Chapter 2

Enroll, Waive, Change Plans, and Dual Enrollment

Higher Education and Medical Only

Enroll, Waive, Change Plans, and Dual Enrollment

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Enroll a Newly Eligible Employee

Employees must complete the *Employee Enrollment/Change* form (includes premium surcharge attestations) no later than 31 days after their date of eligibility.

Higher Education: If the employee would like to participate in a Medical Flexible Spending Arrangement (FSA) and/or Dependent Care Assistance Program, the *FSA/DCAP Enrollment* form must be submitted to the employer no later than 31 days after the date of eligibility. The employer must verify the information is correct and sign and date the form prior to sending it to Navia Benefit Solutions for enrollment. *(This benefit is for state agency and higher education institution employees only).*

The employee must also complete the *Long-Term Disability Enrollment/Change* form no later than 31 days after their date of eligibility. Employees must complete the *Life Insurance Enrollment/Change* form no later than 60 days after their initial eligibility date. If the employee is requesting more than the guaranteed amounts or requests supplemental coverage after 60 days of gaining eligibility, an *Evidence of Insurability* form and a copy of the *Employee Enrollment/Change* form must be submitted to ReliaStar for approval.

Create a Person Record

A.01—Person Data

```
                    ***** A.01 - PERSON DATA *****                MAPA011

SOC SEC:     000 00 1111        ID#: 000004430       HOME AGY/SUB-AGY: 107
LAST NAME:   CITIZEN                                 SUFFIX:
FIRST NAME:  JOHN                                  ----PHONE----:
MIDDLE NAME: Q                                     BUSINESS/WORK: 360 001 0001
SHORT NAME:  CITIZEN, JOHN Q                                HOME: 360 002 0002
EMAIL ADDRESS:                                                   OPT IN:
HOME ADDRESS:
 LINE1:  123 MAIN STREET                             ADDR EFF DATE: 02 20 2015
 LINE2:
 LINE3:                                            COUNTY:  34  THURSTON
  CITY:  OLYMPIA                                 ST:  WA   ZIP CD:  98506
                                           COUNTRY CD:
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS):
 LINE1:
 LINE2:
  CITY:                                          ST:       ZIP CD:
                                           COUNTRY CD:
BIRTH DT: 06 01 1975  GENDER: M  PERM ST:                ANNIV DT:
NEW SSA:                                                          P2-PRT :
NEXT FUNCTION: A 41  TYPE: U SSA: 000 00 1111 AGY: 107 SUB:     PAY ACTION :
 INQUIRY ONLY    ENTER-NEXT SELECTION, PF1-HELP, PF2-RETURN, PF3-SYSTEM
4B                  :00.1                                                23/35
```

1. Log into the PAY1 System.
2. Access the A.01 screen.
3. On the command line, enter an "A" (Add) in the Type field. Enter the social security number in the SSA field. Enter the agency code in the Agency field. Enter the sub-agency code in the Sub field, if applicable. Select Enter.
4. Enter the employee's name in the appropriate fields. ***Note:*** *The short name field is not accessible when creating a new record. The short name will be created when you save the record.*
5. Enter the work and home phone information.
6. Enter the home address on Address Line 1.
7. Enter the County code in the County field (requirement for Washington State addresses only). ***Note:*** *If you are not sure of the county code, select the F1 key and a pop-up box will give you a list of valid County codes. Select the F8 key to page forward and the F7 key to page back through the list. To close the pop-up window, select F3.*
8. Enter the city, state and zip code information. For help with entering a foreign address, see the *Enter a Foreign Address* section of this manual.

9. If the employee included a mailing address different than the home address, enter the information on Line 1. Enter the city, state and zip in the appropriate fields.
10. Enter the employee's date of birth and gender.
11. On the command line, enter A.01 in the Next Function field. Enter "I (Inquiry) in the Type field. Select F10 to save the record.

Establish Eligibility

A.41—Subscriber Data

```
                    ***** A.41 - SUBSCRIBER DATA *****                MAPA411

SOC SEC NBR: 000 00 1111      ID#: 000004430      NAME  : CITIZEN, JOHN Q
HOME AGENCY        : 107                HOME SUB AGENCY  :
TRANSFER REASON    :                    TRANSFER EFF DT  :
HOME PHONE         : 360 002 0002       BUSINESS/MSG PH  : 360 001 0001
MAIL STOP          :                    COUNTY           : 34 THURSTON

ELIGIBILITY CODE   : Y ACTIVE           ELIG     EFF DATE:
ELIGIBILITY REASON : 01 NEWLY ELIGIBLE MEMBER
QUALIFY  REASON    :                    COBRA/SELF END DT:
PENDING ELIG CODE  :                    PENDING  EFF DATE:
ORIG SOC SEC NUM   :                    ORIG AGENCY      :
APPT STATUS        :                    AGY  EFF/END DATE: 02 02 2015
PAY METHOD         : D PAYROLL DEDUCT   MONTHLY SALARY   : 10000.00
MARITAL STATUS     : M   (S = SINGLE; M = MARRIED/PARTNERSHIP)
MARITAL STATUS DATE: 04 16 2003         DECEASED     DATE:
                                        RETIRED      DATE:
SPOUSE/PARTNER DIV/DIS/DEC DATE:              TERM REASON:
                                                   60-DAY:
BASIC LIFE/LTD DATE:                 SUPP LIFE:             OPT LTD:
NEXT FUNCTION: A 43 TYPE: U SSA: 000 00 1111  AGY: 107 SUB:      PAY ACTION:
INQUIRY ONLY     ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
4B                  :00.1                                              23/35
```

