

2023 PEBB Retiree Monthly Premiums



Effective January 1, 2023

Special requirements 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.

Note: These premiums do not include your Medicare Part B premium.

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

	Kaiser Foundation Health Plan of the Northwest ¹	Kaiser Foundation Health Plan of Washington				Uniform Medical Plan ²	UnitedHealthcare ⁶	
	Senior Advantage	Classic	Medicare (Original or Advantage)	SoundChoice	Value	Classic	PEBB Balance	PEBB Complete
Subscriber only								
1 eligible	\$176.13 ³	N/A	\$174.59	N/A	N/A	\$438.34	\$122.94	\$145.63
Subscriber and spouse⁴								
1 eligible	\$1,012.96 ³	\$1,006.22	N/A ⁵	\$885.28	\$933.74	\$1,238.76	\$923.36	\$946.05
2 eligible	\$347.32	N/A ⁵	\$344.24	N/A ⁵	N/A ⁵	\$871.74	\$240.95	\$286.33
Subscriber and children								
1 eligible	\$803.75 ³	\$798.31	N/A ⁵	\$707.61	\$743.95	\$1,038.66	\$723.26	\$745.95
2 eligible	\$347.32	N/A ⁵	\$344.24	N/A ⁵	N/A ⁵	\$871.74	\$240.95	\$286.33
Subscriber, spouse,⁴ and children								
1 eligible	\$1,640.58 ³	\$1,629.94	N/A ⁵	\$1,418.30	\$1,503.10	\$1,839.08	\$1,523.68	\$1,546.37
2 eligible	\$974.94 ³	\$967.96	N/A ⁵	\$877.26	\$913.60	\$1,472.06	\$841.27	\$886.65
3 eligible	\$518.51	N/A ⁵	\$513.89	N/A ⁵	N/A ⁵	\$1,305.14	\$358.95	\$427.02

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. Administered by Regence BlueShield and Washington State Rx Services.
3. 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.
4. Or state-registered domestic partner.
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.
6. UnitedHealthcare (UHC) plans are Medicare Advantage plus Part D (MAPD) plans. If an MAPD plan is selected, non Medicare eligible members are enrolled in UMP Classic. The rates shown reflect the total due, including premiums for both plans.

Medicare supplement plan premiums

	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
Subscriber only				
1 Medicare eligible	\$115.16	\$196.69	\$98.53	\$164.05
Subscriber and spouse¹				
1 Medicare eligible ²	\$915.58	\$997.11	\$898.95	\$964.47
2 Medicare eligible: 1 retired, 1 disabled	\$306.91	\$306.91	\$257.64	\$257.64
2 Medicare eligible	\$225.38	\$388.44	\$192.12	\$323.16
Subscriber and children				
1 Medicare eligible ²	\$715.48	\$797.01	\$698.85	\$764.37
Subscriber, spouse,¹ and children				
1 Medicare eligible ²	\$1,515.90	\$1,597.43	\$1,499.27	\$1,564.79
2 Medicare eligible: 1 retired, 1 disabled ²	\$907.98	\$907.98	\$858.71	\$858.71
2 Medicare eligible ²	\$825.70	\$988.76	\$792.44	\$923.48

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 ³		Kaiser Foundation Health Plan of Washington				Uniform Medical Plan ⁴			
	Classic	CDHP	Classic	CDHP	SoundChoice	Value	Classic	CDHP	Select	UMP Plus
Subscriber only	\$841.77	\$700.40	\$836.57	\$699.88	\$715.63	\$764.09	\$805.36	\$704.42	\$729.13	\$766.95
Subscriber & spouse ¹	\$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, ¹ & 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

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 offers plans in Clark and Cowlitz counties in Washington and select counties in Oregon.

4. Administered by Regence BlueShield and Washington State Rx Services.

Medical premium surcharges (for non-Medicare subscribers only)

Two premium surcharges may apply in addition to your monthly medical premium. 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 *2023 PEBB Premium Surcharge Attestation Help Sheet* on the HCA website at hca.wa.gov/erb under *Forms & publications*.

Dental plan premiums

You must enroll in medical coverage to enroll in dental.

	Managed Care Plans		Preferred Provider Organization (PPO)
	DeltaCare	Willamette Dental Group	Uniform Dental Plan
Monthly premiums			
Subscriber only	\$41.50	\$44.45	\$48.56
Subscriber & spouse ¹	\$83.00	\$88.90	\$97.12
Subscriber & children	\$83.00	\$88.90	\$97.12
Subscriber, spouse, ¹ & children	\$124.50	\$133.35	\$145.68

1. Or state-registered domestic partner.

Retiree term life insurance premiums¹

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

	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	

Legacy retiree life insurance plan premiums¹

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

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. Administered by Metropolitan Life Insurance Company.