



Washington State Health Care Authority
Public Employees Benefits Board

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April 27, 2006

TO: Personnel, Payroll, and Insurance Offices of K-12 School Districts and Educational Service Districts (ESDs)

FROM: Megan Atkinson
Financial Services Manager

SUBJECT: Fiscal Year 2007 PEBB Program Rates – Composite

Effective September 1, 2006 through August 31, 2007, your employer funding rate is \$682.54 per active employee per month. This rate covers health benefits under the Public Employees Benefits Board (PEBB) program, and reflects the amount allocated in Section 504 of the 2006 Supplemental Operating Budget (Chapter 372, 2006 Session Laws).

Employee contributions, COBRA, and self-pay rates will remain the same until January 1, 2007, when the new plan year begins. You will receive these revised rates before open enrollment this fall.

Enclosed is a rate sheet titled "Fiscal Year 2007 Program Rates, Composite Active Rates for ESDs/K-12 School Districts" effective September 2006 through December 2006.

As a reminder, you must pay the full employer funding rate for every eligible employee working half-time or more, including those who have waived medical coverage. Employee premiums will automatically be added to your billed rate. You are responsible for collecting the employees' premiums and sending the total billed amount to the HCA.

If you have questions, please contact Sandra Lakey at 360-412-4201 or slak107@hca.wa.gov.

Enclosure

cc:	Mary Fliss	Rene Bourbeau	Barbara Scott
	Sandra Lakey	Debbie Allen	Michelle George
	Lonnie Budd	Kim Grindrod	

Fiscal Year 2007 Program Rates
Composite Active Rates for ESDs/K-12 School Districts
(for 09/01/06 through 12/31/06 only)

Final 2006 PEBB Bid Rates
HCA Financial Services

	09/01/06 through 08/31/07	01/01/06 through 12/31/06				09/01/06 through 12/31/06			
Plan Name	Base Rate	Employee Contributions				Total Base Rates With Employee Contributions			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
CHPWA	\$682.54	\$ 73.00	\$ 155.00	\$ 127.00	\$ 210.00	\$755.54	\$837.54	\$809.54	\$892.54
Group Health Cooperative of Puget Sound	\$682.54	\$ 51.00	\$ 113.00	\$ 90.00	\$ 151.00	\$733.54	\$795.54	\$772.54	\$833.54
Group Health Options Inc.	\$682.54	\$ 98.00	\$ 205.00	\$ 171.00	\$ 278.00	\$780.54	\$887.54	\$853.54	\$960.54
Kaiser Foundation Health Plan of the NW	\$682.54	\$ 55.00	\$ 120.00	\$ 96.00	\$ 161.00	\$737.54	\$802.54	\$778.54	\$843.54
PacifiCare of Washington, Inc	\$682.54	\$ 131.00	\$ 272.00	\$ 230.00	\$ 371.00	\$813.54	\$954.54	\$912.54	\$1,053.54
Regence BlueShield	\$682.54	\$ 136.00	\$ 282.00	\$ 238.00	\$ 385.00	\$818.54	\$964.54	\$920.54	\$1,067.54
Uniform Medical Plan PPO	\$682.54	\$ 14.00	\$ 38.00	\$ 25.00	\$ 49.00	\$696.54	\$720.54	\$707.54	\$731.54
UMP Neighborhood	\$682.54	\$ 12.00	\$ 34.00	\$ 21.00	\$ 43.00	\$694.54	\$716.54	\$703.54	\$725.54