Washington State Health Care Authority
Public Employees Benefits Board
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September 5, 2007

TO: Ms. Rita Lauzon, Center for Information Services

FROM: Steve Norsen
Manager, PEBB Outreach & Training Team

SUBJECT: **Revised Fiscal Year 2008 PEBB Program Rates – Composite**

Overview
The higher-education institutions' base monthly funding rate of $707.00 will remain unchanged until July 1, 2008. However, based on new contracts with the health plans, the employees' monthly contributions will change effective January 1, 2008.

Medical/Dental
The new contribution schedule is enclosed as Exhibit 1. The Pubic Employees Benefits Board (PEBB) program will publish these monthly contributions as part of the open enrollment materials to all state employees. Complete open enrollment information will soon be available on the PEBB Web site at www.pebb.hca.wa.gov.

Life and LTD Insurance
Effective January 1, 2008, employee optional life insurance rates will decrease slightly. The new rate schedule for life insurance is enclosed as Exhibit 2. (There is no change in the optional long-term disability insurance rates.)

Qualified Domestic Partners – Tax Tables
Qualified domestic partner tax tables are enclosed as Tables 1-7. Tables 1 and 2 provide monthly amounts for additional taxable income for "Non-Tax Qualified Partners" for 2008. Tables 3 - 7 provide monthly payroll employee contributions (deductions) for subscribers and qualified domestic partners.

If you have questions about the rates, please contact me at (360) 412-4201 or steve.norsen@hca.wa.gov.

Enclosures

cc: Kim Grindrod

Exhibit 1

Community Colleges Active Employee Contribution

2008 PEBB Rates - Effective 01/01/08

	Employee Contribution			
	Subscriber	Subscriber & Spouse*	Subscriber & Child(ren)	Full Family
Aetna Public Employees Plan	$104	$218	$182	$296
Group Health Classic	$74	$158	$130	$214
Group Health Value	$20	$50	$35	$65
Kaiser Permanente Classic	$101	$212	$177	$288
Kaiser Permanente Value	$59	$128	$103	$172
Uniform Medical Plan PPO	$28	$66	$49	$87

* or Qualified Domestic Partner

Exhibit 2

PEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

2008 PEBB Rates - Effective 01/01/08

Plan A Basic for Actives*:	Monthly Cost:	$ 5.23

Plan A Basic for Retirees:	Monthly Cost:	$ 2.19

Plan B Basic (Dependents):	Monthly Cost:	$ 0.52

Plan B Supplemental,
Plans C (Optional) and D (Supplemental):

Monthly Cost for Each $1,000 of Coverage

Age	Non-Smoker	Smoker
<25	$ 0.030	$0.038
25-29	$ 0.032	$0.046
30-34	$ 0.036	$0.060
35-39	$ 0.042	$0.070
40-44	$ 0.066	$0.078
45-49	$ 0.096	$0.116
50-54	$ 0.148	$0.176
55-59	$ 0.276	$0.328
60-64	$ 0.424	$0.502
65-69	$ 0.782	$0.966
70+	$ 1.164	$1.566

Plan E Life (Voluntary AD&D):

Employee Coverage	Employee Only Cost	Employee & Dependent(s) Cost	Spouse Coverage		Per Child Coverage	
			No Children	With Children	With Spouse	No Spouse
$ 25,000	$ 0.25	$ 0.35	$ 12,500	$ 10,000	$ 1,250	$ 2,500
$ 50,000	$ 0.50	$ 0.70	$ 25,000	$ 20,000	$ 2,500	$ 5,000
$ 75,000	$ 0.75	$ 1.05	$ 37,500	$ 30,000	$ 3,750	$ 7,500
$ 100,000	$ 1.00	$ 1.40	$ 50,000	$ 40,000	$ 5,000	$ 10,000
$ 125,000	$ 1.25	$ 1.75	$ 62,500	$ 50,000	$ 6,250	$ 12,500
$ 150,000	$ 1.50	$ 2.10	$ 75,000	$ 60,000	$ 7,500	$ 15,000
$ 175,000	$ 1.75	$ 2.45	$ 87,500	$ 70,000	$ 8,750	$ 17,500
$ 200,000	$ 2.00	$ 2.80	$ 100,000	$ 80,000	$ 10,000	$ 20,000
$ 225,000	$ 2.25	$ 3.15	$ 112,500	$ 90,000	$ 11,250	$ 22,500
$ 250,000	$ 2.50	$ 3.50	$ 125,000	$ 100,000	$ 12,500	$ 25,000

* Represents premium paid to the Plan only.
For State Actives, Plan A Basic coverage is funded by the state.
For Actives from Employer Groups, ESD's, and K-12 Districts accepting the Full Benefits package, the premium for Plan A Basic coverage is included in the rates for the selected medical plan.
Coverage is **not** provided to Actives from K-12 Districts accepting Medical Only package.

