



Washington State Health Care Authority  
*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-412-4200 • FAX 360-923-2608 • TTY 360-923-2701 • [www.wa.gov/hca/pebb.htm](http://www.wa.gov/hca/pebb.htm)

September 21, 2004

TO: Ms. Rita Lauzon  
Center for Information Services  
3101 Northup Way, Suite 100  
Bellevue, Washington 98004-1449

FROM: Susanne Ames, Budget and Rates Manager  
Finance and Budget Office

SUBJECT: Revised Fiscal Year 2005 PEBB Program Rates – Composite

The state agencies and higher education institutions total funding rate of \$584.58 will remain unchanged until July 1, 2005. **However, based on new contracts with the health plans, the State and Higher Education employee monthly contributions will be changing effective January 1, 2005.** The new contribution schedule will be distributed as part of the open enrollment materials to all State and Higher Education employees. Complete open enrollment information is also available on the PEBB web site.

The PEBB board has approved the continuation of the employer provided life insurance benefit at the \$25,000 level.

Domestic partner tax tables are also enclosed for your use. Tables 1 and 2 provide monthly amounts for additional taxable income for "Non-Tax Qualified Partners" for 2005. Tables 3 - 7 provide monthly payroll employee contributions (deductions) for subscribers and same sex domestic partners. If you have questions, please contact your OFM training officer.

If you have questions on the CY 2005 PEBB employee contribution schedule on the HCA web site, please call Sandra Lakey at (360) 412-4201. Sandra can also be contacted by e-mail at [slak107@hca.wa.gov](mailto:slak107@hca.wa.gov).

SA:kg

Enclosures

cc:	Tony Hildesheim	Katie Rogers
	Barbara Scott	Sandi Lakey
	Debbie Haeger	Lonnie Budd
	Michelle George	Susanne Ames
	Kim Grindrod	

**Composite Active Rates for STATE and HIGHER ED (Effective 01-01-2005)  
(for 1/1/05 through 6/30/05 only)**

Final 2005 PEBB Bid Rates  
HCA Finance and Administration

<u>Plan Name</u>	<b>Jan 1, 2005 June 30, 2005 Base Rate</b>	<b>Employee Contributions</b>				<b>Total Base Rates With Employee Contributions</b>			
		<u>Subscriber</u>	<u>Subscriber and Spouse</u>	<u>Subscriber and Child(ren)</u>	<u>Full Family</u>	<u>Subscriber</u>	<u>Subscriber and Spouse</u>	<u>Subscriber and Child(ren)</u>	<u>Full Family</u>
CHPWA	\$584.58	\$ 57.00	\$ 123.00	\$ 99.00	\$ 166.00	\$641.58	\$707.58	\$683.58	\$750.58
Group Health Cooperative of Puget Sound	\$584.58	\$ 20.00	\$ 51.00	\$ 36.00	\$ 66.00	\$604.58	\$635.58	\$620.58	\$650.58
Group Health Options Inc.	\$584.58	\$ 48.00	\$ 107.00	\$ 85.00	\$ 143.00	\$632.58	\$691.58	\$669.58	\$727.58
Kaiser Foundation Health Plan of the NW	\$584.58	\$ 37.00	\$ 84.00	\$ 65.00	\$ 112.00	\$621.58	\$668.58	\$649.58	\$696.58
PacifiCare of Washington, Inc	\$584.58	\$ 108.00	\$ 226.00	\$ 189.00	\$ 307.00	\$692.58	\$810.58	\$773.58	\$891.58
Regence BlueShield	\$584.58	\$ 102.00	\$ 214.00	\$ 178.00	\$ 290.00	\$686.58	\$798.58	\$762.58	\$874.58
Uniform Medical Plan PPO	\$584.58	\$ 33.00	\$ 76.00	\$ 58.00	\$ 101.00	\$617.58	\$660.58	\$642.58	\$685.58
UMP Neighborhood*	\$584.58	\$ 25.00	\$ 59.00	\$ 43.00	\$ 78.00	\$609.58	\$643.58	\$627.58	\$662.58

\*\* Employee contributions effective January 1, 2005

**PEBB Program for 2005**

**Additional Taxable Income for Non-Tax Qualified Domestic Partners**

Table 1: Employer Share Medical and Dental

**2005 Monthly State Premium Contribution for Medical and Dental for Active Employees**

**Additional Taxable Income for Non-Tax Qualified Dependents' coverage\***

	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
<b>MEDICAL PLAN</b>			
All Medical Plans	\$354	\$282	\$637

