Addendum 45-2A

Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)

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 School Employees’ Benefits Board (SEBB) rules.

An SOE is created by a specific life event. This addendum summarizes SOE events from Washington Administrative Codes (WACs) 182-30-090, 182-30-100, 182-31-080, and 182-31-150.

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

A school employee may waive enrollment in SEBB medical only if they are enrolled in other employer-based group medical, a TRICARE plan, or Medicare. These enrollments may correspond with specific special open enrollment events 1-21 on the following pages.

A school employee may waive their enrollment in SEBB medical to enroll in public employees benefits board (PEBB) medical only if they are enrolled in PEBB dental. A school employee who waives enrollment in SEBB medical to enroll in PEBB medical also waives enrollment in SEBB dental and SEBB 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 SEBB Declaration of Tax Status form and submit it with their SEBB enrollment form.

To use the SOE Matrix, simply find the desired change in enrollment (top blue row) and the event (green column) that occurred or will occur. Find where the row and column meet on the matrix to determine if the desired change is allowed, and conditions that may apply.

In Example 1 below, a “Change health plan election” (blue) is allowed based on the SOE event of “Birth or Adoption” (green). If the box indicates “SOE Not Allowed,” then no change is allowed.

School Employees’ Benefits Board (SEBB) Example 1:

Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Event</th>
<th>Change Health Plan Election (Medical and/or Dental)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth or Adoption</td>
<td>182-30-090</td>
</tr>
</tbody>
</table>

- Birth certificate or hospital certificate with the child’s footnotes on it showing the name of parent who is the subscriber, the subscriber’s spouse, or the subscriber’s state registered domestic partner, or
- Certificate of decree of adoption, or
- Placement letter from adoption agency

- Allowed only if the subscriber or another person not an employee of the subscriber submits a SEBB Declaration of Tax Status form showing the subscriber is the supporting parent or who is the supporting parent.

Effect Date:
The effective date is the first of the month of the birth, adoption or placement. The subscriber must make the change of enrollment in a timely manner.
Addendum 45-2A
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)

This matrix only summarizes special open enrollment events in chapter 182-30 WAC and 182-31 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.

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:

<table>
<thead>
<tr>
<th>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Health Plan Election</td>
</tr>
<tr>
<td>Remove Eligible Dependents from Health Plan Coverage</td>
</tr>
<tr>
<td>Enroll Eligible Dependents in Health Plan Coverage</td>
</tr>
<tr>
<td>Premium Payment Plan Change</td>
</tr>
<tr>
<td>SOE Health Plan Election (School employees Only)</td>
</tr>
<tr>
<td>Return from Waived Enrollment in Medical</td>
</tr>
<tr>
<td>Waive Enrollment in Medical (School employees Only)</td>
</tr>
<tr>
<td>Enroll In or Change Medical FSA (School employees Only)</td>
</tr>
<tr>
<td>Enroll In or Change DCAP (School employees Only)</td>
</tr>
</tbody>
</table>

### 1 MARRIAGE

The subscriber acquires a new dependent due to marriage. The required form must be received no later than 60 days after the date of marriage.

- **Marriage certificate**
  - If adding a new spouse, the subscriber must also provide evidence that the marriage is still valid (e.g., a utility bill within the last 6 months showing both your and your spouse’s name). If the subscriber is newly married and is adding their spouse up to six months after the date of marriage, only a marriage certificate is required.

- **Allowed only if the subscriber enrolls a new spouse.**
  - **Effective Date**
    - The new plan effective date is the first of the month after the later of:
      - (a) Date of marriage, or
      - (b) Date form is received.
  - **Enrollment Date**
    - Enrollment is effective the first day of the month after the later of:
      - (a) Date of marriage, or
      - (b) Date form is received.
    - If the later of (a) or (b) is the first day of the month, the enrollment date is that day.

- **Allowed only if the dependent enrolls in the new spouse’s employer-based group health plan.**
  - **Remove Date**
    - Remove the dependent from coverage the last day of the month of the later of:
      - (a) Date of marriage, or
      - (b) Date form is received.
    - 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 school employee enrolls in medical under the new spouse’s employer-based group health plan.**
  - **Waive Date**
    - Waive coverage the last day of the month of the later of:
      - (a) Date of marriage, or
      - (b) Date form is received.
    - 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.

- **Allowed only if the school employee enrolls in medical under the new spouse’s employer-based group health plan.**
  - **Return From Waived Enrollment Date**
    - The enrollment or change begins on that day.

- **The school employee may enroll in order to enroll a new spouse or children acquired through the marriage. Existing uncovered dependents may not be enrolled.**
  - **Enrollment Date**
    - Enrollment is effective the first day of the month after the later of:
      - (a) Date of marriage, or
      - (b) Date form is received.
    - If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.

- **Premium payment plan changes are allowed when consistent with a change in SEBB health plan enrollment.**
  - **Premiums may be collected pre-tax if a spouse and/or dependent qualifies as tax dependents (unless otherwise requested).**

- **The school employee may enroll or increase election for a tax-dependent spouse or tax-dependent children, or decrease election if the school employee or tax-dependent children gain eligibility and enroll in a new spouse’s health plan or FSA.**
  - The enrollment or change is effective the first day of the month following the later of:
    - (a) Date of marriage, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

- **The school employee may enroll or increase election if gaining a new IRC Section 215(b)(1) qualifying individual, or decrease or cease election if a new tax-dependent spouse or children is not employed or makes a DCAP coverage election under their plan.**
  - The enrollment or change is effective the first day of the month following the later of:
    - (a) Date of marriage, or
    - (b) Date form is received.
  - If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.

