

Addendum 45-2A

**Special Open Enrollment (SOE) Matrix: Summary of Permitted Changes
(effective 1/1/2012)**

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 triggered 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 triggering 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 triggering event of "Marriage" (green). If the box indicates "SOE Not Allowed," then no change is allowed.

Example 1

	<p align="center">Change Health Plan Election (Medical and/or Dental) 182-08-198</p>
<p>MARRIAGE Acquires a new dependent due to marriage</p>	<p>▶▶ Allowed only if subscriber enrolls new spouse. Change Date New plan effective date is the first of the month after the later of: -Date of marriage, or -Date form received, or The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>

Addendum 45-2A

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2012)

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

▶ Provides example(s) of "consistency rule"; the election change must be on account of and correspond with the change in status that affects eligibility for coverage.

Red type describes additional consideration for subscriber enrolled in CDHP/HSA coverage.

* When is the most recent HSA contribution month?

→For Self Pay Subscribers: The most recent month for which premium is received by HCA.

→For Subscribers Eligible for the Employer Contribution: The most recent month the Carrier Payment Date (CPD) has passed. The CPD is the 23rd day of the month (if the 23rd falls on a weekend or holiday, the CPD is the first preceeding working day).

Triggering Event		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>(60-day notice required)</i>	▶ Allowed only if subscriber enrolls new spouse. Change Date New plan effective date is the first of the month after the later of: -Date of marriage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶ Subscriber may enroll new spouse and any dependent children of spouse. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of marriage, or -Date form received.	▶ 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: -Date of marriage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶ 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: -Date of marriage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA)	▶ Employee may enroll in order to enroll new spouse or children acquired through the marriage. Other dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of marriage, or -Date form received.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment.	▶ Employee may enroll or increase election for spouse or dependent children, or decrease election if employee or dependent children gain eligibility and enroll under new spouse's health plan or FSA. Form must be submitted within 60 days of date of marriage. Enrollment or change is effective first day of month following approval by the FSA administrator.	▶ Employee may enroll or increase election if gaining new dependent child, or decrease or cease election if new spouse is not employed or makes a DCAP coverage election under his or her plan. Form must be submitted within 60 days of date of marriage. Enrollment or change is effective first day of month following approval by the DCAP administrator.
2	REGISTERING A DOMESTIC PARTNER Acquires a new dependent due to registering a domestic partnership with Washington's secretary of state <i>(60-day notice required)</i>	▶ Allowed only if subscriber enrolls new domestic partner. Change Date New plan effective date is the first of the month after the later of: -Date of registration, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶ 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: -Date of registration, or -Date form received.	▶ 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: -Date of registration, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶ 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: -Date of registration, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA)	▶ 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: -Date of registration, or -Date form received.	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 dependents.	▶ Employee may enroll or increase election for newly eligible tax dependents. Enroll or change election within 60 days of tax dependent becoming newly eligible. Enrollment or change is effective first day of month following approval by the FSA administrator.	▶ Employee may enroll or increase election for newly eligible tax dependents. Enroll or change election within 60 days of tax dependent becoming newly eligible. Enrollment or change is effective first day of month following approval by the DCAP administrator.

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3	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: 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.	▶▶ Allowed only if subscriber enrolls new child and if subscriber provides notice no later than 60 days after the event Change Date New plan effective date is the later of: -The first of the month of birth, adoption or when assuming legal obligation, or -The most recent HSA contribution month.* (if enrolled in CDHP/HSA). May result in different dates for dependent enrollment and plan change.	▶▶ 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.	▶▶ 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 existing dependent children. Remove Date Remove dependent from coverage the last day of month of the later of: -Birth, adoption or when assuming legal obligation, or -The most recent HSA contribution month.* (if enrolled in CDHP/HSA).	▶▶ 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 -Birth, adoption or when assuming legal obligation, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA)	▶▶ 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.	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.	▶▶ 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 following approval by the FSA administrator.	▶▶ Employee may enroll or increase election for new tax dependent child, or decrease election if employee or existing child dependent 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 following approval by the DCAP administrator.
4	NEWLY ELIGIBLE EXTENDED DEPENDENT Acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship. (60-day notice required)	▶▶ Allowed only if subscriber enrolls new extended dependent. Change Date New plan effective date is first day of month following date the PEBB Program certifies new extended dependent, not to precede the most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶▶ 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.	SOE Not Allowed	SOE Not Allowed	▶▶ 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.	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.	▶▶ Employee may enroll or increase election only if tax dependent gains eligibility under health plan or FSA. Enroll or change election within 60 days of tax dependent child becoming eligible as extended dependent. Enrollment or change is effective first day of month following approval by the FSA administrator.	▶▶ Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) tax dependent. Enroll or change election within 60 days of tax dependent child becoming eligible as extended dependent. Enrollment or change is effective first day of month following approval by the DCAP administrator.
5	NEWLY ELIGIBLE DEPENDENT WITH A DISABILITY Acquires a new dependent due to a child becoming eligible as a dependent with a disability. (60-day notice required)	▶▶ Allowed only if subscriber enrolls new dependent with a disability. Change Date New plan effective date is first day of month following date the PEBB Program certifies new dependent with a disability, not to precede the most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶▶ 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.	SOE Not Allowed	SOE Not Allowed	▶▶ 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.	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.	▶▶ Employee may enroll or increase election only if tax dependent gains eligibility under health plan or FSA. Enroll or change election within 60 days of tax dependent child becoming eligible as dependent with a disability. Enrollment or change is effective first day of month following approval by the FSA administrator.	▶▶ Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) tax dependent. Enroll or change election within 60 days of tax dependent child becoming eligible as dependent with a disability. Enrollment or change is effective first day of month following approval by the DCAP administrator.

