

Addendum 45-2A

Special Open Enrollment (SOE) Matrix: Summary of Permitted Changes

(effective 1/1/2013)

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

<i>Events below may create a Special Open Enrollment</i>		Change Health Plan Election (Medical and/or Dental) 182-08-198
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. <i>(60-day notice required)</i>	▶▶ Allowed only if subscriber enrolls or subscriber enrolls dependent who lost other coverage. <u>Change Date</u> 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).

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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 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 IRS "consistency rule"; the election change must be on account of and correspond with the event that affects eligibility for coverage; or effects DCAP expenses.

Red type describes additional considerations for a 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 preceding working day).

Events below may create a Special Open Enrollment:

	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
<p>1 MARRIAGE</p> <p>Acquires a new dependent due to marriage.</p> <p>Note: Includes same-sex marriage as of 12-6-2012.</p> <p><i>(60-day notice required)</i></p>	<p>▶ Allowed only if subscriber enrolls new spouse.</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 marriage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA). 	<p>▶ Subscriber may enroll new spouse and any dependent children of spouse. Existing uncovered dependents may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of:</p> <ul style="list-style-type: none"> -Date of marriage, or -Date form received. 	<p>▶ Allowed only if dependent enrolls under the new spouse's plan.</p> <p>Remove Date Remove dependent from coverage the last day of the month of the later of:</p> <ul style="list-style-type: none"> -Date of marriage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA). 	<p>▶ Allowed only if employee enrolls under the new spouse's plan.</p> <p>Waive Date Waive coverage the last day of the month of the later of:</p> <ul style="list-style-type: none"> -Date of marriage, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA) 	<p>▶ Employee may enroll in order to enroll new spouse or children acquired through the marriage. Other dependents may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of:</p> <ul style="list-style-type: none"> -Date of marriage, or -Date form received. 	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment.</p> <p>Premiums collected pre-tax if spouse and/or dependents qualify as tax dependents (unless otherwise requested).</p>	<p>▶ 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.</p> <p>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.</p>	<p>▶ 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.</p> <p>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.</p>
<p>2 REGISTERING A DOMESTIC PARTNER</p> <p>Acquires a new dependent due to registering a domestic partnership.</p> <p><i>(60-day notice required)</i></p>	<p>▶ Allowed only if subscriber enrolls new domestic partner.</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 registration, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA). 	<p>▶ 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.</p> <p>Enrollment Date Enroll effective first day of month after the later of:</p> <ul style="list-style-type: none"> -Date of registration, or -Date form received. 	<p>▶ Allowed only if dependent enrolls under the new domestic partner's plan.</p> <p>Remove Date Remove dependent from coverage the last day of the month of the later of:</p> <ul style="list-style-type: none"> -Date of registration, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA). 	<p>▶ Allowed only if employee enrolls under the new domestic partner's plan.</p> <p>Waive Date Waive coverage the last day of the month of the later of:</p> <ul style="list-style-type: none"> -Date of registration, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA) 	<p>▶ Employee may enroll in order to enroll domestic partner or children acquired through the domestic partnership. Other dependents may <u>not</u> enroll.</p> <p>Enrollment Date Enroll effective first day of month after the later of:</p> <ul style="list-style-type: none"> -Date of registration, or -Date form received. 	<p>Premium payment plan changes allowed when consistent with a change in group health plan enrollment.</p> <p>In most cases, premiums are collected post-tax.</p> <p>Premiums may be collected pre-tax if domestic partner or children of domestic partner qualify as tax dependent(s).</p>	<p>▶ 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.</p> <p>Form must be submitted within 60 days of tax dependent becoming newly eligible. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	<p>▶ Employee may enroll or increase election if gaining new IRC Section 21(b)(1) qualifying individual.</p> <p>Form must be submitted within 60 days of tax dependent becoming newly eligible. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>

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Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2013)

Events below may create a Special Open Enrollment:

		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
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.	<p>▶▶ 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 first of the month after the most recent HSA contribution month.* (if enrolled in CDHP/HSA).</p> <p>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 later of: -Birth, adoption or when assuming legal obligation, or -The most recent HSA contribution month.* (if enrolled in CDHP/HSA).</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: -Birth, adoption or when assuming legal obligation, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</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 following approval by the FSA administrator.</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 following approval by the DCAP administrator.</p>
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)	<p>▶▶ 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).</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>	SOE Not Allowed	SOE Not Allowed	<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. 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.</p>	<p>▶▶ Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) qualifying individual. Enroll or change election within 60 days of IRC Section 21(b)(1) qualifying individual becoming eligible as extended dependent. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>