1. On the command line, enter A.41 in the Next Function field. Enter "U" (Update) in the Type field. Select Enter.
2. Enter the Home Agency code and the Home Sub Agency code, if applicable.
3. Enter a "Y" or an "X" in the Eligibility Code field.

Y	Eligible Active Employee of a state, higher education, ESD, K-12 school district or employer group paying composite rate
X	Eligible Active Employee of an ESD, K-12 school district or employer group paying the tiered rate

4. Enter the Eligibility Effective Date.

5. Enter the Eligibility Reason. Valid codes are found in chapter 1 (page 26).
6. Enter a "D" (Payroll Deduction) in the Payment Method field.
7. Enter the subscriber's monthly salary.
8. Enter "M" (Married) or "S" (Single) in the Marital Status field. Verify employee has completed a *Declaration of Tax Status* form if employee is enrolling a spouse who does not qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).
9. If marital status is "M," enter the date of marriage or date of registration of the domestic partnership in the Marital Status Date field.
10. On the command line, enter A.41 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

Add an Eligible Spouse and/or Dependents

A.43—Spouse and Dependents Data

```
                 ***** A.43 - DEPENDENTS DATA *****                  MAPA431
SUBSCR SOC SEC : 000 00 1111     ID#: 000004430    NAME : CITIZEN, JOHN Q
---------------------------- DEPENDENT DATA ----------------------------------
DEPEND SOC SEC : 000 00 0002 GENDER: F DEPEND NAME : CITIZEN, JOAN A
LST NM: CITIZEN                    1ST NM: JOAN              MI: A   SFX:
RELATIONSHIP: S SPOUSE        BIRTHDATE: 07 01 1980  QUAL RSN: M MARRIED
MEDICARE - A: N               MEDICARE - B: N            HICN:
CERT IND:   EFF DT:            END DT:            SSN:   FNB:   DT:
        ---------------------- CURRENT ----------------------  --- PENDING ---
        ENR  EFF  DATE   PREM DATE   REASON                    ENR  EFF DATE
HEALTH:  N   02 02 2015  02 02 2015  11 NEED VERIFICATION DOC
TOBACCO: Y   02 02 2015
SPOUSAL: Y   02 02 2015
DENTAL:  N   02 02 2015  02 02 2015  11 NEED VERIFICATION DOC
PHYS/CLINIC :              60-DAY:     DENTAL/CLINIC :
ADDRESS (IF DIFFERENT FROM SUBSCRIBER):
   ADDR LINE 1 :
   ADDR LINE 2 :
   CITY        :                          STATE :        ZIP :
NEW DEPEND SSA :                      COUNTRY CD :
VERIFY: ST:                 SRC:                 ST DT: 02 20 2015
NEXT FUNCTION: A 44  TYPE: I  SUBSCR SSA: 000 00 1111  DEPEND SSA: 000 00 0002
INQUIRY ONLY     ENTER-NEXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
4B                 :00.1                                                23/29
```

Dependent Data

1. On the command line, enter A.43 in the Next Function field. Enter "A" in the Type field. Enter the dependent's social security number. Select Enter.
2. Enter the gender in the Gender field.

3. Enter the dependent's Last Name, First Name, Middle Initial, and Suffix, if applicable, in the appropriate fields.
4. Enter the relationship of the dependent to the subscriber. Valid codes are available in chapter 1 (page 39).

   Note: *There must be a marriage/registration date on the A.41 screen to add a spouse or domestic partner.*

5. Enter the dependent's birthdate.
6. If the dependent is a spouse, domestic partner, extended dependent, or a dependent with disabilities, age 26 or older, enter the code in the Qualifying Reason field. Valid codes are available in chapter 1 (page 38).
7. If the dependent is a spouse, domestic partner, or second spouse, enter an "M" (Married) or a "P" (Partnership).

Current Data—Health

1. Tab to the Health Enrollment field. If the dependent is enrolling in medical coverage, enter a "Y." If the employee does not enroll the dependent in coverage, enter an "N."
2. Enter the dependent's effective date of enrollment. The enrollment date will be the same as the newly eligible employee. If the dependent is not enrolling in coverage, leave the field blank.
3. If the dependent is enrolling in medical coverage, enter code **01** (Newly eligible member) in the Reason field. If the dependent is not enrolling in medical coverage, enter code **49** (Not Elected) in the Reason field.