Addendum 45-2A (effective 1/1/2022)
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective1/1/2022)

Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependents in Health Plan Coverage</th>
<th>Remove Eligible Dependents from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages)</td>
<td>(School employees Only) 182-31-080</td>
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<td>(School employees Only) 182-30-100</td>
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<td>(School employees Only) 182-31-080</td>
<td>(School employees Only) 182-30-100</td>
</tr>
</tbody>
</table>

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

This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.

- Certificate of state registered domestic partnership or legal union;
- SEBB Declaration of Tax Status form

If adding a state registered domestic partner, the subscriber must also provide evidence that the partnership is still valid (e.g., a utility bill within the last 6 months showing both you and your partner’s name).

If the subscriber is in a new state-registered domestic partnership and is adding their state registered domestic partner up to six months after the date of registration, only a certificate of state registered domestic partnership or legal union is required.

- 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.

Effective Date

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

(a) Date of registration, or
(b) Date form is received.

The subscriber acquires a new state registered domestic partner or a child acquired through the state registered domestic partnership who is also a newly eligible tax dependent.

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

The subscriber acquires a new state registered domestic partner or a child acquired through the state registered domestic partnership who is also a newly eligible tax dependent.

Remove Date

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

(a) Date of registration, or
(b) Date form is received.

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

- Allowed only if the subscriber enrolls a newly eligible state registered domestic partner and any dependent children of the new state registered domestic partner. Existing uncovered dependents may not be enrolled.

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

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

- Allowed only if the school employee enrolls in medical under the new state registered domestic partner’s employer-based group health plan.

Waive Date

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

(a) Date of registration, or
(b) Date form is received.

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

- The school 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 not be enrolled.

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

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

- The school employee may enroll in order to enroll a new state registered domestic partner or children acquired through the state registered domestic partner’s employer-based group health plan.

Waive Date

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

(a) Date of registration, or
(b) Date form is received.

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

- The subscriber acquires a new state registered domestic partner or a child acquired through the state registered domestic partnership who is also a newly eligible tax dependent.

Effective Date

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

(a) Date of registration, or
(b) Date form is received.

The subscriber acquires a new state registered domestic partner or a child acquired through the state registered domestic partnership who is also a newly eligible tax dependent.

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

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

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

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

The enrollment or change begins on that day.

- The school employee may enroll or increase election for newly eligible tax dependents, or decrease election if the school employee or tax-dependent children gain eligibility and enroll in a new state registered domestic partner’s health plan or FSA.

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

The enrollment or change begins on that day.

- The school 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 school employee).

Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

The enrollment or change begins on that day.

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The enrollment or change begins on that day.

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The enrollment or change begins on that day.

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(b) Date form is received.

The enrollment or change begins on that day.

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

(a) Date of registration, or
(b) Date form is received.

The enrollment or change begins on that day.

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(a) Date of registration, or
(b) Date form is received.

The enrollment or change begins on that day.

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Enrollment Date

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

(a) Date of registration, or
(b) Date form is received.

The enrollment or change begins on that day.
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)

Addendum 45-2A

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

This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.

Events below may create a Special Open Enrollment:

- Birth certificate (or hospital certificate with the child’s footprints on it); or
- Certificate or decree of adoption; or
- Placement letter from adoption agency

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

- Allowed only if the subscriber enrolls a new child and if the subscriber provides notice no later than 60 days after the event.

  Effective Date
  The new plan effective date is the first day of the month of the birth, adoption or when assuming legal obligation. This may result in different dates for dependent enrollment and plan change.

  Enrollment Date
  Enroll or change election is effective the first day of the month of the birth, adoption or when assuming legal obligation.

- Allowed only if the subscriber provides notice no later than 60 days after the event, if adding the child increases the premium. If adding the child does not increase the premium, the subscriber should notify the SEBB Program by submitting the required enrollment forms as soon as possible.

  The subscriber may also enroll a spouse or state registered domestic partner, but may not enroll existing uncovered dependent children.

  Enrollment Date
  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.

- 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.

  Waive Date
  Remove the dependent from the coverages the last day of the month after the later of:
  - (a) Birth, adoption or when assuming legal obligation, or
  - (b) Date form is received.

  Remove Date
  Remove the dependent from the last day of the month after the later of:
  - (a) Birth, adoption or when assuming legal obligation, or
  - (b) Date form is received.

- Allowed only if the school employee enrolls in medical under a spouse or state registered domestic partner due to birth or adoption, and if the school employee provides notice no later than 60 days after the event.

  Waive Date
  Remove the dependent from the last day of the month after the later of:
  - (a) Birth, adoption or when assuming legal obligation, or
  - (b) Date form is received.

  Remove Date
  Remove the dependent from the last day of the month after the later of:
  - (a) Birth, adoption or when assuming legal obligation, or
  - (b) Date form is received.

- If the school employee provides notice no later than 60 days after the event, the school employee may enroll in or change election in SEBB health plan enrollment.

