### Addendum 45-2A

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

Your health plan enrollment is for an entire year (January 1 through December 31), unless you make changes during a special open enrollment (SOE) or are no longer eligible under School Employees’ Benefits Board (SEBB) Program 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 a school 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 another 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 2 below, a “Change health plan election” (blue) is allowed based on the SOE event of “Birth or Adoption” (green). If the box indicates “SOE Not Allowed,” then no change is allowed.

### Example 1:

#### 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. Forms listed in this column are used to verify evidence of the SOE.</th>
<th>Change Health Plan Election (Medical and/or Dental)</th>
</tr>
</thead>
</table>
| **3 BIRTH OR ADOPTION**<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.<br>• Birth certificate (or hospital certificate with the child’s footprints on it showing the name of parent who is the subscriber, the subscriber’s spouse, or the subscriber’s state registered domestic partner, or<br>• Certificate of adoption; or<br>• Placement letter from adoption agency<br>**NOTE:** Allowed only if the subscriber enrolled a new child and if the subscriber provides notice no later than 60 days after the event. Effective Date: The effective plan effective date is the first of the month of the birth, adoption or when assuming the obligation. This may result in different dates for dependent enrollment and plan change. | **182-30-090**

Addendum 45-2A (effective 1/1/2023)
Addendum 45-2A

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

This matrix only summarizes special open enrollment events in chapters 182-30 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.

**Special Open Enrollment (SOE) Matrix**

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Description</th>
<th>Required Documents</th>
<th>Enrollment Date</th>
<th>Change in Health Plan Coverage</th>
<th>Remove Eligible(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARRIAGE</td>
<td>The subscriber acquires a new dependent due to marriage. The required form must be received no later than 60 days after the date of marriage.</td>
<td>Marriage certificate</td>
<td>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. If the later of (a) or (b) is the first day of the month, the effective date is that day.)</td>
<td>Allowed only if the subscriber enrolls a new spouse.</td>
<td>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. If the later of (a) or (b) is the first day of the month, the effective date is that day.</td>
<td>Enrollment Date: The enrollment begins on 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 begins on that day.</td>
<td>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 effective date begins on that day.</td>
<td>Return from Waived Date: Waive coverage begins on 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 return from waived enrollment begins on that day.</td>
<td>Enroll In or Change Date: Enrollment begins on 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 begins on that day.</td>
<td>Enroll In or Change Date: Enrollment begins on 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 begins on that day.</td>
</tr>
<tr>
<td>Events below may create a Special Open Enrollment:</td>
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<td>--------------------------------------------------</td>
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</tr>
</tbody>
</table>

### REGISTERING A STATE REGISTERED DOMESTIC PARTNERSHIP

The subscriber acquires a new dependent due to registering a state registered domestic partnership.

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

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

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<table>
<thead>
<tr>
<th>EVENTS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| 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.

- If the later of (a) or (b) is the first day of the month, the effective date is that day. |
## Events below may create a Special Open Enrollment:

### BIRTH OR ADOPTION

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-</td>
<td>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 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.</td>
</tr>
<tr>
<td>-</td>
<td>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 is the first day of the month of the birth, adoption or when assuming legal obligation.</td>
</tr>
<tr>
<td>-</td>
<td>Allowed only if the subscriber enrolls in medical under a spouse or state registered domestic partner due to the birth or adoption of a child, and if the subscriber provides notice no later than 60 days after the event. Effective Date is the first day of the month of the birth, adoption or when assuming legal obligation.</td>
</tr>
<tr>
<td>-</td>
<td>Allowed only if the subscriber enrolls in medical under a spouse or state registered domestic partner due to the birth or adoption of a child, and if the subscriber provides notice no later than 60 days after the event. Effective Date is the first day of the month of the birth, adoption or when assuming legal obligation.</td>
</tr>
<tr>
<td>-</td>
<td>If the school employee provides notice no later than 60 days after the event, any related increase in the school employee premium is post-tax. Effective Date is the first day of the month of the birth, adoption or when assuming legal obligation.</td>
</tr>
<tr>
<td>-</td>
<td>The school employee may enroll or increase election for a new tax dependent child or spouse, or decrease election if the school employee enrolls an existing child dependent or spouse. Effective Date is the first day of the month of the birth, adoption or when assuming legal obligation.</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. See SEBB policy 31.1 for additional valid verification documents. Documents listed in this column are used to verify evidence of the SOE.

