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.

<table>
<thead>
<tr>
<th>Event: Loss of Other Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber or a subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA.</td>
</tr>
<tr>
<td>(60-day notice required)</td>
</tr>
<tr>
<td>Change Health Plan Election (Medical and/or Dental)</td>
</tr>
<tr>
<td>182-08-198</td>
</tr>
</tbody>
</table>

- 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.
Notices 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.

### Example 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:**

<table>
<thead>
<tr>
<th>Event Details</th>
<th>SOE Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> MARRIAGE</td>
<td><em>Marriage certificate</em></td>
</tr>
</tbody>
</table>
| Acquires a new dependent due to marriage.  
(60-day notice required) |
| *Subscriber may enroll new spouse and any dependent children of spouse. Existing uncovered dependents may not enroll.*  
**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. |
| *Allowed only if employee 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. |
| *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 consistent with changes in tax group health plan enrollment.*  
**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, wave date is the last day of the previous month. |
| **2** REGISTERING A DOMESTIC PARTNER | *Certificate of state-registered domestic partnership or civil union* |
| Acquires a new dependent due to registering a domestic partnership.  
(60-day notice required) |
| *Subscriber may enroll newly eligible domestic partner and may enroll any dependent children of new domestic partner. Existing uncovered dependents may not enroll.*  
**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. |
| *Allowed only if employee 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. |
| *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 consistent with changes in tax group health plan enrollment.*  
**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, wave date is the last day of the previous month. |
Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

### 3 Birth or Adoption

- **Needs to be completed for school enrollment or adoption.**
- **Only if the new child is a child who has not been covered under the SOE enrollment form before.**
- **Child becomes eligible as an extended dependent.**
- **Must enroll under the new employer or within 60 days of the effective date.**

#### Effective Date:
- New plan effective date is the first day of the month of birth, adoption, or when assuming legal obligation.

#### Enrollment Date:
- **Enroll new or newly adopted child effective day of birth, adoption or day assuming legal obligation.**
- **Enroll spouse or domestic partner effective first day after event.**

### 4 Newly Eligible Extended Dependent

- **Needs to be completed for school enrollment or adoption.**
- **Only if the new child is a child who has not been covered under the SOE enrollment form before.**
- **Child becomes eligible as an extended dependent.**
- **Must enroll under the new employer or within 60 days of the effective date.**

#### Effective Date:
- New plan effective date is the first day of the month following the birth or adoption.

#### Enrollment Date:
- **Enroll new or newly adopted child effective day of birth, adoption or day assuming legal obligation.**
- **Enroll spouse or domestic partner effective first day after event.**

### 5 Other

- **Needs to be completed for school enrollment or adoption.**
- **Only if the new child is a child who has not been covered under the SOE enrollment form before.**
- **Child becomes eligible as an extended dependent.**
- **Must enroll under the new employer or within 60 days of the effective date.**

#### Effective Date:
- New plan effective date is the first day of the month following the birth or adoption.

#### Enrollment Date:
- **Enroll new or newly adopted child effective day of birth, adoption or day assuming legal obligation.**
- **Enroll spouse or domestic partner effective first day after event.**
Addendum 45-2A
Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election to Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5 NEWLY ELIGIBLE DEPENDENT WITH A DISABILITY</strong></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
</tr>
<tr>
<td>Acquires a new dependent due to a child becoming eligible as a dependent with a disability.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(60-day notice required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6 DEPENDENT LOSES ELIGIBILITY</strong></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
<td><img src="https://via.placeholder.com/150" alt="Image" /></td>
</tr>
<tr>
<td>Subscriber’s dependent no longer meets PEBB eligibility criteria:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Divorce, annulment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Dissolution of registered domestic partnership (when domestic partner was tax dependent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- A child dependent ceases to be eligible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- A dependent dies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

#### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Certificate of Creditable Coverage;</td>
<td>Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for other coverage.</td>
</tr>
<tr>
<td>• Letter of termination of coverage from employer or health plan; or</td>
<td>Allowed only if subscriber enrolls or subscriber enrolls dependent who lost eligibility for other coverage.</td>
</tr>
<tr>
<td>• COBRA election notice</td>
<td>Allowed only if dependent(s) being removed enrolled(s) under employer plan when newly eligible.</td>
</tr>
</tbody>
</table>

#### 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)

- **Employee must have lost employment status.**
- **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.**

