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## RULE-MAKING ORDER PERMANENT RULE ONLY

## CR-103P (December 2017) (Implements RCW 34.05.360)

OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED

DATE: July 28, 2020 TIME: 2:33 PM

WSR 20-16-059

Agency: Health Care Authority, Public Employees Benefits Board (PEBB) Admin #2020-01 Effective date of rule: Permanent Rules 31 days after filing.  $\times$ Other (specify) January 1, 2021 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below) Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule? □ Yes 🖂 No If Yes, explain: Purpose: The purpose of this proposal is to amend WAC 182-08-197 to support the Public Employees Benefits Board (PEBB) Program. 1. Implement PEBB Policy Resolution 2020-04 by amending default elections for an eligible employee who fails to timely elect coverage. Made technical amendments to WAC 182-08-197: Added a contracted vendor must receive required forms no later than thirty-one days after the employee becomes eligible for PEBB benefits; Included an employee may enroll in supplemental accidental death and dismemberment insurance with the contracted vendor at any time without evidence of insurability; Clarified enrollment if a newly eligible employee's employing agency or the HCA's contracted vendor does not receive elections within thirty-one days; Clarified rules related to an employee regaining eligibility for the employer contribution toward PEBB benefits; and Clarified what are PEBB benefits and supplemental coverage throughout the WAC section. Citation of rules affected by this order: New: Repealed: Amended: 182-08-197 Suspended: Statutory authority for adoption: RCW 41.05.021, 41.05.160 Other authority: PEBB Policy Resolution 2020-04 PERMANENT RULE (Including Expedited Rule Making) Adopted under notice filed as WSR 20-13-074 on June 16, 2020 (date). Describe any changes other than editing from proposed to adopted version: None If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting: Name: Address: Phone: Fax: TTY: Email: Web site: Other:

Note: If any category is left blank, it will be calculated as zero. No descriptive text.						
Count by whole WAC sections only, from the WAC number through the history note. A section may be counted in more than one category.						
The number of sections adopted in order to comply v	with:					
Federal statute:	New		Amended		Repealed	
Federal rules or standards:	New		Amended		Repealed	
Recently enacted state statutes:	New		Amended		Repealed	
The number of sections adopted at the request of a nongovernmental entity:						
	New		Amended		Repealed	
The number of sections adopted on the agency's own initiative:						
	New		Amended		Repealed	
The number of sections adopted in order to clarify, streamline, or reform agency procedures:						
	New		Amended	<u>1</u>	Repealed	
The number of sections adopted using:						
Negotiated rule making:	New		Amended		Repealed	
Pilot rule making:	New		Amended		Repealed	
Other alternative rule making:	New		Amended	<u>1</u>	Repealed	
Date Adopted: July 28, 2020	Się	gnature:	$\mathbf{i}$			
Name: Wendy Barcus			JUL	adi V	VULUIV >	,
Title: HCA Rules Coordinator			V 30	, were t		

AMENDATORY SECTION (Amending WSR 19-17-073, filed 8/20/19, effective 1/1/20)

WAC 182-08-197 When must a newly eligible employee, or an employee who regains eligibility for the employer contribution, elect public employees benefits board (PEBB) benefits and complete required forms? An employee who is newly eligible or who regains eligibility for the employer contribution toward public employees benefits board (PEBB) benefits enrolls as described in this section.

(1) When an employee is newly eligible for PEBB benefits:

(a) An employee must complete the required forms indicating their enrollment elections, including an election to waive PEBB medical provided the employee is eligible to waive PEBB medical and elects to waive as described in WAC 182-12-128. The required forms must be returned to the employee's employing agency <u>or contracted vendor</u>. Their employing agency <u>or contracted vendor</u> must receive the forms no later than thirty-one days after the employee becomes eligible for PEBB benefits under WAC 182-12-114.

(i) An employee may enroll in supplemental life(( $\tau$  supplemental accidental death and dismemberment (AD&D),)) and supplemental long-term disability (LTD) insurance up to the guaranteed issue coverage amount without evidence of insurability if the required forms are returned to the employee's employing agency or contracted vendor as required. An employee may apply for enrollment in supplemental life(( $\tau$  supplemental AD&D,)) and supplemental LTD insurance over the guaranteed issue coverage amount at any time during the calendar year by submitting the required form to the contracted vendor for approval. An employee may enroll in supplemental accidental death and dismemberment (AD&D) insurance at anytime during the calendar year without evidence of insurability by submitting the required form to the contracted vendor for approval.

(ii) If an employee is eligible to participate in the salary reduction plan (see WAC 182-12-116), the employee will automatically enroll in the premium payment plan upon enrollment in PEBB medical allowing medical premiums to be taken on a pretax basis. To opt out of the premium payment plan, a new employee must complete the required form and return it to their state agency. The form must be received by their state agency no later than thirty-one days after the employee becomes eligible for PEBB benefits.

(iii) If an employee is eligible to participate in the salary reduction plan (see WAC 182-12-116), the employee may enroll in the state's medical flexible spending arrangement (FSA) or dependent care assistance program (DCAP) or both, except as limited by subsection (4) of this section. To enroll in these ((supplemental)) PEBB benefits, the employee must return the required form to their state agency. The form must be received by the state agency no later than thirty-one days after the employee becomes eligible for PEBB benefits.