Additional Taxable Income for Non-Tax Qualified Domestic Partners
Effective 01/01/08
Tables 1 and 2

Table 1: Employer Share Medical and Dental
2008 Monthly State Premium Contribution for Medical and Dental for Active Employees
Additional Taxable Income for Non-Tax Qualified Dependents' coverage*

MEDICAL AND DENTAL PLAN	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
All Medical Plans	$ 399	$ 317	$ 716

Table 2: Employer Share Dental Only
Sample chart for dental-only enrollment; taxable amount for dependents

DENTAL PLAN	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
All Dental Plans	$ 40	$ 40	$ 80

2008 Monthly State Contribution for Medicare Retirees (monthly State subsidy)**
Additional taxable income for non-tax qualified domestic partners

Aetna Public Employee Plan	$ 164
GHC Classic	$ 150
GHC Value	$ 132
Kaiser Classic	$ 162
Kaiser Value	$ 128
Secure Horizons Classic	$ 164
Secure Horizons Value	$ 136
Uniform Medical Plan PPO	$ 162
Plan E Retired	$ 66
Plan E Disabled	$ 112
Plan J Retired without Rx	$ 90
Plan J Disabled without Rx	$ 153
Plan J Retired with Rx	$ 133
Plan J Disabled with Rx	$ 164

* Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting.
** By State law, the retiree subsidy is limited to 50% of the total premium paid to the health plan.

Tabels 3 - 7
State and Higher Education Active Employee Monthly Contributions (Deductions)
For Non-Tax Qualified Domestic Partners and Dependents
PEBB Rates Effective 01/01/08

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-tax and post-tax combined)

Plan Name	Subscriber	Subscriber and Partner	Subscriber and Child(ren)	Full Family
Aetna Public Employee Plan	$ 104	$ 218	$ 182	$ 296
GHC Classic	$ 74	$ 158	$ 130	$ 214
GHC Value	$ 20	$ 50	$ 35	$ 65
Kaiser Classic	$ 101	$ 212	$ 177	$ 288
Kaiser Value	$ 59	$ 128	$ 103	$ 172
Uniform Medical Plan PPO	$ 28	$ 66	$ 49	$ 87

Table 4: Post-Tax Partner Share for "Subscriber and Partner" Tier

Plan Name	Subscriber and Partner	Subscriber	Partner
Aetna Public Employee Plan	$ 218	$ 104	$ 114
GHC Classic	$ 158	$ 74	$ 84
GHC Value	$ 50	$ 20	$ 30
Kaiser Classic	$ 212	$ 101	$ 111
Kaiser Value	$ 128	$ 59	$ 69
Uniform Medical Plan PPO	$ 66	$ 28	$ 38

Table 5: Post-Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Aetna Public Employee Plan	$ 296	$ 182	$ 114
GHC Classic	$ 214	$ 130	$ 84
GHC Value	$ 65	$ 35	$ 30
Kaiser Classic	$ 288	$ 177	$ 111
Kaiser Value	$ 172	$ 103	$ 69
Uniform Medical Plan PPO	$ 87	$ 49	$ 38

Table 6: Post-Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Aetna Public Employee Plan	$ 296	$ 104	$ 192
GHC Classic	$ 214	$ 74	$ 140
GHC Value	$ 65	$ 20	$ 45
Kaiser Classic	$ 288	$ 101	$ 187
Kaiser Value	$ 172	$ 59	$ 113
Uniform Medical Plan PPO	$ 87	$ 28	$ 59

Table 7: Post-Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Child(ren)
Aetna Public Employee Plan	$ 182	$ 104	$ 78
GHC Classic	$ 130	$ 74	$ 56
GHC Value	$ 35	$ 20	$ 15
Kaiser Classic	$ 177	$ 101	$ 76
Kaiser Value	$ 103	$ 59	$ 44
Uniform Medical Plan PPO	$ 49	$ 28	$ 21