



Washington State Health Care Authority  
*Public Employees Benefits Board*

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August 4, 2009

TO: Personnel, Payroll, and Insurance Offices of K-12 School Districts and ESDs

FROM: Steve Norsen, Manager  
PEBB Outreach & Training Team

SUBJECT: Revised Fiscal Year 2010 PEBB Program Rates – Composite

The K-12 and Educational Service Districts' (ESD) base rate of \$745.00, the majority of the basis for the composite rates, will remain unchanged until July 1, 2010. **However, the employees' (minimum) monthly contributions will change January 1, 2010 based on new contracts with health plans.** Attached as Exhibit 1 you will find the composite active rates for K-12 and ESDs by plan.

Employee optional life and long term disability (LTD) insurance rates did not change and will remain the same for 2010. The rate schedule for life and LTD insurance is enclosed as Exhibit 2 and 3.

This year, Open Enrollment will run from October 26 – November 30, 2009. In early October, the Public Employees Benefit Board (PEBB) program will publish these monthly contributions in the *For Your Benefit* newsletter. This newsletter is the employees' only printed open enrollment information. However, information will also be available on the PEBB web site at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) prior to the start of open enrollment. Employees who make an online plan change using E-Coverage will not see a premium rate. Instead, a pop-up box will prompt them to contact their personnel or payroll office for premium information. To support their decisions, you will want to distribute 2010 monthly premiums for your own employees before open enrollment so they can have those available when making a plan selection.

If you have an IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, note that if an employee's non-tax qualified dependents do not qualify as IRS dependents, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee. To assist you, we have included examples of how the state calculates these amounts for state agency personnel. [Tables 1-7] These tables should only be used as a template in developing calculations that are based on your employer contribution rate.

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

Enclosures

c: Kim Grindrod

**Composite Active Rates for STATE and HIGHER ED,  
Commodity Commissions, Employer Groups, and ESDs/K-12 School Districts  
(for 01/01/10 through 06/30/10 only)**

	07/01/09 through 06/30/10	01/01/10 through 12/31/10				01/01/10 through 06/30/10			
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
Aetna Public Employee Plan	\$745.00	\$ 132.00	\$ 274.00	\$ 231.00	\$ 373.00	\$ 877.00	\$ 1,019.00	\$ 976.00	\$ 1,118.00
Group Health Classic	\$745.00	\$ 71.00	\$ 152.00	\$ 124.00	\$ 205.00	\$ 816.00	\$ 897.00	\$ 869.00	\$ 950.00
Group Health Value	\$745.00	\$ 22.00	\$ 54.00	\$ 39.00	\$ 71.00	\$ 767.00	\$ 799.00	\$ 784.00	\$ 816.00
Kaiser Permanente Classic	\$745.00	\$ 72.00	\$ 154.00	\$ 126.00	\$ 208.00	\$ 817.00	\$ 899.00	\$ 871.00	\$ 953.00
Kaiser Permanente Value	\$745.00	\$ 42.00	\$ 94.00	\$ 74.00	\$ 126.00	\$ 787.00	\$ 839.00	\$ 819.00	\$ 871.00
Uniform Medical Plan PPO	\$745.00	\$ 41.00	\$ 92.00	\$ 72.00	\$ 123.00	\$ 786.00	\$ 837.00	\$ 817.00	\$ 868.00

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

<b>Plan A Basic for Actives*:</b>	Monthly Cost:	\$	5.07
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Pub No.  
50-135F

<b>Plan A Basic for Retirees:</b>	Monthly Cost:	\$	2.19
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51-275R, 51-403-F

<b>Plan B Basic (Dependents):</b>	Monthly Cost:	\$	0.50
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Plan B Supplemental, Plans C (Optional) and D (Supplemental): Monthly Cost for Each \$1,000 of Coverage		
Age	Non-Smoker	Smoker
<25	\$ 0.028	\$0.036
25-29	\$ 0.030	\$0.044
30-34	\$ 0.034	\$0.058
35-39	\$ 0.042	\$0.066
40-44	\$ 0.064	\$0.074
45-49	\$ 0.092	\$0.112
50-54	\$ 0.144	\$0.170
55-59	\$ 0.268	\$0.318
60-64	\$ 0.412	\$0.484
65-69	\$ 0.760	\$0.932
70+	\$ 1.134	\$1.514

50-135F

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	\$ 0.20	\$ 0.30	\$ 12,500	\$ 10,000	\$ 1,250	\$ 2,500	
\$ 50,000	\$ 0.40	\$ 0.60	\$ 25,000	\$ 20,000	\$ 2,500	\$ 5,000	
\$ 75,000	\$ 0.60	\$ 0.90	\$ 37,500	\$ 30,000	\$ 3,750	\$ 7,500	
\$ 100,000	\$ 0.80	\$ 1.20	\$ 50,000	\$ 40,000	\$ 5,000	\$ 10,000	
\$ 125,000	\$ 1.00	\$ 1.50	\$ 62,500	\$ 50,000	\$ 6,250	\$ 12,500	
\$ 150,000	\$ 1.20	\$ 1.80	\$ 75,000	\$ 60,000	\$ 7,500	\$ 15,000	
\$ 175,000	\$ 1.40	\$ 2.10	\$ 87,500	\$ 70,000	\$ 8,750	\$ 17,500	
\$ 200,000	\$ 1.60	\$ 2.40	\$ 100,000	\$ 80,000	\$ 10,000	\$ 20,000	
\$ 225,000	\$ 1.80	\$ 2.70	\$ 112,500	\$ 90,000	\$ 11,250	\$ 22,500	
\$ 250,000	\$ 2.00	\$ 3.00	\$ 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, ESDs, 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.

