the month of the later of: (a) Other plan's open enrollment effective date, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.</p>	<p>▶▶ Allowed only when employee or dependent cancels other employer-based group health insurance during open enrollment under the other plan. If dependent(s) cancel(s) coverage under another employer-based group health insurance plan during other plan's open enrollment, employee may enroll in order to enroll dependent(s). Existing uncovered dependent(s) may not enroll.</p> <p>Note: Employee is allowed to elect a health plan when returning from waived enrollment status.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Other plan's open enrollment effective date, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	<p>▶▶ If tax dependent enrolls or increases election under other DCAP plan, the employee may revoke or decrease election. If tax dependent cancels or reduces other DCAP election, the employee may enroll or increase election.</p> <p>Enrollment or change is effective first day of month following the later of: (a) Other plan's open enrollment effective date, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>
10	<p>DEPENDENT MOVES TO USA, OR FROM USA</p> <p>Subscriber's dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States.</p> <p><i>Enrollment form must be received no later than 60 days after date moving to or from USA.</i></p>	<ul style="list-style-type: none"> • Visa or Passport with date of entry 	SOE Not Allowed	<p>▶▶ Subscriber may only enroll dependents who moved to the United States. Other existing dependents may not enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date dependent changes residence from other country to the United States, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>▶▶ Subscriber may only remove dependents who move outside of the United States. Other enrolled dependents may not be removed.</p> <p>Remove Date Remove from coverage the last day of the month of the later of: (a) Date dependent changes residence from the United States to other country, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.</p>	<p>▶▶ Allowed only if all other dependents enrolled to coverage move outside of the United States.</p> <p>Waive Date Waive coverage the last day of the month of the later of: (a) Date dependent changes residence from the United States to other country, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>▶▶ Allowed only to enable enrollment of dependent who moved to the United States.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date dependent changes residence from other country to the United States, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	SOE Not Allowed

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2015)

Events below may create a Special Open Enrollment:

		Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
11	<p>CHANGE IN RESIDENCE</p> <p>Subscriber or a subscriber's dependent has a change in residence that affects health plan availability.</p> <p>If the subscriber moves and the subscriber's current health plan is not available in the new location the subscriber must select a new health plan. Note: A dental plan is considered to be available if within 50 miles of subscriber's new residence.</p> <p>If the subscriber does not select a new health plan, the PEBB program may change the subscriber's health plan as described in WAC 182-08-196(2).</p> <p><i>Enrollment form must be received no later than 60 days after date of change in residence.</i></p>	<ul style="list-style-type: none"> • Proof of former and current residence (e.g. utility bill) 	<p>▶▶ Allowed only if change in residence causes current health plan to become unavailable.</p> <p>Effective Date New plan effective date is the first of the month after the later of: (a) Date of change in residence, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	SOE Not Allowed
12	<p>COURT ORDER OR NATIONAL MEDICAL SUPPORT NOTICE (NMSN)</p> <p>A court order or national medical support notice requires the subscriber or any other individual to provide insurance coverage for an eligible dependent of the subscriber (a former spouse or former registered domestic partner is not an eligible dependent).</p> <p><i>Enrollment form must be received no later than 60 days after date of court order or NMSN.</i></p> <p>See also: WAC 182-12-263</p>	<ul style="list-style-type: none"> • Valid court order; or • National Medical Support Notice 	<p>▶▶ Allowed only if the election change is required by the court order, or if election change is requested because the dependent named in the court order does not reside in the service area of the subscriber's health plan.</p> <p>Effective Date New plan effective date is the first of the month after the later of: (a) Date of court order, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>▶▶ Subscriber may enroll a dependent required to be enrolled by the court order. Existing uncovered dependents who are not required to be enrolled to coverage by the court order may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date of court order, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>▶▶ Allowed only if the dependent is enrolled under the coverage of the individual who is required by court order to provide insurance coverage.</p> <p>Remove Date Remove dependent from coverage the last day of the month of the later of: (a) Date of court order, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.</p>	SOE Not Allowed	<p>▶▶ Employee may enroll in order to enroll a dependent who is required to be enrolled by the court order.</p> <p>Enrollment Date Enroll effective first day of month after the later of: (a) Date of court order, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent child.	<p>▶▶ Employee may enroll or increase election if required by the court order for the employee's tax dependent child.</p> <p>Enrollment or change is effective first day of month following the later of: (a) Date of court order, or (b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	SOE Not Allowed See Triggering Event #19: "Changed Number of Qualifying Individuals" (N/A for child turning 26)

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2015)

