



Washington State Health Care Authority
Public Employees Benefits Board

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May 17, 2016

TO: Personnel, Payroll, and Insurance Offices of K-12 School Districts and Educational Service Districts (ESDs) on Composite Rates with PEBB

FROM: Rachelle Alongi
PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2017 PEBB Program Rates—Composite

Starting September 1, 2016 (FY 2017), the monthly employer base rate will be \$888 per active employee per month. These rates were established in the 2ESHB 2376 64th legislature, 2016 1st Special Session and cover benefits administered by the Health Care Authority (HCA) through the Public Employees Benefits Board (PEBB) Program.

This change does not impact districts or district employees on “tiered rates,” employee contributions, COBRA, or self-pay rates, which will remain the same until January 1, 2017, when the new plan year begins. You will receive these revised rates before open enrollment this fall.

In addition to the employee medical plan premium, employees may be subject to a monthly \$25-per-account tobacco use and/or \$50 spousal or registered domestic partner coverage premium surcharge.

As a reminder, you must pay the full employer base rate for every eligible employee as outlined in Title 182 WAC, 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 applicable premium surcharges and sending the total billed amount to the HCA.

If you have questions, please contact me at 360-725-0831 or rachelle.alongi@hca.wa.gov.

cc: Tanya Deuel, PEBB Fiscal Information and Data Analyst

Washington State Health Care Authority
2016 PEBB Rate Book
 Composite Active Rates for ESD's/K-12 School Districts

