



Washington State Health Care Authority  
*Public Employees Benefits Board*

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August 5, 2010

TO: Personnel, Payroll, and Insurance Offices of Employer Groups  
(Political Subdivisions)

FROM: Steve Norsen, Manager  
PEBB Outreach & Training Team

SUBJECT: Revised Fiscal Year 2011 Program Rates – Composite

**The total (base rate plus employee contributions) due from your agency will increase effective January 1, 2010.** The employer base rate of \$850.00, the majority of the basis for the composite rates, will remain unchanged until July 1, 2011. However, monthly contributions for employees will change based on new contracts with the health plans. The new composite active rates for Employer Groups (Political Subdivisions) by plan are enclosed. Note: the employee contribution displayed is for employees in State agencies. Employer Groups have the option to determine the amount employees are required to pay.

This year, Open Enrollment will run from November 1 – November 30, 2010. In early October, the Public Employees Benefits Board (PEBB) program will send the *For Your Benefit* newsletter with open enrollment information to all 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 the start of open enrollment. Employees who make an online plan change using E-Coverage will not see a premium rate. Instead, a pop-up box will prompt them to contact their personnel or payroll office for premium information. To support their decisions, you will want to distribute 2011 monthly premiums for your own employees before Open Enrollment, so they can have those available when making a plan selection.

Employee optional life and long term disability (LTD) insurance rates will remain the same for 2010. The rate schedule for life and LTD insurance is also enclosed.

If you have an IRS Section 125 Plan that allows employee premium dollars to be treated as a pre-tax deduction, note that if an employee's non-tax qualified dependents do not qualify as IRS dependents, a portion of the premium employers pay toward the family's coverage is considered taxable income to the employee. To assist you, we have included examples of how the state calculates these amounts for state agency personnel. [Tables 1-7] These tables should only be used as a template in developing calculations that are based on your employer contribution rate.

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

	07/01/10 through 06/30/11	01/01/11 through 12/31/11				01/01/11 through 06/30/11			
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
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	\$ 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

<b>MEDICAL AND DENTAL PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
All Medical Plans	\$ 481	\$ 380	\$ 861

**Table 2: Employer Share Dental Only**

Sample chart for dental only enrollment-taxable amount for dependents

<b>DENTAL PLAN</b>	<b>Partner*</b>	<b>Subscriber's or Partner's Child(ren)*</b>	<b>Partner and Child(ren)*</b>
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

\*\*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)

Plan Name	Subscriber	Subscriber and Spouse	Subscriber and 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	Subscriber and 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 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 5: Post Tax Partner Share for "Full Family" Tier

Plan Name	Full Family	Subscriber 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 7: Post Tax Partner's Child(ren) Share for "Subscriber and Child(ren)" Tier

Plan Name	Subscriber and Child(ren)	Subscriber	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.

<b>Plan A Basic for Actives*:</b>	Monthly Cost:	\$ 5.07
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<b>Plan A Basic for Retirees:</b>	Monthly Cost:	\$ 2.19
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51-275R, 51-403F, 516-R

<b>Plan B Basic (Dependents):</b>	Monthly Cost:	\$ 0.50
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<b>Plan B Supplemental, Plans C (Optional) and D (Supplemental):</b>		
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

<b>Plan E Life (Voluntary AD&amp;D):</b>							
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 LONG TERM DISABILITY PLAN

Rates Paid to Plan and Charged to Subscribers

Final PEBB 2011 Rates

HCA Finance and Administration

Pub No.

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

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