


Title: Use of premium surcharge help sheet and spousal plan calculator tools

PEBB Program Administrative Policy 31-2

Contact:	Rules Specialist, ERB Division	Effective:	January 1, 2019
		Rescinded:	
Associated RCW:	ESSB 6032 sections 902(2), 903(2), and 904 (1)(b)	Supersedes:	
Associated WAC:	182-08-185(2)		
Assoc. fed law/reg:		Owner:	Policy, Rules, & Compliance Manager, ERB Division
Associated Procedures:			
Associated Forms & Communication	Spousal Plan Questionnaire Spousal Plan Calculator HCA Form 50-100 HCA Form 51-205 HCA Form 50-226 HCA Form 50-027	Approved by:	
		Position:	Director of the PEBB Program
		Date approved:	11/29/2018

Purpose:

This policy provides direction when a Public Employees Benefits Board (PEBB) subscriber enrolled in PEBB medical, but not enrolled in Medicare Part A and Part B where Medicare is the primary payer of claims, is determining if a premium surcharge will be applied for a spouse or state registered domestic partner enrolled in PEBB medical.

Policy:

1. A subscriber must use the premium surcharge help sheet and if directed by the help sheet, the spousal plan calculator provided by the PEBB Program, to determine if they will incur a premium surcharge in addition to their monthly premium as described in WAC 182-08-185(2).
2. A subscriber will incur the spouse or state registered domestic partner coverage premium surcharge if their spouse or state registered domestic partner elected not to enroll in another employer-based group medical where the spouse's or state registered domestic partner's share of the medical premium is less than ninety-five percent of the additional cost an employee would be required to pay to enroll a spouse or state registered domestic partner in the Uniform Medical Plan (UMP) Classic, and the benefits have an actuarial value of at least ninety-five percent of the actuarial value of the UMP Classic's benefits. The subscriber will not incur a premium surcharge if it is determined that the spouse's or state registered domestic partner's employer-based group medical would only cover urgent or emergent care due to the spouse or state registered domestic partner's county of residence.