Addendum 45-2A

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Your health plan enrollment is for an entire year (January 1 through December 31), unless you make changes during a special open enrollment (SOE) or are no longer eligible under PEBB rules.
An SOE is created by a specific life event. This addendum summarizes SOE events from WACs 182-08-198, 182-08-199, 182-12-128, and 182-12-262.

To use the SOE Matrix, simply find the desired change in enrollment (top blue row) and the event (green column) that occurred or will occur. Find where the row and column meet on the matrix to determine if the desired change is allowed, and conditions that may apply.

In *Example 1* below, a "Change health plan election" (blue) is allowed based on the SOE event of "Loss of Other Coverage" (green). If the box indicates "SOE Not Allowed," then no change is allowed.

Example 1

	Events below may create a Special Open Enrollment	**Change Health Plan Election** (Medical and/or Dental) **182-08-198**
7	**LOSS OF OTHER COVERAGE** Subscriber or a subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA. *(60-day notice required)*	▸▸ Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for other coverage. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of loss of coverage, or (b) Date form received.

Addendum 45-2A

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

This matrix only summarizes special open enrollment events in chapter 182-08 WAC and 182-12 WAC. It does not describe other circumstances such as initial eligibility, open enrollment, or termination for loss of eligibility.
Notification of a special open enrollment (SOE) event **must be provided no later than sixty (60) days after the event occurs**, except for birth/adoption SOE events.
» Provides example(s) of IRS "consistency rule;" the election change must be allowable under Internal Revenue Code, and correspond to and be consistent with the event that creates the SOE.

Events below may create a Special Open Enrollment:		Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
1	**MARRIAGE** Acquires a new dependent due to marriage. *(60-day notice required)*	• Marriage certificate	» Allowed only if subscriber enrolls new spouse. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll new spouse and any dependent children of spouse. Existing uncovered dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	» Allowed only if dependent enrolls under the new spouse's plan. **Remove Date** Remove dependent from coverage the last day of the month of the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	» Allowed only if employee enrolls under the new spouse's plan. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	» Employee may enroll in order to enroll new spouse or children acquired through the marriage. Other dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of marriage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. Premiums collected pre-tax if spouse and/or dependents qualify as tax dependents (unless otherwise requested).	» Employee may enroll or increase election for tax-dependent spouse or tax-dependent children, or decrease election if employee or tax-dependent children gain eligibility and enroll under new spouse's health plan or FSA. Form must be submitted within 60 days of date of marriage. Enrollment or change is effective first day of month following approval by the FSA administrator.	» Employee may enroll or increase election if gaining new IRC Section 21(b)(1) qualifying individual, or decrease or cease election if new tax-dependent spouse is not employed or makes a DCAP coverage election under his or her plan. Form must be submitted within 60 days of date of marriage. Enrollment or change is effective first day of month following approval by the DCAP administrator.
2	**REGISTERING A DOMESTIC PARTNER** Acquires a new dependent due to registering a domestic partnership. *(60-day notice required)*	• Certificate of state-registered domestic partnership or civil union	» Allowed only if subscriber enrolls new domestic partner. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll newly eligible domestic partner and may enroll any dependent children of new domestic partner. Existing uncovered dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	» Allowed only if dependent enrolls under the new domestic partner's plan. **Remove Date** Remove dependent from coverage the last day of the month of the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	» Allowed only if employee enrolls under the new domestic partner's plan. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	» Employee may enroll in order to enroll domestic partner or children acquired through the domestic partnership. Other dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of registration, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. In most cases, premiums are collected post-tax. Premiums may be collected pre-tax if domestic partner or children of domestic partner qualify as tax dependent(s).	» Employee may enroll or increase election for newly eligible tax dependents, or decrease election if employee or tax-dependent children gain eligibility and enroll under new domestic partner's health plan or FSA. Form must be submitted within 60 days of tax dependent becoming newly eligible. Enrollment or change is effective first day of month following approval by the FSA administrator.	» Employee may enroll or increase election if gaining new IRC Section 21(b)(1) qualifying individual. Form must be submitted within 60 days of tax dependent becoming newly eligible. Enrollment or change is effective first day of month following approval by the DCAP administrator.

