



Washington State Health Care Authority  
*Public Employees Benefits Board*

P.O. Box 42684 • Olympia, Washington 98504-2684  
360-412-4200 • FAX 360-923-2608 • TTY 360-923-2701 • [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)

August 20, 2008

TO: Personnel, Payroll, and Insurance Offices of All State Agencies

FROM: Steve Norsen  
Manager, PEBB Outreach & Training Team

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

Overview

The state agencies' base monthly funding rate of \$561.00 will remain unchanged until July 1, 2009. However, based on new contracts with the health plans, the state 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](http://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 Exhibits 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](mailto: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

Pub No.

50-135F

<b>Plan A Basic for Actives*:</b>	Monthly Cost:	\$ 5.07
-----------------------------------	---------------	---------

<b>Plan A Basic for Retirees:</b>	Monthly Cost:	\$ 2.19
-----------------------------------	---------------	---------

51-275

<b>Plan B Basic (Dependents):</b>	Monthly Cost:	\$ 0.50
-----------------------------------	---------------	---------

**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.

<b>Basic Plan for Actives</b>	Monthly Cost*:	\$	2.00
-------------------------------	----------------	----	------

50-125B

<b>Optional Plan</b>	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees
Waiting Period		
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\*

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

**Table 2: Employer Share Dental Only**

Sample chart for dental only enrollment-taxable amount for dependents

<b>DENTAL PLAN</b>	<b>Coverage for DOMESTIC PARTNER*</b>	<b>Coverage for CHILD(REN)*</b>	<b>Coverage for DOMESTIC PARTNER, CHILD(REN)*</b>
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