

Addendum 19-1B (effective 1/1/2025)

Termination due to loss of eligibility or non-payment: Self-pay subscriber

Subscriber is no longer eligible due to which <u>event</u> ?	Was notification provided within 60 days of date of loss ¹ of eligibility or death?	Will you key the Benefits 24/7 termination within the lower limit date ² relative to the <u>event</u> ?	Key termination of coverage...
Loss of eligibility per WAC: <ul style="list-style-type: none"> • 182-12-133 • 182-12-142 • 182-12-146 • 182-12-148 • 182-12-171 • 182-12-180 • 182-12-207 • 182-12-250 • 182-12-265 (or) Subscriber enrolled when not eligible.	Yes or No	Yes or No	The later of the following: <ul style="list-style-type: none"> • The last day of the month of loss of eligibility; or • The last day of the last month the premium and any applicable premium surcharges were paid.³ <i>Continuation of health plan enrollment allowed for loss of eligibility such as an employer group leaving (WAC 182-12-171) as described in WAC 182-12-232.</i> <i>Continuation coverage <u>NOT</u> allowed in cases when coverage can be terminated by the Health Care Authority as defined in WAC 182-12-207, or if subscriber was enrolled when not eligible.</i> <i>PEBB Continuation Coverage (COBRA) coverage will not exceed the maximum number of months that the subscriber is eligible for.</i>
Death	Yes or No	Yes or No	The last day of the month of death. ⁴ <i>Survivor allowed continuation coverage.</i>
Non-payment of full or partial premium	N/A	Yes or No	The last day of the last month the premium and any applicable premium surcharges were paid. ^{3, 5}

¹ *Date of Loss – A subscriber’s eligibility for enrollment in health plan coverage ends the last day of the month the subscriber meets the eligibility criteria as described in WAC 182-12-133, 182-12-142, 182-12-146, 182-12-148, 182-12-171, 182-12-180, 182-12-207, 182-12-250, or 182-12-265.*

² *Lower limit date – The lower limit date is 60 days before the current process month. For example: if the current process month is June, 60 days before would be April; therefore, the lower limit date for terminations would be April 30.*

³ *Paid – Paid means payment of a month’s premium and applicable premium surcharges, or a month’s premium and any applicable premium surcharges with only an insignificant shortfall. See WAC 182-08-015 for the definition of an insignificant shortfall.*

⁴ *If premiums and applicable premium surcharges remain unpaid for 60 days after the death of the subscriber, the deceased subscriber’s coverage will be terminated retroactively to the last day of the last month in which the premium and any applicable premium surcharges were paid. The retroactive termination of the deceased subscriber’s coverage will impact enrollment eligibility for surviving dependents.*
Exception: When an enrolled retiree dies on or after June 6, 2024, the premium payments for PEBB medical, PEBB dental, PEBB vision, and any applicable premium surcharges for the retiree will be waived by HCA for the month in which the death occurred. Any enrolled dependents will be enrolled in the same PEBB medical, PEBB dental, and PEBB vision plans they were enrolled in effective the first day of the month in which the death occurred and will be responsible for the payment of premiums and applicable premium surcharges to continue enrollment as described in WAC 182-08-180. Any retroactive termination for non-payment will impact continued eligibility for surviving dependents.

⁵ *Exception: For a subscriber enrolled in a medicare advantage plan, medicare advantage-prescription drug plan, or the Uniform Medical Plan Classic medicare plan a notice will be sent to them notifying them that they are delinquent on their monthly premiums and that the enrollment will be terminated prospectively to the end of the month after the notice is sent.*

Addendum 19-1B (effective 1/1/2025)

Termination due to loss of eligibility: Dependent of self-pay subscriber

Dependent is no longer eligible due to which <u>event</u> ?	Was notification provided within 60 days of date of loss ¹ of eligibility or death?	Will you key the Benefits 24/7 termination within the lower limit date ² relative to the <u>event</u> ?	Key termination of coverage...
Loss of eligibility per WAC 182-12-250 or 182-12-260 (or) Dependent enrolled when not eligible ⁴ per WAC 182-12-250 or 182-12-260 (or) The dependent enrolled when the subscriber was not eligible.	Yes	Yes or No	The last day of the month of loss of eligibility <i>(Continuation coverage allowed)</i>
		Yes	The last day of the month of loss of eligibility <i>(Continuation coverage <u>NOT</u> allowed)</i>
	No	No	The last day of the last month the premium and any applicable premium surcharges were paid. ³ <i>(Continuation coverage <u>NOT</u> allowed)</i>
Death	Yes or No	Yes or No	The last day of the month of death

¹ *Date of Loss – A dependent’s eligibility for enrollment in health plan coverage ends the last day of the month the dependent meets the eligibility criteria as described in WAC 182-12-250 or 182-12-260.*

² *Lower limit date – The lower limit date is 60 days before the current process month. For example: if the current process month is June, 60 days before would be April; therefore, the lower limit date for terminations would be April 30.*

³ *Paid – Paid means payment of a month’s premium and applicable premium surcharges, or a month’s premium and any applicable premium surcharges with only an insignificant shortfall. See WAC 182-08-015 for the definition of an insignificant shortfall.*

⁴ *Dependent enrolled when not eligible – If a dependent was enrolled when not eligible for PEBB coverage, assume “No” to question “Was notification provided within 60 days of date of loss of eligibility or death?” and key termination of dependent coverage as directed.*