

# 2023 PEBB Continuation Coverage Monthly Premiums



Effective January 1, 2023

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

	Managed Care Plans						Preferred Provider Organization (PPO) Plans			
	Kaiser Foundation Health Plan of the Northwest <sup>1</sup>		Kaiser Foundation Health Plan of Washington				Uniform Medical Plan <sup>2</sup>			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	CDHP	Select	UMP Plus
<b>Monthly premiums</b>										
Subscriber only	\$841.77	\$700.40	\$836.57	\$699.88	\$715.63	\$764.09	\$805.36	\$704.42	\$729.13	\$766.95
Subscriber & spouse <sup>3</sup>	\$1,678.60	\$1,394.08	\$1,668.20	\$1,393.04	\$1,426.32	\$1,523.24	\$1,605.78	\$1,402.12	\$1,453.32	\$1,528.96
Subscriber & children	\$1,469.39	\$1,235.24	\$1,460.29	\$1,234.33	\$1,248.65	\$1,333.45	\$1,405.68	\$1,242.28	\$1,272.27	\$1,338.46
Subscriber, spouse, <sup>3</sup> & children	\$2,306.22	\$1,870.59	\$2,291.92	\$1,869.16	\$1,959.34	\$2,092.60	\$2,206.10	\$1,881.65	\$1,996.46	\$2,100.47

## 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 *2023 PEBB Premium Surcharge Attestation Help Sheet* under *Forms & publications* on the HCA website at [hca.wa.gov/pebb-continuation](https://hca.wa.gov/pebb-continuation).

## Dental plan premiums

	Managed Care Plans		Preferred Provider Organization (PPO) Plans
	DeltaCare <sup>4</sup>	Willamette Dental Group	Uniform Dental Plan
<b>Monthly premiums</b>			
Subscriber only	\$41.50	\$44.45	\$48.56
Subscriber & spouse <sup>3</sup>	\$83.00	\$88.90	\$97.12
Subscriber & children	\$83.00	\$88.90	\$97.12
Subscriber, spouse, <sup>3</sup> & children	\$124.50	\$133.35	\$145.68

1. Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.  
 2. Administered by Regence BlueShield and Washington State Rx Services.  
 3. Or state-registered domestic partner.

## Special requirements for Medicare premiums

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

For more information on this requirement, contact your medical plan's customer service department. **Note:** These Medicare premiums do not include your Medicare Part B premium.

## Medicare medical plan premiums

	Plans							
	Kaiser Foundation Health Plan of the Northwest <sup>1</sup>	Kaiser Foundation Health Plan of Washington				Uniform Medical Plan <sup>6</sup>	UnitedHealthcare <sup>2</sup>	
		Senior Advantage	Classic	Medicare Advantage	SoundChoice		Value	Classic

### Subscriber only

1 eligible	\$347.32	N/A	\$344.24	N/A <sup>5</sup>	N/A <sup>5</sup>	\$621.34	\$240.95	\$286.33
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### Subscriber and spouse<sup>3</sup>

1 eligible	1,184.15 <sup>4</sup>	\$1,175.87	N/A <sup>5</sup>	\$1,054.93	\$1,103.39	\$1,421.76	\$1,041.37	\$1,086.75
2 eligible	689.70	N/A <sup>5</sup>	\$683.54	N/A <sup>5</sup>	N/A <sup>5</sup>	\$1,237.74	\$476.96	\$567.72

### Subscriber and children

1 eligible	\$974.94 <sup>4</sup>	\$967.96	N/A <sup>5</sup>	\$877.26	\$913.60	\$1,221.66	\$841.27	\$886.65
2 eligible	\$689.70	N/A <sup>5</sup>	\$683.54	N/A <sup>5</sup>	N/A <sup>5</sup>	\$1,237.74	\$476.96	\$567.72

### Subscriber, spouse,<sup>3</sup> and children

1 eligible	\$1,811.77 <sup>4</sup>	\$1,799.59	N/A <sup>5</sup>	\$1,587.95	\$1,672.75	\$2,022.08	\$1,641.69	\$1,687.07
2 eligible	\$1,317.32 <sup>4</sup>	\$1,307.26	N/A <sup>5</sup>	\$1,216.56	\$1,252.90	\$1,838.06	\$1,077.28	\$1,168.04
3 eligible	\$1,032.08	N/A <sup>5</sup>	\$1,022.84	N/A <sup>5</sup>	N/A <sup>5</sup>	\$1,854.14	\$712.97	\$849.11

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 Northwest 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 Northwest Classic. The subscriber will pay a combined Medicare and non-Medicare premium.
5. If a Kaiser Permanente Washington 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 Washington Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.
6. Administered by Regence BlueShield and Washington State Rx Services

## Medicare supplement plan premiums

If a Medicare supplement plan is elected, non-Medicare members are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans. **Note:** These Medicare premiums do not include your Medicare Part B premium.

	Premera Blue Cross			
	Plan F (closed to new members)		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
<b>Subscriber only</b>				
1 Medicare eligible	\$220.45	\$374.75	\$187.19	\$318.22
<b>Subscriber and spouse<sup>1</sup></b>				
1 Medicare eligible	\$1,025.81	\$1,180.11	\$992.55	\$1,123.58
2 Medicare eligible: 1 retired, 1 disabled	\$595.20	\$595.20	\$505.41	\$505.41
2 Medicare eligible	\$440.90	\$749.50	\$374.38	\$636.44
<b>Subscriber and children</b>				
1 Medicare eligible	\$825.71	\$980.01	\$792.45	\$923.48
<b>Subscriber, spouse,<sup>1</sup> and children</b>				
1 Medicare eligible	\$1,626.13	\$1,780.43	\$1,592.87	\$1,723.90
2 Medicare eligible: 1 retired, 1 disabled	\$1,200.46	\$1,200.46	\$1,110.67	\$1,110.67
2 Medicare eligible	\$1,046.16	\$1,354.76	\$979.64	\$1,241.70

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.