



Washington State Health Care Authority
Public Employees Benefits Board

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August 20, 2008

TO: Ms. Rita Lauzon, Center for Information Services

FROM: Steve Norsen
Manager, PEBB Outreach & Training Team

SUBJECT: **Revised Fiscal Year 2009 PEBB Program Rates – Composite**

Overview

The higher-education institutions' base monthly funding rate of \$561.00 will remain unchanged until July 1, 2009. However, based on new contracts with the health plans, the employees' monthly contributions will change effective January 1, 2009.

Medical/Dental

The new contribution schedule is enclosed as Exhibit 1. In early October, the Public Employees Benefits Board (PEBB) program will publish these monthly contributions in the *For Your Benefit* newsletter to all state employees. This newsletter is the employees only printed open enrollment information. However, information will also be available on the PEBB Web site at www.pebb.hca.wa.gov prior to October 27, 2008, the start of open enrollment.

Life and LTD Insurance

Effective January 1, 2009, employee optional life and long term disability (LTD) insurance rates will decrease. The new rate schedule for life and LTD insurance is enclosed as Exhibit 2 and 3.

Qualified Domestic Partners – Tax Tables

Qualified domestic partner tax tables are enclosed as Tables 1-7. Tables 1 and 2 provide monthly amounts for additional taxable income for "Non-Tax Qualified Partners" for 2009. Tables 3 - 7 provide monthly payroll employee contributions (deductions) for subscribers and qualified domestic partners.

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

Enclosures

cc: Kim Grindrod

**Composite Active Rates for STATE and HIGHER ED,
Commodity Commissions, Employer Groups, and ESDs/K-12 School Districts
(for 01/01/09 through 06/30/09 only)**

2009 PEBB Bid Rates

HCA Financial Services

	07/01/08 through 06/30/09	01/01/09 through 12/31/09				01/01/09 through 06/30/09			
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	\$561.00	\$ 112.00	\$ 234.00	\$ 196.00	\$ 318.00	\$ 673.00	\$ 795.00	\$ 757.00	\$ 879.00
Group Health Classic	\$561.00	\$ 107.00	\$ 224.00	\$ 187.00	\$ 304.00	\$ 668.00	\$ 785.00	\$ 748.00	\$ 865.00
Group Health Value	\$561.00	\$ 25.00	\$ 60.00	\$ 44.00	\$ 79.00	\$ 586.00	\$ 621.00	\$ 605.00	\$ 640.00
Kaiser Permanente Classic	\$561.00	\$ 76.00	\$ 162.00	\$ 133.00	\$ 219.00	\$ 637.00	\$ 723.00	\$ 694.00	\$ 780.00
Kaiser Permanente Value	\$561.00	\$ 33.00	\$ 76.00	\$ 58.00	\$ 101.00	\$ 594.00	\$ 637.00	\$ 619.00	\$ 662.00
Uniform Medical Plan PPO	\$561.00	\$ 26.00	\$ 62.00	\$ 46.00	\$ 82.00	\$ 587.00	\$ 623.00	\$ 607.00	\$ 643.00

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

Final PEBB 2009 Rates

HCA Finance and Administration

Plan A Basic for Actives*:	Monthly Cost:	\$ 5.07
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Pub No.
50-135F

Plan A Basic for Retirees:	Monthly Cost:	\$ 2.19
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51-275

Plan B Basic (Dependents):	Monthly Cost:	\$ 0.50
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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	\$ 0.028	\$0.036
25-29	\$ 0.030	\$0.044
30-34	\$ 0.034	\$0.058
35-39	\$ 0.042	\$0.066
40-44	\$ 0.064	\$0.074
45-49	\$ 0.092	\$0.112
50-54	\$ 0.144	\$0.170
55-59	\$ 0.268	\$0.318
60-64	\$ 0.412	\$0.484
65-69	\$ 0.760	\$0.932
70+	\$ 1.134	\$1.514

50-126B

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		\$ 0.20	\$ 0.30	\$ 12,500	\$ 10,000	\$ 1,250	\$ 2,500
\$ 50,000		\$ 0.40	\$ 0.60	\$ 25,000	\$ 20,000	\$ 2,500	\$ 5,000
\$ 75,000		\$ 0.60	\$ 0.90	\$ 37,500	\$ 30,000	\$ 3,750	\$ 7,500
\$ 100,000		\$ 0.80	\$ 1.20	\$ 50,000	\$ 40,000	\$ 5,000	\$ 10,000
\$ 125,000		\$ 1.00	\$ 1.50	\$ 62,500	\$ 50,000	\$ 6,250	\$ 12,500
\$ 150,000		\$ 1.20	\$ 1.80	\$ 75,000	\$ 60,000	\$ 7,500	\$ 15,000
\$ 175,000		\$ 1.40	\$ 2.10	\$ 87,500	\$ 70,000	\$ 8,750	\$ 17,500
\$ 200,000		\$ 1.60	\$ 2.40	\$ 100,000	\$ 80,000	\$ 10,000	\$ 20,000
\$ 225,000		\$ 1.80	\$ 2.70	\$ 112,500	\$ 90,000	\$ 11,250	\$ 22,500
\$ 250,000		\$ 2.00	\$ 3.00	\$ 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, ESDs, 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.

