



Washington State Health Care Authority  
*Public Employees Benefits Board*

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April 5, 2004

TO: Personnel, Payroll and Insurance Offices of School Districts and ESDs

FROM: Susanne Ames, Budget and Rates Manager  
Finance & Administration

SUBJECT: Fiscal Year 2005 Program Rates – Composite

In accordance with the state's fiscal year adjustments, your new employer funding rates for the Public Employee Benefits Board program will be effective July 1, 2004 through December 31, 2004. As you recall, the "composite" rates currently available to you are effective only through June 30, 2004, the end of the State fiscal year. Attached are the rates on the enclosure titled "Fiscal Year 2005 Program Rates, Composite Active Rates for ESDs/ K-12 School Districts." **The new base for the composite rate will be \$584.58** (up from \$502.89 for FY04) per month for each eligible employee.

As you know, you are required to send the full base composite contribution for every eligible employee, working half time or more, including those who have waived medical coverage. The employee portion of the premium will automatically be added to the total rate billed to you. The billed amount includes the total premium due. ESDs and K-12 districts are responsible for collecting any portion of the premium shared by the employee and remitting the total composite rate to the HCA. The employee portion will not change until January 1, 2005, with the new plan year. COBRA and self-pay rates will remain the same until January 1, 2005. Revised employee premium deductions and self-pay rates for Calendar Year 2005 will be sent to you prior to open enrollment. If you have any questions regarding this letter, please contact Sandra Lakey at the Health Care Authority, (360) 412-4201 or by email at [slak107@hca.wa.gov](mailto:slak107@hca.wa.gov).

Enclosures

cc: Jayne Wallace  
Katie Rogers  
Connie Robins  
Sandra Lakey  
Debbie Haeger  
Kim Grindrod

**Fiscal Year 2005 Program Rates**  
**Composite Active Rates for ESDs/K-12 School Districts**  
**(for 7/1/04 through 12/31/04 only)**

Plan Name	July 1, 2004 Dec 31, 2004 Base Rate	Employee Contributions				Total Base Rates With Employee Contributions			
		Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
CHPWA	\$584.58	\$ 41.00	\$ 92.00	\$ 72.00	\$ 123.00	\$625.58	\$676.58	\$656.58	\$707.58
Group Health Cooperative of Puget Sound	\$584.58	\$ 43.00	\$ 96.00	\$ 75.00	\$ 128.00	\$627.58	\$680.58	\$659.58	\$712.58
Group Health Options Inc.	\$584.58	\$ 61.00	\$ 132.00	\$ 106.00	\$ 177.00	\$645.58	\$716.58	\$690.58	\$761.58
Kaiser Foundation Health Plan of the NW	\$584.58	\$ 32.00	\$ 75.00	\$ 56.00	\$ 99.00	\$616.58	\$659.58	\$640.58	\$683.58
PacifiCare of Washington, Inc	\$584.58	\$ 80.00	\$ 170.00	\$ 140.00	\$ 230.00	\$664.58	\$754.58	\$724.58	\$814.58
RegenceCare	\$584.58	\$ 81.00	\$ 172.00	\$ 142.00	\$ 232.00	\$665.58	\$756.58	\$726.58	\$816.58
Uniform Medical Plan PPO	\$584.58	\$ 29.00	\$ 68.00	\$ 51.00	\$ 90.00	\$613.58	\$652.58	\$635.58	\$674.58
UMP Neighborhood*	\$584.58	\$ 19.00	\$ 49.00	\$ 34.00	\$ 63.00	\$603.58	\$633.58	\$618.58	\$647.58