



PEBB Processes and Procedures

For employer groups, K-12 school districts, and Educational Service Districts who do not key in the PAY1 Insurance System.

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Introduction

This manual is intended for use as a training document only. The purpose of this manual is to assist you with understanding of the processes and procedures for submitting enrollment and claims information to PEBB for processing. If there is any inconsistency with RCW or WAC, RCW and WAC take precedence.

If you have any questions about the processes and procedures, please contact:

Outreach and Training (O&T)

1-800-700-1555

[HCA Support](#)

Contact Information

Health Care Authority Public Employees Benefits Board Program • PO Box 42684 • Olympia, WA 98504-2684	
Outreach and Training For Benefits Administrator (BA) Use Only	
Outreach and Training (O&T)	1-800-700-1555
E-mail:	HCA Support
PEBB BA website:	www.hca.wa.gov/pebb-benefits-administrators
Download forms and order materials:	www.hca.wa.gov/pebb-benefits-admins/forms-and-publications
Fax Number:	(360) 725-0771

Definitions

Newly Eligible Employees:

Eligibility Date – An employee is eligible from the date of employment if the employing agency anticipates the employee will work according to the requirements in [WAC 182-12-114](#).

An employee not eligible upon hire but establishing eligibility due to a revision in the anticipated work pattern or review of the current work pattern, is eligible when the revision is made, or eligibility is determined.

This is the date that starts the 31-day clock for the employee to submit forms.

This is the date that goes in the Hire Date field on the enrollment/change form.

Effective Date (when benefits begin) – The first day of the month following the date the employee becomes eligible for PEBB benefits. If the employee becomes eligible on the first working day of the month, benefits begin on that date. See [First working day of the month/effective date document](#).

Employee Regaining Eligibility (e.g. employee returning from LWOP, etc.):

Eligibility Date – When an employee regains eligibility for the employer contribution for benefits, the date of eligibility is the date the employee returns to work with at least 8 hours pf pay status.

This is the date that starts the 31-day clock for the employee to submit forms.

Effective Date – The first day of the month in which the employee returns with at least 8 hours of pay status in the month. *For example, if the employee returns from approved LWOP with at least 8 hours of pay status on June 28, benefits are effective June 1.* See [First working day of the month/effective date document](#).

Benefits

Employer groups may participate in the PEBB benefits full benefits package, which includes medical, dental, life and long-term disability (r they may choose to participate in medical only. K-12, ESD's and Charter Schools participate in the PEBB full benefits package.

Medical Plans – Employees may choose any medical plan available in the county in which they live. Direct the employee to check the Medical Plans Available by County pages in the *Employee Enrollment Guide* before choosing a plan.

Employees may waive medical if they are enrolled in other employer-based group medical, TRICARE or Medicare.

Dental Plans – Employees may choose any dental plan available. Employees should check with the plan prior to enrolling, to ensure their dentist participates in the plan. *Note: DeltaCare and Uniform Dental Plan are administered by Delta Dental of Washington.*

Employees must enroll in dental coverage but are not required to enroll their dependents in dental.

Life Insurance – Employees are automatically enrolled in basic life insurance. This is employer paid coverage.

Employees may choose to enroll in supplemental life insurance. This is employee paid coverage.

Long-Term Disability – Employees are automatically enrolled in employer-paid LTD coverage.

Employees may choose to enroll in employee-paid LTD coverage.

SmartHealth - Employees enrolled in a PEBB medical plan are eligible to participate in the SmartHealth wellness program and earn a \$125 wellness incentive for the upcoming plan year. Visit the [PEBB website](#) for more information.

Best Practices:

- Date stamp all documents.
- Review forms for accuracy and completeness when the employee submits them.
- Remind employees that new forms supersede past documents.
- Remind employees that valid dependent verification documents are required to enroll their dependents.
- Create a separate message in HCA Support for each new incident.
- Always refer to the [First working day of the month/effective date](#) document when determining an effective date.

Newly Eligible Employee

This includes employees who have been hired into a benefits-eligible position and employees who have established eligibility based on their work pattern.

1. Employee eligibility is based on the employee's work pattern. Determine the employee's eligibility for PEBB benefits based on the criteria in WAC 182-12-114*.
 - a. Review [WAC 182-12-114](#) to determine eligibility, or
 - b. Use the appropriate [eligibility worksheet](#).

