

# 2026 SEBB Continuation Coverage and School Board Member Monthly Premiums

## Effective January 1, 2026

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

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

## Medical plan premiums

What you pay	Managed Care and Health Maintenance Organization (HMO) Plans							
	Kaiser Permanente NW			Kaiser Permanente WA				Premiera
	Plan 1	Plan 2	Plan 3	Core 1	Core 2	Core 3	SoundChoice	HMO
Subscriber only	\$858.63	\$894.23	\$1,069.11	\$798.75	\$840.78	\$1,021.51	\$904.83	\$796.20
Subscriber & spouse	\$1,708.01	\$1,779.21	\$2,128.97	\$1,588.25	\$1,672.31	\$2,033.77	\$1,800.41	\$1,583.15
Subscriber & children	\$1,495.67	\$1,557.97	\$1,864.01	\$1,390.88	\$1,464.43	\$1,780.71	\$1,576.52	\$1,386.41
Subscriber, spouse, & children	\$2,557.39	\$2,664.19	\$3,188.83	\$2,377.75	\$2,503.84	\$3,046.03	\$2,695.99	\$2,370.10

What you pay	Preferred Provider Organization (PPO) Plans							
	Kaiser Permanente WA Options			Premiera		Uniform Medical Plan		
	Summit PPO 1	Summit PPO 2	Summit PPO 3	High PPO	Standard PPO	Achieve 1	Achieve 2	High Deductible
Subscriber only	\$820.62	\$909.04	\$1,062.10	\$932.72	\$883.11	\$821.93	\$909.81	\$815.04
Subscriber & spouse	\$1,631.99	\$1,808.83	\$2,114.95	\$1,856.19	\$1,756.97	\$1,634.61	\$1,810.37	\$1,620.42
Subscriber & children	\$1,429.15	\$1,583.88	\$1,851.74	\$1,625.32	\$1,538.51	\$1,431.44	\$1,585.23	\$1,426.89
Subscriber, spouse, & children	\$2,443.36	\$2,708.62	\$3,167.80	\$2,779.66	\$2,630.83	\$2,447.29	\$2,710.93	\$2,394.55

Uniform Medical Plan (UMP) is administered by Regence BlueShield and ArrayRx.

## 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 or older) enrolled in SEBB medical coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner in SEBB 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](https://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	Uniform Dental Plan
Subscriber only	\$48.61	\$60.72	\$54.60
Subscriber & spouse	\$97.22	\$121.44	\$109.20
Subscriber & children	\$97.22	\$121.44	\$109.20
Subscriber, spouse, & children	\$145.83	\$182.16	\$163.80

## 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).

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