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6	<p>DEPENDENT LOSES ELIGIBILITY</p> <p>Subscriber's dependent no longer meets PEBB eligibility criteria: -Divorce, annulment -Dissolution of state registered domestic partnership -A child dependent ceases to be eligible -A dependent dies</p> <p><i>(60-day notice required)</i></p>	<p style="text-align: center;">SOE Not Allowed</p> <p style="text-align: center;">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.</p> <p style="text-align: center;">See Policy 19-1 <i>Termination Due to Loss of Eligibility</i> (Addendums 19-1A and 19-1B).</p>					Premium payment plan changes allowed when dependent coverage terminated for loss of eligibility.	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.	<p style="text-align: center;">SOE Not Allowed</p> <p style="text-align: center;">See Triggering Event #16:</p> <p style="text-align: center;">"Change in number of IRC Section 21(b)(1) qualifying individuals" (N/A for child turning 26)</p>
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>(60-day notice required)</i></p>	<p>▶▶ Allowed only if subscriber enrolls or subscriber enrolls dependent who lost other coverage. Change Date New plan effective date is the first of the month after the later of: -Date of loss of coverage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>	<p>▶▶ Subscriber may enroll a dependent who lost coverage under a group health plan or through health insurance coverage. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of loss of coverage, or -Date form received.</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 coverage may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of loss of coverage, or -Date form received.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment.	SOE Not Allowed	SOE Not Allowed
8	<p>CHANGE IN EMPLOYMENT STATUS</p> <p>Subscriber or a subscriber's dependent(s) has a change in employment status that affects the subscriber's or the subscribers's dependent's eligibility for the employer contribution toward group health coverage</p> <p><i>(60-day notice required)</i></p>	<p>▶▶ Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for coverage due to change in employment. Change Date New plan effective date is the first of the month after the later of: -Date of change in employment, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>	<p>▶▶ Subscriber may enroll dependent(s) who lost eligibility for coverage. Existing uncovered dependents who did not lose eligibility for coverage may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of change in employment, or -Date form received.</p>	<p>▶▶ Allowed only if dependent(s) being removed enroll(s) under employer plan when newly eligible. Remove Date Remove coverage the last day of the month of the later of: -Date of change in employment, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA)</p> <p>Note: If new coverage is PEBB, remove date must coincide with enrollment.</p>	<p>▶▶ Allowed only when employee enrolls under spouse or domestic partner's plan when newly eligible. Waive Date Waive coverage the last day of the month of the later of: -Date of change in employment, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA)</p> <p>Note: If new coverage is PEBB, waive date must coincide with enrollment.</p>	<p>▶▶ Employee <u>must</u> have lost eligibility for coverage. Or, if SOE due to dependent(s) loss of eligibility for coverage, employee may enroll in order to enroll dependent. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of change in employment, or -Date form received.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment.	<p>▶▶ If employee, spouse or dependent gains eligibility under other plan, employee may decrease or cease election. If employee, spouse or dependent loses eligibility under other plan, employee may enroll or increase election.</p> <p>Employee may enroll or change election within 60 days of change in employment status. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	<p>▶▶ If spouse or dependent gains eligibility and is added under other plan, employee may revoke or decrease election. If spouse or dependent loses eligibility under other plan, employee may enroll or increase election.</p> <p>Employee may enroll or change election within 60 days of change in employment status. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>

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9	<p>CHANGE IN RESIDENCE</p> <p>Subscriber or a subscriber's dependent has a change in residence that affects health plan availability. 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. 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</p> <p><i>(60-day notice required)</i></p>	<p>▶▶ Allowed only if change in residence causes current health plan to become unavailable.</p> <p>Change Date New plan effective date is the first of the month after the later of: -Date of change in residence, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</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.	SOE Not Allowed	SOE Not Allowed	
10	<p>COURT ORDER OR MEDICAL SUPPORT ORDER</p> <p>Subscriber receives a court order or medical support order requiring the subscriber, the subscriber's spouse, or the subscriber's Washington state registered domestic partner to provide insurance coverage for an eligible dependent (a former spouse or former registered domestic partner is not an eligible dependent)</p> <p><i>(60-day notice required)</i></p>	<p>▶▶ Allowed only if subscriber enrolls court-ordered dependent to coverage.</p> <p>Change Date New plan effective date is the first of the month after the later of: -Date of court order, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>	<p>▶▶ Subscriber may enroll a court-ordered dependent. Existing uncovered dependents who are not court-ordered to coverage may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: -Date of court order, or -Date form received.</p>	SOE Not Allowed	SOE Not Allowed	<p>▶▶ Employee may enroll in order to enroll court-ordered dependent. Existing uncovered dependents may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of: -Date of court order, or -Date form received.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment.	<p>In most cases, premiums are collected pre-tax.</p> <p>Premiums may need to be collected post-tax if child of domestic partner does not qualify as tax dependent.</p>	<p>▶▶ Employee may enroll or increase election for new dependent(s).</p> <p>Employee may enroll or change election within 60 days of receiving court order. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	SOE Not Allowed

