# 2022 PEBB Retiree Monthly Premiums



#### Special requirement for Medicare premiums

- 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 retiree per month.

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

### Retiree Medicare medical plan premiums

Effective January 1, 2022

For members enrolled in Medicare Parts A and B	Kaiser Permanente NW <sup>1</sup>		Kaiser Per	manente WA	UMP	UnitedHealthcare			
	Senior Advantage	Classic	Value	SoundChoice	Medicare (Original or Advantage)	Classic	PEBB Balance	PEBB Complete	
Subscriber only									
1 eligible	\$172.79 <sup>3</sup>	N/A	N/A	N/A	\$175.69	\$364.87	\$125.99	\$148.68	
Subscriber and spouse <sup>2</sup>									
1 eligible	\$936.02 <sup>3</sup>	\$983.93	\$892.58	\$829.88	N/A <sup>4</sup>	\$1,078.55	\$839.675	\$862.365	
2 eligible	\$340.58	N/A <sup>4</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>	\$346.39	\$724.74	\$246.98	\$292.36	
Subscriber and ch	ildren								
1 eligible	\$745.22 <sup>3</sup>	\$781.87	\$713.36	\$666.33	N/A <sup>4</sup>	\$900.13	\$661.255	\$683.945	
2 eligible	\$340.58	N/A <sup>4</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>	\$346.39	\$724.74	\$246.98	\$292.36	
Subscriber, spouse, <sup>2</sup> and children									
1 eligible	\$1,508.45 <sup>3</sup>	\$1,590.11	\$1,430.25	\$1,320.51	N/A <sup>4</sup>	\$1,613.80	\$1,374.925	\$1,397.615	
2 eligible	\$913.01 <sup>3</sup>	\$952.57	\$884.06	\$837.03	N/A <sup>4</sup>	\$1,260.00	\$782.24 <sup>5</sup>	\$827.62 <sup>5</sup>	
3 eligible	\$508.37	N/A <sup>4</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>	\$517.08	\$1,084.61	\$367.97	\$436.04	

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.

<sup>2.</sup> Or state-registered domestic partner.

<sup>3.</sup> 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 NW Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

<sup>4.</sup> 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.

<sup>5.</sup> UnitedHealthcare (UHC) plans are Medicare Advantage plus Part D (MAPD) plans. If a UHC Medicare Advantage + Part D plan is selected, non-Medicare eligible members are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans.

# Retiree Medicare supplement plan premiums

	Premera							
	Plan F (available only	to existing members)	Pla	n 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	\$116.11	\$199.77	\$99.35	\$165.39				
Subscriber and spouse <sup>1</sup>								
1 Medicare eligible <sup>2</sup>	\$829.79	\$913.45	\$813.03	\$879.07				
2 Medicare eligible: 1 retired, 1 disabled	\$310.88	\$310.88	\$259.74	\$259.74				
2 Medicare eligible	\$227.23	\$394.54	\$193.70	\$325.79				
Subscriber and children								
1 Medicare eligible <sup>2</sup>	\$651.37	\$735.03	\$634.61	\$700.65				
Subscriber, spouse, <sup>1</sup> and children								
1 Medicare eligible <sup>2</sup>	\$1,365.05	\$1,448.70	\$1,348.28	\$1,414.33				
2 Medicare eligible: 1 retired, 1 disabled <sup>2</sup>	\$846.89	\$846.89	\$795.75	\$795.75				
2 Medicare eligible <sup>2</sup>	\$762.49	\$929.80	\$728.96	\$861.05				

### Non-Medicare medical plan premiums

Effective January 1, 2022

			Manageo	Preferred Provider Organization (PPO) Plans						
	Health	undation Plan of thwest³	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 <sup>1</sup>	\$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, <sup>1</sup> & 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

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. Kaiser Foundation Health Plan of the Northwest (KFHPNW) offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

# Medical premium surcharges (for non-Medicare subscribers only)

Two premium surcharges may apply in addition to your monthly medical premium. They only apply 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 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 PEBB's Uniform Medical Plan (UMP) Classic.

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

# Retiree dental plan premiums

You must enroll in medical coverage to enroll in dental. You cannot enroll only in dental coverage.

What you pay	Managed DeltaCare <sup>1</sup>	Preferred Provider Organization (PPO) Uniform Dental Plan <sup>1</sup>		
Monthly premiums				
Subscriber	\$39.53	\$44.45	\$48.64	
Subscriber & spouse <sup>2</sup>	\$79.06	\$88.90	\$97.28	
Subscriber & children	\$79.06	\$88.90	\$97.28	
Subscriber, spouse, <sup>2</sup> & children	\$118.59	\$133.35	\$145.92	

<sup>1.</sup> Administered by Delta Dental of Washington.

<sup>2.</sup> Or state-registered domestic partner.

# Legacy retiree life insurance plan premiums (administered by MetLife<sup>1</sup>)

The Legacy retiree life insurance plan is only available to retirees enrolled as of December 31, 2016, who didn't elect to increase their retiree term life insurance amount during MetLife's open enrollment (November 1–30, 2016).

Age at death	Amount of insurance	Monthly cost		
Under 65	\$3,000	\$7.75		
65 through 69	\$2,100	\$7.75		
70 and over	\$1,800	\$7.75		

# Retiree term life insurance premiums (administered by MetLife<sup>1</sup>)

	Your age										
	45–49	50-54	55–59	60–64	65–69	70–74	75–79	80-84	85–89	90–94	95+
Monthly cost for											
\$5,000 coverage	\$0.87	\$1.34	\$2.50	\$3.84	\$7.38	\$11.97	\$19.41	\$31.43	\$50.90	\$82.45	\$133.57
\$10,000 coverage	\$1.74	\$2.67	\$5.00	\$7.67	\$14.76	\$23.94	\$38.81	\$62.86	\$101.79	\$164.89	\$267.14
\$15,000 coverage	\$2.61	\$4.01	\$7.50	\$11.51	\$22.14	\$35.91	\$58.22	\$94.29	\$152.69	\$247.34	\$400.71
\$20,000 coverage	\$3.48	\$5.34	\$10.00	\$15.34	\$29.52	\$47.88	\$77.62	\$125.72	\$203.58	\$329.78	\$534.28

The table below shows that monthly costs increase as your age increases, but your benefit coverage amount does not change.

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).

<sup>1.</sup> Metropolitan Life Insurance Company