



Washington State Health Care Authority
Public Employees Benefits Board

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September 14, 2006

TO: Personnel, Payroll, and Insurance Offices of All State Agencies

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

SUBJECT: Revised Fiscal Year 2007 PEBB Program Rates – Composite

The state agencies' total funding rates of \$744.00 per Health Care Super Coalition-represented employee and \$618.00 for employees who are not represented by the Health Care Super Coalition will remain unchanged until July 1, 2007. **However, based on new contracts with the health plans, the state employees' monthly contributions will change effective January 1, 2007.** The new contribution schedule is enclosed. The Public Employees Benefits Board (PEBB) program will distribute these monthly contributions as part of the open enrollment materials to all state employees. Complete open enrollment information is also available on the PEBB Web site at www.pebb.hca.wa.gov.

Effective January 1, 2007, employee optional life insurance rates will increase slightly. The new rate schedule for life insurance is also enclosed.

Same-sex 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 2007. Tables 3 - 7 provide monthly payroll employee contributions (deductions) for subscribers and same-sex domestic partners.

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

MA:kg

Enclosures

cc:	Megan Atkinson	Mary Fliss
	Renee Bourbeau	Barbara Scott
	Becky Sisler	Debbie Allen
	Lonnie Budd	Michelle George
	Kim Grindrod	Deanna Kehr

PEBB Program for 2007**Additional Taxable Income for Non-Tax Qualified Domestic Partners****Table 1: Employer Share Medical and Dental**

2007 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	\$ 392	\$ 311	\$ 703

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	\$ 39	\$ 39	\$ 78

2007 Monthly State Contribution for Medicare Retirees (monthly state subsidy)****Additional taxable income for non-tax qualified domestic partners**

CHPWA	\$ 150
GHC Classic	\$ 150
GHC Value	\$ 145
Kaiser Classic	\$ 150
Kaiser Value	\$ 114
PacifiCare Classic	\$ 150
PacifiCare Value	\$ 121
Regence Classic	\$ 150
Uniform Medical Plan PPO	\$ 150
Plan E Retired	\$ 61
Plan E Disabled	\$ 104
Plan J Retired with Rx	\$ 137
Plan J Retired without Rx	\$ 150
Plan J Disabled with Rx	\$ 82
Plan J Disabled without Rx	\$ 139
All other plans	\$ 150

*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 2007 PEBB Rates-HCA Finance and Administration
August 2007**

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

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
CHPWA	\$ 101	\$ 212	\$ 177	\$ 288
GHC Classic	\$ 57	\$ 124	\$ 100	\$ 167
GHC Value	\$ 13	\$ 36	\$ 23	\$ 46
Kaiser Classic	\$ 70	\$ 149	\$ 122	\$ 202
Kaiser Value	\$ 31	\$ 72	\$ 54	\$ 95
Regence Classic	\$ 139	\$ 287	\$ 242	\$ 391
Uniform Medical Plan PPO	\$ 24	\$ 57	\$ 41	\$ 75

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
CHPWA	\$ 212	\$ 101	\$ 111
GHC Classic	\$ 124	\$ 57	\$ 67
GHC Value	\$ 36	\$ 13	\$ 23
Kaiser Classic	\$ 149	\$ 70	\$ 79
Kaiser Value	\$ 72	\$ 31	\$ 41
Regence Classic	\$ 287	\$ 139	\$ 148
Uniform Medical Plan PPO	\$ 57	\$ 24	\$ 33

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

Plan Name	Full Family	Subscriber	Partner and Child(ren)
CHPWA	\$ 288	\$ 101	\$ 187
GHC Classic	\$ 167	\$ 57	\$ 110
GHC Value	\$ 46	\$ 13	\$ 33
Kaiser Classic	\$ 202	\$ 70	\$ 132
Kaiser Value	\$ 95	\$ 31	\$ 64
Regence Classic	\$ 391	\$ 139	\$ 252
Uniform Medical Plan PPO	\$ 75	\$ 24	\$ 51

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
CHPWA	\$ 288	\$ 177	\$ 111
GHC Classic	\$ 167	\$ 100	\$ 67
GHC Value	\$ 46	\$ 23	\$ 23
Kaiser Classic	\$ 202	\$ 122	\$ 80
Kaiser Value	\$ 95	\$ 54	\$ 41
Regence Classic	\$ 391	\$ 242	\$ 149
Uniform Medical Plan PPO	\$ 75	\$ 41	\$ 34

