

Title: PEBB Program payment plans

PEBB Program Administrative Policy 93-2

Contact:	Policy and Rules Coordinator, ERB Division	Effective:	January 1, 2025
Associated RCW:		Owner:	Policy, Rules, & Compliance Manager, ERB Division
Associated PEB Board Policy Resolutions:		Approved by:	
Associated WAC:	182-08-180 (1)(c) and (d)	Position:	Director of the PEBB Program
Assoc. fed law/reg:		Date approved:	August 19, 2024
Associated Forms & Communication			

Purpose:

This policy describes the process the Health Care Authority (HCA) will use when authorizing a payment plan request from a subscriber or a subscriber's legal representative for a continuation coverage, or a retiree account, or for an account of a retired employee, retired school employee, or survivor continuing coverage after their employer group ceased participation.

Policy:

1. The HCA may develop a reasonable payment plan upon agreement with a subscriber or subscriber's legal representative when a subscriber's monthly premiums and applicable premium surcharges are unpaid or underpaid. The payment plan may be authorized by the HCA for up to 12 months in duration.
2. The subscriber or the subscriber's legal representative may call the HCA at 1-800-200-1004 to discuss a payment plan provided the subscriber's insurance coverage is not already terminated.
3. The HCA will provide the subscriber or the subscriber's legal representative with a letter that documents the terms for payment of premiums and applicable premium surcharges upon authorization of a payment plan.
4. Payment must be received by the HCA on the agreed upon due date(s) in the payment plan agreement in addition to the subscriber's monthly insurance coverage premiums and applicable premium surcharges that are due. All payments received by the HCA will be applied to the oldest month where a premium or applicable premium surcharge is unpaid or underpaid in the following order:
 - a. The oldest month owed, first insurance coverage premium and then applicable premium surcharges; and
 - b. The next oldest month owed, first insurance coverage premium and then applicable premium surcharges.

5. If payment is not received by the agreed upon due date(s), then enrollment will be terminated. Public Employees Benefits Board insurance coverage ends retroactive to the last day of the month for which the monthly premiums and applicable premium surcharges were paid. Exception: For a subscriber enrolled in a Medicare Advantage plan, a Medicare Advantage-prescription drug plan, or the Uniform Medical Plan Classic Medicare plan, the enrollment will be terminated prospectively to the end of the month after the notice is sent.