Tobacco Use and Spousal Premium Surcharges

1. Tab to the Tobacco field. If the employee attested that the dependent, age 13 or older, uses tobacco (for the tobacco use premium surcharge), enter a "Y." If the employee attested the dependent does not use tobacco, enter a "N." If the employee did not attest for their dependent, enter a "D." (This will default the dependent and employee will incur the premium surcharge.)

   Note: *The tobacco use premium surcharge only applies to dependents age 13 and older who are enrolled under a subscriber's medical benefits. A subscriber must attest for all his/her dependent(s) over the age of 13.*

2. Enter the effective date. For newly eligible employees who attest within 31 days, the effective date is the same as medical and dental.
3. Tab to the Spousal field. If the employee attested "yes" to the spousal premium surcharge, enter a "Y." If the employee attested "no" and checked a question

(Question 1 through 6) on the attestation form, key that number in place of "N." If the employee selects more than one question, key the first number. (For example, if employee checked Question 2 and 6, key "2.") If the employee attested "no" and did not provide a number, enter an "N." If the employee did not attest, did not submit a complete attestation form, or attested after their 31-day enrollment period, enter a "D." (This will default the dependent and employee will incur the premium surcharge.)

Does the spouse or registered domestic partner coverage surcharge apply to you? Check one:

- ☐ YES, I used the *2016 Premium Surcharge Help Sheet* and completed the *2016 Spousal Plan Calculator* online.
- ☐ NO, I used the *2016 Premium Surcharge Help Sheet* and, if needed, completed the *2016 Spousal Plan Calculator* online.
- **Which questions, if any, on the *2016 Premium Surcharge Help Sheet* did you check NO? Check all that apply.**
  ☐ Question 1 ☐ Question 2 ☐ Question 3 ☐ Question 4 ☐ Question 5 ☐ Question 6
- ☐ Employer to determine. I used the *2016 Premium Surcharge Help Sheet* and am completing and submitting a printed *2016 Spousal Plan Calculator*. My employer will determine whether my spouse's or registered domestic partner's employer-based group medical insurance is comparable to UMP Classic.

The *2016 Premium Surcharge Help Sheet* and the *2016 Spousal Calculator* are available at **www.hca.wa.gov.pebb**. To change your attestation, use the *2016 Premium Surcharge Change Form*.

4. Enter the effective date. For newly eligible employees who attest within 31 days, the effective date is the same as their medical and dental. If the newly eligible employee attests after 31 days, they will incur the premium surcharge and can re-attest only during specific times of the year:
   a. When employee is eligible to enroll a spouse or registered domestic partner in PEBB medical
   b. During annual open enrollment
   c. When there is a change to the spouse or registered domestic partner's employer-based group medical insurance

Note: *The spousal premium surcharge only applies to a spouse or registered domestic partner enrolled in medical benefits. A subscriber must attest for his/her spouse/partner.*

Current Data—Dental

1. **Higher Education:** If the dependent is enrolling in dental coverage, enter a "Y" in the Dental Enrolled field. If the dependent is not enrolling in dental coverage, enter an "N" in the field. **Medical Only:** Enter an "N" in the Dental Enrolled field.
2. **Higher Education:** Enter the dependent's effective date of enrollment. (The enrollment date is the same as the employee's.) If the dependent is not enrolling in coverage, do not enter a date in the field. **Medical Only:** Do not enter a date in this field.
3. **Higher Education:** If the dependent is enrolling in dental coverage, enter enrollment code **01** (Newly eligible member) in the Reason field. If the dependent is not enrolling in dental coverage, enter Reason code **49** (Not Elected) in the Reason field. **Medical Only:** Enter reason code **49** (Not Elected) in the Reason field.

4. **Higher Education:** If the employee has selected a managed care dental provider, enter the dentist or clinic code in the Dental/Clinic field.
5. If the dependent's address is different than the subscriber's, enter the address.
6. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted. **Medical Only:** The following message will display: *"Caution: If you select F10, Life and LTD will be cancelled."* Select F10 again. Verify changes are accepted.

   Note: *If you receive an error message indicating a problem with dual enrollment, see the* Dual Enrollment *section of this manual.*
7. Repeat steps for each dependent listed on the enrollment form. ***Note:*** *For dependents other than a spouse/domestic partner, leave the Spousal field blank. When the attestation record is saved, the Spousal Attestation field will not display.*

Extended Dependents and Dependents with Disabilities

If the employee is adding an extended dependent or a dependent with disabilities, age 26 or older, appropriate certification documents are required. A copy of the *Extended Dependent Certification* or the *Certification of Dependent with Disabilities* form must be submitted to HCA for processing.

For extended dependents or dependents with disabilities, age 26 or older, enrollment will pend for HCA approval. The enrollment code will change to an "N" and the reason code to an "11" when record is saved. The dependent will not be enrolled until HCA verifies the dependent.