### Medical Benefits

- Birth certificate (or hospital certificate with the child’s footprints on it); or
- Certificate of 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.

### 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.
## Special Open Enrollment (SOE) Matrix

### SOE Not Allowed

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
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<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Newly Eligible Extended Dependent</td>
<td>Allowed only if the subscriber enrolls a new extended dependent.</td>
<td>The subscriber may enroll a new extended dependent.</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></td>
<td>The subscriber acquires a new dependent due to a child becoming eligible as an extended dependent through legal custody or legal guardianship.</td>
<td>Enrollment Date: New health plan coverage will begin the first day of the month following the later of the event date or the date SEBB Program certifies the new extended dependent.</td>
<td>The subscriber may enroll a new extended dependent. Existing uncovered dependents may not be enrolled.</td>
<td>Enrollment Date: Assignment is effective the first day of the month following the later of the event date or the date the SEBB Program certifies the new extended dependent.</td>
<td>Enrollment Date: Assignment is effective the first day of the month following the later of the event date or the date the SEBB Program certifies the new extended dependent.</td>
<td>Enrollment Date: Assignment is effective the first day of the month following the later of the event date or the date the SEBB Program certifies the new extended dependent.</td>
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</tr>
<tr>
<td>5</td>
<td>Dependent Loses Eligibility</td>
<td>Evidence only required for FSA election change:</td>
<td>SOE Not Allowed</td>
<td>Premium payment plan changes are allowed when a tax dependent’s coverage is terminated for loss of eligibility.</td>
<td>SOE Not Allowed</td>
<td>Premium payment plan changes are allowed when a tax dependent’s coverage is terminated for loss of eligibility.</td>
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<td>SOE Not Allowed</td>
</tr>
<tr>
<td></td>
<td>The subscriber’s dependent no longer meets SEBB eligibility criteria:</td>
<td>- Divorce, annulment</td>
<td>SOE Not Allowed</td>
<td>The school employee may enroll in order to enroll a new extended dependent. Existing uncovered dependents may not be enrolled.</td>
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<td>SOE Not Allowed</td>
</tr>
<tr>
<td></td>
<td>- Dissolution of state registered domestic partnership (when state registered domestic partner was tax dependent)</td>
<td>- A dependent child ceases to be eligible</td>
<td>- A dependent dies</td>
<td>Enrollment Date: Assignment is effective the first day of the month following the later of the event date or the date the SEBB Program certifies the new extended dependent.</td>
<td>Enrollment Date: Assignment is effective the first day of the month following the later of the event date or the date the SEBB Program certifies the new extended dependent.</td>
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### Events below may create a Special Open Enrollment:

- Completed and signed Extended SEBB Dependent Certification form.
- SEBB Declaration of Tax Status form.
- Valid court order showing legal custody, guardianship, or temporary guardianship, signed by a judge or officer of the court.
- A dependent dies

### 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).

See SEBB Program Administrative Policy 19-1. Termination Due to Loss of Eligibility or Enrollment Error (Addendums 19-1A and 19-1B)
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

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<tr>
<td>LOSS OF OTHER COVERAGE</td>
</tr>
<tr>
<td>The subscriber or the subscriber’s dependent loses other coverage under a group health plan or through health insurance coverage, as defined by HIPAA.</td>
</tr>
<tr>
<td>The required form must be received no later than 60 days after the date of the loss of other coverage.</td>
</tr>
<tr>
<td>• If other coverage was COBRA, coverage must have been lost because the enrollee reached the end of their maximum coverage period.</td>
</tr>
<tr>
<td>• If other coverage was not COBRA, coverage must have been lost because of loss of eligibility, or because employer contributions for coverage terminated.</td>
</tr>
</tbody>
</table>

| Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. |
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**Allowed only if the subscriber enrolls or the subscriber enrols a dependent who lost other coverage.**

**Effective Date**

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

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

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

**The subscriber may enroll or change in the school employee’s tax dependent loses 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, or
- (b) Date form is received.

