#26-1

Title: Administering PEBB insurance in coordination with Medicare Part D

Policy #26-1

Contact:	Rules Specialist, PEB Division	**Effective:**	January 1, 2015
		Rescinded:	
Associated RCW:	Chapter 195, 2005 Laws RCW 41.05.068 RCW 41.05.085	**Supersedes:**	3-01 *Management of enrollment in PEBB retiree insurance coverage for members enrolling in a Medicare Part D Plan* (March 1, 2009) 3-02 *Medicare Part D: PEBB retiree and employee coverage for members not eligible for enrollment in a Medicare Supplement who pay the non-Medicare medical plan rate and not receiving the prescription drug subsidy* (January 1, 2006) 3-03 *Medicare Part D: PEBB retiree and employee coverage for dependent children enrolled in Medicare Part D* (January 1, 2006)
Associated WAC and Policy:	WAC 182-08-015 WAC 182-08-196 WAC 182-08-198 WAC 182-12-171 WAC 182-12-200 WAC 182-12-205 WAC 182-12-250 WAC 182-12-260 WAC 182-12-265 WAC 182-16-032		
Assoc. fed law/reg:		**Owner:**	Policy & Rules Manager, PEB Division
Associated Procedures:	Plan Change – Medicare Member forms		
Associated Forms & Communication	HCA 51-403F (Retiree Coverage Election Form A) 021592 (Medicare Supplement Enrollment Form B) HCA 51-576 (Medicare Advantage Enrollment Form C) HCA 51-556 (PEBB Medicare Advantage Disenrollment Form D)	**Approved by:**	
		Position:	Deputy Division Director, PEB Division
		Date approved:	12-12-14

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 his or her option(s) in writing so he or she can make an educated decision.

c. The PEBB Program determines a member's option(s) based on his or her specific circumstance as outlined in the table below.

Circumstance	Coordination of enrollment in PEBB retiree medical insurance
A. **Subscriber, subscriber's spouse or registered domestic partner** is enrolled in Medicare Part A and Part B AND Subsequently enrolls in Medicare Part D	1. Subscriber, subscriber's spouse or registered domestic partner must: a. Cancel enrollment in Medicare Part D in order to retain enrollment in the selected PEBB medical plan. i. Proof of Medicare Part D termination is required. OR b. Enroll in PEBB's Medicare Supplement plan F. i. All Medicare enrollees who subsequently enroll in Medicare Part D must change to the Medicare Supplement Plan F. ii. A completed Medicare Supplement Enrollment Form B is required. If the subscriber is enrolled in a Medicare Advantage Plan, he or she must also complete a PEBB Medicare Advantage Plan Disenrollment form (Form D). iii. Non Medicare enrollees on the account will be enrolled in the Uniform Medical Plan Classic. OR c. Terminate PEBB retiree medical and dental insurance. This will also terminate insurance coverage for all dependents enrolled under the subscriber's account. A written request for termination is required. 2. Subscribers are required to respond to PEBB by the date listed in PEBB's notification(s) in order to remain on PEBB retiree insurance. a. If a subscriber fails to respond regarding him or herself, then PEBB will terminate coverage for the subscriber and any enrolled dependents on the subscriber's account. b. If a subscriber fails to respond regarding his or her spouse or registered domestic partner, then PEBB will terminate coverage for the spouse or registered domestic partner.
B. **Subscriber** is enrolled in a Medicare Part D Plan and is dually-eligible for full Medicare and Medicaid benefits	1. PEBB will defer the subscriber's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled on PEBB retiree insurance as long as they meet criteria described in WAC 182-12-205(2)(c). a. The subscriber is required to respond to PEBB by the date listed in PEBB's notification(s) in order to stop the deferral and remain enrolled in PEBB retiree insurance. To remain enrolled: i. Subscriber must cancel their Medicare Part D or cancel their enrollment in Medicaid and enroll in Medicare Supplement Plan F; and ii. Provide proof of cancellation of Medicare Part D or Medicaid.

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