

Leaving School District/ Educational Service District Employment Health Insurance Options

As a school district or educational service district employee, you may be eligible for PEBB retiree health insurance. Please review these materials to familiarize yourself with procedures to enroll now or protect this benefit for your future enrollment.

PEBB provides a quality, comprehensive insurance package for school district and educational service district retirees. Your school district or educational service district employer has been contributing to a fund that subsidizes the premiums for PEBB retiree insurance so PEBB may be a good value for you.

There are three general eligibility requirements to receive PEBB retiree health insurance:

- You must enroll or defer coverage no later than 60 days after your employer-paid or COBRA coverage ends. If you do not submit an application to enroll in or defer coverage within the 60 day window, you lose all rights to enroll in the PEBB Program in the future. To regain eligibility you would have to return to work in a PEBB benefits eligible position.
- You must be vested in a Washington state-sponsored retirement plan.
- You must receive a monthly retirement plan payment or a lump sum payment (if Department of Retirement Systems (DRS) determines the monthly payment is below the minimum payment that can be paid), with one exception. Plan 3 members do not have to receive a retirement plan payment but must meet the age and length of service requirements.

Depending on your situation, you may be able to enroll in PEBB retiree health insurance now or take action to protect your eligibility for future enrollment. Five scenarios are described below. Find the one that fits your situation and read about your options:

- A. If you are retiring and meet the DRS criteria for retirement, go to [section A](#).
- B. If you are separating employment and do not meet the criteria for retirement according to DRS, go to [section B](#).
- C. If you are enrolling in COBRA through your employer or used COBRA as a “bridge” to retirement, go to [section C](#).
- D. If you are retiring, separating employment, or leaving employment due to disability retirement, go to [section D](#).
- E. If you are a Plan 3 member separating from employment and you meet age and years of service requirements for the retirement plan, go to [section E](#).

A. Retiring *(Meet DRS retirement eligibility)*

1. Enrolling in PEBB retiree insurance

a. **6 months** prior to retirement

- Contact DRS at 1-800-547-6657 or go to www.drs.wa.gov to request an estimate of your benefit, and if you have not already done so, register for a retirement seminar.

b. **3 months** prior to your 65th birthday or terminating employment at age 65 or older

- Contact the Social Security Administration to enroll in Medicare Parts A and B if you or any family members you wish to cover under PEBB coverage are entitled to Medicare due to either age (65) or disability.

c. **3 months** prior to retirement

- Request a [retiree packet](#) for health insurance information from Health Care Authority. Call 1-800-200-1004 or 360-725-9800 in the Olympia area. HCA will send you a complete retiree insurance packet (including applications).

d. **30-60 days** prior to retirement

- Submit your retirement application to DRS.
- If you're eligible for PEBB health care coverage and wish to enroll, send your [Retiree Coverage Election Form](#), a photo copy of your Medicare ID card showing enrollment in Medicare Parts A and B (if entitled), and the first month's health coverage premium (if not using pension deduction) to the Health Care Authority at the address provided in section 8 of the election form.
- Submit the [Retiree Coverage Election Form](#) to HCA no later than 60 days after employer-paid insurance or COBRA coverage ends.

2. Deferring PEBB retiree insurance

a. **30-60 days** prior to retirement

- Request a [retiree packet](#) for health insurance from Health Care Authority. Call 1-800-200-1004 or 360-725-9800 in the Olympia area. They will send you a complete retiree insurance packet (including applications).
- If you're eligible for PEBB health care coverage and wish to defer your PEBB retiree coverage, you must be:
 - Enrolled in your own or your spouse or state-registered/qualified domestic partner's comprehensive employer-paid coverage (does not include employer's retiree coverage with the exception of a federal retirement plan); or
 - Enrolled in your district COBRA coverage; or
 - Enrolled in Medicare Parts A and B and a Medicaid program that provides creditable coverage. (*Dependents not eligible for creditable coverage under a Medicaid program may be enrolled in a PEBB health plan if they meet PEBB eligibility criteria.*); or
 - Enrolled in a federal retiree program, for example, TRICARE.
- Make 2 copies of your completed [Retiree Coverage Election Form](#) requesting deferral, submit one copy to HCA, and keep a copy for your files. The form should be submitted to HCA no later than 60 days after your employer-paid insurance coverage ends.

