



## State Health Benefit Eligibility At Retirement and Separation

As members begin to approach retirement or consideration of separation from service, it is important to know the options and rules that govern eligibility in order to participate in the state sponsored health plans. The rules are extensive; therefore, this article is not intended to cover all aspects of eligibility. The Washington State Health Care Authority's (HCA) Public Employees Benefits Board (PEBB) administers the active and retired public employee plans. Their web site ([www.wa.gov/hca/pebb](http://www.wa.gov/hca/pebb)) gives extensive information about these rules for retirees, those separating from service, dependents, those permanently disabled and those eligible for Medicare. This article covers some of the important rules regarding retirees and those separating from service.

In order to be eligible, the following conditions must be met:

1. A vested K-12 member must immediately be receiving a monthly retirement allowance in one of these retirement plans to qualify: TRS Plans 1, 2 and 3, SER Plan 2 and 3, and PERS Plan 1 (exceptions are noted in #2).
2. A member that is at least 55 years of age and has at least 10 years of service in TRS Plan 3 or in SERS Plan 3 is not required to begin receiving a monthly retirement allowance. That member can merely separate from service and qualify to participate in PEBB health plans.
3. A member has 60 days from the date that employment ends or continuous COBRA ends to complete PEBB enrollment or waive coverage. A retiree may want to complete the PEBB enrollment form or waiver form when filing the application for retirement benefits. When enrolling in retiree coverage, the member's coverage is retroactive to the date the active employee's coverage ends.
4. The member may waive, during the 60-day period stated in #3, PEBB medical and dental coverage if the member is covered under another comprehensive, employer-provided health benefits package. (Other coverage may be attained through the member's re-employment or the member's spouse's/qualified same-sex domestic partner's employment.) When this continuous employer coverage ends, application must be made with the PEBB program within 60 days of losing the other coverage. **If the member does not enroll in or waive coverage within these 60-day periods, the member forfeits all further rights to enroll in the PEBB program.**