(b) If a newly eligible employee's employing agency, or the authority's contracted vendor in the case of life insurance and AD&D insurance, does not receive the employee's required forms indicating medical, dental, life insurance, AD&D insurance, and LTD insurance elections, and the employee's tobacco use status attestation within thirty-one days of the employee becoming eligible, their enrollment will be as follows for those elections not received within thirty-one days: (i) ((Uniform Medical Plan Classic;)) <u>A medical plan determined</u> by the health care authority (HCA);

(ii) ((Uniform Dental Plan;)) <u>A dental plan determined by the</u> <u>HCA;</u>

(iii) Basic life insurance;

(iv) Basic AD&D insurance;

(v) Basic ((long-term disability)) LTD insurance;

(vi) Dependents will not be enrolled; and

(vii) A tobacco use <u>premium</u> surcharge will be incurred as described in WAC 182-08-185 (1)(b).

(2) The employer contribution toward PEBB ((insurance coverage)) <u>benefits</u> ends according to WAC 182-12-131. When an employee's employment ends, participation in the salary reduction plan ends.

(3) When an employee regains eligibility for the employer contribution toward PEBB ((insurance coverage)) benefits, including following a period of leave ((+)) described in WAC 182-12-133(1) ((and)), or after being between periods of leave as described in WAC 182-12-142 (1) and (2)((+)), or 182-12-131 (3)(e), PEBB medical and dental begin on the first day of the month the employee is in pay status eight or more hours.

(a) ((The)) <u>An</u> employee must complete the required forms indicating their enrollment elections, including an election to waive PEBB medical if the employee chooses to waive PEBB medical as described in WAC 182-12-128. The required forms must be returned to the employee's employing agency except as described in (d) of this subsection. Forms must be received by the employing agency, life insurance contracted vendor, or AD&D contracted vendor, if required, no later than thirty-one days after the employee regains eligibility, except as described in ((subsection - (3))) (a)(i) and (b) of this ((section)) subsection:

(i) An employee who self-paid for supplemental life insurance or supplemental AD&D coverage after losing eligibility will ((have)) <u>maintain</u> that level of coverage ((reinstated without evidence of insurability effective the first day of the month in which the employee is in pay status eight or more hours)) <u>upon return</u>;

(ii) An employee who was eligible to continue supplemental life or supplemental AD&D but discontinued that ((PEBB insurance)) <u>supple-</u> <u>mental</u> coverage must submit evidence of insurability to the contracted vendor if they choose to reenroll when they regain eligibility for the employer contribution;

(iii) An employee who was eligible to continue supplemental LTD insurance but discontinued that ((PEBB insurance)) supplemental coverage must submit evidence of insurability for supplemental LTD insurance to the contracted vendor when they regain eligibility for the employer contribution.

(b) An employee in any of the following circumstances does not have to return a form indicating supplemental LTD insurance elections. Their supplemental LTD insurance will be automatically reinstated effective the first day of the month they are in pay status eight or more hours:

(i) The employee continued to self-pay for their supplemental LTD insurance after losing eligibility for the employer contribution;

(ii) The employee was not eligible to continue supplemental LTD insurance after losing eligibility for the employer contribution.

(c) If an employee's employing agency, or contracted vendor accepting forms directly, does not receive the required forms within thirty-one days of the employee regaining eligibility, the employee's enrollment ((in PEBB insurance coverage)) for those elections not re<u>ceived</u> will be as described in subsection (1)(b)(i) through (( $\frac{(iv)}{(vi)}$ )) (vii) of this section, except as described in (a)(i) and (b) of this subsection.

(d) If an employee is eligible to participate in the salary reduction plan (see WAC 182-12-116) the employee may enroll in the medical FSA or DCAP or both, except as limited by subsection (4) of this section. To enroll in these ((supplemental)) PEBB benefits, the employee must return the required form to the contracted vendor or their state agency. The contracted vendor or employee's state agency must receive the form no later than thirty-one days after the employee becomes eligible for PEBB benefits.

(4) If an employee who is eligible to participate in the salary reduction plan (see WAC 182-12-116) is hired into a new position that is eligible for PEBB benefits in the same year, the employee may not resume participation in DCAP or medical FSA until the beginning of the next plan year, unless the time between employments is thirty days or less and within the current plan year. The employee must notify their new state agency of the transfer by providing the new state agency's personnel, payroll, or benefits office the required form no later than thirty-one days after the employee's first day of work with the new state agency.

(5) An employee's PEBB ((insurance coverage)) benefits elections remain the same when an employee transfers from one employing agency to another employing agency without a break in PEBB ((insurance coverage)) benefits for one month or more. This includes movement of an employee between any entities described in WAC 182-12-111 and participating in PEBB benefits. PEBB ((insurance coverage)) benefits elections also remain the same when an employee has a break in employment that does not interrupt their employer contribution toward PEBB ((insurance coverage)) benefits.