Dependent Verification

- If the employee is adding a spouse, valid dependent verification documents are required. In addition, a *Declaration of Tax Status* form is required if the spouse does not qualify as a dependent for tax purposes under IRC Section 152, as modified by IRC Section 105(b).
- If the employee is adding a registered domestic partner, a *Declaration of Tax Status* form and dependent verification documents are required.
- If the employee is adding children under the age of 26, dependent verification documents are required.

If the dependent requires dependent verification, the enrollment flag will change to "N" and the Reason code to "11" (*Enrollment has been requested and is being held for verification*) when you select F10. The enrollment codes will remain in the Pending fields until HCA completes the certification process. Submit the certification form and any supporting documentation to PEBB for processing. Once approved, the information will move to the effective fields.

Send dependent verification to HCA through FUZE. HCA will process the verification documents and enrollment will be activated once verified. **If the verification documents are not submitted by the enrollment deadline, the dependent will not be enrolled on the employee's account.** The employee may enroll the dependent during the next annual open enrollment or during a special open enrollment that allows the employee to add dependents.

Enroll in Health and Dental Coverage

A.44—Health and Dental Coverage

```
            ***** A.44 - HEALTH AND DENTAL COVERAGE *****          MAPA441

 SOC SEC NUMBER: 000 00 1111     ID#: 000004430    NAME : CITIZEN, JOHN Q
 ELIGIBILITY TYPE      : Y               EMPLOYER CONTRIBUTION :   662.00
============================= HEALTH INSURANCE ==============================
 HEALTH ENR: Y       CHG DT:              REASON: 01    NEWLY ELIGIBLE MEMBER
 EFF DT: 02 02 2015  END DT:             PENDING:         EFF DT:
 CARRIER: U    UNIFORM ME            NEW CARRIER:         EFF DT:
 MEDICARE A:  N             MEDICARE B: N              CLINIC ID:
 TOBACCO:  N  EFF DT: 02 02 2015         PENDING:         EFF DT:
 WELLNESS:    ATTESTATION DT:                              HICN:
                            SURCHARGE - TOBACCO:     0.00  SPOUSAL:     0.00
 PREM EFF DT: 02 02 2015     PREMIUM - EMPLOYEE:    84.00    TOTAL:    84.00
============================= DENTAL INSURANCE ==============================
 DENTAL ENR: Y       CHG DT:              REASON: 01    NEWLY ELIGIBLE MEMBER
 EFF DT: 02 02 2015  END DT:             PENDING:         EFF DT:
 CARRIER: 1    UNIFORM DE            NEW CARRIER:         EFF DT:
 CLINIC ID:
 PREM EFF DT: 02 02 2015       PREMIUM - EMPLOYEE:     0.00


NEXT FUNCTION: A 45 TYPE: U SSA: 000 00 1111 AGY: 107 SUB:     PAY ACTION:
INQUIRY ONLY     ENTER-NXT, PF1-HELP, PF2-RETURN, PF3-SYSTEM, PF9-HISTORY
4B                  :00.1                                            23/28
```

Health Insurance

1. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.44 screen opens in Update mode.
2. The Health Enrolled field defaults to "Y" if the eligibility code entered on the A.41 screen is "Y" or "X." If the employee wants to waive medical coverage, enter a "D" (Waived).
3. Enter the effective date of the health plan enrollment in the Change Date field.
4. If the employee is enrolling in medical, leave the Reason field blank. If the employee is waiving medical, enter **40** (Employee Waives) in the Reason field.
5. If the employee is enrolling in medical, enter the Health Carrier code. Valid codes are available in chapter 1 (page 47).

Note: *PAY1 will automatically assign a "W" after a subscriber's medical plan code, which indicates the subscriber earned the wellness incentive.* ***You do not need to key the wellness code****, even if an employee changes plans mid-year.*

Note: *If the subscriber's home address is not within the service area for the carrier code entered, you will receive an error message. Select F4 to cancel the transaction and verify the carrier's service area. If the message was received in error, contact HCA through FUZE.*

If the health plan carrier code remains at "Z" for more than 90 days, the system will automatically enroll the employee only (i.e. no dependents) in Uniform Medical Plan Classic.

Tobacco Use Premium Surcharge

1. Tab to the Tobacco field. If the employee attested to using tobacco, enter a "Y." If the employee attested to not using tobacco, enter a "N." If the employee did not attest or did not submit a complete attestation form, enter a "D." (This will default the employee and he/she will incur the premium surcharge.)

   Note: *The tobacco use premium surcharge only applies to subscribers enrolled in medical benefits.*

2. Enter the effective date. For newly eligible employees who attest within 31 days, the effective date is the same as medical and dental.

3. Tab past the Wellness field. **Do not key in this field.** If an employee earned the 2015 SmartHealth wellness incentive for 2016, a "Y" code will show in this field. If they did not earn the incentive, the field will be blank.

4. Tab past the Attestation Date field. **Do not key in this field.** If an employee earned the 2015 SmartHealth wellness incentive for 2016, the date their incentive was earned will show. If they did not earn the incentive,, the field will be blank.

