

**Addendum 45-2A**

**Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)**

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 if they are enrolled in other employer-based group medical, a TRICARE plan, or Medicare Part A and Part B. These enrollments may correspond with specific special open enrollment events 1-22 on the following pages. An employee may not waive enrollment in PEBB medical if they are enrolled in PEBB retiree insurance coverage. Their PEBB retiree insurance coverage will be automatically deferred as described in WAC 182-12-205 (11)(a) or they will be auto disenrolled as described in WAC 182-12-262 (2)(d).

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 and PEBB vision.

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. A subscriber may not change their health plan during a special open enrollment if their state registered domestic partner or state registered domestic partner's child is not a tax dependent.

Exceptions apply to the date the new medical plan or enrollment begins when electing to enroll in a Medicare Advantage (MA) plan, Medicare Advantage Prescription Drug (MA-PD) plan, or Uniform Medical Plan Classic Medicare plan. The effective date of the MA plan, MA-PD plan, or UMP Classic Medicare plan is the first day of the month following the date the form is received.

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.

| <div><div>Events below may create a Special Open Enrollment:</div></div> |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |
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|                                                                          |                                                                                                                                                                                                                | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                                       | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, vision, dental, or any combination of these coverages)<br><b>182-08-198</b>                                                                                                                                                                                                          |
| 3                                                                        | <b>BIRTH OR ADOPTION</b><br><br>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. | <ul style="list-style-type: none"><li>Birth certificate (or hospital certificate with the child's footprints on it); or</li><li>Certificate or decree of adoption; or</li><li>Placement letter from adoption agency.</li></ul><br>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. | <b>➡</b> Allowed only if the subscriber enrolls a new child and if the subscriber provides notice no later than 60 days after the event.<br><br><b>Effective Date</b><br>The new plan effective date is the first of the month of the birth, adoption or when assuming legal obligation. This may result in different dates for dependent enrollment and plan change. |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

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 #3, Medicare enrollment SOE event #14, and Low-Income Subsidy SOE event #15.

► Provides example(s) of Internal Revenue Service (IRS) "consistency rule;" the election change must be allowable under Internal Revenue Code and Treasury regulations and correspond to and be consistent with the event that creates the SOE.

| Events below may create a Special Open Enrollment: |                                                                                                                                                                                    | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                       | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                   | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                           | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                                          | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                      | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 1                                                  | <b>MARRIAGE</b><br><br>The subscriber acquires a new dependent due to marriage.<br><br><i>The required form must be received no later than 60 days after the date of marriage.</i> | • Marriage certificate                                                                                                                                                                                                                                                                          | ► Allowed only if the subscriber enrolls a new spouse.<br><br><b>Effective Date</b><br>The new plan effective date is the first of the month after the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the effective date is that day. | ► The subscriber may enroll a new spouse and any dependent children of the spouse. Existing uncovered dependents may <u>not</u> be enrolled.<br><br><b>Enrollment Date</b><br>Enrollment is effective the first day of the month after the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment date is that day. | ► Allowed only if the dependent enrolls in the new spouse's employer-based group health plan.<br><br><b>Remove Date</b><br>Remove the dependent from coverage the last day of the month of the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>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. | ► Allowed only if the employee enrolls in medical under the new spouse's employer-based group health plan.<br><br><b>Waive Date</b><br>Waive coverage the last day of the month of the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month. | ► The employee may enroll in order to enroll a new spouse or children acquired through the marriage. Existing uncovered dependents may not be enrolled.<br><br><b>Enrollment Date</b><br>Enrollment is effective the first day of the month after the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day. | ► Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.<br><br>Premiums may be collected pre-tax if a spouse and/or dependents qualify as tax dependents (unless otherwise requested). | ► The employee may enroll or increase election for a tax-dependent spouse or tax-dependent children, or decrease election if the employee or tax-dependent children gain eligibility and enroll in a new spouse's health plan or FSA.<br><br>The enrollment or change is effective the first day of the month following the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day. | ► The employee may enroll or increase election if gaining a new IRC Section 21(b)(1) qualifying individual, or decrease or cease election if a new tax-dependent spouse is not employed or makes a DCAP coverage election under their plan.<br><br>The enrollment or change is effective the first day of the month following the later of:<br>(a) Date of marriage, or<br>(b) Date form is received.<br><br>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 1/1/2026)

Events below may create a  
Special Open Enrollment:

