



Washington State Health Care Authority

*Public Employees Benefits Board*

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September 5, 2007

TO: Personnel, Payroll, and Insurance Offices of Employer Groups  
(Political Subdivisions)

FROM: Steve Norsen  
Manager, PEBB Outreach & Training Team

SUBJECT: Revised Fiscal Year 2008 Program Rates – Composite

**The total (base rate plus employee contributions) due from your agency will increase effective January 1, 2008.** The employer base rate of \$707.00, the majority of the basis for the composite rates, will remain unchanged until July 1, 2008. However, monthly contributions for employees will change based on new contracts with the health plans. Exhibit 1 details the composite active rates for Employer Groups (Political Subdivisions), by plan. Note: the employee contribution displayed is for employees in State agencies.

Effective January 1, 2008, employee optional life insurance rates will decrease slightly. The new rate schedule for life insurance is enclosed as Exhibit 2. (There is no change in the optional long-term disability insurance rates.)

If you have an IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, you know that if an employee's qualified domestic partner or their partner's child(ren) does 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. [Tables 1-7] These tables should only be used as a template in developing calculations that are based on your employer contribution rate.

This year, Open Enrollment will run from October 29 – November 30, 2007. In early October, employees will receive the *PEBB Perspective* newsletter with Open Enrollment information. Materials will also be posted on the Public Employees Benefits Board (PEBB) web site, [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov). Employees who make an on-line plan change using E-Coverage will not see a premium rate. Instead, a pop-up box will prompt them to contact their personnel or payroll office for premium information. To support their decisions, you will want to distribute 2008 monthly premiums for your own employees before Open Enrollment, so they can have those available when making a plan selection.

If you have questions about these rates, please contact me at (360) 412-4201 or [steve.norsen@hca.wa.gov](mailto:steve.norsen@hca.wa.gov).

Enclosures

cc: Kim Grindrod

**Exhibit 1**

**Composite Active Rates for STATE and HIGHER ED,  
Commodity Commissions, Employer Groups, and ESD's/K-12 School Districts  
(for 01/01/08 through 6/30/08 only)**

	07/01/07 through 06/30/08	01/01/08 through 12/31/08				01/01/08 through 06/30/08			
Plan Name	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
Aetna Public Employee Plan	\$707.00	\$ 104.00	\$ 218.00	\$ 182.00	\$ 296.00	\$ 811.00	\$ 925.00	\$ 889.00	\$ 1,003.00
Group Health Classic	\$707.00	\$ 74.00	\$ 158.00	\$ 130.00	\$ 214.00	\$ 781.00	\$ 865.00	\$ 837.00	\$ 921.00
Group Health Value	\$707.00	\$ 20.00	\$ 50.00	\$ 35.00	\$ 65.00	\$ 727.00	\$ 757.00	\$ 742.00	\$ 772.00
Kaiser Permanente Classic	\$707.00	\$ 101.00	\$ 212.00	\$ 177.00	\$ 288.00	\$ 808.00	\$ 919.00	\$ 884.00	\$ 995.00
Kaiser Permanente Value	\$707.00	\$ 59.00	\$ 128.00	\$ 103.00	\$ 172.00	\$ 766.00	\$ 835.00	\$ 810.00	\$ 879.00
Uniform Medical Plan PPO	\$707.00	\$ 28.00	\$ 66.00	\$ 49.00	\$ 87.00	\$ 735.00	\$ 773.00	\$ 756.00	\$ 794.00

## Exhibit 2

### PEBB Life and AD&D Rates Paid to Plan and Charged to Subscribers

2008 PEBB Rates - Effective 01/01/08

<b>Plan A Basic for Actives*:</b>	Monthly Cost:	\$	5.23
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<b>Plan A Basic for Retirees:</b>	Monthly Cost:	\$	2.19
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<b>Plan B Basic (Dependents):</b>	Monthly Cost:	\$	0.52
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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	\$ 0.030	\$0.038
25-29	\$ 0.032	\$0.046
30-34	\$ 0.036	\$0.060
35-39	\$ 0.042	\$0.070
40-44	\$ 0.066	\$0.078
45-49	\$ 0.096	\$0.116
50-54	\$ 0.148	\$0.176
55-59	\$ 0.276	\$0.328
60-64	\$ 0.424	\$0.502
65-69	\$ 0.782	\$0.966
70+	\$ 1.164	\$1.566

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	\$ 0.25	\$ 0.35	\$ 12,500	\$ 10,000	\$ 1,250	\$ 2,500	
\$ 50,000	\$ 0.50	\$ 0.70	\$ 25,000	\$ 20,000	\$ 2,500	\$ 5,000	
\$ 75,000	\$ 0.75	\$ 1.05	\$ 37,500	\$ 30,000	\$ 3,750	\$ 7,500	
\$ 100,000	\$ 1.00	\$ 1.40	\$ 50,000	\$ 40,000	\$ 5,000	\$ 10,000	
\$ 125,000	\$ 1.25	\$ 1.75	\$ 62,500	\$ 50,000	\$ 6,250	\$ 12,500	
\$ 150,000	\$ 1.50	\$ 2.10	\$ 75,000	\$ 60,000	\$ 7,500	\$ 15,000	
\$ 175,000	\$ 1.75	\$ 2.45	\$ 87,500	\$ 70,000	\$ 8,750	\$ 17,500	
\$ 200,000	\$ 2.00	\$ 2.80	\$ 100,000	\$ 80,000	\$ 10,000	\$ 20,000	
\$ 225,000	\$ 2.25	\$ 3.15	\$ 112,500	\$ 90,000	\$ 11,250	\$ 22,500	
\$ 250,000	\$ 2.50	\$ 3.50	\$ 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, ESD's, 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.