  If notice is provided more than 60 days after the event, any related increase in the school employee premium is post-tax.

  Enroll or change election is effective the first day of the month of the birth, adoption, or when assuming legal obligation.

- Premium plan election changes are allowed when consistent with a change in SEBB health plan enrollment.

  Enrollment Date
  Enrollment for the school employee is effective the first day of the month of birth, adoption or when assuming legal obligation.

  Waive Date
  Remove the dependent from the last day of the month after the later of:
  - (a) Birth, adoption or when assuming legal obligation, or
  - (b) Date form is received.

  Remove Date
  Remove the dependent from the last day of the month after the later of:
  - (a) Birth, adoption or when assuming legal obligation, or
  - (b) Date form is received.

- The school employee may enroll or increase election for a new tax dependent child or spouse, or decrease election if the school employee or an existing child dependent gains eligibility and enrolls under a spouse or state registered domestic partner’s DCAP.

  Enroll or change election is effective the first day of the month of birth, adoption, or when assuming legal obligation.

- If notice is provided more than 60 days after the event, any related increase in the school employee premium is post-tax.

  Enroll or change election is effective the first day of the month of birth, adoption, or when assuming legal obligation.
Addendum 45-2A
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)

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

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Health Plan Coverage</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Newly Eligible Extended Dependent</strong></td>
<td>- Completed and signed Extended SEBB Dependent Certification form and - SEBB Declaration of Tax Status form and - Valid court order showing legal custody, guardianship, or temporary guardianship, signed by a judge or officer of the court.</td>
<td>- Allowed only if the subscriber enrolls a new extended dependent. - Enrollment Date: New health plan coverage begins the first day of the month following the later of the event date or the date SEBB Program certifies the new extended dependent. - The subscriber may enroll in order to enroll a new extended dependent. Existing uncovered dependents may not be enrolled. - Enrollment Date: Enrollment is effective the first day of the month following the later of the event date or the date SEBB Program certifies the new extended dependent.</td>
</tr>
<tr>
<td><strong>Dependent Loses Eligibility</strong></td>
<td>- Evidence only required for FSA election change: - Petition for Dissolution of marriage (divorce); or - Petition for Dissolution of state registered domestic partnership (when state registered domestic partner was tax dependent); - A dependent child ceases to be eligible. - A dependent dies.</td>
<td>- Allowed only if the subscriber enrolls a new extended dependent. - Enrollment Date: New health plan coverage begins the first day of the month following the later of the event date or the date SEBB Program certifies the new extended dependent. - The subscriber may enroll in order to enroll a new extended dependent. Existing uncovered dependents may not be enrolled. - Enrollment Date: Enrollment is effective the first day of the month following the later of the event date or the date SEBB Program certifies the new extended dependent.</td>
</tr>
</tbody>
</table>

### Summary of SOE Changes (effective 1/1/2022)

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

  - **SOE Not Allowed**
  
  - Evidence only required for FSA election change:
  
  - Petition for Dissolution of marriage (divorce); or
  
  - Petition for Dissolution of state registered domestic partnership; or
  
  - Copy of a death certificate (only for a change in FSA election)

  - WAC 182-31-150(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 182-31-140.

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

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

  - Premium payment plan changes are allowed when a tax dependent’s coverage is terminated for loss of eligibility. - The subscriber’s dependent is a tax dependent (when state registered domestic partner was tax dependent) - IRC §152(c)(2), gains eligibility under a health plan or FSA.

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

    - (a) The event date, or
    
    - (b) The date the SEBB 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.

  - SOE Not Allowed

  - See Event #20: “Changed Cost of Dependent Care” (N/A for child turning 26)
Addendum 45-2A
Special Open Enrollment (SOE) Matrix: Summary of permitted election changes (effective 1/1/2022)

Events below may create a Special Open Enrollment:

- Loss of other coverage:
  - The subscriber or the subscriber’s dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA.
  - The required form must be received no later than 60 days after the date of the loss of other coverage.
  - If other coverage was COBRA, coverage must have been lost after the end of their maximum coverage period.
  - If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.

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

<table>
<thead>
<tr>
<th>Health Plan Coverage</th>
<th>Health Plan Coverage</th>
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</tr>
</thead>
<tbody>
<tr>
<td>182-30-090</td>
<td>182-31-150</td>
<td>182-31-080</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td></td>
</tr>
</tbody>
</table>

Enroll Eligible Dependents:

- Allowed only if the subscriber or the subscriber’s dependent who lost other coverage, or
- This is personalized to the subscriber or subscriber’s dependent who lost other coverage.

Effective Date:

- The new plan effective date is the first day of the month after the later of:
  - (a) Date of loss of coverage,
  - (b) Date form is received.

Enrollment Date:

- Effective Date:
  - Enrollment is effective the first day of the month after the later of:
    - (a) Date of loss of coverage,
    - (b) Date form is received.

SOE Not Allowed:

- The subscriber may enroll a dependent who lost other coverage. Existing uncovered dependents who did not lose other coverage may not be enrolled.
  - Enrollment Date:
    - Enrollment is effective the first day of the month after the later of:
      - (a) Date of loss of coverage,
      - (b) Date form is received.