|   |                                                                                                                                                                                                                                                                                     | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                              | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                               | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                       | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                  | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                              | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 2 | <p><b>REGISTERING A STATE REGISTERED DOMESTIC PARTNERSHIP</b></p> <p>The subscriber acquires a new dependent due to registering a state registered domestic partnership.</p> <p><i>The required form must be received no later than 60 days after the date of registration.</i></p> | <ul style="list-style-type: none"><li>• Certificate of state-registered domestic partnership or legal union; and</li><li>• PEBB Declaration of Tax Status form</li></ul>                                                                                                                        | <p>» Allowed only if the subscriber enrolls a new state registered domestic partner or a child acquired through the state registered domestic partnership who is also a newly eligible tax dependent.</p> <p><u>Effective Date</u><br/>The new plan effective date is the first of the month after the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the effective date is that day.</p> | <p>» 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 <u>not</u> be enrolled.</p> <p><u>Enrollment Date</u><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>If later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» Allowed only if the dependent enrolls in the new state registered domestic partner's employer-based group health plan.</p> <p><u>Remove Date</u><br/>Remove the dependent from coverage the last day of the month of the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>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.</p> | <p>» Allowed only if the employee enrolls in medical under the new state registered domestic partner's employer-based group health plan.</p> <p><u>Waive Date</u><br/>Waive coverage the last day of the month of the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.</p> | <p>» The employee may enroll in order to enroll a state registered domestic partner or children acquired through the state registered domestic partnership. Existing uncovered dependents may <u>not</u> be enrolled.</p> <p><u>Enrollment Date</u><br/>Enrollment is effective the first day of month after the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>In most cases, premiums are collected post-tax because the domestic partner may not be considered a tax dependent.</p> <p>Premiums may be collected pre-tax if a state registered domestic partner and/or children of a state registered domestic partner qualify as tax dependents.</p> | <p>» The employee may enroll or increase election for newly eligible tax dependents, or decrease election if the employee or tax-dependent children gain eligibility and enroll in a new state registered domestic partner's health plan or FSA.</p> <p>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> | <p>» 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).</p> <p>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of registration, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| Events below may create a<br><u>Special Open Enrollment:</u> |                                                                                                                                                                                                                | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                                       | Change<br>Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br><b>182-08-198</b>                                                                                                                                                                                                        | Enroll Eligible<br>Dependent(s)<br>in<br>Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br><b>182-12-262</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Remove Eligible<br>Dependent(s)<br>from<br>Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br><b>182-12-262</b>                                                                                                                                                                                                               | Waive<br>Enrollment in Medical<br><br>(Employees Only)<br><b>182-12-128</b>                                                                                                                                                                                                                                                                                                    | Return from Waived<br>Enrollment in Medical<br><br>(Employees Only)<br><b>182-12-128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Enroll In or Change<br>Premium Payment Plan<br><br>(Employees Only)<br><b>182-08-199</b>                                                                                                                                                                                                                                                                                                                    | Enroll In or Change<br>FSA<br>or Limited Purpose FSA<br><br>(Employees Only)<br><b>182-08-199</b>                                                                                                                                                                                                                                                                                                                                                                           | Enroll In or Change<br>DCAP<br><br>(Employees Only)<br><b>182-08-199</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 3                                                            | <b>BIRTH OR ADOPTION</b><br><br>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. | <ul style="list-style-type: none"><li>Birth certificate (or hospital certificate with the child’s footprints on it); or</li><li>Certificate or decree of adoption; or</li><li>Placement letter from adoption agency.</li></ul><br>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. | <p>» Allowed only if the subscriber enrolls a new child and if the subscriber provides notice no later than 60 days after the event.</p> <p><b>Effective Date</b><br/>The new plan effective date is the first of the month of the birth, adoption or when assuming legal obligation. This may result in different dates for dependent enrollment and plan change.</p> | <p>» Allowed if the subscriber provides notice no later than 60 days after the event, if adding the child increases the premium.</p> <p>If adding the child does not increase the premium, the subscriber should notify the PEBB Program by submitting the required enrollment forms as soon as possible.</p> <p>The subscriber may also enroll a spouse or state registered domestic partner, but may not enroll existing uncovered dependent children.</p> <p><b>Enrollment Date</b><br/>Enrollment of the newborn or newly adopted child is effective the day of the birth, adoption or day assuming legal obligation. Enrollment of the spouse or state registered domestic partner is effective the first day of the month of the birth, adoption or when assuming legal obligation.</p> | <p>» 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. Does not apply to other existing dependent children.</p> <p><b>Remove Date</b><br/>Remove the dependent from coverage the last day of the month of the birth, adoption or when assuming legal obligation.</p> | <p>» 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.</p> <p><b>Waive Date</b><br/>Waive coverage the last day of the month prior to the month in which the birth, adoption or assuming legal obligation occurred.</p> | <p>» If the employee provides notice no later than 60 days after the event, the employee may enroll in order to enroll a new child. A spouse or state registered domestic partner may enroll. Existing uncovered dependent children may <u>not</u> be enrolled.</p> <p><b>Enrollment Date</b><br/>Enrollment for the employee is effective the first day of the month of birth, adoption or when assuming legal obligation.</p> <p>Enrollment of the newborn or newly adopted child is effective the day of the birth, adoption or day assuming legal obligation. Enrollment of the spouse or state registered domestic partner is effective the first day of the month of the birth, adoption or when assuming legal obligation.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>If notice is provided more than 60 days after the event, any related increase in the employee premium is post-tax.</p> <p>The employee must submit a <i>Premium Payment Plan Election/Change Form</i> during the next open enrollment to request to change back to pre-tax premiums.</p> | <p>» The employee may enroll or increase election for a new tax dependent child or spouse, or decrease election if the employee or an existing child dependent gains eligibility and enrolls under a spouse or state registered domestic partner's health plan or FSA.</p> <p>Enroll or change election within 60 days of the birth or adoption. The enrollment or change is effective the first day of the month of the birth, adoption, or assuming legal obligation.</p> | <p>» The employee may enroll or increase election for a new IRC Section 21(b)(1) qualifying individual, or decrease election if the employee or an existing IRC Section 21(b)(1) qualifying individual gains eligibility and enrolls under a spouse or state registered domestic partner's DCAP.</p> <p>Enroll or change election within 60 days of the birth or adoption. The enrollment or change is effective the first day of the month of birth, adoption, or assuming legal obligation.</p> |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| Events below may create a Special Open Enrollment: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                   | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                                                           | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                               | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                                         | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                       | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                        |
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| 4                                                  | <b>NEWLY ELIGIBLE EXTENDED DEPENDENT</b><br><br>The subscriber acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship.<br><br><i>The required form must be received no later than 60 days after the date the new dependent becomes eligible as an extended dependent.</i>                                                                                                                                               | <ul style="list-style-type: none"><li>Completed and signed PEBB Extended Dependent Certification form; and</li><li>PEBB Declaration of Tax Status form</li></ul> AND <ul style="list-style-type: none"><li>Valid court order showing legal custody; guardianship, or temporary guardianship, signed by a Judge or officer of the court.</li></ul> | » Allowed only if the subscriber enrolls a new extended dependent.<br><br><b>Effective Date</b><br>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 <u>not</u> be enrolled.<br><br><b>Enrollment Date</b><br>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                                                                                                                                                                  | SOE Not Allowed                                                   | » The employee may enroll in order to enroll a new extended dependent. Existing uncovered dependents may <u>not</u> be enrolled.<br><br><b>Enrollment Date</b><br>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. | » Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.<br><br>Premiums may be collected pre-tax if an extended dependent qualifies as a tax dependent, as defined in IRC §152(c)(2). | » The employee may enroll or increase election only if a tax dependent, as defined in IRC §152(c)(2), gains eligibility under a health plan or FSA.<br><br>The enrollment or change is effective the first day of the month following the later of:<br>(a) The event date, or<br>(b) The date the PEBB program certifies the new extended dependent.<br>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day. | » The employee may enroll or increase election to take into account expenses of a new IRC Section 21(b)(1) qualifying individual.<br><br>The enrollment or change is effective the first day of the month following the later of:<br>(a) The event date, or<br>(b) The date the PEBB program certifies the new extended dependent. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day. |
| 5                                                  | <b>DEPENDENT LOSES ELIGIBILITY</b><br><br>The subscriber's dependent no longer meets PEBB eligibility criteria:<br>- Divorce, annulment<br>- Dissolution of state registered domestic partnership (when state registered domestic partner was tax dependent)<br>- A dependent child ceases to be eligible<br>- A dependent dies<br><br><i>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.</i> | Evidence only required for FSA election change: <ul style="list-style-type: none"><li>Petition for Dissolution of marriage (divorce); or</li><li>Petition for Dissolution of state registered domestic partnership; or</li><li>Copy of a death certificate (only for a change in FSA election)</li></ul>                                          | SOE Not Allowed<br><br>A dependent's loss of PEBB eligibility does not provide a special open enrollment opportunity for the subscriber.<br><br>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.<br><br>See PEBB Program Administrative Policy 19-1 <i>Termination Due to Loss of Eligibility or Enrollment Error</i> (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.<br><br>The enrollment or change is effective the first day of the month following the later of:<br>(a) Date of loss of eligibility, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.                                                                    | SOE Not Allowed<br><br><b>See Event #20:</b><br>"Changed Cost of Dependent Care"<br>(N/A for child turning 26)                                                                                                                                                                                                                                                                                                                                        |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| Events below may create a Special Open Enrollment: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                                                                                                                                                                                                                                          | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                             | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                      | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                   | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                   | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 6                                                  | <p><b>LOSS OF OTHER COVERAGE</b></p> <p>The subscriber or the subscriber's dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA.</p> <p><i>The required form must be received no later than 60 days after the date of the loss of other coverage.</i></p> <ul style="list-style-type: none"><li><i>If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.</i></li><li><i>If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.</i></li></ul> | <ul style="list-style-type: none"><li>Certificate of Creditable Coverage; or</li><li>Letter of termination of coverage from health plan; or</li><li>Letter of termination of coverage from the employer's personnel, payroll, or benefits office; or</li><li>COBRA election notice if it is personalized to the subscriber or subscriber's dependent who lost coverage and provides the date coverage was lost</li></ul> <p>Note: Evidence requirement is met when loss of other coverage is PEBB or SEBB coverage, and loss is verified by the PEBB Program when enrolling the subscriber or dependent to coverage.</p> | <p>» Allowed only if the subscriber enrolls or the subscriber enrolls a dependent who lost other coverage.</p> <p><b>Effective Date</b><br/>The new plan effective date is the first of the month after the later of:</p> <p>(a) Date of loss of coverage, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the effective date is that day.</p> | <p>» The subscriber may enroll a dependent who lost other coverage. Existing uncovered dependents who did not lose other coverage may <u>not</u> be enrolled.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of the month after the later of:</p> <p>(a) Date of loss of coverage, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                   | <p>» The employee <u>must</u> have lost other coverage. Or, if the SOE is due to a dependent's loss of coverage, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose other coverage may <u>not</u> be enrolled.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of the month after the later of:</p> <p>(a) Date of loss of coverage, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee or the employee's tax dependent.</p> | <p>» If the employee or a tax dependent loses other coverage, the employee may enroll or increase election.</p> <p>The enrollment or change is effective the first day of the month following the later of:</p> <p>(a) Date of loss of other coverage, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> | SOE Not Allowed                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                       | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                     | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                  | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                               | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                  | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                 |
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| 7a                                                            | <div><div>CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER)</div><div>The subscriber has a change in employment status that affects the subscriber's eligibility for their employer contribution toward their employer-based group health plan.<br/><br/><i>The required form must be received no later than 60 days after the date of the change in employment status.</i><br/><br/><i>Note: This event does not apply when a benefits-eligible employee transfers to another agency or moves within the same agency to another benefits-eligible position without a break in PEBB coverage.</i><br/><br/>See also: WAC 182-08-197(3) for additional information on regaining eligibility for PEBB benefits.</div></div> | <ul style="list-style-type: none"><li>Employee hire letter from their employer that contains information about benefits eligibility; or</li><li>Employment contract; or</li><li>Termination letter; or</li><li>Letter of resignation; or</li><li>Statement of insurance; or</li><li>Certificate of Coverage</li></ul> | <p>» Allowed if the change in employment status causes the subscriber to gain or lose eligibility for the employer contribution toward their employer-based group health plan.</p> <p><b>Effective Date</b><br/>The new plan effective date is the first of the month after the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» If the subscriber gains eligibility for the employer contribution, the subscriber may enroll eligible dependents.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» The subscriber may remove eligible dependents if the subscriber loses eligibility for the employer contribution.</p> <p><b>Remove Date</b><br/>Remove from coverage the last day of the month of the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>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.</p> <p>Note: If new coverage is PEBB, the remove date must coincide with enrollment.</p> | <p>» Allowed only when the employee enrolls in medical under another employer-based group health plan based upon a change in their employment status that affects eligibility for the employer contribution.</p> <p><b>Waive Date</b><br/>Waive coverage the last day of the month of the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.</p> <p>Note: If new coverage is PEBB, the waive date must coincide with enrollment.</p> | <p>» Allowed only when the employee loses eligibility for the employer contribution toward medical under another employer based group health plan.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee</p> | <p>» An FSA change is only allowed when a change in employment status affects the employee's eligibility for the FSA.</p> <p>If the employee gains eligibility under another plan, the employee may decrease or cease election.</p> <p>If the employee loses eligibility under another plan, the employee may enroll or increase election.</p> <p>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> | <p>» A DCAP change is only allowed when a change in employment status affects the employee's eligibility for the DCAP.</p> <p>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.<br/><br/>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