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5	<p>NEWLY ELIGIBLE DEPENDENT WITH A DISABILITY</p> <p>Acquires a new dependent due to a child becoming eligible as a dependent with a disability.</p> <p><i>(60-day notice required)</i></p>	<p>▶▶ Allowed only if subscriber enrolls new dependent with a disability.</p> <p>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).</p>	<p>▶▶ Subscriber may enroll new dependent with a disability. Existing uncovered dependents may <u>not</u> enroll.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>▶▶ Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) qualifying individual.</p> <p>Enroll or change election within 60 days of IRC Section 21(b)(1) qualifying individual becoming eligible as dependent with a disability. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>
6	<p>DEPENDENT LOSES ELIGIBILITY</p> <p>Subscriber's dependent no longer meets PEBB eligibility criteria:</p> <ul style="list-style-type: none"> -Divorce, annulment -Dissolution of registered domestic partnership (when domestic partner was tax dependent) -A child dependent ceases to be eligible -A dependent dies <p><i>(60-day notice required)</i></p>	<p>SOE Not Allowed</p> <p>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>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.</p>	<p>SOE Not Allowed</p> <p>See Triggering Event #18:</p> <p>"Change in number of IRC Section 21(b)(1) qualifying individuals" (N/A for child turning 26)</p>

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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. (60-day notice required)	<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>	<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 loses other coverage, employee may enroll or increase election. Employee may enroll or change election within 60 days of loss of other coverage. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	SOE Not Allowed
8	CHANGE IN EMPLOYMENT STATUS 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 the employer contribution toward group health coverage. (60-day notice required)	<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 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). 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. 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). Note: If new coverage is PEBB, waive date must coincide with enrollment.</p>	<p>▶▶ Employee must have lost eligibility for 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. Enrollment Date Enroll effective first day of month after the later of: -Date of change in employment, or -Date form received.</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>▶▶ FSA change is only allowed when change in employment status affects employee or a dependent's eligibility for the FSA. If employee or tax dependent gains eligibility under other plan, employee may decrease or cease election. If employee or tax dependent loses eligibility under other plan, employee may enroll or increase election. 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>▶▶ DCAP change is only allowed when change in employment status affects employee or a dependent's eligibility for DCAP. 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. Also, if tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), employee may elect or revoke DCAP election accordingly. 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 UNDER OTHER EMPLOYER PLAN'S OPEN ENROLLMENT</p> <p>Subscriber or a subscriber's dependent has a change in enrollment under another employer plan during its annual open enrollment that does not align with the PEBB program's annual open enrollment. <i>(60-day notice required)</i></p>	SOE Not Allowed	<p>▶▶ Subscriber may enroll dependent(s) who ended coverage during an open enrollment under another employer plan. Existing uncovered dependents who did not end coverage under another employer plan may not enroll. Enrollment Date Enroll effective first day of month after the later of: -Other plan's open enrollment effective date, or -Date form received.</p>	<p>▶▶ Allowed only if dependent(s) being removed enroll(s) during an open enrollment under the other employer plan. Remove Date Remove coverage the last day of the month of the later of: -Other plan's open enrollment effective date, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>	<p>▶▶ Allowed only when employee enrolls during an open enrollment under the other employer plan. Waive Date Waive coverage the last day of the month of the later of: -Other plan's open enrollment effective date, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).</p>	<p>▶▶ Allowed only when employee or dependent cancels other employer coverage during open enrollment under the other plan. If dependent(s) cancel(s) coverage under another employer plan during other plan's open enrollment, employee may enroll in order to enroll dependent(s). Existing uncovered dependent(s) may not enroll. Note: Employee is allowed to elect a health plan when returning from waived enrollment status. Enrollment Date Enroll effective first day of month after the later of: -Other plan's open enrollment effective date, or -Date form received.</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>	SOE Not Allowed	<p>▶▶ If tax dependent enrolls under other plan, the employee may revoke or decrease election. If tax dependent cancels coverage under other plan, the employee may enroll or increase election. Employee may enroll or change election within 60 days of change under other employer plan's open enrollment. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>
10	<p>DEPENDENT MOVES TO USA</p> <p>Subscriber's dependent has a change in residence from outside of the United States to within the United States. <i>(60-day notice required)</i></p>	SOE Not Allowed	<p>▶▶ Subscriber may only enroll dependents who moved to the United States. Other existing dependents may not enroll. Change Date Enroll effective first of month after the later of: -Date dependent changes residence to the United States, or -Date form received,</p>	SOE Not Allowed	SOE Not Allowed	<p>▶▶ Allowed only to enable enrollment of dependent who moved to the United States. Change Date Enroll effective first day of month after the later of: -Date dependent changes residence to the United States, or -Date form received.</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>	SOE Not Allowed	SOE Not Allowed