SOE Not Allowed:

- The school employee must have lost other coverage. Or, if the SOE is due to a dependent’s loss of coverage, the school employee may enroll in order to enroll the dependent. Existing uncovered dependents who did not lose other coverage may not be enrolled.
  - Enrollment Date:
    - Enrollment is effective the first day of the month after the later of:
      - (a) Date of loss of coverage,
      - (b) Date form is received.

SOE Not Allowed:

- Premium payment plan changes are allowed when consistent with a change in SEBB health plan.
  - Enrollment Date:
    - Enrollment is effective the first day of the month following the later of:
      - (a) Date of loss of other coverage,
      - (b) Date form is received.

SOE Not Allowed:

- If the school employee or a tax dependent loses other coverage, the school employee may enroll or increase election.
  - The event that creates an SOE must apply to the school employee or the school employee’s tax dependent.
  - If the later of (a) or (b) is the first day of the month, the enrollment begins on that day.
## Events below may create a Special Open Enrollment:

- School employee hire letter from their employer that contains information about benefits eligibility;
- Employment contract;
- Terminated letter;
- Letter of resignation;
- Statement of insurance; or
- Certificate of Coverage

### Change in Employment Status (Subscriber)

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.

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

**Note:** This event does not apply when the subscriber gains eligibility under another plan, the school employee may decrease or cease election.

See also: WAC 182-30-080(3) for additional information on regaining eligibility for SEBB benefits.

<table>
<thead>
<tr>
<th>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.</td>
</tr>
</tbody>
</table>

### Change Health Plan Election

("Health plan" means a plan offering medical, vision, dental, or any combination of these coverages) 182-30-090

<table>
<thead>
<tr>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove Eligible Dependent(s) from Health Plan Coverage</td>
</tr>
</tbody>
</table>

### Waive Enrollment in Medical

("Health plan" means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150

| (School employees Only) 182-31-080 |

### Return from Waived Enrollment in Medical

| (School employees Only) 182-31-080 |

### Enroll In or Change Premium Payment Plan

| (School employees Only) 182-31-100 |

### Enroll In or Change Medical FSA

| (School employees Only) 182-31-100 |

### Enroll In or Change DCAP

| (School employees Only) 182-31-100 |

## 7a CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER)

- Allowed if the change in employment status affects the subscriber to gain or lose eligibility for the employer contribution toward their employer-based group health plan.

### Effective Date

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

1. Date of change in employment;
2. Date form is received.

### Enrollment Date

The enrollment begins on that day.

- Allowed only when the school employee gains eligibility under another plan, the school employee may decrease or cease election.

### Waive Date

The enrollment or change in SEBB health plan begins on that day.

- Allowed only when the change in employment status affects the subscriber to gain or lose eligibility for the employer contribution toward their employer-based group health plan.

### Waive Date

- The enrollment or change is effective the first day of the month following the later of:
  1. Date of change in employment;
  2. Date form is received.

- Allowed only when a change in employment status affects the school employee’s eligibility for the FSA.

### Waive Date

- The enrollment or change in SEBB health plan begins on that day.

- Allowed only when a change in employment status affects the school employee’s eligibility for the FSA.

### Waive Date

- The enrollment or change is effective the first day of the month following the later of:
  1. Date of change in employment;
  2. Date form is received.

- Allowed only when a change in employment status affects the school employee’s eligibility for the DCAP.

### Waive Date

- The enrollment or change is effective the first day of the month, the enrollment or change in election begins on that day.
<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- School employee hire letter from their employer that contain information about benefits, eligibility, or employment contract; or - Termination letter; or - Letter of resignation; or - Statement of insurance; or - Certificate of Coverage</td>
</tr>
</tbody>
</table>

### Change Health Plan Election

- **Health plan** means a plan offering medical, vision, dental, or any combination of these coverages.

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages.</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages.</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages.</td>
<td>(School employees only) 182-31-080</td>
<td>(School employees only) 182-31-080</td>
<td>(School employees only) 182-30-100</td>
<td>(School employees only) 182-30-100</td>
<td>(School employees only) 182-30-100</td>
</tr>
</tbody>
</table>

#### Change Health Plan Election

- Effective Date
- The new plan effective date is the first of the month after the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received.
  - The subscriber's dependent has a change in employment status.

#### Enroll Eligible Dependent(s)

- **Certificate of Coverage**
- **Letter of resignation; or**
- **Employment contract; or**

#### Remove Eligible Dependent(s)

- **Certificate of Coverage**

#### Waive Enrollment in Medical

- **Certificate of Coverage**

#### Return from Waived Enrollment in Medical

- **Certificate of Coverage**

### Premium payment plan changes are allowed when a change in employment status affects the school employee's eligibility for the FSA.

- **Certificate of Coverage**

### A DCAP change is only allowed when a change in employment status affects the school employee's dependent's eligibility for the DCAP.

- **Certificate of Coverage**

### Enroll In or Change

- **Certificate of Coverage**

### Events that create an SOE:

- Under another plan, the school employee may elect or revoke or decrease election.

- If a tax dependent loses eligibility under another plan, the school employee may elect or revoke or decrease election.

- Also, if the tax dependent begins or ceases employment (affecting eligibility for DCAP), the school employee may elect or revoke the DCAP election accordingly.

- The enrollment or change in election begins on the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received.