Events below may create a  
Special Open Enrollment:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                      | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                                                               | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                                              | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                  | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 7b | <p><b>CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER'S DEPENDENT)</b></p> <p><i>The subscriber's dependent has a change in employment status that affects their eligibility or their dependent's eligibility for their employer contribution under their employer-based group health plan.</i></p> <p><i>The required form must be received no later than 60 days after the date of the change in employment status.</i></p> <p><i>Note: For the purposes of this special open enrollment "employer contribution" means contributions made by the dependent's current or former employer toward health coverage as described in Treasury Regulation 26 C.F.R. 54.9801-6.</i></p> | <ul style="list-style-type: none"><li>Employee hire letter from their employer that contain information about benefits eligibility; or</li><li>Employment contract; or</li><li>Termination letter; or</li><li>Letter of resignation; or</li><li>Statement of insurance; or</li><li>Certificate of Coverage</li></ul> | <p>» 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.</p> <p><b>Effective Date</b><br/>The new plan effective date is the first of the month after the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the effective date is that day.</p> | <p>» The subscriber is allowed to enroll the eligible dependent who lost coverage due to the dependent's loss of eligibility for the employer contribution. Existing uncovered dependents may <u>not</u> be enrolled unless allowable under SOE #7a.</p> <p><b>Effective Date</b><br/>The new plan effective date is the first of the month after the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the effective date is that day</p> | <p>» Allowed only if the subscriber's dependent that is being removed enrolls under the employer-based group health plan when they gain eligibility for the employer contribution. The dependent's removal must be consistent with the SOE event.</p> <p><b>Remove Date</b><br/>Remove from coverage the last day of the month of the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>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.</p> <p>Note: If new coverage is PEBB, the remove date must coincide with enrollment.</p> | <p>» Allowed only when the employee enrolls in their dependent's medical under the dependent's employer-based group health plan where they gained eligibility for the employer contribution.</p> <p><b>Waive Date</b><br/>Waive coverage the last day of the month of the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.</p> <p>Note: If new coverage is PEBB, the waive date must coincide with enrollment.</p> | <p>» Allowed only when the employee's dependent loses eligibility for the employer contribution toward the dependent's medical under 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 <u>not</u> be enrolled unless allowable under SOE #7a.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee's tax dependent</p> | <p>» An FSA change is only allowed when a change in employment status affects the employee's dependent's eligibility for the FSA.</p> <p>If the employee's dependent gains eligibility under another plan, the employee may decrease or cease election.</p> <p>If the employee's dependent loses eligibility under another plan, the employee may enroll or increase election.</p> <p>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> | <p>» A DCAP change is only allowed when a change in employment status affects the employee's dependent's eligibility for the DCAP.</p> <p>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.</p> <p>Also, if the tax dependent begins or ceases gainful employment (affecting eligibility for DCAP), the employee may elect or revoke the DCAP election accordingly.</p> <p>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of change in employment, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

