

2018 PEBB Retiree 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 Part A and Part B of Medicare.
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 ¹	Subscriber and Child(ren)	Full Family
Kaiser Permanente NW Classic ²	\$692.66	\$1,380.30	\$1,208.39	\$1,896.03
Kaiser Permanente NW CDHP ²	\$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

Medicare Medical Plan Premiums								
For members enrolled in Medicare Parts A and B:	Subscriber Only	Subscriber and Spouse ¹		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	\$173.07	\$860.71 ^{††}	\$341.12	\$688.80 ^{††}	\$341.12	\$1,376.44 ^{††}	\$856.85 ^{††}	\$509.17
Kaiser Permanente WA (formerly Group Health) Classic	N/A	\$888.77	N/A	\$710.43	N/A [†]	\$1,423.80	\$880.81	N/A [†]
Kaiser Permanente WA (formerly Group Health) Medicare Plan	\$175.40	N/A [†]	\$345.78	N/A [†]	\$345.78	N/A [†]	N/A [†]	\$516.16
Kaiser Permanente WA (formerly Group Health) SoundChoice	N/A	\$777.49	N/A	\$626.97	N/A [†]	\$1,229.06	\$797.35	N/A [†]
Kaiser Permanente WA (formerly Group Health) Value	N/A	\$803.90	N/A	\$646.78	N/A [†]	\$1,275.28	\$817.16	N/A [†]
UMP Classic	\$333.64	\$986.48	\$662.26	\$823.27	\$662.26	\$1,476.11	\$1,151.89	\$990.88

¹ Or state-registered domestic partner

² 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 a Kaiser Permanente WA (formerly Group Health) Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

^{††} If a Kaiser Permanente NW² 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 Classic². 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)

	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	\$111.21	\$764.05	\$322.24	\$217.40	\$600.84	\$1,253.68	\$813.37	\$707.03
Plan F Under age 65, eligible by disability	\$216.05	\$868.89	\$322.24	\$427.08	\$705.68	\$1,358.52	\$813.37	\$916.71

*or state-registered domestic partner

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

Medicare premiums shown above have been reduced by the state-funded contribution up to the lesser of \$150 or 50 percent of plan premium per retiree per month.

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 if the subscriber is 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, 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

You must enroll in medical coverage to enroll in dental. You cannot enroll in ONLY dental coverage. Once enrolled, you must keep dental coverage for at least two years.

	Subscriber Only	Subscriber and Spouse*	Subscriber and Child(ren)	Full Family
DeltaCare, administered by Delta Dental of Washington	\$39.53	\$79.06	\$79.06	\$118.59
Uniform Dental Plan, administered by Delta Dental of Washington	\$45.82	\$91.64	\$91.64	\$137.46
Willamette Dental of Washington, Inc.	\$42.37	\$84.74	\$84.74	\$127.11

*or state-registered domestic partner

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If you need accommodation, please call 1-800-200-1004 or 711 for relay services.

Legacy Retiree Life Insurance Plan Premiums (administered by MetLife)

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)

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

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