



Washington State Health Care Authority  
*Public Employees Benefits Board*

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May 20, 2009

TO: PEBB Participating Commodity Commissions

FROM: Steve Norsen, Manager  
PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2010 PEBB Program Rates – Composite

**Starting July 1, 2009 (FY 2010), the monthly employer funding rate will increase to \$745.00 per active employee per month.** These rates were established in the 2009 – 2011 operating budget (ESHB 1244 PL) and cover benefits under the Public Employees Benefits Board (PEBB) program.

Employee contributions, COBRA (unsubsidized), and self-pay rates will remain the same until January 1, 2010, when the new plan year begins. You will receive these revised rate sheets before open enrollment this fall.

As a reminder, you must pay the full employer funding rate for every eligible employee, 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](mailto:steve.norsen@hca.wa.gov).

c: Kim Grindrod, PEBB Budget Analyst

**Composite Active Rates for STATE and HIGHER ED,  
Commodity Commissions, Employer Groups, and ESDs/K-12 School Districts  
(for 07/01/09 through 12/31/09 only)**

2009 Rates

HCA Financial Services

	07/01/09 through 06/30/10	01/01/09 through 12/31/09				07/01/09 through 12/31/09			
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	\$ 745.00	\$ 112.00	\$ 234.00	\$ 196.00	\$ 318.00	\$ 857.00	\$ 979.00	\$ 941.00	\$ 1,063.00
Group Health Classic	\$ 745.00	\$ 107.00	\$ 224.00	\$ 187.00	\$ 304.00	\$ 852.00	\$ 969.00	\$ 932.00	\$ 1,049.00
Group Health Value	\$ 745.00	\$ 25.00	\$ 60.00	\$ 44.00	\$ 79.00	\$ 770.00	\$ 805.00	\$ 789.00	\$ 824.00
Kaiser Permanente Classic	\$ 745.00	\$ 76.00	\$ 162.00	\$ 133.00	\$ 219.00	\$ 821.00	\$ 907.00	\$ 878.00	\$ 964.00
Kaiser Permanente Value	\$ 745.00	\$ 33.00	\$ 76.00	\$ 58.00	\$ 101.00	\$ 778.00	\$ 821.00	\$ 803.00	\$ 846.00
Uniform Medical Plan PPO	\$ 745.00	\$ 26.00	\$ 62.00	\$ 46.00	\$ 82.00	\$ 771.00	\$ 807.00	\$ 791.00	\$ 827.00