Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

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 Public Employees Benefits Board (PEBB) Program rules.

An SOE is created by a specific life event. This addendum summarizes SOE events from Washington Administrative Codes (WACs) 182-08-198, 182-08-199, 182-12-128, and 182-12-262.

A special open enrollment event must be an event other than an employee gaining initial eligibility for PEBB benefits or regaining eligibility for PEBB benefits.

An employee may waive enrollment in PEBB medical only if they are enrolled in other employer-based group medical, a TRICARE plan, or Medicare. These enrollments may correspond with specific special open enrollment events 1-20 on the following pages. An employee may not waive enrollment in PEBB medical if they are enrolled in PEBB retiree insurance coverage.

An employee may waive their enrollment in PEBB medical to enroll in school employees benefits board (SEBB) medical only if they are enrolled in SEBB dental and SEBB vision. An employee who waives enrollment in PEBB medical to enroll in SEBB medical also waives enrollment in PEBB dental.

An employee who waives enrollment in PEBB medical when they are enrolled in other employer-based group medical, a TRICARE plan, or Medicare and are not enrolled in SEBB medical, may waive enrollment in PEBB dental only if they are enrolled in both SEBB dental and SEBB vision as an eligible dependent in the SEBB program.

When enrolling a newly eligible state registered domestic partner, children of the state registered domestic partner, a newly eligible extended dependent, or other non-qualified tax dependent, the subscriber must complete a PEBB Declaration of Tax Status form and submit it with their PEBB enrollment form.

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 "Birth or Adoption" (green). If the box indicates "SOE Not Allowed," then no change is allowed.

**Example 1**

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election (Medical and/or Dental) 101-09-190</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIRTH OR ADOPTION</td>
<td>Valid documents for proof 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.</td>
</tr>
<tr>
<td>- Birth certificate or hospital certificate with the PEBB’sForgotten Child or Adoption form (if available) that shows the name of the parent who is the subscriber, the parent’s spouse, the subscriber’s spouse or other dependent in the subscriber’s household, or the state registered domestic partner.</td>
<td>- Allowed only if the subscriber enrolls a new child and if the subscriber has met the eligibility requirements.</td>
</tr>
<tr>
<td>- Certificate of divorce or adoption, or a letter from the adoption agency</td>
<td></td>
</tr>
</tbody>
</table>

Effective Date: The first day of the month to which the birth, adoption, or subsequent legal obligation is assigned. This may result in different dates for dependent enrollment and plan change.
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

This matrix only summarizes special open enrollment events in chapters 182-08 and 182-12 WAC and the corresponding actions that are allowed. It does not describe other circumstances such as initial eligibility, open enrollment, termination for loss of eligibility, or National Medical Support Notices. Notification of the SOE event must be received no later than sixty (60) days after the event occurs, except for birth/adoption SOE event 83 and Medicare enrollment SOE event 814.

This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents. Documents listed in this column are used to verify evidence of the SOE.

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Action</th>
<th>Relevant Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MARRIAGE</strong></td>
<td>The subscriber acquires a new dependent due to marriage. The required form must be received no later than 60 days after the date of marriage.</td>
<td><strong>Allowed only if the subscriber enrolls a new spouse.</strong></td>
<td>182-08-1198</td>
</tr>
<tr>
<td><strong>DIVORCE</strong></td>
<td>The subscriber or a dependent of the subscriber loses eligibility due to divorce.</td>
<td><strong>Allowed only if the subscriber enrolls a dependent for whom legal separation is in effect.</strong></td>
<td>182-08-1202</td>
</tr>
<tr>
<td><strong>DEATH</strong></td>
<td>A subscriber or dependent of the subscriber dies.</td>
<td><strong>Allowed only if the subscriber enrolls a dependent that is the decedent.</strong></td>
<td>182-08-1203</td>
</tr>
<tr>
<td><strong>EMPLOYMENT CHANGE</strong></td>
<td>The subscriber's employer changes.</td>
<td><strong>Allowed only if the subscriber enrolls a dependent that is an employee or makes a DCAP premium payment change.</strong></td>
<td>182-08-1204</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td>The subscriber incurs medical or dental expenses in excess of the subscriber's available Medical FSA or Limited Purpose FSA.</td>
<td><strong>Allowed only if the subscriber enrolls a new dependent to use FSA coverage under the new spouse's plan.</strong></td>
<td>182-08-1205</td>
</tr>
<tr>
<td><strong>SUBSIDY LOSS</strong></td>
<td>The subscriber loses a subsidy.</td>
<td><strong>Allowed only if the subscriber enrolls a dependent that is a tax-dependent individual, or decrease or increase election if a new tax-dependent spouse is not employed or makes a DCAP coverage election under their plan.</strong></td>
<td>182-08-1206</td>
</tr>
<tr>
<td><strong>SOCIAL SECURITY</strong></td>
<td>The subscriber changes their social security benefits.</td>
<td><strong>Allowed only if the employee enrolls a new spouse in order to avoid paying premiums for their plan.</strong></td>
<td>182-08-1207</td>
</tr>
</tbody>
</table>

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

### Change Health Plan Election

**Enroll Eligible Dependent(s) in Health Plan Coverage**

**Remove Eligible Dependent(s) from Health Plan Coverage**

**Waive Enrollment in Medical**

**Return from Waived Enrollment in Medical**

**Enroll In or Change Premium Payment Plan**

**Enroll In or Change Medical FSA or Limited Purpose FSA**

**Enroll In or Change DCAP**

Addendum 45-2A

Special Open Enrollment (SOE) Matrix

ERB Division Policy, Rules, and Compliance

Health Care Authority
### Events below may create a Special Open Enrollment:

- **DOMESTIC PARTNERSHIP REGISTERING A STATE**
  - The subscriber acquires a new dependent due to registering a state registered domestic partnership.
  - The required form must be received no later than 60 days after the date of registration.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Form Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>The subscriber may enroll a newly eligible state registered domestic partner and any dependent children of the new state registered domestic partner. Existing uncovered dependents may not be enrolled.</td>
<td><a href="#">182-08-198</a></td>
</tr>
<tr>
<td><strong>Enrollment Date</strong></td>
<td>Enrollment is effective the first day of the month after the later of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td></td>
</tr>
<tr>
<td>if the later of (a) or (b) is the first day of the month, the date is that day.</td>
<td></td>
</tr>
<tr>
<td><strong>Remove Date</strong></td>
<td>Remove the dependent from coverage the last day of the month of the later of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td></td>
</tr>
<tr>
<td>if the later of (a) or (b) is the first day of the month, the date is the last day of the previous month.</td>
<td></td>
</tr>
<tr>
<td><strong>Waive Date</strong></td>
<td>Waive coverage the last day of the month of the later of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td></td>
</tr>
<tr>
<td>if the later of (a) or (b) is the first day of the month, the date is the last day of the previous month.</td>
<td></td>
</tr>
<tr>
<td><strong>Enrollment Date</strong></td>
<td>Enrollment is effective the first day of month after the later of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td></td>
</tr>
<tr>
<td>if the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</td>
<td></td>
</tr>
<tr>
<td><strong>Return from Waived Coverage</strong></td>
<td>Waive coverage the last day of the month of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td></td>
</tr>
<tr>
<td>if the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</td>
<td></td>
</tr>
<tr>
<td><strong>Enroll In or Change</strong></td>
<td>Enroll eligibility or change is allowed when:</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>In most cases, premiums are collected post-tax because the domestic partner may not be considered a tax dependent.</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>Premiums may be collected pre-tax if a state registered domestic partner or children of the tax payer qualify as tax dependents.</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>The employee may enroll or increase election for newly eligible tax dependents, or decrease election if the employee or tax dependent gains eligibility and enroll in a new state registered domestic partner’s health plan or FSA.</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>The enrollment or change is effective the first day of the month following the later of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
<td></td>
</tr>
<tr>
<td>if the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</td>
<td></td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>The employee may enroll or increase election if gaining a new IRC § 21(b)(1) qualifying individual. IRC § 21(b)(1) concludes that a qualifying individual is a dependent of the tax payer (who in this case is the employee).</td>
</tr>
<tr>
<td>(Employees Only)</td>
<td>The enrollment or change is effective the first day of the month following the later of:</td>
</tr>
<tr>
<td>(a) Date of registration, or (b) Date form is received.</td>
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Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

<table>
<thead>
<tr>
<th>Enroll Eligible</th>
<th>Remove Eligible</th>
<th>Waive</th>
<th>Return from Waived</th>
<th>Enroll in or Change</th>
<th>Enroll in or Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan Election (Medical and/or Dental) 182-08-198</td>
<td>Health Plan Coverage (Medical and/or Dental) 182-12-262</td>
<td>Enrollment in Medical</td>
<td>Enrollment in or Change Premium Payment Plan</td>
<td>Medical FSA or Limited Purpose FSA</td>
<td>Medical FSA or Limited Purpose FSA</td>
</tr>
</tbody>
</table>

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

- **BIRTH OR ADOPTION**
  - The subscriber acquires a new dependent due to birth, adoption or when the subscriber has assumed a legal obligation for total or partial support in anticipation of adoption.

### Additional Notes

1. **Birth certificate** (or hospital certificate with the child’s footprints on it); or
2. **Certificate of decree of adoption; or**
3. **Placement letter from adoption agency.**

All valid documents for proof of this event must show the name of the parent who is the subscriber, the subscriber’s spouse, or the subscriber’s state registered domestic partner.

<table>
<thead>
<tr>
<th>Change</th>
<th>Eligible Dependents(s)</th>
<th>Remove Eligible Dependents(s)</th>
<th>Waive</th>
<th>Return from Waived</th>
<th>Enrollment in Medical</th>
<th>Enrollment in or Change Premium Payment Plan</th>
<th>Enroll in or Change Medical FSA or Limited Purpose FSA</th>
<th>Enroll in or Change DCAP</th>
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<td>Health Plan Coverage</td>
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<td>Medical FSA or Limited Purpose FSA</td>
<td>Medical FSA or Limited Purpose FSA</td>
<td>Medical FSA or Limited Purpose FSA</td>
</tr>
</tbody>
</table>

**BIRTH OR ADOPTION**

- **Allowed only if the subscriber enrolls a new child and if the subscriber provides notice no later than 60 days after the event.**
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation. This may result in different dates for dependent enrollment and plan change.
- **Waive Date**: Remove the dependent from coverage the last day of the month of birth, adoption or when assuming legal obligation.

- **Allowed only if the subscriber provides notice no later than 60 days after the event, if adding the child increases the premium.**
- **Effective Date**: The new plan effective date is the first of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event, if adding the child increases the premium. If notice is provided more than 60 days after the event, any related increase in the employee premium is post-tax.

- **Allowed only if the dependent being removed enrolls in other coverage due to the birth or adoption of a child, and if the subscriber provides notice no later than 60 days after the event.**
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event.

- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event, if adding the child increases the premium.
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event, if adding the child increases the premium.

- **Allowed only if the employee enrolls in medical under a spouse or state registered domestic partner due to birth or adoption, and if the employee provides notice no later than 60 days after the event.**
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event.

- **Allowed only if the employee enrolls in medical or/and dental under a spouse or state registered domestic partner due to birth or adoption, and if the employee provides notice no later than 60 days after the event.**
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event.

### Additional Notes

1. **Birth certificate** (or hospital certificate with the child’s footprints on it); or
2. **Certificate of decree of adoption; or**
3. **Placement letter from adoption agency.**

All valid documents for proof of this event must show the name of the parent who is the subscriber, the subscriber’s spouse, or the subscriber’s state registered domestic partner.

<table>
<thead>
<tr>
<th>Change</th>
<th>Eligible Dependents(s)</th>
<th>Remove Eligible Dependents(s)</th>
<th>Waive</th>
<th>Return from Waived</th>
<th>Enrollment in Medical</th>
<th>Enrollment in or Change Premium Payment Plan</th>
<th>Enroll in or Change Medical FSA or Limited Purpose FSA</th>
<th>Enroll in or Change DCAP</th>
</tr>
</thead>
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<tr>
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<td>Health Plan Coverage</td>
<td>Health Plan Coverage</td>
<td>Enrollment in Medical</td>
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<td>Medical FSA or Limited Purpose FSA</td>
<td>Medical FSA or Limited Purpose FSA</td>
</tr>
</tbody>
</table>

**BIRTH OR ADOPTION**

- **Allowed only if the subscriber enrolls a new child and if the subscriber provides notice no later than 60 days after the event.**
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event, if adding the child increases the premium.

