

# 2010 PEBB Reduced-Premium COBRA Monthly Rates

Rates effective January 1, 2010

## Special Requirements

- To qualify for the reduced-premium COBRA rate, you must have been:
  - Involuntarily terminated from your employer between September 1, 2008 and May 31, 2010 and qualify for PEBB continuation coverage; OR
  - Involuntarily terminated from your employer between March 2, 2010 and May 31, 2010 after losing employer-paid PEBB coverage due to reduced work hours on or after September 1, 2008, and qualify for PEBB continuation coverage; AND
- You must not be eligible for Medicare or coverage under any other group plan, 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-paid PEBB health coverage. (**Exception:** You may cover any new dependents born, adopted, or placed for adoption after your COBRA coverage begins.)
- You may choose different coverage or plan(s) than what you had under your employer-paid coverage. This can be a different type of coverage (for example, from medical and dental coverage to medical-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						
Subscribers not eligible for Medicare	Aetna Public Employees Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	Kaiser Permanente Value	Uniform Medical Plan
Subscriber Only	\$ 186.00	\$ 164.75	\$ 147.50	\$ 165.02	\$ 154.37	\$ 154.07
Subscriber & Spouse	369.75	327.25	292.75	327.80	306.50	305.88
Subscriber & Child(ren)	323.81	286.63	256.44	287.10	268.47	267.93
Full Family	507.56	449.13	401.69	449.88	420.59	419.74

Dental Plans with Medical Plan	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan	Willamette Dental
Subscriber Only	\$ 13.01	\$ 15.58	\$ 14.06
Subscriber & Spouse	26.03	31.17	28.12
Subscriber & Child(ren)	26.03	31.17	28.12
Full Family	39.04	46.75	42.18

Dental Plans Dental Plan Only	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan	Willamette Dental
Subscriber Only	\$ 15.27	\$ 17.83	\$ 16.31
Subscriber & Spouse	28.28	33.42	30.38
Subscriber & Child(ren)	28.28	33.42	30.38
Full Family	41.30	49.01	44.44

(continued on back)

## 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. Use the *COBRA Continuation Coverage Election Form for Premium Reduction* to make a change.

### Table 1: Changing types of PEBB coverage

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	<ul style="list-style-type: none"> <li>• Medical and dental</li> <li>• Dental only</li> <li>• Medical only</li> </ul>	N/A
Medical only	<ul style="list-style-type: none"> <li>• Medical only</li> </ul>	<ul style="list-style-type: none"> <li>• Medical and dental*</li> <li>• Dental only*</li> </ul>
Dental only	<ul style="list-style-type: none"> <li>• Dental only</li> </ul>	<ul style="list-style-type: none"> <li>• Medical and dental*</li> <li>• Medical only*</li> </ul>

\*You may enroll in a different type of coverage than what you had as an employee, but you will pay the full premium for that coverage. See the 2010 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates for full premiums.

### Table 2: Changing PEBB medical plans

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	<ul style="list-style-type: none"> <li>• Aetna Public Employees Plan</li> <li>• Group Health Classic</li> <li>• Group Health Value</li> <li>• Kaiser Permanente Classic</li> <li>• Kaiser Permanente Value</li> <li>• Uniform Medical Plan</li> </ul>	N/A
Group Health Classic	<ul style="list-style-type: none"> <li>• Group Health Classic</li> <li>• Group Health Value</li> <li>• Kaiser Permanente Value</li> <li>• Uniform Medical Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Aetna Public Employees Plan</li> <li>• Kaiser Permanente Classic</li> </ul>
Group Health Value	<ul style="list-style-type: none"> <li>• Group Health Value</li> </ul>	<ul style="list-style-type: none"> <li>• Aetna Public Employees Plan</li> <li>• Group Health Classic</li> <li>• Kaiser Permanente Classic</li> <li>• Kaiser Permanente Value</li> <li>• Uniform Medical Plan</li> </ul>
Kaiser Permanente Classic	<ul style="list-style-type: none"> <li>• Group Health Classic</li> <li>• Group Health Value</li> <li>• Kaiser Permanente Classic</li> <li>• Kaiser Permanente Value</li> <li>• Uniform Medical Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Aetna Public Employees Plan</li> </ul>
Kaiser Permanente Value	<ul style="list-style-type: none"> <li>• Group Health Value</li> <li>• Kaiser Permanente Value</li> <li>• Uniform Medical Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Aetna Public Employees Plan</li> <li>• Group Health Classic</li> <li>• Kaiser Permanente Classic</li> </ul>
Uniform Medical Plan	<ul style="list-style-type: none"> <li>• Group Health Value</li> <li>• Uniform Medical Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Aetna Public Employees Plan</li> <li>• Group Health Classic</li> <li>• Kaiser Permanente Classic</li> <li>• Kaiser Permanente Value</li> </ul>

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

### Table 3: Changing PEBB dental plans

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)	<ul style="list-style-type: none"> <li>• DeltaCare, administered by WDS</li> </ul>	<ul style="list-style-type: none"> <li>• Uniform Dental Plan</li> <li>• Willamette Dental Plan</li> </ul>
Uniform Dental Plan	<ul style="list-style-type: none"> <li>• DeltaCare, administered by WDS</li> <li>• Uniform Dental Plan</li> <li>• Willamette Dental</li> </ul>	N/A
Willamette Dental	<ul style="list-style-type: none"> <li>• DeltaCare, administered by WDS</li> <li>• Willamette Dental</li> </ul>	<ul style="list-style-type: none"> <li>• Uniform Dental Plan</li> </ul>

\*\*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 website at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and select "Benefits," then "Dental," then "Dental Benefits" to find the locations of these plans' network providers/clinics.