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

**SOE Not Allowed**

- The school employee must have lost other coverage. Or, if the SOE is due to a dependent’s loss of other 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, 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.

**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**

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

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

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

If the 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 1/1/2023)

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<td>(School employees Only) 182-30-100</td>
</tr>
</tbody>
</table>

Events below may create a Special Open Enrollment:

7a

**CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER)**

The subscriber has a change in employment status that affects the subscriber’s eligibility for their employer-based group health plan. The required form must be received no later than 60 days after the date of the change in employment status.

**Note:** This event does not apply when an eligible school employee transfers to another SEBB organization or moves within the same SEBB organization to another benefits-eligible position without a break in SEBB coverage.

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

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

- 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. **Effective Date**

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

  - (a) Date of change in employment,
  - (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.

- If the subscriber gains eligibility for the employer contribution, the subscriber may enroll eligible dependents. **Enrollment Date**

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

  - (a) Date of change in employment,
  - (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.

- The subscriber may remove eligible dependents if the subscriber loses eligibility for the employer contribution. **Remove Date**

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

  - (a) Date of change in employment,
  - (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.

  Note: If new coverage is SEBB, the remove date must coincide with enrollment.

- Allowed only when the school 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. **Waive Date**

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

  - (a) Date of change in employment,
  - (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.

  Note: If new coverage is SEBB, the waive date must coincide with enrollment.

- Allowed only when the school employee loses eligibility for the employer contribution toward medical under another employer-based group health plan. **Enrollment Date**

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

  - (a) Date of change in employment,
  - (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.

- Allowed only when the school employee loses eligibility for the employer contribution toward medical under another employer-based group health plan. **Waive Date**

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

  - (a) Date of change in employment,
  - (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.

  Note: If new coverage is SEBB, the waive date must coincide with enrollment.

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

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

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

  If the school employee loses eligibility under another plan, the school employee may enroll or increase election. The enrollment or change is effective the first day of the month following the later of:

  - (a) Date of change in employment,
  - (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.

- An FSA change is only allowed when a change in employment status affects the school employee’s eligibility for the DCAP. **Enrollment Date**

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

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

  If the school employee loses eligibility under another plan, the school employee may enroll or increase election. The enrollment or change is effective the first day of the month following the later of:

  - (a) Date of change in employment,
  - (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.

- Premium change is only allowed when a change in employment status affects the school employee’s eligibility for the DCAP. **Enrollment Date**

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

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

  If the school employee loses eligibility under another plan, the school employee may enroll or increase election. The enrollment or change is effective the first day of the month following the later of:

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

  If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
# Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

## Events below may create a Special Open Enrollment:

### CHANGE IN EMPLOYMENT STATUS (SUBSCRIBER’S DEPENDENT)

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

The required form must be received no later than 60 days after the date of the change in employment status. Exception: For the purposes of this special open enrollment “employer contribution” means contributions made by the subscriber’s current or former employer toward health coverage as described in Treasury Regulation 26 C.F.R. §4.9801-6.

### Added only if the subscriber's dependent...

- 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.
- Effective Date: The new plan effective date is the first of the month after the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.
- Allowed only if the subscriber's dependent's employer contribution toward employer-based group health plan coverage was lost eligibility for the employer contribution. Existing uncovered dependents may not be enrolled unless allowable under SOE #7a.
- Effective Date: The new plan effective date is the first of the month after the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the effective date is that day.
- Allowed only if the subscriber's dependent's employer contribution was lost eligibility for the employer contribution. The subscriber's dependent's removal must be consistent with the SOE event.
- Remove Date: Remove from coverage the last day of the month of the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the removal date is the last day of the previous month.
  - Note: If new coverage is SEBB, the remove date must coincide with enrollment.
- Allowed only when a change in employment status affects the subscriber's employer's eligibility for the FSA.
- Effective Date: Effective the first day of the month after the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment date begins on that day.
- Premium payment plan changes are allowed when consistent with a change in SEBB health plan enrollment.
- Effective Date: Effective the first day of the month following the later of:
  - (a) Date of change in employment, or
  - (b) Date form is received. If the later of (a) or (b) is the first day of the month, the enrollment or change in election begins on that day.
- An FSA change is only allowed when a change in employment status affects the subscriber's employer's eligibility for the FSA.
- If the subscriber/maintains eligibility and is enrolled under another plan, the subscriber's dependent may decrease or cease election.
- If the subscriber/loses eligibility under another plan, the subscriber's dependent may enroll or increase election.
- Also, if the subscriber/loses eligibility under another plan, the subscriber's dependent may enroll or increase election.
- A DCAP change is only allowed when a change in employment status affects the subscriber's employer's dependent’s eligibility for the DCAP.
- If a tax dependent maintains eligibility and is enrolled under another plan, the school employee may revoke or decrease election. If a tax dependent loses eligibility under another plan, the school employee may enroll or increase election.
<table>
<thead>
<tr>
<th>Change in School District</th>
<th>SCHOOL DISTRICT</th>
<th>8</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. The required form must be received no later than 60 days after the date of the change in employment.</td>
<td>8</td>
<td>Change in School District</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. See SEBB policy 31.1 for additional valid verification documents. Documents listed in this column are used to verify evidence of the SOE.

