

Title: Administering PEBB insurance in coordination with Medicare Part D
PEBB Program Administrative Policy 26-1

Contact:	Rules Specialist, ERB Division	Effective:	January 1, 2019
		Rescinded:	
Associated RCW:	41.05.068 41.05.085	Supersedes:	
Associated WAC and Policy:	182-08-015 182-08-198 182-12-171 182-12-205 182-12-207		
Assoc. fed law/reg:		Owner:	Policy, Rules, & Compliance Manager, ERB Division
Associated Procedures:	Plan Change – Medicare Member forms		
Associated Forms & Communication	HCA 51-403F (Retiree Coverage Election Form A)	Approved by:	<i>DLZ</i>
	HCA 51-0007 (Retiree Coverage Change Form E)	Position:	Director of the PEBB Program
	021592 (Medicare Supplement Enrollment Form B) HCA 51-576 (Medicare Advantage Enrollment Form C) HCA 51-556 (PEBB Medicare Advantage Disenrollment Form D)	Date approved:	11/29/2018

PURPOSE

To administer Public Employees Benefits Board (PEBB) retiree medical plan enrollment in order to participate in the employer incentive program established in section 1860D-22 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

POLICY

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

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

	<p>ii. Provide proof of termination of their Medicare Part D plan or Medicaid.</p>
<p>C. Subscriber's spouse or state registered domestic partner is enrolled in a Medicare Part D plan and is dually-eligible for full Medicare and Medicaid benefits.</p>	<p>1. The PEBB Program will terminate the subscriber's spouse or state registered domestic partner's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled in PEBB retiree insurance coverage as long as they meet criteria described in WAC 182-12-205 (3)(c).</p> <p>a. Subscribers are required to respond to the PEBB Program by the date listed in PEBB's notification(s) in order to stop their spouse or state registered domestic partner's coverage termination and remain enrolled in PEBB retiree medical and dental insurance.</p>
<p>D. Subscriber's dependent child is enrolled in Medicare Part A or B or both Parts A and B</p> <p>AND</p> <p>Subsequently enrolls in Medicare Part D</p>	<p>1. The PEBB Program will continue the dependent child's PEBB retiree medical insurance coverage up to age 26 in the medical plan selected if they meet PEBB eligibility criteria.</p> <p>a. The subscriber may choose to remove the dependent child from coverage.</p> <p>2. The PEBB Program will continue coverage for dependent children over age 26 with disabilities as long as they remain eligible.</p>