- **Allowed only if the dependent being removed enrolls in other coverage due to the birth or adoption of a child, and if the subscriber provides notice no later than 60 days after the event.**
- **Effective Date**: The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation.
- **Return from Waived Enrollment Date**: The employee provides notice no later than 60 days after the event.

- **Allowed only if the employee enrolls in medical under a spouse or state registered domestic partner during the next open enrollment or change is effective the first day of the month of the birth, adoption, or when assuming legal obligation.**

### Additional Notes

1. **Birth certificate** (or hospital certificate with the child’s footprints on it); or
2. **Certificate of decree of adoption; or**
3. **Placement letter from adoption agency.**

All valid documents for proof of this event must show the name of the parent who is the subscriber, the subscriber’s spouse, or the subscriber’s state registered domestic partner.
Events below may create a Special Open Enrollment:

4 NEWLY ELIGIBLE EXTENDED DEPENDENT

The subscriber acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship.

- Completed and signed PEBB Extended Dependent Certification form; and
- PEBB Declaration of Tax Status form AND
- Court order showing legal custody; guardianship; or temporary guardianship, signed by a judge or officer of the court.

- Allowed only if the subscriber enrolls a new extended dependent.

- Effective Date
  - New health plan coverage will begin the first day of the month following the later of the event date or the date the PEBB Program certifies the new extended dependent.

- The subscriber may enroll a new extended dependent. Existing uncovered dependents may not be enrolled.

- Enrollment Date
  - Enrollment is effective the first day of the month following the later of the event date or the date the PEBB Program certifies the new extended dependent.

- SOE Not Allowed

- The employee may enroll in order to enroll a new extended dependent. Existing uncovered dependents may not be enrolled.

- SOE Not Allowed

- Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.

- Premiums may be collected prospectively decrease or increase election to take into account expenses of a new IRC Section 21(b)(1) qualifying individual.

5 DEPENDENT LOSES ELIGIBILITY

The subscriber's dependent no longer meets PEBB eligibility criteria:

- Divorce, annulment
- Dissolution of state registered domestic partnership
- Temporary guardianship
- Death

The required form must be received no later than 60 days after the last day of the month the dependent no longer meets PEBB eligibility criteria.

- Evidence only required for FSA election change:
  - Petition for Dissolution of marriage (divorce); or
  - Petition for Dissolution of state registered domestic partnership; or
  - Copy of a death certificate (only for a change in FSA election)

- SOE Not Allowed

- A dependent’s loss of PEBB eligibility does not provide a special open enrollment opportunity for the subscriber.

- WAC 182-12-262 (2)(a) requires a subscriber to remove a dependent within sixty (60) days of the last day of the month the dependent no longer meets the eligibility criteria in WAC 182-12-250 or 182-12-260.

- See PEBB Program Administrative Policy 19-1 Termination Due to Loss of Eligibility or Enrollment Error (Addendums 19-1A and 19-1B).

- Premium payment plan changes are allowed when a tax dependent’s coverage is terminated for loss of eligibility.

- The employee may prospectively decrease or revoke election due to loss of a tax-dependent’s eligibility.

- The enrollment or change begins in the month following the later of:
  - (a) The event date, or
  - (b) The date the PEBB program certifies the new extended dependent.

- SOE Not Allowed

- See Event #19: "Changed Cost of Dependent Care" (N/A for child turning 26)
Events below may create a Special Open Enrollment:

### LOSS OF OTHER COVERAGE

The subscriber or the subscriber’s dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA.

The required form must be received no later than 60 days after the date of the loss of other coverage.

- If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.
- If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Certificate of Creditable Coverage; or     |      | • Allowed only if the subscriber or the subscriber enrolls a dependent who lost other coverage. Effective Date: The new plan effective date is the first of the month after the later of:
| • Letter of termination of coverage from   |      | (a) Date of loss of coverage, or                |
| health plan; or                           |      | (b) Date form is received.                     |
| • Letter of termination of coverage from   |      | If the later of (a) or (b) is the first day of the month, the effective date is that day. |
| the employer’s personnel, payroll, or      |      | SOE Not Allowed                                 |
| benefits office; or COBRA election notice  |      | If other coverage was COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated. |
| if it is personalized to the subscriber or |      | • Certificate of Creditable Coverage; or        |
| subscriber’s dependent who lost coverage   |      | • Letter of termination of coverage from health plan; or |
| and provides the date coverage was lost.   |      | • Letter of termination of coverage from the employer’s personnel, payroll, or benefits office; or COBRA election notice if it is personalized to the subscriber or subscriber’s dependent who lost coverage and provides the date coverage was lost. |
| Note: Evidence requirement is met when    |      | • Certificate of Creditable Coverage; or        |
| loss of other coverage is PEBB or SEBB     |      | • Letter of termination of coverage from health plan; or |
| coverage, and is verified by the PEBB      |      | • Letter of termination of coverage from the     |
| Program when enrolling the subscriber or   |      | employer’s personnel, payroll, or benefits      |
| subscriber’s dependent.                    |      | office; or COBRA election notice if it is       |
|                                               |      | personalized to the subscriber or subscriber’s |
|                                               |      | dependent who lost coverage and provides the    |
|                                               |      | date coverage was lost.                          |
|                                               |      | SOE Not Allowed                                  |

### Effective Date

- The subscriber or the subscriber’s dependent loses other coverage.

#### Effect of Loss of Other Coverage

- **SOE Not Allowed**

### Enroll Eligible Dependent(s) in Health Plan Coverage (Medical and/or Dental)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Enroll Eligible Dependent(s) in Health Plan Coverage (Medical and/or Dental) | 182-08-198 | • Allowed only if the subscriber or the subscriber enrolls a dependent who lost other coverage. Effective Date: The new plan effective date is the first of the month after the later of:
|                                               |      | (a) Date of loss of coverage, or                |
|                                               |      | (b) Date form is received.                     |
|                                               |      | If the later of (a) or (b) is the first day of the month, the effective date is that day. |
|                                               |      | SOE Not Allowed                                 |

### Remove Eligible Dependent(s) from Health Plan Coverage (Medical and/or Dental)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Remove Eligible Dependent(s) from Health Plan Coverage (Medical and/or Dental) | 182-12-262 | • Allowed only if the subscriber or the subscriber enrolls a dependent who lost other coverage. Effective Date: The new plan effective date is the first of the month after the later of:
|                                               |      | (a) Date of loss of coverage, or                |
|                                               |      | (b) Date form is received.                     |
|                                               |      | If the later of (a) or (b) is the first day of the month, the effective date is that day. |
|                                               |      | SOE Not Allowed                                 |

### Waive Enrollment in Medical (Employees Only)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Waive Enrollment in Medical (Employees Only) | 182-12-128 | • Allowed only if the employee or the employee’s tax dependent loses other coverage.