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a ***Special Open Enrollment:***		Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
3	**BIRTH OR ADOPTION** Acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption. **Notice Requirement:** The subscriber should submit an enrollment form as soon as possible. If adding the child increases the premium, the subscriber must submit the enrollment form no later than 12 months after the date of birth, adoption, or when assuming legal obligation.	• Birth certificate (or hospital certificate with the child's footprints on it) showing the name of parent who is the subscriber, the subscriber's spouse, or the subscriber's registered domestic partner; or • Certificate or decree of adoption; or • Placement letter from adoption agency	›› Allowed only if subscriber enrolls new child and if subscriber provides notice no later than 60 days after the event. **Effective Date** New plan effective date is the first of the month of birth, adoption or when assuming legal obligation.May result in different dates for dependent enrollment and plan change.	›› If subscriber provides notice no later than 60 days after the event, spouse or domestic partner may enroll. Existing uncovered dependent children may not enroll. **Enrollment Date** Enroll newborn or newly adopted child effective day of birth, adoption or day assuming legal obligation.-Enroll spouse or domestic partner effective first dayof month of birth, adoptionor when assuming legal obligation.	›› Allowed only if dependent being removed enrolls in other coverage due to the birth or adoption of a child, and if subscriber provides notice no later than 60 days after the event. Does not apply to other existing dependent children. **Remove Date** Remove dependent from coverage the last day of month of the birth, adoption or when assuming legal obligation.	›› Allowed only if employee enrolls in coverage under spouse or domestic partner due to birth or adoption, and if employee provides notice no later than 60 days after the event. **Waive Date** Waive coverage the last day of the month after later of: (a) Birth, adoption or when assuming legal obligation, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	›› If employee provides notice no later than 60 days after the event, employee may enroll in order to enroll new child. Spouse or domestic partner may enroll. Other dependent children may not enroll. **Enrollment Date** Enroll effective first day of month of birth, adoption or when assuming legal obligation.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. If notice is provided more than 60 days after the event, any related increase in the employee premium is post-tax. The employee must submit a *Premium Payment Plan Election/Change Form* during the next open enrollment if he or she wants to request to change back to pre-tax premiums.	›› Employee may enroll or increase election for new tax dependent child or spouse, or decrease election if employee or existing child dependent gains eligibility and enrolls under spouse or domestic partner's health plan or FSA. Enroll or change election within 60 days of birth or adoption. Enrollment or change is effective first day of month following approval by the FSA administrator.	›› Employee may enroll or increase election for new IRC Section 21(b)(1) qualifying individual, or decrease election if employee or existing IRC Section 21(b)(1) qualifying individual gains eligibility and enrolls under spouse or domestic partner's DCAP. Enroll or change election within 60 days of birth or adoption. Enrollment or change is effective first day of month following approval by the DCAP administrator.
4	**NEWLY ELIGIBLE EXTENDED DEPENDENT** Acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship. *(60-day notice required)*	• Completed and signed Extended Dependent Certification form; and • Valid court order showing legal custody; guardianship, or temporary guardianship	›› Allowed only if subscriber enrolls new extended dependent. **Effective Date** New plan effective date is first day of month following date the PEBB Program certifies new extended dependent.	›› Subscriber may enroll new extended dependent. Existing uncovered dependents may not enroll. **Enrollment Date** Enroll effective first day of month following date PEBB Program certifies new extended dependent.	SOE Not Allowed	SOE Not Allowed	›› Employee may enroll in order to enroll new extended dependent. Other dependents may not enroll. **Enrollment Date** Enroll effective first day of month following date PEBB Program certifies new extended dependent.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. Premiums may be collected pre-tax if extended dependent qualifies as tax dependent.	›› Employee may enroll or increase election only if tax dependent gains eligibility under health plan or FSA. Enroll or change election within 60 days of tax dependent child becoming eligible as extended dependent. Enrollment or change is effective first day of month following approval by the FSA administrator.	›› Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) qualifying individual. Enroll or change election within 60 days of IRC Section 21(b)(1) qualifying individual becoming eligible as extended dependent. Enrollment or change is effective first day of month following approval by the DCAP administrator.