B. Employment Ending without Retirement *(e.g. resignation, layoff)*

If you do not meet the DRS criteria for retirement when your employment ends or you choose not to retire, you may have the option to use COBRA coverage as a “bridge” to retirement. To use COBRA as a “bridge” to retirement, you must enroll in COBRA coverage and be eligible to retire when your COBRA coverage ends. If you are not eligible to retire according to the DRS requirements when your COBRA coverage ends, you are not eligible for PEBB retiree coverage.

If you are eligible to retire when your COBRA coverage ends and plan to apply for PEBB retiree coverage, go to [Section C](#).

If you are a member of a Plan 3 retirement system separating employment and have met the age and length of service requirements for your plan, but are not retiring with DRS, go to [Section E](#).

C. COBRA *(Consolidated Omnibus Budget Reconciliation Act of 1986)*

COBRA is a continuation of health coverage for individuals and families, at the individual’s own expense, when the individual terminates employment.

1. Enroll in COBRA through your employer.
2. When COBRA coverage ends, enroll in or defer PEBB retiree coverage.
If you wish to apply for PEBB retiree coverage when your COBRA coverage ends, at the time of application you must meet the requirements of your retirement plan to be eligible to enroll or defer PEBB retiree coverage. If you are unsure of the eligibility requirements for PEBB retiree coverage, please contact PEBB Customer Service at 1-800-200-1004.
 - a. **6 months** prior to COBRA coverage ending
 - Contact the DRS at 1-800-547-6657 or go to www.drs.wa.gov to request a retirement estimate.
 - b. **3 months** prior to your 65th birthday or terminating employment at age 65 or older
 - Contact the Social Security Administration to enroll in Medicare Parts A and B if you or any family members you wish to cover under PEBB coverage are entitled to Medicare due to either age (65) or disability.
 - c. **3 months** prior to COBRA coverage ending
 - Request a [retiree packet](#) for health insurance from Health Care Authority. Call 1-800-200-1004 or 360-725-9800 in the Olympia area. HCA will send you a complete retiree insurance packet (including applications and all the information you need).
 - d. **30-60 days** before your COBRA coverage ends
 - Submit your retirement application and other forms to DRS.
 - If you’re eligible for PEBB health care coverage and want to enroll, send your [Retiree Coverage Election Form](#), proof of continuous COBRA coverage, a copy of your Medicare ID card showing enrollment in Medicare Parts A and B (if entitled), and the first month’s health coverage premium (if not using pension deduction) to the Health Care Authority.
 - Submit the [Retiree Coverage Election Form](#) to HCA no later than 60 days after COBRA coverage ends.
3. Deferring PEBB retiree insurance
 - a. **30-60 days** prior to COBRA coverage ending

- If you're eligible for PEBB retiree health care coverage after COBRA coverage ends and wish to defer your PEBB retiree coverage, you must be:
 - Enrolled in your own or your spouse or state-registered/qualified domestic partner's comprehensive employer-paid coverage (does not include employer's retiree coverage with the exception of a federal retirement plan); or
 - Enrolled in Medicare Parts A and B and a Medicaid program that provides creditable coverage. (*Dependents not eligible for creditable coverage under a Medicaid program may be enrolled in a PEBB health plan if they meet PEBB eligibility criteria.*); or
 - Enrolled in a federal retiree program, for example, TRICARE.
- Make 2 copies of your completed [Retiree Coverage Election Form](#) requesting deferral, submit one copy to HCA, and keep a copy for your files. The form must be submitted no later than 60 days after COBRA coverage ends.

