

2021 SEBB Continuation Coverage Monthly Medical Premiums



Effective January 1, 2021

Plan	Subscriber	Subscriber & spouse ¹	Subscriber & children	Subscriber, spouse ¹ & children
Kaiser Permanente NW 1²	\$599.37	\$1,193.76	\$1,045.16	\$1,788.15
Kaiser Permanente NW 2²	\$612.42	\$1,219.86	\$1,068.00	\$1,827.30
Kaiser Permanente NW 3²	\$678.95	\$1,352.92	\$1,184.43	\$2,026.89
Kaiser Permanente WA Core 1	\$576.14	\$1,147.31	\$1,004.52	\$1,718.47
Kaiser Permanente WA Core 2	\$581.20	\$1,157.42	\$1,013.37	\$1,733.64
Kaiser Permanente WA Core 3	\$651.16	\$1,297.33	\$1,135.79	\$1,943.51
Kaiser Permanente WA SoundChoice	\$611.22	\$1,217.46	\$1,065.90	\$1,823.69
Kaiser Permanente WA Options Access PPO 1	\$625.71	\$1,246.44	\$1,091.26	\$1,867.17
Kaiser Permanente WA Options Access PPO 2	\$656.81	\$1,308.64	\$1,145.68	\$1,960.47
Kaiser Permanente WA Options Access PPO 3	\$706.29	\$1,407.60	\$1,232.28	\$2,108.91
Premera High PPO	\$636.25	\$1,267.51	\$1,109.70	\$1,898.78
Premera Peak Care EPO	\$597.02	\$1,189.07	\$1,041.05	\$1,781.11
Premera Standard PPO	\$587.79	\$1,170.60	\$1,024.90	\$1,753.41
Uniform Medical Plan (UMP) Achieve 1³	\$592.92	\$1,180.86	\$1,033.88	\$1,768.81
UMP Achieve 2³	\$657.51	\$1,310.04	\$1,146.90	\$1,962.56
UMP High Deductible (with a health savings account)³	\$591.89	\$1,175.85	\$1,037.68	\$1,728.57
UMP Plus—Puget Sound High Value Network³	\$628.10	\$1,251.22	\$1,095.44	\$1,874.34
UMP Plus—UW Medicine Accountable Care Network³	\$628.10	\$1,251.22	\$1,095.44	\$1,874.34

¹ Or a state-registered domestic partner

² Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon. KFHPNW Medicare plans have a larger service area.

³ Administered by Regence BlueShield

Medical premium surcharges

Two premium surcharges may apply in addition to your monthly medical premium. You will be charged for them if the conditions below apply, or if you do not attest to the surcharges.

- A monthly \$25-per-account tobacco medical use premium surcharge will apply if you or any dependent (age 13 and older) enrolled on your SEBB 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 UMP Classic (a Public Employees Benefits Board [PEBB] Program plan).

For more guidance on whether these surcharges apply to you, see the *2021 SEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov/erb under *Forms & publications*.

Monthly dental premiums

Plan	Subscriber	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children
DeltaCare³	\$41.33	\$82.66	\$82.66	\$123.99
Uniform Dental Plan (UDP)³	\$47.63	\$95.26	\$95.26	\$142.89
Willamette Dental Group	\$49.90	\$99.80	\$99.80	\$149.70

Monthly vision premiums

Plan	Subscriber	Subscriber & spouse ¹	Subscriber & children ²	Subscriber, spouse ¹ & children
Davis Vision⁴	\$4.36	\$8.72	\$7.63	\$13.08
EyeMed Vision Care⁵	\$5.96	\$11.92	\$10.43	\$17.88
MetLife Vision⁶	\$6.66	\$13.32	\$11.66	\$19.98

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

¹ Or state-registered domestic partner

² You pay the same regardless of how many children you enroll.

³ Administered by Delta Dental

⁴ Underwritten by HM Life Insurance Company

⁵ Underwritten by Fidelity Security Life Insurance Company

⁶ Underwritten by Metropolitan Life Insurance Company