**Note: If PEBB approved a change to eligibility for your group, eligibility is determined based on the signed Interlocal Agreement with PEBB. All changes to eligibility must be approved prior to implementation.*

Employees determined not eligible for benefits at the time of hire should be monitored for future eligibility.

2. If the employee is eligible for benefits, the:
 - a. *Employee Enrollment/Change form and the LTD Enrollment/Change form must be received by the employer no later than **31 days** after the employee becomes eligible for PEBB benefits (typically the first day of work).*
 - b. The MetLife Enrollment/Change form must be received by MetLife no later than **31 days** after the employee becomes eligible for PEBB benefits. See the [Life Insurance Manual](#) for instructions.

Forms are available on the [PEBB BA website](#) or in the back of the *Employee Enrollment Guide*. Ensure the employee completes the appropriate form(s), and attests to the premium surcharges (if applicable). Dependent verification documents must be included when adding dependents to the medical or dental insurance.

3. The deadline to submit the enrollment forms and dependent verification are based on the employee's eligibility date (*see definitions on page 5 of this manual*). Advise the employee of the deadlines, to submit the forms, and explain the employee will be defaulted to Uniform Medical Plan (UMP) Classic, Uniform Dental Plan, Basic Life and Basic LTD as a single subscriber (no dependents will be enrolled) if the forms are not received timely.
4. Send a copy of the required form(s) and valid dependent verification documents to PEBB (if enrolling dependents) through [HCA Support](#).
5. Include the employee's hire date (eligibility date), effective date (date benefits begin) and monthly salary.
6. Outreach and Training (O&T) will enter the information into the PAY1 insurance system. If we have any questions or find discrepancies, we will contact you.
7. You will receive an HCA Support message when the employee is enrolled. Depending on where we are in the billing cycle when the change is entered into the system, the change may be reflected in the next invoice or possibly the one after. If the invoice does not reflect the new employee, contact O&T through [HCA Support](#) for follow-up.

Making Changes

Medical and Dental

Employees may make changes to their medical and dental plan or add and remove dependents during annual open enrollment (November 1-30) or when an event in the employee's life triggers a special open enrollment.

Annual Open Enrollment

During annual open enrollment, employees may:

- Change medical and/or dental plans
- Return from waive status without proof of loss of other coverage
- Waive medical if they are enrolled in other employer-based medical, TRICARE or Medicare.
- Add eligible dependents
- Remove dependents
 - Dependent verification is required
 - Proof of loss of other coverage is not required
- Changes are effective January 1 of the upcoming year

- Attest or re-attest to the spouse and state-registered domestic partner premium surcharge

Special Open Enrollment

1. If a change is requested outside of annual open enrollment, verify the change is allowed based on special open enrollment rules (Policy 45-2, [Addendum 45-2A](#)).
2. Direct any questions about special open enrollment to O&T through [HCA Support](#).
3. Direct the employee to the PEBB website [Forms](#) page or provide the employee the necessary forms.
4. Advise the employee their forms must be received no later than **60 days** from the date of the event that triggered the special open enrollment or no later than the last day of annual open enrollment.
5. If the employee is adding a dependent, advise the employee to submit valid dependent verification documents with the *Employee Enrollment/Change* form. Ensure the employee attested to the spousal and or tobacco use premium surcharges.
6. Proof of the event that created the special open enrollment is required. Refer to Policy 45-2, [Addendum 45-2A](#) for examples of valid proof.
7. Send a copy of the completed forms, dependent verification documents, if required, and proof of the event that triggered the special open enrollment, to PEBB through [HCA Support](#).
8. If the change is due to a special open enrollment, include the date of the event and the date you received the forms.
9. O&T will enter the information into the PAY1 insurance system. *Note: The effective date of change will be the first day of the month after the later of the event or the date you received the form for most special open enrollment events.*
10. If we have any questions or find any discrepancies, we will contact you.
11. You will receive an HCA Support message indicating the change has been made in the PAY1 insurance system. Depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected in the next invoice or possibly the one after. If the invoice does not reflect the new employee, contact O&T through [HCA Support](#) for follow-up.

Attestations

Tobacco Use Premium Surcharge

Employees must attest to the tobacco use premium surcharge at the following times:

- When the employee is newly eligible
- When the employee regains eligibility
- If there is a change in the tobacco status of the employee or any of the dependents thirteen years or older enrolled on medical

Employees may make changes to their tobacco use premium surcharge attestation at any time.