### Return from Waived Enrollment in Medical (Employees Only)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Return from Waived Enrollment in Medical (Employees Only) | 182-12-128 | • Allowed only if the employee or the employee’s tax dependent loses other coverage.

### Enroll In or Change Premium Payment Plan (Employees Only)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Enroll In or Change Premium Payment Plan (Employees Only) | 182-08-199 | • Allowed only if the employee or the employee’s tax dependent loses other coverage.

### Enroll In or Change Medical FSA or Limited Purpose FSA (Employees Only)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Enroll In or Change Medical FSA or Limited Purpose FSA (Employees Only) | 182-08-199 | • Allowed only if the employee or the employee’s tax dependent loses other coverage.

### Enroll In or Change DCAP (Employees Only)

<table>
<thead>
<tr>
<th>Event</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| Enroll In or Change DCAP (Employees Only)  | 182-08-199 | • Allowed only if the employee or the employee’s tax dependent loses other coverage.

### Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.

The event that creates an SOE must apply to the employee or the employee’s tax dependent.

### The employee must have lost other coverage. Or, if the SOE is due to a dependent’s loss of coverage, the employee may enroll or increase election.

The enrollment or change is effective the first day of the month following the later of:

- (a) Date of loss of other coverage, or
- (b) Date form is received.

### If the employee or a tax dependent loses other coverage, the employee may enroll or increase election.

The enrollment or change is effective the first day of the month following the later of:

- (a) Date of loss of other coverage, or
- (b) Date form is received.

If the subscriber or the subscriber’s dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA, the required form must be received no later than 60 days after the date of the loss of other coverage.

The event that creates an SOE must apply to the subscriber or the subscriber’s dependent who lost other coverage and provides the date coverage was lost.
### Special Open Enrollment (SOE) Matrix

**ERB Division Policy, Rules, and Compliance**

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

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependents in Health Plan Coverage</th>
<th>Remove Eligible Dependents from Health Plan Coverage</th>
<th>Waive Enrollment in Medical (Employees Only)</th>
<th>Return from Waived Enrollment in Medical (Employees Only)</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA or Limited Purpose FSA (Employees Only)</th>
<th>Enroll In or Change DCAP (Employees Only)</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>182-12-128</td>
<td>182-12-128</td>
<td>182-08-199</td>
<td>182-08-199</td>
<td>182-08-199</td>
</tr>
</tbody>
</table>

### CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER)

The subscriber has a change in employment status that affects the subscriber's eligibility for their employer-based group health plan.

The required form must be received no later than 60 days after the date of the change in employment status.

Note: This event does not apply when a benefit-eligible employee transfers to another agency or moves within the same agency to another benefit-eligible position without a break in PEBB coverage.

See also: WAC 182-08-197(3) for additional information on regaining eligibility for PEBB.

- **Effective Date**
  - The new plan effective date is the first of the month after the later of:
    - (a) Date of change in employment, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the enrollment date is that day.

- **Enrollment Date**
  - Enrollment is effective the first day of the month after the later of:
    - (a) Date of change in employment, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the enrollment date is the last day of the previous month.

- **Return from Waived Enrollment**
  - Waive coverage the last day of the month following the later of:
    - (a) Date of change in employment, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the waiver date is the last day of the previous month.

- **Waive Date**
  - Remove coverage the last day of the month following the later of:
    - (a) Date of change in employment, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the waiver date is the last day of the previous month.

- **Enrollment or Change in Employment Status**
  - The enrollment or change in employment status affects the employee's eligibility for the employer's health plan.
  - If the employee gains eligibility under another employer-based group health plan, the employee may enroll or increase election.
  - If the employee loses eligibility under another employer-based group health plan, the employee may enroll or decrease election.
  - If the employee gains eligibility under another employer-based group health plan, the employee may enroll or increase election.
  - If the employee loses eligibility under another employer-based group health plan, the employee may enroll or decrease election.

- **Enroll In or Change Medical FSA or Limited Purpose FSA**
  - An FSA change is only allowed when a change in employment status affects the employee's eligibility for the FSA.
  - The enrollment or change in employment status is effective the first day of the month following the later of:
    - (a) Date of change in employment, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

- **Enroll In or Change DCAP**
  - A DCAP change is only allowed when a change in employment status affects the employee's eligibility for the DCAP.
  - The enrollment or change in employment status affects the employee's eligibility for the DCAP.
  - The enrollment or change in employment status is effective the first day of the month following the later of:
    - (a) Date of change in employment, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Change in Employment Status (Subscriber’s Dependent)</th>
<th>Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible 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 or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee hire letter from their employer (with information about benefits eligibility)</td>
<td>Medical (and/or Dental)</td>
<td>182-08-198</td>
<td>Medical and/or Dental</td>
<td>182-12-262</td>
<td>Medical and/or Dental</td>
<td>182-12-262</td>
<td>Medical and/or Dental</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Employee hire letter from their employer (with information about benefits eligibility)</td>
<td>(Medical and/or Dental)</td>
<td>182-08-198</td>
<td>(Medical and/or Dental)</td>
<td>182-12-262</td>
<td>(Medical and/or Dental)</td>
<td>182-12-262</td>
<td>(Medical and/or Dental)</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Employee lose eligibility</td>
<td>Medical (and/or Dental)</td>
<td>182-08-198</td>
<td>Medical and/or Dental</td>
<td>182-12-262</td>
<td>Medical and/or Dental</td>
<td>182-12-262</td>
<td>Medical and/or Dental</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Employee lose eligibility</td>
<td>(Medical and/or Dental)</td>
<td>182-08-198</td>
<td>(Medical and/or Dental)</td>
<td>182-12-262</td>
<td>(Medical and/or Dental)</td>
<td>182-12-262</td>
<td>(Medical and/or Dental)</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Employee gain eligibility</td>
<td>Medical (and/or Dental)</td>
<td>182-08-198</td>
<td>Medical and/or Dental</td>
<td>182-12-262</td>
<td>Medical and/or Dental</td>
<td>182-12-262</td>
<td>Medical and/or Dental</td>
<td>182-12-128</td>
</tr>
<tr>
<td>Employee gain eligibility</td>
<td>(Medical and/or Dental)</td>
<td>182-08-198</td>
<td>(Medical and/or Dental)</td>
<td>182-12-262</td>
<td>(Medical and/or Dental)</td>
<td>182-12-262</td>
<td>(Medical and/or Dental)</td>
<td>182-12-128</td>
</tr>
</tbody>
</table>