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee hire letter from his or her employer; or</td>
<td>Allowed only if dependent(s) lost eligibility for coverage. Existing uncovered dependent(s) who did not lose eligibility for coverage may not enroll.</td>
</tr>
<tr>
<td>• Employment contract; or</td>
<td>Enrollment or change is effective first day of month after the later of: (a) Date of change in employment, or (b) Date form received.</td>
</tr>
<tr>
<td>• Termination letter; or</td>
<td>If later of (a) or (b) is the 31st of the month, effective date is that day.</td>
</tr>
<tr>
<td>• Letter of resignation</td>
<td>Note: Evidence requirement is not that loss of other coverage is PEBB coverage, and is verified by PEBB when enrolling the subscriber or dependent to coverage.</td>
</tr>
</tbody>
</table>

#### CHANGE IN EMPLOYMENT STATUS

**Subscriber** or a **subscriber’s dependent has a change in employment status that affects the subscriber or the subscriber’s dependent’s eligibility for the employer contribution toward group health coverage.** (60-day notice required)

- **Employee must have lost employment status.**
- **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.**

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee must have lost eligibility for coverage under another plan, or have an employment status that affects eligibility for the employee contribution toward group health coverage.</td>
<td>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.</td>
</tr>
<tr>
<td>• Effective Date</td>
<td>Waive effective first day of month after the later of: (a) Date of change in employment, or (b) Date form received.</td>
</tr>
<tr>
<td></td>
<td>If later of (a) or (b) is the 31st of the month, effective date is that day.</td>
</tr>
<tr>
<td>• Letter of resignation</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

---

Health Care Authority PEBB Policy and Rules
## Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Event</th>
<th>Change Health Plan Election (Medical and/or Dental)</th>
<th>Enroll Dependents to Health Plan Coverage (Medical and/or Dental)</th>
<th>Remove Dependents from Health Plan Coverage (Medical and/or Dental)</th>
<th>Waive Enrollment In Medical</th>
<th>Return from Waived Enrollment In Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. <strong>CHANGE UNDER OTHER EMPLOYER PLAN’S OPEN ENROLLMENT</strong></td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
<td>Addendum 45-2A</td>
</tr>
<tr>
<td>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.</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
<td>90 day notice required</td>
</tr>
</tbody>
</table>

- 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 dependents 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**

- 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.

**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, enrollment date is the last day of the previous month.

**Note:** Employee is allowed to elect a health plan when returning from waived enrollment status. 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**

- 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.

**Enrollment Date**

- Effective first day of month after the later of:
  - (a) Date dependent changes residence in 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.

**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, enrollment date is the last day of the previous month.

**Note:** 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.

**SOE Not Allowed**

- Allowed only when employee or dependent cancels other employer coverage during open enrollment under the other plan. If dependent(s) cancels coverage under another employer plan during other plan’s open enrollment, employee may enroll in order to enroll dependent(s). Existing uncovered dependents may not enroll.

Note: Employee is allowed to elect a health plan when returning from waived enrollment status.

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

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) to Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11 CHANGE IN RESIDENCE</strong></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subscriber or a subscriber's dependent has a change in residence that affects health plan availability.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tr>
<tr>
<td>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)</td>
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</tr>
<tr>
<td><strong>12 COURT ORDER OR NATIONAL MEDICAL SUPPORT NOTICE (NMSN)</strong></td>
<td></td>
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</tr>
<tr>
<td>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).</td>
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<td></td>
</tr>
<tr>
<td>See also: WAC 182-12-263 (60-day notice required)</td>
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<td></td>
</tr>
</tbody>
</table>

**Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below.**

Forms listed in this column are used to verify evidence of the SOE.

**11 CHANGE IN RESIDENCE**

- **Proof of former and current residence (e.g. utility bill)**

**Effective Date**

- New plan effective date is the first of the month after the later of:
  - (a) Date of change in residence,
  - (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.

**SOE Not Allowed**

- Allowed only if change in residence causes current health plan to become unavailable.

**Return from Waived Enrollment in Medical**

- Employee may enroll in order to enroll court-ordered dependent. Existing uncovered dependents may not enroll.

**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.**

**12 COURT ORDER OR NATIONAL MEDICAL SUPPORT NOTICE (NMSN)**

- **Valid court order or National Medical Support Notice**

**Effective Date**

- New plan effective date is the first of the month after the later of:
  - (a) Date of court order,
  - (b) Date form received. If later of (a) or (b) is the 1st of the month, effective date is that day.

**SOE Not Allowed**

- Allowed only if subscriber enrolls court-ordered dependent child.

**Enrollment Date**

- Enroll effective first day of month after the later of:
  - (a) Date of court order,
  - (b) Date form received. If later of (a) or (b) is the 1st of the month, enrollment date is that day.