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages) 182-30-090</td>
<td>(“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150</td>
<td>(“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>182-30-090</td>
<td>182-31-150</td>
<td>182-31-150</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- School employee hire letter from their employer that contain information about benefits eligibility; or
- Employment contract

- The subscriber may change their election if the change in employment causes:
  1. The subscriber’s current medical plan to no longer be available, in this case the subscriber may select from any available medical plan; or
  2. The subscriber has one or more new medical plans available, in this case the subscriber may select to enroll in a newly available plan.

**Effective Date**

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

- (a) Date of change in employment,
- (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**

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

<table>
<thead>
<tr>
<th>CHANGE UNDER OTHER EMPLOYER-BASED GROUP HEALTH PLAN’S OPEN ENROLLMENT</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>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. For the purpose of DCAP changes, the school 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 SEBB annual open enrollment. The required form must be received no later than 60 days after the date of the other employer-based group health plan or DCAP plan’s open enrollment effective date.</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>((“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150)</td>
<td>((“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150)</td>
<td>((“Health plan” means a plan offering medical, vision, dental, or any combination of these coverages) 182-31-150)</td>
<td>(School employees Only) 182-31-080</td>
<td>(School employees Only) 182-31-080</td>
<td>(School employees Only) 182-31-100</td>
<td>(School employees Only) 182-31-100</td>
<td>(School employees Only) 182-31-100</td>
</tr>
</tbody>
</table>

- 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 not be enrolled. **Enrollment Date**
- Enrollment is effective the first day of the month after the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- Enroll In or change is allowed only when the school employee enrolls in medical during an open enrollment under another employer-based group health plan. **Remove Date**
- Remove coverage the last day of the month of the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- If the later of (a) or (b) is the first day of the month, the enrollment date is that day. **Enroll In or Change**
- If the later of (a) or (b) is the first day of the month, the enrollment or change is effective the first day of the month following the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- Enroll In or Change DCAP

- Premium payment plan changes are allowed when consistent with a change in SEBB health plan enrollment. **SOE Not Allowed**
- If a tax dependent enrols or increases election under another DCAP plan, the school employee may revoke or decrease election. If a tax dependent terminates or reduces another DCAP election, the school employee may enroll or increase election. **Enroll In or Change**
- Enroll In or change is effective the first day of the month after the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- The school employee is allowed to elect a health plan when returning from waived enrollment status. **Enroll In or Change**
- Enroll In or Change DCAP

- **Allow only if the dependent being removed enrols during an open enrollment under another employer-based group health plan.**
- **Remove Date**
- Remove coverage the last day of the month of the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- 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. **Enroll In or Change**
- Allowed only when the school employee or a dependent terminates medical during open enrollment under another employer-based group health plan. **Waive Date**
- **Waive Date**
- Waive coverage the last day of the month of the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- 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. **Enroll In or Change**
- **Allowed only when the school employee or a dependent terminates medical during open enrollment under another employer-based group health plan.**
- **Remove Date**
- Remove coverage the last day of the month of the later of: (a) Other plan’s open enrollment effective date, or (b) Date form is received. **Enroll In or Change**
- 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. **Enroll In or Change**
- **Enroll In or Change DCAP**
- **SOE Not Allowed**

*Addendum 45-2A (effective 1/1/2023)*
## Events below may create a Special Open Enrollment:

### DEPENDENT MOVES FROM OUTSIDE USA TO USA, OR FROM USA TO OUTSIDE USA

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.