   Note: *Any employee hired January 1, 2016, and after is not eligible to receive the 2016 wellness incentive. Direct the employee to the SmartHealth website at* www.smarthealth.hca.wa.gov *and the employee can begin earning points toward the incentive for the 2017 year.*

Dental Insurance

1. The Dental Enrolled field defaults to "Y" if the eligibility code entered on the A.41 screen is "Y." **Higher Education:** Do not change this field; employees cannot waive dental coverage. **Medical Only:** Enter a "D" in the Subscriber Enrolled field.

2. **Higher Education:** Enter the effective date of the dental plan enrollment in the Change Date field. **Medical Only:** Do not enter an effective date.

3. **Higher Education:** Enter the Dental Carrier code. Valid codes are available in chapter 1 (page 47).

   If the dental carrier code remains at "9" for more than 90 days, the system will automatically enroll the employee only (i.e. no dependents) in the Uniform Dental Plan.

4. If the employee selected a managed-care provider, enter the Dental Clinic ID.
5. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

   Note: *If you receive an error message indicating a problem with dual enrollment, see the* Dual Enrollment *section of this chapter.*

Foreign Address

Enter a Foreign Address

1. Access the A.01 screen.
2. Tab to the Home or Mailing Address Line 1 field. Enter the street address. Follow USPS standards: http://pe.usps.com/text/pub28/welcome.htm
3. Enter the city in the City field.
4. For the State field, if the address is:
   - In Canada, enter the Canadian Province
   - A military address, enter the military state code
   - In any other country, enter "ZZ"
5. Enter the zip code, if applicable.
6. Enter the Country code. For a list of valid Country codes, visit http://countrycode.org.

   Note: *American Territory codes are entered in the Country Code field.*

7. On the command line, enter A.01 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

Correct a Social Security Number

Subscriber's SSN

1. Log into the PAY1 system.
2. Access the subscriber's A.01 screen in Update mode.
3. Tab down to the New Social Security Number field. Enter the correct social security number.

4. On the command line, enter A.01 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.

Dependent's SSN

1. Log into the PAY1 system.
2. Access the A.01 screen in Inquiry mode ("I" in the Type field).
3. On the command line, enter A.43 in the Next Function field. If only one dependent exists, the A.43 screen will display; if multiple dependents exist, the A.42 screen will open.
4. If the A.42 screen opens, enter a "U" next to the dependent that needs updating. Select enter. The A.43 screen opens.
5. On the command line, enter A.43 in the Next Function field. Enter "U" in the Type field. Select enter.
6. Tab down to the New Dependent Social Security Number field.
7. Enter the correct social security number.
8. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the social security number has been corrected.

Temporary Dependent SSN

Every effort should be made to enter a valid social security number into the PAY1 system, however, if it is necessary to create a temporary social security number for the dependent, use the following guidelines.

1. Use 999-99 for the first five digits.
2. For the last 4 digits, use 0001, 0002, etc.

Note: When the subscriber submits a valid social security number for the dependent, follow the steps in the **Correct a Dependent's SSN** above. This will automatically transfer all prior information to the new social security number record.

Plan Changes

Plan changes may be made during annual open enrollment and if the employee has a qualifying event that triggers a special open enrollment. For information on qualifying events, refer to Policy 45-2, Addendum 45-2A.

Medical Plan Changes

1. Log into the PAY1 system.
2. Access the employee's record.

3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter.

   Note: *If the subscriber is only changing dental, skip to the* **Dental Plan Changes** *section below.*

4. If the subscriber is changing medical plans, tab to the Health Change Date field. Enter the date the change is effective.

5. Enter the code in the New Carrier field. Valid codes are available in chapter 1 (page 47).

   Note: *PAY1 will automatically assign a "W" after a subscriber's medical plan code, which indicates the subscriber earned the 2015 wellness incentive.* ***You do not need to key the wellness code****, even if an employee changes plans mid-year.*

   Note: *A "W" displayed next to a carrier name indicates an online annual open enrollment change through the PEBB website.*

6. If the subscriber is **not** changing dental plans, change the command line to A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted. **Higher Education:** If the subscriber is also changing dental plans, continue below.

Dental Plan Changes (Higher Education only)

1. If the subscriber is changing their dental plan, tab to the Dental Change Date field. Enter the effective date.

2. Enter the code in the New Carrier field. Valid codes are available in chapter 1 (page 47).

   Note: *A "W" displayed next to a carrier name indicates an online annual open enrollment change through the PEBB website.*

3. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

   Note: *Current changes and changes retroactive to the Lower Limit Date will be updated immediately. The New Carrier codes will show in the Current Carrier fields.*

   Future date changes will move to the New Health Carrier and New Dental Carrier fields with the effective date in the New Effective Date field until the future effective date equals the current process period.

