



PEBB Processes and Procedures

For Employer Groups, K-12 School Districts, and
Educational Service Districts Who Do Not Key in
the PAY1 Insurance System

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Introduction

Employer Groups Who Do Not Key in the PAY1 Insurance System

This manual is intended for use as a training document only. The purpose of this manual is to assist you with understanding of the processes and procedures for submitting enrollment and claims information to PEBB for processing. If there is any inconsistency with RCW or WAC, RCW and WAC take precedence.

If you have any questions about the processes and procedures, please contact:

PEBB Outreach and Training

1-800-700-1555

www.fuzeugna.com/perspay/consumer/question.asp

Contact Information

Health Care Authority Public Employees Benefits Board Program • PO Box 42684 • Olympia, WA 98504-2684	
PEBB Outreach and Training For Personnel / Payroll / Benefits Use Only	
PEBB Outreach and Training	1-800-700-1555 (Option 2)
Manager: Amy Corrigan	(360) 725-0826
Regional Representative: Larry Cade	1-800-700-1555
Employer Group Support: April Inchausti, Dina House	1-800-700-1555 (Option 3)
E-mail:	www.fuzeqna.com/perspay/consumer/question.asp
Personnel/Payroll website:	www.hca.wa.gov/perspay
Order Materials:	www.hca.wa.gov/perspay (<i>Order Materials link</i>)
Fax Number:	(360) 725-0771
PEBB Customer Service Self-Pay Employees and State, Higher Ed and K-12 Retirees Medical / Dental Questions, Eligibility Calls and Enrollment Verification	
Self-Pay Subscribers	1-800-200-1004
Fax Number:	(360) 725-0771
Communication and Appeals: Tina Krueger	(360) 725-2126
Appeals E-mail:	www.fuzeqna.com/perspay/consumer/question.asp
Dependent Verification Documents:	FUZE: www.fuzeqna.com/perspay/consumer/question.asp or Fax: 360-725-0805
Insurance Accounting/Accounts Receivable K-12, Employer Groups, Self-Pay Accounts, Central Pay, Higher Ed Accounts, Flexible Spending Accounts, Retiree Accounts	
E-mail:	pebbar@hca.wa.gov
Fax Number:	(360) 753-9152

Newly Eligible Employee

This includes employees who have been hired into a benefits-eligible position and employees who have gained eligibility based on their work pattern.

1. Employee eligibility is based on the employee's work pattern. Determine the employee's eligibility for PEBB benefits based on the criteria in [WAC 182-12-114](#).
 - a. Review the WAC to determine eligibility, or
 - b. Use the appropriate [eligibility worksheet](#)
2. Employees determined not eligible for benefits at the time of hire should be monitored for future eligibility.
3. If the employee is eligible for benefits, they must submit the *Employee Enrollment/Change* form within 31 days of gaining eligibility (first day of work). Employees can fill out the form [online](#) or access a hard copy, which is available in the *Employee Enrollment Guide*. Ensure the employee completes the appropriate form, as there are two forms available for employees: those with full medical benefits and those with medical only. Also ensure the employee attests to the premium surcharges (if applicable).
4. Deadlines for enrollment forms are based on the employee's eligibility date*. Advise the employee of the deadlines, to submit the forms on time, and the consequences if the forms are not submitted timely.
5. Send a copy of the completed forms and valid dependent verification documents to PEBB through [FUZE](#). *Employees enrolled in a PEBB medical plan are eligible to participate in the SmartHealth wellness program and earn a \$125 wellness incentive for the 2016 year. Visit the [PEBB website](#) for more information.*
6. Include the employee's effective date** (date benefits begin) and monthly salary. Include your phone number and email address.
7. PEBB Outreach and Training will enter the information into the PAY1 insurance system. If we have any questions or find discrepancies, we will contact you.
8. You will receive a FUZE message indicating the change has been made in the PAY1 insurance system. Depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected in the next invoice or possibly the one after. If the invoice does not reflect the new employee, contact PEBB Outreach and Training through [FUZE](#) for follow-up.

***Eligibility Date:** An employee is eligible from the date of employment if the employing agency anticipates the employee will work according to the requirements in WAC 182-12-114.

An employee not eligible upon hire, but gaining eligibility due to a revision in the anticipated work pattern or review of the current work pattern, is eligible when the revision is made or eligibility is determined.

****Effective Date:** The first day of the month following the date the employee becomes eligible for PEBB benefits. If the employee becomes eligible on the first working day of the month, benefits begin on that date.

Employee Making Changes

Medical and Dental

Employees may make changes to their medical and dental plan or add and remove dependents during annual open enrollment or when an event in the employee's life triggers a special open enrollment.