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a ***Special Open Enrollment:***		Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
5	**NEWLY ELIGIBLE DEPENDENT WITH A DISABILITY** Acquires a new dependent due to a child becoming eligible as a dependent with a disability. *(60-day notice required)*	• Completed and signed Certification of Dependent With a Disability form	» Allowed only if subscriber enrolls new dependent with a disability. **Effective Date** New plan effective date is first day of month following date the PEBB Program certifies new dependent with a disability.	» Subscriber may enroll new dependent with a disability. Existing uncovered dependents may not enroll. **Enrollment Date** Enroll effective first day of month following date PEBB Program certifies new dependent with a disability.	SOE Not Allowed	SOE Not Allowed	» Employee may enroll in order to enroll new dependent with a disability. Other dependents may not enroll. **Enrollment Date** Enroll effective first day of month following date PEBB Program certifies new dependent with a disability.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. Premiums may be collected pre-tax if dependent with a disability qualifies as tax dependent.	» Employee may enroll or increase election only if tax dependent gains eligibility under health plan or FSA. Enroll or change election within 60 days of tax dependent child becoming eligible as dependent with a disability. Enrollment or change is effective first day of month following approval by the FSA administrator.	» Employee may enroll or increase election to take into account expenses of new IRC Section 21(b)(1) qualifying individual. Enroll or change election within 60 days of IRC Section 21(b)(1) qualifying individual becoming eligible as dependent with a disability. Enrollment or change is effective first day of month following approval by the DCAP administrator.
6	**DEPENDENT LOSES ELIGIBILITY** Subscriber's dependent no longer meets PEBB eligibility criteria: - Divorce, annulment - Dissolution of registered domestic partnership (when domestic partner was tax dependent) - A child dependent ceases to be eligible - A dependent dies *(60-day notice required)*	Evidence only required for FSA election change: • Petition for Dissolution of marriage (divorce); or • Petition for Dissolution of domestic partnership; or • Copy of a death certificate (only for a change in FSA election)	**SOE Not Allowed** A dependent's loss of PEBB eligibility does not provide a special open enrollment opportunity. WAC 182-12-262(2)(a) requires a subscriber to remove a dependent(s) within sixty (60) days of the date the dependent(s) no longer meets the eligibility criteria in WAC 182-12-250 or 182-12-260. See Policy 19-1 *Termination Due to Loss of Eligibility* (Addendums 19-1A and 19-1B).					Premium payment plan changes allowed when tax dependent coverage termed for loss of eligibility.	Employee may prospectively decrease or revoke election due to loss of tax-dependent eligibility; or increase election if dependent losing eligibility remains a tax dependent.	**SOE Not Allowed** **See Triggering Event #19:** "Change in number of IRC Section 21(b)(1) qualifying individuals" (N/A for child turning 26)

