

Washington State Health Care Authority

Public Employees Benefits Board

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August 5, 2010

TO: PEBB Participating Commodity Commissions

FROM: Steve Norsen, Manager

PEBB Outreach & Training Team

SUBJECT: Fiscal Year 2011 Program Rates – Composite

Enclosed you will find revised total composite active rates for Commodity Commissions detailing the changes by plan. **These rates take effect January 1, 2011.** The employer base rate for health care contributions for fiscal year 2011 is \$850.00 per subscriber. This rate will remain in effect until July 1, 2011. However, based on new contracts with the health plans, state employees' monthly contributions will change as of January 1, 2011.

Open Enrollment

This year, open enrollment will run from November 1 – November 30, 2010. In early October, employees will receive the *For Your Benefit* newsletter with open enrollment information. This newsletter is the employees' only printed open enrollment information. However, information will also be available on the Public Employees Benefits Board (PEBB) web site, www.pebb.hca.wa.gov prior to the start of open enrollment.

Life and LTD Insurance

Employee optional life and long term disability (LTD) insurance rates did not change and will remain the same for 2011. The rate schedule for life and LTD insurance is also enclosed.

Additional Taxable Income for Non-Tax Qualified Dependents

Certain individuals may not qualify under IRS regulations as dependents (e.g., domestic partners, dependents of domestic partners, students who are not tax dependents, other post-tax dependents), so deduction from taxable income for benefit premiums/coverage is not appropriate. We have attached tax tables to assist in determining additional taxable income that should be assigned to employees if employee contributions are made for an individual who is not the employee's spouse or dependent child. Tables 1 and 2 provide monthly amounts for additional taxable income for non-tax qualified dependents for 2011.

Tax Treatment for Employee Payroll Contributions

Tables 3-7 provide monthly payroll employee contributions (deductions for subscribers and domestic partners). If a dependent is a non-qualified tax dependent or is allowed late enrollment outside of an annual or special open enrollment, use Tables 3-7 to determine the amount of employee contributions to withhold on a post-tax basis.

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

Enclosures

c: Kim Grindrod

Composite Active Rates for STATE and HIGHER ED, Commodity Commissions and Employer Groups (for 01/01/11 through 06/30/11 only)

2011 PEBB Bid Rates HCA Financial Services

	t	7/01/10 hrough 06/30/11	01/01/11 through 12/31/11							01/01/11 through 06/30/11								
			Employee Contributions							Total Base Rates With Employee Contributions								
					S	Subscriber		Subscriber					S	ubscriber	S	Subscriber		
Plan Name	В	ase Rate	Su	bscriber	an	d Spouse	an	d Child(ren)	Fι	ull Family	S	ubscriber	ar	nd Spouse	and	d Child(ren)	F	ull Family
Group Health Classic	\$	850.00	\$	71.00	\$	152.00	\$	124.00	\$	205.00	\$	921.00	\$	1,002.00	\$	974.00	\$	1,055.00
Group Health Value	\$	850.00	\$	30.00	\$	70.00	\$	53.00	53	93.00	\$	880.00	\$	920.00	\$	903.00	\$	943.00
Kaiser Permanente Classic	\$	850.00	\$	105.00	\$	220.00	\$	184.00	\$	299.00	\$	955.00	\$	1,070.00	\$	1,034.00	\$	1,149.00
Uniform Medical Plan PPO	\$	850.00	\$	60.00	\$	130.00	\$	105.00	\$	175.00	\$	910.00	\$	980.00	\$	955.00	\$	1,025.00

PEBB Program for 2011

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical and Dental

2011 Monthly State Premium Contribution for Medical and Dental for Active Employees

Additional Taxable Income for Non-Tax Qualified Dependent Coverage

			S	ubscriber's or		
			Partner's		Ρ	artner and
MEDICAL AND DENTAL PLAN	Partner*			Child(ren)*	C	Child(ren)*
All Medical Plans	\$	481	\$	380	\$	861