### Special Open Enrollment (SOE) Matrix

- **Health plan** means a plan offering medical, vision, dental, or any combination of these coverages.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special open enrollment (#7b)</td>
<td><strong>Special Open Enrollment (SOE) Matrix</strong></td>
</tr>
</tbody>
</table>

### Description of Special Open Enrollment (SOE) Matrix

- **Health Care Authority**
- **ERB Division Policy, Rules, and Compliance**

---

*Addendum 45-2A (effective1/1/2022)*

*Page: 8 of 18*
### Special Open Enrollment (SOE) Matrix

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber has a change in employment from a SEBB Organization to a public school district that results in having different medical plans available.</td>
<td>• School employee hire letter from their employer that contain information about benefits eligibility; or</td>
<td>• Employment contract</td>
<td>• The subscriber may change their election if the change in employment causes:</td>
<td>(i) The subscriber's current medical plan to no longer be available; in this case the subscriber may select from any available medical plan; or</td>
<td>(ii) The subscriber has one or more new medical plans available; in this case the subscriber may select to enroll in a newly available plan.</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

**Addendum 45-2A**

**Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)**
### Special Open Enrollment (SOE) Matrix

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

**Addendum 45-2A**

**Effective Date:** 1/1/2022

#### Special Open Enrollment (SOE) Matrix

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

- Certificate of Creditable Coverage
- Letter of enrollment or termination of coverage from the health plan;
- Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office;
- Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change);
- Proof of Waiver

**9 CHANGE UNDER OTHER EMPLOYER-BASED GROUP HEALTH PLAN'S OPEN ENROLLMENT**

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

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

##### SOE Not Allowed

- **Enroll Eligible Dependent(s) in Health Plan Coverage**
- **Remove Eligible Dependent(s) from Health Plan Coverage**
- **Enroll Eligible Dependent(s) from Health Plan Coverage**
- **Waive Enrollment in Medical**
- **Return from Waived Enrollment in Medical**
- **Enroll In or Change Premium Payment Plan**
- **Enroll In or Change Medical FSA**
- **Enroll In or Change DCAP**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate of Creditable Coverage</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>Letter of enrollment or termination of coverage from the health plan</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>Letter of enrollment or termination of coverage from the employer's personnel, payroll, or benefits office</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>Letter of DCAP enrollment or termination from other DCAP administrator (for DCAP election change)</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>Proof of Waiver</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

---

Addendum 45-2A (effective 1/1/2022)

Special Open Enrollment (SOE) Matrix

ERB Division Policy, Rules, and Compliance

Health Care Authority
Addendum 45-2A (effective 1/1/2022)  Health Care Authority

**Special Open Enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)**

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependents(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependents from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10 DEPENDENT MOVES FROM OUTSIDE USA TO USA, OR FROM USA TO OUTSIDE USA</strong></td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages 182-30-090</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages 182-31-150</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages 182-31-150</td>
<td></td>
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<tr>
<td>The subscriber’s dependent has a change in residence from outside of the United States to within the United States, or from within the United States to outside of the United States, and that change in residence results in the dependent losing their health insurance.</td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
</tr>
<tr>
<td>The required form must be received no later than 60 days after the date moving to or from USA.</td>
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<tr>
<td>• Visa or Passport with date of entry; or</td>
<td>• Certificate of Creditable Coverage</td>
<td>• Certificat of Creditable Coverage</td>
<td>• Certificate of Creditable Coverage</td>
<td>• Certificate of Creditable Coverage</td>
<td>• Certificate of Creditable Coverage</td>
<td>• Certificate of Creditable Coverage</td>
<td>• Certificate of Creditable Coverage</td>
<td>• Certificate of Creditable Coverage</td>
</tr>
<tr>
<td>• Proof of former and current residence (e.g. utility bill); or</td>
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<tr>
<td>• A letter or document showing that coverage was lost (e.g. Certificate of Creditable Coverage)</td>
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</tr>
<tr>
<td><strong>11 CHANGE IN RESIDENCE</strong></td>
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<td></td>
</tr>
<tr>
<td>The subscriber or the subscriber’s dependent has a change in residence that affects health plan availability.</td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
<td><strong>SOE Not Allowed</strong></td>
</tr>
<tr>
<td>If the subscriber moves and the subscriber’s current health plan is not available in the new location the subscriber must select a new health plan, otherwise there will be limited network providers and covered services.</td>
<td></td>
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</tr>
<tr>
<td>Note: A dental plan is considered to be available if a provider is located within 50 miles of subscriber’s new residence.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The required form must be received no later than 60 days after the date of the change in residence.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Special Open Enrollment (SOE) Matrix