Spouse and State-Registered Domestic Partner Premium Surcharge

Employees must attest to the spousal and state-registered domestic partner premium surcharge at the following times:

- When the employee is newly eligible
- When the employee regains eligibility
- When adding a spouse or state-registered domestic partner to PEBB medical

Employees may make changes to the spouse and state-registered domestic partner premium surcharge at the following times:

- During annual open enrollment
- When there is a change to the spouse or state-registered domestic partner's employer-based group medical insurance

Employees who attested Yes, No, No to question #6 or were defaulted will be asked to re-attest during annual open enrollment each year.

Attestation Effective Dates

Newly eligible and regaining eligibility

The effective date is the same as the medical and dental effective date.

During annual open enrollment

The effective date is January 1 of the following year (*spouse or state-registered domestic partner premium surcharge only*)

During a special open enrollment

The effective date is the same as the medical and dental effective date.

Changes made at any other time:

If the attestation results in the employee incurring the premium surcharge, the change is effective the first day of the month following the *status change*. If that day is the first day of the month, then the change begins on that day.

If the attestation results in removal of the premium surcharge, the change is effective the first day of the month following *receipt of the form*. If that day is the first day of the month, then the change begins on that day.

Attestation Process

1. Direct the employee to the PEBB website or provide the employee with the necessary information and forms.
 - [Tobacco Use Premium Surcharge](#)
 - [Spousal Coverage Premium Surcharge](#)
2. Send a copy of the form to PEBB through [HCA Support](#). Include the date you received the form.

3. O&T will enter the information into the PAY1 insurance system.
4. If we have any questions or find discrepancies, we will contact you.
5. You will receive an HCA Support message indicating the change has been made in the PAY1 insurance system. Depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected on the next invoice or possibly the one after. If the invoice does not reflect the change, contact O&T through [HCA Support](#) for follow-up.

Life Insurance

Employees may make changes to life insurance at any time during the year. Carrier approval may be required.

1. Direct the employee to the MetLife [MyBenefits](#) portal or provide the employee the *MetLife Enrollment/Change* form.
2. If carrier approval is required, MetLife will provide the Statement of Health (SOH) electronically through MyBenefits or mail a form, based on the enrollment method.

Carrier approval is required when:

- The employee requests more than \$500,000 for them self within the first 31 days of eligibility.
 - The employee requests more than \$100,000 for their spouse or state-registered domestic partner within the first 31 days of eligibility.
 - Enrolling in supplemental coverage for the first time after the initial 31 days of eligibility.
 - Requesting an increase in the amount of supplemental coverage after the initial 31 days of eligibility.
 - Adding supplemental spouse or state-registered domestic partner coverage after the initial 31 days of eligibility.
 - Adding a spouse or state-registered domestic partner after the initial 60 days of marriage or registration of the domestic partnership.
3. The employee may submit the SOH electronically or by mailing the form to MetLife.
 4. MetLife will notify the employee of the decision, approval, or denial of the request.
 5. If approved, MetLife will send the employee an invoice for payment.

Long-Term Disability (LTD)

Employees may make changes to LTD insurance at any time during the year. Carrier approval may be required.

1. Direct the employee to or provide the [Long-Term Disability Enrollment/Change](#) form.
2. If carrier approval is required, direct the employee to or provide the [Evidence of Insurability \(EOI\)](#) form also.

Carrier approval is required when the employee is:

- Requesting a decrease in the waiting period after the employee's initial 31 days of eligibility.
 - Requesting employee-paid LTD coverage after the employee's initial 31 days of eligibility.
3. The employee submits the *Enrollment/Change* form to their employer and the EOI form directly to The Standard (LTD) for approval.
 4. Send a copy of the enrollment form to PEBB through [HCA Support](#). Note on the form if the *Evidence of Insurability* form was sent directly to the carrier by the employee.
 5. PEBB will enter the information into the PAY1 insurance system and await a decision by the carrier. If we have any questions or find discrepancies, we will contact you.
 6. The Standard will send a Final Action Notice (FAN) to the employee, with a copy to O&T, indicating whether the request was approved, denied, or closed. *Note: The request may be closed if additional information was requested from the employee and the employee failed to respond.*
 7. You will receive an HCA Support message indicating the change has been made in the insurance system.

If the coverage is approved, depending on where we are in the billing cycle when the change is entered into the system, the change will be reflected in the next invoice or possibly the one after. If the invoice does not reflect the new employee, contact O&T through [HCA Support](#) for follow-up.

