

2013 PEBB COBRA, Leave Without Pay, and Extension of Coverage Monthly Rates

Effective January 1, 2013

Special Requirements

1. To qualify for the Medicare rate, at least one covered family member must be enrolled in both Part A and Part B of Medicare. (Medicare rates are not available to Leave Without Pay members.)
2. Medicare-enrolled subscribers in Group Health Cooperative's Medicare Advantage plan or Kaiser Permanente Senior Advantage must complete and sign the *Medicare Advantage Plan Election Form* (form C) to enroll in one of these plans. For more information on these requirements, contact your health plan's customer service department.

Medical Plans							
Members not eligible for Medicare (or enrolled in Part A only):	Group Health Classic	Group Health Value	Group Health CDHP	Kaiser Permanente Classic	Kaiser Permanente CDHP	UMP Classic	UMP CDHP
Subscriber Only	\$ 584.66	\$ 535.22	\$ 513.77	\$ 567.06	\$ 498.95	\$ 545.83	\$ 499.95
Subscriber & Spouse*	1,163.14	1,064.26	1,018.40	1,127.94	988.26	1,085.48	990.26
Subscriber & Child(ren)	1,018.52	932.00	906.83	987.72	880.52	950.57	882.27
Full Family	1,597.00	1,461.04	1,353.13	1,548.60	1,311.50	1,490.22	1,314.25

Members enrolled in Part A & Part B of Medicare:	Group Health Medicare Plan	Group Health Classic	Group Health Value	Kaiser Permanente Classic	UMP Classic
Subscriber Only	\$265.03	N/A [†]	N/A [†]	\$ 297.16	\$ 369.24
Subscriber & Spouse* (1 Medicare eligible)	N/A [†]	\$ 843.51	\$ 794.07	858.04	908.89
Subscriber & Spouse* (2 Medicare eligible)	523.88	N/A [†]	N/A [†]	588.14	732.30
Subscriber & Child(ren) (1 Medicare eligible)	N/A [†]	698.89	661.81	717.82	773.98
Subscriber & Child(ren) (2 Medicare eligible)	523.88	N/A [†]	N/A [†]	588.14	732.30
Full Family (1 Medicare eligible)	N/A [†]	1,277.37	1,190.85	1,278.70	1,313.63
Full Family (2 Medicare eligible)	N/A [†]	957.74	920.66	1,008.80	1,137.04
Full Family (3 Medicare eligible)	782.73	N/A [†]	N/A [†]	879.12	1,095.36

* or state-registered domestic partner

(continued)

† If a Group Health subscriber is enrolled in Medicare Part A and Part B but covers a family member not eligible for Medicare, the family member must enroll in a Group Health Classic or Value plan and the subscriber pays a combined Medicare and non-Medicare rate.

Medicare Supplement Plan F, administered by Premera Blue Cross

	Plan F (age 65 or older, eligible by age)	Plan F (under age 65, eligible by disability)
Subscriber Only	\$ 205.85	\$ 349.93
Subscriber & Spouse* (1 Medicare eligible)**	751.68	895.76
Subscriber & Spouse* (2 Medicare eligible - 1 retired, 1 disabled)	555.78	555.78
Subscriber & Spouse* (2 Medicare eligible)	411.70	699.86
Subscriber & Child(ren) (1 Medicare eligible)**	616.77	760.85
Full Family (1 Medicare eligible)**	1,156.42	1,300.50
Full Family (2 Medicare eligible - 1 retired, 1 disabled)**	966.70	966.70
Full Family (2 Medicare eligible)**	822.62	1,110.78

*or state-registered domestic partner

**If a subscriber selects a Medicare supplement plan, non-Medicare eligible dependents are enrolled in Uniform Medical Plan (UMP) Classic. The rates shown reflect the total due, including premiums for both plans.

Dental Plans with Medical Plan	Dental Plans			Dental Only	Dental Plans		
	DeltaCare, administered by Washington Dental Service	Uniform Dental Plan, administered by Washington Dental Service	Willamette Dental of Washington, Inc.		DeltaCare, administered by Washington Dental Service	Uniform Dental Plan, administered by Washington Dental Service	Willamette Dental of Washington, Inc.
Subscriber Only	\$ 39.53	\$ 46.34	\$ 40.20	Subscriber Only	\$ 45.71	\$ 52.52	\$ 46.38
Subscriber & Spouse*	79.06	92.68	80.40	Subscriber & Spouse*	85.24	98.86	86.58
Subscriber & Child(ren)	79.06	92.68	80.40	Subscriber & Child(ren)	85.24	98.86	86.58
Full Family	118.59	139.02	120.60	Full Family	124.77	145.20	126.78

*or state-registered domestic partner