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Required Documents</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COURT ORDER</strong></td>
<td>A court order requires the subscriber or any other individual to provide insurance coverage for an eligible child of the subscriber.</td>
<td>Valid court order</td>
<td>- Valid court order: 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. Effective Date: The new plan effective date is the first of the month after the later of: (a) Date of the court order, or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.</td>
</tr>
</tbody>
</table>
Special Open Enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GAIN OR LOSE ELIGIBILITY FOR MEDICAID OR CHIP</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages (School employees Only)</td>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages (School employees Only)</td>
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<td>(School employees Only)</td>
<td>(School employees Only)</td>
<td>(School employees Only)</td>
<td>(School employees Only)</td>
</tr>
<tr>
<td>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.</td>
<td>Effective Date</td>
<td>Enrollment Date</td>
<td>Remove Date</td>
<td>Effective Date</td>
<td>Effective Date</td>
<td>Effective Date</td>
<td>Effective Date</td>
<td>Effective Date</td>
</tr>
<tr>
<td>The new plan effective date is the first of the month after the later of:</td>
<td>- (a) Date eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
</tr>
<tr>
<td>The subscriber or subscriber's dependent lost eligibility for Medicaid or CHIP, or the date at which 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.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the removal date is the last day of the previous month.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the removal date is the last day of the previous month.</td>
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<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the removal date is the last day of the previous month.</td>
</tr>
<tr>
<td>• Allowed only if the subscriber removes a dependent from coverage or enrolls a dependent in coverage.</td>
<td>• The subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP.</td>
<td>• The subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP.</td>
<td>• The subscriber may enroll a dependent who lost eligibility for coverage under Medicaid or CHIP.</td>
<td>• The school employee may have lost eligibility for Medicaid or CHIP.</td>
<td>• The school employee may have lost eligibility for Medicaid or CHIP.</td>
<td>• The school employee may have lost eligibility for Medicaid or CHIP.</td>
<td>• The school employee may have lost eligibility for Medicaid or CHIP.</td>
<td>• The school employee may have lost eligibility for Medicaid or CHIP.</td>
</tr>
<tr>
<td>Effective Date</td>
<td>Enrollment Date</td>
<td>Remove Date</td>
<td>Effective Date</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>The new plan effective date is the first of the month after the later of:</td>
<td>- (a) Date eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
<td>- (a) Date not eligible for Medicaid or CHIP, or</td>
</tr>
<tr>
<td>The subscriber or subscriber's dependent lost eligibility for Medicaid or CHIP, or the date at which 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.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.</td>
<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
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<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the removal date is the last day of the previous month.</td>
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<td>- (b) Date form is received. If the later of (a) or (b) is the first day of the month, the removal date is the last day of the previous month.</td>
</tr>
</tbody>
</table>

Addendum 45-2A
Special Open Enrollment (SOE) Matrix
Page: 13 of 18
Addendum 45-2A (effective 1/1/2022)
Health Care Authority
ERB Division Policy, Rules, and Compliance
**Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)**

<table>
<thead>
<tr>
<th>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below.</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
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<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.</td>
<td>(&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages) 182-30-090</td>
<td>(&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150</td>
<td>(&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150</td>
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<td>(School employees Only) 182-31-080</td>
<td>(School employees Only) 182-30-100</td>
<td>(School employees Only) 182-30-100</td>
<td>(School employees Only) 182-30-100</td>
</tr>
</tbody>
</table>

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

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

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

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

- The 60-day notice requirement is measured from the later of:
  - Date of eligibility,
  - Date agency grants eligibility

<table>
<thead>
<tr>
<th>• Eligibility letter from Medicaid or CHIP</th>
<th>• 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 SEBB medical plan coverage from Medicaid or CHIP.</th>
</tr>
</thead>
</table>
| **Effective Date** The new plan effective date is the first of the month after the later of:
  - (a) Date eligible for state premium assistance, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day. | **SOE Not Allowed** |
| **The subscriber may enroll a dependent who has become eligible for state premium assistance subsidy for SEBB medical plan coverage from Medicaid or CHIP. Existing uncovered dependents who did not become eligible for state premium assistance subsidy for SEBB medical plan coverage from Medicaid or CHIP may not be enrolled.** |
| **Enrollment Date** Enrollment is effective the first day of the month following the later of:
  - (a) Date eligible for state premium assistance, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment begins on that day. | **SOE Not Allowed** |

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

- **SOE Not Allowed**
### Special Open Enrollment (SOE) Matrix

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

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

**GAIN OR LOSE ELIGIBILITY FOR MEDICARE**

The subscriber or the subscriber’s dependent:

- **enrolls in Medicare, or**
- **loses eligibility for Medicare:**

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 182-30-085(5).

The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare.

**Note:** The subscriber may not change their dental plan under this SOE event.

**Note:** For gaining eligibility, the 60-day notice requirement is measured from the later of:

- **Date of eligibility,** or
- **Date Federal Government entity grants eligibility**

