

2022 PEBB Continuation Coverage Monthly Premiums



PEBB Continuation Coverage non-Medicare medical plan premiums

Effective January 1, 2022	Managed Care Plans						Preferred Provider Organization (PPO) Plans			
	Kaiser Foundation Health Plan of the Northwest ¹		Kaiser Foundation Health Plan of Washington				Uniform Medical Plan (administered by Regence BlueShield)			
	Classic	CDHP	Classic	SoundChoice	Value	CDHP	Classic	Plus	Select	CDHP

Monthly premiums

Subscriber	\$768.23	\$643.88	\$813.24	\$659.19	\$721.89	\$641.39	\$718.68	\$687.13	\$647.73	\$638.69
Subscriber & spouse ²	\$1,531.47	\$1,277.21	\$1,621.48	\$1,313.37	\$1,438.79	\$1,272.99	\$1,432.35	\$1,369.26	\$1,290.45	\$1,270.29
Subscriber & children	\$1,340.66	\$1,133.46	\$1,419.42	\$1,149.82	\$1,259.56	\$1,129.67	\$1,253.93	\$1,198.73	\$1,129.77	\$1,126.97
Subscriber, spouse, ² & children	\$2,103.90	\$1,708.47	\$2,227.66	\$1,804.01	\$1,976.46	\$1,702.94	\$1,967.61	\$1,880.86	\$1,772.50	\$1,700.24

Medical premium surcharges (for non-Medicare subscribers only)

Two premium surcharges may apply in addition to your monthly medical premium if you, the subscriber, are not enrolled in Medicare Part A and Part B. You will be charged for them if the conditions described below apply, or if you do not attest to the surcharges when required.

- 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.

For more guidance on whether these premium surcharges apply to you, see the *2022 PEBB Premium Surcharge Attestation Help Sheet* under *Forms & publications* on the HCA website at hca.wa.gov/erb.

PEBB Continuation Coverage dental plan premiums

	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare ³	Willamette Dental Group	Uniform Dental Plan ³

Monthly premiums

Subscriber	\$39.53	\$44.45	\$48.64
Subscriber & spouse ²	\$79.06	\$88.90	\$97.28
Subscriber & children	\$79.06	\$88.90	\$97.28
Subscriber, spouse, ² & children	\$118.59	\$133.35	\$145.92

1. 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.
2. Or state-registered domestic partner.
3. Administered by Delta Dental of Washington.

Special requirement for Medicare premiums

- At least one member on your account must be enrolled in Medicare Part A and Part B.
- Medicare premiums are not available to PEBB Continuation Coverage (Unpaid Leave) members.

For more information on this requirement, contact your medical plan's customer service department. For more information on premiums, contact the PEBB Program at 1-800-200-1004 (TRS: 711).

PEBB Continuation Coverage Medicare medical plan premiums

	Plans							
	Kaiser Permanente NW ¹	Kaiser Permanente WA				Uniform Medical Plan	UnitedHealthcare ²	
		Senior Advantage	Classic	Medicare Advantage	SoundChoice		Value	Classic
Subscriber only								
1 eligible	\$340.58	N/A ⁵	\$346.39	N/A ⁵	N/A ⁵	\$547.87	\$246.98	\$292.36
Subscriber and spouse³								
1 eligible	\$1,103.81 ⁴	\$1,154.63	N/A ⁵	\$1,000.58	\$1,063.28	\$1,261.55	\$960.66	\$1,006.04
2 eligible	\$676.16	N/A ⁵	\$687.78	N/A ⁵	N/A ⁵	\$1,090.74	\$488.96	\$579.72
Subscriber and children								
1 eligible	\$913.01 ⁴	\$952.57	N/A ⁵	\$837.03	\$884.06	\$1,083.13	\$782.24	\$827.62
2 eligible	\$676.16	N/A ⁵	\$687.78	N/A ⁵	N/A ⁵	\$1,090.74	\$488.96	\$579.72
Subscriber, spouse,³ and children								
1 eligible	\$1,676.24 ⁴	\$1,760.81	N/A ⁵	\$1,491.21	\$1,600.95	\$1,796.80	\$1,495.91	\$1,541.29
2 eligible	\$1,248.59 ⁴	\$1,293.96	N/A ⁵	\$1,178.42	\$1,225.45	\$1,626.00	\$1,024.22	\$1,114.98
3 eligible	\$1,011.74	N/A ⁵	\$1,029.17	N/A ⁵	N/A ⁵	\$1,633.61	\$730.94	\$867.08

1. 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.
2. UnitedHealthcare (UHC) plans are Medicare Advantage plus Part D (MAPD) plans. If a UHC Medicare plan is selected, non-Medicare eligible members are enrolled in UMP Classic. The rates reflect the total due, including premiums for both plans.
3. Or state-registered domestic partner.
4. If a Kaiser Permanente NW member is enrolled in Medicare Part A and Part B and other enrolled members are not eligible for Medicare, the non-Medicare members will be enrolled in Kaiser Permanente NW¹ Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.
5. If a Kaiser Permanente WA member is enrolled in Medicare Part A and Part B, and other enrolled members are not eligible for Medicare, the non-Medicare members must enroll in Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

PEBB Continuation Coverage Blue Cross Medicare Supplement Plan F and Plan G premiums

	Plan F ³		Plan G	
	Age 65 or older, eligible by age	Under age 65, eligible by disability	Age 65 or older, eligible by age	Under age 65, eligible by disability
Subscriber				
1 Medicare eligible	\$222.23	\$377.77	\$188.70	\$320.79
Subscriber and spouse¹				
1 Medicare eligible ²	\$940.91	\$1,096.45	\$907.38	\$1,039.47
2 Medicare eligible: 1 retired, 1 disabled	\$600.00	\$600.00	\$509.49	\$509.49
2 Medicare eligible	\$444.46	\$755.54	\$377.40	\$641.58
Subscriber and children				
1 Medicare eligible ²	\$762.49	\$918.03	\$728.96	\$861.05
Subscriber, spouse,¹ and children				
1 Medicare eligible ²	\$1,476.17	\$1,631.70	\$1,442.63	\$1,574.73
2 Medicare eligible: 1 retired, 1 disabled ²	\$1,140.26	\$1,140.26	\$1,049.75	\$1,049.75
2 Medicare eligible ²	\$984.72	\$1,295.80	\$917.66	\$1,181.84

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).

1. Or state-registered domestic partner.
2. If a Medicare supplement plan is selected, non-Medicare enrollees are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans.
3. Plan F is available only to existing members.