Events below may create a  
Special Open Enrollment:

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                                                                | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198 | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                                                               | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                               | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                         | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                   | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 8 | <p><b>CHANGE UNDER OTHER EMPLOYER-BASED GROUP HEALTH PLAN'S OPEN ENROLLMENT</b></p> <p>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.</p> <p>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.</p> <p><i>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.</i></p> | <ul style="list-style-type: none"><li>• Certificate of Creditable Coverage; or</li><li>• Letter of enrollment or termination of coverage from the health plan; or</li><li>• Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office; or</li><li>• Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change); or</li><li>• Proof of Waiver</li></ul> | SOE Not Allowed                                                                                                                                       | <p>» The subscriber may enroll a dependent who ended coverage during an open enrollment under another employer-based group health plan. Existing uncovered dependents who did not end coverage under another employer plan may <u>not</u> be enrolled.</p> <p><u>Enrollment Date</u><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Other plan's open enrollment effective date, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» Allowed only if the dependent being removed enrolls during an open enrollment under another employer-based group health plan.</p> <p><u>Remove Date</u><br/>Remove coverage the last day of the month of the later of:<br/>(a) Other plan's open enrollment effective date, or<br/>(b) Date form is received.</p> <p>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.</p> | <p>» Allowed only when the employee enrolls in medical during an open enrollment under another employer-based group health plan.</p> <p><u>Waive Date</u><br/>Waive coverage the last day of the month of the later of:<br/>(a) Other plan's open enrollment effective date, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.</p> | <p>» Allowed only when the employee or a dependent terminates medical during open enrollment under another employer based group health plan. If a dependent terminates medical under another employer-based group health plan during the other plan's open enrollment, the employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not end coverage under another employer plan may not be enrolled.</p> <p>Note: The employee is allowed to elect a health plan when returning from waived enrollment status.</p> <p><u>Enrollment Date</u><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Other plan's open enrollment effective date, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee or the employee's tax dependent.</p> | SOE Not Allowed                                                                      | <p>» If a tax dependent enrolls or increases election under another DCAP plan, the employee may revoke or decrease election. If a tax dependent terminates or reduces another DCAP election, the employee may enroll or increase election.</p> <p>Enrollment or change is effective the first day of the month following the later of:<br/>(a) Other plan's open enrollment effective date, or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| Events below may create a<br>Special Open Enrollment: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198 | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                  | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                               | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                   | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 9                                                     | <p><b>DEPENDENT MOVES FROM OUTSIDE USA TO USA, OR FROM USA TO OUTSIDE USA</b></p> <p>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.</p> <p><i>The required form must be received no later than 60 days after the date moving to or from USA.</i></p> | <ul style="list-style-type: none"><li>• Visa or Passport with date of entry; or</li><li>• Proof of former and current residence (e.g. utility bill)</li><li>• A letter or document showing that coverage was lost (e.g. Certificate of Creditable Coverage)</li></ul>                           | SOE Not Allowed                                                                                                                                       | <p>» The subscriber may only enroll a dependent who moves to the United States. Existing uncovered dependents who did not move to the United States may <u>not</u> be enrolled.</p> <p><u>Enrollment Date</u><br/>Enrollment is effective the first of the month after the later of:<br/>(a) Date dependent changes residence from other country to the United States,<br/>or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» The subscriber may only remove a dependent who moves outside of the United States. Enrolled dependents who did not move outside of the United States may not be removed.</p> <p><u>Remove Date</u><br/>Remove from coverage the last day of the month of the later of:<br/>(a) Date dependent changes residence from the United States to another country,<br/>or<br/>(b) Date form is received.<br/>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.</p> | SOE Not Allowed                                                   | <p>» Allowed only to enable enrollment of a dependent who moves to the United States.<br/>Existing uncovered dependents who did not move to the United States may <u>not</u> be enrolled.</p> <p><u>Enrollment Date</u><br/>Enrollment is effective the first day of the month after the later of:<br/>(a) Date dependent changes residence from other country to the United States,<br/>or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee or the employee's tax dependent.</p> | SOE Not Allowed                                                                      | SOE Not Allowed                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

