



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

September 22, 2005

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

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

SUBJECT: Revised School Year 2005 PEBB Program Rates – Composite

The K-12 and Educational Service Districts' (ESD) total base rate of \$629.07, the basis for the composite rates, will remain unchanged until September 1, 2006. **However, the employees' monthly contributions will change January 1, 2006 based on new contracts with health plans.** Enclosed you will find revised active rates for K-12 and ESDs, composite rate schedules detailing the changes by plan.

In early October employees will receive the *PEBB Perspective* newsletter with open enrollment information. Materials will also be available on the Public Employees Benefits Board (PEBB) Web site at www.pebb.hca.wa.gov. Employees will not see a premium rate displayed when they make changes via e-coverage on the Web site. Instead, a pop-up box will inform them to contact their payroll office for premium information. Because of this, you will want to distribute employees' 2006 monthly premiums before open enrollment so they can have it available when they are making a plan selection.

As you are aware, if an employee's same-sex domestic partner or their partner's child(ren) do not qualify as an IRS dependent, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee. To assist you, we have included examples of how the state calculates these amounts for state agency personnel. **These tables should only be used as a template in developing calculations that are based on your employer contribution rate** and for use if you have a section 125 plan in place to allow employee premium dollars to be treated as pre-tax deduction.

If you have questions about the rates, please call Sandra Lakey at (360) 412-4201. Sandra can also be contacted by e-mail at slak107@hca.wa.gov.

MA:kg

Enclosures

cc:	Megan Atkinson	Mary Fliss
	Katie Rogers	Barbara Scott
	Sandra Lakey	Debbie Haeger
	Lonnie Budd	Michelle George
	Kim Grindrod	

**Composite Active Rates for ESDs/K-12 School Districts
(for 01/01/06 through 08/31/06 only)**

Final 2006 PEBB Bid Rates
HCA Finance and Administration

	09/01/05 through 08/31/06	01/01/06 through 12/31/06				1/1/06 through 08/31/06			
		Employee Contributions				Total Base Rates With Employee Contributions			
<u>Plan Name</u>	<u>Base Rate</u>	<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	\$629.07	\$ 73.00	\$ 155.00	\$ 127.00	\$ 210.00	\$702.07	\$784.07	\$756.07	\$839.07
Group Health Cooperative of Puget Sound	\$629.07	\$ 51.00	\$ 113.00	\$ 90.00	\$ 151.00	\$680.07	\$742.07	\$719.07	\$780.07
Group Health Options Inc.	\$629.07	\$ 98.00	\$ 205.00	\$ 171.00	\$ 278.00	\$727.07	\$834.07	\$800.07	\$907.07
Kaiser Foundation Health Plan of the NW	\$629.07	\$ 55.00	\$ 120.00	\$ 96.00	\$ 161.00	\$684.07	\$749.07	\$725.07	\$790.07
PacifiCare of Washington, Inc	\$629.07	\$ 131.00	\$ 272.00	\$ 230.00	\$ 371.00	\$760.07	\$901.07	\$859.07	\$1,000.07
Regence BlueShield	\$629.07	\$ 136.00	\$ 282.00	\$ 238.00	\$ 385.00	\$765.07	\$911.07	\$867.07	\$1,014.07
Uniform Medical Plan PPO	\$629.07	\$ 14.00	\$ 38.00	\$ 25.00	\$ 49.00	\$643.07	\$667.07	\$654.07	\$678.07
UMP Neighborhood*	\$629.07	\$ 12.00	\$ 34.00	\$ 21.00	\$ 43.00	\$641.07	\$663.07	\$650.07	\$672.07

PEBB Program for 2006**Additional Taxable Income for Non-Tax Qualified Domestic Partners****Table 1: Employer Share Medical and Dental**

2006 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)*
MEDICAL PLAN			
All Medical Plans	\$377	\$299	\$676

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)*
DENTAL PLAN			
All Dental Plans	\$37	\$37	\$74

2005 Monthly State Contribution for Medicare Retirees (monthly state subsidy)****Additional taxable income for non-tax qualified domestic partners**

Medicare Supp Plan E	\$56
Medicare Supp Plan E Disabled	\$95
Medicare Supp Plan J Retired without Rx	\$84
Kaiser	\$130
All other plans	\$132

*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 2006 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	\$ 73	\$ 155	\$ 127	\$ 210
Group Health Cooperative of Puget Sound	\$ 51	\$ 113	\$ 90	\$ 151
Group Health Options Inc.	\$ 98	\$ 205	\$ 171	\$ 278
Kaiser Foundation Health Plan of the NW	\$ 55	\$ 120	\$ 96	\$ 161
PacifiCare of Washington, Inc	\$ 131	\$ 272	\$ 230	\$ 371
Regence BlueShield	\$ 136	\$ 282	\$ 238	\$ 385
Uniform Medical Plan PPO	\$ 14	\$ 38	\$ 25	\$ 49
Uniform Neighborhood	\$ 12	\$ 34	\$ 21	\$ 43

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
CHPWA	\$ 155	\$ 73	\$ 83
Group Health Cooperative of Puget Sound	\$ 113	\$ 51	\$ 61
Group Health Options Inc.	\$ 205	\$ 98	\$ 108
Kaiser Foundation Health Plan of the NW	\$ 120	\$ 55	\$ 65
PacifiCare of Washington, Inc	\$ 272	\$ 131	\$ 141
Regence BlueShield	\$ 282	\$ 136	\$ 146
Uniform Medical Plan PPO	\$ 38	\$ 14	\$ 24
Uniform Neighborhood	\$ 34	\$ 12	\$ 22

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
CHPWA	\$ 210	\$ 127	\$ 83
Group Health Cooperative of Puget Sound	\$ 151	\$ 90	\$ 61
Group Health Options Inc.	\$ 278	\$ 171	\$ 108
Kaiser Foundation Health Plan of the NW	\$ 161	\$ 96	\$ 65
PacifiCare of Washington, Inc	\$ 371	\$ 230	\$ 141
Regence BlueShield	\$ 385	\$ 238	\$ 146
Uniform Medical Plan PPO	\$ 49	\$ 25	\$ 24
Uniform Neighborhood	\$ 43	\$ 21	\$ 22

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

Plan Name	Full Family	Subscriber	Partner and Child(ren)
CHPWA	\$ 210	\$ 73	\$ 137
Group Health Cooperative of Puget Sound	\$ 151	\$ 51	\$ 100
Group Health Options Inc.	\$ 278	\$ 98	\$ 181
Kaiser Foundation Health Plan of the NW	\$ 161	\$ 55	\$ 106
PacifiCare of Washington, Inc	\$ 371	\$ 131	\$ 240
Regence BlueShield	\$ 385	\$ 136	\$ 248
Uniform Medical Plan PPO	\$ 49	\$ 14	\$ 35
Uniform Neighborhood	\$ 43	\$ 12	\$ 31

Table 7: Monthly Pre-Tax Employee Contributions

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
CHPWA	\$127	\$73	\$54
Group Health Cooperative of Puget Sound	\$90	\$51	\$39
Group Health Options Inc.	\$171	\$98	\$73
Kaiser Foundation Health Plan of the NW	\$96	\$55	\$41
PacifiCare of Washington, Inc	\$230	\$131	\$98
Regence BlueShield	\$238	\$136	\$102
Uniform Medical Plan PPO	\$25	\$14	\$11
Uniform Neighborhood	\$21	\$12	\$9