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a ***Special Open Enrollment:***		Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
7	**LOSS OF OTHER COVERAGE** Subscriber or a subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA. *(60-day notice required)*	• Certificate of Creditable Coverage; or • Letter of termination of coverage from employer or health plan; or • COBRA election notice Note: Evidence requirement is met when loss of other coverage is PEBB coverage, and loss is verified by PEBB when enrolling the subscriber or dependent to coverage.	» Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for other coverage. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of loss of coverage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll a dependent who lost eligibility for other coverage under a group health plan or through health insurance coverage. Existing uncovered dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of loss of coverage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	SOE Not Allowed	SOE Not Allowed	» Employee must have lost eligibility for other coverage. Or, if SOE due to dependent(s) loss of coverage, employee may enroll in order to enroll dependent. Other dependents who did not lose eligibility for other coverage may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of loss of coverage, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	» If employee or tax dependent loses eligibility for other coverage, employee may enroll or increase election. Employee may enroll or change election within 60 days of loss of eligibility for other coverage. Enrollment or change is effective first day of month following approval by the FSA administrator.	SOE Not Allowed
8	**CHANGE IN EMPLOYMENT STATUS** Subscriber or a subscriber's dependent has a change in employment status that affects the subscriber's or the subscriber's dependent's eligibility for the employer contribution toward group health coverage. *(60-day notice required)*	• Employee hire letter from his or her employer; or • Employment contract; or • Termination letter; or • Letter of resignation	» Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for coverage due to change in employment. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll dependent(s) who lost eligibility for coverage. Existing uncovered dependents who did not lose eligibility for coverage may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	» Allowed only if dependent(s) being removed enroll(s) under employer plan when newly eligible. **Remove Date** Remove coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month. Note: If new coverage is PEBB, remove date must coincide with enrollment.	» Allowed only when employee enrolls in comprehensive group medical coverage when a change in employment status affects eligibility for the employer contribution toward group health coverage. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month. Note: If new coverage is PEBB, waive date must coincide with enrollment.	» Employee must have lost eligibility for coverage under another plan, or have a change in employment status that affects eligibility for the employer contribution toward group health coverage. Or, if SOE due to dependent(s) loss of eligibility for coverage, employee may enroll in order to enroll dependent. Other dependents who did not have a change in employment status may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of change in employment, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	» FSA change is only allowed when change in employment status affects employee or a dependent's eligibility for the FSA. If employee or tax dependent gains eligibility under other plan, employee may decrease or cease election. If employee or tax dependent loses eligibility under other plan, employee may enroll or increase election. Employee may enroll or change election within 60 days of change in employment status. Enrollment or change is effective first day of month following approval by the FSA administrator.	» DCAP change is only allowed when change in employment status affects employee or a dependent's eligibility for DCAP. If tax dependent gains eligibility and is enrolled under other plan, employee may revoke or decrease election. If tax dependent loses eligibility under other plan, employee may enroll or increase election. Also, if tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), employee may elect or revoke DCAP election accordingly. Employee may enroll or change election within 60 days of change in employment status. Enrollment or change is effective first day of month following approval by the DCAP administrator.

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

	Events below may create a ***Special Open Enrollment:***	Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
9	**CHANGE UNDER OTHER EMPLOYER PLAN'S OPEN ENROLLMENT** Subscriber or a subscriber's dependent has a change in enrollment under another employer plan during its annual open enrollment that does not align with the PEBB program's annual open enrollment. *(60-day notice required)*	• Certificate of Creditable Coverage, or • Letter of enrollment or termination of coverage from the employer or health plan; or • Proof of Waiver	SOE Not Allowed	›› Subscriber may enroll dependent(s) who ended coverage during an open enrollment under another employer plan. Existing uncovered dependents who did not end coverage under another employer plan may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Other plan's open enrollment effective date, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	›› Allowed only if dependent(s) being removed enroll(s) during an open enrollment under the other employer plan. **Remove Date** Remove coverage the last day of the month of the later of: (a) Other plan's open enrollment effective date, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	›› Allowed only when employee enrolls during an open enrollment under the other employer plan. **Waive Date** Waive coverage the last day of the month of the later of: (a) Other plan's open enrollment effective date, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	›› Allowed only when employee or dependent cancels other employer coverage during open enrollment under the other plan. If dependent(s) cancel(s) coverage under another employer plan during other plan's open enrollment, employee may enroll in order to enroll dependent(s). Existing uncovered dependent(s) may not enroll. Note: Employee is allowed to elect a health plan when returning from waived enrollment status. **Enrollment Date** Enroll effective first day of month after the later of: (a) Other plan's open enrollment effective date, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	›› If tax dependent enrolls under other plan, the employee may revoke or decrease election. If tax dependent cancels coverage under other plan, the employee may enroll or increase election. Employee may enroll or change election within 60 days of change under other employer plan's open enrollment. Enrollment or change is effective first day of month following approval by the DCAP administrator.
10	**DEPENDENT MOVES TO USA** Subscriber's dependent has a change in residence from outside of the United States to within the United States. *(60-day notice required)*	• Visa or Passport with date of entry	SOE Not Allowed	›› Subscriber may only enroll dependents who moved to the United States. Other existing dependents may not enroll. **Change Date** Enroll effective first of month after the later of: (a) Date dependent changes residence to the United States, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	SOE Not Allowed	SOE Not Allowed	›› Allowed only to enable enrollment of dependent who moved to the United States. **Change Date** Enroll effective first day of month after the later of: (a) Date dependent changes residence to the United States, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	SOE Not Allowed

