

2017 PEBB Retiree Monthly Rates

Effective January 1, 2017

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Kaiser Foundation Health Plan of Washington's (formerly Group Health) Medicare Advantage plan or Kaiser Foundation Health Plan of the Northwest Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

For more information on these requirements, contact your health plan's customer service department.

Medical Plans				
Members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse ¹	Subscriber and Child(ren)	Full Family
Kaiser Permanente WA (formerly Group Health) Classic	\$676.52	\$1,348.32	\$1,180.37	\$1,852.17
Kaiser Permanente WA (formerly Group Health) CDHP	\$563.28	\$1,115.34	\$ 991.91	\$1,485.64
Kaiser Permanente WA (formerly Group Health) SoundChoice	\$575.80	\$1,146.88	\$1,004.11	\$1,575.19
Kaiser Permanente WA (formerly Group Health) Value	\$598.81	\$1,192.90	\$1,044.38	\$1,638.47
Kaiser Permanente NW Classic ²	\$661.10	\$1,317.48	\$1,153.39	\$1,809.77
Kaiser Permanente NW CDHP ²	\$564.83	\$1,117.94	\$ 994.25	\$1,489.03
UMP Classic	\$623.65	\$1,242.58	\$1,087.85	\$1,706.78
UMP CDHP	\$562.91	\$1,114.60	\$ 991.26	\$1,484.62
UMP Plus—PSHVN	\$595.49	\$1,186.26	\$1,038.57	\$1,629.34
UMP Plus—UW Medicine ACN	\$595.49	\$1,186.26	\$1,038.57	\$1,629.34

Members enrolled in Medicare Part A and B:	Subscriber Only	Subscriber and Spouse ¹		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Kaiser Permanente WA (formerly Group Health) Classic	N/A	\$847.97	N/A	\$680.02	N/A [†]	\$1,351.82	\$851.47	N/A [†]
Kaiser Permanente WA (formerly Group Health) Medicare Plan	\$176.17	N/A [†]	\$347.62	N/A [†]	\$347.62	N/A [†]	N/A [†]	\$519.07
Kaiser Permanente WA (formerly Group Health) SoundChoice	N/A	\$747.25	N/A	\$604.48	N/A [†]	\$1,175.56	\$775.93	N/A [†]
Kaiser Permanente WA (formerly Group Health) Value	N/A	\$770.26	N/A	\$621.74	N/A [†]	\$1,215.83	\$793.19	N/A [†]
Kaiser Permanente NW Senior Advantage	\$163.63	\$820.01 ^{††}	\$322.54	\$655.92 ^{††}	\$322.54	\$1,312.30 ^{††}	\$814.83 ^{††}	\$481.45
UMP Classic	\$278.13	\$897.06	\$551.54	\$742.33	\$551.54	\$1,361.26	\$1,015.74	\$824.95

(continued)

¹ Or state-registered domestic partner

² Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in WA, and the Portland, OR area.

[†] If a Kaiser Permanente WA (formerly Group Health) subscriber is enrolled in Medicare Part A and Part B and covers a family member not eligible for Medicare, the family member must enroll in a Kaiser Permanente WA (formerly Group Health) Classic, SoundChoice, or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

^{††} If a Kaiser Permanente NW² subscriber is enrolled in Medicare Part A and Part B and covers a family member not eligible for Medicare, the family member will be enrolled in Kaiser Permanente NW Classic². The subscriber will pay the combined Medicare and non-Medicare rate shown for Kaiser Permanente NW Senior Advantage.

Medicare Supplement Plan F (Group), administered by Premera Blue Cross

	Subscriber Only	Subscriber and Spouse*			Subscriber and Child(ren)	Full Family		
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible**	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$109.59	\$728.52	\$316.14	\$214.46	\$573.79	\$1,192.72	\$781.84	\$678.66
Plan F Under age 65, eligible by disability	\$211.27	\$830.20	\$316.14	\$417.82	\$675.47	\$1,294.40	\$781.84	\$882.02

*or state-registered domestic partner

** If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Medicare rates shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.

Monthly Premium Surcharges

The following surcharges will be billed in addition to the medical premiums due from subscribers.

These surcharges do not apply if the subscriber is also enrolled in Medicare Part A and Part B.

- A monthly \$25-per-account surcharge will apply if the subscriber or any family member (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner, and the spouse or state-registered domestic partner elected not to enroll in employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2017 Premium Surcharge Help Sheet* at www.hca.wa.gov/public-employee-benefits.

Dental Plans with Medical Plan

	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
DeltaCare, administered by Delta Dental of Washington	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan, administered by Delta Dental of Washington	\$45.07	\$90.14	\$90.14	\$135.21
Willamette Dental of Washington, Inc.	\$42.37	\$84.74	\$84.74	\$127.11

*or state-registered domestic partner

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If you need accommodation, please call 1-800-200-1004 or 711 for relay services.

Retiree Life Insurance, administered by MetLife

Legacy Retiree Life Insurance Plan: Only available to retirees enrolled as of December 31, 2016, who didn't elect to increase their retiree term life insurance amount during MetLife's open enrollment (November 1-30, 2016)

Age at death	Amount of insurance	Monthly cost
Under 65	\$3,000	\$7.75
65 through 69	\$2,100	\$7.75
70 and over	\$1,800	\$7.75

Retiree Term Life Insurance

The table below shows that monthly costs increase as your age increases, but your benefit coverage amount does not change.

Your age	Monthly cost for \$5,000 coverage	Monthly cost for \$10,000 coverage	Monthly cost for \$15,000 coverage	Monthly cost for \$20,000 coverage
45-49	\$ 0.87	\$ 1.74	\$ 2.61	\$ 3.48
50-54	\$ 1.34	\$ 2.67	\$ 4.01	\$ 5.34
55-59	\$ 2.50	\$ 5.00	\$ 7.50	\$ 10.00
60-64	\$ 3.84	\$ 7.67	\$ 11.51	\$ 15.34
65-69	\$ 7.38	\$ 14.76	\$ 22.14	\$ 29.52
70-74	\$ 11.97	\$ 23.94	\$ 35.91	\$ 47.88
75-79	\$ 19.41	\$ 38.81	\$ 58.22	\$ 77.62
80-84	\$ 31.43	\$ 62.86	\$ 94.29	\$125.72
85-89	\$ 50.90	\$101.79	\$152.69	\$203.58
90-94	\$ 82.45	\$164.89	\$247.34	\$329.78
95+	\$133.57	\$267.14	\$400.71	\$534.28