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		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	CHANGE IN RESIDENCE 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. <i>(60-day notice required)</i>	▶▶ Allowed only if change in residence causes current health plan to become unavailable. 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).	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	COURT ORDER OR NATIONAL MEDICAL SUPPORT NOTICE (NMSN) 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). See also: WAC 182-12-263 <i>(60-day notice required)</i>	▶▶ Allowed only if subscriber enrolls court-ordered dependent child. 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).	▶▶ Subscriber may enroll a court-ordered dependent child. Existing uncovered dependents who are not court-ordered to coverage may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of court order, or -Date form received.	▶▶ Allowed only if the dependent is enrolled under the coverage of the individual who is court-ordered to provide insurance coverage. Remove Date Remove dependent child from coverage the last day of the month of the later of: -Date of court order, or -Date form received.	▶▶ Allowed only if employee and dependent child are the only PEBB enrollees. Dependent child must enroll under the coverage of the individual who is court-ordered to provide insurance coverage. Waive Date Waive coverage the last day of the month of the later of: -Date of court order, or -Date form received, or -The most recent HSA contribution month* (if enrolled in CDHP/HSA).	▶▶ Employee may enroll in order to enroll court-ordered dependent. Existing uncovered dependents may <u>not</u> enroll. Enrollment Date Enroll effective first day of month after the later of: -Date of court order, or -Date form received.	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.	▶▶ Employee may enroll or increase election for new tax dependent(s). 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.	SOE Not Allowed See Triggering Event #18: "Change in number of IRC Section 21(b)(1) qualifying individuals" (N/A for child turning 26)

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2013)

Events below may create a Special Open Enrollment:

		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
13	ELIGIBLE FOR MEDICAID OR CHIP 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. <i>(60-day notice required)</i>	<p>▶▶ Allowed only if subscriber removes dependent from coverage or enrolls dependent to coverage. 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 <u>not</u> enroll. Enrollment Date Enroll effective first day of month following the later of: -Date not eligible for state premium assistance, or -Date form received.</p>	<p>▶▶ Allowed only if dependent enrolls to state premium assistance coverage when becoming eligible for that coverage. 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. 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. Enrollment Date Enroll effective first day of month after the later of: -Date not eligible for state premium assistance, or -Date form received.</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>▶▶ FSA change is only available when employee or tax dependent loses eligibility for state premium assistance through Medicaid or CHIP. Employee may enroll or increase election for new tax dependent(s). Employee may enroll or change election within 60 days of employee or tax dependent 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
14	BECOMING ENTITLED (ENROLLED) TO MEDICARE, OR ENROLLING/DISENROLLING FROM MEDICARE PART D Subscriber or a subscriber's dependent: - becomes entitled to Medicare, - enrolls in or disenrolls from a Medicare Part D plan. 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. <i>(60-day notice required)</i>	<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	<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. Employee may enroll or change election within 60 days of employee or tax dependent gaining or losing Medicare. Enrollment or change is effective first day of month following approval by the FSA administrator.</p>	SOE Not Allowed

Addendum 45-2A

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2013)

Events below may create a Special Open Enrollment:

	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
<p>15 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>(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	<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>	SOE Not Allowed	SOE Not Allowed
<p>16 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>(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	<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>	SOE Not Allowed	SOE Not Allowed

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Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 1/1/2013)

Events below may create a Special Open Enrollment:

		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
17	CHANGE DEPENDENT CARE PROVIDER Employee changes dependent care provider. (60 Day Notice Required)	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 services of the new provider for an IRC Section 21(b)(1) qualifying individual.</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>
18	CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS Employee or employee's spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21 (b)(1). (60-day notice required)	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 IRC Section 21(b)(1) qualifying individuals. Enrollment or change is effective first day of month following approval by the DCAP administrator.</p>
19	CHANGED COST OF DEPENDENT CARE 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. (60-day notice required)	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 provided to an IRC Section 21(b)(1) qualifying individual.</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>