The required form must be received no later than 60 days after the date moving to or from USA.

<table>
<thead>
<tr>
<th>Event Description</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visa or Passport with date of entry;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Proof of former and current residence (e.g. utility bill)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A letter or document showing that coverage was lost (e.g. Certificate of Creditable Coverage)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CHANGE IN RESIDENCE

The subscriber or the subscriber’s dependent has a change in residence that affects health plan availability.

If the subscriber moves and the subscriber’s current health plan is not available in the new location the subscriber must select a new health plan, otherwise there will be limited network providers and covered services.

Note: A dental plan is considered available if a provider is located within 50 miles of subscriber’s new residence.

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

<table>
<thead>
<tr>
<th>Event Description</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proof of former and current residence (e.g. utility bill); or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Certificate of Creditable Coverage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Addendum 45-2A
Special open enrollment (SOE) matrix: Summary of permitted election changes (effective 1/1/2023)

Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Valid court order</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Effective Date</td>
</tr>
<tr>
<td>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>
<tr>
<td>Enrollee</td>
</tr>
<tr>
<td>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 not be enrolled.</td>
</tr>
<tr>
<td>Enrollment Date</td>
</tr>
<tr>
<td>Enrollment is effective the first day of the month following the later of: (a) Date of the court order, or (b) Date form is received.</td>
</tr>
<tr>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>The school employee may enroll or increase election if required by a court order for the school employee's tax dependent child. The enrollment or change in election begins on that day.</td>
</tr>
</tbody>
</table>

COURT ORDER

A court order requires the subscriber or any other individual to provide insurance coverage for an eligible child of the subscriber.

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

- 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.
- Enrollee
- 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 not be enrolled.
- Enrollment Date
- Enrollment is effective the first day of the month following 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.
- SOE Not Allowed
- The school employee may enroll or increase election if required by a court order for the school employee's tax dependent child. The enrollment or change in election begins on that day.
### Events below may create a Special Open Enrollment:

<table>
<thead>
<tr>
<th>Description</th>
<th>Verification Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment or Termination letter</td>
<td>- 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.</td>
</tr>
<tr>
<td>Allowed only if the subscriber removes a dependent from coverage or enrolls a dependent in coverage.</td>
<td>- Effective Date: The subscriber removes the dependent from Medicaid or CHIP coverage when becoming eligible for that coverage.</td>
</tr>
<tr>
<td>The subscriber may enroll a dependent who lost eligibility for Medicaid or CHIP.</td>
<td>- Enrollment Date: The enrollment begins on that day.</td>
</tr>
<tr>
<td>The subscriber may enroll a dependent who lost eligibility for Medicaid or CHIP.</td>
<td>- Effective Date: The subscriber may enroll a dependent who lost eligibility for Medicaid or CHIP.</td>
</tr>
<tr>
<td>Existing uncovered dependents who did not lose Medicaid or CHIP eligibility may not be enrolled.</td>
<td>- Enrollment Date: The subscriber may enroll a dependent who lost eligibility for Medicaid or CHIP.</td>
</tr>
<tr>
<td>The subscriber removes a dependent from coverage.</td>
<td>- Remove Date: The subscriber removes the dependent from Medicaid or CHIP coverage when becoming eligible for that coverage.</td>
</tr>
<tr>
<td>Allowed only if the dependent enrolls in Medicaid or CHIP after the later of: (a) Date eligible for Medicaid or CHIP, or (b) Date form is received.</td>
<td>- Enrollment Date: The enrollment or change is effective the first day of the month following the later of: (a) Date not eligible for Medicaid or CHIP, or (b) Date form is received.</td>
</tr>
<tr>
<td>A school employee may not waive enrollment in SEBB medical when they or their dependent enroll in Medicaid or CHIP.</td>
<td>- Enrollment Date: The enrollment or change is effective the first day of the month following the later of: (a) Date gaining or losing eligibility for Medicaid or CHIP, or (b) Date form is received.</td>
</tr>
<tr>
<td>Existing uncovered dependents who did not lose Medicaid or CHIP eligibility may not be enrolled.</td>
<td>- Enroll In or Change DCAP: The school employee or a dependent loses eligibility for Medicaid or CHIP.</td>
</tr>
<tr>
<td>Premium payment plan changes are allowed when consistent with a change in SEBB health plan enrollment.</td>
<td>- Enroll In or Change DCAP: The school employee or a dependent loses eligibility for Medicaid or CHIP.</td>
</tr>
</tbody>
</table>

