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June 16, 2011

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

Educational Service Districts (ESDs) on Composite Rates with PEBB

FROM: Steve Norsen, Manager

PEBB Outreach & Training Team

SUBJECT: Fiscal Year (FY) 2012 PEBB Program Rates – Composite

Starting September 1, 2011 (FY 2012), the monthly employer funding rate will remain \$850.00 per active employee per month. These rates were established in the 2011 Laws, 1st Special Session PV, Chapter 50 and cover benefits under the Public Employees Benefits Board (PEBB) program.

This change does not impact bargaining groups on "tiered rates", employee contributions, COBRA, or self-pay rates which will remain the same until January 1, 2012, when the new plan year begins. You will receive these revised rates before open enrollment this fall.

As a reminder, you must pay the full employer funding rate for every eligible employee as outlined in WAC 182-12, including those who have waived medical coverage. Employee premiums will automatically be added to your billed rate. You are responsible for collecting the employees' premiums and sending the total billed amount to the HCA.

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

c: Kim Grindrod, PEBB Budget Analyst

Composite Active Rates for ESDs/K-12 School Districts (for 09/01/11 through 12/31/11 only)

2011 PEBB Rates HCA Financial Services

	09/01/11 through 08/31/12	01/01/11 through 12/31/11							09/01/11 through 12/31/11								
		Employee Contributions								Total Base Rates With Employee Contributions							
				Subscriber Subscriber					S	Subscriber	S	ubscriber	er				
Plan Name	Base Rate	Su	ıbscriber	an	d Spouse	and	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	\$	93.00	65	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

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