| | 09/01/16 through 08/31/17 | 01/01/16 through 12/31/16 | | | | 09/01/16 through 12/31/16 | | | |
|--|---------------------------|---------------------------|-----------------------|---------------------------|-------------|---------------------------|-----------------------|---------------------------|-------------|
| | Base Rate | Subscriber | Subscriber and Spouse | Subscriber and Child(ren) | Full Family | Subscriber | Subscriber and Spouse | Subscriber and Child(ren) | Full Family |
| Excluding Tobacco and Spouse Waiver (AV) Surcharges | | | | | | | | | |
| Group Health Classic | \$888.00 | \$118.00 | \$246.00 | \$207.00 | \$335.00 | \$1,006.00 | \$1,134.00 | \$1,095.00 | \$1,223.00 |
| Group Health Value | \$888.00 | \$81.00 | \$172.00 | \$142.00 | \$233.00 | \$969.00 | \$1,060.00 | \$1,030.00 | \$1,121.00 |
| Group Health CDHP | \$888.00 | \$22.00 | \$54.00 | \$39.00 | \$71.00 | \$910.00 | \$942.00 | \$927.00 | \$959.00 |
| Group Health SoundChoice | \$888.00 | \$45.00 | \$100.00 | \$79.00 | \$134.00 | \$933.00 | \$988.00 | \$967.00 | \$1,022.00 |
| Group Health Medicare Only | \$888.00 | | | | | | | | |
| Kaiser Permanente Classic | \$888.00 | \$144.00 | \$298.00 | \$252.00 | \$406.00 | \$1,032.00 | \$1,186.00 | \$1,140.00 | \$1,294.00 |
| Kaiser CDHP | \$888.00 | \$29.00 | \$68.00 | \$51.00 | \$90.00 | \$917.00 | \$956.00 | \$939.00 | \$978.00 |
| Uniform Medical Plan Classic | \$888.00 | \$84.00 | \$178.00 | \$147.00 | \$241.00 | \$972.00 | \$1,066.00 | \$1,035.00 | \$1,129.00 |
| Uniform Medical Plan CDHP | \$888.00 | \$21.00 | \$52.00 | \$37.00 | \$68.00 | \$909.00 | \$940.00 | \$925.00 | \$956.00 |
| Uniform Medical Plan Plus | \$888.00 | \$59.00 | \$128.00 | \$103.00 | \$172.00 | \$947.00 | \$1,016.00 | \$991.00 | \$1,060.00 |
| Surcharges | | | | | | | | | |
| Tobacco Use Surcharge | | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 | \$25.00 |
| Spouse Waiver (AV) Surcharge | | \$0.00 | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$50.00 | \$0.00 | \$50.00 |
| Including Tobacco Surcharge | | | | | | | | | |
| Group Health Classic | | \$143.00 | \$271.00 | \$232.00 | \$360.00 | \$1,031.00 | \$1,159.00 | \$1,120.00 | \$1,248.00 |
| Group Health Value | | \$106.00 | \$197.00 | \$167.00 | \$258.00 | \$994.00 | \$1,085.00 | \$1,055.00 | \$1,146.00 |
| Group Health CDHP | | \$47.00 | \$79.00 | \$64.00 | \$96.00 | \$935.00 | \$967.00 | \$952.00 | \$984.00 |
| Group Health SoundChoice | | \$70.00 | \$125.00 | \$104.00 | \$159.00 | \$958.00 | \$1,013.00 | \$992.00 | \$1,047.00 |
| Group Health Medicare Only | | | | | | | | | |
| Kaiser Permanente Classic | | \$169.00 | \$323.00 | \$277.00 | \$431.00 | \$1,057.00 | \$1,211.00 | \$1,165.00 | \$1,319.00 |
| Kaiser CDHP | | \$54.00 | \$93.00 | \$76.00 | \$115.00 | \$942.00 | \$981.00 | \$964.00 | \$1,003.00 |
| Uniform Medical Plan Classic | | \$109.00 | \$203.00 | \$172.00 | \$266.00 | \$997.00 | \$1,091.00 | \$1,060.00 | \$1,154.00 |
| Uniform Medical Plan CDHP | | \$46.00 | \$77.00 | \$62.00 | \$93.00 | \$934.00 | \$965.00 | \$950.00 | \$981.00 |
| Uniform Medical Plan Plus | | \$84.00 | \$153.00 | \$128.00 | \$197.00 | \$972.00 | \$1,041.00 | \$1,016.00 | \$1,085.00 |
| Including Spouse Waiver (AV) Surcharge | | | | | | | | | |
| Group Health Classic | | \$118.00 | \$296.00 | \$207.00 | \$385.00 | \$1,006.00 | \$1,184.00 | \$1,095.00 | \$1,273.00 |
| Group Health Value | | \$81.00 | \$222.00 | \$142.00 | \$283.00 | \$969.00 | \$1,110.00 | \$1,030.00 | \$1,171.00 |
| Group Health CDHP | | \$22.00 | \$104.00 | \$39.00 | \$121.00 | \$910.00 | \$992.00 | \$927.00 | \$1,009.00 |
| Group Health SoundChoice | | \$45.00 | \$150.00 | \$79.00 | \$184.00 | \$933.00 | \$1,038.00 | \$967.00 | \$1,072.00 |
| Group Health Medicare Only | | | | | | | | | |
| Kaiser Permanente Classic | | \$144.00 | \$348.00 | \$252.00 | \$456.00 | \$1,032.00 | \$1,236.00 | \$1,140.00 | \$1,344.00 |
| Kaiser CDHP | | \$29.00 | \$118.00 | \$51.00 | \$140.00 | \$917.00 | \$1,006.00 | \$939.00 | \$1,028.00 |
| Uniform Medical Plan Classic | | \$84.00 | \$228.00 | \$147.00 | \$291.00 | \$972.00 | \$1,116.00 | \$1,035.00 | \$1,179.00 |
| Uniform Medical Plan CDHP | | \$21.00 | \$102.00 | \$37.00 | \$118.00 | \$909.00 | \$990.00 | \$925.00 | \$1,006.00 |
| Uniform Medical Plan Plus | | \$59.00 | \$178.00 | \$103.00 | \$222.00 | \$947.00 | \$1,066.00 | \$991.00 | \$1,110.00 |
| Including Tobacco and Spouse Waiver (AV) Surcharges | | | | | | | | | |
| Group Health Classic | | \$143.00 | \$321.00 | \$232.00 | \$410.00 | \$1,031.00 | \$1,209.00 | \$1,120.00 | \$1,298.00 |
| Group Health Value | | \$106.00 | \$247.00 | \$167.00 | \$308.00 | \$994.00 | \$1,135.00 | \$1,055.00 | \$1,196.00 |
| Group Health CDHP | | \$47.00 | \$129.00 | \$64.00 | \$146.00 | \$935.00 | \$1,017.00 | \$952.00 | \$1,034.00 |
| Group Health SoundChoice | | \$70.00 | \$175.00 | \$104.00 | \$209.00 | \$958.00 | \$1,063.00 | \$992.00 | \$1,097.00 |
| Group Health Medicare Only | | | | | | | | | |
| Kaiser Permanente Classic | | \$169.00 | \$373.00 | \$277.00 | \$481.00 | \$1,057.00 | \$1,261.00 | \$1,165.00 | \$1,369.00 |
| Kaiser CDHP | | \$54.00 | \$143.00 | \$76.00 | \$165.00 | \$942.00 | \$1,031.00 | \$964.00 | \$1,053.00 |
| Uniform Medical Plan Classic | | \$109.00 | \$253.00 | \$172.00 | \$316.00 | \$997.00 | \$1,141.00 | \$1,060.00 | \$1,204.00 |
| Uniform Medical Plan CDHP | | \$46.00 | \$127.00 | \$62.00 | \$143.00 | \$934.00 | \$1,015.00 | \$950.00 | \$1,031.00 |
| Uniform Medical Plan Plus | | \$84.00 | \$203.00 | \$128.00 | \$247.00 | \$972.00 | \$1,091.00 | \$1,016.00 | \$1,135.00 |