Events below may create a  
Special Open Enrollment:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                                               | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                          | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                              | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                    | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                  | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                            | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                 |
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| 10 | <b>CHANGE IN RESIDENCE</b><br><br>The subscriber or the subscriber's dependent has a change in residence that affects health plan availability.<br><br>If the subscriber has a change in residence and the subscriber's current medical plan is no longer available, the subscriber must select a new medical plan as described in WAC 182-08-196(3).<br><br>If the subscriber or the subscriber's dependent has a change in residence and the subscriber's current dental plan does not have available providers within 50 miles of the subscriber or the subscriber's dependent's new residence, the subscriber may select a new dental plan.<br><br><i>The required form must be received no later than 60 days after the date of the change in residence.</i> | <ul style="list-style-type: none"><li>• Proof of former and current residence (e.g. utility bill); or</li><li>• Certificate of Creditable Coverage</li></ul>                                                                                                                                    | » Allowed only if the change in residence causes the current health plan to no longer be available.<br><br><b>Effective Date</b><br>The new plan effective date is the first of the month after the later of:<br>(a) Date of change in residence, or<br>(b) Date form is received.<br><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | » Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.<br><br>The event that creates an SOE must apply to the employee or the employee's tax dependent.       | SOE Not Allowed                                                                                                                                                                                                                                                                                                                                                                                                 | SOE Not Allowed                                                                                                |
| 11 | <b>COURT ORDER</b><br><br>A court order requires the subscriber or any other individual to provide insurance coverage for an eligible child of the subscriber.<br><br><i>The required form must be received no later than 60 days after the date of the court order.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"><li>• Valid court order</li></ul>                                                                                                                                                                                                                             | » Allowed only if the election change is required by a court order, or if an election change is requested because the child named in a court order does not reside in the service area of the subscriber's health plan.<br><br><b>Effective Date</b><br>The new plan effective date is the first of the month after the later of:<br>(a) Date of the court order, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the effective date is that day. | » The subscriber may enroll a child required to be enrolled by a court order. Existing uncovered dependents who are not required to be enrolled by a court order may <u>not</u> be enrolled.<br><br><b>Enrollment Date</b><br>Enrollment is effective the first day of the month after the later of:<br>(a) Date of the court order, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment date is that day. | » Allowed only if the child is enrolled under the coverage of the individual who is required by a court order to provide insurance coverage.<br><br><b>Remove Date</b><br>Remove the child from coverage the last day of the month of the later of:<br>(a) Date of the court order , or<br>(b) Date form is received.<br><br>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. | SOE Not Allowed                                                   | » The employee may enroll in order to enroll a child who is required to be enrolled by a court order. Existing uncovered dependents who are not required to be enrolled by a court order may <u>not</u> be enrolled.<br><br><b>Enrollment Date</b><br>Enrollment is effective the first day of the month after the later of:<br>(a) Date of the court order, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day. | » Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.<br><br>The event that creates an SOE must apply to the employee or the employee's tax dependent child. | » The employee may enroll or increase election if required by a court order for the employee's tax dependent child.<br><br>The enrollment or change is effective the first day of the month following the later of:<br>(a) Date of the court order , or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day. | SOE Not Allowed<br><br><b>See Event #20:</b><br>"Changed Cost of Dependent Care"<br>(N/A for child turning 26) |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

Events below may create a  
Special Open Enrollment:

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.           | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                          | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                       | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                               | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                             | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                   | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 12 | <p><b>GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP</b></p> <p>The subscriber or the subscriber's dependent enrolls in coverage under Medicaid or a state children's health insurance program (CHIP), or the subscriber or the subscriber's dependent loses eligibility for coverage under Medicaid or CHIP.</p> <p><i>The required form must be received no later than 60 days after the date of gaining or losing eligibility.</i><br/><i>Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:</i></p> <p>-Date of eligibility,<br/>or<br/>-Date agency grants eligibility</p> | <ul style="list-style-type: none"><li>Enrollment or Termination letter from Medicaid or CHIP reflecting the date that the subscriber or subscriber's dependent enrolled in Medicaid or CHIP or the date at which the subscriber or subscriber's dependent lost eligibility for Medicaid or CHIP</li></ul> | <p>» Allowed only if the subscriber removes a dependent from coverage or enrolls a dependent in coverage.</p> <p><b>Effective Date</b><br/>The new plan effective date is the first of the month after the later of:</p> <p>(a) Date eligible for Medicaid or CHIP,<br/>or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the effective date is that day.</p> | <p>» The subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP. Existing uncovered dependents who did not lose Medicaid or CHIP eligibility may <u>not</u> be enrolled.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of month following the later of:</p> <p>(a) Date not eligible for Medicaid or CHIP,<br/>or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» Allowed only if the dependent enrolls in Medicaid or CHIP coverage when becoming eligible for that coverage.</p> <p><b>Remove Date</b><br/>Remove the dependent from coverage the last day of the month of the later of:</p> <p>(a) Date eligible for Medicaid or CHIP,<br/>or<br/>(b) Date form is received.</p> <p>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.</p> | <p><b>SOE Not Allowed</b></p> <p>» An employee may not waive enrollment in PEBB medical when they or their dependent enroll in Medicaid or CHIP or lose eligibility for Medicaid or CHIP.</p> | <p>» The employee must have lost eligibility for Medicaid. Or, if the SOE is due to a dependent losing coverage under Medicaid or CHIP, the employee may enroll in order to enroll the dependent.</p> <p>Existing uncovered dependents who did not lose Medicaid or CHIP eligibility may <u>not</u> be enrolled.</p> <p><b>Enrollment Date</b><br/>Enrollment is effective the first day of the month after the later of:</p> <p>(a) Date not eligible for Medicaid or CHIP,<br/>or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee or the employee's tax dependent.</p> | <p>» The employee may decrease or revoke election if the employee or a dependent becomes eligible for Medicaid or CHIP. The employee may enroll or increase election if the employee or a dependent loses eligibility for Medicaid or CHIP.</p> <p>The enrollment or change is effective the first day of the month following the later of:</p> <p>(a) Date gaining or losing eligibility for Medicaid or CHIP,<br/>or<br/>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> | <p><b>SOE Not Allowed</b></p>                                  |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| Events below may create a Special Open Enrollment: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                                                                           | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                            | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 13                                                 | <b>BECOME ELIGIBLE FOR STATE PREMIUM ASSISTANCE SUBSIDY FOR PEBB MEDICAL PLAN COVERAGE FROM MEDICAID OR CHIP</b><br><br>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).<br><br><i>The required form must be received no later than 60 days after the date of becoming eligible.</i><br><i>Note: The 60-day notice requirement is measured from the later of:</i><br><i>-Date of eligibility,</i><br><i>or</i><br><i>-Date agency grants eligibility</i> | <ul style="list-style-type: none"><li>Eligibility letter from Medicaid or CHIP</li></ul>                                                                                                                                                                                                        | ➤ Allowed only if the subscriber enrolls, or the subscriber enrolls a dependent, after the subscriber or a dependent becomes eligible for state premium assistance subsidy for PEBB medical plan coverage from Medicaid or CHIP.<br><br><u>Effective Date</u><br>The new plan effective date is the first of the month after the later of:<br>(a) Date eligible for state premium assistance, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the effective date is that day. | ➤ The subscriber may enroll a dependent who has 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 <u>not</u> be enrolled.<br><br><u>Enrollment Date</u><br>Enrollment is effective the first day of the month following the later of:<br>(a) Date eligible for state premium assistance, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment date is that day. | SOE Not Allowed                                                                                                                                                                  | 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.<br><br>Existing uncovered dependents who did not become eligible for state premium assistance subsidy for PEBB medical plan coverage from Medicaid or CHIP may <u>not</u> be enrolled.<br><br><u>Enrollment Date</u><br>Enrollment is effective the first day of the month after the later of:<br>(a) Date eligible for state premium assistance, or<br>(b) Date form is received.<br><br>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day. | ➤ Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.<br><br>The event that creates an SOE must apply to the employee or the employee's tax dependent. | SOE Not Allowed                                                                      | SOE Not Allowed                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                                                                                                                                                                                                    | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                 | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                            | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                           | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                   | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 14                                                            | <p><b>GAIN OR LOSE ELIGIBILITY FOR MEDICARE, OR ENROLL OR CANCEL ENROLLMENT IN A MEDICARE ADVANTAGE (MA) PLAN, MEDICARE ADVANTAGE-PRESCRIPTION DRUG (MA-PD) PLAN OR MEDICARE PART D</b></p> <p>The subscriber or the subscriber's dependent</p> <ul style="list-style-type: none"><li>-enrolls in Medicare, or</li><li>-loses eligibility for Medicare</li></ul> <p>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).</p> <p>The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare.</p> <p>Note: The subscriber may not change their dental or vision plan under this SOE event.</p> <p>Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:</p> <ul style="list-style-type: none"><li>-Date of eligibility, or</li><li>-Date Federal Government entity grants eligibility</li></ul> <p><b>For retirees, survivors, or elected state officials looking to enroll in a PEBB Medicare Supplement Plan:</b></p> <p>A subscriber has 6 months from the date of their or their dependent's enrollment in Medicare Part B to enroll in a PEBB Medicare supplement plan for which they or their dependent</p> | <ul style="list-style-type: none"><li>• Medicare benefit verification letter; or</li><li>• Copy of Medicare card; or</li><li>• Notice of Denial of Medicare coverage; or</li><li>• Social Security denial letter; or</li><li>• Medicare Entitlement or Cessation of Disability form; or</li><li>• Letter confirming enrollment or cancellation of Medicare Part D coverage; or</li><li>• Letter of declination of Medicare Part D coverage; or</li><li>• Letter confirming enrollment or cancellation of MA or MA-PD; or</li><li>• Letter of declination of MA or MA-PD.</li></ul> | <p>» Allowed when the subscriber or the subscriber's dependent enrolls in Medicare or loses eligibility for Medicare.</p> <p><u>Effective Date for Gaining or Losing Eligibility for Medicare</u></p> <p>The new medical plan effective date is the first of the month after the later of:</p> <p>(a) Date enrolled in Medicare, or date of loss of eligibility for Medicare. or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the effective date is that day.</p> <p>EXCEPTION: When enrolling and dis-enrolling from a Medicare Advantage plan or UMP Classic Medicare plan, a subscriber may choose an effective date of up to three months after the date in which PEBB receives the completed enrollment or disenrollment forms. Forms must be received prior to the effective month for enrollment or disenrollment.</p> <p><u>Effective Date for Enrollment or Disenrollment in Medicare Part D</u></p> <p>For retirees, survivors, and elected/appointed officials the new medical plan effective date is the first of the month after the later of:</p> <p>(a) The date of enrollment or disenrollment from a Medicare Part D plan, or</p> <p>(b) The date the form is received.</p> | <p>» The subscriber may enroll a dependent who lost eligibility for coverage under Medicare. Existing uncovered dependents who did not lose Medicare eligibility may <u>not</u> be enrolled.</p> <p><u>Enrollment Date</u></p> <p>Enrollment is effective the first day of month following the later of:</p> <p>(a) Date not eligible for Medicare, or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> | <p>» Allowed only if the subscriber's dependent enrolls in Medicare.</p> <p><u>Remove Date</u></p> <p>Remove the dependent from coverage the last day of the month of the later of:</p> <p>(a) Date eligible for Medicare, or</p> <p>(b) Date form is received.</p> <p>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.</p> | <p>» Allowed only if the employee enrolls in Medicare Part A and Part B.</p> <p><u>Waive Date</u></p> <p>Waive coverage the last day of the month of the later of:</p> <p>(a) Date eligible for Medicare Part A and Part B, or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.</p> | <p>» Allowed only if the employee gained or lost eligibility for Medicare.</p> <p>If the SOE is due to a dependent losing coverage under Medicare, the employee may enroll in order to enroll the dependent.</p> <p>Existing uncovered dependents who did not lose Medicare eligibility may not be enrolled.</p> <p><u>Enrollment Date</u></p> <p>Enrollment is effective the first day of the month after the later of:</p> <p>(a) Date of enrollment in Medicare or date of loss of Medicare, or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>» Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee or the employee's tax dependent.</p> | <p>» If the employee or a tax dependent gains Medicare eligibility, the employee may decrease election or revoke enrollment.</p> <p>If the employee or a tax dependent loses Medicare eligibility, the employee may increase election or enroll in coverage.</p> <p>The enrollment or change is effective the first day of the month following the later of:</p> <p>(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</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> | SOE Not Allowed                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a<br/><u>Special Open Enrollment:</u></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                              | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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|                                                                          | <p>is eligible. The forms must be received by the PEBB Program no later than 6 months after the enrollment in Medicare Part B for either the subscriber or the subscriber's dependent.</p> <p><b>For retirees, survivors, or elected state officials looking to enroll in or terminate enrollment in Medicare Part D:</b></p> <p>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.</p> <p>The required form must be received no later than 60 days after enrolling or cancelling enrollment in Medicare Part D.</p> <p><b>For retirees, survivors, or elected state officials looking to enroll in or terminate enrollment in a Medicare Advantage (MA) Plan, Medicare Advantage-Prescription Drug (MA-PD) Plan, or a UMP Classic Medicare Plan:</b></p> <p>A subscriber has seven months to enroll in an MA, MA-PD, or UMP Classic Medicare 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 an MA, MA-PD, or UMP Classic Medicare plan before their last day of the Medicare Part B initial enrollment period.</p> |                                                                                                                                                                                                                                                                                                 | <p><u>Effective Date for Enrollment or Disenrollment in a MA, MA-PD, or UMP Classic Medicare plan</u></p> <p>For retirees, survivors, and elected/appointed officials the new medical plan effective date is the first of the month after the later of:</p> <p>(a) The date of enrollment or disenrollment from a MA, MA-PD, or UMP Classic Medicare plan,</p> <p>or</p> <p>(b) The date the form is received.</p> |                                                                                                                                                                                |                                                                                                                                                                                  |                                                                   |                                                                                |                                                                                |                                                                                      |                                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