**Effective Date**

The new plan effective date is the first of the month after the later of:

- (a) Date of change in employment, or
- (b) Date form is received.

If the later of (a) or (b) is the first day of the month, the effective date is that day.

**Remove Date**

Remove from coverage the last day of the month of the later of:

- (a) Date of change in employment, or
- (b) Date form is received.

If the later of (a) or (b) is the first day of the month, then the remove date is the last day of the previous month.

**Change in Employment Status (Subscriber’s Dependent)**

The subscriber’s dependent has a change in employment status that affects their eligibility or their dependent’s eligibility for their employer-based group health plan.

The required form must be received no later than 60 days after the date of the change in employment status.

Exception: For the purposes of this special open enrollment “employee contribution” means contributions made by the dependent’s current or former employer toward health coverage as defined in Treasury Regulation 26 C.F.R. 54.9801-6.

- Employee hire letter from their employer that contains information about benefits eligibility;
- Employee contribution under their former employer toward health coverage as described in Treasury Regulation 26 C.F.R. 54.9801-6.
- The subscriber’s dependent has a change in employment status that affects their eligibility or their dependent’s eligibility for their employer-based group health plan.

**Health Plan Election**

- Allowed only if the subscriber enrolls an eligible dependent who lost eligibility for the employer contribution toward employer-based group health plan coverage due to a change in the dependent’s employment status.
- The subscriber’s dependent is being removed unless enrolled under SOE #7a.

**Waive Date**

Waive coverage the last day of the month of the later of:

- (a) Date of change in employment, or
- (b) Date form is received.

If the later of (a) or (b) is the first day of the month, then the waiver date is the last day of the previous month.

**Note:** If new coverage is PEBB, the waiver date must coincide with enrollment.

- Allowed only if the subscriber’s dependent who lost coverage to the dependent’s loss of eligibility for the employer contribution. Existing uncovered dependents may not be enrolled unless allowable under SOE #7a.
- The subscriber’s dependent must coincide with the SOE event.

- Allowed only if the employee enrolls in the dependent’s medical or employer-based group health plan when they gain eligibility for the employer contribution.
- The subscriber’s dependent must coincide with the SOE event.

- Allowed only if the employee’s dependent is being removed unless enrolled under SOE #7a.
- The subscriber’s dependent must coincide with the SOE event.

- Allowed only if the employee’s dependent loses eligibility for the employer contribution toward the dependent’s medical or employer-based group health plan coverage. If the SOE is due to the dependent’s loss of eligibility, the employee may enroll in order to enroll the dependent.
- Existing uncovered dependents may not be enrolled unless allowable under SOE #7a.

- Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.
- The event that creates an SOE must apply to the employee’s tax dependent.

- A DCAP change is only allowed when a change in employment status affects the employee’s dependent’s eligibility for the DCAP.
- If a tax dependent gains eligibility and is enrolled under another plan, the employee may revoke or decrease election.
- If a tax dependent loses eligibility under another plan, the employee may enroll or increase election.
- Also, if the tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), the employee may elect or revoke the DCAP election accordingly.
- The enrollment or change is effective the first day of the month following the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received.

- Allowing change in employment enrollment.
- An FSA change is only allowed when a change in employment status affects the employee’s dependent’s eligibility for the FSA.

- If the employee’s dependent gains eligibility under another plan, the employee may decrease or cease election.
- If the employee’s dependent loses eligibility under another plan, the employee may enroll or increase election.
- If a tax dependent gains eligibility and is enrolled under another plan, the employee may revoke or decrease election.
- If a tax dependent loses eligibility under another plan, the employee may enroll or increase election.
- Also, if the tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), the employee may elect or revoke the DCAP election accordingly.
- The enrollment or change is effective the first day of the month following the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received.

- Allowing change in employment enrollment.
- A DCAP change is only allowed when a change in employment status affects the employee’s dependent’s eligibility for the DCAP.
- If a tax dependent gains eligibility and is enrolled under another plan, the employee may revoke or decrease election.
- If a tax dependent loses eligibility under another plan, the employee may enroll or increase election.
- Also, if the tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), the employee may elect or revoke the DCAP election accordingly.
- The enrollment or change is effective the first day of the month following the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received.

- Allowing change in employment enrollment.
### Special Open Enrollment (SOE) Matrix

<table>
<thead>
<tr>
<th>Event Description</th>
<th>SOE Not Allowed</th>
<th>Allowed Only if the Employee or a Dependent Terminates Coverage During an Open Enrollment Under Another Employer-Based Group Health Plan.</th>
<th>Allowed Only if the Employee or a Dependent Terminates Coverage During an Open Enrollment Under Another Employer-Based Group Health Plan.</th>
<th>Premium Payment Plan Changes are Allowed When Consistent with a Change in PEBB Health Plan Enrollment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Creditable Coverage; or</td>
<td>*</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The event that creates an SOE must apply to the employee or the employee’s tax dependent.</td>
</tr>
<tr>
<td>Letter of enrollment or termination of coverage from the health plan; or</td>
<td></td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The event that creates an SOE must apply to the employee or the employee’s tax dependent.</td>
</tr>
<tr>
<td>Letter of enrollment or termination of coverage from the employer’s personnel, payroll, or benefits office; or</td>
<td></td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The event that creates an SOE must apply to the employee or the employee’s tax dependent.</td>
</tr>
<tr>
<td>Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change); or</td>
<td></td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The event that creates an SOE must apply to the employee or the employee’s tax dependent.</td>
</tr>
<tr>
<td>Proof of Waiver</td>
<td></td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The event that creates an SOE must apply to the employee or the employee’s tax dependent.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan.</td>
<td>The event that creates an SOE must apply to the employee or the employee’s tax dependent.</td>
</tr>
</tbody>
</table>

#### Change under Other Employer-Based Group Health Plan's Open Enrollment

- The subscriber or the subscriber’s dependent has a change in enrollment under another employer-based group health plan during its annual open enrollment that does not align with the PEBB Program’s annual open enrollment.