**SOE Not Allowed**

- Allowed only if court ordered dependent child is covered by the coverage of the individual who is court-ordered to provide insurance coverage.

**Return from Waived Enrollment in Medical**

- Employee may enroll in order to enroll court-ordered dependent. Existing uncovered dependents may not enroll.

**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.**

**Health Care Authority PEBB Policy and Rules**
### Addendum 45-2A

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

**Events below may create a Special Open Enrollment:**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Effective Date</th>
<th>Enrollment Date</th>
<th>Waive Date</th>
<th>Return from Waived Enrollment</th>
<th>Enroll In or Change Premium Payment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP</td>
<td><strong>14</strong></td>
<td><strong>182-12-26</strong></td>
<td><strong>182-12-26</strong></td>
<td><strong>182-09-19</strong></td>
<td><strong>182-09-19</strong></td>
</tr>
<tr>
<td>BECOME ELIGIBLE FOR STATE PREMIUM ASSISTANCE SUBSIDY FOR PEBB HEALTH PLAN COVERAGE FROM MEDICAID OR CHIP</td>
<td><strong>14</strong></td>
<td><strong>182-12-26</strong></td>
<td><strong>182-12-26</strong></td>
<td><strong>182-09-19</strong></td>
<td><strong>182-09-19</strong></td>
</tr>
</tbody>
</table>

---

### Detailed Entries

**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,
  - Date agency grants eligibility

**14 BECOME ELIGIBLE FOR STATE PREMIUM ASSISTANCE SUBSIDY FOR PEBB HEALTH PLAN COVERAGE FROM MEDICAID OR CHIP**

- **As required by HSPA, a 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:** For gaining eligibility, the 60-day notice requirement is measured from the later of:
  - Date of eligibility,
  - Date agency grants eligibility

---

**Notes:**

- **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,
      - (b) Date form received.
    - **Enrollment Date**
      - Enroll effective first day of month following the later of:
        - (a) Date eligible for Medicaid or CHIP,
        - (b) Date form received.
  - **Waive Date**
    - Waive coverage the last day of month of the later of:
      - (a) Date eligible for Medicaid or CHIP,
      - (b) Date form received.
    - **Return from Waived Enrollment**
      - Effective date is that day.

- **Special Open Enrollment**
  - Employee may 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 dependent may not enroll.
  - **Enrollment Date**
    - Enrollment effective first day of the month after the later of:
      - (a) Date eligible for Medicaid or CHIP,
      - (b) Date form received.
    - **Premium payment plan changes allowed when consistent with a change in group health plan enrollment.**
  - Employee may decrease or revoke election if employee or dependent becomes eligible for Medicaid or CHIP.
  - Employee may enroll in or change election if employee or dependent loses eligibility for Medicaid or CHIP.
  - Employee may enroll in or change election within 60 days of employee or tax dependent becoming eligible or losing eligibility for Medicaid or CHIP. Event or change is effective first day of month following approval by the FSA administrator.

---

**Special Open Enrollment (SOE) Matrix**

<table>
<thead>
<tr>
<th>Health Plan Coverage</th>
<th>Enroll In or Change</th>
<th>Change Health Plan Election</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change Medical FSA (Employees Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan Coverage</td>
<td>Enrollment Date</td>
<td>Effective Date</td>
<td>Waive Date</td>
<td>Return from Waived Enrollment</td>
</tr>
<tr>
<td>(Medical and/or Dental)</td>
<td>182-09-19</td>
<td>182-12-26</td>
<td>182-09-19</td>
<td>182-09-19</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>182-12-26</td>
<td>182-12-26</td>
<td>182-12-128</td>
<td>182-12-128</td>
</tr>
</tbody>
</table>

---

**Notes:**

- **Return from Waived Enrollment**
  - Effective date is that day.
  - Employee may 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 dependent may not enroll.
  - **Enrollment Date**
    - Enrollment effective first day of the month after the later of:
      - (a) Date eligible for Medicaid or CHIP,
      - (b) Date form received.
  - **Premium payment plan changes allowed when consistent with a change in group health plan enrollment.**
  - Employee may decrease or revoke election if employee or dependent becomes eligible for Medicaid or CHIP.
  - Employee may enroll in or change election if employee or dependent loses eligibility for Medicaid or CHIP.
  - Employee may enroll in or change election within 60 days of employee or tax dependent becoming eligible or losing eligibility for Medicaid or CHIP. Event or change is effective first day of month following approval by the FSA administrator.
### Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

#### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Event Category</th>
<th>Description</th>
<th>Effective Date</th>
<th>Action</th>
<th>Date of Eligibility</th>
<th>Required Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>15</strong></td>
<td>Gain or Lose Eligibility for Medicare, or Enroll or Cancel Enrollment in Medicare Part D</td>
<td></td>
<td>SOE Not Allowed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| | Subscriber or 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 182-08-190(1).  
(60-day notice required) | SOE Not Allowed | | |
| | Note: 60-day notice requirement is measured from the later of:  
- Date of eligibility; or  
- Date agency grants eligibility | | | |
| | **16** | Health Plan Becomes Unavailable | | SOE Not Allowed | |
| | 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) | SOE Not Allowed | | |
| | Note: Evidence of the event that creates special open enrollment is listed below. This list is not all inclusive. Forms listed in this column are used to verify evidence of the SOE.  
| Valid documents for evidence of the event that created the Special Open Enrollment (SOE) are listed below. | Change Health Plan Election (Medical and/or Dental)  
182-03-198 | Enroll Dependents to Health Plan Coverage (Medical and/or Dental)  
182-12-245 | Remove Dependents from Health Plan Coverage (Medical and/or Dental)  
182-12-245 | Waive Enrollment in Medical  
182-12-128 | Return from Waived Enrollment in Medical  
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 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 182-08-190(1).  
(60-day notice required) | Medicare Benefi... | **Event** | **Effective Date** | **Action** | **Required Documents** |
| | Note: 60-day notice requirement is measured from the later of:  
- Date of eligibility; or  
- Date agency grants eligibility | + Medicare Benefi... | SOE Not Allowed | SOE Not Allowed | 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 HSA; 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.  
**Event** | **Effective Date** | **Action** | **Required Documents** |
| | Example:  
- If later of (a) or (b) is the 1st of the month, effective date is that day. | Medicare Benefi... | SOE Not Allowed | SOE Not Allowed | SOE Not Allowed | |

Addendum 45-2A  
Special Open Enrollment (SOE) Matrix  
Health Care Authority  
PEBB Policy and Rules
Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a Special Open Enrollment:

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 182-06-198 for specific circumstances).

(60-day notice required)

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)

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.

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) to Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment In Medical</th>
<th>Return from Waived Enrollment In Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Medical and/or Dental) 182-08-198</td>
<td>(Medical and/or Dental) 182-12-262</td>
<td>(Medical and/or Dental) 182-12-262</td>
<td>(Medical and/or Dental) 182-12-128</td>
<td>(Medical and/or Dental) 182-12-128</td>
<td>(Medical and/or Dental) 182-08-199</td>
<td>(Medical and/or Dental) 182-08-199</td>
<td>(Medical and/or Dental) 182-08-159</td>
</tr>
</tbody>
</table>

- **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**
- **SOE Not Allowed**
- **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.

- **Views on changes allowed when 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.**

Addendum 45-2A (effective 4/28/2014)

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Special Open Enrollment (SOE) Matrix

Health Care Authority

PEBB Policy and Rules
Addendum 45-2A
Special Open Enrollment (SOE) Matrix: Summary of Permitted Election Changes (effective 4/26/2014)

Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>No.</th>
<th>Event Description</th>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) to Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Change in the cost of insurance coverage due to a premium surcharge: Spouse/DP Other Coverage</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>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.</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td>Employee attestation of being subject to 95% Actuarial Value Standard premium surcharge, or no longer being subject to 95% Actuarial Value Standard premium surcharge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>(60-day notice required)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Change Dependent Care Provider</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>Change must reflect the increased or decreased cost of services of the new provider for an IRC Section 213(D)(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.</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td></td>
<td>Employee changes dependent care provider. (60 Day Notice Required)</td>
<td>Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or a billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Events below may create a Special Open Enrollment:</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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)**

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Dependent(s) to Health Plan Coverage</th>
<th>Remove Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
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<tbody>
<tr>
<td>(Employees Only)</td>
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<td>(Employees Only)</td>
<td>(Employees Only)</td>
<td>(Employees Only)</td>
<td>(Employees Only)</td>
<td>(Employees Only)</td>
</tr>
<tr>
<td>182-08-199</td>
<td>182-12-262</td>
<td>182-12-262</td>
<td>182-12-128</td>
<td>182-08-199</td>
<td>182-08-199</td>
<td>182-08-199</td>
<td>182-08-199</td>
</tr>
</tbody>
</table>

**SOE Not Allowed**

- Letter from the daycare provider confirming the number of qualifying individuals enrolled, the change in premium, and the effective date of change.
- 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.

### 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 (b)(2) 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**

- 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.

**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.