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August 1, 2011

TO: Personnel, Payroll, and Insurance Offices of All State Agencies

FROM: Steve Norsen, Manager PEBB Outreach & Training Team

SUBJECT: Revised Fiscal Year 2012 PEBB Program Rates – Composite

<u>Overview</u>

The state agencies' base monthly funding rate of \$850.00 will remain unchanged until July 1, 2012. However, based on new contracts with the health plans, the state employees' monthly contributions will change effective January 1, 2012.

Medical/Dental

The new contribution schedule is enclosed. In early October the Public Employees Benefits Board (PEBB) program will publish these monthly contributions in the *For Your Benefit* newsletter to all state employees. This newsletter is the employees' only printed open enrollment information. Information will also be available on the PEBB Web site at <u>www.pebb.hca.wa.gov</u> prior to November 1, 2011, the start of open enrollment.

Life and LTD Insurance

Employee optional life and long term disability (LTD) insurance rates will decrease effective January 1, 2012. 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 and 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 2012.

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 for 2012.

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

Enclosures c: Kim Grindrod

Composite Active Rates for STATE and HIGHER ED, Commodity Commissions and Employer Groups (for 01/01/12 through 06/30/12 only) 2012 PEBB Bid Rates HCA Financial Services

	th	7/01/11 rough 6/30/12	01/01/12 through 12/31/12								01/01/12 through 06/30/12							
			Employee Contributions							Total Base Rates With Employee Contributions							tions	
						Subscriber		Subscriber					S	ubscriber	S	ubscriber		
Plan Name	Ва	se Rate		Subscriber	а	nd Spouse	and	d Child(ren)	F	ull Family	Su	ubscriber	an	d Spouse	and	Child(ren)	F١	ull Family
Group Health Classic	\$	850.00	\$	101.00	\$	212.00	\$	177.00	\$	288.00	\$	951.00	\$	1,062.00	\$	1,027.00	\$	1,138.00
Group Health Value	\$	850.00	\$	52.00	\$	114.00	\$	91.00	\$	153.00	\$	902.00	\$	964.00	\$	941.00	\$	1,003.00
Group Health CDHP	\$	850.00	\$	26.00	\$	62.00	\$	46.00	\$	82.00	\$	876.00	\$	912.00	\$	896.00	\$	932.00
Kaiser Permanente Classic	\$	850.00	\$	89.00	\$	188.00	\$	156.00	\$	255.00	\$	939.00	\$	1,038.00	\$	1,006.00	\$	1,105.00
Kaiser CDHP	\$	850.00	\$	24.00	\$	58.00	\$	42.00	\$	76.00	\$	874.00	\$	908.00	\$	892.00	\$	926.00
Uniform Medical Plan Classic	\$	850.00	\$	82.00	\$	174.00	\$	144.00	\$	236.00	\$	932.00	\$	1,024.00	\$	994.00	\$	1,086.00
Uniform Medical Plan CDHP	\$	850.00	\$	27.00	\$	64.00	\$	47.00	\$	84.00	\$	877.00	\$	914.00	\$	897.00	\$	934.00

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

Final PEBB 2012 Rates

HCA Finance and Administration

Employee Basic*	Monthly Cost:	\$ 4.08
Retiree	Monthly Cost:	\$ 6.57
Spouse/Child Basic	Monthly Cost:	\$ 0.50

Employee/Spouse Supplement	tal							
Monthly Cost for Eac	h \$	1,000 of Cover	rage					
(Available in \$10	,00	0 increments)						
Age	Non-Smoker Smoke							
<25	\$	0.024	\$0.031					
25-29	\$	0.026	\$0.037					
30-34	\$	0.029	\$0.049					
35-39	\$	0.036	\$0.056					
40-44	\$	0.054	\$0.063					
45-49	\$	0.078	\$0.095					
50-54	\$	0.122	\$0.145					
55-59	\$	0.228	\$0.270					
60-64	\$	0.350	\$0.411					
65-69	\$	0.646	\$0.792					
70+	\$	0.964	\$1.287					

Pub No.

51-275R, 51-403F, 51-516, 51-205, 51-575

50-100

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Supplemental Al	D&D:							Pub	No.				
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				Employee &									
Employee		Emp	oloyee Only	Dep	pendent(s)		Spouse (Cove	erage		Per Child (Cov	erage
Coverage			Cost		Cost	N	o Children	Wi	th Children	Wi	th 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 Plan

For State Actives, Employee Basic coverage is paid by the employer.

For Actives from Employer Groups, ESDs, and K-12 Districts Accepting the Full Benefits Package,

the premium for Employee Basic coverage is included in the rates for the selected medical plan.

Coverage is not provided to Actives from Employer Groups, ESD's & K-12's Accepting Medical Only Package.