**PEBB 2010 LONG TERM DISABILITY PLAN**

Rates Paid to Plan and Charged to Subscribers

<b>Basic Plan for Actives</b>	Monthly Cost*:	\$	2.00
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<b>Optional Plan</b>	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees
Waiting Period		
30 days	2.48%	1.96%
60 days	1.26%	1.04%
90 days	0.69%	0.57%
120 days	0.40%	0.34%
180 days	0.30%	0.27%
240 days	0.29%	0.26%
300 days	0.27%	0.24%
360 days	0.26%	0.23%

\* Represents premium paid to plan only.

For State Actives, Basic Plan coverage is funded by the state.

**PEBB Program for 2010**

**Additional Taxable Income for Non-Tax Qualified Dependents**

**Table 1: Employer Share Medical and Dental**

2010 Monthly State Premium Contribution for Medical and Dental for Active Employees  
Additional Taxable Income for Non-Tax Qualified Dependent Coverage

<b>MEDICAL AND DENTAL PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Medical Plans	\$ 428	\$ 340	\$ 768

**Table 2: Employer Share Dental Only**

Sample chart for dental only enrollment-taxable amount for dependents

<b>DENTAL PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Dental Plans	\$ 45	\$ 45	\$ 90

**2010 Monthly State Contribution for Medicare Retirees (monthly state subsidy)\*\***

**Additional taxable income for non-tax qualified domestic partners**

Aetna Public Employee Plan	\$ 183
GHC Classic	\$ 126
GHC Value	\$ 118
Kaiser Classic	\$ 160
Kaiser Value	\$ 129
Secure Horizons Classic	\$ 183
Secure Horizons Value	\$ 121
Uniform Medical Plan PPO	\$ 156
Plan E Retired	\$ 66
Plan E Disabled	\$ 112
Plan J Retired without Rx	\$ 96
Plan J Disabled without Rx	\$ 162
Plan J Retired with Rx	\$ 135
Plan J Disabled with Rx	\$ 183

\*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

\*\*Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

**State and Higher Education Active Employee Monthly Contributions (Deductions)  
For Non-Tax Qualified Domestic Dependents  
Final 2010 PEBB Rates-HCA Finance and Administration**

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

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Aetna Public Employee Plan	\$ 132	\$ 274	\$ 231	\$ 373
GHC Classic	\$ 71	\$ 152	\$ 124	\$ 205
GHC Value	\$ 22	\$ 54	\$ 39	\$ 71
Kaiser Classic	\$ 72	\$ 154	\$ 126	\$ 208
Kaiser Value	\$ 42	\$ 94	\$ 74	\$ 126
Uniform Medical Plan PPO	\$ 41	\$ 92	\$ 72	\$ 123

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Aetna Public Employee Plan	\$ 274	\$ 132	\$ 142
GHC Classic	\$ 152	\$ 71	\$ 81
GHC Value	\$ 54	\$ 22	\$ 32
Kaiser Classic	\$ 154	\$ 72	\$ 82
Kaiser Value	\$ 94	\$ 42	\$ 52
Uniform Medical Plan PPO	\$ 92	\$ 41	\$ 51

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Aetna Public Employee Plan	\$ 373	\$ 231	\$ 142
GHC Classic	\$ 205	\$ 124	\$ 81
GHC Value	\$ 71	\$ 39	\$ 32
Kaiser Classic	\$ 208	\$ 126	\$ 82
Kaiser Value	\$ 126	\$ 74	\$ 52
Uniform Medical Plan PPO	\$ 123	\$ 72	\$ 51

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	\$ 373	\$ 132	\$ 241
GHC Classic	\$ 205	\$ 71	\$ 134
GHC Value	\$ 71	\$ 22	\$ 49
Kaiser Classic	\$ 208	\$ 72	\$ 136
Kaiser Value	\$ 126	\$ 42	\$ 84
Uniform Medical Plan PPO	\$ 123	\$ 41	\$ 82

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

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
Aetna Public Employee Plan	\$ 231	\$ 132	\$ 99
GHC Classic	\$ 124	\$ 71	\$ 53
GHC Value	\$ 39	\$ 22	\$ 17
Kaiser Classic	\$ 126	\$ 72	\$ 54
Kaiser Value	\$ 74	\$ 42	\$ 32
Uniform Medical Plan PPO	\$ 72	\$ 41	\$ 31