1. If a change is requested outside of annual open enrollment, verify the change is allowed based on special open enrollment rules ([Policy 45-2](#) and [Addendum 45-2A](#)).
2. Direct any questions about special open enrollment to PEBB Outreach and Training through [FUZE](#).
3. Direct the employee to the PEBB website [Forms](#) page or provide the employee the necessary forms.
4. Advise the employee their forms must be submitted no later than **60 days** from the date of the event that triggered the special open enrollment or no later than the last day of annual open enrollment.
5. If the employee is adding a dependent, advise the employee to submit valid dependent verification documents with the *Employee Enrollment/Change* form (including premium surcharge attestations)
6. Send a copy of the completed forms and dependent verification documents, if required, and supporting documentation, such as proof of loss, to PEBB through [FUZE](#). Include your phone number and email address.
7. If the change is due to a special open enrollment, include the effective date of the change based on [Addendum 45-2A](#).
8. PEBB Outreach and Training will enter the information into the PAY1 insurance system.
Note: The effective date of change will be the first day of the month after the later of: the event or the date you received the form.
9. If we have any questions or find any discrepancies, we will contact you.
10. You will receive a FUZE message indicating the change has been made in the PAY1 insurance system. Depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected in the next invoice or possibly the one after. If the invoice does not reflect the new employee, contact PEBB Outreach and Training through [FUZE](#) for follow-up.

Attestations

Employees can make changes to their tobacco use premium surcharge attestation at any time. Employees can only make changes to their spousal premium surcharge attestation during the following times:

- When an employee is newly eligible or regains eligibility for the employer contribution
- When adding a spouse or registered domestic partner to PEBB medical coverage
- When there is a change to the spouse or registered domestic partner's employer-based group medical insurance

Attestation Process

1. Direct the employee to the PEBB website [Forms](#) page or provide the employee with the necessary form.
2. Advise the employee that the change to their attestation will be effective the first of the month following the receipt of the form.
3. Send a copy of the form to PEBB through [FUZE](#). Include your phone number, email address, and the date you received the form.
4. PEBB Outreach and Training will enter the information into the PAY1 insurance system.
5. If we have any questions or find discrepancies, we will contact you.
6. You will receive a FUZE message indicating the change has been made in the PAY1 insurance system. Depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected on the next invoice or possibly the one after. If the invoice does not reflect the change, contact PEBB Outreach and Training through [FUZE](#) for follow-up.

Life and Long-Term Disability Insurance

Employees may make changes to life insurance and long-term disability (LTD) insurance at any time during the year. Carrier approval may be required.

1. Direct the employee to the PEBB website [Forms](#) page or provide the employee the necessary form.
2. If carrier approval is required, advise the employee to complete the *Evidence of Insurability form* and send it to the carrier. Carrier approval is required when:

Life Insurance

- Requesting more than the guaranteed issue amount within the first 60 days of gaining eligibility (more than \$250,000 if under age 60 or more than \$100,000 if age 60 or older).
- Enrolling in supplemental coverage for the first time after the initial 60 days of eligibility.

- Requesting an increase in the amount of supplemental coverage after the initial 60 days of eligibility.
- Adding a spouse or domestic partner in basic or supplemental after the initial 60 days of eligibility.
- Adding a spouse or domestic partner in basic or supplemental after the initial 60 days of marriage or registration of a domestic partnership.

The employee must complete an *Evidence of Insurability (EOI)* form. The employee should submit the *Life Insurance Enrollment/Change* form to their agency and the EOI form directly to ReliaStar for approval.

Long-Term Disability

- Requesting a decrease in the waiting period after the employee's initial 31 days of eligibility.
- Requesting optional coverage after the employee's initial 31 days of eligibility.

Procedures for Supplemental Life and Optional LTD Coverage

1. The employee must complete an *Evidence of Insurability (EOI)* form. The employee should submit the *LTD Enrollment/Change* form to their agency and the EOI form directly to Standard for approval.
2. Send a copy of the form to PEBB through [FUZE](#). Note on the form if the *Evidence of Insurability* form was sent directly to the carrier by the employee. PEBB will submit a copy of the form to the carrier if approval is required.
3. PEBB will enter the information into the PAY1 insurance system and await a decision by the carrier. If we have any questions or find discrepancies, we will contact you.
4. For approvals, you will receive a FUZE message indicating the change has been made in the PAY1 insurance system. If the coverage is approved, depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected in the next invoice or possibly the one after. If the invoice does not reflect the new employee, contact PEBB Outreach and Training through [FUZE](#) for follow-up.

Note: *If denied, Standard will send the employee a Final Action Notice (FAN) and will notify PEBB of the denial. PEBB will contact you regarding the denial.*

Address Changes

Employees should report all address changes to their employer. The employer should then forward the information to PEBB via [FUZE](#), and we will make the address change in the PAY1 insurance system. You will receive a FUZE message indicating that the change has been made.

Payment Discrepancies

1. If the payment you are making to Health Care Authority does not match the invoice exactly, complete the [Payment Discrepancy Reporting Form](#) (located under the Miscellaneous heading on the forms page of the Perspay website). Submit it with your payment for HCA Accounts Receivable to use to reconcile your account.

Also complete the [Insurance Eligibility System Adjustment Form](#) (located under the Miscellaneous heading on the forms page of the Perspay website) listing the employee, the coverage month, and the amount of the adjustment. Submit to PEBB Outreach and Training through [FUZE](#).