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

	-	S	ubscriber's or		
			Partner's	Pa	rtner and
DENTAL PLAN	Partner*		Child(ren)*	CI	hild(ren)*
All Dental Plans	\$ 48	\$	48	\$	96

2011 Monthly State Contribution for Medicare Retirees (monthly state subsidy)** Additional taxable income for non-tax qualified domestic partners

GHC Classic	\$ 131
GHC Value	\$ 125
Kaiser Classic	\$ 177
Secure Horizons Classic	\$ 183
Uniform Medical Plan PPO	\$ 183
Plan F Retired	\$ 87
Plan F Disabled	\$ 148

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

Pub No. 50-704

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

State and Higher Education Active Employee Monthly Contributions (Deductions) For Non-Tax Qualified Dependents Final 2011 PEBB Rates-HCA Finance and Administration

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

		Subscriber		Subscriber	
Plan Name	Subscriber	and Spouse	а	nd Child(ren)	Full Family
GHC Classic	\$ 71	\$ 152	\$	124	\$ 205
GHC Value	\$ 30	\$ 70	\$	53	\$ 93
Kaiser Classic	\$ 105	\$ 220	\$	184	\$ 299
Uniform Medical Plan PPO	\$ 60	\$ 130	\$	105	\$ 175

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

Plan Name	bscriber Spouse	Subscriber	Partner
GHC Classic	\$ 152	\$ 71	\$ 81
GHC Value	\$ 70	\$ 30	\$ 40
Kaiser Classic	\$ 220	\$ 105	\$ 115
Uniform Medical Plan PPO	\$ 130	\$ 60	\$ 70

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

Plan Name	Full	Family	 bscriber and Child(ren)	Partner
	\$	-	\$ -	\$ -
GHC Classic	\$	205	\$ 124	\$ 81
GHC Value	\$	93	\$ 53	\$ 40
Kaiser Classic	\$	299	\$ 184	\$ 115
Uniform Medical Plan PPO	\$	175	\$ 105	\$ 70

Table 6: Post Tax Partner and Child(ren) Share for "Full Family" Tier

Plan Name	Full Family		Subscriber		Partner and Child(ren)	
GHC Classic	\$	205	\$	71	\$	134
GHC Value	\$	93	\$	30	\$	63
Kaiser Classic	\$	299	\$	105	\$	194
Uniform Medical Plan PPO	\$	175	\$	60	\$	115

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

Plan Name	 criber nild(ren)	Sı	ubscriber	Partner's Children
	\$ -	\$	-	\$ -
GHC Classic	\$ 124	\$	71	\$ 53
GHC Value	\$ 53	\$	30	\$ 23
Kaiser Classic	\$ 184	\$	105	\$ 79
Uniform Medical Plan PPO	\$ 105	\$	60	\$ 45

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

Final PEBB 2011 Rates

HCA Finance and Administration

Pub No.

Plan A Basic for Actives*:	Monthly Cost:	\$ 5.07
Plan A Basic for Retirees:	Monthly Cost:	\$ 2.19

51-275R, 51-403F, 516-R

Plan B Basic (Dependents): Monthly Cost: 0.50

Plan B Supplemental, Plans C (Optional) and D (Supplemental):

Monthly Cost for Each \$1,000 of Coverage

Monthly	Cost for Each \$	1,000 of Cover	age
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

Plan E Life (Vol	untary AD&D):												
				E	Employee &								
Employee		Em	ployee Only	De	ependent(s)		Spouse	Cove	erage		Per Child (Cove	erage
Coverage			Cost		Cost	١	lo Children	Wi	th Children	Wi	ith Spouse	No	o 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 LONG TERM DISABILITY PLAN

Rates Paid to Plan and Charged to Subscribers Final PEBB 2011 Rates HCA Finance and Administration

Pub No.

Basic Plan for Actives	Monthly Cost*:	\$ 2.00

Optional Plan		
	TIAA/CREF or Higher	TRS, PERS, & other
	Education Academic	Retirement Plan
Waiting Period	Retirement Plan Employees	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.

For State Actives, Basic Plan coverage is funded by the state.