Washington State Health Care Authority
Public Employees Benefits Board
P.O. Box 42684 • Olympia, Washington 98504-2684
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April 15, 2008

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

FROM: Steve Norsen
Manager, PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2009 PEBB Program Rates – Composite

Effective July 1, 2008 through June 30, 2009, your employer funding rate is $561.00 per active employee per month. This rate covers benefits under the Public Employees Benefits Board (PEBB) program. This lower employer funding rate is a result of healthcare funding reserves being used to supplement the actual cost of PEBB benefits.

Reserves will not be available to supplement the FY2010 employer funding rate (effective July 1, 2009). It is anticipated that the FY2010 employer funding rate will be around $782.00

Employee contributions, COBRA, and self-pay rates will remain the same until January 1, 2009 when the new plan year begins. You will receive these revised rates before open enrollment this fall.

Enclosed is a rate sheet titled "Composite Active Rates for ESDs/K-12 School Districts," effective July 2008 through December 2008.

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. You are responsible for collecting the employees' premiums and sending the total billed amount to the HCA.

If you have questions, please contact me at 360-412-4201 or steve.norsen@hca.wa.gov.

Enclosure

cc: Kim Grindrod, PEBB Budget Analyst

Composite Active Rates for STATE and HIGHER ED,
Commodity Commissions, Employer Groups, and ESDs/K-12 School Districts
(for 07/01/08 through 12/31/08 only)

2008 PEBB Bid Rates
HCA Financial Services

	07/01/08 through 06/30/09	01/01/08 through 12/31/08				07/01/08 through 12/31/08			
		Employee Contributions				Total Base Rates With Employee Contributions			
Plan Name	Base Rate	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Aetna Public Employee Plan	$561.00	$ 104.00	$ 218.00	$ 182.00	$ 296.00	$ 665.00	$ 779.00	$ 743.00	$ 857.00
Group Health Classic	$561.00	$ 74.00	$ 158.00	$ 130.00	$ 214.00	$ 635.00	$ 719.00	$ 691.00	$ 775.00
Group Health Value	$561.00	$ 20.00	$ 50.00	$ 35.00	$ 65.00	$ 581.00	$ 611.00	$ 596.00	$ 626.00
Kaiser Permanente Classic	$561.00	$ 101.00	$ 212.00	$ 177.00	$ 288.00	$ 662.00	$ 773.00	$ 738.00	$ 849.00
Kaiser Permanente Value	$561.00	$ 59.00	$ 128.00	$ 103.00	$ 172.00	$ 620.00	$ 689.00	$ 664.00	$ 733.00
Uniform Medical Plan PPO	$561.00	$ 28.00	$ 66.00	$ 49.00	$ 87.00	$ 589.00	$ 627.00	$ 610.00	$ 648.00