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a ***Special Open Enrollment:***		Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
11	**CHANGE IN RESIDENCE** Subscriber or a subscriber's dependent has a change in residence that affects health plan availability. If the subscriber moves and the subscriber's current health plan is not available in the new location the subscriber must select a new health plan. Note: A dental plan is considered to be available if within 50 miles of subscriber's new residence. If the subscriber does not select a new health plan, the PEBB program may change the subscriber's health plan as described in WAC 182-08-196. *(60-day notice required)*	• Proof of former and current residence (e.g. utility bill)	» Allowed only if change in residence causes current health plan to become unavailable. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of change in residence, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	SOE Not Allowed
12	**COURT ORDER OR NATIONAL MEDICAL SUPPORT NOTICE (NMSN)** A court order or national medical support notice requires the subscriber or any other individual to provide insurance coverage for an eligible dependent of the subscriber (a former spouse or former registered domestic partner is not an eligible dependent). **See also:** **WAC 182-12-263** *(60-day notice required)*	• Valid court order; or • National Medical Support Notice	» Allowed only if subscriber enrolls court-ordered dependent child. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of court order, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll a court-ordered dependent child. Existing uncovered dependents who are not court-ordered to coverage may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of court order, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	» Allowed only if the dependent is enrolled under the coverage of the individual who is court-ordered to provide insurance coverage. **Remove Date** Remove dependent child from coverage the last day of the month of the later of: (a) Date of court order, or (b) Date form received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	» Allowed only if employee and dependent child are the only PEBB enrollees. Dependent child must enroll under the coverage of the individual who is court-ordered to provide insurance coverage. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date of court order, or (b) Date form received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	» Employee may enroll in order to enroll court-ordered dependent. Existing uncovered dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date of court order, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	» Employee may enroll or increase election for new tax dependent(s). Employee may enroll or change election within 60 days of receiving court order. Enrollment or change is effective first day of month following approval by the FSA administrator.	**SOE Not Allowed** **See Triggering Event #19:** "Change in number of IRC Section 21(b)(1) qualifying individuals" (N/A for child turning 26)

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

	Events below may create a Special Open Enrollment:	Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
13	**GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP** Subscriber or a subscriber's dependent becomes entitled to coverage under Medicaid or a state children's health insurance program (CHIP), or the subscriber or a subscriber's dependent loses eligibility for coverage under Medicaid or CHIP. *(60-day notice required)* *Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:* *-Date of eligibility,* *or* *-Date agency grants eligibility*	• Approval or Denial letter from Medicaid or CHIP	» Allowed only if subscriber removes dependent from coverage or enrolls dependent to coverage. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP. Existing uncovered dependents who did not lose eligibility may not enroll. **Enrollment Date** Enroll effective first day of month following the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	» Allowed only if dependent enrolls to Medicaid or CHIP coverage when becoming eligible for that coverage. **Remove Date** Remove dependent from coverage the last day of the month of the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If later of (a) or (b) is the 1st of the month, remove date is the last day of the previous month.	» Allowed only if employee enrolls to Medicaid when he or she becomes eligible. **Waive Date** Waive coverage the last day of the month of the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received. If later of (a) or (b) is the 1st of the month, waive date is the last day of the previous month.	» Employee must have lost eligibility for Medicaid. Or, if SOE is due to dependent losing coverage under Medicaid or CHIP, employee may enroll in order to enroll dependent. Existing dependents may not enroll. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	» Employee may decrease or revoke election if employee or dependent becomes eligible for Medicaid or CHIP. Employee may enroll or increase election if employee or dependent loses eligibility for Medicaid or CHIP. Employee may enroll or change election within 60 days of employee or tax dependent becoming eligible or losing eligibility for Medicaid or CHIP. Enrollment or change is effective first day of month following approval by the FSA administrator.	**SOE Not Allowed**
14	**BECOME ELIGIBLE FOR STATE PREMIUM ASSISTANCE SUBSIDY FOR PEBB HEALTH PLAN COVERAGE FROM MEDICAID OR CHIP** As required by HIPAA, subscriber or a subscriber's dependent becomes eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or a state children's health insurance program (CHIP). *(60-day notice required)* *Note: 60-day notice requirement is measured from the later of:* *-Date of eligibility,* *or* *-Date agency grants eligibility*	• Eligibility or loss of eligibility letter from Medicaid or CHIP	» Allowed only if subscriber enrolls, or subscriber enrolls dependent, after subscriber or dependent becomes eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date eligible for state premium assistance, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	» Subscriber may enroll a dependent who has become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. Existing uncovered dependents who did not become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP may not enroll. **Enrollment Date** Enroll effective first day of month following the later of: (a) Date eligible for state premium assistance, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	**SOE Not Allowed**	**SOE Not Allowed**	» Employee or dependent must have become eligible for state premium assistance subsidy for PEBB health plan coverage from Medicaid or CHIP. **Enrollment Date** Enroll effective first day of month after the later of: (a) Date eligible for state premium assistance, or (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	**SOE Not Allowed**	**SOE Not Allowed**

