

2020 PEBB Retiree Monthly Premiums

Effective January 1, 2020

Special Requirements

- 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 are 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.

Non-Medicare medical plan premiums				
For members not eligible for Medicare (or enrolled in Part A only)	Subscriber	Subscriber and spouse²	Subscriber and child(ren)	Subscriber, spouse², 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

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

²Or state-registered domestic partner

(continued)

Medicare medical plan premiums

For members enrolled in Medicare Parts A and B:	Subscriber	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	\$173.91	\$884.51 ^{††}	\$342.75	\$706.86 ^{††}	\$342.75	\$1,417.45 ^{††}	\$875.70 ^{††}	\$511.60
Kaiser Permanente WA Classic	N/A	\$921.64	N/A [†]	\$734.87	N/A [†]	\$1,481.96	\$904.36	N/A [†]
Kaiser Permanente WA Medicare Plan	\$174.55	N/A [†]	\$344.04	N/A [†]	\$344.04	N/A [†]	N/A [†]	\$513.53
Kaiser Permanente WA SoundChoice	N/A	\$787.98	N/A [†]	\$634.62	N/A [†]	\$1,248.06	\$804.11	N/A [†]
Kaiser Permanente WA Value	N/A	\$845.20	N/A [†]	\$677.54	N/A [†]	\$1,348.19	\$847.03	N/A [†]
UMP Classic	\$320.54	\$995.20	\$636.02	\$826.53	\$636.02	\$1,501.19	\$1,142.01	\$951.50

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

²Or 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.

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 Uniform Medical Plan (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.

Premera Blue Cross Medicare Supplement Plan F and Plan G premiums

	Subscriber	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	\$112.84	\$787.50	\$296.25	\$220.61	\$618.83	\$1,293.49	\$802.99	\$726.60
Plan F Under age 65, eligible by disability	\$188.47	\$863.13	\$296.25	\$371.88	\$694.46	\$1,369.12	\$802.99	\$877.87
Plan G Age 65 or older, eligible by age	\$97.56	\$772.22	\$254.81	\$190.06	\$603.55	\$1,278.21	\$761.55	\$696.05
Plan G Under age 65, eligible by disability	\$162.31	\$836.97	\$254.81	\$319.56	\$668.30	\$1,342.96	\$761.55	\$825.55

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	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

²If 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.

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