

2020 PEBB Continuation Coverage Monthly Premiums

Effective January 1, 2020

Special Requirement

To qualify for the Medicare premium, at least one member on your account must be enrolled in Medicare Part A and Part B. (Medicare premiums are not available to PEBB Continuation Coverage [Unpaid Leave] members.) For more information on this requirement, contact your medical plan's customer service department. For more premium information, contact the PEBB Program at 1-800-200-1004 (TRS: 711).

Non-Medicare medical plan premiums				
For members not eligible for Medicare (or enrolled in Part A only)	Subscriber	Subscriber and spouse ²	Subscriber and child(ren)	Subscriber, spouse ² , and child(ren)
Kaiser Permanente NW ¹ Classic	\$715.66	\$1,426.25	\$1,248.60	\$1,959.20
Kaiser Permanente NW ¹ CDHP	\$608.85	\$1,206.99	\$1,072.04	\$1,611.85
Kaiser Permanente WA Classic	\$752.15	\$1,499.24	\$1,312.47	\$2,059.55
Kaiser Permanente WA CDHP	\$610.16	\$1,210.10	\$1,074.70	\$1,616.32
Kaiser Permanente WA SoundChoice	\$618.49	\$1,231.92	\$1,078.57	\$1,692.00
Kaiser Permanente WA Value	\$675.71	\$1,346.36	\$1,178.70	\$1,849.35
UMP Classic	\$679.72	\$1,354.37	\$1,185.71	\$1,860.37
UMP CDHP	\$608.35	\$1,206.48	\$1,071.53	\$1,611.34
UMP Plus—PSHVN	\$644.97	\$1,284.88	\$1,124.91	\$1,764.82
UMP Plus—UW Medicine ACN	\$644.97	\$1,284.88	\$1,124.91	\$1,764.82

Medicare medical plan premiums								
For members enrolled in Medicare Part A and Part B	Subscriber only	Subscriber and spouse ²		Subscriber and child(ren)		Subscriber, spouse ² , 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	\$342.75	\$1,053.35 ^{‡‡}	\$680.44	\$875.70 ^{‡‡}	\$680.44	\$1,586.29 ^{‡‡}	\$1,213.39 ^{‡‡}	\$1,018.13
Kaiser Permanente WA Classic	N/A	\$1,091.13	N/A [‡]	\$904.36	N/A [‡]	\$1,651.45	\$1,243.34	N/A [‡]
Kaiser Permanente WA Medicare Plan	\$344.04	N/A [‡]	\$683.02	N/A [‡]	\$683.02	N/A [‡]	N/A [‡]	\$1,022.00
Kaiser Permanente WA SoundChoice	N/A	\$957.47	N/A [‡]	\$804.11	N/A [‡]	\$1,417.55	\$1,143.09	N/A [‡]
Kaiser Permanente WA Value	N/A	\$1,014.69	N/A [‡]	\$847.03	N/A [‡]	\$1,517.68	\$1,186.01	N/A [‡]
UMP Classic	\$503.54	\$1,178.20	\$1,002.02	\$1,009.53	\$1,002.02	\$1,684.19	\$1,508.01	\$1,500.50

¹ Kaiser Foundation Health Plan of the Northwest offers plans in Clark and Cowlitz counties in WA and select counties in OR.

² Or state-registered domestic partner

[‡] 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.

^{‡‡} 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 NW¹ Classic. The subscriber will pay the combined Medicare and non-Medicare premium shown for Kaiser Permanente NW Senior Advantage.

Premera Blue Cross Medicare Supplement Plan F and Plan G premiums

	Subscriber only	Subscriber and spouse ¹			Subscriber and child(ren)	Subscriber, spouse ¹ , and child(ren)		
	1 Medicare eligible	1 Medicare eligible ²	2 Medicare eligible: 1 retired, 1 disabled	2 Medicare eligible	1 Medicare eligible ²	1 Medicare eligible ²	2 Medicare eligible: 1 retired, 1 disabled ²	2 Medicare eligible ²
Plan F Age 65 or older, eligible by age	\$215.55	\$895.27	\$581.96	\$431.10	\$726.60	\$1,401.26	\$1,093.01	\$942.15
Plan F Under age 65, eligible by disability	\$366.41	\$1,046.13	\$581.96	\$732.82	\$877.46	\$1,552.12	\$1,093.01	\$1,243.87
Plan G Age 65 or older, eligible by age	\$185.00	\$864.72	\$499.50	\$370.00	\$696.05	\$1,370.71	\$1,010.55	\$881.05
Plan G Under age 65, eligible by disability	\$314.50	\$994.22	\$499.50	\$629.00	\$825.55	\$1,500.21	\$1,010.55	\$1,140.05

¹Or state-registered domestic partner

²If a Medicare supplement plan is selected, non-Medicare eligible members are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

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.

- A monthly \$25-per-account premium surcharge will apply if you or any dependent (age 13 and older) enrolled in PEBB medical uses tobacco products.
- A monthly \$50 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 UMP Classic.

For more guidance on whether these premium surcharges apply to you,
see the *2020 PEBB Premium Surcharge Attestation Help Sheet* at hca.wa.gov/erb.

Dental plan premiums	Subscriber	Subscriber and spouse ¹	Subscriber and child(ren)	Subscriber, spouse ¹ 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	\$47.01	\$94.02	\$94.02	\$141.03
Willamette Dental of Washington, Inc.	\$44.45	\$88.90	\$88.90	\$133.35

¹Or state-registered domestic partner