PEBB LONG TERM DISABILITY PLAN

Rates Paid to Plan and Charged to Subscribers Final PEBB 2012 Rates HCA Finance and Administration

Monthly Cost*:	\$	2.00
	Monthly Cost*:	Monthly Cost*: \$

Optional Plan						
Waiting Period	TIAA/CREF or Higher Education Academic Retirement Plan Employees	TRS, PERS, & other Retirement Plan Employees				
30 days	1.86%	1.47%				
60 days	0.95%	0.78%				
90 days	0.52%	0.43%				
120 days	0.30%	0.26%				
180 days	0.23%	0.20%				
240 days	0.22%	0.20%				
300 days	0.20%	0.18%				
360 days	0.20%	0.17%				

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Pub No.

* Represents premium paid to plan only.

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

PEBB Program for 2012

Additional Taxable Income for Non-Tax Qualified Dependents

Table 1: Employer Share Medical and Dental

2012 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	Ра	rtner and	
MEDICAL AND DENTAL PLAN	I	Partner*		Child(ren)*	Cł	hild(ren)*	
All Medical Plans	\$	479	\$	378	\$	857	

Table 2: Employer Share Dental Only

Sample chart for dental only enrollment-taxable amount for dependents

			S	ubscriber's or		
			Partner's		Partner and	
DENTAL PLAN		Partner*		Child(ren)*	Ch	ild(ren)*
All Dental Plans	\$	45	\$	45	\$	90

2012 Monthly State Contribution for Medicare Retirees (monthly state subsidy)** Additional taxable income for non-tax qualified domestic partners

Plan F Disabled	\$ 150
Plan F Retired	\$ 94
Uniform Medical Plan Classic	\$ 150
Kaiser Classic	\$ 144
GHC Medcare Only	\$ 125
GHC Value	\$ 125
GHC Classic	\$ 125

*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

Pub No. 50-704

State and Higher Education Active Employee Monthly Contributions (Deductions) For Non-Tax Qualified Dependents Final 2012 PEBB Rates-HCA Finance and Administration

Subscriber Subscriber Plan Name Subscriber and Spouse and Child(ren) Full Family \$ \$ \$ \$ ----Group Health Classic \$ 101 \$ 212 \$ 177 \$ 288 Group Health Value \$ 52 \$ 114 \$ 91 \$ 153 Group Health CDHP \$ 26 \$ 62 \$ 46 \$ 82 188 \$ Kaiser Permanente Classic \$ 89 \$ 156 \$ 255 Kaiser CDHP \$ 24 \$ 58 \$ 42 \$ 76 Uniform Medical Plan Classic \$ 82 \$ 174 \$ 144 \$ 236 Uniform Medical Plan CDHP \$ 27 \$ 64 \$ 47 \$ 84

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

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

Plan Name	Subscriber and Spouse Subscriber		Partner		
	\$	-	\$ -	\$	-
Group Health Classic	\$	212	\$ 101	\$	111
Group Health Value	\$	114	\$ 52	\$	62
Group Health CDHP	\$	62	\$ 26	\$	36
Kaiser Permanente Classic	\$	188	\$ 89	\$	99
Kaiser CDHP	\$	58	\$ 24	\$	34
Uniform Medical Plan Classic	\$	174	\$ 82	\$	92
Uniform Medical Plan CDHP	\$	64	\$ 27	\$	37

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

Plan Name	Full	Full Family		scriber and hild(ren)	Partner		
	\$	-	\$	-	\$	-	
Group Health Classic	\$	288	\$	177	\$	111	
Group Health Value	\$	153	\$	91	\$	62	
Group Health CDHP	\$	82	\$	46	\$	36	
Kaiser Permanente Classic	\$	255	\$	156	\$	99	
Kaiser CDHP	\$	76	\$	42	\$	34	
Uniform Medical Plan Classic	\$	236	\$	144	\$	92	
Uniform Medical Plan CDHP	\$	84	\$	47	\$	37	

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

Plan Name	Full F	amily	Sub	scriber	 ner and I(ren)
	\$	-	\$	-	\$ -
Group Health Classic	\$	288	\$	101	\$ 187
Group Health Value	\$	153	\$	52	\$ 101
Group Health CDHP	\$	82	\$	26	\$ 56
Kaiser Permanente Classic	\$	255	\$	89	\$ 166
Kaiser CDHP	\$	76	\$	24	\$ 52
Uniform Medical Plan Classic	\$	236	\$	82	\$ 154
Uniform Medical Plan CDHP	\$	84	\$	27	\$ 57

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	
	\$	-	\$	-	\$	-
Group Health Classic	\$	177	\$	101	\$	76
Group Health Value	\$	91	\$	52	\$	39
Group Health CDHP	\$	46	\$	26	\$	20
Kaiser Permanente Classic	\$	156	\$	89	\$	67
Kaiser CDHP	\$	42	\$	24	\$	18
Uniform Medical Plan Classic	\$	144	\$	82	\$	62
Uniform Medical Plan CDHP	\$	47	\$	27	\$	20