



Washington State Health Care Authority
Public Employees Benefits Board

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May 17, 2016

TO: Benefits Office of University of Washington, Eastern Washington University,
Central Washington University, The Evergreen State College, Washington State
University, and Western Washington University

FROM: Rachelle Alongi
PEBB Outreach & Training Team

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

Starting July 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.

Employee contributions, COBRA, and self-pay rates 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.

The base rate does not represent the actual cost of providing benefits to employees during the calendar year. The amounts shown below break out the current base rate, which may vary from the actual costs.

Benefit	Base Rate Breakout
Net Medical and Admin	\$ 802.88
Dental	\$ 79.13
Life	\$ 3.89
LTD	\$ 2.10
Total Base Rate	\$ 888.00

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 STATE and HIGHER ED, and Commodity Commissions

Excluding Tobacco and Spouse Waiver (AV) Surcharges	07/01/16 through 06/30/17	01/01/16 through 12/31/16				07/01/16 through 12/31/16			
	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
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 Permanente 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 ACP	\$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 Permanente 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 ACP		\$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 Permanente 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 ACP		\$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 Permanente 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 ACP		\$84.00	\$203.00	\$128.00	\$247.00	\$972.00	\$1,091.00	\$1,016.00	\$1,135.00