- For the purpose of DCAP changes, the employee or their dependent must have a change in enrollment under an employer-based DCAP during its annual open enrollment that does not align with the PEBB annual open enrollment.

- The required form must be received no later than 60 days after the date of the other employer-based group health plan or DCAP plan’s open enrollment effective date.

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**Special Open Enrollment (SOE) Matrix**

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible 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 or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Medical and/or Dental)</td>
<td>(Medical and/or Dental)</td>
<td>(Medical and/or Dental)</td>
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<td>(Employees Only)</td>
<td>(Employees Only)</td>
<td>(Employees Only)</td>
<td>(Employees Only)</td>
</tr>
</tbody>
</table>
Addendum 45-2A
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible 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 or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9 DEPENDENT MOVES FROM OUTSIDE USA TO USA, OR FROM USA TO OUTSIDE USA</strong></td>
<td>• Visa or Passport with date of entry; or • Proof of former and current residence (e.g. utility bill) • A letter or document showing that coverage was lost (e.g. Certificate of Creditable 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>SOE Not Allowed</td>
</tr>
<tr>
<td>The subscriber’s dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States, and that change in residence resulted in the dependent losing their health insurance. The required form must be received no later than 60 days after the date moving to or from USA.</td>
<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>(Employees Only) 182-12-128</td>
<td>(Employees Only) 182-12-128</td>
<td>(Employees Only) 182-08-199</td>
<td>(Employees Only) 182-08-199</td>
<td>(Employees Only) 182-08-199</td>
</tr>
<tr>
<td><strong>10 CHANGE IN RESIDENCE</strong></td>
<td>• Proof of former and current residence (e.g. utility bill); or • Certificate of Creditable 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>SOE Not Allowed</td>
</tr>
<tr>
<td>The subscriber or the subscriber’s dependent has a change in residence that affects health plan availability. 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, otherwise there will be limited accessibility to network providers and covered services. Note: A dental plan is considered to be available if a provider is located within 50 miles of subscriber’s new residence. The required form must be received no later than 60 days after the date of the change in residence.</td>
<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>(Employees Only) 182-12-128</td>
<td>(Employees Only) 182-12-128</td>
<td>(Employees Only) 182-08-199</td>
<td>(Employees Only) 182-08-199</td>
<td>(Employees Only) 182-08-199</td>
</tr>
</tbody>
</table>
Events below may create a Special Open Enrollment:

### 11 COURT ORDER

- **Valid Court Order**
  - **Effective Date**
    - The new plan effective date is the first of the month after the later of:
      1. Date of the court order,
      2. Date form is received.
    - If the later of (a) or (b) is the first day of the month, the effective date is that day.
- **Enrollment or Termination Date**
  - If the enrollment or Termination date is the last day of the month following the later of:
    1. Date of the court order,
    2. Date form is received.
    - If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.

- **GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP**
  - The subscriber or the subscriber’s dependent loses eligibility for coverage under Medicaid or CHIP.
    - The required form must be received no later than 60 days after the date of the court order.
- **Remove Eligible Dependents**
  - Existing uncoupled dependents who are not required to be enrolled by a court order may not be enrolled.

### 12 GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP

- **Allowed only if the subscriber removes a dependent from coverage or an enrollee enrolls in coverage**
  - The new plan effective date is the first of the month after the later of:
    1. Date eligible for Medicaid or CHIP,
    2. Date form is received.
    - If the later of (a) or (b) is the first day of the month, the effective date is that day.
- **Enrollment or Termination Date**
  - If the enrollment or Termination date is the last day of the month following the later of:
    1. Date not eligible for Medicaid or CHIP, or
    2. Date form is received.
    - If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.

- **Attention**
  - For gaining eligibility, the 60-day notice requirement is measured from the later of:
    1. Date of eligibility,
    2. Date agency grants eligibility
- **Enroll In or Change Premium Payment Plan**
  - **SOE Not Allowed**

- **Return from Waived Enrollment in Medical**
  - **SOE Not Allowed**

- **Enroll In or Change Medical FSA or Limited Purpose FSA**
  - **SOE Not Allowed**
Events below may create a Special Open Enrollment:

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

As required by HIPAA, the subscriber or the subscriber’s dependent becomes eligible for state premium assistance subsidy for PEBB medical plan coverage from Medicaid or a state children’s health insurance program (CHIP).

The required form must be received no later than 60 days after the date of becoming eligible. Note: The 60-day notice requirement is measured from the later of: Date of eligibility, or Date agency grants eligibility.

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Eligibility letter from Medicaid or CHIP</td>
</tr>
</tbody>
</table>

**Effective Date**

The new plan effective date is the first of the month after the later of:

- Date eligible for state premium assistance, or
- Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.

**Enrollment Date**

Enrollment is effective the first day of the month following the later of:

- (a) Date eligible for state premium assistance, or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.

**SOE Not Allowed**

The employee or a dependent must have become eligible for state premium assistance subsidy for PEBB medical plan coverage from Medicaid or CHIP. Existing uncovered dependents who did not become eligible for state premium assistance subsidy for PEBB medical plan coverage from Medicaid or CHIP may not be enrolled.

**Enrollment Date**

Enrollment is effective the first day of the month after the later of:

- (a) Date eligible for state premium assistance, or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.

**SOE Not Allowed**

Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.

The event that creates an SOE must apply to the employee’s or the employee’s tax dependent.