<p><i>Events below may create a Special Open Enrollment:</i></p>		<p>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.</p>	<p>Change Health Plan Election (Medical and/or Dental) 182-08-198</p>	<p>Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262</p>	<p>Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262</p>	<p>Waive Enrollment in Medical (Employees Only) 182-12-128</p>	<p>Return from Waived Enrollment in Medical (Employees Only) 182-12-128</p>	<p>Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199</p>	<p>Enroll In or Change Medical FSA (Employees Only) 182-08-199</p>	<p>Enroll In or Change DCAP (Employees Only) 182-08-199</p>
<p>13</p>	<p>GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP Subscriber or a subscriber's dependent becomes entitled to coverage under Medicaid or a state children's health insurance program (CHIP), or the subscriber or a subscriber's dependent loses eligibility for coverage under Medicaid or CHIP. <i>Enrollment form must be received no later than 60 days after date of gaining or losing eligibility.</i> <i>Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:</i> -Date of eligibility, or -Date agency grants eligibility</p>	<p>• Approval or Denial letter from Medicaid or CHIP</p>	<p>▶▶ Allowed only if subscriber removes dependent from coverage or enrolls dependent to coverage. Effective Date New plan effective date is the first of the month after the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>▶▶ Subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP. Existing uncovered dependents who did not lose eligibility may <u>not</u> enroll. Enrollment Date Enroll effective first day of month following the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>▶▶ Allowed only if dependent enrolls to Medicaid or CHIP coverage when becoming eligible for that coverage. Remove Date Remove dependent from coverage the last day of the month of the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.</p>	<p>▶▶ Allowed only if employee enrolls to Medicaid when he or she becomes eligible. Waive Date Waive coverage the last day of the month of the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.</p>	<p>▶▶ Employee must have lost eligibility for Medicaid. Or, if SOE is due to dependent losing coverage under Medicaid or CHIP, employee may enroll in order to enroll dependent. Existing dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>▶▶ Employee may decrease or revoke election if employee or dependent becomes eligible for Medicaid or CHIP. Employee may enroll or increase election if employee or dependent loses eligibility for Medicaid or CHIP. Enrollment or change is effective first day of month following the later of: (a) Date gaining or losing eligibility for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	<p>SOE Not Allowed</p>
<p>14</p>	<p>BECOME ELIGIBLE FOR STATE PREMIUM ASSISTANCE SUBSIDY FOR PEBB HEALTH PLAN COVERAGE FROM MEDICAID OR CHIP As required by HIPAA, subscriber or a subscriber's dependent becomes eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or a state children's health insurance program (CHIP). <i>Enrollment form must be received no later than 60 days after date becoming eligible.</i> <i>Note: 60-day notice requirement is measured from the later of:</i> -Date of eligibility, or -Date agency grants eligibility</p>	<p>• Eligibility or loss of eligibility letter from Medicaid or CHIP</p>	<p>▶▶ Allowed only if subscriber enrolls, or subscriber enrolls dependent, after subscriber or dependent becomes eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. Effective Date New plan effective date is the first of the month after the later of: (a) Date eligible for state premium assistance, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>▶▶ Subscriber may enroll a dependent who has become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. Existing uncovered dependents who did not become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP may not enroll. Enrollment Date Enroll effective first day of month following the later of: (a) Date eligible for state premium assistance, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>▶▶ Employee or dependent must have become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. Enrollment Date Enroll effective first day of month after the later of: (a) Date eligible for state premium assistance, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2015)

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<p>15</p>	<p>GAIN OR LOSE ELIGIBILITY FOR MEDICARE, OR ENROLL OR CANCEL ENROLLMENT IN MEDICARE PART D</p> <p>Subscriber or a subscriber's dependent: - becomes entitled (enrolled) to Medicare, or - loses eligibility for Medicare, or - enrolls in or cancels enrollment in a Medicare Part D plan.</p> <p>If the subscriber's current health plan becomes unavailable due to the subscriber's or a subscriber's dependent's entitlement to Medicare, the subscriber must select a new health plan as described in WAC 182-08-196(1).</p> <p><i>Enrollment form must be received no later than 60 days after date of gaining or losing eligibility for Medicare, or enrolling or cancelling enrollment in Medicare Part D.</i> <i>Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:</i> <i>-Date of eligibility,</i> <i>or</i> <i>-Date agency grants eligibility</i></p>	<ul style="list-style-type: none"> • Medicare Benefit Verification letter; or • Copy of Medicare card; or • Notice of Denial of Medicare Coverage; or • Social Security denial letter; or • Medicare Entitlement or Cessation of Disability form; or • Letter confirming enrollment or cancellation of Medicare Part D coverage; or • Letter of declination of Medicare Part D coverage 	<p>Effective Date New plan effective date is the first of the month after the later of: (a) Date entitled to Medicare, date of loss of eligibility for Medicare, or date of enrollment or disenrollment from a Medicare Part D plan, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>▶▶ If employee or tax dependent gains Medicare eligibility, employee may decrease election or revoke enrollment. If employee or tax dependent loses Medicare eligibility, employee may increase election or enroll in coverage. Enrollment or change is effective first day of month following the later of: (a) Date entitled to Medicare, date of loss of eligibility for Medicare, or date of enrollment or disenrollment from a Medicare Part D plan, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>	<p>SOE Not Allowed</p>
<p>16</p>	<p>HEALTH PLAN BECOMES UNAVAILABLE</p> <p>Subscriber or a subscriber's dependent's current health plan becomes unavailable because the subscriber or enrolled dependent is no longer eligible for a health savings account (HSA). HCA may require evidence that the subscriber or subscriber's dependent is no longer eligible for an HSA.</p> <p><i>Enrollment form must be received no later than 60 days after date health plan becomes unavailable.</i></p>	<ul style="list-style-type: none"> • Cancellation letter from HDHP; or • Coverage confirmation in a new health plan; or • Medicare entitlement letter; or • Copy of current tax return claiming you as a dependent 	<p>▶▶ Allowed only when HSA eligibility is lost. Effective Date New plan effective date is the first of the month after the later of: (a) Date current health plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2015)