Table 2: Employer Share Dental Only

**Sample chart for dental only enrollment-taxable amount for dependents**

	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
<b>DENTAL PLAN</b>			
All Dental Plans	\$36	\$36	\$73

**2005 Monthly State Contribution for Medicare Retirees (monthly state subsidy)\*\***

**Additional taxable income for non-tax qualified domestic partners**

Medical Supplement Plan E	\$54
Kaiser	\$107
<b>All other plans</b>	<b>\$116</b>

\*Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

\*\*Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

State and Higher Education Active Employee Monthly Contributions (Deductions)  
For Non-Tax Qualified Spouses and Dependents (Same Sex Domestic Partners)  
Final 2005 PEBB Rates-HCA Finance and Administration

Table 3: Total Monthly Employee Contribution Owed for All Coverage (Pre-taxed and post-taxed combined)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
CHPWA	\$ 57	\$ 123	\$ 99	\$ 166
Group Health Cooperative of Puget Sound	\$ 20	\$ 51	\$ 36	\$ 66
Group Health Options Inc.	\$ 48	\$ 107	\$ 85	\$ 143
Kaiser Foundation Health Plan of the NW	\$ 37	\$ 84	\$ 65	\$ 112
PacifiCare of Washington, Inc	\$ 108	\$ 226	\$ 189	\$ 307
Regence BlueShield	\$ 102	\$ 214	\$ 178	\$ 290
Uniform Medical Plan PPO	\$ 33	\$ 76	\$ 58	\$ 101
Uniform Neighborhood	\$ 25	\$ 59	\$ 43	\$ 78

Table 4: Post-Tax Partner Share for "Subscriber and Spouse" Tier

Plan Name	Subscriber and Spouse	Subscriber	Partner
CHPWA	\$ 123	\$ 57	\$ 66
Group Health Cooperative of Puget Sound	\$ 51	\$ 20	\$ 31
Group Health Options Inc.	\$ 107	\$ 48	\$ 59
Kaiser Foundation Health Plan of the NW	\$ 84	\$ 37	\$ 47
PacifiCare of Washington, Inc	\$ 226	\$ 108	\$ 118
Regence BlueShield	\$ 214	\$ 102	\$ 112
Uniform Medical Plan PPO	\$ 76	\$ 33	\$ 43
Uniform Neighborhood	\$ 59	\$ 25	\$ 34

Table 5: Post Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber and Child(ren)	Partner
CHPWA	\$166	\$99	\$67
Group Health Cooperative of Puget Sound	\$66	\$36	\$30
Group Health Options Inc.	\$143	\$85	\$58
Kaiser Foundation Health Plan of the NW	\$112	\$65	\$47
PacifiCare of Washington, Inc	\$307	\$189	\$118
Regence BlueShield	\$290	\$178	\$112
Uniform Medical Plan PPO	\$101	\$58	\$43
Uniform Neighborhood	\$78	\$43	\$35

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family	Subscriber	Partner and Child(ren)
CHPWA	\$166	\$57	\$109
Group Health Cooperative of Puget Sound	\$66	\$20	\$46
Group Health Options Inc.	\$143	\$48	\$95
Kaiser Foundation Health Plan of the NW	\$112	\$37	\$75
PacifiCare of Washington, Inc	\$307	\$108	\$199
Regence BlueShield	\$290	\$102	\$188
Uniform Medical Plan PPO	\$101	\$33	\$68
Uniform Neighborhood	\$78	\$25	\$53

Table 7: Monthly Pre-Tax Employee Contributions

Plan Name	Subscriber and Child(ren)	Subscriber	Employee's Children
CHPWA	\$99	\$57	\$42
Group Health Cooperative of Puget Sound	\$36	\$20	\$16
Group Health Options Inc.	\$85	\$48	\$37
Kaiser Foundation Health Plan of the NW	\$65	\$37	\$28
PacifiCare of Washington, Inc	\$189	\$108	\$81
Regence BlueShield	\$178	\$102	\$76
Uniform Medical Plan PPO	\$58	\$33	\$25
Uniform Neighborhood	\$43	\$25	\$18