

2025 SEBB Continuation Coverage and School Board Member Monthly Premiums

Effective January 1, 2025

The amounts shown are the monthly costs for PEBB medical, dental, and vision coverage.

The term spouse is interchangeable with state-registered domestic partner.

What you pay	Managed Care Plans							
	Kaiser Permanente NW			Kaiser Permanente WA				Premera
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Subscriber only	\$779.42	\$814.43	\$980.54	\$739.43	\$771.17	\$924.07	\$838.35	\$732.90
Subscriber & spouse	\$1,552.86	\$1,622.89	\$1,955.09	\$1,472.88	\$1,536.37	\$1,842.15	\$1,670.73	\$1,459.83
Subscriber & children	\$1,359.50	\$1,420.77	\$1,711.45	\$1,289.52	\$1,345.07	\$1,612.63	\$1,462.63	\$1,278.10
Subscriber, spouse, & children	\$2,326.31	\$2,431.34	\$2,929.65	\$2,206.33	\$2,301.56	\$2,760.24	\$2,503.10	\$2,186.75

Kaiser Foundation Health Plan of the Northwest (Kaiser Permanente NW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

What you pay	Preferred Provider Organization (PPO) Plans								
	Kaiser Permanente WA			Premera		Uniform Medical Plan			
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible	UMP Plus
Subscriber only	\$755.81	\$829.67	\$986.37	\$851.09	\$794.83	\$755.52	\$840.72	\$742.41	\$819.84
Subscriber & spouse	\$1,505.64	\$1,653.36	\$1,966.77	\$1,696.20	\$1,583.69	\$1,505.06	\$1,675.46	\$1,478.32	\$1,633.70
Subscriber & children	\$1,318.18	\$1,447.44	\$1,721.67	\$1,484.92	\$1,386.47	\$1,317.67	\$1,466.77	\$1,302.15	\$1,430.23
Subscriber, spouse, & children	\$2,255.47	\$2,477.05	\$2,947.16	\$2,541.30	\$2,372.54	\$2,254.60	\$2,510.20	\$2,182.98	\$2,447.56

Uniform Medical Plan (UMP) is administered by Regence BlueShield and ArrayRx (formerly Washington State Rx Services).

Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if you do not attest when required or as described below.

- A monthly \$25-per-account medical premium surcharge will apply if you or any dependent (age 13 and older) enrolled in PEBB medical coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in PEBB medical coverage, and they have chosen not to enroll in another employer-based group medical plan that is comparable to PEBB’s UMP Classic.

Visit HCA’s website at hca.wa.gov/sebb-continuation under Surcharges for more information.

Dental plan premiums

What you pay	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare	Willamette Dental Group	Uniform Dental Plan
Subscriber only	\$43.40	\$52.37	\$52.22
Subscriber & spouse	\$86.80	\$104.74	\$104.44
Subscriber & children	\$86.80	\$104.74	\$104.44
Subscriber, spouse, & children	\$130.20	\$157.11	\$156.66

Vision plan premiums

What you pay	Davis Vision	EyeMed Vision Care	MetLife Vision
Subscriber only	\$4.97	\$6.60	\$7.78
Subscriber & spouse	\$9.94	\$13.20	\$15.56
Subscriber & children	\$8.70	\$11.55	\$13.62
Subscriber, spouse, & children	\$14.91	\$19.80	\$23.34

HCA is committed to providing equal access to our services. If you need an accommodation, or require documents in another format, please call us at 1-800-200-1004 (TRS: 711).