D. Disability Retirement (*Meet PEBB eligibility and procedural requirements*)

- Request a disability estimate from DRS. Call 1-800-547-6657 or 360-664-7000 in the Olympia area to discuss eligibility.
 - Contact the Social Security Administration to enroll in Medicare Parts A and B if you or any family members you wish to cover are entitled to Medicare due to either age (65) or disability.
1. Enrolling in PEBB retiree coverage:
 - Once you are approved by DRS for Disability Retirement, request a [retiree packet](#) for health insurance from the Health Care Authority. Call 1-800-200-1004 or 360-725-9800 in the Olympia area. HCA will send you a complete retiree insurance packet (including applications).
 - If you're eligible for PEBB retiree health care coverage and want to enroll, send your [Retiree Coverage Election Form](#), a photo copy of your Medicare ID card showing enrollment in Medicare Parts A and B (if entitled), and the first month's health coverage premium (if not using pension deduction) to the Health Care Authority no later than 60 days after the date on the approval letter from DRS.
 2. Deferring PEBB retiree insurance
 - a. Once you apply and are approved by DRS for Disability Retirement, if you're eligible for PEBB retiree health care coverage and wish to defer your PEBB retiree coverage, you must be:
 - Enrolled in your own or your spouse or state-registered/qualified domestic partner's employer-paid coverage (does not include employer's retiree coverage with the exception of a federal retirement plan); or
 - Enrolled in your district COBRA coverage; or
 - Enrolled in Medicare Parts A and B and a Medicaid program that provides creditable coverage. (*Dependents not eligible for creditable coverage under a Medicaid program may be enrolled in a PEBB health plan if they meet PEBB eligibility criteria.*); or
 - Enrolled in a federal retiree program, for example, TRICARE.
 - Make 2 copies of your completed [Retiree Coverage Election Form](#) requesting deferral, submit one copy to HCA, and keep a copy for your files. The form must be submitted to HCA no later than 60 days after the date on your approval letter from DRS.

E. Separating Employment *(Plan 3 members not retiring, but meet DRS requirements)*

1. Enrolling in PEBB retiree insurance

a. **3 months** prior to separating employment

- Request a [retiree packet](#) for health insurance information from Health Care Authority. Call 1-800-200-1004 or 360-725-9800 in the Olympia area. HCA will send you a complete retiree insurance packet (including applications).

b. **3 months** prior to your 65th birthday or terminating employment at age 65 or older

- Contact the Social Security Administration to enroll in Medicare Parts A and B if you or any family members you wish to cover under PEBB coverage are entitled to Medicare due to either age (65) or disability.

c. **30-60 days** prior to retirement or separating employment

- If you're eligible for PEBB retiree health care coverage and want to enroll, send your [Retiree Coverage Election Form](#), a photo copy of your Medicare ID card showing enrollment in Medicare Parts A and B (if entitled), and the first month's health coverage premium (if not using pension deduction) to the Health Care Authority at the address provided in section 8 of the election form.
- Submit the [Retiree Coverage Election Form](#) to HCA no later than 60 days after employer-paid insurance coverage ends.

2. Deferring PEBB retiree insurance

a. **30-60 days** prior to separating employment

- Request a [retiree packet](#) for health insurance from Health Care Authority. Call 1-800-200-1004 or 360-725-9800 in the Olympia area. HCA will send you a complete retiree insurance packet (including applications).
- If you're eligible for PEBB retiree health care coverage and wish to defer your PEBB retiree coverage, you must be:
 - Enrolled in your own or your spouse or state-registered/qualified domestic partner's employer-paid coverage (does not include employer's retiree coverage with the exception of a federal retirement plan); or
 - Enrolled in your district COBRA coverage; or
 - Enrolled in Medicare Parts A and B and a Medicaid program that provides creditable coverage. *(Dependents not eligible for creditable coverage under a Medicaid program may be enrolled in a PEBB health plan if they meet PEBB eligibility criteria.);* or
 - Enrolled in a federal retiree program, for example, TRICARE.
- Make 2 copies of your completed [Retiree Coverage Election Form](#) requesting deferral, submit one copy to HCA, and keep a copy for your files. The form must be submitted to HCA no later than 60 days after employer-paid insurance ends.

3. When you are ready to retire *(receive your monthly retirement plan payment)*

a. **6 months** prior to retirement

- Contact the DRS at 1-800-547-6657 or go to www.drs.wa.gov to request a retirement estimate and if you have not already done so, register for a retirement seminar.

b. **30-60 days** prior to retirement

- Submit your retirement application to DRS.