### Summary of permitted election changes (effective 1/1/2023)

<table>
<thead>
<tr>
<th>Event</th>
<th>Related Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date agency grants eligibility</td>
<td>182-30-090</td>
</tr>
<tr>
<td>Health plan coverage changes</td>
<td>182-31-080</td>
</tr>
<tr>
<td>Medicaid or CHIP enrollment changes</td>
<td>182-30-100</td>
</tr>
<tr>
<td>DCAP enrollment changes</td>
<td>182-31-080</td>
</tr>
<tr>
<td>Limited Purpose FSA enrollment changes</td>
<td>182-30-100</td>
</tr>
</tbody>
</table>

**SOE Not Allowed:**
- Premium payment plan changes are allowed when consistent with a change in SEBB health plan enrollment.
- The school employee may decrease or revoke election if the school employee or a dependent loses eligibility for Medicaid or CHIP. The school employee or a dependent loses eligibility for Medicaid or CHIP if the school employee or a dependent loses eligibility for Medicaid or CHIP. The school employee or a dependent loses eligibility for Medicaid or CHIP.
- The enrollment or change is effective the first day of the month following the later of: (a) Date gaining or losing eligibility for Medicaid or CHIP, or (b) Date form is received.
- Enroll In or Change DCAP: The school employee or a dependent loses eligibility for Medicaid or CHIP. The school employee or a dependent loses eligibility for Medicaid or CHIP. The school employee or a dependent loses eligibility for Medicaid or CHIP.
### Special Open Enrollment (SOE) Matrix

#### Change Health Plan Election
- **Event:** Health plan means a plan offering medical, vision, dental, or any combination of these coverages
- **Code:** 182-30-090

#### Enroll Eligible Health Plan Coverage
- **Event:** Health plan means a plan offering medical, vision, dental, or any combination of these coverages
- **Code:** 182-31-150 (School employees only)
- **Code:** 182-31-080 (School employees only)

#### Remove Eligible Health Plan Coverage
- **Event:** Health plan means a plan offering medical, vision, dental, or any combination of these coverages
- **Code:** 182-31-150

#### Waive Enrollment in Medical
- **Event:** School employees only
- **Code:** 182-31-080

#### Return from Waived Enrollment in Medical
- **Event:** School employees only
- **Code:** 182-30-100

#### Enroll In or Change Premium Payment Plan
- **Event:** School employees only
- **Code:** 182-30-100

#### Enroll In or Change Medical FSA or Limited Purpose FSA
- **Event:** School employees only
- **Code:** 182-30-100

#### Enroll In or Change DCAP
- **Event:** School employees only
- **Code:** 182-30-100

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

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

  - **Eligibility letter from Medicaid or CHIP**
    - 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.
    - **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 school employee or a dependent must have 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**

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### Addendum 45-2A

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

**Addendum 45-2A**

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

Health Care Authority
### Special Open Enrollment (SOE) Summary of Permitted Election Changes (effective 1/1/2023)

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

<table>
<thead>
<tr>
<th>Events below may create a Special Open Enrollment:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gain or Lose Eligibility for Medicare</strong></td>
</tr>
<tr>
<td>The subscriber or the subscriber’s dependent:</td>
</tr>
<tr>
<td>-enrolls in Medicare, or</td>
</tr>
<tr>
<td>-loses eligibility for Medicare:</td>
</tr>
<tr>
<td>The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare.</td>
</tr>
<tr>
<td>Note: The subscriber may not change their dental plan or vision plan under this SOE event.</td>
</tr>
<tr>
<td>Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:</td>
</tr>
<tr>
<td>-Date of eligibility, or</td>
</tr>
<tr>
<td>-Date Federal Government entity grants eligibility</td>
</tr>
<tr>
<td>Valid documents for proof of the event that created the Special Open Enrollment (SOE) are listed below. See SEBB policy 31-3 for additional verification documents.</td>
</tr>
<tr>
<td>Documents listed in this column are used to verify evidence of the SOE.</td>
</tr>
</tbody>
</table>