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

	Events below may create a Special Open Enrollment:	Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
15	**GAIN OR LOSE ELIGIBILITY FOR MEDICARE, OR ENROLL OR CANCEL ENROLLMENT IN MEDICARE PART D** Subscriber or a subscriber's dependent: - becomes entitled (enrolled) to Medicare, or - loses eligibility for Medicare, or - enrolls in or cancels enrollment in a Medicare Part D plan. If the subscriber's current health plan becomes unavailable due to the subscriber's or a subscriber's dependent's entitlement to Medicare, the subscriber must select a new health plan as described in WAC 182-08-196(1). *(60-day notice required)* *Note: 60-day notice requirement is measured from the later of:* *-Date of eligibility,* *or* *-Date agency grants eligibility*	• Medicare Benefit Verification letter; or • Copy of Medicare card; or • Notice of Denial of Medicare Coverage; or • Social Security denial letter; or • Medicare Entitlement or Cessation of Disability form; or • Letter confirming enrollment or cancellation of Medicare Part D coverage; or • Letter of declination of Medicare Part D coverage	**Effective Date** New plan effective date is the first of the month after the later of: (a) Date entitled to Medicare, date of loss of eligibility for Medicare, or date of enrollment or disenrollment from a Medicare Part D plan, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	›› If employee or tax dependent gains Medicare eligibility, employee may decrease election or revoke enrollment. If employee or tax dependent loses Medicare eligibility, employee may increase election or enroll in coverage. Employee may enroll or change election within 60 days of employee or tax dependent gaining or losing Medicare. Enrollment or change is effective first day of month following approval by the FSA administrator.	SOE Not Allowed
16	**HEALTH PLAN BECOMES UNAVAILABLE** Subscriber or a subscriber's dependent's current health plan becomes unavailable because the subscriber or enrolled dependent is no longer eligible for a health savings account (HSA). HCA may require evidence that the subscriber or subscriber's dependent is no longer eligible for an HSA. *(60-day notice required)*	• Cancellation letter from HDHP; or • Coverage confirmation in a new health plan; or • Medicare entitlement letter; or • Copy of current tax return claiming you as a dependent	›› Allowed only when HSA eligibility is lost. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date current health plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	SOE Not Allowed