PEBB 2009 LONG TERM DISABILITY PLAN

Rates Paid to Plan and Charged to Subscribers

Final PEBB 2009 Rates

HCA Finance and Administration

Pub No.

Basic Plan for Actives	Monthly Cost*:	\$	2.00
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50-125B

Optional Plan		
Waiting Period	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees
30 days	2.48%	1.96%
60 days	1.26%	1.04%
90 days	0.69%	0.57%
120 days	0.40%	0.34%
180 days	0.30%	0.27%
240 days	0.29%	0.26%
300 days	0.27%	0.24%
360 days	0.26%	0.23%

* Represents premium paid to plan only.

PEBB Program for 2009

Additional Taxable Income for Non-Tax Qualified Domestic Partners

Table 1: Employer Share Medical and Dental

2009 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependents' coverage*

MEDICAL AND DENTAL PLAN	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
All Medical Plans	\$ 427	\$ 338	\$ 765

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

DENTAL PLAN	Coverage for DOMESTIC PARTNER*	Coverage for CHILD(REN)*	Coverage for DOMESTIC PARTNER, CHILD(REN)*
All Dental Plans	\$ 42	\$ 42	\$ 84

2009 Monthly State Contribution for Medicare Retirees (monthly state subsidy)**

Additional taxable income for non-tax qualified domestic partners

Aetna Public Employee Plan	\$ 183
GHC Classic	\$ 136
GHC Value	\$ 121
Kaiser Classic	\$ 165
Kaiser Value	\$ 133
Secure Horizons Classic	\$ 180
Secure Horizons Value	\$ 138
Uniform Medical Plan PPO	\$ 164
Plan E Retired	\$ 66
Plan E Disabled	\$ 112
Plan J Retired without Rx	\$ 96
Plan J Disabled without Rx	\$ 162
Plan J Retired with Rx	\$ 135
Plan J Disabled with Rx	\$ 183

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

**Retiree subsidy is limited to 50% of the total premium paid to the health plan by state law

HCA Pub No. 50-704

**State and Higher Education Active Employee Monthly Contributions (Deductions)
For Non-Tax Qualified Domestic Partners and Dependents
Final 2009 PEBB Rates-HCA Finance and Administration**

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

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Full Family
Aetna Public Employee Plan	\$ 112	\$ 234	\$ 196	\$ 318
GHC Classic	\$ 107	\$ 224	\$ 187	\$ 304
GHC Value	\$ 25	\$ 60	\$ 44	\$ 79
Kaiser Classic	\$ 76	\$ 162	\$ 133	\$ 219
Kaiser Value	\$ 33	\$ 76	\$ 58	\$ 101
Uniform Medical Plan PPO	\$ 26	\$ 62	\$ 46	\$ 82

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

Plan Name	Subscriber and Spouse	Subscriber	Partner
Aetna Public Employee Plan	\$ 234	\$ 112	\$ 122
GHC Classic	\$ 224	\$ 107	\$ 117
GHC Value	\$ 60	\$ 25	\$ 35
Kaiser Classic	\$ 162	\$ 76	\$ 86
Kaiser Value	\$ 76	\$ 33	\$ 43
Uniform Medical Plan PPO	\$ 62	\$ 26	\$ 36

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

Plan Name	Full Family	Subscriber and Child(ren)	Partner
Aetna Public Employee Plan	\$ 318	\$ 196	\$ 122
GHC Classic	\$ 304	\$ 187	\$ 117
GHC Value	\$ 79	\$ 44	\$ 35
Kaiser Classic	\$ 219	\$ 133	\$ 86
Kaiser Value	\$ 101	\$ 58	\$ 43
Uniform Medical Plan PPO	\$ 82	\$ 46	\$ 36

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	\$ 318	\$ 112	\$ 206
GHC Classic	\$ 304	\$ 107	\$ 197
GHC Value	\$ 79	\$ 25	\$ 54
Kaiser Classic	\$ 219	\$ 76	\$ 143
Kaiser Value	\$ 101	\$ 33	\$ 68
Uniform Medical Plan PPO	\$ 82	\$ 26	\$ 56

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

Plan Name	Subscriber and Child(ren)	Subscriber	Partner's Children
Aetna Public Employee Plan	\$ 196	\$ 112	\$ 84
GHC Classic	\$ 187	\$ 107	\$ 80
GHC Value	\$ 44	\$ 25	\$ 19
Kaiser Classic	\$ 133	\$ 76	\$ 57
Kaiser Value	\$ 58	\$ 33	\$ 25
Uniform Medical Plan PPO	\$ 46	\$ 26	\$ 20