



Washington State Health Care Authority
Public Employees Benefits Board

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July 15, 2013

TO: Personnel, Payroll, and Insurance Offices of Employer Groups

FROM: Amy Corrigan
PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2014 PEBB Program Rates – Composite

Effective July 1, 2013 through June 30, 2014, your employer base rate will be \$782.00 per active employee per month. These rates were established in the 3ESSB 5034.PL, 63rd Legislature, 2013 2nd Special Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

Employee contributions, COBRA, and self-pay rates will remain the same until January 1, 2014, when the new plan year begins. You will receive these revised rate sheets before open enrollment this fall.

As a reminder, you must pay the full base rate for every eligible employee as outlined in WAC 182-12, including for those who have waived medical coverage. Employee contributions will automatically be added to your billed rate. You are responsible for collecting employee contributions and sending the total billed amount to the HCA.

If you have questions, please contact me at 360-725-0826 or Amy.Corrigan@HCA.WA.GOV.

cc: Kim Grindrod, PEBB Rates Analyst

**Composite Active Rates for Employer Groups
(for 07/01/13 through 12/31/13 only)**

2013 PEBB Bid Rates
HCA Financial Services

| 07/01/13 through 12/31/13 | | | | |
|------------------------------|---------------|-----------------------|---------------------------|-------------|
| Plan Name | Total Premium | | | |
| | Subscriber | Subscriber and Spouse | Subscriber and Child(ren) | Full Family |
| Group Health Classic | \$ 897.00 | \$ 1,022.00 | \$ 983.00 | \$ 1,108.00 |
| Group Health Value | \$ 848.00 | \$ 924.00 | \$ 898.00 | \$ 974.00 |
| Group Health CDHP | \$ 818.00 | \$ 864.00 | \$ 845.00 | \$ 891.00 |
| Kaiser Permanente Classic | \$ 880.00 | \$ 988.00 | \$ 954.00 | \$ 1,062.00 |
| Kaiser CDHP | \$ 803.00 | \$ 834.00 | \$ 819.00 | \$ 850.00 |
| Uniform Medical Plan Classic | \$ 859.00 | \$ 946.00 | \$ 917.00 | \$ 1,004.00 |
| Uniform Medical Plan CDHP | \$ 804.00 | \$ 836.00 | \$ 821.00 | \$ 853.00 |