

2019 PEBB Retiree Monthly Premiums

Effective January 1, 2019

Special Requirements

- To qualify for the Medicare premium, at least one covered enrollee must be enrolled in both Part A and Part B of Medicare.
- Medicare enrollees enrolled in a Kaiser Permanente Washington Medicare Advantage plan or Kaiser Permanente Northwest Senior Advantage plan must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans.
- Medicare premiums are reduced by the state-funded contribution, up to the lesser of \$168 or 50 percent of plan rate per retiree per month.

For more information on these requirements, contact your medical 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) | Subscriber, Spouse ¹ , and Child(ren) |
|--|-----------------|------------------------------------|---------------------------|--|
| Kaiser Permanente NW Classic ² | \$710.65 | \$1,415.33 | \$1,239.16 | \$1,943.84 |
| Kaiser Permanente NW CDHP ² | \$604.16 | \$1,196.38 | \$1,062.91 | \$1,596.81 |
| Kaiser Permanente WA Classic | \$733.39 | \$1,460.80 | \$1,278.95 | \$2,006.37 |
| Kaiser Permanente WA CDHP | \$600.44 | \$1,189.46 | \$1,056.79 | \$1,587.47 |
| Kaiser Permanente WA SoundChoice | \$603.21 | \$1,200.44 | \$1,051.13 | \$1,648.37 |
| Kaiser Permanente WA Value | \$656.25 | \$1,306.54 | \$1,143.96 | \$1,794.25 |
| UMP Classic | \$674.85 | \$1,343.72 | \$1,176.50 | \$1,845.38 |
| UMP CDHP | \$600.54 | \$1,189.65 | \$1,056.96 | \$1,587.74 |
| UMP Plus—PSHVN | \$618.07 | \$1,230.18 | \$1,077.15 | \$1,689.25 |
| UMP Plus—UW Medicine ACN | \$618.07 | \$1,230.18 | \$1,077.15 | \$1,689.25 |

Medicare Medical Plan Premiums

| For members enrolled in Medicare Parts A and B: | Subscriber Only | Subscriber and Spouse ¹ | | Subscriber and Child(ren) | | Subscriber, Spouse ¹ , and Child(ren) | | |
|---|---------------------|------------------------------------|---------------------|---------------------------|---------------------|--|------------------------|---------------------|
| | 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 | \$169.80 | \$874.48 ^{††} | \$333.63 | \$698.31 ^{††} | \$333.63 | \$1,402.99 ^{††} | \$862.14 ^{††} | \$497.46 |
| Kaiser Permanente WA Classic | N/A | \$895.33 | N/A | \$713.47 | N/A [†] | \$1,440.89 | \$875.41 | N/A [†] |
| Kaiser Permanente WA Medicare Plan | \$167.91 | N/A [†] | \$329.85 | N/A [†] | \$329.85 | N/A [†] | N/A [†] | \$491.79 |
| Kaiser Permanente WA SoundChoice | N/A | \$765.15 | N/A | \$615.84 | N/A [†] | \$1,213.07 | \$777.78 | N/A [†] |
| Kaiser Permanente WA Value | N/A | \$818.19 | N/A | \$655.62 | N/A [†] | \$1,305.90 | \$817.56 | N/A [†] |
| UMP Classic | \$313.09 | \$981.96 | \$620.20 | \$814.74 | \$620.20 | \$1,483.62 | \$1,121.86 | \$927.32 |

¹ Or state-registered domestic partner

² Kaiser Foundation Health Plan of the Northwest, with plans offered in Clark and Cowlitz counties in Washington, and select Oregon counties.

[†] If a Kaiser Permanente WA enrollee is enrolled in Medicare Part A and Part B and other enrollees are not eligible for Medicare, the non-Medicare enrollees must enroll in a Kaiser Permanente WA Classic, SoundChoice, or Value plan. The subscriber will pay a combined Medicare and non-Medicare premium.

^{††} If a Kaiser Permanente NW enrollee is enrolled in Medicare Part A and Part B and other enrollees are not eligible for Medicare, the non-Medicare enrollees 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) | Subscriber, Spouse*, and Child(ren) | | |
|---|---------------------|------------------------|--|---------------------|---------------------------|-------------------------------------|--|-----------------------|
| | 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 | \$112.16 | \$781.04 | \$305.19 | \$218.35 | \$613.82 | \$1,282.69 | \$807.60 | \$720.01 |
| Plan F Under age 65, eligible by disability | \$199.00 | \$867.88 | \$305.19 | \$392.03 | \$700.66 | \$1,369.53 | \$807.60 | \$893.69 |

*or state-registered domestic partner

**If a Medicare supplement plan is selected, non-Medicare enrollees are enrolled in the 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 if the subscriber is enrolled in Medicare Part A and Part B.**

- A monthly \$25-per-account premium surcharge will apply if the subscriber or any dependent (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 premium 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 another employer-based group medical plan that is comparable to Uniform Medical Plan (UMP) Classic.

For more guidance on whether these surcharges apply to you, see the *2019 Premium Surcharge Help Sheet* at www.hca.wa.gov/erb.

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) | Subscriber, Spouse*, and Child(ren) |
|---|-----------------|------------------------|---------------------------|-------------------------------------|
| DeltaCare, administered by Delta Dental of Washington | \$39.53 | \$79.06 | \$79.06 | \$118.59 |
| Uniform Dental Plan, administered by Delta Dental of Washington | \$45.87 | \$91.74 | \$91.74 | \$137.61 |
| Willamette Dental of Washington, Inc. | \$44.45 | \$88.90 | \$88.90 | \$133.35 |

*or state-registered domestic partner

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 |