

2018 PEBB Continuation Coverage (Leave Without Pay) and COBRA Monthly Premiums

Effective January 1, 2018

Special Requirements

1. To qualify for the Medicare premium, at least one covered family member must be enrolled in both Medicare Part A and Part B. (Medicare premiums are not available to PEBB Continuation Coverage [Leave Without Pay] members.)
2. Medicare members enrolled in a Kaiser Foundation Health Plan of Washington (formerly Group Health) Medicare Advantage plan or Kaiser Foundation Health Plan of the Northwest Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.

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

Non-Medicare Medical Plan Premiums				
For members not eligible for Medicare (or enrolled in Part A only)	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic**	\$692.66	\$1,380.30	\$1,208.39	\$1,896.03
Kaiser Permanente NW CDHP**	\$590.87	\$1,170.25	\$1,039.99	\$1,561.04
Kaiser Permanente WA (formerly Group Health) Classic	\$718.39	\$1,431.76	\$1,253.42	\$1,966.79
Kaiser Permanente WA (formerly Group Health) CDHP	\$589.18	\$1,167.37	\$1,037.41	\$1,557.27
Kaiser Permanente WA (formerly Group Health) SoundChoice	\$607.11	\$1,209.20	\$1,058.68	\$1,660.77
Kaiser Permanente WA (formerly Group Health) Value	\$633.52	\$1,262.02	\$1,104.90	\$1,733.40
UMP Classic	\$657.86	\$1,310.70	\$1,147.49	\$1,800.33
UMP CDHP	\$588.91	\$1,166.83	\$1,036.93	\$1,556.52
UMP Plus-PSHVN	\$600.56	\$1,196.10	\$1,047.22	\$1,642.76
UMP Plus-UW Medicine ACN	\$600.56	\$1,196.10	\$1,047.22	\$1,642.76

* or state-registered domestic partner

** Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in WA, and the Portland, OR, area.

(continued)

Medicare Medical Plan Premiums								
For members enrolled in Medicare Part A and Part B	Subscriber Only	Subscriber and Spouse*		Subscriber and Child(ren)		Full Family		
	1 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	1 Medicare eligible	2 Medicare eligible	3 Medicare eligible
Kaiser Permanente NW Senior Advantage**	\$323.07	\$1,010.71 ^{‡‡}	\$641.12	\$838.80 ^{‡‡}	\$641.12	\$1,526.44 ^{‡‡}	\$1,156.85 ^{‡‡}	\$959.17
Kaiser Permanente WA (formerly Group Health) Classic	N/A	\$1,038.77	N/A [†]	\$860.43	N/A [†]	\$1,573.80	\$1,180.81	N/A [†]
Kaiser Permanente WA (formerly Group Health) Medicare Plan	\$325.40	N/A [†]	\$645.78	N/A [†]	\$645.78	N/A [†]	N/A [†]	\$966.16
Kaiser Permanente WA (formerly Group Health) SoundChoice	N/A	\$927.49	N/A [†]	\$776.97	N/A [†]	\$1,379.06	\$1,097.35	N/A [†]
Kaiser Permanente WA (formerly Group Health) Value	N/A	\$953.90	N/A [†]	\$796.78	N/A [†]	\$1,425.28	\$1,117.16	N/A [†]
UMP Classic	\$483.64	\$1,136.48	\$962.26	\$973.27	\$962.26	\$1,626.11	\$1,451.89	\$1,440.88

*Or state-registered domestic partner

**Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in WA, and the Portland, OR, area.

† If a Kaiser Permanente WA (formerly Group Health) member is enrolled in Medicare Part A and Part B and other enrolled family members are not eligible for Medicare, the non-Medicare family members must enroll in Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

‡‡ If a Kaiser Permanente NW member is enrolled in Medicare Part A and Part B and other enrolled family members are not eligible for Medicare, the non-Medicare family members will be enrolled in Kaiser Permanente NW Classic**. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

Medicare Supplement Plan F Premiums (administered by Premera Blue Cross)

Available for COBRA and PEBB Continuation of Coverage members (not enrolled in Leave Without Pay) only.

	Subscriber Only	Subscriber and Spouse*			Subscriber and Child(ren)	Full Family		
	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible	1 Medicare eligible**	2 Medicare eligible: 1 retired, 1 disabled**	2 Medicare eligible**
Plan F Age 65 or older, eligible by age	\$212.38	\$870.24	\$573.41	\$424.76	\$707.03	\$1,359.87	\$1,068.06	\$919.41
Plan F Under age 65, eligible by disability	\$361.03	\$1,018.89	\$573.41	\$722.06	\$855.68	\$1,508.52	\$1,068.06	\$1,216.71

*Or state-registered domestic partner

**If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Monthly Premium Surcharges (for non-Medicare subscribers only)

The following surcharges may apply to subscribers not enrolled in Medicare Part A and Part B in addition to the monthly medical premium. **These surcharges do not apply to COBRA and PEBB Continuation Coverage subscribers enrolled in Medicare Part A and Part B.**

- A monthly \$25-per-account surcharge will apply if the subscriber or any family member (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 surcharge will apply if a subscriber enrolls a spouse or state-registered domestic partner in PEBB medical, and the spouse or state-registered domestic partner elected not to enroll in employer-based group medical that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you,
see the *2018 Premium Surcharge Help Sheet* at www.hca.wa.gov/pebb.

Dental Plan Premiums With Medical Plan	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.	Dental Plan Premiums Dental Only	DeltaCare, administered by Delta Dental of Washington	Uniform Dental Plan, administered by Delta Dental of Washington	Willamette Dental of Washington, Inc.
	Subscriber Only	\$39.53	\$45.82		\$42.37	Subscriber Only	\$44.55
Subscriber & Spouse*	\$79.06	\$91.64	\$84.74	Subscriber & Spouse*	\$84.08	\$96.66	\$89.76
Subscriber & Child(ren)	\$79.06	\$91.64	\$84.74	Subscriber & Child(ren)	\$84.08	\$96.66	\$89.76
Full Family	\$118.59	\$137.46	\$127.11	Full Family	\$123.61	\$142.48	\$132.13

*Or state-registered domestic partner

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