<table>
<thead>
<tr>
<th>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) from Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Benefit Verification letter or</td>
<td>Allowed when the subscriber or the subscriber’s dependent enrolls in Medicare, or loses eligibility for Medicare.</td>
<td>Effective Date for Gaining or Losing Eligibility for Medicare</td>
<td>Effective Date for Gaining or Losing Eligibility for Medicare</td>
<td></td>
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</tr>
<tr>
<td>Copy of Medicare card; or</td>
<td></td>
<td>The new medical plan effective date is the first of the month after the later of: (a) Date enrolled in Medicare, or date of loss of eligibility for Medicare, or (b) Date form is received.</td>
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<td></td>
</tr>
<tr>
<td>Notice of Denial of Medicare Coverage; or</td>
<td></td>
<td>If the later of (a) or (b) is the first day of the month, the effective date is that day.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Social Security denial letter; or</td>
<td></td>
<td>EXCEPTION: When enrolling and disenrolling from a Medicare advantage plan, a subscriber may choose an effective date of up to three months after the date in which SEBB receives the completed enrollment or disenrollment forms. Forms must be received prior to the effective month for enrollment or disenrollment.</td>
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</tr>
<tr>
<td>Medicare Entitlement or Cessation of Disability form; or</td>
<td></td>
<td>Allowed only if the subscriber or the subscriber’s dependent enrolls in Medicare.</td>
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</tr>
<tr>
<td>Letter confirming enrollment or cancellation of Medicare Part D coverage; or</td>
<td></td>
<td><strong>Waive Date</strong></td>
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</tr>
<tr>
<td>Letter of declaration of Medicare Part D coverage</td>
<td></td>
<td>Waive coverage the last day of the month of the later of: (a) Date eligible for Medicare, or (b) Date form is received.</td>
<td></td>
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</tr>
<tr>
<td>Medicare Benefit Verification letter or</td>
<td></td>
<td>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Copy of Medicare card; or</td>
<td></td>
<td><strong>Enrollment Date</strong></td>
<td></td>
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</tr>
<tr>
<td>Notice of Denial of Medicare Coverage; or</td>
<td></td>
<td>Enrolment is the first day of month following the later of: (a) Date not eligible for Medicare, or (b) Date form is received.</td>
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</tr>
<tr>
<td>Social Security denial letter; or</td>
<td></td>
<td>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
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</tr>
<tr>
<td>Medicare Entitlement or Cessation of Disability form; or</td>
<td></td>
<td><strong>Remove Date</strong></td>
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<tr>
<td>Letter confirming enrollment or cancellation of Medicare Part D coverage; or</td>
<td></td>
<td>Remove the dependent from coverage the last day of the month of the later of: (a) Date eligible for Medicare, or (b) Date form is received.</td>
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</tr>
<tr>
<td>Letter of declaration of Medicare Part D coverage</td>
<td></td>
<td>If the later of (a) or (b) is the first day of the month, the enrollment date is that day.</td>
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</tr>
<tr>
<td>Medicare Benefit Verification letter or</td>
<td></td>
<td><strong>Return from Waived Enrollment in Medical</strong></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copy of Medicare card; or</td>
<td></td>
<td>(School employees Only) 182-31-080</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notice of Denial of Medicare Coverage; or</td>
<td></td>
<td><strong>Return from Waived Enrollment in Medical</strong></td>
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<tr>
<td>Social Security denial letter; or</td>
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<td>(School employees Only) 182-31-080</td>
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</tr>
<tr>
<td>Medicare Entitlement or Cessation of Disability form; or</td>
<td></td>
<td><strong>Enroll In or Change Premium Payment Plan</strong></td>
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</tr>
<tr>
<td>Letter confirming enrollment or cancellation of Medicare Part D coverage; or</td>
<td></td>
<td>(School employees Only) 182-31-100</td>
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<tr>
<td>Letter of declaration of Medicare Part D coverage</td>
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<td><strong>Enroll In or Change Premium Payment Plan</strong></td>
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<tr>
<td>Medicare Benefit Verification letter or</td>
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<tr>
<td>Copy of Medicare card; or</td>
<td></td>
<td><strong>Enroll In or Change Premium Payment Plan</strong></td>
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<tr>
<td>Notice of Denial of Medicare Coverage; or</td>
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<td>(School employees Only) 182-31-100</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security denial letter; or</td>
<td></td>
<td><strong>Enroll In or Change DCAP</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicare Entitlement or Cessation of Disability form; or</td>
<td></td>
<td>(School employees Only) 182-31-100</td>
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</tr>
<tr>
<td>Letter confirming enrollment or cancellation of Medicare Part D coverage; or</td>
<td></td>
<td><strong>Enroll In or Change DCAP</strong></td>
<td></td>
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</tr>
<tr>
<td>Letter of declaration of Medicare Part D coverage</td>
<td></td>
<td><strong>Enroll In or Change DCAP</strong></td>
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</tr>
</tbody>
</table>

**SOE Not Allowed**

If the subscriber or a tax dependent gains Medicare eligibility, the school employee may decrease election or revoke enrollment.

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

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

- **Date enrolled in Medicare or date of loss of eligibility for Medicare,** or
- **Date form is received.**
### Events below may create a Special Open Enrollment:

**MEDICAL PLAN BECOMES UNAVAILABLE**

The subscriber or the subscriber’s dependent’s current medical plan becomes unavailable because the subscriber or enrolled dependent is no longer eligible for a health savings account (HSA). HCA may require evidence that the subscriber or the subscriber’s dependent is no longer eligible for an HSA. The required form must be received no later than 60 days after the date the health plan becomes unavailable.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancellation letter from HDHP; or</td>
<td>Coverage confirmation in a new health plan; or</td>
</tr>
</tbody>
</table>

**CONTINUITY OF CARE**

Subscriber or a 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. The subscriber may not change their health plan election if the subscriber’s or dependent’s physician stops participation with the subscriber’s health plan unless the SEBB Program determines that a continuity of care issue exists. (See WAC 182-30-090 for specific circumstances). The required form must be received no later than 60 days after the date of the disruption.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit the request for a plan change to your SEBB Organization. Your SEBB Organization will then forward your request to the SEBB Program for a decision.</td>
<td>The SEBB Program will consider (but not limit its consideration) the circumstances described in WAC 182-30-090 (2)(j).</td>
</tr>
</tbody>
</table>

