

2009 PEBB Reduced-Premium COBRA Monthly Rates

Effective March 1, 2009

Special Requirements

- To qualify for the reduced-premium COBRA rates, you must have been involuntarily terminated from your employer between September 1, 2008 and December 31, 2009 and qualify for PEBB continuation coverage; AND
- You must not be eligible for Medicare, Medicaid, or coverage under any other group health plan (including TRICARE), such as a plan sponsored by another employer or your spouse's employer.
- To cover your eligible family members in reduced-premium COBRA coverage, they must have been covered as of the last day of your employer-sponsored PEBB health coverage. (**Exception:** You may cover any new dependents born, adopted, or placed for adoption after your COBRA coverage begins.)
- If you qualify for the COBRA premium reduction, you may choose different coverage or plan(s) than what you had under your employer-sponsored coverage. This can be a different type of coverage (from medical and dental coverage to medical-only or dental-only coverage) or a different health plan in your county of residence. However, the different coverage or health plan you choose must cost the **same or less than** the coverage you had at the time of the involuntary termination. (See back for coverage and plan options available to you.)

| Medical Plans | | | | | | |
|------------------------------------|-----------------------------|----------------------|--------------------|---------------------------|-------------------------|----------------------|
| | Aetna Public Employees Plan | Group Health Classic | Group Health Value | Kaiser Permanente Classic | Kaiser Permanente Value | Uniform Medical Plan |
| Subscriber Only | \$ 179.70 | \$ 177.97 | \$ 149.15 | \$ 166.81 | \$ 151.85 | \$ 149.53 |
| Subscriber & Spouse | 357.27 | 353.81 | 296.18 | 331.48 | 301.58 | 296.94 |
| Subscriber & Child(ren) | 312.88 | 309.85 | 259.42 | 290.31 | 264.15 | 260.09 |
| Full Family | 490.45 | 485.70 | 406.44 | 454.99 | 413.87 | 407.49 |

| Dental Plans with Medical Plan | DeltaCare, administered by Washington Dental Service | Uniform Dental Plan | Willamette Dental |
|------------------------------------|--|---------------------|-------------------|
| Subscriber Only | \$ 13.01 | \$ 14.59 | \$ 12.96 |
| Subscriber & Spouse | 26.03 | 29.18 | 25.92 |
| Subscriber & Child(ren) | 26.03 | 29.18 | 25.92 |
| Full Family | 39.04 | 43.77 | 38.88 |

| Dental Plans Dental only | DeltaCare, administered by Washington Dental Service | Uniform Dental Plan | Willamette Dental |
|------------------------------------|--|---------------------|-------------------|
| Subscriber Only | \$ 15.14 | \$ 16.72 | \$ 15.09 |
| Subscriber & Spouse | 28.16 | 31.31 | 28.05 |
| Subscriber & Child(ren) | 28.16 | 31.31 | 28.05 |
| Full Family | 41.18 | 45.90 | 41.01 |

Interested in changing types of PEBB coverage or health plans?

To receive the COBRA reduced premium, the type of PEBB coverage and health plan you choose must cost the **same or less than** the PEBB coverage you had through your employer at the time of your involuntary termination. You may either choose the same PEBB coverage and health plan(s) you had as an employee, or change your PEBB coverage and health plan(s) according to the tables below.

| If you had this type of PEBB coverage as an employee... | You can select one of these types of PEBB coverage... | But you cannot change to this type of PEBB coverage |
|---|---|---|
| Medical and dental | Medical and dental Medical only Dental only | N/A |
| Medical only | Medical only Dental only | Medical and dental |
| Dental only | Dental only | Medical and dental Medical only |

| If you had this PEBB medical plan as an employee... | You can select one of these PEBB medical plans*... | But you cannot change to these PEBB medical plans |
|---|--|---|
| Aetna Public Employees Plan | Aetna Public Employees Plan Group Health Classic or Value Kaiser Permanente Classic or Value Uniform Medical Plan | N/A |
| Group Health Classic | Group Health Classic or Value Kaiser Permanente Classic or Value Uniform Medical Plan | Aetna Public Employees Plan |
| Group Health Value | Group Health Value | Aetna Public Employees Plan Group Health Classic Kaiser Permanente Classic or Value Uniform Medical Plan |
| Kaiser Permanente Classic | Group Health Value Kaiser Permanente Classic or Value Uniform Medical Plan | Aetna Public Employees Plan Group Health Classic |
| Kaiser Permanente Value | Group Health Value Kaiser Permanente Value Uniform Medical Plan | Aetna Public Employees Plan Group Health Classic Kaiser Permanente Classic |
| Uniform Medical Plan | Group Health Value Uniform Medical Plan | Aetna Public Employees Plan Group Health Classic Kaiser Permanente Classic or Value |

***The plan you choose must be available in your county of residence.** Go to the PEBB Program's Web site at www.pebb.hca.wa.gov and select "Benefits," then "Medical," then "Your Rate/Premium" to find the plans available in your county.

| If you had this PEBB dental plan as an employee... | You can select one of these PEBB dental plans**... | But you cannot change to these PEBB dental plans |
|--|--|---|
| DeltaCare, administered by Washington Dental Service (WDS) | DeltaCare, administered by WDS Willamette Dental Plan | Uniform Dental Plan |
| Uniform Dental Plan | DeltaCare, administered by WDS Uniform Dental Plan Willamette Dental Service | N/A |
| Willamette Dental | Willamette Dental | DeltaCare, administered by WDS Uniform Dental Plan |

**DeltaCare and Willamette Dental have network providers/clinics in selected cities. You do not have to live in one of these cities, but you must be willing to travel for services if you select a network provider in another area. Go to the PEBB Program's Web site at www.pebb.hca.wa.gov and select "Benefits," then "Dental," then "Dental Benefits" to find the locations of these plans' network providers/clinics.