

2009 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2009

Special Requirements

1. To qualify for the Medicare rate, you must be enrolled in both Part A and Part B of Medicare.
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan, Kaiser Permanente Senior Advantage, or Secure Horizons must agree to complete and sign the *Medicare Advantage Plan Election Form* to enroll in one of these plans. For more information on these requirements, please contact your health plan's customer service department.

Medical Plans								
Subscribers not eligible for Medicare (or enrolled in Part A only):	Aetna Public Employees Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	Kaiser Permanente Value	Secure Horizons Classic	Secure Horizons Value	Uniform Medical Plan
Subscriber Only	\$ 513.44	\$ 508.50	\$ 426.16	\$ 476.60	\$ 433.88	N/A	N/A	\$ 427.25
Subscriber & Spouse*	1,020.79	1,010.91	846.23	947.11	861.67	N/A	N/A	848.41
Subscriber & Child(ren)	893.95	885.31	741.21	829.48	754.72	N/A	N/A	743.12
Full Family	1,401.30	1,387.72	1,161.28	1,299.99	1,182.51	N/A	N/A	1,164.28
Subscribers enrolled in Part A & Part B of Medicare:								
Subscriber Only	\$ 385.17	\$ 278.53	\$ 247.54	\$ 336.54	\$ 271.99	\$ 366.23	\$ 283.08	\$ 333.96
Subscriber & Spouse* (1 eligible)	892.52	780.94	667.61	807.05	699.78	N/A	N/A	755.12
Subscriber & Spouse* (2 eligible)	764.25	550.97	488.99	666.99	537.89	726.37	560.07	661.83
Subscriber & Child(ren) (1 eligible)	765.68	655.34	562.59	689.42	592.83	N/A	N/A	649.83
Subscriber & Child(ren) (2 eligible)	764.25	550.97	488.99	666.99	537.89	726.37	560.07	661.83
Full Family (1 eligible)	1,273.03	1,157.75	982.66	1,159.93	1,020.62	N/A	N/A	1,070.99
Full Family (2 eligible)	1,144.76	927.78	804.04	1,019.87	858.73	N/A	N/A	977.70
Full Family (3 eligible)	1,143.33	823.41	730.44	997.44	803.79	1,086.51	837.06	989.70

*or qualified domestic partner

Medicare Supplement Plans						
	Premera Blue Cross					
	Plan E (age 65 or older, eligible by age)	Plan E (under age 65, eligible by disability)	Plan J with Rx*** (age 65 or older, eligible by age)	Plan J with Rx*** (under age 65, eligible by disability)	Plan J without Rx (age 65 or older, eligible by age)	Plan J without Rx (under age 65, eligible by disability)
Subscriber Only	\$ 132.24	\$ 224.81	\$ 270.87	\$ 460.48	\$ 191.06	\$ 324.80
Subscriber & Spouse* (1 eligible)**	559.49	652.06	698.12	887.73	618.31	752.05
Subscriber & Spouse* (2 eligible - 1 retired, 1 disabled)	357.05	357.05	731.35	731.35	515.86	515.86
Subscriber & Spouse* (2 eligible)	264.48	449.62	541.74	920.96	382.12	649.60
Subscriber & Child(ren)**	454.20	546.77	592.83	782.44	513.02	646.76
Full Family (1 eligible)**	875.36	967.93	1,013.99	1,203.60	934.18	1,067.92
Full Family (2 eligible - 1 retired, 1 disabled)**	679.01	679.01	1,053.31	1,053.31	837.82	837.82
Full Family (2 eligible)**	586.44	771.58	863.70	1,242.92	704.08	971.56

* or qualified domestic partner

** If a Medicare supplement plan is selected, non-Medicare eligible dependents are enrolled in the Uniform Medical Plan (UMP). The rates shown reflect the total rate due, including both the Medicare supplement and the UMP premiums.

*** Plan J with Rx is no longer offered to new subscribers.

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan	Willamette Dental
Subscriber Only	\$ 37.19	\$ 41.69	\$ 37.03
Subscriber & Spouse*	74.38	83.38	74.06
Subscriber & Child(ren)	74.38	83.38	74.06
Full Family	111.57	125.07	111.09

Dental Plans Dental Only	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan	Willamette Dental
Subscriber Only	\$ 43.28	\$ 47.78	\$ 43.12
Subscriber & Spouse*	80.47	89.47	80.15
Subscriber & Child(ren)	80.47	89.47	80.15
Full Family	117.66	131.16	117.18

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