### Change Health Plan Election

(“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-30-090</td>
<td>Allow only when HSA eligibility is lost. Effective Date: The new plan effective date is the first of the month after the later of: (a) Date current medical plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.</td>
</tr>
</tbody>
</table>

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

(“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-31-150</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

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

(“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-31-150</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### Waive Enrollment in Medical

(School employees Only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-31-080</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### Return from Waived Enrollment in Medical

(School employees Only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-31-080</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### Enroll In or Change Premium Payment Plan

(School employees Only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-30-100</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### Enroll In or Change Medical FSA

(School employees Only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-30-100</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### Enroll In or Change DCAP

(School employees Only)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>182-30-100</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

### SOE Not Allowed

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

### Effective Date

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

(a) Date current medical plan becomes unavailable due to loss of eligibility for a health savings account (HSA), or
(b) Date form is received.

If the later of (a) or (b) is the first day of the month, the effective date is that day.
## Addendum 45-2A

### Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)

<table>
<thead>
<tr>
<th>Event</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 CHANGE DEPENDENT CARE PROVIDER (WITH INCREASED OR DECREASED COST)</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>• Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or</td>
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<tr>
<td>• Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.</td>
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</tr>
<tr>
<td>19 CHANGED NUMBER OF DCAP QUALIFYING INDIVIDUALS</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>• Letter from the dependent care provider confirming the number of qualifying individuals enrolled in services, the change in premium, and the effective date of change; or</td>
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<tr>
<td>• Two billing statements that include the number of qualifying individuals enrolled in each month, the premium amount due for each month, and the statement date.</td>
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</tbody>
</table>

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

This list is not all inclusive. Documents listed in this column are used to verify evidence of the SOE.

**Note:** The change must be consistent with the increased or decreased cost of services of the new provider for an IRC Section 21(b)(1) qualifying individual.

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

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

If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
**Addendum 45-2A**  
**Special Open Enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2022)**

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20</strong> CHANGED COST OF DEPENDENT CARE</td>
</tr>
<tr>
<td>- Letter from the dependent care provider confirming the change in premium and the current date and the effective date of change, or</td>
</tr>
<tr>
<td>- Two billing statements that show the change in premium due. Statements must include the premium amount due for each month, and the statement date.</td>
</tr>
<tr>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

| **21** GAIN OR LOSE ELIGIBILITY FOR TRICARE | The school employee or the school employee's dependent becomes eligible or enrols in TRICARE, or loses eligibility for TRICARE. The required form must be received no later than 60 days after the date the school employee or the school employee's dependent gains or loses eligibility for TRICARE. Coverage must have been lost because of loss of eligibility. | 
| - Certificate of Creditable Coverage; or | 
| - Proof of enrollment or termination of coverage from TRICARE. | 
| SOE Not Allowed | SOE Not Allowed | SOE Not Allowed | 

<table>
<thead>
<tr>
<th><strong>22</strong> EVENTS THAT MAY CREATE A SPECIAL OPEN ENROLLMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change Health Plan Election</strong></td>
</tr>
<tr>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages</td>
</tr>
<tr>
<td>182-30-090</td>
</tr>
<tr>
<td><strong>Enroll Eligible Dependent(s) in Health Plan Coverage</strong></td>
</tr>
<tr>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages</td>
</tr>
<tr>
<td>182-31-150</td>
</tr>
<tr>
<td><strong>Remove Eligible Dependent(s) from Health Plan Coverage</strong></td>
</tr>
<tr>
<td>&quot;Health plan&quot; means a plan offering medical, vision, dental, or any combination of these coverages</td>
</tr>
<tr>
<td>182-31-150</td>
</tr>
<tr>
<td><strong>Waive Enrollment in Medical</strong></td>
</tr>
<tr>
<td>(School employees Only)</td>
</tr>
<tr>
<td>182-31-080</td>
</tr>
<tr>
<td><strong>Return from Waived Enrollment in Medical</strong></td>
</tr>
<tr>
<td>(School employees Only)</td>
</tr>
<tr>
<td>182-31-080</td>
</tr>
<tr>
<td><strong>Enroll In or Change Premium Payment Plan</strong></td>
</tr>
<tr>
<td>(School employees Only)</td>
</tr>
<tr>
<td>182-30-100</td>
</tr>
<tr>
<td><strong>Enroll In or Change SEBB Medical FSA</strong></td>
</tr>
<tr>
<td>(School employees Only)</td>
</tr>
<tr>
<td>182-30-100</td>
</tr>
<tr>
<td><strong>Enroll In or Change DCAP</strong></td>
</tr>
<tr>
<td>(School employees Only)</td>
</tr>
<tr>
<td>182-30-100</td>
</tr>
</tbody>
</table>

| Health Plan Election | Enroll Eligible Dependent(s) in Health Plan Coverage | Remove Eligible Dependent(s) from Health Plan Coverage | Waive Enrollment in Medical | Return from Waived Enrollment in Medical | Enroll In or Change Premium Payment Plan | Enroll In or Change SEBB Medical FSA | Enroll In or Change DCAP |