   Changes with an effective date prior to the Lower Limit Date require HCA approval. Please submit a request for approval to HCA through FUZE. Do not proceed with changes while using an incorrect effective date. On the command line, enter A.44 in the Next Function Field. Enter "I" in the Type field. Select F4 to cancel.

Add Dependents after Initial Enrollment

Dependents may be added during annual open enrollment or if the employee or dependent has a qualifying event that triggers a special open enrollment. *(See Policy 45-2, Addendum 45-2A)* Employees must submit dependent verification documents when adding a new dependent. Employees must re-attest to the tobacco use premium surcharge for themselves and attest for each new dependent added to medical coverage, age 13 and older. The employee must also attest to the spousal premium surcharge, if covering their spouse/partner in medical.

Enroll Spouse/Partner in Medical/Dental

Subscribers have **60 days** from the date of marriage or registration of their partnership to enroll a new spouse or domestic partner. A *Declaration of Tax Status* form is required when adding a dependent who does not qualify as a dependent for tax purposes.

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.41 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.41 screen displays in Update mode.
4. Tab to the Marital Status field. Change the "S" (Single) to an "M" (Married).
5. Tab to the Marital Status Date field. Enter the date of marriage or date of registration of the partnership.
6. On the command line, enter A.41 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.
7. On the command line, enter A.43 in the Next Function field. Enter "A" in the Type field. Select Enter. The A.43 screen displays in Add mode.
8. Follow instructions in the preceding section, **Add an Eligible Spouse and/or Dependents**.

New Dependent Child

A subscriber can enroll a newborn, adopted child, or a child the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption. If adding the child increases the premium (e.g., if this is the first dependent child on the account), the subscriber **must** submit the *Employee Enrollment/Change* form, along with dependent verification, **no later than 12 months after** the date of the birth, adoption, or the date legal obligation is assumed for total or partial support in anticipation of adoption.

Note: *Subscribers should submit their enrollment form and dependent verification as soon as possible, as subscribers will pay back premiums to the child's date of birth, adoption, or assumed legal obligation. (E.g., if a child is born October 1 but paperwork is not submitted until*

September 1, the subscriber will pay 11 months of back premiums.)

Collecting premiums for enrolled newborns and newly adopted children:

Newborns: A full month's premium is charged for enrolled newborns with a birth date prior to the 16th of the month. Newborns with a birth date on or after the 16th of the month are not charged a premium until the following month.

Adoptions: A full month's premium is charged for enrolled adopted dependents with an assumed legal obligation date or adoption date prior to the 16th of the month. Adopted dependents with an assumed legal obligation date or adoption date on or after the 16th of the month are not charged a premium until the following month.

Note: *Subscribers may enroll additional dependent children (any age) at no cost to the subscriber. The premium paid for the first child is what the subscriber will pay for all dependent children. To enroll or remove additional children, subscriber must wait for annual open enrollment or a special open enrollment event.*

Enroll New Child in Medical/Dental Coverage

1. Follow instructions in the preceding section, **Add an Eligible Spouse and/or Dependents**.

Pending Coverage

Change a Pending Carrier

1. Log into the PAY1 System.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter. The A.44 screen displays in Update mode.
4. If the medical carrier code needs to be changed, tab to the Health Change Date field and re-key the pending date.
5. Key the new code in the Health Carrier field.
6. **Higher Education:** If the dental carrier code needs to be changed, tab to the Dental Change Date field and re-key the pending date.
7. Key the new code in the Dental Carrier field.
8. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted.

Erase a Pending Carrier

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter. The A.44 screen displays in Update mode.
4. If the pending medical carrier code needs to be erased, tab to the Health Carrier field. Enter an asterisk (*).
5. **Higher Education:** If the pending dental carrier code needs to be erased, tab to the Dental Carrier field. Enter an asterisk (*).
6. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted. When pending coverage is erased, the fields will be populated with the previous values.

Erase a Pending Waiver or Enrollment

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select enter. The A.44 screen displays in Update mode.
4. Tab to the Subscriber Enrolled field. Change the "Y," "N," or "D" to an asterisk (*).
5. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify the changes are accepted. ***Note:*** *If there is pending enrollment on the A.41 screen, the pending enrollment on the A.55 history screen will not be erased.*

Dual Enrollment

Dual enrollment in PEBB coverage is not permitted for a subscriber or a dependent. Refer to WAC 182-12-123 and Policy 45-2, Addendum 45-2A for more details.

When a subscriber or dependent is added to PAY1, the system will search for existing enrollment, referencing the social security number entered. If the subscriber or dependent is already enrolled in PEBB medical or dental coverage, enrollment of coverage will not be allowed. The following message displays in PAY1: "PEBB dual enrollment not allowed—contact subscriber for resolution."

Employee Dual Enrollment

(Dependent enrolled on a PEBB account who becomes eligible for benefits as an employee.)

