



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)

May 18, 2005

TO: Personnel, Payroll, and Insurance Offices of K-12 School Districts and Educational Service Districts (ESDs)

FROM: Megan Atkinson, Financial Analysis and Budget Manager  
Finance and Budget Office

SUBJECT: Fiscal Year 2006 PEBB Program Rates – Composite

**Starting July 1, 2005 through August 31, 2005, your employer-funding rate is \$582.47 per active employee per month. From September 1, 2005 through December 31, 2005, your employer-funding rate will be \$629.07 per active employee per month.** These rates cover health benefits under the Public Employees Benefits Board (PEBB) program, and reflect the amounts allocated in Section 504 of the 2005-07 operating budget.

COBRA and self-pay rates will remain the same until January 1, 2006, when the new plan year begins. You will receive revised rates for these members before open enrollment this fall.

Previously, K-12/ESD costs were based on the state agency funding rate. Instead, Engrossed Substitute Senate Bill 6090 PL, directs the Health Care Authority (HCA) to bill K-12/ESDs the amount allocated for insurance benefits in the 2005 – 2007 biennial operating budget. In addition, HCA will continue to charge K-12/ESD's an amount equal to the same monthly premiums paid by state employees.

Enclosed are two rate sheets titled "Fiscal Year 2006 Program Rates, Composite Active Rates for ESDs/ K-12 School Districts." The first rate sheet shows rates from July 2005 through August 2005; the second rate sheet shows rates from September 2005 through December 2005.

As a reminder, you must pay the full employer-funding rate for every eligible employee working half-time or more, including those who have waived medical coverage. Employee premiums will automatically be added to your billed rate. ESDs and K-12 school districts are responsible for collecting the employees' premiums and sending the total billed amount to the HCA. Employee premiums will not change until January 1, 2006.

If you have questions, please contact Sandra Lakey at 360-412-4201 or [slak107@hca.wa.gov](mailto:slak107@hca.wa.gov).

Enclosures

cc:	Mary Fliss	Katie Rogers	Barbara Scott	Michelle George
	Connie Robins	Tony Hildesheim	Sandra Lakey	Debbie Haeger
	Lonnie Budd	Kim Grindrod		

**Fiscal Year 2006 Program Rates**  
**Composite Active Rates for ESDs/K-12 School Districts**  
**(for 7/1/05 through 8/31/05 only)**  
**HCA Finance and Administration**

Plan Name	Jul-05 Aug-05 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	\$582.47	\$ 57.00	\$ 123.00	\$ 99.00	\$ 166.00	\$639.47	\$705.47	\$681.47	\$748.47
Group Health Cooperative of Puget Sound	\$582.47	\$ 20.00	\$ 51.00	\$ 36.00	\$ 66.00	\$602.47	\$633.47	\$618.47	\$648.47
Group Health Options Inc.	\$582.47	\$ 48.00	\$ 107.00	\$ 85.00	\$ 143.00	\$630.47	\$689.47	\$667.47	\$725.47
Kaiser Foundation Health Plan of the NW	\$582.47	\$ 37.00	\$ 84.00	\$ 65.00	\$ 112.00	\$619.47	\$666.47	\$647.47	\$694.47
PacifiCare of Washington, Inc	\$582.47	\$ 108.00	\$ 226.00	\$ 189.00	\$ 307.00	\$690.47	\$808.47	\$771.47	\$889.47
Regence BlueShield	\$582.47	\$ 102.00	\$ 214.00	\$ 178.00	\$ 290.00	\$684.47	\$796.47	\$760.47	\$872.47
Uniform Medical Plan PPO	\$582.47	\$ 33.00	\$ 76.00	\$ 58.00	\$ 101.00	\$615.47	\$658.47	\$640.47	\$683.47
UMP Neighborhood	\$582.47	\$ 25.00	\$ 59.00	\$ 43.00	\$ 78.00	\$607.47	\$641.47	\$625.47	\$660.47

**Fiscal Year 2006 Program Rates**  
**Composite Active Rates for ESDs/K-12 School Districts**  
**(for 9/1/05 through 12/31/05 only)**  
**HCA Finance and Administration**

Plan Name	Sep 1, 2005 Dec 31, 2005 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	\$629.07	\$ 57.00	\$ 123.00	\$ 99.00	\$ 166.00	\$686.07	\$752.07	\$728.07	\$795.07
Group Health Cooperative of Puget Sound	\$629.07	\$ 20.00	\$ 51.00	\$ 36.00	\$ 66.00	\$649.07	\$680.07	\$665.07	\$695.07
Group Health Options Inc.	\$629.07	\$ 48.00	\$ 107.00	\$ 85.00	\$ 143.00	\$677.07	\$736.07	\$714.07	\$772.07
Kaiser Foundation Health Plan of the NW	\$629.07	\$ 37.00	\$ 84.00	\$ 65.00	\$ 112.00	\$666.07	\$713.07	\$694.07	\$741.07
PacifiCare of Washington, Inc	\$629.07	\$ 108.00	\$ 226.00	\$ 189.00	\$ 307.00	\$737.07	\$855.07	\$818.07	\$936.07
Regence BlueShield	\$629.07	\$ 102.00	\$ 214.00	\$ 178.00	\$ 290.00	\$731.07	\$843.07	\$807.07	\$919.07
Uniform Medical Plan PPO	\$629.07	\$ 33.00	\$ 76.00	\$ 58.00	\$ 101.00	\$662.07	\$705.07	\$687.07	\$730.07
UMP Neighborhood	\$629.07	\$ 25.00	\$ 59.00	\$ 43.00	\$ 78.00	\$654.07	\$688.07	\$672.07	\$707.07