|                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                       |                                                                                        |                                                                                                     |                                                                                                     |                                                                                                           |                                                                                     |
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| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                           | <div>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br/><br/>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br/><br/>Documents listed in this column are used to verify evidence of the SOE.</div> | <div>Change Health Plan Election<br/><br/>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br/><b>182-08-198</b></div> | <div>Enroll Eligible Dependent(s) in Health Plan Coverage<br/><br/>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br/><b>182-12-262</b></div> | <div>Remove Eligible Dependent(s) from Health Plan Coverage<br/><br/>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br/><b>182-12-262</b></div> | <div>Waive Enrollment in Medical<br/><br/>(Employees Only)<br/><b>182-12-128</b></div> | <div>Return from Waived Enrollment in Medical<br/><br/>(Employees Only)<br/><b>182-12-128</b></div> | <div>Enroll In or Change Premium Payment Plan<br/><br/>(Employees Only)<br/><b>182-08-199</b></div> | <div>Enroll In or Change FSA or Limited Purpose FSA<br/><br/>(Employees Only)<br/><b>182-08-199</b></div> | <div>Enroll In or Change DCAP<br/><br/>(Employees Only)<br/><b>182-08-199</b></div> |
|                                                               | <div>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, MA-PD, or UMP Classic Medicare plan.</div> |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                            |                                                                                                                                                                                                     |                                                                                                                                                                                                       |                                                                                        |                                                                                                     |                                                                                                     |                                                                                                           |                                                                                     |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 15                                                            | <div><b>CHANGE IN LOW-INCOME SUBSIDY (LIS) ELIGIBILITY</b></div> <p>The subscriber or the subscriber's dependent gains, loses, or has a change in low-income subsidy (LIS) eligibility as described in 42 C.F.R. S 423.38 (c)(9).</p> <p>They may enroll in an MA plan, MA-PD plan, Medicare Supplement plan, or the UMP Classic Medicare plan if eligible, within three months after a gain, loss, or change to LIS eligibility, or notification of such a change, whichever is later.</p> <p>The required forms must be received by the PEBB program no later than three months after a gain, loss, or change in LIS eligibility, or notification of such a change, whichever is later.</p> <p>For enrolling or removing a dependent, the required form must be received by the PEBB program no later than 60 days after a gain, loss, or change in LIS eligibility, or notification of such a change, whichever is later.</p> <p>Note: The subscriber may not change their dental or vision plan under this SOE event.</p> | <ul style="list-style-type: none"><li>Deemed Status notice</li><li>Loss of Deemed Status notice</li><li>Facilitated enrollment notice</li><li>Change in Extra Help copayment notice</li></ul>                                                                                                   | <p>▶▶ Allowed only when the subscriber or the subscriber's dependent gains, loses, or has a change in LIS eligibility as described in WAC 182-08-198 (2)(j).</p> <p><b>Effective Date For Enrollment in a Medicare Supplement Plan</b><br/>The new medical plan effective date is the first of the month after the later of:<br/>(a) Date enrolled in LIS, or date of loss of eligibility or change in eligibility, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the effective date is that day.</p> <p><b>Effective Date for Enrollment in a MA, MA-PD, or UMP Classic Medicare plan</b><br/>The new medical plan effective date is the first day of the month following the date the form is received.</p> | <p>▶▶ Allowed only when the subscriber or the subscriber's dependent enrolled in a MA plan, MA-PD plan, Medicare Supplement plan, or the UMP Classic Medicare plan gains, loses, or has a change in LIS eligibility as described in WAC 182-12-262 (3)(b)(xi).</p> <p>The subscriber may enroll a dependent who is enrolled in Medicare and who gains, loses, or has a change in LIS eligibility.<br/>Existing uncovered dependents who did not gain, lose, or have a change in eligibility may not be enrolled.</p> <p><b>Effective Date For Enrollment in a Medicare Supplement Plan</b><br/>Enrollment is effective the first of the month after the later of:<br/>(a) Date enrolled in LIS, or date of loss of eligibility or change in eligibility, or<br/>(b) Date form is received.<br/>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</p> <p><b>Effective Date for Enrollment in an MA, MA-PD, or UMP Classic Medicare plan</b><br/>Enrollment is effective the first day of the month following the date the form is received.</p> | <p>▶▶ Allowed only when the subscriber or the subscriber's dependent enrolled in a MA plan, MA-PD plan, Medicare Supplement plan, or the UMP Classic Medicare plan gains, loses, or has a change in LIS eligibility as described in WAC 182-12-262 (3)(b)(xi).</p> <p><b>Remove Date</b><br/>Remove the dependent from coverage the last day of the month following the later of:<br/>(a) Date enrolled in LIS, or date of loss of eligibility or change in eligibility, or<br/>(b) Date form is received.<br/>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.</p> | SOE Not Allowed                                                   | SOE Not Allowed                                                                | SOE Not Allowed                                                                | SOE Not Allowed                                                                      | SOE Not Allowed                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE. | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                                                                                                                                                                                                                                                                                             | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                            | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 16                                                            | <div>MEDICAL PLAN BECOMES UNAVAILABLE</div> <div>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.</div> <div>The required form must be received no later than 60 days after the date the health plan becomes unavailable.</div>                                                                                                                                                                      | <ul style="list-style-type: none"><li>• Cancellation letter from HDHP; or</li><li>• Coverage confirmation in a new health plan; or</li><li>• Medicare entitlement letter; or</li><li>• Copy of current tax return claiming you as a dependent</li></ul>                                         | <div>▶▶ Allowed only when HSA eligibility is lost.</div> <div>Effective Date</div> <div>The new plan effective date is the first of the month after the later of:</div> <div>(a) Date current medical plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or</div> <div>(b) Date form is received.</div> <div>If the later of (a) or (b) is the first day of the month, the effective date is that day.</div> | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                   | SOE Not Allowed                                                                | <div>▶▶ Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</div> <div>The event that creates an SOE must apply to the employee or the employee's tax dependent.</div> | SOE Not Allowed                                                                      | SOE Not Allowed                                                |
| 17                                                            | <div>CONTINUITY OF CARE</div> <div>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.</div> <div>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).</div> <div>The required form must be received no later than 60 days after the date of the disruption.</div> | <ul style="list-style-type: none"><li>• Submit request for a plan change to the Health Care Authority:<br/><br/>PEBB Program<br/>PO Box 42684<br/>Olympia, WA 98504-5502</li></ul>                                                                                                              | <div>▶▶ Allowed only if meeting a specific circumstance described in WAC 182-08-198(2)(l).</div> <div>Effective Date</div> <div>The new plan effective date is the first of the month after the later of:</div> <div>(a) Date of disruption, or</div> <div>(b) Date form is received.</div> <div>If the later of (a) or (b) is the first day of the month, the effective date is that day.</div>                                                  | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                   | SOE Not Allowed                                                                | <div>▶▶ Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</div> <div>The event that creates an SOE must apply to the employee or the employee's tax dependent.</div> | SOE Not Allowed                                                                      | SOE Not Allowed                                                |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                   | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198 | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 18                                                            | <div>CHANGE DEPENDENT CARE PROVIDER (WITH INCREASED OR DECREASED COST)</div> <div>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.</div> <div>The required form must be received no later than 60 days after the date of the cost change.</div> | <ul style="list-style-type: none"><li>Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or</li><li>Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.</li></ul>                                                         | SOE Not Allowed                                                                                                                                       | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                   | SOE Not Allowed                                                                | SOE Not Allowed                                                                | SOE Not Allowed                                                                      | <div>▶▶ 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.</div> <div>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of cost increase or decrease, or<br/>(b) Date form is received.</div> <div>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</div>      |
| 19                                                            | <div>CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS</div> <div>The employee or the employee's spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21 (b)(1).</div> <div>The required form must be received no later than 60 days after the date of the change.</div>                                                                                                                                   | <ul style="list-style-type: none"><li>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</li><li>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.</li></ul> | SOE Not Allowed                                                                                                                                       | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                   | SOE Not Allowed                                                                | SOE Not Allowed                                                                | SOE Not Allowed                                                                      | <div>▶▶ The change must be consistent with the increased or decreased number of IRC Section 21(b)(1) qualifying individuals.</div> <div>The enrollment or change is effective the first day of the month following the later of:<br/>(a) Date of change in number of IRC Section 21(b)(1) qualifying individuals, or<br/>(b) Date form is received.</div> <div>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</div> |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                               | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198 | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                                                    | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 20                                                            | <div>CHANGED COST OF DEPENDENT CARE</div> <p>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.</p> <p><i>The required form must be received no later than 60 days after the date of the change.</i></p>                                                                       | <ul style="list-style-type: none"><li>Letter from the dependent care provider confirming the change in premium and the current date and the effective date of change; or</li><li>Two billing statements that show the change in premium due. Statements must include the premium amount due for each month, and the statement date.</li></ul> | SOE Not Allowed                                                                                                                                       | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SOE Not Allowed                                                                                                                                                                                                   | SOE Not Allowed                                                                      | <p>▶▶ The change must be consistent with the increased or decreased cost of dependent care provided to an IRC Section 21(b)(1) qualifying individual.</p> <p>The enrollment or change is effective the first day of the month following the later of:</p> <p>(a) Date of cost increase or decrease, or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.</p> |
| 21                                                            | <div>GAIN OR LOSE ELIGIBILITY FOR A TRICARE PLAN</div> <p>The employee or the employee's dependent becomes eligible and enrolls in a TRICARE plan or loses eligibility for a TRICARE plan.</p> <p><i>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.</i></p> <ul style="list-style-type: none"><li>Coverage must have been lost because of loss of eligibility.</li></ul> | <ul style="list-style-type: none"><li>Certificate of Creditable Coverage; or</li><li>Proof of enrollment or termination of coverage from a TRICARE plan.</li></ul>                                                                                                                                                                            | SOE Not Allowed                                                                                                                                       | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | <p>▶▶ Allowed only if the employee enrolls in a TRICARE plan when they become eligible. Or, if the SOE is due to a dependent becoming eligible for a TRICARE plan, the employee may waive if they enroll in a TRICARE plan as a dependent.</p> <p><b>Waive Date</b><br/>Waive coverage the last day of the month of the later of:</p> <p>(a) Date eligible for a TRICARE plan, or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the waive date is the last day of the previous month.</p> | <p>▶▶ The employee <u>must</u> 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 <u>not</u> be enrolled.</p> <p><b>Enrollment Date</b><br/>Enroll effective the first day of month after the later of:</p> <p>(a) Date of loss of a TRICARE plan, or</p> <p>(b) Date form is received.</p> <p>If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.</p> | <p>▶▶ Premium payment plan changes are allowed when consistent with a change in PEBB health plan enrollment.</p> <p>The event that creates an SOE must apply to the employee or the employee's tax dependent.</p> | SOE Not Allowed                                                                      | SOE Not Allowed                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2026)

