

Title: Administering PEBB insurance in coordination with Medicare Part D

PEBB Program Administrative Policy 26-1

Contact:	Rules Specialist, ERB Division	Effective:	January 1, 201 9 ⁸
		Rescinded:	
Associated RCW:	41.05.068 41.05.085	Supersedes:	
Associated WAC and Policy:	182-08-015 182-08-198 182-12-171 182-12-205 <u>182-12-207</u>		
Assoc. fed law/reg:		Owner:	Policy, & Rules, & Compliance Manager, ERB Division
Associated Procedures:	Plan Change – Medicare Member forms		
Associated Forms & Communication	HCA 51-403F (Retiree Coverage Election Form A) <u>HCA 51-0007 (Retiree Coverage Change Form E)</u> 021592 (Medicare Supplement Enrollment Form B) HCA 51-576 (Medicare Advantage Enrollment Form C) HCA 51-556 (PEBB Medicare Advantage Disenrollment Form D)	Approved by:	
		Position:	ERB Division Director <u>of the PEBB Program</u>
		Date approved:	

PURPOSE

To administer Public Employees Benefits Board (PEBB) retiree medical plan enrollment in order to participate in the employer incentive program established in section 1860D-22 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

POLICY

1. The PEBB Program manages member enrollment in PEBB retiree medical insurance based on the member's Medicare Part D enrollment.
 - a. The PEBB Program gathers Medicare Subsidy eligibility information from the Retiree Drug Subsidy Program.
 - b. The PEBB Program informs the member of ~~his or her~~ their option(s) in writing so ~~he or she~~ they can make an educated decision.
 - c. The PEBB Program determines a member's option(s) based on ~~his or her~~ their specific circumstance as outlined in the table below.

Circumstance	Coordination of enrollment in PEBB retiree medical insurance
<p>A. Subscriber, subscriber's spouse or state registered domestic partner is enrolled in Medicare Part A and Part B</p> <p>AND</p> <p>Subsequently enrolls in <u>a</u> Medicare Part D <u>plan</u></p>	<p>1. Subscriber, subscriber's spouse or state registered domestic partner must:</p> <ul style="list-style-type: none"> a. Terminate enrollment in their Medicare Part D <u>plan enrollment</u> in order to retain enrollment in the selected PEBB medical plan. <ul style="list-style-type: none"> i. Proof of <u>their</u> Medicare Part D <u>plan</u> termination is required. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> b. Enroll in PEBB's Medicare Supplement pPlan F <u>in order to retain enrollment in PEBB retiree medical and dental insurance.</u> <ul style="list-style-type: none"> i. All Medicare enrollees who subsequently enroll in Medicare Part D must either terminate enrollment in Medicare Part D or change enrollment to the Medicare Supplement Plan F. ii. The subscriber must complete Aa completed Medicare Supplement <u>Plan F Enrollment form</u> (Form B) <u>is required.</u> If the subscriber <u>or any dependents are</u> is enrolled in a Medicare Advantage Pplan, he or she they must also complete a PEBB Medicare Advantage Plan Disenrollment form (Form D). iii.ii. Non-Medicare enrollees on the account will be enrolled in the Uniform Medical Plan Classic. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> c. Terminate PEBB retiree medical and dental insurance. This will also terminate <u>medical and dental</u> insurance coverage for all dependents enrolled under the subscriber's account. <u>The subscriber must submit Aa</u> written request for termination <u>is required.</u> <p>2. Subscribers are required to respond to <u>the</u> PEBB <u>Program</u> by the date listed in PEBB's notification(s) in order to remain on PEBB retiree-<u>insurance coverage.</u></p> <ul style="list-style-type: none"> a. If a subscriber fails to respond regarding him or herself<u>themselves</u>, then <u>the</u> PEBB <u>Program</u> will terminate coverage for the subscriber and any enrolled dependents on the subscriber's account <u>as described in WAC 182-12-207(1).</u> b. If a subscriber fails to respond regarding his or her<u>their</u> spouse or state registered domestic partner, then <u>the</u> PEBB <u>Program</u> will terminate coverage for the spouse or <u>state</u> registered domestic partner <u>as described in WAC 182-12-207(1).</u>
<p>B. Subscriber is enrolled in a Medicare Part D Pplan and is dually-eligible for full Medicare and Medicaid benefits</p>	<p>1. <u>The</u> PEBB <u>Program</u> will defer the subscriber's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled on<u>in</u> PEBB retiree insurance <u>coverage</u> as long as they meet criteria described in WAC 182-12-205 <u>(23)(c).</u></p>

	<p>a. The subscriber is required to respond to <u>the PEBB Program</u> by the date listed in PEBB's notification(s) in order to stop the deferral and remain enrolled in PEBB retiree <u>medical and dental</u> insurance. To remain enrolled:</p> <ul style="list-style-type: none"> i. Subscriber must terminate their Medicare Part D <u>plan</u> or terminate their enrollment in Medicaid and enroll in Medicare Supplement Plan F; and ii. Provide proof of termination of <u>their</u> Medicare Part D <u>plan</u> or Medicaid.
<p>C. Subscriber's spouse or state registered domestic partner is enrolled in a Medicare Part D <u>P</u>plan and is dually-eligible for full Medicare and Medicaid benefits.</p>	<p>1. <u>The PEBB Program</u> will terminate the subscriber's spouse or state registered domestic partner's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled enin PEBB retiree insurance <u>coverage</u> as long as they meet criteria described in WAC 182-12-205 <u>(23)</u>(c).</p> <ul style="list-style-type: none"> a. Subscribers are required to respond to <u>the PEBB Program</u> by the date listed in PEBB's notification(s) in order to stop their <u>spouse or state registered domestic partner's coverage</u> termination and remain enrolled enin PEBB retiree medical <u>and dental</u> insurance.
<p>D. Subscriber's dependent child is enrolled in Medicare Part A or B or both <u>Parts A</u> and B</p> <p>AND</p> <p>Subsequently enrolls in Medicare Part D</p>	<p>1. <u>The PEBB Program</u> will continue the dependent child's PEBB retiree medical insurance <u>coverage</u> up to age 26 in the medical plan selected if he or shethey meets PEBB eligibility criteria.</p> <ul style="list-style-type: none"> a. The subscriber may choose to remove the dependent child from coverage. <p>2. <u>The PEBB Program</u> will continue coverage for adultdependents <u>children over age 26</u> with disabilities as long as they remain eligible.</p>