If the request is denied or closed, O&T will let you know. There will be no change to your invoicing.

Address Changes

Employees must report all address changes to their employer. The employer must then forward the information to PEBB through [HCA Support](#). We will make the address change in the insurance system. You will receive an HCA Support message indicating that the change has been made.

Payment Discrepancies

1. If the payment you are making to Health Care Authority (HCA) does not match the invoice exactly, complete the [Insurance Eligibility Adjustment](#) form listing the employee, the coverage month, and the amount of the adjustment.
2. Submit the form O&T through [HCA Support](#).
3. PEBB will make the adjustments in the system to ensure future invoices are correct. You will receive an HCA Support message indicating the change has been made in the PAY1 insurance system.
4. If we have any questions or find discrepancies, we will contact you.

Salary Adjustments

1. When employees have a salary change, complete the [Insurance Eligibility Adjustment](#) form listing each employee who has a salary change, the effective date of the change, and the amount of the new monthly salary. Submit to O&T through [HCA Support](#).
2. PEBB will update the salary information in the PAY1 insurance system. This will adjust the employee-paid LTD premium for the employee. The adjusted premium will be effective the first of the following month, unless the salary change date is the first day of the month. You will receive an HCA Support indicating the change has been made.
3. If we have any questions or find discrepancies, we will contact you.

Employee Separation

Employment Ending, Approved LWOP, Retirement, or Death

1. If an employee leaves employment because of employment ending, approved Leave without Pay* (LWOP), retirement, or death, complete the [Insurance Eligibility Adjustment](#) listing each separated employee and the effective date of the change. Submit to O&T through [HCA Support](#).
2. PEBB will update the information in the PAY1 insurance system. You will receive an HCA Support message indicating the change has been entered. Please note PEBB will not notify you of the change if the form is faxed.
3. If we have any questions or find discrepancies, we will contact you. *Note: If an employee has a change in employment status while on LWOP, such as terminating, notify O&T of the change in employment status by sending a message through HCA Support.*

Refer to Policy 19-1, [Addendum 19-1A](#) to determine the end date of coverage if an employee or a dependent's coverage is ending.

**Approved LWOP is referring to employees not using at least 8 hours of pay status to maintain the employer contribution for benefits.*

Life Insurance Claims

This includes claims for death, waiver of premiums, accelerated benefit, and accidental dismemberment.

1. Direct the employee or the employee's beneficiary to contact MetLife. Contact information is included in the [Life Insurance Administration manual](#) posted on the PRBB BA website.

Premium Waiver: Allows the insured's life insurance to be continued without payment of premium while the insured is totally disabled.

Accelerated Life Benefit: May be payable if an insured has a terminal condition and life expectancy of no more than 24 months.

Death Benefit: Payable at the time of the death of the employee, covered spouse, or covered child.

Dismemberment Benefit: May be payable to an insured who suffers a covered loss as the result of an accidental injury.

Long-Term Disability Claims

1. If an event occurs that makes an employee eligible to submit a claim, complete the [Long-Term Disability \(LTD\) Claim Information Sheet](#).
2. Submit the LTD Claim Information Sheet with a copy of the most recent *LTD Enrollment/Change* form to O&T through [HCA Support](#). Include the amount of sick leave, shared leave, and annual leave the employee has and include earnings verification as follows:
 - All LTD claims with PDE (pre-disability earnings) reported as less than \$8,000 per month require information through the last pay day and the three previous calendar months prior to the date of disability.
 - All LTD claims with PDE (pre-disability earnings) reported as more than \$8,000 per month require payroll information through the last day paid, 12 previous calendar months prior to the date of disability, and the previous year's W-2 or other applicable tax form.
3. Provide the [Claim Packet Instructions](#) to the employee, which includes:
 - **Employee's Statement:** The employee should complete and return this form to Standard with attached copies of requested documents. (See the instructions on the first page of the form)
 - **Authorization to Obtain Information:** Employee must sign and date this form and return with the Employee's Statement.
 - **Authorization to Obtain Psychotherapy Notes:** Employee must sign and date this form and return with the Employee's Statement.
 - **Attending Physician's Statement:** Part A is completed by the employee. Part B is completed by the employee's physician. The physician must sign and return this to Standard.
4. PEBB will complete the Employer's Statement based on the information provided and submit the form to Standard for processing.