**Additional Taxable Income for Non-Tax Qualified Domestic Partners**  
**Effective 01/01/08**  
**Tables 1 and 2**

**Table 1: Employer Share Medical and Dental**

2008 Monthly State Premium Contribution for Medical and Dental for Active Employees  
 Additional Taxable Income for Non-Tax Qualified Dependents' coverage\*

<b>MEDICAL AND DENTAL PLAN</b>	<b>Coverage for DOMESTIC PARTNER*</b>	<b>Coverage for CHILD(REN)*</b>	<b>Coverage for DOMESTIC PARTNER, CHILD(REN)*</b>
All Medical Plans	\$ 399	\$ 317	\$ 716

**Table 2: Employer Share Dental Only**

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

<b>DENTAL PLAN</b>	<b>Coverage for DOMESTIC PARTNER*</b>	<b>Coverage for CHILD(REN)*</b>	<b>Coverage for DOMESTIC PARTNER, CHILD(REN)*</b>
All Dental Plans	\$ 40	\$ 40	\$ 80

**2008 Monthly State Contribution for Medicare Retirees (monthly State subsidy)\*\***

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

Aetna Public Employee Plan	\$ 164
GHC Classic	\$ 150
GHC Value	\$ 132
Kaiser Classic	\$ 162
Kaiser Value	\$ 128
Secure Horizons Classic	\$ 164
Secure Horizons Value	\$ 136
Uniform Medical Plan PPO	\$ 162
Plan E Retired	\$ 66
Plan E Disabled	\$ 112
Plan J Retired without Rx	\$ 90
Plan J Disabled without Rx	\$ 153
Plan J Retired with Rx	\$ 133
Plan J Disabled with Rx	\$ 164

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

\*\* By State law, the retiree subsidy is limited to 50% of the total premium paid to the health plan.

**Tables 3 - 7**

**State and Higher Education Active Employee Monthly Contributions (Deductions)  
For Non-Tax Qualified Domestic Partners and Dependents  
PEBB Rates Effective 01/01/08**

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

Plan Name	Subscriber	Subscriber and Partner	Subscriber and Child(ren)	Full Family
Aetna Public Employee Plan	\$ 104	\$ 218	\$ 182	\$ 296
GHC Classic	\$ 74	\$ 158	\$ 130	\$ 214
GHC Value	\$ 20	\$ 50	\$ 35	\$ 65
Kaiser Classic	\$ 101	\$ 212	\$ 177	\$ 288
Kaiser Value	\$ 59	\$ 128	\$ 103	\$ 172
Uniform Medical Plan PPO	\$ 28	\$ 66	\$ 49	\$ 87

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

Plan Name	Subscriber and Partner	Subscriber	Partner
Aetna Public Employee Plan	\$ 218	\$ 104	\$ 114
GHC Classic	\$ 158	\$ 74	\$ 84
GHC Value	\$ 50	\$ 20	\$ 30
Kaiser Classic	\$ 212	\$ 101	\$ 111
Kaiser Value	\$ 128	\$ 59	\$ 69
Uniform Medical Plan PPO	\$ 66	\$ 28	\$ 38

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

Plan Name	Full Family	Subscriber	Partner and Child(ren)
Aetna Public Employee Plan	\$ 296	\$ 104	\$ 192
GHC Classic	\$ 214	\$ 74	\$ 140
GHC Value	\$ 65	\$ 20	\$ 45
Kaiser Classic	\$ 288	\$ 101	\$ 187
Kaiser Value	\$ 172	\$ 59	\$ 113
Uniform Medical Plan PPO	\$ 87	\$ 28	\$ 59

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Aetna Public Employee Plan	\$ 296	\$ 182	\$ 114
GHC Classic	\$ 214	\$ 130	\$ 84
GHC Value	\$ 65	\$ 35	\$ 30
Kaiser Classic	\$ 288	\$ 177	\$ 111
Kaiser Value	\$ 172	\$ 103	\$ 69
Uniform Medical Plan PPO	\$ 87	\$ 49	\$ 38

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

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Child(ren)
Aetna Public Employee Plan	\$ 182	\$ 104	\$ 78
GHC Classic	\$ 130	\$ 74	\$ 56
GHC Value	\$ 35	\$ 20	\$ 15
Kaiser Classic	\$ 177	\$ 101	\$ 76
Kaiser Value	\$ 103	\$ 59	\$ 44
Uniform Medical Plan PPO	\$ 49	\$ 28	\$ 21