Table 7: Post Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
CHPWA	\$ 177	\$ 101	\$ 76
GHC Classic	\$ 100	\$ 57	\$ 43
GHC Value	\$ 23	\$ 13	\$ 10
Kaiser Classic	\$ 122	\$ 70	\$ 52
Kaiser Value	\$ 54	\$ 31	\$ 23
Regence Classic	\$ 242	\$ 139	\$ 103
Uniform Medical Plan PPO	\$ 41	\$ 24	\$ 17

State and Higher Education Active Employee Contribution

Final 2007 PEBB Rates

HCA Finance and Administration

	Employee Contribution			
	Subscriber	Subscriber & Spouse	Subscriber & Child(ren)	Full Family
Community Health Plan Classic	\$101	\$212	\$177	\$288
Group Health Classic	\$57	\$124	\$100	\$167
Group Health Value	\$13	\$36	\$23	\$46
Kaiser Permanente Classic	\$70	\$149	\$122	\$202
Kaiser Permanente Value	\$31	\$72	\$54	\$95
Regence Classic	\$139	\$287	\$242	\$391
Uniform Medical Plan PPO	\$24	\$57	\$41	\$75

PEBB Life and Accidental Death & Dismemberment Rates Paid to Plan and Charged to Subscribers

Final PEBB 2007 Rates

HCA Finance and Administration

Pub No.

50-135F

51-275

Plan A Basic for Actives*:	Monthly Cost:	\$ 4.30
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Plan A Basic for Retirees:	Monthly Cost:	\$ 2.19
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Plan B Basic (Dependents):	Monthly Cost:	\$ 0.67
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Plan B Supplemental, Plans C (Optional) and D (Supplemental):		
Monthly Cost for Each \$1,000 of Coverage		
Age	Non-Smoker	Smoker
<25	\$ 0.038	\$0.048
25-29	\$ 0.040	\$0.058
30-34	\$ 0.044	\$0.078
35-39	\$ 0.054	\$0.088
40-44	\$ 0.084	\$0.098
45-49	\$ 0.124	\$0.146
50-54	\$ 0.190	\$0.224
55-59	\$ 0.358	\$0.418
60-64	\$ 0.544	\$0.642
65-69	\$ 1.006	\$1.236
70+	\$ 1.502	\$2.004

Plan E Life (Voluntary AD&D):							
Employee Coverage		Employee Only Cost	Employee & Dependent(s) Cost	Spouse Coverage		Per Child Coverage	
				No Children	With Children	With Spouse	No Spouse
\$	25,000	\$ 0.38	\$ 0.55	\$ 12,500	\$ 10,000	\$ 1,250	\$ 2,500
\$	50,000	\$ 0.75	\$ 1.10	\$ 25,000	\$ 20,000	\$ 2,500	\$ 5,000
\$	75,000	\$ 1.13	\$ 1.65	\$ 37,500	\$ 30,000	\$ 3,750	\$ 7,500
\$	100,000	\$ 1.50	\$ 2.20	\$ 50,000	\$ 40,000	\$ 5,000	\$ 10,000
\$	125,000	\$ 1.88	\$ 2.75	\$ 62,500	\$ 50,000	\$ 6,250	\$ 12,500
\$	150,000	\$ 2.25	\$ 3.30	\$ 75,000	\$ 60,000	\$ 7,500	\$ 15,000
\$	175,000	\$ 2.63	\$ 3.85	\$ 87,500	\$ 70,000	\$ 8,750	\$ 17,500
\$	200,000	\$ 3.00	\$ 4.40	\$ 100,000	\$ 80,000	\$ 10,000	\$ 20,000
\$	225,000	\$ 3.38	\$ 4.95	\$ 112,500	\$ 90,000	\$ 11,250	\$ 22,500
\$	250,000	\$ 3.75	\$ 5.50	\$ 125,000	\$ 100,000	\$ 12,500	\$ 25,000

* Represents premium paid to the Plan only.

For State Actives, Plan A Basic coverage is funded by the state.

For Actives from Employer Groups, ESDs, and K-12 Districts Accepting the Full Benefits Package, the premium for Plan A Basic coverage is included in the rates for the selected medical plan.

Coverage is not provided to Actives from K-12 Districts Accepting Medical Only Package.