**SOE Not Allowed**

PEBB medical plan coverage from Medicaid or CHIP may not be enrolled.
### Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

**Addendum 45-2A**

<table>
<thead>
<tr>
<th>Special Open Enrollment (SOE) Matrix ERB Division Policy, Rules, and Compliance</th>
<th>Events below may create a Special Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below:</strong></td>
<td><strong>14</strong> GAIN OR LOSE ELIGIBILITY FOR MEDICARE, OR ENROLL OR CANCEL ENROLLMENT IN A MEDICARE ADVANTAGE (MA) PLAN, MEDICARE ADVANTAGE-PRESCRIPTION DRUG (MAPD) PLAN OR MEDICARE PART D</td>
</tr>
<tr>
<td>1. Medicare benefit verification letter; or</td>
<td>The subscriber or the subscriber’s dependent:</td>
</tr>
<tr>
<td>2. Copy of Medicare card; or</td>
<td>- enrols in Medicare; or</td>
</tr>
<tr>
<td>3. Notice of Denial of Medicare coverage; or</td>
<td>- loses eligibility for Medicare:</td>
</tr>
<tr>
<td>4. Social Security denial letter; or</td>
<td>If the subscriber’s current medical plan becomes unavailable due to the subscriber’s or their dependent’s enrollment in Medicare, the subscriber must select a new medical plan as described in WAC 182-08-196(2). The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare.</td>
</tr>
<tr>
<td>5. Medicare Enrollment or Cancellation of MA or MAPD; or</td>
<td>For retirees, survivors, or elected state officials looking to enroll in a PEBB Medicare Supplement Plan: A subscriber has 6 months from the date of the SOE to make any correction to the enrollment or disenrollment. If the SOE is due to a dependent losing coverage under Medicare, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose Medicare eligibility may not be enrolled.</td>
</tr>
<tr>
<td>6. Letter of declination of MA or MAPD.</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Effective Date for Gaining or Losing Eligibility for Medicare</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Medical and/or Dental) 182-08-198</td>
<td>The new medical plan effective date is the first of the month after the later of:</td>
</tr>
<tr>
<td>Remove Eligible Dependent(s) from Health Plan Coverage</td>
<td>(a) Date enrolled in Medicare, or date of loss of eligibility for Medicare, or</td>
</tr>
<tr>
<td>(Medical and/or Dental) 182-12-262</td>
<td>(b) Date form is received.</td>
</tr>
<tr>
<td>Remove Eligible Dependent(s) from Health Plan Coverage</td>
<td>If the later of (a) or (b) is the first day of month following the later of:</td>
</tr>
<tr>
<td>(Medical and/or Dental) 182-12-262</td>
<td>(a) Date not eligible for Medicare, or</td>
</tr>
<tr>
<td>Waive Enrollment in Medical</td>
<td>(b) Date form is received.</td>
</tr>
<tr>
<td>(Employees Only) 182-12-128</td>
<td>If the later of (a) or (b) is the first day of the month, the remove date is the last day of the previous month.</td>
</tr>
<tr>
<td>Return from Waived Enrollment in Medical</td>
<td><strong>Effective Date for Gaining or Losing Eligibility for Medicare</strong></td>
</tr>
<tr>
<td>(Employees Only) 182-12-128</td>
<td>The subscriber may enroll a dependent who lost eligibility for coverage under Medicare. Existing uncovered dependents who did not lose Medicare eligibility may not be enrolled.</td>
</tr>
<tr>
<td>Enroll in or Change Premium Payment Plan</td>
<td><strong>Remove Date</strong></td>
</tr>
<tr>
<td>(Employees Only) 182-08-199</td>
<td>Remove the dependent from coverage the last day of the month of the later of:</td>
</tr>
<tr>
<td>Enroll in or Change Medical FSA or Limited Purpose FSA</td>
<td>(a) Date eligible for Medicare, or</td>
</tr>
<tr>
<td>(Employees Only) 182-08-199</td>
<td>(b) Date form is received.</td>
</tr>
<tr>
<td>Enroll In or Change DCAP</td>
<td>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
</tr>
</tbody>
</table>

**Enrollment Date** |

For retirees, survivors, and elected/appointed officials the new medical plan effective date is the first of the month after the later of: |

- (a) The date of enrollment or disenrollment from a Medicare Part D plan, or |
- (b) The date the form is received. | **182-12-128** |

**Allowed only if the employee loses eligibility for Medicare.** |

- Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment. The event that creates an SOE must apply to the employee or the employee’s tax dependent. |
- If the employee or a tax dependent gains Medicare eligibility, the employee may decrease election or revoke enrollment. |
- If the employee or a tax dependent loses Medicare eligibility, the employee may increase election or enroll in coverage. |
- The enrollment or change is effective the first day of the month following the later of: |

- (a) Date enrolled in Medicare, date of loss of eligibility for Medicare, or date of enrollment or disenrollment from a Medicare Part D plan, or |
- (b) Date form is received. |
- If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day. | **182-08-199** | **182-08-199** | **182-08-199**
Events below may create a Special Open Enrollment:

- Months after the enrollment in Medicare Part B for either the subscriber or the subscriber’s dependent.
- For retirees, survivors, or elected state officials looking to enroll in or terminate enrollment in Medicare Part D:
  - Retirees, survivors, or elected state officials are prohibited from keeping PEBB medical if they enroll in Medicare Part D. They must either terminate Medicare Part D or enroll in PEBB’s Medicare Supplement Plan G. See PEBB Program Administrative Policy 26-1 for details.
  - The required form must be received no later than 60 days after enrolling or canceling enrollment in Medicare Part D.
  - For retirees, survivors, or elected state officials looking to enroll in or terminate enrollment in a Medicare Advantage (MA) Plan or a Medicare Advantage-Prescription Drug (MA-PD) Plan:
    - A subscriber has seven months to enroll in a MA or MA-PD plan that begins three months before they or their dependent first enrolled in both Medicare Part A and Part B and ends three months after the month of Medicare eligibility. A subscriber may also enroll themselves or their dependent in a MA or MA-PD plan before their last day of the Medicare Part B initial enrollment period.
    - The forms must be received by the PEBB program no later than the last day of the month prior to the month the subscriber or the subscriber’s dependent enrolls in the MA or MA-PD plan.

Effective Date for Enrollment or Disenrollment in a MA or MA-PD plan

- For retirees, survivors, and elected/appointed officials the new medical plan effective date is the first of the month after the later of:
  - (a) The date of enrollment or disenrollment from a MA or MA-PD plan, or
  - (b) The date the form is received.

