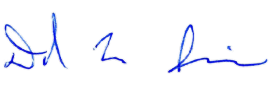


Title: Administering PEBB retiree medical plan enrollment in coordination with another Medicare plan

PEBB Program Administrative Policy 26-1

Contact:	Policy and Rules Coordinator, ERB Division	Effective:	January 1, 2026
Associated RCW:	41.05.085	Owner:	Policy, Rules, & Compliance Manager, ERB Division
Associated PEB Board Policy Resolutions:		Approved by:	
Associated WAC:	182-08-015 182-08-198 182-12-109 182-12-171 182-12-180 182-12-205 182-12-207 182-12-211 182-12-262 182-12-265	Position:	Director of the PEBB Program
Assoc. fed law/reg:	42 C.F.R. § 422.62(b) 42 C.F.R. § 423.38(c)	Date approved:	August 21, 2025
Associated Forms & Communication	Forms: <ul style="list-style-type: none"> • PEBB Retiree Election Form (Form A) 51-4031 • PEBB Retiree Change Form (Form E) 51-0007 • Group Medicare Supplement Enrollment Application (Form B) 021586 • PEBB Medicare Plan Disenrollment Form (Form D) 51-0556 		

PURPOSE

To administer Public Employees Benefits Board (PEBB) retiree medical plan enrollment in coordination with another Medicare plan.

POLICY

1. The PEBB Program manages member enrollment in PEBB retiree medical and dental insurance.
 - a. The PEBB Program receives information when a member enrolled in a PEBB Medicare Advantage Prescription Drug (MAPD) plan or the Uniform Medical Plan (UMP) Classic Medicare plan enrolls in another Medicare plan which affects their PEBB enrollment.
 - b. The PEBB Program informs the subscriber of their option(s) in writing so they can make an educated decision.
 - c. The PEBB Program determines a subscriber's option(s) based on their specific circumstance as outlined in the table below.

Circumstance	Coordination of enrollment in PEBB retiree medical insurance
<p>A. Subscriber, or subscriber's spouse or state registered domestic partner, is enrolled in Medicare Part A and Part B and a PEBB MAPD plan or the UMP Classic Medicare plan</p> <p>AND</p> <p>Subsequently enrolls in a standalone Medicare Part D plan, or another Medicare Advantage (MA), or MAPD plan.</p>	<ol style="list-style-type: none"> 1. The subscriber, or the subscriber's spouse or state registered domestic partner must: <ol style="list-style-type: none"> a. Terminate the other Medicare plan enrollment to retain enrollment in the selected PEBB medical plan. <ol style="list-style-type: none"> i. The subscriber must complete a PEBB Retiree Change Form (Form E) and submit with proof of the other Medicare plan termination. <p style="text-align: center;">OR</p> b. Enroll in PEBB's Medicare Supplement Plan G to retain enrollment in PEBB retiree medical and dental insurance. <ol style="list-style-type: none"> i. The subscriber must complete a Group Medicare Supplement Plan Enrollment Application (Form B) and a PEBB Medicare Plan Disenrollment Form (Form D). ii. Non-Medicare enrollees on the account will be enrolled in UMP Classic. <p style="text-align: center;">OR</p> c. Terminate PEBB retiree medical and dental insurance. If the subscriber terminates their insurance coverage, this will also terminate medical, dental, and if applicable, vision insurance coverage for all dependents enrolled under the subscriber's account. The subscriber must submit a written request with a PEBB Medicare Plan Disenrollment Form (Form D), if applicable, for termination. <ol style="list-style-type: none"> 2. The subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) to remain enrolled in PEBB retiree medical and dental insurance. <ol style="list-style-type: none"> a. If a subscriber fails to respond regarding themselves, then the PEBB Program will terminate coverage for the subscriber and any enrolled dependents on the subscriber's account as described in WAC 182-12-207(1). b. If a subscriber fails to respond regarding their spouse or state registered domestic partner, then the PEBB Program will terminate coverage for the spouse or state registered domestic partner as described in WAC 182-12-207(1).
<p>B. Subscriber is enrolled in a PEBB MAPD plan or the UMP Classic Medicare plan, and is dually eligible for full Medicare and Medicaid benefits and enrolled in a standalone Medicare Part D plan.</p>	<ol style="list-style-type: none"> 1. The PEBB Program will defer the subscriber's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled in PEBB retiree insurance coverage if they meet criteria described in WAC 182-12-205 (3)(c). <ol style="list-style-type: none"> a. The subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) to stop the deferral and remain enrolled in PEBB retiree medical and dental insurance. To remain enrolled: <ol style="list-style-type: none"> i. The subscriber must terminate their standalone Medicare Part D plan or terminate their