| <div>Events below may create a Special Open Enrollment:</div> |                                                                                                                                                                                      | Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.<br><br>This list is not all inclusive. See PEBB policy 31-1 for additional valid verification documents.<br><br>Documents listed in this column are used to verify evidence of the SOE.                                                                                                                         | Change Health Plan Election<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-08-198                              | Enroll Eligible Dependent(s) in Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Remove Eligible Dependent(s) from Health Plan Coverage<br><br>("Health plan" means a plan offering medical, dental, vision, or any combination of these coverages)<br>182-12-262 | Waive Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Return from Waived Enrollment in Medical<br><br>(Employees Only)<br>182-12-128 | Enroll In or Change Premium Payment Plan<br><br>(Employees Only)<br>182-08-199                                                                                                             | Enroll In or Change FSA or Limited Purpose FSA<br><br>(Employees Only)<br>182-08-199 | Enroll In or Change DCAP<br><br>(Employees Only)<br>182-08-199 |
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| 22                                                            | <div>SUBSTANTIAL DECREASE IN PROVIDERS</div> <div>The PEBB program determines that there has been a substantial decrease in the providers available under a PEBB medical plan.</div> | <div>A subscriber may make changes to their medical plan election under this event only after the PEBB program:</div> <div><div><div>• Determines that there has been a substantial decrease in the providers available under a PEBB medical plan;</div><div>• Informs the subscriber; and</div><div>• Provides instructions to the subscriber for changing a medical plan election under this event.</div></div></div> | <div>» A medical plan change is allowed only if the PEBB program determines that there has been a substantial decrease in the providers available under a PEBB medical plan.</div> | SOE Not Allowed                                                                                                                                                                | SOE Not Allowed                                                                                                                                                                  | SOE Not Allowed                                                   | SOE Not Allowed                                                                | <div>» Premium payment plan changes are allowed only if the PEBB program determines that there has been a substantial decrease in the providers available under a PEBB medical plan.</div> | SOE Not Allowed                                                                      | SOE Not Allowed                                                |