Important Elements of Employee Dual Enrollment

- Defer to the new employee to determine desired enrollment.
- The eligible employee must enroll in dental (if employer participates in PEBB dental), but may choose to:
  - Enroll in medical, or
  - Waive medical and remain enrolled in medical as a dependent on the other account.
  - If the employee does not submit forms within 31 days of becoming eligible for benefits, the employee is defaulted to Uniform Medical Plan Classic and Uniform Dental Plan (WAC 182-12-197).
- Both employers and HCA must coordinate to prevent a gap in coverage for the new employee when the employee switches coverage to their new employer.

Process to Correct Employee Dual Enrollment Issue

1. When the dual enrollment message displays in PAY1, cancel the transaction (F4).
2. Conduct a dependent search in PAY1 to identify the subscriber your employee is enrolled under as a dependent and the subscriber's employer. (Instructions for a dependent search are included in chapter 1, page 54).
3. Contact the employer to request the release of the dependent—your employee. (The Agency Contact List is available for state agencies.) If you do not know who to contact, send a FUZE to Outreach and Training to request the contact information.
4. Coordinate with the other employer.
   a. Notify the employer of your employee's medical and dental elections (e.g. remove from medical and dental or remove from dental only). ***No form is required by the other employer to remove your employee from their employee's account.***
   b. Provide the coverage end date (last day of the month before the employee's coverage begins) to avoid a gap in coverage.
   c. If the end date is beyond the lower limit date, contact Outreach and Training. **Do not enter a date as far back as you can and then ask Outreach and Training to correct the date.** This practice results in billing issues.

d. Do not request that your employee be released from other coverage until you have (1) received the enrollment forms or (2) the employee is beyond the 31-day eligibility period and will be defaulted.

5. When the employer releases your employee from dependent coverage, contact Outreach and Training through FUZE to set up the A.41 screen.
6. Enroll or default the employee as appropriate. If the employee is defaulted, notify the employee of the action taken.

Dependent (Spouse/Children) Dual Enrollment

(Employee requesting enrollment for a dependent already enrolled on another PEBB account as a dependent or agency receives a court order or Medical Support Notice.)

Important Elements of Dependent Dual Enrollment

- Defer to the new employee to determine desired enrollment. There must also be coordination with the other PEBB subscriber.
  - The subscriber where the dependent is currently enrolled must submit an enrollment form to their employer to remove the dependent from their account within 60 days of the special open enrollment qualifying event (Change in Employment Status; see Policy 45-2, Addendum 45-2A).
  - The dependent may be enrolled in medical only, dental only or both medical and dental.
- The removal date must coincide with the dependent's effective date. Both employees must coordinate to prevent a gap in coverage for the dependent when he/she switches coverage to the new employee's account.
- **Do not term a dependent if they are currently enrolled on an account due to a court or Support NMSN order.** Refer the employee back to the Support Enforcement office.

Process to Correct Dependent Dual Enrollment Issue

1. When the dual enrollment message in PAY1 displays, cancel the transaction (F4).
2. Conduct a dependent search in PAY1 to identify the employee the dependent is enrolled under and the employee's employer. (Instructions for a dependent search are included in chapter 1, page 54).
3. Coordinate with the other employer:
   a. Notify the employer of your employee's medical and dental elections for the dependent (e.g. remove from medical and dental or remove from dental

only). An enrollment form is required by the other employer to remove the dependent from the employee's account within 60 days of the qualifying event. If you do not know who to contact (the Agency Contact List is available for state agencies), send a FUZE to Outreach and Training and request the contact information.

b. Provide the coverage end date (last day of the month before the dependent's coverage begins) to avoid a gap in coverage. Note: The dependent's effective date would be the same as the newly eligible employee.

c. If the end date is beyond the lower limit date, contact Outreach and Training. **Do not enter a date as far back as you can and then ask Outreach and Training to correct the date.** This practice results in billing issues.

4. When the employer releases the dependent from dependent coverage, contact Outreach and Training through FUZE if you are unable to set up the A.43 screen.

Waiving Coverage

Employees may waive medical coverage during annual open enrollment or during a special open enrollment if they have other employer-based group medical insurance, TRICARE, or Medicare. Refer to Policy 45-2, Addendum 45-2A for information on qualifying events.

Employee

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.44 screen displays in Update mode.
4. Tab to the Health Insurance Subscriber Enrolled field. **Higher Education:** Enter a "D" for waived. **Medical Only:** Enter an "N" on the A.41 screen in the Eligibility Code field. If a newly eligible employee chooses to waive coverage, it is not necessary to enter information into the PAY1 system.

   Note: *When the record is updated with the waive code "D," the employee's enrolled dependent's medical coverage will automatically be terminated ("N") on the A.43 screen. Dependents cannot be enrolled in medical coverage if the employee has waived coverage.*

5. Enter the effective date of the health plan waiver. For new employees, enter the insurance effective date. For currently enrolled employees, refer to the special open enrollment Policy 45-2, Addendum 45-2A.
6. Enter code **40** (Waived) in the Health Enrollment Reason field.