### Change
- Health Plan Election (Medical and/or Dental) 182-08-198
- Enroll Eligible Dependent(s) in Health Plan Coverage (Medical and/or Dental) 182-12-262
- Remove Eligible Dependent(s) from Health Plan Coverage (Medical and/or Dental) 182-12-262
- Waive Enrollment in Medical (Employees Only) 182-12-128
- Return from Waived Enrollment in Medical (Employees Only) 182-12-128
- Enroll in or Change Premium Payment Plan (Employees Only) 182-08-199
- Enroll in or Change Medical FSA or Limited Purpose FSA (Employees Only) 182-08-199
- Enroll In or Change DCAP (Employees Only) 182-08-199
Addendum 45-2A
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

Events below may create a Special Open Enrollment:

15 MEDICAL PLAN BECOMES UNAVAILABLE

The subscriber or the subscriber’s dependent’s current medical 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 the subscriber’s dependent is no longer eligible for an HSA.

The required form must be received no later than 60 days after the date the health plan becomes unavailable.

- Cancellation letter from HDHP; 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.**

**Effective Date**
The new plan effective date is the first of the month after the later of:
- (a) Date current medical plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**Allowed only if meeting a specific circumstance described in WAC 182-08-198(2)(k).**

16 CONTINUITY OF CARE

The subscriber or the subscriber’s dependent experiences a disruption of care for active and ongoing treatment that could function as a reduction in benefits for the subscriber or the subscriber’s dependent.

A 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 WAC 182-08-198 for specific circumstances).

The required form must be received no later than 60 days after the date of the disruption.

- Submit request for a plan change to the Health Care Authority:
  PEBB Program
  PO Box 42684
  Olympia, WA 98504-5502

**Allowed only if meeting a specific circumstance described in WAC 182-08-198(2)(k).**

**Effective Date**
The new plan effective date is the first of the month after the later of:
- (a) Date of disruption, or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**Allowed only if meeting a specific circumstance described in WAC 182-08-198(2)(k).**

**Effective Date**
The new plan effective date is the first of the month after the later of:
- (a) Date of disruption, or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**Allowed only if meeting a specific circumstance described in WAC 182-08-198(2)(k).**

**Effective Date**
The new plan effective date is the first of the month after the later of:
- (a) Date of disruption, or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**SOE Not Allowed**

**Allowed only if meeting a specific circumstance described in WAC 182-08-198(2)(k).**

**Effective Date**
The new plan effective date is the first of the month after the later of:
- (a) Date of disruption, or
- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.
Events may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible 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 or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHANGING DEPENDENT CARE PROVIDER (WITH INCREASED OR DECREASED COST)</strong></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>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>If the employee changes dependent care provider, the change to DCAP can reflect the cost of the new provider, provided the dependent care provider is not a qualifying relative of the employee as defined in Internal Revenue Code Section 152. The required form must be received no later than 60 days after the date of the cost change.</td>
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<tr>
<td>• Letter from the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or</td>
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<td></td>
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<tr>
<td>• 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>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS</strong></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>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>The employee or the employee’s spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21(b)(1). The required form must be received no later than 60 days after the date of the change.</td>
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</tr>
<tr>
<td>• Letter from the dependent care provider confirming the number of qualifying individuals enrolled in services, the change in premium, and the effective date of change; or</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• 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.</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SOE Not Allowed**

The change must be consistent with the increased or decreased cost of services of the new provider for an IRC Section 21(b)(1) qualifying individual. The enrollment or change is effective the first day of the month following the later of:

(a) Date of cost increase or decrease, or
(b) Date form is received.

If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
### Special Open Enrollment (SOE) Matrix

**Addendum 45-2A**  
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

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

<table>
<thead>
<tr>
<th>Change</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible 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 or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan Election (Medical and/or Dental)</td>
<td>182-08-198</td>
<td>182-12-262</td>
<td>182-12-262</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-08-199</td>
<td>182-08-199</td>
</tr>
<tr>
<td>Enroll Eligible Dependent(s) in Health Plan Coverage (Medical and/or Dental)</td>
<td>182-12-262</td>
<td>182-12-262</td>
<td>182-12-262</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-08-199</td>
<td>182-08-199</td>
</tr>
<tr>
<td>Waive Enrollment in Medical (Employees Only)</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-12-128</td>
<td>182-08-199</td>
<td>182-08-199</td>
</tr>
</tbody>
</table>

### 19 CHANGED COST OF DEPENDENT CARE

The 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 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC.

The required form must be received no later than 60 days after the date of the change.

- Letter from the dependent care 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.

### 20 GAIN OR LOSE ELIGIBILITY FOR A TRICARE PLAN

The employee or the employee’s dependent becomes eligible and enrolls in a TRICARE plan or loses eligibility for a TRICARE plan.

The required form must be received no later than 60 days after the date the employee or the employee’s dependent gains or loses eligibility for a TRICARE plan.

- Coverage must have been lost because of loss of eligibility.

- Certificate of Creditable Coverage; or
- Proof of enrollment or termination of coverage from a TRICARE plan.

### 18 SOE Not Allowed

**SOE Not Allowed**

- The employee must have lost eligibility for a TRICARE plan. Or, if the SOE is due to a dependent’s loss of eligibility for a TRICARE plan, the employee may enroll in or change their TRICARE plan as a dependent.

- Waive Date: Waive coverage the last day of the month of the later of:
  - (a) Date eligible for a TRICARE plan, or
  - (b) Date form is received.

- Enrollment Date: Enroll effective the first day of month after thelater of:
  - (a) Date of loss of a TRICARE plan, or
  - (b) Date form is received.

- The employee must have lost eligibility for a TRICARE plan. Or, if the SOE is due to a dependent’s loss of eligibility for a TRICARE plan, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose eligibility for a TRICARE plan may not be enrolled.

- Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.

The event that creates an SOE must apply to the employee or the employee’s tax dependent.

### SOE Not Allowed

- The 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 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC.

The required form must be received no later than 60 days after the date of the change.

- Letter from the dependent care 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

- The change must be consistent with the increased or decreased cost of dependent care provided to an IRC Section 21(b)(1) qualifying individual.

The enrollment or change is effective the first day of the month following the later of:

- (a) Date of cost increase or decrease,
- (b) Date form is received.

If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.