Circumstance	Coordination of enrollment in PEBB retiree medical insurance
	<p>enrollment in Medicaid and enroll in PEBB's Medicare Supplement Plan G; and</p> <p>ii. Provide proof of termination of their standalone Medicare Part D plan or Medicaid, and submit the required forms as indicated in the PEBB Program's notification.</p>
<p>C. Subscriber's spouse or state registered domestic partner is enrolled in a PEBB MAPD plan or the UMP Classic Medicare plan, and is dually eligible for full Medicare and Medicaid benefits and enrolled in a standalone Medicare Part D plan.</p>	<p>1. The PEBB Program 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 in PEBB retiree insurance coverage if they meet criteria described in WAC 182-12-205 (3)(c).</p> <p>a. The subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) as described in WAC 182-12-207(1) to stop their spouse or state registered domestic partner's coverage termination and remain enrolled in PEBB retiree medical and dental insurance.</p> <p>To remain enrolled:</p> <p>i. The subscriber's spouse or state registered domestic partner must terminate their standalone Medicare Part D plan or terminate their enrollment in Medicaid and enroll in PEBB's Medicare Supplement Plan G; and</p> <p>ii. Provide proof of termination of their standalone Medicare Part D plan or Medicaid, and submit the required forms as indicated in the PEBB Program's notification.</p>
<p>D. Subscriber's dependent child is enrolled in Medicare Part A and Part B and a PEBB MAPD plan or the UMP Classic Medicare plan</p> <p>AND</p> <p>Subsequently enrolls in a standalone Medicare Part D plan, or another MA or MAPD plan.</p>	<p>1. The subscriber must:</p> <p>a. Terminate the other Medicare plan enrollment for the dependent child to retain enrollment in the selected PEBB medical plan.</p> <p>i. The subscriber must complete a PEBB Retiree Change Form (Form E) and submit with proof of the other Medicare plan termination.</p> <p>OR</p> <p>b. Terminate the dependent child's PEBB retiree medical and dental insurance. The subscriber must submit a written request for termination.</p> <p>2. The subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) to remain enrolled in PEBB retiree medical and dental insurance. If a subscriber fails to respond regarding their dependent child, then the PEBB Program will terminate coverage for the dependent child as described in WAC 182-12-207(1).</p>
<p>E. Subscriber's dependent child is enrolled in a PEBB MAPD plan or the UMP Classic Medicare plan, and is dually eligible for full Medicare and Medicaid benefits and enrolled</p>	<p>1. The PEBB Program will terminate the subscriber's dependent child's PEBB retiree medical and dental insurance. All other enrolled dependents will remain enrolled in PEBB retiree insurance coverage if they meet criteria described in WAC 182-12-205 (3)(c).</p>

<p>in a standalone Medicare Part D plan.</p>	<p>a. The subscriber is required to respond to the PEBB Program by the date listed in the PEBB Program's notification(s) as described in WAC 182-12-207(1) to stop their dependent child's coverage termination and remain enrolled in PEBB retiree medical and dental insurance.</p> <p>To remain enrolled:</p> <ul style="list-style-type: none"> i. The subscriber must terminate their dependent child's standalone Medicare Part D plan; and ii. Provide proof of termination of their standalone Medicare Part D plan and submit the required forms as indicated in the PEBB Program's notification.
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