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

	Events below may create a Special Open Enrollment:	Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
17	**CONTINUITY OF CARE** Subscriber or subscriber's dependent experiences a disruption of care that could function as a reduction in benefits for the subscriber or the subscriber's dependent for a specific condition or ongoing course of treatment. The subscriber may not change their health plan election if the subscriber's or dependent's physician stops participation with the subscriber's health plan unless the PEBB program determines that a continuity of care issue exists. (See 182-08-198 for specific circumstances). *(60-day notice required)*	• Submit request for a plan change to the Health Care Authority: PEBB Program Attn: Clinical & Quality Programs Manager PO Box 42684 Olympia, WA 98504-5502	» Allowed only if meeting a specific circumstance described in rule. **Effective Date** New plan effective date is the first of the month after the later of: (a) Date of disruption, or (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes allowed when consistent with a change in group health plan enrollment. The event that creates a special open enrollment must apply to the employee or the employee's tax dependent.	SOE Not Allowed	SOE Not Allowed
18	**CHANGE IN THE COST OF INSURANCE COVERAGE DUE TO A PREMIUM SURCHARGE:** **Tobacco Use** Employee has a change in the cost of insurance coverage because of a premium surcharge due to tobacco use. *(60-day notice required)*	• Employee attestation of being subject to Tobacco Use premium surcharge, or no longer being subject to Tobacco Use premium surcharge.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes consistent with a change in the employee's monthly premium is allowed when the cost of insurance coverage changes due to a premium surcharge being added or removed.	SOE Not Allowed	SOE Not Allowed

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

	Events below may create a Special Open Enrollment:	Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
19	**CHANGE IN THE COST OF INSURANCE COVERAGE DUE TO A PREMIUM SURCHARGE:** **Spouse/DP Other Coverage** Employee has a change in the cost of insurance coverage because of a premium surcharge due to the employee's spouse or domestic partner choosing not to enroll in his or her employer-based group medical insurance when: a) Premiums are less than 95% of UMP Classic premiums, and b) The actuarial value of benefits is at least 95% of the actuarial value of UMP Classic benefits. **See also:** **Policy 31-2** *(60-day notice required)*	• Employee attestation of being subject to 95% Actuarial Value Standard premium surcharge, or no longer being subject to 95% Actuarial Value Standard premium surcharge.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	Premium payment plan changes consistent with a change in the employee's monthly premium is allowed when the cost of insurance coverage changes due to a premium surcharge being added or removed.	SOE Not Allowed	SOE Not Allowed
20	**CHANGE DEPENDENT CARE PROVIDER** Employee changes dependent care provider. *(60 Day Notice Required)*	• Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or • Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	›› Change must reflect the increased or decreased cost of services of the new provider for an IRC Section 21(b)(1) qualifying individual. Employee may enroll or change election within 60 days of change in provider. Enrollment or change is effective first day of month following approval by the DCAP administrator.

Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a ***Special Open Enrollment:***		Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.	Change Health Plan Election (Medical and/or Dental) 182-08-198	Enroll Dependent(s) to Health Plan Coverage (Medical and/or Dental) 182-12-262	Remove Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262	Waive Enrollment in Medical (Employees Only) 182-12-128	Return from Waived Enrollment in Medical (Employees Only) 182-12-128	Enroll In or Change Premium Payment Plan (Employees Only) 182-08-199	Enroll In or Change Medical FSA (Employees Only) 182-08-199	Enroll In or Change DCAP (Employees Only) 182-08-199
21	**CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS** Employee or employee's spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21 (b)(1). *(60-day notice required)*	• Letter from the daycare provider confirming the number of qualifying individuals enrolled, the change in premium, and the effective date of change; or • Two billing statements that include the number of qualifying individuals enrolled in each month, the premium amount due for each month, and the statement date.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	›› Change must reflect the increased or decreased number of qualifying individuals. Employee may enroll or change election within 60 days of change in number of IRC Section 21(b)(1) qualifying individuals. Enrollment or change is effective first day of month following approval by the DCAP administrator.
22	**CHANGED COST OF DEPENDENT CARE** Employee's dependent care provider imposes a change in the cost of dependent care, provided the dependent care provider is not a relative as defined in Section 152 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC. *(60-day notice required)*	• Letter from the daycare provider confirming the change in premium and the current date and the effective date of change; or • Two billing statements that show the change in premium due. Statements must include the premium amount due for each month, and the statement date.	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	SOE Not Allowed	›› Change must reflect the increased or decreased cost of dependent care provided to an IRC Section 21(b)(1) qualifying individual. Employee may enroll or change election within 60 days of change in cost of dependent care. Enrollment or change is effective first day of month following approval by the DCAP administrator.