

2026 PEBB Continuation Coverage Monthly Premiums

Effective January 1, 2026

The amounts shown are the monthly costs for PEBB medical, dental, and vision coverage. The term "spouse" is interchangeable with "state-registered domestic partner." Uniform Medical Plan (UMP) is administered by Regence BlueShield and ArrayRx.

Non-Medicare medical plan premiums (for members not enrolled in Medicare)

What you pay ↴	Managed Care Plans						Preferred Provider Organization (PPO) Plans		
	Kaiser Permanente NW		Kaiser Permanente WA				Uniform Medical Plan		
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	CDHP	Select
Subscriber only	\$1,081.63	\$889.16	\$966.75	\$855.84	\$927.91	\$975.67	\$970.43	\$887.83	\$907.50
Subscriber & spouse	\$2,157.51	\$1,771.31	\$1,927.75	\$1,704.67	\$1,850.07	\$1,945.59	\$1,935.11	\$1,768.65	\$1,809.25
Subscriber & children	\$1,888.54	\$1,565.36	\$1,687.50	\$1,507.05	\$1,619.53	\$1,703.11	\$1,693.94	\$1,563.03	\$1,583.81
Subscriber, spouse, & children	\$2,964.42	\$2,389.18	\$2,648.50	\$2,297.55	\$2,541.69	\$2,673.03	\$2,658.62	\$2,385.52	\$2,485.56

Medical premium surcharges (for members not enrolled in Medicare)

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 PEBB medical coverage uses tobacco products.
- A monthly \$50 medical premium surcharge will apply if you enroll a spouse or state-registered domestic partner and they have chosen not to enroll in another employer-based group medical plan that is comparable to UMP Classic.

Visit the HCA website at hca.wa.gov/pebb-continuation under *Surcharges* for more information.

Dental plan premiums

What you pay ↴	Managed Care Plans		Preferred Provider Organization (PPO) Plans
	DeltaCare	Willamette Dental	Uniform Dental Plan
Subscriber only	\$46.48	\$59.84	\$52.45
Subscriber & spouse	\$92.96	\$119.68	\$104.90
Subscriber & children	\$92.96	\$119.68	\$104.90
Subscriber, spouse, & children	\$139.44	\$179.52	\$157.35

Vision plan premiums (for members not enrolled in Medicare)

If you are enrolled in Medicare, vision coverage is included in your medical plan, except with Medicare Supplement Plans.

What you pay ↴	Preferred Provider Organization (PPO)		
	Davis Vision by MetLife	EyeMed Vision Care	MetLife Vision
Subscriber only	\$5.02	\$6.57	\$8.30
Subscriber & spouse	\$10.04	\$13.14	\$16.60
Subscriber & children	\$8.79	\$11.50	\$14.53
Subscriber, spouse, & children	\$13.81	\$18.07	\$22.83

Special requirements for Medicare

Medicare plans are not available to PEBB Continuation Coverage (Unpaid Leave) members. To qualify for the Medicare premium, at least one member on the account must be enrolled in Medicare Part A and Part B. Medicare premiums have been reduced by the state-funded contribution, up to the lesser of \$183 or 50 percent of the plan rate per Medicare enrolled retiree per month. Medicare plans that include Part D are not available to members who permanently live outside of the U.S. or its territories. You must provide a physical address to enroll or remain enrolled in a Medicare plan.

For more information on these requirements, contact your medical plan's customer service department.

Medicare medical plan premiums (for members enrolled in Medicare Part A and Part B)

The table below shows the monthly medical premiums based on the number of Medicare-eligible members enrolled in the plan. If you have more Medicare-eligible members than are shown here, contact the PEBB Program at 1-800-200-1004 (TRS:711) for your rate. **Note:** These premiums do **not** include your Medicare Part B premium.

If a Kaiser Permanente NW Medicare plan is selected, the non-Medicare members will be enrolled in Kaiser Permanente NW Classic. If a Kaiser Permanente WA Medicare plan is selected, the non-Medicare members may enroll in Classic, SoundChoice, or Value. If a Premera, UMP, or UnitedHealthcare Medicare plan is selected, the non-Medicare members will be enrolled in UMP Classic.

What you pay ↴	Managed Care Plans					Preferred Provider Organization (PPO)		
	Kaiser Permanente NW	Kaiser Permanente WA				Uniform Medical Plan	UnitedHealthcare	
	Senior Advantage with Part D	Classic	Medicare Advantage with Part D	SoundChoice	Value	Classic Medicare with Part D (PDP)	PEBB Balance	PEBB Complete
Subscriber only								
1 eligible	\$343.13	N/A	\$403.61	N/A	N/A	\$520.67	\$339.92	\$403.18
Subscriber and spouse								
1 eligible	\$1,419.01	\$1,364.61	N/A	\$1,325.77	\$1,373.53	\$1,485.35	\$1,304.6	\$1,367.86
2 eligible	\$680.51	N/A	\$801.47	N/A	N/A	\$1,035.59	\$674.09	\$800.61
Subscriber and children								
1 eligible	\$1,150.04	\$1,124.36	N/A	\$1,095.23	\$1,131.05	\$1,244.18	\$1,063.43	\$1,126.69
2 eligible	\$680.51	N/A	\$801.47	N/A	N/A	\$1,035.59	\$674.09	\$800.61
3 eligible	\$1,017.89	N/A	\$1,199.33	N/A	N/A	\$1,550.51	\$1,008.26	\$1,198.04
Subscriber, spouse, and children								
1 eligible	\$2,225.92	\$2,085.36	N/A	\$2,017.39	\$2,100.97	\$2,208.86	\$2,028.11	\$2,091.37
2 eligible	\$1,487.42	\$1,522.22	N/A	\$1,493.09	\$1,528.91	\$1,759.10	\$1,397.60	\$1,524.12
3 eligible	\$1,017.89	N/A	\$1,199.33	N/A	N/A	\$1,550.51	\$1,008.26	\$1,198.04
4 eligible	\$1,355.27	N/A	\$1,597.19	N/A	N/A	\$2,065.43	\$1,342.43	\$1,595.47

Medicare supplement plan premiums

What you pay ↴	Premera Blue Cross			
	Medicare Supplement Plan F (closed to new members)		Medicare Supplement 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 only				
1 Medicare eligible	\$274.79	\$467.15	\$233.34	\$396.68
Subscriber and spouse				
1 Medicare eligible	\$1,245.22	\$1,437.58	\$1,203.77	\$1,367.11
2 Medicare eligible: 1 retired, 1 disabled	\$741.94	\$741.94	\$630.02	\$630.02
2 Medicare eligible	\$549.58	\$934.30	\$466.68	\$793.36
Subscriber and children				
1 Medicare eligible	\$1,004.05	\$1,196.41	\$962.60	\$1,125.94
Subscriber, spouse, and children				
1 Medicare eligible	\$1,968.73	\$2,161.09	\$1,927.28	\$2,090.62
2 Medicare eligible: 1 retired, 1 disabled	\$1,471.20	\$1,471.20	\$1,359.28	\$1,359.28
2 Medicare eligible	\$1,278.84	\$1,663.56	\$1,195.94	\$1,522.62

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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