<details>
<summary>Events below may create a Special Open Enrollment:</summary>

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>Gain or Lose Eligibility for Medicare</strong></td>
<td></td>
</tr>
<tr>
<td>1. If the subscriber or the subscriber’s dependent:</td>
<td></td>
</tr>
<tr>
<td>-enrolls in Medicare, or</td>
<td></td>
</tr>
<tr>
<td>-loses eligibility for Medicare:</td>
<td></td>
</tr>
<tr>
<td>The required form must be received no later than 60 days after the date of gaining or losing eligibility for Medicare.</td>
<td></td>
</tr>
<tr>
<td>Note: The subscriber may not change their dental plan or vision plan under this SOE event.</td>
<td></td>
</tr>
<tr>
<td>Note: For gaining eligibility, the 60-day notice requirement is measured from the later of:</td>
<td></td>
</tr>
<tr>
<td>-Date of eligibility, or</td>
<td></td>
</tr>
<tr>
<td>-Date Federal Government entity grants eligibility</td>
<td></td>
</tr>
</tbody>
</table>

### Change Health Plan Election

<table>
<thead>
<tr>
<th>Change Future Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Future Health Plan Coverage</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>
</tr>
</tbody>
</table>

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

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

### Return from Waived Enrollment in Medical

<table>
<thead>
<tr>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>- (School employees Only)</td>
<td>- (School employees Only)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Enroll In or Change Medical FSA or Limited Purpose FSA</th>
<th>DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>- (School employees Only)</td>
<td>- (School employees Only)</td>
</tr>
</tbody>
</table>

### Premium Payment Plan Changes are allowed when consistent with a change in SEBB health plan enrollment.

### SOE Not Allowed

<table>
<thead>
<tr>
<th>SOE Not Allowed</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>- If the school employee or a tax dependent gains Medicare eligibility, the school employee may decrease election or revoke enrollment.</td>
<td></td>
</tr>
<tr>
<td>- If the school employee or a tax dependent loses Medicare eligibility, the school employee may increase election or enroll in coverage.</td>
<td></td>
</tr>
<tr>
<td>- The enrollment or change is effective the first day of the month following the later of:</td>
<td></td>
</tr>
<tr>
<td>- (a) Date enrolled in Medicare or date of loss of eligibility for Medicare; or</td>
<td></td>
</tr>
<tr>
<td>- (b) Date form is received.</td>
<td></td>
</tr>
</tbody>
</table>

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**Addendum 45-2A**

**Special Open Enrollment (SOE) Matrix**

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

**Health Care Authority**

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

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

**ERB Division Policy, Rules, and Compliance**
### Special Open Enrollment (SOE) Matrix: Summary of permitted election changes (effective 1/1/2023)

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

1. **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.

2. **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 182-30-000 for specific circumstances).
   - The required form must be received no later than 60 days after the date of the disruption.

### Change Health Plan Election

<table>
<thead>
<tr>
<th>Event</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll Eligible Dependent(s) in Health Plan Coverage</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
<tr>
<td>Remove Eligible Dependent(s) from Health Plan Coverage</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
<td>SOE Not Allowed</td>
</tr>
</tbody>
</table>

- **Allowed only when HSA eligibility is lost.**
- **Effective Date**
  - The new plan effective date is the first of the month after the later of:
    - (a) Date current medical plan becomes unavailable due to loss of eligibility for a health savings account (HSA),
    - (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.

- **The SEBB Program will consider (but not limit its consideration) the circumstances described in WAC 182-30-000 (2)(j).**
- **Effective Date**
  - The new plan effective date is the first of the month after the later of:
    - (a) Date of disruption,
    - (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.