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11	<p>ELIGIBLE FOR MEDICAID OR CHIP</p> <p>Subscriber or a subscriber's dependent becomes eligible for state premium assistance through 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</p> <p><i>(60-day notice required)</i></p>	<p>▶▶ Allowed only if subscriber removes dependent from coverage or enrolls dependent to coverage.</p> <p>Change Date New plan effective date is the first of the month after the later of: -Date eligible for state premium assistance, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</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 not enroll.</p> <p>Enrollment Date Enroll effective first day of month following the later of: -Date eligible for state premium assistance, or -Date form received.</p>	<p>▶▶ Allowed only if dependent enrolls to state premium assistance coverage due to the SOE of becoming eligible for that coverage.</p> <p>Remove Date Remove dependent from coverage the last day of the month of the later of: -Date eligible for state premium assistance, or -Date form is received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>	<p>▶▶ Allowed only if employee enrolls to Medicaid when he or she becomes eligible.</p> <p>Waive Date Waive coverage the last day of the month of the later of: -Date eligible for state premium assistance, or -Date form is received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA)</p>	<p>▶▶ Employee must have lost eligibility for state premium assistance. 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.</p> <p>Enrollment Date Enroll effective first day of month after the later of: -Date not eligible for state premium assistance, or -Date form received.</p>	Premium payment plan changes allowed when consistent with a change in group health plan enrollment.	<p>▶▶ FSA change is only available with loss of eligibility for state premium assistance, Medicaid or CHIP. Employee may enroll or increase election for new dependent(s).</p> <p>Employee may enroll or change election within 60 days of losing eligibility for state premium assistance, Medicaid or CHIP. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	SOE Not Allowed
12	<p>ELIGIBLE FOR MEDICARE</p> <p>Subscriber or a subscriber's dependent: - becomes entitled to Medicare, - enrolls in or disenrolls from a Medicare Part D plan. (or) Employee or employee's dependent gains or loses eligibility for Medicare (182-08-199)</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 (182-08-198)</p> <p><i>(60-day notice required)</i></p>	<p>Change Date New plan effective date is the first of the month after the later of: -Date entitled to Medicare, enrollment or disenrollment from a Medicare Part D plan, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</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.	<p>▶▶ If gaining Medicare eligibility, employee may decrease election or revoke enrollment. If losing Medicare eligibility, subscriber may increase election or enroll in coverage.</p> <p>Employee may enroll or change election within 60 days of gaining or losing Medicare. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	SOE Not Allowed

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13	<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 becomes ineligible 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>(60-day notice required)</i></p>	<p>▶▶ Allowed only when HSA eligibility is lost.</p> <p>Change Date New plan effective date is the first of the month after the later of:</p> <ul style="list-style-type: none"> -Date current health plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA). 	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.	SOE Not Allowed	SOE Not Allowed
14	<p>CONTINUITY OF CARE</p> <p>Subscriber experiences a disruption that could function as a reduction in benefits for the subscriber or the subscriber's dependent(s) due to a specific condition or ongoing course of treatment. This criteria is not met when the subscriber's or an enrolled 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 and 182-08-199 for specific circumstances)</p> <p><i>(60-day notice required)</i></p>	<p>▶▶ Allowed only if meeting a specific circumstance described in rule.</p> <p>Change Date New plan effective date is the first of the month after the later of:</p> <ul style="list-style-type: none"> -Date of disruption, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA). 	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 that represents a significant curtailment of coverage.	SOE Not Allowed	SOE Not Allowed
15	<p>CHANGE DEPENDENT CARE PROVIDER</p> <p>Employee changes dependent care provider</p> <p><i>(60 Day Notice Required)</i></p>	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	<p>▶▶ Change must reflect the increased or decreased cost of the new provider.</p> <p>Employee may enroll or change election within 60 days of change in provider. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>

Addendum 45-2A

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2012)

Triggering Event		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
16	<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>(60-day notice required)</i></p>	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	<p>▶▶ Change must reflect the increased or decreased number of qualifying individuals.</p> <p>Employee may enroll or change election within 60 days of change in number of qualifying individuals. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>
17	<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>(60-day notice required)</i></p>	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	<p>▶▶ Change must reflect the increased or decreased cost of dependent care.</p> <p>Employee may enroll or change election within 60 days of change in cost of dependent care. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>