



RULE-MAKING ORDER PERMANENT RULE ONLY

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

CODE REVISER USE ONLY

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STATE OF WASHINGTON
FILED

DATE: June 27, 2025

TIME: 2:47 PM

WSR 25-14-067

Agency: Health Care Authority, Public Employees Benefits Board (PEBB) Admin #2025.02

Effective date of rule:

Permanent Rules

- ☐ 31 days after filing.
☒ Other (specify) August 1, 2025 (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: This revision supports the Public Employees Benefits Board (PEBB) Program. This proposal amends WAC 182-08-196 to add a new subsection to include Resolution PEBB 2024-26 regarding when a subscriber or their dependent must be disenrolled by a Medicare Advantage (MA) plan, Medicare Advantage-Prescription Drug (MA-PD) plan, or a Medicare Part D plan due to permanently living outside of the United States.

Citation of rules affected by this order:

New:
Repealed:
Amended: WAC 182-08-196
Suspended:

Statutory authority for adoption: RCW 41.05.021, RCW 41.05.065, RCW 41.05.160

Other authority: Policy Resolution PEBB 2024-26

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 25-11-044 on May 15, 2025 (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 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Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____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New	_____	Amended	_____	Repealed	_____
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The number of sections adopted on the agency's own initiative:

New	_____	Amended	<u>1</u>	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	_____	Amended	<u>1</u>	Repealed	_____
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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: June 27, 2025

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-08-196 What happens if my health plan becomes unavailable? (1) A subscriber must elect a new health plan when their previously selected health plan becomes unavailable due to a change in contracting service area as described below:

(a) When a health plan becomes unavailable during the plan year, a subscriber must elect a new health plan no later than 60 days after the date their previously selected health plan becomes unavailable.

(i) An employee must submit the required forms to their employing agency electing their new health plan.

(ii) Any other subscriber must submit the required forms to the PEBB program electing their new health plan.

(iii) The effective date of the change in health plan will be the first day of the month following the later of the date the health plan becomes unavailable or the date the form is received. If that day is the first of the month, the change in health plan begins on that day.

(b) When a health plan becomes unavailable at the beginning of the next plan year, a subscriber must elect a new health plan no later than the last day of the public employees benefits board (PEBB) annual open enrollment.

(i) An employee must submit the required forms to their employing agency electing their new health plan.

(ii) Any other subscriber must submit the required forms to the PEBB program electing their new health plan.

(iii) The effective date of the change in health plan will be January 1st of the following year.

(c) A subscriber who fails to elect a new health plan within the required time period as required in (a) or (b) of this subsection will be enrolled in a health plan designated by the director or designee.

(2) A subscriber must elect a new health plan when their previously selected health plan becomes unavailable due to the subscriber or subscriber's dependent ceasing to be eligible for their current health plan because of enrollment in medicare as described below:

(a) The required forms electing a new health plan must be received no later than 60 days after the date their previously selected health plan becomes unavailable.

Exception: The required forms electing a new medicare advantage (MA) plan, medicare advantage-prescription drug (MA-PD) plan, or the Uniform Medical Plan (UMP) Classic medicare plan must be received no later than two months after the date their previously selected health plan becomes unavailable.

(i) An employee must submit the required forms to their employing agency electing their new health plan.

(ii) Any other subscriber must submit the required forms to the PEBB program electing their new health plan.

(iii) The effective date of the change in health plan will be the first day of the month following the later of the date the health plan becomes unavailable or the date the form is received. If that day is the first of the month, the change in health plan begins on that day except for a MA plan, MA-PD plan, or the UMP Classic medicare plan which will begin the first day of the month following the date the form is received.

(b) A subscriber who is enrolled in a consumer directed health plan (CDHP) with a health savings account (HSA), and fails to elect a new health plan within the required time period as required in this

subsection, will not be eligible to receive contributions to the HSA. A subscriber will be liable for any tax penalties resulting from contributions made when they are no longer eligible.

(3) A subscriber must elect a new medical plan when their previously selected medical plan becomes unavailable due to a change in their residence as described below.

(a) When a subscriber's medical plan becomes unavailable during the plan year, a subscriber must elect a new medical plan no later than 60 days after the date their previously selected medical plan becomes unavailable as described in WAC 182-08-198 (2)(e).

(i) An employee must submit the required forms to their employing agency electing their new medical plan.

(ii) Any other subscriber must submit the required forms to the PEBB program electing their new medical plan.

(iii) The effective date of the change in medical plan will be the first day of the month following the later of the date the medical plan becomes unavailable or the date the form is received. If that day is the first of the month, the change in medical plan begins on that day except for a MA plan, a MA-PD plan, or the UMP Classic medicare plan which will begin the first day of the month following the date the form is received.

(b) A subscriber who fails to elect a new medical plan within the required time period as required in (a) of this subsection will be enrolled in a public employees benefits board medical plan designated by the director or designee.

(4) When a subscriber or their dependent must be disenrolled by a MA plan, MA-PD plan, or a medicare Part D plan as required by federal law, the subscriber and their enrolled dependents will be enrolled in a PEBB medical plan as designated by the director or designee. The new medical plan coverage will begin the first day of the month following the date the MA plan, the MA-PD plan, or the UMP Classic medicare plan is terminated.

(5) When a subscriber or their dependent must be disenrolled by a MA plan, MA-PD plan, or a medicare Part D plan as required by federal law, due to permanently living in a location outside of the United States, PEBB medical plan enrollment will terminate on the last day of the month as required by federal law. A retiree or a survivor may defer enrollment in PEBB retiree insurance coverage as described in WAC 182-12-205 (3)(f).

(6) A subscriber enrolled in a health plan as described in subsection (1)(c), (2)(b), (3)(b), or (4) of this section may not change health plans except as allowed in WAC 182-08-198.