- **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.**

### Waive Enrollment in Medical

<table>
<thead>
<tr>
<th>Event</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School employees Only</td>
<td>182-31-080</td>
<td>182-31-080</td>
<td>182-31-080</td>
<td>182-31-080</td>
</tr>
</tbody>
</table>

- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**

### Return from Waived Enrollment in Medical

<table>
<thead>
<tr>
<th>Event</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School employees Only</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
</tr>
</tbody>
</table>

- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**

### Enroll In or Change Premium Payment Plan

<table>
<thead>
<tr>
<th>Event</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School employees Only</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
</tr>
</tbody>
</table>

- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**

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

<table>
<thead>
<tr>
<th>Event</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School employees Only</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
</tr>
</tbody>
</table>

- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**

### Enroll In or Change DCAP

<table>
<thead>
<tr>
<th>Event</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
<th>SOE Not Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>School employees Only</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
<td>182-30-100</td>
</tr>
</tbody>
</table>

- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**
- **SOE Not Allowed**

### MEDICAL PLAN BECOMES UNAVAILABLE

- Cancellation letter from HDHP; or
- Coverage confirmation in a new health plan; or
- Medicare entitlement letter; or
- Copy of current tax return claiming you as a dependent

- **Allowed only when HSA eligibility is lost.**
- **Effective Date**
  - The new plan effective date is the first of the month after the later of:
    - (a) Date current medical plan becomes unavailable due to loss of eligibility for a health savings account (HSA),
    - (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.

### CONTINUITY OF CARE

- 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.

- **The SEBB Program will consider (but not limit its consideration) the circumstances described in WAC 182-30-000 (2)(j).**
- **Effective Date**
  - The new plan effective date is the first of the month after the later of:
    - (a) Date of disruption,
    - (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.

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Change Health Plan Election</th>
<th>Enroll Eligible Dependent(s) in Health Plan Coverage</th>
<th>Remove Eligible Dependent(s) from Health Plan Coverage</th>
<th>Waive Enrollment in Medical</th>
<th>Return from Waived Enrollment in Medical</th>
<th>Enroll In or Change Premium Payment Plan</th>
<th>Enroll In or Change Medical FSA or Limited Purpose FSA</th>
<th>Enroll In or Change DCAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>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>
</tr>
<tr>
<td></td>
<td>If the school 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 school employee as defined in Internal Revenue Code Section 152. The required form must be received no later than 60 days after the date of the cost change.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>• Letter from both the current and new daycare providers stating the premium amount for qualifying individuals and the due date; or</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Billing statement from both the current and new daycare providers stating the premium amount for qualifying individuals and the statement date.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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>
</tr>
<tr>
<td></td>
<td>The school employee or the school employee’s spouse experiences a change in the number of qualifying individuals as defined in IRC Section 21(b)(1). The required form must be received no later than 60 days after the date of the change.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Letter from the dependent care provider confirming the number of qualifying individuals enrolled in services, the change in premium, and the effective date of change; or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Two billing statements that include the number of qualifying individuals enrolled in each month, the premium amount due for each month, and the statement date.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 (effective 1/1/2023)
## Special Open Enrollment (SOE) Matrix

### Addendum 45-2A (effective 1/1/2023)

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

This list is not all inclusive. See SEBB policy 31.1 for additional valid verification documents. Documents listed in this column are used to verify evidence of the SOE.

<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>
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<tr>
<td><em>(‘Health plan’ means a plan offering medical, vision, dental, or any combination of these coverages)</em> 182-30-090</td>
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<td><em>(School employees Only)</em> 182-30-100</td>
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</tr>
</tbody>
</table>

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

**20 CHANGED COST OF DEPENDENT CARE**

The school employee's dependent care provider imposes a change in the cost of dependent care, provided the dependent care provider is not a relative as defined in Section 152 (a)(1) through (8), incorporating the rules of Section 152 (b)(1) and (2) of the IRC.

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

- Letter from the dependent care provider confirming the change in premium and the current date and the effective date of change; or
- Two billing statements that show the change in premium due. Statements must include the premium amount due for each month, and the statement date.

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

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

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

- Coverage must have been lost because of loss of eligibility.
- Certificate of Creditable Coverage; or
- Proof of enrollment or termination of coverage from a TRICARE plan.

<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>
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<table>
<thead>
<tr>
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### 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.