2. PEBB will make the adjustments in the system to assure future invoices are correct. You will receive a FUZE message indicating the change has been made in the PAY1 insurance system.
3. If we have any questions or find discrepancies, we will contact you.

Salary Adjustments

1. If employees have salary changes, complete the [Insurance Eligibility System Adjustment form](#) (located under the Miscellaneous heading on the forms page of the Perspay website). List each employee who has a salary change, the effective date of the change, and the amount of the new monthly salary. Submit to PEBB Outreach and Training through [FUZE](#).
2. PEBB will update the salary information in the PAY1 insurance system, which in turn will adjust the optional LTD premium for each employee. The adjusted premium will be effective the first of the following month, unless the salary change date is the first day of the month. You will receive a FUZE indicating the change has been made.
3. If we have any questions or find discrepancies, we will contact you.

Employee Separation

Employment Ending, Approved LWOP, Retirement, or Death

1. If an employee leaves employment because of approved Leave without Pay, retirement, death, or their employment is ending, complete the [Insurance Eligibility System Adjustment form](#) (located under the Miscellaneous heading on the forms page of the Perspay website) listing each separated employee and the effective date of the change. Submit to PEBB Outreach and Training through [FUZE](#).
2. PEBB will update the information in the PAY1 insurance system. You will receive a FUZE message indicating the change has been entered. Please note PEBB will not notify you of the change if the form is faxed.

3. If we have any questions or find discrepancies, we will contact you. **Note:** *If an employee has a change in employment status while on LWOP, such as terminating, send a [FUZE](#) to PEBB Outreach and Training to notify us of the change in employment status.*

Refer to [Addendum 19-1A](#) if an employee's or dependent's coverage is terminated due to loss of eligibility.

Life Insurance Claims

This includes claims for a premium waiver, Accelerated Life Benefit, and death/dismemberment.*

1. If an event occurs that makes an employee eligible to submit a claim, complete the [Life Claim Information Sheet](#).
2. Submit the Life Claim Information Sheet with copies of the required documentation (on the following page), based on the type of claim, to PEBB Outreach and Training through [FUZE](#). If death benefit is \$10,000 or more, ReliaStar requires an original Certificate of Death, which must be submitted through post office mail.

REQUIRED DOCUMENTATION TO FILE A CLAIM			
Premium Waiver	Accelerated Life	Death	Dismemberment
Life Enrollment/Change form	Life Enrollment/Change form	Life Enrollment/Change form	Life Enrollment/Change form
Beneficiary Designation form	Beneficiary Designation form	Beneficiary Designation form	Beneficiary Designation form
Nonsmoker Certification form	Nonsmoker Certification form	Nonsmoker Certification form	Nonsmoker Certification form
Signed letters regarding the insured's life insurance	Signed letters regarding the insured's life insurance	Original Certificate of Death (original is required, no copies)	Signed letters regarding the insured's life insurance
Absolute Assignment		Absolute Assignment	Absolute Assignment
		Any newspaper clippings regarding the death	Any newspaper clippings regarding the accident
		Trust Verification form	
		Certified copy of the Letters of Guardianship	

3. PEBB will complete the appropriate claim form and submit all documentation to ReliaStar for processing. If we have any questions, we will contact you.

***Premium Waiver:** *Allows the insured's life insurance to be continued without payment of premium while the insured is totally disabled.*

Accelerated Life Benefit: *May be payable if an insured has a terminal condition and life expectancy of no more than two years.*

Death Benefit: Payable at the time of the death of the employee, covered spouse, or covered children.

Dismemberment Benefit: May be payable to an insured who suffers a covered loss as the result of an accidental injury.

Long-Term Disability Claims

1. If an event occurs that makes an employee eligible to submit a claim, complete the [Long-Term Disability \(LTD\) Claim Information Sheet](#).
2. Submit the LTD Claim Information Sheet with a copy of the most recent *LTD Enrollment/Change* form to PEBB Outreach and Training through [FUZE](#). Include the amount of sick leave, shared leave, and annual leave the employee has and include earnings verification as follows:
 - All LTD claims with PDE (pre-disability earnings) reported as less than \$8,000 per month requires information through the last pay day and the three previous calendar months prior to the date of disability.
 - All LTD claims with PDE (pre-disability earnings) reported as more than \$8,000 per month requires payroll information through the last day paid, 12 previous calendar months prior to the date of disability, and the previous year's W-2 or other applicable tax form.
3. Provide the [Claim Packet Instructions](#) to the employee, which includes:
 - **Employee's Statement:** The employee should complete and return this form to Standard with attached copies of requested documents. (See the instructions on the first page of the form)
 - **Authorization to Obtain Information:** Employee must sign and date this form and return with the Employee's Statement.
 - **Authorization to Obtain Psychotherapy Notes:** Employee must sign and date this form and return with the Employee's Statement.
 - **Attending Physician's Statement:** Part A is completed by the employee. Part B is completed by the employee's physician. The physician must sign and return this to Standard.
4. PEBB will complete the Employer's Statement based on the information provided and submit the form to Standard for processing.