7. The Dental Insurance Subscriber Enrolled field defaults to "Y" (yes) if the eligibility code entered on the A.41 screen is "Y." **Higher Education:** Do not change this field; employees cannot waive dental coverage. **Medical Only:** Change the "Y" to a "D" if you have not done so previously. Enter code **49** (Not Elected) in the Reason field.
8. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.

Spouse/Partner and/or Dependents

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.43 in the Next Function field. Enter "I" for Inquiry in the Type field. Select Enter. If there is more than one dependent, the A.42 screen will display. If there is only one dependent, the A.43 screen will display.
4. If the A.42 screen displays, place a "U" (update) next to the dependent to be removed from coverage. Select Enter. The A.43 screen will display for that dependent.
5. To remove the dependent from medical coverage, enter an "N" in the Health Enrolled field on the A.43 screen.
6. Enter the effective date. ***Note:*** *If a newly eligible employee's dependents are not enrolling in medical coverage, do not enter a date. For currently enrolled dependents waiving medical coverage, refer to the special open enrollment Policy 45-2, Addendum 45-2A or the loss of eligibility Policy 19-1, Addendum 19-1A*.
7. Enter code **40** (Dependent Voluntarily Terms) in the Reason field.
8. **Higher Education:** To remove the dependent from dental coverage, enter an "N" in the Dental Enrolled field. **Medical Only Groups:** Change the "Y" to a "D" if you have not previously done so.
9. **Higher Education:** Enter the effective date. ***Note:*** *If a newly eligible employee's dependents are not enrolling in dental coverage, do not enter a date. For currently enrolled dependents waiving dental coverage, enter the last day of the month in which the form was signed.* **Medical Only:** Do not enter a date in this field.
10. **Higher Education:** Enter code **40** (Dependent Voluntarily Terms) in the Reason field. **Medical Only:** Enter code **49** (Not Elected) in the Reason field.
11. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes are accepted.
12. Repeat the above steps for every dependent to be removed from coverage.

Enrolling in Medical/Dental after Waiving Coverage

Employees may re-enroll during annual open enrollment or during a special open enrollment. Refer to Policy 45-2, Addendum 45-2A for information on qualifying events.

Do not re-enroll medical/dental coverage outside of annual open enrollment. Please send a copy of the enrollment form and proof of loss to HCA through FUZE for processing.

Employee

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.44 in the Next Function field. Enter "U" in the Type field. Select Enter. The A.44 screen displays in Update mode.
4. Tab to the Subscriber Enrolled field and enter a "Y."
5. Enter the effective date in the Health Change Date field.
6. Enter code **10** (Return from Waive) in the Reason field. ***Note:*** *This function is only available for a January 1 effective date (annual open enrollment). Outside of annual open enrollment, send a copy of the enrollment form and proof of loss to HCA through FUZE for processing.*
7. Enter the code for the Health Carrier. Valid codes are available in chapter 1 (page 47).

   Note: PAY1 will automatically assign a "W" after a subscriber's medical plan code, which indicates the subscriber earned the 2016 wellness incentive. ***You do not need to key the wellness code****, even if an employee changes plans mid-year.*
8. Enter the employee's tobacco use premium surcharge attestation.
9. On the command line, enter A.44 in the Next Function field. Enter "I" in the Type field. Select F10 to update. Verify changes were accepted.

Spouse/Partner and/or Dependents

Do not re-enroll medical/dental coverage outside of annual open enrollment. Please send the enrollment form and proof of loss to HCA for processing through FUZE. If the dependent has never been verified, include valid dependent verification documents.

1. Log into the PAY1 system.
2. Access the employee's record.
3. On the command line, enter A.43 in the Next Function field. Enter "I" in the Type field. Select Enter. If there is more than one dependent, the A.42 screen will display. If there is only one dependent, the A.43 screen will display.

4. If the A.42 screen displays, enter a "U" (update) next to the dependent enrolling in coverage. Select Enter. The A.43 screen with display for that dependent.
5. If the dependent is re-enrolling in medical, tab to the Current Enrollment Health field and enter a "Y."
6. Enter the effective date.
7. Enter code **10** (Return from waive) in the Reason field. ***Note:*** *This function is only available for a January 1 effective date (annual open enrollment). Outside of annual open enrollment, send a copy of the enrollment form and proof of loss to HCA through FUZE for processing.*

8. Enter the dependent's tobacco use and spousal premium surcharges attestations, if applicable. **Higher Education:** If the dependent is enrolling in Dental, tab to the Current Enrollment Dental field and enter a "Y."
9. **Higher Education:** Enter the effective date.
10. **Higher Education:** Enter code **10** (Return from waive) in the Reason field. ***Note:*** *This function is only available for a January 1 effective date (annual open enrollment). Outside of annual open enrollment, send a copy of the enrollment form and proof of loss to HCA through FUZE for processing.*
11. **Higher Education:** If the employee selected a managed-care plan, enter the provider or clinic code.
12. On the command line, enter A.43 in the New Function field. Enter "I" in the Type field. Select F10 to update the record. Verify changes are accepted.