

## Washington State Health Care Authority Public Employees Benefits Board

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August 5, 2010

TO: Personnel, Payroll, and Insurance Offices of K-12 School Districts and ESDs

FROM: Steve Norsen, Manager

PEBB Outreach & Training Team

SUBJECT: Revised Fiscal Year 2011 PEBB Program Rates – Composite

The K-12 and Educational Service Districts' (ESD) base rate of \$850.00, the majority of the basis for the composite rates, will remain unchanged until September 1, 2011. However, based on new contracts with the health plans, the employees' monthly contributions will change effective January 1, 2011. The new contribution schedule is enclosed.

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.

This year, Open Enrollment will run from November 1 – November 30, 2010. In early October, the Public Employees Benefit Board (PEBB) program will publish these monthly contributions in the *For Your Benefit* newsletter. This newsletter is the employees' only printed open enrollment information. However, information will also be available on the PEBB web site at <a href="https://www.pebb.hca.wa.gov">www.pebb.hca.wa.gov</a> prior to the start of open enrollment. Employees who make an online plan change using E-Coverage will <a href="https://www.pebb.hca.wa.gov">not</a> prior to the start of open enrollment. Employees who make an online plan change using E-Coverage will <a href="https://www.pebb.hca.wa.gov">not</a> 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.

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 <u>not</u> 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 <u>only be used as a template</u> in developing calculations that are based on your employer contribution rate.

If you have questions about the rates, please contact me at (360) 412-4201 or <a href="mailto:steve.norsen@hca.wa.gov">steve.norsen@hca.wa.gov</a>.

**Enclosures** 

c: Kim Grindrod

# Composite Active Rates for ESDs/K-12 School Districts (for 01/01/11 through 08/31/11 only)

2011 PEBB Bid Rates HCA Financial Services

	th	9/01/10 nrough 3/31/11	01/01/11 through 12/31/11							01/01/11 through 08/31/11								
			Employee Contributions							Total Base Rates With Employee Contributions							itions	
				Subscriber Subscriber						Subscriber				S	Subscriber			
Plan Name	Ва	se Rate	Sub	scriber	and	d Spouse	and	Child(ren)	Fυ	II Family	Sı	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	\$	93.00	\$	880.00	\$	920.00	\$	903.00	\$	943.00
Kaiser Permanente Classic	\$	850.00	\$ 1	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

Note: ESD & K-12 base rates will not change until September 2011 due to the passage of ESHB 2245 which allows PEBB the option changing the K-12 rates on a school year basis.

Pub No. 52-490A

### **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	Partner a	
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

<sup>\*</sup>Premiums displayed are rounded to the nearest dollar, consistent with IRS tax reporting

Pub No. 50-704

<sup>\*\*</sup>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%

<sup>\*</sup> Represents premium paid to plan only.

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