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<p>17</p>	<p>CONTINUITY OF CARE</p> <p>Subscriber or subscriber's dependent experiences a disruption of care that could function as a reduction in benefits for the subscriber or the subscriber's dependent for a specific condition or ongoing course of treatment.</p> <p>The subscriber may not change their health plan election if the subscriber's or dependent's physician stops participation with the subscriber's health plan unless the PEBB program determines that a continuity of care issue exists. (See 182-08-198 for specific circumstances).</p> <p><i>Enrollment form must be received no later than 60 days after date of disruption.</i></p>	<ul style="list-style-type: none"> Submit request for a plan change to the Health Care Authority: PEBB Program Attn: Clinical & Quality Programs Manager PO Box 42684 Olympia, WA 98504-5502 	<p>▶▶ Allowed only if meeting a specific circumstance described in rule.</p> <p>Effective Date New plan effective date is the first of the month after the later of: (a) Date of disruption, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment.</p> <p>The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>
<p>18</p>	<p>CHANGE DEPENDENT CARE PROVIDER (WITH INCREASED OR DECREASED COST)</p> <p>If employee changes dependent care provider, the change to DCAP can reflect the cost of the new provider, provided the dependent care provider is not a relative as defined in Section 152 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC.</p> <p><i>Enrollment form must be received no later than 60 days after date of cost change.</i></p>	<ul style="list-style-type: none"> Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date. 	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>▶▶ Change must be consistent with the increased or decreased cost of services of the new provider for an IRC Section 21(b)(1) qualifying individual.</p> <p>Enrollment or change is effective first day of month following the later of: (a) Date of cost increase or decrease, or (b) Date form received. If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>

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<p>Events below may create a Special Open Enrollment:</p>		<p>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.</p>	<p>Change Health Plan Election (Medical and/or Dental) 182-08-198</p>	<p>Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262</p>	<p>Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262</p>	<p>Waive Enrollment in Medical (Employees Only) 182-12-128</p>	<p>Return from Waived Enrollment in Medical (Employees Only) 182-12-128</p>	<p>Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199</p>	<p>Enroll In or Change Medical FSA (Employees Only) 182-08-199</p>	<p>Enroll In or Change DCAP (Employees Only) 182-08-199</p>
<p>19</p>	<p>CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS</p> <p>Employee or employee's spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21 (b)(1).</p> <p><i>Enrollment form must be received no later than 60 days after date of change.</i></p>	<ul style="list-style-type: none"> Letter from the daycare provider confirming the number of qualifying individuals enrolled, the change in premium, and the effective date of change; or Two billing statements that include the number of qualifying individuals enrolled in each month, the premium amount due for each month, and the statement date. 	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>▶▶ Change must be consistent with the increased or decreased number of IRC Section 21(b)(1) qualifying individuals.</p> <p>Enrollment or change is effective first day of month following the later of:</p> <p>(a) Date of change in number of IRC Section 21(b)(1) qualifying individuals, or</p> <p>(b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>
<p>20</p>	<p>CHANGED COST OF DEPENDENT CARE</p> <p>Employee's dependent care provider imposes a change in the cost of dependent care, provided the dependent care provider is not a relative as defined in Section 152 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC.</p> <p><i>Enrollment form must be received no later than 60 days after date of change.</i></p>	<ul style="list-style-type: none"> Letter from the daycare provider confirming the change in premium and the current date and the effective date of change; or Two billing statements that show the change in premium due. Statements must include the premium amount due for each month, and the statement date. 	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>SOE Not Allowed</p>	<p>▶▶ Change must be consistent with the increased or decreased cost of dependent care provided to an IRC Section 21(b)(1) qualifying individual.</p> <p>Enrollment or change is effective first day of month following the later of:</p> <p>(a) Date of cost increase or decrease, or</p> <p>(b) Date form received.</p> <p>If later of (a) or (b) is the 1st of the month, the enrollment or change in election begins on that day.</p>